FINAL PROPOSED RULE # 26-P019

Final Proposed Filing - Coversheet

Instructions:

In accordance with Title 3 Chapter 25 of the Vermont Statutes Annotated and the "Rule on Rulemaking" adopted by the Office of the Secretary of State, this filing will be considered complete upon filing and acceptance of these forms with the Office of the Secretary of State, and the Legislative Committee on Administrative Rules.

All forms shall be submitted at the Office of the Secretary of State, no later than 3:30 pm on the last scheduled day of the work week.

The data provided in text areas of these forms will be used to generate a notice of rulemaking in the portal of "Proposed Rule Postings" online, and the newspapers of record if the rule is marked for publication. Publication of notices will be charged back to the promulgating agency.

PLEASE REMOVE ANY COVERSHEET OR FORM NOT REQUIRED WITH THE CURRENT FILING BEFORE DELIVERY!

Certification Statement: As the adopting Authority of this rule (see 3 V.S.A. § 801 (b) (11) for a definition), I approve the contents of this filing entitled:

Workers' Compensation Medical Fee Schedule Rule 40

/s/Kendal Smith , on 9/24/2026
(signature) (date)

Printed Name and Title:
Kendal Smith, Commissioner of Labor

RECEIVED BY: _____

- ☐ Coversheet
- ☐ Adopting Page
- ☐ Economic Impact Analysis
- ☐ Environmental Impact Analysis
- ☐ Strategy for Maximizing Public Input
- ☐ Scientific Information Statement (if applicable)
- ☐ Incorporated by Reference Statement (if applicable)
- ☐ Clean text of the rule (Amended text without annotation)
- ☐ Annotated text (Clearly marking changes from previous rule)
- ☐ ICAR Minutes
- ☐ Copy of Comments
- ☐ Responsiveness Summary

1. TITLE OF RULE FILING:
Workers' Compensation Medical Fee Schedule Rule 40

2. PROPOSED NUMBER ASSIGNED BY THE SECRETARY OF STATE
26P019

3. ADOPTING AGENCY:
Department of Labor

4. PRIMARY CONTACT PERSON:
(A PERSON WHO IS ABLE TO ANSWER QUESTIONS ABOUT THE CONTENT OF THE RULE).

Name: Dirk Anderson

Agency: Department of Labor

Mailing Address: PO Box 488, Montpelier VT 05601-0488

Telephone: 1-802-828-4391 Fax: 1-802-828-2195

E-Mail: dirk.anderson@vermont.gov

Web URL *(WHERE THE RULE WILL BE POSTED)*:
https://labor.vermont.gov

5. SECONDARY CONTACT PERSON:
(A SPECIFIC PERSON FROM WHOM COPIES OF FILINGS MAY BE REQUESTED OR WHO MAY ANSWER QUESTIONS ABOUT FORMS SUBMITTED FOR FILING IF DIFFERENT FROM THE PRIMARY CONTACT PERSON).

Name: Berrian Eno-Van Fleet

Agency: Department of Labor

Mailing Address: PO Box 488, Montpelier VT 05601-0488

Telephone: 1-802-828-2286 Fax: 1-802-828-2195

E-Mail: berrian.eno-vanfleet@vermont.gov

6. RECORDS EXEMPTION INCLUDED WITHIN RULE:
(DOES THE RULE CONTAIN ANY PROVISION DESIGNATING INFORMATION AS CONFIDENTIAL; LIMITING ITS PUBLIC RELEASE; OR OTHERWISE, EXEMPTING IT FROM INSPECTION AND COPYING?) No

IF YES, CITE THE STATUTORY AUTHORITY FOR THE EXEMPTION:

PLEASE SUMMARIZE THE REASON FOR THE EXEMPTION:

7. LEGAL AUTHORITY / ENABLING LEGISLATION:
(THE SPECIFIC STATUTORY OR LEGAL CITATION FROM SESSION LAW INDICATING WHO THE ADOPTING ENTITY IS AND THUS WHO THE SIGNATORY SHOULD BE. THIS SHOULD BE A SPECIFIC CITATION NOT A CHAPTER CITATION).

21 V.S.A. Section 640(d)

8. EXPLANATION OF HOW THE RULE IS WITHIN THE AUTHORITY OF THE AGENCY:
   The Vermont Workers' Compensation Act requires the Commissioner of Labor to "prepare a schedule of fees and rates" for "medical, surgical, hospital and nursing services and supplies, prescription drugs, and durable medical equipment." 21 V.S.A. 640(d).
9. THE FILING HAS CHANGED SINCE THE FILING OF THE PROPOSED RULE.
10. THE AGENCY HAS INCLUDED WITH THIS FILING A LETTER EXPLAINING IN DETAIL WHAT CHANGES WERE MADE, CITING CHAPTER AND SECTION WHERE APPLICABLE.
11. SUBSTANTIAL ARGUMENTS AND CONSIDERATIONS WERE NOT RAISED FOR OR AGAINST THE ORIGINAL PROPOSAL.
12. THE AGENCY HAS INCLUDED COPIES OF ALL WRITTEN SUBMISSIONS AND SYNOPSES OF ORAL COMMENTS RECEIVED.
13. THE AGENCY HAS INCLUDED A LETTER EXPLAINING IN DETAIL THE REASONS FOR THE AGENCY'S DECISION TO REJECT OR ADOPT THEM.
14. CONCISE SUMMARY (**150 WORDS OR LESS**):
    Medical providers who care for injured workers covered by a workers' compensation policy are required to bill for their services using the Workers' Compensation Medical Fee Schedule. It is vital to the health of the workers'compensation system that such fees be sufficient to ensure the provision of services, without being so generous as to increase the cost of insurance coverage. The rule generally modestly raises reimbursement amounts, adds a far more robust table of Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes, and provides for annual indexing going forward using Centers for Medicare & Medicaid Services (CMS)"market basket" factors, capped at 3% annually.
15. EXPLANATION OF WHY THE RULE IS NECESSARY:
    The fee schedule has not been updated since 2006. It is important that the fee schedule reflect the current state of health insurance reimbursement, so that services are available to injured workers.

16. EXPLANATION OF HOW THE RULE IS NOT ARBITRARY:

The rule is not arbitrary because the reimbursment rates in the appendix were arrived at after comparing the fee schedule rates to rates in other states, CMS rates, and rates in the private sector.

17. LIST OF PEOPLE, ENTERPRISES AND GOVERNMENT ENTITIES AFFECTED BY THIS RULE:

All Vermont employers required to carry workers' compensation or to self-insure (including the State of Vermont), all Vermont workers who sustain work-related injuries, Vermont health care professionals who care for injured workers, and all Vermont hospitals.

18. BRIEF SUMMARY OF ECONOMIC IMPACT (150 WORDS OR LESS):

A preliminary analysis by the National Council on Compensation Insurance concluded that the annual impact on workers' compensation system costs would modestly increase reimbursement rates to health care professionals by 3.1%. The overall system costs would decrease some 11%. The decrease is attributable to more robust CPT and HCPCS billing codes, because procedures with no corresponding fee schedule code are billed at the comparitively high rate of 83% of billed charges.

19. A HEARING WAS HELD.

20. HEARING INFORMATION
(THE FIRST HEARING SHALL BE NO SOONER THAN 30 DAYS FOLLOWING THE POSTING OF NOTICES ONLINE).

IF THIS FORM IS INSUFFICIENT TO LIST THE INFORMATION FOR EACH HEARING, PLEASE ATTACH A SEPARATE SHEET TO COMPLETE THE HEARING INFORMATION.

Date: 8/3/2026

Time: 01:00 PM

Street Address: 5 Green Mt. Drive Montpelier, VT

Zip Code: 05649

URL for Virtual:
https://teams.microsoft.com/meet/215735828885071?p=lFaIi4PsXrmEGKrHuH Meeting ID: 215 735 828 885 071 Passcode: dD3X6PZ3

Date:

Time: AM
Street Address:
Zip Code:
URL for Virtual:

Date:
Time: AM
Street Address:
Zip Code:
URL for Virtual:

Date:
Time: AM
Street Address:
Zip Code:
URL for Virtual:

21. DEADLINE FOR COMMENT (NO EARLIER THAN 7 DAYS FOLLOWING LAST HEARING):
    8/14/2026

    KEYWORDS (PLEASE PROVIDE AT LEAST 3 KEYWORDS OR PHRASES TO AID IN THE SEARCHABILITY OF THE RULE NOTICE ONLINE).

Workers' Compensation
Medical Fee Schedule
Allowable Charges
CPT/HCPCs

Filed with Secretary of State:

Filed with LCAR:

Dates of LCAR Review: , , , ,

Adopted Rule —

Filed with Secretary of State:

Filed with LCAR:

10. EFFECTIVE DATE:
(A RULE MAY TAKE EFFECT 15 DAYS AFTER ADOPTION IS COMPLETE OR AT A LATER TIME PROVIDED IN THE TEXT OF THE RULE SEE 3 V.S.A. §845(d) FOR DETAILS).

Adopting Page

Instructions:

This form must accompany each filing made during the rulemaking process:

Note: To satisfy the requirement for an annotated text, an agency must submit the entire rule in annotated form with proposed and final proposed filings. Filing an annotated paragraph or page of a larger rule is not sufficient. Annotation must clearly show the changes to the rule.

When possible, the agency shall file the annotated text, using the appropriate page or pages from the Code of Vermont Rules as a basis for the annotated version. New rules need not be accompanied by an annotated text.

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1. TITLE OF RULE FILING:
   Workers' Compensation Medical Fee Schedule Rule 40
2. ADOPTING AGENCY:
   Department of Labor
3. TYPE OF FILING (*PLEASE CHOOSE THE TYPE OF FILING FROM THE DROPDOWN MENU BASED ON THE DEFINITIONS PROVIDED BELOW*):

   - **AMENDMENT -** Any change to an already existing rule, even if it is a complete rewrite of the rule, it is considered an amendment if the rule is replaced with other text.
   - **NEW RULE -** A rule that did not previously exist even under a different name.
   - **REPEAL** - The removal of a rule in its entirety, without replacing it with other text.

   This filing is **AN AMENDMENT OF AN EXISTING RULE .**

4. LAST ADOPTED (*PLEASE PROVIDE THE SOS LOG#, TITLE AND EFFECTIVE DATE OF THE LAST ADOPTION FOR THE EXISTING RULE)*:

   # 06-015, Workers' Compensation Medical Fee Schedule, May 15, 2006.

Economic Impact Analysis

Instructions:

In completing the economic impact analysis, an agency analyzes and evaluates the anticipated costs and benefits to be expected from adoption of the rule; estimates the costs and benefits for each category of people enterprises and government entities affected by the rule; compares alternatives to adopting the rule; and explains their analysis concluding that rulemaking is the most appropriate method of achieving the regulatory purpose. If no impacts are anticipated, please specify "No impact anticipated" in the field.

Rules affecting or regulating schools or school districts must include cost implications to local school districts and taxpayers in the impact statement, a clear statement of associated costs, and consideration of alternatives to the rule to reduce or ameliorate costs to local school districts while still achieving the objectives of the rule (see 3 V.S.A. § 832b for details).

Rules affecting small businesses (excluding impacts incidental to the purchase and payment of goods and services by the State or an agency thereof), must include ways that a business can reduce the cost or burden of compliance or an explanation of why the agency determines that such evaluation isn't appropriate, and an evaluation of creative, innovative or flexible methods of compliance that would not significantly impair the effectiveness of the rule or increase the risk to the health, safety, or welfare of the public or those affected by the rule.

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1. TITLE OF RULE FILING:

   Workers' Compensation Medical Fee Schedule Rule 40

2. ADOPTING AGENCY:

   Department of Labor

3. CATEGORY OF AFFECTED PARTIES:

   LIST CATEGORIES OF PEOPLE, ENTERPRISES, AND GOVERNMENTAL ENTITIES POTENTIALLY AFFECTED BY THE ADOPTION OF THIS RULE AND THE ESTIMATED COSTS AND BENEFITS ANTICIPATED:

   All Vermont employers required to carry workers' compensation or to self-insure (including the State of Vermont), all Vermont workers who sustain work-related injuries, Vermont health care professionals who care for injured workers, and all Vermont hospitals. The annual impact on workers' compensation system costs would modestly increase reimbursement rates to health

Public Input Maximization Plan

Instructions:

Agencies are encouraged to hold hearings as part of their strategy to maximize the involvement of the public in the development of rules. Please complete the form below by describing the agency's strategy for maximizing public input (what it did do, or will do to maximize the involvement of the public).

This form must accompany each filing made during the rulemaking process:

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1. TITLE OF RULE FILING:

   Workers' Compensation Medical Fee Schedule Rule 40

2. ADOPTING AGENCY:

   Department of Labor

3. PLEASE DESCRIBE THE AGENCY'S STRATEGY TO MAXIMIZE PUBLIC INVOLVEMENT IN THE DEVELOPMENT OF THE PROPOSED RULE, LISTING THE STEPS THAT HAVE BEEN OR WILL BE TAKEN TO COMPLY WITH THAT STRATEGY:

   Prior to filing this proposed rule, the Department circulated a draft of the rule to representatives of the stakeholders listed in paragraph 4 below. A virtual public meeting was held on January 16,2026, with written comments accepted through February 13. Some two dozen written comments were received and reviewed prior to submission of the proposed rule.

4. BEYOND GENERAL ADVERTISEMENTS, PLEASE LIST THE PEOPLE AND ORGANIZATIONS THAT HAVE BEEN OR WILL BE INVOLVED IN THE DEVELOPMENT OF THE PROPOSED RULE:

   Vermont Medical Association, the Vermont Association of Hospitals, the workers' compensation bar, the American Property Casualty Insurance Association, the National Council on Compensation Insurance, vocational rehabilitation service providers, the Green Mountain Care Board, the Department of Financial Regulation's Insurane Division, and assorted healthcare providers.

Scientific Information Statement

THIS FORM IS ONLY REQUIRED IF THE RULE RELIES ON SCIENTIFIC INFORMATION FOR ITS VALIDITY.

PLEASE REMOVE THIS FORM PRIOR TO DELIVERY IF IT DOES NOT APPLY TO THIS RULE FILING:

Instructions:

In completing the Scientific Information Statement, an agency shall provide a summary of the scientific information including reference to any scientific studies upon which the proposed rule is based, for the purpose of validity.

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1. TITLE OF RULE FILING:

   Workers' Compensation Medical Fee Schedule Rule 40

2. ADOPTING AGENCY:

   Department of Labor

3. BRIEF EXPLANATION OF SCIENTIFIC INFORMATION:

   The Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes are maintained by the American Medical Association.

4. CITATION OF SOURCE DOCUMENTATION OF SCIENTIFIC INFORMATION:

   The responsibility to update or modify code descriptors, coding rules, and guidelines for the CPT code set lies with the AMA CPT Editorial Panel, authorized by the AMA Board of Trustees.

5. INSTRUCTIONS ON HOW TO OBTAIN COPIES OF THE SOURCE DOCUMENTS OF THE SCIENTIFIC INFORMATION FROM THE AGENCY OR OTHER PUBLISHING ENTITY:

   American Medical Association

   AMA Plaza

   330 N. Wabash Ave., Suite 39300

   Chicago, IL 60611-5885

Incorporation by Reference

THIS FORM IS ONLY REQUIRED WHEN INCORPORATING MATERIALS BY REFERENCE. PLEASE REMOVE PRIOR TO DELIVERY IF IT DOES NOT APPLY TO THIS RULE FILING:

Instructions:

In completing the incorporation by reference statement, an agency describes any materials that are incorporated into the rule by reference and how to obtain copies.

This form is only required when a rule incorporates materials by referencing another source without reproducing the text within the rule itself (e.g., federal or national standards, or regulations).

Incorporated materials will be maintained and available for inspection by the Agency.

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1. TITLE OF RULE FILING:

   Workers' Compensation Medical Fee Schedule Rule 40

2. ADOPTING AGENCY:

   Department of Labor

3. DESCRIPTION (*DESCRIBE THE MATERIALS INCORPORATED BY REFERENCE)*:

   Appendix A - Medical Fee Schedule – Rule 40.000

4. FORMAL CITATION OF MATERIALS INCORPORATED BY REFERENCE:
   Current Procedural Terminology® CPT © 2025 American Medical Association. All rights reserved

5. OBTAINING COPIES: *(EXPLAIN WHERE THE PUBLIC MAY OBTAIN THE MATERIAL(S) IN WRITTEN OR ELECTRONIC FORM, AND AT WHAT COST)*:

   Upon request from the Vermont Department of Labor, labor.wccomp@vermont.gov or (802)-828-2286

6. MODIFICATIONS (*PLEASE EXPLAIN ANY MODIFICATION TO THE INCORPORATED MATERIALS E.G., WHETHER ONLY PART OF THE MATERIAL IS ADOPTED AND IF SO, WHICH PART(S)ARE MODIFIED)*:

Run Spell Check

(802) 828-2863

MEMORANDUM OFFICE OF THE SECRETARY OF STATE

Primary Contact: Dirk Anderson, Department of Labor, PO Box 488, Montpelier VT 05601-0488 Tel: 1-802-828-4391 Fax: 1-802-828-2195 E-Mail: dirk.anderson@vermont.gov

Secondary Contact: Berrian Eno-Van Fleet, Department of Labor, PO Box 488, Montpelier VT 05601-0488 Tel: 1-802-828-2286 Fax: 1-802-828-2195 E-Mail: berrian.eno-vanfleet@vermont.gov.

URL: https://labor.vermont.gov

From: APA Coordinator, VSARA

RE: Workers' Compensation Medical Fee Schedule Rule 40.

Date 09/24/2026

We received Proposed Rule on 06/26/2026
Final Proposed Rule on 09/24/2026
Adopted Rule on
We have assigned the following rule number(s):
Proposed Rule Number: 26P019
Adopted Rule Number:
(Final Proposals are not assigned a new number; they retain the Proposed Rule Number.)

The following problems were taken care of by phone/should be taken care of immediately:

We cannot accept this filing until the following problems are taken care of:

The notice for this proposed rule appeared/will appear online on: 7/1/2026 and in the newspapers of record on 7/9/2026.

This rule takes effect on
Adoption Deadline: 02/26/2027

Please note:

If you have any questions, please call me at 828-2863. OR E-Mail me at: sos.statutoryfilings@vermont.gov

cc: Megan Cannella

Interagency Committee on Administrative Rules (ICAR) Minutes

Date/Time: June 8, 2026, 2:00 PM

Location: Virtually via Microsoft Teams

Members Present: Chair Nick Kramer, Heidi Moreau, Patrick Murphy, Earl Fechter, John Kessler, Russ McCracken, Stephen Brown

Members Absent: Jennifer Mojo

Minutes By: Chrissy Gilhuly

- 2:00 p.m. meeting called to order.
- Review and approval of minutes from the May 11, 2026 meeting.
- No additions/deletions to agenda. Agenda approved as drafted.
- No public comments made.
- Presentation of Proposed Rules with recommended changes on pages to follow.

1. Vermont Department of Labor (VDOL) – Workers' Compensation Medical Fee Schedule Rule 40
    a. Medical providers who care for injured workers covered by a workers' compensation policy are required to bill for their services using the Workers' Compensation Medical Fee Schedule. It is vital to the health of the workers' compensation system that such fees be sufficient to ensure the provision of services, without being so generous as to increase the cost of insurance coverage. The rule generally modestly raises reimbursement amounts, adds a more robust table of Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes, and provides for annual indexing going forward using Centers for Medicare & Medicaid Services (CMS) "market basket" factors, capped at 3% annually.

2. Department of Fish and Wildlife (DFW) - 10 App. V.S.A. § 2, Report, Big Game (CVR 12-010-090)
    a. The proposed changes explicitly prohibit making false statements in the reporting of wild game taken, allow the Commissioner of Fish and Wildlife to pay a fee of at least one dollar per report to agents at authorized reporting stations, and make minor technical updates to the citations in the rule.

DRAFT

3. Department of Fish and Wildlife (DFW) - 10 App. V.S.A. § 2a. Big game; tagging (CVR 12-010-032)
    a. The proposed amendments are intended to clarify the big game tagging requirements regarding required tag information, requirements for individuals taking game on their own land, and tagging requirements for the transportation of animal parts. The proposed rule language requires that all big game carcasses are tagged with a tag that contains the name of the hunter and the applicable tag or permit number. This information is necessary for appropriate enforcement of license and permitting requirements.

4. Department of Fish and Wildlife (DFW) - 10 App. V.S.A. § 5. Bow and arrow and crossbow standards
    a. The proposed amendments continue to require the same arrowhead width and cutting edges but apply the standards to broadheads used with crossbows as well.

5. Department of Fish and Wildlife (DFW) - 10 App. V.S.A. § 12., Leashed tracking dogs (CVR 12-010-059)
    a. The proposed rule amendments make two changes to the existing leashed tracking dog rule. They amend the definition of "big game animal" to be consistent with the definition in 10 V.S.A. § 4001, to include all big game animals including moose. This will allow hunters to employ leashed tracking dogs to legally track dead or wounded moose. The proposed amendment also strikes language limiting tracking to big game seasons and the 24-hour period immediately following the season. This will allow for the use of tracking dogs to locate animals injured or killed outside the legal hunting seasons.

6. Agency of Human Services (AHS) - Health Benefits Eligibility and Enrollment Rule, General Provisions and Definitions (Part 1)
    a. This proposed rule amends part 1-3, 5 and 7 of the 8-part Health Benefits Eligibility and Enrollment (HBEE) rule. Parts 1,2,3,5 and 7 were last amended effective January 1, 2026. Substantive revisions include: newly requiring certain adult Medicaid applicants and enrollees demonstrate compliance with work and community engagement rules as a factor of eligibility; reducing the retroactive Medicaid coverage period from three months to one month for Adult coverage group enrollees and two months for all other enrollees; restricting non-citizen eligibility for both Medicaid and Qualified Health Plan premium tax credits and adding a new category of "eligible non-citizen" to clarify which individuals remain eligible; adjusting the renewal period from 12 to 6 months for Medicaid enrollees in the Adult coverage group; shortening the annual open enrollment period from November 1st-January 15th to November 1st - December 15th. All of these substantive revisions are required by federal law.

7. Agency of Human Services (AHS) - Health Benefits Eligibility and Enrollment Rule, Eligibility Standards (Part 2)

8. Agency of Human Services (AHS) - Health Benefits Eligibility and Enrollment Rule,Nonfinancial Eligibility Requirements (Part 3)

9. Agency of Human Services (AHS) - Health Benefits Eligibility and Enrollment Rule, Financial Methodologies (Part 5)

10. This proposed rule amends part 1-3, 5 and 7 of the 8- part Health Agency of Human Services (AHS) - Health Benefits Eligibility and Enrollment Rule, Eligibility-and-Enrollment Procedures (Part 7)

11. VOSHA Review Board - VOSHA Review Board Rules of Procedure
    a. These rules serve as a guide to the Review Board, its Clerk and Hearing Officers, and parties regarding the orderly transaction of its proceedings regarding contested VOSHA cases. There are two levels of review available to the parties through the Rules of Procedure. The first is through a hearing before a Hearing Officer. The second level is through a discretionary review by the Review Board, should a party (or the Review Board on its own motion) want to appeal the Hearing Officer's decision. There are two types of proceedings offered in the Rules: conventional and simplified. Simplified Proceedings offer employers (respondents) a less formal way to contest a citation (no answer needs to be filed and documents are exchanged freely without the use of discovery, generally). Rules regarding settlement and the parties' option of using Hearing Officers to mediate a settlement are covered in the Rules.

- Other business
  - Advice for completing APA forms – Approved forms for posting.
- Next scheduled meeting is July 13, 2026, at 2:00 p.m.
- 3:55 p.m. meeting adjourned.

To receive this information in an alternative format or for other accessibility requests, please contact:

Agency of Administration
ADM.Secretary@vermont.gov, 802-828-3322

DRAFT

Proposed Rule: Vermont Department of Labor (VDOL) – Workers' Compensation Medical Fee Schedule Rule 40

Presented By: Dirk Anderson

Motion made to accept the rule by Heidi Moreau, seconded by John Kessler, and passed unanimously, except for Stephen Brown, who abstained, with the following recommendations:

1) **Cover Sheet**
    a. #7: Typo 'durrable' has two b's
    b. #12: Economic Impact; focus on positive "savings"
2) **Adopting Page**
    a. Include the title of the rule after the SOS log number
3) **Public Input Maximization Plan**
    a. #4: Typo in the word 'insurance'

DRAFT

Proposed Rule: Department of Fish and Wildlife (DFW) - 10 App. V.S.A. § 2, Report, Big Game (CVR 12-010-090)

Presented By: Hannah Smith and Justin Stedman

Motion made to accept the rule by John Kessler, seconded by Earl Fechter, and passed unanimously, with the following recommendations:

1) **Cover Sheet**
    a. Stylistically – Consider changing Report to Reporting
    b. #7: Closed parentheses missing end of first sentence
    c. #8: Expand to include language in #9, since #8 is published
    d. #9: Include hunters as effected parties
    e. #9: Clarify flexibility in fee and reimbursement setting
    f. #10: Typo – 10 VSA is written twice
    g. #11: Expand to include what type of small business owners affected
2) **Adopting Page**
    b. Include the title of the rule after the SOS log number
3) **Environmental Impact**
    a. #3: Greenhouse gasses, should have one ‘s’
    b. #9: Assessment, missing one ‘s’

DRAFT

Proposed Rule: Department of Fish and Wildlife (DFW) - 10 App. V.S.A. § 2a. Big game; tagging (CVR 12-010-032)

Presented By: Hannah Smith and Justin Stedman

Motion made to accept the rule by Stephen Brown, seconded by Heidi Moreau, and passed unanimously, with the following recommendations:

1) **Cover Sheet**
    a. #7: Closed parentheses missing end of first sentence
    b. #10: Typo – 10 VSA is written twice
2) **Adopting Page**
    a. Include the title of the rule after the SOS log number
3) **Environmental Impact**
    a. #3: Greenhouse gasses, should have one ‘s’
    b. #9: Assessment, missing one ‘s’

DRAFT

Proposed Rule: Department of Fish and Wildlife (DFW) - 10 App. V.S.A. § 5. Bow and arrow and crossbow standards

Presented By: Hannah Smith and Justin Stedman

Motion made to accept the rule by Russ McCracken, seconded by Earl Fechter, and passed unanimously, with the following recommendations:

1) **Cover Sheet**
    a. #8: Recommend expanding the concise summary

DRAFT

Proposed Rule: Department of Fish and Wildlife (DFW) - 10 App. V.S.A. § 12., Leashed tracking dogs (CVR 12-010-059)

Presented By: Hannah Smith and Justin Stedman

Motion made to accept the rule by Heidi Moreau, seconded by John Kessler, and passed unanimously, with the following recommendations:

1. **Environmental Impact**
    a. #3: Response not included; add 'no impact'
    b. #8: Other – add positive impact if applicable

DRAFT

Proposed Rule: Agency of Human Services (AHS) - Health Benefits Eligibility and Enrollment (HBEE) Rule, General Provisions and Definitions (Part 1-3, 5 and 7)

Presented By: Dani Fuoco

Motion made to accept ***all five parts*** of the HBEE rules by John Kessler, seconded by Stephen Brown, and passed unanimously, except for Patrick Murphy and Heidi Moreau, who abstained, with the following recommendations:

1. **Economic Impact**
    a. #3: Typo in the word ineligible
    b. #8: Other – add positive impact if applicable
2. **Environmental Impact**
    a. #3: Repeat of answer to #2, adopting agency, instead of impact.

DRAFT

Proposed Rule: VOSHA Review Board - VOSHA Review Board Rules of Procedure

Presented By: Gary McQuesten

Motion made to accept the rule by John Kessler, seconded by Stephen Brown, and passed unanimously, with the following recommendations:

1. **Cover Sheet**
    a. #7: Use same review board so references same entity
2) Economic Impact
    a. #6: Typo - Unnegitive should change to negative
    b. #6: Change less to fewer before the formalities.

DRAFT

VERMONT DEPARTMENT OF LABOR
FINAL PROPOSED RULE, WORKERS' COMPENSATION MEDICAL FEE SCHEDULE

PUBLIC COMMENT RESPONSIVENESS SUMMARY

The Vermont Department of Labor held a public hearing on proposed changes to the Workers' Compensation Medical Fee Schedule on August 3, 2026, at the Department's Central Office, 5 Green Mountain Drive, Montpelier, with an interactive attendance component via Microsoft Teams. Public comment was invited, both by notice published by the Secretary of State and as posted on the Department's website. The deadline for public comment was August 14, 2026.

The Department received several written comments, which are summarized below as well as appearing in the spreadsheet included with this final proposed rule submission. The Department's response to each of the comments appears below.

Comment from Greg Gilbert, representing Concentra

Mr. Gilbert asked us to clarify the following:

- Whether the statement that Healthcare Common Procedure Coding System (HCPCS) codes are reimbursed at 130% of the Medicare Fee Schedule applies to all HCPCS codes, including durable medical equipment (DME).
- Whether the State intended DME HCPCS codes to be reimbursed at 130% of the Medicare DME fee schedule, rather than 130% of the Medicare fee schedule referenced in the rule.
- Whether DME HCPCS codes are instead reimbursed according to the specific rates published in the State's proposed fee schedule, regardless of whether those rates equal 130% of Medicare.
- If DME is reimbursed under a methodology that differs from other HCPCS codes, whether the final rule could explicitly state that distinction to avoid confusion and ensure consistent interpretation by payers, providers, and suppliers.

DEPARTMENT'S RESPONSE:

The Department responded directly to Mr. Gilbert that the rate tables published in the Appendix should be used for determining reimbursement, including for DME and that the rate tables will be updated annually based on 130% of the applicable Center for Medicare and Medicaid (CMS) fee schedule (DME, professional, clinical laboratory (CLAB) and average sales price (ASB)). Mr. Gilbert was satisfied with our response, so no amendment to the rule was made.

Comment from Beth Schiller, representing Champlain Medical Urgent Care

Ms. Schiller believed that some DME codes to which her practice billed, L3902 and L3809, were missing from our proposed rate tables.

DEPARTMENT'S RESPONSE:

We responded that L3809 is in the fee schedule (WHFO W/O JOINTS PRE OTS) with a listed rate of $347.91, and that L3902 was deleted by CMS in 2007. No amendment necessary.

Comment from Jessa Bernard, representing the Vermont Medical Society

VMS is generally supportive of the proposed medical fee schedule. VMS did request that the Department clearly specify that the annual updates will include updates to the code set in addition to the rates and delete current language: "Appendix I of Rule 40.000 shall be updated on April 1 of each consecutive year to reflect any additions, deletions and modifications of the CPT Codes…" Proposes a change to the proposed language: "Appendix 1 of Rule 40.000 includes tables for determining fee schedule rates and shall be replaced annually, including to reflect any additions, deletions and modifications of these codes."

DEPARTMENT'S RESPONSE:

The Department agrees with the recommendation, and has added that language to the final proposed rule.

Comment from Jessa Bernard, representing the Vermont Medical Society

The VMS would like to amend Rule 40.111(C) to require a cancellation payment of $500 if a health care provider's deposition is cancelled less than seven business days before the scheduled deposition. (Currently three days.) Proposed change: "(C) Health care providers shall receive a maximum of $500.00 for a canceled deposition. The party canceling the deposition is responsible for the incurred costs. No charge will be paid if the deposition is canceled and the health care provider is notified at least ~~three~~ seven business days before the scheduled date."

DEPARTMENT'S RESPONSE:

The Department believes that circumstances such as illness or unexpected emergencies sometimes necessitate the cancelation of depositions on relatively short notice. Three days seems like a reasonable compromise. The Department has left the language as is in the final proposed rule.

Comment from Jessa Bernard, representing the Vermont Medical Society

The VMS requested clarification that providers performing independent medical exams (IMEs) and impairment ratings must be licensed in VT based on definition from VSA 9432(9) "(9) “Health care provider” means a person, partnership, corporation, facility, or institution, licensed or certified or authorized by law to provide professional health care service in this State to an individual during that individual’s medical care, treatment, or confinement."

DEPARTMENT’S RESPONSE:

The Department agrees to this change, and added “be licensed in the State of Vermont” to sections 40.112 and 40.113.

Comment from Jessa Bernard, representing the Vermont Medical Society

VMS proposed the following language for time spent by IME doctors performing records review: “A health care provider who provides a medical record review pursuant to 21 V.S.A. § 640b (b)(4) shall use code 99075. Reimbursement shall be a rate of $400 or more as negotiated by the parties for the first hour. Additional time shall be reimbursed $100.00 per 15-minute increment or 25% of the negotiated rate per 15-minute increment.”

DEPARTMENT’S RESPONSE:

While the Department decided not to adopt the suggested language, the Department did further amend Rule 40.113 to clarify that time spent reviewing medical records was included as part of the IME, essentially achieving the same result.

Comment from Sabbeth Law

The attorneys are concerned that the Department is codifying the term “medically necessary” in Rule 40.012 for the first time, thereby potentially giving insurance carriers an additional basis for denying coverage for treatment.

DEPARTMENT’S RESPONSE:

The Department believes this comment is misplaced. Rule 40.012(P) in the proposed rule was amended to standardize the uses of the noun phrase “medical necessity” and the adjective phrase “medically necessary.” The underlying legal concept of what is or is not medically necessary has not changed. The Department has left the language as proposed.

Comment from Sabbeth Law

The commenters asked that the Department amend the fee schedule to set reimbursement for out of state treatment, either based on the treating state's workers'

comp fee schedule or usual and customary rates or at a minimum, to identify unavailability of providers willing to treat at fee schedule rates as a qualifying basis for good cause relief with defined response time from the Commissioner's office.

DEPARTMENT'S RESPONSE:

The Department agrees that out-of-state treatment should be addressed. The Department has amended Rule 40.080 (Good Cause Exception) to clarify that the fee schedule can be deviated from if treatment out of state cannot reasonably be obtained, and that a request for such good cause exception shall be reviewed by the Commissioner within 21 days.

Workers' Compensation Medical Fee Schedule Stakeholder Feedback - July - August 2026

Date Recv'd	Company	Name	Topic	Feedback
7/21/2026	Concentra	Greg Gilbert	HCPCS Rate Calculations	Thank you for your hard work on the promised fee schedule. We support these necessary changes and agree with the overall approach of the fee schedule related to its development and the proposed fees, including assuring there is an annual Inflationary update each year. We have only one question at this time. We may have additional comments after the public hearing. We are seeking clarification regarding the reimbursement methodology for Durable Medical Equipment (DME) HCPCS codes under the proposed rule. In the proposed Medical Fee Schedule – Rule 40.000 Appendix (see below) under "Conversion Factors and Multipliers," the rule states that "HCPCS" are reimbursed at 130% of the Medicare Fee Schedule. However, when reviewing the State's proposed fee schedule containing HCPCS codes and rates, the listed reimbursement amounts for numerous HCPCS codes do not appear to correspond to 130% of the current Vermont Medicare fee schedule. Could the State please clarify: - Whether the statement that HCPCS codes are reimbursed at 130% of the Medicare Fee Schedule applies to all HCPCS codes, including DME. - Whether the State intended DME HCPCS codes to be reimbursed at 130% of the Medicare DME fee schedule, rather than 130% of the Medicare fee schedule referenced in the rule. - Whether DME HCPCS codes are instead reimbursed according to the specific rates published in the State's proposed fee schedule, regardless of whether those rates equal 130% of Medicare. - If DME is reimbursed under a methodology that differs from other HCPCS codes, whether the final rule could explicitly state that distinction to avoid confusion and ensure consistent interpretation by payers, providers, and suppliers. Clarification of this issue would help stakeholders accurately understand the reimbursement methodology, validate the proposed rates, and ensure consistent implementation of the final rule.
7/23/2026	Champlain Medical - Occ Health & Urgent Care	Beth Schiller	DME -L Codes	I was going thru the potential rates and found a few DME products missing that we use frequently: L3902, L3809
8/6/2026	HealtheSystems	Tiffany Grzybowski	Supports FS	Thank you for including a provision to prevent autoshipping of DME
8/11/2026	Vermont Medical Society	Jessa Barnard	Supports changes	VMS supports changes and urges adoption of: Medicare based methodology and NCCI edits, VT conversion factor, annual updates to rate tables, adopting Medicare's telehealth methodology (992XX office visit codes with telehealth modifiers)

8/11/2026	Vermont Medical Society	Jessa Barnard	Code set	Clearly specify that the annual updates will include updates to the code set in addition to the rates and delete current language: “Appendix I of Rule 40.000 shall be updated on April 1 of each consecutive year to reflect any additions, deletions and modifications of the CPT Codes…” Proposes a change to the proposed language: “Appendix 1 of Rule 40.000 includes tables for determining fee schedule rates and shall be replaced annually, **including to reflect any additions, deletions and modifications of these codes.**”
8/11/2026	Vermont Medical Society	Jessa Barnard	Time to cancel depositions	Would like to require a payment of $500 if the deposition is less than 7 business days before. (Currently 3 days.) Proposed change: “(C) Health care providers shall receive a maximum of $500.00 for a canceled deposition. The party canceling the deposition is responsible for the incurred costs. No charge will be paid if the deposition is canceled and the health care provider is notified at least ~~**three**~~ **seven** business days before the scheduled date.”
8/11/2026	Vermont Medical Society	Jessa Barnard	VT licensure for IMEs and impairment ratings	Wants clarification that providers perfoming IMEs and impairment ratings must be licensed in VT based on defintion from VSA 9432(9) "(9) *“Health care provider” means a person, partnership, corporation, facility, or institution, licensed or certified or authorized by law to provide professional health care service in this State to an individual during that individual’s medical care, treatment, or confinement."*
8/11/2026	Vermont Medical Society	Jessa Barnard	Medical records review	Proposed the following language for records review. *A health care provider who provides a medical record review pursuant to 21 V.S.A. § 640b (b)(4) shall use code 99075. Reimbursement shall be a rate of $400 or more as negotiated by the parties for the first hour. Additional time shall be reimbursed $100.00 per 15 minute increment or 25% of the negotiated rate per 15-minute increment.*
8/12/2026	Sabbeth Law	6 attorneys	Medical necessity	Comments related to medical necessity definition. "Proposed Rule 40.012 adds, for the first time, a codified definition of “medical necessity,” requiring that care be appropriate in “type, amount, frequency, level, setting, and duration,” consistent with “generally accepted practice parameters,” and directed toward restoring or maintaining health, preventing deterioration, or palliating a condition. We do not object to codifying a definition as predictability benefits both providers and claimants. However, because this standard will now be invoked in reimbursement disputes and hearings before the Commissioner, we are concerned that an insurer could use it as a new, freestanding basis to deny treatment that would otherwise be compensable under 21 V.S.A. § 640. Thus, we recommend that the Department: 1.) Confirm, either in the rule text or the adopting statement, that this definition is intended to describe the standard for fee-schedule billing purposes and is not intended to expand carriers’ authority to deny otherwise reasonable and necessary treatment; and 2.) Cross-reference the existing Good Cause Exception (Rule 40.080) so that adjusters and providers understand the two provisions are meant to work together, not as competing standards.

8/12/2026	Sabbeth Law	6 attorneys	Out of state treatment	Want the fee schedule to set reimbursement for out of state treatment, either based on the treating state's workers' comp fee schedule or usual and customar rates or at a minnimum, identify unavailability of providers willing to treat at fee schedule rates as a qualifying basis for good cause releif with defined response time from the Commissioner's office

WORKERS' COMPENSATION MEDICAL FEE SCHEDULE

RULE 40.000

40.000 Workers' Compensation Medical Fee Schedule

~~The five-digit numeric codes and descriptions included in~~ Rule 40.000, Medical Fee Schedule, ~~are obtained from the *Physicians'*~~ identifies medical services and procedures using Current Procedural Terminology~~, Copyright 2005~~ (CPT), the Healthcare Common Procedure Coding System (HCPCS) and ~~any updates thereto, by the American Medical Association (CPT).~~ Current Dental Terminology (CDT). Appendix ~~I~~1 of Rule 40.000 includes tables for determining fee schedule rates and shall be ~~updated on April 1 of each consecutive year~~ replaced annually, ~~-~~including to reflect any additions, deletions and modifications ~~of~~ to these code sets.

CPT®, copyright 2024 by the American Medical Association (AMA), is developed by the ~~CPT Codes contained in any update to the *Physicians' Current Procedural Terminology*, Copyright 2005. CPT is~~ AMA as a listing of descriptive terms and ~~numeric identifying codes and modifiers for reporting medical services and procedures performed by physicians.~~
~~This publication includes only CPT numeric~~ five-character identifying codes and modifiers for reporting medical services and procedures ~~that were selected by the Vermont Department of Labor . Any use of CPT outside~~ .

Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

CPT is a registered trademark of the ~~fee schedule should refer to the *Physicians' Current Procedural Terminology*, copyright 2005~~ American Medical Association ~~and any update thereto. These CPT publications contain the complete and most current listing of CPT descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures~~.

~~No fee schedules, basic unit values, relative value guides, conversion factors or scales are included in any part of the *Physicians' Current Procedural Terminology*, copyright 2005~~ The Code on Dental Procedures and Nomenclature is published in Current Dental Terminology (CDT), Copyright © American ~~Medical~~ Dental Association ~~and any update thereto.~~ (ADA). All rights reserved. CDT is a registered trademark of the American Dental Association.

FAIR Health data, copyright 2025 FAIR Health, Inc., may be used when a service is not valued by Medicare and are the foundation for Dental rates.

See Appendix 1 for updated copyright information associated with periodic rate table updates.

40.10 General Provisions

40.011 Authority and Purpose

This rule is promulgated by the Vermont Department of Labor under the authority of 21 V.S.A. § 640(d). It establishes that the liability of an employer to pay for medical services including but not limited to evaluation and management, surgical, hospital, physical medicine, durable medical equipment, dental and nursing services provided to an injured employee shall not exceed the maximum fee for a particular service as provided for in this rule.

40.012 Definitions

(A) "Charge" shall mean the amount billed by the health care provider or health care facility to all payers for the same service, whether under workers' compensation or not. ~~Hospitals shall provide an electronic copy of their charge master to the department within 45 days of the effective date of this rule.~~

(B) "CPT code" means a numeric code, included in the ~~*Current Procedure Terminology*~~CPT manual, used to identify a specific medical service, article or supply. ~~The *Current Procedure Terminology* manual is published by and may be purchased from the American Medical Association, Order Department: OP054194HA, P.O. Box 10950, Chicago, Illinois 60610.~~

(C) "Commissioner" means the Commissioner of the Vermont Department of Labor.

(D) "Follow-up Days (FUD)" means the maximum number of days of care following a surgical procedure that are included in the procedure's maximum allowable payment but does not include care for complications, exacerbations, recurrent, or other diseases or injuries.

(E) "Health care facility" shall mean the same as defined in 18 V.S.A. § 9432(~~7~~8).

(F) "Health care provider" shall mean the same as defined in 18 V.S.A. § 9432(~~8~~9).

(G) "Hospital" shall mean the same as defined in 18 V.S.A. § 1902(~~a~~1) and shall be licensed in its state of domicile.

(H) "Incidental Surgery" means a surgery which is performed on the same patient, on the same day, by the same doctor but is not related to the diagnosis.

(I) "Maximum Allowable Payment" (MAP) means the maximum fee for a procedure listed in Appendix ~~I~~1, subject to the provisions of section 40.020 of this rule, or the health care facility's or health care provider's charge, whichever is less. For those procedures having no code listed in Appendix ~~I~~1 of this fee schedule, payment shall not exceed 83% of the charge for the service. ~~This percentage shall be adjusted annually to consider any increase or decrease in the total operating expense of all hospitals based on hospital budget submissions to the Department of Banking, Insurance, Securities, and Health Care Administration (BISHCA). The change shall be calculated using the ratio of the new cost-to-charge ratio to the prior year cost-to-charge ratio.~~

(J) Mid-level Health Care Professional shall mean non-physician medical practitioners appropriately licensed, certified and/or accredited as legal and legitimate providers. They shall include, but are not limited to, physician assistants, nurse practitioners, nurse anesthetists, clinical nurse specialists, mental health counselors, medical or clinical social workers, physical therapist assistants and occupational therapist assistants.

~~(J)~~(K) "Modifier" means a two-~~digit number~~character alphabetic or numeric code that is added to a procedure code to indicate that the service rendered differs in some material respect from the service described in this rule or in the Current Procedure Terminology manual in effect on the date the service was rendered.

~~(K)~~(L) "Nursing home", "residential care home", and "therapeutic community residence" shall mean the same as defined in 33 V.S.A. § 7102 and shall be licensed in its state of domicile.

~~(L)~~(M) "Healt

h Insurer", means any entity or group of entities that pays benefits for general healthcare services including but not limited to health insurance company, ~~nonprofit hospital and~~self-insured employer, self-funded group, medical service corporation ~~and~~or managed care organizations.

~~(M)~~(N) "Employer", includes any body of persons~~,~~; corporate or unincorporated, public or private~~,~~; and the legal representative of a deceased employer, and includes the owner or lessee of premises or other person who is virtually the proprietor or operator of the business there carried on, but who, by reason there being an independent contractor or for any other reason, is not the direct employer of the worker there employed. If the employer is insured, "employer" includes the carrier so far as applicable. (21 V.S.A. §601(3) and §687).

~~(N)~~(O) "Insurance Carrier", includes any corporation from which an employer has obtained workers' compensation or guaranty insurance in accordance with the provisions of 21 V.S.A. §601.

~~(O)~~(P) ~~"~~"Medical Necessity~~",~~", Workers' compensation insurers are only responsible for paying for services or items that are medically necessary. ~~Medically necessary~~Medical necessity is defined as health care services that "are appropriate, in terms of type, amount, frequency, level, setting, and duration to the beneficiary's diagnosis or condition". Medically necessary care must be consistent with generally accepted practice parameters as recognized by health care providers in the same or a similar general specialty as typically treat or manage the diagnosis or condition, and help restore or maintain the claimant's health; or prevent deterioration or palliate the claimant's condition.

40.013 Interpretation

It is the intention of the Vermont Department of Labor that this rule be generally interpreted and administered based on the conventional practices of the licensed health insurers in Vermont, e.g. following the practice of reimbursing for certain procedures based on time increments or specific units.

40.020 Reimbursement

40.021 General Reimbursement Requirements

(A) An employer is not liable for reimbursement for health care services provided to an injured employee in excess of the maximum allowable payment (MAP) provided for in this rule. The maximum allowable payment is the maximum fee for a procedure, supply, service or durable medical equipment listed in Appendix ~~I~~1 of this rule or, subject to the other provisions of this rule, or the health care facility's or health care provider's charge, whichever is less. For those procedures having no code listed in Appendix ~~I~~1 of this fee schedule, the maximum allowable payment shall not exceed 83% of the charge for the service. ~~This percentage shall be adjusted annually to consider any increase or decrease in the total operating expense of all hospitals based on hospital budget submissions to the Department of Banking, Insurance, Securities, and Health Care Administration (BISHCA). The change shall be calculated using the ratio of the new cost-to-charge ratio to the prior year cost-to- charge ratio.~~

(B) Reimbursement for an amount less than the maximum allowable payment in Rule 40.000 is allowed, but only in those instances where there is a contract for workers' compensation related services between the employer or insurance carrier and the health care provider that provides for a lower amount.

(C) In accord with 21 V.S.A. §640(a), the employer/insurance carrier is responsible for payment of reasonable and necessary medical treatment for a work-related injury. Billing for treatment of a work-related injury shall be directed to the employer/insurance carrier. In no event shall the employee be required to provide payment to the medical provider for treatment of a work-related injury deemed compensable nor is the employee required to pay additional reimbursement for medical services which are subject to this fee schedule.

(D) Pre-payment under this schedule is prohibited.

(E) Balance billing the employee is prohibited.

~~(E)~~(F) The employer/insurance carrier shall pay the health care provider's charge or the maximum allowable payment under this fee schedule, whichever is less, within 30 days of receipt of the bill and legible, supporting documentation. If the claim is held for more than 30 days without payment, then the employer/insurance carrier must notify the provider in writing as to the status of the claim. When payment for a procedure is denied, the employer/insurance carrier must provide an "Explanation Of Benefits" (EOB)/Remittance Advice to the medical provider within 30 days of receipt of the bill. If the employer/insurance carrier disagrees with the appropriateness of a procedure code billed, it shall request a hearing, in writing, before the Commissioner within 30 days of receipt of the bill. An employer/insurance carrier may not change a billed procedure code unless the medical provider agrees.

~~(F)~~(G) Reimbursement shall be limited to duly licensed health care providers for services provided within the scope of their practice. Payment for a service provided by a ~~para-~~mid-level health care professional operating under the supervision of another health care professional may be paid either to the ~~para-~~mid-level health care professional or the supervising health care professional, but not both, subject to the provisions of paragraph 40.040 (~~F~~E) of this rule.

~~(G)~~(H) The health care provider shall maintain documentation for each service provided which is sufficiently detailed to allow for the review of the medical necessity of the service and the appropriateness of the fee charged. This documentation shall include but is not necessarily limited to progress or chart notes, test results, and billing information (~~HCFA-1450 and/or HCFA-1500 documentation to determine appropriateness of the fee charged is sufficient if a line item detail bill is provided with these forms).~~CMS-1500 Form and/or UB-04 Form). Individual invoices are not required. Failure to provide documentation when requested may result in delays and/or, with the approval of the commissioner, denial of reimbursement.

~~(A) Separate charges for procedure(s) which are normally performed as part of another procedure shall generally not be permitted (i.e. no unbundling).~~

~~Appendix III lists procedures that have been assigned as component parts of a more comprehensive procedure. Payment for the major procedure includes any separately identified component parts of the procedure which are to be denied.~~

(I) The National Correct Coding Initiative (NCCI) for procedure-to-procedure (PTP) code pair edits and medically unlikely edits (MUE) shall be followed for determining proper billing and reimbursement for medical services. PTP edits prevent improper payment when certain codes are submitted together for covered services. MUEs provide guidance on the maximum number of units of service allowable under most circumstances for a single HCPCS/CPT code billed by a provider on a date of service for a single patient. The NCCI coding initiative was developed and is updated under the direction of the Centers for Medicare and Medicaid Services (CMS) to promote correct coding of health services and prevent payment for improperly coded services. The NCCI is comprised of edits to evaluate claims when a provider bills more than one service for the same patient for the same date of service. It is based on coding conventions in the American Medical Association's Current Procedural Terminology (CPT) book, coding guidelines from national societies, and analysis of medical and surgical practices. The purpose of the NCCI is to ensure that the most comprehensive group of codes is billed rather than the component parts, and to edit codes that cannot reasonably be performed together based on either the definition or anatomical considerations. More information about the NCCI can be found at: https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd

(J) Add-on code edits describe a service that can only be performed in addition to a primary service by the same practitioner. Add-on codes are identified by a + preceding the CPT code in Appendix 1.

~~(H)~~(K) Bills submitted by health care providers or health care facilities to ~~carriers or~~ employers/insurance carriers for reimbursement of medical services must specify the date and type of service, the appropriate ~~procedure~~CPT, HCPCS or CDT code ~~from the CPT manual~~ in effect at the time of service or the appropriate facility revenue code, the condition treated, and the charges for each service. Health care providers are required to properly bill on form ~~HCFA~~CMS 1500~~,~~ or form ~~HCFA 1450 (~~UB-~~92), or the ADA claim form~~04 and provide the last 4 digits of the patient's Social Security Number, to comply with this requirement. Uncoded bills may be returned for coding.

(L) Durable medical equipment, prosthetics, orthotics ~~and supplies (DMEPOS) as defined under the Medicare program, shall be reimbursed at 83% of billed charge and adjusted annually thereafter or 150~~, injectable pharmaceuticals, supplies and materials provided by the physician over and above those usually included with the office visit or procedure as well as other supplies and services shall be billed using the appropriate HCPCS code when no appropriate CPT code

is included in Appendix 1. When no CPT code or HCPCS code exists in Appendix 1, reimbursement shall be made at 83% of billed charge or 120% of cost whichever is less. Individual invoices are not required, but documentation allowing a reasonable determination of what the provider paid for the DMEPOS must be submitted. Durable medical equipment and supplies are not reimbursable if shipped automatically without receiving prior approval from the employer/insurance carrier or the prescribing provider.

(M) Global reimbursement policy: For procedure codes listed in Appendix 1 with 10 follow-up days in the FUD column, any medically necessary care related to that procedure provided in the 10-day period following the procedure is included in the fee listed in Appendix 1. Similarly, when 30 follow-up days are listed, related care provided during the 30-day period following the procedure is included in the fee. For purposes of applying the global reimbursement policy, the day of surgery is counted as day 0. Any medically necessary care related to the procedure and provided after the 10- or 30-day period may be separately billed in addition to the procedure.

(N) The rate table appendix shall be updated on an annual basis based on the following:

(1) The Vermont professional conversion factors shall be updated by a percentage equal to the Medicare Economic Index (MEI) factor for the year the rates become effective, not to exceed 3% in any year.

(2) The Vermont multiplier applied to the CMS Outpatient Prospective Payment System (OPPS) to develop rates for outpatient hospital and ambulatory surgery center facility services shall be updated by the Medicare Outpatient Facility PPS market basket index for the year in which the rates become effective, not to exceed 3% in any year and shall be capped when the multiplier reaches 200%.

(3) The Vermont base rate for inpatient facility services shall be updated by a percentage equal to the CMS Inpatient Hospital PPS market basket index for the year in which the rates become effective, not to exceed 3% in any year.

(4) The CMS market basket indices are updated each year and can be found on CMS.gov at https://www.cms.gov/data-research/statistics-trends-and-reports/medicare-program-rates-statistics/market-basket-data. Go to the link titled: Actual Regulation Market Basket Updates

40.022 Hospital and Ambulatory Surgery Center (ASC) Reimbursement

Unless otherwise specified in this rule, the maximum allowable payment for facility services provided to an employee shall be based on the information provided in Appendix 1 or the amount charged, whichever is less. For those procedures having no code listed in Appendix 1 of this fee schedule, the maximum allowable payment shall not exceed 83% of the charge for the service.

(A) Outpatient hospital and ASC maximum allowable payment amounts are included in Appendix 1 on the same line as the professional fees in each service

area. Facility services provided by ASCs are reimbursed at the same level as outpatient hospitals. Reimbursement includes all facility services directly related to the procedure performed on the day of treatment, including nursing and technician services, use of the facility, surgical dressings, splints, casts and equipment directly related to the provision of the procedure.

(1) Implantable devices shall be reimbursed separately at the maximum allowed payment amount using the HCPCS codes listed in Appendix 1 or the amount charged, whichever is less. If there is no corresponding code, reimbursement shall be 120% of cost. Individual invoices are not required, but documentation allowing a reasonable determination of what the provider paid for the DMEPOS must be submitted.

(2) When a hospital bills for outpatient physical or occupational therapy services on a UB-04 form, the maximum reimbursement is based on the professional fees listed in Appendix 1.

~~40.21~~ **Payment for multiple procedures is based on Medicare's hospital Outpatient Prospective Payment System (OPPS) status indicators (SI), which provide information about the circumstances under which a separate facility fee may be paid or is bundled with other facility services. The status indicator for each code is included in the SI column of the applicable rate tables in Appendix 1. Detailed information about status indicators, including definitions of how they are used, can be found in CMS OPPS Addendum D1:**
www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1809-p~~Hospital Reimbursement~~

~~(A) Hospital reimbursement for services provided to an employee who is an inpatient or outpatient at a hospital shall be paid at 83% of the charge and adjusted annually thereafter for services identified by the appropriate revenue codes on the HCFA-1450 (UB-92) uniform billing claim form.~~

(3) ~~Durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) as defined under the Medicare program, shall be reimbursed at 83% of billed charge and adjusted annually thereafter or 150% of cost whichever is less.~~

(4) Hospitals and ASCs shall be reimbursed the lesser of the sum of billed charges for all services that are bundled with the primary code or the maximum allowed payment for the primary procedure. The definitions of bundled services can be found in Section 40.022(A)(3) above.

(5) Hospital services with a status indicator of J1 are bundled with all other services with a J1 status indicator. The primary (most expensive) J1 service shall be reimbursed based on the fee schedule amount. There is no additional reimbursement for other codes with a status indicator of J1 on the claim.

(B) Inpatient hospital facility services shall be reimbursed the maximum allowed payment based on diagnosis related groups (DRGs) listed in Appendix 1 or the

amount charged, whichever is less.

(1) The DRG amount includes all facility services provided in conjunction with the hospital stay, with the exception of implantable devices, which are eligible for separate reimbursement.

(2) Implantable devices shall be reimbursed separately at the maximum allowed payment amount using the HCPCS codes listed in Appendix 1 or the amount charged, whichever is less. If there is no corresponding code, reimbursement shall be 120% of cost. Individual invoices are not required, but documentation allowing a reasonable determination of what the provider paid for the DMEPOS must be submitted.

~~(B) Emergency room. When professional components are billed on the HCFA-1500 form by a hospital or emergency care facility for an emergency unscheduled initial visit or an emergency follow- up visit, as supported by medical records, both the professional and the facility fees will be reimbursed at 83% of the charge and adjusted annually thereafter.~~

~~(C) Professional components, other than noted in (C) above, billed by a hospital or emergency care facility, irrespective of treatment setting, shall be identified by their appropriate CPT code and submitted to the payer on a HCFA-1500 claim form. The payment for these professional components shall be the lesser of the amount listed in Appendix I of Rule 40.000 or the claim chargeamount.~~

40.023 Nursing Home Reimbursement

Nursing home reimbursement, residential care home reimbursement, and therapeutic community residence reimbursement shall ~~not exceed 83% of the charge and adjusted annually thereafter for the services~~be negotiated and reimbursement rates agreed upon by the facility and employer/insurance carrier prior to admission to the facility.

40.024 Prescription Drug Reimbursement

(A) Prescription drug reimbursement shall be the lower of the charge for the prescription drug or the average wholesale price (AWP), as determined by the Red Book manual or its equivalent, plus a $~~3.15~~5.00 dispensing fee.

(B) The provisions of 18 V.S.A., Chapter 91. Generic Drugs, shall apply.

(C) Home Intravenous Drugs/Infusion Therapy. The provider ~~must~~shall be accredited by the Joint Commission ~~on Accreditation of Healthcare Organizations (JCAHO)~~ as a home care provider of intravenous services under the Standards for Accreditation of Home Care. Reimbursement shall be a negotiated per diem rate agreed upon by the provider and ~~can provide the following services at a~~ employer/insurance carrier prior to service being provided plus reimbursement for the prescription drug.

(1) Per ~~Diem Rate (all inclusive):~~diem rates are billable for the dates on

which home infusion therapy is administered and shall include:

(a) Intravenous Solutions;

(b) Pharmacy Professional Services including compounding, dispensing, clinical management, consultations and 24 hour, 7 day a week availability;

(c) Ancillary Medical Supplies including all syringes, tubing, bags, cassettes, supplies necessary to maintain IV catheter patency;

(d) Durable Medical Equipment (DME) delivery, set-up, instruction, maintenance (24 hour, 7 day a week availability), replacement and removal as appropriate;

(e) Waste disposal.

~~1. **Per Diem Rates** are billable for the dates on which home infusion therapy is administered.~~

(2) Drug ~~**Costs will**~~reimbursement shall be ~~paid on~~ the ~~basis of the~~amount charged or AWP, whichever is less ~~10%.~~

~~2.~~ Nursing ~~**Services will**~~services shall be coordinated through a ~~Home Health Agency~~home health agency by the ~~Infusion Therapy Provider.~~infusion therapy provider. If services for ~~Initial Patient Assessment~~initial patient assessment and claimant/care giver education and training ~~is~~are billed by the ~~Home Health Agency~~home health agency, no reimbursement ~~will~~shall be

~~WASTAGE POLICY~~

(3) provided to the ~~Infusion Therapy Provider~~infusion therapy provider for these services. These services are reimbursed on an hourly basis.

~~When an unanticipated change in a patient's condition requires a change in treatment plan, carrier will pay the listed per diem rates plus 83% of AWP for delivered but unutilized supplies and drugs per the following guidelines:~~

~~Pain Therapy~~
~~Drugs~~
~~Antibiotics~~
~~Chemotherapy~~
~~Drugs All other~~
~~therapies~~

~~PRIOR AUTHORIZATION~~

~~All services must be preauthorized by the carrier. Per Diem Rates are billable for the dates on which home infusion therapy is administered.~~

40.025 Reimbursement for Procedures, Articles, and Supplies not listed in Appendix ~~I~~1

For those procedures, articles, and supplies having no code listed in Appendix ~~I~~1, or not otherwise addressed by written sections of this rule, the maximum

allowable payment shall not exceed ~~83~~120% of cost to the provider or 83% of the charge, whichever is less.

~~% of the charge and adjusted annually thereafter for the service.~~

40.030 Modifiers

(A) The modifier codes recognized by these rules are defined in accord with the AMA CPT Manual, in effect on the date of service, or defined by CMS for HCPCS modifiers.

(B) A modifier code shall be used to describe any unusual circumstances or services that arise in the treatment of a work-related injury or illness. ~~The modifier codes recognized by these rules are defined in accord with the AMA CPT Manual.~~

40.040 Anesthesia Guidelines

~~(A)~~ Reimbursement to the health care provider applies only when the anesthesia ~~care~~ is ~~provided by or under the medical directions of a physician~~personally administered by an anesthesiologist~~.~~
~~To be eligible~~, CRNA or AA who remains in constant attendance during the procedure, for ~~reimbursement, the~~ the sole purpose of rendering such anesthesia service ~~shall include: performance of a pre-anesthetic examination and evaluation; prescription of the anesthesia care required; personal participation in, or medical direction of, the entire plan of care; continuous physical presence of the anesthesiologist or, in the case of medical direction, of the qualified individual (one who is qualified to perform those tasks not personally performed by the anesthesiologist, such as a CRNA, resident or other individual authorized by the hospital or facility to perform such services) being medically directed; proximate presence or (in the case of medical direction) availability of the anesthesiologist for diagnosis or treatment of emergencies; and medical direction of not more than four concurrent anesthesia procedures.~~.

(A) The maximum allowed payment for anesthesia services includes preoperative and postoperative visits, the administration of the anesthetic and the administration of fluids and/or blood incident to the anesthesia or surgery.

~~(A)~~(B) Reimbursement will be determined by the addition of the base unit value, time units and modifying units (if any) and multiplying this sum by a conversion factor of $~~34.25~~50.79 per unit. The definition of the unit components will follow. Base unit values are listed in ~~Table A of~~ Appendix ~~I~~1.

~~The anesthesia~~(Base Unit Value amount + time units + modifying units, if any) x $50.79 = Reimbursement amount

~~(B)~~(C) Anesthesia care may include, but is not limited to general, regional, monitored anesthesia care, supplementation of local anesthesia, or other supportive services in order to afford the patient the optimal anesthesia care prescribed ~~by the anesthesiologist during any procedure.~~.

~~(C)~~(D) Specialized forms of monitoring (e.g., intra-arterial, central venous, and Swan-Ganz) are not included and will be reimbursed separately based on the appropriate medical or surgical fee schedule.

~~(D)~~(E) With respect to anesthesia care team payments for claims from two separate billing entities, the total payment to the anesthesia care team is the same as the payment level for an individually performing anesthesiologist or health care provider, with 50% of the total payment paid to each of the billing entities.

~~(E)~~(F) Definition of the Unit Components.

(1) Relative Unit Value: The relative unit value (RUV) includes usual pre and post-operative visits, the administration of fluids and/or blood incident to the anesthesia care and interpretation of non-invasive monitoring (ECG, temperature, blood pressure, oximetry, capnography, and mass spectrometry). When multiple surgical procedures are performed during a single anesthetic administration the highest relative unit value should be used. The relative unit value will be applied to each CPT anesthesia code as outlined at the conclusion of this section and are listed in Appendix 1.

(2) Time Units: Anesthesia time begins when the anesthesiologist, or other qualified individual, physically starts to prepare the patient for induction of anesthesia in the operating room (or its equivalent) and ends when the anesthesiologist, or other qualified individual, is no longer in constant attendance (when the patient may be safely under postoperative supervision).

(3) One time unit is allowed for each 15-minute time interval, or fraction thereof.

(4) Reimbursement for Pain Management Services: Reimbursement for pain management services (evaluation and management, medical or surgical services) will be separate from any reimbursement for anesthesia services. Reimbursement for services for pain management will be based on the fees listed in Appendix 1 for the appropriate evaluation and management, medical or surgical ~~fee schedule~~procedure codes.

(5) Modifying Units: Physical status modifying units will be reimbursed if the patient is ranked in one of the following three categories:

RANK	UNIT VALUE
P-3 - A patient with severe systemic disease	1
P-4 - A patient with severe systemic disease that is a constant threat to life	2
P-5 - A moribund patient who is not expected to survive without the operation.	3

Other modifying units will be available for the following qualifying circumstances described in the CPT:

CPT	UNIT VALUE
99100 - Anesthesia for a patient of extreme age, under one year and over seventy.	1

CPT	UNIT VALUE
99116 - Anesthesia complicated by utilization of total body hypothermia.	5
99135 - Anesthesia complicated by utilization of controlled hypotension.	5
99140 - Anesthesia complicated by emergency conditions (an emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life or body part).	2

40.050 Radiology Guidelines

(A) The maximum fee for a radiology procedure is either the global or, where appropriate, the professional component ~~((~~(26) or the technical component ~~(27~~(TC). These are found in Appendix ~~I~~1 under the radiological maximum fee.

(B) When two bills are submitted for a radiological procedure, the professional component shall be identified by using modifier code -26. The technical component, identified by modifier ~~code 27~~TC, covers materials and facilities/space for the diagnostic or therapeutic service.

(C) Billings for radiologic procedures are not reimbursable without a report of findings.

40.060 Surgical Guidelines

(A) For surgical procedures that usually mandate a variety of attendant services, the reimbursement allowances are based on a global reimbursement concept. Global reimbursement covers the performance of the basic service and the ~~normal~~ range of care required before and after surgery. The ~~normal~~ range of post-surgical care or follow-up days is indicated ~~at~~in the ~~right-hand~~ column ~~under follow-up days (~~titled FUD~~)~~ in the rate tables found in Appendix ~~I. There are two ranges established: on the same day as a surgical procedure; and 30-day global reimbursement policy.~~1.

~~**Same day visits (S or I):** Surgical procedure codes that are followed by the letter S or I in Appendix I allow for reimbursement for a medical service by the surgeon on the same day as the procedure.~~

~~The letter S indicates that an office visit, new patient or established patient, may be allowed. The letter I indicates that only a new patient visit is allowed in addition to the procedure. In the case of an accident-related procedure, the new patient visit with a -WF modifier may be reimbursed in addition to the surgical procedure.~~

10- and 30-day global reimbursement policy: For ~~all surgical~~ procedure codes listed in Appendix ~~I,~~1 with ~~30~~10 follow-up days ~~indicated~~ in the ~~right~~FUD column ~~under FUD~~, any medically necessary care related to that procedure ~~may be allowed~~provided in the 10-day period following the procedure is included in the fee listed in Appendix 1. Similarly, when 30 follow-up days are listed, related care provided during the 30-day period following the procedure ~~and may be~~is included in the fee. For purposes of

applying the global reimbursement policy, the day of surgery is counted as day 0. Any medically necessary care related to the procedure and provided after the 10- or 30-day period may be separately billed in addition to the procedure.

~~For those surgical~~ Fees for a procedure ~~codes~~listed in Appendix ~~I that do not have a 30, S or I indicated, all professional routine pre-operative care and post operative care, for 30 days following the surgical procedure, are included as a part of the global fee for that surgery, and medical follow-up visits for the same or a related condition within 30 days of the procedure should be denied.~~
~~A surgical procedure~~1 shall include all of the following:

~~1. All office and hospital visits which occur on the day of or day prior to major surgery.~~

~~2. Surgery.~~
(1) Pre-operative visits after the decision to operate. For major procedures, this includes pre-operative visits the day before the surgery. For minor procedures, this includes pre-operative visits on the surgery day.

(2) Intra-operative services, normally a necessary part of a surgical procedure.

(3) All other medical or surgical services the surgeon provides during the post-operative period because the complications don't require more trips to the operating room.

(4) Follow-up post-operative recovery period visits.

~~(1)~~(5) Post surgical care. The number of follow-up days (FUD) is indicated in the fee schedule which will determine the normal range of post-surgical care for that particular procedure.

~~3. Removal of sutures.~~
(6) Removal of sutures. Miscellaneous services, like dressing changes, local incision care, operative pack removal, cutaneous sutures and staples removal, lines, wires, tubes, drains, casts, and splints; insertion, irrigation, and urinary catheter removal, routine peripheral intravenous lines, nasogastric and rectal tubes; and tracheostomy tube changes and removals.

An evaluation and management (E&M) service ~~will~~shall not be billed in addition to a minor procedure unless the E&M service was for a significant, separately identified reason. In this instance, Modifier -25 should be reported with the appropriate E&M CPT procedure code.

~~The following four exceptions~~Exceptions to the global reimbursement policy may warrant additional reimbursement for services ~~provided before surgery~~including but not limited to:

(1) When a preoperative visit is the initial visit and prolonged detention or evaluation is necessary to prepare the patient or to establish the need for a particular type of surgery.

~~1. When the preoperative visit is a consultation.~~

~~2. When preoperative services are provided that are usually not part of the preparation for a particular surgical procedure, for example, bronchoscopy prior to chest surgery.~~

(2) When a procedure would normally be performed in the office, but circumstances mandate hospitalization.

(3) ~~Additional charges and reimbursement may be warranted~~Surgeon's first evaluation to find the need for ~~additional~~major surgeries.

(4) Other providers' related surgery services ~~rendered to treat~~, except when the surgeon and the other providers agree on a transfer of care.

(5) Visits unrelated to the surgical diagnosis procedure unless the visits happen because of surgery complications~~, exacerbation, recurrence,~~.

(6) Underlying condition treatment or ~~other diseases~~an added treatment course that's not part of normal surgery recovery.

(7) Diagnostic tests and ~~injuries. Under such circumstances, additional reimbursement may be requested.~~procedures, including diagnostic radiological procedures.

(8) Distinct surgical procedures that happen during the post-operative period that aren't reoperation or complications treatment.

(9) Treatment for post-operative complications when the patient returns to the operating room (OR).

~~(3)~~(10) If a less extensive procedure fails, the patient needs a more extensive procedure. Documentation substantiating the medical necessity of the additional services rendered ~~must~~shall be submitted with the medical bill.

(B) An incidental surgery which is not part of the primary procedure performed, and for which there is no diagnostic evidence relating it to the injury, shall not be paid under the Workers' Compensation system.

(C) Reimbursement for the concurrent services of two or more health care providers may be warranted for:

(1) Identifiable medical services provided preoperatively, during the surgical procedure or in the postoperative period.

(2) Surgical Assistants - ~~Modifier code -80~~In Appendix 1, an entry in the "ASST" column shall identify the ~~procedure or the~~ procedures ~~which may be performed by the Surgical Assistant. Reimbursement~~that are eligible for ~~surgical assistants is limited~~reimbursement to ~~health care providers~~an assistant surgeon. Modifier 80, 81 or 82 shall be used to identify physicians who assist ~~the~~at surgery and reimbursement must not exceed 25% of the total surgical procedure. Modifier AS shall be used to identify non-physician surgical assistants and reimbursement must not exceed 15% of the total surgical procedure.

(3) Two Surgeons

(a) Certain circumstances ~~where~~may require the skills of two surgeons (usually with different specialties) ~~may be required~~to perform surgery on the same patient during the same operative session to complete a ~~surgery~~single surgical procedure code.

(b) ~~Reimbursement will be made according to the information on the provider's medical bill~~Modifier 62 identifies when two surgeons work together as primary surgeons performing distinct part(s) of a single reportable procedure and shall be reported with the ~~substantiating documentation submitted.~~procedure code. Each provider must submit an individual claim for services.

(c) Reimbursement to each surgeon shall be the amount charged or 62.5% of the maximum allowed payment in Appendix 1, whichever is less.

(4) A Surgical Team. Some highly complex procedures require the concomitant services of several physicians, often of different specialties. Such complex services may also involve other highly skilled and specially trained personnel, as well as various types of sophisticated equipment. This type of complicated procedure may be carried out under the "surgical team" concept with a single, global reimbursement for the total service. The charges should be supported by a written report and include itemization of the physician services, paramedical personnel and equipment included in the charge.

(D) Multiple or Bilateral Procedures

(1) When multiple or bilateral procedures are provided at the same operative session, the first major procedure should be coded as listed on one line of the ~~HCFA~~CMS -1500 claim form and the additional procedure(s) on the following line(s) with modifier -50 or -51.

(2) The ~~total reimbursement~~maximum allowed payment for all services shall be the maximum ~~reimbursement allowance~~allowed payment of the major procedure in addition to 50% for the secondary procedure, ~~25% for the tertiary procedure and 10~~and 25% for each lesser procedure thereafter. The lesser procedure(s) should be coded using the appropriate modifier -50 (bilateral procedure) or -51 (multiple procedures).

~~Those services listed in Appendix II of this rule, which can be billed with the -50 modifier, do not have the usual payment adjustment for bilateral procedures. For these services, payment is based on 100% for each side, organ or site.~~

(3) Except when specifically stated, initial dressings, immobilization, or casting is included in the basic allowance for the basic procedure.

(4) Codes that are exempt from Modifier 51 are identified in Appendix 1 with ⃠ preceding the code.

(5) "Add-On" codes are identified in Appendix 1 with + preceding the code.

40.070 ~~Medical Advisory Committee~~Dental Services

~~**Repealed May 15, 2006.**~~Dental providers, licensed in the state where they practice, may be paid for dental services. Dental providers include dentists, oral and maxillofacial surgeons, orthodontists, hospitals and dental clinics. Services provided by dental hygienists and dental assistants must be billed by the licensed dentist, orthodontist or oral surgeon overseeing these practitioners.

The maximum allowed payment shall be the amount listed in Appendix 1 for the service provided. If there is no code listed in Appendix 1, payment shall be 83% of the provider's charge.

Laboratory procedures are included with the maximum allowed payment listed in Appendix 1 for the associated dental procedure. No additional reimbursement shall be due for laboratory procedures.

Underlying conditions, such as periodontal disease, and prophylaxis or routine care unrelated to the compensable injury or illness shall not be comprehensively covered. They may be covered, however, only as required to successfully complete treatment related to the compensable injury or illness.

40.080 Good Cause Exception

If an employee or medical provider demonstrates to the satisfaction of the Commissioner that reasonable and necessary treatment, or a related medical service, is not reasonably available at a fee consistent with this fee schedule, including if the treatment will be provided out of state, the Commissioner may authorize reimbursement for those procedures at a rate higher than that permitted in the fee schedule. The Commissioner's office shall respond to requests for exceptions within 21 days of the day of the request.

40.090 Psychotherapy Services

~~CPT Codes 90801 through 90889 may be used for psychotherapy by M.D. level Psychiatrists, Clinical Psychologists and Clinical Social Workers, with the exception of codes 90820, 90862, 90870, and 90871, which may be billed by M.D. level Psychiatrists only.~~

The reimbursement policy for the practitioner performing ~~the~~ psychotherapy services is as follows:

(A) M.D. and D.O. level Psychiatrists and Clinical Psychologists shall receive the maximum ~~fee~~allowed payment for a procedure, listed in Appendix ~~I~~1, or the practitioner's charge, whichever is less;

- ~~Clinical Psychologists~~Clinical Social Workers, Medical Social Workers, Mental Health Counselors or other practitioners certified and licensed to provide psychotherapy services in the state of Vermont shall receive ~~80~~85% of the maximum ~~fee for a procedure listed in Appendix I, or the practitioner's charge, whichever is less;~~

(B) ~~Clinical Social Workers shall receive 60% of the maximum fee for a procedure~~allowed payment listed in Appendix ~~I~~1, or the practitioner's charge,

whichever is less.

The level of licensure of the practitioner providing the service shall be indicated on the billing form.

40.100 Fee Adjustments for Physical Medicine and Rehabilitation Modalities; Applicable Only To Supervised and Constant Attendance Modalities

Maximum ~~fees~~allowed payments for physical medicine and rehabilitation modalities that require supervised or constant attendance only are determined according to the following payment schedule when one or more modalities are provided to the patient on the same day. (This section does not apply to hospital reimbursement.)

100% of the fee for the most expensive modality;

75% of the fee for the second most expensive modality;

50% of the fee for the third most expensive modality~~;~~ and ~~10 % of the fee for all other modalities~~each additional modality thereafter.

All modalities after the first most expensive shall be coded by adding modifier -51 to the appropriate procedure code.

All other therapeutic procedure codes shall be paid in accord with Appendix ~~I~~1 or, if the procedure code is not listed in Appendix ~~I~~1, reimbursement shall be 83% of the provider's charge.

40.110 Fees for Depositions, ~~Mileage~~Permanent Impairment Ratings, Independent Medical Exams and Supplemental Reports

40.111 Fees for Depositions ~~and Mileage~~

(A) Any health care provider who gives ~~a~~ deposition or hearing testimony under oath shall use code 99075. Reimbursement shall be ~~$300~~at a rate of $500.00 or more as negotiated by the parties for ~~one~~the first hour ~~or less~~. Additional time shall be reimbursed ~~at $75~~$125.00 ~~for each additional~~per 15 ~~minutes.~~-minute increment or 25% of the negotiated rate per 15-minute increment.

(B) The party requesting the deposition assumes responsibility for payment of the witness fee ~~and any related mileage~~ unless the costs of the deposition is included as a part of an award. The costs for witness fees ~~and any related mileage~~ shall be considered inclusive of an award of the deposition cost.

(C) Health care providers shall receive a maximum of $~~150~~500.00 for a canceled deposition. The party canceling the deposition is responsible for the incurred costs. No charge will be paid if the deposition is canceled and the health care provider is notified at least three business days before the scheduled date.

~~and the health care provider is notified at least three business days before the scheduled date.~~

~~(A) Round trip mileage may be charged by the health care provider for travel related to the deposition at the maximum rate allowed for deductions by the internal revenue service.~~

40.112 Permanent Impairment Ratings

A health care provider who provides a permanent impairment rating in accordance with 21 V.S.A. §648 shall be licensed in the State of Vermont and use code 99455 (if the treating health care provider) or 99456 (if other than the treating health care provider). Reimbursement includes time spent reviewing medical records and shall be at a rate of $500.00 or more as negotiated by the parties for the first hour. Additional time shall be reimbursed $125.00 per 15-minute increment or 25% of the negotiated rate per 15-minute increment.

40.113 Independent Medical Exams

A health care provider who provides an independent medical exam in accordance with 21 V.S.A. §648 shall be licensed in the State of Vermont and use code 99456. Reimbursement includes time spent reviewing medical records and shall be at a rate of $500.00 or more as negotiated by the parties for the first hour. Additional time shall be reimbursed $125.00 per 15-minute increment or 25% of the negotiated rate per 15-minute increment.

~~40.112~~40.114 Fees for Supplemental Reports

(A) Health care providers shall be reimbursed for providing supplemental reports that are in addition to the documentation required under paragraph 40.021(~~E~~H) of this rule. Supplemental reports shall be identified by using CPT ~~Code~~ 99080 and appropriately billed on a ~~HCFA~~ CMS-1500 form.

(B) Reimbursement for supplemental reports is limited to $10.00 per page with the total not to exceed $70.00. The party requesting the supplemental reports assumes responsibility for payment.

40.120 FRAUD

Workers' compensation insurers are only responsible for paying for services that are actually provided and that are medically necessary. In filing a claim for reimbursement, the CPT code should be chosen that most accurately describes the service that was provided. It is a felony under Vermont law knowingly to do, attempt, or aid and abet in any of the following when seeking or receiving reimbursement from a workers' compensation insurer:

(A) File a claim for services which were not rendered

(B) File a false claim

(C) File a claim for unauthorized items or services

(D) Bill the beneficiary, or the beneficiary's family for an amount in excess of that allowed by law or regulation

(E) Fail to credit the state or its agent for payments received from social security, insurance or other sources

(F) Receive unauthorized payment

Suspected fraud should be reported to the Workers' Compensation and Safety Division of the Vermont Department of Labor.

WORKERS' COMPENSATION MEDICAL FEE SCHEDULE

RULE 40.000

40.000 Workers' Compensation Medical Fee Schedule

Rule 40.000, Medical Fee Schedule, identifies medical services and procedures using Current Procedural Terminology (CPT), the Healthcare Common Procedure Coding System (HCPCS) and Current Dental Terminology (CDT). Appendix 1 of Rule 40.000 includes tables for determining fee schedule rates and shall be replaced annually, including to reflect any additions, deletions and modifications to these code sets.

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See Appendix 1 for updated copyright information associated with periodic rate table updates.

40.10 General Provisions

40.011 Authority and Purpose

This rule is promulgated by the Vermont Department of Labor under the authority of 21 V.S.A. § 640(d). It establishes that the liability of an employer to pay for medical services including but not limited to evaluation and management, surgical, hospital, physical medicine, durable medical equipment, dental and nursing services provided to an injured employee shall not exceed the maximum fee for a particular service as provided for in this rule.

40.012 Definitions

(A) "Charge" shall mean the amount billed by the health care provider or health care facility to all payers for the same service, whether under workers' compensation or not.

(B) "CPT code" means a numeric code, included in the CPT manual, used to identify a specific medical service, article or supply.

(C) "Commissioner" means the Commissioner of the Vermont Department of Labor.

(D) "Follow-up Days (FUD)" means the maximum number of days of care

following a surgical procedure that are included in the procedure's maximum allowable payment but does not include care for complications, exacerbations, recurrent, or other diseases or injuries.

(E) "Health care facility" shall mean the same as defined in 18 V.S.A. § 9432(8).

(F) "Health care provider" shall mean the same as defined in 18 V.S.A. § 9432(9).

(G) "Hospital" shall mean the same as defined in 18 V.S.A. § 1902(1) and shall be licensed in its state of domicile.

(H) "Incidental Surgery" means a surgery which is performed on the same patient, on the same day, by the same doctor but is not related to the diagnosis.

(I) "Maximum Allowable Payment" (MAP) means the maximum fee for a procedure listed in Appendix 1, subject to the provisions of section 40.020 of this rule, or the health care facility's or health care provider's charge, whichever is less. For those procedures having no code listed in Appendix 1 of this fee schedule, payment shall not exceed 83% of the charge for the service.

(J) Mid-level Health Care Professional shall mean non-physician medical practitioners appropriately licensed, certified and/or accredited as legal and legitimate providers. They shall include, but are not limited to, physician assistants, nurse practitioners, nurse anesthetists, clinical nurse specialists, mental health counselors, medical or clinical social workers, physical therapist assistants and occupational therapist assistants.

(K) "Modifier" means a two-character alphabetic or numeric code that is added to a procedure code to indicate that the service rendered differs in some material respect from the service described in this rule or in the Current Procedure Terminology manual in effect on the date the service was rendered.

(L) "Nursing home", "residential care home", and "therapeutic community residence" shall mean the same as defined in 33 V.S.A. § 7102 and shall be licensed in its state of domicile.

(M) "Health Insurer", means any entity or group of entities that pays benefits for general healthcare services including but not limited to health insurance company, self-insured employer, self-funded group, medical service corporation or managed care organizations.

(N) "Employer", includes any body of persons; corporate or unincorporated, public or private; and the legal representative of a deceased employer, and includes the owner or lessee of premises or other person who is virtually the proprietor or operator of the business there carried on, but who, by reason there being an independent contractor or for any other reason, is not the direct employer of the worker there employed. If the employer is insured, "employer" includes the carrier so far as applicable. (21 V.S.A. §601(3) and §687).

(O) "Insurance Carrier", includes any corporation from which an employer has obtained workers' compensation or guaranty insurance in accordance with the provisions of 21 V.S.A. §601.

(P) "Medical Necessity", Workers' compensation insurers are only responsible for paying for services or items that are medically necessary. Medical necessity is defined as health care services that "are appropriate, in terms of type, amount, frequency, level, setting, and duration to the beneficiary's diagnosis or condition". Medically necessary care must be consistent with generally accepted practice parameters as recognized by health care providers in the same or a similar general specialty as typically treat or manage the diagnosis or condition, and help restore or maintain the claimant's health; or prevent deterioration or palliate the claimant's condition.

40.013 Interpretation

It is the intention of the Vermont Department of Labor that this rule be generally interpreted and administered based on the conventional practices of the licensed health insurers in Vermont, e.g. following the practice of reimbursing for certain procedures based on time increments or specific units.

40.020 Reimbursement

40.021 General Reimbursement Requirements

(A) An employer is not liable for reimbursement for health care services provided to an injured employee in excess of the maximum allowable payment (MAP) provided for in this rule. The maximum allowable payment is the maximum fee for a procedure, supply, service or durable medical equipment listed in Appendix 1 of this rule or, subject to the other provisions of this rule, or the health care facility's or health care provider's charge, whichever is less. For those procedures having no code listed in Appendix 1 of this fee schedule, the maximum allowable payment shall not exceed 83% of the charge for the service.

(B) Reimbursement for an amount less than the maximum allowable payment in Rule 40.000 is allowed, but only in those instances where there is a contract for workers' compensation related services between the employer or insurance carrier and the health care provider that provides for a lower amount.

(C) In accord with 21 V.S.A. §640(a), the employer/insurance carrier is responsible for payment of reasonable and necessary medical treatment for a work-related injury. Billing for treatment of a work-related injury shall be directed to the employer/insurance carrier. In no event shall the employee be required to provide payment to the medical provider for treatment of a work-related injury deemed compensable nor is the employee required to pay additional reimbursement for medical services which are subject to this fee schedule.

(D) Pre-payment under this schedule is prohibited.

(E) Balance billing the employee is prohibited.

(F) The employer/insurance carrier shall pay the health care provider's charge or the maximum allowable payment under this fee schedule, whichever is less, within 30 days of receipt of the bill and legible, supporting documentation. If the claim is held for more than 30 days without payment, then the employer/insurance carrier must notify the provider in writing as to the status of the claim. When

payment for a procedure is denied, the employer/insurance carrier must provide an "Explanation Of Benefits" (EOB)/Remittance Advice to the medical provider within 30 days of receipt of the bill. If the employer/insurance carrier disagrees with the appropriateness of a procedure code billed, it shall request a hearing, in writing, before the Commissioner within 30 days of receipt of the bill. An employer/insurance carrier may not change a billed procedure code unless the medical provider agrees.

(G) Reimbursement shall be limited to duly licensed health care providers for services provided within the scope of their practice. Payment for a service provided by a mid-level health care professional operating under the supervision of another health care professional may be paid either to the mid-level health care professional or the supervising health care professional, but not both, subject to the provisions of paragraph 40.040 (E) of this rule.

(H) The health care provider shall maintain documentation for each service provided which is sufficiently detailed to allow for the review of the medical necessity of the service and the appropriateness of the fee charged. This documentation shall include but is not necessarily limited to progress or chart notes, test results, and billing information (CMS-1500 Form and/or UB-04 Form). Individual invoices are not required. Failure to provide documentation when requested may result in delays and/or, with the approval of the commissioner, denial of reimbursement.

(I) The National Correct Coding Initiative (NCCI) for procedure-to-procedure (PTP) code pair edits and medically unlikely edits (MUE) shall be followed for determining proper billing and reimbursement for medical services. PTP edits prevent improper payment when certain codes are submitted together for covered services. MUEs provide guidance on the maximum number of units of service allowable under most circumstances for a single HCPCS/CPT code billed by a provider on a date of service for a single patient. The NCCI coding initiative was developed and is updated under the direction of the Centers for Medicare and Medicaid Services (CMS) to promote correct coding of health services and prevent payment for improperly coded services. The NCCI is comprised of edits to evaluate claims when a provider bills more than one service for the same patient for the same date of service. It is based on coding conventions in the American Medical Association’s Current Procedural Terminology (CPT) book, coding guidelines from national societies, and analysis of medical and surgical practices. The purpose of the NCCI is to ensure that the most comprehensive group of codes is billed rather than the component parts, and to edit codes that cannot reasonably be performed together based on either the definition or anatomical considerations. More information about the NCCI can be found at: https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd

(J) Add-on code edits describe a service that can only be performed in addition to a primary service by the same practitioner. Add-on codes are identified by a + preceding the CPT code in Appendix 1.

(K) Bills submitted by health care providers or health care facilities to

employers/insurance carriers for reimbursement of medical services must specify the date and type of service, the appropriate CPT, HCPCS or CDT code in effect at the time of service or the appropriate facility revenue code, the condition treated, and the charges for each service. Health care providers are required to properly bill on form CMS 1500 or form UB-04 and provide the last 4 digits of the patient's Social Security Number, to comply with this requirement. Uncoded bills may be returned for coding.

(L) Durable medical equipment, prosthetics, orthotics, injectable pharmaceuticals, supplies and materials provided by the physician over and above those usually included with the office visit or procedure as well as other supplies and services shall be billed using the appropriate HCPCS code when no appropriate CPT code is included in Appendix 1. When no CPT code or HCPCS code exists in Appendix 1, reimbursement shall be made at 83% of billed charge or 120% of cost whichever is less. Individual invoices are not required, but documentation allowing a reasonable determination of what the provider paid for the DMEPOS must be submitted. Durable medical equipment and supplies are not reimbursable if shipped automatically without receiving prior approval from the employer/insurance carrier or the prescribing provider.

(M) Global reimbursement policy: For procedure codes listed in Appendix 1 with 10 follow-up days in the FUD column, any medically necessary care related to that procedure provided in the 10-day period following the procedure is included in the fee listed in Appendix 1. Similarly, when 30 follow-up days are listed, related care provided during the 30-day period following the procedure is included in the fee. For purposes of applying the global reimbursement policy, the day of surgery is counted as day 0. Any medically necessary care related to the procedure and provided after the 10- or 30-day period may be separately billed in addition to the procedure.

(N) The rate table appendix shall be updated on an annual basis based on the following:

(1) The Vermont professional conversion factors shall be updated by a percentage equal to the Medicare Economic Index (MEI) factor for the year the rates become effective, not to exceed 3% in any year.

(2) The Vermont multiplier applied to the CMS Outpatient Prospective Payment System (OPPS) to develop rates for outpatient hospital and ambulatory surgery center facility services shall be updated by the Medicare Outpatient Facility PPS market basket index for the year in which the rates become effective, not to exceed 3% in any year and shall be capped when the multiplier reaches 200%.

(3) The Vermont base rate for inpatient facility services shall be updated by a percentage equal to the CMS Inpatient Hospital PPS market basket index for the year in which the rates become effective, not to exceed 3% in any year.

(4) The CMS market basket indices are updated each year and can be found

on CMS.gov at https://www.cms.gov/data-research/statistics-trends-and-reports/medicare-program-rates-statistics/market-basket-data. Go to the link titled: Actual Regulation Market Basket Updates

40.022 Hospital and Ambulatory Surgery Center (ASC) Reimbursement

Unless otherwise specified in this rule, the maximum allowable payment for facility services provided to an employee shall be based on the information provided in Appendix 1 or the amount charged, whichever is less. For those procedures having no code listed in Appendix 1 of this fee schedule, the maximum allowable payment shall not exceed 83% of the charge for the service.

(A) Outpatient hospital and ASC maximum allowable payment amounts are included in Appendix 1 on the same line as the professional fees in each service area. Facility services provided by ASCs are reimbursed at the same level as outpatient hospitals. Reimbursement includes all facility services directly related to the procedure performed on the day of treatment, including nursing and technician services, use of the facility, surgical dressings, splints, casts and equipment directly related to the provision of the procedure.

(1) Implantable devices shall be reimbursed separately at the maximum allowed payment amount using the HCPCS codes listed in Appendix 1 or the amount charged, whichever is less. If there is no corresponding code, reimbursement shall be 120% of cost. Individual invoices are not required, but documentation allowing a reasonable determination of what the provider paid for the DMEPOS must be submitted.

(2) When a hospital bills for outpatient physical or occupational therapy services on a UB-04 form, the maximum reimbursement is based on the professional fees listed in Appendix 1.

(3) Payment for multiple procedures is based on Medicare's hospital Outpatient Prospective Payment System (OPPS) status indicators (SI), which provide information about the circumstances under which a separate facility fee may be paid or is bundled with other facility services. The status indicator for each code is included in the SI column of the applicable rate tables in Appendix 1. Detailed information about status indicators, including definitions of how they are used, can be found in CMS OPPS Addendum D1: www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1809-p

(4) Hospitals and ASCs shall be reimbursed the lesser of the sum of billed charges for all services that are bundled with the primary code or the maximum allowed payment for the primary procedure. The definitions of bundled services can be found in Section 40.022(A)(3) above.

(5) Hospital services with a status indicator of J1 are bundled with all other services with a J1 status indicator. The primary (most expensive) J1 service shall be reimbursed based on the fee schedule amount. There is no additional reimbursement for other codes with a status indicator of J1 on the claim.

(B) Inpatient hospital facility services shall be reimbursed the maximum allowed

payment based on diagnosis related groups (DRGs) listed in Appendix 1 or the amount charged, whichever is less.

(1) The DRG amount includes all facility services provided in conjunction with the hospital stay, with the exception of implantable devices, which are eligible for separate reimbursement.

(2) Implantable devices shall be reimbursed separately at the maximum allowed payment amount using the HCPCS codes listed in Appendix 1 or the amount charged, whichever is less. If there is no corresponding code, reimbursement shall be 120% of cost. Individual invoices are not required, but documentation allowing a reasonable determination of what the provider paid for the DMEPOS must be submitted.

40.023 Nursing Home Reimbursement

Nursing home reimbursement, residential care home reimbursement, and therapeutic community residence reimbursement shall be negotiated and reimbursement rates agreed upon by the facility and employer/insurance carrier prior to admission to the facility.

40.024 Prescription Drug Reimbursement

(A) Prescription drug reimbursement shall be the lower of the charge for the prescription drug or the average wholesale price (AWP), as determined by the Red Book manual or its equivalent, plus a $5.00 dispensing fee.

(B) The provisions of 18 V.S.A., Chapter 91. Generic Drugs, shall apply.

(C) Home Intravenous Drugs/Infusion Therapy. The provider shall be accredited by the Joint Commission as a home care provider of intravenous services under the Standards for Accreditation of Home Care. Reimbursement shall be a negotiated per diem rate agreed upon by the provider and employer/insurance carrier prior to service being provided plus reimbursement for the prescription drug.

(1) Per diem rates are billable for the dates on which home infusion therapy is administered and shall include:

(a) Intravenous Solutions;

(b) Pharmacy Professional Services including compounding, dispensing, clinical management, consultations and 24 hour, 7 day a week availability;

(c) Ancillary Medical Supplies including all syringes, tubing, bags, cassettes, supplies necessary to maintain IV catheter patency;

(d) Durable Medical Equipment (DME) delivery, set-up, instruction, maintenance (24 hour, 7 day a week availability), replacement and removal as appropriate;

(e) Waste disposal.

(2) Drug reimbursement shall be the amount charged or AWP, whichever is

less.

(3) Nursing services shall be coordinated through a home health agency by the infusion therapy provider. If services for initial patient assessment and claimant/care giver education and training are billed by the home health agency, no reimbursement shall be provided to the infusion therapy provider for these services. These services are reimbursed on an hourly basis.

40.025 Reimbursement for Procedures, Articles, and Supplies not listed in Appendix 1

For those procedures, articles, and supplies having no code listed in Appendix 1, or not otherwise addressed by written sections of this rule, the maximum allowable payment shall not exceed 120% of cost to the provider or 83% of the charge, whichever is less.

40.030 Modifiers

(A) The modifier codes recognized by these rules are defined in accord with the AMA CPT Manual, in effect on the date of service, or defined by CMS for HCPCS modifiers.

(B) A modifier code shall be used to describe any unusual circumstances or services that arise in the treatment of a work-related injury or illness.

40.040 Anesthesia Guidelines

Reimbursement to the health care provider applies only when the anesthesia is personally administered by an anesthesiologist, CRNA or AA who remains in constant attendance during the procedure, for the sole purpose of rendering such anesthesia service.

(A) The maximum allowed payment for anesthesia services includes preoperative and postoperative visits, the administration of the anesthetic and the administration of fluids and/or blood incident to the anesthesia or surgery.

(B) Reimbursement will be determined by the addition of the base unit value, time units and modifying units (if any) and multiplying this sum by a conversion factor of $50.79 per unit. The definition of the unit components will follow. Base unit values are listed in Appendix 1.

(Base Unit Value amount + time units + modifying units, if any) x $50.79 = Reimbursement amount

(C) Anesthesia care may include, but is not limited to general, regional, monitored anesthesia care, supplementation of local anesthesia, or other supportive services in order to afford the patient the optimal anesthesia care prescribed.

(D) Specialized forms of monitoring (e.g., intra-arterial, central venous, and Swan-Ganz) are not included and will be reimbursed separately based on the appropriate medical or surgical fee schedule.

(E) With respect to anesthesia care team payments for claims from two separate billing entities, the total payment to the anesthesia care team is the same as the

payment level for an individually performing anesthesiologist or health care provider, with 50% of the total payment paid to each of the billing entities.

(F) Definition of the Unit Components.

(1) Relative Unit Value: The relative unit value (RUV) includes usual pre and post-operative visits, the administration of fluids and/or blood incident to the anesthesia care and interpretation of non-invasive monitoring (ECG, temperature, blood pressure, oximetry, capnography, and mass spectrometry). When multiple surgical procedures are performed during a single anesthetic administration the highest relative unit value should be used. The relative unit value will be applied to each CPT anesthesia code as outlined at the conclusion of this section and are listed in Appendix 1.

(2) Time Units: Anesthesia time begins when the anesthesiologist, or other qualified individual, physically starts to prepare the patient for induction of anesthesia in the operating room (or its equivalent) and ends when the anesthesiologist, or other qualified individual, is no longer in constant attendance (when the patient may be safely under postoperative supervision).

(3) One time unit is allowed for each 15-minute time interval, or fraction thereof.

(4) Reimbursement for Pain Management Services: Reimbursement for pain management services (evaluation and management, medical or surgical services) will be separate from any reimbursement for anesthesia services. Reimbursement for services for pain management will be based on the fees listed in Appendix 1 for the appropriate evaluation and management, medical or surgical procedure codes.

(5) Modifying Units: Physical status modifying units will be reimbursed if the patient is ranked in one of the following three categories:

RANK	UNIT VALUE
P-3 - A patient with severe systemic disease	1
P-4 - A patient with severe systemic disease that is a constant threat to life	2
P-5 - A moribund patient who is not expected to survive without the operation.	3

Other modifying units will be available for the following qualifying circumstances described in the CPT:

CPT	UNIT VALUE
99100 - Anesthesia for a patient of extreme age, under one year and over seventy.	1
99116 - Anesthesia complicated by utilization of total	5

CPT	UNIT VALUE
body hypothermia.	
99135 - Anesthesia complicated by utilization of controlled hypotension.	5
99140 - Anesthesia complicated by emergency conditions (an emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life or body part).	2

40.050 Radiology Guidelines

(A) The maximum fee for a radiology procedure is either the global or, where appropriate, the professional component (26) or the technical component (TC). These are found in Appendix 1 under the radiological maximum fee.

(B) When two bills are submitted for a radiological procedure, the professional component shall be identified by using modifier code 26. The technical component, identified by modifier TC, covers materials and facilities/space for the diagnostic or therapeutic service.

(C) Billings for radiologic procedures are not reimbursable without a report of findings.

40.060 Surgical Guidelines

(A) For surgical procedures that usually mandate a variety of attendant services, the reimbursement allowances are based on a global reimbursement concept. Global reimbursement covers the performance of the basic service and the range of care required before and after surgery. The range of post-surgical care or follow-up days is indicated in the column titled FUD in the rate tables found in Appendix 1.

10- and 30-day global reimbursement policy: For procedure codes listed in Appendix 1 with 10 follow-up days in the FUD column, any medically necessary care related to that procedure provided in the 10-day period following the procedure is included in the fee listed in Appendix 1. Similarly, when 30 follow-up days are listed, related care provided during the 30-day period following the procedure is included in the fee. For purposes of applying the global reimbursement policy, the day of surgery is counted as day 0. Any medically necessary care related to the procedure and provided after the 10- or 30-day period may be separately billed in addition to the procedure.

Fees for a procedure listed in Appendix 1 shall include all of the following:

(1) Pre-operative visits after the decision to operate. For major procedures, this includes pre-operative visits the day before the surgery. For minor procedures, this includes pre-operative visits on the surgery day.

(2) Intra-operative services, normally a necessary part of a surgical procedure.

(3) All other medical or surgical services the surgeon provides during the post-

operative period because the complications don't require more trips to the operating room.

(4) Follow-up post-operative recovery period visits.

(5) Post surgical care. The number of follow-up days (FUD) is indicated in the fee schedule which will determine the normal range of post-surgical care for that particular procedure.

(6) Removal of sutures. Miscellaneous services, like dressing changes, local incision care, operative pack removal, cutaneous sutures and staples removal, lines, wires, tubes, drains, casts, and splints; insertion, irrigation, and urinary catheter removal, routine peripheral intravenous lines, nasogastric and rectal tubes; and tracheostomy tube changes and removals.

An evaluation and management (E&M) service shall not be billed in addition to a minor procedure unless the E&M service was for a significant, separately identified reason. In this instance, Modifier 25 should be reported with the appropriate E&M CPT procedure code.

Exceptions to the global reimbursement policy may warrant additional reimbursement for services including but not limited to:

(1) When a preoperative visit is the initial visit and prolonged detention or evaluation is necessary to prepare the patient or to establish the need for a particular type of surgery.

(2) When a procedure would normally be performed in the office, but circumstances mandate hospitalization.

(3) Surgeon's first evaluation to find the need for major surgeries.

(4) Other providers' related surgery services, except when the surgeon and the other providers agree on a transfer of care.

(5) Visits unrelated to the surgical diagnosis procedure unless the visits happen because of surgery complications.

(6) Underlying condition treatment or an added treatment course that's not part of normal surgery recovery.

(7) Diagnostic tests and procedures, including diagnostic radiological procedures.

(8) Distinct surgical procedures that happen during the post-operative period that aren't reoperation or complications treatment.

(9) Treatment for post-operative complications when the patient returns to the operating room (OR).

(10) If a less extensive procedure fails, the patient needs a more extensive procedure. Documentation substantiating the medical necessity of the additional services rendered shall be submitted with the medical bill.

(B) An incidental surgery which is not part of the primary procedure performed, and

for which there is no diagnostic evidence relating it to the injury, shall not be paid under the Workers' Compensation system.

(C) Reimbursement for the concurrent services of two or more health care providers may be warranted for:

(1) Identifiable medical services provided preoperatively, during the surgical procedure or in the postoperative period.

(2) Surgical Assistants - In Appendix 1, an entry in the “ASST” column shall identify the procedures that are eligible for reimbursement to an assistant surgeon. Modifier 80, 81 or 82 shall be used to identify physicians who assist at surgery and reimbursement must not exceed 25% of the total surgical procedure. Modifier AS shall be used to identify non-physician surgical assistants and reimbursement must not exceed 15% of the total surgical procedure.

(3) Two Surgeons

(a) Certain circumstances may require the skills of two surgeons (usually with different specialties) to perform surgery on the same patient during the same operative session to complete a single surgical procedure code.

(b) Modifier 62 identifies when two surgeons work together as primary surgeons performing distinct part(s) of a single reportable procedure and shall be reported with the procedure code. Each provider must submit an individual claim for services.

(c) Reimbursement to each surgeon shall be the amount charged or 62.5% of the maximum allowed payment in Appendix 1, whichever is less.

(4) A Surgical Team. Some highly complex procedures require the concomitant services of several physicians, often of different specialties. Such complex services may also involve other highly skilled and specially trained personnel, as well as various types of sophisticated equipment. This type of complicated procedure may be carried out under the "surgical team" concept with a single, global reimbursement for the total service. The charges should be supported by a written report and include itemization of the physician services, paramedical personnel and equipment included in the charge.

(D) Multiple or Bilateral Procedures

(1) When multiple or bilateral procedures are provided at the same operative session, the first major procedure should be coded as listed on one line of the CMS -1500 claim form and the additional procedure(s) on the following line(s) with modifier 50 or 51.

(2) The maximum allowed payment for all services shall be the maximum allowed payment of the major procedure in addition to 50% for the secondary procedure, and 25% for each lesser procedure thereafter. The lesser procedure(s) should be coded using the appropriate modifier 50 (bilateral procedure) or 51 (multiple procedures).

(3) Except when specifically stated, initial dressings, immobilization, or casting is included in the basic allowance for the basic procedure.

(4) Codes that are exempt from Modifier 51 are identified in Appendix 1 with ⃠ preceding the code.

(5) "Add-On" codes are identified in Appendix 1 with + preceding the code.

40.070 Dental Services

Dental providers, licensed in the state where they practice, may be paid for dental services. Dental providers include dentists, oral and maxillofacial surgeons, orthodontists, hospitals and dental clinics. Services provided by dental hygienists and dental assistants must be billed by the licensed dentist, orthodontist or oral surgeon overseeing these practitioners.

The maximum allowed payment shall be the amount listed in Appendix 1 for the service provided. If there is no code listed in Appendix 1, payment shall be 83% of the provider's charge.

Laboratory procedures are included with the maximum allowed payment listed in Appendix 1 for the associated dental procedure. No additional reimbursement shall be due for laboratory procedures.

Underlying conditions, such as periodontal disease, and prophylaxis or routine care unrelated to the compensable injury or illness shall not be comprehensively covered. They may be covered, however, only as required to successfully complete treatment related to the compensable injury or illness.

40.080 Good Cause Exception

If an employee or medical provider demonstrates to the satisfaction of the Commissioner that reasonable and necessary treatment, or a related medical service, is not reasonably available at a fee consistent with this fee schedule, including if the treatment will be provided out of state, the Commissioner may authorize reimbursement for those procedures at a rate higher than that permitted in the fee schedule. The Commissioner's office shall respond to requests for exceptions within 21 days of the day of the request.

40.090 Psychotherapy Services

The reimbursement policy for the practitioner performing psychotherapy services is as follows:

(A) M.D. and D.O. level Psychiatrists and Clinical Psychologists shall receive the maximum allowed payment for a procedure, listed in Appendix 1, or the practitioner's charge, whichever is less;

(B) Clinical Social Workers, Medical Social Workers, Mental Health Counselors or other practitioners certified and licensed to provide psychotherapy services in the state of Vermont shall receive 85% of the maximum allowed payment listed in Appendix 1, or the practitioner's charge, whichever is less.

The level of licensure of the practitioner providing the service shall be indicated on the billing form.

40.100 Fee Adjustments for Physical Medicine and Rehabilitation Modalities; Applicable Only To Supervised and Constant Attendance Modalities

Maximum allowed payments for physical medicine and rehabilitation modalities that require supervised or constant attendance only are determined according to the following payment schedule when one or more modalities are provided to the patient on the same day. (This section does not apply to hospital reimbursement.)

100% of the fee for the most expensive modality;

75% of the fee for the second most expensive modality;

50% of the fee for the third most expensive modality and each additional modality thereafter.

All modalities after the first most expensive shall be coded by adding modifier 51 to the appropriate procedure code.

All other therapeutic procedure codes shall be paid in accord with Appendix 1 or, if the procedure code is not listed in Appendix 1, reimbursement shall be 83% of the provider's charge.

40.110 Fees for Depositions, Permanent Impairment Ratings, Independent Medical Exams and Supplemental Reports

40.111 Fees for Depositions

(A) Any health care provider who gives deposition or hearing testimony under oath shall use code 99075. Reimbursement shall be at a rate of $500.00 or more as negotiated by the parties for the first hour. Additional time shall be reimbursed $125.00 per 15-minute increment or 25% of the negotiated rate per 15-minute increment.

(B) The party requesting the deposition assumes responsibility for payment of the witness fee unless the costs of the deposition is included as a part of an award. The costs for witness fees shall be considered inclusive of an award of the deposition cost.

(C) Health care providers shall receive a maximum of $500.00 for a canceled deposition. The party canceling the deposition is responsible for the incurred costs. No charge will be paid if the deposition is canceled and the health care provider is notified at least three business days before the scheduled date.

40.112 Permanent Impairment Ratings

A health care provider who provides a permanent impairment rating in accordance with 21 V.S.A. §648 shall be licensed in the State of Vermont and use code 99455 (if the treating health care provider) or 99456 (if other than the treating health care provider). Reimbursement includes time spent reviewing medical records and shall be at a rate of $500.00 or more as negotiated by the parties for the first hour. Additional time shall be reimbursed $125.00 per 15-

minute increment or 25% of the negotiated rate per 15-minute increment.

40.113 Independent Medical Exams

A health care provider who provides an independent medical exam in accordance with 21 V.S.A. §648 shall be licensed in the State of Vermont and use code 99456. Reimbursement includes time spent reviewing medical records and shall be at a rate of $500.00 or more as negotiated by the parties for the first hour. Additional time shall be reimbursed $125.00 per 15-minute increment or 25% of the negotiated rate per 15-minute increment.

40.114 Fees for Supplemental Reports

(A) Health care providers shall be reimbursed for providing supplemental reports that are in addition to the documentation required under paragraph 40.021(H) of this rule. Supplemental reports shall be identified by using CPT 99080 and appropriately billed on a CMS-1500 form.

(B) Reimbursement for supplemental reports is limited to $10.00 per page with the total not to exceed $70.00. The party requesting the supplemental reports assumes responsibility for payment.

40.120 FRAUD

Workers' compensation insurers are only responsible for paying for services that are actually provided and that are medically necessary. In filing a claim for reimbursement, the CPT code should be chosen that most accurately describes the service that was provided. It is a felony under Vermont law knowingly to do, attempt, or aid and abet in any of the following when seeking or receiving reimbursement from a workers' compensation insurer:

(A) File a claim for services which were not rendered

(B) File a false claim

(C) File a claim for unauthorized items or services

(D) Bill the beneficiary, or the beneficiary's family for an amount in excess of that allowed by law or regulation

(E) Fail to credit the state or its agent for payments received from social security, insurance or other sources

(F) Receive unauthorized payment

Suspected fraud should be reported to the Workers' Compensation and Safety Division of the Vermont Department of Labor.

Title 21 : Labor

Chapter 009 : Employer's Liability and Workers' Compensation

(Cite as: 21 V.S.A. § 640)

- **§ 640. Medical benefits; assistive devices; home and automobile modifications**

(a) An employer subject to the provisions of this chapter shall furnish to an injured employee reasonable surgical, medical, and nursing services and supplies, including prescription drugs and durable medical equipment. The employer shall provide assistive devices and modification to vehicles and residences reasonably necessary to permit an injured worker who is determined to have or expected to suffer a permanent disability, such as an ambulatory disability as defined in 20 V.S.A. § 2900 or blindness as defined in 20 V.S.A. § 2900, that substantially and permanently prevents or limits the worker's ability to continue to live at home or perform basic life functions. In determining what devices and modifications are reasonably necessary, consideration shall be given to factors that include ownership of the residence to be modified, the length of time the worker is expected to utilize and benefit from the devices or modifications, and the extent to which the devices or modifications enhance or improve the worker's independent functioning. The employer shall also furnish reasonable hospital services and supplies, including surgical, medical, and nursing services while the injured employee is confined in a hospital for treatment and care.

(b) An employer may designate the treating health care provider to initially treat an injured employee immediately following a compensable injury. Thereafter, the employee may select another health care provider upon giving the employer written notice of the employee's reasons for dissatisfaction with the health care provider designated by the employer and the name and address of the health care provider selected by the employee. The Commissioner may permit an employer to refuse to reimburse a health care provider selected by the employee if notice required in this subsection is not provided to the employer unless the failure to provide notice is due to excusable neglect or inadvertence.

(c) An employer shall not withhold any wages from an employee for the employee's absence from work for treatment of a work injury or to attend a medical examination related to a work injury. If the employee selects a new health care provider in accordance with subsection (b) of this section, the employer shall have the right to require other medical examinations as provided in this chapter.

(d) The liability of the employer to pay for medical, surgical, hospital, and nursing services and supplies, prescription drugs, and durable medical equipment provided to the injured employee under this section shall not exceed the maximum fee for a particular service,

prescription drug, or durable medical equipment as provided by a schedule of fees and rates prepared by the Commissioner. The reimbursement rate for services and supplies in the fee schedule shall include consideration of medical necessity, clinical efficacy, cost-effectiveness, and safety, and those services and supplies shall be provided on a nondiscriminatory basis consistent with workers' compensation and health care law. The Commissioner shall authorize reimbursement at a rate higher than the scheduled rate if the employee demonstrates to the Commissioner's satisfaction that reasonable and necessary treatment, prescription drugs, or durable medical equipment is not available at the scheduled rate. An employer shall establish direct billing and payment procedures and notification procedures as necessary for coverage of medically-necessary prescription medications for chronic conditions of injured employees, in accordance with rules adopted by the Commissioner.

Appendix 1 – Rate Tables

Effective Date TBD

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Copyright and Additional Information

Icon	Description
+	Add-on procedure
★	Telemedicine-eligible procedure
⃠	Modifier 51 Exempt procedure

Follow-Up Days (FUD) - follow-up days (global period) describes the number of follow-up days included for a surgical procedure. Related professional services provided during the global (follow-up) period are included in the fees for the surgical procedure and are not separately reimbursed.

000 - zero follow-up days
010 - 10 follow-up days
030 - 30 follow-up days
XXX - global period concept does not apply
YYY - global period is established by report, documentation must be submitted
ZZZ - add-on procedure; global period is determined by the primary procedure
MMM - services furnished in uncomplicated maternity care

Assistant Surgeon (ASST)

0 - supporting documentation is needed to establish medical necessity
1 - assistant at surgery will not be paid
2 - assistant at surgery may be paid
9 - concept does not apply

Conversion Factors and Multipliers

The following conversion factors and multipliers were used to create the rate tables. These fee schedule rates will remain in effect until the Vermont Department of Labor publishes an update.

Evaluation and Management	50
Anesthesia	50.79
Surgery	75
Ortho Surgery	90
Radiology	65
Pathology/Laboratory	65
General Medicine	65
Physical Medicine	50
HCPCS	130% of Medicare Fee Schedule (professional, clinical laboratory, average sales price (drug) and DMEPOS)
Outpatient	175% of Medicare Fee Schedule
Inpatient Base Rate	150% of Medicare National Base Rate
Dental	Based on the 75th percentile of FH® Allowed Dental Benchmarks

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American Dental Association

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FAIR Health, Inc.

FAIR Health data may be used when a medical service, procedure, supply or equipment is not valued by Medicare and are the foundation for rates in the dental section.

Evaluation and Management

		Code	Mod	Description	Professional Non Fac Fee	Professional Fac Fee	FUD	ASST	Outpatient Facility Fee	Outpatient Facility SI
		98000		SYNCHRONOUS AUDIO-VIDEO VISIT NEW SF MDM 15 MIN	0.00	0.00	XXX	0		B
		98001		SYNCHRONOUS AUDIO-VIDEO VISIT NEW LOW MDM 30 MIN	0.00	0.00	XXX	0		B
		98002		SYNCHRONOUS AUDIO-VIDEO VISIT NEW MOD MDM 45 MIN	0.00	0.00	XXX	0		B
		98003		SYNCHRONOUS AUDIO-VIDEO VST NEW HIGH MDM 60 MIN	0.00	0.00	XXX	0		B
		98004		SYNCHRONOUS AUDIO-VIDEO VISIT EST SF MDM 10 MIN	0.00	0.00	XXX	0		B
		98005		SYNCHRONOUS AUDIO-VIDEO VISIT EST LOW MDM 20 MIN	0.00	0.00	XXX	0		B
		98006		SYNCHRONOUS AUDIO-VIDEO VISIT EST MOD MDM 30 MIN	0.00	0.00	XXX	0		B
		98007		SYNCHRONOUS AUDIO-VIDEO VST EST HIGH MDM 40 MIN	0.00	0.00	XXX	0		B
		98008		SYNCHRONOUS AUDIO-ONLY VISIT NEW SF MDM 15 MIN	0.00	0.00	XXX	0		B
		98009		SYNCHRONOUS AUDIO-ONLY VISIT NEW LOW MDM 30 MIN	0.00	0.00	XXX	0		B
		98010		SYNCHRONOUS AUDIO-ONLY VISIT NEW MOD MDM 45 MIN	0.00	0.00	XXX	0		B
		98011		SYNCHRONOUS AUDIO-ONLY VISIT NEW HIGH MDM 60 MIN	0.00	0.00	XXX	0		B
		98012		SYNCHRONOUS AUDIO-ONLY VISIT EST SF MDM 10 MIN	0.00	0.00	XXX	0		B
		98013		SYNCHRONOUS AUDIO-ONLY VISIT EST LOW MDM 20 MIN	0.00	0.00	XXX	0		B
		98014		SYNCHRONOUS AUDIO-ONLY VISIT EST MOD MDM 30 MIN	0.00	0.00	XXX	0		B
		98015		SYNCHRONOUS AUDIO-ONLY VISIT EST HIGH MDM 40 MIN	0.00	0.00	XXX	0		B
	★	98016		BRIEF COMMUNICATION TECH-BSD SVC EST PT 5-10 MIN	24.50	22.50	XXX	0		B
	★	99202		OFFICE/OUTPATIENT NEW SF MDM 15 MINUTES	108.00	70.00	XXX	0		B
	★	99203		OFFICE/OUTPATIENT NEW LOW MDM 30 MINUTES	168.50	122.50	XXX	0		B
	★	99204		OFFICE/OUTPATIENT NEW MODERATE MDM 45 MINUTES	252.50	199.50	XXX	0		B
	★	99205		OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	333.50	271.50	XXX	0		B
	★	99211		OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	35.00	13.00	XXX	0		B
	★	99212		OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN	85.00	52.50	XXX	0		B
	★	99213		OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN	137.50	98.50	XXX	0		B
	★	99214		OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN	193.50	145.00	XXX	0		B
	★	99215		OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN	271.50	214.50	XXX	0		B
	★	99221		1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	123.00	123.00	XXX	0		B
	★	99222		1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	194.00	194.00	XXX	0		B
	★	99223		1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	258.50	258.50	XXX	0		B
	★	99231		SBSQ HOSPITAL IP/OBS CARE SF/LOW MDM 25 MINUTES	73.00	73.00	XXX	0		B
	★	99232		SBSQ HOSPITAL IP/OBS CARE MOD MDM 35 MINUTES	118.00	118.00	XXX	0		B
	★	99233		SBSQ HOSPITAL IP/OBS CARE HIGH MDM 50 MINUTES	176.00	176.00	XXX	0		B
	★	99234		HOSPITAL IP/OBS CARE SAME DATE SF/LOW MDM 45 MIN	145.00	145.00	XXX	0		B
	★	99235		HOSPITAL IP/OBS CARE SAME DATE MOD MDM 70 MIN	236.00	236.00	XXX	0		B
	★	99236		HOSPITAL IP/OBS CARE SAME DATE HIGH MDM 85 MIN	308.50	308.50	XXX	0		B
	★	99238		HOSPITAL IP/OBS DISCHARGE DAY MGMT 30 MIN/<	121.00	121.00	XXX	0		B
	★	99239		HOSPITAL IP/OBS DISCHARGE DAY MGMT > 30 MIN	171.00	171.00	XXX	0		B
	★	99242		OFFICE/OP CONSLTJ NEW/EST PT SF MDM 20 MINUTES	112.00	82.50	XXX	9		E1
	★	99243		OFFICE/OP CONSLTJ NEW/EST PT LOW MDM 30 MINUTES	169.00	131.50	XXX	9		E1
	★	99244		OFFICE/OP CONSLTJ NEW/EST PT MOD MDM 40 MINUTES	240.50	199.50	XXX	9		E1
	★	99245		OFFICE/OP CONSLTJ NEW/EST PT HIGH MDM 55 MINUTES	313.50	267.50	XXX	9		E1
	★	99252		IP/OBS CONSLTJ NEW/EST PT SF MDM 35 MINUTES	105.00	105.00	XXX	9		E1
	★	99253		IP/OBS CONSLTJ NEW/EST PT LOW MDM 45 MINUTES	148.50	148.50	XXX	9		E1
	★	99254		IP/OBS CONSLTJ NEW/EST PT MOD MDM 60 MINUTES	205.50	205.50	XXX	9		E1
	★	99255		IP/OBS CONSLTJ NEW/EST PT HIGH MDM 80 MINUTES	276.00	276.00	XXX	9		E1
	★	99281		EMERGENCY DEPARTMENT VISIT MAY NOT REQ PHYS/QHP	17.00	17.00	XXX	0	154.07	J2
	★	99282		EMERGENCY DEPARTMENT VISIT STRAIGHTFORWARD MDM	62.50	62.50	XXX	0	277.08	J2
	★	99283		EMERGENCY DEPARTMENT VISIT LOW MDM	105.50	105.50	XXX	0	484.51	J2
	★	99284		EMERGENCY DEPARTMENT VISIT MODERATE MDM	180.00	180.00	XXX	0	745.12	J2
	★	99285		EMERGENCY DEPARTMENT VISIT HIGH MDM	261.00	261.00	XXX	0	1072.82	J2
		99288		PHYS/QHP DIRECTION EMERGENCY MEDICAL SYSTEMS	BR	BR	XXX	9		B
	★	99291		CRITICAL CARE ILL/INJURED PATIENT INIT 30-74 MIN	410.50	318.00	XXX	0	1474.27	J2
+	★	99292		CRITICAL CARE ILL/INJURED PATIENT ADDL 30 MIN	178.50	159.00	ZZZ	0		N
	★	99304		INITIAL NURSING FACILITY CARE SF/LOW MDM 25 MIN	120.00	120.00	XXX	0		B
	★	99305		INITIAL NURSING FACILITY CARE MOD MDM 35 MINUTES	198.50	198.50	XXX	0		B
	★	99306		INITIAL NURSING FACILITY CARE HI MDM 50 MINUTES	271.00	271.00	XXX	0		B
	★	99307		SBSQ NURSING FACILITY CARE SF MDM 10 MINUTES	59.50	59.50	XXX	0		B

+ Add-on Procedure ⃠ Modifier 51 Exempt Procedure ★ Telemedicine

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		Code	Mod	Description	Non Fac Fee	Professional Fac Fee	FUD	ASST	Outpatient Facility Fee	SI
	★	99308		SBSQ NURSING FACILITY CARE LOW MDM 20 MINUTES	111.00	111.00	XXX	0		B
	★	99309		SBSQ NURSING FACILITY CARE MOD MDM 30 MINUTES	161.00	161.00	XXX	0		B
	★	99310		SBSQ NURSING FACILITY CARE HIGH MDM 45 MINUTES	229.50	229.50	XXX	0		B
	★	99315		NURSING FACILITY DSCHRG MGMT 30 MIN/< TOT TIME	121.50	121.50	XXX	0		B
	★	99316		NURSING FACILITY DSCHRG MGMT 30 MIN+ TOT TIME	194.50	194.50	XXX	0		B
	★	99341		HOME/RES VISIT NEW PATIENT SF MDM 15 MINUTES	73.50	73.50	XXX	0		B
	★	99342		HOME/RES VISIT NEW PATIENT LOW MDM 30 MINUTES	117.00	117.00	XXX	0		B
	★	99344		HOME/RES VISIT NEW PATIENT MOD MDM 60 MINUTES	211.50	211.50	XXX	0		B
	★	99345		HOME/RES VISIT NEW PATIENT HIGH MDM 75 MINUTES	299.50	299.50	XXX	0		B
	★	99347		HOME/RES VISIT EST PATIENT SF MDM 20 MINUTES	67.50	67.50	XXX	0		B
	★	99348		HOME/RES VISIT EST PATIENT LOW MDM 30 MINUTES	114.50	114.50	XXX	0		B
	★	99349		HOME/RES VISIT EST PATIENT MOD MDM 40 MINUTES	189.50	189.50	XXX	0		B
	★	99350		HOME/RES VISIT EST PATIENT HIGH MDM 60 MINUTES	275.00	275.00	XXX	0		B
		99358		PROLNG E/M SVC BEFORE&/AFTER DIR PT CARE 1ST HR	133.50	131.50	XXX	0		N
+		99359		PROLNG E/M BEFORE&/AFTER DIR CARE EA 30 MINUTES	56.50	54.00	ZZZ	0		N
		99360		PHYS STANDBY SVC PROLNG PHYS ATTN EA 30 MINUTES	86.50	86.50	XXX	9		B
		99366		TEAM CONFERENCE FACE-TO-FACE NONPHYSICIAN	60.50	59.00	XXX	9		N
		99367		TEAM CONFERENCE NON-FACE-TO-FACE PHYSICIAN	79.50	79.50	XXX	9		N
		99368		TEAM CONFERENCE NON-FACE-TO-FACE NONPHYSICIAN	52.00	52.00	XXX	9		N
		99374		SUPVJ PT HOME HEALTH AGENCY MO 15-29 MINUTES	102.00	79.50	XXX	9		B
		99375		SUPERVISION PT HOME HEALTH AGENCY MONTH 30 MIN/>	153.50	126.50	XXX	9		E1
		99377		SUPERVISION HOSPICE PATIENT/MONTH 15-29 MIN	102.00	79.50	XXX	9		B
		99378		SUPERVISION HOSPICE PATIENT/MONTH 30 MINUTES/>	153.50	126.50	XXX	9		E1
		99379		SUPERVISION NURS FACILITY PATIENT MO 15-29 MIN	102.00	79.50	XXX	9		B
		99380		SUPERVISION NURS FACILITY PATIENT MONTH 30 MIN/>	153.50	126.50	XXX	9		B
		99381		INITIAL PREVENTIVE MEDICINE NEW PATIENT <1YEAR	164.00	108.50	XXX	9		E1
		99382		INITIAL PREVENTIVE MEDICINE NEW PT AGE 1-4 YRS	172.00	116.50	XXX	9		E1
		99383		INITIAL PREVENTIVE MEDICINE NEW PT AGE 5-11 YRS	178.50	123.50	XXX	9		E1
		99384		INITIAL PREVENTIVE MEDICINE NEW PT AGE 12-17 YR	200.50	146.00	XXX	9		E1
		99385		INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS	195.00	140.00	XXX	9		E1
		99386		INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS	224.50	169.50	XXX	9		E1
		99387		INITIAL PREVENTIVE MEDICINE NEW PATIENT 65YRS&>	244.00	182.00	XXX	9		E1
		99391		PERIODIC PREVENTIVE MED ESTABLISHED PATIENT <1Y	147.00	99.00	XXX	9		E1
		99392		PERIODIC PREVENTIVE MED EST PATIENT 1-4YRS	156.50	108.50	XXX	9		E1
		99393		PERIODIC PREVENTIVE MED EST PATIENT 5-11YRS	156.50	108.50	XXX	9		E1
		99394		PERIODIC PREVENTIVE MED EST PATIENT 12-17YRS	171.00	123.50	XXX	9		E1
		99395		PERIODIC PREVENTIVE MED EST PATIENT 18-39 YRS	176.00	128.00	XXX	9		E1
		99396		PERIODIC PREVENTIVE MED EST PATIENT 40-64YRS	187.00	139.00	XXX	9		E1
		99397		PERIODIC PREVENTIVE MED EST PATIENT 65YRS& OLDER	201.50	146.00	XXX	9		E1
		99401		PREV MED CNSL&/RSK FCTR RDCTJ INDV APPROX 15 MIN	57.50	35.00	XXX	9		E1
		99402		PREV MED CNSL&/RSK FCTR RDCTJ INDV APPROX 30 MIN	93.50	70.50	XXX	9		E1
		99403		PREV MED CNSL&/RSK FCTR RDCTJ INDV APPROX 45 MIN	128.00	105.50	XXX	9		E1
		99404		PREV MED CNSL&/RSK FCTR RDCTJ INDV APPROX 60 MIN	165.00	142.50	XXX	9		E1
	★	99406		TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	21.50	17.50	XXX	0	52.13	S
	★	99407		TOBACCO USE CESSATION INTENSIVE >10 MINUTES	41.00	37.00	XXX	0	52.13	S
	★	99408		ALCOHOL/SUBSTANCE SCREEN & INTERVEN 15-30 MIN	51.00	47.50	XXX	9		E1
	★	99409		ALCOHOL/SUBSTANCE SCREEN & INTERVENTION >30 MIN	98.00	94.00	XXX	9		E1
		99411		PREV MED COUNSEL & RISK FACTOR REDJ GRP SPX 30 M	29.50	11.00	XXX	9		E1
		99412		PREV MED COUNSEL & RISK FACTOR REDJ GRP SPX 60 M	37.00	18.50	XXX	9		E1
+		99415		PROLONGED CLINICAL STAFF SVC OFFICE/O/P 1ST HR	31.00	31.00	ZZZ	0		B
+		99416		PROLONGED CLINICAL STAFF SVC OFFICE/O/P EA ADDL	14.50	14.50	ZZZ	0		B
+	★	99417		PROLONGED OUTPATIENT E/M SERVICE EACH 15 MINUTES	46.00	44.50	ZZZ	9		E1
+	★	99418		PROLONGED INPATIENT/OBSERVATION EM SVC EA 15 MIN	58.50	58.50	ZZZ	9		C
		99421		ONLINE DIGITAL E/M SVC EST PT <7 D 5-10 MINUTES	22.50	19.00	XXX	0		B
		99422		ONLINE DIGITAL E/M SVC EST PT <7 D 11-20 MINUTES	44.00	38.00	XXX	0		B
		99423		ONLINE DIGITAL E/M SVC EST PT <7 D 21+ MINUTES	69.50	59.00	XXX	0		B
		99424		PRINCIPAL CARE MGMT SVC 1ST 30 PHYS/QHP CAL MO	125.00	111.50	XXX	0		M
+		99425		PRINCIPAL CARE MGMT SVC EA ADL 30 PHY/QHP CAL MO	91.00	76.00	ZZZ	0		M
		99426		PRINCIPAL CARE MGMT SVC 1ST 30 STAFF CAL MO	95.50	73.50	XXX	0	161.88	S
+		99427		PRINCIPAL CARE MGMT SVC EA ADDL 30 STAFF CAL MO	78.00	53.00	ZZZ	0		N

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		Code	Mod	Description	Non Fac Fee	Professional Fac Fee	FUD	ASST	Outpatient Facility Fee	SI
		99429		UNLISTED PREVENTIVE MEDICINE SERVICE	BR	BR	XXX	9		E1
+		99437		CHRONIC CARE MGMT SVC PHYS EA ADDL 30 MIN CAL MO	89.00	74.00	ZZZ	0		M
+		99439		CHRONIC CARE MGMT SVC STAF EA ADDL 20 MIN CAL MO	71.00	51.00	ZZZ	0		N
		99445		REM MNTR PHYSIOL PARAM DEV SPLY W/REC 2-15 DAYS	78.00	78.00	XXX	0	66.73	Q1
		99446		NTRPROF PHONE/NTRNET/EHR ASSMT&MGMT 5-10 MIN	26.50	26.50	XXX	0		M
		99447		NTRPROF PHONE/NTRNET/EHR ASSMT&MGMT 11-20 MIN	53.50	53.50	XXX	0		M
		99448		NTRPROF PHONE/NTRNET/EHR ASSMT&MGMT 21-30 MIN	79.50	79.50	XXX	0		M
		99449		NTRPROF PHONE/NTRNET/EHR ASSMT&MGMT 31/> MIN	107.50	107.50	XXX	0		M
		99450		BASIC LIFE AND/OR DISABILITY EXAMINATION	19.50	19.50	XXX	9		E1
		99451		NTRPROF PHONE/NTRNET/EHR ASSMT&MGMT 5/> MIN	51.00	51.00	XXX	0		M
		99452		NTRPROF PHONE/NTRNET/EHR REFERRAL SVC 30 MIN	52.00	52.00	XXX	0		M
		99453		REM MNTR PHYSIOL PARAM 1ST SET UP PT EDUCAJ EQP	30.50	30.50	XXX	0	225.52	V
		99454		REM MNTR PHYSIOL PARAM DEV SPLY W/REC 16-30 DAYS	66.50	66.50	XXX	0	65.26	Q1
		99455		WORK RELATED/MED DBLT XM TREATING PHYS	78.00	78.00	XXX	0		B
		99456		WORK RELATED/MED DBLT XM OTH/THN TREATING PHYS	196.50	196.50	XXX	0		B
		99457		RPM TX MGMT 1 R-T IA COMUNICAJ CAL MO 1ST 20 MIN	74.00	44.50	XXX	0		B
+		99458		RPM TX MGMT 1 R-T IA COMUNICAJ CAL MO EA ADDL 20	59.50	44.50	ZZZ	0		B
+		99459		PELVIC EXAMINATION	32.00	32.00	ZZZ	0		N
		99460		1ST HOSP/BIRTHING CENTER CARE PER DAY NML NB	137.00	137.00	XXX	0	225.52	V
		99461		1ST CARE PR DAY NML NB XCPT HOSP/BIRTHING CENTER	137.00	90.00	XXX	0		M
		99462		SUBQ HOSPITAL CARE PER DAY E/M NORMAL NEWBORN	59.50	59.50	XXX	0		C
		99463		1ST HOSP/BIRTHING CENTER NB ADMIT & DSCHG SM DAT	160.50	160.50	XXX	0	225.52	V
		99464		ATTN AT DELIVERY 1ST STABILIZATION OF NEWBORN	107.00	107.00	XXX	0		N
		99465		DELIVERY/BIRTHING ROOM RESUSCITATION	209.50	209.50	XXX	0	1145.17	S
		99466		CRITICAL CARE INTERFACILITY TRANSPORT 30-74 MIN	342.00	342.00	XXX	0		N
+		99467		CRITICAL CARE INTERFACILITY TRANSPORT EA 30 MIN	171.50	171.50	ZZZ	0		N
	★	99468		1ST INPATIENT CRITICAL CARE PR DAY AGE 28 DAYS/<	1318.50	1318.50	XXX	0		C
	★	99469		SUBQ I/P CRITICAL CARE PR DAY AGE 28 DAYS/<	570.50	570.50	XXX	0		C
		99470		RPM TX MGMT 1 R-T IA COMUNICAJ CAL MO 1ST 10 MIN	39.00	20.00	XXX	0		B
	★	99471		INITIAL PED CRITICAL CARE 29 DAYS THRU 24 MONTHS	1141.50	1141.50	XXX	0		C
	★	99472		SUBSQ PED CRITICAL CARE 29 DAYS THRU 24 MO	593.00	593.00	XXX	0		C
	★	99473		SELF-MEAS BP PT EDUCAJ/TRAING & DEV CALIBRATION	21.50	21.50	XXX	0	42.86	Q1
		99474		SELF-MEAS BP 2 READG 1 MIN APART BID 30 DAY PD	25.50	13.00	XXX	0		B
	★	99475		INITIAL PED CRITICAL CARE 2 THRU 5 YEARS	829.50	829.50	XXX	0		C
	★	99476		SUBSEQUENT PED CRITICAL CARE 2 THRU 5 YEARS	503.00	503.00	XXX	0		C
	★	99477		INITIAL HOSP NEONATE 28 D/< NOT CRITICALLY ILL	500.50	500.50	XXX	0		C
	★	99478		SBSQ INTENSIVE CARE VLBW INFANT<1,500 GRAMS	196.00	196.00	XXX	0		C
	★	99479		SBSQ INTENSIVE CARE LBW INFANT 1,500-2,500 GRAMS	178.00	178.00	XXX	0		C
	★	99480		SBSQ INTENSIVE CARE INFANT PBW 2,501-5,000 GRAMS	171.50	171.50	XXX	0		C
	★	99483		ASSMT & CARE PLANNING PT W/COGNITIVE IMPAIRMENT	411.50	287.50	XXX	0	161.88	S
		99484		CARE MGMT SERVICES BEHAVIORAL HLTH COND 20 MINS	82.00	64.00	XXX	0	52.13	S
		99485		SUPERVISION INTERFACILITY TRANSPORT INIT 30 MIN	108.50	108.50	XXX	9		B
+		99486		SUPERVISION INTERFACILITY TRANSPORT ADDL 30 MIN	94.00	94.00	XXX	9		B
		99487		COMPLEX CHRONIC CARE MGMT SVC 1ST 60 MIN CAL MO	203.50	134.50	XXX	0	281.17	S
+		99489		CPLX CHRONIC CARE MGMT SVC EA ADDL 30 MIN CAL MO	109.00	73.00	ZZZ	0		N
		99490		CHRONIC CARE MGMT SVCS STAFF 1ST 20 MIN CAL MO	93.50	74.00	XXX	0	161.88	S
		99491		CHRONIC CARE MGMT SVC PHYS 1ST 30 MIN CAL MONTH	127.00	112.00	XXX	0		M
		99492		1ST PSYCHIATRIC COLLAB CARE MGMT 1ST 70 MINS	224.50	140.50	XXX	0	161.88	S
		99493		SBSQ PSYCHIATRIC COLLAB CARE MGMT 1ST 60 MINS	206.50	153.00	XXX	0	161.88	S
+		99494		1ST/SBSQ PSYCH COLLAB CARE MGMT EA ADDL 30 MINS	86.50	60.00	ZZZ	0		N
	★	99495		TRANSJ CARE MGMT MOD MDM F2F 14 CAL D DISCHARGE	311.00	207.50	XXX	0	225.52	V
	★	99496		TRANSJ CARE MGMT HIGH MDM F2F 7 CAL D DISCHARGE	421.50	282.00	XXX	0	225.52	V
	★	99497		ADVANCE CARE PLANNING FIRST 30 MINS	123.00	112.00	XXX	0	161.88	Q1
+	★	99498		ADVANCE CARE PLANNING EA ADDL 30 MINS	106.50	106.00	ZZZ	0		N
		99499		UNLISTED EVALUATION AND MANAGEMENT SERVICE	BR	BR	XXX	0		B
		G2010		REMOT IMAGE SUBMIT BY PT	18.50	13.50	XXX	0		B

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Anesthesia

Code	Description	Base Unit
00100	ANES PX SALIVARY GLAND W/BX	5
00102	ANES PX PLSTC RPR CLEFT LIP	6
00103	ANES RCNSTV PX EYELID	5
00104	ANES ELECTROCONVULSIVE THER	4
00120	ANES PX EAR W/BX NOS	5
00124	ANES PX EAR OTOSCOPY	4
00126	ANES PX EAR TYMPANOTOMY	4
00140	ANES PROCEDURES ON EYE NOS	5
00142	ANES PX ON EYE LENS SURGERY	4
00144	ANES PX EYE CORNEAL TRNSPL	6
00145	ANES PX EYE VITREORTNL SURG	6
00147	ANES PX ON EYE IRIDECTOMY	4
00148	ANES PX EYE OPHTHALMOSCOPY	4
00160	ANES PX NOSE&SINUS NOS	5
00162	ANES PX NOSE&SINUS RAD SURG	7
00164	ANES PX NOSE&SINS BX SFT TIS	4
00170	ANES INTRAORAL PX NOS	5
00172	ANES NTRORAL PX RPR CLFT PAL	6
00174	ANES NTRORL EXC RTRPHRNG TUM	6
00176	ANES INTRAORAL PX RAD SURG	7
00190	ANES PX FACIAL B1/SKULL NOS	5
00192	ANES PX FCL B1/SKL RAD SURG	7
00210	ANES INTRACRANIAL PX NOS	11
00211	ANES ICR PX CRNEC/CRNOT HMTM	10
00212	ANES ICR PX SUBDURAL TAPS	5
00214	ANES ICR PX BURR HOLES	9
00215	ANES ICR PX CRNOP/ELVTN FX	9
00216	ANES ICR PX VASCULAR PX	15
00218	ANES ICR PX IN SITTING POS	13
00220	ANES ICR PX CSF SHUNTING PX	10
00222	ANES ICR PX ECOAG ICR NRV	6
00300	ANES ALL PX INTEG H/N/PTRUNK	5
00320	ANES ALL PX NECK NOS 1YR/>	6
00322	ANES ALL PX NCK NDL BX THYR	3
00326	ANES ALL PX LARYNX&TRACH<1YR	7
00350	ANES PX MAJOR VSL NECK NOS	10
00352	ANES PX MAJ VSL NCK SMPL LIG	5
00400	ANES INTEGUMENTARY SYS NOS	3
00402	ANES INTEG SYS RCNSTV BREAST	5
00404	ANES INTEG SYS RAD/MODF BRST	5
00406	ANES INTEG SYS RAD BRST DSJ	13
00410	ANES INTEG SYS CONV ARRHYT	4
00450	ANES PX CLAV&SCAPULA NOS	5
00454	ANES PX CLAV&SCAPULA BX CLAV	3
00470	ANES PARTIAL RIB RESCJ NOS	6
00472	ANES PRTL RIB RESCJ THORACOP	10
00474	ANES PRTL RIB RESCJ RAD PX	13
00500	ANES ALL PX ON ESOPHAGUS	15
00520	ANES CLOSED CHEST PX NOS	6
00522	ANES CLSD CH PX NDL BX PLEUR	4
00524	ANES CLSD CH PX PNEUMOCENTS	4
00528	ANES CLSD CH MEDIAST&THRC WO	8
00529	ANES CLSD CH MEDIAST&THRC W/	11
00530	ANES PERM TRANSVNS PM INSJ	4
00532	ANES ACCESS CTR VENOUS CRCJ	4
00534	ANES INSERTION/RPLCMT CVDFB	7
00537	ANES CARDIAC EP PROCEDURES	10
00539	ANES TRACHEOBRONCHIAL RCNSTJ	18
00540	ANES THORACOTOMY PX NOS	12

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Code	Description	Base Unit
00541	ANES THRCM PX 1 LUNG VNTJ	15
00542	ANES THRCM PX DECORTICATION	15
00546	ANES THRCM PX PULM RESCJ	15
00548	ANES THRCM PX TRACH&BRONCHI	17
00550	ANES FOR STERNAL DEBRIDEMENT	10
00560	ANES PX HEART W/O PUMP OXTJ	15
00561	ANES PX HEART W/PUMP<1 YR	25
00562	ANES PX HRT W/PUMP AGE 1YR+	20
00563	ANES PX HEART W/PMP CRC ARST	25
00566	ANES DIRECT CABG W/O PUMP	25
00567	ANES DIRECT CABG W/PUMP	18
00580	ANES HEART/LUNG TRANSPLANT	20
00600	ANES PX CRV SPINE&CORD NOS	10
00604	ANES PX CRV SPN&CORD SITTING	13
00620	ANES PX THRC SPINE&CORD NOS	10
00625	ANES THRC SPINE WO 1LNG VENT	13
00626	ANES THRC SPINE W/1 LNG VENT	15
00630	ANES PX LUMBAR REGION NOS	8
00632	ANES PX LUMBAR SYMPATHECTOMY	7
00635	ANES DX/THER LUMBAR PNXR	4
00640	ANES SPINE MANIPULATION	3
00670	ANES XTNSV SP&SPI CORD PX	13
00700	ANES PX UPR ANT ABD WALL NOS	4
00702	ANES UPR ANT ABD WALL LVR BX	4
00730	ANES PX UPPER PST ABDL WALL	5
00731	ANES UPR GI NDSC PX NOS	5
00732	ANES UPR GI NDSC PX ERCP	6
00750	ANES HRNA RPR UPR ABD NOS	4
00752	ANES HRNA RPR LMBR&VNT&/DEHS	6
00754	ANES HRNA RPR OMPHALOCELE	7
00756	ANES HRNA RPR DIPHRG HRNA	7
00770	ANES PX MAJ ABD BLOOD VESSEL	15
00790	ANES IPER UPR ABD NOS	7
00792	ANES IPER UPR ABD PRTL HPTC	13
00794	ANES IPER UPR ABD PNCRTECT	8
00796	ANES IPER UPR ABD LVR TRNSPL	30
00797	ANES IPER UPR ABD GSTR PX MO	11
00800	ANES PX LWR ANT ABDL WAL NOS	4
00802	ANES PX LWR ABDL WAL PANNIC	5
00811	ANES LWR INTST NDSC NOS	4
00812	ANES LWR INTST SCR COLSC	3
00813	ANES UPR LWR GI NDSC PX	5
00820	ANES PX LWR POST ABDL WALL	5
00830	ANES HERNIA RPR LWR ABD NOS	4
00832	ANES HERNIA REPAIR VNT&INCAL	6
00834	ANES HERNIA REPAIR<1 YR AGE	5
00836	ANES HRNA RPR<37WK BRTH<50	6
00840	ANES IPER PX LOWER ABD NOS	6
00842	ANES IPER PX AMNIOCENTESIS	4
00844	ANES IPER PX ABDMNPRNL RESCJ	7
00846	ANES IPER PX RAD HYSTRECTOMY	8
00848	ANES IPER PX PEL EXENTRATION	8
00851	ANES IPER PX TUBAL LIGATION	6
00860	ANES XTRPRTL PX LWR ABD NOS	6
00862	ANES XTRPRTL LWR ABD RNL PX	7
00864	ANES XTRPRT LWR ABD TOT CSTC	8
00865	ANES XTRPRT LWR ABD PRST8ECT	7
00866	ANES XTRPRT LW ABD ADRNLCTMY	10
00868	ANES XTRPRTL PX RNL TRANSPL	10
00870	ANES XTRPRTL CYSTOLITHOTOMY	5
00872	ANES LITHOTRP ESW WATER BATH	7
00873	ANES LITHOTRP ESW WO WTR BTH	5

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Code	Description	Base Unit
00880	ANES MAJ LWR ABD VESSEL NOS	15
00882	ANES MAJ LWR ADB VSL IVC LIG	10
00902	ANES ANORECTAL PX	5
00904	ANES RADICAL PERINEAL PX	7
00906	ANES VULVECTOMY	4
00908	ANES PERINEAL PROSTATECTOMY	6
00910	ANES TRANSURETHRAL PX NOS	3
00912	ANES TRURL PX RESCJ BLDR TUM	5
00914	ANES TRURL PX RESCJ PRST8	5
00916	ANES TRURL PX RESCJ BLEEDING	5
00918	ANES TRURL PX URTRL CAL RMVL	5
00920	ANES PX MALE GENITALIA NOS	3
00921	ANES PX MALE GENITALIA VASEC	3
00922	ANES PX MALE GENT SEM VES	6
00924	ANES MALE GENT UNDSCND TSTIS	4
00926	ANES MALE GENT RAD ORCH ING	4
00928	ANES MALE GENT RAD ORCH ABD	6
00930	ANES PX MALE GENT ORCHIOPEXY	4
00932	ANES MALE GENT COMPL AMP PNS	4
00934	ANES RAD AMP PENIS INGUN LYM	6
00936	ANES RAD AMP PNS INGUN&ILAC	8
00938	ANES INSJ PENILE PROSTHESIS	4
00940	ANES VAGINAL PX NOS	3
00942	ANES VAG PX CLPTMY VGNC CLPR	4
00944	ANES VAG PX VAG HYSTERECTOMY	6
00948	ANES VAG PX CRV CERCLAGE	4
00950	ANES VAG PX CULDOSCOPY	5
00952	ANES VAG PX HYSTSC&/HSG	4
01112	ANES BONE MARROW ASPIR&/BX	5
01120	ANES PX ON BONY PELVIS	6
01130	ANES BODY CAST APPL/REVJ	3
01140	ANES NTRPLVABDMNL AMPUTATION	15
01150	ANES RAD PX TUMOR OF PELVIS	10
01160	ANES CLSD PX SYMPH PUB/SI JT	4
01170	ANES OPN PX SYMPH PUB/SI JT	8
01173	ANES OPN RPR FX DISRPJ PLVS	12
01200	ANES ALL CLOSED PX HIP JOINT	4
01202	ANES ARTHROSCOPIC PX HIP JT	4
01210	ANES OPEN PX HIP JOINT NOS	6
01212	ANES OPEN PX HIP JT DISRTCJ	10
01214	ANES OPEN PX TOT HIP ARTHRP	8
01215	ANES OPN REVJ TOT HIP ARTHRP	10
01220	ANES CLSD PX UPPER 2/3 FEMUR	4
01230	ANES OPN UPPER 2/3 FEMUR NOS	6
01232	ANES OPN PX UPR 2/3 FEM AMP	5
01234	ANES OPN UPR 2/3 FEM RAD RES	8
01250	ANES ALL PX NRV MUSC UPR LEG	4
01260	ANES ALL PX VEINS UPPER LEG	3
01270	ANES PX ARTERIES UPR LEG NOS	8
01272	ANES PX ART FEMORAL ART LIG	4
01274	ANES PX ART FEM ART EMBLC	6
01320	ANES ALL PX NRV MSC KNE&/POP	4
01340	ANES CLSD PX LOWER 1/3 FEMUR	4
01360	ANES OPEN PX LOWER 1/3 FEMUR	5
01380	ANES ALL CLSD PX KNEE JOINT	3
01382	ANES DX ARTHRS PX KNEE JT	3
01390	ANES CLS PX UPR TIB FIB&/PAT	3
01392	ANES OPN PX UPR TIB FIB&/PAT	4
01400	ANES OPN/ARTHRS KNEE JT NOS	4
01402	ANES OPN/ARTH TOT KNE ARTHRP	7
01404	ANES OPN/ARTHRS DISRTCJ KNEE	5
01420	ANES CST APPL RMV/RPR KNE JT	3

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Code	Description	Base Unit
01430	ANES PX VEINS KNEE&POP NOS	3
01432	ANES PX VN KNEE&POP AV FSTL	6
01440	ANES PX ART KNEE&POP NOS	8
01442	ANES PX ART KNEE&POP TEAEC	8
01444	ANES PX ART KNEE&POP EXC&GRF	8
01462	ANES CLSD PX LOWER L/A/F	3
01464	ANES ARTHRS PX ANKLE&/FOOT	3
01470	ANES PX NRV MSC LW L/A/F NOS	3
01472	ANES RPR RPT ACHILLES TENDON	5
01474	ANES GASTROCNEMIUS RECESSION	5
01480	ANES OPEN PX LOWER L/A/F NOS	3
01482	ANES OPN LWR L/A/F RAD RESCJ	4
01484	ANES OPN LW L/A/F OSTE/OSTPL	4
01486	ANES OPEN TOTAL ANKLE RPLCMT	7
01490	ANES LWR LEG CST APP RMV/RPR	3
01500	ANES PX ART LOWER LEG NOS	8
01502	ANES PX ART LOWER LEG EMBLC	6
01520	ANES PX VEINS LOWER LEG NOS	3
01522	ANES PX VN LWR LEG VEN THRMB	5
01610	ANES ALL PX NRV MUSC SHO&AX	5
01620	ANES CLSD PX SHOULDER JOINT	4
01622	ANES DX ARTHR PX SHOULDER JT	4
01630	ANES OPN/ARTHR PX SHO JT NOS	5
01634	ANES OPEN/ARTHRS SHO DISRTCJ	9
01636	ANES OPEN/ARTHR NTRTHRC AMP	15
01638	ANES OPN/ARTHR TOT SHO RPLCM	10
01650	ANES ART SHO&AX NOS	6
01652	ANES ART SHO&AX AX-BRCH ARSM	10
01654	ANES ART SHO&AX BYPASS GRF	8
01656	ANES ART SHO&AX AX-FEM BPG	10
01670	ANES ALL PX VN SHOULDER&AX	4
01680	ANES SHO CAST APPL RMVL/RPR	3
01710	ANES PX NRV MUSC UPR A&E NOS	3
01712	ANES PX NRV MSC UPR A&E TNOT	5
01714	ANES NRV MSC UPR A&E TNPLSTY	5
01716	ANES NRV MSC UPR A&E TNDSIS	5
01730	ANES CLSD PX HUMERUS&ELBOW	3
01732	ANES DX ARTHRS PX ELBOW JT	3
01740	ANES OPN/ARTHRS PX ELBW NOS	4
01742	ANES OPN/ARTHRS ELBW OSTEOT	5
01744	ANES OPN/ARTHRS ELBW RPR HUM	5
01756	ANES OPN/ARTHRS ELBW RAD PX	6
01758	ANES OPN/ARTHRS ELBW EXC CST	5
01760	ANES OPN/ARTHR ELB TOT RPLCT	7
01770	ANES PX ART UPR ARM&ELBW NOS	6
01772	ANES ART UPR ARM&ELBW EMBLC	6
01780	ANES PX VN UPR ARM&ELBW NOS	3
01782	ANES VN UPR ARM&ELBW PHLBRPY	4
01810	ANES PX NRV MUSC F/ARM WRST	3
01820	ANES CLSD PX RDS U/W/H BONES	3
01829	ANES DX ARTHROSCOPIC PX WRST	3
01830	ANES ARTHR/NDSC WRST/HND NOS	3
01832	ANES ARTHR/NDSC TOT WRST RPL	6
01840	ANES ART F/ARM WRST&HND NOS	6
01842	ANES ART FARM WRST&HND EMBLC	6
01844	ANES VASC SHUNT/SHUNT REVJ	6
01850	ANES VEIN F/ARM WRST&HND NOS	3
01852	ANES PX VN F/ARM PHLBRRHAPHY	4
01860	ANES FOREARM WRIST/HAND CAST	3
01916	ANES DX ARTERIOGRAPHY/VNGRPH	5
01920	ANES CARDIAC CATHETERIZATION	7
01922	ANES N-INVAS IMG/RADJ THER	7

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Code	Description	Base Unit
01924	ANES THER IVNTL RAD ARTL NOS	5
01925	ANES IVNTL RAD ARTL CRTD/C	7
01926	ANES IVNTL RAD ICR ICAR/AORT	8
01930	ANES THER IVNTL RAD VEN NOS	5
01931	ANES IVNT RAD NTRHPT/PRT CRC	7
01932	ANES TH IVNT RAD NTRTHRC/JUG	6
01933	ANES THER IVNTL RAD PX ICR	7
01937	ANES DRG/ASPIR CRV/THRC	4
01938	ANES DRG/ASPIR LMBR/SAC	4
01939	ANES NULYT AGT CRV/THRC	4
01940	ANES NULYT AGT LMBR/SAC	4
01941	ANES NEUROMD/NTRVRT CRV/THRC	5
01942	ANES NEUROMD/NTRVRT LMBR/SAC	5
01951	ANES 2&3 BURN LESS 4 % TBSA	3
01952	ANES 2&3 BURN 4-9% TBSA	5
01953	ANES 2&3 BURN EA ADD 9% TBSA	1
01958	ANES XTRNL CEPHALIC VERSION	5
01960	ANES VAGINAL DELIVERY ONLY	5
01961	ANES CESAREAN DELIVERY ONLY	7
01962	ANES URGENT HYSTERECTOMY	8
01963	ANES CESAREAN HYSTERECTOMY	8
01965	ANES INCOMPL/MISSED AB PX	4
01966	ANES INDUCED ABORTION PX	4
01967	NEURAXL LBR ANES VAG DLVR	5
01968	ANES/ANALG CS DLVR NEURAXIAL	2
01969	ANES C HYST FLWG NEURAXIAL	5
01990	PHYSIOL SUPPORT HRVG ORGANS	7
01991	ANES DX/THER NRV BLK&INJ OTH	3
01992	ANES DX/THER NRV BLK&INJ PRN	5
01996	DLY HOSP MGMT EDRL RX ADMIN	3
01999	UNLISTED ANES PROCEDURE	BR
99100	ANES PT EXTEME AGE<1 YR&>70	1
99116	ANES COMP TOT BDY HYPTHRM	5
99135	ANES COMP CTRLD HYPOTENSION	5
99140	ANES COMP EMERGENCY COND	2

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Surgery

	Code	Mod	Description	Professional Non Fac Fee	Professional Fac Fee	Professional FUD	Professional ASST	Outpatient Facility Fee	Outpatient Facility SI
+	10004		FINE NEEDLE ASPIRATION BX W/O IMG GDN EA ADDL	120.00	97.50	ZZZ	0		N
	10005		FINE NEEDLE ASPIRATION BX W/US GDN 1ST LESION	299.25	162.75	XXX	0	1229.55	T
+	10006		FINE NEEDLE ASPIRATION BX W/US GDN EA ADDL	135.00	111.00	ZZZ	0		N
	10007		FINE NEEDLE ASPIRATION BX W/FLUOR GDN 1ST LESION	681.75	199.50	XXX	0	1194.59	T
+	10008		FINE NEEDLE ASPIRATION BX W/FLUOR GDN EA ADDL	318.75	116.25	ZZZ	0		N
	10009		FINE NEEDLE ASPIRATION BX W/CT GDN 1ST LESION	940.50	240.75	XXX	0	1219.47	T
+	10010		FINE NEEDLE ASPIRATION BX W/CT GDN EA ADDL	528.00	161.25	ZZZ	0		N
	10011		FINE NEEDLE ASPIRATION BX W/MR GDN 1ST LESION	1314.75	1314.75	XXX	0	1231.28	T
+	10012		FINE NEEDLE ASPIRATION BX W/MR GDN EA ADDL	794.25	794.25	ZZZ	0		N
	10021		FINE NEEDLE ASPIRATION BX W/O IMG GDN 1ST LESION	226.50	123.75	XXX	0	698.97	T
	10030		IMG-GUIDED FLU COLLJ DRG CATH SOFT TISS PERQ	1392.00	299.25	000	0	1049.42	T
	10035		PLMT SFT TISS LOCLZJ DEV PERQ 1ST LESION	788.25	186.00	000	0	666.37	T
+	10036		PLMT SFT TISS LOCLZJ DEV PERQ EACH ADDL LESION	640.50	94.50	ZZZ	0		N
	10040		EXTRACTION	261.00	117.00	010	1	347.73	Q1
	10060		INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	288.00	243.00	010	1	347.66	T
	10061		INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	483.00	417.00	010	1	698.06	T
	10080		INCISION & DRAINAGE PILONIDAL CYST SIMPLE	552.75	239.25	010	1	1231.16	T
	10081		INCISION & DRAINAGE PILONIDAL CYST COMPLICATED	762.00	388.50	010	1	1227.10	T
	10120		INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	341.25	240.00	010	1	698.97	T
	10121		INCISION & REMOVAL FOREIGN BODY SUBQ TISS COMP	596.25	416.25	010	1	2827.77	J1
	10140		I&D HEMATOMA SEROMA/FLUID COLLECTION	381.75	270.00	010	1	2799.13	J1
	10160		PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	293.25	219.75	010	1	680.37	T
	10180		INCISION & DRAINAGE COMPLEX PO WOUND INFECTION	593.25	408.00	010	1	4894.89	J1
	11000		DBRDMT EXTENSV ECZMT/INFCT SKIN UP 10% BDY SURF	132.00	60.00	000	1	1061.27	T
+	11001		DBRDMT EXTNSVE ECZMT/INFCT SKN EA ADDL 10%	60.75	33.00	ZZZ	1		N
	11004		DBRDMT SKN SBQ T/M/F NECRO INFCTJ XTRNL GENT&PER	1268.25	1268.25	000	1		C
	11005		DBRDMT SKN SUBQ T/M/F NECRO INFCTJ ABDL WALL	1726.50	1726.50	000	0		C
	11006		DBRDMT SKN SUBQ T/M/F NECRO INFCTJ GENT PER&ABDL	1567.50	1567.50	000	1		C
+	11008		RMVL PROSTC MATRL/MESH ABDL WALL FOR INFECTION	608.25	608.25	ZZZ	0		C
	11010		DBRDMT W/RMVL FM FX&/DISLC SKIN&SUBQ TISSUS	996.00	624.75	010	1	1231.04	T
	11011		DBRDMT W/RMVL FM FX&/DISLC SKN SUBQ T/M/F MUSC	1122.00	672.75	000	1	1115.29	T
	11012		DBRDMT FX&/DISLC SUBQ T/M/F BONE	1452.75	935.25	000	1	4846.82	J1
	11042		DEBRIDEMENT SUBCUTANEOUS TISSUE 1ST 20 SQ CM/<	290.25	136.50	000	1	699.11	T
	11043		DEBRIDEMENT MUSCLE &/FASCIA 1ST 20 SQ CM/<	522.75	346.50	000	1	1070.48	T
	11044		DEBRIDEMENT BONE 1ST 20 SQ CM/<	698.25	504.75	000	1	2824.36	J1
+	11045		DEBRIDEMENT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM	89.25	55.50	ZZZ	0		N
+	11046		DEBRIDEMENT MUSCLE &/FASCIA EA ADDL 20 SQ CM	163.50	121.50	ZZZ	0		N
+	11047		DEBRIDEMENT BONE EACH ADDITIONAL 20 SQ CM	272.25	216.75	ZZZ	0		N
	11055		PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	157.50	34.50	000	1	347.69	Q1
	11056		PARING/CUTTING BENIGN HYPERKERATOTIC LESION 2-4	183.00	49.50	000	1	347.73	Q1
	11057		PARING/CUTTING BENIGN HYPERKERATOTIC LESION >4	199.50	63.00	000	1	347.73	T
	11102		TANGENTIAL BIOPSY SKIN SINGLE LESION	222.00	84.00	000	1	347.73	T
+	11103		TANGENTIAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	111.00	48.75	ZZZ	1		N
	11104		PUNCH BIOPSY SKIN SINGLE LESION	276.75	105.00	000	1	698.97	T
+	11105		PUNCH BIOPSY SKIN EA SEP/ADDITIONAL LESION	133.50	57.00	ZZZ	1		N
	11106		INCISIONAL BIOPSY SKIN SINGLE LESION	344.25	126.75	000	1	1070.81	T
+	11107		INCISIONAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	157.50	68.25	ZZZ	1		N
	11200		RMVL SKIN TAGS MLT FIBRQ TAGS ANY UP TO&INC 15	209.25	174.75	010	1	347.73	Q1
+	11201		RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10	41.25	36.00	ZZZ	1		N
	11300		SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM/<	221.25	75.75	000	0	699.18	Q1
	11301		SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	269.25	115.50	000	0	347.73	Q1
	11302		SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM	305.25	134.25	000	0	347.73	Q1
	11303		SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM >2.0 CM	339.00	160.50	000	0	699.18	Q1
	11305		SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.5 CM/<	232.50	83.25	000	0	347.73	Q1
	11306		SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.6-1.0 CM	270.75	108.75	000	0	347.73	Q1
	11307		SHAVING SKIN LESION 1 S/N/H/F/G DIAM 1.1-2.0 CM	306.00	138.00	000	0	347.73	T
	11308		SHAVING SKIN LESION 1 S/N/H/F/G DIAM >2.0 CM	322.50	154.50	000	0	699.18	Q1
	11310		SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM 0.5 CM/<	255.75	101.25	000	0	347.73	T

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	Code	Mod	Description	Professional Non Fac Fee	Professional Fac Fee	FUD	ASST	Outpatient Facility Fee	Outpatient Facility SI
	11311		SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 0.6-1.0 CM	305.25	141.00	000	0	347.73	T
	11312		SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 1.1-2.0 CM	347.25	167.25	000	0	699.18	T
	11313		SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM >2.0 CM	404.25	214.50	000	0	699.18	T
	11400		EXC B9 LESION MRGN XCP SK TG T/A/L 0.5 CM/<	288.00	192.75	010	1	1228.69	T
	11401		EXC B9 LESION MRGN XCP SK TG T/A/L 0.6-1.0 CM	350.25	240.75	010	1	699.04	T
	11402		EXC B9 LESION MRGN XCP SK TG T/A/L 1.1-2.0 CM	387.00	263.25	010	1	1230.67	T
	11403		EXC B9 LESION MRGN XCP SK TG T/A/L 2.1-3.0 CM	447.75	342.75	010	1	1230.18	T
	11404		EXC B9 LESION MRGN XCP SK TG T/A/L 3.1-4.0 CM	507.75	377.25	010	1	2833.44	J1
	11406		EXC B9 LESION MRGN XCP SK TG T/A/L >4.0 CM	723.00	566.25	010	1	2832.59	J1
	11420		EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.5 CM/<	285.00	188.25	010	1	2820.11	J1
	11421		EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.6-1.0CM	358.50	248.25	010	1	1229.81	T
	11422		EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 1.1-2.0CM	404.25	311.25	010	1	2831.17	J1
	11423		EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 2.1-3.0CM	465.75	360.75	010	1	2831.17	J1
	11424		EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 3.1-4.0CM	540.00	414.75	010	1	2834.28	J1
	11426		EXC B9 LESION MRGN XCP SK TG S/N/H/F/G > 4.0CM	746.25	612.75	010	1	4998.58	J1
	11440		EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M 0.5CM/<	320.25	244.50	010	1	1230.43	T
	11441		EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 0.6-1.0CM	390.00	303.00	010	1	1231.28	T
	11442		EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 1.1-2.0CM	435.75	335.25	010	1	1230.79	T
	11443		EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 2.1-3.0CM	516.00	408.75	010	1	2834.56	J1
	11444		EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 3.1-4.0CM	642.75	516.75	010	1	2828.61	J1
	11446		EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M > 4.0CM	873.00	723.75	010	1	4992.07	J1
	11450		EXCISION HIDRADENITIS AXILLARY SMPL/INTRM RPR	964.50	601.50	030	1	4911.92	J1
	11451		EXCISION HIDRADENITIS AXILLARY COMPLEX REPAIR	1184.25	760.50	030	0	4998.58	J1
	11462		EXCISION HIDRADENITIS INGUINAL SMPL/INTRM RPR	947.25	576.75	030	0	4964.51	J1
	11463		EXCISION HIDRADENITIS INGUINAL COMPLEX REPAIR	1183.50	756.00	030	0	4996.57	J1
	11470		EXCISION H/P/P/U SIMPLE/INTERMEDIATE REPAIR	1021.50	657.00	030	1	4974.53	J1
	11471		EXCISION H/P/P/U COMPLEX REPAIR	1221.00	801.75	030	0	5008.08	J1
	11600		EXCISION MAL LESION TRUNK/ARM/LEG 0.5 CM/<	443.25	276.75	010	1	1227.71	T
	11601		EXCISION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	513.75	336.00	010	1	1231.16	T
	11602		EXCISION MAL LESION TRUNK/ARM/LEG 1.1-2.0 CM	551.25	365.25	010	1	699.18	T
	11603		EXCISION MAL LESION TRUNK/ARM/LEG 2.1-3.0 CM	628.50	436.50	010	1	1231.04	T
	11604		EXCISION MAL LESION TRUNK/ARM/LEG 3.1-4.0 CM	701.25	480.75	010	1	1229.18	T
	11606		EXCISION MALIGNANT LESION TRUNK/ARM/LEG > 4.0 CM	1011.00	712.50	010	1	2829.47	J1
	11620		EXCISION MALIGNANT LESION S/N/H/F/G 0.5 CM/<	444.75	279.00	010	1	2830.03	J1
	11621		EXCISION MALIGNANT LESION S/N/H/F/G 0.6-1.0 CM	516.75	339.00	010	1	1230.92	T
	11622		EXCISION MALIGNANT LESION S/N/H/F/G 1.1-2.0 CM	569.25	382.50	010	1	1231.16	T
	11623		EXCISION MALIGNANT LESION S/N/H/F/G 2.1-3.0 CM	666.75	472.50	010	1	2835.42	J1
	11624		EXCISION MALIGNANT LESION S/N/H/F/G 3.1-4.0 CM	759.00	536.25	010	1	2825.22	J1
	11626		EXCISION MALIGNANT LESION S/N/H/F/G >4.0 CM	915.75	656.25	010	1	4993.07	J1
	11640		EXCISION MALIGNANT LESION F/E/E/N/L 0.5 CM/<	456.75	287.25	010	1	1230.43	T
	11641		EXCISION MALIGNANT LESION F/E/E/N/L 0.6-1.0 CM	533.25	352.50	010	1	1230.67	T
	11642		EXCISION MALIGNANT LESION F/E/E/N/L 1.1-2.0 CM	603.75	411.00	010	1	1230.43	T
	11643		EXCISION MALIGNANT LESION F/E/E/N/L 2.1-3.0 CM	711.75	514.50	010	1	2831.73	J1
	11644		EXCISION MALIGNANT LESION F/E/E/N/L 3.1-4.0 CM	876.75	635.25	010	1	2834.86	J1
	11646		EXCISION MALIGNANT LESION F/E/E/N/L >4.0 CM	1138.50	875.25	010	1	5002.08	J1
	11719		TRIMMING NONDYSTROPHIC NAILS ANY NUMBER	32.25	16.50	000	1	103.95	Q1
	11720		DEBRIDEMENT NAIL ANY METHOD 1-5	74.25	32.25	000	1	103.95	Q1
	11721		DEBRIDEMENT NAIL ANY METHOD 6/>	101.25	53.25	000	1	103.95	Q1
	11730		AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	256.50	120.75	000	1	347.73	Q1
+	11732		AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	73.50	37.50	ZZZ	1		N
	11740		EVACUATION SUBUNGUAL HEMATOMA	129.75	74.25	000	1	225.58	Q1
	11750		EXCISION NAIL&NAIL MATRIX PRTL/COMPL PERM RMVL	360.00	230.25	010	1	699.11	T
	11755		BIOPSY NAIL UNIT SEPARATE PROCEDURE	273.00	135.75	000	0	1231.28	T
	11760		REPAIR NAIL BED	414.75	247.50	010	1	1068.24	T
	11762		RECONSTRUCTION NAIL BED W/GRAFT	651.00	426.75	010	1	3141.62	T
	11765		WEDGE EXCISION SKIN NAIL FOLD	370.50	211.50	010	1	699.18	Q1
	11770		EXCISION PILONIDAL CYST/SINUS SIMPLE	782.25	420.00	010	1	4982.04	J1
	11771		EXCISION PILONIDAL CYST/SINUS EXTENSIVE	1416.00	1027.50	030	1	5008.08	J1
	11772		EXCISION PILONIDAL CYST/SINUS COMPLICATED	1737.75	1320.00	030	1	4991.56	J1
	11900		INJECTION INTRALESIONAL UP TO & INCLUD 7 LESIONS	129.00	66.00	000	1	347.73	Q1
	11901		INJECTION INTRALESIONAL >7 LESIONS	157.50	101.25	000	1	347.73	Q1

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				Professional				Outpatient Facility	
	Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
	11920		TATTOOING INCL MICROPIGMENTATION 6.0 CM/<	450.75	258.00	000	0	1071.23	T
	11921		TATTOOING INCL MICROPIGMENTATION 6.1-20.0 CM	495.00	295.50	000	0	1071.23	T
+	11922		TATTOOING INCL MICROPIGMENTATION EA 20.0 CM	138.00	63.75	ZZZ	0		N
	11950		SUBCUTANEOUS INJECTION FILLING MATERIAL 1 CC/<	186.75	117.75	000	0	329.96	T
	11951		SUBCUTANEOUS INJECTION FILLING MATRL 1.1-5.0 CC	247.50	163.50	000	0	838.34	T
	11952		SUBCUTANEOUS INJECTION FILLING MATRL 5.1-10.0CC	330.00	229.50	000	0	1071.23	T
	11954		SUBCUTANEOUS INJECTION FILLING MATRL >10.0 CC	365.25	252.75	000	0	1071.23	T
	11960		INSERTION TISSUE EXPANDER INCL SBSQ XPNSJ	2320.50	2320.50	030	1	4976.72	T
	11970		REPLACEMENT TISSUE EXPANDER W/PERMANENT IMPLANT	1284.00	1284.00	030	1	8947.35	J1
	11971		REMOVAL TISSUE EXPANDER W/O INSERTION IMPLANT	1264.50	1264.50	030	0	4896.90	Q2
	11976		REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	324.75	207.00	000	0	1231.28	Q2
	11980		SUBCUTANEOUS HORMONE PELLET IMPLANTATION	212.25	123.75	000	1	698.32	Q1
	11981		INSERTION DRUG DELIVERY IMPLANT	227.25	141.75	000	0	222.27	Q1
	11982		REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	248.25	163.50	000	0	698.25	Q1
	11983		RMVL W/RINSJ NON-BIODEGRADABLE DRUG DLVR IMPLT	318.75	232.50	000	0	694.96	Q1
	12001		SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.5CM/<	211.50	100.50	000	1	347.73	Q1
	12002		SMPL REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.6-7.5CM	257.25	132.00	000	1	347.69	Q1
	12004		SIMPLE RPR SCALP/NECK/AX/GENIT/TRUNK 7.6-12.5CM	299.25	164.25	000	1	347.73	Q1
	12005		SMPL RPR SCALP/NECK/AX/GENIT/TRUNK 12.6-20.0CM	398.25	211.50	000	1	699.18	Q1
	12006		SMPL RPR SCALP/NECK/AX/GENIT/TRUNK 20.1-30.0CM	462.75	261.75	000	1	699.18	Q2
	12007		SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK >30.0CM	516.00	324.75	000	1	347.73	T
	12011		SIMPLE REPAIR F/E/E/N/L/M 2.5CM/<	252.75	125.25	000	1	347.62	Q1
	12013		SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0 CM	263.25	129.75	000	1	347.73	Q1
	12014		SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5 CM	319.50	166.50	000	1	347.73	Q1
	12015		SIMPLE REPAIR F/E/E/N/L/M 7.6CM-12.5 CM	389.25	210.75	000	1	347.73	Q1
	12016		SIMPLE REPAIR F/E/E/N/L/M 12.6CM-20.0 CM	497.25	285.75	000	1	699.18	Q1
	12017		SIMPLE REPAIR F/E/E/N/L/M 20.1CM-30.0 CM	345.00	345.00	000	0	699.18	Q1
	12018		SIMPLE REPAIR F/E/E/N/L/M >30.0 CM	390.75	390.75	000	2	347.73	Q1
	12020		TX SUPERFICIAL WOUND DEHISCENCE SIMPLE CLOSURE	673.50	429.00	010	1	1067.05	T
	12021		TX SUPERFICIAL WOUND DEHISCENCE W/PACKING	397.50	318.75	010	1	697.01	T
	12031		REPAIR INTERMEDIATE S/A/T/E 2.5 CM/<	586.50	342.75	010	1	699.18	T
	12032		REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	681.75	431.25	010	1	699.04	T
	12034		REPAIR INTERMEDIATE S/A/T/E 7.6-12.5 CM	749.25	464.25	010	1	699.04	T
	12035		REPAIR INTERMEDIATE S/A/T/E 12.6-20.0CM	876.00	547.50	010	1	699.04	T
	12036		REPAIR INTERMEDIATE S/A/T/E 20.1-30.0 CM	980.25	640.50	010	1	1034.48	T
	12037		REPAIR INTERMEDIATE S/A/T/E >30.0 CM	1099.50	741.75	010	0	3091.67	T
	12041		REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.5CM/<	589.50	330.00	010	1	699.18	Q2
	12042		REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.6-7.5 CM	694.50	443.25	010	1	699.18	T
	12044		REPAIR INTERMEDIATE N/H/F/XTRNL GENT 7.6-12.5CM	858.75	486.75	010	1	1071.02	T
	12045		REPAIR INTERMEDIATE N/H/F/XTRNL GENT 12.6-20 CM	928.50	617.25	010	1	1071.23	T
	12046		RPR INTERMEDIATE N/H/F/XTRNL GENT 20.1-30.0 CM	1127.25	723.00	010	0	1071.23	T
	12047		REPAIR INTERMEDIATE N/H/F/XTRNL GENT >30.0 CM	1236.00	801.00	010	2	3201.15	T
	12051		REPAIR INTERMEDIATE F/E/E/N/L&/MUC 2.5 CM/<	632.25	382.50	010	1	699.04	T
	12052		REPAIR INTERMEDIATE F/E/E/N/L&/MUC 2.6-5.0 CM	706.50	451.50	010	1	699.18	T
	12053		REPAIR INTERMEDIATE F/E/E/N/L&/MUC 5.1-7.5 CM	812.25	486.75	010	1	699.18	T
	12054		REPAIR INTERMEDIATE F/E/E/N/L&/MUC 7.6-12.5 CM	855.00	497.25	010	1	698.41	Q2
	12055		REPAIR INTERMEDIATE F/E/E/N/L&/MUC 12.6-20.0CM	1125.75	681.75	010	1	699.18	T
	12056		REPAIR INTERMEDIATE F/E/E/N/L&/MUC 20.1-30.0CM	1303.50	873.00	010	0	699.18	Q2
	12057		REPAIR INTERMEDIATE F/E/E/N/L&/MUC >30.0 CM	1359.75	952.50	010	2	699.18	T
	13100		REPAIR COMPLEX TRUNK 1.1-2.5 CM	761.25	453.00	010	1	1068.76	T
	13101		REPAIR COMPLEX TRUNK 2.6-7.5 CM	884.25	555.00	010	1	1069.41	T
+	13102		REPAIR COMPLEX TRUNK EACH ADDITIONAL 5 CM/<	260.25	160.50	ZZZ	1		N
	13120		REPAIR COMPLEX SCALP/ARM/LEG 1.1-2.5 CM	792.75	519.75	010	1	1070.48	T
	13121		REPAIR COMPLEX SCALP/ARM/LEG 2.6-7.5 CM	949.50	581.25	010	1	1070.37	T
+	13122		REPAIR COMPLEX SCALP/ARM/LEG EA ADDL 5 CM/<	282.75	183.75	ZZZ	1		N
	13131		REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1-2.5 CM	868.50	546.00	010	1	699.18	T
	13132		REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 2.6-7.5 CM	1051.50	679.50	010	1	1071.12	T
+	13133		REPAIR COMPLEX F/C/C/M/N/AX/G/H/F EA ADDL 5 CM/<	377.25	279.75	ZZZ	1		N
	13151		REPAIR COMPLEX EYELID/NOSE/EAR/LIP 1.1-2.5 CM	946.50	626.25	010	1	1071.23	T
	13152		REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM	1109.25	752.25	010	1	1071.23	T
+	13153		REPAIR COMPLX EYELID/NOSE/EAR/LIP EA ADDL 5 CM/<	417.00	307.50	ZZZ	1		N

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				Professional				Outpatient Facility	
	Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
	13160		SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP	1809.00	1809.00	030	1	3156.98	T
	14000		ADJACENT TISSUE TRANSFER/REARGMT TRUNK 10 SQCM/<	1447.50	1152.00	030	1	3199.56	T
	14001		ADJNT TIS TRANSFR/REARRANGE TRUNK 10.1-30.0 SQCM	1842.75	1486.50	030	1	3178.11	T
	14020		ADJT TIS TRNSFR/REARGMT SCALP/ARM/LEG 10 SQ CM/<	1597.50	1290.75	030	1	3192.82	T
	14021		ADJT/REARRGMT SCALP/ARM/LEG 10.1-30.0 SQ CM	1973.25	1611.00	030	1	3193.47	T
	14040		ADJT TIS TRNS/REARGMT F/C/C/M/N/A/G/H/F 10SQCM/<	1726.50	1417.50	030	1	3187.38	T
	14041		ADJT/REARGMT F/C/C/M/N/AX/G/H/F 10.1-30.0 SQ CM	2098.50	1729.50	030	1	3193.79	T
	14060		ADJT TIS TRNSFR/REARRGMT E/N/E/L DFCT 10 SQ CM/<	1743.00	1509.00	030	1	3198.60	T
	14061		ADJT TIS REARGMT EYE/NOSE/EAR/LIP 10.1-30.0 SQCM	2262.75	1854.00	030	1	3198.91	T
	14301		ADJNT TIS TRNSFR/REARGMT ANY AREA 30.1-60 SQ CM	2448.75	1968.75	030	2	6366.34	T
+	14302		ADJT TIS TRNSFR/REARGMT DEFEC EA ADDL 30 SQCM	482.25	482.25	ZZZ	2		N
	14350		FILLETED FINGER/TOE FLAP W/PREPJ RECIPIENT SITE	1509.00	1509.00	030	0	3201.15	T
	15002		PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	768.00	495.00	000	0	3120.16	T
+	15003		PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT	154.50	99.75	ZZZ	0		N
	15004		PREP SITE F/S/N/H/F/G/M/D GT 1ST 100 SQ CM/1PCT	881.25	585.75	000	0	1044.56	T
+	15005		PREP SITE F/S/N/H/F/G/M/D GT ADDL 100 SQ CM/1PCT	262.50	201.00	ZZZ	0		N
	15011		HRV SKIN FOR SKIN CELL SSP AGRFT 1ST 25 SQ CM/<	BR	BR	000	1	3201.15	T
+	15012		HRV SKIN FOR SKIN CELL SSP AGRFT EA ADDL 25 SQCM	BR	BR	ZZZ	1		N
	15013		PREPARATION SKIN CELL SSP AGRFT 1ST 25 SQ CM/<	BR	BR	XXX	1	12688.38	S
+	15014		PREPARATION SKIN CELL SSP AGRFT EA ADDL 25 SQ CM	BR	BR	ZZZ	1		N
	15015		APPL SKIN CELL SSP AGRFT T/A/L 1ST 480 SQ CM/<	BR	BR	030	1	3201.15	T
+	15016		APPL SKIN CELL SSP AGRFT T/A/L EA ADDL 480 SQ CM	BR	BR	ZZZ	1		N
	15017		APPL SKN CLL SSP AGRFT F/S/N/H/F/G/M/DGT 1ST 480	BR	BR	030	1	3201.15	T
+	15018		APPL SKN CLL SSP AGRFT F/S/N/H/F/G/M/DGT EA ADDL	BR	BR	ZZZ	1		N
	15040		HARVEST SKIN TISSUE CLTR SKIN AGRFT 100 CM/<	586.50	285.00	000	1	3201.15	T
	15050		PINCH GRAFT 1/MLT SM ULCER TIP/OTH AR UP TO 2 CM	1324.50	1046.25	030	1	1071.23	T
	15100		SPLT AGRFT T/A/L 1ST 100 SQCM/</1% BDY INFT/CHLD	1962.00	1626.00	030	1	3186.44	T
+	15101		SPLT AGRFT T/A/L EA ADD 100 SQCM/EA 1% INFT/CHLD	414.00	248.25	ZZZ	1		N
	15110		EPIDRM AGRFT T/A/L 1ST 100 SQCM/</1% INFT/CHLD	1875.00	1618.50	030	1	3201.15	T
+	15111		EPDRM AGRFT T/A/L EA ADD 100 SQCM/EA 1%INFT/CHLD	257.25	228.75	ZZZ	1		N
	15115		EPIDERMAL AGRFT F/S/N/H/F/G/M/DGT 1ST 100 SQCM/<	1837.50	1587.75	030	1	3002.69	T
+	15116		EPIDERMAL AGRFT F/S/N/H/F/G/M/DGT EA 100 SQCM	346.50	309.75	ZZZ	1		N
	15120		SPLT AGRFT F/S/N/H/F/G/M/DGT 1ST 100 SQCM/</1%	1911.00	1566.00	030	1	6365.05	T
+	15121		SPLT AGRFT F/S/N/H/F/G/M/DGT EA 100 SQCM/EA 1%	461.25	294.75	ZZZ	1		N
	15130		DERMAL AGRFT T/A/L 1ST 100 SQCM/</1%INFT/CHLD	1626.75	1361.25	030	1	3201.15	T
+	15131		DERMAL AGRFT T/A/L EA ADD 100 SQCM/1% INFT/CHLD	221.25	201.75	ZZZ	1		N
	15135		DERMAL AUTOGRAFT F/S/N/H/F/G/M/DGT 1ST 100 SQCM	1968.00	1716.75	030	1	5921.70	T
+	15136		DERMAL AGRFT F/S/N/H/F/G/M/DGT EA 100 SQCM/EA 1%	218.25	201.75	ZZZ	1		N
	15150		TISS CLTR SKIN AUTOGRAFT T/A/L 1ST 25 SQ CM/<	1594.50	1452.75	030	1	3201.15	T
+	15151		TISS CLTR SKIN AUTOGRAFT T/A/L ADDL 1-75 SQCM	267.75	244.50	ZZZ	1		N
+	15152		TISS CLTR SKIN AGRFT T/A/L EA ADD 100 SQCM/EA 1%	346.50	324.75	ZZZ	1		N
	15155		TIS CLTR SKN AGRFT F/S/N/H/F/G/M/DGT 1ST 25SQCM/	1802.25	1657.50	030	1	6406.70	T
+	15156		TIS CLTR SKN AGRFT F/S/N/H/F/G/M/DGT AD 1-75SQCM	360.00	337.50	ZZZ	1		N
+	15157		TIS CLTR SKN AGRFT F/S/N/H/F/G/M/DGT EACH ADDL	400.50	367.50	ZZZ	1		N
	15200		FTH/GFT FREE W/DIRECT CLOSURE TRUNK 20 SQ CM/<	1899.75	1528.50	030	1	3199.88	T
+	15201		FTH/GFT FR W/DIR CLSR TRUNK EA ADDL 20 SQ CM	311.25	171.00	ZZZ	1		N
	15220		FTH/GFT FREE W/DIRECT CLOSURE S/A/L 20 SQ CM/<	1741.50	1383.75	030	1	3196.67	T
+	15221		FTH/GFT FR W/DIR CLSR S/A/L EA ADDL 20 SQ CM	285.75	154.50	ZZZ	1		N
	15240		FTH/GFT FR DIR CLSR F/C/C/M/N/AX/G/H/F 20SQCM/<	2105.25	1806.75	030	1	3187.07	T
+	15241		FTH/GFT FR W/DIR CLSR F/C/C/M/N/AX/G/H/F EA ADDL	388.50	239.25	ZZZ	1		N
	15260		FTH/GFT FREE W/DIRECT CLOSURE N/E/E/L 20 SQ CM/<	2267.25	1918.50	030	1	3198.91	T
+	15261		FTH/GFT FREE W/DIR CLSR N/E/E/L EA ADDL 20 SQ CM	458.25	302.25	ZZZ	1		N
	15271		APP SKN SUB GRFT T/A/L AREA/100SQ CM /<1ST 25	344.25	189.00	000	1	3200.84	T
+	15272		APP SKN SUB GRFT T/A/L AREA/100SQ CM EA ADL 25SC	54.75	37.50	ZZZ	1		N
	15273		APP SKN SUBGRFT T/A/L AREA/100SQ CM 1ST 100SQ CM	684.00	434.25	000	1	6405.42	T
+	15274		APP SKN SUB GRFT T/A/L AREA>=100SCM ADL 100SQCM	178.50	98.25	ZZZ	1		N
	15275		SUB GRFT F/S/N/H/F/G/M/D <100SQ CM 1ST 25 SQ CM	357.00	210.00	000	1	3199.88	T
+	15276		SUB GRFT F/S/N/H/F/G/M/D<100SQ CM EA ADDL25SQ CM	73.50	55.50	ZZZ	1		N
	15277		SUB GRFT F/S/N/H/F/G/M/D >= 100SCM 1ST 100SQ CM	765.00	500.25	000	1	3201.15	T
+	15278		SUB GRFT F/S/N/H/F/G/M/D >= 100SCM ADL 100SQ CM	211.50	125.25	ZZZ	1		N
	15570		FRMJ DIRECT/TUBED PEDICLE W/WO TRANSFER TRUNK	2052.00	1653.75	030	1	3201.15	T

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	Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
	15572		FRMJ DIRECT/TUBE PEDICLE W/WO TR SCALP ARMS/LEGS	2002.50	1675.50	030	1	6406.70	T
	15574		FRMJ DIR/TUBE PEDCL W/WOTR FH/CH/CH/M/N/AX/G/H/F	1947.00	1640.25	030	1	3201.15	T
	15576		FRMJ DIRECT/TUBED PEDICLE W/WOTR E/N/E/L/NTRORAL	1773.75	1472.25	030	1	3196.03	T
	15600		DELAY FLAP/SECTIONING FLAP TRUNK	756.75	483.00	030	0	6400.94	T
	15610		DELAY FLAP/SECTIONING FLAP SCALP ARMS/LEGS	834.75	561.75	030	0	3071.83	T
	15620		DELAY FLAP/SECTIONING FLAP F/C/C/N/AX/G/H/F	1012.50	747.75	030	1	3197.30	T
	15630		DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARS/LIPS	1048.50	785.25	030	1	3199.23	T
	15650		TRANSFER ANY PEDICLE FLAP ANY LOCATION	1230.75	924.00	030	0	3198.60	T
	15730		MIDFACE FLAP W/PRESERVATION OF VASCULAR PEDICLES	3151.50	2058.75	030	1	6406.70	T
	15731		FOREHEAD FLAP W/PRESERVATION VASCULAR PEDICLE	2538.75	2256.75	030	0	6385.56	T
	15733		MUSC MYOQ/FSCQ FLAP HEAD&NECK W/NAMED VASC PEDCL	2327.25	2327.25	030	1	6338.15	T
	15734		MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP TRUNK	3399.75	3399.75	030	2	6074.83	T
	15736		MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP UXTR	2758.50	2758.50	030	1	3171.39	T
	15738		MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP LXTR	2859.00	2859.00	030	2	6393.24	T
	15740		FLAP ISLAND PEDICLE ANATOMIC NAMED AXIAL ARTERY	2304.00	1914.00	030	1	3199.23	T
	15750		FLAP NEUROVASCULAR PEDICLE	2121.00	2121.00	030	2	6406.70	T
	15756		FREE MUSCLE/MYOCUTANEOUS FLAP W/MVASC ANAST	5134.50	5134.50	030	2		C
	15757		FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS	5100.75	5100.75	030	2		C
	15758		FREE FASCIAL FLAP W/MICROVASCULAR ANASTOMOSIS	5080.50	5080.50	030	2		C
	15760		GRAFT COMPOSITE W/PRIMARY CLOSURE DONOR AREA	1915.50	1584.00	030	1	3201.15	T
	15769		GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC	1094.25	1094.25	030	1	6268.31	T
	15770		GRAFT DERMA-FAT-FASCIA	1534.50	1534.50	030	2	6374.03	T
	15771		GRAFTING OF AUTOLOGOUS FAT BY LIPO 50 CC OR LESS	1391.25	1170.75	030	1	6321.49	T
+	15772		GRAFTING OF AUTOLOGOUS FAT BY LIPO EA ADDL 50 CC	435.75	335.25	ZZZ	1		N
	15773		GRAFTING OF AUTOLOGOUS FAT BY LIPO 25 CC OR LESS	1357.50	1145.25	030	1	3198.91	T
+	15774		GRAFTING OF AUTOLOGOUS FAT BY LIPO EA ADDL 25 CC	425.25	324.75	ZZZ	1		N
	15775		PUNCH GRAFT HAIR TRANSPLANT 1-15 PUNCH GRAFTS	847.50	576.75	000	0	699.18	T
	15776		PUNCH GRAFT HAIR TRANSPLANT >15 PUNCH GRAFTS	1146.00	789.00	000	0	699.18	T
+	15777		IMPLNT BIO IMPLNT FOR SOFT TISSUE REINFORCEMENT	481.50	481.50	ZZZ	1		N
	15778		IMPL ABSRB MESH/PRSTH DLYD CLSR DFCT INFCTJ/TRMA	882.00	882.00	000	2		C
	15780		DERMABRASION TOTAL FACE	1910.25	1506.00	030	0	5008.59	J1
	15781		DERMABRASION SEGMENTAL FACE	1184.25	953.25	030	1	1231.28	T
	15782		DERMABRASION REGIONAL OTHER THAN FACE	1098.75	843.75	030	0	5008.59	J1
	15783		DERMABRASION SUPERFICIAL ANY SITE	1022.25	813.00	030	0	699.18	T
	15786		ABRASION 1 LESION	512.25	306.00	010	1	347.73	Q1
+	15787		ABRASION EACH ADDITIONAL 4 LESIONS OR LESS	67.50	38.25	ZZZ	1		N
	15788		CHEMICAL PEEL FACIAL EPIDERMAL	868.50	494.25	030	1	699.18	Q1
	15789		CHEMICAL PEEL FACIAL DERMAL	1207.50	938.25	030	1	1071.23	T
	15792		CHEMICAL PEEL NONFACIAL EPIDERMAL	750.75	480.00	030	0	1071.23	Q1
	15793		CHEMICAL PEEL NONFACIAL DERMAL	1075.50	817.50	030	0	699.18	Q1
	15820		BLEPHAROPLASTY LOWER EYELID	1299.75	1158.00	030	0	3201.15	T
	15821		BLEPHAROPLASTY LOWER EYELID W/HERNIATED FAT PAD	1392.75	1236.00	030	0	3201.15	T
	15822		BLEPHAROPLASTY UPPER EYELID	1035.00	896.25	030	1	3169.46	T
	15823		BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN	1394.25	1236.00	030	1	3196.36	T
	15824		RHYTIDECTOMY FOREHEAD	5012.25	5012.25	000	0	3159.22	T
	15825		RHYTIDECTOMY NECK W/PLATYSMAL TIGHTENING	9095.25	9095.25	000	0	6192.08	T
	15826		RHYTIDECTOMY GLABELLAR FROWN LINES	BR	BR	000	0	6406.70	T
	15828		RHYTIDECTOMY CHEEK CHIN & NECK	7425.00	7425.00	000	0	6041.51	T
	15829		RHYTIDECTOMY SMAS FLAP	8615.25	8615.25	000	0	6406.70	T
	15830		EXC EXCSV SKN ABD INFRAUMBILICAL PANNICULECTOMY	2669.25	2669.25	030	2	11245.94	J1
	15832		EXCISION EXCESSIVE SKIN & SUBQ TISSUE THIGH	2113.50	2113.50	030	2	5007.08	J1
	15833		EXCISION EXCESSIVE SKIN & SUBQ TISSUE LEG	1998.75	1998.75	030	0	5005.58	J1
	15834		EXCISION EXCESSIVE SKIN & SUBQ TISSUE HIP	2036.25	2036.25	030	0	5008.59	J1
	15835		EXCISION EXCESSIVE SKIN & SUBQ TISSUE BUTTOCK	2121.75	2121.75	030	0	5008.59	J1
	15836		EXCISION EXCESSIVE SKIN & SUBQ TISSUE ARM	1818.00	1818.00	030	0	4998.58	J1
	15837		EXC EXCESSIVE SKIN &SUBQ TISSUE FOREARM/HAND	1973.25	1635.75	030	0	5008.59	J1
	15838		EXC EXCSV SKIN & SUBQ TISSUE SUBMENTAL FAT PAD	1484.25	1484.25	030	0	5008.59	J1
	15839		EXCISION EXCESSIVE SKIN & SUBQ TISSUE OTHER AREA	2027.25	1683.00	030	0	4974.53	J1
	15840		GRAFT FACIAL NERVE PARALYSIS FREE FASCIAL GRAFT	2279.25	2279.25	030	1	6324.69	T
	15841		GRAFT FACIAL NERVE PARALYSIS FREE MUSCLE GRAFT	4032.00	4032.00	030	2	4268.78	T
	15842		GRF FACIAL NRV PALYSS FR MUSCLE FLAP MICROSURG	6095.25	6095.25	030	2	3201.15	T

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	15845		GRF FACIAL NERVE PARALYSIS REGIONAL MUSCLE TR	2418.75	2418.75	030	2	6053.69	T
+	15847		EXCISION EXCESSIVE SKIN & SUBQ TISSUE ABDOMEN	1520.25	1520.25	YYY	2		N
	15851		REMOVAL SUTURES/STAPLES REQUIRING ANESTHESIA	128.25	147.75	000	1	3198.27	T
	15852		DRESSING CHANGE UNDER ANESTHESIA	99.75	99.75	000	1	1046.90	Q1
+	15853		REMOVAL SUTURES/STAPLES NOT REQUIRING ANESTHESIA	25.50	25.50	ZZZ	1		N
+	15854		REMOVAL SUTURES&STAPLES NOT REQUIRING ANESTHESIA	32.25	32.25	ZZZ	1		N
	15860		IV INJECTION AGENT TEST VASCULAR FLOW FLAP/GRAFT	239.25	239.25	000	0	644.68	Q1
	15876		SUCTION ASSISTED LIPECTOMY HEAD & NECK	1863.00	1863.00	000	0	6229.88	T
	15877		SUCTION ASSISTED LIPECTOMY TRUNK	3843.75	3843.75	000	0	6153.63	T
	15878		SUCTION ASSISTED LIPECTOMY UPPER EXTREMITY	BR	BR	000	0	3201.15	T
	15879		SUCTION ASSISTED LIPECTOMY LOWER EXTREMITY	8679.75	8679.75	000	0	6406.70	T
	15920		EXC COCCYGEAL PR ULC W/COCCYGECTOMY W/PRIM SUTR	1451.25	1451.25	030	0	5008.59	J1
	15922		EXC COCCYGEAL PR ULC W/COCCYGECTOMY W/FLAP CLSR	1818.00	1818.00	030	2	6406.70	T
	15931		EXCISION SACRAL PRESSURE ULCER W/PRIMARY SUTURE	1606.50	1606.50	030	1	4957.00	J1
	15933		EXC SACRAL PRESSURE ULC W/PRIM SUTR W/OSTECTOMY	1985.25	1985.25	030	0	5008.59	J1
	15934		EXCISION SACRAL PRESSURE ULCER W/SKIN FLAP CLSR	2239.50	2239.50	030	1	6199.11	T
	15935		EXC SACRAL PR ULCER W/SKN FLAP CLSR W/OSTECTOMY	2628.00	2628.00	030	2	6406.70	T
	15936		EXC SAC PR ULC PREPJ MUSC/MYOQ FLAP/SKN GRF CLSR	2019.00	2019.00	030	1	3201.15	T
	15937		EXC SAC PR ULC PREPJ MUSC/MYOQ FLAP/SKN GRF OSTC	2228.25	2228.25	030	1	3201.15	T
	15940		EXC ISCHIAL PRESSURE ULCER W/PRIMARY SUTURE	1618.50	1618.50	030	1	5008.59	J1
	15941		EXC ISCHIAL PR ULC W/PRIM SUTR W/OSTC ISCHIECT	2157.00	2157.00	030	0	4675.02	J1
	15944		EXC ISCHIAL PRESSURE ULCER W/SKIN FLAP CLOSURE	2127.75	2127.75	030	0	6406.70	T
	15945		EXC ISCHIAL PR ULC W/SKN FLAP CLSR W/OSTECTOMY	2321.25	2321.25	030	0	3201.15	T
	15946		EXC ISCHIAL PR ULCER W/OSTC MUSC/MYOQ FLAP/SKIN	3630.00	3630.00	030	1	3201.15	T
	15950		EXC TROCHANTERIC PRESSURE ULCER W/PRIMARY SUTR	1452.75	1452.75	030	1	2835.42	J1
	15951		EXC TRCHNTRIC PR ULCER W/PRIM SUTR W/OSTECTOMY	2046.00	2046.00	030	0	5008.59	J1
	15952		EXC TROCHANTERIC PR ULCER W/SKIN FLAP CLOSURE	2087.25	2087.25	030	2	3201.15	T
	15953		EXC TRCHNTRIC PR ULC W/SKN FLAP CLSR W/OSTECTOMY	2297.25	2297.25	030	1	6406.70	T
	15956		EXC TROCHANTERIC PR ULCER MUSC/MYOQ FLAP/SKIN	2643.00	2643.00	030	1	3201.15	T
	15958		EXC TRCHNTRIC PR ULC MUSC/MYOQ FLAP/SKIN W/OSTC	2640.00	2640.00	030	1	6406.70	T
	15999		UNLISTED PROCEDURE EXCISION PRESSURE ULCER	BR	BR	YYY	0	1098.06	T
	16000		INITIAL TX 1ST DEGREE BURN LOCAL TX	181.50	102.75	000	1	347.73	Q1
	16020		DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	193.50	126.75	000	1	347.73	Q1
	16025		DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ MEDIUM	352.50	250.50	000	1	347.73	T
	16030		DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ LARGE	449.25	300.00	000	1	699.18	T
	16035		ESCHAROTOMY INITIAL INCISION	438.75	438.75	000	1	699.18	T
+	16036		ESCHAROTOMY EACH ADDITIONAL INCISION	185.25	185.25	ZZZ	1		C
	17000		DESTRUCTION PREMALIGNANT LESION 1ST	153.75	124.50	010	1	347.73	Q1
+	17003		DESTRUCTION PREMALIGNANT LESION 2-14 EA	15.00	4.50	ZZZ	1		N
	17004		DESTRUCTION PREMALIGNANT LESION 15/>	375.00	223.50	010	1	699.18	T
	17106		DESTRUCTION CUTAN VASC PROLIFERATIVE LES<10SQCM	783.00	629.25	030	1	699.18	T
	17107		DSTRJ CUTANEOUS VASCULAR PRLF LES 10.0-50.0SQCM	1017.75	820.50	030	1	1071.23	T
	17108		DSTRJ CUTANEOUS VASCULAR PRLF LESIONS>50.0 SQ CM	1443.75	1199.25	030	0	3201.15	T
	17110		DESTRUCTION BENIGN LESIONS UP TO 14	255.00	156.75	010	1	347.73	Q1
	17111		DESTRUCTION BENIGN LESIONS 15/>	299.25	191.25	010	1	347.73	Q1
	17250		CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	190.50	84.75	000	1	347.69	Q1
	17260		DESTRUCTION MALIGNANT LESION T/A/L 0.5 CM/<	225.00	160.50	010	1	347.73	Q1
	17261		DESTRUCTION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	334.50	199.50	010	1	347.73	Q1
	17262		DESTRUCTION MAL LESION TRUNK/ARM/LEG 1.1-2.0CM	401.25	250.50	010	1	347.73	Q1
	17263		DESTRUCTION MAL LESION TRUNK/ARM/LEG 2.1-3.0CM	435.00	276.75	010	1	347.73	Q1
	17264		DESTRUCTION MAL LESION TRUNK/ARM/LEG 3.1-4.0CM	467.25	297.00	010	1	699.18	T
	17266		DESTRUCTION MAL LESION TRUNK/ARM/LEG > 4.0 CM	531.00	347.25	010	1	699.18	T
	17270		DESTRUCTION MALIGNANT LESION S/N/H/F/G 0.5 CM/<	339.00	219.00	010	1	347.73	T
	17271		DESTRUCTION MALIGNANT LESION S/N/H/F/G 0.6-1.0CM	375.75	239.25	010	1	347.73	T
	17272		DESTRUCTION MALIGNANT LESION S/N/H/F/G 1.1-2.0CM	424.50	274.50	010	1	347.73	Q1
	17273		DESTRUCTION MALIGNANT LESION S/N/H/F/G 2.1-3.0CM	471.75	310.50	010	1	699.18	T
	17274		DESTRUCTION MALIGNANT LESION S/N/H/F/G 3.1-4.0CM	552.75	380.25	010	1	699.18	T
	17276		DSTRJ MAL LESION S/N/H/F/G LESION DIAM > 4.0 CM	640.50	456.75	010	1	699.18	T
	17280		DESTRUCTION MALIGNANT LESION F/E/E/N/L/M 0.5CM/<	318.00	198.75	010	1	347.73	Q1
	17281		DESTRUCTION MAL LESION F/E/E/N/L/M 0.6-1.0CM	405.75	268.50	010	1	347.73	T
	17282		DESTRUCTION MAL LESION F/E/E/N/L/M 1.1-2.0CM	463.50	309.00	010	1	347.73	T

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	17283		DESTRUCTION MAL LESION F/E/E/N/L/M 2.1-3.0CM	549.00	385.50	010	1	699.18	T
	17284		DESTRUCTION MAL LESION F/E/E/N/L/M 3.1-4.0CM	624.00	450.00	010	1	1071.23	T
	17286		DESTRUCTION MAL LESION F/E/E/N/L/M >4.0 CM	806.25	614.25	010	1	1071.23	T
	17311		MOHS MICROGRAPHIC H/N/H/F/G 1ST STAGE 5 BLOCKS	1533.00	795.00	000	1	1071.23	T
+	17312		MOHS MICROGRAPHIC H/N/H/F/G EACH ADDL STAGE	926.25	423.75	ZZZ	1		N
	17313		MOHS TRUNK/ARM/LEG 1ST STAGE 5 BLOCKS	1440.75	714.00	000	1	1071.23	T
+	17314		MOHS TRUNK/ARM/LEG EA STAGE AFTER 1ST STAGE	886.50	390.75	ZZZ	1		N
+	17315		MOHS TRUNK/ARM/LEG EA ADDL BLOCK ANY STAGE	181.50	111.00	ZZZ	1		N
	17340		CRYOTHERAPY CO2 SLUSH LIQUID N2 ACNE	119.25	111.00	010	1	103.95	Q1
	17360		CHEMICAL EXFOLIATION ACNE	278.25	211.50	010	1	347.73	Q1
	17380		ELECTROLYSIS EPILATION EACH 30 MINUTES	95.25	95.25	000	0	1071.23	T
	17999		UNLISTED PX SKIN MUC MEMBRANE & SUBQ TISSUE	BR	BR	YYY	0	336.53	Q1
	19000		PUNCTURE ASPIRATION CYST OF BREAST	218.25	95.25	000	1	1219.21	T
+	19001		PUNCTURE ASPIRATION CYST BREAST EACH ADDL CYST	58.50	45.75	ZZZ	1		N
	19020		MASTOTOMY W/EXPLORATION/DRAINAGE ABSCESS DEEP	1037.25	716.25	030	1	2805.08	J1
	19030		INJECTION PX ONLY MAMMARY DUCTOGRAM/GALACTOGRAM	363.75	168.00	000	1		N
	19081		BX BREAST W/DEVICE 1ST LESION STEREOTACTIC GUID	1092.00	361.50	000	0	2623.90	J1
+	19082		BX BREAST W/DEVICE ADDL LESION STEREOTACT GUID	831.00	180.75	ZZZ	0		N
	19083		BX BREAST W/DEVICE 1ST LESION ULTRASOUND GUID	1080.00	339.75	000	0	2576.82	J1
+	19084		BX BREAST W/DEVICE ADDL LESION ULTRASOUND GUID	815.25	171.00	ZZZ	0		N
	19085		BX BREAST W/DEVICE 1ST LESION MAGNETIC RES GUID	1650.75	397.50	000	0	2616.53	J1
+	19086		BX BREAST W/DEVICE ADDL LESION MAGNET RES GUID	1269.75	198.00	ZZZ	0		N
	19100		BX BREAST NEEDLE CORE W/O IMAGING GUIDANCE SPX	328.50	153.75	000	1	2722.28	J1
	19101		BIOPSY BREAST OPEN INCISIONAL	719.25	509.25	010	1	6527.68	J1
	19105		ABLTJ CRYOSURGICAL W/US GID EA FIBROADENOMA	4905.75	473.25	000	1	3310.41	J1
	19110		NIPPLE EXPLORATION	1084.50	809.25	030	1	6676.44	J1
	19112		EXCISION LACTIFEROUS DUCT FISTULA	1024.50	744.00	030	0	6628.20	J1
	19120		EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION	1183.50	957.00	030	1	6655.67	J1
	19125		EXC BREAST LES PREOP PLMT RAD MARKER OPEN 1 LES	1305.00	1058.25	030	1	6573.91	J1
+	19126		EXC BRST LES PREOP PLMT RAD MARKER OPN EA ADDL	358.50	358.50	ZZZ	1		N
	19281		PERQ DEVICE PLACEMENT BREAST LOC 1ST LES W/GDNCE	537.75	217.50	000	0	1389.08	Q1
+	19282		PERQ DEVICE PLACEMT BREAST LOC EA LESION W/GDNCE	377.25	108.75	ZZZ	0		N
	19283		PERQ BREAST LOC DEVICE PLACEMT 1ST STRTCTC GDNCE	573.00	219.75	000	0	580.55	Q1
+	19284		PERQ BREAST LOC DEVICE PLACEMT EA LESION STRTCTC	412.50	109.50	ZZZ	0		N
	19285		PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO US IMAG	795.00	186.00	000	0	568.00	Q1
+	19286		PERQ BREAST LOC DEVICE PLACEMT EACH LES US IMAGE	645.00	93.00	ZZZ	0		N
	19287		PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO MR GUID	1368.75	277.50	000	0	810.30	Q1
+	19288		PERQ BREAST LOC DEVICE PLACEMT ADD LESIO MR GUID	1049.25	140.25	ZZZ	0		N
+	19294		PREPJ TUMOR CAVITY IORT W/PARTIAL MASTECTOMY	369.00	369.00	ZZZ	0		N
	19296		PLMT EXPANDABLE CATH BRST FOLLOWING PRTL MAST	7760.25	474.00	000	0	11060.63	J1
+	19297		PLMT EXPANDABLE CATH BRST CONCURRENT PRTL MAST	210.00	210.00	ZZZ	0		N
	19298		PLMT RADTHX BRACHYTX BRST FOLLOWING PRTL MAST	1927.50	723.75	000	0	7196.75	J1
	19300		MASTECTOMY FOR GYNECOMASTIA	1308.00	991.50	030	1	6661.71	J1
	19301		MASTECTOMY PARTIAL	1500.75	1500.75	030	0	6573.25	J1
	19302		MASTECTOMY PARTIAL W/AXILLARY LYMPHADENECTOMY	2061.75	2061.75	030	2	11203.71	J1
	19303		MASTECTOMY SIMPLE COMPLETE	2180.25	2180.25	030	2	11306.42	J1
	19305		MAST RAD W/PECTORAL MUSCLES AXILLARY LYMPH NODES	2601.75	2601.75	030	2		C
	19306		MAST RAD W/PECTORAL MUSC AX INT MAM LYMPH NODES	2775.00	2775.00	030	2		C
	19307		MAST MODF RAD W/AX LYMPH NOD W/WO PECT/ALIS MIN	2678.25	2678.25	030	2	11313.26	J1
	19316		MASTOPEXY	1804.50	1804.50	030	2	11119.26	J1
	19318		BREAST REDUCTION	2486.25	2486.25	030	2	11295.01	J1
	19325		BREAST AUGMENTATION WITH IMPLANT	1406.25	1406.25	030	0	13075.14	J1
	19328		REMOVAL INTACT BREAST IMPLANT	1267.50	1267.50	030	1	6609.44	Q2
	19330		RMVL RUPTURED BREAST IMPLANT W/IMPLANT CONTENTS	1473.75	1473.75	030	1	6405.72	Q2
	19340		INSERTION BREAST IMPLANT SAME DAY OF MASTECTOMY	1731.75	1731.75	030	1	8881.25	J1
	19342		INSJ/RPLCMT BREAST IMPLANT SEP DAY MASTECTOMY	1736.25	1736.25	030	0	12149.11	J1
	19350		NIPPLE/AREOLA RECONSTRUCTION	1888.50	1537.50	030	1	6592.01	J1
	19355		CORRECTION INVERTED NIPPLES	1716.00	1408.50	030	0	6701.24	J1
	19357		TISSUE EXPANDER PLACEMENT BREAST RECONSTRUCTION	2644.50	2644.50	030	2	21915.83	J1
	19361		BREAST RECONSTRUCTION W/LATISSIMUS DORSI FLAP	3533.25	3533.25	030	2		C
	19364		BREAST RECONSTRUCTION W/FREE FLAP	6140.25	6140.25	030	2		C

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	Code	Mod	Description	Professional Non Fac Fee	Professional Fac Fee	FUD	ASST	Outpatient Facility Fee	Outpatient Facility SI
	19367		BREAST RECONSTRUCTION SINGLE PEDICLED TRAM FLAP	4011.00	4011.00	030	2		C
	19368		BREAST RECONSTRUCTION 1PEDICLED TRAM FLAP ANAST	4900.50	4900.50	030	2		C
	19369		BREAST RECONSTRUCTION BIPEDICLED TRAM FLAP	4554.00	4554.00	030	2		C
	19370		REVISION PERI-IMPLANT CAPSULE BREAST	1533.75	1533.75	030	1	6191.94	J1
	19371		PERI-IMPLANT CAPSULECTOMY BREAST COMPLETE	1626.75	1626.75	030	1	6579.28	J1
	19380		REVISION OF RECONSTRUCTED BREAST	1841.25	1841.25	030	1	10647.91	J1
	19396		PREPARATION MOULAGE CUSTOM BREAST IMPLANT	605.25	323.25	000	0	6701.24	J1
	19499		UNLISTED PROCEDURE BREAST	BR	BR	YYY	0	5802.60	J1
	20100		EXPLORATION PENETRATING WOUND SPX NECK	1355.25	1355.25	010	2	891.19	T
	20101		EXPLORATION PENETRATING WOUND SPX CHEST	1246.50	474.75	010	1	3196.03	T
	20102		EXPL PENETRATING WOUND SPX ABDOMEN/FLANK/BACK	1337.25	580.50	010	1	3146.73	T
	20103		EXPLORATION PENETRATING WOUND SPX EXTREMITY	1261.50	781.50	010	0	2833.15	J1
	20150		EXCISION EPIPHYSEAL BAR	2748.60	2748.60	030	2	5678.07	J1
	20200		BIOPSY MUSCLE SUPERFICIAL	577.80	261.00	000	1	2826.92	J1
	20205		BIOPSY MUSCLE DEEP	813.60	421.20	000	1	4994.57	J1
	20206		BIOPSY MUSCLE PERCUTANEOUS NEEDLE	574.20	153.90	000	1	2824.64	J1
	20220		BIOPSY BONE TROCAR/NEEDLE SUPERFICIAL	612.00	233.10	000	1	2714.36	J1
	20225		BIOPSY BONE TROCAR/NEEDLE DEEP	997.20	346.50	000	1	2721.15	J1
	20240		BIOPSY BONE OPEN SUPERFICIAL	378.00	378.00	000	1	4923.45	J1
	20245		BIOPSY BONE OPEN DEEP	925.20	925.20	000	1	4783.70	J1
	20250		BIOPSY VERTEBRAL BODY OPEN THORACIC	1075.50	1075.50	010	1	5294.22	J1
	20251		BIOPSY VERTEBRAL BODY OPEN LUMBAR/CERVICAL	1182.60	1182.60	010	2	11310.13	J1
	20500		INJECTION SINUS TRACT THERAPEUTIC SEPARATE PX	284.25	205.50	010	1	1919.82	J1
	20501		INJECTION SINUS TRACT DIAGNOSTIC	310.50	80.25	000	1		N
	20520		REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE	492.00	338.25	010	1	2823.80	J1
	20525		RMVL FOREIGN BODY MUSCLE/TENDON SHEATH DEEP/COMP	1048.50	567.00	010	1	4987.55	J1
	20526		INJECTION THERAPEUTIC CARPAL TUNNEL	187.50	128.25	000	1	516.58	T
	20527		INJECTION ENZYME PALMAR FASCIAL CORD	199.50	149.25	000	1	516.58	T
	20550		INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	131.25	87.75	000	1	516.58	T
	20551		INJECTION SINGLE TENDON ORIGIN/INSERTION	129.75	86.25	000	1	516.22	T
	20552		INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	117.75	81.75	000	1	516.43	T
	20553		INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	135.75	93.00	000	1	516.53	T
	20555		PLACEMENT NEEDLES MUSCLE SUBSEQUENT RADIOELEMENT	765.00	765.00	000	0	5678.07	J1
	20560		NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	57.00	33.75	XXX	1	42.86	S
	20561		NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	83.25	51.00	XXX	1	42.86	S
	20600		ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	121.50	80.25	000	1	516.53	T
	20604		ARTHROCNT ASPIR&/INJ SMALL JT/BURSAW/US REC RPRT	187.50	104.25	000	1	516.43	T
	20605		ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	123.75	82.50	000	1	516.37	T
	20606		ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US	202.50	117.00	000	1	1210.70	T
	20610		ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	147.00	102.00	000	1	516.48	T
	20611		ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	223.50	132.75	000	1	515.76	T
	20612		ASPIRATION&/INJECTION GANGLION CYST ANY LOCATJ	147.75	93.00	000	1	515.60	T
	20615		ASPIRATION & INJECTION TREATMENT BONE CYST	559.50	363.00	010	1	1229.06	T
	20650		INSERTION WIRE/PIN W/APPL SKELETAL TRACTION SPX	637.20	462.60	010	1	5100.04	J1
	20660		APPL CRANIAL TONG/STRTCTC FRAME W/REMOVAL SPX	654.30	654.30	000	1	2800.72	Q2
	20661		APPLICATION HALO CRANIAL INCLUDING REMOVAL	1432.80	1432.80	030	1		C
	20662		APPLICATION HALO PELVIC INCLUDING REMOVAL	1448.10	1448.10	030	0	2800.72	J1
	20663		APPLICATION HALO FEMORAL INCLUDING REMOVAL	1334.70	1334.70	030	0	5678.07	J1
	20664		APPL HALO CRANIAL 6/> PINS THIN SKULL OSTEOLOGY	2470.50	2470.50	030	1		C
	20665		REMOVAL TONGS/HALO APPLIED BY ANOTHER INDIVIDUAL	324.90	270.90	010	0	698.32	Q1
	20670		REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE	944.10	397.80	010	1	2826.06	Q2
	20680		REMOVAL IMPLANT DEEP	1621.80	1152.00	030	0	4892.39	Q2
	20690		APPLICATION UNIPLANE EXTERNAL FIXATION SYSTEM	1638.90	1638.90	030	1	7934.73	J1
	20692		APPLICATION MULTIPLANE EXTERNAL FIXATION SYSTEM	3100.50	3100.50	030	2	14298.25	J1
	20693		ADJUSTMENT/REVJ XTRNL FIXATION SYSTEM REQ ANES	1242.90	1242.90	030	1	10351.27	J1
	20694		REMOVAL EXTERNAL FIXATION SYSTEM UNDER ANES	1184.40	949.50	030	1	2761.78	Q2
	20696		APP MLTPLN UNI XTRNL FIX STRTCTC ADJMT 1ST&SUBSQ	3171.60	3171.60	030	2	19380.36	J1
⃠	20697		APP MLTPLN UNI XTRNL FIX STRTCTC ADJMT EXCHANGE	4568.40	4568.40	000	2	2800.72	J1
+	20700		MANUAL PREP AND INSERTION DEEP DRUG DELIVERY DEV	188.25	188.25	ZZZ	0		N
+	20701		REMOVAL DEEP DRUG DELIVERY DEVICE	143.25	143.25	ZZZ	0		N
+	20702		MANUAL PREP&INSJ INTRAMEDULLARY DRUG DLVR DEVICE	321.00	321.00	ZZZ	0		N

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+	20703		REMOVAL INTRAMEDULLARY DRUG DELIVERY DEVICE	235.50	235.50	ZZZ	0		N
+	20704		MANUAL PREP&INSJ I-ARTIC DRUG DELIVERY DEVICE	337.50	337.50	ZZZ	0		N
+	20705		REMOVAL INTRA-ARTICULAR DRUG DELIVERY DEVICE	279.00	279.00	ZZZ	0		N
	20802		REPLANTATION ARM COMPLETE AMPUTATION	7449.30	7449.30	030	2		C
	20805		REPLANTATION FOREARM COMPLETE AMPUTATION	8842.50	8842.50	030	2		C
	20808		REPLANTATION HAND COMPLETE AMPUTATION	10658.70	10658.70	030	2		C
	20816		RPLJ DGT EXCEPT THMB MTCARPHLNGL JT COMPL AMP	5577.30	5577.30	030	2		C
	20822		RPLJ DGT EXCLUDING THMB SUBLIMIS TDN COMPL AMP	4825.80	4825.80	030	2	2800.72	J1
	20824		RPLJ THMB CARP/MTCRPL JT MP JT COMPL AMPUTATION	5589.00	5589.00	030	2		C
	20827		RPLJ THUMB DISTAL TIP MP JOINT COMPL AMPUTATION	4956.30	4956.30	030	2		C
	20838		REPLANTATION FOOT COMPLETE AMPUTATION	7559.10	7559.10	030	2		C
	20900		BONE GRAFT ANY DONOR AREA MINOR/SMALL	1026.00	487.80	000	2	8386.02	J1
	20902		BONE GRAFT ANY DONOR AREA MAJOR/LARGE	740.70	740.70	000	2	8619.80	J1
	20910		CARTILAGE GRAFT COSTOCHONDRAL	1322.10	1322.10	030	0	1001.60	T
	20912		CARTILAGE GRAFT NASAL SEPTUM	1319.40	1319.40	030	0	6406.70	T
	20920		FASCIA LATA GRAFT BY STRIPPER	1096.20	1096.20	030	1	3201.15	T
	20922		FASCIA LATA GRAFT INCISION & AREA EXPOSURE	1675.80	1369.80	030	2	3201.15	T
	20924		TENDON GRAFT FROM A DISTANCE	1393.20	1393.20	030	2	10803.82	J1
+	20930		ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	688.50	688.50	XXX	9		N
+	20931		ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	299.70	299.70	ZZZ	1		N
+	20932		OSTEOARTICULAR ALLOGRAFT W/ARTICULAR SURF & BONE	2030.40	2030.40	ZZZ	2		N
+	20933		HEMICORTICAL INTERCALARY ALLOGRAFT PARTIAL	1862.10	1862.10	ZZZ	2		N
+	20934		INTERCALARY ALLOGRAFT COMPLETE	2028.60	2028.60	ZZZ	2		N
+	20936		AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	895.50	895.50	XXX	9		N
+	20937		AUTOGRAFT SPINE SURGERY MORSELIZED SEP INCISION	451.80	451.80	ZZZ	2		N
+	20938		AUTOGRAFT SPINE SURGERY BICORT/TRICORT SEP INC	494.10	494.10	ZZZ	2		N
+	20939		BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	189.00	189.00	ZZZ	0		N
	20950		MNTR INTERSTITIAL FLUID PRESSURE CMPRT SYNDROME	693.00	242.10	000	0	1231.28	T
	20955		BONE GRAFT MICROVASCULAR ANASTOMOSIS FIBULA	6597.90	6597.90	030	2		C
	20956		BONE GRAFT MICROVASCULAR ANAST ILIAC CREST	7163.10	7163.10	030	2		C
	20957		BONE GRAFT MICROVASCULAR ANAST METATARSAL	7461.90	7461.90	030	2		C
	20962		BONE GRF W/MVASC ANAST OTH/THN ILIAC CREST/METAR	7272.90	7272.90	030	2		C
	20969		FREE OSTQ FLAP W/MVASC ANAST METAR/GREAT TOE	7319.70	7319.70	030	2		C
	20970		FREE OSTQ FLAP W/MVASC ANASTOMOSIS ILIAC CREST	7730.10	7730.10	030	2		C
	20972		FREE OSTQ FLAP W/MVASC ANASTOMOSIS METATARSAL	7705.80	7705.80	030	2	12501.53	J1
	20973		FR OSTQ FLAP W/MVASC ANAST GRT TOE W/WEB SPACE	8134.20	8134.20	030	2	12501.53	J1
⃠	20974		ELECTRICAL STIMULATION BONE HEALING NONINVASIVE	234.00	141.30	000	1		A
⃠	20975		ELECTRICAL STIMULATION BONE HEALING INVASIVE	486.00	486.00	000	2		N
	20979		LOW INTENSITY US STIMJ BONE HEALING NONINVASIVE	151.20	83.70	000	1	42.86	Q1
	20982		ABLATION BONE TUMOR RF PERQ W/IMG GDN WHEN DONE	8978.40	982.80	000	1	17873.94	J1
	20983		ABLATJ BONE TUMOR CRYO PERQ W/IMG GDN WHEN PRFMD	13083.30	917.10	000	1	7193.38	J1
+	20985		CPTR-ASST SURGICAL NAVIGATION IMAGE-LESS	389.70	389.70	ZZZ	0		N
	20999		UNLISTED PROCEDURE MUSCSKELETAL SYSTEM GENERAL	BR	BR	YYY	0	341.34	T
	21010		ARTHROTOMY TEMPOROMANDIBULAR JOINT	1680.75	1680.75	030	0	5669.70	J1
	21011		EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ <2CM	847.50	601.50	030	2	2826.64	J1
	21012		EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ 2 CM/>	777.75	777.75	030	2	2829.47	J1
	21013		EXC TUMOR SOFT TISS FACE&SCALP SUBFASCIAL <2CM	1206.00	917.25	030	2	2807.63	J1
	21014		EXC TUMOR SOFT TISS FACE&SCALP SUBFASCIAL 2 CM/>	1191.75	1191.75	030	2	4998.07	J1
	21015		RAD RESECTION TUMOR SOFT TISS FACE/SCALP < 2CM	1595.25	1595.25	030	1	4912.92	J1
	21016		RAD RESECTION TUMOR SOFT TISS FACE/SCALP 2 CM/>	2280.75	2280.75	030	2	4990.56	J1
	21025		EXCISION BONE MANDIBLE	1821.00	1521.00	030	1	10070.81	J1
	21026		EXCISION FACIAL BONE	1242.75	998.25	030	1	10205.41	J1
	21029		REMOVAL CONTOURING BENIGN TUMOR FACIAL BONE	1761.00	1431.75	030	0	5675.37	J1
	21030		EXC BENIGN TUMOR/CYST MAXL/ZYGOMA ENCL & CURTG	1041.75	826.50	030	1	10139.15	J1
	21031		EXCISION TORUS MANDIBULARIS	861.00	620.25	030	1	5664.59	J1
	21032		EXCISION MAXILLARY TORUS PALATINUS	846.75	598.50	030	1	5650.40	J1
	21034		EXCISION MALIGNANT TUMOR MAXILLA/ZYGOMA	2927.25	2543.25	030	2	10246.81	J1
	21040		EXCISION BENIGN TUMOR/CYST MANDIBLE ENCL & CURT	1051.50	829.50	030	1	5553.35	J1
	21044		EXCISION MALIGNANT TUMOR MANDIBLE	1956.00	1956.00	030	2	10243.71	J1
	21045		EXCISION MALIGNANT TUMOR MANDIBLE RADICAL	2711.25	2711.25	030	2		C
	21046		EXC BENIGN TUMOR/CYST MNDBL INTRA-ORAL OSTEOT	2233.50	2233.50	030	0	10032.52	J1

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			Professional				Outpatient Facility	
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21047		EXC B9 TUM/CST MNDBL XTR-ORAL OSTEOT&PRTL MNDB	2745.75	2745.75	030	2	8386.49	J1
21048		EXC BENIGN TUMOR/CYST MAXL INTRA-ORAL OSTEOT	2262.75	2262.75	030	0	10040.80	J1
21049		EXC B9 TUM/CST MAXL XTR-ORAL OSTEOT&PRTL MAXLC	2606.25	2606.25	030	2	9656.73	J1
21050		CONDYLECTOMY TEMPOROMANDIBULAR JOINT SPX	1953.00	1953.00	030	0	8641.15	J1
21060		MENISCECTOMY PRTL/COMPL TEMPOROMANDIBULAR JT SPX	1771.50	1771.50	030	2	10352.41	J1
21070		CORONOIDECTOMY SEPARATE PROCEDURE	1386.75	1386.75	030	0	10182.62	J1
21073		MANIPULATION TMJ THERAPEUTIC REQUIRE ANESTHESIA	920.25	561.00	030	0	2550.24	J1
21076		IMPRESSION&PREPARATION SURGICAL OBTURATOR PROSTH	2004.75	1620.00	010	0	2592.24	J1
21077		IMPRESSION & PREPARATION ORBITAL PROSTHESIS	4859.25	3965.25	030	0	10352.41	J1
21079		IMPRESSION&PREPARATION INTERIM OBTURATOR PROSTH	3352.50	2674.50	030	1	5675.37	J1
21080		IMPRESSION & PREPJ DEFINITIVE OBTURATOR PROSTH	3812.25	3007.50	030	1	5662.32	J1
21081		IMPRESSION & PREPJ MANDIBULAR RESECTION PROSTH	3512.25	2757.00	030	0	10352.41	J1
21082		IMPRESSION & PREPJ PALATAL AUGMENTATION PROSTH	3306.00	2556.00	030	0	5675.37	J1
21083		IMPRESSION & PREPARATION PALATAL LIFT PROSTHESIS	3130.50	2359.50	030	0	5675.37	J1
21084		IMPRESSION & PREPARATION SPEECH AID PROSTHESIS	3570.00	2727.00	030	0	5675.37	J1
21085		IMPRESSION & PREPARATION ORAL SURGICAL SPLINT	1556.25	1103.25	010	0	406.39	T
21086		IMPRESSION & PREPARATION AURICULAR PROSTHESIS	3606.00	2925.00	030	0	5675.37	J1
21087		IMPRESSION & PREPARATION NASAL PROSTHESIS	3606.00	2925.00	030	0	10352.41	J1
21088		IMPRESSION & PREPARATION FACIAL PROSTHESIS	4253.25	4253.25	030	0	5675.37	J1
21089		UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	BR	BR	YYY	1	406.39	T
21100		APPL HALO APPLIANCE MAXILLOFACIAL FIXATION SPX	1403.25	824.25	030	0	10352.41	J1
21110		APPL INTERDENTAL FIXATION DEVICE NON-FX/DISLC	1914.75	1590.00	030	1	2592.24	Q2
21116		INJECTION TEMPOROMANDIBULAR JOINT ARTHROGRAPHY	464.25	99.00	000	1		N
21120		GENIOPLASTY AUGMENTATION	1488.75	1149.00	030	1	10309.97	J1
21121		GENIOPLASTY SLIDING OSTEOTOMY SINGLE PIECE	1443.00	1212.75	030	2	2132.24	J1
21122		GENIOPLASTY SLIDING OSTEOTOMIES 2/>	1693.50	1693.50	030	2	10352.41	J1
21123		GENIOP SLIDING AGMNTJ W/NTRPSTJ BONE GRAFTS	1900.50	1900.50	030	2	5675.37	J1
21125		AGMNTJ MNDBLR BODY/ANGLE PROSTHETIC MATERIAL	5713.50	1527.75	030	2	4941.20	J1
21127		AGMNTJ MNDBLR BDY/ANGL W/BONE GRF ONLAY/NTRPSTJ	8797.50	1764.75	030	2	9825.46	J1
21137		REDUCTION FOREHEAD CONTOURING ONLY	1713.75	1713.75	030	2	5675.37	J1
21138		RDCTJ FHD CNTRG & PROSTHETIC MATRL/BONE GRAFT	2082.00	2082.00	030	2	8806.79	J1
21139		RDCTJ FHD CNTRG & SETBACK ANT FRONTAL SINUS WALL	2469.75	2469.75	030	2	8500.36	J1
21141		RCNSTJ MIDFACE LEFORT I 1 PIECE W/O BONE GRAFT	3004.50	3004.50	030	2	7010.64	J1
21142		RCNSTJ MIDFACE LEFORT I 2 PIECES W/O BONE GRAFT	3083.25	3083.25	030	2	9511.79	J1
21143		RCNSTJ MIDFACE LEFORT I 3/> PIECE W/O BONE GRAFT	3177.75	3177.75	030	2	10352.41	J1
21145		RCNSTJ MIDFACE LEFORT I 1 PIECE W/BONE GRAFTS	3490.50	3490.50	030	2		C
21146		RCNSTJ MIDFACE LEFORT I 2 PIECES W/BONE GRAFTS	3645.75	3645.75	030	2		C
21147		RCNSTJ MIDFACE LEFORT I 3/> PIECE W/BONE GRAFTS	3833.25	3833.25	030	2		C
21150		RCNSTJ MIDFACE LEFORT II ANTERIOR INTRUSION	3693.00	3693.00	030	2	9548.02	J1
21151		RCNSTJ MIDFACE LEFORT II W/BONE GRAFTS	4064.25	4064.25	030	2		C
21154		RCNSTJ MIDFACE LEFORT III W/O LEFORT I	4377.00	4377.00	030	2		C
21155		RCNSTJ MIDFACE LEFORT III W/LEFORT I	4854.00	4854.00	030	2		C
21159		RCNSTJ MIDFACE LEFORT III W/FHD W/O LEFORT I	5815.50	5815.50	030	2		C
21160		RCNSTJ MIDFACE LEFORT III W/FHD W/LEFORT I	6305.25	6305.25	030	2		C
21172		RCNSTJ SUPERIOR-LATERAL ORBITAL RIM & LOWER FHD	4826.25	4826.25	030	2	6166.93	J1
21175		RCNSTJ BIFRONTAL SUPERIOR-LAT ORB RIMS & LWR FHD	4982.25	4982.25	030	2	9215.71	J1
21179		RCNSTJ FOREHEAD&/SUPRAORBITAL RIMS W/GRAFTS	3437.25	3437.25	030	2		C
21180		RCNSTJ FOREHEAD&/SUPRAORBITAL RIMS W/AUTOGRAFT	3837.75	3837.75	030	2		C
21181		RCNSTJ CONTOURING BENIGN TUMOR CRNL BONES XTRC	1689.75	1689.75	030	0	10349.31	J1
21182		RCNSTJ ORBIT/FHD/NASETHMD EXCBONE TUM GRF<40SQCM	4778.25	4778.25	030	2		C
21183		RCNSTJ ORBIT/FHD/NASETHMD EXC BONE GRF>40 <80	5195.25	5195.25	030	2		C
21184		RCNSTJ ORBIT/FHD/NASETHMD EXC BONE TUM GRF>80SQ	5585.25	5585.25	030	2		C
21188		RCNSTJ MDFC OTH/THN LEFORT OSTEOT & BONE GRAFTS	3550.50	3550.50	030	2		C
21193		RCNSTJ MNDBLR RAMI HRZNTL/VER/C/L OSTEOT W/O GRF	2776.50	2776.50	030	2	10352.41	J1
21194		RCNSTJ MNDBLR RAMI HRZNTL/VER/C/L OSTEOT W/GRAFT	3208.50	3208.50	030	2	10352.41	J1
21195		RCNSTJ MNDBLR RAMI&/BODY SGTL SPLT W/O INT RGD	3012.00	3012.00	030	2	7011.69	J1
21196		RCNSTJ MNDBLR RAMI&/BDY SGTL SPLT W/INT RGD FI	3217.50	3217.50	030	2	8395.80	J1
21198		OSTEOTOMY MANDIBLE SEGMENTAL	2283.00	2283.00	030	2	8053.13	J1
21199		OSTEOTOMY MANDIBLE SGMTL W/GENIOGLOSSUS ADVMNT	2295.75	2295.75	030	2	7925.80	J1
21206		OSTEOTOMY MAXILLA SEGMENTAL	2210.25	2210.25	030	2	10352.41	J1
21208		OSTEOPLASTY FACIAL BONES AUGMENTATION	3642.00	1684.50	030	0	7617.30	J1

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			Professional				Outpatient Facility	
Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
21209		OSTEOPLASTY FACIAL BONES REDUCTION	1775.25	1368.00	030	2	10106.02	J1
21210		GRAFT BONE NASAL/MAXILLARY/MALAR AREAS	3929.25	1737.75	030	1	7840.91	J1
21215		GRAFT BONE MANDIBLE	8984.25	1806.75	030	1	7205.28	J1
21230		GRAFT RIB CRTLG AUTOGENOUS FACE/CHIN/NOSE/EAR	1693.50	1693.50	030	0	9622.57	J1
21235		GRAFT EAR CRTLG AUTOGENOUS NOSE/EAR	1665.75	1299.00	030	1	10235.42	J1
21240		ARTHRP TEMPOROMANDIBULAR JOINT W/WO AUTOGRAFT	2376.75	2376.75	030	2	10012.85	J1
21242		ARTHROPLASTY TEMPOROMANDIBULAR JT W/ALLOGRAFT	2287.50	2287.50	030	2	10352.41	J1
21243		ARTHRP TMPRMAND JOINT W/PROSTHETIC REPLACEMENT	3653.25	3653.25	030	2	15959.35	J1
21244		RCNSTJ MNDBL XTRORAL W/TRANSOSTEAL BONE PLATE	2268.75	2268.75	030	2	5786.99	J1
21245		RCNSTJ MNDBL/MAXL SUBPRIOSTEAL IMPLANT PARTIAL	2736.75	2134.50	030	2	6753.92	J1
21246		RCNSTJ MNDBL/MAXL SUBPRIOSTEAL IMPLANT COMPLETE	1918.50	1918.50	030	2	8540.74	J1
21247		RCNSTJ MNDBLR CONDYLE W/BONE CARTLG AUTOGRAFTS	3561.00	3561.00	030	2		C
21248		RCNSTJ MANDIBLE/MAXL ENDOSTEAL IMPLANT PARTIAL	2228.25	1810.50	030	1	9302.67	J1
21249		RCNSTJ MANDIBLE/MAXL ENDOSTEAL IMPLANT COMPLETE	3028.50	2528.25	030	0	9145.31	J1
21255		RCNSTJ ZYGMTC ARCH/GLENOID FOSSA W/BONE CARTLG	3006.00	3006.00	030	2	8416.50	J1
21256		RECONSTRUCTION ORBIT W/OSTEOTOMIES & BONE GRAFTS	2819.25	2819.25	030	2	7621.44	J1
21260		PERIORBITAL OSTEOTOMIES BONE GRAFTS EXTRACRANIAL	3094.50	3094.50	030	2	10352.41	J1
21261		PERIORBITAL OSTEOTOMIES W/BONE GRAFTS ICRA & XTR	5480.25	5480.25	030	2	10352.41	J1
21263		PERIORBITAL OSTEOTOMIES W/BONE GRAFTS W/FOREHEAD	5068.50	5068.50	030	2	9235.38	J1
21267		ORBITAL REPOSITIONING W/BONE GRAFTS EXTRACRANIAL	3618.75	3618.75	030	2	10352.41	J1
21268		ORBITAL REPOSITIONING W/BONE GRAFTS ICRA & XTRC	4542.00	4542.00	030	2		C
21270		MALAR AUGMENTATION PROSTHETIC MATERIAL	2317.50	1704.75	030	2	8046.92	J1
21275		SECONDARY REVISION ORBITOCRANIOFACIAL RCNSTJ	1917.00	1917.00	030	2	4845.96	J1
21280		MEDIAL CANTHOPEXY SEPARATE PROCEDURE	1330.50	1330.50	030	0	5458.57	J1
21282		LATERAL CANTHOPEXY	908.25	908.25	030	1	5604.43	J1
21295		REDUCTION MASSETER MUSCLE & BONE EXTRAORAL	453.75	453.75	030	0	2592.24	J1
21296		REDUCTION MASSETER MUSCLE & BONE INTRAORAL	925.50	925.50	030	0	5675.37	J1
21299		UNLISTED CRANIOFACIAL & MAXILLOFACIAL PROCEDURE	BR	BR	YYY	0	393.02	T
21315		CLOSED TX NASAL BONE FX W/MNPJ W/O STABILIZATION	347.25	135.75	000	1	2591.21	J1
21320		CLOSED TX NASAL BONE FX W/MNPJ W/STABILIZATION	486.75	214.50	000	1	5651.54	J1
21325		OPEN TREATMENT NASAL FRACTURE UNCOMPLICATED	1006.50	1006.50	030	0	5539.17	J1
21330		OPEN TX NASAL FX COMP W/INT&/XTRNL SKELETAL FI	1209.75	1209.75	030	0	10191.95	J1
21335		OPEN TX NASAL FX W/CONCOMITANT OPTX FXD SEPTUM	1620.75	1620.75	030	1	5662.32	J1
21336		OPEN TX NASAL SEPTAL FRACTURE W/WO STABILIZATION	1441.50	1441.50	030	0	5508.30	J1
21337		CLOSED TX NASAL SEPTAL FRACT W/WO STABILIZATION	942.00	692.25	030	0	5624.87	J1
21338		OPEN TX NASOETHMOID FX W/O EXTERNAL FIXATION	1522.50	1522.50	030	0	9261.26	J1
21339		OPEN TX NASOETHMOID FX W/EXTERNAL FIXATION	1720.50	1720.50	030	2	10352.41	J1
21340		PERCUTANEOUS TX NASOETHMOID COMPLEX FRACTURE	1713.00	1713.00	030	0	5675.37	J1
21343		OPEN TX DEPRESSED FRONTAL SINUS FRACTURE	2460.75	2460.75	030	2		C
21344		OPEN TX COMPLICATED FRONTAL SINUS FRACTURE	3144.75	3144.75	030	2		C
21345		CLOSED TX NASOMAXILLARY COMPLEX FRACTURE	1820.25	1459.50	030	0	2012.36	J1
21346		OPTX NASOMAX CPLX FX LEFT II TYPE W/WIRG & FXJ	2276.25	2276.25	030	1	7029.28	J1
21347		OPTX NASOMAX CPLX FX LEFT II TYPE REQ MLT OPN	2352.00	2352.00	030	2	7457.87	J1
21348		OPTX NASOMAX CPLX FX LEFT II TYPE W/BONE GRAFT	2473.50	2473.50	030	2		C
21355		PERCUTANEOUS TX MALAR AREA FRACTURE	1014.75	749.25	010	0	5675.37	J1
21356		OPEN TX DEPRESSED ZYGOMATIC ARCH FRACTURE	1239.75	921.00	010	0	10183.65	J1
21360		OPEN TX DEPRESSED MALAR FRACTURE	1197.75	1197.75	030	2	10259.24	J1
21365		OPEN TX COMP FX MALAR W/INTERNAL FX&MULT SURG	2459.25	2459.25	030	2	7293.27	J1
21366		OPEN TX COMP FRACTURE MALAR AREA W/BONE GRAFT	2895.75	2895.75	030	2	10352.41	J1
21385		OPEN TX ORBITAL FLOOR BLOWOUT FX TRANSANTRAL	1666.50	1666.50	030	2	7655.60	J1
21386		OPEN TX ORBITAL FLOOR BLOWOUT FX PERIORBITAL	1579.50	1579.50	030	2	7701.16	J1
21387		OPEN TX ORBITAL FLOOR BLOWOUT FX COMBINED APPR	1740.75	1740.75	030	2	8502.43	J1
21390		OPTX ORB FLOOR BLWT FX PRI/BITAL APPR W/ALLPLSTC	1809.75	1809.75	030	2	7487.90	J1
21395		OPTX ORB FLOOR BLWT FX PRI/BITAL APPR W/BONE GRF	2280.75	2280.75	030	2	7598.66	J1
21400		CLSD TX FX ORBIT EXCEPT BLOWOUT W/O MANIPULATION	501.75	394.50	030	0	891.19	T
21401		CLOSED TX FX ORBIT EXCEPT BLOWOUT W/MANIPULATION	1153.50	760.50	030	2	2260.95	J1
21406		OPEN TX FX ORBIT EXCEPT BLOWOUT W/O IMPLANT	1335.00	1335.00	030	2	7932.02	J1
21407		OPEN TX FX ORBIT EXCEPT BLOWOUT W/IMPLANT	1475.25	1475.25	030	2	8889.62	J1
21408		OPEN TX FX ORBIT EXCEPT BLOWOUT W/BONE GRAFT	2051.25	2051.25	030	2	10352.41	J1
21421		CLOSED TX PALATAL/MAXILLARY FX W/FIXATION/SPLINT	1467.00	1242.75	030	0	4803.07	J1
21422		OPEN TREATMENT PALATAL/MAXILLARY FRACTURE	1437.75	1437.75	030	2	7577.96	J1

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21423		OPEN TX PALATAL/MAXILLARY FX COMP MULTIPLE APPR	1806.00	1806.00	030	2		C
21431		CLOSED TX CRANIOFACIAL SEPARATION	1570.50	1570.50	030	2		C
21432		OPEN TX CRANIOFACIAL SEP W/WIRING&/INT FIXJ	1623.00	1623.00	030	2		C
21433		OPEN TX CRANIOFACIAL SEP COMPLICATED MLT APPR	3924.75	3924.75	030	2		C
21435		OPEN TX CRANIOFACIAL SEP COMP W/INT&/XTRNL FIX	3195.75	3195.75	030	2		C
21436		OPTX CRNFCL SEP LFT III TYP COMP INT FIXJ W/BONE	4614.75	4614.75	030	2		C
21440		CLTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX	1682.25	1347.75	030	0	5517.59	J1
21445		OPTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX	1733.25	1408.50	030	2	9101.84	J1
21450		CLOSED TX MANDIBULAR FRACTURE W/O MANIPULATION	1328.25	1083.75	030	0	785.94	T
21451		CLOSED TX MANDIBULAR FRACTURE W/MANIPULATION	1731.75	1446.00	030	0	2188.88	J1
21452		PERCUTANEOUS TX MANDIBULAR FX W/EXTERNAL FIXJ	1608.75	1015.50	030	0	6602.77	J1
21453		CLOSED TX MANDIBULAR FX W/INTERDENTAL FIXATION	2427.00	2068.50	030	0	7503.42	J1
21454		OPEN TX MANDIBULAR FX W/EXTERNAL FIXATION	1128.75	1128.75	030	0	7032.39	J1
21461		OPEN TX MANDIBULAR FX W/O INTERDENTAL FIXATION	3978.00	2345.25	030	1	6579.98	J1
21462		OPEN TX MANDIBULAR FX W/INTERDENTAL FIXATION	4342.50	2605.50	030	2	6998.23	J1
21465		OPEN TREATMENT MANDIBULAR CONDYLAR FRACTURE	1833.75	1833.75	030	2	7532.40	J1
21470		OPTX COMP MANDIBULAR FX MLT APPR W/INT FIXATION	2640.75	2640.75	030	2	6696.97	J1
21480		CLOSED TX TEMPOROMANDIBULAR DISLOCATION 1ST/SBSQ	313.50	71.25	000	1	419.79	T
21485		CLOSED TX TEMPOROMANDIBULAR DISLC COMP 1ST/SBSQ	2121.00	1735.50	030	0	2557.77	J1
21490		OPEN TREATMENT TEMPOROMANDIBULAR DISLOCATION	1809.00	1809.00	030	2	5675.37	J1
21497		INTERDENTAL WIRING OTHER THAN FRACTURE	1596.00	1329.00	030	0	2591.47	J1
21499		UNLISTED MUSCULOSKELETAL PROCEDURE HEAD	BR	BR	YYY	0	396.39	T
21501		I&D DEEP ABSC/HMTMA SOFT TISSUE NECK/THORAX	1105.50	777.00	030	1	4918.43	J1
21502		I&D DP ABSC/HMTMA SFT TIS NCK/THRX PRTL RIB OSTC	1155.75	1155.75	030	2	5678.07	J1
21510		INCISION DEEP OPENING BONE CORTEX THORAX	1030.50	1030.50	030	0		C
21550		BIOPSY SOFT TISSUE NECK/THORAX	595.50	353.25	010	1	2820.11	J1
21552		EXC TUMOR SOFT TIS NECK/ANT THORAX SUBQ 3 CM/>	1024.50	1024.50	030	2	5001.57	J1
21554		EXC TUMOR SOFT TISSUE NECK/THORAX SUBFASC 5 CM/>	1668.00	1668.00	030	2	4993.56	J1
21555		EXC TUMOR SOFT TISSUE NECK/ANT THORAX SUBQ <3CM	980.25	706.50	030	1	2831.73	J1
21556		EXC TUMOR SOFT TISS NECK/THORAX SUBFASCIAL <5CM	1209.75	1209.75	030	1	4995.57	J1
21557		RAD RESECT TUMOR SOFT TISS NECK/ANT THORAX <5CM	2164.50	2164.50	030	2	5001.08	J1
21558		RAD RESECT TUMOR SOFT TISS NECK/ANT THORAX 5CM/>	3033.75	3033.75	030	2	4981.53	J1
21600		EXCISION RIB PARTIAL	1311.75	1311.75	030	2	12191.50	J1
21601		EXCISION CHEST WALL TUMOR INCLUDING RIBS	2585.25	2585.25	030	2	5006.09	J1
21602		EXCISION CH WAL TUM W/RIB W/O MEDSTNL LYMPHADEC	3484.50	3484.50	030	2		C
21603		EXCISION CH WAL TUM W/RIB W/MEDSTNL LYMPHADEC	3778.50	3778.50	030	2		C
21610		COSTOTRANSVERSECTOMY SEPARATE PROCEDURE	2781.75	2781.75	030	2	5678.07	J1
21615		EXCISION 1ST &/CERVICAL RIB	1409.25	1409.25	030	2		C
21616		EXCISION 1ST &/CERVICAL RIB W/SYMPATHECTOMY	1605.75	1605.75	030	2		C
21620		OSTECTOMY STERNUM PARTIAL	1143.00	1143.00	030	2		C
21627		STERNAL DEBRIDEMENT	1250.25	1250.25	030	2		C
21630		RADICAL RESECTION STERNUM	2983.50	2983.50	030	2		C
21685		HYOID MYOTOMY & SUSPENSION	2222.25	2222.25	030	2	7336.75	J1
21700		DIVISION SCALENUS ANTICUS W/O RESCJ CERVICAL RIB	800.25	800.25	030	2	12441.52	J1
21705		DIVISION SCALENUS ANTICUS RESECTION CERVICAL RIB	1193.25	1193.25	030	2		C
21720		DIVISION STERNOCLEIDOMASTOID OPEN W/O CAST	1237.50	1237.50	030	2	5678.07	J1
21725		DIVISION STERNOCLEIDOMASTOID OPEN W/CAST	1251.75	1251.75	030	2	1231.28	T
21740		REPAIR PECTUS EXCAVATUM/CARINATUM OPEN	2304.75	2304.75	030	2		C
21742		REPAIR PECTUS EXCAVATM/CARINATM MINLY W/O THRSC	3576.00	3576.00	030	2	1874.90	J1
21743		REPAIR PECTUS EXCAVATM/CARINATM MINLY W/THRSC	5472.00	5472.00	030	2	3677.68	J1
21750		CLOSE MEDIAN STERNOTOMY SEP W/WO DEBRIDEMENT SPX	1522.50	1522.50	030	2		C
21811		OPEN TX RIB FX W/FIXJ THORACOSCOPIC VIS 1-3 RIBS	1327.50	1327.50	000	2	7724.69	J1
21812		OPEN TX RIB FX W/FIXJ THORACOSCOPIC VIS 4-6 RIBS	1607.25	1607.25	000	2	6077.00	J1
21813		OPEN TX RIB FX W/FIXJ THORACOSCOPIC VIS 7+ RIBS	2202.00	2202.00	000	2	1321.93	J1
21820		CLOSED TREATMENT STERNUM FRACTURE	356.25	353.25	030	1	419.79	T
21825		OPEN TX STERNUM FRACTURE W/WO SKELETAL FIXATION	1260.75	1260.75	030	2		C
21899		UNLISTED PROCEDURE NECK/THORAX	BR	BR	YYY	0	392.86	T
21920		BIOPSY SOFT TISSUE BACK/FLANK SUPERFICIAL	573.00	352.50	010	1	2818.69	J1
21925		BIOPSY SOFT TISSUE BACK/FLANK DEEP	1124.25	870.75	030	1	2835.42	J1
21930		EXCISION TUMOR SOFT TISSUE BACK/FLANK SUBQ <3CM	1137.75	837.00	030	1	2826.36	J1
21931		EXCISION TUMOR SOFT TIS BACK/FLANK SUBQ 3 CM/>	1077.75	1077.75	030	2	2831.73	J1

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	21932		EXC TUMOR SOFT TISS BACK/FLANK SUBFASCIAL <5CM	1520.25	1520.25	030	2	5002.08	J1
	21933		EXC TUMOR SOFT TISS BACK/FLANK SUBFASCIAL 5 CM/>	1683.00	1683.00	030	2	4997.56	J1
	21935		RAD RESECTION TUMOR SOFT TISSUE BACK/FLANK <5CM	2312.25	2312.25	030	1	5008.59	J1
	21936		RAD RESECTION TUMOR SOFT TISSUE BACK/FLANK 5CM/>	3200.25	3200.25	030	2	4989.55	J1
	22010		I&D DEEP ABSCESS PST SPINE CRV THRC/CERVICOTHR	2686.50	2686.50	030	0		C
	22015		I&D DEEP ABSCESS PST SPINE LUMBAR SAC/LUMBOSAC	2617.20	2617.20	030	1		C
	22100		PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM CRV	2628.00	2628.00	030	2	12491.54	J1
	22101		PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM THRC	2460.60	2460.60	030	2	12425.26	J1
	22102		PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM LMBR	2088.00	2088.00	030	2	12476.52	J1
+	22103		PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM EA	359.10	359.10	ZZZ	2		N
	22110		PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM CRV	2913.30	2913.30	030	2		C
	22112		PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM THRC	3153.60	3153.60	030	2		C
	22114		PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM LMBR	3153.60	3153.60	030	2		C
+	22116		PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM EA	385.20	385.20	ZZZ	2		C
	22206		OSTEOTOMY SPINE POSTERIOR 3 COLUMN THORACIC	6712.20	6712.20	030	2		C
	22207		OSTEOTOMY SPINE POSTERIOR 3 COLUMN LUMBAR	6537.60	6537.60	030	2		C
+	22208		OSTEOTOMY SPINE POSTERIOR 3 COLUMN EA ADDL SGM	1597.50	1597.50	ZZZ	2		C
	22210		OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM CRV	4904.10	4904.10	030	2		C
	22212		OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM THRC	4169.70	4169.70	030	2		C
	22214		OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM LMBR	4163.40	4163.40	030	2		C
+	22216		OSTEOT SPI PST/PSTLAT APPR 1 VRT SGM EA VRT SGM	981.00	981.00	ZZZ	2		C
	22220		OSTEOTOMY SPINE W/DSC ANT APPR 1 VRT SGM CRV	4472.10	4472.10	030	2		C
	22222		OSTEOTOMY SPINE W/DSC ANT APPR 1 VRT SGM THRC	4869.00	4869.00	030	2		C
	22224		OSTEOTOMY SPINE W/DSC ANT APPR 1 VRT SGM LUMBAR	4346.10	4346.10	030	2		C
+	22226		OSTEOTOMY SPINE W/DSC ANT APPR 1 VRT SGM EA ADDL	972.90	972.90	ZZZ	2		C
	22310		CLTX VRT BDY FX W/O MANJ REQ&W/CSTING/BRACING	864.00	826.20	030	1	419.79	T
	22315		CLTX VRT FX&/DISLC CSTING/BRACING MANJ/TRCJ	2498.40	2161.80	030	1	5678.07	J1
	22318		OPTX&/RDCTJ ODNTD FX&/DISLC ANT FIXJ W/O GRAFT	4549.50	4549.50	030	2		C
	22319		OPTX&/RDCTJ ODNTD FX&/DISLC ANT W/INT FIXJ	5054.40	5054.40	030	2		C
	22325		OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM LM	4083.30	4083.30	030	2		C
	22326		OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM CR	4160.70	4160.70	030	2		C
	22327		OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM TH	4240.80	4240.80	030	2		C
+	22328		OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM EA	764.10	764.10	ZZZ	2		C
	22505		MANIPULATION SPINE REQUIRING ANESTHESIA	412.20	412.20	010	1	2800.72	J1
	22510		PERQ VERTEBROPLASTY UNI/BI INJX CERVICOTHORACIC	4669.20	1162.80	010	1	4389.14	J1
	22511		PERQ VERTEBROPLASTY UNI/BI INJECTION LUMBOSACRAL	4664.70	1095.30	010	1	4372.11	J1
+	22512		VERTEBROPLASTY EACH ADDL CERVICOTHOR/LUMBOSACRAL	1897.20	554.40	ZZZ	1		N
	22513		PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	14486.40	1372.50	010	1	9647.44	J1
	22514		PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ LMBR	14418.90	1282.50	010	1	9554.91	J1
+	22515		PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ EACH	7391.70	583.20	ZZZ	1		N
	22526		PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY 1 LEVEL	5025.60	884.70	010	9		E1
+	22527		PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY ADDL LVL	4119.30	405.90	ZZZ	9		E1
	22532		ARTHRODESIS LATERAL EXTRACAVITARY THORACIC	4908.60	4908.60	030	2		C
	22533		ARTHRODESIS LATERAL EXTRACAVITARY LUMBAR	4546.80	4546.80	030	2		C
+	22534		ARTHRODESIS LAT EXTRACAVITARY EA ADDL THRC/LMBR	975.60	975.60	ZZZ	2		C
	22548		ARTHRD ANT TRANSORL/XTRORAL C1-C2 W/WO EXC ODNTD	5421.60	5421.60	030	2		C
	22551		ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	4656.60	4656.60	030	2	13172.41	J1
+	22552		ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	1071.90	1071.90	ZZZ	2		N
	22554		ARTHRD ANT INTERBODY MIN DSC CRV BELOW C2	3470.40	3470.40	030	2	13433.60	J1
	22556		ARTHRD ANT INTERBODY MIN DSC THORACIC	4617.90	4617.90	030	2		C
	22558		ARTHRD ANT INTERBODY MIN DSC LUMBAR	4167.00	4167.00	030	2		C
+	22585		ARTHRD ANT NTRBD MIN DSC EA ADDL INTERSPACE	874.80	874.80	ZZZ	2		N
	22586		ARTHRODESIS PRESACRAL NTRBDY DSC W/INSTRMJ L5-S1	5606.10	5606.10	030	2		C
	22590		ARTHRODESIS POSTERIOR CRANIOCERVICAL	4390.20	4390.20	030	2		C
	22595		ARTHRODESIS POSTERIOR ATLAS-AXIS C1-C2	4194.00	4194.00	030	2		C
	22600		ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	3597.30	3597.30	030	2		C
	22610		ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC THORACIC	3540.60	3540.60	030	2		C
	22612		ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	4322.70	4322.70	030	2	16905.51	J1
+	22614		ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	1058.40	1058.40	ZZZ	2		N
	22630		ARTHRODESIS POSTERIOR INTERBODY 1 NTRSPC LUMBAR	4296.60	4296.60	030	2	13745.18	J1
+	22632		ARTHRODESIS POSTERIOR INTERBODY 1 NTRSPC EA ADDL	867.60	867.60	ZZZ	2		N

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	22633		ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	4955.40	4955.40	030	2	13458.76	J1
+	22634		ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDITIONAL	1310.40	1310.40	ZZZ	2		N
	22800		ARTHRODESIS POSTERIOR SPINAL DFRM <6 VRT SGM	3756.60	3756.60	030	2		C
	22802		ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SGM	5750.10	5750.10	030	2		C
	22804		ARTHRODESIS POSTERIOR SPINAL DFRM 13+ VRT SGM	6598.80	6598.80	030	2		C
	22808		ARTHRODESIS ANTERIOR SPINAL DFRM 2-3 VRT SGM	4968.00	4968.00	030	2		C
	22810		ARTHRODESIS ANTERIOR SPINAL DFRM 4-7 VRT SGM	5461.20	5461.20	030	2		C
	22812		ARTHRODESIS ANTERIOR SPINAL DFRM 8+ VRT SGM	5985.00	5985.00	030	2		C
	22818		KYPHECTOMY SINGLE OR TWO SEGMENTS	5839.20	5839.20	030	2		C
	22819		KYPHECTOMY 3 OR MORE SEGMENTS	6720.30	6720.30	030	2		C
	22830		EXPLORATION SPINAL FUSION	2268.90	2268.90	030	2		C
	22836		ANT THORACIC VRT BODY TETHERING <7 VRT SEGMENTS	4634.10	4634.10	030	0		C
	22837		ANT THORACIC VRT BODY TETHERING 8+ VRT SEGMENTS	5106.60	5106.60	030	0		C
	22838		REVJ RPLCMT/RMVL THORACIC VRT BODY TETHERING	5173.20	5173.20	030	0		C
+	22840		POSTERIOR NON-SEGMENTAL INSTRUMENTATION	2037.60	2037.60	ZZZ	2		N
+	22841		INTERNAL SPINAL FIXATION WIRING SPINOUS PROCESS	5208.30	5208.30	XXX	9		C
+	22842		POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	2062.80	2062.80	ZZZ	2		N
+	22843		POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	2210.40	2210.40	ZZZ	2		C
+	22844		POSTERIOR SEGMENTAL INSTRUMENTATION 13/> VRT SE	2664.00	2664.00	ZZZ	2		C
+	22845		ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	1962.00	1962.00	ZZZ	2		N
+	22846		ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	2043.90	2043.90	ZZZ	2		C
+	22847		ANTERIOR INSTRUMENTATION 8/> VERTEBRAL SEGMENTS	2148.30	2148.30	ZZZ	2		C
+	22848		PELVIC FIXATION OTHER THAN SACRUM	971.10	971.10	ZZZ	2		N
	22849		REINSERTION SPINAL FIXATION DEVICE	3580.20	3580.20	030	2		C
	22850		REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION	2034.00	2034.00	030	2		C
	22852		REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION	1957.50	1957.50	030	2		C
+	22853		INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	696.60	696.60	ZZZ	2		N
+	22854		INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHRD	907.20	907.20	ZZZ	2		N
	22855		REMOVAL ANTERIOR INSTRUMENTATION	3041.10	3041.10	030	2		C
	22856		TOTAL DISC ARTHRP ANT SINGLE INTERSPACE CERVICAL	4443.30	4443.30	030	2	15489.48	J1
	22857		TOTAL DISC ARTHRP ANT SINGLE INTERSPACE LUMBAR	4755.60	4755.60	030	2		C
+	22858		TOTAL DISC ARTHRP ANT 2ND LEVEL CERVICAL	1370.70	1370.70	ZZZ	2		N
+	22859		INSJ BIOMCHN DEV NTRVRT DISC SPACE W/O ARTHRD	906.30	906.30	ZZZ	2		N
+	22860		TOTAL DISC ARTHRP ANT SECOND INTERSPACE LUMBAR	1114.20	1114.20	ZZZ	2		C
	22861		REVJ W/RPLCMT TOT DISC ARTHRP ANT 1 NTRSPC CRV	6373.80	6373.80	030	2		C
	22862		REVJ W/RPLCMT TOT DISC ARTHRP ANT 1 NTRSPC LMBR	6376.50	6376.50	030	2		C
	22864		RMVL TOT DISC ARTHRP ANT 1 INTERSPACE CERVICAL	5693.40	5693.40	030	2		C
	22865		RMVL TOT DISC ARTHRP ANT 1 INTERSPACE LUMBAR	6227.10	6227.10	030	2		C
	22867		INSJ STABLJ DEV W/DCMPRN LUMBAR SINGLE LEVEL	2908.80	2908.80	030	2	14839.39	J1
+	22868		INSJ STABLJ DEV W/DCMPRN LUMBAR SECOND LEVEL	653.40	653.40	ZZZ	2		N
	22869		INSJ STABLJ DEV W/O DCMPRN LUMBAR SINGLE LEVEL	1170.90	1170.90	030	2	5955.72	J1
+	22870		INSJ STABLJ DEV W/O DCMPRN LUMBAR SECOND LEVEL	314.10	314.10	ZZZ	2		N
	22899		UNLISTED PROCEDURE SPINE	BR	BR	YYY	2	224.25	T
	22900		EXC TUMOR SOFT TISSUE ABDL WALL SUBFASCIAL <5CM	1297.50	1297.50	030	2	4998.58	J1
	22901		EXC TUMOR SOFT TISSUE ABDL WALL SUBFASCIAL 5CM/>	1523.25	1523.25	030	2	4945.97	J1
	22902		EXC TUMOR SOFT TISSUE ABDOMINAL WALL SUBQ <3CM	1067.25	768.00	030	2	2820.11	J1
	22903		EXC TUMOR SOFT TISSUE ABDOMINAL WALL SUBQ 3 CM/>	1009.50	1009.50	030	2	4988.06	J1
	22904		RAD RESECTION TUMOR SOFT TISSUE ABDL WALL <5CM	2369.25	2369.25	030	2	4988.55	J1
	22905		RAD RESECTION TUMOR SOFT TISSUE ABDL WALL 5 CM/>	3023.25	3023.25	030	2	4885.88	J1
	22999		UNLISTED PX ABDOMEN MUSCULOSKELETAL SYSTEM	BR	BR	YYY	0	407.58	T
	23000		REMOVAL SUBDELTOID CALCAREOUS DEPOSITS OPEN	1504.80	992.70	030	2	5005.09	J1
	23020		CAPSULAR CONTRACTURE RELEASE	1909.80	1909.80	030	2	5644.00	J1
	23030		I&D SHOULDER DEEP ABSCESS/HEMATOMA	1186.20	702.00	010	1	4902.91	J1
	23031		I&D SHOULDER INFECTED BURSA	1163.70	616.50	010	1	4627.93	J1
	23035		INCISION BONE CORTEX SHOULDER AREA	1879.20	1879.20	030	2	2800.72	J1
	23040		ARTHROTOMY GLENOHUMERAL JT EXPL/DRG/RMVL FB	1978.20	1978.20	030	2	5243.12	J1
	23044		ARTHRT ACROMCLAV STRNCLAV JT EXPL/DRG/RMVL FB	1548.90	1548.90	030	1	5678.07	J1
	23065		BIOPSY SOFT TISSUE SHOULDER SUPERFICIAL	609.30	434.70	010	1	2830.89	J1
	23066		BIOPSY SOFT TISSUE SHOULDER DEEP	1566.00	1031.40	030	1	4934.46	J1
	23071		EXCISION TUMOR SOFT TISSUE SHOULDER SUBQ 3 CM/>	1159.20	1159.20	030	2	2832.87	J1
	23073		EXC TUMOR SOFT TISSUE SHOULDER SUBFASCIAL 5 CM/>	1914.30	1914.30	030	2	4998.07	J1

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23075		EXCISION TUMOR SOFT TISSUE SHOULDER SUBQ <3CM	1390.50	909.90	030	1	2835.14	J1
23076		EXC TUMOR SOFT TISS SHOULDER SUBFASC <5CM	1504.80	1504.80	030	1	4995.06	J1
23077		RAD RESECTION TUMOR SOFT TISSUE SHOULDER <5CM	3086.10	3086.10	030	2	5007.59	J1
23078		RAD RESECTION TUMOR SOFT TISSUE SHOULDER 5 CM/>	3926.70	3926.70	030	2	5000.07	J1
23100		ARTHROTOMY GLENOHUMERAL JOINT W/BIOPSY	1411.20	1411.20	030	2	5678.07	J1
23101		ARTHRT ACROMCLAV/STRNCLAV JT W/BX&/EXC CRTLG	1273.50	1273.50	030	1	5678.07	J1
23105		ARTHRT GLENOHUMRL JT W/SYNOVECTOMY W/WO BIOPSY	1775.70	1775.70	030	2	9369.90	J1
23106		ARTHRT GLENOHUMRL JT STRNCLAV JT W/SYNVCT W/WOBX	1400.40	1400.40	030	1	5678.07	J1
23107		ARTHRT GLENOHMRL JT W/JT EXPL W/WO RMVL LOOSE/FB	1838.70	1838.70	030	2	10645.06	J1
23120		CLAVICULECTOMY PARTIAL	1630.80	1630.80	030	2	5579.84	J1
23125		CLAVICULECTOMY TOTAL	1962.90	1962.90	030	2	4496.47	J1
23130		ACROMIOPLASTY/ACROMIONECTOMY PRTL +-LIGAMENT RLS	1715.40	1715.40	030	1	5645.13	J1
23140		EXC/CURTG BONE CYST/BENIGN TUMOR CLAV/SCAPULA	1543.50	1543.50	030	1	5671.82	J1
23145		EXC/CURTG BONE CST/B9 TUM CLAV/SCAPULA W/AGRFT	1924.20	1924.20	030	2	5678.07	J1
23146		EXC/CURTG BONE CST/B9 TUM CLAV/SCAPULA W/ALGRFT	1732.50	1732.50	030	0	12107.73	J1
23150		EXC/CURTG BONE CYST/BENIGN TUMOR PROX HUMERUS	1847.70	1847.70	030	2	5473.65	J1
23155		EXC/CURTG BONE CYST/BENIGN TUM PROX HUM W/AGRFT	2203.20	2203.20	030	2	10567.53	J1
23156		EXC/CURTG BONE CYST/BENIGN TUM PROX HUM W/ALGRFT	1882.80	1882.80	030	2	9108.61	J1
23170		SEQUESTRECTOMY CLAVICLE	1568.70	1568.70	030	1	3800.90	J1
23172		SEQUESTRECTOMY SCAPULA	1584.90	1584.90	030	2	5678.07	J1
23174		SEQUESTRECTOMY HUMERAL HEAD TO SURGICAL NECK	2115.90	2115.90	030	2	10146.24	J1
23180		PARTIAL EXCISION BONE CLAVICLE	1910.70	1910.70	030	1	12424.02	J1
23182		PARTIAL EXCISION BONE SCAPULA	1863.90	1863.90	030	2	9901.20	J1
23184		PARTIAL EXCISION BONE PROXIMAL HUMERUS	2043.00	2043.00	030	2	11348.89	J1
23190		OSTECTOMY SCAPULA PARTIAL	1597.50	1597.50	030	2	5678.07	J1
23195		RESECTION HUMERAL HEAD	2066.40	2066.40	030	2	11037.60	J1
23200		RADICAL RESECTION TUMOR CLAVICLE	4106.70	4106.70	030	2		C
23210		RADICAL RESECTION TUMOR SCAPULA	4811.40	4811.40	030	2		C
23220		RADICAL RESECTION TUMOR PROXIMAL HUMERUS	5266.80	5266.80	030	2		C
23330		REMOVAL FOREIGN BODY SHOULDER SUBCUTANEOUS	812.70	464.40	010	0	2778.72	J1
23333		REMOVAL SHOULDER FOREIGN BODY DEEP SUBFASCIAL/IM	1320.30	1320.30	030	0	5008.59	J1
23334		PROSTHESIS REMOVAL HUMERAL/GLENOID COMPONENT	2912.40	2912.40	030	1	3908.70	J1
23335		PROSTHESIS REMOVAL HUMERAL AND GLENOID COMPONENT	3457.80	3457.80	030	1		C
23350		INJECTION SHOULDER ARTHROGRAPHY/ CT/MRI ARTHG	424.80	133.20	000	1		N
23395		MUSCLE TRANSFER SHOULDER/UPPER ARM SINGLE	3517.20	3517.20	030	2	9013.60	J1
23397		MUSCLE TRANSFER SHOULDER/UPPER ARM MULTIPLE	3113.10	3113.10	030	2	10370.01	J1
23400		SCAPULOPEXY	2670.30	2670.30	030	2	10715.06	J1
23405		TENOTOMY SHOULDER AREA 1 TENDON	1692.90	1692.90	030	2	12133.98	J1
23406		TENOTOMY SHOULDER MULTIPLE THRU SAME INCISION	2025.90	2025.90	030	2	10852.57	J1
23410		OPEN REPAIR OF ROTATOR CUFF ACUTE	2256.30	2256.30	030	2	9156.12	J1
23412		OPEN REPAIR OF ROTATOR CUFF CHRONIC	2344.50	2344.50	030	2	9433.66	J1
23415		CORACOACROMIAL LIGAMENT RELEAS W/WOACROMIOPLASTY	1937.70	1937.70	030	1	10910.08	J1
23420		RECONSTRUCTION ROTATOR CUFF AVULSION CHRONIC	2682.90	2682.90	030	2	9509.92	J1
23430		TENODESIS LONG TENDON BICEPS	2051.10	2051.10	030	2	8806.07	J1
23440		RESECTION/TRANSPLANTATION LONG TENDON BICEPS	2083.50	2083.50	030	2	11387.64	J1
23450		CAPSULORRHAPHY ANTERIOR PUTTI-PLATT/MAGNUSON	2595.60	2595.60	030	2	10371.27	J1
23455		CAPSULORRHAPHY ANTERIOR W/LABRAL REPAIR	2662.20	2662.20	030	2	8264.76	J1
23460		CAPSULORRHAPHY ANTERIOR WITH BONE BLOCK	2988.00	2988.00	030	2	8241.01	J1
23462		CAPSULORRHAPHY ANTERIOR W/CORACOID PROCESS TR	2923.20	2923.20	030	2	9886.21	J1
23465		CAPSULORRHAPHY GLENOHUMERAL JT PST W/WO BONE BLK	3062.70	3062.70	030	2	10507.54	J1
23466		CAPSULORRHAPHY GLENOHUMRL JT MULTI-DIRIONAL INS	3069.90	3069.90	030	2	9739.94	J1
23470		ARTHROPLASTY GLENOHUMRL JT HEMIARTHROPLASTY	3271.50	3271.50	030	2	10803.63	J1
23472		ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	3936.60	3936.60	030	2	13159.46	J1
23473		REVIS SHOULDER ARTHRPLSTY HUMERAL/GLENOID COMPNT	4375.80	4375.80	030	2	12339.29	J1
23474		REVIS SHOULDER ARTHRPLSTY HUMERAL&GLENOID COMPNT	4722.30	4722.30	030	2		C
23480		OSTEOTOMY CLAVICLE W/WO INTERNAL FIXATION	2259.90	2259.90	030	1	10173.75	J1
23485		OSTEOTOMY CLAV W/WO INT FIXJ W/BONE GRF NON/MAL	2614.50	2614.50	030	2	13579.97	J1
23490		PROPH TX W/WO METHYLMETHACRYLATE CLAVICLE	2367.90	2367.90	030	2	11567.66	J1
23491		PROPH TX W/WO METHYLMETHACRYLATE PROX HUMERUS	2789.10	2789.10	030	2	15705.57	J1
23500		CLSD TX CLAVICULAR FRACTURE W/O MANIPULATION	641.70	657.00	030	1	419.79	T
23505		CLSD TX CLAVICULAR FRACTURE W/MANIPULATION	1024.20	950.40	030	1	2758.42	J1

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23515		OPEN TX CLAVICULAR FRACTURE INTERNAL FIXATION	1989.90	1989.90	030	2	7999.72	J1
23520		CLSD TX STERNOCLAVICULAR DISLC W/O MANIPULATION	690.30	685.80	030	0	2800.72	J1
23525		CLOSED TX STERNOCLAVICULAR DISLC W/MANIPULATION	1131.30	1033.20	030	0	419.79	T
23530		OPEN TX STERNOCLAVICULAR DISLC ACUTE/CHRONIC	1599.30	1599.30	030	2	9377.39	J1
23532		OPTX STRNCLAV DISLC ACUTE/CHRONIC W/FASCIAL GRF	1739.70	1739.70	030	2	9832.45	J1
23540		CLSD TX ACROMIOCLAVICULAR DISLC W/O MANIPULATION	678.60	674.10	030	1	419.79	T
23545		CLSD TX ACROMIOCLAVICULAR DISLC W/MANIPULATION	1028.70	921.60	030	0	419.79	T
23550		OPEN TX ACROMIOCLAVICULAR DISLC ACUTE/CHRONIC	1583.10	1583.10	030	2	8677.31	J1
23552		OPTX ACROMCLAV DISLC ACUTE/CHRONIC W/FASCIAL GRF	1785.60	1785.60	030	2	7849.71	J1
23570		CLOSED TX SCAPULAR FRACTURE W/O MANIPULATION	673.20	696.60	030	1	419.79	T
23575		CLTX SCAPULAR FX W/MNPJ W/WO SKELETAL TRACTION	1164.60	1075.50	030	0	2800.72	J1
23585		OPEN TX SCAPULAR FX W/INT FIXATION WHEN PFRMD	2675.70	2675.70	030	2	7805.96	J1
23600		CLTX PROXIMAL HUMERAL FRACTURE W/O MANIPULATION	953.10	903.60	030	1	419.79	T
23605		CLTX PROX HUMRL FX W/MNPJ W/WO SKELETAL TRACJ	1324.80	1201.50	030	1	2769.92	J1
23615		OPTX PROX HUMERAL FX W/INT FIXJ RPR TUBEROSITY	2431.80	2431.80	030	2	13341.28	J1
23616		OPTX PROX HUMRL FX W/INT FIXJ RPR TUBRST RPLCMT	3374.10	3374.10	030	2	14707.44	J1
23620		CLTX GREATER HUMERAL TUBEROSITY FX W/O MNPJ	775.80	742.50	030	1	419.79	T
23625		CLTX GREATER HUMRL TUBEROSITY FX W/MANIPULATION	1080.90	988.20	030	1	2800.72	J1
23630		OPTX GREATER HUMERAL TUBEROSITY FX W/INT FIXJ	2158.20	2158.20	030	2	8453.53	J1
23650		CLSD TX SHOULDER DISLC W/MANIPULATION W/O ANES	949.50	855.90	030	1	419.13	T
23655		CLSD TX SHOULDER DISLC W/MANIPULATION REQ ANES	1142.10	1142.10	030	1	2800.44	J1
23660		OPEN TX ACUTE SHOULDER DISLOCATION	1622.70	1622.70	030	2	11222.63	J1
23665		CLTX SHOULDER DISLC W/FX HUMERAL TUBRST W/MNPJ	1232.10	1130.40	030	1	2800.44	J1
23670		OPTX SHO DISLC W/FX GR HUMERAL TUBRST INT FIXJ	2404.80	2404.80	030	2	8728.56	J1
23675		CLTX SHOULDER DISLC W/SURG/ANTMCL NECK FX W/MNPJ	1552.50	1402.20	030	1	2800.44	J1
23680		OPTX SHO DISLC W/SURG/ANTMCL NECK FX INT FIXJ	2560.50	2560.50	030	2	14883.70	J1
23700		MNPJ W/ANES SHOULDER JT APPL FIXATION APPARATUS	541.80	541.80	010	1	2795.96	J1
23800		ARTHRODESIS GLENOHUMERAL JOINT	2817.00	2817.00	030	2	9782.45	J1
23802		ARTHRODESIS GLENOHUMERAL JT W/AUTOGENOUS GRAFT	3516.30	3516.30	030	2	16383.33	J1
23900		INTERTHORACOSCAPULAR AMPUTATION	3781.80	3781.80	030	2		C
23920		DISARTICULATION SHOULDER	3079.80	3079.80	030	2		C
23921		DISRTCJ SHOULDER SECONDARY CLSR/SCAR REVISION	1312.20	1312.20	030	1	3201.15	T
23929		UNLISTED PROCEDURE SHOULDER	BR	BR	YYY	2	377.18	T
23930		I&D UPPER ARM/ELBOW DEEP ABSCESS/HEMATOMA	970.20	594.90	010	1	4997.56	J1
23931		INCISION&DRAINAGE UPPER ARM/ELBOW BURSA	810.90	444.60	010	1	2824.94	J1
23935		INC DEEP W/OPENING BONE CORTEX HUMERUS/ELBOW	1428.30	1428.30	030	0	5415.17	J1
24000		ARTHRT ELBOW W/EXPLORATION DRAINAGE/REMOVAL FB	1334.70	1334.70	030	0	5537.25	J1
24006		ARTHRT ELBOW CAPSULAR EXCISION CAPSULAR RLS SPX	1977.30	1977.30	030	2	5441.29	J1
24065		BIOPSY SOFT TISSUE UPPER ARM/ELBOW SUPERFICIAL	697.50	444.60	010	1	2833.72	J1
24066		BIOPSY SOFT TISSUE UPPER ARM/ELBOW AREA DEEP	1716.30	1179.00	030	1	5004.07	J1
24071		EXC TUMOR SOFT TISSUE UPPER ARM/ELBOW SUBQ 3CM/>	1118.70	1118.70	030	2	5003.08	J1
24073		EXC TUMOR SOFT TISS UPPER ARM/ELBW SUBFASC 5CM/>	1906.20	1906.20	030	2	4996.06	J1
24075		EXC TUMOR SOFT TISS UPPER ARM/ELBOW SUBQ <3CM	1430.10	913.50	030	1	2828.89	J1
24076		EXC TUMOR SOFT TISS UPR ARM/ELBOW SUBFASC <5CM	1512.00	1512.00	030	1	4997.07	J1
24077		RAD RESCJ TUMOR SOFT TISS UPPER ARM/ELBOW <5CM	2800.80	2800.80	030	1	4989.06	J1
24079		RAD RESCJ TUMOR SOFT TISS UPPER ARM/ELBOW 5CM+	3618.90	3618.90	030	2	4980.54	J1
24100		ARTHROTOMY ELBOW W/SYNOVIAL BIOPSY ONLY	1173.60	1173.60	030	2	5678.07	J1
24101		ARTHRT ELBOW W/JT EXPL W/WOBX W/O RMVL LOOSE/FB	1402.20	1402.20	030	2	5552.58	J1
24102		ARTHROTOMY ELBOW W/SYNOVECTOMY	1710.00	1710.00	030	2	5574.73	J1
24105		EXCISION OLECRANON BURSA	1010.70	1010.70	030	1	5655.93	J1
24110		EXCISION/CURTG BONE CYST/BENIGN TUMOR HUMERUS	1642.50	1642.50	030	1	5314.66	J1
24115		EXC/CURTG BONE CYST/BENIGN TUMOR HUMERUS W/AGRFT	2037.60	2037.60	030	2	12501.53	J1
24116		EXC/CURTG BONE CYST/BENIGN TUM HUMERUS W/ALGRFT	2365.20	2365.20	030	2	8833.58	J1
24120		EXC/CURTG BONE CYST/BENIGN TUMOR H/N RDS/OLECRN	1485.90	1485.90	030	0	5611.06	J1
24125		EXC/CURTG BONE CST/B9 TUM H/N RDS/OLECRN W/AGRFT	1729.80	1729.80	030	2	5678.07	J1
24126		EXC/CURTG BONE CST/B9 TUM H/N RDS/OLECRN W/ALGRT	1805.40	1805.40	030	2	8143.50	J1
24130		EXCISION RADIAL HEAD	1429.20	1429.20	030	1	5542.36	J1
24134		SEQUESTRECTOMY SHAFT/DISTAL HUMERUS	2067.30	2067.30	030	2	11503.91	J1
24136		SEQUESTRECTOMY RADIAL HEAD OR NECK	1755.00	1755.00	030	1	5678.07	J1
24138		SEQUESTRECTOMY OLECRANON PROCESS	1910.70	1910.70	030	2	11692.68	J1
24140		PARTIAL EXCISION BONE HUMERUS	1944.90	1944.90	030	2	5363.51	J1

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24145		PARTIAL EXCISION BONE RADIAL HEAD/NECK	1649.70	1649.70	030	1	11886.46	J1
24147		PARTIAL EXCISION BONE OLECRANON PROCESS	1745.10	1745.10	030	1	5506.03	J1
24149		RAD RESCJ CAPSL TISS&HTRTPC B1 ELBW CONTRCT RLS	3246.30	3246.30	030	2	12073.97	J1
24150		RADICAL RESECTION TUMOR SHAFT/DISTAL HUMERUS	4211.10	4211.10	030	2	12501.53	J1
24152		RADICAL RESECTION TUMOR RADIAL HEAD/NECK	3671.10	3671.10	030	2	12501.53	J1
24155		RESECTION ELBOW JOINT ARTHRECTOMY	2342.70	2342.70	030	2	5678.07	J1
24160		PROSTHESIS REMOVAL HUMERAL AND ULNAR COMPONENTS	3437.10	3437.10	030	1	5678.07	Q2
24164		PROSTHESIS REMOVAL RADIAL HEAD	2003.40	2003.40	030	1	5588.36	Q2
24200		RMVL FOREIGN BODY UPPER ARM/ELBOW SUBCUTANEOUS	604.80	395.10	010	0	2835.42	J1
24201		REMOVAL FOREIGN BODY UPPER ARM/ELBOW DEEP	1675.80	1116.00	030	1	4983.04	J1
24220		INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	503.10	177.30	000	0		N
24300		MANIPULATION ELBOW UNDER ANESTHESIA	1238.40	1238.40	030	1	2753.94	J1
24301		MUSCLE/TENDON TRANSFER UPPER ARM/ELBOW SINGLE	2070.90	2070.90	030	2	10998.84	J1
24305		TENDON LENGTHENING UPPER ARM/ELBOW EA TENDON	1611.00	1611.00	030	0	5458.32	J1
24310		TENOTOMY OPEN ELBOW TO SHOULDER EACH TENDON	1308.60	1308.60	030	0	5669.55	J1
24320		TENOPLASTY ELBOW TO SHOULDER SINGLE	2153.70	2153.70	030	2	11131.37	J1
24330		FLEXOR-PLASTY ELBOW	1985.40	1985.40	030	2	11393.90	J1
24331		FLEXOR-PLASTY ELBOW W/EXTENSOR ADVANCEMENT	2167.20	2167.20	030	2	12501.53	J1
24332		TENOLYSIS TRICEPS	1712.70	1712.70	030	1	5221.55	J1
24340		TENODESIS BICEPS TENDON ELBOW SEPARATE PROCEDURE	1679.40	1679.40	030	2	8978.60	J1
24341		REPAIR TENDON/MUSCLE UPPER ARM/ELBOW EA TDN/MUSC	2075.40	2075.40	030	2	9876.21	J1
24342		RINSJ RPTD BICEPS/TRICEPS TDN DSTL W/WO TDN GRF	2133.90	2133.90	030	2	9478.67	J1
24343		REPAIR LATERAL COLLATERAL LIGAMENT ELBOW	1987.20	1987.20	030	2	4490.22	J1
24344		RCNSTJ LAT COLTRL LIGM ELBOW W/TENDON GRAFT	3040.20	3040.20	030	2	8115.99	J1
24345		REPAIR MEDIAL COLLATERAL LIGAMENT ELBOW	1968.30	1968.30	030	2	9214.87	J1
24346		RCNSTJ MEDIAL COLTRL LIGM ELBW W/TDN GRF	3040.20	3040.20	030	2	14908.46	J1
24357		TENOTOMY ELBOW LATERAL/MEDIAL PERCUTANEOUS	1146.60	1146.60	030	0	5654.22	J1
24358		TNOT ELBOW LATERAL/MEDIAL DEBRIDE OPEN	1477.80	1477.80	030	0	5498.08	J1
24359		TNOT ELBOW LATERAL/MEDIAL DEBRIDE OPEN TDN RPR	1836.90	1836.90	030	0	4788.88	J1
24360		ARTHROPLASTY ELBOW W/MEMBRANE	2483.10	2483.10	030	2	7930.97	J1
24361		ARTHROPLASTY ELBOW W/DISTAL HUMRL PROSTC RPLCMT	2768.40	2768.40	030	2	15167.65	J1
24362		ARTHRP ELBOW W/IMPLT&FSCA LATA LIGAMENT RCNSTJ	2909.70	2909.70	030	2	8608.23	J1
24363		ARTHRP ELBOW W/DISTAL HUM&PROX UR PROSTC RPLCM	3955.50	3955.50	030	2	14028.39	J1
24365		ARTHROPLASTY RADIAL HEAD	1776.60	1776.60	030	2	12197.43	J1
24366		ARTHROPLASTY RADIAL HEAD W/IMPLANT	1884.60	1884.60	030	2	11107.60	J1
24370		REVIS ELBOW ARTHRPLSTY HUMERAL/ULNA COMPNT	4194.00	4194.00	030	2	12120.87	J1
24371		REVIS ELBOW ARTHRPLSTY HUMERAL&ULNA COMPNT	4807.80	4807.80	030	2	16010.84	J1
24400		OSTEOTOMY HUMERUS W/WO INTERNAL FIXATION	2282.40	2282.40	030	2	10093.74	J1
24410		MLT OSTEOT W/RELIGNMT IMED ROD HUMERAL SHAFT	2904.30	2904.30	030	2	22516.94	J1
24420		OSTEOPLASTY HUMERUS	2911.50	2911.50	030	2	10540.04	J1
24430		REPAIR NON/MALUNION HUMERUS W/O GRAFT	2898.00	2898.00	030	2	13492.15	J1
24435		REPAIR NON/MALUNION HUMERUS W/ILIAC/OTH AGRFT	2969.10	2969.10	030	2	13284.99	J1
24470		HEMIEPIPHYSEAL ARREST	1862.10	1862.10	030	2	5678.07	J1
24495		DECOMPRESSION FASCT FOREARM W/BRACH ARTERY EXPL	2493.00	2493.00	030	0	12501.53	J1
24498		PROPH TX W/WO METHYLMETHACRYLATE HUMERAL SHAFT	2375.10	2375.10	030	2	14874.69	J1
24500		CLTX HUMERAL SHAFT FRACTURE W/O MANIPULATION	1033.20	951.30	030	1	419.79	T
24505		CLTX HUMERAL SHFT FX W/MNPJ W/WO SKELETAL TRACJ	1421.10	1270.80	030	1	2796.52	J1
24515		OPTX HUMERAL SHFT FX PLATE/SCREWS W/WO CERCLAGE	2424.60	2424.60	030	2	14464.89	J1
24516		TX HUMRL SHFT FX W/INSJ IMED IMPLT W/WO CERCLAGE	2360.70	2360.70	030	2	14271.23	J1
24530		CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/O MNPJ	1089.90	997.20	030	1	419.79	T
24535		CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/MNPJ	1748.70	1604.70	030	1	2746.38	J1
24538		PERQ SKEL FIXJ SPRCNDYLR/TRANSCNDYLR HUMERAL FX	2174.40	2174.40	030	1	12201.49	J1
24545		OPTX HUMERAL SPRCNYLR/TRANSCNDYLR FX W/O XTN	2556.00	2556.00	030	2	13251.21	J1
24546		OPTX HUMERAL SPRCNYLR/TRANSCNDYLR FRACTURE W/XTN	2851.20	2851.20	030	2	12537.44	J1
24560		CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/O MNPJ	948.60	840.60	030	1	419.79	T
24565		CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/MNPJ	1526.40	1393.20	030	1	2800.72	J1
24566		PERQ SKEL FIXJ HUMRL EPCNDYLR FX MEDIAL/LAT MNPJ	2002.50	2002.50	030	1	2800.72	J1
24575		OPEN TX HUMERAL EPICONDYLAR FRACTURE	2032.20	2032.20	030	2	15439.87	J1
24576		CLTX HUMERAL CONDYLAR FX MEDIAL/LATERAL W/O MNPJ	1003.50	894.60	030	1	419.79	T
24577		CLTX HUMERAL CONDYLAR FX MEDIAL/LATERAL W/MNPJ	1570.50	1431.00	030	1	2800.72	J1
24579		OPEN TREATMENT HUMERAL CONDYLAR FRACTURE	2306.70	2306.70	030	2	14825.14	J1

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24582		PERQ SKEL FIXJ HUMRL CNDYLR FX MEDIAL/LAT W/MNPJ	2265.30	2265.30	030	1	12501.53	J1
24586		OPTX PERIARTICULAR FRACTURE&/DISLOCATION ELBOW	2969.10	2969.10	030	2	13354.79	J1
24587		OPTX PERIARTICULAR FX&/DISLC ELBW W/IMPLT ARTHRP	2981.70	2981.70	030	2	12366.31	J1
24600		TREATMENT CLOSED ELBOW DISLOCATION W/O ANES	1071.00	970.20	030	1	419.79	T
24605		TREATMENT CLOSED ELBOW DISLOCATION REQ ANES	1332.90	1332.90	030	1	2799.88	J1
24615		OPEN TX ACUTE/CHRONIC ELBOW DISLOCATION	1971.00	1971.00	030	2	7654.69	J1
24620		CLOSED TX MONTEGGIA FX DISLOCATION ELBOW W/MNPJ	1643.40	1643.40	030	0	2800.72	J1
24635		OPEN TX MONTEGGIA FRACTURE DISLOCATION ELBOW	1880.10	1880.10	030	2	7868.46	J1
24640		CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MNPJ	281.70	215.10	010	0	419.79	T
24650		CLOSED TX RADIAL HEAD/NECK FX W/O MANIPULATION	759.60	708.30	030	1	419.79	T
24655		CLOSED TX RADIAL HEAD/NECK FX W/MANIPULATION	1271.70	1144.80	030	1	2800.72	J1
24665		OPEN TX RADIAL HEAD/NECK FRACTURE	1827.00	1827.00	030	2	8704.82	J1
24666		OPTX RADIAL HEAD/NECK FRACTURE PROSTHETIC RPLCMT	2025.00	2025.00	030	2	10540.18	J1
24670		CLOSED TX ULNAR FRACTURE PROXIMAL END W/O MNPJ	837.00	765.00	030	1	419.79	T
24675		CLOSED TX ULNAR FRACTURE PROXIMAL END W/MNPJ	1296.00	1174.50	030	1	2782.80	J1
24685		OPEN TREATMENT ULNAR FRACTURE PROXIMAL END W/FIX	1812.60	1812.60	030	2	8467.29	J1
24800		ARTHRODESIS ELBOW JOINT LOCAL	2299.50	2299.50	030	2	9524.92	J1
24802		ARTHRODESIS ELBOW JOINT W/AUTOGENOUS GRAFT	2754.00	2754.00	030	2	15313.76	J1
24900		AMPUTATION ARM THRU HUMERUS W/PRIMARY CLOSURE	2109.60	2109.60	030	2		C
24920		AMPUTATION ARM THRU HUMERUS OPEN CIRCULAR	2025.00	2025.00	030	2		C
24925		AMP ARM THRU HUMERUS SECONDARY CLSR/SCAR REVJ	1583.10	1583.10	030	2	5678.07	J1
24930		AMPUTATION ARM THRU HUMERUS RE-AMPUTATION	2133.00	2133.00	030	2		C
24931		AMPUTATION ARM THRU HUMERUS W/IMPLANT	2556.90	2556.90	030	2		C
24935		STUMP ELONGATION UPPER EXTREMITY	3337.20	3337.20	030	0	12501.53	J1
24940		CINEPLASTY UPPER EXTREMITY COMPLETE PROCEDURE	BR	BR	030	2		C
24999		UNLISTED PROCEDURE HUMERUS/ELBOW	BR	BR	YYY	0	395.61	T
25000		INCISION EXTENSOR TENDON SHEATH WRIST	971.10	971.10	030	1	2796.80	J1
25001		INCISION FLEXOR TENDON SHEATH WRIST	981.00	981.00	030	1	5678.07	J1
25020		DCMPRN FASCT F/ARM&WRST FLXR/XTNSR W/O DBRDMT	1999.80	1999.80	030	1	2503.01	J1
25023		DCMPRN FASCT F/ARM&/WRST FLXR/XTNSR W/DBRDMT	3555.00	3555.00	030	0	5678.07	J1
25024		DCMPRN FASCT F/ARM&/WRST FLXR&XTNSR W/O DB	2142.90	2142.90	030	1	5678.07	J1
25025		DCMPRN FASCT F/ARM&/WRST FLXR&XTNSR DBRDMT	3360.60	3360.60	030	0	2800.72	J1
25028		I&D FOREARM&/WRIST DEEP ABSCESS/HEMATOMA	1870.20	1870.20	030	1	5662.18	J1
25031		INCISION & DRAINAGE FOREARM&/WRIST BURSA	1032.30	1032.30	030	0	2800.72	J1
25035		INCISION DEEP BONE CORTEX FOREARM&/WRIST	1637.10	1637.10	030	0	11698.93	J1
25040		ARTHRT RDCRPL/MIDCARPL JT W/EXPL DRG/RMVL FB	1552.50	1552.50	030	0	5663.88	J1
25065		BIOPSY SOFT TISSUE FOREARM&/WRIST SUPERFICIAL	687.60	431.10	010	1	2835.42	J1
25066		BIOPSY SOFT TISSUE FOREARM&/WRIST DEEP	1036.80	1036.80	030	1	5007.08	J1
25071		EXC TUMOR SOFT TISS FOREARM AND/WRIST SUBQ 3CM/>	1171.80	1171.80	030	2	2834.00	J1
25073		EXC TUMOR SFT TISS FOREARM&/WRIST SUBFASC 3CM/>	1485.90	1485.90	030	2	4991.56	J1
25075		EXC TUMOR SOFT TISSUE FOREARM &/WRIST SUBQ <3CM	1395.90	877.50	030	1	2834.86	J1
25076		EXC TUMOR SOFT TISS FOREARM&/WRIST SUBFASC <3CM	1440.90	1440.90	030	1	2832.03	J1
25077		RAD RESECT TUMOR SOFT TISS FOREARM&/WRIST <3 CM	2352.60	2352.60	030	1	4998.58	J1
25078		RAD RESCJ TUM SOFT TISSUE FOREARM&/WRIST 3 CM/>	3189.60	3189.60	030	2	4994.06	J1
25085		CAPSULOTOMY WRIST	1251.90	1251.90	030	2	5461.73	J1
25100		ARTHROTOMY WRIST JOINT WITH BIOPSY	981.00	981.00	030	0	5671.26	J1
25101		ARTHRT WRST W/JT EXPL W/WO BX W/WO RMVL LOOSE/FB	1136.70	1136.70	030	0	5668.99	J1
25105		ARTHROTOMY WRIST JOINT WITH SYNOVECTOMY	1360.80	1360.80	030	0	5482.17	J1
25107		ARTHROTOMY DSTL RADIOULNAR JOINT RPR CARTILAGE	1726.20	1726.20	030	2	5331.13	J1
25109		EXC TENDON FOREARM&/WRIST FLEXOR/EXTENSOR EA	1494.00	1494.00	030	1	5669.55	J1
25110		EXCISION LESION TENDON SHEATH FOREARM&/WRIST	969.30	969.30	030	1	2800.72	J1
25111		EXCISION GANGLION WRIST DORSAL/VOLAR PRIMARY	914.40	914.40	030	1	2799.04	J1
25112		EXCISION GANGLION WRIST DORSAL/VOLAR RECURRENT	1095.30	1095.30	030	1	2794.28	J1
25115		RAD EXC BURSA SYNVA WRST/F/ARM TDN SHTHS FLXRS	2100.60	2100.60	030	1	2759.26	J1
25116		RAD EXC BURSA SYNVA WRST/F/ARM TDN SHTHS XTNSRS	1683.90	1683.90	030	0	5642.30	J1
25118		SYNOVECTOMY EXTENSOR TENDON SHTH WRIST 1 CMPRT	1073.70	1073.70	030	1	2793.44	J1
25119		SYNVCT XTNSR TDN SHTH WRST 1 RESCJ DSTL ULNA	1400.40	1400.40	030	2	5387.92	J1
25120		EXCISION/CURETTAGE CYST/TUMOR RADIUS/ULNA	1398.60	1398.60	030	0	5474.23	J1
25125		EXC/CURTG CYST/TUMOR RADIUS/ULNA W/AUTOGRAFT	1656.00	1656.00	030	0	2674.40	J1
25126		EXC/CURTG CYST/TUMOR RADIUS/ULNA W/ALLOGRAFT	1666.80	1666.80	030	2	4184.16	J1
25130		EXCISION/CURETTAGE CYST/TUMOR CARPAL BONES	1264.50	1264.50	030	0	5509.44	J1

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25135		EXC/CURTG CYST/TUMOR CARPAL BONES W/AUTOGRAFT	1564.20	1564.20	030	2	11137.61	J1
25136		EXC/CURTG CYST/TUMOR CARPAL BONES W/ALLOGRAFT	1388.70	1388.70	030	2	9002.35	J1
25145		SEQUESTRECTOMY FOREARM &/WRIST	1452.60	1452.60	030	2	5577.01	J1
25150		PARTIAL EXCISION BONE ULNA	1579.50	1579.50	030	1	5496.94	J1
25151		PARTIAL EXCISION BONE RADIUS	1625.40	1625.40	030	2	5678.07	J1
25170		RADICAL RESECTION TUMOR RADIUS OR ULNA	4004.10	4004.10	030	2	10883.83	J1
25210		CARPECTOMY 1 BONE	1376.10	1376.10	030	0	5094.93	J1
25215		CARPECTOMY ALL BONES PROXIMAL ROW	1721.70	1721.70	030	2	5232.90	J1
25230		RADICAL STYLOIDECTOMY SEPARATE PROCEDURE	1212.30	1212.30	030	1	5410.06	J1
25240		EXCISION DISTAL ULNA PARTIAL/COMPLETE	1203.30	1203.30	030	0	5537.82	J1
25246		INJECTION WRIST ARTHROGRAPHY	512.10	194.40	000	1		N
25248		EXPL W/REMOVAL DEEP FOREIGN BODY FOREARM/WRIST	1161.00	1161.00	030	1	2798.76	J1
25250		REMOVAL WRIST PROSTHESIS SEPARATE PROCEDURE	1486.80	1486.80	030	2	2800.72	Q2
25251		REMOVAL WRIST PROSTH COMPLICATED W/TOTAL WRIST	1989.00	1989.00	030	2	4007.59	Q2
25259		MANIPULATION WRIST UNDER ANESTHESIA	1177.20	1177.20	030	1	2797.64	J1
25260		RPR TDN/MUSC FLXR F/ARM&/WRST PRIM 1 EA TDN/MU	1766.70	1766.70	030	1	5419.16	J1
25263		RPR TDN/MUSC FLXR F/ARM&/WRIST SEC 1 EA TDN/MUS	1762.20	1762.20	030	2	11951.47	J1
25265		RPR TDN/MUSC FLXR F/ARM&/WRISTSEC FR GRF EA	2084.40	2084.40	030	2	5672.40	J1
25270		RPR TDN/MUSC XTNSR F/ARM&/WRIST PRIM 1 EA TDN	1378.80	1378.80	030	0	5369.75	J1
25272		RPR TDN/MUSC XTNSR F/ARM&/WRIST SEC 1 EA TDN/MU	1556.10	1556.10	030	0	5421.41	J1
25274		RPR TDN/MUSC XTNSR F/ARM&/WRST SEC FR GRF EA TDN	1846.80	1846.80	030	0	5416.88	J1
25275		RPR TENDON SHEATH EXTENSOR F/ARM&/WRIST W/GRAFT	1865.70	1865.70	030	0	5235.18	J1
25280		LNGTH/SHRT FLXR/XTNSR TDN F/ARM&/WRIST 1 EA TDN	1574.10	1574.10	030	0	5419.72	J1
25290		TNOT FLXR/XTNSR TENDON FOREARM&/WRIST 1 EA	1219.50	1219.50	030	1	5450.95	J1
25295		TNOLS FLXR/XTNSR TENDON FOREARM&/WRIST 1 EA	1467.90	1467.90	030	1	5470.26	J1
25300		TENODESIS WRIST FLEXORS FINGERS	1916.10	1916.10	030	2	5678.07	J1
25301		TENODESIS WRIST EXTENSORS FINGERS	1783.80	1783.80	030	2	5678.07	J1
25310		TDN TRNSPLJ/TR FLXR/XTNSR F/ARM&/WRST 1 EA TDN	1975.50	1975.50	030	2	5548.04	J1
25312		TDN TRNSPLJ/TR FLXR/XTNSR F/ARM&/WRST 1/TDN GR	1987.20	1987.20	030	2	5262.43	J1
25315		FLEXOR ORIGIN SLIDE FOREARM &/WRIST	2123.10	2123.10	030	2	11058.85	J1
25316		FLEXOR ORIGIN SLIDE F/ARM&/WRST TENDON TRANSFE	2520.90	2520.90	030	2	9962.47	J1
25320		CAPSL-RHPHY/RCNSTJ WRST OPN CARPL INS	2741.40	2741.40	030	2	9928.71	J1
25332		ARTHRP WRST W/WO INTERPOS W/WO XTRNL/INT FIXJ	2332.80	2332.80	030	2	3753.21	J1
25335		CENTRALIZATION OF WRIST ON ULNA	2597.40	2597.40	030	2	5678.07	J1
25337		RCNSTJ STABLJ DSTL U/DSTL JT 2 SOFT TISS STABLJ	2459.70	2459.70	030	1	9773.70	J1
25350		OSTEOTOMY RADIUS DISTAL THIRD	1867.50	1867.50	030	2	7227.13	J1
25355		OSTEOTOMY RADIUS MIDDLE/PROXIMAL THIRD	2113.20	2113.20	030	2	4100.71	J1
25360		OSTEOTOMY ULNA	1818.90	1818.90	030	2	9032.35	J1
25365		OSTEOTOMY RADIUS & ULNA	2522.70	2522.70	030	2	18857.93	J1
25370		MLT OSTEOTOMIES W/RELIGNMT IMED ROD RADIUS/ULNA	2784.60	2784.60	030	2	5678.07	J1
25375		MLT OSTEOTOMIES W/RELIGNMT IMED ROD RADIUS&ULNA	2622.60	2622.60	030	2	5678.07	J1
25390		OSTEOPLASTY RADIUS/ULNA SHORTENING	2123.10	2123.10	030	2	7984.73	J1
25391		OSTEOPLASTY RADIUS/ULNA LENGTHENING W/AUTOGRAFT	2736.00	2736.00	030	2	13757.85	J1
25392		OSTEOPLASTY RADIUS & ULNA SHORTENING	2783.70	2783.70	030	2	8464.79	J1
25393		OSTEOPLASTY RADIUS&ULNA LENGTHENING W/AUTOGRAF	3092.40	3092.40	030	2	12501.53	J1
25394		OSTEOPLASTY CARPAL BONE SHORTENING	2168.10	2168.10	030	2	5678.07	J1
25400		RPR NONUNION/MALUNION RADIUS/ULNA W/O AUTOGRAFT	2211.30	2211.30	030	2	7580.93	J1
25405		RPR NONUNION/MALUNION RADIUS/ULNA W/AUTOGRAFT	2850.30	2850.30	030	2	7990.97	J1
25415		RPR NONUNION/MALUNION RADIUS&ULNA W/O AUTOGRAF	2658.60	2658.60	030	2	7873.46	J1
25420		RPR NONUNION/MALUNION RADIUS&ULNA W/AUTOGRAFT	3194.10	3194.10	030	2	8394.77	J1
25425		REPAIR DEFECT W/AUTOGRAFT RADIUS/ULNA	2646.90	2646.90	030	2	7114.63	J1
25426		REPAIR DEFECT W/AUTOGRAFT RADIUS&ULNA	3074.40	3074.40	030	2	3576.62	J1
25430		INSERTION VASCULAR PEDICLE CARPAL BONE	2027.70	2027.70	030	1	5099.47	J1
25431		REPAIR NONUNION CARPAL BONE EACH BONE	2176.20	2176.20	030	2	8884.84	J1
25440		RPR NONUNION SCAPHOID CARPAL B1 W/WO RDL STYLODC	2124.00	2124.00	030	2	10562.55	J1
25441		ARTHROPLASTY W/PROSTHETIC RPLCMT DISTAL RADIUS	2581.20	2581.20	030	2	8351.53	J1
25442		ARTHROPLASTY W/PROSTHETIC RPLCMT DISTAL ULNA	2237.40	2237.40	030	2	12953.50	J1
25443		ARTHROPLASTY W/PROSTHETIC RPLCMT SCAPHOID CARPAL	2169.00	2169.00	030	2	11653.93	J1
25444		ARTHROPLASTY W/PROSTHETIC REPLACEMENT LUNATE	2286.00	2286.00	030	2	9063.08	J1
25445		ARTHROPLASTY W/PROSTHETIC REPLACEMENT TRAPEZIUM	1994.40	1994.40	030	1	6693.31	J1
25446		ARTHRP W/PROSTC RPLCMT DSTL RDS&PRTL/ENTIR CARPS	3212.10	3212.10	030	2	11965.49	J1

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25447		ARTHRP INTERCARPAL/CARP/MTCRPL JT INTERPOSITION	2212.20	2212.20	030	2	4644.66	J1
25448		ARTHRP INTERCARPAL/CARP/MTCRPL JT SUSPENSION	2442.60	2442.60	030	2	5678.07	J1
25449		REVJ ARTHRP W/REMOVAL IMPLANT WRIST JOINT	2836.80	2836.80	030	2	7764.70	J1
25450		EPIPHYSL ARRST EPIPHYSIOD/STAPLING DSTL RDS/ULNA	1716.30	1716.30	030	1	5678.07	J1
25455		EPIPHYSL ARRST EPIPHYSIOD/STAPLING DSTL RDS&ULNA	2021.40	2021.40	030	1	5678.07	J1
25490		PROPH TX W/WO METHYLMETHACRYLATE RADIUS	1988.10	1988.10	030	2	9063.60	J1
25491		PROPH TX W/WO METHYLMETHACRYLATE ULNA	2043.90	2043.90	030	2	12562.20	J1
25492		PROPH TX W/WO METHYLMETHACRYLATE RADIUS&ULNA	2495.70	2495.70	030	2	5678.07	J1
25500		CLOSED TX RADIAL SHAFT FRACTURE W/O MANIPULATION	816.30	739.80	030	1	419.79	T
25505		CLOSED TX RADIAL SHAFT FRACTURE W/MANIPULATION	1433.70	1297.80	030	1	2800.72	J1
25515		OPEN TREATMENT RADIAL SHAFT FRACTURE W/INT FIXJ	1860.30	1860.30	030	2	8593.55	J1
25520		CLTX RDL SHFT FX&CLTX DISLC DSTL RAD/ULN JT	1624.50	1531.80	030	1	2800.72	J1
25525		OPTX RDL SHAFT FX&CLTX DSTL RAD/ULN JT DISLC	2187.00	2187.00	030	2	8197.25	J1
25526		OPTX RDL SHAFT FX&OPTX DSTL RAD/ULN JT DISLC	2636.10	2636.10	030	2	8377.27	J1
25530		CLOSED TX ULNAR SHAFT FRACTURE W/O MANIPULATION	761.40	700.20	030	1	419.79	T
25535		CLOSED TX ULNAR SHAFT FRACTURE W/MANIPULATION	1394.10	1286.10	030	1	419.79	T
25545		OPEN TREATMENT ULNAR SHAFT FRACTURE W/INT FIXJ	1738.80	1738.80	030	2	8678.57	J1
25560		CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/O MNPJ	831.60	743.40	030	1	419.79	T
25565		CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/MNPJ	1463.40	1303.20	030	1	2800.72	J1
25574		OPTX RADIAL&ULNAR SHFT FX W/INT FIXJ RADIUS/ULNA	1876.50	1876.50	030	2	7768.44	J1
25575		OPTX RADIAL&ULNAR SHFT FX W/INT FIXJ RADIUS&ULNA	2496.60	2496.60	030	2	8085.98	J1
25600		CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MNPJ	969.30	929.70	030	1	419.79	T
25605		CLTX DSTL RDL FX/EPIPHYSL SEP W/MNPJ	1520.10	1433.70	030	1	2799.88	J1
25606		PERQ SKEL FIXJ DISTAL RADIAL FX/EPIPHYSL SEP	1862.10	1862.10	030	1	5411.19	J1
25607		OPTX DSTL RDL X-ARTIC FX/EPIPHYSL SEPARATION	2058.30	2058.30	030	2	7423.41	J1
25608		OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 2 FRAG	2292.30	2292.30	030	2	7387.15	J1
25609		OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3+ FRAG	2905.20	2905.20	030	2	7320.90	J1
25622		CLOSED TX CARPAL SCAPHOID FRACTURE W/O MNPJ	881.10	812.70	030	1	419.04	T
25624		CLOSED TX CARPAL SCAPHOID FRACTURE W/MNPJ	1393.20	1261.80	030	0	2747.78	J1
25628		OPEN TX CARPAL SCAPHOID NAVICULAR FX W/INT FIXJ	1993.50	1993.50	030	2	9996.23	J1
25630		CLTX CARPAL BONE FX W/O MNPJ EACH BONE	874.80	813.60	030	1	415.26	T
25635		CLTX CARPAL BONE FX W/MNPJ EACH BONE	1321.20	1198.80	030	0	2800.72	J1
25645		OPEN TX CARPAL BONE FRACTURE OTH/THN SCAPHOID EA	1588.50	1588.50	030	2	4976.83	J1
25650		CLOSED TREATMENT ULNAR STYLOID FRACTURE	938.70	872.10	030	1	419.79	T
25651		PERQ SKELETAL FIXATION ULNAR STYLOID FRACTURE	1370.70	1370.70	030	0	5638.33	J1
25652		OPEN TREATMENT ULNAR STYLOID FRACTURE	1736.10	1736.10	030	1	7817.20	J1
25660		CLTX RDCRPL/INTERCARPL DISLC 1/> BONES W/MNPJ	1267.20	1267.20	030	0	419.79	T
25670		OPEN TX RADIOCARPAL/INTERCARPAL DISLC 1/> BONES	1681.20	1681.20	030	2	11090.10	J1
25671		PERQ SKELETAL FIXJ DISTAL RADIOULNAR DISLOCATION	1495.80	1495.80	030	1	5678.07	J1
25675		CLOSED TX DISTAL RADIOULNAR DISLOCATION W/MNPJ	1298.70	1170.90	030	0	419.79	T
25676		OPEN TX DISTAL RADIOULNAR DISLC ACUTE/CHRONIC	1748.70	1748.70	030	2	12411.53	J1
25680		CLTX TRANS-SCAPHOPRILUNAR TYP FX DISLC W/MNPJ	1489.50	1489.50	030	0	419.79	T
25685		OPEN TX TRANS-SCAPHOPERILUNAR FRACTURE DISLC	2033.10	2033.10	030	2	8743.56	J1
25690		CLOSED TX LUNATE DISLOCATION W/MANIPULATION	1380.60	1380.60	030	0	2800.72	J1
25695		OPEN TREATMENT LUNATE DISLOCATION	1758.60	1758.60	030	2	10890.08	J1
25800		ARTHRODESIS WRIST COMPLETE W/O BONE GRAFT	2022.30	2022.30	030	2	6989.61	J1
25805		ARTHRODESIS WRIST W/SLIDING GRAFT	2336.40	2336.40	030	2	6964.60	J1
25810		ARTHRODESIS WRIST W/ILIAC/OTHER AUTOGRAFT	2396.70	2396.70	030	2	13755.60	J1
25820		ARTHRODESIS WRIST LIMITED W/O BONE GRAFT	1793.70	1793.70	030	2	7859.71	J1
25825		ARTHRODESIS WRIST WITH AUTOGRAFT	2187.90	2187.90	030	2	8286.01	J1
25830		ARTHRD DSTL RAD/ULN JT SGMTL RSCJ ULNA W/WO BONE	2805.30	2805.30	030	2	9088.61	J1
25900		AMPUTATION FOREARM THROUGH RADIUS & ULNA	1991.70	1991.70	030	0		C
25905		AMP FOREARM THRU RADIUS & ULNA OPEN CIRCULAR	1939.50	1939.50	030	2		C
25907		AMP F/ARM THRU RADIUS&ULNA SEC CLOSURE/SCAR RE	1705.50	1705.50	030	2	5678.07	J1
25909		AMP FOREARM THRU RADIUS&ULNA RE-AMPUTATION	1897.20	1897.20	030	2	12501.53	J1
25915		KRUKENBERG PROCEDURE	3192.30	3192.30	030	2		C
25920		DISARTICULATION THROUGH WRIST	2010.60	2010.60	030	0		C
25922		DISARTICULATION THRU WRIST SEC CLOSURE/SCAR REVJ	1780.20	1780.20	030	2	2800.72	J1
25924		DISARTICULATION THRU WRIST RE-AMPUTATION	1962.00	1962.00	030	2		C
25927		TRANSMETACARPAL AMPUTATION	2352.60	2352.60	030	0		C
25929		TRANSMETACARPAL AMPUTATION SEC CLOSURE/SCAR REVJ	1663.20	1663.20	030	2	3201.15	T

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	25931		TRANSMETACARPAL AMPUTATION RE-AMPUTATION	2173.50	2173.50	030	1	5678.07	J1
	25999		UNLISTED PROCEDURE FOREARM/WRIST	BR	BR	YYY	0	261.57	T
	26010		DRAINAGE FINGER ABSCESS SIMPLE	903.60	387.90	010	1	347.55	T
	26011		DRAINAGE FINGER ABSCESS COMPLICATED	1263.60	511.20	010	1	2834.86	J1
	26020		DRAINAGE TENDON SHEATH DIGIT&/PALM EACH	1547.10	1547.10	030	1	5655.93	J1
	26025		DRAINAGE OF PALMAR BURSA SINGLE BURSA	1163.70	1163.70	030	0	5678.07	J1
	26030		DRAINAGE OF PALMAR BURSA MULTIPLE BURSA	1368.00	1368.00	030	0	5658.19	J1
	26034		INCISION BONE CORTEX HAND/FINGER	1537.20	1537.20	030	1	2779.72	J1
	26035		DECOMPRESSION FINGERS&/HAND INJECTION INJURY	2378.70	2378.70	030	0	5678.07	J1
	26037		DECOMPRESSIVE FASCIOTOMY HAND	1560.60	1560.60	030	0	5498.64	J1
	26040		FASCIOTOMY PALMAR PERCUTANEOUS	888.30	888.30	030	1	2800.72	J1
	26045		FASCIOTOMY PALMAR OPEN PARTIAL	1320.30	1320.30	030	1	5647.41	J1
	26055		TENDON SHEATH INCISION	1584.90	819.00	030	1	2796.52	J1
	26060		TENOTOMY PERCUTANEOUS SINGLE EACH DIGIT	710.10	710.10	030	0	2800.72	J1
	26070		ARTHRT EXPL DRG/RMVL LOOSE/FB CARP/MTCRPL JT	904.50	904.50	030	1	2675.52	J1
	26075		ARTHRT EXPL DRG/RMVL LOOSE/FB MTCARPHLNGL JT EA	948.60	948.60	030	1	5653.66	J1
	26080		ARTHRT EXPL DRG/RMVL LOOSE/FB IPHAL JT EA	1117.80	1117.80	030	1	2777.48	J1
	26100		ARTHROTOMY BIOPSY CARP/MTCRPL JOINT EACH	954.00	954.00	030	0	5678.07	J1
	26105		ARTHROTOMY BIOPSY MTCARPHLNGL JOINT EACH	960.30	960.30	030	0	5678.07	J1
	26110		ARTHROTOMY BIOPSY INTERPHALANGEAL JOINT EACH	912.60	912.60	030	1	2800.72	J1
	26111		EX TUM/VASC MALF SFT TISS HAND/FNGR SUBQ 1.5CM/>	1156.50	1156.50	030	2	2824.08	J1
	26113		EX TUM/VASC MAL SFT TIS HAND/FNGR SUBFSC 1.5CM/>	1521.90	1521.90	030	2	2831.73	J1
	26115		EXC TUM/VASC MAL SFT TISS HAND/FNGR SUBQ <1.5CM	1489.50	929.70	030	1	2831.45	J1
	26116		EXC TUM/VAS MAL SFT TIS HAND/FNGR SUBFASC<1.5CM	1462.50	1462.50	030	1	2834.00	J1
	26117		RAD RESECT TUMOR SOFT TISSUE HAND/FINGER <3CM	2062.80	2062.80	030	1	5007.08	J1
	26118		RAD RESCJ TUM SOFT TISSUE HAND/FINGER 3 CM/>	2896.20	2896.20	030	2	4892.90	J1
	26121		FASCT PALM W/WO Z-PLASTY TISSUE REARGMT/SKN GRFT	1666.80	1666.80	030	1	5654.79	J1
	26123		FASCT PRTL PALMAR 1 DGT PROX IPHAL JT W/WO RPR	2322.90	2322.90	030	1	5650.82	J1
+	26125		FASCT PRTL PALMR ADDL DGT PROX IPHAL JT W/WO RPR	725.40	725.40	ZZZ	1		N
	26130		SYNOVECTOMY CARPOMETACARPAL JOINT	1310.40	1310.40	030	1	4971.72	J1
	26135		SYNVCT MTCARPHLNGL JT W/INTRNSC RLS&XTNSR HOOD	1543.50	1543.50	030	0	5571.32	J1
	26140		SYNVCT PROX IPHAL JT W/XTNSR RCNSTJ EA IPHAL JT	1415.70	1415.70	030	1	2800.72	J1
	26145		SYNVCT TDN SHTH RAD FLXR TDN PALM&/FNGR EA TDN	1440.00	1440.00	030	1	2791.20	J1
	26160		EXC LESION TDN SHTH/JT CAPSL HAND/FNGR	1656.00	885.60	030	1	2795.40	J1
	26170		EXCISION TENDON PALM FLEXOR/EXTENSOR SINGLE EACH	1139.40	1139.40	030	0	2800.72	J1
	26180		EXCISION TENDON FINGER FLEXOR/EXTENSOR EACH	1260.90	1260.90	030	0	2793.16	J1
	26185		SESAMOIDECTOMY THUMB/FINGER SEPARATE PROCEDURE	1559.70	1559.70	030	2	2744.70	J1
	26200		EXCISION/CURETTAGE CYST/TUMOR METACARPAL	1257.30	1257.30	030	0	2741.06	J1
	26205		EXC/CURETTAGE CYST/TUMOR METACARPAL W/AUTOGRAFT	1679.40	1679.40	030	1	10642.56	J1
	26210		EXCISION/CURETTAGE CYST/TUMOR PHALANX FINGER	1252.80	1252.80	030	1	2759.54	J1
	26215		EXC/CURETTAGE CYST/TUMOR PHALANX FINGER W/AGRAFT	1574.10	1574.10	030	1	5513.41	J1
	26230		PARTIAL EXCISION BONE METACARPAL	1393.20	1393.20	030	0	5519.66	J1
	26235		PARTIAL EXCISION PROXIMAL/MIDDLE PHALANX FINGER	1372.50	1372.50	030	0	2797.64	J1
	26236		PARTIAL EXCISION DISTAL PHALANX FINGER	1233.90	1233.90	030	1	2796.24	J1
	26250		RADICAL RESECTION TUMOR METACARPAL	2925.00	2925.00	030	0	5678.07	J1
	26260		RAD RESECTION TUMOR PROX/MIDDLE PHALANX FINGER	2196.90	2196.90	030	2	3823.61	J1
	26262		RADICAL RESECTION TUMOR DISTAL PHALANX FINGER	1750.50	1750.50	030	2	2800.72	J1
	26320		REMOVAL IMPLANT FROM FINGER/HAND	978.30	978.30	030	1	2829.75	Q2
	26340		MANIPULATION FINGER JOINT UNDER ANES EACH JOINT	1010.70	1010.70	030	1	2785.04	J1
	26341		MANIPLATN PALAR FASCIAL CRD POST INJ SINGLE CORD	320.40	215.10	010	1	419.79	T
	26350		RPR/ADVMNT FLXR TDN N/Z/2 W/O FR GRAFT EA TENDON	2033.10	2033.10	030	1	5439.02	J1
	26352		RPR/ADVMNT FLXR TDN N/Z/2 W/FR GRAFT EA TENDON	2263.50	2263.50	030	2	11967.71	J1
	26356		RPR/ADVMNT FLXR TDN ZONE 2 W/O FR GRFT EA TENDON	2202.30	2202.30	030	1	5422.55	J1
	26357		RPR/ADVMNT FLXR TDN ZONE 2 W/O FR GRFT EA TENDON	2459.70	2459.70	030	2	5128.43	J1
	26358		RPR/ADVMNT FLXR TDN ZONE 2 W/FR GRAFT EA TENDON	2709.90	2709.90	030	2	11361.39	J1
	26370		RPR/ADVMNT TDN W/NTC SUPFCIS TDN PRIM EA TDN	2134.80	2134.80	030	0	5606.53	J1
	26372		RPR/ADVMNT TDN W/NTC SUPFCIS TDN W/FREE GRAFT EA	2487.60	2487.60	030	2	11011.35	J1
	26373		RPR/ADVMNT TDN W/NTC SUPFCIS TDN W/O FREE GRF EA	2394.00	2394.00	030	2	5655.93	J1
	26390		EXC FLXR TDN W/IMPLTJ SYNTH ROD DLYD TDN GRF H/F	2390.40	2390.40	030	2	7232.14	J1
	26392		RMVL SYNTH ROD & INSJ FLXR TDN GRF H/F EA ROD	2719.80	2719.80	030	2	10862.58	J1
	26410		REPAIR EXTENSOR TENDON HAND W/O GRAFT EACH	1635.30	1635.30	030	1	2757.58	J1

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26412		REPAIR EXTENSOR TENDON HAND W/GRAFT EACH	1944.90	1944.90	030	0	5631.50	J1
26415		EXC XTNSR TDN W/IMPLTJ SYNTH ROD DLYD GRF H/F EA	2314.80	2314.80	030	0	5646.27	J1
26416		RMVL SYNTH ROD & INSJ XTNSR TDN GRF H/F EA ROD	2506.50	2506.50	030	1	5678.07	J1
26418		REPAIR EXTENSOR TENDON FINGER W/O GRAFT EACH	1700.10	1700.10	030	1	2727.62	J1
26420		REPAIR EXTENSOR TENDON FINGER W/GRAFT EACH	2015.10	2015.10	030	2	5402.69	J1
26426		RPR XTNSR TDN CNTRL SLIP TISS W/LAT BAND EA FNGR	1404.90	1404.90	030	1	5282.31	J1
26428		RPR XTNSR TDN CNTRL SLIP SEC W/FR GRFT EA FINGER	2169.90	2169.90	030	0	5342.49	J1
26432		CLTX DSTL XTNSR TDN INSJ W/WO PERCUTAN PINNING	1486.80	1486.80	030	1	2775.80	J1
26433		REPAIR EXTENSOR TENDON DISTAL INSERTION W/O GRF	1555.20	1555.20	030	1	5393.03	J1
26434		REPAIR EXTENSOR TENDON DISTAL INSERTION W/GRAFT	1896.30	1896.30	030	2	5384.51	J1
26437		REALIGNMENT EXTENSOR TENDON HAND EACH TENDON	1820.70	1820.70	030	1	5576.43	J1
26440		TENOLYSIS FLEXOR TENDON PALM/FINGER EACH TENDON	1767.60	1767.60	030	1	2740.50	J1
26442		TENOLYSIS FLEXOR TENDON PALM&FINGER EACH TENDO	2706.30	2706.30	030	1	5592.90	J1
26445		TENOLYSIS EXTENSOR TENDON HAND/FINGER EACH	1643.40	1643.40	030	1	5550.88	J1
26449		TENOLYSIS CPLX XTNSR TENDON FINGER W/FOREARM EA	1946.70	1946.70	030	0	5655.93	J1
26450		TENOTOMY FLEXOR PALM OPEN EACH TENDON	1271.70	1271.70	030	0	5648.55	J1
26455		TENOTOMY FLEXOR FINGER OPEN EACH TENDON	1262.70	1262.70	030	0	2779.72	J1
26460		TENOTOMY EXTENSOR HAND/FINGER OPEN EACH TENDON	1235.70	1235.70	030	1	2798.48	J1
26471		TENODESIS PROXIMAL INTERPHALANGEAL JOINT EACH	1804.50	1804.50	030	0	5501.48	J1
26474		TENODESIS DISTAL JOINT EACH	1776.60	1776.60	030	2	2800.72	J1
26476		LENGTHENING TENDON EXTENSOR HAND/FINGER EACH	1754.10	1754.10	030	1	5463.43	J1
26477		SHORTENING TENDON EXTENSOR HAND/FINGER EACH	1714.50	1714.50	030	1	5468.54	J1
26478		LENGTHENING TENDON FLEXOR HAND/FINGER EACH	1799.10	1799.10	030	0	5607.67	J1
26479		SHORTENING TENDON FLEXOR HAND/FINGER EACH	1843.20	1843.20	030	2	5678.07	J1
26480		TR/TRNSPL TDN CARP/MTCRPL HAND W/O FR GRF EA TDN	1977.30	1977.30	030	0	5497.50	J1
26483		TENDON TRANSFER TRANSPLANT CARP/MTCRPL GRAFT	2369.70	2369.70	030	2	5588.92	J1
26485		TRANSFER/TRANSPLANT TENDON PALMAR W/O GRAFT EACH	2277.00	2277.00	030	2	5536.11	J1
26489		TRANSFER/TRANSPLANT TENDON PALMAR W/GRAFT EACH	2620.80	2620.80	030	0	5584.95	J1
26490		OPPONENSPLASTY SUPFCIS TDN TR TYP EA TDN	2290.50	2290.50	030	0	5640.02	J1
26492		OPPONENSPLASTY TDN TR W/GRF EA TDN	2531.70	2531.70	030	2	5496.94	J1
26494		OPPONENSPLASTY HYPOTHENAR MUSC TR	2299.50	2299.50	030	2	5561.10	J1
26496		OPPONENSPLASTY OTHER METHODS	2471.40	2471.40	030	0	5483.87	J1
26497		TR TDN RESTORE INTRNSC FUNCJ RING&SM FNGR	2468.70	2468.70	030	2	5661.04	J1
26498		TR TDN RESTORE INTRNSC FUNCJ ALL 4 FNGRS	3212.10	3212.10	030	2	5502.05	J1
26499		CORRECTION CLAW FINGER OTHER METHODS	2379.60	2379.60	030	2	5678.07	J1
26500		RCNSTJ TENDON PULLEY EACH W/LOCAL TISSUES SPX	1876.50	1876.50	030	0	10711.31	J1
26502		RCNSTJ TDN PULLEY EA TDN W/TDN/FSCAL GRF SPX	2060.10	2060.10	030	2	5039.28	J1
26508		RELEASE THENAR MUSCLE	1841.40	1841.40	030	0	5678.07	J1
26510		CROSS INTRINSIC TRANSFER EACH TENDON	1748.70	1748.70	030	0	5070.52	J1
26516		CAPSULODESIS MTCARPHLNGL JOINT SINGLE DIGIT	2032.20	2032.20	030	0	4821.25	J1
26517		CAPSULODESIS MTCARPHLNGL JOINT 2 DIGITS	2366.10	2366.10	030	2	5678.07	J1
26518		CAPSULODESIS MTCARPHLNGL JOINT 3/4 DIGITS	2394.00	2394.00	030	2	9367.40	J1
26520		CAPSULECTOMY/CAPSULOTOMY MTCARPHLNGL JOINT EACH	1848.60	1848.60	030	1	5558.26	J1
26525		CAPSULECTOMY/CAPSULOTOMY IPHAL JOINT EACH	1862.10	1862.10	030	1	2789.52	J1
26530		ARTHROPLASTY METACARPOPHALANGEAL JOINT EACH	1512.00	1512.00	030	2	8009.73	J1
26531		ARTHRP MTCARPHLNGL JT W/PROSTC IMPLT EA JT	1758.60	1758.60	030	2	7102.11	J1
26535		ARTHROPLASTY INTERPHALANGEAL JOINT EACH	1232.10	1232.10	030	1	4514.06	J1
26536		ARTHROPLASTY INTERPHALANGEAL JT W/PROSTHETIC EA	2043.00	2043.00	030	0	7969.73	J1
26540		RPR COLTRL LIGM MTCARPHLNGL/IPHAL JT	1910.70	1910.70	030	0	4251.17	J1
26541		RCNSTJ COLTRL LIGM MTCARPHLNGL 1 W/TDN/FSCAL GRF	2285.10	2285.10	030	2	3790.68	J1
26542		RCNSTJ COLTRL LIGM MTCARPHLNGL 1 W/LOCAL TISS	1972.80	1972.80	030	0	3850.30	J1
26545		RCNSTJ COLTRL LIGM IPHAL JT 1 W/GRF EA JT	2000.70	2000.70	030	0	4134.20	J1
26546		RPR NON-UNION MTCRPL/PHALANX	2855.70	2855.70	030	2	9978.73	J1
26548		RPR & RCNSTJ FINGER VOLAR PLATE INTERPHALANGEAL	2186.10	2186.10	030	0	5024.53	J1
26550		POLLICIZATION DIGIT	4482.00	4482.00	030	2	5678.07	J1
26551		TR TOE-TO-HAND W/MVASC ANAST GRT TOE WRP/ARND	8922.60	8922.60	030	2		C
26553		TR TOE-TO-HAND W/MVASC ANAST OTH/THN GRT TOE 1	8863.20	8863.20	030	2		C
26554		TR TOE-TO-HAND W/MVASC ANAST OTH/THN GRT TOE 2	10316.70	10316.70	030	2		C
26555		TR FNGR AXH POS W/O MVASC ANAST	3766.50	3766.50	030	2	12501.53	J1
26556		TRANSFER FREE TOE JOINT W/MVASC ANASTOMOSIS	9222.30	9222.30	030	2		C
26560		REPAIR SYNDACTYLY EACH SPACE W/SKIN FLAPS	1734.30	1734.30	030	2	2791.76	J1

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	26561		REPAIR SYNDACTYLY EACH SPACE W/SKIN FLAPS&GRAFT	2678.40	2678.40	030	2	5678.07	J1
	26562		REPAIR SYNDACTYLY EACH SPACE COMPLEX	3758.40	3758.40	030	2	5678.07	J1
	26565		OSTEOTOMY METACARPAL EACH	1947.60	1947.60	030	2	4473.75	J1
	26567		OSTEOTOMY PHALANX FINGER EACH	1964.70	1964.70	030	0	4227.90	J1
	26568		OSTEOPLASTY LENGTHENING METACARPAL/PHALANX	2528.10	2528.10	030	2	11242.63	J1
	26580		REPAIR CLEFT HAND	4202.10	4202.10	030	2	5678.07	J1
	26587		RCNSTJ POLYDACTYLOUS DIGIT SOFT TISSUE & BONE	2873.70	2873.70	030	2	5678.07	J1
	26590		REPAIR MACRODACTYLIA EACH DIGIT	3897.90	3897.90	030	2	2800.72	J1
	26591		REPAIR INTRINSIC MUSCLES HAND EACH MUSCLE	1333.80	1333.80	030	0	5642.86	J1
	26593		RELEASE INTRINSIC MUSCLES HAND EACH MUSCLE	1759.50	1759.50	030	1	5465.71	J1
	26596		EXC CONSTRICTING RING FNGR W/MLT Z-PLASTIES	2240.10	2240.10	030	2	5678.07	J1
	26600		CLTX METACARPAL FX W/O MANIPULATION EACH BONE	863.10	823.50	030	1	419.79	T
	26605		CLTX METACARPAL FX W/MANIPULATION EACH BONE	938.70	846.90	030	1	414.45	T
	26607		CLTX METACARPAL FX W/MANJ W/XTRNL FIXJ EA BONE	1403.10	1403.10	030	0	5595.73	J1
	26608		PRQ SKELETAL FIXJ METACARPAL FX EACH BONE	1344.60	1344.60	030	0	5411.19	J1
	26615		OPEN TX METACARPAL FRACTURE SINGLE EA BONE	1604.70	1604.70	030	1	4263.09	J1
	26641		CLTX CARPO/METACARPAL DISLOCATION THUMB W/MANJ	1189.80	1084.50	030	0	417.27	T
	26645		CLTX CARPO/METACARPAL FX DISLC THUMB W/MANJ	1225.80	1116.90	030	0	2797.64	J1
	26650		PRQ SKELETAL FIX CARPO/METACARPAL FX DISLC THUMB	1350.90	1350.90	030	1	5501.48	J1
	26665		OPEN TX CARPOMETACARPAL FRACTURE DISLOCATE THUMB	1746.00	1746.00	030	1	4719.05	J1
	26670		CLTX CARPO/METACARPL DISLC THMB MANJ EA W/O ANES	1005.30	898.20	030	0	398.00	T
	26675		CLTX CARPO/MTCRPL DISLC THUMB MANJ EA JT W/ANES	1308.60	1194.30	030	0	2792.88	J1
	26676		PRQ SKEL FIXJ CARPO/MTCRPL DISLC THMB MANJ EA JT	1427.40	1427.40	030	1	5630.94	J1
	26685		OPEN TX CARPOMETACARPAL DISLOCATE NOT THUMB	1609.20	1609.20	030	1	5570.18	J1
	26686		OPTX CARP/MTCRPL DISLC THMB CPLX MLT/DLYD RDCTJ	1726.20	1726.20	030	2	3558.45	J1
	26700		CLTX METACARPOPHALANGEAL DISLC W/MANJ W/O ANES	969.30	892.80	030	1	419.79	T
	26705		CLTX METACARPOPHALANGEAL DISLC W/MANJ W/ANES	1238.40	1122.30	030	0	2783.92	J1
	26706		PRQ SKEL FIXJ METACARPOPHALANGEAL DISLC W/MANJ	1254.60	1254.60	030	1	5481.61	J1
	26715		OPEN TREATMENT METACARPOPHALANGEAL DISLOCATION	1598.40	1598.40	030	0	5484.45	J1
	26720		CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/O MANJ EA	579.60	544.50	030	1	419.79	T
	26725		CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/MANJ EA	972.90	866.70	030	1	416.06	T
	26727		PRQ SKEL FIXJ PHLNGL SHFT FX PROX/MIDDLE PX/F/T	1327.50	1327.50	030	1	5473.09	J1
	26735		OPEN TX PHALANGEAL SHAFT FRACTURE PROX/MIDDLE EA	1656.00	1656.00	030	1	4585.04	J1
	26740		CLTX ARTCLR FX INVG MTCRPHLNGL/IPHAL JT W/O MANJ	670.50	634.50	030	1	419.70	T
	26742		CLTX ARTCLR FX INVG MTCARPHLNGL/IPHAL JT W/MANJ	1058.40	949.50	030	1	2800.16	J1
	26746		OPEN TX ARTICULAR FRACTURE MCP/IP JOINT EA	2054.70	2054.70	030	1	5037.01	J1
	26750		CLTX DSTL PHLNGL FX FNGR/THMB W/O MANJ EA	542.70	549.00	030	1	419.79	T
	26755		CLTX DSTL PHLNGL FX FNGR/THMB W/MANJ EA	918.00	785.70	030	1	419.62	T
	26756		PRQ SKEL FIXJ DSTL PHLNGL FX FNGR/THMB EA	1187.10	1187.10	030	0	5561.68	J1
	26765		OPEN TX DISTAL PHALANGEAL FRACTURE EACH	1405.80	1405.80	030	1	5523.63	J1
	26770		CLTX IPHAL JT DISLC W/MANJ W/O ANES	827.10	752.40	030	1	419.37	T
	26775		CLTX IPHAL JT DISLC W/MANJ REQ ANES	1121.40	1006.20	030	1	448.37	T
	26776		PRQ SKEL FIXJ IPHAL JT DISLC W/MANJ	1260.00	1260.00	030	1	5645.13	J1
	26785		OPEN TX INTERPHALANGEAL JOINT DISLOCATION	1531.80	1531.80	030	1	5549.74	J1
	26820		FUSION OPPOSITION THUMB W/AUTOGENOUS GRAFT	2266.20	2266.20	030	2	11132.61	J1
	26841		ARTHRD CARPO/METACARPAL JT THUMB W/WO INT FIXJ	2109.60	2109.60	030	0	8976.10	J1
	26842		ARTHRD CRP/MTACRPL JT THMB W/WO INT FIXJ W/AGRFT	2272.50	2272.50	030	2	8492.30	J1
	26843		ARTHRD CARP/MTCRPL JT DGT OTHER THAN THUMB EACH	2133.00	2133.00	030	2	8656.06	J1
	26844		ARTHRD CARP/MTCRPL JT DGT OTH/THN THMB W/AGRFT	2349.00	2349.00	030	2	9734.94	J1
	26850		ARTHRODESIS METACARPOPHALANGEAL JT W/WO INT FIXJ	2006.10	2006.10	030	0	9021.11	J1
	26852		ARTHRODESIS MTCRPL JT W/WO INT FIXJ W/AUTOGRAFT	2280.60	2280.60	030	2	9647.44	J1
	26860		ARTHRODESIS INTERPHALANGEAL JT W/WO INT FIXJ	1670.40	1670.40	030	1	4626.49	J1
+	26861		ARTHRODESIS IPHAL JT W/WO INT FIXJ EA IPHAL JT	274.50	274.50	ZZZ	1		N
	26862		ARTHRODESIS IPHAL JT W/WO INT FIXJ W/AUTOGRAFT	2093.40	2093.40	030	2	4570.84	J1
+	26863		ARTHRODESIS IPHAL JT W/WO INT FIXJ W/AGRFT EA JT	611.10	611.10	ZZZ	2		N
	26910		AMP MTCRPL W/FINGER/THUMB W/WO INTEROSS TRANSFER	2083.50	2083.50	030	1	5613.91	J1
	26951		AMP F/TH 1/2 JT/PHALANX W/NEURECT W/DIR CLSR	1925.10	1925.10	030	1	5665.01	J1
	26952		AMP F/TH 1/2 JT/PHALANX W/NEURECT LOCAL FLAP	1870.20	1870.20	030	1	5633.22	J1
	26989		UNLISTED PROCEDURE HANDS/FINGERS	BR	BR	YYY	1	403.29	T
	26990		I&D PELVIS/HIP JT AREA DEEP ABSCESS/HEMATOMA	1863.90	1863.90	030	1	5469.68	J1
	26991		I&D PELVIS/HIP JOINT AREA INFECTED BURSA	1904.40	1444.50	030	0	2642.20	J1

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Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
26992		INCISION BONE CORTEX PELVIS&/HIP JOINT	2748.60	2748.60	030	0		C
27000		TENOTOMY ADDUCTOR HIP PERCUTANEOUS SPX	1072.80	1072.80	030	1	2760.38	J1
27001		TENOTOMY ADDUCTOR HIP OPEN	1491.30	1491.30	030	2	4901.87	J1
27003		TNOT ADDUCTOR SUBQ OPEN W/OBTURATOR NEURECTOMY	1661.40	1661.40	030	2	12501.53	J1
27005		TENOTOMY HIP FLEXOR OPEN SEPARATE PROCEDURE	1992.60	1992.60	030	2		C
27006		TENOTOMY ABDUCTORS&/EXTENSOR HIP OPEN SPX	1965.60	1965.60	030	2	5343.63	J1
27025		FASCIOTOMY HIP/THIGH ANY TYPE	2575.80	2575.80	030	0		C
27027		DECOMPRESSION FASCIOTOMY PELVIC COMPARTMENT UNI	2422.80	2422.80	030	0	7930.97	J1
27030		ARTHROTOMY HIP W/DRAINAGE	2566.80	2566.80	030	2		C
27033		ARTHROTOMY HIP EXPLORATION/REMOVAL FOREIGN BODY	2668.50	2668.50	030	2	12145.23	J1
27035		DNRVTJ HIP JT INTRAPEL/XTRPEL INTRA-ARTCLR BRNCH	3070.80	3070.80	030	2	4882.57	J1
27036		CAPSULECTOMY/CAPSULOTOMY HIP W/RLS HIP FLXR MUSC	2796.30	2796.30	030	2		C
27040		BIOPSY SOFT TISSUE PELVIS&HIP AREA SUPERFICIAL	912.60	545.40	010	1	2823.22	J1
27041		BIOPSY SOFT TISSUE PELVIS&HIP DEEP/SUBFSCAL/IM	1942.20	1942.20	030	1	2825.50	J1
27043		EXCISION TUMOR SOFT TISSUE PELVIS&HIP SUBQ 3CM/>	1290.60	1290.60	030	1	5000.57	J1
27045		EXC TUMOR SOFT TISSUE PELVIS & HIP SUBFASC 5CM/>	2011.50	2011.50	030	2	4984.05	J1
27047		EXC TUMOR SOFT TISSUE PELVIS & HIP SUBQ <3CM	1339.20	995.40	030	1	4993.07	J1
27048		EXC TUMOR SOFT TISSUE PELVIS & HIP SUBFASC <5CM	1689.30	1689.30	030	2	5003.08	J1
27049		RAD RESECT TUMOR SOFT TISSUE PELVIS & HIP <5 CM	3889.80	3889.80	030	2	4962.51	J1
27050		ARTHROTOMY W/BIOPSY SACROILIAC JOINT	1135.80	1135.80	030	0	2800.72	J1
27052		ARTHROTOMY W/BIOPSY HIP JOINT	1610.10	1610.10	030	2	2594.03	J1
27054		ARTHROTOMY W/SYNOVECTOMY HIP JOINT	1903.50	1903.50	030	2		C
27057		DCMPRN FASCIOTOMY PELVIC CMPRT DBRDMT MUSCLE UNI	2758.50	2758.50	030	0	2800.72	J1
27059		RAD RESECTION TUMOR SOFT TISS PELVIS&HIP 5 CM/>	4939.20	4939.20	030	2	4997.07	J1
27060		EXCISION ISCHIAL BURSA	1298.70	1298.70	030	1	11417.65	J1
27062		EXCISION TROCHANTERIC BURSA/CALCIFICATION	1258.20	1258.20	030	1	4293.75	J1
27065		EXCISION BONE CYST/BNIGN TUMOR SUPERFICIAL	1453.50	1453.50	030	2	12452.77	J1
27066		EXCISION BONE CYST/BENIGN TUMOR DEEP	2257.20	2257.20	030	2	4921.18	J1
27067		EXC B1 CST/B9 TUM W/AGRFT REQ SEP INC	2843.10	2843.10	030	2	6417.04	J1
27070		PARTIAL EXCISION SUPERFICIAL PELVIS	2396.70	2396.70	030	2		C
27071		PARTIAL EXCISION DEEP PELVIS	2646.00	2646.00	030	2		C
27075		RAD RESCT TUMOR WING OF ILIUM 1 PUBIC/ISCHIAL	5656.50	5656.50	030	2		C
27076		RAD RESCT TUMOR ILIUM ACETABULUM BOTH PUBIC	6824.70	6824.70	030	2		C
27077		RADICAL RESCTION TUMOR INNOMINATE BONE TOTAL	7606.80	7606.80	030	2		C
27078		RAD RESCT TUMOR ISCHIAL TUBEROSITY&GRT TRCHNTR	5579.10	5579.10	030	2		C
27080		COCCYGECTOMY PRIMARY	1402.20	1402.20	030	2	5654.79	J1
27086		RMVL FOREIGN BODY PELVIS/HIP SUBCUTANEOUS TISS	839.70	467.10	010	0	5008.59	J1
27087		REMOVAL FOREIGN BODY PELVIS/HIP DEEP	1696.50	1696.50	030	2	5510.00	J1
27090		REMOVAL HIP PROSTHESIS SEPARATE PROCEDURE	2277.00	2277.00	030	2		C
27091		RMVL HIP PROSTH COMP W/TOT HIP PROSTH MMA	4340.70	4340.70	030	2		C
27093		INJECTION HIP ARTHROGRAPHY W/O ANESTHESIA	603.00	182.70	000	1		N
27095		INJECTION HIP ARTHROGRAPHY W/ANESTHESIA	809.10	219.60	000	1		N
27096		INJECT SI JOINT ARTHRGRPHY&/ANES/STEROID W/IMA	442.80	225.00	000	1		B
27097		RELEASE/RECESSION HAMSTRING PROXIMAL	1890.00	1890.00	030	2	4891.65	J1
27098		TRANSFER ADDUCTOR ISCHIUM	1925.10	1925.10	030	2	3733.33	J1
27100		TR XTRNL OBLQ MUSC TRCHNTR W/FSCAL/TDN XTN GRF	2289.60	2289.60	030	2	9607.43	J1
27105		TR PARASPI MUSC HIP FASC/TDN XTN GRF	2396.70	2396.70	030	2	5678.07	J1
27110		TRANSFER ILIOPSOAS GREATER TROCHANTER FEMUR	2665.80	2665.80	030	2	7233.38	J1
27111		TRANSFER ILIOPSOAS FEMORAL NECK	2484.90	2484.90	030	2	5678.07	J1
27120		ACETABULOPLASTY	3547.80	3547.80	030	2		C
27122		ACETABULOPLASTY RESECTION FEMORAL HEAD	3018.60	3018.60	030	2		C
27125		HEMIARTHROPLASTY HIP PARTIAL	3096.90	3096.90	030	2		C
27130		ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	3503.70	3503.70	030	2	11722.32	J1
27132		CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT	4549.50	4549.50	030	2		C
27134		REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	5171.40	5171.40	030	2		C
27137		REVJ TOT HIP ARTHRP ACTBLR W/WO AGRFT/ALGRFT	3990.60	3990.60	030	2		C
27138		REVJ TOT HIP ARTHRP FEM ONLY W/WO ALGRFT	4144.50	4144.50	030	2		C
27140		OSTEOTOMY&TRANSFER GREATER TROCHANTER SPX	2466.00	2466.00	030	2		C
27146		OSTEOTOMY ILIAC ACETABULAR/INNOMINATE BONE	3498.30	3498.30	030	2		C
27147		OSTEOTOMY ILIAC ACETABULAR/INNOMINATE HIP RDCTJ	3990.60	3990.60	030	2		C
27151		OSTEOTOMY ILIAC ACETABULAR/INNOMINATE FEM OSTEOT	4310.10	4310.10	030	2		C

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			Professional				Outpatient Facility	
Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
27156		OSTEOT ILIAC ACTBLR/INNOMINATE BONE OSTEOT RDCTJ	4641.30	4641.30	030	2		C
27158		OSTEOTOMY PELVIS BILATERAL	3818.70	3818.70	030	2		C
27161		OSTEOTOMY FEMORAL NECK SEPARATE PROCEDURE	3338.10	3338.10	030	2		C
27165		OSTEOT INTERTRCHNTRIC/SUBTRCHNTRIC W/INT/XTRNL	3740.40	3740.40	030	2		C
27170		B1 GRF FEM H/N INTERTRCHNTRIC/SUBTRCHNTRIC AREA	3199.50	3199.50	030	2		C
27175		TX SLP FEMORAL EPIPHYSIS TRCJ W/O REDUCTION	1839.60	1839.60	030	0		C
27176		TX SLP FEM EPIPHYSIS SINGLE/MULTIPL PINNING SITU	2536.20	2536.20	030	2		C
27177		OPTX SLP FEM EPIPHYSIS SINGLE/MULT PIN/BONE GRFT	3058.20	3058.20	030	2		C
27178		OPTX SLP FEM EPIPHYSIS CLSD MANJ SINGL/MLTPL PIN	2536.20	2536.20	030	2		C
27179		OPTX SLP FEM EPIPHYSIS OSTPL FEM NCK HEYMAN PX	2686.50	2686.50	030	2	12501.53	J1
27181		OPTX SLP FEM EPIPHYSIS OSTEOT&INT FIXJ	3070.80	3070.80	030	2		C
27185		EPIPHYSL ARRST EPIPHYSIOD/STAPLING TRCHNTR FEMUR	1985.40	1985.40	030	1		C
27187		PROPH TX N/P/PLTWR W/WO MMA FEM NCK & PROX FEMUR	2734.20	2734.20	030	2		C
27197		CLSD TX PELVIC RING FX W/O MANIPULATION	362.70	362.70	000	1	419.79	T
27198		CLSD TX PELVIC RING FX W/MANIPULATION W/ANES	864.00	864.00	000	0	387.29	T
27200		CLOSED TREATMENT COCCYGEAL FRACTURE	538.20	546.30	030	1	419.79	T
27202		OPEN TREATMENT COCCYGEAL FRACTURE	1458.90	1458.90	030	2	5678.07	J1
27215		OPTX ILIAC TUBRST AVLS/WING FX FIXJ IF PRFRMD	1638.00	1638.00	030	9		E1
27216		PERQ SKELETAL FIXATION PST PELVIC BONE FX&/DIS	2422.80	2422.80	030	9		E1
27217		OPTX ANT PELVIC BONE FX&/DISLC INT FIXJ IF PFR	2276.10	2276.10	030	9		E1
27218		OPTX POST PEL BONE FX&/DISLC INT FIXJ IF PFRMD	3122.10	3122.10	030	9		E1
27220		CLTX ACETABULUM HIP/SOCKT FX W/O MANJ	1160.10	1145.70	030	1	419.79	T
27222		CLTX ACETABULM HIP/SOCKT FX MANJ W/WO SKEL TRACJ	2691.90	2691.90	030	1		C
27226		OPTX PST/ANT ACTBLR WALL FX W/INT FIXJ	2881.80	2881.80	030	2		C
27227		OPTX ACTBLR FX INVG ANT/PST 1 COLUMN/FX W/INT	4499.10	4499.10	030	2		C
27228		OPTX ACTBLR FX INVG ANT&POST 2 COLUMNS FX W/INT	5105.70	5105.70	030	2		C
27230		CLTX FEM FX PROX END NCK W/O MANJ	1357.20	1333.80	030	1	419.79	T
27232		CLTX FEM FX PROX END NCK W/MANJ W/WO SKEL TRACJ	2000.70	2000.70	030	1		C
27235		PRQ SKEL FIXJ FEMORAL FX PROX END NECK	2488.50	2488.50	030	1	9414.90	J1
27236		OPTX FEM FX PROX END NCK INT FIXJ/PROSTC RPLCMT	3262.50	3262.50	030	2		C
27238		CLTX INTER/PERI/SUBTROCHANTERIC FEM FX W/O MANJ	1305.90	1305.90	030	1	2741.06	J1
27240		CLTX INTR/PERI/SBTRCHNTC FEMORAL FX W/MANJ	2623.50	2623.50	030	1		C
27244		TX INTER/PR/SUBTRCHNTRIC FEMORAL FX SCREW IMPLT	3357.00	3357.00	030	2		C
27245		TX INTER/PR/SUBTRCHNTRIC FEM FX IMED IMPLTSCREW	3352.50	3352.50	030	2		C
27246		CLTX GREATER TROCHANTERIC FX W/O MANJ	1092.60	1083.60	030	1	419.79	T
27248		OPEN TREATMENT GREATER TROCHANTERIC FRACTURE	2044.80	2044.80	030	2		C
27250		CLTX HIP DISLOCATION TRAUMATIC W/O ANESTHESIA	485.10	485.10	000	1	419.79	T
27252		CLTX HIP DISLOCATION TRAUMATIC REQ ANESTHESIA	2050.20	2050.20	030	1	2800.72	J1
27253		OPTX HIP DISLOCATION TRAUMATIC W/O INTERNAL FIXJ	2576.70	2576.70	030	2		C
27254		OPTX HIP DISLC TRAUMTC W/ACTBLR WALL&FEM HEAD	3473.10	3473.10	030	2		C
27256		TX SPONTAN HIP DISLC ABDCT SPLNT/TRCJ W/O ANES	873.00	657.00	010	0	419.79	T
27257		TX SPON HIP DISLC ABDCT SPLNT/TRCJ W/MANJ ANES	990.00	990.00	010	0	2800.72	J1
27258		OPTX SPON HIP DISLC RPLCMT FEM HEAD ACTBLM	3043.80	3043.80	030	2		C
27259		OPTX SPON HIP DISLC RPLCMT FEM HEAD ACTBLM SHRT	4212.00	4212.00	030	2		C
27265		CLTX POST HIP ARTHRP DISLC W/O ANES	1170.90	1170.90	030	1	419.79	T
27266		CLTX POST HIP ARTHRP DISLC REQ ANES	1608.30	1608.30	030	1	2798.76	J1
27267		CLOSED TX FEMORAL FRACTURE PROX HEAD W/O MANJ	1224.90	1224.90	030	2	5678.07	J1
27268		CLOSED TX FEMORAL FRACTURE PROX HEAD W/MANJ	1513.80	1513.80	030	2		C
27269		OPEN TX FEMORAL FRACTURE PROXIMAL END HEAD	3386.70	3386.70	030	2		C
27275		MANIPULATION HIP JOINT GENERAL ANESTHESIA	511.20	511.20	010	1	2800.72	J1
27278		ARTHRD SI JT PLMT I-ARTIC DEV WO CORTCL PIERCING	32846.40	1293.30	030	0	8856.65	J1
27279		ARTHRD SI JT PLMT TRANSARTICULAR&/I-ARTIC DEVICE	2198.70	2198.70	030	2	10559.12	J1
27280		ARTHRODESIS SI JT OPN W/OBTAINING B1 GRF INSTRMJ	3736.80	3736.80	030	2		C
27282		ARTHRODESIS SYMPHYSIS PUBIS W/OBTAINING GRAFT	2367.00	2367.00	030	2		C
27284		ARTHRODESIS HIP JOINT W/OBTAINING GRAFT	4362.30	4362.30	030	2		C
27286		ARTHRD HIP JT W/OBTG GRF W/SUBTRCHNTRIC OSTEOT	4473.90	4473.90	030	2		C
27290		INTERPELVIABDOMINAL AMPUTATION	4427.10	4427.10	030	2		C
27295		DISARTICULATION HIP	3419.10	3419.10	030	2		C
27299		UNLISTED PROCEDURE PELVIS/HIP JOINT	BR	BR	YYY	2	313.25	T
27301		I&D DEEP ABSC BURSA/HEMATOMA THIGH/KNEE REGION	1836.00	1405.80	030	1	4972.03	J1
27303		INC DEEP W/OPNG BONE CORTEX FEMUR/KNEE	1773.90	1773.90	030	2		C

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				Professional			Outpatient Facility	
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	27305		FASCIOTOMY ILIOTIBIAL OPEN	1343.70	1343.70	030	2	5328.30	J1
	27306		TENOTOMY PRQ ADDUCTOR/HAMSTRING 1 TENDON SPX	952.20	952.20	030	2	5620.14	J1
	27307		TENOTOMY PRQ ADDUCTOR/HAMSTRING MULTIPLE TENDON	1135.80	1135.80	030	0	5678.07	J1
	27310		ARTHRT KNE W/EXPL DRG/RMVL FB	2023.20	2023.20	030	2	5232.90	J1
	27323		BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL	738.00	480.60	010	1	2829.75	J1
	27324		BIOPSY SOFT TISSUE THIGH/KNEE AREA DEEP	1140.30	1140.30	030	1	5007.08	J1
	27325		NEURECTOMY HAMSTRING MUSCLE	1566.90	1566.90	030	2	3417.35	J1
	27326		NEURECTOMY POPLITEAL	1454.40	1454.40	030	2	2480.31	J1
	27327		EXCISION TUMOR SOFT TISSUE THIGH/KNEE SUBQ <3CM	1345.50	870.30	030	1	2821.25	J1
	27328		EXC TUMOR SOFT TISSUE THIGH/KNEE SUBFASC <5CM	1714.50	1714.50	030	1	4958.00	J1
	27329		RAD RESECT TUMOR SOFT TISSUE THIGH/KNEE <5CM	2844.00	2844.00	030	2	4983.55	J1
	27330		ARTHROTOMY KNEE W/SYNOVIAL BIOPSY ONLY	1179.90	1179.90	030	1	5678.07	J1
	27331		ARTHRT KNE W/JT EXPL BX/RMVL LOOSE/FB	1330.20	1330.20	030	2	5606.53	J1
	27332		ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL/LAT	1791.90	1791.90	030	2	5114.24	J1
	27333		ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL&LAT	1638.00	1638.00	030	2	5678.07	J1
	27334		ARTHROTOMY W/SYNOVECTOMY KNEE ANTERIOR/POSTERIOR	1901.70	1901.70	030	2	5362.37	J1
	27335		ARTHRT W/SYNVCT KNE ANT&POST W/POP AREA	2114.10	2114.10	030	2	12102.74	J1
	27337		EXCISON TUMOR SOFT TISSUE THIGH/KNEE SUBQ 3 CM/>	1158.30	1158.30	030	2	5001.57	J1
	27339		EXC TUMOR SOFT TISSUE THIGH/KNEE SUBFASC 5 CM/>	2071.80	2071.80	030	2	4976.53	J1
	27340		EXCISION PREPATELLAR BURSA	1048.50	1048.50	030	1	5625.27	J1
	27345		EXCISION SYNOVIAL CYST POPLITEAL SPACE	1359.00	1359.00	030	2	5619.02	J1
	27347		EXCISION LESION MENISCUS/CAPSULE KNEE	1467.00	1467.00	030	2	5654.22	J1
	27350		PATELLECTOMY/HEMIPATELLECTOMY	1811.70	1811.70	030	2	11715.18	J1
	27355		EXCISION/CURETTAGE CYST/TUMOR FEMUR	1690.20	1690.20	030	2	5599.14	J1
	27356		EXCISION/CURETTAGE CYST/TUMOR FEMUR W/ALLOGRAFT	2045.70	2045.70	030	2	14223.95	J1
	27357		EXCISION/CURETTAGE CYST/TUMOR FEMUR W/AUTOGRAFT	2249.10	2249.10	030	2	5335.65	J1
+	27358		EXCISION/CURETTAGE CYST/TUMOR FEMUR INT FIXATION	738.00	738.00	ZZZ	2		N
	27360		PRTL EXC BONE FEMUR PROX TIBIA&/FIBULA	2472.30	2472.30	030	2	5378.84	J1
	27364		RAD RESECTION TUMOR SOFT TIS THIGH/KNEE 5 CM/>	4263.30	4263.30	030	2	4989.55	J1
	27365		RADICAL RESECTION TUMOR FEMOR OR KNEE	5581.80	5581.80	030	2		C
	27369		NJX PX CNTRST KNE ARTHG CNTRST ENHNCD CT/MRI KNE	463.50	108.00	000	1		N
	27372		REMOVAL FOREIGN BODY DEEP THIGH/KNEE	1599.30	1110.60	030	0	5008.59	J1
	27380		SUTURE INFRAPATELLAR TENDON PRIMARY	1714.50	1714.50	030	2	10801.32	J1
	27381		SUTR INFRAPATELLAR TDN 2 RCNSTJ W/FSCAL/TDN GRF	2255.40	2255.40	030	2	8769.83	J1
	27385		SUTURE QUADRICEPS/HAMSTRING RUPTURE PRIMARY	1673.10	1673.10	030	2	10620.05	J1
	27386		SUTR QUADRICEPS/HAMSTRING MUSC RPT RCNSTJ	2353.50	2353.50	030	2	9242.38	J1
	27390		TENOTOMY OPEN HAMSTRING KNEE HIP SINGLE TENDON	1258.20	1258.20	030	2	5449.24	J1
	27391		TENOTOMY OPN HAMSTRING KNEE HIP MULTIPLE 1 LEG	1608.30	1608.30	030	0	5678.07	J1
	27392		TENOTOMY OPEN HAMSTRING KNEE HIP MULTIPLE BI	1972.80	1972.80	030	2	5678.07	J1
	27393		LENGTHENING HAMSTRING TENDON SINGLE	1395.00	1395.00	030	2	12466.53	J1
	27394		LENGTHENING HAMSTRING TENDON MULTIPLE 1 LEG	1815.30	1815.30	030	2	12501.53	J1
	27395		LENGTHENING HAMSTRING TENDON MULTIPLE BILATERAL	2428.20	2428.20	030	2	5678.07	J1
	27396		TRANSPLANT/TRANSFER THIGH XTNSR TO FLXR 1 TENDON	1715.40	1715.40	030	2	9604.93	J1
	27397		TRANSPLANT/TRANSFER THIGH XTNSR TO FLXR MULT TDN	2522.70	2522.70	030	2	5773.20	J1
	27400		TRANSFER TENDON/MUSCLE HAMSTRINGS FEMUR	1926.00	1926.00	030	2	8804.83	J1
	27403		ARTHROTOMY W/MENISCUS REPAIR KNEE	1787.40	1787.40	030	2	7469.67	J1
	27405		RPR PRIMARY TORN LIGM&/CAPSULE KNEE COLLATERAL	1868.40	1868.40	030	2	10471.28	J1
	27407		REPAIR PRIMARY TORN LIGM&/CAPSULE KNEE CRUCIAT	2201.40	2201.40	030	2	6619.57	J1
	27409		RPR 1 TORN LIGM&/CAPSL KNE COLTRL&CRUCIATE	2656.80	2656.80	030	2	10476.29	J1
	27412		AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE	4498.20	4498.20	030	2	12460.28	J1
	27415		OSTEOCHONDRAL ALLOGRAFT KNEE OPEN	3757.50	3757.50	030	2	9108.10	J1
	27416		OSTEOCHONDRAL AUTOGRAFT KNEE OPEN MOSAICPLASTY	2692.80	2692.80	030	0	12501.53	J1
	27418		ANTERIOR TIBIAL TUBERCLEPLASTY	2248.20	2248.20	030	2	9939.97	J1
	27420		RCNSTJ DISLOCATING PATELLA	2061.00	2061.00	030	2	10421.27	J1
	27422		RCNSTJ DISLC PATELLA W/XTNSR RELIGNMT&/MUSC RL	2052.90	2052.90	030	2	10500.04	J1
	27424		RCNSTJ DISLC PATELLA W/PATELLECTOMY	2070.00	2070.00	030	2	10900.09	J1
	27425		LATERAL RETINACULAR RELEASE OPEN	1268.10	1268.10	030	1	5492.97	J1
	27427		LIGAMENTOUS RECONSTRUCTION KNEE EXTRA-ARTICULAR	1953.90	1953.90	030	2	8298.52	J1
	27428		LIGAMENTOUS RECONSTRUCTION KNEE INTRA-ARTICULAR	3072.60	3072.60	030	2	15786.63	J1
	27429		LIGMOUS RCNSTJ AGMNTJ KNE INTRA-ARTICULAR XTR	3464.10	3464.10	030	2	11136.88	J1
	27430		QUADRICEPSPLASTY	2046.60	2046.60	030	2	10200.00	J1

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27435		CAPSULOTOMY POSTERIOR CAPSULAR RELEASE KNEE	2227.50	2227.50	030	2	5374.86	J1
27437		ARTHROPLASTY PATELLA W/O PROSTHESIS	1828.80	1828.80	030	1	8607.31	J1
27438		ARTHROPLASTY PATELLA W/PROSTHESIS	2315.70	2315.70	030	2	15122.38	J1
27440		ARTHROPLASTY KNEE TIBIAL PLATEAU	2200.50	2200.50	030	2	14154.14	J1
27441		ARTHRP KNEE TIBIAL PLATEAU DBRDMT&PRTL SYNVCT	2270.70	2270.70	030	2	13217.44	J1
27442		ARTHROPLASTY FEM CONDYLES/TIBIAL PLATEAU KNEE	2398.50	2398.50	030	2	13510.16	J1
27443		ARTHRP FEM CONDYLES/TIBL PLATU KNE DBRDMT&PRTL	2250.00	2250.00	030	2	11242.70	J1
27446		ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT	3138.30	3138.30	030	2	13084.59	J1
27447		ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	3499.20	3499.20	030	2	12530.68	J1
27448		OSTEOTOMY FEMUR SHAFT/SUPRACONDYLAR W/O FIXATION	2280.60	2280.60	030	2		C
27450		OSTEOTOMY FEMUR SHAFT/SUPRACONDYLAR W/FIXATION	2760.30	2760.30	030	2		C
27454		OSTEOT MLT W/RELIGNMT IMED ROD FEM SHFT	3537.00	3537.00	030	2		C
27455		OSTEOT PROX TIBIA FIB EXC/OSTEOT BEFORE EPIPHYSL	2635.20	2635.20	030	2		C
27457		OSTEOT PROX TIBIA FIB EXC/OSTEOT AFTER EPIPHYSL	2619.00	2619.00	030	2		C
27458		OSTEOT FEMUR UNI INSJ XTRNL CTRLD IMED LNGTH DEV	4665.60	4665.60	030	2	8951.65	J1
27465		OSTEOPLASTY FEMUR SHORTENING EXCLUDING 64876	3411.00	3411.00	030	2		C
27466		OSTEOPLASTY FEMUR LENGTHENING	3242.70	3242.70	030	2		C
27470		RPR NON/MAL FEMUR DSTL H/N W/O GRF	3230.10	3230.10	030	2		C
27472		RPR NON/MAL FEMUR DSTL H/N W/ILIAC/AUTOG BONE	3457.80	3457.80	030	2		C
27475		ARREST EPIPHYSEAL DISTAL FEMUR	1835.10	1835.10	030	1	12501.53	J1
27477		ARREST EPIPHYSEAL TIBIA & FIBULA PROXIMAL	2026.80	2026.80	030	1	6692.07	J1
27479		ARRST EPIPHYSL CMBN DSTL FEMUR PROX TIBFIB	2523.60	2523.60	030	2	12501.53	J1
27485		ARRST HEMIEPIPHYSL DSTL FEMUR/PROX TIBIA/FIBULA	1860.30	1860.30	030	1	11590.16	J1
27486		REVJ TOTAL KNEE ARTHRP W/WO ALGRFT 1 COMPONENT	3834.00	3834.00	030	2		C
27487		REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	4770.00	4770.00	030	2		C
27488		RMVL PROSTH TOT KNEE PROSTH MMA W/WO INSJ SPACER	3285.00	3285.00	030	2		C
27495		PROPH TX N/P/PLTWR W/WO METHYLMETHACRYLATE FEMUR	3093.30	3093.30	030	2		C
27496		DECOMPRESSION FASCIOTOMY THIGH&/KNEE 1 COMPONENT	1529.10	1529.10	030	1	5678.07	J1
27497		DCMPRN FASCT THIGH&/KNEE DBRDMT MUSCLE&/NERVE	1609.20	1609.20	030	0	5678.07	J1
27498		DCMPRN FASCIOTOMY THIGH&/KNEE MLT COMPARTMENTS	1823.40	1823.40	030	2	2800.72	J1
27499		DCMPRN FASCT THIGH&/KNEE MLT DBRDMT NV MUSC&NRVE	1941.30	1941.30	030	2	5493.16	J1
27500		CLOSED TX FEMORAL SHAFT FX W/O MANIPULATION	1456.20	1335.60	030	1	419.79	T
27501		CLTX SPRCNDYLR/TRNSCNDYLR FEM FX W/O MANJ	1403.10	1385.10	030	0	419.79	T
27502		CLTX FEM SHFT FX W/MANJ W/WO SKIN/SKELETAL TRACJ	2072.70	2072.70	030	1	2786.44	J1
27503		CLTX SPRCNDYLR/TRNSCNDYLR FEM FX W/MANJ	2205.00	2205.00	030	0	2800.72	J1
27506		OPTX FEM SHFT FX W/INSJ IMED IMPLT W/WO SCREW	3659.40	3659.40	030	2		C
27507		OPTX FEM SHFT FX W/PLATE/SCREWS W/WO CERCLAGE	2647.80	2647.80	030	2		C
27508		CLTX FEM FX DSTL END MEDIAL/LAT CONDYLE W/O MANJ	1471.50	1392.30	030	1	419.79	T
27509		PRQ SKELETAL FIXJ FEMORAL FX DISTAL END	1863.90	1863.90	030	0	6699.56	J1
27510		CLTX FEM FX DSTL END MEDIAL/LAT CONDYLE W/MANJ	1876.50	1876.50	030	1	2800.72	J1
27511		OPEN TX FEMORAL SUPRACONDYLAR FRACTURE W/O XTN	2715.30	2715.30	030	2		C
27513		OPEN TX FEMORAL SUPRACONDYLAR FRACTURE W/XTN	3359.70	3359.70	030	2		C
27514		OPEN TX FEMORAL FRACTURE DISTAL MED/LAT CONDYLE	2638.80	2638.80	030	2		C
27516		CLTX DISTAL FEMORAL EPIPHYSL SEPARATION W/O MANJ	1458.90	1364.40	030	1	419.79	T
27517		CLTX DSTL FEM EPIPHYSL SEP W/MANJ W/WO SKIN/SKEL	1917.00	1917.00	030	0	2800.72	J1
27519		OPEN TX DISTAL FEMORAL EPIPHYSEAL SEPARATION	2436.30	2436.30	030	2		C
27520		CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	928.80	857.70	030	1	419.79	T
27524		OPTX PATLLR FX W/INT FIXJ/PATLLC&SOFT TISS RPR	2078.10	2078.10	030	2	9891.21	J1
27530		CLTX TIBIAL FX PROXIMAL W/O MANIPULATION	877.50	824.40	030	1	419.79	T
27532		CLTX TIBIAL FX PROXIMAL W/WO MANJ W/SKEL TRACJ	1732.50	1615.50	030	1	5432.21	J1
27535		OPEN TX TIBIAL FRACTURE PROXIMAL UNICONDYLAR	2451.60	2451.60	030	2		C
27536		OPTX TIBIAL FX PROX BICONDYLAR W/WO INT FIXJ	3251.70	3251.70	030	2		C
27538		CLTX INTERCONDYLAR SPI&/TUBRST FX KNE W/WO MAN	1360.80	1266.30	030	0	336.09	T
27540		OPEN TX INTERCONDYLAR SPINE/TUBRST FRACTURE KNEE	2245.50	2245.50	030	2		C
27550		CLOSED TX KNEE DISLOCATION W/O ANESTHESIA	1437.30	1317.60	030	0	419.79	T
27552		CLOSED TX KNEE DISLOCATION W/ANESTHESIA	1762.20	1762.20	030	0	2795.96	J1
27556		OPEN TX KNEE DISLOCATION W/O LIGAMENTOUS REPAIR	2394.00	2394.00	030	2		C
27557		OPEN TX KNEE DISLOCATION W/LIGAMENTOUS REPAIR	2847.60	2847.60	030	2		C
27558		OPEN TX KNEE DISLOCATION W/REPAIR/RECONSTRUCTION	3236.40	3236.40	030	2		C
27560		CLOSED TX PATELLAR DISLOCATION W/O ANESTHESIA	1056.60	963.90	030	1	419.79	T
27562		CLOSED TX PATELLAR DISLOCATION W/ANESTHESIA	1374.30	1374.30	030	0	419.79	T

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				Professional				Outpatient Facility	
	Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
	27566		OPTX PATELLAR DISLC W/WO PRTL/TOT PATELLECTOMY	2455.20	2455.20	030	2	11203.87	J1
	27570		MANIPULATION KNEE JOINT UNDER GENERAL ANESTHESIA	429.30	429.30	010	1	2798.48	J1
	27580		ARTHRODESIS KNEE ANY TECHNIQUE	4020.30	4020.30	030	2		C
	27590		AMPUTATION THIGH THROUGH FEMUR ANY LEVEL	2109.60	2109.60	030	2		C
	27591		AMP THI THRU FEMUR LVL IMMT FITG TQ W/1ST CST	2646.90	2646.90	030	2		C
	27592		AMPUTATION THIGH THRU FEMUR OPEN CIRCULAR	1827.90	1827.90	030	2		C
	27594		AMP THIGH THRU FEMUR SEC CLOSURE/SCAR REVISION	1379.70	1379.70	030	1	5278.89	J1
	27596		AMPUTATION THIGH THROUGH FEMUR RE-AMPUTATION	1926.90	1926.90	030	1		C
	27598		DISARTICULATION KNEE	1888.20	1888.20	030	2		C
	27599		UNLISTED PROCEDURE FEMUR/KNEE	BR	BR	YYY	2	374.54	T
	27600		DCMPRN FASCT LEG ANT&/LAT COMPARTMENTS ONLY	1097.10	1097.10	030	1	5015.43	J1
	27601		DCMPRN FASCT LEG POST COMPARTMENT ONLY	1204.20	1204.20	030	1	5032.48	J1
	27602		DCMPRN FASCT LEG ANT&/LAT&PST CMPRT	1289.70	1289.70	030	2	5044.39	J1
	27603		INCISION & DRAINAGE LEG/ANKLE ABSCESS/HEMATOMA	1412.10	1065.60	030	1	4938.97	J1
	27604		INCISION & DRAINAGE LEG/ANKLE INFECTED BURSA	1251.90	914.40	030	0	5678.07	J1
	27605		TENOTOMY PRQ ACHILLES TENDON SPX LOCAL ANES	881.10	501.30	010	0	2771.04	J1
	27606		TENOTOMY PRQ ACHILLES TENDON SPX GENERAL ANES	743.40	743.40	010	1	5461.73	J1
	27607		INCISION LEG/ANKLE	1642.50	1642.50	030	1	5245.98	J1
	27610		ARTHROTOMY ANKLE W/EXPL DRAINAGE/REMOVAL FB	1776.60	1776.60	030	1	5448.68	J1
	27612		ARTHRT PST CAPSUL RLS ANKLE W/WO ACHLL TDN LNGTH	1584.00	1584.00	030	2	5343.63	J1
	27613		BIOPSY SOFT TISSUE LEG/ANKLE AREA SUPERFICIAL	683.10	442.80	010	1	2831.45	J1
	27614		BIOPSY SOFT TISSUE LEG/ANKLE AREA DEEP	1580.40	1134.90	030	1	4976.04	J1
	27615		RAD RESECTION TUMOR SOFT TISSUE LEG/ANKLE <5CM	2762.10	2762.10	030	0	5008.59	J1
	27616		RAD RESECTION TUMOR SOFT TISSUE LEG/ANKLE 5 CM/>	3400.20	3400.20	030	0	4982.55	J1
	27618		EXC TUMOR SOFT TISSUE LEG/ANKLE SUBQ <3CM	1307.70	844.20	030	1	2813.02	J1
	27619		EXC TUMOR SOFT TISSUE LEG/ANKLE SUBFASCIAL <5CM	1282.50	1282.50	030	1	4975.53	J1
	27620		ARTHRT ANKLE W/EXPL W/WO BX W/WO RMVL LOOSE/FB	1241.10	1241.10	030	2	5486.15	J1
	27625		ARTHROTOMY W/SYNOVECTOMY ANKLE	1568.70	1568.70	030	2	5549.74	J1
	27626		ARTHROTOMY W/SYNOVECTOMY ANKLE TENOSYNOVECTOMY	1683.90	1683.90	030	2	5268.11	J1
	27630		EXCISION LESION TENDON SHEATH/CAPSULE LEG&/ANK	1465.20	992.70	030	1	5590.06	J1
	27632		EXCISION TUMOR SOFT TISSUE LEG/ANKLE SUBQ 3 CM/>	1126.80	1126.80	030	2	4936.96	J1
	27634		EXC TUMOR SOFT TISSUE LEG/ANKLE SUBFASC 5 CM/>	1836.90	1836.90	030	2	4960.01	J1
	27635		EXCISION/CURETTAGE BONE CYST/TUMOR TIBIA/FIBULA	1590.30	1590.30	030	1	5433.91	J1
	27637		EXC/CURETTAGE CYST/TUMOR TIBIA/FIBULA W/AGRAFT	2066.40	2066.40	030	2	9686.18	J1
	27638		EXC/CURETTAGE CYST/TUMOR TIBIA/FIBULA W/ALGRAFT	2049.30	2049.30	030	2	8756.07	J1
	27640		PARTIAL EXCISION BONE TIBIA	2268.90	2268.90	030	1	5207.35	J1
	27641		PARTIAL EXCISION BONE FIBULA	1803.60	1803.60	030	1	5271.53	J1
	27645		RADICAL RESECTION OF TUMOR TIBIA	4811.40	4811.40	030	2		C
	27646		RADICAL RESECTION TUMOR BONE FIBULA	4185.90	4185.90	030	2		C
	27647		RADICAL RESECTION OF TUMOR TALUS OR CALCANEUS	2697.30	2697.30	030	2	5678.07	J1
	27648		INJECTION ANKLE ARTHROGRAPHY	551.70	138.60	000	0		N
	27650		REPAIR PRIMARY OPEN/PRQ RUPTURED ACHILLES TENDON	1814.40	1814.40	030	2	9101.12	J1
	27652		RPR PRIMARY OPEN/PRQ RUPTURED ACHILLES W/GRAFT	1828.80	1828.80	030	1	7485.92	J1
	27654		REPAIR SECONDARY ACHILLES TENDON W/WO GRAFT	1973.70	1973.70	030	2	8293.51	J1
	27656		REPAIR FASCIAL DEFECT LEG	1412.10	933.30	030	2	4372.11	J1
	27658		REPAIR FLEXOR TENDON LEG PRIMARY W/O GRAFT EACH	1024.20	1024.20	030	2	4941.62	J1
	27659		RPR FLEXOR TENDON LEG SECONDARY W/O GRAFT EACH	1299.60	1299.60	030	2	9476.16	J1
	27664		RPR EXTENSOR TENDON LEG PRIMARY W/O GRAFT EACH	986.40	986.40	030	0	9924.97	J1
	27665		RPR EXTENSOR TENDON LEG SECONDRY W/WO GRAFT EACH	1150.20	1150.20	030	2	8521.05	J1
	27675		RPR DISLOC PERONEAL TENDON W/O FIBULAR OSTEOTOMY	1368.00	1368.00	030	2	5409.50	J1
	27676		REPAIR DISLOCATING PERONEAL TENDON W/FIB OSTEOT	1680.30	1680.30	030	2	10848.83	J1
	27680		TENOLYSIS FLXR/XTNSR TENDON LEG&/ANKLE 1 EACH	1170.00	1170.00	030	1	5194.30	J1
	27681		TNOLS FLXR/XTNSR TDN LEG&/ANKLE MLT TDN	1404.90	1404.90	030	1	5286.28	J1
	27685		LNGTH/SHRT TENDON LEG/ANKLE 1 TENDON SPX	1777.50	1283.40	030	2	5364.07	J1
	27686		LNGTH/SHRT TDN LEG/ANKLE MLT TDN SAME INC EA	1460.70	1460.70	030	1	5488.42	J1
	27687		GASTROCNEMIUS RECESSION	1253.70	1253.70	030	2	5397.58	J1
	27690		TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING SUPFC	1760.40	1760.40	030	2	10405.03	J1
	27691		TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING DP	2045.70	2045.70	030	2	10089.98	J1
+	27692		TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING EA TDN	276.30	276.30	ZZZ	2		N
	27695		RPR PRIMARY DISRUPTED LIGAMENT ANKLE COLLATERAL	1341.90	1341.90	030	1	7797.20	J1
	27696		RPR PRIM DISRUPTED LIGM ANKLE BTH COLTRL LIGMS	1506.60	1506.60	030	1	8594.79	J1

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27698		REPAIR SECONDARY DISRUPTED LIGAMENT ANKLE COLTRL	1753.20	1753.20	030	2	8079.73	J1
27700		ARTHROPLASTY ANKLE	1964.70	1964.70	030	2	5741.96	J1
27702		ARTHROPLASTY ANKLE W/IMPLANT	2631.60	2631.60	030	2	11379.76	J1
27703		ARTHROPLASTY ANKLE REVISION TOTAL ANKLE	3043.80	3043.80	030	2		C
27704		REMOVAL ANKLE IMPLANT	1556.10	1556.10	030	1	5423.13	Q2
27705		OSTEOTOMY TIBIA	2042.10	2042.10	030	2	8169.75	J1
27707		OSTEOTOMY FIBULA	1125.90	1125.90	030	1	4412.43	J1
27709		OSTEOTOMY TIBIA & FIBULA	3117.60	3117.60	030	2	12699.56	J1
27712		OSTEOTOMY MULTIPLE W/RELIGNMT INTRAMEDULLARY ROD	3023.10	3023.10	030	2		C
27713		OSTEOT TIBIA UNI INSJ XTRNL CTRLD IMED LNGTH DEV	4725.90	4725.90	030	2	8951.65	J1
27715		OSTEOPLASTY TIBIA&FIBULA LENGTHENING/SHORTENING	2936.70	2936.70	030	2		C
27720		REPAIR NONUNION/MALUNION TIBIA W/O GRAFT	2399.40	2399.40	030	2	7853.46	J1
27722		REPAIR NONUNION/MALUNION TIBIA W/SLIDING GRAFT	2463.30	2463.30	030	2	10356.27	J1
27724		RPR NON/MAL TIBIA W/ILIAC/OTH AGRFT	3420.00	3420.00	030	2		C
27725		RPR NON/MAL TIBIA SYNOSTOSIS W/FIBULA ANY METH	3334.50	3334.50	030	2		C
27726		REPAIR FIBULA NONUNION/MALUNION W/INT FIXATION	2625.30	2625.30	030	1	7018.36	J1
27727		REPAIR CONGENITAL PSEUDARTHROSIS TIBIA	2850.30	2850.30	030	2		C
27730		ARREST EPIPHYSEAL OPEN DISTAL TIBIA	1631.70	1631.70	030	1	2129.28	J1
27732		ARREST EPIPHYSEAL OPEN DISTAL FIBULA	1266.30	1266.30	030	1	5678.07	J1
27734		ARREST EPIPHYSEAL OPEN DISTAL TIBIA&FIBULA	1821.60	1821.60	030	1	5678.07	J1
27740		ARREST EPIPHYSEAL ANY METHOD TIBIA & FIBULA	1957.50	1957.50	030	2	5678.07	J1
27742		ARRST EPIPHYSL ANY METH TIBFIB&DSTL FEMUR	2145.60	2145.60	030	2	5678.07	J1
27745		PROPH TX N/P/PLTWR W/WO METHYLMETHACRYLATE TIBIA	2017.80	2017.80	030	2	8211.00	J1
27750		CLTX TIBIAL SHAFT FX W/O MANIPULATION	988.20	916.20	030	1	419.79	T
27752		CLTX TIBIAL SHAFT FX W/MANJ W/WO SKEL TRACJ	1498.50	1368.00	030	1	2799.60	J1
27756		PRQ SKELETAL FIXATION TIBIAL SHAFT FRACTURE	1633.50	1633.50	030	2	7582.17	J1
27758		OPTX TIBIAL SHFT FX W/PLATE/SCREWS W/WO CERCLAGE	2464.20	2464.20	030	2	13582.22	J1
27759		TX TIBL SHFT FX IMED IMPLT W/WO SCREWS&/CERCLA	2735.10	2735.10	030	2	14404.08	J1
27760		CLTX MEDIAL MALLEOLUS FX W/O MANIPULATION	950.40	876.60	030	1	419.79	T
27762		CLTX MEDIAL MALLS FX W/MANJ W/WO SKN/SKEL TRACJ	1362.60	1229.40	030	1	2790.64	J1
27766		OPEN TREATMENT MEDIAL MALLEOLUS FRACTURE	1674.00	1674.00	030	1	9632.42	J1
27767		CLOSED TREATMENT PST MALLEOLUS FRACTURE W/O MANJ	829.80	831.60	030	1	419.79	T
27768		CLOSED TREATMENT PST MALLEOLUS FRACTURE W/MANJ	1260.90	1260.90	030	1	2800.72	J1
27769		OPEN TREATMENT POSTERIOR MALLEOLUS FRACTURE	2000.70	2000.70	030	1	8921.10	J1
27780		CLTX PROX FIBULA/SHFT FX W/O MANJ	882.90	812.70	030	1	419.79	T
27781		CLTX PROX FIBULA/SHFT FX W/MANJ	1235.70	1137.60	030	1	2757.58	J1
27784		OPEN TREATMENT PROXIMAL FIBULA/SHAFT FRACTURE	1958.40	1958.40	030	1	8153.50	J1
27786		CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	888.30	812.70	030	1	419.79	T
27788		CLTX DSTL FIBULAR FX LAT MALLS W/MANJ	1199.70	1083.60	030	1	419.79	T
27792		OPEN TX DISTAL FIBULAR FRACTURE LAT MALLEOLUS	1773.90	1773.90	030	1	8171.00	J1
27808		CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/O MANJ	956.70	870.30	030	1	416.01	T
27810		CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/MANJ	1337.40	1202.40	030	1	2800.16	J1
27814		OPEN TREATMENT BIMALLEOLAR ANKLE FRACTURE	2099.70	2099.70	030	2	7997.22	J1
27816		CLTX TRIMALLEOLAR ANKLE FX W/O MANIPULATION	942.30	837.00	030	1	419.79	T
27818		CLTX TRIMALLEOLAR ANKLE FX W/MANIPULATION	1389.60	1236.60	030	1	2799.60	J1
27822		OPEN TX TRIMALLEOLAR ANKLE FX W/O FIXJ PST LIP	2388.60	2388.60	030	2	8019.73	J1
27823		OPEN TX TRIMALLEOLAR ANKLE FX W/FIXJ PST LIP	2690.10	2690.10	030	2	8127.25	J1
27824		CLTX FX W8 BRG ARTCLR PRTN DSTL TIBIA W/O MANJ	895.50	867.60	030	1	414.45	T
27825		CLTX FX W8 BRG ARTCLR PRTN DSTL TIB W/SKEL TRACJ	1533.60	1379.70	030	0	2712.22	J1
27826		OPEN TREATMENT FRACTURE DISTAL TIBIA FIBULA	2334.60	2334.60	030	2	7608.42	J1
27827		OPEN TREATMENT FRACTURE DISTAL TIBIA ONLY	3066.30	3066.30	030	2	13816.39	J1
27828		OPEN TREATMENT FRACTURE DISTAL TIBIA & FIBULA	3615.30	3615.30	030	2	13618.24	J1
27829		OPEN TX DISTAL TIBIOFIBULAR JOINT DISRUPTION	1935.00	1935.00	030	2	7314.65	J1
27830		CLTX PROX TIBFIB JT DISLC W/O ANES	1105.20	1021.50	030	0	313.50	T
27831		CLTX PROX TIBFIB JT DISLC REQ ANES	1152.00	1152.00	030	0	5678.07	J1
27832		OPEN TX PROX TIBFIB JOINT DISLOCATE EXC PROX FIB	2097.90	2097.90	030	2	6425.79	J1
27840		CLOSED TX ANKLE DISLOCATION W/O ANESTHESIA	1088.10	1088.10	030	1	419.79	T
27842		CLTX ANKLE DISLC REQ ANES W/WO PRQ SKEL FIXJ	1370.70	1370.70	030	1	2660.12	J1
27846		OPTX ANKLE DISLOCATION W/O REPAIR/INTERNAL FIXJ	1991.70	1991.70	030	2	12047.72	J1
27848		OPTX ANKLE DISLOCATION W/REPAIR/INT/XTRNL FIXJ	2184.30	2184.30	030	2	6927.10	J1
27860		MANIPULATION ANKLE UNDER GENERAL ANESTHESIA	450.90	450.90	010	0	5277.76	J1

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27870		ARTHRODESIS ANKLE OPEN	2755.80	2755.80	030	2	10776.61	J1
27871		ARTHRODESIS TIBIOFIBULAR JOINT PROXIMAL/DISTAL	1895.40	1895.40	030	2	12346.04	J1
27880		AMPUTATION LEG THROUGH TIBIA&FIBULA	2421.00	2421.00	030	2		C
27881		AMP LEG THRU TIBFIB W/IMMT FITG TQ W/1ST CST	2241.00	2241.00	030	2		C
27882		AMPUTATION LEG THRU TIBIA&FIBULA OPEN CIRCULAR	1597.50	1597.50	030	0		C
27884		AMP LEG THRU TIBIA&FIBULA SEC CLOSURE/SCAR REV	1574.10	1574.10	030	1	5578.70	J1
27886		AMP LEG THRU TIBIA&FIBULA RE-AMPUTATION	1760.40	1760.40	030	1		C
27888		AMP ANKLE-MALLI TIBFIB W/PLSTC CLSR&RESCJ NRV	1547.10	1547.10	030	2		C
27889		ANKLE DISARTICULATION	1733.40	1733.40	030	1	12501.53	J1
27892		DCMPRN FASCT LEG ANT&/LAT W/DBRDMT MUSC&/NERVE	1485.90	1485.90	030	0	5310.69	J1
27893		DCMPRN FASCT LEG PST W/DBRDMT MUSC&/NRV	1702.80	1702.80	030	0	12501.53	J1
27894		DCMPRN FASCT LEG ANT&/LAT&PST W/DBRDMT MUS	2240.10	2240.10	030	2	5678.07	J1
27899		UNLISTED PROCEDURE LEG/ANKLE	BR	BR	YYY	0	331.50	T
28001		INCISION&DRAINAGE BURSA FOOT	458.10	259.20	000	1	2754.61	J1
28002		I&D BELOW FASCIA FOOT 1 BURSAL SPACE	656.10	378.90	000	1	2708.86	J1
28003		I&D BELOW FASCIA FOOT MULTIPLE AREAS	1008.90	693.90	000	1	5412.33	J1
28005		INCISION BONE CORTEX FOOT	1562.40	1562.40	030	1	5332.27	J1
28008		FASCIOTOMY FOOT&/TOE	1152.00	810.00	030	1	5362.93	J1
28010		TENOTOMY PERCUTANEOUS TOE SINGLE TENDON	642.60	575.10	030	1	2797.08	J1
28011		TENOTOMY PERCUTANEOUS TOE MULTIPLE TENDON	868.50	772.20	030	1	2800.72	J1
28020		ARTHRT W/EXPL DRG/RMVL LOOSE/FB NTRTRSL/TARS JT	1440.00	995.40	030	1	5678.07	J1
28022		ARTHRT W/EXPL DRG/RMVL LOOSE/FB MTTARPHLNGL JT	1311.30	900.90	030	1	5444.13	J1
28024		ARTHRT W/EXPL DRG/RMVL LOOSE/FB IPHAL JT	1251.90	855.90	030	1	2795.68	J1
28035		RELEASE TARSAL TUNNEL	1440.00	997.20	030	1	3072.55	J1
28039		EXCISION TUMOR SOFT TIS FOOT/TOE SUBQ 1.5 CM/>	1271.70	920.70	030	2	4933.97	J1
28041		EXC TUMOR SOFT TISSUE FOOT/TOE SUBFASC 1.5 CM/>	1233.00	1233.00	030	0	4931.45	J1
28043		EXCISION TUMOR SOFT TISSUE FOOT/TOE SUBQ <1.5CM	1026.00	715.50	030	1	2795.43	J1
28045		EXC TUMOR SOFT TISSUE FOOT/TOE SUBFASC <1.5CM	1302.30	958.50	030	0	4936.96	J1
28046		RAD RESECTION TUMOR SOFT TISSUE FOOT/TOE <3CM	1931.40	1931.40	030	1	5008.59	J1
28047		RAD RESECTION TUMOR SOFT TISSUE FOOT/TOE 3 CM/>	2833.20	2833.20	030	2	5005.58	J1
28050		ARTHRT W/BX INTERTARSAL/TARSOMETATARSAL JOINT	1118.70	766.80	030	1	5376.00	J1
28052		ARTHRTOMY W/BX METATARSOPHALANGEAL JOINT	1044.00	701.10	030	1	5460.04	J1
28054		ARTHRTOMY W/BX INTERPHALANGEAL JOINT	984.60	645.30	030	0	5376.56	J1
28055		NEURECTOMY INTRINSIC MUSCULATURE OF FOOT	1068.30	1068.30	030	0	3106.71	J1
28060		FASCIECTOMY PLANTAR FASCIA PARTIAL SPX	1392.30	989.10	030	1	5444.71	J1
28062		FASCIECTOMY PLANTAR FASCIA RADICAL SPX	1575.90	1120.50	030	1	5503.75	J1
28070		SYNVCT INTERTARSAL/TARSOMETATARSAL JT EA SPX	1377.00	951.30	030	1	11127.60	J1
28072		SYNOVECTOMY METATARSOPHALANGEAL JOINT EACH	1322.10	896.40	030	1	5175.00	J1
28080		EXCISION INTERDIGITAL MORTON NEUROMA SINGLE EACH	1453.50	1053.00	030	0	2731.82	J1
28086		SYNOVECTOMY TENDON SHEATH FOOT FLEXOR	1397.70	955.80	030	2	5299.33	J1
28088		SYNOVECTOMY TENDON SHEATH FOOT EXTENSOR	1248.30	812.70	030	0	5443.57	J1
28090		EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT FOOT	1253.70	850.50	030	1	2762.90	J1
28092		EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT TOE EA	1135.80	751.50	030	1	2795.68	J1
28100		EXCISION/CURETTAGE CYST/TUMOR TALUS/CALCANEUS	1660.50	1154.70	030	2	5293.66	J1
28102		EXC/CURTG CST/B9 TUM TALUS/CLCNS W/ILIAC/AGRFT	1695.60	1695.60	030	2	8494.78	J1
28103		EXC/CURETTAGE CYST/TUMOR TALUS/CALCANEUS ALGRFT	1060.20	1060.20	030	2	6664.56	J1
28104		EXC/CURTG BONE CYST/B9 TUMORTARSAL/METATARSAL	1425.60	981.00	030	2	5570.76	J1
28106		EXC/CURTG CST/B9 TUM TARSAL/METAR W/ILIAC/AGRFT	1166.40	1166.40	030	2	7379.65	J1
28107		EXC/CURTG CST/B9 TUM TARSAL/METAR W/ALGRFT	1368.90	952.20	030	2	10415.02	J1
28108		EXC/CURTG CST/B9 TUM PHALANGES FOOT	1170.90	796.50	030	1	2699.90	J1
28110		OSTECTOMY PRTL 5TH METAR HEAD SPX	1248.30	813.60	030	1	5387.36	J1
28111		OSTECTOMY COMPLETE 1ST METATARSAL HEAD	1274.40	873.90	030	1	5395.30	J1
28112		OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2/3/4	1297.80	863.10	030	1	5453.79	J1
28113		OSTECTOMY COMPLETE 5TH METATARSAL HEAD	1581.30	1178.10	030	0	5517.94	J1
28114		OSTC COMPL ALL METAR HEADS W/PRTL PROX PHALANGC	2898.00	2304.00	030	2	5350.45	J1
28116		OSTECTOMY TARSAL COALITION	1839.60	1425.60	030	1	5531.58	J1
28118		OSTECTOMY CALCANEUS	1641.60	1168.20	030	2	4310.79	J1
28119		OSTECTOMY CALCANEUS SPUR W/WO PLNTAR FASCIAL RLS	1416.60	1001.70	030	1	5110.26	J1
28120		PARTIAL EXCISION BONE TALUS/CALCANEUS	1808.10	1359.00	030	1	5290.83	J1
28122		PRTL EXC B1 TARSAL/METAR B1 XCP TALUS/CALCANEUS	1600.20	1206.90	030	2	5406.66	J1
28124		PARTICAL EXCISION BONE PHALANX TOE	1288.80	923.40	030	1	5565.65	J1

+ Add-on Procedure ⃠ Modifier 51 Exempt Procedure ★ Telemedicine

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			Professional				Outpatient Facility	
Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
28126		RESECTION PARTIAL/COMPLETE PHALANGEAL BASE EACH	1046.70	686.70	030	1	5561.68	J1
28130		TALECTOMY ASTRAGALECTOMY	1722.60	1722.60	030	2	8337.26	J1
28140		METATARSECTOMY	1526.40	1159.20	030	1	5407.80	J1
28150		PHALANGECTOMY TOE EACH TOE	1125.00	769.50	030	1	5555.99	J1
28153		RESECTION CONDYLE DISTAL END PHALANX EACH TOE	1081.80	724.50	030	1	5536.69	J1
28160		HEMIPHALANGECTOMY/INTERPHALANGEAL JOINT EXC TOE	1097.10	736.20	030	1	5612.20	J1
28171		RAD RESCJ TUMOR TARSAL EXCEPT TALUS/CALCANEUS	3028.50	3028.50	030	2	5678.07	J1
28173		RADICAL RESECTION TUMOR METATARSAL	1969.20	1969.20	030	1	5246.54	J1
28175		RADICAL RESECTION TUMOR PHALANX OR TOE	1281.60	1281.60	030	1	2618.11	J1
28190		REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	639.90	361.80	010	1	1231.28	T
28192		REMOVAL FOREIGN BODY FOOT DEEP	1234.80	855.00	030	1	2779.00	J1
28193		REMOVAL FOREIGN BODY FOOT COMPLICATED	1399.50	999.00	030	1	2803.10	J1
28200		RPR TDN FLXR FOOT 1/2 W/O FREE GRAFG EACH TENDON	1332.00	900.00	030	1	4867.24	J1
28202		RPR TENDON FLXR FOOT SEC W/FREE GRAFT EA TENDON	1625.40	1183.50	030	2	7497.16	J1
28208		REPAIR TENDON EXTENSOR FOOT 1/2 EACH TENDON	1299.60	882.00	030	1	4892.79	J1
28210		RPR TENDON XTNSR FOOT SEC W/FREE GRAFT EA TENDON	1584.00	1153.80	030	2	7379.65	J1
28220		TENOLYSIS FLEXOR FOOT SINGLE TENDON	1206.00	837.90	030	1	2782.52	J1
28222		TENOLYSIS FLEXOR FOOT MULTIPLE TENDONS	1446.30	1015.20	030	1	5640.60	J1
28225		TENOLYSIS EXTENSOR FOOT SINGLE TENDON	1113.30	731.70	030	1	5283.44	J1
28226		TENOLYSIS EXTENSOR FOOT MULTIPLE TENDON	1669.50	1110.60	030	1	4513.50	J1
28230		TX OPN TENDON FLEXOR FOOT SINGLE/MULT TENDON SPX	1164.60	785.70	030	1	2692.60	J1
28232		TX OPEN TENDON FLEXOR TOE 1 TENDON SPX	1009.80	662.40	030	1	2780.84	J1
28234		TENOTOMY OPEN EXTENSOR FOOT/TOE EACH TENDON	1106.10	747.00	030	1	2756.18	J1
28238		RCNSTJ PST TIBL TDN W/EXC ACCESSORY TARSL NAVCLR	1795.50	1327.50	030	2	9694.93	J1
28240		TENOTOMY LENGTHENING/RLS ABDUCTOR HALLUCIS MUSC	1189.80	809.10	030	1	4218.81	J1
28250		DIVISION PLANTAR FASCIA & MUSCLE SPX	1593.90	1138.50	030	2	5678.07	J1
28260		CAPSULOTOMY MIDFOOT MEDIAL RELEASE ONLY SPX	1953.00	1473.30	030	2	4772.99	J1
28261		CAPSULOTOMY MIDFOOT W/TENDON LENGTHENING	2942.10	2333.70	030	0	2688.96	J1
28262		CAPSUL MIDFOOT W/PST TALOTIBL CAPSUL&TDN LNGTH	3755.70	3047.40	030	2	8095.99	J1
28264		CAPSULOTOMY MIDTARSAL	2426.40	1885.50	030	2	2800.72	J1
28270		CAPSUL MTTARPHLNGL JT W/WO TENORRHAPHY EA JT SPX	1312.20	921.60	030	1	5305.02	J1
28272		CAPSULOTOMY IPHAL JOINT EACH JOINT SPX	1025.10	689.40	030	1	2800.72	J1
28280		SYNDACTYLIZATION TOES	1340.10	935.10	030	0	5676.93	J1
28285		CORRECTION HAMMERTOE	1461.60	1069.20	030	1	4927.42	J1
28286		CORRECTION COCK-UP 5TH TOE W/PLASTIC CLOSURE	1180.80	811.80	030	1	5537.82	J1
28288		OSTC PRTL EXOSTC/CONDYLC METAR HEAD	1623.60	1196.10	030	1	5544.63	J1
28289		HALLUX RIGIDUS W/CHEILECTOMY 1ST MP JT W/O IMPLT	1854.00	1270.80	030	2	5399.84	J1
28291		HALLUX RIGIDUS W/CHEILECTOMY 1ST MP JT W/IMPLT	1835.10	1305.90	030	2	7253.38	J1
28292		CORRJ HLX VLGS BNCTY SESMDC RESCJ PROX PHLX BASE	1885.50	1337.40	030	2	5142.62	J1
28295		CORRJ HLX VLGS BNCTY SESMDC PROX METAR OSTEOT	2778.30	1642.50	030	2	4180.19	J1
28296		CORRJ HLX VLGS BNCTY SESMDC DSTL METAR OSTEOT	2367.90	1413.90	030	2	4630.47	J1
28297		CORRJ HLX VLGS BNCTY SESMDC JOINT ARTHRODESIS	2716.20	1640.70	030	2	10294.74	J1
28298		CORRJ HLX VLGS BNCTY SESMDC PROX PHLX OSTEOT	2231.10	1390.50	030	2	8662.31	J1
28299		CORRJ HLX VLGS BNCTY SESMDC W/DOUBLE OSTEOTOMY	2710.80	1635.30	030	2	8366.02	J1
28300		OSTEOTOMY CALCANEUS W/WO INTERNAL FIXATION	1789.20	1789.20	030	2	7929.72	J1
28302		OSTEOTOMY TALUS	1977.30	1977.30	030	2	8404.78	J1
28304		OSTEOTOMY TARSAL BONES OTH/THN CALCANEUS/TALUS	2243.70	1689.30	030	2	9512.41	J1
28305		OSTEOT TARSAL OTH/THN CALCANEUS/TALUS W/AGRFT	1843.20	1843.20	030	2	7682.19	J1
28306		OSTEOT W/WO LNGTH SHRT/CORRJ 1ST METAR	1638.90	1118.70	030	2	9378.65	J1
28307		OSTEOT W/WO LNGTH SHRT/CORRJ METAR XCP 1ST TOE	2125.80	1436.40	030	0	8979.85	J1
28308		OSTEOT W/WO LNGTH SHRT/CORRJ METAR XCP 1ST EA	1539.00	1068.30	030	2	4957.52	J1
28309		OSTEOT W/WO LNGTH SHRT/ANGULAR CORRJ METAR MLT	2478.60	2478.60	030	0	8994.84	J1
28310		OSTEOT SHRT CORRJ PROX PHALANX 1ST TOE	1485.00	1008.90	030	1	9014.85	J1
28312		OSTEOT SHRT CORRJ OTH PHALANGES ANY TOE	1512.00	979.20	030	1	5114.24	J1
28313		RCNSTJ ANGULAR DFRM TOE SOFT TISS PX ONLY	1437.30	1003.50	030	1	4701.45	J1
28315		SESAMOIDECTOMY FIRST TOE SPX	1290.60	898.20	030	1	5553.15	J1
28320		REPAIR NONUNION/MALUNION TARSAL BONES	1690.20	1690.20	030	2	11693.05	J1
28322		RPR NON/MALUNION METARSAL W/WO BONE GRAFT	2124.90	1585.80	030	2	7312.15	J1
28340		RCNSTJ TOE MACRODACTYLY SOFT TISSUE RESECTION	1529.10	1116.90	030	1	5678.07	J1
28341		RCNSTJ TOE MACRODACTYLY REQUIRING BONE RESECTION	1777.50	1327.50	030	1	5678.07	J1
28344		RECONSTRUCTION TOE POLYDACTYLY	1126.80	767.70	030	1	5452.65	J1

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28345		RCNSTJ TOE SYNDACTYLY W/WO SKIN GRAFT EACH WEB	1384.20	993.60	030	0	2800.72	J1
28360		RECONSTRUCTION CLEFT FOOT	3018.60	3018.60	030	2	8404.78	J1
28400		CLOSED TX CALCANEAL FRACTURE W/O MANIPULATION	698.40	648.90	030	1	419.79	T
28405		CLOSED TX CALCANEAL FRACTURE W/MANIPULATION	1273.50	1144.80	030	0	419.79	T
28406		PERQ SKELETAL FIXJ CALCANEAL FRACTURE W/MNPJ	1635.30	1635.30	030	0	9291.14	J1
28415		OPEN TREATMENT CALCANEAL FRACTURE	3064.50	3064.50	030	2	8020.99	J1
28420		OPEN TREATMENT CALCANEAL FRACTURE W BONE GRAFT	3547.80	3547.80	030	2	12845.91	J1
28430		CLOSED TX TALUS FRACTURE W/O MANIPULATION	676.80	595.80	030	1	419.79	T
28435		CLOSED TX TALUS FRACTURE W/MANIPULATION	1046.70	928.80	030	0	2800.72	J1
28436		PERQ SKELETAL FIXATION TALUS FRACTURE W/MNPJ	1377.00	1377.00	030	1	6814.59	J1
28445		OPEN TREATMENT TALUS FRACTURE	2862.90	2862.90	030	2	9134.86	J1
28446		OPEN OSTEOCHONDRAL AUTOGRAFT TALUS	3355.20	3355.20	030	2	8027.23	J1
28450		TX TARSAL BONE FX XCP TALUS&CALCNS W/O MNPJ EACH	595.80	540.00	030	1	414.72	T
28455		TX TARSAL BONE FX XCP TALUS&CALCN W/MNPJ EACH	711.00	638.10	030	0	2800.72	J1
28456		PRQ SKEL FIXJ TARSL FX XCP TALUS&CALCN W/MNPJ EA	1030.50	1030.50	030	1	9599.92	J1
28465		OPEN TX TARSAL FRACTURE XCP TALUS & CALCANEUS EA	1771.20	1771.20	030	1	8377.27	J1
28470		CLTX METATARSAL FRACTURE W/O MANIPULATION EACH	612.90	578.70	030	1	419.79	T
28475		CLOSED TX METARSAL FRACTURE W/MANIPULATION EACH	729.90	642.60	030	1	401.54	T
28476		PERQ SKELETAL FIXATION METATARSAL FX W/MNPJ EACH	1083.60	1083.60	030	0	4469.78	J1
28485		OPEN TREATMENT METATARSAL FRACTURE EACH	1547.10	1547.10	030	1	8266.00	J1
28490		CLTX FX GRT TOE PHLX/PHLG W/O MANJ	401.40	353.70	030	1	419.79	T
28495		CLTX FX GRT TOE PHLX/PHLG W/MANJ	507.60	423.00	030	1	419.79	T
28496		PRQ SKEL FIXJ FX GRT TOE PHLX/PHLG W/MANJ	1367.10	768.60	030	1	5608.23	J1
28505		OPEN TX FRACTURE GREAT TOE/PHALANX/PHALANGES	1758.60	1362.60	030	1	4716.20	J1
28510		CLTX FX PHLX/PHLG OTH/THN GRT TOE W/O MANJ	342.00	342.00	030	1	419.79	T
28515		CLTX FX PHLX/PHLG OTH/THN GRT TOE W/MANJ	460.80	403.20	030	1	419.58	T
28525		OPEN TX FRACTURE PHALANX/PHALANGES NOT GREAT TOE	1516.50	1108.80	030	0	5168.75	J1
28530		CLOSED TREATMENT SESAMOID FRACTURE	333.00	292.50	030	0	419.79	T
28531		OPEN TX SESAMOID FRACTURE W/WO INTERNAL FIXATION	888.30	502.20	030	1	11353.90	J1
28540		CLTX TARSAL DISLC OTH/THN TALOTARSAL W/O ANES	548.10	493.20	030	0	419.79	T
28545		CLTX TARSAL DISLC OTH/THN TALOTARSAL W/ANES	877.50	769.50	030	0	5678.07	J1
28546		PRQ SKEL FIXJ TARSL DISLC XCP TALOTARSAL W/MANJ	1593.90	990.00	030	0	1680.44	J1
28555		OPEN TREATMENT TARSAL BONE DISLOCATION	2290.50	1785.60	030	2	7723.45	J1
28570		CLOSED TX TALOTARSAL JOINT DISLC W/O ANES	672.30	564.30	030	0	196.12	T
28575		CLOSED TX TALOTARSAL JOINT DISLOCATION W/ANES	1070.10	960.30	030	0	5678.07	J1
28576		PRQ SKEL FIXJ TALOTARSAL JT DISLC W/MANJ	1093.50	1093.50	030	0	6086.99	J1
28585		OPEN TREATMENT TALOTARSAL JOINT DISLOCATION	2460.60	1959.30	030	2	8249.76	J1
28600		CLOSED TX TARSOMETATARSAL DISLOCATION W/O ANES	616.50	525.60	030	0	419.79	T
28605		CLOSED TX TARSOMETATARSAL DISLOCATION W/ANES	970.20	867.60	030	0	419.79	T
28606		PRQ SKEL FIXJ TARS JT DISLC W/MANJ	1107.00	1107.00	030	1	4761.63	J1
28615		OPEN TREATMENT TARSOMETATARSAL JOINT DISLOCATION	2273.40	2273.40	030	2	8159.74	J1
28630		CLTX METATARSOPHLNGL JT DISLC W/O ANES	426.60	306.00	010	0	419.79	T
28635		CLTX METATARSOPHLNGL JT DISLC REQ ANES	470.70	360.00	010	0	2800.72	J1
28636		PRQ SKEL FIXJ METATARSOPHLNGL JT DISLC W/MANJ	967.50	620.10	010	1	4910.40	J1
28645		OPEN TX METATARSOPHALANGEAL JOINT DISLOCATION	1760.40	1337.40	030	1	4462.96	J1
28660		CLTX INTERPHALANGEAL JOINT DISLOCATION W/O ANES	350.10	260.10	010	1	419.79	T
28665		CLTX INTERPHALANGEAL JOINT DISLOCATION REQ ANES	414.90	345.60	010	0	425.27	T
28666		PRQ SKEL FIXJ INTERPHALANGEAL JOINT DISLC W/MANJ	475.20	475.20	010	1	5633.78	J1
28675		OPEN TREATMENT INTERPHALANGEAL JOINT DISLOCATION	1553.40	1139.40	030	1	5306.16	J1
28705		ARTHRODESIS PANTALAR	3326.40	3326.40	030	2	14675.26	J1
28715		ARTHRODESIS TRIPLE	2582.10	2582.10	030	2	10002.02	J1
28725		ARTHRODESIS SUBTALAR	2135.70	2135.70	030	2	11582.71	J1
28730		ARTHRD MIDTARSL/TARSOMETATARSAL MULT/TRANSVRS	1987.20	1987.20	030	2	10150.63	J1
28735		ARTHRD MIDTARSL/TARS MLT/TRANSVRS W/OSTEOT	2134.80	2134.80	030	2	9999.76	J1
28737		ARTHRD W/TDN LNGTH&ADVMNT TARSL NVCLR-CUNEIFOR	1878.30	1878.30	030	2	9979.50	J1
28740		ARTHRODESIS MIDTARSOMETATARSAL SINGLE JOINT	2227.50	1686.60	030	2	6295.77	J1
28750		ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT	2099.70	1575.00	030	0	6740.83	J1
28755		ARTHRODESIS GREAT TOE INTERPHALANGEAL JOINT	1367.10	926.10	030	1	9348.64	J1
28760		ARTHRD W/XTNSR HALLUCIS LONGUS TR 1ST METAR NCK	2075.40	1562.40	030	2	9092.35	J1
28800		AMPUTATION FOOT MIDTARSAL	1439.10	1439.10	030	2		C
28805		AMPUTATION FOOT TRANSMETARSAL	1915.20	1915.20	030	0	5468.54	J1

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28810		AMPUTATION METATARSAL W/TOE SINGLE	1150.20	1150.20	030	0	5565.65	J1
28820		AMPUTATION TOE METATARSOPHALANGEAL JOINT	793.80	479.70	000	1	5612.78	J1
28825		AMPUTATION TOE INTERPHALANGEAL JOINT	778.50	468.00	000	1	5641.72	J1
28890		ESWT HI NRG PHYS/QHP W/US GDN INVG PLNTAR FASCIA	837.90	609.30	030	1	2800.72	J1
28899		UNLISTED PROCEDURE FOOT/TOES	BR	BR	YYY	0	331.98	T
29000		APPLICATION HALO TYPE BODY CAST	1016.10	549.00	000	0	464.77	T
29010		APPLICATION RISSER JACKET LOCALIZER BODY ONLY	783.90	442.80	000	0	464.77	T
29015		APPLICATION RISSER JACKET LOCALIZER BODY W/HEAD	838.80	496.80	000	0	464.77	T
29035		APPLICATION BODY CAST SHOULDER TO HIPS	739.80	397.80	000	0	464.77	T
29040		APPLICATION BODY CAST SHO TO HIPS W/HEAD MINERVA	842.40	479.70	000	0	464.77	T
29044		APPLICATION BODY CAST SHOULDER HIPS W/ONE THIGH	825.30	462.60	000	0	276.13	T
29046		APPLICATION BODY CAST SHOULDER HIPS BOTH THIGHS	901.80	518.40	000	0	464.77	T
29049		APPLICATION CAST FIGURE-OF-EIGHT	281.70	192.60	000	0	464.77	T
29055		APPLICATION CAST SHOULDER SPICA	639.00	380.70	000	0	464.77	T
29058		APPLICATION CAST PLASTER VELPEAU	347.40	258.30	000	0	464.77	T
29065		APPLICATION CAST SHOULDER TO HAND LONG ARM	271.80	187.20	000	1	464.77	T
29075		APPLICATION CAST ELBOW TO FINGER SHORT ARM	247.50	173.70	000	1	464.77	T
29085		APPLICATION CAST HAND & LOWER FOREARM GAUNTLET	270.90	186.30	000	1	276.13	T
29086		APPLICATION CAST FINGER	216.90	135.00	000	1	276.13	T
29105		APPLICATION LONG ARM SPLINT SHOULDER TO HAND	231.30	112.50	000	1	276.13	T
29125		APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC	187.20	110.70	000	1	225.58	Q1
29126		APPLICATION SHORT ARM SPLINT DYNAMIC	220.50	135.90	000	1	225.58	Q1
29130		APPLICATION FINGER SPLINT STATIC	117.00	78.30	000	1	225.58	Q1
29131		APPLICATION FINGER SPLINT DYNAMIC	152.10	94.50	000	1	103.95	Q1
29200		STRAPPING THORAX	84.60	47.70	000	1	276.13	T
29240		STRAPPING SHOULDER	79.20	47.70	000	1	225.58	Q1
29260		STRAPPING ELBOW/WRIST	78.30	50.40	000	1	103.95	Q1
29280		STRAPPING HAND/FINGER	80.10	53.10	000	1	103.95	Q1
29305		APPLICATION HIP SPICA CAST 1 LEG	705.60	437.40	000	0	464.77	T
29325		APPL HIP SPICA CAST ONE&ONE-HALF SPICA/BOTH LEGS	779.40	490.50	000	0	464.77	T
29345		APPLICATION LONG LEG CAST THIGH-TOE	378.00	271.80	000	1	464.77	T
29355		APPLICATION LONG LEG CAST WALKER/AMBULATORY TYPE	394.20	288.90	000	1	464.77	T
29358		APPLICATION LONG LEG CAST BRACE	455.40	282.60	000	1	464.77	T
29365		APPLICATION CYLINDER CAST THIGH TO ANKLE	347.40	239.40	000	1	464.77	T
29405		APPLICATION SHORT LEG CAST BELOW KNEE-TOE	225.00	161.10	000	1	464.77	T
29425		APPLICATION SHORT LEG CAST WALKING/AMBULATORY	210.60	148.50	000	1	464.77	T
29435		APPLICATION PATELLAR TENDON BEARING CAST	347.40	237.60	000	1	464.77	T
29440		ADDING WALKER PREVIOUSLY APPLIED CAST	118.80	74.70	000	1	276.13	T
29445		APPLICATION RIGID TOTAL CONTACT LEG CAST	350.10	265.50	000	1	464.77	T
29450		APPL CLUBFOOT CAST MOLDING/MNPJ LONG/SHORT LEG	396.90	302.40	000	1	276.13	T
29505		APPLICATION LONG LEG SPLINT THIGH TO ANKLE/TOES	254.70	144.90	000	1	276.10	T
29515		APPLICATION SHORT LEG SPLINT CALF TO FOOT	203.40	136.80	000	1	276.13	T
29520		STRAPPING HIP	92.70	49.50	000	0	225.58	Q1
29530		STRAPPING KNEE	79.20	48.60	000	1	225.58	Q1
29540		STRAPPING ANKLE &/FOOT	76.50	46.80	000	1	276.13	T
29550		STRAPPING TOES	53.10	29.70	000	1	103.95	Q1
29580		STRAPPING UNNA BOOT	170.10	70.20	000	1	276.13	T
29581		APPL MLTLAYR CMPRN SYS LEG BELW KNE W/ANKLE&FOOT	234.90	71.10	000	0	276.10	T
29584		APPL MULTILAYR CMPRN SYS UPR ARM F/ARM HAND&FNGR	210.60	42.30	000	0	276.13	T
29700		REMOVAL/BIVALVING GAUNTLET BOOT/BODY CAST	180.90	90.00	000	1	464.77	T
29705		REMOVAL/BIVALVING FULL ARM/FULL LEG CAST	177.30	122.40	000	1	464.77	T
29710		RMVL/BIVALV SHO/HIP SPICA MINERVA/RISSER JACKET	343.80	224.10	000	0	464.77	T
29720		REPAIR SPICA BODY CAST/JACKET	243.90	119.70	000	1	276.13	T
29730		WINDOWING CAST	178.20	120.60	000	1	276.13	T
29740		WEDGING CAST EXCEPT CLUBFOOT CASTS	275.40	186.30	000	1	464.77	T
29750		WEDGING CLUBFOOT CAST	297.00	208.80	000	0	464.77	T
29799		UNLISTED PROCEDURE CASTING/STRAPPING	BR	BR	YYY	0	276.13	T
29800		ARTHRS TEMPOROMANDIBULR JT DX W/WO SYNVAL BX SPX	1471.50	1471.50	030	0	5610.50	J1
29804		ARTHROSCOPY TEMPOROMANDIBULAR JOINT SURGICAL	1623.60	1623.60	030	2	5661.04	J1
29805		DIAGNOSTIC ARTHROSCOPY SHOULDER +- SYNOVIAL BX	1304.10	1304.10	030	1	5562.80	J1
29806		SURGICAL ARTHROSCOPY SHOULDER CAPSULORRHAPHY	2899.80	2899.80	030	1	9054.85	J1

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				Professional				Outpatient Facility	
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	29807		SURGICAL ARTHROSCOPY SHOULDER REPAIR SLAP LESION	2832.30	2832.30	030	1	9684.94	J1
	29819		SURGICAL ARTHROSCOPY SHOULDER REMOVAL LOOSE/FB	1620.00	1620.00	030	1	5429.38	J1
	29820		SURGICAL ARTHROSCOPY SHOULDER PRTL SYNOVECTOMY	1478.70	1478.70	030	2	11298.88	J1
	29821		SURGICAL ARTHROSCOPY SHOULDER COMPL SYNOVECTOMY	1641.60	1641.60	030	2	5510.00	J1
	29822		SURGICAL ARTHROSCOPY SHOULDER LMTD DBRDMT 1/2	1499.40	1499.40	030	2	5361.23	J1
	29823		SURGICAL ARTHROSCOPY SHOULDER XTNSV DBRDMT 3+	1635.30	1635.30	030	2	5441.29	J1
	29824		SURGICAL ARTHROSCOPY SHOULDER DSTL CLAVICULC	1869.30	1869.30	030	2	5545.21	J1
	29825		SURGICAL ARTHROSCOPY SHOULDER W/LSS&RESCJ ADS	1620.90	1620.90	030	2	5609.92	J1
+	29826		SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS	463.50	463.50	ZZZ	2		N
	29827		SURGICAL ARTHROSCOPY SHOULDER W/ROTATOR CUFF RPR	2922.30	2922.30	030	2	9028.60	J1
	29828		SURGICAL ARTHROSCOPY SHOULDER BICEPS TENODESIS	2511.00	2511.00	030	2	10650.05	J1
	29830		ARTHROSCOPY ELBOW DIAG W/WO SYNOVIAL BIOPSY SPX	1272.60	1272.60	030	1	5678.07	J1
	29834		ARTHROSCOPY ELBOW SURGICAL W/REMOVAL LOOSE/FB	1371.60	1371.60	030	2	5672.96	J1
	29835		ARTHROSCOPY ELBOW SURGICAL SYNOVECTOMY PARTIAL	1415.70	1415.70	030	2	5647.41	J1
	29836		ARTHROSCOPY ELBOW SURGICAL SYNOVECTOMY COMPLETE	1622.70	1622.70	030	2	12497.78	J1
	29837		ARTHROSCOPY ELBOW SURGICAL DEBRIDEMENT LIMITED	1440.90	1440.90	030	2	5674.66	J1
	29838		ARTHROSCOPY ELBOW SURGICAL DEBRIDEMENT EXTENSIVE	1645.20	1645.20	030	0	5640.60	J1
	29840		ARTHROSCOPY WRIST DIAG W/WO SYNOVIAL BIOPSY SPX	1267.20	1267.20	030	0	5668.41	J1
	29843		ARTHROSCOPY WRIST INFECTION LAVAGE&DRAINAGE	1353.60	1353.60	030	2	5678.07	J1
	29844		ARTHROSCOPY WRIST SURGICAL SYNOVECTOMY PARTIAL	1391.40	1391.40	030	2	5678.07	J1
	29845		ARTHROSCOPY WRIST SURGICAL SYNOVECTOMY COMPLETE	1623.60	1623.60	030	2	5678.07	J1
	29846		ARTHRS WRST EXC&/RPR TRIANG FIBROCART&/JOINT	1449.90	1449.90	030	0	5588.92	J1
	29847		ARTHROSCOPY WRIST SURG INT FIXJ FX/INSTABILITY	1507.50	1507.50	030	2	10356.27	J1
	29848		NDSC WRST SURG W/RLS TRANSVRS CARPL LIGM	1426.50	1426.50	030	1	2795.12	J1
	29850		ARTHROSCOPY AID TX SPINE&/FX KNEE W/O FIXJ	1729.80	1729.80	030	0	2709.14	J1
	29851		ARTHROSCOPY AID TX SPINE&/FX KNEE W/FIXJ	2556.90	2556.90	030	2	2782.80	J1
	29855		ARTHRS AID TIBIAL FRACTURE PROXIMAL UNICONDYLAR	2150.10	2150.10	030	2	6500.80	J1
	29856		ARTHRS AID TIBIAL FX PROX UNICONDYLAR BICONDYLAR	2726.10	2726.10	030	2	13185.92	J1
	29860		ARTHROSCOPY HIP DIAGNOSTIC W/WO SYNOVIAL BYP SPX	1818.00	1818.00	030	2	11336.38	J1
	29861		ARTHROSCOPY HIP SURGICAL W/REMOVAL LOOSE/FB	1912.50	1912.50	030	2	11612.67	J1
	29862		ARTHRS HIP DEBRIDEMENT/SHAVING ARTICULAR CRTLG	2232.00	2232.00	030	2	11148.87	J1
	29863		ARTHROSCOPY HIP SURGICAL W/SYNOVECTOMY	2243.70	2243.70	030	2	5031.34	J1
	29866		ARTHROSCOPY KNEE OSTEOCHONDRAL AGRFT MOSAICPLAST	2894.40	2894.40	030	0	8137.24	J1
	29867		ARTHROSCOPY KNEE OSTEOCHONDRAL ALLOGRAFT	3505.50	3505.50	030	0	17079.09	J1
	29868		ARTHROSCOPY KNEE MENISCAL TRNSPLJ MED/LAT	4553.10	4553.10	030	0	8441.04	J1
	29870		ARTHROSCOPY KNEE DIAGNOSTIC W/WO SYNOVIAL BX SPX	1526.40	1148.40	030	1	5568.48	J1
	29871		ARTHROSCOPY KNEE SURG INFECTION LAVAGE&DRAINAGE	1428.30	1428.30	030	1	5601.98	J1
	29873		ARTHROSCOPY KNEE SURGICAL WITH LATERAL RELEASE	1491.30	1491.30	030	1	5594.59	J1
	29874		ARTHROSCOPY KNEE SURG REMOVAL LOOSE/FOREIGN BODY	1481.40	1481.40	030	0	5628.67	J1
	29875		ARTHROSCOPY KNEE SURG SYNOVECTOMY LIMITED SPX	1375.20	1375.20	030	0	5596.87	J1
	29876		ARTHROSCOPY KNEE SURG SYNOVECTOMY MAJ 2/>CMPRT	1802.70	1802.70	030	1	5595.17	J1
	29877		ARTHRS KNEE SURG DEBRIDEMENT/SHVG ARTCLR CRTLG	1715.40	1715.40	030	0	5640.02	J1
	29879		ARTHRS KNE SURG ABRASION ARTHRP/MLT DRLG/MICROFX	1827.00	1827.00	030	0	5541.22	J1
	29880		ARTHRS KNEE SURG MENISCECTOMY MED&LAT W/SHAVING	1553.40	1553.40	030	0	5636.61	J1
	29881		ARTHRS KNEE SURG W/MENISCECTOMY MED/LAT W/SHVG	1497.60	1497.60	030	0	5632.64	J1
	29882		ARTHROSCOPY KNE SURG MENISCUS RPR MEDIAL/LATERAL	1897.20	1897.20	030	1	4386.88	J1
	29883		ARTHROSCOPY KNE SURG MENISCUS RPR MEDIAL&LATERAL	2306.70	2306.70	030	0	4971.16	J1
	29884		ARTHROSCOPY KNEE SURG LYSIS ADHESIONS W/WO MNPJ	1711.80	1711.80	030	2	5651.94	J1
	29885		ARTHRS KNEE SURG DRLG OSTEO DISS GRFG W/WO FIXJ	2089.80	2089.80	030	2	7149.63	J1
	29886		ARTHRS KNEE SURG DRILLING NTC OSTEO DISS LESION	1764.00	1764.00	030	1	5678.07	J1
	29887		ARTHRS KNEE SURG DRLG OSTEO DISS LES W/INT FIXJ	2081.70	2081.70	030	2	9512.41	J1
	29888		ARTHRS AIDED ANT CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ	2664.00	2664.00	030	2	7705.95	J1
	29889		ARTHRS AIDED PST CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ	3360.60	3360.60	030	2	13318.76	J1
	29891		ARTHRS ANKLE EXC OSTCHNDRL DFCT TALUS&/TIB DRLG	1855.80	1855.80	030	2	5210.19	J1
	29892		ARTHRS AID RPR LES/TALAR DOME FX/TIBL PLAFOND FX	1761.30	1761.30	030	2	11018.84	J1
	29893		ENDOSCOPIC PLANTAR FASCIOTOMY	1793.70	1210.50	030	1	5440.73	J1
	29894		ARTHROSCOPY ANKLE W/REMOVAL LOOSE/FOREIGN BODY	1392.30	1392.30	030	2	5374.29	J1
	29895		ARTHROSCOPY ANKLE SURGICAL SYNOVECTOMY PARTIAL	1262.70	1262.70	030	2	5186.91	J1
	29897		ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT LIMITED	1354.50	1354.50	030	2	5349.87	J1
	29898		ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT EXTENSIVE	1538.10	1538.10	030	2	5389.06	J1
	29899		ARTHROSCOPY ANKLE SURGICAL W/ANKLE ARTHRODESIS	2728.80	2728.80	030	2	8354.76	J1

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29900		ARTHROSCOPY METACARPOPHALANGEAL SYNOVIAL BIOPSY	1406.70	1406.70	030	0	5678.07	J1
29901		ARTHRS METACARPOPHALANGEAL JOINT DEBRIDEMENT	1505.70	1505.70	030	0	5678.07	J1
29902		ARTHRS MTCARPHLNGL JT W/RDCTJ UR COLTRL LIGM	1594.80	1594.80	030	0	2800.72	J1
29904		ARTHRS SUBTALAR JOINT REMOVE LOOSE/FOREIGN BODY	1773.00	1773.00	030	2	5678.07	J1
29905		ARTHROSCOPY SUBTALAR JOINT WITH SYNOVECTOMY	1406.70	1406.70	030	2	10320.01	J1
29906		ARTHROSCOPY SUBTALAR JOINT WITH DEBRIDEMENT	1831.50	1831.50	030	2	5604.81	J1
29907		ARTHROSCOPY SUBTALAR JOINT SUBTALAR ARTHRODESIS	2414.70	2414.70	030	2	13980.77	J1
29914		ARTHROSCOPY HIP W/FEMOROPLASTY	2726.10	2726.10	030	2	10987.59	J1
29915		ARTHROSCOPY HIP W/ACETABULOPLASTY	2778.30	2778.30	030	2	10067.49	J1
29916		ARTHROSCOPY HIP W/LABRAL REPAIR	2781.90	2781.90	030	2	9756.20	J1
29999		UNLISTED PROCEDURE ARTHROSCOPY	BR	BR	YYY	0	368.08	T
30000		DRAINAGE ABSCESS/HEMATOMA NASAL INT APPROACH	593.25	278.25	010	0	406.39	T
30020		DRAINAGE ABSCESS/HEMATOMA NASAL SEPTUM	594.00	279.00	010	1	881.02	T
30100		BIOPSY INTRANASAL	312.00	156.00	000	1	2591.21	J1
30110		EXCISION NASAL POLYP SIMPLE	555.00	303.75	010	1	2592.24	J1
30115		EXCISION NASAL POLYP EXTENSIVE	1050.75	1050.75	030	1	5675.37	J1
30117		EXCISION/DESTRUCTION INTRANASAL LESION INT APPR	2151.75	927.00	030	1	5370.03	J1
30118		EXCISION/DESTRUCTION INTRANASAL LESION XTRNL	1590.75	1590.75	030	1	5610.68	J1
30120		EXCISION/SURGICAL PLANING SKIN NOSE RHINOPHYMA	1156.50	955.50	030	1	5656.07	J1
30124		EXCISION DERMOID CYST NOSE SIMPLE SUBCUTANEOUS	690.75	690.75	030	1	2592.24	J1
30125		EXC DERMOID CYST NOSE COMPLEX UNDER BONE/CRTLG	1467.00	1467.00	030	2	10352.41	J1
30130		EXCISION INFERIOR TURBINATE PARTIAL/COMPLETE	939.00	939.00	030	1	5514.20	J1
30140		SUBMUCOUS RESCJ INFERIOR TURBINATE PRTL/COMPL	666.75	402.75	000	1	5536.32	J1
30150		RHINECTOMY PARTIAL	1794.75	1794.75	030	1	10294.43	J1
30160		RHINECTOMY TOTAL	1832.25	1832.25	030	2	10173.31	J1
30200		INJECTION TURBINATE THERAPEUTIC	246.00	137.25	000	1	837.53	T
30210		DISPLACEMENT THERAPY PROETZ TYPE	340.50	235.50	010	1	2592.24	J1
30220		INSERTION NASAL SEPTAL PROSTHESIS BUTTON	668.25	292.50	010	1	2513.18	J1
30300		REMOVAL FOREIGN BODY INTRANASAL OFFICE PROCEDURE	465.00	274.50	010	1	225.58	Q1
30310		REMOVAL FOREIGN BODY INTRANASAL GENERAL ANES	466.50	466.50	010	0	5613.51	J1
30320		RMVL FOREIGN BODY INTRANASAL LATERAL RHINOTOMY	1101.00	1101.00	030	0	2592.24	J1
30400		RHINP PRIM LAT&ALAR CRTLGS&/ELVTN NASAL TI	2761.50	2761.50	030	0	10165.03	J1
30410		RHINP PRIM COMPLETE XTRNL PARTS	3182.25	3182.25	030	2	10217.83	J1
30420		RHINOPLASTY PRIMARY W/MAJOR SEPTAL REPAIR	3244.50	3244.50	030	1	9957.97	J1
30430		RHINOPLASTY SECONDARY MINOR REVISION	2411.25	2411.25	030	2	10352.41	J1
30435		RHINOPLASTY SECONDARY INTERMEDIATE REVISION	3012.00	3012.00	030	2	10352.41	J1
30450		RHINOPLASTY SECONDARY MAJOR REVISION	3941.25	3941.25	030	2	9849.28	J1
30460		RHINP DFRM W/COLUM LNGTH TIP ONLY	1875.75	1875.75	030	2	10352.41	J1
30462		RHINP DFRM COLUM LNGTH TIP SEPTUM OSTEOT	3597.75	3597.75	030	2	10248.88	J1
30465		REPAIR NASAL VESTIBULAR STENOSIS	2305.50	2305.50	030	0	9799.58	J1
30468		RPR NSL VLV COLLAPSE SUBQ/SBMCSL LAT WALL IMPLT	5349.75	381.75	000	1	6261.13	J1
30469		RPR NSL VLV COLLAPSE LW NRG SUBQ/SBMCSL RMDLG	5203.50	338.25	000	1	7632.84	J1
30520		SEPTOPLASTY/SUBMUCOUS RESECJ W/WO CARTILAGE GRF	1515.75	1515.75	030	1	5577.76	J1
30540		REPAIR CHOANAL ATRESIA INTRANASAL	1663.50	1663.50	030	2	9930.03	J1
30545		REPAIR CHOANAL ATRESIA TRANSPALATINE	2252.25	2252.25	030	2	10352.41	J1
30560		LYSIS INTRANASAL SYNECHIA	705.00	340.50	010	1	888.42	T
30580		REPAIR FISTULA OROMAXILLARY	1383.75	1054.50	030	1	9882.41	J1
30600		REPAIR FISTULA ORONASAL	1183.50	887.25	030	0	10069.78	J1
30620		SEPTAL/OTHER INTRANASAL DERMATOPLASTY	1506.75	1506.75	030	1	10243.71	J1
30630		REPAIR NASAL SEPTAL PERFORATIONS	1504.50	1504.50	030	0	5311.58	J1
30801		ABLTJ SOFT TIS INFERIOR TURBINATES UNI/BI SUPFC	489.75	338.25	010	1	2476.11	J1
30802		ABLTJ SOF TISS INF TURBS UNI/BI SUPFC INTRAMURAL	624.75	453.00	010	1	2526.14	J1
30901		CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	350.25	126.75	000	1	225.51	Q1
30903		CONTROL NASAL HEMORRHAGE ANTERIOR COMPLEX	541.50	174.00	000	1	225.56	T
30905		CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY 1ST	777.00	239.25	000	1	225.58	T
30906		CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY SUBSQ	846.00	297.00	000	1	406.39	T
30915		LIGATION ARTERIES ETHMOIDAL	1358.25	1358.25	030	1	5415.04	J1
30920		LIGATION ARTERIES INT MAXILLARY TRANSANTRAL	1960.50	1960.50	030	1	5480.04	J1
30930		FRACTURE NASAL INFERIOR TURBINATE THERAPEUTIC	269.25	269.25	010	1	5251.42	J1
30999		UNLISTED PROCEDURE NOSE	BR	BR	YYY	0	343.44	T
31000		LAVAGE CANNULATION MAXILLARY SINUS	416.25	252.00	010	1	406.39	T

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31002		LAVAGE CANNULATION SPHENOID SINUS	420.75	420.75	010	0	2579.54	J1
31020		SINUSOTOMY MAXILLARY ANTROTOMY INTRANASAL	955.50	778.50	030	1	5464.25	J1
31030		SINUSOTOMY MAXILLARY RAD W/O RMVL ANTROCH POLYPS	1455.00	1167.00	030	1	10195.05	J1
31032		SINUSOT MAX ANTRT RAD W/RMVL ANTROCH POLYPS	1346.25	1346.25	030	1	9904.14	J1
31040		PTERYGOMAXILLARY FOSSA SURGERY ANY APPROACH	1812.00	1812.00	030	1	8821.28	J1
31050		SINUSOTOMY SPHENOID W/WO BIOPSY	1167.00	1167.00	030	1	10102.91	J1
31051		SINUSOT SPHENOID W/MUCOSAL STRIPPING/RMVL POLYP	1558.50	1558.50	030	1	9154.64	J1
31070		SINUSOTOMY FRONTAL EXTERNAL SIMPLE	1072.50	1072.50	030	1	9023.16	J1
31075		SINUSOTOMY FRONTAL TRANSORBITAL UNILATERAL	1863.75	1863.75	030	2	10352.41	J1
31080		SINUSOTOMY FRNT OBLITERATIVE W/O FLAP BROW INC	2450.25	2450.25	030	2	8825.43	J1
31081		SINUSOT FRNT OBLIT W/O OSTPL FLAP CORONAL INC	2626.50	2626.50	030	2	9883.44	J1
31084		SINUSOT FRNT OBLIT W/OSTPL FLAP BROW INC	2717.25	2717.25	030	2	7076.91	J1
31085		SINUSOT FRNT OBLIT W/OSTPL FLAP CORONAL INC	2801.25	2801.25	030	2	9574.93	J1
31086		SINUSOT FRNT NONOBLIT W/OSTPL FLAP BROW INC	2647.50	2647.50	030	2	8989.00	J1
31087		SINUSOT FRNT NONOBLIT W/OSTPL FLAP CORONAL INC	2526.00	2526.00	030	2	5312.86	J1
31090		SINUSOT UNI 3/> PARANSL SINUSES	2484.00	2484.00	030	1	9769.57	J1
31200		ETHMOIDECTOMY INTRANASAL ANTERIOR	1404.00	1404.00	030	1	9950.73	J1
31201		ETHMOIDECTOMY INTRANASAL TOTAL	1754.25	1754.25	030	1	2592.24	J1
31205		ETHMOIDECTOMY EXTRANASAL TOTAL	2109.75	2109.75	030	2	5675.37	J1
31225		MAXILLECTOMY W/O ORBITAL EXENTERATION	4055.25	4055.25	030	2		C
31230		MAXILLECTOMY W/ORBITAL EXENTERATION	4522.50	4522.50	030	2		C
31231		NASAL ENDOSCOPY DIAGNOSTIC UNI/BI SPX	426.75	144.75	000	1	339.75	T
31233		NASAL/SINUS ENDOSCOPY DX MAXILLARY SINUSOSCOPY	607.50	304.50	000	0	679.54	T
31235		NASAL/SINUS ENDOSCOPY DX SPHENOID SINUSOSCOPY	695.25	362.25	000	0	3017.82	J1
31237		NASAL/SINUS NDSC SURG W/BX POLYPC/DBRDMT SPX	597.00	362.25	000	1	3010.28	J1
31238		NASAL/SINUS NDSC SURG W/CONTROL NASAL HEMORRHAGE	579.75	377.25	000	0	3007.57	J1
31239		NASAL/SINUS NDSC SURG W/DACRYOCYSTORHINOSTOMY	1371.00	1371.00	010	0	6219.24	J1
31240		NASAL/SINUS NDSC SURG W/CONCHA BULLOSA RESECTION	359.25	359.25	000	0	3009.98	J1
31241		NASAL/SINUS NDSC SURG W/LIG SPHENOPALATINE ART	994.50	994.50	000	0	2957.76	J1
31242		NASAL/SINUS NDSC DSTRJ RF ABLATION PST NSL NRV	5355.00	354.75	000	1	7143.17	J1
31243		NASAL/SINUS NDSC DSTRJ CRYOABLATION PST NSL NRV	5199.75	354.75	000	1	5930.89	J1
31253		NASAL/SINUS NDSC TOT W/FRNT SINS EXPL TISS RMVL	1119.00	1119.00	000	1	10510.38	J1
31254		NASAL/SINUS NDSC W/PARTIAL ETHMOIDECTOMY	984.00	546.00	000	1	11526.78	J1
31255		NASAL/SINUS NDSC W/TOTAL ETHOIDECTOMY	724.50	724.50	000	1	11150.02	J1
31256		NASAL/SINUS ENDOSCOPY W/MAXILLARY ANTROSTOMY	407.25	407.25	000	1	6214.72	J1
31257		NASAL/SINUS NDSC TOTAL WITH SPHENOIDOTOMY	998.25	998.25	000	1	10740.56	J1
31259		NASAL/SINUS NDSC TOT W/SPHENDT W/SPHEN TISS RMVL	1056.75	1056.75	000	1	10514.02	J1
31267		NSL/SINUS NDSC MAX ANTROST W/RMVL TISS MAX SINUS	594.75	594.75	000	1	11710.91	J1
31276		NASAL/SINUS NDSC W/RMVL TISS FROM FRONTAL SINUS	847.50	847.50	000	1	10488.57	J1
31287		NASAL/SINUS ENDOSCOPY W/SPHENOIDOTOMY	452.25	452.25	000	0	11011.93	J1
31288		NSL/SINUS NDSC SPHENDT RMVL TISS SPHENOID SINUS	525.75	525.75	000	0	11541.32	J1
31290		NASAL/SINUS NDSC RPR CEREBRSP FLUID LEAK ETHMOID	2583.75	2583.75	010	0		C
31291		NASAL/SINUS NDSC RPR CEREBSP FLUID LEAK SPHENOID	2766.00	2766.00	010	0		C
31292		NASAL/SINUS NDSC SURG MEDIAL/INF ORB WALL DCMPRN	2229.75	2229.75	010	0	11422.60	J1
31293		NASAL/SINUS NDSC SURG MEDIAL&INF ORB WALL DCMPRN	2412.75	2412.75	010	0	12093.73	J1
31294		NASAL/SINUS NDSC SURG W/OPTIC NERVE DCMPRN	2757.75	2757.75	010	0	9892.56	J1
31295		NASAL/SINUS NDSC SURG W/DILATION MAXILLARY SINUS	3528.75	355.50	000	2	6906.38	J1
31296		NASAL/SINUS NDSC SURG W/DILATION FRONTAL SINUS	3588.00	405.75	000	2	8660.52	J1
31297		NASAL/SINUS NDSC SURG W/DILATION SPHENOID SINUS	3496.50	324.00	000	0	8905.24	J1
31298		NASAL/SINUS NDSC SURG W/DILATION FRNT&SPHN SINUS	6624.75	573.00	000	0	8834.98	J1
31299		UNLISTED PROCEDURE ACCESSORY SINUSES	BR	BR	YYY	0	394.40	T
31300		LARYNGOTOMY W/RMVL TUMOR/LARYNGOCELE CORDECTOMY	2817.75	2817.75	030	2	5669.70	J1
31360		LARYNGECTOMY TOTAL W/O RADICAL NECK DISSECTION	4623.75	4623.75	030	2		C
31365		LARYNGECTOMY TOTAL W/RADICAL NECK DISSECTION	5708.25	5708.25	030	2		C
31367		LARYNGECTOMY STOT SUPRAGLOTTIC W/O RAD NECK DSJ	4889.25	4889.25	030	2		C
31368		LARYNGECTOMY STOT SUPRAGLOTTIC W/RAD NCK DSJ	5400.75	5400.75	030	2		C
31370		PARTIAL LARYNGECTOMY HEMILARYGECTOMY HORIZONTAL	4586.25	4586.25	030	2		C
31375		PARTIAL LARYNGECTOMY HEMILARYNG LATEROVERTICAL	4362.00	4362.00	030	2		C
31380		PARTIAL LARYNGECTOMY HEMILARYNG ANTEROVERTICAL	4301.25	4301.25	030	2		C
31382		PARTIAL LARYNG HEMILARYNG ANTERO-LATERO-VERTICAL	4707.75	4707.75	030	2		C
31390		PHARYNGOLARYNGECTOMY W/RAD NECK DSJ W/O RCNSTJ	6281.25	6281.25	030	2		C

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31395		PHARYNGOLARYNGECTOMY W/RAD NECK DSJ W/RCNSTJ	6583.50	6583.50	030	2		C
31400		ARYTENOIDECTOMY/ARYTENOIDOPEXY XTRNL APPROACH	2296.50	2296.50	030	2	9778.88	J1
31420		EPIGLOTTIDECTOMY	1883.25	1883.25	030	2	10161.92	J1
31500		INTUBATION ENDOTRACHEAL EMERGENCY PROCEDURE	317.25	317.25	000	1	406.14	T
31502		TRACHEOTOMY TUBE CHANGE PRIOR TO FISTULA TRACT	77.25	77.25	000	1	405.93	T
31505		LARYNGOSCOPY INDIRECT DIAGNOSTIC SPX	198.00	112.50	000	1	339.75	T
31510		LARYNGOSCOPY INDIRECT W/BIOPSY	483.75	274.50	000	0	6452.16	J1
31511		LARYNGOSCOPY INDIRECT W/REMOVAL FOREIGN BODY	470.25	302.25	000	1	339.75	T
31512		LARYNGOSCOPY INDIRECT W/REMOVAL LESION	486.00	291.75	000	0	6399.26	J1
31513		LARYNGOSCOPY INDIRECT W/VOCAL CORD INJECTION	295.50	295.50	000	0	544.18	T
31515		LARYNGOSCOPY W/WO TRACHEOSCOPY ASPIRATION	482.25	251.25	000	1	679.54	T
31520		LARYNGOSCOPY W/WO TRACHEOSCOPY DX NEWBORN	353.25	353.25	000	0	679.54	T
31525		LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN	561.75	360.75	000	1	2988.86	J1
31526		LARYNGOSCOPY W/WO TRACHEOSCOPY W/MICRO/TELESCOPE	354.75	354.75	000	1	2956.26	J1
31527		LARYNGOSCOPY W/WO TRACHEOSCOPY INSERT OBTURATOR	439.50	439.50	000	0	6452.16	J1
31528		LARYNGOSCOPY W/WO TRACHEOSCOPY W/DILATION IN	325.50	325.50	000	0	5537.25	J1
31529		LARYNGOSCOPY W/WO TRACHEOSCOPY DILATION SUBSQ	362.25	362.25	000	0	5354.00	J1
31530		LARYNGOSCOPY W/FOREIGN BODY REMOVAL	447.00	447.00	000	1	3007.25	J1
31531		LARYNGOSCOPY FOREIGN BODY RMVL MICRO/TELESCOPE	473.25	473.25	000	0	6286.98	J1
31535		LARYNGOSCOPY DIRECT OPERATIVE W/BIOPSY	426.75	426.75	000	1	6431.51	J1
31536		LARYNGOSCOPY W/BIOPSY MICROSCOPE/TELESCOPE	471.75	471.75	000	1	6429.59	J1
31540		LARYNGOSCOPY EXC TUM&/STRIPPING CORDS/EPIGLOTT	541.50	541.50	000	1	6376.02	J1
31541		LARGSC EXC TUM&/STRPG CORDS/EPIGL MCRSCP/TLSCP	589.50	589.50	000	1	6282.47	J1
31545		LARGSC MICRO/TELESCOPE RMVL LES VOCAL CORD FLAP	808.50	808.50	000	1	6391.51	J1
31546		LARGSC MICRO/TELESCOPE RMVL LES VOCAL CORD GRAFT	1225.50	1225.50	000	1	10687.25	J1
31551		LARYNGOPLASTY LARYNGEAL STEN W/O STENT < 12 YRS	3489.75	3489.75	030	0	10352.41	J1
31552		LARYNGOPLASTY LARYNGEAL STEN W/O STENT 12 YRS >	3369.75	3369.75	030	0	9768.54	J1
31553		LARYNGOPLASTY LARYNGEAL STEN W/STENT < 12 YRS	3783.75	3783.75	030	0	10352.41	J1
31554		LARYNGOPLASTY LARYNGEAL STEN W/STENT 12 YRS >	3785.25	3785.25	030	0	9756.11	J1
31560		LARYNGOSCOPY DIRECT OPERATIVE W/ARYTENOIDECTOMY	699.75	699.75	000	0	10704.21	J1
31561		LARGSC ARYTENOIDECTOMY MICROSCOPE/TELESCOPE	762.75	762.75	000	0	11458.93	J1
31570		LARYNGOSCOPE INJECTION VOCAL CORD THERAPEUTIC	770.25	515.25	000	1	5016.55	J1
31571		LARGSC W/NJX VOCAL CORD THER W/MICRO/TELESCOPE	558.75	558.75	000	1	5208.82	J1
31572		LARYNGOSCOPY FLEXIBLE ABLATJ DESTJ LESION(S) UNI	1147.50	407.25	000	0	6399.26	J1
31573		LARYNGOSCOPY FLEXIBLE THERAPEUTIC INJECTION UNI	642.00	335.25	000	0	2952.93	J1
31574		LARYNGOSCOPY FLEXIBLE W/INJECTION AGMNTJ UNI	2015.25	336.75	000	0	2686.78	J1
31575		LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	287.25	156.75	000	1	339.71	T
31576		LARYNGOSCOPY FLEXIBLE W/BIOPSY(IES)	600.75	270.75	000	1	3012.40	J1
31577		LARYNGOSCOPY FLX RMVL FOREIGN BODY(S)	606.00	301.50	000	0	679.54	T
31578		LARYNGOSCOPY FLEXIBLE RMVL LESION(S) NON-LASER	681.75	336.75	000	0	6359.26	J1
31579		LARYNGOSCOPY FLX/RGD TELESCOPIC W/STROBOSCOPY	441.75	270.75	000	1	679.54	T
31580		LARYNGOPLASTY LARYN WEB W/KEEL STENT INSERTION	2891.25	2891.25	030	0	9984.89	J1
31584		LARYNGOPLASTY W/OPEN REDUCTION FRACTURE W/TRACHS	3174.00	3174.00	030	0	7492.03	J1
31587		LARYNGOPLASTY CRICOID SPLIT W/O GRAFT PLACEMENT	2736.00	2736.00	030	0	9080.10	J1
31590		LARYNGEAL REINNERVATION NEUROMUSCULAR PEDICLE	2102.25	2102.25	030	2	8424.78	J1
31591		LARYNGOPLASTY MEDIALIZATION UNLIATERAL	2496.75	2496.75	030	0	9242.63	J1
31592		CRICOTRACHEAL RESECTION	3915.75	3915.75	030	0	10213.68	J1
31599		UNLISTED PROCEDURE LARYNX	BR	BR	YYY	0	386.75	T
31600		TRACHEOSTOMY PLANNED SEPARATE PROCEDURE	681.00	681.00	000	1	5559.59	J1
31601		TRACHEOSTOMY PLANNED UNDER 2 YEARS SPX	1008.00	1008.00	000	2	10352.41	J1
31603		TRACHEOSTOMY EMERGENCY PROCEDURE TRANSTRACHEAL	713.25	713.25	000	1	2577.21	J1
31605		TRACHEOSTOMY EMERGENCY CRICOTHYROID MEMBRANE	740.25	740.25	000	1	406.39	T
31610		TRACHEOSTOMY FENESTRATION W/SKIN FLAPS	2151.00	2151.00	030	1	10202.29	J1
31611		CONSTJ TRACHEOESOPHAGEAL FSTL&INSJ SP PROSTH	1212.00	1212.00	030	2	5466.53	J1
31612		TRACHEAL PNXR PERQ W/TRANSTRACHEAL ASPIR&/NJX	208.50	108.75	000	0	5591.95	J1
31613		TRACHEOSTOMA REVJ SMPL W/O FLAP ROTATION	952.50	952.50	030	1	5593.09	J1
31614		TRACHEOSTOMA REVJ CPLX W/FLAP ROTATION	1605.00	1605.00	030	1	10130.86	J1
31615		TRACHEOBRONCHOSCOPY THRU EST TRACHEOSTOMY INC	384.00	261.00	000	1	891.10	T
31622		BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX	564.00	292.50	000	1	2998.82	J1
31623		BRNCHSC BRUSHING/PROTECTED BRUSHINGS	613.50	291.00	000	1	3010.28	J1
31624		BRNCHSC W/BRNCL ALVEOLAR LAVAGE	573.75	295.50	000	1	3010.28	J1

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	31625		BRONCHOSCOPY BRONCHIAL/ENDOBRNCL BX 1+ SITES	774.75	343.50	000	1	2981.30	J1
	31626		BRONCHOSCOPY W/PLMT FIDUCIAL MARKERS SINGLE/MULT	1713.75	438.00	000	0	10889.57	J1
+	31627		BRONCHOSCOPY W/CPTR-ASST IMAGE-GUIDED NAVIGATION	2268.00	211.50	ZZZ	0		N
	31628		BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX 1 LOBE	823.50	386.25	000	1	6377.96	J1
	31629		BRONCHOSCOPY NEEDLE BX TRACHEA MAIN STEM&/BRON	997.50	411.75	000	1	6304.41	J1
	31630		BRNCHSC W/TRACHEAL/BRONCHIAL DILAT/CLSD RDCTJ FX	438.75	438.75	000	1	5490.15	J1
	31631		BRONCHOSCOPY W/PLACEMENT TRACHEAL STENT	500.25	500.25	000	1	9113.60	J1
+	31632		BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX EACH LOBE	144.00	106.50	ZZZ	1		N
+	31633		BRONCHOSCOPY W/TRANSBRONCL NDL ASPIR BX EA LOBE	180.75	138.75	ZZZ	1		N
	31634		BRONCHOSCOPY BALLOON OCCLUSION	3147.75	416.25	000	2	10024.60	J1
	31635		BRONCHOSCOPY W/REMOVAL FOREIGN BODY	657.75	387.00	000	1	2969.84	J1
	31636		BRNCHSC W/PLACEMENT BRNCL STENT 1ST BRONCHUS	480.00	480.00	000	1	7009.35	J1
+	31637		BRONCHOSCOPY EACH MAJOR BRONCHUS STENTED	167.25	167.25	ZZZ	1		N
	31638		BRNCHSC REVJ TRACHEAL/BRNCL STENT INS PREV SESS	543.00	543.00	000	1	10189.36	J1
	31640		BRONCHOSCOPY W/EXCISION TUMOR	543.00	543.00	000	1	6052.13	J1
	31641		BRNCHSC W/DSTRJ TUM RELIEF STENOSIS OTH/THN EXC	556.50	556.50	000	1	5923.09	J1
	31643		BRNCHSC W/PLMT CATH INTRCV RADIOELMNT APPL	373.50	373.50	000	1	2921.56	J1
	31645		BRONCHOSCOPY W/THER ASPIR TRACHBRNCL TREE 1ST	616.50	324.75	000	1	2987.04	J1
	31646		BRONCHOSCOPY W/THER ASPIR TRACHBRNCL TREE SBSQ	315.00	315.00	000	1	643.53	T
	31647		BRNCHSC OCCLUSION&INSERT BRONCH VALVE INIT LOBE	452.25	452.25	000	1	5235.81	J1
	31648		BRNCHSC REMOVAL BRONCHIAL VALVE INITIAL	433.50	433.50	000	1	6334.74	J1
+	31649		BRNCHSC REMOVAL BRONCHIAL VALVE EA ADDL	152.25	152.25	ZZZ	1	3017.82	Q2
+	31651		BRNCHSC OCCLUSION&INSERT BRONCH VALVE ADDL LOBE	166.50	166.50	ZZZ	1		N
	31652		BRNCHSC EBUS GUIDED SAMPL 1/2 NODE STATION/STRUX	2678.25	486.00	000	1	6378.61	J1
	31653		BRNCHSC EBUS GUIDED SAMPL 3/> NODE STATION/STRUX	2776.50	538.50	000	1	6390.23	J1
+	31654		BRNSCHSC TNDSC EBUS DX/TX INTERVENTION PERPH LES	267.75	147.00	ZZZ	1		N
	31660		BRONCHOSCOPIC THERMOPLASTY ONE LOBE	414.75	414.75	000	1	5262.46	J1
	31661		BRONCHOSCOPIC THERMOPLASTY 2/> LOBES	439.50	439.50	000	1	5492.64	J1
	31717		CATHETERIZATION W/BRONCHIAL BRUSH BIOPSY	628.50	233.25	000	1	679.54	T
	31720		CATHETER ASPIRATION NASOTRACHEAL SPX	119.25	119.25	000	1	355.01	Q1
	31725		CATH ASPIR TRACHEOBRNCL FIBERSCOPE BEDSIDE SPX	174.75	174.75	000	1		C
	31730		TTRACH INTRO NDL WIRE DIL/STENT/TUBE O2 THER	2295.00	333.75	000	1	3017.82	J1
	31750		TRACHEOPLASTY CERVICAL	3039.75	3039.75	030	2	9976.61	J1
	31755		TRACHEOPLASTY TRACHEOPHARYNGEAL FSTLJ EA STAGE	3888.75	3888.75	030	2	10352.41	J1
	31760		TRACHEOPLASTY INTRATHORACIC	3069.00	3069.00	030	2		C
	31766		CARINAL RECONSTRUCTION	3944.25	3944.25	030	2		C
	31770		BRONCHOPLASTY GRAFT REPAIR	2952.75	2952.75	030	2		C
	31775		BRONCHOPLASTY EXCISION STENOSIS & ANASTOMOSIS	3110.25	3110.25	030	2		C
	31780		EXCISION TRACHEAL STENOSIS&ANASTOMOSIS CERVICA	2707.50	2707.50	030	2		C
	31781		EXC TRACHEAL STENOSIS&ANAST CERVICOTHORACIC	3240.00	3240.00	030	2		C
	31785		EXCISION TRACHEAL TUMOR/CARCINOMA CERVICAL	2422.50	2422.50	030	2	10298.58	J1
	31786		EXCISION TRACHEAL TUMOR/CARCINOMA THORACIC	3207.00	3207.00	030	2		C
	31800		SUTURE TRACHEAL WOUND/INJURY CERVICAL	1590.00	1590.00	030	0		C
	31805		SUTURE TRACHEAL WOUND/INJURY INTRATHORACIC	1833.75	1833.75	030	2		C
	31820		SURG CLSR TRACHEOSTOMY/FISTULA W/O PLASTIC RPR	996.00	752.25	030	0	5661.18	J1
	31825		SURG CLSR TRACHEOSTOMY/FISTULA W/PLASTIC RPR	1386.00	1102.50	030	0	5659.48	J1
	31830		REVISION TRACHEOSTOMY SCAR	1113.00	834.75	030	0	5675.37	J1
	31899		UNLISTED PROCEDURE TRACHEA BRONCHI	BR	BR	YYY	0	334.15	T
	32035		THORACOSTOMY W/RIB RESECTION EMPYEMA	1651.50	1651.50	030	2		C
	32036		THORACOSTOMY OPEN FLAP DRAINAGE EMPYEMA	1764.00	1764.00	030	2		C
	32096		THORACTOMY W/DX BX LUNG INFILTRATE UNILATERAL	1794.75	1794.75	030	2		C
	32097		THORACTOMY W/DX BX LUNG NODULE/MASS UNILATERAL	1795.50	1795.50	030	2		C
	32098		THORACOTOMY W/BIOPSY OF PLEURA	1690.50	1690.50	030	2		C
	32100		THORACOTOMY WITH EXPLORATION	1819.50	1819.50	030	2		C
	32110		THORCOM CTRL TRAUMTC HEMRRG&/RPR LNG TEAR	3311.25	3311.25	030	2		C
	32120		THORACOTOMY POSTOPERATIVE COMPLICATIONS	1960.50	1960.50	030	2		C
	32124		THORACOTOMY OPN INTRAPLEURAL PNEUMONOLYSIS	2067.75	2067.75	030	2		C
	32140		THORCOM W/REMOVAL OF CYST	2217.00	2217.00	030	2		C
	32141		THORACOTOMY W/RESECTION BULLAE	3385.50	3385.50	030	2		C
	32150		THORCOM W/RMVL INTRAPLEURAL FB/FIBRIN DEP	2277.75	2277.75	030	2		C
	32151		THORCOM W/RMVL IPUL FB	2247.75	2247.75	030	2		C

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	32160		THORACOTOMY W/CARDIAC MASSAGE	1798.50	1798.50	030	2		C
	32200		PNEUMONOSTOMY W/OPEN DRAINAGE ABSCESS/CYST	2554.50	2554.50	030	2		C
	32215		PLEURAL SCARIFICATION REPEAT PNEUMOTHORAX	1800.75	1800.75	030	2		C
	32220		DECORTICATION PULMONARY TOTAL SEPARATE PROCEDURE	3573.00	3573.00	030	2		C
	32225		DECORTICATION PULMONARY PARTIAL SEPARATE PROC	2226.00	2226.00	030	2		C
	32310		PLEURECTOMY PARIETAL SEPARATE PROCEDURE	2057.25	2057.25	030	2		C
	32320		DECORTICATION & PARIETAL PLEURECTOMY	3581.25	3581.25	030	2		C
	32400		BIOPSY PLEURA PERCUTANEOUS NEEDLE	381.00	185.25	000	1	2805.37	J1
	32408		CORE NEEDLE BX LUNG/MEDIASTINUM PERQ W/IMG	1837.50	335.25	000	1	2765.67	J1
	32440		REMOVAL OF LUNG PNEUMONECTOMY	3495.00	3495.00	030	2		C
	32442		REMOVAL LUNG PNEUMONECTOMY RESXN SGMNT TRACHEA	6751.50	6751.50	030	2		C
	32445		REMOVAL LUNG PNEUMONECTOMY EXTRAPLEURAL	7820.25	7820.25	030	2		C
	32480		RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT	3294.00	3294.00	030	2		C
	32482		RMVL LUNG OTHER THAN PNEUMONECT 2 LOBES BILOBEC	3525.75	3525.75	030	2		C
	32484		RMVL LUNG OTHER THAN PNEUMONECT 1 SEGMENTECTOMY	3191.25	3191.25	030	2		C
	32486		RMVL LUNG XCP TOT PNEUMONECTOMY SLEEVE LOBECTOMY	5181.75	5181.75	030	2		C
	32488		RMVL LUNG OTHER/THAN PNUMEC COMPLETION PNUMEC	5303.25	5303.25	030	2		C
	32491		RMVL LUNG OTH/THN PNUMEC RESXN-PLCTJ EMPHY LUNG	3285.75	3285.75	030	2		C
+	32501		RESCJ&BRONCHOPLASTY PFRMD TM LOBEC/SGMECTOMY	535.50	535.50	ZZZ	2		C
	32503		RESCJ APICAL LUNG TUMOR W/O CHEST WALL RCNSTJ	3987.75	3987.75	030	2		C
	32504		RESCJ APICAL LUNG TUMOR W/CHEST WALL RCNSTJ	4536.75	4536.75	030	2		C
	32505		THORACOTOMY W/THERAPEUTIC WEDGE RESEXN INITIAL	2081.25	2081.25	030	2		C
+	32506		THORACOTOMY W/THERAP WEDGE RESEXN ADDL IPSILATRL	342.75	342.75	ZZZ	2		C
+	32507		THORACOTOMY W/DX WEDGE RESEXN & ANTOM LUNG RESE	342.75	342.75	ZZZ	2		C
	32540		EXTRAPLEURAL ENUCLEATION EMPYEMA EMPYEMECTOMY	3840.75	3840.75	030	2		C
	32550		INSERTION INDWELLING TUNNELED PLEURAL CATHETER	1666.50	451.50	000	1	4534.93	J1
	32551		TUBE THORACOSTOMY INCLUDES WATER SEAL	345.75	345.75	000	1	2648.66	J1
	32552		RMVL NDWELLG TUNNELED PLEURAL CATHETER W/CUFF	409.50	350.25	010	0	1064.65	Q2
	32553		PLMT NTRSTL DEV RADJ THX GID PRQ INTRATHRC 1/MLT	1115.25	390.00	000	2	1466.85	S
	32554		THORACENTESIS NEEDLE/CATH PLEURA W/O IMAGING	515.25	195.75	000	1	1058.80	T
	32555		THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	689.25	240.75	000	1	1029.70	T
	32556		PERQ DRAINAGE PLEURA INSERT CATH W/O IMAGING	1602.75	276.75	000	1	3082.70	J1
	32557		PERQ DRAINAGE PLEURA INSERT CATH W/IMAGING	1434.00	328.50	000	1	2190.04	J1
	32560		INSTLJ VIA CHEST TUBE/CATH AGENT FOR PLEURODESIS	550.50	168.00	000	1	1022.88	T
	32561		INSTLJ VIA CH TUBE/CATH AGENT FBRNLYSIS 1ST DAY	213.75	149.25	000	2	1030.02	T
	32562		INSTLJ CH TUBE/CATH AGENT FBRNLYSIS SBSQ DAY	191.25	132.75	000	2	1081.96	T
	32601		THORSC DX LUNGS/PERICAR/MED/PLEURAL SPACE W/O BX	684.75	684.75	000	0	9532.18	J1
	32604		THORACOSCOPY DX PERICARDIAL SAC W/BIOPSY SPX	1061.25	1061.25	000	0	18154.05	J1
	32606		THORACOSCOPY DX MEDIASTINAL SPACE W/BIOPSY SPX	1025.25	1025.25	000	0	10088.63	J1
	32607		THORACOSCOPY W/DX BX OF LUNG INFILTRATE UNILATRL	684.00	684.00	000	0	17308.66	J1
	32608		THORACOSCOPY W/DX BX OF LUNG NODULES UNILATRL	840.75	840.75	000	0	17911.72	J1
	32609		THORACOSCOPY WITH BIOPSYIES OF PLEURA	566.25	566.25	000	0	9418.85	J1
	32650		THORACOSCOPY W/PLEURODESIS	1498.50	1498.50	030	2		C
	32651		THORACOSCOPY W/PARTIAL PULMONARY DECORTICATION	2443.50	2443.50	030	2		C
	32652		THRSC TOT PULM DCRTCTJ INTRAPLEURAL PNEUMONOLSS	3697.50	3697.50	030	2		C
	32653		THORACOSCOPY RMVL INTRAPLEURAL FB/FIBRIN DEPOSIT	2366.25	2366.25	030	2		C
	32654		THORACOSCOPY CONTROL TRAUMATIC HEMORRHAGE	2672.25	2672.25	030	2		C
	32655		THORACOSCOPY W/RESECTION BULLAE W/WO PLEURAL PX	2136.75	2136.75	030	2		C
	32656		THORACOSCOPY W/PARIETAL PLEURECTOMY	1800.75	1800.75	030	2		C
	32658		THORACOSCOPY W/RMVL CLOT/FB FROM PERICARDIAL SAC	1602.00	1602.00	030	2		C
	32659		THRSC CRTJ PRCRD WINDOW/PRTL RESCJ PRCRD SAC	1645.50	1645.50	030	2		C
	32661		THORACOSCOPY W/EXC PERICARDIAL CYST TUMOR/MASS	1785.75	1785.75	030	2		C
	32662		THORACOSCOPY W/EXC MEDIASTINAL CYST TUMOR/MASS	1998.75	1998.75	030	2		C
	32663		THORACOSCOPY W/LOBECTOMY SINGLE LOBE	3108.00	3108.00	030	2		C
	32664		THORACOSCOPY W/THORACIC SYMPATHECTOMY	1895.25	1895.25	030	2		C
	32665		THORACOSCOPY W/ESOPHAGOMYOTOMY HELLER TYPE	2741.25	2741.25	030	2		C
	32666		THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT	1945.50	1945.50	030	2		C
+	32667		THORACOSCOPY W/THERA WEDGE RESEXN ADDL IPSILATRL	343.50	343.50	ZZZ	2		C
+	32668		THORACOSCOPY W/DX WEDGE RESEXN ANATO LUNG RESEXN	344.25	344.25	ZZZ	2		C
	32669		THORACOSCOPY W/SEGMENTECTOMY	2985.00	2985.00	030	2		C
	32670		THORACOSCOPY W/BILOBECTOMY	3553.50	3553.50	030	2		C

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	32671		THORACOSCOPY W/PNEUMONECTOMY	3930.75	3930.75	030	2		C
	32672		THORACOSCOPY W/RESEXN-PLICAJ EMPHYSEMA LUNG UNIL	3369.75	3369.75	030	2		C
	32673		THORACOSCOPY RESEXN THYMUS UNI/BILATERAL	2704.50	2704.50	030	2		C
+	32674		THORCOSCPY W/MEDIASTINL & REGIONL LYMPHDENECTOMY	473.25	473.25	ZZZ	2		C
	32701		THORAX STEREOTACTIC RADIATION TARGET W/TX COURSE	461.25	461.25	XXX	0		B
	32800		REPAIR LUNG HERNIA THROUGH CHEST WALL	2124.00	2124.00	030	2		C
	32810		CLSR CH WALL FLWG OPN FLAP DRG EMPYEMA	2018.25	2018.25	030	2		C
	32815		OPEN CLOSURE MAJOR BRONCHIAL FISTULA	6214.50	6214.50	030	2		C
	32820		MAJOR RECONSTRUCTION CHEST WALL POSTTRAUMATIC	3123.75	3123.75	030	2		C
	32850		DONOR PNEUMONECTOMY FROM CADAVER DONOR	7290.75	7290.75	XXX	9		C
	32851		LUNG TRANSPLANT 1 W/O CARDIOPULMONARY BYPASS	7259.25	7259.25	030	2		C
	32852		LUNG TRANSPLANT 1 W/CARDIOPULMONARY BYPASS	7815.00	7815.00	030	2		C
	32853		LUNG TRANSPLANT 2 W/O CARDIOPULMONARY BYPASS	10155.75	10155.75	030	2		C
	32854		LUNG TRANSPLANT 2 W/CARDIOPULMONARY BYPASS	10734.00	10734.00	030	2		C
	32855		BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT UNI	1118.25	1118.25	XXX	2		C
	32856		BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT BI	2221.50	2221.50	XXX	2		C
	32900		RESECTION RIBS EXTRAPLEURAL ALL STAGES	3274.50	3274.50	030	2		C
	32905		THORACOPLASTY SCHEDE TYPE/EXTRAPLEURAL	2971.50	2971.50	030	2		C
	32906		THORACOP SCHEDE TYP/XTRPLEURAL CLSR BRNCPLR FSTL	3659.25	3659.25	030	2		C
	32940		PNEUMONOLYSIS XTRPRIOSTEAL W/FILLING/PACKING PX	2749.50	2749.50	030	2		C
	32960		PNEUMOTHORAX THER INTRAPLEURAL INJECTION AIR	284.25	201.75	000	1	1081.96	T
	32994		ABLATION THER 1+ PULM TUMORS PERQ CRYOABLATION	10332.00	966.75	000	2	10155.62	J1
	32997		TOTAL LUNG LAVAGE UNILATERAL	741.75	741.75	000	1		C
	32998		ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY	6606.75	966.00	000	2	8138.50	J1
	32999		UNLISTED PROCEDURE LUNGS & PLEURA	BR	BR	YYY	1	877.14	T
	33016		PERICARDIOCENTESIS W/IMG GUIDANCE WHEN PERFORMED	516.75	516.75	000	1	2470.06	J1
	33017		PERQ PRCRD DRG 6YR+ W/O CONGENITAL CAR ANOMALY	543.75	543.75	000	1		C
	33018		PERQ PRCRD DRG 0-5YR/ANY AGE W/CGEN CAR ANOMALY	638.25	638.25	000	1		C
	33019		PERQ PERICARDIAL DRG W/INSJ NDWELLG CATH W/CT	461.25	461.25	000	1		C
	33020		PERICARDIOTOMY REMOVAL CLOT/FOREIGN BODY PRIMARY	1847.25	1847.25	030	2		C
	33025		CRTJ PERICARDIAL WINDOW/PRTL RESECJ W/DRG/BX	1719.75	1719.75	030	2		C
	33030		PRICARDIECTOMY STOT/COMPL W/O CARDPULM BYPASS	4436.25	4436.25	030	2		C
	33031		PRICARDIECTOMY STOT/COMPL W/CARDPULM BYPASS	5473.50	5473.50	030	2		C
	33050		RESECTION PERICARDIAL CYST/TUMOR	2250.00	2250.00	030	2		C
	33120		EXC INTRACARDIAC TUMOR RESCJ CARDIOPULMONARY BYP	4626.75	4626.75	030	2		C
	33130		RESECTION EXTERNAL CARDIAC TUMOR	3030.00	3030.00	030	2		C
	33140		TRANSMYOCARDIAL LASER REVASCULAR THORACOTOMY SPX	3440.25	3440.25	030	2		C
+	33141		TRANSMYOCRD LASER REVSC PFRMD TM OTH OPN CAR PX	291.00	291.00	ZZZ	2		C
	33202		INSERTION EPICARDIAL ELECTRODE OPEN	1716.75	1716.75	030	1		C
	33203		INSERTION EPICARDIAL ELECTRODE ENDOSCOPIC	1805.25	1805.25	030	1		C
	33206		INS NEW/RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	1010.25	1010.25	030	1	8184.68	J1
	33207		INS NEW/RPLC PRM PACEMAKER W/TRANSV ELTRD VENTR	1062.75	1062.75	030	1	8448.41	J1
	33208		INS NEW/RPLCMT PRM PM W/TRANSV ELTRD ATRIAL&VENT	1147.50	1147.50	030	1	7805.56	J1
	33210		INSJ/RPLCMT TEMP TRANSVNS 1CHMBR ELTRD/PM CATH	355.50	355.50	000	1	11663.14	J1
	33211		INSJ/RPLCMT TEMP TRANSVNS 2CHMBR PACG ELTRDS SPX	369.00	369.00	000	1	4977.79	J1
	33212		INS PM PLS GEN W/EXIST SINGLE LEAD	721.50	721.50	030	1	6919.96	J1
	33213		INS PACEMAKER PULSE GEN ONLY W/EXIST DUAL LEADS	750.75	750.75	030	1	7959.40	J1
	33214		UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS	1064.25	1064.25	030	0	7847.68	J1
	33215		RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	690.75	690.75	030	1	4536.49	J1
	33216		INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	826.50	826.50	030	1	9348.76	J1
	33217		INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	822.00	822.00	030	1	8153.92	J1
	33218		RPR 1 TRANSVNS ELTRD PRM PM/PACING IMPLNTBL DFB	866.25	866.25	030	1	4840.27	T
	33220		RPR 2 TRANSVNS ELECTRODES PRM PM/IMPLANTABLE DFB	848.25	848.25	030	1	4502.09	T
	33221		INS PACEMAKER PULSE GEN ONLY W/EXIST MULT LEADS	793.50	793.50	030	1	13706.93	J1
	33222		RELOCATION OF SKIN POCKET FOR PACEMAKER	766.50	766.50	030	1	2507.79	T
	33223		RELOCATE SKIN POCKET IMPLANTABLE DEFIBRILLATOR	909.00	909.00	030	0	2320.20	T
	33224		INSJ ELTRD CAR VEN SYS ATTCH PREV PM/DFB PLS GEN	1128.00	1128.00	000	1	8981.35	J1
+	33225		INSJ ELTRD CAR VEN SYS TM INSJ DFB/PM PLS GEN	1017.00	1017.00	ZZZ	1		N
	33226		RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD	1080.00	1080.00	000	1	3081.80	J1
	33227		REMVL PERM PM PLSE GEN W/REPL PLSE GEN SNGL LEAD	753.75	753.75	030	1	6541.96	J1
	33228		REMVL PERM PM PLS GEN W/REPL PLSE GEN 2 LEAD SYS	789.00	789.00	030	1	8137.06	J1

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	Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
	33229		REMVL PERM PM PLS GEN W/REPL PLSE GEN MULT LEAD	827.25	827.25	030	1	13076.14	J1
	33230		INSJ IMPLNTBL DEFIB PULSE GEN W/EXIST DUAL LEADS	830.25	830.25	030	1	12994.10	J1
	33231		INSJ IMPLNTBL DEFIB PULSE GEN W/EXIST MULTILEADS	889.50	889.50	030	1	19946.31	J1
	33233		REMOVAL PERMANENT PACEMAKER PULSE GENERATOR ONLY	520.50	520.50	030	1	10406.01	Q2
	33234		RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR	1075.50	1075.50	030	1	5016.04	Q2
	33235		RMVL TRANSVNS PM ELTRD DUAL LEAD SYS	1413.00	1413.00	030	1	5551.02	Q2
	33236		RMVL PRM EPICAR PM&ELTRDS THORCOM 1 LEAD SYS	1753.50	1753.50	030	0		C
	33237		RMVL PRM EPICAR PM&ELTRDS THORCOM DUAL LEAD SY	1878.00	1878.00	030	0		C
	33238		RMVL PRM TRANSVENOUS ELECTRODE THORACOTOMY	2113.50	2113.50	030	0		C
	33240		INSJ IMPLNTBL DEFIB PULSE GEN W/1 EXISTING LD	799.50	799.50	030	1	15217.39	J1
	33241		REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY	480.00	480.00	030	1	4844.74	Q2
	33243		RMVL 1/DUAL CHAMBER DEFIB ELECTRODE BY THORACOM	3057.00	3057.00	030	2		C
	33244		RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ	1911.00	1911.00	030	1	4493.81	Q2
	33249		INSJ/RPLCMT PERM DFB W/TRNSVNS LDS 1/DUAL CHMBR	2019.00	2019.00	030	1	17056.76	J1
	33250		ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/O BYPASS	3225.75	3225.75	030	2		C
	33251		ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/BYPASS	3614.25	3614.25	030	2		C
	33254		ABLATION & RECONSTRUCTION ATRIA LIMITED	3021.75	3021.75	030	2		C
	33255		ABLATION & RCNSTJ ATRIA EXTNSV W/O BYPASS	3600.00	3600.00	030	2		C
	33256		ABLATION & RCNSTJ ATRIA EXTNSV W/BYPASS	4260.00	4260.00	030	2		C
+	33257		ATRIA ABLATE & RCNSTJ W/OTHER PROCEDURE LIMITE	1302.00	1302.00	ZZZ	2		C
+	33258		ATRIA ABLTJ & RCNSTJ W/OTHER PX EXTENSIV W/O BYP	1445.25	1445.25	ZZZ	2		C
+	33259		ATRIA ABLTJ & RCNSTJ W/OTHER PX EXTEN W/BYPASS	1890.00	1890.00	ZZZ	2		C
	33261		OPRATIVE ABLTJ VENTR ARRHYTHMOGENIC FOC W/BYPASS	3567.00	3567.00	030	2		C
	33262		RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD	826.50	826.50	030	1	12801.62	J1
	33263		RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	859.50	859.50	030	1	12322.40	J1
	33264		RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	895.50	895.50	030	1	16046.82	J1
	33265		NDSC ABLATION & RCNSTJ ATRIA LIMITED W/O BYPAS	3027.75	3027.75	030	2		C
	33266		NDSC ABLATION & RCNSTJ ATRIA EXTEN W/O BYPASS	4083.00	4083.00	030	2		C
	33267		EXCLUSION LEFT ATRIAL APPENDAGE OPEN ANY METHOD	2322.75	2322.75	030	2		C
+	33268		EXCLUSION LAA OPEN TM STRNT/THRCM ANY METHOD	285.75	285.75	ZZZ	2		C
	33269		EXCLUSION L ATR APPENDAGE THORACOSCOPIC ANY METH	1851.00	1851.00	030	2		C
	33270		INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD	1242.00	1242.00	030	1	15895.34	J1
	33271		INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE	1011.00	1011.00	030	1	6001.75	J1
	33272		RMVL OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE	775.50	775.50	030	1	6368.78	Q2
	33273		REPOS PREVIOUSLY IMPLANTED SUBQ IMPLANTABLE DFB	892.50	892.50	030	1	5867.56	T
	33274		TCAT INSJ/RPL PERM LEADLESS PACEMAKER RV W/IMG	1058.25	1058.25	030	1	11567.61	J1
	33275		TCAT REMOVAL PERM LEADLESS PM RIGHT VENTR W/IMG	1119.00	1119.00	030	1	1883.23	J1
	33276		INSERTION PHRENIC NERVE STIMULATOR SYSTEM	1287.00	1287.00	030	1	29752.08	S
+	33277		INSJ PHRENIC NRV STIMULATOR TRANSVNS SENSING LD	612.75	612.75	ZZZ	1		N
	33278		REMOVAL PHRENIC NERVE STIMULATOR SYSTEM	1277.25	1277.25	030	1	6018.27	J1
	33279		RMVL PHRNC NRV STIMULATOR TRANSVNS STIMJ/SNSG LD	767.25	767.25	030	1	3592.31	J1
	33280		RMVL PHRENIC NRV STIMULATOR PULSE GENERATOR ONLY	464.25	464.25	030	1	6018.27	J1
	33281		REPOSITIONING PHRENIC NRV STIMULATOR TRANSVNS LD	816.00	816.00	030	1	5867.21	J1
	33285		INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	8820.75	193.50	000	1	4434.69	J1
	33286		REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR	287.25	189.75	000	1	1206.42	Q2
	33287		RMVL&RPLCMT PHRENIC NRV STIMULATOR PLS GENERATOR	866.25	866.25	030	1	13364.19	J1
	33288		RMVL&RPLCMT PHRNC NRV STIM TRNSVNS STIMJ/SNSG LD	1097.25	1097.25	030	1	7511.49	J1
	33289		TCAT IMPL WRLS P-ART PRS SNR L-T HEMODYN MNTR	737.25	737.25	000	0	11755.82	J1
	33300		REPAIR CARDIAC WOUND W/O BYPASS	5412.75	5412.75	030	2		C
	33305		REPAIR CARDIAC WOUND W/CARDIOPULMONARY BYPASS	9017.25	9017.25	030	2		C
	33310		CARDIOT EXPL W/RMVL FB ATR/VENTR THRMB W/O BYP	2598.75	2598.75	030	2		C
	33315		CARDIOT EXPL RMVL FB ATR/VENTR THRMB CARD BYP	4228.50	4228.50	030	2		C
	33320		SUTR RPR AORTA/GRT VSL W/O SHUNT/CARD BYP	2381.25	2381.25	030	2		C
	33321		SUTR RPR AORTA/GREAT VESSEL W/SHUNT BYPASS	2637.00	2637.00	030	2		C
	33322		SUTURE REPAIR AORTA/GREAT VESSEL W/BYPASS	3082.50	3082.50	030	2		C
	33330		INSJ GRAFT AORTA/GREAT VESSEL W/O SHUNT/BYPASS	3156.00	3156.00	030	2		C
	33335		INSJ GRAFT AORTA/GREAT VESSEL W/BYPASS	4128.00	4128.00	030	2		C
	33340		PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	1715.25	1715.25	000	0		C
	33361		REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	2663.25	2663.25	000	0		C
	33362		REPLACE AORTIC VALVE OPENFEMORAL ARTERY APPROACH	2906.25	2906.25	000	0		C
	33363		REPLACE AORTIC VALVE OPEN AXILLRY ARTRY APPROACH	3009.75	3009.75	000	0		C

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	33364		REPLACE AORTIC VALVE OPEN ILIAC ARTERY APPROACH	3002.25	3002.25	000	0		C
	33365		REPLACE AORTIC VALVE OPEN TRANSAORTIC APPROACH	3135.00	3135.00	000	0		C
	33366		TRANSCATHETER TRANSAPICAL REPLACEMT AORTIC VALVE	3458.25	3458.25	000	0		C
+	33367		REPLACE AORTIC VALVE W/BYP PRQ ART/VENOUS APPRCH	1340.25	1340.25	ZZZ	0		C
+	33368		REPLACE AORTIC VALVE W/BYP OPEN ART/VENOUS APRCH	1622.25	1622.25	ZZZ	0		C
+	33369		REPLACE AORTA VALVE W/BYP CNTRL ART/VENOUS APRCH	2141.25	2141.25	ZZZ	0		C
+	33370		TRANSCATHETER PLACEMENT&SBSQ REMOVAL CEPD PERQ	294.75	294.75	ZZZ	0		N
	33390		VALVULOPLASTY AORTIC VALVE OPEN CARD BYP SIMPLE	4262.25	4262.25	030	2		C
	33391		VALVULOPLASTY AORTIC VALVE OPEN CARD BYP COMPLEX	5051.25	5051.25	030	2		C
	33404		CONSTRUCTION APICAL-AORTIC CONDUIT	3868.50	3868.50	030	2		C
	33405		RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	5023.50	5023.50	030	2		C
	33406		RPLCMT AORTIC VALVE OPN ALLOGRAFT VALVE FREEHAND	6377.25	6377.25	030	2		C
	33410		RPLCMT AORTIC VALVE OPN W/STENTLESS TISSUE VALVE	5632.50	5632.50	030	2		C
	33411		RPLCMT AORTIC VALVE ANNULUS ENLGMENT NONC SINUS	7404.00	7404.00	030	2		C
	33412		REPLACEMENT AORTIC VALVE KONNO PROCEDURE	6922.50	6922.50	030	2		C
	33413		REPLACEMENT AORTIC&PULMON VALVES ROSS PROCEDUR	7096.50	7096.50	030	2		C
	33414		RPR VENTR O/F TRC OBSTRCJ PATCH ENLGMENT O/F TRC	4751.25	4751.25	030	2		C
	33415		RESECTION/INCISION SUBVALVULAR TISSUE	4488.00	4488.00	030	2		C
	33416		VENTRICULOMYOTOMY-MYECTOMY	4482.00	4482.00	030	2		C
	33417		AORTOPLASTY SUPRAVALVULAR STENOSIS	3711.00	3711.00	030	2		C
	33418		TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS	3969.75	3969.75	030	2		C
+	33419		TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS	930.75	930.75	ZZZ	2		N
	33420		VALVOTOMY MITRAL VALVE CLOSED HEART	3213.75	3213.75	030	1		C
	33422		VALVOTOMY MITRAL VALVE OPEN HEART W/BYPASS	3684.75	3684.75	030	2		C
	33425		VALVULOPLASTY MITRAL VALVE W/CARDIAC BYPASS	6027.75	6027.75	030	2		C
	33426		VLVP MITRAL VALVE W/CARD BYP W/PROSTC RING	5275.50	5275.50	030	2		C
	33427		VLVP MITRAL VALVE W/BYPASS RAD RCNSTJ W/WO RING	5391.75	5391.75	030	2		C
	33430		REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	6199.50	6199.50	030	2		C
	33440		RPLCMT AORTIC VALVE BY TLCJ AUTOL PULM VALVE	7486.50	7486.50	030	2		C
	33460		VALVECTOMY TRICUSPID VALVE W/CARDIOPULMONARY BYP	5283.00	5283.00	030	2		C
	33463		VALVULOPLASTY TRICUSPID VALVE W/O RING INSERTION	6790.50	6790.50	030	2		C
	33464		VALVULOPLASTY TRICUSPID VALVE W/RING INSERTION	5389.50	5389.50	030	2		C
	33465		REPLACEMENT TRICUSPID VALVE W/CARD BYPASS	6084.00	6084.00	030	2		C
	33468		TRICUSPID VALVE RPSG&PLCTJ EBSTEIN ANOMALY	5415.75	5415.75	030	2		C
	33474		VALVOTOMY PULMONARY VALVE OPEN HEART W/BYPASS	4830.75	4830.75	030	2		C
	33475		REPLACEMENT PULMONARY VALVE	5124.00	5124.00	030	2		C
	33476		R VENTRIC RESCJ INFUND STEN W/WO COMMISSUROTOMY	3394.50	3394.50	030	2		C
	33477		TCAT PULMONARY VALVE IMPLANTATION PRQ APPROACH	2862.00	2862.00	000	0		C
	33478		OUTFLOW TRACT AGMNTJ W/WO COMMISSUR/INFUND RESCJ	3505.50	3505.50	030	2		C
	33496		RPR NON-STRUCT PROSTC VALVE DYSFUNCTION W/BYPASS	3684.75	3684.75	030	2		C
	33500		RPR CORONARY AV/ARTERIOCAR CHMBR FSTL W/BYPASS	3455.25	3455.25	030	2		C
	33501		RPR CORONARY AV/ARTERIOCAR CHMBR FSTL W/O BYPASS	2478.00	2478.00	030	2		C
	33502		RPR ANOM CORONARY ART PULM ART ORIGIN LIGATION	2855.25	2855.25	030	2		C
	33503		RPR ANOM CORONARY ARTERY PULM ART ORIGIN GRAFT	2970.00	2970.00	030	0		C
	33504		RPR ANOM CORONARY ART PULM ART ORIGIN GRF W/BYP	3270.75	3270.75	030	2		C
	33505		RPR ANOM CORON ART W/CONSTJ INTRAPULM ART TUNNEL	4545.00	4545.00	030	2		C
	33506		RPR ANOM CORONARY ART FROM PULM ART TO AORTA	4536.00	4536.00	030	2		C
	33507		RPR ANOM AORTIC ORIGIN CORONARY ART UNROOF/TLCJ	3810.75	3810.75	030	2		C
+	33508		NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	35.25	35.25	ZZZ	2		N
⃠	33509		ENDOSCOPIC HARVEST UXTR ARTERY 1 SEGMENT CAB PX	381.75	381.75	ZZZ	2		C
	33510		CORONARY ARTERY BYPASS 1 CORONARY VENOUS GRAFT	4281.75	4281.75	030	2		C
	33511		CORONARY ARTERY BYPASS 2 CORONARY VENOUS GRAFTS	4703.25	4703.25	030	2		C
	33512		CORONARY ARTERY BYPASS 3 CORONARY VENOUS GRAFTS	5351.25	5351.25	030	2		C
	33513		CORONARY ARTERY BYPASS 4 CORONARY VENOUS GRAFTS	5467.50	5467.50	030	2		C
	33514		CORONARY ARTERY BYPASS 5 CORONARY VENOUS GRAFTS	5752.50	5752.50	030	2		C
	33516		CORONARY ARTERY BYPASS 6/+ CORONARY VENOUS GRAFT	5954.25	5954.25	030	2		C
+	33517		CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 1 VEIN	411.00	411.00	ZZZ	2		C
+	33518		CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 2 VEIN	904.50	904.50	ZZZ	2		C
+	33519		CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	1193.25	1193.25	ZZZ	2		C
+	33521		CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 4 VEIN	1432.50	1432.50	ZZZ	2		C
+	33522		CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 5 VEIN	1608.75	1608.75	ZZZ	2		C

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+	33523		CORONARY ARTERY BYP W/VEIN &ARTERY GRAFT 6 VEIN	1811.25	1811.25	ZZZ	2		C
+	33530		ROPRTJ CAB/VALVE PX > 1 MO AFTER ORIGINAL OPERJ	1152.00	1152.00	ZZZ	2		C
	33533		CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	4148.25	4148.25	030	2		C
	33534		CABG W/ARTERIAL GRAFT TWO ARTERIAL GRAFTS	4872.75	4872.75	030	2		C
	33535		CABG W/ARTERIAL GRAFT THREE ARTERIAL GRAFTS	5412.75	5412.75	030	2		C
	33536		CABG W/ARTERIAL GRAFT FOUR/>ARTERIAL GRAFTS	5830.50	5830.50	030	2		C
	33542		MYOCARDIAL RESECTION	5817.00	5817.00	030	2		C
	33545		RPR POSTINFRCJ VENTRICULAR SEPTAL DEFECT	6753.00	6753.00	030	2		C
	33548		SURG VENTRICULAR RSTRJ PX W/PROSTC PATCH PFRMD	6504.75	6504.75	030	2		C
+	33572		CORONARY ENDARTERCOMY OPEN ANY METHOD	504.75	504.75	ZZZ	2		C
	33600		CLOSURE ATRIOVENTRICULAR VALVE SUTURE/PATCH	3822.00	3822.00	030	2		C
	33602		CLOSURE SEMILUNAR VALVE AORTIC/PULM SUTURE/PATCH	3712.50	3712.50	030	2		C
	33606		ANAST PULMONARY ART AORTA DAMUS-KAYE-STANSEL PX	3951.75	3951.75	030	2		C
	33608		RPR CAR ANOMAL XCP PULM ATRESIA VENTR SEPTL DFCT	4003.50	4003.50	030	2		C
	33610		RPR CAR ANOMAL SURG ENLGMENT VENTR SEPTL DFCT	3948.75	3948.75	030	2		C
	33611		RPR 2 OUTLET R VNTRC W/INTRAVENTR TUNNEL RPR	4315.50	4315.50	030	2		C
	33612		RPR 2 OUTLET R VNTRC RPR R VENTR O/F TRC OBSTRCJ	4430.25	4430.25	030	2		C
	33615		RPR CAR ANOMAL CLSR SEPTL DFCT SMPL FONTAN PX	4431.00	4431.00	030	2		C
	33617		RPR COMPLEX CARDIAC ANOMALY MODIFIED FONTAN PX	4795.50	4795.50	030	2		C
	33619		RPR 1 VNTRC W/O/F OBSTRCJ&AORTIC ARCH HYPOPLAS	6090.00	6090.00	030	2		C
	33620		APPLICATION RIGHT & LEFT PULMONARY ARTERY BAND	3650.25	3650.25	030	2		C
	33621		TRANSTHORACIC CATHETER INSERTION FOR STENT PLMT	2069.25	2069.25	030	2		C
	33622		RECONSTRUCTION COMPLEX CARDIAC ANOMALY	7569.00	7569.00	030	2		C
	33641		RPR ATRIAL SEPTAL DFCT SECUNDUM W/BYP W/WO PATCH	3633.00	3633.00	030	2		C
	33645		DIR/PTCH CLS SINUS VENOSUS W/WO ANOM PUL VEN DRG	3836.25	3836.25	030	2		C
	33647		RPR ATRIAL & VENTRIC SEPTAL DFCT DIR/PATCH CLS	4022.25	4022.25	030	2		C
	33660		RPR INCPLT/PRTL AV CANAL W/WO AV VALVE RPR	3889.50	3889.50	030	2		C
	33665		RPR INTRM/TRANSJ AV CANAL W/WO AV VALVE RPR	4234.50	4234.50	030	2		C
	33670		RPR COMPL AV CANAL W/WO PROSTC VALVE	4350.00	4350.00	030	2		C
	33675		CLOSURE MULTIPLE VENTRICULAR SEPTAL DEFECTS	4359.75	4359.75	030	2		C
	33676		CLOSURE MULTIPLE VSD W/RESECTION	4475.25	4475.25	030	2		C
	33677		CLOSURE MULTIPLE VSD W/REMOVAL ARTERY BAND	4647.75	4647.75	030	2		C
	33681		CLSR 1 VENTRICULAR SEPTAL DEFECT W/WO PATCH	4101.75	4101.75	030	2		C
	33684		CLSR VSD W/WO PATCH W/PULM VLVT/INFUND RESCJ	4179.00	4179.00	030	2		C
	33688		CLSR 1 VSD W/WO PATCH W/RMVL P-ART BAND	4157.25	4157.25	030	2		C
	33690		BANDING PULMONARY ARTERY	2685.75	2685.75	030	2		C
	33692		COMPL RPR TETRALOGY FALLOT W/O PULM ATRESIA	4318.50	4318.50	030	2		C
	33694		COMPL RPR TOF W/O PULM ATRESIA W/TANULR PATCH	4315.50	4315.50	030	2		C
	33697		COMPLETE REPAIR TOF W/PULMONARY ATRESIA	4545.75	4545.75	030	2		C
	33702		RPR SINUS VALSALVA FISTULA	3443.25	3443.25	030	2		C
	33710		RPR SINUS VALSALVA FISTULA W/RPR V-SEPTAL DEFECT	4537.50	4537.50	030	2		C
	33720		RPR SINUS VALSALVA ANEURYSM	3445.50	3445.50	030	2		C
	33724		REPAIR ISOLATED PARTIAL PULM VENOUS RETURN	3410.25	3410.25	030	2		C
	33726		REPAIR PULMONARY VENOUS STENOSIS	4494.00	4494.00	030	2		C
	33730		COMPLETE RPR ANOMALOUS PULMONARY VENOUS RETURN	4449.00	4449.00	030	2		C
	33732		RPR COR TRIATM/SUPVALVR RING RESCJ L ATRIAL MEMB	3667.50	3667.50	030	2		C
	33735		ATRIAL SEPTECTOMY/SEPTOSTOMY CLOSED HEART	2895.00	2895.00	030	2		C
	33736		ATRIAL SEPTECTOMY/SEPTOSTOMY OPEN HEART W/BYPASS	3138.75	3138.75	030	2		C
	33741		TAS CONGENITAL CARDIAC ANOMALIES ANY METHOD	1651.50	1651.50	000	2		C
	33745		TIS CRTJ ST CONGENITAL CARDIAC ANOMAL 1ST SHUNT	2359.50	2359.50	000	2		C
+	33746		TIS CRTJ ST CONGENITAL CARDIAC ANOMAL EA ADDL	942.75	942.75	ZZZ	2		C
	33750		SHUNT SUBCLAVIAN TO PULMONARY ARTERY	2805.75	2805.75	030	2		C
	33755		SHUNT ASCENDING AORTA TO PULMONARY ARTERY	2942.25	2942.25	030	2		C
	33762		SHUNT DESCENDING AORTA TO PULMONARY ARTERY	2850.75	2850.75	030	2		C
	33764		SHUNT CENTRAL W/PROSTHETIC GRAFT	2942.25	2942.25	030	2		C
	33766		SHUNT SUPERIOR VENA CAVA TO PULMONARY ART 1 LUNG	2959.50	2959.50	030	2		C
	33767		SHUNT SUPERIOR VENA CAVA TO PULM ARTERY BTH LNGS	3156.75	3156.75	030	2		C
+	33768		ANASTOMOSIS CAVOPULMARY SEC SUPRIOR VENA CAVA	914.25	914.25	ZZZ	2		C
	33770		RPR TGA W/VSD&SUBPULM STEN W/O SURG ENLGMNT VSD	4674.00	4674.00	030	2		C
	33771		RPR TGA W/VSD&SUBPULM STEN W/SURG ENLGMNT VSD	4801.50	4801.50	030	2		C
	33774		RPR TGA ATRIAL BAFFLE PX W/CARDIOPULMONARY BYP	4004.25	4004.25	030	2		C

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	Code	Mod	Description	Professional Non Fac Fee	Professional Fac Fee	FUD	ASST	Outpatient Facility Fee	Outpatient Facility SI
	33775		RPR TGA ATRIAL BAFFLE PX CARD BYP RMVL PULM BAND	4119.00	4119.00	030	2		C
	33776		RPR TGA ATRIAL BAFFLE PX CARD BYP W/CLOSURE VSD	4356.75	4356.75	030	2		C
	33777		RPR TGA ATR BAFFLE PX CARD BYP RPR SBPULM OBSTRC	4191.00	4191.00	030	2		C
	33778		RPR TGA AORTIC PULMONARY ARTERY RECONSTRUCTION	5203.50	5203.50	030	2		C
	33779		RPR TGA AORTIC PULM ART RCNSTJ W/RMVL PULM BAND	5127.00	5127.00	030	2		C
	33780		RPR TGA AORTIC PULM ART RCNSTJ W/CLOSURE VSD	5227.50	5227.50	030	2		C
	33781		RPR TGA AORTIC P-ART RCNSTJ RPR SBPULMC OBSTRCJ	5095.50	5095.50	030	2		C
	33782		A-ROOT TLCJ VSD PULM STNS RPR W/O C OST RIMPLTJ	7118.25	7118.25	030	2		C
	33783		A-ROOT TLCJ VSD PULM STNS RPR W/RIMPLTJ C OSTIA	7691.25	7691.25	030	2		C
	33786		TOTAL REPAIR TRUNCUS ARTERIOSUS	5031.00	5031.00	030	2		C
	33788		REIMPLANTATION ANOMALOUS PULMONARY ARTERY	3401.25	3401.25	030	2		C
	33800		AORTIC SUSPENSION TRACHEAL DECOMPRESSION SPX	2196.00	2196.00	030	2		C
	33802		DIVISION ABERRANT VESSEL VASCULAR RING	2428.50	2428.50	030	2		C
	33803		DIVISION ABERRANT VESSEL W/REANASTOMOSIS	2558.25	2558.25	030	2		C
	33814		OBLTRJ AORTOPULMONARY SEPTAL DFCT W/CARD BYPASS	3396.75	3396.75	030	2		C
	33820		REPAIR PATENT DUCTUS ARTERIOSUS BY LIGATION	2159.25	2159.25	030	2		C
	33822		REPAIR PDA BY DIVISION YOUNGER THAN 18 YRS	2275.50	2275.50	030	2		C
	33824		REPAIR PDA BY DIVISION 18 YEARS & OLDER	2637.75	2637.75	030	2		C
	33840		EXCISION COA W/WO PDA W/DIRECT ANASTOMOSIS	2767.50	2767.50	030	2		C
	33845		EXCISION COARCTATION AORTA W/WO PDA W/GRAFT	2981.25	2981.25	030	2		C
	33851		EXC COA W/WO PDA RPR L SUBCLA ART/PROSTC	2841.75	2841.75	030	2		C
	33852		RPR HYPOPLASTIC A-ARCH W/AUTOG/PROSTC W/O BYPASS	3118.50	3118.50	030	2		C
	33853		RPR HYPOPLASTIC A-ARCH W/AUTOG/PROSTC W/BYPASS	4074.00	4074.00	030	2		C
	33858		AS-AORT GRF W/CARD BYP F/AORTIC DISSECTION	7484.25	7484.25	030	2		C
	33859		AS-AORT GRF W/CARD BYP F/AORTIC DS OTH/THN DSJ	5381.25	5381.25	030	2		C
	33863		AS-AORT GRF W/CARD BYP & AORTIC ROOT RPLCMT	6935.25	6935.25	030	2		C
	33864		ASCENDING AORTA GRF VALVE SPARE ROOT REMODEL	7089.00	7089.00	030	2		C
+	33866		AORTIC HEMIARCH GRAFT W/ISOL & CTRL ARCH VESSELS	2023.50	2023.50	ZZZ	0		N
	33871		TRANSVRS A-ARCH GRF W/CARD BYP PRFD HYPOTHERMIA	7173.00	7173.00	030	2		C
	33875		DESCENDING THORACIC AORTA GRAFT W/WO BYPASS	6048.00	6048.00	030	2		C
	33877		RPR THORACOABDOMINAL AORTIC ANEURYS W/WO BYPASS	7940.25	7940.25	030	2		C
	33880		EVASC RPR TA DPLMNT AORT-ARTC TUBE NDGFT COV LSA	3921.00	3921.00	030	2		C
	33881		EVASC RPR TA DPLMNT AORT-ARTC TUB NDGFT XCOV LSA	3368.25	3368.25	030	2		C
	33882		EVASC RPR TA DPLMNT BRNCHD NDGFT MULTIPIECE SYS	3958.50	3958.50	030	2		C
	33883		DLYD PLMT PROX XTN PROSTH NOT COV LSA ORIGIN	2439.00	2439.00	030	2		C
	33886		DLYD PLMT DSTL XTN PROSTH LVL LSA TO CELIAC ART	2109.00	2109.00	030	2		C
	33894		EVASC ST RPR COARCJ THRC/AA ACRS MAJ SIDE BRNCH	2155.50	2155.50	000	0		C
	33895		EVASC ST RPR COARCJ THRC/AA XCRSG MAJ SIDE BRNCH	1714.50	1714.50	000	0		C
	33897		PERQ TRANSLUMINAL ANGIOPLASTY NATIVE/RECR COA	1275.00	1275.00	000	0		C
	33900		PERQ P-ART REVSC ST 1ST NML NATIVE CONNJ UNI	1301.25	1301.25	000	0	8416.70	J1
	33901		PERQ P-ART REVSC ST 1ST NML NATIVE CONNJ BI	1710.75	1710.75	000	0	12558.54	J1
	33902		PERQ P-ART REVSC ST 1ST ABNOR CONNJ UNILATERAL	1651.50	1651.50	000	0	17742.13	J1
	33903		PERQ P-ART REVSC ST 1ST ABNORMAL CONNJ BILATERAL	1946.25	1946.25	000	0	7690.32	J1
+	33904		PERQ P-ART REVSC ST EA ADDL VSL/SEP LES NM/ABNL	652.50	652.50	ZZZ	0		N
	33910		PULMONARY ARTERY EMBOLECTOMY W/CARD BYPASS	5763.00	5763.00	030	2		C
	33915		PULMONARY ARTERY EMBOLECTOMY W/O CARD BYPASS	3041.25	3041.25	030	2		C
	33916		PULMONARY ENDARTERCOMY W/WO EMBOLECTOMY W/BYPASS	9208.50	9208.50	030	2		C
	33917		RPR PULMONARY ART STENOSIS RCNSTJ W/PATCH/GRAFT	3249.75	3249.75	030	2		C
	33920		RPR PULMONARY ATRESIA W/CONSTJ/RPLCMT CONDUIT	4010.25	4010.25	030	2		C
	33922		TRANSECTION PULMONARY ARTERY W/CARD BYPASS	3096.00	3096.00	030	2		C
+	33924		LIG&TKDN SYSIC-TO-PULM ART SHUNT W/CGEN HEART	628.50	628.50	ZZZ	2		C
	33925		RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/O BYPASS	3798.75	3798.75	030	2		C
	33926		RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/BYPASS	5335.50	5335.50	030	2		C
	33927		IMPLTJ TOTAL RPLCMT HEART SYS W/RCP CARDIECTOMY	5600.25	5600.25	XXX	2		C
	33928		REMOVAL & RPLCMT TOTAL RPLCMT HEART SYS	BR	BR	XXX	2		C
+	33929		REMOVAL TOTAL RPLCMT HEART SYS FOR HEART TRNSPL	BR	BR	ZZZ	2		C
	33930		DONOR CARDIECTOMY-PNEUMONECTOMY	BR	BR	XXX	9		C
	33933		BKBENCH PREPJ CADAVER DONOR HEART/LUNG ALLOGRAFT	BR	BR	XXX	2		C
	33935		HEART-LUNG TRNSPL W/RECIPIENT CARDIECTOMY-PNUMEC	10851.75	10851.75	030	2		C
	33940		DONOR CARDIECTOMY	BR	BR	XXX	9		C
	33944		BKBENCH PREPJ CADAVER DONOR HEART ALLOGRAFT	1291.50	1291.50	XXX	2		C

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	33945		HEART TRANSPLANT W/WO RECIPIENT CARDIECTOMY	10740.75	10740.75	030	2		C
	33946		ECMO/ECLS INITIATION VENO-VENOUS	682.50	682.50	XXX	1		C
	33947		ECMO/ECLS INITIATION VENO-ARTERIAL	756.75	756.75	XXX	1		C
	33948		ECMO/ECLS DAILY MANAGEMENT EACH DAY VENO-VENOUS	528.00	528.00	XXX	1		C
	33949		ECMO/ECLS DAILY MANAGEMENT EA DAY VENO-ARTERIAL	515.25	515.25	XXX	1		C
	33951		ECMO/ECLS INSJ OF PRPH CANNULA BIRTH-5 YRS PERQ	929.25	929.25	000	0		C
	33952		ECMO/ECLS INSJ OF PRPH CANNULA 6 YRS&OLDER PERQ	938.25	938.25	000	0		C
	33953		ECMO/ECLS INSJ OF PRPH CANNULA BIRTH-5 YRS OPEN	1036.50	1036.50	000	0		C
	33954		ECMO/ECLS INSJ OF PRPH CANNULA 6 YRS&OLDER OPEN	1048.50	1048.50	000	0		C
	33955		ECMO/ECLS INSJ OF CENTRAL CANNULA BIRTH-5 YRS	1811.25	1811.25	000	0		C
	33956		ECMO/ECLS INSJ OF CENTRAL CANNULA 6 YRS & OLDER	1834.50	1834.50	000	0		C
	33957		ECMO/ECLS REPOS PERIPH CANNULA PERQ BIRTH-5 YRS	405.00	405.00	000	0		C
	33958		ECMO/ECLS REPOS PERPH CANNULA PRQ 6 YRS & OLDER	405.00	405.00	000	0		C
	33959		ECMO/ECLS REPOS PERPH CANNULA OPEN BIRTH-5 YRS	513.75	513.75	000	0		C
	33962		ECMO/ECLS REPOS PERPH CANNULA OPEN 6 YRS & OLDER	513.75	513.75	000	0		C
	33963		ECMO/ECLS REPOS CENTRAL PERPH CANNULA BIRTH-5YRS	1023.00	1023.00	000	0		C
	33964		ECMO/ECLS ECLS REPOS CENTRAL CNULA 6YRS & OLDER	1078.50	1078.50	000	0		C
	33965		ECMO/ECLS RMVL OF PERPH CANNULA PERQ BIRTH-5 YRS	405.00	405.00	000	0		C
	33966		ECMO/ECLS RMVL OF PRPH CANNULA PRQ 6 YRS & OLDER	521.25	521.25	000	0		C
	33967		INSERTION INTRA-AORTIC BALLOON ASSIST DEV PERQ	569.25	569.25	000	0		C
	33968		REMOVAL INTRA-AORTIC BALLOON ASSIST DEVICE PRQ	75.00	75.00	000	1		C
	33969		ECMO/ECLS RMVL OF PERPH CANNULA OPEN BIRTH-5 YRS	595.50	595.50	000	0		C
	33970		INSJ INTRA-AORT BALO ASSIST DEV VIA FEM ART OPEN	776.25	776.25	000	2		C
	33971		RMVL I-AORT BALO ASST DEV W/RPR FEM ART W/WO GRF	1572.75	1572.75	030	1		C
	33973		INSJ I-AORT BALO ASSIST DEV VIA ASCENDING AORTA	1099.50	1099.50	000	2		C
	33974		RMVL ASCENDING-AORTA BALO DEV W/RPR ASCEND-AORTA	1986.00	1986.00	030	1		C
	33975		INSJ VENTRIC ASSIST DEV XTRCORP SINGLE VENTRICLE	2874.75	2874.75	XXX	2		C
	33976		INSJ VENTRIC ASSIST DEV XTRCORP BIVENTRICULAR	3464.25	3464.25	XXX	2		C
	33977		REMOVAL VENTR ASSIST DEVICE XTRCORP 1 VENTRICLE	2482.50	2482.50	XXX	2		C
	33978		REMOVAL VENTR ASSIST DEVICE XTRCORP BIVENTR	2925.00	2925.00	XXX	2		C
	33979		INSJ VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC	4269.75	4269.75	XXX	2		C
	33980		RMVL VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC	3920.25	3920.25	XXX	2		C
	33981		RPLCMT XTRCORP VAD 1/BIVENTR PUMP 1/EA PUMP	1815.00	1815.00	XXX	2		C
	33982		PLCMT VAD PMP IMPLTBL ICORP 1 VENTR W/O BYPASS	4267.50	4267.50	XXX	2		C
	33983		RPLCMT VAD PMP IMPLTBL ICORP 1 VNTR W/BYPASS	5019.75	5019.75	XXX	2		C
	33984		ECMO/ECLS RMVL PRPH CANNULA OPEN 6 YRS & OLDER	624.75	624.75	000	0		C
	33985		ECMO/ECLS REMOVAL OF CENTRAL CANNULA BIRTH-5 YRS	1122.75	1122.75	000	0		C
	33986		ECMO/ECLS RMVL OF CENTRAL CANNULA 6 YRS & OLDER	1155.75	1155.75	000	0		C
+	33987		ARTERY EXPOS/GRAFT ARTERY PERFUSION ECMO/ECLS	454.50	454.50	ZZZ	0		C
	33988		INSERT LEFT HEART VENT BY THORACIC INC ECMO/ECLS	1700.25	1700.25	000	0		C
	33989		RMVL LEFT HEART VENT BY THORACIC INCIS ECMO/ECLS	1078.50	1078.50	000	0		C
	33990		INSJ PERQ VAD W/RS&I L HRT ARTERIAL ACCESS ONLY	792.00	792.00	000	2		C
	33991		INSJ PERQ VAD W/RS&I L HRT ARTERIAL&VEN ACCESS	996.00	996.00	000	2		C
	33992		REMOVAL PERQ LEFT HRT VAD ARTL/ARTL&VEN SEP INSJ	413.25	413.25	000	2		C
	33993		REPOSITIONING PERQ R/L VAD W/IMG GDN SEP INSJ	364.50	364.50	000	2		C
	33995		INSJ PERQ VAD W/RS&I R HEART VENOUS ACCESS ONLY	778.50	778.50	000	2		C
	33997		REMOVAL PERQ R HEART VAD VENOUS CANNULA SEP INSJ	354.75	354.75	000	2		C
	33999		UNLISTED PROCEDURE CARDIAC SURGERY	BR	BR	YYY	2	348.50	T
	34001		EMBLC/THRMBC CATH CRTD SUBCLA/INNOMINATE ART	2018.25	2018.25	030	2		C
	34051		EMBLC/THRMBC INNOMINATE SUBCLAVIAN ARTERY	2209.50	2209.50	030	2		C
	34101		EMBLC/THRMBC AX BRACH INNOMINATE SUBCLA ART	1317.75	1317.75	030	2	9044.68	J1
	34111		EMBLC/THRMBC W/WO CATH RADIAL/ULNAR ART ARM INC	1314.75	1314.75	030	2	9126.99	J1
	34151		EMBLC/THRMBC RNL CELIAC MESENTRY AORTO-ILIAC ART	3063.75	3063.75	030	2		C
	34201		EMBLC/THRMBC FEMORAL POPLITEAL AORTO-ILIAC ART	2246.25	2246.25	030	2	6494.27	J1
	34203		EMBLC/THRMBC POPLITEAL-TIBIO-PRONEAL ART LEG INC	2090.25	2090.25	030	2	6745.90	J1
	34401		THRMBC DIR/W/CATH VENA CAVA ILIAC VEIN ABDL INC	2952.00	2952.00	030	2		C
	34421		THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN LEG INC	1536.00	1536.00	030	2	3372.08	J1
	34451		THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN ABDL&LEG	3162.75	3162.75	030	2		C
	34471		THRMBC DIR/W/CATH SUBCLAVIAN VEIN NECK INC	2379.75	2379.75	030	1	1081.96	T
	34490		THRMBC DIR/W/CATH AXILL&SUBCLAVIAN VEIN ARM IN	1272.00	1272.00	030	1	3172.68	J1
	34501		VALVULOPLASTY FEMORAL VEIN	1982.25	1982.25	030	2	9459.98	J1

+ Add-on Procedure ⃠ Modifier 51 Exempt Procedure ★ Telemedicine

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				Professional				Outpatient Facility	
	Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
	34502		RECONSTRUCTION VENA CAVA ANY METHOD	3425.25	3425.25	030	2		C
	34510		VENOUS VALVE TRANSPOSITION ANY VEIN DONOR	2255.25	2255.25	030	2	9459.98	J1
	34520		CROSS-OVER VEIN GRAFT VENOUS SYSTEM	2186.25	2186.25	030	2	9459.98	J1
	34530		SAPHENOPOPLITEAL VEIN ANASTOMOSIS	2080.50	2080.50	030	2	5508.13	J1
	34701		EVASC RPR DPLMNT AORTO-AORTIC NDGFT	2718.75	2718.75	030	2		C
	34702		EVASC RPR DPLMNT AORTO-AORTIC NDGFT RPT	3942.00	3942.00	030	2		C
	34703		EVASC RPR DPLMNT AORTO-UN-ILIAC NDGFT	3012.75	3012.75	030	2		C
	34704		EVASC RPR DPLMNT AORTO-UN-ILIAC NDGFT RPT	5005.50	5005.50	030	2		C
	34705		EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT	3348.00	3348.00	030	2		C
	34706		EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT RPT	4998.75	4998.75	030	2		C
	34707		EVASC RPR DPLMNT ILIO-ILIAC NDGFT	2554.50	2554.50	030	2		C
	34708		EVASC RPR DPLMNT ILIO-ILIAC NDGFT RPT	3994.50	3994.50	030	2		C
+	34709		PLACEMENT XTN PROSTH FOR ENDOVASCULAR RPR	705.00	705.00	ZZZ	2		C
	34710		DLYD PLACEMENT XTN PROSTH FOR EVASC RPR 1ST VSL	1750.50	1750.50	030	2		C
+	34711		DLYD PLACEMENT XTN PROSTH FOR EVASC RPR EA ADDL	645.75	645.75	ZZZ	2		C
	34712		TRANSCATHETER DLVR ENHNCD FIXATION DEVICES RS&I	1442.25	1442.25	030	2		C
+	34713		PERQ ACCESS & CLOSURE FEM ART FOR DELIVERY NDGFT	270.00	270.00	ZZZ	2		N
+	34714		OPN FEM ART EXPOS W/CNDT CRTJ DLVR EVASC PROSTH	591.75	591.75	ZZZ	2		N
+	34715		OPN AX/SUBCLA ART EXPOS DLVR EVASC PROSTH UNI	653.25	653.25	ZZZ	2		N
+	34716		OPN AXILLARY/SUBCLAVIAN ART EXPOS W/CNDT CRTJ	819.00	819.00	ZZZ	2		N
+	34717		EVASC RPR ILIAC ART TM OF A-ILIAC ART NDGFT UNI	967.50	967.50	ZZZ	2		C
	34718		EVASC RPR ILIAC ART N/A A-ILIAC ART NDGFT UNI	2713.50	2713.50	030	2		C
+	34808		EVASC PLACEMENT ILIAC ARTERY OCCLUSION DEVICE	443.25	443.25	ZZZ	2		C
+	34812		OPN FEM ART EXPOS DLVR EVASC PROSTH UNI	450.75	450.75	ZZZ	2		C
+	34813		PLMT FEM-FEM PROSTC GRF EVASC AORTIC ARYSM RPR	513.75	513.75	ZZZ	2		C
+	34820		OPN ILIAC ART EXPOS PROSTH/ILIAC OCCLS EVASC UNI	738.75	738.75	ZZZ	2		C
	34830		OPN RPR ARYSM RPR ARTL TRAUMA TUBE PROSTH	3877.50	3877.50	030	2		C
	34831		OPN RPR ARYSM RPR ARTL TRMA AORTOBIILIAC PROSTH	4254.75	4254.75	030	2		C
	34832		OPN RPR ARYSM RPR ARTL TRMA AORTO-BIFEM PROSTH	4169.25	4169.25	030	2		C
+	34833		OPN ILIAC ART EXPOS CRTJ PROSTH EST CARD BYP	861.00	861.00	ZZZ	2		C
+	34834		OPN BRACHIAL ARTERY EXPOS DLVR EVASC PROSTH UNI	282.75	282.75	ZZZ	2		C
	34839		PLNNING PT SPEC FENEST VISCERAL AORTIC GRAFT	BR	BR	YYY	0		B
	34841		ENDOVASC VISCER AORTA REPAIR FENEST 1 ENDOGRAFT	4281.75	4281.75	YYY	2		C
	34842		ENDOVASC VISCER AORTA REPAIR FENEST 2 ENDOGRAFT	5296.50	5296.50	YYY	2		C
	34843		ENDOVASC VISCER AORTA REPAIR FENEST 3 ENDOGRAFT	5034.00	5034.00	YYY	2		C
	34844		ENDOVASC VISCER AORTA REPR FENEST 4+ ENDOGRAFT	6934.50	6934.50	YYY	2		C
	34845		VISCER AND INFRARENAL ABDOM AORTA 1 PROSTHESIS	4814.25	4814.25	YYY	2		C
	34846		VISCER AND INFRARENAL ABDOM AORTA 2 PROSTHESIS	5750.25	5750.25	YYY	2		C
	34847		VISCER AND INFRARENAL ABDOM AORTA 3 PROSTHESIS	6252.00	6252.00	YYY	2		C
	34848		VISCER AND INFRARENAL ABDOM AORTA 4+ PROSTHESIS	8519.25	8519.25	YYY	2		C
	35001		DIR RPR ANEURYSM CAROTID-SUBCLAVIAN ARTERY	2444.25	2444.25	030	2		C
	35002		DIR RPR RUPTD ANEURYSM CAROTID-SUBCLAVIAN ARTERY	2510.25	2510.25	030	2		C
	35005		DIR RPR ANEURYSM VERTEBRAL ARTERY	2199.75	2199.75	030	2		C
	35011		DIR RPR ANEURYSM AXIL-BRACHIAL ARM INCISION	2223.75	2223.75	030	2	8999.27	J1
	35013		DIR RPR RUPTD ANEURYSM AXIL-BRACHIAL ARM INCIS	2612.25	2612.25	030	2		C
	35021		DIR RPR ANEURYSM INNOMINATE/SUBCLAVIAN ARTERY	2794.50	2794.50	030	2		C
	35022		DIR RPR RUPTD ANEURYSM INNOMINATE/SUBCLAVIAN	3192.75	3192.75	030	2		C
	35045		DIR RPR RUPTD ANEURYSM RADIAL/ULNAR ARTERY	2136.75	2136.75	030	2	9319.03	J1
	35081		DIR RPR ANEURYSM ABDOMINAL AORTA	3800.25	3800.25	030	2		C
	35082		DIR RPR RUPTD ANEURYSM ABDOMINAL AORTA	4761.75	4761.75	030	2		C
	35091		DIR RPR ANEURYSM ABDOM AORTA W/VISCERAL VESSELS	3912.75	3912.75	030	2		C
	35092		DIR RPR RUPTD ANEURSM ABDOM AORTA W/VISCERA VSLS	5702.25	5702.25	030	2		C
	35102		DIR RPR ANEURYSM ABDOM AORTA W/ILIAC VESSELS	4128.75	4128.75	030	2		C
	35103		DIR RPR RUPTD ANEURYSM ABDOM AORTA W/ILIAC VSLS	4763.25	4763.25	030	2		C
	35111		DIR RPR ANEURYSM SPLENIC ARTERY	2928.00	2928.00	030	2		C
	35112		DIR RPR RUPTD ANEURYSM SPLENIC ARTERY	3597.00	3597.00	030	2		C
	35121		DIR RPR ANEURYSM HEPATIC/CELIAC/RENAL/MESENTERIC	3480.00	3480.00	030	2		C
	35122		DIR RPR RUPTD ANEURSM HEPATIC/CELIAC/RENAL/MESEN	4158.00	4158.00	030	2		C
	35131		DIR RPR ANEURYSM & GRAFT ILIAC ARTERY	3050.25	3050.25	030	2		C
	35132		DIR RPR RUPTD ANEURYSM & GRAFT ILIAC ARTERY	3597.00	3597.00	030	2		C
	35141		DIR RPR ANEURYSM & GRAFT COMMON FEMORAL ARTERY	2403.00	2403.00	030	2		C

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	Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
	35142		DIR RPR RUPTD ANEURYSM & GRF COMMON FEMORAL ART	2902.50	2902.50	030	2		C
	35151		DIR RPR ANEURYSM & GRAFT POPLITEAL ARTERY	2723.25	2723.25	030	2		C
	35152		DIR RPR RUPTD ANEURYSM & GRF POPLITEAL ARTERY	3079.50	3079.50	030	2		C
	35180		REPAIR CONGENITAL AV FISTULA HEAD & NECK	1734.75	1734.75	030	2	2718.52	J1
	35182		REPAIR CONGENITAL AV FISTULA THORAX & ABDOMEN	3981.75	3981.75	030	2		C
	35184		REPAIR CONGENITAL AV FISTULA EXTREMITIES	2128.50	2128.50	030	2	5122.01	J1
	35188		RPR ACQUIRED/TRAUMATIC AV FISTULA HEAD & NECK	2946.75	2946.75	030	2	9459.98	J1
	35189		RPR ACQUIRED/TRAUMATIC AV FISTULA THORAX&ABDOMEN	3322.50	3322.50	030	2		C
	35190		RPR ACQUIRED/TRAUMATIC AV FISTULA EXTREMITIES	1669.50	1669.50	030	2	9074.96	J1
	35201		REPAIR BLOOD VESSEL DIRECT NECK	2056.50	2056.50	030	2	9187.54	J1
	35206		REPAIR BLOOD VESSEL DIRECT UPPER EXTREMITY	1773.00	1773.00	030	2	5361.62	J1
	35207		REPAIR BLOOD VESSEL DIRECT HAND FINGER	1724.25	1724.25	030	1	5041.59	J1
	35211		RPR BLOOD VESSEL DIRECT INTRATHORACIC W/BYPASS	3089.25	3089.25	030	2		C
	35216		RPR BLOOD VESSEL DIRECT INTRATHORACIC W/O BYPASS	4623.00	4623.00	030	2		C
	35221		REPAIR BLOOD VESSEL DIRECT INTRA-ABDOMINAL	3261.75	3261.75	030	2		C
	35226		REPAIR BLOOD VESSEL DIRECT LOWER EXTREMITY	1829.25	1829.25	030	2	1196.44	T
	35231		REPAIR BLOOD VESSEL W/VEIN GRAFT NECK	2799.00	2799.00	030	2	5508.13	J1
	35236		REPAIR BLOOD VESSEL W/VEIN GRAFT UPPER EXTREMITY	2239.50	2239.50	030	2	9060.77	J1
	35241		RPR BLOOD VESSEL VEIN GRAFT INTRATHORACIC W/BYP	3178.50	3178.50	030	2		C
	35246		RPR BLOOD VESSEL VEIN GRF INTRATHORACIC W/O BYP	3457.50	3457.50	030	2		C
	35251		REPAIR BLOOD VESSEL VEIN GRAFT INTRA-ABDOMINAL	3828.75	3828.75	030	2		C
	35256		REPAIR BLOOD VESSEL VEIN GRAFT LOWER EXTREMITY	2251.50	2251.50	030	2	8041.93	J1
	35261		REPAIR BLOOD VESSEL W/GRAFT OTHER/THAN VEIN NECK	2166.75	2166.75	030	2	5508.13	J1
	35266		RPR BLOOD VSL GRF OTH/THN VEIN UPPER EXTREMITY	1915.50	1915.50	030	2	8116.66	J1
	35271		RPR BLOOD VSL GRF OTH/THN VEIN INTRATHRC W/BYP	3063.00	3063.00	030	2		C
	35276		RPR BLOOD VSL GRF OTH/THN VEIN INTRATHRC W/O BYP	3231.00	3231.00	030	2		C
	35281		RPR BLVSL W/GRFT OTHER/THAN VEIN INTRA-ABDOMINAL	3612.75	3612.75	030	2		C
	35286		RPR BLVSL W/GRF OTHER/THAN VEIN LOWER EXTREMITY	2044.50	2044.50	030	2	6591.71	J1
	35301		TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	2484.00	2484.00	030	2		C
	35302		TEAEC W/GRAFT SUPERFICIAL FEMORAL ARTERY	2453.25	2453.25	030	2		C
	35303		TEAEC W/GRAFT POPLITEAL ARTERY	2695.50	2695.50	030	2		C
	35304		TEAEC W/GRAFT TIBIOPERONEAL TRUNK ARTERY	2801.25	2801.25	030	2		C
	35305		TEAEC W/GRAFT TIBIAL/PERONEAL ART 1ST VESSEL	2688.00	2688.00	030	2		C
+	35306		TEAEC W/GRAFT EA ADDL TIBIAL/PERONEAL ART	975.75	975.75	ZZZ	2		C
	35311		TEAEC W/WO PATCH GRF SUBCLAV INNOM THORACIC INC	3429.00	3429.00	030	2		C
	35321		TEAEC W/WO PATCH GRF AXILLARY-BRACHIAL	2001.75	2001.75	030	2	8785.47	J1
	35331		TEAEC W/WO PATCH GRAFT ABDOMINAL AORTA	3183.75	3183.75	030	2		C
	35341		TEAEC W/WO PATCH GRAFT MESENTERIC CELIAC/RENAL	3027.00	3027.00	030	2		C
	35351		TEAEC W/WO PATCH GRAFT ILIAC	2831.25	2831.25	030	2		C
	35355		TEAEC W/WO PATCH GRAFT ILIOFEMORAL	2261.25	2261.25	030	2		C
	35361		TEAEC W/WO PATCH GRAFT COMBINED AORTOILIAC	3351.00	3351.00	030	2		C
	35363		TEAEC W/WO PATCH GRAFT COMBINED AORTOILIOFEMORAL	3575.25	3575.25	030	2		C
	35371		TEAEC W/WO PATCH GRAFT COMMON FEMORAL	1791.75	1791.75	030	2		C
	35372		TEAEC W/WO PATCH GRAFT DEEP PROFUNDA FEMORAL	2144.25	2144.25	030	2		C
+	35390		ROPRTJ CRTD TEAEC > 1 MO AFTER ORIGINAL OPRATIO	349.50	349.50	ZZZ	2		C
+	35400		ANGIOSCOPY NON-CORONARY VESSEL/GRAFTS THER IVNTJ	315.75	315.75	ZZZ	0		C
+	35500		HARVEST UXTR VEIN 1 SGM LOWER EXTREMITY/CABG PX	696.75	696.75	ZZZ	2		N
	35501		BYPASS W/VEIN COMMON-IPSILATERAL CAROTID	3209.25	3209.25	030	2		C
	35506		BYPASS W/VEIN CAROTID-SUBCLV/SUBCLAVIAN CAROTID	2806.50	2806.50	030	2		C
	35508		BYPASS W/VEIN CAROTID-VERTEBRAL	2931.00	2931.00	030	2		C
	35509		BYPASS W/VEIN CAROTID-CONTRALATERAL CAROTID	3106.50	3106.50	030	2		C
	35510		BYPASS W/VEIN CAROTID-BRACHIAL	2706.75	2706.75	030	2		C
	35511		BYPASS W/VEIN SUBCLAVIAN-SUBCLAVIAN	2467.50	2467.50	030	2		C
	35512		BYPASS W/VEIN SUBCLAVIAN-BRACHIAL	2655.00	2655.00	030	2		C
	35515		BYPASS W/VEIN SUBCLAVIAN-VERTEBRAL	2931.00	2931.00	030	2		C
	35516		BYPASS W/VEIN SUBCLAVIAN-AXILLARY	2687.25	2687.25	030	2		C
	35518		BYPASS W/VEIN AXILLARY-AXILLARY	2517.75	2517.75	030	2		C
	35521		BYPASS W/VEIN AXILLARY-FEMORAL	2706.75	2706.75	030	2		C
	35522		BYPASS W/VEIN AXILLARY-BRACHIAL	2576.25	2576.25	030	2		C
	35523		BYPASS W/VEIN BRACHIAL-ULNAR/-RADIAL	2710.50	2710.50	030	2		C
	35525		BYPASS W/VEIN BRACHIAL-BRACHIAL	2424.00	2424.00	030	2		C

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	Code	Mod	Description	Professional Non Fac Fee	Professional Fac Fee	FUD	ASST	Outpatient Facility Fee	Outpatient Facility SI
	35526		BYPASS W/VEIN AORTOSUBCLAV/CAROTID/INNOMINATE	3819.00	3819.00	030	2		C
	35531		BYPASS W/VEIN AORTOCELIAC/AORTOMESENTERIC	4287.75	4287.75	030	2		C
	35533		BYPASS W/VEIN AXILLARY-FEMORAL-FEMORAL	3316.50	3316.50	030	2		C
	35535		BYPASS W/VEIN HEPATORENAL	4185.00	4185.00	030	2		C
	35536		BYPASS W/VEIN SPLENORENAL	3719.25	3719.25	030	2		C
	35537		BYPASS W/VEIN AORTOILIAC	4581.75	4581.75	030	2		C
	35538		BYPASS W/VEIN AORTOBI-ILIAC	5133.75	5133.75	030	2		C
	35539		BYPASS W/VEIN AORTOFEMORAL	4817.25	4817.25	030	2		C
	35540		BYPASS W/VEIN AORTOBIFEMORAL	5367.75	5367.75	030	1		C
	35556		BYPASS W/VEIN FEMORAL-POPLITEAL	3062.25	3062.25	030	2		C
	35558		BYPASS W/VEIN FEMORAL-FEMORAL	2689.50	2689.50	030	2		C
	35560		BYPASS W/VEIN AORTORENAL	3751.50	3751.50	030	2		C
	35563		BYPASS W/VEIN ILIOILIAC	2917.50	2917.50	030	2		C
	35565		BYPASS W/VEIN ILIOFEMORAL	2880.00	2880.00	030	2		C
	35566		BYP FEM-ANT TIBL PST TIBL PRONEAL ART/OTH DSTL	3645.75	3645.75	030	2		C
	35570		BYP TIBL-TIBL/PRONEAL-TIBL/TIBL/PRONEAL TRK-TIBL	3244.50	3244.50	030	2		C
	35571		BYP W/VEIN POP-TIBL-PRONEAL ART/OTH DSTL VSL	2908.50	2908.50	030	2		C
+	35572		HARVEST FEMPOP VEIN 1 SGM VASC RCNSTJ PX	752.25	752.25	ZZZ	2		N
	35583		IN-SITU VEIN BYPASS FEMORAL-POPLITEAL	3167.25	3167.25	030	2		C
	35585		IN-SITU FEM-ANT TIBL PST TIBL/PRONEAL ART	3666.75	3666.75	030	2		C
	35587		IN-SITU VEIN BYP POP-TIBL PRONEAL	2935.50	2935.50	030	2		C
⃠	35600		OPEN HARVEST UPPER EXTREMITY ART 1 SEGMENT CAB	408.75	408.75	ZZZ	2		C
	35601		BPG OTH/THN VEIN COM CRTD-IPSILATERAL INT CRTD	3095.25	3095.25	030	2		C
	35602		BPG OTH/THN VEIN CAROTID-CONTRALATERAL CAROTID	2595.75	2595.75	030	2		C
	35606		BPG OTH/THN VEIN CAROTID-SUBCLAVIAN	2583.00	2583.00	030	2		C
	35612		BPG OTH/THN VEIN SUBCLAVIAN-SUBCLAVIAN	2307.00	2307.00	030	2		C
	35616		BPG OTH/THN VEIN SUBCLAVIAN-AXILLARY	2428.50	2428.50	030	2		C
	35621		BPG OTH/THN VEIN AXILLARY-FEMORAL	2407.50	2407.50	030	2		C
	35623		BPG OTH/THN VEIN AXILLARY-POPLITEAL/-TIBIAL	2897.25	2897.25	030	2		C
	35626		BPG OTH/THN VEIN AORTOSUBCLA/INNOMINATE/CAROTID	3522.00	3522.00	030	2		C
	35631		BPG OTH/THN VEIN AORTOCELIAC AORTOMSN AORTORNL	4057.50	4057.50	030	2		C
	35632		BYPASS GRAFT W/OTHER THAN VEIN ILIO-CELIAC	3973.50	3973.50	030	2		C
	35633		BYPASS GRAFT W/OTHER THAN VEIN ILIO-MESENTERIC	4343.25	4343.25	030	2		C
	35634		BYPASS GRAFT W/OTHER THAN VEIN ILIORENAL	3888.75	3888.75	030	2		C
	35636		BPG OTH/THN VEIN SPLENORENAL	3510.75	3510.75	030	2		C
	35637		BPG OTH/THN VEIN AORTOILIAC	3650.25	3650.25	030	2		C
	35638		BPG OTH/THN VEIN AORTOBI-ILIAC	3839.25	3839.25	030	2		C
	35642		BPG OTH/THN VEIN CAROTID-VERTEBRAL	2185.50	2185.50	030	2		C
	35645		BPG OTH/THN VEIN SUBCLAVIAN-VERTEBRAL	2090.25	2090.25	030	2		C
	35646		BPG OTH/THN VEIN AORTOBIFEMORAL	3738.75	3738.75	030	2		C
	35647		BPG OTH/THN VEIN AORTOFEMORAL	3374.25	3374.25	030	2		C
	35650		BPG OTH/THN VEIN AXILLARY-AXILLARY	2251.50	2251.50	030	2		C
	35654		BPG OTH/THN VEIN AXILLARY-FEMORAL-FEMORAL	3003.75	3003.75	030	2		C
	35656		BPG OTH/THN VEIN FEMORAL-POPLITEAL	2355.00	2355.00	030	2		C
	35661		BPG OTH/THN VEIN FEMORAL-FEMORAL	2382.00	2382.00	030	2		C
	35663		BPG OTH/THN VEIN ILIOILIAC	2686.50	2686.50	030	2		C
	35665		BPG OTH/THN VEIN ILIOFEMORAL	2577.75	2577.75	030	2		C
	35666		BPG OTH/THN VEIN FEM-ANT TIBL PST TIBL/PRNL ART	2824.50	2824.50	030	2		C
	35671		BPG OTH/THN VEIN POPLITEAL-TIBIAL/-PERONEAL ART	2478.00	2478.00	030	2		C
+	35681		BYPASS COMPOSITE GRAFT PROSTHETIC & VEIN	174.00	174.00	ZZZ	2		C
+	35682		BYP AUTOG COMPOSIT 2 SEG VEINS FROM 2 LOCATIONS	770.25	770.25	ZZZ	0		C
+	35683		BYP AUTOG COMPOSIT 3/> SEG FROM 2/> LOCATION	897.75	897.75	ZZZ	0		C
+	35685		PLMT VEIN PATCH/CUFF DSTL ANAST BYP CONDUIT	434.25	434.25	ZZZ	2		N
+	35686		CRTJ DSTL ARVEN FSTL LXTR BYP SURG NON-HEMO	352.50	352.50	ZZZ	2		N
	35691		TRPOS&/RIMPLTJ VERTEBRAL CAROTID ART	2087.25	2087.25	030	2		C
	35693		TRPOS&/RIMPLTJ VERTEBRAL SUBCLAVIAN ART	1852.50	1852.50	030	2		C
	35694		TRPOS&/RIMPLTJ SUBCLAVIAN CAROTID ART	2181.00	2181.00	030	2		C
	35695		TRPOS&/RIMPLTJ CAROTID SUBCLAVIAN ART	2262.75	2262.75	030	2		C
+	35697		RIMPLTJ VISC ART INFRARNL AORTIC PROSTH EA ART	321.00	321.00	ZZZ	2		C
+	35700		ROPRTJ > 1 MO AFTER ORIGINAL OPRATION	332.25	332.25	ZZZ	2		C
	35701		EXPLORATION N/FLWD SURG NECK ARTERY	983.25	983.25	030	2		C

+ Add-on Procedure ⃠ Modifier 51 Exempt Procedure ★ Telemedicine

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	Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
	35702		EXPLORATION N/FLWD SURG UPPER EXTREMITY ARTERY	913.50	913.50	030	2		C
	35703		EXPLORATION N/FLWD SURG LOWER EXTREMITY ARTERY	927.00	927.00	030	2		C
	35800		EXPL PO HEMRRG THROMBOSIS/INFCTJ NCK	1652.25	1652.25	030	2		C
	35820		EXPL PO HEMRRG THROMBOSIS/INFCTJ CH	4461.75	4461.75	030	2		C
	35840		EXPL PO HEMRRG THROMBOSIS/INFCTJ ABD	2737.50	2737.50	030	2		C
	35860		EXPL PO HEMRRG THROMBOSIS/INFCTJ XTR	1871.25	1871.25	030	2	5368.21	J1
	35870		RPR GRF-ENTERIC FSTL	2750.25	2750.25	030	2		C
	35875		THRMBC ARTL/VEN GRF OTH/THN HEMO GRF/FSTL	1302.00	1302.00	030	1	7396.76	J1
	35876		THRMBC ARTL/VEN GRF XCP HEMO GRF/FSTL W/REVJ GRF	2073.75	2073.75	030	2	8208.43	J1
	35879		REVJ LXTR ARTL BYP OPN VEIN PATCH ANGIOP	2031.00	2031.00	030	2	8917.91	J1
	35881		REVJ LXTR ARTL BYP OPN W/SGMTL VEIN INTERPOS	2253.00	2253.00	030	2	7799.75	J1
	35883		REVJ FEM ANAST BPG GRN OPN W/NONAUTOG PATCH GRF	2623.50	2623.50	030	2	7836.64	J1
	35884		REVJ FEM ANAST BPG GRN OPN W/AUTOG VN PATCH GRF	2727.00	2727.00	030	2	9459.98	J1
	35901		EXCISION INFECTED NECK GRAFT	1059.75	1059.75	030	2		C
	35903		EXCISION INFECTED GRAFT EXTREMITY	1245.00	1245.00	030	2	5404.02	J1
	35905		EXCISION INFECTED GRAFT THORAX	3696.75	3696.75	030	2		C
	35907		EXCISION INFECTED GRAFT ABDOMEN	4204.50	4204.50	030	2		C
	36000		INTRODUCTION NEEDLE/INTRACATHETER VEIN	69.75	20.25	XXX	9		N
	36002		INJECTION PX PRQ TX EXTREMITY PSEUDOANEURYSM	345.75	230.25	000	1	1065.09	T
	36005		NJX PX XTR VNGRPH W/INTRO NDL/INTRACATH	541.50	105.00	000	0		N
	36010		INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA	1140.00	237.00	XXX	1		N
	36011		SLCTV CATH PLMT VEN SYS 1ST ORDER BRANCH	1716.75	343.50	XXX	1		N
	36012		SLCTV CATH PLMT VEN SYS 2ND ORDER/> SLCTV BRANC	1790.25	385.50	XXX	1		N
	36013		INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY	1659.00	277.50	XXX	1		N
	36014		SLCTV CATHETER PLMT LEFT/RIGHT PULMONARY ARTERY	1677.00	334.50	XXX	1		N
	36015		SLCTV CATH PLMT SEGMENTAL/SUBSEGMENTAL PULM ART	1800.00	380.25	XXX	1		N
	36100		INTRO NEEDLE/INTRACATH CAROTID/VERTEBRAL ARTERY	1180.50	336.00	XXX	1		N
	36140		INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY	1086.75	195.00	XXX	1		N
	36160		INTRO NEEDLE/INTRACATH AORTIC TRANSLUMBAR	1205.25	270.75	XXX	1		N
	36200		INTRODUCTION CATHETER AORTA	1263.75	307.50	000	1		N
	36215		SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPHLC BRNCH	2235.75	471.00	000	1		N
	36216		SLCTV CATHJ 1ST 2ND ORD THRC/BRCH/CPHLC BRNCH	2306.25	601.50	000	1		N
	36217		SLCTV CATHJ 3RD+ ORD SLCTV THRC/BRCH/CPHLC BRNCH	4030.50	747.75	000	1		N
+	36218		SLCTV CATHJ EA 2ND+ ORD THRC/BRCH/CPHLC BRNCH	459.75	116.25	ZZZ	1		N
	36221		NONSLCTV CATH THOR AORTA ANGIO INTR/XTRCRANL ART	2107.50	440.25	000	1	4354.18	Q2
	36222		SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART	2676.00	633.75	000	1	4431.84	Q2
	36223		SLCTV CATH CAROTID/INNOM ART ANGIO INTRCRANL ART	3713.25	737.25	000	1	8455.32	Q2
	36224		SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	4524.00	828.00	000	1	8498.84	Q2
	36225		SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	3525.00	732.75	000	1	4362.44	Q2
	36226		SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	4410.75	822.00	000	1	8350.32	Q2
+	36227		SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	546.00	270.75	ZZZ	1		N
+	36228		SLCTV CATH INTRCRNL BRNCH ANGIO INTRL CAROT/VERT	2898.75	561.00	ZZZ	1		N
	36245		SLCTV CATHJ EA 1ST ORD ABDL PEL/LXTR ART BRNCH	2652.75	519.75	XXX	1		N
	36246		SLCTV CATHJ 2ND ORDER ABDL PEL/LXTR ART BRNCH	1784.25	553.50	000	1		N
	36247		SLCTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR BRNCH	3036.75	653.25	000	1		N
+	36248		SLCTV CATHJ EA 2ND+ ORD ABDL PEL/LXTR ART BRNCH	254.25	106.50	ZZZ	1		N
	36251		SLCTV CATH 1STORD W/WO ART PUNCT/FLUORO/S&I UN	2742.00	559.50	000	1	3939.41	Q2
	36252		SLCTV CATH 1STORD W/WO ART PUNCT/FLUOR/S&I BIL	2981.25	783.75	000	1	4247.32	Q2
	36253		SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	4308.75	776.25	000	1	6692.93	Q2
	36254		SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	4182.75	916.50	000	1	3906.37	Q2
	36260		INSJ IMPLANTABLE INTRA-ARTERIAL INFUSION PUM	1492.50	1492.50	030	1	9459.98	J1
	36261		REVJ IMPLANTED INTRA-ARTERIAL INFUSION PUMP	942.75	942.75	030	2	5254.24	T
	36262		REMOVAL IMPLANTED INTRA-ARTERIAL INFUSION PUMP	720.00	720.00	030	1	6367.50	Q2
	36299		UNLISTED PROCEDURE VASCULAR INJECTION	BR	BR	YYY	0		N
	36400		VNPNXR <3 YEARS PHY/QHP SKILL FEMORAL/JUGULAR VN	61.50	41.25	XXX	1		N
	36405		VNPNXR <3 YEARS PHYS/QHP SKILL SCALP VEIN	53.25	33.00	XXX	1		N
	36406		VNPNXR <3 YEARS PHYS/QHP SKILL OTHER VEIN	39.75	19.50	XXX	1		N
	36410		VNPNXR 3 YEARS/> PHYS/QHP SKILL DX/THER PURPOSES	40.50	20.25	XXX	1		N
	36415		COLLECTION VENOUS BLOOD VENIPUNCTURE	21.00	21.00	XXX	9		Q4
	36416		COLLECTION CAPILLARY BLOOD SPECIMEN	12.75	12.75	XXX	9		N
	36420		VENIPUNCTURE CUTDOWN YOUNGER THAN AGE 1 YR	105.00	105.00	XXX	0	225.58	Q1

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	Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
	36425		VENIPUNCTURE CUTDOWN AGE 1 YR/>	87.75	87.75	XXX	1	698.32	Q1
	36430		TRANSFUSION BLOOD/BLOOD COMPONENTS	96.75	96.75	XXX	1	764.91	S
	36440		PUSH TRANSFUSION BLOOD 2 YR OR YOUNGER	109.50	109.50	XXX	0	765.07	S
	36450		BLOOD EXCHANGE TRANSFUSION NEWBORN	374.25	374.25	XXX	0	765.07	S
	36455		BLOOD EXCHANGE TRANSFUSION OTHER THAN NEWBORN	278.25	278.25	XXX	1	765.07	S
	36456		PRTL EXCHANGE TRANSFUSE BLOOD/PLSM/CRYST NEWBORN	215.25	215.25	XXX	0	765.07	S
	36460		TRANSFUSION INTRAUTERINE FETAL	767.25	767.25	XXX	2	765.07	S
	36465		NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	2743.50	265.50	000	1	3075.66	T
	36466		NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	2879.25	335.25	000	1	3139.38	T
	36468		INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM/TRNK	304.50	304.50	000	0	699.18	Q1
	36470		INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	259.50	85.50	000	1	632.14	T
	36471		INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	444.75	167.25	000	1	687.65	T
	36473		ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	2542.50	399.00	000	1	4556.88	J1
+	36474		ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	549.75	198.00	ZZZ	1		N
	36475		ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	2295.00	612.00	000	1	4351.97	J1
+	36476		ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS	615.75	294.75	ZZZ	1		N
	36478		ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	2115.75	613.50	000	1	5065.83	J1
+	36479		ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND+ VEINS	667.50	299.25	ZZZ	1		N
	36481		PRQ PORTAL VEIN CATHETERIZATION ANY METHOD	3714.75	714.00	000	1		N
	36482		ENDOVEN ABLTI THER CHEM ADHESIVE 1ST VEIN	3549.75	396.00	000	1	8205.58	J1
+	36483		ENDOVEN ABLTI THER CHEM ADHESIVE SBSQ VEIN	309.00	195.75	ZZZ	1		N
	36500		VEN CATHJ SLCTV ORGAN BLD SAMPLING	403.50	403.50	000	1		N
	36510		CATHJ UMBILICAL VEIN DX/THER NB	192.00	116.25	000	0		N
	36511		THERAPEUTIC APHERESIS WHITE BLOOD CELLS	248.25	248.25	000	1	2868.74	S
	36512		THERAPEUTIC APHERESIS RED BLOOD CELLS	235.50	235.50	000	1	2868.74	S
	36513		THERAPEUTIC APHERESIS PLATELETS	240.75	240.75	000	1	765.07	S
	36514		THERAPEUTIC APHERESIS PLASMA PHERESIS	1538.25	207.75	000	1	2867.88	S
	36516		THER APHERESIS W/EXTRACORPOREAL IMMUNOADSORPTION	4806.75	196.50	000	1	8199.05	S
	36522		PHOTOPHERESIS EXTRACORPOREAL	2946.00	214.50	000	1	8199.05	S
	36555		INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE < 5 Y	413.25	186.75	000	1	5471.22	J1
	36556		INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR/>	466.50	186.75	000	1	5265.23	J1
	36557		INSERT TUNNELED CVC W/O SUBQ PORT/PMP AGE <5 YR	2482.50	726.00	010	0	7979.49	J1
	36558		INSJ TUNNELED CVC W/O SUBQ PORT/PMP AGE 5 YR/>	1768.50	576.00	010	0	4369.59	J1
	36560		INSJ TUNNELED CTR VAD W/SUBQ PORT UNDER 5 YR	2652.75	866.25	010	0	4256.12	J1
	36561		INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	2086.50	738.00	010	0	4442.31	J1
	36563		INSJ TUNNELED CTR VAD W/SUBQ PUMP	2340.00	810.75	010	0	7952.05	J1
	36565		INSJ TUN VAD REQ 2 CATH 2 SITS W/O SUBQ PORT/PMP	1785.00	752.25	010	0	4638.94	J1
	36566		INSJ TUN VAD REQ 2 CATH 2 SITS W/SUBQ PORT	8706.00	794.25	010	0	8103.41	J1
	36568		INSERTION PICC W/O IMG GDN < 5 YR	205.50	205.50	000	1	2352.88	J1
	36569		INSERTION PICC W/O IMG GDN 5 YR/>	210.75	210.75	000	1	2218.04	J1
	36570		INSJ PRPH CTR VAD W/SUBQ PORT UNDER 5 YR	3105.00	751.50	010	0	4830.63	J1
	36571		INSJ PRPH CTR VAD W/SUBQ PORT AGE 5 YR/>	2670.00	699.00	010	0	4561.27	J1
	36572		INSERTION PICC W/RS&I < 5 YR	820.50	180.00	000	1	764.73	T
	36573		INSERTION PICC W/RS&I 5 YR/>	823.50	184.50	000	1	2178.63	J1
	36575		RPR TUN/NON-TUN CTR VAD CATH W/O SUBQ PORT/PMP	312.75	74.25	000	0	1009.03	T
	36576		RPR CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ SIT	747.75	408.00	010	0	2520.33	J1
	36578		RPLCMT CATH CTR VAD SUBQ PORT/PMP	918.75	449.25	010	0	4302.95	J1
	36580		RPLCMT COMPL NON-TUN CVC W/O SUBQ PORT/PMP	409.50	143.25	000	1	2135.67	J1
	36581		RPLCMT COMPL TUN CVC W/O SUBQ PORT/PMP	1650.75	406.50	010	0	4035.80	J1
	36582		RPLCMT COMPL TUN CTR VAD W/SUBQ PORT	1878.00	639.00	010	0	4346.46	J1
	36583		RPLCMT COMPL TUN CTR VAD W/SUBQ PMP	2463.75	744.00	010	0	6592.65	J1
	36584		COMPLETE REPLACEMENT PICC RS&I	700.50	130.50	000	1	2094.89	J1
	36585		RPLCMT COMPL PRPH CTR VAD W/SUBQ PORT	2917.50	687.75	010	0	4481.96	J1
	36589		RMVL TUN CVC W/O SUBQ PORT/PMP	368.25	304.50	010	0	1078.05	Q2
	36590		RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	497.25	423.75	010	0	2704.38	Q2
	36591		COLLECT BLOOD FROM IMPLANT VENOUS ACCESS DEVICE	62.25	62.25	XXX	0	225.56	Q1
	36592		COLLECT BLOOD FROM CATHETER VENOUS NOS	66.75	66.75	XXX	0	225.35	Q1
	36593		DECLOT BY THROMBOLYTIC AGENT IMPLANT DEVICE/CATH	78.00	78.00	XXX	0	579.76	T
	36595		MCHNL RMVL PRICATH OBSTR CV DEV VIA VEN ACCESS	1277.25	399.00	000	1	3928.94	J1
	36596		MCHNL RMVL INTRAL OBSTR CV DEV THRU DEV LUMEN	256.50	102.00	000	1	2317.00	J1
	36597		RPSG PREVIOUSLY PLACED CVC UNDER FLUOR GDNCE	245.25	133.50	000	1	2161.78	J1

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	36598		CNTRST NJX RAD EVAL CTR VAD FLUOR IMG&REPRT	261.00	78.00	000	0	365.31	T
	36600		ARTERIAL PUNCTURE WITHDRAWAL BLOOD DX	61.50	33.00	XXX	1	224.40	Q1
	36620		ARTL CATHJ/CANNULJ MNTR/TRANSFUSION SPX PRQ	96.75	96.75	000	1		N
	36625		ARTL CATHJ/CANNULJ MNTR/TRANSFUSION SPX CUTDOWN	232.50	232.50	000	1		N
	36640		ARTL CATHJ PROLNG NFS THER CHEMOTX CUTDOWN	261.75	261.75	000	1	4212.06	J1
	36660		CATHETERIZATION UMBILICAL NEWBORN ART DX/THERAPY	150.75	150.75	000	0		C
	36680		PLACEMENT NEEDLE INTRAOSSEOUS INFUSION	133.50	133.50	000	0	698.32	Q1
	36800		INSJ CANNULA HEMO OTH PURPOSE SPX VEIN VEIN	267.00	267.00	000	1	8807.24	J1
	36810		INSJ CANNULA HEMO OTH PURPOSE SPX ARVEN XTRNL	428.25	428.25	000	1	4933.64	J1
	36815		INSJ CANNULA HEMO OTH SPX ARVEN XTRNL REVJ/CLSR	299.25	299.25	000	1	9090.10	J1
	36818		ARVEN ANAST OPN UPR ARM CEPHALIC VEIN TRPOS	1520.25	1520.25	030	2	9288.76	J1
	36819		ARVEN ANAST OPN UPR ARM BASILIC VEIN TRPOS	1607.25	1607.25	030	2	9277.40	J1
	36820		ARVEN ANAST OPN F/ARM VEIN TRPOS	1610.25	1610.25	030	2	9125.10	J1
	36821		ARTERIOVENOUS ANASTOMOSIS OPEN DIRECT	1455.75	1455.75	030	2	5432.11	J1
	36823		INSJ CNULA ISLTD XC-CIRCJ REG CHEMOTX XTR RMVL	3173.25	3173.25	030	1		C
	36825		CRTJ ARVEN FSTL XCP DIR ARVEN ANAST AUTOG GRF	1748.25	1748.25	030	2	8204.63	J1
	36830		CRTJ ARVEN FSTL XCP DIR ARVEN ANAST NONAUTOG GRF	1472.25	1472.25	030	2	7043.89	J1
	36831		THRMBC OPN ARVEN FSTL W/O REVJ DIAL GRF	1365.75	1365.75	030	2	7489.46	J1
	36832		REVJ OPN ARVEN FSTL W/O THRMBC DIAL GRF	1668.75	1668.75	030	2	8612.36	J1
	36833		REVJ OPN ARVEN FSTL W/THRMBC DIAL GRF	1780.50	1780.50	030	2	7393.93	J1
	36835		INSERTION THOMAS SHUNT SEPARATE PROCEDURE	1086.00	1086.00	030	1	2785.46	J1
	36836		PERQ AV FISTULA CREATION UXTR SINGLE ACCESS	17115.75	784.50	000	2	17277.05	J1
	36837		PERQ AV FISTULA CREATION UXTR SEP ACCESS SITES	20326.50	1011.00	000	2	17368.19	J1
	36838		DSTL REVSC&INTERVAL LIG UXTR HEMO ACCESS	2512.50	2512.50	030	2	8609.53	J1
	36860		XTRNL CANNULA DECLTNG SPX W/O BALO CATH	521.25	246.00	000	1	2591.84	J1
	36861		XTRNL CANNULA DECLTNG SPX W/BALO CATH	307.50	307.50	000	1	6313.58	J1
	36901		INTRO CATH DIALYSIS CIRCUIT DX ANGRPH FLUOR S&I	1515.75	370.50	000	1	2311.28	J1
	36902		INTRO CATH DIALYSIS CIRCUIT W/TRLUML BALO ANGIOP	2580.75	525.75	000	1	7275.71	J1
	36903		INTRO CATH DIALYSIS CIRCUIT W/TCAT PLMT IV STENT	8914.50	691.50	000	1	9811.87	J1
	36904		PERQ THRMBC/NFS DIALYSIS CIRCUIT IMG DX ANGRPH	3864.75	807.00	000	1	6519.40	J1
	36905		PERQ THRMBC/NFS DIAL CIRCUIT TRLUML BALO ANGIOP	4839.75	971.25	000	1	13995.40	J1
	36906		PERQ THRMBC/NFS DIAL CIRCUIT TCAT PLMT IV STENT	11372.25	1118.25	000	1	16186.64	J1
+	36907		TRLUML BALO ANGIOP CTR DIALYSIS SEG W/IMG S&I	1263.75	322.50	ZZZ	1		N
+	36908		STENT PLMT CENTRAL DIAYLSIS SEG PFRMD DIAL CIR	3009.75	455.25	ZZZ	1		N
+	36909		DIALYIS CIRCUIT VASC EMBOLI OCCLS EVASC IMG S&I	3985.50	439.50	ZZZ	1		N
	37140		VENOUS ANASTOMOSIS OPEN PORTOCAVAL	5220.75	5220.75	030	1		C
	37145		VENOUS ANASTOMOSIS OPEN RENOPORTAL	4845.75	4845.75	030	2		C
	37160		VENOUS ANASTOMOSIS OPEN CAVAL-MESENTERIC	4975.50	4975.50	030	2		C
	37180		VENOUS ANASTOMOSIS OPEN SPLENORENAL PROXIMAL	4783.50	4783.50	030	2		C
	37181		VENOUS ANASTOMOSIS OPEN SPLENORENAL DISTAL	5220.75	5220.75	030	2		C
	37182		INSJ TRANSVNS INTRAHEPATC PORTOSYSIC SHUNT	1786.50	1786.50	000	0		C
	37183		REVJ TRANSVNS INTRHPTC PORTOSYSTEMIC SHNT (TIPS)	12277.50	819.00	000	0	6205.12	J1
	37184		PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST	3656.25	946.50	000	1	15347.61	J1
+	37185		PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA SBSQ	1023.00	357.00	ZZZ	1		N
+	37186		SEC PRQ TRLUML THRMBC N-CORONARY N-INTRACRANIAL	2538.00	537.00	ZZZ	1		N
	37187		PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	3591.75	864.75	000	1	9061.68	J1
	37188		PRQ TRLUML MCHNL THRMBC VEIN REPEAT TX	3084.75	621.00	000	1	3134.67	J1
	37191		INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	4275.00	484.50	000	1	5593.68	J1
	37192		REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	2743.50	756.75	000	1	3603.97	J1
	37193		RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	3210.00	760.50	000	1	3916.83	J1
	37195		THROMBOLYSIS CEREBRAL IV INFUSION	1647.75	1647.75	XXX	0	580.46	T
	37197		PRQ TRANSCATHETER RTRVL INTRVAS FB WITH IMAGING	3312.00	660.00	000	0	4088.12	J1
	37200		TRANSCATHETER BIOPSY	474.00	474.00	000	1	8175.32	J1
	37211		THROMBOLYSIS ARTERIAL INFUSION ICRA RS&I INIT TX	849.00	849.00	000	0	6655.09	J1
	37212		THROMBOLYSIS VENOUS INFUSION W/IMAGING INIT TX	741.75	741.75	000	0	5037.73	J1
	37213		THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX	507.00	507.00	000	1	5337.38	J1
	37214		CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL	269.25	269.25	000	1	4745.81	J1
	37215		TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	2175.75	2175.75	030	0		C
	37216		TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ	2196.00	2196.00	030	9		E1
	37217		TCATH STENT PLACEMT RETROGRAD CAROTID/INNOMINATE	2385.00	2385.00	030	0		C
	37218		TCATH STENT PLACEMT ANTEGRADE CAROTID/INNOMINATE	1832.25	1832.25	030	0		C

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				Professional				Outpatient Facility	
	Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
	37236		OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	5809.50	966.00	000	0	12193.39	J1
+	37237		OPEN/PERQ PLACEMENT INTRAVASCULAR STENT EA ADDL	2744.25	462.75	ZZZ	0		N
	37238		OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	7273.50	673.50	000	0	11240.78	J1
+	37239		OPEN/PERQ PLACEMENT INTRAVASC STENT SAME EA ADDL	3641.25	331.50	ZZZ	0		N
	37241		VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS&I	9733.50	936.00	000	1	12796.70	J1
	37242		VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	14993.25	1041.75	000	0	17855.27	J1
	37243		VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT	18180.75	1230.00	000	1	14709.85	J1
	37244		VASCULAR EMBOLIZATION OR OCCLUSION HEMORRHAGE	13895.25	1446.75	000	1	13886.25	J1
	37246		TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART	3842.25	765.00	000	1	7063.19	J1
+	37247		TRLML BALO ANGIOP OPEN/PERQ IMG S&I EA ADDL ART	1305.75	381.75	ZZZ	1		N
	37248		TRLML BALO ANGIOP OPEN/PERQ W/IMG S&I 1ST VEIN	2876.25	651.00	000	1	7306.64	J1
+	37249		TRLML BALO ANGIOP OPEN/PERQ W/IMG S&I ADDL VEIN	955.50	321.75	ZZZ	1		N
+	37252		INTRAVASCULAR US NONCORONARY RS&I INTIAL VESSEL	1995.00	195.75	ZZZ	0		N
+	37253		INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL	381.00	156.00	ZZZ	0		N
	37254		REVSC EVASC IVT ANGIOP UNI SF LES 1ST VSL	4653.75	753.75	000	0	10175.97	J1
+	37255		REVSC EVASC IVT ANGIOP UNI SF LES EA ADDL VSL	1145.25	305.25	ZZZ	0		N
	37256		REVSC EVASC IVT ANGIOP UNI CPLX LES 1ST VSL	5457.00	1104.75	000	0	10175.97	J1
+	37257		REVSC EVASC IVT ANGIOP UNI CPLX LES EA ADDL VSL	1301.25	395.25	ZZZ	0		N
	37258		REVSC EVASC IVT ST PLMT UNI SF LES 1ST VSL	7998.75	900.75	000	0	11469.59	J1
+	37259		REVSC EVASC IVT ST PLMT UNI SF LES EA ADDL VSL	2707.50	407.25	ZZZ	0		N
	37260		REVSC EVASC IVT ST PLMT UNI CPLX LES 1ST VSL	18937.50	1302.00	000	0	11469.59	J1
+	37261		REVSC EVASC IVT ST PLMT UNI CPLX LES EA ADDL VSL	7548.00	432.75	ZZZ	0		N
+	37262		INTRAVASCULAR LITHOTRIPSY IVT WITHIN SAME ARTERY	7655.25	305.25	ZZZ	0		N
	37263		REVSC EVASC FPVT ANGIOP UNI SF LES 1ST VSL	12192.00	799.50	000	0	6124.91	J1
+	37264		REVSC EVASC FPVT ANGIOP UNI SF LES EA ADDL VSL	4902.75	306.00	ZZZ	0		N
	37265		REVSC EVASC FPVT ANGIOP UNI CPLX LES 1ST VSL	15332.25	1081.50	000	0	6124.91	J1
+	37266		REVSC EVASC FPVT ANGIOP UNI CPLX LES EA ADDL VSL	5481.00	407.25	ZZZ	0		N
	37267		REVSC EVASC FPVT ST PLMT UNI SF LES 1ST VSL	11695.50	901.50	000	0	10447.92	J1
+	37268		REVSC EVASC FPVT ST PLMT UNI SF LES EA ADDL VSL	7545.00	381.00	ZZZ	0		N
	37269		REVSC EVASC FPVT ST PLMT UNI CPLX LES 1ST VSL	25942.50	1515.00	000	0	10447.92	J1
+	37270		REVSC EVASC FPVT ST PLMT UNI CPLX LES EA ADD VSL	7849.50	511.50	ZZZ	0		N
	37271		REVSC EVASC FPVT ATHRC UNI SF LES 1ST VSL	23718.00	924.00	000	0	15056.93	J1
+	37272		REVSC EVASC FPVT ATHRC UNI SF LES EA ADDL VSL	5247.75	407.25	ZZZ	0		N
	37273		REVSC EVASC FPVT ATHRC UNI CPLX LES 1ST VSL	29703.75	1293.75	000	0	15056.93	J1
+	37274		REVSC EVASC FPVT ATHRC UNI CPLX LES EA ADDL VSL	5583.75	561.00	ZZZ	0		N
	37275		REVSC EVASC FPVT ST ATHRC UNI SF LES 1ST VSL	23073.75	1125.75	000	0	14303.10	J1
+	37276		REVSC EVASC FPVT ST ATHRC UNI SF LES EA ADDL VSL	7766.25	432.75	ZZZ	0		N
	37277		REVSC EVASC FPVT ST ATHRC UNI CPLX LES 1ST VSL	34626.75	1530.75	000	0	14303.10	J1
+	37278		REVSC EVSC FPVT ST ATHRC UNI CPLX LES EA ADD VSL	8699.25	608.25	ZZZ	0		N
+	37279		INTRAVASCULAR LITHOTRIPSY FPVT W/IN SAME ARTERY	10410.00	408.00	ZZZ	0		N
	37280		REVSC EVASC TPVT ANGIOP UNI SF LES 1ST VSL	6056.25	1005.00	000	0	13729.66	J1
+	37281		REVSC EVASC TPVT ANGIOP UNI SF LES EA ADDL VSL	1653.00	302.25	ZZZ	0		N
	37282		REVSC EVASC TPVT ANGIOP UNI CPLX LES 1ST VSL	13693.50	1260.75	000	0	13729.66	J1
+	37283		REVSC EVASC TPVT ANGIOP UNI CPLX LES EA ADDL VSL	1938.00	430.50	ZZZ	0		N
	37284		REVSC EVASC TPVT ST PLMT UNI SF LES 1ST VSL	12644.25	1036.50	000	0	18409.84	J1
+	37285		REVSC EVASC TPVT ST PLMT UNI SF LES EA ADDL VSL	6260.25	342.00	ZZZ	0		N
	37286		REVSC EVASC TPVT ST PLMT UNI CPLX LES 1ST VSL	23276.25	1389.75	000	0	18409.84	J1
+	37287		REVSC EVASC TPVT ST PLMT UNI CPLX LES EA ADD VSL	11093.25	514.50	ZZZ	0		N
	37288		REVSC EVASC TPVT ATHRC UNI SF LES 1ST VSL	17505.00	1368.75	000	0	16587.53	J1
+	37289		REVSC EVASC TPVT ATHRC UNI SF LES EA ADDL VSL	2069.25	482.25	ZZZ	0		N
	37290		REVSC EVASC TPVT ATHRC UNI CPLX LES 1ST VSL	23905.50	1722.00	000	0	16587.53	J1
+	37291		REVSC EVASC TPVT ATHRC UNI CPLX LES EA ADDL VSL	2415.00	657.75	ZZZ	0		N
	37292		REVSC EVASC TPVT ST ATHRC UNI SF LES 1ST VSL	22974.75	1524.75	000	0	16253.23	J1
+	37293		REVSC EVASC TPVT ST ATHRC UNI SF LES EA ADDL VSL	7879.50	670.50	ZZZ	0		N
	37294		REVSC EVASC TPVT ST ATHRC UNI CPLX LES 1ST VSL	34128.00	1827.75	000	0	16253.23	J1
+	37295		REVSC EVSC TPVT ST ATHRC UNI CPLX LES EA ADD VSL	13476.75	845.25	ZZZ	0		N
	37296		REVSC EVASC IMVT ANGIOP UNI SF LES 1ST VSL	6810.75	1125.75	000	0	13729.66	J1
+	37297		REVSC EVASC IMVT ANGIOP UNI SF LES EA ADDL VSL	1860.00	403.50	ZZZ	0		N
	37298		REVSC EVASC IMVT ANGIOP UNI CPLX LES 1ST VSL	7658.25	1389.00	000	0	13729.66	J1
+	37299		REVSC EVASC IMVT ANGIOP UNI CPLX LES EA ADDL VSL	2017.50	502.50	ZZZ	0		N
	37501		UNLISTED VASCULAR ENDOSCOPY PROCEDURE	BR	BR	YYY	1	1081.96	T

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				Professional			Outpatient Facility	
	Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
	37565		LIGATION INTERNAL JUGULAR VEIN	1631.25	1631.25	030	0	5416.69	J1
	37600		LIGATION EXTERNAL CAROTID ARTERY	1689.75	1689.75	030	2	5155.06	J1
	37605		LIGATION INTERNAL/COMMON CAROTID ARTERY	1632.00	1632.00	030	2	5291.11	J1
	37606		LIG INT/COMMON CAROTID ART W/GRADUAL OCCLUSION	1689.75	1689.75	030	2	5374.83	J1
	37607		LIG/BANDING ANGIOACCESS ARTERIOVENOUS FISTULA	832.50	832.50	030	1	5382.55	J1
	37609		LIGATION/BIOPSY TEMPORAL ARTERY	687.75	457.50	010	1	2831.45	J1
	37615		LIGATION MAJOR ARTERY NECK	1165.50	1165.50	030	2	5508.13	J1
	37616		LIGATION MAJOR ARTERY CHEST	2561.25	2561.25	030	2		C
	37617		LIGATION MAJOR ARTERY ABDOMEN	2954.25	2954.25	030	2		C
	37618		LIGATION MAJOR ARTERY EXTREMITY	879.00	879.00	030	2		C
	37619		LIGATION OF INFERIOR VENA CAVA	3882.00	3882.00	030	2	9459.98	J1
	37650		LIGATION OF FEMORAL VEIN	1022.25	1022.25	030	1	5330.76	J1
	37660		LIGATION OF COMMON ILIAC VEIN	2964.00	2964.00	030	2		C
	37700		LIG&DIV LONG SAPH VEIN SAPHFEM JUNCT/INTERRUPJ	547.50	547.50	030	1	5437.08	J1
	37718		LIG DIV & STRIPPING SHORT SAPHENOUS VEIN	876.00	876.00	030	1	5372.62	J1
	37722		LIG DIV&STRPG LONG SAPH SAPHFEM JUNCT KNE/BELW	1018.50	1018.50	030	1	5391.35	J1
	37735		LIG&DIV&COMPL STRPG LONG/SHRT SAPHENOUS VN W/EXC	1290.75	1290.75	030	1	5508.13	J1
	37760		LIG PRFRATR VEINS SUBF RAD W/SKN GRAFT OPN 1 LEG	1278.75	1278.75	030	1	5508.13	J1
	37761		LIG PRFRATR VEIN SUBFSCAL OPEN INCL US GID 1 LEG	1183.50	1183.50	030	2	5112.08	J1
	37765		STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	921.75	597.00	010	1	5384.75	J1
	37766		STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	1093.50	736.50	010	1	5455.80	J1
	37780		LIGJ & DIV SHORT SAPH VEIN SAPHENOPOP JUNCT SPX	528.00	528.00	030	1	5446.98	J1
	37785		LIGJ DIVJ &/EXCJ VARICOSE VEIN CLUSTER 1 LEG	764.25	562.50	030	1	5448.64	J1
	37788		PENILE REVASCULARIZATION ARTERY W/WO VEIN GRAFT	2829.00	2829.00	030	2		C
	37790		PENILE VENOUS OCCLUSIVE PROCEDURE	1097.25	1097.25	030	0	6035.70	J1
	37799		UNLISTED PROCEDURE VASCULAR SURGERY	BR	BR	YYY	0	1014.44	T
	38100		SPLENECTOMY TOTAL SEPARATE PROCEDURE	2598.00	2598.00	030	2		C
	38101		SPLENECTOMY PARTIAL SEPARATE PROCEDURE	2633.25	2633.25	030	2		C
+	38102		SPLENC TOT EN BLOC EXTNSV DS CONJUNCT W/OTH PX	586.50	586.50	ZZZ	2		C
	38115		RPR RPTD SPLEEN SPLENORRHAPHY W/WO PRTL SPLENECT	2917.50	2917.50	030	2		C
	38120		LAPAROSCOPIC SURGICAL SPLENECTOMY	2402.25	2402.25	030	2	18064.76	J1
	38129		UNLISTED LAPAROSCOPY PROCEDURE SPLEEN	BR	BR	YYY	2	10043.71	J1
	38200		INJECTION PROCEDURE SPLENOPORTOGRAPY	288.00	288.00	000	0		N
	38204		MGMT RCP HEMATOP PROGENITOR CELL DONOR &ACQUISJ	225.00	225.00	XXX	9		N
	38205		BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ ALGNC	186.00	186.00	000	0		B
	38206		BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ AUTOL	183.00	183.00	000	0	2868.74	S
	38207		TRNSPL PREPJ HEMATOP PROGEN CELLS CRYOPRSRV STOR	99.00	99.00	XXX	9	765.07	S
	38208		TRNSPL PREP HEMATOP PROGEN THAW PREV HRV PER DNR	62.25	62.25	XXX	9	765.07	S
	38209		TRNSP PREP HMATOP PROG THAW PREV HRV WSH PER DNR	26.25	26.25	XXX	9	765.07	S
	38210		TRNSPL PREPJ HEMATOP PROGEN DEPLJ IN HRV T-CELL	176.25	176.25	XXX	9	765.07	S
	38211		TRNSPL PREPJ HEMATOP PROGEN TUM CELL DEPLJ	160.50	160.50	XXX	9	765.07	S
	38212		TRNSPL PREPJ HEMATOP PROGEN RED BLD CELL RMVL	105.75	105.75	XXX	9	765.07	S
	38213		TRNSPL PREPJ HEMATOP PROGEN PLTLT DEPLJ	26.25	26.25	XXX	9	765.07	S
	38214		TRNSPL PREPJ HEMATOP PROGEN PLSM VOL DEPLJ	90.00	90.00	XXX	9	765.07	S
	38215		TRNSPL PREPJ HEMATOP PROGEN CONCENTRATION PLSM	105.75	105.75	XXX	9	765.07	S
	38220		DIAGNOSTIC BONE MARROW ASPIRATIONS	354.00	150.75	XXX	0	2791.76	J1
	38221		DIAGNOSTIC BONE MARROW BIOPSIES	361.50	155.25	XXX	0	2763.97	J1
	38222		DIAGNOSTIC BONE MARROW BIOPSIES & ASPIRATIONS	392.25	166.50	XXX	0	4916.43	J1
	38225		CAR-T THERAPY HRVG BLD-DRV T LYMPHCYT PR DAY	217.50	217.50	XXX	9		B
	38226		CAR-T THERAPY PREPJ BLD-DRV T LYMPHCYT F/TRNS	87.75	87.75	XXX	9		B
	38227		CAR-T THERAPY RECEIPT & PREPJ CAR-T CELLS F/ADMN	88.50	88.50	XXX	9		B
	38228		CAR-T THERAPY AUTOL CAR-T CELL ADMINISTRATION	649.50	395.25	XXX	0	580.46	S
	38230		BONE MARROW HARVEST TRANSPLANTATION ALLOGENEIC	454.50	454.50	000	0	2795.87	S
	38232		BONE MARROW HARVEST TRANSPLANTATION AUTOLOGOUS	417.75	417.75	000	0	8112.97	S
	38240		TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	540.75	540.75	XXX	0	103499.08	J1
	38241		TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	399.00	399.00	XXX	0	2868.74	S
	38242		ALLOGENEIC LYMPHOCYTE INFUSIONS	282.00	282.00	000	0	2868.74	S
	38243		TRNSPLJ HEMATOPOIETIC CELL BOOST	277.50	277.50	000	0	2868.74	S
	38300		DRG LYMPH NODE ABSC/LYMPHADENITIS SMPL	759.75	481.50	010	1	5008.59	J1
	38305		DRG LYMPH NODE ABSC/LYMPHADENITIS EXTNSV	1134.00	1134.00	030	1	5008.59	J1
	38308		LYMPHANGIOTOMY/OTH OPRATIONS LYMPHATIC CHANNELS	1075.50	1075.50	030	2	6692.53	J1

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				Professional				Outpatient Facility	
	Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
	38380		SUTR&/LIG THORACIC DUCT CERVICAL APPROACH	1320.00	1320.00	030	2		C
	38381		SUTR&/LIG THORACIC DUCT THORACIC APPROACH	1818.75	1818.75	030	2		C
	38382		SUTR&/LIG THORACIC DUCT ABDOMINAL APPROACH	1539.00	1539.00	030	2		C
	38500		BX/EXC LYMPH NODE OPEN SUPERFICIAL	759.00	579.75	010	1	6614.13	J1
	38505		BX/EXC LYMPH NODE NEEDLE SUPERFICIAL	386.25	191.25	000	1	2784.95	J1
	38510		BX/EXC LYMPH NODE OPEN DEEP CERVICAL NODE	1190.25	948.75	010	1	6665.72	J1
	38520		BX/EXC LYMPH NODE OPN DP CRV NODE W/EXC FAT PAD	1068.75	1068.75	030	1	6653.66	J1
	38525		BX/EXC LYMPH NODE OPEN DEEP AXILLARY NODE	1007.25	1007.25	030	1	6659.03	J1
	38530		BX/EXC LYMPH NODE OPEN INT MAMMARY NODE	1298.25	1298.25	030	2	6675.11	J1
	38531		OPEN BIOPSY/EXCISION INGUINOFEMORAL NODES	1019.25	1019.25	030	0	6669.08	J1
	38542		DISSECTION DEEP JUGULAR NODE	1189.50	1189.50	030	2	10187.66	J1
	38550		EXC CSTIC HYGROMA AX/CRV W/O DP NEUROVASC DSJ	1197.00	1197.00	030	0	6701.24	J1
	38555		EXC CSTIC HYGROMA AX/CRV W/DP NEUROVASC DSJ	2333.25	2333.25	030	2	11398.85	J1
	38562		LMTD LMPHADEC STAGING SPX PEL&PARA-AORTIC	1608.75	1608.75	030	2		C
	38564		LMTD LMPHADEC STAGING SPX RPR AORTIC&/SPLENIC	1594.50	1594.50	030	2		C
	38570		LAPS SURG RETROPERITONEAL LYMPH NODE BX 1/MLT	1169.25	1169.25	010	2	10095.79	J1
	38571		LAPS SURG BILATERAL TOTAL PELVIC LMPHADECTOMY	1491.75	1491.75	010	2	18061.12	J1
	38572		LAPS BI TOT PEL LMPHADEC & PRI-AORTIC LYMPH BX 1	2024.25	2024.25	010	2	18062.94	J1
	38573		LAPS W/BI TOT PEL LMPHADEC & OMNTC LYMPH BX	2661.75	2661.75	010	2	18086.64	J1
	38589		UNLISTED LAPAROSCOPY PX LYMPHATIC SYSTEM	BR	BR	YYY	2	9972.24	J1
	38700		SUPRAHYOID LYMPHADENECTOMY	1830.00	1830.00	030	2	11353.21	J1
	38720		CERVICAL LYMPHADENECTOMY	3042.75	3042.75	030	2	11302.99	J1
	38724		CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	3281.25	3281.25	030	2		C
	38740		AXILLARY LYMPHADENECTOMY SUPERFICIAL	1599.75	1599.75	030	2	10153.97	J1
	38745		AXILLARY LYMPHADENECTOMY COMPLETE	2009.25	2009.25	030	2	10115.18	J1
+	38746		THORCOM THRC W/MEDSTNL & REGIONAL LMPHADEC	472.50	472.50	ZZZ	2		C
+	38747		ABDL LMPHADEC REG CELIAC GSTR PORTAL PRIPNCRTC	594.75	594.75	ZZZ	2		C
	38760		INGUINOFEM LMPHADEC SUPFC W/CLOQUETS NODE SPX	1898.25	1898.25	030	2	11298.44	J1
	38765		INGUINOFEM LMPHADEC SUPFC W/PEL LMPHADEC	2966.25	2966.25	030	2		C
	38770		PEL LMPHADEC W/XTRNL ILIAC HYPOGSTR&OBTURATOR	1818.75	1818.75	030	2		C
	38780		RPR TABDL LMPHADEC EXTNSV W/PEL AORTIC&RNL	2389.50	2389.50	030	2		C
	38790		INJECTION PROCEDURE LYMPHANGIOGRAPHY	185.25	185.25	000	1		N
	38792		INJ RADIOACTIVE TRACER FOR ID OF SENTINEL NODE	184.50	71.25	000	1	699.06	Q1
	38794		CANNULATION THORACIC DUCT	636.00	636.00	030	0		N
+	38900		INTRAOP SENTINEL LYMPH NODE ID W/DYE INJECTION	308.25	308.25	ZZZ	2		N
	38999		UNLISTED PROCEDURE HEMIC OR LYMPHATIC SYSTEM	BR	BR	YYY	0	730.26	S
	39000		MEDIAST W/EXPL DRG RMVL FB/BX CRV APPR	1140.75	1140.75	030	2		C
	39010		MEDIAST W/EXPL DRG RMVL FB/BX TTHRC APPR	1770.00	1770.00	030	2		C
	39200		RESECTION OF MEDIASTINAL CYST	1942.50	1942.50	030	2		C
	39220		RESECTION MEDIASTINAL TUMOR	2546.25	2546.25	030	2		C
	39401		MEDIASTINOSCOPY INCLUDES MEDIASTINAL MASS BIOPSY	688.50	688.50	000	1	10101.91	J1
	39402		MEDIASTINOSCOPY WITH LYMPH NODE BIOPSY/IES	897.75	897.75	000	1	10120.29	J1
	39499		UNLISTED PROCEDURE MEDIASTINUM	BR	BR	YYY	2		C
	39501		REPAIR LACERATION DIAPHRAGM ANY APPROACH	1921.50	1921.50	030	2		C
	39503		RPR NEONATAL DIPHRG HERNIA W/WO CHEST TUBE INSJ	12846.00	12846.00	030	2		C
	39540		RPR DIPHRG HRNA OTH/THN NEONATAL TRAUMTC AQT	1944.00	1944.00	030	2		C
	39541		RPR DIPHRG HRNA OTH/THN NEONATAL TRAUMTC CHRNC	2111.25	2111.25	030	2		C
	39545		IMBRICATION DIAPHRAGM EVENTRATION	2013.75	2013.75	030	2		C
	39560		RESCJ DIAPHRAGM W/SIMPLE REPAIR	1815.75	1815.75	030	2		C
	39561		RESCJ DIAPHRAGM W/COMPLEX REPAIR	2837.25	2837.25	030	2		C
	39599		UNLISTED PROCEDURE DIAPHRAGM	BR	BR	YYY	2		C
	40490		BIOPSY OF LIP	274.50	156.00	000	1	406.39	T
	40500		VERMILIONECTOMY LIP SHV W/MUCOSAL ADVMNT	1190.25	845.25	030	1	5675.37	J1
	40510		EXC LIP TRANSVRS WEDGE EXC W/PRIM CLSR	1103.25	797.25	030	1	5674.24	J1
	40520		EXC LIP V-EXC W/PRIM DIR LINR CLSR	1140.75	819.00	030	1	5668.57	J1
	40525		EXC LIP FULL THKNS RCNSTJ W/LOCAL FLAP	1252.50	1252.50	030	1	5652.68	J1
	40527		EXC LIP FULL THKNS RCNSTJ W/CROSS LIP FLAP	1429.50	1429.50	030	0	10274.76	J1
	40530		RESCJ LIP > ONE-FOURTH W/O RCNSTJ	1257.75	924.75	030	1	5675.37	J1
	40650		REPAIR LIP FULL THICKNESS VERMILION ONLY	1091.25	729.75	030	0	891.19	T
	40652		REPAIR LIP FULL THICKNESS <HALF VERTICAL HEIGHT	1178.25	831.75	030	0	891.19	T
	40654		RPR LIP FTH OVER ONE-HALF VERT HEIGHT/COMPLEX	1330.50	977.25	030	1	2592.24	J1

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			Professional				Outpatient Facility	
Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
40700		PLSTC RPR CL LIP/NSL DFRM PRIM PRTL/COMPL UNI	2294.25	2294.25	030	0	10352.41	J1
40701		PLSTC RPR CL LIP/NSL DFRM PRIM BI 1 STG PX	2702.25	2702.25	030	2	10352.41	J1
40702		PLSTC RPR CL LIP/NSL DFRM PRIM BI 1 2 STGS	2274.00	2274.00	030	2	10352.41	J1
40720		PLSTC RPR CL LIP/NSL DFRM SEC RECRTJ DFCT & RECL	2332.50	2332.50	030	0	5588.54	J1
40761		PLSTC RPR CL LIP/NSL DFRM W/CROSS LIP PEDCL FLAP	2449.50	2449.50	030	1	10346.19	J1
40799		UNLISTED PROCEDURE LIPS	BR	BR	YYY	2	406.39	T
40800		DRG ABSC CST HMTMA VESTIBULE MOUTH SMPL	459.00	273.75	010	1	1231.28	T
40801		DRG ABSC CST HMTMA VESTIBULE MOUTH COMP	666.00	459.00	010	1	891.19	T
40804		RMVL EMBEDDED FB VESTIBULE MOUTH SMPL	444.00	269.25	010	0	1640.73	Q1
40805		RMVL EMBEDDED FB VESTIBULE MOUTH COMP	648.75	455.25	010	0	891.19	T
40806		INCISION LABIAL FRENUM FRENOTOMY	225.75	68.25	000	0	891.19	T
40808		BIOPSY VESTIBULE MOUTH	378.75	204.75	010	1	891.01	T
40810		EXC LES MUCOSA & SBMCSL VESTIBULE MOUTH W/O RPR	483.00	278.25	010	1	5668.57	J1
40812		EXC LESION MUCOSA & SBMCSL VESTIBULE SMPL RPR	621.00	413.25	010	1	2587.57	J1
40814		EXC LESION MUCOSA & SBMCSL VESTIBULE CPLX RPR	843.00	647.25	030	1	5605.57	J1
40816		EXC LESION MUCOSA&SBMCSL VESTIBULE CPLX EXC MUSC	909.75	692.25	030	1	5660.04	J1
40818		EXC MUCOSA VESTIBULE MOUTH AS DON GRF	813.00	600.00	030	0	887.01	T
40819		EXC FRENUM LABIAL/BUCCAL	615.00	459.75	030	0	2574.09	J1
40820		DSTRJ LES/SCAR VESTIBULE MOUTH PHYSICAL METHS	572.25	372.75	010	1	5537.46	J1
40830		CLOSURE LACERATION VESTIBULE MOUTH 2.5 CM/<	507.00	333.75	010	0	406.39	T
40831		CLOSURE LACERATION VESTIBULE MOUTH > 2.5 CM/CPL	671.25	461.25	010	0	891.19	T
40840		VESTIBULOPLASTY ANTERIOR	1935.00	1430.25	030	2	10172.28	J1
40842		VESTIBULOPLASTY POSTERIOR UNILATERAL	1869.75	1395.00	030	0	10153.64	J1
40843		VESTIBULOPLASTY POSTERIOR BILATERAL	2714.25	1980.00	030	2	10183.65	J1
40844		VESTIBULOPLASTY ENTIRE ARCH	3413.25	2681.25	030	2	10026.31	J1
40845		VESTIBULOPLASTY CPLX W/RIDGE XTN MUSC RPSG	3339.00	2733.75	030	0	10099.81	J1
40899		UNLISTED PROCEDURE VESTIBULE MOUTH	BR	BR	YYY	0	405.09	T
41000		INTRAORAL I&D TONGUE/FLOOR LINGUAL	333.75	243.75	010	1	891.19	T
41005		INTRAORAL I&D TONGUE/FLOOR SUBLNGL SUPFC	511.50	268.50	010	0	406.39	T
41006		INTRAORAL I&D TONGUE/FLOOR SUBLNGL DP SPRMLHYD	771.00	533.25	030	0	2592.24	J1
41007		INTRAORAL I&D TONGUE/FLOOR SUBMENTAL SPACE	746.25	510.00	030	0	2592.24	J1
41008		INTRAORAL I&D TONGUE/FLOOR SUBMNDBLR SPACE	903.00	599.25	030	0	5672.54	J1
41009		INTRAORAL I&D TONGUE/FLOOR MASTICATOR SPACE	957.75	654.75	030	0	891.19	T
41010		INCISION LINGUAL FRENUM FRENOTOMY	477.00	249.00	010	0	2592.24	J1
41015		XTRORAL I&D ABSC CST/HMTMA FLOOR MOUTH SUBLNGL	908.25	686.25	030	0	891.19	T
41016		XTRORAL I&D ABSC CST/HMTMA FLOOR MOUTH SUBMENT	1048.50	785.25	030	0	10352.41	J1
41017		XTRORAL I&D ABSC CST/HMTMA FLOOR MOUTH SUBMNDB	1044.00	779.25	030	0	5674.81	J1
41018		XTRORAL I&D FLOOR MASTICATOR SPACE	1187.25	912.00	030	0	2592.24	J1
41019		PLACEMENT NEEDLE HEAD/NECK RADIOELEMENT APPLICAT	1111.50	1111.50	000	0	9996.28	J1
41100		BIOPSY TONGUE ANTERIOR TWO-THIRDS	419.25	244.50	010	1	891.19	T
41105		BIOPSY TONGUE POSTERIOR ONE-THIRD	420.75	251.25	010	1	5673.10	J1
41108		BIOPSY FLOOR MOUTH	378.00	209.25	010	1	2835.14	J1
41110		EXCISION LESION TONGUE W/O CLOSURE	510.75	294.00	010	1	5646.99	J1
41112		EXC LESION TONGUE W/CLSR ANTERIOR TWO-THIRDS	762.00	553.50	030	1	5668.57	J1
41113		EXC LESION TONGUE W/CLSR POSTERIOR ONE-THIRD	814.50	600.75	030	1	5669.13	J1
41114		EXC LESION TONGUE W/CLSR W/LOCAL TONGUE FLAP	1406.25	1406.25	030	0	5674.81	J1
41115		EXCISION LINGUAL FRENUM FRENECTOMY	579.00	331.50	010	0	2592.24	J1
41116		EXCISION LESION FLOOR MOUTH	748.50	493.50	030	1	5664.59	J1
41120		GLOSSECTOMY <ONE-HALF TONGUE	2375.25	2375.25	030	2	10295.46	J1
41130		GLOSSECTOMY HEMIGLOSSECTOMY	2939.25	2939.25	030	2		C
41135		GLOSSECTOMY PRTL W/UNI RADICAL NECK DSJ	4843.50	4843.50	030	2		C
41140		GLSSC COMPL/TOT W/WOTRACHS W/O RAD NECK DSJ	4872.75	4872.75	030	2		C
41145		GLSSC COMPL/TOT W/WO TRACHS W/UNI RAD NECK DSJ	6135.00	6135.00	030	2		C
41150		GLSSC COMPOSIT W/RESCJ FLOOR & MANDIBULAR RESCJ	4912.50	4912.50	030	2		C
41153		GLSSC COMPOSIT RESCJ FLOOR SUPRAHYOID NCK DSJ	5351.25	5351.25	030	2		C
41155		GLSSC COMPOSIT RESCJ FLR MNDBLR RESCJ & RAD NECK	6659.25	6659.25	030	2		C
41250		RPR LAC 2.5 CM/< MOUTH&/ANT TWO-THIRDS TONG	637.50	351.00	010	0	698.32	Q1
41251		RPR LAC 2.5 CM/< PST ONE-THIRD TONGUE	697.50	417.75	010	0	406.39	T
41252		RPR LAC TONGUE FLOOR MOUTH > 2.6 CM/CPLX	735.00	474.75	010	0	406.39	T
41510		SUTURE TONGUE LIP MICROGNATHIA	1026.00	1026.00	030	0	5675.37	J1
41512		TONGUE BASE SUSPENSION PERMANENT SUTURE TQ	1501.50	1501.50	030	0	7003.40	J1

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			Professional				Outpatient Facility	
Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
41520		FRENOPLASTY SURG REVJ FRENUM EG W/Z-PLASTY	819.75	573.00	030	0	5147.00	J1
41530		SUBMUCOSAL ABLTJ TONGUE RF 1/> SITES PR SESSION	1998.00	852.00	000	0	5638.48	J1
41599		UNLISTED PROCEDURE TONGUE FLOOR MOUTH	BR	BR	YYY	0	395.41	T
41800		DRG ABSC CST HMTMA FROM DENTOALVEOLAR STRUXS	677.25	360.75	010	1	225.58	Q1
41805		RMVL EMBEDDED FB FROM DENTALVLR STRUXS SOFT TISS	680.25	437.25	010	0	2592.24	J1
41806		RMVL EMBEDDED FB FROM DENTOALVEOLAR STRUXS BONE	906.75	618.75	010	0	2580.57	J1
41820		GINGIVECTOMY EXC GINGIVA EACH QUADRANT	730.50	730.50	000	0	5673.10	J1
41821		OPRCULECTOMY EXC PRICORONAL TISSUE	239.25	239.25	000	0	2592.24	J1
41822		EXC FIBROUS TUBEROSITIES DENTOALVEOLAR STRUXS	801.00	464.25	010	0	2592.24	J1
41823		EXC OSS TUBEROSITIES DENTOALVEOLAR STRUXS	1196.25	843.75	030	0	10274.76	J1
41825		EXC LESION/TUMOR DENTOALVEOLAR STRUX W/O RPR	491.25	277.50	010	1	5637.35	J1
41826		EXC LESION/TUMOR DENTOALVEOLAR STRUX W/SMPL RPR	674.25	445.50	010	1	5573.21	J1
41827		EXC LESION/TUMOR DENTALVEOLAR STRUX W/CMPLX RPR	981.00	663.75	030	1	9846.17	J1
41828		EXC HYPRPLSTC ALVEOLAR MUCOSA EA QUADRANT SPEC	798.75	507.75	010	0	2592.24	J1
41830		ALVEOLECTOMY W/CURTG OSTEITIS/SEQUESTRECTOMY	1055.25	712.50	010	0	5661.76	J1
41850		DESTRUCTION LESION DENTOALVEOLAR STRUCTURES	461.25	461.25	000	0	2592.24	J1
41870		PERIODONTAL MUCOSAL GRAFTING	855.00	855.00	000	0	2592.24	J1
41872		GINGIVOPLASTY EACH QUADRANT SPECIFY	1065.75	700.50	030	0	5675.37	J1
41874		ALVEOLOPLASTY EACH QUADRANT SPECIFY	885.00	568.50	030	0	5601.59	J1
41899		UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	BR	BR	YYY	0	404.92	T
42000		DRAINAGE ABSCESS PALATE UVULA	359.25	249.00	010	0	406.39	T
42100		BIOPSY PALATE UVULA	327.75	251.25	010	1	2588.86	J1
42104		EXC LESION PALATE UVULA W/O CLOSURE	487.50	307.50	010	1	5636.79	J1
42106		EXC LESION PALATE UVULA W/SMPL PRIM CLOSURE	567.75	366.75	010	1	5606.13	J1
42107		EXC LESION PALATE UVULA W/LOCAL FLAP CLOSURE	1011.00	741.75	030	1	10198.16	J1
42120		RESCJ PALATE/EXTENSIVE RESCJ LESION	2261.25	2261.25	030	2	10296.51	J1
42140		UVULECTOMY EXCISION UVULA	690.00	373.50	030	1	5674.24	J1
42145		PALATOPHARYNGOPLASTY	1559.25	1559.25	030	1	10174.34	J1
42160		DSTRJ LESION PALATE/UVULA THERMAL CRYO/CHEM	503.25	318.00	010	0	5673.68	J1
42180		REPAIR LACERATION PALATE <2 CM	571.50	427.50	010	0	891.19	T
42182		REPAIR LACERATION PALATE >2 CM/COMPLEX	741.00	586.50	010	0	9039.71	J1
42200		PALATOP CL PALATE SOFT&/HARD PALATE ONLY	2103.00	2103.00	030	2	10352.41	J1
42205		PALATOPLASTY W/CLSR ALVEOLAR RIDGE SOFT TISSUE	2185.50	2185.50	030	2	5675.37	J1
42210		PALATOP CLSR ALVEOLAR RIDGE GRF ALVEOLAR RIDGE	2441.25	2441.25	030	2	9910.36	J1
42215		PALATOPLASTY CLEFT PALATE MAJOR REVJ	1597.50	1597.50	030	2	10162.95	J1
42220		PALATOPLASTY CLEFT PALATE SEC LNGTH PX	1316.25	1316.25	030	2	10352.41	J1
42225		PALATOP CL PALATE ATTACHMENT PHARYNGEAL FLAP	2239.50	2239.50	030	2	10352.41	J1
42226		LENGTHENING PALATE & PHARYNGEAL FLAP	2053.50	2053.50	030	2	10352.41	J1
42227		LENGTHENING PALATE W/ISLAND FLAP	1912.50	1912.50	030	2	6675.24	J1
42235		REPAIR ANTERIOR PALATE W/VOMER FLAP	1683.00	1683.00	030	2	10352.41	J1
42260		REPAIR NASOLABIAL FISTULA	1940.25	1522.50	030	2	10352.41	J1
42280		MAXILLARY IMPRESJ PALATAL PROSTHESIS	396.00	246.00	010	0	891.19	T
42281		INSJ PIN-RETAINED PALATAL PROSTHESIS	505.50	367.50	010	0	10178.49	J1
42299		UNLISTED PROCEDURE PALATE UVULA	BR	BR	YYY	2	399.47	T
42300		DRAINAGE ABSCESS PAROTID SIMPLE	483.00	356.25	010	1	2592.24	J1
42305		DRAINAGE ABSCESS PAROTID COMPLICATED	987.00	987.00	030	0	5675.37	J1
42310		DRG ABSC SUBMAXILLARY/SUBLINGUAL INTRAORAL	385.50	308.25	010	0	891.19	T
42320		DRAINAGE ABSCESS SUBMAXILLARY INTRAORAL	584.25	408.75	010	0	891.19	T
42330		SIALOT SUBMNDBLR SUBLNGL/PRTD UNCOMP INTRAORAL	527.25	376.50	010	1	5633.95	J1
42335		SIALOLITHOTOMY SUBMNDBLR SUBMAX COMP INTRAORAL	968.25	603.75	030	1	5536.90	J1
42340		SIALOLITHOTOMY PRTD XTRORAL/COMP INTRAORAL	1193.25	786.75	030	0	5481.84	J1
42400		BIOPSY SALIVARY GLAND NEEDLE	211.50	119.25	000	1	1227.96	T
42405		BIOPSY SALIVARY GLAND INCISIONAL	688.50	516.75	010	1	2587.57	J1
42408		EXC SUBLINGUAL SALIVARY CYST RANULA	1217.25	796.50	030	0	5653.81	J1
42409		MARSUPIALIZATION SUBLNGL SALIVARY CST RANULA	882.75	534.00	030	2	5661.76	J1
42410		EXC PRTD TUM/PRTD GLND LAT LOBE W/O NRV DSJ	1430.25	1430.25	030	2	10312.03	J1
42415		EXC PRTD TUM/PRTD GLND LAT DSJ&PRSRV FACIAL NR	2399.25	2399.25	030	2	10304.79	J1
42420		EXC PRTD TUM/PRTD GLND TOT DSJ&PRSRV FACIAL NR	2685.00	2685.00	030	2	10291.33	J1
42425		EXCISION PAROTID TUMOR/GLAND TOTAL EN BLOC RMVL	1905.75	1905.75	030	2	10316.18	J1
42426		EXC PRTD TUM/PRTD GLND TOT W/UNI RAD NCK DSJ	3052.50	3052.50	030	2		C
42440		EXCISION SUBMANDIBULAR SUBMAXILLARY GLAND	947.25	947.25	030	2	10280.97	J1

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			Professional				Outpatient Facility	
Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
42450		EXISION OF SUBLINGUAL GLAND	1069.50	832.50	030	0	10271.66	J1
42500		PLSTC RPR SALIVARY DUX SIALODOCHOPLASTY PRIM	1016.25	788.25	030	0	10137.07	J1
42505		PLSTC RPR SALIVARY DUX SIALODOCHOPLASTY SEC/COMP	1300.50	1042.50	030	1	10056.32	J1
42507		PAROTID DUCT DIVERSION BILATERAL WILKE PX	1119.00	1119.00	030	2	8690.85	J1
42509		PAROTID DUCT DVRJ BI W/EXC BOTH SUBMNDBLR GLANDS	1846.50	1846.50	030	0	10352.41	J1
42510		PAROTID DUCT DVRJ BILATERAL WITH LIG BOTH DUCTS	1376.25	1376.25	030	2	5675.37	J1
42550		INJECTION PROCEDURE SIALOGRAPHY	338.25	137.25	000	1		N
42600		CLOSURE SALIVARY FISTULA	1224.00	813.75	030	0	5675.37	J1
42650		DILATION SALIVARY DUCT	168.75	135.75	000	1	2545.06	J1
42660		DILAT&CATHJ SALIVARY DUCT W/WO INJECTION	224.25	179.25	000	0	869.80	T
42665		LIGATION SALIVARY DUCT INTRAORAL	840.00	499.50	030	0	5675.37	J1
42699		UNLISTED PX SALIVARY GLANDS/DUCTS	BR	BR	YYY	2	396.10	T
42700		I&D ABSCESS PERITONSILLAR	433.50	311.25	010	1	406.30	T
42720		I&D ABSC RTRPHRNGL/PARAPHARYNGEAL INTRAORAL APPR	1011.00	873.75	010	0	5675.37	J1
42725		I&D ABSC RTRPHRNGL/PARAPHARYNGEAL XTRNL APPR	1815.00	1815.00	030	2	10352.41	J1
42800		BIOPSY OROPHARYNX	356.25	268.50	010	1	2591.72	J1
42804		BIOPSY NASOPHARYNX VISIBLE LESION SIMPLE	482.25	279.75	010	1	5639.62	J1
42806		BX NASOPHARYNX SURVEY UNKNOWN PRIMARY LESION	540.00	322.50	010	1	5669.13	J1
42808		EXCISION/DESTRUCTION LESION PHARYNX ANY METHOD	527.25	380.25	010	1	5566.98	J1
42809		REMOVAL FOREIGN BODY PHARYNX	462.00	286.50	010	1	698.32	Q1
42810		EXC BRANCHIAL CLEFT CYST CONFINED SKN&SUBQ TIS	879.00	647.25	030	2	5671.96	J1
42815		EXC BRANCHIAL CLEFT CYST BELOW SUBQ TISS&/PHRYNX	1221.75	1221.75	030	2	10309.97	J1
42820		TONSILLECTOMY & ADENOIDECTOMY <AGE 12	666.75	666.75	030	0	10325.49	J1
42821		TONSILLECTOMY & ADENOIDECTOMY AGE 12/>	695.25	695.25	030	0	5667.43	J1
42825		TONSILLECTOMY PRIMARY/SECONDARY <AGE 12	617.25	617.25	030	0	10352.41	J1
42826		TONSILLECTOMY PRIMARY/SECONDARY AGE 12/>	586.50	586.50	030	1	5665.15	J1
42830		ADENOIDECTOMY PRIMARY <AGE 12	489.75	489.75	030	0	5645.29	J1
42831		ADENOIDECTOMY PRIMARY AGE 12/>	531.75	531.75	030	0	5631.68	J1
42835		ADENOIDECTOMY SECONDARY<AGE 12	456.75	456.75	030	0	5675.37	J1
42836		ADENOIDECTOMY SECONDARY AGE 12/>	564.75	564.75	030	0	5675.37	J1
42842		RADICAL RESECTION TONSIL W/O CLOSURE	2272.50	2272.50	030	0	10329.64	J1
42844		RADICAL RESCJ TONSIL CLOSURE W/LOCAL FLAP	3092.25	3092.25	030	2	10172.28	J1
42845		RADICAL RESCJ TONSIL CLOSURE W/OTHER FLAP	4935.00	4935.00	030	2		C
42860		EXCISION TONSIL TAGS	447.00	447.00	030	0	5675.37	J1
42870		EXC/DSTRJ LINGUAL TONSIL ANY METHOD SPX	1327.50	1327.50	030	0	10242.66	J1
42890		LIMITED PHARYNGECTOMY	3180.00	3180.00	030	2	10295.46	J1
42892		RESCJ LAT PHRNGL WALL/PYRIFORM SINUS DIR CLSR	4176.75	4176.75	030	2	10352.41	J1
42894		RESCJ PHRNGL WALL CLSR W/FLP OR FLP W/MVASC ANAS	5298.75	5298.75	030	2		C
42900		SUTURE PHARYNX WOUND/INJURY	752.25	752.25	010	0	2589.13	J1
42950		PHARYNGOPLASTY PLSTC/RCNSTV OPRATION PHARYNX	1794.00	1794.00	030	2	9519.04	J1
42953		PHARYNGOESOPHAGEAL REPAIR	2159.25	2159.25	030	2		C
42955		PHARYNGOSTOMY FSTLJ PHARYNX XTRNL FEEDING	1706.25	1706.25	030	2	2592.24	J1
42960		CONTROL OROPHARYNGEAL HEMORRHAGE SIMPLE	367.50	367.50	010	0	891.19	T
42961		CTRL OROPHARYNGEAL HEMORRHAGE COMP REQ HOSPITJ	954.75	954.75	030	2		C
42962		CTRL OROPHARYNGEAL HEMORRHAGE W/SEC SURG IVNTJ	1176.75	1176.75	030	1	5665.73	J1
42970		CTRL NASOPHARYNGEAL HEMRRG SMPL W/PST NSL PACKS	936.00	936.00	030	1	406.39	T
42971		CTRL NASOPHARYNGEAL HEMRRG COMP REQ HOSPIZATION	1030.50	1030.50	030	2		C
42972		CTRL NASOPHARYNGEAL HEMORRHAGE W/SEC SURG IVNTJ	1152.00	1152.00	030	2	5675.37	J1
42975		DISE DYN EVAL SLEEP DISORDERED BREATHING FLX DX	219.00	219.00	000	1	3008.78	J1
42999		UNLISTED PROCEDURE PHARYNX ADENOIDS/TONSILS	BR	BR	YYY	0	388.06	T
43020		ESOPHAGOTOMY CERVICAL APPR W/RMVL FB	1293.00	1293.00	030	2	2592.24	J1
43030		CRICOPHARYNGEAL MYOTOMY	1193.25	1193.25	030	2	10248.88	J1
43045		ESOPHAGOTOMY THORACIC APPR W/RMVL FB	2922.00	2922.00	030	2		C
43100		EXC LESION ESOPHOGUS W/PRIM RPR CERVICAL APPR	1446.00	1446.00	030	2		C
43101		EXC LESION ESOPHAGUS W/PRIM RPR THRC/ABDL APPR	2253.00	2253.00	030	2		C
43107		TOT ESOPHAGECTOMY W/O THORCOM W/WO PYLOROPLASTY	6624.00	6624.00	030	2		C
43108		TOT ESOPHG W/O THORCOM COLON NTRPSTJ/INT RCNSTJ	9824.25	9824.25	030	2		C
43112		TOTAL ESOPHAGECTOMY W/THORCOM W/WO PYLORPLASTY	7587.00	7587.00	030	2		C
43113		TOT ESOPHG W/THORCOM W/COLON NTRPSTJ/INT RCNSTJ	9618.75	9618.75	030	2		C
43116		PRTL ESOPHAGECTOMY CERVICAL W/FREE INTSTINAL GRF	10980.00	10980.00	030	2		C
43117		PRTL ESOPHECT DSTL W/WO PROX GASTRECT/PYLORPLSTY	7248.75	7248.75	030	2		C

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43118		PRTL ESOPH DSTL W/WO PROX GASTRC W/COLON NTRPSTJ	8019.00	8019.00	030	2		C
43121		PRTL ESOPHAGEC W/WO PROX GASTREC/PYLOROPLASTY	6345.00	6345.00	030	2		C
43122		PRTL ESOPHG THORACOABD W/WO PROXGASTREC/PYLOROPL	5769.75	5769.75	030	2		C
43123		PRTL ESPHG THORACOABDL/ABDL APPR NTRPSTJ/RCNSTJ	9969.00	9969.00	030	2		C
43124		TOT/PRTL ESPHG W/O RCNSTJ W/CRV ESOPHAGOSTOMY	8442.75	8442.75	030	2		C
43130		DIVERTICULECTOMY HYPOPHARYNX/ESOPH CRV APPR	1796.25	1796.25	030	2	10212.65	J1
43135		DIVERTICULECTOMY HYPOPHARYNX/ESOPH THRC APPR	3273.00	3273.00	030	2		C
43180		ESOPHAGOSCP RIG TRANSORAL HYPOPHARYNX CRV ESOPH	1241.25	1241.25	030	1	10129.82	J1
43191		ESOPHAGOSCOPY RIGID TRANSORAL DIAGNOSTIC BRUSH	352.50	352.50	000	1	3296.83	J1
43192		ESOPHAGOSCOPY RIGID TRANSORAL INJ SUBMUCOSAL	383.25	383.25	000	1	3248.04	J1
43193		ESOPHAGOSCOPY RIGID TRANSORAL WITH BIOPSY	384.00	384.00	000	1	3316.41	J1
43194		ESOPHAGOSCOPY RIG TRANSORAL REMOVAL FOREIGN BODY	433.50	433.50	000	1	3279.57	J1
43195		ESOPHAGOSCOPY RIGID TRANSORAL BALLOON DILATION	419.25	419.25	000	1	5706.51	J1
43196		ESOPHAGOSCOPY RIG TRANSORAL GUIDE WIRE DILATION	443.25	443.25	000	1	3079.06	J1
43197		ESOPHAGOSCOPY FLEXIBLE TRANSNASAL DIAGNOSTIC	432.75	183.75	000	1	1582.00	T
43198		ESOPHAGOSCOPY FLEXIBLE TRANSNASAL WITH BIOPSY	480.00	219.75	000	1	1613.66	T
43200		ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC	584.25	196.50	000	1	1611.86	T
43201		ESOPHAGOSCOPY FLEXIBLE TRANSORAL W SUBMUCOUS INJ	579.00	231.75	000	1	3182.29	J1
43202		ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY	780.00	229.50	000	1	3290.19	J1
43204		ESOPHAGOSCOPY FLEX TRANSORAL INJECTION VARICES	301.50	301.50	000	1	3319.73	J1
43205		ESPHGOSCOPY FLEX W/BAND LIGATION ESOPHGL VARICES	312.75	312.75	000	1	3150.75	J1
43206		ESOPHAGOSCOPY TRANSORAL W/OPTICAL ENDOMICROSCOPY	675.75	297.00	000	1	3319.73	J1
43210		EGD PARTIAL/COMPL ESOPHAGOGASTRIC FUNDOPLASTY	957.75	957.75	000	1	9275.61	J1
43211		ESOPHAGOSCOPY FLEXIBLE TRANSORAL MUCOSAL RESEXN	520.50	520.50	000	1	3078.06	J1
43212		ESOPHAGOSCOPY TRANSORAL STENT PLACEMENT	422.25	422.25	000	1	4824.31	J1
43213		ESOPHAGOSCOPY RETROGRADE DILATE BALLOON/OTHER	2622.75	576.75	000	1	3127.51	J1
43214		ESOPHAGOSCOPY DILATE ESOPHAGUS BALLOON 30 MM	436.50	436.50	000	1	2762.03	J1
43215		ESOPHAGOSCOPY FLEXIBLE REMOVAL FOREIGN BODY	865.50	316.50	000	1	3175.66	J1
43216		ESPHAGOSCOPY FLEX LESION REMOVAL HOT BX FORCEPS	895.50	298.50	000	1	3319.73	J1
43217		ESOPHAGOSCOPY FLEXIB LESION REMOVAL TUMOR SNARE	925.50	356.25	000	1	2916.06	J1
43220		ESOPHAGOSCOPY FLEX BALLOON DILAT <30 MM DIAM	1920.00	264.75	000	1	2654.12	J1
43226		ESOPHAGOSCOPY FLEXIBLE GUIDE WIRE DILATION	852.75	293.25	000	1	3031.91	J1
43227		ESOPHAGOSCOPY FLEXIBLE W/BLEEDING CONTROL	1292.25	366.75	000	1	3301.15	J1
43229		ESOPHAGOSCOPY FLEX TRANSORAL LESION ABLATION	1536.00	436.50	000	1	3093.27	J1
43231		ESOPHAGOSCOPY FLEXIBLE TRANSORAL ULTRASOUND EXAM	345.75	345.75	000	1	3287.20	J1
43232		ESOPHAGOSCOPY INTRA/TRANSMURAL NEEDLE ASPIRAT/BX	439.50	439.50	000	1	3282.55	J1
43233		EGD ESOPHAGUS BALLOON DILATION 30 MM OR LARGER	509.25	509.25	000	1	2549.23	J1
43235		ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	640.50	273.75	000	1	1631.21	T
43236		ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION	880.50	307.50	000	1	1629.25	T
43237		ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ STRXRS	433.50	433.50	000	1	3279.24	J1
43238		EGD INTRMURAL US NEEDLE ASPIRATE/BIOPSY ESOPHAGS	516.00	516.00	000	1	3274.58	J1
43239		EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	828.00	307.50	000	1	1634.33	T
43240		EGD TRANSORAL TRANSMURAL DRAINAGE PSEUDOCYST	865.50	865.50	000	1	3899.25	J1
43241		EGD INTRALUMINAL TUBE/CATHETER INSERTION	317.25	317.25	000	1	3062.12	J1
43242		EGD INTRMURAL NEEDLE ASPIR/BIOP ALTERED ANATOMY	581.25	581.25	000	1	3270.59	J1
43243		EGD INJECTION SCLEROSIS ESOPHGL/GASTRIC VARICES	528.00	528.00	000	1	3290.19	J1
43244		EGD BAND LIGATION ESOPHGEAL/GASTRIC VARICES	542.25	542.25	000	1	3244.38	J1
43245		EGD DILATION GASTRIC/DUODENAL STRICTURE	1293.00	393.00	000	1	2653.46	J1
43246		EGD PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE	445.50	445.50	000	0	3220.47	J1
43247		EGD FLEXIBLE FOREIGN BODY REMOVAL	849.75	392.25	000	1	1611.52	T
43248		EGD INSERT GUIDE WIRE DILATOR PASSAGE ESOPHAGUS	911.25	369.00	000	1	1500.61	T
43249		EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM	2298.00	341.25	000	1	2704.59	J1
43250		EGD FLEX REMOVAL LESION(S) BY HOT BIOPSY FORCEPS	990.00	379.50	000	1	3292.17	J1
43251		EGD REMOVAL TUMOR POLYP/OTHER LESION SNARE TECH	1085.25	435.00	000	1	3207.52	J1
43252		EGD FLEX TRANSORAL W/OPTICAL ENDOMICROSCOPY	758.25	373.50	000	1	3199.23	J1
43253		EGD US GUIDED TRANSMURAL INJXN/FIDUCIAL MARKER	582.00	582.00	000	1	3136.16	J1
43254		EGD TRANSORAL ENDOSCOPIC MUCOSAL RESECTION	598.50	598.50	000	1	3098.97	J1
43255		EGD TRANSORAL CONTROL BLEEDING ANY METHOD	1361.25	444.75	000	1	3193.58	J1
43257		EGD DELIVER THERMAL ENERGY SPHNCTR/CARDIA GERD	515.25	515.25	000	1	4852.30	J1
43259		EDG US EXAM SURGICAL ALTER STOM DUODENUM/JEJUNUM	501.75	501.75	000	1	3281.22	J1
43260		ERCP DX COLLECTION SPECIMEN BRUSHING/WASHING	713.25	713.25	000	1	5613.97	J1

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	43261		ERCP W/BIOPSY SINGLE/MULTIPLE	747.75	747.75	000	1	5617.96	J1
	43262		ERCP W/SPHINCTEROTOMY/PAPILLOTOMY	789.00	789.00	000	1	5497.45	J1
	43263		ERCP W/PRESSURE MEASUREMENT SPHINCTER OF ODDI	790.50	790.50	000	1	3319.73	J1
	43264		ERCP REMOVE CALCULI/DEBRIS BILIARY/PANCREAS DUCT	805.50	805.50	000	1	5447.52	J1
	43265		ERCP DESTRUCTION/LITHOTRIPSY CALCULI ANY METHOD	954.75	954.75	000	1	7942.24	J1
	43266		EGD ENDOSCOPIC STENT PLACEMENT W/WIRE& DILATION	483.00	483.00	000	1	4412.82	J1
	43270		EGD ABLATE TUMOR POLYP/LESION W/DILATION& WIRE	1585.50	498.75	000	1	2255.44	J1
+	43273		ENDOSCOPIC PAPILLA CANNULATION BILE/PANCREATIC	263.25	263.25	ZZZ	0		N
	43274		ERCP STENT PLACEMENT BILIARY/PANCREATIC DUCT	1021.50	1021.50	000	1	7113.02	J1
	43275		ERCP REMOVE FOREIGN BODY/STENT BILIARY/PANC DUCT	831.75	831.75	000	1	2793.89	J1
	43276		ERCP BILIARY/PANC DUCT STENT EXCHANGE W/DIL&WIRE	1062.75	1062.75	000	1	7009.89	J1
	43277		ERCP BALLOON DILATE BILIARY/PANC DUCT/AMPULLA EA	836.25	836.25	000	1	5270.42	J1
	43278		ERCP TUMOR/POLYP/LESION ABLATION W/DILATION&WIRE	956.25	956.25	000	1	6056.72	J1
	43279		LAPS ESOPHAGOMYOTOMY W/FUNDOPLASTY IF PERFORMED	2890.50	2890.50	030	2		C
	43280		LAPS SURG ESOPG/GSTR FUNDOPLASTY	2436.75	2436.75	030	2	17383.36	J1
	43281		LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH	3457.50	3457.50	030	2	17405.22	J1
	43282		LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/MESH	3897.00	3897.00	030	2	15258.95	J1
+	43283		LAPS ESOPHAGEAL LENGTHENING ADDL	350.25	350.25	ZZZ	2		C
	43284		LAPS ESOPHGL SPHNCTR AGMNTJ PLMT DEV CRRPL	1486.50	1486.50	030	2	9322.99	J1
	43285		REMOVAL ESOPHAGEAL SPHINCTER AGMNTJ DEVICE	1526.25	1526.25	030	2	10178.47	Q2
	43286		ESOPHAGECTOMY TOTAL NEAR TOTAL W/LAPS MOBLJ	7107.00	7107.00	030	2		C
	43287		ESOPHAGECTOMY DISTAL 2/3 W/LAPAROSCOPIC MOBLJ	7896.75	7896.75	030	2		C
	43288		ESOPHAGECTOMY TOTAL NEAR TOTAL W/THRSC MOBLJ	8337.00	8337.00	030	2		C
	43289		UNLISTED LAPAROSCOPY PROCEDURE ESOPHAGUS	BR	BR	YYY	2	9658.78	J1
	43290		EGD FLX TRNSORL W/DPLMNT NTRGSTR BARIATRIC BALO	5433.75	398.25	000	1	1864.36	J1
	43291		EGD FLX TRNSORL W/RMVL NTRGSTR BARIATRIC BALO	1010.25	359.25	000	1	1577.07	T
	43300		ESPHGP CRV APPR W/O RPR TRACHEOESOPHGL FSTL	1426.50	1426.50	030	2		C
	43305		ESPHGP CRV APPR W/RPR TRACHEOESOPHGL FSTL	2478.00	2478.00	030	2		C
	43310		ESPHGP THRC APPR W/O RPR TRACHEOESOPHGL FSTL	3302.25	3302.25	030	2		C
	43312		ESPHGP THRC APPR W/RPR TRACHEOESOPHGL FSTL	3521.25	3521.25	030	2		C
	43313		ESPHGP CGEN DFCT THRC APPR W/O RPR FSTL	6557.25	6557.25	030	2		C
	43314		ESPHGP CGEN DFCT THRC APPR W/RPR FSTL	7008.00	7008.00	030	2		C
	43320		EGST W/WO VAGOTOMY&PYLOROPLASTY TABDL/TTHRC AP	3162.00	3162.00	030	2		C
	43325		ESOPG/GSTR FUNDOPLASTY W/FUNDIC PATCH	3075.00	3075.00	030	2		C
	43327		ESOPG/GSTR FUNDOPLASTY W/LAPAROTOMY	1891.50	1891.50	030	2		C
	43328		ESOPG/GSTR FUNDOPLASTY W/THORACOTOMY	2499.75	2499.75	030	2		C
	43330		ESOPHAGOMYOTOMY HELLER TYPE ABDOMINAL APPROACH	3024.75	3024.75	030	2		C
	43331		ESOPHAGOMYOTOMY HELLER TYPE THORACIC APPROACH	2995.50	2995.50	030	2		C
	43332		RPR PARAESOPH HIATAL HERNIA W/LAPT W/O MESH	2584.50	2584.50	030	2		C
	43333		LAPT RPR PARAESOPH HIATAL HERNIA W/MESH	2841.00	2841.00	030	2		C
	43334		RPR PARAESOPH HIATAL HERNIA W/THORCOM W/O MESH	2762.25	2762.25	030	2		C
	43335		RPR PARAESOPH HIATAL HERNIA W/THORCOM W/MESH	2964.00	2964.00	030	2		C
	43336		RPR PARAESOPH HIATAL HERNIA THORCOABDOM W/O MESH	3221.25	3221.25	030	2		C
	43337		RPR PARAESOPH HIATAL HERNIA THORCOABDOM W/MESH	3432.00	3432.00	030	2		C
+	43338		ESOPHAGUS LENGTHENING	252.75	252.75	ZZZ	2		C
	43340		ESOPHAGOJEJUNOSTOMY W/O TOT GSTRCT ABDL APPR	3123.00	3123.00	030	2		C
	43341		ESOPHAGOJEJUNOSTOMY W/O TOT GSTRCT THRC APPR	3129.00	3129.00	030	2		C
	43351		ESOPHAGOSTOMY FSTLJ ESOPH XTRNL THRC APPR	2958.00	2958.00	030	2		C
	43352		ESOPHAGOSTOMY FSTLJ ESOPH XTRNL CRV APPR	2395.50	2395.50	030	2		C
	43360		GI RCNSTJ PREV ESPHG/EXCLUSION W/STOMACH	5004.75	5004.75	030	2		C
	43361		GI RCNSTJ PREV ESPHG/EXCLUSION W/COLON SM INT	6090.00	6090.00	030	2		C
	43400		LIGATION DIRECT ESOPHAGEAL VARICES	3441.75	3441.75	030	2		C
	43405		LIG/STAPLING G-ESOP JUNCT PRE-ESOPHGL PRF8J	3264.00	3264.00	030	2		C
	43410		SUTR ESOPHGL WND/INJ CRV APPR	2347.50	2347.50	030	2		C
	43415		SUTR ESOPHGL WND/INJ TTHRC/TABDL APPR	5735.25	5735.25	030	2		C
	43420		CLSR ESOPHAGOSTOMY/FSTL CRV APPR	2303.25	2303.25	030	0	5618.62	J1
	43425		CLSR ESOPHAGOSTOMY/FSTL TTHRC/TABDL APPR	3221.25	3221.25	030	2		C
	43450		DILATION ESOPH UNGUIDED SOUND/BOUGIE 1/MULT PASS	420.00	178.50	000	1	1611.37	T
	43453		DILATION ESOPHAGUS GUIDE WIRE	1709.25	194.25	000	1	3015.32	J1
	43460		ESOPG/GSTR TAMPONADE W/BALO SENGSTAKEN TYPE	472.50	472.50	000	1		C
	43496		FREE JEJUNUM TRSF W/MICROVASC ANASTOMOSIS	BR	BR	030	2		C

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				Professional				Outpatient Facility	
	Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
	43497		TRANSORAL LOWER ESOPHAGEAL MYOTOMY	1767.75	1767.75	030	1	8487.06	J1
	43499		UNLISTED PROCEDURE ESOPHAGUS	BR	BR	YYY	1	1511.93	T
	43500		GASTROTOMY W/EXPLORATION/FOREIGN BODY REMOVAL	1789.50	1789.50	030	2		C
	43501		GASTROTOMY W/SUTURE REPAIR BLEEDING ULCER	3044.25	3044.25	030	2		C
	43502		GASTROTOMY W/SUTR RPR PRE-ESOPG/GASTRIC LAC	3450.00	3450.00	030	2		C
	43510		GSTRT W/ESOPHGL DILAT&INSJ PRM INTRAL TUBE	2160.75	2160.75	030	2	1640.73	T
	43520		PYLOROMYOTOMY CUTTING PYLORIC MUSC	1622.25	1622.25	030	2		C
	43605		BIOPSY STOMACH LAPAROTOMY	1918.50	1918.50	030	2		C
	43610		EXC LOCAL ULCER/BENIGN TUMOR STOMACH	2208.75	2208.75	030	2		C
	43611		EXC LOCAL MALIGNANT TUMOR STOMACH	2779.50	2779.50	030	2		C
	43620		GSTRCT TOT W/ESOPHAGOENTEROSTOMY	4471.50	4471.50	030	2		C
	43621		GSTRCT TOT W/ROUX-EN-Y RCNSTJ	5127.75	5127.75	030	2		C
	43622		GSTRCT TOT W/FRMJ INTSTINAL POUCH ANY TYPE	5204.25	5204.25	030	2		C
	43631		GSTRCT PRTL DSTL W/GASTRODUODENOSTOMY	3282.75	3282.75	030	2		C
	43632		GSTRCT PRTL DSTL W/GASTROJEJUNOSTOMY	4593.00	4593.00	030	2		C
	43633		GSTRCT PRTL DSTL W/ROUX-EN-Y RCNSTJ	4344.00	4344.00	030	2		C
	43634		GSTRCT PRTL DSTL W/FRMJ INTSTINAL POUCH	4789.50	4789.50	030	2		C
+	43635		VAGOTOMY PFRMD W/PRTL DSTL GSTRCT	252.00	252.00	ZZZ	2		C
	43640		VGTMY W/PYLORPLSTY W/WO GASTROST TRUNCAL/SLCTV	2702.25	2702.25	030	2		C
	43641		VGTMY W/PYLOROPLASTY W/WO GASTROST PARIETAL CELL	2732.25	2732.25	030	2		C
	43644		LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	3926.25	3926.25	030	2		C
	43645		LAPS GSTR RSTCV PX W/BYP&SM INT RCNSTJ	4185.75	4185.75	030	2		C
	43647		LAPS IMPLTJ/RPLCMT GASTRIC NSTIM ELTRD ANTRUM	2026.50	2026.50	YYY	2	8292.76	J1
	43648		LAPS REVISION/RMVL GASTRIC NSTIM ELTRD ANTRUM	1301.25	1301.25	YYY	2	18050.20	J1
	43651		LAPS SURG TRNSXJ VAGUS NRV TRUNCAL	1500.00	1500.00	030	2	10210.13	J1
	43652		LAPS SURG TRNSXJ VAGUS NRV SLCTV/HILY SLCTV	1743.75	1743.75	030	2	10210.13	J1
	43653		LAPS SURG GASTROSTOMY W/O CONSTJ GSTR TUBE SPX	1320.00	1320.00	030	2	9870.14	J1
	43659		UNLISTED LAPAROSCOPY PROCEDURE STOMACH	BR	BR	YYY	2	9940.58	J1
	43752		NASO/ORO-GASTRIC TUBE PLMT REQ PHYS&FLUOR GDNCE	89.25	89.25	000	1	629.46	Q1
	43753		GASTRIC INTUBATJ & ASPIRAJ W/PHYS SKILL/LAVAGE	48.00	48.00	000	2	525.88	Q1
	43754		GASTRIC INTUBAT DX W/ASPIRATION SINGLE SPECIMEN	516.75	87.00	000	2	544.95	Q1
	43755		GASTRIC INTUBATION DX & ASPIRATJ MULTIPLE SPEC	444.75	135.00	000	2	273.81	S
	43756		DUODENAL INTUBAT W/IMAG GUIDED SINGLE SPECIMEN	594.00	113.25	000	2	1640.73	Q1
	43757		DUODENAL INTUBAT W/IMAG GUIDED MULTIPLE SPECIMEN	800.25	172.50	000	2	1640.73	T
	43761		REPOS NASO/ORO GASTRIC FEEDING TUBE THRU DUO	275.25	231.00	000	1	397.78	T
	43762		PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	492.75	84.00	000	1	415.28	T
	43763		PERQ REPLACEMENT GTUBE REQ REVJ GSTRST TRC	727.50	197.25	000	1	399.65	T
	43770		LAPS GASTRIC RESTRICTIVE PROCEDURE PLACE DEVICE	2555.25	2555.25	030	2	10228.51	J1
	43771		LAPS GASTRIC RESTRICTIVE PX REVISION DEVICE	2897.25	2897.25	030	2		C
	43772		LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE	2157.00	2157.00	030	2	6510.79	J1
	43773		LAPS GASTRIC RESTRICTIVE PX REMOVE&RPLCMT DEVICE	2897.25	2897.25	030	2	8249.78	J1
	43774		LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE & PORT	2182.50	2182.50	030	2	6601.33	J1
	43775		LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	2487.75	2487.75	030	2		C
	43800		PYLOROPLASTY	2106.75	2106.75	030	2		C
	43810		GASTRODUODENOSTOMY	2306.25	2306.25	030	2		C
	43820		GASTROJEJUNOSTOMY W/O VAGOTOMY	3045.00	3045.00	030	2		C
	43825		GASTROJEJUNOSTOMY W/VAGOTOMY ANY TYPE	2971.50	2971.50	030	2		C
	43830		GASTROSTOMY OPEN W/O CONSTJ GASTRIC TUBE SPX	1596.75	1596.75	030	2	3277.58	J1
	43831		GASTROSTOMY OPEN NEONATAL FOR FEEDING	1390.50	1390.50	030	2	1640.73	T
	43832		GASTROSTOMY OPEN W/CONSTJ GASTRIC TUBE	2372.25	2372.25	030	2		C
	43840		GASTRORRHAPHY SUTR PRF8 DUOL/GSTR ULCER WND/INJ	3078.00	3078.00	030	2		C
	43842		GASTRIC RSTCV PX W/O BYP VERTICAL-BANDED GSTP	2594.25	2594.25	030	9		E1
	43843		GSTR RSTCV PX W/O BYP OTH/THN VER-BANDED GSTP	2910.00	2910.00	030	2		C
	43845		GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	4437.75	4437.75	030	2		C
	43846		GSTR RSTCV PX W/BYP SHORT LIMB 150 CM/<ROUX-EN-Y	3738.75	3738.75	030	2		C
	43847		GSTR RSTCV PX W/BYP W/SM INT RCNSTJ LIMIT ABSRPJ	4089.00	4089.00	030	2		C
	43848		REVJ OPN GASTRIC RESTRICTIVE PX OTH/THN DEVICE	4370.25	4370.25	030	2		C
	43860		REVJ GSTR/JJ ANAST W/RCNSTJ W/O VGTMY	3697.50	3697.50	030	2		C
	43865		REVJ GSTR/JJ ANAST W/RCNSTJ W/VGTMY	3860.25	3860.25	030	2		C
	43870		CLOSURE GASTROSTOMY SURGICAL	1608.00	1608.00	030	2	6601.33	J1
	43880		CLOSURE GASTROCOLIC FISTULA	3632.25	3632.25	030	2		C

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	43881		IMPLTJ/RPLCMT GASTRIC NSTIM ELTRDE ANTRUM OPEN	3486.00	3486.00	YYY	2		C
	43882		REVISION/RMVL GASTRIC NSTIM ELTRD ANTRUM OPEN	BR	BR	YYY	2		C
	43886		GSTR RSTCV PX OPN REVJ SUBQ PORT COMPONENT ONLY	843.75	843.75	030	2	6406.70	T
	43887		GSTR RSTCV PX OPN RMVL SUBQ PORT COMPONENT ONLY	764.25	764.25	030	2	3201.15	Q2
	43888		GSTR RSTCV PX OPEN RMVL & RPLCMT SUBQ PORT ONLY	1065.00	1065.00	030	2	4704.44	T
	43889		GSTR RSTCV PX TRNSORL ESG W/ARGON PLASMA COAGJ	1616.25	1616.25	030	0	19005.12	J1
	43999		UNLISTED PROCEDURE STOMACH	BR	BR	YYY	0	1513.58	T
	44005		ENTEROLSS FRING INTSTINAL ADHESION SPX	2466.75	2466.75	030	2		C
	44010		DUODENOTOMY EXPLORATION/BX/FOREIGN BODY REMOVAL	1907.25	1907.25	030	2		C
+	44015		TUBE/NEEDLE CATH JEJUNOSTOMY ANY METHOD	315.00	315.00	ZZZ	2		C
	44020		ENTEROTOMY SM INT OTH/THN DUO EXPL BX/FB RMVL	2208.00	2208.00	030	2		C
	44021		ENTEROTOMY SM INT OTH/THN DUO DCMPRN	2205.75	2205.75	030	2		C
	44025		COLOTOMY EXPLORATION/BIOPSY/FOREIGN BODY REMOVAL	2223.75	2223.75	030	2		C
	44050		RDCTJ VOLVULUS INTUSSUSCEPTION INT HRNA LAPT	2121.00	2121.00	030	2		C
	44055		CORRJ MALROTATION BANDS&/RDCTJ VOLVULUS	3371.25	3371.25	030	2		C
	44100		BX INTESTINE CAPSULE TUBE PRORAL 1/> SPECIMENS	235.50	235.50	000	1	1640.73	T
	44110		EXC 1/> SMALL/LARGE LESIONS INTESTINE ENTEROTOM	1921.50	1921.50	030	2		C
	44111		EXC 1/> SM/LG LESIONS INTESTNE MULT ENTEROTOMIE	2211.00	2211.00	030	2		C
	44120		ENTRC RESCJ SMALL INTESTINE 1 RESCJ & ANAST	2760.00	2760.00	030	2		C
+	44121		ENTERECTOMY RESCJ SMALL INTESTINE EA RESCJ & ANA	537.75	537.75	ZZZ	2		C
	44125		ENTERECTOMY RESCJ SMALL INTESTINE W/ENTEROSTOMY	2655.00	2655.00	030	2		C
	44126		ENTRC RESCJ ATRESIA RESCJ & ANAST W/O TAPRING	5568.75	5568.75	030	2		C
	44127		ENTRC RESCJ ATRESIA RESCJ & ANAST SGM W/TAPRING	6423.00	6423.00	030	2		C
+	44128		ENTRC RESCJ ATRESIA EA RESCJ & ANASTOMOSIS	543.75	543.75	ZZZ	2		C
	44130		ENTEROENTEROST ANAST INT W/WO CUTAN NTRSTM SPX	2976.00	2976.00	030	2		C
	44132		DONOR ENTERECTOMY OPEN CADAVER DONOR	BR	BR	XXX	0		C
	44133		DONOR ENTERECTOMY OPEN LIVING DONOR	BR	BR	XXX	0		C
	44135		INTESTINAL ALLOTRANSPLANTATION CADAVER DONOR	BR	BR	XXX	0		C
	44136		INTESTINAL ALLOTRANSPLANTATION LIVING DONOR	BR	BR	XXX	0		C
	44137		RMVL TRNSPLED INTESTINAL ALLOGRAFT COMPL	BR	BR	XXX	2		C
+	44139		MOBLJ SPLENIC FLXR PFRMD CONJUNCT W/PRTL COLCT	268.50	268.50	ZZZ	2		C
	44140		COLECTOMY PARTIAL W/ANASTOMOSIS	3028.50	3028.50	030	2		C
	44141		COLECTOMY PRTL W/SKIN LEVEL CECOST/COLOSTOMY	4070.25	4070.25	030	2		C
	44143		COLECTOMY PRTL W/END COLOSTOMY & CLSR DSTL SGMT	3712.50	3712.50	030	2		C
	44144		COLECTOMY PRTL W/COLOST/ILEOST & MUCOFISTULA	3965.25	3965.25	030	2		C
	44145		COLECTOMY PRTL W/COLOPROCTOSTOMY	3705.00	3705.00	030	2		C
	44146		COLECTOMY PRTL W/COLOPROCTOSTOMY & COLOSTOMY	4709.25	4709.25	030	2		C
	44147		COLECTOMY PRTL ABDOMINAL & TRANSANAL APPROACH	4350.75	4350.75	030	2		C
	44150		COLCT TOT ABDL W/O PRCTECT W/ILEOST/ILEOPXTS	4164.75	4164.75	030	2		C
	44151		COLCT TOT ABDL W/O PRCTECT W/CONTINENT ILEOST	4836.75	4836.75	030	2		C
	44155		COLECTOMY TOT ABDL W/PROCTECTOMY W/ILEOSTOMY	4633.50	4633.50	030	2		C
	44156		COLECTOMY TOT ABDL W/PROCTECTOMY W/CONTNT ILEOST	5169.75	5169.75	030	2		C
	44157		COLECTOMY TOT ABD W/PROCTECTOMY ILEOANAL ANAST	4919.25	4919.25	030	2		C
	44158		COLCT TTL ABD W/PRCTECT ILEOANAL ANAST & RSVR	5040.75	5040.75	030	2		C
	44160		COLECTOMY PRTL W/RMVL TERMINAL ILEUM & ILEOCOLOS	2802.75	2802.75	030	2		C
	44180		LAPAROSCOPY ENTEROLYSIS SEPARATE PROCEDURE	2085.00	2085.00	030	2	10048.82	J1
	44186		LAPAROSCOPY SURGICAL JEJUNOSTOMY	1478.25	1478.25	030	2	9924.25	J1
	44187		LAPAROSCOPY SURG ILEOSTOMY/JEJUNOSTOMY NON-TUBE	2451.00	2451.00	030	2		C
	44188		LAPAROSCOPY SURG COLOSTOMY/SKN LVL CECOSTOMY	2729.25	2729.25	030	2		C
	44202		LAPS ENTERECT RESCJ 1 SMALL INTEST RESCJ & ANA	3128.25	3128.25	030	2		C
+	44203		LAPAROSCOPY SMALL INTESTINE RESCJ & ANASTOMOSIS	536.25	536.25	ZZZ	2		C
	44204		LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	3450.00	3450.00	030	2		C
	44205		LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	2996.25	2996.25	030	2		C
	44206		LAPS COLECTOMY PRTL W/END CLST & CLSR DSTL SGM	3899.25	3899.25	030	2		C
	44207		LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	4052.25	4052.25	030	2		C
	44208		LAPS COLECTMY PRTL W/COLOPXTSTMY LW ANAST W/CLST	4404.75	4404.75	030	2		C
	44210		LAPS COLECTOMY TOT W/O PRCTECT W/ILEOST/ILEOPXTS	3959.25	3959.25	030	2		C
	44211		LAPS COLCT TTL ABD W/PRCTECT ILEOANAL ANASTOMSIS	4716.75	4716.75	030	2		C
	44212		LAPS COLECTOMY ABDL W/PROCTECTOMY W/ILEOSTOMY	4539.00	4539.00	030	2		C
+	44213		LAPS MOBLJ SPLENIC FLXR PFRMD W/PRTL COLECTOMY	415.50	415.50	ZZZ	2		C
	44227		LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	3717.00	3717.00	030	2		C

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	Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
	44238		UNLISTED LAPAROSCOPY PX INTESTINE XCP RECTUM	BR	BR	YYY	2	10052.89	J1
	44300		PLACEMENT ENTEROSTOMY/CECOSTOMY TUBE OPEN	1906.50	1906.50	030	2		C
	44310		ILEOSTOMY/JEJUNOSTOMY NON-TUBE	2344.50	2344.50	030	2		C
	44312		REVJ ILEOSTOMY SIMPLE RLS SUPERFICIAL SCAR SPX	1353.75	1353.75	030	0	6395.81	T
	44314		REVJ ILEOSTOMY COMPLIC RCNSTJ IN-DEPTH SPX	2262.75	2262.75	030	2		C
	44316		CONTINENT ILEOSTOMY KOCK PROCEDURE SPX	3201.00	3201.00	030	2		C
	44320		COLOSTOMY/SKIN LEVEL CECOSTOMY	2709.75	2709.75	030	2		C
	44322		COLOSTOMY/SKN LVL CECOSTOMY W/MULT BXS SPX	2271.00	2271.00	030	2		C
	44340		REVJ COLOSTOMY SMPL RLS SUPFC SCAR SPX	1425.75	1425.75	030	1	6386.84	T
	44345		REVJ COLOSTOMY COMP RCNSTJ IN-DEPTH SPX	2375.25	2375.25	030	2		C
	44346		REVJ COLOSTOMY W/RPR PARACLST HERNIA SPX	2670.75	2670.75	030	2		C
	44360		ENDOSCOPY UPPER SMALL INTESTINE	318.75	318.75	000	1	3275.91	J1
	44361		ENDOSCOPY UPPER SMALL INTESTINE W/BIOPSY	352.50	352.50	000	1	3281.55	J1
	44363		ENTEROSCOPY > 2ND PRTN W/RMVL FOREIGN BODY	424.50	424.50	000	0	3162.71	J1
	44364		ENTEROSCOPY > 2ND PRTN W/RMVL LESION SNARE	453.00	453.00	000	0	3237.73	J1
	44365		ENTEROSCOPY > 2ND PRTN W/RMVL LESION CAUTERY	404.25	404.25	000	0	3255.00	J1
	44366		ENTEROSCOPY > 2ND PRTN W/CONTROL BLEEDING	531.00	531.00	000	1	3250.68	J1
	44369		ENTEROSCOPY > 2ND PRTN ABLTJ LESION	543.75	543.75	000	0	3263.96	J1
	44370		ENTEROSCOPY > 2ND PRTN TNDSC STENT PLMT	591.00	591.00	000	0	3902.36	J1
	44372		ENTEROSCOPY > 2ND PRTN W/PLMT PRQ TUBE	532.50	532.50	000	1	3121.55	J1
	44373		ENTEROSCOPY > 2ND PRTN CONV GSTRST TUBE	427.50	427.50	000	1	3074.07	J1
	44376		ENTEROSC >2ND PRTN W/ILEUM W/WO COLLJ SPEC SPX	629.25	629.25	000	0	3278.24	J1
	44377		ENTEROSC >2ND PRTN W/ILEUM W/BX SINGLE/MULTIPLE	660.00	660.00	000	0	3260.97	J1
	44378		ENTEROSCOPY > 2ND PRTN ILEUM CONTROL BLEEDING	849.75	849.75	000	0	3262.63	J1
	44379		ENTEROSCOPY > 2ND PRTN W/ILEUM W/STENT PLMT	904.50	904.50	000	0	8178.71	J1
	44380		ILEOSCOPY THRU STOMA DX W/COLLJ SPEC WHEN PRFMD	441.00	129.75	000	1	1639.09	T
	44381		ILEOSCOPY STOMA W/BALLOON DILATION	2072.25	188.25	000	1	2725.50	J1
	44382		ILEOSCOPY STOMA W/BX SINGLE/MULTIPLE	651.75	165.75	000	1	1635.32	T
	44384		ILEOSCOPY STOMA W/PLMT OF ENDOSCOPIC STENT	340.50	340.50	000	1	2288.30	J1
	44385		NDSC EVAL INTSTINAL POUCH DX W/COLLJ SPEC SPX	483.75	162.75	000	1	1550.34	T
	44386		NDSC EVAL INTSTINAL POUCH W/BX SINGLE/MULTIPLE	682.50	198.75	000	1	1582.09	T
	44388		COLONOSCOPY STOMA DX INCLUDING COLLJ SPEC SPX	708.00	348.75	000	1	1594.53	T
	44389		COLONOSCOPY STOMA W/BIOPSY SINGLE/MULTIPLE	911.25	382.50	000	1	2059.26	T
	44390		COLONOSCOPY STOMA W/RMVL FOREIGN BODY	900.75	468.00	000	1	1595.49	T
	44391		COLONOSCOPY STOMA CONTROL BLEEDING	1391.25	510.00	000	1	2063.39	T
	44392		COLONOSCOPY STOMA RMVL LES BY HOT BIOPSY FORCEPS	870.00	445.50	000	1	2009.12	T
	44394		COLONOSCOPY STOMA W/RMVL TUM POLYP/OTH LES SNARE	972.75	500.25	000	1	2047.10	T
	44401		COLONOSCOPY STOMA ABLATION LESION	5001.00	536.25	000	1	1738.00	T
	44402		COLONOSCOPY STOMA W/ENDOSCOPIC STENT PLCMT	578.25	578.25	000	1	9114.19	J1
	44403		COLONOSCOPY STOMA W/ENDOSCOPIC MUCOSAL RESCJ	672.00	672.00	000	1	1986.22	T
	44404		COLONOSCOPY STOMA W/SUBMUCOSAL INJECTION	930.00	382.50	000	1	1995.30	T
	44405		COLONOSCOPY STOMA W/BALLOON DILATION	1212.00	407.25	000	1	1256.61	T
	44406		COLONOSCOPY STOMA W/ENDOSCOPIC ULTRASOUND EXAM	509.25	509.25	000	1	2063.39	T
	44407		COLONOSCOPY STOMA W/US GID NDL ASPIR/BX	609.75	609.75	000	1	2063.39	T
	44408		COLONOSCOPY THROUGH STOMA WITH DECOMPRESSION	513.75	513.75	000	1	1595.49	T
⃠	44500		INTRODUCTION LONG GI TUBE SEPARATE PROCEDURE	42.75	42.75	000	0	1514.22	T
	44602		ENTERORRHAPHY SINGLE PERFORATION	3162.00	3162.00	030	2		C
	44603		ENTERORRHAPHY MULTIPLE PERFORATIONS	3639.00	3639.00	030	2		C
	44604		SUTR LG INTESTINE 1/MULT PERFORAT W/O COLOSTOMY	2375.25	2375.25	030	2		C
	44605		SUTR LG INTESTINE 1/MULT PERFORAT W/COLOSTOMY	2903.25	2903.25	030	2		C
	44615		INTSTINAL STRICTUROPLASTY W/WO DILAT OBSTRCJ	2418.00	2418.00	030	2		C
	44620		CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	1948.50	1948.50	030	2		C
	44625		CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	2271.75	2271.75	030	2		C
	44626		CLSR NTRSTM LG/SM RESCJ & COLORECTAL ANASTOMOSIS	3568.50	3568.50	030	2		C
	44640		CLOSURE INTESTINAL CUTANEOUS FISTULA	3137.25	3137.25	030	2		C
	44650		CLSR ENTEROENTERIC/ENTEROCOLIC FSTL	3228.00	3228.00	030	2		C
	44660		CLSR ENTEROVES FSTL W/O INTSTINAL/BLADDER RESCJ	3010.50	3010.50	030	2		C
	44661		CLSR ENTEROVES FSTL W/INTESTINE&/BLADDER RESCJ	3468.00	3468.00	030	2		C
	44680		INTESTINAL PLICATION SEPARATE PROCEDURE	2438.25	2438.25	030	2		C
	44700		EXCLUSION SM INT FROM PELVIS MESH/PROSTH/TISS	2244.75	2244.75	030	2		C
+	44701		INTRAOPERATIVE COLONIC LAVAGE	380.25	380.25	ZZZ	2		N

+ Add-on Procedure ⃠ Modifier 51 Exempt Procedure ★ Telemedicine

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				Professional				Outpatient Facility	
	Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
	44705		PREPARE FECAL MICROBIOTA FOR INSTILLATION	254.25	160.50	XXX	9		B
	44715		BKBENCH PREP CADAVER/LIVING DONOR INTESTINE	BR	BR	XXX	2		C
	44720		BKBENCH RCNSTJ INT ALGRFT VEN ANAST EA	611.25	611.25	XXX	2		C
	44721		BKBENCH RCNSTJ INT ALGRFT ARTL ANAST EA	856.50	856.50	XXX	2		C
	44799		UNLISTED PROCEDURE SMALL INTESTINE	BR	BR	YYY	1	1553.28	T
	44800		EXC MECKEL'S DIVERTICULUM/OMPHALOMESENTERIC DUCT	1761.00	1761.00	030	2		C
	44820		EXCISION LESION MESENTERY SEPARATE PROCEDURE	1934.25	1934.25	030	2		C
	44850		SUTURE MESENTERY SEPARATE PROCEDURE	1698.75	1698.75	030	2		C
	44899		UNLISTED PX MECKEL'S DIVERTICULUM & MESENTERY	BR	BR	YYY	2		C
	44900		INCISION AND DRAINAGE APPENDICEAL ABSCESS OPEN	1780.50	1780.50	030	2		C
	44950		APPENDECTOMY	1456.50	1456.50	030	2	10741.57	J1
+	44955		APPENDEC INDICATED PURPOSE OTH MAJOR PX NOT SPX	186.75	186.75	ZZZ	2		N
	44960		APPENDEC RPTD APPENDIX ABSC/PRITONITIS	1987.50	1987.50	030	2		C
	44970		LAPAROSCOPIC APPENDECTOMY	1371.75	1371.75	030	2	10097.82	J1
	44979		UNLISTED LAPAROSCOPY PROCEDURE APPENDIX	BR	BR	YYY	2	9935.49	J1
	45000		TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	975.75	975.75	030	1	2060.71	T
	45005		I&D SUBMUCOSAL ABSCESS RECTUM	717.75	384.00	010	1	2063.39	T
	45020		I&D DP SUPRALEVATOR PELVIRCT/RETRORCT ABSC	1307.25	1307.25	030	1	4774.23	J1
	45100		BX ANORECTAL WALL ANAL APPROACH	693.00	693.00	030	1	4791.99	J1
	45108		ANORECTAL MYOMECTOMY	858.75	858.75	030	1	4799.18	J1
	45110		PRCTECT COMPL CMBN ABDOMINOPRNL W/CLST	4064.25	4064.25	030	2		C
	45111		PRCTECT PRTL RESCJ RECTUM TABDL APPR	2444.25	2444.25	030	2		C
	45112		PRCTECT CMBN ABDOMINOPRNL PULL-THRU PX	4053.75	4053.75	030	2		C
	45113		PRCTECT PRTL W/MUCOSEC ILEOANAL ANAST RSVR	4162.50	4162.50	030	2		C
	45114		PRCTECT PRTL W/ANAST ABDL & TRANSSAC APPROACH	4101.75	4101.75	030	2		C
	45116		PRCTECT PRTL W/ANAST TRANSSAC APPR ONLY	3457.50	3457.50	030	2		C
	45119		PRCTECT CMBN PULL-THRU W/RSVR W/NTRSTM	4191.00	4191.00	030	2		C
	45120		PRCTECT COMPL W/PULL-THRU PX & ANASTOMOSIS	3620.25	3620.25	030	2		C
	45121		PRCTECT COMPL W/STOT/TOT COLCT W/MLT BXS	3946.50	3946.50	030	2		C
	45123		PRCTECT PRTL W/O ANAST PRNL APPR	2502.75	2502.75	030	2		C
	45126		PELVIC EXENTERATION COLORECTAL MALIGNANCY	6105.75	6105.75	030	2		C
	45130		EXC RCT PROCIDENTIA W/ANAST PERINEAL APPROACH	2438.25	2438.25	030	2		C
	45135		EXC RCT PROCIDENTIA W/ANAST ABDL & PRNL APPROACH	2911.50	2911.50	030	2		C
	45136		EXC ILEOANAL RSVR W/ILEOSTOMY	3985.50	3985.50	030	2		C
	45150		DIVISION STRICTURE RECTUM	970.50	970.50	030	0	2063.39	T
	45160		EXC RCT TUM PROCTOTOMY TRANSSAC/TRANSCOCCYGEAL	2332.50	2332.50	030	2	4799.18	J1
	45171		EXC RCT TUM NOT INCL MUSCULARIS PROPRIA	1403.25	1403.25	030	2	4786.71	J1
	45172		EXC RCT TUM INCL MUSCULARIS PROPRIA	1865.25	1865.25	030	2	4780.95	J1
	45190		DESTRUCTION RECTAL TUMOR TRANSANAL APPROACH	1580.25	1580.25	030	1	4799.18	J1
	45300		PROCTOSGMDSC RGD DX W/WO COLLJ SPEC BR/WA SPX	291.00	109.50	000	1	1594.53	T
	45303		PROCTOSGMDSC RIGID W/DILATION	2017.50	192.00	000	1	1999.22	T
	45305		PROCTOSGMDSC RIGID W/BX SINGLE/MULTIPLE	399.75	165.00	000	1	2059.89	T
	45307		PROCTOSGMDSC RIGID W/RMVL FOREIGN BODY	474.75	228.00	000	0	4799.18	J1
	45308		PROCTOSGMDSC RIGID RMVL 1 LESION CAUTERY	453.75	192.00	000	1	4798.71	J1
	45309		PROCTOSGMDSC RIGID RMVL 1 LESION SNARE TQ	468.75	204.00	000	1	1855.81	T
	45315		PROCTOSGMDSC RIGID RMVL MULT TUMOR CAUTERY/SNARE	507.00	240.75	000	1	2063.39	T
	45317		PROCTOSGMDSC RIGID CONTROL BLEEDING	488.25	249.00	000	1	2020.88	T
	45320		PROCTOSGMDSC RIGID ABLATION LESION	495.75	239.25	000	1	4584.67	J1
	45321		PROCTOSGMDSC RIGID DCMPRN VOLVULUS	235.50	235.50	000	1	4799.18	J1
	45327		PROCTOSGMDSC RIGID TNDSC STENT PLMT	266.25	266.25	000	1	3547.13	J1
	45330		SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	417.75	128.25	000	1	1591.03	T
	45331		SIGMOIDOSCOPY FLX W/BIOPSY SINGLE/MULTIPLE	630.75	162.75	000	1	1591.03	T
	45332		SIGMOIDOSCOPY FLX W/RMVL FOREIGN BODY	615.00	234.75	000	1	2048.32	T
	45333		SIGMOIDOSCOPY FLX W/RMVL TUMOR BY HOT BX FORCEPS	720.75	210.75	000	1	1586.55	T
	45334		SIGMOIDOSCOPY FLX CONTROL BLEEDING	1067.25	261.75	000	1	1986.64	T
	45335		SGMDSC FLX DIRED SBMCSL NJX ANY SBST	641.25	151.50	000	1	1572.36	T
	45337		SGMDSC FLX W/DCMPRN W/PLMT DCMPRN TUBE	254.25	254.25	000	1	1569.33	T
	45338		SGMDSC FLX RMVL TUM POLYP/OTH LES SNARE TQ	664.50	268.50	000	1	2015.11	T
	45340		SIGMOIDOSCOPY FLX TNDSC BALO DILAT	988.50	174.00	000	1	1516.39	T
	45341		SIGMOIDOSCOPY FLX NDSC US XM	276.00	276.00	000	1	1579.06	T
	45342		SIGMOIDOSCOPY FLX TNDSC US GID NDL ASPIR/BX	378.00	378.00	000	1	2047.29	T

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Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
45346		SIGMOIDOSCOPY FLX ABLATION TUMOR POLYP/OTH LES	4830.00	356.25	000	1	1841.98	T
45347		SIGMOIDOSCOPY FLX PLACEMENT OF ENDOSCOPIC STENT	342.00	342.00	000	1	3422.13	J1
45349		SGMDSC FLX WITH ENDOSCOPIC MUCOSAL RESECTION	439.50	439.50	000	1	4460.37	J1
45350		SIGMOIDOSCOPY FLX WITH WITH BAND LIGATION(S)	1443.00	225.00	000	1	2025.42	T
45378		COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	759.75	411.00	000	1	1593.10	T
45379		COLONOSCOPY FLX W/REMOVAL OF FOREIGN BODY(S)	966.00	528.75	000	1	2023.37	T
45380		COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	961.50	447.00	000	1	2059.05	T
45381		COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST	980.25	447.00	000	1	2017.79	T
45382		COLSC FLEXIBLE W/CONTROL BLEEDING ANY METHOD	1453.50	573.75	000	1	1983.12	T
45384		COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS	1083.00	507.75	000	1	2056.79	T
45385		COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	1009.50	563.25	000	1	2045.65	T
45386		COLSC FLEXIBLE W/TRANSENDOSCOPIC BALLOON DILAT	1331.25	471.75	000	1	1566.32	T
45388		COLONOSCOPY FLX ABLATION TUMOR POLYP/OTHER LES	5178.75	599.25	000	1	2034.71	T
45389		COLONOSCOPY FLX WITH ENDOSCOPIC STENT PLACEMENT	640.50	640.50	000	1	4237.80	J1
45390		COLONOSCOPY FLX W/ENDOSCOPIC MUCOSAL RESECTION	735.00	735.00	000	1	4476.68	J1
45391		COLSC FLX W/NDSC US XM RCTM ET AL LMTD&ADJ STRUX	570.75	570.75	000	1	2048.53	T
45392		COLSC FLX W/US GUID NDL ASPIR/BX W/US RCTM ET AL	672.75	672.75	000	1	2045.65	T
45393		COLONOSCOPY FLEXIBLE WITH DECOMPRESSION	556.50	556.50	000	1	2014.69	T
45395		LAPS PROCTECTOMY ABDOMINOPERINEAL W/COLOSTOMY	4372.50	4372.50	030	2		C
45397		LAPS PROCTECTOMY COMBINED PULL-THRU W/RESERVOIR	4740.00	4740.00	030	2		C
45398		COLONOSCOPY FLEXIBLE WITH BAND LIGATION(S)	1780.50	522.75	000	1	2046.07	T
45399		UNLISTED PROCEDURE COLON	BR	BR	YYY	1	1476.48	T
45400		LAPAROSCOPY PROCTOPEXY PROLAPSE	2541.75	2541.75	030	2		C
45402		LAPAROSCOPY PROCTOPEXY PROLAPSE SIGMOID RESCJ	3396.75	3396.75	030	2		C
45499		UNLISTED LAPAROSCOPY PROCEDURE RECTUM	BR	BR	YYY	2	10204.01	J1
45500		PROCTOPLASTY STENOSIS	1303.50	1303.50	030	0	4799.18	J1
45505		PROCTOPLASTY PROLAPSE MUCOUS MEMBRANE	1370.25	1370.25	030	1	4785.74	J1
45520		PERIRECTAL INJ SCLEROSING SOLUTION PROLAPSE	354.75	91.50	000	1	1595.49	Q1
45540		PROCTOPEXY ABDOMINAL APPROACH	2361.75	2361.75	030	2		C
45541		PROCTOPEXY PERINEAL APPROACH	2124.75	2124.75	030	2	4760.32	J1
45550		PROCTOPEXY W/SIGMOID RESCJ ABDL APPR	3266.25	3266.25	030	2		C
45560		REPAIR RECTOCELE SEPARATE PROCEDURE	1563.75	1563.75	030	2	4562.58	J1
45562		EXPL RPR & PRESACRAL DRG RECTAL INJURY	2653.50	2653.50	030	2		C
45563		EXPL RPR & PRESACRAL DRG RECTAL INJ W/COLOSTOMY	3747.00	3747.00	030	2		C
45800		CLOSURE RECTOVESICAL FISTULA	2881.50	2881.50	030	2		C
45805		CLSR RECTOVESICAL FISTULA W/COLOSTOMY	3318.00	3318.00	030	2		C
45820		CLOSURE RECTOURETHRAL FISTULA	2888.25	2888.25	030	2		C
45825		CLOSURE RECTOURETHRAL FISTULA W/COLOSTOMY	3475.50	3475.50	030	2		C
45900		RDCTJ PROCIDENTIA UNDER ANES SEPARATE PROCEDURE	485.25	485.25	010	0	1595.49	T
45905		DILAT ANAL SPHNCTR SPX UNDER ANES OTH/THN LOCAL	388.50	388.50	010	1	2056.58	T
45910		DILAT RCT STRIX SPX UNDER ANES OTH/THN LOCAL	440.25	440.25	010	1	2057.83	T
45915		RMVL FECAL IMPACTION/FB SPX UNDER ANES	801.75	522.75	010	1	2053.49	T
45990		ANRCT XM SURG REQ ANES GENERAL SPI/EDRL DX	240.00	240.00	000	0	4791.50	J1
45999		UNLISTED PROCEDURE RECTUM	BR	BR	YYY	0	1549.22	T
46020		PLACEMENT SETON	264.75	264.75	000	1	4787.67	J1
46030		REMOVAL ANAL SETON OTHER MARKER	565.50	196.50	000	0	2057.62	T
46040		I&D ISCHIORECTAL&/PERIRECTAL ABSCESS SPX	1265.25	979.50	030	1	2060.50	T
46045		I&D INTRAMURAL IM/SUBMUCOSAL ABSC TRANSANAL ANES	1005.00	1005.00	030	1	4783.82	J1
46050		I&D PERIANAL ABSCESS SUPERFICIAL	528.00	232.50	010	1	1591.19	T
46060		I&D ISCHIORECTAL/INTRAMURAL ABSC W/WO SETON	1115.25	1115.25	030	1	4789.10	J1
46070		INCISION ANAL SEPTUM INFANT	625.50	625.50	030	0	4799.18	J1
46080		SPHINCTEROTOMY ANAL DIVISION SPHINCTER SPX	644.25	360.00	010	1	4796.79	J1
46083		INCISION THROMBOSED HEMORRHOID EXTERNAL	465.00	252.00	010	1	425.62	T
46200		FISSURECTOMY INCL SPHINCTEROTOMY WHEN PERFORMED	1076.25	777.00	030	1	4793.90	J1
46220		EXCISION SINGLE EXTERNAL PAPILLA OR TAG ANUS	560.25	277.50	010	1	2058.86	T
46221		HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS	646.50	441.75	010	1	1594.37	T
46230		EXCISION MULTIPLE EXTERNAL PAPILLAE/TAGS ANUS	702.00	396.75	010	1	4791.99	J1
46250		HEMORRHOIDECTOMY XTRNL 2/> COLUMN/GROUP	1087.50	732.00	030	1	4779.99	J1
46255		HEMORRHOIDECTOMY NTRNL & XTRNL 1 COLUMN/GROUP	1175.25	809.25	030	1	4781.42	J1
46257		HEMORRHOID NTRNL & XTRNL 1 COLUMN W/FISSURECTO	952.50	952.50	030	1	4795.82	J1
46258		HRHC 1 COL/GRP W/FSTULECTMY INCL FSSRECTOMY	1105.50	1105.50	030	0	4799.18	J1

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46260		HEMORRHOIDECTOMY INT & XTRNL 2/> COLUMN/GRO	1101.00	1101.00	030	1	4793.43	J1
46261		HRHC NTRNL & XTRNL 2/> COLUMN/GROUP W/FISSU	1215.00	1215.00	030	1	4798.71	J1
46262		HRHC 2/> COL/GRP W/FSTULECTMY INCL FSSRECTMY	1344.00	1344.00	030	1	4796.30	J1
46270		SURG TX ANAL FISTULA SUBQ	1214.25	922.50	030	1	4787.18	J1
46275		SURG TX ANAL FISTULA INTERSPHINCTERIC	1279.50	968.25	030	1	4782.87	J1
46280		TX ANAL FSTL TRANS/SUPRA/XTRASPHNCTRC INCL SETON	1100.25	1100.25	030	1	4782.87	J1
46285		SURG TX ANAL FISTULA 2ND STAGE	1282.50	974.25	030	1	4762.22	J1
46288		CLSR ANAL FSTL W/RCT ADVMNT FLAP	1276.50	1276.50	030	1	4743.52	J1
46320		EXC THROMBOSED HEMORRHOID XTRNL	477.00	258.00	010	1	2062.97	T
46500		INJECTION SCLEROSING SOLUTION HEMORRHOIDS	704.25	419.25	010	1	1595.49	T
46505		CHEMODENERVATION INTERNAL ANAL SPHINCTER	705.75	565.50	010	1	2060.50	T
46600		ANOSCOPY DX W/COLLJ SPEC BR/WA SPX WHEN PRFRMD	257.25	93.75	000	1	225.58	Q1
46601		ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT	334.50	210.75	000	1	698.32	Q1
46604		ANOSCOPY W/DILATION	1373.25	148.50	000	1	1939.18	T
46606		ANOSCOPY W/BX SINGLE/MULTIPLE	611.25	171.00	000	1	2060.92	T
46607		ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT W/BX	461.25	278.25	000	1	2063.18	T
46608		ANOSCOPY W/RMVL FOREIGN BODY	637.50	192.00	000	1	1589.60	T
46610		ANOSCOPY W/RMVL LESION CAUTERY	603.75	181.50	000	1	4797.75	J1
46611		ANOSC RMVL 1 TUM POLYP/OTH LES SNARE TQ	489.75	181.50	000	1	1595.49	T
46612		ANOSC RMVL MULT TUMORS CAUTERY/SNARE	725.25	216.75	000	1	4791.50	J1
46614		ANOSCOPY CONTROL BLEEDING	371.25	146.25	000	1	2053.07	T
46615		ANOSCOPY ABLATION LESION	390.75	204.00	000	1	4791.99	J1
46700		ANOPLASTY PLASTIC OPERATION STRICTURE ADULT	1490.25	1490.25	030	1	4723.83	J1
46705		ANOPLASTY PLASTIC OPERATION STRICTURE INFANT	1311.75	1311.75	030	2		C
46706		REPAIR ANAL FISTULA W/FIBRIN GLUE	414.00	414.00	010	1	4263.12	J1
46707		REPAIR ANORECTAL FISTULA PLUG	1158.00	1158.00	030	0	3498.60	J1
46710		RPR ILEOANAL POUCH FSTL/POUCH ADVMNT TPRNL APPR	2522.25	2522.25	030	2		C
46712		RPR ILEOANAL POUCH FSTL/POUCH ADVMNT CMBN APPR	4995.75	4995.75	030	2		C
46715		RPR LW IMPERFORATE ANUS W/ANOPRNL FSTL CUT-BK	1271.25	1271.25	030	2		C
46716		RPR LW IMPERFORATE ANUS W/TRPOS FISTULA	2821.50	2821.50	030	2		C
46730		RPR HI IMPRF ANUS W/O FSTL PRNL/SACROPRNL APPR	4516.50	4516.50	030	2		C
46735		RPR HI IMPRF ANUS W/O FISTULA CMBN APPR	5190.00	5190.00	030	2		C
46740		RPR HI IMPRF ANUS W/FSTL PRNL/SACROPRNL APPR	4923.75	4923.75	030	2		C
46742		RPR HI IMPRF ANUS W/FSTL TABDL & SACROPRNL	5676.00	5676.00	030	2		C
46744		RPR CLOACAL ANOMALY SACROPERINEAL	7986.75	7986.75	030	2		C
46746		RPR CLOACAL ANOMALY CMBN ABDL&SACROPRNL	8790.75	8790.75	030	2		C
46748		RPR CLOACAL ANOMALY CMBN ABDL & SACROPRNL W/GRF	9521.25	9521.25	030	2		C
46750		SPHNCTROP ANAL INCONTINENCE/PROLAPSE ADULT	1691.25	1691.25	030	2	4771.34	J1
46751		SPHNCTROP ANAL INCONTINENCE/PROLAPSE CHLD	1530.75	1530.75	030	2		C
46753		GRAFT THIERSCH RCT INCONTINENCE &/PROLAPSE	1416.00	1416.00	030	1	4607.21	J1
46754		RMVL THIERSCH WIRE/SUTURE ANAL CANAL	786.75	553.50	010	0	4799.18	J1
46760		SPHINCTEROPLASTY ANAL MUSCLE TRANSPLANT	2493.00	2493.00	030	2	4799.18	J1
46761		SPHNCTROP ANAL LEVATOR MUSC IMBRCJ	2058.00	2058.00	030	2	4799.18	J1
46900		DSTRJ LESION ANUS SIMPLE CHEMICAL	547.50	315.00	010	1	699.18	T
46910		DSTRJ LESION ANUS SMPL ELTRDSICCATION	597.00	306.75	010	1	3200.19	T
46916		DSTRJ LESION ANUS SIMPLE CRYOSURGERY	581.25	322.50	010	1	347.73	T
46917		DSTRJ LESION ANUS SIMPLE LASER SURG	980.25	294.00	010	1	4780.46	J1
46922		DSTRJ LESION ANUS SIMPLE SURG EXCISION	697.50	315.00	010	1	4791.50	J1
46924		DSTRJ LESION ANUS EXTENSIVE	1242.75	415.50	010	1	4797.26	J1
46930		DESTRUCTION INTERNAL HEMORRHOID THERMAL ENERGY	498.75	350.25	030	0	2038.02	T
46940		CURTG/CAUT ANAL FISSURE W/DILAT SPHNCTR SPX 1ST	596.25	328.50	010	1	4799.18	J1
46942		CURTG/CAUT ANAL FISSURE W/DILAT SPHNCTR SPX SBSQ	564.75	294.75	010	0	1595.49	T
46945		INT HRHC BY LIGATION SINGLE HROID W/O IMG GDN	780.00	780.00	030	1	4793.90	J1
46946		INT HRHC BY LIGATION 2+ HROID W/O IMG GDN	867.75	867.75	030	1	4781.91	J1
46947		HEMORRHOIDOPEXY STAPLING	886.50	886.50	030	1	4749.75	J1
46948		INT HRHC TRANSANAL HROID DARTLZJ 2+ W/US GDN	1009.50	1009.50	030	1	4756.47	J1
46999		UNLISTED PROCEDURE ANUS	BR	BR	YYY	0	1566.13	T
47000		BIOPSY LIVER NEEDLE PERCUTANEOUS	659.25	194.25	000	1	2821.25	J1
+ 47001		BX LVR NDL DONE PURPOSE TM OTH MAJOR PX	233.25	233.25	ZZZ	1		N
47010		HEPATOTOMY OPEN DRAINAGE ABSCESS/CYST 1/2 STAGES	2748.00	2748.00	030	2		C
47015		LAPT W/ASPIR &/NJX HEPATC PARASITIC CYST/ABSCESS	2640.00	2640.00	030	2		C

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				Professional				Outpatient Facility	
	Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
	47100		BIOPSY LIVER WEDGE	1926.75	1926.75	030	2		C
	47120		HEPATECTOMY RESCJ PARTIAL LOBECTOMY	5265.00	5265.00	030	2		C
	47122		HEPATECTOMY RESCJ TRISEGMENTECTOMY	7719.75	7719.75	030	2		C
	47125		HEPATECTOMY RESCJ TOTAL LEFT LOBECTOMY	6927.00	6927.00	030	2		C
	47130		HEPATECTOMY RESCJ TOTAL RIGHT LOBECTOMY	7426.50	7426.50	030	2		C
	47133		DONOR HEPATECTOMY CADAVER DONOR	8847.75	8847.75	XXX	9		C
	47135		LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	12195.75	12195.75	030	2		C
	47140		DONOR HEPATECTOMY LIVING DONOR SEG II & III	8079.75	8079.75	030	2		C
	47141		DONOR HEPATECTOMY LIVING DONOR SEG II III & IV	9646.50	9646.50	030	2		C
	47142		DONOR HEPATECTOMY LIVING DONOR SEG V VI VII &VI	10618.50	10618.50	030	2		C
	47143		BKBENCH PREP CADAVER DONOR	1814.25	1814.25	XXX	2		C
	47144		BKBENCH PREPJ CADAVER WHOLE LIVER GRF I&IV VII	1904.25	1904.25	030	2		C
	47145		BKBENCH PREPJ CADAVER DONOR WHL LVR GRF I&V VI	2165.25	2165.25	XXX	2		C
	47146		BKBENCH RCNSTJ LVR GRF VENOUS ANAST EA	731.25	731.25	XXX	2		C
	47147		BKBENCH RCNSTJ LVR GRF ARTL ANAST EA	855.00	855.00	XXX	2		C
	47300		MARSUPIALIZATION CST/ABSC LVR	2568.00	2568.00	030	2		C
	47350		MGMT LVR HEMRRG SMPL SUTR LVR WND/INJ	3075.75	3075.75	030	2		C
	47360		MGMT LVR HEMRRG CPLX SUTR WND/INJ	4226.25	4226.25	030	2		C
	47361		MGMT LVR HEMRRG EXPL WND DBRDMT COAGJ/SUTR	6767.25	6767.25	030	2		C
	47362		MGMT LVR HEMRRG RE-EXPL WND RMVL PACKING	3205.50	3205.50	030	2		C
	47370		LAPS SURG ABLTJ 1/> LVR TUM RF	2842.50	2842.50	030	2	16240.98	J1
	47371		LAPS SURG ABLTJ 1 > LVR TUM CRYOSURG	2852.25	2852.25	030	2	18219.64	J1
	47379		UNLISTED LAPAROSCOPIC PROCEDURE LIVER	BR	BR	YYY	2	10026.35	J1
	47380		ABLTJ OPN 1/> LVR TUM RF	3268.50	3268.50	030	2		C
	47381		ABLTJ OPN 1/> LVR TUM CRYOSURG	3352.50	3352.50	030	2		C
	47382		ABLTJ 1/> LVR TUM PRQ RF	7813.50	1629.75	010	1	8019.04	J1
	47383		ABLATION 1/> LIVER TUMOR PERQ CRYOABLATION	12680.25	1004.25	010	1	8807.37	J1
	47384		ABLATION IRE LIVER 1+ TUMORS W/IMG GDN PERQ	952.50	952.50	000	1	8261.52	J1
	47399		UNLISTED PROCEDURE LIVER	BR	BR	YYY	1	1111.97	T
	47400		HEPATCOTOMY/HEPATCOSTOMY W/EXPL DRG/RMVL ST1	4842.00	4842.00	030	2		C
	47420		CHOLEDOCHOT/OST W/O SPHNCTROTOMY/SPHNCTROP	3016.50	3016.50	030	2		C
	47425		CHOLEDOCHOT/OST W/SPHNCTROTOMY/SPHNCTROP	3088.50	3088.50	030	2		C
	47460		TRANSDUOL SPHINCTEROT/PLASTY W/WO RMVL CALCULUS	2871.75	2871.75	030	2		C
	47480		CHOLECSTOT/CHOLECSTOST W/EXPL DRG/RMVL ST1 SPX	1995.75	1995.75	030	2		C
	47490		CHOLECYSTOSTOMY PRQ W/IMAGING & CATHETER PLMT	740.25	740.25	010	1	5391.52	J1
	47531		NJX CHOLANGIO PRQ W/IMG GID RS&I EXISTING ACCESS	909.75	156.00	000	1	5998.62	Q2
	47532		NJX CHOLANGIO PRQ W/IMG GID RS&I NEW ACCESS	1822.50	465.75	000	1	5280.98	Q2
	47533		PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I EXTERNL	2507.25	578.25	000	1	5042.59	J1
	47534		PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I INT-EXT	2765.25	810.00	000	1	4987.01	J1
	47535		CONV EXT BIL DRG CATH TO INT-EXT BIL DRG CATH	1916.25	430.50	000	1	4824.58	J1
	47536		EXCHANGE BILIARY DRG CATHETER PRQ W/IMG GID RS&I	1367.25	291.00	000	1	5224.15	J1
	47537		REMOVAL BILIARY DRG CATHETER REQ FLUOR GID RS&I	1055.25	212.25	000	1	1496.67	Q2
	47538		PLMT BILE DUCT STENT PRQ EXISTING ACCESS	7943.25	515.25	000	1	5468.54	J1
	47539		PLMT BILE DUCT STENT PRQ NEW ACCESS W/O SEP CATH	8871.75	927.75	000	1	6264.93	J1
	47540		PLMT BILE DUCT STENT PRQ NEW ACCESS W/SEP CATH	8974.50	959.25	000	1	6316.00	J1
	47541		PLMT ACCESS THRU BILIARY TREE INTO SMALL BWL NEW	2532.75	736.50	000	1	7163.24	J1
+	47542		BALLOON DILAT BILIARY DUCT/AMPULLA PRQ EACH DUCT	1076.25	297.00	ZZZ	1		N
+	47543		ENDOLUMINAL BX BILIARY TREE PRQ ANY METH 1/MLT	850.50	312.75	ZZZ	1		N
+	47544		REMOVAL BILIARY DUCT &/GLBLDR CALCULI PERQ RS&I	1795.50	342.75	ZZZ	1		N
+	47550		BILIARY NDSC INTRAOPERATIVE	363.75	363.75	ZZZ	2		N
	47552		BILIARY ENDO PRQ T-TUBE DX W/COLLECT SPEC BRUSH	618.00	618.00	000	1	7670.99	J1
	47553		BILIARY NDSC PRQ T-TUBE W/BX SINGLE/MULTIPLE	619.50	619.50	000	1	8931.11	J1
	47554		BILIARY ENDOSCOPY PRQ VIA T-TUBE W/RMVL CALCULUS	993.75	993.75	000	1	13497.10	J1
	47555		BILIARY NDSC PRQ T-TUBE W/DIL DUCT W/O STENT	735.00	735.00	000	1	4875.83	J1
	47556		BILIARY NDSC PRQ T-TUBE DILAT STRIX W/STENT	832.50	832.50	000	1	11775.35	J1
	47562		LAPAROSCOPY SURG CHOLECYSTECTOMY	1504.50	1504.50	030	2	10139.68	J1
	47563		LAPS SURG CHOLECYSTECTOMY W/CHOLANGIOGRAPHY	1635.75	1635.75	030	2	10110.07	J1
	47564		LAPS SURG CHOLECSTC W/EXPL COMMON DUCT	2540.25	2540.25	030	2	17718.59	J1
	47570		LAPAROSCOPY SURG CHOLECYSTOENETEROSTOMY	1763.25	1763.25	030	2		C
	47579		UNLISTED LAPAROSCOPY PROCEDURE BILIARY TRACT	BR	BR	YYY	2	9948.75	J1
	47600		CHOLECYSTECTOMY	2430.00	2430.00	030	2		C

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	Code	Mod	Description	Professional Non Fac Fee	Professional Fac Fee	FUD	ASST	Outpatient Facility Fee	Outpatient Facility SI
	47605		CHOLECYSTECTOMY W/CHOLANGIOGRAPHY	2555.25	2555.25	030	2		C
	47610		CHOLECYSTECTOMY W/EXPLORATION COMMON DUCT	2839.50	2839.50	030	2		C
	47612		CHOLECYSTECTOMY EXPL DUCT CHOLEDOCHOENTEROSTOMY	2877.75	2877.75	030	2		C
	47620		CHOLECSTC EXPL DUX SPHNCTROTOMY/SPHNCTROP	3105.75	3105.75	030	2		C
	47700		EXPL CONGENITAL ATRESIA BILE DUCTS	2400.75	2400.75	030	2		C
	47701		PORTOENETEROSTOMY	3916.50	3916.50	030	0		C
	47711		EXC BILE DUX TUM W/WO PRIM RPR XTRHEPATC	3505.50	3505.50	030	2		C
	47712		EXC BILE DUX TUM W/WO PRIM RPR INTRAHEPATC	4499.25	4499.25	030	2		C
	47715		EXCISION CHOLEDOCHAL CYST	3011.25	3011.25	030	2		C
	47720		CHOLECYSTOENTEROSTOMY DIRECT	2617.50	2617.50	030	2		C
	47721		CHOLECYSTOENTEROSTOMY W/GASTROENTEROSTOMY	3065.25	3065.25	030	2		C
	47740		CHOLECYSTOENTEROSTOMY ROUX-EN-Y	2970.75	2970.75	030	2		C
	47741		CHOLECSTONTRSTM ROUX-EN-Y W/GASTRONTRSTM	3336.00	3336.00	030	2		C
	47760		ANAST XTRHEPATC BILIARY DUCTS & GI TRACT	5067.00	5067.00	030	2		C
	47765		ANAST INTRAHEPATC DUCTS & GI TRACT	6816.00	6816.00	030	2		C
	47780		ANAST ROUX-EN-Y XTRHEPATC BILIARY DUCTS & GI	5572.50	5572.50	030	2		C
	47785		ANAST ROUX-EN-Y INTRAHEPATC BILIARY DUCTS & GI	7261.50	7261.50	030	2		C
	47800		RCNSTJ PLSTC BILIARY DUCTS W/END-TO-END ANAST	3519.75	3519.75	030	2		C
	47801		PLACEMENT CHOLEDOCHAL STENT	2506.50	2506.50	030	2		C
	47900		SUTURE EXTRAHEPATIC BILE DUCT PRE-EXIST INJURY	3120.00	3120.00	030	2		C
	47999		UNLISTED PROCEDURE BILIARY TRACT	BR	BR	YYY	1	1289.12	T
	48000		PLACE DRAIN PERIPANCREATIC ACUTE PANCREATITIS	4246.50	4246.50	030	2		C
	48001		PLACE DRAIN PERIPANCREATIC W/CHOLECYSTOSTOMY	5193.75	5193.75	030	2		C
	48020		REMOVAL PANCREATIC CALCULUS	2674.50	2674.50	030	2		C
	48100		BIOPSY PANCREAS OPEN	2013.00	2013.00	030	2		C
	48102		BIOPSY PANCREA PERCUTANEOUS NEEDLE	1122.00	522.75	010	1	2814.16	J1
	48105		RESECJ/DBRDMT PANCREAS NECROTIZING PANCREATITIS	6357.00	6357.00	030	2		C
	48120		EXCISION LESION PANCREAS	2521.50	2521.50	030	2		C
	48140		PNCRTECT DSTL STOT W/O PNCRTCOJEJUNOSTOMY	3540.75	3540.75	030	2		C
	48145		PNCRTECT DSTL STOT W/PNCRTCOJEJUNOSTOMY	3689.25	3689.25	030	2		C
	48146		PNCRTECT DSTL NR-TOT W/PRSRV DUO CHLD-TYP PX	4251.75	4251.75	030	2		C
	48148		EXCISION AMPULLA VATER	2832.00	2832.00	030	2		C
	48150		PNCRTECT PROX STOT W/PANCREATOJEJUNOSTOMY	7017.75	7017.75	030	2		C
	48152		PNCRTECT WHIPPLE W/O PANCREATOJEJUNOSTOMY	6490.50	6490.50	030	2		C
	48153		PNCRTECT W/PANCREATOJEJUNOSTOMY	6976.50	6976.50	030	2		C
	48154		PNCRTECT PROX STOT W/O PANCREATOJEJUNOSTOMY	6519.00	6519.00	030	2		C
	48155		PANCREATECTOMY TOTAL	4107.75	4107.75	030	2		C
	48160		PANCREATECTOMY W/TRNSPLJ PANCREAS/ISLET CELLS	11559.75	11559.75	XXX	9		E1
+	48400		INJECTION INTRAOPERATIVE PANCREATOGRAPHY	238.50	238.50	ZZZ	0		C
	48500		MARSUPIALIZATION PANCREATIC CYST	2604.00	2604.00	030	2		C
	48510		EXTERNAL DRAINAGE PSEUDOCYST OF PANCREAS OPEN	2486.25	2486.25	030	2		C
	48520		INT ANAST PANCREATIC CYST GI TRACT DIRECT	2489.25	2489.25	030	2		C
	48540		INT ANAST PANCREATIC CYST GI TRACT ROUX-EN-Y	2955.75	2955.75	030	2		C
	48545		PANCREATORRHAPHY INJURY	3048.75	3048.75	030	2		C
	48547		DUOL EXCLUSION W/GASTROJEJUNOSTOMY PNCRTC INJ	4044.75	4044.75	030	2		C
	48548		PANCREATICOJEJUNOSTOMY SIDE-TO-SIDE ANAST	3774.00	3774.00	030	2		C
	48550		DONOR PANCREATECTOMY DUODENAL SGM TRANSPLANT	BR	BR	XXX	9		E1
	48551		BKBENCH PREPJ CADAVER DONOR PANCREAS ALLOGRAFT	1286.25	1286.25	XXX	2		C
	48552		BKBENCH RCNSTJ CDVR PNCRS ALGRFT VEN ANAST EA	525.75	525.75	XXX	2		C
	48554		TRANSPLANTATION PANCREATIC ALLOGRAFT	5991.75	5991.75	030	2		C
	48556		RMVL TRANSPLANTED PANCREATIC ALLOGRAFT	2940.00	2940.00	030	2		C
	48999		UNLISTED PROCEDURE PANCREAS	BR	BR	YYY	2	1123.05	T
	49000		EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	1744.50	1744.50	030	2		C
	49002		REOPENING RECENT LAPAROTOMY	2356.50	2356.50	030	2		C
	49010		EXPL RETROPERITONEUM W/WO BX SPX	2089.50	2089.50	030	2		C
	49013		PREPERITONEAL PEL PACK F/HEMRRG ASSOC PEL TRMA	1021.50	1021.50	000	1		C
	49014		REEXPL PEL WND W/RMVL PREPERITONEAL PEL PACKING	852.75	852.75	000	1		C
	49020		DRAINAGE PERITON ABSCESS/LOCAL PERITONITIS OPEN	3600.75	3600.75	030	2		C
	49040		DRAINAGE SUBDIAPHRAGMATIC/SUBPHREN ABSCESS OPEN	2277.75	2277.75	030	2		C
	49060		DRAINAGE OF RETROPERITONEAL ABSCESS OPEN	2497.50	2497.50	030	1		C
	49062		DRG XTRAPERITONEAL LYMPHOCELE PERITON CAVITY OPN	1749.00	1749.00	030	2		C

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				Professional				Outpatient Facility	
	Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
	49082		ABDOM PARACENTESIS DX/THER W/O IMAGING GUIDANCE	464.25	163.50	000	1	1624.49	T
	49083		ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE	642.75	236.25	000	1	1555.42	T
	49084		PERITONEAL LAVAGE W/WO IMAGING GUIDANCE	241.50	241.50	000	1	1564.27	T
	49180		BX ABDL/RETROPERITONEAL MASS PRQ NEEDLE	388.50	183.00	000	1	2824.08	J1
	49185		SCLEROTHERAPY FLUID COLLECTION PRQ W/IMG GID	2696.25	265.50	000	1	2716.89	J1
	49186		OPEN EXC/DSTRJ INTRA-ABDL TUMOR/CST 5 CM OR LESS	2962.50	2962.50	030	2		C
	49187		OPEN EXC/DSTRJ INTRA-ABDL TUMOR/CST 5.1-10 CM	3786.00	3786.00	030	2		C
	49188		OPEN EXC/DSTRJ INTRA-ABDL TUMOR/CST 10.1-20 CM	4524.00	4524.00	030	2		C
	49189		OPEN EXC/DSTRJ INTRA-ABDL TUMOR/CST 20.1-30 CM	5262.75	5262.75	030	2		C
	49190		OPEN EXC/DSTRJ INTRA-ABDL TUMOR/CYST >30 CM	6487.50	6487.50	030	2		C
	49215		EXC PRESAC/SACROCOCCYGEAL TUMOR	4979.25	4979.25	030	2		C
	49250		UMBILECTOMY OMPHALECTOMY EXC UMBILICUS SPX	1359.00	1359.00	030	1	6175.24	J1
	49255		OMNTC EPIPLOECTOMY RESCJ OMENTUM SPX	1803.00	1803.00	030	2		C
	49320		LAPS ABD PRTM&OMENTUM DX W/WO SPEC BR/WA SPX	752.25	752.25	010	2	9958.95	J1
	49321		LAPAROSCOPY SURG W/BX SINGLE/MULTIPLE	783.75	783.75	010	2	10029.41	J1
	49322		LAPS SURG W/ASPIR CAVITY/CYST SINGLE/MULTIPLE	851.25	851.25	010	2	10101.91	J1
	49323		LAPS SURG W/DRG LYMPHOCELE PRTL CAVITY	1455.00	1455.00	030	2	10078.43	J1
	49324		LAPS INSERTION TUNNELED INTRAPERITONEAL CATHETER	874.50	874.50	010	2	9494.40	J1
	49325		LAPS W/REVISION INTRAPERITONEAL CATHETER	933.75	933.75	010	2	9977.35	J1
+	49326		LAPAROSCOPY W/OMENTOPEXY	420.75	420.75	ZZZ	2		N
+	49327		LAPS W/INSERTION NTRSTL DEV W/IMG GUID 1/MLT	291.75	291.75	ZZZ	2		N
	49329		UNLISTED LAPAROSCOPY PX ABD PERTONEUM & OMENTUM	BR	BR	YYY	2	9963.05	J1
	49400		INJECTION AIR/CONTRAST PERITONEAL CAVITY SPX	333.00	200.25	000	1		N
	49402		REMOVAL PERITONEAL FOREIGN BODY FROM CAVITY	1941.75	1941.75	030	1	6062.84	J1
	49405		IMAGE-GUIDE FLUID COLLXN DRAINAGE CATH VISC PERQ	1910.25	429.00	000	1	2579.10	J1
	49406		IMG-GUIDE FLUID COLLXN DRAINAG CATH PERITON PERQ	1911.00	428.25	000	1	2502.54	J1
	49407		IMAGE FLUID COLLXN DRAINAG CATH TRANSREC/VAGINAL	1635.75	455.25	000	1	2556.14	J1
	49411		INTERSTITIAL DEV PLMT RADIATION THERAPY 1/MLT	1065.00	414.75	000	0	2056.11	S
+	49412		PLACEMENT INTRSTL DEV OPN W/IMG GUID 1/MLT	184.50	184.50	ZZZ	0		C
	49418		INSJ INTRAPERITONEAL CATHETER W/IMG GUID	2115.00	444.00	000	0	4450.93	J1
	49419		INSERTION TUNNEL INTRAPERITONEAL CATH SUBQ PORT	934.50	934.50	030	1	7813.94	J1
	49421		INSERTION TUNNEL INTRAPERITONEAL CATH DIAL OPEN	507.00	507.00	000	1	5652.76	J1
	49422		REMOVAL TUNNELED INTRAPERITONEAL CATHETER	494.25	494.25	000	1	5471.78	Q2
	49423		EXCHNG ABSC/CST DRG CATH RAD GID SPX	1251.00	155.25	000	0	2866.92	J1
	49424		CNTRST NJX ASSMT ABSC/CST VIA DRG CATH/TUBE SPX	390.00	81.75	000	0		N
	49425		INSERTION PERITONEAL-VENOUS SHUNT	1776.00	1776.00	030	2		C
	49426		REVIS PERITONEAL-VENOUS SHUNT	1526.25	1526.25	030	1	5689.81	J1
	49427		INJECT EVALUATE PREVIOUS PERITONEAL-VENOUS SHUNT	87.75	87.75	000	0		N
	49428		LIGATION PERITONEAL-VENOUS SHUNT	978.75	978.75	010	1		C
	49429		RMVL PERITONEAL-VENOUS SHUNT	1038.75	1038.75	010	1	5508.13	Q2
+	49435		INSJ SUBQ EXTENSION INTRAPERITONEAL CATHETER	265.50	265.50	ZZZ	2		N
	49436		DELAYED CREATION EXIT SITE EMBEDDED CATHETER	1176.00	423.00	010	2	3211.85	J1
	49440		INSERT GASTROSTOMY TUBE PERCUTANEOUS	1792.50	450.75	010	0	2900.45	J1
	49441		INSERT DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	2087.25	537.00	010	0	2957.55	J1
	49442		INSERT CECOSTOMY/OTHER COLONIC TUBE PERCUTANEOUS	1703.25	459.75	010	0	1558.88	T
	49446		CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ	1721.25	322.50	000	0	2809.49	J1
	49450		REPLACE GASTROSTOMY/CECOSTOMY TUBE PERCUTANEOUS	1272.00	145.50	000	0	1416.94	T
	49451		REPLACE DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	1360.50	195.00	000	0	1367.05	T
	49452		REPLACEMENT GASTRO-JEJUNOSTOMY TUBE PERCUTANEOUS	1654.50	300.00	000	0	1335.06	T
	49460		OBSTRUCTIVE MATERIAL REMOVAL FROM GI TUBE	1546.50	112.50	000	0	1494.71	T
	49465		CONTRAST INJECTION PERQ RADIOLOGIC EVAL GI TUBE	300.00	66.75	000	0	408.21	Q1
	49491		RPR 1ST INGUN HRNA PRETERM INFT RDC	1818.00	1818.00	030	2	10210.13	J1
	49492		RPR 1ST INGUN HRNA PRETERM INFT INCARCERATED	2181.75	2181.75	030	2	6175.86	J1
	49495		RPR 1ST INGUN HRNA FULL TERM INFT <6 MO RDC	936.00	936.00	030	2	5255.65	J1
	49496		RPR 1ST INGUN HRNA FULL TERM INFT <6 MO INCARCER	1407.00	1407.00	030	2	6175.86	J1
	49500		RPR 1ST INGUN HRNA AGE 6 MO-5 YRS REDUCIBLE	954.00	954.00	030	2	9058.88	J1
	49501		RPR 1ST INGUN HRNA AGE 6 MO-5 YRS INCARCERATED	1386.75	1386.75	030	2	6175.86	J1
	49505		RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE	1195.50	1195.50	030	2	5694.13	J1
	49507		RPR 1ST INGUN HRNA AGE 5 YRS/> INCARCERATED	1341.75	1341.75	030	2	5702.17	J1
	49520		RPR RECRT INGUINAL HERNIA ANY AGE REDUCIBLE	1443.75	1443.75	030	2	5700.31	J1
	49521		RPR RECRT INGUN HERNIA ANY AGE INCARCERATED	1635.00	1635.00	030	2	10078.76	J1

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				Professional				Outpatient Facility	
	Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
	49525		RPR INGUN HERNIA SLIDING ANY AGE	1311.75	1311.75	030	2	5739.23	J1
	49540		REPAIR LUMBAR HERNIA	1535.25	1535.25	030	2	8976.75	J1
	49550		RPR 1ST FEM HRNA ANY AGE REDUCIBLE	1321.50	1321.50	030	2	5655.84	J1
	49553		RPR 1ST FEM HERNIA ANY AGE INCARCERATED	1443.00	1443.00	030	2	5705.26	J1
	49555		RPR RECRT FEM HERNIA REDUCIBLE	1380.75	1380.75	030	2	5785.54	J1
	49557		RPR RECRT FEM HRNA INCARCERATED	1641.75	1641.75	030	2	5715.76	J1
	49591		RPR AA HERNIA 1ST < 3 CM REDUCIBLE	773.25	773.25	000	2	5484.17	J1
	49592		RPR AA HERNIA 1ST < 3 CM NCRC8/STRANGULATED	1075.50	1075.50	000	2	9114.58	J1
	49593		RPR AA HERNIA 1ST 3-10 CM REDUCIBLE	1293.75	1293.75	000	2	9343.86	J1
	49594		RPR AA HERNIA 1ST 3-10 CM NCRC8/STRANGULATED	1683.00	1683.00	000	2	8803.18	J1
	49595		RPR AA HERNIA 1ST > 10 CM REDUCIBLE	1744.50	1744.50	000	2	9201.92	J1
	49596		RPR AA HERNIA 1ST > 10 CM NCRC8/STRANGULATED	2316.00	2316.00	000	2		C
	49600		RPR SMALL OMPHALOCELE W/PRIMARY CLOSURE	1674.75	1674.75	030	2	6175.86	J1
	49605		RPR LG OMPHALOCELE/GASTROSCHISIS W/WO PROSTH	11049.00	11049.00	030	2		C
	49606		RPR LG OMPHALOCELE/GASTROSCHISIS RMVL PROSTH	2574.00	2574.00	030	2		C
	49610		RPR OMPHALOCELE GROSS TYP OPRATION 1ST STG	1584.00	1584.00	030	2		C
	49611		RPR OMPHALOCELE GROSS TYP OPRATION 2ND STG	1396.50	1396.50	030	2		C
	49613		RPR AA HERNIA RECR < 3 CM REDUCIBLE	951.00	951.00	000	2	5410.06	J1
	49614		RPR AA HERNIA RECR < 3 CM NCRC8/STRANGULATED	1290.00	1290.00	000	2	8900.17	J1
	49615		RPR AA HERNIA RECR 3-10 CM REDUCIBLE	1442.25	1442.25	000	2	9366.81	J1
	49616		RPR AA HERNIA RECR 3-10 CM NCRC8/STRANGULATED	1936.50	1936.50	000	2		C
	49617		RPR AA HERNIA RECR > 10 CM REDUCIBLE	2004.00	2004.00	000	2		C
	49618		RPR AA HERNIA RECR > 10 CM NCRC8/STRANGULATED	2807.25	2807.25	000	2		C
	49621		RPR PARASTOMAL HERNIA 1ST/RECR REDUCIBLE	1698.00	1698.00	000	2		C
	49622		RPR PARASTOMAL HRNA 1ST/RECR NCRC8/STRANGULATED	2112.00	2112.00	000	2		C
+	49623		RMVL NONINFCT MESH/PROSTH AA/PARASTOMAL HRNA RPR	456.00	456.00	ZZZ	2		N
	49650		LAPAROSCOPY SURG RPR INITIAL INGUINAL HERNIA	991.50	991.50	030	2	9089.06	J1
	49651		LAPS SURG RPR RECURRENT INGUINAL HERNIA	1293.00	1293.00	030	2	9291.22	J1
	49659		UNLISTED LAPS PX HRNAP HERNIORRHAPHY HERNIOTOMY	BR	BR	YYY	2	9177.89	J1
	49900		SEC ABDOMINAL WALL SUTURE EVISCERATION/DEHSN	1879.50	1879.50	030	2		C
	49904		OMENTAL FLAP EXTRA-ABDOMINAL	3127.50	3127.50	030	1		C
+	49905		OMENTAL FLAP INTRA-ABDOMINAL	786.75	786.75	ZZZ	2		C
	49906		FREE OMENTAL FLAP W/MICROVASCULAR ANAST	10055.25	10055.25	030	1		C
	49999		UNLISTED PROCEDURE ABDOMEN PERITONEUM & OMENTUM	BR	BR	YYY	1	1430.56	T
	50010		RENAL EXPLORATION NOT NECESSITATING OTH SPEC PX	1592.25	1592.25	030	2		C
	50020		DRAINAGE PERIRENAL/RENAL ABSCESS OPEN	2285.25	2285.25	030	1	3584.89	J1
	50040		NEPHROSTOMY NEPHROTOMY W/DRAINAGE	2083.50	2083.50	030	1		C
	50045		NEPHROTOMY W/EXPLORATION	2099.25	2099.25	030	2		C
	50060		NEPHROLITHOTOMY REMOVAL CALCULUS	2555.25	2555.25	030	2		C
	50065		NEPHROLITHOTOMY SECONDARY SURG OPERJ CALCULUS	2708.25	2708.25	030	2		C
	50070		NEPHROLITHOTOMY COMP CGEN KDN ABNORMALITY	2658.00	2658.00	030	2		C
	50075		NEPHROLITHOTOMY RMVL LARGE STAGHORN CALCULUS	3262.50	3262.50	030	2		C
	50080		PERQ NL/PL LITHOTRP SIMPLE UP TO 2 CM 1 LOCATION	1569.75	1569.75	030	1	14141.89	J1
	50081		PERQ NL/PL LITHOTRP COMPLEX >2 CM MLT LOCATIONS	2521.50	2521.50	030	2	14156.47	J1
	50100		TRNSXJ/REPOSITIONING ABERRANT RENAL VESSELS SPX	2454.75	2454.75	030	2		C
	50120		PYELOTOMY W/EXPLORATION	2136.00	2136.00	030	2		C
	50125		PYELOTOMY W/DRAINAGE PYELOSTOMY	2208.75	2208.75	030	2		C
	50130		PYELOTOMY WITH REMOVAL CALCULUS	2320.50	2320.50	030	2		C
	50200		RENAL BIOPSY PRQ TROCAR/NEEDLE	1113.00	280.50	000	1	2822.09	J1
	50205		RENAL BIOPSY SURG EXPOSURE KIDNEY	1713.75	1713.75	030	2		C
	50220		NEPHRECTOMY W/PRTL URETERECTOMY W/OPEN RIB RESCJ	2381.25	2381.25	030	2		C
	50225		NEPHRECTOMY W/PRTL URETERECT OPN RIB RESCJ COMPL	2661.00	2661.00	030	2		C
	50230		NEPHRECTOMY W/PRTL URETERECT OPEN RIB RESCJ RAD	2868.00	2868.00	030	2		C
	50234		NEPHRECTOMY W/TOT URETERECT&BLDR CUFF SAME INC	2918.25	2918.25	030	2		C
	50236		NEPHRECTOMY TOT URETEREC&BLDR CUFF SEPAR INCISN	3278.25	3278.25	030	2		C
	50240		NEPHRECTOMY PARTIAL	2982.00	2982.00	030	2		C
	50250		OPEN ABLATION 1/>RENAL MASS LESION CRYOSURGICAL	2729.25	2729.25	030	2		C
	50280		EXCISION/UNROOFING CYST KIDNEY	2128.50	2128.50	030	2		C
	50290		EXCISION PERINEPHRIC CYST	2023.50	2023.50	030	2		C
	50300		DONOR NEPHRECTOMY CADAVER DONOR UNI/BILATERAL	BR	BR	XXX	9		C
	50320		DONOR NEPHRECTOMY OPEN LIVING DONOR	3479.25	3479.25	030	2		C

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				Professional			Outpatient Facility	
Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
50323		BKBENCH PREPJ CADAVER DONOR RENAL ALLOGRAFT	1083.00	1083.00	XXX	2		C
50325		BKBENCH PREPJ LIVING RENAL DONOR ALLOGRAFT	873.75	873.75	XXX	2		C
50327		BKBENCH RCNSTJ RENAL ALGRFT VENOUS ANAST EA	482.25	482.25	XXX	2		C
50328		BKBENCH RCNSTJ RENAL ALLOGRAFT ARTERIAL ANAST EA	423.75	423.75	XXX	2		C
50329		BKBENCH RCNSTJ ALGRFT URETERAL ANAST EA	402.75	402.75	XXX	2		C
50340		RECIPIENT NEPHRECTOMY SEPARATE PROCEDURE	2194.50	2194.50	030	2		C
50360		RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	5520.75	5520.75	030	2		C
50365		RENAL ALTRNSPLJ IMPLTJ GRF W/RCP NEPHRECTOMY	6588.00	6588.00	030	2		C
50370		REMOVAL OF TRANSPLANTED RENAL ALLOGRAFT	2772.00	2772.00	030	2		C
50380		RENAL AUTOTRANSPLANTATION REIMPLANTATION KIDNEY	4653.75	4653.75	030	2		C
50382		RMVL & RPLCMT INTLY DWELLING URETERAL STENT PRQ	2154.00	553.50	000	1	2807.68	J1
50384		REMOVAL INDWELLING URETERAL STENT PRQ	1848.75	500.25	000	1	3068.66	Q2
50385		REMOVE & REPLACE INDWELL URETERAL STENT TRURTHRL	2178.00	479.25	000	0	2914.87	J1
50386		REMOVE INT DWELL URETERAL STENT TRANSURETHRAL	1626.00	363.00	000	0	3464.79	Q2
50387		RMVL & RPLCMT XTRNL ACCESSIBLE NEPHROURTRL CATH	1180.50	183.00	000	0	2772.56	J1
50389		RMVL NFROS TUBE REQ FLUORO GUIDANCE	885.00	118.50	000	1	1081.29	Q2
50390		ASPIR &/NJX RENAL CYST/PELVIS NEEDLE PRQ	208.50	208.50	000	1	1156.42	T
50391		INSTLJ THER AGENT RENAL PELVIS&/URETER VIA TUB	280.50	217.50	000	1	424.04	T
50396		MANOMETRIC STDS THRU TUBE/NDWELLG URTRL CATH	258.00	258.00	000	0	1060.96	J1
50400		PYELOPLASTY SIMPLE	2592.00	2592.00	030	2		C
50405		PYELOPLASTY COMPLICATED	3126.75	3126.75	030	2		C
50430		NJX PX ANTEGRDE NFROSGRM &/URTRGRM NEW ACCESS	1372.50	340.50	000	0	985.04	Q2
50431		NJX PX ANTEGRDE NFROSGRM &/URTRGRM EXSTNG ACESS	696.00	148.50	000	1	1127.19	Q2
50432		PLMT NEPHROSTOMY CATH PRQ NEW ACCESS RS&I	1956.75	450.75	000	1	2921.33	J1
50433		PLMT NEPHROURETERAL CATH PRQ NEW ACCESS RS&I	2436.75	560.25	000	1	4552.73	J1
50434		CONVERT NEPHROSTOMY CATH TO NEPHROURTRL CATH PRQ	1956.00	420.75	000	1	2585.07	J1
50435		EXCHANGE NEPHROSTOMY CATHETER PRQ W/IMG GID RS&I	1281.75	220.50	000	1	2840.30	J1
50436		PERQ DILATION XST TRC ENDOUROLOGIC PX W/IMG	336.75	336.75	000	1	5246.22	J1
50437		PERQ DILATION XST TRC NEW ACCESS RENAL COLTJ SYS	559.50	559.50	000	1	5103.79	J1
50500		NEPHRORRHAPHY SUTURE KIDNEY WOUND/INJURY	2917.50	2917.50	030	2		C
50520		CLOSURE NEPHROCUTANEOUS/PYELOCUTANEOUS FISTULA	2631.00	2631.00	030	2		C
50525		CLSR NEPHROVISCERAL FISTULA W/VISC RPR ABDL APPR	3331.50	3331.50	030	2		C
50526		CLSR NEPHROVISCERAL FISTULA W/VISC RPR THRC APPR	3566.25	3566.25	030	2		C
50540		SYMPHYSIOTOMY HORSESHOE KDN W/WO PLOP UNI/BI	2573.25	2573.25	030	2		C
50541		LAPAROSCOPY SURG ABLATION RENAL CYSTS	2060.25	2060.25	030	2	18081.16	J1
50542		LAPS ABLTJ RENAL MASS LESION W/INTRAOP US	2616.00	2616.00	030	2	15747.24	J1
50543		LAPAROSCOPY SURG PARTIAL NEPHRECTOMY	3339.00	3339.00	030	2	17929.94	J1
50544		LAPAROSCOPY SURG PYELOPLASTY	2777.25	2777.25	030	2	17654.82	J1
50545		LAPAROSCOPY RADICAL NEPHRECTOMY	2988.75	2988.75	030	2		C
50546		LAPAROSCOPY NEPHRECTOMY W/PARTIAL URETERECT	2703.00	2703.00	030	2		C
50547		LAPAROSCOPY DONOR NEPHRECTOMY LIVING DONOR	3692.25	3692.25	030	2		C
50548		LAPAROSCOPY NEPHRECTOMY W/TOTAL URETERECTOMY	3003.00	3003.00	030	2		C
50549		UNLISTED LAPAROSCOPY PROCEDURE RENAL	BR	BR	YYY	2	9961.00	J1
50551		RENAL ENDOSCOPY NEPHROSTOMY W/WO IRRIGATION	819.00	654.00	000	0	7842.12	J1
50553		RENAL NDSC NEPHROST W/URETERAL CATH W/WO DILA	876.75	698.25	000	1	7854.58	J1
50555		RENAL NDSC NEPHROS/PYELOSTOMY BIOPSY	936.75	759.75	000	0	14737.42	J1
50557		RENAL NDSC NEPHROS/PYELOSTOMY FULG&/INC W/WO BI	952.50	768.75	000	0	15041.65	J1
50561		RENAL NDSC NEPHROS/PYELOSTOMY RMVL FB/CALCULUS	1078.50	876.00	000	0	7748.70	J1
50562		RENAL NDSC NEPHROS/PYELOSTOMY RESCJ TUMOR	1288.50	1288.50	030	2	14025.38	J1
50570		RENAL NDSC NEPHROTOMY W/WO IRRIGATION	1090.50	1090.50	000	0	5417.04	J1
50572		RNL NDSC NFROT W/URTRL CATHJ W/WO DILAT URETER	1180.50	1180.50	000	0	845.69	J1
50574		RENAL NDSC NEPHROTOMY W/BIOPSY	1254.00	1254.00	000	0	6035.70	J1
50575		RNL NDSC NFROT/PLOT W/ENDOPYELOTOMY	1583.25	1583.25	000	1	7332.36	J1
50576		RNL NDSC NFROT FULGURATION &/INCISION W/WO BX	1251.00	1251.00	000	0	15209.95	J1
50580		RNL NDSC NFROT/PLOT W/RMVL FB/CALCULUS	1346.25	1346.25	000	0	8556.50	J1
50590		LITHOTRIPSY XTRCORP SHOCK WAVE	1662.00	1293.75	030	1	5961.46	J1
50592		ABLTJ 1/> RENAL TUMOR PRQ UNI RADIOFREQUENCY	5958.00	758.25	010	1	8425.39	J1
50593		ABLATION RENAL TUMOR UNILATERAL PERQ CRYOTHERAPY	7995.75	1013.25	010	2	9758.44	J1
50600		URTROTOMY W/EXPL/DRG SEPARATE PROCEDURE	2107.50	2107.50	030	2	18219.64	C
50605		URETEROTOMY INSERTION INDWELLING STENT ALL TYPES	2274.75	2274.75	030	2		C
+ 50606		ENDOLUMINAL BX URTR &/RNL PELVIS NONENDOSCOPIC	1065.00	308.25	ZZZ	1		N

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	Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
	50610		URTROLITHOTOMY UPPER ONE-THIRD URETER	2123.25	2123.25	030	2		C
	50620		URTROLITHOTOMY MIDDLE ONE-THIRD URETER	2030.25	2030.25	030	2		C
	50630		URTROLITHOTOMY LOWER ONE-THIRD URETER	2006.25	2006.25	030	2		C
	50650		URETRECECTOMY W/BLADDER CUFF SEPARATE PROCEDURE	2332.50	2332.50	030	2		C
	50660		URETERECTOMY TOT ECTOPIC URETER CMBN APPR	2563.50	2563.50	030	2		C
	50684		INJ PX URETEROGRAPHY/URETEROPYLOGRAPHY CATH	280.50	114.00	000	1		N
	50686		MANOMETRIC STDS THRU URTROST/NDWELLG URTRL CATH	321.00	199.50	000	0	273.81	S
	50688		CHNG URTROST TUBE/XTRNLLY ACCESSIBLE STENT ILEAL	176.25	176.25	010	1	2912.72	J1
	50690		NJX VISUALIZATION ILEAL CONDUIT&/URETEROPYELOG	264.75	158.25	000	1		N
	50693		PLMT URTRL STENT PRQ PRE-EXISTING NFROS TRACT	2137.50	448.50	000	1	4539.45	J1
	50694		PLMT URTRL STNT PRQ NEW ACESS W/O SEP NFROS CATH	2406.00	585.75	000	1	4548.50	J1
	50695		PLMT URTRL STENT PRQ NEW ACCESS W/SEP NFROS CATH	2886.75	750.75	000	1	4593.17	J1
	50700		URETEROPLASTY PLASTIC OPERATION URETER	2084.25	2084.25	030	2		C
+	50705		URETERAL EMBOLIZATION/OCCLUSION W/IMG GID RS&I	3960.00	393.75	ZZZ	1		N
+	50706		BALLOON DILAT URETERAL STRICTURE W/IMG GID RS&I	1802.25	396.75	ZZZ	1		N
	50715		URETEROLYSIS W/WORPSG URETER RETROPERIT FIBROSIS	2728.50	2728.50	030	2		C
	50722		URETEROLYSIS FOR OVARIAN VEIN SYNDROME	2298.00	2298.00	030	2		C
	50725		URTROLSS RETROCAVAL URTR W/REANAST	2472.75	2472.75	030	2		C
	50727		REVJ URINARY-CUTANEOUS ANASTAMOSIS	1157.25	1157.25	030	2	5950.60	J1
	50728		REVJ UR-CUTAN ANAST RPR FSCAL DFCT & HERNIA	1582.50	1582.50	030	2		C
	50740		URETEROPYELOSTOMY ANAST URETER RENAL PELVIS	2777.25	2777.25	030	2		C
	50750		URETEROCALYCOSTOMY ANAST URETER RENAL CALYX	2586.75	2586.75	030	2		C
	50760		URETEROURETEROSTOMY	2538.00	2538.00	030	2		C
	50770		TRANSURETEROURETEROSTOMY ANAST URETER CLAT URTR	2586.75	2586.75	030	2		C
	50780		URETERONEOCYSTOSTOMY ANAST 1 URETER BLADDER	2504.25	2504.25	030	2		C
	50782		URETERONEOCYSTOSTOMY ANAST DUPLICATE URETER BLDR	2413.50	2413.50	030	2		C
	50783		URETERONEOCYSTOSTOMY W/URETERAL TAILORING	2527.50	2527.50	030	2		C
	50785		URTRONEOCSTOST W/VESICO-PSOAS HITCH/BLDR FLAP	2729.25	2729.25	030	2		C
	50800		URETEROENTEROSTOMY ANAST URETER INTESTINE	2076.75	2076.75	030	2		C
	50810		URETEROSIGMOIDOSTOMY W/SIGMOID BLADDER & COLOSTO	3189.00	3189.00	030	2		C
	50815		URETEROCOLON CONDUIT INTESTINE ANASTOMOSIS	2750.25	2750.25	030	2		C
	50820		URETEROILEAL CONDUIT W/INTESTINE ANASTOMOSIS	2946.75	2946.75	030	2		C
	50825		CONTINENT DVRJ W/INT ANAST ANY SGM SM&/LG INTSTN	3687.00	3687.00	030	2		C
	50830		URINARY UNIDIVERSION	4029.75	4029.75	030	2		C
	50840		RPLCMT ALL/PART URETER INTESTINE SGM W/ANAST	2766.75	2766.75	030	2		C
	50845		CUTANANEOUS APPENDICO-VESICOSTOMY	2823.00	2823.00	030	2		C
	50860		URETEROSTOMY TRANSPLANTATION URETER SKIN	2127.75	2127.75	030	2		C
	50900		URETERORRHAPHY SUTURE URETER SEPARATE PROCEDURE	1899.00	1899.00	030	2		C
	50920		CLOSURE URETEROCUTANEOUS FISTULA	1986.00	1986.00	030	2		C
	50930		CLOSURE URETEROCUTANEOUS FISTULA W/VISC RPR	2471.25	2471.25	030	2		C
	50940		DELIGATION URETER	1998.75	1998.75	030	2		C
	50945		LAPAROSCOPY URTROLITHOTOMY	2176.50	2176.50	030	2	9654.70	J1
	50947		LAPS URTRONEOCSTOST W/CSTSC&URTRL STENT PLMT	3096.00	3096.00	030	2	17561.90	J1
	50948		LAPS URTRONEOCSTOST W/O CSTSC&URTRL STENT PLMT	2861.25	2861.25	030	2	17820.62	J1
	50949		UNLISTED LAPAROSCOPY PROCEDURE URETER	BR	BR	YYY	2	9981.42	J1
	50951		URETERAL ENDOSCOPY VIA URETEROSTOMY	858.00	682.50	000	0	5507.58	J1
	50953		URETERAL ENDOSCOPY VIA URETEROST W/WO DIL URETER	909.00	727.50	000	0	5461.10	J1
	50955		URETERAL ENDOSCOPY VIA URETEROSTOMY W/BIOPSY	968.25	783.75	000	0	8201.53	J1
	50957		URETERAL ENDOSCOPY W/DEST&/INC W/WO BIOPSY	977.25	787.50	000	0	8349.22	J1
	50961		URETERAL ENDOSCOPY VIA URETEROST W/RMVL FB/STONE	875.25	701.25	000	0	7938.19	J1
	50970		URETERAL ENDOSCOPY VIA URETEROTOMY W/O IMAGING	823.50	823.50	000	0	5698.91	J1
	50972		NDSC URETEROTOMY URTRL CATHJ W/WO DILAT URETER	795.75	795.75	000	0	6035.70	J1
	50974		URETERAL ENDOSCOPY VIA URETEROT W/O IMAGING W/BX	1050.00	1050.00	000	0	7671.32	J1
	50976		URETERAL ENDOSC VIA URETEROT W/DEST&/INC W/WO BX	1035.75	1035.75	000	0	8288.72	J1
	50980		NDSC URETEROTOMY RMVL FB/CALCULUS	790.50	790.50	000	0	8318.07	J1
	51020		CYSTOTOMY/CYSTOSTOMY FULG&/INSJ RADACT MATRL	1067.25	1067.25	030	2	6035.70	J1
	51040		CYSTOSTOMY CYSTOTOMY W/DRAINAGE	664.50	664.50	030	2	3444.00	J1
	51045		CYSTOTOMY W/INSJ URETERAL CATH/STENT SPX	1114.50	1114.50	030	2	3465.16	J1
	51050		CYSTOLITHOTOMY CYSTOTOMY W/RMVL CALCULUS	1072.50	1072.50	030	2	8747.76	J1
	51060		TRANSVESICAL URETROLITHOTOMY	1320.75	1320.75	030	2	3399.55	J1
	51065		CYSTOTOMY W/CALCULUS BASKET XTRJ&/FRAGMENTATIO	1314.75	1314.75	030	0	5376.60	J1

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51080		DRG PRIVESICAL/PREVESICAL SPACE ABSC	930.75	930.75	030	2	4391.54	J1
51100		ASPIRATION BLADDER NEEDLE	165.00	87.00	000	1	184.03	T
51101		ASPIRATION BLADDER TROCAR/INTRACATHETER	338.25	114.00	000	1	1695.86	S
51102		ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER	530.25	315.75	000	1	3263.33	J1
51500		EXC URACHAL CYST/SINUS W/WO UMBILICAL HERNIA RPR	1443.00	1443.00	030	2	10126.41	J1
51520		CYSTOTOMY SIMPLE EXCISION VESICAL NECK	1349.25	1349.25	030	2	6027.86	J1
51525		CYSTOTOMY EXCISE BLADDER DIVERTICULUM 1/MULTIPLE	1931.25	1931.25	030	2		C
51530		CYSTOTOMY EXCISION BLADDER TUMOR	1736.25	1736.25	030	2		C
51535		CYSTOTOMY EXCISE/INCISE/REPAIR URETEROCELE	1758.75	1758.75	030	2	6035.70	J1
51550		CYSTECTOMY PARTIAL SIMPLE	2166.75	2166.75	030	2		C
51555		CYSTECTOMY PARTIAL COMPLICATED	2829.75	2829.75	030	2		C
51565		CSTC PRTL W/RIMPLTJ URTR IN BLDR URTRONEOCSTOST	2890.50	2890.50	030	2		C
51570		CYSTECTOMY COMPLETE SEPARATE PROCEDURE	3294.75	3294.75	030	2		C
51575		CYSTECTOMY W/BI PELVIC LYMPHADENECTOMY	4059.75	4059.75	030	2		C
51580		CYSTECTOMY W/URETEROSIGMOIDOSTOMY W/NODES	4242.00	4242.00	030	2		C
51585		CYSTECTOMY W/URETEROSIGMOID BI PELV LYMPH NODES	4715.25	4715.25	030	2		C
51590		CSTC COMPL W/URTROILEAL CONDUIT/BLDR W/INT ANAST	4317.75	4317.75	030	2		C
51595		CSTC COMPL W/CONDUIT/SIGMOID BLDR PEL LMPHADEC	4884.00	4884.00	030	2		C
51596		CSTC COMPL W/CONTINENT DVRJ OPN NEOBLDR	5276.25	5276.25	030	2		C
51597		PELVIC EXENTERATION COMPLETE MALIGNANCY	5138.25	5138.25	030	2		C
51600		NJX CSTOGRAPY/VOIDING URETHROCSTOGRAPY	459.00	96.00	000	1		N
51605		NJX & PLACEMENT CHAIN CONTRAST&/URETHROCSTOGRAPY	86.25	86.25	000	1		N
51610		NJX RETROGRADE URETHROCSTOGRAPY	286.50	146.25	000	1		N
51700		BLDR IRRIGATION SMPL LAVAGE &/INSTLJ	170.25	66.75	000	1	425.50	T
51701		INSJ NON-NDWELLG BLADDER CATHETER	99.00	56.25	000	1	225.42	Q1
51702		INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	138.75	55.50	000	1	224.39	Q1
51703		INSJ TEMP NDWELLG BLADDER CATHETER COMPLICATED	332.25	170.25	000	1	272.74	S
51705		CHANGE CYSTOSTOMY TUBE SIMPLE	219.75	117.75	000	1	406.77	T
51710		CHANGE CYSTOSTOMY TUBE COMPLICATED	304.50	180.00	000	1	1099.74	J1
51715		NDSC NJX IMPLT MATRL URT&/BLDR NCK	789.00	446.25	000	0	3411.38	J1
51720		BLADDER INSTILLATION ANTICARCINOGENIC AGENT	200.25	98.25	000	1	1166.45	J1
51721		INSJ TRURL ABLTJ TRNSDCR DLVR THRM US PRST8 TISS	1218.75	485.25	000	1		B
51725		SIMPLE CYSTOMETROGRAM	465.75	465.75	000	0		
51725	26	SIMPLE CYSTOMETROGRAM	168.00	168.00	000	0		
51725	TC	SIMPLE CYSTOMETROGRAM	297.75	297.75	000	0	425.62	T
51726		BLADDER PRESSURE MEASUREMENT DURING FILLING	624.00	624.00	000	1		
51726	26	BLADDER PRESSURE MEASUREMENT DURING FILLING	187.50	187.50	000	1		
51726	TC	BLADDER PRESSURE MEASUREMENT DURING FILLING	436.50	436.50	000	1	424.67	T
51727		COMPLEX CYSTOMETROGRAM URETHRAL PRESS PROFILE	765.75	765.75	000	0		
51727	26	COMPLEX CYSTOMETROGRAM URETHRAL PRESS PROFILE	234.75	234.75	000	0		
51727	TC	COMPLEX CYSTOMETROGRAM URETHRAL PRESS PROFILE	531.00	531.00	000	0	1166.90	J1
51728		COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUDIES	762.00	762.00	000	0		
51728	26	COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUDIES	229.50	229.50	000	0		
51728	TC	COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUDIES	532.50	532.50	000	0	1159.55	J1
51729		COMPLX CYSTOMETRO W/VOID PRESS & URETHRAL PROFIL	807.00	807.00	000	0		
51729	26	COMPLX CYSTOMETRO W/VOID PRESS & URETHRAL PROFIL	279.75	279.75	000	0		
51729	TC	COMPLX CYSTOMETRO W/VOID PRESS & URETHRAL PROFIL	527.25	527.25	000	0	1164.22	J1
51736		SIMPLE UROFLOMETRY	30.75	30.75	XXX	0		
51736	26	SIMPLE UROFLOMETRY	18.00	18.00	XXX	0		
51736	TC	SIMPLE UROFLOMETRY	12.75	12.75	XXX	0	225.58	Q1
51741		COMPLEX UROFLOMETRY	32.25	32.25	XXX	1		
51741	26	COMPLEX UROFLOMETRY	18.75	18.75	XXX	1		
51741	TC	COMPLEX UROFLOMETRY	13.50	13.50	XXX	1	544.95	Q1
51784		EMG STDS ANAL/URTL SPHNCTR OTH/THN NDL	144.00	144.00	XXX	1		
51784	26	EMG STDS ANAL/URTL SPHNCTR OTH/THN NDL	81.75	81.75	XXX	1		
51784	TC	EMG STDS ANAL/URTL SPHNCTR OTH/THN NDL	62.25	62.25	XXX	1	273.75	S
51785		NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY TQ	886.50	886.50	XXX	0		
51785	26	NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY TQ	207.75	207.75	XXX	0		
51785	TC	NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY TQ	678.75	678.75	XXX	0	425.62	T
51792		STIMULUS EVOKED RESPONSE	567.75	567.75	000	0		
51792	26	STIMULUS EVOKED RESPONSE	125.25	125.25	000	0		

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	51792	TC	STIMULUS EVOKED RESPONSE	442.50	442.50	000	0	103.95	Q1
+	51797		VOID PRESSURE STUDIES INTRAABDOMINAL	373.50	373.50	ZZZ	0		
+	51797	26	VOID PRESSURE STUDIES INTRAABDOMINAL	87.75	87.75	ZZZ	0		
+	51797	TC	VOID PRESSURE STUDIES INTRAABDOMINAL	285.75	285.75	ZZZ	0		N
	51798		MEAS POST-VOIDING RESIDUAL URINE&/BLADDER CAP	26.25	26.25	XXX	0	103.92	Q1
	51800		CSTOPLASTY/CSTOURTP PLSTC ANY	2332.50	2332.50	030	2		C
	51820		CSTOURTP W/UNI/BI URTRONEOCSTOST	2439.75	2439.75	030	2		C
	51840		ANT VESICOURETHROPEXY/URETHROPEXY SMPL	1567.50	1567.50	030	2		C
	51841		ANT VESICOURETHROPEXY/URETHROPEXY COMP	1811.25	1811.25	030	2		C
	51845		ABDOMINO-VAG VESICAL NCK SSP W/WO NDSC CTRL	1318.50	1318.50	030	2	6758.12	J1
	51860		CYSTORRHAPHY SUTR BLDR WND INJ/RPT SIMPLE	1679.25	1679.25	030	2	14611.19	J1
	51865		CYSTORRHAPHY SUTR BLDR WND INJ/RPT COMPLICATED	2013.75	2013.75	030	2		C
	51880		CLOSURE CYSTOSTOMY SEPARATE PROCEDURE	1052.25	1052.25	030	2	6016.99	J1
	51900		CLSR VESICOVAGINAL FISTUL AABDL APPROACH	1860.00	1860.00	030	2		C
	51920		CLOSURE VESICOUTERINE FISTULA	1724.25	1724.25	030	2		C
	51925		CLSR VESICOUTERINE FISTULA W/HYSTERECTOMY	2423.25	2423.25	030	2		C
	51940		CLOSURE EXSTROPHY BLADDER	3671.25	3671.25	030	2		C
	51960		ENTEROCYSTOPLASTY W/INTESTINAL ANASTOMOSIS	3104.25	3104.25	030	2		C
	51980		CUTANEOUS VESICOSTOMY	1611.00	1611.00	030	2		C
	51990		LAPAROSCOPY URETHRAL SUSPENSION STRESS INCONT	1677.75	1677.75	030	2	8662.27	J1
	51992		LAPAROSCOPY SLING OPERATION STRESS INCONT	1881.75	1881.75	030	2	6505.89	J1
	51999		UNLISTED LAPAROSCOPY PROCEDURE BLADDER	BR	BR	YYY	0	10045.75	J1
	52000		CYSTOURETHROSCOPY	494.25	179.25	000	1	1166.55	J1
	52001		CYSTO W/IRRIG & EVAC MULTPLE OBSTRUCTING CLOTS	944.25	638.25	000	1	5933.10	J1
	52005		CYSTOURETHROSCOPY W/URETERAL CATHETERIZATION	638.25	298.50	000	1	3431.45	J1
	52007		CYSTO W/URTRL CATHJ BRUSH BX URTR&/RENAL PELVIS	954.75	372.00	000	1	5465.32	J1
	52010		CYSTO W/EJACULATORY DUCT CATHETERIZATION	811.50	370.50	000	1	1168.07	J1
	52204		CYSTOURETHROSCOPY WITH BIOPSY	795.75	315.75	000	1	3540.08	J1
	52214		CYSTO W/DESTRUCTION OF LESIONS	1590.75	390.00	000	1	5939.73	J1
	52224		CYSTO W/REMOVAL OF LESIONS SMALL	1665.00	450.75	000	1	5970.51	J1
	52234		CYSTO W/REMOVAL OF TUMORS SMALL	547.50	547.50	000	1	5956.63	J1
	52235		CYSTOURETHROSCOPY W/DEST &/RMVL MED BLADDER TUM	641.25	641.25	000	1	5949.98	J1
	52240		CYSTOURETHROSCOPY W/DEST &/RMVL TUMOR LARGE	870.00	870.00	000	1	8757.56	J1
	52250		CYSTOURETHROSCOPY INSJ RADIOACT SBST W/WOBX/FULG	533.25	533.25	000	1	5969.92	J1
	52260		CYSTOURETHROSCOPY W/DIL BLADDER GENERAL ANESTH	469.50	469.50	000	1	3549.04	J1
	52265		CYSTOURETHROSCOPY W/DIL BLADDER LOCAL ANESTHESIA	784.50	363.00	000	1	3572.71	J1
	52270		CYSTOURETHROSCOPY W/INTERNAL URETHROTOMY FEMALE	894.00	406.50	000	1	3572.35	J1
	52275		CYSTOURETHROSCOPY W/INTERNAL URETHROTOMY MALE	1155.75	554.25	000	1	3430.74	J1
	52276		CYSTOURETHROSCOPY W/INTERNAL URETHROTOMY	588.75	588.75	000	1	3270.51	J1
	52277		CYSTOURETHROSCOPY W/RESECJ EXTERNAL SPHINCTER	718.50	718.50	000	0	5936.11	J1
	52281		CYSTO CALIBRATION DILAT URTL STRIX/STENOSIS	688.50	340.50	000	1	3281.97	J1
	52282		CYSTOURETHROSCOPY INSERTION PERM URETHRAL STENT	750.00	750.00	000	1	5261.32	J1
	52283		CYSTOURETHROSCOPY W/STEROID INJECTION STRICTURE	756.00	451.50	000	1	3435.04	J1
	52284		CYSTO W/DILAT RX BALO CATH URTL STRIX/STEN MALE	5719.50	368.25	000	1	6029.94	J1
	52285		CYSTOURETHROSCOPY TX FEMALE URETHRAL SYNDROME	747.00	440.25	000	1	1166.55	J1
	52287		CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	822.75	378.00	000	1	3568.41	J1
	52290		CYSTOURETHROSCOPY W/URETERAL MEATOTOMY UNI/BI	543.00	543.00	000	1	3523.96	J1
	52300		CYSTO W/RESCJ/FULG ORTHOPIC URETEROCELE UNI/BI	622.50	622.50	000	0	5408.59	J1
	52301		CYSTO W/RESECJ ECTOPIC URETEROCELE UNI/BI	645.00	645.00	000	0	5787.02	J1
	52305		CYSTO INC/RESCJ ORIFICE BLDR DIVERTICULUM 1/MLT	618.00	618.00	000	1	8471.98	J1
	52310		CYSTO W/SIMPLE REMOVAL STONE & STENT	678.00	339.00	000	1	3549.75	J1
	52315		CYSTO W/COMPLEX REMOVAL STONE & STENT	1013.25	610.50	000	1	3528.96	J1
	52317		LITHOLAPAXY SMPL/SM <2.5 CM	1904.25	771.00	000	1	5806.34	J1
	52318		LITHOLAPAXY COMP/LG > 2.5 CM	1051.50	1051.50	000	1	5842.55	J1
	52320		CYSTOURETHROSCOPY W/RMVL URETERAL CALCULUS	549.00	549.00	000	1	5466.53	J1
	52325		CYSTO FRAGMENTATION URETERAL STONE	711.00	711.00	000	1	8020.04	J1
	52327		CYSTO W/SUBURTRIC NJX IMPLT MATRL	575.25	575.25	000	1	4318.28	J1
	52330		CYSTO MANJ W/O RMVL URETERAL STONE	1295.25	585.75	000	1	5490.68	J1
	52332		CYSTO W/INSERT URETERAL STENT	840.75	348.00	000	1	5228.72	J1
	52334		CYSTO INSJ URTRL GD WIRE PRQ NFROS RTRGR	409.50	409.50	000	1	5356.68	J1
	52341		CYSTO W/TX URETERAL STRICTURE	631.50	631.50	000	1	5221.48	J1

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	52342		CYSTO W/TX URETEROPELVIC JUNCTION STRICTURE	687.75	687.75	000	1	5188.28	J1
	52343		CYSTO W/TX INTRA-RENAL STRICTURE	765.75	765.75	000	1	4745.88	J1
	52344		CYSTO W/URTROSCOPY W/TX URETERAL STRICTURE	821.25	821.25	000	1	4934.79	J1
	52345		CYSTO W/URTROSCOPY W/TX URTROPEL JUNCT STRIX	876.00	876.00	000	0	4848.48	J1
	52346		CYSTO W/URTROSCOPY W/TX INTRA-RENAL STRICTURE	990.75	990.75	000	0	7888.39	J1
	52351		CYSTO W/URTROSCOPY&/PYELOSCOPY DX	674.25	674.25	000	1	5662.69	J1
	52352		CYSTO W/URETEROSCOPY W/RMVL/MANJ STONES	788.25	788.25	000	1	5400.75	J1
	52353		CYSTO W/URETEROSCOPY W/LITHOTRIPSY	870.00	870.00	000	1	8302.95	J1
	52354		CYSTO/PYELOSCOPY BX&/FULGURATION PELIVC LESION	927.75	927.75	000	1	8060.97	J1
	52355		CYSTO/PYELOSCOPY RESCJ PELVIC TUMOR	1039.50	1039.50	000	1	8174.85	J1
	52356		CYSTO/URETERO W/LITHOTRIPSY &INDWELL STENT INSRT	924.00	924.00	000	1	7897.28	J1
	52400		CYSTO INC FULG/RESCJ CGEN URTL VALVES/MCSL FOLDS	1072.50	1072.50	030	1	5857.65	J1
	52402		CYSTO TRURL RESECTION/INCISION EJACULATORY DUCTS	588.75	588.75	000	1	6030.27	J1
	52441		CYSTO INSJ PERM ADJTBL TRANSPROSTATIC 1 IMPLANT	2693.25	468.00	000	1		B
+	52442		CYSTO INSJ PERM ADJTBL TRANSPROSTATIC IMPLANT EA	1836.75	113.25	ZZZ	1		B
	52443		CYSTO 1ST TRURL ANT PRST8 COMIS NONRX BALO CATH	13257.75	387.00	000	1	7117.02	J1
	52450		TRANSURETHRAL INCISION PROSTATE	1079.25	1079.25	030	1	5968.71	J1
	52500		TRANSURETHRAL RESECTION BLADDER NECK	1119.75	1119.75	030	1	5910.15	J1
	52597		TRURL ROBOTIC-ASSISTED WATERJET RESECTION PRST8	1231.50	1231.50	030	1	9346.05	J1
	52601		TRURL ELECTROSURG RESCJ PROSTATE BLEED COMPLETE	1639.50	1639.50	030	1	8826.95	J1
	52630		TRURL RESCJ RESIDUAL/REGROWTH OBSTR PRSTATE TISS	923.25	923.25	030	1	8801.15	J1
	52640		TRURL RESCJ POSTOP BLADDER NECK CONTRACTURE	738.00	738.00	030	1	5800.31	J1
	52648		LASER VAPORIZATION OF PROSTATE FOR URINE FLOW	3503.25	1564.50	030	1	8719.31	J1
	52649		LASER ENUCLEATION PROSTATE W/MORCELLATION	1859.25	1859.25	030	0	8651.69	J1
	52700		TRURL DRAINAGE PROSTATIC ABSCESS	1003.50	1003.50	030	0	5696.50	J1
	53000		URTT/URTS XTRNL SPX PENDULOUS URETHRA	336.75	336.75	010	1	3216.01	J1
	53010		URETHROTOMY/URETHROSTOMY XT SPX PERINEAL URETHRA	679.50	679.50	030	1	8612.54	J1
	53020		MEATOTOMY CUTTING MEATUS SPX EXCEPT INFANT	216.75	216.75	000	1	3559.45	J1
	53025		MEATOTOMY CUTTING MEATUS SPX INFANT	156.00	156.00	000	0	3584.89	J1
	53040		DRAINAGE DEEP PERIURETHRAL ABSCESS	891.75	891.75	030	0	6035.70	J1
	53060		DRG OF SKENE'S GLAND ABSCESS OR CYST	430.50	378.00	010	1	3584.89	J1
	53080		DRG PERINEAL URINARY XTRVASATION UNCOMP SPX	955.50	955.50	030	1	1168.07	J1
	53085		DRG PERINEAL URINARY XTRVASATION COMPLIC	1466.25	1466.25	030	2	3584.89	J1
	53200		BIOPSY URETHRA	361.50	319.50	000	1	3535.07	J1
	53210		URETHRECTOMY TOT W/CYSTOST FEMALE	1764.75	1764.75	030	2	5981.97	J1
	53215		URETHRECTOMY TOT W/CYSTOST MALE	2086.50	2086.50	030	2	8863.42	J1
	53220		EXC/FULGURATION CARCINOMA URETHRA	1024.50	1024.50	030	0	6016.99	J1
	53230		EXC URETHRAL DIVERTICULUM SPX FEMALE	1380.00	1380.00	030	2	8696.17	J1
	53235		EXC URETHRAL DIVERTICULUM SPX MALE	1435.50	1435.50	030	2	8648.13	J1
	53240		MARSUPIALIZATION URTL DIVERTICULUM MALE/FEMALE	964.50	964.50	030	1	6035.70	J1
	53250		EXCISION OF BULBOURETHRAL GLAND	902.25	902.25	030	1	5953.61	J1
	53260		EXC/FULGURATION URETHRAL POLYP DSTL URETHRA	471.75	411.75	010	1	5939.73	J1
	53265		EXC/FULGURATION URETHRAL CARUNCLE	520.50	429.75	010	1	3550.84	J1
	53270		EXCISION OR FULGURATION SKENES GLANDS	483.00	420.75	010	1	6009.13	J1
	53275		EXCISION/FULGURATION URETHRAL PROLAPSE	592.50	592.50	010	1	6024.83	J1
	53400		URETHROPLASTY 1ST STG FISTULA/DIVERTICULUM/STRIX	1808.25	1808.25	030	2	8661.47	J1
	53405		URETHROPLASTY 2ND STAGE W/URINARY DIVERSION	1967.25	1967.25	030	2	8723.75	J1
	53410		URETHROPLASTY 1 STG RECNST MALE ANTERIOR URETHRA	2201.25	2201.25	030	2	8710.40	J1
	53415		URTP TRANSPUBIC/PRNL 1 STG RCNSTJ/RPR URT	2534.25	2534.25	030	2		C
	53420		URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 1ST STAGE	1891.50	1891.50	030	1	8767.34	J1
	53425		URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 2ND STAGE	2104.50	2104.50	030	2	8761.11	J1
	53430		URETHROPLASTY RCNSTJ FEMALE URETHRA	2190.75	2190.75	030	2	8725.52	J1
	53431		URTP W/TUBULARIZATION POST URT&/LWR BLDR	2586.75	2586.75	030	2	8688.16	J1
	53440		SLING OPRATION CORRJ MALE URINARY INCONTINENCE	1698.00	1698.00	030	2	8123.83	J1
	53442		RMVL/REVJ SLING MALE URINARY INCONTINENCE	1778.25	1778.25	030	2	6505.89	J1
	53444		INSERTION TANDEM CUFF	1789.50	1789.50	030	2	11751.06	J1
	53445		INSJ INFLATABLE URETHRAL/BLADDER NECK SPHINCTER	1710.75	1710.75	030	2	10313.87	J1
	53446		REMVL INFLATABLE URETHRAL/BLADDER NECK SPHINCTER	1454.25	1454.25	030	2	8802.92	Q2
	53447		RMVL & RPLCMT NFLTL URETHRAL/BLADDER NECK SPHINC	1817.25	1817.25	030	2	11712.31	J1
	53448		RMVL & RPLCMT NFLTBL NCK SPHNCTR THRU INFCT FLD	2862.75	2862.75	030	2		C
	53449		RPR NFLTBL URETHRAL/BLADDER NECK SPHINCTER	1387.50	1387.50	030	2	10177.18	J1

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			Professional				Outpatient Facility	
Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
53450		URETHROMEATOPLASTY W/MUCOSAL ADVANCEMENT	930.75	930.75	030	1	5947.59	J1
53451		PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV BI INSJ	BR	BR	010	0	7212.10	J1
53452		PERIURETHRL TPRNL ADJTBL BALO CNTNC DEV UNI INSJ	BR	BR	010	0	7083.09	J1
53453		PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV RMVL EA	BR	BR	000	0	4243.70	J1
53454		PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV ADJMT	381.75	381.75	000	0	382.94	T
53460		URETHROMEATOPLASTY W/PRTL EXC DSTL URTL SGM	1037.25	1037.25	030	0	6013.37	J1
53500		URETHROLSS TRVG SEC OPN W/CSTO	1687.50	1687.50	030	2	5873.33	J1
53502		URETHRORRHAPHY SUTR URETHRAL WOUND/INJ FEMALE	1103.25	1103.25	030	1	6012.16	J1
53505		URETHRORRHAPHY SUTR URETHRAL WOUND/INJ PENILE	1102.50	1102.50	030	2	8702.40	J1
53510		URETHRORRHAPHY SUTR URETHRAL WOUND/INJ PERINEAL	1432.50	1432.50	030	2	8542.26	J1
53515		URTORR SUTR URETHRAL WND/INJ PROSTATOMEMBRANOUS	1793.25	1793.25	030	2	8896.34	J1
53520		CLSR URETHROSTOMY/URETHROQ FSTL MALE SPX	1266.75	1266.75	030	1	8787.80	J1
53600		DILAT URETHRAL STRIX DILATOR MALE 1ST	200.25	143.25	000	1	394.71	T
53601		DILAT URETHRAL STRIX DILATOR MALE SBSQ	194.25	120.00	000	1	114.64	Q1
53605		DILAT URETHRAL STRIX/VESICAL NCK DILAT MALE ANES	142.50	142.50	000	1	5464.73	J1
53620		DILAT URETHRAL STRIX FILIFORM & FOLLWR MALE 1ST	375.75	195.00	000	1	1139.46	J1
53621		DILAT URETHRAL STRIX FILIFORM & FOLLWR MALE SBSQ	360.00	160.50	000	1	425.62	T
53660		DILAT FEMALE URETHRA W/SUPPOSITORY&/INSTLJ INI	170.25	93.00	000	1	273.51	S
53661		DILAT FEMALE URT W/SUPPOSITORY&/INSTLJ SBSQ	168.00	90.00	000	1	225.58	Q1
53665		DILAT FEMALE URETHRA GENERAL/CNDJ SPINAL ANES	83.25	83.25	000	1	3545.10	J1
53850		TRURL DSTRJ PRSTATE TISS MICROWAVE THERMOTH	3057.75	810.75	030	1	6025.44	J1
53852		TRURL DSTRJ PRSTATE TISS RF THERMOTH	2988.75	867.00	030	1	6018.79	J1
53854		TRURL DSTRJ PRST8 TISS RF WV THERMOTHERAPY	3596.25	867.00	030	1	5616.22	J1
53855		INSERT TEMP PROSTATIC URETH STENT W/MEASUREMENT	1395.00	182.25	000	0	1749.42	J1
53860		TRURL RF FEMALE BLADDER NECK STRS URIN INCONT	5094.75	505.50	030	0	3584.89	J1
53865		CYSTO INSJ TEMP DEV ISCHMC RMDLG BLDR NECK&PRST8	6598.50	368.25	000	1	12752.43	J1
53866		CATHJ RMVL TEMP DEV ISCHMC RMDLG BLDR NECK&PRST8	317.25	184.50	000	1	425.62	T
53899		UNLISTED PROCEDURE URINARY SYSTEM	BR	BR	YYY	0	388.97	T
54000		SLITTING PREPUCE DORSAL/LATERAL SPX NEWBORN	369.75	254.25	010	0	6035.70	J1
54001		SLITTING PREPUCE DORSAL/LAT SPX XCP NEWBORN	450.00	320.25	010	1	3573.06	J1
54015		I&D PENIS DEEP	687.00	687.00	010	0	2819.55	J1
54050		DSTRJ LESION PENIS SIMPLE CHEMICAL	329.25	245.25	010	1	699.18	Q1
54055		DSTRJ LESION PENIS SIMPLE ELECTRODESICCATION	315.75	221.25	010	1	3201.15	T
54056		DSTRJ LESION PENIS SIMPLE CRYOSURGERY	331.50	258.00	010	1	347.73	Q1
54057		DSTRJ LESION PENIS SIMPLE LASER	315.00	219.75	010	1	3201.15	T
54060		DSTRJ LESION PENIS SIMPLE SURG EXCISION	443.25	300.75	010	1	3199.88	T
54065		DSTRJ LESION PENIS EXTENSIVE	508.50	395.25	010	1	3199.88	T
54100		BIOPSY PENIS SEPARATE PROCEDURE	455.25	275.25	000	1	2830.61	J1
54105		BIOPSY PENIS DEEP STRUCTURES	623.25	482.25	010	1	4998.58	J1
54110		EXCISION OF PENILE PLAQUE	1411.50	1411.50	030	2	5288.48	J1
54111		EXC PENILE PLAQUE GRAFT &/5 CM LENGTH	1800.75	1800.75	030	2	6899.11	J1
54112		EXC PENILE PLAQUE GRAFT > 5 CM LENGTH	2110.50	2110.50	030	2	13523.72	J1
54115		REMOVAL FOREIGN BODY DEEP PENILE TISSUE	1041.75	970.50	030	2	5002.08	J1
54120		AMPUTATION PENIS PARTIAL	1431.75	1431.75	030	2	6018.79	J1
54125		AMPUTATION PENIS COMPLETE	1867.50	1867.50	030	2		C
54130		AMPUTATION PENIS RADW/BI INGUINOFEMORAL LMPHADE	2680.50	2680.50	030	2		C
54135		AMPUTATION PENIS RADICAL W/LYMPH NODES	3384.00	3384.00	030	2		C
54150		CIRCUMCISION W/CLAMP/OTH DEV W/BLOCK	333.75	215.25	000	0	3566.61	J1
54160		CIRCUMCISION NEONATE	497.25	327.75	010	1	1168.07	J1
54161		CIRCUMCISION AGE >28 DAYS	447.75	447.75	010	1	3576.28	J1
54162		LYSIS/EXCISION PENILE POSTCIRCUMCISION ADHESIONS	579.00	454.50	010	1	3580.96	J1
54163		REPAIR INCOMPLETE CIRCUMCISION	499.50	499.50	010	1	3559.45	J1
54164		FRENULOTOMY PENIS	444.75	444.75	010	1	3584.89	J1
54200		INJECTION PROCEDURE FOR PEYRONIE DISEASE	266.25	201.00	010	1	425.62	T
54205		INJECTION PX PEYRONIE DS W/SURG EXPOSURE PLAQUE	1206.00	1206.00	030	2	8896.34	J1
54220		IRRIGATION CORPORA CAVERNOSA PRIAPISM	501.75	302.25	000	1	425.62	T
54230		INJECTION PROCEDURE FOR CORPORA CAVERNOSOGRAPY	242.25	180.75	000	1		N
54231		DYNAMIC CAVERNOSOMETRY NJX VASOACTIVE DRUGS	327.00	261.00	000	1	425.62	T
54235		INJECTION CORPORA CAVERNOSA PHARMACOLOGIC AGENT	207.75	168.00	000	1	425.62	T
54240		PENILE PLETHYSMOGRAPHY	245.25	245.25	000	0		
54240	26	PENILE PLETHYSMOGRAPHY	144.75	144.75	000	0		

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54240	TC	PENILE PLETHYSMOGRAPHY	100.50	100.50	000	0	544.95	S
54250		NOCTURNAL PENILE TUMESCENCE &/RIGIDITY TEST	273.00	273.00	000	0		
54250	26	NOCTURNAL PENILE TUMESCENCE &/RIGIDITY TEST	240.00	240.00	000	0		
54250	TC	NOCTURNAL PENILE TUMESCENCE &/RIGIDITY TEST	33.00	33.00	000	0	425.62	T
54300		PENIS STRAIGHTENING CHORDEE	1458.75	1458.75	030	2	6000.70	J1
54304		PENIS CORRJ CHORDEE/1ST STAGE HYPOSPADIAS RPR	1686.00	1686.00	030	2	5974.13	J1
54308		URETHROPLASTY 2ND STAGE HYPOSPADIAS RPR <3 CM	1617.00	1617.00	030	2	8526.25	J1
54312		URETHROPLASTY 2ND STAGE HYPOSPADIAS RPR > 3 CM	1845.75	1845.75	030	2	6035.70	J1
54316		URETHROPLASTY 2ND STAGE HYPOSPADIAS RPR SKIN GRF	2235.00	2235.00	030	2	16182.51	J1
54318		URETHROPLASTY 3RD STG HYPOSPADIAS RPR RLS PENIS	1609.50	1609.50	030	2	6035.70	J1
54322		1 STG DSTL HYPOSPADIAS RPR W/SMPL MEATAL ADVMNT	1761.00	1761.00	030	2	5925.24	J1
54324		1 STG DSTL HYPOSPADIAS RPR W/URTP SKIN FLAPS	2178.75	2178.75	030	2	5555.25	J1
54326		1 STG DSTL HYPOSPADIAS RPR URTP SKN FLAPS	2121.00	2121.00	030	2	6035.70	J1
54328		1 STAGE DSTL HYPOSPADIAS RPR W/EXTENSIVE DSJ	2107.50	2107.50	030	2	6035.70	J1
54332		1 STAGE PROX PENILE/PENOSCROTAL HYPOSPADIAS RPR	2272.50	2272.50	030	2	6035.70	J1
54336		1 STG PERINEAL HYPOSPADIAS RPR W/GRF&/FLAP	2669.25	2669.25	030	2	6035.70	J1
54340		RPR HYPOSPADIAS COMPLCTJS CLSR INC/EXC SIMPLE	1288.50	1288.50	030	2	5927.06	J1
54344		RPR HYPOSPADIAS COMPLCTJS MOBLJ FLAPS & URTP	2125.50	2125.50	030	2	16182.51	J1
54348		RPR HYPOSPADIAS COMPLCTJS DSJ & URTP FLAP/GRF	2272.50	2272.50	030	2	8754.88	J1
54352		REVISION PRIOR HYPOSPADIAS REPAIR DSJ&EXC RCNSTJ	3168.00	3168.00	030	2	8751.33	J1
54360		PLASTIC RPR PENIS CORRECT ANGULATION	1627.50	1627.50	030	2	5910.15	J1
54380		PLASTIC RPR PENIS EPISPADIAS DSTL SPHNCTR	1803.75	1803.75	030	2	3584.89	J1
54385		PLASTIC PENIS EPISPADIAS DSTL SPHNCTR W/INCONT	2096.25	2096.25	030	2	3584.89	J1
54390		PLASTIC RPR PENIS EPISPADIAS W/EXSTROPHY BLADDER	2787.75	2787.75	030	2		C
54400		INSJ PENILE PROSTHESIS NON-INFLATABLE SEMI-RIGID	1204.50	1204.50	030	1	7323.51	J1
54401		INSJ PENILE PROSTHESOS INFLATABLE SELF-CONTAINED	1512.00	1512.00	030	1	10630.90	J1
54405		INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTH	1822.50	1822.50	030	2	10518.18	J1
54406		RMVL INFLATABLE PENILE PROSTH W/O RPLCMT PROSTH	1652.25	1652.25	030	2	5831.09	Q2
54408		RPR COMPONENT INFLATABLE PENILE PROSTHESIS	1787.25	1787.25	030	2	7492.49	J1
54410		RMVL & RPLCMT INFLATABLE PENILE PROSTH SAME SESS	1948.50	1948.50	030	2	11825.03	J1
54411		RMVL & RPLCMT NFLTBL PENILE PROSTH INFECTED FIEL	2318.25	2318.25	030	2	12765.53	J1
54415		RMVL NON-NFLTBL/NFLTBL PENILE PROSTH W/O RPLCMT	1206.00	1206.00	030	2	5877.57	Q2
54416		RMVL & RPLCMT NON-NFLTBL/NFLTBL PENILE PROSTHESI	1622.25	1622.25	030	2	12402.72	J1
54417		RMVL & RPLCMT PENILE PROSTHESIS INFECTED FIELD	2027.25	2027.25	030	2	8232.98	J1
54420		CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT UNI/BI	1586.25	1586.25	030	2	6035.70	J1
54430		CORPORA CAVERNOSA-CORPUS SPONGIOSUM SHUNT UNI/BI	1446.00	1446.00	030	2		C
54435		CORPORA CAVERNOSA-GLANS PENIS FSTLJ PRIAPISM	942.00	942.00	030	1	6035.10	J1
54437		REPAIR OF TRAUMATIC CORPOREAL TEAR(S)	1538.25	1538.25	030	2	6034.49	J1
54440		PLASTIC OPERATION PENIS INJURY	1812.00	1812.00	030	2	5936.11	J1
54450		FORESKN MANJ W/LSS PREPUTIAL ADS&STRETCHING	157.50	128.25	000	1	425.53	T
54500		BIOPSY TESTIS NEEDLE SEPARATE PROCEDURE	168.00	168.00	000	0	5008.59	J1
54505		BIOPSY TESTIS INCISIONAL SEPARATE PROCEDURE	475.50	475.50	010	0	6035.70	J1
54512		EXC XTRPARENCHYMAL LESION TESTIS	1220.25	1220.25	030	1	6032.08	J1
54520		ORCHIECTOMY SIMPLE SCROTAL/INGUINAL APPROACH	746.25	746.25	030	1	5948.18	J1
54522		ORCHIECTOMY PARTIAL	1329.00	1329.00	030	2	5976.55	J1
54530		ORCHIECTOMY RADICAL TUMOR INGUINAL APPROACH	1155.75	1155.75	030	2	6096.81	J1
54535		ORCHIECTOMY RADICAL TUMOR W/ABDOMINAL EXPL	1679.25	1679.25	030	2	6035.70	J1
54550		EXPL UNDESCENDED TSTIS INGUN/SCROTAL AREA	1114.50	1114.50	030	2	6175.86	J1
54560		EXPL UNDESCENDED TESTIS W/ABDOMINAL EXPL	1552.50	1552.50	030	2	3584.89	J1
54600		RDCTJ TORSION TSTIS W/WO FIXJ CLAT TESTIS	1027.50	1027.50	030	1	6035.70	J1
54620		FIXATION CONTRALATERAL TESTIS SEPARATE PROCEDURE	674.25	674.25	010	1	5948.78	J1
54640		ORCHIOPEXY INGUINAL OR SCROTAL APPROACH	979.50	979.50	030	0	6164.11	J1
54650		ORCHIOPEXY ABDL APPROACH INTRA-ABDOMINAL TESTIS	1610.25	1610.25	030	2	6175.86	J1
54660		INSJ TESTICULAR PROSTH SEPARATE PROCEDURE	818.25	818.25	030	0	5009.53	J1
54670		SUTURE/REPAIR TESTICULAR INJURY	930.00	930.00	030	0	6035.70	J1
54680		TRANSPLANTATION TESTIS TO THIGH	1776.00	1776.00	030	2	6035.70	J1
54690		LAPAROSCOPY SURGICAL ORCHIECTOMY	1479.75	1479.75	030	2	10073.32	J1
54692		LAPAROSCOPY ORCHIOPEXY INTRA-ABDOMINAL TESTIS	1702.50	1702.50	030	1	10210.13	J1
54699		UNLISTED LAPAROSCOPY PROCEDURE TESTIS	BR	BR	YYY	2	10210.13	J1
54700		I&D EPIDIDYMIS TESTIS&/SCROTAL SPACE	486.00	486.00	010	1	3580.59	J1
54800		BIOPSY EPIDIDYMIS NEEDLE	281.25	281.25	000	0	2835.42	J1

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	54830		EXCISION LOCAL LESION EPIDIDYMIS	847.50	847.50	030	0	6033.90	J1
	54840		EXCISION SPERMATOCELE W/WO EPIDIDYMECTOMY	732.00	732.00	030	1	3574.13	J1
	54860		EPIDIDYMECTOMY UNILATERAL	951.75	951.75	030	1	6030.87	J1
	54861		EPIDIDYMECTOMY BILATERAL	1286.25	1286.25	030	0	6035.70	J1
	54865		EXPLORATION EPIDIDYMIS W/WO BIOPSY	821.25	821.25	030	0	6035.70	J1
	54900		EPIDIDYMOVASOSTOMY ANAST EPIDIDYMIS UNI	1806.75	1806.75	030	0	3584.89	J1
	54901		EPIDIDYMOVASOSTOMY ANAST EPIDIDYMIS BI	2380.50	2380.50	030	0	6035.70	J1
	55000		PNXR ASPIR HYDROCELE TUNICA VAGIS W/WO NJX MED	270.00	190.50	000	1	1226.37	T
	55040		EXCISION HYDROCELE UNILATERAL	770.25	770.25	030	1	6164.11	J1
	55041		EXCISION HYDROCELE BILATERAL	1159.50	1159.50	030	1	6157.32	J1
	55060		RPR TUNICA VAGINALIS HYDROCELE BOTTLE TYPE	864.00	864.00	030	0	6026.04	J1
	55100		DRAINAGE SCROTAL WALL ABSCESS	522.75	383.25	010	1	2833.15	J1
	55110		SCROTAL EXPLORATION	885.75	885.75	030	1	6020.00	J1
	55120		REMOVAL FOREIGN BODY SCROTUM	810.00	810.00	030	0	3584.89	J1
	55150		RESECTION SCROTUM	1120.50	1120.50	030	2	6032.08	J1
	55175		SCROTOPLASTY SIMPLE	831.75	831.75	030	0	5869.12	J1
	55180		SCROTOPLASTY COMPLICATED	1557.75	1557.75	030	0	8590.30	J1
	55200		VASOTOMY CANNULIZATION W/WO VAS INC UNI/BI SPX	859.50	632.25	030	0	6035.70	J1
	55250		VASECTOMY UNI/BI SPX W/POSTOP SEMEN EXAMS	750.75	524.25	030	1	3584.54	J1
	55300		VASOTOMY VASOGRAMS UNI/BI	417.00	417.00	000	0		N
	55400		VASOVASOSTOMY VASOVASORRHAPHY	1131.75	1131.75	030	2	6033.90	J1
	55500		EXC HYDROCELE SPRMATIC CORD UNI SPX	890.25	890.25	030	0	6023.03	J1
	55520		EXC LESION SPERMATIC CORD SEPARATE PROCEDURE	1050.00	1050.00	030	2	5960.26	J1
	55530		EXC VARICOCELE/LIGATION SPERMATIC VEINS SPX	801.00	801.00	030	1	6027.86	J1
	55535		EXC VARICOCELE/LIGATION SPERMATIC VEINS ABDL	977.25	977.25	030	2	10919.56	J1
	55540		EXC VARICOCELE/LIGATION VEINS W/HERNIA RPR	1269.00	1269.00	030	1	5860.89	J1
	55550		LAPS LIGATION SPERMATIC VEINS VARICOCELE	975.75	975.75	030	2	9758.84	J1
	55559		UNLISTED LAPROSCOPY PROCEDURE SPERMATIC CORD	BR	BR	YYY	2	9605.70	J1
	55600		VESICULOTOMY	958.50	958.50	030	0	3584.89	J1
	55605		VESICULOTOMY COMPLICATED	1188.00	1188.00	030	0		C
	55650		VESICULECTOMY ANY APPROACH	1621.50	1621.50	030	2		C
	55680		EXCISION MULLERIAN DUCT CYST	790.50	790.50	030	0	6035.70	J1
	55705		BIOPSY PROSTATE ANY APPROACH NONIMAGING-GUIDED	598.50	598.50	010	1	5671.14	J1
	55706		BX PRST8 NDL STRTCTC SATURATION SAMPLING IMG GID	852.00	852.00	010	2	5994.66	J1
	55707		BIOPSY PROSTATE TRANSRECTAL ULTRASOUND-GUIDED	768.00	306.00	000	0	6302.33	J1
	55708		BX PROSTATE TRANSRECTAL US GID W/MRI FUS GDN 1ST	942.00	381.00	000	0	6302.33	J1
	55709		BX PROSTATE TRANSPERINEAL ULTRASOUND-GUIDED	1306.50	366.00	000	0	6302.33	J1
	55710		BX PROSTATE TRANSPERINEAL US GID W/MRI FUS GDN 1	1464.75	423.00	000	0	6302.33	J1
	55711		BX PROSTATE TRANSRECTAL MRI-US GID TRGT LES 1ST	825.00	304.50	000	0	6302.33	J1
	55712		BX PROSTATE TPRNL MRI-US GID TRGT LES 1ST	1362.75	354.75	000	0	6302.33	J1
	55713		BX PROSTATE IN-BORE CT/MRI BX ADDL TRGT LES 1ST	1716.00	417.00	000	0	9586.38	J1
	55714		BX PROSTATE IN-BORE CT/MRI TRGT LES ONLY 1ST	1674.00	379.50	000	0	9586.38	J1
+	55715		BX PROSTATE EA ADDL MRI-US FUSION/IN-BORE CT/MRI	182.25	105.75	ZZZ	0		N
	55720		PROSTATOTOMY EXTERNAL DRG ABSCESS SIMPLE	1023.75	1023.75	030	2	6035.70	J1
	55725		PROSTATOTOMY EXTERNAL DRG ABSCESS COMPLICATED	1351.50	1351.50	030	2	6035.70	J1
	55801		PROSTATECTOMY PERINEAL SUBTOTAL	2462.25	2462.25	030	2		C
	55810		PROSTATECTOMY PERINEAL RADICAL	2930.25	2930.25	030	2		C
	55812		PROSTATECTOMY PERINEAL RADICAL W/LYMPH NODE BX	3600.75	3600.75	030	2		C
	55815		PROSTATECTOMY PERINEAL RAD W/BI PELVIC LYMPH EXC	3941.25	3941.25	030	2		C
	55821		PROSTATECTOMY SUPRAPUBIC SUBTOTAL 1/2 STAGES	1887.75	1887.75	030	2		C
	55831		PROSTATECTOMY RETROPUBIC SUBTOTAL	1935.75	1935.75	030	2		C
	55840		PROSTATECTOMY RETROPUBIC W/WO NERVE SPARING	2629.50	2629.50	030	2		C
	55842		PROSTECT RETROPUBIC RAD W/WO NRV SPAR W/LYMPH BX	2623.50	2623.50	030	2		C
	55845		PROSTECT RETROPUB RAD W/WO NRV SPAR & BI PLV LYM	3053.25	3053.25	030	2		C
	55860		EXPOS PROSTATE ANY APPROACH INSJ RADIOACT SUBST	1968.00	1968.00	030	1	7718.46	J1
	55862		EXPOS PROSTATE INSJ RADIOACT SBST W/LYMPH BX	2459.25	2459.25	030	2		C
	55865		EXPOS PROSTATE INSJ RADIOAC SBST W/BI PELV LYMPH	2994.75	2994.75	030	2		C
	55866		LAPS SURG PRST8ECT RPBIC RAD W/NERVE SPARING	2682.00	2682.00	030	2	18026.51	J1
	55867		LAPS SURG PRST8ECT SMPL STOT ROBOTIC ASSISTANCE	2356.50	2356.50	030	2	18066.60	J1
	55868		LAPS SURG PRST8ECT RPBIC RADICAL W/LYMPH NODE BX	2487.00	2487.00	030	2	19005.12	J1
	55869		LAPS SURG PRST8ECT RPBIC RAD W/BI PEL LYMPHADEC	2983.50	2983.50	030	2	19005.12	J1

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				Professional				Outpatient Facility	
	Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
	55870		ELECTROEJACULATION	405.00	317.25	000	1	1523.80	T
	55873		CRYOSURGICAL ABLATION PROSTATE W/US & MONITORI	12227.25	1725.75	030	1	9122.09	J1
	55874		TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1/MLT NJX	6134.25	368.25	000	1	3913.49	J1
	55875		TRANSPERINEAL PLMT NDL/CATHS PROSTATE RADJ INSJ	1769.25	1769.25	030	0	7426.67	J1
	55876		PLMT INTERSTITIAL DEV RADIAT TX PROSTATE 1/MULT	335.25	230.25	000	1	1527.91	S
	55877		ABLATION IRE PRST8 1 OR MORE TUMORS PERCUTANEOUS	1507.50	1507.50	030	1	8261.52	J1
	55880		TRANSRECTAL ABLTJ MAL PRST8 TISSUE HIFU W/US	2205.75	2205.75	030	1	12374.78	J1
	55881		ABLATION TRANSURETHRAL PRST8 TISSUE W/THERMAL US	19728.75	1092.00	000	1		B
	55882		ABLT TRURL PRST8 TIS THRM US INS TRURL US TRNSDC	20415.75	1343.25	000	1	22736.74	J1
	55899		UNLISTED PROCEDURE MALE GENITAL SYSTEM	BR	BR	YYY	0	409.78	T
	55920		PLACEMENT NEEDLE PELVIC ORGAN RADIOELEMENT APPL	1046.25	1046.25	000	0	7838.83	J1
	55970		INTERSEX SURG MALE FEMALE	BR	BR	YYY	9	8638.79	J1
	55980		INTERSEX SURG FEMALE MALE	BR	BR	YYY	9	6035.70	J1
	56405		I&D VULVA/PERINEAL ABSCESS	328.50	288.75	010	1	532.18	T
	56420		I&D OF BARTHOLINS GLAND ABSCESS	414.75	249.00	010	1	352.05	T
	56440		MARSUPIALIZATION BARTHOLINS GLAND CYST	412.50	412.50	010	1	5563.62	J1
	56441		LYSIS LABIAL ADHESIONS	410.25	351.00	010	0	5540.82	J1
	56442		HYMENOTOMY SIMPLE INCISION	108.75	108.75	000	0	4800.22	J1
	56501		DESTRUCTION LESIONS VULVA SIMPLE	429.75	303.00	010	1	3194.75	T
	56515		DESTRUCTION LESIONS VULVA EXTENSIVE	622.50	481.50	010	1	3192.82	T
	56605		BIOPSY VULVA/PERINEUM 1 LESION SPX	215.25	132.75	000	1	1523.03	T
+	56606		BIOPSY VULVA/PERINEUM EACH ADDL LESION	84.75	64.50	ZZZ	1		N
	56620		VULVECTOMY SIMPLE PARTIAL	1330.50	1330.50	030	2	5554.71	J1
	56625		VULVECTOMY SIMPLE COMPLETE	1515.00	1515.00	030	2	5557.49	J1
	56630		VULVECTOMY RADICAL PARTIAL	2175.00	2175.00	030	2		C
	56631		VULVECTOMY RAD PRTL UNI INGUINOFEM LMPHADECTOMY	2692.50	2692.50	030	2		C
	56632		VULVECTOMY RAD PRTL BI INGUINOFEM LMPHADECTOMY	3251.25	3251.25	030	2		C
	56633		VULVECTOMY RADICAL COMPLETE	2619.00	2619.00	030	2		C
	56634		VULVECTOMY RAD COMPL UNI INGUINOFEM LYMPHADEC	2941.50	2941.50	030	2		C
	56637		VULVECTOMY RAD COMPL BI INGUINOFEM LYMPHADEC	3445.50	3445.50	030	2		C
	56640		VLVCTMY RAD COMPL INGUINOFEM ILIAC&PEL LYMPHADEC	3459.75	3459.75	030	2		C
	56700		PARTIAL HYMENECTOMY OR REVISION HYMENAL RING	460.50	460.50	010	2	5564.18	J1
	56740		EXCISION BARTHOLINS GLAND OR CYST	710.25	710.25	010	1	5545.82	J1
	56800		PLASTIC REPAIR INTROITUS	574.50	574.50	010	2	5561.40	J1
	56805		CLITOROPLASTY INTERSEX STATE	2625.00	2625.00	030	2	5564.18	J1
	56810		PERINEOPLASTY RPR PERINEUM NONOBSTETRICAL SPX	614.25	614.25	010	2	5454.56	J1
	56820		COLPOSCOPY VULVA	282.75	189.75	000	1	352.05	T
	56821		COLPOSCOPY VULVA W/BIOPSY	378.00	255.75	000	1	532.28	T
	57000		COLPOTOMY W/EXPLORATION	456.75	456.75	010	0	5564.18	J1
	57010		COLPOTOMY W/DRAINAGE PELVIC ABSCESS	1035.75	1035.75	030	0	5564.18	J1
	57020		COLPOCENTESIS SEPARATE PROCEDURE	278.25	177.75	000	0	7856.12	J1
	57022		I&D VAGINAL HEMATOMA OBSTETRICAL/POSTPARTUM	411.00	411.00	010	0	5008.59	J1
	57023		I&D VAGINAL HEMATOMA NON-OBSTETRICAL	723.00	723.00	010	0	5008.59	J1
	57061		DESTRUCTION VAGINAL LESIONS SIMPLE	374.25	261.75	010	1	5554.71	J1
	57065		DESTRUCTION VAGINAL LESIONS EXTENSIVE	552.75	420.75	010	1	5561.96	J1
	57100		BIOPSY VAGINAL MUCOSA SIMPLE	232.50	147.75	000	1	1518.32	T
	57105		BIOPSY VAGINAL MUCOSA EXTENSIVE	396.75	331.50	010	1	5561.40	J1
	57106		VAGINECTOMY PARTIAL REMOVAL VAGINAL WALL	1217.25	1217.25	030	2	5502.42	J1
	57107		VAGNC PRTL RMVL VAG WALL W/RMVL PARAVAGINAL TISS	3293.25	3293.25	030	2	5428.41	J1
	57109		VAGNC PRTL RMVL VAG WALL W/BI TOT PEL LYMPHADEC	3922.50	3922.50	030	2	5564.18	J1
	57110		VAGINECTOMY COMPLETE REMOVAL VAGINAL WALL	2037.00	2037.00	030	2		C
	57111		VAGNC COMPL RMVL VAG WAL W/RMVL PARAVAGINAL TISS	3922.50	3922.50	030	2		C
	57120		COLPOCLEISIS LE FORT TYPE	1200.75	1200.75	030	2	8446.15	J1
	57130		EXCISION VAGINAL SEPTUM	516.00	392.25	010	2	5561.40	J1
	57135		EXCISION VAGINAL CYST/TUMOR	556.50	426.75	010	1	5539.14	J1
	57150		IRRIGATION VAGINA&/APPL MEDICAMENT TX DISEASE	126.75	57.00	000	1	103.95	Q1
	57155		INSERTION UTERINE TANDEM&/VAGINAL OVOIDS	911.25	648.75	000	1	8535.99	J1
	57156		INSERTION VAGINAL RADIATION DEVICE	521.25	344.25	000	0	532.33	T
	57160		FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI	167.25	103.50	000	1	351.10	T
	57170		DIAPHRAGM/CERVICAL CAP FITTING W/INSTRUCTIONS	174.00	106.50	000	0	352.05	T
	57180		INTRO ANY HEMOSTATIC AGENT/PACK VAG HEMRRG SPX	441.00	273.75	010	1	352.05	T

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				Professional				Outpatient Facility	
	Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
	57200		COLPORRHAPHY SUTURE INJURY VAGINA	753.00	753.00	030	2	5484.05	J1
	57210		COLPOPERINEORRHAPHY SUTURE INJ VAGINA&/PERINEU	889.50	889.50	030	2	5437.86	J1
	57220		PLASTIC URETHRAL SPHINCTER VAGINAL APPROACH	786.00	786.00	030	2	8372.72	J1
	57230		PLASTIC REPAIR URETHROCELE	945.75	945.75	030	2	5564.18	J1
	57240		ANTERIOR COLPORRAPHY RPR CYSTOCELE W/CYSTO	1387.50	1387.50	030	2	8066.91	J1
	57250		POST COLPORRHAPHY RECTOCELE W/WO PERINEORRHAPHY	1392.00	1392.00	030	2	8234.49	J1
	57260		CMBND ANTERPOST COLPORRAPHY W/CYSTO	1758.00	1758.00	030	2	8229.31	J1
	57265		CMBND ANTERPOST COLPORRAPHY W/CYSTO W/NTRCL RPR	1965.75	1965.75	030	2	8221.54	J1
+	57267		INSJ MESH/PROSTH PELVIC FLOOR DEFECT EACH SITE	560.25	560.25	ZZZ	2		N
	57268		REPAIR ENTEROCELE VAGINAL APPROACH SPX	1147.50	1147.50	030	2	8236.22	J1
	57270		REPAIR ENTEROCELE ABDOMINAL APPROACH SPX	1833.00	1833.00	030	2		C
	57280		COLPOPEXY ABDOMINAL APPROACH	2178.00	2178.00	030	2		C
	57282		COLPOPEXY VAGINAL EXTRAPERITONEAL APPROACH	1566.75	1566.75	030	2	10250.50	J1
	57283		COLPOPEXY VAGINAL INTRAPERITONEAL APPROACH	1579.50	1579.50	030	2	11786.58	J1
	57284		PARAVAGINAL DEFECT REPAIR OPEN ABDOMINAL APPR	1890.75	1890.75	030	2	5648.90	J1
	57285		PARAVAGINAL DEFECT REPAIR VAGINAL APPROACH	1564.50	1564.50	030	2	10426.50	J1
	57287		RMVL/REVJ SLING STRESS INCONTINENCE	1675.50	1675.50	030	2	5341.05	Q2
	57288		SLING OPERATION STRESS INCONTINENCE	1683.00	1683.00	030	2	6022.10	J1
	57289		PEREYRA PX W/ANTERIOR COLPORRHAPHY	1789.50	1789.50	030	2	10391.55	J1
	57291		CONSTRUCTION ARTIFICIAL VAGINA W/O GRAFT	1244.25	1244.25	030	2	7679.02	J1
	57292		CONSTRUCTION ARTIFICIAL VAGINA W/GRAFT	1868.25	1868.25	030	2	8287.20	J1
	57295		REVJ/RMVL PROSTHETIC VAGINAL GRAFT VAGINAL APP	1135.50	1135.50	030	2	5490.17	J1
	57296		REVJ W/RMVL PROSTHETIC VAGINAL GRAFT ABDML APPR	2161.50	2161.50	030	2		C
	57300		CLSR RECTOVAGINAL FISTULA VAGINAL/TRANSANAL APPR	1384.50	1384.50	030	2	5519.12	J1
	57305		CLSR RECTOVAGINAL FISTULA ABDOMINAL APPROACH	2196.75	2196.75	030	2		C
	57307		CLSR RECTOVAG FSTL ABDL APPR W/CONCOMITANT CLST	2434.50	2434.50	030	2		C
	57308		CLSR RECTOVAG FSTL TPRNL PRNL BDY RCNSTJ	1505.25	1505.25	030	2		C
	57310		CLOSURE URETHROVAGINAL FISTULA	1117.50	1117.50	030	2	12489.28	J1
	57311		CLSR URETHROVAG FSTL W/BULBOCAVERNOSUS TRNSPL	1258.50	1258.50	030	2		C
	57320		CLOSURE VESICOVAGINAL FISTULA VAGINAL APPROACH	1275.75	1275.75	030	2	8491.07	J1
	57330		CLSR VESICOVAG FSTL TRANSVESICAL&VAG APPR	1731.75	1731.75	030	2	12475.05	J1
	57335		VAGINOPLASTY INTERSEX STATE	2652.00	2652.00	030	2	8638.79	J1
	57400		DILATION VAGINA W/ANESTHESIA OTHER THAN LOCAL	294.00	294.00	000	0	5476.82	J1
	57410		PELVIC EXAMINATION W/ANESTHESIA OTHER THAN LOCAL	239.25	239.25	000	1	5542.48	J1
	57415		REMOVAL IMPACTED VAG FB SPX W/ANES OTH/THN LOCAL	396.75	396.75	010	0	5560.28	J1
	57420		COLPOSCOPY ENTIRE VAGINA W/CERVIX IF PRESENT	300.75	203.25	000	1	532.28	T
	57421		COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX	401.25	275.25	000	1	1521.21	T
	57423		PARAVAGINAL DEFECT REPAIR LAPAROSCOPIC APPROACH	2091.00	2091.00	030	2	16149.89	J1
	57425		LAPAROSCOPY COLPOPEXY SUSPENSION VAGINAL APEX	2193.75	2193.75	030	2	15442.96	J1
	57426		REVISION PROSTHETIC VAGINAL GRAFT LAPAROSCOPIC	1971.75	1971.75	030	2	12424.58	J1
	57452		COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	285.00	205.50	000	1	352.05	T
	57454		COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	380.25	301.50	000	1	532.33	T
	57455		COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX	364.50	245.25	000	1	530.85	T
	57456		COLPOSCOPY CERVIX ENDOCERVICAL CURETTAGE	341.25	225.75	000	1	532.28	T
	57460		COLPOSCOPY CERVIX VAG LOOP ELTRD BX CERVIX	693.00	360.75	000	1	5556.39	J1
	57461		COLPOSCOPY CERVIX VAG ELTRD CONIZATION CERVIX	775.50	412.50	000	1	5559.73	J1
+	57465		COMPUTER-AIDED MAPG CERVIX UTERI DRG COLPOSCOPY	123.75	96.00	ZZZ	0		N
	57500		BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	339.00	170.25	000	1	1512.21	T
	57505		ENDOCERVICAL CURETTAGE NOT DONE AS PART OF D&C	344.25	247.50	010	1	1518.77	T
	57510		CAUTERY CERVIX ELECTRO/THERMAL	372.00	255.00	010	1	5560.84	J1
	57511		CAUTERY CERVIX CRYOCAUTERY INITIAL/REPEAT	445.50	333.75	010	1	532.33	T
	57513		CAUTERY CERVIX LASER ABLATION	458.25	332.25	010	1	5555.83	J1
	57520		CONIZATION CERVIX W/WO D&C RPR KNIFE/LASER	796.50	674.25	030	1	5549.71	J1
	57522		CONIZATION CERVIX W/WO D&C RPR ELTRD EXC	682.50	579.75	030	1	5557.49	J1
	57530		TRACHELECTOMY CERVICECTOMY AMP CERVIX SPX	849.75	849.75	030	2	8378.76	J1
	57531		RAD TRACHELECTOMY W/BI PEL LMPHADEC	4129.50	4129.50	030	2		C
	57540		EXCISION CERVICAL STUMP ABDOMINAL APPROACH	1787.25	1787.25	030	2		C
	57545		EXC CERVICAL STUMP ABDL APPR W/PELVIC FLOOR RPR	1881.00	1881.00	030	2		C
	57550		EXCISION CERVICAL STUMP VAGINAL APPROACH	975.75	975.75	030	2	8638.79	J1
	57555		EXC CRV STUMP VAG APPR W/ANT &/POST REPAIR	1399.50	1399.50	030	2	7490.70	J1
	57556		EXC CRV STUMP VAG APPR W/RPR NTRCL	1329.00	1329.00	030	2	8638.79	J1

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	57558		DILATION & CURETTAGE CERVICAL STUMP	354.75	290.25	010	1	5564.18	J1
	57700		CERCLAGE UTERINE CERVIX NONOBSTETRICAL	804.75	804.75	030	0	5564.18	J1
	57720		TRACHELORRHAPHY PLSTC RPR UTERINE CERVIX VAG	758.25	758.25	030	2	5563.06	J1
	57800		DILATION CERVICAL CANAL INSTRUMENTAL SPX	174.00	108.75	000	1	5537.47	J1
	58100		ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	225.75	141.75	000	1	351.84	T
+	58110		ENDOMETRIAL BX CONJUNCT W/COLPOSCOPY	112.50	90.75	ZZZ	0		N
	58120		DILATION & CURETTAGE DX&/THER NONOBSTETRIC	670.50	528.75	010	1	5546.92	J1
	58140		MYOMECTOMY 1-4 MYOMAS W/250 GM/< ABDOMINAL APPR	2078.25	2078.25	030	2		C
	58145		MYOMECTOMY 1-4 MYOMAS 250 GM/< VAGINAL APPR	1271.25	1271.25	030	2	5353.30	J1
	58146		MYOMECTOMY 5/> MYOMAS &/>250 GM ABDOMINA	2601.75	2601.75	030	2		C
	58150		TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	2302.50	2302.50	030	2		C
	58152		TOT ABD HYST W/WO RMVL TUBE OVARY W/COLPURETHRXY	2789.25	2789.25	030	2		C
	58180		SUPRACERVICAL ABDL HYSTER W/WO RMVL TUBE OVARY	2172.75	2172.75	030	2		C
	58200		TOT ABD HYST W/PARAORTIC & PELVIC LYMPH NODE SAM	3054.75	3054.75	030	2		C
	58210		RAD ABDL HYSTERECTOMY W/BI PELVIC LMPHADENECTOMY	4116.00	4116.00	030	2		C
	58240		PEL EXNTJ GYNECOLOGIC MAL	6630.00	6630.00	030	2		C
	58260		VAGINAL HYSTERECTOMY UTERUS 250 GM/<	1894.50	1894.50	030	2	8458.24	J1
	58262		VAG HYST 250 GM/< W/RMVL TUBE&/OVARY	2094.00	2094.00	030	2	8457.37	J1
	58263		VAG HYST 250 GM/< W/RMVL TUBE OVARY W/RPR NTRCL	2246.25	2246.25	030	2	8414.18	J1
	58267		VAG HYST 250 GM/< W/COLPO-URTCSTOPEXY	2412.00	2412.00	030	2		C
	58270		VAGINAL HYSTERECTOMY 250 GM/< W/RPR ENTEROCELE	2019.00	2019.00	030	2	8470.33	J1
	58275		VAGINAL HYSTERECTOMY W/TOT/PRTL VAGINECTOMY	2239.50	2239.50	030	2		C
	58280		VAG HYSTER W/TOT/PRTL VAGINECT W/RPR ENTEROCELE	2388.75	2388.75	030	2		C
	58285		VAGINAL HYSTERECTOMY RADICAL SCHAUTA OPERATION	3219.00	3219.00	030	2		C
	58290		VAGINAL HYSTERECTOMY UTERUS > 250 GM	2593.50	2593.50	030	2	11477.31	J1
	58291		VAG HYST > 250 GM RMVL TUBE&/OVARY	2800.50	2800.50	030	2	8181.79	J1
	58292		VAG HYST > 250 GM RMVL TUBE&/OVARY W/RPR ENTRCLE	2949.75	2949.75	030	2	11769.77	J1
	58294		VAGINAL HYSTERECTOMY >250 GM RPR ENTEROCELE	2741.25	2741.25	030	2	8314.83	J1
	58300		INSERTION INTRAUTERINE DEVICE IUD	243.75	113.25	XXX	9		E1
	58301		REMOVAL INTRAUTERINE DEVICE IUD	246.00	148.50	000	0	528.45	Q2
	58321		ARTIFICIAL INSEMINATION INTRA-CERVICAL	186.00	108.00	000	0	532.33	T
	58322		ARTIFICIAL INSEMINATION INTRA-UTERINE	205.50	128.25	000	0	352.05	T
	58323		SPERM WASHING ARTIFICIAL INSEMINATION	33.00	27.00	000	0	352.05	T
	58340		CATH & SALINE/CONTRAST SONOHYSTER/HYSTEROSALPI	523.50	131.25	000	1		N
	58345		TRANSCERV FALLOPIAN TUBE CATH W/WO HYSTOSALPING	654.00	654.00	010	2	5564.18	J1
	58346		INSERTION HEYMAN CAPSULES CLINICAL BRACHYTHERAPY	1137.00	1137.00	030	1	8625.84	J1
	58350		CHROMOTUBATION OVIDUCT W/MATERIALS	339.00	213.75	010	1	8638.79	J1
	58353		ENDOMETRIAL ABLTJ THERMAL W/O HYSTEROSCOPIC GUID	1980.75	521.25	010	1	7774.04	J1
	58356		ENDOMETRIAL CRYOABLATION W/US & ENDOMETRIAL CR	3576.75	792.75	010	2	8217.21	J1
	58400		UTERINE SUSPENSION W/WO SHORTENING LIGAMENTS SPX	1044.00	1044.00	030	2		C
	58410		UTERINE SUSP W/WO SHORT LIGAMNTS W/SYMPATHECTOMY	1840.50	1840.50	030	2		C
	58520		HYSTERORRHAPHY REPAIR RUPT UTERUS NONOBSTETRICAL	1802.25	1802.25	030	2		C
	58540		HYSTEROPLASTY RPR UTERINE ANOMALY	2069.25	2069.25	030	2		C
	58541		LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM/<	1652.25	1652.25	030	2	15610.58	J1
	58542		LAPS SUPRACRV HYSTERECT 250 GM/< RMVL TUBE/OVAR	1873.50	1873.50	030	2	16206.37	J1
	58543		LAPS SUPRACERVICAL HYSTERECTOMY >250	1901.25	1901.25	030	2	17951.82	J1
	58544		LAPS SUPRACRV HYSTEREC >250 G RMVL TUBE/OVARY	2045.25	2045.25	030	2	17510.89	J1
	58545		LAPS MYOMECTOMY EXC 1-4 MYOMAS 250 GM/<	2036.25	2036.25	030	2	9872.17	J1
	58546		LAPS MYOMECTOMY EXC 5/> MYOMAS >250 GRAMS	2509.50	2509.50	030	2	17700.38	J1
	58548		LAPS W/RAD HYST W/BILAT LMPHADEC RMVL TUBE/OVARY	4252.50	4252.50	030	2		C
	58550		LAPS VAGINAL HYSTERECTOMY UTERUS 250 GM/<	1995.00	1995.00	030	2	9927.31	J1
	58552		LAPS W/VAG HYSTERECT 250 GM/&RMVL TUBE&/OVARIES	2217.75	2217.75	030	2	17601.99	J1
	58553		LAPS W/VAGINAL HYSTERECTOMY > 250 GRAMS	2523.75	2523.75	030	2	18219.64	J1
	58554		LAPS VAGINAL HYSTERECT > 250 GM RMVL TUBE&/OVAR	2939.25	2939.25	030	2	18044.72	J1
	58555		HYSTEROSCOPY DIAGNOSTIC SEPARATE PROCEDURE	762.75	342.75	000	0	5504.64	J1
	58558		HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	2799.00	520.50	000	1	5369.44	J1
	58559		HYSTEROSCOPY LYSIS INTRAUTERINE ADHESIONS	636.75	636.75	000	1	8333.83	J1
	58560		HYSTEROSCOPY DIV/RESCJ INTRAUTERINE SEPTUM	701.25	701.25	000	2	8529.08	J1
	58561		HYSTEROSCOPY REMOVAL LEIOMYOMATA	802.50	802.50	000	0	8136.87	J1
	58562		HYSTEROSCOPY REMOVAL IMPACTED FOREIGN BODY	917.25	497.25	000	1	5510.21	J1
	58563		HYSTEROSCOPY ENDOMETRIAL ABLATION	4427.25	552.00	000	0	8208.57	J1

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				Professional				Outpatient Facility	
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	58565		HYSTEROSCOPY BI TUBE OCCLUSION W/PERM IMPLNTS	3540.75	1032.75	030	1	8638.79	J1
	58570		LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM/<	1827.75	1827.75	030	2	17955.46	J1
	58571		LAPS TOTAL HYSTERECT 250 GM/< W/RMVL TUBE/OVARY	2053.50	2053.50	030	2	17946.34	J1
	58572		LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS >250 GM	2352.75	2352.75	030	2	18148.59	J1
	58573		LAPAROSCOPY TOT HYSTERECTOMY >250 G W/TUBE/OVAR	2751.00	2751.00	030	2	17966.38	J1
	58575		LAPS TOT HYSTERECTOMY RESJ MALIGNANCY W/OMNTC	4368.75	4368.75	030	2		C
	58578		UNLISTED LAPAROSCOPY PROCEDURE UTERUS	BR	BR	YYY	2	9781.31	J1
	58579		UNLISTED HYSTEROSCOPY PROCEDURE UTERUS	BR	BR	YYY	2	345.85	T
	58580		TRANSCERVICAL ABLATION UTERINE FIBROID RF	6031.50	912.75	010	1	5021.08	J1
	58600		LIG/TRNSXJ FLP TUBE ABDL/VAG APPR UNI/BI	840.00	840.00	030	2	5564.18	J1
	58605		LIG/TRNSXJ FLP TUBE ABDL/VAG POSTPARTUM SPX	762.75	762.75	030	2		C
+	58611		LIG/TRNSXJ FALOPIAN TUBE CESAREAN DEL/ABDML SURG	168.75	168.75	ZZZ	2		C
	58615		OCCLUSION FLP TUBE DEV VAG/SUPRAPUBIC APPR	571.50	571.50	010	2	5564.18	J1
	58660		LAPAROSCOPY W/LYSIS OF ADHESIONS	1552.50	1552.50	030	2	10085.57	J1
	58661		LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	1473.75	1473.75	010	2	10124.36	J1
	58662		LAPS FULG/EXC OVARY VISCERA/PERITONEAL SURFACE	1612.50	1612.50	030	2	10088.63	J1
	58670		LAPAROSCOPY FULGURATION OVIDUCTS	841.50	841.50	030	1	10051.88	J1
	58671		LAPAROSCOPY W/PLMT OCCLUSION DEVICE OVIDUCTS	841.50	841.50	030	1	9806.83	J1
	58672		LAPAROSCOPY FIMBRIOPLASTY	1647.00	1647.00	030	2	10210.13	J1
	58673		LAPAROSCOPY SALPINGOSTOMY	1787.25	1787.25	030	2	18219.64	J1
	58674		LAPS ABLTJ UTERINE FIBROIDS W/INTRAOP US GDN	1835.25	1835.25	030	2	17040.82	J1
	58679		UNLISTED LAPAROSCOPY PROCEDURE OVIDUCT OVARY	BR	BR	YYY	2	10140.71	J1
	58700		SALPINGECTOMY COMPLETE/PARTIAL UNI/BI SPX	1815.75	1815.75	030	2		C
	58720		SALPINGO-OOPHORECTOMY COMPL/PRTL UNI/BI SPX	1722.00	1722.00	030	2		C
	58740		LYSIS OF ADHESIONS SALPINX/OVARY	2047.50	2047.50	030	2		C
	58750		TUBOTUBAL ANASTATOMOSIS	2052.75	2052.75	030	2		C
	58752		TUBOUTERINE IMPLANTATION	2046.75	2046.75	030	2		C
	58760		FIMBRIOPLASTY	1851.75	1851.75	030	2		C
	58770		SALPINGOSTOMY	1943.25	1943.25	030	2	5564.18	J1
	58800		DRAINAGE OVARIAN CYST UNI/BI SPX VAGINAL APPR	816.00	717.00	030	1	4634.96	J1
	58805		DRAINAGE OVARIAN CYST UNI/BI SPX ABDOMINAL	967.50	967.50	030	2	5512.43	J1
	58820		DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN	768.75	768.75	030	2	5564.18	J1
	58822		DRAINAGE OVARIAN ABSCESS ABDOMINAL APPROACH	1614.00	1614.00	030	2		C
	58825		TRANSPOSITION OVARY	1602.00	1602.00	030	2		C
	58900		BIOPSY OVARY UNI/BI SEPARATE PROCEDURE	988.50	988.50	030	2	5564.18	J1
	58920		WEDGE RESCJ/BISCTJ OVARY UNI/BI	1612.50	1612.50	030	2	12707.98	J1
	58925		OVARIAN CYSTECTOMY UNI/BI	1741.50	1741.50	030	2	8632.73	J1
	58940		OOPHORECTOMY PARTIAL/TOTAL UNI/BI	1260.00	1260.00	030	2		C
	58943		OOPHORECTOMY PRTL/TOT UNI/BI OVARIAN MALIGNANCY	2719.50	2719.50	030	2		C
	58950		RESCJ OVARIAN/TUBAL/PERITONEAL MALIGNANCY W/BSO	2607.75	2607.75	030	2		C
	58951		RESCJ PRIM PRTL MAL W/BSO & OMNTC TAH & LMPHAD	3263.25	3263.25	030	2		C
	58952		RESCJ PRIM PRTL MAL W/BSO & OMNTC RAD DEBULKING	3720.75	3720.75	030	2		C
	58953		BSO W/OMENTECTOMY TAH&RAD DEBULKING DISSECTION	4524.00	4524.00	030	2		C
	58954		BSO W/OMENTECTOMY TAH DEBULKING W/LMPHADECTOMY	4896.00	4896.00	030	2		C
	58956		BSO W/TOT OMENTECTOMY & HYSTERECTOMY MALIGNANC	3079.50	3079.50	030	2		C
	58958		RESCJ RECR OVR TBL PP UTR MAL OMNTC PEL LMPHADEC	3729.75	3729.75	030	2		C
	58960		LAPT STG/RESTG OVARIAN TUBAL/PRIM MAL 2ND LOOK	2261.25	2261.25	030	2		C
	58970		FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD	541.50	441.75	000	0	1523.80	T
	58974		EMBRYO TRANSFER INTRAUTERINE	1093.50	1093.50	000	2	1523.80	T
	58976		GAMETE ZYGOTE/EMBRYO FALLOPIAN TRANSFER ANY METH	579.75	475.50	000	2	532.33	T
	58999		UNLISTED PX FEMALE GENITAL SYSTEM NONOBSTETRICAL	BR	BR	YYY	1	346.17	T
	59000		AMNIOCENTESIS DIAGNOSIC	266.25	181.50	000	1	1523.80	T
	59001		AMNIOCENTESIS THER AMNIOTIC FLUID RDCTJ US GUID	400.50	400.50	000	1	532.33	T
	59012		CORDOCENTESIS INTRAUTERINE	452.25	452.25	000	0	532.33	T
	59015		CHORIONIC VILLUS SAMPLING	357.75	295.50	000	0	1523.80	T
	59020		FETAL CONTRACTION STRESS TEST	159.75	159.75	000	0		
	59020	26	FETAL CONTRACTION STRESS TEST	81.75	81.75	000	0		
	59020	TC	FETAL CONTRACTION STRESS TEST	78.00	78.00	000	0	352.05	T
	59025		FETAL NONSTRESS TEST	111.00	111.00	000	0		
	59025	26	FETAL NONSTRESS TEST	65.25	65.25	000	0		
	59025	TC	FETAL NONSTRESS TEST	45.75	45.75	000	0	352.05	T

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	59030		FETAL SCALP BLOOD SAMPLING	252.00	252.00	000	0	532.33	T
	59050		FETAL MONITORING LABOR PHYS WRITTEN REPORT	112.50	112.50	XXX	0		M
	59051		FETAL MONITR LABOR PHYS WRTTN REPRT INTERPJ ONLY	93.75	93.75	XXX	0		B
	59070		TRANSABDOMINAL AMNIOINFUSION W/ULTRSND GUIDANCE	897.00	695.25	000	2	532.33	T
	59072		FETAL UMBILICAL CORD OCCLUSION W/ULTRSND GUIDNCE	1171.50	1171.50	000	1	316.00	T
	59074		FETAL FLUID DRAINAGE W/ULTRASOUND GUIDANCE	864.75	695.25	000	2	532.33	T
	59076		FETAL SHUNT PLACEMENT W/ULTRASOUND GUIDANCE	1171.50	1171.50	000	2	532.33	T
	59100		HYSTEROTOMY ABDOMINAL	1941.00	1941.00	030	2	8638.79	J1
	59120		TX ECTOPIC PREGNANCY ABDOMINAL/VAGINAL APPR	1851.00	1851.00	030	2		C
	59121		TX ECTOPIC PREGNANCY W/O SALPING&/OOPHORECTOMY	1851.75	1851.75	030	2		C
	59130		TX ECTOPIC PREGNANCY ABDL PREGNANCY	2148.00	2148.00	030	0		C
	59136		TX ECTOPIC PREGNANCY NTRSTL PRTL RESCJ UTER	2039.25	2039.25	030	2		C
	59140		TX ECTOPIC PREGNANCY CERVICAL W/EVACUATION	948.00	948.00	030	2		C
	59150		LAPS TX ECTOPIC PREG W/O SALPING&/OOPHORECTOMY	1796.25	1796.25	030	2	9702.68	J1
	59151		LAPS TX ECTOPIC PREG W/SALPING&/OOPHORECTOMY	1755.75	1755.75	030	2	10187.66	J1
	59160		CURETTAGE POSTPARTUM	608.25	425.25	010	0	5564.18	J1
	59200		INSERTION CERVICAL DILATOR SEPARATE PROCEDURE	298.50	151.50	000	1	494.69	T
	59300		EPISIOTOMY/VAG RPR OTH/THN ATTENDING	512.25	333.00	000	0	5564.18	J1
	59320		CERCLAGE CERVIX PREGNANCY VAGINAL	343.50	343.50	000	0	5560.28	J1
	59325		CERCLAGE CERVIX PREGNANCY ABDOMINAL	543.00	543.00	000	0		C
	59350		HYSTERORRHAPHY RUPTURED UTERUS	625.50	625.50	000	2		C
	59400		OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	5461.50	5461.50	MMM	1		B
	59409		VAGINAL DELIVERY ONLY	1799.25	1799.25	MMM	0	5564.18	J1
	59410		VAGINAL DELIVERY ONLY W/POSTPARTUM CARE	2436.75	2436.75	MMM	1		B
	59412		EXTERNAL CEPHALIC VERSION W/WO TOCOLYSIS	231.75	231.75	MMM	0	5564.18	J1
	59414		DELIVERY PLACENTA SEPARATE PROCEDURE	204.75	204.75	MMM	0	5564.18	J1
	59425		ANTEPARTUM CARE ONLY 4-6 VISITS	1272.00	976.50	MMM	0		B
	59426		ANTEPARTUM CARE ONLY 7/> VISITS	2328.75	1793.25	MMM	0		B
	59430		POSTPARTUM CARE ONLY SEPARATE PROCEDURE	592.50	402.00	MMM	1		B
	59510		OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	6066.75	6066.75	MMM	1		B
	59514		CESAREAN DELIVERY ONLY	2040.75	2040.75	MMM	2		C
	59515		CESAREAN DELIVERY ONLY W/POSTPARTUM CARE	3022.50	3022.50	MMM	1		B
+	59525		STOT/TOT HYSTERECTOMY AFTER CESAREAN DELIVERY	1080.75	1080.75	ZZZ	2		C
	59610		ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB	5721.00	5721.00	MMM	0		B
	59612		VAGINAL DELIVERY AFTER CESAREAN DELIVERY	2039.25	2039.25	MMM	0	5564.18	J1
	59614		VAGINAL DELIVERY & POSTPARTUM CARE VBAC	2635.50	2635.50	MMM	0		B
	59618		ROUTINE OBSTETRICAL CARE ATTEMPTED VBAC	6131.25	6131.25	MMM	0		B
	59620		CESAREAN DELIVERY ATTEMPTED VBAC	2111.25	2111.25	MMM	2		C
	59622		CESAREAN DLVRY & POSTPARTUM CARE ATTEMPTED VBA	3127.50	3127.50	MMM	0		B
	59812		TX INCOMPLETE ABORTION ANY TRIMESTER SURGICAL	819.00	699.75	030	1	5545.26	J1
	59820		TX MISSED ABORTION FIRST TRIMESTER SURGICAL	993.75	879.75	030	1	5562.52	J1
	59821		TX MISSED ABORTION SECOND TRIMESTER SURGICAL	978.75	859.50	030	0	5526.34	J1
	59830		TX SEPTIC ABORTION SURGICAL	1052.25	1052.25	030	0		C
	59840		INDUCED ABORTION DILATION AND CURETTAGE	563.25	502.50	010	0	5564.18	J1
	59841		INDUCED ABORTION DILATION & EVACUATION	965.25	847.50	010	0	5563.06	J1
	59850		INDUCED ABORTION 1/> AMNIOTIC INJX W/D&C/EVACJ	892.50	892.50	030	0		C
	59851		INDUCE ABORT 1/> AMNIOT NJXS DLVR FETUS D&C	974.25	974.25	030	0		C
	59852		INDUCE ABORT 1/> AMNIOT NJXS DLVR FETUS HYSTOTM	1335.00	1335.00	030	0		C
	59855		INDUCED ABORT 1/> VAG SUPPOSITORIES DLVR FETUS	965.25	965.25	030	0		C
	59856		INDUCED ABORT 1/> VAG SUPP DLVR FETUS D&C &/EVAC	1130.25	1130.25	030	0		C
	59857		INDUCED ABORT 1/> VAG SUPPOS DLVR FETUS HYSTOT	1316.25	1316.25	030	0		C
	59866		MULTIFETAL PREGNANCY REDUCTION	537.75	537.75	000	2	532.33	T
	59870		UTERINE EVACUATION & CURETTAGE HYDATIDIFORM MOLE	1214.25	1214.25	030	2	5564.18	J1
	59871		REMOVAL CERCLAGE SUTURE UNDER ANESTHESIA	300.75	300.75	000	0	5564.18	Q2
	59897		UNLISTED FETAL INVASIVE PX W/ULTRASOUND	BR	BR	YYY	1	352.05	T
	59898		UNLISTED LAPAROSCOPY PX MATERNITY CARE&DELIVERY	BR	BR	YYY	2	10210.13	J1
	59899		UNLISTED PROCEDURE MATERNITY CARE & DELIVERY	BR	BR	YYY	2	347.50	T
	60000		I&D THYROGLOSSAL DUCT CYST INFECTED	423.75	363.00	010	0	2592.24	J1
	60100		BIOPSY THYROID PERCUTANEOUS CORE NEEDLE	246.75	169.50	000	1	1226.73	T
	60200		EXC CYST/ADENOMA THYROID/TRANSECTION ISTHMUS	1521.00	1521.00	030	2	10153.97	J1
	60210		PRTL THYROID LOBECTOMY UNI W/WO ISTHMUSECTOMY	1610.25	1610.25	030	2	10069.24	J1

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	60212		PRTL THYROID LOBEC UNI W/CONTRATLAT STOT LOBEC	2327.25	2327.25	030	2	9942.63	J1
	60220		TOTAL THYROID LOBECTOMY UNI W/WO ISTHMUSECTOMY	1605.00	1605.00	030	2	10137.65	J1
	60225		TOTAL THYROID LOBEC UNI W/CONTRALAT STOT LOBEC	2130.75	2130.75	030	2	10137.65	J1
	60240		THYROIDECTOMY TOTAL/COMPLETE	2077.50	2077.50	030	2	10157.04	J1
	60252		THYROIDECTOMY TOTAL/SUBTOTAL LMTD NECK DISSECT	2979.75	2979.75	030	2	10255.09	J1
	60254		THYROIDECTOMY TOTAL/SUBTOTAL RAD NECK DISSECT	3759.75	3759.75	030	2		C
	60260		THYROIDECTOMY RMVL REMAINING TISS FLWG PRTL RMVL	2460.00	2460.00	030	2	10288.22	J1
	60270		THYROIDECT W/SUBSTERNAL SPLIT/TRANSTHORACIC	3071.25	3071.25	030	2		C
	60271		THYROIDECTOMY SUBSTERNAL CERVICAL APPROACH	2387.25	2387.25	030	2	10271.66	J1
	60280		EXCISION THYROGLOSSAL DUCT CYST/SINUS	1036.50	1036.50	030	2	10172.35	J1
	60281		EXCISION THYROGLOSSAL DUCT CYST/SINUS RECURRENT	1356.00	1356.00	030	2	10210.13	J1
	60300		ASPIRATION AND/OR INJECTION THYROID CYST	231.75	108.00	000	1	1225.98	T
	60500		PARATHYROIDECTOMY/EXPLORATION PARATHYROIDS	2199.75	2199.75	030	2	10273.73	J1
	60502		PARATHYROIDECTOMY/EXPLOR PARATHYROIDS RE-EXPLOR	2954.25	2954.25	030	2	10291.33	J1
	60505		PARATHYRDEC/EXPL PARATHYR MEDSTNL STERNAL/TTHRC	3152.25	3152.25	030	2		C
+	60512		PARATHYROID AUTOTRANSPLANTATION ADD-ON	539.25	539.25	ZZZ	2		N
	60520		THYMECTOMY PRTL/TOT TRANSCERVICAL APPR SPX	2376.00	2376.00	030	2	10327.56	J1
	60521		THYMECTOMY PRTL/TOT W/O RAD MEDSTNL DSJ SPX	2522.25	2522.25	030	2		C
	60522		THYMECTOMY PRTL/TOT RAD MEDSTNL DSJ SPX	3050.25	3050.25	030	2		C
	60540		ADRENALECTOMY W/EXPL W/WO BX ABDL/LMBR/DRSAL SPX	2439.75	2439.75	030	2		C
	60545		ADRENALECTOMY EXPL W/EXC RETROPERTINEAL TUMOR	2810.25	2810.25	030	2		C
	60600		EXC CAROTID BODY TUMOR W/O EXC CAROTID ARTERY	3026.25	3026.25	030	2		C
	60605		EXC CAROTID BODY TUMOR W EXC CAROTID ARTERY	3625.50	3625.50	030	2		C
	60650		LAPAROSCOPY ADRENALECTOMY PRTL/COMPL TABDL	2697.00	2697.00	030	2		C
	60659		UNLISTED LAPAROSCOPY PROCEDURE ENDOCRINE SYSTEM	BR	BR	YYY	2	10210.13	J1
	60660		ABLTJ 1/+THYROID NODULE 1 LOBE/ISTHMUS PERQ RF	5544.00	711.75	000	1	2835.42	J1
+	60661		ABLTJ 1/+THYR NDUL ADDL LOBE PERQ RADIOFREQUENCY	899.25	492.75	ZZZ	1		N
	60699		UNLISTED PROCEDURE ENDOCRINE SYSTEM	BR	BR	YYY	2	9366.77	J1
	61000		SUBDURAL TAP FONTANELLE/SUTUR INFANT UNI/BI INIT	260.25	260.25	000	1	1211.91	T
	61001		SUBDURAL TAP FONTANELLE/SUTUR INFANT UNI/BI SBSQ	247.50	247.50	000	1	1211.91	T
	61020		VENTRICULAR PUNCTURE PREVIOUS BURR HOLE W/O NJX	241.50	241.50	000	1	1557.54	T
	61026		VENTRICULAR PUNCTURE PREVIOUS BURR HOLE W/INJ	256.50	256.50	000	1	1211.91	T
	61050		CISTERNAL/LATERAL C1-C2 PUNCTURE W/O INJ SPX	180.75	180.75	000	0	516.58	T
	61055		CISTERNAL/LATERAL C1-C2 PUNCTURE W/INJECTION	259.50	259.50	000	1	516.58	T
	61070		PUNCTURE SHUNT TUBE/RESERVOIR ASPIRATION/INJ PX	126.75	126.75	000	1	1209.48	T
	61105		TWIST DRILL HOLE SUBDURAL/VENTRICULAR PUNCTURE	1081.50	1081.50	030	0		C
⃠	61107		TWIST DRILL HOLE IMPLT VENTRICULAR CATH/DEVICE	708.00	708.00	000	1		C
	61108		TWIST DRILL HOLE EVAC&/DRG SUBDURAL HEMATOMA	2094.00	2094.00	030	1		C
	61120		BURR HOLE FOR VENTRICULAR PUNCTURE	1738.50	1738.50	030	0		C
	61140		BURR HOLE/TREPHINE W/BX BRAIN/INTRACRNIAL LESION	2932.50	2932.50	030	2		C
	61150		BURR HOLE/TREPHINE W/DRG BRAIN ABSCESS/CYST	3109.50	3109.50	030	1		C
	61151		BURR HOLE/TREPHINE W/SBSQ TAPPING ICRA ABSC/CYST	2293.50	2293.50	030	1		C
	61154		BURR HOLE W/EVAC&/DRG HEMATOMA EXTRADURAL/SDRL	2948.25	2948.25	030	2		C
	61156		BURR HOLE W/ASPIR HEMATOMA/CYST INTRACEREBRAL	2856.75	2856.75	030	2		C
	61210		BURR HOLE IMPLANT VENTRICULAR CATH/OTHER DEVICE	830.25	830.25	000	1		C
	61215		INSJ SUBQ RSVR PUMP/CONT INFUSION SYS VENTR CATH	1202.25	1202.25	030	1	10791.34	J1
	61250		BURR HOLE/TREPHINE STTL EXPL N/FLWD OTH SURG	2008.50	2008.50	030	2		C
	61253		BURR HOLE/TREPHINE INFRATENTORIAL UNI/BI	2293.50	2293.50	030	2		C
	61304		CRANIECTOMY/CRANIOTOMY EXPL SUPRATENTORIAL	3765.75	3765.75	030	2		C
	61305		CRANIECTOMY/CRANIOTOMY EXPL INFRATENTORIAL	4602.00	4602.00	030	2		C
	61312		CRNEC/CRNOT HMTMA SUPRATENTORIAL XDRL/SUBDURAL	4740.00	4740.00	030	2		C
	61313		CRNEC/CRNOT HMTMA SUPRATENTORIAL INTRACEREBRAL	4557.75	4557.75	030	2		C
	61314		CRNEC/CRNOT HMTMA INFRATENTORIAL XDRL/SDRL	4192.50	4192.50	030	2		C
	61315		CRNEC/CRNOT HMTMA INFRATENTORIAL INTRACEREBELLAR	4740.00	4740.00	030	2		C
+	61316		INCISION&SUBCUTANEOUS PLMT CRANIAL BONE GRAFT	198.75	198.75	ZZZ	1		C
	61320		CRNEC/CRNOT DRG INTRACRANIAL ABSC SUPRATENTORIAL	4349.25	4349.25	030	2		C
	61321		CRNEC/CRNOT DRG INTRACRANIAL ABSC INFRATENTORIAL	4871.25	4871.25	030	2		C
	61322		CRNEC/CRNOT DCMPRV W/WO DURAPLASTY W/O LOBECTOMY	5455.50	5455.50	030	2		C
	61323		CRNEC/CRNOT W/WO DURAPLASTY WITH LOBECTOMY	5428.50	5428.50	030	2		C
	61330		DECOMPRESSION ORBIT ONLY TRANSCRANIAL APPROACH	4122.00	4122.00	030	2	5675.37	J1
	61333		EXPL ORBIT TRANSCRANIAL APPROACH W/RMVL LESION	4623.00	4623.00	030	2		C

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				Professional				Outpatient Facility	
	Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
	61340		SUBTEMPORAL CRANIAL DECOMPRESSION	3315.75	3315.75	030	2		C
	61343		CRNEC SUBOCCIPITAL CRV LAM DCMPRN MEDULLA & CORD	5019.00	5019.00	030	2		C
	61345		OTHER CRANIAL DECOMPRESSION POSTERIOR FOSSA	4687.50	4687.50	030	2		C
	61450		CRNEC STPL SCTJ COMPRESSION/DCMPRN GANGLION	4403.25	4403.25	030	2		C
	61458		CRNEC SOPL EXPLORATION/DECOMPRESSION CRANIAL NRV	4628.25	4628.25	030	2		C
	61460		CRANIECTOMY SUBOCCIPITAL SECTION 1/> CRANIAL NRV	4830.00	4830.00	030	2		C
	61500		CRANIECTOMY W/EXCISION TUMOR/OTH BONE LESION SKL	2959.50	2959.50	030	2		C
	61501		CRANIECTOMY FOR OSTEOMYELITIS	2589.00	2589.00	030	2		C
	61510		CRNEC TREPH BONE FLAP CRNOT EXC BRAIN TUMOR STTL	5056.50	5056.50	030	2		C
	61512		CRNEC TREPH BONE FLAP CRNOT EXC MENINGIOMA STTL	5844.00	5844.00	030	2		C
	61514		CRNEC TREPH BONE FLAP CRNOT EXC BRAIN ABSC STTL	4401.75	4401.75	030	2		C
	61516		CRNEC TREPH BONE FLAP CRNOT EXC/FENEST CYST STTL	4292.25	4292.25	030	2		C
+	61517		IMPLTJ BRAIN INTRACAVITARY CHEMOTHERAPY AGENT	198.00	198.00	ZZZ	1		C
	61518		CRNEC EXC BRAIN TUMOR INFRATENTORIAL/POST FOSSA	6341.25	6341.25	030	2		C
	61519		CRNEC EXC TUM INFRATENTOR/POST FOSSA MENINGIOMA	6735.75	6735.75	030	2		C
	61520		CRNEC TUM INFRATTL/POSTFOSSA CRBLOPNT ANGLE TUM	8487.75	8487.75	030	2		C
	61521		CRNEC TUM INFRATTL/PFOSSA MIDLINE TUM BASE SKULL	7232.25	7232.25	030	2		C
	61522		CRNEC INFRATNTORIAL/POST FOSSA EXC BRAIN ABSCESS	5016.00	5016.00	030	2		C
	61524		CRNEC INFRATNTOR/POSTFOSSA EXC/FENESTRATION CYST	4780.50	4780.50	030	2		C
	61526		CRNEC TRANSTEMPOR EXC CEREBELLOPONTINE ANGLE TUM	7570.50	7570.50	030	1		C
	61530		CRNEC EXC CEREBELLOPNTIN ANGLE TUM MID/POSTFOSSA	7015.50	7015.50	030	1		C
	61531		SUBDURAL IMPLTJ ELECTRODES SEIZURE MONITORING	2835.00	2835.00	030	2		C
	61533		CRANIOT SUBDURAL IMPLT ELCTRD SEIZURE MONITORING	3513.75	3513.75	030	2		C
	61534		CRANIOT EPILEPTOGENIC FOC W/O ELECTRCORTICOGRPHY	3798.75	3798.75	030	2		C
	61535		CRANIOT RMVL EPID/SUBDURL ELCTRD W/O EXC TIS SPX	2328.00	2328.00	030	2		C
	61536		CRANIOT EPILEPTOGENIC FOCUS W/ELECTROCORTCOGRPHY	5898.75	5898.75	030	2		C
	61537		CRANIOT TEMPORAL LOBE W/O ELECTROCORTICOGRAPHY	5617.50	5617.50	030	2		C
	61538		CRANIOT LOBEC TEMPORAL LOBE W/ELECTROCORTCOGRPHY	6078.75	6078.75	030	2		C
	61539		CRANIOT LOBECTOMY OTH/THN TEMPORAL LOBE W/ECOG	5406.75	5406.75	030	2		C
	61540		CRANIOT LOBECTOMY OTH/THN TEMPORAL LOBE W/O ECOG	4987.50	4987.50	030	2		C
	61541		CRANIOTOMY TRANSECTION CORPUS CALLOSUM	4932.00	4932.00	030	2		C
	61543		CRANIOTOMY PARTIAL/SUBTOTAL HEMISPHERECTOMY	4985.25	4985.25	030	2		C
	61544		CRANIOTOMY EXCISION/COAGULATION CHOROID PLEXUS	4356.00	4356.00	030	2		C
	61545		CRANIOTOMY EXCISION CRANIOPHARYNGIOMA	7290.75	7290.75	030	2		C
	61546		CRANIOT HYPOPHYSEC/EXC PITUITARY TUMOR ICRL APPR	5288.25	5288.25	030	2		C
	61548		HYPOPHYSEC/EXC PITUITARY TUM TRANSNASAL/SEPTAL	3584.25	3584.25	030	2		C
	61550		CRANIECTOMY CRANIOSYNOSTOSIS 1 CRANIAL SUTURE	2771.25	2771.25	030	2		C
	61552		CRANIECT CRANIOSYNOSTOSIS MULT CRANIAL SUTURES	3427.50	3427.50	030	2		C
	61556		CRANIEC CRANIOSYNOSTOSIS FRONT/PARIET BONE FLAP	3928.50	3928.50	030	2		C
	61557		CRANIECTOMY CRANIOSYNOSTOSIS BIFRONTAL BONE FLAP	3884.25	3884.25	030	2		C
	61558		XTN CRANIECT MULTIPLE SUTURE CRANIOSYNOSTOSIS	4326.00	4326.00	030	2		C
	61559		XTN CRNEC MLT SUTR CRANIOSYNOSTOSIS W/BONE GRAFT	5507.25	5507.25	030	2		C
	61563		EXC BENIGN TUM CRANIAL BONE W/O OPTIC NRV DCMPRN	4547.25	4547.25	030	2		C
	61564		EXC BENIGN TUM CRANIAL BONE W/OPTIC NRV DCMPRN	5516.25	5516.25	030	2		C
	61566		CRANIOTOMY SELECTIVE AMYGDALOHIPPOCAMPECTOMY	5132.25	5132.25	030	2		C
	61567		CRANIOTOMY MULTIPLE SUBPIAL TRANSECTIONS W/ECOG	5847.00	5847.00	030	2		C
	61570		CRANIECTOMY/CRANIOTOMY EXC FOREIGN BODY BRAIN	4297.50	4297.50	030	2		C
	61571		CRANIECTOMY/CRANIOTOMY TX PENETRATNG WOUND BRAIN	4571.25	4571.25	030	2		C
	61575		TRNSRAL SKULL BSE/BR STEM/CORD BX/DCOMPR/EXC LES	5733.00	5733.00	030	2		C
	61576		TRNSRL SKUL BSE/BR STM/CORD BX/DCMP/ SPLT TONGUE	9547.50	9547.50	030	2		C
	61580		CRANIOFACIAL ANT CRANIAL FOSSA W/O ORBITAL EXNTJ	5613.75	5613.75	030	1		C
	61581		CRANIOFACIAL ANT CRANIAL FOSSA W/ORBITAL EXNTJ	6072.00	6072.00	030	1		C
	61582		CRANFCL ANT CRANIAL FOSSA UNI/BI CRANIOT/OSTEOT	6906.75	6906.75	030	2		C
	61583		CRANFCL ANT CRANIAL FOSSA UNI/BIFRNTL ELEV LOBE	6674.25	6674.25	030	2		C
	61584		ORBITOCRANIAL ANT CRANIAL FOSSA W/O ORBIT EXNTJ	6545.25	6545.25	030	2		C
	61585		ORBITOCRANIAL ANT CRANIAL FOSSA W/ORBITAL EXNTJ	7439.25	7439.25	030	2		C
	61586		BICORONAL TRANSZYGMTC&/LEFORT I W/O BONE GRFT	5727.75	5727.75	030	2		C
	61590		INFRATEMPORAL MID CRANIAL FOSSA W/WO DISARTICLTN	6783.75	6783.75	030	2		C
	61591		INFRATEMPO MID CRANIAL FOSSA W/WO DCOMPR&/MOBI	6954.75	6954.75	030	2		C
	61592		ORBITOCRNL APPR MID CRANIAL FOSSA TEMPORAL LOBE	7181.25	7181.25	030	2		C
	61595		TRANSTEMP APPR POST CRAN FOSSA DCOMPR SINUS/NRV	5406.75	5406.75	030	1		C

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				Professional				Outpatient Facility	
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	61596		TRANSCOCHLR POST CRNL FOSSA W/WO MOBIL NRV/ART	5472.00	5472.00	030	2		C
	61597		TRNSCONDLR POST CRNL FOSSA DCOMPR ART W/WO MOBIL	6646.50	6646.50	030	2		C
	61598		TRANSPTRSAL POST CRNL FOSSA CLIVUS/FORAMN MAGNUM	6484.50	6484.50	030	2		C
	61600		RESCJ/EXC LES BASE ANT CRANIAL FOSSA EXTRADURAL	4769.25	4769.25	030	2		C
	61601		RESCJ/EXC LES BASE ANT CRNL FOSSA INDRL W/WO GRF	5494.50	5494.50	030	2		C
	61605		RESCJ/EXC LES INFRATEMPOR FOSSA SPACE APEX XDRL	4891.50	4891.50	030	2		C
	61606		RESCJ/EXC LES ITPRL FOSSA SPACE APEX IDRL W/RPR	6599.25	6599.25	030	2		C
	61607		RESCJ/EXC LES PARASELLAR SINUS CLIVUS/MSB XDRL	6910.50	6910.50	030	2		C
	61608		RESCJ/EXC LES PARASELLAR SINUS CLIVUS/MSB IDRL	7446.00	7446.00	030	2		C
+	61611		TRNSXJ/LIG CAROTID ARTERY PETROUS CANAL W/O RPR	1056.75	1056.75	ZZZ	2		C
	61613		OBLTRJ CAROTID ARYSM ARTVEN CAROTID FISTULA DSJ	7470.75	7470.75	030	2		C
	61615		RESCJ/EXC LES BASE POST CRNL FOSSA JUG FRMN XDRL	6399.00	6399.00	030	2		C
	61616		RESCJ/EXC LES BASE PCF FORAMEN VRT BODIES IDRL	7543.50	7543.50	030	2		C
	61618		SECONDARY RPR DURA CSF LEAK FREE TISSUE GRAFT	2958.75	2958.75	030	2		C
	61619		SEC RPR DURA CSF LEAK LOCAL/REGIONALIZED FLAP	3246.75	3246.75	030	2		C
	61623		EVASC TEMP BALLOON ARTL OCCLUSION HEAD/NECK	1297.50	1297.50	000	1	12431.53	J1
	61624		TCAT PERM OCCLS/EMBOLIZATION PERQ CNS	2624.25	2624.25	000	1		C
	61626		TCAT PERM OCCLS/EMBOLJ PERQ NON-CNS HEAD/NECK	2035.50	2035.50	000	1	13249.18	J1
	61630		BALLOON ANGIOPLASTY INTRACRANIAL PERCUTANEOUS	3084.75	3084.75	XXX	2		C
	61635		TCAT PLMT IV STENT ICRA W/BALO ANGIOP IF PFRMD	3375.75	3375.75	XXX	2		C
	61640		BALLOON DILAT INTRACRANIAL VASOSPASM PRQ INITIAL	1050.75	1050.75	000	9		E1
+	61641		PERQ BALO DILA IC VSPSM EA VSL SM VASC TER	369.00	369.00	ZZZ	9		E1
+	61642		PERQ BALO DILA IC VSPSM EA VSL DIFF VASC TER	738.00	738.00	ZZZ	9		E1
	61645		PERQ ART TRLUML M-THROMBEC &/NFS INTRACRANIAL	1905.00	1905.00	000	0		C
	61650		EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART 1ST	1320.75	1320.75	000	1		C
+	61651		EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART ADDL	564.00	564.00	ZZZ	1		C
	61680		INTRACRANIAL ARVEN MALFRMJ SUPRATENTRL SMPL	5169.75	5169.75	030	2		C
	61682		INTRACRANIAL ARVEN MALFRMJ SUPRATENTRL CMPL	9429.00	9429.00	030	2		C
	61684		INTRACRANIAL ARVEN MALFRMJ INFRATENTRL SMPL	6500.25	6500.25	030	2		C
	61686		INTRACRANIAL ARVEN MALFRMJ INFRATENTRL CMPL	10230.00	10230.00	030	2		C
	61690		INTRACRANIAL ARVEN MALFRMJ DURAL SMPL	5005.50	5005.50	030	2		C
	61692		INTRACRANIAL ARVEN MALFRMJ DURAL CMPL	8319.75	8319.75	030	2		C
	61697		COMPLX INTRACRANIAL ARYSM CAROTID CIRCULATION	9612.75	9612.75	030	2		C
	61698		CPLX INTRACRANIAL ARYSM VERTEBROBASILAR CRCJ	10532.25	10532.25	030	2		C
	61700		SIMPLE INTRACRANIAL ARYSM CAROTID CIRCULATION	7779.75	7779.75	030	2		C
	61702		SIMPLE INTRACRANIAL ARYSM VERTEBROBASILAR CRCJ	9165.00	9165.00	030	2		C
	61703		ICRA CRV APPL OCCLUDING CLAMP CRV CRTD ART	3135.00	3135.00	030	2		C
	61705		ARYSM VASC MALFRMJ/CRTD-OCCLUSION CRTD ART	5953.50	5953.50	030	2		C
	61708		ARYSM VASC MALFRMJ/ICRA ELECTROTHROMBOSIS	5825.25	5825.25	030	2		C
	61710		ARYSM VASC MALFRMJ IA EMBOLIZATION	4917.00	4917.00	030	0		C
	61711		ANAST ARTL EXTRACRANIAL-INTRACRANIAL ARTERIES	5965.50	5965.50	030	2		C
	61715		MRGFUS STEREOTACTIC ABLATION TARGET INTRACRANIAL	BR	BR	000	0		
	61715	26	MRGFUS STEREOTACTIC ABLATION TARGET INTRACRANIAL	2892.00	2892.00	000	0		
	61715	TC	MRGFUS STEREOTACTIC ABLATION TARGET INTRACRANIAL	BR	BR	000	0	19764.69	J1
	61720		CRTJ LES STRTCTC BURR GLOBUS PALLIDUS/THALAMUS	2931.00	2931.00	030	1	10668.05	J1
	61735		CRTJ LES STRTCTC BURR SUBCORTICAL STRUX OTH/THN	3672.00	3672.00	030	1		C
	61736		LITT LES ICR SINGLE TRAJECTORY 1 SIMPLE LESION	2783.25	2783.25	000	1		C
	61737		LITT LES ICR MLT TRAJECTORIES MLT/CPLX LESIONS	3303.75	3303.75	000	0		C
	61750		STEREOTACTIC BX ASPIR/EXC BURR INTRACRANIAL LES	3243.00	3243.00	030	1		C
	61751		STRTCTC BX ASPIR/EXC BURR ICRA LESION W/CT&I/MR	3198.75	3198.75	030	1		C
	61760		STRTCTC IMPLTJ ELTRD CEREBRUM SEIZURE MONITORING	3646.50	3646.50	030	1		C
	61770		STRTCTC LOCLZJ INSJ CATH/PRB PLMT RADJ SRC	3726.00	3726.00	030	1	11207.12	J1
+	61781		STRTCTC CPTR ASSTD PX CRANIAL INTRADURAL	533.25	533.25	ZZZ	0		N
+	61782		STRTCTC CPTR ASSTD PX EXTRADURAL CRANIAL	387.75	387.75	ZZZ	0		N
+	61783		STEREOTACTIC COMPUTER ASSISTED PX SPINAL	522.75	522.75	ZZZ	0		N
	61790		CREATE LESION STRTCTC PRQ NEUROLYTIC GASSERIAN	2043.00	2043.00	030	1	3377.71	J1
	61791		CREATE LES STRTCTC PRQ NEUROLYTIC TRIGEMINAL TRC	2603.25	2603.25	030	0	3414.27	J1
	61796		STEREOTACTIC RADIOSURGERY 1 SIMPLE CRANIAL LES	2352.00	2352.00	030	2		B
+	61797		STRTCTC RADIOSURGERY EA ADDL CRANIAL LES SIMPLE	495.75	495.75	ZZZ	2		B
	61798		STEREOTACTIC RADIOSURGERY 1 COMPLEX CRANIAL LES	3171.75	3171.75	030	2		B
+	61799		STRTCTC RADIOSURGERY EA ADDL CRANIAL LES COMPLEX	684.00	684.00	ZZZ	2		B

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	Code	Mod	Description	Professional Non Fac Fee	Professional Fac Fee	FUD	ASST	Outpatient Facility Fee	Outpatient Facility SI
+	61800		APPL STRTCTC HEADFRAME STEREOTACTIC RADIOSURGERY	339.00	339.00	ZZZ	2		B
	61850		TWIST/BURR HOLE IMPLTJ NSTIM ELTRD CORTICAL	2277.75	2277.75	030	2		C
	61860		CRNEC/CRX IMPLTJ NSTIM ELTRD CERE CORTICAL	3592.50	3592.50	030	2		C
	61863		STRTCTC IMPLTJ NSTIM ELTRD W/O RECORD 1ST ARRAY	3467.25	3467.25	030	2		C
+	61864		STRTCTC IMPLTJ NSTIM ELTRD W/O RECORD EA ARRAY	639.75	639.75	ZZZ	2		C
	61867		STRTCTC IMPLTJ NSTIM ELTRD W/RECORD 1ST ARRAY	5225.25	5225.25	030	2		C
+	61868		STRTCTC IMPLTJ NSTIM ELTRD W/RECORD EA ARRAY	1127.25	1127.25	ZZZ	2		C
	61880		REVJ/RMVL INTRACRANIAL NEUROSTIMULATOR ELTRDS	1362.75	1362.75	030	2	5095.67	J1
	61885		INSJ/RPLCMT CRANIAL NEUROSTIM PULSE GENERATOR	1223.25	1223.25	030	0	5047.47	J1
	61886		INSJ/RPLCMT CRANIAL NEUROSTIM GENER 2/> ELTRDS	2040.00	2040.00	030	0	8884.58	J1
	61888		REVJ/RMVL NEUROSTIMULATOR PULSE GENERATOR	915.75	915.75	010	1	9772.35	J1
	61889		INSERTION SKULL-MNTD CRANIAL NSTIM PG/RECEIVER	2829.75	2829.75	030	0		C
	61891		REVJ/RPLCMT SKULL-MNTD CRANIAL NSTIM PG/RECEIVER	1342.50	1342.50	030	0	6683.69	J1
	61892		REMOVAL SKULL-MNTD CRANIAL NSTIM PG/RCVR W/CRNOP	1867.50	1867.50	030	1	5678.07	J1
	62000		ELEVATION DEPRESSED SKULL FX SIMPLE EXTRADURAL	2391.00	2391.00	030	1	5675.37	J1
	62005		ELVTN DEPRS SKL FX COMPOUND/COMMIND XDRL	2933.25	2933.25	030	2		C
	62010		ELVTN DEPRS SKL FX W/RPR DURA&/DBRDMT BRN	3538.50	3538.50	030	2		C
	62100		CRX RPR DURAL/CSF LEAK RHINORRHEA/OTORRHEA	3591.00	3591.00	030	2		C
	62115		RDCTJ CRANIOMEGALIC SKULL W/O GRAFT/CRANIOPLASTY	3887.25	3887.25	030	2		C
	62117		RDCTJ CRANIOMEGALIC CRANIO&RECNSTJ W/WO GRAFT	4503.75	4503.75	030	2		C
	62120		RPR ENCEPHALOCELE SKULL VAULT W/CRANIOPLASTY	4738.50	4738.50	030	2		C
	62121		CRANIOTOMY FOR ENCEPHALOCELE REPAIR SKULL BASE	3514.50	3514.50	030	2		C
	62140		CRANIOPLASTY SKULL DEFECT <5 CM DIAMETER	2348.25	2348.25	030	2		C
	62141		CRANIOPLASTY SKULL DEFECT >5 CM DIAMETER	2633.25	2633.25	030	2		C
	62142		RMVL BONE FLAP/PROSTHETIC PLATE SKULL	2066.25	2066.25	030	2		C
	62143		RPLCMT BONE FLAP/PROSTHETIC PLATE SKULL	2412.75	2412.75	030	2		C
	62145		CRANIOPLASTY SKULL DEFECT REPARATIVE BRAIN SURG	3219.75	3219.75	030	2		C
	62146		CRANIOPLASTY W/AUTOGRAFT <5 CM DIAMETER	2882.25	2882.25	030	2		C
	62147		CRANIOPLASTY W/AUTOGRAFT > 5 CM DIAMETER	3279.00	3279.00	030	2		C
+	62148		INCISE&RETRIEVAL SUBQ CRANIOPLASTY BONE GRAFT	285.00	285.00	ZZZ	1		C
+	62160		NUNDSC ICRA PLMT/RPLCMT VENTR CATH SHUNT SYS	426.00	426.00	ZZZ	1		N
	62161		NUNDSC ICRA DSJ ADS FENESTRATION SEPTUM CSTS	3505.50	3505.50	030	2		C
	62162		NUNDSC ICRA FENESTEXC CYST W/VENTRIC CATH DRG	4340.25	4340.25	030	2		C
	62164		NEUROENDOSCOPY ICRA W/RETRIEVAL FOREIGN BODY	4813.50	4813.50	030	2		C
	62165		NUNDSC ICRA EXC PITUITRY TUM TRNSNSL/SPHENOID	3456.00	3456.00	030	0		C
	62180		VENTRICULOCISTERNOSTOMY	3679.50	3679.50	030	2		C
	62190		CRTJ SHUNT SARACH/SDRL-ATR-JUG-AUR	2154.00	2154.00	030	1		C
	62192		CRTJ SHUNT SARACH/SDRL-PRTL-PLEURAL OTH	2289.75	2289.75	030	2		C
	62194		RPLCMT/IRRG SUBARACHNOID/SUBDURAL CATHETER	1149.00	1149.00	010	0	3040.07	J1
	62200		VENTRICULOCISTERNOSTOMY 3RD VENTRICLE	3169.50	3169.50	030	2		C
	62201		VENTRICULOCISTERNOSTOMY 3RD VNTRC NEURONDSC	2804.25	2804.25	030	1		C
	62220		CRTJ SHUNT VENTRICULO-ATR-JUG-AUR	2237.25	2237.25	030	2		C
	62223		CRTJ SHUNT VENTRICULO-PERITNEAL-PLEURAL TERMINUS	2369.25	2369.25	030	2		C
	62225		RPLCMT/IRRIGATION VENTRICULAR CATHETER	1249.50	1249.50	030	1	9392.69	J1
	62230		RPLCMT/REVJ CSF SHUNT VALVE/CATH SHUNT SYS	1935.75	1935.75	030	2	8212.58	J1
	62252		REPRGRMG PROGRAMMABLE CEREBROSPINAL SHUNT	198.75	198.75	XXX	0		
	62252	26	REPRGRMG PROGRAMMABLE CEREBROSPINAL SHUNT	104.25	104.25	XXX	0		
	62252	TC	REPRGRMG PROGRAMMABLE CEREBROSPINAL SHUNT	94.50	94.50	XXX	0	524.84	S
	62256		RMVL COMPL CSF SHUNT SYSTEM W/O RPLCMT SHUNT	1415.25	1415.25	030	2		C
	62258		RMVL COMPLETE CSF SHUNT SYSTEM W/RPLCMT SHUNT	2553.00	2553.00	030	2		C
	62263		PRQ LYSIS EPIDURAL ADHESIONS MULT SESS 2/> DAYS	1706.40	880.20	010	1	1451.91	T
	62264		PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY	1164.60	661.50	010	1	1520.77	T
	62267		PRQ ASPIR PULPOSUS/INTERVERTEBRAL DISC/PVRT TISS	702.90	412.20	000	0	1205.68	T
	62268		PERCUTANEOUS ASPIRATION SPINAL CORD CYST/SYRINX	902.70	902.70	000	1	1558.01	T
	62269		BIOPSY SPINAL CORD PERCUTANEOUS NEEDLE	697.50	697.50	000	0	2816.71	J1
	62270		DIAGNOSTIC LUMBAR SPINAL PUNCTURE	394.20	173.70	000	1	1211.07	T
	62272		THERAPEUTIC SPINAL PUNCTURE DRAINAGE CSF	505.80	252.90	000	1	1193.13	T
	62273		INJECTION EPIDURAL BLOOD/CLOT PATCH	451.80	305.10	000	1	1198.45	T
	62280		INJX/INFUSION NEUROLYTIC SUBSTANCE SUBARACHNOID	870.30	433.80	010	1	1558.01	T
	62281		INJX/INFUS NEUROLYT SUBST EPIDURAL CERV/THORACIC	642.60	423.00	010	1	1558.01	T
	62282		INJX/INFUS NEUROLYT SBST EPIDURAL LUMBAR/SACRAL	827.10	383.40	010	1	1555.37	T

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				Professional				Outpatient Facility	
	Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
	62284		INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	495.00	222.30	000	1		N
	62287		DCMPRN PERQ NUCLEUS PULPOSUS 1/MLT LEVELS LUMBAR	1632.60	1632.60	030	1	2989.84	J1
	62290		INJECTION PX DISCOGRAPHY EACH LEVEL LUMBAR	910.80	421.20	000	1		N
	62291		INJECTION PX DISCOGRPHY EA LVL CERVICAL/THORACIC	818.10	382.50	000	1		N
	62292		INJECTION PX CHEMONUCLEOLYSIS 1/MLT LUMBAR	1577.70	1577.70	030	0	3417.35	J1
	62294		NJX ARTERIAL OCCLUSION ARVEN MALFRMJ SPINAL	2646.90	2646.90	030	1	1558.01	T
	62302		MYELOGRAPHY VIA LUMBAR INJECTION RS&I CERVICAL	672.30	317.70	000	1	1382.33	Q2
	62303		MYELOGRAPHY VIA LUMBAR INJECTION RS&I THORACIC	684.00	317.70	000	1	1382.61	Q2
	62304		MYELOGRAPHY VIA LUMBAR INJECT RS&I LUMBOSACRAL	667.80	313.20	000	1	1382.19	Q2
	62305		MYELOGRAPHY VIA LUMBAR INJECTION RS&I 2+ REGIONS	729.00	326.70	000	1	1382.47	Q2
	62320		NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	428.40	266.40	000	1	1197.61	T
	62321		NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	698.40	288.90	000	1	1208.88	T
	62322		NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	355.50	210.60	000	1	1541.65	T
	62323		NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	686.70	267.30	000	1	1209.72	T
	62324		NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	368.10	240.30	000	1	1558.01	T
	62325		NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	653.40	292.50	000	1	1551.78	T
	62326		NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	368.10	229.50	000	1	1558.01	T
	62327		NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	711.90	287.10	000	1	1540.56	T
	62328		DIAGNOSTIC LUMBAR SPINAL PUNCTURE W/FLUOR OR CT	590.40	227.70	000	1	1210.46	T
	62329		THERAPEUTIC SPINAL PNXR DRAINAGE CSF W/FLUOR/CT	701.10	279.90	000	1	1207.06	T
	62330		DCMPRN PERQ PRTL RMVL LIGA FLAVM BI 1NTRSPC LMBR	1291.50	1291.50	030	2	5322.99	J1
+	62331		DCMPRN PRQ PRT RMV LIGA FLAVM BI ADD NTRSPC LMBR	509.40	509.40	ZZZ	2		N
	62350		IMPLTJ REVJ/RPSG ITHCL/EDRL CATH PMP W/O LAM	1092.60	1092.60	010	1	6632.38	J1
	62351		IMPLTJ REVJ/RPSG ITHCL/EDRL CATH W/LAM	2523.60	2523.60	030	2	6113.24	J1
	62355		RMVL PREVIOUSLY IMPLTED ITHCL/EDRL CATH	770.40	770.40	010	0	3339.77	Q2
	62360		IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS SUBQ RSVR	859.50	859.50	010	0	8849.00	J1
	62361		IMPLTJ/RPLCMT FS NON-PRGRBL PUMP	1211.40	1211.40	010	0	8954.16	J1
	62362		IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS PRGRBL PUMP	1056.60	1056.60	010	0	8951.06	J1
	62365		RMVL SUBQ RSVR/PUMP INTRATHECAL/EPIDURAL INFUS	819.90	819.90	010	0	11112.99	Q2
	62367		ELECT ANLYS IMPLT ITHCL/EDRL PMP W/O REPRG/REFIL	86.40	65.70	XXX	1	524.84	S
	62368		ELECT ANALYS IMPLT ITHCL/EDRL PUMP W/REPRGRMG	120.60	91.80	XXX	1	524.84	S
	62369		ELECT ANLYS IMPLT ITHCL/EDRL PMP W/REPRG&REFIL	246.60	92.70	XXX	1	524.84	S
	62370		ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP	247.50	123.30	XXX	1	524.58	S
	62380		NDSC DCMPRN SPINAL CORD 1 W/LAMOT NTRSPC LUMBAR	6262.20	6262.20	030	2	12093.97	J1
	63001		LAM W/O FACETEC FORAMOT/DSC 1/2 VRT SGM CRV	3397.50	3397.50	030	2	12275.25	J1
	63003		LAMINECTOMY W/O FFD 1/2 VERT SEG THORACIC	3412.80	3412.80	030	2	12135.24	J1
	63005		LAMINECTOMY W/O FFD 1/2 VERT SEG LUMBAR	3326.40	3326.40	030	2	12190.24	J1
	63011		LAMINECTOMY W/O FFD 1/2 VERT SEG SACRAL	2987.10	2987.10	030	2	12501.53	J1
	63012		LAMINECTOMY W/RMVL ABNORMAL FACETS LUMBAR	3285.90	3285.90	030	2	10064.99	J1
	63015		LAMINECTOMY W/O FFD > 2 VERT SEG CERVICAL	4090.50	4090.50	030	2	12241.50	J1
	63016		LAMINECTOMY W/O FFD > 2 VERT SEG THORACIC	4195.80	4195.80	030	2	12331.52	J1
	63017		LAMINECTOMY W/O FFD > 2 VERT SEG LUMBAR	3498.30	3498.30	030	2	12157.74	J1
	63020		LAMINOTOMY DCMPRN NRV ROOT 1 NTRSPC CERVICAL	3036.60	3036.60	030	2	12361.51	J1
	63030		LAMINOTOMY DCMPRN NRV ROOT 1 NTRSPC LUMBAR	2525.40	2525.40	030	2	12282.74	J1
+	63032		LAMOT DCMPRN NRV RT RPR ANULR DFCT 1NTRSPC LMBR	367.20	367.20	ZZZ	2		M
+	63035		LAMOT W/DCMPRN NRV RT EA ADDL NTRSPC CRV/LMBR	628.20	628.20	ZZZ	2		N
	63040		LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC CERVICAL	3776.40	3776.40	030	2	12233.99	J1
	63042		LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR	3551.40	3551.40	030	2	12267.75	J1
+	63043		LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC EA CRV	2909.70	2909.70	ZZZ	2		N
+	63044		LAMOT W/PRTL FFD HRNA8 REEXPL 1 NTRSPC EA LMBR	1800.90	1800.90	ZZZ	2		N
	63045		LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	3546.00	3546.00	030	2	12186.49	J1
	63046		LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM THORACIC	3386.70	3386.70	030	2	12216.49	J1
	63047		LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	3046.50	3046.50	030	2	12255.25	J1
+	63048		LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	569.70	569.70	ZZZ	2		N
	63050		LAMOP CERVICAL W/DCMPRN SPI CORD 2/> VERT SEG	4074.30	4074.30	030	2		C
	63051		LAMOPLASTY CERVICAL DCMPRN CORD 2/> SEG RCNSTJ	4626.90	4626.90	030	2		C
+	63052		LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	699.30	699.30	ZZZ	2		N
+	63053		LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	619.20	619.20	ZZZ	2		N
	63055		TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG THORACIC	4463.10	4463.10	030	2	12017.72	J1
	63056		TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR	4079.70	4079.70	030	2	12310.25	J1
+	63057		TRANSPEDICULAR DCMPRN 1 SEG EA THORACIC/LUMBAR	872.10	872.10	ZZZ	2		N

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	63064		COSTOVERTEBRAL DCMPRN SPINAL CORD THORACIC 1 SEG	4836.60	4836.60	030	2	12212.74	J1
+	63066		COSTOVERTEBRAL DCMPRN SPINE CORD THORACIC EA SEG	558.00	558.00	ZZZ	2		N
	63075		DISCECTOMY ANT DCMPRN CORD CERVICAL 1 NTRSPC	3717.90	3717.90	030	2	9242.38	J1
+	63076		DISCECTOMY ANT DCMPRN CORD CERVICAL EA NTRSPC	659.70	659.70	ZZZ	2		N
	63077		DISCECTOMY ANT DCMPRN CORD THORACIC 1 NTRSPC	3982.50	3982.50	030	2		C
+	63078		DISCECTOMY ANT DCMPRN CORD THORACIC EA NTRSPC	561.60	561.60	ZZZ	2		C
	63081		VERTEBRAL CORPECTOMY ANT DCMPRN CERVICAL 1 SEG	4830.30	4830.30	030	2		C
+	63082		VERTEBRAL CORPECTOMY DCMPRN CERVICAL EA SEG	719.10	719.10	ZZZ	2		C
	63085		VERTEBRAL CORPECTOMY DCMPRN CORD THORACIC 1 SEG	5274.90	5274.90	030	2		C
+	63086		VERTEBRAL CORPECTOMY DCMPRN CORD THORACIC EA SEG	515.70	515.70	ZZZ	2		C
	63087		VCRPEC THORACOLMBR DCMPRN LWR THRC/LMBR 1 SEG	6625.80	6625.80	030	2		C
+	63088		VCRPEC THORACOLMBR DCMPRN LWR THRC/LMBR EA SEG	698.40	698.40	ZZZ	2		C
	63090		VCRPEC TRANSPRTL/RPR DCMPRN THRC LMBR/SAC 1 SEG	5295.60	5295.60	030	2		C
+	63091		VCRPEC TRANSPRTL/RPR DCMPRN THRC LMBR/SAC EA SEG	471.60	471.60	ZZZ	2		C
	63101		VERTEB CORPECT LAT XTRCAVITARY DCMPRN THRC 1 SEG	6356.70	6356.70	030	2		C
	63102		VERTEB CORPECT LAT XTRCAVITARY DCMPRN LMBR 1 SEG	6289.20	6289.20	030	2		C
+	63103		VCRPEC LAT XTRCAVITARY DCMPRN THRC/LMBR EA SEG	792.00	792.00	ZZZ	2		C
	63170		LAM W/MYELOTOMY CERVICAL/THORACIC/THORACOLUMBAR	4405.50	4405.50	030	2		C
	63172		LAM W/DRG INTRMEDULLARY CYST/SYRINX SUBARACHNOID	3909.60	3909.60	030	2		C
	63173		LAM W/DRG INTRMEDULRY CYST/SYRINX PRTL/PLEURAL	4763.70	4763.70	030	2		C
	63185		LAMINECTOMY W/RHIZOTOMY 1/2 SEGMENTS	3409.20	3409.20	030	2		C
	63190		LAMINECTOMY W/RHIZOTOMY > 2 SEGMENTS	3389.40	3389.40	030	2		C
	63191		LAMINECTOMY W/SECTION SPINAL ACCESSORY NERVE	3825.90	3825.90	030	2		C
	63197		LAM W/CORDOTOMY SCTJ SPINOTHALAMIC TRC 1STG THRC	4726.80	4726.80	030	2		C
	63200		LAMINECTOMY RELEASE TETHERED SPINAL CORD LUMBAR	4274.10	4274.10	030	2		C
	63250		LAM EXC/OCCLUSION AVM SPINAL CORD CERVICAL	8129.70	8129.70	030	2		C
	63251		LAM EXC/OCCLUSION AVM SPINAL CORD THORACIC	8312.40	8312.40	030	2		C
	63252		LAM EXC/OCCLUSION AVM SPI CORD THORACOLUMBAR	8311.50	8311.50	030	2		C
	63265		LAM EXC/EVAC ISPI LES OTH/THN NEO XDRL CERVICAL	4581.00	4581.00	030	2	12352.76	J1
	63266		LAM EXC/EVAC ISPI LES OTH/THN NEO XDRL THORACIC	4722.30	4722.30	030	2	12285.25	J1
	63267		LAM EXC/EVAC ISPI LESION OTH/THN NEO XDRL LUMBAR	3778.20	3778.20	030	2	12339.01	J1
	63268		LAM EXC/EVAC ISPI LES OTH/THN NEO XDRL SACRAL	4047.30	4047.30	030	2	12426.52	J1
	63270		LAM EXC ISPI LES OTH/THN NEO IDRL CERVICAL	5721.30	5721.30	030	2		C
	63271		LAM EXC ISPI LES OTH/THN NEO IDRL THORACIC	5714.10	5714.10	030	2		C
	63272		LAM EXC ISPI LES OTH/THN NEO IDRL LUMBAR	5186.70	5186.70	030	2		C
	63273		LAM EXC ISPI LES OTH/THN NEO IDRL SACRAL	5151.60	5151.60	030	2		C
	63275		LAMINECTOMY BX/EXC ISPI NEO XDRL CERVICAL	4950.90	4950.90	030	2		C
	63276		LAMINECTOMY BX/EXC ISPI NEO XDRL THORACIC	4919.40	4919.40	030	2		C
	63277		LAMINECTOMY BX/EXC ISPI NEO XDRL LUMBAR	4302.90	4302.90	030	2		C
	63278		LAMINECTOMY BX/EXC ISPI NEO XDRL SACRAL	4408.20	4408.20	030	2		C
	63280		LAM BX/EXC ISPI NEO IDRL XMED CERVICAL	5820.30	5820.30	030	2		C
	63281		LAM BX/EXC ISPI NEO IDRL XMED THORACIC	5778.00	5778.00	030	2		C
	63282		LAM BX/EXC ISPI NEO IDRL XMED LUMBAR	5467.50	5467.50	030	2		C
	63283		LAM BX/EXC ISPI NEO IDRL SACRAL	5253.30	5253.30	030	2		C
	63285		LAM BX/EXC ISPI NEO IDRL IMED CERVICAL	7186.50	7186.50	030	2		C
	63286		LAM BX/EXC ISPI NEO IDRL IMED THORACIC	7104.60	7104.60	030	2		C
	63287		LAM BX/EXC ISPI NEO IDRL IMED THORACOLMBR	7532.10	7532.10	030	2		C
	63290		LAM BX/EXC ISPI NEO XDRL-IDRL LES ANY LVL	7659.00	7659.00	030	2		C
+	63295		OSTPL RCNSTJ DORSAL SPI ELMNTS FLWG ISPI PX	898.20	898.20	ZZZ	2		C
	63300		VCRPEC LES 1 SGM XDRL CERVICAL	4995.90	4995.90	030	2		C
	63301		VCRPEC LES 1 SGM XDRL THORACIC TTHRC	5825.70	5825.70	030	2		C
	63302		VCRPEC LES 1 SEG XDRL THRC THORACOLMBR	6003.90	6003.90	030	2		C
	63303		VCRPEC LES 1 SEG XDRL LMBR/SAC TRANSPRTL/RPR	6363.90	6363.90	030	2		C
	63304		VERTEBRAL CORPECTOMY EXC LES 1 SEG IDRL CERVICAL	6465.60	6465.60	030	2		C
	63305		VERTEBRAL CORPECTOMY LES 1 SEG IDRL THRC TTHRC	6874.20	6874.20	030	2		C
	63306		VERTEBRL CORPECT LES 1 SEG IDRL THRC THORACOLMBR	6758.10	6758.10	030	2		C
	63307		VCRPEC LES 1 SEG IDRL LMBR/SAC TRANSPRTL/RPR	6615.00	6615.00	030	2		C
+	63308		VERTEBRAL CORPECTOMY EXC INDRL LES EACH SEG	864.00	864.00	ZZZ	2		C
	63600		CREATION LES SPINAL CORD STEREOTACTIC METHOD PRQ	3033.90	3033.90	030	0	3384.54	J1
	63610		STRTCTC STIMJ SPI CORD PRQ SPX N/FLWD OTH SURG	1585.80	1585.80	000	0	1779.75	J1
	63620		STEREOTACTIC RADIOSURGERY 1 SPINAL LESION	3115.80	3115.80	030	2		B

+ Add-on Procedure ⃠ Modifier 51 Exempt Procedure ★ Telemedicine

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	Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
+	63621		STEREOTACTIC RADIOSURGERY EA ADDL SPINAL LESION	684.00	684.00	ZZZ	2		B
	63650		PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	5918.40	1123.20	010	1	6444.27	J1
	63655		LAM IMPLTJ NSTIM ELTRDS PLATE/PADDLE EDRL	2322.90	2322.90	030	2	13329.84	J1
	63661		RMVL SPINAL NSTIM ELTRD PRQ ARRAY INCL FLUOR	1830.60	900.90	010	2	3385.90	Q2
	63662		RMVL SPINAL NSTIM ELTRD PLATE/PADDLE INCL FLUOR	2351.70	2351.70	030	2	5967.71	J1
	63663		REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR	2392.20	1222.20	010	2	6042.30	J1
	63664		REVJ INCL RPLCMT NSTIM ELTRD PLT/PDLE INCL FLUOR	2451.60	2451.60	030	2	10974.81	J1
	63685		INSJ/RPLCMT SPINAL NPG/RCVR POCKET CRTJ&CONNJ	925.20	925.20	010	2	10265.80	J1
	63688		REVJ/RMVL IMPL SPI NPG/RCVR DTCH CONNJ ELTRD RA	819.00	819.00	010	1	5636.72	J1
	63700		REPAIR MENINGOCELE < 5 CM DIAMETER	3636.90	3636.90	030	2		C
	63702		REPAIR MENINGOCELE > 5 CM DIAMETER	3971.70	3971.70	030	2		C
	63704		REPAIR MYELOMENINGOCELE < 5 CM DIAMETER	4617.00	4617.00	030	2		C
	63706		REPAIR MYELOMENINGOCELE > 5 CM DIAMETER	5116.50	5116.50	030	2		C
	63707		RPR DURAL/CEREBROSPINAL FLUID LEAK X REQ LAM	2611.80	2611.80	030	2		C
	63709		RPR DURAL/CSF LEAK/PSEUDOMENINGOCELE W/LAM	3069.90	3069.90	030	2		C
	63710		DURAL GRAFT SPINAL	2987.10	2987.10	030	2		C
	63740		CRTJ SHUNT LMBR SARACH-PRTL-PLEURAL/OTH W/LAM	2740.50	2740.50	030	2		C
	63741		CRTJ SHUNT LMBR SARACH-PRTL-PLEURAL PRQ X LAM	1860.30	1860.30	030	2	6852.04	J1
	63744		RPLCMT IRRIGATION/REVJ LUMBOSARACH SHUNT	1980.00	1980.00	030	2	6980.93	J1
	63746		RMVL ENTIRE LUMBOSARACH SHUNT SYS W/O RPLCMT	1703.70	1703.70	030	0	3313.12	Q2
	64400		INJECTION AA&/STRD TRIGEMINAL NERVE EACH BRANCH	252.75	117.75	000	1	516.43	T
	64405		INJECTION AA&/STRD GREATER OCCIPITAL NERVE	170.25	119.25	000	1	516.58	T
	64408		INJECTION AA&/STRD VAGUS NERVE	182.25	102.00	000	0	516.58	T
	64415		INJECTION AA&/STRD BRACHIAL PLEXUS W/IMG GDN	299.25	156.00	000	1	1295.79	T
	64416		INJECTION AA&/STRD BRACH PLEX CONT NFS CATH IMG	172.50	172.50	000	1	1086.87	T
	64417		INJECTION AA&/STRD AXILLARY NERVE W/IMG GDN	359.25	144.75	000	1	1482.29	T
	64418		INJECTION AA&/STRD SUPRASCAPULAR NERVE	193.50	124.50	000	1	1210.46	T
	64420		INJECTION AA&/STRD INTERCOSTAL NRV SINGLE LVL	221.25	132.00	000	1	1208.15	T
+	64421		INJECTION AA&/STRD INTERCOSTAL NRV EA ADDL LVL	75.00	54.75	ZZZ	1	1558.01	T
	64425		INJECTION AA&/STRD ILIOINGUINAL IH NERVES	246.00	122.25	000	1	1211.79	T
	64430		INJECTION AA&/STRD PUDENDAL NERVE	219.75	123.75	000	1	1547.88	T
	64435		INJECTION AA&/STRD PARACERVICAL NERVE	178.50	98.25	000	1	1211.67	T
	64445		INJECTION AA&/STRD SCIATIC NERVE W/IMG GDN	351.00	162.00	000	1	1203.42	T
	64446		INJECTION AA&/STRD SCIATIC NRV CONT NFS CATH IMG	168.75	168.75	000	1	1524.51	T
	64447		INJECTION AA&/STRD FEMORAL NERVE W/IMG GDN	261.00	142.50	000	1	1021.53	T
	64448		INJECTION AA&/STRD FEM NRV CONT NFS CATH IMG GDN	161.25	161.25	000	1	1003.98	T
	64449		INJECTION AA&/STRD LUMBAR PLEXUS CONT NFS CATH	146.25	146.25	000	1	1558.01	T
	64450		INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH	166.50	93.00	000	1	1209.25	T
	64451		INJECTION AA&/STRD NERVES NRVTG SI JOINT W/IMG	504.00	184.50	000	1	1211.54	T
	64454		INJECTION AA&/STRD GENICULAR NRV BRANCHES W/IMG	490.50	185.25	000	1	1210.34	T
	64455		NJX AA&/STRD PLANTAR COMMON DIGITAL NERVES	111.75	74.25	000	0	516.58	T
	64461		PVB THORACIC SINGLE INJECTION SITE W/IMG GID	297.75	173.25	000	1	1211.07	T
+	64462		PVB THORACIC SECOND & ADDL INJ SITE W/IMG GID	158.25	107.25	ZZZ	1		N
	64463		PVB THORACIC CONT CATHETER INFUSION W/IMG GID	499.50	181.50	000	1	1206.10	T
	64466		THORACIC FASCIAL PLANE BLOCK UNI INJECTION	278.25	147.75	000	1		N
	64467		THORACIC FASCIAL PLANE BLOCK UNI CONT INFUSION	514.50	170.25	000	1		N
	64468		THORACIC FASCIAL PLANE BLOCK BI INJECTION	321.00	164.25	000	1		N
	64469		THORACIC FASCIAL PLANE BLOCK BI CONT INFUSION	785.25	178.50	000	1		N
	64473		LOWER XTR FASCIAL PLANE BLOCK UNI INJECTION	262.50	132.00	000	1		N
	64474		LOWER XTR FASCIAL PLANE BLOCK UNI CONT INFUSION	508.50	164.25	000	1		N
	64479		NJX AA&/STRD TFRML EPI CERVICAL/THORACIC 1 LEVEL	594.00	294.00	000	1	1556.45	T
+	64480		NJX AA&/STRD TFRML EPI CERVICAL/THORACIC EA ADDL	300.75	138.00	ZZZ	1		N
	64483		NJX AA&/STRD TFRML EPI LUMBAR/SACRAL 1 LEVEL	547.50	249.75	000	1	1557.22	T
+	64484		NJX AA&/STRD TFRML EPI LUMBAR/SACRAL EA ADDL	246.00	113.25	ZZZ	1		N
	64486		TAP BLOCK UNILATERAL BY INJECTION(S)	244.50	116.25	000	1		N
	64487		TAP BLOCK UNILATERAL BY CONTINUOUS INFUSION(S)	459.00	133.50	000	1		N
	64488		TAP BLOCK BILATERAL BY INJECTION(S)	283.50	135.00	000	1		N
	64489		TAP BLOCK BILATERAL BY CONTINUOUS INFUSION(S)	748.50	168.00	000	1		N
	64490		NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	432.00	237.00	000	2	1556.61	T
+	64491		NJX DX/THER AGT PVRT FACET JT CRV/THRC 2ND LEVEL	219.75	133.50	ZZZ	2		N
+	64492		NJX DX/THER AGT PVRT FACET JT CRV/THRC 3+ LEVEL	219.00	134.25	ZZZ	2		N

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	Code	Mod	Description	Professional Non Fac Fee	Professional Fac Fee	FUD	ASST	Outpatient Facility Fee	Outpatient Facility SI
	64493		NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	399.00	204.75	000	2	1557.38	T
+	64494		NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	204.00	114.00	ZZZ	2		N
+	64495		NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL	201.75	114.75	ZZZ	2		N
	64505		INJECTION ANES AGENT SPHENOPALATINE GANGLION	329.25	240.75	000	1	516.58	T
	64510		NJX ANES STELLATE GANGLION CRV SYMPATHETIC	324.00	171.75	000	1	1557.85	T
	64517		INJECTION ANES SUPERIOR HYPOGASTRIC PLEXUS	435.00	285.00	000	1	1558.01	T
	64520		INJECTION ANES LMBR/THRC PARAVERTBRL SYMPATHETIC	507.00	191.25	000	1	1557.54	T
	64530		INJX ANES CELIAC PLEXUS W/WO RADIOLOGIC MONITRNG	501.75	213.00	000	1	1557.38	T
	64553		PRQ IMPLTJ NEUROSTIMULATOR ELTRD CRANIAL NERVE	8379.75	1034.25	010	0	13938.38	J1
	64555		PRQ IMPLTJ NEUROSTIMULATOR ELTRD PERIPHERAL NRV	4609.50	735.75	010	1	3471.93	J1
	64561		PRQ IMPLTJ NEUROSTIM ELTRD SACRAL NRVE W/IMAGING	1605.75	681.75	010	1	6195.05	J1
	64566		POST TIB NEUROSTIMULATION PRQ NEEDLE ELECTRODE	254.25	66.75	000	0	513.94	T
	64567		PERQ ELEC NRV FIELD STIMJ CRANIAL NRV W/O IMPLTJ	2783.25	149.25	XXX	1	1621.60	T
	64568		OPEN IMPLANTATION CRANIAL NERVE NEA & PULSE GEN	1376.25	1376.25	030	0	7071.40	J1
	64569		REVISION/REPLMT NEUROSTIMLATOR ELTRD CRANIAL NRV	1775.25	1775.25	030	0	5313.91	J1
	64570		REMOVAL CRNL NRV NSTIM ELTRDS & PULSE GENERATO	1707.75	1707.75	030	0	11115.23	Q2
	64575		OPEN IMPLANTATION NEA PERIPHERAL NERVE	714.75	714.75	030	1	7897.77	J1
	64580		OPEN IMPLANTATION NEA NEUROMUSCULAR	720.00	720.00	030	2	11749.92	J1
	64581		OPEN IMPLANTATION NEA SACRAL NERVE	1479.00	1479.00	030	1	4628.49	J1
	64582		OPEN IMPLTJ HPGLSL NRV NSTIM RA PG&RESPIR SENSOR	1891.50	1891.50	030	0	10324.46	J1
	64583		REVJ/RPLCMT HPGLSL NERVE NSTIM RA PG&RESPIR SNR	1953.75	1953.75	030	0	15014.25	J1
	64584		REMOVAL HYPOGLOSSAL NERVE NSTIM RA PG&RESPIR SNR	1648.50	1648.50	030	0	8966.83	Q2
	64585		REVJ/RMVL PERPH NEUROSTIMULATOR ELECTRODE ARRAY	538.50	326.25	010	1	5297.29	J1
	64590		INS/RPLC PERPH SAC/GSTRC NPG/RCVR PCKT CRTJ&CONN	932.25	665.25	010	1	7073.97	J1
	64595		REV/RMV PRPH SAC/GSTRC NPG/RCV DTCH CONN ELTR RA	758.25	520.50	010	1	5338.81	J1
	64596		INSJ/RPLCMT PERQ ELTRD RA PN W/INT NSTIM 1ST RA	BR	BR	010	1	15057.89	J1
+	64597		INSJ/RPLCMT PERQ ELTRD RA PN INT NSTIM EA ADD RA	BR	BR	ZZZ	1		N
	64598		REVISION/REMOVAL NSTIM ELTRD ARRAY PN INT NSTIM	BR	BR	010	1	6018.27	J1
	64600		DSTRJ TRIGEMINAL NRV SUPRAORB INFRAORB BRANCH	1077.75	546.75	010	1	1532.30	T
	64605		DSTRJ NEUROLYTIC TRIGEMINAL NRV 2/3 DIV BRANCH	2011.50	975.00	010	0	3342.17	J1
	64610		DSTRJ NEURLYTIC TRIGEM NRV 2/3 DIV RADIO MONITOR	1715.25	1094.25	010	1	3345.93	J1
	64611		CHEMODENERV PAROTID&SUBMANDIBL SALIVARY GLNDS	300.00	257.25	010	0	516.58	T
	64612		CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	311.25	270.00	010	1	516.58	T
	64615		CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	345.00	278.25	010	1	516.58	T
	64616		CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	314.25	249.75	010	1	516.58	T
	64617		CHEMODENERVATION MUSCLE LARYNX UNILAT W/EMG	363.00	244.50	010	1	1211.91	T
	64620		DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE	477.75	403.50	010	1	1449.72	T
	64624		DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W/IMG	859.50	330.75	010	0	3314.15	J1
	64625		RADIOFREQUENCY ABLTJ NRV NRVTG SI JT W/IMG GDN	1047.00	442.50	010	1	3375.31	J1
	64628		THERMAL DSTRJ INTRAOSSEOUS BVN 1ST 2 LMBR/SAC	925.50	925.50	010	1	11362.05	J1
+	64629		THERMAL DSTRJ INTRAOSSEOUS BVN EA ADDL LMBR/SAC	436.50	436.50	ZZZ	1		N
	64630		DSTRJ NEUROLYTIC AGENT PUDENDAL NERVE	581.25	436.50	010	0	1469.67	T
	64632		DSTRJ NEUROLYTIC PLANTAR COMMON DIGITAL NERVE	206.25	153.00	010	0	511.74	T
	64633		DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	966.75	432.75	010	1	3395.82	J1
+	64634		DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	559.50	150.00	ZZZ	1		N
	64635		DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	975.00	432.75	010	1	3390.35	J1
+	64636		DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	525.00	132.00	ZZZ	1		N
	64640		DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	558.75	271.50	010	1	1469.04	T
	64642		CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	347.25	242.25	000	1	1210.21	T
+	64643		CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	210.75	156.00	ZZZ	1		N
	64644		CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	402.75	262.50	000	1	1209.60	T
+	64645		CHEMODENERVATION 1 EXTREMITY EA ADDL 5/> MUSCLES	272.25	183.00	ZZZ	1		N
	64646		CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES	366.75	264.00	000	1	1211.18	T
	64647		CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES	411.00	299.25	000	1	1210.34	T
	64650		CHEMODENERVATION ECCRINE GLANDS BOTH AXILLAE	197.25	91.50	000	0	516.58	T
	64653		CHEMODENERVATION ECCRINE GLANDS OTH AREA PER DAY	230.25	115.50	000	0	516.58	T
	64654		INITIAL OPEN IMPLANTATION BAT MODULATION SYSTEM	1256.25	1256.25	030	0	11489.75	S
	64655		REVISION/RPLCMT BAT MODULATION SYSTEM LEAD ONLY	1446.75	1446.75	030	0	4312.98	J1
	64656		REVISION/RPLCMT BAT MODULATION SYSTEM PG ONLY	959.25	959.25	030	0	8579.03	J1
	64657		REMOVAL BAT MODULATION SYSTEM TOTAL SYSTEM	1419.75	1419.75	030	0	6107.75	Q2
	64658		REMOVAL BAT MODULATION SYSTEM LEAD ONLY	1068.75	1068.75	030	0	6250.70	J1

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	64659		REMOVAL BAT MODULATION SYSTEM PG ONLY	991.50	991.50	030	0	6250.70	J1
	64680		DSTRJ NEUROLYTIC W/WO RAD MONITOR CELIAC PLEXUS	754.50	363.75	010	1	1441.63	T
	64681		DSTRJ NULYT W/WORAD MNTR SUPRIOR HYPOGSTR PLEXUS	1015.50	498.75	010	1	1558.01	T
	64702		NEUROPLASTY DIGITAL 1/BOTH SAME DIGIT	1422.90	1422.90	030	1	3185.65	J1
	64704		NEUROPLASTY NERVE HAND/FOOT	894.60	894.60	030	2	3203.08	J1
	64708		NEURP MAJOR PRPH NRV ARM/LEG OPN OTH/THN SPEC	1395.90	1395.90	030	2	3252.97	J1
	64712		NEURP MAJOR PRPH NRV OPN ARM/LEG SCIATIC NRV	1635.30	1635.30	030	2	3189.76	J1
	64713		NEURP MAJOR PRPH NRV OPN ARM/LEG BRACH PLEXUS	2196.90	2196.90	030	2	3288.18	J1
	64714		NEURP MAJOR PRPH NRV OPN ARM/LEG LMBR PLEXUS	2108.70	2108.70	030	2	2949.17	J1
	64716		NEUROPLASTY &/TRANSPOSITION CRANIAL NERVE	1397.70	1397.70	030	2	3114.23	J1
	64718		NEUROPLASTY &/TRANSPOSITION ULNAR NERVE ELBOW	1674.00	1674.00	030	0	3379.76	J1
	64719		NEUROPLASTY &/TRANSPOSITION ULNAR NERVE WRIST	1131.30	1131.30	030	1	3362.68	J1
	64721		NEUROPLASTY &/TRANSPOS MEDIAN NRV CARPAL TUNNE	1234.80	1214.10	030	1	3397.19	J1
	64722		DECOMPRESSION UNSPECIFIED NERVE	1026.00	1026.00	030	2	3320.64	J1
	64726		DECOMPRESSION PLANTAR DIGITAL NERVE	742.50	742.50	030	1	3417.35	J1
+	64727		INTERNAL NEUROLYSIS REQ OPERATING MICROSCOPE	479.70	479.70	ZZZ	1		N
	64728		DCMPRN MEDIAN NRV AT CARPL TUNL PERQ BALO DILAT	3015.75	275.25	000	0	2408.98	J1
	64732		TRANSECTION/AVULSION SUPRAORBITAL NERVE	1059.00	1059.00	030	2	3417.35	J1
	64734		TRANSECTION/AVULSION INFRAORBITAL NERVE	1194.75	1194.75	030	0	3361.30	J1
	64736		TRANSECTION/AVULSION MENTAL NERVE	765.00	765.00	030	2	3410.86	J1
	64738		TRANSECTION/AVULSION INF ALVEOLAR NRV W/OSTEO	1020.75	1020.75	030	2	3140.55	J1
	64740		TRANSECTION/AVULSION LINGUAL NERVE	1043.25	1043.25	030	2	3417.35	J1
	64742		TRANSECTION/AVULSION FACIAL NRV DIFFERENT/CMPL	1116.75	1116.75	030	2	3414.27	J1
	64744		TRANSECTION/AVULSION GREATER OCCIPITAL NERVE	1175.25	1175.25	030	0	3363.69	J1
	64746		TRANSECTION/AVULSION PHRENIC NERVE	977.25	977.25	030	2	3417.35	J1
	64755		TRANSECTION/AVULSION VAGUS NERVES	2089.50	2089.50	030	2		C
	64760		TRANSECTION/AVULSION VAGUS NERVE ABDOMINAL	1191.00	1191.00	030	2		C
	64763		TRNSXJ/AVLSN OBTURAT NRV XPELV W/WO TENOTOMY	1179.00	1179.00	030	2	3417.35	J1
	64766		TRNSXJ/AVLSN OBTURAT NRV INPELV W/WO TENOTOMY	1452.00	1452.00	030	2	1697.75	J1
	64771		TRANSECTION/AVULSION OTH CRANIAL NRV XDRL	1389.75	1389.75	030	2	3417.35	J1
	64772		TRANSECTION/AVULSION OTH SPINAL NRV XDRL	1275.75	1275.75	030	2	3336.69	J1
	64774		EXC NEUROMA CUTAN NRV SURGLY IDENTIFIABLE	985.50	985.50	030	1	3270.40	J1
	64776		EXC NEUROMA DIGITAL NERVE 1 OR BOTH SAME DIGIT	924.00	924.00	030	0	3281.34	J1
+	64778		EXCISION NEUROMA DIGITAL NRV EA ADDL DIGIT	403.50	403.50	ZZZ	1		N
	64782		EXC NEUROMA HAND/FOOT XCP DIGITAL NERVE	1052.25	1052.25	030	1	3182.92	J1
+	64783		EXC NEUROMA HAND/FOOT EA NRV XCP SM DGT	482.25	482.25	ZZZ	1		N
	64784		EXC NEUROMA MAJOR PERIPHERAL NRV XCP SCIATIC	1663.50	1663.50	030	0	3240.34	J1
	64786		EXCISION NEUROMA SCIATIC NERVE	2281.50	2281.50	030	2	10715.13	J1
+	64787		IMPLANTATION NERVE END BONE/MUSCLE	527.25	527.25	ZZZ	0		N
	64788		EXC NEUROFIBROMA/NEUROLEMMOMA CUTAN NRV	937.50	937.50	030	1	3415.63	J1
	64790		EXC NEUROFIBROMA/NEUROLEMMOMA MAJOR PRPH NRV	1957.50	1957.50	030	0	3346.61	J1
	64792		EXC NEUROFIBROMA/NEUROLEMMOMA EXTNSV	2457.00	2457.00	030	2	10965.05	J1
	64795		BIOPSY NERVE	448.50	448.50	000	1	3415.30	J1
	64802		SYMPATHECTOMY CERVICAL	1962.00	1962.00	030	2	3374.30	J1
	64804		SYMPATHECTOMY CERVICOTHORACIC	2751.75	2751.75	030	2	3417.35	J1
	64809		SYMPATHECTOMY THORACOLUMBAR	2515.50	2515.50	030	2		C
	64818		SYMPATHECTOMY LUMBAR	1779.00	1779.00	030	2		C
	64820		SYMPATHECTOMY DIGITAL ARTERIES EACH DIGIT	1753.50	1753.50	030	1	3417.35	J1
	64821		SYMPATHECTOMY RADIAL ARTERY	1608.00	1608.00	030	1	5678.07	J1
	64822		SYMPATHECTOMY ULNAR ARTERY	1608.00	1608.00	030	1	5660.46	J1
	64823		SYMPATHECTOMY SUPERFICIAL PALMAR ARCH	1818.00	1818.00	030	1	5678.07	J1
	64831		SUTURE DIGITAL NERVE HAND/FOOT 1 NERVE	1596.75	1596.75	030	1	2880.83	J1
+	64832		SUTR DIGITAL NRV HAND/FOOT EA DGTAL NRV	742.50	742.50	ZZZ	0		N
	64834		SUTURE 1 NERVE HAND/FOOT COMMON SENSORY NERVE	1707.75	1707.75	030	0	10897.81	J1
	64835		SUTURE 1 NERVE MEDIAN MOTOR THENAR	1866.75	1866.75	030	2	8917.51	J1
	64836		SUTURE 1 NERVE ULNAR MOTOR	1866.75	1866.75	030	2	9673.98	J1
+	64837		SUTURE EACH ADDITIONAL NERVE HAND/FOOT	813.00	813.00	ZZZ	2		N
	64840		SUTURE POSTERIOR TIBIAL NERVE	2197.50	2197.50	030	2	11207.12	J1
	64856		SUTR PRPH NRV ARM/LEG XCP SCIATIC W/TRPOS	2298.75	2298.75	030	1	10832.80	J1
	64857		SUTR PRPH NRV ARM/LEG XCP SCIATIC W/O TRPOS	2382.75	2382.75	030	2	9572.01	J1
	64858		SUTURE SCIATIC NERVE	2670.00	2670.00	030	2	3417.35	J1

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+	64859		SUTURE EACH ADDITIONAL PERIPHERAL NERVE	552.00	552.00	ZZZ	2		N
	64861		SUTURE BRACHIAL PLEXUS	3505.50	3505.50	030	2	3344.22	J1
	64862		SUTURE LUMBAR PLEXUS	3116.25	3116.25	030	2	11207.12	J1
	64864		SUTURE FACIAL NERVE EXTRACRANIAL	1949.25	1949.25	030	2	10145.80	J1
	64865		SUTURE FACIAL NERVE INFRATEMPORAL W/WO GRAFT	2437.50	2437.50	030	2	10631.08	J1
	64866		ANASTOMOSIS FACIAL-SPINAL ACCESSORY	2807.25	2807.25	030	2		C
	64868		ANASTOMOSIS FACIAL HYPOGLOSSAL	2236.50	2236.50	030	2		C
+	64872		SUTURE NERVE REQ SECONDARY/DELAYED SUTURE	258.75	258.75	ZZZ	2		N
+	64874		SUTURE NERVE REQ XTNSV MOBIL/TRPOS NERVE	387.00	387.00	ZZZ	2		N
+	64876		SUTURE NERVE REQ SHORTENING BONE EXTREMITY	438.00	438.00	ZZZ	2		N
	64885		NERVE GRAFT HEAD/NECK < 4 CM	2425.50	2425.50	030	2	10363.22	J1
	64886		NERVE GRAFT HEAD/NECK >4 CM	2906.25	2906.25	030	2	7005.57	J1
	64890		NERVE GRAFT 1 STRAND HAND/FOOT <4 CM	2453.25	2453.25	030	2	6465.39	J1
	64891		NERVE GRAFT 1 STRAND HAND/FOOT >4 CM	2607.75	2607.75	030	2	6927.13	J1
	64892		NERVE GRAFT 1 STRAND ARM/LEG <4 CM	2387.25	2387.25	030	2	6652.56	J1
	64893		NERVE GRAFT 1 STRAND ARM/LEG >4 CM	2545.50	2545.50	030	2	9230.18	J1
	64895		NERVE GRAFT MLT STRANDS HAND/FOOT <4 CM	3003.75	3003.75	030	2	11207.12	J1
	64896		NERVE GRAFT MLT STRANDS HAND/FOOT > 4 CM	3240.00	3240.00	030	2	11207.12	J1
	64897		NERVE GRAFT MLT STRANDS ARM/LEG <4 CM	2873.25	2873.25	030	2	9008.28	J1
	64898		NERVE GRAFT MLT STRANDS ARM/LEG >4 CM	3111.75	3111.75	030	2	10779.00	J1
+	64901		NERVE GRAFT EACH NERVE 1 STRAND	1327.50	1327.50	ZZZ	2		N
+	64902		NERVE GRAFT EACH NERVE MULTIPLE STRANDS	1536.00	1536.00	ZZZ	2		N
	64905		NERVE PEDICLE TRANSFER FIRST STAGE	2258.25	2258.25	030	2	9820.81	J1
	64907		NERVE PEDICAL TRANSFER SECOND STAGE	2946.75	2946.75	030	2	10213.05	J1
	64910		NERVE REPAIR W/CONDUIT EACH NERVE	1735.50	1735.50	030	2	6271.51	J1
	64911		NERVE REPAIR W/AUTOGENOUS VEIN GRAFT EA NERVE	2329.50	2329.50	030	2	10400.22	J1
	64912		NERVE REPAIR W/NERVE ALLOGRAFT FIRST STRAND	2031.00	2031.00	030	2	5122.78	J1
+	64913		NERVE REPAIR W/NERVE ALLOGRAFT EA ADDL STRAND	383.25	383.25	ZZZ	2		N
	64999		UNLISTED PROCEDURE NERVOUS SYSTEM	BR	BR	YYY	0	505.89	T
	65091		EVISCERATION OCULAR CONTENTS W/O IMPLANT	1642.50	1642.50	030	0	6415.13	J1
	65093		EVISCERATION OCULAR CONTENTS W/IMPLANT	1628.25	1628.25	030	1	6025.78	J1
	65101		ENUCLEATION OF EYE W/O IMPLANT	1881.75	1881.75	030	1	6339.90	J1
	65103		ENUCLEATION EYE IMPLT MUSC X ATTACHED IMPLT	1945.50	1945.50	030	1	6154.45	J1
	65105		ENUCLEATION EYE IMPLT MUSC ATTACHED IMPLT	2118.75	2118.75	030	2	5612.01	J1
	65110		EXENTERATION ORBIT REMVL ORBITAL CONTENTS ONLY	2929.50	2929.50	030	2	6599.25	J1
	65112		EXENTERATION ORBIT RMVL ORBIT CONTENTS & BONE	3359.25	3359.25	030	2	6599.25	J1
	65114		EXNTJ ORBIT RMVL ORB CNTS W/MUSC/MYOQ FLAP	3506.25	3506.25	030	2	6599.25	J1
	65125		MODIFICAJ OC IMPLT W/PLMT/RPLCMT PEGS SPX	1005.00	660.00	030	1	4082.68	J1
	65130		INSJ OC IMPLT SEC AFTER EVSC SCLL SHELL	1889.25	1889.25	030	1	6337.26	J1
	65135		INSJ OC IMPLT AFTER ENCL MUSC X ATTACHED	1911.75	1911.75	030	1	6347.81	J1
	65140		INSJ OC IMPLT AFTER ENCL MUSC ATTACHED	2056.50	2056.50	030	1	5128.94	J1
	65150		REINSERTION OCULAR IMPLT W/WO CONJUNCTIVAL GRAFT	1548.75	1548.75	030	0	5490.57	J1
	65155		REINSERTION OCULAR IMPLT RNFCMT &/ ATTACH MUSCLE	2141.25	2141.25	030	1	5945.26	J1
	65175		REMOVAL OCULAR IMPLANT	1726.50	1726.50	030	1	6324.73	J1
	65205		REMOVAL FB EYE CONJUNCTIVAL SUPERFICIAL	63.75	64.50	000	1	225.58	Q1
	65210		RMVL FB XTRNL EYE EMBED SCJNCL/SCLERAL NONPERFOR	85.50	80.25	000	1	698.32	Q1
	65220		RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP	135.75	91.50	000	1	698.32	Q1
	65222		RMVL FB XTRNL EYE CORNEAL W/SLIT LAMP	151.50	111.00	000	1	225.58	Q1
	65235		RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS	1620.00	1620.00	030	0	3961.34	J1
	65260		RMVL FB IO FROM POST SEG MAG XTRJ ANT/POST ROUTE	2177.25	2177.25	030	2	3991.28	J1
	65265		RMVL FB IO FROM POST SEG NONMAGNETIC XTRJ	2446.50	2446.50	030	2	3635.26	J1
	65270		RPR LAC CJNC W/WO NONPERFOR LAC SCLERA DIR CLSR	622.50	312.75	010	0	4080.63	J1
	65272		RPR LAC CJNC MOBLJ& REARGMT W/O HOSPITALIZATION	1165.50	785.25	030	1	4082.68	J1
	65273		RPR LAC CJNC MOBLJ & REARGMT W/HOSPIZATION	843.00	843.00	030	1		C
	65275		RPR LAC CORNEA NONPERFOR W/WO RMVL FOREIGN BODY	1308.75	1024.50	030	0	6581.44	J1
	65280		RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS	1485.75	1485.75	030	0	8999.69	J1
	65285		RPR LAC CORN&/SCLRA PERF W/REPOS/RESCJ UVEAL T	2451.00	2451.00	030	1	8942.82	J1
	65286		RPR LAC APPL TISSUE GLUE WOUND CORNEA&/SCLERA	1538.25	1100.25	030	1	3990.88	J1
	65290		RPR WND EXTRAOCULAR MUSCLE TENDON&/TENON CAPSU	1087.50	1087.50	030	1	6599.25	J1
	65400		EXCISION LESION CORNEA XCP PTERYGIUM	1546.50	1347.75	030	1	1636.13	T
	65410		BIOPSY CORNEA	319.50	229.50	000	0	4007.15	J1

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	65420		EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT	1191.75	851.25	030	1	3672.78	J1
	65426		EXCISION/TRANSPOSITION PTERYGIUM W/GRAFG	1482.75	1071.00	030	1	3634.80	J1
	65430		CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE	258.00	226.50	000	1	698.32	Q1
	65435		RMVL CORNEAL EPITHELIUM W/WO CHEMOCAUTERIZATION	183.75	155.25	000	1	1663.25	T
	65436		RMVL CORNEAL EPITHELIUM W/APPL CHELATING AGENT	869.25	827.25	030	1	3998.98	J1
	65450		DSTRJ LESION CRYOTHER PHOTO/THERMOCAUTZATION	741.75	727.50	030	1	520.15	T
	65600		MULTIPLE PUNCTURES ANTERIOR CORNEA	973.50	765.75	030	1	4018.18	J1
	65710		KERATOPLASTY ANTERIOR LAMELLAR	2534.25	2534.25	030	2	8113.91	J1
	65730		KERATOPLASTY PENTRG EXCEPT APHAKIA/PSEUDOPHAKIA	2778.75	2778.75	030	2	6341.63	J1
	65750		KERATOPLASTY PENETRAING APHAKIA	2793.75	2793.75	030	2	8131.95	J1
	65755		KERATOPLASTY PENETRATING PSEUDOPHAKIA	2784.75	2784.75	030	2	6388.81	J1
	65756		KERATOPLASTY ENDOTHELIAL	2628.75	2628.75	030	2	6100.17	J1
+	65757		BACKBENCH PREPJ CORNEAL ENDOTHELIAL ALLOGRAFT	585.75	585.75	ZZZ	0		N
	65760		KERATOMILEUSIS	2163.00	2163.00	XXX	9		E1
	65765		KERATOPHAKIA	BR	BR	XXX	9		E1
	65767		EPIKERATOPLASTY	BR	BR	XXX	9		E1
	65770		KERATOPROSTHESIS	3124.50	3124.50	030	2	13450.89	J1
	65771		RADIAL KERATOTOMY	BR	BR	XXX	9		E1
	65772		CRNL RELAXING INC CORRJ INDUCED ASTIGMATISM	1017.75	906.00	030	1	1685.11	T
	65775		CRNL WEDGE RESCJ CORRJ INDUCED ASTIGMATISM	1280.25	1280.25	030	1	4082.68	J1
	65778		PLACE AMNIOTIC MEMBRA OCULAR SURFACE W/O SUTURES	2823.00	97.50	000	0	1422.73	Q2
	65779		PLACE AMNIOTIC MEMBRANE OCULAR SURFACE SUTURED	2473.50	234.00	000	0	4829.98	Q2
	65780		OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE	1321.50	1321.50	030	1	4783.14	J1
	65781		OCULAR SURFACE RECONSTRUCTION LIMBAL ALLOGRAFT	2950.50	2950.50	030	2	5440.28	J1
	65782		OCCULAR SURFACE RECONSTRUCTION LIMBAL AUTOGRAFT	2549.25	2549.25	030	1	5503.77	J1
	65785		IMPLANTATION INTRASTROMAL CORNEAL RING SEGMENTS	4559.25	992.25	030	1	4388.74	J1
	65800		PARACENTSIS ANT CHAMB EYE ASPIR AQUEOUS SPX	267.75	198.75	000	1	3987.29	J1
	65810		PARACENTSIS ANT CHAM RMVL VITREOUS W/WO AIR INJX	1035.00	1035.00	030	1	3991.28	J1
	65815		PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN	1420.50	1065.00	030	1	3966.13	J1
	65820		GONIOTOMY	1822.50	1822.50	030	0	6231.10	J1
	65850		TRABECULOTOMY AB EXTERNO	1872.00	1872.00	030	1	3754.59	J1
	65855		TRABECULOPLASTY BY LASER SURGERY	545.25	456.75	010	1	960.05	T
	65860		SEVERING ADHESIONS ANTERIOR SEGMENT LASER SPX	684.75	554.25	030	0	960.05	T
	65865		SEVERING ADS ANT SEG INCAL TQ SPX GONIOSYNECHIAE	1063.50	1063.50	030	1	3701.51	J1
	65870		SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE	1324.50	1324.50	030	1	3890.71	J1
	65875		SEVERING ADS ANT SEG INCAL SPX POST SYNECHIAE	1410.75	1410.75	030	1	3741.82	J1
	65880		SEVERING ADS ANT SEG INCAL SPX CORNEOVITREAL	1481.25	1481.25	030	1	7040.01	J1
	65900		RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE	2196.75	2196.75	030	2	3991.28	J1
	65920		RMVL IMPLANTED MATERIAL ANTERIO SEGMENT EYE	1761.75	1761.75	030	1	3879.52	J1
	65930		RMVL BLOOD CLOT ANTERIOR SEGMENT EYE	1425.75	1425.75	030	1	3988.48	J1
	66020		INJX ANTERIOR CHAMBER EYE AIR/LIQUID SPX	437.25	294.00	010	1	3967.34	J1
	66030		INJX ANTERIOR CHAMBER EYE MEDICATION SPX	393.00	249.00	010	1	3970.12	J1
	66130		EXCISION LESION SCLERA	1560.75	1257.00	030	0	4082.68	J1
	66150		FSTLJ SCLERA GLAUCOMA TREPHIN W/IRIDECTOMY	1951.50	1951.50	030	1	7040.01	J1
	66155		FSTLJ SCLERA GLAUCOMA THERMOCAUT IRRIDEC	1950.00	1950.00	030	1	6852.04	J1
	66160		FSTLJ SCLERA SCLERECTOMY PUNCH/SCISSORS IRIDECT	2191.50	2191.50	030	1	3823.65	J1
	66170		FSTLJ SCLERA GLAUCOMA TRABECULECT AB EXTERNO	2433.75	2433.75	030	2	3849.20	J1
	66172		FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING	2658.00	2658.00	030	2	3942.19	J1
	66174		TRLUML DILAT AQUEOUS O/F CAN WO RETENTION DEV/ST	1390.50	1390.50	030	2	5258.89	J1
	66175		TRLUML DILAT AQUEOUS O/F CAN W/RETENTION DEV/ST	1611.00	1611.00	030	2	4067.79	J1
	66179		AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/O GRAFT	2403.75	2403.75	030	2	6427.19	J1
	66180		AQUEOUS SHUNT EXTRAOC EQUAT PLATE RSVR W/GRAFT	2531.25	2531.25	030	2	5962.18	J1
	66183		INSERT ANTER DRAINAGE DEV W/O EXTRAOC RESERVOIR	2287.50	2287.50	030	2	3632.65	J1
	66184		REVJ SHUNT EXTRAOCULAR RESERVOIR W/O GRAFT	1763.25	1763.25	030	2	3833.22	J1
	66185		REVJ AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/GRAFT	1893.00	1893.00	030	2	3457.65	J1
	66225		REPAIR SCLERAL STAPHYLOMA W/GRAFT	2079.00	2079.00	030	1	8163.56	J1
	66250		REVJ/RPR OPRATIVE WOUND ANTERIOR SEGMENT	1657.50	1239.00	030	1	3976.12	J1
	66500		IRIDOTOMY STAB INC SPX XCP TRANSFIXION	872.25	872.25	030	1	3991.28	J1
	66505		IRIDOTOMY STAB INC SPX TRANSFIXION	949.50	949.50	030	1	3991.28	J1
	66600		IRDEC CRNLSCLRL/CRNL SCTJ RMVL LES	2001.75	2001.75	030	1	7032.97	J1
	66605		IRDEC CRNLSCLRL/CRNL SCTJ CYCLECTOMY	2413.50	2413.50	030	1	3991.28	J1

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	66625		IRDEC CRNLSCLRL/CRNL SCTJ PRPH GLC SPX	956.25	956.25	030	1	3451.26	J1
	66630		IRDEC CRNLSCLRL/CRNL SCTJ SECTOR GLC SPX	1263.75	1263.75	030	1	3991.28	J1
	66635		IRDEC CRNLSCLRL/CRNL SCTJ OPTICAL SPX	1275.00	1275.00	030	1	3767.77	J1
	66680		REPAIR IRIS CILIARY BODY	1327.50	1327.50	030	1	3945.78	J1
	66682		SUTURE IRIS CILIARY BODY SPX RETRIEVAL SUTURE	1476.75	1476.75	030	1	3899.47	J1
	66683		IMPLTJ IRIS PROSTHESIS W/SUTR FIXJ&RPR/RMVL IRIS	1736.25	1736.25	030	1	8055.55	J1
	66700		CILIARY BODY DESTRUCTION DIATHERMY	1008.75	873.00	030	0	3991.28	J1
	66710		CILIARY BODY DSTRJ CYCLOPHOTOCOAG TRANSSCERAL	984.00	873.00	030	1	4063.90	J1
	66711		ECP CILIARY BODY DSTRJ W/O RMVL CRYSTALLINE LENS	1130.25	1130.25	030	1	3948.58	J1
	66720		CILIARY BODY DESTRUCTION CRYOTHERAPY	1045.50	919.50	030	1	4082.68	J1
	66740		CILIARY BODY DESTRUCTION CYCLODIALYSIS	980.25	873.00	030	1	4081.46	J1
	66761		IRIDOTOMY/IRRIDECTOMY LASER SURG PER SESSION	660.75	524.25	010	1	960.05	T
	66762		IRIDOPLASTY PHOTOCOAGULATION 1/> SESSIONS	1063.50	948.75	030	1	960.05	T
	66770		DSTRJ CYST/LESION IRIS/CILIARY BODY	1181.25	1075.50	030	1	960.05	T
	66820		DISCISSION SECONDARY MEMBRANOUS CATARACT	1032.00	1032.00	030	1	3884.70	J1
	66821		POST-CATARACT LASER SURGERY	741.75	693.00	030	1	959.96	T
	66825		REPOSITIONING IO LENS PROSTHESIS REQ INC SPX	1840.50	1840.50	030	0	3960.95	J1
	66830		RMVL SEC MEMBRANOUS CTRC CORNEO-SCLL SCTJ	1578.00	1578.00	030	1	3991.28	J1
	66840		RMVL LENS MATERIAL ASPIR TQ 1/> STAGES	1540.50	1540.50	030	1	3981.71	J1
	66850		RMVL LENS MATERIAL PHACOFRAGMENTATION ASPIR	1752.75	1752.75	030	1	3749.01	J1
	66852		RMVL LENS MATERIAL PARS PLANA W/WO VITRECTOMY	1863.00	1863.00	030	0	6928.78	J1
	66920		RMVL LENS MATERIAL INTRACAPSULAR	1665.75	1665.75	030	0	3872.73	J1
	66930		REMOVAL LENS MATRL INTRACAPSULAR DISLOCATED LENS	1902.75	1902.75	030	0	6742.93	J1
	66940		REMOVAL LENS MATERIAL EXTRACAPSULAR	1743.75	1743.75	030	0	3966.94	J1
	66982		XCAPSL CTRC RMVL INSJ IO LENS PROSTH CPLX WO ECP	1656.75	1656.75	030	1	3583.37	J1
	66983		ICAPSULAR CATARACT XTRJ INSJ IO LENS PRSTH 1 STG	1739.25	1739.25	030	1	3508.73	J1
	66984		XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP	1209.75	1209.75	030	1	3575.39	J1
	66985		INSJ IO LENS PROSTHESIS NOT W/CONCURRENT RMVL	1711.50	1711.50	030	1	3718.28	J1
	66986		EXCHANGE INTRAOCULAR LENS	2004.00	2004.00	030	1	3714.69	J1
	66987		XCAPSL CTRC RMVL INSJ IO LENS PROSTH CPLX W/ECP	2604.00	2604.00	030	0	5653.13	J1
	66988		XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/ECP	2261.25	2261.25	030	0	6167.05	J1
	66989		XCAPSL CTRC RMVL INSJ IO LENS PRSTH CPLX INSJ 1+	1901.25	1901.25	030	1	4559.00	J1
+	66990		USE OPHTHALMIC ENDOSCOPE	196.50	196.50	ZZZ	1		N
	66991		XCAPSL CTRC RMVL INSJ IO LENS PROSTH INSJ 1+	1522.50	1522.50	030	1	4558.09	J1
	66999		UNLISTED PROCEDURE ANTERIOR SEGMENT EYE	BR	BR	YYY	0	3717.88	J1
	67005		RMVL VITREOUS ANT APPR PARTIAL REMOVAL	1067.25	1067.25	030	1	3808.07	J1
	67010		RMVL VITREOUS ANT APPR SUBTOT RMVL MECH VITRECT	1217.25	1217.25	030	1	3772.16	J1
	67015		ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL	1341.00	1341.00	030	1	3969.72	J1
	67025		INJ SUBSTITUTE PARS PLANA/LIMBL W/WO ASPIR SPX	1640.25	1403.25	030	1	3963.73	J1
	67027		IMPLTJ INTRAVITREAL DRUG DLVR SYS RMVL VTS	1880.25	1880.25	030	2	26140.96	J1
	67028		INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	252.75	205.50	000	1	580.46	S
	67030		DISCISSION VITREOUS STRANS PARS PLANA APPROACH	1240.50	1240.50	030	1	3970.12	J1
	67031		SEVERING VITREOUS STRANS LASER 1/> STAGES	863.25	787.50	030	1	960.05	T
	67036		VITRECTOMY MECHANICAL PARS PLANA	1989.75	1989.75	030	2	6906.95	J1
	67039		VITRECTOMY MCHNL PARS PLNA FOCAL ENDOLASER PC	2129.25	2129.25	030	2	6958.33	J1
	67040		VTRECTOMY MCHNL PARS PLNA ENDOLASER PANRTA PC	2298.75	2298.75	030	2	6948.48	J1
	67041		VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE	2533.50	2533.50	030	2	6968.20	J1
	67042		VITRECTOMY PARS PLANA REMOVE INT MEMB RETINA	2533.50	2533.50	030	2	6962.57	J1
	67043		VITRECTOMY PARS PLANA REMOVE SUBRETINAL MEMBRANE	2673.75	2673.75	030	2	6828.10	J1
	67101		RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID CRTX	745.50	634.50	010	1	3978.50	J1
	67105		RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID PC	660.00	612.00	010	1	954.87	T
	67107		REPAIR RETINAL DETACHMENT SCLERAL BUCKLING	2492.25	2492.25	030	2	6905.54	J1
	67108		RPR RETINAL DTCHMNT W/VITRECTOMY ANY METH	2638.50	2638.50	030	2	6836.55	J1
	67110		RPR RETINAL DTCHMNT INJECTION AIR/OTHER GAS	1974.00	1806.75	030	1	3986.89	J1
	67113		RPR COMPLEX RETINA DETACH VITRECT &MEMBRANE PEEL	2945.25	2945.25	030	2	8590.66	J1
	67115		RELEASE ENCIRCLING MATERIAL POSTERIOR SEGMENT	1112.25	1112.25	030	1	7040.01	J1
	67120		RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR	1485.00	1234.50	030	1	3937.80	J1
	67121		RMVL IMPLT MATRL POSTERIOR SEGMENT INTRAOCULAR	2006.25	2006.25	030	2	3970.93	J1
	67141		PROPH RETINAL DTCHMNT W/O DRG CRTX DIATHERMY	599.25	481.50	010	1	522.76	T
	67145		PROPH RETINAL DTCHMNT W/O DRG PHOTOCOAGULATION	541.50	481.50	010	1	959.96	T
	67208		DSTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM	1340.25	1283.25	030	1	523.13	T

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	67210		DSTRJ LOCLZD LESION RETINA 1/> SESS PC	1146.00	1109.25	030	1	960.05	T
	67218		DSTRJ LESION RETINA 1/> SESS RADJ IMPLTJ	3080.25	3080.25	030	1	6483.10	J1
	67220		DSTRJ LESION CHOROID PC 1/> SESS	1178.25	1110.00	030	1	960.05	T
	67221		DSTRJ LESION CHOROID PHOTODYNAMIC THERAPY	628.50	462.75	000	1	956.60	T
+	67225		DSTRJ LESION CHOROID PDT 2ND EYE 1 SESSION	65.25	60.75	ZZZ	1		N
	67227		DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY	657.75	567.00	010	1	6599.25	J1
	67228		TREATMENT EXTENSIVE RETINOPATHY PHOTOCOAGULATION	755.25	675.00	010	1	960.05	T
	67229		EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT	2566.50	2566.50	030	1	960.05	T
	67250		SCLERAL REINFORCEMENT SPX W/O GRAFT	1994.25	1994.25	030	1	3968.37	J1
	67255		SCLERAL REINFORCEMENT SPX W/GRAFT	1533.00	1533.00	030	2	5862.92	J1
	67299		UNLISTED PROCEDURE POSTERIOR SEGMENT	BR	BR	YYY	0	3794.51	J1
	67311		STRABISMUS RECESSION/RESCJ 1 HRZNTL MUSC	1018.50	1018.50	030	1	4075.73	J1
	67312		STRABISMUS RECESSION/RESCJ 2 HRZNTL MUSC	1479.75	1479.75	030	1	6595.94	J1
	67314		STRABISMUS RECESSION/RESCJ 1 VER MUSC	1018.50	1018.50	030	1	4079.01	J1
	67316		STRABISMUS RECESSION/RESCJ 2/MORE VER MUSC	1580.25	1580.25	030	0	4082.68	J1
	67318		STRABISMUS ANY SUPERIOR OBLIQUE MUSCLE	1529.25	1529.25	030	1	4082.68	J1
+	67320		TRANSPOSITION PROCEDURE EXTRAOCULAR MUSC	386.25	386.25	ZZZ	1		N
+	67331		STRABISMUS PREVIOUS EYE X INVOLVE EO MUSC	279.75	279.75	ZZZ	1		N
+	67332		STRABISMUS SCARRING EO MUSC/RSTCV MYOPATHY	451.50	451.50	ZZZ	1		N
+	67334		STRABISMUS POST FIXJ SUTR TQ W/WO MUSC RECESSION	276.00	276.00	ZZZ	1		N
+	67335		PLACEMENT ADJUSTABLE SUTURE STRABISMUS	414.75	414.75	ZZZ	1		N
+	67340		STRABISMUS EXPL&/RPR DETACHED EXTROCULAR MUSC	646.50	646.50	ZZZ	2		N
	67343		RLS XTNSV SCAR TISS W/O DETACHING EO MUSC SPX	1506.00	1506.00	030	1	3731.98	J1
	67345		CHEMODENERVATION EXTRAOCULAR MUSCLE	550.50	489.75	010	1	523.13	T
	67346		BIOPSY EXTRAOCULAR MUSCLE	430.50	430.50	000	0	6599.25	J1
	67399		UNLISTED PROCEDURE EXTRAOCULAR MUSCLE	BR	BR	YYY	2	457.68	T
	67400		ORBITOTOMY W/O BONE FLAP EXPL W/WO BIOPSY	2289.75	2289.75	030	1	6547.78	J1
	67405		ORBITOTOMY W/O BONE FLAP EXPL W/DRAINAGE ONLY	1997.25	1997.25	030	1	4032.46	J1
	67412		ORBITOTOMY W/O BONE FLAP W/REMOVAL LESION	2178.75	2178.75	030	1	4055.73	J1
	67413		ORBITOTOMY W/O BONE FLAP W/RMVL FOREIGN BODY	2127.00	2127.00	030	2	4076.96	J1
	67414		ORBITOTOMY W/O BONE FLAP W/RMVL BONE DCMPRN	3207.00	3207.00	030	2	6539.19	J1
	67415		FINE NEEDLE ASPIRATION ORBITAL CONTENTS	228.75	228.75	000	0	4082.68	J1
	67420		ORBITOTOMY BONE FLAP/WINDOW LAT RMVL LESION	3839.25	3839.25	030	2	6286.44	J1
	67430		ORBITOTOMY BONE FLAP/WINDOW LATERAL RMVL FB	3059.25	3059.25	030	2	6599.25	J1
	67440		ORBITOTOMY BONE FLAP/WINDOW LATERAL W/DRG	2969.25	2969.25	030	2	6599.25	J1
	67445		ORBITOTOMY BONE FLAP/WINDOW LAT RMVL BONE DCMPRN	3375.00	3375.00	030	2	6564.93	J1
	67450		ORBITOTOMY BONE FLAP/WINDOW LAT EXPL W/WO BX	3076.50	3076.50	030	2	6558.34	J1
	67500		RETROBULBAR INJECTION MEDICATION SPX	172.50	144.75	000	1	523.13	T
	67505		RETROBULBAR INJECTION ALCOHOL	189.75	159.75	000	1	523.13	T
	67515		INJECTION MEDICATION/OTHER SUBST TENON CAPSULE	114.00	104.25	000	1	523.13	T
	67516		SUPRACHOROIDAL SPACE NJX PHARMACOLOGIC AGENT	268.50	216.75	000	1	580.46	T
	67550		ORBITAL IMPLANT INSERTION	2400.75	2400.75	030	1	5237.17	J1
	67560		ORBITAL IMPLANT REMOVAL/REVISION	2451.00	2451.00	030	0	6432.28	J1
	67570		OPTIC NERVE DECOMPRESSION	2809.50	2809.50	030	2	6291.72	J1
	67599		UNLISTED PROCEDURE ORBIT	BR	BR	YYY	2	437.50	T
	67700		BLEPHAROTOMY DRAINAGE ABSCESS EYELID	618.75	261.75	010	1	523.13	T
	67710		SEVERING TARSORRHAPHY	526.50	219.00	010	1	1694.95	T
	67715		CANTHOTOMY SEPARATE PROCEDURE	578.25	243.00	010	1	4080.63	J1
	67800		EXCISION CHALAZION SINGLE	290.25	229.50	010	1	523.02	T
	67801		EXCISION CHALAZION MULTIPLE SAME LID	366.00	294.00	010	1	1694.95	T
	67805		EXCISION CHALAZION MULTIPLE DIFFERENT LIDS	456.00	363.75	010	1	523.13	T
	67808		EXC CHALAZION ANES REQ HOSPIZATION SINGLE/MULT	823.50	823.50	030	1	4082.68	J1
	67810		INCISIONAL BIOPSY EYELID SKIN W/LID MARGIN	405.75	153.00	000	1	523.02	T
	67820		CORRECTION TRICHIASIS EPILATION FORCEPS ONLY	42.00	49.50	000	1	225.58	Q1
	67825		CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS	300.75	274.50	010	1	523.13	T
	67830		CORRECTION TRICHIASIS INCCISION LID MARGIN	592.50	308.25	010	1	1694.95	T
	67835		CORRJ TRICHIASIS INC LID MRGN W/FR MUC MEMB GRF	988.50	988.50	030	0	4082.68	J1
	67840		EXC LESION EYELID W/O CLSR/W/SIMPLE DIR CLOSURE	613.50	350.25	010	1	1693.93	T
	67850		DESTRUCTION LESION LID MARGIN < 1 CM	480.75	295.50	010	1	1694.95	T
	67875		TEMPORARY CLOSURE EYELIDS SUTURE	401.25	214.50	000	1	1624.11	T
	67880		CONSTJ INTERMARGIN ADHES/TARSORRH/CANTHORRHAPY	1041.00	824.25	030	1	4056.55	J1

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67882		CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS	1274.25	1053.75	030	1	4051.25	J1
67900		REPAIR BROW PTOSIS	1450.50	1128.75	030	1	4036.55	J1
67901		RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL	1761.00	1314.00	030	1	3916.12	J1
67902		RPR BLEPHAROPT FRONTALIS MUSC AUTOL FASCAL SLING	1615.50	1615.50	030	1	6576.15	J1
67903		RPR BLEPHAROPTOSIS LEVATOR RESCJ/ADVMNT INTERNAL	1341.75	1071.75	030	1	4074.93	J1
67904		RPR BLEPHAROPTOSIS LEVATOR RESCJ/ADVMNT XTRNL	1644.75	1327.50	030	1	4078.60	J1
67906		RPR BLEPHAROPTOSIS SUPERIOR RECTUS FASCIAL SLING	1125.75	1125.75	030	1	6548.43	J1
67908		RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESCJ	1203.75	964.50	030	1	4081.05	J1
67909		REDUCTION OVERCORRECTION PTOSIS	1221.00	979.50	030	1	4082.68	J1
67911		CORRECTION LID RETRACTION	1248.00	1248.00	030	1	3985.92	J1
67912		CORRJ LAGOPHTHALMOS IMPLTJ UPR EYELID LID LOAD	1965.00	1083.75	030	1	3437.61	J1
67914		REPAIR ECTROPION SUTURE	1078.50	738.00	030	1	3994.50	J1
67915		REPAIR ECTROPION THERMOCAUTERIZATION	689.25	445.50	030	1	4032.88	J1
67916		REPAIR ECTROPION EXCISION TARSAL WEDGE	1349.25	963.00	030	1	4074.11	J1
67917		REPAIR ECTROPION EXTENSIVE	1381.50	1019.25	030	1	4069.21	J1
67921		REPAIR ENTROPION SUTURE	1053.00	700.50	030	1	4082.28	J1
67922		REPAIR ENTROPION THERMOCAUTERIZATION	678.00	449.25	030	1	4082.68	J1
67923		REPAIR ENTROPION EXCISION TARSAL WEDGE	1350.00	963.00	030	1	4074.51	J1
67924		REPAIR ENTROPION EXTENSIVE	1437.00	1020.75	030	1	4077.78	J1
67930		SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK	822.75	525.00	010	1	4079.01	J1
67935		SUTR WND EYELID/MARGIN/TARSUS/CONJUNC FULL THICK	1335.75	976.50	030	1	4080.63	J1
67938		REMOVAL EMBEDDED FOREIGN BODY EYELID	576.75	257.25	010	1	523.13	T
67950		CANTHOPLASTY	1301.25	1032.00	030	1	4036.13	J1
67961		EXCISION & REPAIR EYELID < ONE-FOURTH LID MARGIN	1311.00	1015.50	030	0	4074.51	J1
67966		EXCISION & REPAIR EYELID ONE-FOURTH LID MARGIN	1729.50	1456.50	030	1	4051.25	J1
67971		RCNSTJ EYELID FULL THICKNESS <TWO-THIRDS 1 STG	1600.50	1600.50	030	1	4043.08	J1
67973		RCNSTJ EYELID FULL THICKNESS LOWER EYELID 1 STG	2058.00	2058.00	030	2	4050.43	J1
67974		RCNSTJ EYELID FULL THICKNESS UPPER EYELID 1 STG	2052.00	2052.00	030	2	6529.95	J1
67975		RCNSTJ EYELID FULL THICKNESS SECOND STAGE	1518.00	1518.00	030	1	4065.53	J1
67999		UNLISTED PROCEDURE EYELIDS	BR	BR	YYY	0	494.10	T
68020		INCISION CONJUNCTIVA DRAINAGE OF CYST	271.50	246.00	010	1	1694.95	T
68040		EXPRESSION CONJUNCTIVAL FOLLICLES	140.25	107.25	000	1	523.13	T
68100		BIOPSY CONJUNCTIVA	395.25	214.50	000	1	3972.85	J1
68110		EXCISION LESION CONJUNCTIVA <1 CM	522.75	333.00	010	1	3834.86	J1
68115		EXCISION LESION CONJUNCTIVA > 1 CM	728.25	408.00	010	1	3698.91	J1
68130		EXCISION LESION CONJUNCTIVA ADJACENT SCLERA	1223.25	922.50	030	1	3966.32	J1
68135		DESTRUCTION LESION CONJUNCTIVA	354.75	336.00	010	1	3963.05	J1
68200		SUBCONJUNCTIVAL INJECTION	93.00	76.50	000	1	695.66	Q1
68320		CONJUNCTIVOPLASTY W/GRF/XTNSV REARRANGEMENT	1647.75	1206.00	030	1	3911.22	J1
68325		CONJUNCTIVOPLASTY W/BUCCAL MUC MEMB GRAFT	1461.75	1461.75	030	1	6272.60	J1
68326		CJP RCNSTJ CUL-DE-SAC BUCCAL GRF/XTNSV REARRGMT	1436.25	1436.25	030	1	6227.71	J1
68328		CONJUNCTPL CUL-DE-SAC W/BUCCAL MUC MEMB GRAFT	1568.25	1568.25	030	0	3829.14	J1
68330		RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT	1382.25	1029.75	030	0	3797.69	J1
68335		RPR SYMBLEPHARON FR GRF CJNC/BUCCAL MUC MEMB	1440.75	1440.75	030	1	5810.65	J1
68340		RPR & DIV SYMBLEPHARON W/WO CONFORM/CONTACT LE	1332.00	888.00	030	0	3693.60	J1
68360		CONJUNCTIVAL FLAP BRIDGE/PARTIAL SPX	1203.00	917.25	030	1	6329.35	J1
68362		CONJUNCTIVAL FLAP TOTAL	1458.75	1458.75	030	1	3939.37	J1
68371		HARVESTING CONJUNCIVAL ALLOGRAPHY LIVING DONOR	918.75	918.75	010	1	4024.30	J1
68399		UNLISTED PROCEDURE CONJUNCTIVA	BR	BR	YYY	0	514.87	T
68400		INCISION&DRAINAGE LACRIMAL GLAND	651.00	294.75	010	1	1694.95	T
68420		INCISION&DRAINAGE LACRIMAL SAC	727.50	371.25	010	1	4082.68	J1
68440		SNIP INCISION LACRIMAL PUNCTUM	234.00	224.25	010	1	523.13	T
68500		EXCISION LACRIMAL GLAND XCPT TUMOR TOTAL	2360.25	2360.25	030	1	6599.25	J1
68505		EXCISION LACRIMAL GLAND XCPT TUMOR PRTL	2349.75	2349.75	030	1	5799.41	J1
68510		BIOPSY LACRIMAL GLAND	994.50	638.25	000	0	3983.07	J1
68520		EXCISION LACRIMAL SAC	1643.25	1643.25	030	0	6382.13	J1
68525		BIOPSY LACRIMAL SAC	571.50	571.50	000	1	4082.68	J1
68530		RMVL FB/DACRYOLITH LACRIMAL PASSAGES	955.50	566.25	010	1	523.13	T
68540		EXC LACRIMAL GLAND TUMOR FRONTAL APPROACH	2181.00	2181.00	030	1	3967.15	J1
68550		EXC LACRIMAL GLAND TUMOR W/OSTEOTOMY	2712.75	2712.75	030	1	6397.32	J1
68700		PLASTIC REPAIR CANALICULI	1344.75	1344.75	030	1	3909.57	J1

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68705		CORRECTION EVERTED PUNCTUM CAUTERY	573.75	369.75	010	1	523.13	T
68720		DACRYOCSTORHINOSTOMY	1803.00	1803.00	030	2	6430.97	J1
68745		CONJUNCTIVORHINOSTOMY W/O TUBE	1812.00	1812.00	030	2	6599.25	J1
68750		CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT	1910.25	1910.25	030	2	6226.40	J1
68760		CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER	483.75	327.75	010	1	523.13	T
68761		CLSR LACRIMAL PUNCTUM PLUG EACH	321.75	261.75	010	0	512.87	T
68770		CLOSURE LACRIMAL FISTULA SPX	1398.00	1398.00	030	0	4082.68	J1
68801		DILATION LACRIMAL PUNCTUM W/WO IRRGATION	213.00	177.75	010	1	697.06	Q1
68810		PROBE NASOLACRIMAL DUCT W/WO IRRIGATION	358.50	287.25	010	1	523.13	T
68811		PROBE NASOLACRIMAL DUCT W/WO IRRIG REQ GEN ANES	303.75	303.75	010	1	4017.77	J1
68815		PROBE NASOLACRIMAL DUCT W/WO IRRG INSJ TUBE/STNT	823.50	496.50	010	1	3833.24	J1
68816		PROBE NASOLACRIMAL DUCT WITH CATHETER DILATION	1810.50	350.25	010	1	3126.92	J1
68840		PROBE LACRIMAL CANALICULI W/WO IRRIGATION	297.75	263.25	010	1	523.13	T
68841		INSJ RX ELUTING IMPLT PUNCTAL DILAT LAC CANAL EA	85.50	72.75	000	1	3904.67	Q1
68850		INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY	129.75	115.50	000	1		N
68899		UNLISTED PROCEDURE LACRIMAL SYSTEM	BR	BR	YYY	0	523.13	T
69000		DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE	414.75	285.00	010	1	1231.28	T
69005		DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA COMP	492.75	367.50	010	1	2834.86	J1
69020		DRAINAGE EXTERNAL AUDITORY CANAL ABSCESS	515.25	326.25	010	1	1231.28	T
69090		EAR PIERCING	61.50	61.50	XXX	9		E1
69100		BIOPSY EXTERNAL EAR	212.25	103.50	000	1	406.35	T
69105		BIOPSY EXTERNAL AUDITORY CANAL	319.50	147.00	000	1	2577.47	J1
69110		EXCISION EXTERNAL EAR PARTIAL SIMPLE REPAIR	1050.00	741.75	030	1	5005.09	J1
69120		EXCISION EXTERNAL EAR COMPLETE AMPUTATION	874.50	874.50	030	1	10342.05	J1
69140		EXCISION EXOSTOSIS EXTERNAL AUDITORY CANAL	2029.50	2029.50	030	0	10254.06	J1
69145		EXCISION SOFT TIS LESION EXTERNAL AUDITORY CANAL	912.75	582.00	030	1	4992.07	J1
69150		RAD EXC XTRNL AUDITORY CANAL LES W/O NCK DSJ	2262.00	2262.00	030	1	10278.91	J1
69155		RAD EXC XTRNL AUDITORY CANAL LES NCK DSJ	3662.25	3662.25	030	2		C
69200		RMVL FB XTRNL AUDITORY CANAL W/O ANES	181.50	108.00	000	1	225.58	Q1
69205		RMVL FB XTRNL AUDITORY CANAL ANES	215.25	215.25	010	1	2826.64	J1
69209		REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	35.25	35.25	000	1	103.95	Q1
69210		REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	108.00	72.00	000	1	103.95	Q1
69220		DEBRIDEMENT MASTOIDECTOMY CAVITY SIMPLE	178.50	117.00	000	1	347.73	Q1
69222		DEBRIDEMENT MASTOIDECTOMY CAVITY CMPLX	482.25	309.75	010	1	891.19	T
69300		OTOPLASTY PROTRUDING EAR W/WO SIZE RDCTJ	1462.50	1071.00	YYY	0	5675.37	J1
69310		RECONSTRUCTION EXTERNAL AUDITORY CANAL SPX	2514.75	2514.75	030	1	10181.59	J1
69320		RCNSTJ XTRNL AUD CANAL CONGENITAL ATRESIA 1 STG	3509.25	3509.25	030	2	10344.13	J1
69399		UNLISTED PROCEDURE EXTERNAL EAR	BR	BR	YYY	0	375.10	T
69420		MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NFLTJ	428.25	275.25	010	1	406.14	T
69421		MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NFLTJ ANES	344.25	344.25	010	1	5523.84	J1
69424		VENTILATING TUBE RMVL REQUIRING GENERAL ANES	285.00	138.75	000	1	5594.79	Q2
69433		TYMPANOSTOMY LOCAL/TOPICAL ANESTHESIA	453.00	302.25	010	1	890.21	T
69436		TYMPANOSTOMY GENERAL ANESTHESIA	363.75	363.75	010	1	2507.21	J1
69440		MIDDLE EAR EXPL THRU POSTAUR/EAR CANAL INC	1553.25	1553.25	030	1	5645.29	J1
69450		TYMPANOLYSIS TRANSCANAL	1230.00	1230.00	030	0	5589.68	J1
69501		TRANSMASTOID ANTROTOMY	1601.25	1601.25	030	1	10066.68	J1
69502		MASTOIDECTOMY COMPLETE	2123.25	2123.25	030	0	9925.88	J1
69505		MASTOIDECTOMY MODIFIED RADICAL	2767.50	2767.50	030	0	9865.84	J1
69511		MASTOIDECTOMY RADICAL	2831.25	2831.25	030	0	10165.03	J1
69530		PETROUS APICECTOMY RADICAL MASTOIDECTOMY	3789.00	3789.00	030	2	10333.77	J1
69535		RESCJ TEMPORAL BONE EXTERNAL APPROACH	5997.00	5997.00	030	1		C
69540		EXCISION AURAL POLYP	468.00	293.25	010	1	2591.98	J1
69550		EXCISION AURAL GLOMUS TUMOR TRANSCANAL	2394.75	2394.75	030	2	10275.79	J1
69552		EXCISION AURAL GLOMUS TUMOR TRANSMASTOID	3572.25	3572.25	030	2	10086.35	J1
69554		EXCISION AURAL GLOMUS TUMOR EXTENDED	5698.50	5698.50	030	2		C
69601		REVJ MASTOIDECTOMY RSLTG COMPL MASTOIDECTOMY	2289.00	2289.00	030	0	10124.66	J1
69602		REVJ MASTOIDECTOMY RSLTG MODF RAD MSTDC	2444.25	2444.25	030	0	10145.36	J1
69603		REVJ MASTOIDECTOMY RSLTG RAD MASTOIDECTOMY	2892.75	2892.75	030	0	10350.34	J1
69604		REVJ MASTOIDECTOMY RSLTG TYMPANOPLASTY	2498.25	2498.25	030	1	9903.11	J1
69610		TYMPANIC MEMB RPR W/WO PREPJ PERFOR PATCH	861.75	650.25	010	1	2566.83	J1
69620		MYRINGOPLASTY	1668.00	1125.75	030	1	5545.98	J1

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	69631		TYMPANOPLASTY W/O MASTOIDECT W/O OSSICLE RECNSTJ	1996.50	1996.50	030	1	10127.76	J1
	69632		TYMPNOPLSTY W/O MSTDC 1ST/REVJ W/OSICLE RECNSTJ	2429.25	2429.25	030	1	9510.76	J1
	69633		TYMPANOPLASTY W/O MASTOIDEC 1ST/REVJ PROSTH TORP	2366.25	2366.25	030	1	9042.83	J1
	69635		TYMPP ANTRT/MASTOID W/O OSSICULAR CHAIN RECNSTJ	2884.50	2884.50	030	1	9925.88	J1
	69636		TYMPP ANTRT/MASTOID W/OSSICULAR CHAIN RECNSTJ	3171.75	3171.75	030	0	9736.44	J1
	69637		TMPP ANTRT/MASTOIDOTOMY PROSTHESIS TORP	3158.25	3158.25	030	0	9497.30	J1
	69641		TMPP MASTOIDECTOMY W/O OSSICULAR CHAIN RECNSTJ	2340.75	2340.75	030	1	9993.18	J1
	69642		TMPP MASTOIDECTOMY W/OSSICULAR CHAIN RECNSTJ	3002.25	3002.25	030	1	9566.66	J1
	69643		TMPP MASTOIDECT NTC/RCNSTED WALL W/O OCR	2746.50	2746.50	030	1	10063.57	J1
	69644		TMPP MASTOIDECT NTC/RCNSTED CANAL WALL OCR	3397.50	3397.50	030	1	9660.86	J1
	69645		TYMPANOPLASTY MASTOIDECTOMY RAD/COMPL W/O OCR	3334.50	3334.50	030	1	10117.40	J1
	69646		TYMPANOPLASTY MASTOIDECTOMY RAD/COMPL W/OCR	3527.25	3527.25	030	0	9559.41	J1
	69650		STAPES MOBILIZATION	1806.00	1806.00	030	1	5127.13	J1
	69660		STAPEDECTOMY/STAPEDOTOMY	2079.00	2079.00	030	1	9441.39	J1
	69661		STAPEDECTOMY/STAPEDOTOMY W/FOOTPLATE DRILL OUT	2707.50	2707.50	030	0	9342.01	J1
	69662		REVISION STAPEDECTOMY/STAPEDOTOMY	2588.25	2588.25	030	1	9243.66	J1
	69666		REPAIR OVAL WINDOW FISTULA	1816.50	1816.50	030	0	5675.37	J1
	69667		REPAIR ROUND WINDOW FISTULA	1817.25	1817.25	030	0	4589.67	J1
	69670		MASTOID OBLITERATION SEPARATE PROCEDURE	2122.50	2122.50	030	2	9953.84	J1
	69676		TYMPANIC NEURECTOMY	1872.00	1872.00	030	1	5675.37	J1
	69700		CLOSURE POSTAURICULAR FISTULA MASTOID SPX	1500.00	1500.00	030	1	2592.24	J1
	69705		SURG NASOPHARYNGOSCOPY DILAT EUSTACHIAN TUBE UNI	5745.75	391.50	000	0	5877.06	J1
	69706		SURG NASOPHARYNGOSCOPY DILAT EUSTACHIAN TUBE BI	5949.00	546.75	000	0	5825.30	J1
	69710		IMPLTJ/RPLCMT EMGNT BONE CNDJ DEV TEMPORAL BONE	2174.25	2174.25	XXX	9		E1
	69711		RMVL/RPR EMGNT BONE CNDJ DEV TEMPORAL BONE	1885.50	1885.50	030	2	5653.24	J1
	69714		IMPL OI IMPLT SKULL PERQ ATTACHMENT ESP	1119.75	1119.75	030	1	8945.98	J1
	69716		IMPL OI IMPLT SKULL MAG TC ATTACHMENT ESP<100	1401.75	1401.75	030	1	8936.97	J1
	69717		RPLCMT OI IMPLT SKULL PERQ ATTACHMENT ESP	1267.50	1267.50	030	1	5945.73	J1
	69719		RPLCMT OI IMPLT SKULL MAG TC ATTACHMENT ESP<100	1455.00	1455.00	030	1	8236.69	J1
	69720		DCMPRN FACIAL NRV INTRATEMPORAL LAT GANGLION	2657.25	2657.25	030	0	10283.05	J1
	69725		DCMPRN NRV INTRATEMPORAL MEDIAL GENICULATE	4198.50	4198.50	030	2	10348.26	J1
	69726		REMOVAL ENTIRE OI IMPLT SKL PERQ ATTACHMENT ESP	1077.00	1077.00	030	1	5671.26	J1
	69727		REMOVAL ENTIRE OI IMPLT SKL MAG TC ATTCH ESP<100	1201.50	1201.50	030	1	5678.07	J1
	69728		RMVL ENTIRE OI IMPLT SKL MAG TC ATTCH ESP>=100	1339.50	1339.50	030	1	5678.07	J1
	69729		IMPL OI IMPLT SKULL MAG TC ATTACHMENT ESP>=100	1518.00	1518.00	030	1	8765.84	J1
	69730		RPLCMT OI IMPLT SKULL MAG TC ATTACHMENT ESP>=100	1550.25	1550.25	030	1	8412.32	J1
	69740		SUTR NRV ITPRL W/WO GRF/DCMPRN LAT GENICULATE	2608.50	2608.50	030	2	10352.41	J1
	69745		SUTR NRV ITPRL W/WO GRF/DCMPRN MEDIAL GENICULATE	2778.75	2778.75	030	2	10352.41	J1
	69799		UNLISTED PROCEDURE MIDDLE EAR	BR	BR	YYY	0	324.10	T
	69801		LABYRINTHOTOMY TRANSCANAL	508.50	281.25	000	0	2592.24	J1
	69805		ENDOLYMPHATIC SAC W/O SHUNT	2317.50	2317.50	030	2	9839.95	J1
	69806		ENDOLYMPHATIC SAC SHUNT	2071.50	2071.50	030	1	10129.82	J1
	69905		LABYRINTHECTOMY TRANSCANAL	2063.25	2063.25	030	1	10352.41	J1
	69910		LABYRINTHECTOMY W/MASTOIDECTOMY	2227.50	2227.50	030	0	9970.40	J1
	69915		VESTIBULAR NRV SECTION TRANSLABYRINTHINE APPR	3377.25	3377.25	030	2	5675.37	J1
	69930		COCHLEAR DEVICE IMPLANTATION W/WO MASTOIDECTOMY	2728.50	2728.50	030	0	13776.77	J1
	69949		UNLISTED PROCEDURE INNER EAR	BR	BR	YYY	0	403.06	T
	69950		VESTIBULAR NRV SECTION TRANSCRANIAL APPROACH	3927.75	3927.75	030	2		C
	69955		TOTAL FACIAL NERVE DECOMPRESSION &/REPAIR	4416.00	4416.00	030	2	10352.41	J1
	69960		DECOMPRESSION INTERNAL AUDITORY CANAL	4235.25	4235.25	030	2	10352.41	J1
	69970		REMOVAL TUMOR TEMPORAL BONE	4776.75	4776.75	030	2	10351.37	J1
	69979		UNLISTED PROCEDURE TEMPORAL BONE MIDDLE FOSSA	BR	BR	YYY	0	395.54	T
+	69990		MICROSURG TQS REQ USE OPERATING MICROSCOPE	491.25	491.25	ZZZ	2		N

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Radiology

				Professional			Outpatient Facility	
Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
70010		MYELOGRAPY POST FOSSA RS&I	113.75	113.75	XXX	0	624.98	Q2
70015		CISTERNOGRAPHY POSITIVE CONTRAST RS&I	319.15	319.15	XXX	0		
70015	26	CISTERNOGRAPHY POSITIVE CONTRAST RS&I	109.20	109.20	XXX	0		
70015	TC	CISTERNOGRAPHY POSITIVE CONTRAST RS&I	209.95	209.95	XXX	0	1382.61	Q2
70030		RADIOLOGIC EXAMINATION EYE DETECT FOREIGN BODY	64.35	64.35	XXX	0		
70030	26	RADIOLOGIC EXAMINATION EYE DETECT FOREIGN BODY	16.90	16.90	XXX	0		
70030	TC	RADIOLOGIC EXAMINATION EYE DETECT FOREIGN BODY	47.45	47.45	XXX	0	154.09	Q1
70100		RADIOLOGIC EXAMINATION MANDIPLE PRTL <4 VIEWS	75.40	75.40	XXX	0		
70100	26	RADIOLOGIC EXAMINATION MANDIPLE PRTL <4 VIEWS	16.90	16.90	XXX	0		
70100	TC	RADIOLOGIC EXAMINATION MANDIPLE PRTL <4 VIEWS	58.50	58.50	XXX	0	153.63	Q1
70110		RADIOLOG EXAM MANDIBLE COMPL MINIMUM 4 VIEWS	85.15	85.15	XXX	0		
70110	26	RADIOLOG EXAM MANDIBLE COMPL MINIMUM 4 VIEWS	23.40	23.40	XXX	0		
70110	TC	RADIOLOG EXAM MANDIBLE COMPL MINIMUM 4 VIEWS	61.75	61.75	XXX	0	186.10	Q1
70120		RADIOLOGIC EXAM MASTOIDS < 3 VIEWS PER SIDE	74.75	74.75	XXX	0		
70120	26	RADIOLOGIC EXAM MASTOIDS < 3 VIEWS PER SIDE	16.90	16.90	XXX	0		
70120	TC	RADIOLOGIC EXAM MASTOIDS < 3 VIEWS PER SIDE	57.85	57.85	XXX	0	186.10	Q1
70130		RADEX MASTOIDS COMPL MINIMUM 3 VIEWS PR SIDE	121.55	121.55	XXX	0		
70130	26	RADEX MASTOIDS COMPL MINIMUM 3 VIEWS PR SIDE	31.85	31.85	XXX	0		
70130	TC	RADEX MASTOIDS COMPL MINIMUM 3 VIEWS PR SIDE	89.70	89.70	XXX	0	186.10	Q1
70134		RADEX INTERNAL AUDITORY MEATI COMPLETE	119.60	119.60	XXX	0		
70134	26	RADEX INTERNAL AUDITORY MEATI COMPLETE	33.15	33.15	XXX	0		
70134	TC	RADEX INTERNAL AUDITORY MEATI COMPLETE	86.45	86.45	XXX	0	959.53	Q1
70140		RADEX FACIAL BONES < 3 VIEWS	62.40	62.40	XXX	0		
70140	26	RADEX FACIAL BONES < 3 VIEWS	18.85	18.85	XXX	0		
70140	TC	RADEX FACIAL BONES < 3 VIEWS	43.55	43.55	XXX	0	154.09	Q1
70150		RADEX FACIAL BONES COMPLETE MINIMUM 3 VIEWS	91.00	91.00	XXX	0		
70150	26	RADEX FACIAL BONES COMPLETE MINIMUM 3 VIEWS	24.05	24.05	XXX	0		
70150	TC	RADEX FACIAL BONES COMPLETE MINIMUM 3 VIEWS	66.95	66.95	XXX	0	186.10	Q1
70160		RADEX NASAL BONES COMPLETE MINIMUM 3 VIEWS	73.45	73.45	XXX	0		
70160	26	RADEX NASAL BONES COMPLETE MINIMUM 3 VIEWS	16.25	16.25	XXX	0		
70160	TC	RADEX NASAL BONES COMPLETE MINIMUM 3 VIEWS	57.20	57.20	XXX	0	154.09	Q1
70170		DACRYOCSTOGRAPY NASOLACRIMAL DUCT RS&I	96.20	96.20	XXX	0		
70170	26	DACRYOCSTOGRAPY NASOLACRIMAL DUCT RS&I	27.95	27.95	XXX	0		
70170	TC	DACRYOCSTOGRAPY NASOLACRIMAL DUCT RS&I	68.25	68.25	XXX	0	423.01	Q2
70190		RADEX OPTIC FORAMINA	72.80	72.80	XXX	0		
70190	26	RADEX OPTIC FORAMINA	20.80	20.80	XXX	0		
70190	TC	RADEX OPTIC FORAMINA	52.00	52.00	XXX	0	154.09	Q1
70200		RADEX ORBITS COMPLETE MINIMUM 4 VIEWS	92.95	92.95	XXX	0		
70200	26	RADEX ORBITS COMPLETE MINIMUM 4 VIEWS	26.00	26.00	XXX	0		
70200	TC	RADEX ORBITS COMPLETE MINIMUM 4 VIEWS	66.95	66.95	XXX	0	186.10	Q1
70210		RADEX SINUSES PARANASAL <3 VIEWS	63.05	63.05	XXX	0		
70210	26	RADEX SINUSES PARANASAL <3 VIEWS	16.25	16.25	XXX	0		
70210	TC	RADEX SINUSES PARANASAL <3 VIEWS	46.80	46.80	XXX	0	154.09	Q1
70220		RADEX SINUSES PARANASAL COMPL MINIMUM 3 VIEWS	73.45	73.45	XXX	0		
70220	26	RADEX SINUSES PARANASAL COMPL MINIMUM 3 VIEWS	20.15	20.15	XXX	0		
70220	TC	RADEX SINUSES PARANASAL COMPL MINIMUM 3 VIEWS	53.30	53.30	XXX	0	154.09	Q1
70240		RADIOLOGIC EXAMINATION SELLA TURCICA	63.70	63.70	XXX	0		
70240	26	RADIOLOGIC EXAMINATION SELLA TURCICA	17.55	17.55	XXX	0		
70240	TC	RADIOLOGIC EXAMINATION SELLA TURCICA	46.15	46.15	XXX	0	154.09	Q1
70250		RADIOLOGIC EXAMINATION SKULL 4< VIEWS	70.20	70.20	XXX	0		
70250	26	RADIOLOGIC EXAMINATION SKULL 4< VIEWS	16.90	16.90	XXX	0		
70250	TC	RADIOLOGIC EXAMINATION SKULL 4< VIEWS	53.30	53.30	XXX	0	186.10	Q1
70260		RADIOLOGIC EXAM SKULL COMPLETE MINIMUM 4 VIEWS	87.10	87.10	XXX	0		
70260	26	RADIOLOGIC EXAM SKULL COMPLETE MINIMUM 4 VIEWS	26.00	26.00	XXX	0		
70260	TC	RADIOLOGIC EXAM SKULL COMPLETE MINIMUM 4 VIEWS	61.10	61.10	XXX	0	186.10	Q1
70300		RADIOLOGIC EXAMINATION TEETH 1 VIEW	26.00	26.00	XXX	0		
70300	26	RADIOLOGIC EXAMINATION TEETH 1 VIEW	9.75	9.75	XXX	0		
70300	TC	RADIOLOGIC EXAMINATION TEETH 1 VIEW	16.25	16.25	XXX	0	154.09	Q1

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				Non Fac Fee	Professional Fac Fee	FUD	ASST	Outpatient Facility Fee	SI
	70310		RADIOLOGIC EXAM TEETH PRTL EXAM < FULL MOUTH	79.30	79.30	XXX	0		
	70310	26	RADIOLOGIC EXAM TEETH PRTL EXAM < FULL MOUTH	15.60	15.60	XXX	0		
	70310	TC	RADIOLOGIC EXAM TEETH PRTL EXAM < FULL MOUTH	63.70	63.70	XXX	0	422.08	Q1
	70320		RADIOLOGIC EXAM TEETH COMPLETE FULL MOUTH	105.95	105.95	XXX	0		
	70320	26	RADIOLOGIC EXAM TEETH COMPLETE FULL MOUTH	21.45	21.45	XXX	0		
	70320	TC	RADIOLOGIC EXAM TEETH COMPLETE FULL MOUTH	84.50	84.50	XXX	0	423.01	Q1
	70328		RADEX TEMPOROMANDBLE JT OPN & CLSD MOUTH UNILAT	66.95	66.95	XXX	0		
	70328	26	RADEX TEMPOROMANDBLE JT OPN & CLSD MOUTH UNILAT	16.90	16.90	XXX	0		
	70328	TC	RADEX TEMPOROMANDBLE JT OPN & CLSD MOUTH UNILAT	50.05	50.05	XXX	0	154.09	Q1
	70330		RADEX TEMPOROMANDBLE JT OPN & CLSD MOUTH BILAT	103.35	103.35	XXX	0		
	70330	26	RADEX TEMPOROMANDBLE JT OPN & CLSD MOUTH BILAT	22.10	22.10	XXX	0		
	70330	TC	RADEX TEMPOROMANDBLE JT OPN & CLSD MOUTH BILAT	81.25	81.25	XXX	0	154.09	Q1
	70332		TEMPOROMANDBLE JT ARTHROGRAPHY RS&I	158.60	158.60	XXX	0		
	70332	26	TEMPOROMANDBLE JT ARTHROGRAPHY RS&I	50.05	50.05	XXX	0		
	70332	TC	TEMPOROMANDBLE JT ARTHROGRAPHY RS&I	108.55	108.55	XXX	0	423.01	Q2
	70336		MRI TEMPOROMANDIBULAR JOINT	518.05	518.05	XXX	0		
	70336	26	MRI TEMPOROMANDIBULAR JOINT	134.55	134.55	XXX	0		
	70336	TC	MRI TEMPOROMANDIBULAR JOINT	383.50	383.50	XXX	0	423.01	Q3
	70350		CEPHALOGRAM ORTHODONTIC	34.45	34.45	XXX	0		
	70350	26	CEPHALOGRAM ORTHODONTIC	16.90	16.90	XXX	0		
	70350	TC	CEPHALOGRAM ORTHODONTIC	17.55	17.55	XXX	0	154.09	Q1
	70355		ORTHOPANTOGRAM	37.05	37.05	XXX	0		
	70355	26	ORTHOPANTOGRAM	19.50	19.50	XXX	0		
	70355	TC	ORTHOPANTOGRAM	17.55	17.55	XXX	0	153.95	Q1
	70360		RADIOLOGIC EXAMINATION NECK SOFT TISSUE	61.10	61.10	XXX	0		
	70360	26	RADIOLOGIC EXAMINATION NECK SOFT TISSUE	16.90	16.90	XXX	0		
	70360	TC	RADIOLOGIC EXAMINATION NECK SOFT TISSUE	44.20	44.20	XXX	0	153.93	Q1
	70370		RADEX PHARYNX/LARX W/FLUOR&/MAGNIFICATION TQ	200.20	200.20	XXX	0		
	70370	26	RADEX PHARYNX/LARX W/FLUOR&/MAGNIFICATION TQ	29.25	29.25	XXX	0		
	70370	TC	RADEX PHARYNX/LARX W/FLUOR&/MAGNIFICATION TQ	170.95	170.95	XXX	0	154.09	Q1
	70371		CPLX DYNAMIC PHARYNGEAL&SP EVAL C/V REC	217.75	217.75	XXX	0		
	70371	26	CPLX DYNAMIC PHARYNGEAL&SP EVAL C/V REC	81.25	81.25	XXX	0		
	70371	TC	CPLX DYNAMIC PHARYNGEAL&SP EVAL C/V REC	136.50	136.50	XXX	0	423.01	Q1
	70380		RADIOLOGIC EXAMINATION SALIVARY GLAND CALCULUS	72.80	72.80	XXX	0		
	70380	26	RADIOLOGIC EXAMINATION SALIVARY GLAND CALCULUS	15.60	15.60	XXX	0		
	70380	TC	RADIOLOGIC EXAMINATION SALIVARY GLAND CALCULUS	57.20	57.20	XXX	0	154.09	Q1
	70390		SIALOGRAPHY RS&I	220.35	220.35	XXX	0		
	70390	26	SIALOGRAPHY RS&I	35.10	35.10	XXX	0		
	70390	TC	SIALOGRAPHY RS&I	185.25	185.25	XXX	0	419.97	Q2
	70450		CT HEAD/BRAIN W/O CONTRAST MATERIAL	211.25	211.25	XXX	0		
	70450	26	CT HEAD/BRAIN W/O CONTRAST MATERIAL	78.00	78.00	XXX	0		
	70450	TC	CT HEAD/BRAIN W/O CONTRAST MATERIAL	133.25	133.25	XXX	0	186.10	Q3
	70460		CT HEAD/BRAIN W/CONTRAST MATERIAL	293.80	293.80	XXX	0		
	70460	26	CT HEAD/BRAIN W/CONTRAST MATERIAL	103.35	103.35	XXX	0		
	70460	TC	CT HEAD/BRAIN W/CONTRAST MATERIAL	190.45	190.45	XXX	0	311.33	Q3
	70470		CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL	343.20	343.20	XXX	0		
	70470	26	CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL	116.35	116.35	XXX	0		
	70470	TC	CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL	226.85	226.85	XXX	0	311.50	Q3
	70471		CTA HEAD&NECK C+ W/NONCONTRAST IMG&POST-PXESSING	733.20	733.20	XXX	0		
	70471	26	CTA HEAD&NECK C+ W/NONCONTRAST IMG&POST-PXESSING	230.10	230.10	XXX	0		
	70471	TC	CTA HEAD&NECK C+ W/NONCONTRAST IMG&POST-PXESSING	503.10	503.10	XXX	0	623.75	Q3
+	70472		CT CERE PRFUJ ALYS C+ W/CT/CTA SAME ANATOMY	304.20	304.20	ZZZ	0		
+	70472	26	CT CERE PRFUJ ALYS C+ W/CT/CTA SAME ANATOMY	70.85	70.85	ZZZ	0		
+	70472	TC	CT CERE PRFUJ ALYS C+ W/CT/CTA SAME ANATOMY	233.35	233.35	ZZZ	0		N
	70473		CT CERE PRFUJ ALYS C+ W/O CT/CTA SAME ANATOMY	469.30	469.30	XXX	0		
	70473	26	CT CERE PRFUJ ALYS C+ W/O CT/CTA SAME ANATOMY	92.30	92.30	XXX	0		
	70473	TC	CT CERE PRFUJ ALYS C+ W/O CT/CTA SAME ANATOMY	377.00	377.00	XXX	0	313.60	Q3
	70480		CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL	314.60	314.60	XXX	0		
	70480	26	CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL	117.65	117.65	XXX	0		
	70480	TC	CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL	196.95	196.95	XXX	0	186.10	Q3
	70481		CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL	356.85	356.85	XXX	0		

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Code	Mod	Description	Non Fac Fee	Professional Fac Fee	FUD	ASST	Outpatient Facility Fee	SI
70481	26	CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL	103.35	103.35	XXX	0		
70481	TC	CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL	253.50	253.50	XXX	0	311.45	Q3
70482		CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR	415.35	415.35	XXX	0		
70482	26	CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR	115.70	115.70	XXX	0		
70482	TC	CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR	299.65	299.65	XXX	0	311.50	Q3
70486		CT MAXILLOFACIAL W/O CONTRAST MATERIAL	253.50	253.50	XXX	0		
70486	26	CT MAXILLOFACIAL W/O CONTRAST MATERIAL	78.65	78.65	XXX	0		
70486	TC	CT MAXILLOFACIAL W/O CONTRAST MATERIAL	174.85	174.85	XXX	0	186.10	Q3
70487		CT MAXILLOFACIAL W/CONTRAST MATERIAL	300.95	300.95	XXX	0		
70487	26	CT MAXILLOFACIAL W/CONTRAST MATERIAL	103.35	103.35	XXX	0		
70487	TC	CT MAXILLOFACIAL W/CONTRAST MATERIAL	197.60	197.60	XXX	0	311.50	Q3
70488		CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL	364.00	364.00	XXX	0		
70488	26	CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL	115.70	115.70	XXX	0		
70488	TC	CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL	248.30	248.30	XXX	0	311.47	Q3
70490		CT SOFT TISSUE NECK W/O CONTRAST MATERIAL	297.05	297.05	XXX	0		
70490	26	CT SOFT TISSUE NECK W/O CONTRAST MATERIAL	117.65	117.65	XXX	0		
70490	TC	CT SOFT TISSUE NECK W/O CONTRAST MATERIAL	179.40	179.40	XXX	0	186.10	Q3
70491		CT SOFT TISSUE NECK W/CONTRAST MATERIAL	364.00	364.00	XXX	0		
70491	26	CT SOFT TISSUE NECK W/CONTRAST MATERIAL	126.10	126.10	XXX	0		
70491	TC	CT SOFT TISSUE NECK W/CONTRAST MATERIAL	237.90	237.90	XXX	0	311.47	Q3
70492		CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL	436.80	436.80	XXX	0		
70492	26	CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL	147.55	147.55	XXX	0		
70492	TC	CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL	289.25	289.25	XXX	0	311.45	Q3
70496		CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	547.30	547.30	XXX	0		
70496	26	CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	159.90	159.90	XXX	0		
70496	TC	CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	387.40	387.40	XXX	0	311.50	Q3
70498		CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	546.65	546.65	XXX	0		
70498	26	CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	159.90	159.90	XXX	0		
70498	TC	CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	386.75	386.75	XXX	0	311.47	Q3
70540		MRI ORBIT FACE &/NECK W/O CONTRAST	446.55	446.55	XXX	0		
70540	26	MRI ORBIT FACE &/NECK W/O CONTRAST	122.85	122.85	XXX	0		
70540	TC	MRI ORBIT FACE &/NECK W/O CONTRAST	323.70	323.70	XXX	0	423.01	Q3
70542		MRI ORBIT FACE & NECK W/CONTRAST MATERIAL	528.45	528.45	XXX	0		
70542	26	MRI ORBIT FACE & NECK W/CONTRAST MATERIAL	148.20	148.20	XXX	0		
70542	TC	MRI ORBIT FACE & NECK W/CONTRAST MATERIAL	380.25	380.25	XXX	0	624.73	Q3
70543		MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL	670.15	670.15	XXX	0		
70543	26	MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL	197.60	197.60	XXX	0		
70543	TC	MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL	472.55	472.55	XXX	0	624.91	Q3
70544		MRA HEAD W/O CONTRST MATERIAL	426.40	426.40	XXX	0		
70544	26	MRA HEAD W/O CONTRST MATERIAL	109.20	109.20	XXX	0		
70544	TC	MRA HEAD W/O CONTRST MATERIAL	317.20	317.20	XXX	0	423.01	Q3
70545		MRA HEAD W/CONTRAST MATERIAL	450.45	450.45	XXX	0		
70545	26	MRA HEAD W/CONTRAST MATERIAL	109.20	109.20	XXX	0		
70545	TC	MRA HEAD W/CONTRAST MATERIAL	341.25	341.25	XXX	0	624.98	Q3
70546		MRA HEAD W/O & W/CONTRAST MATERIAL	652.60	652.60	XXX	0		
70546	26	MRA HEAD W/O & W/CONTRAST MATERIAL	135.20	135.20	XXX	0		
70546	TC	MRA HEAD W/O & W/CONTRAST MATERIAL	517.40	517.40	XXX	0	624.79	Q3
70547		MRA NECK W/O CONTRST MATERIAL	427.70	427.70	XXX	0		
70547	26	MRA NECK W/O CONTRST MATERIAL	109.85	109.85	XXX	0		
70547	TC	MRA NECK W/O CONTRST MATERIAL	317.85	317.85	XXX	0	423.01	Q3
70548		MRA NECK W/CONTRAST MATERIAL	487.50	487.50	XXX	0		
70548	26	MRA NECK W/CONTRAST MATERIAL	137.15	137.15	XXX	0		
70548	TC	MRA NECK W/CONTRAST MATERIAL	350.35	350.35	XXX	0	624.98	Q3
70549		MRA NECK W/O &W/CONTRAST MATERIAL	683.80	683.80	XXX	0		
70549	26	MRA NECK W/O &W/CONTRAST MATERIAL	164.45	164.45	XXX	0		
70549	TC	MRA NECK W/O &W/CONTRAST MATERIAL	519.35	519.35	XXX	0	624.98	Q3
70551		MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	388.70	388.70	XXX	0		
70551	26	MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	135.20	135.20	XXX	0		
70551	TC	MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	253.50	253.50	XXX	0	423.01	Q3
70552		MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL	535.60	535.60	XXX	0		
70552	26	MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL	163.15	163.15	XXX	0		

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Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
70552	TC	MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL	372.45	372.45	XXX	0	624.54	Q3
70553		MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL	631.15	631.15	XXX	0		
70553	26	MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL	210.60	210.60	XXX	0		
70553	TC	MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL	420.55	420.55	XXX	0	624.98	Q3
70554		MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMNISTRATION	750.75	750.75	XXX	0		
70554	26	MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMNISTRATION	195.65	195.65	XXX	0		
70554	TC	MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMNISTRATION	555.10	555.10	XXX	0	423.01	Q3
70555		MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMNISTRATION	1349.40	1349.40	XXX	0		
70555	26	MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMNISTRATION	229.45	229.45	XXX	0		
70555	TC	MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMNISTRATION	1119.95	1119.95	XXX	0	423.01	S
70557		MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL	292.50	292.50	XXX	0		
70557	26	MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL	292.50	292.50	XXX	0		
70557	TC	MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL	BR	BR	XXX	0	959.53	S
70558		MRI BRAIN OPEN INTRACRANIAL PX W/CONTRAST MATL	1294.80	1294.80	XXX	0		
70558	26	MRI BRAIN OPEN INTRACRANIAL PX W/CONTRAST MATL	323.70	323.70	XXX	0		
70558	TC	MRI BRAIN OPEN INTRACRANIAL PX W/CONTRAST MATL	971.10	971.10	XXX	0	33.22	S
70559		MRI BRAIN OPEN INTRACRANIAL PX W/O & W/CONTRAST	852.15	852.15	XXX	0		
70559	26	MRI BRAIN OPEN INTRACRANIAL PX W/O & W/CONTRAST	306.80	306.80	XXX	0		
70559	TC	MRI BRAIN OPEN INTRACRANIAL PX W/O & W/CONTRAST	545.35	545.35	XXX	0	311.54	S
71045		RADIOLOGIC EXAM CHEST SINGLE VIEW	50.70	50.70	XXX	0		
71045	26	RADIOLOGIC EXAM CHEST SINGLE VIEW	16.90	16.90	XXX	0		
71045	TC	RADIOLOGIC EXAM CHEST SINGLE VIEW	33.80	33.80	XXX	0	152.69	Q3
71046		RADIOLOGIC EXAM CHEST 2 VIEWS	65.65	65.65	XXX	0		
71046	26	RADIOLOGIC EXAM CHEST 2 VIEWS	20.15	20.15	XXX	0		
71046	TC	RADIOLOGIC EXAM CHEST 2 VIEWS	45.50	45.50	XXX	0	154.09	Q3
71047		RADIOLOGIC EXAM CHEST 3 VIEWS	81.90	81.90	XXX	0		
71047	26	RADIOLOGIC EXAM CHEST 3 VIEWS	25.35	25.35	XXX	0		
71047	TC	RADIOLOGIC EXAM CHEST 3 VIEWS	56.55	56.55	XXX	0	154.09	Q1
71048		RADIOLOGIC EXAM CHEST 4+ VIEWS	89.05	89.05	XXX	0		
71048	26	RADIOLOGIC EXAM CHEST 4+ VIEWS	28.60	28.60	XXX	0		
71048	TC	RADIOLOGIC EXAM CHEST 4+ VIEWS	60.45	60.45	XXX	0	186.10	Q1
71100		RADEX RIBS UNILATERAL 2 VIEWS	71.50	71.50	XXX	0		
71100	26	RADEX RIBS UNILATERAL 2 VIEWS	20.80	20.80	XXX	0		
71100	TC	RADEX RIBS UNILATERAL 2 VIEWS	50.70	50.70	XXX	0	154.09	Q1
71101		RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS	81.90	81.90	XXX	0		
71101	26	RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS	24.70	24.70	XXX	0		
71101	TC	RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS	57.20	57.20	XXX	0	186.10	Q1
71110		RADEX RIBS BILATERAL 3 VIEWS	85.15	85.15	XXX	0		
71110	26	RADEX RIBS BILATERAL 3 VIEWS	26.65	26.65	XXX	0		
71110	TC	RADEX RIBS BILATERAL 3 VIEWS	58.50	58.50	XXX	0	186.10	Q1
71111		RADEX RIBS BI W/POSTEROANT CH MINIMUM 4 VIEWS	102.05	102.05	XXX	0		
71111	26	RADEX RIBS BI W/POSTEROANT CH MINIMUM 4 VIEWS	29.90	29.90	XXX	0		
71111	TC	RADEX RIBS BI W/POSTEROANT CH MINIMUM 4 VIEWS	72.15	72.15	XXX	0	186.08	Q1
71120		RADEX STERNUM MINIMUM 2 VIEWS	65.00	65.00	XXX	0		
71120	26	RADEX STERNUM MINIMUM 2 VIEWS	18.20	18.20	XXX	0		
71120	TC	RADEX STERNUM MINIMUM 2 VIEWS	46.80	46.80	XXX	0	154.09	Q1
71130		RADEX STERNOCLAVICULAR JT/JTS MINIMUM 3 VIEWS	79.95	79.95	XXX	0		
71130	26	RADEX STERNOCLAVICULAR JT/JTS MINIMUM 3 VIEWS	20.15	20.15	XXX	0		
71130	TC	RADEX STERNOCLAVICULAR JT/JTS MINIMUM 3 VIEWS	59.80	59.80	XXX	0	154.09	Q1
71250		DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST	263.25	263.25	XXX	0		
71250	26	DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST	98.80	98.80	XXX	0		
71250	TC	DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST	164.45	164.45	XXX	0	186.10	Q3
71260		DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/CONTRAST	330.20	330.20	XXX	0		
71260	26	DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/CONTRAST	106.60	106.60	XXX	0		
71260	TC	DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/CONTRAST	223.60	223.60	XXX	0	311.47	Q3
71270		DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX C-/C+	388.05	388.05	XXX	0		
71270	26	DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX C-/C+	114.40	114.40	XXX	0		
71270	TC	DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX C-/C+	273.65	273.65	XXX	0	311.54	Q3
71271		COMPUTED TOMOGRAPHY THORAX LW DOSE LNG CA SCR C-	272.35	272.35	XXX	0		
71271	26	COMPUTED TOMOGRAPHY THORAX LW DOSE LNG CA SCR C-	98.80	98.80	XXX	0		
71271	TC	COMPUTED TOMOGRAPHY THORAX LW DOSE LNG CA SCR C-	173.55	173.55	XXX	0	186.10	S

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Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
71275		CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	558.35	558.35	XXX	0		
71275	26	CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	167.05	167.05	XXX	0		
71275	TC	CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	391.30	391.30	XXX	0	311.45	Q3
71550		MRI CHEST W/O CONTRAST MATERIAL	662.35	662.35	XXX	0		
71550	26	MRI CHEST W/O CONTRAST MATERIAL	133.90	133.90	XXX	0		
71550	TC	MRI CHEST W/O CONTRAST MATERIAL	528.45	528.45	XXX	0	423.01	Q3
71551		MRI CHEST W/CONTRAST MATERIAL	737.75	737.75	XXX	0		
71551	26	MRI CHEST W/CONTRAST MATERIAL	157.95	157.95	XXX	0		
71551	TC	MRI CHEST W/CONTRAST MATERIAL	579.80	579.80	XXX	0	1382.61	Q3
71552		MRI CHEST W/O & W/CONTRAST MATERIAL	927.55	927.55	XXX	0		
71552	26	MRI CHEST W/O & W/CONTRAST MATERIAL	208.00	208.00	XXX	0		
71552	TC	MRI CHEST W/O & W/CONTRAST MATERIAL	719.55	719.55	XXX	0	624.98	Q3
71555		MRA CHEST W/O & W/CONTRAST MATERIAL	658.45	658.45	XXX	0		
71555	26	MRA CHEST W/O & W/CONTRAST MATERIAL	163.80	163.80	XXX	0		
71555	TC	MRA CHEST W/O & W/CONTRAST MATERIAL	494.65	494.65	XXX	0		B
72020		RADEX SPINE 1 VIEW SPECIFY LEVEL	47.45	47.45	XXX	0		
72020	26	RADEX SPINE 1 VIEW SPECIFY LEVEL	14.95	14.95	XXX	0		
72020	TC	RADEX SPINE 1 VIEW SPECIFY LEVEL	32.50	32.50	XXX	0	147.51	Q1
72040		RADEX SPINE CERVICAL 2 OR 3 VIEWS	77.35	77.35	XXX	0		
72040	26	RADEX SPINE CERVICAL 2 OR 3 VIEWS	20.80	20.80	XXX	0		
72040	TC	RADEX SPINE CERVICAL 2 OR 3 VIEWS	56.55	56.55	XXX	0	154.09	Q1
72050		RADEX SPINE CERVICAL 4 OR 5 VIEWS	105.30	105.30	XXX	0		
72050	26	RADEX SPINE CERVICAL 4 OR 5 VIEWS	25.35	25.35	XXX	0		
72050	TC	RADEX SPINE CERVICAL 4 OR 5 VIEWS	79.95	79.95	XXX	0	186.10	Q1
72052		RADEX SPINE CERVICAL 6 OR MORE VIEWS	120.90	120.90	XXX	0		
72052	26	RADEX SPINE CERVICAL 6 OR MORE VIEWS	27.95	27.95	XXX	0		
72052	TC	RADEX SPINE CERVICAL 6 OR MORE VIEWS	92.95	92.95	XXX	0	186.10	Q1
72070		RADEX SPINE THORACIC 2 VIEWS	64.35	64.35	XXX	0		
72070	26	RADEX SPINE THORACIC 2 VIEWS	18.85	18.85	XXX	0		
72070	TC	RADEX SPINE THORACIC 2 VIEWS	45.50	45.50	XXX	0	186.08	Q1
72072		RADEX SPINE THORACIC 3 VIEWS	76.70	76.70	XXX	0		
72072	26	RADEX SPINE THORACIC 3 VIEWS	20.80	20.80	XXX	0		
72072	TC	RADEX SPINE THORACIC 3 VIEWS	55.90	55.90	XXX	0	186.10	Q1
72074		RADEX SPINE THORACIC MINIMUM 4 VIEWS	87.10	87.10	XXX	0		
72074	26	RADEX SPINE THORACIC MINIMUM 4 VIEWS	22.75	22.75	XXX	0		
72074	TC	RADEX SPINE THORACIC MINIMUM 4 VIEWS	64.35	64.35	XXX	0	186.10	Q1
72080		RADEX SPINE THORACOLUMBAR JUNCTION MIN 2 VIEWS	67.60	67.60	XXX	0		
72080	26	RADEX SPINE THORACOLUMBAR JUNCTION MIN 2 VIEWS	19.50	19.50	XXX	0		
72080	TC	RADEX SPINE THORACOLUMBAR JUNCTION MIN 2 VIEWS	48.10	48.10	XXX	0	154.04	Q1
72081		RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	83.85	83.85	XXX	0		
72081	26	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	24.05	24.05	XXX	0		
72081	TC	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	59.80	59.80	XXX	0	154.09	Q1
72082		RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	137.15	137.15	XXX	0		
72082	26	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	29.25	29.25	XXX	0		
72082	TC	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	107.90	107.90	XXX	0	186.10	Q1
72083		RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 4/5 VW	156.00	156.00	XXX	0		
72083	26	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 4/5 VW	33.15	33.15	XXX	0		
72083	TC	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 4/5 VW	122.85	122.85	XXX	0	186.10	S
72084		RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 6/> VW	191.75	191.75	XXX	0		
72084	26	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 6/> VW	39.00	39.00	XXX	0		
72084	TC	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 6/> VW	152.75	152.75	XXX	0	186.10	S
72100		RADEX SPINE LUMBOSACRAL 2/3 VIEWS	77.35	77.35	XXX	0		
72100	26	RADEX SPINE LUMBOSACRAL 2/3 VIEWS	20.80	20.80	XXX	0		
72100	TC	RADEX SPINE LUMBOSACRAL 2/3 VIEWS	56.55	56.55	XXX	0	186.10	Q1
72110		RADEX SPINE LUMBOSACRAL MINIMUM 4 VIEWS	101.40	101.40	XXX	0		
72110	26	RADEX SPINE LUMBOSACRAL MINIMUM 4 VIEWS	24.70	24.70	XXX	0		
72110	TC	RADEX SPINE LUMBOSACRAL MINIMUM 4 VIEWS	76.70	76.70	XXX	0	186.10	Q1
72114		RADEX SPINE LUMBSCRL COMPL W/BENDING VIEWS MIN 6	119.60	119.60	XXX	0		
72114	26	RADEX SPINE LUMBSCRL COMPL W/BENDING VIEWS MIN 6	28.60	28.60	XXX	0		
72114	TC	RADEX SPINE LUMBSCRL COMPL W/BENDING VIEWS MIN 6	91.00	91.00	XXX	0	186.10	Q1
72120		RADEX SPINE LUMBOSACRAL ONLY BENDING 2/3 VIEWS	79.30	79.30	XXX	0		

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72120	26	RADEX SPINE LUMBOSACRAL ONLY BENDING 2/3 VIEWS	20.80	20.80	XXX	0		
72120	TC	RADEX SPINE LUMBOSACRAL ONLY BENDING 2/3 VIEWS	58.50	58.50	XXX	0	186.10	Q1
72125		CT CERVICAL SPINE W/O CONTRAST MATERIAL	257.40	257.40	XXX	0		
72125	26	CT CERVICAL SPINE W/O CONTRAST MATERIAL	91.00	91.00	XXX	0		
72125	TC	CT CERVICAL SPINE W/O CONTRAST MATERIAL	166.40	166.40	XXX	0	186.10	Q3
72126		CT CERVICAL SPINE W/CONTRAST MATERIAL	333.45	333.45	XXX	0		
72126	26	CT CERVICAL SPINE W/CONTRAST MATERIAL	111.15	111.15	XXX	0		
72126	TC	CT CERVICAL SPINE W/CONTRAST MATERIAL	222.30	222.30	XXX	0	624.79	Q3
72127		CT CERVICAL SPINE W/O &W/CONTRAST MATERIAL	388.70	388.70	XXX	0		
72127	26	CT CERVICAL SPINE W/O &W/CONTRAST MATERIAL	115.70	115.70	XXX	0		
72127	TC	CT CERVICAL SPINE W/O &W/CONTRAST MATERIAL	273.00	273.00	XXX	0	311.54	Q3
72128		CT THORACIC SPINE W/O CONTRAST MATERIAL	256.75	256.75	XXX	0		
72128	26	CT THORACIC SPINE W/O CONTRAST MATERIAL	91.00	91.00	XXX	0		
72128	TC	CT THORACIC SPINE W/O CONTRAST MATERIAL	165.75	165.75	XXX	0	186.10	Q3
72129		CT THORACIC SPINE W/CONTRAST MATERIAL	336.70	336.70	XXX	0		
72129	26	CT THORACIC SPINE W/CONTRAST MATERIAL	111.80	111.80	XXX	0		
72129	TC	CT THORACIC SPINE W/CONTRAST MATERIAL	224.90	224.90	XXX	0	311.47	Q3
72130		CT THORACIC SPINE W/O & W/CONTRAST MATERIAL	393.25	393.25	XXX	0		
72130	26	CT THORACIC SPINE W/O & W/CONTRAST MATERIAL	116.35	116.35	XXX	0		
72130	TC	CT THORACIC SPINE W/O & W/CONTRAST MATERIAL	276.90	276.90	XXX	0	311.29	Q3
72131		CT LUMBAR SPINE W/O CONTRAST MATERIAL	256.10	256.10	XXX	0		
72131	26	CT LUMBAR SPINE W/O CONTRAST MATERIAL	91.00	91.00	XXX	0		
72131	TC	CT LUMBAR SPINE W/O CONTRAST MATERIAL	165.10	165.10	XXX	0	186.10	Q3
72132		CT LUMBAR SPINE W/CONTRAST MATERIAL	334.75	334.75	XXX	0		
72132	26	CT LUMBAR SPINE W/CONTRAST MATERIAL	111.15	111.15	XXX	0		
72132	TC	CT LUMBAR SPINE W/CONTRAST MATERIAL	223.60	223.60	XXX	0	624.79	Q3
72133		CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL	389.35	389.35	XXX	0		
72133	26	CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL	115.70	115.70	XXX	0		
72133	TC	CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL	273.65	273.65	XXX	0	311.54	Q3
72141		MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	377.00	377.00	XXX	0		
72141	26	MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	135.85	135.85	XXX	0		
72141	TC	MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	241.15	241.15	XXX	0	423.01	Q3
72142		MRI SPINAL CANAL CERVICAL W/CONTRAST MATRL	544.70	544.70	XXX	0		
72142	26	MRI SPINAL CANAL CERVICAL W/CONTRAST MATRL	165.10	165.10	XXX	0		
72142	TC	MRI SPINAL CANAL CERVICAL W/CONTRAST MATRL	379.60	379.60	XXX	0	624.86	Q3
72146		MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL	377.65	377.65	XXX	0		
72146	26	MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL	135.85	135.85	XXX	0		
72146	TC	MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL	241.80	241.80	XXX	0	423.01	Q3
72147		MRI SPINAL CANAL THORACIC W/CONTRAST MATRL	538.85	538.85	XXX	0		
72147	26	MRI SPINAL CANAL THORACIC W/CONTRAST MATRL	163.15	163.15	XXX	0		
72147	TC	MRI SPINAL CANAL THORACIC W/CONTRAST MATRL	375.70	375.70	XXX	0	624.98	Q3
72148		MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	378.30	378.30	XXX	0		
72148	26	MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	135.85	135.85	XXX	0		
72148	TC	MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	242.45	242.45	XXX	0	423.01	Q3
72149		MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL	534.95	534.95	XXX	0		
72149	26	MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL	164.45	164.45	XXX	0		
72149	TC	MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL	370.50	370.50	XXX	0	624.91	Q3
72156		MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL	633.10	633.10	XXX	0		
72156	26	MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL	211.25	211.25	XXX	0		
72156	TC	MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL	421.85	421.85	XXX	0	624.98	Q3
72157		MRI SPINAL CANAL THORACIC W/O & W/CONTR MATRL	634.40	634.40	XXX	0		
72157	26	MRI SPINAL CANAL THORACIC W/O & W/CONTR MATRL	211.25	211.25	XXX	0		
72157	TC	MRI SPINAL CANAL THORACIC W/O & W/CONTR MATRL	423.15	423.15	XXX	0	624.98	Q3
72158		MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL	631.80	631.80	XXX	0		
72158	26	MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL	211.25	211.25	XXX	0		
72158	TC	MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL	420.55	420.55	XXX	0	624.98	Q3
72159		MRA SPINAL CANAL W/WO CONTRAST MATERIAL	674.70	674.70	XXX	0		
72159	26	MRA SPINAL CANAL W/WO CONTRAST MATERIAL	164.45	164.45	XXX	0		
72159	TC	MRA SPINAL CANAL W/WO CONTRAST MATERIAL	510.25	510.25	XXX	9		B
72170		RADIOLOGIC EXAMINATION PELVIS 1/2 VIEWS	54.60	54.60	XXX	0		
72170	26	RADIOLOGIC EXAMINATION PELVIS 1/2 VIEWS	16.25	16.25	XXX	0		

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72170	TC	RADIOLOGIC EXAMINATION PELVIS 1/2 VIEWS	38.35	38.35	XXX	0	185.89	Q1
72190		RADIOLOGIC EXAM PELVIS COMPL MINIMUM 3 VIEWS	81.90	81.90	XXX	0		
72190	26	RADIOLOGIC EXAM PELVIS COMPL MINIMUM 3 VIEWS	23.40	23.40	XXX	0		
72190	TC	RADIOLOGIC EXAM PELVIS COMPL MINIMUM 3 VIEWS	58.50	58.50	XXX	0	186.08	Q1
72191		CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	602.55	602.55	XXX	0		
72191	26	CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	164.45	164.45	XXX	0		
72191	TC	CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	438.10	438.10	XXX	0	311.45	Q3
72192		CT PELVIS W/O CONTRAST MATERIAL	263.25	263.25	XXX	0		
72192	26	CT PELVIS W/O CONTRAST MATERIAL	99.45	99.45	XXX	0		
72192	TC	CT PELVIS W/O CONTRAST MATERIAL	163.80	163.80	XXX	0	186.08	Q3
72193		CT PELVIS W/CONTRAST MATERIAL	448.50	448.50	XXX	0		
72193	26	CT PELVIS W/CONTRAST MATERIAL	105.95	105.95	XXX	0		
72193	TC	CT PELVIS W/CONTRAST MATERIAL	342.55	342.55	XXX	0	311.50	Q3
72194		CT PELVIS W/O & W/CONTRAST MATERIAL	495.30	495.30	XXX	0		
72194	26	CT PELVIS W/O & W/CONTRAST MATERIAL	111.15	111.15	XXX	0		
72194	TC	CT PELVIS W/O & W/CONTRAST MATERIAL	384.15	384.15	XXX	0	311.26	Q3
72195		MRI PELVIS W/O CONTRAST MATERIAL	451.10	451.10	XXX	0		
72195	26	MRI PELVIS W/O CONTRAST MATERIAL	133.90	133.90	XXX	0		
72195	TC	MRI PELVIS W/O CONTRAST MATERIAL	317.20	317.20	XXX	0	422.92	Q3
72196		MRI PELVIS W/CONTRAST MATERIAL	531.05	531.05	XXX	0		
72196	26	MRI PELVIS W/CONTRAST MATERIAL	157.95	157.95	XXX	0		
72196	TC	MRI PELVIS W/CONTRAST MATERIAL	373.10	373.10	XXX	0	624.86	Q3
72197		MRI PELVIS W/O & W/CONTRAST MATERIAL	665.60	665.60	XXX	0		
72197	26	MRI PELVIS W/O & W/CONTRAST MATERIAL	202.15	202.15	XXX	0		
72197	TC	MRI PELVIS W/O & W/CONTRAST MATERIAL	463.45	463.45	XXX	0	623.86	Q3
72198		MRA PELVIS W/WO CONTRAST MATERIAL	669.50	669.50	XXX	0		
72198	26	MRA PELVIS W/WO CONTRAST MATERIAL	164.45	164.45	XXX	0		
72198	TC	MRA PELVIS W/WO CONTRAST MATERIAL	505.05	505.05	XXX	0		B
72200		RADIOLOGIC EXAMINATION SACROILIAC JNTS <3 VIEWS	65.65	65.65	XXX	0		
72200	26	RADIOLOGIC EXAMINATION SACROILIAC JNTS <3 VIEWS	16.25	16.25	XXX	0		
72200	TC	RADIOLOGIC EXAMINATION SACROILIAC JNTS <3 VIEWS	49.40	49.40	XXX	0	186.10	Q1
72202		RADIOLOGIC EXAM SACROILIAC JOINTS 3/MORE VIEWS	76.70	76.70	XXX	0		
72202	26	RADIOLOGIC EXAM SACROILIAC JOINTS 3/MORE VIEWS	20.80	20.80	XXX	0		
72202	TC	RADIOLOGIC EXAM SACROILIAC JOINTS 3/MORE VIEWS	55.90	55.90	XXX	0	186.10	Q1
72220		RADEX SACRUM & COCCYX MINIMUM 2 VIEWS	63.70	63.70	XXX	0		
72220	26	RADEX SACRUM & COCCYX MINIMUM 2 VIEWS	16.25	16.25	XXX	0		
72220	TC	RADEX SACRUM & COCCYX MINIMUM 2 VIEWS	47.45	47.45	XXX	0	154.05	Q1
72240		MYELOGRAPHY CERVICAL RS&I	216.45	216.45	XXX	0		
72240	26	MYELOGRAPHY CERVICAL RS&I	83.85	83.85	XXX	0		
72240	TC	MYELOGRAPHY CERVICAL RS&I	132.60	132.60	XXX	0	1382.61	Q2
72255		MYELOGRAPHY THORACIC RS&I	206.70	206.70	XXX	0		
72255	26	MYELOGRAPHY THORACIC RS&I	83.20	83.20	XXX	0		
72255	TC	MYELOGRAPHY THORACIC RS&I	123.50	123.50	XXX	0	1382.61	Q2
72265		MYELOGRAPY LUMBOSACRAL RS&I	210.60	210.60	XXX	0		
72265	26	MYELOGRAPY LUMBOSACRAL RS&I	77.35	77.35	XXX	0		
72265	TC	MYELOGRAPY LUMBOSACRAL RS&I	133.25	133.25	XXX	0	1382.61	Q2
72270		MYELOGRAPY 2/MORE REGIONS RS&I	295.75	295.75	XXX	0		
72270	26	MYELOGRAPY 2/MORE REGIONS RS&I	127.40	127.40	XXX	0		
72270	TC	MYELOGRAPY 2/MORE REGIONS RS&I	168.35	168.35	XXX	0	1382.61	Q2
72285		DISKOGRAPY CERVICAL/THORACIC RS&I	256.75	256.75	XXX	0		
72285	26	DISKOGRAPY CERVICAL/THORACIC RS&I	107.90	107.90	XXX	0		
72285	TC	DISKOGRAPY CERVICAL/THORACIC RS&I	148.85	148.85	XXX	0	3417.35	Q2
72295		DISKOGRAPY LUMBAR RS&I	215.80	215.80	XXX	0		
72295	26	DISKOGRAPY LUMBAR RS&I	76.70	76.70	XXX	0		
72295	TC	DISKOGRAPY LUMBAR RS&I	139.10	139.10	XXX	0	3406.08	Q2
73000		RADEX CLAVICLE COMPLETE	63.70	63.70	XXX	0		
73000	26	RADEX CLAVICLE COMPLETE	15.60	15.60	XXX	0		
73000	TC	RADEX CLAVICLE COMPLETE	48.10	48.10	XXX	0	154.09	Q1
73010		RADEX SCAPULA COMPLETE	46.80	46.80	XXX	0		
73010	26	RADEX SCAPULA COMPLETE	16.90	16.90	XXX	0		
73010	TC	RADEX SCAPULA COMPLETE	29.90	29.90	XXX	0	186.10	Q1

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				Professional			Outpatient Facility	
Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
73020		RADEX SHOULDER 1 VIEW	42.25	42.25	XXX	0		
73020	26	RADEX SHOULDER 1 VIEW	14.30	14.30	XXX	0		
73020	TC	RADEX SHOULDER 1 VIEW	27.95	27.95	XXX	0	152.60	Q1
73030		RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS	67.60	67.60	XXX	0		
73030	26	RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS	17.55	17.55	XXX	0		
73030	TC	RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS	50.05	50.05	XXX	0	154.09	Q1
73040		RADEX SHOULDER ARTHROGRAPHY RS&I	252.20	252.20	XXX	0		
73040	26	RADEX SHOULDER ARTHROGRAPHY RS&I	52.00	52.00	XXX	0		
73040	TC	RADEX SHOULDER ARTHROGRAPHY RS&I	200.20	200.20	XXX	0	624.79	Q2
73050		RADEX A-C JOINTS BI W/WO WEIGHTED DISTRCJ	56.55	56.55	XXX	0		
73050	26	RADEX A-C JOINTS BI W/WO WEIGHTED DISTRCJ	17.55	17.55	XXX	0		
73050	TC	RADEX A-C JOINTS BI W/WO WEIGHTED DISTRCJ	39.00	39.00	XXX	0	154.09	Q1
73060		RADEX HUMERUS MINIMUM 2 VIEWS	62.40	62.40	XXX	0		
73060	26	RADEX HUMERUS MINIMUM 2 VIEWS	14.95	14.95	XXX	0		
73060	TC	RADEX HUMERUS MINIMUM 2 VIEWS	47.45	47.45	XXX	0	154.07	Q1
73070		RADEX ELBOW 2 VIEWS	57.20	57.20	XXX	0		
73070	26	RADEX ELBOW 2 VIEWS	15.60	15.60	XXX	0		
73070	TC	RADEX ELBOW 2 VIEWS	41.60	41.60	XXX	0	154.02	Q1
73080		RADEX ELBOW COMPLETE MINIMUM 3 VIEWS	63.70	63.70	XXX	0		
73080	26	RADEX ELBOW COMPLETE MINIMUM 3 VIEWS	16.25	16.25	XXX	0		
73080	TC	RADEX ELBOW COMPLETE MINIMUM 3 VIEWS	47.45	47.45	XXX	0	154.09	Q1
73085		RADEX ELBOW ARTHROGRAPHY RS&I	191.10	191.10	XXX	0		
73085	26	RADEX ELBOW ARTHROGRAPHY RS&I	50.05	50.05	XXX	0		
73085	TC	RADEX ELBOW ARTHROGRAPHY RS&I	141.05	141.05	XXX	0	624.98	Q2
73090		RADEX FOREARM 2 VIEWS	57.20	57.20	XXX	0		
73090	26	RADEX FOREARM 2 VIEWS	14.95	14.95	XXX	0		
73090	TC	RADEX FOREARM 2 VIEWS	42.25	42.25	XXX	0	154.05	Q1
73092		RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS	61.10	61.10	XXX	0		
73092	26	RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS	14.95	14.95	XXX	0		
73092	TC	RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS	46.15	46.15	XXX	0	186.10	Q1
73100		RADEX WRIST 2 VIEWS	65.65	65.65	XXX	0		
73100	26	RADEX WRIST 2 VIEWS	15.60	15.60	XXX	0		
73100	TC	RADEX WRIST 2 VIEWS	50.05	50.05	XXX	0	154.09	Q1
73110		RADEX WRIST COMPLETE MINIMUM 3 VIEWS	80.60	80.60	XXX	0		
73110	26	RADEX WRIST COMPLETE MINIMUM 3 VIEWS	16.25	16.25	XXX	0		
73110	TC	RADEX WRIST COMPLETE MINIMUM 3 VIEWS	64.35	64.35	XXX	0	154.09	Q1
73115		RADEX WRIST ARTHROGRAPHY RS&I	255.45	255.45	XXX	0		
73115	26	RADEX WRIST ARTHROGRAPHY RS&I	52.65	52.65	XXX	0		
73115	TC	RADEX WRIST ARTHROGRAPHY RS&I	202.80	202.80	XXX	0	624.98	Q2
73120		RADEX HAND 2 VIEWS	61.10	61.10	XXX	0		
73120	26	RADEX HAND 2 VIEWS	15.60	15.60	XXX	0		
73120	TC	RADEX HAND 2 VIEWS	45.50	45.50	XXX	0	186.10	Q1
73130		RADEX HAND MINIMUM 3 VIEWS	72.80	72.80	XXX	0		
73130	26	RADEX HAND MINIMUM 3 VIEWS	16.25	16.25	XXX	0		
73130	TC	RADEX HAND MINIMUM 3 VIEWS	56.55	56.55	XXX	0	154.09	Q1
73140		RADEX FINGR MINIMUM 2 VIEWS	74.75	74.75	XXX	0		
73140	26	RADEX FINGR MINIMUM 2 VIEWS	13.00	13.00	XXX	0		
73140	TC	RADEX FINGR MINIMUM 2 VIEWS	61.75	61.75	XXX	0	154.09	Q1
73200		CT UPPER EXTREMITY W/O CONTRAST MATERIAL	317.85	317.85	XXX	0		
73200	26	CT UPPER EXTREMITY W/O CONTRAST MATERIAL	91.00	91.00	XXX	0		
73200	TC	CT UPPER EXTREMITY W/O CONTRAST MATERIAL	226.85	226.85	XXX	0	186.10	Q3
73201		CT UPPER EXTREMITY W/CONTRAST MATERIAL	395.20	395.20	XXX	0		
73201	26	CT UPPER EXTREMITY W/CONTRAST MATERIAL	105.95	105.95	XXX	0		
73201	TC	CT UPPER EXTREMITY W/CONTRAST MATERIAL	289.25	289.25	XXX	0	624.79	Q3
73202		CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL	486.85	486.85	XXX	0		
73202	26	CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL	110.50	110.50	XXX	0		
73202	TC	CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL	376.35	376.35	XXX	0	311.54	Q3
73206		CT ANGIOGRAPHY UPPER EXTREMITY	588.25	588.25	XXX	0		
73206	26	CT ANGIOGRAPHY UPPER EXTREMITY	164.45	164.45	XXX	0		
73206	TC	CT ANGIOGRAPHY UPPER EXTREMITY	423.80	423.80	XXX	0	311.06	Q3
73218		MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL	595.40	595.40	XXX	0		

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Code	Mod	Description	Non Fac Fee	Professional Fac Fee	FUD	ASST	Outpatient Facility Fee	SI
73218	26	MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL	124.15	124.15	XXX	0		
73218	TC	MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL	471.25	471.25	XXX	0	423.01	Q3
73219		MRI UPPER EXTREMITY OTH THAN JT W/CONTR MATRL	651.95	651.95	XXX	0		
73219	26	MRI UPPER EXTREMITY OTH THAN JT W/CONTR MATRL	148.20	148.20	XXX	0		
73219	TC	MRI UPPER EXTREMITY OTH THAN JT W/CONTR MATRL	503.75	503.75	XXX	0	624.98	Q3
73220		MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS	807.95	807.95	XXX	0		
73220	26	MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS	198.25	198.25	XXX	0		
73220	TC	MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS	609.70	609.70	XXX	0	624.98	Q3
73221		MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL	403.00	403.00	XXX	0		
73221	26	MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL	124.15	124.15	XXX	0		
73221	TC	MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL	278.85	278.85	XXX	0	423.01	Q3
73222		MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL	614.25	614.25	XXX	0		
73222	26	MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL	148.85	148.85	XXX	0		
73222	TC	MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL	465.40	465.40	XXX	0	1382.61	Q3
73223		MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL	760.50	760.50	XXX	0		
73223	26	MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL	198.25	198.25	XXX	0		
73223	TC	MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL	562.25	562.25	XXX	0	624.98	Q3
73225		MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL	644.15	644.15	XXX	0		
73225	26	MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL	154.70	154.70	XXX	0		
73225	TC	MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL	489.45	489.45	XXX	9		B
73501		RADEX HIP UNILATERAL WITH PELVIS 1 VIEW	65.00	65.00	XXX	0		
73501	26	RADEX HIP UNILATERAL WITH PELVIS 1 VIEW	17.55	17.55	XXX	0		
73501	TC	RADEX HIP UNILATERAL WITH PELVIS 1 VIEW	47.45	47.45	XXX	0	154.02	Q1
73502		RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	92.95	92.95	XXX	0		
73502	26	RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	20.80	20.80	XXX	0		
73502	TC	RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	72.15	72.15	XXX	0	154.09	Q1
73503		RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	118.30	118.30	XXX	0		
73503	26	RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	26.00	26.00	XXX	0		
73503	TC	RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	92.30	92.30	XXX	0	186.10	Q1
73521		RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	80.60	80.60	XXX	0		
73521	26	RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	20.80	20.80	XXX	0		
73521	TC	RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	59.80	59.80	XXX	0	186.10	Q1
73522		RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	105.30	105.30	XXX	0		
73522	26	RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	27.30	27.30	XXX	0		
73522	TC	RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	78.00	78.00	XXX	0	186.10	Q1
73523		RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	120.90	120.90	XXX	0		
73523	26	RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	29.25	29.25	XXX	0		
73523	TC	RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	91.65	91.65	XXX	0	186.10	S
73525		RADEX HIP ARTHROGRAPHY RS&I	243.10	243.10	XXX	0		
73525	26	RADEX HIP ARTHROGRAPHY RS&I	53.95	53.95	XXX	0		
73525	TC	RADEX HIP ARTHROGRAPHY RS&I	189.15	189.15	XXX	0	624.66	Q2
73551		RADIOLOGIC EXAMINATION FEMUR 1 VIEW	57.85	57.85	XXX	0		
73551	26	RADIOLOGIC EXAMINATION FEMUR 1 VIEW	15.60	15.60	XXX	0		
73551	TC	RADIOLOGIC EXAMINATION FEMUR 1 VIEW	42.25	42.25	XXX	0	154.09	Q1
73552		RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	69.55	69.55	XXX	0		
73552	26	RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	16.90	16.90	XXX	0		
73552	TC	RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	52.65	52.65	XXX	0	154.09	Q1
73560		RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS	66.30	66.30	XXX	0		
73560	26	RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS	15.60	15.60	XXX	0		
73560	TC	RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS	50.70	50.70	XXX	0	154.05	Q1
73562		RADIOLOGIC EXAMINATION KNEE 3 VIEWS	79.30	79.30	XXX	0		
73562	26	RADIOLOGIC EXAMINATION KNEE 3 VIEWS	17.55	17.55	XXX	0		
73562	TC	RADIOLOGIC EXAMINATION KNEE 3 VIEWS	61.75	61.75	XXX	0	154.09	Q1
73564		RADIOLOGIC EXAM KNEE COMPLETE 4/MORE VIEWS	92.30	92.30	XXX	0		
73564	26	RADIOLOGIC EXAM KNEE COMPLETE 4/MORE VIEWS	21.45	21.45	XXX	0		
73564	TC	RADIOLOGIC EXAM KNEE COMPLETE 4/MORE VIEWS	70.85	70.85	XXX	0	186.10	Q1
73565		RADIOLOGIC EXAM BOTH KNEES STANDING ANTEROPOST	78.00	78.00	XXX	0		
73565	26	RADIOLOGIC EXAM BOTH KNEES STANDING ANTEROPOST	16.25	16.25	XXX	0		
73565	TC	RADIOLOGIC EXAM BOTH KNEES STANDING ANTEROPOST	61.75	61.75	XXX	0	154.09	Q1
73580		RADIOLOGIC EXAM KNEE ARTHROGRAPHY RS&I	209.95	209.95	XXX	0		
73580	26	RADIOLOGIC EXAM KNEE ARTHROGRAPHY RS&I	59.15	59.15	XXX	0		

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Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
73580	TC	RADIOLOGIC EXAM KNEE ARTHROGRAPHY RS&I	150.80	150.80	XXX	0	624.73	Q2
73590		RADIOLOGIC EXAMINATION TIBIA & FIBULA 2 VIEWS	61.75	61.75	XXX	0		
73590	26	RADIOLOGIC EXAMINATION TIBIA & FIBULA 2 VIEWS	14.95	14.95	XXX	0		
73590	TC	RADIOLOGIC EXAMINATION TIBIA & FIBULA 2 VIEWS	46.80	46.80	XXX	0	154.07	Q1
73592		RADEX LOWER EXTREMITY INFANT MINIMUM 2 VIEWS	61.10	61.10	XXX	0		
73592	26	RADEX LOWER EXTREMITY INFANT MINIMUM 2 VIEWS	14.95	14.95	XXX	0		
73592	TC	RADEX LOWER EXTREMITY INFANT MINIMUM 2 VIEWS	46.15	46.15	XXX	0	154.09	Q1
73600		RADIOLOGIC EXAMINATION ANKLE 2 VIEWS	62.40	62.40	XXX	0		
73600	26	RADIOLOGIC EXAMINATION ANKLE 2 VIEWS	14.95	14.95	XXX	0		
73600	TC	RADIOLOGIC EXAMINATION ANKLE 2 VIEWS	47.45	47.45	XXX	0	154.02	Q1
73610		RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	70.85	70.85	XXX	0		
73610	26	RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	16.25	16.25	XXX	0		
73610	TC	RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	54.60	54.60	XXX	0	154.07	Q1
73615		RADEX ANKLE ARTHROGRAPHY RS&I	242.45	242.45	XXX	0		
73615	26	RADEX ANKLE ARTHROGRAPHY RS&I	52.65	52.65	XXX	0		
73615	TC	RADEX ANKLE ARTHROGRAPHY RS&I	189.80	189.80	XXX	0	624.98	Q2
73620		RADIOLOGIC EXAMINATION FOOT 2 VIEWS	55.25	55.25	XXX	0		
73620	26	RADIOLOGIC EXAMINATION FOOT 2 VIEWS	14.30	14.30	XXX	0		
73620	TC	RADIOLOGIC EXAMINATION FOOT 2 VIEWS	40.95	40.95	XXX	0	154.07	Q1
73630		RADEX FOOT COMPLETE MINIMUM 3 VIEWS	66.30	66.30	XXX	0		
73630	26	RADEX FOOT COMPLETE MINIMUM 3 VIEWS	15.60	15.60	XXX	0		
73630	TC	RADEX FOOT COMPLETE MINIMUM 3 VIEWS	50.70	50.70	XXX	0	154.07	Q1
73650		RADEX CALCANEUS MINIMUM 2 VIEWS	55.25	55.25	XXX	0		
73650	26	RADEX CALCANEUS MINIMUM 2 VIEWS	14.95	14.95	XXX	0		
73650	TC	RADEX CALCANEUS MINIMUM 2 VIEWS	40.30	40.30	XXX	0	154.09	Q1
73660		RADEX TOE MINIMUM 2 VIEWS	56.55	56.55	XXX	0		
73660	26	RADEX TOE MINIMUM 2 VIEWS	12.35	12.35	XXX	0		
73660	TC	RADEX TOE MINIMUM 2 VIEWS	44.20	44.20	XXX	0	154.09	Q1
73700		CT LOWER EXTREMITY W/O CONTRAST MATERIAL	256.75	256.75	XXX	0		
73700	26	CT LOWER EXTREMITY W/O CONTRAST MATERIAL	91.00	91.00	XXX	0		
73700	TC	CT LOWER EXTREMITY W/O CONTRAST MATERIAL	165.75	165.75	XXX	0	186.10	Q3
73701		CT LOWER EXTREMITY W/CONTRAST MATERIAL	329.55	329.55	XXX	0		
73701	26	CT LOWER EXTREMITY W/CONTRAST MATERIAL	105.95	105.95	XXX	0		
73701	TC	CT LOWER EXTREMITY W/CONTRAST MATERIAL	223.60	223.60	XXX	0	311.45	Q3
73702		CT LOWER EXTREMITY W/O & W/CONTRAST MATRL	386.10	386.10	XXX	0		
73702	26	CT LOWER EXTREMITY W/O & W/CONTRAST MATRL	110.50	110.50	XXX	0		
73702	TC	CT LOWER EXTREMITY W/O & W/CONTRAST MATRL	275.60	275.60	XXX	0	311.34	Q3
73706		CT ANGIOGRAPHY LOWER EXTREMITY	638.95	638.95	XXX	0		
73706	26	CT ANGIOGRAPHY LOWER EXTREMITY	172.90	172.90	XXX	0		
73706	TC	CT ANGIOGRAPHY LOWER EXTREMITY	466.05	466.05	XXX	0	311.05	Q3
73718		MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	440.05	440.05	XXX	0		
73718	26	MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	123.50	123.50	XXX	0		
73718	TC	MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	316.55	316.55	XXX	0	423.01	Q3
73719		MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL	519.35	519.35	XXX	0		
73719	26	MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL	148.20	148.20	XXX	0		
73719	TC	MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL	371.15	371.15	XXX	0	624.98	Q3
73720		MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR	666.25	666.25	XXX	0		
73720	26	MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR	198.25	198.25	XXX	0		
73720	TC	MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR	468.00	468.00	XXX	0	624.91	Q3
73721		MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	402.35	402.35	XXX	0		
73721	26	MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	124.15	124.15	XXX	0		
73721	TC	MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	278.20	278.20	XXX	0	423.01	Q3
73722		MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL	617.50	617.50	XXX	0		
73722	26	MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL	148.85	148.85	XXX	0		
73722	TC	MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL	468.65	468.65	XXX	0	1382.33	Q3
73723		MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL	758.55	758.55	XXX	0		
73723	26	MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL	198.25	198.25	XXX	0		
73723	TC	MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL	560.30	560.30	XXX	0	624.86	Q3
73725		MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL	666.25	666.25	XXX	0		
73725	26	MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL	165.10	165.10	XXX	0		
73725	TC	MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL	501.15	501.15	XXX	0		B

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Code	Mod	Description	Non Fac Fee	Professional Fac Fee	FUD	ASST	Outpatient Facility Fee	SI
74018		RADIOLOGIC EXAM ABDOMEN 1 VIEW	58.50	58.50	XXX	0		
74018	26	RADIOLOGIC EXAM ABDOMEN 1 VIEW	16.90	16.90	XXX	0		
74018	TC	RADIOLOGIC EXAM ABDOMEN 1 VIEW	41.60	41.60	XXX	0	154.00	Q1
74019		RADIOLOGIC EXAM ABDOMEN 2 VIEWS	72.15	72.15	XXX	0		
74019	26	RADIOLOGIC EXAM ABDOMEN 2 VIEWS	21.45	21.45	XXX	0		
74019	TC	RADIOLOGIC EXAM ABDOMEN 2 VIEWS	50.70	50.70	XXX	0	186.06	Q1
74021		RADIOLOGIC EXAM ABDOMEN 3+ VIEWS	83.20	83.20	XXX	0		
74021	26	RADIOLOGIC EXAM ABDOMEN 3+ VIEWS	24.70	24.70	XXX	0		
74021	TC	RADIOLOGIC EXAM ABDOMEN 3+ VIEWS	58.50	58.50	XXX	0	186.10	Q1
74022		RADIOLOGIC EXAM COMPLETE ACUTE ABDOMEN SERIES	97.50	97.50	XXX	0		
74022	26	RADIOLOGIC EXAM COMPLETE ACUTE ABDOMEN SERIES	29.90	29.90	XXX	0		
74022	TC	RADIOLOGIC EXAM COMPLETE ACUTE ABDOMEN SERIES	67.60	67.60	XXX	0	186.03	Q1
74150		CT ABDOMEN W/O CONTRAST MATERIAL	269.75	269.75	XXX	0		
74150	26	CT ABDOMEN W/O CONTRAST MATERIAL	108.55	108.55	XXX	0		
74150	TC	CT ABDOMEN W/O CONTRAST MATERIAL	161.20	161.20	XXX	0	186.04	Q3
74160		CT ABDOMEN W/CONTRAST MATERIAL	456.30	456.30	XXX	0		
74160	26	CT ABDOMEN W/CONTRAST MATERIAL	116.35	116.35	XXX	0		
74160	TC	CT ABDOMEN W/CONTRAST MATERIAL	339.95	339.95	XXX	0	311.47	Q3
74170		CT ABDOMEN W/O CONTRAST FLWD BY CONTRAST MATRL	512.85	512.85	XXX	0		
74170	26	CT ABDOMEN W/O CONTRAST FLWD BY CONTRAST MATRL	127.40	127.40	XXX	0		
74170	TC	CT ABDOMEN W/O CONTRAST FLWD BY CONTRAST MATRL	385.45	385.45	XXX	0	311.45	Q3
74174		CTA ABD&PLVS W/CNTRST & IMG POSTPROCESSING	752.05	752.05	XXX	0		
74174	26	CTA ABD&PLVS W/CNTRST & IMG POSTPROCESSING	201.50	201.50	XXX	0		
74174	TC	CTA ABD&PLVS W/CNTRST & IMG POSTPROCESSING	550.55	550.55	XXX	0	624.79	S
74175		CTA ABDOMEN W/CONTRAST&IMG POSTPROCESSING	605.15	605.15	XXX	0		
74175	26	CTA ABDOMEN W/CONTRAST&IMG POSTPROCESSING	166.40	166.40	XXX	0		
74175	TC	CTA ABDOMEN W/CONTRAST&IMG POSTPROCESSING	438.75	438.75	XXX	0	311.54	Q3
74176		CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL	363.35	363.35	XXX	9		
74176	26	CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL	159.25	159.25	XXX	9		
74176	TC	CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL	204.10	204.10	XXX	9	422.84	Q3
74177		CT ABDOMEN & PELVIS W/CONTRAST MATERIAL	597.35	597.35	XXX	9		
74177	26	CT ABDOMEN & PELVIS W/CONTRAST MATERIAL	167.70	167.70	XXX	9		
74177	TC	CT ABDOMEN & PELVIS W/CONTRAST MATERIAL	429.65	429.65	XXX	9	624.79	Q3
74178		CT ABD&PLV W/O CNTRST 1/BTH FLWD CNTRST 1/BTH	668.85	668.85	XXX	9		
74178	26	CT ABD&PLV W/O CNTRST 1/BTH FLWD CNTRST 1/BTH	183.95	183.95	XXX	9		
74178	TC	CT ABD&PLV W/O CNTRST 1/BTH FLWD CNTRST 1/BTH	484.90	484.90	XXX	9	624.91	Q3
74181		MRI ABDOMEN W/O CONTRAST MATERIAL	386.75	386.75	XXX	0		
74181	26	MRI ABDOMEN W/O CONTRAST MATERIAL	133.25	133.25	XXX	0		
74181	TC	MRI ABDOMEN W/O CONTRAST MATERIAL	253.50	253.50	XXX	0	422.89	Q3
74182		MRI ABDOMEN W/CONTRAST MATERIAL	597.35	597.35	XXX	0		
74182	26	MRI ABDOMEN W/CONTRAST MATERIAL	157.95	157.95	XXX	0		
74182	TC	MRI ABDOMEN W/CONTRAST MATERIAL	439.40	439.40	XXX	0	624.47	Q3
74183		MRI ABDOMEN W/O CONTRAST FLWD BY W/CONTRAST	668.20	668.20	XXX	0		
74183	26	MRI ABDOMEN W/O CONTRAST FLWD BY W/CONTRAST	202.15	202.15	XXX	0		
74183	TC	MRI ABDOMEN W/O CONTRAST FLWD BY W/CONTRAST	466.05	466.05	XXX	0	624.91	Q3
74185		MRA ABDOMEN W/WO CONTRAST MATERIAL	666.25	666.25	XXX	0		
74185	26	MRA ABDOMEN W/WO CONTRAST MATERIAL	163.80	163.80	XXX	0		
74185	TC	MRA ABDOMEN W/WO CONTRAST MATERIAL	502.45	502.45	XXX	0		B
74190		PERITONEOGRAM RS&I	141.05	141.05	XXX	0		
74190	26	PERITONEOGRAM RS&I	42.25	42.25	XXX	0		
74190	TC	PERITONEOGRAM RS&I	98.80	98.80	XXX	0	804.76	Q2
74210		RADIOLOGIC EXAM PHRNX&/CRV ESOPH CONTRAST STUDY	180.70	180.70	XXX	0		
74210	26	RADIOLOGIC EXAM PHRNX&/CRV ESOPH CONTRAST STUDY	53.95	53.95	XXX	0		
74210	TC	RADIOLOGIC EXAM PHRNX&/CRV ESOPH CONTRAST STUDY	126.75	126.75	XXX	0	311.54	Q1
74220		RADIOLOGIC EXAM ESOPHAGUS SINGLE CONTRAST STUDY	187.20	187.20	XXX	0		
74220	26	RADIOLOGIC EXAM ESOPHAGUS SINGLE CONTRAST STUDY	55.25	55.25	XXX	0		
74220	TC	RADIOLOGIC EXAM ESOPHAGUS SINGLE CONTRAST STUDY	131.95	131.95	XXX	0	311.50	Q1
74221		RADIOLOGIC EXAM ESOPHAGUS DOUBLE CONTRAST STUDY	210.60	210.60	XXX	0		
74221	26	RADIOLOGIC EXAM ESOPHAGUS DOUBLE CONTRAST STUDY	64.35	64.35	XXX	0		
74221	TC	RADIOLOGIC EXAM ESOPHAGUS DOUBLE CONTRAST STUDY	146.25	146.25	XXX	0	311.54	Q1
74230		RADIOLOGIC EXAM SWALLOW FUNCTION CONTRAST STUDY	237.25	237.25	XXX	0		

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					Professional			Outpatient Facility	
	Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
	74230	26	RADIOLOGIC EXAM SWALLOW FUNCTION CONTRAST STUDY	48.75	48.75	XXX	0		
	74230	TC	RADIOLOGIC EXAM SWALLOW FUNCTION CONTRAST STUDY	188.50	188.50	XXX	0	311.50	Q1
	74235		RMVL FB ESOPHAGEAL W/USE BALLOON CATH RS&I	312.00	312.00	XXX	0		
	74235	26	RMVL FB ESOPHAGEAL W/USE BALLOON CATH RS&I	109.20	109.20	XXX	0		
	74235	TC	RMVL FB ESOPHAGEAL W/USE BALLOON CATH RS&I	202.80	202.80	XXX	0		N
	74240		RADIOLOGIC EXAM UPR GI TRC SINGLE CONTRAST STUDY	235.30	235.30	XXX	0		
	74240	26	RADIOLOGIC EXAM UPR GI TRC SINGLE CONTRAST STUDY	74.10	74.10	XXX	0		
	74240	TC	RADIOLOGIC EXAM UPR GI TRC SINGLE CONTRAST STUDY	161.20	161.20	XXX	0	311.54	Q1
	74246		RADIOLOGIC EXAM UPR GI TRC DOUBLE CONTRAST STUDY	265.85	265.85	XXX	0		
	74246	26	RADIOLOGIC EXAM UPR GI TRC DOUBLE CONTRAST STUDY	81.90	81.90	XXX	0		
	74246	TC	RADIOLOGIC EXAM UPR GI TRC DOUBLE CONTRAST STUDY	183.95	183.95	XXX	0	311.54	Q1
+	74248		RADIOLOGIC SMALL INTESTINE FOLLOW-THROUGH STUDY	158.60	158.60	ZZZ	0		
+	74248	26	RADIOLOGIC SMALL INTESTINE FOLLOW-THROUGH STUDY	64.35	64.35	ZZZ	0		
+	74248	TC	RADIOLOGIC SMALL INTESTINE FOLLOW-THROUGH STUDY	94.25	94.25	ZZZ	0		N
	74250		RADIOLOGIC EXAM SMALL INT SINGLE CONTRAST STUDY	234.00	234.00	XXX	0		
	74250	26	RADIOLOGIC EXAM SMALL INT SINGLE CONTRAST STUDY	74.10	74.10	XXX	0		
	74250	TC	RADIOLOGIC EXAM SMALL INT SINGLE CONTRAST STUDY	159.90	159.90	XXX	0	311.38	Q1
	74251		RADIOLOGIC EXAM SMALL INT DOUBLE CONTRAST STUDY	681.85	681.85	XXX	0		
	74251	26	RADIOLOGIC EXAM SMALL INT DOUBLE CONTRAST STUDY	106.60	106.60	XXX	0		
	74251	TC	RADIOLOGIC EXAM SMALL INT DOUBLE CONTRAST STUDY	575.25	575.25	XXX	0	311.54	Q1
	74261		CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST	812.50	812.50	XXX	0		
	74261	26	CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST	221.00	221.00	XXX	0		
	74261	TC	CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST	591.50	591.50	XXX	0	186.10	Q3
	74262		CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST	913.25	913.25	XXX	0		
	74262	26	CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST	230.10	230.10	XXX	0		
	74262	TC	CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST	683.15	683.15	XXX	0	311.54	Q3
	74263		CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	1406.60	1406.60	XXX	0		
	74263	26	CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	218.40	218.40	XXX	0		
	74263	TC	CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	1188.20	1188.20	XXX	0	423.01	S
	74270		RADIOLOGIC EXAM COLON SINGLE CONTRAST STUDY	293.80	293.80	XXX	0		
	74270	26	RADIOLOGIC EXAM COLON SINGLE CONTRAST STUDY	94.25	94.25	XXX	0		
	74270	TC	RADIOLOGIC EXAM COLON SINGLE CONTRAST STUDY	199.55	199.55	XXX	0	311.47	Q1
	74280		RADIOLOGIC EXAM COLON DOUBLE CONTRAST STUDY	419.25	419.25	XXX	0		
	74280	26	RADIOLOGIC EXAM COLON DOUBLE CONTRAST STUDY	115.05	115.05	XXX	0		
	74280	TC	RADIOLOGIC EXAM COLON DOUBLE CONTRAST STUDY	304.20	304.20	XXX	0	311.54	Q1
	74283		THERAPEUTIC ENEMA RDCTJ INTUSSUSCEPTION/OBSTRCJ	506.35	506.35	XXX	0		
	74283	26	THERAPEUTIC ENEMA RDCTJ INTUSSUSCEPTION/OBSTRCJ	195.00	195.00	XXX	0		
	74283	TC	THERAPEUTIC ENEMA RDCTJ INTUSSUSCEPTION/OBSTRCJ	311.35	311.35	XXX	0	311.54	S
	74290		CHOLECYSTOGRAPHY ORAL CONTRST	162.50	162.50	XXX	0		
	74290	26	CHOLECYSTOGRAPHY ORAL CONTRST	29.90	29.90	XXX	0		
	74290	TC	CHOLECYSTOGRAPHY ORAL CONTRST	132.60	132.60	XXX	0	311.54	Q1
	74300		CHOLANGIOGRAPHY&/PANCREATOGRAPHY NTRAOP RS&I	84.50	84.50	XXX	0		
	74300	26	CHOLANGIOGRAPHY&/PANCREATOGRAPHY NTRAOP RS&I	25.35	25.35	XXX	0		
	74300	TC	CHOLANGIOGRAPHY&/PANCREATOGRAPHY NTRAOP RS&I	59.15	59.15	XXX	0		N
+	74301		CHOLANGIO&/PANCREATOGRAPHY ADDL SET INTRAOP RS	78.00	78.00	ZZZ	0		
+	74301	26	CHOLANGIO&/PANCREATOGRAPHY ADDL SET INTRAOP RS	19.50	19.50	ZZZ	0		
+	74301	TC	CHOLANGIO&/PANCREATOGRAPHY ADDL SET INTRAOP RS	58.50	58.50	ZZZ	0		N
	74328		ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I	210.60	210.60	XXX	0		
	74328	26	ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I	44.20	44.20	XXX	0		
	74328	TC	ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I	166.40	166.40	XXX	0		N
	74329		ENDOSCOPIC CATHJ PANCREATIC DUCTAL SYS RS&I	204.10	204.10	XXX	0		
	74329	26	ENDOSCOPIC CATHJ PANCREATIC DUCTAL SYS RS&I	44.85	44.85	XXX	0		
	74329	TC	ENDOSCOPIC CATHJ PANCREATIC DUCTAL SYS RS&I	159.25	159.25	XXX	0		N
	74330		CMBN NDSC CATHJ BILIARY&PNCRTC DUCTAL SYS RS&I	192.40	192.40	XXX	0		
	74330	26	CMBN NDSC CATHJ BILIARY&PNCRTC DUCTAL SYS RS&I	52.00	52.00	XXX	0		
	74330	TC	CMBN NDSC CATHJ BILIARY&PNCRTC DUCTAL SYS RS&I	140.40	140.40	XXX	0		N
	74340		INTRO LONG GI TUBE W/MULT FLUORO & IMAGES RS&I	260.00	260.00	XXX	0		
	74340	26	INTRO LONG GI TUBE W/MULT FLUORO & IMAGES RS&I	49.40	49.40	XXX	0		
	74340	TC	INTRO LONG GI TUBE W/MULT FLUORO & IMAGES RS&I	210.60	210.60	XXX	0		N
	74355		PERCUTANEOUS PLACEMENT ENTEROCLYSIS TUBE RS&I	260.00	260.00	XXX	0		
	74355	26	PERCUTANEOUS PLACEMENT ENTEROCLYSIS TUBE RS&I	70.20	70.20	XXX	0		

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	Code	Mod	Description	Non Fac Fee	Professional Fac Fee	FUD	ASST	Outpatient Facility Fee	SI
	74355	TC	PERCUTANEOUS PLACEMENT ENTEROCLYSIS TUBE RS&I	189.80	189.80	XXX	0		N
	74360		INTRALUMINAL DILATION STRICTURES&/OBSTRCJS RS&I	306.15	306.15	XXX	0		
	74360	26	INTRALUMINAL DILATION STRICTURES&/OBSTRCJS RS&I	52.00	52.00	XXX	0		
	74360	TC	INTRALUMINAL DILATION STRICTURES&/OBSTRCJS RS&I	254.15	254.15	XXX	0		N
	74363		PRQ TRANSHEPATC DILAT BILIARY DUCT STRICTRE RS&I	403.65	403.65	XXX	0		
	74363	26	PRQ TRANSHEPATC DILAT BILIARY DUCT STRICTRE RS&I	76.70	76.70	XXX	0		
	74363	TC	PRQ TRANSHEPATC DILAT BILIARY DUCT STRICTRE RS&I	326.95	326.95	XXX	0		N
	74400		UROGRAPHY IV W/WO KUB W/WO TOMOGRAPHY	258.05	258.05	XXX	0		
	74400	26	UROGRAPHY IV W/WO KUB W/WO TOMOGRAPHY	44.20	44.20	XXX	0		
	74400	TC	UROGRAPHY IV W/WO KUB W/WO TOMOGRAPHY	213.85	213.85	XXX	0	311.54	S
	74410		UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE	271.05	271.05	XXX	0		
	74410	26	UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE	44.85	44.85	XXX	0		
	74410	TC	UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE	226.20	226.20	XXX	0	311.54	S
	74415		UROGRAPHY NFS DRIP &/BOLUS W/NEPHROTOMOGRAPHY	291.20	291.20	XXX	0		
	74415	26	UROGRAPHY NFS DRIP &/BOLUS W/NEPHROTOMOGRAPHY	44.85	44.85	XXX	0		
	74415	TC	UROGRAPHY NFS DRIP &/BOLUS W/NEPHROTOMOGRAPHY	246.35	246.35	XXX	0	311.54	S
	74420		UROGRAPHY RETROGRADE WITH/WO KUB	152.10	152.10	XXX	0		
	74420	26	UROGRAPHY RETROGRADE WITH/WO KUB	47.45	47.45	XXX	0		
	74420	TC	UROGRAPHY RETROGRADE WITH/WO KUB	104.65	104.65	XXX	0	537.79	S
	74425		ANTEGRADE UROGRAPHY RADIOLOGICAL SUPVJ & INTERPJ	260.00	260.00	XXX	0		
	74425	26	ANTEGRADE UROGRAPHY RADIOLOGICAL SUPVJ & INTERPJ	46.80	46.80	XXX	0		
	74425	TC	ANTEGRADE UROGRAPHY RADIOLOGICAL SUPVJ & INTERPJ	213.20	213.20	XXX	0	593.29	Q2
	74430		CYSTOGRAPHY MINIMUM 3 VIEWS RS&I	80.60	80.60	XXX	0		
	74430	26	CYSTOGRAPHY MINIMUM 3 VIEWS RS&I	29.25	29.25	XXX	0		
	74430	TC	CYSTOGRAPHY MINIMUM 3 VIEWS RS&I	51.35	51.35	XXX	0	623.47	Q2
	74440		VASOGRAPY VESICULOGRAPY/EPIDIDYMOGRAPY RS&I	185.90	185.90	XXX	0		
	74440	26	VASOGRAPY VESICULOGRAPY/EPIDIDYMOGRAPY RS&I	34.45	34.45	XXX	0		
	74440	TC	VASOGRAPY VESICULOGRAPY/EPIDIDYMOGRAPY RS&I	151.45	151.45	XXX	0	423.01	Q2
	74445		CORPORA CAVERNOSOGRAPY RS&I	181.35	181.35	XXX	0		
	74445	26	CORPORA CAVERNOSOGRAPY RS&I	103.35	103.35	XXX	0		
	74445	TC	CORPORA CAVERNOSOGRAPY RS&I	78.00	78.00	XXX	0	186.10	Q2
	74450		URETHROCYSTOGRAPHY RETROGRADE RS&I	130.00	130.00	XXX	0		
	74450	26	URETHROCYSTOGRAPHY RETROGRADE RS&I	29.90	29.90	XXX	0		
	74450	TC	URETHROCYSTOGRAPHY RETROGRADE RS&I	100.10	100.10	XXX	0	415.78	Q2
	74455		URETHROCYSTOGRAPHY VOIDING RS&I	197.60	197.60	XXX	0		
	74455	26	URETHROCYSTOGRAPHY VOIDING RS&I	29.90	29.90	XXX	0		
	74455	TC	URETHROCYSTOGRAPHY VOIDING RS&I	167.70	167.70	XXX	0	422.47	Q2
	74470		RADEX RENAL CYST STUDY TRANSLUMBAR RS&I	135.20	135.20	XXX	0		
	74470	26	RADEX RENAL CYST STUDY TRANSLUMBAR RS&I	48.75	48.75	XXX	0		
	74470	TC	RADEX RENAL CYST STUDY TRANSLUMBAR RS&I	86.45	86.45	XXX	0	959.53	Q2
	74485		DILATION URETERS/URETHRA RS&I	229.45	229.45	XXX	0		
	74485	26	DILATION URETERS/URETHRA RS&I	75.40	75.40	XXX	0		
	74485	TC	DILATION URETERS/URETHRA RS&I	154.05	154.05	XXX	0	3076.92	Q2
	74712		FETAL MRI W/PLACNTL MATRNL PLVC IMG SING/1ST GES	807.95	807.95	XXX	0		
	74712	26	FETAL MRI W/PLACNTL MATRNL PLVC IMG SING/1ST GES	276.90	276.90	XXX	0		
	74712	TC	FETAL MRI W/PLACNTL MATRNL PLVC IMG SING/1ST GES	531.05	531.05	XXX	0	423.01	S
+	74713		FETAL MRI W/PLACNTL MATRNL PLVC IMG EA ADDL GES	393.25	393.25	ZZZ	0		
+	74713	26	FETAL MRI W/PLACNTL MATRNL PLVC IMG EA ADDL GES	170.95	170.95	ZZZ	0		
+	74713	TC	FETAL MRI W/PLACNTL MATRNL PLVC IMG EA ADDL GES	222.30	222.30	ZZZ	0		N
	74740		HYSTEROSALPINGOGRAPHY RS&I	176.15	176.15	XXX	0		
	74740	26	HYSTEROSALPINGOGRAPHY RS&I	35.10	35.10	XXX	0		
	74740	TC	HYSTEROSALPINGOGRAPHY RS&I	141.05	141.05	XXX	0	419.13	Q2
	74742		TRANSCERVICAL CATHJ FALLOPIAN TUBE RS&I	223.60	223.60	XXX	0		
	74742	26	TRANSCERVICAL CATHJ FALLOPIAN TUBE RS&I	55.90	55.90	XXX	0		
	74742	TC	TRANSCERVICAL CATHJ FALLOPIAN TUBE RS&I	167.70	167.70	XXX	0		N
	74775		PERINEOGRAM	184.60	184.60	XXX	0		
	74775	26	PERINEOGRAM	57.20	57.20	XXX	0		
	74775	TC	PERINEOGRAM	127.40	127.40	XXX	0	407.52	S
	75557		CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	547.30	547.30	XXX	0		
	75557	26	CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	213.20	213.20	XXX	0		
	75557	TC	CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	334.10	334.10	XXX	0	423.01	Q3

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				Professional			Outpatient Facility	
	Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
	75559		CARDIAC MRI W/O CONTRAST W/STRESS IMAGING	731.25	731.25	XXX	0		
	75559	26	CARDIAC MRI W/O CONTRAST W/STRESS IMAGING	263.25	263.25	XXX	0		
	75559	TC	CARDIAC MRI W/O CONTRAST W/STRESS IMAGING	468.00	468.00	XXX	0	959.53	Q3
	75561		CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	713.05	713.05	XXX	0		
	75561	26	CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	236.60	236.60	XXX	0		
	75561	TC	CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	476.45	476.45	XXX	0	624.91	Q3
	75563		CARDIAC MRI W/W/O CONTRAST W/STRESS	830.05	830.05	XXX	0		
	75563	26	CARDIAC MRI W/W/O CONTRAST W/STRESS	270.40	270.40	XXX	0		
	75563	TC	CARDIAC MRI W/W/O CONTRAST W/STRESS	559.65	559.65	XXX	0	1382.61	Q3
+	75565		CARDIAC MRI FOR VELOCITY FLOW MAPPING	88.40	88.40	ZZZ	0		
+	75565	26	CARDIAC MRI FOR VELOCITY FLOW MAPPING	22.75	22.75	ZZZ	0		
+	75565	TC	CARDIAC MRI FOR VELOCITY FLOW MAPPING	65.65	65.65	ZZZ	0		N
	75571		CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	198.90	198.90	XXX	0		
	75571	26	CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	53.30	53.30	XXX	0		
	75571	TC	CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	145.60	145.60	XXX	0	154.09	Q1
	75572		CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH	451.10	451.10	XXX	0		
	75572	26	CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH	158.60	158.60	XXX	0		
	75572	TC	CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH	292.50	292.50	XXX	0	624.54	S
	75573		CT HEART C+ CARDIAC STRUX&MORPH CGEN HRT DS	606.45	606.45	XXX	0		
	75573	26	CT HEART C+ CARDIAC STRUX&MORPH CGEN HRT DS	233.35	233.35	XXX	0		
	75573	TC	CT HEART C+ CARDIAC STRUX&MORPH CGEN HRT DS	373.10	373.10	XXX	0	624.98	S
	75574		CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	639.60	639.60	XXX	0		
	75574	26	CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	219.05	219.05	XXX	0		
	75574	TC	CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	420.55	420.55	XXX	0	624.61	S
	75577		QUAN&CHARAC C ATHEROSCLEROTC PLAQ ASSES SEV C DS	1969.50	1969.50	XXX	0		
	75577	26	QUAN&CHARAC C ATHEROSCLEROTC PLAQ ASSES SEV C DS	80.60	80.60	XXX	0		
	75577	TC	QUAN&CHARAC C ATHEROSCLEROTC PLAQ ASSES SEV C DS	1888.90	1888.90	XXX	0	1663.38	S
	75580		N-INVAS EST C FFR AUGMNT SW ALYS CTA I&R PHY/QHP	1686.10	1686.10	XXX	0		
	75580	26	N-INVAS EST C FFR AUGMNT SW ALYS CTA I&R PHY/QHP	67.60	67.60	XXX	0		
	75580	TC	N-INVAS EST C FFR AUGMNT SW ALYS CTA I&R PHY/QHP	1618.50	1618.50	XXX	0	1780.43	S
	75600		AORTOGRAPHY THORACIC W/O SERIALOGRAPHY RS&I	338.00	338.00	XXX	0		
	75600	26	AORTOGRAPHY THORACIC W/O SERIALOGRAPHY RS&I	44.85	44.85	XXX	0		
	75600	TC	AORTOGRAPHY THORACIC W/O SERIALOGRAPHY RS&I	293.15	293.15	XXX	0	4310.11	Q2
	75605		AORTOGRAPHY THORACIC SERIALOGRAPHY RS&I	234.65	234.65	XXX	0		
	75605	26	AORTOGRAPHY THORACIC SERIALOGRAPHY RS&I	102.70	102.70	XXX	0		
	75605	TC	AORTOGRAPHY THORACIC SERIALOGRAPHY RS&I	131.95	131.95	XXX	0	7377.84	Q2
	75625		AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS&I	244.40	244.40	XXX	0		
	75625	26	AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS&I	130.00	130.00	XXX	0		
	75625	TC	AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS&I	114.40	114.40	XXX	0	4499.58	Q2
	75630		AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	304.20	304.20	XXX	0		
	75630	26	AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	180.05	180.05	XXX	0		
	75630	TC	AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	124.15	124.15	XXX	0	4339.30	Q2
	75635		CTA ABDL AORTA&BI ILIOFEM W/CONTRAST&POSTP	813.15	813.15	XXX	0		
	75635	26	CTA ABDL AORTA&BI ILIOFEM W/CONTRAST&POSTP	217.10	217.10	XXX	0		
	75635	TC	CTA ABDL AORTA&BI ILIOFEM W/CONTRAST&POSTP	596.05	596.05	XXX	0	311.38	Q2
	75705		ANGIOGRAPHY SPINAL SELECTIVE RS&I	500.50	500.50	XXX	0		
	75705	26	ANGIOGRAPHY SPINAL SELECTIVE RS&I	228.15	228.15	XXX	0		
	75705	TC	ANGIOGRAPHY SPINAL SELECTIVE RS&I	272.35	272.35	XXX	0	8940.63	Q2
	75710		ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	288.60	288.60	XXX	0		
	75710	26	ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	157.30	157.30	XXX	0		
	75710	TC	ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	131.30	131.30	XXX	0	4035.26	Q2
	75716		ANGIOGRAPHY EXTREMITY BILATERAL RS&I	316.55	316.55	XXX	0		
	75716	26	ANGIOGRAPHY EXTREMITY BILATERAL RS&I	177.45	177.45	XXX	0		
	75716	TC	ANGIOGRAPHY EXTREMITY BILATERAL RS&I	139.10	139.10	XXX	0	4271.56	Q2
	75726		ANGIOGRAPHY VISCERAL SLCTV/SUPRASLCTV RS&I	332.80	332.80	XXX	0		
	75726	26	ANGIOGRAPHY VISCERAL SLCTV/SUPRASLCTV RS&I	182.00	182.00	XXX	0		
	75726	TC	ANGIOGRAPHY VISCERAL SLCTV/SUPRASLCTV RS&I	150.80	150.80	XXX	0	6982.41	Q2
	75731		ANGIOGRAPHY ADRENAL UNILATERAL SLCTV RS&I	300.95	300.95	XXX	0		
	75731	26	ANGIOGRAPHY ADRENAL UNILATERAL SLCTV RS&I	104.65	104.65	XXX	0		
	75731	TC	ANGIOGRAPHY ADRENAL UNILATERAL SLCTV RS&I	196.30	196.30	XXX	0	4462.68	J1
	75733		ANGIOGRAPHY ADRENAL BILATERAL SLCTV RS&I	336.70	336.70	XXX	0		

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	Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
	75733	26	ANGIOGRAPHY ADRENAL BILATERAL SLCTV RS&I	117.00	117.00	XXX	0		
	75733	TC	ANGIOGRAPHY ADRENAL BILATERAL SLCTV RS&I	219.70	219.70	XXX	0	4597.08	Q2
	75736		ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I	281.45	281.45	XXX	0		
	75736	26	ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I	99.45	99.45	XXX	0		
	75736	TC	ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I	182.00	182.00	XXX	0	6744.01	Q2
	75741		ANGIOGRAPHY PULMONARY UNILATERAL SLCTV RS&I	251.55	251.55	XXX	0		
	75741	26	ANGIOGRAPHY PULMONARY UNILATERAL SLCTV RS&I	115.05	115.05	XXX	0		
	75741	TC	ANGIOGRAPHY PULMONARY UNILATERAL SLCTV RS&I	136.50	136.50	XXX	0	3729.01	Q2
	75743		ANGIOGRAPHY PULMONARY BILATERAL SLCTV RS&I	287.95	287.95	XXX	0		
	75743	26	ANGIOGRAPHY PULMONARY BILATERAL SLCTV RS&I	148.85	148.85	XXX	0		
	75743	TC	ANGIOGRAPHY PULMONARY BILATERAL SLCTV RS&I	139.10	139.10	XXX	0	4082.63	Q2
	75746		ANGRPH PULMONARY NONSLCTV CATH/VEN NJX RS&I	263.25	263.25	XXX	0		
	75746	26	ANGRPH PULMONARY NONSLCTV CATH/VEN NJX RS&I	100.75	100.75	XXX	0		
	75746	TC	ANGRPH PULMONARY NONSLCTV CATH/VEN NJX RS&I	162.50	162.50	XXX	0	2503.99	J1
	75756		ANGIOGRAPHY INTERNAL MAMMARY RS&I	316.55	316.55	XXX	0		
	75756	26	ANGIOGRAPHY INTERNAL MAMMARY RS&I	105.95	105.95	XXX	0		
	75756	TC	ANGIOGRAPHY INTERNAL MAMMARY RS&I	210.60	210.60	XXX	0	4317.83	Q2
+	75774		ANGRPH SLCTV EA VSL STUDIED AFTER BASIC XM RS&I	186.55	186.55	ZZZ	0		
+	75774	26	ANGRPH SLCTV EA VSL STUDIED AFTER BASIC XM RS&I	88.40	88.40	ZZZ	0		
+	75774	TC	ANGRPH SLCTV EA VSL STUDIED AFTER BASIC XM RS&I	98.15	98.15	ZZZ	0		N
	75801		LYMPHANGIOGRAPHY EXTREMITY ONLY UNILATERAL RS&I	489.45	489.45	XXX	0		
	75801	26	LYMPHANGIOGRAPHY EXTREMITY ONLY UNILATERAL RS&I	83.20	83.20	XXX	0		
	75801	TC	LYMPHANGIOGRAPHY EXTREMITY ONLY UNILATERAL RS&I	406.25	406.25	XXX	0	1081.96	Q2
	75803		LYMPHANGIOGRAPHY EXTREMITY ONLY BILATERAL RS&I	487.50	487.50	XXX	0		
	75803	26	LYMPHANGIOGRAPHY EXTREMITY ONLY BILATERAL RS&I	107.25	107.25	XXX	0		
	75803	TC	LYMPHANGIOGRAPHY EXTREMITY ONLY BILATERAL RS&I	380.25	380.25	XXX	0	2718.52	J1
	75805		LYMPHANGIOGRAPHY PELVIC/ABDOMINAL UNILAT RS&I	498.55	498.55	XXX	0		
	75805	26	LYMPHANGIOGRAPHY PELVIC/ABDOMINAL UNILAT RS&I	74.75	74.75	XXX	0		
	75805	TC	LYMPHANGIOGRAPHY PELVIC/ABDOMINAL UNILAT RS&I	423.80	423.80	XXX	0	4637.29	J1
	75807		LYMPHANGIOGRAPHY PELVIC/ABDOMINAL BILATERAL RS&I	503.75	503.75	XXX	0		
	75807	26	LYMPHANGIOGRAPHY PELVIC/ABDOMINAL BILATERAL RS&I	100.75	100.75	XXX	0		
	75807	TC	LYMPHANGIOGRAPHY PELVIC/ABDOMINAL BILATERAL RS&I	403.00	403.00	XXX	0	5374.83	Q2
	75809		SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I	157.95	157.95	XXX	0		
	75809	26	SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I	44.20	44.20	XXX	0		
	75809	TC	SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I	113.75	113.75	XXX	0	184.28	Q2
	75810		SPLENOPORTOGRAPY RS&I	850.85	850.85	XXX	0		
	75810	26	SPLENOPORTOGRAPY RS&I	93.60	93.60	XXX	0		
	75810	TC	SPLENOPORTOGRAPY RS&I	757.25	757.25	XXX	0	4067.75	J1
	75820		VENOGRAPHY EXTREMITY UNILATERAL RS&I	206.70	206.70	XXX	0		
	75820	26	VENOGRAPHY EXTREMITY UNILATERAL RS&I	93.60	93.60	XXX	0		
	75820	TC	VENOGRAPHY EXTREMITY UNILATERAL RS&I	113.10	113.10	XXX	0	2329.23	Q2
	75822		VENOGRAPHY EXTREMITY BILATERAL RS&I	258.70	258.70	XXX	0		
	75822	26	VENOGRAPHY EXTREMITY BILATERAL RS&I	132.60	132.60	XXX	0		
	75822	TC	VENOGRAPHY EXTREMITY BILATERAL RS&I	126.10	126.10	XXX	0	2514.63	J1
	75825		VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I	222.30	222.30	XXX	0		
	75825	26	VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I	103.35	103.35	XXX	0		
	75825	TC	VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I	118.95	118.95	XXX	0	3806.11	Q2
	75827		VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I	228.80	228.80	XXX	0		
	75827	26	VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I	102.70	102.70	XXX	0		
	75827	TC	VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I	126.10	126.10	XXX	0	2268.33	Q2
	75831		VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I	233.35	233.35	XXX	0		
	75831	26	VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I	98.80	98.80	XXX	0		
	75831	TC	VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I	134.55	134.55	XXX	0	4226.93	Q2
	75833		VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I	287.30	287.30	XXX	0		
	75833	26	VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I	133.90	133.90	XXX	0		
	75833	TC	VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I	153.40	153.40	XXX	0	3562.65	Q2
	75840		VENOGRAPHY ADRENAL UNILATERAL SELECTIVE RS&I	249.60	249.60	XXX	0		
	75840	26	VENOGRAPHY ADRENAL UNILATERAL SELECTIVE RS&I	104.65	104.65	XXX	0		
	75840	TC	VENOGRAPHY ADRENAL UNILATERAL SELECTIVE RS&I	144.95	144.95	XXX	0	5508.13	Q2
	75860		VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	246.35	246.35	XXX	0		
	75860	26	VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	104.00	104.00	XXX	0		

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					Professional			Outpatient Facility	
	Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
	75860	TC	VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	142.35	142.35	XXX	0	4050.67	Q2
	75870		VENOGRAPHY SUPERIOR SAGITTAL SINUS RS&I	319.80	319.80	XXX	0		
	75870	26	VENOGRAPHY SUPERIOR SAGITTAL SINUS RS&I	116.35	116.35	XXX	0		
	75870	TC	VENOGRAPHY SUPERIOR SAGITTAL SINUS RS&I	203.45	203.45	XXX	0	3606.72	J1
	75872		VENOGRAPHY EPIDURAL RS&I	249.60	249.60	XXX	0		
	75872	26	VENOGRAPHY EPIDURAL RS&I	104.65	104.65	XXX	0		
	75872	TC	VENOGRAPHY EPIDURAL RS&I	144.95	144.95	XXX	0	1081.96	Q2
	75880		VENOGRAPHY ORBITAL RS&I	209.95	209.95	XXX	0		
	75880	26	VENOGRAPHY ORBITAL RS&I	65.00	65.00	XXX	0		
	75880	TC	VENOGRAPHY ORBITAL RS&I	144.95	144.95	XXX	0	1081.96	Q2
	75885		PRQ TRANSHEPATC PORTOGRAPY HEMODYN EVAL RS&I	267.80	267.80	XXX	0		
	75885	26	PRQ TRANSHEPATC PORTOGRAPY HEMODYN EVAL RS&I	126.10	126.10	XXX	0		
	75885	TC	PRQ TRANSHEPATC PORTOGRAPY HEMODYN EVAL RS&I	141.70	141.70	XXX	0	4421.92	Q2
	75887		PRQ TRANSHEPATC PORTOGRAPY W/O HEMODYN EVL INTRP	269.10	269.10	XXX	0		
	75887	26	PRQ TRANSHEPATC PORTOGRAPY W/O HEMODYN EVL INTRP	127.40	127.40	XXX	0		
	75887	TC	PRQ TRANSHEPATC PORTOGRAPY W/O HEMODYN EVL INTRP	141.70	141.70	XXX	0	4520.51	J1
	75889		HEPATC VNGRPH WDG/FR HEMODYN EVAL RS&I	240.50	240.50	XXX	0		
	75889	26	HEPATC VNGRPH WDG/FR HEMODYN EVAL RS&I	99.45	99.45	XXX	0		
	75889	TC	HEPATC VNGRPH WDG/FR HEMODYN EVAL RS&I	141.05	141.05	XXX	0	4507.84	Q2
	75891		HEPATC VNGRPH WDG/FR W/O HEMODYN EVAL RS&I	241.80	241.80	XXX	0		
	75891	26	HEPATC VNGRPH WDG/FR W/O HEMODYN EVAL RS&I	100.10	100.10	XXX	0		
	75891	TC	HEPATC VNGRPH WDG/FR W/O HEMODYN EVAL RS&I	141.70	141.70	XXX	0	3892.60	Q2
	75893		VENOUS SAMPLING THRU CATH W/WO ANGIOGRAPHY RS&	205.40	205.40	XXX	0		
	75893	26	VENOUS SAMPLING THRU CATH W/WO ANGIOGRAPHY RS&	48.75	48.75	XXX	0		
	75893	TC	VENOUS SAMPLING THRU CATH W/WO ANGIOGRAPHY RS&	156.65	156.65	XXX	0	7970.03	Q2
	75894		TRANSCATHETER EMBOLIZATION ANY METH RS&I	1987.05	1987.05	XXX	0		
	75894	26	TRANSCATHETER EMBOLIZATION ANY METH RS&I	139.10	139.10	XXX	0		
	75894	TC	TRANSCATHETER EMBOLIZATION ANY METH RS&I	1847.95	1847.95	XXX	0		N
	75898		ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	263.25	263.25	XXX	0		
	75898	26	ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	176.15	176.15	XXX	0		
	75898	TC	ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	87.10	87.10	XXX	0	2553.57	J1
	75901		MECHANICAL RMVL PERICATHETER OBSTR MATRL RS&I	432.90	432.90	XXX	0		
	75901	26	MECHANICAL RMVL PERICATHETER OBSTR MATRL RS&I	42.90	42.90	XXX	0		
	75901	TC	MECHANICAL RMVL PERICATHETER OBSTR MATRL RS&I	390.00	390.00	XXX	0		N
	75902		MECHANICAL RMVL INTRALUMINAL OBSTR MATRL RS&I	166.40	166.40	XXX	0		
	75902	26	MECHANICAL RMVL INTRALUMINAL OBSTR MATRL RS&I	35.10	35.10	XXX	0		
	75902	TC	MECHANICAL RMVL INTRALUMINAL OBSTR MATRL RS&I	131.30	131.30	XXX	0		N
	75970		TRANSCATHETER BIOPSY RS&I	801.45	801.45	XXX	0		
	75970	26	TRANSCATHETER BIOPSY RS&I	72.15	72.15	XXX	0		
	75970	TC	TRANSCATHETER BIOPSY RS&I	729.30	729.30	XXX	0		N
	75984		CHANGE PRQ TUBE/DRAINAGE CATH W CONTRAST RS&I	183.95	183.95	XXX	0		
	75984	26	CHANGE PRQ TUBE/DRAINAGE CATH W CONTRAST RS&I	72.80	72.80	XXX	0		
	75984	TC	CHANGE PRQ TUBE/DRAINAGE CATH W CONTRAST RS&I	111.15	111.15	XXX	0		N
	75989		RADIOLOGICAL GUIDANCE PRQ DRG W/PLMT CATH RS&I	215.80	215.80	XXX	0		
	75989	26	RADIOLOGICAL GUIDANCE PRQ DRG W/PLMT CATH RS&I	106.60	106.60	XXX	0		
	75989	TC	RADIOLOGICAL GUIDANCE PRQ DRG W/PLMT CATH RS&I	109.20	109.20	XXX	0		N
	76000		FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME	83.85	83.85	XXX	0		
	76000	26	FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME	29.25	29.25	XXX	0		
	76000	TC	FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME	54.60	54.60	XXX	0	350.93	S
	76010		RADEX FROM NOSE RECTUM FOREIGN BODY 1 VIEW CHLD	57.20	57.20	XXX	0		
	76010	26	RADEX FROM NOSE RECTUM FOREIGN BODY 1 VIEW CHLD	16.90	16.90	XXX	0		
	76010	TC	RADEX FROM NOSE RECTUM FOREIGN BODY 1 VIEW CHLD	40.30	40.30	XXX	0	154.09	Q1
	76014		MR SAFETY IMPLANT&/FB ASSMT CLIN STAF 1ST 15 MIN	21.45	21.45	XXX	0	42.86	S
+	76015		MR SAFETY IMPLANT&/FB ASSMT CLIN STAFF EA ADD 30	103.35	103.35	ZZZ	0		N
	76016		MR SAFETY DETERMINATION PHYSICIAN/OTHER QHP	143.00	143.00	XXX	0		
	76016	26	MR SAFETY DETERMINATION PHYSICIAN/OTHER QHP	54.60	54.60	XXX	0		
	76016	TC	MR SAFETY DETERMINATION PHYSICIAN/OTHER QHP	88.40	88.40	XXX	0	154.09	S
⃠	76017		MR SAFETY MED PHYSICS XM CUSTOMIZATION PLNG&MNTR	441.35	441.35	XXX	0		
⃠	76017	26	MR SAFETY MED PHYSICS XM CUSTOMIZATION PLNG&MNTR	69.55	69.55	XXX	0		
⃠	76017	TC	MR SAFETY MED PHYSICS XM CUSTOMIZATION PLNG&MNTR	371.80	371.80	XXX	0	423.01	S
⃠	76018		MR SAFETY IMPLT ELECTRONICS PREPJ SUPVJ PHYS/QHP	224.25	224.25	XXX	0		

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⃠	76018	26	MR SAFETY IMPLT ELECTRONICS PREPJ SUPVJ PHYS/QHP	68.25	68.25	XXX	0		
⃠	76018	TC	MR SAFETY IMPLT ELECTRONICS PREPJ SUPVJ PHYS/QHP	156.00	156.00	XXX	0	160.63	S
⃠	76019		MR SAFETY IMPLANT POS&/IMMOBLJ SUPVJ PHYS/QHP	292.50	292.50	XXX	0		
⃠	76019	26	MR SAFETY IMPLANT POS&/IMMOBLJ SUPVJ PHYS/QHP	53.95	53.95	XXX	0		
⃠	76019	TC	MR SAFETY IMPLANT POS&/IMMOBLJ SUPVJ PHYS/QHP	238.55	238.55	XXX	0	103.95	S
	76080		RADEX ABSCESS/FISTULA/SINUS TRACT RS&I	117.00	117.00	XXX	0		
	76080	26	RADEX ABSCESS/FISTULA/SINUS TRACT RS&I	48.10	48.10	XXX	0		
	76080	TC	RADEX ABSCESS/FISTULA/SINUS TRACT RS&I	68.90	68.90	XXX	0	939.77	Q2
	76098		RADIOLOGICAL EXAMINATION SURGICAL SPECIMEN	83.85	83.85	XXX	0		
	76098	26	RADIOLOGICAL EXAMINATION SURGICAL SPECIMEN	29.25	29.25	XXX	0		
	76098	TC	RADIOLOGICAL EXAMINATION SURGICAL SPECIMEN	54.60	54.60	XXX	0	865.88	Q2
	76100		RADEX 1 PLNE BODY SECTION OTH/THN W/UROGRAPY	171.60	171.60	XXX	0		
	76100	26	RADEX 1 PLNE BODY SECTION OTH/THN W/UROGRAPY	53.30	53.30	XXX	0		
	76100	TC	RADEX 1 PLNE BODY SECTION OTH/THN W/UROGRAPY	118.30	118.30	XXX	0	186.10	Q1
	76120		CINERADIOGRAPY/VIDRADIOGRAPY XCPT WHERE SPEC	213.85	213.85	XXX	0		
	76120	26	CINERADIOGRAPY/VIDRADIOGRAPY XCPT WHERE SPEC	36.40	36.40	XXX	0		
	76120	TC	CINERADIOGRAPY/VIDRADIOGRAPY XCPT WHERE SPEC	177.45	177.45	XXX	0	186.10	Q1
+	76125		CINERADIOGRAPY/VIDRADIOGRAPY ROUTINE EXAMINATION	83.85	83.85	ZZZ	0		
+	76125	26	CINERADIOGRAPY/VIDRADIOGRAPY ROUTINE EXAMINATION	26.00	26.00	ZZZ	0		
+	76125	TC	CINERADIOGRAPY/VIDRADIOGRAPY ROUTINE EXAMINATION	57.85	57.85	ZZZ	0		N
	76140		CONSLTJ X-RAY XM MADE ELSEWHERE WRTTN REPRT	57.20	57.20	XXX	9		E1
	76145		MEDICAL PHYSICS DOSE EVAL RADIATION EXPOS W/RPRT	1920.10	1920.10	XXX	0	928.55	S
	76376		3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	50.05	50.05	XXX	0		
	76376	26	3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	18.20	18.20	XXX	0		
	76376	TC	3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	31.85	31.85	XXX	0		N
	76377		3D RENDERING W/INTERP&POSTPROC DIFF WORK STATION	154.70	154.70	XXX	0		
	76377	26	3D RENDERING W/INTERP&POSTPROC DIFF WORK STATION	72.80	72.80	XXX	0		
	76377	TC	3D RENDERING W/INTERP&POSTPROC DIFF WORK STATION	81.90	81.90	XXX	0		N
	76380		CT LIMITED/LOCALIZED FOLLOW UP STUDY	258.70	258.70	XXX	0		
	76380	26	CT LIMITED/LOCALIZED FOLLOW UP STUDY	87.10	87.10	XXX	0		
	76380	TC	CT LIMITED/LOCALIZED FOLLOW UP STUDY	171.60	171.60	XXX	0	153.37	Q1
	76390		MRI SPECTROSCOPY	992.55	992.55	XXX	0		
	76390	26	MRI SPECTROSCOPY	169.00	169.00	XXX	0		
	76390	TC	MRI SPECTROSCOPY	823.55	823.55	XXX	0	154.09	S
	76391		MAGNETIC RESONANCE ELASTOGRAPHY	394.55	394.55	XXX	0		
	76391	26	MAGNETIC RESONANCE ELASTOGRAPHY	100.75	100.75	XXX	0		
	76391	TC	MAGNETIC RESONANCE ELASTOGRAPHY	293.80	293.80	XXX	0	423.01	Q3
	76496		UNLISTED FLUOROSCOPIC PROCEDURE	BR	BR	XXX	0		
	76496	26	UNLISTED FLUOROSCOPIC PROCEDURE	BR	BR	XXX	0		
	76496	TC	UNLISTED FLUOROSCOPIC PROCEDURE	BR	BR	XXX	0	113.40	Q1
	76497		UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	BR	BR	XXX	0		
	76497	26	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	BR	BR	XXX	0		
	76497	TC	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	BR	BR	XXX	0	154.09	Q1
	76498		UNLISTED MAGNETIC RESONANCE PROCEDURE	BR	BR	XXX	0		
	76498	26	UNLISTED MAGNETIC RESONANCE PROCEDURE	BR	BR	XXX	0		
	76498	TC	UNLISTED MAGNETIC RESONANCE PROCEDURE	BR	BR	XXX	0	154.09	S
	76499		UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	BR	BR	XXX	0		
	76499	26	UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	BR	BR	XXX	0		
	76499	TC	UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	BR	BR	XXX	0	154.09	Q1
	76506		ECHOENCEPHALOGRAPHY REAL TIME IMAGING	213.20	213.20	XXX	0		
	76506	26	ECHOENCEPHALOGRAPHY REAL TIME IMAGING	58.50	58.50	XXX	0		
	76506	TC	ECHOENCEPHALOGRAPHY REAL TIME IMAGING	154.70	154.70	XXX	0	186.10	Q1
	76510		OPHTHALMIC US DX B-SCAN&QUAN A-SCAN SM PT ENCTR	131.95	131.95	XXX	0		
	76510	26	OPHTHALMIC US DX B-SCAN&QUAN A-SCAN SM PT ENCTR	74.75	74.75	XXX	0		
	76510	TC	OPHTHALMIC US DX B-SCAN&QUAN A-SCAN SM PT ENCTR	57.20	57.20	XXX	0	225.58	Q1
	76511		OPHTHALMIC US DX QUANTITATIVE A-SCAN ONLY	109.85	109.85	XXX	0		
	76511	26	OPHTHALMIC US DX QUANTITATIVE A-SCAN ONLY	68.25	68.25	XXX	0		
	76511	TC	OPHTHALMIC US DX QUANTITATIVE A-SCAN ONLY	41.60	41.60	XXX	0	186.10	Q1
	76512		OPHTHALMIC US DX B-SCAN W/WO NON-QUAN A-SCAN	92.95	92.95	XXX	0		
	76512	26	OPHTHALMIC US DX B-SCAN W/WO NON-QUAN A-SCAN	58.50	58.50	XXX	0		
	76512	TC	OPHTHALMIC US DX B-SCAN W/WO NON-QUAN A-SCAN	34.45	34.45	XXX	0	186.10	Q1

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	Code	Mod	Description	Non Fac Fee	Professional Fac Fee	FUD	ASST	Outpatient Facility Fee	SI
	76513		DX OPHTHALMIC US ANT SEGMENT IMMERSION UNI/BI	144.95	144.95	XXX	0		
	76513	26	DX OPHTHALMIC US ANT SEGMENT IMMERSION UNI/BI	62.40	62.40	XXX	0		
	76513	TC	DX OPHTHALMIC US ANT SEGMENT IMMERSION UNI/BI	82.55	82.55	XXX	0	186.10	Q1
	76514		OPHTHALMIC US DX CORNEAL PACHYMETRY UNI/BI	22.10	22.10	XXX	0		
	76514	26	OPHTHALMIC US DX CORNEAL PACHYMETRY UNI/BI	14.95	14.95	XXX	0		
	76514	TC	OPHTHALMIC US DX CORNEAL PACHYMETRY UNI/BI	7.15	7.15	XXX	0	42.86	Q1
	76516		OPHTHALMIC BIOMETRY US ECHOGRAPY A-SCAN	91.00	91.00	XXX	0		
	76516	26	OPHTHALMIC BIOMETRY US ECHOGRAPY A-SCAN	43.55	43.55	XXX	0		
	76516	TC	OPHTHALMIC BIOMETRY US ECHOGRAPY A-SCAN	47.45	47.45	XXX	0	186.10	Q1
	76519		OPH BMTRY US ECHOGRAPY A-SCAN IO LENS PWR CAL	132.60	132.60	XXX	0		
	76519	26	OPH BMTRY US ECHOGRAPY A-SCAN IO LENS PWR CAL	58.50	58.50	XXX	0		
	76519	TC	OPH BMTRY US ECHOGRAPY A-SCAN IO LENS PWR CAL	74.10	74.10	XXX	0	186.10	Q1
	76529		OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	163.80	163.80	XXX	0		
	76529	26	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	60.45	60.45	XXX	0		
	76529	TC	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	103.35	103.35	XXX	0	154.09	Q1
	76536		US SOFT TISSUE HEAD & NECK REAL TIME IMGE DOCM	213.20	213.20	XXX	0		
	76536	26	US SOFT TISSUE HEAD & NECK REAL TIME IMGE DOCM	52.00	52.00	XXX	0		
	76536	TC	US SOFT TISSUE HEAD & NECK REAL TIME IMGE DOCM	161.20	161.20	XXX	0	186.10	Q1
	76604		US CHEST REAL TIME W/IMAGE DOCUMENTATION	113.10	113.10	XXX	0		
	76604	26	US CHEST REAL TIME W/IMAGE DOCUMENTATION	52.65	52.65	XXX	0		
	76604	TC	US CHEST REAL TIME W/IMAGE DOCUMENTATION	60.45	60.45	XXX	0	185.69	Q1
	76641		US BREAST UNI REAL TIME WITH IMAGE COMPLETE	198.90	198.90	XXX	0		
	76641	26	US BREAST UNI REAL TIME WITH IMAGE COMPLETE	67.60	67.60	XXX	0		
	76641	TC	US BREAST UNI REAL TIME WITH IMAGE COMPLETE	131.30	131.30	XXX	0	186.10	Q1
	76642		US BREAST UNI REAL TIME WITH IMAGE LIMITED	165.10	165.10	XXX	0		
	76642	26	US BREAST UNI REAL TIME WITH IMAGE LIMITED	63.05	63.05	XXX	0		
	76642	TC	US BREAST UNI REAL TIME WITH IMAGE LIMITED	102.05	102.05	XXX	0	154.07	Q1
	76700		US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION	224.90	224.90	XXX	0		
	76700	26	US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION	74.10	74.10	XXX	0		
	76700	TC	US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION	150.80	150.80	XXX	0	186.10	Q3
	76705		US ABDOMINAL REAL TIME W/IMAGE LIMITED	169.00	169.00	XXX	0		
	76705	26	US ABDOMINAL REAL TIME W/IMAGE LIMITED	53.95	53.95	XXX	0		
	76705	TC	US ABDOMINAL REAL TIME W/IMAGE LIMITED	115.05	115.05	XXX	0	186.08	Q3
	76706		US ABDOMINAL AORTA REAL TIME SCREEN STUDY AAA	208.00	208.00	XXX	0		
	76706	26	US ABDOMINAL AORTA REAL TIME SCREEN STUDY AAA	50.05	50.05	XXX	0		
	76706	TC	US ABDOMINAL AORTA REAL TIME SCREEN STUDY AAA	157.95	157.95	XXX	0	186.10	S
	76770		US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE	209.95	209.95	XXX	0		
	76770	26	US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE	67.60	67.60	XXX	0		
	76770	TC	US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE	142.35	142.35	XXX	0	186.08	Q3
	76775		US RETROPERITONEAL REAL TIME W/IMAGE LIMITED	118.30	118.30	XXX	0		
	76775	26	US RETROPERITONEAL REAL TIME W/IMAGE LIMITED	53.30	53.30	XXX	0		
	76775	TC	US RETROPERITONEAL REAL TIME W/IMAGE LIMITED	65.00	65.00	XXX	0	186.08	Q1
	76776		US TRNSPLNT KIDNEY REAL TIME W/IMAGE DOCMTN	284.70	284.70	XXX	0		
	76776	26	US TRNSPLNT KIDNEY REAL TIME W/IMAGE DOCMTN	69.55	69.55	XXX	0		
	76776	TC	US TRNSPLNT KIDNEY REAL TIME W/IMAGE DOCMTN	215.15	215.15	XXX	0	186.10	Q3
	76800		ULTRASOUND SPINAL CANAL & CONTENTS	352.30	352.30	XXX	0		
	76800	26	ULTRASOUND SPINAL CANAL & CONTENTS	122.20	122.20	XXX	0		
	76800	TC	ULTRASOUND SPINAL CANAL & CONTENTS	230.10	230.10	XXX	0	186.10	Q1
	76801		US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	226.85	226.85	XXX	0		
	76801	26	US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	91.00	91.00	XXX	0		
	76801	TC	US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	135.85	135.85	XXX	0	186.10	S
+	76802		US PREG UTERUS 14 WK TRANSABDL EACH GESTATION	116.35	116.35	ZZZ	0		
+	76802	26	US PREG UTERUS 14 WK TRANSABDL EACH GESTATION	76.05	76.05	ZZZ	0		
+	76802	TC	US PREG UTERUS 14 WK TRANSABDL EACH GESTATION	40.30	40.30	ZZZ	0		N
	76805		US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	261.30	261.30	XXX	0		
	76805	26	US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	91.65	91.65	XXX	0		
	76805	TC	US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	169.65	169.65	XXX	0	186.10	S
+	76810		US PREG UTERUS > 1ST TRIMESTER ABDL EA GESTATIO	168.35	168.35	ZZZ	0		
+	76810	26	US PREG UTERUS > 1ST TRIMESTER ABDL EA GESTATIO	89.70	89.70	ZZZ	0		
+	76810	TC	US PREG UTERUS > 1ST TRIMESTER ABDL EA GESTATIO	78.65	78.65	ZZZ	0		N
	76811		US PREG UTERUS W/DETAIL FETAL ANAT 1ST GESTATION	345.80	345.80	XXX	0		

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	Code	Mod	Description	Non Fac Fee	Professional Fac Fee	FUD	ASST	Outpatient Facility Fee	SI
	76811	26	US PREG UTERUS W/DETAIL FETAL ANAT 1ST GESTATION	173.55	173.55	XXX	0		
	76811	TC	US PREG UTERUS W/DETAIL FETAL ANAT 1ST GESTATION	172.25	172.25	XXX	0	423.01	S
+	76812		US PREG UTERUS DETAIL FETAL ANAT EXAM EA GESTAT	368.55	368.55	ZZZ	0		
+	76812	26	US PREG UTERUS DETAIL FETAL ANAT EXAM EA GESTAT	163.15	163.15	ZZZ	0		
+	76812	TC	US PREG UTERUS DETAIL FETAL ANAT EXAM EA GESTAT	205.40	205.40	ZZZ	0		N
	76813		US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION	221.00	221.00	XXX	0		
	76813	26	US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION	107.90	107.90	XXX	0		
	76813	TC	US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION	113.10	113.10	XXX	0	186.10	Q1
+	76814		US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION	143.00	143.00	XXX	0		
+	76814	26	US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION	90.35	90.35	XXX	0		
+	76814	TC	US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION	52.65	52.65	XXX	0		N
	76815		US PREGNANT UTERUS LIMITED 1/> FETUSES	157.30	157.30	XXX	0		
	76815	26	US PREGNANT UTERUS LIMITED 1/> FETUSES	59.80	59.80	XXX	0		
	76815	TC	US PREGNANT UTERUS LIMITED 1/> FETUSES	97.50	97.50	XXX	0	186.10	Q1
	76816		US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	211.25	211.25	XXX	0		
	76816	26	US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	78.00	78.00	XXX	0		
	76816	TC	US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	133.25	133.25	XXX	0	186.10	Q1
	76817		US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	178.75	178.75	XXX	0		
	76817	26	US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	68.90	68.90	XXX	0		
	76817	TC	US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	109.85	109.85	XXX	0	186.10	Q1
	76818		FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING	231.40	231.40	XXX	0		
	76818	26	FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING	96.20	96.20	XXX	0		
	76818	TC	FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING	135.20	135.20	XXX	0	186.10	S
	76819		FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	167.05	167.05	XXX	0		
	76819	26	FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	70.20	70.20	XXX	0		
	76819	TC	FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	96.85	96.85	XXX	0	186.10	S
	76820		DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	85.80	85.80	XXX	0		
	76820	26	DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	45.50	45.50	XXX	0		
	76820	TC	DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	40.30	40.30	XXX	0	186.10	Q1
	76821		DOPPLER VELOCIMETRY FETAL MIDDLE CEREBRAL ART	170.95	170.95	XXX	0		
	76821	26	DOPPLER VELOCIMETRY FETAL MIDDLE CEREBRAL ART	64.35	64.35	XXX	0		
	76821	TC	DOPPLER VELOCIMETRY FETAL MIDDLE CEREBRAL ART	106.60	106.60	XXX	0	186.10	Q1
	76825		ECHO FETAL CARDIOVASC W/WO M-MODE RECORDING	498.55	498.55	XXX	0		
	76825	26	ECHO FETAL CARDIOVASC W/WO M-MODE RECORDING	151.45	151.45	XXX	0		
	76825	TC	ECHO FETAL CARDIOVASC W/WO M-MODE RECORDING	347.10	347.10	XXX	0	959.53	S
	76826		ECHO FETAL CARDIOVASC W/WO M-MODE REPEAT STD	299.65	299.65	XXX	0		
	76826	26	ECHO FETAL CARDIOVASC W/WO M-MODE REPEAT STD	75.40	75.40	XXX	0		
	76826	TC	ECHO FETAL CARDIOVASC W/WO M-MODE REPEAT STD	224.25	224.25	XXX	0	423.01	S
	76827		DOPPLER ECHO FETAL SPECTRAL DISPLAY COMPLETE	133.90	133.90	XXX	0		
	76827	26	DOPPLER ECHO FETAL SPECTRAL DISPLAY COMPLETE	53.30	53.30	XXX	0		
	76827	TC	DOPPLER ECHO FETAL SPECTRAL DISPLAY COMPLETE	80.60	80.60	XXX	0	186.10	Q1
	76828		DOPPLER ECHO FETAL PULS SPECTRAL F/U/REPEAT	93.60	93.60	XXX	0		
	76828	26	DOPPLER ECHO FETAL PULS SPECTRAL F/U/REPEAT	50.70	50.70	XXX	0		
	76828	TC	DOPPLER ECHO FETAL PULS SPECTRAL F/U/REPEAT	42.90	42.90	XXX	0	186.10	Q1
	76830		US TRANSVAGINAL	229.45	229.45	XXX	0		
	76830	26	US TRANSVAGINAL	63.70	63.70	XXX	0		
	76830	TC	US TRANSVAGINAL	165.75	165.75	XXX	0	186.10	S
	76831		SALINE INFUS SONOHYSTEROGRAPHY W/COLOR DOPPLER	222.30	222.30	XXX	0		
	76831	26	SALINE INFUS SONOHYSTEROGRAPHY W/COLOR DOPPLER	66.30	66.30	XXX	0		
	76831	TC	SALINE INFUS SONOHYSTEROGRAPHY W/COLOR DOPPLER	156.00	156.00	XXX	0	422.47	Q3
	76856		US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	204.10	204.10	XXX	0		
	76856	26	US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	63.05	63.05	XXX	0		
	76856	TC	US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	141.05	141.05	XXX	0	186.10	Q3
	76857		US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	97.50	97.50	XXX	0		
	76857	26	US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	45.50	45.50	XXX	0		
	76857	TC	US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	52.00	52.00	XXX	0	186.08	Q3
	76870		US SCROTUM & CONTENTS	194.35	194.35	XXX	0		
	76870	26	US SCROTUM & CONTENTS	58.50	58.50	XXX	0		
	76870	TC	US SCROTUM & CONTENTS	135.85	135.85	XXX	0	186.08	Q1
	76872		US TRANSRECTAL	382.85	382.85	XXX	0		
	76872	26	US TRANSRECTAL	62.40	62.40	XXX	0		

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					Professional			Outpatient Facility	
	Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
	76872	TC	US TRANSRECTAL	320.45	320.45	XXX	0	186.10	S
	76873		US TRANSRCT PRSTATE VOL BRACHYTX PLNNING SPX	340.60	340.60	XXX	0		
	76873	26	US TRANSRCT PRSTATE VOL BRACHYTX PLNNING SPX	147.55	147.55	XXX	0		
	76873	TC	US TRANSRCT PRSTATE VOL BRACHYTX PLNNING SPX	193.05	193.05	XXX	0	186.10	S
	76881		US COMPL JOINT R-T W/IMAGE DOCUMENTATION	104.00	104.00	XXX	0		
	76881	26	US COMPL JOINT R-T W/IMAGE DOCUMENTATION	83.20	83.20	XXX	0		
	76881	TC	US COMPL JOINT R-T W/IMAGE DOCUMENTATION	20.80	20.80	XXX	0	186.10	S
	76882		US LMTD JT/FCL EVAL NONVASC XTR STRUX R-T W/IMG	125.45	125.45	XXX	0		
	76882	26	US LMTD JT/FCL EVAL NONVASC XTR STRUX R-T W/IMG	63.70	63.70	XXX	0		
	76882	TC	US LMTD JT/FCL EVAL NONVASC XTR STRUX R-T W/IMG	61.75	61.75	XXX	0	186.08	Q1
	76883		US NRV&ACC STRUX 1 XTR COMPRE W/IMG PR EXTREMITY	141.05	141.05	XXX	0		
	76883	26	US NRV&ACC STRUX 1 XTR COMPRE W/IMG PR EXTREMITY	111.80	111.80	XXX	0		
	76883	TC	US NRV&ACC STRUX 1 XTR COMPRE W/IMG PR EXTREMITY	29.25	29.25	XXX	0	186.10	Q1
	76885		US INFT HIPS R-T IMG DYNAMIC REQ PHYS/QHP MANJ	261.95	261.95	XXX	0		
	76885	26	US INFT HIPS R-T IMG DYNAMIC REQ PHYS/QHP MANJ	68.25	68.25	XXX	0		
	76885	TC	US INFT HIPS R-T IMG DYNAMIC REQ PHYS/QHP MANJ	193.70	193.70	XXX	0	154.09	Q1
	76886		US INFT HIPS R-T IMG LMTD STATIC PHYS/QHP MANJ	193.05	193.05	XXX	0		
	76886	26	US INFT HIPS R-T IMG LMTD STATIC PHYS/QHP MANJ	57.20	57.20	XXX	0		
	76886	TC	US INFT HIPS R-T IMG LMTD STATIC PHYS/QHP MANJ	135.85	135.85	XXX	0	154.09	Q1
	76932		US ENDOMYOCARDIAL BIOPSY RS&I	184.60	184.60	YYY	0		
	76932	26	US ENDOMYOCARDIAL BIOPSY RS&I	68.25	68.25	XXX	0		
	76932	TC	US ENDOMYOCARDIAL BIOPSY RS&I	116.35	116.35	YYY	0		N
	76936		US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL	501.80	501.80	XXX	0		
	76936	26	US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL	180.70	180.70	XXX	0		
	76936	TC	US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL	321.10	321.10	XXX	0	540.86	S
+	76937		US VASC ACCESS SITS VSL PATENCY NDL ENTRY	74.75	74.75	ZZZ	0		
+	76937	26	US VASC ACCESS SITS VSL PATENCY NDL ENTRY	26.00	26.00	ZZZ	0		
+	76937	TC	US VASC ACCESS SITS VSL PATENCY NDL ENTRY	48.75	48.75	ZZZ	0		N
	76940		US &MNTR PARENCHYMAL TISSUE ABLATION	314.60	314.60	YYY	0		
	76940	26	US &MNTR PARENCHYMAL TISSUE ABLATION	195.00	195.00	XXX	0		
	76940	TC	US &MNTR PARENCHYMAL TISSUE ABLATION	119.60	119.60	YYY	0		N
	76941		US INTRAUTERINE FTL TFUJ/CORDOCNTS IMG S&I	227.50	227.50	XXX	0		
	76941	26	US INTRAUTERINE FTL TFUJ/CORDOCNTS IMG S&I	122.85	122.85	XXX	0		
	76941	TC	US INTRAUTERINE FTL TFUJ/CORDOCNTS IMG S&I	104.65	104.65	XXX	0		N
	76942		US GUIDANCE NEEDLE PLACEMENT IMG S&I	115.05	115.05	XXX	0		
	76942	26	US GUIDANCE NEEDLE PLACEMENT IMG S&I	58.50	58.50	XXX	0		
	76942	TC	US GUIDANCE NEEDLE PLACEMENT IMG S&I	56.55	56.55	XXX	0		N
	76945		US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I	169.65	169.65	XXX	0		
	76945	26	US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I	61.10	61.10	XXX	0		
	76945	TC	US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I	108.55	108.55	XXX	0		N
	76946		US GUIDANCE AMNIOCENTESIS IMG S&I	65.00	65.00	XXX	0		
	76946	26	US GUIDANCE AMNIOCENTESIS IMG S&I	35.10	35.10	XXX	0		
	76946	TC	US GUIDANCE AMNIOCENTESIS IMG S&I	29.90	29.90	XXX	0		N
	76948		US GUIDANCE ASPIRATION OVA IMG S&I	155.35	155.35	XXX	0		
	76948	26	US GUIDANCE ASPIRATION OVA IMG S&I	61.10	61.10	XXX	0		
	76948	TC	US GUIDANCE ASPIRATION OVA IMG S&I	94.25	94.25	XXX	0		N
	76965		US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION	185.90	185.90	XXX	0		
	76965	26	US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION	131.30	131.30	XXX	0		
	76965	TC	US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION	54.60	54.60	XXX	0		N
	76975		GI ENDOSCOPIC US S&I	190.45	190.45	XXX	0		
	76975	26	GI ENDOSCOPIC US S&I	78.00	78.00	XXX	0		
	76975	TC	GI ENDOSCOPIC US S&I	112.45	112.45	XXX	0	423.01	Q2
	76977		US BONE DENSITY MEAS & INTERP PERIPH ANY METHO	14.30	14.30	XXX	0		
	76977	26	US BONE DENSITY MEAS & INTERP PERIPH ANY METHO	5.20	5.20	XXX	0		
	76977	TC	US BONE DENSITY MEAS & INTERP PERIPH ANY METHO	9.10	9.10	XXX	0	186.10	S
	76978		ULTRASOUND TRGT DYNAMIC MICROBUBBLE 1ST LESION	378.30	378.30	XXX	0		
	76978	26	ULTRASOUND TRGT DYNAMIC MICROBUBBLE 1ST LESION	148.20	148.20	XXX	0		
	76978	TC	ULTRASOUND TRGT DYNAMIC MICROBUBBLE 1ST LESION	230.10	230.10	XXX	0	311.54	S
+	76979		ULTRASOUND TRGT DYNAMIC MICROBUBBLE EA ADDL LES	240.50	240.50	ZZZ	0		
+	76979	26	ULTRASOUND TRGT DYNAMIC MICROBUBBLE EA ADDL LES	78.00	78.00	ZZZ	0		
+	76979	TC	ULTRASOUND TRGT DYNAMIC MICROBUBBLE EA ADDL LES	162.50	162.50	ZZZ	0		N

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	Code	Mod	Description	Non Fac Fee	Professional Fac Fee	FUD	ASST	Outpatient Facility Fee	SI
	76981		ULTRASOUND ELASTOGRAPHY PARENCHYMA	206.05	206.05	XXX	0		
	76981	26	ULTRASOUND ELASTOGRAPHY PARENCHYMA	55.25	55.25	XXX	0		
	76981	TC	ULTRASOUND ELASTOGRAPHY PARENCHYMA	150.80	150.80	XXX	0	186.10	Q3
	76982		ULTRASOUND ELASTOGRAPHY FIRST TARGET LESION	180.05	180.05	XXX	0		
	76982	26	ULTRASOUND ELASTOGRAPHY FIRST TARGET LESION	54.60	54.60	XXX	0		
	76982	TC	ULTRASOUND ELASTOGRAPHY FIRST TARGET LESION	125.45	125.45	XXX	0	186.10	Q3
+	76983		ULTRASOUND ELASTOGRAPHY EA ADDL TAGET LESION	115.70	115.70	ZZZ	0		
+	76983	26	ULTRASOUND ELASTOGRAPHY EA ADDL TAGET LESION	44.85	44.85	ZZZ	0		
+	76983	TC	ULTRASOUND ELASTOGRAPHY EA ADDL TAGET LESION	70.85	70.85	ZZZ	0		N
	76984		DX INTRAOPERATIVE THORACIC AORTA ULTRASOUND	140.40	140.40	XXX	0		
	76984	26	DX INTRAOPERATIVE THORACIC AORTA ULTRASOUND	60.45	60.45	XXX	0		
	76984	TC	DX INTRAOPERATIVE THORACIC AORTA ULTRASOUND	79.95	79.95	XXX	0		C
	76987		DX NTRAOP EPICAR CAR US CHD PLMT&MNP TRNSDCR I&R	430.95	430.95	XXX	0		
	76987	26	DX NTRAOP EPICAR CAR US CHD PLMT&MNP TRNSDCR I&R	185.25	185.25	XXX	0		
	76987	TC	DX NTRAOP EPICAR CAR US CHD PLMT&MNP TRNSDCR I&R	245.70	245.70	XXX	0		C
	76988		DX NTRAOP EPCAR CAR US CHD PLMT MNPJ&IMG ACQUISJ	272.35	272.35	XXX	0		
	76988	26	DX NTRAOP EPCAR CAR US CHD PLMT MNPJ&IMG ACQUISJ	117.00	117.00	XXX	0		
	76988	TC	DX NTRAOP EPCAR CAR US CHD PLMT MNPJ&IMG ACQUISJ	155.35	155.35	XXX	0		C
	76989		DX INTRAOP EPICAR CARDIAC US CHD I&R ONLY	161.85	161.85	XXX	0		
	76989	26	DX INTRAOP EPICAR CARDIAC US CHD I&R ONLY	69.55	69.55	XXX	0		
	76989	TC	DX INTRAOP EPICAR CARDIAC US CHD I&R ONLY	92.30	92.30	XXX	0		C
	76998		ULTRASONIC GUIDANCE INTRAOPERATIVE	209.95	209.95	XXX	0		
	76998	26	ULTRASONIC GUIDANCE INTRAOPERATIVE	90.35	90.35	XXX	0		
	76998	TC	ULTRASONIC GUIDANCE INTRAOPERATIVE	119.60	119.60	XXX	0		N
	76999		UNLISTED US PROCEDURE	BR	BR	XXX	0		
	76999	26	UNLISTED US PROCEDURE	BR	BR	XXX	0		
	76999	TC	UNLISTED US PROCEDURE	BR	BR	XXX	0	153.95	Q1
+	77001		FLUORO CENTRAL VENOUS ACCESS DEV PLACEMENT	189.15	189.15	ZZZ	0		
+	77001	26	FLUORO CENTRAL VENOUS ACCESS DEV PLACEMENT	35.10	35.10	ZZZ	0		
+	77001	TC	FLUORO CENTRAL VENOUS ACCESS DEV PLACEMENT	154.05	154.05	ZZZ	0		N
+	77002		FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT ADD ON	221.65	221.65	ZZZ	0		
+	77002	26	FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT ADD ON	51.35	51.35	ZZZ	0		
+	77002	TC	FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT ADD ON	170.30	170.30	ZZZ	0		N
+	77003		FLUOR NEEDLE/CATH SPINE/PARASPINAL DX/THER ADDON	200.20	200.20	ZZZ	0		
+	77003	26	FLUOR NEEDLE/CATH SPINE/PARASPINAL DX/THER ADDON	54.60	54.60	ZZZ	0		
+	77003	TC	FLUOR NEEDLE/CATH SPINE/PARASPINAL DX/THER ADDON	145.60	145.60	ZZZ	0		N
	77011		CT GUIDANCE STEREOTACTIC LOCALIZATION	425.10	425.10	XXX	9		
	77011	26	CT GUIDANCE STEREOTACTIC LOCALIZATION	118.95	118.95	XXX	9		
	77011	TC	CT GUIDANCE STEREOTACTIC LOCALIZATION	306.15	306.15	XXX	9		N
	77012		CT GUIDANCE NEEDLE PLACEMENT	245.70	245.70	XXX	0		
	77012	26	CT GUIDANCE NEEDLE PLACEMENT	133.90	133.90	XXX	0		
	77012	TC	CT GUIDANCE NEEDLE PLACEMENT	111.80	111.80	XXX	0		N
	77013		CT GUIDANCE &MONITORING VISC TISS ABLATION	978.90	978.90	XXX	0		
	77013	26	CT GUIDANCE &MONITORING VISC TISS ABLATION	352.30	352.30	XXX	0		
	77013	TC	CT GUIDANCE &MONITORING VISC TISS ABLATION	626.60	626.60	XXX	0		N
	77021		MRI GUIDANCE NEEDLE PLACEMENT RS&I	810.55	810.55	XXX	9		
	77021	26	MRI GUIDANCE NEEDLE PLACEMENT RS&I	136.50	136.50	XXX	9		
	77021	TC	MRI GUIDANCE NEEDLE PLACEMENT RS&I	674.05	674.05	XXX	9		N
	77022		MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION	1241.50	1241.50	XXX	0		
	77022	26	MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION	384.80	384.80	XXX	9		
	77022	TC	MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION	856.70	856.70	XXX	0		N
	77046		MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	419.25	419.25	XXX	0		
	77046	26	MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	131.95	131.95	XXX	0		
	77046	TC	MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	287.30	287.30	XXX	0	419.93	Q3
	77047		MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	432.25	432.25	XXX	0		
	77047	26	MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	146.25	146.25	XXX	0		
	77047	TC	MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	286.00	286.00	XXX	0	423.01	Q3
	77048		MRI BREAST W/OUT&WITH CONTRAST W/CAD UNILATERAL	664.30	664.30	XXX	0		
	77048	26	MRI BREAST W/OUT&WITH CONTRAST W/CAD UNILATERAL	193.70	193.70	XXX	0		
	77048	TC	MRI BREAST W/OUT&WITH CONTRAST W/CAD UNILATERAL	470.60	470.60	XXX	0		B
	77049		MRI BREAST WITHOUT&WITH CONTRAST W/CAD BILATERAL	676.65	676.65	XXX	0		

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				Professional			Outpatient Facility	
	Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
	77049	26	MRI BREAST WITHOUT&WITH CONTRAST W/CAD BILATERAL	211.90	211.90	XXX	0		
	77049	TC	MRI BREAST WITHOUT&WITH CONTRAST W/CAD BILATERAL	464.75	464.75	XXX	0		B
	77053		MAMMARY DUCTOGRAM OR GALACTOGRAM SINGLE	104.65	104.65	XXX	9		
	77053	26	MAMMARY DUCTOGRAM OR GALACTOGRAM SINGLE	33.15	33.15	XXX	9		
	77053	TC	MAMMARY DUCTOGRAM OR GALACTOGRAM SINGLE	71.50	71.50	XXX	9	411.22	Q2
	77054		MAMMARY DUCTOGRAM OR GALACTOGRAM MULTIPLE	135.20	135.20	XXX	9		
	77054	26	MAMMARY DUCTOGRAM OR GALACTOGRAM MULTIPLE	40.95	40.95	XXX	9		
	77054	TC	MAMMARY DUCTOGRAM OR GALACTOGRAM MULTIPLE	94.25	94.25	XXX	9	423.01	Q2
	77061		DIGITAL BREAST TOMOSYNTHESIS UNILATERAL	120.90	120.90	XXX	9		
	77061	26	DIGITAL BREAST TOMOSYNTHESIS UNILATERAL	BR	BR	XXX	9		
	77061	TC	DIGITAL BREAST TOMOSYNTHESIS UNILATERAL	120.90	120.90	XXX	9		E1
	77062		DIGITAL BREAST TOMOSYNTHESIS BILATERAL	128.05	128.05	XXX	9		
	77062	26	DIGITAL BREAST TOMOSYNTHESIS BILATERAL	BR	BR	XXX	9		
	77062	TC	DIGITAL BREAST TOMOSYNTHESIS BILATERAL	128.05	128.05	XXX	9		E1
+	77063		SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	102.05	102.05	ZZZ	9		
+	77063	26	SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	55.25	55.25	ZZZ	9		
+	77063	TC	SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	46.80	46.80	ZZZ	9		A
	77065		DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ UNI	245.05	245.05	XXX	0		
	77065	26	DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ UNI	74.10	74.10	XXX	0		
	77065	TC	DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ UNI	170.95	170.95	XXX	0		A
	77066		DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ BI	308.75	308.75	XXX	0		
	77066	26	DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ BI	91.00	91.00	XXX	0		
	77066	TC	DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ BI	217.75	217.75	XXX	0		A
	77067		SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	250.25	250.25	XXX	0		
	77067	26	SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	70.20	70.20	XXX	0		
	77067	TC	SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	180.05	180.05	XXX	0		A
	77071		MANUAL APPL STRESS PHYS/QHP JOINT RADIOGRAPHY	105.95	105.95	XXX	0	154.09	Q1
	77072		BONE AGE STUDIES	50.05	50.05	XXX	0		
	77072	26	BONE AGE STUDIES	17.55	17.55	XXX	0		
	77072	TC	BONE AGE STUDIES	32.50	32.50	XXX	0	186.10	Q1
	77073		BONE LENGTH STUDIES	88.40	88.40	XXX	0		
	77073	26	BONE LENGTH STUDIES	25.35	25.35	XXX	0		
	77073	TC	BONE LENGTH STUDIES	63.05	63.05	XXX	0	186.10	Q1
	77074		RADIOLOGIC EXAMINATION OSSEOUS SURVEY LIMITED	127.40	127.40	XXX	0		
	77074	26	RADIOLOGIC EXAMINATION OSSEOUS SURVEY LIMITED	40.30	40.30	XXX	0		
	77074	TC	RADIOLOGIC EXAMINATION OSSEOUS SURVEY LIMITED	87.10	87.10	XXX	0	186.10	Q1
	77075		RADIOLOGIC EXAMINATION OSSEOUS SURVEY COMPLETE	193.05	193.05	XXX	0		
	77075	26	RADIOLOGIC EXAMINATION OSSEOUS SURVEY COMPLETE	50.70	50.70	XXX	0		
	77075	TC	RADIOLOGIC EXAMINATION OSSEOUS SURVEY COMPLETE	142.35	142.35	XXX	0	186.08	Q1
	77076		RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT	208.65	208.65	XXX	0		
	77076	26	RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT	65.00	65.00	XXX	0		
	77076	TC	RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT	143.65	143.65	XXX	0	186.10	Q1
	77077		JOINT SURVEY SINGLE VIEW 2 OR MORE JOINTS	90.35	90.35	XXX	0		
	77077	26	JOINT SURVEY SINGLE VIEW 2 OR MORE JOINTS	31.85	31.85	XXX	0		
	77077	TC	JOINT SURVEY SINGLE VIEW 2 OR MORE JOINTS	58.50	58.50	XXX	0	186.10	Q1
	77078		CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	195.00	195.00	XXX	0		
	77078	26	CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	22.75	22.75	XXX	0		
	77078	TC	CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	172.25	172.25	XXX	0	154.09	S
	77080		DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	76.70	76.70	XXX	0		
	77080	26	DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	18.20	18.20	XXX	0		
	77080	TC	DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	58.50	58.50	XXX	0	186.10	S
	77081		DXA BONE DENSITY STUDY 1/>SITES APPENDICLR SKEL	62.40	62.40	XXX	0		
	77081	26	DXA BONE DENSITY STUDY 1/>SITES APPENDICLR SKEL	18.20	18.20	XXX	0		
	77081	TC	DXA BONE DENSITY STUDY 1/>SITES APPENDICLR SKEL	44.20	44.20	XXX	0	154.09	S
	77084		MRI BONE MARROW BLOOD SUPPLY	624.00	624.00	XXX	0		
	77084	26	MRI BONE MARROW BLOOD SUPPLY	146.90	146.90	XXX	0		
	77084	TC	MRI BONE MARROW BLOOD SUPPLY	477.10	477.10	XXX	0	423.01	S
	77085		DXA BONE DENSITY STD 1/> AXL SKEL W/VRT FX ASSMT	105.30	105.30	XXX	0		
	77085	26	DXA BONE DENSITY STD 1/> AXL SKEL W/VRT FX ASSMT	27.30	27.30	XXX	0		
	77085	TC	DXA BONE DENSITY STD 1/> AXL SKEL W/VRT FX ASSMT	78.00	78.00	XXX	0	186.10	Q1
	77086		VERTEBRAL FRACTURE ASSESSMENT VIA DXA	66.95	66.95	XXX	0		

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				Professional			Outpatient Facility	
	Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
	77086	26	VERTEBRAL FRACTURE ASSESSMENT VIA DXA	15.60	15.60	XXX	0		
	77086	TC	VERTEBRAL FRACTURE ASSESSMENT VIA DXA	51.35	51.35	XXX	0	154.09	Q1
	77089		TBS DXA/OTHER IMG CALCULATION W/I&R FX RISK	78.00	78.00	XXX	0		M
	77090		TBS TECHL PREP&TRANSMIS DATA ALYS PFRMD ELSEWHR	5.85	5.85	XXX	0	154.09	S
	77091		TBS TECHNICAL CALCULATION ONLY	53.30	53.30	XXX	0	154.09	S
	77092		TBS INTERPRETATION & REPORT FX RISK BY OTHER QHP	18.85	18.85	XXX	0		M
	77261		THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE	137.80	137.80	XXX	0		B
	77262		THERAPEUTIC RADIOLOGY TX PLANNING INTERMEDIATE	213.20	213.20	XXX	0		B
	77263		THERAPEUTIC RADIOLOGY TX PLANNING COMPLEX	331.50	331.50	XXX	0		B
	77280		THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE	522.60	522.60	XXX	0		
	77280	26	THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE	73.45	73.45	XXX	0		
	77280	TC	THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE	449.15	449.15	XXX	0	232.35	S
	77285		THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED	867.10	867.10	XXX	0		
	77285	26	THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED	110.50	110.50	XXX	0		
	77285	TC	THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED	756.60	756.60	XXX	0	640.62	S
	77290		THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	859.30	859.30	XXX	0		
	77290	26	THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	161.20	161.20	XXX	0		
	77290	TC	THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	698.10	698.10	XXX	0	640.62	S
+	77293		RESPIRATORY MOTION MANAGEMENT SIMULATION	785.20	785.20	ZZZ	0		
+	77293	26	RESPIRATORY MOTION MANAGEMENT SIMULATION	206.05	206.05	ZZZ	0		
+	77293	TC	RESPIRATORY MOTION MANAGEMENT SIMULATION	579.15	579.15	ZZZ	0		N
	77295		3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	948.35	948.35	XXX	0		
	77295	26	3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	442.65	442.65	XXX	0		
	77295	TC	3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	505.70	505.70	XXX	0	2394.46	S
	77299		UNLISTED PX THER RADIOLOGY CLINICAL TX PLANNING	BR	BR	XXX	0		
	77299	26	UNLISTED PX THER RADIOLOGY CLINICAL TX PLANNING	BR	BR	XXX	0		
	77299	TC	UNLISTED PX THER RADIOLOGY CLINICAL TX PLANNING	BR	BR	XXX	0	232.35	S
	77300		BASIC RADIATION DOSIMETRY CALCULATION	131.30	131.30	XXX	0		
	77300	26	BASIC RADIATION DOSIMETRY CALCULATION	64.35	64.35	XXX	0		
	77300	TC	BASIC RADIATION DOSIMETRY CALCULATION	66.95	66.95	XXX	0	232.35	S
	77301		NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	3612.70	3612.70	XXX	0		
	77301	26	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	826.15	826.15	XXX	0		
	77301	TC	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	2786.55	2786.55	XXX	0	2394.46	S
	77306		TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION	292.50	292.50	XXX	0		
	77306	26	TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION	144.30	144.30	XXX	0		
	77306	TC	TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION	148.20	148.20	XXX	0	640.62	S
	77307		TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY	569.40	569.40	XXX	0		
	77307	26	TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY	300.30	300.30	XXX	0		
	77307	TC	TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY	269.10	269.10	XXX	0	640.62	S
	77316		BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL	483.60	483.60	XXX	0		
	77316	26	BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL	144.30	144.30	XXX	0		
	77316	TC	BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL	339.30	339.30	XXX	0	640.62	S
	77317		BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL	636.35	636.35	XXX	0		
	77317	26	BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL	189.15	189.15	XXX	0		
	77317	TC	BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL	447.20	447.20	XXX	0	640.62	S
	77318		BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL	904.80	904.80	XXX	0		
	77318	26	BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL	299.65	299.65	XXX	0		
	77318	TC	BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL	605.15	605.15	XXX	0	640.62	S
	77321		SPEC TELETHX PORT PLN PARTS HEMIBDY TOT BDY	185.90	185.90	XXX	0		
	77321	26	SPEC TELETHX PORT PLN PARTS HEMIBDY TOT BDY	98.15	98.15	XXX	0		
	77321	TC	SPEC TELETHX PORT PLN PARTS HEMIBDY TOT BDY	87.75	87.75	XXX	0	640.62	S
	77331		SPEC DOSIM ONLY PRESCRIBED TREATING PHYS	128.05	128.05	XXX	0		
	77331	26	SPEC DOSIM ONLY PRESCRIBED TREATING PHYS	90.35	90.35	XXX	0		
	77331	TC	SPEC DOSIM ONLY PRESCRIBED TREATING PHYS	37.70	37.70	XXX	0	232.35	S
	77332		TX DEVICES DESIGN & CONSTRUCTION SIMPLE	79.95	79.95	XXX	0		
	77332	26	TX DEVICES DESIGN & CONSTRUCTION SIMPLE	46.80	46.80	XXX	0		
	77332	TC	TX DEVICES DESIGN & CONSTRUCTION SIMPLE	33.15	33.15	XXX	0	232.33	S
	77333		TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE	267.15	267.15	XXX	0		
	77333	26	TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE	78.00	78.00	XXX	0		
	77333	TC	TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE	189.15	189.15	XXX	0	232.35	S
	77334		TX DEVICES DESIGN & CONSTRUCTION COMPLEX	247.00	247.00	XXX	0		

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	Code	Mod	Description	Non Fac Fee	Professional Fac Fee	FUD	ASST	Outpatient Facility Fee	SI
	77334	26	TX DEVICES DESIGN & CONSTRUCTION COMPLEX	118.30	118.30	XXX	0		
	77334	TC	TX DEVICES DESIGN & CONSTRUCTION COMPLEX	128.70	128.70	XXX	0	640.55	S
	77336		CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	178.10	178.10	XXX	0	232.35	S
	77338		MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	927.55	927.55	XXX	0		
	77338	26	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	442.65	442.65	XXX	0		
	77338	TC	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	484.90	484.90	XXX	0	640.62	S
	77370		SPEC MEDICAL RADJ PHYSICS CONSLTJ	292.50	292.50	XXX	0	232.35	S
	77371		RADIATION DELIVERY STEREOTACTIC CRANIAL COBALT	4347.20	4347.20	XXX	0	13371.17	J1
	77372		RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	1816.75	1816.75	XXX	0	13376.53	J1
	77373		STEREOTACTIC BODY RADIATION TREATMENT DELIVERY	1907.75	1907.75	XXX	0	3072.84	S
	77387		GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	70.85	70.85	XXX	0		
	77387	26	GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	70.85	70.85	XXX	0		
	77387	TC	GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	BR	BR	XXX	9		N
	77399		UNLISTD PX MED RADJ PHYSIC DOSIM&TX DEV&SPEC SVC	BR	BR	XXX	0		
	77399	26	UNLISTD PX MED RADJ PHYSIC DOSIM&TX DEV&SPEC SVC	BR	BR	XXX	0		
	77399	TC	UNLISTD PX MED RADJ PHYSIC DOSIM&TX DEV&SPEC SVC	BR	BR	XXX	0	232.33	S
	77402		RADIATION TREATMENT DELIVERY LEVEL 1	167.70	167.70	XXX	0	191.63	S
	77407		RADIATION TREATMENT DELIVERY LEVEL 2	BR	BR	XXX	0	460.22	S
	77412		RADIATION TREATMENT DELIVERY LEVEL 3	338.65	338.65	XXX	0	460.22	S
	77417		THERAPEUTIC RADIOLOGY PORT IMAGE(S)	31.85	31.85	XXX	0		N
	77423		HIGH ENERGY NEUTRON RADJ TX DLVR 1/> ISOCENTER	BR	BR	XXX	0	1012.32	S
	77424		INTRAOP RADIAJ TX DELIVER XRAY SINGLE TX SESSION	BR	BR	XXX	9	12517.66	J1
	77425		INTRAOP RADIAJ TX DELIVER ELECTRONS SNGL TX SESS	BR	BR	XXX	9	13329.70	J1
★	77427		RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	377.65	377.65	XXX	9		B
	77431		RADIATION THERAPY MGMT 1/2 FRACTIONS ONLY	213.20	213.20	XXX	0		B
	77432		STERETCTC RADIATION TX MANAGEMENT CRANIAL LESION	837.20	837.20	XXX	0		B
	77435		STEREOTACTIC BODY RADIATION MANAGEMENT	1264.90	1264.90	XXX	0		N
	77436		SURF RADJ THER SUPFC/ORTHVLT TREATMENT PLANNING	152.75	152.75	XXX	0		
	77436	26	SURF RADJ THER SUPFC/ORTHVLT TREATMENT PLANNING	81.25	81.25	XXX	0		
	77436	TC	SURF RADJ THER SUPFC/ORTHVLT TREATMENT PLANNING	71.50	71.50	XXX	0	66.78	Q1
	77437		SURF RADJ THER SUPFC DLVR<=150 KV PER FRACTION	213.20	213.20	XXX	0	182.42	S
	77438		SURF RADJ THER ORTHVLT DLVR>150-500 KV PER FXJ	215.15	215.15	XXX	0	182.42	S
+	77439		SURF RADJ THER SUPFC/ORTHVLT IMG GDN US F/PLMT	31.20	31.20	ZZZ	0		
+	77439	26	SURF RADJ THER SUPFC/ORTHVLT IMG GDN US F/PLMT	31.20	31.20	ZZZ	0		
+	77439	TC	SURF RADJ THER SUPFC/ORTHVLT IMG GDN US F/PLMT	BR	BR	ZZZ	9		N
	77469		INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT	632.45	632.45	XXX	0		B
	77470		SPECIAL TREATMENT PROCEDURE	286.00	286.00	XXX	0		
	77470	26	SPECIAL TREATMENT PROCEDURE	209.95	209.95	XXX	0		
	77470	TC	SPECIAL TREATMENT PROCEDURE	76.05	76.05	XXX	0	1012.32	S
	77499		UNLISTED PROCEDURE THERAPEUTIC RADIOLOGY TX MGMT	BR	BR	XXX	0		
	77499	26	UNLISTED PROCEDURE THERAPEUTIC RADIOLOGY TX MGMT	BR	BR	XXX	0		
	77499	TC	UNLISTED PROCEDURE THERAPEUTIC RADIOLOGY TX MGMT	BR	BR	XXX	0		B
	77520		PROTON TX DELIVERY SIMPLE W/O COMPENSATION	2437.50	2437.50	XXX	0	1012.32	S
	77522		PROTON TX DELIVERY SIMPLE W/COMPENSATION	2008.50	2008.50	XXX	0	2232.14	S
	77523		PROTON TX DELIVERY INTERMEDIATE	2137.85	2137.85	XXX	0	2232.14	S
	77525		PROTON TX DELIVERY COMPLEX	3532.75	3532.75	XXX	0	2232.14	S
	77600		HYPERTHERMIA EXTERNALLY GENERATED SUPERFICIAL	1060.80	1060.80	XXX	0		
	77600	26	HYPERTHERMIA EXTERNALLY GENERATED SUPERFICIAL	139.10	139.10	XXX	0		
	77600	TC	HYPERTHERMIA EXTERNALLY GENERATED SUPERFICIAL	921.70	921.70	XXX	0	460.22	S
	77605		HYPERTHERMIA EXTERNALLY GENERATED DEEP	1833.00	1833.00	XXX	0		
	77605	26	HYPERTHERMIA EXTERNALLY GENERATED DEEP	193.70	193.70	XXX	0		
	77605	TC	HYPERTHERMIA EXTERNALLY GENERATED DEEP	1639.30	1639.30	XXX	0	1214.17	S
	77610		HYPERTHERMIA INTERSTITIAL PROBE 5/< APPLICATORS	1313.65	1313.65	XXX	0		
	77610	26	HYPERTHERMIA INTERSTITIAL PROBE 5/< APPLICATORS	135.20	135.20	XXX	0		
	77610	TC	HYPERTHERMIA INTERSTITIAL PROBE 5/< APPLICATORS	1178.45	1178.45	XXX	0	1012.32	S
	77615		HYPERTHERMIA INTERSTIAL PROBE>5 APPLICATORS	2072.85	2072.85	XXX	0		
	77615	26	HYPERTHERMIA INTERSTIAL PROBE>5 APPLICATORS	190.45	190.45	XXX	0		
	77615	TC	HYPERTHERMIA INTERSTIAL PROBE>5 APPLICATORS	1882.40	1882.40	XXX	0	1012.32	S
	77620		HYPERTHERMIA GENERATED BY INTRACAVITARY PROBES	1229.80	1229.80	XXX	0		
	77620	26	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBES	161.85	161.85	XXX	0		
	77620	TC	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBES	1067.95	1067.95	XXX	0	1012.32	S

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				Professional			Outpatient Facility	
Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
77750		NFS/INSTLJ RADIOELMNT SLN 3 MO FOLLOW-UP CARE	778.70	778.70	030	0		
77750	26	NFS/INSTLJ RADIOELMNT SLN 3 MO FOLLOW-UP CARE	517.40	517.40	030	0		
77750	TC	NFS/INSTLJ RADIOELMNT SLN 3 MO FOLLOW-UP CARE	261.30	261.30	030	0	460.22	S
77761		INTRACAVITARY RADIATION SOURCE APPLIC SIMPLE	832.65	832.65	030	0		
77761	26	INTRACAVITARY RADIATION SOURCE APPLIC SIMPLE	398.45	398.45	030	0		
77761	TC	INTRACAVITARY RADIATION SOURCE APPLIC SIMPLE	434.20	434.20	030	0	1012.32	S
77762		INTRACAVITARY RADIATION SOURCE APPLIC INTERMED	1095.25	1095.25	030	0		
77762	26	INTRACAVITARY RADIATION SOURCE APPLIC INTERMED	595.40	595.40	030	0		
77762	TC	INTRACAVITARY RADIATION SOURCE APPLIC INTERMED	499.85	499.85	030	0	1012.32	S
77763		INTRACAVITARY RADIATION SOURCE APPLIC COMPLEX	1555.45	1555.45	030	0		
77763	26	INTRACAVITARY RADIATION SOURCE APPLIC COMPLEX	897.00	897.00	030	0		
77763	TC	INTRACAVITARY RADIATION SOURCE APPLIC COMPLEX	658.45	658.45	030	0	1214.17	S
77767		HDR RDNCL SKN SURF BRACHYTX LES <2CM/1 CHAN	488.80	488.80	XXX	0		
77767	26	HDR RDNCL SKN SURF BRACHYTX LES <2CM/1 CHAN	108.55	108.55	XXX	0		
77767	TC	HDR RDNCL SKN SURF BRACHYTX LES <2CM/1 CHAN	380.25	380.25	XXX	0	460.22	S
77768		HDR RDNCL SK SRF BRCHYTX LES >2CM&2CHAN/MLT LES	718.25	718.25	XXX	0		
77768	26	HDR RDNCL SK SRF BRCHYTX LES >2CM&2CHAN/MLT LES	144.30	144.30	XXX	0		
77768	TC	HDR RDNCL SK SRF BRCHYTX LES >2CM&2CHAN/MLT LES	573.95	573.95	XXX	0	460.22	S
77770		HDR RDNCL NTRSTL/INTRCAV BRACHYTX 1 CHANNEL	681.85	681.85	XXX	0		
77770	26	HDR RDNCL NTRSTL/INTRCAV BRACHYTX 1 CHANNEL	201.50	201.50	XXX	0		
77770	TC	HDR RDNCL NTRSTL/INTRCAV BRACHYTX 1 CHANNEL	480.35	480.35	XXX	0	1214.05	S
77771		HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL	1194.05	1194.05	XXX	0		
77771	26	HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL	393.25	393.25	XXX	0		
77771	TC	HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL	800.80	800.80	XXX	0	1213.56	S
77772		HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS	1784.25	1784.25	XXX	0		
77772	26	HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS	554.45	554.45	XXX	0		
77772	TC	HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS	1229.80	1229.80	XXX	0	1206.40	S
77778		INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	1823.90	1823.90	000	0		
77778	26	INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	906.75	906.75	000	0		
77778	TC	INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	917.15	917.15	000	0	1204.70	S
77789		SURFACE APPLIC LOW DOSE RATE RADIONUCLIDE SOURCE	260.65	260.65	000	0		
77789	26	SURFACE APPLIC LOW DOSE RATE RADIONUCLIDE SOURCE	117.65	117.65	000	0		
77789	TC	SURFACE APPLIC LOW DOSE RATE RADIONUCLIDE SOURCE	143.00	143.00	000	0	191.63	S
77790		SUPERVISION HANDLING LOADING RADIATION SOURCE	37.05	37.05	XXX	0		N
77799		UNLISTED PROCEDURE CLINICAL BRACHYTHERAPY	BR	BR	XXX	0		
77799	26	UNLISTED PROCEDURE CLINICAL BRACHYTHERAPY	BR	BR	XXX	0		
77799	TC	UNLISTED PROCEDURE CLINICAL BRACHYTHERAPY	BR	BR	XXX	0	188.21	S
78012		THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT	157.95	157.95	XXX	0		
78012	26	THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT	16.90	16.90	XXX	0		
78012	TC	THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT	141.05	141.05	XXX	0	703.20	S
78013		THYROID IMAGING WITH VASCULAR FLOW	328.25	328.25	XXX	0		
78013	26	THYROID IMAGING WITH VASCULAR FLOW	33.15	33.15	XXX	0		
78013	TC	THYROID IMAGING WITH VASCULAR FLOW	295.10	295.10	XXX	0	703.20	S
78014		THYROID UPTAKE W/BLOOD FLOW SNGLE/MULT QUAN MEAS	416.65	416.65	XXX	0		
78014	26	THYROID UPTAKE W/BLOOD FLOW SNGLE/MULT QUAN MEAS	44.85	44.85	XXX	0		
78014	TC	THYROID UPTAKE W/BLOOD FLOW SNGLE/MULT QUAN MEAS	371.80	371.80	XXX	0	703.20	S
78015		THYROID CARCINOMA METASTASES IMG LMTD AREA	407.55	407.55	XXX	0		
78015	26	THYROID CARCINOMA METASTASES IMG LMTD AREA	61.75	61.75	XXX	0		
78015	TC	THYROID CARCINOMA METASTASES IMG LMTD AREA	345.80	345.80	XXX	0	703.20	S
78016		THYROID CARCINOMA METASTASES IMG ADDL STUDY	483.60	483.60	XXX	0		
78016	26	THYROID CARCINOMA METASTASES IMG ADDL STUDY	63.05	63.05	XXX	0		
78016	TC	THYROID CARCINOMA METASTASES IMG ADDL STUDY	420.55	420.55	XXX	0	703.20	S
78018		THYROID CARCINOMA METASTASES IMG WHOLE BODY	544.70	544.70	XXX	0		
78018	26	THYROID CARCINOMA METASTASES IMG WHOLE BODY	74.75	74.75	XXX	0		
78018	TC	THYROID CARCINOMA METASTASES IMG WHOLE BODY	469.95	469.95	XXX	0	941.97	S
+ 78020		THYROID CARCINOMA METASTASES UPTAKE	154.05	154.05	ZZZ	0		
+ 78020	26	THYROID CARCINOMA METASTASES UPTAKE	50.70	50.70	ZZZ	0		
+ 78020	TC	THYROID CARCINOMA METASTASES UPTAKE	103.35	103.35	ZZZ	0		N
78070		PARATHYROID PLANAR IMAGING	516.10	516.10	XXX	0		
78070	26	PARATHYROID PLANAR IMAGING	72.80	72.80	XXX	0		
78070	TC	PARATHYROID PLANAR IMAGING	443.30	443.30	XXX	0	703.20	S

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Code	Mod	Description	Non Fac Fee	Professional Fac Fee	FUD	ASST	Outpatient Facility Fee	SI
78071		PARATHYROID PLANAR IMAGING W/WO SUBTRACTION	612.30	612.30	XXX	0		
78071	26	PARATHYROID PLANAR IMAGING W/WO SUBTRACTION	107.25	107.25	XXX	0		
78071	TC	PARATHYROID PLANAR IMAGING W/WO SUBTRACTION	505.05	505.05	XXX	0	703.20	S
78072		PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT	758.55	758.55	XXX	0		
78072	26	PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT	141.05	141.05	XXX	0		
78072	TC	PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT	617.50	617.50	XXX	0	941.97	S
78075		ADRENAL IMAGING CORTEX &/MEDULLA	773.50	773.50	XXX	0		
78075	26	ADRENAL IMAGING CORTEX &/MEDULLA	68.25	68.25	XXX	0		
78075	TC	ADRENAL IMAGING CORTEX &/MEDULLA	705.25	705.25	XXX	0	2284.59	S
78099		UNLISTED ENDOCRINE PX DX NUCLEAR MEDICINE	BR	BR	XXX	0		
78099	26	UNLISTED ENDOCRINE PX DX NUCLEAR MEDICINE	BR	BR	XXX	0		
78099	TC	UNLISTED ENDOCRINE PX DX NUCLEAR MEDICINE	BR	BR	XXX	0	703.20	S
78102		BONE MARROW IMAGING LIMITED AREA	310.05	310.05	XXX	0		
78102	26	BONE MARROW IMAGING LIMITED AREA	48.10	48.10	XXX	0		
78102	TC	BONE MARROW IMAGING LIMITED AREA	261.95	261.95	XXX	0	703.20	S
78103		BONE MARROW IMAGING MULTIPLE AREAS	328.90	328.90	XXX	0		
78103	26	BONE MARROW IMAGING MULTIPLE AREAS	57.20	57.20	XXX	0		
78103	TC	BONE MARROW IMAGING MULTIPLE AREAS	271.70	271.70	XXX	0	703.20	S
78104		BONE MARROW IMAGING WHOLE BODY	438.10	438.10	XXX	0		
78104	26	BONE MARROW IMAGING WHOLE BODY	70.20	70.20	XXX	0		
78104	TC	BONE MARROW IMAGING WHOLE BODY	367.90	367.90	XXX	0	703.20	S
78110		PLASMA VOL RADIOPHARM VOL DILUTION SPX 1 SAMPLE	135.85	135.85	XXX	0		
78110	26	PLASMA VOL RADIOPHARM VOL DILUTION SPX 1 SAMPLE	14.95	14.95	XXX	0		
78110	TC	PLASMA VOL RADIOPHARM VOL DILUTION SPX 1 SAMPLE	120.90	120.90	XXX	0	2284.59	S
78111		PLASMA VOL RADIOPHARM VOL DILUTE SPX MULT SMPLES	178.75	178.75	XXX	0		
78111	26	PLASMA VOL RADIOPHARM VOL DILUTE SPX MULT SMPLES	20.15	20.15	XXX	0		
78111	TC	PLASMA VOL RADIOPHARM VOL DILUTE SPX MULT SMPLES	158.60	158.60	XXX	0	2284.59	S
78120		RED CELL VOLUME DETERMINATION SPX 1 SAMPLING	139.10	139.10	XXX	0		
78120	26	RED CELL VOLUME DETERMINATION SPX 1 SAMPLING	18.20	18.20	XXX	0		
78120	TC	RED CELL VOLUME DETERMINATION SPX 1 SAMPLING	120.90	120.90	XXX	0	703.20	S
78121		RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS	183.95	183.95	XXX	0		
78121	26	RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS	28.60	28.60	XXX	0		
78121	TC	RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS	155.35	155.35	XXX	0	941.97	S
78122		WHOLE BLOOD VOLUME DETERMINATION	193.70	193.70	XXX	0		
78122	26	WHOLE BLOOD VOLUME DETERMINATION	39.65	39.65	XXX	0		
78122	TC	WHOLE BLOOD VOLUME DETERMINATION	154.05	154.05	XXX	0	941.97	S
78130		RED CELL SURVIVAL STUDY	242.45	242.45	XXX	0		
78130	26	RED CELL SURVIVAL STUDY	46.80	46.80	XXX	0		
78130	TC	RED CELL SURVIVAL STUDY	195.65	195.65	XXX	0	703.20	S
78140		LABELED RBC SEQUESTRATION DIFFERNTL ORGAN/TISSUE	213.20	213.20	XXX	0		
78140	26	LABELED RBC SEQUESTRATION DIFFERNTL ORGAN/TISSUE	46.80	46.80	XXX	0		
78140	TC	LABELED RBC SEQUESTRATION DIFFERNTL ORGAN/TISSUE	166.40	166.40	XXX	0	703.20	S
78185		SPLEEN IMAGING ONLY W/WO VASCULAR FLOW	298.35	298.35	XXX	0		
78185	26	SPLEEN IMAGING ONLY W/WO VASCULAR FLOW	31.20	31.20	XXX	0		
78185	TC	SPLEEN IMAGING ONLY W/WO VASCULAR FLOW	267.15	267.15	XXX	0	703.20	S
78191		PLATELET SURVIVAL STUDY	242.45	242.45	XXX	0		
78191	26	PLATELET SURVIVAL STUDY	46.80	46.80	XXX	0		
78191	TC	PLATELET SURVIVAL STUDY	195.65	195.65	XXX	0	703.20	S
78195		LYMPHATICS & LYMPH NODES IMAGING	618.15	618.15	XXX	0		
78195	26	LYMPHATICS & LYMPH NODES IMAGING	106.60	106.60	XXX	0		
78195	TC	LYMPHATICS & LYMPH NODES IMAGING	511.55	511.55	XXX	0	924.93	S
78199		UNLISTED HEMATOP RET/ENDO&LYMPHATIC DX NUC MED	BR	BR	XXX	0		
78199	26	UNLISTED HEMATOP RET/ENDO&LYMPHATIC DX NUC MED	BR	BR	XXX	0		
78199	TC	UNLISTED HEMATOP RET/ENDO&LYMPHATIC DX NUC MED	BR	BR	XXX	0	703.20	S
78201		LIVER IMAGING STATIC ONLY	341.25	341.25	XXX	0		
78201	26	LIVER IMAGING STATIC ONLY	39.00	39.00	XXX	0		
78201	TC	LIVER IMAGING STATIC ONLY	302.25	302.25	XXX	0	855.87	S
78202		LIVER IMAGING W/VASCULAR FLOW	378.95	378.95	XXX	0		
78202	26	LIVER IMAGING W/VASCULAR FLOW	46.15	46.15	XXX	0		
78202	TC	LIVER IMAGING W/VASCULAR FLOW	332.80	332.80	XXX	0	879.34	S
78215		LIVER & SPLEEN IMAGING STATIC ONLY	350.35	350.35	XXX	0		

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				Professional			Outpatient Facility	
Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
78215	26	LIVER & SPLEEN IMAGING STATIC ONLY	44.20	44.20	XXX	0		
78215	TC	LIVER & SPLEEN IMAGING STATIC ONLY	306.15	306.15	XXX	0	703.20	S
78216		LIVER & SPLEEN IMAGING W/VASCULAR FLOW	264.55	264.55	XXX	0		
78216	26	LIVER & SPLEEN IMAGING W/VASCULAR FLOW	52.65	52.65	XXX	0		
78216	TC	LIVER & SPLEEN IMAGING W/VASCULAR FLOW	211.90	211.90	XXX	0	703.20	S
78226		HEPATOBILIARY SYST IMAGING INCLUDING GALLBLADDER	565.50	565.50	XXX	0		
78226	26	HEPATOBILIARY SYST IMAGING INCLUDING GALLBLADDER	66.95	66.95	XXX	0		
78226	TC	HEPATOBILIARY SYST IMAGING INCLUDING GALLBLADDER	498.55	498.55	XXX	0	702.50	S
78227		HEPATOBIL SYST IMAG INC GB W/PHARMA INTERVENJ	759.20	759.20	XXX	0		
78227	26	HEPATOBIL SYST IMAG INC GB W/PHARMA INTERVENJ	81.25	81.25	XXX	0		
78227	TC	HEPATOBIL SYST IMAG INC GB W/PHARMA INTERVENJ	677.95	677.95	XXX	0	941.89	S
78230		SALIVARY GLAND IMAGING	315.90	315.90	XXX	0		
78230	26	SALIVARY GLAND IMAGING	40.95	40.95	XXX	0		
78230	TC	SALIVARY GLAND IMAGING	274.95	274.95	XXX	0	703.20	S
78231		SALIVARY GLAND IMAGING SERIAL IMAGES	202.80	202.80	XXX	0		
78231	26	SALIVARY GLAND IMAGING SERIAL IMAGES	40.30	40.30	XXX	0		
78231	TC	SALIVARY GLAND IMAGING SERIAL IMAGES	162.50	162.50	XXX	0	703.20	S
78232		SALIVARY GLAND FUNCTION STUDY	199.55	199.55	XXX	0		
78232	26	SALIVARY GLAND FUNCTION STUDY	36.40	36.40	XXX	0		
78232	TC	SALIVARY GLAND FUNCTION STUDY	163.15	163.15	XXX	0	703.20	S
78258		ESOPHAGEAL MOTILITY	382.85	382.85	XXX	0		
78258	26	ESOPHAGEAL MOTILITY	64.35	64.35	XXX	0		
78258	TC	ESOPHAGEAL MOTILITY	318.50	318.50	XXX	0	703.20	S
78261		GASTRIC MUCOSA IMAGING	353.60	353.60	XXX	0		
78261	26	GASTRIC MUCOSA IMAGING	52.65	52.65	XXX	0		
78261	TC	GASTRIC MUCOSA IMAGING	300.95	300.95	XXX	0	703.20	S
78262		GASTROESOPHAGEAL REFLUX STUDY	434.20	434.20	XXX	0		
78262	26	GASTROESOPHAGEAL REFLUX STUDY	62.40	62.40	XXX	0		
78262	TC	GASTROESOPHAGEAL REFLUX STUDY	371.80	371.80	XXX	0	703.20	S
78264		GASTRIC EMPTYING IMAGING STUDY	577.20	577.20	XXX	0		
78264	26	GASTRIC EMPTYING IMAGING STUDY	71.50	71.50	XXX	0		
78264	TC	GASTRIC EMPTYING IMAGING STUDY	505.70	505.70	XXX	0	703.20	S
78265		GASTRIC EMPTYING IMG STD W/SMALL BOWEL TRANSIT	687.70	687.70	XXX	0		
78265	26	GASTRIC EMPTYING IMG STD W/SMALL BOWEL TRANSIT	87.75	87.75	XXX	0		
78265	TC	GASTRIC EMPTYING IMG STD W/SMALL BOWEL TRANSIT	599.95	599.95	XXX	0	703.20	S
78266		GSTR EMPTYING IMG STD SM BWL&COLON TRNST MLT DAY	773.50	773.50	XXX	0		
78266	26	GSTR EMPTYING IMG STD SM BWL&COLON TRNST MLT DAY	93.60	93.60	XXX	0		
78266	TC	GSTR EMPTYING IMG STD SM BWL&COLON TRNST MLT DAY	679.90	679.90	XXX	0	941.97	S
78267		UREA BREATH TEST C-14 ISOTOPIC ACQUISJ ANALYSIS	22.10	22.10	XXX	9		A
78268		UREA BREATH TEST C-14 ISOTOPIC ANALYSIS	189.80	189.80	XXX	9		A
78278		ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	609.05	609.05	XXX	0		
78278	26	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	89.05	89.05	XXX	0		
78278	TC	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	520.00	520.00	XXX	0	703.20	S
78282		GASTROINTESTINAL PROTEIN LOSS	172.25	172.25	XXX	0		
78282	26	GASTROINTESTINAL PROTEIN LOSS	29.25	29.25	XXX	0		
78282	TC	GASTROINTESTINAL PROTEIN LOSS	143.00	143.00	XXX	0	703.20	S
78290		INTESTINE IMAGING	575.25	575.25	XXX	0		
78290	26	INTESTINE IMAGING	61.10	61.10	XXX	0		
78290	TC	INTESTINE IMAGING	514.15	514.15	XXX	0	703.20	S
78291		PERITONEAL-VENOUS SHUNT PATENCY TEST	464.10	464.10	XXX	0		
78291	26	PERITONEAL-VENOUS SHUNT PATENCY TEST	80.60	80.60	XXX	0		
78291	TC	PERITONEAL-VENOUS SHUNT PATENCY TEST	383.50	383.50	XXX	0	698.85	S
78299		UNLISTED GASTROINTESTINAL PX DX NUCLEAR MEDICINE	BR	BR	XXX	0		
78299	26	UNLISTED GASTROINTESTINAL PX DX NUCLEAR MEDICINE	BR	BR	XXX	0		
78299	TC	UNLISTED GASTROINTESTINAL PX DX NUCLEAR MEDICINE	BR	BR	XXX	0	703.20	S
78300		BONE &/JOINT IMAGING LIMITED AREA	395.20	395.20	XXX	0		
78300	26	BONE &/JOINT IMAGING LIMITED AREA	56.55	56.55	XXX	0		
78300	TC	BONE &/JOINT IMAGING LIMITED AREA	338.65	338.65	XXX	0	703.20	S
78305		BONE &/JOINT IMAGING MULTIPLE AREAS	481.65	481.65	XXX	0		
78305	26	BONE &/JOINT IMAGING MULTIPLE AREAS	75.40	75.40	XXX	0		
78305	TC	BONE &/JOINT IMAGING MULTIPLE AREAS	406.25	406.25	XXX	0	703.20	S

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				Professional			Outpatient Facility	
Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
78306		BONE &/JOINT IMAGING WHOLE BODY	514.80	514.80	XXX	0		
78306	26	BONE &/JOINT IMAGING WHOLE BODY	77.35	77.35	XXX	0		
78306	TC	BONE &/JOINT IMAGING WHOLE BODY	437.45	437.45	XXX	0	703.20	S
78315		BONE &/JOINT IMAGING 3 PHASE STUDY	604.50	604.50	XXX	0		
78315	26	BONE &/JOINT IMAGING 3 PHASE STUDY	91.65	91.65	XXX	0		
78315	TC	BONE &/JOINT IMAGING 3 PHASE STUDY	512.85	512.85	XXX	0	703.13	S
78350		BONE DENSITY 1/> SITES 1 PHOTON ABSORPTIOMETRY	62.40	62.40	XXX	9		
78350	26	BONE DENSITY 1/> SITES 1 PHOTON ABSORPTIOMETRY	20.80	20.80	XXX	9		
78350	TC	BONE DENSITY 1/> SITES 1 PHOTON ABSORPTIOMETRY	41.60	41.60	XXX	9		E1
78351		BONE DENSTY 1/> SITES DUAL PHOTON ABSORPTIOMETR	28.60	28.60	XXX	9		E1
78399		UNLISTED MUSCULOSKELETAL PX DX NUCLEAR MEDICINE	BR	BR	XXX	0		
78399	26	UNLISTED MUSCULOSKELETAL PX DX NUCLEAR MEDICINE	BR	BR	XXX	0		
78399	TC	UNLISTED MUSCULOSKELETAL PX DX NUCLEAR MEDICINE	BR	BR	XXX	0	703.20	S
78414		CARD-VASC HEMODYNAM W/WO PHARM/EXER 1/MLT DETERM	268.45	268.45	XXX	0		
78414	26	CARD-VASC HEMODYNAM W/WO PHARM/EXER 1/MLT DETERM	40.30	40.30	XXX	0		
78414	TC	CARD-VASC HEMODYNAM W/WO PHARM/EXER 1/MLT DETERM	228.15	228.15	XXX	0	941.97	S
78428		CARDIAC SHUNT DETECTION	332.80	332.80	XXX	0		
78428	26	CARDIAC SHUNT DETECTION	69.55	69.55	XXX	0		
78428	TC	CARDIAC SHUNT DETECTION	263.25	263.25	XXX	0	703.20	S
78429		MYOCRD IMG PET METAB EVAL SINGLE STUDY CNCRNT CT	1587.95	1587.95	XXX	0		
78429	26	MYOCRD IMG PET METAB EVAL SINGLE STUDY CNCRNT CT	152.10	152.10	XXX	0		
78429	TC	MYOCRD IMG PET METAB EVAL SINGLE STUDY CNCRNT CT	1435.85	1435.85	XXX	0	2552.53	S
78430		MYOCRD IMG PET PRFUJ 1STD REST/STRESS CNCRNT CT	1452.75	1452.75	XXX	0		
78430	26	MYOCRD IMG PET PRFUJ 1STD REST/STRESS CNCRNT CT	143.65	143.65	XXX	0		
78430	TC	MYOCRD IMG PET PRFUJ 1STD REST/STRESS CNCRNT CT	1309.10	1309.10	XXX	0	2552.53	S
78431		MYOCRD IMG PET PRFUJ MLT STD RST&STRS CNCRNT CT	2460.25	2460.25	XXX	0		
78431	26	MYOCRD IMG PET PRFUJ MLT STD RST&STRS CNCRNT CT	168.35	168.35	XXX	0		
78431	TC	MYOCRD IMG PET PRFUJ MLT STD RST&STRS CNCRNT CT	2291.90	2291.90	XXX	0	3937.97	S
78432		MYOCRD IMG PET PRFUJ W/METAB DUAL RADIOTRACER	BR	BR	XXX	0		
78432	26	MYOCRD IMG PET PRFUJ W/METAB DUAL RADIOTRACER	185.25	185.25	XXX	0		
78432	TC	MYOCRD IMG PET PRFUJ W/METAB DUAL RADIOTRACER	BR	BR	XXX	0	3238.38	S
78433		MYOCRD IMG PET PRFUJ W/METAB 2RTRACER CNCRNT CT	4416.10	4416.10	XXX	0		
78433	26	MYOCRD IMG PET PRFUJ W/METAB 2RTRACER CNCRNT CT	197.60	197.60	XXX	0		
78433	TC	MYOCRD IMG PET PRFUJ W/METAB 2RTRACER CNCRNT CT	4218.50	4218.50	XXX	0	3413.03	S
+ 78434		AQMBF PET REST AND PHARMACOLOGIC STRESS	235.30	235.30	ZZZ	0		
+ 78434	26	AQMBF PET REST AND PHARMACOLOGIC STRESS	55.90	55.90	ZZZ	0		
+ 78434	TC	AQMBF PET REST AND PHARMACOLOGIC STRESS	179.40	179.40	ZZZ	0		N
78445		NONCARDIAC VASCULAR FLOW IMAGING	334.10	334.10	XXX	0		
78445	26	NONCARDIAC VASCULAR FLOW IMAGING	45.50	45.50	XXX	0		
78445	TC	NONCARDIAC VASCULAR FLOW IMAGING	288.60	288.60	XXX	0	703.20	S
78451		MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	596.70	596.70	XXX	0		
78451	26	MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	122.85	122.85	XXX	0		
78451	TC	MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	473.85	473.85	XXX	0	2284.14	S
78452		MYOCARDIAL SPECT MULTIPLE STUDIES	821.60	821.60	XXX	0		
78452	26	MYOCARDIAL SPECT MULTIPLE STUDIES	144.95	144.95	XXX	0		
78452	TC	MYOCARDIAL SPECT MULTIPLE STUDIES	676.65	676.65	XXX	0	2284.36	S
78453		MYOCARDIAL PERFUSION PLANAR 1 STUDY REST/STRESS	514.15	514.15	XXX	0		
78453	26	MYOCARDIAL PERFUSION PLANAR 1 STUDY REST/STRESS	89.05	89.05	XXX	0		
78453	TC	MYOCARDIAL PERFUSION PLANAR 1 STUDY REST/STRESS	425.10	425.10	XXX	0	2284.59	S
78454		MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES	761.15	761.15	XXX	0		
78454	26	MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES	122.20	122.20	XXX	0		
78454	TC	MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES	638.95	638.95	XXX	0	2284.59	S
78456		ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE	547.95	547.95	XXX	9		
78456	26	ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE	89.70	89.70	XXX	9		
78456	TC	ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE	458.25	458.25	XXX	9	2284.59	S
78457		VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL	304.20	304.20	XXX	0		
78457	26	VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL	69.55	69.55	XXX	0		
78457	TC	VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL	234.65	234.65	XXX	0	941.97	S
78458		VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL	371.15	371.15	XXX	0		
78458	26	VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL	82.55	82.55	XXX	0		
78458	TC	VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL	288.60	288.60	XXX	0	703.20	S

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	Code	Mod	Description	Non Fac Fee	Professional Fac Fee	FUD	ASST	Outpatient Facility Fee	SI
	78459		MYOCRD IMG PET METAB EVAL SINGLE STUDY	3526.25	3526.25	XXX	0		
	78459	26	MYOCRD IMG PET METAB EVAL SINGLE STUDY	141.05	141.05	XXX	0		
	78459	TC	MYOCRD IMG PET METAB EVAL SINGLE STUDY	3385.20	3385.20	XXX	0	2284.59	S
	78466		MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN	311.35	311.35	XXX	0		
	78466	26	MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN	61.10	61.10	XXX	0		
	78466	TC	MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN	250.25	250.25	XXX	0	703.20	S
	78468		MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	353.60	353.60	XXX	0		
	78468	26	MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	72.15	72.15	XXX	0		
	78468	TC	MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	281.45	281.45	XXX	0	941.97	S
	78469		MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ	397.80	397.80	XXX	0		
	78469	26	MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ	83.20	83.20	XXX	0		
	78469	TC	MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ	314.60	314.60	XXX	0	941.97	S
	78472		CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS	402.35	402.35	XXX	0		
	78472	26	CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS	87.75	87.75	XXX	0		
	78472	TC	CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS	314.60	314.60	XXX	0	703.13	S
	78473		CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	511.55	511.55	XXX	0		
	78473	26	CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	131.95	131.95	XXX	0		
	78473	TC	CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	379.60	379.60	XXX	0	703.20	S
	78481		CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	313.95	313.95	XXX	0		
	78481	26	CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	87.10	87.10	XXX	0		
	78481	TC	CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	226.85	226.85	XXX	0	941.97	S
	78483		CARD BL POOL PLNR MLT STDY WAL MOTN EJECT FRACT	424.45	424.45	XXX	0		
	78483	26	CARD BL POOL PLNR MLT STDY WAL MOTN EJECT FRACT	131.30	131.30	XXX	0		
	78483	TC	CARD BL POOL PLNR MLT STDY WAL MOTN EJECT FRACT	293.15	293.15	XXX	0	941.97	S
	78491		MYOCRD IMG PET PRFUJ SINGLE STUDY REST/STRESS	1538.55	1538.55	XXX	0		
	78491	26	MYOCRD IMG PET PRFUJ SINGLE STUDY REST/STRESS	138.45	138.45	XXX	0		
	78491	TC	MYOCRD IMG PET PRFUJ SINGLE STUDY REST/STRESS	1400.10	1400.10	XXX	0	2552.53	S
	78492		MYOCRD IMG PET PRFUJ MULTIPLE STUDY REST&STRESS	2676.05	2676.05	XXX	0		
	78492	26	MYOCRD IMG PET PRFUJ MULTIPLE STUDY REST&STRESS	160.55	160.55	XXX	0		
	78492	TC	MYOCRD IMG PET PRFUJ MULTIPLE STUDY REST&STRESS	2515.50	2515.50	XXX	0	2552.53	S
	78494		CARD BL POOL GATED SPECT REST WAL MOTN EJCT FRCT	407.55	407.55	XXX	0		
	78494	26	CARD BL POOL GATED SPECT REST WAL MOTN EJCT FRCT	106.60	106.60	XXX	0		
	78494	TC	CARD BL POOL GATED SPECT REST WAL MOTN EJCT FRCT	300.95	300.95	XXX	0	703.20	S
+	78496		CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT	80.60	80.60	ZZZ	0		
+	78496	26	CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT	43.55	43.55	ZZZ	0		
+	78496	TC	CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT	37.05	37.05	ZZZ	0		N
	78499		UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE	BR	BR	XXX	0		
	78499	26	UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE	BR	BR	XXX	0		
	78499	TC	UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE	BR	BR	XXX	0	703.20	S
	78579		PULMONARY VENTILATION IMAGING	328.90	328.90	XXX	0		
	78579	26	PULMONARY VENTILATION IMAGING	43.55	43.55	XXX	0		
	78579	TC	PULMONARY VENTILATION IMAGING	285.35	285.35	XXX	0	703.20	S
	78580		PULMONARY PERFUSION IMAGING PARTICULATE	415.35	415.35	XXX	0		
	78580	26	PULMONARY PERFUSION IMAGING PARTICULATE	66.95	66.95	XXX	0		
	78580	TC	PULMONARY PERFUSION IMAGING PARTICULATE	348.40	348.40	XXX	0	702.85	S
	78582		PULMONARY VENTILATION & PERFUSION IMAGING	577.85	577.85	XXX	0		
	78582	26	PULMONARY VENTILATION & PERFUSION IMAGING	95.55	95.55	XXX	0		
	78582	TC	PULMONARY VENTILATION & PERFUSION IMAGING	482.30	482.30	XXX	0	941.41	S
	78597		QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING	353.60	353.60	XXX	0		
	78597	26	QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING	65.00	65.00	XXX	0		
	78597	TC	QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING	288.60	288.60	XXX	0	703.20	S
	78598		QUANT DIFF PULM PRFUSION & VENTLAJ W/WO IMAGIN	523.90	523.90	XXX	0		
	78598	26	QUANT DIFF PULM PRFUSION & VENTLAJ W/WO IMAGIN	74.10	74.10	XXX	0		
	78598	TC	QUANT DIFF PULM PRFUSION & VENTLAJ W/WO IMAGIN	449.80	449.80	XXX	0	940.56	S
	78599		UNLISTED RESPIRATORY PX DX NUCLEAR MEDICINE	BR	BR	XXX	0		
	78599	26	UNLISTED RESPIRATORY PX DX NUCLEAR MEDICINE	BR	BR	XXX	0		
	78599	TC	UNLISTED RESPIRATORY PX DX NUCLEAR MEDICINE	BR	BR	XXX	0	703.20	S
	78600		BRAIN IMAGING <4 STATIC VIEWS	324.35	324.35	XXX	0		
	78600	26	BRAIN IMAGING <4 STATIC VIEWS	39.65	39.65	XXX	0		
	78600	TC	BRAIN IMAGING <4 STATIC VIEWS	284.70	284.70	XXX	0	703.20	S
	78601		BRAIN IMAGING <4 STATIC VIEWS W/VASCULAR FLOW	382.85	382.85	XXX	0		

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	Code	Mod	Description	Professional Non Fac Fee	Professional Fac Fee	FUD	ASST	Outpatient Facility Fee	Outpatient Facility SI
	78601	26	BRAIN IMAGING <4 STATIC VIEWS W/VASCULAR FLOW	45.50	45.50	XXX	0		
	78601	TC	BRAIN IMAGING <4 STATIC VIEWS W/VASCULAR FLOW	337.35	337.35	XXX	0	703.20	S
	78605		BRAIN IMAGING MINIMUM 4 STATIC VIEWS	357.50	357.50	XXX	0		
	78605	26	BRAIN IMAGING MINIMUM 4 STATIC VIEWS	48.75	48.75	XXX	0		
	78605	TC	BRAIN IMAGING MINIMUM 4 STATIC VIEWS	308.75	308.75	XXX	0	941.97	S
	78606		BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW	575.25	575.25	XXX	0		
	78606	26	BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW	57.85	57.85	XXX	0		
	78606	TC	BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW	517.40	517.40	XXX	0	941.97	S
	78608		BRAIN IMAGING PET METABOLIC EVALUATION	3315.00	3315.00	XXX	0		
	78608	26	BRAIN IMAGING PET METABOLIC EVALUATION	132.60	132.60	XXX	0		
	78608	TC	BRAIN IMAGING PET METABOLIC EVALUATION	3182.40	3182.40	XXX	0	2552.53	S
	78609		BRAIN IMAGING PET PERFUSION EVALUATION	137.80	137.80	XXX	9		
	78609	26	BRAIN IMAGING PET PERFUSION EVALUATION	137.80	137.80	XXX	9		
	78609	TC	BRAIN IMAGING PET PERFUSION EVALUATION	BR	BR	XXX	9		E1
	78610		BRAIN IMAGING VASCULAR FLOW ONLY	311.35	311.35	XXX	0		
	78610	26	BRAIN IMAGING VASCULAR FLOW ONLY	26.65	26.65	XXX	0		
	78610	TC	BRAIN IMAGING VASCULAR FLOW ONLY	284.70	284.70	XXX	0	941.97	S
	78630		CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY	587.60	587.60	XXX	0		
	78630	26	CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY	61.10	61.10	XXX	0		
	78630	TC	CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY	526.50	526.50	XXX	0	941.97	S
	78635		CEREBROSPINAL FLUID FLOW W/O MATL VENTRICLGRAPHY	588.90	588.90	XXX	0		
	78635	26	CEREBROSPINAL FLUID FLOW W/O MATL VENTRICLGRAPHY	55.90	55.90	XXX	0		
	78635	TC	CEREBROSPINAL FLUID FLOW W/O MATL VENTRICLGRAPHY	533.00	533.00	XXX	0	941.97	S
	78645		CEREBROSPINAL FLUID FLOW W/O MATL SHUNT EVALTJ	565.50	565.50	XXX	0		
	78645	26	CEREBROSPINAL FLUID FLOW W/O MATL SHUNT EVALTJ	50.70	50.70	XXX	0		
	78645	TC	CEREBROSPINAL FLUID FLOW W/O MATL SHUNT EVALTJ	514.80	514.80	XXX	0	941.97	S
	78650		CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO	472.55	472.55	XXX	0		
	78650	26	CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO	46.80	46.80	XXX	0		
	78650	TC	CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO	425.75	425.75	XXX	0	2284.59	S
	78660		RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	256.10	256.10	XXX	0		
	78660	26	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	40.95	40.95	XXX	0		
	78660	TC	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	215.15	215.15	XXX	0	703.20	S
	78699		UNLISTED NERVOUS SYSTEM PX DX NUCLEAR MEDICINE	BR	BR	XXX	0		
	78699	26	UNLISTED NERVOUS SYSTEM PX DX NUCLEAR MEDICINE	BR	BR	XXX	0		
	78699	TC	UNLISTED NERVOUS SYSTEM PX DX NUCLEAR MEDICINE	BR	BR	XXX	0	703.20	S
	78700		KIDNEY IMAGING MORPHOLOGY	305.50	305.50	XXX	0		
	78700	26	KIDNEY IMAGING MORPHOLOGY	40.30	40.30	XXX	0		
	78700	TC	KIDNEY IMAGING MORPHOLOGY	265.20	265.20	XXX	0	703.20	S
	78701		KIDNEY IMAGING MORPHOOGY W/VASCULAR FLOW	400.40	400.40	XXX	0		
	78701	26	KIDNEY IMAGING MORPHOOGY W/VASCULAR FLOW	44.85	44.85	XXX	0		
	78701	TC	KIDNEY IMAGING MORPHOOGY W/VASCULAR FLOW	355.55	355.55	XXX	0	703.20	S
	78707		KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/O RX	414.05	414.05	XXX	0		
	78707	26	KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/O RX	85.15	85.15	XXX	0		
	78707	TC	KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/O RX	328.90	328.90	XXX	0	941.97	S
	78708		KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/RX	342.55	342.55	XXX	0		
	78708	26	KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/RX	107.90	107.90	XXX	0		
	78708	TC	KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/RX	234.65	234.65	XXX	0	941.89	S
	78709		KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE	646.10	646.10	XXX	0		
	78709	26	KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE	124.80	124.80	XXX	0		
	78709	TC	KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE	521.30	521.30	XXX	0	941.89	S
	78725		KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY	189.80	189.80	XXX	0		
	78725	26	KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY	32.50	32.50	XXX	0		
	78725	TC	KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY	157.30	157.30	XXX	0	703.20	S
+	78730		URINARY BLADDER RESIDUAL STUDY	128.70	128.70	ZZZ	0		
+	78730	26	URINARY BLADDER RESIDUAL STUDY	14.30	14.30	ZZZ	0		
+	78730	TC	URINARY BLADDER RESIDUAL STUDY	114.40	114.40	ZZZ	0		N
	78740		URETERAL REFLUX STUDY RP VOIDING CYSTOGRAM	407.55	407.55	XXX	0		
	78740	26	URETERAL REFLUX STUDY RP VOIDING CYSTOGRAM	52.00	52.00	XXX	0		
	78740	TC	URETERAL REFLUX STUDY RP VOIDING CYSTOGRAM	355.55	355.55	XXX	0	703.20	S
	78761		TESTICULAR IMAGING WITH VASCULAR FLOW	379.60	379.60	XXX	0		
	78761	26	TESTICULAR IMAGING WITH VASCULAR FLOW	65.65	65.65	XXX	0		

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				Professional			Outpatient Facility	
	Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
	78761	TC	TESTICULAR IMAGING WITH VASCULAR FLOW	313.95	313.95	XXX	0	703.20	S
	78799		UNLISTED GENITOURINARY PX DX NUCLEAR MEDICINE	BR	BR	XXX	0		
	78799	26	UNLISTED GENITOURINARY PX DX NUCLEAR MEDICINE	BR	BR	XXX	0		
	78799	TC	UNLISTED GENITOURINARY PX DX NUCLEAR MEDICINE	BR	BR	XXX	0	703.20	S
	78800		RP LOCLZJ TUM PLNR 1 AREA SINGLE DAY IMAGING	444.60	444.60	XXX	0		
	78800	26	RP LOCLZJ TUM PLNR 1 AREA SINGLE DAY IMAGING	59.15	59.15	XXX	0		
	78800	TC	RP LOCLZJ TUM PLNR 1 AREA SINGLE DAY IMAGING	385.45	385.45	XXX	0	700.74	S
	78801		RP LOCLZJ TUM PLNR 2+AREA 1+D IMG/1 AREA IMG>2+D	475.80	475.80	XXX	0		
	78801	26	RP LOCLZJ TUM PLNR 2+AREA 1+D IMG/1 AREA IMG>2+D	65.00	65.00	XXX	0		
	78801	TC	RP LOCLZJ TUM PLNR 2+AREA 1+D IMG/1 AREA IMG>2+D	410.80	410.80	XXX	0	703.20	S
	78802		RP LOCLZJ TUM PLNR WHOLE BODY SINGLE DAY IMAGING	536.25	536.25	XXX	0		
	78802	26	RP LOCLZJ TUM PLNR WHOLE BODY SINGLE DAY IMAGING	71.50	71.50	XXX	0		
	78802	TC	RP LOCLZJ TUM PLNR WHOLE BODY SINGLE DAY IMAGING	464.75	464.75	XXX	0	2284.14	S
	78803		RP LOCLZJ TUM SPECT 1 AREA/ACQUISJ 1 DAY IMG	659.10	659.10	XXX	0		
	78803	26	RP LOCLZJ TUM SPECT 1 AREA/ACQUISJ 1 DAY IMG	96.20	96.20	XXX	0		
	78803	TC	RP LOCLZJ TUM SPECT 1 AREA/ACQUISJ 1 DAY IMG	562.90	562.90	XXX	0	2284.14	S
	78804		RP LOCLZJ TUM PLNR WHOLE BODY 2+ DAYS IMAGING	1110.85	1110.85	XXX	0		
	78804	26	RP LOCLZJ TUM PLNR WHOLE BODY 2+ DAYS IMAGING	89.70	89.70	XXX	0		
	78804	TC	RP LOCLZJ TUM PLNR WHOLE BODY 2+ DAYS IMAGING	1021.15	1021.15	XXX	0	2284.59	S
	78808		NJX RP LOCLZJ NON-IMG PROBE STUDY INTRAVENOUS	78.00	78.00	XXX	0	703.20	Q1
	78811		PET IMAGING LIMITED AREA CHEST HEAD/NECK	3428.75	3428.75	XXX	0		
	78811	26	PET IMAGING LIMITED AREA CHEST HEAD/NECK	137.15	137.15	XXX	0		
	78811	TC	PET IMAGING LIMITED AREA CHEST HEAD/NECK	3291.60	3291.60	XXX	0	2284.59	S
	78812		PET IMAGING SKULL BASE TO MID-THIGH	4306.25	4306.25	XXX	0		
	78812	26	PET IMAGING SKULL BASE TO MID-THIGH	172.25	172.25	XXX	0		
	78812	TC	PET IMAGING SKULL BASE TO MID-THIGH	4134.00	4134.00	XXX	0	2552.53	S
	78813		PET IMAGING WHOLE BODY	4387.50	4387.50	XXX	0		
	78813	26	PET IMAGING WHOLE BODY	175.50	175.50	XXX	0		
	78813	TC	PET IMAGING WHOLE BODY	4212.00	4212.00	XXX	0	2552.53	S
	78814		PET IMAGING CT FOR ATTENUATION LIMITED AREA	4891.25	4891.25	XXX	0		
	78814	26	PET IMAGING CT FOR ATTENUATION LIMITED AREA	195.65	195.65	XXX	0		
	78814	TC	PET IMAGING CT FOR ATTENUATION LIMITED AREA	4695.60	4695.60	XXX	0	2552.53	S
	78815		PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	5476.25	5476.25	XXX	0		
	78815	26	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	219.05	219.05	XXX	0		
	78815	TC	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	5257.20	5257.20	XXX	0	2552.53	S
	78816		PET IMAGING FOR CT ATTENUATION WHOLE BODY	5508.75	5508.75	XXX	0		
	78816	26	PET IMAGING FOR CT ATTENUATION WHOLE BODY	220.35	220.35	XXX	0		
	78816	TC	PET IMAGING FOR CT ATTENUATION WHOLE BODY	5288.40	5288.40	XXX	0	2552.53	S
	78830		RP LOCLZJ TUM SPECT W/CT 1 AREA/ACQUISJ 1DAY IMG	828.75	828.75	XXX	0		
	78830	26	RP LOCLZJ TUM SPECT W/CT 1 AREA/ACQUISJ 1DAY IMG	129.35	129.35	XXX	0		
	78830	TC	RP LOCLZJ TUM SPECT W/CT 1 AREA/ACQUISJ 1DAY IMG	699.40	699.40	XXX	0	2283.45	S
	78831		RP LOCLZJ TUM SPECT 2 AREA/SEP ACQUISJ IMG	1231.75	1231.75	XXX	0		
	78831	26	RP LOCLZJ TUM SPECT 2 AREA/SEP ACQUISJ IMG	161.85	161.85	XXX	0		
	78831	TC	RP LOCLZJ TUM SPECT 2 AREA/SEP ACQUISJ IMG	1069.90	1069.90	XXX	0	2282.30	S
	78832		RP LOCLZJ TUM SPECT CT 2AREA/SEP ACQUISJ IMG	1561.95	1561.95	XXX	0		
	78832	26	RP LOCLZJ TUM SPECT CT 2AREA/SEP ACQUISJ IMG	185.90	185.90	XXX	0		
	78832	TC	RP LOCLZJ TUM SPECT CT 2AREA/SEP ACQUISJ IMG	1376.05	1376.05	XXX	0	2552.27	S
+	78835		RADIOPHARMACEUTICAL QUANTIFICATION MEAS 1 AREA	172.25	172.25	ZZZ	0		
+	78835	26	RADIOPHARMACEUTICAL QUANTIFICATION MEAS 1 AREA	40.95	40.95	ZZZ	0		
+	78835	TC	RADIOPHARMACEUTICAL QUANTIFICATION MEAS 1 AREA	131.30	131.30	ZZZ	0		N
	78999		UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE	BR	BR	XXX	0		
	78999	26	UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE	BR	BR	XXX	0		
	78999	TC	UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE	BR	BR	XXX	0	703.20	S
	79005		RP THERAPY ORAL ADMINISTRATION	262.60	262.60	XXX	0		
	79005	26	RP THERAPY ORAL ADMINISTRATION	161.85	161.85	XXX	0		
	79005	TC	RP THERAPY ORAL ADMINISTRATION	100.75	100.75	XXX	0	392.23	S
	79101		RP THERAPY INTRAVENOUS ADMINISTRATION	283.40	283.40	XXX	0		
	79101	26	RP THERAPY INTRAVENOUS ADMINISTRATION	178.75	178.75	XXX	0		
	79101	TC	RP THERAPY INTRAVENOUS ADMINISTRATION	104.65	104.65	XXX	0	391.37	S
	79200		RP THERAPY INRACAVITARY ADMINISTRATION	254.80	254.80	XXX	0		
	79200	26	RP THERAPY INRACAVITARY ADMINISTRATION	152.10	152.10	XXX	0		

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Code	Mod	Description	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
79200	TC	RP THERAPY INRACAVITARY ADMINISTRATION	102.70	102.70	XXX	0	392.23	S
79300		RP THERAPY INTERSTITIAL RADIOACTIVE COLLOID ADMN	436.15	436.15	XXX	0		
79300	26	RP THERAPY INTERSTITIAL RADIOACTIVE COLLOID ADMN	122.20	122.20	XXX	0		
79300	TC	RP THERAPY INTERSTITIAL RADIOACTIVE COLLOID ADMN	313.95	313.95	XXX	0	392.23	S
79403		RP THER RADIOLBLD MONOCLONAL ANTIBODY IV INFUS	331.50	331.50	XXX	0		
79403	26	RP THER RADIOLBLD MONOCLONAL ANTIBODY IV INFUS	172.25	172.25	XXX	0		
79403	TC	RP THER RADIOLBLD MONOCLONAL ANTIBODY IV INFUS	159.25	159.25	XXX	0	392.23	S
79440		RP THERAPY INTRA-ARTICULAR ADMINISTRATION	229.45	229.45	XXX	0		
79440	26	RP THERAPY INTRA-ARTICULAR ADMINISTRATION	152.10	152.10	XXX	0		
79440	TC	RP THERAPY INTRA-ARTICULAR ADMINISTRATION	77.35	77.35	XXX	0	392.23	S
79445		RP THERAPY INTRA-ARTERIAL PARTICULATE ADMN	385.45	385.45	XXX	0		
79445	26	RP THERAPY INTRA-ARTERIAL PARTICULATE ADMN	211.90	211.90	XXX	0		
79445	TC	RP THERAPY INTRA-ARTERIAL PARTICULATE ADMN	173.55	173.55	XXX	0	331.08	S
79999		RP THERAPY UNLISTED PROCEDURE	BR	BR	XXX	0		
79999	26	RP THERAPY UNLISTED PROCEDURE	BR	BR	XXX	0		
79999	TC	RP THERAPY UNLISTED PROCEDURE	BR	BR	XXX	0	392.23	S

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Pathology and Laboratory

Code	Mod	Description	Non Fac Fee	Professional Fac Fee	FUD	ASST	Outpatient Facility Fee	SI
80047		BASIC METABOLIC PANEL CALCIUM IONIZED	27.30	27.30	XXX	9		Q4
80048		BASIC METABOLIC PANEL CALCIUM TOTAL	16.90	16.90	XXX	9		Q4
80050		GENERAL HEALTH PANEL	307.45	307.45	XXX	9		E1
80051		ELECTROLYTE PANEL	14.30	14.30	XXX	9		Q4
80053		COMPREHENSIVE METABOLIC PANEL	21.45	21.45	XXX	9		Q4
80055		OBSTETRIC PANEL	96.20	96.20	XXX	9		Q4
80061		LIPID PANEL	26.65	26.65	XXX	9		A
80069		RENAL FUNCTION PANEL	17.55	17.55	XXX	9		Q4
80074		ACUTE HEPATITIS PANEL	95.55	95.55	XXX	9		Q4
80076		HEPATIC FUNCTION PANEL	16.25	16.25	XXX	9		Q4
80081		OBSTETRIC PANEL INCLUDES HIV TESTING	150.15	150.15	XXX	9		Q4
80143		DRUG ASSAY ACETAMINOPHEN	37.70	37.70	XXX	9		Q4
80145		DRUG ASSAY ADALIMUMAB	77.35	77.35	XXX	9		Q4
80150		DRUG SCREEN QUANTITATIVE AMIKACIN	30.55	30.55	XXX	9		Q4
80151		DRUG ASSAY AMIODARONE	37.70	37.70	XXX	9		Q4
80155		DRUG ASSAY CAFFEINE	77.35	77.35	XXX	9		Q4
80156		DRUG ASSAY CARBAMAZEPINE TOTAL	29.25	29.25	XXX	9		Q4
80157		DRUG ASSAY CARBAMAZEPINE FREE	26.65	26.65	XXX	9		Q4
80158		DRUG ASSAY CYCLOSPORINE	36.40	36.40	XXX	9		Q4
80159		DRUG ASSAY CLOZAPINE	40.30	40.30	XXX	9		Q4
80161		DRUG ASSAY CARBAMAZEPINE -10,11-EPOXIDE	37.70	37.70	XXX	9		Q4
80162		DRUG SCREEN QUANTITATIVE DIGOXIN TOTAL	26.65	26.65	XXX	9		Q4
80163		DRUG SCREEN QUANTITATIVE DIGOXIN FREE	26.65	26.65	XXX	9		Q4
80164		DRUG ASSAY VALPROIC DIPROPYLACETIC ACID TOTAL	27.30	27.30	XXX	9		Q4
80165		DRUG SCREEN QUANT DIPROPYLACETIC ACID FREE	27.30	27.30	XXX	9		Q4
80167		DRUG ASSAY FELBAMATE	37.70	37.70	XXX	9		Q4
80168		DRUG SCREEN QUANTITATIVE ETHOSUXIMIDE	33.15	33.15	XXX	9		Q4
80169		DRUG ASSAY EVEROLIMUS	27.30	27.30	XXX	9		Q4
80170		DRUG SCREEN QUANTITATIVE GENTAMICIN	33.15	33.15	XXX	9		Q4
80171		DRUG SCREEN QUANTITATIVE GABAPENTIN	43.55	43.55	XXX	9		Q4
80173		DRUG SCREEN QUANTITATIVE HALOPRIDOL	31.85	31.85	XXX	9		Q4
80175		DRUG SCREEN QUANTITATIVE LAMOTRIGINE	26.65	26.65	XXX	9		Q4
80176		DRUG SCREEN QUANTITATIVE LIDOCAINE	29.25	29.25	XXX	9		Q4
80177		DRUG SCREEN QUANTITATIVE LEVETIRACETAM	26.65	26.65	XXX	9		Q4
80178		DRUG SCREEN QUANTITATIVE LITHIUM	13.00	13.00	XXX	9		Q4
80179		DRUG ASSAY SALICYLATE	37.70	37.70	XXX	9		Q4
80180		DRUG SCREEN QUANTITATIVE MYCOPHENOLATE	36.40	36.40	XXX	9		Q4
80181		DRUG ASSAY FLECAINIDE	37.70	37.70	XXX	9		Q4
80183		DRUG SCREEN QUANTITATIVE OXCARBAZEPINE	26.65	26.65	XXX	9		Q4
80184		DRUG SCREEN QUANTITATIVE PHENOBARBITAL	30.55	30.55	XXX	9		Q4
80185		DRUG SCREEN QUANTITATIVE PHENYTOIN TOTAL	26.65	26.65	XXX	9		Q4
80186		DRUG SCREEN QUANTITATIVE PHENYTOIN FREE	27.95	27.95	XXX	9		Q4
80187		DRUG ASSAY POSACONAZOLE	54.60	54.60	XXX	9		Q4
80188		DRUG SCREEN QUANTITATIVE PRIMIDONE	33.15	33.15	XXX	9		Q4
80189		DRUG ASSAY ITRACONAZOLE	54.60	54.60	XXX	9		Q4
80190		DRUG SCREEN QUANTITATIVE PROCAINAMIDE	120.25	120.25	XXX	9		Q4
80192		DRUG SCREEN QUANTITATIVE PROCAINAMIDE METABOLITE	33.80	33.80	XXX	9		Q4
80193		DRUG ASSAY LEFLUNOMIDE	77.35	77.35	XXX	9		Q4
80194		DRUG SCREEN QUANTITATIVE QUINIDINE	29.25	29.25	XXX	9		Q4
80195		DRUG SCREEN QUANTITATIVE SIROLIMUS	27.30	27.30	XXX	9		Q4
80197		DRUG SCREEN QUANTITATIVE TACROLIMUS	27.30	27.30	XXX	9		Q4
80198		DRUG SCREEN QUANTITATIVE THEOPHYLLINE	28.60	28.60	XXX	9		Q4
80199		DRUG SCREEN QUANTITATIVE TIAGABINE	54.60	54.60	XXX	9		Q4
80200		DRUG SCREEN QUANTITATIVE TOBRAMYCIN	32.50	32.50	XXX	9		Q4
80201		DRUG SCREEN QUANTITATIVE TOPIRAMATE	24.05	24.05	XXX	9		Q4
80202		DRUG SCREEN QUANTITATIVE VANCOMYCIN	27.30	27.30	XXX	9		Q4
80203		DRUG SCREEN QUANTITATIVE ZONISAMIDE	26.65	26.65	XXX	9		Q4
80204		DRUG ASSAY METHOTREXATE	77.35	77.35	XXX	9		Q4

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80210		DRUG ASSAY RUFINAMIDE	54.60	54.60	XXX	9		Q4
80220		DRUG ASSAY HYDROXYCHLOROQUINE	37.70	37.70	XXX	9		Q4
80230		DRUG ASSAY INFLIXIMAB	77.35	77.35	XXX	9		Q4
80235		DRUG ASSAY LACOSAMIDE	54.60	54.60	XXX	9		Q4
80280		DRUG ASSAY VEDOLIZUMAB	77.35	77.35	XXX	9		Q4
80285		DRUG ASSAY VORICONAZOLE	54.60	54.60	XXX	9		Q4
80299		QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	37.70	37.70	XXX	9		Q4
80305		DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE	25.35	25.35	XXX	9		Q4
80306		DRUG TST PRSMV READ INSTRMNT ASSTD DIR OPT OBS	34.45	34.45	XXX	9		Q4
80307		DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	124.80	124.80	XXX	9		Q4
80320		DRUG SCREEN QUANTITATIVE ALCOHOLS	See G0480-G0483	See G0480-G0483	XXX	9		B
80321		DRUG SCREEN QUANT ALCOHOLS BIOMARKERS 1 OR 2	See G0480-G0483	See G0480-G0483	XXX	9		B
80322		DRUG SCREEN QUANT ALCOHOLS BIOMARKERS 3 OR MORE	See G0480-G0483	See G0480-G0483	XXX	9		B
80323		ALKALOIDS NOT OTHERWISE SPECIFIED	See G0480-G0483	See G0480-G0483	XXX	9		B
80324		DRUG SCREEN QUANT AMPHETAMINES 1 OR 2	See G0480-G0483	See G0480-G0483	XXX	9		B
80325		DRUG SCREEN QUANT AMPHETAMINES 3 OR 4	See G0480-G0483	See G0480-G0483	XXX	9		B
80326		DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE	See G0480-G0483	See G0480-G0483	XXX	9		B
80327		DRUG SCREEN QUANT ANABOLIC STEROID 1 OR 2	See G0480-G0483	See G0480-G0483	XXX	9		B
80328		DRUG SCREEN QUANT ANABOLIC STEROID 3 OR MORE	See G0480-G0483	See G0480-G0483	XXX	9		B
80329		DRUG SCREEN ANALGESICS NON-OPIOID 1 OR 2	See G0480-G0483	See G0480-G0483	XXX	9		B
80330		DRUG SCREEN ANALGESICS NON-OPIOID 3-5	See G0480-G0483	See G0480-G0483	XXX	9		B
80331		DRUG SCREEN ANALGESICS NON-OPIOID 6 OR MORE	See G0480-G0483	See G0480-G0483	XXX	9		B
80332		ANTIDEPRESSANTS SEROTONERGIC CLASS 1 OR 2	See G0480-G0483	See G0480-G0483	XXX	9		B
80333		ANTIDEPRESSANTS SEROTONERGIC CLASS 3-5	See G0480-G0483	See G0480-G0483	XXX	9		B
80334		ANTIDEPRESSANTS SEROTONERGIC CLASS 6 OR MORE	See G0480-G0483	See G0480-G0483	XXX	9		B
80335		ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 1 OR 2	See G0480-G0483	See G0480-G0483	XXX	9		B
80336		ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 3-5	See G0480-G0483	See G0480-G0483	XXX	9		B
80337		ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 6/MORE	See G0480-G0483	See G0480-G0483	XXX	9		B
80338		ANTIDEPRESSANTS NOT OTHERWISE SPECIFIED	See G0480-G0483	See G0480-G0483	XXX	9		B
80339		ANTIEPILEPTICS NOT OTHERWISE SPECIFIED 1-3	See G0480-G0483	See G0480-G0483	XXX	9		B
80340		ANTIEPILEPTICS NOT OTHERWISE SPECIFIED 4-6	See G0480-G0483	See G0480-G0483	XXX	9		B
80341		ANTIEPILEPTICS NOT OTHERWISE SPECIFIED 7/MORE	See G0480-G0483	See G0480-G0483	XXX	9		B
80342		ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 1-3	See G0480-G0483	See G0480-G0483	XXX	9		B
80343		ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 4-6	See G0480-G0483	See G0480-G0483	XXX	9		B
80344		ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 7/MORE	See G0480-G0483	See G0480-G0483	XXX	9		B

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Code	Mod	Description	Non Fac Fee	Professional Fac Fee	FUD	ASST	Outpatient Facility Fee	SI
80345		DRUG SCREENING BARBITURATES	See G0480-G0483	See G0480-G0483	XXX	9		B
80346		DRUG SCREENING BENZODIAZEPINES 1-12	See G0480-G0483	See G0480-G0483	XXX	9		B
80347		DRUG SCREENING BENZODIAZEPINES 13 OR MORE	See G0480-G0483	See G0480-G0483	XXX	9		B
80348		DRUG SCREENING BUPRENORPHINE	See G0480-G0483	See G0480-G0483	XXX	9		B
80349		DRUG SCREENING CANNABINOIDS NATURAL	See G0480-G0483	See G0480-G0483	XXX	9		B
80350		DRUG SCREENING CANNABINOIDS SYNTHETIC 1-3	See G0480-G0483	See G0480-G0483	XXX	9		B
80351		DRUG SCREENING CANNABINOIDS SYNTHETIC 4-6	See G0480-G0483	See G0480-G0483	XXX	9		B
80352		DRUG SCREENING CANNABINOIDS SYNTHETIC 7/MORE	See G0480-G0483	See G0480-G0483	XXX	9		B
80353		DRUG SCREENING COCAINE	See G0480-G0483	See G0480-G0483	XXX	9		B
80354		DRUG SCREENING FENTANYL	See G0480-G0483	See G0480-G0483	XXX	9		B
80355		DRUG SCREENING GABAPENTIN NON-BLOOD	See G0480-G0483	See G0480-G0483	XXX	9		B
80356		DRUG SCREENING HEROIN METABOLITE	See G0480-G0483	See G0480-G0483	XXX	9		B
80357		DRUG SCREENING KETAMINE AND NORKETAMINE	See G0480-G0483	See G0480-G0483	XXX	9		B
80358		DRUG SCREENING METHADONE	See G0480-G0483	See G0480-G0483	XXX	9		B
80359		DRUG SCREENING METHYLENEDIOXYAMPHETAMINES	See G0480-G0483	See G0480-G0483	XXX	9		B
80360		DRUG SCREENING METHYLPHENIDATE	See G0480-G0483	See G0480-G0483	XXX	9		B
80361		DRUG SCREENING OPIATES 1 OR MORE	See G0480-G0483	See G0480-G0483	XXX	9		B
80362		DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 1 OR 2	See G0480-G0483	See G0480-G0483	XXX	9		B
80363		DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 3 OR 4	See G0480-G0483	See G0480-G0483	XXX	9		B
80364		DRUG SCREENING OPIOIDS & OPIATE ANALOGS 5/MORE	See G0480-G0483	See G0480-G0483	XXX	9		B
80365		DRUG SCREENING OXYCODONE	See G0480-G0483	See G0480-G0483	XXX	9		B
80366		DRUG SCREENING PREGABALIN	See G0480-G0483	See G0480-G0483	XXX	9		B
80367		DRUG SCREENING PROPOXYPHENE	See G0480-G0483	See G0480-G0483	XXX	9		B
80368		DRUG SCREENING SEDATIVE HYPNOTICS	See G0480-G0483	See G0480-G0483	XXX	9		B
80369		DRUG SCREENING SKELETAL MUSCLE RELAXANTS 1 OR 2	See G0480-G0483	See G0480-G0483	XXX	9		B
80370		DRUG SCREENING SKEL MUSCLE RELAXANTS 3 OR MORE	See G0480-G0483	See G0480-G0483	XXX	9		B
80371		DRUG SCREENING STIMULANTS SYNTHETIC	See G0480-G0483	See G0480-G0483	XXX	9		B
80372		DRUG SCREENING TAPENTADOL	See G0480-G0483	See G0480-G0483	XXX	9		B
80373		DRUG SCREENING TRAMADOL	See G0480-G0483	See G0480-G0483	XXX	9		B
80374		DRUG SCREEN STEREOISOMER ANALYSIS 1 DRUG CLASS	See G0480-G0483	See G0480-G0483	XXX	9		B

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	Code	Mod	Description	Non Fac Fee	Professional Fac Fee	FUD	ASST	Outpatient Facility Fee	SI
	80375		DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 1-3	See G0480-G0483	See G0480-G0483	XXX	9		B
	80376		DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 4-6	See G0480-G0483	See G0480-G0483	XXX	9		B
	80377		DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 7/MORE	See G0480-G0483	See G0480-G0483	XXX	9		B
	80400		ACTH STIMULATION PANEL ADRENAL INSUFFICIENCY	65.65	65.65	XXX	9		Q4
	80402		ACTH STIMULATION PANEL 21 HYDROXYLASE DEFICIENCY	174.85	174.85	XXX	9		Q4
	80406		ACTH STIMJ PANEL 3 BETA-HYDROXYDEHYD DEFNCY	157.30	157.30	XXX	9		Q4
	80408		ALDOSTERONE SUPPRESSION EVALUATION PANEL	252.20	252.20	XXX	9		Q4
	80410		CALCITONIN STIMULATION PANEL	161.20	161.20	XXX	9		Q4
	80412		CORTICOTROPIC RELEASING HORM STIMJ PANEL	1610.70	1610.70	XXX	9		Q4
	80414		CHORNC GONAD STIMJ PANEL TESTOSTERONE RESPONSE	104.00	104.00	XXX	9		Q4
	80415		CHORNC GONAD STIMJ PNL TOTAL ESTRADIOL RESPONSE	112.45	112.45	XXX	9		Q4
	80416		RENAL VEIN RENIN STIMULATION PANEL	420.55	420.55	XXX	9		Q4
	80417		PERIPHERAL VEIN RENIN STIMULATION PANEL	88.40	88.40	XXX	9		Q4
	80418		COMBINED RAPID ANT PITUITARY EVALUATION PANEL	1164.15	1164.15	XXX	9		Q4
	80420		DEXMETHASONE SUPPRESSION PANEL 48 HR	325.00	325.00	XXX	9		Q4
	80422		GLUCOSE TOLERANCE PANEL INSULINOMA	92.30	92.30	XXX	9		Q4
	80424		GLUCOSE TOLERANCE PANEL PHEOCHROMOCYTOMA	101.40	101.40	XXX	9		Q4
	80426		GONADOTROPIN RELEASING HORMONE STIMJ PANEL	298.35	298.35	XXX	9		Q4
	80428		GROWTH HORMONE STIMULATION PANEL	133.90	133.90	XXX	9		Q4
	80430		GROWTH HORMONE SUPRJ PANEL GLUCOSE ADMN	260.00	260.00	XXX	9		Q4
	80432		INSULIN-INDUCED C-PEPTIDE SUPRESSION PANEL	332.80	332.80	XXX	9		Q4
	80434		INSULIN TOLERANCE PANEL ACTH INSUFFICIENCY	572.65	572.65	XXX	9		Q4
	80435		INSULIN TOLERANCE PANEL GROWTH HORM DEFNCY	206.70	206.70	XXX	9		Q4
	80436		METYRAPONE PANEL	183.30	183.30	XXX	9		Q4
	80438		THYROTROPIN RELEASING HORMONE STMLJ PANEL 1 HR	101.40	101.40	XXX	9		Q4
	80439		THYROTROPIN RELEASING HORMONE STMLJ PANEL 2 HR	135.20	135.20	XXX	9		Q4
	80503		PATHOLOGY CLINICAL CONSULTATION SF MDM 5-20 MIN	52.65	42.25	XXX	0	93.50	Q1
	80504		PATHOLOGY CLINICAL CONSULTATION MOD MDM 21-40MIN	102.05	90.35	XXX	0	299.88	Q1
	80505		PATHOLOGY CLINICAL CONSULTATION HI MDM 41-60 MIN	186.55	172.25	XXX	0	299.88	Q1
+	80506		PATHOLOGY CLINICAL CONSLTJ PROLNG SVC EA ADDL 30	81.90	81.90	ZZZ	0		N
	81000		URINLS DIP STICK/TABLET REAGNT NON-AUTO MICRSCPY	7.80	7.80	XXX	9		Q4
	81001		URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	6.50	6.50	XXX	9		Q4
	81002		URNLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	7.15	7.15	XXX	9		Q4
	81003		URNLS DIP STICK/TABLET RGNT AUTO W/O MICROSCOPY	4.55	4.55	XXX	9		Q4
	81005		URINALYSIS QUAL/SEMIQUANT EXCEPT IMMUNOASSAYS	4.55	4.55	XXX	9		Q4
	81007		URINALYSIS BACTERIURIA SCR XCPT CULTURE/DIPSTICK	60.45	60.45	XXX	9		Q4
	81015		URINALYSIS MICROSCOPIC ONLY	5.85	5.85	XXX	9		Q4
	81020		URINALYSIS 2/3 GLASS TEST	9.75	9.75	XXX	9		Q4
	81025		URINE PREGNANCY TEST VISUAL COLOR CMPRSN METHS	17.55	17.55	XXX	9		Q4
	81050		VOLUME MEASUREMENT TIMED COLLECTION EACH	7.15	7.15	XXX	9		Q4
	81099		UNLISTED URINALYSIS PROCEDURE	BR	BR	XXX	9		Q4
	81105		HPA-1 GENOTYPING GENE ANALYSIS COMMON VARIANT	245.70	245.70	XXX	9		A
	81106		HPA-2 GENOTYPING GENE ANALYSIS COMMON VARIANT	245.70	245.70	XXX	9		A
	81107		HPA-3 GENOTYPING GENE ANALYSIS COMMON VARIANT	245.70	245.70	XXX	9		A
	81108		HPA-4 GENOTYPING GENE ANALYSIS COMMON VARIANT	245.70	245.70	XXX	9		A
	81109		HPA-5 GENOTYPING GENE ANALYSIS COMMON VARIANT	245.70	245.70	XXX	9		A
	81110		HPA-6 GENOTYPING GENE ANALYSIS COMMON VARIANT	245.70	245.70	XXX	9		A
	81111		HPA-9 GENOTYPING GENE ANALYSIS COMMON VARIANT	245.70	245.70	XXX	9		A
	81112		HPA-15 GENOTYPING GENE ANALYSIS COMMON VARIANT	245.70	245.70	XXX	9		A
	81120		IDH1 COMMON VARIANTS	388.05	388.05	XXX	9		A
	81121		IDH2 COMMON VARIANTS	594.10	594.10	XXX	9		A
	81161		DMD DUPLICATION/DELETION ANALYSIS	560.95	560.95	XXX	9		A
	81162		BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP/DEL ALYS	3667.30	3667.30	XXX	9		A
	81163		BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	940.55	940.55	XXX	9		A
	81164		BRCA1 BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	1173.90	1173.90	XXX	9		A
	81165		BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	568.75	568.75	XXX	9		A
	81166		BRCA1 GENE ANALYSIS FULL DUP/DEL ANALYSIS	605.80	605.80	XXX	9		A
	81167		BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	568.75	568.75	XXX	9		A

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Code	Mod	Description	Professional Non Fac Fee	Professional Fac Fee	FUD	ASST	Outpatient Facility Fee	Outpatient Facility SI
81168		CCND1/IGH TRANSLOCATION ALYS MAJOR BP QUAL&QUAN	416.65	416.65	XXX	9		A
81170		ABL1 GENE ANALYSIS KINASE DOMAIN VARIANTS	602.55	602.55	XXX	9		A
81171		AFF2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	275.60	275.60	XXX	9		A
81172		AFF2 GENE ANALYSIS CHARACTERIZATION OF ALLELES	552.50	552.50	XXX	9		A
81173		AR GENE ANALYSIS FULL GENE SEQUENCE	605.80	605.80	XXX	9		A
81174		AR GENE ANALYSIS KNOWN FAMILIAL VARIANT	372.45	372.45	XXX	9		A
81175		ASXL1 GENE ANALYSIS FULL GENE SEQUENCE	1359.15	1359.15	XXX	9		A
81176		ASXL1 GENE ANALYSIS TARGETED SEQ ANALYSIS	486.20	486.20	XXX	9		A
81177		ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	275.60	275.60	XXX	9		A
81178		ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	275.60	275.60	XXX	9		A
81179		ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	275.60	275.60	XXX	9		A
81180		ATXN3 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	275.60	275.60	XXX	9		A
81181		ATXN7 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	275.60	275.60	XXX	9		A
81182		ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELES	275.60	275.60	XXX	9		A
81183		ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	275.60	275.60	XXX	9		A
81184		CACNA1A GENE ANALYSIS EVAL DETECT ABNOR ALLELES	275.60	275.60	XXX	9		A
81185		CACNA1A GENE ANALYSIS FULL GENE SEQUENCE	1700.40	1700.40	XXX	9		A
81186		CACNA1A GENE ANALYSIS KNOWN FAMILIAL VARIANT	372.45	372.45	XXX	9		A
81187		CNBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	275.60	275.60	XXX	9		A
81188		CSTB GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	275.60	275.60	XXX	9		A
81189		CSTB GENE ANALYSIS FULL GENE SEQUENCE	552.50	552.50	XXX	9		A
81190		CSTB GENE ANALYSIS KNOWN FAMILIAL VARIANTS	372.45	372.45	XXX	9		A
81191		NTRK1 TRANSLOCATION ANALYSIS	416.65	416.65	XXX	9		A
81192		NTRK2 TRANSLOCATION ANALYSIS	416.65	416.65	XXX	9		A
81193		NTRK3 TRANSLOCATION ANALYSIS	416.65	416.65	XXX	9		A
81194		NTRK TRANSLOCATION ANALYSIS	1041.30	1041.30	XXX	9		A
81195		CYTOG GEN-WIDE ALYS HEM MAL STRUX VRNT&CNV OGM	2538.90	2538.90	XXX	9		A
81200		ASPA GENE ANALYSIS COMMON VARIANTS	94.90	94.90	XXX	9		A
81201		APC GENE ANALYSIS FULL GENE SEQUENCE	1567.15	1567.15	XXX	9		A
81202		APC GENE ANALYSIS KNOWN FAMILIAL VARIANTS	562.90	562.90	XXX	9		A
81203		APC GENE ANALYSIS DUPLICATION/DELETION VARIANTS	401.70	401.70	XXX	9		A
81204		AR GENE ANALYSIS CHARACTERIZATION OF ALLELES	275.60	275.60	XXX	9		A
81205		BCKDHB GENE ANALYSIS COMMON VARIANTS	191.10	191.10	XXX	9		A
81206		BCR/ABL1 MAJOR BREAKPNT QUALITATIVE/QUANTITATIVE	329.55	329.55	XXX	9		A
81207		BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE	291.20	291.20	XXX	9		A
81208		BCR/ABL1 OTHER BREAKPNT QUALITATIVE/QUANTITATIVE	431.60	431.60	XXX	9		A
81209		BLM GENE ANALYSIS 2281DEL6INS7 VARIANT	79.30	79.30	XXX	9		A
81210		BRAF GENE ANALYSIS V600 VARIANT(S)	352.30	352.30	XXX	9		A
81212		BRCA1 BRCA 2 GEN ALYS 185DELAG 5385INSC 6174DELT	884.00	884.00	XXX	9		A
81215		BRCA1 GENE ANALYSIS KNOWN FAMILIAL VARIANT	754.00	754.00	XXX	9		A
81216		BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	371.80	371.80	XXX	9		A
81217		BRCA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	754.00	754.00	XXX	9		A
81218		CEBPA GENE ANALYSIS FULL GENE SEQUENCE	486.20	486.20	XXX	9		A
81219		CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	244.40	244.40	XXX	9		A
81220		CFTR GENE ANALYSIS COMMON VARIANTS	1118.65	1118.65	XXX	9		A
81221		CFTR GENE ANALYSIS KNOWN FAMILIAL VARIANTS	195.65	195.65	XXX	9		A
81222		CFTR GENE ANALYSIS DUPLICATION/DELETION VARIANTS	874.25	874.25	XXX	9		A
81223		CFTR GENE ANALYSIS FULL GENE SEQUENCE	1002.95	1002.95	XXX	9		A
81224		CFTR GENE ANALYSIS INTRON 8 POLY-T ANALYSIS	339.30	339.30	XXX	9		A
81225		CYP2C19 GENE ANALYSIS COMMON VARIANTS	585.65	585.65	XXX	9		A
81226		CYP2D6 GENE ANALYSIS COMMON VARIANTS	906.10	906.10	XXX	9		A
81227		CYP2C9 GENE ANALYSIS COMMON VARIANTS	351.00	351.00	XXX	9		A
81228		CYTOG ALYS CHRMOML ABNOR COPY NUMBER VRNT CGH	1808.30	1808.30	XXX	9		A
81229		CYTOG ALYS CHRMOML ABNOR CPY NUMBER&SNP VRNT CGH	2330.90	2330.90	XXX	9		A
81230		CYP3A4 GENE ANALYSIS COMMON VARIANTS	351.00	351.00	XXX	9		A
81231		CYP3A5 GENE ANALYSIS COMMON VARIANTS	351.00	351.00	XXX	9		A
81232		DPYD GENE ANALYSIS COMMON VARIANTS	351.00	351.00	XXX	9		A
81233		BTK GENE ANALYSIS COMMON VARIANTS	352.30	352.30	XXX	9		A
81234		DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	275.60	275.60	XXX	9		A
81235		EGFR GENE ANALYSIS COMMON VARIANTS	651.95	651.95	XXX	9		A
81236		EZH2 GENE ANALYSIS FULL GENE SEQUENCE	568.75	568.75	XXX	9		A

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	81237		EZH2 GENE ANALYSIS COMMON VARIANTS	352.30	352.30	XXX	9		A
	81238		F9 FULL GENE SEQUENCE	1205.75	1205.75	XXX	9		A
	81239		DMPK GENE ANALYSIS CHARACTERIZATION OF ALLELES	552.50	552.50	XXX	9		A
	81240		F2 GENE ANALYSIS 20210G >A VARIANT	131.95	131.95	XXX	9		A
	81241		F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	147.55	147.55	XXX	9		A
	81242		FANCC GENE ANALYSIS COMMON VARIANT	73.45	73.45	XXX	9		A
	81243		FMR1 GENE ALYS EVAL TO DETECT ABNORMAL ALLELES	114.40	114.40	XXX	9		A
	81244		FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	90.35	90.35	XXX	9		A
	81245		FLT3 GENE ANALYSIS INTERNAL TANDEM DUP VARIANTS	332.80	332.80	XXX	9		A
	81246		FLT3 GENE ANLYS TYROSINE KINASE DOMAIN VARIANTS	167.05	167.05	XXX	9		A
	81247		G6PD GENE ANALYSIS COMMON VARIANTS	351.00	351.00	XXX	9		A
	81248		G6PD GENE ANALYSIS KNOWN FAMILIAL VARIANTS	754.00	754.00	XXX	9		A
	81249		G6PD GENE ANALYSIS FULL GENE SEQUENCE	1205.75	1205.75	XXX	9		A
	81250		G6PC GENE ANALYSIS COMMON VARIANTS	117.65	117.65	XXX	9		A
	81251		GBA GLUCOSIDASE/BETA/ACID ANAL COMM VARIANTS	94.90	94.90	XXX	9		A
	81252		GJB2 GENE ANALYSIS FULL GENE SEQUENCE	203.45	203.45	XXX	9		A
	81253		GJB2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	123.50	123.50	XXX	9		A
	81254		GJB6 GENE ANALYSIS COMMON VARIANTS	70.20	70.20	XXX	9		A
	81255		HEXA GENE ANALYSIS COMMON VARIANTS	103.35	103.35	XXX	9		A
	81256		HFE HEMOCHROMATOSIS GENE ANAL COMMON VARIANTS	131.30	131.30	XXX	9		A
	81257		HBA1/HBA2 GENE ANALYSIS COMMON DELETIONS/VARIANT	205.40	205.40	XXX	9		A
	81258		HBA1/HBA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	754.00	754.00	XXX	9		A
	81259		HBA1/HBA2 GENE ANALYSIS FULL GENE SEQUENCE	1205.75	1205.75	XXX	9		A
	81260		IKBKAP GENE ANALYSIS COMMON VARIANTS	79.30	79.30	XXX	9		A
	81261		IGH@ REARRANGE ABNORMAL CLONAL POP AMPLIFIED	397.80	397.80	XXX	9		A
	81262		IGH@ REARRANGE ABNORMAL CLONAL POP DIRECT PROBE	137.80	137.80	XXX	9		A
	81263		IGH@ VARIABLE REGION SOMATIC MUTATION ANALYSIS	592.15	592.15	XXX	9		A
	81264		IGK@ GENE REARRANGE DETECT ABNORMAL CLONAL POP	347.10	347.10	XXX	9		A
	81265		COMPARATIVE ANAL STR MARKERS PATIENT&COMP SPEC	468.65	468.65	XXX	9		A
+	81266		COMPARATIVE ANAL STR MARKERS EA ADDL SPECIMEN	612.30	612.30	XXX	9		A
	81267		CHIMERISM W/COMP TO BASELINE W/O CELL SELECTION	416.65	416.65	XXX	9		A
	81268		CHIMERISM W/COMP TO BASELINE W/CELL SELECTION EA	523.90	523.90	XXX	9		A
	81269		HBA1/HBA2 GENE ANALYSIS DUP/DEL VARIANTS	406.90	406.90	XXX	9		A
	81270		JAK2 GENE ANALYSIS P.VAL617PHE VARIANT	183.95	183.95	XXX	9		A
	81271		HTT GENE ANALYSIS DETECT ABNORMAL ALLELES	275.60	275.60	XXX	9		A
	81272		KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	662.35	662.35	XXX	9		A
	81273		KIT GENE ANALYSIS D816 VARIANT(S)	250.90	250.90	XXX	9		A
	81274		HTT GENE ANALYSIS CHARACTERIZATION ALLELES	552.50	552.50	XXX	9		A
	81275		KRAS GENE ANALYSIS VARIANTS IN EXON 2	388.05	388.05	XXX	9		A
	81276		KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	388.05	388.05	XXX	9		A
	81277		CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	2330.90	2330.90	XXX	9		A
	81278		IGH@/BCL2 TLCJ ALYS MBR & MCR BP QUAL/QUAN	416.65	416.65	XXX	9		A
	81279		JAK2 TARGETED SEQUENCE ANALYSIS	372.45	372.45	XXX	9		A
	81283		IFNL3 GENE ANALYSIS RS12979860 VARIANT	147.55	147.55	XXX	9		A
	81284		FXN GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	275.60	275.60	XXX	9		A
	81285		FXN GENE ANALYSIS CHARACTERIZATION ALLELES	552.50	552.50	XXX	9		A
	81286		FXN GENE ANALYSIS FULL GENE SEQUENCE	552.50	552.50	XXX	9		A
	81287		MGMT GENE PROMOTER METHYLATION ANALYSIS	250.25	250.25	XXX	9		A
	81288		MLH1 GENE ANALYSIS PROMOTER METHYLATION ANALYSIS	386.75	386.75	XXX	9		A
	81289		FXN GENE ANALYSIS KNOWN FAMILIAL VARIANTS	372.45	372.45	XXX	9		A
	81290		MCOLN1 MUCOLIPIN1 GENE ANALYSIS COMMON VARIANTS	79.30	79.30	XXX	9		A
	81291		MTHFR GENE ANALYSIS COMMON VARIANTS	131.30	131.30	XXX	9		A
	81292		MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	1357.20	1357.20	XXX	9		A
	81293		MLH1 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	664.95	664.95	XXX	9		A
	81294		MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	406.90	406.90	XXX	9		A
	81295		MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	767.00	767.00	XXX	9		A
	81296		MSH2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	678.60	678.60	XXX	9		A
	81297		MSH2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	428.35	428.35	XXX	9		A
	81298		MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	1289.60	1289.60	XXX	9		A
	81299		MSH6 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	618.80	618.80	XXX	9		A
	81300		MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIA	478.40	478.40	XXX	9		A

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Code	Mod	Description	Non Fac Fee	Professional Fac Fee	FUD	ASST	Outpatient Facility Fee	SI
81301		MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF	700.70	700.70	XXX	9		A
81302		MECP2 GENE ANALYSIS FULL SEQUENCE	1060.80	1060.80	XXX	9		A
81303		MECP2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	241.15	241.15	XXX	9		A
81304		MECP2 GENE ANALYSIS DUPLICATION/DELETION VARIANT	301.60	301.60	XXX	9		A
81305		MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	352.30	352.30	XXX	9		A
81306		NUDT15 GENE ANALYSIS COMMON VARIANTS	585.65	585.65	XXX	9		A
81307		PALB2 GENE ANALYSIS FULL GENE SEQUENCE	1359.15	1359.15	XXX	9		A
81308		PALB2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	605.80	605.80	XXX	9		A
81309		PIK3CA GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	552.50	552.50	XXX	9		A
81310		NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS	495.30	495.30	XXX	9		A
81311		NRAS GENE ANALYSIS VARIANTS IN EXON 2&3	594.10	594.10	XXX	9		A
81312		PABPN1 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	275.60	275.60	XXX	9		A
81313		PCA3/KLK3 PROSTATE SPECIFIC ANTIGEN RATIO	512.20	512.20	XXX	9		A
81314		PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	662.35	662.35	XXX	9		A
81315		PML/RARALPHA COMMON BREAKPOINTS QUAL/QUANT	416.65	416.65	XXX	9		A
81316		PML/RARALPHA SINGLE BREAKPOINT QUAL/QUAN	416.65	416.65	XXX	9		A
81317		PMS2 GENE ANALYSIS FULL SEQUENCE	1359.15	1359.15	XXX	9		A
81318		PMS2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	664.95	664.95	XXX	9		A
81319		PMS2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	408.85	408.85	XXX	9		A
81320		PLCG2 GENE ANALYSIS COMMON VARIANTS	585.65	585.65	XXX	9		A
81321		PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	1205.75	1205.75	XXX	9		A
81322		PTEN GENE ANALYSIS KNOWN FAMILIAL VARIANT	93.60	93.60	XXX	9		A
81323		PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT	602.55	602.55	XXX	9		A
81324		PMP22 GENE ANAL DUPLICATION/DELETION ANALYSIS	1523.60	1523.60	XXX	9		A
81325		PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	1546.35	1546.35	XXX	9		A
81326		PMP22 GENE ANALYSIS KNOWN FAMILIAL VARIANT	93.60	93.60	XXX	9		A
81327		SEPT9 GENE PROMOTER METHYLATION ANALYSIS	386.10	386.10	XXX	9		A
81328		SLCO1B1 GENE ANALYSIS COMMON VARIANTS	351.00	351.00	XXX	9		A
81329		SMN1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS	275.60	275.60	XXX	9		A
81330		SMPD1 GENE ANALYSIS COMMON VARIANTS	94.25	94.25	XXX	9		A
81331		SNRPN/UBE3A METHYLATION ANALYSIS	102.70	102.70	XXX	9		A
81332		SERPINA1 GENE ANALYSIS COMMON VARIANTS	87.75	87.75	XXX	9		A
81333		TGFBI GENE ANALYSIS COMMON VARIANTS	275.60	275.60	XXX	9		A
81334		RUNX1 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	662.35	662.35	XXX	9		A
81335		TPMT GENE ANALAYSIS COMMON VARIANTS	351.00	351.00	XXX	9		A
81336		SMN1 GENE ANALYSIS FULL GENE SEQUENCE	605.80	605.80	XXX	9		A
81337		SMN1 GENE ANALYSIS KNOWN FAMILIAL SEQ VARIANTS	372.45	372.45	XXX	9		A
81338		MPL GENE ANALYSIS COMMON VARIANTS	302.25	302.25	XXX	9		A
81339		MPL GENE ANALYSIS SEQUENCE ANALYSIS EXON 10	372.45	372.45	XXX	9		A
81340		TRB@ REARRANGEMENT ANAL AMPLIFICATION METHOD	419.90	419.90	XXX	9		A
81341		TRB@ REARRANGEMENT ANAL DIRECT PROBE METHODOLOGY	99.45	99.45	XXX	9		A
81342		TRG@ GENE REARRANGEMENT ANALYSIS	404.95	404.95	XXX	9		A
81343		PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	275.60	275.60	XXX	9		A
81344		TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	275.60	275.60	XXX	9		A
81345		TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	372.45	372.45	XXX	9		A
81346		TYMS GENE ANALYSIS COMMON VARIANTS	351.00	351.00	XXX	9		A
81347		SF3B1 GENE ANALYSIS COMMON VARIANTS	388.05	388.05	XXX	9		A
81348		SRSF2 GENE ANALYSIS COMMON VARIANTS	352.30	352.30	XXX	9		A
81349		CYTOG ALYS CHRMOML ABNOR LOW-PASS SEQ ALYS	2406.95	2406.95	XXX	9		A
81350		UGT1A1 GENE ANALYSIS COMMON VARIANTS	469.95	469.95	XXX	9		A
81351		TP53 GENE ANALYSIS FULL GENE SEQUENCE	1289.60	1289.60	XXX	9		A
81352		TP53 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	662.35	662.35	XXX	9		A
81353		TP53 GENE ANALYSIS KNOWN FAMILIAL VARIANT	618.80	618.80	XXX	9		A
81354		CYTOG ALYS CHRML ABNOR INTEROG CPY NMBR VRNT OGM	2458.95	2458.95	XXX	9		A
81355		VKORC1 GENE ANALYSIS COMMON VARIANT(S)	177.45	177.45	XXX	9		A
81357		U2AF1 GENE ANALYSIS COMMON VARIANTS	388.05	388.05	XXX	9		A
81360		ZRSR2 GENE ANALYSIS COMMON VARIANT(S)	388.05	388.05	XXX	9		A
81361		HBB COMMON VARIANTS	351.00	351.00	XXX	9		A
81362		HBB KNOWN FAMILIAL VARIANTS	754.00	754.00	XXX	9		A
81363		HBB DUPLICATION/DELETION VARIANTS	406.90	406.90	XXX	9		A
81364		HBB FULL GENE SEQUENCE	651.95	651.95	XXX	9		A

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	Code	Mod	Description	Professional Non Fac Fee	Professional Fac Fee	FUD	ASST	Outpatient Facility Fee	Outpatient Facility SI
	81370		HLA CLASS I&II LOW HLA-A -B -C -DRB1/3/4/5&DQB	807.95	807.95	XXX	9		A
	81371		HLA I&LI LOW RESOLUTION HLA-A -B&-DRB1	813.15	813.15	XXX	9		A
	81372		HLA CLASS I TYPING LOW RESOLUTION COMPLETE	811.20	811.20	XXX	9		A
	81373		HLA CLASS I TYPING LOW RESOLUTION ONE LOCUS EACH	256.10	256.10	XXX	9		A
	81374		HLA I LOW RESOLUTION ONE ANTIGEN EQUIVALENT EACH	149.50	149.50	XXX	9		A
	81375		HLA II LOW RESOLUTION HLA-DRB1/3/4/5 AND -DQB1	443.30	443.30	XXX	9		A
	81376		HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS EA	245.70	245.70	XXX	9		A
	81377		HLA II LOW RESOLUTION ONE ANTIGEN EQUIVALENT EA	190.45	190.45	XXX	9		A
	81378		HLA I&II HIGH RESOLUTION HLA-A -B -C AND -DRB1	694.20	694.20	XXX	9		A
	81379		HLA CLASS I TYPING HIGH RESOLUTION COMPLETE	674.05	674.05	XXX	9		A
	81380		HLA CLASS I TYPING HIGH RESOLUTION ONE LOCUS EA	356.20	356.20	XXX	9		A
	81381		HLA I TYPING HIGH RESOLUTION 1 ALLELE/ALLELE GRP	341.25	341.25	XXX	9		A
	81382		HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS EA	248.30	248.30	XXX	9		A
	81383		HLA II HIGH RESOLUTION 1 ALLELE/ALLELE GROUP	219.05	219.05	XXX	9		A
	81400		MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	128.70	128.70	XXX	9		A
	81401		MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	275.60	275.60	XXX	9		A
	81402		MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	302.25	302.25	XXX	9		A
	81403		MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	372.45	372.45	XXX	9		A
	81404		MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	552.50	552.50	XXX	9		A
	81405		MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	605.80	605.80	XXX	9		A
	81406		MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	568.75	568.75	XXX	9		A
	81407		MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	1700.40	1700.40	XXX	9		A
	81408		MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	4018.95	4018.95	XXX	9		A
	81410		AORTIC DYSFUNCTION/DILATION GENOMIC SEQ ANALYSIS	1012.70	1012.70	XXX	9		A
	81411		AORTIC DYSFUNCTION/DILATION DUP/DEL ANALYSIS	2713.10	2713.10	XXX	9		A
	81412		ASHKENAZI JEWISH ASSOC DSRDRS GEN SEQ ANAL 9 GEN	4920.50	4920.50	XXX	9		A
	81413		CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	1175.20	1175.20	XXX	9		A
	81414		CAR ION CHNNLPATH DUP/DEL GN ALYS PANEL 2 GENES	1175.20	1175.20	XXX	9		A
	81415		EXOME SEQUENCE ANALYSIS	9605.05	9605.05	XXX	9		A
+	81416		EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME	24113.70	24113.70	XXX	9		A
	81417		EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	642.85	642.85	XXX	9		A
	81418		RX METAB GENOMIC SEQ ALYS PANEL AT LEAST 6 GENES	1842.75	1842.75	XXX	9		A
	81419		EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL	4920.50	4920.50	XXX	9		A
	81420		FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	1525.55	1525.55	XXX	9		A
	81422		FETAL CHROMOSOMAL MICRODELTJ GENOMIC SEQ ANALYS	1525.55	1525.55	XXX	9		A
	81425		GENOME SEQUENCE ANALYSIS	10110.10	10110.10	XXX	9		A
+	81426		GENOME SEQUENCE ANALYSIS EACH COMPARATOR GENOME	5445.70	5445.70	XXX	9		A
	81427		GENOME RE-EVALUATION OF PREC OBTAINED GENOME SEQ	4697.55	4697.55	XXX	9		A
	81430		HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	3265.60	3265.60	XXX	9		A
	81431		HEARING LOSS DUP/DEL ANALYSIS	1365.65	1365.65	XXX	9		A
	81432		HEREDITARY BRST CA-RLATD DO GEN SEQ ALYS 5+ GEN	2620.15	2620.15	XXX	9		A
	81434		HEREDITARY RTA DO GEN SEQ ALYS AT LEAST 15 GEN	1201.20	1201.20	XXX	9		A
	81435		HEREDITARY COLON CA-RELATED DO GEN SEQ ALYS 5+	2620.15	2620.15	XXX	9		A
	81437		HERED NEUROEND TUM-RELATED DO GEN SEQ ALYS 5+	2620.15	2620.15	XXX	9		A
	81439		HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	1175.20	1175.20	XXX	9		A
	81440		NUCLEAR MITOCHONDRIAL 100 GENE GENOMIC SEQ	6679.40	6679.40	XXX	9		A
	81441		IBMFS SEQUENCE ANALYSIS PANEL AT LEAST 30 GENES	4920.50	4920.50	XXX	9		A
	81442		NOONAN SPECTRUM DISORDERS GEN SEQ ANALYS 12 GEN	4307.55	4307.55	XXX	9		A
	81443		GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	4920.50	4920.50	XXX	9		A
	81445		SOLID ORGAN NEOPLASM GSAP 5-50 DNA/DNA&RNA ALYS	1201.20	1201.20	XXX	9		A
	81448		HEREDITARY PERIPHERAL NEUROPATHY GEN SEQ PNL	1175.20	1175.20	XXX	9		A
	81449		SOLID ORGAN NEOPLASM GSAP 5-50 RNA ANALYSIS	1201.20	1201.20	XXX	9		A
	81450		HEMATOLYMPHOID NEO/DO GSAP 5-50DNA/DNA&RNA ALYS	1526.20	1526.20	XXX	9		A
	81451		HEMATOLYMPHOID NEO/DO GSAP 5-50 RNA ANALYSIS	1526.20	1526.20	XXX	9		A
	81455		SO/HEMATOLYMPHOID NEO/DO 51/>GSAP DNA/DNA&RNA	5866.90	5866.90	XXX	9		A
	81456		SO/HEMATOLYMPHOID NEO/DO 51/>RNA ANALYSIS	5866.90	5866.90	XXX	9		A
	81457		SO NEO GSAP DNA ALYS MICROSATELLITE INSTABILITY	1802.45	1802.45	XXX	9		A
	81458		SO NEO GSAP DNA ALY CPY NMBR&MICROSATELLITE INS	2102.75	2102.75	XXX	9		A
	81459		SO NEO GSAP DNA ALYS/DNA&RNA CPY NMBR MCRSTL INS	6007.30	6007.30	XXX	9		A
	81460		WHOLE MITOCHONDRIAL GENOME	2586.35	2586.35	XXX	9		A
	81462		SO NEO GSAP CLL FR DNA/DNA&RNA CPY NMBR&REARGMT	2403.05	2403.05	XXX	9		A

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	Code	Mod	Description	Professional Non Fac Fee	Professional Fac Fee	FUD	ASST	Outpatient Facility Fee	Outpatient Facility SI
	81463		SO NEO GSAP CLL FR DNA ALYS CPY NMBR&MCRSTL INS	2703.35	2703.35	XXX	9		A
	81464		SO NEO GSAP CL FR DNA/DNA&RNA CPY NMBR MCRST INS	6608.55	6608.55	XXX	9		A
	81465		WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	1881.10	1881.10	XXX	9		A
	81470		X-LINKED INTELLECTUAL DBLT GENOMIC SEQ ANALYS	1836.90	1836.90	XXX	9		A
	81471		X-LINKED INTELLECTUAL DBLT DUP/DEL GENE ANALYS	1836.90	1836.90	XXX	9		A
	81479		UNLISTED MOLECULAR PATHOLOGY PROCEDURE	BR	BR	XXX	9		A
	81490		AUTOIMMUNE RHEUMATOID ARTHRITIS ALYS 12 BMRK	1689.35	1689.35	XXX	9		A
	81493		COR ART DISEASE MRNA GENE EXPRESSION 23 GENES	2109.90	2109.90	XXX	9		A
	81500		ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS	523.25	523.25	XXX	9		A
	81503		ONCO (OVARIAN) BIOCHEMICAL ASSAY FIVE PROTEINS	1802.45	1802.45	XXX	9		A
	81504		ONCOLOGY TISSUE OF ORIGIN SIMILAR SCOR ALGORITHM	1045.20	1045.20	XXX	9		A
	81506		ENDOCRINOLOGY BIOCHEMICAL ASSAY SEVEN ANAL	138.45	138.45	XXX	9		Q4
	81507		FETAL ANEUPLOIDY 21 18 13 SEQ ANALY TRISOM RISK	1597.70	1597.70	XXX	9		A
	81508		FETAL CONGENITAL ABNOR ASSAY TWO PROTEINS	109.20	109.20	XXX	9		Q4
	81509		FETAL CONGENITAL ABNOR ASSAY 3 PROTEINS	2988.70	2988.70	XXX	9		Q4
	81510		FETAL CONGENITAL ABNOR ASSAY THREE ANAL	111.80	111.80	XXX	9		Q4
	81511		FETAL CONGENITAL ABNOR ASSAY FOUR ANAL	308.75	308.75	XXX	9		Q4
	81512		FETAL CONGENITAL ABNOR ASSAY FIVE ANAL	139.75	139.75	XXX	9		Q4
	81513		NFCT DS BACTERAL VAGINOSIS RNA VAGINAL-FLUID ALG	286.65	286.65	XXX	9		Q4
	81514		NFCT DS BCT VAGINOSIS&VAGINITIS DNA VAG FLU ALG	528.45	528.45	XXX	9		A
	81515		NFCT DS BV&VAGINITIS RTPCR AMP DNA MARKERS	528.45	528.45	XXX	9		A
	81517		LIVER DS ALYS 3 BIOMARKERS IA SRM PROGNOSTIC ALG	354.25	354.25	XXX	9		Q4
	81518		ONCOLOGY BREAST MRNA GENE EXPRESSION 11 GENES	7782.45	7782.45	XXX	9		A
	81519		ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	7782.45	7782.45	XXX	9		A
	81520		ONC BREAST MRNA GENE XPRSN PRFL HYBRD 58 GENES	5044.00	5044.00	XXX	9		A
	81521		ONC BREAST MRNA MICRORA GENE XPRSN PRFL 70 GENES	7782.45	7782.45	XXX	9		A
	81522		ONCOLOGY BREAST MRNA GENE XPRSN PRFL 12 GENES	7782.45	7782.45	XXX	9		A
	81523		ONC BRST MRNA NEXT GNRJ SEQ GEN XPRSN 70 CNT&31	7782.45	7782.45	XXX	9		A
	81524		ONC CNS TUM DNA MTHYLTN ALYS AT LST 10,000 SITES	BR	BR	XXX	9		A
	81525		ONCOLOGY COLON MRNA GENE EXPRESSION 12 GENES	6261.45	6261.45	XXX	9		A
	81528		ONCOLOGY COLORECTAL SCREENING QUAN 10 DNA MARKRS	1022.45	1022.45	XXX	9		A
	81529		ONC CUTAN MLNMA MRNA GENE XPRS PRFL 31 GENES ALG	14454.05	14454.05	XXX	9		A
	81535		ONCOLOGY GYNE LIVE TUM CELL CLTR&CHEMO RESP 1ST	1164.15	1164.15	XXX	9		A
+	81536		ONCOLOGY GYNE LIVE TUM CELL CLTR&CHEMO RESP ADD	356.85	356.85	XXX	9		A
	81538		ONCOLOGY LUNG MS 8-PROTEIN SIGNATURE	5769.40	5769.40	XXX	9		A
	81539		ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS	1527.50	1527.50	XXX	9		A
	81540		ONCOLOGY TUM UNKNOWN ORIGIN MRNA 92 GENES	7535.45	7535.45	XXX	9		A
	81541		ONC PRST8 MRNA GENE XPRSN PRFL RT-PCR 46 GENES	7782.45	7782.45	XXX	9		A
	81542		ONC PRST8 MRNA MICRORA GENE XPRSN PRFL 22 GENES	7782.45	7782.45	XXX	9		A
	81546		ONC THYR MRNA 10,196 GENES FINE NDL ASPIRATE ALG	7233.85	7233.85	XXX	9		A
	81551		ONC PRST8 PRMTR METHYLATION PRFL R-T PCR 3 GENES	4079.40	4079.40	XXX	9		A
	81552		ONC UVEAL MLNMA MRNA GENE XPRSN PRFL 15 GENES	15626.00	15626.00	XXX	9		A
	81554		PULM DS IPF MRNA 190 GENE TRANSBRONCHIAL BX ALG	10941.45	10941.45	XXX	9		A
	81558		TRNSPLJ REJ KDN MRNA GENE XPRSN PRFLG QPCR 139	6511.05	6511.05	XXX	9		A
	81560		TRNSPLJ PED LVR&BWL MES CD154+T CLL WHL PRPH BLD	1287.65	1287.65	XXX	9		Q4
	81595		CARDIOLOGY HRT TRNSPL MRNA GENE EXPRESS 20 GENES	6511.05	6511.05	XXX	9		A
	81596		NFCT DS CHRNC HCV 6 BIOCHEM ASSAY SRM ALG LVR	144.95	144.95	XXX	9		A
	81599		UNLISTED MULTIANALYTE ASSAY ALGORITHMIC ANALYSIS	BR	BR	XXX	9		E1
	82009		KETONE BODYS QUALITATIVE	9.10	9.10	XXX	9		Q4
	82010		KETONE BODYS QUANTITATIVE	16.25	16.25	XXX	9		Q4
	82013		ASSAY OF ACETYLCHOLINESTERASE	24.70	24.70	XXX	9		Q4
	82016		ACYLCARNITINES QUALITATIVE EACH SPECIMEN	33.15	33.15	XXX	9		Q4
	82017		ACYLCARNITINES QUANTIATIVE EACH SPECIMEN	33.80	33.80	XXX	9		Q4
	82024		ADRENOCORTICOTROPIC HORMONE ACTH	77.35	77.35	XXX	9		Q4
	82030		ADENOSINE 5-MONOPHOSPHATE CYCLIC	52.00	52.00	XXX	9		Q4
	82040		ALBUMIN SERUM PLASMA/WHOLE BLOOD	9.75	9.75	XXX	9		Q4
	82042		OTHER SOURCE ALBUMIN QUANTITATIVE EACH SPECIMEN	15.60	15.60	XXX	9		Q4
	82043		URINE ALBUMIN QUANTITATIVE	11.70	11.70	XXX	9		Q4
	82044		URINE ALBUMIN SEMIQUANTITATIVE	12.35	12.35	XXX	9		Q4
	82045		ALBUMIN ISCHEMIA MODIFIED	68.25	68.25	XXX	9		Q4
	82075		ASSAY OF ALCOHOL (ETHANOL) BREATH	60.45	60.45	XXX	9		Q4

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82077		ASSAY OF ALCOHOL (ETHANOL) SPEC XCP UR&BREATH IA	34.45	34.45	XXX	9		Q4
82085		ASSAY OF ALDOLASE	19.50	19.50	XXX	9		Q4
82088		ASSAY OF ALDOSTERONE	81.90	81.90	XXX	9		Q4
82103		ALPHA-1-ANTITRYPSIN TOTAL	27.30	27.30	XXX	9		Q4
82104		ALPHA-1-ANTITRYPSIN PHENOTYPE	29.25	29.25	XXX	9		Q4
82105		ALPHA-FETOPROTEIN SERUM	33.80	33.80	XXX	9		Q4
82106		ALPHA-FETOPROTEIN AMNIOTIC FLUID	34.45	34.45	XXX	9		Q4
82107		AFP-L3 FRACTION ISOFORM & TOTAL AFP W/RATIO	129.35	129.35	XXX	9		Q4
82108		ASSAY OF ALUMINUM	51.35	51.35	XXX	9		Q4
82120		AMINES VAGINAL FLUID QUALITATIVE	12.35	12.35	XXX	9		Q4
82127		AMINO ACIDS 1 QUALITATIVE EACH SPECIMEN	28.60	28.60	XXX	9		Q4
82128		AMINO ACIDS MULTIPLE QUALITATIVE EACH SPECIMEN	27.95	27.95	XXX	9		Q4
82131		AMINO ACIDS 1 QUANTITATIVE EACH SPECIMEN	46.15	46.15	XXX	9		Q4
82135		AMINOLEVULINIC ACID DELTA	33.15	33.15	XXX	9		Q4
82136		AMINO ACIDS 2-5 AMINO ACIDS QUANTITATIVE EA SPEC	39.65	39.65	XXX	9		Q4
82139		AMINO ACIDS 6/> AMINO ACIDS QUANTITATIVE EA SPE	33.80	33.80	XXX	9		Q4
82140		ASSAY OF AMMONIA	29.25	29.25	XXX	9		Q4
82143		AMNIOTIC FLU SCAN	18.85	18.85	XXX	9		Q4
82150		ASSAY OF AMYLASE	13.00	13.00	XXX	9		Q4
82154		ANDROSTANEDIOL GLUCURONIDE	57.85	57.85	XXX	9		Q4
82157		ANDROSTENEDIONE	59.15	59.15	XXX	9		Q4
82160		ANDROSTERONE	51.35	51.35	XXX	9		Q4
82163		ANGIOTENSIN II	40.95	40.95	XXX	9		Q4
82164		ANGIOTENSIN I-CONVERTING ENZYME	29.25	29.25	XXX	9		Q4
82166		ASSAY OF ANTI-MULLERIAN HORMONE	77.35	77.35	XXX	9		Q4
82172		APOLIPOPROTEIN EACH	42.25	42.25	XXX	9		Q4
82175		ASSAY OF ARSENIC	38.35	38.35	XXX	9		Q4
82180		ASSAY OF ASCORBIC ACID BLOOD	20.15	20.15	XXX	9		Q4
82190		ATOMIC ABSRPJ SPECTROSCOPY EA ANALYTE	31.85	31.85	XXX	9		Q4
82232		BETA-2 MICROGLOBULIN	32.50	32.50	XXX	9		Q4
82233		BETA-AMYLOID 1-40 (ABETA 40)	BR	BR	XXX	9		Q4
82234		BETA-AMYLOID 1-42 (ABETA 42)	BR	BR	XXX	9		Q4
82239		BILE ACIDS TOTAL	34.45	34.45	XXX	9		Q4
82240		BILE ACIDS CHOLYLGLYCINE	53.30	53.30	XXX	9		Q4
82247		BILIRUBIN TOTAL	10.40	10.40	XXX	9		Q4
82248		BILIRUBIN DIRECT	10.40	10.40	XXX	9		Q4
82252		BILIRUBIN FECES QUALITATIVE	9.10	9.10	XXX	9		Q4
82261		BIOTINIDASE EACH SPECIMEN	33.80	33.80	XXX	9		Q4
82270		BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1 DETER	9.10	9.10	XXX	9		A
82271		BLOOD OCCULT PEROXIDASE ACTV QUAL OTHER SOURCES	10.40	10.40	XXX	9		Q4
82272		BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1-3 SPEC	8.45	8.45	XXX	9		Q4
82274		BLOOD OCCULT FECAL HGB DETER IA QUAL FECES 1-3	31.85	31.85	XXX	9		Q4
82286		BRADYKININ	10.40	10.40	XXX	9		Q4
82300		CADMIUM	47.45	47.45	XXX	9		Q4
82306		25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	59.80	59.80	XXX	9		Q4
82308		CALCITONIN	53.95	53.95	XXX	9		Q4
82310		CALCIUM TOTAL	10.40	10.40	XXX	9		Q4
82330		CALCIUM IONIZED	27.30	27.30	XXX	9		Q4
82331		CALCIUM AFTER CALCIUM INFUSION TEST	26.65	26.65	XXX	9		Q4
82340		CALCIUM URINE QUANTITATIVE TIMED SPECIMEN	12.35	12.35	XXX	9		Q4
82355		CALCULUS QUALITATIVE ANALYSIS	23.40	23.40	XXX	9		Q4
82360		CALCULUS QUANTITATIVE CHEMICAL	26.00	26.00	XXX	9		Q4
82365		CALCULUS INFRARED SPECTROSCOPY	26.00	26.00	XXX	9		Q4
82370		CALCULUS XRAY DIFFRACTION	25.35	25.35	XXX	9		Q4
82373		CARBOHYDRATE DEFICIENT TRANSFERRIN	36.40	36.40	XXX	9		Q4
82374		CARBON DIOXIDE BICARBONATE	9.75	9.75	XXX	9		Q4
82375		CARBOXYHEMOGLOBIN QUANTITATIVE	24.70	24.70	XXX	9		Q4
82376		CARBOXYHEMOGLOBIN QUALITATIVE	27.95	27.95	XXX	9		Q4
82378		CARCINOEMBRYONIC ANTIGEN CEA	38.35	38.35	XXX	9		Q4
82379		CARNITINE QUANTITATIVE EACH SPECIMEN	33.80	33.80	XXX	9		Q4
82380		CAROTENE	18.85	18.85	XXX	9		Q4

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82382		CATECHOLAMINES TOTAL URINE	54.60	54.60	XXX	9		Q4
82383		CATECHOLAMINES BLOOD	58.50	58.50	XXX	9		Q4
82384		CATECHOLAMINES FRACTIONATED	50.70	50.70	XXX	9		Q4
82387		CATHEPSIN-D	36.40	36.40	XXX	9		Q4
82390		CERULOPLASMIN	21.45	21.45	XXX	9		Q4
82397		CHEMILUMINESCENT ASSAY	28.60	28.60	XXX	9		Q4
82415		CHLORAMPHENICOL	25.35	25.35	XXX	9		Q4
82435		CHLORIDE BLD	9.10	9.10	XXX	9		Q4
82436		CHLORIDE URINE	11.70	11.70	XXX	9		Q4
82438		CHLORIDE OTHER SOURCE	9.75	9.75	XXX	9		Q4
82441		CHLORINATED HYDROCARBONS SCREEN	12.35	12.35	XXX	9		Q4
82465		CHOLESTEROL SERUM/WHOLE BLOOD TOTAL	8.45	8.45	XXX	9		A
82480		CHOLINESTERASE SERUM	15.60	15.60	XXX	9		Q4
82482		CHOLINESTERASE RBC	19.50	19.50	XXX	9		Q4
82485		CHONDROITIN B SULFATE QUANTITATIVE	41.60	41.60	XXX	9		Q4
82495		ASSAY OF CHROMIUM	40.95	40.95	XXX	9		Q4
82507		ASSAY OF CITRATE	55.90	55.90	XXX	9		Q4
82523		COLLAGEN CROSS LINKS ANY METHOD	37.70	37.70	XXX	9		Q4
82525		ASSAY OF COPPER	24.70	24.70	XXX	9		Q4
82528		CORTICOSTERONE	45.50	45.50	XXX	9		Q4
82530		CORTISOL FREE	33.80	33.80	XXX	9		Q4
82533		CORTISOL TOTAL	32.50	32.50	XXX	9		Q4
82540		ASSAY OF CREATINE	9.10	9.10	XXX	9		Q4
82542		COL-CHR/MS NONDRUG ANALYTE NES QUAL/QUAN EA SPEC	48.10	48.10	XXX	9		Q4
82550		CREATINE KINASE TOTAL	13.00	13.00	XXX	9		Q4
82552		CREATINE KINASE ISOENZYMES	26.65	26.65	XXX	9		Q4
82553		CREATINE KINASE MB FRACTION ONLY	23.40	23.40	XXX	9		Q4
82554		CREATINE KINASE ISOFORMS	24.05	24.05	XXX	9		Q4
82565		CREATININE BLOOD	10.40	10.40	XXX	9		Q4
82570		CREATININE OTHER SOURCE	10.40	10.40	XXX	9		Q4
82575		CREATININE CLEARANCE	18.85	18.85	XXX	9		Q4
82585		ASSAY OF CRYOFIBRN	28.60	28.60	XXX	9		Q4
82595		CRYOGLOBULIN QUALITATIVE/SEMI-QUANTITATIVE	13.00	13.00	XXX	9		Q4
82600		ASSAY OF CYANIDE	39.00	39.00	XXX	9		Q4
82607		CYANOCOBALAMIN VITAMIN B-12	30.55	30.55	XXX	9		Q4
82608		CYANOCOBALAMIN VIT B-12 UNSAT BINDING CAPACITY	28.60	28.60	XXX	9		Q4
82610		CYSTATIN C	37.05	37.05	XXX	9		Q4
82615		CSTINE&HOMOCSTINE URINE QUALITATIVE	19.50	19.50	XXX	9		Q4
82626		DEHYDROEPIANDROSTERONE	50.70	50.70	XXX	9		Q4
82627		DEHYDROEPIANDROSTERONE-SULFATE	44.85	44.85	XXX	9		Q4
82633		DESOXYCORTICOSTERONE 11-	62.40	62.40	XXX	9		Q4
82634		DEOXYCORTISOL 11-	59.15	59.15	XXX	9		Q4
82638		ASSAY OF DIBUCAINE NUMBER	24.70	24.70	XXX	9		Q4
82642		DIHYDROTESTOSTERONE (DHT)	59.15	59.15	XXX	9		Q4
82652		1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED	77.35	77.35	XXX	9		Q4
82653		ELASTASE PANCREATIC FECAL QUANTITATIVE	46.15	46.15	XXX	9		Q4
82656		ELASTASE PANCREATIC FECAL QUAL/SEMI-QUANTITATIVE	23.40	23.40	XXX	9		Q4
82657		NZYM ACTIV BLD CELLS/TISS NONRADACT SUBSTRATE EA	44.85	44.85	XXX	9		Q4
82658		NZYM ACTV BLOOD CELLS/TISS RADACT SUBSTRATE EA	88.40	88.40	XXX	9		Q4
82664		ELCTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED	123.50	123.50	XXX	9		Q4
82668		ASSAY OF ERYTHROPOIETIN	37.70	37.70	XXX	9		Q4
82670		ASSAY OF TOTAL ESTRADIOL	55.90	55.90	XXX	9		Q4
82671		ASSAY OF ESTROGENS FRACTIONATED	65.00	65.00	XXX	9		Q4
82672		ASSAY OF ESTROGENS TOTAL	43.55	43.55	XXX	9		Q4
82677		ASSAY OF ESTRIOL	48.75	48.75	XXX	9		Q4
82679		ASSAY OF ESTRONE	50.05	50.05	XXX	9		Q4
82681		ASSAY OF DIRECT MEASUREMENT FREE ESTRADIOL	55.90	55.90	XXX	9		Q4
82693		ASSAY OF ETHYLENE GLYCOL	29.90	29.90	XXX	9		Q4
82696		ASSAY OF ETIOCHOLANOLONE	52.65	52.65	XXX	9		Q4
82705		FAT/LIPIDS FECES QUALITATIVE	10.40	10.40	XXX	9		Q4
82710		FAT/LIPIDS FECES QUANTITATIVE	33.80	33.80	XXX	9		Q4

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	82715		FAT DIFFIAL FECES QUANTITATIVE	46.15	46.15	XXX	9		Q4
	82725		FATTY ACIDS NONESTERIFIED	37.70	37.70	XXX	9		Q4
	82726		VERY LONG CHAIN FATTY ACIDS	39.65	39.65	XXX	9		Q4
	82728		ASSAY OF FERRITIN	27.30	27.30	XXX	9		Q4
	82731		FTL FIBRONECTIN CERVICOVAG SECRETIONS SEMI-QUAN	129.35	129.35	XXX	9		Q4
	82735		ASSAY OF FLUORIDE	37.05	37.05	XXX	9		Q4
	82746		ASSAY OF FOLIC ACID SERUM	29.25	29.25	XXX	9		Q4
	82747		ASSAY OF FOLIC ACID RBC	35.75	35.75	XXX	9		Q4
	82757		ASSAY OF FRUCTOSE SEMEN	35.10	35.10	XXX	9		Q4
	82759		ASSAY OF GALACTOKINASE RBC	42.90	42.90	XXX	9		Q4
	82760		ASSAY OF GALACTOSE	22.75	22.75	XXX	9		Q4
	82775		GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE QUAN	42.25	42.25	XXX	9		Q4
	82776		GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE SCREEN	23.40	23.40	XXX	9		Q4
	82777		GALECTIN-3	89.05	89.05	XXX	9		Q4
	82784		ASSAY OF GAMMAGLOBULIN IGA IGD IGG IGM EACH	18.85	18.85	XXX	9		Q4
	82785		ASSAY OF GAMMAGLOBULIN IGE	33.15	33.15	XXX	9		Q4
	82787		GAMMAGLOBULIN IMMUNOGLOBULIN SUBCLASSES	16.25	16.25	XXX	9		Q4
	82800		GASES BLOOD PH ONLY	22.10	22.10	XXX	9		Q4
	82803		BLOOD GASES ANY COMBINATION PH PCO2 PO2 CO2 HCO3	52.65	52.65	XXX	9		Q4
	82805		GASES BLOOD PH DIRECT MEAS XCPT PULSE OXIMITRY	158.60	158.60	XXX	9		Q4
	82810		GASES BLOOD O2 SATURATION ONLY DIRECT MEAS	19.50	19.50	XXX	9		Q4
	82820		HGB-O2 AFFINITY PO2 50% SATURATION OXYGEN	26.65	26.65	XXX	9		Q4
	82930		GASTRIC ACID ANALYIS W/PH EACH SPECIMEN	13.65	13.65	XXX	9		Q4
	82938		GASTRIN AFTER SECRETIN STIMULATION	35.75	35.75	XXX	9		Q4
	82941		ASSAY OF GASTRIN	35.75	35.75	XXX	9		Q4
	82943		ASSAY OF GLUCAGON	28.60	28.60	XXX	9		Q4
	82945		GLUCOSE BODY FLUID OTHER THAN BLOOD	7.80	7.80	XXX	9		Q4
	82946		GLUCOSE TOLERANCE TEST	35.75	35.75	XXX	9		Q4
	82947		GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	7.80	7.80	XXX	9		A
	82948		GLUCOSE BLOOD REAGENT STRIP	10.40	10.40	XXX	9		Q4
	82950		GLUCOSE POST GLUCOSE DOSE	9.75	9.75	XXX	9		A
	82951		GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	26.00	26.00	XXX	9		A
+	82952		GLUCOSE TOLERANCE EA ADDL BEYOND 3 SPECIMENS	7.80	7.80	XXX	9		Q4
	82955		GLUC-6-PHOSPHATE DEHYDROGENASE QUANTITATIVE	19.50	19.50	XXX	9		Q4
	82960		GLUC-6-PHOSPHATE DEHYDROGENASE SCREEN	12.35	12.35	XXX	9		Q4
	82962		GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	6.50	6.50	XXX	9		Q4
	82963		ASSAY OF GLUCOSIDASE BETA	42.90	42.90	XXX	9		Q4
	82965		ASSAY OF GLUTAMATE DEHYDROGENASE	26.65	26.65	XXX	9		Q4
	82977		ASSAY OF GLUTAMYLTRASE GAMMA	14.30	14.30	XXX	9		Q4
	82978		ASSAY OF GLUTATHIONE	31.20	31.20	XXX	9		Q4
	82979		ASSAY OF GLUTATHIONE REDUCTASE RBC	18.85	18.85	XXX	9		Q4
	82985		ASSAY OF GLYCATED PROTEIN	33.80	33.80	XXX	9		Q4
	83001		GONADOTROPIN FOLLICLE STIMULATING HORMONE	37.05	37.05	XXX	9		Q4
	83002		GONADOTROPIN LUTEINIZING HORMONE	37.05	37.05	XXX	9		Q4
	83003		ASSAY OF GROWTH HORMONE HUMAN	33.80	33.80	XXX	9		Q4
	83006		GROWTH STIMULATION EXPRESSED GENE 2	152.10	152.10	XXX	9		Q4
	83009		HPYLORI BLOOD ANAL UREASE ACT NON-RADACT ISOTOPE	135.20	135.20	XXX	9		Q4
	83010		ASSAY OF HAPTOGLOBIN QUANTITATIVE	25.35	25.35	XXX	9		Q4
	83012		ASSAY OF HAPTOGLOBIN PHENOTYPES	53.95	53.95	XXX	9		Q4
	83013		HPYLORI BREATH ANAL UREASE ACT NON-RADACT ISTOPE	135.20	135.20	XXX	9		Q4
	83014		HPYLORI DRUG ADMINISTRATION	15.60	15.60	XXX	9		Q4
	83015		HEAVY METAL QUALITATIVE ANY NUMBER OF ANALYTES	42.25	42.25	XXX	9		Q4
	83018		HEAVY METAL QUANTITATIVE EACH NES	44.20	44.20	XXX	9		Q4
	83020		HEMOGLOBIN FRACTJ/QUANTJ ELECTROPHORESIS	BR	BR	XXX	9		
	83020	26	HEMOGLOBIN FRACTJ/QUANTJ ELECTROPHORESIS	34.45	34.45	XXX	0		
	83020	TC	HEMOGLOBIN FRACTJ/QUANTJ ELECTROPHORESIS	26.00	26.00	XXX	0		Q4
	83021		HEMOGLOBIN FRACTJ/QUANTJ CHROMOTOGRAPHY	36.40	36.40	XXX	9		Q4
	83026		HEMOGLOBIN COPPER SULFATE METHOD NON-AUTOMATED	7.80	7.80	XXX	9		Q4
	83030		HEMOGLOBIN F FETAL CHEMICAL	21.45	21.45	XXX	9		Q4
	83033		HEMOGLOBIN F FETAL QUALITATIVE	16.25	16.25	XXX	9		Q4
	83036		HEMOGLOBIN GLYCOSYLATED A1C	19.50	19.50	XXX	9		Q4

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83037		HGB GLYCOSYLATED A1C DEVICE CLEARED FDA HOME USE	19.50	19.50	XXX	9		Q4
83045		HEMOGLOBIN METHEMOGLOBIN QUALITATIVE	13.00	13.00	XXX	9		Q4
83050		HEMOGLOBIN METHEMOGLOBIN QUANTITATIVE	16.25	16.25	XXX	9		Q4
83051		HEMOGLOBIN PLASMA	14.95	14.95	XXX	9		Q4
83060		HEMOGLOBIN SULFHEMOGLOBIN QUANTITATIVE	17.55	17.55	XXX	9		Q4
83065		HEMOGLOBIN THERMOLABILE	18.20	18.20	XXX	9		Q4
83068		HEMOGLOBIN UNSTABLE SCREEN	18.85	18.85	XXX	9		Q4
83069		HEMOGLOBIN URINE	7.80	7.80	XXX	9		Q4
83070		ASSAY OF HEMOSIDERIN QUALITATIVE	9.75	9.75	XXX	9		Q4
83080		ASSAY OF B-HEXOSAMINIDASE EACH ASSAY	33.80	33.80	XXX	9		Q4
83088		ASSAY OF HISTAMINE	59.15	59.15	XXX	9		Q4
83090		ASSAY OF HOMOCYSTEINE	35.75	35.75	XXX	9		Q4
83150		ASSAY OF HOMOVANILLIC ACID	44.85	44.85	XXX	9		Q4
83491		ASSAY OF HYDROXYCORTICOSTEROIDS 17	35.75	35.75	XXX	9		Q4
83497		ASSAY OF HYDROXYINDOLACETIC ACID 5-HIAA	26.00	26.00	XXX	9		Q4
83498		ASSAY OF HYDROXYPROGESTERONE 17-D	54.60	54.60	XXX	9		Q4
83500		ASSAY OF FREE HYDROXYPROLINE	45.50	45.50	XXX	9		Q4
83505		ASSAY OF TOTAL HYDROXYPROLINE	48.75	48.75	XXX	9		Q4
83516		IMMUNOASSAY ANALYTE QUAL/SEMIQUAN MULTIPLE STEP	23.40	23.40	XXX	9		Q4
83518		IMMUNOASSAY ANALYTE QUAL/SEMIQUAL SINGLE STEP	19.50	19.50	XXX	9		Q4
83519		IMMUNOASSAY ANALYTE QUANT RADIOIMMUNOASSAY	37.05	37.05	XXX	9		Q4
83520		IMMUNOASSAY ANALYTE QUANTITATIVE NOS	34.45	34.45	XXX	9		Q4
83521		IMMUNOGLOBULIN LIGHT CHAINS FREE EACH	34.45	34.45	XXX	9		Q4
83525		ASSAY OF INSULIN TOTAL	22.75	22.75	XXX	9		Q4
83527		ASSAY OF INSULIN FREE	26.00	26.00	XXX	9		Q4
83528		ASSAY OF INTRINSIC FACTOR	39.65	39.65	XXX	9		Q4
83529		ASSAY OF INTERLEUKIN-6 (IL-6)	34.45	34.45	XXX	9		Q4
83540		ASSAY OF IRON	13.00	13.00	XXX	9		Q4
83550		IRON BINDING CAPACITY	17.55	17.55	XXX	9		Q4
83570		ISOCITRIC DEHYDROGENASE	17.55	17.55	XXX	9		Q4
83582		ASSAY OF KETOGENIC STEROIDS FRACTIONATION	31.20	31.20	XXX	9		Q4
83586		ASSAY OF KETOSTEROIDS 17- TOTAL	26.00	26.00	XXX	9		Q4
83593		KETOSTEROIDS 17- FRACTIONATION	57.20	57.20	XXX	9		Q4
83605		ASSAY OF LACTATE	23.40	23.40	XXX	9		Q4
83615		LACTATE DEHYDROGENASE LDH	12.35	12.35	XXX	9		Q4
83625		LACTATE DEHYDROGENASE ISOENZYMES SEP&QUAN	26.00	26.00	XXX	9		Q4
83630		LACTOFERRIN FECAL QUALITATIVE	39.65	39.65	XXX	9		Q4
83631		LACTOFERRIN FECAL QUANTITATIVE	39.65	39.65	XXX	9		Q4
83632		LACTOGEN HPL HUMAN CHORIONIC SOMATOMAMMOTROPIN	40.95	40.95	XXX	9		Q4
83633		LACTOSE URINE QUALITATIVE	22.75	22.75	XXX	9		Q4
83655		ASSAY OF LEAD	24.05	24.05	XXX	9		Q4
83661		FETAL LUNG MATURITY LECITHIN SPHINGOMYELIN RATIO	44.20	44.20	XXX	9		Q4
83662		FETAL LUNG MATURITY FOAM STABILITY TEST	37.70	37.70	XXX	9		Q4
83663		FETAL LUNG MATURITY FLUORESCENCE POLARIZATION	37.70	37.70	XXX	9		Q4
83664		FETAL LUNG MATURITY LAMELLAR BODY DENSITY	39.00	39.00	XXX	9		Q4
83670		LEUCINE AMINOPEPTIDASE LAP	19.50	19.50	XXX	9		Q4
83690		ASSAY OF LIPASE	13.65	13.65	XXX	9		Q4
83695		LIPOPROTEIN (A)	28.60	28.60	XXX	9		Q4
83698		LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2	92.95	92.95	XXX	9		Q4
83700		LIPOPROTEIN BLOOD ELECTROPHORECTIC SEP&QUAN	22.75	22.75	XXX	9		Q4
83701		LIPOPROTEIN BLOOD HIGH RESOLTJ&QUANTJ SUBCLASS	68.25	68.25	XXX	9		Q4
83704		LIPOPROTEIN BLOOD QUAN NUMBERS & SUBCLASSES	68.90	68.90	XXX	9		Q4
83718		LIPOPROTEIN DIR MEAS HIGH DENSITY CHOLESTEROL	16.25	16.25	XXX	9		Q4
83719		LIPOPROTEIN DIRECT MEASUREMENT VLDL CHOLESTEROL	25.35	25.35	XXX	9		Q4
83721		LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL	20.80	20.80	XXX	9		Q4
83722		DIR MEAS LIPOPROTEIN SMALL DENSE LDL CHOLESTEROL	68.90	68.90	XXX	9		Q4
83727		LUTEINIZING RELEASING FACTOR	34.45	34.45	XXX	9		Q4
83735		ASSAY OF MAGNESIUM	13.65	13.65	XXX	9		Q4
83775		ASSAY OF MALATE DEHYDROGENASE	14.95	14.95	XXX	9		Q4
83785		ASSAY OF MANGANESE	53.30	53.30	XXX	9		Q4
83789		MASS SPECT&TANDEM MASS SPECT NONDRG ANAL NES EA	48.75	48.75	XXX	9		Q4

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Code	Mod	Description	Non Fac Fee	Professional Fac Fee	FUD	ASST	Outpatient Facility Fee	SI
83825		ASSAY OF MERCURY QUANTITATIVE	32.50	32.50	XXX	9		Q4
83835		METANEPHRINES	33.80	33.80	XXX	9		Q4
83857		METHEMALBUMIN	21.45	21.45	XXX	9		Q4
83861		MICROFLUIDIC ANALYSIS TEAR OSMOLARITY	44.85	44.85	XXX	9		Q4
83864		MUCOPOLYSACCHARIDES ACID QUANTITATIVE	57.20	57.20	XXX	9		Q4
83872		MUCIN SYNOVIAL FLUID ROPES TEST	11.70	11.70	XXX	9		Q4
83873		MYELIN BASIC PROTEIN CEREBROSPINAL FLUID	34.45	34.45	XXX	9		Q4
83874		MYOGLOBIN	26.00	26.00	XXX	9		Q4
83876		MYELOPEROXIDASE MPO	102.05	102.05	XXX	9		Q4
83880		NATRIURETIC PEPTIDE	78.65	78.65	XXX	9		Q4
83883		ASSAY OF NEPHELOMETRY EACH ANALYTE NES	27.30	27.30	XXX	9		Q4
83884		ASSAY NEUROFILAMENT LIGHT CHAIN	BR	BR	XXX	9		Q4
83885		ASSAY OF NICKEL	49.40	49.40	XXX	9		Q4
83915		ASSAY OF NUCLEOTIDASE 5'-	22.10	22.10	XXX	9		Q4
83916		OLIGOCLONAL IMMUNE	55.25	55.25	XXX	9		Q4
83918		ORGANIC ACIDS TOTAL QUANTITATIVE EACH SPECIMEN	47.45	47.45	XXX	9		Q4
83919		ORGANIC ACIDS QUALITATIVE EACH SPECIMEN	33.15	33.15	XXX	9		Q4
83921		ORGANIC ACID 1 QUANTITATIVE	42.90	42.90	XXX	9		Q4
83930		ASSAY OF OSMOLALITY BLOOD	13.00	13.00	XXX	9		Q4
83935		ASSAY OF OSMOLALITY URINE	13.65	13.65	XXX	9		Q4
83937		ASSAY OF OSTEOCALCIN	59.80	59.80	XXX	9		Q4
83945		ASSAY OF OXALATE	29.25	29.25	XXX	9		Q4
83950		ONCOPROTEIN HER-2/NEU	129.35	129.35	XXX	9		Q4
83951		ONCOPROTEIN DES-GAMMA-CARBOXY-PROTHROMBIN DCP	129.35	129.35	XXX	9		Q4
83970		ASSAY OF PARATHORMONE	83.20	83.20	XXX	9		Q4
83986		PH BODY FLUID NOT ELSEWHERE SPECIFIED	7.15	7.15	XXX	9		Q4
83987		PH EXHALED BREATH CONDENSATE	7.15	7.15	XXX	9		Q4
83992		ASSAY OF PHENCYCLIDINE	65.00	65.00	XXX	9		E1
83993		ASSAY OF CALPROTECTIN FECAL	39.65	39.65	XXX	9		Q4
84030		ASSAY OF PHENYLALANINE BLOOD	11.05	11.05	XXX	9		Q4
84035		ASSAY OF PHENYLKETONES QUALITATIVE	7.80	7.80	XXX	9		Q4
84060		ASSAY OF PHOSPHATASE ACID TOTAL	15.60	15.60	XXX	9		Q4
84066		ASSAY OF PHOSPHATASE ACID PROSTATIC	19.50	19.50	XXX	9		Q4
84075		ASSAY OF PHOSPHATASE ALKALINE	10.40	10.40	XXX	9		Q4
84078		ASSAY OF PHOSPHATASE ALKALINE HEAT STABLE	16.90	16.90	XXX	9		Q4
84080		ASSAY OF PHOSPHATASE ALKALINE ISOENZYMES	29.90	29.90	XXX	9		Q4
84081		PHOSPHATIDYLGLYCEROL	33.15	33.15	XXX	9		Q4
84085		PHOSPHOGLUCONATE 6-DEHYD RBC	18.85	18.85	XXX	9		Q4
84087		ASSAY OF PHOSPHOHEXOSE ISOMERASE	21.45	21.45	XXX	9		Q4
84100		ASSAY OF PHOSPHORUS INORGANIC	9.75	9.75	XXX	9		Q4
84105		ASSAY OF PHOSPHORUS INORGANIC URINE	11.70	11.70	XXX	9		Q4
84106		PORPHOBILINOGEN URINE QUALITATIVE	11.70	11.70	XXX	9		Q4
84110		ASSAY OF PORPHOBILINOGEN URINE QUANTITATIVE	16.90	16.90	XXX	9		Q4
84112		EVAL C/V AMNIOTIC FLUID PROTEIN QUAL EA SPECIMEN	196.95	196.95	XXX	9		Q4
84119		PORPHYRINS URINE QUALITATAIVE	26.65	26.65	XXX	9		Q4
84120		PORPHYRINS URINE QUANTITATION & FRACTIONATION	29.25	29.25	XXX	9		Q4
84126		PORPHYRINS FECES QUANTITATIVE	78.65	78.65	XXX	9		Q4
84132		POTASSIUM SERUM PLASMA/WHOLE BLOOD	9.75	9.75	XXX	9		Q4
84133		POTASSIUM URINE	9.75	9.75	XXX	9		Q4
84134		PREALBUMIN	29.25	29.25	XXX	9		Q4
84135		PREGNANEDIOL	42.90	42.90	XXX	9		Q4
84138		PREGNANETRIOL	42.25	42.25	XXX	9		Q4
84140		PREGNENOLONE	41.60	41.60	XXX	9		Q4
84143		17-HYDROXYPREGNENOLONE	46.15	46.15	XXX	9		Q4
84144		ASSAY OF PROGESTERONE	41.60	41.60	XXX	9		Q4
84145		PROCALCITONIN (PCT)	54.60	54.60	XXX	9		Q4
84146		ASSAY OF PROLACTIN	39.00	39.00	XXX	9		Q4
84150		ASSAY OF PROSTAGLNDIN EACH	83.85	83.85	XXX	9		Q4
84152		ASSAY OF PROSTATE SPECIFIC ANTIGEN COMPLEXED	37.05	37.05	XXX	9		Q4
84153		ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL	37.05	37.05	XXX	9		Q4
84154		ASSAY OF PROSTATE SPECIFIC ANTIGEN FREE	37.05	37.05	XXX	9		Q4

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Code	Mod	Description	Professional Non Fac Fee	Professional Fac Fee	FUD	ASST	Outpatient Facility Fee	Outpatient Facility SI
84155		PROTEIN XCPT REFRACTOMETRY SERUM PLASMA/WHL BLD	7.15	7.15	XXX	9		Q4
84156		PROTEIN TOTAL XCPT REFRACTOMETRY URINE	7.15	7.15	XXX	9		Q4
84157		PROTEIN TOTAL XCPT REFRACTOMETRY OTH SRC	7.80	7.80	XXX	9		Q4
84160		PROTEIN TOTAL REFRACTOMETRY ANY SRC	11.05	11.05	XXX	9		Q4
84163		PREGNANCY-ASSOCIATED PLASMA PROTEIN-A	30.55	30.55	XXX	9		Q4
84165		PROTEIN ELECTROPHORETIC FRACTJ&QUANTJ SERUM	BR	BR	XXX	9		
84165	26	PROTEIN ELECTROPHORETIC FRACTJ&QUANTJ SERUM	34.45	34.45	XXX	0		
84165	TC	PROTEIN ELECTROPHORETIC FRACTJ&QUANTJ SERUM	21.45	21.45	XXX	0		Q4
84166		PROTEIN ELECTROP FXJ&QUAN OTH FLUS CONCENTRATI	BR	BR	XXX	9		
84166	26	PROTEIN ELECTROP FXJ&QUAN OTH FLUS CONCENTRATI	34.45	34.45	XXX	0		
84166	TC	PROTEIN ELECTROP FXJ&QUAN OTH FLUS CONCENTRATI	35.75	35.75	XXX	0		Q4
84181		PROTEIN WESTRN BLOT I&R BLOOD/OTHER FLUID	BR	BR	XXX	9		
84181	26	PROTEIN WESTRN BLOT I&R BLOOD/OTHER FLUID	34.45	34.45	XXX	0		
84181	TC	PROTEIN WESTRN BLOT I&R BLOOD/OTHER FLUID	34.45	34.45	XXX	0		Q4
84182		PROTEIN WESTRN BLOT BLOOD/OTH FLU IMMUNOLOGICAL	BR	BR	XXX	9		
84182	26	PROTEIN WESTRN BLOT BLOOD/OTH FLU IMMUNOLOGICAL	34.45	34.45	XXX	0		
84182	TC	PROTEIN WESTRN BLOT BLOOD/OTH FLU IMMUNOLOGICAL	58.50	58.50	XXX	0		Q4
84202		PROTOPORPHYRIN RBC QUANTITATIVE	28.60	28.60	XXX	9		Q4
84203		PROTOPORPHYRIN RBC SCREEN	19.50	19.50	XXX	9		Q4
84206		ASSAY OF PROINSULIN	53.95	53.95	XXX	9		Q4
84207		ASSAY OF PYRIDOXAL PHOSPHATE	56.55	56.55	XXX	9		Q4
84210		ASSAY OF PYRUVATE	29.25	29.25	XXX	9		Q4
84220		ASSAY OF PYRUVATE KINASE	18.85	18.85	XXX	9		Q4
84228		ASSAY OF QUININE	23.40	23.40	XXX	9		Q4
84233		ASSAY OF RECEPTOR ASSAY ESTROGEN	176.80	176.80	XXX	9		Q4
84234		ASSAY OF RECEPTOR ASSAY PROGESTERONE	130.65	130.65	XXX	9		Q4
84235		RECEPTOR ASSAY ENDOCRINE OTH/THN ESTRGN/PROGST	143.00	143.00	XXX	9		Q4
84238		RECEPTOR ASSAY NON-ENDOCRINE SPECIFY RECEPTOR	73.45	73.45	XXX	9		Q4
84244		ASSAY OF RENIN	44.20	44.20	XXX	9		Q4
84252		ASSAY OF RIBOFLAVIN-VITAMIN B-2	40.95	40.95	XXX	9		Q4
84255		ASSAY OF SELENIUM	51.35	51.35	XXX	9		Q4
84260		ASSAY OF SEROTONIN	62.40	62.40	XXX	9		Q4
84270		ASSAY OF SEX HORMONE BINDING GLOBULIN	43.55	43.55	XXX	9		Q4
84275		ASSAY OF SIALIC ACID	27.30	27.30	XXX	9		Q4
84285		ASSAY OF SILICA	50.70	50.70	XXX	9		Q4
84295		SODIUM SERUM PLASMA OR WHOLE BLOOD	9.75	9.75	XXX	9		Q4
84300		ASSAY OF URINE SODIUM	10.40	10.40	XXX	9		Q4
84302		ASSAY OF SODIUM OTHER SOURCE	9.75	9.75	XXX	9		Q4
84305		ASSAY OF SOMATOMEDIN	42.90	42.90	XXX	9		Q4
84307		ASSAY OF SOMATOSTATIN	37.05	37.05	XXX	9		Q4
84311		SPECTROPHOTOMETRY ANALYT NOT ELSEWHERE SPECIFIED	16.25	16.25	XXX	9		Q4
84315		SPECIFIC GRAVITY EXCEPT URINE	6.50	6.50	XXX	9		Q4
84375		SUGARS CHROMATOGRAPHIC TLC/PAPER CHROMATOGRAPHY	78.65	78.65	XXX	9		Q4
84376		SUGARS MONO DI&OLIGOS 1 QUALITATAIVE EACH SPEC	11.05	11.05	XXX	9		Q4
84377		SUGARS MONO DI&OLIGOS MLT QUALITATIVE EACH SPE	11.05	11.05	XXX	9		Q4
84378		SUGARS MONO DI&OLIGOS 1 QUANTITATIVE EACH SPEC	23.40	23.40	XXX	9		Q4
84379		SUGARS MONO DI&OLIGOS MLT QUANTITATIVE EA SPEC	23.40	23.40	XXX	9		Q4
84392		ASSAY OF SULFATE URINE	11.05	11.05	XXX	9		Q4
84393		TAU PHOSPHORYLATED EACH	BR	BR	XXX	9		Q4
84394		TOTAL TAU (TTAU)	BR	BR	XXX	9		Q4
84402		ASSAY OF TESTOSTERONE FREE	51.35	51.35	XXX	9		Q4
84403		ASSAY OF TESTOSTERONE TOTAL	52.00	52.00	XXX	9		Q4
84410		ASSAY BIOVLBL TESTOSTERONE DIRECT MEASUREMENT	103.35	103.35	XXX	9		Q4
84425		ASSAY OF THIAMINE-VITAMIN B-1	42.90	42.90	XXX	9		Q4
84430		ASSAY OF THIOCYANATE	23.40	23.40	XXX	9		Q4
84431		THROMBOXANE METABOLITE W/WO THROMBOXANE URINE	70.85	70.85	XXX	9		Q4
84432		ASSAY OF THYROGLOBULIN	32.50	32.50	XXX	9		Q4
84433		ASSAY THIOPURINE S-METHYLTRANSFERASE	44.85	44.85	XXX	9		Q4
84436		ASSAY OF THYROXINE TOTAL	13.65	13.65	XXX	9		Q4
84437		ASSAY OF THYROXINE REQUIRING ELUTION	13.00	13.00	XXX	9		Q4
84439		ASSAY OF FREE THYROXINE	18.20	18.20	XXX	9		Q4

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Code	Mod	Description	Professional Non Fac Fee	Professional Fac Fee	FUD	ASST	Outpatient Facility Fee	Outpatient Facility SI
84442		ASSAY OF THYROXINE BINDING GLOBULIN	29.90	29.90	XXX	9		Q4
84443		ASSAY OF THYROID STIMULATING HORMONE TSH	33.80	33.80	XXX	9		Q4
84445		THYROID STIMULATING IMMUNE GLOBULINS TSI	102.05	102.05	XXX	9		Q4
84446		ASSAY OF TOCOPHEROL ALPHA VITAMIN E	28.60	28.60	XXX	9		Q4
84449		ASSAY OF TRANSCORTIN CORTISOL BINDING GLOBULIN	36.40	36.40	XXX	9		Q4
84450		TRANSFERASE ASPARTATE AMINO AST SGOT	10.40	10.40	XXX	9		Q4
84460		TRANSFERASE ALANINE AMINO ALT SGPT	10.40	10.40	XXX	9		Q4
84466		ASSAY OF L7383TRANSFERRIN	25.35	25.35	XXX	9		Q4
84478		ASSAY OF TRIGLYCERIDES	11.70	11.70	XXX	9		A
84479		THYROID HORM UPTK/THYROID HORMONE BINDING RATIO	13.00	13.00	XXX	9		Q4
84480		ASSAY OF TRIIODOTHYRONINE T3 TOTAL TT3	28.60	28.60	XXX	9		Q4
84481		ASSAY OF TRIIODOTHYRONINE T3 FREE	33.80	33.80	XXX	9		Q4
84482		TRIIODOTHYRONINE T3 REVERSE	31.85	31.85	XXX	9		Q4
84484		ASSAY OF TROPONIN QUANTITATIVE	25.35	25.35	XXX	9		Q4
84485		ASSAY OF TRYPSIN DUODENAL FLUID	14.30	14.30	XXX	9		Q4
84488		ASSAY OF TRYPSIN FECES QUALITATIVE	14.95	14.95	XXX	9		Q4
84490		TRYPSIN FECES QUANTITATIVE 24-HR COLLECTION	20.15	20.15	XXX	9		Q4
84510		ASSAY OF TYROSINE	21.45	21.45	XXX	9		Q4
84512		ASSAY OF TROPONIN QUALITATIVE	20.15	20.15	XXX	9		Q4
84520		ASSAY OF UREA NITROGEN QUANTITATIVE	7.80	7.80	XXX	9		Q4
84525		ASSAY OF UREA NITROGEN SEMIQUANTITATIVE	10.40	10.40	XXX	9		Q4
84540		ASSAY OF UREA NITROGEN URINE	11.05	11.05	XXX	9		Q4
84545		UREA NITROGEN CLEARANCE	14.30	14.30	XXX	9		Q4
84550		ASSAY OF BLOOD/URIC ACID	9.10	9.10	XXX	9		Q4
84560		ASSAY OF URIC ACID OTHER SOURCE	10.40	10.40	XXX	9		Q4
84577		ASSAY OF UROBILINOGEN FECES QUANTITATIVE	33.80	33.80	XXX	9		Q4
84578		ASSAY OF UROBILINOGEN URINE QUALITATIVE	9.10	9.10	XXX	9		Q4
84580		UROBILINOGEN URINE QUANTITATIVE TIMED SPECIMEN	19.50	19.50	XXX	9		Q4
84583		ASSAY OF UROBILINOGEN URINE SEMIQUANTITATIVE	12.35	12.35	XXX	9		Q4
84585		ASSAY OF VANILLYLMANDELIC ACID URINE	31.20	31.20	XXX	9		Q4
84586		ASSAY OF VASOACTIVE INTESTINAL PEPTIDE	70.85	70.85	XXX	9		Q4
84588		ASSAY OF VASOPRESSIN ANTI-DIURETIC HORMONE	68.25	68.25	XXX	9		Q4
84590		ASSAY OF VITAMIN A	23.40	23.40	XXX	9		Q4
84591		ASSAY OF VITAMIN NOT OTHERWISE SPECIFIED	34.45	34.45	XXX	9		Q4
84597		ASSAY OF VITAMIN K	27.30	27.30	XXX	9		Q4
84600		ASSAY OF VOLATILES	34.45	34.45	XXX	9		Q4
84620		XYLOSE ABSORPTION TEST BLOOD &/URINE	26.00	26.00	XXX	9		Q4
84630		ASSAY OF ZINC	22.75	22.75	XXX	9		Q4
84681		ASSAY OF C-PEPTIDE	41.60	41.60	XXX	9		Q4
84702		GONADOTROPIN CHORIONIC QUANTITATIVE	30.55	30.55	XXX	9		Q4
84703		GONADOTROPIN CHORIONIC QUALITATIVE	14.95	14.95	XXX	9		Q4
84704		GONADOTROPIN CHORIONIC HCG FREE BETA CHAIN	30.55	30.55	XXX	9		Q4
84830		OVULATION TEST VISUAL COLOR COMPARISON HLH	25.35	25.35	XXX	9		Q4
84999		UNLISTED CHEMISTRY PROCEDURE	BR	BR	XXX	9		Q4
85002		BLEEDING TIME TEST	9.75	9.75	XXX	9		Q4
85004		BLOOD COUNT AUTOMATED DIFFERENTIAL WBC COUNT	13.00	13.00	XXX	9		Q4
85007		BLOOD COUNT SMEAR MCRSCP W/MNL DIFRNTL WBC COUNT	7.80	7.80	XXX	9		Q4
85008		BLD COUNT SMEAR MCRSCP W/O MNL DIFRNTL WBC COUNT	7.15	7.15	XXX	9		Q4
85009		BLOOD COUNT MANUAL DIFRNTL WBC COUNT BUFFY COAT	10.40	10.40	XXX	9		Q4
85013		BLOOD COUNT SPUN MICROHEMATOCRIT	14.30	14.30	XXX	9		Q4
85014		BLOOD COUNT HEMATOCRIT	4.55	4.55	XXX	9		Q4
85018		BLOOD COUNT HEMOGLOBIN	4.55	4.55	XXX	9		Q4
85025		BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	15.60	15.60	XXX	9		Q4
85027		BLOOD COUNT COMPLETE AUTOMATED	13.00	13.00	XXX	9		Q4
85032		BLOOD COUNT MANUAL CELL COUNT EACH	8.45	8.45	XXX	9		Q4
85041		BLOOD COUNT RED BLOOD CELL AUTOMATED	5.85	5.85	XXX	9		Q4
85044		BLOOD COUNT RETICULOCYTE MANUAL	8.45	8.45	XXX	9		Q4
85045		BLOOD COUNT RETICULOCYTE AUTOMATED	7.80	7.80	XXX	9		Q4
85046		BLOOD COUNT RETICULOCYTES AUTO 1/> CELL MEAS	11.05	11.05	XXX	9		Q4
85048		BLOOD COUNT LEUKOCYTE WBC AUTOMATED	5.20	5.20	XXX	9		Q4
85049		BLOOD COUNT PLATELET AUTOMATED	9.10	9.10	XXX	9		Q4

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Code	Mod	Description	Professional Non Fac Fee	Professional Fac Fee	FUD	ASST	Outpatient Facility Fee	Outpatient Facility SI
85055		RETICULATED PLATELET ASSAY	71.50	71.50	XXX	9		Q4
85060		BLOOD SMEAR PERIPHERAL INTERP PHYS W/WRIT REPORT	45.50	45.50	XXX	0		B
85097		BONE MARROW SMEAR INTERPRETATION	135.20	91.00	XXX	0	1427.58	Q2
85130		CHROMOGENIC SUBSTRATE ASSAY	24.05	24.05	XXX	9		Q4
85170		BLOOD CLOT RETRACTION	32.50	32.50	XXX	9		Q4
85175		CLOT LYSIS TIME WHOLE BLOOD DILUTION	40.95	40.95	XXX	9		Q4
85210		CLOTTING FACTOR II PROTHROMBIN SPECIFIC	26.00	26.00	XXX	9		Q4
85220		CLOTTING FACTOR V ACG/PROACCELERIN LABILE FACTOR	35.75	35.75	XXX	9		Q4
85230		CLOTTING FACTOR VII PROCONVERTIN STABLE FACTOR	35.75	35.75	XXX	9		Q4
85240		CLOTTING FACTOR VIII AHG 1 STAGE	35.75	35.75	XXX	9		Q4
85244		CLOTTING FACTOR VIII RELATED ANTIGEN	40.95	40.95	XXX	9		Q4
85245		CLOTTING FACTOR VIII VW FACTOR RISTOCETIN COFACT	46.15	46.15	XXX	9		Q4
85246		CLOTTING FACTOR VIII VW FACTOR ANTIGEN	46.15	46.15	XXX	9		Q4
85247		CLOTTING FACTOR VIII MULTIMETRIC ANALYSIS	46.15	46.15	XXX	9		Q4
85250		CLOTTING FACTOR IX PTC/CHRISTMAS	38.35	38.35	XXX	9		Q4
85260		CLOTTING FACTOR X STUART-PROWER	35.75	35.75	XXX	9		Q4
85270		CLOTTING FACTOR XI PTA	35.75	35.75	XXX	9		Q4
85280		CLOTTING FACTOR XII HAGEMAN	39.00	39.00	XXX	9		Q4
85290		CLOTTING FACTOR XIII FIBRIN STABILIZING	33.15	33.15	XXX	9		Q4
85291		CLOTTING FACTOR XIII FIBRN STABILIZ SCREEN SOLUB	18.20	18.20	XXX	9		Q4
85292		CLOTTING PREKALLIKREIN ASSAY FLETCHER FACT ASSAY	38.35	38.35	XXX	9		Q4
85293		CLOTTING HI MOLEC WEIGHT KININOGEN ASSAY	38.35	38.35	XXX	9		Q4
85300		CLOTTING INHIBITORS ANTITHROMBIN III ACTIVITY	24.05	24.05	XXX	9		Q4
85301		CLOTTING INHIBITRS ANTITHROMBN III ANTIGEN ASSAY	21.45	21.45	XXX	9		Q4
85302		CLOTTING INHIBITORS PROTEIN C ANTIGEN	24.05	24.05	XXX	9		Q4
85303		CLOTTING INHIBITORS PROTEIN C ACTIVITY	27.95	27.95	XXX	9		Q4
85305		CLOTTING INHIBITORS PROTEIN S TOTAL	23.40	23.40	XXX	9		Q4
85306		CLOTTING INHIBITORS PROTEIN S FREE	30.55	30.55	XXX	9		Q4
85307		ACTIVATED PROTEIN C APC RESISTANCE ASSAY	30.55	30.55	XXX	9		Q4
85335		FACTOR INHIBITOR TEST	26.00	26.00	XXX	9		Q4
85337		THROMBOMODULIN	34.45	34.45	XXX	9		Q4
85345		COAGULATION TIME LEE AND WHITE	9.10	9.10	XXX	9		Q4
85347		COAGULATION TIME ACTIVATED	8.45	8.45	XXX	9		Q4
85348		COAGULATION TIME OTHER METHODS	9.10	9.10	XXX	9		Q4
85360		EUGLOBULIN LYSIS	16.90	16.90	XXX	9		Q4
85362		FIBRIN DGRADJ SPLT PRODUXS AGGLUJ SLIDE SEMIQUAN	13.65	13.65	XXX	9		Q4
85366		FIBRIN DGRADJ SPLT PRODUXS PARACOAGJ	161.85	161.85	XXX	9		Q4
85370		FIBRIN DGRADJ SPLT PRODUCTS QUANTITATIVE	24.70	24.70	XXX	9		Q4
85378		FIBRIN DGRADJ PRODUCTS D-DIMER QUAL/SEMIQUAN	19.50	19.50	XXX	9		Q4
85379		FIBRIN DGRADJ PRODUCTS D-DIMER QUANTITATIVE	20.15	20.15	XXX	9		Q4
85380		FIBRIN DGRADJ PRODUCTS D-DIMER ULTRASENSITIVE	20.15	20.15	XXX	9		Q4
85384		FIBRINOGEN ACTIVITY	19.50	19.50	XXX	9		Q4
85385		FIBRINOGEN ANTIGEN	29.25	29.25	XXX	9		Q4
85390		FIBRINOLYSINS/COAGULOPATHY SCREEN INTERP&REPOR	BR	BR	XXX	9		
85390	26	FIBRINOLYSINS/COAGULOPATHY SCREEN INTERP&REPOR	68.90	68.90	XXX	0		
85390	TC	FIBRINOLYSINS/COAGULOPATHY SCREEN INTERP&REPOR	31.20	31.20	XXX	0		Q4
85396		COAGJ/FBRNLYS ASSAY WHOLE BLOOD ADDITIVE PER DAY	37.05	37.05	XXX	0		N
85397		COAGJ&FIBRINOLYSIS FUNCTIONAL ACTV NOS EA ANAL	61.75	61.75	XXX	9		Q4
85400		FIBRINOLYTIC FACTORS & INHIBITORS PLASMIN	15.60	15.60	XXX	9		Q4
85410		FBRNLYC FACTORS&INHIBITORS ALPHA-2 ANTIPLASMIN	15.60	15.60	XXX	9		Q4
85415		FBRNLYC FACTORS&INHIBITORS PLSMNG ACTIVATOR	34.45	34.45	XXX	9		Q4
85420		FBRNLYC FACTORS&INHIBITRS PLSMNG XCPT AGIC ASS	13.00	13.00	XXX	9		Q4
85421		FBRNLYC FACTORS&INHIBITORS PLSMNG AGIC ASSAY	20.15	20.15	XXX	9		Q4
85441		HEINZ BODIES DIRECT	8.45	8.45	XXX	9		Q4
85445		HEINZ BODIES INDUCED ACETYL PHENYLHYDRAZINE	13.65	13.65	XXX	9		Q4
85460		HGB/RBCS FETAL FETOMATERNAL HEMRRG DIFRNTL LYSIS	15.60	15.60	XXX	9		Q4
85461		HGB/RBCS FETAL FETOMATERNAL HEMRRG ROSETTE	18.85	18.85	XXX	9		Q4
85475		HEMOLYSIN ACID	17.55	17.55	XXX	9		Q4
85520		HEPARIN ASSAY	26.00	26.00	XXX	9		Q4
85525		HEPARIN NEUTRALIZATION	24.05	24.05	XXX	9		Q4
85530		HEPARIN-PROTAMINE TOLERANCE TST	26.00	26.00	XXX	9		Q4

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85536		IRON STAIN PERIPHERAL BLOOD	13.65	13.65	XXX	9		Q4
85540		WBC ALKALINE PHOSPHATASE COUNT	17.55	17.55	XXX	9		Q4
85547		MECHANICAL FRAGILITY RBC	17.55	17.55	XXX	9		Q4
85549		MURAMIDASE	37.70	37.70	XXX	9		Q4
85555		OSMOTIC FRAGILITY RBC UNINCUBATED	14.95	14.95	XXX	9		Q4
85557		OSMOTIC FRAGILITY RBC INCUBATED	26.65	26.65	XXX	9		Q4
85576		PLATELET AGGREGATION IN VITRO EACH AGENT	BR	BR	XXX	9		
85576	26	PLATELET AGGREGATION IN VITRO EACH AGENT	34.45	34.45	XXX	0		
85576	TC	PLATELET AGGREGATION IN VITRO EACH AGENT	50.05	50.05	XXX	0		Q4
85597		PHOSPHOLIPID NEUTRALIZATION PLATELET	36.40	36.40	XXX	9		Q4
85598		PHOSPHOLIPID NEUTRALIZATION HEXAGONAL	36.40	36.40	XXX	9		Q4
85610		PROTHROMBIN TIME	8.45	8.45	XXX	9		Q4
85611		PROTHROMBIN TIME SUBSTITUTION PLASMA FRCTJ EACH	7.80	7.80	XXX	9		Q4
85612		RUSSELL VIPER VENON TIME UNDILUTED	35.10	35.10	XXX	9		Q4
85613		RUSSELL VIPER VENOM TIME DILUTED	19.50	19.50	XXX	9		Q4
85635		REPTILASE TEST	19.50	19.50	XXX	9		Q4
85651		SEDIMENTATION RATE RBC NON-AUTOMATED	8.45	8.45	XXX	9		Q4
85652		SEDIMENTATION RATE RBC AUTOMATED	5.20	5.20	XXX	9		Q4
85660		SICKLING RBC REDUCTION	11.05	11.05	XXX	9		Q4
85670		THROMBIN TIME PLASMA	11.70	11.70	XXX	9		Q4
85675		THROMBIN TIME TITER	13.65	13.65	XXX	9		Q4
85705		THROMBOPLASTIN INHIBITION TISSUE	19.50	19.50	XXX	9		Q4
85730		THROMBOPLASTIN TIME PARTIAL PLASMA/WHOLE BLOOD	12.35	12.35	XXX	9		Q4
85732		THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA	13.00	13.00	XXX	9		Q4
85810		VISCOSITY	23.40	23.40	XXX	9		Q4
85999		UNLISTED HEMATOLOGY & COAGULATION PROCEDURE	BR	BR	XXX	9		Q4
86000		AGGLUTININS FEBRILE EACH ANTIGEN	14.30	14.30	XXX	9		Q4
86001		ALLERGEN SPECIFIC IGG QUAN/SEMIQUAN EA ALLERGEN	15.60	15.60	XXX	9		Q4
86003		ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRACT EACH	10.40	10.40	XXX	9		Q4
86005		ALLERGEN SPEC IGE QUAL MULTIALLERGEN SCREEN	16.25	16.25	XXX	9		Q4
86008		ALLERGEN SPEC IGE RECOMBINANT/PURIFIED COMPNT EA	35.75	35.75	XXX	9		Q4
86015		ACTIN SMOOTH MUSCLE ANTIBODY EACH	24.05	24.05	XXX	9		Q4
86021		ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES	30.55	30.55	XXX	9		Q4
86022		ANTIBODY IDENTIFICATION PLATELET ANTIBODIES	37.05	37.05	XXX	9		Q4
86023		ANTIBODY IDENTIFICATION PLATELET IMMUNOGL ASSAY	25.35	25.35	XXX	9		Q4
86036		ANTINEUTROPHIL CYTOPLASMIC ANTB SCREEN EA ANTB	24.05	24.05	XXX	9		Q4
86037		ANTINEUTROPHIL CYTOPLASMIC ANTB TITER EA ANTB	24.05	24.05	XXX	9		Q4
86038		ANTINUCLEAR ANTIBODIES ANA	24.05	24.05	XXX	9		Q4
86039		ANTINUCLEAR ANTIBODIES ANA TITER	22.75	22.75	XXX	9		Q4
86041		ACETYLCHOLINE RECEPTOR BINDING ANTIBODY	37.05	37.05	XXX	9		Q4
86042		ACETYLCHOLINE RECEPTOR BLOCKING ANTIBODY	37.05	37.05	XXX	9		Q4
86043		ACETYLCHOLINE RECEPTOR MODULATING ANTIBODY	24.05	24.05	XXX	9		Q4
86051		AQUAPORIN-4 ANTIBODY ELISA	23.40	23.40	XXX	9		Q4
86052		AQUAPORIN-4 ANTIBODY CELL-BASED IMFLUOR ASSAY EA	24.05	24.05	XXX	9		Q4
86053		AQUAPORIN-4 ANTIBODY FLOW CYTOMETRY EACH	76.05	76.05	XXX	9		Q4
86060		ANTISTREPTOLYSIN O TITER	14.95	14.95	XXX	9		Q4
86063		ANTISTREPTOLYSIN O SCREEN	11.70	11.70	XXX	9		Q4
86077		BLD BANK PHYS SVCS DIFFC CROSS MATCH&/EVAL REP	102.70	92.95	XXX	0	42.86	Q1
86078		BLD BANK PHYS SVCS INVSTGJ TFUJ RXN REPRT	102.70	93.60	XXX	0	275.47	Q1
86079		BLD BANK PHYS SVCS AUTHJ DEVIJ STANDARD REPRT	102.05	92.95	XXX	0	93.50	Q1
86140		C-REACTIVE PROTEIN	10.40	10.40	XXX	9		Q4
86141		C-REACTIVE PROTEIN HIGH SENSITIVITY	26.00	26.00	XXX	9		Q4
86146		BETA 2 GLYCOPROTEIN I ANTIBODY EACH	51.35	51.35	XXX	9		Q4
86147		CARDIOLIPIN ANTIBODY EACH IG CLASS	51.35	51.35	XXX	9		Q4
86148		ANTI-PHOSPHATIDYLSERINE ANTIBODY	32.50	32.50	XXX	9		Q4
86152		CELL ENUMERATION IMMUNE SELECTJ & ID FLUID SPEC	503.75	503.75	XXX	9		Q4
86153	26	CELL ENUMERATION IMMUNE SELECTJ & ID PHYS INTERP	63.70	63.70	XXX	0		B
86155		CHEMOTAXIS ASSAY SPECIFY METHOD	31.85	31.85	XXX	9		Q4
86156		COLD AGGLUTININ SCREEN	16.25	16.25	XXX	9		Q4
86157		COLD AGGLUTININ TITER	16.25	16.25	XXX	9		Q4
86160		COMPLEMENT ANTIGEN EACH COMPONENT	24.05	24.05	XXX	9		Q4

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86161		COMPLEMENT FUNCTIONAL ACTIVITY EACH COMPONENT	24.05	24.05	XXX	9		Q4
86162		COMPLEMENT TOTAL HEMOLYTIC	40.95	40.95	XXX	9		Q4
86171		COMPLEMENT FIXATION TESTS EACH ANTIGEN	20.15	20.15	XXX	9		Q4
86200		CYCLIC CITRULLINATED PEPTIDE ANTIBODY	26.00	26.00	XXX	9		Q4
86215		DEOXYRIBONUCLEASE ANTIBODY	26.65	26.65	XXX	9		Q4
86225		DNA ANTIBODY NATIVE/DOUBLE STRANDED	27.30	27.30	XXX	9		Q4
86226		DNA ANTIBODY SINGLE STRANDED	24.05	24.05	XXX	9		Q4
86231		ENDOMYSIAL ANTIBODY EACH IMMUNOGLOBULIN CLASS	24.05	24.05	XXX	9		Q4
86235		EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY ANY METHOD	35.75	35.75	XXX	9		Q4
86255		FLUORESCENT NONNFCT AGT ANTB SCREEN EA ANTIBODY	BR	BR	XXX	9		
86255	26	FLUORESCENT NONNFCT AGT ANTB SCREEN EA ANTIBODY	34.45	34.45	XXX	0		
86255	TC	FLUORESCENT NONNFCT AGT ANTB SCREEN EA ANTIBODY	24.05	24.05	XXX	0		Q4
86256		FLUORESCENT NONNFCT AGT ANTB TITER EA ANTIBODY	BR	BR	XXX	9		
86256	26	FLUORESCENT NONNFCT AGT ANTB TITER EA ANTIBODY	34.45	34.45	XXX	0		
86256	TC	FLUORESCENT NONNFCT AGT ANTB TITER EA ANTIBODY	24.05	24.05	XXX	0		Q4
86258		GLIADIN ANTIBODY EACH IMMUNOGLOBULIN CLASS	24.05	24.05	XXX	9		Q4
86277		GROWTH HORMONE HUMAN ANTIBODY	31.85	31.85	XXX	9		Q4
86280		HEMAGGLUTINATION INHIBITION TEST HAI	16.25	16.25	XXX	9		Q4
86294		IMMUNOASSAY TUMOR ANTIGEN QUAL/SEMIQUANTITATIVE	51.35	51.35	XXX	9		Q4
86300		IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 15-3	41.60	41.60	XXX	9		Q4
86301		IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 19-9	41.60	41.60	XXX	9		Q4
86304		IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 125	41.60	41.60	XXX	9		Q4
86305		HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	41.60	41.60	XXX	9		Q4
86308		HETEROPHILE ANTIBODIES SCREEN	10.40	10.40	XXX	9		Q4
86309		HETEROPHILE ANTIBODIES TITER	13.00	13.00	XXX	9		Q4
86310		HETEROPHILE ANTIBODIES TITER AFTER ABSORPTION	14.95	14.95	XXX	9		Q4
86316		IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE	41.60	41.60	XXX	9		Q4
86317		IMMUNOASSAY INFECTIOUS AGENT ANTIBODY QUAN NOS	29.90	29.90	XXX	9		Q4
86318		IA INFECTIOUS AGT ANTIBODY QUAL/SEMIQ 1STEP METH	36.40	36.40	XXX	9		Q4
86320		IMMUNOELECTROPHORESIS SERUM	BR	BR	XXX	9		
86320	26	IMMUNOELECTROPHORESIS SERUM	34.45	34.45	XXX	0		
86320	TC	IMMUNOELECTROPHORESIS SERUM	59.80	59.80	XXX	0		Q4
86325		IMMUNOELECTROPHORESIS OTHER FLUIDS CONCENTRATION	BR	BR	XXX	9		
86325	26	IMMUNOELECTROPHORESIS OTHER FLUIDS CONCENTRATION	34.45	34.45	XXX	0		
86325	TC	IMMUNOELECTROPHORESIS OTHER FLUIDS CONCENTRATION	46.80	46.80	XXX	0		Q4
86328		IA INFECTIOUS AGT ANTIBODY SARS-COV-2 COVID-19	91.00	91.00	XXX	9		A
86329		IMMUNODIFFUSION NOT ELSEWHERE SPECIFIED	27.95	27.95	XXX	9		Q4
86331		IMMUNODIFFUSION GEL DIFFUSION QUAL EA AG/ANTBDY	24.05	24.05	XXX	9		Q4
86332		IMMUNE COMPLEX ASSAY	48.75	48.75	XXX	9		Q4
86334		IMMUNOFIXJ ELECTROPHORESIS SERUM	BR	BR	XXX	9		
86334	26	IMMUNOFIXJ ELECTROPHORESIS SERUM	34.45	34.45	XXX	0		
86334	TC	IMMUNOFIXJ ELECTROPHORESIS SERUM	44.85	44.85	XXX	0		Q4
86335		IMMUNOFIXJ ELECTROPHORESIS OTHER FLUIDS	BR	BR	XXX	9		
86335	26	IMMUNOFIXJ ELECTROPHORESIS OTHER FLUIDS	34.45	34.45	XXX	0		
86335	TC	IMMUNOFIXJ ELECTROPHORESIS OTHER FLUIDS	59.15	59.15	XXX	0		Q4
86336		INHIBIN A	31.20	31.20	XXX	9		Q4
86337		INSULIN ANTIBODIES	42.90	42.90	XXX	9		Q4
86340		INTRINSIC FACTOR ANTIBODIES	30.55	30.55	XXX	9		Q4
86341		ISLET CELL ANTIBODY	47.45	47.45	XXX	9		Q4
86343		LEUKOCYTE HISTAMINE RELEASE TEST LHR	25.35	25.35	XXX	9		Q4
86344		LEUKOCYTE PHAGOCYTOSIS	20.80	20.80	XXX	9		Q4
86352		CELLULAR FUNCTION ASSAY STIMUL&DETECT BIOMARKE	273.00	273.00	XXX	9		Q4
86353		LYMPHOCYTE TR MITOGEN/AG INDUCED BLASTOGENESIS	98.80	98.80	XXX	9		Q4
86355		B CELLS TOTAL COUNT	76.05	76.05	XXX	9		Q4
86356		MONONUCLEAR CELL ANTIGEN QUANTITATIVE NOS EA	53.95	53.95	XXX	9		Q4
86357		NATURAL KILLER CELLS TOTAL COUNT	76.05	76.05	XXX	9		Q4
86359		T CELLS TOTAL COUNT	76.05	76.05	XXX	9		Q4
86360		T CELLS ABSOLUTE CD4&CD8 COUNT RATIO	94.25	94.25	XXX	9		Q4
86361		T CELLS ABSOLUTE CD4 COUNT	53.95	53.95	XXX	9		Q4
86362		MOG-IGG1 ANTIBODY CELL-BASED IMFLUOR ASSAY EACH	24.05	24.05	XXX	9		Q4
86363		MOG-IGG1 ANTIBODY FLOW CYTOMETRY EACH	76.05	76.05	XXX	9		Q4

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86364		TISSUE TRANSGLUTAMINASE EA IMMUNOGLOBULIN CLASS	23.40	23.40	XXX	9		Q4
86366		MUSCLE-SPECIFIC KINASE ANTIBODY	37.05	37.05	XXX	9		Q4
86367		STEM CELLS TOTAL COUNT	156.00	156.00	XXX	9		Q4
86376		MICROSOMAL ANTIBODIES EACH	29.25	29.25	XXX	9		Q4
86381		MITOCHONDRIAL ANTIBODY EACH	51.35	51.35	XXX	9		Q4
86382		NEUTRALIZATION TEST VIRAL	33.80	33.80	XXX	9		Q4
86384		NITROBLUE TETRAZOLIUM DYE TEST NTD	27.30	27.30	XXX	9		Q4
86386		NUCLEAR MATRIX PROTEIN 22 NMP22 QUALITATIVE	43.55	43.55	XXX	9		Q4
86403		PARTICLE AGGLUTINATION SCREEN EACH ANTIBODY	23.40	23.40	XXX	9		Q4
86406		PARTICLE AGGLUTINATION TITER EACH ANTIBODY	21.45	21.45	XXX	9		Q4
86408		NEUTRALIZING ANTIBODY SARS-COV-2 SCREEN	84.50	84.50	XXX	9		A
86409		NEUTRALIZING ANTIBODY SARS-COV-2 TITER	159.90	159.90	XXX	9		A
86413		SEV AQT RESPIR SYND CORONAVIRUS 2 ANTIBODY QUAN	103.35	103.35	XXX	9		A
86430		RHEUMATOID FACTOR QUALITATIVE	12.35	12.35	XXX	9		Q4
86431		RHEUMATOID FACTOR QUANTITATIVE	11.70	11.70	XXX	9		Q4
86480		TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON	124.80	124.80	XXX	9		Q4
86481		TB ANTIGEN RESPONSE GAMMA INTERFERON T-CELL SUSP	200.85	200.85	XXX	9		Q4
86485		SKIN TEST CANDIDA	88.40	88.40	XXX	0	42.86	Q1
86486		SKIN TEST UNLISTED ANTIGEN EACH	12.35	12.35	XXX	0	42.86	Q1
86510		SKIN TEST HISTOPLASMOSIS	14.95	14.95	XXX	0	68.69	Q1
86580		SKIN TEST TUBERCULOSIS INTRADERMAL	19.50	19.50	XXX	0	42.82	Q1
86581		STRPTCS PNEUM ANTIBODY IGG SEROTYPES MLT IA QUAN	BR	BR	XXX	9		Q4
86590		STREPTOKINASE ANTIBODY	25.35	25.35	XXX	9		Q4
86592		SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUAL	8.45	8.45	XXX	9		A
86593		SYPHILIS TEST QUANTITATIVE	9.10	9.10	XXX	9		A
86596		VOLTAGE-GATED CALCIUM CHANNEL ANTIBODY EACH	24.05	24.05	XXX	9		Q4
86602		ANTIBODY ACTINOMYCES	20.15	20.15	XXX	9		Q4
86603		ANTIBODY ADENOVIRUS	26.00	26.00	XXX	9		Q4
86606		ANTIBODY ASPERGILLUS	30.55	30.55	XXX	9		Q4
86609		ANTIBODY BACTERIUM NOT ELSEWHERE SPECIFIED	26.00	26.00	XXX	9		Q4
86611		ANTIBODY BARTONELLA	20.15	20.15	XXX	9		Q4
86612		ANTIBODY BLASTOMYCES	26.00	26.00	XXX	9		Q4
86615		ANTIBODY BORDETELLA	26.65	26.65	XXX	9		Q4
86617		ANTIBODY BORRELIA BURGDORFERI CONFIRMATORY TST	31.20	31.20	XXX	9		Q4
86618		ANTIBODY BORRELIA BURGDORFERI LYME DISEASE	34.45	34.45	XXX	9		Q4
86619		ANTIBODY BORRELIA RELAPSING FEVER	26.65	26.65	XXX	9		Q4
86622		ANTIBODY BRUCELLA	18.20	18.20	XXX	9		Q4
86625		ANTIBODY CAMPYLOBACTER	26.65	26.65	XXX	9		Q4
86628		ANTIBODY CANDIDA	24.05	24.05	XXX	9		Q4
86631		ANTIBODY CHLAMYDIA	24.05	24.05	XXX	9		A
86632		ANTIBODY CHLAMYDIA IGM	25.35	25.35	XXX	9		A
86635		ANTIBODY COCCIDIOIDES	22.75	22.75	XXX	9		Q4
86638		ANTIBODY COXIELLA BURNETII Q FEVER	24.05	24.05	XXX	9		Q4
86641		ANTIBODY CRYPTOCOCCUS	29.25	29.25	XXX	9		Q4
86644		ANTIBODY CYTOMEGALOVIRUS CMV	28.60	28.60	XXX	9		Q4
86645		ANTIBODY CYTOMEGALOVIRUS CMV IGM	33.80	33.80	XXX	9		Q4
86648		ANTIBODY DIPHTHERIA	30.55	30.55	XXX	9		Q4
86651		ANTIBODY ENCEPHALITIS CALIFORNIA LA CROSSE	26.65	26.65	XXX	9		Q4
86652		ANTIBODY ENCEPHALITIS EASTERN EQUINE	26.65	26.65	XXX	9		Q4
86653		ANTIBODY ENCEPHALITIS ST. LOUIS	26.65	26.65	XXX	9		Q4
86654		ANTIBODY ENCEPHALITIS WESTRN EQUINE	26.65	26.65	XXX	9		Q4
86658		ANTIBODY ENTEROVIRUS	26.00	26.00	XXX	9		Q4
86663		ANTIBODY EPSTEIN-BARR EB VIRUS EARLY ANTIGEN EA	26.65	26.65	XXX	9		Q4
86664		ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR AG EBNA	30.55	30.55	XXX	9		Q4
86665		ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA	36.40	36.40	XXX	9		Q4
86666		ANTIBODY EHRLICHIA	20.15	20.15	XXX	9		Q4
86668		ANTIBODY FRANCISELLA TULARENSIS	28.60	28.60	XXX	9		Q4
86671		ANTIBODY FUNGUS NOT ELSEWHERE SPECIFIED	24.70	24.70	XXX	9		Q4
86674		ANTIBODY GIARDIA LAMBLIA	29.90	29.90	XXX	9		Q4
86677		ANTIBODY HELICOBACTER PYLORI	33.80	33.80	XXX	9		Q4
86682		ANTIBODY HELMINTH NOT ELSEWHERE SPECIFIED	26.00	26.00	XXX	9		Q4

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86684		ANTIBODY HAEMOPHILUS INFLUENZA	31.85	31.85	XXX	9		Q4
86687		ANTIBODY HTLV-I	18.20	18.20	XXX	9		Q4
86688		ANTIBODY HTLV-II	27.95	27.95	XXX	9		Q4
86689		ANTIBODY HTLV/HIV ANTIBODY CONFIRMATORY TEST	39.00	39.00	XXX	9		Q4
86692		ANTIBODY HEP DELTA AGENT	34.45	34.45	XXX	9		Q4
86694		ANTIBODY HERPES SMPLX NON-SPECIFIC TYPE TEST	28.60	28.60	XXX	9		Q4
86695		ANTIBODY HERPES SMPLX TYPE 1	26.65	26.65	XXX	9		Q4
86696		ANTIBODY HERPES SMPLX TYPE 2	39.00	39.00	XXX	9		Q4
86698		ANTIBODY HISTOPLASMA	27.95	27.95	XXX	9		Q4
86701		ANTIBODY HIV-1	17.55	17.55	XXX	9		Q4
86702		ANTIBODY HIV-2	27.30	27.30	XXX	9		Q4
86703		ANTIBODY HIV-1&HIV-2 SINGLE RESULT	27.30	27.30	XXX	9		Q4
86704		HEPATITIS B CORE ANTIBODY HBCAB TOTAL	24.05	24.05	XXX	9		Q4
86705		HEPATITIS B CORE ANTIBODY HBCAB IGM ANTIBODY	23.40	23.40	XXX	9		Q4
86706		HEPATITIS B SURF ANTIBODY HBSAB	21.45	21.45	XXX	9		Q4
86707		HEPATITIS BE ANTIBODY HBEAB	23.40	23.40	XXX	9		Q4
86708		HEPATITIS A ANTIBODY HAAB	24.70	24.70	XXX	9		Q4
86709		HEPATITIS ANTIBODY HAAB IGM ANTIBODY	22.75	22.75	XXX	9		Q4
86710		ANTIBODY INFLUENZA VIRUS	27.30	27.30	XXX	9		Q4
86711		ANTIBODY JOHN CUNNINGHAM VIRUS	33.80	33.80	XXX	9		Q4
86713		ANTIBODY LEGIONELLA	30.55	30.55	XXX	9		Q4
86717		ANTIBODY LEISHMANIA	24.70	24.70	XXX	9		Q4
86720		ANTIBODY LEPTOSPIRA	32.50	32.50	XXX	9		Q4
86723		ANTIBODY LISTERIA MONOCYTOGENES	26.65	26.65	XXX	9		Q4
86727		ANTIBODY LYMPHOCYTIC CHORIOMENINGITIS	26.00	26.00	XXX	9		Q4
86732		ANTIBODY MUCORMYCOSIS	29.90	29.90	XXX	9		Q4
86735		ANTIBODY MUMPS	26.00	26.00	XXX	9		Q4
86738		ANTIBODY MYCOPLSM	26.65	26.65	XXX	9		Q4
86741		ANTIBODY NEISSERIA MENINGITIDIS	26.65	26.65	XXX	9		Q4
86744		ANTIBODY NOCARDIA	31.85	31.85	XXX	9		Q4
86747		ANTIBODY PARVOVIRUS	29.90	29.90	XXX	9		Q4
86750		ANTIBODY PLASMODIUM MALARIA	26.65	26.65	XXX	9		Q4
86753		ANTIBODY PROTOZOA NES	24.70	24.70	XXX	9		Q4
86756		ANTIBODY RESPIRATORY SYNCTIAL VIRUS	31.85	31.85	XXX	9		Q4
86757		ANTIBODY RICKETTSIA	39.00	39.00	XXX	9		Q4
86759		ANTIBODY ROTAVIRUS	36.40	36.40	XXX	9		Q4
86762		ANTIBODY RUBELLA	28.60	28.60	XXX	9		Q4
86765		ANTIBODY RUBEOLA	26.00	26.00	XXX	9		Q4
86768		ANTIBODY SALMONELLA	26.65	26.65	XXX	9		Q4
86769		ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID-19	84.50	84.50	XXX	9		A
86771		ANTIBODY SHIGELLA	49.40	49.40	XXX	9		Q4
86774		ANTIBODY TETANUS	29.90	29.90	XXX	9		Q4
86777		ANTIBODY TOXOPLASMA	28.60	28.60	XXX	9		Q4
86778		ANTIBODY TOXOPLASMA IGM	29.25	29.25	XXX	9		Q4
86780		ANTIBODY TREPONEMA PALLIDUM	26.65	26.65	XXX	9		A
86784		ANTIBODY TRICHINELLA	25.35	25.35	XXX	9		Q4
86787		ANTIBODY VARICELLA-ZOSTER	26.00	26.00	XXX	9		Q4
86788		ANTIBODY WEST NILE VIRUS IGM	33.80	33.80	XXX	9		Q4
86789		ANTIBODY WEST NILE VIRUS	28.60	28.60	XXX	9		Q4
86790		ANTIBODY VIRUS NOT ELSEWHERE SPECIFIFED	26.00	26.00	XXX	9		Q4
86793		ANTIBODY YERSINIA	26.65	26.65	XXX	9		Q4
86794		ZIKA VIRUS IGM ANTIBODY	33.80	33.80	XXX	9		Q4
86800		THYROGLOBULIN ANTIBODY	31.85	31.85	XXX	9		Q4
86803		HEPATITIS C ANTIBODY	28.60	28.60	XXX	9		Q4
86804		HEPATITIS C ANTIBODY CONFIRMATORY TEST	31.20	31.20	XXX	9		Q4
86805		LYMPHOCYTOTOXICITY ASSAY VIS CROSSMATCH TITRATJ	380.90	380.90	XXX	9		Q4
86806		LMPHOCYTOTOXICITY ASSAY VIS CROSSMTCH W/O TITRAT	95.55	95.55	XXX	9		Q4
86807		SERUM SCREENING % REACTIVE ANTIBODY STANDRD METH	157.95	157.95	XXX	9		Q4
86808		SERUM SCREENING % REACTIVE ANTIBODY QUICK METH	59.80	59.80	XXX	9		Q4
86812		HLA TYPING A/B/C SINGLE ANTIGEN	52.00	52.00	XXX	9		Q4
86813		HLA TYPING A/B/C MULTIPLE ANTIGENS	116.35	116.35	XXX	9		Q4

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	86816		HLA TYPING DR/DQ SINGLE ANTIGEN	60.45	60.45	XXX	9		Q4
	86817		HLA TYPING DR/DQ MULTIPLE ANTIGENS	213.20	213.20	XXX	9		Q4
	86821		HLA TYPING LYMPHOCYTE CULTURE MIXED	73.45	73.45	XXX	9		Q4
	86825		HLA CROSSMATCH NONCYTOTOXIC 1ST SERUM/DILUTION	219.70	219.70	XXX	9		Q4
+	86826		HLA CROSSMATCH NONCYTOTOXIC ADDL SERUM/DILUTION	73.45	73.45	XXX	9		Q4
	86828		ANTIBODY HLA CLASS I & CLASS II ANTIGENS QUAL	128.70	128.70	XXX	9		Q4
	86829		ANTIBODY HLA CLASS I OR CLASS II ANTIGENS QUAL	128.70	128.70	XXX	9		Q4
	86830		ANTIBODY HLA CLASS I PHENOTYPE PANEL QUALITATIVE	191.75	191.75	XXX	9		Q4
	86831		ANTIBODY HLA CLASS II PHENOTYPE PANEL QUAL	164.45	164.45	XXX	9		Q4
	86832		ANTIBODY HLA CLASS I HIGH DEFINITION PANEL QUAL	650.65	650.65	XXX	9		Q4
	86833		ANTIBODY HLA CLASS II HIGH DEFINITION PANEL QUAL	654.55	654.55	XXX	9		Q4
	86834		ANTIBODY HLA CLASS I SEMIQUANTITATIVE PANEL	718.25	718.25	XXX	9		Q4
	86835		ANTIBODY HLA CLASS II SEMIQUANTITATIVE PANEL	648.70	648.70	XXX	9		Q4
	86849		UNLISTED IMMUNOLOGY	BR	BR	XXX	9		N
	86850		ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	19.50	19.50	XXX	9	93.42	Q1
	86860		ANTIBODY ELUTION RBC EACH ELUTION	199.55	199.55	XXX	9	299.88	Q1
	86870		ANTIBODY ID RBC ANTIBODIES EA PANEL EA SERUM TQ	163.80	163.80	XXX	9	628.95	Q2
	86880		ANTIHUMAN GLOBULIN DIRECT EACH ANTISERUM	11.05	11.05	XXX	9	103.88	Q1
	86885		ANTIHUMAN GLOBULIN INDIR QUAL EA REAGENT CELL	11.70	11.70	XXX	9	299.43	Q1
	86886		ANTIHUMAN GLOBULIN INDIRECT EACH ANTIBODY TITER	10.40	10.40	XXX	9	298.11	Q1
	86890		AUTOL BLD/COMPONENT COLLJ STORAGE PREDEPOSITED	519.35	519.35	XXX	9	299.88	Q1
	86891		AUTOL BLD/COMPONENT COLLJ STORAGE SALVAGE	1162.85	1162.85	XXX	9	619.01	Q1
	86900		BLOOD TYPING SEROLOGIC ABO	5.85	5.85	XXX	9	225.33	Q1
	86901		BLOOD TYPING SEROLOGIC RH (D)	5.85	5.85	XXX	9	68.69	Q1
	86902		BLOOD TYPE ANTIGEN DONOR REAGENT SERUM EACH	13.00	13.00	XXX	9	629.13	Q1
	86904		BLOOD TYPING ANTIGEN SCREEN PATIENT SERUM/UNIT	33.15	33.15	XXX	9	103.95	Q1
	86905		BLOOD TYPING RBC ANTIGENS OTH/THN ABO/RH D EACH	7.80	7.80	XXX	9	628.50	Q1
	86906		BLOOD TYPING SEROLOGIC RH PHENOTYPING COMPLETE	15.60	15.60	XXX	9	68.69	Q1
	86910		BLOOD TYPING PATERNITY PR INDIV ABO RH&MN	BR	BR	XXX	9		E1
	86911		BLOOD TYPING PATERNITY INDIV ADDL ANTIGEN SYS	BR	BR	XXX	9		E1
	86920		COMPATIBILITY EACH UNIT IMMEDIATE SPIN TECHNIQUE	126.10	126.10	XXX	9	299.43	Q1
	86921		COMPATIBILITY EACH UNIT INCUBATION	125.45	125.45	XXX	9	298.71	Q1
	86922		COMPATIBILITY EACH UNIT ANTIGLOBULIN	122.20	122.20	XXX	9	299.72	Q1
	86923		COMPATIBILITY EACH UNIT ELECTRONIC	34.45	34.45	XXX	9	299.08	Q1
	86927		FRESH FROZEN PLASMA THAWING EACH UNIT	21.45	21.45	XXX	9	294.67	S
	86930		FROZEN BLOOD EACH UNIT FREEZING	BR	BR	XXX	9	299.88	Q1
	86931		FROZEN BLOOD EACH UNIT THAWING	BR	BR	XXX	9	299.88	Q1
	86932		FROZEN BLOOD EACH UNIT FREEZING & THAWING	BR	BR	XXX	9	68.69	Q1
	86940		HEMOLYSINS&AGGLUTININS AUTO SCREEN EACH	17.55	17.55	XXX	9		Q4
	86941		HEMOLYSINS&AGGLUTININS INCUBATED	24.05	24.05	XXX	9		Q4
	86945		IRRADIATION BLOOD PRODUCT EACH UNIT	183.30	183.30	XXX	9	68.69	Q1
	86950		LEUKOCYTE TRANSFUSION	BR	BR	XXX	9	299.88	Q1
	86960		VOLUME REDUCTION BLOOD/BLOOD PRODUCT EACH UNIT	101.40	101.40	XXX	9	299.88	Q1
	86965		POOLING PLATELETS/OTHER BLOOD PRODUCTS	503.75	503.75	XXX	9	299.88	Q1
	86970		PRETX RBC ANTIBODY INCUBAT W/CHEM AGNTS/DRUGS EA	177.45	177.45	XXX	9	103.95	Q1
	86971		PRETX RBC ANTIBODY INCUBAT W/ENZYMES EACH	72.80	72.80	XXX	9	293.23	Q1
	86972		PRETX RBC ANTIBODY INCUBAT W/DENSITY GRAD SEP	293.80	293.80	XXX	9	299.88	Q1
	86975		PRETX SERUM RBC ANTIBODY INCUBATION DRUGS EACH	BR	BR	XXX	9	698.32	Q1
	86976		PRETX SERUM RBC ANTIBODY IDENTIFICATION DILUTION	70.20	70.20	XXX	9	42.86	Q1
	86977		PRETX SERUM RBC ANTB ID INCUBATION INHIBITORS EA	BR	BR	XXX	9	299.88	Q1
	86978		PRETX SERUM RBC ANTIBODY ID DIFFIAL EACH ABSRPJ	252.20	252.20	XXX	9	103.95	Q1
	86985		SPLITTING BLOOD/BLOOD PRODUCTS EACH UNIT	124.15	124.15	XXX	9	299.88	Q1
	86999		UNLISTED TRANSFUSION MEDICINE PROCEDURE	BR	BR	XXX	9	42.86	Q1
	87003		ANIMAL INOCULATION SMALL ANIMAL W/OBS&DSJ	33.80	33.80	XXX	9		Q4
	87015		CONCENTRATION INFECTIOUS AGENTS	13.65	13.65	XXX	9		Q4
	87040		CULTURE BACTERIAL BLOOD AEROBIC W/ID ISOLATES	20.80	20.80	XXX	9		Q4
	87045		CUL BACT STOOL AEROBIC ISOL SALMONELLA&SHIGELL	18.85	18.85	XXX	9		Q4
	87046		CUL BACT STOOL AEROBIC ADDL PATHOGENS&ID EA	18.85	18.85	XXX	9		Q4
	87070		CUL BACT XCPT URINE BLOOD/STOOL AEROBIC ISOL	17.55	17.55	XXX	9		Q4
	87071		CUL BACT QUAN AEROBIC ISOL XCPT UR BLOOD/STOOL	20.15	20.15	XXX	9		Q4
	87073		CUL BACT QUAN ANAERC ISOL XCPT UR BLOOD/STOOL	19.50	19.50	XXX	9		Q4

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	87075		CULTURE BACTERIAL ANY SOURCE ANAEROBIC ISO&ID	18.85	18.85	XXX	9		Q4
	87076		CUL BACT ANAEROBIC ADDL METHS DEFINITIVE EA ISOL	16.25	16.25	XXX	9		Q4
	87077		CUL BACT AEROBIC ADDL METHS DEFINITIVE EA ISOL	16.25	16.25	XXX	9		Q4
	87081		CUL PRSMPTV PTHGNC ORGANISM SCRN W/COLONY ESTIMJ	13.00	13.00	XXX	9		Q4
	87084		CUL PRSMPTV PTHGNC ORGANISMS SCR DNS CHART	54.60	54.60	XXX	9		Q4
	87086		CULTURE BACTERIAL QUANTTATIVE COLONY COUNT URINE	16.25	16.25	XXX	9		Q4
	87088		CULTURE BCT ISOL&PRSMPTV ID ISOLATE EA URINE	16.25	16.25	XXX	9		Q4
	87101		CUL FNGI MOLD/YEAST PRSMPTV ID SKN HAIR/NAIL	15.60	15.60	XXX	9		Q4
	87102		CULTURE FNGI MOLD/YEAST PRSMPTV OTH XCPT BLOOD	16.90	16.90	XXX	9		Q4
	87103		CULTURE FNGI MOLD/YEAST ISOL PRSMPTV ISOL BLOOD	40.95	40.95	XXX	9		Q4
	87106		CULTURE FUNGI DEFINITIVE ID EACH ORGANISM YEAST	20.80	20.80	XXX	9		Q4
	87107		CULTURE FUNGI DEFINITIVE ID EACH ORGANISM MOLD	20.80	20.80	XXX	9		Q4
	87109		CULTURE MYCOPLASMA ANY SOURCE	31.20	31.20	XXX	9		Q4
	87110		CULTURE CHLAMYDIA ANY SOURCE	39.65	39.65	XXX	9		Q4
	87116		CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL	21.45	21.45	XXX	9		Q4
	87118		CULTURE MYCOBACTERIAL DEFINITIVE ID EA ISOL	29.25	29.25	XXX	9		Q4
	87140		CULTURE TYPING IMMUNOFLUORESCENT EACH ANTISERUM	11.05	11.05	XXX	9		Q4
	87143		CULTURE TYPING GAS/HIGH PRES LIQ CHROMATOGRAPHY	25.35	25.35	XXX	9		Q4
	87147		CULTURE TYPING IMMUNOLOGIC OTH/THN IMMUNOFLUORES	10.40	10.40	XXX	9		Q4
	87149		CULTURE TYPING NUCLEIC ACID PROBE DIR EA ORGANSM	40.30	40.30	XXX	9		Q4
	87150		CULTYP NUC ACID AMP PRB CULT/ISOLATE EA ORGNISM	70.20	70.20	XXX	9		Q4
	87152		CULTURE TYPING IDENTIFJ PULSE FIELD GEL TYPING	15.60	15.60	XXX	9		Q4
	87153		CULTYP NUCLEIC ACID SEQUENCING METH EA ISOLATE	232.05	232.05	XXX	9		Q4
	87154		CULTURE TYPING ID BLD PTHGN&RESIST TYPING 6+TRGT	438.10	438.10	XXX	9		Q4
	87158		CULTURE TYPING OTHER METHODS	15.60	15.60	XXX	9		Q4
	87164		DARK FIELD EXAM ANY SOURCE W/SPECIMEN COLLECTION	BR	BR	XXX	9		
	87164	26	DARK FIELD EXAM ANY SOURCE W/SPECIMEN COLLECTION	36.40	36.40	XXX	0		
	87164	TC	DARK FIELD EXAM ANY SOURCE W/SPECIMEN COLLECTION	21.45	21.45	XXX	0		Q4
	87166		DARK FIELD EXAM ANY SOURCE W/O COLLECTION	22.75	22.75	XXX	9		Q4
	87168		MACROSCOPIC EXAMINATION ARTHROPOD	8.45	8.45	XXX	9		Q4
	87169		MACROSCOPIC EXAMINATION PARASITE	8.45	8.45	XXX	9		Q4
	87172		PINWORM EXAMINATION	8.45	8.45	XXX	9		Q4
	87176		HOMOGENIZATION TISSUE CULTURE	11.70	11.70	XXX	9		Q4
	87177		OVA&PARASITES DIRECT SMEARS CONCENTRATION & ID	18.20	18.20	XXX	9		Q4
	87181		SC STD ANTMCRB AGT AGAR DILUTION METHOD PER AGT	9.75	9.75	XXX	9		Q4
	87182		SC STD CARBAPENEMASE NZM DETCJ MULT IA QUAL ISOL	BR	BR	XXX	9		Q4
	87183		SC STD CARBAPENEM RESIST GEN AMP PRB TQ PER ISOL	68.25	68.25	XXX	9		Q4
	87184		SC STD ANTIMICROBIAL AGT DISK METHOD PER PLATE	14.95	14.95	XXX	9		Q4
	87185		SC STD ANTMCRB AGT ENZYME DETCJ PER ENZYME	9.75	9.75	XXX	9		Q4
	87186		SC STD ANTMCRB AGT MICRODILUTION/AGAR DILUTION	17.55	17.55	XXX	9		Q4
+	87187		SC STD ANTMCRB AGT MICRODILUTION/AGAR MLC EACH	80.60	80.60	XXX	9		Q4
	87188		SC STD ANTMCRB AGT MACROBROTH DIL METH EA AGENT	13.65	13.65	XXX	9		Q4
	87190		SC STD ANTMCRB AGT MYOBACTERIA PROPORTION METHOD	14.95	14.95	XXX	9		Q4
	87197		SERUM BACTERICIDAL TITER	29.90	29.90	XXX	9		Q4
	87205		SMR PRIM SRC GRAM/GIEMSA STAIN BCT FUNGI/CELL	8.45	8.45	XXX	9		Q4
	87206		SMR PRIM SRC FLUORESCENT&/AFS BCT FNGI PARASIT	11.05	11.05	XXX	9		Q4
	87207		SMR PRIM SRC SPEC STAIN BODIES/PARASITS	BR	BR	XXX	9		
	87207	26	SMR PRIM SRC SPEC STAIN BODIES/PARASITS	34.45	34.45	XXX	0		
	87207	TC	SMR PRIM SRC SPEC STAIN BODIES/PARASITS	12.35	12.35	XXX	0		Q4
	87209		SMR PRIM SRC CPLX SPEC STAIN OVA&PARASITS	36.40	36.40	XXX	9		Q4
	87210		SMR PRIM SRC WET MOUNT NFCT AGT	11.70	11.70	XXX	9		Q4
	87220		TISS KOH SLIDE SAMPS SKN/HR/NLS FNGI/ECTOPARASIT	8.45	8.45	XXX	9		Q4
	87230		TOXIN/ANTITOXIN ASSAY TISSUE CULTURE	39.65	39.65	XXX	9		Q4
	87250		VIRUS INOCULATION EGGS/SM ANIMAL OBS&DSJ	39.00	39.00	XXX	9		Q4
	87252		VIRUS TISS CUL INOCULATION CYTOPATHIC EFFECT	52.65	52.65	XXX	9		Q4
	87253		VIRUS TISSUE CULTURE ADDL STDY/ID EACH ISOLATE	40.30	40.30	XXX	9		Q4
	87254		VIRUS CENTRIFUGE ENHNCD ID IMFLUOR STAIN EA	39.00	39.00	XXX	9		Q4
	87255		VIRUS ID NON-IMMUNOLOGIC OTH/THN CYTOPATHIC	68.25	68.25	XXX	9		Q4
	87260		IAADI ADENOVIRUS	29.25	29.25	XXX	9		Q4
	87265		IAADI BORDETELLA PRTUSSIS/PARAPRTUSSIS	24.05	24.05	XXX	9		Q4
	87267		IAADI ENTEROVIRUS DIRECT FLUORESCENT ANTIBODY	26.65	26.65	XXX	9		Q4

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Code	Mod	Description	Non Fac Fee	Professional Fac Fee	FUD	ASST	Outpatient Facility Fee	SI
87269		IAADI GIARDIA	27.30	27.30	XXX	9		Q4
87270		IAADI CHLAMYDIA TRACHOMATIS	24.05	24.05	XXX	9		Q4
87271		IAADI CYTOMEGALOVIRUS DIR FLUORESCENT ANTIBODY	26.65	26.65	XXX	9		Q4
87272		IAADI CRYPTOSPORIDIUM	24.05	24.05	XXX	9		Q4
87273		IAADI HERPES SMPLX VIRUS TYPE 2	24.05	24.05	XXX	9		Q4
87274		IAADI HERPES SMPLX VIRUS TYPE 1	24.05	24.05	XXX	9		Q4
87275		IAADI INFLUENZA B VIRUS	24.70	24.70	XXX	9		Q4
87276		IAADI INFFLUENZA A VIRUS	32.50	32.50	XXX	9		Q4
87278		IAADI LEGIONELLA PNEUMOPHILA	31.20	31.20	XXX	9		Q4
87279		IAADI PARAINFLUENZA VIRUS EACH TYPE	33.15	33.15	XXX	9		Q4
87280		IAADI RESPIRATORY SYNCTIAL VIRUS	26.65	26.65	XXX	9		Q4
87281		IAADI PNEUMOCUSTIS CARINII	24.05	24.05	XXX	9		Q4
87283		IAADI RUBEOLA	122.20	122.20	XXX	9		Q4
87285		IAADI TREPONEMA PALLIDUM	24.70	24.70	XXX	9		Q4
87290		IAADI VARICELLA ZOSTER VIRUS	26.65	26.65	XXX	9		Q4
87299		IAADI NOT OTHERWISE SPECIFIED EACH ORGANISM	32.50	32.50	XXX	9		Q4
87300		IAADI POLYV MLT ORGANISMS EA POLYV ANTISERUM	24.05	24.05	XXX	9		Q4
87301		IAAD IA ADENOVIRUS ENTERIC TYP 40/41	24.05	24.05	XXX	9		Q4
87305		IAAD IA ASPERGILLUS	24.05	24.05	XXX	9		Q4
87320		IAAD IA CHLAMYDIA TRACHOMATIS	29.90	29.90	XXX	9		Q4
87324		IAAD IA CLOSTRIDIUM DIFFICILE TOXIN	24.05	24.05	XXX	9		Q4
87327		IAAD IA CRYPTOCOCCUS NEOFORMANS	26.65	26.65	XXX	9		Q4
87328		IAAD IA CRYPTOSPORIDIUM	27.95	27.95	XXX	9		Q4
87329		IAAD IA GIARDIA	24.05	24.05	XXX	9		Q4
87332		IAAD IA CYTOMEGALOVIRUS	24.05	24.05	XXX	9		Q4
87335		IAAD IA ESCHERICHIA COLI 0157	25.35	25.35	XXX	9		Q4
87336		IAAD IA ENTAMOEBA HISTOLYTICA DISPAR GRP	31.85	31.85	XXX	9		Q4
87337		IAAD IA ENTAMOEBA HISTOLYTICA GRP	24.05	24.05	XXX	9		Q4
87338		IAAD IA HPYLORI STOOL	28.60	28.60	XXX	9		Q4
87339		IAAD IA HPYLORI	31.85	31.85	XXX	9		Q4
87340		IAAD IA HEPATITIS B SURFACE ANTIGEN	20.80	20.80	XXX	9		Q4
87341		IAAD IA HEPATITIS B SURFACE AG NEUTRALIZATION	20.80	20.80	XXX	9		Q4
87350		IAAD IA HEPATITIS BE ANTIGEN	23.40	23.40	XXX	9		Q4
87380		IAAD IA HEPATITIS DELTA ANTIGEN	37.05	37.05	XXX	9		Q4
87385		IAAD IA HISTOPLASM CAPSULATUM	26.65	26.65	XXX	9		Q4
87389		IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTBDY SINGLE	48.10	48.10	XXX	9		Q4
87390		IAAD IA HIV-1	48.10	48.10	XXX	9		Q4
87391		IAAD IA HIV-2	44.20	44.20	XXX	9		Q4
87400		IAAD IA INFLUENZA A/B EACH	28.60	28.60	XXX	9		Q4
87420		IAAD IA RESPIRATORY SYNCTIAL VIRUS	27.95	27.95	XXX	9		Q4
87425		IAAD IA ROTAVIRUS	24.05	24.05	XXX	9		Q4
87426		IAAD IA SEVERE AQT RESPIR SYND CORONAVIRUS	70.85	70.85	XXX	9		A
87427		IAAD IA SHIGA-LIKE TOXIN	24.05	24.05	XXX	9		Q4
87428		IAAD IA SARSCOV & INFLUENZA VIRUS TYPES A&B	141.05	141.05	XXX	9		A
87430		IAAD IA STREPTOCOCCUS GROUP A	33.80	33.80	XXX	9		Q4
87449		IAAD IA NOT OTHERWISE SPECIFIED EACH ORGANISM	24.05	24.05	XXX	9		Q4
87451		IAAD IA POLYV MLT ORGANISMS EA POLYV ANTISERUM	20.80	20.80	XXX	9		Q4
87467		HEPATITIS B SURFACE ANTIGEN QUANTITATIVE	50.70	50.70	XXX	9		Q4
87468		IADNA ANAPLASMA PHAGOCYTOPHILUM AMPLIFED PRB TQ	70.20	70.20	XXX	9		Q4
87469		IADNA BABESIA MICROTI AMPLIFIED PROBE TECHNIQUE	70.20	70.20	XXX	9		Q4
87471		IADNA BARTONELLA AMPLIFIED PROBE TECHNIQUE	70.20	70.20	XXX	9		Q4
87472		IADNA BARTONELLA HENSELAE&QUINTANA QUANTJ	85.80	85.80	XXX	9		Q4
87475		IADNA BORRELIA BURGDORFERI DIRECT PROBE TQ	40.30	40.30	XXX	9		Q4
87476		IADNA BORRELIA BURGDORFERI AMPLIFIED PROBE TQ	70.20	70.20	XXX	9		Q4
87478		IADNA BORRELIA MIYAMOTOI AMPLIFIED PRB TECHNIQUE	70.20	70.20	XXX	9		Q4
87480		IADNA CANDIDA SPECIES DIRECT PROBE TQ	40.30	40.30	XXX	9		Q4
87481		IADNA CANDIDA SPECIES AMPLIFIED PROBE TQ	70.20	70.20	XXX	9		Q4
87482		IADNA CANDIDA SPECIES QUANTIFICATION	111.80	111.80	XXX	9		Q4
87483		CNS DNA/RNA AMP PROBE MULTIPLE SUBTYPES 12-25	837.20	837.20	XXX	9		Q4
87484		IADNA EHRLICHIA CHAFFEENSIS AMPLIFIED PROBE TQ	70.20	70.20	XXX	9		Q4
87485		IADNA CHLAMYDIA PNEUMONIAE DIRECT PROBE TQ	40.30	40.30	XXX	9		Q4

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	87486		IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ	70.20	70.20	XXX	9		Q4
	87487		IADNA CHLAMYDIA PNEUMONIAE QUANTIFICATION	85.80	85.80	XXX	9		Q4
	87490		IADNA CHLAMYDIA TRACHOMATIS DIRECT PROBE TQ	45.50	45.50	XXX	9		Q4
	87491		IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	70.20	70.20	XXX	9		Q4
	87492		IADNA CHLAMYDIA TRACHOMATIS QUANTIFICATION	107.25	107.25	XXX	9		Q4
	87493		INF AGENT DET NUCLEIC ACID CLOSTRIDIUM AMP PROBE	74.75	74.75	XXX	9		Q4
	87494		IADNA CHLMYD TRCHMTS&NEISRA GONORR MULT AMP PRB	136.50	136.50	XXX	9		Q4
	87495		IADNA CYTOMEGALOVIRUS DIRECT PROBE TQ	60.45	60.45	XXX	9		Q4
	87496		IADNA CYTOMEGALOVIRUS AMPLIFIED PROBE TQ	70.20	70.20	XXX	9		Q4
	87497		IADNA CYTOMEGALOVIRUS QUANTIFICATION	85.80	85.80	XXX	9		Q4
	87498		IADNA ENTEROVIRUS AMPLIF PROBE & REVRSE TRNSCRIP	70.20	70.20	XXX	9		Q4
	87500		INFECTIOUS AGENT DNA/RNA VANCOMYCIN RESISTANCE	70.20	70.20	XXX	9		Q4
	87501		INFECTIOUS AGENT DNA/RNA INFLUENZA EA TYPE	103.35	103.35	XXX	9		Q4
	87502		INFECTIOUS AGENT DNA/RNA INFLUENZA 1ST 2 TYPES	192.40	192.40	XXX	9		Q4
+	87503		NFCT AGENT DNA/RNA INFLUENZA >2 TYPES EA ADDL	58.50	58.50	XXX	9		Q4
	87505		NFCT AGENT DNA/RNA GASTROINTESTINAL PATHOGEN	258.05	258.05	XXX	9		Q4
	87506		IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 6-11	528.45	528.45	XXX	9		Q4
	87507		IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 12-25	837.20	837.20	XXX	9		Q4
	87510		IADNA GARDNERELLA VAGINALIS DIRECT PROBE TQ	40.30	40.30	XXX	9		Q4
	87511		IADNA GARDNERELLA VAGINALIS AMPLIFIED PROBE TQ	70.20	70.20	XXX	9		Q4
	87512		IADNA GARDNERELLA VAGINALIS QUANTIFICATION	83.85	83.85	XXX	9		Q4
	87513		IADNA H PYLORI CLARITHROMYCIN RESIST AMP PRB TQ	70.20	70.20	XXX	9		Q4
	87516		IADNA HEPATITIS B VIRUS AMPLIFIED PROBE TQ	70.20	70.20	XXX	9		Q4
	87517		IADNA HEPATITIS B VIRUS QUANTIFICATION	85.80	85.80	XXX	9		Q4
	87520		IADNA HEPATITIS C DIRECT PROBE TECHNIQUE	63.05	63.05	XXX	9		Q4
	87521		IADNA HEPATITIS C AMPLIFIED PROBE&REVRSE TRANSCR	70.20	70.20	XXX	9		Q4
	87522		IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION	85.80	85.80	XXX	9		Q4
	87523		IADNA HEPATITIS D DELTA QUAN W/REV TRANSCRIPTION	85.80	85.80	XXX	9		Q4
	87525		IADNA HEPATITIS G DIRECT PROBE TECHNIQUE	59.80	59.80	XXX	9		Q4
	87526		IADNA HEPATITIS G AMPLIFIED PROBE TECHNIQUE	78.65	78.65	XXX	9		Q4
	87527		IADNA HEPATITIS G QUANTIFICATION	83.85	83.85	XXX	9		Q4
	87528		IADNA HERPES SIMPLX VIRUS DIRECT PROBE TQ	40.30	40.30	XXX	9		Q4
	87529		IADNA HERPES SOMPLX VIRUS AMPLIFIED PROBE TQ	70.20	70.20	XXX	9		Q4
	87530		IADNA HERPES SOMPLX VIRUS QUANTIFICATION	85.80	85.80	XXX	9		Q4
	87531		IADNA HERPES VIRUS-6 DIRECT PROBE TQ	116.35	116.35	XXX	9		Q4
	87532		IADNA HERPES VIRUS-6 AMPLIFIED PROBE TQ	70.20	70.20	XXX	9		Q4
	87533		IADNA HERPES VIRUS-6 QUANTIFICATION	83.85	83.85	XXX	9		Q4
	87534		IADNA HIV-1 DIRECT PROBE TECHNIQUE	44.20	44.20	XXX	9		Q4
	87535		IADNA HIV-1 AMPLIFIED PROBE & REVERSE TRANSCRPJ	70.20	70.20	XXX	9		Q4
	87536		IADNA HIV-1 QUANT & REVERSE TRANSCRIPTION	170.95	170.95	XXX	9		Q4
	87537		IADNA HIV-2 DIRECT PROBE TECHNIQUE	44.20	44.20	XXX	9		Q4
	87538		IADNA HIV-2 AMPLIFIED PROBE & REVERSE TRANSCRIPJ	70.20	70.20	XXX	9		Q4
	87539		IADNA HIV-2 QUANT & REVERSE TRANSCRIPTION	117.65	117.65	XXX	9		Q4
	87540		IADNA LEGIONELLA PNEUMOPHILA DIRECT PROBE TQ	40.30	40.30	XXX	9		Q4
	87541		IADNA LEGIONELLA PNEUMOPHILA AMPLIFIED PROBE TQ	70.20	70.20	XXX	9		Q4
	87542		IADNA LEGIONELLA PNEUMOPHILA QUANTIFICATION	83.85	83.85	XXX	9		Q4
	87550		IADNA MYCOBACTERIA SPECIES DIRECT PROBE TQ	40.30	40.30	XXX	9		Q4
	87551		IADNA MYCOBACTERIA SPECIES AMPLIFIED PROBE TQ	96.85	96.85	XXX	9		Q4
	87552		IADNA MYCOBACTERIA SPECIES QUANTIFICATION	85.80	85.80	XXX	9		Q4
	87555		IADNA MYCOBACTERIA TUBERCULOSIS DIR PRB	53.95	53.95	XXX	9		Q4
	87556		IADNA MYCOBACTERIA TUBERCULOSIS AMP PRB	83.85	83.85	XXX	9		Q4
	87557		IADNA MYCOBACTERIA TUBERCULOSIS QUANTIFICATION	85.80	85.80	XXX	9		Q4
	87560		IADNA MYCOBACTERIA AVIUM-INTRACLRE DIR PRB	54.60	54.60	XXX	9		Q4
	87561		IADNA MYCOBACTERIA AVIUM-INTRACLRE AMP PRB	70.20	70.20	XXX	9		Q4
	87562		IADNA MYCOBACTERIA AVIUM-INTRACELLULARE QUANT	85.80	85.80	XXX	9		Q4
	87563		IADNA MYCOPLASMA GENITALIUM AMPLIFIED PROBE TECH	70.20	70.20	XXX	9		Q4
	87564		IADNA MTB RIFAMPIN RESISTANCE AMP PRB TQ	154.05	154.05	XXX	9		Q4
	87580		IADNA MYCOPLSM PNEUMONIAE DIRECT PROBE TQ	40.30	40.30	XXX	9		Q4
	87581		IADNA MYCOPLSM PNEUMONIAE AMPLIFIED PROBE TQ	70.20	70.20	XXX	9		Q4
	87582		IADNA MYCOPLSM PNEUMONIAE QUANTIFICATION	608.40	608.40	XXX	9		Q4
	87590		IADNA NEISSERIA GONORRHOEAE DIRECT PROBE TQ	53.95	53.95	XXX	9		Q4

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	87591		IADNA NEISSERIA GONORRHOEAE AMPLIFIED PROBE TQ	70.20	70.20	XXX	9		Q4
	87592		IADNA NEISSERIA GONORRHOEAE QUANTIFICATION	85.80	85.80	XXX	9		Q4
	87593		IADNA ORTHOPOXVIRUS AMPLIFIED PROBE TECHNIQUE EA	103.35	103.35	XXX	9		A
	87594		IADNA PNEUMOCYSTIS JIROVECII AMPLIFIED PROBE TQ	70.20	70.20	XXX	9		Q4
	87623		IADNA HUMAN PAPILLOMAVIRUS LOW-RISK TYPES	70.20	70.20	XXX	9		Q4
	87624		IADNA HUMAN PAPILLOMAVIRUS HI-RSK TYP POOLD RSLT	70.20	70.20	XXX	9		Q4
	87625		IADNA HUMAN PAPILLOMAVIRUS TYPES 16 & 18 ONLY	81.25	81.25	XXX	9		Q4
	87626		IADNA HPV SEP RPRT HI-RSK TYP&HI-RSK POOLD RSLTS	141.05	141.05	XXX	9		Q4
	87627		IADNA JT SPC PTHGN&RX RESIST GEN MULT AMP PRB26+	1322.75	1322.75	XXX	9		Q4
	87631		IADNA RESPIRATRY PROBE & REV TRNSCR 3-5 TARGETS	286.65	286.65	XXX	9		Q4
	87632		IADNA RESPIRATRY PROBE & REV TRNSCR 6-11 TARGETS	438.10	438.10	XXX	9		Q4
	87633		IADNA RESPIRATRY PROBE & REV TRNSCR 12-25 TARGET	837.20	837.20	XXX	9		Q4
	87634		IADNA DNA/RNA RSV AMPLIFIED PROBE TECHNIQUE	141.05	141.05	XXX	9		Q4
	87635		IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	103.35	103.35	XXX	9		A
	87636		IADNA SARSCOV2& INF A&B MULT AMPLIFIED PROBE TQ	286.65	286.65	XXX	9		A
	87637		IADNA SARSCOV2 & INF A&B & RSV MULT AMP PROBE TQ	286.65	286.65	XXX	9		A
	87640		IADNA S AUREUS AMPLIFIED PROBE TQ	70.20	70.20	XXX	9		Q4
	87641		IADNA S AUREUS METHICILLIN RESIST AMP PROBE TQ	70.20	70.20	XXX	9		Q4
	87650		IADNA STREPTOCOCCUS GROUP A DIRECT PROBE TQ	40.30	40.30	XXX	9		Q4
	87651		IADNA STREPTOCOCCUS GROUP A AMPLIFIED PROBE TQ	70.20	70.20	XXX	9		Q4
	87652		IADNA STREPTOCOCCUS GROUP A QUANTIFICATION	83.85	83.85	XXX	9		Q4
	87653		IADNA STREPTOCOCCUS GROUP B AMPLIFIED PROBE TQ	70.20	70.20	XXX	9		Q4
	87660		IADNA TRICHOMONAS VAGINALIS DIRECT PROBE TQ	40.30	40.30	XXX	9		Q4
	87661		IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH	70.20	70.20	XXX	9		Q4
	87662		IADNA DNA/RNA ZIKA VIRUS AMPLIFIED PROBE TQ	103.35	103.35	XXX	9		Q4
	87797		IADNA NOS DIRECT PROBE TQ EACH ORGANISM	60.45	60.45	XXX	9		Q4
	87798		IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	70.20	70.20	XXX	9		Q4
	87799		IADNA NOS QUANTIFICATION EACH ORGANISM	85.80	85.80	XXX	9		Q4
	87800		IADNA MULTIPLE ORGANISMS DIRECT PROBE TQ	87.75	87.75	XXX	9		Q4
	87801		IADNA MULTIPLE ORGANISMS AMPLIFIED PROBE TQ	141.05	141.05	XXX	9		Q4
	87802		IAADIADOO STREPTOCOCCUS GROUP B	25.35	25.35	XXX	9		Q4
	87803		IAADIADOO CLOSTRIDIUM DIFFICILE TOXIN A	31.85	31.85	XXX	9		Q4
	87804		IAADIADOO INFLUENZA	33.15	33.15	XXX	9		Q4
	87806		IAADIADOO HIV1 ANTIGEN W/HIV1 & HIV2 ANTIBODIES	65.65	65.65	XXX	9		Q4
	87807		IAADIADOO RESPIRATORY SYNCTIAL VIRUS	26.00	26.00	XXX	9		Q4
	87808		IAADIADOO TRICHOMONAS VAGINALIS	30.55	30.55	XXX	9		Q4
	87809		IAADIADOO ADENOVIRUS	43.55	43.55	XXX	9		Q4
	87810		IAADIADOO CHLAMYDIA TRACHOMATIS	70.85	70.85	XXX	9		Q4
	87811		IAADIADOO SEVERE AQT RESPIR SYND CORONAVIRUS	83.20	83.20	XXX	9		A
	87812		IAADIADOO SARSCOV2&INFLUENZA VIRUS TYPES A&B	144.95	144.95	XXX	9		A
	87850		IAADIADOO NEISSERIA GONORRHOEAE	49.40	49.40	XXX	9		Q4
	87880		IAADIADOO STREPTOCOCCUS GROUP A	33.15	33.15	XXX	9		Q4
	87899		IAADIADOO NOT OTHERWISE SPECIFIED	32.50	32.50	XXX	9		Q4
	87900		NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION	261.95	261.95	XXX	9		Q4
	87901		NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 REV TRNSCRPT	517.40	517.40	XXX	9		Q4
	87902		NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS	517.40	517.40	XXX	9		Q4
	87903		NFCT PHEXYP RESIST TISS CUL HIV FIRST 1-10 DRUGS	982.15	982.15	XXX	9		Q4
+	87904		NFCT PHEXYP RESIST TISS CUL HIV EA ADDL DRUG	52.65	52.65	XXX	9		Q4
	87905		INFECTIOUS AGENT ENZYMATIC ACTV OTH/THN VIRUS	24.70	24.70	XXX	9		Q4
	87906		NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION	258.70	258.70	XXX	9		Q4
	87910		NFCT AGT GENOTYPE ALYS NUCLEIC ACID CMV	517.40	517.40	XXX	9		Q4
	87912		NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP B VIRUS	517.40	517.40	XXX	9		Q4
	87913		NFCT AGENT GENOTYPE ALYS NUCLEIC ACID SARSCOV2	517.40	517.40	XXX	9		A
	87999		UNLISTED MICROBIOLOGY PROCEDURE	BR	BR	XXX	9		N
	88000		NECROPSY GROSS EXAMINATION ONLY W/O CNS	BR	BR	XXX	9		E1
	88005		NECROPSY GROSS EXAMINATION W/BRAIN	BR	BR	XXX	9		E1
	88007		NECROPSY GROSS EXAMINATION W/BRAIN&SPINAL CORD	BR	BR	XXX	9		E1
	88012		NECROPSY GROSS EXAMINATION INFANT W/BRAIN	BR	BR	XXX	9		E1
	88014		NECROPSY GROSS EXAM STILLBORN/NEWBORN W/BRAIN	BR	BR	XXX	9		E1
	88016		NECROPSY GROSS EXAM MACERATED STILLBORN	BR	BR	XXX	9		E1
	88020		NECROPSY GROSS & MICROSCOPIC W/O CNS	BR	BR	XXX	9		E1

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	88025		NECROPSY GROSS & MICROSCOPIC W/BRAIN	BR	BR	XXX	9		E1
	88027		NECROPSY GROSS&MCRSCP BRAIN & SPINAL CORD	BR	BR	XXX	9		E1
	88028		NECROPSY GROSS & MICROSCOPIC INFANT W/BRAIN	BR	BR	XXX	9		E1
	88029		NECROPSY GROSS&MCRSCP STILLBORN/NEWBORN BRAIN	BR	BR	XXX	9		E1
	88036		NECROPSY LIMITED GROSS&/MCRSCP REGIONAL	107.90	107.90	XXX	9		E1
	88037		NECROPSY LIMITD GROSS&/MCRSCP SINGLE ORGAN	BR	BR	XXX	9		E1
	88040		NECROPSY FORENSIC EXAMINATION	BR	BR	XXX	9		E1
	88045		NECROPSY CORONER CALL	BR	BR	XXX	9		E1
	88099		UNLISTED NECROPSY (AUTOPSY) PROCEDURE	BR	BR	XXX	9		E1
	88104		CYTP FLU WASHGS/BRUSHINGS XCPT C/V SMRS INTERPJ	156.00	156.00	XXX	0		
	88104	26	CYTP FLU WASHGS/BRUSHINGS XCPT C/V SMRS INTERPJ	52.65	52.65	XXX	0		
	88104	TC	CYTP FLU WASHGS/BRUSHINGS XCPT C/V SMRS INTERPJ	103.35	103.35	XXX	0	68.69	Q1
	88106		CYTP FLU BR/WA XCPT C/V FILTER METH ONLY INTERPJ	138.45	138.45	XXX	0		
	88106	26	CYTP FLU BR/WA XCPT C/V FILTER METH ONLY INTERPJ	35.75	35.75	XXX	0		
	88106	TC	CYTP FLU BR/WA XCPT C/V FILTER METH ONLY INTERPJ	102.70	102.70	XXX	0	42.86	Q1
	88108		CYTP CONCENTRATION SMEARS & INTERPRETATION	136.50	136.50	XXX	0		
	88108	26	CYTP CONCENTRATION SMEARS & INTERPRETATION	42.25	42.25	XXX	0		
	88108	TC	CYTP CONCENTRATION SMEARS & INTERPRETATION	94.25	94.25	XXX	0	68.65	Q1
	88112		CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V	131.95	131.95	XXX	0		
	88112	26	CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V	52.00	52.00	XXX	0		
	88112	TC	CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V	79.95	79.95	XXX	0	93.43	Q1
	88120		CYTP INSITU HYBRID URINE SPEC 3-5 PROBES EA MNL	1090.05	1090.05	XXX	0		
	88120	26	CYTP INSITU HYBRID URINE SPEC 3-5 PROBES EA MNL	109.85	109.85	XXX	0		
	88120	TC	CYTP INSITU HYBRID URINE SPEC 3-5 PROBES EA MNL	980.20	980.20	XXX	0	299.88	Q2
	88121		CYTP INSITU HYBRID URNE SPEC 3-5 PROBES CPTR EA	790.40	790.40	XXX	0		
	88121	26	CYTP INSITU HYBRID URNE SPEC 3-5 PROBES CPTR EA	91.65	91.65	XXX	0		
	88121	TC	CYTP INSITU HYBRID URNE SPEC 3-5 PROBES CPTR EA	698.75	698.75	XXX	0	299.85	Q1
	88125		CYTOPATHOLOGY FORENSIC	56.55	56.55	XXX	0		
	88125	26	CYTOPATHOLOGY FORENSIC	26.00	26.00	XXX	0		
	88125	TC	CYTOPATHOLOGY FORENSIC	30.55	30.55	XXX	0	93.50	Q1
	88130		SEX CHROMATIN IDENTIFICATION BARR BODIES	36.40	36.40	XXX	9		Q4
	88140		SEX CHROMATIN IDENTJ PERIPHERAL BLOOD SMEAR	16.25	16.25	XXX	9		Q4
	88141		CYTP CERVICAL/VAGINAL REQ INTERP PHYSICIAN	48.75	48.75	XXX	0		N
	88142		CYTP CERV/VAG AUTO THIN LAYER PREP MNL SCREEN	40.95	40.95	XXX	9		Q4
	88143		CYTP C/V FLU AUTO THIN MNL SCR&RESCR PHYS	46.15	46.15	XXX	9		Q4
	88147		CYTP SMRS C/V SCR AUTOMATED SYSTEM PHYS SUPV	101.40	101.40	XXX	9		Q4
	88148		CYTP SMRS C/V SCR AUTO SYS MNL RESCR PHYS	36.40	36.40	XXX	9		Q4
	88150		CYTP SLIDES C/V MNL SCR UNDER PHYS	36.40	36.40	XXX	9		Q4
	88152		CYTP SLIDES C/V MNL SCR&CPTR RESCR PHYS	55.25	55.25	XXX	9		Q4
	88153		CYTP SLIDES C/V MNL SCR&RESCR PHYS	48.10	48.10	XXX	9		Q4
+	88155		CYTP SLIDES C/V DEFINITIVE HORMONAL EVAL	29.25	29.25	XXX	9		Q4
	88160		CYTP SMRS ANY OTH SRC SCR&INTERPJ	162.50	162.50	XXX	0		
	88160	26	CYTP SMRS ANY OTH SRC SCR&INTERPJ	48.75	48.75	XXX	0		
	88160	TC	CYTP SMRS ANY OTH SRC SCR&INTERPJ	113.75	113.75	XXX	0	42.86	Q1
	88161		CYTP SMRS ANY OTH SRC PREPJ SCR&INTERPJ	163.80	163.80	XXX	0		
	88161	26	CYTP SMRS ANY OTH SRC PREPJ SCR&INTERPJ	48.10	48.10	XXX	0		
	88161	TC	CYTP SMRS ANY OTH SRC PREPJ SCR&INTERPJ	115.70	115.70	XXX	0	42.86	Q1
	88162		CYTP SMRS ANY OTH SRC EXTND STD > 5 SLIDES	257.40	257.40	XXX	0		
	88162	26	CYTP SMRS ANY OTH SRC EXTND STD > 5 SLIDES	74.10	74.10	XXX	0		
	88162	TC	CYTP SMRS ANY OTH SRC EXTND STD > 5 SLIDES	183.30	183.30	XXX	0	93.50	Q1
	88164		CYTP SLIDES CERV/VAG MNL SCRN PHYSICIAN SUPV	36.40	36.40	XXX	9		Q4
	88165		CYTP SLIDES C/V MNL SCR&RESCR PHYS SUPV	85.15	85.15	XXX	9		Q4
	88166		CYTP SLIDES C/V MNL SCR&CPTR RESCR PHYS SUPV	36.40	36.40	XXX	9		Q4
	88167		CYTP SLIDES C/V MNL SCR&CPTR RESCR CELL S&I	36.40	36.40	XXX	9		Q4
	88172		CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD DX 1ST	109.85	109.85	XXX	0		
	88172	26	CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD DX 1ST	66.95	66.95	XXX	0		
	88172	TC	CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD DX 1ST	42.90	42.90	XXX	0	299.67	Q1
	88173		CYTP EVAL FINE NEEDLE ASPIRATE INTERP & REPORT	334.10	334.10	XXX	0		
	88173	26	CYTP EVAL FINE NEEDLE ASPIRATE INTERP & REPORT	131.30	131.30	XXX	0		
	88173	TC	CYTP EVAL FINE NEEDLE ASPIRATE INTERP & REPORT	202.80	202.80	XXX	0	93.47	Q1
	88174		CYTP C/V AUTO THIN LYR PREPJ SCR SYS PHYS	50.70	50.70	XXX	9		Q4

+ Add-on Procedure ⃠ Modifier 51 Exempt Procedure ★ Telemedicine

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	Code	Mod	Description	Professional Non Fac Fee	Professional Fac Fee	FUD	ASST	Outpatient Facility Fee	Outpatient Facility SI
	88175		CYTP C/V AUTO THIN LYR PREPJ SCR MNL RESCR PHYS	53.30	53.30	XXX	9		Q4
+	88177		CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD EA EVAL	57.85	57.85	ZZZ	0		
+	88177	26	CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD EA EVAL	40.95	40.95	ZZZ	0		
+	88177	TC	CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD EA EVAL	16.90	16.90	ZZZ	0		N
	88182		FLOW CYTOMETRY CELL CYCLE/DNA ANALYSIS	312.65	312.65	XXX	0		
	88182	26	FLOW CYTOMETRY CELL CYCLE/DNA ANALYSIS	71.50	71.50	XXX	0		
	88182	TC	FLOW CYTOMETRY CELL CYCLE/DNA ANALYSIS	241.15	241.15	XXX	0	93.33	Q2
	88184		FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST	152.10	152.10	XXX	0	629.07	Q2
+	88185		FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY EA	44.20	44.20	ZZZ	0		N
	88187		FLOW CYTOMETRY INTERPJ 2-8 MARKERS	68.90	68.90	XXX	0		B
	88188		FLOW CYTOMETRY INTERPJ 9-15 MARKERS	117.00	117.00	XXX	0		B
	88189		FLOW CYTOMETRY INTERPRETATION 16/> MARKERS	159.25	159.25	XXX	0		B
	88199		UNLISTED CYTOPATHOLOGY PROCEDURE	BR	BR	XXX	0		
	88199	26	UNLISTED CYTOPATHOLOGY PROCEDURE	BR	BR	XXX	0		
	88199	TC	UNLISTED CYTOPATHOLOGY PROCEDURE	BR	BR	XXX	0	93.50	Q1
	88230		TISS CUL NON-NEO DISORDERS LYMPHOCYTE	234.00	234.00	XXX	9		Q4
	88233		TISS CUL NON-NEO DISORDERS SKN/OTH SOLID TISS BX	282.75	282.75	XXX	9		Q4
	88235		TISS CUL NON-NEO DISORDERS AMNIOTIC/CHORNC CELLS	302.25	302.25	XXX	9		Q4
	88237		TISS CUL NEO DISORDERS BONE MARROW BLOOD CELLS	288.60	288.60	XXX	9		Q4
	88239		TISS CUL NEO DISORDERS SOLID TUMOR	296.40	296.40	XXX	9		Q4
	88240		CRYOPRSRV FRZING&STORAGE CELLS EA CELL LINE	26.00	26.00	XXX	9		Q4
	88241		THAWING&EXPANSION FROZEN CELLS EACH ALIQUOT	24.05	24.05	XXX	9		Q4
	88245		CHRMSM BREAKAGE BASELINE SISTER 20-25 CLL	347.75	347.75	XXX	9		Q4
	88248		CHRMSM BREAKAGE BASELINE BREAKAGE 50-100 CLL	347.75	347.75	XXX	9		Q4
	88249		CHRMSM BREAKAGE SYNDS SCORE 100 CLL	347.75	347.75	XXX	9		Q4
	88261		CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING	531.05	531.05	XXX	9		Q4
	88262		CHRMSM COUNT 15-20 CLL 2KARYOTYP BANDING	252.20	252.20	XXX	9		Q4
	88263		CHRMSM COUNT 45 CELL MOSAICISM 2KARYOTYPE	302.25	302.25	XXX	9		Q4
	88264		CHRMSM ANALYZE 20-25 CELLS	290.55	290.55	XXX	9		Q4
	88267		CHRMSM ALYS AMNIOTIC/VILLUS 15 CELL 1KARYOTYPE	378.95	378.95	XXX	9		Q4
	88269		CHRMSM SITU AMNIOTIC CLL 6-12 COLONIES 1KARYOTYP	349.05	349.05	XXX	9		Q4
	88271		MOLECULAR CYTOGENETICS DNA PROBE EACH	42.90	42.90	XXX	9		Q4
	88272		MOLECULAR CYTOGENETICS CHRMOML ISH 3-5 CELLS	81.90	81.90	XXX	9		Q4
	88273		MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL	70.20	70.20	XXX	9		Q4
	88274		MOLECULAR CYTOGENETICS INTERPHASE ISH 25-99 CLL	85.15	85.15	XXX	9		Q4
	88275		MOLEC CYTG INTERPHASE ISH ANALYZE 100-300 CLL	102.70	102.70	XXX	9		Q4
	88280		CHRMSM ANALYSIS ADDL KARYOTYP EACH STUDY	66.95	66.95	XXX	9		Q4
	88283		CHRMSM ANALYSIS ADDL SPECIALIZED BANDING	137.80	137.80	XXX	9		Q4
	88285		CHRMSM ANALYSIS ADDL CELLS COUNTED EACH STUDY	53.95	53.95	XXX	9		Q4
	88289		CHRMSM ANALYSIS ADDL HIGH RESOLUTION STUDY	68.90	68.90	XXX	9		Q4
	88291		CYTOGENETICS&MOLEC CYTOGENETICS INTERP&REP	66.30	66.30	XXX	0		M
	88299		UNLISTED CYTOGENETIC STUDY	BR	BR	XXX	0	93.50	Q1
	88300		LEVEL I SURG PATHOLOGY GROSS EXAMINATION ONLY	32.50	32.50	XXX	0		
	88300	26	LEVEL I SURG PATHOLOGY GROSS EXAMINATION ONLY	8.45	8.45	XXX	0		
	88300	TC	LEVEL I SURG PATHOLOGY GROSS EXAMINATION ONLY	24.05	24.05	XXX	0	42.00	Q1
	88302		LEVEL II SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	65.00	65.00	XXX	0		
	88302	26	LEVEL II SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	13.00	13.00	XXX	0		
	88302	TC	LEVEL II SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	52.00	52.00	XXX	0	65.24	Q1
	88304		LEVEL III SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	83.20	83.20	XXX	0		
	88304	26	LEVEL III SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	21.45	21.45	XXX	0		
	88304	TC	LEVEL III SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	61.75	61.75	XXX	0	93.14	Q1
	88305		LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	139.75	139.75	XXX	0		
	88305	26	LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	70.20	70.20	XXX	0		
	88305	TC	LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	69.55	69.55	XXX	0	93.33	Q1
	88307		LEVEL V SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	559.00	559.00	XXX	0		
	88307	26	LEVEL V SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	154.05	154.05	XXX	0		
	88307	TC	LEVEL V SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	404.95	404.95	XXX	0	598.54	Q2
	88309		LEVEL VI SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	834.60	834.60	XXX	0		
	88309	26	LEVEL VI SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	271.70	271.70	XXX	0		
	88309	TC	LEVEL VI SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	562.90	562.90	XXX	0	1296.91	Q2
+	88311		DECALCIFICATION PROCEDURE	39.65	39.65	XXX	0		

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	Code	Mod	Description	Non Fac Fee	Professional Fac Fee	FUD	ASST	Outpatient Facility Fee	SI
+	88311	26	DECALCIFICATION PROCEDURE	23.40	23.40	XXX	0		
+	88311	TC	DECALCIFICATION PROCEDURE	16.25	16.25	XXX	0		N
	88312		SPECIAL STAIN GROUP 1 MICROORGANISMS I&R	217.75	217.75	XXX	0		
	88312	26	SPECIAL STAIN GROUP 1 MICROORGANISMS I&R	50.05	50.05	XXX	0		
	88312	TC	SPECIAL STAIN GROUP 1 MICROORGANISMS I&R	167.70	167.70	XXX	0	93.29	Q1
	88313		SPCL STN 2 I&R EXCPT MICROORG/ENZYME/IMCYT	159.90	159.90	XXX	0		
	88313	26	SPCL STN 2 I&R EXCPT MICROORG/ENZYME/IMCYT	22.75	22.75	XXX	0		
	88313	TC	SPCL STN 2 I&R EXCPT MICROORG/ENZYME/IMCYT	137.15	137.15	XXX	0	225.26	Q1
+	88314		SPECIAL STAIN I&R HISTOCHEMICAL W/FROZEN TISSU	167.05	167.05	XXX	0		
+	88314	26	SPECIAL STAIN I&R HISTOCHEMICAL W/FROZEN TISSU	37.70	37.70	XXX	0		
+	88314	TC	SPECIAL STAIN I&R HISTOCHEMICAL W/FROZEN TISSU	129.35	129.35	XXX	0		N
	88319		SPECIAL STAIN I&R GROUP III ENZYME CONSITUENTS	263.90	263.90	XXX	0		
	88319	26	SPECIAL STAIN I&R GROUP III ENZYME CONSITUENTS	50.70	50.70	XXX	0		
	88319	TC	SPECIAL STAIN I&R GROUP III ENZYME CONSITUENTS	213.20	213.20	XXX	0	1429.00	Q2
	88321		CONSLTJ&REPRT REFERRED SLIDES PREPARED ELSEWHERE	188.50	159.25	XXX	0	68.69	Q1
	88323		CONSLTJ&REPRT REFERRED MATRL REQUIRING PREPJ SLD	226.20	226.20	XXX	0		
	88323	26	CONSLTJ&REPRT REFERRED MATRL REQUIRING PREPJ SLD	167.70	167.70	XXX	0		
	88323	TC	CONSLTJ&REPRT REFERRED MATRL REQUIRING PREPJ SLD	58.50	58.50	XXX	0	93.50	Q1
	88325		CONSLTJ COMPRE RVW RECORD REPRT REFERRED MATRL	305.50	258.70	XXX	0	299.88	Q1
	88329		PATHOLOGY CONSULTATION DURING SURGERY	105.95	66.95	XXX	0	103.95	Q1
	88331		PATH CONSLTJ SURG 1ST BLK FROZEN SCTJ 1ST SPEC	196.30	196.30	XXX	0		
	88331	26	PATH CONSLTJ SURG 1ST BLK FROZEN SCTJ 1ST SPEC	117.00	117.00	XXX	0		
	88331	TC	PATH CONSLTJ SURG 1ST BLK FROZEN SCTJ 1ST SPEC	79.30	79.30	XXX	0	299.09	Q1
+	88332		PATH CONSLTJ SURG EA ADDL BLK FROZEN SECTION	106.60	106.60	XXX	0		
+	88332	26	PATH CONSLTJ SURG EA ADDL BLK FROZEN SECTION	57.85	57.85	XXX	0		
+	88332	TC	PATH CONSLTJ SURG EA ADDL BLK FROZEN SECTION	48.75	48.75	XXX	0		N
	88333		PATH CONSLTJ SURG CYTOLOGIC EXAM INITIAL SITE	177.45	177.45	XXX	0		
	88333	26	PATH CONSLTJ SURG CYTOLOGIC EXAM INITIAL SITE	116.35	116.35	XXX	0		
	88333	TC	PATH CONSLTJ SURG CYTOLOGIC EXAM INITIAL SITE	61.10	61.10	XXX	0	1390.97	Q2
+	88334		PATH CONSLTJ SURG CYTOLOGIC EXAM EACH ADDL SITE	108.55	108.55	ZZZ	0		
+	88334	26	PATH CONSLTJ SURG CYTOLOGIC EXAM EACH ADDL SITE	70.85	70.85	ZZZ	0		
+	88334	TC	PATH CONSLTJ SURG CYTOLOGIC EXAM EACH ADDL SITE	37.70	37.70	ZZZ	0		N
+	88341		IMHCHEM/IMCYTCHM EA ADDL SINGLE ANTB STAIN PX	187.85	187.85	ZZZ	0		
+	88341	26	IMHCHEM/IMCYTCHM EA ADDL SINGLE ANTB STAIN PX	53.30	53.30	ZZZ	0		
+	88341	TC	IMHCHEM/IMCYTCHM EA ADDL SINGLE ANTB STAIN PX	134.55	134.55	ZZZ	0		N
	88342		IMHCHEM/IMCYTCHM 1ST SINGLE ANTB STAIN PROCEDURE	219.05	219.05	XXX	0		
	88342	26	IMHCHEM/IMCYTCHM 1ST SINGLE ANTB STAIN PROCEDURE	65.65	65.65	XXX	0		
	88342	TC	IMHCHEM/IMCYTCHM 1ST SINGLE ANTB STAIN PROCEDURE	153.40	153.40	XXX	0	298.83	Q2
	88344		IMHCHEM/IMCYTCHM EA MULTIPLEX ANTIBODY STAIN PX	336.05	336.05	XXX	0		
	88344	26	IMHCHEM/IMCYTCHM EA MULTIPLEX ANTIBODY STAIN PX	72.80	72.80	XXX	0		
	88344	TC	IMHCHEM/IMCYTCHM EA MULTIPLEX ANTIBODY STAIN PX	263.25	263.25	XXX	0	626.62	Q1
	88346		IMMUNOFLUORESCENCE PER SPEC 1ST SINGLE ANTB STN	281.45	281.45	XXX	0		
	88346	26	IMMUNOFLUORESCENCE PER SPEC 1ST SINGLE ANTB STN	67.60	67.60	XXX	0		
	88346	TC	IMMUNOFLUORESCENCE PER SPEC 1ST SINGLE ANTB STN	213.85	213.85	XXX	0	299.88	Q2
	88348		ELECTRON MICROSCOPY DIAGNOSTIC	959.40	959.40	XXX	0		
	88348	26	ELECTRON MICROSCOPY DIAGNOSTIC	146.25	146.25	XXX	0		
	88348	TC	ELECTRON MICROSCOPY DIAGNOSTIC	813.15	813.15	XXX	0	1429.30	Q2
+	88350		IMMUNOFLUORESCENCE PR SPEC EA ADD SINGL ANTB STN	215.15	215.15	ZZZ	0		
+	88350	26	IMMUNOFLUORESCENCE PR SPEC EA ADD SINGL ANTB STN	54.60	54.60	ZZZ	0		
+	88350	TC	IMMUNOFLUORESCENCE PR SPEC EA ADD SINGL ANTB STN	160.55	160.55	ZZZ	0		N
	88355		MORPHOMETRIC ANALYSIS SKELETAL MUSCLE	276.90	276.90	XXX	0		
	88355	26	MORPHOMETRIC ANALYSIS SKELETAL MUSCLE	156.00	156.00	XXX	0		
	88355	TC	MORPHOMETRIC ANALYSIS SKELETAL MUSCLE	120.90	120.90	XXX	0	299.88	Q1
	88356		MORPHOMETRIC ANALYSIS NERVE	460.20	460.20	XXX	0		
	88356	26	MORPHOMETRIC ANALYSIS NERVE	229.45	229.45	XXX	0		
	88356	TC	MORPHOMETRIC ANALYSIS NERVE	230.75	230.75	XXX	0	93.50	Q1
	88358		MORPHOMETRIC ANALYSIS TUMOR	262.60	262.60	XXX	0		
	88358	26	MORPHOMETRIC ANALYSIS TUMOR	92.95	92.95	XXX	0		
	88358	TC	MORPHOMETRIC ANALYSIS TUMOR	169.65	169.65	XXX	0	299.88	Q2
	88360		M/PHMTRC ALYS TUMOR IMHCHEM EA ANTIBODY MANUAL	232.05	232.05	XXX	0		
	88360	26	M/PHMTRC ALYS TUMOR IMHCHEM EA ANTIBODY MANUAL	78.00	78.00	XXX	0		

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	88360	TC	M/PHMTRC ALYS TUMOR IMHCHEM EA ANTIBODY MANUAL	154.05	154.05	XXX	0	298.62	Q2
	88361		M/PHMTRC ALYS TUMOR IMHCHEM EA ANTBDY CMPTR ASST	225.55	225.55	XXX	0		
	88361	26	M/PHMTRC ALYS TUMOR IMHCHEM EA ANTBDY CMPTR ASST	81.25	81.25	XXX	0		
	88361	TC	M/PHMTRC ALYS TUMOR IMHCHEM EA ANTBDY CMPTR ASST	144.30	144.30	XXX	0	622.41	Q2
	88362		NERVE TEASING PREPARATIONS	449.15	449.15	XXX	0		
	88362	26	NERVE TEASING PREPARATIONS	209.30	209.30	XXX	0		
	88362	TC	NERVE TEASING PREPARATIONS	239.85	239.85	XXX	0	1429.58	Q2
	88363		EXAM & SELECT ARCHIVE TISSUE MOLECULAR ANALYSI	45.50	36.40	XXX	0	42.86	Q1
+	88364		IN SITU HYBRIDIZATION EA ADDL PROBE STAIN	251.55	251.55	ZZZ	0		
+	88364	26	IN SITU HYBRIDIZATION EA ADDL PROBE STAIN	63.70	63.70	ZZZ	0		
+	88364	TC	IN SITU HYBRIDIZATION EA ADDL PROBE STAIN	187.85	187.85	ZZZ	0		N
	88365		IN SITU HYBRIDIZATION 1ST PROBE STAIN	339.30	339.30	XXX	0		
	88365	26	IN SITU HYBRIDIZATION 1ST PROBE STAIN	80.60	80.60	XXX	0		
	88365	TC	IN SITU HYBRIDIZATION 1ST PROBE STAIN	258.70	258.70	XXX	0	299.88	Q1
	88366		IN SITU HYBRIDIZATION EA MULTIPLEX PROBE STAIN	522.60	522.60	XXX	0		
	88366	26	IN SITU HYBRIDIZATION EA MULTIPLEX PROBE STAIN	116.35	116.35	XXX	0		
	88366	TC	IN SITU HYBRIDIZATION EA MULTIPLEX PROBE STAIN	406.25	406.25	XXX	0	299.88	Q1
	88367		M/PHMTRC ALYS ISH CPTR-ASST TECH 1ST PROBE STAIN	212.55	212.55	XXX	0		
	88367	26	M/PHMTRC ALYS ISH CPTR-ASST TECH 1ST PROBE STAIN	62.40	62.40	XXX	0		
	88367	TC	M/PHMTRC ALYS ISH CPTR-ASST TECH 1ST PROBE STAIN	150.15	150.15	XXX	0	628.50	Q2
	88368		M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL	290.55	290.55	XXX	0		
	88368	26	M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL	79.95	79.95	XXX	0		
	88368	TC	M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL	210.60	210.60	XXX	0	628.13	Q2
+	88369		M/PHMTRC ALYS ISH QUANT/SEMIQ MNL PER SPEC EACH	254.80	254.80	ZZZ	0		
+	88369	26	M/PHMTRC ALYS ISH QUANT/SEMIQ MNL PER SPEC EACH	64.35	64.35	ZZZ	0		
+	88369	TC	M/PHMTRC ALYS ISH QUANT/SEMIQ MNL PER SPEC EACH	190.45	190.45	ZZZ	0		N
	88371		PROTEIN ANAL TISSUE WESTERN BLOT W/INTERP&REPO	BR	BR	XXX	9		
	88371	26	PROTEIN ANAL TISSUE WESTERN BLOT W/INTERP&REPO	36.40	36.40	XXX	0		
	88371	TC	PROTEIN ANAL TISSUE WESTERN BLOT W/INTERP&REPO	44.85	44.85	XXX	0		N
	88372		PROTEIN ALYS WSTRN BLOT I&R IMMUNOLOGICAL EA	BR	BR	XXX	9		
	88372	26	PROTEIN ALYS WSTRN BLOT I&R IMMUNOLOGICAL EA	34.45	34.45	XXX	0		
	88372	TC	PROTEIN ALYS WSTRN BLOT I&R IMMUNOLOGICAL EA	52.65	52.65	XXX	0		N
+	88373		M/PHMTRC ALYS ISH QUANT/SEMIQ CPTR PER SPEC EACH	128.05	128.05	ZZZ	0		
+	88373	26	M/PHMTRC ALYS ISH QUANT/SEMIQ CPTR PER SPEC EACH	47.45	47.45	ZZZ	0		
+	88373	TC	M/PHMTRC ALYS ISH QUANT/SEMIQ CPTR PER SPEC EACH	80.60	80.60	ZZZ	0		N
	88374		M/PHMTRC ALYS ISH QUANT/SEMIQ CPTR EACH MULTIPRB	531.05	531.05	XXX	0		
	88374	26	M/PHMTRC ALYS ISH QUANT/SEMIQ CPTR EACH MULTIPRB	78.65	78.65	XXX	0		
	88374	TC	M/PHMTRC ALYS ISH QUANT/SEMIQ CPTR EACH MULTIPRB	452.40	452.40	XXX	0	299.76	Q1
	88375		OPTICAL ENDOMICROSCOPIC IMAGE INTERP & REPORT	90.35	90.35	XXX	0		B
	88377		M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB	755.95	755.95	XXX	0		
	88377	26	M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB	121.55	121.55	XXX	0		
	88377	TC	M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB	634.40	634.40	XXX	0	299.64	Q1
	88380		MICRODISSECTION PREP IDENTIFIED TARGET LASER	245.70	245.70	XXX	0		
	88380	26	MICRODISSECTION PREP IDENTIFIED TARGET LASER	100.10	100.10	XXX	0		
	88380	TC	MICRODISSECTION PREP IDENTIFIED TARGET LASER	145.60	145.60	XXX	0		N
	88381		MICRODISSECTION PREP IDENTIFIED TARGET MANUAL	378.95	378.95	XXX	0		
	88381	26	MICRODISSECTION PREP IDENTIFIED TARGET MANUAL	44.20	44.20	XXX	0		
	88381	TC	MICRODISSECTION PREP IDENTIFIED TARGET MANUAL	334.75	334.75	XXX	0		N
	88387		MACROSCOPIC XM DSJ&PREPJ TISS NONMCRSCP STD EA	65.00	65.00	XXX	0		
	88387	26	MACROSCOPIC XM DSJ&PREPJ TISS NONMCRSCP STD EA	50.70	50.70	XXX	0		
	88387	TC	MACROSCOPIC XM DSJ&PREPJ TISS NONMCRSCP STD EA	14.30	14.30	XXX	0		N
	88399		UNLISTED SURGICAL PATHOLOGY PROCEDURE	BR	BR	XXX	0		
	88399	26	UNLISTED SURGICAL PATHOLOGY PROCEDURE	BR	BR	XXX	0		
	88399	TC	UNLISTED SURGICAL PATHOLOGY PROCEDURE	BR	BR	XXX	0	93.50	Q1
	88720		BILIRUBIN TOTAL TRANSCUTANEOUS	10.40	10.40	XXX	9		Q4
	88738		HGB QUANTITATIVE TRANSCUTANEOUS	10.40	10.40	XXX	9		Q4
	88740		HEMOGLOBIN QUAN TC PER DAY CARBOXYHEMOGLOBIN	18.85	18.85	XXX	9		Q4
	88741		HEMOGLOBIN QUANTITATIVE TC PER DAY METHEMOGLOBIN	18.85	18.85	XXX	9		Q4
	88749		UNLISTED IN VIVO LABORTORY SERVICE	BR	BR	XXX	9		Q4
	89049		CAFFEINE HALOTHANE CONTRACTURE TEST	565.50	118.95	XXX	0	299.88	Q1
	89050		CELL COUNT MISCELLANEOUS BODY FLUIDS	9.75	9.75	XXX	9		Q4

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Code	Mod	Description	Professional				Outpatient Facility	
			Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
89051		CELL COUNT MISC BODY FLUIDS W/DIFFERENTIAL COUNT	11.05	11.05	XXX	9		Q4
89055		LEUKOCYTE ASSMT FECAL QUAL/SEMIQUANTITATIVE	8.45	8.45	XXX	9		Q4
89060		CRYSTAL ID LIGHT MICROSCOPY ALYS TISS/ANY FLUID	BR	BR	XXX	9		
89060	26	CRYSTAL ID LIGHT MICROSCOPY ALYS TISS/ANY FLUID	34.45	34.45	XXX	0		
89060	TC	CRYSTAL ID LIGHT MICROSCOPY ALYS TISS/ANY FLUID	14.95	14.95	XXX	0		Q4
89125		FAT STAIN FECES URINE/RESPIR SECRETIONS	11.70	11.70	XXX	9		Q4
89160		MEAT FIBERS FECES	9.75	9.75	XXX	9		Q4
89190		NASAL SMEAR EOSINOPHILS	11.70	11.70	XXX	9		Q4
89220		SPUTUM OBTAINING SPEC AEROSOL INDUCED TX SPX	37.05	37.05	XXX	0	299.88	Q1
89230		SWEAT COLLECTION IONTOPHORESIS	5.85	5.85	XXX	0	93.50	Q1
89240		UNLISTED MISCELLANEOUS PATHOLOGY TEST	BR	BR	XXX	0	93.50	Q1
89250		CUL OOCYTE/EMBRYO <4 DAYS	3152.50	3152.50	XXX	9	299.88	Q1
89251		CUL OOCYTE/EMBRYO < 4 D CO-CULT OCYTE/EMBRY	3441.75	3441.75	XXX	9	299.88	Q2
89253		ASSTD EMBRYO HATCHING MICROTQS ANY METH	1604.85	1604.85	XXX	9	299.88	Q1
89254		OOCYTE ID FROM FOLLICULAR FLU	1249.95	1249.95	XXX	9	299.88	Q1
89255		PREPJ EMBRYO TR	945.75	945.75	XXX	9	93.50	Q1
89257		SPRM ID FROM ASPIR OTH/THN SEMINAL	808.60	808.60	XXX	9	93.50	Q1
89258		CRYOPRSRV EMBRYO	1910.35	1910.35	XXX	9	1429.58	Q2
89259		CRYOPRSRV SPRM	541.45	541.45	XXX	9	299.88	Q1
89260		SPRM ISOL SMPL PREP INSEMINATION/DX SEMEN ALYS	417.30	417.30	XXX	9	93.50	Q1
89261		SPRM ISOL CPLX PREP INSEMINATION/DX SEMEN ALYS	464.10	464.10	XXX	9	93.50	Q1
89264		SPRM ID FROM TSTIS TISS FRSH/CRYOPRSRVD	927.55	927.55	XXX	9	93.50	Q1
89268		INSEMINATION OOCYTES	1470.30	1470.30	XXX	9	299.88	Q1
89272		EXTND CUL OOCYTE/EMBRYO 4-7 DAYS	2410.85	2410.85	XXX	9	1429.58	Q2
89280		ASSTD FERTILIZATION MICROTQ <= 10 OOCYTES	3411.85	3411.85	XXX	9	1429.58	Q2
89281		ASSTD FERTILIZATION MICROTQ > 10 OOCYTES	3101.15	3101.15	XXX	9	299.88	Q1
89290		BX OOCYTE POLR BDY/EMBRY BLST MICROTQ <= 5 EMBRY	3368.30	3368.30	XXX	9	299.88	Q1
89291		BX OOCYTE MICROTQ >5 EMBRY	3901.30	3901.30	XXX	9	299.88	Q1
89300		SEMEN ALYS PRESENCE&/MOTILITY SPRM HUHNER	19.50	19.50	XXX	9		Q4
89310		SEMEN ALYS MOTILITY&CNT X W/HUHNER TST	17.55	17.55	XXX	9		Q4
89320		SEMEN ANALYSIS VOLUME COUNT MOTILITY DIFFERENT	24.70	24.70	XXX	9		Q4
89321		SEMEN ANALYSIS SPERM PRESENCE&/MOTILITY SPRM	24.05	24.05	XXX	9		Q4
89322		SEMEN ANALYSIS STRICT MORPHOLOGIC CRITERIA	31.20	31.20	XXX	9		Q4
89325		SPERM ANTIBODIES	21.45	21.45	XXX	9		Q4
89329		SPERM EVALUATION HAMSTER PENETRATION TEST	39.65	39.65	XXX	9		Q4
89330		SPERM EVALUATION CERVICAL MUCOUS PENETRATION	20.80	20.80	XXX	9		Q4
89331		SPERM EVALUATION RETROGRADE EJACULATION URINE	39.65	39.65	XXX	9		Q4
89335		CRYOPRSRV REPRODUCTIVE TISSUE TESTICULAR	620.10	620.10	XXX	9	93.50	Q1
89337		CRYOPRESERVATION MATURE OOCYTE(S)	5383.95	5383.95	XXX	9	299.88	Q1
89342		STORAGE PER YEAR EMBRYO	1212.25	1212.25	XXX	9	299.88	Q1
89343		STORAGE PER YEAR SPERM/SEMEN	1038.70	1038.70	XXX	9	299.88	Q1
89344		STORAGE PER YR REPRDTVE TISS TSTICULAR/OVARIAN	932.10	932.10	XXX	9	299.88	Q1
89346		STORAGE PER YEAR OOCYTE	1233.70	1233.70	XXX	9	299.88	Q2
89352		THAWING CRYOPRESERVED EMBRYO	978.90	978.90	XXX	9	299.88	Q1
89353		THAWING CRYOPRESERVED SPERM/SEMEN EACH ALIQUOT	326.30	326.30	XXX	9	93.50	Q1
89354		THAWING CRYOPRESERVED TESTICULAR/OVARIAN	464.10	464.10	XXX	9	299.88	Q1
89356		THAWING CRYOPRESERVED OOCYTES EACH ALIQUOT	930.15	930.15	XXX	9	299.88	Q1
89398		UNLISTED REPRODUCTIVE MEDICINE LAB PROCEDURE	BR	BR	XXX	9	93.50	Q1
G0480		DRUG TEST DEF 1-7 CLASSES	230.10	230.10	XXX	9		Q4
G0481		DRUG TEST DEF 8-14 CLASSES	314.60	314.60	XXX	9		Q4
G0482		DRUG TEST DEF 15-21 CLASSES	399.10	399.10	XXX	9		Q4
G0483		DRUG TEST DEF 22+ CLASSES	495.95	495.95	XXX	9		Q4
G0659		DRUG TEST DEF SIMPLE ALL CL	124.80	124.80	XXX	9		Q4

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General Medicine

				Professional				Outpatient Facility	
	Code	Mod	Descriptioni	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
	90281		IMMUNE GLOBULIN IG HUMAN IM USE	77.35	77.35	XXX	9		E1
	90283		IMMUNE GLOBULIN IGIV HUMAN IV USE	30.55	30.55	XXX	9		E1
	90284		IMMUNE GLOBULIN HUMAN SUBQ INFUSION 100 MG EA	BR	BR	XXX	9		E1
	90287		BOTULINUM ANTITOXIN EQUINE ANY ROUTE	BR	BR	XXX	9		E1
	90288		BOTULISM IMMUNE GLOBULIN HUMAN INTRAVENOUS USE	BR	BR	XXX	9		E1
	90291		CYTOMEGALOVIRUS IMMUNE GLOBULIN HUMAN IV	92.30	92.30	XXX	9		E1
	90296		DIPHTHERIA ANTITOXIN EQUINE ANY ROUTE	BR	BR	XXX	9		E2
	90371		HEPATITIS B IMMUNE GLOBULIN HBIG HUMAN IM	293.80	293.80	XXX	9	256.04	K
	90375		RABIES IMMUNE GLOBULIN RIG HUMAN IM/SUBQ	563.55	563.55	XXX	9	490.65	K
	90376		RABIES IG HEAT-TREATED HUMAN IM/SUBQ	385.45	385.45	XXX	9	607.81	K
	90377		RABIES IG HEAT&SOLVENT/DETERGENT HUMAN IM&/SUBQ	503.75	503.75	XXX	9	438.41	K
	90378		RESPIRATORY SYNCYTIAL VIRUS IG IM 50 MG E	1602.90	1602.90	XXX	9	1259.77	K
	90380		RSV MONOCLONAL ANTB SEASONAL DOSE 0.5ML IM USE	451.10	451.10	XXX	9		M
	90381		RSV MONOCLONAL ANTB SEASONAL DOSE 1 ML IM USE	457.60	457.60	XXX	9		M
	90382		RSV MONOCLONAL ANTB SEASONAL DOSE 0.7 ML IM USE	BR	BR	XXX	9		M
	90384		RHO(D) IMMUNE GLOBULIN HUMAN FULL-DOSE IM	123.50	123.50	XXX	9		E1
	90385		RHO(D) IMMUNE GLOBULIN HUMAN MINI-DOSE IM	49.40	49.40	XXX	9		N
	90386		RHO(D) IMMUNE GLOBULIN HUMAN IV	122.85	122.85	XXX	9		E1
	90389		TETANUS IMMUNE GLOBULIN TIG HUMAN IM	122.85	122.85	XXX	9		E1
	90393		VACCINIA IMMUNE GLOBULIN HUMAN IM	46.15	46.15	XXX	9		E2
	90396		VARICELLA-ZOSTER IMMUNE GLOBULIN HUMAN IM	148.85	148.85	XXX	9	3941.49	K
	90399		UNLISTED IMMUNE GLOBULIN	BR	BR	XXX	9		E1
	90460		IM ADM THRU 18YR ANY RTE 1ST/ONLY COMPT VAC/TOX	44.85	44.85	XXX	0		B
+	90461		IM ADM THRU 18YR ANY RTE ADDL VAC/TOX COMPT	16.90	16.90	ZZZ	0		B
	90471		IM ADM PRQ ID SUBQ/IM NJXS 1 VACCINE	40.30	40.30	XXX	0	124.55	Q1
+	90472		IM ADM PRQ ID SUBQ/IM NJXS EA VACCINE	28.60	28.60	ZZZ	0		N
	90473		IM ADM INTRANSL/ORAL 1 VACCINE	32.50	32.50	XXX	0	124.55	Q1
+	90474		IM ADM INTRANSL/ORAL EA VACCINE	23.40	23.40	ZZZ	0		N
	90476		ADENOVIRUS VACCINE TYPE 4 LIVE ORAL	43.55	43.55	XXX	9		N
	90477		ADENOVIRUS VACCINE TYPE 7 LIVE FOR ORAL	BR	BR	XXX	9		M
	90480		IMM ADMN SARSCOV2 VACCINE 1ST/ONLY COMPONENT	40.30	40.30	XXX	9	72.66	S
+	90481		IMM ADMN SARSCOV2 VACCINE EACH ADDL COMPONENT	BR	BR	ZZZ	9		E1
	90482		IMM CNSL PHYS/QHP IMM NOT ADMN SAME DOS 3<10 MIN	28.60	20.80	XXX	0		E1
★	90483		IMM CNSL PHYS/QHP IMM NOT ADMN SM DOS>10<20 MIN	55.25	42.90	XXX	0		E1
★	90484		IMM CNSL PHYS/QHP IMM NOT ADMN SAME DOS>20 MIN	80.60	64.35	XXX	0		E1
	90581		ANTHRAX VACCINE SUBCUTANEOUS/IM USE	BR	BR	XXX	9		E2
	90584		DENGUE VACC QUAD LIVE 2 DOSE SCHEDULE SUBQ USE	BR	BR	XXX	9		E1
	90585		BACILLUS CALMETTE-GUERIN VACC FOR TB LIVE PERQ	31.85	31.85	XXX	9		M
	90586		BACILLUS CALMETTE-GUERIN VACCINE INTRAVESICAL	301.60	301.60	XXX	9		B
	90587		DENGUE VACC QUAD LIVE 3 DOSE SCHEDULE SUBQ USE	BR	BR	XXX	9		E1
	90589		CHIKUNGUNYA VIRUS VACCINE LIVE FOR IM USE	338.00	338.00	XXX	9		M
	90593		CHIKUNGUNYA VIRUS VACCINE RECOMBINANT FOR IM USE	BR	BR	XXX	9		E1
	90611		SMALLPOX&MONKEYPOX VACC 0.5ML DOS FOR SUBQ USE	75.40	75.40	XXX	9	0.02	K
	90612		INF TRIVALENT&SARSCOV2 VACC 31.7 MCG/0.32 ML IM	BR	BR	XXX	9		E1
	90613		INF QUAD&SARSCOV2 VACC 40 MCG/0.4 ML FOR IM USE	BR	BR	XXX	9		E1
	90619		MENACWY-TT CONJ VACC SEROGROUPS ACWY FOR IM USE	153.40	153.40	XXX	9		E1
	90620		MENB-4C RECOMBNT PRTN & OUTER MEMB VESIC VACC IM	189.80	189.80	XXX	9		M
	90621		MENB-FHBP RECOMBNT LIPOPROTEIN VACC 2/3 DOSE IM	159.90	159.90	XXX	9		M
	90622		VACCINIA VIRUS VACC LIVE 0.3 ML DOS FOR PERQ USE	61.75	61.75	XXX	9	0.02	K
	90623		MENIGCCAL PNTVLNT MENACWY TT MENB FHBP VACC IM	187.20	187.20	XXX	9		M
	90624		MENIGCCAL PNTVLNT MENB-4C & MENACWY VACC IM USE	BR	BR	XXX	9		E1
	90625		CHOLERA VACCINE ADULT 1 DOSE LIVE FOR ORAL USE	246.35	246.35	XXX	9		E1
	90626		TICK-BORNE ENCEPH VACC INACTIVATED 0.25ML IM USE	297.70	297.70	XXX	9		E1
	90627		TICK-BORNE ENCEPH VACC INACTIVATED 0.5ML IM USE	256.75	256.75	XXX	9		E1
	90631		H5 VACCINE PANDEMIC SPLIT ADJUVANTED FOR IM USE	BR	BR	XXX	9		E1
	90632		HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	143.65	143.65	XXX	9		N
	90633		HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	46.15	46.15	XXX	9		N
	90634		HEPA VACCINE 3 DOSE SCHEDULE PED/ADOLESC IM USE	61.75	61.75	XXX	9		E2

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			Professional				Outpatient Facility	
Code	Mod	Descriptioni	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
90635		H5N1 VACCINE DRV CELL CUL ADJUVANTED FOR IM USE	BR	BR	XXX	9		E1
90636		HEPATITIS A & B VACCINE HEPA-HEPB ADULT IM	119.60	119.60	XXX	9		N
90637		VACCINE QIRV MRNA 30 MCG/0.5 ML FOR IM USE	98.80	98.80	XXX	9		E1
90638		VACCINE QIRV MRNA 60 MCG/0.5 ML FOR IM USE	BR	BR	XXX	9		E1
90644		HIB-MENCY VACC 4 DOSE SCHED 6 WKS-18 MONTHS IM	46.15	46.15	XXX	9		M
90647		HIB PRP-OMP VACCINE 3 DOSE SCHEDULE IM USE	39.00	39.00	XXX	9		N
90648		HIB PRP-T VACCINE 4 DOSE SCHEDULE IM USE	35.75	35.75	XXX	9		N
90649		4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	170.95	170.95	XXX	9		M
90650		2VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	183.30	183.30	XXX	9		M
90651		9VHPV VACC 2/3 DOSE SCHED IM USE	239.85	239.85	XXX	9		M
90653		IIV ADJUVANTED VACCINE FOR INTRAMUSCULAR USE	167.70	167.70	XXX	9		L
90655		IIV3 VACC PRESRV FREE 0.25 ML DOSAGE IM USE	22.10	22.10	XXX	9		L
90656		IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	44.85	44.85	XXX	9		L
90657		IIV3 VACCINE SPLIT VIRUS 0.25 ML DOSAGE IM USE	22.10	22.10	XXX	9		L
90658		IIV3 VACCINE SPLIT VIRUS 0.5 ML DOSAGE IM USE	44.20	44.20	XXX	9		L
90660		LAIV3 VACCINE LIVE FOR INTRANASAL USE	57.85	57.85	XXX	9		L
90661		CCIIV3 VACCINE ABX FREE 0.5 ML FOR IM USE	74.10	74.10	XXX	9		L
90662		IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	167.70	167.70	XXX	9		L
90664		LAIV VACCINE PANDEMIC FORMULA FOR INTRANASAL USE	BR	BR	XXX	9		E1
90666		INFLUENZA VACCINE PANDEMIC SPLT PRSRV FREE IM	16.25	16.25	XXX	9		E1
90667		IIV VACCINE PANDEMIC ADJUVANT FOR IM USE	153.40	153.40	XXX	9		E1
90668		IIV VACCINE PANDEMIC FOR INTRAMUSCULAR USE	29.90	29.90	XXX	9		E1
90670		PCV13 VACCINE FOR INTRAMUSCULAR USE	518.70	518.70	XXX	9		L
90671		PCV15 VACCINE FOR INTRAMUSCULAR USE	509.60	509.60	XXX	9		L
90672		LAIV4 VACCINE FOR INTRANASAL USE	30.55	30.55	XXX	9		L
90673		RIV3 VACCINE PRESERVATIVE FREE FOR IM USE	167.70	167.70	XXX	9		L
90674		CCIIV4 VACCINE PRESERVATIVE FREE 0.5 ML IM USE	28.60	28.60	XXX	9		L
90675		RABIES VACCINE INTRAMUSCULAR	658.45	658.45	XXX	9	573.62	K
90676		RABIES VACCINE INTRADERMAL	165.75	165.75	XXX	9	462.82	K
90677		PCV20 VACCINE FOR INTRAMUSCULAR USE	598.65	598.65	XXX	9		L
90678		RSV VACCINE PREF SUBUNIT BIVALENT FOR IM USE	BR	BR	XXX	9		M
90679		RSV VACC PREF RECOMBINANT ADJUVANTED FOR IM USE	202.15	202.15	XXX	9		M
90680		RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	94.90	94.90	XXX	9		E2
90681		RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE	126.75	126.75	XXX	9		M
90682		RIV4 VACC RECOMBINANT DNA PRSRV ANTIBIO FREE IM	60.45	60.45	XXX	9		L
90683		RSV VACCINE MRNA LIPID NANOPARTICLES FOR IM USE	BR	BR	XXX	9		M
90684		PCV21 VACCINE FOR INTRAMUSCULAR USE	659.10	659.10	XXX	9		L
90685		IIV4 VACC PRSRV FREE 0.25 ML DOS FOR IM USE	30.55	30.55	XXX	9		L
90686		IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	24.70	24.70	XXX	9		L
90687		IIV4 VACC SPLIT VIRUS 0.25 ML DOS FOR IM USE	18.20	18.20	XXX	9		L
90688		IIV4 VACC SPLIT VIRUS 0.5 ML DOS FOR IM USE	24.70	24.70	XXX	9		L
90689		IIV4 VACC INACTIVATED PRSRV FR 0.25ML DOS IM USE	30.55	30.55	XXX	9		L
90690		TYPHOID VACCINE LIVE ORAL	107.90	107.90	XXX	9		N
90691		TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM	98.80	98.80	XXX	9		N
90694		AIIV4 VACC INACTIVATED PRSRV FR 0.5ML DOS IM USE	61.75	61.75	XXX	9		L
90695		H5N8 VACCINE DRV CELL CUL ADJUVANTED FOR IM USE	BR	BR	XXX	9		E1
90696		DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	74.10	74.10	XXX	9		N
90697		DTAP-IPV-HIB-HEPB VACCINE INTRAMUSCULAR	145.60	145.60	XXX	9		M
90698		DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	104.00	104.00	XXX	9		N
90700		DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM	37.05	37.05	XXX	9		N
90702		DT VACCINE YOUNGER THAN 7 YRS FOR IM USE	33.80	33.80	XXX	9		N
90707		MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	83.85	83.85	XXX	9		N
90710		MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ	221.00	221.00	XXX	9		N
90713		POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	42.90	42.90	XXX	9		N
90714		TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	67.60	67.60	XXX	9		N
90715		TDAP VACCINE 7 YRS/> IM	77.35	77.35	XXX	9		N
90716		VAR VACCINE LIVE FOR SUBCUTANEOUS USE	141.05	141.05	XXX	9		M
90717		YELLOW FEVER VACCINE LIVE SUBQ	167.70	167.70	XXX	9		N
90723		DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	96.85	96.85	XXX	9		M
90732		PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	268.45	268.45	XXX	9		L
90733		MPSV4 VACCINE GROUPS ACYW-135 SUBQ USE	117.00	117.00	XXX	9		M

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					Professional				Outpatient Facility	
		Code	Mod	Descriptioni	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
		90734		MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	136.50	136.50	XXX	9		M
		90736		ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE	183.95	183.95	XXX	9		M
		90738		JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM	264.55	264.55	XXX	9		M
		90739		HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE	338.00	338.00	XXX	9		L
		90740		HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM	317.85	317.85	XXX	9		L
		90743		HEPB VACCINE ADOLESCENT 2 DOSE SCHEDULE IM	150.80	150.80	XXX	9		L
		90744		HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM	61.75	61.75	XXX	9		L
		90746		HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	141.70	141.70	XXX	9		L
		90747		HEPB VACCINE DIALYSIS/IMMUNSUP PAT 4 DOSE IM	282.75	282.75	XXX	9		L
		90748		HIB-HEPB VACCINE FOR INTRAMUSCULAR USE	56.55	56.55	XXX	9		E1
		90749		UNLISTED VACCINE/TOXOID	BR	BR	XXX	9		N
		90750		HZV ZOSTER VACC RECOMBINANT ADJUVANTED IM NJX	176.80	176.80	XXX	9		M
		90756		CCIIV4 VACCINE ANTIBIOTIC FREE 0.5 ML DOS IM USE	30.55	30.55	XXX	9		L
		90758		ZAIRE EBOLAVIRUS VACCINE LIVE FOR IM USE	BR	BR	XXX	9		E1
		90759		HEP B VACC 3 AG 10 MCG 3 DOSE SCHED FOR IM USE	148.20	148.20	XXX	9		L
+	★	90785		PSYCHOTHERAPY COMPLEX INTERACTIVE	28.60	24.70	ZZZ	9		N
	★	90791		PSYCHIATRIC DIAGNOSTIC EVALUATION	335.40	287.30	XXX	9	281.17	Q3
	★	90792		PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	377.65	328.90	XXX	9	281.17	Q3
	★	90832		PSYCHOTHERAPY W/PATIENT 30 MINUTES	158.60	138.45	XXX	9	281.17	Q3
+	★	90833		PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 30 MIN	146.25	129.35	ZZZ	9		N
	★	90834		PSYCHOTHERAPY W/PATIENT 45 MINUTES	209.30	182.65	XXX	9	281.17	Q3
+	★	90836		PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 45 MIN	185.90	164.45	ZZZ	9		N
	★	90837		PSYCHOTHERAPY W/PATIENT 60 MINUTES	310.05	270.40	XXX	9	281.17	Q3
+	★	90838		PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 60 MIN	247.00	219.70	ZZZ	9		N
	★	90839		PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES	298.35	261.95	XXX	0	281.17	Q3
+	★	90840		PSYCHOTHERAPY FOR CRISIS EACH ADDL 30 MINUTES	146.25	130.00	ZZZ	0		N
	★	90845		PSYCHOANALYSIS	199.55	175.50	XXX	0	281.17	Q3
	★	90846		FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	198.25	197.60	XXX	0	281.17	Q3
	★	90847		FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	206.70	206.05	XXX	0	281.17	Q3
	★	90849		MULTIPLE FAMILY GROUP PSYCHOTHERAPY	75.40	59.15	XXX	0	281.17	Q3
	★	90853		GROUP PSYCHOTHERAPY	56.55	48.75	XXX	0	161.88	Q3
+	★	90863		PHARMACOLOGIC MANAGEMENT W/PSYCHOTHERAPY	48.75	45.50	XXX	9		E1
		90865		NARCOSYNTHESIS PSYC DX&THER PURPOSES	312.65	235.30	XXX	0	281.17	Q3
		90867		REPET TMS TX INITIAL W/MAP/MOTR THRESHLD/DEL&M	486.20	486.20	000	1	544.95	S
		90868		THERAP REPETITIVE TMS TX SUBSEQ DELIVERY & MNG	368.55	368.55	000	1	544.95	S
		90869		REPET TMS TX SUBSEQ MOTR THRESHLD W/DELIV & MN	929.50	929.50	000	1	544.95	S
		90870		ELECTROCONVULSIVE THERAPY	334.75	202.80	000	0	928.55	S
	★	90875		INDIV PSYCHOPHYS BIOFEED TRAIN W/PSYTX 30 MIN	113.75	112.45	XXX	9		E1
		90876		INDIV PSYCHOPHYS BIOFEED TRAIN W/PSYTX 45 MIN	202.15	180.70	XXX	9		E1
		90880		HYPNOTHERAPY	199.55	165.10	XXX	0	161.88	Q3
		90882		ENVIRONMENTAL IVNTJ MED MGMT PURPOSES PSYC PT	46.15	46.15	XXX	9		E1
		90885		PSYCHIATRIC EVAL HOSPITAL RECORDS DX PURPOSES	91.00	91.00	XXX	9		N
		90887		INTERPJ/EXPLNAJ RSLTS PSYC/OTH XM&PX/DATA FAMILY	167.05	139.10	XXX	9		N
		90889		PREP REPORT PT PSYCH STATUS AGENCY/PAYER	61.75	61.75	XXX	9		N
		90899		UNLISTED PSYCHIATRIC SERVICE/PROCEDURE	BR	BR	XXX	0	52.13	Q3
	★	90901		BIOFEEDBACK TRAINING ANY MODALITY	79.30	37.05	000	0		A
		90912		BFB TRAING W/EMG &/MANOMETRY 1ST 15 MIN CNTCT	156.00	81.90	000	0		A
+		90913		BFB TRAING W/EMG&/MANOMETRY EA ADDL 15 MIN CNTCT	63.05	46.15	ZZZ	0		A
		90935		HEMODIALYSIS PROCEDURE W/ PHYS/QHP EVALUATION	136.50	136.50	000	0	1218.63	S
		90937		HEMODIALYSIS PX REPEAT EVAL W/WO REVJ DIALYS RX	197.60	197.60	000	0		B
		90940		HEMODIALYSIS ACCESS FLOW STUDY	33.80	33.80	XXX	9		N
		90945		DIALYSIS OTHER/THAN HEMODIALYSIS 1 PHYS/QHP EVAL	167.05	167.05	000	0	743.54	V
		90947		DIALYSIS OTH/THN HEMODIALY REPEAT PHYS/QHP EVALS	235.95	235.95	000	0		B
	★	90951		ESRD RELATED SVC MONTHLY & <2 YR OLD 4/> VISITS	2249.00	2249.00	XXX	0		M
	★	90952		ESRD RELATED SVC MONTHLY <2 YR OLD 2/3 VISITS	BR	BR	XXX	0		M
	★	90953		ESRD RELATED SVC MONTHLY <2 YR OLD 1 VISIT	1016.60	1016.60	XXX	0		M
	★	90954		ESRD RELATED SVC MONTHLY 2-11 YR OLD 4/> VISITS	1937.65	1937.65	XXX	0		M
	★	90955		ESRD RELATED SVC MONTHLY 2-11 YR OLD 2/3 VISITS	1012.70	1012.70	XXX	0		M
	★	90956		ESRD RELATED SVC MONTHLY 2-11 YR OLD 1 VISIT	677.30	677.30	XXX	0		M
	★	90957		ESRD RELATED SVC MONTHLY 12-19 YR OLD 4/> VISITS	1486.55	1486.55	XXX	0		M
	★	90958		ESRD RELATED SVC MONTHLY 12-19 YR OLD 2/3 VISITS	968.50	968.50	XXX	0		M

+ Add-on Procedure ⃠ Modifier 51 Exempt Procedure ★ Telemedicine

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	Code	Mod	Descriptioni	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
★	90959		ESRD RELATED SVC MONTHLY 12-19 YR OLD 1 VISIT	632.45	632.45	XXX	0		M
★	90960		ESRD RELATED SVC MONTHLY 20&/> YR OLD 4/> VISITS	689.00	689.00	XXX	0		M
★	90961		ESRD RELATED SVC MONTHLY 20/>YR OLD 2/3 VISITS	572.00	572.00	XXX	0		M
★	90962		ESRD RELATED SVC MONTHLY 20&/>YR OLD 1 VISIT	395.20	395.20	XXX	0		M
★	90963		ESRD SVC HOME DIALYSIS FULL MONTH <2YR OLD	1170.65	1170.65	XXX	0		M
★	90964		ESRD SVC HOME DIALYSIS FULL MONTH 2-11 YR OLD	1003.60	1003.60	XXX	0		M
★	90965		ESRD SVC HOME DIALYSIS FULL MONTH 12-19 YR OLD	966.55	966.55	XXX	0		M
★	90966		ESRD SVC HOME DIALYSIS FULL MONTH 20 YR OLD	572.00	572.00	XXX	0		M
★	90967		ESRD RELATED SVC <FULL MONTH <2 YR OLD	33.80	33.80	XXX	0		M
★	90968		ESRD RELATED SVC <FULL MONTH 2-11 YR OLD	33.15	33.15	XXX	0		M
★	90969		ESRD RELATED SVC <FULL MONTH 12-19 YR OLD	32.50	32.50	XXX	0		M
★	90970		ESRD RELATED SVC <FULL MONTH 20/>YR OLD	18.85	18.85	XXX	0		M
	90989		DIALYSIS TRAINING PATIENT COMPLETED COURSE	572.65	572.65	XXX	9		B
	90993		DIALYSIS TRAINING PATIENT PER TRAINING SESSION	83.20	83.20	XXX	9		B
	90997		HEMOPERFUSION	170.30	170.30	000	0		B
	90999		UNLISTED DIALYSIS PROCEDURE INPATIENT/OUTPATIENT	BR	BR	XXX	0		B
	91010		ESOPHAGEAL MOTILITY STUDY W/INTERP&RPT	420.55	420.55	000	0		
	91010	26	ESOPHAGEAL MOTILITY STUDY W/INTERP&RPT	122.85	122.85	000	0		
	91010	TC	ESOPHAGEAL MOTILITY STUDY W/INTERP&RPT	297.70	297.70	000	0	927.06	S
+	91013		ESOPHAGEAL MOTILITY STD W/I&R STIM/PERFUSION	48.75	48.75	ZZZ	0		
+	91013	26	ESOPHAGEAL MOTILITY STD W/I&R STIM/PERFUSION	17.55	17.55	ZZZ	0		
+	91013	TC	ESOPHAGEAL MOTILITY STD W/I&R STIM/PERFUSION	31.20	31.20	ZZZ	0		N
	91020		GASTRIC MOTILITY MANOMETRIC STUDIES	524.55	524.55	000	0		
	91020	26	GASTRIC MOTILITY MANOMETRIC STUDIES	137.80	137.80	000	0		
	91020	TC	GASTRIC MOTILITY MANOMETRIC STUDIES	386.75	386.75	000	0	928.55	S
	91022		DUODENAL MOTILITY MANOMETRIC STUDY	334.75	334.75	000	0		
	91022	26	DUODENAL MOTILITY MANOMETRIC STUDY	137.80	137.80	000	0		
	91022	TC	DUODENAL MOTILITY MANOMETRIC STUDY	196.95	196.95	000	0	928.55	S
	91030		ESOPHAGUS ACID PERFUSION TEST ESOPHAGITIS	279.50	279.50	000	0		
	91030	26	ESOPHAGUS ACID PERFUSION TEST ESOPHAGITIS	87.75	87.75	000	0		
	91030	TC	ESOPHAGUS ACID PERFUSION TEST ESOPHAGITIS	191.75	191.75	000	0	928.55	S
	91034		GASTROESOPHAG REFLX TEST W/CATH PH ELTRD PLCMT	364.00	364.00	000	0		
	91034	26	GASTROESOPHAG REFLX TEST W/CATH PH ELTRD PLCMT	94.25	94.25	000	0		
	91034	TC	GASTROESOPHAG REFLX TEST W/CATH PH ELTRD PLCMT	269.75	269.75	000	0	914.99	S
	91035		GASTROESOPHAG REFLX TEST W/TELEMTRY PH ELTRD	852.15	852.15	000	0		
	91035	26	GASTROESOPHAG REFLX TEST W/TELEMTRY PH ELTRD	156.00	156.00	000	0		
	91035	TC	GASTROESOPHAG REFLX TEST W/TELEMTRY PH ELTRD	696.15	696.15	000	0	916.48	S
	91037		GASTROESOPHAG REFLX TEST W/INTRLUML IMPED ELTRD	321.75	321.75	000	0		
	91037	26	GASTROESOPHAG REFLX TEST W/INTRLUML IMPED ELTRD	93.60	93.60	000	0		
	91037	TC	GASTROESOPHAG REFLX TEST W/INTRLUML IMPED ELTRD	228.15	228.15	000	0	544.90	S
	91038		ESOPHGL FUNCJ G-ESOP RFLX IMPD ELTRD PROLNG	753.35	753.35	000	0		
	91038	26	ESOPHGL FUNCJ G-ESOP RFLX IMPD ELTRD PROLNG	105.95	105.95	000	0		
	91038	TC	ESOPHGL FUNCJ G-ESOP RFLX IMPD ELTRD PROLNG	647.40	647.40	000	0	927.26	S
	91040		ESOPHGL BALO DISTENSION DX STD W/PROVOCATION	962.00	962.00	000	0		
	91040	26	ESOPHGL BALO DISTENSION DX STD W/PROVOCATION	93.60	93.60	000	0		
	91040	TC	ESOPHGL BALO DISTENSION DX STD W/PROVOCATION	868.40	868.40	000	0	535.50	S
	91065		BREATH HYDROGEN/METHANE TEST	127.40	127.40	000	0		
	91065	26	BREATH HYDROGEN/METHANE TEST	18.20	18.20	000	0		
	91065	TC	BREATH HYDROGEN/METHANE TEST	109.20	109.20	000	0	273.81	S
	91110		GI TRC IMG INTRALUMINAL ESOPHAGUS-ILEUM W/I&R	1357.85	1357.85	XXX	0		
	91110	26	GI TRC IMG INTRALUMINAL ESOPHAGUS-ILEUM W/I&R	214.50	214.50	XXX	0		
	91110	TC	GI TRC IMG INTRALUMINAL ESOPHAGUS-ILEUM W/I&R	1143.35	1143.35	XXX	0	1602.18	T
	91111		GI TRACT IMAGING INTRALUMINAL ESOPHAGUS WI&R	1615.25	1615.25	XXX	0		
	91111	26	GI TRACT IMAGING INTRALUMINAL ESOPHAGUS WI&R	86.45	86.45	XXX	0		
	91111	TC	GI TRACT IMAGING INTRALUMINAL ESOPHAGUS WI&R	1528.80	1528.80	XXX	0	1640.73	T
	91112		GI TRANSIT & PRES MEAS WIRELESS CAPSULE W/INTERP	2969.85	2969.85	XXX	0		
	91112	26	GI TRANSIT & PRES MEAS WIRELESS CAPSULE W/INTERP	201.50	201.50	XXX	0		
	91112	TC	GI TRANSIT & PRES MEAS WIRELESS CAPSULE W/INTERP	2768.35	2768.35	XXX	0	1607.76	T
	91113		GI TRACT IMAGING INTRALUMINAL COLON I&R	1660.10	1660.10	XXX	0		
	91113	26	GI TRACT IMAGING INTRALUMINAL COLON I&R	231.40	231.40	XXX	0		
	91113	TC	GI TRACT IMAGING INTRALUMINAL COLON I&R	1428.70	1428.70	XXX	0	1595.49	T

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				Professional				Outpatient Facility	
	Code	Mod	Descriptioni	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
	91117		COLON MOTILITY STDY MIN 6 HR CONT RECORD W/I&R	261.95	261.95	000	0	544.95	T
	91124		RECTAL SENSATION TONE&COMPLIANCE STUDY	1495.65	1495.65	XXX	0		
	91124	26	RECTAL SENSATION TONE&COMPLIANCE STUDY	318.50	318.50	XXX	0		
	91124	TC	RECTAL SENSATION TONE&COMPLIANCE STUDY	1177.15	1177.15	XXX	0	386.05	S
	91125		ANRCT MANO RCT SENSATION&RCT BALO EXPULSION TEST	676.00	676.00	XXX	0		
	91125	26	ANRCT MANO RCT SENSATION&RCT BALO EXPULSION TEST	276.90	276.90	XXX	0		
	91125	TC	ANRCT MANO RCT SENSATION&RCT BALO EXPULSION TEST	399.10	399.10	XXX	0	667.17	T
	91132		ELECTROGASTROGRAPHY DX TRANSCUTANEOUS	813.15	813.15	XXX	0		
	91132	26	ELECTROGASTROGRAPHY DX TRANSCUTANEOUS	50.05	50.05	XXX	0		
	91132	TC	ELECTROGASTROGRAPHY DX TRANSCUTANEOUS	763.10	763.10	XXX	0	544.95	S
	91133		ELECTROGASTROGRAPHY DX TRANSCUT W/PROVOCTVE TSTG	853.45	853.45	XXX	0		
	91133	26	ELECTROGASTROGRAPHY DX TRANSCUT W/PROVOCTVE TSTG	63.70	63.70	XXX	0		
	91133	TC	ELECTROGASTROGRAPHY DX TRANSCUT W/PROVOCTVE TSTG	789.75	789.75	XXX	0	225.58	Q1
	91200		LIVER ELASTOGRAPHY W/O IMAG W/I&R	59.15	59.15	XXX	0		
	91200	26	LIVER ELASTOGRAPHY W/O IMAG W/I&R	20.15	20.15	XXX	0		
	91200	TC	LIVER ELASTOGRAPHY W/O IMAG W/I&R	39.00	39.00	XXX	0	273.81	Q1
	91299		UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	BR	BR	XXX	0		
	91299	26	UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	BR	BR	XXX	0		
	91299	TC	UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	BR	BR	XXX	0	273.07	S
	91304		SARSCOV2 VACC SAPONIN-BSD ADJT 5MCG/0.5ML IM USE	324.35	324.35	XXX	9		L
	91318		SARSCOV2 VACC 3MCG/0.3ML TRIS-SUCROSE IM USE	131.95	131.95	XXX	9		L
	91319		SARSCOV2 VACC 10MCG/0.3ML TRIS-SUCROSE IM USE	176.15	176.15	XXX	9		L
	91320		SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE	313.30	313.30	XXX	9		L
	91321		SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE	295.75	295.75	XXX	9		L
	91322		SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE	325.00	325.00	XXX	9		L
	91323		SARSCOV2 VACCINE 10 MCG/0.2 ML FOR IM USE	393.25	393.25	XXX	9		L
★	92002		OPH SVCS MEDICAL XM&EVAL INTERMEDIATE NEW PT	163.15	87.10	XXX	0	225.52	V
★	92004		OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST	287.30	179.40	XXX	0	225.52	V
★	92012		OPH SVCS MEDICAL XM&EVAL INTERMEDIATE EST PT	171.60	96.20	XXX	0	225.51	V
★	92014		OPH SVCS MEDICAL XM&EVAL COMPRE EST PT 1/>VST	243.10	144.95	XXX	0	225.52	V
	92015		DETERMINATION REFRACTIVE STATE	37.05	35.75	XXX	9		E1
	92018		COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE	271.70	271.70	XXX	0	4078.60	J1
	92019		LMTD OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE	141.05	141.05	XXX	0	4076.56	J1
	92020		GONIOSCOPY SEPARATE PROCEDURE	52.65	39.00	XXX	0	225.58	Q1
	92025		COMPUTERIZED CORNEAL TOPOGRAPHY UNI/BI W/I&R	70.85	70.85	XXX	0		
	92025	26	COMPUTERIZED CORNEAL TOPOGRAPHY UNI/BI W/I&R	37.05	37.05	XXX	0		
	92025	TC	COMPUTERIZED CORNEAL TOPOGRAPHY UNI/BI W/I&R	33.80	33.80	XXX	0	103.95	Q1
	92060		SENSORMOTOR XM W/MLT MEAS OCULAR DEVIJ W/I&R SPX	124.15	124.15	XXX	0		
	92060	26	SENSORMOTOR XM W/MLT MEAS OCULAR DEVIJ W/I&R SPX	70.85	70.85	XXX	0		
	92060	TC	SENSORMOTOR XM W/MLT MEAS OCULAR DEVIJ W/I&R SPX	53.30	53.30	XXX	0	103.95	Q1
	92065		ORTHOPTIC TRAINING PERFORMED BY PHYS/OTHER QHP	77.35	63.05	XXX	0		M
	92066		ORTHOPTIC TRAINING UNDER SUPERVISION OF PHYS/QHP	52.00	52.00	XXX	0	103.95	Q1
	92071		FIT CONTACT LENS TX OCULAR SURFACE DISEASE	70.20	61.75	XXX	0		N
	92072		FITTING CONTACT LENS FOR MGMT OF KERATOCONUS 1ST	240.50	178.10	XXX	0		N
	92081		LIMITED VISUAL FIELD XM UNI/BI I&R	65.00	65.00	XXX	0		
	92081	26	LIMITED VISUAL FIELD XM UNI/BI I&R	30.55	30.55	XXX	0		
	92081	TC	LIMITED VISUAL FIELD XM UNI/BI I&R	34.45	34.45	XXX	0	103.95	Q1
	92082		INTERMEDIATE VISUAL FIELD XM UNI/BI I&R	91.00	91.00	XXX	0		
	92082	26	INTERMEDIATE VISUAL FIELD XM UNI/BI I&R	39.65	39.65	XXX	0		
	92082	TC	INTERMEDIATE VISUAL FIELD XM UNI/BI I&R	51.35	51.35	XXX	0	103.95	Q1
	92083		EXTENDED VISUAL FIELD XM UNI/BI I&R	122.85	122.85	XXX	0		
	92083	26	EXTENDED VISUAL FIELD XM UNI/BI I&R	51.35	51.35	XXX	0		
	92083	TC	EXTENDED VISUAL FIELD XM UNI/BI I&R	71.50	71.50	XXX	0	225.58	Q1
	92100		SERIAL TONOMETRY SPX W/MLT MEAS INTRAOCULAR PRS	165.10	61.75	XXX	0		N
	92132		CPTRIZED OPH DX IMG ANTERIOR SEGMENT UNI/BI	57.85	57.85	XXX	0		
	92132	26	CPTRIZED OPH DX IMG ANTERIOR SEGMENT UNI/BI	29.90	29.90	XXX	0		
	92132	TC	CPTRIZED OPH DX IMG ANTERIOR SEGMENT UNI/BI	27.95	27.95	XXX	0	103.95	Q1
	92133		CPTRIZED OPH DX IMG PST SEGMENT UNI/BI OPTIC NRV	59.80	59.80	XXX	0		
	92133	26	CPTRIZED OPH DX IMG PST SEGMENT UNI/BI OPTIC NRV	31.85	31.85	XXX	0		
	92133	TC	CPTRIZED OPH DX IMG PST SEGMENT UNI/BI OPTIC NRV	27.95	27.95	XXX	0	103.95	Q1
	92134		CPTRIZED OPH DX IMG PST SEGMENT UNI/BI RETINA	63.05	63.05	XXX	0		

+ Add-on Procedure ⃠ Modifier 51 Exempt Procedure ★ Telemedicine

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				Professional				Outpatient Facility	
	Code	Mod	Descriptioni	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
	92134	26	CPTRIZED OPH DX IMG PST SEGMENT UNI/BI RETINA	34.45	34.45	XXX	0		
	92134	TC	CPTRIZED OPH DX IMG PST SEGMENT UNI/BI RETINA	28.60	28.60	XXX	0	103.95	Q1
	92136		OPH BMTRY PRTL COHER INTRFRMTRY IO LENS PWR CAL	91.65	91.65	XXX	0		
	92136	26	OPH BMTRY PRTL COHER INTRFRMTRY IO LENS PWR CAL	57.85	57.85	XXX	0		
	92136	TC	OPH BMTRY PRTL COHER INTRFRMTRY IO LENS PWR CAL	33.80	33.80	XXX	0	225.58	Q1
	92137		CPTRIZD OPH DX IMG PST SGM UNI/BI RTA OCT ANGRPH	114.40	114.40	XXX	0		
	92137	26	CPTRIZD OPH DX IMG PST SGM UNI/BI RTA OCT ANGRPH	67.60	67.60	XXX	0		
	92137	TC	CPTRIZD OPH DX IMG PST SGM UNI/BI RTA OCT ANGRPH	46.80	46.80	XXX	0	544.95	Q1
	92145		CORNEA HYSTERESIS DETERMIN IMPULSE STIMJ UNI/BI	25.35	25.35	XXX	0		
	92145	26	CORNEA HYSTERESIS DETERMIN IMPULSE STIMJ UNI/BI	10.40	10.40	XXX	0		
	92145	TC	CORNEA HYSTERESIS DETERMIN IMPULSE STIMJ UNI/BI	14.95	14.95	XXX	0	103.95	Q1
	92201		OPSCPY EXTND RTA DRAWING & SCL DEPRSN I&R UNI/BI	48.10	43.55	XXX	0	103.95	Q1
	92202		OPSCPY EXTND OPTIC NRV/MACULA DRAWING I&R UNI/BI	29.90	27.95	XXX	0	103.95	Q1
★	92227		IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI	34.45	34.45	XXX	0	103.95	Q1
★	92228		IMG RETINA DETCJ/MNTR DS REM PHYS/QHP I&R UNI/BI	57.85	57.85	XXX	0		
★	92228	26	IMG RETINA DETCJ/MNTR DS REM PHYS/QHP I&R UNI/BI	31.85	31.85	XXX	0		
★	92228	TC	IMG RETINA DETCJ/MNTR DS REM PHYS/QHP I&R UNI/BI	26.00	26.00	XXX	0	68.69	Q1
	92229		IMG RETINA DETCJ/MNTR DS POC AUTON A/R UNI/BI	87.75	87.75	XXX	0	103.95	S
	92230		FLUORESCEIN ANGIOSCOPY INTERPRETATION & REPORT	246.35	61.10	XXX	0	928.55	Q1
	92235		FLUORESCEIN ANGRPH W/MULTIFRAME IMG I&R UNI/BI	306.80	306.80	XXX	0		
	92235	26	FLUORESCEIN ANGRPH W/MULTIFRAME IMG I&R UNI/BI	81.25	81.25	XXX	0		
	92235	TC	FLUORESCEIN ANGRPH W/MULTIFRAME IMG I&R UNI/BI	225.55	225.55	XXX	0	544.95	S
	92240		INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI	460.20	460.20	XXX	0		
	92240	26	INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI	90.35	90.35	XXX	0		
	92240	TC	INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI	369.85	369.85	XXX	0	544.95	S
	92242		FLUORESCEIN&ICG ANGRPH MULTIFRAME IMG I&R UNI/BI	631.80	631.80	XXX	0		
	92242	26	FLUORESCEIN&ICG ANGRPH MULTIFRAME IMG I&R UNI/BI	104.00	104.00	XXX	0		
	92242	TC	FLUORESCEIN&ICG ANGRPH MULTIFRAME IMG I&R UNI/BI	527.80	527.80	XXX	0	544.95	S
	92250		FUNDUS PHOTOGRAPHY W/INTERPRETATION & REPORT	71.50	71.50	XXX	0		
	92250	26	FUNDUS PHOTOGRAPHY W/INTERPRETATION & REPORT	39.65	39.65	XXX	0		
	92250	TC	FUNDUS PHOTOGRAPHY W/INTERPRETATION & REPORT	31.85	31.85	XXX	0	225.56	Q1
	92260		OPHTHALMODYNAMOMETRY	37.05	20.80	XXX	0	68.69	Q1
	92265		NDL OCULOELECTROMYOGRAPHY 1+EO MUSC 1/BOTH EYE	169.65	169.65	XXX	0		
	92265	26	NDL OCULOELECTROMYOGRAPHY 1+EO MUSC 1/BOTH EYE	87.75	87.75	XXX	0		
	92265	TC	NDL OCULOELECTROMYOGRAPHY 1+EO MUSC 1/BOTH EYE	81.90	81.90	XXX	0	103.95	Q1
	92270		ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT	234.00	234.00	XXX	0		
	92270	26	ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT	80.60	80.60	XXX	0		
	92270	TC	ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT	153.40	153.40	XXX	0	225.58	Q1
	92273		FULL FIELD ELECTRORETINOGRAPHY W/I&R	240.50	240.50	XXX	0		
	92273	26	FULL FIELD ELECTRORETINOGRAPHY W/I&R	68.25	68.25	XXX	0		
	92273	TC	FULL FIELD ELECTRORETINOGRAPHY W/I&R	172.25	172.25	XXX	0	544.95	S
	92274		MULTIFOCAL ELECTRORETINOGRAPHY W/I&R	174.20	174.20	XXX	0		
	92274	26	MULTIFOCAL ELECTRORETINOGRAPHY W/I&R	63.70	63.70	XXX	0		
	92274	TC	MULTIFOCAL ELECTRORETINOGRAPHY W/I&R	110.50	110.50	XXX	0	273.81	S
	92283		COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV	105.95	105.95	XXX	0		
	92283	26	COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV	16.90	16.90	XXX	0		
	92283	TC	COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV	89.05	89.05	XXX	0	103.95	Q1
	92284		DX DARK ADAPTATION EXAM INTERPRETATION & REPORT	64.35	64.35	XXX	0		
	92284	26	DX DARK ADAPTATION EXAM INTERPRETATION & REPORT	26.65	26.65	XXX	0		
	92284	TC	DX DARK ADAPTATION EXAM INTERPRETATION & REPORT	37.70	37.70	XXX	0	798.70	Q1
	92285		XTRNL OCULAR PHOTOG W/I&R DOCMT MED PROGRESS	44.85	44.85	XXX	0		
	92285	26	XTRNL OCULAR PHOTOG W/I&R DOCMT MED PROGRESS	5.85	5.85	XXX	0		
	92285	TC	XTRNL OCULAR PHOTOG W/I&R DOCMT MED PROGRESS	39.00	39.00	XXX	0	68.69	Q1
	92286		ANT SGM IMAGING I&R SPECLR MICROSCOPY&NDTHL ALYS	75.40	75.40	XXX	0		
	92286	26	ANT SGM IMAGING I&R SPECLR MICROSCOPY&NDTHL ALYS	40.95	40.95	XXX	0		
	92286	TC	ANT SGM IMAGING I&R SPECLR MICROSCOPY&NDTHL ALYS	34.45	34.45	XXX	0	225.58	Q1
	92287		ANT SGM IMAGING W/I&R W/FLUORESCEIN ANGRPH	256.75	256.75	XXX	0		
	92287	26	ANT SGM IMAGING W/I&R W/FLUORESCEIN ANGRPH	45.50	45.50	XXX	0		
	92287	TC	ANT SGM IMAGING W/I&R W/FLUORESCEIN ANGRPH	211.25	211.25	XXX	0	225.58	Q1
	92288		SCREENING DARK ADAPTATION MEASUREMENT W/I&R	46.15	46.15	XXX	9		E1
	92310		RX&FITG C-LENS SUPVJ CRNL LENS OU XCPT APHK	192.40	109.85	XXX	9		E1

+ Add-on Procedure ⃠ Modifier 51 Exempt Procedure ★ Telemedicine

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				Professional				Outpatient Facility	
	Code	Mod	Descriptioni	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
	92311		RX&FITG CONTACT LENS CORNEAL LENS APHAKIA 1 EYE	198.25	97.50	XXX	0	698.32	Q1
	92312		RX&FITG CONTACT LENS CORNEAL LENS APHAKIA OU	238.55	117.65	XXX	0	225.58	Q1
	92313		RX&FITG CONTACT LENS CORNEOSCLERAL LENS	189.80	82.55	XXX	0	225.58	Q1
	92314		RX&FITG C-LENS TECH CRNL LENS OU XCPT APHAKIA	167.05	65.00	XXX	9		E1
	92315		RX&FITG C-LENS TECH CRNL LENS APHAKIA 1 EYE	157.95	40.30	XXX	0	225.58	Q1
	92316		RX&FITG C-LENS TECH CRNL LENS APHAKIA BOTH EYES	195.00	60.45	XXX	0	225.58	Q1
	92317		RX&FITG CONTACT LENS TECH CORNEOSCLERAL LENS	166.40	40.30	XXX	0	68.69	Q1
	92325		MODIFICAJ CONTACT LENS SPX SUPVJ ADAPTATION	87.75	87.75	XXX	0	225.58	Q1
	92326		REPLACEMENT OF CONTACT LENS	74.75	74.75	XXX	0	103.95	Q1
	92340		FITTING SPECTACLES XCPT APHAKIA MONOFOCAL	67.60	35.10	XXX	9		E1
	92341		FITTING SPECTACLES XCPT APHAKIA BIFOCAL	77.35	44.20	XXX	9		E1
	92342		FITTING SPECTACLES XCPT APHAKIA MULTIFOCAL	83.20	50.05	XXX	9		E1
	92352		FITTING SPECTACLE PROSTH APHAKIA MONOFOCAL	83.20	35.10	XXX	9	103.95	Q1
	92353		FITTING SPECTACLE PROSTH APHAKIA MULTIFOCAL	95.55	47.45	XXX	9	103.95	Q1
	92354		FITTING SPECTACLE MNTD LOW VISION AID 1ELMNT SYS	27.30	27.30	XXX	9	68.69	Q1
	92355		FITTING SPECTACLE MNTD LOW VISION AID CMPND LENS	42.25	42.25	XXX	9	68.69	Q1
	92358		PROSTHESIS SERVICE APHAKIA TEMPORARY	22.75	22.75	XXX	9	103.95	Q1
	92370		REPAIR&REFITTING SPECTACLES EXCEPT FOR APHAKIA	59.15	30.55	XXX	9		E1
	92371		REPAIR&REFITTING SPECTACLE PROSTH FOR APHAKIA	23.40	23.40	XXX	9	103.95	Q1
	92499		UNLISTED OPHTHALMOLOGICAL SERVICE/PROCEDURE	BR	BR	XXX	0		
	92499	26	UNLISTED OPHTHALMOLOGICAL SERVICE/PROCEDURE	BR	BR	XXX	0		
	92499	TC	UNLISTED OPHTHALMOLOGICAL SERVICE/PROCEDURE	BR	BR	XXX	0	33.67	Q1
	92502		OTOLARYNGOLOGIC EXAM UNDER GENERAL ANESTHESIA	185.90	185.90	000	0	889.32	T
	92504		BINOCULAR MICROSCOPY SEPARATE DX PROCEDURE	55.90	18.20	XXX	0		N
★	92507		TX SPEECH LANG VOICE COMMJ&/AUD PROC DO INDIV	150.80	150.80	XXX	0		A
★	92508		TX SPEECH LANG VOICE COMMJ&/AUD PROC DO GROUP	47.45	47.45	XXX	0		A
	92511		NASOPHARYNGOSCOPY W/ENDOSCOPE SPX	224.90	74.10	000	0	339.75	T
	92512		NASAL FUNCTION STUDIES	125.45	52.65	XXX	0	544.95	S
	92516		FACIAL NERVE FUNCTION STUDIES	141.70	43.55	XXX	0	544.95	S
	92517		CERVICAL VEMP TESTING W/I&R	147.55	81.25	XXX	0	273.81	S
	92518		OCULAR VEMP TESTING W/I&R	148.20	82.55	XXX	0	273.81	S
	92519		CERVICAL & OCULAR VEMP TESTING W/I&R	237.90	122.85	XXX	0	544.95	S
	92520		LARYNGEAL FUNCTION STUDIES	176.15	78.00	XXX	0	225.58	Q1
★	92521		EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	262.60	262.60	XXX	0		A
★	92522		EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	218.40	218.40	XXX	0		A
★	92523		EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	449.15	449.15	XXX	0		A
★	92524		BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE	214.50	214.50	XXX	0		A
★	92526		TX SWALLOWING DYSFUNCTION&/ORAL FUNCJ FEEDING	166.40	166.40	XXX	0		A
	92531		SPONTANEOUS NYSTAGMUS W/GAZE	24.70	24.70	XXX	9		N
	92532		POSITIONAL NYSTAGMUS TEST	33.80	33.80	XXX	9		N
	92533		CALORIC VESTIBULAR TEST EACH IRRIGATION	46.15	46.15	XXX	9		N
	92534		OPTOKINETIC NYSTAGMUS TEST	37.05	37.05	XXX	9		N
	92537		CALORIC VESTIBULAR TEST W/REC BI BITHERMAL	76.05	76.05	XXX	0		
	92537	26	CALORIC VESTIBULAR TEST W/REC BI BITHERMAL	59.15	59.15	XXX	0		
	92537	TC	CALORIC VESTIBULAR TEST W/REC BI BITHERMAL	16.90	16.90	XXX	0	273.81	S
	92538		CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL	42.90	42.90	XXX	0		
	92538	26	CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL	30.55	30.55	XXX	0		
	92538	TC	CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL	12.35	12.35	XXX	0	273.81	S
	92540		VSTBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK	204.10	204.10	XXX	0		
	92540	26	VSTBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK	147.55	147.55	XXX	0		
	92540	TC	VSTBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK	56.55	56.55	XXX	0	273.81	S
	92541		SPONTANEOUS NYSTAGMUS TEST	48.75	48.75	XXX	0		
	92541	26	SPONTANEOUS NYSTAGMUS TEST	40.30	40.30	XXX	0		
	92541	TC	SPONTANEOUS NYSTAGMUS TEST	8.45	8.45	XXX	0	225.58	Q1
	92542		POSITIONAL NYSTAGMUS TEST	55.90	55.90	XXX	0		
	92542	26	POSITIONAL NYSTAGMUS TEST	48.10	48.10	XXX	0		
	92542	TC	POSITIONAL NYSTAGMUS TEST	7.80	7.80	XXX	0	225.58	Q1
	92544		OPTKINETIC NYSTAG BIDIR/FOVEAL/PERIPH STIM W/REC	35.10	35.10	XXX	0		
	92544	26	OPTKINETIC NYSTAG BIDIR/FOVEAL/PERIPH STIM W/REC	27.95	27.95	XXX	0		
	92544	TC	OPTKINETIC NYSTAG BIDIR/FOVEAL/PERIPH STIM W/REC	7.15	7.15	XXX	0	273.81	S
	92545		OSCILLATING TRACKING TEST W/RECORDING	33.15	33.15	XXX	0		

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				Professional				Outpatient Facility	
	Code	Mod	Descriptioni	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
	92545	26	OSCILLATING TRACKING TEST W/RECORDING	26.00	26.00	XXX	0		
	92545	TC	OSCILLATING TRACKING TEST W/RECORDING	7.15	7.15	XXX	0	544.95	S
	92546		SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	257.40	257.40	XXX	0		
	92546	26	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	28.60	28.60	XXX	0		
	92546	TC	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	228.80	228.80	XXX	0	273.81	S
+	92547		USE VERTICAL ELECTRODES	20.15	20.15	ZZZ	0		N
	92548		CDP-SOT 6 CONDITIONS W/INTERPRETATION & REPORT	91.00	91.00	XXX	0		
	92548	26	CDP-SOT 6 CONDITIONS W/INTERPRETATION & REPORT	64.35	64.35	XXX	0		
	92548	TC	CDP-SOT 6 CONDITIONS W/INTERPRETATION & REPORT	26.65	26.65	XXX	0	225.58	Q1
	92549		CDP-SOT 6 CONDITIONS W/I&R W/MCT & ADT	126.10	126.10	XXX	0		
	92549	26	CDP-SOT 6 CONDITIONS W/I&R W/MCT & ADT	86.45	86.45	XXX	0		
	92549	TC	CDP-SOT 6 CONDITIONS W/I&R W/MCT & ADT	39.65	39.65	XXX	0	225.58	Q1
★	92550		TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	42.25	42.25	XXX	0	273.81	Q1
	92551		SCREENING TEST PURE TONE AIR ONLY	24.70	24.70	XXX	9		E1
★	92552		PURE TONE AUDIOMETRY AIR ONLY	78.00	78.00	XXX	0	225.58	Q1
★	92553		PURE TONE AUDIOMETRY AIR & BONE	94.25	94.25	XXX	0	273.81	Q1
★	92555		SPEECH AUDIOMETRY THRESHOLD	59.15	59.15	XXX	0	103.95	Q1
★	92556		SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNIJ	91.65	91.65	XXX	0	103.95	Q1
★	92557		COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNIJ	70.85	61.75	XXX	0	273.77	Q1
	92558		EVOKED OTOACOUSTIC EMISSIONS SCREEN AUTO ANALYS	18.20	16.25	XXX	9		E1
	92562		LOUDNESS BALANCE BINAURAL/MONAURAL	96.85	96.85	XXX	0	544.95	Q1
★	92563		TONE DECAY TEST	69.55	69.55	XXX	0	68.69	Q1
★	92565		STENGER TEST PURE TONE	42.90	42.90	XXX	0	103.95	Q1
★	92567		TYMPANOMETRY	31.20	20.80	XXX	0	68.69	Q1
★	92568		ACOUSTIC REFLEX THRESHOLD	29.25	29.25	XXX	0	68.69	Q1
★	92570		ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY	62.40	55.90	XXX	0	273.81	Q1
	92571		FILTERED SPEECH TEST	61.75	61.75	XXX	0	68.69	Q1
	92572		STAGGERED SPONDAIC WORD TEST	111.15	111.15	XXX	0	273.81	Q1
	92575		SENSORINEURAL ACUITY LEVEL TEST	144.30	144.30	XXX	0	68.69	Q1
	92576		SYNTHETIC SENTENCE IDENTIFICATION TEST	88.40	88.40	XXX	0	68.69	Q1
	92577		STENGER TEST SPEECH	44.85	44.85	XXX	0	928.55	Q1
	92579		VISUAL REINFORCEMENT AUDIOMETRY	85.80	71.50	XXX	0	273.81	Q1
	92582		CONDITIONING PLAY AUDIOMETRY	174.20	174.20	XXX	0	273.81	Q1
	92583		SELECT PICTURE AUDIOMETRY	115.70	115.70	XXX	0	103.95	Q1
	92584		ELECTROCOCHLEOGRAPHY	210.60	210.60	XXX	0	273.81	S
★	92587		DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD	42.25	42.25	XXX	0		
★	92587	26	DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD	35.10	35.10	XXX	0		
★	92587	TC	DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD	7.15	7.15	XXX	0	544.95	S
★	92588		DISTRT PROD EVOKD OTOACOUSTIC EMSNS COMP/DX EVAL	65.00	65.00	XXX	0		
★	92588	26	DISTRT PROD EVOKD OTOACOUSTIC EMSNS COMP/DX EVAL	55.25	55.25	XXX	0		
★	92588	TC	DISTRT PROD EVOKD OTOACOUSTIC EMSNS COMP/DX EVAL	9.75	9.75	XXX	0	544.95	S
	92596		EAR PROTECTOR ATTENUATION MEASUREMENTS	156.00	156.00	XXX	0	68.69	Q1
	92597		EVAL&/FITG VOICE PROSTC DEV SUPLMNT ORAL SPEEC	143.00	143.00	XXX	0		A
★	92601		ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG	306.15	236.60	XXX	0	273.81	S
★	92602		ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG	192.40	133.90	XXX	0	273.81	S
★	92603		ANALYSIS COCHLEAR IMPLT 7 YR/> PRGRMG	287.95	230.10	XXX	0	273.81	S
★	92604		ANALYSIS COCHLEAR IMPLT 7 YR/> SBSQ REPRGRMG	173.55	128.05	XXX	0	273.81	S
	92605		EVAL RX N-SP-GEN AUGMT ALT COMMUN DEV F2F 1ST HR	176.80	166.40	XXX	9		A
	92606		THER SVC N-SP-GENRATJ DEV PRGRMG&MODIFICAJ	152.10	131.95	XXX	9		A
★	92607		RX SP-GENRATJ AUGMNT&COMUNICAJ DEV 1ST HR	243.10	243.10	XXX	0		A
+ ★	92608		RX SP-GENRATJ AUGMNT&COMUNICAJ DEV EA 30 MIN	95.55	95.55	ZZZ	0		A
★	92609		THER SP-GENRATJ DEV PRGRMG&MODIFICAJ	202.80	202.80	XXX	0		A
★	92610		EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	167.70	138.45	XXX	0		A
	92611		MOTION FLUOR EVAL SWLNG FUNCJ C/V REC	178.75	178.75	XXX	0		A
	92612		FLEXIBLE ENDOSCOPIC EVAL SWALLOW C/V REC	388.70	128.70	XXX	0		A
	92613		FLEXIBLE ENDOSCOPIC EVAL SWALLOW C/V REC I&R	70.85	70.85	XXX	0		B
	92614		FLEXIBLE ENDOSCOPIC EVAL LARYN SENSORY C/V REC	293.15	126.75	XXX	0		A
	92615		FLEXIBLE ENDOSCOPIC EVAL LARYN SENS C/V REC I&R	63.05	63.05	XXX	0		E1
	92616		FLEXIBLE NDSC EVAL SWLNG&LARYN SENS C/V REC	451.10	193.05	XXX	0		A
	92617		FLEXIBLE NDSC EVAL SWLNG&LARYN SENS C/V I&R	78.65	78.00	XXX	0		E1
+	92618		EVAL RX N-SP-GEN AUGMT ALT COMMUN DEV ADD 30 MIN	61.75	61.75	ZZZ	9		A

+ Add-on Procedure ⃠ Modifier 51 Exempt Procedure ★ Telemedicine

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					Professional				Outpatient Facility	
		Code	Mod	Descriptioni	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
		92620		EVAL CENTRAL AUDITORY FUNCJ W/REPRT 1ST 60 MIN	173.55	154.05	XXX	0	273.81	Q1
+		92621		EVAL CENTRAL AUDITORY FUNCJ W/REPRT EA 15 MIN	42.25	36.40	ZZZ	0		N
	★	92622		DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR 1ST 60	154.05	128.70	XXX	0	273.81	S
+	★	92623		DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR EA ADL	39.65	33.80	ZZZ	0		N
	★	92625		ASSESSMENT TINNITUS	130.65	117.65	XXX	0	273.81	Q1
	★	92626		EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR	167.70	144.30	XXX	0	273.81	Q1
+	★	92627		EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV EA ADDL 15	39.65	33.80	ZZZ	0		N
		92628		EVALUATION HEARING AID CANDIDACY 1ST 30 MINUTES	BR	BR	XXX	9		E1
+		92629		EVALUATION HEARING AID CANDIDACY EA ADDL 15 MIN	BR	BR	ZZZ	9		E1
		92630		AUDITORY REHABILITATION PRELINGUAL HEARING LOSS	96.20	96.20	XXX	9		E1
		92631		HEARING AID SELECTION SERVICES 1ST 30 MINUTES	BR	BR	XXX	9		E1
+		92632		HEARING AID SELECTION SERVICES EA ADDL 15 MIN	BR	BR	ZZZ	9		E1
		92633		AUDITORY REHABILITATION POSTLINGUAL HEARING LOSS	89.70	89.70	XXX	9		E1
		92634		HEARING AID FITTING SERVICES 1ST 60 MINUTES	BR	BR	XXX	9		E1
+		92635		HEARING AID FITTING SERVICES EA ADDL 15 MINUTES	BR	BR	ZZZ	9		E1
		92636		HEARING AID POST-FITTING F-UP SVC 1ST 30 MINUTES	BR	BR	XXX	9		E1
+		92637		HEARING AID POST-FITTING F-UP SVC EA ADDL 15 MIN	BR	BR	ZZZ	9		E1
+		92638		BEHAVIORAL VERIFICATION OF AMPLIFICATION	BR	BR	ZZZ	9		E1
+		92639		HEARING AID MEAS VERIF W/PROBE MICROPHONE	BR	BR	ZZZ	9		E1
		92640		ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR	210.60	181.35	XXX	0	273.81	S
	⃠	92641		HEARING DEVICE VERIFICATION ELECTROACOUSTIC ALYS	BR	BR	XXX	9		E1
		92642		HEARING ASSISTIVE DEVICE SUPPL TECH FITTING SVC	BR	BR	XXX	9		E1
		92650		AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS	51.35	51.35	XXX	0		E1
		92651		AEP HEARING STATUS DETER BROADBAND STIMULI I&R	154.05	154.05	XXX	0	544.95	S
		92652		AEP THRESHOLD ESTIMATION MLT FREQUENCIES I&R	211.25	211.25	XXX	0	544.95	S
		92653		AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT	157.95	157.95	XXX	0	544.95	S
		92700		UNLISTED OTORHINOLARYNGOLOGICAL SERVICE/PX	BR	BR	XXX	0	42.86	Q1
		92920		PERQ TRLUML C ANGIOPLASTY 1 MAJ C ART&/BRANCHES	1006.85	1006.85	000	0	6820.73	J1
		92924		PERQ TRLUML C ATHRC ANGIOP 1 MAJ C ART&/BRANCHES	1199.25	1199.25	000	0	9192.66	J1
		92928		PERQ TCAT PLMT NTRAC ST 1 LES 1+C SEGMENTS	1118.65	1118.65	000	0	12868.15	J1
		92930		PERQ TCAT PLMT NTRAC ST 2+LES 2+ST 2+C SEGMENTS	983.45	983.45	000	0	15378.13	J1
		92933		PERQ TRLUML C ATHRC ST ANGIOP 1 MAJ C ART&/BRNCH	1255.80	1255.80	000	0	13760.69	J1
		92937		PERQ TRLUML REVSC OF/-CAB GRF 1 MAJ C ART&/BRNCH	1118.00	1118.00	000	0	13596.49	J1
		92941		PERQ TRLUML REVSC TOT/STOT OCCLS AMI 1MAJ C ART	1257.10	1257.10	000	0		C
		92943		PERQ TRLUML REVSC CHRNC TOT OCCLS 1 C ART ANTGRD	1257.10	1257.10	000	0	11669.46	J1
		92945		PERQ TRLUML REVSC CHRNC TOT OCCLS 1 ANTGRD&RTRGR	1229.80	1229.80	000	0	12970.11	J1
		92950		CARDIOPULMONARY RESUSCITATION	623.35	352.95	000	0	544.85	S
		92953		TEMPORARY TRANSCUTANEOUS PACING	1.95	1.95	000	0	1145.17	Q3
		92960		CARDIOVERSION ELECTIVE ARRHYTHMIA EXTERNAL	297.70	208.65	000	0	1144.94	S
		92961		CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX	465.40	465.40	000	9	1137.61	S
		92970		CARDIOASSIST-METH CIRCULATORY ASSIST INTERNAL	359.45	359.45	000	0		C
		92971		CARDIOASSIST-METH CIRCULATORY ASSIST EXTERNAL	191.10	191.10	000	0		C
+		92972		PERCUTANEOUS TRANSLUMINAL CORONARY LITHOTRIPSY	280.15	280.15	ZZZ	1		N
+		92973		PERQ TRLUML CORONARY MCHNL ASPIR THROMBECTOMY	334.75	334.75	ZZZ	0		N
+		92974		TCAT PLACEMENT RADJ DLVR DEV SBSQ C IV BRACHYTX	306.15	306.15	ZZZ	0		N
+		92978		ENDOLUMINAL CORONARY IVUS OCT I&R INITIAL VESSEL	514.15	514.15	ZZZ	0		
+		92978	26	ENDOLUMINAL CORONARY IVUS OCT I&R INITIAL VESSEL	180.05	180.05	ZZZ	0		
+		92978	TC	ENDOLUMINAL CORONARY IVUS OCT I&R INITIAL VESSEL	334.10	334.10	ZZZ	0		N
+		92979		ENDOLUMINAL CORONARY IVUS OCT I&R ADDL VESSEL	312.00	312.00	ZZZ	0		
+		92979	26	ENDOLUMINAL CORONARY IVUS OCT I&R ADDL VESSEL	143.65	143.65	ZZZ	0		
+		92979	TC	ENDOLUMINAL CORONARY IVUS OCT I&R ADDL VESSEL	168.35	168.35	ZZZ	0		N
		92986		PRQ BALLOON VALVULOPLASTY AORTIC VALVE	2540.85	2540.85	030	0	6378.72	J1
		92987		PRQ BALLOON VALVULOPLASTY MITRAL VALVE	2619.50	2619.50	030	0	10960.95	J1
		92990		PRQ BALLOON VALVULOPLASTY PULMONARY VALVE	2098.20	2098.20	030	0	14424.08	J1
		92997		PRQ TRLUML PULMONARY ART BALLOON ANGIOP 1 VSL	1205.75	1205.75	000	0	15442.18	J1
+		92998		PRQ TRLUML PULMONARY ART BALLOON ANGIOP EA VSL	606.45	606.45	ZZZ	0		N
		93000		ECG ROUTINE ECG W/LEAST 12 LDS W/I&R	27.95	27.95	XXX	0		M
		93005		ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	12.35	12.35	XXX	0	103.81	Q1
		93010		ECG ROUTINE ECG W/LEAST 12 LDS I&R ONLY	15.60	15.60	XXX	0		M
		93015		CV STRESS TST XERS&/RX CONT ECG W/SI&R	142.35	142.35	XXX	0		B
		93016		CV STRS TST XERS&/RX CONT ECG SUPVJ ONLY W/O I&R	40.30	40.30	XXX	0		B

+ Add-on Procedure ⃠ Modifier 51 Exempt Procedure ★ Telemedicine

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				Professional				Outpatient Facility	
	Code	Mod	Descriptioni	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
	93017		CV STRS TST XERS&/RX CONT ECG TRCG ONLY W/O I&R	74.75	74.75	XXX	0	544.95	Q1
	93018		CV STRS TST XERS&/RX CONT ECG I&R ONLY	27.30	27.30	XXX	0		B
	93024		ERGONOVINE PROVOCATION TST	220.35	220.35	XXX	0		
	93024	26	ERGONOVINE PROVOCATION TST	105.30	105.30	XXX	0		
	93024	TC	ERGONOVINE PROVOCATION TST	115.05	115.05	XXX	0	698.32	Q1
	93025		MICROVOLT T-WAVE ASSESS VENTRICULAR ARRHYTHMIAS	248.95	248.95	XXX	0		
	93025	26	MICROVOLT T-WAVE ASSESS VENTRICULAR ARRHYTHMIAS	70.85	70.85	XXX	0		
	93025	TC	MICROVOLT T-WAVE ASSESS VENTRICULAR ARRHYTHMIAS	178.10	178.10	XXX	0	273.81	S
	93040		RHYTHM ECG 1-3 LEADS W/INTERPRETATION & REPORT	26.00	26.00	XXX	0		B
	93041		RHYTHM ECG 1-3 LEADS TRACING ONLY W/O I&R	13.00	13.00	XXX	0	103.95	Q1
	93042		RHYTHM ECG 1-3 LEADS INTERPRETATION & REPRT ON	13.00	13.00	XXX	0		M
	93050		ART PRESS WAVEFORM ANALYS CENTRAL ART PRESSURE	31.85	31.85	XXX	0		
	93050	26	ART PRESS WAVEFORM ANALYS CENTRAL ART PRESSURE	15.60	15.60	XXX	0		
	93050	TC	ART PRESS WAVEFORM ANALYS CENTRAL ART PRESSURE	16.25	16.25	XXX	0	42.86	Q1
	93145		INTERROG EVAL CRTD SINS BAT MODULJ SYS IP WO	106.60	53.95	XXX	0	230.06	S
	93146		INTERROG EVAL CRTD SINS BAT MODULJ SYS IP W/	161.20	76.05	XXX	0	230.06	S
	93150		THER ACTIVATION IMPL PHRENIC NRV STIMULATOR SYS	196.95	80.60	XXX	0	160.63	S
	93151		INTERROG&PRGRMG IMPL PHRENIC NRV STIMULATOR SYS	172.25	76.05	XXX	0	160.63	S
	93152		INTERROG&PRGRMG IPNSS DURING POLYSOMNOGRAPHY	274.30	169.65	XXX	0	524.84	S
	93153		INTERROGATION WITHOUT PROGRAMMING IPNSS	102.70	41.60	XXX	0	160.63	S
	93224		XTRNL ECG REC<48 HRS RECORDING SCAN A/R R&I	137.15	137.15	XXX	0		M
	93225		XTRNL ECG REC<48 HRS RECORDING	35.10	35.10	XXX	0	225.58	Q1
	93226		XTRNL ECG REC<48 HRS SCANNING A/R	66.95	66.95	XXX	0	103.95	Q1
	93227		XTRNL ECG REC<48 HRS RVW&INTERPJ PHYS/QHP	35.10	35.10	XXX	0		M
★	93228		XTRNL MOBILE CV TELEMETRY W/I&REPORT 30 DAYS	48.75	48.75	XXX	0		M
★	93229		XTRNL MOBILE CV TELEMETRY W/TECHNICAL SUPPORT	1496.30	1496.30	XXX	0	544.30	S
	93241		XTRNL ECG REC>48HR<7D RECORDING SCAN A/R R&I	521.95	521.95	XXX	0		M
	93242		EXTERNAL ECG REC>48HR<7D RECORDING	22.75	22.75	XXX	0	68.69	Q1
	93243		EXTERNAL ECG REC>48HR<7D SCANNING ALYS W/REPORT	455.00	455.00	XXX	0	225.56	Q1
	93244		EXTERNAL ECG REC>48HR<7D REVIEW & INTERPRETATION	44.20	44.20	XXX	0		M
	93245		EXTERNAL ECG REC>7D<15D SCAN ALYS REPORT R&I	543.40	543.40	XXX	0		M
	93246		EXTERNAL ECG REC>7D<15D RECORDING	22.75	22.75	XXX	0	68.69	Q1
	93247		EXTERNAL ECG REC>7D<15D SCANNING ALYS W/REPORT	471.90	471.90	XXX	0	225.58	Q1
	93248		EXTERNAL ECG REC>7D<15D REVIEW & INTERPRETATION	48.75	48.75	XXX	0		M
	93260		PRGRMG DEV EVAL IMPLANTABLE SUBQ LEAD DFB SYSTEM	146.90	146.90	XXX	0		
	93260	26	PRGRMG DEV EVAL IMPLANTABLE SUBQ LEAD DFB SYSTEM	79.30	79.30	XXX	0		
	93260	TC	PRGRMG DEV EVAL IMPLANTABLE SUBQ LEAD DFB SYSTEM	67.60	67.60	XXX	0	65.26	Q1
	93261		INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	135.20	135.20	XXX	0		
	93261	26	INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	68.25	68.25	XXX	0		
	93261	TC	INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	66.95	66.95	XXX	0	65.26	Q1
	93264		REMOTE MNTR WIRELESS P-ART PRS SNR UP TO 30 D	100.75	68.25	XXX	0	65.26	Q1
★	93268		XTRNL PT ACTIV ECG TRANSMIS W/R&I </30 DAYS	328.25	328.25	XXX	0		M
★	93270		XTRNL PT ACTIVATED ECG RECORD MONITOR 30 DAYS	15.60	15.60	XXX	0	65.26	Q1
★	93271		XTRNL PT ACTIVATED ECG REC DWNLD 30 DAYS	266.50	266.50	XXX	0	160.63	S
★	93272		XTRNL PT ACTIVTD ECG DWNLD W/R&I </30 DAYS	46.15	46.15	XXX	0		M
	93278		SIGNAL AVERAGED ELECTROCARDIOGRAPHY W/WO ECG	61.75	61.75	XXX	0		
	93278	26	SIGNAL AVERAGED ELECTROCARDIOGRAPHY W/WO ECG	24.05	24.05	XXX	0		
	93278	TC	SIGNAL AVERAGED ELECTROCARDIOGRAPHY W/WO ECG	37.70	37.70	XXX	0	103.95	Q1
	93279		PRGRMG DEV EVAL 1 LEAD PM/LDLS PM 1 CAR CHMBR IP	129.35	129.35	XXX	0		
	93279	26	PRGRMG DEV EVAL 1 LEAD PM/LDLS PM 1 CAR CHMBR IP	59.80	59.80	XXX	0		
	93279	TC	PRGRMG DEV EVAL 1 LEAD PM/LDLS PM 1 CAR CHMBR IP	69.55	69.55	XXX	0	65.26	Q1
	93280		PROGRAM EVAL IMPLANTABLE IN PERSN DUAL LD PACER	150.80	150.80	XXX	0		
	93280	26	PROGRAM EVAL IMPLANTABLE IN PERSN DUAL LD PACER	70.20	70.20	XXX	0		
	93280	TC	PROGRAM EVAL IMPLANTABLE IN PERSN DUAL LD PACER	80.60	80.60	XXX	0	65.26	Q1
	93281		PROGRAM EVAL IMPLANTABLE IN PRSN MULTI LD PACER	160.55	160.55	XXX	0		
	93281	26	PROGRAM EVAL IMPLANTABLE IN PRSN MULTI LD PACER	78.65	78.65	XXX	0		
	93281	TC	PROGRAM EVAL IMPLANTABLE IN PRSN MULTI LD PACER	81.90	81.90	XXX	0	65.26	Q1
	93282		PRGRMNG DEV EVAL IMPLANTABLE IN PERSN 1 LD DFB	152.75	152.75	XXX	0		
	93282	26	PRGRMNG DEV EVAL IMPLANTABLE IN PERSN 1 LD DFB	78.65	78.65	XXX	0		
	93282	TC	PRGRMNG DEV EVAL IMPLANTABLE IN PERSN 1 LD DFB	74.10	74.10	XXX	0	65.26	Q1
	93283		PRGRMG EVAL IMPLANTABLE IN PRSN DUAL LEAD DFB	187.85	187.85	XXX	0		

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			Professional				Outpatient Facility	
Code	Mod	Descriptioni	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
93283	26	PRGRMG EVAL IMPLANTABLE IN PRSN DUAL LEAD DFB	106.60	106.60	XXX	0		
93283	TC	PRGRMG EVAL IMPLANTABLE IN PRSN DUAL LEAD DFB	81.25	81.25	XXX	0	65.26	Q1
93284		PRGRMG EVAL IMPLANTABLE IN PERSON MULTI LEAD DFB	202.80	202.80	XXX	0		
93284	26	PRGRMG EVAL IMPLANTABLE IN PERSON MULTI LEAD DFB	115.70	115.70	XXX	0		
93284	TC	PRGRMG EVAL IMPLANTABLE IN PERSON MULTI LEAD DFB	87.10	87.10	XXX	0	65.26	Q1
93285		PRGRMG DEV EVAL SCRMS PHYS/QHP IN PERSON	114.40	114.40	XXX	0		
93285	26	PRGRMG DEV EVAL SCRMS PHYS/QHP IN PERSON	48.10	48.10	XXX	0		
93285	TC	PRGRMG DEV EVAL SCRMS PHYS/QHP IN PERSON	66.30	66.30	XXX	0	65.26	Q1
93286		PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	86.45	86.45	XXX	0		
93286	26	PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	27.95	27.95	XXX	0		
93286	TC	PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	58.50	58.50	XXX	0		N
93287		PERI-PX DEV EVAL & PROG SING/DUAL/MULTI LEAD DFB	100.10	100.10	XXX	0		
93287	26	PERI-PX DEV EVAL & PROG SING/DUAL/MULTI LEAD DFB	41.60	41.60	XXX	0		
93287	TC	PERI-PX DEV EVAL & PROG SING/DUAL/MULTI LEAD DFB	58.50	58.50	XXX	0		N
93288		INTERROG DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	107.90	107.90	XXX	0		
93288	26	INTERROG DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	39.00	39.00	XXX	0		
93288	TC	INTERROG DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	68.90	68.90	XXX	0	65.26	Q1
93289		INTERROG EVAL F2F 1/DUAL/MLT LEADS IMPLTBL DFB	137.80	137.80	XXX	0		
93289	26	INTERROG EVAL F2F 1/DUAL/MLT LEADS IMPLTBL DFB	68.90	68.90	XXX	0		
93289	TC	INTERROG EVAL F2F 1/DUAL/MLT LEADS IMPLTBL DFB	68.90	68.90	XXX	0	65.26	Q1
93290		INTERROG DEV EVAL ICPMS PHYS/QHP IN PERSON	101.40	101.40	XXX	0		
93290	26	INTERROG DEV EVAL ICPMS PHYS/QHP IN PERSON	39.65	39.65	XXX	0		
93290	TC	INTERROG DEV EVAL ICPMS PHYS/QHP IN PERSON	61.75	61.75	XXX	0	65.26	Q1
93291		INTERROG DEV EVAL SCRMS PHYS/QHP IN PERSON	93.60	93.60	XXX	0		
93291	26	INTERROG DEV EVAL SCRMS PHYS/QHP IN PERSON	33.80	33.80	XXX	0		
93291	TC	INTERROG DEV EVAL SCRMS PHYS/QHP IN PERSON	59.80	59.80	XXX	0	42.86	Q1
93292		INTERROGATION EVAL IN PERSON WR DEFIBRILLATOR	98.15	98.15	XXX	0		
93292	26	INTERROGATION EVAL IN PERSON WR DEFIBRILLATOR	39.65	39.65	XXX	0		
93292	TC	INTERROGATION EVAL IN PERSON WR DEFIBRILLATOR	58.50	58.50	XXX	0	65.26	Q1
93293		TRANSTELEPHONIC RHYTHM STRIP PACEMAKER EVAL	80.60	80.60	XXX	0		
93293	26	TRANSTELEPHONIC RHYTHM STRIP PACEMAKER EVAL	26.65	26.65	XXX	0		
93293	TC	TRANSTELEPHONIC RHYTHM STRIP PACEMAKER EVAL	53.95	53.95	XXX	0	65.26	Q1
93294		REM INTERROG PM/LDLS PM <90 D PHYS/QHP	56.55	56.55	XXX	0		M
93295		INTERROGATION EVAL REMOTE </90 D 1/2/MLT LD DFB	69.55	69.55	XXX	0		M
93296		REM INTERROG PM/LDLS PM/IDS <90 D TECH REVIEW	39.00	39.00	XXX	0	65.26	Q1
93297		REM INTERROG ICPMS <30 D PHYS/QHP	117.00	117.00	XXX	0		
93297	26	REM INTERROG ICPMS <30 D PHYS/QHP	47.45	47.45	XXX	0		
93297	TC	REM INTERROG ICPMS <30 D PHYS/QHP	69.55	69.55	XXX	0	65.26	Q1
93298		REM INTERROG SCRMS <30 D PHYS/QHP	196.30	196.30	XXX	0		
93298	26	REM INTERROG SCRMS <30 D PHYS/QHP	47.45	47.45	XXX	0		
93298	TC	REM INTERROG SCRMS <30 D PHYS/QHP	148.85	148.85	XXX	0	65.26	Q1
93303		COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	419.25	419.25	XXX	0		
93303	26	COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	117.00	117.00	XXX	0		
93303	TC	COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	302.25	302.25	XXX	0	959.33	S
93304		F-UP/LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY	295.10	295.10	XXX	0		
93304	26	F-UP/LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY	67.60	67.60	XXX	0		
93304	TC	F-UP/LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY	227.50	227.50	XXX	0	959.53	S
93306		ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	377.65	377.65	XXX	0		
93306	26	ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	131.30	131.30	XXX	0		
93306	TC	ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	246.35	246.35	XXX	0	959.53	S
93307		ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP	263.25	263.25	XXX	0		
93307	26	ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP	83.20	83.20	XXX	0		
93307	TC	ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP	180.05	180.05	XXX	0	422.98	S
93308		ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD	189.80	189.80	XXX	0		
93308	26	ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD	47.45	47.45	XXX	0		
93308	TC	ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD	142.35	142.35	XXX	0	422.84	S
93312		ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	453.05	453.05	XXX	0		
93312	26	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	202.80	202.80	XXX	0		
93312	TC	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	250.25	250.25	XXX	0	958.86	S
93313		ECHO R-T 2D W/PROBE PLACEMENT ONLY	21.45	21.45	XXX	0	956.94	S
93314		ECHO TRANSESOPHAG R-T 2D IMG ACQUISJ I&R ONLY	433.55	433.55	XXX	0		

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				Professional				Outpatient Facility	
	Code	Mod	Descriptioni	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
	93314	26	ECHO TRANSESOPHAG R-T 2D IMG ACQUISJ I&R ONLY	170.30	170.30	XXX	0		
	93314	TC	ECHO TRANSESOPHAG R-T 2D IMG ACQUISJ I&R ONLY	263.25	263.25	XXX	0		N
	93315		ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I&R	531.70	531.70	XXX	0		
	93315	26	ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I&R	239.20	239.20	XXX	0		
	93315	TC	ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I&R	292.50	292.50	XXX	0	958.28	S
	93316		ECHO TRANSESOPHAG CONGEN PROBE PLCMT ONLY	48.75	48.75	XXX	0	959.53	S
	93317		ECHO TRANSESOPHAG IMAGE ACQUISJ INTERP&REPORT	481.00	481.00	XXX	0		
	93317	26	ECHO TRANSESOPHAG IMAGE ACQUISJ INTERP&REPORT	168.35	168.35	XXX	0		
	93317	TC	ECHO TRANSESOPHAG IMAGE ACQUISJ INTERP&REPORT	312.65	312.65	XXX	0		N
	93318		ECHO TRANSESOPHAG MONTR CARDIAC PUMP FUNCTJ	557.05	557.05	XXX	0		
	93318	26	ECHO TRANSESOPHAG MONTR CARDIAC PUMP FUNCTJ	195.00	195.00	XXX	0		
	93318	TC	ECHO TRANSESOPHAG MONTR CARDIAC PUMP FUNCTJ	362.05	362.05	XXX	0	927.19	S
+	93319		3D ECHO IMG&PST-PXESSING TEE/TTE CGEN CAR ANOMAL	104.65	44.85	ZZZ	0		N
+	93320		DOPPLER ECHO PULSE WAVE W/SPECTRAL DISPLAY COMPL	97.50	97.50	ZZZ	0		
+	93320	26	DOPPLER ECHO PULSE WAVE W/SPECTRAL DISPLAY COMPL	33.80	33.80	ZZZ	0		
+	93320	TC	DOPPLER ECHO PULSE WAVE W/SPECTRAL DISPLAY COMPL	63.70	63.70	ZZZ	0		N
+	93321		DOPPLER ECHO PULSE WAVE W/SPECTRAL F-UP/LMTD STD	48.10	48.10	ZZZ	0		
+	93321	26	DOPPLER ECHO PULSE WAVE W/SPECTRAL F-UP/LMTD STD	13.65	13.65	ZZZ	0		
+	93321	TC	DOPPLER ECHO PULSE WAVE W/SPECTRAL F-UP/LMTD STD	34.45	34.45	ZZZ	0		N
+	93325		DOPPLER ECHO COLOR FLOW VELOCITY MAPPING	44.20	44.20	ZZZ	0		
+	93325	26	DOPPLER ECHO COLOR FLOW VELOCITY MAPPING	5.85	5.85	ZZZ	0		
+	93325	TC	DOPPLER ECHO COLOR FLOW VELOCITY MAPPING	38.35	38.35	ZZZ	0		N
	93350		ECHO TTHRC R-T 2D W/WO M-MODE COMPLETE REST&ST	355.55	355.55	XXX	0		
	93350	26	ECHO TTHRC R-T 2D W/WO M-MODE COMPLETE REST&ST	131.30	131.30	XXX	0		
	93350	TC	ECHO TTHRC R-T 2D W/WO M-MODE COMPLETE REST&ST	224.25	224.25	XXX	0	959.53	S
	93351		ECHO TTHRC R-T 2D W/WO M-MODE REST&STRS CONT ECG	447.20	447.20	XXX	9		
	93351	26	ECHO TTHRC R-T 2D W/WO M-MODE REST&STRS CONT ECG	157.30	157.30	XXX	9		
	93351	TC	ECHO TTHRC R-T 2D W/WO M-MODE REST&STRS CONT ECG	289.90	289.90	XXX	9	959.44	S
+	93352		USE OF ECHO CONTRAST AGENT DURING STRESS ECHO	68.25	68.25	ZZZ	0		M
	93355		ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	429.00	429.00	XXX	0		N
+	93356		MYOCRD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH	70.85	22.75	ZZZ	0		N
	93451		RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	1592.50	1592.50	000	0		
	93451	26	RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	248.95	248.95	000	0		
	93451	TC	RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	1343.55	1343.55	000	0	4987.61	J1
	93452		L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I	1667.90	1667.90	000	0		
	93452	26	L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I	447.85	447.85	000	0		
	93452	TC	L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I	1220.05	1220.05	000	0	4756.83	J1
	93453		R & L HRT CATH W/NJX L VENTRICULOG IMG S&I	2128.75	2128.75	000	0		
	93453	26	R & L HRT CATH W/NJX L VENTRICULOG IMG S&I	598.65	598.65	000	0		
	93453	TC	R & L HRT CATH W/NJX L VENTRICULOG IMG S&I	1530.10	1530.10	000	0	4667.90	J1
	93454		CATH PLACEMENT & NJX CORONARY ART ANGIO IMG S&I	1679.60	1679.60	000	0		
	93454	26	CATH PLACEMENT & NJX CORONARY ART ANGIO IMG S&I	452.40	452.40	000	0		
	93454	TC	CATH PLACEMENT & NJX CORONARY ART ANGIO IMG S&I	1227.20	1227.20	000	0	4829.44	J1
	93455		CATH PLMT & NJX CORONARY ART/GRFT ANGIO IMG S&I	1875.25	1875.25	000	0		
	93455	26	CATH PLMT & NJX CORONARY ART/GRFT ANGIO IMG S&I	528.45	528.45	000	0		
	93455	TC	CATH PLMT & NJX CORONARY ART/GRFT ANGIO IMG S&I	1346.80	1346.80	000	0	4807.50	J1
	93456		CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I	2091.05	2091.05	000	0		
	93456	26	CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I	590.20	590.20	000	0		
	93456	TC	CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I	1500.85	1500.85	000	0	4720.80	J1
	93457		CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I	2282.15	2282.15	000	0		
	93457	26	CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I	663.65	663.65	000	0		
	93457	TC	CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I	1618.50	1618.50	000	0	4677.47	J1
	93458		CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	1935.05	1935.05	000	0		
	93458	26	CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	557.70	557.70	000	0		
	93458	TC	CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	1377.35	1377.35	000	0	5024.20	J1
	93459		CATH PLMT L HRT/ARTS/GRFTS WNJX & ANGIO IMG S&I	2083.25	2083.25	000	0		
	93459	26	CATH PLMT L HRT/ARTS/GRFTS WNJX & ANGIO IMG S&I	632.45	632.45	000	0		
	93459	TC	CATH PLMT L HRT/ARTS/GRFTS WNJX & ANGIO IMG S&I	1450.80	1450.80	000	0	4903.75	J1
	93460		R & L HRT CATH WINJX HRT ART& L VENTR IMG	2311.40	2311.40	000	0		
	93460	26	R & L HRT CATH WINJX HRT ART& L VENTR IMG	709.15	709.15	000	0		
	93460	TC	R & L HRT CATH WINJX HRT ART& L VENTR IMG	1602.25	1602.25	000	0	4729.81	J1

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					Professional			Outpatient Facility	
	Code	Mod	Descriptioni	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
	93461		R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I	2549.95	2549.95	000	0		
	93461	26	R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I	783.25	783.25	000	0		
	93461	TC	R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I	1766.70	1766.70	000	0	4651.01	J1
+	93462		LEFT HEART CATH BY TRANSEPTAL PUNCTURE	393.90	393.90	ZZZ	0		N
+	93463		MEDICATION ADMIN & HEMODYNAMIC MEASURMENT	186.55	186.55	ZZZ	0		N
+	93464		PHYSIOLOGIC EXERCISE STUDY & HEMODYNAMIC MEASU	417.95	417.95	ZZZ	0		
+	93464	26	PHYSIOLOGIC EXERCISE STUDY & HEMODYNAMIC MEASU	170.30	170.30	ZZZ	0		
+	93464	TC	PHYSIOLOGIC EXERCISE STUDY & HEMODYNAMIC MEASU	247.65	247.65	ZZZ	0		N
	93503		INSERTION FLOW DIRECTED CATHETER FOR MONITORING	167.70	167.70	000	0	2552.97	J1
	93505		ENDOMYOCARDIAL BIOPSY	1205.75	1205.75	000	0		
	93505	26	ENDOMYOCARDIAL BIOPSY	432.25	432.25	000	0		
	93505	TC	ENDOMYOCARDIAL BIOPSY	773.50	773.50	000	0	5024.51	J1
+	93563		NJX DRG CGEN C-CATHJ SLCTV CORONARY ANGRPH S&I	98.15	98.15	ZZZ	0		N
+	93564		NJX DRG CGEN C-CATHJ SLCTV OPACIFICATION S&I	105.30	105.30	ZZZ	0		N
+	93565		NJX DRG C-CATHJ SLCTV L VNTRC/R ATRIAL ANGRPHS&I	52.00	52.00	ZZZ	0		N
+	93566		NJX DRG C-CATHJ SLCTV R VNTRC/R ATRIAL ANGRPHS&I	49.40	49.40	ZZZ	0		N
+	93567		NJX DRG C-CATHJ SUPRAVALVULAR AORTOGRAPHY S&I	71.50	71.50	ZZZ	0		N
+	93568		NJX DRG C-CATHJ NSLCTV P-ART ANGIOGRAPHY	89.05	89.05	ZZZ	0		N
+	93569		NJX DRG C-CATHJ SLCTV P-ART ANGIOGRAPHY UNI	71.50	71.50	ZZZ	0		N
+	93571		IV DOP VEL&/PRESS C/FLO RSRV MEAS 1ST VESSEL	391.95	391.95	ZZZ	0		
+	93571	26	IV DOP VEL&/PRESS C/FLO RSRV MEAS 1ST VESSEL	137.15	137.15	ZZZ	0		
+	93571	TC	IV DOP VEL&/PRESS C/FLO RSRV MEAS 1ST VESSEL	254.80	254.80	ZZZ	0		N
+	93572		IV DOP VEL&/PRESS C/FLO RSRV MEAS EA ADDL VSL	211.90	211.90	ZZZ	0		
+	93572	26	IV DOP VEL&/PRESS C/FLO RSRV MEAS EA ADDL VSL	99.45	99.45	ZZZ	0		
+	93572	TC	IV DOP VEL&/PRESS C/FLO RSRV MEAS EA ADDL VSL	112.45	112.45	ZZZ	0		N
+	93573		NJX DRG C-CATHJ SLCTV P-ART ANGIOGRAPHY BI	118.95	118.95	ZZZ	0		N
+	93574		NJX DRG C-CATHJ SLCTV PULM VEN ANGIOGRAPHY	132.60	132.60	ZZZ	0		N
+	93575		NJX DRG C-CATHJ SLCTV PULM ANGRPH MAPCA CHD EA	176.15	176.15	ZZZ	0		N
	93580		PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	1855.75	1855.75	000	0	10304.02	J1
	93581		PRQ TCAT CLSR CGEN VENTR SEPTAL DFCT W/IMPLT	2521.35	2521.35	000	0	12855.66	J1
	93582		PERCUTAN TRANSCATH CLOSURE PAT DUCT ARTERIOSUS	1258.40	1258.40	000	0	15608.43	J1
	93583		PERCUTANEOUS TRANSCATHETER SEPTAL REDUCTION THER	1411.15	1411.15	000	0		C
+	93584		VENOGRAPHY CHD ANOMALOUS/PERSISTENT SVC NT DRG	112.45	112.45	ZZZ	0		N
+	93585		VENOGRAPHY CHD AZYGOS/HEMIAZYGOS VENOUS SYSTEM	105.95	105.95	ZZZ	0		N
+	93586		VENOGRAPHY CHD CORONARY SINUS	134.55	134.55	ZZZ	0		N
+	93587		VENOGRAPHY CHD VENOVENOUS COLTRL AT/ABOVE HRT	196.95	196.95	ZZZ	0		N
+	93588		VENOGRAPHY CHD VENOVENOUS COLLATERAL BELOW HEART	199.55	199.55	ZZZ	0		N
	93590		PERQ TRANSCATH CLS PARAVALVR LEAK 1 MITRAL VALVE	2037.10	2037.10	000	2	18681.72	J1
	93591		PERQ TRANSCATH CLS PARAVALVR LEAK 1 AORTIC VALVE	1688.70	1688.70	000	0	19875.85	J1
+	93592		PERQ TRANSCATH CLS PARAVALVR LEAK EACH OCCLS DEV	734.50	734.50	ZZZ	2		N
	93593		R HRT CATH CHD W/IMG CATH TRGT ZONE NML NT CONNJ	92.30	92.30	000	0		
	93593	26	R HRT CATH CHD W/IMG CATH TRGT ZONE NML NT CONNJ	360.10	360.10	000	0		
	93593	TC	R HRT CATH CHD W/IMG CATH TRGT ZONE NML NT CONNJ	BR	BR	000	0	5001.12	J1
	93594		R HRT CATH CHD W/IMG CATH TRGT ZON ABNL NT CONNJ	BR	BR	000	0		
	93594	26	R HRT CATH CHD W/IMG CATH TRGT ZON ABNL NT CONNJ	553.15	553.15	000	0		
	93594	TC	R HRT CATH CHD W/IMG CATH TRGT ZON ABNL NT CONNJ	BR	BR	000	0	4911.62	J1
	93595		L HRT CATH CHD IMG CATH TRGT ZON NML/ABNL NT CNJ	BR	BR	000	0		
	93595	26	L HRT CATH CHD IMG CATH TRGT ZON NML/ABNL NT CNJ	493.35	493.35	000	0		
	93595	TC	L HRT CATH CHD IMG CATH TRGT ZON NML/ABNL NT CNJ	BR	BR	000	0	4419.68	J1
	93596		R&L HRT CATH CHD IMG CATH TRGT ZONE NML NT CONNJ	924.95	924.95	000	0		
	93596	26	R&L HRT CATH CHD IMG CATH TRGT ZONE NML NT CONNJ	614.25	614.25	000	0		
	93596	TC	R&L HRT CATH CHD IMG CATH TRGT ZONE NML NT CONNJ	310.70	310.70	000	0	4673.53	J1
	93597		R&L HRT CATH CHD IMG CATH TRGT ZON ABNL NT CONNJ	1842.75	1842.75	000	0		
	93597	26	R&L HRT CATH CHD IMG CATH TRGT ZON ABNL NT CONNJ	798.20	798.20	000	0		
	93597	TC	R&L HRT CATH CHD IMG CATH TRGT ZON ABNL NT CONNJ	1044.55	1044.55	000	0	4928.51	J1
+	93598		CAR OUTP MEAS DRG CAR CATH EVAL CGEN HRT DEFECT	BR	BR	ZZZ	0		
+	93598	26	CAR OUTP MEAS DRG CAR CATH EVAL CGEN HRT DEFECT	125.45	125.45	ZZZ	0		
+	93598	TC	CAR OUTP MEAS DRG CAR CATH EVAL CGEN HRT DEFECT	BR	BR	ZZZ	0		N
⃠	93600		BUNDLE OF HIS RECORDING	365.95	365.95	000	0		
⃠	93600	26	BUNDLE OF HIS RECORDING	219.70	219.70	000	0		
⃠	93600	TC	BUNDLE OF HIS RECORDING	146.25	146.25	000	0	6314.25	J1

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				Professional				Outpatient Facility	
	Code	Mod	Descriptioni	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
⃠	93602		INTRA-ATRIAL RECORDING	301.60	301.60	000	0		
⃠	93602	26	INTRA-ATRIAL RECORDING	217.10	217.10	000	0		
⃠	93602	TC	INTRA-ATRIAL RECORDING	84.50	84.50	000	0	8182.63	J1
⃠	93603		RIGHT VENTRICULAR RECORDING	344.50	344.50	000	0		
⃠	93603	26	RIGHT VENTRICULAR RECORDING	217.10	217.10	000	0		
⃠	93603	TC	RIGHT VENTRICULAR RECORDING	127.40	127.40	000	0	1536.85	J1
+	93609		INTRA-VNTR MAPG TACHYCARDIA SITES W/CATH MNPJ	716.95	716.95	ZZZ	0		
+	93609	26	INTRA-VNTR MAPG TACHYCARDIA SITES W/CATH MNPJ	516.10	516.10	ZZZ	0		
+	93609	TC	INTRA-VNTR MAPG TACHYCARDIA SITES W/CATH MNPJ	200.85	200.85	ZZZ	0		N
⃠	93610		INTRA-ATRIAL PACING	407.55	407.55	000	0		
⃠	93610	26	INTRA-ATRIAL PACING	305.50	305.50	000	0		
⃠	93610	TC	INTRA-ATRIAL PACING	102.05	102.05	000	0	10452.03	J1
⃠	93612		INTRAVENTRICULAR PACING	419.90	419.90	000	0		
⃠	93612	26	INTRAVENTRICULAR PACING	302.25	302.25	000	0		
⃠	93612	TC	INTRAVENTRICULAR PACING	117.65	117.65	000	0	10037.72	J1
+	93613		INTRACARDIAC ELECTROPHYSIOLOGIC 3D MAPPING	553.15	553.15	ZZZ	0		N
⃠	93615		ESOPHGL REC ATRIAL W/WO VENTRICULAR ELECTROGRAMS	92.95	92.95	000	0		
⃠	93615	26	ESOPHGL REC ATRIAL W/WO VENTRICULAR ELECTROGRAMS	68.90	68.90	000	0		
⃠	93615	TC	ESOPHGL REC ATRIAL W/WO VENTRICULAR ELECTROGRAMS	24.05	24.05	000	0	2124.48	J1
⃠	93616		ESOPHGL REC ATRIAL W/WO VENTR ELECTRGRAMS W/PACG	188.50	188.50	000	0		
⃠	93616	26	ESOPHGL REC ATRIAL W/WO VENTR ELECTRGRAMS W/PACG	111.15	111.15	000	0		
⃠	93616	TC	ESOPHGL REC ATRIAL W/WO VENTR ELECTRGRAMS W/PACG	77.35	77.35	000	0	2124.48	J1
⃠	93618		INDUCTION ARRHYTHMIA ELECTRICAL PACING	680.55	680.55	000	0		
⃠	93618	26	INDUCTION ARRHYTHMIA ELECTRICAL PACING	408.20	408.20	000	0		
⃠	93618	TC	INDUCTION ARRHYTHMIA ELECTRICAL PACING	272.35	272.35	000	0	1544.71	J1
	93619		COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION	1274.65	1274.65	000	0		
	93619	26	COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION	726.70	726.70	000	0		
	93619	TC	COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION	547.95	547.95	000	0	8437.59	J1
	93620		COMPRE EP EVAL R ATR VNTRC PACG&REC HIS BNDL REC	1858.35	1858.35	000	0		
	93620	26	COMPRE EP EVAL R ATR VNTRC PACG&REC HIS BNDL REC	1170.65	1170.65	000	0		
	93620	TC	COMPRE EP EVAL R ATR VNTRC PACG&REC HIS BNDL REC	687.70	687.70	000	0	9129.44	J1
+	93621		COMPRE EP EVAL W/L ATRIAL PACG&REC C SINS/L ATR	675.35	675.35	ZZZ	0		
+	93621	26	COMPRE EP EVAL W/L ATRIAL PACG&REC C SINS/L ATR	155.35	155.35	ZZZ	0		
+	93621	TC	COMPRE EP EVAL W/L ATRIAL PACG&REC C SINS/L ATR	520.00	520.00	ZZZ	0		N
+	93622		COMPRE EP EVAL W/LEFT VENTRICULAR PACING/REC	1343.55	1343.55	ZZZ	0		
+	93622	26	COMPRE EP EVAL W/LEFT VENTRICULAR PACING/REC	322.40	322.40	ZZZ	0		
+	93622	TC	COMPRE EP EVAL W/LEFT VENTRICULAR PACING/REC	1021.15	1021.15	ZZZ	0		N
+	93623		PROGRAMMED STIMJ & PACG AFTER IV DRUG INFUSION	297.05	297.05	ZZZ	0		
+	93623	26	PROGRAMMED STIMJ & PACG AFTER IV DRUG INFUSION	104.00	104.00	ZZZ	0		
+	93623	TC	PROGRAMMED STIMJ & PACG AFTER IV DRUG INFUSION	193.05	193.05	ZZZ	0		N
	93624		ELECTROPHYSIOLOGIC FOLLOW-UP W/PACG&REC W/ARRHYT	581.75	581.75	000	0		
	93624	26	ELECTROPHYSIOLOGIC FOLLOW-UP W/PACG&REC W/ARRHYT	453.70	453.70	000	0		
	93624	TC	ELECTROPHYSIOLOGIC FOLLOW-UP W/PACG&REC W/ARRHYT	128.05	128.05	000	0	11951.26	J1
	93631		INTRAOP EPICAR& ENDOCAR PACG& MAPG	1584.70	1584.70	000	0		
	93631	26	INTRAOP EPICAR& ENDOCAR PACG& MAPG	744.90	744.90	000	0		
	93631	TC	INTRAOP EPICAR& ENDOCAR PACG& MAPG	839.80	839.80	000	0		N
	93640		EP EVAL 1/2CHMBR PACG CVDFB LEADS	835.25	835.25	000	0		
	93640	26	EP EVAL 1/2CHMBR PACG CVDFB LEADS	334.10	334.10	000	0		
	93640	TC	EP EVAL 1/2CHMBR PACG CVDFB LEADS	501.15	501.15	000	0		N
	93641		EP EVAL 1/2CHMB PACG CVDFB LDS TSTG OF PULSE GEN	1097.85	1097.85	000	0		
	93641	26	EP EVAL 1/2CHMB PACG CVDFB LDS TSTG OF PULSE GEN	581.75	581.75	000	0		
	93641	TC	EP EVAL 1/2CHMB PACG CVDFB LDS TSTG OF PULSE GEN	516.10	516.10	000	0		N
	93642		EP EVAL 1/2 CHMB TRANSVNS PAC CVDFB	636.35	636.35	000	0		
	93642	26	EP EVAL 1/2 CHMB TRANSVNS PAC CVDFB	477.10	477.10	000	0		
	93642	TC	EP EVAL 1/2 CHMB TRANSVNS PAC CVDFB	159.25	159.25	000	0	2091.76	J1
	93644		EP EVAL SUBQ IMPLANTABLE DEFIBRILLATOR	367.90	367.90	000	0		
	93644	26	EP EVAL SUBQ IMPLANTABLE DEFIBRILLATOR	271.05	271.05	000	0		
	93644	TC	EP EVAL SUBQ IMPLANTABLE DEFIBRILLATOR	96.85	96.85	000	0		N
	93650		ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION	1108.25	1108.25	000	0	6723.26	J1
	93653		COMPRE EP EVAL ABLTJ 3D MAPG TX SVT	1589.90	1589.90	000	0	23930.03	J1
	93654		COMPRE EP EVAL ABLTJ 3D MAPG TX VT	1916.20	1916.20	000	0	22766.59	J1

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				Professional				Outpatient Facility	
	Code	Mod	Descriptioni	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
+	93655		ICAR CATH ABLATION DISCRETE MECHANISM ARRHYTHMIA	583.70	583.70	ZZZ	0		N
	93656		COMPRE EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION	1801.80	1801.80	000	0	21191.00	J1
+	93657		ABLATE L/R ATRIAL FIBRIL W/ISOLATED PULM VEIN	584.35	584.35	ZZZ	0		N
	93660		CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR	319.80	319.80	000	0		
	93660	26	CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR	174.20	174.20	000	0		
	93660	TC	CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR	145.60	145.60	000	0	928.46	S
+	93662		INTRACARD ECHOCARD W/THER/DX IVNTJ INCL IMG S&I	311.35	311.35	ZZZ	0		
+	93662	26	INTRACARD ECHOCARD W/THER/DX IVNTJ INCL IMG S&I	133.90	133.90	ZZZ	0		
+	93662	TC	INTRACARD ECHOCARD W/THER/DX IVNTJ INCL IMG S&I	177.45	177.45	ZZZ	0		N
	93668		PERIPHERAL ARTERIAL DISEASE REHAB PER SESSION	28.60	28.60	XXX	0	103.95	S
	93701		BIOIMPEDANCE-DERIVED PHYSIOLOGIC CV ANALYSIS	51.35	51.35	XXX	0	225.58	Q1
	93702		BIS EXTRACELLULAR FLUID ALYS LYMPHEDEMA ASSMNT	230.75	230.75	XXX	0	273.75	S
	93724		ELECTRONIC ALYS ANTITACHYCARDIA PACEMAKER SYS	540.15	540.15	000	0		
	93724	26	ELECTRONIC ALYS ANTITACHYCARDIA PACEMAKER SYS	449.80	449.80	000	0		
	93724	TC	ELECTRONIC ALYS ANTITACHYCARDIA PACEMAKER SYS	90.35	90.35	000	0	513.14	S
	93740		TEMPRATURE GRADIENT STUDY	14.95	14.95	XXX	9	273.81	Q1
	93745		1ST SET-UP & PRGRMG PHYS/QHP OF WEARABLE CVDFB	BR	BR	XXX	0		
	93745	26	1ST SET-UP & PRGRMG PHYS/QHP OF WEARABLE CVDFB	BR	BR	XXX	0		
	93745	TC	1ST SET-UP & PRGRMG PHYS/QHP OF WEARABLE CVDFB	BR	BR	XXX	0	524.84	S
★	93750		INTERROGATION VAD IN PRSON W/PHYS/QHP ANALYSIS	100.10	78.00	XXX	0	160.27	S
	93770		DETERMINATION OF VENOUS PRESSURE	14.95	14.95	XXX	9		N
	93784		AMBULATORY BP MNTR W/SW 24 HR+ REC SCAN ALYS I&R	89.70	89.70	XXX	0		B
	93786		AMBULATORY BP MNTR W/SW 24 HR+ RECORDING ONLY	44.20	44.20	XXX	0	225.58	Q1
	93788		AMBULATORY BP MNTR W/SW 24 HR+ SCANNING A/R	11.05	11.05	XXX	0	225.58	Q1
	93790		AMBULATORY BP MNTR W/SW 24 HR+ REVIEW W/I&R	34.45	34.45	XXX	0		M
	93792		PT/CAREGIVER TRAING FOR INITIATION HOME INR MNTR	133.90	133.90	XXX	0		B
	93793		ANTICOAGULANT MGMT FOR PT TAKING WARFARIN	22.10	22.10	XXX	0		B
★	93797		PHYS/QHP O/P CARDIAC RHAB W/O CONT ECG MONITOR	33.15	16.25	000	0	220.34	S
★	93798		PHYS/QHP O/P CARDIAC RHAB W/CONT ECG MONITORING	49.40	26.00	000	0	220.34	S
	93799		UNLISTED CARDIOVASCULAR SERVICE/PROCEDURE	BR	BR	XXX	0		
	93799	26	UNLISTED CARDIOVASCULAR SERVICE/PROCEDURE	BR	BR	XXX	0		
	93799	TC	UNLISTED CARDIOVASCULAR SERVICE/PROCEDURE	BR	BR	XXX	0	261.26	S
	93880		DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	365.30	365.30	XXX	0		
	93880	26	DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	72.80	72.80	XXX	0		
	93880	TC	DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	292.50	292.50	XXX	0	423.01	S
	93882		DUPLEX SCAN EXTRACRANIAL ART UNI/LMTD STUDY	239.20	239.20	XXX	0		
	93882	26	DUPLEX SCAN EXTRACRANIAL ART UNI/LMTD STUDY	44.85	44.85	XXX	0		
	93882	TC	DUPLEX SCAN EXTRACRANIAL ART UNI/LMTD STUDY	194.35	194.35	XXX	0	186.10	S
	93886		TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART COMPL	499.20	499.20	XXX	0		
	93886	26	TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART COMPL	87.10	87.10	XXX	0		
	93886	TC	TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART COMPL	412.10	412.10	XXX	0	423.01	S
	93888		TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART LMTD	313.95	313.95	XXX	0		
	93888	26	TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART LMTD	68.90	68.90	XXX	0		
	93888	TC	TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART LMTD	245.05	245.05	XXX	0	186.10	S
	93892		TRANSCRANIAL DOPPLER INTRACRAN ART EMBOLI DETECT	570.05	570.05	XXX	0		
	93892	26	TRANSCRANIAL DOPPLER INTRACRAN ART EMBOLI DETECT	112.45	112.45	XXX	0		
	93892	TC	TRANSCRANIAL DOPPLER INTRACRAN ART EMBOLI DETECT	457.60	457.60	XXX	0	186.10	Q1
	93893		TCD STD ICR ART VEN-ARTL SHNT DETCJ IV MBUBB NJX	650.65	650.65	XXX	0		
	93893	26	TCD STD ICR ART VEN-ARTL SHNT DETCJ IV MBUBB NJX	113.75	113.75	XXX	0		
	93893	TC	TCD STD ICR ART VEN-ARTL SHNT DETCJ IV MBUBB NJX	536.90	536.90	XXX	0	186.10	Q1
	93895		CAROTID INTIMA MEDIA & CAROTID ATHEROMA EVAL BI	261.95	261.95	XXX	0		
	93895	26	CAROTID INTIMA MEDIA & CAROTID ATHEROMA EVAL BI	BR	BR	XXX	0		
	93895	TC	CAROTID INTIMA MEDIA & CAROTID ATHEROMA EVAL BI	261.95	261.95	XXX	0		E1
+	93896		VASOREACTIVITY STUDY W/TCD ICR ARTERIES COMPLETE	347.75	347.75	ZZZ	0		
+	93896	26	VASOREACTIVITY STUDY W/TCD ICR ARTERIES COMPLETE	78.65	78.65	ZZZ	0		
+	93896	TC	VASOREACTIVITY STUDY W/TCD ICR ARTERIES COMPLETE	269.10	269.10	ZZZ	0		N
+	93897		EMBOLI DETCJ W/O IV MBUBB NJX TCD ICR ART COMPL	437.45	437.45	ZZZ	0		
+	93897	26	EMBOLI DETCJ W/O IV MBUBB NJX TCD ICR ART COMPL	71.50	71.50	ZZZ	0		
+	93897	TC	EMBOLI DETCJ W/O IV MBUBB NJX TCD ICR ART COMPL	365.95	365.95	ZZZ	0		N
+	93898		VEN-ARTL SHNT DETC IV MBUB NJX TCD ICR ART COMPL	458.25	458.25	ZZZ	0		
+	93898	26	VEN-ARTL SHNT DETC IV MBUB NJX TCD ICR ART COMPL	83.85	83.85	ZZZ	0		

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	Code	Mod	Descriptioni	Professional				Outpatient Facility	
				Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
+	93898	TC	VEN-ARTL SHNT DETC IV MBUB NJX TCD ICR ART COMPL	374.40	374.40	ZZZ	0		N
	93922		NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	159.25	159.25	XXX	0		
	93922	26	NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	22.75	22.75	XXX	0		
	93922	TC	NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	136.50	136.50	XXX	0	225.56	Q1
	93923		NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVLS	252.85	252.85	XXX	0		
	93923	26	NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVLS	40.95	40.95	XXX	0		
	93923	TC	NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVLS	211.90	211.90	XXX	0	273.81	S
	93924		N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI	310.05	310.05	XXX	0		
	93924	26	N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI	45.50	45.50	XXX	0		
	93924	TC	N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI	264.55	264.55	XXX	0	273.81	S
	93925		DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	460.20	460.20	XXX	0		
	93925	26	DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	71.50	71.50	XXX	0		
	93925	TC	DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	388.70	388.70	XXX	0	423.01	S
	93926		DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	276.25	276.25	XXX	0		
	93926	26	DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	43.55	43.55	XXX	0		
	93926	TC	DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	232.70	232.70	XXX	0	186.08	S
	93930		DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	383.50	383.50	XXX	0		
	93930	26	DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	72.80	72.80	XXX	0		
	93930	TC	DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	310.70	310.70	XXX	0	423.01	S
	93931		DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY	237.90	237.90	XXX	0		
	93931	26	DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY	44.20	44.20	XXX	0		
	93931	TC	DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY	193.70	193.70	XXX	0	186.04	S
	93970		DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY	359.45	359.45	XXX	0		
	93970	26	DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY	62.40	62.40	XXX	0		
	93970	TC	DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY	297.05	297.05	XXX	0	423.01	S
	93971		DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	230.10	230.10	XXX	0		
	93971	26	DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	40.30	40.30	XXX	0		
	93971	TC	DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	189.80	189.80	XXX	0	186.10	S
	93975		DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	507.65	507.65	XXX	0		
	93975	26	DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	105.30	105.30	XXX	0		
	93975	TC	DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	402.35	402.35	XXX	0	423.01	S
	93976		DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT	307.45	307.45	XXX	0		
	93976	26	DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT	72.80	72.80	XXX	0		
	93976	TC	DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT	234.65	234.65	XXX	0	186.10	S
	93978		DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	349.70	349.70	XXX	0		
	93978	26	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	74.10	74.10	XXX	0		
	93978	TC	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	275.60	275.60	XXX	0	423.01	S
	93979		DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD	226.85	226.85	XXX	0		
	93979	26	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD	44.85	44.85	XXX	0		
	93979	TC	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD	182.00	182.00	XXX	0	186.10	Q1
	93980		DUP-SCAN ARTL INFL&VEN O/F PEN VSL COMPL	227.50	227.50	XXX	0		
	93980	26	DUP-SCAN ARTL INFL&VEN O/F PEN VSL COMPL	114.40	114.40	XXX	0		
	93980	TC	DUP-SCAN ARTL INFL&VEN O/F PEN VSL COMPL	113.10	113.10	XXX	0	186.10	S
	93981		DUP-SCAN ARTL INFL&VEN O/F PEN VSL F-UP/LMTD STD	137.15	137.15	XXX	0		
	93981	26	DUP-SCAN ARTL INFL&VEN O/F PEN VSL F-UP/LMTD STD	40.95	40.95	XXX	0		
	93981	TC	DUP-SCAN ARTL INFL&VEN O/F PEN VSL F-UP/LMTD STD	96.20	96.20	XXX	0	186.10	S
	93985		DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL BI STD	479.70	479.70	XXX	0		
	93985	26	DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL BI STD	73.45	73.45	XXX	0		
	93985	TC	DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL BI STD	406.25	406.25	XXX	0	423.01	S
	93986		DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL UNI STD	281.45	281.45	XXX	0		
	93986	26	DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL UNI STD	44.20	44.20	XXX	0		
	93986	TC	DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL UNI STD	237.25	237.25	XXX	0	185.90	S
	93990		DUPLEX SCAN HEMODIALYSIS ACCESS	282.10	282.10	XXX	0		
	93990	26	DUPLEX SCAN HEMODIALYSIS ACCESS	44.20	44.20	XXX	0		
	93990	TC	DUPLEX SCAN HEMODIALYSIS ACCESS	237.90	237.90	XXX	0	186.01	Q1
	93998		UNLISTED NONINVASIVE VASCULAR DIAGNOSTIC STUDY	BR	BR	XXX	0	42.86	Q1
★	94002		VENTILATION ASSIST & MGMT INPATIENT 1ST DAY	176.80	176.80	XXX	0	1119.79	Q3
★	94003		VENTILATION ASSIST & MGMT INPATIENT EA SBSQ DA	124.15	124.15	XXX	0	1152.76	Q3
★	94004		VENTILATION ASSIST & MGMT NURSING FAC PR DAY	91.00	91.00	XXX	0		B
★	94005		HOME VENTILATOR MGMT CARE OVERSIGHT 30 MIN/>	176.15	176.15	XXX	9		M
	94010		SPMTRY W/VC EXPIRATORY FLO W/WO MXML VOL VNTJ	53.30	53.30	XXX	0		

+ Add-on Procedure ⃠ Modifier 51 Exempt Procedure ★ Telemedicine

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	Code	Mod	Descriptioni	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
	94010	26	SPMTRY W/VC EXPIRATORY FLO W/WO MXML VOL VNTJ	15.60	15.60	XXX	0		
	94010	TC	SPMTRY W/VC EXPIRATORY FLO W/WO MXML VOL VNTJ	37.70	37.70	XXX	0	273.77	Q1
	94011		MEAS SPIROMTRC FORCD EXPIRATORY FLO INFANT&/2 Y	163.15	163.15	XXX	0	273.81	Q1
	94012		MEAS SPIRO FRCD EXP FLO PRE&POST BRONCH INF/2YRS	265.20	265.20	XXX	0	544.95	Q1
	94013		MEASUREMENT LUNG VOLUMES INFANT/CHILD/2 YRS	35.75	35.75	XXX	0	928.55	S
	94014		PT-INITIATE SPIROMETRIC RECORDING PHYS/QHP R&I	109.20	109.20	XXX	0	475.98	Q1
	94015		PATIENT-INITIATED SPIROMETRIC RECORDING	62.40	62.40	XXX	0	544.95	Q1
	94016		PATIENT-INITIATED SPIROMETRIC PHYS/QHP R&I ONLY	46.80	46.80	XXX	0		A
	94060		BRNCDILAT RSPSE SPMTRY PRE&POST-BRNCDILAT ADMN	76.05	76.05	XXX	0		
	94060	26	BRNCDILAT RSPSE SPMTRY PRE&POST-BRNCDILAT ADMN	19.50	19.50	XXX	0		
	94060	TC	BRNCDILAT RSPSE SPMTRY PRE&POST-BRNCDILAT ADMN	56.55	56.55	XXX	0	544.95	S
	94070		BRNCSPSM PROVOCATION EVAL MLT SPMTRY W/ADMN AGT	123.50	123.50	XXX	0		
	94070	26	BRNCSPSM PROVOCATION EVAL MLT SPMTRY W/ADMN AGT	52.65	52.65	XXX	0		
	94070	TC	BRNCSPSM PROVOCATION EVAL MLT SPMTRY W/ADMN AGT	70.85	70.85	XXX	0	544.95	S
	94150		VITAL CAPACITY TOTAL SEPARATE PROCEDURE	49.40	49.40	XXX	9		
	94150	26	VITAL CAPACITY TOTAL SEPARATE PROCEDURE	7.15	7.15	XXX	9		
	94150	TC	VITAL CAPACITY TOTAL SEPARATE PROCEDURE	42.25	42.25	XXX	9	262.36	Q1
	94200		MAX BREATHING CAPACITY MAXIMAL VOLUNTARY VENTJ	29.25	29.25	XXX	0		
	94200	26	MAX BREATHING CAPACITY MAXIMAL VOLUNTARY VENTJ	5.20	5.20	XXX	0		
	94200	TC	MAX BREATHING CAPACITY MAXIMAL VOLUNTARY VENTJ	24.05	24.05	XXX	0	103.95	Q1
	94375		RESPIRATORY FLOW VOLUME LOOP	76.05	76.05	XXX	0		
	94375	26	RESPIRATORY FLOW VOLUME LOOP	27.30	27.30	XXX	0		
	94375	TC	RESPIRATORY FLOW VOLUME LOOP	48.75	48.75	XXX	0	544.95	Q1
	94450		BREATHING RESPONSE TO HYPOXIA	170.95	170.95	XXX	0		
	94450	26	BREATHING RESPONSE TO HYPOXIA	38.35	38.35	XXX	0		
	94450	TC	BREATHING RESPONSE TO HYPOXIA	132.60	132.60	XXX	0	273.81	Q1
	94452		HIGH ALTITUDE SIMULATJ TEST W/I&R PHYS/QHP	98.80	98.80	XXX	0		
	94452	26	HIGH ALTITUDE SIMULATJ TEST W/I&R PHYS/QHP	27.30	27.30	XXX	0		
	94452	TC	HIGH ALTITUDE SIMULATJ TEST W/I&R PHYS/QHP	71.50	71.50	XXX	0	225.58	Q1
	94453		HIGH ALTITUDE SIMULATJ TST I&R SUPPL O2 TITRJ	130.65	130.65	XXX	0		
	94453	26	HIGH ALTITUDE SIMULATJ TST I&R SUPPL O2 TITRJ	35.10	35.10	XXX	0		
	94453	TC	HIGH ALTITUDE SIMULATJ TST I&R SUPPL O2 TITRJ	95.55	95.55	XXX	0	225.58	Q1
⃠	94610		INTRAPULMONARY SURFACTANT ADMN PHYS/QHP	107.25	107.25	XXX	0	355.93	Q1
	94617		XERS TST BRNCSPSM PRE&POST SPMTRY&PLS OX W/ECG	174.20	174.20	XXX	0		
	94617	26	XERS TST BRNCSPSM PRE&POST SPMTRY&PLS OX W/ECG	60.45	60.45	XXX	0		
	94617	TC	XERS TST BRNCSPSM PRE&POST SPMTRY&PLS OX W/ECG	113.75	113.75	XXX	0	225.58	Q1
	94618		PULMONARY STRESS TESTING	66.95	66.95	XXX	0		
	94618	26	PULMONARY STRESS TESTING	42.25	42.25	XXX	0		
	94618	TC	PULMONARY STRESS TESTING	24.70	24.70	XXX	0	225.58	Q1
	94619		XERS TST BRNCSPSM PRE&POST SPMTRY&PLS OX WO /ECG	127.40	127.40	XXX	0		
	94619	26	XERS TST BRNCSPSM PRE&POST SPMTRY&PLS OX WO /ECG	40.95	40.95	XXX	0		
	94619	TC	XERS TST BRNCSPSM PRE&POST SPMTRY&PLS OX WO /ECG	86.45	86.45	XXX	0	103.95	Q1
	94621		CARDIOPULMONARY EXERCISE TESTING	302.90	302.90	XXX	0		
	94621	26	CARDIOPULMONARY EXERCISE TESTING	130.00	130.00	XXX	0		
	94621	TC	CARDIOPULMONARY EXERCISE TESTING	172.90	172.90	XXX	0	544.85	S
★	94625		PHYS/QHP SVCS OP PULM REHAB WO CONT OXIMTRY MNTR	150.80	34.45	XXX	0	103.95	S
★	94626		PHYS/QHP SVCS OP PULM REHAB W/CONT OXIMTRY MNTR	163.80	50.05	XXX	0	103.95	S
	94640		PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	15.60	15.60	XXX	0	355.36	Q1
	94642		PENTAMIDINE AERSL INHALATION PNEUMOCYSTIS/PROPH	77.35	77.35	XXX	0	355.93	Q1
	94644		CONTINUOUS INHALATION TREATMENT 1ST HR	112.45	112.45	XXX	0	225.16	Q1
+	94645		CONTINUOUS INHALATION TREATMENT EACH ADDL HOUR	33.15	33.15	XXX	0		N
	94660		CPAP VENTILATION CPAP INITIATION&MGMT	127.40	70.85	XXX	0	354.90	Q1
★	94664		DEMO&/EVAL PT UTILIZ AERSL GEN NEB INHLR/IPPB	35.10	35.10	XXX	0	355.44	Q1
	94667		MANIPULATION CHEST WALL 1ST DEMONSTRATION&/EVAL	49.40	49.40	XXX	0	224.77	Q1
	94668		MANIPULATION CHEST WALL SUBSEQUENT	75.40	75.40	XXX	0	225.58	Q1
	94669		MECHANICAL CHEST WALL OSCILLATION LUNG FUNCTION	40.95	40.95	XXX	0	355.93	Q1
	94680		O2 UPTK EXP GAS ANALYSIS REST&XERS DIRECT SIMPLE	102.70	102.70	XXX	0		
	94680	26	O2 UPTK EXP GAS ANALYSIS REST&XERS DIRECT SIMPLE	24.05	24.05	XXX	0		
	94680	TC	O2 UPTK EXP GAS ANALYSIS REST&XERS DIRECT SIMPLE	78.65	78.65	XXX	0	273.81	Q1
	94681		O2 UPTK EXP GAS ALYS W/CO2 OUTPUT % O2 XTRC	93.60	93.60	XXX	0		
	94681	26	O2 UPTK EXP GAS ALYS W/CO2 OUTPUT % O2 XTRC	18.20	18.20	XXX	0		

+ Add-on Procedure ⃠ Modifier 51 Exempt Procedure ★ Telemedicine

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	94681	TC	O2 UPTK EXP GAS ALYS W/CO2 OUTPUT % O2 XTRC	75.40	75.40	XXX	0	543.32	Q1
	94690		O2 UPTAKE EXP GAS ANALYSIS REST INDIRECT SPX	94.25	94.25	XXX	0		
	94690	26	O2 UPTAKE EXP GAS ANALYSIS REST INDIRECT SPX	7.15	7.15	XXX	0		
	94690	TC	O2 UPTAKE EXP GAS ANALYSIS REST INDIRECT SPX	87.10	87.10	XXX	0	103.95	Q1
	94726		PLETHYSMOGRAPHY LUNG VOLUMES & AIRWAY RESISTANCE	110.50	110.50	XXX	0		
	94726	26	PLETHYSMOGRAPHY LUNG VOLUMES & AIRWAY RESISTANCE	22.75	22.75	XXX	0		
	94726	TC	PLETHYSMOGRAPHY LUNG VOLUMES & AIRWAY RESISTANCE	87.75	87.75	XXX	0	544.95	Q1
	94727		GAS DIL/WSHOT DETER LNG VOL DSTRBJ VNTJ&CLSG VOL	87.75	87.75	XXX	0		
	94727	26	GAS DIL/WSHOT DETER LNG VOL DSTRBJ VNTJ&CLSG VOL	22.75	22.75	XXX	0		
	94727	TC	GAS DIL/WSHOT DETER LNG VOL DSTRBJ VNTJ&CLSG VOL	65.00	65.00	XXX	0	273.81	Q1
	94728		AIRWAY RESISTANCE BY OSCILLOMETRY	86.45	86.45	XXX	0		
	94728	26	AIRWAY RESISTANCE BY OSCILLOMETRY	23.40	23.40	XXX	0		
	94728	TC	AIRWAY RESISTANCE BY OSCILLOMETRY	63.05	63.05	XXX	0	273.81	Q1
+	94729		DIFFUSING CAPACITY	109.20	109.20	ZZZ	0		
+	94729	26	DIFFUSING CAPACITY	16.90	16.90	ZZZ	0		
+	94729	TC	DIFFUSING CAPACITY	92.30	92.30	ZZZ	0		N
	94760		NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETER	7.15	7.15	XXX	0		N
	94761		NONINVASIVE EAR/PULSE OXIMETRY MULTIPLE DETER	7.80	7.80	XXX	0		N
	94762		NONINVASIVE EAR/PULSE OXIMETRY OVERNIGHT MONITOR	48.10	48.10	XXX	0	273.32	Q3
	94772		CIRCADIAN RESPIRATORY PATTERN REC 12-24 HR INFT	356.20	356.20	XXX	0		
	94772	26	CIRCADIAN RESPIRATORY PATTERN REC 12-24 HR INFT	142.35	142.35	XXX	0		
	94772	TC	CIRCADIAN RESPIRATORY PATTERN REC 12-24 HR INFT	213.85	213.85	XXX	0	928.55	S
	94774		PEDIATRIC HOME APNEA MNTR EVENT RECORDING PR 30D	BR	BR	YYY	0		B
	94775		PEDIATRIC HOME APNEA MNTR ATTACHMENT ONLY	BR	BR	YYY	0	273.81	S
	94776		PEDIATRIC HOME APNEA MNTR DL&ANALYSES BY CPTR	BR	BR	YYY	0	273.81	S
	94777		PEDIATRIC HOME APNEA MNTR REVIEW I&R PHYS/QHP	121.55	121.55	YYY	0		B
	94780		CAR SEAT/BED TEST INFT THRU 12 MO 60 MIN	104.00	44.20	XXX	1	68.69	Q1
+	94781		CAR SEAT/BED TEST INFT THRU 12 MO EA ADDL 30 MIN	42.25	15.60	ZZZ	1		N
	94799		UNLISTED PULMONARY SERVICE/PROCEDURE	BR	BR	XXX	0		
	94799	26	UNLISTED PULMONARY SERVICE/PROCEDURE	BR	BR	XXX	0		
	94799	TC	UNLISTED PULMONARY SERVICE/PROCEDURE	BR	BR	XXX	0	271.64	Q1
	95004		PERCUTANEOUS TESTS W/ALLERGENIC XTR IMMT RXN	7.15	7.15	XXX	0	1780.43	Q1
	95012		NITRIC OXIDE EXPIRED GAS DETERMINATION	36.40	36.40	XXX	0	68.69	Q1
	95017		ALL TSTG PERQ & IQ W/VENOMS IMMT RXN W/I&R	16.25	7.15	XXX	0	42.86	Q1
	95018		ALL TSTG PERQ & IQ W/DRUG/BIOL IMMT RXN W/I&R	38.35	13.65	XXX	0	68.69	Q1
	95024		INTRACUTANEOUS TESTS W/ALLERGENIC EXTRACTS	14.95	1.95	XXX	0	103.95	Q1
	95027		IQ TSTS SEQL&INCRL W/ALLERGENIC XTRCS AIRBORNE	9.10	9.10	XXX	0	42.86	Q1
	95028		IQ TSTS ALLERGENIC XTRCS DLYD TYP RXN W/READING	24.05	24.05	XXX	0	68.69	Q1
	95044		PATCH/APPLICATION TESTS SPECIFY NUMBER TESTS	9.75	9.75	XXX	0	1780.43	Q1
	95052		PHOTO PATCH TESTS SPECIFY NUMBER TESTS	11.05	11.05	XXX	0	103.95	Q1
	95056		PHOTO TESTS	103.35	103.35	XXX	0	225.58	Q1
	95060		OPHTHALMIC MUCOUS MEMBRANE TESTS	77.35	77.35	XXX	0	225.58	Q1
	95065		DIRECT NASAL MUCOUS MEMBRANE TEST	57.20	57.20	XXX	0	68.69	Q1
	95070		INHLJ BRNCL CHALLENGE TSTG W/HISTAMINE/METHACHOL	68.90	68.90	XXX	0	928.55	S
	95076		INGESTION CHALLENGE TEST INITIAL 120 MINUTES	243.10	142.35	XXX	0	928.55	S
+	95079		INGESTION CHALLENGE TEST EACH ADDL 60 MINUTES	167.70	131.30	ZZZ	0		N
	95115		PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS 1 NJX	20.80	20.80	XXX	0	80.75	Q1
	95117		PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS NJXS	24.05	24.05	XXX	0	80.75	Q1
	95120		PROF SVCS ALLG IMMNTX W/PRV ALLGIC XTRC 1 NJX	37.05	37.05	XXX	9		E1
	95125		PROF SVCS ALLG IMMNTX W/PRV ALLGIC XTRC 2/> NJX	37.05	37.05	XXX	9		E1
	95130		PROF SVCS ALLG IMMNTX W/PRV XTRC 1 STING INSECT	31.20	31.20	XXX	9		E1
	95131		PROF SVCS ALLG IMMNTX W/PRV XTRC 2 STING INSECT	49.40	49.40	XXX	9		E1
	95132		PROF SVCS ALLG IMMNTX W/PRV XTRC 3 STING INSECT	65.00	65.00	XXX	9		E1
	95133		PROF SVCS ALLG IMMNTX W/PRV XTRC 4 STING INSECT	104.00	104.00	XXX	9		E1
	95134		PROF SVCS ALLG IMMNTX W/PRV XTRC 5 STING INSECT	147.55	147.55	XXX	9		E1
	95144		PREPJ& ANTIGEN PRV ALLERGEN IMMUNOTHERAPY 1 DO	31.85	6.50	XXX	0	80.75	Q1
	95145		PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 1 INSECT	68.25	6.50	XXX	0	80.75	Q1
	95146		PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 2 INSECT	125.45	6.50	XXX	0	80.75	Q1
	95147		PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 3 INSECT	120.90	6.50	XXX	0	124.55	Q1
	95148		PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 4 INSECT	179.40	6.50	XXX	0	124.55	Q1
	95149		PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 5 INSECT	238.55	6.50	XXX	0	124.55	Q1

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95165		PREPJ& ALLERGEN IMMUNOTHERAPY 1/MLT ANTIGEN	27.95	6.50	XXX	0	80.75	Q1
95170		PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY WHL INSE	20.80	6.50	XXX	0	80.75	Q1
95180		RAPID DESENSITIZATION PROCEDURE EACH HOUR	272.35	198.25	XXX	0	698.32	Q1
95199		UNLISTED ALLERGY/CLINICAL IMMUNOLOGIC SVC/PX	BR	BR	XXX	0	42.86	Q1
95249		CONT GLUC MONITORING PATIENT PROVIDED EQUIPMENT	128.70	128.70	XXX	0	103.95	S
95250		CONT GLUC MNTR PHYSICIAN/QHP PROVIDED EQUIPMENT	280.15	280.15	XXX	0	225.52	V
95251		CONTINUOUS GLUCOSE MONITORING ANALYSIS I&R	66.95	66.95	XXX	0		B
95700		EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	545.35	545.35	XXX	0	273.75	S
95705		EEG W/O VIDEO BY TECH 2-12 HR UNMONITORED	1293.50	1293.50	XXX	0	544.95	S
95706		EEG W/O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR	310.05	310.05	XXX	0	544.95	S
95707		EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR	1933.10	1933.10	XXX	0	544.95	S
95708		EEG W/O VID BY TECH EA INCR 12-26HR UNMONITORED	582.40	582.40	XXX	0	928.55	S
95709		EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR	1689.35	1689.35	XXX	0	928.55	S
95710		EEG W/O VID TECH EA INCR 12-26 HR CONT R-T MNTR	681.20	681.20	XXX	0	928.55	S
95711		VEEG BY TECH 2-12 HOURS UNMONITORED	481.65	481.65	XXX	0	544.95	S
95712		VEEG BY TECH 2-12 HR INTERMITTENT MONITORING	1114.75	1114.75	XXX	0	543.38	S
95713		VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	1228.50	1228.50	XXX	0	928.55	S
95714		VEEG BY TECH EA INCR 12-26 HR UNMONITORED	616.85	616.85	XXX	0	928.55	S
95715		VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	2477.80	2477.80	XXX	0	928.08	S
95716		VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	3625.05	3625.05	XXX	0	1779.72	S
95717		EEG PHYS/QHP 2-12 HR WITHOUT VIDEO	208.65	205.40	XXX	0		M
95718		EEG PHYS/QHP 2-12 HR WITH VEEG	262.60	258.05	XXX	0		M
95719		EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR WO VID	313.95	308.75	XXX	0		M
95720		EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	403.00	396.50	XXX	0		M
95721		EEG COMPLETE STD PHYS/QHP>36 HR<60 HR W/O VIDEO	403.00	395.20	XXX	0		M
95722		EEG COMPLETE STD PHYS/QHP>36 HR<60 HR W/VEEG	489.45	481.00	XXX	0		M
95723		EEG COMPLETE STD PHYS/QHP>60 HR<84 HR W/O VIDEO	495.30	485.55	XXX	0		M
95724		EEG COMPLETE STD PHYS/QHP>60 HR<84 HR W/VEEG	620.75	610.35	XXX	0		M
95725		EEG COMPLETE STD PHYS/QHP>84 HR W/O VID	568.75	556.40	XXX	0		M
95726		EEG COMPLETE STD PHYS/QHP>84 HR W/VEEG	790.40	775.45	XXX	0		M
95782		POLYSOM <6 YRS SLEEP STAGE 4/> ADDL PARAM ATTND	1894.75	1894.75	XXX	0		
95782	26	POLYSOM <6 YRS SLEEP STAGE 4/> ADDL PARAM ATTND	234.65	234.65	XXX	0		
95782	TC	POLYSOM <6 YRS SLEEP STAGE 4/> ADDL PARAM ATTND	1660.10	1660.10	XXX	0	1780.43	S
95783		POLYSOM <6 YRS SLEEP W/CPAP/BILVL VENT 4/> PARAM	2007.85	2007.85	XXX	0		
95783	26	POLYSOM <6 YRS SLEEP W/CPAP/BILVL VENT 4/> PARAM	255.45	255.45	XXX	0		
95783	TC	POLYSOM <6 YRS SLEEP W/CPAP/BILVL VENT 4/> PARAM	1752.40	1752.40	XXX	0	1780.43	S
95800		SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/SLP TIME	250.25	250.25	XXX	0		
95800	26	SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/SLP TIME	74.75	74.75	XXX	0		
95800	TC	SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/SLP TIME	175.50	175.50	XXX	0	273.81	S
95801		SLP STDY UNATND W/MIN HRT RATE/O2 SAT/RESP ANAL	189.80	189.80	XXX	0		
95801	26	SLP STDY UNATND W/MIN HRT RATE/O2 SAT/RESP ANAL	78.00	78.00	XXX	0		
95801	TC	SLP STDY UNATND W/MIN HRT RATE/O2 SAT/RESP ANAL	111.80	111.80	XXX	0	103.95	Q1
95803		ACTIGRAPHY TESTING RECORDING ANALYSIS I&R	254.15	254.15	XXX	0		
95803	26	ACTIGRAPHY TESTING RECORDING ANALYSIS I&R	79.95	79.95	XXX	0		
95803	TC	ACTIGRAPHY TESTING RECORDING ANALYSIS I&R	174.20	174.20	XXX	0	103.95	Q1
95805		MLT SLEEP LATENCY/MAINT OF WAKEFULNESS TSTG	855.40	855.40	XXX	0		
95805	26	MLT SLEEP LATENCY/MAINT OF WAKEFULNESS TSTG	109.20	109.20	XXX	0		
95805	TC	MLT SLEEP LATENCY/MAINT OF WAKEFULNESS TSTG	746.20	746.20	XXX	0	928.55	S
95806		SLEEP STD AIRFLOW HRT RATE&O2 SAT EFFORT UNATT	187.20	187.20	XXX	0		
95806	26	SLEEP STD AIRFLOW HRT RATE&O2 SAT EFFORT UNATT	83.85	83.85	XXX	0		
95806	TC	SLEEP STD AIRFLOW HRT RATE&O2 SAT EFFORT UNATT	103.35	103.35	XXX	0	273.81	S
95807		SLEEP STD REC VNTJ RESPIR ECG/HRT RATE&O2 ATTN	807.30	807.30	XXX	0		
95807	26	SLEEP STD REC VNTJ RESPIR ECG/HRT RATE&O2 ATTN	112.45	112.45	XXX	0		
95807	TC	SLEEP STD REC VNTJ RESPIR ECG/HRT RATE&O2 ATTN	694.85	694.85	XXX	0	928.55	S
95808		POLYSOM ANY AGE SLEEP STAGE 1-3 ADDL PARAM ATTND	956.80	956.80	XXX	0		
95808	26	POLYSOM ANY AGE SLEEP STAGE 1-3 ADDL PARAM ATTND	156.65	156.65	XXX	0		
95808	TC	POLYSOM ANY AGE SLEEP STAGE 1-3 ADDL PARAM ATTND	800.15	800.15	XXX	0	1780.43	S
95810		POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	1222.65	1222.65	XXX	0		
95810	26	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	225.55	225.55	XXX	0		
95810	TC	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	997.10	997.10	XXX	0	1780.43	S
95811		POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	1280.50	1280.50	XXX	0		

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95811	26	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	235.30	235.30	XXX	0		
95811	TC	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	1045.20	1045.20	XXX	0	1780.43	S
95812		ELECTROENCEPHALOGRAM EXTEND MONITORING 41-60 MIN	677.30	677.30	XXX	0		
95812	26	ELECTROENCEPHALOGRAM EXTEND MONITORING 41-60 MIN	107.90	107.90	XXX	0		
95812	TC	ELECTROENCEPHALOGRAM EXTEND MONITORING 41-60 MIN	569.40	569.40	XXX	0	544.95	S
95813		EEG EXTENDED MONITORING 61-119 MINUTES	863.85	863.85	XXX	0		
95813	26	EEG EXTENDED MONITORING 61-119 MINUTES	163.15	163.15	XXX	0		
95813	TC	EEG EXTENDED MONITORING 61-119 MINUTES	700.70	700.70	XXX	0	544.95	S
95816		ELECTROENCEPHALOGRAM W/REC AWAKE&DROWSY	755.30	755.30	XXX	0		
95816	26	ELECTROENCEPHALOGRAM W/REC AWAKE&DROWSY	107.90	107.90	XXX	0		
95816	TC	ELECTROENCEPHALOGRAM W/REC AWAKE&DROWSY	647.40	647.40	XXX	0	544.95	S
95819		ELECTROENCEPHALOGRAM W/REC AWAKE&ASLEEP	879.45	879.45	XXX	0		
95819	26	ELECTROENCEPHALOGRAM W/REC AWAKE&ASLEEP	107.90	107.90	XXX	0		
95819	TC	ELECTROENCEPHALOGRAM W/REC AWAKE&ASLEEP	771.55	771.55	XXX	0	544.95	S
95822		ELECTROENCEPHALOGRAM REC COMA/SLEEP ONLY	813.15	813.15	XXX	0		
95822	26	ELECTROENCEPHALOGRAM REC COMA/SLEEP ONLY	107.90	107.90	XXX	0		
95822	TC	ELECTROENCEPHALOGRAM REC COMA/SLEEP ONLY	705.25	705.25	XXX	0	544.67	S
95824		ELECTROENCEPHALOGRAM CERE DEATH EVAL ONLY	188.50	188.50	XXX	0		
95824	26	ELECTROENCEPHALOGRAM CERE DEATH EVAL ONLY	73.45	73.45	XXX	0		
95824	TC	ELECTROENCEPHALOGRAM CERE DEATH EVAL ONLY	115.05	115.05	XXX	0	928.55	S
95829		ELECTROCORTICOGRAM SURGERY SPX	3390.40	3390.40	XXX	0		
95829	26	ELECTROCORTICOGRAM SURGERY SPX	627.90	627.90	XXX	0		
95829	TC	ELECTROCORTICOGRAM SURGERY SPX	2762.50	2762.50	XXX	0		N
95830		INSERTION SPHENOIDAL ELECTRODES EEG PHYS/QHP	1285.70	176.80	XXX	0		B
95836		ECOG IMPLANTED BRAIN NPGT W/REC I&R <30 DAYS	204.75	204.75	XXX	0	65.26	Q1
95851		ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI	47.45	14.95	XXX	0		A
95852		ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID	40.30	11.05	XXX	0		A
95857		CHOLINESTERASE INHIBITOR CHALLENGE TEST	123.50	54.60	XXX	0	544.95	S
95860		NDL EMG 1 XTR W/WO RELATED PARASPINAL AREAS	215.15	215.15	XXX	0		
95860	26	NDL EMG 1 XTR W/WO RELATED PARASPINAL AREAS	96.85	96.85	XXX	0		
95860	TC	NDL EMG 1 XTR W/WO RELATED PARASPINAL AREAS	118.30	118.30	XXX	0	225.58	Q1
95861		NDL EMG 2 XTR W/WO RELATED PARASPINAL AREAS	300.30	300.30	XXX	0		
95861	26	NDL EMG 2 XTR W/WO RELATED PARASPINAL AREAS	154.05	154.05	XXX	0		
95861	TC	NDL EMG 2 XTR W/WO RELATED PARASPINAL AREAS	146.25	146.25	XXX	0	219.89	Q1
95863		NDL EMG 3 XTR W/WO RELATED PARASPINAL AREAS	408.20	408.20	XXX	0		
95863	26	NDL EMG 3 XTR W/WO RELATED PARASPINAL AREAS	188.50	188.50	XXX	0		
95863	TC	NDL EMG 3 XTR W/WO RELATED PARASPINAL AREAS	219.70	219.70	XXX	0	273.81	S
95864		NDL EMG 4 XTR W/WO RELATED PARASPINAL AREAS	431.60	431.60	XXX	0		
95864	26	NDL EMG 4 XTR W/WO RELATED PARASPINAL AREAS	200.20	200.20	XXX	0		
95864	TC	NDL EMG 4 XTR W/WO RELATED PARASPINAL AREAS	231.40	231.40	XXX	0	258.88	S
95865		NEEDLE ELECTROMYOGRAPHY LARYNX	283.40	283.40	XXX	0		
95865	26	NEEDLE ELECTROMYOGRAPHY LARYNX	156.65	156.65	XXX	0		
95865	TC	NEEDLE ELECTROMYOGRAPHY LARYNX	126.75	126.75	XXX	0	201.90	Q1
95866		NEEDLE ELECTROMYOGRAPHY HEMIDIAPHRAGM	252.85	252.85	XXX	0		
95866	26	NEEDLE ELECTROMYOGRAPHY HEMIDIAPHRAGM	125.45	125.45	XXX	0		
95866	TC	NEEDLE ELECTROMYOGRAPHY HEMIDIAPHRAGM	127.40	127.40	XXX	0	273.81	Q1
95867		NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE UNI	202.15	202.15	XXX	0		
95867	26	NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE UNI	79.95	79.95	XXX	0		
95867	TC	NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE UNI	122.20	122.20	XXX	0	538.90	S
95868		NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE BI	243.75	243.75	XXX	0		
95868	26	NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE BI	117.65	117.65	XXX	0		
95868	TC	NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE BI	126.10	126.10	XXX	0	544.95	S
95869		NEEDLE EMG THRC PARASPI MUSC EXCLUDING T1/T12	176.80	176.80	XXX	0		
95869	26	NEEDLE EMG THRC PARASPI MUSC EXCLUDING T1/T12	37.70	37.70	XXX	0		
95869	TC	NEEDLE EMG THRC PARASPI MUSC EXCLUDING T1/T12	139.10	139.10	XXX	0	544.95	Q1
95870		NEEDLE EMG LMTD STD MUSC 1 XTR/NON-LIMB UNI/BI	156.00	156.00	XXX	0		
95870	26	NEEDLE EMG LMTD STD MUSC 1 XTR/NON-LIMB UNI/BI	37.70	37.70	XXX	0		
95870	TC	NEEDLE EMG LMTD STD MUSC 1 XTR/NON-LIMB UNI/BI	118.30	118.30	XXX	0	214.94	Q1
95872		NEEDLE EMG W/1 FIBER ELECTRODE QUAN MEAS JITTER	356.20	356.20	XXX	0		
95872	26	NEEDLE EMG W/1 FIBER ELECTRODE QUAN MEAS JITTER	282.75	282.75	XXX	0		
95872	TC	NEEDLE EMG W/1 FIBER ELECTRODE QUAN MEAS JITTER	73.45	73.45	XXX	0	273.81	S

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					Professional				Outpatient Facility	
		Code	Mod	Descriptioni	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
+		95873		ELECTRICAL STIMULATION GUID W/CHEMODENERVATION	132.60	132.60	ZZZ	0		
+		95873	26	ELECTRICAL STIMULATION GUID W/CHEMODENERVATION	37.05	37.05	ZZZ	0		
+		95873	TC	ELECTRICAL STIMULATION GUID W/CHEMODENERVATION	95.55	95.55	ZZZ	0		N
+		95874		NEEDLE EMG GUID W/CHEMODENERVATION	143.00	143.00	ZZZ	0		
+		95874	26	NEEDLE EMG GUID W/CHEMODENERVATION	37.05	37.05	ZZZ	0		
+		95874	TC	NEEDLE EMG GUID W/CHEMODENERVATION	105.95	105.95	ZZZ	0		N
		95875		ISCHEMIC LIMB XERS TST SPEC ACQUISJ METAB	234.00	234.00	XXX	0		
		95875	26	ISCHEMIC LIMB XERS TST SPEC ACQUISJ METAB	111.80	111.80	XXX	0		
		95875	TC	ISCHEMIC LIMB XERS TST SPEC ACQUISJ METAB	122.20	122.20	XXX	0	273.81	S
+		95885		NEEDLE EMG EA EXTREMITY W/PARASPINL AREA LIMITED	116.35	116.35	ZZZ	0		
+		95885	26	NEEDLE EMG EA EXTREMITY W/PARASPINL AREA LIMITED	35.10	35.10	ZZZ	0		
+		95885	TC	NEEDLE EMG EA EXTREMITY W/PARASPINL AREA LIMITED	81.25	81.25	ZZZ	0		N
+		95886		NEEDLE EMG EA EXTREMTY W/PARASPINL AREA COMPLETE	182.00	182.00	ZZZ	0		
+		95886	26	NEEDLE EMG EA EXTREMTY W/PARASPINL AREA COMPLETE	86.45	86.45	ZZZ	0		
+		95886	TC	NEEDLE EMG EA EXTREMTY W/PARASPINL AREA COMPLETE	95.55	95.55	ZZZ	0		N
+		95887		NEEDLE EMG NONEXTREMTY MSCLES W/NERVE CONDUCTION	158.60	158.60	ZZZ	0		
+		95887	26	NEEDLE EMG NONEXTREMTY MSCLES W/NERVE CONDUCTION	70.85	70.85	ZZZ	0		
+		95887	TC	NEEDLE EMG NONEXTREMTY MSCLES W/NERVE CONDUCTION	87.75	87.75	ZZZ	0		N
	⃠	95905		MOTOR &/SENS NRV CNDJ PRECONF ELTRD ARRAY LIMB	63.70	63.70	XXX	0		
	⃠	95905	26	MOTOR &/SENS NRV CNDJ PRECONF ELTRD ARRAY LIMB	5.20	5.20	XXX	0		
	⃠	95905	TC	MOTOR &/SENS NRV CNDJ PRECONF ELTRD ARRAY LIMB	58.50	58.50	XXX	0	698.32	Q1
		95907		NERVE CONDUCTION STUDIES 1-2 STUDIES	172.25	172.25	XXX	0		
		95907	26	NERVE CONDUCTION STUDIES 1-2 STUDIES	100.75	100.75	XXX	0		
		95907	TC	NERVE CONDUCTION STUDIES 1-2 STUDIES	71.50	71.50	XXX	0	273.81	S
		95908		NERVE CONDUCTION STUDIES 3-4 STUDIES	214.50	214.50	XXX	0		
		95908	26	NERVE CONDUCTION STUDIES 3-4 STUDIES	125.45	125.45	XXX	0		
		95908	TC	NERVE CONDUCTION STUDIES 3-4 STUDIES	89.05	89.05	XXX	0	544.95	S
		95909		NERVE CONDUCTION STUDIES 5-6 STUDIES	258.05	258.05	XXX	0		
		95909	26	NERVE CONDUCTION STUDIES 5-6 STUDIES	150.80	150.80	XXX	0		
		95909	TC	NERVE CONDUCTION STUDIES 5-6 STUDIES	107.25	107.25	XXX	0	544.95	S
		95910		NERVE CONDUCTION STUDIES 7-8 STUDIES	337.35	337.35	XXX	0		
		95910	26	NERVE CONDUCTION STUDIES 7-8 STUDIES	200.85	200.85	XXX	0		
		95910	TC	NERVE CONDUCTION STUDIES 7-8 STUDIES	136.50	136.50	XXX	0	544.95	S
		95911		NERVE CONDUCTION STUDIES 9-10 STUDIES	404.95	404.95	XXX	0		
		95911	26	NERVE CONDUCTION STUDIES 9-10 STUDIES	250.90	250.90	XXX	0		
		95911	TC	NERVE CONDUCTION STUDIES 9-10 STUDIES	154.05	154.05	XXX	0	928.55	S
		95912		NERVE CONDUCTION STUDIES 11-12 STUDIES	471.90	471.90	XXX	0		
		95912	26	NERVE CONDUCTION STUDIES 11-12 STUDIES	300.30	300.30	XXX	0		
		95912	TC	NERVE CONDUCTION STUDIES 11-12 STUDIES	171.60	171.60	XXX	0	928.55	S
		95913		NERVE CONDUCTION STUDIES 13/> STUDIES	552.50	552.50	XXX	0		
		95913	26	NERVE CONDUCTION STUDIES 13/> STUDIES	356.20	356.20	XXX	0		
		95913	TC	NERVE CONDUCTION STUDIES 13/> STUDIES	196.30	196.30	XXX	0	928.55	S
		95919		QUANTITATIVE PUPILLOMETRY PHYS/QHP I&R UNI/BI	31.20	31.20	XXX	0		
		95919	26	QUANTITATIVE PUPILLOMETRY PHYS/QHP I&R UNI/BI	18.85	18.85	XXX	0		
		95919	TC	QUANTITATIVE PUPILLOMETRY PHYS/QHP I&R UNI/BI	12.35	12.35	XXX	0	225.58	Q1
		95921		TSTG ANS FUNCJ CARDIOVAGAL INNERVAJ PARASYMP	168.35	168.35	XXX	0		
		95921	26	TSTG ANS FUNCJ CARDIOVAGAL INNERVAJ PARASYMP	84.50	84.50	XXX	0		
		95921	TC	TSTG ANS FUNCJ CARDIOVAGAL INNERVAJ PARASYMP	83.85	83.85	XXX	0	273.81	S
		95922		TSTG ANS FUNCJ VASOMOTOR ADRENERGIC INNERVAJ	172.90	172.90	XXX	0		
		95922	26	TSTG ANS FUNCJ VASOMOTOR ADRENERGIC INNERVAJ	87.10	87.10	XXX	0		
		95922	TC	TSTG ANS FUNCJ VASOMOTOR ADRENERGIC INNERVAJ	85.80	85.80	XXX	0	225.58	Q1
		95923		TESTING AUTONOMIC NERVOUS SYSTEM FUNCTION	229.45	229.45	XXX	0		
		95923	26	TESTING AUTONOMIC NERVOUS SYSTEM FUNCTION	85.15	85.15	XXX	0		
		95923	TC	TESTING AUTONOMIC NERVOUS SYSTEM FUNCTION	144.30	144.30	XXX	0	225.58	Q1
		95924		TSTG ANS FUNCJ PARASYMP&SYMP W/5 MIN PASIVE TILT	286.65	286.65	XXX	0		
		95924	26	TSTG ANS FUNCJ PARASYMP&SYMP W/5 MIN PASIVE TILT	164.45	164.45	XXX	0		
		95924	TC	TSTG ANS FUNCJ PARASYMP&SYMP W/5 MIN PASIVE TILT	122.20	122.20	XXX	0	544.95	S
		95925		SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS	299.00	299.00	XXX	0		
		95925	26	SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS	52.65	52.65	XXX	0		
		95925	TC	SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS	246.35	246.35	XXX	0	544.95	S
		95926		SHORT-LATENCY SOMATOSENS EP STD LWR LIMBS	273.65	273.65	XXX	0		

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				Professional				Outpatient Facility	
	Code	Mod	Descriptioni	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
	95926	26	SHORT-LATENCY SOMATOSENS EP STD LWR LIMBS	50.70	50.70	XXX	0		
	95926	TC	SHORT-LATENCY SOMATOSENS EP STD LWR LIMBS	222.95	222.95	XXX	0	544.95	S
	95927		SHORT-LATENCY SOMATOSENS EP STD TRNK/HEAD	343.85	343.85	XXX	0		
	95927	26	SHORT-LATENCY SOMATOSENS EP STD TRNK/HEAD	52.00	52.00	XXX	0		
	95927	TC	SHORT-LATENCY SOMATOSENS EP STD TRNK/HEAD	291.85	291.85	XXX	0	395.85	S
	95928		CTR MOTOR EP STD TRANSCRNL MOTOR STIMJ UPR LIMBS	460.20	460.20	XXX	0		
	95928	26	CTR MOTOR EP STD TRANSCRNL MOTOR STIMJ UPR LIMBS	150.15	150.15	XXX	0		
	95928	TC	CTR MOTOR EP STD TRANSCRNL MOTOR STIMJ UPR LIMBS	310.05	310.05	XXX	0	1567.32	S
	95929		CTR MOTOR EP STD TRANSCRNL MOTOR STIMJ LWR LIMBS	460.85	460.85	XXX	0		
	95929	26	CTR MOTOR EP STD TRANSCRNL MOTOR STIMJ LWR LIMBS	148.85	148.85	XXX	0		
	95929	TC	CTR MOTOR EP STD TRANSCRNL MOTOR STIMJ LWR LIMBS	312.00	312.00	XXX	0	928.55	S
	95930		VISUAL EP TESTING CNS EXCEPT GLAUCOMA W/I&R	128.70	128.70	XXX	0		
	95930	26	VISUAL EP TESTING CNS EXCEPT GLAUCOMA W/I&R	35.10	35.10	XXX	0		
	95930	TC	VISUAL EP TESTING CNS EXCEPT GLAUCOMA W/I&R	93.60	93.60	XXX	0	544.95	S
	95933		ORBICULARIS OCULI REFLX ELECTRODIAGNOSTIC TEST	156.00	156.00	XXX	0		
	95933	26	ORBICULARIS OCULI REFLX ELECTRODIAGNOSTIC TEST	59.80	59.80	XXX	0		
	95933	TC	ORBICULARIS OCULI REFLX ELECTRODIAGNOSTIC TEST	96.20	96.20	XXX	0	103.95	Q1
	95937		NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH	197.60	197.60	XXX	0		
	95937	26	NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH	65.65	65.65	XXX	0		
	95937	TC	NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH	131.95	131.95	XXX	0	270.50	S
	95938		SHORT-LATENCY SOMATOSENS EP STD UPR & LOW LIMB	726.05	726.05	XXX	0		
	95938	26	SHORT-LATENCY SOMATOSENS EP STD UPR & LOW LIMB	86.45	86.45	XXX	0		
	95938	TC	SHORT-LATENCY SOMATOSENS EP STD UPR & LOW LIMB	639.60	639.60	XXX	0	527.22	S
	95939		CTR MOTR EP STD TRANSCRNL MOTR STIM UPR&LOW LI	1075.10	1075.10	XXX	0		
	95939	26	CTR MOTR EP STD TRANSCRNL MOTR STIM UPR&LOW LI	226.20	226.20	XXX	0		
	95939	TC	CTR MOTR EP STD TRANSCRNL MOTR STIM UPR&LOW LI	848.90	848.90	XXX	0	1300.60	S
+	95940		IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	62.40	62.40	XXX	0		N
+	95941		IONM REMOTE/NEARBY/>1 PATIENT IN OR PER HOUR	1702.35	1702.35	XXX	9		N
	95954		RX/PHYSICAL EEG ACTIVAJ PHYS/QHP ATTENDANCE	748.15	748.15	XXX	0		
	95954	26	RX/PHYSICAL EEG ACTIVAJ PHYS/QHP ATTENDANCE	213.20	213.20	XXX	0		
	95954	TC	RX/PHYSICAL EEG ACTIVAJ PHYS/QHP ATTENDANCE	534.95	534.95	XXX	0	928.55	S
	95955		EEG NONINTRACRANIAL SURGERY	353.60	353.60	XXX	0		
	95955	26	EEG NONINTRACRANIAL SURGERY	101.40	101.40	XXX	0		
	95955	TC	EEG NONINTRACRANIAL SURGERY	252.20	252.20	XXX	0		N
	95957		DIGITAL ANALYSIS ELECTROENCEPHALOGRAM	566.15	566.15	XXX	0		
	95957	26	DIGITAL ANALYSIS ELECTROENCEPHALOGRAM	193.70	193.70	XXX	0		
	95957	TC	DIGITAL ANALYSIS ELECTROENCEPHALOGRAM	372.45	372.45	XXX	0		N
	95958		WADA ACTIVATION TEST HEMISPHERIC FUNCTION W/EEG	1383.20	1383.20	XXX	0		
	95958	26	WADA ACTIVATION TEST HEMISPHERIC FUNCTION W/EEG	427.70	427.70	XXX	0		
	95958	TC	WADA ACTIVATION TEST HEMISPHERIC FUNCTION W/EEG	955.50	955.50	XXX	0	1102.45	S
	95961		FUNCJAL CORT&SUBCORT MAPG PHYS/QHP ATTND INIT HR	638.95	638.95	XXX	0		
	95961	26	FUNCJAL CORT&SUBCORT MAPG PHYS/QHP ATTND INIT HR	308.10	308.10	XXX	0		
	95961	TC	FUNCJAL CORT&SUBCORT MAPG PHYS/QHP ATTND INIT HR	330.85	330.85	XXX	0	1133.42	S
+	95962		FUNCJAL CORT&SUBCORT MAPG PHYS/QHP ATTND ADDL HR	548.60	548.60	ZZZ	0		
+	95962	26	FUNCJAL CORT&SUBCORT MAPG PHYS/QHP ATTND ADDL HR	331.50	331.50	ZZZ	0		
+	95962	TC	FUNCJAL CORT&SUBCORT MAPG PHYS/QHP ATTND ADDL HR	217.10	217.10	ZZZ	0		N
	95965		MAGNETOENCEPHALOGRAPHY SPON BRAIN ACTIVITY	3140.80	3140.80	XXX	0		
	95965	26	MAGNETOENCEPHALOGRAPHY SPON BRAIN ACTIVITY	785.20	785.20	XXX	0		
	95965	TC	MAGNETOENCEPHALOGRAPHY SPON BRAIN ACTIVITY	2355.60	2355.60	XXX	0	1780.43	S
	95966		MAGNETOENCEPHALOGRAPY EVOKED FIELDS 1 MODALITY	1917.50	1917.50	XXX	0		
	95966	26	MAGNETOENCEPHALOGRAPY EVOKED FIELDS 1 MODALITY	383.50	383.50	XXX	0		
	95966	TC	MAGNETOENCEPHALOGRAPY EVOKED FIELDS 1 MODALITY	1534.00	1534.00	XXX	0	1780.43	S
+	95967		MAGNETOENCEPHALOGRAPY EVOKED FIELDS EACH ADDL	1140.75	1140.75	ZZZ	0		
+	95967	26	MAGNETOENCEPHALOGRAPY EVOKED FIELDS EACH ADDL	330.85	330.85	ZZZ	0		
+	95967	TC	MAGNETOENCEPHALOGRAPY EVOKED FIELDS EACH ADDL	809.90	809.90	ZZZ	0		N
★	95970		ELEC ALYS IMPLT NPGT PHYS/QHP W/O PROGRAMMING	36.40	35.75	XXX	0	225.58	Q1
★	95971		ELEC ALYS IMPLT NPGT SMPL SP/PN NPGT PRGRMG	92.95	74.75	XXX	0	159.27	S
★	95972		ELEC ALYS IMPLT NPGT CPLX SP/PN PRGRMG	110.50	76.70	XXX	0	158.24	S
	95976		ELEC ALYS IMPLT SMPL CN NPGT PRGRMG	73.45	72.15	XXX	0	65.26	S
	95977		ELEC ALYS IMPLT CPLX CN NPGT PRGRMG	98.15	96.85	XXX	0	160.63	S
	95980		ELEC ALYS NSTIM PLS GEN GASTRIC INTRAOP W/PRGRMG	87.10	87.10	XXX	0		N

+ Add-on Procedure ⃠ Modifier 51 Exempt Procedure ★ Telemedicine

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					Professional				Outpatient Facility	
		Code	Mod	Descriptioni	Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
		95981		ELEC ALYS NSTIM GEN GASTRIC SBSQ W/O REPRGRMG	77.35	34.45	XXX	0	103.95	Q1
		95982		ELEC ALYS NSTIM PLS GEN GASTRIC SBSQ W/REPRGRMG	117.00	71.50	XXX	0	65.26	Q1
	★	95983		ELEC ALYS IMPLT BRN NPGT PRGRMG 1ST 15 MIN	96.20	94.25	XXX	0	160.63	S
+	★	95984		ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN	83.85	83.20	ZZZ	0		N
		95990		REFILL&MAINTENANCE PUMP DRUG DLVR SPINAL/BRAIN	169.65	169.65	XXX	0	580.23	S
		95991		RFL&MAIN IMPLT PMP/RSVR DLVR SPI/BRN PHY/QHP	212.55	76.05	XXX	0	505.23	T
		95992		CANALITH REPOSITIONING PROCEDURE	82.55	68.90	XXX	0		A
		95999		UNLISTED NEUROLOGICAL/NEUROMUSCULAR DX PX	BR	BR	XXX	0	273.81	Q1
		96000		COMPRE CPTR MTN ALYS VIDEO TAPING 3D KINEMATICS	161.20	161.20	XXX	0	928.55	S
		96001		COMPRE CPTR MTN ALYS W/DYN PLNTR PRES MEAS WALKG	206.05	206.05	XXX	0	1780.43	S
		96002		DYN SURF EMG WALKG/FUNCJAL ACTV 1-12 MUSC	41.60	41.60	XXX	0	544.95	S
		96004		PHYS/QHP R&I CPTR MTN ALYS WALK/FUNCJL ACTV REPR	206.05	206.05	XXX	0		B
		96020		TEST SELECT & ADMN FUNCTL BRAIN MAP PHYS/QHP	301.60	301.60	XXX	0		
		96020	26	TEST SELECT & ADMN FUNCTL BRAIN MAP PHYS/QHP	301.60	301.60	XXX	0		
		96020	TC	TEST SELECT & ADMN FUNCTL BRAIN MAP PHYS/QHP	BR	BR	XXX	0		N
	★	96041		MED GENETICS&GENETIC COUNSELING SVCS EACH 30 MIN	100.75	100.75	XXX	9		B
	★	96105		ASSESSMENT APHASIA W/INTERP & REPORT PER HOUR	188.50	188.50	XXX	0		A
	★	96110		DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM	22.75	22.75	XXX	9		E1
	★	96112		DEVELOPMENTAL TST ADMIN PHYS/QHP 1ST HOUR	255.45	235.30	XXX	0	270.60	Q3
+	★	96113		DEVELOPMENTAL TST ADMIN PHYS/QHP EA ADDL 30 MIN	107.25	96.85	ZZZ	0		N
	★	96116		NEUROBEHAVIORAL STATUS XM PHYS/QHP 1ST HOUR	178.10	153.40	XXX	0	544.95	Q3
+	★	96121		NEUROBEHAVIORAL STATUS XM PHYS/QHP EA ADDL HOUR	146.25	128.05	ZZZ	0		N
	★	96125		STANDARDIZED COGNITIVE PERFORMANCE TESTING	200.20	200.20	XXX	0		A
	★	96127		BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	9.10	9.10	XXX	0	68.69	Q1
	★	96130		PSYCHOLOGICAL TST EVAL SVC PHYS/QHP FIRST HOUR	235.95	213.20	XXX	0	544.95	Q3
+	★	96131		PSYCHOLOGICAL TST EVAL SVC PHYS/QHP EA ADDL HOUR	166.40	145.60	ZZZ	0		N
	★	96132		NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP 1ST HOUR	251.55	206.70	XXX	0	928.55	Q3
+	★	96133		NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP EA ADDL HR	187.85	146.25	ZZZ	0		N
	★	96136		PSYL/NRPSYCL TST PHYS/QHP 2+ TST 1ST 30 MIN	81.90	45.50	XXX	0	225.58	Q3
+	★	96137		PSYCL/NRPSYCL TST PHYS/QHP 2+ TST EA ADDL 30 MIN	72.15	34.45	ZZZ	0		N
	★	96138		PSYCL/NRPSYCL TST TECH 2+ TST 1ST 30 MIN	67.60	67.60	XXX	0	698.32	Q3
+	★	96139		PSYCL/NRPSYCL TST TECH 2+ TST EA ADDL 30 MIN	67.60	67.60	ZZZ	0		N
		96146		PSYCL/NRPSYCL TST ELEC PLATFORM AUTO RESULT	4.55	4.55	XXX	0	42.86	Q3
	★	96156		HEALTH BEHAVIOR ASSESSMENT/RE-ASSESSMENT	198.90	174.20	XXX	0	161.88	Q3
	★	96158		HEALTH BEHAVIOR IVNTJ INDIV F2F 1ST 30 MIN	136.50	119.60	XXX	0	281.17	Q3
+	★	96159		HEALTH BEHAVIOR IVNTJ INDIV F2F EA ADDL 15 MIN	46.80	40.95	ZZZ	0		N
	★	96160		PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	5.85	5.85	ZZZ	9	52.13	S
	★	96161		CAREGIVER HLTH RISK ASSMT SCORE DOC STND INSTRM	5.85	5.85	ZZZ	9	52.13	S
	★	96164		HEALTH BEHAVIOR IVNTJ GROUP F2F 1ST 30 MIN	20.80	18.85	XXX	0	52.13	Q3
+	★	96165		HEALTH BEHAVIOR IVNTJ GROUP F2F EA ADDL 15 MIN	9.75	8.45	ZZZ	0		N
	★	96167		HEALTH BEHAVIOR IVNTJ FAM W/PT F2F 1ST 30 MIN	144.95	126.75	XXX	0	52.13	Q3
+	★	96168		HEALTH BEHAVIOR IVNTJ FAM W/PT F2F EA ADD 15 MIN	52.00	45.50	ZZZ	0		N
	★	96170		HEALTH BEHAVIOR IVNTJ FAM W/O PT F2F 1ST 30 MIN	150.80	141.05	XXX	9		E1
+	★	96171		HEALTH BEHAVIOR IVNTJ FAM W/O PT F2F EA ADDL 15	54.60	50.70	ZZZ	9		E1
	★	96202		MLT FAM GROUP BHV MGMT/MODIFICAJ TRAING 1ST 60	46.80	41.60	XXX	0		A
+	★	96203		MLT FAM GROUP BHV MGMT/MODIFICAJ TRAING EA ADDL	11.70	11.70	ZZZ	0		A
		96360		IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	60.45	60.45	XXX	0	368.60	S
+		96361		IV INFUSION HYDRATION EACH ADDITIONAL HOUR	23.40	23.40	ZZZ	0	80.75	S
		96365		IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR	116.35	116.35	XXX	0	368.45	S
+		96366		IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	39.00	39.00	ZZZ	0	80.75	S
+		96367		IV INFUSION THER PROPH ADDL SEQUENTIAL TO 1 HR	53.30	53.30	ZZZ	0	124.55	S
+		96368		IV NFS THERAPY PROPHYLAXIS/DX CONCURRENT NFS	37.05	37.05	ZZZ	0		N
		96369		SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP	269.75	269.75	XXX	0	368.71	S
+		96370		SUBCUTANEOUS INFUSION EACH ADDITIONAL HOUR	31.85	31.85	ZZZ	0	80.75	S
+		96371		SUBQ INFUSION ADDITIONAL PUMP INFUSION SITE	111.80	111.80	ZZZ	0	124.55	Q1
		96372		THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	27.95	27.95	XXX	0	124.53	Q1
		96373		THERAPEUTIC PROPHYLACTIC/DX NJX INTRA-ARTERIAL	37.05	37.05	XXX	0	368.71	S
		96374		THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	68.25	68.25	XXX	0	368.48	S
+		96375		THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	28.60	28.60	ZZZ	0	80.75	S
+		96376		THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG FAC	62.40	62.40	ZZZ	9		N
		96377		APPL ON-BODY INJECTOR FOR TIMED SUBQ INJECTION	35.10	35.10	XXX	0	80.75	Q1

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	Code	Mod	Descriptioni	Professional				Outpatient Facility	
				Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
	96379		UNLISTED THERAPEUTIC PROPH/DX IV/IA NJX/NFS	BR	BR	XXX	0	80.54	Q1
	96380		ADMN RSV MONOC ANTB SEASONAL DOS IM CNSL PHY/QHP	44.85	44.85	XXX	0		M
	96381		ADMN RSV MONOCLONAL ANTB SEASONAL DOSE IM NJX	38.35	38.35	XXX	0		M
	96401		CHEMOTX ADMN SUBQ/IM NON-HORMONAL ANTI-NEO	133.25	133.25	XXX	0	124.55	Q1
	96402		CHEMOTX ADMN SUBQ/IM HORMONAL ANTI-NEO	70.20	70.20	XXX	0	124.55	Q1
	96405		CHEMOTHERAPY ADMINISTRATION INTRALESIONAL </7	159.90	55.90	000	1	124.55	Q1
	96406		CHEMOTHERAPY ADMINISTRATION INTRALESIONAL >7	245.05	85.80	000	1	367.05	S
	96409		CHEMOTX ADMN IV PUSH TQ 1/1ST SBST/DRUG	185.90	185.90	XXX	0	580.41	S
+	96411		CHEMOTX ADMN IV PUSH TQ EA SBST/DRUG	102.05	102.05	ZZZ	0	124.55	S
	96413		CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	239.85	239.85	XXX	0	580.41	S
+	96415		CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	51.35	51.35	ZZZ	0	124.55	S
	96416		CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	235.95	235.95	XXX	0	580.46	S
+	96417		CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR	118.30	118.30	ZZZ	0	124.55	S
	96420		CHEMOTHERAPY ADMIN INTRA-ARTERIAL PUSH TQ	189.80	189.80	XXX	0	527.00	S
	96422		CHEMOTHERAPY ADMIN INTRA-ARTERIAL INFUS <1 HR	289.90	289.90	XXX	0	554.51	S
+	96423		CHEMOTHERAPY ADMN INTRAARTERIAL INFUSION EA HR	134.55	134.55	ZZZ	0	80.75	S
	96425		CHEMOTX ADMN IA NFS >8 HR PRTBLE IMPLTBL PMP	312.00	312.00	XXX	0	580.46	S
	96440		CHEMOTX ADMN PLEURAL CAVITY REQ&W/THORACNTS	1392.30	263.25	000	0	580.46	S
	96446		CHEMOTX ADMN PERTL CAVITY IMPLANTED PORT/CATH	295.75	38.35	XXX	0	580.46	S
	96450		CHEMOTX ADMN CNS REQ SPINAL PUNCTURE	309.40	148.85	000	0	576.68	S
	96521		REFILLING & MAINTENANCE PORTABLE PUMP	229.45	229.45	XXX	0	368.64	S
	96522		REFILL&MAINTENANCE PUMP DRUG DLVR SYSTEMIC	217.75	217.75	XXX	0	368.67	S
	96523		IRRIGAJ IMPLNTD VENOUS ACCESS DRUG DELIVERY SYST	46.80	46.80	XXX	0	103.93	Q1
	96542		CHEMOTX NJX SUBARACHND/INTRAVENTR RSVR 1/MULT	247.00	79.95	XXX	0	580.46	S
+	96547		INTRAOPERATIVE HIPEC PX FIRST 60 MINUTES	705.25	705.25	ZZZ	2		N
+	96548		INTRAOPERATIVE HIPEC PX EACH ADDL 30 MINUTES	323.05	323.05	ZZZ	2		N
	96549		UNLISTED CHEMOTHERAPY PROCEDURE	BR	BR	XXX	0	80.75	Q1
	96567		PDT DSTR PRMLG LES SKN ILLUM/ACTIVJ PER DAY	256.75	256.75	XXX	0	347.73	Q1
+	96570		PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX 30 MIN	104.65	104.65	ZZZ	1		N
+	96571		PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX A 15 MIN	48.10	48.10	ZZZ	1		N
	96573		PDT DSTR PRMLG LES SKN ILLUM/ACTIVJ BY PHYS/QHP	427.70	427.70	000	0	347.73	Q1
	96574		DEBRIDEMENT PRMLG HYPERKERATOTIC LES W/PDT	525.85	525.85	000	0	347.73	Q1
	96900		ACTINOTHERAPY ULTRAVIOLET LIGHT	48.75	48.75	XXX	0	68.69	Q1
	96902		MCRSCP XM HAIR PLUCK/CLIP FOR CNTS/STRUCT ABNORM	42.25	38.35	XXX	9		N
	96904		WHOLE BODY INTEGUMENTARY PHOTOGRAPHY	129.35	129.35	XXX	0		N
	96910		PHOTOCHEMOTX TAR&UVB/PETROLATUM/UVB	228.15	228.15	XXX	0	103.95	Q1
	96912		PHOTOCHEMOTX PSORALENS&ULTRAVIOLET A PUVA	193.70	193.70	XXX	0	103.95	Q1
	96913		PHOTOCHEMOTHERAPY DERMATOSES 4-8 HRS SUPERVISION	293.80	293.80	XXX	0	699.18	T
	96920		EXCIMER LASER TX PSORIASIS TOT AREA <250 SQ CM	274.95	98.80	000	1	347.73	Q1
	96921		EXCIMER LASER TX PSORIASIS 250-500 SQ CM	293.80	112.45	000	1	347.73	Q1
	96922		EXCIMER LASER TX PSORIASIS >500 SQ CM	367.25	180.70	000	1	699.18	Q1
	96931		RCM CELL&SUBCELL IMG SKN IMG ACQUISJ&I&R 1ST	325.00	325.00	XXX	0		M
	96932		RCM CELL&SUBCELL IMG SKN IMG ACQUIJ ONLY 1ST LES	241.15	241.15	XXX	0		N
	96933		RCM CELL&SUBCELL IMG SKN I&R ONLY 1ST LESION	83.85	83.85	XXX	0		B
+	96934		RCM CELL&SUBCELL IMG SKN IMG ACQ I&R EACH ADDL	229.45	229.45	ZZZ	0		N
+	96935		RCM CELL&SUBCELL IMG SKN IMG ACQUIJ ONLY EA ADDL	148.20	148.20	ZZZ	0		N
+	96936		RCM CELL&SUBCELL IMG SKN I&R ONLY EA ADDL LESION	81.25	81.25	ZZZ	0		N
	96999		UNLISTED SPECIAL DERMATOLOGICAL SERVICE/PX	BR	BR	XXX	0	347.73	Q1
	97007		MCHNL SCLP COOL CAP SPLY HEAD MEAS FITG&EDUCAJ	3298.75	3298.75	XXX	0	2538.38	S
	97008		MCHNL SCLP COOL HAIR PREPJ CAP PLMT THER&PRECOOL	19.50	19.50	XXX	0		N
+	97009		MCHNL SCLP COOL AFTER CHEMO EACH 30 MINUTES	12.35	12.35	ZZZ	0		N
	99000		HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	12.35	12.35	XXX	9		E1
	99001		HANDLG&/OR CONVEY OF SPEC FOR TR FROM PT TO LAB	16.90	16.90	XXX	9		E1
	99002		HANDLE/CONVEY/ANY OTH SVC DEVICE FIT PHYS/QHP	15.60	15.60	XXX	9		B
	99024		POSTOP FOLLOW UP VISIT RELATED TO ORIGINAL PX	61.75	61.75	XXX	9		B
	99026		HOSPITAL MANDATED CALL SERVICE IN-HOSPITAL EA HR	74.10	74.10	XXX	9		E1
	99027		HOSPITAL MANDATED CALL SVC OUT-OF-HOSPITAL EA HR	BR	BR	XXX	9		E1
	99050		SERVICES PROVIDED OFFICE OTH/THN REG SCHED HOURS	30.55	30.55	XXX	9		B
	99051		SVC PRV OFFICE REG SCHEDD EVN WKEND/HOLIDAY HRS	30.55	30.55	XXX	9		B
	99053		SERVICES PROVIDED BTW 10 PM&8 AM AT 24-HR FACI	46.15	46.15	XXX	9		B
	99056		SVC TYPICAL PRV OFFICE PRV OUT OFFICE REQUEST PT	61.75	61.75	XXX	9		B

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		Code	Mod	Descriptioni	Professional Non Fac Fee	Professional Fac Fee	Professional FUD	Professional ASST	Outpatient Facility Fee	Outpatient Facility SI
		99058		SVC PRV EMER BASIS IN OFFICE DISRUPTING SVCS	40.30	40.30	XXX	9		B
		99060		SVC PRV EMER OUT OFFICE DISRUPTS OFFICE SVC	30.55	30.55	XXX	9		B
		99070		SUPPLIES&MATERIALS ABOVE/BEYOND PROV BY PHYS/QHP	BR	BR	XXX	9		B
		99071		EDUCATIONAL SUPPLIES PRV BY THE PHYS AT COST	BR	BR	XXX	9		B
		99072		ADDL SUPL MATRL&STAF TM DRG PHE RES-TR NFCT DS	18.20	18.20	XXX	9		B
		99075		MEDICAL TESTIMONY	See Rule	See Rule	XXX	9		E1
		99078		PHYS/QHP EDUCATION SVCS RENDERED PTS GRP SETTING	BR	BR	XXX	9		N
		99080		SPEC REPORTS > USUAL MED COMUNICAJ/STAND RPRTG	See Rule	See Rule	XXX	9		B
		99082		UNUSUAL TRAVEL	BR	BR	XXX	0		B
		99091		COLLJ & INTERPJ PHYSIOL DATA MIN 30 MIN EA 30 D	104.00	104.00	XXX	0		N
	⃠	99151		MOD SED SAME PHYS/QHP INITIAL 15 MINS <5 YRS	116.35	46.15	XXX	9		N
	⃠	99152		MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS	97.50	23.40	XXX	9		N
+		99153		MOD SED SAME PHYS/QHP EACH ADDL 15 MINS	23.40	23.40	ZZZ	9		N
		99155		MOD SED OTHER PHYS/QHP INITIAL 15 MINS <5 YRS	159.90	159.90	XXX	9		N
		99156		MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5/> YRS	143.00	143.00	XXX	9		N
+		99157		MOD SED OTHER PHYS/QHP EACH ADDL 15 MINS	111.15	111.15	ZZZ	9		N
		99170		ANOGENITAL XM MAGNIFY CHILD/SUSPECT TRAUMA W IMG	321.10	163.15	000	1	352.05	T
		99172		VISUAL FUNCT SCRNG AUTO SEMI-AUTO BI QUAN DETERM	35.75	35.75	XXX	9		E1
		99173		SCREENING TEST VISUAL ACUITY QUANTITATIVE BILAT	6.50	6.50	XXX	9		E1
		99174		INSTRUMENT BASED OCULAR SCR BI W/RMT ANAL & RPT	12.35	12.35	XXX	9		E1
		99175		IPECAC/SIMILAR ADMN EMESIS&OBS STOMACH EMPTIED	58.50	58.50	XXX	0		N
		99177		INSTRUMENT BASED OCULAR SCR BI W/ONSITE ANALYSIS	9.75	9.75	XXX	9		E1
		99183		PHYS/QHP ATTN&SUPVJ HYPRBARIC OXYGEN TX/SESSION	205.40	205.40	XXX	0		B
		99184		INITIAT SELECTIVE HEAD/BODY HYPOTHERMIA NEONATE	412.10	412.10	XXX	0		C
		99188		APPLICATION TOPICAL FLUORIDE VARNISH BY PHS/QHP	22.75	18.85	XXX	0		E1
		99190		ASSEMBLY&OPERJ PUMP OXYGENATOR/HEAT EXCH EA HR	518.05	518.05	XXX	9		C
		99191		ASSEMBLY&OPERJ PUMP OXYGENATOR/HEAT EXCH 45 MI	401.05	401.05	XXX	9		C
		99192		ASSEMBLY&OPERJ PUMP OXYGENATOR/HEAT EXCH 30 MI	265.20	265.20	XXX	9		C
		99195		PHLEBOTOMY THERAPEUTIC SEPARATE PROCEDURE	174.85	174.85	XXX	0	225.51	Q1
		99199		UNLISTED SPECIAL SERVICE PROCEDURE/REPORT	BR	BR	XXX	0		B
		99500		HOME VISIT PRENATAL MONITORING & ASSESSMENT	0.00	0.00	XXX	9		E1
		99501		HOME VISIT POSTNATAL ASSMT&F-UP CARE	0.00	0.00	XXX	9		E1
		99502		HOME VISIT NEWBORN CARE & ASSESSMENT	0.00	0.00	XXX	9		E1
		99503		HOME VISIT RESPIRATORY THERAPY CARE	0.00	0.00	XXX	9		E1
		99504		HOME VISIT MECHANICAL VENTILATION CARE	0.00	0.00	XXX	9		E1
		99505		HOME VISIT STOMA CARE&MAINT CLST&CSTOST	0.00	0.00	XXX	9		E1
		99506		HOME VISIT INTRAMUSCULAR INJECTIONS	0.00	0.00	XXX	9		E1
		99507		HOME VISIT CARE&MAINT CATH	0.00	0.00	XXX	9		E1
		99509		HOME VISIT ASSISTANCE DAILY LIV&PRSONAL CARE	0.00	0.00	XXX	9		E1
		99510		HOME VISIT INDIV FAM/MARRIAGE COUNSELING	0.00	0.00	XXX	9		E1
		99511		HOME VISIT FECAL IMPACTION MGMT&ENEMA ADMN	0.00	0.00	XXX	9		E1
		99512		HOME VISIT HEMODIALYSIS	0.00	0.00	XXX	9		E1
		99600		UNLISTED HOME VISIT SERVICE/PROCEDURE	0.00	0.00	XXX	9		E1
		99601		HOME NFS/SPECIALTY DRUG ADMN PER VISIT <2 HR	0.00	0.00	XXX	9		E1
+		99602		HOME NFS/SPECIALTY DRUG ADMN PR VST<2 HR EA ADDL	0.00	0.00	XXX	9		E1
		99605		MEDICATION THERAPY INITIAL 15 MIN NEW PATIENT	46.15	46.15	XXX	9		E1
		99606		MEDICATION THERAPY INITIAL 15 MIN ESTABLISHED PT	38.35	38.35	XXX	9		E1
+		99607		MEDICATION THERAPY EACH ADDITIONAL 15 MIN	38.35	38.35	XXX	9		E1

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Physical Medicine

		Code	Mod	Description	Professional Non Fac Fee	Professional Fac Fee	FUD	ASST	Outpatient Facility Fee	Outpatient Facility SI
		97010		APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	10.00	10.00	XXX	9		A
		97012		APPL MODALITY 1/> AREAS TRACTION MECHANICAL	30.79	30.79	XXX	0		A
		97014		APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	19.00	19.00	XXX	9		E1
		97016		APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	18.00	18.00	XXX	0		A
		97018		APPL MODALITY 1/> AREAS PARAFFIN BATH	9.50	9.50	XXX	0		A
		97022		APPLICATION MODALITY 1/> AREAS WHIRLPOOL	24.00	24.00	XXX	0		A
		97024		APPLICATION MODALITY 1/> AREAS DIATHERMY	11.00	11.00	XXX	0		A
		97026		APPLICATION MODALITY 1/> AREAS INFRARED	10.50	10.50	XXX	0		A
		97028		APPL MODALITY 1/> AREAS ULTRAVIOLET	12.50	12.50	XXX	0		A
		97032		APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	25.61	25.61	XXX	0		A
		97033		APPL MODALITY 1+ AREAS IONTOPHORESIS EA 15 MIN	29.00	29.00	XXX	0		A
		97034		APPL MODALITY 1+ AREAS CONTRAST BATHS EA 15 MIN	21.00	21.00	XXX	0		A
		97035		APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN	30.01	30.01	XXX	0		A
		97036		APPL MODALITY 1+ AREAS HUBBARD TANK EA 15 MIN	53.00	53.00	XXX	0		A
		97037		APPL MODALITY 1+ AREAS LLLT PO PAIN REDUCTION	BR	BR	XXX	9	68.69	Q1
		97039		UNLISTED MODALITY SPEC TYPE&TIME CONSTANT ATTN	BR	BR	XXX	0		A
	★	97110		THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	44.50	44.50	XXX	0		A
	★	97112		THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	49.50	49.50	XXX	0		A
		97113		THER PX 1/> AREAS EACH 15 MIN AQUA THER W/XERSS	56.50	56.50	XXX	0		A
	★	97116		THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR	44.50	44.50	XXX	0		A
		97124		THER PX 1/> AREAS EACH 15 MINUTES MASSAGE	46.00	46.00	XXX	0		A
	★	97129		THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	33.50	33.00	XXX	0		A
+	★	97130		THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	32.00	32.00	ZZZ	0		A
		97139		UNLISTED THERAPEUTIC PROCEDURE SPECIFY	BR	BR	XXX	0		A
		97140		MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	42.00	42.00	XXX	0		A
	★	97150		THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS	27.00	27.00	XXX	0		A
	★	97151		BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN	23.50	23.50	XXX	0	161.88	Q3
	★	97152		BEHAVIOR ID SUPPORT ASSMT BY 1 TECH EA 15 MIN	15.50	15.50	XXX	0	161.88	Q3
	★	97153		ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	15.00	15.00	XXX	0	161.88	Q3
	★	97154		GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN	12.00	12.00	XXX	0	52.13	Q3
	★	97155		ADAPT BHV TX PRTCL MODIFICAJ PHYS/QHP EA 15 MIN	19.00	19.00	XXX	0	281.17	Q3
	★	97156		FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15 MIN	18.00	18.00	XXX	0	52.13	Q3
	★	97157		MULTIPLE FAM GROUP BHV TX GDN PHYS/QHP EA 15 MIN	15.00	15.00	XXX	0	52.13	Q3
	★	97158		GRP ADAPT BHV PRTCL MODIFCAJ PHYS/QHP EA 15 MIN	11.50	11.50	XXX	0	52.13	Q3
	★	97161		PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	151.50	151.50	XXX	0		A
	★	97162		PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	151.50	151.50	XXX	0		A
	★	97163		PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	151.50	151.50	XXX	0		A
	★	97164		PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	104.50	104.50	XXX	0		A
	★	97165		OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	155.50	155.50	XXX	0		A
	★	97166		OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	155.50	155.50	XXX	0		A
	★	97167		OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	155.50	155.50	XXX	0		A
	★	97168		OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS	107.50	107.50	XXX	0		A
		97169		ATHLETIC TRAINING EVAL LOW COMPLEX 15 MINS	42.50	42.50	XXX	9		E1
		97170		ATHLETIC TRAINING EVAL MOD COMPLEX 30 MINS	83.00	83.00	XXX	9		E1
		97171		ATHLETIC TRAINING EVAL HIGH COMPLEX 45 MINS	166.00	166.00	XXX	9		E1
		97172		ATHLETIC TRAINING RE-EVAL EST PLAN CARE 20 MINS	59.50	59.50	XXX	9		E1
	★	97530		THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	53.50	53.50	XXX	0		A
		97533		SENSORY INTEGRATIVE TECHNIQUES EACH 15 MINUTES	93.50	93.50	XXX	0		A
	★	97535		SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	49.50	49.50	XXX	0		A
	★	97537		COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN	49.00	49.00	XXX	0		A
	★	97542		WHEELCHAIR MGMT EA 15 MIN	47.50	47.50	XXX	0		A
		97545		WORK HARDENING/CONDITIONING 1ST 2 HR	248.00	248.00	XXX	0		A
+		97546		WORK HARDENING/CONDITIONING EACH HOUR	112.00	112.00	ZZZ	0		A
	★	97550		CAREGIVER TRAINING STRATEGIES&TQ 1ST 30 MINUTES	80.50	69.00	XXX	0		A
+	★	97551		CAREGIVER TRAINING STRATEGIES&TQ EA ADDL 15 MIN	39.50	37.00	ZZZ	0		A
	★	97552		GROUP CAREGIVER TRAINING STRATEGIES & TECHNIQUE	34.00	16.00	XXX	0		A
		97597		DEBRIDEMENT OPEN WOUND FIRST 20 SQ CM/<	149.50	52.50	000	0	347.69	T
+		97598		DEBRIDEMENT OPN WND EA ADDL 20 SQ CM/PRT THEREOF	67.00	36.00	ZZZ	0		N

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		Code	Mod	Description	Professional				Outpatient Facility	
					Non Fac Fee	Fac Fee	FUD	ASST	Fee	SI
		97602		RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	47.50	47.50	XXX	9	347.59	Q1
		97605		NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM	65.00	36.50	XXX	0	347.69	Q1
		97606		NEGATIVE PRESSURE WOUND THERAPY DME >50 SQ CM	77.50	39.50	XXX	0	699.18	Q1
		97607		NEG PRESSURE WOUND THERAPY NON DME <= 50 SQ CM	499.50	31.50	XXX	0	699.18	T
		97608		NEG PRESSURE WOUND THERAPY NON DME >50 SQ CM	521.00	36.50	XXX	0	699.18	T
		97610		LOW FREQUENCY NON-THERMAL ULTRASOUND PER DAY	614.00	26.50	XXX	0	347.73	Q1
	★	97750		PHYSICAL PERFORMANCE TEST/MEAS W/REPRT EA 15 MIN	51.50	51.50	XXX	0		A
	★	97755		ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN	58.00	58.00	XXX	0		A
	★	97760		ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS	71.00	71.00	XXX	0		A
	★	97761		PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS	62.50	62.50	XXX	0		A
	★	97763		ORTHOTICS/PROSTH MGMT &/TRAING SBSQ ENCTR 15 MIN	77.50	77.50	XXX	0		A
		97799		UNLISTED PHYSICAL MEDICINE/REHAB SERVICE/PX	BR	BR	XXX	0		A
	★	97802		MEDICAL NUTRITION ASSMT&IVNTJ INDIV EACH 15 MI	55.00	48.50	XXX	0		A
	★	97803		MEDICAL NUTRITION RE-ASSMT&IVNTJ INDIV EA 15 M	48.00	41.00	XXX	0		A
	★	97804		MEDICAL NUTRITION THERAPY GRP2/ INDIV EA 30 MI	25.50	23.00	XXX	0		A
		97810		ACUPUNCTURE 1/> NDLS W/O ESTIM 1ST 15 MIN	69.00	46.50	XXX	1	42.86	S
+		97811		ACUPUNCTURE 1/> NDLS W/O ESTIM EACH ADDL 15 MIN	39.50	35.50	ZZZ	1		N
		97813		ACUPUNCTURE 1/> NDLS W/ESTIM 1ST 15 MIN	79.50	56.00	XXX	1	42.86	S
+		97814		ACUPUNCTURE 1/> NDLS W/ESTIM EACH ADDL 15 MIN	44.50	36.00	ZZZ	1		N
		98925		OSTEOPATHIC MANIPULATIVE TX 1-2 BODY REGIONS	47.00	34.00	000	0	44.28	Q1
		98926		OSTEOPATHIC MANIPULATIVE TX 3-4 BODY REGIONS	68.00	51.50	000	0	44.28	Q1
		98927		OSTEOPATHIC MANIPULATIVE TX 5-6 BODY REGIONS	88.50	68.50	000	0	44.28	Q1
		98928		OSTEOPATHIC MANIPULATIVE TX 7-8 BODY REGIONS	107.50	86.50	000	0	44.28	Q1
		98929		OSTEOPATHIC MANIPULATIVE TX 9-10 BODY REGIONS	126.50	103.00	000	0	44.28	Q1
		98940		CHIROPRACTIC MANIPULATIVE TX SPINAL 1-2 REGIONS	50.24	50.24	000	0	44.28	Q1
		98941		CHIROPRACTIC MANIPULATIVE TX SPINAL 3-4 REGIONS	61.58	61.58	000	0	44.28	Q1
		98942		CHIROPRACTIC MANIPULATIVE TX SPINAL 5 REGIONS	71.57	71.57	000	0	44.28	Q1
		98943		CHIROPRACTIC MANIPLTV TX EXTRASPINAL 1/> REGION	46.01	46.01	XXX	9		E1
	★	98960		EDUCATION&TRAINING PT SELF-MGMT NQHP INDIV PT	47.00	47.00	XXX	9		N
	★	98961		EDUCATION&TRAINING PT SELF-MGMT NQHP 2-4 PTS	22.50	22.50	XXX	9		N
	★	98962		EDUCATION&TRAINING PT SELF-MGMT NQHP 5-8 PTS	16.50	16.50	XXX	9		N
	★	98966		TELEPHONE ASSMT&MGMT SVC NQHP EST PT 5-10 MIN	20.00	17.50	XXX	0		A
	★	98967		TELEPHONE ASSMT&MGMT SVC NQHP EST PT 11-20 MIN	37.00	34.00	XXX	0		A
	★	98968		TELEPHONE ASSMT&MGMT SVC NQHP EST PT 21-30 MIN	51.00	47.50	XXX	0		A
		98970		NQHP OL DIGITAL ASSMT&MGMT EST PT <7 D 5-10 MIN	17.50	17.50	XXX	0		A
		98971		NQHP OL DIGITAL ASSMT&MGMT EST PT <7 D 11-20 MIN	33.00	33.00	XXX	0		A
		98972		NQHP OL DIGITAL ASSMT&MGMT EST PT <7 D 21+ MIN	50.00	49.50	XXX	0		A
		98975		RTM 1ST SET-UP&PT EDUCAJ ON USE OF EQUIPMENT	30.50	30.50	XXX	0	225.52	V
		98976		RTM DEV SPLY DATA RESPIR SYS 16-30 D IN 30 D PD	66.50	66.50	XXX	0	65.26	Q1
		98977		RTM DEV SPLY DATA MUSCSKEL SYS 16-30 D IN 30D PD	66.50	66.50	XXX	0	65.26	Q1
		98978		RTM DEV SPLY DATA CBT 16-30 DAYS IN 30 D PD	58.50	58.50	XXX	0	65.26	Q1
		98979		RTM TX MGMT 1 R-T IA COMUNICAJ CAL MO 1ST 10 MIN	39.50	17.00	XXX	0		A
		98980		RTM TX MGMT 1 R-T IA COMUNICAJ CAL MO 1ST 20 MIN	77.50	45.50	XXX	0		B
+		98981		RTM TX MGMT 1 R-T IA COMUNICAJ CAL MO EA ADDL 20	60.50	44.50	ZZZ	0		B
		98984		RTM DEV SPLY DATA RESPIR SYS 2-15 DAYS IN 30D PD	78.00	78.00	XXX	0	66.73	Q1
		98985		RTM DEV SPLY DATA MUSCSKEL SYS 2-15 D IN 30D PD	77.00	77.00	XXX	0	66.73	Q1
		98986		RTM DEV SPLY DATA CBT 2-15 DAYS IN 30 D PD	BR	BR	XXX	0	66.73	Q1

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HCPCS

Code	Mod	Description	Professional Fee	Outpatient Facility Fee	Facility SI
A0425		GROUND MILEAGE	26.72		A
A0426		ALS 1	1190.15		A
A0427		ALS1-EMERGENCY	1522.60		A
A0428		BLS	1070.66		A
A0429		BLS-EMERGENCY	1226.83		A
A0430		FIXED WING AIR TRANSPORT	BR		A
A0431		ROTARY WING AIR TRANSPORT	BR		A
A0432		PI VOLUNTEER AMBULANCE CO	1076.24		A
A0433		ALS 2	2055.60		A
A0434		SPECIALTY CARE TRANSPORT	3000.00		A
A0435		FIXED WING AIR MILEAGE	BR		A
A0436		ROTARY WING AIR MILEAGE	BR		A
A2001		INNOVAMATRIX AC, PER SQ CM	165.43	222.50	N
A2002		MIRRAGEN ADV WND MAT PER SQ	165.43	222.50	N
A2003		BIO-CONNEKT WOUND MATRIX	BR		
A2004		XCELLISTEM, 1 MG	BR		N
A2005		MICROLYTE MATRIX, PER SQ CM	165.43	222.50	N
A2006		NOVOSORB SYNPATH PER SQ CM	165.43	222.50	N
A2007		RESTRATA, PER SQ CM	165.43	222.50	N
A2008		THERAGENESIS, PER SQ CM	165.43	222.50	N
A2009		SYMPHONY, PER SQ CM	165.43	222.50	N
A2010		APIS, PER SQUARE CENTIMETER	165.43	222.50	N
A2011		SUPRA SDRM, PER SQ CM	165.43	222.50	N
A2012		SUPRATHEL, PER SQ CM	165.43	222.50	N
A2013		INNOVAMATRIX FS, PER SQ CM	165.43	222.50	N
A2014		OMEZA COLLAG PER 100 MG	66.01		N
A2015		PHOENIX WND MTRX, PER SQ CM	165.43	222.50	N
A2016		PERMEADERM B, PER SQ CM	165.43	222.50	N
A2017		PERMEADERM GLOVE, EACH	BR		N
A2018		PERMEADERM C, PER SQ CM	165.43	222.50	N
A2019		KERECIS MARIGEN SHLD SQ CM	165.43	222.50	N
A2020		AC5 WOUND SYSTEM	BR		N
A2021		NEOMATRIX PER SQ CM	165.43	222.50	N
A2022		INNOVABRN/INNOVAMATX XL SQCM	165.43	222.50	N
A2023		INNOVAMATRIX PD, 1 MG	BR		N
A2024		RESOLVE OR XENOPATCH SQ CM	165.43	222.50	N
A2025		MIRO3D PER CUBIC CM	165.43	222.50	N
A2026		RESTRATA MINIMATRIX, 5 MG	91.18		N
A2027		MATRIDERM PER SQ CM	165.43	222.50	N
A2028		MICROMATRIX FLEX PER MG	BR		N
A2029		MIROTRACT MATRIX SHEET	165.43	222.50	N
A2030		MIRO3D FIBERS, PER MG	BR		
A2031		MIRODRY, PER SQ CM	165.43	222.50	
A2032		MYRIAD MATRIX, PER SQ CM	165.43		
A2033		MYRIAD MORCELLS, 4 MG	BR		
A2034		FOUND DRS SOLO, PER SQ CM	165.43		
A2035		CORPL P THERAC P ALLAC P MG	BR		
A2036		COHEALYX COL DML MX PR SQ CM	165.43	222.50	
A2037		G4DERM PLUS, PER ML	BR		
A2038		MARIGEN PACTO, PER SQ CM	165.43	222.50	
A2039		INNOVAMATRIX FD, PER SQ CM	165.43	222.50	
A4100		SKIN SUB FDA CLRD AS DEV NOS	165.43		N
A4206		1 CC STERILE SYRINGE&NEEDLE	0.78		N
A4207		2 CC STERILE SYRINGE&NEEDLE	1.26		N
A4208		3 CC STERILE SYRINGE&NEEDLE	10.09		N
A4209		5+ CC STERILE SYRINGE&NEEDLE	2.11		N

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	SI
A4210		NONNEEDLE INJECTION DEVICE	1.68		E1
A4211		SUPP FOR SELF-ADM INJECTIONS	23.54		N
A4212		NON CORING NEEDLE OR STYLET	13.46		N
A4213		20+ CC SYRINGE ONLY	4.20		N
A4215		STERILE NEEDLE	0.83		N
A4216		STERILE WATER/SALINE, 10 ML	0.81		N
A4217		STERILE WATER/SALINE, 500 ML	5.56		N
A4218		STERILE SALINE OR WATER	2.11		N
A4220		INFUSION PUMP REFILL KIT	50.04		N
A4221		SUPP NON-INSULIN INF CATH/WK	36.93		N
A4222		INFUSION SUPPLIES WITH PUMP	73.50		N
A4223		INFUSION SUPPLIES W/O PUMP	129.94		N
A4224		SUPPLY INSULIN INF CATH/WK	36.93		N
A4225		SUP/EXT INSULIN INF PUMP SYR	4.60		N
A4226		WEEKLY SUPPLY MAINT CGS PUMP	8.83		E1
A4230		INFUS INSULIN PUMP NON NEEDL	10.09		N
A4231		INFUSION INSULIN PUMP NEEDLE	6.73		N
A4232		SYRINGE W/NEEDLE INSULIN 3CC	3.37		E1
A4233	NU	ALKALIN BATT FOR GLUCOSE MON	0.66		E1
A4234	NU	J-CELL BATT FOR GLUCOSE MON	3.07		E1
A4235	NU	LITHIUM BATT FOR GLUCOSE MON	1.30		E1
A4236	NU	SILVR OXIDE BATT GLUCOSE MON	1.51		E1
A4238		ADJU CGM SUPPLY ALLOWANCE	357.77		Y
A4239		NON-ADJU CGM SUPPLY ALLOW	348.30		Y
A4244		ALCOHOL OR PEROXIDE PER PINT	1.68		N
A4245		ALCOHOL WIPES PER BOX	5.47		N
A4246		BETADINE/PHISOHEX SOLUTION	6.73		N
A4247		BETADINE/IODINE SWABS/WIPES	10.09		N
A4248		CHLORHEXIDINE ANTISEPT	0.08		N
A4250		URINE REAGENT STRIPS/TABLETS	16.41		E1
A4252		BLOOD KETONE TEST OR STRIP	13.04		E1
A4253	NU	BLOOD GLUCOSE/REAGENT STRIPS	10.82		N
A4255		GLUCOSE MONITOR PLATFORMS	7.11		N
A4256		CALIBRATOR SOLUTION/CHIPS	4.39		N
A4257		REPLACE LENSSHIELD CARTRIDGE	23.18		E1
A4258		LANCET DEVICE EACH	2.76		N
A4259		LANCETS PER BOX	1.85		N
A4261		CERVICAL CAP CONTRACEPTIVE	BR		E1
A4262		TEMPORARY TEAR DUCT PLUG	19.76		N
A4263		PERMANENT TEAR DUCT PLUG	50.04		N
A4264		INTRATUBAL OCCLUSION DEVICE	BR		E1
A4265		PARAFFIN	6.19		N
A4266		DIAPHRAGM	58.03		E1
A4267		MALE CONDOM	0.66		E1
A4268		FEMALE CONDOM	1.26		E1
A4269		SPERMICIDE	13.46		E1
A4270		DISPOSABLE ENDOSCOPE SHEATH	11.35		N
A4271		HOME LANCING/TEST CARTRIDGES	43.46		A
A4280		BRST PRSTHS ADHSV ATTCHMNT	9.91		N
A4281		REPLACEMENT BREASTPUMP TUBE	8.41		E1
A4282		REPLACEMENT BREASTPUMP ADPT	14.72		E1
A4283		REPLACEMENT BREASTPUMP CAP	2.52		E1
A4284		REPLCMNT BREAST PUMP SHIELD	7.15		E1
A4285		REPLCMNT BREAST PUMP BOTTLE	5.04		E1
A4286		REPLCMNT BREASTPUMP LOK RING	5.89		E1
A4287		DISP COL STO BAG BREAST MILK	0.40		Y
A4288		REPLACEMENT BREASTPUMP VALVE	16.07		
A4290		SACRAL NERVE STIM TEST LEAD	259.45		N
A4295		STRAIGH TIP HYDROPHILIC CATH	3.35		N
A4296		COUDE TIP HYDROPHILIC CATH	11.90		N

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	SI
A4297		HYDROPHILIC COAT INSERT SUP	12.96		N
A4300		CATH IMPL VASC ACCESS PORTAL	16.82		N
A4301		IMPLANTABLE ACCESS SYST PERC	189.64		N
A4305		DRUG DELIVERY SYSTEM >=50 ML	52.99		N
A4306		DRUG DELIVERY SYSTEM <=50 ML	26.49		N
A4310		INSERT TRAY W/O BAG/CATH	14.03		N
A4311		CATHETER W/O BAG 2-WAY LATEX	25.12		N
A4312		CATH W/O BAG 2-WAY SILICONE	27.85		N
A4313		CATHETER W/BAG 3-WAY	28.60		N
A4314		CATH W/DRAINAGE 2-WAY LATEX	39.03		N
A4315		CATH W/DRAINAGE 2-WAY SILCNE	40.72		N
A4316		CATH W/DRAINAGE 3-WAY	51.58		N
A4320		IRRIGATION TRAY	9.70		N
A4321		CATH THERAPEUTIC IRRIG AGENT	1.68		N
A4322		IRRIGATION SYRINGE	5.54		N
A4326		MALE EXTERNAL CATHETER	18.84		N
A4327		FEM URINARY COLLECT DEV CUP	76.77		N
A4328		FEM URINARY COLLECT POUCH	16.11		N
A4330		STOOL COLLECTION POUCH	13.01		N
A4331		EXTENSION DRAINAGE TUBING	5.77		N
A4332		LUBE STERILE PACKET	0.20		N
A4333		URINARY CATH ANCHOR DEVICE	4.03		N
A4334		URINARY CATH LEG STRAP	8.93		N
A4335		INCONTINENCE SUPPLY	BR		N
A4336		URETHRAL INSERT	2.61		N
A4337		INCONTINENT RECTAL INSERT	BR		N
A4338		INDWELLING CATHETER LATEX	22.28		N
A4340		INDWELLING CATHETER SPECIAL	57.67		N
A4341		IDUC VALVE PAT INST REPL	443.21		N
A4342		IDUC VALVE SPLY REPL	1119.09		N
A4344		CATH INDW FOLEY 2 WAY SILICN	29.07		N
A4346		CATH INDW FOLEY 3 WAY	30.24		N
A4349		DISPOSABLE MALE EXTERNAL CAT	3.65		N
A4351		STRAIGHT TIP URINE CATHETER	3.29		N
A4352		COUDE TIP URINARY CATHETER	11.66		N
A4353		INTERMITTENT URINARY CATH	12.70		N
A4354		CATH INSERTION TRAY W/BAG	18.24		N
A4355		BLADDER IRRIGATION TUBING	13.77		N
A4356		EXT URETH CLMP OR COMPR DVC	70.45		N
A4357		BEDSIDE DRAINAGE BAG	14.99		N
A4358		URINARY LEG OR ABDOMEN BAG	12.05		N
A4360		DISPOSABLE EXT URETHRAL DEV	0.77		N
A4361		OSTOMY FACE PLATE	32.37		N
A4362		SOLID SKIN BARRIER	5.36		N
A4363		OSTOMY CLAMP, REPLACEMENT	3.65		E1
A4364		ADHESIVE, LIQUID OR EQUAL	5.34		N
A4366		OSTOMY VENT	2.34		N
A4367		OSTOMY BELT	11.36		N
A4368		OSTOMY FILTER	0.46		N
A4369		SKIN BARRIER LIQUID PER OZ	4.41		N
A4371		SKIN BARRIER POWDER PER OZ	6.63		N
A4372		SKIN BARRIER SOLID 4X4 EQUIV	7.63		N
A4373		SKIN BARRIER WITH FLANGE	11.39		N
A4375		DRAINABLE PLASTIC PCH W FCPL	31.19		N
A4376		DRAINABLE RUBBER PCH W FCPLT	86.42		N
A4377		DRAINABLE PLSTIC PCH W/O FP	7.79		N
A4378		DRAINABLE RUBBER PCH W/O FP	55.85		N
A4379		URINARY PLASTIC POUCH W FCPL	27.27		N
A4380		URINARY RUBBER POUCH W FCPLT	67.81		N
A4381		URINARY PLASTIC POUCH W/O FP	8.40		N

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	SI
A4382		URINARY HVY PLSTC PCH W/O FP	44.72		N
A4383		URINARY RUBBER POUCH W/O FP	51.19		N
A4384		OSTOMY FACEPLT/SILICONE RING	17.45		N
A4385		OST SKN BARRIER SLD EXT WEAR	9.26		N
A4387		OST CLSD POUCH W ATT ST BARR	4.08		N
A4388		DRAINABLE PCH W EX WEAR BARR	7.92		N
A4389		DRAINABLE PCH W ST WEAR BARR	11.27		N
A4390		DRAINABLE PCH EX WEAR CONVEX	17.43		N
A4391		URINARY POUCH W EX WEAR BARR	12.83		N
A4392		URINARY POUCH W ST WEAR BARR	14.85		N
A4393		URINE PCH W EX WEAR BAR CONV	16.42		N
A4394		OSTOMY POUCH LIQ DEODORANT	4.71		N
A4395		OSTOMY POUCH SOLID DEODORANT	0.07		N
A4396		PERISTOMAL HERNIA SUPPRT BLT	73.53		N
A4398		OSTOMY IRRIGATION BAG	24.36		N
A4399		OSTOMY IRRIG CONE/CATH W BRS	22.28		N
A4400		OSTOMY IRRIGATION SET	88.76		N
A4402		LUBRICANT PER OUNCE	2.78		N
A4404		OSTOMY RING EACH	2.74		N
A4405		NONPECTIN BASED OSTOMY PASTE	6.20		N
A4406		PECTIN BASED OSTOMY PASTE	10.40		N
A4407		EXT WEAR OST SKN BARR <=4SQ"	15.91		N
A4408		EXT WEAR OST SKN BARR >4SQ"	17.93		N
A4409		OST SKN BARR CONVEX <=4 SQ I	11.27		N
A4410		OST SKN BARR EXTND >4 SQ	16.42		N
A4411		OST SKN BARR EXTND =4SQ	9.26		N
A4412		OST POUCH DRAIN HIGH OUTPUT	4.91		N
A4413		2 PC DRAINABLE OST POUCH	10.01		N
A4414		OST SKNBAR W/O CONV<=4 SQ IN	8.93		N
A4415		OST SKN BARR W/O CONV >4 SQI	10.89		N
A4416		OST PCH CLSD W BARRIER/FILTR	5.01		N
A4417		OST PCH W BAR/BLTINCONV/FLTR	6.77		N
A4418		OST PCH CLSD W/O BAR W FILTR	3.29		N
A4419		OST PCH FOR BAR W FLANGE/FLT	3.13		N
A4420		OST PCH CLSD FOR BAR W LK FL	2.11		N
A4421		OSTOMY SUPPLY MISC	BR		N
A4422		OST POUCH ABSORBENT MATERIAL	0.20		N
A4423		OST PCH FOR BAR W LK FL/FLTR	3.37		N
A4424		OST PCH DRAIN W BAR & FILTER	8.65		N
A4425		OST PCH DRAIN FOR BARRIER FL	6.50		N
A4426		OST PCH DRAIN 2 PIECE SYSTEM	4.95		N
A4427		OST PCH DRAIN/BARR LK FLNG/F	5.07		N
A4428		URINE OST POUCH W FAUCET/TAP	11.84		N
A4429		URINE OST POUCH W BLTINCONV	14.99		N
A4430		OST URINE PCH W B/BLTIN CONV	15.47		N
A4431		OST PCH URINE W BARRIER/TAPV	11.27		N
A4432		OS PCH URINE W BAR/FANGE/TAP	6.51		N
A4433		URINE OST PCH BAR W LOCK FLN	6.10		N
A4434		OST PCH URINE W LOCK FLNG/FT	6.83		N
A4435		1PC OST PCH DRAIN HGH OUTPUT	10.47		N
A4436		IRR SUPPLY SLEEV REUS PER MO	29.60		N
A4437		IRR SUPPLY SLEEV DISP PER MO	29.60		N
A4438		ADHESIVE CLIP EXT ENS CONTR	3.34		A
A4450		NON-WATERPROOF TAPE	0.18		N
A4452		WATERPROOF TAPE	0.69		N
A4453		REC CATH ANY TRANSANAL, EACH	42.06		N
A4455		ADHESIVE REMOVER PER OUNCE	2.59		N
A4456		ADHESIVE REMOVER, WIPES	0.44		N
A4457		ENEMA TUBE ANY TYPE REPL	422.19		E1
A4458		REUSABLE ENEMA BAG	5.89		N

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	SI
A4459		TRANSANAL IRRIGATION, ANY	4067.54		N
A4461		SURGICL DRESS HOLD NON-REUSE	5.99		N
A4463		SURGICAL DRESS HOLDER REUSE	24.18		N
A4465		NON-ELASTIC EXTREMITY BINDER	23.54		N
A4467		BELT STRAP SLEEV GRMNT COVER	29.86		E1
A4468		EXSUFF BELT INCL ALL SUP ACC	11.73		E1
A4470		GRAVLEE JET WASHER	BR		N
A4480		VABRA ASPIRATOR	6.73		N
A4481		TRACHEOSTOMA FILTER	0.65		N
A4483		MOISTURE EXCHANGER	5.47		N
A4490		ABOVE KNEE SURGICAL STOCKING	30.28		E1
A4495		THIGH LENGTH SURG STOCKING	26.07		E1
A4500		BELOW KNEE SURGICAL STOCKING	32.38		E1
A4510		FULL LENGTH SURG STOCKING	82.42		E1
A4520		INCONTINENCE GARMENT ANYTYPE	0.77		E1
A4540		TRANS ELEC NERV PERIPH NERV	758.59		E1
A4541		MONTHLY SUPP USE WITH E0733	52.34		Y
A4542		SUPP EXT UP LIMB TREMOR STIM	671.48		Y
A4543		SUPPLY TRANS ELEC NERVE STIM	BR		Y
A4544		ELECTRO NERVE STIMULATOR RLS	8.09		Y
A4545		SUPPL ACCESSOR TIBIAL STIM	49.11		Y
A4550		SURGICAL TRAYS	36.17		B
A4553		NONDISP UNDERPADS, ALL SIZES	8.00		E1
A4554		DISPOSABLE UNDERPADS	0.46		E1
A4555		CA TX E-STIM ELECTR/TRANSDUC	16.41		E1
A4556		ELECTRODES, PAIR	18.75		N
A4557		LEAD WIRES, PAIR	28.05		N
A4558		CONDUCTIVE GEL OR PASTE	8.42		N
A4559		COUPLING GEL OR PASTE	0.17		N
A4560		NMES DISPOSABLE	202.68		E1
A4561		PESSARY REUSABLE RUB ANYTYPE	36.23		N
A4562		PESSARY REUSABLE NONRUBBER	90.25		N
A4563		VAG INSER RECTAL CONTROL SYS	2090.58		A
A4564		PESSARY, DISPOSABLE ANY TYPE	1.30		A
A4565		SLINGS	13.99		N
A4566		SHOULD SLING/VEST/ABRESTRAIN	29.02		E1
A4570		SPLINT	23.54		E1
A4575		HYPERBARIC O2 CHAMBER DISPS	481.90		A
A4580		CAST SUPPLIES (PLASTER)	66.86		E1
A4590		SPECIAL CASTING MATERIAL	53.40		E1
A4593	RR	NEUROMOD STI SYS ADJ REHAB	68.65		A
A4594	NU	NEUROMOD ADJ REHAB MOUTHPIE	3944.76		E1
A4595		TENS SUPPL 2 LEAD PER MONTH	35.05		N
A4596		CES SYSTEM MONTHLY SUPP	52.34		N
A4600		SLEEVE, INTER LIMB COMP DEV	27.76		E1
A4601		LITH ION NON PROSTH RECHARGE	91.68		E1
A4602	NU	REPLACE LITHIUM BATTERY 1.5V	6.77		N
A4604	NU	TUBING WITH HEATING ELEMENT	87.39		N
A4605	NU	TRACH SUCTION CATH CLOSE SYS	29.80		N
A4606		OXYGEN PROBE USED W OXIMETER	58.88		N
A4608		TRANSTRACHEAL OXYGEN CATH	91.05		N
A4611		HEAVY DUTY BATTERY	BR		E1
A4612		BATTERY CABLES	BR		E1
A4613		BATTERY CHARGER	BR		E1
A4614		HAND-HELD PEFR METER	43.20		N
A4615		CANNULA NASAL	1.33		N
A4616		TUBING (OXYGEN) PER FOOT	0.10		N
A4617		MOUTH PIECE	5.63		N
A4618	NU	BREATHING CIRCUITS	16.16		
A4618	RR	BREATHING CIRCUITS	1.87		

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	SI
A4618	UE	BREATHING CIRCUITS	12.12		N
A4619	NU	FACE TENT	3.32		N
A4620		VARIABLE CONCENTRATION MASK	1.09		N
A4623		TRACHEOSTOMY INNER CANNULA	11.91		N
A4624	NU	TRACHEAL SUCTION TUBE	4.08		N
A4625		TRACH CARE KIT FOR NEW TRACH	10.70		N
A4626		TRACHEOSTOMY CLEANING BRUSH	5.79		N
A4627		SPACER BAG/RESERVOIR	26.49		E1
A4628	NU	OROPHARYNGEAL SUCTION CATH	6.80		N
A4629		TRACHEOSTOMY CARE KIT	8.45		N
A4630	NU	REPL BAT T.E.N.S. OWN BY PT	11.32		E1
A4633	NU	UVL REPLACEMENT BULB	74.54		E1
A4634		REPLACEMENT BULB TH LIGHTBOX	BR		N
A4635	NU	UNDERARM CRUTCH PAD	7.89		
A4635	RR	UNDERARM CRUTCH PAD	1.07		
A4635	UE	UNDERARM CRUTCH PAD	5.27		E1
A4636	NU	HANDGRIP FOR CANE ETC	5.81		
A4636	RR	HANDGRIP FOR CANE ETC	0.59		
A4636	UE	HANDGRIP FOR CANE ETC	4.29		E1
A4637	NU	REPL TIP CANE/CRUTCH/WALKER	2.94		
A4637	RR	REPL TIP CANE/CRUTCH/WALKER	0.34		
A4637	UE	REPL TIP CANE/CRUTCH/WALKER	2.21		E1
A4638	NU	REPL BATT PULSE GEN SYS	BR		
A4638	RR	REPL BATT PULSE GEN SYS	BR		
A4638	UE	REPL BATT PULSE GEN SYS	BR		E1
A4639	RR	INFRARED HT SYS REPLCMNT PAD	52.18		E1
A4640	NU	ALTERNATING PRESSURE PAD	103.36		
A4640	RR	ALTERNATING PRESSURE PAD	10.44		
A4640	UE	ALTERNATING PRESSURE PAD	75.15		E1
A4641		RADIOPHARM DX AGENT NOC	BR		N
A4642		IN111 SATUMOMAB	BR		N
A4648		IMPLANTABLE TISSUE MARKER	240.53		N
A4649		SURGICAL SUPPLIES	BR		N
A4650		IMPLANT RADIATION DOSIMETER	BR		N
A4651		CALIBRATED MICROCAP TUBE	10.09		N
A4652		MICROCAPILLARY TUBE SEALANT	BR		N
A4653		PD CATHETER ANCHOR BELT	BR		N
A4657		SYRINGE W/WO NEEDLE	1.26		N
A4660		SPHYG/BP APP W CUFF AND STET	27.76		N
A4663		DIALYSIS BLOOD PRESSURE CUFF	32.80		N
A4670		AUTOMATIC BP MONITOR, DIAL	125.74		E1
A4671		DISPOSABLE CYCLER SET	89.99		B
A4672		DRAINAGE EXT LINE, DIALYSIS	BR		B
A4673		EXT LINE W EASY LOCK CONNECT	BR		B
A4674		CHEM/ANTISEPT SOLUTION, 8OZ	80.31		B
A4680		ACTIVATED CARBON FILTER, EA	95.03		N
A4690		DIALYZER, EACH	137.09		N
A4706		BICARBONATE CONC SOL PER GAL	41.21		N
A4707		BICARBONATE CONC POW PER PAC	BR		N
A4708		ACETATE CONC SOL PER GALLON	59.29		N
A4709		ACID CONC SOL PER GALLON	40.37		N
A4714		TREATED WATER PER GALLON	10.09		N
A4719		"Y SET" TUBING	13.46		N
A4720		DIALYSAT SOL FLD VOL > 249CC	BR		N
A4721		DIALYSAT SOL FLD VOL > 999CC	BR		N
A4722		DIALYS SOL FLD VOL > 1999CC	BR		N
A4723		DIALYS SOL FLD VOL > 2999CC	13.04		N
A4724		DIALYS SOL FLD VOL > 3999CC	BR		N
A4725		DIALYS SOL FLD VOL > 4999CC	BR		N
A4726		DIALYS SOL FLD VOL > 5999CC	9.98		N

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A4728		DIALYSATE SOLUTION, NON-DEX	BR		B
A4730		FISTULA CANNULATION SET, EA	BR		N
A4736		TOPICAL ANESTHETIC, PER GRAM	BR		N
A4737		INJ ANESTHETIC PER 10 ML	BR		N
A4740		SHUNT ACCESSORY	BR		N
A4750		ART OR VENOUS BLOOD TUBING	11.35		N
A4755		COMB ART/VENOUS BLOOD TUBING	91.25		N
A4760		DIALYSATE SOL TEST KIT, EACH	BR		N
A4765		DIALYSATE CONC POW PER PACK	BR		N
A4766		DIALYSATE CONC SOL ADD 10 ML	BR		N
A4770		BLOOD COLLECTION TUBE/VACUUM	6.73		N
A4771		SERUM CLOTTING TIME TUBE	BR		N
A4772		BLOOD GLUCOSE TEST STRIPS	3.78		N
A4773		OCCULT BLOOD TEST STRIPS	BR		N
A4774		AMMONIA TEST STRIPS	BR		N
A4802		PROTAMINE SULFATE PER 50 MG	BR		N
A4860		DISPOSABLE CATHETER TIPS	5.89		N
A4870		PLUMB/ELEC WK HM HEMO EQUIP	BR		N
A4890		REPAIR/MAINT CONT HEMO EQUIP	438.58		N
A4911		DRAIN BAG/BOTTLE	10.93		N
A4913		MISC DIALYSIS SUPPLIES NOC	BR		N
A4918		VENOUS PRESSURE CLAMP	BR		N
A4927		NON-STERILE GLOVES	11.78		N
A4928		SURGICAL MASK	8.41		N
A4929		TOURNIQUET FOR DIALYSIS, EA	BR		N
A4930		STERILE, GLOVES PER PAIR	0.85		N
A4931		REUSABLE ORAL THERMOMETER	33.22		N
A4932		REUSABLE RECTAL THERMOMETER	BR		N
A5051		POUCH CLSD W BARR ATTACHED	3.74		N
A5052		CLSD OSTOMY POUCH W/O BARR	2.70		N
A5053		CLSD OSTOMY POUCH FACEPLATE	3.04		N
A5054		CLSD OSTOMY POUCH W/FLANGE	3.26		N
A5055		STOMA CAP	2.61		N
A5056		1 PC OST POUCH W FILTER	8.49		N
A5057		1 PC OST POU W BUILT-IN CONV	17.43		N
A5061		POUCH DRAINABLE W BARRIER AT	6.42		N
A5062		DRNBLE OSTOMY POUCH W/O BARR	4.06		N
A5063		DRAIN OSTOMY POUCH W/FLANGE	4.91		N
A5071		URINARY POUCH W/BARRIER	10.92		N
A5072		URINARY POUCH W/O BARRIER	6.42		N
A5073		URINARY POUCH ON BARR W/FLNG	5.64		N
A5081		STOMA PLUG OR SEAL, ANY TYPE	6.02		N
A5082		CONTINENT STOMA CATHETER	21.62		N
A5083		STOMA ABSORPTIVE COVER	1.17		N
A5093		OSTOMY ACCESSORY CONVEX INSE	3.54		N
A5102		BEDSIDE DRAIN BTL W/WO TUBE	40.68		N
A5105		URINARY SUSPENSORY	62.95		N
A5112		URINARY LEG BAG	54.38		N
A5113		LATEX LEG STRAP	8.13		E1
A5114		FOAM/FABRIC LEG STRAP	13.82		E1
A5120		SKIN BARRIER, WIPE OR SWAB	0.49		N
A5121		SOLID SKIN BARRIER 6X6	13.34		N
A5122		SOLID SKIN BARRIER 8X8	19.83		N
A5126		DISK/FOAM PAD +OR- ADHESIVE	2.38		N
A5131		APPLIANCE CLEANER	28.80		N
A5200		PERCUTANEOUS CATHETER ANCHOR	20.54		N
A5500		DIAB SHOE FOR DENSITY INSERT	115.51		Y
A5501		DIABETIC CUSTOM MOLDED SHOE	346.41		Y
A5503		DIABETIC SHOE W/ROLLER/ROCKR	58.84		Y
A5504		DIABETIC SHOE WITH WEDGE	58.84		Y

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A5505		DIAB SHOE W/METATARSAL BAR	58.84		Y
A5506		DIABETIC SHOE W/OFF SET HEEL	58.84		Y
A5507		MODIFICATION DIABETIC SHOE	58.84		Y
A5508		DIABETIC DELUXE SHOE	66.86		Y
A5510		COMPRESSION FORM SHOE INSERT	105.13		N
A5512		MULTI DEN INSERT DIRECT FORM	47.11		Y
A5513		MULTI DEN INSERT CUSTOM MOLD	70.30		Y
A5514		MULT DEN INSERT DIR CARV/CAM	70.30		Y
A6000		WOUND WARMING WOUND COVER	BR		E1
A6010		COLLAGEN BASED WOUND FILLER	56.25		N
A6011		COLLAGEN GEL/PASTE WOUND FIL	4.15		N
A6021		COLLAGEN DRESSING <=16 SQ IN	38.19		N
A6022		COLLAGEN DRSG>16<=48 SQ IN	38.19		N
A6023		COLLAGEN DRESSING >48 SQ IN	345.67		N
A6024		COLLAGEN DSG WOUND FILLER	11.23		N
A6025		SILICONE GEL SHEET, EACH	26.49		N
A6154		WOUND POUCH EACH	26.12		N
A6196		ALGINATE DRESSING <=16 SQ IN	13.36		N
A6197		ALGINATE DRSG >16 <=48 SQ IN	29.87		N
A6198		ALGINATE DRESSING > 48 SQ IN	30.28		N
A6199		ALGINATE DRSG WOUND FILLER	9.58		N
A6203		COMPOSITE DRSG <= 16 SQ IN	6.12		N
A6204		COMPOSITE DRSG >16<=48 SQ IN	11.30		N
A6205		COMPOSITE DRSG > 48 SQ IN	0.27		N
A6206		CONTACT LAYER <= 16 SQ IN	10.93		N
A6207		CONTACT LAYER >16<= 48 SQ IN	13.34		N
A6208		CONTACT LAYER > 48 SQ IN	68.12		N
A6209		FOAM DRSG <=16 SQ IN W/O BDR	13.57		N
A6210		FOAM DRG >16<=48 SQ IN W/O B	36.19		N
A6211		FOAM DRG > 48 SQ IN W/O BRDR	53.35		N
A6212		FOAM DRG <=16 SQ IN W/BORDER	17.64		N
A6213		FOAM DRG >16<=48 SQ IN W/BDR	13.04		N
A6214		FOAM DRG > 48 SQ IN W/BORDER	18.71		N
A6215		FOAM DRESSING WOUND FILLER	4.20		N
A6216		NON-STERILE GAUZE<=16 SQ IN	0.07		N
A6217		NON-STERILE GAUZE>16<=48 SQ	0.31		N
A6218		NON-STERILE GAUZE > 48 SQ IN	0.17		N
A6219		GAUZE <= 16 SQ IN W/BORDER	1.73		N
A6220		GAUZE >16 <=48 SQ IN W/BORDR	4.71		N
A6221		GAUZE > 48 SQ IN W/BORDER	3.78		N
A6222		GAUZE <=16 IN NO W/SAL W/O B	3.87		N
A6223		GAUZE >16<=48 NO W/SAL W/O B	4.41		N
A6224		GAUZE > 48 IN NO W/SAL W/O B	6.54		N
A6228		GAUZE <= 16 SQ IN WATER/SAL	2.11		N
A6229		GAUZE >16<=48 SQ IN WATR/SAL	6.54		N
A6230		GAUZE > 48 SQ IN WATER/SALNE	24.31		N
A6231		HYDROGEL DSG<=16 SQ IN	8.49		N
A6232		HYDROGEL DSG>16<=48 SQ IN	12.47		N
A6233		HYDROGEL DRESSING >48 SQ IN	34.83		N
A6234		HYDROCOLLD DRG <=16 W/O BDR	11.90		N
A6235		HYDROCOLLD DRG >16<=48 W/O B	30.55		N
A6236		HYDROCOLLD DRG > 48 IN W/O B	49.49		N
A6237		HYDROCOLLD DRG <=16 IN W/BDR	14.37		N
A6238		HYDROCOLLD DRG >16<=48 W/BDR	41.42		N
A6239		HYDROCOLLD DRG > 48 IN W/BDR	BR		N
A6240		HYDROCOLLD DRG FILLER PASTE	22.24		N
A6241		HYDROCOLLOID DRG FILLER DRY	4.67		N
A6242		HYDROGEL DRG <=16 IN W/O BDR	11.00		N
A6243		HYDROGEL DRG >16<=48 W/O BDR	22.39		N
A6244		HYDROGEL DRG >48 IN W/O BDR	71.36		N

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A6245		HYDROGEL DRG <= 16 IN W/BDR	13.21		N
A6246		HYDROGEL DRG >16<=48 IN W/B	18.04		N
A6247		HYDROGEL DRG > 48 SQ IN W/B	43.20		N
A6248		HYDROGEL DRSG GEL FILLER	29.51		N
A6250		SKIN SEAL PROTECT MOISTURIZR	BR		N
A6251		ABSORPT DRG <=16 SQ IN W/O B	3.61		N
A6252		ABSORPT DRG >16 <=48 W/O BDR	5.92		N
A6253		ABSORPT DRG > 48 SQ IN W/O B	11.51		N
A6254		ABSORPT DRG <=16 SQ IN W/BDR	2.17		N
A6255		ABSORPT DRG >16<=48 IN W/BDR	5.53		N
A6256		ABSORPT DRG > 48 SQ IN W/BDR	2.94		N
A6257		TRANSPARENT FILM <= 16 SQ IN	2.78		N
A6258		TRANSPARENT FILM >16<=48 IN	7.83		N
A6259		TRANSPARENT FILM > 48 SQ IN	19.86		N
A6260		WOUND CLEANSER ANY TYPE/SIZE	0.90		N
A6261		WOUND FILLER GEL/PASTE /OZ	44.15		N
A6262		WOUND FILLER DRY FORM / GRAM	0.55		N
A6266		IMPREG GAUZE NO H20/SAL/YARD	3.47		N
A6402		STERILE GAUZE <= 16 SQ IN	0.20		N
A6403		STERILE GAUZE>16 <= 48 SQ IN	0.74		N
A6404		STERILE GAUZE > 48 SQ IN	0.53		N
A6407		PACKING STRIPS, NON-IMPREG	3.39		N
A6410		STERILE EYE PAD	0.68		N
A6411		NON-STERILE EYE PAD	6.73		N
A6412		OCCLUSIVE EYE PATCH	0.64		N
A6413		ADHESIVE BANDAGE, FIRST-AID	0.20		E1
A6441		PAD BAND W>=3" <5"/YD	1.24		N
A6442		CONFORM BAND N/S W<3"/YD	0.30		N
A6443		CONFORM BAND N/S W>=3"<5"/YD	0.51		N
A6444		CONFORM BAND N/S W>=5"/YD	1.01		N
A6445		CONFORM BAND S W <3"/YD	0.57		N
A6446		CONFORM BAND S W>=3" <5"/YD	0.70		N
A6447		CONFORM BAND S W >=5"/YD	1.24		N
A6448		LT COMPRES BAND <3"/YD	2.09		N
A6449		LT COMPRES BAND >=3" <5"/YD	3.19		N
A6450		LT COMPRES BAND >=5"/YD	3.19		N
A6451		MOD COMPRES BAND W>=3"<5"/YD	3.19		N
A6452		HIGH COMPRES BAND W>=3"<5"YD	10.71		N
A6453		SELF-ADHER BAND W <3"/YD	1.14		N
A6454		SELF-ADHER BAND W>=3" <5"/YD	1.43		N
A6455		SELF-ADHER BAND >=5"/YD	2.54		N
A6456		ZINC PASTE BAND W >=3"<5"/YD	2.28		N
A6457		TUBULAR DRESSING	2.07		N
A6460		SYNTHETIC DRSG <= 16 SQ IN	BR		N
A6461		SYNTHETIC DRSG >16<=48 SQ IN	BR		N
A6501		COMPRES BURNGARMENT BODYSUIT	71.64		N
A6502		COMPRES BURNGARMENT CHINSTRP	BR		N
A6503		COMPRES BURNGARMENT FACEHOOD	BR		N
A6504		CMPRSBURNGARMENT GLOVE-WRIST	365.42		N
A6505		CMPRSBURNGARMENT GLOVE-ELBOW	411.67		N
A6506		CMPRSBURNGRMNT GLOVE-AXILLA	621.09		N
A6507		CMPRS BURNGARMENT FOOT-KNEE	265.34		N
A6508		CMPRS BURNGARMENT FOOT-THIGH	315.80		N
A6509		COMPRES BURN GARMENT JACKET	394.85		N
A6510		COMPRES BURN GARMENT LEOTARD	BR		N
A6511		COMPRES BURN GARMENT PANTY	465.08		N
A6512		COMPRES BURN GARMENT, NOC	BR		N
A6513		COMPRESS BURN MASK FACE/NECK	BR		B
A6515		GRAD COM WRAP W STR FU LE CU	BR		
A6516		GRAD COM WRAP W STRAP FOO CU	BR		

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A6517		GRAD COM WRAP W STRAP BN CUS	841.50		
A6518		GRAD COM WRAP W STRAP ARM CU	BR		
A6519		GRAD COM GARM NOC NIGHT USE	566.22		
A6520		G COM GARMNT GLOVE NGHTTIME	160.07		A
A6521		G COM GARMNT GLOVE NGHT CUST	635.13		A
A6522		G COM GARMENT ARM NIGHTTIME	388.93		A
A6523		G COM GARMENT ARM NGHT CUSTM	922.81		A
A6524		G COM GARMNT LWR LEG/FT NGHT	485.24		A
A6525		G COM GARM LWRLEG/FT NGT CUS	979.62		A
A6526		G COM GARMT FULL LEG/FT NGHT	877.29		A
A6527		G GARMT FULL LEG/FT NGHT CUS	1613.22		A
A6528		G COM GARMENT BRA NIGHTTIME	843.57		A
A6529		G COM GARMT BRA NIGHT CUSTM	1332.98		A
A6530		COMPRESSION STOCKING BK18-30	49.45		A
A6531		COMPRESS STKING BK30-40 SURG	78.59		A
A6532		COMPRESS STKING BK40-50 SURG	110.73		A
A6533		GC STOCKING THIGHLNGTH 18-30	69.45		A
A6534		GC STOCKING THIGHLNGTH 30-40	79.30		A
A6535		GC STOCKING THIGHLNGTH 40-50	91.30		A
A6536		GC STOCKING FULL LNGTH 18-30	93.61		A
A6537		GC STOCKING FULL LNGTH 30-40	110.98		A
A6538		GC STOCKING FULL LNGTH 40-50	129.94		A
A6539		GC STOCKING WAISTLNGTH 18-30	123.88		A
A6540		GC STOCKING WAISTLNGTH 30-40	147.69		A
A6541		GC STOCKING WAISTLNGTH 40-50	174.95		A
A6544		GC STOCKING GARTER BELT	66.01		E1
A6545		GRAD COM NON-ELASTIC BK SURG	154.74		A
A6549		GRAD COM GARM NOC DAY USE	BR		A
A6550		NEG PRES WOUND THER DRSG SET	42.95		N
A6552		GRAD COM STOCKING BK 30-40	73.39		A
A6553		G COM STCKING BK 30-40 CUSTM	286.56		A
A6554		GRAD COM STOCKING BK 40+	100.91		A
A6555		G COM STCKING BK 40+ CUSTM	286.56		A
A6556		G COM STCKING THGH18-30 CUST	392.72		A
A6557		G COM STCKING THGH30-40 CUST	392.72		A
A6558		G COM STCKING THGH 40+ CUST	405.28		A
A6559		G STCKNG FULL/CHAP18-30 CUST	1.26		A
A6560		G STCKNG FULL/CHAP30-40 CUST	BR		A
A6561		G STOCKNG FULL/CHAP 40+ CUST	BR		A
A6562		G COM STCKNG WAIST18-30 CUST	1285.28		A
A6563		G COM STCKNG WAIST30-40 CUST	1285.28		A
A6564		G COM STCKNG WAIST 40+ CUST	1384.53		A
A6565		GRAD COMP GAUNTLET CUSTOM	222.09		A
A6566		GRAD COM GARMENT NECK/HEAD	322.47		A
A6567		G COM GARMENT NECK/HEAD CUST	1013.19		A
A6568		G COM GARMENT TORSO/SHLDR	210.46		A
A6569		G COM GARMNT TORSO/SHDR CUST	1198.41		A
A6570		GRAD COM GARMENT GENITAL	143.39		A
A6571		G COM GARMENT GENITAL CUSTM	861.82		A
A6572		GRAD COM GARMENT TOE CAPS	133.06		A
A6573		GRAD COM GARMNT TOE CAP CUST	315.73		A
A6574		CUSTOM GRADIENT SLEEV/GLOV	402.52		A
A6575		GRADIENT COMP SLEEV/GLOV	130.44		A
A6576		CUSTOM GRAD COM SLEEVE MED	247.04		A
A6577		CUSTOM GRAD CM SLEEVE HEAVY	204.46		A
A6578		GRADIENT COMP SLEEVE	100.70		A
A6579		CUSTOM GRAD COM GLOVE MED	396.53		A
A6580		CUSTOM GRAD COM GLOVE HEAVY	393.61		A
A6581		GRADIENT COMP GLOVE	92.39		A
A6582		GRADIENT COMP GAUNTLET	61.62		A

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	SI
A6583		GRAD COM WRAP W STRAPS BK	202.70		A
A6584		GRAD COM WRAP W STRAPS	BR		A
A6585		GRAD COM WRAP W STRAPS AK	240.01		A
A6586		GRAD COM WRAP W STRAP FU LEG	707.07		A
A6587		GRAD COM WRAP W STRAPS FOOT	92.63		A
A6588		GRAD COM WRAP W STRAP ARM	308.70		A
A6589		GRAD COM WRAP W STRAPS BRA	121.86		A
A6590		URINARY CATH DISP SUC PUMP	483.21		N
A6591		URINARY CATH SUC PUMP	115.52		N
A6593		GRAD COM ACCESSORY GMT_WRAP	BR		A
A6594		G COMP BANDGE LINER LWR EXTR	44.37		A
A6595		G COMP BANDGE LINER UPR EXTR	43.64		A
A6596		G COMP BANDGE CONFORM GAUZE	0.23		A
A6597		G COMP BANDAGE LONG STRETCH	1.96		A
A6598		G COMP BANDAGE MED STRETCH	0.95		A
A6599		G COMP BANDAGE SHORT STRETCH	2.16		A
A6600		G COM BANDGE HGH DN FOAM SHT	3.89		A
A6601		G COM BANDGE HGH DN FOAM PAD	4.37		A
A6602		G COM BANDGE HGH DN FOAMROLL	6.37		A
A6603		G COM BANDGE LOW DN FOAMCHNL	2.99		A
A6604		G COM BANDGE LOW DN FOAM FLT	1.74		A
A6605		G COM BANDAGE PADDED FOAM	1.99		A
A6606		G COM BANDAGE PADDED TEXTILE	5.92		A
A6607		G COM BANDAGE TUB PROTCT LYR	1.59		A
A6608		G COM BANDAGE TUB PROTCT PAD	6.59		A
A6609		G COMPRESSION BANDAGING	BR		A
A6610		G COM STCKING BK 18-30 CUSTM	286.56		A
A6611		GRAD COM WRAP W STRAP AK CUS	19.97		
A7000	NU	DISPOSABLE CANISTER FOR PUMP	13.53		Y
A7001	NU	NONDISPOSABLE PUMP CANISTER	56.34		Y
A7002	NU	TUBING USED W SUCTION PUMP	6.53		Y
A7003	NU	NEBULIZER ADMINISTRATION SET	3.81		Y
A7004	NU	DISPOSABLE NEBULIZER SML VOL	2.50		Y
A7005	NU	NONDISPOSABLE NEBULIZER SET	36.58		Y
A7006	NU	FILTERED NEBULIZER ADMIN SET	13.98		Y
A7007	NU	LG VOL NEBULIZER DISPOSABLE	6.55		Y
A7008	NU	DISPOSABLE NEBULIZER PREFILL	19.97		Y
A7009	NU	NEBULIZER RESERVOIR BOTTLE	71.62		Y
A7010	NU	DISPOSABLE CORRUGATED TUBING	34.81		Y
A7012	NU	NEBULIZER WATER COLLEC DEVIC	5.84		Y
A7013	NU	DISPOSABLE COMPRESSOR FILTER	1.20		Y
A7014	NU	COMPRESSOR NONDISPOS FILTER	6.66		Y
A7015	NU	AEROSOL MASK USED W NEBULIZE	2.65		Y
A7016	NU	NEBULIZER DOME & MOUTHPIECE	12.29		Y
A7017	NU	NEBULIZER NOT USED W OXYGEN	222.95		
A7017	RR	NEBULIZER NOT USED W OXYGEN	22.31		
A7017	UE	NEBULIZER NOT USED W OXYGEN	167.22		Y
A7018		WATER DISTILLED W/NEBULIZER	0.62		Y
A7020	NU	INTERFACE, COUGH STIM DEVICE	25.32		Y
A7021	NU	SUPPL AND ACCESS LUNG EXPAN	183.17		Y
A7023		MECH ALLERGEN PARTI BARRIER	BR		E1
A7025	RR	REPLACE CHEST COMPRESS VEST	79.00		N
A7026	NU	REPLACE CHST CMPRSS SYS HOSE	52.21		Y
A7027	NU	COMBINATION ORAL/NASAL MASK	268.14		Y
A7028	NU	REPL ORAL CUSHION COMBO MASK	74.54		Y
A7029	NU	REPL NASAL PILLOW COMB MASK	31.92		Y
A7030	NU	CPAP FULL FACE MASK	226.14		Y
A7031	NU	REPLACEMENT FACEMASK INTERFA	84.45		Y
A7032	NU	REPLACEMENT NASAL CUSHION	48.41		Y
A7033	NU	REPLACEMENT NASAL PILLOWS	35.91		Y

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	Outpatient Facility SI
A7034	NU	NASAL APPLICATION DEVICE	141.17		Y
A7035	NU	POS AIRWAY PRESS HEADGEAR	45.03		Y
A7036	NU	POS AIRWAY PRESS CHINSTRAP	23.54		Y
A7037	NU	POS AIRWAY PRESSURE TUBING	42.45		Y
A7038	NU	POS AIRWAY PRESSURE FILTER	5.43		Y
A7039	NU	FILTER, NON DISPOSABLE W PAP	17.34		Y
A7040		ONE WAY CHEST DRAIN VALVE	71.68		N
A7041		WATER SEAL DRAIN CONTAINER	134.76		N
A7044	NU	PAP ORAL INTERFACE	167.65		Y
A7045	NU	REPL EXHALATION PORT FOR PAP	25.86		
A7045	RR	REPL EXHALATION PORT FOR PAP	2.59		
A7045	UE	REPL EXHALATION PORT FOR PAP	19.41		Y
A7046	NU	REPL WATER CHAMBER, PAP DEV	26.99		Y
A7047	NU	RESP SUCTION ORAL INTERFACE	219.61		N
A7048		VACUUM DRAIN BOTTLE/TUBE KIT	75.02		N
A7049		EPAP NASAL VALVE	BR		E1
A7501		TRACHEOSTOMA VALVE W DIAPHRA	190.75		N
A7502		REPLACEMENT DIAPHRAGM/FPLATE	90.68		N
A7503		HMES FILTER HOLDER OR CAP	20.61		N
A7504		TRACHEOSTOMA HMES FILTER	1.24		N
A7505		HMES OR TRACH VALVE HOUSING	8.52		N
A7506		HMES/TRACHVALVE ADHESIVEDISK	0.59		N
A7507		INTEGRATED FILTER & HOLDER	4.54		N
A7508		HOUSING & INTEGRATED ADHESIV	5.21		N
A7509		HEAT & MOISTURE EXCHANGE SYS	2.56		N
A7520		TRACH/LARYN TUBE NON-CUFFED	86.23		N
A7521		TRACH/LARYN TUBE CUFFED	85.45		N
A7522		TRACH/LARYN TUBE STAINLESS	82.03		N
A7523		TRACHEOSTOMY SHOWER PROTECT	40.79		N
A7524		TRACHEOSTOMA STENT/STUD/BTTN	140.62		N
A7525		TRACHEOSTOMY MASK	3.74		N
A7526		TRACHEOSTOMY TUBE COLLAR	6.16		N
A7527		TRACH/LARYN TUBE PLUG/STOP	6.50		N
A8000	NU	SOFT PROTECT HELMET PREFAB	278.56		
A8000	RR	SOFT PROTECT HELMET PREFAB	27.86		
A8000	UE	SOFT PROTECT HELMET PREFAB	208.98		Y
A8001	NU	HARD PROTECT HELMET PREFAB	278.56		
A8001	RR	HARD PROTECT HELMET PREFAB	27.86		
A8001	UE	HARD PROTECT HELMET PREFAB	208.98		Y
A8002	NU	SOFT PROTECT HELMET CUSTOM	BR		
A8002	RR	SOFT PROTECT HELMET CUSTOM	BR		
A8002	UE	SOFT PROTECT HELMET CUSTOM	BR		Y
A8003	NU	HARD PROTECT HELMET CUSTOM	BR		
A8003	RR	HARD PROTECT HELMET CUSTOM	BR		
A8003	UE	HARD PROTECT HELMET CUSTOM	BR		Y
A8004	NU	REPL SOFT INTERFACE, HELMET	BR		
A8004	RR	REPL SOFT INTERFACE, HELMET	BR		
A8004	UE	REPL SOFT INTERFACE, HELMET	BR		Y
A9150		MISC/EXPER NON-PRESCRIPT DRU	BR		B
A9152		SINGLE VITAMIN NOS	0.17		E1
A9153		MULTI-VITAMIN NOS	40.37		E1
A9154		ARTIFICIAL SALIVA, 1 ML	BR		
A9156		ORAL MUCOADHESIVE PER 1 ML	BR		N
A9180		LICE TREATMENT, TOPICAL	83.27		E1
A9268		PROGRAMMER ORALLY INGEST CAP	BR		E1
A9269		PROGRAMABLE INGEST CAPSULE	26.48		E1
A9270		NON-COVERED ITEM OR SERVICE	BR		E1
A9272		DISP WOUND SUCT, DRSG/ACCESS	17.67		A
A9273		HOT/COLD BOTLE/CAP/COL/WRAP	6.73		E1
A9274		EXT AMB INSULIN DELIVERY SYS	34.48		E1

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	Facility SI
A9275		DISP HOME GLUCOSE MONITOR	24.31		E1
A9276		DISPOSABLE SENSOR, CGM SYS	17.67		E1
A9277		EXTERNAL TRANSMITTER, CGM	907.45		E1
A9278		EXTERNAL RECEIVER, CGM SYS	826.71		E1
A9279		MONITORING FEATURE/DEVICENOC	BR		E1
A9280		ALERT DEVICE, NOC	BR		E1
A9281		REACHING/GRABBING DEVICE	58.45		E1
A9282		WIG ANY TYPE	606.79		E1
A9283		FOOT PRESS OFF LOAD SUPP DEV	61.82		E1
A9284		NON-ELECTRONIC SPIROMETER	16.41		N
A9285		INVERSION EVERSION COR DEVIC	BR		A
A9286		ANY HYGIENIC ITEM, DEVICE	BR		E1
A9291		PRES DIG COG BEHAV THERA FDA	201.05		E1
A9292		PRES DIG VISUAL THERAPY FDA	BR		E1
A9293		FERTILITY CYCL TRACKING SOFT	79.05		E1
A9300		EXERCISE EQUIPMENT	BR		E1
A9500		TC99M SESTAMIBI	271.22		N
A9501		TECHNETIUM TC-99M TEBOROXIME	84.24		N
A9502		TC99M TETROFOSMIN	242.63		N
A9503		TC99M MEDRONATE	63.92		N
A9504		TC99M APCITIDE	BR		N
A9505		TL201 THALLIUM	180.82		N
A9506		TC-99M GRAPHITE CRUCIBLE	BR	575.05	G
A9507		IN111 CAPROMAB	BR	3028.01	N
A9508		I131 IODOBENGUATE, DX	BR	1667.77	N
A9509		IODINE I-123 SOD IODIDE MIL	534.04		N
A9510		TC99M DISOFENIN	226.66		N
A9512		TC99M PERTECHNETATE	24.39		N
A9513		LUTETIUM LU 177 DOTATAT THER	629.07	518.44	K
A9515		CHOLINE C-11	BR	3610.15	K
A9516		IODINE I-123 SOD IODIDE MIC	280.48		N
A9517		I131 IODIDE CAP, RX	67.28	40.48	K
A9520		TC99 TILMANOCEPT DIAG 0.5MCI	923.01		N
A9521		TC99M EXAMETAZIME	633.28	1404.10	K
A9524		I131 SERUM ALBUMIN, DX	1256.18		N
A9526		NITROGEN N-13 AMMONIA	1417.52		N
A9527		IODINE I-125 SODIUM IODIDE	BR	365.02	U
A9528		IODINE I-131 IODIDE CAP, DX	224.13		N
A9529		I131 IODIDE SOL, DX	62.96		N
A9530		I131 IODIDE SOL, RX	452.47	36.54	K
A9531		I131 MAX 100UCI	11.78		N
A9532		I125 SERUM ALBUMIN, DX	BR	820.86	N
A9536		TC99M DEPREOTIDE	BR		N
A9537		TC99M MEBROFENIN	126.15		N
A9538		TC99M PYROPHOSPHATE	103.44		N
A9539		TC99M PENTETATE	112.70		N
A9540		TC99M MAA	428.08		N
A9541		TC99M SULFUR COLLOID	272.91		N
A9542		IN111 IBRITUMOMAB, DX	BR	1396.54	K
A9543		Y90 IBRITUMOMAB, RX	BR	99442.96	K
A9546		CO57/58	BR		N
A9547		IN111 OXYQUINOLINE	BR	1352.12	K
A9548		IN111 PENTETATE	1770.33	1251.76	K
A9550		TC99M GLUCEPTATE	BR		N
A9551		TC99M SUCCIMER	BR	1154.88	N
A9552		F18 FDG	665.24		N
A9553		CR51 CHROMATE	BR	3356.43	N
A9554		I125 IOTHALAMATE, DX	BR	1136.87	N
A9555		RB82 RUBIDIUM	724.11		N
A9556		GA67 GALLIUM	177.03		N

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A9557		TC99M BICISATE	BR	1196.65	K
A9558		XE133 XENON 10MCI	441.95		N
A9559		CO57 CYANO	BR		N
A9560		TC99M LABELED RBC	248.94		N
A9561		TC99M OXIDRONATE	63.08		N
A9562		TC99M MERTIATIDE	1110.14		N
A9563		P32 NA PHOSPHATE	BR	313.46	K
A9564		P32 CHROMIC PHOSPHATE	BR		E1
A9566		TC99M FANOLESOMAB	BR		N
A9567		TECHNETIUM TC-99M AEROSOL	179.14		N
A9568		TECHNETIUM TC99M ARCITUMOMAB	BR	1416.64	K
A9569		TECHNETIUM TC-99M AUTO WBC	2396.88	1820.56	K
A9570		INDIUM IN-111 AUTO WBC	7328.97	1804.93	K
A9571		INDIUM IN-111 AUTO PLATELET	BR		N
A9572		INDIUM IN-111 PENTETREOTIDE	6956.40	3350.57	K
A9573		INJ, GADOPICLENOL, 1 ML	4.66		N
A9574		AIR POLY INTRAUTERINE FOAM	0.09		
A9575		INJ GADOTERATE MEGLUMI 0.1ML	0.15		N
A9576		INJ PROHANCE MULTIPACK	1.90		N
A9577		INJ MULTIHANCE	2.37		N
A9578		INJ MULTIHANCE MULTIPACK	2.33		N
A9579		GAD-BASE MR CONTRAST NOS,1ML	1.93		N
A9580		SODIUM FLUORIDE F-18	476.85		N
A9581		GADOXETATE DISODIUM INJ	19.11		N
A9582		IODINE I-123 IOBENGUANE	BR	3630.92	K
A9583		GADOFOSVESET TRISODIUM INJ	BR		N
A9584		IODINE I-123 IOFLUPANE	4977.09	2429.04	K
A9585		GADOBUTROL INJECTION	0.36		N
A9586		FLORBETAPIR F18	3594.47	3840.59	K
A9587		GALLIUM GA-68	150.96	89.41	K
A9588		FLUCICLOVINE F-18	1084.49	469.74	K
A9589		INSTI HEXAMINOLEVULINATE HCL	1792.32		N
A9590		IODINE I-131 IOBENGUANE 1MCI	BR		N
A9591		FLUOROESTRADIOL F 18	1387.24	872.67	K
A9592		COPPER CU 64 DOTATATE DIAG	2482.66	1041.43	K
A9593		GALLIUM GA-68 PSMA-11 UCSF	1394.25	936.09	K
A9594		GALLIUM GA-68 PSMA-11, UCLA	1361.26	651.30	K
A9595		PIFLU F-18, DIA 1 MILLICURIE	905.35	581.77	K
A9596		GALLIUM ILLUCCIX 1 MILLICURE	1793.03	1815.47	G
A9597		PET, DX, FOR TUMOR ID, NOC	BR		N
A9598		PET DX FOR NON-TUMOR ID, NOC	BR		N
A9600		SR89 STRONTIUM	BR	7256.10	K
A9601		FLORTAUCIPIR INJ 1 MILLICURI	BR	6492.50	G
A9602		FLUORODOPA F-18 DIAG PER MCI	1437.71	872.59	G
A9603		INJ, PAFOLACIANINE, 0.1 MG	BR		N
A9604		SM 153 LEXIDRONAM	BR	7551.09	K
A9606		RADIUM RA223 DICHLORIDE THER	269.54	295.24	K
A9607		LUTETIUM LU 177 VIPIVOTIDE	494.09	422.12	G
A9608		FLOTUFOLASTAT F18 DIAG 1 MCI	1048.74	1140.42	G
A9609		F18 FDG, 15 MILLICURIES	51.68		N
A9610		XE129 XENON, DIAGNOSTIC	BR		N
A9611		FLURPIRIDAZ F18, DIAG, 1 MCI	1144.59	927.50	
A9612		INJ, FLUORESCEIN, 1 MG	0.25		
A9615		INJ, PEGULICIANINE, 1 MG	BR	65.64	G
A9616		GALLIUM GOZELLIX 1 MILLICURI	BR	2049.78	
A9697		INJ, MAGTRACE PER STUDY DOSE	911.65	1991.43	G
A9698		NON-RAD CONTRAST MATERIALNOC	BR		N
A9699		RADIOPHARM RX AGENT NOC	BR		N
A9700		ECHOCARDIOGRAPHY CONTRAST	240.11		N
A9800		GALLIUM LOCAMETZ 1 MILLICURI	1253.53	1528.52	G

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	SI
A9900		SUPPLY/ACCESSORY/SERVICE	BR		Y
A9901		DELIVERY/SET UP/DISPENSING	BR		A
A9999		DME SUPPLY OR ACCESSORY, NOS	BR		Y
E0100	NU	CANE ADJUST/FIXED WITH TIP	32.54		
E0100	RR	CANE ADJUST/FIXED WITH TIP	9.67		
E0100	UE	CANE ADJUST/FIXED WITH TIP	25.94		Y
E0105	NU	CANE ADJUST/FIXED QUAD/3 PRO	75.84		
E0105	RR	CANE ADJUST/FIXED QUAD/3 PRO	16.11		
E0105	UE	CANE ADJUST/FIXED QUAD/3 PRO	58.45		Y
E0110	NU	CRUTCH FOREARM PAIR	140.93		
E0110	RR	CRUTCH FOREARM PAIR	29.03		
E0110	UE	CRUTCH FOREARM PAIR	105.65		Y
E0111	NU	CRUTCH FOREARM EACH	96.71		
E0111	RR	CRUTCH FOREARM EACH	15.31		
E0111	UE	CRUTCH FOREARM EACH	74.67		Y
E0112	NU	CRUTCH UNDERARM PAIR WOOD	57.14		
E0112	RR	CRUTCH UNDERARM PAIR WOOD	15.35		
E0112	UE	CRUTCH UNDERARM PAIR WOOD	43.58		Y
E0113	NU	CRUTCH UNDERARM EACH WOOD	38.40		
E0113	RR	CRUTCH UNDERARM EACH WOOD	9.33		
E0113	UE	CRUTCH UNDERARM EACH WOOD	28.80		Y
E0114	NU	CRUTCH UNDERARM PAIR NO WOOD	72.87		
E0114	RR	CRUTCH UNDERARM PAIR NO WOOD	13.22		
E0114	UE	CRUTCH UNDERARM PAIR NO WOOD	55.08		Y
E0116	NU	CRUTCH UNDERARM EACH NO WOOD	50.40		
E0116	RR	CRUTCH UNDERARM EACH NO WOOD	8.36		
E0116	UE	CRUTCH UNDERARM EACH NO WOOD	37.93		Y
E0117	RR	UNDERARM SPRINGASSIST CRUTCH	34.98		Y
E0118		CRUTCH SUBSTITUTE	629.32		E1
E0130	NU	WALKER RIGID ADJUST/FIXED HT	86.03		
E0130	RR	WALKER RIGID ADJUST/FIXED HT	17.08		
E0130	UE	WALKER RIGID ADJUST/FIXED HT	65.90		Y
E0135	NU	WALKER FOLDING ADJUST/FIXED	105.00		
E0135	RR	WALKER FOLDING ADJUST/FIXED	15.42		
E0135	UE	WALKER FOLDING ADJUST/FIXED	79.89		Y
E0140	RR	WALKER W TRUNK SUPPORT	52.47		Y
E0141	NU	RIGID WHEELED WALKER ADJ/FIX	130.33		
E0141	RR	RIGID WHEELED WALKER ADJ/FIX	18.99		
E0141	UE	RIGID WHEELED WALKER ADJ/FIX	97.75		Y
E0143	NU	WALKER FOLDING WHEELED W/O S	135.14		
E0143	RR	WALKER FOLDING WHEELED W/O S	18.47		
E0143	UE	WALKER FOLDING WHEELED W/O S	101.19		Y
E0144	RR	ENCLOSED WALKER W REAR SEAT	46.68		Y
E0147	NU	WALKER VARIABLE WHEEL RESIST	802.53		
E0147	RR	WALKER VARIABLE WHEEL RESIST	80.26		
E0147	UE	WALKER VARIABLE WHEEL RESIST	601.91		Y
E0148	NU	HEAVYDUTY WALKER NO WHEELS	170.92		
E0148	RR	HEAVYDUTY WALKER NO WHEELS	17.11		
E0148	UE	HEAVYDUTY WALKER NO WHEELS	128.19		Y
E0149	RR	HEAVY DUTY WHEELED WALKER	27.61		Y
E0150		COMBO WALKER-TRANSPORT CHAIR	BR		
E0152		WALKER, BATTERY POWER WHEELS	BR		E1
E0153	NU	FOREARM CRUTCH PLATFORM ATTA	107.15		
E0153	RR	FOREARM CRUTCH PLATFORM ATTA	12.12		
E0153	UE	FOREARM CRUTCH PLATFORM ATTA	80.34		Y
E0154	NU	WALKER PLATFORM ATTACHMENT	93.51		
E0154	RR	WALKER PLATFORM ATTACHMENT	9.93		
E0154	UE	WALKER PLATFORM ATTACHMENT	70.14		Y
E0155	NU	WALKER WHEEL ATTACHMENT,PAIR	42.74		
E0155	RR	WALKER WHEEL ATTACHMENT,PAIR	4.81		

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	SI
E0155	UE	WALKER WHEEL ATTACHMENT,PAIR	32.37		Y
E0156	NU	WALKER SEAT ATTACHMENT	34.28		
E0156	RR	WALKER SEAT ATTACHMENT	4.00		
E0156	UE	WALKER SEAT ATTACHMENT	25.73		Y
E0157	NU	WALKER CRUTCH ATTACHMENT	112.58		
E0157	RR	WALKER CRUTCH ATTACHMENT	11.90		
E0157	UE	WALKER CRUTCH ATTACHMENT	84.44		Y
E0158	NU	WALKER LEG EXTENDERS SET OF4	43.86		
E0158	RR	WALKER LEG EXTENDERS SET OF4	4.65		
E0158	UE	WALKER LEG EXTENDERS SET OF4	33.03		Y
E0159	NU	BRAKE FOR WHEELED WALKER	26.62		
E0159	RR	BRAKE FOR WHEELED WALKER	2.68		
E0159	UE	BRAKE FOR WHEELED WALKER	19.98		Y
E0160	NU	SITZ TYPE BATH OR EQUIPMENT	54.98		
E0160	RR	SITZ TYPE BATH OR EQUIPMENT	6.08		
E0160	UE	SITZ TYPE BATH OR EQUIPMENT	41.21		Y
E0161	NU	SITZ BATH/EQUIPMENT W/FAUCET	40.48		
E0161	RR	SITZ BATH/EQUIPMENT W/FAUCET	5.38		
E0161	UE	SITZ BATH/EQUIPMENT W/FAUCET	30.30		Y
E0162	NU	SITZ BATH CHAIR	264.65		
E0162	RR	SITZ BATH CHAIR	27.78		
E0162	UE	SITZ BATH CHAIR	205.22		Y
E0163	NU	COMMODE CHAIR WITH FIXED ARM	130.77		
E0163	RR	COMMODE CHAIR WITH FIXED ARM	26.74		
E0163	UE	COMMODE CHAIR WITH FIXED ARM	99.88		Y
E0165	RR	COMMODE CHAIR WITH DETACHARM	24.93		Y
E0167	NU	COMMODE CHAIR PAIL OR PAN	18.53		
E0167	RR	COMMODE CHAIR PAIL OR PAN	2.08		
E0167	UE	COMMODE CHAIR PAIL OR PAN	13.96		Y
E0168	NU	HEAVYDUTY/WIDE COMMODE CHAIR	238.25		
E0168	RR	HEAVYDUTY/WIDE COMMODE CHAIR	23.89		
E0168	UE	HEAVYDUTY/WIDE COMMODE CHAIR	178.69		Y
E0170	RR	COMMODE CHAIR ELECTRIC	287.11		Y
E0171	RR	COMMODE CHAIR NON-ELECTRIC	52.53		Y
E0172		SEAT LIFT MECHANISM TOILET	BR		E1
E0175	NU	COMMODE CHAIR FOOT REST	118.04		
E0175	RR	COMMODE CHAIR FOOT REST	11.84		
E0175	UE	COMMODE CHAIR FOOT REST	88.56		Y
E0181	RR	PRESS PAD ALTERNATING W/ PUM	37.10		Y
E0182	RR	REPLACE PUMP, ALT PRESS PAD	38.21		Y
E0183	RR	PRESS UNDERLAY ALTER W/PUMP	37.10		Y
E0184	NU	DRY PRESSURE MATTRESS	315.93		
E0184	RR	DRY PRESSURE MATTRESS	35.52		
E0184	UE	DRY PRESSURE MATTRESS	239.94		Y
E0185	NU	GEL PRESSURE MATTRESS PAD	437.01		
E0185	RR	GEL PRESSURE MATTRESS PAD	55.47		
E0185	UE	GEL PRESSURE MATTRESS PAD	332.83		Y
E0186	RR	AIR PRESSURE MATTRESS	31.34		Y
E0187	RR	WATER PRESSURE MATTRESS	35.84		Y
E0188	NU	SYNTHETIC SHEEPSKIN PAD	40.81		
E0188	RR	SYNTHETIC SHEEPSKIN PAD	4.52		
E0188	UE	SYNTHETIC SHEEPSKIN PAD	30.65		Y
E0189	NU	LAMBSWOOL SHEEPSKIN PAD	90.21		
E0189	RR	LAMBSWOOL SHEEPSKIN PAD	9.13		
E0189	UE	LAMBSWOOL SHEEPSKIN PAD	67.67		Y
E0190		POSITIONING CUSHION	BR		E1
E0191	NU	PROTECTOR HEEL OR ELBOW	18.15		
E0191	RR	PROTECTOR HEEL OR ELBOW	1.87		
E0191	UE	PROTECTOR HEEL OR ELBOW	13.53		Y
E0193	RR	POWERED AIR FLOTATION BED	1307.41		Y

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	SI
E0194	RR	AIR FLUIDIZED BED	5911.01		Y
E0196	RR	GEL PRESSURE MATTRESS	50.15		Y
E0197	RR	AIR PRESSURE PAD FOR MATTRES	39.29		Y
E0198	RR	WATER PRESSURE PAD FOR MATTR	34.22		Y
E0199	NU	DRY PRESSURE PAD FOR MATTRES	51.40		
E0199	RR	DRY PRESSURE PAD FOR MATTRES	5.12		
E0199	UE	DRY PRESSURE PAD FOR MATTRES	38.52		Y
E0200	NU	HEAT LAMP WITHOUT STAND	122.40		
E0200	RR	HEAT LAMP WITHOUT STAND	16.61		
E0200	UE	HEAT LAMP WITHOUT STAND	91.86		Y
E0201	NU	PENILE CONTRACTUR DEVIC MANU	190.48		
E0201	RR	PENILE CONTRACTUR DEVIC MANU	19.05		
E0201	UE	PENILE CONTRACTUR DEVIC MANU	142.86		A
E0202	RR	PHOTOTHERAPY LIGHT W/ PHOTOM	108.60		Y
E0203		THERAPEUTIC LIGHTBOX TABLETP	436.83		E1
E0205	NU	HEAT LAMP WITH STAND	299.61		
E0205	RR	HEAT LAMP WITH STAND	32.97		
E0205	UE	HEAT LAMP WITH STAND	224.72		Y
E0210	NU	ELECTRIC HEAT PAD STANDARD	59.32		
E0210	RR	ELECTRIC HEAT PAD STANDARD	4.82		
E0210	UE	ELECTRIC HEAT PAD STANDARD	44.45		Y
E0215	NU	ELECTRIC HEAT PAD MOIST	109.37		
E0215	RR	ELECTRIC HEAT PAD MOIST	11.45		
E0215	UE	ELECTRIC HEAT PAD MOIST	82.04		Y
E0217	NU	WATER CIRC HEAT PAD W PUMP	901.76		
E0217	RR	WATER CIRC HEAT PAD W PUMP	100.39		
E0217	UE	WATER CIRC HEAT PAD W PUMP	676.27		Y
E0218		FLUID CIRC COLD PAD W PUMP	BR		Y
E0221		INFRARED HEATING PAD SYSTEM	3388.78		Y
E0225	NU	HYDROCOLLATOR UNIT	600.04		
E0225	RR	HYDROCOLLATOR UNIT	59.14		
E0225	UE	HYDROCOLLATOR UNIT	450.03		Y
E0231		WOUND WARMING DEVICE	BR		E1
E0232		WARMING CARD FOR NWT	BR		E1
E0235	RR	PARAFFIN BATH UNIT PORTABLE	28.24		Y
E0236	RR	PUMP FOR WATER CIRCULATING P	80.37		Y
E0239	NU	HYDROCOLLATOR UNIT PORTABLE	817.05		
E0239	RR	HYDROCOLLATOR UNIT PORTABLE	81.72		
E0239	UE	HYDROCOLLATOR UNIT PORTABLE	612.81		Y
E0240		BATH/SHOWER CHAIR	BR		E1
E0241		BATH TUB WALL RAIL	34.83		E1
E0242		BATH TUB RAIL FLOOR	BR		E1
E0243		TOILET RAIL	65.87		E1
E0244		TOILET SEAT RAISED	81.87		E1
E0245		TUB STOOL OR BENCH	87.37		E1
E0246		TRANSFER TUB RAIL ATTACHMENT	103.09		E1
E0247		TRANS BENCH W/WO COMM OPEN	BR		E1
E0248		HDTRANS BENCH W/WO COMM OPEN	BR		E1
E0249	NU	PAD WATER CIRCULATING HEAT U	180.91		
E0249	RR	PAD WATER CIRCULATING HEAT U	19.88		
E0249	UE	PAD WATER CIRCULATING HEAT U	135.67		Y
E0250	RR	HOSP BED FIXED HT W/ MATTRES	129.09		Y
E0251	RR	HOSP BED FIXD HT W/O MATTRES	107.41		Y
E0255	RR	HOSPITAL BED VAR HT W/ MATTR	144.92		Y
E0256	RR	HOSPITAL BED VAR HT W/O MATT	116.66		Y
E0260	RR	HOSP BED SEMI-ELECTR W/ MATT	162.94		Y
E0261	RR	HOSP BED SEMI-ELECTR W/O MAT	160.15		Y
E0265	RR	HOSP BED TOTAL ELECTR W/ MAT	272.92		Y
E0266	RR	HOSP BED TOTAL ELEC W/O MATT	240.34		Y
E0270		HOSPITAL BED INSTITUTIONAL T	BR		E1

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	Outpatient Facility SI
E0271	NU	MATTRESS INNERSPRING	267.25		
E0271	RR	MATTRESS INNERSPRING	26.23		
E0271	UE	MATTRESS INNERSPRING	200.43		Y
E0272	NU	MATTRESS FOAM RUBBER	278.97		
E0272	RR	MATTRESS FOAM RUBBER	27.40		
E0272	UE	MATTRESS FOAM RUBBER	209.21		Y
E0273		BED BOARD	BR		E1
E0274		OVER-BED TABLE	BR		E1
E0275	NU	BED PAN STANDARD	25.31		
E0275	RR	BED PAN STANDARD	2.54		
E0275	UE	BED PAN STANDARD	18.99		Y
E0276	NU	BED PAN FRACTURE	20.54		
E0276	RR	BED PAN FRACTURE	2.26		
E0276	UE	BED PAN FRACTURE	15.90		Y
E0277	RR	POWERED PRES-REDU AIR MATTRS	717.12		Y
E0280	NU	BED CRADLE	55.73		
E0280	RR	BED CRADLE	5.56		
E0280	UE	BED CRADLE	41.81		Y
E0290	RR	HOSP BED FX HT W/O RAILS W/M	107.81		Y
E0291	RR	HOSP BED FX HT W/O RAIL W/O	80.87		Y
E0292	RR	HOSP BED VAR HT NO SR W/MATT	117.81		Y
E0293	RR	HOSP BED VAR HT NO SR NO MAT	104.59		Y
E0294	RR	HOSP BED SEMI-ELECT W/ MATTR	155.25		Y
E0295	RR	HOSP BED SEMI-ELECT W/O MATT	152.62		Y
E0296	RR	HOSP BED TOTAL ELECT W/ MATT	219.39		Y
E0297	RR	HOSP BED TOTAL ELECT W/O MAT	190.29		Y
E0300	RR	ENCLOSED PED CRIB HOSP GRADE	424.66		Y
E0301	RR	HD HOSP BED, 350-600 LBS	351.05		Y
E0302	RR	EX HD HOSP BED > 600 LBS	966.86		Y
E0303	RR	HOSP BED HVY DTY XTRA WIDE	379.00		Y
E0304	RR	HOSP BED XTRA HVY DTY X WIDE	1021.28		Y
E0305	RR	RAILS BED SIDE HALF LENGTH	23.24		Y
E0310	NU	RAILS BED SIDE FULL LENGTH	241.54		
E0310	RR	RAILS BED SIDE FULL LENGTH	27.48		
E0310	UE	RAILS BED SIDE FULL LENGTH	181.17		Y
E0315		BED ACCESSORY BRD/TBL/SUPPRT	270.56		E1
E0316	RR	BED SAFETY ENCLOSURE	330.76		Y
E0325	NU	URINAL MALE JUG-TYPE	15.63		
E0325	RR	URINAL MALE JUG-TYPE	1.99		
E0325	UE	URINAL MALE JUG-TYPE	10.32		Y
E0326	NU	URINAL FEMALE JUG-TYPE	16.20		
E0326	RR	URINAL FEMALE JUG-TYPE	1.92		
E0326	UE	URINAL FEMALE JUG-TYPE	12.16		Y
E0328		PED HOSPITAL BED, MANUAL	18589.57		Y
E0329		PED HOSPITAL BED SEMI/ELECT	23412.96		Y
E0350		CONTROL UNIT BOWEL SYSTEM	BR		E1
E0352		DISPOSABLE PACK W/BOWEL SYST	6.50		E1
E0370		AIR ELEVATOR FOR HEEL	BR		E1
E0371	RR	NONPOWER MATTRESS OVERLAY	514.22		Y
E0372	RR	POWERED AIR MATTRESS OVERLAY	588.63		Y
E0373	RR	NONPOWERED PRESSURE MATTRESS	647.45		Y
E0424	RR	STATIONARY COMPRESSED GAS 02	225.32		Y
E0425		GAS SYSTEM STATIONARY COMPRE	275.46		E1
E0430		OXYGEN SYSTEM GAS PORTABLE	56.75		E1
E0431	RR	PORTABLE GASEOUS 02	40.22		Y
E0433	RR	PORTABLE LIQUID OXYGEN SYS	67.12		Y
E0434	RR	PORTABLE LIQUID 02	67.12		Y
E0435		OXYGEN SYSTEM LIQUID PORTABL	BR		E1
E0439	RR	STATIONARY LIQUID 02	225.32		Y
E0440		OXYGEN SYSTEM LIQUID STATION	BR		E1

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E0441		STATIONARY O2 CONTENTS, GAS	97.33		Y
E0442		STATIONARY O2 CONTENTS, LIQ	97.33		Y
E0443		PORTABLE 02 CONTENTS, GAS	92.99		Y
E0444		PORTABLE 02 CONTENTS, LIQUID	92.99		Y
E0445		OXIMETER NON-INVASIVE	15.35		N
E0446		TOPICAL OX DELIVER SYS, NOS	579.72		A
E0447		PORT O2 CONT, LIQ OVER 4 LPM	141.18		Y
E0455		OXYGEN TENT EXCL CROUP/PED T	BR		Y
E0457		CHEST SHELL	BR		E1
E0459		CHEST WRAP	BR		E1
E0462	RR	ROCKING BED W/ OR W/O SIDE R	449.92		Y
E0465	RR	HOME VENT INVASIVE INTERFACE	1521.35		Y
E0466	RR	HOME VENT NON-INVASIVE INTER	1521.35		Y
E0467	RR	HOME VENT MULTI-FUNCTION	1837.00		Y
E0468	RR	HOME VENT DUAL FNCT INCL ALL	1651.53		Y
E0469	RR	LUNG EXPANS HIGH OSCIL NEB	1997.70		Y
E0470	RR	RAD W/O BACKUP NON-INV INTFC	275.04		Y
E0471	RR	RAD W/BACKUP NON INV INTRFC	737.26		Y
E0472	RR	RAD W BACKUP INVASIVE INTRFC	853.67		Y
E0480	RR	PERCUSSOR ELECT/PNEUM HOME M	79.83		Y
E0481		INTRPULMNRY PERCUSS VENT SYS	BR		E1
E0482	RR	COUGH STIMULATING DEVICE	781.09		Y
E0483	RR	HI FREQ CHEST WALL OSCIL SYS	1931.03		Y
E0484	NU	NON-ELEC OSCILLATORY PEP DVC	67.09		
E0484	RR	NON-ELEC OSCILLATORY PEP DVC	6.71		
E0484	UE	NON-ELEC OSCILLATORY PEP DVC	50.32		Y
E0485	NU	ORAL DEVICE/APPLIANCE PREFAB	212.49		
E0485	RR	ORAL DEVICE/APPLIANCE PREFAB	21.24		
E0485	UE	ORAL DEVICE/APPLIANCE PREFAB	159.35		Y
E0486	NU	ORAL DEVICE/APPLIANCE CUSFAB	6905.60		
E0486	RR	ORAL DEVICE/APPLIANCE CUSFAB	849.91		
E0486	UE	ORAL DEVICE/APPLIANCE CUSFAB	5179.20		Y
E0487		ELECTRONIC SPIROMETER	BR		N
E0490	RR	CONTROL UNIT NM HW REMOTE	138.22		E1
E0491		ORAL DV NM MOUTHPC HW REMOTE	134.29		E1
E0492		CONTROL UNIT NM STIM W PHONE	BR		E1
E0493		ORAL DV/APP NEUROMUS MOUTHPI	BR		E1
E0500	RR	IPPB ALL TYPES	199.37		Y
E0530	RR	ELECTRONIC POSA TREATMENT	47.31		Y
E0550	RR	HUMIDIF EXTENS SUPPLE W IPPB	77.40		Y
E0555		HUMIDIFIER FOR USE W/ REGULA	BR		Y
E0560	NU	HUMIDIFIER SUPPLEMENTAL W/ I	268.49		
E0560	RR	HUMIDIFIER SUPPLEMENTAL W/ I	31.46		
E0560	UE	HUMIDIFIER SUPPLEMENTAL W/ I	201.38		Y
E0561	NU	HUMIDIFIER NONHEATED W PAP	146.90		
E0561	RR	HUMIDIFIER NONHEATED W PAP	14.68		
E0561	UE	HUMIDIFIER NONHEATED W PAP	110.16		Y
E0562	NU	HUMIDIFIER HEATED USED W PAP	356.41		
E0562	RR	HUMIDIFIER HEATED USED W PAP	35.63		
E0562	UE	HUMIDIFIER HEATED USED W PAP	267.31		Y
E0565	RR	COMPRESSOR AIR POWER SOURCE	91.96		Y
E0570	RR	NEBULIZER WITH COMPRESSION	19.63		Y
E0572	RR	AEROSOL COMPRESSOR ADJUST PR	59.55		Y
E0574	RR	ULTRASONIC GENERATOR W SVNEB	73.11		Y
E0575	RR	NEBULIZER ULTRASONIC	186.69		Y
E0580	NU	NEBULIZER FOR USE W/ REGULAT	209.86		
E0580	RR	NEBULIZER FOR USE W/ REGULAT	21.00		
E0580	UE	NEBULIZER FOR USE W/ REGULAT	157.35		Y
E0585	RR	NEBULIZER W/ COMPRESSOR & HE	51.69		Y
E0600	RR	SUCTION PUMP PORTAB HOM MODL	83.16		Y

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E0601	RR	CONT AIRWAY PRESSURE DEVICE	111.58		Y
E0602	NU	MANUAL BREAST PUMP	53.61		
E0602	RR	MANUAL BREAST PUMP	5.41		
E0602	UE	MANUAL BREAST PUMP	40.22		Y
E0603		ELECTRIC BREAST PUMP	BR		N
E0604		HOSP GRADE ELEC BREAST PUMP	BR		A
E0605	NU	VAPORIZER ROOM TYPE	47.97		
E0605	RR	VAPORIZER ROOM TYPE	4.82		
E0605	UE	VAPORIZER ROOM TYPE	36.05		Y
E0606	RR	DRAINAGE BOARD POSTURAL	41.68		Y
E0607	NU	BLOOD GLUCOSE MONITOR HOME	121.37		
E0607	RR	BLOOD GLUCOSE MONITOR HOME	12.13		
E0607	UE	BLOOD GLUCOSE MONITOR HOME	91.00		Y
E0610	NU	PACEMAKER MONITR AUDIBLE/VIS	367.21		
E0610	RR	PACEMAKER MONITR AUDIBLE/VIS	38.73		
E0610	UE	PACEMAKER MONITR AUDIBLE/VIS	275.44		Y
E0615	NU	PACEMAKER MONITR DIGITAL/VIS	869.65		
E0615	RR	PACEMAKER MONITR DIGITAL/VIS	106.26		
E0615	UE	PACEMAKER MONITR DIGITAL/VIS	652.31		Y
E0616		CARDIAC EVENT RECORDER	15799.12		N
E0617	RR	AUTOMATIC EXT DEFIBRILLATOR	552.24		Y
E0618	RR	APNEA MONITOR	509.24		Y
E0619	RR	APNEA MONITOR W RECORDER	428.90		Y
E0620	RR	CAP BLD SKIN PIERCING LASER	158.80		Y
E0621	NU	PATIENT LIFT SLING OR SEAT	159.51		
E0621	RR	PATIENT LIFT SLING OR SEAT	15.63		
E0621	UE	PATIENT LIFT SLING OR SEAT	119.96		Y
E0625		PATIENT LIFT BATHROOM OR TOI	BR		E1
E0627	NU	SEAT LIFT MECH, ELECTRIC ANY	533.43		
E0627	RR	SEAT LIFT MECH, ELECTRIC ANY	53.35		
E0627	UE	SEAT LIFT MECH, ELECTRIC ANY	400.08		Y
E0629	NU	SEAT LIFT MECH, NON-ELECTRIC	524.85		
E0629	RR	SEAT LIFT MECH, NON-ELECTRIC	52.48		
E0629	UE	SEAT LIFT MECH, NON-ELECTRIC	393.61		Y
E0630	RR	PATIENT LIFT HYDRAULIC	138.27		Y
E0635	RR	PATIENT LIFT ELECTRIC	212.60		Y
E0636	RR	PT SUPPORT & POSITIONING SYS	1811.98		Y
E0637		COMBINATION SIT TO STAND SYS	BR		E1
E0638		STANDING FRAME SYS	BR		E1
E0639	RR	MOVEABLE PATIENT LIFT SYSTEM	202.62		E1
E0640	RR	FIXED PATIENT LIFT SYSTEM	202.62		E1
E0641		MULTI-POSITION STND FRAM SYS	11138.36		E1
E0642		DYNAMIC STANDING FRAME	7119.49		E1
E0650	NU	PNEUMA COMPRESOR NON-SEGMENT	1308.14		
E0650	RR	PNEUMA COMPRESOR NON-SEGMENT	137.92		
E0650	UE	PNEUMA COMPRESOR NON-SEGMENT	981.12		Y
E0651	NU	PNEUM COMPRESSOR SEGMENTAL	1417.92		
E0651	RR	PNEUM COMPRESSOR SEGMENTAL	167.97		
E0651	UE	PNEUM COMPRESSOR SEGMENTAL	1063.49		Y
E0652	NU	PNEUM COMPRES W/CAL PRESSURE	9629.32		
E0652	RR	PNEUM COMPRES W/CAL PRESSURE	808.91		
E0652	UE	PNEUM COMPRES W/CAL PRESSURE	7215.53		Y
E0655	NU	PNEUMATIC APPLIANCE HALF ARM	184.81		
E0655	RR	PNEUMATIC APPLIANCE HALF ARM	19.59		
E0655	UE	PNEUMATIC APPLIANCE HALF ARM	138.61		Y
E0656	RR	SEGMENTAL PNEUMATIC TRUNK	104.96		Y
E0657	RR	SEGMENTAL PNEUMATIC CHEST	98.61		Y
E0658	RR	SEG PNEUM COMP 2 ARM CHEST	197.96		Y
E0659	RR	SEG PNEUM COMP HEAD NECK CHE	197.96		Y
E0660	NU	PNEUMATIC APPLIANCE FULL LEG	287.44		

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E0660	RR	PNEUMATIC APPLIANCE FULL LEG	28.80		
E0660	UE	PNEUMATIC APPLIANCE FULL LEG	215.58		Y
E0665	NU	PNEUMATIC APPLIANCE FULL ARM	248.85		
E0665	RR	PNEUMATIC APPLIANCE FULL ARM	24.00		
E0665	UE	PNEUMATIC APPLIANCE FULL ARM	186.86		Y
E0666	NU	PNEUMATIC APPLIANCE HALF LEG	250.82		
E0666	RR	PNEUMATIC APPLIANCE HALF LEG	24.00		
E0666	UE	PNEUMATIC APPLIANCE HALF LEG	188.15		Y
E0667	NU	SEG PNEUMATIC APPL FULL LEG	499.86		
E0667	RR	SEG PNEUMATIC APPL FULL LEG	66.40		
E0667	UE	SEG PNEUMATIC APPL FULL LEG	374.92		Y
E0668	NU	SEG PNEUMATIC APPL FULL ARM	802.61		
E0668	RR	SEG PNEUMATIC APPL FULL ARM	79.21		
E0668	UE	SEG PNEUMATIC APPL FULL ARM	601.98		Y
E0669	NU	SEG PNEUMATIC APPLI HALF LEG	316.16		
E0669	RR	SEG PNEUMATIC APPLI HALF LEG	31.60		
E0669	UE	SEG PNEUMATIC APPLI HALF LEG	237.13		Y
E0670	NU	SEG PNEUM INT LEGS/TRUNK	1940.76		
E0670	RR	SEG PNEUM INT LEGS/TRUNK	244.41		
E0670	UE	SEG PNEUM INT LEGS/TRUNK	1455.49		Y
E0671	NU	PRESSURE PNEUM APPL FULL LEG	754.43		
E0671	RR	PRESSURE PNEUM APPL FULL LEG	75.49		
E0671	UE	PRESSURE PNEUM APPL FULL LEG	565.77		Y
E0672	NU	PRESSURE PNEUM APPL FULL ARM	586.17		
E0672	RR	PRESSURE PNEUM APPL FULL ARM	58.67		
E0672	UE	PRESSURE PNEUM APPL FULL ARM	439.66		Y
E0673	NU	PRESSURE PNEUM APPL HALF LEG	487.07		
E0673	RR	PRESSURE PNEUM APPL HALF LEG	48.71		
E0673	UE	PRESSURE PNEUM APPL HALF LEG	365.38		Y
E0675	RR	PNEUMATIC COMPRESSION DEVICE	698.46		Y
E0676		INTER LIMB COMPRESS DEV NOS	BR		Y
E0677	RR	NON PNEUM SEQ COMP TRUNK	104.96		Y
E0678	RR	NON PNEUM SEQ COMP FULL LEG	49.99		Y
E0679	RR	NON PNEUM SEQ COMP HALF LEG	31.62		Y
E0680	RR	NON PNEUM COMP CONTROL CAL	962.94		Y
E0681	RR	NON PNEU COMP CONTROL W/O CA	141.79		Y
E0682	RR	NON PNEUM COMPRESS FULL ARM	80.26		Y
E0683	RR	NON PNEU PERISTALIC COMP PMP	103.91		Y
E0691	NU	UVL PNL 2 SQ FT OR LESS	1632.15		
E0691	RR	UVL PNL 2 SQ FT OR LESS	163.20		
E0691	UE	UVL PNL 2 SQ FT OR LESS	1224.12		Y
E0692	NU	UVL SYS PANEL 4 FT	2049.54		
E0692	RR	UVL SYS PANEL 4 FT	204.92		
E0692	UE	UVL SYS PANEL 4 FT	1537.15		Y
E0693	NU	UVL SYS PANEL 6 FT	2526.50		
E0693	RR	UVL SYS PANEL 6 FT	252.67		
E0693	UE	UVL SYS PANEL 6 FT	1894.87		Y
E0694	NU	UVL MD CABINET SYS 6 FT	8041.62		
E0694	RR	UVL MD CABINET SYS 6 FT	804.15		
E0694	UE	UVL MD CABINET SYS 6 FT	6031.26		Y
E0700		SAFETY EQUIPMENT	BR		E1
E0705	NU	TRANSFER DEVICE	90.04		
E0705	RR	TRANSFER DEVICE	9.09		
E0705	UE	TRANSFER DEVICE	66.65		B
E0710		RESTRAINTS ANY TYPE	BR		E1
E0711		UE ENCLOSURE RESTR ROM	BR		E1
E0715		INTRAVAG PELVIC FLOOR KEGEL	BR		E1
E0716		SUPP AND ACCES INTRAVAG PELV	BR		E1
E0720	NU	TENS TWO LEAD	391.66		Y
E0721		TRANS ELEC STIM AURICULAR	BR		Y

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	Outpatient Facility SI
E0730	NU	TENS FOUR LEAD	394.97		Y
E0731	NU	CONDUCTIVE GARMENT FOR TENS/	347.79		Y
E0732	RR	CES SYSTEM	66.77		Y
E0733	RR	TRANS ELEC NERV FOR TRIGEMIN	66.77		Y
E0734	RR	EXT UP LIMB TREMOR STIM WRIS	571.40		Y
E0735	RR	NON-INVASIVE VAGUS NERV STIM	66.77		Y
E0736	RR	TRANSCUT TIBIAL NERV STIMULA	66.77		A
E0737		TRANSCUT TIBIAL STIM BY APP	BR		E1
E0738	RR	UPPER EXTREMITY REHAB	2599.55		A
E0739	RR	REHAB SYS ACTIVE ASSIST RT	2036.23		A
E0740	RR	NON-IMPLANT PELV FLR E-STIM	94.98		Y
E0743	RR	EXT LOW EXT NERVE STIMU RLS	308.69		Y
E0744	RR	NEUROMUSCULAR STIM FOR SCOLI	166.34		Y
E0745	RR	NEUROMUSCULAR STIM FOR SHOCK	138.22		Y
E0746		ELECTROMYOGRAPH BIOFEEDBACK	BR		N
E0747	NU	ELEC OSTEOGEN STIM NOT SPINE	6046.01		
E0747	RR	ELEC OSTEOGEN STIM NOT SPINE	600.80		
E0747	UE	ELEC OSTEOGEN STIM NOT SPINE	4492.09		Y
E0748	NU	ELEC OSTEOGEN STIM SPINAL	7066.90		
E0748	RR	ELEC OSTEOGEN STIM SPINAL	706.64		
E0748	UE	ELEC OSTEOGEN STIM SPINAL	5300.19		Y
E0749	RR	ELEC OSTEOGEN STIM IMPLANTED	509.90		N
E0755		ELECTRONIC SALIVARY REFLEX S	BR		E1
E0760	NU	OSTEOGEN ULTRASOUND STIMLTOR	5872.45		
E0760	RR	OSTEOGEN ULTRASOUND STIMLTOR	587.25		
E0760	UE	OSTEOGEN ULTRASOUND STIMLTOR	4404.28		Y
E0761		NONTHERM ELECTROMGNTC DEVICE	3039.71		E1
E0762	RR	TRANS ELEC JT STIM DEV SYS	169.77		B
E0764	RR	FUNCTIONAL NEUROMUSCULARSTIM	2010.09		Y
E0765		NERVE STIMULATOR FOR TX N&V	BR		E1
E0766	RR	ELEC STIM CANCER TREATMENT	20882.50		Y
E0767		INTRABUC AM RF EMF CANCER TX	BR		Y
E0769		ELECTRIC WOUND TREATMENT DEV	BR		B
E0770		FUNCTIONAL ELECTRIC STIM NOS	BR		Y
E0776	NU	IV POLE	221.03		
E0776	RR	IV POLE	28.56		
E0776	UE	IV POLE	162.63		Y
E0779	RR	AMB INFUSION PUMP MECHANICAL	30.28		Y
E0780	NU	MECH AMB INFUSION PUMP <8HRS	18.84		Y
E0781	RR	EXTERNAL AMBULATORY INFUS PU	400.24		Y
E0782	NU	NON-PROGRAMBLE INFUSION PUMP	6628.62		
E0782	RR	NON-PROGRAMBLE INFUSION PUMP	662.90		
E0782	UE	NON-PROGRAMBLE INFUSION PUMP	4971.46		N
E0783	NU	PROGRAMMABLE INFUSION PUMP	14870.28		
E0783	RR	PROGRAMMABLE INFUSION PUMP	1487.06		
E0783	UE	PROGRAMMABLE INFUSION PUMP	11152.77		N
E0784	RR	EXT AMB INFUSN PUMP INSULIN	732.23		Y
E0785		REPLACEMENT IMPL PUMP CATHET	858.25		N
E0786	NU	IMPLANTABLE PUMP REPLACEMENT	13981.58		
E0786	RR	IMPLANTABLE PUMP REPLACEMENT	1398.18		
E0786	UE	IMPLANTABLE PUMP REPLACEMENT	10486.20		N
E0787		CGS DOSE ADJ INSULIN INF PMP	BR		E1
E0791	RR	PARENTERAL INFUSION PUMP STA	519.75		Y
E0830		AMBULATORY TRACTION DEVICE	152.06		N
E0840	NU	TRACT FRAME ATTACH HEADBOARD	133.08		
E0840	RR	TRACT FRAME ATTACH HEADBOARD	26.40		
E0840	UE	TRACT FRAME ATTACH HEADBOARD	99.78		Y
E0849	RR	CERVICAL PNEUM TRAC EQUIP	93.61		Y
E0850	NU	TRACTION STAND FREE STANDING	190.80		
E0850	RR	TRACTION STAND FREE STANDING	22.28		

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	Outpatient Facility SI
E0850	UE	TRACTION STAND FREE STANDING	143.12		Y
E0855	RR	CERVICAL TRACTION EQUIPMENT	91.30		Y
E0856	RR	CERVIC COLLAR W AIR BLADDERS	27.95		Y
E0860	NU	TRACT EQUIP CERVICAL TRACT	69.99		
E0860	RR	TRACT EQUIP CERVICAL TRACT	11.84		
E0860	UE	TRACT EQUIP CERVICAL TRACT	53.60		Y
E0870	NU	TRACT FRAME ATTACH FOOTBOARD	211.28		
E0870	RR	TRACT FRAME ATTACH FOOTBOARD	24.36		
E0870	UE	TRACT FRAME ATTACH FOOTBOARD	159.16		Y
E0880	NU	TRAC STAND FREE STAND EXTREM	228.02		
E0880	RR	TRAC STAND FREE STAND EXTREM	34.19		
E0880	UE	TRAC STAND FREE STAND EXTREM	172.59		Y
E0890	NU	TRACTION FRAME ATTACH PELVIC	218.69		
E0890	RR	TRACTION FRAME ATTACH PELVIC	50.70		
E0890	UE	TRACTION FRAME ATTACH PELVIC	176.18		Y
E0900	NU	TRAC STAND FREE STAND PELVIC	232.75		
E0900	RR	TRAC STAND FREE STAND PELVIC	42.65		
E0900	UE	TRAC STAND FREE STAND PELVIC	174.60		Y
E0910	RR	TRAPEZE BAR ATTACHED TO BED	25.25		Y
E0911	RR	HD TRAPEZE BAR ATTACH TO BED	75.40		Y
E0912	RR	HD TRAPEZE BAR FREE STANDING	160.23		Y
E0920	RR	FRACTURE FRAME ATTACHED TO B	83.84		Y
E0930	RR	FRACTURE FRAME FREE STANDING	82.97		Y
E0935	RR	CONT PAS MOTION EXERCISE DEV	41.31		Y
E0936		CPM DEVICE, OTHER THAN KNEE	BR		E1
E0940	RR	TRAPEZE BAR FREE STANDING	45.40		Y
E0941	RR	GRAVITY ASSISTED TRACTION DE	67.00		Y
E0942	NU	CERVICAL HEAD HARNESS/HALTER	36.05		
E0942	RR	CERVICAL HEAD HARNESS/HALTER	4.10		
E0942	UE	CERVICAL HEAD HARNESS/HALTER	26.98		Y
E0944	NU	PELVIC BELT/HARNESS/BOOT	83.32		
E0944	RR	PELVIC BELT/HARNESS/BOOT	8.39		
E0944	UE	PELVIC BELT/HARNESS/BOOT	62.49		Y
E0945	NU	BELT/HARNESS EXTREMITY	80.50		
E0945	RR	BELT/HARNESS EXTREMITY	8.03		
E0945	UE	BELT/HARNESS EXTREMITY	62.32		Y
E0946	RR	FRACTURE FRAME DUAL W CROSS	107.47		Y
E0947	NU	FRACTURE FRAME ATTACHMNTS PE	1101.54		
E0947	RR	FRACTURE FRAME ATTACHMNTS PE	114.21		
E0947	UE	FRACTURE FRAME ATTACHMNTS PE	826.12		Y
E0948	NU	FRACTURE FRAME ATTACHMNTS CE	1065.43		
E0948	RR	FRACTURE FRAME ATTACHMNTS CE	106.51		
E0948	UE	FRACTURE FRAME ATTACHMNTS CE	751.48		Y
E0950	NU	TRAY	134.00		
E0950	RR	TRAY	13.42		
E0950	UE	TRAY	100.50		Y
E0951	NU	LOOP HEEL	24.54		
E0951	RR	LOOP HEEL	2.46		
E0951	UE	LOOP HEEL	18.40		Y
E0952	NU	TOE LOOP/HOLDER, EACH	26.35		
E0952	RR	TOE LOOP/HOLDER, EACH	2.64		
E0952	UE	TOE LOOP/HOLDER, EACH	19.76		Y
E0953	NU	W/C LATERAL THIGH/KNEE SUP	142.26		
E0953	RR	W/C LATERAL THIGH/KNEE SUP	14.22		
E0953	UE	W/C LATERAL THIGH/KNEE SUP	106.69		Y
E0954	NU	FOOT BOX, ANY TYPE EACH FOOT	88.56		
E0954	RR	FOOT BOX, ANY TYPE EACH FOOT	8.87		
E0954	UE	FOOT BOX, ANY TYPE EACH FOOT	66.39		Y
E0955	RR	CUSHIONED HEADREST	28.18		Y
E0956	NU	W/C LATERAL TRUNK/HIP SUPPOR	142.26		

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E0956	RR	W/C LATERAL TRUNK/HIP SUPPOR	14.22		
E0956	UE	W/C LATERAL TRUNK/HIP SUPPOR	106.69		Y
E0957	NU	W/C MEDIAL THIGH SUPPORT	210.38		
E0957	RR	W/C MEDIAL THIGH SUPPORT	21.05		
E0957	UE	W/C MEDIAL THIGH SUPPORT	157.78		Y
E0958	RR	WHLCHR ATT- CONV 1 ARM DRIVE	67.35		Y
E0959	NU	AMPUTEE ADAPTER	77.84		
E0959	RR	AMPUTEE ADAPTER	7.81		
E0959	UE	AMPUTEE ADAPTER	58.66		B
E0960	NU	W/C SHOULDER HARNESS/STRAPS	132.94		
E0960	RR	W/C SHOULDER HARNESS/STRAPS	13.31		
E0960	UE	W/C SHOULDER HARNESS/STRAPS	99.71		Y
E0961	NU	WHEELCHAIR BRAKE EXTENSION	44.45		
E0961	RR	WHEELCHAIR BRAKE EXTENSION	4.56		
E0961	UE	WHEELCHAIR BRAKE EXTENSION	26.56		B
E0966	NU	WHEELCHAIR HEAD REST EXTENSI	125.20		
E0966	RR	WHEELCHAIR HEAD REST EXTENSI	12.44		
E0966	UE	WHEELCHAIR HEAD REST EXTENSI	93.90		B
E0967	NU	MAN WC RIM/PROJECTION REP EA	119.30		
E0967	RR	MAN WC RIM/PROJECTION REP EA	11.95		
E0967	UE	MAN WC RIM/PROJECTION REP EA	89.45		Y
E0968	RR	WHEELCHAIR COMMODE SEAT	30.41		Y
E0969	NU	WHEELCHAIR NARROWING DEVICE	284.49		
E0969	RR	WHEELCHAIR NARROWING DEVICE	28.17		
E0969	UE	WHEELCHAIR NARROWING DEVICE	213.38		Y
E0970		WHEELCHAIR NO. 2 FOOTPLATES	BR		E1
E0971	NU	WHEELCHAIR ANTI-TIPPING DEVI	65.14		
E0971	RR	WHEELCHAIR ANTI-TIPPING DEVI	6.53		
E0971	UE	WHEELCHAIR ANTI-TIPPING DEVI	48.88		B
E0973	NU	W/CH ACCESS DET ADJ ARMREST	135.47		
E0973	RR	W/CH ACCESS DET ADJ ARMREST	13.12		
E0973	UE	W/CH ACCESS DET ADJ ARMREST	101.61		B
E0974	NU	W/CH ACCESS ANTI-ROLLBACK	129.77		
E0974	RR	W/CH ACCESS ANTI-ROLLBACK	12.97		
E0974	UE	W/CH ACCESS ANTI-ROLLBACK	97.32		B
E0978	NU	W/C ACC,SAF BELT PELV STRAP	54.26		
E0978	RR	W/C ACC,SAF BELT PELV STRAP	5.43		
E0978	UE	W/C ACC,SAF BELT PELV STRAP	40.40		B
E0980	NU	WHEELCHAIR SAFETY VEST	60.03		
E0980	RR	WHEELCHAIR SAFETY VEST	6.02		
E0980	UE	WHEELCHAIR SAFETY VEST	44.77		Y
E0981	NU	SEAT UPHOLSTERY, REPLACEMENT	69.81		
E0981	RR	SEAT UPHOLSTERY, REPLACEMENT	7.05		
E0981	UE	SEAT UPHOLSTERY, REPLACEMENT	52.61		Y
E0982	NU	BACK UPHOLSTERY, REPLACEMENT	76.75		
E0982	RR	BACK UPHOLSTERY, REPLACEMENT	7.67		
E0982	UE	BACK UPHOLSTERY, REPLACEMENT	57.58		Y
E0983	RR	ADD PWR JOYSTICK	453.96		Y
E0984	RR	ADD PWR TILLER	347.01		Y
E0985	RR	W/C SEAT LIFT MECHANISM	36.78		Y
E0986	RR	MAN W/C POWR ASSIST SYST	883.55		Y
E0988	RR	LEVER-ACTIVATED WHEEL DRIVE	522.81		Y
E0990	NU	WHEELCHAIR ELEVATING LEG RES	137.92		
E0990	RR	WHEELCHAIR ELEVATING LEG RES	14.78		
E0990	UE	WHEELCHAIR ELEVATING LEG RES	105.89		B
E0992	NU	WHEELCHAIR SOLID SEAT INSERT	154.53		
E0992	RR	WHEELCHAIR SOLID SEAT INSERT	14.01		
E0992	UE	WHEELCHAIR SOLID SEAT INSERT	115.91		B
E0994	NU	WHEELCHAIR ARM REST	32.03		
E0994	RR	WHEELCHAIR ARM REST	3.24		

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	SI
E0994	UE	WHEELCHAIR ARM REST	24.01		Y
E0995	NU	WC CALF REST, PAD REPLACEMNT	40.46		
E0995	RR	WC CALF REST, PAD REPLACEMNT	4.16		
E0995	UE	WC CALF REST, PAD REPLACEMNT	30.30		B
E1002	RR	PWR SEAT TILT	610.57		Y
E1003	RR	PWR SEAT RECLINE	687.05		Y
E1004	RR	PWR SEAT RECLINE MECH	758.47		Y
E1005	RR	PWR SEAT RECLINE PWR	825.07		Y
E1006	RR	PWR SEAT COMBO W/O SHEAR	1010.62		Y
E1007	RR	PWR SEAT COMBO W/SHEAR	1316.02		Y
E1008	RR	PWR SEAT COMBO PWR SHEAR	1332.32		Y
E1009	NU	ADD MECH LEG ELEVATION	BR		
E1009	RR	ADD MECH LEG ELEVATION	BR		
E1009	UE	ADD MECH LEG ELEVATION	BR		Y
E1010	RR	ADD PWR LEG ELEVATION	177.61		Y
E1011	NU	PED WC MODIFY WIDTH ADJUSTM	1552.36		
E1011	RR	PED WC MODIFY WIDTH ADJUSTM	BR		
E1011	UE	PED WC MODIFY WIDTH ADJUSTM	BR		Y
E1012	RR	CTR MOUNT PWR ELEV LEG REST	177.61		Y
E1014	RR	RECLINING BACK ADD PED W/C	66.35		Y
E1015	NU	SHOCK ABSORBER FOR MAN W/C	205.57		
E1015	RR	SHOCK ABSORBER FOR MAN W/C	20.55		
E1015	UE	SHOCK ABSORBER FOR MAN W/C	154.17		Y
E1016	NU	SHOCK ABSORBER FOR POWER W/C	197.96		
E1016	RR	SHOCK ABSORBER FOR POWER W/C	19.81		
E1016	UE	SHOCK ABSORBER FOR POWER W/C	148.46		Y
E1017	NU	HD SHCK ABSRBR FOR HD MAN WC	BR		
E1017	RR	HD SHCK ABSRBR FOR HD MAN WC	BR		
E1017	UE	HD SHCK ABSRBR FOR HD MAN WC	BR		Y
E1018	NU	HD SHCK ABSRBER FOR HD POWWC	BR		
E1018	RR	HD SHCK ABSRBER FOR HD POWWC	BR		
E1018	UE	HD SHCK ABSRBER FOR HD POWWC	BR		Y
E1020	RR	RESIDUAL LIMB SUPPORT SYSTEM	34.33		Y
E1022		WHEELCHR TRANSPORT SECUR	573.44		
E1023		WHEELCHR TRANSIT SECUREMENT	729.24		
E1028	RR	W/C MANUAL SWINGAWAY	27.61		Y
E1029	RR	W/C VENT TRAY FIXED	57.84		Y
E1030	RR	W/C VENT TRAY GIMBALED	182.43		Y
E1031	RR	ROLLABOUT CHAIR WITH CASTERS	80.43		Y
E1032	RR	WHEELCHAIR JOYSTICK DRIVE	28.25		Y
E1033	RR	WHEELCHAIR HARDWARE HEADREST	28.25		Y
E1034	RR	WHEELCHAIR TRUNK HIP SUPPORT	28.25		Y
E1035	RR	PATIENT TRANSFER SYSTEM <300	1059.37		Y
E1036	RR	PATIENT TRANSFER SYSTEM >300	1511.77		Y
E1037	RR	TRANSPORT CHAIR, PED SIZE	189.87		Y
E1038	RR	TRANSPORT CHAIR PT WT<=300LB	28.86		Y
E1039	RR	TRANSPORT CHAIR PT WT >300LB	59.12		Y
E1050	RR	WHELCHR FXD FULL LENGTH ARMS	157.25		Y
E1060	RR	WHEELCHAIR DETACHABLE ARMS	228.97		Y
E1070	RR	WHEELCHAIR DETACHABLE FOOT R	184.63		Y
E1083	RR	HEMI-WHEELCHAIR FIXED ARMS	130.35		Y
E1084	RR	HEMI-WHEELCHAIR DETACHABLE A	173.16		Y
E1085		HEMI-WHEELCHAIR FIXED ARMS	BR		E1
E1086		HEMI-WHEELCHAIR DETACHABLE A	BR		E1
E1087	RR	WHEELCHAIR LIGHTWT FIXED ARM	195.35		Y
E1088	RR	WHEELCHAIR LIGHTWEIGHT DET A	232.78		Y
E1089		WHEELCHAIR LIGHTWT FIXED ARM	BR		E1
E1090		WHEELCHAIR LIGHTWEIGHT DET A	BR		E1
E1092	RR	WHEELCHAIR WIDE W/ LEG RESTS	198.42		Y
E1093	RR	WHEELCHAIR WIDE W/ FOOT REST	170.64		Y

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E1100	RR	WHCHR S-RECL FXD ARM LEG RES	184.63		Y
E1110	RR	WHEELCHAIR SEMI-RECL DETACH	184.63		Y
E1130		WHLCHR STAND FXD ARM FT REST	BR		E1
E1140		WHEELCHAIR STANDARD DETACH A	BR		E1
E1150	RR	WHEELCHAIR STANDARD W/ LEG R	148.16		Y
E1160	RR	WHEELCHAIR FIXED ARMS	99.94		Y
E1161	RR	MANUAL ADULT WC W TILTINSPAC	429.75		Y
E1170	RR	WHLCHR AMPU FXD ARM LEG REST	162.25		Y
E1171	RR	WHEELCHAIR AMPUTEE W/O LEG R	145.57		Y
E1172	RR	WHEELCHAIR AMPUTEE DETACH AR	177.97		Y
E1180	RR	WHEELCHAIR AMPUTEE W/ FOOT R	184.07		Y
E1190	RR	WHEELCHAIR AMPUTEE W/ LEG RE	193.49		Y
E1195	RR	WHEELCHAIR AMPUTEE HEAVY DUT	228.16		Y
E1200	RR	WHEELCHAIR AMPUTEE FIXED ARM	141.19		Y
E1220		WHLCHR SPECIAL SIZE/CONSTRC	10334.77		Y
E1221	RR	WHEELCHAIR SPEC SIZE W FOOT	86.31		Y
E1222	RR	WHEELCHAIR SPEC SIZE W/ LEG	123.10		Y
E1223	RR	WHEELCHAIR SPEC SIZE W FOOT	134.43		Y
E1224	RR	WHEELCHAIR SPEC SIZE W/ LEG	147.41		Y
E1225	RR	MANUAL SEMI-RECLINING BACK	67.02		Y
E1226	NU	MANUAL FULLY RECLINING BACK	743.70		
E1226	RR	MANUAL FULLY RECLINING BACK	75.60		
E1226	UE	MANUAL FULLY RECLINING BACK	557.75		B
E1227	NU	WHEELCHAIR SPEC SZ SPEC HT A	428.44		
E1227	RR	WHEELCHAIR SPEC SZ SPEC HT A	42.85		
E1227	UE	WHEELCHAIR SPEC SZ SPEC HT A	321.37		Y
E1228	RR	WHEELCHAIR SPEC SZ SPEC HT B	50.91		Y
E1229		PEDIATRIC WHEELCHAIR NOS	BR		Y
E1230	NU	POWER OPERATED VEHICLE	4108.25		
E1230	RR	POWER OPERATED VEHICLE	343.45		
E1230	UE	POWER OPERATED VEHICLE	3249.13		Y
E1231	NU	RIGID PED W/C TILT-IN-SPACE	BR		
E1231	RR	RIGID PED W/C TILT-IN-SPACE	BR		
E1231	UE	RIGID PED W/C TILT-IN-SPACE	BR		Y
E1232	RR	FOLDING PED WC TILT-IN-SPACE	388.44		Y
E1233	RR	RIG PED WC TLTNSPC W/O SEAT	402.44		Y
E1234	RR	FLD PED WC TLTNSPC W/O SEAT	350.38		Y
E1235	RR	RIGID PED WC ADJUSTABLE	337.39		Y
E1236	RR	FOLDING PED WC ADJUSTABLE	297.66		Y
E1237	RR	RGD PED WC ADJSTABL W/O SEAT	300.24		Y
E1238	RR	FLD PED WC ADJSTABL W/O SEAT	297.66		Y
E1239		PED POWER WHEELCHAIR NOS	BR		Y
E1240	RR	WHCHR LITWT DET ARM LEG REST	187.14		Y
E1250		WHEELCHAIR LIGHTWT FIXED ARM	BR		E1
E1260		WHEELCHAIR LIGHTWT FOOT REST	BR		E1
E1270	RR	WHEELCHAIR LIGHTWEIGHT LEG R	143.39		Y
E1280	RR	WHCHR H-DUTY DET ARM LEG RES	238.41		Y
E1285		WHEELCHAIR HEAVY DUTY FIXED	BR		E1
E1290		WHEELCHAIR HVY DUTY DETACH A	BR		E1
E1295	RR	WHEELCHAIR HEAVY DUTY FIXED	220.62		Y
E1296	NU	WHEELCHAIR SPECIAL SEAT HEIG	893.01		
E1296	RR	WHEELCHAIR SPECIAL SEAT HEIG	90.75		
E1296	UE	WHEELCHAIR SPECIAL SEAT HEIG	669.79		Y
E1297	NU	WHEELCHAIR SPECIAL SEAT DEPT	161.51		
E1297	RR	WHEELCHAIR SPECIAL SEAT DEPT	17.94		
E1297	UE	WHEELCHAIR SPECIAL SEAT DEPT	121.11		Y
E1298	NU	WHEELCHAIR SPEC SEAT DEPTH/W	654.08		
E1298	RR	WHEELCHAIR SPEC SEAT DEPTH/W	66.92		
E1298	UE	WHEELCHAIR SPEC SEAT DEPTH/W	490.56		Y
E1300		WHIRLPOOL PORTABLE	BR		E1

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	Outpatient Facility SI
E1301		WHIRLPOOL TUB WALKIN PORTABL	BR		E1
E1310	NU	WHIRLPOOL NON-PORTABLE	3315.39		
E1310	RR	WHIRLPOOL NON-PORTABLE	283.54		
E1310	UE	WHIRLPOOL NON-PORTABLE	2486.52		Y
E1352		O2 FLOW REG POS INSPIR PRESS	BR		Y
E1353		OXYGEN SUPPLIES REGULATOR	51.44		Y
E1354		WHEELED CART, PORT CYL/CONC	15.35		Y
E1355		OXYGEN SUPPLIES STAND/RACK	38.77		Y
E1356		BATT PACK/CART, PORT CONC	303.99		Y
E1357		BATTERY CHARGER, PORT CONC	BR		Y
E1358		DC POWER ADAPTER, PORT CONC	BR		Y
E1372	NU	OXY SUPPL HEATER FOR NEBULIZ	255.01		
E1372	RR	OXY SUPPL HEATER FOR NEBULIZ	32.21		
E1372	UE	OXY SUPPL HEATER FOR NEBULIZ	189.81		Y
E1390	RR	OXYGEN CONCENTRATOR	225.32		Y
E1391	RR	OXYGEN CONCENTRATOR, DUAL	225.32		Y
E1392	RR	PORTABLE OXYGEN CONCENTRATOR	67.12		Y
E1399		DURABLE MEDICAL EQUIPMENT MI	BR		Y
E1405	RR	O2/WATER VAPOR ENRICH W/HEAT	277.00		Y
E1406	RR	O2/WATER VAPOR ENRICH W/O HE	244.95		Y
E1500		CENTRIFUGE	BR		A
E1510		KIDNEY DIALYSATE DELIVRY SYS	BR		A
E1520		HEPARIN INFUSION PUMP	BR		A
E1530		REPLACEMENT AIR BUBBLE DETEC	BR		A
E1540		REPLACEMENT PRESSURE ALARM	BR		A
E1550		BATH CONDUCTIVITY METER	BR		A
E1560		REPLACE BLOOD LEAK DETECTOR	BR		A
E1570		ADJUSTABLE CHAIR FOR ESRD PT	BR		A
E1575		TRANSDUCER PROTECT/FLD BAR	BR		A
E1580		UNIPUNCTURE CONTROL SYSTEM	BR		A
E1590		HEMODIALYSIS MACHINE	BR		A
E1592		AUTO INTERM PERITONEAL DIALY	BR		A
E1594		CYCLER DIALYSIS MACHINE	BR		A
E1600		DELI/INSTALL CHRG HEMO EQUIP	BR		A
E1610		REVERSE OSMOSIS H2O PURI SYS	BR		A
E1615		DEIONIZER H2O PURI SYSTEM	BR		A
E1620		REPLACEMENT BLOOD PUMP	BR		A
E1625		WATER SOFTENING SYSTEM	BR		A
E1629		TABLO FOR DIALYSIS SERVICE	BR		A
E1630		RECIPROCATING PERITONEAL DIA	BR		A
E1632		WEARABLE ARTIFICIAL KIDNEY	BR		A
E1634		PERITONEAL DIALYSIS CLAMP	BR		B
E1635		COMPACT TRAVEL HEMODIALYZER	BR		A
E1636		SORBENT CARTRIDGES PER 10	BR		A
E1637		HEMOSTATS FOR DIALYSIS, EACH	66.47		A
E1639		SCALE, EACH	120.02		A
E1699		DIALYSIS EQUIPMENT NOC	BR		A
E1700	RR	JAW MOTION REHAB SYSTEM	56.71		Y
E1701		REPL CUSHIONS FOR JAW MOTION	18.84		Y
E1702		REPL MEASR SCALES JAW MOTION	40.98		Y
E1800	RR	ADJUST ELBOW EXT & FLEX DEV	189.14		Y
E1801	RR	SPS/PASS ELBOW DEVICE	234.33		Y
E1802	RR	ADJST FOREARM PRO/SUP DEVICE	593.61		Y
E1803	RR	ADJUST ELBOW EXTENSION DEV	189.14		Y
E1804	RR	ADJUST ELBOW FLEXION DEV	189.14		Y
E1805	RR	ADJUST WRIST EXT & FLEX DEV	229.48		Y
E1806	RR	SPS WRIST DEVICE	192.41		Y
E1807	RR	ADJUST WRIST EXTENSION DEV	229.48		Y
E1808	RR	ADJUST WRIST FLEXION DEVICE	229.48		Y
E1810	RR	ADJUST KNEE EXT & FLEX DEV	226.30		Y

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	Outpatient Facility SI
E1811	RR	SPS/PASS KNEE DEVICE	243.59		Y
E1812	RR	KNEE EXT/FLEX W ACT RES CTRL	156.20		Y
E1813	RR	ADJUST KNEE EXTENSION DEVICE	226.30		Y
E1814	RR	ADJUST KNEE FLEXION DEVICE	226.30		Y
E1815	RR	ADJUST ANKLE EXT & FLEX DEV	229.48		Y
E1816	RR	SPS/PASS ANKLE DEVICE	247.47		Y
E1818	RR	SPS/PASS FOREARM DEVICE	252.62		Y
E1820	NU	SOFT INTERFACE MATERIAL	148.49		
E1820	RR	SOFT INTERFACE MATERIAL	14.82		
E1820	UE	SOFT INTERFACE MATERIAL	111.38		Y
E1821	NU	REPLACEMENT INTERFACE SPSD	191.15		
E1821	RR	REPLACEMENT INTERFACE SPSD	19.06		
E1821	UE	REPLACEMENT INTERFACE SPSD	143.42		Y
E1822	RR	ADJUST ANKLE EXTENSION DEV	229.48		Y
E1823	RR	ADJUST ANKLE FLEXION DEVICE	229.48		Y
E1825	RR	ADJUST FINGER EXT & FLEX DEV	229.48		Y
E1826	RR	ADJUST FINGER EXTENSION DEV	229.48		Y
E1827	RR	ADJUST FINGER FLEXION DEVICE	229.48		Y
E1828	RR	ADJUST TOE EXTENSION DEVICE	229.48		Y
E1829	RR	ADJUST TOE FLEXION DEVICE	229.48		Y
E1830	RR	ADJUST TOE EXT & FLEX DEVICE	229.48		Y
E1831	RR	STATIC STR TOE DEV EXT/FLEX	115.41		Y
E1832	RR	SPS FINGER DEVICE	117.73		Y
E1840	RR	ADJ SHOULDER EXT/FLEX DEVICE	695.15		Y
E1841	RR	SPS/PASS SHOULDER DEVICE	822.78		Y
E1902		AAC NON-ELECTRONIC BOARD	BR		Y
E1905	RR	VR CBT THERAPY	860.00		A
E2000	RR	GASTRIC SUCTION PUMP HME MDL	94.15		Y
E2001	RR	SUCT PUM EXT MGMT SYS	83.16		Y
E2100	NU	BLD GLUCOSE MONITOR W VOICE	1168.23		
E2100	RR	BLD GLUCOSE MONITOR W VOICE	116.86		
E2100	UE	BLD GLUCOSE MONITOR W VOICE	876.21		Y
E2101	NU	BLD GLUCOSE MONITOR W LANCE	342.47		
E2101	RR	BLD GLUCOSE MONITOR W LANCE	34.26		
E2101	UE	BLD GLUCOSE MONITOR W LANCE	256.87		Y
E2102	NU	ADJU CGM RECEIVER/MONITOR	269.19		
E2102	RR	ADJU CGM RECEIVER/MONITOR	26.94		
E2102	UE	ADJU CGM RECEIVER/MONITOR	201.89		Y
E2103	NU	NON-ADJU CGM RECEIVER/MON	351.77		
E2103	RR	NON-ADJU CGM RECEIVER/MON	35.18		
E2103	UE	NON-ADJU CGM RECEIVER/MON	263.84		Y
E2104	NU	GLUCOSE MONITOR W CARTRIDGE	69.49		
E2104	RR	GLUCOSE MONITOR W CARTRIDGE	6.97		
E2104	UE	GLUCOSE MONITOR W CARTRIDGE	52.16		A
E2120	RR	PULSE GEN SYS TX ENDOLYMP FL	514.97		Y
E2201	NU	MAN W/CH ACC SEAT W>=20"<24"	599.63		
E2201	RR	MAN W/CH ACC SEAT W>=20"<24"	59.96		
E2201	UE	MAN W/CH ACC SEAT W>=20"<24"	449.72		Y
E2202	NU	SEAT WIDTH 24-27 IN	810.39		
E2202	RR	SEAT WIDTH 24-27 IN	81.04		
E2202	UE	SEAT WIDTH 24-27 IN	607.82		Y
E2203	NU	FRAME DEPTH LESS THAN 22 IN	790.47		
E2203	RR	FRAME DEPTH LESS THAN 22 IN	79.04		
E2203	UE	FRAME DEPTH LESS THAN 22 IN	592.83		Y
E2204	NU	FRAME DEPTH 22 TO 25 IN	1360.67		
E2204	RR	FRAME DEPTH 22 TO 25 IN	136.07		
E2204	UE	FRAME DEPTH 22 TO 25 IN	1020.51		Y
E2205	NU	MANUAL WC ACCESSORY, HANDRIM	59.07		
E2205	RR	MANUAL WC ACCESSORY, HANDRIM	5.89		
E2205	UE	MANUAL WC ACCESSORY, HANDRIM	44.33		Y

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E2206	NU	MAN WC WHL LOCK COMP REPL EA	69.19		
E2206	RR	MAN WC WHL LOCK COMP REPL EA	6.90		
E2206	UE	MAN WC WHL LOCK COMP REPL EA	51.88		Y
E2207	NU	CRUTCH AND CANE HOLDER	77.95		
E2207	RR	CRUTCH AND CANE HOLDER	7.81		
E2207	UE	CRUTCH AND CANE HOLDER	58.46		Y
E2208	NU	CYLINDER TANK CARRIER	157.74		
E2208	RR	CYLINDER TANK CARRIER	15.77		
E2208	UE	CYLINDER TANK CARRIER	118.31		Y
E2209	NU	ARM TROUGH EACH	154.54		
E2209	RR	ARM TROUGH EACH	15.47		
E2209	UE	ARM TROUGH EACH	115.92		Y
E2210	NU	WHEELCHAIR BEARINGS	9.65		
E2210	RR	WHEELCHAIR BEARINGS	0.88		
E2210	UE	WHEELCHAIR BEARINGS	7.25		Y
E2211	NU	PNEUMATIC PROPULSION TIRE	65.91		
E2211	RR	PNEUMATIC PROPULSION TIRE	6.51		
E2211	UE	PNEUMATIC PROPULSION TIRE	48.18		Y
E2212	NU	PNEUMATIC PROP TIRE TUBE	10.61		
E2212	RR	PNEUMATIC PROP TIRE TUBE	1.09		
E2212	UE	PNEUMATIC PROP TIRE TUBE	7.97		Y
E2213	NU	PNEUMATIC PROP TIRE INSERT	52.74		
E2213	RR	PNEUMATIC PROP TIRE INSERT	5.29		
E2213	UE	PNEUMATIC PROP TIRE INSERT	39.55		Y
E2214	NU	PNEUMATIC CASTER TIRE EACH	60.35		
E2214	RR	PNEUMATIC CASTER TIRE EACH	6.36		
E2214	UE	PNEUMATIC CASTER TIRE EACH	45.24		Y
E2215	NU	PNEUMATIC CASTER TIRE TUBE	17.39		
E2215	RR	PNEUMATIC CASTER TIRE TUBE	1.73		
E2215	UE	PNEUMATIC CASTER TIRE TUBE	13.04		Y
E2216	NU	FOAM FILLED PROPULSION TIRE	80.04		
E2216	RR	FOAM FILLED PROPULSION TIRE	8.00		
E2216	UE	FOAM FILLED PROPULSION TIRE	60.05		Y
E2217	NU	FOAM FILLED CASTER TIRE EACH	70.84		
E2217	RR	FOAM FILLED CASTER TIRE EACH	7.07		
E2217	UE	FOAM FILLED CASTER TIRE EACH	53.14		Y
E2218	NU	FOAM PROPULSION TIRE EACH	80.04		
E2218	RR	FOAM PROPULSION TIRE EACH	8.00		
E2218	UE	FOAM PROPULSION TIRE EACH	60.05		Y
E2219	NU	FOAM CASTER TIRE ANY SIZE EA	70.84		
E2219	RR	FOAM CASTER TIRE ANY SIZE EA	7.07		
E2219	UE	FOAM CASTER TIRE ANY SIZE EA	53.14		Y
E2220	NU	SOLID PROPULS TIRE, REPL, EA	44.06		
E2220	RR	SOLID PROPULS TIRE, REPL, EA	4.81		
E2220	UE	SOLID PROPULS TIRE, REPL, EA	33.70		Y
E2221	NU	SOLID CASTER TIRE REPL, EACH	45.67		
E2221	RR	SOLID CASTER TIRE REPL, EACH	4.60		
E2221	UE	SOLID CASTER TIRE REPL, EACH	34.27		Y
E2222	NU	SOLID CASTER INTEG WHL, REPL	37.91		
E2222	RR	SOLID CASTER INTEG WHL, REPL	3.77		
E2222	UE	SOLID CASTER INTEG WHL, REPL	28.44		Y
E2224	NU	PROPULSION WHL EXCL TIRE REP	168.83		
E2224	RR	PROPULSION WHL EXCL TIRE REP	17.32		
E2224	UE	PROPULSION WHL EXCL TIRE REP	126.63		Y
E2225	NU	CASTER WHEEL EXCLUDES TIRE	31.62		
E2225	RR	CASTER WHEEL EXCLUDES TIRE	3.16		
E2225	UE	CASTER WHEEL EXCLUDES TIRE	23.67		Y
E2226	NU	CASTER FORK REPLACEMENT ONLY	67.65		
E2226	RR	CASTER FORK REPLACEMENT ONLY	6.76		
E2226	UE	CASTER FORK REPLACEMENT ONLY	50.74		Y

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	SI
E2227	RR	GEAR REDUCTION DRIVE WHEEL	326.69		Y
E2228	RR	MWC ACC, WHEELCHAIR BRAKE	165.40		Y
E2230		MANUAL STANDING SYSTEM	BR		Y
E2231	NU	SOLID SEAT SUPPORT BASE	257.00		
E2231	RR	SOLID SEAT SUPPORT BASE	25.70		
E2231	UE	SOLID SEAT SUPPORT BASE	192.74		Y
E2291		PLANAR BACK FOR PED SIZE WC	632.54		Y
E2292		PLANAR SEAT FOR PED SIZE WC	704.30		Y
E2293		CONTOUR BACK FOR PED SIZE WC	1253.30		Y
E2294		CONTOUR SEAT FOR PED SIZE WC	820.11		Y
E2295		PED DYNAMIC SEATING FRAME	BR		Y
E2298	RR	PWR SEAT ELEV SYS FOR CRT	268.09		Y
E2301		PWR STANDING	19815.13		Y
E2310	RR	ELECTRO CONNECT BTW CONTROL	177.48		Y
E2311	RR	ELECTRO CONNECT BTW 2 SYS	358.77		Y
E2312	RR	MINI-PROP REMOTE JOYSTICK	352.24		Y
E2313	RR	PWC HARNESS, EXPAND CONTROL	55.98		Y
E2321	RR	HAND INTERFACE JOYSTICK	241.10		Y
E2322	RR	MULT MECH SWITCHES	220.64		Y
E2323	NU	SPECIAL JOYSTICK HANDLE	107.89		
E2323	RR	SPECIAL JOYSTICK HANDLE	10.78		
E2323	UE	SPECIAL JOYSTICK HANDLE	80.90		Y
E2324	NU	CHIN CUP INTERFACE	68.60		
E2324	RR	CHIN CUP INTERFACE	6.83		
E2324	UE	CHIN CUP INTERFACE	51.45		Y
E2325	RR	SIP AND PUFF INTERFACE	210.81		Y
E2326	RR	BREATH TUBE KIT	54.37		Y
E2327	RR	HEAD CONTROL INTERFACE MECH	408.95		Y
E2328	RR	HEAD/EXTREMITY CONTROL INTER	775.75		Y
E2329	RR	HEAD CONTROL NONPROPORTIONAL	276.48		Y
E2330	RR	HEAD CONTROL PROXIMITY SWITC	535.72		Y
E2331		ATTENDANT CONTROL	1518.60		Y
E2340	NU	W/C WDTH 20-23 IN SEAT FRAME	650.88		
E2340	RR	W/C WDTH 20-23 IN SEAT FRAME	65.12		
E2340	UE	W/C WDTH 20-23 IN SEAT FRAME	488.23		Y
E2341	NU	W/C WDTH 24-27 IN SEAT FRAME	976.43		
E2341	RR	W/C WDTH 24-27 IN SEAT FRAME	97.63		
E2341	UE	W/C WDTH 24-27 IN SEAT FRAME	732.36		Y
E2342	NU	W/C DPTH 20-21 IN SEAT FRAME	813.71		
E2342	RR	W/C DPTH 20-21 IN SEAT FRAME	81.37		
E2342	UE	W/C DPTH 20-21 IN SEAT FRAME	610.29		Y
E2343	NU	W/C DPTH 22-25 IN SEAT FRAME	1301.94		
E2343	RR	W/C DPTH 22-25 IN SEAT FRAME	130.18		
E2343	UE	W/C DPTH 22-25 IN SEAT FRAME	976.43		Y
E2351	NU	ELECTRONIC SGD INTERFACE	1094.11		
E2351	RR	ELECTRONIC SGD INTERFACE	109.41		
E2351	UE	ELECTRONIC SGD INTERFACE	820.59		Y
E2358		GR 34 NONSEALED LEADACID	BR		Y
E2359	NU	GR34 SEALED LEADACID BATTERY	293.51		
E2359	RR	GR34 SEALED LEADACID BATTERY	29.35		
E2359	UE	GR34 SEALED LEADACID BATTERY	220.14		Y
E2360	NU	22NF NONSEALED LEADACID	204.06		
E2360	RR	22NF NONSEALED LEADACID	20.50		
E2360	UE	22NF NONSEALED LEADACID	153.02		Y
E2361	NU	22NF SEALED LEADACID BATTERY	206.73		
E2361	RR	22NF SEALED LEADACID BATTERY	20.67		
E2361	UE	22NF SEALED LEADACID BATTERY	155.06		Y
E2362	NU	GR24 NONSEALED LEADACID	167.08		
E2362	RR	GR24 NONSEALED LEADACID	16.71		
E2362	UE	GR24 NONSEALED LEADACID	125.31		Y

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E2363	NU	GR24 SEALED LEADACID BATTERY	268.93		
E2363	RR	GR24 SEALED LEADACID BATTERY	26.88		
E2363	UE	GR24 SEALED LEADACID BATTERY	201.68		Y
E2364	NU	U1NONSEALED LEADACID BATTERY	198.87		
E2364	RR	U1NONSEALED LEADACID BATTERY	19.89		
E2364	UE	U1NONSEALED LEADACID BATTERY	149.16		Y
E2365	NU	U1 SEALED LEADACID BATTERY	152.83		
E2365	RR	U1 SEALED LEADACID BATTERY	15.28		
E2365	UE	U1 SEALED LEADACID BATTERY	114.65		Y
E2366	NU	BATTERY CHARGER, SINGLE MODE	339.00		
E2366	RR	BATTERY CHARGER, SINGLE MODE	33.96		
E2366	UE	BATTERY CHARGER, SINGLE MODE	254.25		Y
E2367	NU	BATTERY CHARGER, DUAL MODE	647.05		
E2367	RR	BATTERY CHARGER, DUAL MODE	64.70		
E2367	UE	BATTERY CHARGER, DUAL MODE	485.29		Y
E2368	RR	PWR WC DRIVEWHEEL MOTOR REPL	75.08		Y
E2369	RR	PWR WC DRIVEWHEEL GEAR REPL	68.03		Y
E2370	RR	PWR WC DR WH MOTOR/GEAR COMB	107.77		Y
E2371	NU	GR27 SEALED LEADACID BATTERY	235.99		
E2371	RR	GR27 SEALED LEADACID BATTERY	23.61		
E2371	UE	GR27 SEALED LEADACID BATTERY	177.01		Y
E2372	NU	GR27 NON-SEALED LEADACID	BR		
E2372	RR	GR27 NON-SEALED LEADACID	BR		
E2372	UE	GR27 NON-SEALED LEADACID	BR		Y
E2373	RR	HAND/CHIN CTRL SPEC JOYSTICK	122.80		Y
E2374	RR	HAND/CHIN CTRL STD JOYSTICK	81.39		Y
E2375	RR	NON-EXPANDABLE CONTROLLER	124.25		Y
E2376	RR	EXPANDABLE CONTROLLER, REPL	203.39		Y
E2377	RR	EXPANDABLE CONTROLLER, INITL	74.44		Y
E2378	RR	PW ACTUATOR REPLACEMENT	92.57		Y
E2381	NU	PNEUM DRIVE WHEEL TIRE	111.20		
E2381	RR	PNEUM DRIVE WHEEL TIRE	11.14		
E2381	UE	PNEUM DRIVE WHEEL TIRE	83.41		Y
E2382	NU	TUBE, PNEUM WHEEL DRIVE TIRE	30.68		
E2382	RR	TUBE, PNEUM WHEEL DRIVE TIRE	3.07		
E2382	UE	TUBE, PNEUM WHEEL DRIVE TIRE	23.02		Y
E2383	NU	INSERT, PNEUM WHEEL DRIVE	227.12		
E2383	RR	INSERT, PNEUM WHEEL DRIVE	22.71		
E2383	UE	INSERT, PNEUM WHEEL DRIVE	170.34		Y
E2384	NU	PNEUMATIC CASTER TIRE	115.35		
E2384	RR	PNEUMATIC CASTER TIRE	11.56		
E2384	UE	PNEUMATIC CASTER TIRE	86.53		Y
E2385	NU	TUBE, PNEUMATIC CASTER TIRE	73.37		
E2385	RR	TUBE, PNEUMATIC CASTER TIRE	7.36		
E2385	UE	TUBE, PNEUMATIC CASTER TIRE	55.02		Y
E2386	NU	FOAM FILLED DRIVE WHEEL TIRE	204.59		
E2386	RR	FOAM FILLED DRIVE WHEEL TIRE	20.46		
E2386	UE	FOAM FILLED DRIVE WHEEL TIRE	153.45		Y
E2387	NU	FOAM FILLED CASTER TIRE	94.47		
E2387	RR	FOAM FILLED CASTER TIRE	9.45		
E2387	UE	FOAM FILLED CASTER TIRE	70.89		Y
E2388	NU	FOAM DRIVE WHEEL TIRE	77.10		
E2388	RR	FOAM DRIVE WHEEL TIRE	7.72		
E2388	UE	FOAM DRIVE WHEEL TIRE	57.84		Y
E2389	NU	FOAM CASTER TIRE	42.47		
E2389	RR	FOAM CASTER TIRE	4.25		
E2389	UE	FOAM CASTER TIRE	31.84		Y
E2390	NU	SOLID DRIVE WHEEL TIRE	66.09		
E2390	RR	SOLID DRIVE WHEEL TIRE	6.60		
E2390	UE	SOLID DRIVE WHEEL TIRE	49.56		Y

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	Facility SI
E2391	NU	SOLID CASTER TIRE	30.98		
E2391	RR	SOLID CASTER TIRE	3.11		
E2391	UE	SOLID CASTER TIRE	23.24		Y
E2392	NU	SOLID CASTER TIRE, INTEGRATE	77.91		
E2392	RR	SOLID CASTER TIRE, INTEGRATE	7.81		
E2392	UE	SOLID CASTER TIRE, INTEGRATE	58.44		Y
E2394	NU	DRIVE WHEEL EXCLUDES TIRE	109.37		
E2394	RR	DRIVE WHEEL EXCLUDES TIRE	10.95		
E2394	UE	DRIVE WHEEL EXCLUDES TIRE	82.03		Y
E2395	NU	CASTER WHEEL EXCLUDES TIRE	79.60		
E2395	RR	CASTER WHEEL EXCLUDES TIRE	7.97		
E2395	UE	CASTER WHEEL EXCLUDES TIRE	59.72		Y
E2396	NU	CASTER FORK	94.52		
E2396	RR	CASTER FORK	10.01		
E2396	UE	CASTER FORK	70.92		Y
E2397	NU	PWC ACC, LITH-BASED BATTERY	752.21		
E2397	RR	PWC ACC, LITH-BASED BATTERY	75.23		
E2397	UE	PWC ACC, LITH-BASED BATTERY	564.12		Y
E2398	NU	WC DYNAMIC POS BACK HARDWARE	208.36		
E2398	RR	WC DYNAMIC POS BACK HARDWARE	20.84		
E2398	UE	WC DYNAMIC POS BACK HARDWARE	156.26		Y
E2402	RR	NEG PRESS WOUND THERAPY PUMP	1913.47		Y
E2500	NU	SGD DIGITIZED PRE-REC <=8MIN	710.28		
E2500	RR	SGD DIGITIZED PRE-REC <=8MIN	71.03		
E2500	UE	SGD DIGITIZED PRE-REC <=8MIN	532.70		Y
E2502	NU	SGD PREREC MSG >8MIN <=20MIN	2171.98		
E2502	RR	SGD PREREC MSG >8MIN <=20MIN	217.23		
E2502	UE	SGD PREREC MSG >8MIN <=20MIN	1629.00		Y
E2504	NU	SGD PREREC MSG>20MIN <=40MIN	2865.16		
E2504	RR	SGD PREREC MSG>20MIN <=40MIN	286.55		
E2504	UE	SGD PREREC MSG>20MIN <=40MIN	2148.87		Y
E2506	NU	SGD PREREC MSG > 40 MIN	4201.13		
E2506	RR	SGD PREREC MSG > 40 MIN	420.10		
E2506	UE	SGD PREREC MSG > 40 MIN	3150.80		Y
E2508	NU	SGD SPELLING PHYS CONTACT	6496.37		
E2508	RR	SGD SPELLING PHYS CONTACT	649.64		
E2508	UE	SGD SPELLING PHYS CONTACT	4872.30		Y
E2510	NU	SGD W MULTI METHODS MSG/ACCS	12293.53		
E2510	RR	SGD W MULTI METHODS MSG/ACCS	1229.35		
E2510	UE	SGD W MULTI METHODS MSG/ACCS	9220.12		Y
E2511	NU	SGD SFTWRE PRGRM FOR PC/PDA	162.49		
E2511	RR	SGD SFTWRE PRGRM FOR PC/PDA	4.25		
E2511	UE	SGD SFTWRE PRGRM FOR PC/PDA	33.46		Y
E2512	NU	SGD ACCESSORY, MOUNTING SYS	2317.09		
E2512	RR	SGD ACCESSORY, MOUNTING SYS	127.49		
E2512	UE	SGD ACCESSORY, MOUNTING SYS	948.19		Y
E2513	NU	SGD ACCESSORY, EMG SENSOR	5723.82		
E2513	RR	SGD ACCESSORY, EMG SENSOR	572.40		
E2513	UE	SGD ACCESSORY, EMG SENSOR	4292.89		Y
E2599		SGD ACCESSORY NOC	BR		Y
E2601	NU	GEN W/C CUSHION WDTH < 22 IN	80.86		
E2601	RR	GEN W/C CUSHION WDTH < 22 IN	8.10		
E2601	UE	GEN W/C CUSHION WDTH < 22 IN	60.66		Y
E2602	NU	GEN W/C CUSHION WDTH >=22 IN	164.61		
E2602	RR	GEN W/C CUSHION WDTH >=22 IN	16.47		
E2602	UE	GEN W/C CUSHION WDTH >=22 IN	123.46		Y
E2603	NU	SKIN PROTECT WC CUS WD <22IN	205.87		
E2603	RR	SKIN PROTECT WC CUS WD <22IN	20.59		
E2603	UE	SKIN PROTECT WC CUS WD <22IN	154.41		Y
E2604	NU	SKIN PROTECT WC CUS WD>=22IN	270.99		

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	Facility SI
E2604	RR	SKIN PROTECT WC CUS WD>=22IN	27.09		
E2604	UE	SKIN PROTECT WC CUS WD>=22IN	203.26		Y
E2605	NU	POSITION WC CUSH WDTH <22 IN	388.67		
E2605	RR	POSITION WC CUSH WDTH <22 IN	38.87		
E2605	UE	POSITION WC CUSH WDTH <22 IN	291.53		Y
E2606	NU	POSITION WC CUSH WDTH>=22 IN	614.08		
E2606	RR	POSITION WC CUSH WDTH>=22 IN	61.41		
E2606	UE	POSITION WC CUSH WDTH>=22 IN	460.54		Y
E2607	NU	SKIN PRO/POS WC CUS WD <22IN	399.19		
E2607	RR	SKIN PRO/POS WC CUS WD <22IN	39.92		
E2607	UE	SKIN PRO/POS WC CUS WD <22IN	299.40		Y
E2608	NU	SKIN PRO/POS WC CUS WD>=22IN	489.55		
E2608	RR	SKIN PRO/POS WC CUS WD>=22IN	48.95		
E2608	UE	SKIN PRO/POS WC CUS WD>=22IN	367.16		Y
E2609		CUSTOM FABRICATE W/C CUSHION	3196.74		Y
E2610		POWERED W/C CUSHION	BR		B
E2611	NU	GEN USE BACK CUSH WDTH <22IN	377.12		
E2611	RR	GEN USE BACK CUSH WDTH <22IN	37.70		
E2611	UE	GEN USE BACK CUSH WDTH <22IN	282.87		Y
E2612	NU	GEN USE BACK CUSH WDTH>=22IN	589.58		
E2612	RR	GEN USE BACK CUSH WDTH>=22IN	58.96		
E2612	UE	GEN USE BACK CUSH WDTH>=22IN	442.18		Y
E2613	NU	POSITION BACK CUSH WD <22IN	569.58		
E2613	RR	POSITION BACK CUSH WD <22IN	56.97		
E2613	UE	POSITION BACK CUSH WD <22IN	427.19		Y
E2614	NU	POSITION BACK CUSH WD>=22IN	812.24		
E2614	RR	POSITION BACK CUSH WD>=22IN	81.22		
E2614	UE	POSITION BACK CUSH WD>=22IN	609.19		Y
E2615	NU	POS BACK POST/LAT WDTH <22IN	652.83		
E2615	RR	POS BACK POST/LAT WDTH <22IN	65.29		
E2615	UE	POS BACK POST/LAT WDTH <22IN	489.63		Y
E2616	NU	POS BACK POST/LAT WDTH>=22IN	878.80		
E2616	RR	POS BACK POST/LAT WDTH>=22IN	87.88		
E2616	UE	POS BACK POST/LAT WDTH>=22IN	659.11		Y
E2617		CUSTOM FAB W/C BACK CUSHION	3772.17		Y
E2619	NU	REPLACE COVER W/C SEAT CUSH	78.95		
E2619	RR	REPLACE COVER W/C SEAT CUSH	7.89		
E2619	UE	REPLACE COVER W/C SEAT CUSH	59.24		Y
E2620	NU	WC PLANAR BACK CUSH WD <22IN	748.96		
E2620	RR	WC PLANAR BACK CUSH WD <22IN	74.91		
E2620	UE	WC PLANAR BACK CUSH WD <22IN	561.73		Y
E2621	NU	WC PLANAR BACK CUSH WD>=22IN	829.23		
E2621	RR	WC PLANAR BACK CUSH WD>=22IN	82.93		
E2621	UE	WC PLANAR BACK CUSH WD>=22IN	621.92		Y
E2622	NU	ADJ SKIN PRO W/C CUS WD<22IN	505.49		
E2622	RR	ADJ SKIN PRO W/C CUS WD<22IN	50.56		
E2622	UE	ADJ SKIN PRO W/C CUS WD<22IN	379.12		Y
E2623	NU	ADJ SKIN PRO WC CUS WD>=22IN	641.29		
E2623	RR	ADJ SKIN PRO WC CUS WD>=22IN	64.14		
E2623	UE	ADJ SKIN PRO WC CUS WD>=22IN	480.95		Y
E2624	NU	ADJ SKIN PRO/POS CUS<22IN	511.62		
E2624	RR	ADJ SKIN PRO/POS CUS<22IN	51.17		
E2624	UE	ADJ SKIN PRO/POS CUS<22IN	383.72		Y
E2625	NU	ADJ SKIN PRO/POS WC CUS>=22	640.58		
E2625	RR	ADJ SKIN PRO/POS WC CUS>=22	64.05		
E2625	UE	ADJ SKIN PRO/POS WC CUS>=22	480.43		Y
E2626	NU	SEO MOBILE ARM SUP ATT TO WC	1110.76		
E2626	RR	SEO MOBILE ARM SUP ATT TO WC	111.06		
E2626	UE	SEO MOBILE ARM SUP ATT TO WC	833.03		Y
E2627	NU	ARM SUPP ATT TO WC RANCHO TY	1743.27		

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	Facility SI
E2627	RR	ARM SUPP ATT TO WC RANCHO TY	174.36		
E2627	UE	ARM SUPP ATT TO WC RANCHO TY	1307.45		Y
E2628	NU	MOBILE ARM SUPPORTS RECLININ	1333.03		
E2628	RR	MOBILE ARM SUPPORTS RECLININ	133.30		
E2628	UE	MOBILE ARM SUPPORTS RECLININ	999.77		Y
E2629	NU	FRICTION DAMPENING ARM SUPP	1681.38		
E2629	RR	FRICTION DAMPENING ARM SUPP	168.13		
E2629	UE	FRICTION DAMPENING ARM SUPP	1261.03		Y
E2630	NU	MONOSUSPENSION ARM/HAND SUPP	1048.44		
E2630	RR	MONOSUSPENSION ARM/HAND SUPP	104.86		
E2630	UE	MONOSUSPENSION ARM/HAND SUPP	786.34		Y
E2631	NU	ELEVAT PROXIMAL ARM SUPPORT	446.77		
E2631	RR	ELEVAT PROXIMAL ARM SUPPORT	44.67		
E2631	UE	ELEVAT PROXIMAL ARM SUPPORT	335.10		Y
E2632	NU	OFFSET/LAT ROCKER ARM W/ELA	298.60		
E2632	RR	OFFSET/LAT ROCKER ARM W/ELA	29.86		
E2632	UE	OFFSET/LAT ROCKER ARM W/ELA	223.94		Y
E2633	NU	MOBILE ARM SUPPORT SUPINATOR	220.08		
E2633	RR	MOBILE ARM SUPPORT SUPINATOR	22.02		
E2633	UE	MOBILE ARM SUPPORT SUPINATOR	165.06		Y
E3000	RR	SPEECH VOLUME MODULATION SYS	312.05		Y
E3200	RR	GAIT MOD SYSTM RHYM AUDITORY	1532.26		Y
E8000		POSTERIOR GAIT TRAINER	4490.11		E1
E8001		UPRIGHT GAIT TRAINER	6782.72		E1
E8002		ANTERIOR GAIT TRAINER	7384.23		E1
J0013		ESKETAMINE, NASAL SPRAY	BR		E1
J0120		TETRACYCLIN INJECTION	68.97		N
J0121		INJ., OMADACYCLINE, 1 MG	5.09	6.86	K
J0122		INJ., ERAVACYCLINE, 1 MG	1.57	2.26	N
J0129		ABATACEPT INJECTION	56.94	76.65	K
J0130		ABCIXIMAB INJECTION	17.67		N
J0131		INJ, ACETAMINOPHEN (NOS)	0.06		N
J0132		ACETYLCYSTEINE INJECTION	0.71		N
J0133		ACYCLOVIR INJECTION	0.07		N
J0134		INJ ACETAMINOPHEN -FRESENIUS	0.05		N
J0136		INJ, ACETAMINOPHEN (B BRAUN)	0.06		N
J0137		INJ, ACETAMINOPHEN (HIKMA)	0.06		N
J0138		INJ ACETAMINOPH 10MG/IBU 3MG	0.12	0.16	N
J0139		INJ, ADALIMUMAB, 1 MG	152.84	160.53	K
J0153		ADENOSINE INJ 1MG	0.41		N
J0162		INJ EPINEPHRINE (FRESENIUS)	0.59		N
J0163		EPINEPHRINE IN NACL (ENDO)	1.14		
J0164		EPINEPHRINE IN NACL (BAXTER)	1.22		
J0165		INJ EPINEPHRINE NOS 0.1 MG	0.56		
J0166		INJ EPINEPHRINE (BPI)	1.44		
J0167		INJ EPINEPHRINE (HOSPIRA)	1.85		
J0168		EPINEPHRINE (INTL MED SYS)	3.90		
J0169		INJ EPINEPHRINE (ADRENALIN)	1.80		
J0174		INJ, LECANEMAB-IRMB, 1 MG	1.73	2.33	G
J0175		INJ, DONANEMAB-AZBT, 2 MG	5.32	7.16	G
J0177		INJ, AFLIBERCEPT HD, 1 MG	427.77	575.86	G
J0178		AFLIBERCEPT INJECTION	1041.38	1401.87	K
J0179		INJ, BROLUCIZUMAB-DBLL, 1 MG	440.56	593.06	K
J0180		AGALSIDASE BETA INJECTION	290.57	391.16	K
J0184		INJ, AMISULPRIDE, 1 MG	19.34	15.89	G
J0185		INJ., APREPITANT, 1 MG	2.21	2.98	K
J0202		INJECTION, ALEMTUZUMAB	3137.37	4223.38	K
J0206		INJ ALLOPURINOL SODIUM 1 MG	5.71	7.70	K
J0207		AMIFOSTINE	BR		E2
J0208		INJ, PEDMARK, 100 MG	179.97	168.00	G

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	Sl
J0209		INJ, SOD THIOSULFATE (HOPE)	2.52	1.54	N
J0210		METHYLDOPATE HCL INJECTION	BR		E2
J0211		INJ, NITHIODOTE, 3MG / 125MG	BR	3.80	K
J0216		INJ, ALFENTANIL HCL, 500MCG	BR		N
J0217		INJ VELMANASE ALFA-TYCV 1 MG	573.05	771.42	G
J0218		INJ OLIPUDASE ALFA-RPCP 1MG	496.05	667.77	G
J0219		INJ AVAL ALFA-NQPT 4MG	101.22	136.26	K
J0220		ALGLUCOSIDASE ALFA INJECTION	BR		N
J0221		LUMIZYME INJECTION	262.13	352.87	K
J0222		INJ., PATISIRAN, 0.1 MG	128.48	172.95	K
J0223		INJ GIVOSIRAN 0.5 MG	150.11	202.07	K
J0224		INJ. LUMASIRAN, 0.5 MG	413.41	556.52	K
J0225		INJ, VUTRISIRAN, 1 MG	6393.07	8606.06	G
J0248		INJ, REMDESIVIR, 1 MG	8.26	11.11	G
J0256		ALPHA 1 PROTEINASE INHIBITOR	6.62	8.91	K
J0257		GLASSIA INJECTION	7.17	9.64	K
J0270		ALPROSTADIL FOR INJECTION	18.08		B
J0275		ALPROSTADIL URETHRAL SUPPOS	BR		B
J0278		AMIKACIN SULFATE INJECTION	0.70		N
J0280		AMINOPHYLLIN 250 MG INJ	6.72		N
J0281		INJ AMINOCAPROIC ACID 1 GRAM	2.07		
J0282		AMIODARONE HCL	0.51		N
J0283		INJ, AMIODARONE (NEXTERONE)	3.28		E2
J0285		AMPHOTERICIN B	65.09		N
J0287		AMPHOTERICIN B LIPID COMPLEX	22.28	18.03	K
J0289		AMPHOTERICIN B LIPOSOME INJ	31.17	41.97	K
J0290		AMPICILLIN 500 MG INJ	0.93		N
J0291		INJ., PLAZOMICIN, 5 MG	4.65	6.25	K
J0295		AMPICILLIN SULBACTAM 1.5 GM	2.13		N
J0300		AMOBARBITAL 125 MG INJ	BR		N
J0330		SUCCINYCHOLINE CHLORIDE INJ	9.26		N
J0348		ANIDULAFUNGIN INJECTION	0.66		N
J0349		INJ, REZAFUNGIN, 1 MG	13.55	18.24	G
J0360		HYDRALAZINE HCL INJECTION	5.30		N
J0364		APOMORPHINE HYDROCHLORIDE	BR		E2
J0390		CHLOROQUINE INJECTION	BR		N
J0391		INJ, ARTESUNATE, 1MG	53.85	90.70	K
J0400		ARIPIPRAZOLE INJECTION	2.11		N
J0401		INJ, ABILIFY MAINTENA, 1 MG	9.19	12.37	K
J0402		INJ, ABILIFY ASIMTUFII, 1 MG	7.69	10.36	G
J0456		AZITHROMYCIN	2.77		N
J0457		INJECTION, AZTREONAM, 100 MG	2.69		N
J0458		AZTREONAM/AVIBACTAM 10 MG	2.18	2.94	
J0461		ATROPINE SULFATE INJECTION	0.14		N
J0462		ATROPINE SULF, NTE, 0.01 MG	0.17		
J0470		DIMECAPROL INJECTION	67.28		N
J0475		BACLOFEN 10 MG INJECTION	225.99	304.22	K
J0476		BACLOFEN INTRATHECAL TRIAL	52.95		N
J0480		BASILIXIMAB	6054.86	8150.77	K
J0485		BELATACEPT INJECTION	5.11	6.88	K
J0490		BELIMUMAB INJECTION	71.38	96.09	K
J0491		INJ ANIFROLUMAB-FNIA 1MG	23.09	31.08	K
J0500		DICYCLOMINE INJECTION	19.38		N
J0515		INJ BENZTROPINE MESYLATE	21.95		N
J0517		INJ., BENRALIZUMAB, 1 MG	215.66	290.31	K
J0520		BETHANECHOL CHLORIDE INJECT	BR		E2
J0525		INJ CEFOTETAN DISODIUM 10 MG	0.42		
J0558		PENG BENZATHINE/PROCAINE INJ	22.58	30.40	K
J0561		PENICILLIN G BENZATHINE INJ	34.87	46.94	K
J0565		INJ, BEZLOTOXUMAB, 10 MG	51.82	69.77	K

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J0567		INJ., CERLIPONASE ALFA 1 MG	362.48	212.10	E2
J0570		BUPRENORPHINE IMPLANT 74.2MG	BR		
J0571		BUPRENORPHINE ORAL 1MG	2.52		E1
J0572		BUPREN/NAL UP TO 3MG BUPRENO	8.41		E1
J0573		BUPREN/NAL 3.1 TO 6MG BUPREN	6.73		E1
J0574		BUPREN/NAL 6.1 TO 10MG BUPRE	10.09		E1
J0575		BUPREN/NAL OVER 10MG BUPRENO	13.04		E1
J0577		INJ, BRIXADI, 7 DAYS OR LESS	557.25	750.16	G
J0578		INJ BRIXADI, MORE THAN 7 DAY	2229.01	3000.60	G
J0582		BIVALIRUDIN (ENDO) 1 MG	0.19		
J0583		BIVALIRUDIN	0.21		N
J0584		INJECTION, BUROSUMAB-TWZA 1M	610.64	822.03	K
J0585		INJECTION,ONABOTULINUMTOXINA	8.41	11.32	K
J0586		ABOBOTULINUMTOXINA	11.08	14.93	K
J0587		INJ, RIMABOTULINUMTOXINB	16.89	22.73	K
J0588		INCOBOTULINUMTOXIN A	6.90	9.29	K
J0589		INJ DAXIBOTULINUMTOXINA-LANM	8.83	5.48	G
J0591		INJ DEOXYCHOLIC ACID, 1 MG	BR		E1
J0592		BUPRENORPHINE HYDROCHLORIDE	5.59		N
J0593		INJ., LANADELUMAB-FLYO, 1 MG	113.35	152.58	E2
J0594		BUSULFAN INJECTION	1.84	2.49	K
J0595		BUTORPHANOL TARTRATE 1 MG	7.38		N
J0596		INJECTION, RUCONEST	45.06	60.67	K
J0597		C-1 ESTERASE, BERINERT	94.19	126.81	K
J0598		C-1 ESTERASE, CINRYZE	83.29	112.12	K
J0599		INJ., HAEGARDA 10 UNITS	3697.50		E2
J0600		EDETATE CALCIUM DISODIUM INJ	7909.33	10647.18	K
J0601		SEVELAMER CARBONATE 20 MG	0.08		B
J0602		SEVELAMER CARBONATE PDR 20MG	BR		B
J0603		SEVELAMER HYDROCHLORIDE 20MG	BR		B
J0604		CINACALCET, ESRD ON DIALYSIS	1.74		B
J0605		SUCROFERRIC OXYHYDROXIDE 5MG	BR		B
J0606		INJ, ETELCALCETIDE, 0.1 MG	BR	4.03	N
J0607		LANTHANUM CARBONATE ORAL 5MG	BR		B
J0608		LANTHANUM CARBONATE PWDR 5MG	BR		B
J0609		FERRIC CITRATE ORL 3 MG IRON	26.92		B
J0612		INJ, CALCIUM GLUCONATE, NOS	0.05		N
J0613		CALCIUM GLUCON (WG CRITICAL)	0.14		N
J0614		INJ, TREOSULFAN, 50 MG	40.57	54.62	
J0615		CALCIUM ACETATE, ORAL, 23 MG	0.08		B
J0616		INJ METOPROLOL TARTRATE 1 MG	0.15		
J0618		INJ, CALCIUM CHLORIDE, 2 MG	0.42		
J0620		CALCIUM GLYCER & LACT/10 ML	1.26		N
J0630		CALCITONIN SALMON INJECTION	1485.13	1999.22	K
J0636		INJ CALCITRIOL PER 0.1 MCG	22.28		N
J0637		CASPOFUNGIN ACETATE	6.57		N
J0638		CANAKINUMAB INJECTION	176.64	237.79	K
J0640		LEUCOVORIN CALCIUM INJECTION	5.41		N
J0641		INJ LEVOLEUCOVORIN NOS 0.5MG	0.05		N
J0642		INJECTION, KHAPZORY, 0.5 MG	1.76		N
J0650		INJ, LEVOTHYROXINE NOS 10MCG	7.01		N
J0651		INJ, LEVOTHYROXINE, FRESKABI	4.96	6.69	K
J0652		INJ, LEVOTHYROXINE, HIKMA	6.68	9.00	K
J0654		INJ, LIOTHYRONINE, 1 MCG	BR	69.18	K
J0665		INJ, BUPIVACAINE, NOS, 0.5MG	0.01		N
J0666		INJ, BUPIVACAINE LIPOSOME	1.88	2.54	K1
J0668		INSTILL, BUPIVAC AND MELOXIC	1.30	1.45	
J0670		INJ MEPIVACAINE HCL/10 ML	4.62		N
J0675		INJ, CARBOPROST, 0.1 MG	BR	23.98	
J0681		INJ CEFTOBIPOLE MEDOCARL 3MG	BR	1.96	

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	Outpatient Facility SI
J0687		INJ CEFAZOLIN (WG CRIT CARE)	1.44	1.94	K
J0688		INJ CEFAZOLIN SODIUM, HIKMA	1.30	1.75	K
J0689		INJ CEFAZOLIN SODIUM, BAXTER	1.60		N
J0690		CEFAZOLIN SODIUM INJECTION	1.06		N
J0691		INJ LEFAMULIN 1 MG	BR		N
J0692		CEFEPIME HCL FOR INJECTION	1.61		N
J0694		CEFOXITIN SODIUM INJECTION	5.79		N
J0695		INJ CEFTOLOZANE TAZOBACTAM	10.59	14.26	K
J0696		CEFTRIAXONE SODIUM INJECTION	0.58		N
J0697		STERILE CEFUROXIME INJECTION	2.46		N
J0698		CEFOTAXIME SODIUM INJECTION	54.25		N
J0699		INJ, CEFIDEROCOL, 10 MG	2.97	3.99	K
J0701		INJ. CEFEPIME HCL (BAXTER)	7.46		N
J0702		BETAMETHASONE ACET&SOD PHOSP	9.76		N
J0703		INJ, CEFEPIME HCL (B BRAUN)	6.40		N
J0706		CAFFEINE CITRATE INJECTION	9.26		N
J0712		CEFTAROLINE FOSAMIL INJ	5.13	6.91	K
J0713		INJ CEFTAZIDIME PER 500 MG	2.14		N
J0714		CEFTAZIDIME AND AVIBACTAM	130.95	176.28	K
J0716		CENTRUROIDES IMMUNE F(AB)	BR	8398.43	K
J0717		CERTOLIZUMAB PEGOL INJ 1MG	5.07	6.83	K
J0720		CHLORAMPHENICOL SODIUM INJEC	BR	87.96	N
J0725		CHORIONIC GONADOTROPIN/1000U	25.57		N
J0735		CLONIDINE HYDROCHLORIDE	21.76		N
J0736		INJ, CLINDAMYCIN PHOSP 300MG	2.77		N
J0737		INJ, CLINDAMYCIN (BAXTER)	3.39		N
J0738		HIV PREP, INJ, LENACAPAVIR	20.97	28.23	
J0739		INJECTION, CABOTEGRAVIR 1 MG	8.96	12.06	K
J0740		CIDOFOVIR INJECTION	391.43	526.93	K
J0741		INJ, CABOTE RILPIVIR 2MG 3MG	30.13	40.55	K
J0742		INJ IMIP 4 CILAS 4 RELEB 2MG	3.25	4.38	K
J0743		CILASTATIN SODIUM INJECTION	9.36		N
J0744		CIPROFLOXACIN IV	1.08		N
J0745		INJ CODEINE PHOSPHATE /30 MG	BR		N
J0750		HIV PREP, FTC/TDF 200/300MG	2.36	3.19	K
J0751		HIV PREP, FTC/TAF 200/25MG	92.68	124.76	K
J0752		HIV PREP, ORAL LENACAPAVIR	810.09	1090.51	
J0759		INJ, CLEVIDEPINE, 1 MG	BR	5.01	
J0770		COLISTIMETHATE SODIUM INJ	15.81		N
J0775		COLLAGENASE, CLOST HIST INJ	92.15	124.06	K
J0780		PROCHLORPERAZINE INJECTION	3.84		N
J0791		INJ CRIZANLIZUMAB-TMCA 5MG	167.28	225.19	K
J0799		HIV PREP, FDA APPROVED, NOC	BR		A
J0801		INJ. ACTHAR GEL TO 40 UNITS	4976.18	7301.93	N
J0802		INJ. (ANI), UP TO 40 UNITS	4509.50	6215.55	N
J0834		INJ., COSYNTROPIN, 0.25 MG	43.46		N
J0840		CROTALIDAE POLY IMMUNE FAB	2313.54	3114.37	K
J0841		INJ CROTALIDAE IM F(AB')2 EQ	1335.32	1797.55	K
J0850		CYTOMEGALOVIRUS IMM IV /VIAL	2358.34	3174.69	K
J0870		INJECTION, IMETELSTAT, 1 MG	75.79	97.07	G
J0872		DAPTOMYCIN (XELLIA) UNREFRIG	0.05	0.07	K
J0873		INJ DAPTOMYCIN (XELLIA)	0.05	0.07	K
J0874		INJ, DAPTOMYCIN (BAXTER)	0.09		E2
J0875		INJECTION, DALBAVANCIN	20.28	27.30	K
J0877		INJ, DAPTOMYCIN (HOSPIRA)	0.05		N
J0878		DAPTOMYCIN INJECTION	0.05		N
J0879		DIFELIKEFALIN, ESRD ON DIALY	BR	0.23	K
J0881		DARBEPOETIN ALFA, NON-ESRD	3.86	5.20	K
J0882		DARBEPOETIN ALFA, ESRD USE	3.86	5.20	K
J0883		ARGATROBAN NONESRD USE 1MG	0.79	1.40	K

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	Facility SI
J0884		ARGATROBAN ESRD DIALYSIS 1MG	1.04		N
J0885		EPOETIN ALFA, NON-ESRD	8.40	11.31	K
J0887		EPOETIN BETA ESRD USE	1.59		N
J0888		EPOETIN BETA NON ESRD	1.57	2.12	K
J0890		PEGINESATIDE INJECTION	BR		E1
J0891		ARGATROBAN NONESRD (ACCORD)	BR	3.19	K
J0892		ARGATROBAN DIALYSIS (ACCORD)	BR		N
J0893		INJ, DECITABINE (SUN PHARMA)	2.52		N
J0894		DECITABINE INJECTION	3.03		N
J0895		DEFEROXAMINE MESYLATE INJ	11.62		N
J0896		INJ LUSPATERCEPT-AAMT 0.25MG	53.66	72.24	K
J0897		DENOSUMAB INJECTION	35.95	48.41	K
J0898		ARGATROBAN NONESRD (AUROMED)	1.89	2.49	K
J0899		ARGATROBAN DIALYSIS, AUROMED	1.26		N
J0901		VADADUSTAT ORAL 1MG FOR ESRD	0.19		B
J0911		INST TAURO 1.35MG/HEP 100U	13.03	15.16	G
J0945		BROMPHENIRAMINE MALEATE INJ	7.15		E2
J1000		DEPO-ESTRADIOL CYPIONATE INJ	50.25		N
J1010		INJ, METHYLPRED ACETATE 1 MG	0.15	0.21	K
J1050		MEDROXYPROGESTERONE ACETATE	0.90		N
J1071		INJ TESTOSTERONE CYPIONATE	0.04		N
J1072		INJ, TESTOSTERONE, AZMIRO	1.72	2.33	
J1073		TESTOSTERONE PELLET 75 MG	BR	130.20	K
J1095		INJECTION, DEXAMETHASONE 9%	BR		N
J1096		DEXAMETHA OPTH INSERT 0.1 MG	146.83	197.66	K1
J1097		PHENYLEP KETOROLAC OPTH SOLN	156.85	169.47	K1
J1100		DEXAMETHASONE SODIUM PHOS	0.14		N
J1105		DEXMEDETOMIDINE FILM, 1 MCG	0.87	1.14	K
J1110		INJ DIHYDROERGOTAMINE MESYLT	53.35		N
J1120		ACETAZOLAMID SODIUM INJECTIO	28.10		N
J1130		INJ DICLOFENAC SODIUM 0.5MG	4.34		N
J1160		DIGOXIN INJECTION	11.46		N
J1162		DIGOXIN IMMUNE FAB (OVINE)	6590.97	8872.47	K
J1163		INJ, DILTIAZEM HCL, 0.5 MG	0.04		
J1165		PHENYTOIN SODIUM INJECTION	0.61		N
J1171		INJ, HYDROMORPHONE, 0.1 MG	0.12	0.16	K
J1180		DYPHYLLINE INJECTION	BR		E2
J1190		DEXRAZOXANE HCL INJECTION	105.14	141.54	K
J1200		DIPHENHYDRAMINE HCL INJECTIO	0.95		N
J1201		INJ. CETIRIZINE HCL 0.5MG	20.45	27.53	K
J1202		MIGLUSTAT ORAL 65 MG	BR		E1
J1203		INJ, CIPAGLUCOSIDASE, 5 MG	116.19	156.42	G
J1205		CHLOROTHIAZIDE SODIUM INJ	78.60		N
J1212		DIMETHYL SULFOXIDE 50% 50 ML	930.01	1251.93	K
J1230		METHADONE INJECTION	26.86		N
J1240		DIMENHYDRINATE INJECTION	11.27		N
J1245		DIPYRIDAMOLE INJECTION	5.03		N
J1250		INJ DOBUTAMINE HCL/250 MG	9.61		N
J1260		DOLASETRON MESYLATE	BR		N
J1265		DOPAMINE INJECTION	1.00		N
J1270		INJECTION, DOXERCALCIFEROL	0.49		N
J1271		INJ DOXYCYCLINE HYCLATE 1 MG	0.13		
J1290		ECALLANTIDE INJECTION	732.03	985.43	K
J1299		INJ, ECULIZUMAB, 2 MG	58.54	78.80	
J1301		INJECTION, EDARAVONE, 1 MG	28.19	37.94	K
J1302		INJ, SUTIMLIMAB-JOME, 10 MG	23.57	31.73	G
J1303		INJ., RAVULIZUMAB-CWVZ 10 MG	286.76	386.03	K
J1304		INJ TOFERSEN INTRATHEC 1 MG	201.94	271.85	G
J1305		INJ, EVINACUMAB-DGNB, 5MG	242.20	326.04	K
J1306		INJECTION, INCLISIRAN, 1 MG	15.96	21.49	G

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J1307		INJ, CROVALIMAB-AKKZ, 10 MG	716.97	937.83	K
J1308		INJ, FAMOTIDINE, 0.25 MG	0.01		
J1320		AMITRIPTYLINE INJECTION	36.17		N
J1322		ELOSULFASE ALFA, INJECTION	382.10	514.36	K
J1323		INJ, ELRANATAMAB-BCMM, 1 MG	230.94	310.89	G
J1324		ENFUVIRTIDE INJECTION	BR		E2
J1325		EPOPROSTENOL INJECTION	21.37		N
J1326		INJ, ZOLBETUXIMAB-CLZB, 2 MG	43.77	58.92	
J1327		EPTIFIBATIDE INJECTION	29.97	6.16	N
J1335		ERTAPENEM INJECTION	14.32		N
J1364		ERYTHRO LACTOBIONATE /500 MG	80.78		N
J1370		INJ, ESOMEPRAZOLE SOD, 1 MG	BR		
J1380		ESTRADIOL VALERATE 10 MG INJ	10.32		N
J1410		INJ ESTROGEN CONJUGATE 25 MG	497.79	670.09	K
J1411		INJ, HEMGENIX, PER TX DOSE	BR	Negotiated	G
J1412		INJ ROCTAVIAN ML 2X10^13VC G	9118.23	20418.95	G
J1413		INJ DELANDISTROGENE MOX ROKL	BR	Negotiated	G
J1414		INJ, BEQVEZ, PER TX DOSE	BR	Negotiated	G
J1426		INJECTION, CASIMERSEN, 10 MG	157.27	290.83	E2
J1427		INJ. VILTOLARSEN	134.15		N
J1428		INJ, ETEPLIRSEN, 10 MG	153.91	292.88	E2
J1429		INJ GOLODIRSEN 10 MG	157.27		N
J1430		ETHANOLAMINE OLEATE 100 MG	639.15	860.39	K
J1434		INJ, FOCINVEZ, 1MG	8.00	5.46	G
J1435		INJECTION ESTRONE PER 1 MG	BR		E2
J1436		ETIDRONATE DISODIUM INJ	BR		E1
J1437		INJ. FE DERISOMALTOSE 10 MG	27.01	36.35	K
J1438		ETANERCEPT INJECTION	807.37	1383.87	K
J1439		INJ FERRIC CARBOXYMALTOS 1MG	1.44	1.94	K
J1440		FECAL MICROBIOTA JSLM 1 ML	82.68	111.30	G
J1442		INJ FILGRASTIM EXCL BIOSIMIL	1.28	1.72	K
J1447		INJ TBO FILGRASTIM 1 MICROG	0.53	0.70	K
J1448		INJECTION, TRILACICLIB, 1MG	6.98	9.40	K
J1449		INJ EFLAPEGRASTIM-XNST 0.1MG	28.78	38.75	G
J1450		FLUCONAZOLE	3.10		N
J1451		FOMEPIZOLE, 15 MG	BR	10.78	K
J1453		FOSAPREPITANT INJECTION	0.16		N
J1454		INJ FOSNETUPITANT, PALONOSET	855.53	1151.68	K
J1455		FOSCARNET SODIUM INJECTION	49.76	66.99	K
J1456		INJ, FOSAPREPITANT (TEVA)	0.57	0.77	K
J1458		GALSULFASE INJECTION	630.40	899.26	N
J1459		INJ IVIG PRIVIGEN 500 MG	64.07	86.24	K
J1460		GAMMA GLOBULIN 1 CC INJ	64.24	86.49	K
J1551		INJ CUTAQUIG 100 MG	18.87	25.94	N
J1552		INJ, ALYGLO, 500 MG	190.96	257.06	K
J1554		INJ. ASCENIV	643.46	866.20	K
J1555		INJ CUVITRU, 100 MG	21.59	29.07	K
J1556		INJ, IMM GLOB BIVIGAM, 500MG	99.62	139.39	N
J1557		GAMMAPLEX INJECTION	73.80	99.35	K
J1558		INJ. XEMBIFY, 100 MG	18.53	24.96	K
J1559		HIZENTRA INJECTION	17.73	23.87	K
J1560		GAMMA GLOBULIN > 10 CC INJ	642.41	864.78	K
J1561		GAMUNEX-C/GAMMAKED	63.71	85.77	K
J1566		IMMUNE GLOBULIN, POWDER	105.86	142.50	K
J1568		OCTAGAM INJECTION	64.09	86.28	K
J1569		GAMMAGARD LIQUID INJECTION	60.40	81.31	K
J1570		GANCICLOVIR SODIUM INJECTION	37.37		N
J1571		HEPAGAM B IM INJECTION	85.72	115.40	K
J1572		FLEBOGAMMA INJECTION	120.26	77.95	K
J1573		HEPAGAM B INTRAVENOUS, INJ	85.72	115.40	K

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J1574		INJ, GANCICLOVIR (EXELA)	BR		E2
J1575		HYQVIA 100MG IMMUNEGLOBULIN	22.99	30.96	K
J1576		INJ, PANZYGA, 500 MG	89.83	120.93	K
J1580		GARAMYCIN GENTAMICIN INJ	3.21		N
J1595		INJECTION GLATIRAMER ACETATE	BR	300.25	K
J1596		INJ, GLYCOPYRROLATE, 0.1 MG	0.75	1.02	K
J1597		INJ GLYCOPYRROLATE, GLYRX-PF	1.66		N
J1598		INJ GLYCOPYRROLATE FRES KABI	2.62	3.54	K
J1599		IVIG NON-LYOPHILIZED, NOS	200.58		N
J1600		GOLD SODIUM THIOMALEATE INJ	BR		E2
J1602		GOLIMUMAB FOR IV USE 1MG	13.70	18.45	K
J1610		GLUCAGON HYDROCHLORIDE/1 MG	239.43	322.32	K
J1611		INJ GLUCAGON HCL, FRESENIUS	145.48	195.84	K
J1612		INJ GLUCAGON (GVOKE) 0.01 MG	BR	4.55	
J1626		GRANISETRON HCL INJECTION	0.30		N
J1627		INJ, GRANISETRON, XR, 0.1 MG	7.17	9.64	K
J1628		INJ., GUSELKUMAB, 1 MG	95.58	128.66	K
J1630		HALOPERIDOL INJECTION	1.57		N
J1631		HALOPERIDOL DECANOATE INJ	7.21		N
J1632		INJ., BREXANOLONE, 1 MG	BR		N
J1640		HEMIN, 1 MG	43.06	57.96	K
J1642		INJ HEPARIN SODIUM PER 10 U	0.02		N
J1643		INJ HEPARIN, PFIZER, 1000U	4.57		N
J1644		INJ HEPARIN SODIUM PER 1000U	0.26		N
J1645		DALTEPARIN SODIUM	18.02		N
J1650		INJ ENOXAPARIN SODIUM	0.73		N
J1652		FONDAPARINUX SODIUM	0.87		N
J1670		TETANUS IMMUNE GLOBULIN INJ	743.69	1001.12	K
J1675		HISTRELIN ACETATE	3.04		B
J1700		HYDROCORTISONE ACETATE INJ	2.52		N
J1720		HYDROCORTISONE SODIUM SUCC I	27.22		N
J1726		MAKENA, 10 MG	45.16	24.19	K
J1729		INJ HYDROXYPROGST CAPOAT NOS	BR		N
J1730		DIAZOXIDE INJECTION	BR		E2
J1736		INJ MELOXICAM (DELOVA) 1MG	BR		E2
J1737		INJ MELOXICAM (AZURITY) 1MG	BR	1.86	G
J1738		INJ. MELOXICAM 1 MG	36.17		N
J1740		IBANDRONATE SODIUM INJECTION	32.97		N
J1741		IBUPROFEN INJECTION	3.85		N
J1742		IBUTILIDE FUMARATE INJECTION	BR	327.20	K
J1743		IDURSULFASE INJECTION	704.89	948.89	K
J1744		ICATIBANT INJECTION	666.08	236.36	K
J1745		INFLIXIMAB NOT BIOSIMIL 10MG	39.68	53.43	K
J1746		INJ., IBALIZUMAB-UIYK, 10 MG	100.27	134.98	K
J1747		INJ, SPESOLIMAB-SBZO, 1 MG	79.86	107.50	G
J1748		INJ, ZYMFENTRA, 10 MG	339.59	174.58	N
J1749		INJ, ILOPROST, 0.1 MCG	7.43		E2
J1750		INJ IRON DEXTRAN	22.63	30.45	K
J1756		IRON SUCROSE INJECTION	0.29		N
J1786		IMUGLUCERASE INJECTION	56.40	75.92	K
J1790		DROPERIDOL INJECTION	20.19		N
J1800		PROPRANOLOL INJECTION	BR		N
J1805		INJ, ESMOLOL HCL, 10MG	0.27		N
J1806		INJ ESMOLOL HCL WG CRIT CARE	0.47		N
J1807		INJ, ETHACRYNATE SOD, 1 MG	BR	22.54	
J1808		INJ, FOLIC ACID, 0.1 MG	0.07		
J1809		INJ, FOSDENOPTERIN, 0.1MG	22.41	30.17	
J1811		FIASP FOR INSULIN PUMP USE	10.27	13.83	K
J1812		INJ. INSULIN (FIASP)	3.47		N
J1813		LYUMJEV FOR INSULIN PUMP USE	20.12		N

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J1814		INJ. INSULIN (LYUMJEV)	BR		E2
J1815		INSULIN INJECTION	1.68		N
J1817		INSULIN FOR INSULIN PUMP USE	3.10		N
J1823		INJ. INEBILIZUMAB-CDON, 1 MG	629.72	847.70	K
J1826		INTERFERON BETA-1A INJ	1909.51	3855.50	K
J1830		INTERFERON BETA-1B / .25 MG	BR		E2
J1833		INJECTION, ISAVUCONAZONIUM	1.26	1.73	K
J1834		INJ, ISONIAZID, 1 MG	BR	0.53	
J1835		ITRACONAZOLE INJECTION	3.78		E2
J1836		INJ, METRONIDAZOLE, 10 MG	0.03		N
J1837		INJ, POSACONAZOLE, 1 MG	0.45	0.61	K
J1885		KETOROLAC TROMETHAMINE INJ	0.98	1.31	K1
J1920		INJ, LABETALOL HCL, 5MG	0.38		N
J1921		INJ LABETALOL HCL HIKMA, 5MG	1.80		N
J1930		LANREOTIDE INJECTION	58.48	78.72	K
J1931		LARONIDASE INJECTION	50.20	67.59	K
J1932		INJ, LANREOTIDE, (CIPLA) 1MG	39.89	53.69	G
J1938		INJ, FUROSEMIDE, 1 MG	0.02		
J1939		INJ, BUMETANIDE, 0.5 MG	0.75	1.02	K
J1941		INJ, FUROSCIX, 20 MG	5.47		E1
J1943		INJ., ARISTADA INITIO, 1 MG	4.07	5.48	K
J1944		ARIPIRAZOLE LAUROXIL 1 MG	4.20	5.65	K
J1950		LEUPROLIDE ACETATE /3.75 MG	2166.81	2916.87	K
J1951		INJ FENSOLVI 0.25 MG	177.43	238.84	K
J1952		LEUPROLIDE INJ, CAMCEVI, 1MG	72.68	97.84	G
J1953		LEVETIRACETAM INJECTION	0.07		N
J1954		INJ LEU ACET LUTR DPT 7.5 MG	305.86	411.74	G
J1955		INJ LEVOCARNITINE PER 1 GM	33.23		B
J1956		LEVOFLOXACIN INJECTION	2.46		N
J1960		LEVORPHANOL TARTRATE INJ	BR		E2
J1961		INJ LENACAPAVIR (HIV TX) 1MG	28.58	38.47	G
J1980		HYOSCYAMINE SULFATE INJ	BR		N
J1990		CHLORDIAZEPOXIDE INJECTION	BR		E2
J2002		INJ, LIDOCAINE IN D5W, 1 MG	0.00		K
J2003		INJ, LIDOCAINE HCL, 1 MG	0.73		N
J2004		INJ, LIDOCAINE W EPINEPHRINE	0.10		N
J2010		LINCOMYCIN INJECTION	8.75		N
J2020		LINEZOLID INJECTION	3.87		N
J2021		INJ, LINEZOLID (HOSPIRA)	10.75		N
J2060		LORAZEPAM INJECTION	1.76		N
J2062		LOXAPINE FOR INHALATION 1 MG	BR	27.83	E2
J2151		INJ, MANNITOL, 250 MG	0.08		
J2170		MECASERMIN INJECTION	BR		N
J2175		MEPERIDINE HYDROCHL /100 MG	9.05		N
J2180		MEPERIDINE/PROMETHAZINE INJ	18.93		N
J2182		INJECTION, MEPOLIZUMAB, 1MG	39.89	53.71	K
J2183		INJ MEROPENEM (WG CRIT CARE)	2.15	2.89	K
J2184		INJ, MEROPENEM (B. BRAUN)	2.70		N
J2185		MEROPENEM	0.50		N
J2186		INJ., MEROPENEM, VABORBACTAM	5.89	3.68	K
J2210		METHYLERGONOVIN MALEATE INJ	28.37		N
J2212		METHYLNALTREXONE INJECTION	6.31		N
J2246		INJ, MICAFUNGIN (BAXTER)	0.54		E2
J2247		INJ, MICAFUNGIN (PAR PHARM)	0.40		N
J2248		MICAFUNGIN SODIUM INJECTION	0.37		N
J2249		INJ, REMIMAZOLAM, 1 MG	2.52		N
J2250		INJ MIDAZOLAM HYDROCHLORIDE	0.17		N
J2251		INJ MIDAZOLAM IN 0.9% NACL	0.21		N
J2252		INJ MIDAZOLAM IN 0.8% NACL	3.91		N
J2253		INJ MIDAZOLAM (SEIZALAM)	8.26		N

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	Sl
J2260		INJ MILRINONE LACTATE / 5 MG	1.70		N
J2265		MINOCYCLINE HYDROCHLORIDE	9.67	4.53	K
J2267		INJ, MIRIKIZUMAB-MRKZ, 1 MG	59.01	79.43	G
J2270		MORPHINE SULFATE INJECTION	5.95		N
J2272		INJ, MORPHINE (FRESENIUS)	5.27		N
J2274		INJ MORPHINE PF EPID ITHC	15.02		N
J2277		INJ, MOTIXAFORTIDE, 0.25 MG	32.78	44.14	G
J2278		ZICONOTIDE INJECTION	12.71	17.12	K
J2280		INJ, MOXIFLOXACIN 100 MG	11.24		N
J2281		INJ MOXIFLOXACIN (FRES KABI)	8.02		N
J2290		INJ, NAFCILLIN SODIUM, 20 MG	0.08		N
J2291		INJ, NAFCILLIN (BAXTER) 20MG	0.20		
J2300		INJ NALBUPHINE HYDROCHLORIDE	4.46		N
J2305		INJ, NITROGLYCERIN, 5 MG	1.83		N
J2312		INJ NALOXONE HCL NOS, 0.01MG	0.08		
J2313		INJ, NALOXONE (ZIMHI) 0.01MG	0.02		
J2315		NALTREXONE, DEPOT FORM	5.36	7.21	K
J2320		NANDROLONE DECANOATE 50 MG	15.13		N
J2323		NATALIZUMAB INJECTION	31.04	41.79	K
J2325		NESIRITIDE INJECTION	BR		E1
J2326		INJ, NUSINERSEN, 0.1MG	1133.68	2182.23	K
J2327		INJ RISANKIZUMAB-RZAA 1 MG	19.61	26.39	G
J2329		INJ UBLITUXIMAB-XIIY, 1 MG	89.73	120.80	G
J2350		INJECTION, OCRELIZUMAB, 1 MG	76.40	102.85	K
J2351		INJ OCRELIZUMAB 1MG HYA-OCSQ	61.16	82.34	
J2353		OCTREOTIDE INJECTION, DEPOT	283.88	382.15	K
J2354		OCTREOTIDE INJ, NON-DEPOT	1.05		N
J2355		OPRELVEKIN INJECTION	BR		E2
J2356		INJ TEZEPELUMAB-EKKO, 1MG	23.60	31.78	G
J2357		OMALIZUMAB INJECTION	49.08	66.08	K
J2358		OLANZAPINE LONG-ACTING INJ	3.79	5.11	K
J2359		INJ. OLANZAPINE, 0.5MG	0.97		N
J2360		ORPHENADRINE INJECTION	18.19		N
J2371		INJ PHENYLEPHRINE HCL 20 MCG	0.90		N
J2372		INJ, BIORPHEN, 20 MICROGRAMS	0.22		N
J2373		INJ, IMMPHENTIV, 20 MCG	0.18	0.25	K
J2401		CHLOROPROCAINE HCL INJECTION	0.04		N
J2402		CHLOROPROCAINE (CLOROTEKAL)	0.73		E2
J2403		CHLOROPROCAINE OPHT GEL, 1MG	0.79	1.07	G
J2404		INJ, NICARDIPINE 0.1 MG	0.10		N
J2405		ONDANSETRON HCL INJECTION	0.12		N
J2406		INJECTION, ORITAVANCIN 10 MG	56.32	75.81	K
J2407		INJECTION, ORITAVANCIN	37.09	49.93	K
J2410		OXYMORPHONE HCL INJECTION	BR		E2
J2425		PALIFERMIN INJECTION	44.19	59.48	K
J2426		INJ, INVEGA SUSTENNA, 1 MGJ	19.15	25.78	K
J2427		INJ, INVEGA HAFYERA/TRINZA	16.41	22.09	K
J2428		INJ, ERZOFRI, 1 MG	19.89	26.78	
J2430		PAMIDRONATE DISODIUM /30 MG	16.36		N
J2440		PAPAVERIN HCL INJECTION	34.48		N
J2460		OXYTETRACYCLINE INJECTION	BR		E2
J2468		INJ, PALONOSETRON (POSFREA)	76.15	104.55	G
J2469		PALONOSETRON HCL	0.77		N
J2470		INJ PANTOPRAZOLE SODIUM 40MG	26.49		N
J2471		INJ PANTOPRAZOLE(HIKMA) 40MG	34.91		N
J2472		INJ, PANTOPRAZOLE SODIUM CHL	2.60		N
J2501		PARICALCITOL	1.17		N
J2502		INJ, PASIREOTIDE LONG ACTING	476.44	933.63	K
J2506		INJ PEGFILGRAST EX BIO 0.5MG	25.98	34.97	K
J2507		PEGLOTICASE INJECTION	4615.06	6212.59	K

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	Sl
J2508		PEGUNIGALSIDASE ALFA-IWXJ	294.83	396.88	G
J2510		PENICILLIN G PROCAINE INJ	42.12	82.58	K
J2515		PENTOBARBITAL SODIUM INJ	BR	63.46	N
J2516		INJ, PENTAMIDINE ISETHIONATE	0.31		N
J2540		PENICILLIN G POTASSIUM INJ	0.97		N
J2543		PIPERACILLIN/TAZOBACTAM	1.48		N
J2545		PENTAMIDINE NON-COMP UNIT	103.20		B
J2547		INJECTION, PERAMIVIR	BR	2.94	K
J2550		PROMETHAZINE HCL INJECTION	4.64		N
J2560		PHENOBARBITAL SODIUM INJ	39.98		N
J2561		INJ, SEZABY, 1 MG	BR	1.14	K
J2562		PLERIXAFOR INJECTION	48.20	64.89	K
J2590		OXYTOCIN INJECTION	18.08		N
J2596		VASOPRESSIN (LONG GROVE) 1 U	2.33		N
J2597		INJ DESMOPRESSIN ACETATE	6.44	8.66	K
J2598		INJ, VASOPRESSIN, 1 UNIT	2.12		N
J2599		INJ VASOPRESSIN (AM REG) 1 U	1.56		N
J2601		INJ, VASOPRESSIN (BAXTER)	4.72	6.35	G
J2650		PREDNISOLONE ACETATE INJ	0.90		E2
J2670		TOTAZOLINE HCL INJECTION	BR		E2
J2675		INJ PROGESTERONE PER 50 MG	1.16		N
J2679		INJ FLUPHENAZINE HCL 1.25 MG	10.00	13.46	K
J2680		FLUPHENAZINE DECANOATE 25 MG	12.23		N
J2690		PROCAINAMIDE HCL INJECTION	237.94	320.30	K
J2700		OXACILLIN SODIUM INJECITON	1.38		N
J2704		INJ, PROPOFOL, 10 MG	0.11		N
J2710		NEOSTIGMINE METHYLSLFTE INJ	13.87		N
J2711		INJ NEOSTIGMIN/GLYCOPYRROLAT	BR		N
J2720		INJ PROTAMINE SULFATE/10 MG	1.49		N
J2724		PROTEIN C CONCENTRATE	19.54	26.30	K
J2725		INJ PROTIRELIN PER 250 MCG	58.88		E2
J2730		PRALIDOXIME CHLORIDE INJ	BR		N
J2760		PHENTOLAINE MESYLATE INJ	513.01	690.60	K
J2765		METOCLOPRAMIDE HCL INJECTION	1.34		N
J2770		QUINUPRISTIN/DALFOPRISTIN	BR	7.46	K
J2777		INJ, FARICIMAB-SVOA, 0.1MG	45.82	61.69	G
J2778		RANIBIZUMAB INJECTION	161.17	216.97	K
J2779		INJ, SUSVIMO 0.1 MG	104.60	140.81	G
J2781		INJ, PEGCETACOPLAN, 1MG	190.28	256.15	G
J2782		INJ AVACINCAPTAD PEGOL 0.1MG	141.32	190.23	G
J2783		RASBURICASE	480.96	647.45	K
J2785		REGADENOSON INJECTION	4.95		N
J2786		INJECTION, RESLIZUMAB, 1MG	13.41	18.06	K
J2787		RIBOFLAVIN 5'PHOS OPTH<=3ML	2715.62		N
J2788		RHO D IMMUNE GLOBULIN 50 MCG	31.93		N
J2790		RHO D IMMUNE GLOBULIN INJ	108.37		N
J2791		RHOPHYLAC INJECTION	6.36		N
J2792		RHO(D) IMMUNE GLOBULIN H, SD	42.72	57.51	K
J2793		RILONACEPT INJECTION	BR		E2
J2794		INJ RISPERDAL CONSTA, 0.5 MG	14.29	19.23	K
J2795		ROPIVACAINE HCL INJECTION	0.09		N
J2797		INJ., ROLAPITANT, 0.5 MG	BR		E1
J2798		INJ., PERSERIS, 0.5 MG	15.85	21.33	K
J2799		INJ, UZEDY, 1 MG	32.13	43.26	G
J2800		METHOCARBAMOL INJECTION	8.54		N
J2801		INJ, RYKINDO, 0.5 MG	BR	22.80	K
J2802		INJ, ROMIPLOSTIM 1 MICROGRAM	13.71	18.45	K
J2804		INJ, RIFAMPIN, 1 MG	0.20		
J2805		SINCALIDE INJECTION	148.70		N
J2810		INJ THEOPHYLLINE PER 40 MG	35.17		E2

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	Outpatient Facility SI
J2820		SARGRAMOSTIM INJECTION	78.02	105.04	K
J2840		INJ SEBELIPASE ALFA 1 MG	550.45	944.16	K
J2850		INJ SECRETIN SYNTHETIC HUMAN	95.03	74.50	K
J2860		INJECTION, SILTUXIMAB	202.76	272.95	K
J2865		INJ SULFAMETH/TRIM 5 MG/1 MG	0.05		
J2916		NA FERRIC GLUCONATE COMPLEX	2.59		N
J2919		INJ, METHYLPRED SOD SUCC 5MG	0.35	0.47	K
J2941		SOMATROPIN INJECTION	1158.91	85.61	K
J2950		PROMAZINE HCL INJECTION	22.71		N
J2993		RETEPLASE INJECTION	BR	4860.00	K
J2997		ALTEPLASE RECOMBINANT	118.93	160.09	K
J2998		INJ PLASMINOGEN TVMH 1MG	71.07	56.91	G
J3000		STREPTOMYCIN INJECTION	36.74		N
J3010		FENTANYL CITRATE INJECTION	1.11		N
J3030		SUMATRIPTAN SUCCINATE / 6 MG	91.25		N
J3031		INJ., FREMANEZUMAB-VFRM 1 MG	5.89		N
J3032		INJ. EPTINEZUMAB-JJMR 1 MG	25.12	33.81	K
J3055		INJ TALQUETAMAB-TGVS 0.25 MG	90.96	122.45	G
J3060		INJ, TALIGLUCERASE ALFA 10 U	54.11	72.84	K
J3070		PENTAZOCINE INJECTION	BR		N
J3090		INJ TEDIZOLID PHOSPHATE	2.35	3.17	K
J3095		TELAVANCIN INJECTION	9.61	12.95	K
J3101		TENECTEPLASE INJECTION	211.16	284.25	K
J3105		TERBUTALINE SULFATE INJ	2.79		N
J3110		TERIPARATIDE INJECTION	BR		B
J3111		INJ. ROMOSOZUMAB-AQQG 1 MG	14.93	20.11	K
J3121		INJ TESTOSTERO ENANTHATE 1MG	0.07		N
J3145		TESTOSTERONE UNDECANOATE 1MG	2.49	3.36	K
J3230		CHLORPROMAZINE HCL INJECTION	39.62		N
J3240		THYROTROPIN INJECTION	2688.28	3618.84	K
J3241		INJ. TEPROTUMUMAB-TRBW 10 MG	451.23	607.43	K
J3243		TIGECYCLINE INJECTION	0.82		N
J3244		INJ. TIGECYCLINE (ACCORD)	9.26		N
J3245		INJ., TILDRAKIZUMAB, 1 MG	173.13	233.07	K
J3246		TIROFIBAN HCL	4.71		N
J3247		INJ SECUKINUMAB INTRAV 1MG	23.04	31.01	G
J3250		TRIMETHOBENZAMIDE HCL INJ	66.24		N
J3260		TOBRAMYCIN SULFATE INJECTION	2.56		N
J3262		TOCILIZUMAB INJECTION	7.76	10.45	K
J3263		INJ, TORIPALIMAB-TPZI, 1 MG	51.11	68.81	G
J3265		INJECTION TORSEMIDE 10 MG/ML	BR		E2
J3285		TREPROSTINIL INJECTION	72.73	97.91	K
J3290		INJ, TRANEXAMIC ACID 5 MG	0.17		
J3291		TRANEXAMIC ACID IN SOD CHLOR	BR		E1
J3299		INJ XIPERE 1 MG	62.95	84.74	G
J3300		TRIAMCINOLONE A INJ PRS-FREE	8.83	42.86	N
J3301		TRIAMCINOLONE ACET INJ NOS	1.17		N
J3302		TRIAMCINOLONE DIACETATE INJ	5.47		N
J3303		TRIAMCINOLONE HEXACETONL INJ	16.41		N
J3304		INJ TRIAMCINOLONE ACE XR 1MG	23.40	31.50	K
J3315		TRIPTORELIN PAMOATE	625.68	842.26	K
J3316		INJ., TRIPTORELIN XR 3.75 MG	3123.93	6146.16	K
J3350		UREA INJECTION	BR		E2
J3357		USTEKINUMAB SUB CU INJ, 1 MG	202.65	272.79	K
J3358		USTEKINUMAB, IV INJECT, 1 MG	16.59	22.33	K
J3360		DIAZEPAM INJECTION	11.11		N
J3373		INJ, VANCOMYCIN HCL, 10 MG	0.04		
J3374		INJ, VANCOMYCIN (MYLAN) 10MG	0.13		
J3375		INJ VANCOMYCIN (XELLIA) 10MG	0.17		
J3376		INJ VANCOMYCIN (HIKMA) 10MG	0.02		N

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	Outpatient Facility SI
J3379		INJ, VALPROATE SOD, 5 MG	0.06		N
J3380		INJ VEDOLIZUMAB IV 1 MG	28.17	37.92	K
J3385		VELAGLUCERASE ALFA	486.22	654.54	K
J3387		INJ ELIVALDOGENE AUTOTEMECEL	BR	Negotiated	K
J3389		TOPI ADM PRAD ZAMI PER TREAT	BR	Negotiated	K
J3391		INJ, ATIDARSAGENE AUTOTEMCEL	BR	Negotiated	
J3392		INJ, EXAGAMGLOGENE AUTOTEM	BR	Negotiated	K
J3393		INJ, BETIBEGLOGENE AUTOTEMCE	BR	Negotiated	G
J3394		INJ, LOVOTIBEGLOGENE AUTOTEM	BR	Negotiated	G
J3396		VERTEPORFIN INJECTION	14.95	20.13	K
J3397		INJ., VESTRONIDASE ALFA-VJBK	283.43	490.16	E2
J3398		INJ LUXTURNA 1 BILLION VEC G	2561.42	5553.15	K
J3399		INJ ONASE ABEPAR-XIOI TREAT	BR	Negotiated	K
J3401		VYJUVEK 5X10^9PFU/ML, 0.1 ML	1321.82	1779.37	G
J3402		INJ. REMESTEMCEL-L-RKND/ TD	Negotiated	Negotiated	
J3403		REVAKINAGENE, PER IMPLANT	Negotiated	Negotiated	
J3410		HYDROXYZINE HCL INJECTION	16.00		N
J3411		THIAMINE HCL 100 MG	2.29		N
J3415		PYRIDOXINE HCL 100 MG	20.51		N
J3420		VITAMIN B12 INJECTION	1.65		N
J3424		INJ HYDROXOCOBALAMIN IV 25MG	33.87	9.07	K
J3425		HYDROXOCOBALAMIN IM 10MCG	0.01	0.02	K
J3430		VITAMIN K PHYTONADIONE INJ	2.87		N
J3465		INJECTION, VORICONAZOLE	1.27		N
J3470		HYALURONIDASE INJECTION	39.09		N
J3471		OVINE, UP TO 999 USP UNITS	0.68		N
J3472		OVINE, 1000 USP UNITS	BR		N
J3473		HYALURONIDASE RECOMBINANT	0.47		N
J3475		INJ MAGNESIUM SULFATE	0.64		N
J3480		INJ POTASSIUM CHLORIDE	0.13		N
J3485		ZIDOVUDINE	1.97	2.64	N
J3486		ZIPRASIDONE MESYLATE	9.35		N
J3489		ZOLEDRONIC ACID 1MG	7.29		N
J3490		DRUGS UNCLASSIFIED INJECTION	BR		N
J3520		EDETATE DISODIUM PER 150 MG	50.38		E1
J3530		NASAL VACCINE INHALATION	BR		N
J3535		METERED DOSE INHALER DRUG	BR		E1
J3570		LAETRILE AMYGDALIN VIT B17	45.41		E1
J3590		UNCLASSIFIED BIOLOGICS	BR		N
J3591		ESRD ON DIALYSI DRUG/BIO NOC	BR		B
J7030		NORMAL SALINE SOLUTION INFUS	3.26		N
J7040		NORMAL SALINE SOLUTION INFUS	1.63		N
J7042		5% DEXTROSE/NORMAL SALINE	1.53		N
J7050		NORMAL SALINE SOLUTION INFUS	0.81		N
J7060		5% DEXTROSE/WATER	2.34		N
J7070		D5W INFUSION	4.68		N
J7100		DEXTRAN 40 INFUSION	BR		N
J7110		DEXTRAN 75 INFUSION	135.82		N
J7120		RINGERS LACTATE INFUSION	3.14		N
J7121		5% DEXTROSE IN LAC RINGERS	19.34		N
J7131		HYPERTONIC SALINE SOL	0.25		N
J7165		INJ, HUMAN-LANS, PER I.U	BR	3.15	G
J7168		PROTHROMBIN COMPLEX KCENTRA	6.31	3.87	K
J7169		INJ ANDEXXA, 10 MG	BR	230.65	K
J7170		INJ., EMICIZUMAB-KXWH 0.5 MG	67.62	91.04	K
J7171		INJ, ADZYNMA, 10 IU	44.94	60.50	G
J7172		INJ MARSTACIM-HNCQ, 0.5 MG	65.61	88.32	
J7173		INJ. CONCIZUMAB-MTCI, 0.5 MG	111.15	149.63	
J7174		INJECTION FITUSIRAN 0.04 MG	172.41	232.09	
J7175		INJ, FACTOR X, (HUMAN), 1IU	12.39	16.68	K

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	Outpatient Facility SI
J7177		INJ., FIBRYGA, 1 MG	1.44	1.94	K
J7178		INJ HUMAN FIBRINOGEN CON NOS	1.93	2.59	K
J7179		VONVENDI INJ 1 IU VWF:RCO	2.41	3.24	K
J7180		FACTOR XIII ANTI-HEM FACTOR	13.61	18.32	K
J7181		FACTOR XIII RECOMB A-SUBUNIT	22.32	30.05	K
J7182		FACTOR VIII RECOMB NOVOEIGHT	1.86	2.50	K
J7183		WILATE INJECTION	1.67	2.24	K
J7185		XYNTHA INJ	1.95	2.63	K
J7186		ANTIHEMOPHILIC VIII/VWF COMP	1.56	2.10	K
J7187		HUMATE-P, INJ	1.88	2.54	K
J7188		FACTOR VIII RECOMB OBIZUR	4.20	5.65	K
J7189		FACTOR VIIA RECOMB NOVOSEVEN	3.31	4.46	K
J7190		FACTOR VIII	1.45	1.96	K
J7191		FACTOR VIII (PORCINE)	BR	9.56	E2
J7192		FACTOR VIII RECOMBINANT NOS	2.00	2.70	K
J7193		FACTOR IX NON-RECOMBINANT	1.74	2.35	K
J7194		FACTOR IX COMPLEX	2.15	2.91	K
J7195		FACTOR IX RECOMBINANT NOS	2.39	3.22	K
J7196		ANTITHROMBIN RECOMBINANT	BR		E2
J7197		ANTITHROMBIN III INJECTION	5.15	6.93	K
J7198		ANTI-INHIBITOR	3.07	4.13	K
J7199		HEMOPHILIA CLOT FACTOR NOC	BR		B
J7200		FACTOR IX RECOMBINAN RIXUBIS	2.15	3.05	N
J7201		FACTOR IX ALPROLIX RECOMB	4.65	6.27	K
J7202		FACTOR IX IDELVION INJ	6.77	9.12	K
J7203		FACTOR IX RECOMB GLY REBINYN	5.71	7.68	K
J7204		INJ RECOMBIN ESPEROCT PER IU	2.84	3.83	K
J7205		FACTOR VIII FC FUSION RECOMB	3.04	4.10	K
J7207		FACTOR VIII PEGYLATED RECOMB	2.73	3.68	K
J7208		INJ. JIVI 1 IU	3.18	4.29	K
J7209		FACTOR VIII NUWIQ RECOMB 1IU	1.61	2.17	K
J7210		INJ, AFSTYLA, 1 I.U.	1.97	2.66	K
J7211		INJ, KOVALTRY, 1 I.U.	1.93	2.59	K
J7212		FACTOR VIIA RECOMB SEVENFACT	3.05	4.11	N
J7213		INJ, IXINITY, 1 I.U.	2.86	3.85	K
J7214		ALTUVIIIO PER FACTOR VIII IU	6.03	8.12	G
J7294		SEG ACET AND ETH ESTR YEARLY	BR		E1
J7295		ETH ESTR AND ETON MONTHLY	220.35		E1
J7296		KYLEENA, 19.5 MG	1662.26		E1
J7297		LILETTA, 52 MG	1216.51		E1
J7298		MIRENA, 52 MG	1613.48		E1
J7299		INTRAUT COPP CONT (MIUDELLA)	BR		E1
J7300		INTRA COPP CONTRA (PARAGARD)	1344.36		E1
J7301		SKYLA, 13.5 MG	1254.37		E1
J7304		CONTRACEPTIVE HORMONE PATCH	53.82		E1
J7306		LEVONORGESTREL IMPLANT SYS	1029.82		E1
J7307		ETONOGESTREL IMPLANT SYSTEM	1478.92		E1
J7308		AMINOLEVULINIC ACID HCL TOP	513.84	691.71	K
J7311		INJ., RETISERT, 0.01 MG	433.20	583.15	K
J7312		DEXAMETHASONE INTRA IMPLANT	267.22	359.73	K
J7313		INJ., ILUVIEN, 0.01 MG	641.79	863.94	K
J7314		INJ., YUTIQ, 0.01 MG	683.66	920.31	K
J7315		OPHTHALMIC MITOMYCIN	356.16		N
J7316		INJ, OCRIPLASMIN, 0.125 MG	29.09		N
J7318		INJ, DUROLANE 1 MG	8.71	11.73	K
J7320		GENVISC 850, INJ, 1MG	8.02	10.80	K
J7321		HYALGAN SUPARTZ VISCO-3 DOSE	94.93		N
J7322		HYMOVIS INJECTION 1 MG	22.64	30.49	K
J7323		EUFLEXXA INJ PER DOSE	156.89	211.19	K
J7324		ORTHOVISC INJ PER DOSE	119.78	161.25	K

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	Outpatient Facility SI
J7325		SYNVISC OR SYNVISC-ONE	11.91	16.03	K
J7326		GEL-ONE	684.29	921.17	K
J7327		MONOVISC INJ PER DOSE	734.05	988.14	K
J7328		GELSYN-3 INJECTION 0.1 MG	0.73	1.17	N
J7329		INJ, TRIVISC 1 MG	7.93	10.68	K
J7330		CULTURED CHONDROCYTES IMPLNT	60983.66		B
J7331		SYNOJOYNT, INJ., 1 MG	11.57		N
J7332		INJ., TRILURON, 1 MG	13.12	17.66	K
J7336		CAPSAICIN 8% PATCH	4.33	5.83	K
J7340		CARBIDOPA LEVODOPA ENT 100ML	306.73	412.91	K
J7342		CIPROFLOXACIN OTIC SUSP 6 MG	68.12		N
J7345		AMINOLEVULINIC ACID, 10% GEL	2.24	3.01	K
J7351		INJ BIMATOPROST ITC IMP1MCG	272.86	367.31	K
J7352		AFAMELANOTIDE IMPLANT, 1 MG	4906.45	5028.33	K
J7353		ANACAULASE-BCDB 8.8% GEL 1 G	BR	99.73	G
J7354		CANTHARIDIN TOP, APPLICATOR	925.28	1245.56	G
J7355		INJ TRAVOPROST INTRA IMPL	184.18	345.03	G
J7356		INJ FOSCARB/FOSLEVODOPA 5 MG	0.91		
J7402		MOMETASONE SINUS SINUVA	14.75	19.86	K
J7500		AZATHIOPRINE ORAL 50MG	1.55		N
J7501		AZATHIOPRINE PARENTERAL	BR	400.70	K
J7502		CYCLOSPORINE ORAL 100 MG	2.86		N
J7503		TACROL ENVARSUS EX REL ORAL	2.34		N
J7504		LYMPHOCYTE IMMUNE GLOBULIN	5662.45	7622.53	K
J7507		TACROLIMUS IMME REL ORAL 1MG	0.23		N
J7508		TACROL ASTAGRAF EX REL ORAL	0.74		N
J7509		METHYLPREDNISOLONE ORAL	0.32		N
J7510		PREDNISOLONE ORAL PER 5 MG	0.74		N
J7511		ANTITHYMOCYTE GLOBULN RABBIT	1235.34	1662.96	K
J7512		PREDNISONE IR OR DR ORAL 1MG	0.01		N
J7514		MYCOPHENOL (MYHIBBIN) 100 MG	2.92		N
J7515		CYCLOSPORINE ORAL 25 MG	1.07		N
J7516		INJ, CYCLOSPORINE 250MG	92.77		N
J7517		MYCOPHENOLATE MOFETIL ORAL	0.20		N
J7518		MYCOPHENOLIC ACID	0.62		N
J7519		INJ. MYCOPHENOLATE MOFETIL	0.54		N
J7520		SIROLIMUS, ORAL	1.38		N
J7521		TACROLIM GRANULES ORAL SUSP	1.71		
J7525		TACROLIMUS INJECTION	331.07	445.67	K
J7527		ORAL EVEROLIMUS	3.02		N
J7528		MYCOPHEN MOFETIL FOR SUSP	0.31		N
J7599		IMMUNOSUPPRESSIVE DRUG NOC	BR		N
J7601		ENSIFENTRINE INH 3 MG	67.75		B
J7604		ACETYLCYSTEINE COMP UNIT	BR		M
J7605		ARFORMOTEROL NON-COMP UNIT	1.05		M
J7606		FORMOTEROL FUMARATE, INH	2.45		M
J7607		LEVALBUTEROL COMP CON	22.28		M
J7608		ACETYLCYSTEINE NON-COMP UNIT	10.59		M
J7609		ALBUTEROL COMP UNIT	5.47		M
J7610		ALBUTEROL COMP CON	5.47		M
J7611		ALBUTEROL NON-COMP CON	0.21		M
J7612		LEVALBUTEROL NON-COMP CON	0.38		M
J7613		ALBUTEROL NON-COMP UNIT	0.10		M
J7614		LEVALBUTEROL NON-COMP UNIT	0.11		M
J7615		LEVALBUTEROL COMP UNIT	9.26		M
J7620		ALBUTEROL IPRATROP NON-COMP	0.24		M
J7622		BECLOMETHASONE COMP UNIT	BR		M
J7624		BETAMETHASONE COMP UNIT	4.63		M
J7626		BUDESONIDE NON-COMP UNIT	1.84		M
J7627		BUDESONIDE COMP UNIT	5.04		M

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	Facility SI
J7628		BITOLTEROL MESYLATE COMP CON	BR		M
J7629		BITOLTEROL MESYLATE COMP UNT	BR		M
J7631		CROMOLYN SODIUM NONCOMP UNIT	0.28		M
J7632		CROMOLYN SODIUM COMP UNIT	BR		M
J7633		BUDESONIDE NON-COMP CON	15.98		M
J7634		BUDESONIDE COMP CON	14.30		M
J7635		ATROPINE COMP CON	BR		M
J7636		ATROPINE COMP UNIT	BR		M
J7637		DEXAMETHASONE COMP CON	8.83		M
J7638		DEXAMETHASONE COMP UNIT	10.09		M
J7639		DORNASE ALFA NON-COMP UNIT	69.67		M
J7640		FORMOTEROL COMP UNIT	22.71		E1
J7641		FLUNISOLIDE COMP UNIT	BR		M
J7642		GLYCOPYRROLATE COMP CON	15.56		M
J7643		GLYCOPYRROLATE COMP UNIT	58.45		M
J7644		IPRATROPIUM BROMIDE NON-COMP	0.48		M
J7645		IPRATROPIUM BROMIDE COMP	9.26		M
J7647		ISOETHARINE COMP CON	BR		M
J7648		ISOETHARINE NON-COMP CON	BR		M
J7649		ISOETHARINE NON-COMP UNIT	BR		M
J7650		ISOETHARINE COMP UNIT	BR		M
J7657		ISOPROTERENOL COMP CON	BR		M
J7658		ISOPROTERENOL NON-COMP CON	BR		M
J7659		ISOPROTERENOL NON-COMP UNIT	BR		M
J7660		ISOPROTERENOL COMP UNIT	BR		M
J7665		MANNITOL FOR INHALER	8.83		N
J7667		METAPROTERENOL COMP CON	BR		M
J7668		METAPROTERENOL NON-COMP CON	BR		M
J7669		METAPROTERENOL NON-COMP UNIT	BR		M
J7670		METAPROTERENOL COMP UNIT	BR		M
J7674		METHACHOLINE CHLORIDE, NEB	2.09		N
J7676		PENTAMIDINE COMP UNIT DOSE	BR		M
J7677		REVEFENACIN INH NON-COM 1MCG	0.26		M
J7680		TERBUTALINE SULF COMP CON	BR		M
J7681		TERBUTALINE SULF COMP UNIT	BR		M
J7682		TOBRAMYCIN NON-COMP UNIT	20.80		M
J7683		TRIAMCINOLONE COMP CON	BR		M
J7684		TRIAMCINOLONE COMP UNIT	BR		M
J7685		TOBRAMYCIN COMP UNIT	BR		M
J7686		TREPROSTINIL, NON-COMP UNIT	988.20		M
J7699		INHALATION SOLUTION FOR DME	BR		M
J7799		NON-INHALATION DRUG FOR DME	BR		N
J7999		COMPOUNDED DRUG, NOC	BR		N
J8498		ANTIEMETIC RECTAL/SUPP NOS	BR		B
J8499		ORAL PRESCRIP DRUG NON CHEMO	BR		E1
J8501		ORAL APREPITANT	3.71		N
J8510		ORAL BUSULFAN	BR	147.37	K
J8515		CABERGOLINE, ORAL 0.25MG	18.08		E1
J8522		CAPECITABINE, ORAL, 50 MG	0.05	0.07	K
J8530		CYCLOPHOSPHAMIDE ORAL 25 MG	1.09		N
J8540		ORAL DEXAMETHASONE	0.08		N
J8541		ORAL, HEMADY, 0.25 MG	42.12		N
J8560		ETOPOSIDE ORAL 50 MG	99.48	151.88	N
J8565		GEFITINIB ORAL	BR		E2
J8597		ANTIEMETIC DRUG ORAL NOS	BR		N
J8600		MELPHALAN ORAL 2 MG	BR		E2
J8610		METHOTREXATE ORAL 2.5 MG	0.23		N
J8611		ORAL METHOTREXATE (JYLAMVO)	24.23	33.20	K
J8612		ORAL METHOTREXATE (XATMEP)	29.16	36.24	K
J8655		ORAL NETUPITANT, PALONOSETRO	519.83	699.77	K

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	Sl
J8670		ROLAPITANT, ORAL, 1MG	2.10	2.84	K
J8700		TEMOZOLOMIDE	0.34		N
J8705		TOPOTECAN ORAL	162.41	218.91	N
J8999		ORAL PRESCRIPTION DRUG CHEMO	BR		B
J9000		DOXORUBICIN HCL INJECTION	4.32		N
J9011		DATOPOTAMAB DERUXTECAN, 1 MG	67.02	90.21	
J9015		ALDESLEUKIN INJECTION	BR	9277.21	K
J9017		ARSENIC TRIOXIDE INJECTION	6.09	8.19	K
J9021		INJ, ASPARA, RYLAZE, 0.1 MG	70.38	94.75	K
J9022		INJ, ATEZOLIZUMAB,10 MG	114.69	154.39	K
J9023		INJECTION, AVELUMAB, 10 MG	126.03	169.66	K
J9024		INJ ATEZOLIZUMB 5MG HYA-TQJS	41.73	56.18	
J9025		AZACITIDINE INJECTION	0.37		N
J9026		INJ, TARLATAMAB-DLLE, 1 MG	2036.56	2756.99	G
J9027		CLOFARABINE INJECTION	10.99	14.81	K
J9028		INJ, NOGAPENDEKIN PMLN, 1MCG	123.33	166.02	G
J9029		INSTILL ADSTILADRIN, TX DOSE	82422.66	110953.57	G
J9030		BCG LIVE INTRAVESICAL 1MG	3.90	5.74	N
J9032		INJECTION, BELINOSTAT, 10MG	65.36	87.99	K
J9033		INJ, BENDAMUSTINE HCL, 1MG	2.34	3.15	K
J9034		INJ., BENDEKA 1 MG	17.49	23.54	K
J9035		BEVACIZUMAB INJECTION	95.15	128.08	K
J9036		INJ. BELRAPZO/BENDAMUSTINE	22.26	29.98	K
J9038		INJ AXATILIMAB-CSFR 0.1 MG	72.35	97.39	
J9039		INJECTION, BLINATUMOMAB	198.26	266.89	K
J9040		BLEOMYCIN SULFATE INJECTION	27.18		N
J9041		INJECTION, BORTEZOMIB, 0.1MG	2.89		N
J9042		BRENTUXIMAB VEDOTIN INJ	323.61	435.63	K
J9043		CABAZITAXEL INJECTION	291.32	392.16	K
J9045		CARBOPLATIN INJECTION	4.72		N
J9046		INJ, BORTEZOMIB, DR. REDDY'S	45.41	8.59	K
J9047		INJECTION, CARFILZOMIB, 1 MG	67.55	90.95	K
J9048		INJ, BORTEZOMIB FRESENIUSKAB	BR	28.88	K
J9049		INJ, BORTEZOMIB, HOSPIRA	1.88		N
J9050		CARMUSTINE INJECTION	331.92	446.81	K
J9051		INJ, BORTEZOMIB (MAIA)	BR		E2
J9052		INJ, CARMUSTINE (ACCORD)	BR	0.09	K
J9054		INJ BORTEZOMIB BORUZU 0.1 MG	33.32	44.85	
J9055		CETUXIMAB INJECTION	100.22	134.93	K
J9056		INJ, VIVIMUSTA, 1 MG	37.25	50.14	G
J9057		INJ., COPANLISIB, 1 MG	154.75	156.03	K
J9060		CISPLATIN 10 MG INJECTION	3.49		N
J9061		INJ, AMIVANTAMAB-VMJW	28.03	37.73	K
J9063		INJ, ELAHERE, 1 MG	88.54	119.19	G
J9064		INJ, CABAZITAXEL (SANDOZ)	BR		E2
J9065		INJ CLADRIBINE PER 1 MG	14.65	19.72	K
J9071		INJ CYCLOPHOSPHAMD AUROMEDIC	0.91	1.23	K
J9072		INJ CYCLOPHOS FRINDOVYX 5 MG	23.54	15.73	E2
J9073		INJ CYCLOPHOS DR REDDYS 5 MG	2.84	3.83	K
J9074		INJ, CYCLOPHOSPHAMD, SANDOZ	5.66	7.61	K
J9075		INJ, CYCLOPHOSPHAMIDE, NOS	1.14	1.54	K
J9076		INJ, CYCLOPHOS (BAXTER) 5MG	6.40	8.61	E2
J9100		CYTARABINE HCL 100 MG INJ	1.03		N
J9118		INJ. CALASPARGASE PEGOL-MKNL	99.48	143.64	E2
J9119		INJ., CEMIPLIMAB-RWLC, 1 MG	36.67	49.37	K
J9120		DACTINOMYCIN INJECTION	422.24	568.40	K
J9130		DACARBAZINE 100 MG INJ	5.43		N
J9144		DARATUMUMAB, HYALURONIDASE	66.80	89.93	K
J9145		INJECTION, DARATUMUMAB 10 MG	84.91	114.31	K
J9150		DAUNORUBICIN INJECTION	30.57	41.16	K

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J9153		INJ DAUNORUBICIN, CYTARABINE	322.93	434.72	K
J9155		DEGARELIX INJECTION	5.57	7.49	K
J9161		INJ DENILEUK DIFTI-CXDL 1MCG	BR		
J9171		DOCETAXEL INJECTION	0.95		N
J9172		DOCETAXEL (DOCIVYX), 1 MG	67.87	91.37	G
J9173		INJ., DURVALUMAB, 10 MG	109.05	146.79	K
J9174		INJ, DOCETAXEL (BEIZRAY) 1MG	BR	83.02	
J9175		ELLIOTTS B SOLUTION PER ML	BR		N
J9176		INJECTION, ELOTUZUMAB, 1MG	10.04	13.51	K
J9177		INJ ENFORT VEDO-EJFV 0.25MG	47.64	64.14	K
J9178		INJ, EPIRUBICIN HCL, 2 MG	2.11		N
J9179		ERIBULIN MESYLATE INJECTION	173.31	233.31	K
J9181		ETOPOSIDE INJECTION	1.27		N
J9184		INJ GEMCITABIN (AVYXA) 200MG	BR	702.98	G
J9185		FLUDARABINE PHOSPHATE INJ	218.79	294.53	K
J9190		FLUOROURACIL INJECTION	2.90		N
J9196		INJ GEMCITABINE HCL (ACCORD)	12.14		N
J9198		INJ. INFUGEM, 100 MG	36.58		E1
J9200		FLOXURIDINE INJECTION	5186.53	6981.87	K
J9201		IN GEMCITABINE HCL NOS 200MG	3.72		N
J9202		GOSERELIN ACETATE IMPLANT	913.98	1230.36	K
J9203		GEMTUZUMAB OZOGAMICIN 0.1 MG	303.05	407.96	K
J9204		INJ MOGAMULIZUMAB-KPKC, 1 MG	316.31	425.81	K
J9205		INJ IRINOTECAN LIPOSOME 1 MG	83.48	112.39	K
J9206		IRINOTECAN INJECTION	2.57		N
J9207		IXABEPILONE INJECTION	177.36	238.75	K
J9208		IFOSFAMIDE INJECTION	32.59		N
J9209		MESNA INJECTION	2.05		N
J9210		INJ., EMAPALUMAB-LZSG, 1 MG	489.54	659.00	K
J9211		IDARUBICIN HCL INJECTION	60.84		N
J9213		INTERFERON ALFA-2A INJ	136.67		E2
J9214		INTERFERON ALFA-2B INJ	BR		N
J9215		INTERFERON ALFA-N3 INJ	BR		E2
J9216		INTERFERON GAMMA 1-B INJ	BR		E2
J9217		LEUPROLIDE ACETATE SUSPNSION	235.03	316.38	K
J9218		LEUPROLIDE ACETATE INJECITON	11.59		N
J9219		LEUPROLIDE ACETATE IMPLANT	BR		E2
J9220		INDIGOTINDISULFONATE SOD 1MG	188.45	16.28	
J9223		INJ. LURBINECTEDIN, 0.1 MG	266.37	358.58	K
J9225		VANTAS IMPLANT	BR		N
J9226		SUPPRELIN LA IMPLANT	58840.33	79208.15	K
J9227		INJ. ISATUXIMAB-IRFC 10 MG	103.15	138.86	K
J9228		IPILIMUMAB INJECTION	234.07	315.09	K
J9229		INJ INOTUZUMAB OZOGAM 0.1 MG	3455.57	4651.73	K
J9230		MECHLORETHAMINE HCL INJ	BR		N
J9245		INJ MELPHALAN HYDROCHL 50 MG	173.80	233.96	K
J9246		INJ., EVOMELA, 1 MG	23.40	31.50	K
J9248		INJ MELPHALAN (HEPZATO) 1 MG	1005.94	1354.15	G
J9249		INJ, MELPHALAN (APOTEX) 1 MG	BR	113.37	E2
J9255		INJ, METHOTREXATE (ACCORD)	7.15		E2
J9256		INJ, NIPOCALIMAB-AAHU, 3 MG	42.57	57.30	G
J9260		INJ METHOTREXATE SODIUM 50MG	4.38		N
J9261		NELARABINE INJECTION	97.18	130.83	K
J9262		INJ, OMACETAXINE MEP, 0.01MG	1216.51	6.91	K
J9263		OXALIPLATIN	0.10		N
J9264		PACLITAXEL PROTEIN BOUND	17.60	23.70	K
J9266		PEGASPARGASE INJECTION	35191.69	47373.43	K
J9267		PACLITAXEL INJECTION	0.14		N
J9268		PENTOSTATIN INJECTION	3552.29	4781.93	K
J9269		INJ. TAGRAXOFUSP-ERZS 10 MCG	440.56	593.06	K

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J9271		INJ PEMBROLIZUMAB	74.88	100.80	K
J9272		INJ, DOSTARLIMAB-GXLY, 10 MG	312.08	420.11	K
J9273		INJ TISOTU VEDOTIN-TFTV, 1MG	236.44	318.27	G
J9274		INJ, TEBENTAFUSP-TEBN, 1 MCG	279.18	375.83	G
J9275		INJ COSIBELIMAB-IPDL, 2 MG	BR	40.11	
J9276		INJ ZANIDATAMAB-HRII, 2 MG	32.50	43.75	
J9280		MITOMYCIN INJECTION	60.25	81.11	K
J9281		MITOMYCIN INSTILLATION	404.76	544.88	K
J9282		MITOMYCIN INTRAVESICAL INST	BR	484.42	G
J9285		INJ, OLARATUMAB, 10 MG	BR		E2
J9286		INJ GLOFITAMAB GXBM, 2.5 MG	3602.18	4849.09	G
J9289		INJ NIVOLUMAB 2 MG HYALURON	36.14	48.65	
J9292		INJ, PEMETREXED DIPOTASSIUM	105.60	142.15	E2
J9293		MITOXANTRONE HYDROCHL / 5 MG	79.06	106.44	K
J9294		INJ PEMETREXED, HOSPIRA 10MG	3.33	4.50	K
J9295		INJECTION, NECITUMUMAB, 1 MG	7.45	10.03	K
J9296		INJ PEMETREXED (ACCORD) 10MG	29.86	17.05	K
J9297		INJ PEMETREXED (SANDOZ) 10MG	1.99		N
J9298		INJ NIVOL RELATLIMAB 3MG/1MG	252.02	339.26	G
J9299		INJECTION, NIVOLUMAB	41.98	56.53	K
J9301		OBINUTUZUMAB INJ	97.28	130.95	K
J9302		OFATUMUMAB INJECTION	BR	108.90	K
J9303		PANITUMUMAB INJECTION	215.43	289.99	K
J9304		INJ. PEMETREXED, 10 MG	68.50	92.23	G
J9305		PEMETREXED INJECTION	6.85	9.22	K
J9306		INJECTION, PERTUZUMAB, 1 MG	21.05	28.33	K
J9307		PRALATREXATE INJECTION	485.90	654.10	K
J9308		INJECTION, RAMUCIRUMAB	94.79	127.59	K
J9309		INJ, POLATUZUMAB VEDOTIN 1MG	172.79	232.61	K
J9311		INJ RITUXIMAB, HYALURONIDASE	47.55	64.02	K
J9312		INJ., RITUXIMAB, 10 MG	99.75	134.28	K
J9313		INJ., LUMOXITI, 0.01 MG	BR	40.93	K
J9314		INJ PEMETREXED (TEVA) 10MG	9.28	12.50	K
J9316		PERTUZU, TRASTUZU, 10 MG	83.04	111.79	K
J9317		SACITUZUMAB GOVITECAN-HZIY	46.07	62.02	K
J9318		INJ ROMIDEPSIN NON-LYO 0.1MG	29.02	49.91	K
J9319		INJ ROMIDEPSIN LYOPHIL 0.1MG	39.51	53.18	K
J9320		STREPTOZOCIN INJECTION	BR		N
J9321		INJ EPCORITAMAB-BYSP 0.16 MG	71.74	96.58	G
J9322		INJ PEMETREXED (BLUEPOINT)	24.39	18.55	E2
J9323		INJ PEMETREXED DITROMETHAMIN	18.50	18.46	K
J9324		INJ, PEMRYDI RTU, 10 MG	106.78	143.75	G
J9325		INJ TALIMOGENE LAHERPAREPVEC	91.48	123.15	K
J9326		TELISOTUZUMAB VEDOTIN-TLLV	189.63	255.27	G
J9328		TEMOZOLOMIDE INJECTION	13.53	18.22	K
J9329		INJ, TISLELIZUMAB-JSGR	75.88	965.34	G
J9330		TEMSIROLIMUS INJECTION	38.37	51.66	K
J9331		INJ SIROLIMUS PROT PART 1 MG	152.68	205.54	G
J9332		INJ EFGARTIGIMOD 2MG	42.18	56.79	G
J9333		INJ ROZANOLIXIZUM-NOLI 1 MG	29.67	39.94	G
J9334		INJ EFGART-ALFA 2MG HYA-QVFC	43.03	57.93	K
J9341		INJ THIOTEPA (TEPYLUTE) 1 MG	50.12		
J9342		INJ THIOTEPA NOS 1 MG	11.52	15.51	
J9345		INJ, RETIFANLIMAB-DLWR, 1 MG	38.04	51.21	G
J9347		INJ, TREMELIMUMAB-ACTL, 1 MG	179.96	242.25	G
J9348		INJ. NAXITAMAB-GQGK, 1 MG	834.98	1124.01	K
J9349		INJ., TAFASITAMAB-CXIX	18.16	24.45	K
J9350		INJ MOSUNETUZUMAB-AXGB, 1 MG	833.39	1121.87	G
J9351		TOPOTECAN INJECTION	2.32		N
J9352		INJECTION TRABECTEDIN 0.1MG	471.58	634.81	K

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	Outpatient Facility SI
J9353		INJ. MARGETUXIMAB-CMKB, 5 MG	64.22	86.45	K
J9354		INJ, ADO-TRASTUZUMAB EMT 1MG	53.26	71.70	K
J9355		INJ TRASTUZUMAB EXCL BIOSIMI	100.17	134.84	K
J9356		INJ. HERCEPTIN HYLECTA, 10MG	81.98	110.36	K
J9357		VALRUBICIN INJECTION	1810.27	2436.91	K
J9358		INJ FAM-TRASTU DERU-NXKI 1MG	37.45	50.42	K
J9359		INJ LON TESIRIN-LPYL 0.075MG	275.75	371.21	K
J9360		VINBLASTINE SULFATE INJ	6.28		N
J9361		INJ, EFBEMALENOGRASTIM ALFA-	BR		E2
J9370		VINCRISTINE SULFATE 1 MG INJ	10.83		N
J9376		INJ POZELIMAB-BBFG, 1 MG	BR	160.53	E2
J9380		INJ TECLISTAMAB CQYV 0.5 MG	42.32	56.96	G
J9381		INJ TEPLIZUMAB MZWV 5 MCG	48.41	65.17	G
J9382		INJ ZENOCUTUZUMAB-ZBCO 1 MG	43.64	58.75	
J9390		VINORELBINE TARTRATE INJ	8.45		N
J9393		INJ, FULVESTRANT (TEVA)	48.78	37.10	K
J9394		INJ, FULVESTRANT (FRESENIUS)	15.93	21.46	K
J9395		INJECTION, FULVESTRANT	8.65	11.66	K
J9400		INJ, ZIV-AFLIBERCEPT, 1MG	10.38	13.97	K
J9600		PORFIMER SODIUM INJECTION	BR	42399.74	K
J9999		CHEMOTHERAPY DRUG	BR		N
K0001	RR	STANDARD WHEELCHAIR	62.02		Y
K0002	RR	STND HEMI (LOW SEAT) WHLCHR	102.01		Y
K0003	RR	LIGHTWEIGHT WHEELCHAIR	111.14		Y
K0004	RR	HIGH STRENGTH LTWT WHLCHR	158.04		Y
K0005	NU	ULTRALIGHTWEIGHT WHEELCHAIR	3358.03		
K0005	RR	ULTRALIGHTWEIGHT WHEELCHAIR	335.76		
K0005	UE	ULTRALIGHTWEIGHT WHEELCHAIR	2518.44		Y
K0006	RR	HEAVY DUTY WHEELCHAIR	168.34		Y
K0007	RR	EXTRA HEAVY DUTY WHEELCHAIR	238.55		Y
K0008		CSTM MANUAL WHEELCHAIR/BASE	BR		Y
K0009	RR	OTHER MANUAL WHEELCHAIR/BASE	129.82		Y
K0010	RR	STND WT FRAME POWER WHLCHR	773.75		Y
K0011	RR	STND WT PWR WHLCHR W CONTROL	930.48		Y
K0012	RR	LTWT PORTBL POWER WHLCHR	590.16		Y
K0013		CUSTOM POWER WHLCHR BASE	BR		Y
K0014		OTHER POWER WHLCHR BASE	BR		Y
K0015	RR	DETACH NON-ADJ HT ARMRST REP	26.26		Y
K0017	NU	DETACH ADJUST ARMREST BASE	77.34		
K0017	RR	DETACH ADJUST ARMREST BASE	7.74		
K0017	UE	DETACH ADJUST ARMREST BASE	58.01		Y
K0018	NU	DETACH ADJUST ARMRST UPPER	43.46		
K0018	RR	DETACH ADJUST ARMRST UPPER	4.34		
K0018	UE	DETACH ADJUST ARMRST UPPER	32.60		Y
K0019	NU	ARM PAD REPL, EACH	24.60		
K0019	RR	ARM PAD REPL, EACH	2.46		
K0019	UE	ARM PAD REPL, EACH	18.45		Y
K0020	NU	FIXED ADJUST ARMREST PAIR	72.74		
K0020	RR	FIXED ADJUST ARMREST PAIR	7.28		
K0020	UE	FIXED ADJUST ARMREST PAIR	54.55		Y
K0037	NU	HI MOUNT FLIP-UP FOOTREST EA	72.83		
K0037	RR	HI MOUNT FLIP-UP FOOTREST EA	6.72		
K0037	UE	HI MOUNT FLIP-UP FOOTREST EA	54.64		Y
K0038	NU	LEG STRAP EACH	37.66		
K0038	RR	LEG STRAP EACH	3.77		
K0038	UE	LEG STRAP EACH	28.24		Y
K0039	NU	LEG STRAP H STYLE EACH	82.24		
K0039	RR	LEG STRAP H STYLE EACH	8.24		
K0039	UE	LEG STRAP H STYLE EACH	61.69		Y
K0040	NU	ADJUSTABLE ANGLE FOOTPLATE	102.95		

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	Facility SI
K0040	RR	ADJUSTABLE ANGLE FOOTPLATE	10.28		
K0040	UE	ADJUSTABLE ANGLE FOOTPLATE	77.19		Y
K0041	NU	LARGE SIZE FOOTPLATE EACH	79.72		
K0041	RR	LARGE SIZE FOOTPLATE EACH	8.01		
K0041	UE	LARGE SIZE FOOTPLATE EACH	59.79		Y
K0042	NU	STANDARD SIZE FTPLATE REP EA	53.12		
K0042	RR	STANDARD SIZE FTPLATE REP EA	5.30		
K0042	UE	STANDARD SIZE FTPLATE REP EA	39.83		Y
K0043	NU	FTRST LOWR EXTEN TUBE REP EA	30.46		
K0043	RR	FTRST LOWR EXTEN TUBE REP EA	3.04		
K0043	UE	FTRST LOWR EXTEN TUBE REP EA	22.88		Y
K0044	NU	FTRST UPR HANGER BRAC REP EA	26.05		
K0044	RR	FTRST UPR HANGER BRAC REP EA	2.61		
K0044	UE	FTRST UPR HANGER BRAC REP EA	19.54		Y
K0045	NU	FTRST COMPL ASSEMBLY REPL EA	87.78		
K0045	RR	FTRST COMPL ASSEMBLY REPL EA	8.92		
K0045	UE	FTRST COMPL ASSEMBLY REPL EA	65.83		Y
K0046	NU	ELEV LGRST LWR EXTEN REPL EA	30.55		
K0046	RR	ELEV LGRST LWR EXTEN REPL EA	3.04		
K0046	UE	ELEV LGRST LWR EXTEN REPL EA	22.96		Y
K0047	NU	ELEV LEGRST UPR HANGR REP EA	113.87		
K0047	RR	ELEV LEGRST UPR HANGR REP EA	11.40		
K0047	UE	ELEV LEGRST UPR HANGR REP EA	85.38		Y
K0050	NU	RATCHET ASSEMBLY REPLACEMENT	50.49		
K0050	RR	RATCHET ASSEMBLY REPLACEMENT	5.04		
K0050	UE	RATCHET ASSEMBLY REPLACEMENT	37.88		Y
K0051	NU	CAM REL ASM FT/LEGRST REP EA	80.81		
K0051	RR	CAM REL ASM FT/LEGRST REP EA	8.10		
K0051	UE	CAM REL ASM FT/LEGRST REP EA	60.61		Y
K0052	NU	SWINGAWAY DETACH FTREST REPL	132.60		
K0052	RR	SWINGAWAY DETACH FTREST REPL	13.26		
K0052	UE	SWINGAWAY DETACH FTREST REPL	99.44		Y
K0053	NU	ELEVATE FOOTREST ARTICULATE	151.57		
K0053	RR	ELEVATE FOOTREST ARTICULATE	15.15		
K0053	UE	ELEVATE FOOTREST ARTICULATE	113.67		Y
K0056	NU	SEAT HT <17 OR >=21 LTWT WC	166.32		
K0056	RR	SEAT HT <17 OR >=21 LTWT WC	16.64		
K0056	UE	SEAT HT <17 OR >=21 LTWT WC	124.76		Y
K0065	NU	SPOKE PROTECTORS	80.15		
K0065	RR	SPOKE PROTECTORS	8.02		
K0065	UE	SPOKE PROTECTORS	60.11		Y
K0069	NU	RR WHL COMPL SOL TIRE REP EA	171.11		
K0069	RR	RR WHL COMPL SOL TIRE REP EA	17.49		
K0069	UE	RR WHL COMPL SOL TIRE REP EA	128.32		Y
K0070	RR	RR WHL COMPL PNE TIRE REP EA	30.11		Y
K0071	NU	FR CSTR COMP PNE TIRE REP EA	191.89		
K0071	RR	FR CSTR COMP PNE TIRE REP EA	19.20		
K0071	UE	FR CSTR COMP PNE TIRE REP EA	143.90		Y
K0072	NU	FR CSTR SEMI-PNE TIRE REP EA	117.31		
K0072	RR	FR CSTR SEMI-PNE TIRE REP EA	11.73		
K0072	UE	FR CSTR SEMI-PNE TIRE REP EA	87.97		Y
K0073	NU	CASTER PIN LOCK EACH	61.76		
K0073	RR	CASTER PIN LOCK EACH	6.19		
K0073	UE	CASTER PIN LOCK EACH	46.32		Y
K0077	NU	FR CSTR ASMB SOL TIRE REP EA	99.02		
K0077	RR	FR CSTR ASMB SOL TIRE REP EA	9.89		
K0077	UE	FR CSTR ASMB SOL TIRE REP EA	74.26		Y
K0098	NU	DRIVE BELT FOR PWC, REPL	41.70		
K0098	RR	DRIVE BELT FOR PWC, REPL	4.17		
K0098	UE	DRIVE BELT FOR PWC, REPL	31.27		Y

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K0105	NU	IV HANGER	174.84		
K0105	RR	IV HANGER	17.49		
K0105	UE	IV HANGER	131.13		Y
K0108		W/C COMPONENT-ACCESSORY NOS	BR		Y
K0195	RR	ELEVATING WHLCHAIR LEG RESTS	25.08		Y
K0455	RR	PUMP UNINTERRUPTED INFUSION	408.92		Y
K0462		TEMPORARY REPLACEMENT EQPMNT	BR		Y
K0552		SUP/EXT NON-INS INF PUMP SYR	4.60		Y
K0601	NU	REPL BATT SILVER OXIDE 1.5 V	2.00		Y
K0602	NU	REPL BATT SILVER OXIDE 3 V	11.39		Y
K0603	NU	REPL BATT ALKALINE 1.5 V	1.01		Y
K0604	NU	REPL BATT LITHIUM 3.6 V	10.93		Y
K0605	NU	REPL BATT LITHIUM 4.5 V	26.21		Y
K0606	RR	AED GARMENT W ELEC ANALYSIS	4574.09		Y
K0607	RR	REPL BATT FOR AED	35.30		Y
K0608	NU	REPL GARMENT FOR AED	220.16		
K0608	RR	REPL GARMENT FOR AED	22.06		
K0608	UE	REPL GARMENT FOR AED	165.11		Y
K0609		REPL ELECTRODE FOR AED	1464.13		Y
K0669		SEAT/BACK CUS NO DMEPDAC VER	542.36		Y
K0672		REMOVABLE SOFT INTERFACE LE	129.62		A
K0730	RR	CTRL DOSE INH DRUG DELIV SYS	313.13		Y
K0733	NU	12-24HR SEALED LEAD ACID	47.29		
K0733	RR	12-24HR SEALED LEAD ACID	4.76		
K0733	UE	12-24HR SEALED LEAD ACID	35.49		Y
K0738	RR	PORTABLE GAS OXYGEN SYSTEM	67.12		Y
K0739		REPAIR/SVC DME NON-OXYGEN EQ	50.69		Y
K0740		REPAIR/SVC OXYGEN EQUIPMENT	BR		E1
K0743		PORTABLE HOME SUCTION PUMP	215.71		Y
K0744		ABSORP DRG <= 16 SUC PUMP	BR		A
K0745		ABSORP DRG >16<=48 SUC PUMP	BR		A
K0746		ABSORP DRG >48 SUC PUMP	BR		A
K0800	NU	POV GROUP 1 STD UP TO 300LBS	1727.47		
K0800	RR	POV GROUP 1 STD UP TO 300LBS	172.76		
K0800	UE	POV GROUP 1 STD UP TO 300LBS	1295.61		Y
K0801	NU	POV GROUP 1 HD 301-450 LBS	2939.98		
K0801	RR	POV GROUP 1 HD 301-450 LBS	293.97		
K0801	UE	POV GROUP 1 HD 301-450 LBS	2204.98		Y
K0802	NU	POV GROUP 1 VHD 451-600 LBS	3590.03		
K0802	RR	POV GROUP 1 VHD 451-600 LBS	359.00		
K0802	UE	POV GROUP 1 VHD 451-600 LBS	2692.52		Y
K0806	NU	POV GROUP 2 STD UP TO 300LBS	2331.00		
K0806	RR	POV GROUP 2 STD UP TO 300LBS	233.10		
K0806	UE	POV GROUP 2 STD UP TO 300LBS	1748.27		Y
K0807	NU	POV GROUP 2 HD 301-450 LBS	3572.88		
K0807	RR	POV GROUP 2 HD 301-450 LBS	357.29		
K0807	UE	POV GROUP 2 HD 301-450 LBS	2679.66		Y
K0808	NU	POV GROUP 2 VHD 451-600 LBS	5525.62		
K0808	RR	POV GROUP 2 VHD 451-600 LBS	552.57		
K0808	UE	POV GROUP 2 VHD 451-600 LBS	4144.21		Y
K0812		POWER OPERATED VEHICLE NOC	BR		Y
K0813	RR	PWC GP 1 STD PORT SEAT/BACK	508.39		Y
K0814	RR	PWC GP 1 STD PORT CAP CHAIR	595.44		Y
K0815	RR	PWC GP 1 STD SEAT/BACK	669.79		Y
K0816	RR	PWC GP 1 STD CAP CHAIR	633.65		Y
K0820	RR	PWC GP 2 STD PORT SEAT/BACK	533.83		Y
K0821	RR	PWC GP 2 STD PORT CAP CHAIR	627.04		Y
K0822	RR	PWC GP 2 STD SEAT/BACK	726.04		Y
K0823	RR	PWC GP 2 STD CAP CHAIR	711.31		Y
K0824	RR	PWC GP 2 HD SEAT/BACK	936.73		Y

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K0825	RR	PWC GP 2 HD CAP CHAIR	861.63		Y
K0826	RR	PWC GP 2 VHD SEAT/BACK	1359.42		Y
K0827	RR	PWC GP VHD CAP CHAIR	1170.52		Y
K0828	RR	PWC GP 2 XTRA HD SEAT/BACK	1583.60		Y
K0829	RR	PWC GP 2 XTRA HD CAP CHAIR	1489.70		Y
K0830		PWC GP2 STD SEAT ELEVATE S/B	BR		Y
K0831		PWC GP2 STD SEAT ELEVATE CAP	9652.63		Y
K0835	RR	PWC GP2 STD SING POW OPT S/B	760.79		Y
K0836	RR	PWC GP2 STD SING POW OPT CAP	789.02		Y
K0837	RR	PWC GP 2 HD SING POW OPT S/B	933.36		Y
K0838	RR	PWC GP 2 HD SING POW OPT CAP	831.96		Y
K0839	RR	PWC GP2 VHD SING POW OPT S/B	1220.67		Y
K0840	RR	PWC GP2 XHD SING POW OPT S/B	1859.13		Y
K0841	RR	PWC GP2 STD MULT POW OPT S/B	827.57		Y
K0842	RR	PWC GP2 STD MULT POW OPT CAP	827.10		Y
K0843	RR	PWC GP2 HD MULT POW OPT S/B	990.42		Y
K0848	RR	PWC GP 3 STD SEAT/BACK	1240.94		Y
K0849	RR	PWC GP 3 STD CAP CHAIR	1193.08		Y
K0850	RR	PWC GP 3 HD SEAT/BACK	1439.41		Y
K0851	RR	PWC GP 3 HD CAP CHAIR	1384.02		Y
K0852	RR	PWC GP 3 VHD SEAT/BACK	1663.16		Y
K0853	RR	PWC GP 3 VHD CAP CHAIR	1708.50		Y
K0854	RR	PWC GP 3 XHD SEAT/BACK	2263.39		Y
K0855	RR	PWC GP 3 XHD CAP CHAIR	2138.10		Y
K0856	RR	PWC GP3 STD SING POW OPT S/B	1331.98		Y
K0857	RR	PWC GP3 STD SING POW OPT CAP	1358.70		Y
K0858	RR	PWC GP3 HD SING POW OPT S/B	1652.61		Y
K0859	RR	PWC GP3 HD SING POW OPT CAP	1576.09		Y
K0860	RR	PWC GP3 VHD SING POW OPT S/B	2360.98		Y
K0861	RR	PWC GP3 STD MULT POW OPT S/B	1334.13		Y
K0862	RR	PWC GP3 HD MULT POW OPT S/B	1652.61		Y
K0863	RR	PWC GP3 VHD MULT POW OPT S/B	2360.98		Y
K0864	RR	PWC GP3 XHD MULT POW OPT S/B	2809.56		Y
K0868		PWC GP 4 STD SEAT/BACK	BR		Y
K0869		PWC GP 4 STD CAP CHAIR	BR		Y
K0870		PWC GP 4 HD SEAT/BACK	BR		Y
K0871		PWC GP 4 VHD SEAT/BACK	BR		Y
K0877		PWC GP4 STD SING POW OPT S/B	BR		Y
K0878		PWC GP4 STD SING POW OPT CAP	BR		Y
K0879		PWC GP4 HD SING POW OPT S/B	BR		Y
K0880		PWC GP4 VHD SING POW OPT S/B	BR		Y
K0884		PWC GP4 STD MULT POW OPT S/B	26455.78		Y
K0885		PWC GP4 STD MULT POW OPT CAP	BR		Y
K0886		PWC GP4 HD MULT POW S/B	BR		Y
K0890		PWC GP5 PED SING POW OPT S/B	BR		Y
K0891		PWC GP5 PED MULT POW OPT S/B	BR		Y
K0898		POWER WHEELCHAIR NOC	BR		Y
K0899		POW MOBIL DEV NO DMEPDAC	4174.14		Y
K0900		CSTM DME OTHER THAN WHEELCHR	BR		Y
K1004		LO FREQ US DIATHERMY DEVICE	BR		E1
K1007		BIL HKAF PC S/D MICRO SENSOR	121181.71		Y
K1027		ORAL DEV WITHOUT FIX MECH	8387.54		Y
K1030		EXT RECHARGE BAT REPLACEMENT	BR		Y
K1034		COVID TEST SELF-ADMN/COLLECT	BR		E1
K1035		MOL DIAG READER SELF-ADMN	BR		E1
K1036		SUPPLIES FOR ULTRA DIATHERM	BR		E1
K1037		DOCKING STATION FOR ORAL DEV	BR		E1
L0112		CRANIAL CERVICAL ORTHOSIS	2139.72		A
L0113		CRANIAL CERVICAL TORTICOLLIS	435.97		A
L0120		CERV FLEX N/ADJ FOAM PRE OTS	38.87		A

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L0130		FLEX THERMOPLASTIC COLLAR MO	249.37		A
L0140		CERVICAL SEMI-RIGID ADJUSTAB	121.21		A
L0150		CERV SEMI-RIG ADJ MOLDED CHN	180.56		A
L0160		CERV SR WIRE OCC/MAN PRE OTS	305.84		A
L0170		CERVICAL COLLAR MOLDED TO PT	1204.44		A
L0172		CERV COL SR FOAM 2PC PRE OTS	185.94		A
L0174		CERV SR 2PC THOR EXT PRE OTS	536.43		A
L0180		CER POST COL OCC/MAN SUP ADJ	723.54		A
L0190		CERV COLLAR SUPP ADJ CERV BA	876.85		A
L0200		CERV COL SUPP ADJ BAR & THOR	822.32		A
L0220		THOR RIB BELT CUSTOM FABRICA	194.82		A
L0450		TLSO FLEX TRUNK/THOR PRE OTS	261.52		A
L0452		TLSO FLEX CUSTOM FAB THORACI	5080.82		A
L0454		TLSO TRNK SJ-T9 PRE CST	530.21		A
L0455		TLSO FLEX TRNK SJ-T9 PRE OTS	435.59		A
L0456		TLSO FLEX TRNK SJ-SS PRE CST	1520.48		A
L0457		TLSO FLEX TRNK SJ-SS PRE OTS	1249.13		A
L0458		TLSO 2MOD SYMPHIS-XIPHO PRE	1363.40		A
L0460		TLSO 2 SHL SYMPHYS-STERN CST	1534.61		A
L0462		TLSO 3MOD SACRO-SCAP PRE	1908.82		A
L0464		TLSO 4MOD SACRO-SCAP PRE	2272.41		A
L0466		TLSO R FRAM SOFT ANT PRE CST	631.28		A
L0467		TLSO R FRAM SOFT PRE OTS	506.84		A
L0468		TLSO RIG FRAM PELVIC PRE CST	815.71		A
L0469		TLSO RIG FRAM PELVIC PRE OTS	651.48		A
L0470		TLSO RIGID FRAME PRE SUBCLAV	1158.48		A
L0472		TLSO RIGID FRAME HYPEREX PRE	705.85		A
L0480		TLSO RIGID PLASTIC CUSTOM FA	2439.10		A
L0482		TLSO RIGID LINED CUSTOM FAB	2545.13		A
L0484		TLSO RIGID PLASTIC CUST FAB	3470.31		A
L0486		TLSO RIGIDLINED CUST FAB TWO	3681.81		A
L0488		TLSO RIGID LINED PRE ONE PIE	1534.61		A
L0490		TLSO RIGID PLASTIC PRE ONE	432.48		A
L0491		TLSO 2 PIECE RIGID SHELL	1174.11		A
L0492		TLSO 3 PIECE RIGID SHELL	772.63		A
L0621		SIO FLEX PELVIC/SACR PRE OTS	127.52		A
L0622		SIO FLEX PELVISACRAL CUSTOM	504.48		A
L0623		SIO RIG PNL PELV/SAC PRE OTS	222.05		A
L0624		SIO PANEL CUSTOM	130.33		A
L0625		LO FLEX L1-BELOW L5 PRE OTS	69.19		A
L0626		LO SAG RIG PNL STAYS PRE CST	119.15		A
L0627		LO SAG RI AN/POS PNL PRE CST	628.43		A
L0628		LSO FLEX NO RI STAYS PRE OTS	105.38		A
L0629		LSO FLEX W/RIGID STAYS CUST	234.68		A
L0630		LSO R POST PNL SJ-T9 PRE CST	247.59		A
L0631		LSO SAG R AN/POS PNL PRE CST	1569.41		A
L0632		LSO SAG RIGID FRAME CUST	BR		A
L0633		LSO SC R POS/LAT PNL PRE CST	438.40		A
L0634		LSO FLEXION CONTROL CUSTOM	BR		A
L0635		LSO SAGIT RIGID PANEL PREFAB	1432.50		A
L0636		LSO SAGITTAL RIGID PANEL CUS	2307.36		A
L0637		LSO SC R ANT/POS PNL PRE CST	1790.09		A
L0638		LSO SAG-CORONAL PANEL CUSTOM	2016.30		A
L0639		LSO S/C SHELL/PANEL PREFAB	1790.09		A
L0640		LSO S/C SHELL/PANEL CUSTOM	1599.75		A
L0641		LO RIG POS PNL L1-L5 PRE OTS	97.90		A
L0642		LO SAG RI AN/POS PNL PRE OTS	516.32		A
L0643		LSO SAG CTR RIGI POS PRE OTS	203.42		A
L0648		LSO SAG R AN/POS PNL PRE OTS	1289.43		A
L0649		LSO SC R POS/LAT PNL PRE OTS	360.19		A

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	Outpatient Facility SI
L0650		LSO SC R ANT/POS PNL PRE OTS	1479.05		A
L0651		LSO SAG-CO SHELL PNL PRE OTS	1479.05		A
L0700		CTLSO A-P-L CONTROL MOLDED	3289.62		A
L0710		CTLSO A-P-L CONTROL W/ INTER	3549.26		A
L0720		CTLSO A-P-L CONTROL CUSTOM	3055.87		
L0810		HALO CERVICAL INTO JCKT VEST	4953.12		A
L0820		HALO CERVICAL INTO BODY JACK	4218.11		A
L0830		HALO CERV INTO MILWAUKEE TYP	5485.79		A
L0859		MRI COMPATIBLE SYSTEM	1895.45		A
L0861		HALO REPL LINER/INTERFACE	329.50		A
L0970		TLSO CORSET FRONT	167.39		A
L0972		LSO CORSET FRONT	150.72		A
L0974		TLSO FULL CORSET	330.40		A
L0976		LSO FULL CORSET	250.33		A
L0978		AXILLARY CRUTCH EXTENSION	303.19		A
L0980		PERONEAL STRAPS PAIR PRE OTS	34.10		A
L0982		STOCKING SUP GRIPS 4 PRE OTS	31.80		A
L0984		PROTECT BODY SOCK EA PRE OTS	100.18		A
L0999		ADD TO SPINAL ORTHOSIS NOS	BR		A
L1000		CTLSO MILWAUKE INITIAL MODEL	3751.84		A
L1001		CTLSO INFANT IMMOBILIZER	BR		A
L1005		TENSION BASED SCOLIOSIS ORTH	4893.10		A
L1006		SCOLIOSIS ORTH SAG/ COR	1668.45		A
L1007		SCOLIOSIS ORTH S-C CUSTOM	BR		
L1010		CTLSO AXILLA SLING	108.50		A
L1020		KYPHOSIS PAD	126.59		A
L1025		KYPHOSIS PAD FLOATING	196.13		A
L1030		LUMBAR BOLSTER PAD	93.17		A
L1040		LUMBAR OR LUMBAR RIB PAD	114.26		A
L1050		STERNAL PAD	121.94		A
L1060		THORACIC PAD	145.64		A
L1070		TRAPEZIUS SLING	131.79		A
L1080		OUTRIGGER	86.29		A
L1085		OUTRIGGER BIL W/ VERT EXTENS	225.43		A
L1090		LUMBAR SLING	134.24		A
L1100		RING FLANGE PLASTIC/LEATHER	283.30		A
L1110		RING FLANGE PLAS/LEATHER MOL	441.43		A
L1120		COVERS FOR UPRIGHT EACH	58.16		A
L1200		FURNSH INITIAL ORTHOSIS ONLY	2723.92		A
L1210		LATERAL THORACIC EXTENSION	383.21		A
L1220		ANTERIOR THORACIC EXTENSION	324.47		A
L1230		MILWAUKEE TYPE SUPERSTRUCTUR	936.13		A
L1240		LUMBAR DEROTATION PAD	123.62		A
L1250		ANTERIOR ASIS PAD	123.55		A
L1260		ANTERIOR THORACIC DEROTATION	123.62		A
L1270		ABDOMINAL PAD	123.62		A
L1280		RIB GUSSET (ELASTIC) EACH	168.47		A
L1290		LATERAL TROCHANTERIC PAD	123.62		A
L1300		BODY JACKET MOLD TO PATIENT	2602.42		A
L1310		POST-OPERATIVE BODY JACKET	2800.85		A
L1320		PECTUS CARINATUM ORTHO CUST	3091.17		A
L1499		SPINAL ORTHOSIS NOS	BR		A
L1600		HO FLEX FREJKA W/COV PRE CST	226.79		A
L1610		HO FREJKA COV ONLY PRE CST	69.49		A
L1620		HO FLEX PAVLIK HARNS PRE CST	230.85		A
L1630		ABDUCT CONTROL HIP SEMI-FLEX	330.89		A
L1640		PELV BAND/SPREAD BAR THIGH C	901.06		A
L1650		HO ABDUCTION HIP ADJUSTABLE	448.51		A
L1652		HO BI THIGHCUFFS W SPRDR BAR	544.93		A
L1653		HO ABDUCTION STATIC OTS	544.93		A

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	SI
L1660		HO ABDUCTION STATIC PLASTIC	308.15		A
L1680		PELVIC & HIP CONTROL THIGH C	1784.46		A
L1681		HO BILATERAL HIP ABDUCTION	2945.80		A
L1685		POST-OP HIP ABDUCT CUSTOM FA	2322.78		A
L1686		HO POST-OP HIP ABDUCTION	1472.90		A
L1690		COMBINATION BILATERAL HO	2956.28		A
L1700		LEG PERTHES ORTH TORONTO TYP	2842.01		A
L1710		LEGG PERTHES ORTH NEWINGTON	3490.84		A
L1720		LEGG PERTHES ORTHOSIS TRILAT	1974.10		A
L1730		LEGG PERTHES ORTH SCOTTISH R	2075.48		A
L1755		LEGG PERTHES PATTEN BOTTOM T	3091.70		A
L1810		KO ELASTIC WITH JOINTS	151.40		A
L1812		KO ELASTIC W/JOINTS PRE OTS	129.95		A
L1820		KO ELAS W/ CONDYLE PADS & JO	222.94		A
L1821		KO ELAS W/ CONDYLE PADS OTF	222.94		A
L1830		KO IMMOB CANVAS LONG PRE OTS	112.94		A
L1831		KNEE ORTH POS LOCKING JOINT	449.96		A
L1832		KO ADJ JNT POS R SUP PRE CST	1162.59		A
L1833		KO ADJ JNT POS R SUP PRE OTS	933.39		A
L1834		KO W/0 JOINT RIGID MOLDED TO	1515.85		A
L1836		KO RIGID W/O JOINTS PRE OTS	171.11		A
L1840		KO DEROT ANT CRUCIATE CUSTOM	1428.61		A
L1843		KO SINGLE UPRIGHT PRE CST	1371.71		A
L1844		KO W/ADJ JT ROT CNTRL MOLDED	2501.36		A
L1845		KO DOUBLE UPRIGHT PRE CST	1275.50		A
L1846		KO W ADJ FLEX/EXT ROTAT MOLD	1898.40		A
L1847		KO DBL UPRIGHT W/AIR PRE CST	879.31		A
L1848		KO DBL UPRIGHT W/AIR PRE OTS	879.31		A
L1850		KO SWEDISH TYPE PRE OTS	418.42		A
L1851		KO SINGLE UPRIGHT PREFAB OTS	1150.59		A
L1852		KO DOUBLE UPRIGHT PREFAB OTS	1081.09		A
L1860		KO SUPRACONDYLAR SOCKET MOLD	1661.58		A
L1900		AFO SPRNG WIR DRSFLX CALF BD	465.18		A
L1902		AFO ANKLE GAUNTLET PRE OTS	134.67		A
L1904		AFO MOLDED ANKLE GAUNTLET	918.26		A
L1906		AFO MULTILIG ANK SUP PRE OTS	197.24		A
L1907		AFO SUPRAMALLEOLAR CUSTOM	860.24		A
L1910		AFO SING BAR CLASP ATTACH SH	464.35		A
L1920		AFO SING UPRIGHT W/ ADJUST S	680.50		A
L1930		AFO PLASTIC	399.84		A
L1932		AFO RIG ANT TIB TCF/= CUSTOM	1364.22		A
L1933		AFO RIG ANT TIB TCF/= OTS	1391.51		
L1940		AFO MOLDED TO PATIENT PLASTI	965.73		A
L1945		AFO MOLDED PLAS RIG ANT TIB	1807.65		A
L1950		AFO SPIRAL MOLDED TO PT PLAS	1396.75		A
L1951		AFO SPIRAL PREFAB CUSTOM	1283.91		A
L1952		AFO SPIRAL PREFAB OTS	1309.58		
L1960		AFO POS SOLID ANK PLASTIC MO	1082.39		A
L1970		AFO PLASTIC MOLDED W/ANKLE J	1389.52		A
L1971		AFO W/ANKLE JOINT, PREFAB	716.57		A
L1980		AFO SING SOLID STIRRUP CALF	695.31		A
L1990		AFO DOUB SOLID STIRRUP CALF	827.16		A
L2000		KAFO SING FRE STIRR THI/CALF	1686.39		A
L2005		KAFO SNG/DBL MECHANICAL ACT	6264.48		A
L2006		KAF SNG/DBL SWG/STN MCPR CUS	51770.42		A
L2010		KAFO SNG SOLID STIRRUP W/O J	1532.80		A
L2020		KAFO DBL SOLID STIRRUP BAND/	2174.99		A
L2030		KAFO DBL SOLID STIRRUP W/O J	1764.04		A
L2034		KAFO PLA SIN UP W/WO K/A CUS	3059.00		A
L2035		KAFO PLASTIC PEDIATRIC SIZE	269.36		A

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	Outpatient Facility SI
L2036		KAFO PLAS DOUB FREE KNEE MOL	3623.00		A
L2037		KAFO PLAS SING FREE KNEE MOL	3252.51		A
L2038		KAFO W/O JOINT MULTI-AXIS AN	2791.92		A
L2040		HKAFO TORSION BIL ROT STRAPS	332.46		A
L2050		HKAFO TORSION CABLE HIP PELV	930.22		A
L2060		HKAFO TORSION BALL BEARING J	946.91		A
L2070		HKAFO TORSION UNILAT ROT STR	228.57		A
L2080		HKAFO UNILAT TORSION CABLE	702.38		A
L2090		HKAFO UNILAT TORSION BALL BR	675.01		A
L2106		AFO TIB FX CAST PLASTER MOLD	1327.72		A
L2108		AFO TIB FX CAST MOLDED TO PT	2016.95		A
L2112		AFO TIBIAL FRACTURE SOFT	827.92		A
L2114		AFO TIB FX SEMI-RIGID	999.97		A
L2116		AFO TIBIAL FRACTURE RIGID	1284.22		A
L2126		KAFO FEM FX CAST THERMOPLAS	2103.08		A
L2128		KAFO FEM FX CAST MOLDED TO P	3348.46		A
L2132		KAFO FEMORAL FX CAST SOFT	1237.15		A
L2134		KAFO FEM FX CAST SEMI-RIGID	1741.52		A
L2136		KAFO FEMORAL FX CAST RIGID	1946.58		A
L2180		PLAS SHOE INSERT W ANK JOINT	202.32		A
L2182		DROP LOCK KNEE	178.92		A
L2184		LIMITED MOTION KNEE JOINT	187.82		A
L2186		ADJ MOTION KNEE JNT LERMAN T	226.69		A
L2188		QUADRILATERAL BRIM	550.32		A
L2190		WAIST BELT	170.53		A
L2192		PELVIC BAND & BELT THIGH FLA	630.79		A
L2200		LIMITED ANKLE MOTION EA JNT	69.63		A
L2210		DORSIFLEXION ASSIST EACH JOI	98.45		A
L2220		DORSI & PLANTAR FLEX ASS/RES	119.94		A
L2230		SPLIT FLAT CALIPER STIRR & P	112.37		A
L2232		ROCKER BOTTOM, CONTACT AFO	152.15		A
L2240		ROUND CALIPER AND PLATE ATTA	150.71		A
L2250		FOOT PLATE MOLDED STIRRUP AT	520.40		A
L2260		REINFORCED SOLID STIRRUP	293.59		A
L2265		LONG TONGUE STIRRUP	229.97		A
L2270		VARUS/VALGUS STRAP PADDED/LI	91.98		A
L2275		PLASTIC MOD LOW EXT PAD/LINE	192.83		A
L2280		MOLDED INNER BOOT	731.72		A
L2300		ABDUCTION BAR JOINTED ADJUST	394.33		A
L2310		ABDUCTION BAR-STRAIGHT	180.18		A
L2320		NON-MOLDED LACER	369.38		A
L2330		LACER MOLDED TO PATIENT MODE	643.53		A
L2335		ANTERIOR SWING BAND	439.63		A
L2340		PRE-TIBIAL SHELL MOLDED TO P	654.56		A
L2350		PROSTHETIC TYPE SOCKET MOLDE	1305.01		A
L2360		EXTENDED STEEL SHANK	75.78		A
L2370		PATTEN BOTTOM	375.96		A
L2375		TORSION ANK & HALF SOLID STI	177.28		A
L2380		TORSION STRAIGHT KNEE JOINT	180.31		A
L2385		STRAIGHT KNEE JOINT HEAVY DU	250.06		A
L2387		ADD LE POLY KNEE CUSTOM KAFO	323.17		A
L2390		OFFSET KNEE JOINT EACH	213.76		A
L2395		OFFSET KNEE JOINT HEAVY DUTY	305.54		A
L2397		SUSPENSION SLEEVE LOWER EXT	180.58		A
L2405		KNEE JOINT DROP LOCK EA JNT	133.28		A
L2415		KNEE JOINT CAM LOCK EACH JOI	185.68		A
L2425		KNEE DISC/DIAL LOCK/ADJ FLEX	219.13		A
L2430		KNEE JNT RATCHET LOCK EA JNT	219.13		A
L2492		KNEE LIFT LOOP DROP LOCK RIN	173.75		A
L2500		THI/GLUT/ISCHIA WGT BEARING	616.06		A

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L2510		TH/WGHT BEAR QUAD-LAT BRIM M	1184.73		A
L2520		TH/WGHT BEAR QUAD-LAT BRIM C	872.69		A
L2525		TH/WGHT BEAR NAR M-L BRIM MO	2380.39		A
L2526		TH/WGHT BEAR NAR M-L BRIM CU	1293.59		A
L2530		THIGH/WGHT BEAR LACER NON-MO	390.29		A
L2540		THIGH/WGHT BEAR LACER MOLDED	825.59		A
L2550		THIGH/WGHT BEAR HIGH ROLL CU	420.64		A
L2570		HIP CLEVIS TYPE 2 POSIT JNT	697.58		A
L2580		PELVIC CONTROL PELVIC SLING	758.42		A
L2600		HIP CLEVIS/THRUST BEARING FR	300.79		A
L2610		HIP CLEVIS/THRUST BEARING LO	355.68		A
L2620		PELVIC CONTROL HIP HEAVY DUT	522.12		A
L2622		HIP JOINT ADJUSTABLE FLEXION	598.53		A
L2624		HIP ADJ FLEX EXT ABDUCT CONT	484.98		A
L2627		PLASTIC MOLD RECIPRO HIP & C	3347.60		A
L2628		METAL FRAME RECIPRO HIP & CA	2861.43		A
L2630		PELVIC CONTROL BAND & BELT U	449.67		A
L2640		PELVIC CONTROL BAND & BELT B	644.51		A
L2650		PELV & THOR CONTROL GLUTEAL	176.23		A
L2660		THORACIC CONTROL THORACIC BA	363.48		A
L2670		THORAC CONT PARASPINAL UPRIG	249.82		A
L2680		THORAC CONT LAT SUPPORT UPRI	229.18		A
L2750		PLATING CHROME/NICKEL PR BAR	163.22		A
L2755		CARBON GRAPHITE LAMINATION	199.69		A
L2760		EXTENSION PER EXTENSION PER	88.99		A
L2768		ORTHO SIDEBAR DISCONNECT	199.16		A
L2780		NON-CORROSIVE FINISH	132.16		A
L2785		DROP LOCK RETAINER EACH	50.22		A
L2795		KNEE CONTROL FULL KNEECAP	165.93		A
L2800		KNEE CAP MEDIAL OR LATERAL P	208.30		A
L2810		KNEE CONTROL CONDYLAR PAD	152.52		A
L2820		SOFT INTERFACE BELOW KNEE SE	168.91		A
L2830		SOFT INTERFACE ABOVE KNEE SE	183.46		A
L2840		TIBIAL LENGTH SOCK FX OR EQU	64.19		A
L2850		FEMORAL LGTH SOCK FX OR EQUA	116.09		A
L2861		TORSION MECHANISM KNEE/ANKLE	595.43		E1
L2999		LOWER EXTREMITY ORTHOSIS NOS	BR		A
L3000		FT INSERT UCB BERKELEY SHELL	480.23		A
L3001		FOOT INSERT REMOV MOLDED SPE	202.22		A
L3002		FOOT INSERT PLASTAZOTE OR EQ	246.91		A
L3003		FOOT INSERT SILICONE GEL EAC	266.42		A
L3010		FOOT LONGITUDINAL ARCH SUPPO	266.42		A
L3020		FOOT LONGITUD/METATARSAL SUP	303.29		A
L3030		FOOT ARCH SUPPORT REMOV PREM	116.68		A
L3031		FOOT LAMIN/PREPREG COMPOSITE	187.25		A
L3040		FT ARCH SUPRT PREMOLD LONGIT	71.94		A
L3050		FOOT ARCH SUPP PREMOLD METAT	71.94		A
L3060		FOOT ARCH SUPP LONGITUD/META	112.74		A
L3070		ARCH SUPRT ATT TO SHO LONGIT	48.57		A
L3080		ARCH SUPP ATT TO SHOE METATA	48.57		A
L3090		ARCH SUPP ATT TO SHOE LONG/M	62.23		A
L3100		HALLUS-VALGUS NT DYN PRE OTS	66.09		A
L3140		ABDUCTION ROTATION BAR SHOE	136.12		A
L3150		ABDUCT ROTATION BAR W/O SHOE	124.44		A
L3160		SHOE STYLED POSITIONING DEV	153.47		A
L3161		FOOT, ADDUCTUS POSITION, ADJ	BR		A
L3170		FOOT PLAS HEEL STABI PRE OTS	77.79		A
L3201		OXFORD W SUPINAT/PRONAT INF	66.01		A
L3202		OXFORD W/ SUPINAT/PRONATOR C	67.08		A
L3203		OXFORD W/ SUPINATOR/PRONATOR	71.14		A

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L3204		HIGHTOP W/ SUPP/PRONATOR INF	66.01		A
L3206		HIGHTOP W/ SUPP/PRONATOR CHI	67.09		A
L3207		HIGHTOP W/ SUPP/PRONATOR JUN	72.19		A
L3208		SURGICAL BOOT EACH INFANT	101.63		A
L3209		SURGICAL BOOT EACH CHILD	38.88		A
L3211		SURGICAL BOOT EACH JUNIOR	42.99		A
L3212		BENESCH BOOT PAIR INFANT	BR		A
L3213		BENESCH BOOT PAIR CHILD	BR		A
L3214		BENESCH BOOT PAIR JUNIOR	BR		A
L3215		ORTHOPEDIC FTWEAR LADIES OXF	86.39		E1
L3216		ORTHOPED LADIES SHOES DPTH I	154.73		E1
L3217		LADIES SHOES HIGHTOP DEPTH I	88.95		E1
L3219		ORTHOPEDIC MENS SHOES OXFORD	255.84		E1
L3221		ORTHOPEDIC MENS SHOES DPTH I	154.62		E1
L3222		MENS SHOES HIGHTOP DEPTH INL	168.82		E1
L3224		WOMAN'S SHOE OXFORD BRACE	109.17		A
L3225		MAN'S SHOE OXFORD BRACE	132.09		A
L3230		CUSTOM SHOES DEPTH INLAY	486.19		A
L3250		CUSTOM MOLD SHOE REMOV PROST	369.56		A
L3251		SHOE MOLDED TO PT SILICONE S	BR		A
L3252		SHOE MOLDED PLASTAZOTE CUST	405.43		A
L3253		SHOE MOLDED PLASTAZOTE CUST	54.89		A
L3254		ORTH FOOT NON-STNDARD SIZE/W	30.69		A
L3255		ORTH FOOT NON-STANDARD SIZE/	30.50		A
L3257		ORTH FOOT ADD CHARGE SPLIT S	107.48		A
L3260		AMBULATORY SURGICAL BOOT EAC	46.62		E1
L3265		PLASTAZOTE SANDAL EACH	30.93		A
L3300		SHO LIFT TAPER TO METATARSAL	79.72		A
L3310		SHOE LIFT ELEV HEEL/SOLE NEO	124.44		A
L3320		SHOE LIFT ELEV HEEL/SOLE COR	187.20		A
L3330		LIFTS ELEVATION METAL EXTENS	865.22		A
L3332		SHOE LIFTS TAPERED TO ONE-HA	112.74		A
L3334		SHOE LIFTS ELEVATION HEEL /I	58.34		A
L3340		SHOE WEDGE SACH	130.33		A
L3350		SHOE HEEL WEDGE	35.02		A
L3360		SHOE SOLE WEDGE OUTSIDE SOLE	54.44		A
L3370		SHOE SOLE WEDGE BETWEEN SOLE	75.78		A
L3380		SHOE CLUBFOOT WEDGE	75.78		A
L3390		SHOE OUTFLARE WEDGE	75.78		A
L3400		SHOE METATARSAL BAR WEDGE RO	62.23		A
L3410		SHOE METATARSAL BAR BETWEEN	141.92		A
L3420		FULL SOLE/HEEL WEDGE BTWEEN	83.63		A
L3430		SHO HEEL COUNT PLAST REINFOR	244.99		A
L3440		HEEL LEATHER REINFORCED	116.68		A
L3450		SHOE HEEL SACH CUSHION TYPE	161.41		A
L3455		SHOE HEEL NEW LEATHER STANDA	62.23		A
L3460		SHOE HEEL NEW RUBBER STANDAR	52.46		A
L3465		SHOE HEEL THOMAS WITH WEDGE	89.41		A
L3470		SHOE HEEL THOMAS EXTEND TO B	95.25		A
L3480		SHOE HEEL PAD & DEPRESS FOR	95.25		A
L3485		SHOE HEEL PAD REMOVABLE FOR	43.32		A
L3500		ORTHO SHOE ADD LEATHER INSOL	44.72		A
L3510		ORTHOPEDIC SHOE ADD RUB INSL	44.72		A
L3520		O SHOE ADD FELT W LEATH INSL	48.57		A
L3530		ORTHO SHOE ADD HALF SOLE	48.57		A
L3540		ORTHO SHOE ADD FULL SOLE	77.79		A
L3550		O SHOE ADD STANDARD TOE TAP	13.57		A
L3560		O SHOE ADD HORSESHOE TOE TAP	35.02		A
L3570		O SHOE ADD INSTEP EXTENSION	130.33		A
L3580		O SHOE ADD INSTEP VELCRO CLO	99.16		A

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L3590		O SHOE CONVERT TO SOF COUNTE	81.65		A
L3595		ORTHO SHOE ADD MARCH BAR	64.14		A
L3600		TRANS SHOE CALIP PLATE EXIST	116.68		A
L3610		TRANS SHOE CALIPER PLATE NEW	153.60		A
L3620		TRANS SHOE SOLID STIRRUP EXI	116.68		A
L3630		TRANS SHOE SOLID STIRRUP NEW	153.60		A
L3640		SHOE DENNIS BROWNE SPLINT BO	66.09		A
L3649		ORTHOPEDIC SHOE MODIFICA NOS	BR		A
L3650		SO 8 ABD RESTRAINT PRE OTS	105.34		A
L3660		SO 8 AB RSTR CAN/WEB PRE OTS	196.40		A
L3670		SO ACRO/CLAV CAN WEB PRE OTS	162.06		A
L3671		SO CAP DESIGN W/O JNTS CF	1253.71		A
L3674		SO AIRPLANE W/WO JOINT CF	1644.59		A
L3675		SO VEST CANVAS/WEB PRE OTS	244.17		A
L3677		SO HARD PLAS STABILI PRE CST	93.38		A
L3678		SO HARD PLAS STABILI PRE OTS	91.18		A
L3702		EO W/O JOINTS CF	401.74		A
L3710		EO ELAS W/METAL JNTS PRE OTS	222.48		A
L3720		FOREARM/ARM CUFFS FREE MOTIO	937.39		A
L3730		FOREARM/ARM CUFFS EXT/FLEX A	1722.55		A
L3740		CUFFS ADJ LOCK W/ ACTIVE CON	2042.24		A
L3760		EO ADJ JT PREFAB CUSTOM FIT	695.76		A
L3761		EO, ADJ LOCK JOINT PREFAB OT	695.76		A
L3762		EO RIGID W/O JOINTS PRE OTS	149.60		A
L3763		EWHO RIGID W/O JNTS CF	1012.35		A
L3764		EWHO W/JOINT(S) CF	1322.89		A
L3765		EWHFO RIGID W/O JNTS CF	1784.00		A
L3766		EWHFO W/JOINT(S) CF	1889.13		A
L3806		WHFO W/JOINT(S) CUSTOM FAB	632.02		A
L3807		WHFO W/O JOINTS PRE CST	347.91		A
L3808		WHFO, RIGID W/O JOINTS	587.77		A
L3809		WHFO W/O JOINTS PRE OTS	347.91		A
L3891		TORSION MECHANISM WRIST/ELBO	231.92		E1
L3900		HINGE EXTENSION/FLEX WRIST/F	1864.53		A
L3901		HINGE EXT/FLEX WRIST FINGER	2303.11		A
L3904		WHFO ELECTRIC CUSTOM FITTED	4416.27		A
L3905		WHO W/NONTORSION JNT(S) CF	1379.81		A
L3906		WHO W/O JOINTS CF	672.31		A
L3908		WHO COCK-UP NONMOLDE PRE OTS	114.48		A
L3912		HFO FLEXION GLOVE PRE OTS	135.92		A
L3913		HFO W/O JOINTS CF	376.82		A
L3915		WHO NONTORSION JNTS PRE CST	739.57		A
L3916		WHO NONTORSION JNTS PRE OTS	739.57		A
L3917		METACARP FX ORTHOSIS PRE CST	147.04		A
L3918		METACARP FX ORTHOSIS PRE OTS	147.04		A
L3919		HO W/O JOINTS CF	376.82		A
L3921		HFO W/JOINT(S) CF	446.91		A
L3923		HFO WITHOUT JOINTS PRE CST	166.22		A
L3924		HFO WITHOUT JOINTS PRE OTS	166.22		A
L3925		FO PIP DIP JNT/SPRNG PRE OTS	74.79		A
L3927		FO PIP DIP NO JT SPR PRE OTS	48.62		A
L3929		HFO NONTORSION JNTS PRE CST	112.03		A
L3930		HFO NONTORSION JNTS PRE OTS	112.03		A
L3931		WHFO NONTORSION JOINT PREFAB	295.78		A
L3933		FO W/O JOINTS CF	296.82		A
L3935		FO NONTORSION JOINT CF	307.35		A
L3956		ADD JOINT UPPER EXT ORTHOSIS	45.72		A
L3960		SEWHO AIRPLAN DESIG ABDU POS	1251.39		A
L3961		SEWHO CAP DESIGN W/O JNTS CF	2337.57		A
L3962		SEWHO ERBS PALSEY DESIGN ABD	1371.03		A

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	Sl
L3967		SEWHO AIRPLANE W/O JNTS CF	2759.90		A
L3971		SEWHO CAP DESIGN W/JNT(S) CF	2619.80		A
L3973		SEWHO AIRPLANE W/JNT(S) CF	2759.90		A
L3975		SEWHFO CAP DESIGN W/O JNT CF	2337.57		A
L3976		SEWHFO AIRPLANE W/O JNTS CF	2337.57		A
L3977		SEWHFO CAP DESGN W/JNT(S) CF	2619.80		A
L3978		SEWHFO AIRPLANE W/JNT(S) CF	2759.90		A
L3980		UP EXT FX ORTHOS HUMERAL NOS	590.73		A
L3981		UE FX ORTH SHOUL CAP FOREARM	1400.46		A
L3982		UPPER EXT FX ORTHOSIS RAD/UL	622.64		A
L3984		UPPER EXT FX ORTHOSIS WRIST	619.39		A
L3995		SOCK FRACTURE OR EQUAL EACH	62.48		A
L3999		UPPER LIMB ORTHOSIS NOS	BR		A
L4000		REPL GIRDLE MILWAUKEE ORTH	2238.38		A
L4002		REPLACE STRAP, ANY ORTHOSIS	35.58		A
L4010		REPLACE TRILATERAL SOCKET BR	982.89		A
L4020		REPLACE QUADLAT SOCKET BRIM	1274.23		A
L4030		REPLACE SOCKET BRIM CUST FIT	739.44		A
L4040		REPLACE MOLDED THIGH LACER	654.54		A
L4045		REPLACE NON-MOLDED THIGH LAC	640.56		A
L4050		REPLACE MOLDED CALF LACER	736.42		A
L4055		REPLACE NON-MOLDED CALF LACE	522.03		A
L4060		REPLACE HIGH ROLL CUFF	487.47		A
L4070		REPLACE PROX & DIST UPRIGHT	461.42		A
L4080		REPL MET BAND KAFO-AFO PROX	197.52		A
L4090		REPL MET BAND KAFO-AFO CALF/	153.87		A
L4100		REPL LEATH CUFF KAFO PROX TH	172.89		A
L4110		REPL LEATH CUFF KAFO-AFO CAL	148.60		A
L4130		REPLACE PRETIBIAL SHELL	726.62		A
L4205		ORTHO DVC REPAIR PER 15 MIN	46.05		A
L4210		ORTH DEV REPAIR/REPL MINOR P	92.81		A
L4350		ANKLE CONTROL ORTHO PRE OTS	152.09		A
L4360		PNEUMAT WALKING BOOT PRE CST	540.70		A
L4361		PNEUMA/VAC WALK BOOT PRE OTS	540.70		A
L4370		PNEUM FULL LEG SPLNT PRE OTS	368.65		A
L4386		NON-PNEUM WALK BOOT PRE CST	242.36		A
L4387		NON-PNEUM WALK BOOT PRE OTS	242.36		A
L4392		REPLACE AFO SOFT INTERFACE	37.57		A
L4394		REPLACE FOOT DROP SPINT	27.43		A
L4396		STATIC OR DYNAMI AFO PRE CST	268.01		A
L4397		STATIC OR DYNAMI AFO PRE OTS	268.01		A
L4398		FOOT DROP SPLINT PRE OTS	123.38		A
L4631		AFO, WALK BOOT TYPE, CUS FAB	2507.69		A
L5000		SHO INSERT W ARCH TOE FILLER	788.36		A
L5010		MOLD SOCKET ANK HGT W/ TOE F	1910.90		A
L5020		TIBIAL TUBERCLE HGT W/ TOE F	3251.04		A
L5050		ANK SYMES MOLD SCKT SACH FT	4250.88		A
L5060		SYMES MET FR LEATH SOCKET AR	4309.60		A
L5100		MOLDED SOCKET SHIN SACH FOOT	4358.91		A
L5105		PLAST SOCKET JTS/THGH LACER	6639.02		A
L5150		MOLD SCKT EXT KNEE SHIN SACH	5604.94		A
L5160		MOLD SOCKET BENT KNEE SHIN S	6572.87		A
L5200		KNE SING AXIS FRIC SHIN SACH	6536.32		A
L5210		NO KNEE/ANKLE JOINTS W/ FT B	4115.85		A
L5220		NO KNEE JOINT WITH ARTIC ALI	4417.43		A
L5230		FEM FOCAL DEFIC CONSTANT FRI	6227.77		A
L5250		HIP CANAD SING AXI CONS FRIC	8693.44		A
L5270		TILT TABLE LOCKING HIP SING	9333.53		A
L5280		HEMIPELVECT CANAD SING AXIS	9349.39		A
L5301		BK MOLD SOCKET SACH FT ENDO	3827.51		A

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	Outpatient Facility SI
L5312		KNEE DISART, SACH FT, ENDO	5146.69		A
L5321		AK OPEN END SACH	5399.54		A
L5331		HIP DISART CANADIAN SACH FT	8046.05		A
L5341		HEMIPELVECTOMY CANADIAN SACH	7885.77		A
L5400		POSTOP DRESS & 1 CAST CHG BK	1877.90		A
L5410		POSTOP DSG BK EA ADD CAST CH	717.09		A
L5420		POSTOP DSG & 1 CAST CHG AK/D	2371.71		A
L5430		POSTOP DSG AK EA ADD CAST CH	821.50		A
L5450		POSTOP APP NON-WGT BEAR DSG	635.67		A
L5460		POSTOP APP NON-WGT BEAR DSG	934.64		A
L5500		INIT BK PTB PLASTER DIRECT	2282.31		A
L5505		INIT AK ISCHAL PLSTR DIRECT	3194.78		A
L5510		PREP BK PTB PLASTER MOLDED	2845.40		A
L5520		PERP BK PTB THERMOPLS DIRECT	2980.08		A
L5530		PREP BK PTB THERMOPLS MOLDED	3247.45		A
L5535		PREP BK PTB OPEN END SOCKET	3387.74		A
L5540		PREP BK PTB LAMINATED SOCKET	3221.17		A
L5560		PREP AK ISCHIAL PLAST MOLDED	3067.87		A
L5570		PREP AK ISCHIAL DIRECT FORM	3699.92		A
L5580		PREP AK ISCHIAL THERMO MOLD	3837.22		A
L5585		PREP AK ISCHIAL OPEN END	4295.25		A
L5590		PREP AK ISCHIAL LAMINATED	4327.10		A
L5595		HIP DISARTIC SACH THERMOPLS	7716.36		A
L5600		HIP DISART SACH LAMINAT MOLD	9124.31		A
L5610		ABOVE KNEE HYDRACADENCE	3860.03		A
L5611		AK 4 BAR LINK W/FRIC SWING	3351.92		A
L5613		AK 4 BAR LING W/HYDRAUL SWIG	5098.48		A
L5614		4-BAR LINK ABOVE KNEE W/SWNG	2584.78		A
L5615		AK 4 BAR LINK HYDL SWG/STANC	11524.51		A
L5616		AK UNIV MULTIPLEX SYS FRICT	2392.36		A
L5617		AK/BK SELF-ALIGNING UNIT EA	900.30		A
L5618		TEST SOCKET SYMES	585.09		A
L5620		TEST SOCKET BELOW KNEE	578.38		A
L5622		TEST SOCKET KNEE DISARTICULA	705.08		A
L5624		TEST SOCKET ABOVE KNEE	756.35		A
L5626		TEST SOCKET HIP DISARTICULAT	900.73		A
L5628		TEST SOCKET HEMIPELVECTOMY	853.42		A
L5629		BELOW KNEE ACRYLIC SOCKET	661.14		A
L5630		SYME TYP EXPANDABL WALL SCKT	797.41		A
L5631		AK/KNEE DISARTIC ACRYLIC SOC	914.10		A
L5632		SYMES TYPE PTB BRIM DESIGN S	394.88		A
L5634		SYMES TYPE POSTER OPENING SO	617.51		A
L5636		SYMES TYPE MEDIAL OPENING SO	530.09		A
L5637		BELOW KNEE TOTAL CONTACT	518.97		A
L5638		BELOW KNEE LEATHER SOCKET	759.34		A
L5639		BELOW KNEE WOOD SOCKET	2332.53		A
L5640		KNEE DISARTICULAT LEATHER SO	997.71		A
L5642		ABOVE KNEE LEATHER SOCKET	966.72		A
L5643		HIP FLEX INNER SOCKET EXT FR	3238.04		A
L5644		ABOVE KNEE WOOD SOCKET	1209.29		A
L5645		BK FLEX INNER SOCKET EXT FRA	1386.54		A
L5646		BELOW KNEE CUSHION SOCKET	1139.88		A
L5647		BELOW KNEE SUCTION SOCKET	1654.90		A
L5648		ABOVE KNEE CUSHION SOCKET	1027.27		A
L5649		ISCH CONTAINMT/NARROW M-L SO	2970.75		A
L5650		TOT CONTACT AK/KNEE DISART S	761.72		A
L5651		AK FLEX INNER SOCKET EXT FRA	2498.41		A
L5652		SUCTION SUSP AK/KNEE DISART	840.55		A
L5653		KNEE DISART EXPAND WALL SOCK	950.94		A
L5654		SOCKET INSERT SYMES	689.96		A

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	Outpatient Facility SI
L5655		SOCKET INSERT BELOW KNEE	492.56		A
L5656		SOCKET INSERT KNEE ARTICULAT	584.40		A
L5657		ADD LOW EXT MAN AUT VOL ANY	BR		
L5658		SOCKET INSERT ABOVE KNEE	659.70		A
L5661		MULTI-DUROMETER SYMES	1266.04		A
L5665		MULTI-DUROMETER BELOW KNEE	1065.22		A
L5666		BELOW KNEE CUFF SUSPENSION	133.32		A
L5668		BK MOLDED DISTAL CUSHION	193.31		A
L5670		BK MOLDED SUPRACONDYLAR SUSP	449.71		A
L5671		BK/AK LOCKING MECHANISM	776.13		A
L5672		BK REMOVABLE MEDIAL BRIM SUS	547.04		A
L5673		SOCKET INSERT W LOCK MECH	1230.94		A
L5676		BK KNEE JOINTS SINGLE AXIS P	740.65		A
L5677		BK KNEE JOINTS POLYCENTRIC P	1025.75		A
L5678		BK JOINT COVERS PAIR	61.96		A
L5679		SOCKET INSERT W/O LOCK MECH	1025.75		A
L5680		BK THIGH LACER NON-MOLDED	539.14		A
L5681		INTL CUSTM CONG/LATYP INSERT	2014.87		A
L5682		BK THIGH LACER GLUT/ISCHIA M	1301.07		A
L5683		INITIAL CUSTOM SOCKET INSERT	2014.87		A
L5684		BK FORK STRAP	94.07		A
L5685		BELOW KNEE SUS/SEAL SLEEVE	196.20		A
L5686		BK BACK CHECK	93.96		A
L5688		BK WAIST BELT WEBBING	110.80		A
L5690		BK WAIST BELT PADDED AND LIN	203.58		A
L5692		AK PELVIC CONTROL BELT LIGHT	245.21		A
L5694		AK PELVIC CONTROL BELT PAD/L	377.42		A
L5695		AK SLEEVE SUSP NEOPRENE/EQUA	286.49		A
L5696		AK/KNEE DISARTIC PELVIC JOIN	369.95		A
L5697		AK/KNEE DISARTIC PELVIC BAND	167.01		A
L5698		AK/KNEE DISARTIC SILESIAN BA	187.47		A
L5699		SHOULDER HARNESS	376.35		A
L5700		REPLACE SOCKET BELOW KNEE	4546.62		A
L5701		REPLACE SOCKET ABOVE KNEE	5640.47		A
L5702		REPLACE SOCKET HIP	7108.97		A
L5703		SYMES ANKLE W/O (SACH) FOOT	3688.92		A
L5704		CUSTOM SHAPE COVER BK	927.07		A
L5705		CUSTOM SHAPE COVER AK	1699.58		A
L5706		CUSTOM SHAPE CVR KNEE DISART	1657.75		A
L5707		CUSTOM SHAPE CVR HIP DISART	2227.19		A
L5710		KNE-SHIN EXO SNG AXI MNL LOC	633.62		A
L5711		KNEE-SHIN EXO MNL LOCK ULTRA	1062.95		A
L5712		KNEE-SHIN EXO FRICT SWG & ST	844.60		A
L5714		KNEE-SHIN EXO VARIABLE FRICT	760.41		A
L5716		KNEE-SHIN EXO MECH STANCE PH	1366.17		A
L5718		KNEE-SHIN EXO FRCT SWG & STA	1640.99		A
L5722		KNEE-SHIN PNEUM SWG FRCT EXO	1539.62		A
L5724		KNEE-SHIN EXO FLUID SWING PH	2832.06		A
L5726		KNEE-SHIN EXT JNTS FLD SWG E	3518.11		A
L5728		KNEE-SHIN FLUID SWG & STANCE	4950.35		A
L5780		KNEE-SHIN PNEUM/HYDRA PNEUM	1903.90		A
L5781		LOWER LIMB PROS VACUUM PUMP	6128.82		A
L5782		HD LOW LIMB PROS VACUUM PUMP	6461.16		A
L5783		ADD LOW EXT MEC LIMB VOL LAM	4014.79		A
L5785		EXOSKELETAL BK ULTRALT MATER	1080.90		A
L5790		EXOSKELETAL AK ULTRA-LIGHT M	1495.86		A
L5795		EXOSKEL HIP ULTRA-LIGHT MATE	2233.73		A
L5810		ENDOSKEL KNEE-SHIN MNL LOCK	1012.88		A
L5811		ENDO KNEE-SHIN MNL LCK ULTRA	1517.28		A
L5812		ENDO KNEE-SHIN FRCT SWG & ST	1147.81		A

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	Outpatient Facility SI
L5814		ENDO KNEE-SHIN HYDRAL SWG PH	5688.68		A
L5816		ENDO KNEE-SHIN POLYC MCH STA	1430.87		A
L5818		ENDO KNEE-SHIN FRCT SWG & ST	1997.88		A
L5822		ENDO KNEE-SHIN PNEUM SWG FRC	3542.75		A
L5824		ENDO KNEE-SHIN FLUID SWING P	2780.15		A
L5826		MINIATURE KNEE JOINT	4864.90		A
L5827		ENDO KNEE SHIN SINGLE AXIS	10472.96		
L5828		ENDO KNEE-SHIN FLUID SWG/STA	5874.97		A
L5830		ENDO KNEE-SHIN PNEUM/SWG PHA	3947.67		A
L5840		MULTI-AXIAL KNEE/SHIN SYSTEM	5780.45		A
L5841		ADDITION ENDOSKLETL KNEE-SHI	4500.59		A
L5845		KNEE-SHIN SYS STANCE FLEXION	2745.48		A
L5848		KNEE-SHIN SYS HYDRAUL STANCE	1647.15		A
L5850		ENDO AK/HIP KNEE EXTENS ASSI	199.60		A
L5855		MECH HIP EXTENSION ASSIST	481.88		A
L5856		ELEC KNEE-SHIN SWING/STANCE	37190.19		A
L5857		ELEC KNEE-SHIN SWING ONLY	13466.86		A
L5858		STANCE PHASE ONLY	28468.05		A
L5859		KNEE-SHIN PRO FLEX/EXT CONT	22224.77		A
L5910		ENDO BELOW KNEE ALIGNABLE SY	753.48		A
L5920		ENDO AK/HIP ALIGNABLE SYSTEM	1103.86		A
L5925		ABOVE KNEE MANUAL LOCK	524.28		A
L5926		ENDOSKEL POSIT ROTAT UNIT	1080.09		A
L5930		HIGH ACTIVITY KNEE FRAME	5415.96		A
L5940		ENDO BK ULTRA-LIGHT MATERIAL	782.67		A
L5950		ENDO AK ULTRA-LIGHT MATERIAL	1524.24		A
L5960		ENDO HIP ULTRA-LIGHT MATERIA	1676.57		A
L5961		ENDO POLY HIP, PNEU/HYD/ROT	7121.43		A
L5962		BELOW KNEE FLEX COVER SYSTEM	917.14		A
L5964		ABOVE KNEE FLEX COVER SYSTEM	1661.61		A
L5966		HIP FLEXIBLE COVER SYSTEM	2140.42		A
L5968		MULTIAXIAL ANKLE W DORSIFLEX	5566.30		A
L5969		AK/FT POWER ASST INCL MOTORS	BR		A
L5970		FOOT EXTERNAL KEEL SACH FOOT	422.51		A
L5971		SACH FOOT, REPLACEMENT	422.51		A
L5972		FLEXIBLE KEEL FOOT	641.02		A
L5973		ANK-FOOT SYS DORS-PLANT FLEX	26874.22		A
L5974		FOOT SINGLE AXIS ANKLE/FOOT	474.03		A
L5975		COMBO ANKLE/FOOT PROSTHESIS	710.10		A
L5976		ENERGY STORING FOOT	1072.11		A
L5978		FT PROSTH MULTIAXIAL ANKL/FT	579.53		A
L5979		MULTI-AXIAL ANKLE/FT PROSTH	3695.65		A
L5980		FLEX FOOT SYSTEM	6791.34		A
L5981		FLEX-WALK SYS LOW EXT PROSTH	5057.81		A
L5982		EXOSKELETAL AXIAL ROTATION U	1197.66		A
L5984		ENDOSKELETAL AXIAL ROTATION	1080.09		A
L5985		LWR EXT DYNAMIC PROSTH PYLON	454.36		A
L5986		MULTI-AXIAL ROTATION UNIT	1012.12		A
L5987		SHANK FT W VERT LOAD PYLON	11019.03		A
L5988		VERTICAL SHOCK REDUCING PYLO	3060.02		A
L5990		USER ADJUSTABLE HEEL HEIGHT	2778.96		A
L5991		LOW PROS EXT OSSEO CONNECTOR	14981.92		A
L5999		LOWR EXTREMITY PROSTHES NOS	BR		A
L6026		PART HAND MYO EXCLU TERM DEV	6600.98		A
L6028		PART HANDFNG ENDOSKEL MOLDED	BR		
L6029		TEST INTERFACE PART HANDFING	BR		
L6030		EXTERNAL FRAME PART HANDFING	BR		
L6031		REP INTERFACE HANDFNG MOLDED	BR		
L6032		PART HANDFNG ULTRALITE TCF/=	BR		
L6033		PART HANDFING ACRYLIC	BR		

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	Outpatient Facility SI
L6034		PART HAND FINGER DISTAL AMP	BR		
L6035		PROSTHETIC DIGIT MECHANICAL	BR		
L6036		PROSTHETIC THUMB MECHANICAL	BR		
L6037		POSTOP DSG CAST CHG HANDFING	BR		
L6038		MULTIAX ROTATION ATTACHMENT	BR		
L6039		PASSIVE CUSTOM DIGIT/THUMB	BR		
L6050		WRST MLD SCK FLX HNG TRI PAD	3283.64		A
L6055		WRST MOLD SOCK W/EXP INTERFA	5183.84		A
L6100		ELB MOLD SOCK FLEX HINGE PAD	3304.26		A
L6110		ELBOW MOLD SOCK SUSPENSION T	3298.65		A
L6120		ELBOW MOLD DOUB SPLT SOC STE	4168.54		A
L6130		ELBOW STUMP ACTIVATED LOCK H	4530.34		A
L6200		ELBOW MOLD OUTSID LOCK HINGE	5186.29		A
L6205		ELBOW MOLDED W/ EXPAND INTER	7189.39		A
L6250		ELBOW INTER LOC ELBOW FORARM	4298.58		A
L6300		SHLDER DISART INT LOCK ELBOW	7746.14		A
L6310		SHOULDER PASSIVE RESTOR COMP	4734.94		A
L6320		SHOULDER PASSIVE RESTOR CAP	2678.73		A
L6350		THORACIC INTERN LOCK ELBOW	6111.64		A
L6360		THORACIC PASSIVE RESTOR COMP	4969.87		A
L6370		THORACIC PASSIVE RESTOR CAP	3269.07		A
L6380		POSTOP DSG CAST CHG WRST/ELB	1830.60		A
L6382		POSTOP DSG CAST CHG ELB DIS/	2385.79		A
L6384		POSTOP DSG CAST CHG SHLDER/T	2974.92		A
L6386		POSTOP EA CAST CHG & REALIGN	705.69		A
L6388		POSTOP APPLICAT RIGID DSG ON	914.60		A
L6400		BELOW ELBOW PROSTH TISS SHAP	3620.55		A
L6450		ELB DISART PROSTH TISS SHAP	6300.05		A
L6500		ABOVE ELBOW PROSTH TISS SHAP	5430.48		A
L6550		SHLDR DISAR PROSTH TISS SHAP	6386.11		A
L6570		SCAP THORAC PROSTH TISS SHAP	8673.72		A
L6580		WRIST/ELBOW BOWDEN CABLE MOL	2530.93		A
L6582		WRIST/ELBOW BOWDEN CBL DIR F	2239.71		A
L6584		ELBOW FAIR LEAD CABLE MOLDED	3704.17		A
L6586		ELBOW FAIR LEAD CABLE DIR FO	3238.00		A
L6588		SHDR FAIR LEAD CABLE MOLDED	5446.03		A
L6590		SHDR FAIR LEAD CABLE DIRECT	4808.02		A
L6600		POLYCENTRIC HINGE PAIR	292.68		A
L6605		SINGLE PIVOT HINGE PAIR	288.99		A
L6610		FLEXIBLE METAL HINGE PAIR	259.78		A
L6611		ADDITIONAL SWITCH, EXT POWER	630.70		A
L6615		DISCONNECT LOCKING WRIST UNI	271.05		A
L6616		DISCONNECT INSERT LOCKING WR	112.01		A
L6620		FLEXION/EXTENSION WRIST UNIT	502.66		A
L6621		FLEX/EXT WRIST W/WO FRICTION	3503.60		A
L6623		SPRING-ASS ROT WRST W/ LATCH	1100.61		A
L6624		FLEX/EXT/ROTATION WRIST UNIT	5768.78		A
L6625		ROTATION WRST W/ CABLE LOCK	1106.47		A
L6628		QUICK DISCONN HOOK ADAPTER O	887.58		A
L6629		LAMINATION COLLAR W/ COUPLIN	235.74		A
L6630		STAINLESS STEEL ANY WRIST	448.37		A
L6632		LATEX SUSPENSION SLEEVE EACH	108.94		A
L6635		LIFT ASSIST FOR ELBOW	281.18		A
L6637		NUDGE CONTROL ELBOW LOCK	763.92		A
L6638		ELEC LOCK ON MANUAL PW ELBOW	3830.53		A
L6640		SHOULDER ABDUCTION JOINT PAI	437.06		A
L6641		EXCURSION AMPLIFIER PULLEY T	296.66		A
L6642		EXCURSION AMPLIFIER LEVER TY	414.97		A
L6645		SHOULDER FLEXION-ABDUCTION J	498.10		A
L6646		MULTIPO LOCKING SHOULDER JNT	4831.16		A

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	SI
L6647		SHOULDER LOCK ACTUATOR	795.34		A
L6648		EXT PWRD SHLDER LOCK/UNLOCK	4982.64		A
L6650		SHOULDER UNIVERSAL JOINT	575.91		A
L6655		STANDARD CONTROL CABLE EXTRA	128.26		A
L6660		HEAVY DUTY CONTROL CABLE	181.69		A
L6665		TEFLON OR EQUAL CABLE LINING	87.39		A
L6670		HOOK TO HAND CABLE ADAPTER	79.90		A
L6672		HARNESS CHEST/SHLDER SADDLE	263.09		A
L6675		HARNESS FIGURE OF 8 SING CON	249.85		A
L6676		HARNESS FIGURE OF 8 DUAL CON	197.94		A
L6677		UE TRIPLE CONTROL HARNESS	454.39		A
L6680		TEST SOCK WRIST DISART/BEL E	368.37		A
L6682		TEST SOCK ELBW DISART/ABOVE	448.24		A
L6684		TEST SOCKET SHLDR DISART/THO	670.37		A
L6686		SUCTION SOCKET	1228.20		A
L6687		FRAME TYP SOCKET BEL ELBOW/W	900.00		A
L6688		FRAME TYP SOCK ABOVE ELB/DIS	873.54		A
L6689		FRAME TYP SOCKET SHOULDER DI	1074.29		A
L6690		FRAME TYP SOCK INTERSCAP-THO	1126.67		A
L6691		REMOVABLE INSERT EACH	718.13		A
L6692		SILICON GEL INSERT W/WO LOCK	971.65		A
L6693		LOCKINGELBOW FOREARM CNTRBAL	4348.67		A
L6694		ELBOW SOCKET INS USE W/LOCK	1230.94		A
L6695		ELBOW SOCKET INS USE W/O LCK	1025.75		A
L6696		CUS ELBO SKT IN FOR CON/ATYP	2014.87		A
L6697		CUS ELBO SKT IN NOT CON/ATYP	2014.87		A
L6698		ADD UP-EX PROSTHES LOCK MECH	776.13		A
L6700		UE ADD EXT POWER MYOEL	38363.25		
L6703		TERM DEV, PASSIVE HAND MITT	603.72		A
L6704		TERM DEV, SPORT/REC/WORK ATT	913.77		A
L6706		TERM DEV MECH HOOK VOL OPEN	624.05		A
L6707		TERM DEV MECH HOOK VOL CLOSE	2247.71		A
L6708		TERM DEV MECH HAND VOL OPEN	1352.08		A
L6709		TERM DEV MECH HAND VOL CLOSE	1890.38		A
L6711		PED TERM DEV, HOOK, VOL OPEN	1029.81		A
L6712		PED TERM DEV, HOOK, VOL CLOS	1896.08		A
L6713		PED TERM DEV, HAND, VOL OPEN	2393.12		A
L6714		PED TERM DEV, HAND, VOL CLOS	2026.92		A
L6715		TERM DEVICE, MULTI ART DIGIT	4835.96		A
L6721		HOOK/HAND, HVY DTY, VOL OPEN	3602.61		A
L6722		HOOK/HAND, HVY DTY, VOL CLOS	3105.74		A
L6805		TERM DEV MODIFIER WRIST UNIT	564.21		A
L6810		TERM DEV PRECISION PINCH DEV	291.34		A
L6880		ELEC HAND IND ART DIGITS	36597.55		A
L6881		TERM DEV AUTO GRASP FEATURE	6262.22		A
L6882		MICROPROCESSOR CONTROL UPLMB	4750.19		A
L6883		REPLC SOCKT BELOW E/W DISA	2476.03		A
L6884		REPLC SOCKT ABOVE ELBOW DISA	3513.48		A
L6885		REPLC SOCKT SHLDR DIS/INTERC	4969.87		A
L6890		PREFAB GLOVE FOR TERM DEVICE	293.48		A
L6895		CUSTOM GLOVE FOR TERM DEVICE	1161.68		A
L6900		HAND RESTORAT THUMB/1 FINGER	2356.80		A
L6905		HAND RESTORATION MULTIPLE FI	2290.87		A
L6910		HAND RESTORATION NO FINGERS	2231.78		A
L6915		HAND RESTORATION REPLACMNT G	1048.66		A
L6920		WRIST DISARTICUL SWITCH CTRL	11900.49		A
L6925		WRIST DISART MYOELECTRONIC C	13835.69		A
L6930		BELOW ELBOW SWITCH CONTROL	11602.88		A
L6935		BELOW ELBOW MYOELECTRONIC CT	13508.29		A
L6940		ELBOW DISARTICULATION SWITCH	14809.47		A

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	SI
L6945		ELBOW DISART MYOELECTRONIC C	16856.62		A
L6950		ABOVE ELBOW SWITCH CONTROL	15570.71		A
L6955		ABOVE ELBOW MYOELECTRONIC CT	18851.16		A
L6960		SHLDR DISARTIC SWITCH CONTRO	20779.04		A
L6965		SHLDR DISARTIC MYOELECTRONIC	24380.16		A
L6970		INTERSCAPULAR-THOR SWITCH CT	26096.62		A
L6975		INTERSCAP-THOR MYOELECTRONIC	29413.96		A
L7007		ADULT ELECTRIC HAND	5656.69		A
L7008		PEDIATRIC ELECTRIC HAND	9558.06		A
L7009		ADULT ELECTRIC HOOK	5930.02		A
L7040		PREHENSILE ACTUATOR	4533.43		A
L7045		PEDIATRIC ELECTRIC HOOK	2521.99		A
L7170		ELECTRONIC ELBOW HOSMER SWIT	9237.84		A
L7180		ELECTRONIC ELBOW SEQUENTIAL	58731.34		A
L7181		ELECTRONIC ELBO SIMULTANEOUS	61374.65		A
L7185		ELECTRON ELBOW ADOLESCENT SW	9622.28		A
L7186		ELECTRON ELBOW CHILD SWITCH	15185.01		A
L7190		ELBOW ADOLESCENT MYOELECTRON	12895.35		A
L7191		ELBOW CHILD MYOELECTRONIC CT	15985.94		A
L7259		ELECTRONIC WRIST ROTATOR ANY	6580.16		A
L7360		SIX VOLT BAT OTTO BOCK/EQ EA	420.07		A
L7362		BATTERY CHRGR SIX VOLT OTTO	434.16		A
L7364		TWELVE VOLT BATTERY UTAH/EQU	785.62		A
L7366		BATTERY CHRGR 12 VOLT UTAH/E	1069.50		A
L7367		REPLACEMNT LITHIUM IONBATTER	596.35		A
L7368		LITHIUM ION BATTERY CHARGER	773.07		A
L7400		ADD UE PROST BE/WD, ULTLITE	469.47		A
L7401		ADD UE PROST A/E ULTLITE MAT	525.59		A
L7402		ADD UE PROST S/D ULTLITE MAT	567.58		A
L7403		ADD UE PROST B/E ACRYLIC	564.07		A
L7404		ADD UE PROST A/E ACRYLIC	851.40		A
L7405		ADD UE PROST S/D ACRYLIC	1113.48		A
L7406		ADD UPP EXT MEC LIMB VOL LAM	4095.09		
L7499		UPPER EXTREMITY PROSTHES NOS	BR		A
L7510		PROSTHETIC DEVICE REPAIR REP	216.62		A
L7520		REPAIR PROSTHESIS PER 15 MIN	72.15		A
L7600		PROSTHETIC DONNING SLEEVE	154.74		E1
L7700		PROS SOC INSERT GASKET/SEAL	226.63		A
L7900		MALE VACUUM ERECTION SYSTEM	704.78		E1
L7902		TENSION RING, VAC ERECT DEV	BR		E1
L8000		MASTECTOMY BRA	58.02		A
L8001		BREAST PROSTHESIS BRA & FORM	192.15		A
L8002		BRST PRSTH BRA & BILAT FORM	252.69		A
L8015		EXT BREASTPROSTHESIS GARMENT	91.83		A
L8020		MASTECTOMY FORM	313.01		A
L8030		BREAST PROSTHES W/O ADHESIVE	656.33		A
L8031		BREAST PROSTHESIS W ADHESIVE	656.33		A
L8032		REUSABLE NIPPLE PROSTHESIS	60.01		A
L8033		NIPPLE PROSTHESIS CUSTOM, EA	1509.94		A
L8035		CUSTOM BREAST PROSTHESIS	5611.80		A
L8039		BREAST PROSTHESIS NOS	BR		A
L8040		NASAL PROSTHESIS	4099.46		A
L8041		MIDFACIAL PROSTHESIS	4941.43		A
L8042		ORBITAL PROSTHESIS	5552.18		A
L8043		UPPER FACIAL PROSTHESIS	6218.45		A
L8044		HEMI-FACIAL PROSTHESIS	6884.68		A
L8045		AURICULAR PROSTHESIS	4328.25		A
L8046		PARTIAL FACIAL PROSTHESIS	4441.72		A
L8047		NASAL SEPTAL PROSTHESIS	2276.39		A
L8048		UNSPEC MAXILLOFACIAL PROSTH	BR		A

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	SI
L8049		REPAIR MAXILLOFACIAL PROSTH	BR		A
L8300		TRUSS SINGLE W/ STANDARD PAD	131.63		A
L8310		TRUSS DOUBLE W/ STANDARD PAD	207.81		A
L8320		TRUSS ADDITION TO STD PAD WA	110.46		A
L8330		TRUSS ADD TO STD PAD SCROTAL	102.70		A
L8400		SHEATH BELOW KNEE	27.95		A
L8410		SHEATH ABOVE KNEE	43.10		A
L8415		SHEATH UPPER LIMB	44.60		A
L8417		PROS SHEATH/SOCK W GEL CUSHN	115.02		A
L8420		PROSTHETIC SOCK MULTI PLY BK	32.44		A
L8430		PROSTHETIC SOCK MULTI PLY AK	37.99		A
L8435		PROS SOCK MULTI PLY UPPER LM	42.34		A
L8440		SHRINKER BELOW KNEE	73.39		A
L8460		SHRINKER ABOVE KNEE	119.65		A
L8465		SHRINKER UPPER LIMB	79.96		A
L8470		PROS SOCK SINGLE PLY BK	10.41		A
L8480		PROS SOCK SINGLE PLY AK	18.20		A
L8485		PROS SOCK SINGLE PLY UPPER L	18.24		A
L8499		UNLISTED MISC PROSTHETIC SER	BR		A
L8500		ARTIFICIAL LARYNX	1159.37		A
L8501		TRACHEOSTOMY SPEAKING VALVE	251.30		A
L8505		ARTIFICIAL LARYNX, ACCESSORY	122.47		A
L8507		TRACH-ESOPH VOICE PROS PT IN	64.16		A
L8509		TRACH-ESOPH VOICE PROS MD IN	167.27		A
L8510		VOICE AMPLIFIER	387.06		A
L8511		INDWELLING TRACH INSERT	111.41		A
L8512		GEL CAP FOR TRACH VOICE PROS	3.30		A
L8513		TRACH PROS CLEANING DEVICE	7.96		A
L8514		REPL TRACH PUNCTURE DILATOR	144.42		A
L8515		GEL CAP APP DEVICE FOR TRACH	96.66		A
L8600		IMPLANT BREAST SILICONE/EQ	982.83		N
L8603		COLLAGEN IMP URINARY 2.5 ML	683.25		N
L8604		DEXTRANOMER/HYALURONIC ACID	BR		N
L8605		INJ BULKING AGENT ANAL CANAL	1097.10		N
L8606		SYNTHETIC IMPLNT URINARY 1ML	335.79		N
L8607		INJ VOCAL CORD BULKING AGENT	65.68		N
L8608		ARG II EXT COM/SUP/ACC MISC	BR		N
L8609		ARTIFICIAL CORNEA	9980.10		N
L8610		OCULAR IMPLANT	913.28		N
L8612		AQUEOUS SHUNT PROSTHESIS	1119.51		N
L8613		OSSICULAR IMPLANT	487.50		N
L8614		COCHLEAR DEVICE	29873.96		N
L8615		COCH IMPLANT HEADSET REPLACE	690.85		A
L8616		COCH IMPLANT MICROPHONE REPL	160.91		A
L8617		COCH IMPLANT TRANS COIL REPL	140.54		A
L8618		COCH IMPLANT TRAN CABLE REPL	40.14		A
L8619		COCH IMP EXT PROC/CONTR RPLC	12824.71		A
L8621		REPL ZINC AIR BATTERY	0.96		A
L8622		REPL ALKALINE BATTERY	0.49		A
L8623		LITH ION BATT CID,NON-EARLVL	99.10		A
L8624		LITH ION BATT CID, EAR LEVEL	247.03		A
L8625		CHARGER COCH IMPL/AOI BATTRY	289.28		A
L8627		CID EXT SPEECH PROCESS REPL	10929.78		A
L8628		CID EXT CONTROLLER REPL	1894.92		A
L8629		CID TRANSMIT COIL AND CABLE	274.25		A
L8630		METACARPOPHALANGEAL IMPLANT	700.91		N
L8631		MCP JOINT REPL 2 PC OR MORE	3417.99		N
L8641		METATARSAL JOINT IMPLANT	728.25		N
L8642		HALLUX IMPLANT	443.00		N
L8658		INTERPHALANGEAL JOINT SPACER	634.95		N

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	Outpatient Facility SI
L8659		INTERPHALANGEAL JOINT REPL	2955.81		N
L8670		VASCULAR GRAFT, SYNTHETIC	868.57		N
L8678		EXT SPLY IMPLT NEUROSTIM	35.05		N
L8679		IMP NEUROSTI PLS GN ANY TYPE	12781.03		N
L8680		IMPLT NEUROSTIM ELCTR EACH	1013.21		E1
L8681		PT PRGRM FOR IMPLT NEUROSTIM	1683.27		A
L8682		IMPLT NEUROSTIM RADIOFQ REC	9131.86		N
L8683		RADIOFQ TRSMTR FOR IMPLT NEU	8038.10		A
L8684		RADIOF TRSMTR IMPLT SCRL NEU	1062.48		A
L8685		IMPLT NROSTM PLS GEN SNG REC	BR		E1
L8686		IMPLT NROSTM PLS GEN SNG NON	BR		E1
L8687		IMPLT NROSTM PLS GEN DUA REC	61419.25		E1
L8688		IMPLT NROSTM PLS GEN DUA NON	BR		E1
L8689		EXTERNAL RECHARG SYS INTERN	2642.20		A
L8690		AUD OSSEO DEV, INT/EXT COMP	7286.85		N
L8691		AOI SND PROC REPL EXCL ACTUA	2637.90		A
L8692		NON-OSSEOINTEGRATED SND PROC	6613.20		E1
L8693		AUD OSSEO DEV, ABUTMENT	2322.65		A
L8694		AOI TRANSDUCER/ACTUATOR REPL	1446.55		A
L8695		EXTERNAL RECHARG SYS EXTERN	25.49		A
L8696		EXT ANTENNA PHREN NERVE STIM	331.99		A
L8698		MISC USED WITH TOT ART HEART	BR		A
L8699		PROSTHETIC IMPLANT NOS	BR		N
L8701		POW UE ROM DEV EWH UPRT CUST	44569.77		A
L8702		POW UE ROM DEV EWHF UPRT CUS	87688.46		A
L8720		EXT LOW EXT SENS PROSTHE MEC	BR		Y
L8721		RECEPTOR SOLE L8720 REPLACE	BR		A
L9900		O&P SUPPLY/ACCESSORY/SERVICE	BR		N
Q0035		CARDIOKYMOGRAPHY	27.75		
Q0035	26	CARDIOKYMOGRAPHY	10.51		
Q0035	TC	CARDIOKYMOGRAPHY	17.24	68.69	Q1
Q0081		INFUSION THER OTHER THAN CHE	255.24		B
Q0083		CHEMO BY OTHER THAN INFUSION	BR		B
Q0084		CHEMOTHERAPY BY INFUSION	338.92		B
Q0085		CHEMO BY BOTH INFUSION AND O	BR		B
Q0091		OBTAINING SCREEN PAP SMEAR	56.35	42.86	S
Q0092		SET UP PORT XRAY EQUIPMENT	33.64		N
Q0111		WET MOUNTS/ W PREPARATIONS	23.65		A
Q0112		POTASSIUM HYDROXIDE PREPS	7.58		A
Q0113		PINWORM EXAMINATIONS	5.55		A
Q0114		FERN TEST	12.66		A
Q0115		POST-COITAL MUCOUS EXAM	32.50		A
Q0138		FERUMOXYTOL, NON-ESRD	0.49	0.67	K
Q0139		FERUMOXYTOL, ESRD USE	0.49	0.67	K
Q0144		AZITHROMYCIN DIHYDRATE, ORAL	31.95		E1
Q0155		DRONABINOL (SYNDROS) 0.1 MG	BR		N
Q0161		CHLORPROMAZINE HCL 5MG ORAL	BR		N
Q0162		ONDANSETRON ORAL	0.02		N
Q0163		DIPHENHYDRAMINE HCL 50MG	3.37		N
Q0164		PROCHLORPERAZINE MALEATE 5MG	0.90		N
Q0166		GRANISETRON HCL 1 MG ORAL	15.56		N
Q0167		DRONABINOL 2.5MG ORAL	2.40		N
Q0169		PROMETHAZINE HCL 12.5MG ORAL	4.63		N
Q0173		TRIMETHOBENZAMIDE HCL 250MG	BR		E2
Q0175		PERPHENAZINE 4MG ORAL	BR		N
Q0177		HYDROXYZINE PAMOATE 25MG	2.11		N
Q0180		DOLASETRON MESYLATE ORAL	BR		N
Q0181		UNSPECIFIED ORAL ANTI-EMETIC	BR		N
Q0224		INJ, PEMIVIBART, 4500 MG	8558.55		L
Q0235		INJ, MONOCLON ANTIBODY, 1 MG	BR		

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Q0237		INJ, TOCILIZUMAB-ANOH, HOSPI	BR		
Q0249		TOCILIZUMAB FOR COVID-19	9.84		L
Q0477		PWR MODULE PT CABLE LVAD RPL	1188.34		A
Q0478		POWER ADAPTER, COMBO VAD	281.50		A
Q0479		POWER MODULE COMBO VAD, REP	18312.49		A
Q0480		DRIVER PNEUMATIC VAD, REP	129999.88		A
Q0481		MICROPRCSR CU ELEC VAD, REP	22257.76		A
Q0482		MICROPRCSR CU COMBO VAD, REP	6971.55		A
Q0483		MONITOR ELEC VAD, REP	28719.70		A
Q0484		MONITOR ELEC OR COMB VAD REP	5577.29		A
Q0485		MONITOR CABLE ELEC VAD, REP	538.45		A
Q0486		MON CABLE ELEC/PNEUM VAD REP	448.18		A
Q0487		LEADS ANY TYPE VAD, REP ONLY	522.87		A
Q0488		PWR PACK BASE ELEC VAD, REP	BR		A
Q0489		PWR PCK BASE COMBO VAD, REP	24898.41		A
Q0490		EMR PWR SOURCE ELEC VAD, REP	1077.00		A
Q0491		EMR PWR SOURCE COMBO VAD REP	1693.16		A
Q0492		EMR PWR CBL ELEC VAD, REP	136.38		A
Q0493		EMR PWR CBL COMBO VAD, REP	388.43		A
Q0494		EMR HD PMP ELEC/COMBO, REP	328.69		A
Q0495		CHARGER ELEC/COMBO VAD, REP	6398.25		A
Q0496		BATTERY ELEC/COMBO VAD, REP	2296.44		A
Q0497		BAT CLPS ELEC/COMB VAD, REP	717.09		A
Q0498		HOLSTER ELEC/COMBO VAD, REP	786.83		A
Q0499		BELT/VEST ELEC/COMBO VAD REP	255.65		A
Q0500		FILTERS ELEC/COMBO VAD, REP	46.79		A
Q0501		SHWR COV ELEC/COMBO VAD, REP	782.24		A
Q0502		MOBILITY CART PNEUM VAD, REP	995.89		A
Q0503		BATTERY PNEUM VAD REPLACEMNT	1991.86		A
Q0504		PWR ADPT PNEUM VAD, REP VEH	1051.06		A
Q0506		LITH-ION BATT ELEC/PNEUM VAD	1308.33		A
Q0507		MISC SUP/ACC EXT VAD	BR		A
Q0508		MIS SUP/ACC IMP VAD	BR		A
Q0509		MIS SUP/AC IMP VAD NOPAY MED	BR		A
Q0510		DISPENS FEE IMMUNOSUPRESSIVE	45.41		M
Q0511		SUP FEE ANTIEM,ANTICA,IMMUNO	21.87		M
Q0512		PX SUP FEE ANTI-CAN SUB PRES	14.30		M
Q0513		DISP FEE INHAL DRUGS/30 DAYS	119.42		M
Q0514		DISP FEE INHAL DRUGS/90 DAYS	59.71		M
Q0515		SERMORELIN ACETATE INJECTION	BR		E2
Q0521		SUPPLY FEE HIV PREP FDA APPR	BR		M
Q1004		NTIOL CATEGORY 4	BR		E1
Q1005		NTIOL CATEGORY 5	BR		E1
Q2004		BLADDER CALCULI IRRIG SOL	BR		N
Q2009		FOSPHENYTOIN INJ PE	18.50	2.35	N
Q2026		RADIESSE INJECTION	412.93	583.49	K
Q2028		INJ, SCULPTRA, 0.5MG	1.68	1.75	K
Q2034		AGRIFLU VACCINE	BR		L
Q2035		AFLURIA VACC, 3 YRS & >, IM	29.86		L
Q2036		FLULAVAL VACC, 3 YRS & >, IM	25.65		L
Q2037		FLUVIRIN VACC, 3 YRS & >, IM	42.89		L
Q2038		FLUZONE VACC, 3 YRS & >, IM	34.06		L
Q2039		INFLUENZA VIRUS VACCINE, NOS	45.84		L
Q2041		AXICABTAGENE CILOLEUCEL CAR+	Negotiated	Negotiated	K
Q2042		TISAGENLECLEUCEL CAR-POS T	Negotiated	Negotiated	K
Q2043		SIPULEUCEL-T AUTO CD54+	72197.45	97188.88	K
Q2049		IMPORTED LIPODOX INJ	504.56	925.51	K
Q2050		DOXORUBICIN INJ 10MG	176.86	238.09	K
Q2052		HOME IVIG, SERVICES/SUPPLIES	BR		A
Q2053		BREXUCABTAGENE CAR POS T	Negotiated	Negotiated	K

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	Outpatient Facility SI
Q2054		LISOCABTAGENE MARA CAR POS T	Negotiated	Negotiated	K
Q2055		IDECABTAGENE VICLEUCEL CAR	Negotiated	Negotiated	K
Q2056		CILTACABTAGENE CAR-POS T	Negotiated	Negotiated	G
Q2057		AFAMITRESGENE AUTOLEUCEL	Negotiated	Negotiated	
Q2058		OBECBTGE AUTOL UP TO 400 MIL	BR	Negotiated	
Q3001		BRACHYTHERAPY RADIOELEMENTS	113.11		B
Q3014		TELEHEALTH FACILITY FEE	31.12		A
Q3027		INJ BETA INTERFERON IM 1 MCG	72.31	97.34	K
Q3028		INJ BETA INTERFERON SQ 1 MCG	1972.58		E1
Q3031		COLLAGEN SKIN TEST	BR		N
Q4001		CAST SUP BODY CAST PLASTER	79.48		B
Q4002		CAST SUP BODY CAST FIBERGLAS	300.33		B
Q4003		CAST SUP SHOULDER CAST PLSTR	57.07		B
Q4004		CAST SUP SHOULDER CAST FBRGL	197.59		B
Q4005		CAST SUP LONG ARM ADULT PLST	21.05		B
Q4006		CAST SUP LONG ARM ADULT FBRG	47.41		B
Q4007		CAST SUP LONG ARM PED PLSTER	10.52		B
Q4008		CAST SUP LONG ARM PED FBRGLS	23.70		B
Q4009		CAST SUP SHT ARM ADULT PLSTR	14.05		B
Q4010		CAST SUP SHT ARM ADULT FBRGL	31.60		B
Q4011		CAST SUP SHT ARM PED PLASTER	7.01		B
Q4012		CAST SUP SHT ARM PED FBRGLAS	15.85		B
Q4013		CAST SUP GAUNTLET PLASTER	25.58		B
Q4014		CAST SUP GAUNTLET FIBERGLASS	43.13		B
Q4015		CAST SUP GAUNTLET PED PLSTER	12.81		B
Q4016		CAST SUP GAUNTLET PED FBRGLS	21.55		B
Q4017		CAST SUP LNG ARM SPLINT PLST	14.78		B
Q4018		CAST SUP LNG ARM SPLINT FBRG	23.56		B
Q4019		CAST SUP LNG ARM SPLNT PED P	7.40		B
Q4020		CAST SUP LNG ARM SPLNT PED F	11.83		B
Q4021		CAST SUP SHT ARM SPLINT PLST	10.95		B
Q4022		CAST SUP SHT ARM SPLINT FBRG	19.76		B
Q4023		CAST SUP SHT ARM SPLNT PED P	5.50		B
Q4024		CAST SUP SHT ARM SPLNT PED F	9.89		B
Q4025		CAST SUP HIP SPICA PLASTER	61.33		B
Q4026		CAST SUP HIP SPICA FIBERGLAS	191.58		B
Q4027		CAST SUP HIP SPICA PED PLSTR	30.69		B
Q4028		CAST SUP HIP SPICA PED FBRGL	95.85		B
Q4029		CAST SUP LONG LEG PLASTER	46.93		B
Q4030		CAST SUP LONG LEG FIBERGLASS	123.53		B
Q4031		CAST SUP LNG LEG PED PLASTER	23.44		B
Q4032		CAST SUP LNG LEG PED FBRGLS	61.76		B
Q4033		CAST SUP LNG LEG CYLINDER PL	43.78		B
Q4034		CAST SUP LNG LEG CYLINDER FB	108.84		B
Q4035		CAST SUP LNGLEG CYLNDR PED P	21.88		B
Q4036		CAST SUP LNGLEG CYLNDR PED F	54.46		B
Q4037		CAST SUP SHRT LEG PLASTER	26.66		B
Q4038		CAST SUP SHRT LEG FIBERGLASS	66.89		B
Q4039		CAST SUP SHRT LEG PED PLSTER	13.38		B
Q4040		CAST SUP SHRT LEG PED FBRGLS	33.44		B
Q4041		CAST SUP LNG LEG SPLNT PLSTR	32.47		B
Q4042		CAST SUP LNG LEG SPLNT FBRGL	55.43		B
Q4043		CAST SUP LNG LEG SPLNT PED P	16.24		B
Q4044		CAST SUP LNG LEG SPLNT PED F	27.76		B
Q4045		CAST SUP SHT LEG SPLNT PLSTR	18.85		B
Q4046		CAST SUP SHT LEG SPLNT FBRGL	30.32		B
Q4047		CAST SUP SHT LEG SPLNT PED P	9.39		B
Q4048		CAST SUP SHT LEG SPLNT PED F	15.17		B
Q4049		FINGER SPLINT, STATIC	3.42		B
Q4050		CAST SUPPLIES UNLISTED	BR		B

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	Outpatient Facility SI
Q4051		SPLINT SUPPLIES MISC	BR		B
Q4074		ILOPROST NON-COMP UNIT DOSE	192.71		Y
Q4081		EPOETIN ALFA, 100 UNITS ESRD	0.84		N
Q4082		DRUG/BIO NOC PART B DRUG CAP	BR		B
Q4101		APLIGRAF	165.43	222.50	N
Q4102		OASIS WOUND MATRIX	165.43	222.50	N
Q4103		OASIS BURN MATRIX	165.43	222.50	N
Q4104		INTEGRA BMWD	165.43	222.50	N
Q4105		INTEGRA DRT OR OMNIGRAFT	165.43	222.50	N
Q4107		GRAFTJACKET	165.43	222.50	N
Q4108		INTEGRA MATRIX	165.43	222.50	N
Q4110		PRIMATRIX	165.43	222.50	N
Q4111		GAMMAGRAFT	165.43	222.50	N
Q4112		CYMETRA INJECTABLE	BR		N
Q4113		GRAFTJACKET XPRESS	2217.96		N
Q4114		INTEGRA FLOWABLE WOUND MATRI	2080.79		N
Q4115		ALLOSKIN	165.43	222.50	N
Q4116		ALLODERM	165.43	222.50	N
Q4117		HYALOMATRIX	165.43	222.50	N
Q4118		MATRISTEM MICROMATRIX	3.31		N
Q4121		THERASKIN	165.43	222.50	N
Q4122		DERMACELL, AWM, POROUS SQ CM	165.43	222.50	N
Q4123		ALLOSKIN	165.43	222.50	N
Q4124		OASIS TRI-LAYER WOUND MATRIX	165.43	222.50	N
Q4125		ARTHROFLEX	165.43	222.50	N
Q4126		MEMODERM/DERMA/TRANZ/INTEGUP	165.43	222.50	N
Q4127		TALYMED	165.43	222.50	N
Q4128		FLEXHD/ALLOPATCHHD/SQ CM	165.43	222.50	N
Q4130		STRATTICE TM	165.43	222.50	N
Q4132		GRAFIX CORE, GRAFIXPL CORE	165.43	222.50	N
Q4133		GRAFIX STRAVIX PRIME PL SQCM	165.43	222.50	N
Q4134		HMATRIX	165.43	222.50	N
Q4135		MEDISKIN	165.43	222.50	N
Q4136		EZDERM	165.43	222.50	N
Q4137		AMNIOEXCEL BIODEXCEL 1SQ CM	165.43	222.50	N
Q4138		BIODFENCE DRYFLEX, 1CM	165.43	222.50	N
Q4139		AMNIO OR BIODMATRIX, INJ 1CC	BR		N
Q4140		BIODFENCE 1CM	165.43	222.50	N
Q4141		ALLOSKIN AC, 1 CM	165.43	222.50	N
Q4142		XCM BIOLOGIC TISS MATRIX 1CM	165.43	222.50	N
Q4143		REPRIZA, 1CM	165.43	222.50	N
Q4145		EPIFIX, INJ, 1MG	46.89		N
Q4146		TENSIX, 1CM	165.43	222.50	N
Q4147		ARCHITECT ECM PX FX 1 SQ CM	165.43	222.50	N
Q4148		NEOX NEOX RT OR CLARIX CORD	165.43	222.50	N
Q4149		EXCELLAGEN, 0.1 CC	295.62		N
Q4150		ALLOWRAP DS OR DRY 1 SQ CM	165.43	222.50	N
Q4151		AMNIOBAND, GUARDIAN 1 SQ CM	165.43	222.50	N
Q4152		DERMAPURE 1 SQUARE CM	165.43	222.50	N
Q4153		DERMAVEST, PLURIVEST SQ CM	165.43	222.50	N
Q4154		BIOVANCE 1 SQUARE CM	165.43	222.50	N
Q4155		NEOXFLO OR CLARIXFLO 1 MG	37.34		N
Q4156		NEOX 100 OR CLARIX 100	165.43	222.50	N
Q4157		REVITALON 1 SQUARE CM	165.43	222.50	N
Q4158		KERECIS OMEGA3, PER SQ CM	165.43	222.50	N
Q4159		AFFINITY1 SQUARE CM	165.43	222.50	N
Q4160		NUSHIELD 1 SQUARE CM	165.43	222.50	N
Q4161		BIO-CONNEKT PER SQUARE CM	165.43	222.50	N
Q4162		WNDEX FLW, BIOSKN FLW, 0.5CC	5138.46		N
Q4163		WOUNDEX, BIOSKIN, PER SQ CM	165.43	222.50	N

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	Outpatient Facility SI
Q4164		HELICOLL, PER SQUARE CM	165.43	222.50	N
Q4165		KERAMATRIX, KERASORB SQ CM	165.43	222.50	N
Q4166		CYTAL, PER SQUARE CENTIMETER	165.43	222.50	N
Q4167		TRUSKIN, PER SQ CENTIMETER	165.43	222.50	N
Q4168		AMNIOBAND, 1 MG	BR		N
Q4169		ARTACENT WOUND, PER SQ CM	165.43	222.50	N
Q4170		CYGNUS, PER SQ CM	165.43	222.50	N
Q4171		INTERFYL, 1 MG	15.49		N
Q4173		PALINGEN OR PALINGEN XPLUS	165.43	222.50	N
Q4174		PALINGEN OR PROMATRX	1925.30		N
Q4175		MIRODERM	165.43	222.50	N
Q4176		NEOPATCH, PER SQ CENTIMETER	165.43	222.50	N
Q4177		FLOWERAMNIOFLO, 0.1 CC	460.27		N
Q4178		FLOWERAMNIOPATCH, PER SQ CM	165.43	222.50	N
Q4179		FLOWERDERM, PER SQ CM	165.43	222.50	N
Q4180		REVITA, PER SQ CM	165.43	222.50	N
Q4181		AMNIO WOUND, PER SQUARE CM	165.43	222.50	N
Q4182		TRANSCYTE, PER SQ CENTIMETER	165.43	222.50	N
Q4183		SURGIGRAFT, 1 SQ CM	165.43	222.50	N
Q4184		CELLESTA OR DUO PER SQ CM	165.43	222.50	N
Q4185		CELLESTA FLOWAB AMNION 0.5CC	3489.33		N
Q4186		EPIFIX 1 SQ CM	165.43	222.50	N
Q4187		EPICORD 1 SQ CM	165.43	222.50	N
Q4188		AMNIOARMOR 1 SQ CM	165.43	222.50	N
Q4189		ARTACENT AC, 1 MG	BR		N
Q4190		ARTACENT AC 1 SQ CM	165.43	222.50	N
Q4191		RESTORIGIN 1 SQ CM	165.43	222.50	N
Q4192		RESTORIGIN, 1 CC	BR		N
Q4193		COLL-E-DERM 1 SQ CM	165.43	222.50	N
Q4194		NOVACHOR 1 SQ CM	165.43	222.50	N
Q4195		PURAPLY 1 SQ CM	165.43	222.50	N
Q4196		PURAPLY AM 1 SQ CM	165.43	222.50	N
Q4197		PURAPLY XT 1 SQ CM	165.43	222.50	N
Q4198		GENESIS AMNIO MEMBRANE 1SQCM	165.43	222.50	N
Q4199		CYGNUS MATRIX, PER SQ CM	165.43	222.50	N
Q4200		SKIN TE 1 SQ CM	165.43	222.50	N
Q4201		MATRION 1 SQ CM	165.43	222.50	N
Q4202		KEROXX (2.5G/CC), 1CC	BR		N
Q4203		DERMA-GIDE, 1 SQ CM	165.43	222.50	N
Q4204		XWRAP 1 SQ CM	165.43	222.50	N
Q4205		MEMBRANE GRAFT OR WRAP SQ CM	165.43	222.50	N
Q4206		FLUID FLOW OR FLUID GF 1 CC	2500.32		N
Q4208		NOVAFIX PER SQ CM	165.43	222.50	N
Q4209		SURGRAFT PER SQ CM	165.43	222.50	N
Q4211		AMNION BIO OR AXOBIO SQ CM	165.43	222.50	N
Q4212		ALLOGEN, PER CC	BR		N
Q4213		ASCENT, 0.5 MG	BR		N
Q4214		CELLESTA CORD PER SQ CM	165.43	222.50	N
Q4215		AXOLOTL AMBIENT, CRYO 0.1 MG	BR		N
Q4216		ARTACENT CORD PER SQ CM	165.43	222.50	N
Q4217		WOUNDFIX BIOWOUND PLUS XPLUS	165.43	222.50	N
Q4218		SURGICORD PER SQ CM	165.43	222.50	N
Q4219		SURGIGRAFT DUAL PER SQ CM	165.43	222.50	N
Q4220		BELLACELL HD, SUREDERM SQ CM	165.43	222.50	N
Q4221		AMNIOWRAP2 PER SQ CM	165.43	222.50	N
Q4222		PROGENAMATRIX, PER SQ CM	165.43	222.50	N
Q4224		HHF10-P PER SQ CM	165.43		N
Q4225		AMNIO OR DERMA TL, PER SQ CM	165.43	222.50	N
Q4226		MYOWN HARV PREP PROC SQ CM	BR		N
Q4227		AMNIOCORE PER SQ CM	165.43	222.50	N

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	Outpatient Facility SI
Q4229		COGENEX AMNIO MEMB PER SQ CM	165.43	222.50	N
Q4230		COGENEX FLOW AMNION 0.5 CC	4019.94		N
Q4232		CORPLEX, PER SQ CM	165.43	222.50	N
Q4233		SURFACTOR /NUDYN PER 0.5 CC	4018.63		N
Q4234		XCELLERATE, PER SQ CM	165.43	222.50	N
Q4235		AMNIOREPAIR OR ALTIPLY SQ CM	165.43	222.50	N
Q4236		CAREPATCH PER SQ CM	165.43	222.50	N
Q4237		CRYO-CORD, PER SQ CM	165.43	222.50	N
Q4238		DERM-MAXX, PER SQ CM	165.43	222.50	N
Q4239		AMNIO-MAXX OR LITE PER SQ CM	165.43	222.50	N
Q4240		CORECYTE TOPICAL ONLY 0.5 CC	BR		N
Q4241		POLYCYTE, TOPICAL ONLY 0.5CC	BR		N
Q4242		AMNIOCYTE PLUS, PER 0.5 CC	4019.94		N
Q4245		AMNIOTEXT, PER CC	BR		N
Q4246		CORETEXT OR PROTEXT, PER CC	BR		N
Q4247		AMNIOTEXT PATCH, PER SQ CM	165.43	222.50	N
Q4248		DERMACYTE AMN MEM ALLO SQ CM	165.43	222.50	N
Q4249		AMNIPLY, PER SQ CM	165.43	222.50	N
Q4250		AMNIOAMP-MP PER SQ CM	165.43	222.50	N
Q4251		VIM, PER SQUARE CENTIMETER	165.43	222.50	N
Q4252		VENDAJE, PER SQUARE CENTIMET	165.43	222.50	N
Q4253		ZENITH AMNIOTIC MEMBRANE PSC	165.43	222.50	N
Q4254		NOVAFIX DL PER SQ CM	165.43	222.50	N
Q4255		REGUARD, TOPICAL USE PER SQ	165.43	222.50	N
Q4256		MLG COMPLET, PER SQ CM	165.43	222.50	N
Q4257		RELESE, PER SQ CM	165.43	222.50	N
Q4258		ENVERSE, PER SQ CM	165.43	222.50	N
Q4259		CELERA PER SQ CM	165.43	222.50	N
Q4260		SIGNATURE APATCH, PER SQ CM	165.43	222.50	N
Q4261		TAG, PER SQUARE CENTIMETER	165.43	222.50	N
Q4262		DUAL LAYER IMPAX, PER SQ CM	165.43	222.50	N
Q4263		SURGRAFT TL, PER SQ CM	165.43	222.50	N
Q4264		COCOON MEMBRANE, PER SQ CM	165.43	222.50	N
Q4265		NEOSTIM TL PER SQ CM	165.43	222.50	N
Q4266		NEOSTIM PER SQ CM	165.43	222.50	N
Q4267		NEOSTIM DL PER SQ CM	165.43	222.50	N
Q4268		SURGRAFT FT PER SQ CM	165.43	222.50	N
Q4269		SURGRAFT XT PER SQ CM	165.43	222.50	N
Q4270		COMPLETE SL PER SQ CM	165.43	222.50	N
Q4271		COMPLETE FT PER SQ CM	165.43	222.50	N
Q4272		ESANO A, PER SQ CM	165.43	222.50	N
Q4273		ESANO AAA, PER SQ CM	165.43	222.50	N
Q4274		ESANO AC, PER SQ CM	165.43	222.50	N
Q4275		ESANO ACA, PER SQ CM	165.43	222.50	N
Q4276		ORION, PER SQ CM	165.43	222.50	N
Q4278		EPIEFFECT, PER SQ CM	165.43	222.50	N
Q4279		VENDAJE AC, PER SQ CM	165.43	222.50	N
Q4280		XCELL AMNIO MATRIX PER SQ CM	165.43	222.50	N
Q4281		BARRERA SLOR DL PER SQ CM	165.43	222.50	N
Q4282		CYGNUS DUAL PER SQ CM	165.43	222.50	N
Q4283		BIOVANCE TRI OR 3L, SQ CM	165.43	222.50	N
Q4284		DERMABIND SL, PER SQ CM	165.43	222.50	N
Q4285		NUDYN DL OR DL MESH PR SQ CM	165.43	222.50	N
Q4286		NUDYN SL OR SLW, PER SQ CM	165.43	222.50	N
Q4287		DERMABIND DL, PER SQ CM	165.43	222.50	N
Q4288		DERMABIND CH, PER SQ CM	165.43	222.50	N
Q4289		REVOSHIELD+ AMNIO, PER SQ CM	165.43	222.50	N
Q4290		MEMBRANE WRAP HYDR PER SQ CM	165.43	222.50	N
Q4291		LAMELLAS XT, PER SQ CM	165.43	222.50	N
Q4292		LAMELLAS, PER SQ CM	165.43	222.50	N

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	Outpatient Facility SI
Q4293		ACESSO DL, PER SQ CM	165.43	222.50	N
Q4294		AMNIO QUAD-CORE, PER SQ CM	165.43	222.50	N
Q4295		AMNIO TRI-CORE, PER SQ CM	165.43	222.50	N
Q4296		REBOUND MATRIX, PER SQ CM	165.43	222.50	N
Q4297		EMERGE MATRIX, PER SQ CM	165.43	222.50	N
Q4298		AMNICORE PRO, PER SQ CM	165.43	222.50	N
Q4299		AMNICORE PRO+, PER SQ CM	165.43	222.50	N
Q4300		ACESSO TL, PER SQ CM	165.43	222.50	N
Q4301		ACTIVATE MATRIX, PER SQ CM	165.43	222.50	N
Q4302		COMPLETE ACA, PER SQ CM	165.43	222.50	N
Q4303		COMPLETE AA, PER SQ CM	165.43	222.50	N
Q4304		GRAFIX PLUS, PER SQ CM	165.43	222.50	N
Q4305		AMER AM AC TRI-LAY PER SQ CM	165.43	222.50	N
Q4306		AMERIC AMNION AC PER SQ CM	165.43	222.50	N
Q4307		AMERICAN AMNION, PER SQ CM	165.43	222.50	N
Q4308		SANOPELLIS, PER SQ CM	165.43	222.50	N
Q4309		VIA MATRIX, PER SQ CM	165.43	222.50	N
Q4310		PROCENTA, PER 100 MG	2801.47		N
Q4311		ACESSO, PER SQ CM	165.43	222.50	N
Q4312		ACESSO AC, PER SQ CM	165.43	222.50	N
Q4313		DERMABIND FM, PER SQ CM	165.43	222.50	N
Q4314		REEVA, PER SQ CM	165.43	222.50	N
Q4315		REGENELINK AMNIOTIC MEM ALLO	165.43	222.50	N
Q4316		AMCHOPLAST, PER SQ CM	165.43	222.50	N
Q4317		VITOGRAFT, PER SQ CM	165.43	222.50	N
Q4318		E-GRAFT, PER SQ CM	165.43	222.50	N
Q4319		SANOGRAFT, PER SQ CM	165.43	222.50	N
Q4320		PELLOGRAFT, PER SQ CM	165.43	222.50	N
Q4321		RENOGRAFT, PER SQ CM	165.43	222.50	N
Q4322		CAREGRAFT, PER SQ CM	165.43	222.50	N
Q4323		ALLOPLY, PER SQ CM	165.43	222.50	N
Q4324		AMNIOTX, PER SQ CM	165.43	222.50	N
Q4325		ACAPATCH, PER SQ CM	165.43	222.50	N
Q4326		WOUNDPLUS, PER SQ CM	165.43	222.50	N
Q4327		DUOAMNION, PER SQ CM	165.43	222.50	N
Q4328		MOST, PER SQ CM	165.43	222.50	N
Q4329		SINGLAY, PER SQ CM	165.43	222.50	N
Q4330		TOTAL, PER SQ CM	165.43	222.50	N
Q4331		AXOLOTL GRAFT, PER SQ CM	165.43	222.50	N
Q4332		AXOLOTL DUALGRAFT, PER SQ CM	165.43	222.50	N
Q4333		ARDEOGRAFT, PER SQ CM	165.43	222.50	N
Q4334		AMNIOPLAST 1, PER SQ CM	165.43	222.50	N
Q4335		AMNIOPLAST 2, PER SQ CM	165.43	222.50	N
Q4336		ARTECENT C, PER SQ CM	165.43	222.50	N
Q4337		ARTECENT TRIDENT, PER SQ CM	165.43	222.50	N
Q4338		ARTACENT VELOS, PER SQ CM	165.43	222.50	N
Q4339		ARTACENT VERICLEN, PER SQ CM	165.43	222.50	N
Q4340		SIMPLIGRAFT, PER SQ CM	165.43	222.50	N
Q4341		SIMPLIMAX, PER SQ CM	165.43	222.50	N
Q4342		THERAMEND, PER SQ CM	165.43	222.50	N
Q4343		DERMACYTE AC MATRX PER SQ CM	165.43	222.50	N
Q4344		TRI MEMBRANE WRAP, PER SQ CM	165.43	222.50	N
Q4345		MATRIX HD ALLOGRFT PER SQ CM	165.43	222.50	N
Q4346		SHELTER DM MATRIX PER SQ CM	165.43	222.50	N
Q4347		RAMPART DL MATRIX PER SQ CM	165.43	222.50	N
Q4348		SENTRY SL MATRIX PER SQ CM	165.43	222.50	N
Q4349		MANTLE DL MATRIX PER SQ CM	165.43	222.50	N
Q4350		PALISADE DM MATRIX PER SQ CM	165.43	222.50	N
Q4351		ENCLOSE TL MATRIX, PER SQ CM	165.43	222.50	N
Q4352		OVERLAY SL MATRIX, PER SQ CM	165.43	222.50	N

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	Outpatient Facility SI
Q4353		XCEED TL MATRIX PER SQ CM	165.43	222.50	N
Q4354		PALINGEN DUAL-LAYER SQ CM	165.43	222.50	
Q4355		ABIO XPL ABIO XPL HY P SQ CM	165.43	222.50	
Q4356		ABIO MEM ABIO HYD PER SQ CM	165.43	222.50	
Q4357		XWRAP PLUS, PER SQ CM	165.43	222.50	
Q4358		XWRAP DUAL, PER SQ CM	165.43	222.50	
Q4359		CHORIPLY, PER SQ CM	165.43	222.50	
Q4360		AMCHOPLAST FD PER SQ CM	165.43	222.50	
Q4361		EPIXPRESS, PER SQ CM	165.43	222.50	
Q4362		CYGNUS DISK, PER SQ CM	165.43	222.50	
Q4363		AM BUR MEM HYDRO PER SQ CM	165.43	222.50	
Q4364		AM BUR XP MEM XPL HY P SQ CM	165.43	222.50	
Q4365		AMNIO BUR DL MEM PER SQ CM	165.43	222.50	
Q4366		DL AMNIO BUR X-MEM PER SQ CM	165.43	222.50	
Q4367		AMNIOCORE SL, PER SQ CM	165.43	222.50	
Q4368		AMCHOTHICK PER SQ CM	165.43	222.50	
Q4369		AMNIOPLAST 3 PER SQ CM	165.43	222.50	
Q4370		AEROGUARD PER SQ CM	165.43	222.50	
Q4371		NEOGUARD PER SQ CM	165.43	222.50	
Q4372		AMCHOPLAST EXCL PER SQ CM	165.43	222.50	
Q4373		MEMBRANE WRP LT PER SQ CM	165.43	222.50	
Q4375		DUOGRAFT AC PER SQ CM	165.43	222.50	
Q4376		DUOGRAFT AA PER SQ CM	165.43	222.50	
Q4377		TRIGRAFT FT PER SQ CM	165.43	222.50	
Q4378		RENEW FT MATRIX PER SQ CM	165.43	222.50	
Q4379		AMNIODEFEND FT PER SQ CM	165.43	222.50	
Q4380		ADVOGRAFT ONE PER SQ CM	165.43	222.50	
Q4382		ADVOGRAFT DUAL PER SQ CM	165.43	222.50	
Q4383		AXOLOTL GRAFT ULT PER SQ CM	165.43	222.50	
Q4384		AXOLOTL DUAL ULT PER SQ CM	165.43	222.50	
Q4385		APOLLO FT PER SQ CM	165.43	222.50	
Q4386		ACESSO TRIFACA PER SQ CM	165.43	222.50	
Q4387		NEOTHELIUM FT PER SQ CM	165.43	222.50	
Q4388		NEOTHELIUM 4L PER SQ CM	165.43	222.50	
Q4389		NEOTHELIUM 4L+ PER SQ CM	165.43	222.50	
Q4390		ASCENDION PER SQ CM	165.43	222.50	
Q4391		AMNIOPLAST DOUBLE PER SQ CM	165.43	222.50	
Q4392		GRAFIX DUO PER SQ CM	165.43	222.50	
Q4393		SURGRAFT AC PER SQ CM	165.43	222.50	
Q4394		SURGRAFT ACA PER SQ CM	165.43	222.50	
Q4395		ACELAGRAFT PER SQ CM	165.43	222.50	
Q4396		NATALIN PER SQ CM	165.43	222.50	
Q4397		SUMMIT AAA PER SQ CM	165.43	222.50	
Q4398		SUMMIT AC PER SQ CM	165.43	222.50	S1
Q4399		SUMMIT FX PER SQ CM	165.43	222.50	S1
Q4400		POLYGON3 PER SQ CM	165.43	222.50	S1
Q4401		ABSOLV3 PER SQ CM	165.43	222.50	S1
Q4402		XWRAP 2.0 PER SQ CM	165.43	222.50	S1
Q4403		XWRAP DUAL PLUS PER SQ CM	165.43	222.50	S1
Q4404		XWRAP HYDRO PLUS PER SQ CM	165.43	222.50	S1
Q4405		XWRAP FENESTRA PLUS SQ CM	165.43	222.50	S1
Q4406		XWRAP FENESTRA PER SQ CM	165.43	222.50	S1
Q4407		XWRAP TRIBUS PER SQ CM	165.43	222.50	S1
Q4408		XWRAP HYDRO PER SQ CM	165.43	222.50	S1
Q4409		AMNIOMATRIXF3X PER SQ CM	165.43	222.50	S1
Q4410		AMCHOMATRIXDL PER SQ CM	165.43	222.50	S1
Q4411		AMNIOMATRIXF4X PER SQ CM	165.43	222.50	S1
Q4412		CHORIOFIX PER SQ CM	165.43	222.50	S1
Q4413		CYGNUS SOLO PER SQ CM	165.43	222.50	S1
Q4414		SIMPLICHOR PER SQ CM	165.43	222.50	S1

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	Outpatient Facility SI
Q4415		ALEXIGUARD ST-L PER SQ CM	165.43	222.50	S1
Q4416		ALEXIGUARD TL-T PER SQ CM	165.43	222.50	S1
Q4417		ALEXIGUARD DL-T PER SQ CM	165.43	222.50	S1
Q4420		NUFORM PER SQ CM	165.43	222.50	S1
Q4431		PMA SKIN SUBSTITUTE, NOS	BR	222.50	S1
Q4432		510(K) SKIN SUBS, NOS	BR	222.50	S1
Q4433		361 HCT/P SKIN SUBS, NOS	BR	222.50	S1
Q5001		HOSPICE OR HOME HLTH IN HOME	146.34		B
Q5002		HOSPICE/HOME HLTH IN ASST LV	136.24		B
Q5003		HOSPICE IN LT/NON-SKILLED NF	170.73		B
Q5004		HOSPICE IN SNF	137.93		B
Q5005		HOSPICE, INPATIENT HOSPITAL	1245.53		B
Q5006		HOSPICE IN HOSPICE FACILITY	1413.74		B
Q5007		HOSPICE IN LTCH	BR		B
Q5008		HOSPICE IN INPATIENT PSYCH	BR		B
Q5009		HOSPICE/HOME HLTH, PLACE NOS	BR		B
Q5010		HOSPICE HOME CARE IN HOSPICE	174.08		B
Q5098		INJ USTEKINUMAB-SRLF, 1 MG	BR		
Q5099		INJ USTEKINUMAB-STBA, 1 MG	15.41		
Q5100		INJ USTEKINUMAB-KFCE, 1 MG	32.09	43.19	
Q5101		INJECTION, ZARXIO	0.46	0.63	K
Q5103		INJECTION, INFLECTRA	15.02	20.21	K
Q5104		INJECTION, RENFLEXIS	34.14	45.96	K
Q5105		INJ RETACRIT ESRD ON DIALYSI	0.97	1.31	K
Q5106		INJ RETACRIT NON-ESRD USE	9.71	13.07	K
Q5107		INJ MVASI 10 MG	37.35	50.28	K
Q5108		INJECTION, FULPHILA	162.90	219.28	K
Q5110		NIVESTYM	0.38	0.51	K
Q5111		INJECTION, UDENYCA 0.5 MG	176.22	237.21	K
Q5112		INJ ONTRUZANT 10 MG	34.28	46.15	K
Q5113		INJ HERZUMA 10 MG	93.57	125.97	K
Q5114		INJ OGIVRI 10 MG	67.39	90.72	K
Q5115		INJ TRUXIMA 10 MG	41.38	55.70	K
Q5116		INJ., TRAZIMERA, 10 MG	24.66	33.20	K
Q5117		INJ., KANJINTI, 10 MG	45.09	60.71	K
Q5118		INJ., ZIRABEV, 10 MG	29.90	40.25	K
Q5119		INJ RUXIENCE, 10 MG	30.67	41.28	K
Q5120		INJ PEGFILGRASTIM-BMEZ 0.5MG	32.12	43.24	K
Q5121		INJ. AVSOLA, 10 MG	25.77	34.70	K
Q5122		INJ, NYVEPRIA	152.11	204.77	K
Q5123		INJ. RIABNI, 10 MG	47.81	64.37	K
Q5124		INJ. BYOOVIZ, 0.1 MG	219.96	296.10	G
Q5125		INJ, RELEUKO 1 MCG	0.59	0.79	G
Q5126		INJ ALYMSYS 10 MG	75.70	101.90	G
Q5127		INJ, STIMUFEND, 0.5 MG	387.80	522.04	K
Q5128		INJ, CIMERLI, 0.1 MG	219.37	295.30	G
Q5129		INJ, VEGZELMA, 10 MG	67.60	91.00	G
Q5130		INJ, FYLNETRA, 0.5 MG	238.57	321.16	G
Q5133		INJ, TOFIDENCE, 1 MG	7.79	10.50	G
Q5134		INJ, TYRUKO, 1 MG	BR	42.68	E2
Q5135		INJ, TYENNE, 1 MG	5.34	7.19	G
Q5136		INJ. DENOSUMAB-BBDZ, 1 MG	36.70	49.40	E2
Q5137		INJ, WEZLANA, SUB CU, 1 MG	250.98		E2
Q5138		INJ, WEZLANA, IV, 1 MG	15.13	20.37	E2
Q5140		INJ ADALIMUMAB-FKJP, 1 MG	BR	152.50	K
Q5141		INJ ADALIMUMAB-AATY, 1 MG	BR	76.25	K
Q5142		INJ ADALIMUMAB-RYVK, 1 MG	23.01	18.45	K
Q5143		INJ ADALIMUMAB-ADBM, 1 MG	146.33	18.25	K
Q5144		INJ, IDACIO, 1 MG	39.95	26.29	K
Q5145		INJ, ABRILADA, 1 MG	BR	224.12	K

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	Outpatient Facility SI
Q5146		INJ, HERCESSI, 10 MG	48.30	65.01	E2
Q5147		INJ, AFLIBERCEPT-AYYH, 1 MG	1126.06	1515.85	
Q5148		INJ, NYPOSI 1 MCG	1.30	1.75	
Q5149		INJ, AFLIBERCEPT-ABZV, 1 MG	BR		
Q5150		INJ, AFLIBERCEPT-MRBB, 1 MG	BR		
Q5151		INJ, ECULIZUMAB-AAGH, 2 MG	41.17	55.42	
Q5152		INJ, ECULIZUMAB-AEEB, 2 MG	55.05	74.11	
Q5153		INJ, AFLIBERCEPT-YSZY, 1 MG	BR		
Q5154		INJ, OMLYCLO, 5 MG	BR		
Q5155		INJ, AFLIBERCEPT-JBVF, 1 MG	BR		
Q5156		INJ, TOCILIZUMAB-ANOH, 1 MG	BR		
Q5157		INJ, DENOSUMAB-BMWO, 1 MG	24.31	49.23	
Q5158		INJ, DENOSUMAB-BNHT, 1 MG	BR	50.26	
Q5159		INJ, DENOSUMAB-DSSB, 1 MG	BR		
Q5160		INJ, JOBEVNE, 10 MG	BR	147.67	G
Q9001		CHAPLAIN ASSESSMENT	BR		B
Q9002		CHAPLAIN COUNSEL INDIVIDU	BR		B
Q9003		CHAPLAIN COUNSEL GROUP	BR		B
Q9004		VA WHOLE HEALTH PARTNER SERV	BR		E1
Q9950		INJ SULF HEXA LIPID MICROSPH	24.28		N
Q9951		LOCM >= 400 MG/ML IODINE,1ML	1.68		N
Q9953		INJ FE-BASED MR CONTRAST,1ML	61.82		N
Q9954		ORAL MR CONTRAST, 100 ML	15.56		N
Q9955		INJ PERFLEXANE LIP MICROS,ML	349.44		N
Q9956		INJ OCTAFLUOROPROPANE MIC,ML	54.09		N
Q9957		INJ PERFLUTREN LIP MICROS,ML	54.09		N
Q9958		HOCM <=149 MG/ML IODINE, 1ML	0.09		N
Q9959		HOCM 150-199MG/ML IODINE,1ML	0.13		N
Q9960		HOCM 200-249MG/ML IODINE,1ML	0.91		N
Q9961		HOCM 250-299MG/ML IODINE,1ML	0.38		N
Q9962		HOCM 300-349MG/ML IODINE,1ML	0.90		N
Q9963		HOCM 350-399MG/ML IODINE,1ML	0.28		N
Q9964		HOCM>= 400MG/ML IODINE, 1ML	0.25		N
Q9965		LOCM 100-199MG/ML IODINE,1ML	1.57		N
Q9966		LOCM 200-299MG/ML IODINE,1ML	0.53		N
Q9967		LOCM 300-399MG/ML IODINE,1ML	0.19		N
Q9968		VISUALIZATION ADJUNCT	22.71	15.58	K
Q9982		FLUTEMETAMOL F18 DIAGNOSTIC	14232.40	1530.20	K
Q9983		FLORBETABEN F18 DIAGNOSTIC	4493.09	2229.08	K
Q9991		BUPRENORPH XR 100 MG OR LESS	2511.36	3380.67	K
Q9992		BUPRENORPHINE XR OVER 100 MG	2511.36	3380.67	K
Q9996		USTEKINUMAB- TTWE SUB CU INJ	28.65		E2
Q9997		USTEKINUMAB-TTWE IV INJ 1 MG	10.75	14.47	E2
Q9998		INJ USTEKINUMAB-AEKN, 1 MG	56.16	75.60	E2
Q9999		INJ USTEKINUMAB-AAUZ 1 MG	42.84	57.68	
S9122		HOME HEALTH AIDE OR CERTIFIE	41.21		
S9123		NURSING CARE IN HOME RN	76.95		
S9124		NURSING CARE, IN THE HOME; B	63.92		
S9125		RESPITE CARE, IN THE HOME, P	678.69		
S9126		HOSPICE CARE, IN THE HOME, P	188.38		
S9127		SOCIAL WORK VISIT, IN THE HO	255.24		
S9128		SPEECH THERAPY, IN THE HOME,	165.26		
S9129		OCCUPATIONAL THERAPY, IN THE	171.15		
S9131		PT IN THE HOME PER DIEM	198.48		
T1030		RN HOME CARE PER DIEM	186.71		
T1031		LPN HOME CARE PER DIEM	119.85		
V2020		VISION SVCS FRAMES PURCHASES	110.57		A
V2025		EYEGLASSES DELUX FRAMES	144.24		E1
V2100		LENS SPHER SINGLE PLANO 4.00	61.13		A
V2101		SINGLE VISN SPHERE 4.12-7.00	64.40		A

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	Sl
V2102		SINGL VISN SPHERE 7.12-20.00	90.60		A
V2103		SPHEROCYLINDR 4.00D/12-2.00D	53.07		A
V2104		SPHEROCYLINDR 4.00D/2.12-4D	58.77		A
V2105		SPHEROCYLINDER 4.00D/4.25-6D	64.00		A
V2106		SPHEROCYLINDER 4.00D/>6.00D	76.30		A
V2107		SPHEROCYLINDER 4.25D/12-2D	67.52		A
V2108		SPHEROCYLINDER 4.25D/2.12-4D	69.93		A
V2109		SPHEROCYLINDER 4.25D/4.25-6D	77.36		A
V2110		SPHEROCYLINDER 4.25D/OVER 6D	77.82		A
V2111		SPHEROCYLINDR 7.25D/.25-2.25	79.57		A
V2112		SPHEROCYLINDR 7.25D/2.25-4D	86.88		A
V2113		SPHEROCYLINDR 7.25D/4.25-6D	100.37		A
V2114		SPHEROCYLINDER OVER 12.00D	106.05		A
V2115		LENS LENTICULAR BIFOCAL	115.41		A
V2118		LENS ANISEIKONIC SINGLE	152.56		A
V2121		LENTICULAR LENS, SINGLE	133.15		A
V2199		LENS SINGLE VISION NOT OTH C	BR		A
V2200		LENS SPHER BIFOC PLANO 4.00D	86.29		A
V2201		LENS SPHERE BIFOCAL 4.12-7.0	92.26		A
V2202		LENS SPHERE BIFOCAL 7.12-20.	105.18		A
V2203		LENS SPHCYL BIFOCAL 4.00D/.1	85.68		A
V2204		LENS SPHCY BIFOCAL 4.00D/2.1	90.48		A
V2205		LENS SPHCY BIFOCAL 4.00D/4.2	96.14		A
V2206		LENS SPHCY BIFOCAL 4.00D/OVE	100.35		A
V2207		LENS SPHCY BIFOCAL 4.25-7D/.	97.28		A
V2208		LENS SPHCY BIFOCAL 4.25-7/2.	99.14		A
V2209		LENS SPHCY BIFOCAL 4.25-7/4.	112.33		A
V2210		LENS SPHCY BIFOCAL 4.25-7/OV	112.42		A
V2211		LENS SPHCY BIFO 7.25-12/.25-	126.05		A
V2212		LENS SPHCYL BIFO 7.25-12/2.2	137.09		A
V2213		LENS SPHCYL BIFO 7.25-12/4.2	132.15		A
V2214		LENS SPHCYL BIFOCAL OVER 12.	130.65		A
V2215		LENS LENTICULAR BIFOCAL	132.64		A
V2218		LENS ANISEIKONIC BIFOCAL	210.44		A
V2219		LENS BIFOCAL SEG WIDTH OVER	69.47		A
V2220		LENS BIFOCAL ADD OVER 3.25D	56.34		A
V2221		LENTICULAR LENS, BIFOCAL	165.85		A
V2299		LENS BIFOCAL SPECIALITY	96.29		A
V2300		LENS SPHERE TRIFOCAL 4.00D	112.81		A
V2301		LENS SPHERE TRIFOCAL 4.12-7.	153.43		A
V2302		LENS SPHERE TRIFOCAL 7.12-20	170.60		A
V2303		LENS SPHCY TRIFOCAL 4.0/.12-	113.79		A
V2304		LENS SPHCY TRIFOCAL 4.0/2.25	116.74		A
V2305		LENS SPHCY TRIFOCAL 4.0/4.25	145.44		A
V2306		LENS SPHCYL TRIFOCAL 4.00/>6	140.82		A
V2307		LENS SPHCY TRIFOCAL 4.25-7/.	153.28		A
V2308		LENS SPHC TRIFOCAL 4.25-7/2.	157.91		A
V2309		LENS SPHC TRIFOCAL 4.25-7/4.	180.28		A
V2310		LENS SPHC TRIFOCAL 4.25-7/>6	152.67		A
V2311		LENS SPHC TRIFO 7.25-12/.25-	175.32		A
V2312		LENS SPHC TRIFO 7.25-12/2.25	186.43		A
V2313		LENS SPHC TRIFO 7.25-12/4.25	201.60		A
V2314		LENS SPHCYL TRIFOCAL OVER 12	167.70		A
V2315		LENS LENTICULAR TRIFOCAL	248.24		A
V2318		LENS ANISEIKONIC TRIFOCAL	305.18		A
V2319		LENS TRIFOCAL SEG WIDTH > 28	82.99		A
V2320		LENS TRIFOCAL ADD OVER 3.25D	81.74		A
V2321		LENTICULAR LENS, TRIFOCAL	244.67		A
V2399		LENS TRIFOCAL SPECIALITY	97.14		A
V2410		LENS VARIAB ASPHERICITY SING	139.91		A

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V2430		LENS VARIABLE ASPHERICITY BI	171.95		A
V2499		VARIABLE ASPHERICITY LENS	37.00		A
V2500		CONTACT LENS PMMA SPHERICAL	133.00		A
V2501		CNTCT LENS PMMA-TORIC/PRISM	257.57		A
V2502		CONTACT LENS PMMA BIFOCAL	312.40		A
V2503		CNTCT LENS PMMA COLOR VISION	292.24		A
V2510		CNTCT GAS PERMEABLE SPHERICL	197.65		A
V2511		CNTCT TORIC PRISM BALLAST	331.67		A
V2512		CNTCT LENS GAS PERMBL BIFOCL	347.53		A
V2513		CONTACT LENS EXTENDED WEAR	281.59		A
V2520		CONTACT LENS HYDROPHILIC	191.53		A
V2521		CNTCT LENS HYDROPHILIC TORIC	294.23		A
V2522		CNTCT LENS HYDROPHIL BIFOCL	361.26		A
V2523		CNTCT LENS HYDROPHIL EXTEND	303.59		A
V2524		CNTCT LENS HYDROPHIL PHOTOCH	217.13		A
V2525		CL, HYDROPHILIC, DUAL FOCUS	BR		E1
V2526		CNTCT LENS BLUE VIOLET	82.42		E1
V2530		CONTACT LENS GAS IMPERMEABLE	464.01		A
V2531		CONTACT LENS GAS PERMEABLE	871.27		A
V2599		CONTACT LENS/ES OTHER TYPE	BR		A
V2600		HAND HELD LOW VISION AIDS	162.32		A
V2610		SINGLE LENS SPECTACLE MOUNT	BR		A
V2615		TELESCOP/OTHR COMPOUND LENS	1672.35		A
V2623		PLASTIC EYE PROSTH CUSTOM	1476.06		A
V2624		POLISHING ARTIFICAL EYE	94.99		A
V2625		ENLARGEMNT OF EYE PROSTHESIS	577.50		A
V2626		REDUCTION OF EYE PROSTHESIS	311.30		A
V2627		SCLERAL COVER SHELL	2010.52		A
V2628		FABRICATION & FITTING	474.72		A
V2629		PROSTHETIC EYE OTHER TYPE	3124.77		A
V2630		ANTER CHAMBER INTRAOCUL LENS	185.73		N
V2631		IRIS SUPPORT INTRAOCLR LENS	185.73		N
V2632		POST CHMBR INTRAOCULAR LENS	185.73		N
V2700		BALANCE LENS	71.63		A
V2702		DELUXE LENS FEATURE	24.39		E1
V2710		GLASS/PLASTIC SLAB OFF PRISM	100.05		A
V2715		PRISM LENS/ES	18.14		A
V2718		FRESNELL PRISM PRESS-ON LENS	57.59		A
V2730		SPECIAL BASE CURVE	33.72		A
V2744		TINT PHOTOCHROMATIC LENS/ES	25.60		A
V2745		TINT, ANY COLOR/SOLID/GRAD	16.02		A
V2750		ANTI-REFLECTIVE COATING	29.78		A
V2755		UV LENS/ES	34.55		A
V2756		EYE GLASS CASE	5.04		E1
V2760		SCRATCH RESISTANT COATING	26.29		E1
V2761		MIRROR COATING	46.25		B
V2762		POLARIZATION, ANY LENS	91.30		E1
V2770		OCCLUDER LENS/ES	40.60		A
V2780		OVERSIZE LENS/ES	21.39		A
V2781		PROGRESSIVE LENS PER LENS	152.65		B
V2782		LENS, 1.54-1.65 P/1.60-1.79G	98.62		A
V2783		LENS, >= 1.66 P/>=1.80 G	111.15		A
V2784		LENS POLYCARB OR EQUAL	72.29		A
V2785		CORNEAL TISSUE PROCESSING	BR		F
V2786		OCCUPATIONAL MULTIFOCAL LENS	72.33		E1
V2787		ASTIGMATISM-CORRECT FUNCTION	914.17		E1
V2788		PRESBYOPIA-CORRECT FUNCTION	1000.38		E1
V2790		AMNIOTIC MEMBRANE	640.00		N
V2797		VIS ITEM/SVC IN OTHER CODE	35.32		E1
V2799		MISC VISION ITEM OR SERVICE	BR		A

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	SI
V5008		HEARING SCREENING	86.20		E1
V5010		ASSESSMENT FOR HEARING AID	127.41		E1
V5011		HEARING AID FITTING/CHECKING	258.61		E1
V5014		HEARING AID REPAIR/MODIFYING	202.68		E1
V5020		CONFORMITY EVALUATION	129.52		E1
V5030		BODY-WORN HEARING AID AIR	2226.58		E1
V5040		BODY-WORN HEARING AID BONE	BR		E1
V5050		HEARING AID MONAURAL IN EAR	1953.24		E1
V5060		BEHIND EAR HEARING AID	1880.50		E1
V5070		GLASSES AIR CONDUCTION	BR		E1
V5080		GLASSES BONE CONDUCTION	BR		E1
V5090		HEARING AID DISPENSING FEE	402.43		E1
V5095		IMPLANT MID EAR HEARING PROS	BR		E1
V5100		BODY-WORN BILAT HEARING AID	2026.83		E1
V5110		HEARING AID DISPENSING FEE	562.64		E1
V5120		BODY-WORN BINAUR HEARING AID	1818.69		E1
V5130		IN EAR BINAURAL HEARING AID	3049.50		E1
V5140		BEHIND EAR BINAUR HEARING AI	3816.50		E1
V5150		GLASSES BINAURAL HEARING AID	66.44		E1
V5160		DISPENSING FEE BINAURAL	813.25		E1
V5171		HEARING AID MONAURAL ITE	2540.27		E1
V5172		HEARING AID MONAURAL ITC	1598.34		E1
V5181		HEARING AID MONAURAL BTE	1541.57		E1
V5190		HEARING AID MONAURAL GLASSES	BR		E1
V5200		DISP FEE CONTRALATERAL MONAU	412.52		E1
V5211		HEARING AID BINAURAL ITE/ITE	4831.91		E1
V5212		HEARING AID BINAURAL ITE/ITC	BR		E1
V5213		HEARING AID BINAURAL ITE/BTE	BR		E1
V5214		HEARING AID BINAURAL ITC/ITC	3682.35		E1
V5215		HEARING AID BINAURAL ITC/BTE	3349.32		E1
V5221		HEARING AID BINAURAL BTE/BTE	3507.01		E1
V5230		HEARING AID BINAURAL GLASSES	BR		E1
V5240		DISP FEE CONTRALATERAL BINAU	515.96		E1
V5241		DISPENSING FEE, MONAURAL	444.47		E1
V5242		HEARING AID, MONAURAL, CIC	BR		E1
V5243		HEARING AID, MONAURAL, ITC	BR		E1
V5244		HEARING AID, PROG, MON, CIC	BR		E1
V5245		HEARING AID, PROG, MON, ITC	BR		E1
V5246		HEARING AID, PROG, MON, ITE	BR		E1
V5247		HEARING AID, PROG, MON, BTE	2280.81		E1
V5248		HEARING AID, BINAURAL, CIC	3686.14		E1
V5249		HEARING AID, BINAURAL, ITC	1621.46		E1
V5250		HEARING AID, PROG, BIN, CIC	3556.63		E1
V5251		HEARING AID, PROG, BIN, ITC	3068.85		E1
V5252		HEARING AID, PROG, BIN, ITE	3261.86		E1
V5253		HEARING AID, PROG, BIN, BTE	4742.87		E1
V5254		HEARING ID, DIGIT, MON, CIC	2267.79		E1
V5255		HEARING AID, DIGIT, MON, ITC	2227.41		E1
V5256		HEARING AID, DIGIT, MON, ITE	2533.54		E1
V5257		HEARING AID, DIGIT, MON, BTE	2436.41		E1
V5258		HEARING AID, DIGIT, BIN, CIC	5067.92		E1
V5259		HEARING AID, DIGIT, BIN, ITC	3878.32		E1
V5260		HEARING AID, DIGIT, BIN, ITE	3607.93		E1
V5261		HEARING AID, DIGIT, BIN, BTE	5526.27		E1
V5262		HEARING AID, DISP, MONAURAL	1752.66		E1
V5263		HEARING AID, DISP, BINAURAL	3861.08		E1
V5264		EAR MOLD/INSERT	102.18		E1
V5265		EAR MOLD/INSERT, DISP	38.27		E1
V5266		BATTERY FOR HEARING DEVICE	1.26		E1
V5267		HEARING AID SUP/ACCESS/DEV	BR		E1

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Code	Mod	Description	Professional Fee	Outpatient Facility Fee	Outpatient Facility SI
V5268		ALD TELEPHONE AMPLIFIER	378.20		E1
V5269		ALERTING DEVICE, ANY TYPE	BR		E1
V5270		ALD, TV AMPLIFIER, ANY TYPE	304.03		E1
V5271		ALD, TV CAPTION DECODER	BR		E1
V5272		TDD	BR		E1
V5273		ALD FOR COCHLEAR IMPLANT	BR		E1
V5274		ALD UNSPECIFIED	BR		E1
V5275		EAR IMPRESSION	81.16		E1
V5281		ALD FM/DM SYSTEM, MONAURAL	76.12		E1
V5282		ALD FM/DM SYSTEM BINAURAL	3089.02		E1
V5283		ALD NECK, LOOP IND RECEIVER	BR		E1
V5284		ALD FM/DM EAR LEVEL RECEIVER	76.95		E1
V5285		ALD FM/DM AUD INPUT RECEIVER	5082.22		E1
V5286		ALD BLU TOOTH FM/DM RECEIVER	5080.96		E1
V5287		ALD FM/DM RECEIVER, NOS	BR		E1
V5288		ALD FM/DM TRANSMITTER ALD	1118.12		E1
V5289		ALD FM/DM ADAPT/BOOT COUPLIN	BR		E1
V5290		ALD TRANSMITTER MICROPHONE	511.76		E1
V5298		HEARING AID NOC	BR		E1
V5299		HEARING SERVICE	BR		B
V5336		REPAIR COMMUNICATION DEVICE	171.15		E1
V5362		SPEECH SCREENING	122.79		E1
V5363		LANGUAGE SCREENING	130.78		E1
V5364		DYSPHAGIA SCREENING	188.38		E1

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Inpatient

DRG	Description	Fee
001	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM WITH MCC	279,896.85
002	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM WITHOUT MCC	109,498.24
003	ECMO OR TRACHEOSTOMY WITH MV >96 HOURS OR PRINCIPAL DIAGNOSIS EXCEPT FACE, MOUTH AND NECK WITH MAJOR O.R. PROCEDURES	212,957.02
004	TRACHEOSTOMY WITH MV >96 HOURS OR PRINCIPAL DIAGNOSIS EXCEPT FACE, MOUTH AND NECK WITHOUT MAJOR O.R. PROCEDURES	140,404.02
005	LIVER TRANSPLANT WITH MCC OR INTESTINAL TRANSPLANT	105,818.72
006	LIVER TRANSPLANT WITHOUT MCC	48,184.51
007	LUNG TRANSPLANT	129,859.31
008	SIMULTANEOUS PANCREAS AND KIDNEY TRANSPLANT	54,065.98
010	PANCREAS TRANSPLANT	79,224.43
011	TRACHEOSTOMY FOR FACE, MOUTH AND NECK DIAGNOSES OR LARYNGECTOMY WITH MCC	53,616.85
012	TRACHEOSTOMY FOR FACE, MOUTH AND NECK DIAGNOSES OR LARYNGECTOMY WITH CC	40,776.78
013	TRACHEOSTOMY FOR FACE, MOUTH AND NECK DIAGNOSES OR LARYNGECTOMY WITHOUT CC/MCC	26,331.96
014	ALLOGENEIC BONE MARROW TRANSPLANT	130,187.21
016	AUTOLOGOUS BONE MARROW TRANSPLANT WITH CC/MCC	59,976.26
017	AUTOLOGOUS BONE MARROW TRANSPLANT WITHOUT CC/MCC	59,976.26
018	CHIMERIC ANTIGEN RECEPTOR (CAR) T-CELL AND OTHER IMMUNOTHERAPIES	374,736.63
019	SIMULTANEOUS PANCREAS AND KIDNEY TRANSPLANT WITH HEMODIALYSIS	78,770.33
020	INTRACRANIAL VASCULAR PROCEDURES WITH PRINCIPAL DIAGNOSIS HEMORRHAGE WITH MCC	80,099.85
021	INTRACRANIAL VASCULAR PROCEDURES WITH PRINCIPAL DIAGNOSIS HEMORRHAGE WITH CC	54,922.51
022	INTRACRANIAL VASCULAR PROCEDURES WITH PRINCIPAL DIAGNOSIS HEMORRHAGE WITHOUT CC/MCC	35,080.14
023	CRANIOTOMY WITH MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PRINCIPAL DIAGNOSIS WITH MCC OR CHEMOTHERAPY IMPLANT OR EPILEPSY WITH NEUROSTIMULATOR	56,689.24
024	CRANIOTOMY WITH MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PRINCIPAL DIAGNOSIS WITHOUT MCC	37,775.93
025	CRANIOTOMY AND ENDOVASCULAR INTRACRANIAL PROCEDURES WITH MCC	44,439.41
026	CRANIOTOMY AND ENDOVASCULAR INTRACRANIAL PROCEDURES WITH CC	30,392.05
027	CRANIOTOMY AND ENDOVASCULAR INTRACRANIAL PROCEDURES WITHOUT CC/MCC	24,521.52
028	SPINAL PROCEDURES WITH MCC	60,409.50
029	SPINAL PROCEDURES WITH CC OR SPINAL NEUROSTIMULATORS	33,354.15
030	SPINAL PROCEDURES WITHOUT CC/MCC	22,112.89
031	VENTRICULAR SHUNT PROCEDURES WITH MCC	41,640.27
032	VENTRICULAR SHUNT PROCEDURES WITH CC	21,220.58
033	VENTRICULAR SHUNT PROCEDURES WITHOUT CC/MCC	15,853.83
034	CAROTID ARTERY STENT PROCEDURES WITH MCC	38,640.42
035	CAROTID ARTERY STENT PROCEDURES WITH CC	22,603.75
036	CAROTID ARTERY STENT PROCEDURES WITHOUT CC/MCC	18,214.76
037	EXTRACRANIAL PROCEDURES WITH MCC	32,998.42
038	EXTRACRANIAL PROCEDURES WITH CC	16,010.83
039	EXTRACRANIAL PROCEDURES WITHOUT CC/MCC	11,309.83
040	PERIPHERAL, CRANIAL NERVE AND OTHER NERVOUS SYSTEM PROCEDURES WITH MCC	37,481.81
041	PERIPHERAL, CRANIAL NERVE AND OTHER NERVOUS SYSTEM PROCEDURES WITH CC OR PERIPHERAL NEUROSTIMULATOR	22,438.81
042	PERIPHERAL, CRANIAL NERVE AND OTHER NERVOUS SYSTEM PROCEDURES WITHOUT CC/MCC	17,464.55
052	SPINAL DISORDERS AND INJURIES WITH CC/MCC	19,997.39
053	SPINAL DISORDERS AND INJURIES WITHOUT CC/MCC	9,155.57
054	NERVOUS SYSTEM NEOPLASMS WITH MCC	14,895.94
055	NERVOUS SYSTEM NEOPLASMS WITHOUT MCC	10,840.82
056	DEGENERATIVE NERVOUS SYSTEM DISORDERS WITH MCC	24,882.22
057	DEGENERATIVE NERVOUS SYSTEM DISORDERS WITHOUT MCC	13,259.39
058	MULTIPLE SCLEROSIS AND CEREBELLAR ATAXIA WITH MCC	18,341.95
059	MULTIPLE SCLEROSIS AND CEREBELLAR ATAXIA WITH CC	12,158.41
060	MULTIPLE SCLEROSIS AND CEREBELLAR ATAXIA WITHOUT CC/MCC	8,867.41
061	ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA WITH THROMBOLYTIC AGENT WITH MCC	26,862.58
062	ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA WITH THROMBOLYTIC AGENT WITH CC	17,696.07
063	ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA WITH THROMBOLYTIC AGENT WITHOUT CC/MCC	13,958.92
064	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION WITH MCC	19,765.86
065	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION WITH CC OR TPA IN 24 HOURS	10,104.52
066	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION WITHOUT CC/MCC	6,839.35

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DRG	Description	Fee
067	NONSPECIFIC CVA AND PRECEREBRAL OCCLUSION WITHOUT INFARCTION WITH MCC	14,456.74
068	NONSPECIFIC CVA AND PRECEREBRAL OCCLUSION WITHOUT INFARCTION WITHOUT MCC	8,759.10
069	TRANSIENT ISCHEMIA WITHOUT THROMBOLYTIC	7,950.27
070	NONSPECIFIC CEREBROVASCULAR DISORDERS WITH MCC	17,277.74
071	NONSPECIFIC CEREBROVASCULAR DISORDERS WITH CC	10,472.17
072	NONSPECIFIC CEREBROVASCULAR DISORDERS WITHOUT CC/MCC	7,454.43
073	CRANIAL AND PERIPHERAL NERVE DISORDERS WITH MCC	15,357.99
074	CRANIAL AND PERIPHERAL NERVE DISORDERS WITHOUT MCC	10,357.90
075	VIRAL MENINGITIS WITH CC/MCC	17,114.78
076	VIRAL MENINGITIS WITHOUT CC/MCC	9,110.86
080	NONTRAUMATIC STUPOR AND COMA WITH MCC	19,751.95
081	NONTRAUMATIC STUPOR AND COMA WITHOUT MCC	8,990.63
082	TRAUMATIC STUPOR AND COMA >1 HOUR WITH MCC	23,054.88
083	TRAUMATIC STUPOR AND COMA >1 HOUR WITH CC	13,815.83
084	TRAUMATIC STUPOR AND COMA >1 HOUR WITHOUT CC/MCC	9,500.37
085	TRAUMATIC STUPOR AND COMA <1 HOUR WITH MCC	22,516.31
086	TRAUMATIC STUPOR AND COMA <1 HOUR WITH CC	13,032.83
087	TRAUMATIC STUPOR AND COMA <1 HOUR WITHOUT CC/MCC	8,783.95
088	CONCUSSION WITH MCC	14,017.55
089	CONCUSSION WITH CC	10,653.02
090	CONCUSSION WITHOUT CC/MCC	8,518.64
091	OTHER DISORDERS OF NERVOUS SYSTEM WITH MCC	18,113.41
092	OTHER DISORDERS OF NERVOUS SYSTEM WITH CC	10,519.87
093	OTHER DISORDERS OF NERVOUS SYSTEM WITHOUT CC/MCC	7,842.95
094	BACTERIAL AND TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM WITH MCC	36,255.64
095	BACTERIAL AND TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM WITH CC	23,819.99
096	BACTERIAL AND TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM WITHOUT CC/MCC	23,819.99
097	NON-BACTERIAL INFECTION OF NERVOUS SYSTEM EXCEPT VIRAL MENINGITIS WITH MCC	35,618.70
098	NON-BACTERIAL INFECTION OF NERVOUS SYSTEM EXCEPT VIRAL MENINGITIS WITH CC	21,555.44
099	NON-BACTERIAL INFECTION OF NERVOUS SYSTEM EXCEPT VIRAL MENINGITIS WITHOUT CC/MCC	13,844.65
100	SEIZURES WITH MCC	19,727.11
101	SEIZURES WITHOUT MCC	9,158.56
102	HEADACHES WITH MCC	11,521.48
103	HEADACHES WITHOUT MCC	8,448.09
113	ORBITAL PROCEDURES WITH CC/MCC	22,422.91
114	ORBITAL PROCEDURES WITHOUT CC/MCC	11,746.04
115	EXTRAOCULAR PROCEDURES EXCEPT ORBIT	15,212.92
116	INTRAOCULAR PROCEDURES WITH CC/MCC	16,580.19
117	INTRAOCULAR PROCEDURES WITHOUT CC/MCC	10,717.61
121	ACUTE MAJOR EYE INFECTIONS WITH CC/MCC	11,558.24
122	ACUTE MAJOR EYE INFECTIONS WITHOUT CC/MCC	6,739.99
123	NEUROLOGICAL EYE DISORDERS	7,981.07
124	OTHER DISORDERS OF THE EYE WITH MCC OR THROMBOLYTIC AGENT	12,956.32
125	OTHER DISORDERS OF THE EYE WITHOUT MCC	8,204.64
135	SINUS AND MASTOID PROCEDURES WITH CC/MCC	23,958.11
136	SINUS AND MASTOID PROCEDURES WITHOUT CC/MCC	9,719.97
137	MOUTH PROCEDURES WITH CC/MCC	13,897.31
138	MOUTH PROCEDURES WITHOUT CC/MCC	8,083.42
139	SALIVARY GLAND PROCEDURES	13,642.94
140	MAJOR HEAD AND NECK PROCEDURES WITH MCC	42,023.83
141	MAJOR HEAD AND NECK PROCEDURES WITH CC	21,348.76
142	MAJOR HEAD AND NECK PROCEDURES WITHOUT CC/MCC	15,624.29
143	OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH MCC	32,809.63
144	OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH CC	17,455.61
145	OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITHOUT CC/MCC	11,772.87
146	EAR, NOSE, MOUTH AND THROAT MALIGNANCY WITH MCC	22,795.53
147	EAR, NOSE, MOUTH AND THROAT MALIGNANCY WITH CC	12,369.07
148	EAR, NOSE, MOUTH AND THROAT MALIGNANCY WITHOUT CC/MCC	7,956.23
149	DYSEQUILIBRIUM	7,427.60
150	EPISTAXIS WITH MCC	13,734.35
151	EPISTAXIS WITHOUT MCC	7,531.94

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DRG	Description	Fee
152	OTITIS MEDIA AND URI WITH MCC	11,276.04
153	OTITIS MEDIA AND URI WITHOUT MCC	7,071.87
154	OTHER EAR, NOSE, MOUTH AND THROAT DIAGNOSES WITH MCC	16,159.88
155	OTHER EAR, NOSE, MOUTH AND THROAT DIAGNOSES WITH CC	9,276.80
156	OTHER EAR, NOSE, MOUTH AND THROAT DIAGNOSES WITHOUT CC/MCC	6,681.36
157	DENTAL AND ORAL DISEASES WITH MCC	16,271.17
158	DENTAL AND ORAL DISEASES WITH CC	9,346.36
159	DENTAL AND ORAL DISEASES WITHOUT CC/MCC	6,554.17
163	MAJOR CHEST PROCEDURES WITH MCC	45,799.73
164	MAJOR CHEST PROCEDURES WITH CC	25,010.40
165	MAJOR CHEST PROCEDURES WITHOUT CC/MCC	18,521.80
166	OTHER RESPIRATORY SYSTEM O.R. PROCEDURES WITH MCC	38,258.85
167	OTHER RESPIRATORY SYSTEM O.R. PROCEDURES WITH CC	18,156.14
168	OTHER RESPIRATORY SYSTEM O.R. PROCEDURES WITHOUT CC/MCC	13,453.15
173	ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS WITH PRINCIPAL DIAGNOSIS PULMONARY EMBOLISM	30,491.42
175	PULMONARY EMBOLISM WITH MCC OR ACUTE COR PULMONALE	14,001.65
176	PULMONARY EMBOLISM WITHOUT MCC	8,093.35
177	RESPIRATORY INFECTIONS AND INFLAMMATIONS WITH MCC	16,062.50
178	RESPIRATORY INFECTIONS AND INFLAMMATIONS WITH CC	9,858.09
179	RESPIRATORY INFECTIONS AND INFLAMMATIONS WITHOUT CC/MCC	7,648.19
180	RESPIRATORY NEOPLASMS WITH MCC	17,367.17
181	RESPIRATORY NEOPLASMS WITH CC	11,032.60
182	RESPIRATORY NEOPLASMS WITHOUT CC/MCC	8,321.89
183	MAJOR CHEST TRAUMA WITH MCC	15,772.35
184	MAJOR CHEST TRAUMA WITH CC	10,613.27
185	MAJOR CHEST TRAUMA WITHOUT CC/MCC	7,727.69
186	PLEURAL EFFUSION WITH MCC	15,699.81
187	PLEURAL EFFUSION WITH CC	9,976.34
188	PLEURAL EFFUSION WITHOUT CC/MCC	7,295.44
189	PULMONARY EDEMA AND RESPIRATORY FAILURE	12,295.54
190	CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH MCC	11,158.79
191	CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH CC	8,536.52
192	CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITHOUT CC/MCC	6,430.96
193	SIMPLE PNEUMONIA AND PLEURISY WITH MCC	13,093.44
194	SIMPLE PNEUMONIA AND PLEURISY WITH CC	8,148.00
195	SIMPLE PNEUMONIA AND PLEURISY WITHOUT CC/MCC	6,187.51
196	INTERSTITIAL LUNG DISEASE WITH MCC	18,721.53
197	INTERSTITIAL LUNG DISEASE WITH CC	9,837.22
198	INTERSTITIAL LUNG DISEASE WITHOUT CC/MCC	6,959.59
199	PNEUMOTHORAX WITH MCC	17,541.06
200	PNEUMOTHORAX WITH CC	11,004.77
201	PNEUMOTHORAX WITHOUT CC/MCC	6,728.07
202	BRONCHITIS AND ASTHMA WITH CC/MCC	9,605.70
203	BRONCHITIS AND ASTHMA WITHOUT CC/MCC	6,921.83
204	RESPIRATORY SIGNS AND SYMPTOMS	8,058.57
205	OTHER RESPIRATORY SYSTEM DIAGNOSES WITH MCC	18,758.29
206	OTHER RESPIRATORY SYSTEM DIAGNOSES WITHOUT MCC	9,000.56
207	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT >96 HOURS	64,261.91
208	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT <=96 HOURS	26,667.82
209	COMPLEX AORTIC ARCH PROCEDURES	112,470.27
212	CONCOMITANT AORTIC AND MITRAL VALVE PROCEDURES	108,248.22
213	ENDOVASCULAR ABDOMINAL AORTA WITH ILIAC BRANCH PROCEDURES	56,707.13
215	OTHER HEART ASSIST SYSTEM IMPLANT	105,276.18
216	CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDURES WITH CARDIAC CATHETERIZATION WITH MCC	95,899.02
217	CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDURES WITH CARDIAC CATHETERIZATION WITH CC	64,169.50
218	CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDURES WITH CARDIAC CATHETERIZATION WITHOUT CC/MCC	59,115.75
219	CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDURES WITHOUT CARDIAC CATHETERIZATION WITH MCC	76,884.37
220	CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDURES WITHOUT CARDIAC CATHETERIZATION WITH CC	52,631.14
221	CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDURES WITHOUT CARDIAC CATHETERIZATION WITHOUT CC/MCC	45,634.78
228	OTHER CARDIOTHORACIC PROCEDURES WITH MCC	49,517.01
229	OTHER CARDIOTHORACIC PROCEDURES WITHOUT MCC	30,866.03

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DRG	Description	Fee
231	CORONARY BYPASS WITH PTCA WITH MCC	84,201.67
232	CORONARY BYPASS WITH PTCA WITHOUT MCC	60,699.65
233	CORONARY BYPASS WITH CARDIAC CATHETERIZATION OR OPEN ABLATION WITH MCC	77,668.36
234	CORONARY BYPASS WITH CARDIAC CATHETERIZATION OR OPEN ABLATION WITHOUT MCC	52,864.65
235	CORONARY BYPASS WITHOUT CARDIAC CATHETERIZATION WITH MCC	58,468.88
236	CORONARY BYPASS WITHOUT CARDIAC CATHETERIZATION WITHOUT MCC	40,860.25
239	AMPUTATION FOR CIRCULATORY SYSTEM DISORDERS EXCEPT UPPER LIMB AND TOE WITH MCC	50,049.61
240	AMPUTATION FOR CIRCULATORY SYSTEM DISORDERS EXCEPT UPPER LIMB AND TOE WITH CC	28,937.34
241	AMPUTATION FOR CIRCULATORY SYSTEM DISORDERS EXCEPT UPPER LIMB AND TOE WITHOUT CC/MCC	15,003.26
242	PERMANENT CARDIAC PACEMAKER IMPLANT WITH MCC	33,704.91
243	PERMANENT CARDIAC PACEMAKER IMPLANT WITH CC	22,385.15
244	PERMANENT CARDIAC PACEMAKER IMPLANT WITHOUT CC/MCC	17,932.56
245	AICD GENERATOR PROCEDURES	48,558.13
250	PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITHOUT INTRALUMINAL DEVICE WITH MCC	22,979.36
251	PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITHOUT INTRALUMINAL DEVICE WITHOUT MCC	15,526.92
252	OTHER VASCULAR PROCEDURES WITH MCC	34,086.48
253	OTHER VASCULAR PROCEDURES WITH CC	25,368.11
254	OTHER VASCULAR PROCEDURES WITHOUT CC/MCC	17,383.07
255	UPPER LIMB AND TOE AMPUTATION FOR CIRCULATORY SYSTEM DISORDERS WITH MCC	25,999.09
256	UPPER LIMB AND TOE AMPUTATION FOR CIRCULATORY SYSTEM DISORDERS WITH CC	16,829.60
257	UPPER LIMB AND TOE AMPUTATION FOR CIRCULATORY SYSTEM DISORDERS WITHOUT CC/MCC	8,862.44
258	CARDIAC PACEMAKER DEVICE REPLACEMENT WITH MCC	27,877.10
259	CARDIAC PACEMAKER DEVICE REPLACEMENT WITHOUT MCC	17,465.54
260	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT WITH MCC	33,846.01
261	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT WITH CC	18,855.67
262	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT WITHOUT CC/MCC	15,081.76
263	VEIN LIGATION AND STRIPPING	26,650.93
264	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	34,729.38
265	AICD LEAD PROCEDURES	35,445.80
266	ENDOVASCULAR CARDIAC VALVE REPLACEMENT AND SUPPLEMENT PROCEDURES WITH MCC	59,528.12
267	ENDOVASCULAR CARDIAC VALVE REPLACEMENT AND SUPPLEMENT PROCEDURES WITHOUT MCC	46,748.67
268	AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON WITH MCC	66,253.21
269	AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON WITHOUT MCC	41,343.17
270	OTHER MAJOR CARDIOVASCULAR PROCEDURES WITH MCC	51,004.52
271	OTHER MAJOR CARDIOVASCULAR PROCEDURES WITH CC	34,225.59
272	OTHER MAJOR CARDIOVASCULAR PROCEDURES WITHOUT CC/MCC	24,863.34
273	PERCUTANEOUS AND OTHER INTRACARDIAC PROCEDURES WITH MCC	38,855.05
274	PERCUTANEOUS AND OTHER INTRACARDIAC PROCEDURES WITHOUT MCC	31,012.10
275	CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION AND MCC	70,221.88
276	CARDIAC DEFIBRILLATOR IMPLANT WITH MCC OR CAROTID SINUS NEUROSTIMULATOR	61,551.21
277	CARDIAC DEFIBRILLATOR IMPLANT WITHOUT MCC	46,224.02
278	ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITH MCC	49,715.74
279	ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITHOUT MCC	31,840.81
280	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE WITH MCC	16,309.92
281	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE WITH CC	9,159.55
282	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE WITHOUT CC/MCC	7,205.02
283	ACUTE MYOCARDIAL INFARCTION, EXPIRED WITH MCC	19,430.01
284	ACUTE MYOCARDIAL INFARCTION, EXPIRED WITH CC	7,363.01
285	ACUTE MYOCARDIAL INFARCTION, EXPIRED WITHOUT CC/MCC	5,578.40
286	CIRCULATORY DISORDERS EXCEPT AMI, WITH CARDIAC CATHETERIZATION WITH MCC	21,992.65
287	CIRCULATORY DISORDERS EXCEPT AMI, WITH CARDIAC CATHETERIZATION WITHOUT MCC	10,827.90
288	ACUTE AND SUBACUTE ENDOCARDITIS WITH MCC	27,141.80
289	ACUTE AND SUBACUTE ENDOCARDITIS WITH CC	15,667.02
290	ACUTE AND SUBACUTE ENDOCARDITIS WITHOUT CC/MCC	9,727.92
291	HEART FAILURE AND SHOCK WITH MCC	12,965.26
292	HEART FAILURE AND SHOCK WITH CC	8,557.39
293	HEART FAILURE AND SHOCK WITHOUT CC/MCC	5,452.21
296	CARDIAC ARREST, UNEXPLAINED WITH MCC	16,280.11
297	CARDIAC ARREST, UNEXPLAINED WITH CC	6,999.33
298	CARDIAC ARREST, UNEXPLAINED WITHOUT CC/MCC	4,388.99
299	PERIPHERAL VASCULAR DISORDERS WITH MCC	16,073.43

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DRG	Description	Fee
300	PERIPHERAL VASCULAR DISORDERS WITH CC	10,638.11
301	PERIPHERAL VASCULAR DISORDERS WITHOUT CC/MCC	7,088.76
302	ATHEROSCLEROSIS WITH MCC	11,559.24
303	ATHEROSCLEROSIS WITHOUT MCC	6,681.36
304	HYPERTENSION WITH MCC	11,673.51
305	HYPERTENSION WITHOUT MCC	7,459.40
306	CARDIAC CONGENITAL AND VALVULAR DISORDERS WITH MCC	14,879.05
307	CARDIAC CONGENITAL AND VALVULAR DISORDERS WITHOUT MCC	9,205.26
308	CARDIAC ARRHYTHMIA AND CONDUCTION DISORDERS WITH MCC	11,982.53
309	CARDIAC ARRHYTHMIA AND CONDUCTION DISORDERS WITH CC	7,346.12
310	CARDIAC ARRHYTHMIA AND CONDUCTION DISORDERS WITHOUT CC/MCC	5,559.52
311	ANGINA PECTORIS	6,938.72
312	SYNCOPE AND COLLAPSE	8,657.75
313	CHEST PAIN	7,088.76
314	OTHER CIRCULATORY SYSTEM DIAGNOSES WITH MCC	21,398.45
315	OTHER CIRCULATORY SYSTEM DIAGNOSES WITH CC	9,561.98
316	OTHER CIRCULATORY SYSTEM DIAGNOSES WITHOUT CC/MCC	6,783.71
317	CONCOMITANT LEFT ATRIAL APPENDAGE CLOSURE AND CARDIAC ABLATION	61,471.72
318	PERCUTANEOUS CORONARY ATHERECTOMY WITHOUT INTRALUMINAL DEVICE	24,068.41
319	OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES WITH MCC	43,649.45
320	OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES WITHOUT MCC	23,001.22
321	PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITH MCC OR 4+ ARTERIES/INTRALUMINAL DEVICES	28,287.48
322	PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITHOUT MCC	17,977.28
323	CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITH MCC	42,323.91
324	CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITHOUT MCC	31,748.40
325	CORONARY INTRAVASCULAR LITHOTRIPSY WITHOUT INTRALUMINAL DEVICE	28,439.51
326	STOMACH, ESOPHAGEAL AND DUODENAL PROCEDURES WITH MCC	50,467.94
327	STOMACH, ESOPHAGEAL AND DUODENAL PROCEDURES WITH CC	24,127.03
328	STOMACH, ESOPHAGEAL AND DUODENAL PROCEDURES WITHOUT CC/MCC	15,833.96
329	MAJOR SMALL AND LARGE BOWEL PROCEDURES WITH MCC	45,627.83
330	MAJOR SMALL AND LARGE BOWEL PROCEDURES WITH CC	23,487.12
331	MAJOR SMALL AND LARGE BOWEL PROCEDURES WITHOUT CC/MCC	16,405.31
332	RECTAL RESECTION WITH MCC	34,467.05
333	RECTAL RESECTION WITH CC	21,118.23
334	RECTAL RESECTION WITHOUT CC/MCC	16,480.83
335	PERITONEAL ADHESIOLYSIS WITH MCC	36,004.24
336	PERITONEAL ADHESIOLYSIS WITH CC	20,989.06
337	PERITONEAL ADHESIOLYSIS WITHOUT CC/MCC	15,253.66
344	MINOR SMALL AND LARGE BOWEL PROCEDURES WITH MCC	26,774.14
345	MINOR SMALL AND LARGE BOWEL PROCEDURES WITH CC	14,792.60
346	MINOR SMALL AND LARGE BOWEL PROCEDURES WITHOUT CC/MCC	12,374.04
347	ANAL AND STOMAL PROCEDURES WITH MCC	23,517.92
348	ANAL AND STOMAL PROCEDURES WITH CC	12,509.17
349	ANAL AND STOMAL PROCEDURES WITHOUT CC/MCC	8,753.14
350	INGUINAL AND FEMORAL HERNIA PROCEDURES WITH MCC	24,033.63
351	INGUINAL AND FEMORAL HERNIA PROCEDURES WITH CC	14,949.60
352	INGUINAL AND FEMORAL HERNIA PROCEDURES WITHOUT CC/MCC	10,956.08
353	HERNIA PROCEDURES EXCEPT INGUINAL AND FEMORAL WITH MCC	29,144.02
354	HERNIA PROCEDURES EXCEPT INGUINAL AND FEMORAL WITH CC	16,903.13
355	HERNIA PROCEDURES EXCEPT INGUINAL AND FEMORAL WITHOUT CC/MCC	13,247.46
356	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES WITH MCC	42,386.51
357	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES WITH CC	22,377.20
358	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES WITHOUT CC/MCC	13,465.07
359	PERCUTANEOUS CORONARY ATHERECTOMY WITH INTRALUMINAL DEVICE WITH MCC	34,167.96
360	PERCUTANEOUS CORONARY ATHERECTOMY WITH INTRALUMINAL DEVICE WITHOUT MCC	23,989.91
368	MAJOR ESOPHAGEAL DISORDERS WITH MCC	16,594.11
369	MAJOR ESOPHAGEAL DISORDERS WITH CC	10,111.47
370	MAJOR ESOPHAGEAL DISORDERS WITHOUT CC/MCC	6,935.74
371	MAJOR GASTROINTESTINAL DISORDERS AND PERITONEAL INFECTIONS WITH MCC	17,369.16
372	MAJOR GASTROINTESTINAL DISORDERS AND PERITONEAL INFECTIONS WITH CC	10,227.73
373	MAJOR GASTROINTESTINAL DISORDERS AND PERITONEAL INFECTIONS WITHOUT CC/MCC	7,208.00

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DRG	Description	Fee
374	DIGESTIVE MALIGNANCY WITH MCC	20,980.12
375	DIGESTIVE MALIGNANCY WITH CC	12,209.09
376	DIGESTIVE MALIGNANCY WITHOUT CC/MCC	8,774.01
377	GASTROINTESTINAL HEMORRHAGE WITH MCC	18,066.71
378	GASTROINTESTINAL HEMORRHAGE WITH CC	9,796.48
379	GASTROINTESTINAL HEMORRHAGE WITHOUT CC/MCC	6,326.63
380	COMPLICATED PEPTIC ULCER WITH MCC	19,120.98
381	COMPLICATED PEPTIC ULCER WITH CC	10,821.94
382	COMPLICATED PEPTIC ULCER WITHOUT CC/MCC	7,445.49
383	UNCOMPLICATED PEPTIC ULCER WITH MCC	12,561.84
384	UNCOMPLICATED PEPTIC ULCER WITHOUT MCC	8,640.86
385	INFLAMMATORY BOWEL DISEASE WITH MCC	16,144.97
386	INFLAMMATORY BOWEL DISEASE WITH CC	9,862.07
387	INFLAMMATORY BOWEL DISEASE WITHOUT CC/MCC	6,660.50
388	GASTROINTESTINAL OBSTRUCTION WITH MCC	14,605.79
389	GASTROINTESTINAL OBSTRUCTION WITH CC	7,965.17
390	GASTROINTESTINAL OBSTRUCTION WITHOUT CC/MCC	5,437.30
391	ESOPHAGITIS, GASTROENTERITIS AND MISCELLANEOUS DIGESTIVE DISORDERS WITH MCC	12,763.55
392	ESOPHAGITIS, GASTROENTERITIS AND MISCELLANEOUS DIGESTIVE DISORDERS WITHOUT MCC	7,753.52
393	OTHER DIGESTIVE SYSTEM DIAGNOSES WITH MCC	16,454.99
394	OTHER DIGESTIVE SYSTEM DIAGNOSES WITH CC	9,353.31
395	OTHER DIGESTIVE SYSTEM DIAGNOSES WITHOUT CC/MCC	6,323.65
397	APPENDIX PROCEDURES WITH MCC	24,620.88
398	APPENDIX PROCEDURES WITH CC	15,036.05
399	APPENDIX PROCEDURES WITHOUT CC/MCC	11,166.74
402	SINGLE LEVEL COMBINED ANTERIOR AND POSTERIOR SPINAL FUSION EXCEPT CERVICAL	38,873.93
405	PANCREAS, LIVER AND SHUNT PROCEDURES WITH MCC	53,942.77
406	PANCREAS, LIVER AND SHUNT PROCEDURES WITH CC	27,905.92
407	PANCREAS, LIVER AND SHUNT PROCEDURES WITHOUT CC/MCC	21,222.57
408	BILIARY TRACT PROCEDURES EXCEPT ONLY CHOLECYSTECTOMY WITH OR WITHOUT C.D.E. WITH MCC	34,790.98
409	BILIARY TRACT PROCEDURES EXCEPT ONLY CHOLECYSTECTOMY WITH OR WITHOUT C.D.E. WITH CC	20,832.06
410	BILIARY TRACT PROCEDURES EXCEPT ONLY CHOLECYSTECTOMY WITH OR WITHOUT C.D.E. WITHOUT CC/MCC	15,412.64
411	CHOLECYSTECTOMY WITH C.D.E. WITH MCC	27,190.48
412	CHOLECYSTECTOMY WITH C.D.E. WITH CC	21,180.84
413	CHOLECYSTECTOMY WITH C.D.E. WITHOUT CC/MCC	16,519.58
414	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE WITHOUT C.D.E. WITH MCC	34,815.82
415	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE WITHOUT C.D.E. WITH CC	19,655.57
416	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE WITHOUT C.D.E. WITHOUT CC/MCC	13,615.12
417	LAPAROSCOPIC CHOLECYSTECTOMY WITHOUT C.D.E. WITH MCC	23,614.31
418	LAPAROSCOPIC CHOLECYSTECTOMY WITHOUT C.D.E. WITH CC	16,478.84
419	LAPAROSCOPIC CHOLECYSTECTOMY WITHOUT C.D.E. WITHOUT CC/MCC	13,092.45
420	HEPATOBILIARY DIAGNOSTIC PROCEDURES WITH MCC	35,071.19
421	HEPATOBILIARY DIAGNOSTIC PROCEDURES WITH CC	16,272.16
422	HEPATOBILIARY DIAGNOSTIC PROCEDURES WITHOUT CC/MCC	14,600.83
423	OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES WITH MCC	40,416.09
424	OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES WITH CC	22,688.22
425	OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES WITHOUT CC/MCC	15,359.98
426	MULTIPLE LEVEL COMBINED ANTERIOR AND POSTERIOR SPINAL FUSION EXCEPT CERVICAL WITH MCC OR CUSTOM-MADE ANATOMICALLY DESIGNED INTERBODY FUSION DEVICE	104,089.75
427	MULTIPLE LEVEL COMBINED ANTERIOR AND POSTERIOR SPINAL FUSION EXCEPT CERVICAL WITH CC	70,576.62
428	MULTIPLE LEVEL COMBINED ANTERIOR AND POSTERIOR SPINAL FUSION EXCEPT CERVICAL WITHOUT CC/MCC	54,691.99
429	COMBINED ANTERIOR AND POSTERIOR CERVICAL SPINAL FUSION WITH MCC	82,877.12
430	COMBINED ANTERIOR AND POSTERIOR CERVICAL SPINAL FUSION WITHOUT MCC	54,358.12
432	CIRRHOSIS AND ALCOHOLIC HEPATITIS WITH MCC	19,466.77
433	CIRRHOSIS AND ALCOHOLIC HEPATITIS WITH CC	10,630.16
434	CIRRHOSIS AND ALCOHOLIC HEPATITIS WITHOUT CC/MCC	6,920.83
435	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS WITH MCC	18,130.30
436	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS WITH CC	11,205.49
437	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS WITHOUT CC/MCC	7,802.21
438	DISORDERS OF PANCREAS EXCEPT MALIGNANCY WITH MCC	16,531.50
439	DISORDERS OF PANCREAS EXCEPT MALIGNANCY WITH CC	8,547.45

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DRG	Description	Fee
440	DISORDERS OF PANCREAS EXCEPT MALIGNANCY WITHOUT CC/MCC	6,112.00
441	DISORDERS OF LIVER EXCEPT MALIGNANCY, CIRRHOSIS OR ALCOHOLIC HEPATITIS WITH MCC	18,784.13
442	DISORDERS OF LIVER EXCEPT MALIGNANCY, CIRRHOSIS OR ALCOHOLIC HEPATITIS WITH CC	9,600.73
443	DISORDERS OF LIVER EXCEPT MALIGNANCY, CIRRHOSIS OR ALCOHOLIC HEPATITIS WITHOUT CC/MCC	6,982.44
444	DISORDERS OF THE BILIARY TRACT WITH MCC	16,737.19
445	DISORDERS OF THE BILIARY TRACT WITH CC	10,776.23
446	DISORDERS OF THE BILIARY TRACT WITHOUT CC/MCC	7,922.44
447	MULTIPLE LEVEL SPINAL FUSION EXCEPT CERVICAL WITH MCC OR CUSTOM-MADE ANATOMICALLY DESIGNED INTERBODY FUSION DEVICE	66,621.85
448	MULTIPLE LEVEL SPINAL FUSION EXCEPT CERVICAL WITHOUT MCC	40,576.07
450	SINGLE LEVEL SPINAL FUSION EXCEPT CERVICAL WITH MCC OR CUSTOM-MADE ANATOMICALLY DESIGNED INTERBODY FUSION DEVICE	51,174.43
451	SINGLE LEVEL SPINAL FUSION EXCEPT CERVICAL WITHOUT MCC	30,664.32
456	SPINAL FUSION EXCEPT CERVICAL WITH SPINAL CURVATURE, MALIGNANCY, INFECTION OR EXTENSIVE FUSIONS WITH MCC	84,154.97
457	SPINAL FUSION EXCEPT CERVICAL WITH SPINAL CURVATURE, MALIGNANCY, INFECTION OR EXTENSIVE FUSIONS WITH CC	57,030.06
458	SPINAL FUSION EXCEPT CERVICAL WITH SPINAL CURVATURE, MALIGNANCY, INFECTION OR EXTENSIVE FUSIONS WITHOUT CC/MCC	42,906.20
461	BILATERAL OR MULTIPLE MAJOR JOINT PROCEDURES OF LOWER EXTREMITY WITH MCC	60,977.87
462	BILATERAL OR MULTIPLE MAJOR JOINT PROCEDURES OF LOWER EXTREMITY WITHOUT MCC	28,456.41
463	WOUND DEBRIDEMENT AND SKIN GRAFT EXCEPT HAND FOR MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS WITH MCC	53,667.52
464	WOUND DEBRIDEMENT AND SKIN GRAFT EXCEPT HAND FOR MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS WITH CC	29,299.03
465	WOUND DEBRIDEMENT AND SKIN GRAFT EXCEPT HAND FOR MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS WITHOUT CC/MCC	17,250.91
466	REVISION OF HIP OR KNEE REPLACEMENT WITH MCC	50,622.95
467	REVISION OF HIP OR KNEE REPLACEMENT WITH CC	34,034.81
468	REVISION OF HIP OR KNEE REPLACEMENT WITHOUT CC/MCC	26,066.66
469	MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY WITH MCC OR TOTAL ANKLE REPLACEMENT	32,479.73
470	MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY WITHOUT MCC	18,735.44
471	CERVICAL SPINAL FUSION WITH MCC	48,265.00
472	CERVICAL SPINAL FUSION WITH CC	28,788.29
473	CERVICAL SPINAL FUSION WITHOUT CC/MCC	23,523.88
474	AMPUTATION FOR MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE DISORDERS WITH MCC	44,562.63
475	AMPUTATION FOR MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE DISORDERS WITH CC	21,436.21
476	AMPUTATION FOR MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE DISORDERS WITHOUT CC/MCC	11,557.25
477	BIOPSIES OF MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITH MCC	34,171.93
478	BIOPSIES OF MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITH CC	23,237.71
479	BIOPSIES OF MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITHOUT CC/MCC	17,645.40
480	HIP AND FEMUR PROCEDURES EXCEPT MAJOR JOINT WITH MCC	29,223.51
481	HIP AND FEMUR PROCEDURES EXCEPT MAJOR JOINT WITH CC	20,617.43
482	HIP AND FEMUR PROCEDURES EXCEPT MAJOR JOINT WITHOUT CC/MCC	15,763.41
483	MAJOR JOINT OR LIMB REATTACHMENT PROCEDURES OF UPPER EXTREMITIES	25,320.42
485	KNEE PROCEDURES WITH PRINCIPAL DIAGNOSIS OF INFECTION WITH MCC	31,988.86
486	KNEE PROCEDURES WITH PRINCIPAL DIAGNOSIS OF INFECTION WITH CC	21,074.51
487	KNEE PROCEDURES WITH PRINCIPAL DIAGNOSIS OF INFECTION WITHOUT CC/MCC	15,701.80
488	KNEE PROCEDURES WITHOUT PRINCIPAL DIAGNOSIS OF INFECTION WITH CC/MCC	19,529.37
489	KNEE PROCEDURES WITHOUT PRINCIPAL DIAGNOSIS OF INFECTION WITHOUT CC/MCC	12,305.47
492	LOWER EXTREMITY AND HUMERUS PROCEDURES EXCEPT HIP, FOOT AND FEMUR WITH MCC	35,286.82
493	LOWER EXTREMITY AND HUMERUS PROCEDURES EXCEPT HIP, FOOT AND FEMUR WITH CC	23,857.75
494	LOWER EXTREMITY AND HUMERUS PROCEDURES EXCEPT HIP, FOOT AND FEMUR WITHOUT CC/MCC	18,734.45
495	LOCAL EXCISION AND REMOVAL OF INTERNAL FIXATION DEVICES EXCEPT HIP AND FEMUR WITH MCC	34,982.76
496	LOCAL EXCISION AND REMOVAL OF INTERNAL FIXATION DEVICES EXCEPT HIP AND FEMUR WITH CC	19,604.89
497	LOCAL EXCISION AND REMOVAL OF INTERNAL FIXATION DEVICES EXCEPT HIP AND FEMUR WITHOUT CC/MCC	13,340.87
498	LOCAL EXCISION AND REMOVAL OF INTERNAL FIXATION DEVICES OF HIP AND FEMUR WITH CC/MCC	25,088.90
499	LOCAL EXCISION AND REMOVAL OF INTERNAL FIXATION DEVICES OF HIP AND FEMUR WITHOUT CC/MCC	11,534.39
500	SOFT TISSUE PROCEDURES WITH MCC	31,486.07
501	SOFT TISSUE PROCEDURES WITH CC	17,733.83
502	SOFT TISSUE PROCEDURES WITHOUT CC/MCC	13,883.40
503	FOOT PROCEDURES WITH MCC	26,298.18
504	FOOT PROCEDURES WITH CC	17,438.72
505	FOOT PROCEDURES WITHOUT CC/MCC	17,438.72
506	MAJOR THUMB OR JOINT PROCEDURES	14,895.94
507	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES WITH CC/MCC	19,259.10

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DRG	Description	Fee
508	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES WITHOUT CC/MCC	12,824.16
510	SHOULDER, ELBOW OR FOREARM PROCEDURES, EXCEPT MAJOR JOINT PROCEDURES WITH MCC	28,399.77
511	SHOULDER, ELBOW OR FOREARM PROCEDURES, EXCEPT MAJOR JOINT PROCEDURES WITH CC	19,487.64
512	SHOULDER, ELBOW OR FOREARM PROCEDURES, EXCEPT MAJOR JOINT PROCEDURES WITHOUT CC/MCC	15,976.05
513	HAND OR WRIST PROCEDURES, EXCEPT MAJOR THUMB OR JOINT PROCEDURES WITH CC/MCC	14,960.53
514	HAND OR WRIST PROCEDURES, EXCEPT MAJOR THUMB OR JOINT PROCEDURES WITHOUT CC/MCC	10,131.35
515	OTHER MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE O.R. PROCEDURES WITH MCC	30,727.91
516	OTHER MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE O.R. PROCEDURES WITH CC	19,989.44
517	OTHER MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE O.R. PROCEDURES WITHOUT CC/MCC	14,832.35
518	BACK AND NECK PROCEDURES EXCEPT SPINAL FUSION WITH MCC OR DISC DEVICE OR NEUROSTIMULATOR	35,612.74
519	BACK AND NECK PROCEDURES EXCEPT SPINAL FUSION WITH CC	19,593.96
520	BACK AND NECK PROCEDURES EXCEPT SPINAL FUSION WITHOUT CC/MCC	14,241.12
521	HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITH MCC	28,962.18
522	HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITHOUT MCC	20,947.33
533	FRACTURES OF FEMUR WITH MCC	15,152.31
534	FRACTURES OF FEMUR WITHOUT MCC	8,088.38
535	FRACTURES OF HIP AND PELVIS WITH MCC	13,214.67
536	FRACTURES OF HIP AND PELVIS WITHOUT MCC	8,057.58
537	SPRAINS, STRAINS, AND DISLOCATIONS OF HIP, PELVIS AND THIGH WITH CC/MCC	9,131.73
538	SPRAINS, STRAINS, AND DISLOCATIONS OF HIP, PELVIS AND THIGH WITHOUT CC/MCC	6,672.42
539	OSTEOMYELITIS WITH MCC	20,095.76
540	OSTEOMYELITIS WITH CC	12,858.94
541	OSTEOMYELITIS WITHOUT CC/MCC	8,693.52
542	PATHOLOGICAL FRACTURES AND MUSCULOSKELETAL AND CONNECTIVE TISSUE MALIGNANCY WITH MCC	18,532.73
543	PATHOLOGICAL FRACTURES AND MUSCULOSKELETAL AND CONNECTIVE TISSUE MALIGNANCY WITH CC	10,541.73
544	PATHOLOGICAL FRACTURES AND MUSCULOSKELETAL AND CONNECTIVE TISSUE MALIGNANCY WITHOUT CC/MCC	7,509.08
545	CONNECTIVE TISSUE DISORDERS WITH MCC	25,108.77
546	CONNECTIVE TISSUE DISORDERS WITH CC	11,503.59
547	CONNECTIVE TISSUE DISORDERS WITHOUT CC/MCC	7,414.68
548	SEPTIC ARTHRITIS WITH MCC	20,018.25
549	SEPTIC ARTHRITIS WITH CC	11,974.58
550	SEPTIC ARTHRITIS WITHOUT CC/MCC	8,566.33
551	MEDICAL BACK PROBLEMS WITH MCC	16,955.80
552	MEDICAL BACK PROBLEMS WITHOUT MCC	9,576.89
553	BONE DISEASES AND ARTHROPATHIES WITH MCC	12,977.19
554	BONE DISEASES AND ARTHROPATHIES WITHOUT MCC	8,293.08
555	SIGNS AND SYMPTOMS OF MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITH MCC	13,380.61
556	SIGNS AND SYMPTOMS OF MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITHOUT MCC	8,113.23
557	TENDONITIS, MYOSITIS AND BURSITIS WITH MCC	15,398.73
558	TENDONITIS, MYOSITIS AND BURSITIS WITHOUT MCC	8,583.23
559	AFTERCARE, MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITH MCC	18,445.29
560	AFTERCARE, MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITH CC	11,314.80
561	AFTERCARE, MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITHOUT CC/MCC	8,124.16
562	FRACTURE, SPRAIN, STRAIN AND DISLOCATION EXCEPT FEMUR, HIP, PELVIS AND THIGH WITH MCC	14,542.20
563	FRACTURE, SPRAIN, STRAIN AND DISLOCATION EXCEPT FEMUR, HIP, PELVIS AND THIGH WITHOUT MCC	8,881.32
564	OTHER MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE DIAGNOSES WITH MCC	15,592.50
565	OTHER MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE DIAGNOSES WITH CC	10,132.34
566	OTHER MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE DIAGNOSES WITHOUT CC/MCC	7,433.56
570	SKIN DEBRIDEMENT WITH MCC	29,911.12
571	SKIN DEBRIDEMENT WITH CC	16,636.83
572	SKIN DEBRIDEMENT WITHOUT CC/MCC	11,351.56
573	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS WITH MCC	61,191.51
574	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS WITH CC	34,429.29
575	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS WITHOUT CC/MCC	19,840.39
576	SKIN GRAFT EXCEPT FOR SKIN ULCER OR CELLULITIS WITH MCC	53,610.88
577	SKIN GRAFT EXCEPT FOR SKIN ULCER OR CELLULITIS WITH CC	26,459.15
578	SKIN GRAFT EXCEPT FOR SKIN ULCER OR CELLULITIS WITHOUT CC/MCC	16,796.81
579	OTHER SKIN, SUBCUTANEOUS TISSUE AND BREAST PROCEDURES WITH MCC	32,387.32
580	OTHER SKIN, SUBCUTANEOUS TISSUE AND BREAST PROCEDURES WITH CC	17,617.57
581	OTHER SKIN, SUBCUTANEOUS TISSUE AND BREAST PROCEDURES WITHOUT CC/MCC	14,300.74
582	MASTECTOMY FOR MALIGNANCY WITH CC/MCC	17,400.96

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DRG	Description	Fee
583	MASTECTOMY FOR MALIGNANCY WITHOUT CC/MCC	16,322.84
584	BREAST BIOPSY, LOCAL EXCISION AND OTHER BREAST PROCEDURES WITH CC/MCC	20,344.17
585	BREAST BIOPSY, LOCAL EXCISION AND OTHER BREAST PROCEDURES WITHOUT CC/MCC	19,725.12
592	SKIN ULCERS WITH MCC	20,432.61
593	SKIN ULCERS WITH CC	12,149.47
594	SKIN ULCERS WITHOUT CC/MCC	8,433.18
595	MAJOR SKIN DISORDERS WITH MCC	21,016.88
596	MAJOR SKIN DISORDERS WITHOUT MCC	10,742.45
597	MALIGNANT BREAST DISORDERS WITH MCC	17,455.61
598	MALIGNANT BREAST DISORDERS WITH CC	10,720.59
599	MALIGNANT BREAST DISORDERS WITHOUT CC/MCC	8,494.79
600	NON-MALIGNANT BREAST DISORDERS WITH CC/MCC	9,505.34
601	NON-MALIGNANT BREAST DISORDERS WITHOUT CC/MCC	5,956.99
602	CELLULITIS WITH MCC	14,598.84
603	CELLULITIS WITHOUT MCC	8,752.15
604	TRAUMA TO THE SKIN, SUBCUTANEOUS TISSUE AND BREAST WITH MCC	14,762.79
605	TRAUMA TO THE SKIN, SUBCUTANEOUS TISSUE AND BREAST WITHOUT MCC	9,178.43
606	MINOR SKIN DISORDERS WITH MCC	16,000.89
607	MINOR SKIN DISORDERS WITHOUT MCC	8,587.20
614	ADRENAL AND PITUITARY PROCEDURES WITH CC/MCC	22,645.49
615	ADRENAL AND PITUITARY PROCEDURES WITHOUT CC/MCC	14,239.13
616	AMPUTATION OF LOWER LIMB FOR ENDOCRINE, NUTRITIONAL AND METABOLIC DISORDERS WITH MCC	38,404.92
617	AMPUTATION OF LOWER LIMB FOR ENDOCRINE, NUTRITIONAL AND METABOLIC DISORDERS WITH CC	19,193.52
618	AMPUTATION OF LOWER LIMB FOR ENDOCRINE, NUTRITIONAL AND METABOLIC DISORDERS WITHOUT CC/MCC	12,372.05
619	O.R. PROCEDURES FOR OBESITY WITH MCC	27,092.11
620	O.R. PROCEDURES FOR OBESITY WITH CC	15,868.73
621	O.R. PROCEDURES FOR OBESITY WITHOUT CC/MCC	14,525.31
622	SKIN GRAFTS AND WOUND DEBRIDEMENT FOR ENDOCRINE, NUTRITIONAL AND METABOLIC DISORDERS WITH MCC	37,182.72
623	SKIN GRAFTS AND WOUND DEBRIDEMENT FOR ENDOCRINE, NUTRITIONAL AND METABOLIC DISORDERS WITH CC	19,006.71
624	SKIN GRAFTS AND WOUND DEBRIDEMENT FOR ENDOCRINE, NUTRITIONAL AND METABOLIC DISORDERS WITHOUT CC/MCC	9,967.39
625	THYROID, PARATHYROID AND THYROGLOSSAL PROCEDURES WITH MCC	28,489.20
626	THYROID, PARATHYROID AND THYROGLOSSAL PROCEDURES WITH CC	14,997.30
627	THYROID, PARATHYROID AND THYROGLOSSAL PROCEDURES WITHOUT CC/MCC	12,588.67
628	OTHER ENDOCRINE, NUTRITIONAL AND METABOLIC O.R. PROCEDURES WITH MCC	39,206.80
629	OTHER ENDOCRINE, NUTRITIONAL AND METABOLIC O.R. PROCEDURES WITH CC	22,348.38
630	OTHER ENDOCRINE, NUTRITIONAL AND METABOLIC O.R. PROCEDURES WITHOUT CC/MCC	13,924.14
637	DIABETES WITH MCC	14,470.66
638	DIABETES WITH CC	9,113.84
639	DIABETES WITHOUT CC/MCC	6,226.27
640	MISCELLANEOUS DISORDERS OF NUTRITION, METABOLISM, FLUIDS AND ELECTROLYTES WITH MCC	13,195.79
641	MISCELLANEOUS DISORDERS OF NUTRITION, METABOLISM, FLUIDS AND ELECTROLYTES WITHOUT MCC	7,764.45
642	INBORN AND OTHER DISORDERS OF METABOLISM	12,332.30
643	ENDOCRINE DISORDERS WITH MCC	16,467.91
644	ENDOCRINE DISORDERS WITH CC	10,268.47
645	ENDOCRINE DISORDERS WITHOUT CC/MCC	7,737.62
650	KIDNEY TRANSPLANT WITH HEMODIALYSIS WITH MCC	45,780.85
651	KIDNEY TRANSPLANT WITH HEMODIALYSIS WITHOUT MCC	34,504.81
652	KIDNEY TRANSPLANT	30,519.24
653	MAJOR BLADDER PROCEDURES WITH MCC	55,392.51
654	MAJOR BLADDER PROCEDURES WITH CC	28,042.05
655	MAJOR BLADDER PROCEDURES WITHOUT CC/MCC	20,641.28
656	KIDNEY AND URETER PROCEDURES FOR NEOPLASM WITH MCC	32,373.41
657	KIDNEY AND URETER PROCEDURES FOR NEOPLASM WITH CC	18,165.08
658	KIDNEY AND URETER PROCEDURES FOR NEOPLASM WITHOUT CC/MCC	14,944.63
659	KIDNEY AND URETER PROCEDURES FOR NON-NEOPLASM WITH MCC	25,679.13
660	KIDNEY AND URETER PROCEDURES FOR NON-NEOPLASM WITH CC	13,315.03
661	KIDNEY AND URETER PROCEDURES FOR NON-NEOPLASM WITHOUT CC/MCC	10,200.90
662	MINOR BLADDER PROCEDURES WITH MCC	30,998.19
663	MINOR BLADDER PROCEDURES WITH CC	15,177.15
664	MINOR BLADDER PROCEDURES WITHOUT CC/MCC	10,729.53
665	PROSTATECTOMY WITH MCC	34,118.28

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DRG	Description	Fee
666	PROSTATECTOMY WITH CC	16,368.54
667	PROSTATECTOMY WITHOUT CC/MCC	10,212.83
668	TRANSURETHRAL PROCEDURES WITH MCC	28,978.08
669	TRANSURETHRAL PROCEDURES WITH CC	15,376.87
670	TRANSURETHRAL PROCEDURES WITHOUT CC/MCC	9,496.40
671	URETHRAL PROCEDURES WITH CC/MCC	17,127.70
672	URETHRAL PROCEDURES WITHOUT CC/MCC	10,874.60
673	OTHER KIDNEY AND URINARY TRACT PROCEDURES WITH MCC	41,630.34
674	OTHER KIDNEY AND URINARY TRACT PROCEDURES WITH CC	22,937.62
675	OTHER KIDNEY AND URINARY TRACT PROCEDURES WITHOUT CC/MCC	15,553.74
682	RENAL FAILURE WITH MCC	14,923.76
683	RENAL FAILURE WITH CC	8,832.63
684	RENAL FAILURE WITHOUT CC/MCC	6,035.48
686	KIDNEY AND URINARY TRACT NEOPLASMS WITH MCC	18,737.43
687	KIDNEY AND URINARY TRACT NEOPLASMS WITH CC	10,460.25
688	KIDNEY AND URINARY TRACT NEOPLASMS WITHOUT CC/MCC	7,196.08
689	KIDNEY AND URINARY TRACT INFECTIONS WITH MCC	11,628.79
690	KIDNEY AND URINARY TRACT INFECTIONS WITHOUT MCC	7,975.11
693	URINARY STONES WITH MCC	14,610.76
694	URINARY STONES WITHOUT MCC	7,764.45
695	KIDNEY AND URINARY TRACT SIGNS AND SYMPTOMS WITH MCC	11,206.49
696	KIDNEY AND URINARY TRACT SIGNS AND SYMPTOMS WITHOUT MCC	6,874.13
697	URETHRAL STRICTURE	9,954.48
698	OTHER KIDNEY AND URINARY TRACT DIAGNOSES WITH MCC	16,702.41
699	OTHER KIDNEY AND URINARY TRACT DIAGNOSES WITH CC	10,134.33
700	OTHER KIDNEY AND URINARY TRACT DIAGNOSES WITHOUT CC/MCC	6,897.98
707	MAJOR MALE PELVIC PROCEDURES WITH CC/MCC	19,282.95
708	MAJOR MALE PELVIC PROCEDURES WITHOUT CC/MCC	14,730.99
709	PENIS PROCEDURES WITH CC/MCC	22,328.51
710	PENIS PROCEDURES WITHOUT CC/MCC	14,918.80
711	TESTES PROCEDURES WITH CC/MCC	18,984.85
712	TESTES PROCEDURES WITHOUT CC/MCC	10,628.18
713	TRANSURETHRAL PROSTATECTOMY WITH CC/MCC	14,368.31
714	TRANSURETHRAL PROSTATECTOMY WITHOUT CC/MCC	9,337.41
715	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES FOR MALIGNANCY WITH CC/MCC	22,439.80
716	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES FOR MALIGNANCY WITHOUT CC/MCC	14,103.00
717	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES EXCEPT MALIGNANCY WITH CC/MCC	18,437.34
718	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES EXCEPT MALIGNANCY WITHOUT CC/MCC	12,240.89
722	MALIGNANCY, MALE REPRODUCTIVE SYSTEM WITH MCC	17,179.37
723	MALIGNANCY, MALE REPRODUCTIVE SYSTEM WITH CC	11,157.80
724	MALIGNANCY, MALE REPRODUCTIVE SYSTEM WITHOUT CC/MCC	7,239.80
725	BENIGN PROSTATIC HYPERTROPHY WITH MCC	12,545.94
726	BENIGN PROSTATIC HYPERTROPHY WITHOUT MCC	7,396.80
727	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM WITH MCC	14,600.83
728	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM WITHOUT MCC	8,119.19
729	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES WITH CC/MCC	10,939.19
730	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES WITHOUT CC/MCC	6,030.52
734	PELVIC EVISCERATION, RADICAL HYSTERECTOMY AND RADICAL VULVECTOMY WITH CC/MCC	20,894.66
735	PELVIC EVISCERATION, RADICAL HYSTERECTOMY AND RADICAL VULVECTOMY WITHOUT CC/MCC	12,062.03
736	UTERINE AND ADNEXA PROCEDURES FOR OVARIAN OR ADNEXAL MALIGNANCY WITH MCC	39,126.32
737	UTERINE AND ADNEXA PROCEDURES FOR OVARIAN OR ADNEXAL MALIGNANCY WITH CC	19,857.28
738	UTERINE AND ADNEXA PROCEDURES FOR OVARIAN OR ADNEXAL MALIGNANCY WITHOUT CC/MCC	15,072.81
739	UTERINE AND ADNEXA PROCEDURES FOR NON-OVARIAN AND NON-ADNEXAL MALIGNANCY WITH MCC	39,556.57
740	UTERINE AND ADNEXA PROCEDURES FOR NON-OVARIAN AND NON-ADNEXAL MALIGNANCY WITH CC	18,067.70
741	UTERINE AND ADNEXA PROCEDURES FOR NON-OVARIAN AND NON-ADNEXAL MALIGNANCY WITHOUT CC/MCC	13,648.90
742	UTERINE AND ADNEXA PROCEDURES FOR NON-MALIGNANCY WITH CC/MCC	18,151.17
743	UTERINE AND ADNEXA PROCEDURES FOR NON-MALIGNANCY WITHOUT CC/MCC	11,910.99
744	D&C, CONIZATION, LAPAROSCOPY AND TUBAL INTERRUPTION WITH CC/MCC	19,416.10
745	D&C, CONIZATION, LAPAROSCOPY AND TUBAL INTERRUPTION WITHOUT CC/MCC	10,183.02
746	VAGINA, CERVIX AND VULVA PROCEDURES WITH CC/MCC	16,639.81
747	VAGINA, CERVIX AND VULVA PROCEDURES WITHOUT CC/MCC	9,491.43

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DRG	Description	Fee
748	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	13,536.62
749	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES WITH CC/MCC	25,721.86
750	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES WITHOUT CC/MCC	12,813.23
754	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM WITH MCC	17,978.27
755	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM WITH CC	11,030.61
756	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM WITHOUT CC/MCC	9,489.44
757	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM WITH MCC	14,063.26
758	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM WITH CC	10,128.37
759	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM WITHOUT CC/MCC	6,359.42
760	MENSTRUAL AND OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS WITH CC/MCC	9,793.50
761	MENSTRUAL AND OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS WITHOUT CC/MCC	6,298.80
768	VAGINAL DELIVERY WITH O.R. PROCEDURES EXCEPT STERILIZATION AND/OR D&C	10,893.48
769	POSTPARTUM AND POST ABORTION DIAGNOSES WITH O.R. PROCEDURES	13,806.89
770	ABORTION WITH D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	10,691.77
776	POSTPARTUM AND POST ABORTION DIAGNOSES WITHOUT O.R. PROCEDURES	7,089.76
779	ABORTION WITHOUT D&C	9,288.72
783	CESAREAN SECTION WITH STERILIZATION WITH MCC	18,304.19
784	CESAREAN SECTION WITH STERILIZATION WITH CC	10,761.33
785	CESAREAN SECTION WITH STERILIZATION WITHOUT CC/MCC	8,679.61
786	CESAREAN SECTION WITHOUT STERILIZATION WITH MCC	16,056.54
787	CESAREAN SECTION WITHOUT STERILIZATION WITH CC	10,550.67
788	CESAREAN SECTION WITHOUT STERILIZATION WITHOUT CC/MCC	8,989.63
789	NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	17,911.70
790	EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	59,071.04
791	PREMATURITY WITH MAJOR PROBLEMS	40,341.56
792	PREMATURITY WITHOUT MAJOR PROBLEMS	24,341.66
793	FULL TERM NEONATE WITH MAJOR PROBLEMS	41,440.55
794	NEONATE WITH OTHER SIGNIFICANT PROBLEMS	14,668.39
795	NORMAL NEWBORN	1,985.33
796	VAGINAL DELIVERY WITH STERILIZATION AND/OR D&C WITH MCC	12,685.05
797	VAGINAL DELIVERY WITH STERILIZATION AND/OR D&C WITH CC	9,620.61
798	VAGINAL DELIVERY WITH STERILIZATION AND/OR D&C WITHOUT CC/MCC	9,620.61
799	SPLENIC PROCEDURES WITH MCC	47,246.50
800	SPLENIC PROCEDURES WITH CC	28,953.24
801	SPLENIC PROCEDURES WITHOUT CC/MCC	16,312.90
802	OTHER O.R. PROCEDURES OF THE BLOOD AND BLOOD FORMING ORGANS WITH MCC	35,620.69
803	OTHER O.R. PROCEDURES OF THE BLOOD AND BLOOD FORMING ORGANS WITH CC	17,687.13
804	OTHER O.R. PROCEDURES OF THE BLOOD AND BLOOD FORMING ORGANS WITHOUT CC/MCC	10,985.89
805	VAGINAL DELIVERY WITHOUT STERILIZATION OR D&C WITH MCC	9,916.72
806	VAGINAL DELIVERY WITHOUT STERILIZATION OR D&C WITH CC	7,190.12
807	VAGINAL DELIVERY WITHOUT STERILIZATION OR D&C WITHOUT CC/MCC	6,332.59
808	MAJOR HEMATOLOGICAL AND IMMUNOLOGICAL DIAGNOSES EXCEPT SICKLE CELL CRISIS AND COAGULATION DISORDERS WITH MCC	22,757.77
809	MAJOR HEMATOLOGICAL AND IMMUNOLOGICAL DIAGNOSES EXCEPT SICKLE CELL CRISIS AND COAGULATION DISORDERS WITH CC	12,306.47
810	MAJOR HEMATOLOGICAL AND IMMUNOLOGICAL DIAGNOSES EXCEPT SICKLE CELL CRISIS AND COAGULATION DISORDERS WITHOUT CC/MCC	9,457.65
811	RED BLOOD CELL DISORDERS WITH MCC	13,979.79
812	RED BLOOD CELL DISORDERS WITHOUT MCC	9,170.48
813	COAGULATION DISORDERS	15,381.84
814	RETICULOENDOTHELIAL AND IMMUNITY DISORDERS WITH MCC	20,772.44
815	RETICULOENDOTHELIAL AND IMMUNITY DISORDERS WITH CC	10,096.57
816	RETICULOENDOTHELIAL AND IMMUNITY DISORDERS WITHOUT CC/MCC	6,552.19
817	OTHER ANTEPARTUM DIAGNOSES WITH O.R. PROCEDURES WITH MCC	25,190.25
818	OTHER ANTEPARTUM DIAGNOSES WITH O.R. PROCEDURES WITH CC	12,798.33
819	OTHER ANTEPARTUM DIAGNOSES WITH O.R. PROCEDURES WITHOUT CC/MCC	8,113.23
820	LYMPHOMA AND LEUKEMIA WITH MAJOR O.R. PROCEDURES WITH MCC	57,853.81
821	LYMPHOMA AND LEUKEMIA WITH MAJOR O.R. PROCEDURES WITH CC	22,182.44
822	LYMPHOMA AND LEUKEMIA WITH MAJOR O.R. PROCEDURES WITHOUT CC/MCC	11,364.48
823	LYMPHOMA AND NON-ACUTE LEUKEMIA WITH OTHER PROCEDURES WITH MCC	46,498.27
824	LYMPHOMA AND NON-ACUTE LEUKEMIA WITH OTHER PROCEDURES WITH CC	21,854.54
825	LYMPHOMA AND NON-ACUTE LEUKEMIA WITH OTHER PROCEDURES WITHOUT CC/MCC	12,229.95
826	MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS WITH MAJOR O.R. PROCEDURES WITH MCC	47,452.19

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DRG	Description	Fee
827	MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS WITH MAJOR O.R. PROCEDURES WITH CC	23,449.36
828	MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS WITH MAJOR O.R. PROCEDURES WITHOUT CC/MCC	15,927.36
829	MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS WITH OTHER PROCEDURES WITH CC/MCC	30,642.46
830	MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS WITH OTHER PROCEDURES WITHOUT CC/MCC	14,532.26
831	OTHER ANTEPARTUM DIAGNOSES WITHOUT O.R. PROCEDURES WITH MCC	11,437.02
832	OTHER ANTEPARTUM DIAGNOSES WITHOUT O.R. PROCEDURES WITH CC	7,426.61
833	OTHER ANTEPARTUM DIAGNOSES WITHOUT O.R. PROCEDURES WITHOUT CC/MCC	5,165.04
834	ACUTE LEUKEMIA WITH MCC	54,922.51
835	ACUTE LEUKEMIA WITH CC	21,223.56
836	ACUTE LEUKEMIA WITHOUT CC/MCC	12,626.42
837	CHEMOTHERAPY WITH ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS OR WITH HIGH DOSE CHEMOTHERAPY AGENT WITH MCC	49,754.49
838	CHEMOTHERAPY WITH ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS WITH CC OR HIGH DOSE CHEMOTHERAPY AGENT	20,153.39
839	CHEMOTHERAPY WITH ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS WITHOUT CC/MCC	13,617.10
840	LYMPHOMA AND NON-ACUTE LEUKEMIA WITH MCC	31,687.79
841	LYMPHOMA AND NON-ACUTE LEUKEMIA WITH CC	15,580.57
842	LYMPHOMA AND NON-ACUTE LEUKEMIA WITHOUT CC/MCC	10,452.30
843	OTHER MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASTIC DIAGNOSES WITH MCC	18,812.95
844	OTHER MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASTIC DIAGNOSES WITH CC	11,876.21
845	OTHER MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASTIC DIAGNOSES WITHOUT CC/MCC	8,314.94
846	CHEMOTHERAPY WITHOUT ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS WITH MCC	25,376.06
847	CHEMOTHERAPY WITHOUT ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS WITH CC	12,626.42
848	CHEMOTHERAPY WITHOUT ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS WITHOUT CC/MCC	8,137.07
849	RADIOTHERAPY	26,541.63
850	ACUTE LEUKEMIA WITH OTHER PROCEDURES	91,534.87
853	INFECTIOUS AND PARASITIC DISEASES WITH O.R. PROCEDURES WITH MCC	49,695.87
854	INFECTIOUS AND PARASITIC DISEASES WITH O.R. PROCEDURES WITH CC	19,854.30
855	INFECTIOUS AND PARASITIC DISEASES WITH O.R. PROCEDURES WITHOUT CC/MCC	16,152.92
856	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS WITH O.R. PROCEDURES WITH MCC	44,829.92
857	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS WITH O.R. PROCEDURES WITH CC	21,650.84
858	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS WITH O.R. PROCEDURES WITHOUT CC/MCC	12,802.30
862	POSTOPERATIVE AND POST-TRAUMATIC INFECTIONS WITH MCC	18,270.41
863	POSTOPERATIVE AND POST-TRAUMATIC INFECTIONS WITHOUT MCC	9,935.60
864	FEVER AND INFLAMMATORY CONDITIONS	8,923.06
865	VIRAL ILLNESS WITH MCC	14,665.41
866	VIRAL ILLNESS WITHOUT MCC	8,791.89
867	OTHER INFECTIOUS AND PARASITIC DISEASES DIAGNOSES WITH MCC	21,307.03
868	OTHER INFECTIOUS AND PARASITIC DISEASES DIAGNOSES WITH CC	10,434.41
869	OTHER INFECTIOUS AND PARASITIC DISEASES DIAGNOSES WITHOUT CC/MCC	7,150.37
870	SEPTICEMIA OR SEVERE SEPSIS WITH MV >96 HOURS	69,123.89
871	SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITH MCC	19,496.58
872	SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITHOUT MCC	10,244.62
876	O.R. PROCEDURES WITH PRINCIPAL DIAGNOSIS OF MENTAL ILLNESS	39,046.82
880	ACUTE ADJUSTMENT REACTION AND PSYCHOSOCIAL DYSFUNCTION	9,525.22
881	DEPRESSIVE NEUROSES	9,083.04
882	NEUROSES EXCEPT DEPRESSIVE	9,559.00
883	DISORDERS OF PERSONALITY AND IMPULSE CONTROL	18,421.44
884	ORGANIC DISTURBANCES AND INTELLECTUAL DISABILITY	16,596.09
885	PSYCHOSES	14,006.62
886	BEHAVIORAL AND DEVELOPMENTAL DISORDERS	17,851.08
887	OTHER MENTAL DISORDER DIAGNOSES	11,818.58
894	ALCOHOL, DRUG ABUSE OR DEPENDENCE, LEFT AMA	6,201.43
895	ALCOHOL, DRUG ABUSE OR DEPENDENCE WITH REHABILITATION THERAPY	14,387.19
896	ALCOHOL, DRUG ABUSE OR DEPENDENCE WITHOUT REHABILITATION THERAPY WITH MCC	17,695.08
897	ALCOHOL, DRUG ABUSE OR DEPENDENCE WITHOUT REHABILITATION THERAPY WITHOUT MCC	8,766.06
901	WOUND DEBRIDEMENTS FOR INJURIES WITH MCC	44,024.06
902	WOUND DEBRIDEMENTS FOR INJURIES WITH CC	18,855.67
903	WOUND DEBRIDEMENTS FOR INJURIES WITHOUT CC/MCC	12,113.70
904	SKIN GRAFTS FOR INJURIES WITH CC/MCC	38,366.17
905	SKIN GRAFTS FOR INJURIES WITHOUT CC/MCC	16,377.49
906	HAND PROCEDURES FOR INJURIES	21,686.61
907	OTHER O.R. PROCEDURES FOR INJURIES WITH MCC	39,584.39

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DRG	Description	Fee
908	OTHER O.R. PROCEDURES FOR INJURIES WITH CC	20,043.10
909	OTHER O.R. PROCEDURES FOR INJURIES WITHOUT CC/MCC	12,602.58
913	TRAUMATIC INJURY WITH MCC	16,080.38
914	TRAUMATIC INJURY WITHOUT MCC	9,105.89
915	ALLERGIC REACTIONS WITH MCC	17,268.80
916	ALLERGIC REACTIONS WITHOUT MCC	6,598.89
917	POISONING AND TOXIC EFFECTS OF DRUGS WITH MCC	16,293.03
918	POISONING AND TOXIC EFFECTS OF DRUGS WITHOUT MCC	8,789.91
919	COMPLICATIONS OF TREATMENT WITH MCC	18,120.37
920	COMPLICATIONS OF TREATMENT WITH CC	10,094.58
921	COMPLICATIONS OF TREATMENT WITHOUT CC/MCC	6,833.39
922	OTHER INJURY, POISONING AND TOXIC EFFECT DIAGNOSES WITH MCC	16,786.88
923	OTHER INJURY, POISONING AND TOXIC EFFECT DIAGNOSES WITHOUT MCC	10,134.33
927	EXTENSIVE BURNS OR FULL THICKNESS BURNS WITH MV >96 HOURS WITH SKIN GRAFT	235,723.74
928	FULL THICKNESS BURN WITH SKIN GRAFT OR INHALATION INJURY WITH CC/MCC	66,365.49
929	FULL THICKNESS BURN WITH SKIN GRAFT OR INHALATION INJURY WITHOUT CC/MCC	31,602.33
933	EXTENSIVE BURNS OR FULL THICKNESS BURNS WITH MV >96 HOURS WITHOUT SKIN GRAFT	42,994.63
934	FULL THICKNESS BURN WITHOUT SKIN GRAFT OR INHALATION INJURY	21,321.93
935	NON-EXTENSIVE BURNS	42,994.71
939	O.R. PROCEDURES WITH DIAGNOSES OF OTHER CONTACT WITH HEALTH SERVICES WITH MCC	31,538.74
940	O.R. PROCEDURES WITH DIAGNOSES OF OTHER CONTACT WITH HEALTH SERVICES WITH CC	20,980.12
941	O.R. PROCEDURES WITH DIAGNOSES OF OTHER CONTACT WITH HEALTH SERVICES WITHOUT CC/MCC	19,419.08
945	REHABILITATION WITH CC/MCC	15,168.20
946	REHABILITATION WITHOUT CC/MCC	11,094.20
947	SIGNS AND SYMPTOMS WITH MCC	12,780.44
948	SIGNS AND SYMPTOMS WITHOUT MCC	7,894.62
949	AFTERCARE WITH CC/MCC	10,721.58
950	AFTERCARE WITHOUT CC/MCC	5,823.84
951	OTHER FACTORS INFLUENCING HEALTH STATUS	5,634.05
955	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	67,850.02
956	LIMB REATTACHMENT, HIP AND FEMUR PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	37,981.62
957	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA WITH MCC	74,168.70
958	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA WITH CC	40,837.40
959	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA WITHOUT CC/MCC	26,271.35
963	OTHER MULTIPLE SIGNIFICANT TRAUMA WITH MCC	26,994.73
964	OTHER MULTIPLE SIGNIFICANT TRAUMA WITH CC	14,905.88
965	OTHER MULTIPLE SIGNIFICANT TRAUMA WITHOUT CC/MCC	9,068.13
969	HIV WITH EXTENSIVE O.R. PROCEDURES WITH MCC	62,841.98
970	HIV WITH EXTENSIVE O.R. PROCEDURES WITHOUT MCC	26,364.75
974	HIV WITH MAJOR RELATED CONDITION WITH MCC	29,672.65
975	HIV WITH MAJOR RELATED CONDITION WITH CC	14,123.87
976	HIV WITH MAJOR RELATED CONDITION WITHOUT CC/MCC	9,966.40
977	HIV WITH OR WITHOUT OTHER RELATED CONDITION	14,327.57
981	EXTENSIVE O.R. PROCEDURES UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC	47,237.56
982	EXTENSIVE O.R. PROCEDURES UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC	24,327.75
983	EXTENSIVE O.R. PROCEDURES UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC	16,576.22
987	NON-EXTENSIVE O.R. PROCEDURES UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC	34,804.89
988	NON-EXTENSIVE O.R. PROCEDURES UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC	17,051.19
989	NON-EXTENSIVE O.R. PROCEDURES UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC	11,481.73
998	PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS	BR
999	UNGROUPABLE	BR

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Dental

Code	Description	Fee
D0120	PERIODIC ORAL EVALUATION - EST PATIENT	49.78
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	74.38
D0145	ORAL EVAL PT UND 3 YR AGE CNSL W/PRIM CAREGIVER	76.77
D0150	COMP ORAL EVALUATION - NEW OR EST PATIENT	85.17
D0160	DTL&EXT ORAL EVALUATION - PROBLEM FOCUSED REPORT	134.96
D0170	RE-EVALUATION - LIMITED PROBLEM FOCUSED	56.38
D0171	RE-EVALUATION POST-OPERATIVE OFFICE VISIT	77.37
D0180	COMP PERIODONTAL EVALUATION - NEW OR EST PATIENT	112.16
D0190	SCREENING OF A PATIENT	35.60
D0191	ASSESSMENT OF A PATIENT	20.67
D0210	INTRAORAL COMPREHENSIVE SERIES RADIOGPHIC IMAGES	121.63
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	27.78
D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONAL IMAGE	21.61
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	49.39
D0250	EXTRAORAL 2D PRJECTN RAD IMG BY RAD SRCE/ DTECTR	71.62
D0251	EXTRAORAL POSTERIOR DENTAL RAD IMAGE	51.24
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	31.49
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	51.86
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	49.39
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	59.89
D0277	VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES	91.38
D0310	SIALOGRAPHY	407.55
D0320	TEMPOROMANDIBULAR JOINT ARTHROGRAM INCL INJ	720.01
D0321	OTHER TEMPOROMANDIBULAR JOINT IMAGES BY REPORT	BR
D0322	TOMOGRAPHIC SURVEY	584.16
D0330	PANORAMIC RADIOGRAPHIC IMAGE	105.58
D0340	2D CEPHLOMTRIC RAD IMG - ACQSTN MEASRE& ANALYSIS	45.69
D0350	2D ORAL/FACIAL PHOTOGRAPHIC IMAGES	17.90
D0364	CNE BEAM CAPTR & INTREP LESS THAN WHL JAW	103.11
D0365	CNE BEAM CAPTR INTERP W FLD VIEW 1 ARCH MNDBL	366.74
D0366	CNE BEAM CAPTR INTERP W FLD VIEW 1 ARCH MAXL	366.74
D0367	CNE BEAM CAPTR INTERP W FLD VIEW BTH JAWS	292.03
D0368	CNE BEAM CAPTR INTERP FR TMJ 2 OR MORE	335.55
D0369	MAXILLOFACIAL MRI CAPTURE AND INTERPRETATION	190.19
D0370	MAXLFCL US IMAGE CAPTR AND INTRP	108.68
D0371	SIALOENDOSCOPY CAPTURE AND INTERPRETATION	BR
D0372	INTRAORAL TOMOSYNTHESIS COMPLETE SERIES RAD IMGS	BR
D0373	INTRAORAL TOMOSYNTHESIS BITEWING RADIOG IMAGE	BR
D0374	INTRAORAL TOMOSYNTHESIS PERIAPICAL RADIOG IMAGE	BR
D0380	CNE BEAM CAPTR LMTD FLD <1 WHL JAW	233.66
D0381	CNE BEAM CAPTR W FLD VIEW 1 ARCH MNDBL	83.95
D0382	CNE BEAM CAPTR W FLD VIEW 1 ARCH MAXL	83.95
D0383	CNE BEAM CAPTR W FLD VIEW BTH JAWS	335.80
D0384	CNE BEAM CAPTR FR TMJ 2 OR MORE	339.63
D0385	MAXILLOFACIAL MRI IMAGE CAPTURE	2085.30
D0386	MAXILLOFACIAL ULTRASOUND IMAGE CAPTURE	521.66
D0387	INTRAORAL TOMOSYNTHESIS CMPL SERIES RAD IMG CAPT	BR
D0388	INTRAORAL TOMOSYNTHESIS BITEWING RAD IMAGE CAPTR	BR
D0389	INTRAORAL TOMOSYNTHESIS PERIAPICAL RAD IMGE CAPT	BR
D0391	INTERPRETATION OF DIAGNOSTIC IMAGE	81.70
D0393	VIRTL TREMNT SIM USING 3D IMG VOL OR SURF SCAN	BR
D0394	DIGITAL SUBTR OF 2 > IMAGES OF THE SAME MODALITY	BR
D0395	FUSION OF 2/> 3D IMAGE VOLUMES OF 1/> MODALITIES	BR
D0396	3D PRINTING OF A 3D DENTAL SURFACE SCAN	BR
D0411	HBA1C IN-OFFICE POINT OF SERVICE TESTING	BR
D0412	BLOOD GLCSE LVL TST - IN-OFFICE USING GLCSE MTR	BR
D0414	LAB MICRBAL SPEC CULTRE/SENS/REPORT PREP TRNSMSN	54.34

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Code	Description	Fee
D0415	COLLECTION MICROORGANISMS CULTURE & SENSITIVITY	39.40
D0416	VIRAL CULTURE	58.42
D0417	CLCT & PREP SALIVA SAMPLE FOR LAB DX TESTING	52.98
D0418	ANALYSIS OF SALIVA SAMPLE	54.34
D0419	ASSESSMENT OF SALIVARY FLOW BY MEASUREMENT	BR
D0422	COLLECT/PREP GENETIC SAMPLE FOR LAB ANALYSIS	39.40
D0423	GENETIC TEST SUSCEPT TO DSEASE SPECIMEN ANLYS	BR
D0425	CARIES SUSCEPTIBILITY TESTS	26.74
D0431	ADJUNCTIVE PREDX TST NOT INCL CYTOLOGY/BX PROC	20.06
D0460	PULP VITALITY TESTS	43.45
D0470	DIAGNOSTIC CASTS	60.83
D0472	ACCESSION OF TISSUE GROSS EXAMINATION PREP/REPRT	74.72
D0473	ACCESS TISSUE GR&MIC EXAMINATION PREP/REPRT	157.59
D0474	ACCESS TISS GR&MIC EX ASSESS SURG MARG PREP/RPT	176.61
D0475	DECALCIFICATION PROCEDURE	95.10
D0476	SPECIAL STAINS FOR MICROORGANISMS	92.38
D0477	SPECIAL STAINS NOT FOR MICROORGANISMS	126.34
D0478	IMMUNOHISTOCHEMICAL STAINS	115.47
D0479	TISSUE INSITU HYBRIDIZATION INCL INTERPRETATION	176.61
D0480	ACESS EXFOLIATIVE CYTOL SMEAR MIC EXAM PREP/REPT	108.68
D0481	ELECTRON MICROSCOPY	407.55
D0482	DIRECT IMMUNOFLUORESCENCE	135.85
D0483	INDIRECT IMMUNOFLUORESCENCE	135.85
D0484	CONSULTATION ON SLIDES PREPARED ELSEWHERE	203.78
D0485	CONSULT INCL PREP SLIDES BX MATL SPL REF SRC	281.21
D0486	ACCESSION TRANSEPITHELIAL CYTOLOG SAMPL MIC EXAM	130.42
D0502	OTHER ORAL PATHOLOGY PROCEDURES BY REPORT	BR
D0600	DX PX QUANT/MNITR/RECRD CHNGS ENAML/DENTN/CEMNTM	BR
D0601	CARIES RISK ASSESS DOCU FINDING OF LOW RISK	10.70
D0602	CARIES RISK AX AND DOCU WITH A FNDNG OF MOD RISK	9.36
D0603	CARIES RISK AX AND DOCU WITH FNDNG OF HIGH RISK	10.03
D0604	ANTIGEN TEST PUB HLTH PATHOGEN INCL CORONAVIRUS	52.98
D0605	ANTIBODY TEST PUB HLTH PATHOGEN INCL CORONAVIRUS	39.40
D0606	MOLECULAR TEST PUB HEALTH PATHOGEN-CORONAVIRUS	BR
D0701	PANORAMIC FILM - IMAGE CAPTURE ONLY	126.34
D0702	2-D CEPHALOMETRIC FILM - IMAGE CAPTURE ONLY	142.64
D0703	2-D ORAL/FACIAL FILM - IMAGE CAPTURE ONLY	67.93
D0705	EXTRA-ORAL POSTERIOR FLM - IMAGE CAPTURE ONLY	47.55
D0706	INTRAORAL OCCLUSAL FILM - IMAGE CAPTURE ONLY	42.11
D0707	INTRAORAL PERIAPICAL FLM - IMAGE CAPTURE ONLY	27.17
D0708	INTRAORAL BITEWING - IMAGE CAPTURE ONLY	27.17
D0709	INTRAORAL CMPRHNSV SERIES RAD IMAGE CAPT ONLY	135.85
D0801	3D INTRAORAL SURFACE SCAN DIRECT	BR
D0802	3D DENTAL SURFACE SCAN INDIRECT	BR
D0803	3D FACIAL SURFACE SCAN DIRECT	BR
D0804	3D FACIAL SURFACE SCAN INDIRECT	BR
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE BY REPORT	BR
D1110	PROPHYLAXIS - ADULT	95.23
D1120	PROPHYLAXIS - CHILD	88.75
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	40.44
D1208	TOPICAL APPLICATION OF FLUORIDE EXCL VARNISH	40.44
D1301	IMMUNIZATION COUNSELING	BR
D1310	NUTRITIONAL COUNSELING CONTROL OF DENTAL DISEASE	34.12
D1320	TOBACCO CNSL CONTROL&PREVENTION ORAL DISEASE	34.12
D1321	COUNSEL ADVRSE EFFECTS HI RISK SUBSTNCE ABUSE	61.56
D1330	ORAL HYGIENE INSTRUCTIONS	39.48
D1351	SEALANT - PER TOOTH	54.20
D1353	SEALANT REPAIR PER TOOTH	49.51
D1354	INTERIM CARIES ARRESTING MEDICATION APPLICATION	28.77
D1355	CARIES PREVENTIVE MEDICAMENT APP - PER TOOTH	26.76

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Code	Description	Fee
D1510	SPACE MAINTAINER - FIXED - UNILATERAL	374.33
D1516	SPACE MAINTAINER - FIXED - BILATERIAL MAXILLARY	518.30
D1517	SPACE MAINTAINER - FIXED - BILATERIAL MANDIBULAR	505.66
D1520	SPACE MAINTAINER - REMOVABLE - UNILATERAL	352.67
D1526	SPACE MAINTAINER - REMOVABLE - BILATERAL MAXILRY	175.58
D1527	SPACE MAINTAINER - REMOVABLE - BILATERAL MNDBULR	175.58
D1551	RECMT/REBND BILAT SPACE MAINTAINER MAXILLARY	69.25
D1552	RECMT/REBND BILAT SPACE MAINTAINER MANDIBULAR	69.25
D1553	RECMT/REBND UNI SPACE MAINTAINER PER QUADRANT	46.17
D1556	REMOVAL FIXED UNI SPACE MAINTAINER PER QUADRANT	44.89
D1557	REMOVAL FIXED BILAT SPACE MAINTAINER MAXILLARY	66.69
D1558	REMOVAL FIXED BILAT SPACE MAINTAINER MANDIBULAR	66.69
D1575	DISTAL SHOE SPACE MAINTANR - FIXED - UNILATERIAL	352.67
D1701	COVID-19 VACCINE ADMIN-PFIZER-1ST DOSE	0.00
D1702	COVID-19 VACCINE ADMIN-PFIZER-2ND DOSE	0.00
D1703	COVID-19 VACCINE ADMIN-MODERNA-1ST DOSE	0.00
D1704	COVID-19 VACCINE ADMIN-MODERNA-2ND DOSE	0.00
D1708	PFIZER-BIONTECH COVID VACC ADMIN THIRD DOSE	BR
D1709	PFIZER-BIONTECH COVID VACC ADMIN BOOSTER DOSE	BR
D1710	MODERNA COVID VACCINE ADMINISTRATION THIRD DOSE	BR
D1711	MODERNA COVID VACCINE ADMINISTRATON BOOSTER DOSE	BR
D1713	PFIZER-BIONTECH COVID VAC ADM TRISCRSE PED FIRST	BR
D1714	PFIZER-BIONTECH COVID VAC ADM TRISCRSE PED SECND	BR
D1781	VACCINE ADMINSTR HUMAN PAPILLOMAVIRUS DOSE 1	BR
D1782	VACCINE ADMINSTR HUMAN PAPILLOMAVIRUS DOSE 2	BR
D1783	VACCINE ADMINSTR HUMAN PAPILLOMAVIRUS DOSE 3	BR
D1999	UNSPECIFIED PREVENTIVE PROCEDURE BY REPORT	BR
D2140	AMALGAM - ONE SURFACE PRIMARY OR PERMANENT	123.36
D2150	AMALGAM - TWO SURFACES PRIMARY OR PERMANENT	146.76
D2160	AMALGAM - THREE SURFACES PRIMARY OR PERMANENT	177.13
D2161	AMALGAM-FOUR/MORE SURFACES PRIMARY/PERMANENT	205.60
D2330	RESIN-BASED COMPOSITE - ONE SURFACE ANTERIOR	138.08
D2331	RESIN-BASED COMPOSITE - TWO SURFACES ANTERIOR	171.38
D2332	RESIN-BASED COMPOSITE - THREE SURFACES ANTERIOR	212.57
D2335	RESIN BASED COMPOSITE 4/> SURFACES ANTERIOR	254.35
D2390	RESIN-BASED COMPOSITE CROWN ANTERIOR	446.33
D2391	RESIN-BASED COMPOSITE - ONE SURFACE POSTERIOR	153.82
D2392	RESIN-BASED COMPOSITE - TWO SURFACES POSTERIOR	202.88
D2393	RESIN-BASED COMPOSITE - THREE SURFACES POSTERIOR	239.82
D2394	RESIN COMPOS - FOUR OR MORE SURFACES POSTERIOR	281.60
D2410	GOLD FOIL - ONE SURFACE	281.38
D2420	GOLD FOIL - TWO SURFACES	468.96
D2430	GOLD FOIL - THREE SURFACES	812.87
D2510	INLAY - METALLIC - ONE SURFACE	744.09
D2520	INLAY - METALLIC - TWO SURFACES	844.13
D2530	INLAY - METALLIC - THREE OR MORE SURFACES	972.94
D2542	ONLAY - METALLIC - TWO SURFACES	954.18
D2543	ONLAY - METALLIC - THREE SURFACES	997.95
D2544	ONLAY - METALLIC - FOUR OR MORE SURFACES	1410.01
D2610	INLAY - PORCELAIN/CERAMIC - ONE SURFACE	875.40
D2620	INLAY - PORCELAIN/CERAMIC - TWO SURFACES	924.17
D2630	INLAY - PORCELAIN/CERAMIC - THREE/MORE SURFACES	984.20
D2642	ONLAY - PORCELAIN/CERAMIC - TWO SURFACES	956.69
D2643	ONLAY - PORCELAIN/CERAMIC - THREE SURFACES	894.22
D2644	ONLAY - PORCELAIN/CERAMIC - 4 OR MORE SURFACES	1361.02
D2650	INLAY - RESIN-BASED COMPOSITE - ONE SURFACE	575.26
D2651	INLAY - RESIN-BASED COMPOSITE - TWO SURFACES	685.31
D2652	INLAY RESIN BASED COMPOSITE 3 OR MORE SURFACES	720.33
D2662	ONLAY - RESIN-BASED COMPOSITE - TWO SURFACES	625.29
D2663	ONLAY - RESIN-BASED COMPOSITE - THREE SURFACES	735.34

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Code	Description	Fee
D2664	ONLAY RESIN BASED COMPOSIT FOUR OR MORE SURFACES	787.86
D2710	CROWN - RESIN-BASED COMPOSITE (INDIRECT)	493.34
D2712	CROWN 3/4 RESIN-BASED COMPOSITE (INDIRECT)	443.95
D2720	CROWN - RESIN WITH HIGH NOBLE METAL	1094.25
D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	1025.47
D2722	CROWN - RESIN WITH NOBLE METAL	1047.98
D2740	CROWN - PORCELAIN/CERAMIC	1039.88
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	955.65
D2751	CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL	778.96
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	956.28
D2753	CROWN-PORCELAIN FUSED TITANIUM AND ALLOYS	1031.72
D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	1062.98
D2781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	1000.46
D2782	CROWN - 3/4 CAST NOBLE METAL	1032.97
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	1090.54
D2790	CROWN - FULL CAST HIGH NOBLE METAL	1132.34
D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	1013.91
D2792	CROWN - FULL CAST NOBLE METAL	1132.34
D2794	CROWN - TITANIUM	1094.25
D2799	PROVISIONAL CROWN	408.48
D2910	RECMNT/REBND INLAY/ONLAY/VNR/PART CVRGE RESTRATN	106.50
D2915	RECMNT/REBND INDRCT OR PREFAB POST AND CORE	90.04
D2920	RE-CEMENT OR RE-BOND CROWN	110.11
D2921	REATTACHMENT OF TOOTH FRAG INCISAL EDGE/CUSP	238.87
D2928	PREFAB PORCELAIN/CERAMIC CROWN-PERM TOOTH	361.41
D2929	PREFABR PORC CROWN - PRIMARY TOOTH	361.41
D2930	PREFABR STAINLESS STEEL CROWN - PRIMARY TOOTH	311.08
D2931	PREFABR STAINLESS STEEL CROWN - PERMANENT TOOTH	345.38
D2932	PREFABRICATED RESIN CROWN	300.14
D2933	PREFABR STAINLESS STEEL CROWN W/RESIN WINDOW	343.91
D2934	PREFAB ESTHETIC COAT STNLESS STEEL CROWN PRIM	343.91
D2940	PLACEMENT OF INTERIM DIRECT RESTORATION	110.11
D2949	RESTOR FOUNDATION FOR INDIR RESTOR	133.58
D2950	CORE BUILDUP INCLUDING ANY PINS WHEN REQUIRED	231.05
D2951	PIN RETENTION - PER TOOTH ADDITION RESTORATION	45.13
D2952	POST AND CORE ADDITION TO CROWN INDIRECTLY FAB	338.16
D2953	EACH ADDITIONAL INDIRECTLY FAB POST SAME TOOTH	187.59
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	288.82
D2955	POST REMOVAL	192.54
D2956	REMOVAL INDIRECT RESTORATION NATURAL TOOTH	BR
D2957	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	150.07
D2960	LABIAL VENEER (RESIN LAMINATE) - CHAIRSIDE	740.69
D2961	LABIAL VENEER (RESIN LAMINATE) - LABORATORY	822.88
D2962	LABIAL VENEER (PORCELAIN LAMINATE) - LABORATORY	1161.88
D2971	ADD PROC CUST CRWN UND XST PART DENTUR FRMEWRK	143.82
D2975	COPING	437.70
D2976	BAND STABILIZATION PER TOOTH	BR
D2980	CROWN REPAIR MATERIAL FAILURE	87.25
D2981	INLAY REPAIR BY REPORT	BR
D2982	ONLAY REPAIR BY REPORT	BR
D2983	VENEER REPAIR BY REPORT	BR
D2989	EXCAVATON TOOTH RESULT IN DETERM NON-RESTRABLTY	BR
D2990	RESIN INFILT OF INCIPIENT LESIONS	62.53
D2991	APPLCATON HYDROYAPATITE REGEN MEDICMNT PER TOOTH	47.48
D2999	UNSPECIFIED RESTORATIVE PROCEDURE BY REPORT	BR
D3110	PULP CAP - DIRECT (EXCLUDING FINAL RESTORATION)	67.13
D3120	PULP CAP - INDIRECT(EXCLUDING FINAL RESTORATION)	66.53
D3220	TX PULP-REMV PULP CORONAL DENTINOCEMENTL JUNC	213.71
D3221	PULPAL DEBRIDEMENT PRIMARY AND PERMANENT TEETH	196.84
D3222	PART PULPOTOMY FOR APEXOGENEIS PERM TOOTH	178.07

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Code	Description	Fee
D3230	PULPAL THERAPY - ANTERIOR PRIMARY TOOTH	185.19
D3240	PULPAL THERAPY - POSTERIOR PRIMARY TOOTH	232.06
D3310	ENDODONTIC THERAPY ANTERIOR TOOTH	751.56
D3320	ENDODONTIC THERAPY PREMOLAR TOOTH	923.79
D3330	ENODODONTIC THERAPY MOLAR	1079.11
D3331	TREATMENT RC OBSTRUCTION; NON-SURGICAL ACCESS	284.91
D3332	INCOMPLETE ENDO TX; INOP UNRESTORABLE/FX TOOTH	313.15
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	249.29
D3346	RETREATMENT PREVIOUS RC THERAPY - ANTERIOR	845.52
D3347	RETREATMENT PREVIOUS RC THERAPY - PREMOLAR	1056.90
D3348	RETREATMENT PREVIOUS ROOT CANAL THERAPY - MOLAR	1164.22
D3351	APEXIFICATION/RECALCIFICAT INIT VST	413.11
D3352	APEXIFICAT/RECALCIFICAT INT MED REPL	185.19
D3353	APEXIFICATION/RECALCIFICATION - FINAL VISIT	569.81
D3355	PULPAL REGENERATION - INITIAL VISIT	413.11
D3356	PULPAL REGEN - INTERIM MED RPLCMNT	185.19
D3357	PULPAL REGENERATION - COMPLETION OF TREATMENT	BR
D3410	APICOECTOMY - ANTERIOR	651.32
D3421	APICOECTOMY - PREMOLAR (FIRST ROOT)	717.61
D3425	APICOECTOMY - MOLAR (FIRST ROOT)	895.89
D3426	APICOECTOMY (EACH ADDITIONAL ROOT)	349.01
D3428	BG IN CONJ PERIRADICULAR SURG/TOOTH SINGLE SITE	258.08
D3429	BG IN CONJ PERIRADICUL SURG EACH CONTIG TH SSS	1029.94
D3430	RETROGRADE FILLING - PER ROOT	217.54
D3431	BIO MAT SFT OSS REGE CONJ PERIR SUR	1267.83
D3432	GTR RESORB BRRER PER SITE IN CONJ PERIRAD SURG	1089.77
D3450	ROOT AMPUTATION - PER ROOT	534.20
D3460	ENDODONTIC ENDOSSEOUS IMPLANT	1994.34
D3470	INTENTIONAL REIMPLANTATION W/NECESSARY SPLINTING	1018.54
D3471	SURGICAL REPAIR ROOT RESORPTION - ANTERIOR	1267.83
D3472	SURGICAL REPAIR ROOT RESORPTION - PREMOLAR	1267.83
D3473	SURGICAL REPAIR ROOT RESORPTION - MOLAR	1267.83
D3501	SRG EXP ROOT WO APICO/RPR ROOT RESORPTN - ANT	740.76
D3502	SRG EXP ROOT WO APICO/RPR ROOT RESORPTN-PREMOLAR	740.76
D3503	SRG EXP ROOT WO APICO/RPR ROOT RESORPTN-MOLAR	740.76
D3910	SURGICAL PROCEDURE ISOLATION TOOTH W/RUBBER DAM	BR
D3911	INTRAORIFICE BARRIER	24.50
D3920	HEMISECTION NOT INCLUDING ROOT CANAL THERAPY	405.99
D3921	DECORONATION OR SUBMERGENCE ERUPTED TOOTH	405.99
D3950	CANAL PREPARATION&FITTING PREFORMED DOWEL/POST	185.19
D3999	UNSPECIFIED ENDODONTIC PROCEDURE BY REPORT	BR
D4210	GINGIVECT/PLSTY 4/>CNTIG/TOOTH BOUND SPACES-QUAD	550.48
D4211	GINGIVECT/PLSTY 1-3 CNTIG/TOOTH BOUND SPACE-QUAD	337.87
D4212	GINGIVECT/PLSTY FOR ACCESS RESTORATION PER TOOTH	237.64
D4230	ANAT CROWN EXP 4/> CONTIGUOUS TEETH PER QUAD	770.67
D4231	ANATOMICAL CROWN EXPOSURE 1-3 TEETH PER QUADRANT	644.55
D4240	GINGL FLP PROC 4/> CONTIG/TOOTH BOUND SPACE-QUAD	697.28
D4241	GINGL FLP PROC 1-3 CONTIG/TOOTH BOUND SPACE-QUAD	403.69
D4245	APICALLY POSITIONED FLAP	513.78
D4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	1121.82
D4260	OSSEOUS SURG 4/> CNTIG TEETH QUAD	1395.31
D4261	OSSEOUS SURG 1-3 CNTIG TEETH QUAD	1320.96
D4263	BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT	624.64
D4264	BONE REPLACEMENT GRAFT - EA ADD SITE QUADRANT	354.75
D4265	BIOLOGIC MATERIALS AID SOFT&OSSEOUS TISSUE REGEN	259.60
D4266	GUID TISS REGEN NAT TETH RESORB BARRIER PER SITE	464.66
D4267	GUID TISS REGEN NAT TETH NONRESORB BARR PER SITE	521.75
D4268	SURGICAL REVISION PROCEDURE PER TOOTH	BR
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	825.72
D4273	AUTOGNS CONECTIVE TISSUE GRFT 1ST TOOTH/IMPLANT	1428.50

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Code	Description	Fee
D4274	MESIAL OR DISTAL WEDGE PROCEDURE	572.50
D4275	NONAUTGNS CONECTV TISSUE GRFT 1ST TOOTH/IMPLANT	1505.50
D4276	COMB CNCTIVE TISSUE & PEDICLE GRAFT PER TOOTH	1131.54
D4277	FREE SOFT TISSUE GRAFT, 1ST TOOTH/ IMPLANT	1129.12
D4278	FREE SOFT TISSUE GRAFT, E/ADNL TOOTH, IMPLNT	531.70
D4283	AUTO CNNCTV TISSUE GRFT PROC E/A TOOTH, IMPLANT	619.33
D4285	NON-AUTO CNNCTV TSSUE GRFT PROC E/A TOOTH/IMPLNT	904.76
D4286	REMOVAL OF NON-RESORBABLE BARRIER	146.79
D4322	SPLINT INTRACORONAL NATURAL TEETH OR PROS CROWN	403.69
D4323	SPLINT EXTRACORONAL NATURAL TEETH OR PROS CROWN	249.74
D4341	PRDONTAL SCALING&ROOT PLANING 4/MORE TEETH-QUAD	213.46
D4342	PRDONTAL SCALING&ROOT PLANING 1-3 TEETH-QUAD	169.92
D4346	SCALNG GNGIVAL INFLAMM FULL MOUTH AFTR ORAL EVAL	119.13
D4355	FULL MOUTH DEBRID ENABLE COMP PERIO EVAL & DX	151.18
D4381	LOC DEL ANTIMICROBL AGTS CREVICULR TISS TOOTH BR	68.90
D4910	PERIODONTAL MAINTENANCE	139.68
D4920	UNSCHEDULED DRESSING CHANGE	103.98
D4921	GINGIVAL IRRIGATION MEDICINAL AGENT PER QUADRANT	14.20
D4999	UNSPECIFIED PERIODONTAL PROCEDURE BY REPORT	BR
D5110	COMPLETE DENTURE - MAXILLARY	1472.47
D5120	COMPLETE DENTURE - MANDIBULAR	1428.29
D5130	IMMEDIATE DENTURE - MAXILLARY	1567.85
D5140	IMMEDIATE DENTURE - MANDIBULAR	1567.85
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE	1163.75
D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE	1186.47
D5213	MAX PART DENTUR-CAST METL FRMEWRK W/RSN BASE	1356.86
D5214	MAND PART DENTUR- CAST METL FRMEWRK W/RSN BASE	1404.20
D5221	IMMED MAXILLARY PARTIAL DENTURE RESIN BASE	775.62
D5222	IMMED MANDIBULAR PARTIAL DENTURE RESIN BASE	725.13
D5223	IMMED MAXIL PART DENTURE CAST METL FRAME W/RESIN	1731.85
D5224	IMMED MAND PART DENTURE CAST METL FRAME W/RESIN	1731.85
D5225	MAXILLARY PARTIAL DENTRUE FLEXIBLE BASE	1230.65
D5226	MANDIBULAR PARTIAL DENTURE FLEXIBLE BASE	1048.89
D5227	IMMED MAXILLARY PARTIAL DENTURE FLEXIBLE BASE	1325.13
D5228	IMMED MANDIBULAR PARTIAL DENTURE FLEXIBLE BASE	1535.05
D5282	RMVBL UNIL PRTL DNTR CST MTL INCL CLSP TTH MXLRY	773.10
D5283	RMVBL UNIL PRTL DNTR CST MTL INCL CLSP TTH MNDBL	757.32
D5284	RMVABLE UNI PRTL DNTURE 1 PC FLEX BASE PER QDRNT	609.45
D5286	RMVABLE UNI PRTL DNTURE 1 PC RESIN PER QDRNT	707.17
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	89.45
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	89.45
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	67.98
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	84.67
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	149.45
D5512	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	201.30
D5520	REPLACE MISSING/BROKEN TEETH - COMPLETE DENTURE	165.31
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	170.56
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	184.50
D5621	REPAIR CAST FRAMEWORK, MANDIBULAR	183.68
D5622	REPAIR CAST FRAMEWORK, MAXILLARY	253.38
D5630	REPAIR OR REPLACE BROKEN CLASP PER TOOTH	228.78
D5640	REPLACE BROKEN TEETH - PER TOOTH	183.27
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	193.73
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE PER TOOTH	215.25
D5670	REPLACE ALL TEETH&ACRYLIC CAST METAL FRMEWRK MAX	577.28
D5671	REPLACE ALL TEETH&ACRYLIC CAST METL FRMEWRK MAND	577.28
D5710	REBASE COMPLETE MAXILLARY DENTURE	583.84
D5711	REBASE COMPLETE MANDIBULAR DENTURE	557.60
D5720	REBASE MAXILLARY PARTIAL DENTURE	551.04
D5721	REBASE MANDIBULAR PARTIAL DENTURE	551.04

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Code	Description	Fee
D5725	REBASE HYBRID PROSTHESIS	583.84
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	344.19
D5731	RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	396.70
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	301.76
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	221.68
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	396.70
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	396.70
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	432.96
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	432.96
D5765	SOFT LINER COMPL/PART DENTURE REMOVAL INDIRECT	439.52
D5810	INTERIM COMPLETE DENTURE (MAXILLARY)	645.18
D5811	INTERIM COMPLETE DENTURE (MANDIBULAR)	747.85
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	550.66
D5821	INTERIM PARTIAL DENTURE (MANDIBULAR)	583.65
D5850	TISSUE CONDITIONING MAXILLARY	203.06
D5851	TISSUE CONDITIONING MANDIBULAR	137.76
D5862	PRECISION ATTACHMENT BY REPORT	BR
D5863	OVERDENTURE COMPLETE MAXILLARY	1521.93
D5864	OVERDENTURE PARTIAL MAXILLARY	2007.38
D5865	OVERDENTURE COMPLETE MIBULAR	1521.93
D5866	OVERDENTURE PARTIAL MIBULAR	2086.10
D5867	REPLACEMENT REPL PART SEMI-PRCISN/PRCISN ATTCH	77.30
D5875	MODIFICATION REMV PROSTH AFTER IMPLANT SURGERY	BR
D5876	ADD MTL SUBSTRUCTR TO ACRYLIC FULL DNTR PER ARCH	BR
D5899	UNS REMOVABLE PROSTHODONTIC PROCEDURE REPORT	BR
D5911	FACIAL MOULAGE (SECTIONAL)	342.00
D5912	FACIAL MOULAGE (COMPLETE)	342.00
D5913	NASAL PROSTHESIS	7201.59
D5914	AURICULAR PROSTHESIS	7201.59
D5915	ORBITAL PROSTHESIS	9745.64
D5916	OCULAR PROSTHESIS	2599.41
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	3877.59
D5932	OBTURATOR PROSTHESIS DEFINITIVE	7252.03
D5933	OBTURATOR PROSTHESIS MODIFICATION	BR
D5934	MANDIBULAR RESECTION PROSTHESIS W/GUIDE FLANGE	6609.86
D5935	MANDIBULAR RESECTION PROSTHESIS W/O GUIDE FLANGE	5751.19
D5936	OBTURATOR PROSTHESIS INTERIM	6459.78
D5937	TRISMUS APPLIANCE (NOT FOR TMD TREATMENT)	811.93
D5951	FEEDING AID	1055.51
D5952	SPEECH AID PROSTHESIS PEDIATRIC	3427.34
D5953	SPEECH AID PROSTHESIS ADULT	6508.99
D5954	PALATAL AUGMENTATION PROSTHESIS	6031.67
D5955	PALATAL LIFT PROSTHESIS DEFINITIVE	5578.96
D5958	PALATAL LIFT PROSTHESIS INTERIM	BR
D5959	PALATAL LIFT PROSTHESIS MODIFICATION	BR
D5960	SPEECH AID PROSTHESIS MODIFICATION	BR
D5982	SURGICAL STENT	413.20
D5983	RADIATION CARRIER	1230.20
D5984	RADIATION SHIELD	1230.20
D5985	RADIATION CONE LOCATOR	1230.20
D5986	FLUORIDE GEL CARRIER	157.95

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Code	Description	Fee
D5987	COMMISSURE SPLINT	1845.30
D5988	SURGICAL SPLINT	369.06
D5991	VESICULOBULLOUS DISEASE MEDICAMENT CARRIER	141.47
D5992	ADJUST MAXILLOFACIAL PROSTH APPLIANCE BY REPORT	BR
D5993	MAINT / CLEAN MAXILLOFACIAL PROSTH BY REPORT	BR
D5995	PERIO MEDIC CARRIER PERIPH SEAL LAB PRCESSD MAX	676.61
D5996	PERIO MEDIC CARRIER PERIPH SEAL LAB PRCESSD MAN	676.61
D5999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS BY REPORT	BR
D6010	SURG PLACEMENT IMPLANT BODY: ENDOSTEAL IMPLANT	2086.81
D6011	SECOND STAGE IMPLANT SURGERY	172.10
D6012	SURG PLCMT INTERIM IMPL TRNSITIONL PROS: ENDOS	2608.87
D6013	SURGICAL PLACEMENT OF MINI IMPLANT	2761.18
D6040	SURGICAL PLACEMENT: EPOSTEAL IMPLANT	9500.53
D6050	SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT	7087.69
D6051	INTERIM IMPLANT ABUTMENT	565.60
D6055	CONNECTING BAR IMPLANT OR ABUTMENT SUPPORTED	829.41
D6056	PREFABRICATED ABUTMENT INCLUDES PLACEMENT	646.95
D6057	CUSTOM FABRICATED ABUTMENT INCLUDES PLACEMENT	817.09
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	1479.50
D6059	ABUT SUPP PORCELAIN TO METL CROWN HI NOBLE METL	1345.00
D6060	ABUT SUPP PORCELAIN TO MTL CROWN PREDOM BASE MTL	1194.36
D6061	ABUT SUPP PORCELAIN TO METAL CROWN NOBLE METAL	1076.00
D6062	ABUTMENT SUPP CAST METAL CROWN HIGH NOBLE METAL	1596.52
D6063	ABUTMENT SUPP CAST METAL CROWN PREDOM BASE METAL	1311.98
D6064	ABUTMENT SUPP CAST METAL CROWN NOBLE METAL	1577.69
D6065	IMPL SUPP PORCELAIN/CERAMIC CROWN	1479.50
D6066	IMPL SUPP PORCLN FUSED METL CRWN TITNM/HIGH NOBL	1378.63
D6067	IMPL SUPP METAL CROWN TITIANM/HIGH NOBLE METL	1477.86
D6068	ABUT SUPP RETAINER PORCELAIN/CERAMIC FPD	1540.03
D6069	ABUT RETAINR PORCELN TO METL FPD HI NOBL METL	1502.37
D6070	ABUT RETN PORCELN TO METL FPD PREDOM BASE METL	1482.38
D6071	ABUT SUPP RETN PORCELN FUSD METAL FPD NOBLE METL	1512.54
D6072	ABUT SUPP RETN CAST METL FPD HIGH NOBLE METL	1530.64
D6073	ABUT RTNR CAST METL FPD PREDOM BASE METL	1397.93
D6074	ABUTMENT RTNR CAST METAL FPD NOBLE METAL	1485.40
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	1204.45
D6076	IMPL SUPP RTNR PORCLN FUSED METL FPD TITNM/HIGH	1523.10
D6077	IMPL SUPP RTNR CST METL FPD TITNM/HIGH NOBLE	1477.86
D6080	IMPL MAINT PROC REMV CLEAN PROSTH & ABUT REINSRT	157.55
D6081	SCALNG/DBRDMNT IMPLNT WO FLAP ENTRY/CLOS	278.84
D6082	IMPL SUPP CROWN PORCLN FUSED BASE ALLOY	1523.10
D6083	IMPL SUPP CROWN PORCLN FUSED TO NOBLE ALLOYS	1523.10
D6084	IMPL SUPP CROWN PORCLN FUSED TO TITANIUM ALLOYS	1523.10
D6085	PROVISIONAL IMPLANT CROWN	385.75
D6086	IMPLANT SUPPORTED CROWN PREDOM BASE ALLOYS	1477.86
D6087	IMPLANT SUPPORTED CROWN NOBLE ALLOYS	1477.86
D6088	IMPLNT SUPRTD CROWN TITANIUM AND ALLOYS	1477.86
D6089	ACCESS AND RETORQU LOOSE IMPLNT SCREW PER SCREW	156.30
D6090	REPAIR IMPLANT/ABUTMENT SUPPORTED PROSTHESIS	BR
D6091	REPL ATTACHMNT IMPL/ABUT SUPP PROS PER ATTACHMNT	46.89
D6092	RECEMENT / REBOND IMPLANT/ABUTMENT SUPP CROWN	120.04
D6093	RECMNT/REBOND IMPL/ABUTMNT SUPP FIX PART DENTURE	191.52
D6094	ABUTMENT SUPPORTED CROWN TITANIUM	1244.12
D6096	REMOVE BROKEN IMPLANT RETAINING SCREW	BR
D6097	ABUT SUPP CROWN PORCLN FUSED TO TITANIUM ALLOYS	1523.10
D6098	IMPL SUPP RETAINER PORCELAIN FUSED TO BASE ALLOY	1482.38
D6099	IMPL SUPP RETAINR FPD PORCLN FUSED NOBLE ALLOYS	1512.54
D6100	SURGICAL REMOVAL IMPLANT BODY	518.30
D6101	DBRDMNT OF SNGL PERI-IMPLANT DEFECT/S	681.33
D6102	DBRDMNT AND OSSEOUS CNTUR OF PERI-IMPLANT DEFECT	1375.09

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Code	Description	Fee
D6103	BONE GRFT RPR PERIIMPLNT DFCT W/O FLAP ENTR/CLSE	650.23
D6104	BONE GRAFT AT TIME OF IMPLANT PLACEMENT	506.50
D6105	RMVL IMPLANT NO BONE REMOVAL OR FLAP ELEVATION	210.76
D6106	GIDED TISS REGENRATION RESORB BARRIER PER IMPLNT	552.80
D6107	GIDED TISS REGENRATION NONRESORB BARRIER PER IMP	678.61
D6110	IMPL/ABUTMENT SUPPORTED RD - MAXILLARY	2825.17
D6111	IMPL/ABUTMENT SUPPORTED RD - MANDIBULAR	1717.57
D6112	IMPL/ABUTMENT SUPPORTED RPD - MAXILLARY	2061.46
D6113	IMPLANT / ABUTMENT SUPPORTED RPD - MANDIBULAR	2689.33
D6114	IMPLANT / ABUTMENT SUPPORTED FD - MAXILLARY FULL	6333.68
D6115	IMPLANT/ABUTMENT SUPPORTED FD - MANDIBULAR FULL	6333.68
D6116	IMPL/ABUTMENT SUPPORTED FD - MAXILLARY - PARTIAL	2768.72
D6117	IMPL/ABUT SUPPORTED FD - MANDIBULAR - PARTIAL	2768.72
D6118	IMP/ABUT SPRTD INTRM FIXED DENTR EDENTLS MANDBLR	1877.48
D6119	IMP/ABUT SPRTD INTRM FIXED DENTR EDENTLS MAXLARY	1877.48
D6120	IMPL SUPP RETAINR PORCLN FUSED TITNM AND ALLOYS	1482.38
D6121	IMPL SUPP RETAINER METAL FPD BASE ALLOYS	1397.93
D6122	IMPL SUPP RETAINER METAL FPD NOBLE ALLOYS	1485.40
D6123	IMPL SUPP RETAINR METAL FPD TITNM AND ALLOYS	1397.93
D6180	IMP MAINT, FULL ARCH HYBRID, PRSTHSIS & ABUTS	BR
D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX BY REPORT	BR
D6191	SEMI-PRECISION ABUTMENT - PLACEMENT	297.53
D6192	SEMI-PRECISION ATTACHMENT - PLACEMENT	303.87
D6193	REPLACEMENT OF AN IMPLANT SCREW	BR
D6194	ABUTMENT SUPPORTED RETAINER CROWN FOR FPD-TITANM	1281.82
D6195	ABUT SUPP RETAINR PORCLN FUSED TITANIUM ALLOYS	1509.53
D6197	RPLC RSTRTV MAT CLOS ACES OPN IPLNT SUPP PRSTSIS	136.92
D6198	REMOVE INTERIM IMPLANT COMPONENT	278.98
D6199	UNSPECIFIED IMPLANT PROCEDURE BY REPORT	BR
D6205	PONTIC - INDIRECT RESIN BASED COMPOSITE	617.58
D6210	PONTIC - CAST HIGH NOBLE METAL	944.19
D6211	PONTIC - CAST PREDOMINANTLY BASE METAL	884.81
D6212	PONTIC - CAST NOBLE METAL	920.44
D6214	PONTIC - TITANIUM	950.13
D6240	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	942.22
D6241	PONTIC - PORCELN FUSED PREDOMINANTLY BASE METAL	922.24
D6242	PONTIC - PORCELAIN FUSED TO NOBLE METAL	1005.28
D6243	PONTIC PORCELAIN FUSED TO TITANIUM AND ALLOYS	861.05
D6245	PONTIC - PORCELAIN/CERAMIC	1023.39
D6250	PONTIC - RESIN WITH HIGH NOBLE METAL	920.44
D6251	PONTIC - RESIN WITH PREDOMINANTLY BASE METAL	849.18
D6252	PONTIC - RESIN WITH NOBLE METAL	876.49
D6253	PROVISIONAL PONTIC	339.05
D6545	RETAINER - CAST METAL RESIN BONDED FIX PROSTH	524.15
D6548	RETAINER - PORCELN/CERAMIC RSN BONDED FIX PROSTH	608.71
D6549	RESIN RETAINER FOR RESIN BONDED FIXED PROSTHESIS	282.66
D6600	RETAINER INLAY - PORCELAIN/CERAMIC TWO SURFACES	777.92
D6601	RETAINER INLAY - PORC/CERAMIC 3 OR MORE SURFACES	815.92
D6602	RETAINER INLAY CAST HIGH NOBLE METAL 2 SURFACES	831.36
D6603	RETAINR INLAY - CAST HI NOBLE METAL 3/MORE SURFS	914.50
D6604	RETAINER INLAY - CAST PREDOM BASE METAL 2 SURFS	814.73
D6605	RTAINR INLAY - CAST PREDOM BASE MTL 3/MORE SURFS	863.43
D6606	RETAINER INLAY - CAST NOBLE METAL TWO SURFACES	801.67
D6607	RETNR INLAY CAST NOBLE METAL 3 OR MORE SURFACES	889.56
D6608	RETAINER ONLAY - PORCELAIN/CERAMIC TWO SURFACES	845.61
D6609	RETAINER ONLAY PORCELAIN/CERAMIC 3/MORE SURFACES	882.43
D6610	RETAINER ONLAY - HIGH NOBLE METAL TWO SURFACES	896.68
D6611	RETAINER ONLAY HIGH NOBLE METAL 3/MORE SURFACES	981.01
D6612	RETAINER ONLAY CAST PREDOM BASE METAL 2 SURFACES	891.93
D6613	RETNR ONLAY CAST PREDOM BASE METAL 3/MORE SURFS	932.31

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Code	Description	Fee
D6614	RETAINER ONLAY - CAST NOBLE METAL TWO SURFACES	872.93
D6615	RETNR ONLAY CAST NOBLE METAL 3 OR MORE SURFACES	907.37
D6624	RETAINER INLAY - TITANIUM	831.36
D6634	RETAINER ONLAY - TITANIUM	872.93
D6710	RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE	890.75
D6720	RETAINER CROWN - RESIN WITH HIGH NOBLE METAL	1039.20
D6721	RETAINER CROWN - RESIN WITH PREDOM BASE METAL	985.76
D6722	RETAINER CROWN - RESIN WITH NOBLE METAL	1003.57
D6740	RETAINER CROWN - PORCELAIN/CERAMIC	1027.65
D6750	RETNR CROWN PORCELAIN FUSED TO HIGH NOBLE METAL	947.97
D6751	RETNR CROWN PORCELAIN FUSED PREDOM BASE METAL	915.08
D6752	RETAINER CROWN - PORCELAIN FUSED TO NOBLE METAL	1018.16
D6753	RETAINR CROWN PORCLN FUSED TO TITANIUM AND ALLOY	992.88
D6780	RETAINER CROWN - 3/4 CAST HIGH NOBLE METAL	1003.57
D6781	RETAINER CROWN 3/4 CAST PREDOMINANTLY BASE METAL	1003.57
D6782	RETAINER CROWN - 3/4 CAST NOBLE METAL	932.31
D6783	RETAINER CROWN - 3/4 PORCELAIN/CERAMIC	1033.26
D6784	RETAINER CROWN-3/4 TITANIUM AND ALLOYS	1003.57
D6790	RETAINER CROWN - FULL CAST HIGH NOBLE METAL	948.60
D6791	RETAINER CROWN FULL CAST PREDOM BASE METAL	973.88
D6792	RETAINER CROWN - FULL CAST NOBLE METAL	1009.51
D6793	PROVISIONAL RETAINER CROWN	421.62
D6794	RETAINER CROWN - TITANIUM	1009.51
D6920	CONNECTOR BAR	213.78
D6930	RECEMENT / REBOND FIXED PARTIAL DENTURE	147.93
D6940	STRESS BREAKER	282.66
D6950	PRECISION ATTACHMENT	546.32
D6980	FIXED PARTIAL DENTURE REPAIR MATERIAL FAILURE	BR
D6985	PEDIATRIC PARTIAL DENTURE FIXED	475.06
D6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE REPORT	BR
D7111	EXTRACTION CORONAL REMNANTS - PRIMARY TOOTH	119.88
D7140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT	165.20
D7210	EXTRACTION ERUPTED TOOTH REMV BONE ELEV FLAP	237.47
D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	266.15
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	345.31
D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	378.00
D7241	REMV IMP TOOTH - CMPL BONY W/UNUSUAL SURG COMPS	505.34
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	248.94
D7251	CORONECTMY INTNTNAL PART TOOTH REMOV IMPCTD OLY	388.90
D7252	PARTIAL TOOTH EXT IMMEDIATE IMPLANT PLACEMENT	BR
D7259	NERVE DISSECTION	BR
D7260	OROANTRAL FISTULA CLOSURE	1635.53
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	681.47
D7270	TOOTH REIMPL &/OR STBL ACC EVULSED/DISPLCD TOOTH	511.10
D7272	TOOTH TRANSPLANTATION	681.47
D7280	EXPOSURE OF AN UNERUPTED TOOTH	499.90
D7282	MOBILIZ ERUPTED/MALPOSITIONED TOOTH AID ERUPTION	238.51
D7283	PLCMT DEVICE FACILITATE ERUPTION IMPACTED TOOTH	232.65
D7284	EXCISIONAL BIOPSY OF MINOR SALIVARY GLANDS	817.76
D7285	BIOPSY OF ORAL TISSUE HARD	954.06
D7286	BIOPSY OF ORAL TISSUE SOFT	327.50
D7287	EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION	163.55
D7288	BRUSH BIOPSY - TRANSEPITHELIAL SAMPLE COLLECTION	163.55
D7290	SURGICAL REPOSITIONING OF TEETH	408.88
D7291	TRANSSEPTAL FIBEROT/SUPRA CRESTAL FIBEROT BR	BR
D7292	SURG PLCMT: TEMP ANCHORAGE SCREW RET PLATE FLAP	654.21
D7293	SURG PLCMT: TEMP ANCHORAGE DEVICE RQR SURG FLAP	408.88
D7294	SURG PLCMT: TEMP ANCHORAGE DEVICE W/O SURG FLAP	340.74
D7295	HARVEST BONE FOR USE AUTOGENOUS GRAFTING PROC	BR
D7296	CORTICOTOMY 1 - 3 TEETH OR TOOTH SPACES PER QUAD	BR

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Code	Description	Fee
D7297	CORTCTMY 4 OR MORE TEETH OR TOOTH SPCES PER QUAD	BR
D7298	REMOVAL SCREW RETAINED PLATE WITH FLAP	BR
D7299	REMOVAL TEMPORARY ANCHORAGE DEVICE WITH FLAP	BR
D7300	REMOVAL TEMPORARY ANCHORAGE DEVICE WITHOUT FLAP	BR
D7310	ALVEOLOPLASTY W/EXTRACTION 4/> TEETH/SPACE QUAD	207.88
D7311	ALVEOLOPLSTY CONJNC XTRACT 1-3 TEETH/SPACES QUAD	193.36
D7320	ALVEOLOPLASTY NOT W/EXTRACTIONS 4/> TEETH/SPACE	442.96
D7321	ALVEOLOPLSTY NOT CNJNC XTRCT 1-3 TEETH/SPCE QUAD	284.08
D7340	VESTIBULOPLASTY RIDGE EXT SEC EPITHELIALIZATION	1874.04
D7350	VESTIBULOPLASTY RIDGE EXT W/SOFT TISS GRAFTS	5451.76
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	349.29
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	1294.79
D7412	EXCISION OF BENIGN LESION COMPLICATED	1431.09
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25 CM	954.06
D7414	EXCISION OF MALIGNANT LESION > 1.25 CM	1431.09
D7415	EXCISION OF MALIGNANT LESION COMPLICATED	1601.45
D7440	EXC MALIG TUMOR-LESION DIAMETER UP TO 1.25 CM	1294.79
D7441	EXC MALIG TUMOR-LESION DIAM GREATER THAN 1.25 CM	1908.12
D7450	REMOVL BENIGN ODONTOGENC CYST/TUMR-UP T0 1.25 CM	817.76
D7451	REMOVAL BENIGN ODONTOGENIC CYST/TUMOR- > 1.25 CM	1117.61
D7460	REMOVAL BEN NONODONTOGENIC CYST/TUMR- UP 1.25 CM	817.76
D7461	REMOVAL BEN NONODONTOGENIC CYST/TUMOR > 1.25 CM	1117.61
D7465	DESTRUCTION LESION PHYSICAL/CHEM METHOD BY REPRT	442.96
D7471	REMOVAL OF LATERAL EXOSTOSIS	1012.66
D7472	REMOVAL OF TORUS PALATINUS	1203.48
D7473	REMOVAL OF TORUS MANDIBULARIS	1038.77
D7485	REDUCTION OF OSSEOUS TUBEROSITY	1012.66
D7490	RADICAL RESECTION OF MAXILLA OR MANDIBLE	8177.64
D7509	MARSUPIALIZATION OF ODONTOGENIC CYST	442.96
D7510	INCISION & DRAINAGE ABSCESS-INTRAORAL SOFT TISS	184.15
D7511	I & D ABSCESS INTRAORAL SOFT TISSUE COMPLICATED	442.96
D7520	INCISION & DRAINAGE ABSCESS-EXTRAORAL SOFT TISS	1395.65
D7521	I & D ABSCESS EXTRAORAL SOFT TISSUE COMPLICATED	1533.31
D7530	REMOVAL FB FROM MUCOSA SKIN/SUBCUT ALVEOL TISSUE	502.92
D7540	REMV REACT-PRODUC FOREIGN BODIES-MUSCULOSKEL SYS	557.44
D7550	PART OSTEC/SEQUESTRECTOMY REMOVAL NON-VITAL BONE	347.55
D7560	MAXILLARY SINUSOTOMY REMOVAL TOOTH FRAGMENT/FB	2759.95
D7610	MAXILLA-OPEN REDUCTION	4463.63
D7620	MAXILLA-CLOSED REDUCTION	3347.38
D7630	MANDIBLE-OPEN REDUCTION	5803.40
D7640	MANDIBLE-CLOSED REDUCTION	3682.66
D7650	MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION	2789.94
D7660	MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION	1645.07
D7670	ALVEOLUS-CLOSED REDUCTION W/STABILIZATION TEETH	1283.89
D7671	ALVEOLUS-OPEN REDUCTION W/STABILIZATION TEETH	2419.22
D7680	FACE BONES-COMP RDUC W/FIX&MX SURG APPRCHES CPT	8369.81
D7710	MAXILLA - OPEN REDUCTION	5245.96
D7720	MAXILLA - CLOSED REDUCTION	3682.66
D7730	MANDIBLE - OPEN REDUCTION	7588.85
D7740	MANDIBLE - CLOSED REDUCTION	3754.90
D7750	MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION	4775.74
D7760	MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION	1916.29
D7770	ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH	2596.40
D7771	ALVEOLUS CLOSED REDUCTION STABILIZATION OF TEETH	2003.52
D7780	FACIAL BONES-COMP RDUC FIX & MULT APPROACHES	11159.75
D7810	OPEN REDUCTION OF DISLOCATION	4909.31
D7820	CLOSED REDUCTION OF DISLOCATION	804.13
D7830	MANIPULATION UNDER ANESTHESIA	460.67
D7840	CONDYLECTOMY	6692.04
D7850	SURGICAL DISCECTOMY WITH/WITHOUT IMPLANT	5778.87

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Code	Description	Fee
D7852	DISC REPAIR	6617.07
D7854	SYNOVECTOMY	6828.33
D7856	MYOTOMY	4845.25
D7858	JOINT RECONSTRUCTION	13810.67
D7860	ARTHROTOMY	5886.54
D7865	ARTHROPLASTY	9486.06
D7870	ARTHROCENTESIS	313.48
D7871	NON-ARTHROSCOPIC LYSIS AND LAVAGE	626.95
D7872	ARTHROSCOPY - DIAGNOSIS WITH OR WITHOUT BIOPSY	3346.02
D7873	ARTHROSCOPY: LAVAGE & LYSIS ADHESIONS	4028.85
D7874	ARTHROSCOPY: DISC REPSTN & STABILIZATION	5778.87
D7875	ARTHROSCOPY: SYNOVECTOMY	6330.86
D7876	ARTHROSCOPY: DISCECTOMY	6825.60
D7877	ARTHROSCOPY: DEBRIDEMENT	6024.19
D7880	OCCLUSAL ORTHOTIC DEVICE BY REPORT	BR
D7881	OCCLUSAL ORTHOTIC DEVICE ADJUSTMENT	81.78
D7899	UNSPECIFIED TMD THERAPY BY REPORT	BR
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	447.04
D7911	COMPLICATED SUTURE - UP TO 5 CM	1116.25
D7912	COMPLICATED SUTURE - GREATER THAN 5 CM	2008.97
D7920	SKIN GRAFT	3291.50
D7921	COLL APPL AUTOLOGOUS BLD CNCNTRT PRODUCT	308.62
D7922	PLACEMENT INTRASOCKET BIO DRESSING PER SITE	47.80
D7939	INDEX OSTEOTOMY USING DYNMIC ROBO ASSIST NAVI	BR
D7940	OSTEOPLASTY - FOR ORTHOGNATHIC DEFORMITIES	BR
D7941	OSTEOTOMY - MANDIBULAR RAMI	8382.08
D7943	OSTEOT-MANDIB RAMI W/BONE GRFT;INCL OBTAIN GRAFT	7700.61
D7944	OSTEOTOMY - SEGMENTED OR SUBAPICAL	6862.40
D7945	OSTEOTOMY - BODY OF MANDIBLE	9131.70
D7946	LEFORT I (MAXILLA - TOTAL)	11312.40
D7947	LEFORT I (MAXILLA - SEGMENTED)	9513.32
D7948	LEFORT II/LEFORT III - W/O BONE GRAFT	12348.24
D7949	LEFORT II OR LEFORT III - WITH BONE GRAFT	16082.69
D7950	OSSEOUS OSTEOPERIOSTEAL/CARTILAGE GRAFT MAND/MAX	1011.50
D7951	SINUS AUG WITH BONE OR BONE SUBSTITUTES-LAT APP	3250.80
D7952	SINUS AUGMENTATION VIA A VERTICAL APPROACH	1011.50
D7953	BONE REPLCMT GRAFT RIDGE PRESERVATION PER SITE	531.62
D7955	REPAIR MAXLOFACIAL SOFT &/ HARD TISSUE DEFECT	BR
D7956	GIDED TISS REGENRATION EDENT RESORB BARR PR SITE	564.15
D7957	GIDED TISS REGENRATION EDENT NONRESORB BARR SITE	613.32
D7961	BUCCAL/LABIAL FRENECTOMY (FRENULECTOMY)	415.48
D7962	LINGUAL FRENECTOMY (FRENULECTOMY)	365.70
D7963	FRENULOPLASTY	613.32
D7970	EXCISION OF HYPERPLASTIC TISSUE - PER ARCH	545.18
D7971	EXCISION OF PERICORONAL GINGIVA	240.26
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	763.25
D7979	NON-SURGICAL SIALOLITHOTOMY	BR
D7980	SURGICAL SIALOLITHOTOMY	858.65
D7981	EXCISION OF SALIVARY GLAND BY REPORT	BR
D7982	SIALODOCHOPLASTY	2030.78
D7983	CLOSURE OF SALIVARY FISTULA	1949.00
D7990	EMERGENCY TRACHEOTOMY	1676.42
D7991	CORONOIDECTOMY	4088.82
D7993	SURGICAL PLCMNT CRANIOFACIAL IMPLANT-EXTRA ORAL	BR
D7994	SURGICAL PLACEMENT ZYGOMATIC IMPLANT	BR
D7995	SYNTHETIC GRAFT-MANDIBLE/FACIAL BONES BY REPORT	BR
D7996	IMPLANT-MANDIBLE AUGMENTATION PURPOSES BY REPORT	BR
D7997	APPLIANCE REMOVAL INCLUDES REMOVAL OF ARCHBAR	313.48
D7998	INTRAORAL PLCMT FIX DEVICE NOT CONJUNCTION W/FX	1362.94
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE BY REPORT	BR

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Code	Description	Fee
D9110	PALLIATIVE TREATMENT OF DENTAL PAIN PER VISIT	93.46
D9120	FIXED PARTIAL DENTURE SECTIONING	156.34
D9130	TMJ JOINT DYSFUNCTION - NON-INVASIVE PHYSL THERP	BR
D9210	LOCAL ANES-NOT CONJUNCTION W/OP/SURGICAL PROC	27.27
D9211	REGIONAL BLOCK ANESTHESIA	45.26
D9212	TRIGEMINAL DIVISION BLOCK ANESTHESIA	70.72
D9215	LOCAL ANESTHESIA CONJUCTION OPERATIVE/SURG PROC	21.70
D9219	EVALUATION FOR MOD OR DEEP SEDATION / GA	80.62
D9222	DEEP SEDATION / GENERAL ANESTHESIA FIRST 15 MIN	186.43
D9223	DEEP SEDATION/ GEN ANESTH EACH 15 MIN INCREMENT	149.14
D9230	INHALATION OF NITROUS OXIDE/ANXIOLYSIS ANALGESIA	88.48
D9239	IV MOD (CONSCIOUS) SEDTION/ANALGSIA FIRST 15 MIN	146.36
D9243	IV MOD (CONSCIOUS) SEDATION EACH 15 MIN INCRMENT	134.67
D9310	CONSULT DX SERV DENT/PHY NOT REQUESTING DENT/PHY	93.43
D9311	CONSULT WITH A MEDICAL HEALTHCARE PROFESSIONAL	226.30
D9410	HOUSE/EXTENDED CARE FACILITY CALL	258.83
D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	358.66
D9430	OFFICE VISIT OBSERVATION NO OTHER SRVC PERFORMED	84.10
D9440	OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS	163.03
D9450	CASE PRESENTATION AFTER DETL&EXTN TREATMENT PLAN	179.98
D9610	THERAPEUTIC PARENTERAL DRUG SINGL ADMINISTRATION	62.50
D9612	TX PARENTERAL DRUGS 2/> ADMINISTRATIONS DIFF MED	131.50
D9613	INFLTRN SUSTND RELSE THRPTIC DRG PER QUADRANT	BR
D9630	DRUGS AND/OR MEDICAMENTS BY REPORT, HOME USE	BR
D9910	APPLICATION OF DESENSITIZING MEDICAMENT	62.83
D9911	APPLIC DESENZT RSN CERV &OR ROOT SURF-TOOTH	58.60
D9912	PRE-VISIT PATIENT SCREENING	48.09
D9913	ADMINISTRATION OF NEUROMODULATORS	BR
D9914	ADMINISTRATION OF DERMAL FILLERS	BR
D9920	BEHAVIOR MANAGEMENT BY REPORT	BR
D9930	TX COMPLICATIONS - UNUSUAL CIRCUMSTANCES REPORT	BR
D9932	CLEAN/INSPECT REMOVBL COMPLETE MAXILLARY DENTURE	53.66
D9933	CLEAN INSPECT REMVBL COMPLETE MANDIBULAR DENTURE	69.30
D9934	CLEAN/ INSPECT REMVBL PARTIAL MAXILLARY DENTURE	50.83
D9935	CLEAN INSPECT REMVBL PARTIAL MANDIBULAR DENTURE	69.30
D9938	FABR CUST REMVBLE CLER PLAST TEMP ASTHETC APLNCE	BR
D9939	PLACE CUST REMVBLE CLER PLAST TEMP ASTHTC APLNCE	BR
D9941	FABRICATION OF ATHLETIC MOUTHGUARD	218.86
D9942	REPAIR AND/OR RELINE OF OCCLUSAL GUARD	169.73
D9943	OCCLUSAL GUARD ADJUSTMENT	96.72
D9944	OCCLUSAL GUARD - HARD APPLIANCE, FULL ARCH	549.27
D9945	OCCLUSAL GUARD - SOFT APPLIANCE, FULL ARCH	219.57
D9946	OCCLUSAL GUARD HARD APPLIANCE PARTIAL ARCH	264.75
D9947	CUSTOM SLEEP APNEA APPLIANCE FABRCATION/PLACEMNT	BR
D9948	ADJUSTMENT CUSTOM SLEEP APNEA APPLIANCE	BR
D9949	REPAIR CUSTOM SLEEP APNEA APPLIANCE	BR
D9950	OCCLUSION ANALYSIS - MOUNTED CASE	194.15
D9951	OCCLUSAL ADJUSTMENT - LIMITED	138.38
D9952	OCCLUSAL ADJUSTMENT - COMPLETE	565.75
D9953	RELINE CUSTOM SLEEP APNEA APPLIANCE (INDIRECT)	466.75
D9954	FABRIC AND DELIV OAT MORNING REPOSITION DEVICE	BR
D9955	ORAL APPLIANCE THERAPY (OAT) TITRATION VISIT	BR
D9956	ADMINISTRATION OF HOME SLEEP APNEA TEST	BR
D9957	SCREENING FOR SLEEP RELATED BREATHING DISORDERS	BR
D9959	UNSPECIFIED SLEEP APNEA SERV PROC BR	BR
D9961	DUPLICATE/COPY PATIENT'S RECORDS	BR
D9970	ENAMEL MICROABRASION	45.89
D9971	ODONTOPLASTY 1-2 TEETH; INCL REMOVAL ENAMEL PROJ	114.37
D9972	EXTERNAL BLEACHING - PER ARCH	276.75
D9973	EXTERNAL BLEACHING - PER TOOTH	46.67

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Code	Description	Fee
D9974	INTERNAL BLEACHING - PER TOOTH	287.34
D9975	EXTERNAL BLEACHING - PER ARCH (HOME)	235.10
D9985	SALES TAX	BR
D9986	MISSED APPOINTMENT	43.30
D9987	CANCELLED APPOINTMENT	BR
D9990	CERT TRNSLATION OR SIGN LANGUAGE SRVCS PER VISIT	BR
D9991	DENTAL CASE MGMT ADDRESS APPNTMNT COMPL BARRIERS	BR
D9992	DENTAL CASE MANAGEMENT - CARE COORDINATION	49.50
D9993	DENTAL CASE MGMT - MOTIVATIONAL INTERVIEWING	BR
D9994	DENTAL CASE MGMT - PATIENT EDU IMPRV ORAL HEALTH	BR
D9995	TELEDENTISTRY - SYNCHRONOUS; REAL TIME ENCOUNTER	226.30
D9996	TELDENTRY ASYNCHRNS INFO FWD DENTIST SBSQNT REVW	169.73
D9997	DENTAL CASE MANAGEMENT SPECIAL HEALTH CARE NEEDS	BR
D9999	UNSPECIFIED ADJUNCTIVE PROC BY REPORT (07/25)	BR

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Copyright and Additional Information

Icon	Description
+	Add-on procedure
★	Telemedicine-eligible procedure
⃠	Modifier 51 Exempt procedure

Follow-Up Days (FUD) - follow-up days (global period) describes the number of follow-up days included for a surgical procedure. Related professional services provided during the global (follow-up) period are included in the fees for the surgical procedure and are not separately reimbursed.

000 - zero follow-up days
010 - 10 follow-up days
030 - 30 follow-up days
XXX - global period concept does not apply
YYY - global period is established by report, documentation must be submitted
ZZZ - add-on procedure; global period is determined by the primary procedure
MMM - services furnished in uncomplicated maternity care

Assistant Surgeon (ASST)

0 - supporting documentation is needed to establish medical necessity
1 - assistant at surgery will not be paid
2 - assistant at surgery may be paid
9 - concept does not apply

Conversion Factors and Multipliers

The following conversion factors and multipliers were used to create the rate tables. These fee schedule rates will remain in effect until the Vermont Department of Labor publishes an update.

Evaluation and Management	50
Anesthesia	50.79
Surgery	75
Ortho Surgery	90
Radiology	65
Pathology/Laboratory	65
General Medicine	65
Physical Medicine	50
HCPCS	130% of Medicare Fee Schedule (professional, clinical laboratory, average sales price (drug) and DMEPOS)
Outpatient	175% of Medicare Fee Schedule
Inpatient Base Rate	150% of Medicare National Base Rate
Dental	Based on the 75th percentile of FH® Allowed Dental Benchmarks

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OFFICE OF THE SECRETARY OF STATE

VERMONT STATE ARCHIVES & RECORDS ADMINISTRATION (VSARA)

(802) 828-2863

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	Newport Daily Express (jlafoe@newportvermontdailyexpress.com)	Tel: 334-6568 FAX: 334-6891 Attn: Jon Lafoe
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	St. Albans Messenger Legals (legals@samessenger.com; cfoley@orourkemediagroup.com)	Tel: 524-9771 ext. 117 FAX: 527-1948 Attn: Legals
	The Islander (islander@vermontislander.com)	Tel: 802-372-5600 FAX: 802-372-3025
	Vermont Lawyer (hunter.press.vermont@gmail.com)	Attn: Will Hunter
	VT Digger (legals@vtdigger.org)	Attn: Legals

FROM: APA Coordinator, VSARA **Date of Fax:** September 28, 2026

RE: The "Proposed State Rules " ad copy to run on **July 9, 2026**

PAGES INCLUDING THIS COVER MEMO: **2**

NOTE **8-pt font in body. 12-pt font max. for headings - single space body. Please include dashed lines where they appear in ad copy. Otherwise minimize the use of white space. Exceptions require written approval.**

If you have questions, or if the printing schedule of your paper is disrupted by holiday etc. please contact VSARA at 802-828-3700, or E-Mail sos.statutoryfilings@vermont.gov, Thanks.

PROPOSED STATE RULES

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By law, public notice of proposed rules must be given by publication in newspapers of record. The purpose of these notices is to give the public a chance to respond to the proposals. The public notices for administrative rules are now also available online at https://secure.vermont.gov/SOS/rules/ . The law requires an agency to hold a public hearing on a proposed rule, if requested to do so in writing by 25 persons or an association having at least 25 members.

To make special arrangements for individuals with disabilities or special needs please call or write the contact person listed below as soon as possible.

To obtain further information concerning any scheduled hearing(s), obtain copies of proposed rule(s) or submit comments regarding proposed rule(s), please call or write the contact person listed below. You may also submit comments in writing to the Legislative Committee on Administrative Rules, State House, Montpelier, Vermont 05602 (802-828-2231).

Workers' Compensation Medical Fee Schedule Rule 40.

Vermont Proposed Rule: 26P019

AGENCY: Department of Labor

CONCISE SUMMARY: Medical providers who care for injured workers covered by a workers' compensation policy are required to bill for their services using the Workers' Compensation Medical Fee Schedule. It is vital to the health of the workers' compensation system that such fees be sufficient to ensure the provision of services, without being so generous as to increase the cost of insurance coverage. The rule generally modestly raises reimbursement amounts, adds a far more robust table of Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes, and provides for annual indexing going forward using Centers for Medicare & Medicaid Services (CMS)"market basket" factors, capped at 3% annually.

FOR FURTHER INFORMATION, CONTACT: Dirk Anderson, Department of Labor, PO Box 488, Montpelier VT 05601-0488 Tel: 1-802-828-4391 Fax: 1-802-828-2195 E-Mail: dirk.anderson@vermont.gov URL: https://labor.vermont.gov.

FOR COPIES: Berrian Eno-Van Fleet, Department of Labor, PO Box 488, Montpelier VT 05601-0488 Tel: 1-802-828-2286 Fax: 1-802-828-2195 E-Mail: berrian.eno-vanfleet@vermont.gov.
