

New Jersey
Medicaid Access to Physician Services Program
(NJ MAPS Program)

Operations Manual

Updated: May 2019

Scope of Manual:

This document provides a detailed description of New Jersey's implementation of the NJ Medicaid Access to Physician Services (MAPS) Program for Managed Care as well as Fee-for-Service payments within the New Jersey Medicaid program. This program is designed to improve access to primary care and specialty care services for Medicaid beneficiaries in light of the expansion of the Medicaid program as a result of the Affordable Care Act (ACA).

This manual describes the Division of Medical Assistance and Health Services (DMAHS)'s approach, details the payment methodology and program funding, and provides guidelines for continuing implementation of the NJ MAPS Program.

The payment methodology for the NJ MAPS Program is consistent with the final rule issued by CMS on Medicaid managed care rate setting and published on May 6, 2016, as well as additional guidance on "Pass-Through Payments in Medicaid Managed Care" issued by CMS on July 29, 2016 and related material published and/or proposed since then. This Program has been approved annually since SFY17 after CMS has approved the State-issued preprint.

Introduction:

Following the expansion of the New Jersey Medicaid program in January 2014, the NJ DMAHS investigated options to address provider payment rates and access to care. One of the identified approaches to help support this effort was to implement a Medicaid Access to Physician Services program that would provide Medicaid Managed Care Organizations (MCOs) with additional funding to pay physician practice plans affiliated with public medical and dental schools at a level consistent with their average commercial rate (ACR). These additional funds can be used to hire additional physicians, improve retention of existing physicians, and create population-based health care programs, thus preserving or expanding access to care.

New Jersey implemented the NJ MAPS Program on January 1, 2017 when the State issued actuarially sound managed care capitation rates that funded these higher payments. The core components of the program are outlined below and reflect suggestions provided by CMS to state officials.

Program Operations:

Medical Schools and Affected Practice Plans

The NJ Medicaid Access to Physician Services (MAPS) Program applies to physician and certain non-physician practitioners affiliated with all of the public medical and dental schools in New Jersey because these practitioners are key providers of primary, specialty, and subspecialty services to Medicaid beneficiaries. These entities are:

- Rutgers New Jersey Medical School
- Rutgers Robert Wood Johnson Medical School
- Rutgers School of Dental Medicine
- Rutgers School of Nursing
- Cooper Medical School of Rowan University
- Rowan University School of Osteopathic Medicine

Practitioners eligible for payments under this Program are either employed by or contracted with the Universities which operate the medical or dental schools or employed by or contracted with Cooper University Health Care or University Hospital.

Practitioner Types

When the NJ MAPS Program began on January 1, 2019, payments were limited to the following practitioner types:

- Physicians
- Certified Registered Nurse Anesthetists
- Certified Registered Nurse Practitioners
- Physician Assistants
- Dentists

As of July 1, 2019, the following practitioner types will be added to the NJ MAPS program:

- Certified Nurse Midwives
- Clinical Social Worker
- Clinical Psychologist
- Optometrist

MAPS Managed Care Services Covered

The patient care services provided by the eligible practitioners listed above that are deemed professional claims and billed on the CMS-1500 Form or the Medicaid/NJ FamilyCare Dental Services Claim Form MC-10 are those that shall be eligible for enhanced payments under this program.

Services provided to enrolled members who are dually eligible for Medicaid and Medicare services are excluded from this program. Services provided under sub-capitated arrangements are also excluded, with sub-capitation defined as when an MCO pays a network healthcare practice/provider a set monthly fee that covers all the administrative and medical expenses of a defined population. However, to the degree that an MCO is using a sub-vendor to administer the healthcare benefits and network (such as dental benefits) but the MCO is still responsible for each medical expense and the sub-vendor is paying the network healthcare practice/provider based on a fee schedule, the Program (and the Minimum Fee Schedule) shall apply. Services paid for under a case rate or bundled rate are also excluded.

Case rate/bundled payment is defined here as either a payment of a single rate for a defined group of procedures and services (some of which may even be inpatient or outpatient) or as the reimbursement of health care providers on the basis of expected costs for clinically-defined episodes of care.

Payment Approach

As part of the MCO rate development process each year, a vendor hired by the NJ Department of Treasury calculates the ACR for each practice plan using commercial and Medicaid data supplied by the practice plans. Specifically, for each covered CPT code for a recent base year, the vendor compares the fee-for-service payments of each practice plan's top five commercial payers and the Medicaid fee-for-service payments in order to arrive at a percentage markup over Medicaid that is the commercial payment equivalent.

The vendor then takes that markup percentage over Medicaid and creates a minimum rate schedule by multiplying the Medicaid fee-for-service rate schedule for specialists by a statewide weighted average of the individual ACRs. MCOs are contractually obligated to pay at this minimum rate schedule or above for eligible providers throughout the MCO contract year. If a billed CPT code is not listed on the minimum rate schedule, MCOs pay according to the terms otherwise defined in the base contract agreement with the provider.

NOTE: The statewide minimum fee schedule for state fiscal year (SFY) 2020, beginning July 1, 2019 is contained in **Appendix A**.

The overarching principle of the payment model is to ensure MCO payment for each eligible code is the higher of the contracted payment rate as of March 31, 2016 or the new NJ MAPS minimum fee schedule (i.e., the NJ MAPS minimum fee schedule is the payment floor).

Another guiding principle in the design of the program is to minimize the administrative work to execute the billing and payment process for both the eligible providers and MCOs. The current working assumption is that the existing payment rules engines within the MCOs do not require any changes and that existing billing practices will remain the same

for the providers. The only difference is the minimum rate table that is utilized at the end of the claims processing cycle.

Therefore:

- The MCOs will not need to alter their rules engines for reimbursement where those rules apply identically across all providers, merely that the NJ MAPS minimum fee schedule will be the base fee schedule onto which those reimbursement rules apply unless the contracted payment rate as of March 31, 2016 is already higher than the NJ MAPS minimum fee schedule.
- In those instances where the rules regarding codes and modifier combinations do not apply identically across all providers, then the NJ MAPS minimum fee schedule shall strictly apply as a reimbursement floor, per unit of service, unless the contracted payment rate as of March 31, 2016 is already higher than the NJ MAPS minimum fee schedule.
- Providers are responsible for submitting an invoice to an MCO at or above the Minimum Fee Schedule to be eligible for the full enhanced rate.

Additional points to note about certain modifiers under the guidelines above:

- Following the existing rules engines:
 - Modifier 50 (Bilateral Services) shall be paid at 1.5 times the single unit rate
 - Modifier 62 (Two Surgeons) shall be paid at 0.625 times the single rate unit
 - Modifier 22 (Increased Procedural services) shall be paid at 1.2 times the single rate unit
 - Anesthesia Pricing Modifiers QK, QX, and QY shall follow standard ASA reimbursement guidelines of 0.5 times the single rate unit as applied to the minimum fee schedule.
- Conversely, the following shall not apply and the minimum fee schedule shall instead strictly apply as a reimbursement floor per unit of service unless the contracted payment rate as of March 31, 2016 is already higher:
 - Modifier 51 (Multiple Procedure Discounts)
 - Modifier 58 (Related Procedure during post-operative period)
 - Modifier 78 (Unplanned return to the operating room)
 - Place of Service Code discounts
- Regarding Modifier 26, in instances where CPT codes with modifier 26 are not on the minimum fee schedule, the percentage discount for Modifier 26 from the Medicare fee schedule shall instead be applied to the minimum fee schedule.

The state's independent actuaries determine the dollar value to be included in the MCO capitation Per Member Per Month (PMPM) rates to permit the MCOs to pay enhanced fees to physician and non-physician practitioners employed by or contracted with the Universities in New Jersey which operate the public medical or dental schools or employed by Cooper University Health Care or University Hospital. The PMPM that each MCO receives on a monthly basis includes the estimated cost of the NJ MAPS Program. DMAHS reviews and approves these results. The state's actuaries review and certify these rates as being actuarially sound.

NOTE: No later than October, the participating entities will provide state officials with a list of eligible practitioners along with their individual and group NPI numbers for use for the coming Fiscal Year. State officials will then provide to the MCOs the list of eligible practitioners. The eligible group NPI numbers for the MCO contract year beginning July 1, 2019 is contained in **Appendix B**. The annual attestation and reporting form for group NPI numbers for eligible practitioners is contained in **Appendix H**.

If a participating entity employs a new practice group during a contract year and creates a new group number, that new group will not be eligible for enhanced payments under this program until the beginning of the next rating period. If a new practitioner is added to an existing group number, services provided by that practitioner are eligible for enhanced payments once the provider is credentialed with the MCO.

Eligible and participating practice plans that enter into a contract with an MCO are eligible to receive the enhanced NJ MAPS Program rate once under contract, and once the provider is credentialed with the MCO.

The participating physician practice plans and the MCOs will both be required to report on a quarterly basis throughout the contract year on the increased funds they have received (in the case of the practice plans) or expended (in the case of the MCOs) as a result of the NJ MAPS Program. Copies of these quarterly reports are included in **Appendix C** and **Appendix D** of this operations manual. Reports from all groups shall be provided to DMAHS no later than 45 days following the close of each quarter.

Risk Corridor

Because utilization of Qualified Practitioners will vary across MCOs, the State mitigates risk associated with overpaying or underpaying a particular MCO associated with the capitation increase for these particular providers and services as follows:

1. Each MCO is required to spend at least 99%, but no more than 101% of the medical portion of the capitation increase associated with the program for claims under the Medicaid Access to Physician Services Program.

2. Each MCO shall submit a separate final settlement calculation within 11 months of the end of the contract year accounting for incurred claims consisting of claims runout of at least six months and an estimate of the incurred but not paid claim liability. The State will confirm the calculations.
3. To the extent the incurred claims spent by an MCO are less than 99% of the additional medical portion of the funding on claims under the Medicaid Access to Physician Services Program, the difference between the incurred claims amount spent and 99% will be paid to the pool by that MCO.
4. To the extent the incurred claims spent by an MCO are more than 101% of the additional medical portion of the funding on claims under the Medicaid Access to Physician Services Program, the difference between the incurred claims spent and 101% will be paid to that MCO by the funds available in the pool.
5. If funds in the pool are not sufficient to appropriately reimburse MCOs who spent more than 101%, then the State will contribute additional funds to the pool to cover the shortfall.
6. If funds in the pool are more than sufficient to reimburse MCOs who spent more than 101%, excess funds will be withdrawn by the State.
7. The Medicaid Access to Physician Services Program Risk Corridor is a risk mitigation strategy based on assumptions underlying the increased funding.
8. The State maintains the option as to (i) whether or not to continue this Medicaid Access to Physician Services Program and/or the Risk Corridor in subsequent years and (ii) if continued, whether any changes to the Risk Corridor allocation and distribution process are necessary. Any return of funds to the State will be refunded to the federal government at the same FMAP as originally claimed by the State.

NOTE: Additional information of the Risk Corridor is contained in **Appendix I**.

Funding Approach

The NJ MAPS Program is entirely funded by transfers of existing state legislative appropriations, mostly from the parent universities of the medical schools. The SFY20 Appropriation Act contains language that permits such transfers at the discretion of the Department of Treasury.

Rutgers University, Rowan University, Cooper University Hospital, and University Hospital have signed memorandums of understanding with the state whereby they agree to the budgetary

transfers to fund the NJ MAPS Program and state Medicaid officials agree to use the transferred funds to finance the increased payments to the MCOs under the NJ MAPS Program.

The exact sources of the funding by school for SFY20 payments appear in the Appropriations Handbook for the given fiscal year for Rutgers, Rowan University School of Osteopathic Medicine, Cooper, and University Hospital.

As part of the annual MCO rate setting process, the state's actuaries calculate the PMPM increase for the non-dual capitation rates for both the acute care and MLTSS program that is needed to fund the NJ MAPS Program.

The transfers from existing state appropriations to fund the NJ MAPS Program is equal to the cost of the state share to NJ Medicaid to finance the program plus any fees to be paid to consultants administering the NJ MAPS Program. In general, on a monthly basis, transfers from existing state appropriations equal the PMPM increases needed to fund the state share of the NJ MAPS Program based on projected enrollment and utilization. The transfers from the existing state appropriations for the year are locked into eleven months of identical transferred amounts per institution. The transfer from existing state appropriations on the twelfth month will reconcile projected enrollment and actual enrollment over the previous eleven months.

NOTE: If, however, during the fiscal year, the total actual enrollment to date differs from projected enrollment by more than 10%, a re-evaluation of the monthly transfers of existing state appropriations will be triggered and future transfers will be adjusted to reflect a revised projection of enrollment.

At the completion of the actuarial calculations of the current rate year, and the PMPM increases established to fund the NJ MAPS Program, program enrollment and utilization projections determine the estimated cost of the MAPS program for the upcoming SFY and MCO contract year.

The total non-federal costs are then apportioned between program participants based on their relative percentage of total expected program benefit, as calculated by the State's actuary.

If the actuary projects that Participant A will receive 25% of total increase in payments, then Participant A will be responsible for 25% of the total State-share of those payments.

NOTE: Additional information is contained in **Appendix J**.

Approximately eight months following the close of the SFY, State officials complete the cost allocation calculation a second time using the latest actual claims data available (including "incurred but not reported" or IBNR). The resulting school- and hospital-specific allocations from this analysis are compared to the amounts actually transferred from appropriations in the prior year. Any overpayment or underpayment is then included in the current year's

appropriation transfer calculation to “true-up” each entity’s share of MAPS Program costs for the prior fiscal year.

Under no circumstance, however, may the net value of credits from this true-up exceed the value of funds returned to the State from the MCOs based on risk-corridor underspending. Similarly, any net additional costs allocated during the true-up may not exceed additional State costs resulting from risk-corridor overspending.

At the discretion of State staff at the Department of Human Services, a second risk corridor adjustment impacting MCO payments may be performed at some point greater than 12 months following the close of a fiscal year. In the event of such an adjustment, the current year MAPS calculation will also be modified to distribute the net overpayment or underpayment resulting from the second risk corridor adjustment.

Participants will be notified by Office of Management and Budget (OMB) staff of the required funding for the coming SFY and contract year. Specifically, each participant will receive the calculations outlined in **Appendix J** (for their institution only) that will govern the amount of funds that will need to be transferred from their legislative appropriation over the course of that year, as well as the anticipated exact monthly transfer of existing legislative appropriations.

Currently, the state’s payments to MCOs of their PMPMs occur once a month and the MCOs receive their capitation payments on the last Friday of the month. Those payments are retrospective, and while there is no formal reconciliation, a 12-month “look-back” process accounts for any changes in eligibility or enrollment.

At the beginning of each subsequent state fiscal year, OMB will reserve funding appropriated to each of the participating medical schools and hospitals equal to the amount needed to fund enhanced NJ MAPS Program payments (as calculated by Medicaid actuaries, and including any adjustments for prior year risk pool overpayments or underpayments, and prior year actual utilization proportions by school) plus consultant fees, plus 10% to account for any unexpected increase in enrollment. OMB will process eleven uniform monthly appropriation transfers to DMAHS equal to one-twelfth of the total funding estimate, with the final monthly transfer serving as a true-up for actual enrollment during the course of the year.

NOTE: Additional information about the funding approach is contained in **Appendix I**.

Federal Approval

The MAPS program is outlined in the state’s contracts with the MCOs and detailed in this operations manual. As part of the approval process of the state’s MCOs contracts, a CMS pre-print related to the MAPS program is drafted and submitted annually. CMS is reviewing the state plan amendment that contains information pertaining to the expansion

to Fee-For-Service and additional practitioner types. Expansion to Fee-For-Service and additional practitioner types is contingent upon CMS approval.

Annual Attestation

To guard against double-claiming of Medicaid program costs, officials at both University Hospital (Newark) and Cooper University Hospital will annually submit to NJ Medicaid officials a letter attesting that the clinical services to patients (i.e. professional claims) covered under the NJ MAPS Program and billed on the CMS-1500 Form or the Medicaid/NJ FamilyCare Dental Services Claim Form MC-10 are either not included in the hospital's cost reports, or are included but subsequently excluded as part of the hospital cost reporting process, so that they have no impact on Medicaid inpatient, outpatient or DSH reimbursement for the hospital. Attestations are due no later than April 30 of each year.

NOTE: Attestation forms are contained in **Appendix E**.

SFY20 Implementation

The vendor hired by NJ Department of Treasury calculated the ACR for each practice plan using FYE June 30, 2018 commercial data supplied by the practice plans. The vendor also calculated a minimum rate schedule by multiplying the most recently available Medicaid fee-for-service rate schedule by a statewide weighted average of the individual ACRs.

DMAHS has undertaken a reviewal and approval process, and it was certified by DMAHS actuaries.

CMS approved the NJ MAPS program when it approves the MCO contract and rates.

The vendor hired by NJ Department of Treasury recalculated the ACR for each practice plan and recalculated the minimum rate schedule for SFY20, effective July 1, 2019. The SFY20 statewide weighted average is 346% of the DMAHS fee-for-service specialist rate. This statewide weighted average is unchanged from SFY19, though the DMAHS fee-for-service schedule onto which the statewide weighted average is applied itself has changed. Four additional classifications were added as noted in the previous section.

Measuring MAPS Program Impact:

Participating practice plans are required to submit quarterly reporting of access metrics as outlined in **Appendix D**. In recognition of the fact that the initial metrics identified by the State may not accurately measure the impact of all possible projects, the State will consider revisions to the list of metrics. The State welcomes suggested additions to the initial list of metrics outlined in **Appendix D**, but maintains sole discretion to approve the replacement of any

existing metric. Any modification made to access metrics would be practice plan specific, and would not impact reporting by other providers.

State officials may periodically request from the participating practice plans additional evidence of the impact of MAPS on access of Medicaid services to Medicaid clients.

Potential Changes to the Program in Succeeding Years:

During SFY17, in response to the new statewide minimum fee schedule that the MCOs followed, the practice plans began to expand access to services.

DMAHS chose to adopt the above payment approach for SFY17, SFY18, SFY19, and SFY20 because of a desire to have the program commence on January 1, 2017. However, DMAHS's preference is to incentivize alternative payment methodologies and innovative payment solutions to improve population health. The State desires to evolve the NJ MAPS Program over time to that end.

DMAHS officials indicated in discussions with CMS officials their support for a program approach that is not utilization-based and instead is centered on a dedicated add-on amount to the capitation payment to the MCOs.

Instead of continuing a minimum statewide fee schedule in future years, DMAHS would like to see the physician practice plans and MCOs create partnerships that lead to alternative payment methodologies that drive quality improvements and innovative payment solutions for population-based health programs. This policy comports with the delivery system reform visions outlined in New Jersey's Section 1115 Demonstration Waiver.

A quality- and access-centered approach requires detailed discussions, data exchange, and analysis among the practice plans, the MCOs, and State officials. Such work is anticipated to take several years.

MAPS Program Expansion to Fee-For-Service

In the Fall of 2018, in response to requests from the medical schools participating in MAPS, New Jersey state officials decided to expand the MAPS program to Medicaid fee-for-service. Hereafter, we refer to the fee-for-service component of the program as "MAPS FFS". This is distinguished from the Medicaid managed care component of the MAPS program which has been effective since January 1, 2017 (hereafter referred to as "MAPS managed care") which has been outlined in the preceding portion of this operations manual.

State officials published a public notice to that effect on December 3, 2018. The public notice stated that the MAPS FFS program would be effective January 1, 2019, contingent upon subsequent federal approval.

Both components of the MAPS program are similar in terms of policy and goals. Like MAPS managed care, MAPS FFS seeks to expand access to care for Medicaid clients by reimbursing professional services provided by the physician practice plans affiliated with the publicly owned medical schools at a level commensurate with their average commercial rate.

However, MAPS FFS is structurally different than MAPS managed care:

- MAPS FFS will be part of the New Jersey's Medicaid state plan, whereas MAPS managed care is part of the state's contracts with the Medicaid managed care plans. As such, MAPS FFS is created through an amendment to the Medicaid state plan, which is currently pending before CMS. When CMS approval is granted, as expected, the program will be implemented retroactively to January 1, 2019, which is the effective date of the public notice
- MAPS FFS involves a quarterly, supplemental, retrospective payment, whereas MAPS managed care involves a minimum fee schedule paid in real time
- MAPS FFS involves payments directly from DMAHS to the physician practice plans, whereas MAPS managed care involves payments from the Medicaid managed care plans to the physician practice plans
- While the MAPS FFS program strives to utilize the same average commercial rate calculations (ACR) as the MAPS managed care program, the ACRs in MAPS FFS are set individually for each participating practice plan, which follows federal guidance, whereas in MAPS managed care the ACRs of the practice plans are blended to form one statewide minimum fee schedule
- While the MAPS managed care program locks in the group provider numbers for MAPS participating providers for an MCO contract year, new group provider numbers can be added to MAPS FFS as soon as they become MAPS eligible
- While MAPS managed care is expanding to cover four additional professional classifications as of July 1, 2019, MAPS FFS will cover these additional classifications from the start of the program, January 1, 2019
- MAPS FFS program follows CMS guidance on Medicaid physician upper payment limit programs

Medical Schools and Affected Practice Plans

The medical schools and affected practice plans for MAPS FFS will be the same as MAPS managed care (see page 2 of this operations manual). Rutgers University Behavioral Health Care (which was always a MAPS-eligible entity) will now participate in MAPS FFS, whereas it wasn't in MAPS managed care given that behavioral health care is largely carved out of the Medicaid managed care plans.

Practitioner Types

Under the MAPS FFS Program, payments are limited to the following practitioner types:

- Physicians
- Certified Registered Nurse Anesthetists
- Certified Registered Nurse Practitioners
- Physician Assistants
- Dentists
- Certified Nurse Midwives
- Clinical Social Workers
- Clinical Psychologists
- Optometrists

The practitioner types included in MAPS FFS are the same as MAPS managed care as of SFY20, however, all nine professional classifications listed (see page 2 of this operations manual) will be included from the start of MAPS FFS.

Services Covered

The MAPS FFS program covers Medicaid services provided by MAPS eligible practitioners to Medicaid clients and billed to DMAHS as a professional claim (CMS 1500 or the MC-10 forms) whether for specialists or non-specialists.

Services for which Medicaid is not the primary payer, including services provided to clients who are dually eligible for Medicaid and Medicare, are excluded from this program. However, services to Medicaid clients who have additional insurance for which Medicare or commercial insurance doesn't pay for that service, may still be included in MAPS FFS.

Payment Approach

MAPS FFS does not alter the practice plans' current billing approach that exists for MAPS eligible providers in Medicaid fee-for-service based on the existing fee schedule. MAPS FFS is a supplement to that, employing a quarterly retrospective lump sum payment in order to reimburse MAPS eligible providers at a level commensurate with their average commercial rate. Unlike MAPS managed care, this does not establish a minimum fee schedule.

Each year, as part of the MAPS managed care program, a vendor hired by the NJ Department of Treasury calculates the ACR for each practice plan using commercial and Medicaid data supplied by the practice plans. Specifically, for each covered CPT code for a recent base year, the vendor compares the fee-for-service payments of each practice plan's top five commercial payers and the Medicaid fee-for-service payments in order to

arrive at a percentage markup over Medicaid that is the commercial payment equivalent. It is the intent of state officials to utilize the same ACR calculations by practice plan for both the MAPS managed care and MAPS FFS programs.

For some of the MAPS participating entities that are deemed to have insufficient commercial payors or payor data DMAHS will adopt the ACR of a related practice plan. Below is a description of the steps that are necessary in determining the supplemental payment amount for each quarter of the MAPS FFS program.

a. Obtain NPI numbers from medical schools and practice plans to identify all eligible providers

In order to obtain the Medicaid claims data for the specified time period, the vendor will request the NPI numbers for all qualifying provider types from the MAPS eligible medical schools and practice plans. For each quarter, the vendor will identify and DMAHS will approve a list of eligible providers from information collected from the medical schools and practice plans.

b. Pull eligible paid claims from MMIS

For each quarter, DMAHS will query its MMIS system for paid Medicaid claims for qualifying provider types as defined above for the previous quarters claimed services (e.g. in Q4 2019 request Q3 2019 paid Medicaid claims). The claims need to be for services provided January 1, 2019 or later. The extracted data will contain the following columns:

- 1. Group NPI**
- 2. Individual (Rendering) NPI**
- 3. Provider Rendering Type Code** – a code indicating the job classification of the provider
- 4. Provider Rendering Type Description** – the description of the code indicating the job classification of the provider
- 5. Procedure Code** - the current CPT procedure code used to identify the service performed or the supply given to the recipient
- 6. Modifier** - A modifier code used to further define the service identified by the procedure code
- 7. Sum of Claim Count** – the sum of the number of Medicaid claims
- 8. Sum of Paid Quantity** - the sum of total Medicaid units
- 9. Sum of Paid Amount** - the sum of total Medicaid payments
- 10. Data pull for anesthesia to capture time units, base units and additional units if applicable**

c. Determine the amount commercial insurance would have paid (i.e. calculate the upper payment limit)

The vendor will then calculate by participating practice plan the amount

commercial insurance would have paid for those claims. This calculation is specific to each practice plan and utilizes that practice plan's individually calculated ACR as determined by DMAHS.

- d. CPT codes will be adjusted as follows to comply with CMS guidance and to meet the program goals of DMAHS:
 - a. Clinical diagnostic laboratory codes will be limited to Medicare instead of the average commercial rate.
 - b. CPT codes with a technical component will be excluded from the supplemental payment as this is not a professional service, this includes radiology codes with a "global rate" with both the technical and physician component. Only radiology codes with a modifier 26 (physician component) should be included in the calculations.
 - c. Claims paid under the Office Based Addictions Treatment (OBAT) program, identified with a HF modifier, will be excluded from the supplemental payment.
 - d. Level II CPT codes for non-physician services will also be excluded from the MAPS FFS program

e. Calculate the supplemental payment amount

For each practice plan, the amount Medicaid actually paid for those claims is subtracted to establish the total allowable supplemental payment amount for that quarter. This difference will equal the lump sum, retrospective MAPS FFS payment for the provider for that quarter.

f. Provider Notification of Payment

DMAHS providers will be notified of payment amounts and the redirected appropriations amounts via a letter from the vendor. Lump sum payments will occur within 3 months after each quarter.

Funding Approach

The NJ MAPS Program is entirely funded by transfers of existing state legislative appropriations, mostly from the parent universities of the medical schools. The SFY19 & SFY20 Appropriation Acts contain language that permits such transfers at the discretion of the Department of Treasury.

Rutgers University, Rowan University, Cooper University Hospital, and University Hospital have signed memorandums of understanding with the state whereby they agree to the budgetary transfers to fund the NJ MAPS Program and state Medicaid officials agree to use the transferred funds to finance the increased payments to the MCOs under the NJ MAPS Program.

The exact sources of the funding by school for payments appear in the Appropriations Handbook for the given fiscal year for Rutgers, Rowan University School of Osteopathic Medicine, Cooper, and University Hospital.

The transfers from existing state appropriations to DMAHS to fund the MAPS FFS Program is equal to the cost of the state share to NJ Medicaid to finance the MAPS FFS program plus any fees to be paid to consultants administering the MAPS FFS program. In general, on a quarterly basis, transfers from existing state appropriations equal the state share of the upcoming scheduled MAPS FFS quarterly payment. In this instance, the next monthly payment will be adjusted for the reconciliation.

Because the MAPS FFS payments are retrospective, they will vary by volume and no reconciliation of the funds transfers will be needed, except in the instance where a MAPS participating entity does not have sufficient room in its monthly state legislative appropriation to fund a full quarterly MAPS FFS payment.

First Calendar Year Implementation

When CMS approves the MAPS FFS program, the program will be implemented retroactively to January 1, 2019.

The vendor hired by NJ Department of Treasury calculated the ACR for each practice plan using FYE June 30, 2017 and June 30, 2018 commercial data supplied by the practice plans.

For the first six months of the MAPS FFS program (i.e. the period of January 1 to June 30, 2019) the ACRs used will be those calculated using FYE 6/30/17 commercial data. Starting on July 1, 2019, and for the rest of SFY20, the ACRs used will be those calculated using FYE 6/30/18 commercial data. Thereafter, the ACRs used in MAPS managed care and MAPS FFS will align and be updated at the same time.

State officials may periodically, and at their discretion, ask for access metrics from the MAPS participating medical schools and practice plans that illuminate the effect of the MAPS FFS program and document how it has expanded access to Medicaid services for Medicaid clients.

Contacts:

State Contacts

If you have questions about the NJ MAPS program, please contact:

- Hannah Good at NJ Department of Treasury
 - o (609) 292-6489
 - o Hannah.Good@treas.nj.gov
- Rob Durborow at DMAHS
 - o (609) 588-2858
 - o Robert.Durborow@dhs.state.nj.us

MCO Contacts

Each MCO has designated a contact for any questions related to the NJ MAPS Program:

Aetna	Jerry Mammano	mammanoj@aetna.com	(609) 282-8204
Amerigroup	Jennifer Ciaglia	Jennifer.ciaglia@amerigroup.com	(732) 439-4360
Horizon	Ed Radwanski	Edward_radwanski@horizonblue.com	(609) 434-4538
United Healthcare	Aurelyn Robinson	Aurelyn_Robinson@uhc.com	(732) 623-1125
WellCare	Victoria Herzberg	Victoria.Herzberg@wellcare.com	(973) 848-3078

Practice Plan Contacts

Each practice plan has designated a contact for any questions related to the NJ MAPS Program:

Cooper Univ. Health Care / Cooper Medical School at Rowan Univ.	Brian Reilly	reilly-brian@CooperHealth.edu	(856) 342-2443
Rowan Univ. School of Osteopathic Medicine	Frank MacLeon	macleon@rowan.edu	(856) 566-6397
Rutgers Health	Michael S. Sirkin, MD	sirkinms@njms.rutgers.edu	(973) 972-0681
University Hospital	Tom Daly	dalytm@uhnj.org	(973) 972-3721

Appendices:

A: Services Eligible for MAPS Rate Increases

B: List of Eligible Providers by Group NPI Number

C: MCO Quarterly Report Template

D: Practice Plan Quarterly Report Template

E: Attestation forms for University Hospital (Newark) and Cooper University Hospital

F: List of Key Dates

G: NJ MCO Contract Language

H: Annual reporting and attestation form for Group NPI #s for Eligible Providers

I: NJ MAPS Program – Funds Flow Models

- i. Overview
- ii. PMPM Calculation and Distribution
- iii. State Appropriation Redirection and Allocation

J: Appropriations Calculations (available to participating practice plans only)

K: Medicaid state plan amendment for MAPS FFS program after CMS approval.

Minimum Fee Schedule for NJ Medicaid Access to Physician Services Program for SFY2020

Anesthesia Fee Per Unit
\$32.18

CPT	MOD 1	MOD 2	SHORT - DESCRIPTION	Minimum Fee Schedule for NJ Medicaid Access to Physician Services Program for SFY20
10021			FINE_NEEDLE_ASPIRATION_WO_IMAG_GUID	\$ 169.54
10021	26		FINE_NEEDLE_ASPIRATION_WO_IMAG_GUID	\$ 103.80
10021	TC		FINE_NEEDLE_ASPIRATION_WO_IMAG_GUID	\$ 65.74
10022			FINE NEEDLE ASPIRATION W/IMAG GUIDAN	\$ 301.02
10022	26		FINE NEEDLE ASPIRATION W/IMAG GUIDAN	\$ 211.06
10022	TC		FINE NEEDLE ASPIRATION W/IMAG GUIDAN	\$ 89.96
10030			FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, AC	\$ 1,046.89
10030	26		FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, AC	\$ 245.63
10035			PERQ DEV SOFT TISS 1ST IMAG	\$ 965.58
10035	26		PERQ DEV SOFT TISS 1ST IMAG	\$ 153.62
10036	26		PERQ DEV SOFT TISS ADD IMAG	\$ 75.98
10036			PERQ DEV SOFT TISS ADD IMAG	\$ 851.37
10040			ACNE SURGERY	\$ 62.28
10040	SA		ACNE SURGERY	\$ 52.59
10060			DRAINAGE OF SKIN ABSCESS	\$ 44.98
10060	SA		DRAINAGE OF SKIN ABSCESS	\$ 36.33
10061			DRAIN SKIN ABSCESS COMPLICATED	\$ 166.08
10080			I & D OF SIMPLE PILONIDAL CYST	\$ 103.80
10081			I & D COMPLICATED PILONIDAL CYST	\$ 155.70
10120			SIMPLE REMOVAL FOREIGN BODY	\$ 62.28
10120	SA		SIMPLE REMOVAL FOREIGN BODY	\$ 52.59
10121			COMPLICATED REMOVAL FOREIGN BODY	\$ 117.64
10140			DRAINAGE HEMATOMA SIMPLE	\$ 62.28
10140	SA		DRAINAGE HEMATOMA SIMPLE	\$ 52.59
10160			PUNCTURE DRAINAGE OF LESION	\$ 44.98
10160	SA		PUNCTURE DRAINAGE OF LESION	\$ 36.33
10180			INCISE/DRAIN COMPLEX POSTOP WOUND	\$ 346.00
11000			DEBRIDEMENT INFECT SKIN UP TO 10%	\$ 44.98
11000	SA		DEBRIDEMENT INFECT SKIN UP TO 10%	\$ 36.16
11001			DEBRIDE INFECTED SKIN EACH ADD 10%	\$ 20.76
11004			DEBRIDE_GENITALIA_&_PERINEUM	\$ 1,024.23
11005			DEBRIDE_ABDOM_WALL	\$ 1,385.94
11006			DEBRIDE_GENIT/PER/ABDOM_WALL	\$ 1,253.00
11008			REMOVE_MESH_FROM_ABD_WALL	\$ 487.24
11010			DEBRIDEMENT SKIN & SUBCU W/OPEN FX	\$ 487.86
11011			DEBRIDEMENT SKIN/SUBCU TISSUE/MUSCLE	\$ 581.28
11012			DEBRIDEMENT SUBCU/SKIN/MUSCLE/BONE	\$ 809.64
11042			DEBRIDE SKIN,SUBCUTANEOUS TISSUE	\$ 55.36
11043			DEBRIDE;SKIN,SUBCU TISSUE AND MUSCLE	\$ 82.80
11044			DEBRIDE;SKIN,SUBC TISS,MUSCL & BONE	\$ 166.08
11045	26		DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AND DERMIS	\$ 46.71
11045			DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AND DERMIS	\$ 74.60
11046	26		DEBRIDEMENT, MUSCLE AND/OR FASCIA (INCLUDES EPIDERMIS, DERMIS, AN	\$ 99.65
11046			DEBRIDEMENT, MUSCLE AND/OR FASCIA (INCLUDES EPIDERMIS, DERMIS, AN	\$ 130.86
11047	26		DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS TISS	\$ 175.87
11047			DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS TISS	\$ 221.06
11055			PARING BENIGN HYPERKER LESION SINGLE	\$ 44.98
11055	SA		PARING BENIGN HYPERKER LESION SINGLE	\$ 36.16
11056			PARING 2-4 BENIGN HYPERKERATOTIC LES	\$ 62.28
11056	SA		PARING 2-4 BENIGN HYPERKERATOTIC LES	\$ 46.02
11057			PARING >4 BENIGN HYPERKERATOTIC LES	\$ 79.58
11057	SA		PARING>4 BENIGN HYPERKERATOTIC LES	\$ 46.02
11100			BIOPSY OF SINGLE SKIN LESION	\$ 44.98
11100	SA		BIOPSY OF SINGLE SKIN LESION	\$ 36.16

11101			BX SKIN; EACH ADD LESION	\$	17.30
11101	SA		BX SKIN; EACH ADD LESION	\$	13.15
11200			EXCISION UP TO 15 SKIN TAGS	\$	62.28
11201			EXCISION,SKIN TAGS,EACH ADD10 LESION	\$	31.14
11300			SHAVING, LESION TO 0.5 CM OR LESS	\$	62.28
11300	SA		SHAVING, LESION TO 0.5 CM OR LESS	\$	52.59
11301			SHAVING EPID, LESION 0.6 TO 1CM	\$	76.12
11301	SA		SHAVING EPID, LESION 0.6 TO 1CM	\$	65.74
11302			SHAVING EPID, LESION 1.1 TO 2CM	\$	93.42
11302	SA		SHAVING EPID, LESION 1.1 TO 2CM	\$	78.89
11303			SHAVING EPID, LESION 2.1 TO 3CM	\$	110.72
11305			SHAVING EPID, LESION TO 0.5 CM	\$	62.28
11305	SA		SHAVING EPID, LESION TO 0.5 CM	\$	52.59
11306			SHAVING EPID, LESION 0.6 TO 1CM	\$	76.12
11307			SHAVING EPID, LESION 1.1 TO 2 CM	\$	93.42
11308			SHAVING EPID, LESION 2.1 TO 3 CM	\$	110.72
11310			SHAVUNG EPID, LESION TO 0.5CM ORLESS	\$	62.28
11310	SA		SHAVUNG EPID, LESION TO 0.5CM ORLESS	\$	52.59
11311			SHAVING EPID, LESION 0.6 TO 1CM	\$	76.12
11311	SA		SHAVING EPID, LESION 0.6 TO 1CM	\$	65.74
11312			SHAVING EPID, LESION 1.1 TO 2CM	\$	93.42
11313			SHAVING EPID, LESION 2.1 TO 3CM	\$	110.72
11400			EXCISE BENIGN LESION TO 0.5 CM	\$	62.28
11400	SA		EXCISE BENIGN LESION TO 0.5 CM	\$	52.59
11401			EXCISE BENIGN LESION 0.6 TO 1CM	\$	76.12
11401	SA		EXCISE BENIGN LESION 0.6 TO 1CM	\$	65.74
11402			EXCISE BENIGN LESION 1.1 TO 2CM	\$	93.42
11403			EXCISE BENIGN LESION 2.1 TO 3CM	\$	110.72
11404			EXCISE BENIGN LESION 3.1 TO 4CM	\$	110.72
11406			EXCISE BENIGN LESION OVER 4 CM	\$	110.72
11420			EXCISE BENIGN LESION TO 0.5 CM	\$	62.28
11421			EXCISE BENIGN LESION 0.6 TO 1 CM	\$	76.12
11422			EXCISE BENIGN LESION 1.1 TO 2 CM	\$	93.42
11422	SA		EXCISE BENIGN LESION 1.1 TO 2 CM	\$	78.89
11423			EXCISE BENIGN LESION 2.1 TO 3CM	\$	110.72
11424			EXCISE BENIGN LESION 3.1 TO 4CM	\$	110.72
11426			EXCISE BENIGN LESION OVER 4.0 CM	\$	110.72
11440			EXCISE BENIGN LESION TO 0.5 CM	\$	62.28
11441			EXCISE BENIGN LESION 0.6 TO 1CM	\$	76.12
11442			EXCISE BENIGN LESION 1.1 TO 2CM	\$	93.42
11443			EXCISE BENIGN LESION 2.1 TO 3CM	\$	110.72
11443	SA		EXCISE BENIGN LESION 2.1 TO 3CM	\$	88.75
11444			EXCISE BENIGN LESION 3.1 TO 4CM	\$	110.72
11446			EXCISE BENIGN LESION OVER 4.0 CM	\$	148.12
11450			EXCISE/HIDRADENITIS/PRIMARY SUTURE	\$	314.86
11451			EXCISE/HIDRADENTIS/W/OTHER CLOSURE	\$	470.56
11462			EXCISE/HIDRADEBTIS/PRIMARY SUTURE	\$	314.86
11463			EXCISE/HIDRADENITIS/OTHER CLOSURE	\$	470.56
11470			EXCISE/HIDRADENTIS/PRIMARY CLOSURE	\$	314.86
11471			EXCISE/HIDRADENITIS/OTHER CLOSURE	\$	470.56
11600			EXCISE MALIGNANT LESION TO 0.5 CM	\$	128.02
11600	SA		EXCISE MALIGNANT LESION TO 0.5 CM	\$	105.18
11601			EXCISE MALIGNANCY 0.6 TO 1CM	\$	162.62
11602			EXCISE MALIGNANCY 1.1 TO 2CM	\$	211.06
11602	SA		EXCISE MALIGNANCY 1.1 TO 2CM	\$	174.21
11603			EXCISE MALIGNANCY 2.1 TO 3CM	\$	242.20
11604			EXCISE MALIGNANCY 3.1 TO 4CM	\$	276.80
11606			EXCISE MALIGNANT LESION OVER 4.0 CM	\$	318.32
11620			EXCISE MALIGNANT LESION T .5 CM	\$	211.06
11621			EXCISE MALIGNANCY 0.6 TO 1CM	\$	311.40
11622			EXCISE MALIGNANCY 1.1 TO 2CM	\$	418.66
11623			EXCISE MALIGNANCY 2.1 TO 3CM	\$	484.40
11624			EXCISE MALIGNANCY 3.1 TO 4CM	\$	560.52
11626			EXCISE MALIGNANCY OVER 4.0 CM	\$	643.56
11640			EXCISE MALIGNANT LESION TO .5 CM	\$	311.40
11641			EXCISE MALIGNANCY 0.6 TO 1CM	\$	418.66
11642			EXCISE MALIGNANCY 1.1 TO 2CM	\$	519.00
11643			EXCISE MALIGNANCY 2.1 TO 3CM	\$	605.50
11644			EXCISE MALIGNANCY 3.1 TO 4CM	\$	695.46

11646			EXCISE MALIGNANCY OVER 4.0 CM	\$	788.88
11719			TRIMMING NONDYSTROPHIC NAILS	\$	17.30
11719	SA		TRIMMING NONDYSTROPHIC NAILS	\$	16.44
11720			DEBRIDEMENT OF NAILS ANY METHOD 1-5	\$	44.98
11721			DEBRIDEMENT OF NAILS ANY METH 6 OR <	\$	72.66
11730			SIMPLE REMOVAL OF NAIL PLATE	\$	40.07
11732			EACH ADDITIONAL NAIL PLATE	\$	13.53
11740			EVACUATE HEMATOMA UNDER NAIL	\$	55.36
11750			EXCISION NAIL & NAIL MATRIX	\$	145.32
11755			BIOPSY OF NAIL UNITS,ANY METHOD	\$	86.50
11760			SIMPLE RECONSTRUCTION NAIL BED	\$	145.32
11762			RECONSTRUCT NAIL BED WITH GRAFT	\$	238.74
11765			EWEDGE EXCISION OF SKIN OF NAIL	\$	72.66
11770			SIMPLE EXCISION PILONIDAL CYST	\$	522.46
11771			EXCISE PILONIDAL CYST; EXTENSIVE	\$	522.46
11772			PILONIDAL CYST; COMPLICATED	\$	522.46
11900			INTRALESIONAL INJECTION; UP TO 7	\$	55.36
11900	SA		INTRALESIONAL INJECTION; UP TO 7	\$	46.02
11901			INTRALESIONAL INJECTION; OVER 7	\$	55.36
11960			INSERTION OF TISSUE EXPANDER	\$	865.00
11970			REPLACE EXPANDER-PERM. PROSTHESIS	\$	865.00
11971			REMOVE TISS EXP-NO PROSTHETIC INSERT	\$	865.00
11976			REMOVE WO REINSERT,IMPL.CONTRA.CAPSU	\$	346.00
11976	FP		REMOVE WO REINSERT,IMPL.CONTRA.CAPSU	\$	657.40
11976	SA		REMOVE WO REINSERT,IMPL.CONTRA.CAPSU	\$	279.22
11980			SUBCUTANEOUS_HORMONE_PELLET_IMPLANT	\$	191.89
11980	26		SUBCUTANEOUS_HORMONE_PELLET_IMPLANT	\$	145.53
11981			INSERTION, NON-BIODEGRAD DRUG DEL LM	\$	346.00
11981	FP		INSERTION, NON-BIODEGRAD DRUG DEL LM	\$	346.00
11982			REMOVAL NON-BIODEGRAD DRUG DELIV IMP	\$	346.00
11982	FP		REMOVAL NON-BIODEGRAD DRUG DELIV IMP	\$	346.00
11983			REM W/INSERT NON-BIOGRAD DRUG DEL IM	\$	622.80
11983	FP		REM W/INSERT NON-BIOGRAD DRUG DEL IM	\$	622.80
12001			SIMPLE WOUND REPAIR TO 2.5 CM	\$	62.28
12001	SA		SIMPLE WOUND REPAIR TO 2.5 CM	\$	52.59
12002			SIMPLE WOUND REPAIR 2.6 TO 7.5CM	\$	83.04
12002	SA		SIMPLE WOUND REPAIR 2.6 TO 7.5CM	\$	69.20
12004			SIMPLE WOUND REPAIR 7.6 TO 12.5CM	\$	103.80
12005			SIMPLE WOUND REPAIR 12.6 TO 20CM	\$	159.16
12006			SIMPLE WOUND REPAIR 20.1 TO 30CM	\$	197.22
12007			SIMPLE WOUND REPAIR OVER 30 CM	\$	285.45
12011			SIMPLE WOUND REPAIR TO 2.5 CM	\$	62.28
12013			SIMPLE WOUND REPAIR 2.6 TO 5CM	\$	83.04
12014			SIMPLE WOUND REPAIR 5.1 TO 7.5CM	\$	103.80
12015			SIMPLE WOUND REPAIR 7.6 TO 12.5CM	\$	161.76
12016			SIMPLE WOUND REPAIR 12.6 TO 20CM	\$	285.45
12017			SIMPLE WOUND REPAIR 20.1 TO 30CM	\$	342.54
12018			SIMPLE WOUND REPAIR OVER 30 CM	\$	494.78
12020			TREAT SUPER.DEHISCENCE;SIMPLE CLOSE	\$	197.22
12021			TREAT SUPER.DEHISCENCE;W/PACKING	\$	197.22
12031			LAYER CLOSURE WOUND TO 2.5 CM	\$	103.80
12031	SA		LAYER CLOSURE WOUND TO 2.5 CM	\$	85.46
12032			LAYER CLOSURE 2.6 TO 7.5CM	\$	166.08
12032	SA		LAYER CLOSURE 2.6 TO 7.5CM	\$	138.05
12034			LAYER CLOSURE 7.6-12.5CM	\$	197.22
12035			LAYER CLOSURE 12.6 TO 20CM	\$	228.36
12036			LAYER CLOSURE 20.1 TO 30CM	\$	342.54
12037			LAYER CLOSURE WOUND/ OVER 30.0 CM	\$	605.50
12041			LAYER CLOSURE WOUND TO 2.5 CM	\$	103.80
12042			LAYER CLOSURE 2.6 TO 7.5CM	\$	231.82
12044			LAYER CLOSURE 7.6 TO 12.5CM	\$	285.45
12045			LAYER CLOSURE 12.6 TO 20CM	\$	342.54
12046			LAYER CLOSURE 20.1 TO 30CM	\$	380.60
12047			LAYER CLOSURE WOUND OVER 30.0 CM	\$	494.78
12051			LAYER CLOSURE WOUND TO 2.5 CM	\$	131.48
12052			LAYER CLOSURE 2.6 TO 5CM	\$	231.82
12053			LAYER CLOSURE 5.1 TO 7.5CM	\$	380.60
12054			LAYER CLOSURE 7.6 TO 12.5CM	\$	418.66
12055			LAYER CLOSURE 12.6 TO 20CM	\$	494.78

12056			LAYER CLOSURE 20.1 TO 30CM	\$	591.66
12057			LAYER CLOSURE WOUND OVER 30.0 CM	\$	692.00
13100			COMPLEX REPAIR 1.1 TO 2.5CM	\$	128.26
13101			COMPLEX REPAIR 2.6 TO 7.5CM	\$	235.28
13102			REPAIR COMPLEX TRUNK EACH ADD 5 CM	\$	117.64
13120			COMPLEX REPAIR 1.1 TO 2.5CM	\$	166.08
13121			COMPLEX REPAIR 2.6 TO 7.5CM	\$	366.76
13122			REP COMPLEX SCALP/ARM/LEG EA ADD 5CM	\$	138.40
13131			COMPLEX REPAIR 1.1 TO 2.5CM	\$	231.82
13132			COMPLEX REPAIR 2.6 TO 7.5CM	\$	501.70
13133			REP COMP FOREHEAD/CHIN/CHEEK/MOUTH	\$	173.00
13151			COMPLEX REPAIR 1.1 TO 2.5CM	\$	283.72
13152			COMPLEX REPAIR 2.6 TO 7.5CM	\$	667.78
13153			REP COMP EYELID/NOSE/EAR/LIP EA 5 CM	\$	173.00
13160			EXT/COMP SECONDARY CLOSE/DEHISCENCE	\$	418.66
14000			TISSUE TRANSFER; DEFECT TO 10 CM.	\$	335.62
14001			TISSUE TRANSFER- 10.1 TO 30 SQ CM	\$	501.70
14020			TISSUE TRANSFER- TO 10 SQ CM	\$	501.70
14021			TISSUE TRANSFER- 10.1 TO 30 SQ CM	\$	667.78
14040			TISSUE TRANSFER- TO 10 SQ CM	\$	667.78
14041			TISSUE TRANSFER- 10.1 TO 30 SQ CM	\$	837.32
14060			TISSUE TRANSFER- TO 10 SQ CM	\$	837.32
14061			TISSUE TRANSFER- 10.1 TO 30 SQ CM	\$	1,003.40
14301	26		ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30	\$	1,587.48
14301			ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30	\$	1,942.27
14302			ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EACH ADDI	\$	394.96
14350			FILLETED FINGER OR TOE FLAP	\$	667.78
15002	26		WND PREP, CH/INF, TRK/ARM/LG	\$	405.48
15002			WND PREP, CH/INF, TRK/ARM/LG	\$	631.38
15003	26		WND PREP, CH/INF ADDL 100 CM	\$	81.93
15003			WND PREP, CH/INF ADDL 100 CM	\$	137.09
15004	26		WND PREP CH/INF, F/N/HF/G	\$	480.01
15004			WND PREP CH/INF, F/N/HF/G	\$	722.52
15005	26		WND PREP, F/N/HF/G, ADDL CM	\$	162.20
15005			WND PREP, F/N/HF/G, ADDL CM	\$	224.00
15040	26		HARVEST OF SKIN FOR TISSUE CULTURED	\$	225.87
15040			HARVEST OF SKIN FOR TISSUE CULTURED	\$	459.76
15050			PINCH GRAFT; DEFECT UP TO 2 CM.	\$	217.53
15100			SPLIT GRAFT; UP TO 100 SQ. CM.	\$	418.66
15101			SPLIT GRFT,@ ADD 100 SQ CM/1% CHILD	\$	211.06
15110	26		EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LE	\$	1,233.14
15110			EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LE	\$	1,423.86
15111	26		EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LE	\$	186.87
15111			EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LE	\$	208.81
15115	26		EPIDERMAL AUTOGRAFT, FACE, SCALP, EY	\$	1,222.25
15115			EPIDERMAL AUTOGRAFT, FACE, SCALP, EY	\$	1,409.60
15116	26		EPIDERMAL AUTOGRAFT, FACE, SCALP, EY	\$	273.65
15116			EPIDERMAL AUTOGRAFT, FACE, SCALP, EY	\$	302.92
15120			SPLIT GRAFT; UP TO 100 SQ. CM.	\$	629.72
15121			SPLIT GRFT,@ ADD 100 SQ CM/1% CHILD	\$	211.06
15130	26		DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS;	\$	997.14
15130			DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS;	\$	1,189.13
15131			DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS;	\$	179.06
15131	26		DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS;	\$	163.80
15135	26		DERMAL AUTOGRAFT, FACE, SCALP, EYELI	\$	1,332.90
15135			DERMAL AUTOGRAFT, FACE, SCALP, EYELI	\$	1,525.58
15136	26		DERMAL AUTOGRAFT, FACE, SCALP, EYELI	\$	163.80
15136			DERMAL AUTOGRAFT, FACE, SCALP, EYELI	\$	177.08
15150	26		TISSUE CULTURED EPIDERMAL AUTOGRAFT,	\$	1,132.87
15150			TISSUE CULTURED EPIDERMAL AUTOGRAFT,	\$	1,243.80
15151	26		TISSUE CULTURED EPIDERMAL AUTOGRAFT,	\$	195.56
15151			TISSUE CULTURED EPIDERMAL AUTOGRAFT,	\$	213.48
15152	26		TISSUE CULTURED EPIDERMAL AUTOGRAFT,	\$	260.50
15152			TISSUE CULTURED EPIDERMAL AUTOGRAFT,	\$	278.46
15155	26		TISSUE CULTURED EPIDERMAL AUTOGRAFT,	\$	1,325.18
15155			CULT_EPIDERM_GRAFT_F/N/HF/G_	\$	1,440.78
15156	26		CULT_EPIDERM_GRFT_F/N/HFG_ADD	\$	267.70
15156			CULT_EPIDRM_GRFT_F/N/HFG_ADD	\$	285.62
15157	26		CULT_EPIDERM_GRFT_F/N/HFG_ADDL	\$	292.72

15157			CULT_EPIDERM_GRAFT_F/N/HFG_ADDL	\$	319.29
15200			FULL THICK GRAFT TO 20 SQ CM	\$	311.40
15201			FULL THICK GRAFT EACH ADD 20 SQ CM	\$	155.70
15220			FULL THICK GRAFT TO 20 SQ CM	\$	522.46
15221			FULL THICK GRAFT EACH ADD 20 SQ CM	\$	262.96
15240			FULL THICK GRAFT TO 20 SQ CM	\$	522.46
15241			FULL THICK GRAFT EACH ADD 20 SQ CM	\$	262.96
15260			FULL THICK GRAFT TO 20 SQ CM	\$	712.76
15261			FULL THICK GRAFT EACH ADD 20 SQ CM	\$	356.38
15271	26		AREA UP TO 100 SQ CM; FIRST 25 SQ CM OR LESS WOUND SURFACE AREA	\$	150.37
15271			AREA UP TO 100 SQ CM; FIRST 25 SQ CM OR LESS WOUND SURFACE AREA	\$	256.70
15272			APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL V	\$	51.52
15272	26		AREA UP TO 100 SQ CM; EACH ADDITIONAL 25 SQ CM WOUND SURFACE ARE	\$	32.70
15273	26		AREA GREATER THAN OR EQUAL TO 100 SQ CM; FIRST 100 SQ CM WOUND S	\$	363.06
15273			APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL V	\$	543.15
15274			APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL V	\$	128.33
15274	26		AREA GREATER THAN OR EQUAL TO 100 SQ CM; EACH ADDITIONAL 100 SQ C	\$	81.83
15275	26		APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUT	\$	170.02
15275			EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS, TOTAL V	\$	270.36
15276	26		APPLICATION OF SKIN SUBSTITUTE GRAFT	\$	44.91
15276			APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUT	\$	62.21
15277	26		APPLICATION OF SKIN SUBSTITUTE GRAFT	\$	409.42
15277			APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUT	\$	593.49
15278			APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUT	\$	153.42
15278	26		APPLICATION OF SKIN SUBSTITUTE GRAFT	\$	102.94
15570			FORM DIRECT/TUBE PEDICLE,.....TRUNK	\$	750.82
15572			SKIN GRAFT, SCALP/ARMS/LEGS	\$	750.82
15574			FORM DIRECT/TUBE PEDICLE..FOREHEAD,T	\$	750.82
15576			FORM DIRECT/TUBE PEDICLE..EYELID,NOS	\$	750.82
15600			INTERM DELAY FLAP TRUNK	\$	211.06
15610			INTERM DELAY FLAP SCALP/LIMBS	\$	307.94
15620			INTERM DELAY FLAP CHIN/NECK/FEET	\$	418.66
15630			INTER DELAY FLAP EYELIDS/LIP/EAR	\$	519.00
15650			TRANS INTERM ANY PEDICLE FLAP	\$	280.26
15731	26		FOREHEAD FLAP W/WASC PEDICLE	\$	1,803.14
15731			FOREHEAD FLAP W/WASC PEDICLE	\$	2,015.10
15732			MUSCLE,MYO/FASCIO CUT FLAP;LEVATOR	\$	1,726.54
15734			MUSCLE,MYO/FASCIO CUTAN FLAP;TRUNK	\$	1,563.92
15736			MUSCLE,MYO/FASCIO CUT FLAP;UPPER EXT	\$	1,563.92
15738			MUSCLE,MYO/FASCIO CUT FLAP;LOWER EXT	\$	1,563.92
15740			ISLAND PEDICLE FLAP GRAFT	\$	1,563.92
15750			NEUROVASCULAR PEDICLE GRAFT	\$	1,563.92
15756			FREE FLAP W/WO GRAFT MICROVASC ANAST	\$	2,117.52
15757			FREE SKIN FLAP W/MICROVASC ANASTAMOS	\$	2,117.52
15758			FREE FASCIAL FLAP W/MICROVASC ANAST	\$	2,117.52
15760			COMPOSITE SKIN GRAFT	\$	390.98
15770			DERMA-FAT-FASCIA GRAFT	\$	702.38
15777	50		REINFORCEMENT (EG, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO C	\$	580.31
15777			IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FO	\$	386.90
15780			SKIN ABRASION TOTAL FACE	\$	467.10
15781			ABRASION OF SKIN FOR REMOVAL OF SCAR	\$	212.93
15782			ABRASION OF SKIN FOR REMOVAL OF SCAR	\$	247.39
15783			DERMABRASION SUPERFICIAL ANY SITE (E	\$	185.21
15786			ABRASION SINGLE LESION	\$	94.25
15787			ABRASION EA ADD 4 LESION OR LESS	\$	38.06
15788			CHEMICAL PEEL, FACIAL; EPIDERMAL	\$	467.10
15789			CHEMICAL PEEL, DERMAL, FACIAL	\$	467.10
15792			CHEMICAL PEEL, NONFACIAL, EPIDERMAL	\$	170.23
15793			CHEMICAL PEEL, NONFACIAL; DERMAL	\$	190.54
15819			CERVICOPLASTY	\$	778.50
15820			BLEPHAROPLASTY,LOWER EYELIDS	\$	937.66
15821			BLEPHAROPLASTY HERNIATED FAT PAD	\$	937.66
15822			BLEPHAROPLASTY HERNIATED FAT PAD	\$	626.26
15823			BLEPHAROPLASTY,UPPER;EXCESSIVE SKIN	\$	626.26
15830			EXCISION EXCESSIVE SKIN; ABDOMEN	\$	2,110.63
15840			GRAFT FACIAL NERVE PARALYSIS	\$	1,563.92
15841			FACIAL NERVE PALSY MUSCLE GRAFT	\$	1,563.92
15842			MICROSUR MUSCLE GRAFT FACE PALSY	\$	1,563.92
15845			REANIMATION MUSCLE TRANS FACE	\$	1,875.32

15847		EXC SKIN ABD ADD-ON	\$	705.25
15850		REMOVE SUTURES UNDER ANESTHESIS....	\$	121.10
15851		REMOVAL OF SUTURES UNDER ANESTHESIA	\$	121.10
15852		DRESSING CHANGE NOT BURNS UNDER ANES	\$	121.10
15920		COCCYGECTOMY PRIMARY SUTURE	\$	629.72
15922		COCCYGECTOMY FLAP CLOSURE	\$	837.32
15931		EXCISE SACRAL PRESSURE ULCER	\$	425.58
15933		REMOVAL OF PRESSURE SORE	\$	522.46
15934		EXCISE,WITH SKIN FLAP CLOSURE	\$	837.32
15935		EXC SAC ULCER/FLAP/OSTECTOMY	\$	941.12
15936		EXCISE ULCER W/ OTHER FLAP CLO	\$	1,044.92
15937		EXC SAC ULCER/FLAP/OSTECTOMY	\$	1,152.18
15940		EXC ISCHIAL ULCER DIRECT SUTURE	\$	425.58
15941		EXC ISCHIAL ULCER OSTECTOMY	\$	522.46
15944		EXC ISCHIAL ULC/SKIN FLAP CLOS	\$	837.32
15945		EXC ISCHAL ULC/OSTECTOMY/FLAP	\$	941.12
15946		EXC ISCHIAL ULC/OSTECTOMY/FLAP	\$	1,570.84
15950		EXC TROCHANTERIC ULCER DIR SUTUR	\$	425.58
15951		EXC TROCHAN ULCER OSTECTOMY	\$	522.46
15952		EXC TROCHAN ULCER SKIN FLAP CLOS	\$	837.32
15953		EXC TROCH ULC SKIN FL CLO/OSTECT	\$	941.12
15956		EXC TROCH/ULC FLAP CLOSURE	\$	1,570.84
15958		TROCH ULC/EXC-FLAP-OSTECTOMY	\$	1,674.64
16000		INIT TREAT 1ST DEGREE BURN	\$	55.36
16000	SA	INIT TREAT 1ST DEGREE BURN	\$	46.02
16020		DRESS/DEBRID BURN SMALL NO ANES *	\$	55.36
16020	SA	DRESS/DEBRID BURN SMALL NO ANES *	\$	46.02
16025		DRESS/DEBRID BURM MED NO ANESTH *	\$	83.04
16030		DRESS/DEBRID BURN LG NO ANESTH	\$	110.72
16035		ESCHAROTOMY B	\$	72.90
16036		ESCHAROTOMY; EACH ADDIT INCISION	\$	138.40
17000		DESTROY BENIGN/PREMLIG LESION SINGL	\$	55.36
17000	SA	DESTROY BENIGN/PREMLIG LESION SINGL	\$	46.02
17003		DESTROY 2-14 BENIGN/PREMLIG LESIONS	\$	17.30
17003	SA	DESTROY 2-14 BENIGN/PREMLIG LESIONS	\$	13.15
17004		DESTROY 15 OR MORE BENIGN/PREML LES	\$	179.92
17106		DESTR CUTAN VASC PROL LESI LIO SQ CM	\$	386.66
17107		DESTR CUTAN VASC PROL LESI 10-50SQCM	\$	736.29
17108		DESTR CUTAN VASC PROL LESI >50 SQ CM	\$	1,117.06
17110		DESTROY-ANY METHOD-UP TO 15 LESIONS	\$	55.36
17110	SA	DESTROY-ANY METHOD-UP TO 15 LESIONS	\$	46.02
17111		DESTROY FLAT WARTS 15 OR MORE LESION	\$	79.58
17111	SA	DESTROY FLAT WARTS 15 OR MORE LESION	\$	65.74
17250		CHEMICAL CAUTERY OF WOUND *	\$	55.36
17260		DESTR,MALIG LESION..0.5 CM.OR LESS	\$	90.86
17261		DESTRUCT,MALIG LESION...0.6-1.0 CM	\$	116.26
17261	SA	DESTRUCT,MALIG LESION...0.6-1.0 CM	\$	93.84
17262		DESTRUCT,MALIG LESION..1.1-2.0 CM.	\$	160.89
17262	SA	DESTRUCT,MALIG LESION..1.1-2.0 CM.	\$	129.89
17263		DESTRUCT,MALIG LESION 2.1-3.0 CM	\$	182.90
17264		DESTRUCT MALIG LESION 3.1-4.0 CM	\$	199.30
17266		DESTR MALIG LESION DIAMETER >4.0 CM	\$	240.95
17270		DESTR MALIG LESION,DIA 0.5CM OR LESS	\$	101.03
17271		DESTR MALIG LESION 0.6-1.0 CM	\$	151.34
17271	SA	DESTR MALIG LESION 0.6-1.0 CM	\$	122.28
17272		DESTR MALIG LESION 1.1-2.0 CM	\$	180.61
17272	SA	DESTR MALIG LESION 1.1-2.0 CM	\$	145.80
17273		DESTR MALIG LESION 2.1-3.0 CM	\$	212.72
17273	SA	DESTR MALIG LESION 2.1-3.0 CM	\$	171.79
17274		DESTR MALIG LESION 3.1-4.0 CM	\$	265.76
17276		DESTR MALIG LESION OVER 4.0 CM	\$	326.17
17280		DESTR MALIG LESION 0.5 CM OR LESS	\$	116.26
17280	SA	DESTR MALIG LESION 0.5 CM OR LESS	\$	93.84
17281		DESTR MALIG LESION 0.6-1.0 CM	\$	174.90
17281	SA	DESTR MALIG LESION 0.6-1.0 CM	\$	141.24
17282		DESTR MALIG LESION 1.1-2.0 CM	\$	208.78
17283		DESTR,MALIG LESION 2.1-3.0 CM	\$	271.40
17284		DESTR MALIG LESION 3.1-4.0 CM	\$	354.37
17286		DESTR MALIG LESION OVER 4.0 CM	\$	460.42

17311	26	MOHS, 1 STAGE, H/N/HF/G	\$ 677.19
17311		MOHS, 1 STAGE, H/N/HF/G	\$ 1,204.08
17312	26	MOHS ADDL STAGE	\$ 361.22
17312		MOHS ADDL STAGE	\$ 710.72
17313	26	MOHS, 1 STAGE, T/A/L	\$ 608.16
17313		MOHS, 1 STAGE, T/A/L	\$ 1,127.75
17314	26	MOHS, ADDL STAGE, T/A/L	\$ 335.72
17314		MOHS, ADDL STAGE, T/A/L	\$ 679.23
17315	26	MOHS SURG, ADDL BLOCK	\$ 95.15
17315		MOHS SURG, ADDL BLOCK	\$ 144.97
17340		CRYOTHERAPY OF SKIN	\$ 62.28
17360		CHEMICAL EXFOLIATION FOR ACNE	\$ 55.36
17380		ELECTROLYSIS EPLATION EA 1/2 HR	\$ 27.68
19000		PUNCTURE ASPIRATION BREAST CYSTS *	\$ 44.98
19001		PUNCTURE ASP BREAST CYST EA ADD	\$ 27.68
19020		MASTOTOMY/DRAIN ABSCESS DEEP	\$ 211.06
19030		INJEC FOR MAMM DUCTOG OR GALACTOGRAM	\$ 63.53
19081	26	BIOPSY OF BREAST ACCESSED THROUGHT THE SKIN WITH STEREOTACTIC C	\$ 299.05
19081		BIOPSY OF BREAST ACCESSED THROUGHT THE SKIN WITH STEREOTACTIC	\$ 1,281.07
19082	26	BIOPSY OF BREAST ACCESSED THROUGHT THE SKIN WITH STEREOTACTIC C	\$ 151.06
19082		BIOPSY OF BREAST ACCESSED THROUGHT THE SKIN WITH STEREOTACTIC	\$ 1,065.30
19083	26	BIOPSY OF BREAST ACCESSED THROUGHT THE SKIN WITH ULTRASOUND GU	\$ 281.23
19083		BIOPSY OF BREAST ACCESSED THROUGHT THE SKIN WITH ULTRASOUND	\$ 1,246.64
19084	26	BIOPSY OF BREAST ACCESSED THROUGHT THE SKIN WITH ULTRASOUND GU	\$ 140.68
19084		BIOPSY OF BREAST ACCESSED THROUGHT THE SKIN WITH ULTRASOUND	\$ 1,023.02
19085	26	BIOPSY OF BREAST ACCESSED THROUGHT THE SKIN WITH MRI GUIDANCE	\$ 326.76
19085		BIOPSY OF BREAST ACCESSED THROUGHT THE SKIN WITH MRI GUIDANCE	\$ 1,870.23
19086	26	BIOPSY OF BREAST ACCESSED THROUGHT THE SKIN WITH MRI GUIDANCE	\$ 164.35
19086		BIOPSY OF BREAST ACCESSED THROUGHT THE SKIN WITH MRI GUIDANCE	\$ 1,523.09
19100		BREAST BIOPSY NEEDLE	\$ 72.66
19101		BREAST BIOPSY INCISIONAL	\$ 211.06
19105	26	CRYOSURG ABLATE FA, EACH	\$ 376.07
19105		CRYOSURG ABLATE FA, EACH	\$ 5,563.23
19110		NIPPLE EXP. W/ORW/OUT EXCISION	\$ 197.22
19112		EXCISION OF LACTIFEROUS DUCT FISTULA	\$ 238.74
19120		EXCISE ONE/MORE BREAST LESIONS	\$ 356.38
19120	50	EXCISE ONE/MORE BREAST LESIONS	\$ 536.30
19125		EXCISION OF BREAST LESION, ONE LESN.	\$ 498.24
19126		EXN OF BREAST LESION, EACH ADD. LESN	\$ 249.12
19260		EXCISE CHEST WALL TUMOR/RIBS	\$ 1,148.72
19271		EXC CH TUMOR/RIBS PLAST RECONST	\$ 1,636.58
19272		EXC CH TUMOR/MEDIAST LYMPHADECT	\$ 1,965.28
19281	26	PLACEMENT OF BREAST LOCALIZATION DEVICES ACCESSED THROUGH THE	\$ 179.68
19281		PLACEMENT OF BREAST LOCALIZATION DEVICES ACCESSED THROUGH THE	\$ 440.11
19282	26	PLACEMENT OF BREAST LOCALIZATION DEVICES ACCESSED THROUGH THE	\$ 90.17
19282		PLACEMENT OF BREAST LOCALIZATION DEVICES ACCESSED THROUGH THE	\$ 308.11
19283	26	PLACEMENT OF BREAST LOCALIZATION DEVICES ACCESSED THROUGH THE	\$ 180.68
19283		PLACEMENT OF BREAST LOCALIZATION DEVICES ACCESSED THROUGH THE	\$ 498.93
19284	26	PLACEMENT OF BREAST LOCALIZATION DEVICES ACCESSED THROUGH THE	\$ 91.72
19284		PLACEMENT OF BREAST LOCALIZATION DEVICES ACCESSED THROUGH THE	\$ 378.77
19285	26	PLACEMENT OF BREAST LOCALIZATION DEVICES ACCESSED THROUGH THE	\$ 154.32
19285		PLACEMENT OF BREAST LOCALIZATION DEVICES ACCESSED THROUGH THE	\$ 966.90
19286	26	PLACEMENT OF BREAST LOCALIZATION DEVICES ACCESSED THROUGH THE	\$ 77.09
19286		PLACEMENT OF BREAST LOCALIZATION DEVICES ACCESSED THROUGH THE	\$ 850.50
19287	26	PLACEMENT OF BREAST LOCALIZATION DEVICES ACCESSED THROUGH THE	\$ 229.05
19287		PLACEMENT OF BREAST LOCALIZATION DEVICES ACCESSED THROUGH THE	\$ 1,605.75
19288	26	PLACEMENT OF BREAST LOCALIZATION DEVICES ACCESSED THROUGH THE	\$ 115.56
19288		PLACEMENT OF BREAST LOCALIZATION DEVICES ACCESSED THROUGH THE	\$ 1,302.90
19296	26	PLACEMENT OF RADIOTHERAPY AFTERLOAD	\$ 374.30
19296		PLACEMENT OF RADIOTHERAPY AFTERLOADI	\$ 7,488.31
19297		PLACEMENT OF RADIOTHERAPY AFTERLOADI	\$ 167.60
19298	26	PLACEMENT OF RADIOTHERAPY AFTERLOAD	\$ 563.98
19298		PLACEMENT OF RADIOTHERAPY AFTERLOADI	\$ 1,848.99
19300	26	REMOVAL OF BREAST TISSUE	\$ 747.88
19300		REMOVAL OF BREAST TISSUE	\$ 955.83
19301		PARTIAL MASTECTOMY	\$ 1,161.97
19302		P-MASTECTOMY W/LN REMOVAL	\$ 1,601.50
19303		MAST, SIMPLE, COMPLETE	\$ 1,709.41
19304		MAST, SUBQ	\$ 1,036.58

19305			MAST, RADICAL	\$	2,014.69
19306			MAST, RAD, URBAN TYPE	\$	2,143.02
19307			MAST, MOD RAD	\$	2,135.69
19316			MASTOPEXY	\$	591.66
19318			REDUCTION MAMMAPLASTY	\$	615.88
19318	50		REDUCTION MAMMAPLASTY	\$	1,079.52
19324			MAMMAPLASTY W/OUT PROSTHETIC	\$	363.30
19325			MAMMAPLASTY WITH PROSTHETIC	\$	418.66
19325	50		MAMMAPLASTY WITH PROSTHETIC	\$	629.72
19328			REMOVE INTACT MAMMARY IMPLANT	\$	363.30
19330			REMOVE IMPLANT MATERIAL	\$	563.98
19340			IMMEDIATE INSERT BREAST PROSTHETIC	\$	382.50
19342			DELAY-INSERT BREAST PROSTHETIC	\$	837.32
19350			NIPPLE/AREOLA RECONSTRUCTION	\$	314.86
19357			BREAST RECONSTRUCTION....	\$	1,636.58
19357	50		BREAST RECONSTRUCTION-BILATERAL	\$	2,456.60
19361			BREAST RECONST.W/WO PROSTHETIC IMPLA	\$	2,300.90
19361	50		BREAST RECONSTRUCTION W/WO PROS..BIL	\$	3,453.08
19364			RECONSTRUCT BREAST-FREE FLAP	\$	1,636.58
19366			RECONSTRUCT BREAST-OTHER	\$	1,636.58
19367			BREAST RECONSTR W/TRAM SINGLE PEDICL	\$	2,415.08
19368			BREAST RECONST/TRAM/MICROVASC ANASTO	\$	2,992.90
19369			BREAST RECONSTR/TRAM/DOUBLE PEDICLE	\$	2,799.14
19370			PERIPROSTHETIC CAPSULECTOMY	\$	328.70
19371			PERIPROSTHETIC CAPSULECTOMY, BREAST	\$	408.28
19380			REVISE RECONSTRUCTED BREAST	\$	1,228.30
19396			PREP MOULAGE FOR CUSTOM IMPLANT	\$	112.97
20005			INCISION OF ABSCESS; DEEP	\$	155.70
20100			EXPLORATION PENETRATING WOUND, NECK	\$	525.92
20101			EXPLORE PENETRATING WOUND, CHEST	\$	174.63
20102			EXPLORE PENETRATING WOUND/ABD/FLK/BK	\$	207.60
20103			EXPLORE_PENETRATING_WOUND,EXTREMITY	\$	273.34
20150			EXCISION EPIPYSEAL BAR W/WO AUTO GRT	\$	951.50
20200			MUSCLE BIOPSY; SUPERFICIAL	\$	103.80
20205			MUSCLE BIOPSY; DEEP/SUPERFICIAL	\$	211.06
20206			BIOPSY,MUSCLE,PERCUTANEOUS NEEDLE *	\$	100.34
20220			SUPERFICIAL BIOPSY OF BONE; NEEDLE	\$	155.70
20225			DEEP BONE BIOPSY; TROCAR/ NEEDLE	\$	205.94
20240			EXCISIONAL BIOPSY; SUPERFICIAL	\$	103.80
20245			EXCISIONAL BIOPSY OF BONE; DEEP	\$	311.40
20250			OPEN BIOPSY OF VERTEBRAL BODY	\$	311.40
20251			OPEN BIOPSY OF VERTEBRAL BODY	\$	311.40
20500			INJECT SINUS TRACT; THERAPEUTIC *	\$	55.36
20501			INJECT SINUS TRACT; DIAGNOSTIC	\$	55.36
20520			REMOVE FOREIGN BODY; SIMPLE	\$	176.46
20525			REMOVE FOREIGN BODY; COMPLICATED	\$	352.92
20526			THERAPEUTIC INJECT CARPAL TUNNEL	\$	44.98
20527			INJECTION, ENZYME (EG, COLLAGENASE), PALMAR FASCIAL CORD (IE, DUPU	\$	152.31
20550			INJECT TENDON SHEATH/LIGAMENT *	\$	44.98
20551			INJECTION; TENDON ORIGIN/INSERTION	\$	44.98
20552			INJECTION; SINGLE/MULTIPLE TRIGGER	\$	44.98
20553			INJ TRIGGER POINTS 3 OR < MUSCLE GR	\$	44.98
20555			PLACEMENT OF NEEDLES OR CATHETERS INTO MUSCLE AND/OR SOFT TISS	\$	614.25
20600			ARTHROCENTESIS; SMALL JOINT/ BURSA *	\$	44.98
20604	26		DRAIN/INJ JOINT/BURSA W/US	\$	82.07
20604			DRAIN/INJ JOINT/BURSA W/US	\$	129.92
20605			ARTHROCENTESIS; MED. JOINT/ BURSA *	\$	44.98
20606			DRAIN/INJ JOINT/BURSA W/US	\$	144.32
20606	26		DRAIN/INJ JOINT/BURSA W/US	\$	94.49
20610			ARTHROCENTESIS; MAJOR JOINT/ BURSA *	\$	44.98
20611	26		DRAIN/INJ JOINT/BURSA W/US	\$	108.85
20611			DRAIN/INJ JOINT/BURSA W/US	\$	163.35
20612			ASPIRATION/INJECTION GANGLION CYSTS	\$	100.34
20612	26		ASPIRATION/INJECTION GANGLION CYSTS	\$	44.98
20615			ASPIRATE/INJECTION-BONE CYST	\$	276.80
20650			SKELETAL TRACTION; WIRE OR PIN	\$	190.30
20660			APPLY TONGS OR CALIPER AND REMOVE	\$	94.11
20661			APPLY HALO; CRANIAL	\$	377.14
20662			APPLY HALO; PELVIC	\$	377.14

20663			APPLY HALO; FEMORAL	\$	377.14
20664			APPLIC/REMOVAL CRANIAL HALO W/ANESTH	\$	425.58
20665			REMOVE HALO OR TONGS BY OTHER MD	\$	55.36
20670			REMOVE IMPLANT; SUPERFICIAL	\$	148.16
20680			REMOVE IMPLANT; DEEP	\$	418.66
20680	52		REMOVE IMPLANT; DEEP	\$	211.06
20690			APPLY EXTERNAL FIXATION SYS,STND CON	\$	226.56
20692			APPL MULTIPLANE,UNIL,EXT FIX SYS UNI	\$	732.66
20693			ADJ/REV EXT FIX SYS W ANES WWO NR/B	\$	470.56
20694			REM W ANES, EXTERNAL FIXATION SYSTEM	\$	209.33
20696			APPLICATION_OF_MULTIPLANE_(PINS_OR_W	\$	2,165.37
20697			APPLICATION_OF_MULTIPLANE_(PINS_OR_W	\$	4,016.16
20802			REPLANT ARM; COMPLETE AMPUTATION	\$	2,076.00
20805			REPLANT FOREARM-COMPLETE AMPUTATION	\$	2,076.00
20808			REPLANT HAND; COMPLETE AMPUTATION	\$	2,595.00
20816			REPLANT DIGIT, TOTAL AMPUTATION	\$	801.51
20822			REPLANT DIGIT,EXCLUDE THUMB,COMP AMP	\$	684.35
20824			REPLANT THUMB,COMPLETE AMPUTATION	\$	772.86
20827			REPLANT THUMB-DISTAL TIP-COMPL AMP	\$	703.45
20838			REPLANT FOOT; TOTAL AMPUTATION	\$	1,384.00
20900			BONE GRAFT; ANY DONOR AREA, SMALL	\$	390.98
20902			BONE GRAFT, ANY DONOR AREA; LARGE	\$	781.96
20910			CARTILAGE GRAFT; COSTOCHONDRAL	\$	781.96
20912			CARTILAGE GRAFT; NASAL SEPTUM	\$	1,093.36
20920			FASCIA LATA GRAFT; BY STRIPPER	\$	311.40
20922			FASCIA LATA GRAFT; BY INCISION	\$	626.26
20924			TENDON GRAFT; DISTANT	\$	1,563.92
20926			TISSUE GRAFTS; OTHER	\$	1,251.48
20930			ALLOGRAFT SPINE SURGERY, MORSELIZED	\$	325.24
20931			ALLOGRAFT SPINE SURGERY/STRUCTURAL	\$	351.09
20936			AUTOGRAFT FOR SPINE SURGERY, LOCAL	\$	491.32
20937			AUTOGRAFT SPINE SURG, LOCAL/MORSELIZ	\$	530.56
20938			AUTOGRAFT SPINE SURG/LOCAL/STRUCTUR	\$	578.86
20950			MONITOR INTERSTITIAL FLUID	\$	155.70
20955			FIBULA_GRAFT_W_MICROVASCULAR_ANASTOM	\$	2,345.88
20956			BONE GRAFT/ILIAC CREST W/MICROVASC	\$	2,055.24
20957			BONE GRAFT METATARSAL W/MICROVAS ANA	\$	2,131.36
20962			BONE GRAFT/MICROVAS ANSA-OTHER,SPEC	\$	3,127.84
20969			FREE OSTEOCUTAN FLAP/MICROVAS ANASTO	\$	3,127.84
20970			FREE OSTEOCUTAN FLAP...;ILIAC CRESTO	\$	2,626.14
20972			FREE OSTEOCUTAN FLAP...;METATARSAL	\$	2,345.88
20973			FREE OSTEOCUTAN FLAP...;GREAT TOE/WEB	\$	2,345.88
20974			ELECTR STIM/BONE HEALING-NONINVASIVE	\$	121.10
20974	26		ELECTR STIM/BONE HEALING-NONINVASIVE	\$	114.18
20975			BONES INVASIVE(OPERATIVE)	\$	304.48
20982			ABLATION, BONE TUMOR(S)	\$	2,595.00
20982	26		ABLATION, BONE TUMOR(S)	\$	692.00
20983			ABLATE BONE TUMOR(S) PERQ	\$	641.62
20985			COMPUTER-ASSISTED SURGICAL NAVIGATIONAL PROCEDURE FOR MUSCUL	\$	262.93
21010			ARTHROTOMY; UNILATERAL	\$	629.72
21010	50		ARTHROTOMY; BILATERAL	\$	941.12
21011	26		EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; LESS	\$	470.25
21011			EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; LESS	\$	635.01
21012			EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; 2 CM	\$	612.80
21013	26		EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUB	\$	723.97
21013			EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUB	\$	943.89
21014			EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUB	\$	942.54
21015			RADIC REC TUMOR,SOFT TISSUE/FACE/SCA	\$	415.20
21016			RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE	\$	1,818.44
21025			EXCISE BONE, MANDIBLE	\$	1,570.84
21026			EXCISE BONE, FACIAL BONE(S)	\$	522.46
21029			REM /CONT BENIGN TUMOR / FACIAL BONE	\$	570.90
21030			EXCISE BENIGN TUMOR OF FACIAL BONE	\$	418.66
21031			EXCISION TORUS MANDIBULARIS	\$	352.92
21032			EXC MAXILLARY TORUS PALATINUS	\$	311.40
21034			EXCISE MALIGNANCY OF FACIAL BONE	\$	837.32
21040			EXCISE BENIGN CYST; MANDIBLE	\$	522.46
21044			EXCISE MALIGNANT TUMOR; MANDIBLE	\$	1,422.06
21045			RADICAL RESECTION OF MANDIBLE	\$	2,131.36

21046			EXCISE BENIGN TUM/CYST MAND INTRA-OR	\$	1,664.26
21047			EXC BENIGN TUM/CYST MAND EXTRA-ORAL	\$	2,401.24
21048			EXC BENIGN TUM/CYST MAXILLA INTRA-OR	\$	1,730.00
21049			EXC BENIGN TUM/CYST MAX EXTRA-ORAL	\$	2,304.36
21050			TEMPOROMANDIBULAR ARTHRECTOMY	\$	1,041.46
21060			TEMPOROMANDIBULAR MENISCECTOMY	\$	1,252.52
21070			CORONOIDECTOMY; UNILATERAL	\$	1,252.52
21070	50		CORONOIDECTOMY; BILATERAL	\$	1,878.78
21073	26		MANIPULATION OF TEMPOROMANDIBULAR JOINT(S) (TMJ), THERAPEUTIC, RE	\$	456.48
21073			MANIPULATION OF TEMPOROMANDIBULAR JO	\$	706.32
21076			SURGICAL OBTURATOR PROSTHESIS	\$	1,491.29
21079			IMP&CUST PREP;INTERIM OBTURATOR PROS	\$	2,500.65
21080			IMP&CUST PREP; DEFINITIVE OBLUR PROS	\$	3,277.42
21081			IMP&CUST PREP;MANDIBULAR RESECT PROS	\$	2,983.66
21082			IMP&CUST PREP;PALATAL AUGMENTAT PROS	\$	2,362.73
21083			IMP&CUSTOM PREP;PALATAL LIFT PROSTHE	\$	2,611.47
21084			IMP&CUSTOM PREP;SPEECH AID PROSTHESI	\$	2,964.53
21085			IMP&CUSTOM PREP; ORAL SURGICAL SPLIN	\$	1,194.25
21086			IMP&CUSTOM PREP; AURICULAR PROSTHESI	\$	3,117.01
21087			IMP&CUSTOM PREP; NASAL PROSTHESIS	\$	3,085.94
21100			MAXILLOFACIAL FIXATION	\$	455.82
21110			INTERDENTAL FIXATION	\$	553.60
21116			INJ.FOR TEMPOROMANDIBULAR ARTHROTOMY	\$	55.36
21120			GENIOPLASTY;AUGMENTATION(AUTO,ALLO,P	\$	698.92
21121			GENIOPLASTY;SLIDING OSTEOTOMY,SINGLE	\$	896.14
21122			GENIOPLASTY;SL OSTEOTOMY,2 OR MORE	\$	1,166.02
21123			GENIOPLASTY;SLIDING,AUGMENTATION W	\$	1,345.94
21125			AUGMENTATION,MANDIB BODY/ANGLE;PROSM	\$	1,261.79
21127			AUGMENTATION,MANDI BODY/ANGLE;WBOGRA	\$	1,729.76
21137			REDUCTION FOREHEAD;CONTOURING ONLY	\$	1,027.62
21138			REDUCTION FOREHEAD;CONTOURING&APP	\$	1,345.94
21139			REDUCTION FOREHEAD;CONTOURING&SETBACK	\$	1,435.90
21141			RECONSTRUCT MIDFACE/WO BONE GRAFT	\$	1,691.94
21142			RECONSTRUCT MIDFACE/2 PC/WO BONE GRAFT	\$	1,733.46
21143			RECONSTRUCT MIDFACE/3 OR<WO BONE GRAFT	\$	1,823.42
21145			LEFORT1;SINGLE PIECE WITH BONE GRAFT	\$	1,944.52
21146			LEFORT1;TWO PIECES W BONE GRAFT	\$	2,242.08
21147			RECON MIDFACE,LEFORT1;3 OR<WO BONE G	\$	2,453.14
21150			RECON MIDFACE,LEFORT1;ANTERIOR INTR	\$	661.97
21151			RECON MIDFACE,LEFORT2;REQ BONE GRAFTS	\$	847.70
21154			RECON MIDFACE,LEFORT3 REQ BONE GRAFTS	\$	954.96
21155			RECON MIDFACE,LEFORT1 REQ BONE GRAFTS	\$	1,255.98
21159			RECON MIDFACE,LEFORT3...WO LEFORT 1	\$	3,411.56
21160			RECON MIDFACE,LEFORT3...W LEFORT 1	\$	3,709.12
21172			RECON SUP-LAT ORB...W/WO GRAFTS	\$	2,394.32
21175			RECON BIFR SUP-LAT ...W/WO GRAFTS	\$	2,871.80
21179			RECON ENT/MAJ FOREHEAD...W GRAFTS	\$	2,093.30
21180			RECON ENT/MAJ ...W AUTOGRAFT	\$	2,453.14
21181			REMOVAL/CONTO BENIGN TMR CRAN BO;EXTCR	\$	775.04
21182			RECON ORB WLS,RMS,FRHD,NSN GFT<40CM	\$	2,511.96
21183			RECON ORB WLS, RMS,FRHD,WGFT>40<80CM	\$	2,691.88
21184			RECON ORB WLS,RMS,FRHD,W GFT TOT>80	\$	2,812.98
21188			RECON MIDFACE OSTEO ...&BONE GRAFTS	\$	2,093.30
21193			RECON MANDI RAMOS...WO BONE GRAFT	\$	1,795.74
21194			RECON MANDI RAMOS...W BONE GRAFT	\$	2,525.80
21195			RECON MANDI RAMOS,SAGITTAL SPLIT.WO	\$	2,152.12
21196			RECON MANDI RAMOS...W INTERNAL FIXAT	\$	2,273.22
21198			OSTEOTOMY,MANDIBLE,SEGMENTAL	\$	1,134.88
21199			OSTEOTOMY MANDIBLE SEG W/GENIO ADVAN	\$	1,255.98
21206			OSTEOPLASTY; MAXILLA, SEGMENTAL	\$	2,387.40
21208			OSTEOPLASTY,FACIAL;AUGMENTATION	\$	778.50
21209			OSTEOPLASTY,FACIAL BONES;REDUCTION	\$	865.00
21210			BONE GRAFT; NASAL, MAXILLARY, OR MAL	\$	905.59
21215			BONE GRAFT; MANDIBLE	\$	1,629.94
21230			RIB CARTILAGE GRAFT; AUTOGENOUS	\$	903.06
21235			EAR CARTILAGE GRAFT; AUTOGENOUS	\$	692.00
21240			TEMPOROMANDIBULAR ARTHROPLASTY	\$	1,252.52
21242			ARTHROPLASTY,TEMPOROMANDIBULAR JOINT	\$	1,674.64
21243			ARTHROPLASTY,TEMPOROMANDIBULAR PROSTH	\$	1,674.64

21244		RECONSTRUCT MANDIBLE,EXTRAORAL	\$	1,885.70
21245		RECON MAND/MAX,SUBPERI IMPLANT,PARTI	\$	1,989.50
21246		RECON MAND/MAX,SUBPERI IMPLANT;COMPL	\$	2,186.72
21247		RECON MAND CONYLE...W BGFTS/AUTOGRAF	\$	1,989.50
21248		RECON MAND/MAX,ENDO IMPLANT;PARTIAL	\$	1,989.50
21249		RECON MAND/MAX,ENDO IMPLANT,COMPLETE	\$	2,093.30
21255		RECON ZYGOMATIC ARCH..W BONE GFT&CAR	\$	1,740.38
21256		RECON ORBIT W OSTEOTOMIES&BONE GRAFT	\$	2,214.40
21260		ORBITAL REVISION; EXTRACRANIAL	\$	1,297.50
21261		REVISE ORBIT; INTRA/EXTRACRANIAL	\$	1,730.00
21263		REVISE ORBIT; ADVANCE FOREHEAD	\$	2,076.00
21267		REPOSITION ORBIT; EXTRACRANIAL	\$	1,730.00
21268		REPOSITION ORBIT; INTRA/EXTRACRANIAL	\$	2,076.00
21270		RECONSTRUCT ORBITOFACIAL BONES	\$	1,730.00
21275		ORBITOCRANIOFACIAL RECONSTRUCTION	\$	1,297.50
21280		MEDIAL CANTHOPLASTY	\$	778.50
21282		LATERAL CANTHOPEXY	\$	519.00
21295		REDUCTION OF MASSETER MUSCLE (EG, TR	\$	519.00
21296		REDUCTION OF MASSETER MUSCLE (EG, TR	\$	346.00
21310		TREATMENT OF NASAL FRACTURE	\$	103.80
21315		DIGITAL MANIPULATION OF NASAL FX *	\$	103.80
21320		MANIPULATE NASAL FX; INSTRUMENTAL	\$	211.06
21325		OPEN TREATMENT NASAL FX; SIMPLE	\$	311.40
21330		TREATMENT NASAL FX; COMPLICATED	\$	501.70
21335		OPEN TREATMENT FX NASAL SEPTUM	\$	747.36
21336		OPEN TREATMENT NASAL FX; STAB.	\$	311.40
21337		CLOSED NASAL SEPTAL FRACTURE TREATME	\$	157.64
21338		OPEN TREATMENT NASOETHMOID FRACTURE	\$	432.50
21339		OPEN RX. NASOETHMOID FRACT. W EX FIX	\$	692.00
21340		TREAT NASOETHMOID COMPLEX FX	\$	865.00
21343		OPEN TX CL/OPEN DEPR FRONTAL SINUS F	\$	467.90
21344		OPEN TX CL/DEPR FRONTAL SINUS FX	\$	529.38
21345		TREAT NASOMAXILLARY COMPLEX FX	\$	692.00
21346		OPEN TREATMENT NASOMAXILLARY FX	\$	629.72
21347		OPEN TREATMENT NASOMAXILLARY FX	\$	816.56
21348		OPEN TREATMENT NASOMAXILLARY FX BONE	\$	629.72
21355		MANIPULATE FX OF MALAR AREA	\$	187.05
21356		TREAT DEPRESSED ZYGOM FRACTURE	\$	418.66
21360		TREAT DEPRESSED MALAR FRACTURE	\$	418.66
21365		TREAT COMPLICATED FX MALAR AREA	\$	813.10
21366		TREAT COMPLICATED FX MALAR AREA	\$	813.10
21385		TREAT ORBITAL FX; TRANSANTRAL	\$	937.66
21386		TREAT ORBITAL FX; PERIORBITAL	\$	1,031.08
21387		TREAT ORBITAL FX; COMBINATION	\$	1,217.92
21390		TREAT ORBITAL FX WITH IMPLANT	\$	1,124.50
21395		TREAT ORBITAL FX WITH BONE GRAFT	\$	1,311.34
21400		TREAT FRACTUR ORBIT EXCEPT "BLOWOUT"	\$	138.40
21401		TREAT FX OF ORBIT WITH MANIPULATION	\$	346.00
21406		TREAT OPEN FX OF ORBIT W/O IMPLANT	\$	519.00
21407		TREAT OPEN FX OF ORBIT WITH IMPLANT	\$	692.00
21408		OPEN FX OF ORBIT W/BONE GRAFT	\$	692.00
21421		TREAT PALATAL/ ALVEOLAR RIDGE FX	\$	418.66
21422		OPEN TREATMENT OF PALATE/ ALVEOLI FX	\$	865.00
21423		OPEN TREATMENT OF PALATE/MAXILL. FX	\$	865.00
21431		TREAT CRANIOFACIAL SEPARATION	\$	519.00
21432		OPEN TX CRANIOFACIAL SEPARATION	\$	865.00
21433		COMPLICATED TX CRANIOFACIAL FX	\$	1,038.00
21435		COMPLICATED TX CRANIOFACIAL FX	\$	1,124.50
21436		OPEN TX CRANIOFACIAL FX	\$	1,124.50
21440		MANIPULATE ALVEOLAR RIDGE FX	\$	227.94
21445		OPEN TREATMENT ALVEOLAR RIDGE FX	\$	303.13
21450		TREAT CLOSED OR OPEN MANDIBULAR FX	\$	246.28
21451		MANDIBULAR W MANIPULATION FRACTURE	\$	323.44
21452		TREAT OPEN MANDIBULAR FX;W/O MANIPUL	\$	239.50
21453		TREAT CLOSED MANDIBULAR FX W/MANIPUL	\$	359.91
21454		OPEN TREATMENT MANDIBULAR FX W/FIXAT	\$	501.70
21461		OPEN TREATMENT MANDIBULAR FX WO FIX	\$	844.62
21462		OPEN TREATMENT MANDIBULAR FX W/FIXAT	\$	896.73
21465		OPEN TREAT.MANDIBULAR CONDYLAR FX	\$	865.00

21470			TREAT COMPLICATED MANDIBULAR FX	\$	1,297.50
21480			TX TEMPOROMANDIBULAR DISLOCATION	\$	62.28
21485			TEMPOROMANDIBULAR MANIPULATION	\$	288.32
21490			OPEN TX TEMPOROMANDIBULAR DISLOCATI	\$	622.80
21501			I & D DEEP ABSCESS OR HEMATOMA	\$	453.26
21502			I & D WITH PARTIAL RIB REMOVAL	\$	567.44
21510			INCISION WITH OPENING OF BONE CORTEX	\$	311.40
21550			EXCISIONAL BIOPSY SOFT TISSUES	\$	101.62
21552			BIOPSY, SOFT TISSUE OF NECK OR THORAX 3 CM OR GREATER	\$	801.23
21554			BIOPSY, SOFT TISSUE OF NECK OR THORAX 5 CM OR GREATER	\$	1,307.95
21555			EXCISE BENIGN TUMOR; SUBCUTANEOUS	\$	160.16
21556			EXCISE BENIGN TUMOR; DEEP	\$	453.26
21557			RAD RESECT TUMOR,SFT TISS NECK/THORO	\$	1,124.50
21558			RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE	\$	2,395.12
21600			EXCISION OF RIB; PARTIAL	\$	311.40
21610			COSTOTRANSVERSECTOMY	\$	563.98
21615			EXCISION CERVICAL RIB	\$	788.88
21616			EXCISE RIB WITH SYMPATHECTOMY	\$	1,013.78
21620			OSTECTOMY OF STERNUM; PARTIAL	\$	730.06
21627			STERNAL DEBRIDEMENT	\$	629.72
21630			RADICAL RESECTION OF STERNUM	\$	1,460.12
21632			MEDIASTINAL LYMPHADENECTOMY	\$	1,349.40
21685			HYOID MYOTOMY AND SUSPENTION	\$	788.88
21700			DIVISION OF SCALENUS ANTICUS	\$	730.06
21705			DIVIDE SCALENUS AND RESECTION RIB	\$	941.12
21720			DIVISION STERNOCLEIDOMASTOID	\$	522.46
21725			DIVIDE STERNOCLEIDOMASTOID; CAST	\$	522.46
21740			RECONSTRUCT PECTUS EXCAVATUM	\$	2,024.10
21742			RECON/REP PECTUS EXCAVAT/CARINATUM	\$	1,502.68
21750			CLOSURE STERNOTOMY SEP.W/WO DEBRIDEM	\$	1,660.80
21811			OPTX OF RIB FX W/FIXJ SCOPE	\$	1,058.66
21811	26		OPTX OF RIB FX W/FIXJ SCOPE	\$	1,162.59
21812			TREATMENT OF RIB FRACTURE	\$	1,289.96
21812	26		TREATMENT OF RIB FRACTURE	\$	1,189.13
21813			TREATMENT OF RIB FRACTURE	\$	1,754.60
21813	26		TREATMENT OF RIB FRACTURE	\$	1,626.75
21820			TREAT_STERNUM_FRACTURE:_CLOSED	\$	83.04
21825			TREAT STERNUM FRACTURE; OPEN	\$	674.70
21920			BX,SFT TISS-BACK/FLANK;SUPERFICIAL	\$	99.41
21925			BX,SFT TISS-BACK/FLANK;DEEP	\$	224.90
21930			EXCISE TUMOR,SOFT TISS-BACK OR FLANK	\$	224.90
21931			EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBCUTANEOUS; 3 CM	\$	843.62
21932			EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL (EG, INTR	\$	1,186.12
21933			EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL (EG, INTR	\$	1,321.55
21935			RAD RESECT TUMOR,SFT TISS BACK/FLANK	\$	899.60
21936			RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE	\$	2,531.02
22010			INCISION AND DRAINAGE, OPEN, OF DEEP	\$	1,715.99
22015			INCISION AND DRAINAGE, OPEN, OF DEEP	\$	1,703.12
22100			RESECT VERTEBRA; CERVICAL	\$	788.88
22101			RESECT VERTEBRA; THORACIC	\$	788.88
22102			RESECT VERTEBRA; LUMBAR	\$	788.88
22103			PARTIAL EXCIS POST VERT/EACH ADD SEG	\$	231.47
22110			EXCISE CERVICAL VERTEBRA	\$	788.88
22112			EXCISE THORACIC VERTEBRA	\$	788.88
22114			EXCISE LUMBAR VERTEBRAE FOR OSTEOMYE	\$	788.88
22116			PART EXCIS/VERT BODY/EACH ADDIT VERT	\$	231.47
22206			OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THR	\$	4,377.66
22207			OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THR	\$	4,312.30
22208			OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THR	\$	1,061.70
22210			OSTEOTOMY-SPINE,CORR DEFORM;CERVICAL	\$	2,698.80
22212			OSTEOTOMY SPINE,CORR DEFORM;THORACIC	\$	2,698.80
22214			OSTEOTOMY SPINE,CORR DEFORM;THORACIC	\$	2,698.80
22216			OSTEOTOMY SPINE/EACH ADDIT SEGMENT	\$	837.32
22220			OSTEOTOMY SPINE,CORR DEFORM;CERVICAL	\$	2,698.80
22222			OSTEOTOMY SPINE,CORR DEFORM;THORACIC	\$	3,373.50
22224			OSTEOTOMY SPINE,CORR DEFORM;LUMBAR	\$	2,698.80
22226			OSTEOTOMY SPINE/DISECTOMY/EACH ADD	\$	837.32
22310			TR VERT BODY FX/DISLOCATED/EACH	\$	259.50
22315			CLSD TX VRT FX/DISLOCATE...EACH	\$	692.00

22315	52		CLSD TX VRT FX/DISLOCATE...SIMPLE	\$	259.50
22318			OPEN RX RED ODONT FX/DISLOC WO/GRAFT	\$	2,972.14
22319			OPEN RX RED ODONT FX/DISLOC W/GRAFT	\$	3,203.96
22325			OPEN TX VRT FX/DISLOCATE,LUMBAR,EACH	\$	1,671.18
22326			OPEN TX VRT FX/DISLOC.;CERVICAL,EACH	\$	1,671.18
22327			OPEN TX VRT FX/DISLOC.;THORACIC,EACH	\$	1,671.18
22328			OPEN TX/REDUCTION EACH ADD VERT FX	\$	650.48
22505			MANIPULATION SPINE W/ANESTHESIA	\$	211.06
22510	26		PERQ CERVICOTHORACIC INJECT	\$	779.85
22510			PERQ CERVICOTHORACIC INJECT	\$	3,131.92
22511	26		PERQ LUMBOSACRAL INJECTION	\$	729.47
22511			PERQ LUMBOSACRAL INJECTION	\$	3,095.49
22512	26		VERTEBROPLASTY ADDL INJECT	\$	370.32
22512			VERTEBROPLASTY ADDL INJECT	\$	1,776.26
22513	26		PERQ VERTEBRAL AUGMENTATION	\$	931.02
22513			PERQ VERTEBRAL AUGMENTATION	\$	13,456.81
22514	26		PERQ VERTEBRAL AUGMENTATION	\$	867.11
22514			PERQ VERTEBRAL AUGMENTATION	\$	13,398.19
22515	26		PERQ VERTEBRAL AUGMENTATION	\$	399.15
22515			PERQ VERTEBRAL AUGMENTATION	\$	8,117.13
22526			IDET, SINGLE LEVEL	\$	3,396.02
22526	26		IDET, SINGLE LEVEL	\$	609.62
22527			IDET, 1 OR MORE LEVELS	\$	2,638.77
22527	26		IDET, 1 OR MORE LEVELS	\$	277.46
22532			ARTHRODESIS LAT EXTRACAV TECH THORAC	\$	3,470.38
22533			ARTHRODESIS LAT EXTRACAVITARY LUMBAR	\$	2,972.14
22534			ARTHRODESIS LAT EXTRACAV THORAC/LUMB	\$	754.28
22548			ARTHRODESIS,W/BONE GRAFT	\$	2,477.36
22551			ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION	\$	3,069.09
22552			ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION	\$	713.00
22554			ARTHRODESIS,W/BONE ALLOGRAFT	\$	1,982.58
22556			ARTHRODESIS,THORACIC,BONE/BONE ALLOG	\$	3,470.38
22558			ARTHRODESIS,LUMBAR,W/BONE ALLOGRAPH	\$	2,477.36
22585			ARTHRODESIS-EACH ADD INTERSPACE	\$	1,060.21
22586			FUSION OF SPINE BONES WITH REMOVAL OF DISC AT LOWER SPINAL COLUMN	\$	3,582.35
22590			ARTHRODESIS, W/BONE ALLO/INT FIX	\$	2,473.90
22595			ARTHRODESIS,W/BONE ALLO/INT FIX	\$	2,231.70
22600			CERVICAL FUSE POST APP BELOW C1	\$	2,231.70
22610			ARTHRODESIS,LOC/BONE ALLO...;THORACIC	\$	2,231.70
22612			ARTHRODESIS,LOC/BONE ALLO...;LUMBAR	\$	2,231.70
22614			ARTHRODESIS, EACH ADD VERT SEGMENT	\$	837.32
22630			ARTHRODESIS,LOC/BONE ALLO...;LUMBAR	\$	2,477.36
22632			ARTHRODESIS LUMBAR/EACH ADD INTERSPA	\$	698.92
22633			ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH	\$	3,328.28
22634			ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH	\$	889.01
22800			FUSE PRIMARY 6/LESS VERT SCOLIOS	\$	3,238.56
22802			FUSE PRIMARY 7/MORE VERTEBRAE	\$	3,736.80
22804			ARTHRODESIS POST/13 OR< VERT SEGMENT	\$	4,449.56
22808			ARTHRODESIS, ANT 2-3 VERT SEGMENTS	\$	3,114.00
22810			ARTHRODESIS,ANT.,BN. GRF., 4-7 VERT.	\$	3,487.68
22812			ARTHRODESIS,ANT.,BN. GR. 8 OR MORE	\$	4,384.51
22818			KYPHECTOMY SINGLE OR 2 SEGMENTS	\$	3,588.02
22819			KYPHECTOMY, 3 OR MORE SEGMENTS	\$	3,819.84
22830			EXPLORE SPINAL FUSION	\$	1,903.00
22840			POSTERIOR INSTRU(NO SEG FIX)	\$	2,017.18
22842			POST.INSTRUMENTATION;SEGMENTAL FIX.	\$	2,086.38
22843			POST SEGMENTAL INSTRUM 7-12 VERT SEG	\$	2,370.10
22844			POSTERIOR SEG INSTRUM/13 OR< VERT	\$	3,069.02
22845			DWYER INSTRUM TECH SPINE FUSE	\$	1,923.76
22846			ANT INSTRUMENTATION 4-7 VERT SEGMENTS	\$	2,186.72
22847			ANT INSTRUMENTATION 8 OR< VERT SEG	\$	2,425.46
22848			PELVIC FIXATION OTHER THAN SACRUM	\$	1,002.19
22849			REINSERT SPINAL FIXATION DEVICE	\$	3,238.56
22850			HARRINGTON ROD REMOVAL	\$	1,873.90
22852			REMOVE POSTERIOR SEGMENTAL INSTRUMEN	\$	1,976.97
22853			INSERTION OF DEVICE INTO INTERVERTEB	\$	448.42
22854			INSERTION OF DEVICE INTO GAP LEFT BY	\$	580.00
22855			DWYER INSTRUMENT REMOVAL	\$	2,116.31
22856			TOTAL_DISC_ ARTHROPLASTY_(ARTIFICIAL	\$	2,939.27

22857		LUMBAR ARTIF DISKECTOMY	\$	3,031.51
22858		SECOND LEVEL CER DISKECTOMY	\$	916.31
22859		INSERTION OF DEVICE INTO GAP LEFT BY	\$	580.00
22861		REVISION_INCLUDING_REPLACEMENT_OF_TO	\$	4,183.94
22862		REVISE LUMBAR ARTIF DISC	\$	4,170.23
22864		REMOVAL_OF_TOTAL_DISC_ARTHROPLASTY	\$	3,735.28
22865		REMOVE LUMB ARTIF DISC	\$	3,656.18
22867		INSERTION OF STABILIZING OR SEPARATI	\$	1,682.15
22868		INSERTION OF STABILIZING OR SEPARATI	\$	422.88
22869		INSERTION OF STABILIZING OR SEPARATI	\$	958.25
22870		INSERTION OF STABILIZING OR SEPARATI	\$	243.62
22900		EXC TUMOR ABDOMEN WALL SUBFASCIAL	\$	346.00
22901		EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBFASCIAL (EG, INT	\$	1,192.66
22902	26	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; LE	\$	595.71
22902		EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; LE	\$	798.36
22903		EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; 3 C	\$	788.22
22904		RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE	\$	1,877.95
22905		RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE	\$	2,379.34
23000		REMOVE SUBDELTOID CAL DEPOSITS	\$	522.46
23020		RELEASE SHOULDER MUSCLE ERBS PAL	\$	934.20
23030		I&D SHOULDER DEEP ABSC HEMATOMA	\$	449.80
23031		I&D INFECTED SHOULDER BURSA	\$	166.46
23035		I&D DEEP CORTEX/BONE ABSC SHOULD	\$	1,124.50
23040		ARTHROTOMY REMOVE FOREIGN BODY	\$	692.00
23044		ARTHROTOMY DRAIN/REMOVE FOR BODY	\$	692.00
23065		BIOPSY SHOULDER SUPERFICIAL	\$	83.35
23066		BIOPSY OF SHOULDER DEEP	\$	215.70
23071		BIOPSY, SOFT TISSUE OF SHOULDER AREA; 3 CM OR GREATER	\$	755.46
23073		BIOPSY, SOFT TISSUE OF SHOULDER AREA; 5 CM OR GREATER	\$	1,246.98
23075		EXC BENIGN SHOULDER TUMOR SUBCU	\$	259.50
23076		EXC BENIGN SHOULDER TUMOR DEEP	\$	346.00
23077		RAD.TUMOR RESECT,SOFT TISS/SHOULDER	\$	899.60
23078		RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE	\$	2,573.10
23100		BIOPSY SHOULDER JOINT	\$	692.00
23101		EXCISION TORN CARTILAGE SHOULDER JOI	\$	692.00
23105		ARTHROTOMY;GLENOHUMERAL JOINT	\$	692.00
23106		ARTHROTOMY;STERNOCLAVICULAR JT	\$	692.00
23107		ARTHROTOMY,GLENOHUMERAL JOINT..EXPLO	\$	692.00
23120		CLAVICULECTOMY PARTIAL	\$	463.64
23125		CLAVICULECTOMY TOTAL	\$	861.54
23130		ACROMIONECTOMY PARTIAL/TOTAL	\$	788.88
23140		EXCISION CYST/TUMOR CLAVICLE/SCAPULA	\$	899.60
23145		EXC TUMOR CLAVICLE/SCAPULA GRAFT PRI	\$	788.88
23146		EXCISION TUMOR CLAVICLE/SCAPULA GRAF	\$	1,013.78
23150		EXCISION TUMOR PROXIMAL HUMEROUS	\$	899.60
23155		EXCISION TUMOR PROX HUMEROUS AUTOGEN	\$	1,124.50
23156		EXCISION TUMOR PROX HUMEROUS HEMOGEN	\$	1,349.40
23170		SEQUESTRECTOMY CLAVICLE	\$	311.40
23172		SEQUESTRECTOMY SCAPULA	\$	311.40
23174		SEQUESTRECTOMY HUMERAL HEAD/NECK	\$	311.40
23180		PARTIAL EXCISION CLAVICLE FOR OSTEOM	\$	563.98
23182		PARTIAL EXCISION SCAPULA FOR OSTEOMY	\$	563.98
23184		PARTIAL EXCISION PROXIMAL HUMERUS	\$	730.06
23190		OSTECTOMY OF SCAPULA PARTIAL	\$	730.06
23195		RESECTION HUMERAL HEAD	\$	674.70
23200		RADICAL RESECTION FOR TUMOR CLAVICLE	\$	1,463.58
23210		RADICAL RESECTION FOR TUMOR SCAPULA	\$	2,249.00
23220		RADICAL RESECTION FOR TUMOR PROXIMAL	\$	2,249.00
23330		REMOVE SHOULDER FOREIGN BODY	\$	101.00
23333		REMOVAL OF FOREIGN BODY OF SHOULDER JOINT, ACCESSED BENEATH TH	\$	842.72
23334		REMOVAL OF PROSTHESIS OF SHOULDER	\$	1,936.46
23335		REMOVAL OF PROSTHESIS OF SHOULDER	\$	2,301.28
23350		INJECTION FOR SHOULDER X-RAY	\$	62.28
23395		MUSCLE TRANSFER,SHOULDER/ARM	\$	1,799.20
23397		MUSCLE TRANSFER MULTIPLE	\$	2,249.00
23400		FIXATION OF SHOULDERBLADE	\$	948.04
23405		INCISION OF TENDON & MUSCLE	\$	674.70
23406		INCISE TENDON(S) & MUSCLE(S)	\$	1,013.78
23410		REPAIR OF TENDON(S)	\$	941.12

23412		REPAIR OF TENDON S CHRONIC	\$	1,463.58
23415		CORACOACROMIAL LIGAMENT RELEAS	\$	563.98
23420		REPAIR COMPLETE SHOULDER	\$	1,020.70
23430		REPAIR BICEPS TENDON RUPTURE	\$	788.88
23440		REMOVAL/TRANSPLANT TENDON	\$	788.88
23450		CAPSULORRHAPHY, ANTERIOR	\$	1,065.68
23455		CAPSULORRHAPHY;BANKART TYPE	\$	1,252.52
23460		REPAIR SHOULDER CAPSULE WITH BONE BL	\$	1,799.20
23462		REPAIR SHOULDER CAPSULE CORACOID PRO	\$	1,688.48
23465		REPAIR SHOULDER CAPSULE W/WO BONE BL	\$	1,574.30
23466		CAPSULORRHAPHY/RECURRENT DISLOCATION	\$	1,574.30
23470		ARTHROPLASTY WITH PROXIMAL HUMERAL I	\$	1,799.20
23472		ARTHROPLASTY W/GLENOID PROXIMAL HUME	\$	3,148.60
23473		REPAIR OF SHOULDER	\$	2,916.75
23474		REPAIR OF SHOULDER	\$	3,148.60
23480		OSTEOTOMY CLAVICLE W/WO INTERNAL FIX	\$	629.72
23485		OSTEOTOMY CLAVICLE; BONE GRAFT NONUN	\$	1,124.50
23490		PROPHYLACTIC TREATMENT;CLAVICLE	\$	636.64
23491		PROPHYLACTIC TREAT.PROX HUMER./HEAD	\$	1,020.70
23500		TREAT CLOSED CLAVICULAR FRACTURE W/O	\$	141.86
23505		TREAT CLOSED CLAVICULAR FRACTURE WIT	\$	211.06
23515		OPEN TREAT CLSD/OPEN CLAVIC FRAC W/W	\$	522.46
23520		TREAT STERNOCLAVICULAR DISLOCATION	\$	103.80
23525		TREAT CLSD STERNOCLAVICULAR DISLOC W	\$	211.06
23530		OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	\$	899.60
23532		OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	\$	1,013.78
23540		TREAT CLOSED ACROMIOCLAV DISLOCATED	\$	103.80
23545		TREAT CLSD ACROMIOCLAVICULAR DISLOC	\$	211.06
23550		OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	\$	899.60
23552		OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	\$	1,169.48
23570		TREAT CLSD SCAP FX W/O MANIPULATION	\$	141.86
23575		TREAT CLSD SCAPULAR W/MANIPULATION	\$	224.90
23585		OPEN TREAT CLSD/OPEN SCAPULAR FRAC J	\$	1,238.68
23600		TREAT CLSD HUMERAL FX W/O MANIPULATI	\$	211.06
23605		TREAT CLSD HUMERAL FRAC WITH MANIPUL	\$	418.66
23615		OPEN TREAT CLSD/OPEN HUMERAL FRAC W/	\$	730.06
23616		TX PROX HUMERL FX W PROSTHETIC REPLC	\$	1,743.84
23620		TREAT CLSD GTR TUBEROSITY FX	\$	179.92
23625		TREAT CLSD GREATER TUBEROSITY FRAC W	\$	269.88
23630		OPEN TREAT CLSD/OPEN GREATER TUBEROS	\$	788.88
23650		TREAT CLSD SHOULDER DISLOC W/MANIPU	\$	119.72
23655		TREAT CLSD SHOULDER DISLOC W/MANIPU	\$	211.06
23660		OPEN TREAT CLSD/OPEN SHOULDER DISLOC	\$	837.32
23665		TREAT SHOULDER DISLOC FRAC W/MANIPUL	\$	269.88
23670		OPEN TREAT CLSD/OPEN W/FRAC OF GREAT	\$	1,238.68
23675		TREAT CLSD SHOULDER DISLOC/SURG/ANAT	\$	359.84
23680		OPEN TREAT SHOULDER DISLO/SURG/ANATO	\$	1,349.40
23700		FIXATION OF SHOULDER MANIPULATION UN	\$	211.06
23800		ARTHRODESIS SHOULDER JOINT W/WO LOCA	\$	1,359.78
23802		ARTHRODESIS SHOULDER JOINT W/PRIMARY	\$	2,024.10
23900		AMPUTATION OF ARM & GIRDLE	\$	1,671.18
23920		AMPUTATION AT SHOULDER JOINT	\$	1,252.52
23921		AMPUTATION FOLLOW-UP SURGERY	\$	359.84
23930		DRAINAGE OF ARM LESION	\$	449.80
23931		DRAINAGE OF ARM BURSA	\$	111.31
23935		DRAIN ARM/ELBOW BONE LESION	\$	785.42
24000		EXPLORATORY ELBOW SURGERY	\$	986.10
24006		ARTHROTOMY,ELBOW, W.CAP.EXCISION	\$	1,273.28
24065		BIOPSY ARM/ELBOW SOFT TISSUE	\$	98.96
24066		BIOPSY ARM/ELBOW SOFT TISSUE; DEEP	\$	241.37
24071		BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; 3 CM OR GREATER	\$	731.44
24073		BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; 5 CM OR GREATER	\$	1,245.22
24075		REMOVE ARM/ELBOW LESION	\$	224.90
24076		REMOVE ARM/ELBOW LESION;DEEP SUBFASC	\$	339.08
24077		RAD TUMOR RESECT,SFT TISS/ARM-ELBOW	\$	899.60
24079		RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE	\$	2,379.55
24100		ARTHROTOMY,ELBOW;FOR SYNOVIAL BIOPSY	\$	865.00
24101		EXPLORE/TREAT ELBOW JOINT	\$	692.00
24102		REMOVE ELBOW JOINT LINING	\$	692.00

24105		REMOVAL OF ELBOW BURSA	\$	311.40
24110		REMOVE HUMERUS LESION	\$	692.00
24115		REMOVE HUMERUS LESI ON W/PRIMARY AUT	\$	865.00
24116		REMOVE HUMERUS LESION W/HOMOGENOUS/N	\$	692.00
24120		REMOVE ELBOW LESION	\$	692.00
24125		EXCISION BONE CYST HEAD/NECK RADIUS	\$	692.00
24126		EXCISION BONE CYST HEAD/NECK RADIUS	\$	692.00
24130		REMOVAL OF HEAD OF RADIUS	\$	463.64
24134		REMOVAL OF BONE LEI SON SHAFT OR DIS	\$	311.40
24136		REMOVAL LESION/RADIAL HEAD OR NECK	\$	311.40
24138		REMOVE ELBOW BONE LESION/OLECRANON P	\$	311.40
24140		PARTIAL EXCISION OF BONE/HUMERUS	\$	730.06
24145		PARTIAL EXCISION OF RADIAL HEAD OR N	\$	730.06
24147		PARTIAL EXCISION OF BONE/OLECRANON P	\$	432.50
24149		RAD RESECTION ELBOW W/CONTRAC RELEAS	\$	1,266.36
24150		EXTENSIVE SURGERY SHAFT OR DISTAL HU	\$	788.88
24152		EXTENSIVE SURGERY RADICAL HEAD OR NE	\$	1,972.20
24155		RESECTION OF ELBOW JOINT	\$	1,038.00
24160		REMOVE ELBOW JOINT IMPLANT	\$	488.55
24164		REMOVE RADIUS HEAD IMPLANT	\$	346.00
24200		REMOVAL OF ARM FOREIGN BODY	\$	121.10
24201		REMOVAL OF ARM FOREIGN BODY DEEP	\$	346.00
24220		INJECTION FOR ELBOW X-RAY	\$	62.28
24300		ELBOW MANIPULATION UNDER ANESTHESIA	\$	467.10
24301		MUSCLE/TENDON TRANSFER	\$	986.10
24305		LENGTHEN TENDON,UPPER ARM/ELBOW,EACH	\$	522.46
24310		TENOTOMY,OPEN....SINGLE,EACH	\$	837.32
24320		TENOPLASTY W/MUSCLE TRANSFER/ELBOW T	\$	1,044.92
24330		FLEXOR-PLASTY ELBOW	\$	418.66
24331		FLESOR-PLASTY ELBOW/EXTENSOR ADVANCE	\$	418.66
24332		TENOLYSIS, TRICEPS	\$	726.60
24340		TENODESIS FOR RUPTURE OF BICEPS TEND	\$	837.32
24341		REPAIR TENDON/MUSCLE UPPER ARM/ELBOW	\$	816.56
24342		REINSERTION RUPTURED BICEPS TENDON/D	\$	1,183.32
24343		REPAIR LATERAL COLLATERAL LIGAMENT	\$	961.88
24344		RECONSTRUCT LAT COLLAT LIG ELBOW GRA	\$	1,446.28
24345		REP MEDIAL COLLAT LIG ELBOW W/LOCAL	\$	961.88
24346		RECONSTRUCT MED COLLAT LIG ELBOW	\$	1,446.28
24357		TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG, EPICONDYLITIS, TENNIS ELBO	\$	759.82
24358		TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG, EPICONDYLITIS, TENNIS ELBO	\$	946.07
24359		TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG, EPICONDYLITIS, TENNIS ELBO	\$	1,190.10
24360		ARTHROPLASTY ELBOW WITH MEMBRANE	\$	1,148.72
24361		ARTHROPALSTY W/DIST AL HUMERAL PROST	\$	2,366.64
24362		ARTHROPLASTY /IMPLANT/FASCIA LATA LI	\$	1,774.98
24363		ARTHROPLASTY W/DISTAL HUMERUS/PROXIM	\$	2,089.84
24365		ARTHROPLASTY RADIAL HEAD	\$	788.88
24366		ARTHROPLASTY RADIAL HEAD WITH IMPLAN	\$	986.10
24370		REVISION OF TOTAL ELBOW REPAIR	\$	2,774.37
24371		REVISION OF TOTAL ELBOW REPAIR	\$	3,230.22
24400		OSTEOTOMY HUMERUS W/WO INTERNAL FIXA	\$	837.32
24410		MULT OSTEOTOMIES W/REALIGN ON INTRAM	\$	730.06
24420		OSTEOPLASTY HUMERUS/SHORTENING OR LE	\$	1,972.20
24430		REPAIR NONUNION OR MALUNION HUMERUS	\$	1,380.54
24435		REPAIR HUMERUS W/LIAC OR OTHER AUTO	\$	1,730.00
24470		HEMIEPIPHYSEAL ARREST	\$	692.00
24495		DECOMPRESSION FASCIOTOMY FOREARM W/B	\$	788.88
24498		PROPHYLACTIC TREAT...HUMERUS	\$	788.88
24500		TREAT CLSD HUM SHFT FX W/MANIPULATIO	\$	276.80
24505		TREAT CLSD HUMERAL SHAFT FRAC W/O MA	\$	418.66
24515		OPEN TREAT CLSD/OPEN HUMERAL SHAFT F	\$	730.06
24516		OPEN TREAT CLSD/OPEN HUMERAL SHAFT F	\$	730.06
24530		TRT CLSD SUPRACOND/TRANSCON FX	\$	318.32
24535		TREAT CLSD SUPRECONDYLAR/TRANSCONDYL	\$	356.38
24538		TREAT SUPRA/TRANSCONDYLAR FRAC/PERCU	\$	788.88
24545		OPEN TREAT SUPRA/TRANSCONDYLAR FRAC/	\$	730.06
24546		OPEN TREAT SUPRA/TRANSCONDYLAR FRAC/	\$	730.06
24560		TREAT CLSD EPICON FX,W/O MANIP	\$	242.20
24565		TREAT CLSD EPICONDYLAR FRAC,MEDIAL/L	\$	394.44
24566		PERCUT TX EPICONDYL FX W MANIPULATN	\$	730.06

24575		OPEN TREAT CLSD/OPEN EPICONDYLAR FRA	\$	730.06
24576		TRT CLSD CONDYLAR FX W/O MANIP	\$	138.40
24577		TREAT CLSD CONDYLAR FRAC WITH MANIPU	\$	249.12
24579		OPEN TREAT CLSD/OPEN CONDYLAR FRAC W	\$	730.06
24582		PERCUT TX HUMERAL CONDYL FX W MANIPL	\$	730.06
24586		OPEN TREAT CLSD/OPEN ELBOW FRAC W/EL	\$	1,577.76
24587		OPEN TREAT CLSD/OPEN ELBOW FRAC WITH	\$	1,577.76
24600		TREAT CLSD/ELBOW DISLOCATION W/O ANE	\$	211.06
24605		TREAT CLSD ELBOW DISLOCATION REQUIRI	\$	311.40
24615		OPEN TREATMENT OF CLOSED/OPEN ELBOW	\$	837.32
24620		TREAT CLSD MONTEGGIA TYPE FRAC DISLO	\$	418.66
24635		OPEN TREAT CLSD/OPEN FRAC DISLOC ELB	\$	730.06
24650		TRT CLSD HEAD/NECK FX W/O MANIPULAT	\$	211.06
24655		TREAT CLSD RADIAL HEAD/NECK FRAC WIT	\$	211.06
24665		OPEN TREAT CLSD/OPEN RADIAL HEAD/NEC	\$	522.46
24666		OPEN TREAT RADIAL HEAD/NECK FRAC WIT	\$	889.22
24670		TRT ULNAR FX,PROX END W/O MANIPULAT	\$	152.24
24675		TREAT ULNAR FRAC,PROXIMAL END W/MANI	\$	394.44
24685		OPEN TREAT ULNAR FRAC,PROXIMAL END W	\$	522.46
24800		FUSION OF ELBOW JOINT	\$	1,384.00
24802		FUSION/GRAFT OF ELBOW JOINT	\$	1,577.76
24900		AMPUTATION OF UPPER ARM W/PRIMARY CL	\$	730.06
24920		AMPUTATION UPPER ARM;OPEN,FLAP OR CI	\$	553.60
24925		AMPUTATION UPPER ARM SECONDARY CLOSU	\$	196.70
24930		REAMPUTATION UPPER ARM	\$	730.06
24931		AMPUTATE UPPER ARM & IMPLANT	\$	986.10
24935		STUMP ELONGATION/REVISION UPPER ARM	\$	494.78
24940		CINEPLASTY UPPER EXTREMITY,COMPLETE	\$	1,491.26
25000		TENDON SHEATH INCISION; AT RADIAL ST	\$	394.44
25001		INCISION FLEXOR TENDON SHEATH WRIST	\$	397.90
25020		DECOMPRESSION FASCIOTOMY FLEXOR/EXTE	\$	692.00
25023		DECOMPRESSION FASCIOTOMY FOREARM W/D	\$	692.00
25024		DECOMPRESS FASCIOTOMY FOREARM/WRIST	\$	705.84
25025		DECOMP FASCIOTOMY FOREARM/WRIST W/DE	\$	1,138.34
25028		INCISION/DRAINAGE;DEEP ABSCESS/HEMAT	\$	394.44
25031		INCISION/DRAINAGE INFECTED BURSA; FO	\$	139.99
25035		INCISION;DEEP W/OPENING OF CORTEX/AB	\$	692.00
25040		EXPLORE/TREAT WRIST JOINT	\$	415.20
25065		BIOPSY SOFT TISSUES; SUPERFICIAL	\$	98.09
25066		BIOPSY FOREARM SOFT TISSUES; DEEP	\$	197.22
25071		BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; 3 CM OR GREATER	\$	765.53
25073		BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; 3 CM OR GREATER	\$	962.61
25075		EXCISE SUBCUTANEOUS TUMOR	\$	197.22
25076		EXCISE TUMOR,DEEP	\$	297.56
25077		RAD RESECT TUMOR/SFT TISS FOREARM/WR	\$	788.88
25078		RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE	\$	2,090.91
25085		INCISION OF WRIST CAPSULE	\$	629.72
25100		BIOPSY OF WRIST JOINT	\$	629.72
25101		EXPLORE/TREAT WRIST JOINT W/WO BIOPS	\$	629.72
25105		REMOVE WRIST JOINT LINING	\$	788.88
25107		ARTHROTOMY, COMPLEX	\$	591.66
25109		EXCISE TENDON FOREARM/WRIST	\$	973.64
25110		EXCISION,LESION OF TENDON SHEATH	\$	311.40
25111		EXCISION GANGLION;WRIST,PRIMARY	\$	311.40
25112		EXCISION, GANGLION; WRIST/RECURRENT	\$	311.40
25115		RADICAL EXCISE BURSA,WRIST/FOREARM T	\$	781.96
25116		RADICAL EXCISE BURSA,WRIST/FOREARM T	\$	889.22
25118		SYNOVECTOMY TENDON WRIST,SINGLE COMP	\$	730.06
25119		SYNOVECTOMY TENDON,WRIST W/RESECT DI	\$	788.88
25120		EXCISION BONE CYST/BENIGN TUMOR OF R	\$	788.88
25125		EXCISE BONE CYST OF RADIUS/ULNA W/AU	\$	986.10
25126		EXCISE BONE CYST OF RADIUS/ULNA W/HO	\$	986.10
25130		EXCISE BONE CYST/BENIGN TUMOR OF CAR	\$	494.78
25135		EXCISE BONE CYST OF CARPAL BONES W/A	\$	692.00
25136		EXCISE BONE CYST OF CARPAL BONES W/H	\$	692.00
25145		SEQUESTRECTOMY; FOREARM BONE ABSCESS	\$	311.40
25150		PARTIAL REMOVAL,RADIUS/ULNA W/SUCTIO	\$	730.06
25151		PARTIAL REMOVAL OF RADIUS	\$	730.06
25170		RADICAL RESECTION FOR TUMOR, RADIUS	\$	1,283.66

25210		CARPECTOMY; ONE BONE	\$	522.46
25215		CARPECTOMY; ALL BONES OR PRIXIMAL RO	\$	889.22
25230		RADIAL STYLOIDECTOMY	\$	494.78
25240		EXCISION DISTAL ULNA	\$	494.78
25246		INJECTION FOR WRIST X-RAY	\$	62.28
25248		REMOVE FOREARM FOREIGN BODY	\$	352.92
25250		REMOVAL OF WRIST PROSTHESIS	\$	1,577.76
25251		COMPLICATED,"TOTAL WRIST"	\$	1,577.76
25259		WRIST MANIPULATION UNDER ANESTHESIA	\$	640.10
25260		REP.TEND/MUSC;PRIM,SING;EACH TEN/MUS	\$	418.66
25263		REP TEND/MUSC.;SECONDARY..EACH	\$	239.92
25265		REP TEND/MUSC,SECON..W/GRAFT; EACH	\$	286.35
25270		REPAIR,EXTENSOR;PRIM,SING, EACH	\$	311.40
25272		REPAIR TENDON/MUSCLE,EXTENSOR; SECON	\$	494.78
25274		REP TEN/MUS,EXT...W/GRAFT,EACH...	\$	591.66
25275		REP TENDON SHEATH FOREARM/WRIST	\$	1,131.42
25280		LENGTHEN/SHORTEN FLEX,SING..EACH TEN	\$	522.46
25290		TENOTOMY,OPEN,SINGLE...EACH TENDON	\$	297.56
25295		TENOLYSIS,FLEX/EXT,SING,EACH TENDON	\$	390.98
25300		TENODESIS AT WRIST;FLEXORS OF FINGER	\$	889.22
25301		TENODESIS AT WRIST; EXTENSORS OF FI	\$	788.88
25310		TENDON TRANSPLANT...SING;EACH TENDON	\$	788.88
25312		TENDON TRANSPLANT,W/GRAFT..EACH TEND	\$	889.22
25315		REVISE PALSY HAND TENDON(S)	\$	889.22
25316		REVISE PALSY HAND TENDON W/TENDON S	\$	1,086.44
25320		REPAIR/REVISE/RECONSTRUCT WRIST JOIN	\$	986.10
25332		ARTHROPLASTY WRIST;W/INTERNAL FIXATI	\$	1,972.20
25335		CENTRALIZATION-WRIST ON ULNA	\$	1,972.20
25337		RECONSTR ULNA/JOINT W/WO OPEN REDUCT	\$	1,159.10
25350		REVISION OF RADIUS;DISTAL THIRD	\$	712.76
25355		REVISION OF RADIUS;MIDDLE OR PROXIMA	\$	712.76
25360		REVISION OF ULNA	\$	629.72
25365		REVISE RADIUS & ULNA	\$	1,183.32
25370		REVISION,MULTIPLE,RADIUS OR ULNA	\$	730.06
25375		REVISION,MULTIPLE,RADIUS AND ULNA	\$	1,480.88
25390		SHORTEN RADIUS/ULNA	\$	837.32
25391		LENGTHENING RADIUS/ULNA W/AUTOGENOUS	\$	1,480.88
25392		SHORTEN RADIUS & ULNA	\$	1,283.66
25393		LENGTHENING RADIUS & ULNA W/AUTOGENO	\$	1,972.20
25394		OSTEOPLASTY CARPAL BONE SHORTENING	\$	1,183.32
25400		REPAIR RADIUS OR ULNA	\$	1,183.32
25405		REPAIR/GRAFT RADIUS OR ULNA	\$	837.32
25415		REPAIR RADIUS & ULNA	\$	1,577.76
25420		REPAIR/GRAFT RADIUS & ULNA	\$	1,774.98
25425		REPAIR OF DEFECT W/GRAFT;RADIUS OR U	\$	1,183.32
25426		REPAIR OF DEFECT W/GRAFT;RADIUS AND	\$	1,480.88
25430		INSERTION OF VASC PED TO CARPAL BONE	\$	1,048.38
25431		REPAIR NONUNION CARPAL BONE EACH BON	\$	1,183.32
25440		REPAIR/GRAFT WRIST BONE	\$	1,183.32
25441		RECONSTRUCT WRIST JOINT; DISTAL RADI	\$	591.66
25442		RECONSTRUCT WRIST JOINT; DISTAL ULNA	\$	591.66
25443		RECONSTRUCT WRIST JOINT; SCAPHOID	\$	692.00
25444		RECONSTRUCT WRIST JOINT; LUNATE	\$	692.00
25445		RECONSTRUCT WRIST JOINT; TRAPEZIUM	\$	692.00
25446		RECONSTRUCT WRIST JOINT; DISTAL RADI	\$	2,089.84
25447		INTERPOS.ARTHROPLASTY,INTER-CARPOMET	\$	761.20
25449		REVISE ARTHROPLASTY,REVDVE	\$	692.00
25450		EPIPHYSEAL ARREST; DISTAL RADIUS OR	\$	494.78
25455		EPIPHYSEAL ARREST; DISTAL RADIUS AND	\$	692.00
25490		PROPHYLACTIC TREATMENT,RADIUS	\$	692.00
25491		PROPHYLACTIC TREATMENT; ULNA	\$	788.88
25492		PROPHYLACTIC TREATMENT;RADIUS & ULNA	\$	1,110.66
25500		TREAT FX-RADIUS W/O MANIPULATION	\$	186.84
25505		TREAT FRACTURE OF RADIUS W/MANIPULAT	\$	249.12
25515		OPEN TREAT CLSD/OPEN RADIAL SHAFT FR	\$	522.46
25520		CLOSED TREAT RAD SHAFT FRACT. DISLO	\$	498.24
25525		OPEN TRAET.RAD.FRACT.W.INT.FIXATION	\$	968.80
25526		TREAT RAD. FRACT W TRIANG C REPAIR.	\$	1,480.88
25530		TRT CLSD ULNAR FX W/O MANIPULATION	\$	159.16

25535		TREAT CLOSED ULNAR SHAFT FRAC W/MANI	\$	211.06
25545		OPEN TREAT CLSD/OPEN ULNAR FRAC W/WO	\$	522.46
25560		TRT CLSD RADULNAR SHAFT FX	\$	335.62
25565		TREAT CLSD RADIAL & ULNAR SHAFT FRAC	\$	418.66
25574		OPEN TREAT CLSD/OPEN RADIAL & ULNAR	\$	730.06
25575		OPEN TREAT CLSD/OPEN RADIAL & ULNAR	\$	730.06
25600		TRT CLSD DIST RAD FX W/O MANIPULATIO	\$	204.14
25605		TREAT CLOSED DISTAL RADIAL FRAC W/MA	\$	249.12
25606		TREAT FX DISTAL RADIAL	\$	1,199.58
25607		TREAT FX RAD EXTRA-ARTICUL	\$	1,327.46
25608		TREAT FX RAD INTRA-ARTICUL	\$	1,487.56
25609		TREAT FX RADIAL 3+ FRAG	\$	1,889.02
25622		TREAT CLOSED CARPAL SCAPHOID FRAC; W	\$	121.10
25624		TREAT CLOSED CARPAL SCAPHOID FRAC W/	\$	197.22
25628		OPEN TREAT CLSD/OPEN CARPAL SCAPHOID	\$	629.72
25630		TREAT CLSD FX;W/O MANIP,EACH BONE	\$	249.12
25635		TREAT CLSD FX;W/ MANIP,EACH BONE	\$	249.12
25645		OPEN TX,CLSD/OPEN FX...EACH BONE	\$	692.00
25650		TRT CLSD ULNAR STYLOID FX	\$	605.50
25651		PERCU SKEL FIXATION OF ULNAR STYLOID	\$	688.54
25652		OPEN TREATMENT ULNAR STYLOID FRACTUR	\$	1,020.70
25660		TREAT CLOSED RADIO/INTERCARPAL DISLO	\$	211.06
25670		OPEN TREAT CLSD/OPEN RADIO/INTERCARP	\$	778.50
25671		PERC SKELETAL FIXATION RADIOULNAR DI	\$	532.84
25675		TREAT CLOSED DISTAL RADIOULNAR DISLO	\$	211.06
25676		OPEN TREAT CLSD/OPEN DISTAL RADIOULN	\$	629.72
25680		TREAT CLSD TRANS/SCAPHOPERILUNAR FRA	\$	494.78
25685		OPEN TREAT CLSD/OPEN TRANS/SCAPHOPER	\$	986.10
25690		TREAT LUNATE DISLOCATION W/MANIPULAT	\$	435.96
25695		OPEN TREATMENT LUNATE DISLOCATION	\$	986.10
25800		FUSION WRIST JOINT;W/O BONE GRAFT	\$	941.12
25805		FUSION WRIST JOINT;W/SLIDING GRAFT	\$	1,384.00
25810		FUSION WRIST JOINT; W/DISTANT BONE	\$	1,384.00
25820		INTERCARPAL FUSION;W/OUT BONE GRAFT	\$	1,183.32
25825		INTERCARPAL FUSION;W/ BONE GRAFT	\$	1,384.00
25830		DIST RADIOULN KT ARTHRO W/WO BONE GR	\$	1,204.08
25900		AMPUTATION,FOREARM THROUGH RADIUS AN	\$	629.72
25905		AMPUTATION,FOREARM OPEN FLAP OR CIRC	\$	553.60
25920		DISARTICULATION THROUGH WRIST	\$	788.88
25924		REAMPUTATION WRIST SURGERY	\$	788.88
25927		TRANSMETACARPAL_AMPUTATION	\$	788.88
25929		TRANSMETACARPAL_AMPUTATION;_SECONDAR	\$	238.74
25931		TRANSMETACARPAL_REAMPUTATION	\$	788.88
26010		DRAINAGE OF FINGER ABSCESS	\$	102.55
26011		DRAIN FINGER ABSCESS; COMPLICATED	\$	145.32
26020		DRAIN HAND TENDON SHEATH	\$	165.84
26025		DRAINAGE OF PALM BURSA	\$	501.70
26030		DRAINAGE OF PALM BURSA MULTIPLE/COMP	\$	750.82
26034		TREAT HAND BONE LESION	\$	356.38
26035		DECOMPRESS FINGER/HAND-INJECTION INJ	\$	986.10
26037		DEPRESSION FASCIOTOMY, HAND	\$	986.10
26040		RELEASE PALM CONTRACTURE; CLOSED	\$	211.06
26045		RELEASE PALM CONTRACTURE; OPEN PARTI	\$	629.72
26055		INCISE FINGER TENDON SHEATH	\$	418.66
26060		TENOTOMY,SUBCUTAN,SING,EACH DIGIT	\$	100.69
26070		EXPLORE/TREAT HAND JOINT	\$	591.66
26075		EXPLORE/TREAT METACARPOPHALANGEAL JO	\$	591.66
26080		ARTHROTOMY,INTERPHALANGEAL,EACH JNT	\$	297.56
26100		BIOPSY HAND JOINT LINING	\$	591.66
26105		BIOPSY METACARPOPHALANGEAL JOINT LIN	\$	591.66
26110		ARTHROTOMY,INTERPHALANGEAL JNT	\$	297.56
26111		ARTHROTOMY WITH BIOPSY; 1.5 CM OR GREATER	\$	756.63
26113		ARTHROTOMY WITH BIOPSY; 1.5 CM OR GREATER	\$	993.16
26115		EXCISION BENIGN TUMOR,HAND,SUBCUTANE	\$	194.63
26116		EXCISION BENIGN TUMOR,HAND; DEEP	\$	242.20
26117		RAD TUMOR RESECT,SFT TISS/HAND-FINGE	\$	788.88
26118		RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE	\$	1,897.71
26121		FASCIECTOMY,PALMAR /INCL OBTAI GRAFT	\$	986.10
26123		FASCIECTOMY,PARTIAL PALMAR EXCISION	\$	1,283.66

26125			FASCIECTOMY,RELEASE EA ADDIT DIGIT	\$	754.52
26130			REMOVE WRIST JOINT LINING	\$	591.66
26135			SYNOVECTOMY,REL/RECON, EACH DIGIT	\$	692.00
26140			SYNOVECTOMY,..EXT.RECON,EACH JOINT	\$	591.66
26145			SYNOVECTOMY..RADIAL,..EACH DIGIT	\$	692.00
26160			REMOVE TENDON SHEATH LESION	\$	222.31
26170			EXCISE TENDON,PALM...EACH	\$	356.38
26180			EXCISION OF TENDON,FINGER,FLEXOR	\$	356.38
26185			SESAMOIDECTOMY THUMB OR FINGER	\$	359.84
26200			REMOVE BONE CYST/BENIGN TUMOR OF HAN	\$	494.78
26205			REMOVE BONE CYST/BENIGN TUMOR HAND W	\$	692.00
26210			REMOVE BONE CYST PROXIMAL MIDDLE/DIS	\$	494.78
26215			REMOVE BONE CYST PROXIMAL W/AUTOGENO	\$	692.00
26230			PARTIAL REMOVAL OF HAND BONE	\$	494.78
26235			PARTIAL REMOVAL PROXIMAL/MIDDLE PHAL	\$	494.78
26236			PARTIAL REMOVAL DISTAL PHALANX (FING	\$	494.78
26250			RADICAL RESECTION FOR TUMOR, HAND	\$	1,283.66
26260			RADICAL RESECT FOR TUMOR,PROXIMAL/M	\$	889.22
26262			RADICAL RESECTION FOR TUMOR,DISTAL P	\$	1,283.66
26320			REMOVAL OF IMPLANT FROM FINGER OR HA	\$	591.66
26340			MANIPULATE FINGER JOINT W/ANES EACH	\$	442.88
26341	26		MANIPULATION, PALMAR FASCIAL CORD (IE, DUPUYTREN'S CORD), POST EN	\$	135.67
26341			MANIPULATION, PALMAR FASCIAL CORD (IE, DUPUYTREN'S CORD), POST EN	\$	181.51
26350			FLEX TENDON REP,SING,EACH TENDONA	\$	591.66
26352			FLEX TEND REP,SECONDARY..EACH TENDON	\$	986.10
26356			FLEX TEND REP/ADV,SING,PRIM,EACH TEN	\$	692.00
26357			FLEXOR REP...;SECONDARY,EACH TENDON	\$	692.00
26358			FLEX TEND REP/ADV,SNG;...EACH TENDON	\$	788.88
26370			PROFUNDUS TENDON REPAIR W/INTACT SUB	\$	591.66
26372			PROFUNDUS TENDON REPAIR;SECONDARY W/	\$	692.00
26373			PROFUNDUS TENDON REPAIR;SECONDARY W/	\$	591.66
26390			FLEXOR TENDON EXCISE,IMPLANT PLASTIC	\$	591.66
26392			REMOVAL ROD AND INSERTION OF TENDON	\$	788.88
26410			EXT TEND REP,SING.;W/O GRAFT,EACH TE	\$	269.88
26412			EXT TEND REP,SING.;W/O GRAFT,EACH TE	\$	591.66
26415			EXTENSOR TENDON EXCISION..HAND/FINGE	\$	591.66
26416			REMOVE TUBE/ROD.....HAND OR FINGER	\$	788.88
26418			EXT TEND REP...;W/O GRAFT,EACH TENDON	\$	269.88
26420			EXT TEND REP...;W/GRAFT,EACH TENDON	\$	591.66
26426			EXTENSOR TENDON,CENTRAL SLIP REPAIR/	\$	591.66
26428			EXTENSOR TENDON,CENTRAL SLIP REPAIR/	\$	788.88
26432			TENDON REPAIR,DISTAL INSERT,CLSD,SPL	\$	197.22
26433			TENDON REPAIR,OPEN,PRIMARY /SEC REPA	\$	238.74
26434			TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	\$	297.56
26437			REALIGN EXTENSOR TENDON-FOR ARTHRITI	\$	788.88
26440			TENOLYSIS,SIMP,FLEX TEND...;EACH TEND	\$	494.78
26442			TENOLYSIS,SIMP...;PALM/FING,EACH TEND	\$	494.78
26445			TENOLYSIS,EXT TEND...;EACH TENDON	\$	494.78
26449			TENOLYSIS,COMP,EXT TENDON...	\$	788.88
26450			TENOTOMY,FLEX,SING,PALM,OPEN	\$	297.56
26455			TENOTOMY,FLEX,SING,FING,OPEN,EACH	\$	297.56
26460			TENOTOMY,EXT,HAND/FING,SIN,OPEN,EACH	\$	238.74
26471			TENODESIS;FOR PROXIMAL FINGER JOINT	\$	591.66
26474			TENODESIS;FOR DISTAL JOINT STABILIZA	\$	494.78
26476			TEND LENGTNEN,EXT...SINGLE,EACH	\$	591.66
26477			TEND SHORTEN,EXT...SINGLE,EACH	\$	591.66
26478			LENGTHEN FLEXOR,HAND/FINGER-EACH	\$	591.66
26479			SHORTEN FLEXOR,HAND/FINGER-EACH	\$	591.66
26480			TEND TRANSFER/PLANT,SING,W/GFT,EACH	\$	788.88
26483			TEND TRANSFER/PLANT..W/GRFT,EACH TEN	\$	788.88
26485			TEND TRANSFER/PLNT,EACH TEND;W/GRAFT	\$	788.88
26489			TENDON TRANSFER/PLANT...;W/GRAFT,EACH	\$	788.88
26490			REVISE THUMB TENDON	\$	788.88
26492			REVISE THUMB TENDON W/GRAFT	\$	986.10
26494			REVISE THUMB TENDON;HYPOTHENAR MUSCL	\$	986.10
26496			REVISE THUMB TENDON; OTHER METHODS	\$	986.10
26497			SUBLIMIS TRANSFER TO CORRECT CLAW FI	\$	986.10
26498			SUBLIMIS TRANSFER TO CORRECT CLAW FI	\$	986.10
26499			CORRECTION CLAW FINGER,OTHER METHODS	\$	986.10

26500		HAND TENDON RECONSTRUCTION; W/LOCAL	\$	297.56
26502		HAND TENDON RECONSTRUCTION; W/GRAFT	\$	297.56
26508		RELEASE THUMB CONTRACTURE	\$	633.18
26510		CROSS INTRINSIC TRANSFER	\$	294.10
26516		FUSION OF KNUCKLE JOINT	\$	553.60
26517		FUSION KNUCKLE JOINT,TWO DIGITS	\$	788.88
26518		FUSION KNUCKLE JOINT THREE OR FOUR D	\$	986.10
26520		CAPSULECTOMY/OTOMY....;EACH	\$	692.00
26525		CAPSULECTOMY/OTOMY...;EACH	\$	692.00
26530		ARTHROPLASTY,META...;SINGLE,EACH	\$	591.66
26531		ARTHROPLASTY,META...;PROSTH...EACH	\$	692.00
26535		ARTHROPLASTY,INTER...;SINGLE,EACH	\$	591.66
26536		ARTHROPLASTY...;W/PROSTH,SING, EACH	\$	692.00
26540		REPAIR COLLATERAL LIGAMENT	\$	692.00
26541		RECONSTRUCT/GRAFT HAND JOINT	\$	889.22
26542		PRIM REP COLLATERAL LIGAMENT/LOC TIS	\$	692.00
26545		RECONSTRUCTION,SING,GRAFT,EACH JOINT	\$	692.00
26546		REPAIR NON-UNION METACARPAL/PHALANX	\$	975.72
26548		REPAIR/RECON,FINGER,INTERPHAL.JOINT	\$	692.00
26550		CONSTRUCT THUMB REPLACEMENT	\$	2,076.00
26551		TOE/HAND TRANSFER W/MICROVASC ANAST	\$	5,299.89
26553		TOE/HAND TRANSF OTHER THAN GRT TOE	\$	4,917.39
26554		TOE/HAND TRANSF DBLE OTHER THAN GRT	\$	6,793.09
26555		POSITIONAL CHANGE OF FINGER	\$	2,076.00
26556		FREE TOE JOINT TRANSF W/MICROVAS ANA	\$	5,068.52
26560		REPAIR WEB FINGER;WITH SKIN FLAPS	\$	692.00
26561		REPAIR WEB FINGER;W/SKIN FLAPS AND G	\$	889.22
26562		REPAIR WEB FINGER,COMPLEX,INVOLVING	\$	1,044.92
26565		CORRECT METACARPAL FLAW	\$	591.66
26567		CORRECT FINGER DEFORMITY	\$	390.98
26568		OSTEOPLASTY,LENGTHEN METACARP/PHALAN	\$	889.22
26580		REPAIR HAND DEFORMITY	\$	2,366.64
26587		RECONSTRUCT SUPERNUMERARY DIGIT,SOFT	\$	380.43
26590		REPAIR FINGER DEFORMITY;MACRODACTYLI	\$	986.10
26591		REPAIR, INTRINSIC MUSCLES OF HAND (S	\$	986.10
26593		RELEASE, INTRINSIC MUSCLES OF HAND (	\$	986.10
26596		EXCISE CONSTRUCTING RING, Z-PLASTIES	\$	788.88
26600		TREAT CLSD FX...;W/O MANIP;EACH BONE	\$	112.97
26605		TREAT CLSD FX...;W/MANIP,EACH BONE	\$	207.60
26607		TREAT CLSD FX...;W/MANIP&FIX,EACH BON	\$	622.80
26608		PERCUT.SKEL.FIX.MC.FRACT.EACH BONE	\$	664.32
26615		OPEN TX,CLSD/OPEN FX....EACH BONE	\$	311.40
26641		TREAT THUMB DISLOCATION W/MANIPU	\$	144.25
26645		TREAT CLSD THUMB FRAC DISLOCATION W/	\$	297.56
26650		TREAT CLSD THUMB FRAC DISLOCATION W/	\$	494.78
26665		OPEN TREAT CLSD/OPEN THUMB FRAC DISL	\$	788.88
26670		TREAT CLSD HAND DISLOCATION W/MANIPU	\$	128.23
26675		TREAT HAND DISLOCATION W/ANESTHESIA	\$	224.90
26676		PERC.PINNING,CLOSED CARPOMETACARPAL	\$	346.00
26685		OPEN TREAT CLSD/OPEN HAND DISLOCATIO	\$	418.66
26686		OPEN TREAT OPEN/CLSD HAND DISLOC COM	\$	591.66
26700		TREAT KNUCKLE DISLOCATION;W/OANESTHE	\$	122.24
26705		TREAT KNUCKLE DISLOCATION W/ANESTHES	\$	224.90
26706		PERC.PINNING,CLOSED METACARPOPHALANG	\$	346.00
26715		OPEN TREAT CLSD/OPEN KNUCKLE DISLOCA	\$	418.66
26720		TREAT CLSD FX;W/O MANIP, EACH	\$	76.12
26725		TREAT CLSD FX;W/ MANIP, EACH	\$	166.08
26727		TREAT FX,MANIP,TRACT/FIX, EACH	\$	332.16
26735		OPEN TREAT....W/W/O FIX,EACH	\$	311.40
26740		TREAT CLSD ART FX...W/O MANIP,EACH	\$	100.34
26742		TREAT CLSD ART FX....W/ MANIP,EACH	\$	197.22
26746		OPEN TX,CLSD/OPEN FX...EACH	\$	394.44
26750		TREAT CLSD FX...W/O MANIP, EACH	\$	100.34
26755		TREAT CLSD FX...W/ MANIP, EACH	\$	197.22
26756		TREAT CLSD FX...W/ PERC PIN, EACH	\$	346.00
26765		OPEN TX,CLSD/OPEN FX...;EACH	\$	249.12
26770		TRMT OF CLOS INTERPHAL JOINT DIS SIN	\$	104.60
26775		CLOSED RX INTERPHAL JT DISLOC W/ANES	\$	190.30
26776		PERC.PINNING,CLOSED INTERPHALANGEAL	\$	346.00

26785			OPEN TRMT OF CLOS OR OPEN INTERPHA J	\$	211.06
26820			THUMB FUSION WITH GRAFT	\$	788.88
26841			ARTHRODESIS, THUMB W/ OR W/O INTERNA	\$	522.46
26842			ARTHRODESIS OF THUMB W/ GRAFT	\$	788.88
26843			ARTHRODESIS DIGITS OTHER THAN THUMB	\$	692.00
26844			ARTHRODESIS OF DIGITS W/ GRAFT	\$	788.88
26850			ARTHRODESIS KNUCKLE W/ OR W/O INT FI	\$	591.66
26852			ARTHRODESIS KNUCKLE W/ GRAFT	\$	750.82
26860			ARTHRODESIS FINGER JOINT W/ OR W/O F	\$	522.46
26861			ARTHRODESIS...EACH ADD JOINT	\$	197.22
26862			FUSION/GRAFT OF FINGER JOINT	\$	591.66
26863			ARTHRODESIS;W/ GRAFT,EACH ADD JOINT	\$	297.56
26910			AMPUTATE METACARPAL BONE	\$	418.66
26951			AMPUTATION OF FINGER/THUMB	\$	248.19
26952			AMPUTATE FINGER/THUMB W/ANESTHESIA	\$	244.03
26990			DRAINAGE OF PELVIS LESION	\$	394.44
26991			DRAINAGE OF PELVIS BURSA	\$	271.13
26992			DRAINAGE OF BONE LESION	\$	394.44
27000			TENOTOMY, SUBCUTANEOUS CLOSED-HIP OR	\$	418.66
27001			TENOTOMY, SUBCUTANEOUS OPEN, UNILATE	\$	418.66
27001	50		TENOTOMY,SUBCUTANEOUS OPEN,BILATERAL	\$	629.72
27003			OPEN UNILATERAL TENOTOMY W/ NEURECTO	\$	629.72
27003	50		OPEN BILATERAL TENOTOMY W/NEURECTOMY	\$	944.58
27005			TENOTOMY, ILIOPSOAS, OPEN	\$	591.66
27006			TENOTOMY, ABDUCTORS, OPEN	\$	591.66
27025			OBER-YOUNT FASCIOTOMY, UNILATERAL	\$	788.88
27025	50		OBER-YOUNT FASCIOTOMY,BILATERAL	\$	1,134.88
27027			DECOMPRESSION_FASCIOTOMY(IES)___PELV	\$	1,581.67
27027	50		DECOMPRESSION_FASCIOTOMY(IES)___PELV	\$	2,372.52
27030			ARTHROTOMY OF HIP FOR DRAINAGE	\$	837.32
27033			HIP ARTHROTOMY FOR EXPLORATION	\$	837.32
27035			DENERVATION OF HIP JOINT	\$	1,380.54
27036			CAPSULECTOMY OF HIP W/WO EXCIS	\$	1,186.78
27040			SUPERFICIAL BIOPSY OF SOFT TISSUES	\$	119.20
27041			DEEP BIOPSY OF SOFT TISSUES	\$	262.75
27043			BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; 3 CM OR GREATER	\$	842.27
27045			BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; 5 CM OR GREATER	\$	1,337.84
27047			EXCISION,TUMOR,PELVIS/HIP SUBCUTANEO	\$	179.92
27048			DEEP TUMOR EXCISION,HIP-PELVIS	\$	297.56
27049			RAD RESECT TUMOR,SFT TISS,PELVIS/HIP	\$	788.88
27050			BIOPSY OF SACROILLIAC JOINT	\$	494.78
27052			BIOPSY OF HIP JOINT	\$	1,380.54
27054			ARTHROTOMY FOR SYNOVECTOMY, HIP JOIN	\$	1,574.30
27057			DECOMPRESSION_FASCIOTOMY(IES)___PELV	\$	1,824.29
27057	50		DECOMPRESSION_FASCIOTOMY(IES)___PELV	\$	2,736.44
27059			DECOMPRESSION FASCIOTOMY(IES), PELVIC (BUTTOCK) COMPARTMENT(S) (	\$	3,260.53
27060			REMOVAL OF ISCHIAL BURSA	\$	591.66
27062			EXCISION TROCHANTERIC BURSA	\$	418.66
27065			EXC BONE CYST OR TUMOR, SUPERFICIAL,	\$	730.06
27066			DEEP W/ OR W/O BONE GRAFT	\$	730.06
27067			EXCISION BONE CYST WITH AUTOGRAFT	\$	986.10
27070			PARTIAL REMOVAL OF HIP BONE	\$	394.44
27071			PARTIAL EXCISION SUPERFICIAL DEEP	\$	394.44
27075			RADICAL RESECTION FOR TUMOR-WING OF	\$	1,183.32
27076			RADICAL RESECTION FOR TUMOR-ILIUM	\$	1,183.32
27077			INNOMINATE BONE-TOTAL	\$	1,183.32
27078			ISCHIAL TUBEROSITY & TROCANE OF FE	\$	1,183.32
27080			COCCYGECTOMY	\$	418.66
27086			REMOVE HIP FOREIGN BODY	\$	114.66
27087			REMOVE FOREIGN BODY,PELVIS/HIP..DEEP	\$	238.05
27090			REMOVAL OF HIP PROSTHESIS	\$	1,183.32
27091			COMPLICATED REMOVAL HIP PROSTHESIS	\$	2,761.08
27093			INJECTION FOR HIP ARTHROGRAPHY W/O A	\$	72.87
27095			INJ PROC HIP ARTHROGRAPHY W/ANESTHES	\$	94.32
27096			INJ PROC SACROIL JT/ARTHROG/ANES STE	\$	145.32
27097			HAMSTRING RECESSON, PROXIMAL	\$	591.66
27098			ADDUCTOR TRANSFER TO ISCHIUM	\$	591.66
27100			TRAN EXTERNAL OBLIQUE MUSCLE TO GRE	\$	1,224.84
27105			TRANSFER PARASPINAL MUSCLE TO HIP	\$	1,304.42

27110		TRANSFER ILIOPSOAS MUSCLE TO GREATER	\$	1,480.88
27111		TRANSFER ILIOPSOAS TO FEMORAL NECK	\$	1,224.84
27120		ACETABULOPLASTY	\$	1,972.20
27122		RESECTION FEMORAL HEAD	\$	1,972.20
27125		PARTIAL HIP REPLACEMENT,PROSTHESIS	\$	1,671.18
27130		ARTHROPLASTY(TOTAL HIP REPLACEMENT)	\$	2,923.70
27132		CONVERT PREV.HIP SURG TO TOT.HIP REP	\$	3,058.64
27134		REVISE TOT.HIP ARTHROPLASTY;BOTH COM	\$	2,923.70
27137		REVISE HIP ARTHROPLASTY;ACETABULAR	\$	2,570.78
27138		REVISE HIP ARTHROPLASTY;FEMORAL COMP	\$	2,570.78
27140		OSTEOTOMY & TRANSFER OF GREATER TROC	\$	986.10
27146		OSTEOTOMY, ILIAC	\$	1,972.20
27147		WITH OPEN REDUCTION OF HIP	\$	1,972.20
27151		WITH FEMORAL OSTEOTOMY	\$	1,972.20
27156		WITH FEMORAL OSTEOTOMY & OPEN REDUCT	\$	2,169.42
27158		OSTEOTOMY, PELVIS, BILATERAL	\$	1,972.20
27161		INCISION OF NECK OF FEMUR	\$	1,972.20
27165		INCISION/FIXATION OF FEMUR	\$	1,671.18
27170		BONE GRAFT FOR NONUNION, FEMORAL HEA	\$	1,972.20
27175		TREAT SLIPPED EPIPHYSIS	\$	522.46
27176		BY SINGLE OR MULTIPLE PINNING, IN SI	\$	1,577.76
27177		REPAIR SLIPPED EPIPHYSIS	\$	1,252.52
27178		OSTEOTOMY & INTERNAL FIXATION	\$	1,252.52
27179		OSTEOPLASTY OF FEMORAL NECK	\$	1,567.38
27181		REPAIR SLIPPED EPIPHYSIS	\$	1,567.38
27185		EPIPHYSEAL ARREST, GREATER TROCHANTE	\$	861.54
27187		PROPHYLACTIC TREAT,FEM.NECK&PROX FEM	\$	1,252.52
27197		CLOSED TREATMENT OF FRACTURE AND/OR	\$	217.12
27198		CLOSED TREATMENT OF FRACTURE AND/OR	\$	537.27
27200		TRMT OF CLOSED COCCYGEAL FX	\$	124.56
27202		OPEN TRMT OF CLOSED OR OPEN COCCYGEA	\$	394.44
27215		OPEN TRMT OF ILIAC SPINE(S)	\$	1,480.88
27216		PERC SKEL FIX POST PELVIC RING	\$	280.26
27217		OPEN TRMT ANTERIOR RING FRACTURE	\$	1,480.88
27218		OPEN TRMT OF POSTERIOR RING FRACTURE	\$	1,480.88
27220		TREAT (HIP SOCKET) FRACTURE ACETABUL	\$	202.79
27222		CLOSED RX OF ACETABULUM W/MANIPULAT	\$	1,086.44
27226		OPEN TRMT POST OR ANT ACETABULAR	\$	1,044.92
27227		OPEN TRMT ACETABULAR FRACTURE(S)	\$	1,972.20
27228		OPEN TRMT ACET. FRACT (2) COLUMNS	\$	1,972.20
27230		TREAT PROXIMAL,NECK,FEMORAL FRACTURE	\$	692.00
27232		CLOSED RX FEMORAL FX W/MANIPULATION	\$	851.16
27235		PERC SKELETAL FIX OF FEMORAL FX	\$	1,577.76
27236		OPEN TRMT OF FEMORAL FX W/ INTERNAL	\$	1,577.76
27238		TREAT INTE /PER CHANTERIC FRACTURE	\$	591.66
27240		CLOSED RX INTERTROCHANTERIC W/MANIP	\$	889.22
27244		OPEN TRMT OF CLOSED OR OPEN INTER/PE	\$	1,577.76
27245		OPEN TRMT OF INTER/PERTR.	\$	1,577.76
27246		TRMT OF CLOSED GREATER TROCHANTERIC	\$	394.44
27248		OPEN TRMT OF CLSD OR OPEN GREATER TR	\$	591.66
27250		TREAT HIP DISLOCATION	\$	418.66
27252		TREAT HIP DISLOCATION W/ANESTHESIA	\$	519.00
27253		OPEN TRMT OF CLOSED OR OPEN HIP DISL	\$	1,148.72
27254		TRMT OF SAME W/ ACETABULAR LIP FIXAT	\$	1,678.10
27256		TRMT OF CONGENITAL HIP DISLOCATION	\$	190.30
27257		WITH MANIPULATION REQUIRING ANES	\$	377.14
27258		OPEN TRMT CONGEN HIP DISL-REPLACEMEN	\$	1,148.72
27259		W/ FEMORAL SHAFT SHORTENING	\$	1,972.20
27265		TX ATRAUMATIC HIP DISLOCATION WO ANE	\$	418.66
27266		TX ATRAUMATIC HIP DISLOC;W ANESTHESI	\$	519.00
27267		CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITH	\$	781.75
27268		CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITH	\$	972.85
27269		OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD, INCLUDE	\$	2,233.36
27275		MANIPULATION,HIP JOINT REQ.GEN.ANEST	\$	238.74
27279		ARTHRODESIS SACROILIAC JOINT	\$	1,248.61
27280		FUSION OF SACROILIAC JOINT	\$	1,183.32
27282		FUSION OF PUBIC BONES	\$	1,972.20
27284		FUSION OF HIP JOINT	\$	1,972.20
27286		ARTHRODESIS W/SUBTROCH OSTEOTOMY	\$	2,169.42

27290		AMPUTATION OF LEG AT HIP	\$	2,089.84
27295		DISARTICULATION OF HIP	\$	1,671.18
27301		I&D OF DEEP ABCESS, INFECTED BURSA O	\$	311.40
27303		INCISION, DEEP W/ OPENING OF BONE CO	\$	394.44
27305		FASCIOTOMY, ILIOTIBIAL.....(OPEN)	\$	591.66
27306		TENOTOMY, SINGLE, ADDUCTOR/HAMSTRING	\$	297.56
27307		TENOTOMY, SUBCU, CLOSED, ADDUCTOR/HAMST	\$	591.66
27310		ARTHROTOMY, KNEE, FOR INFECTION.....	\$	986.10
27323		BIOPSY THIGH SOFT TISSUES	\$	104.46
27324		BIOPSY THIGH SOFT TISSUES; DEEP	\$	151.86
27325		NEURECTOMY, HAMSTRING	\$	1,007.48
27326		NEURECTOMY, POPLITEAL	\$	930.36
27327		EXCISE TUMOR, THIGH OR KNEE; SUBCUTAN	\$	177.15
27328		EXCISE TUMOR, THIGH OR KNEE; DEEP.....	\$	236.56
27329		RAD RESECT TUMOR...THIGH OR KNEE	\$	788.88
27330		ARTHROTOMY, KNEE; SYNOVIAL BIOPSY ONLY	\$	986.10
27331		EXPLORE/TREAT KNEE JOINT	\$	986.10
27332		REMOVAL OF KNEE CARTILAGE	\$	982.64
27333		REMOVAL OF KNEE CARTILAGE	\$	1,577.76
27334		REMOVE KNEE JOINT LINING	\$	1,148.72
27335		REMOVE KNEE JOINT LINING	\$	1,148.72
27337		ARTHROTOMY, WITH SYNOVECTOMY, KNEE; 3 CM OR GREATER	\$	752.90
27339		ARTHROTOMY, WITH SYNOVECTOMY, KNEE; 5 CM OR GREATER	\$	1,351.23
27340		REMOVAL OF KNEECAP BURSA	\$	311.40
27345		EXCISION SYNOVIAL CYST OF POPLITEAL	\$	629.72
27347		EXCISION LESION MENISCUS/CAPSULE	\$	740.44
27350		PATELLECTOMY/OR HEMIPATELLECTOMY	\$	730.06
27355		REMOVE FEMUR LESION	\$	788.88
27356		REMOVE FEMUR LESION/GRAFT	\$	1,183.32
27357		REMOVE FEMUR LESION/GRAFT	\$	1,183.32
27358		REMOVE FEMUR LESION/FIXATION	\$	898.18
27360		PARTIAL REMOVAL LEG BONE(S)	\$	730.06
27364		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY)	\$	2,804.95
27365		EXTENSIVE LEG SURGERY	\$	1,972.20
27370		INJECTION FOR KNEE X-RAY		62.28
27372		REMOVAL OF FOREIGN BODY	\$	235.04
27380		REPAIR OF KNEECAP TENDON	\$	837.32
27381		REPAIR/GRAFT KNEECAP TENDON	\$	1,211.00
27385		REPAIR OF THIGH MUSCLE	\$	837.32
27386		REPAIR/GRAFT OF THIGH MUSCLE	\$	1,211.00
27390		INCISION OF THIGH TENDON	\$	522.46
27391		INCISION OF THIGH TENDONS	\$	695.46
27392		INCISION OF THIGH TENDONS	\$	1,044.92
27393		LENGTHENING OF THIGH TENDON	\$	522.46
27394		LENGTHENING OF THIGH TENDONS	\$	695.46
27395		LENGTHENING OF THIGH TENDONS	\$	785.42
27396		TRANSPLANT OF THIGH TENDON	\$	1,283.66
27397		TRANSPLANTS OF THIGH TENDONS	\$	1,422.06
27400		REVISE THIGH MUSCLES/TENDONS	\$	1,283.66
27403		ARTHROTOMY WITH OPEN MENISCUS REPAIR	\$	865.00
27405		REPAIR OF KNEE LIGAMENT	\$	958.42
27407		REPAIR OF KNEE LIGAMENT	\$	958.42
27409		REPAIR OF KNEE LIGAMENTS	\$	1,307.88
27412		AUTOLOGOUS CHONDROCYTE IMPLANTATION,	\$	2,977.33
27415		OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	\$	2,452.17
27416		OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OPEN (EG, MOSAICPLASTY) (INCLU	\$	1,765.33
27418		PLASTY FOR CHONDROMALACIA PAATELLAE	\$	1,972.20
27420		REVISION OF UNSTABLE KNEECAP	\$	1,044.92
27422		REVISION OF UNSTABLE KNEECAP	\$	1,044.92
27424		REVISION/REMOVAL OF KNEECAP	\$	1,044.92
27425		LATERAL RENTINACULAR RELEASE ANY MET	\$	868.46
27427		RECONSTRUCT(AUGMENT)KNEE; EXTRA-ARTIC	\$	1,245.60
27428		RECONSTRUCT(AUGMENT)KNEE; INTRA-ARTIC	\$	1,124.50
27429		RECONSTRUCT KNEE; INTRA&EXTRA ARTIC	\$	1,470.50
27430		REVISION OF THIGH MUSCLES	\$	1,183.32
27435		INCISION OF KNEE JOINT	\$	730.06
27437		ARTHROPLASTY, PATELLA; WOUT PROSTHESIS	\$	1,480.88
27438		REVISE KNEE CAP WITH IMPLANT	\$	1,678.10
27440		REVISION OF KNEE JOINT	\$	1,678.10

27441		REVISION OF KNEE JOINT	\$	1,678.10
27442		REVISION OF KNEE JOINT	\$	1,678.10
27443		REVISION OF KNEE JOINT	\$	1,678.10
27445		REVISE KNEE JOINT, IMPLANT	\$	2,089.84
27446		TOTAL KNEE REPLACEMENT	\$	1,678.10
27447		TOTAL KNEE REPLACEMENT	\$	2,089.84
27448		INCISION OF FEMUR, UNILATERAL	\$	1,359.78
27448	50	INCISION OF FEMUR, BILATERAL	\$	2,041.40
27450		INCISION OF FEMUR	\$	2,041.40
27450	50	INCISION OF FEMUR WITH FIXATION	\$	3,062.10
27454		REALIGNMENT OF FEMUR	\$	1,307.88
27455		REALIGNMENT OF KNEE, UNILATERAL	\$	941.12
27455	50	REALIGNMENT OF KNEE, BILATERAL	\$	1,411.68
27457		REALIGNMENT OF KNEE	\$	941.12
27457	50	REALIGNMENT OF KNEE	\$	1,411.68
27465		SHORTENING OF FEMUR	\$	1,148.72
27466		LENGTHENING OF FEMUR	\$	1,148.72
27468		REVISION OF FEMURS	\$	2,089.84
27470		REPAIR OF FEMUR	\$	1,678.10
27472		REPAIR / GRAFT OF FEMUR	\$	1,148.72
27475		REPAIR OF FEMUR EPIPHYSIS	\$	837.32
27477		REPAIR LOWER LEG EPIPHYSES	\$	837.32
27479		REPAIR OF LEG EPIPHYSES	\$	1,044.92
27485		REPAIR OF LEG EPIPHYSIS	\$	681.62
27486		REVISE KNEE/ARTHROPLASTY-1 COMPONENT	\$	2,508.50
27487		REVISE KNEE ARTHROPLASTY-ALL COMP	\$	2,595.00
27488		REMOVAL OF KNEE PROSTHESIS	\$	2,283.60
27495		PROPHYLACTIC TREAT.FEMUR	\$	1,577.76
27496		DECOMP.FASCIOTOMY,THIGH/KNEE 1 COMP.	\$	415.20
27497		DECOMP.FASCIAL,W.DEBRID.MUSC.NERVE	\$	730.06
27498		DECOMP.FASCIO,THIGH/KNEE	\$	833.86
27499		DECOMP.FASCIO,THIGH/KNEE W. DEB.M-N	\$	1,141.80
27500		TREATMENT OF FEMUR FRACTURE	\$	629.72
27501		CLOSED TRMT OF FEMOR FRACTURE	\$	629.72
27502		TREATMENT OF FEMUR FRACTURE	\$	629.72
27503		CLOSED TRMT OF FEMOR FRACTURE	\$	629.72
27506		REPAIR OF FEMUR FRACTURE	\$	941.12
27507		OPEN TRMT OF FEMOR FRACTURE	\$	941.12
27508		TREATMENT OF FEMUR FRACTURE	\$	242.20
27509		PERCUT OR TRANSC FEMOR FRACTURE	\$	242.20
27510		TREATMENT OF FEMUR FRACTURE	\$	418.66
27511		OPEN TRMT OF FEMOR FRACTURE	\$	941.12
27513		OPEN TRMT OF FEMOR FRACTURE	\$	941.12
27514		REPAIR OF FEMUR FRACTURE	\$	1,183.32
27516		TREATMENT OF FEMUR EPIPHYSIS	\$	591.66
27517		TREATMENT OF FEMUR EPIPHYSIS	\$	591.66
27519		REPAIR OF FEMUR EPIPHYSIS	\$	1,183.32
27520		TREAT KNEECAP FRACTURE	\$	214.52
27524		REPAIR OF KNEECAP FRACTURE	\$	730.06
27530		CLOSED TREATMENT OF TIBIAL FRACTURE	\$	256.04
27532		CLOSED TREATMENT OF TIBIAL FRACTURE	\$	418.66
27535		OPEN TRMT OF TIBIAL FRACTURE	\$	837.32
27536		OPEN TREATMENT TIBIAL FRACTURE	\$	837.32
27538		TRMT OF CLOSED INTERCONDLAR SPINE(S)	\$	394.44
27540		REPAIR OF KNEE FRACTURE	\$	1,086.44
27550		TREAT KNEE DISLOCATION	\$	311.40
27552		TREAT KNEE DISLOCATION	\$	311.40
27556		REPAIR OF KNEE DISLOCATION	\$	1,183.32
27557		REPAIR OF KNEE DISLOCATION	\$	1,283.66
27558		OPEN TRMT OF KNEE DISLOCATION	\$	1,283.66
27560		TREAT KNEECAP DISLOCATION	\$	249.12
27562		TREAT KNEECAP DISLOCATION	\$	249.12
27566		REPAIR KNEECAP DISLOCATION	\$	730.06
27570		FIXATION OF KNEE JOINT	\$	211.06
27580		FUSION OF KNEE	\$	1,359.78
27590		AMPUTATE LEG AT THIGH	\$	941.12
27591		AMPUTATE LEG AT THIGH	\$	1,017.24
27592		AMPUTATE LEG AT THIGH	\$	629.72
27594		AMPUTATION FOLLOW-UP SURGERY	\$	193.90

27596		AMPUTATION FOLLOW-UP SURGERY	\$	941.12
27598		AMPUTATE LOWER LEG AT KNEE	\$	629.72
27600		DECOMPRESSION OF LOWER LEG	\$	439.42
27601		FASCIOTOMY,LEG-POSTERIOR COMP.ONLY	\$	439.42
27602		DECOMPRESSION OF LOWER LEG	\$	508.62
27603		DRAIN LOWER LEG LESION	\$	394.44
27604		DRAIN LOWER LEG BURSA	\$	189.09
27605		INCISION OF ACHILLES TENDON;LOCAL AN	\$	132.66
27606		INCISION OFACHILLES TENDON	\$	217.98
27607		TREAT LOWER LEG BONE LESION	\$	788.88
27610		EXPLORE/TREAT ANKLE JOINT	\$	629.72
27612		EXPLORATION OF ANKLE JOINT	\$	629.72
27613		BIOPSY LOWER LEG SOFT TISSUE	\$	97.50
27614		BIOPSY LOWER LEG SOFT TISSUE DEEP	\$	223.00
27615		RAD RESECT TUMOR....LEG OR ANKLE	\$	788.88
27616		RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE	\$	2,280.59
27618		REMOVE LOWER LEG LESION	\$	173.97
27619		REMOVE LOWER LEG LESION DEEP	\$	197.22
27620		BIOPSY OF ANKLE JOINT	\$	629.72
27625		REMOVE ANKLE JOINT LINING	\$	730.06
27626		REMOVE ANKLE JOINT LINING	\$	788.88
27630		REMOVAL OF TENDON LESION	\$	311.40
27632		EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANG	\$	745.46
27634		EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANG	\$	1,224.04
27635		REMOVE LOWER LEG BONE LESION	\$	788.88
27637		REMOVE/GRAFT LEG BONE LESION	\$	986.10
27638		REMOVE/GRAFT LEG BONE LESION	\$	986.10
27640		PARTIAL REMOVAL OF TIBIA	\$	730.06
27641		PARTIAL REMOVAL OF FIBULA	\$	730.06
27645		EXTENSIVE LOWER LEG SURGERY	\$	1,183.32
27646		EXTENSIVE LOWER LEG SURGERY	\$	1,183.32
27647		EXTENSIVE ANKLE/HEEL SURGERY	\$	1,283.66
27648		INJECTION FOR ANKLE X-RAY	\$	62.28
27650		REPAIR ACHILLES TENDON	\$	785.42
27652		REPAIR/GRAFT ACHILLES TENDON	\$	1,086.44
27654		REPAIR OF ACHILLES TENDON	\$	1,086.44
27656		REPAIR FASCIAL DEFECT OF LEG	\$	394.44
27658		REP/SUT LEG TENDON, W/O GRAFT, EACH	\$	418.66
27659		REP/SUT TEND,LEG...W/W/O GRAFT, EACH	\$	418.66
27664		REP/SUT EXT TEND;PRIM,W/O GRAFT-EACH	\$	311.40
27665		REP/SUT TEND.;SECON.W/O GRAFT-EACH	\$	311.40
27675		REPAIR LOWER LEG TENDONS	\$	591.66
27676		REPAIR LOWER LEG TENDONS	\$	692.00
27680		RELEASE OF LOWER LEG TENDON	\$	494.78
27681		TENOLYSIS....MULTIPLE,EACH	\$	591.66
27685		REVISION OF LOWER LEG TENDON	\$	522.46
27686		LENGTHEN/SHORTEN TEND;MULTIPLE,EACH	\$	698.92
27687		REVISION OF CALF TENDON	\$	591.66
27690		REVISE LOWER LEG TENDON	\$	629.72
27691		REVISE LOWER LEG TENDON	\$	1,183.32
27692		TRANSFER/PLANT TENDON,EACH ADD TEND	\$	100.34
27695		REPAIR OF ANKLE LIGAMENT	\$	1,044.92
27696		REPAIR OF ANKLE LIGAMENTS	\$	1,183.32
27698		REPAIR OF ANKLE LIGAMENT	\$	785.42
27700		REVISION OF ANKLE JOINT	\$	861.54
27702		RECONSTRUCT ANKLE JOINT	\$	2,089.84
27703		ARTHROPLASTY,SRCONDARY RECON,TOT ANK	\$	2,089.84
27704		REMOVAL OF ANKLE IMPLANT	\$	1,620.77
27705		INCISION OF TIBIA	\$	941.12
27707		INCISION OF FIBULA	\$	390.98
27709		INCISION OF TIBIA & FIBULA	\$	1,211.00
27712		REALIGNMENT OF LOWER LEG	\$	996.48
27715		REVISION OF LOWER LEG	\$	1,972.20
27720		REPAIR OF TIBIA	\$	1,380.54
27722		REPAIR/GRAFT OF TIBIA	\$	1,480.88
27724		REPAIR/GRAFT OF TIBIA	\$	1,972.20
27725		REPAIR OF LOWER LEG	\$	1,972.20
27726		REPAIR OF FIBULA NONUNION AND/OR MALUNION WITH INTERNAL FIXATION	\$	1,827.57
27727		REPAIR OF LOWER LEG	\$	1,972.20

27730		REPAIR OF TIBIA EPIPHYSIS	\$	889.22
27732		REPAIR OF FIBULA EPIPHYSIS	\$	494.78
27734		REPAIR LOWER LEG EPIPHYSES	\$	1,086.44
27740		EPIPHYSEAL ARREST...;PROX/DISTALTIBIA	\$	1,044.92
27742		REPAIR OF LEG EPIPHYSES	\$	1,518.94
27745		PROPHYLACTIC TREATMENT (NAILING, PIN	\$	692.00
27750		TREATMENT OF TIBIA FRACTURE	\$	394.44
27752		TREATMENT OF TIBIA FRACTURE	\$	418.66
27756		REPAIR OF TIBIA FRACTURE	\$	730.06
27758		REPAIR OF TIBIA FRACTURE	\$	1,086.44
27759		OPEN TRMT OF TIBIA FRACTURE	\$	1,086.44
27760		TREATMENT OF ANKLE FRACTURE	\$	273.34
27762		TREATMENT OF ANKLE FRACTURE	\$	273.34
27766		REPAIR OF ANKLE FRACTURE	\$	522.46
27767		CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITHOUT MAN	\$	514.26
27768		CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITH MANIPU	\$	799.57
27769		OPEN TREATMENT OF POSTERIOR MALLEOLUS FRACTURE, INCLUDES INTER	\$	1,317.91
27780		TREATMENT OF FIBULA FRACTURE	\$	155.70
27781		TREATMENT OF FIBULA FRACTURE	\$	155.70
27784		REPAIR OF FIBULA FRACTURE	\$	418.66
27786		TREATMENT OF ANKLE FRACTURES	\$	249.12
27788		TREATMENT OF ANKLE FRACTURE	\$	273.34
27792		REPAIR OF ANKLE FRACTURE	\$	522.46
27808		TREATMENT OF ANKLE FRACTURE	\$	346.00
27810		TREATMENT OF ANKLE FRACTURE	\$	418.66
27814		REPAIR OF ANKLE FRACTURE	\$	730.06
27816		TREATMENT OF ANKLE FRACTURE	\$	346.00
27818		TREATMENT OF ANKLE FRACTURE	\$	418.66
27822		REPAIR OF ANKLE FRACTURE	\$	837.32
27823		REPAIR OF ANKLE FRACTURE	\$	837.32
27824		CLOSED TRMT OF FRACTURE	\$	346.00
27825		CLOSED TRMT OF FRACTURE	\$	418.66
27826		OPEN TRMT OF FRACTURE	\$	837.32
27827		OPEN TRMT OF FRACTURE	\$	837.32
27828		OPEN TRMT OF FRACTURE	\$	837.32
27829		OPEN TRMT DISTAL TIBIOFIBULAR	\$	1,055.30
27830		TREAT LOWER LEG DISLOCATION	\$	207.60
27831		TREAT LOWER LEG DISLOCATION	\$	276.80
27832		REPAIR LOWER LEG DISLOCATION	\$	567.44
27840		TREAT ANKLE DISLOCATION	\$	211.06
27842		TREAT ANKLE DISLOCATION	\$	211.06
27846		REPAIR ANKLE DISLOCATION	\$	1,055.30
27848		REPAIR ANKLE DISLOCATION	\$	951.50
27860		FIXATION OF ANKLE JOINT	\$	211.06
27870		FUSION OF ANKLE JOINT	\$	1,044.92
27871		FUSION OF TIBIOFIBULAR JOINT	\$	1,044.92
27880		AMPUTATION OF LOWER LEG	\$	837.32
27881		AMPUTATION OF LOWER LEG	\$	920.36
27882		AMPUTATION OF LOWER LEG	\$	536.30
27884		AMPUTATION FOLLOW-UP SURGERY	\$	221.20
27886		AMPUTATION FOLLOW-UP SURGERY	\$	837.32
27888		AMPUTATION OF FOOT AT ANKLE	\$	837.32
27889		AMPUTATION OF FOOT AT ANKLE	\$	837.32
27892		DECOMPRESSION FASCIOTOMY, LEG	\$	439.42
27893		FASCIOTOMY, LEG-POSTERIOR COMP ONLY	\$	439.42
27894		DECOMPRESSION FASCIOTOMY, LEG	\$	508.62
28001		DRAINAGE OF BURSA OF FOOT	\$	108.92
28002		TREATMENT OF FOOT INFECTION	\$	170.44
28003		TREATMENT OF FOOT INFECTION	\$	346.00
28005		TREAT FOOT BONE LESION	\$	519.00
28008		INCISION OF FOOT FASCIA	\$	211.06
28010		INCISION OF TOE TENDON	\$	89.16
28011		TENOTOMY,SUBCUTANEOUS,TOE;MULTIPLE	\$	128.02
28020		EXPLORATION OF A FOOT JOINT	\$	377.14
28022		EXPLORATION OF A FOOT JOINT	\$	377.14
28024		EXPLORATION OF A TOE JOINT	\$	180.54
28035		DECOMPRESSION OF TIBIA NERVE	\$	591.66
28039	26	EXCISION,TUMOR,SOFT TISSUE OF FOOT OR TOE,SUBCUTANEOUS;1.5 CM OF	\$	625.46
28039		EXCISION,TUMOR,SOFT TISSUE OF FOOT OR TOE,SUBCUTANEOUS;1.5 CM OF	\$	931.09

28041		EXCISION,TUMOR,SOFT TISSUE OF FOOT OR TOE,SUBFASCIAL (EG,INTRANM	\$	821.99
28043		EXCISION OF FOOT LESION	\$	156.25
28045		EXCISION OF FOOT LESION	\$	197.22
28046		RAD RESECT.TUMOR,SFT TISS-FOOT	\$	788.88
28047		RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE	\$	1,883.66
28050		BIOPSY OF FOOT JOINT LINING	\$	591.66
28052		BIOPSY OF FOOT JOINT LINING	\$	356.38
28054		BIOPSY OF TOE JOINT LINING	\$	297.56
28055		NEURECTOMY, FOOT	\$	683.70
28060		PARTIAL REMOVAL FOOT FASCIA	\$	494.78
28062		REMOVAL OF FOOT FASCIA	\$	788.88
28070		SYNOVECTOMY;INTERTAR/TARSOMET, EACH	\$	591.66
28072		SYNOVECTOMY,METATARSOPHAL.JNT, EACH	\$	356.38
28080		EXCISE MORTON NEUROMA,SINGLE, EACH	\$	418.66
28086		EXCISE FOOT TENDON SHEATH	\$	553.60
28088		EXCISE FOOT TENDON SHEATH	\$	394.44
28090		REMOVAL OF FOOT LESION	\$	311.40
28092		REMOVAL OF TOE LESIONS	\$	211.06
28100		REMOVAL OF ANKLE/HEEL LESION	\$	418.66
28102		REMOVE/GRAFT FOOT LESION	\$	692.00
28103		REMOVE/GRAFT FOOT LESION	\$	692.00
28104		REMOVAL OF FOOT LESION	\$	494.78
28106		REMOVE/GRAFT FOOT LESION	\$	692.00
28107		REMOVE/GRAFT FOOT LESION	\$	692.00
28108		REMOVAL OF TOE LESIONS	\$	418.66
28110		PART REMOVAL OF METATARSAL	\$	238.74
28111		PART REMOVAL OF METATARSAL	\$	591.66
28112		PART REMOVAL OF METATARSAL	\$	356.38
28113		PART REMOVAL OF METATARSAL	\$	356.38
28114		REMOVAL OF METATARSAL HEADS	\$	837.32
28116		REVISION OF FOOT	\$	591.66
28118		PARTIAL REMOVAL OF HEEL	\$	494.78
28119		REMOVAL OF HEEL SPUR	\$	494.78
28120		PART REMOVAL OF ANKLE/HEEL	\$	311.40
28122		PARTIAL REMOVAL OF FOOT BONE	\$	311.40
28124		PARTIAL REMOVAL OF TOE	\$	311.40
28126		CONDYLECTOMY...SING.TOE, EACH	\$	494.78
28130		REMOVAL OF ANKLE BONE	\$	730.06
28140		REMOVAL OF METATARSAL	\$	418.66
28150		PHALANGECTOMY,TOE, SINGLE, EACH	\$	311.40
28153		PARTIAL REMOVAL OF TOE	\$	238.74
28160		HEMIPHALANGECTOMY...TOE,SING. EACH	\$	311.40
28171		RADICAL RESECTION FOR TUMOR	\$	1,283.66
28173		RADICAL RESECTION FOR TUMOR	\$	1,283.66
28175		RADICAL RESECTION FOR TUMOR	\$	1,283.66
28190		REMOVAL OF FOOT FOREIGN BODY	\$	100.82
28192		REMOVAL OF FOOT FOREIGN BODY	\$	182.86
28193		REMOVAL OF FOOT FOREIGN BODY	\$	206.94
28200		REP/SUT TEND,W/O GRAFT, EACH TENDON	\$	418.66
28202		REP/SUT TEND,SECOND..W/GRFT,EACH TEN	\$	557.06
28208		REP/SUT TEND....EACH TENDON	\$	211.06
28210		REP/SUT TEND..W/GRAFT, EACH TENDON	\$	356.38
28220		RELEASE OF FOOT TENDON	\$	390.98
28222		RELEASE_OF_FOOT_TENDONS	\$	480.94
28225		RELEASE OF FOOT TENDON	\$	390.98
28226		RELEASE OF FOOT TENDONS	\$	480.94
28230		INCISION OF FOOT TENDON(S)	\$	170.44
28232		INCISION OF TOE TENDON	\$	480.94
28234		INCISION OF FOOT TENDON	\$	480.94
28238		REVISION OF FOOT TENDON	\$	591.66
28240		RELEASE OF BIG TOE	\$	211.06
28250		REVISION OF FOOT FASCIA	\$	494.78
28260		RELEASE OF MIDFOOT JOINT	\$	591.66
28261		REVISION OF FOOT TENDON	\$	692.00
28262		REVISION OF FOOT AND ANKLE	\$	733.52
28264		RELEASE OF MIDFOOT JOINT	\$	986.10
28270		CAPSULOTOMY...EACH JOINT	\$	238.74
28272		CAPSULOTOMY....INTERPHAL.,EACH JOINT	\$	153.90
28280		FUSION OF TOES	\$	211.06

28285		REVISION OF HAMMERTOE	\$	311.40
28286		REVISION OF HAMMERTOE	\$	235.28
28288		OSTECTOMY,PARTIAL..EACH METAR HEAD	\$	249.12
28289		HALLUX RIGIDUS CORRECT W/CHEILECTOMY	\$	788.88
28291	26	CORRJ HALUX RIGDUS IMPLT	\$	854.24
28291		CORRECTION OF RIGID DEFORMITY OF FIR	\$	1,342.58
28292		CORRECTION OF BUNION	\$	480.94
28295	26	CORRECTION OF BUNION	\$	968.59
28295		CORRECTION OF BUNION	\$	1,748.61
28296		CORRECTION OF BUNION	\$	692.00
28297		BUNION CORRECTION-LAPIDUS TYPE PROC	\$	692.00
28298		CORRECTION OF BUNION	\$	591.66
28299		CORRECTION OF BUNION	\$	692.00
28300		INCISION OF HEEL BONE	\$	788.88
28302		INCISION OF ANKLE BONE	\$	750.82
28304		INCISION OF MIDFOOT BONES	\$	591.66
28305		INCISE/GRAFT MIDFOOT BONES	\$	750.82
28306		INCISION OF METATARSAL	\$	390.98
28307		OSTEOTOMY,...SINGLE FIRST METATARSAL	\$	750.82
28308		INCISION OF METATARSAL	\$	390.98
28309		INCISION OF METATARSALS	\$	889.22
28310		REVISION OF BIG TOE	\$	238.74
28312		REVISION OF TOE	\$	202.58
28313		RECONSTRUCTION,TOE DEFORMITY..SOFT	\$	311.40
28315		SESAMOIDECTOMY FIRST TOE	\$	190.30
28320		REPAIR OF FOOT BONES	\$	692.00
28322		REPAIR OF METATARSALS	\$	494.78
28340		RECONSTRUCTION,TOE,MACRODACTYLY,SOFT	\$	311.40
28341		RECONSTRUCT TOE,MACRODACTYLY..BONE R	\$	311.40
28344		RECONSTRUCT TOES;POLYDACTYLY	\$	218.40
28345		RECONST TOES;SYNDACTYLY..EACH WEB	\$	311.40
28400		TREAT CLSD CALC FX;W/O MANIP	\$	235.28
28405		TREAT CLSD CALC FX W.MANIP...REDUCT.	\$	311.40
28406		TREAT CLSD CALC FX,MANIP/FIXATION	\$	788.88
28415		REPAIR OF HEEL FRACTURE	\$	522.46
28420		REPAIR/GRAFT HEEL FRACTURE	\$	1,038.00
28430		TREAT CLSD TALUS FX,W/O MANIP	\$	283.72
28435		TREAT CLSD TALUS FX,W/ MANIP	\$	311.40
28436		TREAT CLSD TAL.FS,W/MANIP&PERC PIN.	\$	605.50
28445		OPEN TX,CLSD/OPEN FX,W/W/O FIXATION	\$	951.50
28446		OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS (INCLUDES OBTAINING GRAFT)	\$	2,206.41
28450		TREAT CLSD TARSAL FX;W/O MANIP,EACH	\$	141.86
28455		TREAT CLSD TARSAL FX;W/MANIP, EACH	\$	211.06
28456		OPEN TX CLSD/OPEN FX W/RED&PIN--EACH	\$	418.66
28465		OPEN TX,CLSD/OPEN FX,W/W/O FIX--EACH	\$	418.66
28470		TREAT CLSD METATAR FX,W/O MANIP,EACH	\$	84.35
28475		TREAT CLSD METATAR FX,W/ MANIP,EACH	\$	145.32
28476		TREAT CLSD FX,W/MANIP&PINNING,EACH	\$	283.72
28485		OPEN TX,CLSD/OPEN FX W/W/O FIX--EACH	\$	311.40
28490		TREAT BIG TOE FRACTURE	\$	62.28
28495		TREAT BIG TOE FRACTURE	\$	103.80
28496		TREAT CSLD FX GREAT TOE...PINNING	\$	207.60
28505		REPAIR BIG TOE FRACTURE	\$	415.20
28510		TREAT CLSD FX...W/O MANIP, EACH	\$	62.28
28515		TREAT CLSD FX...W/O MANIP, EACH	\$	103.80
28525		OPEN TX,CLSD FX..W/W/O FIX, EACH	\$	311.40
28530		TREATMENT CLOSED SESAMOID FRACTURE	\$	62.28
28531		TREATMENT,SESAMOID FRACT.W/WO IN.FIX	\$	204.14
28540		TREAT FOOT DISLOCATION	\$	211.06
28545		TREAT FOOT DISLOCATION	\$	211.06
28546		TREAT FOOT DISLOCATION	\$	238.74
28555		TREAT FOOT DISLOCATION	\$	730.06
28570		TREAT FOOT DISLOCATION	\$	211.06
28575		TREAT FOOT DISLOCATION	\$	211.06
28576		PERC SKELETAL FIX/TALOTARS JT W/MANI	\$	408.28
28585		REPAIR FOOT DISLOCATION	\$	730.06
28600		REPAIR FOOT DISLOCATION	\$	211.06
28605		TREAT FOOT DISLOCATION	\$	211.06
28606		TREAT FOOT DISLOCATION	\$	238.74

28615			REPAIR FOOT DISLOCATION	\$	494.78
28630			TREAT TOE DISLOCATION *	\$	211.06
28635			TREAT TOE DISLOCATION;W ANESTHESIA	\$	224.90
28636			PERC SKEL FIX METATARSOPHAL JT DISLO	\$	294.10
28645			REPAIR TOE DISLOCATION	\$	418.66
28660			TREAT TOE DISLOCATION *	\$	55.36
28665			TREAT TOE DISLOCATION *	\$	121.10
28666			PERC SKEL FIX INTERPHAL JT W/MANIPUL	\$	276.80
28675			REPAIR OF TOE DISLOCATION	\$	227.43
28705			FUSION OF FOOT BONES	\$	1,249.06
28715			FUSION OF FOOT BONES	\$	941.12
28725			FUSION OF FOOT BONES	\$	629.72
28730			FUSION OF FOOT BONES	\$	702.38
28735			FUSION OF FOOT BONES	\$	781.96
28737			REVISION OF FOOT BONES	\$	692.00
28740			FUSION OF FOOT BONES	\$	574.36
28750			FUSION OF BIG TOE JOINT	\$	311.40
28755			FUSION OF BIG TOE JOINT	\$	311.40
28760			FUSION OF BIG TOE JOINT	\$	692.00
28800			AMPUTATION OF MIDFOOT	\$	730.06
28805			AMPUTATION THRU METATARSAL	\$	730.06
28810			AMPUTATION TOE & METATARSAL	\$	418.66
28820			AMPUTATION OF TOE	\$	220.30
28820	50		AMPUTATION OF TOE BILATERAL	\$	328.56
28825			PARTIAL AMPUTATION OF TOE BILATERAL	\$	210.85
28825	50		PARTIAL AMPUTATION OF TOE BILATERAL	\$	314.48
28890	26		EXTRACORPOREAL SHOCK WAVE, HIGH ENER	\$	403.85
28890			EXTRACORPOREAL SHOCK WAVE, HIGH ENER	\$	603.84
29000			APPLICATION OF BODY CAST	\$	377.14
29010			APPLICATION OF BODY CAST	\$	273.34
29015			APPLICATION OF BODY CAST	\$	311.40
29035			APPLICATION OF BODY CAST	\$	273.34
29040			APPLICATION OF BODY CAST	\$	311.40
29044			APPLICATION OF BODY CAST	\$	273.34
29046			APPLICATION OF BODY CAST	\$	377.14
29049			APPLICATION OF SHOULDER CAST	\$	103.80
29055			APPLICATION OF SHOULDER CAST	\$	273.34
29058			APPLICATION OF SHOULDER CAST	\$	138.40
29065			APPLICATION OF LONG ARM CAST	\$	103.80
29075			APPLICATION OF FOREARM CAST	\$	62.28
29085			APPLY HAND/WRIST CAST	\$	62.28
29086			APPLICATION OF FINGER CAST	\$	62.28
29105			APPLY LONG ARM SPLINT	\$	83.04
29105	SA		APPLY LONG ARM SPLINT	\$	69.20
29125			APPLY FOREARM SPLINT	\$	83.04
29125	SA		APPLY FOREARM SPLINT	\$	69.20
29126			APPLY FOREARM SPLINT	\$	83.04
29130			APPLICATION OF FINGER SPLINT	\$	62.28
29130	SA		APPLICATION OF FINGER SPLINT	\$	52.59
29131			APPLICATION OF FINGER SPLINT	\$	62.28
29200			STRAPPING OF CHEST	\$	62.28
29200	SA		STRAPPING OF CHEST	\$	52.59
29240			STRAPPING OF SHOULDER	\$	83.04
29240	SA		STRAPPING OF SHOULDER	\$	69.20
29260			STRAPPING OF ELBOW OR WRIST	\$	62.28
29260	SA		STRAPPING OF ELBOW OR WRIST	\$	52.59
29280			STRAPPING OF HAND OR FINGER	\$	62.28
29280	SA		STRAPPING OF HAND OR FINGER	\$	52.59
29305			APPLICATION OF HIP CAST	\$	273.34
29325			APPLICATION OF HIP CASTS	\$	311.40
29345			APPLICATION OF LONG LEG CAST	\$	183.38
29355			APPLICATION OF LONG LEG CAST	\$	162.62
29358			APPLICATION OF LONG LEG CAST(THIGH/T	\$	141.86
29365			APPLICATION OF LONG LEG CAST	\$	183.38
29405			APPLY SHORT LEG CAST	\$	145.32
29425			APPLY SHORT LEG CAST	\$	162.62
29435			APPLY SHORT LEG CAST	\$	228.36
29440			ADDITION OF WALKER TO CAST	\$	41.52
29445			APPLIC RIGID TOTAL CONTACT LEG CAST	\$	245.66

29450			INFANT CLUB FOOT CAST	\$	83.04
29450	50		APPLIC CLUBFOOT CAST /MOLD/MANIP BIL	\$	128.02
29505			APPLICATION LONG LEG SPLINT	\$	166.08
29505	SA		APPLICATION LONG LEG SPLINT	\$	138.05
29515			APPLICATION LOWER LEG SPLINT	\$	145.32
29515	SA		APPLICATION LOWER LEG SPLINT	\$	121.79
29520			STRAPPING OF HIP	\$	83.04
29520	SA		STRAPPING OF HIP	\$	69.20
29530			STRAPPING OF KNEE	\$	62.28
29530	SA		STRAPPING OF KNEE	\$	52.59
29540			STRAPPING OF ANKLE	\$	62.28
29540	SA		STRAPPING OF ANKLE	\$	52.59
29550			STRAPPING OF TOES	\$	55.36
29550	SA		STRAPPING OF TOES	\$	46.02
29580			APPLICATION OF PASTE BOOT	\$	62.28
29580	SA		APPLICATION OF PASTE BOOT	\$	52.59
29581			APPLICATION OF MULTI-LAYER VENOUS WOUND COMPRESSION SYSTEM, BE	\$	157.05
29581	26		APPLICATION OF MULTI-LAYER VENOUS WOUND COMPRESSION SYSTEM, BE	\$	49.44
29582			APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; THIGH AND LEG, INC	\$	137.36
29582	26		AND FOOT, WHEN PERFORMED	\$	46.71
29583			APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; UPPER ARM AND FO	\$	85.64
29583	26		APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; UPPER ARM AND FO	\$	20.73
29584	26		APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; UPPER ARM, FOREA	\$	29.10
29584			FINGERS	\$	147.36
29700			REMOVAL/REVISION OF CAST	\$	48.44
29700	SA		REMOVAL/REVISION OF CAST	\$	39.44
29705			REMOVAL/REVISION OF CAST	\$	48.44
29705	SA		REMOVAL/REVISION OF CAST	\$	39.44
29710			REMOVAL/REVISION OF CAST	\$	62.28
29710	SA		REMOVAL/REVISION OF CAST	\$	52.59
29720			REPAIR OF BODY CAST	\$	89.96
29720	SA		REPAIR OF BODY CAST	\$	69.20
29730			WINDOWING OF CAST	\$	31.14
29730	SA		WINDOWING OF CAST	\$	26.30
29740			WEDGING OF CAST	\$	38.23
29740	SA		WEDGING OF CAST	\$	30.76
29750			WEDGING OF CLUBFOOT CAST	\$	39.17
29750	50		WEDGING OF CLUBFOOT CAST,BILATERAL	\$	51.90
29800			ARTHROPLASTY,TMPMDBR JT,DX,W/WO SYN	\$	904.41
29804			ARTHROSCOPY, TEMPOMDBR JOINT,SURGICA	\$	1,114.26
29805			DIAG ARTHROSCOPY SHLDER W/WO BIOPSY	\$	477.48
29806			ARTHROSCOPY SHOULDER SURGICAL CAPSUL	\$	1,345.94
29807			ARTHROSCOPY SHOULDER SURG REP SL LES	\$	1,307.88
29819			ARTHROSCOPY/SURG/REMOVE BODY	\$	346.00
29820			ARTHROSCOPY-SYNOVECTOMY-PARTIAL	\$	692.00
29821			ARTHROSCOPY-SYNOVECTOMY-COMPLETE	\$	913.44
29822			ARTHROSCOPY-LIMITED-DEBRIDEMENT	\$	415.20
29823			ARTHROSCOPY-EXT DEBRIDEMENT	\$	553.60
29824			ARTHROSCOPY SHOULDER SURG DIST CLAV	\$	823.48
29825			ARTHROSCOPY-W/ LYSIS & RESECTION	\$	692.00
29826			ARTHROSCOPY,SHOULDER;DECOMP SUBACROM	\$	501.70
29827			ARTHROSCOPY SHOULDER W/ROT CUFF.REP	\$	1,539.70
29828			ARTHROSCOPY, SHOULDER, SURGICAL; BICEPS TENODESIS	\$	1,639.42
29830			ARTHROSCOPY ELBOW/DX	\$	259.50
29834			ARTHROSCOPY-ELBOW-SURGICAL	\$	346.00
29835			ARTHROSCOPY SYNOVECTOMY-PARTIAL	\$	692.00
29836			ARTHROSCOPY SYNOVECTOMY COMPLETE	\$	913.44
29837			ARTHROSCOPY LIMITED DEBRIDEMENT	\$	415.20
29838			ARTHROSCOPY EXT DEBRIDEMENT	\$	553.60
29840			ARTHROSCOPY,WRIST,DIAGNOSTIC	\$	394.44
29843			ARTHROSCOPY,WRIST,SURGICAL,LAVAGE...	\$	394.44
29844			ARTHROSCOPY,WRIST;PARTIAL SYNOVECTOM	\$	986.10
29845			ARTHROTOMY,WRIST...;SYNOVECTOMY COMPL	\$	577.82
29846			ARTHROTOMY...;EXCISE TRIANGULARFIBROC	\$	629.72
29847			ARTHROSCOPY,WRIST;INT.FIX-FX/ISNTABI	\$	394.44
29848			ARTHROSCOPY,WRIST,SURG;W REL.TRA.CAR	\$	546.68
29850			ARTHROS/TUBER OF KNEE FRACTURE	\$	1,086.44
29851			ARTHROS/TUBER OF KNEE FRACTURE	\$	1,086.44
29855			ARTHROSC.AIDED TREATMENT TIBIAL FRAC	\$	837.32

29856			ARTHROSC.BYCONDYLAR	\$	837.32
29860			ARTHROSCOPY, HIP DIAGNOSTIC	\$	685.08
29861			ARTHROSCOPY, HIP, SURGICAL	\$	896.14
29862			ARTHROSCOPY, HIP, SURG W/DEBRIDEMENT	\$	1,159.10
29863			ARTHROSCOPY, HIP, SURG W/SYNOVECTOMY	\$	1,159.10
29866			ARTHROSCOPY, KNEE, SURGICAL; OSTEOCH	\$	1,895.35
29867			ARTHROSCOPY, KNEE, SURGICAL; OSTEOCH	\$	2,307.65
29868			ARTHROSCOPY, KNEE, SURGICAL; MENISCA	\$	3,015.01
29870			ARTHROSCOPY KNEE-DX	\$	259.50
29871			ARTHROSCOPY-KNEE-SURGICAL	\$	346.00
29873			ARTHROSCOPY KNEE SURG W/LAT RELEASE	\$	657.40
29874			ARTHROSCOPY-REMOVE FOREIGN BODY	\$	346.00
29875			ARTHROSCOPY,KNEE,SYNOVECTOMY,LIMITED	\$	692.00
29876			ARTHROSCOPY MAJOR SYNOVECTOMY	\$	913.44
29877			ARTHROSCOPY-DEBRIDEMENT	\$	415.20
29879			ARTHROSCOPY-ABRASION ARTHROPLA	\$	778.50
29880			ARTHROSCOPY,KNEE;W/MENISCECTOMY	\$	982.64
29881			ARTHROSCOPY W/MENISECTOMY	\$	982.64
29882			ARTHROSCOPY W/MENISCUS REPAIR	\$	588.20
29883			ARTHROSCOPY,KNEE;MENISCUS REPAIR	\$	591.66
29884			ARTHROSCOPY W/LYSIS ADHESIONS	\$	692.00
29885			ARTHROSCOPY,KNEE;DRILL,OSTEOCHONDRIT	\$	692.00
29886			ARTHROSCOPY-OSTEOCHONDRITIS	\$	692.00
29887			ARTHROSCOPY-INTERNAL FIXATION	\$	692.00
29888			ARTHROSCOPY-AIDED REP/AUGMENT/RECON	\$	778.50
29889			ARTHROSCOPY-AIDED REP/AUGMENT/RECON	\$	778.50
29891			ARTHROSCOPY, ANKLE, SURGICAL	\$	816.56
29892			ARTHROSCOP REP LG OSTEOCHOND DISS LE	\$	840.78
29893			ENDOSCOPIC PLANTAR FASCIOTOMY	\$	474.02
29894			ARTHROSCOPY-ANKLE-SURGICAL	\$	346.00
29895			ARTHROSCOPY-PARTIAL SYNOVECTOMY	\$	692.00
29897			ARTHROSCOPY-LIMITED DEBRIDEMENT	\$	346.00
29898			ARTHROSCOPY-EXT. DEBRIDEMENT	\$	519.00
29899			ARTHROSCOPY ANKLE SURG W/ARTHRODESIS	\$	778.50
29900			ARTHROSCOPY METACARP JT DIAGNOSTIC	\$	525.92
29901			ARTHROSCOPY METACARP JT SURGICAL	\$	577.82
29902			ARTHROSCOPY METACARP JT SURGICAL	\$	619.34
29904			ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH REMOVAL OF LOOSE BO	\$	1,153.94
29905			ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SYNOVECTOMY	\$	991.22
29906			ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH DEBRIDEMENT	\$	1,253.52
29907			ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SUBTALAR ARTHRODES	\$	1,583.19
29914			ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF C	\$	1,767.47
29915			ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT C	\$	1,812.62
29916			ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	\$	1,824.35
30000			DRAINAGE OF NOSE LESION	\$	89.51
30020			DRAINAGE OF NOSE LESION	\$	103.80
30100			INTRANASAL BIOPSY	\$	54.67
30110			REMOVAL OF NOSE POLYP(S)	\$	128.02
30110	50		REMOVAL OF NOSE POLYP(S)	\$	190.30
30115			REMOVAL OF NOSE POLYP(S)	\$	363.30
30115	50		EXCISION,NASAL POLYPS(EXTENSIVE)-BIL	\$	543.22
30117			REMOVAL OF INTRANASAL LESION	\$	494.78
30118			REMOVAL OF INTRANASAL LESION	\$	591.66
30120			REVISION OF NOSE	\$	456.72
30124			REMOVAL OF NOSE LESION	\$	238.74
30125			EXCISE DERMOID CYST;COMPLEX.....	\$	948.04
30130			EXCISION TURBINATE,PARTIAL/COMPLETE	\$	148.78
30130	50		EXCISION TURBINATE,PARTIAL/COMPLETE	\$	223.17
30140			SUBMUCOUS RESECTION TURBINATE,PA/COM	\$	170.54
30150			RHINECTOMY; PARTIAL	\$	788.88
30160			RHINECTOMY; TOTAL	\$	1,577.76
30200			INJECTION TREATMENT OF NOSE	\$	55.36
30210			NASAL SINUS THERAPY	\$	55.36
30220			INSERTION,NASAL SEPTAL PROSTHESIS	\$	118.19
30300			REMOVE NASAL FOREIGN BODY	\$	90.03
30300	SA		REMOVE NASAL FOREIGN BODY	\$	55.57
30310			REMOVE NASAL FOREIGN BODY	\$	197.22
30320			REMOVE NASAL FOREIGN BODY	\$	173.59
30400			RECONSTRUCTION OF NOSE	\$	730.06

30410			RECONSTRUCTION OF NOSE	\$	1,252.52
30420			RECONSTRUCTION OF NOSE	\$	1,408.22
30430			REVISION OF NOSE	\$	333.30
30435			REVISION WORK WITH OSTEOTOMIES	\$	479.56
30450			REVISION OF NOSE	\$	629.72
30460			RHINOPLASTY, CONGENITAL DEFORMITY	\$	539.76
30462			RHINOPLASTY, TIP, SEPTUM, OSTEOTOMIES	\$	1,079.52
30465			REPAIR NASAL VESTIBULAR STENOSIS	\$	799.26
30520			REPAIR OF NASAL SEPTUM	\$	629.72
30540			REPAIR NASAL DEFECT	\$	262.99
30545			REPAIR NASAL DEFECT	\$	941.12
30560			RELEASE OF NASAL ADHESIONS	\$	105.18
30580			REPAIR UPPER JAW FISTULA	\$	467.10
30600			REPAIR MOUTH/NOSE FISTULA	\$	311.40
30620			RECONSTRUCTION INNER NOSE	\$	629.72
30630			REPAIR NASAL SEPTUM DEFECT	\$	629.72
30801			CAUTERIZATION/ABLATION, MUCOSA TURBIN	\$	89.51
30802			CAUTERIZE/ABLATION, MUCOSA TURBINATES	\$	112.69
30901			CONTROL NASAL HEMORRHAGE UNILATERAL	\$	83.04
30901	50		CONTROL NASAL HEMORRHAGE-BILATERAL	\$	124.56
30901	SA		CONTROL NASAL HEMORRHAGE UNILATERAL	\$	69.20
30901	SA	50	CONTROL NASAL HEMORRHAGE-BILATERAL	\$	101.90
30903			CAUTER NASAL W LOCAL ANESTHESIA UNIL	\$	83.04
30903	50		CAUTER NASAL W LOCAL ANES-BILATERAL	\$	124.56
30905			CONTROL NOSEBLEED..ANY METHOD;INITIA	\$	128.02
30906			REPEAT CONTROL OF NOSEBLEED	\$	133.87
30915			LIGATION NASAL SINUS ARTERY	\$	629.72
30920			LIGATION UPPER JAW ARTERY	\$	788.88
30930			FRACTURE NASAL TURBINATES THERAPECU	\$	103.80
31000			IRRIGATION MAXILLARY SINUS	\$	71.59
31000	50		IRRIG MAXILLARY SINUS BILATERAL	\$	83.04
31002			IRRIGATION SPHENOID SINUS	\$	103.80
31020			EXPLORATION MAXILLARY SINUS	\$	249.12
31020	50		EXPLOR MAXILLARY SINUS, BILATERAL	\$	373.68
31030			EXPLORATION MAXILLARY SINUS	\$	837.32
31030	50		EXPLOR MAXILL SINUS W/O REM POLY-BIL	\$	1,255.98
31032			SINUSOT, MAXIL; RAD UNI W/REM ANTROCHO	\$	920.36
31032	50		SINUSOT, MAXIL; RAD BIL W/REM ANTROCHO	\$	1,380.54
31040			PTERYGOMAXILLARY FOSSA SURGERY.....	\$	2,076.00
31050			EXPLORATION SPHENOID SINUS	\$	211.06
31051			SINUSOTOMY, SPHENOID...W/STRIP, POLYPS	\$	629.72
31070			EXPLORATION OF FRONTAL SINUS	\$	418.66
31075			EXPLORATION OF FRONTAL SINUS	\$	837.32
31080			REMOVAL OF FRONTAL SINUS	\$	837.32
31081			REMOVAL OF FRONTAL SINUS	\$	1,259.44
31084			REMOVAL OF FRONTAL SINUS	\$	1,259.44
31085			REMOVAL OF FRONTAL SINUS	\$	1,259.44
31086			REMOVAL OF FRONTAL SINUS	\$	1,259.44
31087			REMOVAL OF FRONTAL SINUS	\$	1,259.44
31090			EXPLORATION OF SINUSES	\$	1,044.92
31200			REMOVAL OF ETHMOID SINUS	\$	418.66
31201			REMOVAL OF ETHMOID SINUS	\$	418.66
31205			REMOVAL_OF_ETHMOID_SINUS_	\$	418.66
31225			REMOVAL OF UPPER JAW	\$	1,255.98
31230			REMOVAL OF UPPER JAW	\$	1,255.98
31231			DX ENDOSCOPY/NASAL UNI/BILATERAL	\$	81.90
31233			DX NASAL/MAXILLARY SINUS ENDOSCOPY	\$	297.56
31235			DX NASAL/SPHENOID SINUSCOPY	\$	591.66
31237			SURG W BX PLOYPECTOMY OF DEBRIDEMNT	\$	297.56
31238			ENDOSCOPY W CONTROL OF EPISTAXIS	\$	297.56
31239			ENDOSCOPY W DACRYOCYSTORHINOSTOMY	\$	941.12
31240			ENDOSC W CONCHA BULLOSA RESECTION	\$	145.32
31254			NASAL ENDOSCOPY; PARTIAL ETHMOIDECTOM	\$	591.66
31255			NASAL ENDOSCOPY; TOTAL ETHMOIDECTOMY	\$	692.00
31256			NASAL ENDOSCOPY; MAX. ANTROSTOMY	\$	297.56
31267			SURG MAX ENDO; REMOVE MEMBRANE/POLYP	\$	394.44
31276			NAS/SINUS ENDOS/EXPLOR W/WO TISS REM	\$	1,470.50
31287			SURGICAL SCOPE W SPHENOIDOTOMY	\$	756.36
31288			SURGICAL SCOPE W SPHENOID/TISSUE REM	\$	629.72

31290			SURGICAL SCOPE W REPAIR OF CSF LEAK	\$	1,972.20
31291			CSF REPAIR W SCOPE SPHENOID LEAK	\$	1,972.20
31292			MEDIAL/INFERIOR ORBIT WALL DECOMPRES	\$	1,972.20
31293			MEDIAL&INFERIOR ORBIT WALL DECOMPRES	\$	1,972.20
31294			SCOPE W OPTIC NERVE DECOMPRESSION	\$	1,972.20
31295	26		NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF MAXILLARY SINUS	\$	280.36
31295			NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF MAXILLARY SINUS	\$	3,771.92
31296	26		NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF FRONTAL SINUS C	\$	319.77
31296			NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF FRONTAL SINUS C	\$	3,817.31
31297	26		NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF SPHENOID SINUS	\$	255.07
31297			NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF SPHENOID SINUS	\$	3,747.32
31300			REMOVAL OF LARYNX LESION	\$	1,148.72
31320			DIAGNOSTIC INCISION LARYNX	\$	608.96
31360			REMOVAL OF LARYNX	\$	1,774.98
31365			REMOVAL OF LARYNX	\$	2,401.24
31367			PARTIAL REMOVAL OF LARYNX	\$	1,972.20
31368			PARTIAL REMOVAL OF LARYNX	\$	2,761.08
31370			PARTIAL REMOVAL OF LARYNX	\$	1,359.78
31375			PARTIAL REMOVAL OF LARYNX	\$	1,359.78
31380			PARTIAL REMOVAL OF LARYNX	\$	1,359.78
31382			PARTIAL REMOVAL OF LARYNX	\$	1,359.78
31390			REMOVAL OF LARYNX & PHARYNX	\$	2,761.08
31395			RECONSTRUCT LARYNX & PHARYNX	\$	3,155.52
31400			REVISION OF LARYNX	\$	878.84
31420			REMOVAL OF EPIGLOTTIS	\$	1,148.72
31500			INSERT WINDPIPE AIRWAY	\$	145.32
31502			TRACHEOTOMY TUBE CHG PRIOR TO EST FT	\$	96.88
31510			LARYNGOSCOPY WITH BIOPSY	\$	124.56
31511			REMOVE FOREIGN BODY, LARYNX	\$	155.70
31512			REMOVAL OF LARYNX LESION	\$	217.98
31513			LARYNGOSCOPY,W VOCAL CORD INJECTION	\$	415.20
31515			LARYNGOSCOPY FOR ASPIRATION	\$	211.06
31525			DIAGNOSTIC LARYNGOSCOPY	\$	166.08
31526			DIAGNOSTIC LARYNGOSCOPY	\$	166.08
31527			LARYNGOSCOPY, INSERT OBTURATOR	\$	276.80
31528			LARYNGOSCOPY, W DILATATION, INITIAL	\$	276.80
31529			LARYNGOSCOPY,W DILATATION SUBSEQUENT	\$	276.80
31530			OPERATIVE LARYNGOSCOPY	\$	418.66
31531			OPERATIVE LARYNGOSCOPY	\$	418.66
31535			OPERATIVE LARYNGOSCOPY	\$	211.06
31536			OPERATIVE LARYNGOSCOPY	\$	211.06
31540			OPERATIVE LARYNGOSCOPY	\$	418.66
31541			OPERATIVE LARYNGOSCOPY	\$	418.66
31545			LARYNGOSCOPY, DIRECT, OPERATIVE, WIT	\$	639.72
31546			LARYNGOSCOPY, DIRECT, OPERATIVE, WIT	\$	970.95
31551			REPAIR OF NARROWED VOICE BOX WITH GR	\$	2,563.93
31552			REPAIR OF NARROWED VOICE BOX WITH GR	\$	2,576.87
31553			REPAIR OF NARROWED VOICE BOX WITH GR	\$	2,841.84
31554			REPAIR OF NARROWED VOICE BOX WITH GR	\$	2,969.65
31560			OPERATIVE LARYNGOSCOPY	\$	633.18
31561			OPERATIVE LARYNGOSCOPY	\$	633.18
31570			LARYNGOSCOPY WITH INJECTION	\$	418.66
31571			LARYNGOSCOPY WITH INJECTION	\$	418.66
31572	26		DESTRUCTION OF ABNORMALITY OF ONE SI	\$	319.84
31572			DESTRUCTION OF ABNORMALITY OF ONE SI	\$	907.87
31574	26		INJECTION OF SUBSTANCE TO AUGMENT VO	\$	263.79
31574			INJECTION OF SUBSTANCE TO AUGMENT VO	\$	1,895.60
31575			LARYNGOSCOPY,FIBEROPTIC;DX	\$	166.08
31576			LARYNGOSCOPY, FIBERS COPIC; BIOPSY	\$	249.12
31577			LARYNGOSCOPY, FIBERS COPIC; FOREIGN B	\$	498.24
31578			LARYNGOSCOPY, FIBERS COPIC; REMOVE LE	\$	415.20
31579			LARYNGOSCOPY...WITH STROBOSCOPY	\$	245.66
31580			LARYNGOPLASTY;..W KEEL INSERT&REMOVA	\$	1,570.84
31584			LARYNGOPLASTY;W OPER REDUCTION FRACT	\$	1,743.84
31587			LARYNGOPLASTY CRICOID SPLIT	\$	1,401.30
31590			LARYNGEAL REINNERVATION REPAIR	\$	1,183.32
31591			REPAIR OF ONE SIDE OF VOICE BOX BY M	\$	1,863.18
31592			EXCISION OF PART OF WINDPIPE AND CRI	\$	3,012.62
31595			SECTION RECUR.LARYNGEAL NRU,UNILATER	\$	1,480.88

31600			PLANNED TRACHEOSTOMY	\$	418.66
31603			TRACHEOSTOMY,EMERGENCY,TRANSTRACHEAL	\$	418.66
31605			INCISION OF NECK CARTILAGES	\$	394.44
31610			TRACHEOSTOMY,FENESTRATION PROC /FLAP	\$	1,041.46
31611			CONSTRUCT TRACHEOESOPH FISTULA,INSER	\$	207.50
31612			PUNCTURE/CLEAR WINDPIPE	\$	55.36
31613			TRACHEOSTOMA REVISION;W/O FLAP ROTAT	\$	197.22
31614			REVISE TRACHEOSTOMA,COMP,W/ FLAP ROT	\$	394.44
31615			VISUALIZATION OF WINDPIPE	\$	252.58
31623			BRONCHOSCOPY; WITH BRUSHINGS	\$	390.98
31624			BRONCHOSCOPY W/BRONCH ALVEOLAR LAVAG	\$	390.98
31625			BRONCHOSCOPY WITH BIOPSY	\$	335.62
31626	26		BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANC	\$	354.89
31626			BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANC	\$	1,574.78
31627	26		BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANC	\$	172.69
31627			BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANC	\$	2,637.73
31628			TRANSBRONCHIAL LUNG BIOPSY FIBEROPTI	\$	418.66
31629			BRONCHOSCOPY-NEEDLE ASPIRE BIOPSY	\$	494.78
31630			BRONCHOSCOPY WITH REPAIR	\$	418.66
31631			BRONCHOSCOPY-PLACE TRACH STENT	\$	494.78
31632			BRONCHOSCOPY W/WO FLUORO LUNG BIOPSY	\$	103.80
31633			BRONCHOSCOPY W/WO FLUORO NEEDLE BX	\$	128.02
31634			BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANC	\$	3,343.05
31634	26		BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANC	\$	335.86
31635			REMOVE FOREIGN BODY, AIRWAY	\$	480.94
31636			BRONCHOSCOPY, RIGID OR FLEXIBLE, WIT	\$	393.26
31637			BRONCHOSCOPY EACH ADD BRONCH STENTED	\$	131.62
31638			BRONCHOSCOPY, RIGID OR FLEXIBLE, WIT	\$	444.33
31640			BRONCHOSCOPY & REMOVE LESION	\$	480.94
31641			BRONCHOSCOPY-TUMOR/STENOSIS-NO EXCIS	\$	494.78
31643			BRONCHOSCOPY W/CATH PLACEMENT	\$	415.20
31645			BRONCHOSCOPY, CLEAR AIRWAYS	\$	294.10
31646			BRONCHOSCOPY,RECLEAR AIRWAYS	\$	145.32
31647			ASSESSMENT OF AIR LEAK, AIRWAY SIZING, AND INSERTION OF BRONCHIAL	\$	377.73
31648			REMOVAL OF BRONCHIAL VALVE(S) IN LUNG AIRWAYS USING AN ENDOSCOPI	\$	347.11
31649			REMOVAL OF BRONCHIAL VALVE(S) IN LUNG AIRWAYS USING AN ENDOSCOPI	\$	119.92
31651			ASSESSMENT OF AIR LEAK, AIRWAY SIZING, AND INSERTION OF BRONCHIAL	\$	131.62
31652	26		BRONCH EBUS SAMPLNG 1/2 NODE	\$	394.75
31652			BRONCH EBUS SAMPLNG 1/2 NODE	\$	1,539.53
31653	26		BRONCH EBUS SAMPLNG 3/> NODE	\$	437.76
31653			BRONCH EBUS SAMPLNG 3/> NODE	\$	1,625.78
31654	26		BRONCH EBUS IVNTJ PERPH LES	\$	120.06
31654			BRONCH EBUS IVNTJ PERPH LES	\$	228.36
31660			THERMAL REPAIR OF LUNG AIRWAYS USING AN ENDOSCOPE	\$	347.35
31661			THERMAL REPAIR OF LUNG AIRWAYS USING AN ENDOSCOPE	\$	367.63
31717			BRONCHIAL BRUSH BIOPSY	\$	101.14
31720			CLEARANCE OF AIRWAYS	\$	79.58
31720	SA		CLEARANCE OF AIRWAYS	\$	65.74
31725			CLEARANCE OF AIRWAYS	\$	121.10
31730			TRANS INTR NEEDLE WIRE DILATOR	\$	485.27
31750			TRACHEOPLASTY;CERVICAL	\$	937.66
31755			REPAIR OF WINDPIPE	\$	1,480.88
31760			REPAIR OF WINDPIPE	\$	937.66
31766			CARINAL RECONSTRUCTION	\$	633.18
31770			BRONCHOPLASTY;GRAFT REPAIR	\$	1,249.06
31775			RECONSTRUCT BRONCHUS	\$	1,249.06
31780			RECONSTRUCT WINDPIPE	\$	1,480.88
31781			RECONSTRUCT WINDPIPE	\$	1,972.20
31785			REMOVE WINDPIPE LESION	\$	1,480.88
31786			REMOVE WINDPIPE LESION	\$	1,972.20
31800			REPAIR OF WINDPIPE INJURY	\$	937.66
31805			SUTURE EXTERNAL TRACHEAL WOUND/INJUR	\$	937.66
31820			CLOSURE OF TRACHEOSTOMY WO PLAST REP	\$	311.40
31825			REPAIR OF WINDPIPE DEFECT	\$	494.78
31830			REVISE WINDPIPE SCAR	\$	494.78
32035			EXPLORATION OF CHEST	\$	837.32
32036			EXPLORATION OF CHEST	\$	837.32
32096			THORACOTOMY, WITH DIAGNOSTIC BIOPSY(IES) OF LUNG INFILTRATE(S) (EG	\$	1,428.01
32097			THORACOTOMY, WITH DIAGNOSTIC BIOPSY(IES) OF LUNG NODULE(S) OR MA	\$	1,426.80

32098			THORACOTOMY, WITH BIOPSY(IES) OF PLEURA	\$	1,355.59
32100			EXPLORATION/BIOPSY OF CHEST	\$	986.10
32110			EXPLORE/REPAIR CHEST	\$	1,480.88
32120			RE-EXPLORATION OF CHEST	\$	1,480.88
32124			EXPLORE CHEST,FREE ADHESIONS	\$	1,480.88
32140			REMOVAL OF LUNG LESION(S)	\$	1,480.88
32141			REMOVE/TREAT LUNG LESIONS	\$	1,774.98
32150			REMOVAL OF LUNG LESION(S)	\$	1,380.54
32151			THORACOTOMY MAJOR;W REMOVE FOREIGN B	\$	1,480.88
32160			OPEN CHEST HEART MASSAGE	\$	1,577.76
32200			DRAINAGE OF LUNG LESION	\$	1,183.32
32215			PLEURAL SCARIFICATION/REP.PNEUMOTHOR	\$	1,972.20
32220			RELEASE OF LUNG	\$	2,466.98
32225			PARTIAL RELEASE OF LUNG	\$	986.10
32310			REMOVAL OF CHEST LINING	\$	1,463.58
32320			FREE/REMOVE CHEST LINING	\$	2,466.98
32400			NEEDLE BIOPSY-CHEST LINING	\$	72.66
32405			BIOPSY,LUNG,PERCUTANEOUS,NEEDLE	\$	176.04
32440			REMOVAL OF LUNG	\$	2,089.84
32442			RESECTION OF TRACHEO SEGMENT	\$	2,639.98
32445			REMOVAL OF LUNG	\$	2,508.50
32480			PARTIAL REMOVAL OF LUNG	\$	2,089.84
32482			BILOBECTOMY	\$	2,089.84
32484			SEGMENTECTOMY	\$	2,089.84
32486			SLEEVE LOBECTOMY	\$	2,283.60
32488			COMPLET PNEUMONECTOMY	\$	2,639.98
32491			REMOVAL OF LUNG OTH THAN PNEUMONECT	\$	2,575.07
32501			RESECTION AND BRONCHOPLASTY W/LOBECT	\$	615.88
32503			RESECTION OF APICAL LUNG TUMOR (EG,	\$	3,187.59
32504			RESECTION OF APICAL LUNG TUMOR (EG,	\$	3,629.02
32505			THORACOTOMY; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS, NODUL	\$	1,653.33
32506			THORACOTOMY; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS OR NO	\$	275.87
32507			THORACOTOMY; WITH DIAGNOSTIC WEDGE RESECTION FOLLOWED BY ANA	\$	275.87
32540			REMOVAL OF LUNG LESION	\$	1,774.98
32550			INSERTION OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	\$	1,313.73
32551			TUBE THORACOSTOMY, INCLUDES WATER SEAL (EG, FOR ABSCESS, HEMOT	\$	278.39
32552	26		REMOVAL OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	\$	283.55
32552			REMOVAL OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	\$	330.08
32553	26		PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANC	\$	321.33
32553			PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANC	\$	963.82
32554	26		REMOVAL OF FLUID FROM CHEST CAVITY	\$	159.37
32554			REMOVAL OF FLUID FROM CHEST CAVITY	\$	371.29
32555	26		REMOVAL OF FLUID FROM CHEST CAVITY WITH IMAGING GUIDANCE	\$	198.57
32555			REMOVAL OF FLUID FROM CHEST CAVITY WITH IMAGING GUIDANCE	\$	533.46
32556	26		REMOVAL OF FLUID FROM CHEST CAVITY WITH INSERTION OF INDWELLING C	\$	217.63
32556			REMOVAL OF FLUID FROM CHEST CAVITY WITH INSERTION OF INDWELLING C	\$	1,038.87
32557	26		REMOVAL OF FLUID FROM CHEST CAVITY WITH INSERTION OF INDWELLING C	\$	270.57
32557			REMOVAL OF FLUID FROM CHEST CAVITY WITH INSERTION OF INDWELLING C	\$	944.96
32560			CHEMICAL PLEURODESIS (EG, FOR RECURRENT OR PERSISTENT PNEUMOTH	\$	452.81
32561	26		INSTILLATION(S), VIA CHEST TUBE/CATHETER, AGENT FOR FIBRINOLYSIS (EG	\$	121.13
32561			INSTILLATION(S), VIA CHEST TUBE/CATHETER, AGENT FOR FIBRINOLYSIS (EG	\$	166.95
32562	26		INSTILLATION(S), VIA CHEST TUBE/CATHETER, AGENT FOR FIBRINOLYSIS (EG	\$	108.71
32562			INSTILLATION(S), VIA CHEST TUBE/CATHETER, AGENT FOR FIBRINOLYSIS (EG	\$	149.89
32601			DX THORACOSCOPY LUNGS/PLEURAL WO BX	\$	435.96
32604			DX THORACOSCOPY PERICARDIAL SAC W BX	\$	546.68
32606			DX THORACOSCOPY MEDIASTINAL SP N BX	\$	546.68
32607			THORACOSCOPY; WITH DIAGNOSTIC BIOPSY(IES) OF LUNG INFILTRATE(S) (E	\$	581.70
32608			THORACOSCOPY; WITH DIAGNOSTIC BIOPSY(IES) OF LUNG NODULE(S) OR M	\$	668.85
32609			THORACOSCOPY; WITH BIOPSY(IES) OF PLEURA	\$	458.90
32650			SURG. THORACOSCOPY W PLEURODESIS	\$	1,297.50
32651			SURG.SCOPE W PARTIAL PUL DECORTICATN	\$	1,342.48
32652			W PUL DECORTICATN/INTRAPLEURL LYSIS	\$	2,466.98
32653			W REMOVE FOREIGN BODY/FIBRIN DEPOSIT	\$	1,380.54
32654			W CONTROL OF TRAUMATIC HEMORRHAGE	\$	1,480.88
32655			W EXCISION/PLICATION OF BULLAE	\$	1,774.98
32656			W PARIETAL PLEURECTOMY	\$	1,584.68
32658			REM CLOT/FOREIGN BODY PERICARDIAL SC	\$	1,889.16
32659			MAKE PERICARDIAL WINDOW/PART SAC	\$	1,889.16
32661			W EXCISE OF PERICOR CYST/TUMOR/MASS	\$	1,889.16

32662		W EXCISION OF CYST/TUMOR/MASS MEDIAS	\$	2,484.28
32663		W LOBECTOMY TOTAL OR SEGMENTAL	\$	2,484.28
32664		W THORACIC SYMPATHECTOMY	\$	1,342.48
32665		W ESOPHAOMYOTOMY,HELLER TYPE	\$	1,671.18
32666		THORACOSCOPY, SURGICAL; WITH THERAPEUTIC WEDGE RESECTION (EG, N	\$	1,547.69
32667		THORACOSCOPY, SURGICAL; WITH THERAPEUTIC WEDGE RESECTION (EG, N		276.52
32668		THORACOSCOPY, SURGICAL; WITH DIAGNOSTIC WEDGE RESECTION FOLLO	\$	276.52
32669		THORACOSCOPY, SURGICAL; WITH REMOVAL OF A SINGLE LUNG SEGMENT (	\$	2,382.73
32670		THORACOSCOPY, SURGICAL; WITH REMOVAL OF TWO LOBES (BILOBECTOMY	\$	2,842.08
32671		THORACOSCOPY, SURGICAL; WITH REMOVAL OF LUNG (PNEUMONECTOMY)	\$	3,150.85
32672		THORACOSCOPY, SURGICAL; WITH RESECTION-PLICATION FOR EMPHYSEMA	\$	2,707.14
32673		THORACOSCOPY, SURGICAL; WITH RESECTION OF THYMUS, UNILATERAL OF	\$	2,161.84
32674		THORACOSCOPY, SURGICAL; WITH MEDIASTINAL AND REGIONAL LYMPHADE	\$	379.53
32701		THORACIC TARGET(S) DELINEATION FOR STEREOTACTIC BODY RADIATION T	\$	378.73
32800		REPAIR LUNG HERNIA	\$	750.82
32810		CLOSE CHEST AFTER DRAINAGE	\$	1,252.52
32815		CLOSE BRONCHIAL FISTULA	\$	2,089.84
32820		RECONSTRUCT INJURED CHEST	\$	2,089.84
32851		LUNG TRANSPLANT/SINGLE WO CP BYPASS	\$	4,629.79
32852		LUNG TRANSPLANT/SINGLE W CP BYPASS	\$	5,176.19
32853		LUNG TRANSPLANT/BILAT WO CP BYPASS	\$	5,534.55
32854		LUNG TRANSPLANT/BILAT W CP BYPASS	\$	5,993.45
32855		BACKBENCH STANDARD PREPARATION OF CA	\$	737.15
32856		BACKBENCH STANDARD PREPARATION OF CA	\$	823.00
32900		REMOVAL OF RIB(S)	\$	1,148.72
32905		REVISE & REPAIR CHEST WALL	\$	1,252.52
32906		REVISE & REPAIR CHEST WALL	\$	2,089.84
32940		REVISION OF LUNG	\$	1,463.58
32960		THERAPEUTIC PNEUMOTHORAX	\$	103.80
32997		TOTAL LUNG LAVAGE UNILATERAL	\$	415.20
32998	26	PERQ RF ABLATE TX, PUL TUMOR	\$	799.12
32998		PERQ RF ABLATE TX, PUL TUMOR	\$	6,775.58
33010		DRAINAGE OF HEART SAC	\$	86.50
33011		REPEAT DRAINAGE OF HEART SAC	\$	86.50
33015		INCISION OF HEART SAC	\$	373.68
33020		INCISION OF HEART SAC	\$	1,889.16
33025		INCISION OF HEART SAC	\$	1,889.16
33030		PARTIAL REMOVAL OF HEART SAC	\$	2,837.20
33031		PERICARDICTOMY WCARDIOPLUMON BYPASS	\$	3,778.32
33050		REMOVAL OF HEART SAC LESION	\$	1,889.16
33120		REMOVAL OF HEART LESION	\$	3,778.32
33130		REMOVAL OF HEART LESION	\$	2,837.20
33140		TRANSMYOCARD LASER REVASC/BY THORACO	\$	2,397.78
33141		TRANSMYOCARD LASER REVASC BY THORACO	\$	458.38
33202		INSERT EPICARD ELTRD, OPEN	\$	1,381.16
33203		INSERT EPICARD ELTRD, ENDO	\$	1,438.50
33206		INSERTION HEART PACEMAKER/ATRIUM	\$	1,418.60
33207		INSERT HEART PACEMAKER/VENTRICULAR	\$	1,418.60
33208		INSERT HEART PACEMAKER/AV SEQUENTIAL	\$	1,605.44
33210		INSERTION OF HEART ELECTRODE	\$	591.66
33211		INSERT/REPLACE TEMPORARY PACEMAKER	\$	591.66
33212		INSERTION OF PULSE GENERATOR	\$	522.46
33213		DUAL CHAMBER PERM PACEMAKER INSERT	\$	522.46
33214		SINGLE CHAMBER TO DUAL CHAMBER CONVT	\$	605.50
33215		REPOS PREV IMPL TRANSVEN PACEMAKER	\$	868.46
33216		REVISION IMPLANTED ELECTRODE	\$	851.16
33217		DUAL CHAMBER PACER INSERT/REPLACE	\$	851.16
33218		REPAIR PACEMAKER ELECTRODES	\$	709.30
33220		REPAIR OF DUAL CHAMBER PACEMAKER	\$	709.30
33221		INSERTION OF PACEMAKER PULSE GENERATOR ONLY; WITH EXISTING MULT	\$	647.82
33223		REVISION SKIN POCKET FOR CARDIOVERTER	\$	761.20
33224		INSERTION OF PACING ELECTRODES CVS	\$	1,013.78
33225		INSERTION OF PACING ELECTRODE CVS	\$	899.60
33226		REPOSITION PREVIOUS IMPLANTED CVS	\$	979.18
33227		REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACE	\$	607.82
33228		REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACE	\$	636.02
33229		REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACE	\$	673.66
33230		INSERTION OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR	\$	686.08
33231		INSERTION OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR	\$	720.96

33233		REMOVAL OF PULSE GENERATOR/PACER	\$	709.30
33234		REMOVAL OF PULSE GEN/ELECTRODE/A-V	\$	709.30
33235		REMOVE PACER/PULSE GEN/ELECTRODE	\$	709.30
33236		REMOVE EPICARDIAL PACER/THORACOTOMY	\$	761.20
33237		REMOVE PACER/DUALLEAD SYSTEM THORACO	\$	1,294.04
33238		REMOVE TRANSVENOUS ELECTRODES THORAC	\$	1,408.22
33240		INSERT/REPLACE CV PULSE GENERATOR	\$	522.46
33241		REMOVE CV PULSE GENERATOR	\$	522.46
33243		REMOVE DEFIB PULSE GEN VIA THORACOTM	\$	692.00
33244		REMOVE DEFIB PULSE GEN/LEAD SYSTEM	\$	692.00
33249		W INSERT OF CV PULSE GENERATOR	\$	1,664.26
33250		OPER ABLATION...;WO CARDIOPUL BYPASS	\$	1,543.16
33251		OPER ABLATION...;W CARDIOPULM BYPASS	\$	1,664.26
33254		ABLATE ATRIA, LMTD	\$	2,419.23
33255		ABLATE ATRIA W/O BYPASS, EXT	\$	2,907.96
33256		ABLATE ATRIA W/BYPASS, EXTEN	\$	3,447.09
33257		OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORME	\$	1,038.87
33258		OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORME	\$	1,171.87
33259		OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORME	\$	1,505.69
33261		OPER ABLATION...;W CARDIOPULMO BYPASS	\$	1,764.60
33262		REMOVAL OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR V	\$	669.54
33263		REMOVAL OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR V	\$	698.33
33264		REMOVAL OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR V	\$	727.43
33265		ABLATE ATRIA W/BYPASS, ENDO	\$	2,415.32
33266		ABLATE ATRIA W/O BYPASS ENDO	\$	3,272.54
33270		Ins/rep subq defibrillator	\$	1,020.91
33271		Insj subq impltbl dfb elctrd	\$	818.50
33272		Rmvl of subq defibrillator	\$	629.20
33273		Repos prev impltbl subq dfb	\$	722.00
33282		IMPLANT PT ACTIV CARDIAC EVENT RECOR	\$	592.39
33284		REM PT ACT CARDIAC EVENT RECORDER IM	\$	449.11
33300		REPAIR OF HEART WOUND	\$	1,774.98
33305		REPAIR OF HEART WOUND	\$	2,837.20
33310		EXPLORATORY HEART SURGERY	\$	1,771.52
33315		EXPLORATORY HEART SURGERY	\$	3,024.04
33320		REPAIR MAJOR BLOOD VESSEL(S)	\$	1,702.32
33321		SUTURE REPAIR AORTA W/SHUNT BYPASS	\$	2,799.14
33322		REPAIR MAJOR BLOOD VESSEL(S)	\$	2,837.20
33335		INSERT MAJOR VESSEL GRAFT	\$	3,781.78
33361		REPLACEMENT OF AORTIC VALVE WITH PROSTHETIC VALVE	\$	2,411.38
33362		REPLACEMENT OF AORTIC VALVE WITH PROSTHETIC VALVE	\$	2,631.68
33363		REPLACEMENT OF AORTIC VALVE WITH PROSTHETIC VALVE	\$	2,729.04
33364		REPLACEMENT OF AORTIC VALVE WITH PROSTHETIC VALVE	\$	2,874.57
33365		REPLACEMENT OF AORTIC VALVE WITH PROSTHETIC VALVE	\$	3,161.47
33366		TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTH	\$	3,418.58
33367		REPLACEMENT OF AORTIC VALVE WITH PROSTHETIC VALVE ON HEART-LUN	\$	1,113.36
33368		REPLACEMENT OF AORTIC VALVE WITH PROSTHETIC VALVE ON HEART-LUN	\$	1,320.75
33369		REPLACEMENT OF AORTIC VALVE WITH PROSTHETIC VALVE ON HEART-LUN	\$	1,743.81
33390		SIMPLE REPAIR OF AORTIC VALVE BY OPE	\$	3,369.31
33391		COMPLEX REPAIR OF AORTIC VALVE BY OP	\$	3,996.72
33404		CONSTRUCT APICAL-ADRTIC CONDUIT	\$	3,546.50
33405		REPLACEMENT OF AORTIC VALVE	\$	3,546.50
33406		AORTIC VALVULOPLASTY W HOMOGRAFT VAL	\$	3,875.20
33410		REPLACE AORTIC VALVE W/CARDIOPUL BYP	\$	3,629.54
33411		REPLACE AORTIC VALVE;ANNULUS ENLARGE	\$	3,546.50
33412		REPLACE AORTIC VALVE;TRANSVENTRICULA	\$	3,546.50
33413		BY TRANSLOCATE AUTO PUL-VALVE/HOMO G	\$	4,203.90
33414		REPAIR LV OUTFLOW TRACT OBSTION	\$	3,626.08
33415		REVISION OF AORTIC VALVE	\$	3,404.64
33416		VENTRICULOMYOTOMY/MYECTOMY	\$	3,404.64
33417		REPAIR OF AORTIC VALVE	\$	3,404.64
33418		REPAIR TCAT MITRAL VALVE	\$	3,209.77
33418	26	REPAIR TCAT MITRAL VALVE	\$	3,426.96
33419		REPAIR TCAT MITRAL VALVE	\$	755.87
33420		REVISION OF MITRAL VALVE	\$	2,837.20
33422		REVISION OF MITRAL VALVE	\$	3,546.50
33425		REPAIR OF MITRAL VALVE	\$	3,546.50
33426		VALVULOPLASTY,MITRAL VALVE,CARD BYPA	\$	3,546.50
33427		VALVULOPLASTY,MITRAL V W CBYP;RAD RE	\$	3,546.50

33430		REPLACEMENT OF MITRAL VALVE	\$	3,546.50
33460		REVISION OF TRICUSPID VALVE	\$	3,546.50
33463		TRICUSPID VALVULOPLASTY O RING INSRT	\$	3,543.04
33464		TRICUSPID VALVULOPLASTY W RING INSRT	\$	3,750.64
33465		REPLACE TRICUSPID VALVE	\$	3,546.50
33468		REVISION OF TRICUSPID VALVE	\$	4,062.04
33470		REVISION OF PULMONARY VALVE	\$	2,837.20
33471		VALVOTOMY-TRANSVENOUS BALOON METHOD	\$	1,384.00
33475		PULMONARY VALVE REPLACEMENT	\$	3,543.04
33476		REVISION OF HEART CHAMBER	\$	2,837.20
33477		IMPLANT TCAT PULM VLV PERQ	\$	2,471.55
33478		REVISION OF HEART CHAMBER	\$	3,546.50
33496		REP NON-STRUCT PROSTH VALVE DYSFUNC	\$	3,549.96
33500		RPR CORONARY ARTERIOVENOUS CHAMB FIS	\$	3,200.50
33501		REPAIR COR AV FISTULA W/O CP BYPASS	\$	3,200.50
33502		CORONARY ARTERY CORRECTION	\$	1,889.16
33503		CORONARY ARTERY GRAFT	\$	2,837.20
33504		CORONARY ARTERY GRAFT	\$	3,778.32
33505		COR ART REPAIR W INTRAPUL ART TUNNEL	\$	3,380.42
33506		COR ART REPAIR/TRANSLOCATE PULART-HT	\$	3,380.42
33507		REPAIR OF ANOMALOUS (EG, INTRAMURAL)	\$	3,062.10
33508		ENDOSCOPY SURG W/VIDEO ASSIST HARVES	\$	48.44
33510		CORONARY ARTERY BYPASS	\$	3,546.50
33511		COR ART BYP,AUTOGENOUS GRAFT;2 ARTER	\$	4,532.60
33512		COR ART BYP,AUTOGENOUS GRAFT;3 ARTER	\$	5,397.60
33513		COR_ART_BYB,AUTOGENOUS_GRAFT;4_ARTER	\$	5,397.60
33514		COR ART BYPASS,AUTOGEN GRAFT;5 ARTER	\$	5,397.60
33516		COR ART BYPASS,AUTOG GRAFT;6/MORE AR	\$	5,397.60
33517		CABG VENOUS&ARTERIAL,1 GRAFT	\$	422.12
33518		CABG 2 VENOUS GRAFTS	\$	795.80
33519		CABG 3 VENOUS GRAFTS	\$	1,024.16
33521		CABG 4 VENOUS GRAFTS	\$	1,124.50
33522		CABG 5 VENOUS GRAFTS	\$	1,249.06
33523		CABG 6 OR MORE VENOUS GRAFTS	\$	1,276.74
33530		REOPERATION,CORONARY BYPASS>1MO.P/OR	\$	955.24
33533		CABG SINGLE ARTERIAL GRAFT	\$	3,546.50
33534		CABG 2 CORONARY ARTERIAL GRAFTS	\$	4,532.60
33535		CABG 3 ARTERIAL GRAFTS	\$	5,397.60
33536		CABG 4 OR MORE ARTERIAL GRAFTS	\$	5,397.60
33542		REMOVAL OF HEART LESION	\$	3,546.50
33545		REPAIR OF HEART DAMAGE	\$	4,345.76
33548		SURGICAL VENTRICULAR RESTORATION PRO	\$	5,268.13
33572		CORONARY ENDARTERECTOMY/EACH VESSEL	\$	588.20
33600		ATRIOVENTRICULAR VALVE SUTURE/PATCH	\$	3,626.08
33602		SEMILUNAR VALVE CLOSURE SUTURE/PATCH	\$	3,543.04
33606		PULMONARY ARTERY ANASTOMOSIS TOAORTA	\$	3,709.12
33608		COMPLEX CARDIAC ANOMALY REPAIR VSD	\$	3,792.16
33610		COMPLEX CARDIAC REPAIR IVS DEFECT	\$	3,709.12
33611		RIGHT VENTRLE CARDIAC TUNNEL REPAIR	\$	3,954.78
33612		RIGHT VENTRICULAR CARDIAC OUTFLOW REP	\$	4,037.82
33615		CARDIAC ANOMALY REPAIR ASD&ANAS TOPA	\$	3,875.20
33617		COMPLEX CARDIAC REPAIR VENTRICFONTAN	\$	4,079.34
33619		VENTRICULO REPAIR W AO OUT FLO OBST	\$	4,449.56
33620		APPLICATION OF RIGHT AND LEFT PULMONARY ARTERY BANDS (EG, HYBRID	\$	2,932.38
33621		TRANSTHORACIC INSERTION OF CATHETER FOR STENT PLACEMENT WITH C	\$	1,659.49
33622		RECONSTRUCTION OF COMPLEX CARDIAC ANOMALY (EG, SINGLE VENTRICL	\$	6,080.74
33641		REPAIR HEART SEPTUM DEFECT	\$	3,404.64
33645		REVISION OF HEART VEINS	\$	3,404.64
33647		REPAIR ATRIAL/VENTRICULAR SEPTAL DEF	\$	3,404.64
33660		REPAIR OF HEART DEFECTS	\$	3,546.50
33665		REPAIR OF HEART DEFECTS	\$	3,778.32
33670		REPAIR OF HEART CHAMBERS	\$	4,345.76
33675		CLOSE MULT VSD	\$	3,504.32
33676		CLOSE MULT VSD W/RESECTION	\$	3,596.84
33677		CL MULT VSD W/REM PUL BAND	\$	3,734.93
33681		REPAIR HEART SEPTUM DEFECT	\$	2,837.20
33684		REPAIR HEART SEPTUM DEFECT	\$	3,546.50
33688		REPAIR HEART SEPTUM DEFECT	\$	4,158.92
33690		REINFORCE PULMONARY ARTERY	\$	1,418.60

33692		REPAIR OF HEART DEFECTS	\$	3,979.00
33694		REPAIR OF HEART DEFECTS	\$	4,345.76
33697		COMPLETE CARDIAC TETRALOGY OF FALLOT	\$	4,473.78
33702		REPAIR OF HEART DEFECTS	\$	3,546.50
33710		REPAIR OF HEART DEFECTS	\$	3,778.32
33720		REPAIR OF HEART DEFECT	\$	3,778.32
33722		CLOSURE OF AORTIC LEFT VENTRITUNNEL	\$	3,889.04
33724		REPAIR VENOUS ANOMALY	\$	2,738.35
33726		REPAIR_OF_ISOLATED_PARTIAL_ANOMALOUS	\$	3,613.24
33730		REPAIR HEART-VEIN DEFECT(S)	\$	3,546.50
33732		COR TRIATRIATUM/MV RING REPAIR	\$	3,615.70
33735		REVISION OF HEART CHAMBER	\$	2,837.20
33736		OPEN HEART W CARIOPULMONARY BYPASS	\$	2,802.60
33737		REVISION OF HEART CHAMBER	\$	3,404.64
33750		MAJOR VESSEL SHUNT	\$	2,127.90
33755		MAJOR VESSEL SHUNT	\$	2,127.90
33762		MAJOR VESSEL SHUNT	\$	2,837.20
33764		SHUNT;CENTRAL,WITH PROSTHETIC GRAFT	\$	2,837.20
33766		MAJOR VESSEL SHUNT	\$	2,837.20
33767		SHUNT FROM SVC TO PULMONARY ARTERY	\$	2,947.92
33768		ANASTOMOSIS, CAVOPULMONARY, SECOND S	\$	736.63
33770		REPAIR TRANSPOSITION GREAT VESSELVSD	\$	4,248.88
33771		VSD SURGICAL ENLARGEMENT	\$	4,428.80
33774		RPR TRANSPOS GT ART W CARDIOP BYPASS	\$	3,134.76
33775		RPR TRANSPOS GT ART...W REM PUL BAN	\$	4,345.76
33776		RPR TRANSPOS GT ART...W CLOS VENT SE	\$	4,539.52
33777		RPR TRANSPOSIT GT ART...REP SUBPUL O	\$	4,345.76
33778		REP TRANSPOS GT ART,AORTIC PUL ARTER	\$	4,345.76
33779		RPR TRANSPOS GT ART.REM PULMONA BAND	\$	4,345.76
33780		RPR TRANSPOS.GT.ART.CLOS VENT SEP DE	\$	4,539.52
33781		RPR TRANSPOS.GT.ART.W RPR SUBPUL OBS	\$	4,345.76
33782		AORTIC ROOT TRANSLOCATION WITH VENTRICULAR SEPTAL DEFECT AND P	\$	5,722.53
33783		AORTIC ROOT TRANSLOCATION WITH VENTRICULAR SEPTAL DEFECT AND P	\$	6,180.08
33786		REPAIR ARTERIAL TRUNK	\$	4,345.76
33788		REVISION OF PULMONARY ARTERY	\$	2,837.20
33800		AORTIC SUSP;TRACHEAL DECOMPRESSION	\$	1,695.40
33802		REPAIR VESSEL DEFECT	\$	2,127.90
33803		REPAIR VESSEL DEFECT	\$	2,127.90
33813		OBLIT.AORTOPUL.SEPTAL DEF;WO CPBYPAS	\$	3,546.50
33814		OBL.AORTOPUL.SEPTAL DEF.W CARDPULBYP	\$	3,546.50
33820		REVISE MAJOR VESSEL	\$	1,889.16
33824		REVISE MAJOR VESSEL	\$	1,889.16
33840		REMOVE AORTA CONSTRICTION	\$	2,837.20
33845		REMOVE AORTA CONSTRICTION	\$	3,404.64
33851		EXCISE COARCTATION-AORTA;WALDHUSEN	\$	2,854.50
33852		EXC COARCTATION AORTA;W RPR AORTIC A	\$	3,027.50
33853		REPAIR AORIC ARCH WITH GRAFT/BYPASS	\$	3,615.70
33860		ASCENDING AORTA GRAFT	\$	3,979.00
33863		AORTIC GRAFT CORONARY RECON ROOT REP	\$	4,210.82
33864		ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS WITH VALVE	\$	5,705.96
33870		TRANSVERSE AORTIC ARCH GRAFT	\$	5,293.80
33875		THORACIC AORTA GRAFT	\$	3,979.00
33877		REPAIR THORACOABDOMINAL ANEURYSM....	\$	3,979.00
33880		ENDOVASCULAR REPAIR OF DESCENDING TH	\$	3,179.81
33881		ENDOVASCULAR REPAIR OF DESCENDING TH	\$	2,732.12
33883		PLACEMENT OF PROXIMAL EXTENSION PROS	\$	1,988.15
33884		PLACEMENT OF PROXIMAL EXTENSION PROS	\$	734.14
33886		PLACEMENT OF DISTAL EXTENSION PROSTH	\$	1,722.98
33889		OPEN SUBCLAVIAN TO CAROTID ARTERY TR	\$	1,398.98
33891		BYPASS GRAFT, WITH OTHER THAN VEIN,	\$	1,695.78
33910		REMOVE LUNG ARTERY EMBOLI	\$	4,165.84
33915		REMOVE LUNG ARTERY EMBOLI	\$	2,269.76
33916		PULM ENDARERECTOMY...W CARDIOP BYPAS	\$	3,027.50
33917		REPAIR PULM ARTERY STENOSIS W/GRAFT	\$	2,947.92
33920		PULMONARY ATRESIA WITH V.S. DEFECT	\$	3,491.14
33922		TRANS.PULMONARY ARTERY WITH BYPASS	\$	2,864.88
33924		LIGATION/TAKEDOWN/SYS/PULM ART SHUNT	\$	619.34
33925		REPAIR OF PULMONARY ARTERY ARBORIZAT	\$	3,052.93
33926		REPAIR OF PULMONARY ARTERY ARBORIZAT	\$	4,288.25

33930			DONOR HEART-LUNG,PREP,MAINTAIN HOMOG	\$	915.07
33933			BACKBENCH STANDARD PREPARATION OF CA	\$	903.09
33935			HEART-LUNG TRANSPLANT,W/ ORG REMOVAL	\$	6,920.00
33940			DONOR CARDIECTOMY,PREP/MAINTAIN HOMO	\$	1,384.00
33944			BACKBENCH STANDARD PREPARATION OF CA	\$	835.42
33946			ECMO/ECLS INITIATION VENOUS	\$	547.06
33947			ECMO/ECLS INITIATION ARTERY	\$	609.41
33948			ECMO/ECLS DAILY MGMT-VENOUS	\$	425.10
33949			ECMO/ECLS DAILY MGMT ARTERY	\$	411.57
33951			ECMO/ECLS INSJ PRPH CANNULA	\$	754.14
33951	26		ECMO/ECLS INSJ PRPH CANNULA	\$	730.54
33952			ECMO/ECLS INSJ PRPH CANNULA	\$	758.33
33952	26		ECMO/ECLS INSJ PRPH CANNULA	\$	708.95
33953			ECMO/ECLS INSJ PRPH CANNULA	\$	842.89
33953	26		ECMO/ECLS INSJ PRPH CANNULA	\$	813.79
33954			ECMO/ECLS INSJ PRPH CANNULA	\$	846.97
33954	26		ECMO/ECLS INSJ PRPH CANNULA	\$	789.40
33955			ECMO/ECLS INSJ CTR CANNULA	\$	1,476.49
33955	26		ECMO/ECLS INSJ CTR CANNULA	\$	1,690.63
33956			ECMO/ECLS INSJ CTR CANNULA	\$	1,475.24
33956	26		ECMO/ECLS INSJ CTR CANNULA	\$	1,591.70
33957			ECMO/ECLS REPOS PERPH CNULA	\$	328.60
33957	26		ECMO/ECLS REPOS PERPH CNULA	\$	564.64
33958			ECMO/ECLS REPOS PERPH CNULA	\$	329.25
33958	26		ECMO/ECLS REPOS PERPH CNULA	\$	552.80
33959			ECMO/ECLS REPOS PERPH CNULA	\$	416.93
33959	26		ECMO/ECLS REPOS PERPH CNULA	\$	651.38
33962			ECMO/ECLS REPOS PERPH CNULA	\$	418.24
33962	26		ECMO/ECLS REPOS PERPH CNULA	\$	619.31
33963			ECMO/ECLS REPOS PERPH CNULA	\$	832.58
33963	26		ECMO/ECLS REPOS PERPH CNULA	\$	1,059.49
33964			ECMO/ECLS REPOS PERPH CNULA	\$	878.84
33964	26		ECMO/ECLS REPOS PERPH CNULA	\$	1,071.74
33965			ECMO/ECLS RMVL PERPH CANNULA	\$	328.60
33965	26		ECMO/ECLS RMVL PERPH CANNULA	\$	564.64
33966			ECMO/ECLS RMVL PERPH CANNULA	\$	420.60
33966	26		ECMO/ECLS RMVL PERPH CANNULA	\$	621.94
33967			INSERT INTRA-AORTIC BALLOON PERCUTAN	\$	429.04
33968			REMOVE INTRA-AORTIC BALLOON DEVICE	\$	104.15
33969			ECMO/ECLS RMVL PERPH CANNULA	\$	486.30
33969	26		ECMO/ECLS RMVL PERPH CANNULA	\$	648.30
33970			INTERNAL CIRCULATION ASSIST	\$	937.66
33971			REMOVE INTRA-AORTIC BALOON,W/ REPAIR	\$	937.66
33973			INSERTION INTRA-AORTIC BALLOON ASSIS	\$	851.16
33974			REM.INTRA-AORTIC BALLOON ASSIST DEVI	\$	937.66
33975			IMPLANTATION VENTRICULAR ASSISTSINGL	\$	2,242.08
33976			IMPLANT.BIVENTRICULAR DEVICE SUPPORT	\$	3,176.28
33977			REMOVALVENTRICULAR DEVICE SINGLE SUP	\$	1,961.82
33978			REMOVAL BIVENTRICULAR SUPPORT DEVICE	\$	2,242.08
33979			INSERT VENTRIC ASSIST DEV IMPLANT SI	\$	4,644.19
33980			REMOVAL VENT ASSIST DEVICE IMPLANTAB	\$	5,442.58
33981			REPLACEMENT OF EXTRACORPOREAL VENTRICULAR ASSIST DEVICE, SINGL	\$	1,479.05
33982			REPLACEMENT OF VENTRICULAR ASSIST DEVICE PUMP(S); IMPLANTABLE IN	\$	3,474.81
33983			REPLACEMENT OF VENTRICULAR ASSIST DEVICE PUMP(S); IMPLANTABLE IN	\$	4,087.09
33984			ECMO/ECLS RMVL PERPH CANNULA	\$	504.81
33984	26		ECMO/ECLS RMVL PERPH CANNULA	\$	630.79
33985			ECMO/ECLS RMVL CTR CANNULA	\$	914.75
33985	26		ECMO/ECLS RMVL CTR CANNULA	\$	1,202.49
33986			ECMO/ECLS RMVL CTR CANNULA	\$	924.51
33986	26		ECMO/ECLS RMVL CTR CANNULA	\$	1,141.18
33987			ARTERY EXPOS/GRAFT ARTERY	\$	370.70
33988			INSERTION OF LEFT HEART VENT	\$	1,382.86
33988	26		INSERTION OF LEFT HEART VENT	\$	1,392.75
33989			REMOVAL OF LEFT HEART VENT	\$	878.84
33989	26		REMOVAL OF LEFT HEART VENT	\$	930.22
33990			INSERTION OF LOWER HEART CHAMBER BLOOD FLOW ASSIST DEVICE	\$	757.26
33991			INSERTION OF LOWER HEART CHAMBER BLOOD FLOW ASSIST DEVICE	\$	1,116.13
33992			REMOVAL OF LOWER HEART CHAMBER BLOOD FLOW ASSIST DEVICE	\$	355.45
33993			REPOSITIONING OF LOWER HEART CHAMBER BLOOD FLOW ASSIST DEVICE	\$	311.12

34001			REMOVAL OF ARTERY CLOT	\$	951.50
34051			REMOVAL OF ARTERY CLOT	\$	951.50
34101			REMOVAL OF ARTERY CLOT	\$	951.50
34111			EMBOLECTOMY/THROMBECTOMY,RADIAL/ULNA	\$	951.50
34151			REMOVAL OF ARTERY CLOT	\$	951.50
34201			REMOVAL OF ARTERY CLOT	\$	951.50
34201	50		REMOVAL OF ARTERY CLOT, BILATERAL	\$	1,427.25
34203			EMBOL-THROMBECTOMY,POBLITEAL-TIBIO	\$	951.50
34401			REMOVAL OF VEIN CLOT	\$	1,325.18
34421			REMOVAL OF VEIN CLOT	\$	851.16
34451			REMOVAL OF VEIN CLOT	\$	1,702.32
34471			REMOVAL OF VEIN CLOT	\$	581.28
34490			REMOVAL OF VEIN CLOT	\$	809.64
34501			VALVULOPLASTY,FEMORAL VEIN	\$	415.20
34502			RECONSTRUCTION OF VENA CAVA ANY METH	\$	3,460.00
34510			TRANSPOSE VENOUS VALVE,ANY VEIN DONO	\$	553.60
34520			CROSS-OVER VEIN GRAFT TO VENOUS SYST	\$	553.60
34530			SAPHENOPOPLITEAL VEIN ANASTOMOSIS	\$	498.24
34800			ENDOVASC REP INFRARENAL ABD AOR ANEU	\$	2,055.24
34802			ENDOVAS REP INFRA ABD AORTIC.ANEURYS	\$	2,242.08
34803			ENDOVASCULAR REPAIR OF INFRARENAL AB	\$	2,472.00
34804			ENDOVAS REP INFRA ABD AORTIC ANEURYS	\$	2,242.08
34805			ENDOVASC REP INFRAREN ABDOM ADRT ANE	\$	2,249.00
34806			TRANSCATHETER PLACEMENT OF WIRELESS PHYSIOLOGIC SENSOR IN ANE	\$	187.84
34808			ENDOVASC PLACEMENT ILIAC ART OCC DEV	\$	384.06
34812			OPEN FEM ART EXPOS/DEL AORT ENDOV PR	\$	626.26
34813			PLACEMENT FEM-FEM PROSTHETIC GRAFT	\$	446.34
34820			OPEN ILIAC ARTERY EXPOSURE DEL ENDOV	\$	1,494.72
34825			PLACEMENT PROX/DIST EXTENSION PROSTH	\$	1,307.88
34826			PLACE PROX/DIST EXT PROSTH EA ADDIT	\$	560.52
34830			OPEN REP INFRARENAL AORTIC ANEURYSM	\$	3,152.06
34831			OPEN REP INFRA AORT ANEURYSM	\$	3,404.64
34832			OPEN REP INFRA AORTIC ANEURYSM	\$	3,404.64
34833			OPEN ILIAC ARTERY EXPOSURE UNILAT	\$	1,121.04
34834			OPEN BRACHIAL ARTERY EXPOS UNILAT	\$	501.70
34841			PLACEMENT OF GRAFT FOR REPAIR OF AORTA WITH RADIOLOGICAL SUPER	\$	3,524.25
34842			PLACEMENT OF GRAFT FOR REPAIR OF AORTA WITH RADIOLOGICAL SUPER	\$	3,881.39
34843			PLACEMENT OF GRAFT FOR REPAIR OF AORTA WITH RADIOLOGICAL SUPER	\$	4,238.50
34844			PLACEMENT OF GRAFT FOR REPAIR OF AORTA WITH RADIOLOGICAL SUPER	\$	4,595.61
34845			PLACEMENT OF GRAFT FOR REPAIR OF AORTA WITH RADIOLOGICAL SUPER	\$	3,524.25
34846			PLACEMENT OF GRAFT FOR REPAIR OF AORTA WITH RADIOLOGICAL SUPER	\$	3,881.39
34847			PLACEMENT OF GRAFT FOR REPAIR OF AORTA WITH RADIOLOGICAL SUPER	\$	4,238.50
34848			PLACEMENT OF GRAFT FOR REPAIR OF AORTA WITH RADIOLOGICAL SUPER	\$	4,595.61
34900			ENDOVASCULAR GRAFT REPLACEMENT	\$	1,529.32
35001			REPAIR DEFECT OF ARTERY	\$	2,249.00
35002			REPAIR RUPTURED ANEURYSM,NECK INCISI	\$	2,249.00
35005			REPAIR ANEURYSM,OCCLUSIVE DIS,VERTEB	\$	2,249.00
35011			REPAIR DEFECT OF ARTERY	\$	1,418.60
35013			REPAIR RUPTURED ANEURYSM,AXIL-BRACH	\$	1,418.60
35021			REPAIR DEFECT OF ARTERY	\$	2,837.20
35022			REPAIR RUPTURED ANEURYSM-SUBCLAV.ART	\$	2,837.20
35045			REPAIR ANEURYSM,OCCLU OIS,RAD/ULNAR	\$	2,249.00
35081			REPAIR DEFECT OF ARTERY	\$	2,626.14
35082			REPAIR RUPTURED ANEURYSM-ABDOMINAL	\$	2,889.10
35091			REPAIR DEFECT OF ARTERY	\$	2,626.14
35092			REP.RUPTURED ANEURYSM,ABD AORTA/VISC	\$	2,889.10
35102			REPAIR DEFECT OF ARTERY	\$	2,626.14
35103			REP.RUPTURED ANEURYSM,ABD AORTA/ILIA	\$	2,889.10
35111			REPAIR DEFECT OF ARTERY	\$	2,352.80
35112			REP.RUPTURED ANEURYSM,SPLENIC ARTERY	\$	2,352.80
35121			REPAIR DEFECT OF ARTERY	\$	2,629.60
35122			RUPTURED ANEURYSM,HEPATIC,CELIAC	\$	2,629.60
35131			REPAIR DEFECT OF ARTERY	\$	2,283.60
35132			RUPTURED ANEURYSM,ILIAC ARTERY/COMMO	\$	2,283.60
35141			REPAIR DEFECT OF ARTERY	\$	2,352.80
35142			REPAIR RUPTURED ANEURYSM/FEMORAL ART	\$	2,352.80
35151			REPAIR DEFECT OF ARTERY	\$	2,352.80
35152			REPAIR RUPT ANEURYSM,POPLITEAL ARTER	\$	2,352.80
35180			REPAIR CONGENITAL FISTULA-HEAD/NECK	\$	2,352.80

35182		REP.CONGENITAL FIST-THORAX/ABDOMEN	\$	2,743.78
35184		REP.CONGENITAL FISTULA,EXTREMITIES	\$	2,352.80
35188		REP ACQUIRED/TRAUMA FIST.-HEAD/NECK	\$	2,352.80
35189		REP.ACQUIRED/TRAUMA FIST.THORAX/ABDO	\$	2,743.78
35190		REP.ACQUIRED/TRAUMA FISTULA/EXTREMIT	\$	2,352.80
35201		REPAIR BLOOD VESSEL LESION	\$	1,418.60
35206		REPAIR BLOOD VESSEL LESION	\$	1,418.60
35207		REPAIR BLOOD VESSEL,DIRECT-HAND/FING	\$	1,183.32
35211		REPAIR BLOOD VESSEL LESION	\$	2,335.50
35216		REPAIR BLOOD VESSEL LESION	\$	2,335.50
35221		REPAIR BLOOD VESSEL LESION	\$	2,335.50
35226		REPAIR BLOOD VESSEL LESION	\$	1,418.60
35231		REPAIR BLOOD VESSEL LESION	\$	1,418.60
35236		REPAIR BLOOD VESSEL LESION	\$	1,418.60
35241		REPAIR BLOOD VESSEL LESION	\$	2,335.50
35246		REPAIR BLOOD VESSEL LESION	\$	2,335.50
35251		REPAIR BLOOD VESSEL LESION	\$	2,335.50
35256		REPAIR BLOOD VESSEL LESION	\$	2,127.90
35261		REPAIR BLOOD VESSEL LESION	\$	2,127.90
35266		REPAIR BLOOD VESSEL LESION	\$	2,127.90
35271		REPAIR BLOOD VESSEL LESION	\$	2,335.50
35276		REPAIR BLOOD VESSEL LESION	\$	2,335.50
35281		REPAIR BLOOD VESSEL LESION	\$	2,335.50
35286		REPAIR BLOOD VESSEL LESION	\$	2,127.90
35301		RECHANNELING OF ARTERY	\$	2,127.90
35302		RECHANNELING OF ARTERY	\$	1,994.34
35303		RECHANNELING OF ARTERY	\$	2,204.68
35304		RECHANNELING OF ARTERY	\$	2,277.79
35305		RECHANNELING OF ARTERY	\$	2,189.83
35306		RECHANNELING OF ARTERY	\$	784.38
35311		RECHANNELING OF ARTERY	\$	2,501.58
35321		RECHANNELING OF ARTERY	\$	2,127.90
35331		RECHANNELING OF ARTERY	\$	2,646.90
35341		RECHANNELING OF ARTERY	\$	2,646.90
35351		RECHANNELING OF ARTERY	\$	2,646.90
35355		THROMBOENDARTERECTOMY-ILIOFEMORAL	\$	2,646.90
35361		RECHANNELING OF ARTERY	\$	2,646.90
35363		THROMBOENDARTERECTOMY/COMB.AORTOILIO	\$	2,646.90
35371		RECHANNELING OF ARTERY	\$	2,127.90
35372		THROMBOENDARTERECTOMY...DEEP FEMORAL	\$	2,127.90
35390		REOP.CAROTID THROMBOENDARTERECTOMY	\$	454.71
35400		ANGIOSCOPY DURING THERAPEUTIC INTERV	\$	502.43
35500		HARVEST UPPER EXTREMITY VEIN	\$	339.08
35501		ARTERY BYPASS GRAFT	\$	2,249.00
35506		ARTERY BYPASS GRAFT	\$	2,249.00
35508		BYPASS GRAFT,W/VEIN;CAROTID-VERTEBRA	\$	2,249.00
35509		ARTERY BYPASS GRAFT	\$	2,249.00
35510		BYPASS GRAFT W/VEIN CAROTID-BRACHIAL	\$	2,646.90
35511		ARTERY BYPASS GRAFT	\$	2,249.00
35512		BYPASS GRAFT W/VEIN SUBCLAV/BRACHIAL	\$	2,242.08
35515		BYPASS GRAFT,W/VEIN;SUBCLAVIAN-VERTE	\$	2,249.00
35516		ARTERY BYPASS GRAFT	\$	2,249.00
35518		BYPASS GRAFT,W/VEIN;AXILLARY-AXILLAR	\$	2,249.00
35521		ARTERY BYPASS GRAFT	\$	2,626.14
35522		BYPASS GRAFT W/VEIN AXILLARY/BRACHIA	\$	2,345.88
35523		BYPASS GRAFT, WITH VEIN; BRACHIAL-ULNAR OR -RADIAL	\$	2,433.56
35525		BYPASS GRAFT W/VEIN BRACHIAL/BRACHIA	\$	2,190.18
35526		ARTERY BYPASS GRAFT	\$	2,626.14
35531		ARTERY BYPASS GRAFT	\$	2,626.14
35533		BYPASS GRAFT,W/VEIN;AXIL-FEM-FEM	\$	2,626.14
35535		BYPASS_GRAFT__WITH_VEIN;_HEPATORENA	\$	3,353.40
35536		ARTERY BYPASS GRAFT	\$	2,626.14
35537		ARTERY BYPASS GRAFT	\$	3,671.96
35538		ARTERY BYPASS GRAFT	\$	4,108.82
35539		ARTERY BYPASS GRAFT	\$	3,861.15
35540		ARTERY BYPASS GRAFT	\$	4,302.16
35556		ARTERY BYPASS GRAFT	\$	2,249.00
35558		ARTERY BYPASS GRAFT	\$	2,249.00
35560		BYPASS GRAFT,W/VEIN;AORTORENAL	\$	2,249.00

35563			ARTERY BYPASS GRAFT	\$	2,626.14
35565			ARTERY BYPASS GRAFT	\$	2,626.14
35566			ARTERY BYPASS GRAFT	\$	2,249.00
35570			BYPASS_GRAFT___WITH_VEIN;_TIBIAL-TIB	\$	2,927.06
35571			ARTERY BYPASS GRAFT	\$	2,249.00
35572			HARVEST OF FEMOROPOPLITEAL VEIN 1 SE	\$	636.64
35583			IN-SITU BYPASS;FEMORAL-POPLITEAL	\$	2,626.14
35585			IN-SITU BYPASS;FEM-ANTER,POST,PERON	\$	2,626.14
35587			IN-SITU BYPASS;POPLIT-TIBIAL,PERONEA	\$	2,626.14
35600			HARVEST UPPER EXTREM ARTERY 1 SEGMENT	\$	480.94
35601			ARTERY BYPASS GRAFT	\$	2,249.00
35606			ARTERY BYPASS GRAFT	\$	2,249.00
35612			ARTERY BYPASS GRAFT	\$	2,249.00
35616			ARTERY BYPASS GRAFT	\$	2,249.00
35621			ARTERY BYPASS GRAFT	\$	2,249.00
35623			BYPASS GRAFT AXILLARY POPLITEALTIBIA	\$	2,152.12
35626			ARTERY BYPASS GRAFT	\$	2,439.30
35631			ARTERY BYPASS GRAFT	\$	2,626.14
35632			BYPASS_GRAFT___WITH_OTHER_THAN_VEIN	\$	3,184.10
35633			BYPASS_GRAFT___WITH_OTHER_THAN_VEIN	\$	3,540.13
35634			BYPASS_GRAFT___WITH_OTHER_THAN_VEIN	\$	3,115.80
35636			ARTERY BYPASS GRAFT	\$	2,626.14
35637			ARTERY BYPASS GRAFT	\$	3,055.11
35638			ARTERY BYPASS GRAFT	\$	3,121.44
35642			BYPASS GRAFT,NOT VEIN,CAROTID-VERTEB	\$	2,249.00
35645			BYPASS GRAFT,NOT VEIN;SUBCLAV-VERTEB	\$	2,249.00
35646			ARTERY BYPASS GRAFT	\$	2,626.14
35647			BYPASS GRAFT W/OTHER THAN VEIN AORTO	\$	2,629.60
35650			BYPASS GRAFT,NOT VEIN;AXILLARY-AXILL	\$	2,249.00
35654			BYPASS GRAFT,NOT VEIN;AXILL-FEM-FEM	\$	3,460.00
35656			ARTERY BYPASS GRAFT	\$	2,249.00
35661			ARTERY BYPASS GRAFT	\$	2,249.00
35663			ARTERY BYPASS GRAFT	\$	2,626.14
35665			ARTERY BYPASS GRAFT	\$	2,626.14
35666			ARTERY BYPASS GRAFT	\$	2,249.00
35671			ARTERY BYPASS GRAFT	\$	2,249.00
35681			BYPASS_GRAFT,COMPOSITE	\$	260.75
35682			BYPASS GRAFT, AUTOGENOUS COMPOSITE	\$	1,019.11
35683			BYPASS GRAFT, AUTOG COMP 3 OR MORE	\$	1,202.56
35685			PLACEMENT OF VEIN PATCH @ DIST ANAST	\$	615.88
35686			CREATION DIST ARTERIOVEN FISTULA	\$	512.08
35691			TRANSPOSITION VERTEBRAL TO CAROTID	\$	2,249.00
35693			TRANSPOSITION VERTEBRAL TO SUBCLAVIA	\$	2,249.00
35694			TRANS.SUBCLAVIAN TO CAROTID ARTERY	\$	2,249.00
35695			TRANSPOSITION CAROTID TO SUBCLAVIAN	\$	2,480.82
35697			REIMPLANT VISC ART TO INF AORT PROST	\$	238.74
35700			REOPER.FEMEORAL-POPLITEAL TIBIAL	\$	501.63
35701			EXPLORATION, CAROTID ARTERY	\$	788.88
35721			EXPLORATION, FEMORAL ARTERY	\$	591.66
35741			EXPLORATION POPLITEAL ARTERY	\$	591.66
35761			EXPLORATION OF ARTERY/VEIN	\$	591.66
35800			EXPLORE NECK VESSELS	\$	591.66
35820			EXPLORE CHEST VESSELS	\$	889.22
35840			EXPLORE ABDOMINAL VESSELS	\$	889.22
35860			EXPLORE LIMB VESSELS	\$	591.66
35870			REPAIR OF GRAFT-ENTERIC FISTULA	\$	2,449.68
35875			THROMBECTOMY OF ARTERIAL GRAFT	\$	1,038.00
35876			THROMBECTOMY ARTERIAL VENOUS GRAFT	\$	1,446.28
35879			OPEN REVIS LOW EXTR ART BYPASS W/ANG	\$	1,332.10
35881			REVISE LOW EXTR ART BYPASS W/VEIN IN	\$	1,674.64
35883			REVISE GRAFT W/NONAUTO GRAFT	\$	2,139.32
35884			REVISE GRAFT W/VEIN	\$	2,187.83
35901			EXCISION OF INFECTED GRAFT OF NECK	\$	1,636.82
35903			EXCISION INFECTED GRAFT EXTREMITY	\$	1,883.21
35905			EXCISION INFECTED GRAFT THORAX	\$	2,626.14
35907			EXCISION INFECTED GRAFT ABDOMEN	\$	2,626.14
36000			ESTABLISH ACCESS TO VEIN	\$	78.06
36000	50		INTRO OF NEEDLE OR INTRACATH VEIN;BI	\$	155.70
36000	SA		ESTABLISH ACCESS TO VEIN	\$	100.34

36002			INJ PROC PERC TX EXTREM PSEUDOANEURY	\$	491.32
36010			INSERT SUPERIOR/INFERIOR CATHETER	\$	294.10
36011			SELECT CATH PLACE,VENOUS SYS;FIRST O	\$	441.15
36012			SELECT CATH PLACE,VENOUS SYS;SECOND	\$	661.73
36013			INTRO OF CATHETERMRT HR/MAIN PUL ART	\$	441.15
36014			SELECTIVE CATHETER PLACEMENT L/R PUL	\$	458.17
36015			SELECTIVE CATHETER PLACEMENT,SEG/SUB	\$	516.85
36100			ESTABLISH ACCESS TO ARTERY	\$	356.38
36100	50		INTRO NEEDLE INTRACATH,CAR/VERT BILA	\$	532.84
36120			ESTABLISH ACCESS TO ARTERY	\$	380.60
36140			ESTABLISH ACCESS TO ARTERY	\$	214.52
36140	50		INTRO NEEDLE/INTRACATH; EXTREMITY AR	\$	321.78
36200			ESTABLISH ACCESS TO AORTA	\$	328.70
36215			INTRODUCE CATHETER; EACH ADD....	\$	536.30
36216			SELECT CATH PL,ART SYS;INIT SEC ORDE	\$	648.75
36217			SELECT CATH PL,ART SYS;INIT THIRD OR	\$	778.50
36218			SELECT CATH PL,ART SYS;ADDIT SEC ORD	\$	129.75
36221	26		INSERTION OF CATHETER INTO CHEST AORTA FOR DIAGNOSIS OR TREATME	\$	356.31
36221			INSERTION OF CATHETER INTO CHEST AORTA FOR DIAGNOSIS OR TREATME	\$	1,902.45
36222	26		INSERTION OF CATHETER INTO NECK ARTERY FOR DIAGNOSIS OR TREATME	\$	501.67
36222			INSERTION OF CATHETER INTO NECK ARTERY FOR DIAGNOSIS OR TREATME	\$	2,233.81
36223	26		INSERTION OF CATHETER INTO NECK ARTERY FOR DIAGNOSIS OR TREATME	\$	559.27
36223			INSERTION OF CATHETER INTO NECK ARTERY FOR DIAGNOSIS OR TREATME	\$	2,805.71
36224	26		INSERTION OF CATHETER INTO NECK ARTERY FOR DIAGNOSIS OR TREATME	\$	635.01
36224			INSERTION OF CATHETER INTO NECK ARTERY FOR DIAGNOSIS OR TREATME	\$	3,571.10
36225	26		INSERTION OF CATHETER INTO CHEST ARTERY FOR DIAGNOSIS OR TREATM	\$	556.85
36225			INSERTION OF CATHETER INTO CHEST ARTERY FOR DIAGNOSIS OR TREATM	\$	2,697.62
36226	26		INSERTION OF CATHETER INTO CHEST ARTERY FOR DIAGNOSIS OR TREATM	\$	629.48
36226			INSERTION OF CATHETER INTO CHEST ARTERY FOR DIAGNOSIS OR TREATM	\$	3,461.25
36227	26		INSERTION OF CATHETER INTO NECK ARTERY FOR DIAGNOSIS OR TREATME	\$	206.77
36227			INSERTION OF CATHETER INTO NECK ARTERY FOR DIAGNOSIS OR TREATME	\$	467.90
36228	26		INSERTION OF CATHETER INTO NECK ARTERY FOR DIAGNOSIS OR TREATME	\$	427.52
36228			INSERTION OF CATHETER INTO NECK ARTERY FOR DIAGNOSIS OR TREATME	\$	2,459.33
36246			SELECT CATH PL,ART SYS;INIT SEC ORD	\$	648.75
36247			SELECT CATH PLACE,ART SYS;INIT THIRD	\$	795.80
36248			SELECT CATH PLACE,ART SYS;ADDIT SECO	\$	129.75
36251	26		SELECTIVE CATHETER PLACEMENT (FIRST-ORDER), MAIN RENAL ARTERY AN	\$	463.61
36251			SELECTIVE CATHETER PLACEMENT (FIRST-ORDER), MAIN RENAL ARTERY AN	\$	2,567.15
36252	26		SELECTIVE CATHETER PLACEMENT (FIRST-ORDER), MAIN RENAL ARTERY AN	\$	642.76
36252			SELECTIVE CATHETER PLACEMENT (FIRST-ORDER), MAIN RENAL ARTERY AN	\$	2,762.95
36253	26		SUPERSELECTIVE CATHETER PLACEMENT (ONE OR MORE SECOND ORDER C	\$	641.38
36253			SUPERSELECTIVE CATHETER PLACEMENT (ONE OR MORE SECOND ORDER C	\$	4,110.34
36254	26		SUPERSELECTIVE CATHETER PLACEMENT (ONE OR MORE SECOND ORDER C	\$	750.27
36254			SUPERSELECTIVE CATHETER PLACEMENT (ONE OR MORE SECOND ORDER C	\$	4,005.30
36260			INSERTION OF IMPLANTABLE PUMP	\$	1,183.32
36261			REVISE IMPLANTED INFUSION PUMP	\$	494.78
36262			REMOVE IMPLANTED INFUSION PUMP	\$	494.78
36405			ESTABLISH ACCESS TO VEIN *	\$	62.28
36406			VENIPUNCTURE,UNDER AGE 3YRS.OTHER VE	\$	55.36
36406	HU		VENIPUNCTURE,UNDER AGE 3YRS OTH VEIN	\$	55.36
36410			ESTABLISH ACCESS TO VEIN	\$	62.28
36415			ROUTINE VENIPUNCTURE COLLECT SPECIME	\$	6.23
36415	FP		ROUTINE VENIPUNCTURE COLLECT SPECIME	\$	11.76
36415	HU		ROUTINE VENIPUNCTURE COLL SPECIMEN	\$	6.23
36415	SA		ROUTINE VENIPUNCTURE COLLECT SPECIME	\$	6.23
36415	UD		ROUTINE VENIPUNCTURE COLLECT SPECIME	\$	6.23
36416			COLLECTION OF CAPILLARY BLOOD SPEC	\$	6.23
36416	FP		COLLECTION OF CAPILLARY BLOOD SPEC	\$	6.23
36416	HU		COLLECTION OF CAPILLARY BLOOD SPEC	\$	6.23
36416	SA		COLLECTION OF CAPILLARY BLOOD SPEC	\$	6.23
36416	UD		COLLECTION OF CAPILLARY BLOOD SPEC	\$	6.23
36425			ESTABLISH ACCESS TO VEIN	\$	62.28
36430			TRANSFUSION,BLOOD/BLOOD COMPONENTS	\$	44.98
36440			BLOOD TRANSFUSION SERVICE	\$	156.95
36450			EXCHANGE TRANSFUSION SERVICE	\$	348.77
36455			EXCHANGE TRANSFUSION SERVICE	\$	340.91
36460			TRANSFUSION SERVICE, FETAL	\$	522.46
36470			INJECTION THERAPY OF VEIN *	\$	57.78
36471			INJECTION THERAPY OF VEINS *	\$	69.30

36473			MECHANICOCHEMICAL DESTRUCTION OF INS	\$	2,816.92
36473	26		MECHANICOCHEMICAL DESTRUCTION OF INS	\$	312.71
36474			MECHANICOCHEMICAL DESTRUCTION OF INS	\$	508.83
36474	26		MECHANICOCHEMICAL DESTRUCTION OF INS	\$	156.67
36475	26		ENDOVENOUS ABLATION THERAPY OF INCOM	\$	498.00
36475			ENDOVENOUS ABLATION THERAPY OF INCOM	\$	2,816.82
36476	26		ENDOVENOUS ABLATION THERAPY OF INCOM	\$	240.78
36476			ENDOVENOUS ABLATION THERAPY OF INCOM	\$	533.81
36478	26		ENDOVENOUS ABLATION THERAPY OF INCOM	\$	494.88
36478			ENDOVENOUS ABLATION THERAPY OF INCOM	\$	2,239.66
36479			ENDOVENOUS ABLATION THERAPY OF INCOM	\$	565.57
36500			VEIN CATH/SELECT. ORGAN SAMPLE	\$	439.42
36511			THERAPEUTIC APHORESIS FOR WBC'S.	\$	169.54
36512			THERAPEUTIC APHERESIS FOR RBC'S.	\$	169.54
36513			THERAPEUTIC APHERESIS FOR PLATELETS	\$	169.54
36514			THERAPEUTIC APHERESIS PLASMA PHORESI	\$	291.33
36516			THERAPEUTIC APHERESIS EXT SEL ADSORP	\$	169.54
36522			PHOTOPHERESIS, EXTRACORPORAL	\$	306.38
36556			INSERT NON-TUN CV CATH AGE 5 + OVER	\$	553.60
36556	26		INSERT NON-TUN CV CATH AGE 5 + OVER	\$	179.92
36558			INSERT CV CATH WO/SUBCU PORT AGE 5+	\$	1,332.10
36558	26		INSERT CV CATH WO/SUBCU PORT AGE 5+	\$	532.84
36561			INSERT TUN CENT INSERT CVA AGE 5 & >	\$	2,266.30
36561	26		SUBCUTANEOUS PORT < 5 YRS & OLDER	\$	567.44
36563			SUBCUTANEOUS PORT AGE 5 OR OLDER	\$	3,546.50
36563	26		SUBCUTANEOUS PORT AGE 5 OR OLDER	\$	743.90
36565			SUBCUTANEOUS PUMP	\$	2,266.30
36565	26		SUBCUTANEOUS PUMP	\$	567.44
36566			SUBCUTANEOUS PORT OR PUMP	\$	2,473.90
36569			INSERTION OF PICC AGE 5 & OVER	\$	411.74
36569	26		SUBCUTANEOUS PORT/PUMP < 5 YRS OLD	\$	107.26
36571			SUBCUTANEOUS PORT < 5 YRS OF AGE	\$	2,058.70
36571	26		SUBCUTANEOUS PORT < 5 YRS OF AGE	\$	515.54
36575			SUBCUTANEOUS PORT AGE 5 OR > REP CVA	\$	342.54
36575	26		SUBCUTANEOUS PORT AGE 5 OR > REP CVA	\$	107.26
36576			REP_CVA_DEVICE_W/SUBCU_PORT/PUMP	\$	964.92
36576	26		REP CVA DEVICE W/SUBCU PORT/PUMP	\$	612.42
36578			REP_CVA_DEVICE_W/SUBCU_PORT/PUMP	\$	1,508.56
36578	26		REPLACE CATH OF CVA DEVICE W/PORT/PU	\$	633.18
36580			REPLACE COMPL NON-TUN CENTRAL CATH	\$	480.94
36580	26		REPLACE COMPL NON-TUN CNETRAL CATH	\$	173.00
36581			REPLACE COMPL TUNNEED CENTRAL CATH	\$	1,442.82
36581	26		REPLACE COMPL TUNNEED CENTRAL CATH	\$	477.48
36582			REPLACE COML TUNNEL CVA DEVICE W/POR	\$	2,058.70
36582	26		REPLACE COML TUNNEL CVA DEVICE W/POR	\$	515.54
36583			REPLACE COMPL TUNNEL DEV W/PUMP	\$	2,058.70
36583	26		REPLACE COMPL TUNNEL DEV W/PUMP	\$	515.54
36584			REPLACE COMPL PICC W/O SUBCU PORT/PU	\$	480.94
36584	26		REPLACE COMPL PICC W/O SUBCU PORT/PU	\$	173.00
36585			REPLACE_COMPL_CVAD_W/SUBCU_PORT/PUMP	\$	3,546.50
36585	26		REPLACE COMPL CVAD W/SUBCU PORT/PUMP	\$	602.04
36589			REMOVAL TUNNEED CVC W/O SUBCU PORT	\$	453.26
36589	26		REMOVAL TUNNEED CVC W/O SUBCU PORT	\$	370.22
36590			REMOVAL TUNNEED CVAD W SUBCU PORT	\$	712.76
36590	26		REMOVAL TUNNEED CVAD W SUBCU PORT	\$	581.28
36591			COLLECTION OF BLOOD SPECIMEN FROM A COMPLETELY IMPLANTABLE VEN	\$	45.08
36592			COLLECTION OF BLOOD SPECIMEN USING ESTABLISHED CENTRAL OR PERIP	\$	50.41
36593			DECLOTTING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS	\$	59.58
36595			MECH REMOV PERICATH OBSTRUCT MATERIA	\$	1,304.42
36595	26		MECH REMOV PERICATH OBSTRUCT MATERIA	\$	581.28
36596			MECHAN REMOV INTRALUM OBSTRUCT MATER	\$	342.54
36596	26		MECHAN REMOV INTRALUM OBSTRUCT MATER	\$	107.26
36597			REPOSITION_CVC_W/FLUOROS_GUIDANCE_	\$	453.26
36597	26		REPOSITION CVC W/FLUOROS GUIDANCE	\$	141.86
36598			CONTRAST INJECTION(S) FOR RADIOLOGIC	\$	206.22
36600			WITHDRAWAL OF ARTERIAL BLOOD *	\$	27.68
36620			ESTABLISH ACCESS TO ARTERY	\$	69.20
36620	SA		ESTABLISH ACCESS TO ARTERY	\$	52.59
36625			ESTABLISH ACCESS TO ARTERY	\$	211.06

36640			INSERTION CATHETER, ARTERY	\$	211.06
36680			NEEDLE PLACEMENT-INTRAOSSEOUS INFUSI	\$	128.02
36800			INSERTION OF CANNULA	\$	445.20
36810			INSERTION OF CANNULA	\$	629.72
36815			INSERTION OF CANNULA	\$	459.70
36818			ARTERIOVENOUS ANASTOMOSIS, OPEN; BY	\$	1,239.16
36820			OPEN ARTERIOVEN ANAST FOREARM VEIN	\$	1,131.42
36821			ARTERY-VEIN FUSION	\$	875.38
36823			INSERT ARTERIAL/VENOUS CANNULA	\$	740.44
36825			ARTERY-VEIN GRAFT	\$	1,626.20
36830			ARTERY-VEIN GRAFT	\$	1,252.52
36831			THROMBECTOMY, ARTERIOVENOUS FISTULA	\$	671.24
36832			REV ARTERIOVEN FISTULA W WO THROMBEC	\$	629.72
36833			REVISE ARTERIOVEN FIST W/THROMBECTOM	\$	781.96
36835			ARTERY TO VEIN SHUNT	\$	1,252.52
36838			DRIL UPPER EXTREM HEMODIALYSIS ACCES	\$	2,473.90
36860			CANNULA DECLOTTING	\$	453.26
36861			CANNULA DECLOTTING	\$	453.26
36901			INSERTION OF NEEDLE AND/OR CATHETER	\$	1,103.29
36901	26		INSERTION OF NEEDL AND/OR CATHETER	\$	300.64
36902			INSERTION OF NEEDLE AND/OR CATHETER	\$	2,312.46
36902	26		INSERTION OF NEEDLE AND/OR CATHETER	\$	428.14
36903			INSERTION OF NEEDLE AND/OR CATHETER	\$	10,519.23
36903	26		INSERTION OF NEEDLE AND/OR CATHETER	\$	566.13
36904			EXCISION OF BLOOD CLOT AND/OR INFUSI	\$	3,357.20
36904	26		EXCISION OF BLOOD CLOT AND/OR INFUSI	\$	660.93
36905			EXCISION OF BLOOD CLOT AND/OR INFUSI	\$	4,258.81
36905	26		EXCISION OF BLOOD CLOTAND/OR INFUSIO	\$	793.17
36906			EXCISION OF BLOOD CLOT AND/OR INFUSI	\$	12,747.78
36906	26		EXCISIOM OF BLOOD CLOT AND/OR INFUSI	\$	916.31
36907			BALLOON DILATION OF DIALYSIS SEGMENT	\$	1,398.95
36907	26		BALLOON DILATION OF DIALYSIS SEGMENT	\$	262.10
36908			INSERTION OF STENT IN DIALYSIS SEGME	\$	5,067.38
36908	26		INSERTION OF STENT IN DIALYSIS SEGME	\$	373.20
36909			PERMANENT BLOCKAGE OF DIALYSIS CIRCU	\$	3,674.49
36909	26		PERMANENT BLOCKAGE OF DIALYSIS CIRCU	\$	369.63
37140			REVISION OF CIRCULATION	\$	2,342.42
37145			REVISION OF CIRCULATION	\$	2,342.42
37160			REVISION OF CIRCULATION	\$	2,342.42
37180			REVISION OF CIRCULATION	\$	2,342.42
37181			ANASTOMOSIS;SPLENORENAL,DISTAL	\$	2,342.42
37182			INSERT TRANSVEN INTRAHEP PORTO SHUNT	\$	1,619.28
37184	26		PRIMARY PERCUTANEOUS TRANSLUMINAL ME	\$	801.34
37184			PRIMARY PERCUTANEOUS TRANSLUMINAL ME	\$	4,104.18
37185	26		PRIMARY PERCUTANEOUS TRANSLUMINAL ME	\$	298.81
37185			PRIMARY PERCUTANEOUS TRANSLUMINAL ME	\$	1,300.10
37186	26		SECONDARY PERCUTANEOUS TRANSLUMINAL	\$	435.20
37186			SECONDARY PERCUTANEOUS TRANSLUMINAL	\$	2,472.34
37187	26		PERCUTANEOUS TRANSLUMINAL MECHANICAL	\$	699.99
37187			PERCUTANEOUS TRANSLUMINAL MECHANICAL	\$	3,677.95
37188	26		PERCUTANEOUS TRANSLUMINAL MECHANICAL	\$	499.24
37188			PERCUTANEOUS TRANSLUMINAL MECHANICAL	\$	3,111.09
37191	26		VASCULAR ACCESS, VESSEL SELECTION, AND RADIOLOGICAL SUPERVISION	\$	400.98
37191			VASCULAR ACCESS, VESSEL SELECTION, AND RADIOLOGICAL SUPERVISION	\$	4,798.81
37192			REPOSITIONING OF INTRAVASCULAR VENA CAVA FILTER, ENDOVASCULAR A	\$	2,489.33
37192	26		INCLUDING VASCULAR ACCESS, VESSEL SELECTION, AND RADIOLOGICAL SL	\$	618.96
37193	26		RETRIEVAL (REMOVAL) OF INTRAVASCULAR VENA CAVA FILTER, ENDOVASC	\$	624.74
37193			RETRIEVEL(REMOVAL)_OF_INTRAVASCULAR_	\$	2,831.28
37195			CEREBRAL THROMBOLYSIS IV INFUSION	\$	676.15
37197	26		RETRIEVAL OF FOREIGN BODY OF BLOOD VESSELS	\$	537.17
37197			RETRIEVAL OF FOREIGN BODY OF BLOOD VESSELS	\$	2,687.90
37200			TRANSCATHETER BIOPSY	\$	553.60
37211			INSERTION OF CATHETER INTO ARTERY FOR DRUG INFUSION FOR BLOOD CI	\$	684.98
37213			INSERTION OF CATHETER INTO ARTERY OR VEIN FOR DRUG INFUSION FOR B	\$	415.89
37215			TRANSCATHETER PLACEMENT OF INTRAVASC	\$	1,789.20
37217			INSERTION OF INTRAVASCULAR STENTS IN NECK ARTERY WITH RADIOLOGIC	\$	1,926.53
37218			STENT PLACEMT ANTE CAROTID	\$	1,448.74
37218	26		STENT PLACEMT ANTE CAROTID	\$	1,523.89
37220	26		REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC AF	\$	713.94

37220			REVASCULARIZATION, ENDOVASCULAR, OPE	\$	5,696.47
37221	26		REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC AF	\$	881.33
37221			REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC AF	\$	8,467.10
37222	26		REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC AF	\$	331.50
37222			REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC AF	\$	1,588.62
37223	26		REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC AF	\$	379.18
37223			REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC AF	\$	4,754.46
37224	26		REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMOR	\$	790.71
37224			REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMOR	\$	6,924.71
37225	26		ARTERY(S), UNILATERAL; WITH ATHERECTOMY, INCLUDES ANGIOPLASTY WI	\$	1,078.86
37225			REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMOR	\$	20,446.25
37226	26		REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMOR	\$	929.43
37226			REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMOR	\$	16,710.90
37227	26		REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMOR	\$	1,295.94
37227			REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMOR	\$	27,681.66
37228	26		REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/P	\$	967.62
37228			REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/P	\$	9,924.11
37229	26		REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/P	\$	1,257.71
37229			REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/P	\$	20,145.37
37230	26		REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/P	\$	1,245.22
37230			REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/P	\$	15,372.26
37231	26		REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/P	\$	1,352.83
37231			REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/P	\$	24,990.47
37232	26		REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/P	\$	358.94
37232			REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/P	\$	2,201.43
37233	26		REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/P	\$	585.02
37233			REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/P	\$	2,650.05
37234	26		REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/P	\$	508.34
37234			REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/P	\$	7,280.19
37235			REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/P	\$	7,676.94
37235	26		REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/P	\$	711.76
37236	26		INSERTION OF INTRAVASCULAR STENTS IN ARTERY (EXCEPT LOWER EXTRE	\$	793.34
37236			INSERTION OF INTRAVASCULAR STENTS IN ARTERY (EXCEPT LOWER	\$	7,170.50
37237	26		INSERTION OF INTRAVASCULAR STENTS IN ARTERY (EXCEPT LOWER EXTRE	\$	378.77
37237			INSERTION OF INTRAVASCULAR STENTS IN ARTERY (EXCEPT LOWER EXTRE	\$	4,522.12
37238	26		INSERTION OF INTRAVASCULAR STENTS IN VEIN, OPEN OR ACCESSED THRO	\$	534.95
37238			INSERTION OF INTRAVASCULAR STENTS IN VEIN, OPEN OR ACCESSED THRO	\$	7,799.12
37239	26		INSERTION OF INTRAVASCULAR STENTS IN VEIN, OPEN OR ACCESSED THRO	\$	270.36
37239			INSERTION_OF_INTRAVASCULAR_STENTS_IN	\$	3,773.93
37241	26		OCCCLUSION OF VENOUS MALFORMATIONS (OTHER THAN HEMORRHAGE) WI	\$	790.33
37241			OCCCLUSION OF VENOUS MALFORMATIONS (OTHER THAN HEMORRHAGE) WI	\$	8,847.84
37242	26		OCCCLUSION OF ARTERY (OTHER THAN HEMORRHAGE OR TUMOR) WITH RAD	\$	854.27
37242			OCCCLUSION OF ARTERY (OTHER THAN HEMORRHAGE OR TUMOR) WITH RAD	\$	13,722.22
37243	26		OCCCLUSION OF TUMORS OR OBSTRUCTED BLOOD VESSEL WITH RADIOLOGI	\$	1,008.42
37243			OCCCLUSION OF TUMORS OR OBSTRUCTED BLOOD VESSEL WITH RADIOLOGI	\$	18,192.47
37244	26		OCCCLUSION OF ARTERIAL OR VENOUS HEMORRHAGE WITH RADIOLOGICAL \$	\$	1,192.56
37244			OCCCLUSION OF ARTERIAL OR VENOUS HEMORRHAGE WITH RADIOLOGICAL \$	\$	12,642.63
37246	26		BALLOON DILATION OF ARTERY, ACCESSED	\$	621.04
37246			BALLOON DILATION OF ARTERY, ACCESSED	\$	3,974.40
37247	26		BALLOON DILATION OF ARTERY ACCESSED	\$	304.93
37247			BALLOON DILATION OF ARTERY, ACCESSED	\$	1,601.22
37248	26		BALLOON DIALATION OF FIRST VEIN, ACC	\$	532.04
37248			BALLOON DILATION OF FIRST VEIN, ACCE	\$	2,749.25
37249	26		BALLOON DILATION OF ADDITIONAL VEIN,	\$	281.16
37249			BALLOON DILATION OF ADDITIONAL VEIN,	\$	1,233.73
37252			INTRVASC US NONCORONARY 1ST	\$	2,711.36
37252	26		INTRVASC US NONCORONARY 1ST	\$	173.93
37253	26		INTRVASC US NONCORONARY ADDL	\$	130.37
37253			INTRVASC US NONCORONARY ADDL	\$	377.52
37500			VASC ENDOSCOPY SURG W/LIG PERF VEINS	\$	1,072.60
37565			LIGATION OF NECK VEIN	\$	532.84
37600			LIGATION OF NECK ARTERY	\$	709.30
37605			LIGATION OF NECK ARTERY	\$	709.30
37606			LIGATION OF NECK ARTERY	\$	1,601.98
37607			LIGATION ARTERIOVENOUS FISTULA BANDI	\$	1,211.00
37609			TEMPORAL ARTERY PROCEDURE	\$	249.12
37615			LIGATION OF NECK ARTERY	\$	709.30
37616			LIGATE MAJOR ARTERY;CHEST	\$	709.30
37617			LIGATION OF ABDOMEN ARTERY	\$	709.30

37618			LIGATION OF EXTREMITY ARTERY	\$	709.30
37619			LIGATION OF INFERIOR VENA CAVA	\$	3,067.50
37650			INTERRUPT FEMORAL VEIN;UNILATERAL	\$	356.38
37650	50		INTERR/PART/COMP,FEM VE/LIG/BILATERA	\$	536.30
37660			REVISION OF MAJOR VEIN	\$	823.48
37700			REVISE LEG VEIN	\$	356.38
37700	50		REVISE LEG VEIN	\$	536.30
37718			LIGATION, DIVISION, AND STRIPPING, S	\$	772.93
37722			LIGATION, DIVISION, AND STRIPPING, L	\$	846.00
37735	50		REMOVAL OF LEG VEINS/LESION	\$	1,332.10
37735			REMOVAL OF LEG VEINS/LESION	\$	1,332.10
37760			REVISION OF LEG VEINS	\$	768.12
37761			LIGATION OF PERFORATOR VEIN(S), SUBFASCIAL, OPEN, INCLUDING ULTRAS	\$	972.99
37765			STAB PHLEBECTOMY VARICOSE VEINS 1 EX	\$	1,190.24
37766			STAB PHLEBECT VARICOSE VEINS >20	\$	1,467.04
37780			REVISION OF LEG VEIN	\$	186.84
37780	50		REVISION OF LEG VEIN	\$	280.26
37785			LIGAT,DIV EXC SEC VAR VEIN LEG;UNILA	\$	136.32
37785	50		LIGAT,DIV EXC SEC VAR VEIN LEG;UNILA	\$	204.49
37788			PENILE REVASCUL.ARTERY,W/O VEIN GFT	\$	709.30
37790			PENILE VENOUS OCCLUSIVE PROCEDURE	\$	709.30
38100			REMOVAL OF SPLEEN	\$	1,044.92
38101			SPLENECTOMY; PARTIAL	\$	1,044.92
38102			SPLENECTOMY TOTAL ENBLOC WITH OTHER	\$	622.80
38115			REP.RUP.SPLEEN,W/ORW/OUT SPLENECTOMY	\$	1,044.92
38120			LAPAROSCOPY SURGICAL SPLENECTOMY	\$	1,532.78
38200			INJECTION FOR SPLEEN X-RAY	\$	145.32
38205			BLD-DER HEM PROG CELL HARVEST PER CO	\$	224.90
38206			BLD-DER HEM PROG CELL HARVEST PER CO	\$	224.90
38220			BONE MARROW ASPIRATION	\$	492.01
38221			BONE MARROW BIOPSY NEEDLE/TROCAR	\$	497.65
38230			BONE MARROW HARVEST, FOR TRANSPLANT	\$	542.29
38232			BONE MARROW HARVESTING FOR TRANSPLANTATION; AUTOLOGOUS	\$	356.76
38240			BONE MARROW TRANSPLANTATION	\$	377.21
38241			BONE MARROW TRANSPLANT;AUTOLOGOUS	\$	387.52
38242			BONE MARROW STEM CELL TRANSPLANT	\$	252.27
38243			TRANSPLANTATION OF DONOR BONE MARROW OR BLOOD-DERIVED STEM C	\$	192.41
38300			DRAIN LYMPH NODE LESION; SIMPLE	\$	103.80
38305			DRAINAGE LYMPH NODE LESION	\$	211.06
38308			INCISION OF LYMPH CHANNELS	\$	591.66
38380			THORACIC DUCT PROCEDURE	\$	788.88
38381			THORACIC DUCT PROCEDURE	\$	1,252.52
38382			SUTURE/LIGATE THOR.DUCT;ABDOMEN APPR	\$	986.10
38500			BIOPSY/REMOVAL OF LYMPH NODE	\$	126.91
38505			NEEDLE BX,LYMPH NODE(S),SUPERFICIAL	\$	103.80
38510			BIOPSY/REMOVAL OF LYMPH NODE	\$	211.06
38520			BIOPSY/REMOVAL OF LYMPH NODE	\$	211.06
38525			BX,EXCISE-DEED AXILLARY NODES	\$	297.56
38530			BIOPSY/REMOVAL OF LYMPH NODE	\$	591.66
38542			DISSECTION: DEEP JUGULAR NODE	\$	1,384.00
38550			REMOVAL NECK/ARMPIT LESION	\$	415.20
38555			REMOVAL NECK/ARMPIT LESION	\$	498.24
38562			LIM.LYMPHADECTOMY/STAGING;PELVIC	\$	788.88
38564			LIM.LYMPHADENECTOMY/STAGE;RETROPERIT	\$	788.88
38570			LAP SURG W/RETROPER LYMPH NODE BX	\$	875.38
38571			LAP SURG W/BIL PELV LYMPHADENECTOMY	\$	1,314.80
38572			LAP SURG W/BIL PELV LYMPH AND BIOPSY	\$	1,532.78
38700			REMOVAL OF LYMPH NODES, NECK	\$	944.58
38700	50		REMOVAL OF LYMPH NODES, NECK	\$	1,418.60
38720			REMOVAL OF LYMPH NODES, NECK	\$	2,076.00
38720	50		CERVICAL LYMPHADENECTOMY(COMP);BILAT	\$	3,114.00
38724			CERVICAL LYMPHADENECTOMY	\$	944.58
38740			REMOVE ARMPIT LYMPH NODES	\$	567.44
38745			REMOVE ARMPITS LYMPH NODES	\$	944.58
38746			THORACIC LYMPHADENECTOMY WITH NODES	\$	411.74
38747			ABDOM.LYMPHADENECTOMY WITH NODES REG	\$	449.80
38760			REMOVE GROIN LYMPH NODES	\$	944.58
38760	50		INGU/FEM LYMPHHD,W CLOQUET'SND;BILAT	\$	1,418.60
38765			REMOVE GROIN LYMPH NODES	\$	1,512.02

38765	50	REMOVE LYMPH GLANDS,GROIN/PELVIS;BIL	\$	2,269.76
38770		REMOVE PELVIS LYMPH NODES	\$	1,134.88
38770	50	PELVIC LYMPHADENECTOMY;BILATERAL	\$	1,702.32
38780		REMOVE ABDOMEN LYMPH NODES	\$	1,889.16
38790		INJECTION FOR LYMPHATIC XRAY	\$	190.30
38790	50	INJ PROC FOR LYMPHANGIOGRAPHY;BILATE	\$	294.10
38792		INJECTION FOR ID OF SENTINEL NODE	\$	103.80
38794		ACCESS THORACIC LYMPH DUCT	\$	788.88
38900		INTRAOPERATIVE IDENTIFICATION (EG, MAPPING) OF SENTINEL LYMPH NODE	\$	244.03
39000		EXPLORATION OF MEDIASTINUM	\$	1,093.36
39010		EXPLORATION OF MEDIASTINUM	\$	1,577.76
39200		REMOVAL MEDIASTINAL LESION	\$	1,671.18
39220		REMOVAL MEDIASTINAL LESION	\$	1,671.18
39401		MEDIASTINOSCPY W/MEDSTNL BX	\$	552.01
39402		MEDIASTINOSCPY W/LMPH NOD BX	\$	719.65
39501		REPAIR,LACERATION OF DIAPHRAGM	\$	1,826.88
39503		NEONATE HERNIA REPAIR	\$	2,328.79
39540		REPAIR OF DIAPHRAGM HERNIA	\$	1,792.28
39541		REPAIR OF DIAPHRAGM HERNIA	\$	1,826.88
39545		REVISION OF DIAPHRAGM	\$	1,774.98
39560		RESECTION DIAPHRAGM W/SIMPLE REPAIR	\$	2,439.30
39561		RESECTION DIAPHRAGM W/COMPLEX REPAIR	\$	3,172.82
40490		BIOPSY OF LIP	\$	49.75
40500		VERMILIONECTOMY (LIP SHAVE)	\$	837.32
40510		PARTIAL EXCISION OF LIP	\$	522.46
40520		PARTIAL EXCISION OF LIP	\$	249.12
40525		EXCISE LIP,FULL THICKNESS,W/LOC FLAP	\$	692.00
40527		EXCISE LIP,FULL THICKNESS-CROSS FLAP	\$	788.88
40530		PARTIAL REMOVAL OF LIP	\$	522.46
40650		REPAIR LIP	\$	335.62
40652		REPAIR LIP	\$	788.88
40654		REPAIR LIP...;>ONE HALF VERT HGT,OR C	\$	954.96
40700		REPAIR CLEFT LIP	\$	1,044.92
40701		REPAIR CLEFT LIP	\$	1,463.58
40702		REPAIR CLEFT LIP	\$	626.26
40720		REPAIR CLEFT LIP	\$	1,044.92
40720	50	REPAIR CLEFT LIP	\$	1,567.38
40761		REPAIR CLEFT LIP	\$	1,577.76
40800		DRAINAGE OF MOUTH LESION	\$	84.67
40801		DRAINAGE OF MOUTH LESION	\$	159.16
40804		REMOVAL FOREIGN BODY, MOUTH	\$	84.42
40805		REMOVAL FOREIGN BODY, MOUTH	\$	127.74
40806		INCISION OF LIP FOLD	\$	110.72
40808		BIOPSY OF MOUTH LESION	\$	74.63
40810		EXCISION OF MOUTH LESION	\$	110.72
40812		EXCISE/REPAIR MOUTH LESION	\$	221.44
40814		EXCISE/REPAIR MOUTH LESION	\$	442.88
40816		EXCISION OF MOUTH LESION	\$	567.44
40818		EXCISE ORAL MUCOSA FOR GRAFT	\$	650.48
40819		EXCISE LIP OR CHEEK FOLD	\$	124.63
40820		TREATMENT OF MOUTH LESION	\$	110.72
40830		REPAIR MOUTH LACERATION	\$	105.70
40831		REPAIR MOUTH LACERATION	\$	155.70
40840		RECONSTRUCTION OF MOUTH	\$	553.60
40842		RECONSTRUCTION OF MOUTH	\$	553.60
40843		RECONSTRUCTION OF MOUTH	\$	830.40
40844		RECONSTRUCTION OF MOUTH	\$	1,235.22
40845		RECONSTRUCTION OF MOUTH	\$	1,384.00
41000		DRAINAGE OF MOUTH LESION	\$	145.32
41005		DRAINAGE OF MOUTH LESION	\$	145.32
41006		DRAINAGE OF MOUTH LESION	\$	242.20
41007		DRAINAGE OF MOUTH LESION	\$	145.32
41008		DRAINAGE OF MOUTH LESION	\$	145.32
41009		DRAINAGE OF MOUTH LESION	\$	158.61
41010		INCISION OF TONGUE FOLD	\$	110.72
41015		DRAINAGE OF MOUTH LESION	\$	197.22
41016		DRAINAGE OF MOUTH LESION	\$	197.22
41017		DRAINAGE OF MOUTH LESION	\$	197.22
41018		DRAINAGE OF MOUTH LESION	\$	197.22

41019			PLACEMENT OF NEEDLES, CATHETERS, OR OTHER DEVICE(S) INTO THE HEA	\$	848.95
41100			BIOPSY OF TONGUE	\$	66.16
41105			BIOPSY OF TONGUE	\$	100.34
41108			BIOPSY OF FLOOR OF MOUTH	\$	62.28
41110			EXCISION OF TONGUE LESION	\$	83.94
41112			EXCISION OF TONGUE LESION	\$	297.56
41113			EXCISION OF TONGUE LESION	\$	394.44
41114			EXCISE TONGUE LESION/LOCAL	\$	788.88
41115			EXCISION OF TONGUE FOLD	\$	110.72
41116			EXCISION OF MOUTH LESION	\$	197.22
41120			PARTIAL REMOVAL OF TONGUE	\$	837.32
41130			PARTIAL REMOVAL OF TONGUE	\$	837.32
41135			TONGUE AND NECK SURGERY	\$	1,671.18
41140			REMOVAL OF TONGUE	\$	1,252.52
41145			TONGUE REMOVAL; NECK SURGERY	\$	2,235.16
41150			TONGUE, MOUTH, JAW SURGERY	\$	2,349.34
41153			GLOSSECTOMY; RESECT FLOOR MOUTH, SUPRA	\$	2,740.32
41155			TONGUE, JAW, & NECK SURGERY	\$	3,131.30
41250			REPAIR TONGUE LACERATION	\$	124.56
41251			REPAIR TONGUE LACERATION	\$	155.70
41252			REPAIR TONGUE LACERATION	\$	591.66
41500			FIXATION OF TONGUE	\$	394.44
41510			TONGUE TO LIP SURGERY	\$	788.88
41512			TONGUE_BASE_SUSPENSION__PERMANENT	\$	1,207.51
41520			RECONSTRUCTION, TONGUE FOLD	\$	394.44
41530			SUBMUCOSAL_ABLATION_OF_THE_TONGUE	\$	1,815.84
41530	26		SUBMUCOSAL_ABLATION_OF_THE_TONGUE	\$	686.95
41800			DRAINAGE OF GUM LESION	\$	109.58
41805			REMOVAL FOREIGN BODY, GUM	\$	155.70
41806			REMOVAL FOREIGN BODY, JAWBONE	\$	394.44
41820			GINGIVECTOMY, EXC. GING, EACH QUADRANT	\$	152.24
41821			EXCISION OF GUM FLAP	\$	145.32
41822			EXCISION OF GUM LESION	\$	124.56
41823			EXCISION OF GUM LESION	\$	180.40
41825			EXCISION OF GUM LESION	\$	124.56
41826			EXCISION OF GUM LESION	\$	124.56
41827			EXCISION OF GUM LESION	\$	276.80
41828			EXC. ALVEOLAR MUCOSA	\$	155.70
41830			REMOVAL OF GUM TISSUE	\$	155.70
41850			TREATMENT OF GUM LESION	\$	100.34
41870			GUM GRAFT	\$	169.54
41872			REPAIR GUM	\$	152.24
41874			REPAIR TOOTH SOCKET	\$	152.24
42000			DRAINAGE MOUTH ROOF LESION	\$	62.28
42100			BIOPSY ROOF OF MOUTH	\$	62.28
42104			EXCISION LESION, MOUTH ROOF	\$	93.42
42106			EXCISION LESION, MOUTH ROOF	\$	467.10
42107			EXCISE UVULA LESION; LOCAL FLAP CLOSE	\$	622.80
42120			REMOVE PALATE/LESION	\$	716.22
42140			EXCISION OF UVULA	\$	99.79
42145			PALATOPHARYNGOPLASTY	\$	1,283.66
42160			TREATMENT MOUTH ROOF LESION	\$	207.60
42180			REPAIR PALATE	\$	276.80
42182			REPAIR LACERATED PALATE; >2CM OR COMP	\$	394.44
42200			PALATOPLASTY...SOFT & HARD PALATE ON	\$	702.38
42205			PALATOPLASTY....SOFT TISSUE ONLY	\$	1,359.78
42210			RECONSTRUCT CLEFT PALATE	\$	1,774.98
42215			RECONSTRUCT CLEFT PALATE	\$	702.38
42220			PALATOPLASTY...SECONDARY LENGTH PROC	\$	1,148.72
42225			PALATOPLASTY...ATTACH PHARYNGEAL FLA	\$	1,148.72
42226			LENGTHEN PALATE, PHARYNGEAL FLAP	\$	1,380.54
42227			LENGTHEN PALATE, WITH ISLAND FLAP	\$	1,380.54
42235			REPAIR ANTERIOR PALATE, INCL VOMER FL	\$	591.66
42260			REPAIR NASOLABIAL FISTULA	\$	394.44
42280			MAXILLARY IMPRESSION-PALATAL PROSTHE	\$	79.58
42281			INSERT PIN-RETAINED PALATAL PROSTH	\$	339.32
42300			DRAINAGE ABSCESS; PAROTID, SIMPLE	\$	145.32
42305			DRAINAGE OF SALIVARY GLAND	\$	294.10
42310			DRAINAGE ABSCESS; SUBMAXILLARY/SUBLIN	\$	145.32

42320		DRAINAGE OF SALIVARY GLAND	\$	145.32
42330		REMOVAL OF SALIVARY STONE	\$	100.34
42335		REMOVAL OF SALIVARY STONE	\$	207.60
42340		REMOVAL OF SALIVARY STONE	\$	418.66
42400		BIOPSY OF SALIVARY GLAND; NEEDLE	\$	72.66
42405		BIOPSY OF SALIVARY GLAND; NEEDLE	\$	115.91
42408		EXCISION OF SALIVARY CYST	\$	394.44
42409		DRAINAGE OF SALIVARY CYST	\$	394.44
42410		EXCISE PAROTID GLAND/LESION	\$	629.72
42415		EXCISE PAROTID GLAND/LESION	\$	837.32
42420		EXCISE PAROTID GLAND/LESION	\$	1,252.52
42425		EXCISE PAROTID GLAND/LESION	\$	837.32
42426		EXCISE PAROTID GLAND/LESION	\$	2,269.76
42440		EXCISION SUBMAXILLARY GLAND	\$	629.72
42450		EXCISION SUBLINGUAL GLAND	\$	788.88
42500		REPAIR SALIVARY DUCT	\$	522.46
42505		REPAIR SALIVARY DUCT	\$	743.90
42507		PAROTID DUCT DIVERSION	\$	1,480.88
42509		PAROTID DUCT DIVERSION	\$	1,875.32
42510		BILAT,PAROTID DUCT DIV.W/LIGA	\$	1,678.10
42550		INJECTION PROC FOR SIALOGRAPHY	\$	55.36
42600		CLOSURE OF SALIVARY FISTULA	\$	522.46
42650		DILATION OF SALIVARY DUCT	\$	55.36
42660		DILATION OF SALIVARY DUCT	\$	62.28
42665		DILATION OF SALIVARY DUCT	\$	155.70
42700		I&D ABSCESS; PERITONSILLAR	\$	128.02
42720		DRAINAGE OF THROAT ABSCESS	\$	211.06
42725		DRAINAGE OF THROAT ABSCESS	\$	522.46
42800		BIOPSY; OROPHARYNX	\$	62.28
42804		BIOPSY OF UPPER NOSE/THROAT	\$	134.94
42806		BIOPSY OF UPPER NOSE/THROAT	\$	134.94
42808		EXCISE PHARYNX LESION	\$	214.52
42809		REMOVE PHARYNX FOREIGN BODY	\$	214.52
42810		EXCISION OF NECK CYST	\$	311.40
42815		EXCISION OF NECK CYST	\$	730.06
42820		REMOVE TONSILS AND ADENOIDS	\$	845.69
42821		REMOVE TONSILS AND ADENOIDS	\$	356.38
42825		REMOVAL OF TONSILS	\$	536.02
42826		REMOVAL OF TONSILS	\$	356.38
42830		REMOVAL OF ADENOIDS	\$	603.29
42831		REMOVAL OF ADENOIDS	\$	190.30
42835		REMOVAL OF ADENOIDS	\$	563.01
42836		REMOVAL OF ADENOIDS	\$	190.30
42842		RAD.RESECT..TONSIL,ETC.W/O CLOSURE	\$	536.30
42844		RAD.RESECT.TONSIL,ETC.W/LOCAL FLAP	\$	712.76
42845		RAD.RESECT.TONSIL,ETC.W/OTHER FLAP	\$	862.06
42860		EXCISION OF TONSIL TAGS	\$	128.02
42860	52	EXCISION OF TONSIL TAGS	\$	76.12
42870		EXCISION OF LINGUAL TONSIL	\$	233.76
42890		PARTIAL REMOVAL OF PHARYNX	\$	712.76
42892		RESECTION OF LATERAL PHARYNGEAL WALL	\$	892.68
42894		RESECT PHARY. WALL-MYOCUTANEOUS FLAP	\$	1,785.36
42900		REPAIR THROAT WOUND	\$	290.64
42950		RECONSTRUCTION OF THROAT	\$	837.32
42953		PHARYNGOESOPHAGEAL REPAIR	\$	1,255.98
42955		SURGICAL OPENING OF THROAT	\$	581.28
42960		CONTROL THROAT BLEEDING	\$	145.32
42961		CONTROL THROAT BLEEDING	\$	290.64
42962		CONTROL THROAT BLEEDING	\$	581.28
42970		CONTROL NOSE/THROAT BLEEDING	\$	159.82
42971		CONTROL NOSE/THROAT BLEEDING	\$	290.64
42972		CONTROL NOSE/THROAT BLEEDING	\$	581.28
43020		INCISION OF ESOPHAGUS	\$	1,072.60
43030		THROAT MUSCLE SURGERY	\$	1,107.20
43045		INCISION OF ESOPHAGUS	\$	1,570.84
43100		EXCISION OF ESOPHAGUS LESION	\$	1,605.44
43101		EXCISION OF ESOPHAGUS LESION	\$	1,605.44
43107		TOT ESOPHAGEC/WO THORA W/PHARYNGOGAS	\$	4,314.62
43108		TOT ESOPHAGEC W/SMALL BOWEL RECONSTR	\$	5,034.30

43112			TOT ESOPHAG W/THOR/PHARYN W/VO PYLOR	\$	4,435.72
43113			TOT ESOPHAGEC W/THOR/SM BOWEL RECONS	\$	4,477.24
43116			ESOPHAGECTOMY W INST GF MIC ANASTMS	\$	4,795.56
43117			ESOPHAGECTOMY W/VO PROX GASTRECTOMY	\$	4,715.98
43118			W COLON INTERPOSITION OR S BW RECONS	\$	4,954.72
43121			W THOROCOTOMY ONLY W/VO PROX GESTRCT	\$	4,235.04
43122			THORACOABDOM/ABD APPROACH W/VO GESTR	\$	4,141.62
43123			W COLON INTERPOSITION/SM BW RECONTRT	\$	4,733.28
43124			WO RECONSTRUCTION W CERV ESOPHGOSTMY	\$	3,698.74
43130			REMOVAL OF ESOPHAGUS POUCH	\$	871.92
43135			REMOVAL OF ESOPHAGUS POUCH	\$	871.92
43180			ESOPHAGOSCOPY RIGID TRNSO	\$	973.51
43180	26		ESOPHAGOSCOPY RIGID TRNSO	\$	997.97
43191			DIAGNOSTIC EXAMINATION OF ESOPHAGUS USING AN ENDOSCOPE	\$	277.15
43192			INJECTIONS OF SUBSTANCE IN TISSUE LINING OF ESOPHAGUS USING AN EN	\$	301.64
43193			BIOPSY OF ESOPHAGUS USING AN ENDOSCOPE	\$	302.75
43194			REMOVAL OF FOREIGN BODY OF ESOPHAGUS USING AN ENDOSCOPE	\$	343.30
43195			BALLOON DILATION OF ESOPHAGUS USING AN ENDOSCOPE	\$	331.12
43196			INSERTION OF WIRE AND DILATION OF ESOPHAGUS USING AN ENDOSCOPE	\$	351.88
43197	26		DIAGNOSTIC EXAMINATION OF ESOPHAGUS USING AN ENDOSCOPE	\$	147.29
43197			DIAGNOSTIC EXAMINATION OF ESOPHAGUS USING AN ENDOSCOPE	\$	350.57
43198	26		BIOPSY OF ESOPHAGUS USING AN ENDOSCOPE	\$	175.08
43198			BIOPSY OF ESOPHAGUS USING AN ENDOSCOPE	\$	385.72
43200			ESOPHAGUS ENDOSCOPY	\$	294.10
43201			ESOPHAGOSCOPY W/DIRECT SUBMUCOSAL IN	\$	470.56
43201	26		ESOPHAGOSCOPY W/DIRECT SUBMUCOSAL IN	\$	235.28
43202			ESOPHAGUS ENDOSCOPY, BIOPSY	\$	335.62
43204			ESOPHAGUS ENDOSCOPY	\$	418.66
43205			ESOPHAGOSCOPY W LIGATION ESOP.VARICE	\$	418.66
43206	26		MICROSCOPIC EXAMINATION OF ESOPHAGUS USING AN ENDOSCOPE	\$	243.20
43206			MICROSCOPIC EXAMINATION OF ESOPHAGUS USING AN ENDOSCOPE	\$	488.38
43210			EGD ESOPHAGOGASTRC FNDOPSTY	\$	824.76
43212			PLACEMENT OF STENT ON ESOPHAGUS USING AN ENDOSCOPE	\$	342.96
43213	26		DILATION OF ESOPHAGUS USING AN ENDOSCOPE	\$	469.11
43213			DILATION OF ESOPHAGUS USING AN ENDOSCOPE	\$	2,138.80
43214			BALLOON DILATION OF ESOPHAGUS USING AN ENDOSCOPE	\$	349.36
43215			ESOPHAGUS ENDOSCOPY	\$	797.39
43216			ESOPHAGOSCOPY W/REMOVAL TUMORS ETC	\$	418.66
43217			ESOPHAGUS ENDOSCOPY	\$	418.66
43220			ESOPHAGUS ENDOSCOPY,DILATION	\$	450.46
43226			ESOPHAGUS/STOMACH ENDOSCOPY	\$	346.00
43227			ESOPHAGUS/STOMACH ENDOSCOPY	\$	494.78
43229	26		DESTRUCTION OF GROWTHS OF ESOPHAGUS USING AN ENDOSCOPE	\$	359.67
43229			DESTRUCTION OF GROWTHS OF ESOPHAGUS USING AN ENDOSCOPE	\$	1,201.52
43231			ESOPHAGOSCOPY RIG/FLEX W/ENDO US EXA	\$	519.00
43232			ESOPHAGOS W/TRANS US FINE NEEDLE BX	\$	778.50
43233			BALLOON DILATION OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOW	\$	415.55
43235			UPPER GI ENDOSCOPY,DIAGNOSIS	\$	522.46
43236			UPPER GI ENDOSCOPY W/DIR SUBMUC.INJ	\$	484.40
43236	26		UPPER GI ENDOSCOPY W/DIR SUBMUC.INJ	\$	183.38
43237			UPPER GI ENDOSCOPY W/ENDO U/S EXAM	\$	484.40
43238			UPPER GI ENDOSCOPY W/ASPIRATION/BX	\$	598.58
43239			UPPER GI ENDOSCOPY, BIOPSY	\$	563.98
43240			UPPER GI ENDOSCOPY W/DRAIN PSEUDOCYS	\$	726.60
43241			UPPER EENDOSCOPY W/TUBE/CATH.. PLACE	\$	433.95
43242			UPPER GI ENDOSC W/US FINE NEEDLE BX	\$	934.20
43243			UPPER GI ENDOSCOPY...INJECT SCLER VAR	\$	494.78
43244			DX ENDOSCOPY/BAND LIGATION/GI VARICS	\$	522.46
43245			UPPER GI ENDOSCOPY FOR DILAT	\$	527.06
43246			UPPER GI ENDOSCOPY,TUBE PLCMNT	\$	418.66
43247			OPERATIVE UPPER GI ENDOSCOPY	\$	522.46
43248			UPPER GI ENDOSCOPY WIRE DILATATION	\$	484.40
43249			ESOPHAGOSCOPY W BALLOON DILATATION	\$	456.72
43250			UPPER GI ENDOSCOPY REMOVAL TUMOR ETC	\$	522.46
43251			OPERATIVE UPPER GI ENDOSCOPY	\$	522.46
43252			MICROSCOPIC EXAMINATION OF STOMACH AND UPPER UPPER SMALL BOWE	\$	552.91
43252	26		MICROSCOPIC EXAMINATION OF STOMACH AND UPPER UPPER SMALL BOWE	\$	307.08
43253			INJECTION OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCES OR MARKERS IN	\$	479.45
43254			REMOVAL OF TISSUE LINING OF ESOPHAGUS, STOMACH, AND/OR UPPER SM	\$	492.91

43255			OPERATIVE UPPER GI ENDOSCOPY	\$	839.53
43257			HEAT DELIVERY TO MUSCLE AT ESOPHAGUS	\$	423.16
43259			UPPER G.I.ENDOSCOPIC ULTRASOUND EXAM	\$	484.40
43260			UPPER GI ENDOSCOPY,DIAGNOSIS	\$	602.04
43261			ENDO.RETRO.CHOLANGIOPANCREATOGRAPHY	\$	823.48
43262			OPERATIVE UPPER GI ENDOSCOPY	\$	754.28
43263			ERCP W-W/O SPEC COLL/SPHIN.OF ODDI	\$	657.40
43264			OPERATIVE UPPER GI ENDOSCOPY	\$	1,141.18
43265			ERCP,W/WO_BIOPSY	\$	976.24
43266			PLACEMENT OF STENT IN ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BO	\$	396.93
43270	26		DESTRUCTION OF GROWTHS ON ESOPHAGUS, STOMACH, AND/OR UPPER SM	\$	409.46
43270			DESTRUCTION OF GROWTHS ON ESOPHAGUS, STOMACH, AND/OR UPPER SM	\$	1,236.02
43273			ENDOSCOPIC_CANNULATION_OF_PAPILLA_WI	\$	216.94
43274			PLACEMENT OF STENT PANCREATIC OR BILE DUCT USING AN ENDOSCOPE	\$	842.93
43275			REMOVAL OF FOREIGN BODY OR STENT FROM PANCREATIC OR BILE DUCT U	\$	686.50
43276			REPLACEMENT OF STENT PANCREATIC OR BILE DUCT USING AN ENDOSCOPE	\$	877.56
43277			BALLOON DILATION OF PANCREATIC OR BILE DUCT USING AN ENDOSCOPE	\$	690.24
43278			DESTRUCTION OF MASS ON GALLBLADDER, PANCREATIC, LIVER, AND BILE D	\$	789.05
43279			LAPAROSCOPY SURGICAL ESOPHAGOMYOT	\$	2,191.46
43280			LAP SURG ESOPHAGOGASTRIC FUNDOPLASTY	\$	1,404.76
43281			LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDE	\$	2,748.00
43282			LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDE	\$	3,088.60
43283			LAPAROSCOPY, SURGICAL, ESOPHAGEAL LENGTHENING PROCEDURE (EG, C	\$	280.71
43284			PLACEMENT OF AUGMENTATION DEVICE IN	\$	1,165.19
43285			REMOVAL OF AUGMENTATION DEVICE FROM	\$	1,121.66
43300			REPAIR OF ESOPHAGUS	\$	1,567.38
43305			REPAIR ESOPHAGUS AND FISTULA	\$	2,141.74
43310			REPAIR OF ESOPHAGUS	\$	2,380.48
43312			REPAIR ESOPHAGUS AND FISTULA	\$	2,619.22
43313			ESOPHAGOPLASTY THROACIC WO REPAIR	\$	3,885.58
43314			ESOPHAGOPLASTY THORACIC W/REPAIR	\$	4,273.10
43320			FUSE ESOPHAGUS & STOMACH	\$	1,671.18
43325			REVISE ESOPHAGUS & STOMACH	\$	1,667.72
43327			ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL OR COMPLETE; LAPAROTOMY	\$	1,468.56
43328			ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL OR COMPLETE; THORACOTOMY	\$	2,004.17
43330			REPAIR OF ESOPHAGUS	\$	1,671.18
43331			REPAIR OF ESOPHAGUS	\$	1,671.18
43332			REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION),	\$	2,067.42
43333			REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION),	\$	2,252.15
43334			REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION),	\$	2,219.62
43335			REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION),	\$	2,377.95
43336			REPAIR, PARAESOPHAGEAL HIATAL HERNIA, (INCLUDING FUNDOPLICATION),	\$	2,539.57
43337			REPAIR, PARAESOPHAGEAL HIATAL HERNIA, (INCLUDING FUNDOPLICATION),	\$	2,748.87
43338			ESOPHAGEAL LENGTHENING PROCEDURE (EG, COLLIS GASTROPLASTY OR V	\$	205.39
43340			FUSE ESOPHAGUS & INTESTINE	\$	2,262.84
43341			FUSE ESOPHAGUS & INTESTINE	\$	2,262.84
43351			SURGICAL OPENING, ESOPHAGUS	\$	837.32
43352			SURGICAL OPENING, ESOPHAGUS	\$	837.32
43360			GI RECONSTRUCTN FOR SP ESOPHAGECTOMY	\$	1,799.20
43361			W COLON/INTESTINE RECONSTRUCTION	\$	2,397.78
43400			LIGATE ESOPHAGUS VEINS	\$	1,044.92
43401			TRANSECT ESOPHAGUS W/REPAIR-VARICES	\$	1,785.36
43405			LIGATE/STAPLE GE JT FOR PERFORATION	\$	1,193.70
43410			REPAIR ESOPHAGUS WOUND	\$	730.06
43415			REPAIR ESOPHAGUS WOUND	\$	1,359.78
43420			REPAIR ESOPHAGUS OPENING	\$	941.12
43425			REPAIR ESOPHAGUS OPENING	\$	1,359.78
43450			DILATE ESOPHAGUS	\$	121.10
43453			DILATE ESOPHAGUS	\$	387.55
43460			PRESSURE TREATMENT ESOPHAGUS	\$	176.46
43496			FREE JEJUNUM TRANSFER W/MICROVAS ANA	\$	2,424.84
43500			SURGICAL OPENING OF STOMACH	\$	837.32
43501			GASTROTOMY; WITH SUTURE REPAIR	\$	837.32
43502			GASTROTOMY W REPAIR EG LACERATION	\$	1,529.32
43510			SURGICAL OPENING OF STOMACH	\$	1,089.90
43520			INCISION OF PYLORIC MUSCLE	\$	730.06
43605			BIOPSY,STOMACH,BY LAPAROTOMY	\$	837.32
43610			EXCISION OF STOMACH LESION	\$	1,003.40
43611			EXCISION MALIGNANT TUMOR OF STOMACH	\$	1,401.30

43620			REMOVAL OF STOMACH	\$	1,982.58
43621			GASTRECTOMY W ROUX-EN-Y RECONSTRUCTN	\$	2,051.78
43622			GASTRECTOMY W INTESTINAL POUCH	\$	2,193.64
43631			GASTRECTOM PARTIAL GASTRODUODENOSTOM	\$	1,671.18
43632			GASTRECTOMY W GASTROJEJUNOSTOMY	\$	1,671.18
43633			GASTRECTOMY ROUX-EC-Y RECONSTRUCTION	\$	1,740.38
43634			GASTRECTOMY W INTESTINAL POUCH PARTI	\$	2,678.04
43635			PARTIAL_REMOVAL_OF_STOMACH_	\$	335.14
43640			VAGOTOMY & PYLORUS REPAIR	\$	1,280.20
43641			VAGOTOMY W/PYLOROPLASTY;PARIETAL CEL	\$	1,387.46
43644			LAPAROSCOPY, SURGICAL, GASTRIC RESTR	\$	3,085.46
43645			LAPAROSCOPY, SURGICAL, GASTRIC RESTR	\$	3,285.55
43647			LAP IMPL ELECTRODE, ANTRUM	\$	1,290.82
43648			LAP REVISE/REMV ELTRD ANTRUM	\$	911.99
43651			LAPOROSCOPY TRANSECT VAGUS NERV TRUN	\$	982.64
43652			LAP SURG TRANSECT VAGUS NERVES SELEC	\$	1,615.82
43653			LAP SURG GASTROSTOMY WO/CONSTR G TUB	\$	678.16
43752			NASO/ORO-GASTRIC TUBE PLACEMENT	\$	123.52
43753			GASTRIC INTUBATION AND ASPIRATION(S) THERAPEUTIC, NECESSITATING P	\$	38.58
43754	26		GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; SINGLE SPECIMEN (EG	\$	67.02
43754			GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; SINGLE SPECIMEN (EG	\$	251.09
43755			GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; COLLECTION OF MULT	\$	253.65
43755	26		GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; COLLECTION OF MULT	\$	110.13
43756	26		DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMAGE GU	\$	93.42
43756			DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMAGE GU	\$	387.07
43757	26		DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMAGE GU	\$	140.37
43757			DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMAGE GU	\$	546.99
43760			CHANGE OF GASTROSTOMY TUBE;SIMPLE *	\$	193.66
43761			REPOSITION GASTRIC TUBE/ENTER.FEEDIN	\$	44.12
43770			LAPAROSCOPY, SURGICAL, GASTRIC RESTR	\$	2,004.55
43771			LAPAROSCOPY, SURGICAL, GASTRIC RESTR	\$	2,277.89
43772			LAPAROSCOPY, SURGICAL, GASTRIC RESTR	\$	1,701.84
43773			LAPAROSCOPY, SURGICAL, GASTRIC RESTR	\$	2,283.88
43774			LAPAROSCOPY, SURGICAL, GASTRIC RESTR	\$	1,720.83
43775			LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDI	\$	1,977.04
43800			RECONSTRUCTION OF PYLORUS	\$	837.32
43810			FUSION OF STOMACH AND BOWEL	\$	941.12
43820			FUSION OF STOMACH AND BOWEL	\$	941.12
43825			FUSION OF STOMACH AND BOWEL	\$	1,328.64
43830			SURGICAL OPENING OF STOMACH	\$	837.32
43831			SURGICAL OPENING OF STOMACH	\$	1,492.40
43832			SURGICAL OPENING OF STOMACH	\$	837.32
43840			REPAIR OF STOMACH LESION	\$	941.12
43842			GASTROPLASTY, MORBID OBESITY	\$	1,463.58
43843			GASTROPLASTY, MORBID OBESITY	\$	1,463.58
43845			BILIOPANC DIVERS W/DUODENAL SWITCH	\$	3,504.63
43846			ROUX-EN-Y/GASTRIC BYPASS	\$	1,774.98
43847			GI RESTRICTIVE W SM BWL RECONSTRUCTN	\$	1,868.40
43848			REVISION OF GI RESTRICTIVE SURGERY	\$	2,055.24
43850			REVISE STOMACH-BOWEL FUSION	\$	1,359.78
43855			REVISE STOMACH-BOWEL FUSION	\$	1,359.78
43860			REVISE STOMACH-BOWEL FUSION	\$	1,359.78
43865			REVISE STOMACH-BOWEL FUSION	\$	1,359.78
43870			REPAIR STOMACH OPENING	\$	837.32
43880			REPAIR STOMACH-BOWEL FISTULA	\$	1,287.12
43881			IMPL/REDO ELECTRD, ANTRUM	\$	1,175.09
43882			REVISE/REMOVE ELECTRD ANTRUM	\$	1,253.39
43886			GASTRIC RESTRICTIVE PROCEDURE, OPEN;	\$	657.57
43887			GASTRIC RESTRICTIVE PROCEDURE, OPEN;	\$	591.87
43888			GASTRIC RESTRICTIVE PROCEDURE, OPEN;	\$	832.34
44005			FREEING OF BOWEL ADHESION	\$	1,093.36
44010			INCISION OF SMALL BOWEL	\$	1,190.24
44015			NEEDLE CATHETER JEJUNOSTOMY	\$	311.40
44020			EXPLORATION OF SMALL BOWEL	\$	1,044.92
44021			ENTEROTOMY...;FOR DECOMPRESSION	\$	1,384.00
44025			EXPLORATION OF LARGE BOWEL	\$	1,044.92
44050			REDUCE BOWEL OBSTRUCTION	\$	941.12
44055			CORRECT MALROTATION-CG, LADD PROC	\$	1,183.32
44100			BIOPSY OF BOWEL	\$	197.22

44110		EXCISION OF BOWEL LESION(S)	\$	1,044.92
44111		EXCISION OF BOWEL LESION(S)	\$	1,148.72
44120		REMOVAL OF SMALL INTESTINE	\$	1,148.72
44121		ENTERECTOMY EA ADD RESECTION/ANASTMS	\$	480.94
44125		REMOVAL OF SMALL INTESTINE	\$	941.12
44126		ENTERECTOMY SM INTEST WO TAPERING	\$	2,920.24
44127		ENTERECTOMY SM INTEST W/TAPERING	\$	3,356.20
44128		ENTERECTOMY EACH ADDIT RESEC/ANASTOM	\$	356.38
44130		BOWEL TO BOWEL FUSION	\$	1,044.92
44136		INTEST ALLOTRANSPLANT LIVING DONOR	\$	3,356.20
44137		REMOVAL OF TRANSPLANTED INTESTINAL A	\$	2,891.38
44139		MOBILIZE SPLENIC FLEXURE W P COLECTM	\$	211.06
44140		PARTIAL REMOVAL OF COLON	\$	1,252.52
44141		PARTIAL REMOVAL OF COLON	\$	1,411.68
44143		PARTIAL REMOVAL OF COLON	\$	837.32
44144		PARTIAL REMOVAL OF COLON	\$	1,411.68
44145		PARTIAL REMOVAL OF COLON	\$	1,681.56
44146		PARTIAL REMOVAL OF COLON	\$	1,947.98
44147		PARTIAL COLECTOMY-ABDO&TRANSANAL ADD	\$	1,681.56
44150		REMOVAL OF COLON	\$	2,089.84
44151		COLECTOMY; W/ CONTINENT ILEOSTOMY	\$	2,089.84
44155		REMOVAL OF COLON	\$	2,089.84
44156		COLECTOMY...;W/ CONTINENT ILEOSTOMY	\$	2,089.84
44157		COLECTOMY W/ILEOANAL ANAST	\$	3,922.39
44158		COLECTOMY W/NEO-RECTUM POUCH	\$	4,021.21
44160		REMOVAL OF COLON	\$	2,089.84
44180		LAPAROSCOPY, SURGICAL, ENTEROLYSIS (	\$	1,642.19
44186		LAPAROSCOPY, SURGICAL; JEJUNOSTOMY (	\$	1,163.08
44187		LAPAROSCOPY, SURGICAL; ILEOSTOMY OR	\$	1,986.49
44188		LAPAROSCOPY, SURGICAL, COLOSTOMY OR	\$	2,202.29
44202		LAP SURG INTEST RESECT W/ANASTOMOSIS	\$	1,685.02
44203		LAPOROSCOPY SURG EA ADDIT SM INTEST	\$	422.12
44204		LAPOROSCOPY SURG PART COLECTOMY	\$	2,442.76
44205		LAPOROSCOPY SURG PART COLEC W/ILEOCO	\$	2,162.50
44206		LAP SURG HARTMANN TYPE PROCEDURE	\$	2,615.76
44207		LAP SURG LOW PELVIC ANASTOMOSIS	\$	2,906.40
44208		LAP SURG LOW PELV ANAST W/COLOSTOMY	\$	3,079.40
44210		LAP SURG COLECTOMY ABD W/ILEOSTOMY	\$	2,712.64
44211		LAP SURG COLECTOMY W/PROCTECTOMY ABD	\$	3,390.80
44212		LAP SURG COLECTOMY TOT W/PROCTECTOMY	\$	3,100.16
44213		LAPAROSCOPY, SURGICAL, MOBILIZATION	\$	335.17
44227		LAPAROSCOPY, SURGICAL, CLOSURE OF EN	\$	2,971.24
44300		OPEN BOWEL TO SKIN	\$	837.32
44310		ILEOSTOMY	\$	1,044.92
44312		REVISION OF ILEOSTOMY	\$	224.48
44314		REVISION OF ILEOSTOMY	\$	2,089.84
44316		DEVISE BOWEL POUCH	\$	2,605.38
44320		COLOSTOMY	\$	837.32
44322		COLOSTOMY/CECOSTOMY; MULTIPLE BX'S	\$	837.32
44340		REVISION OF COLOSTOMY	\$	238.22
44345		REVISION OF COLOSTOMY	\$	418.66
44346		REVISE COLOSTOMY; REPAIR HERNIA	\$	494.78
44360		SMALL BOWEL ENDOSCOPY	\$	395.24
44361		SMALL BOWEL ENDOSCOPY,BIOPSY	\$	435.61
44363		SMALL BOWEL ENDOSCOPY	\$	529.38
44364		SMALL BOWEL ENDOSCOPY	\$	529.38
44365		SMALL INTESTINAL ENDOSCOPY REM.TUMOR	\$	529.38
44366		SMALL BOWEL ENDOSCOPY	\$	563.98
44369		SMALL BOWEL ENDOSCOPY	\$	563.98
44370		SMALL INTEST ENDOSCOPY W/STENT PLACE	\$	664.32
44372		SMALL INTESTINE ENDOSCOPY..PLACE JEJ	\$	529.38
44373		SMALL INTESTINE ENDOSCOPY..CONVERTSI	\$	529.38
44376		SMALL INTESTINAL ENDOSCOPY W OR WOSP	\$	529.38
44377		SMALL INTESTINAL ENDOSCOPY W BIOPSY	\$	560.52
44378		ENDOSCOPY SM INTESTN CONTROL BLEED	\$	629.72
44379		SMALL INTEST ENDOSCOPY W/STENT PLACE	\$	664.32
44385		ENDOSCOPY OF BOWEL POUCH	\$	297.56
44386		FIBEROPTIC EVAL../BX/SPEC.COLL	\$	394.44
44388		COLON ENDOSCOPY	\$	297.56

44389		COLON ENDOSCOPY	\$	394.44
44390		COLON ENDOSCOPY	\$	394.44
44391		COLON ENDOSCOPY	\$	494.78
44392		COLON ENDOSCOPY;REMOVE POLYPOID LESIO	\$	394.44
44394		COLONOSCOPY W REMOVAL OF TUMOR SNARE	\$	394.44
44500		INTRO_OF_MILLER_ABBOTT_TUBE_SP	\$	65.74
44602		SUTURE SMALL INTESTINE SINGLE PERFOR	\$	941.12
44603		SUTURE SM INTESTINE MULT PERF ULCERS	\$	1,041.46
44604		SUTURE LRG INTESTIN WOUT COLOSTOMY	\$	1,041.46
44605		REPAIR OF BOWEL LESION	\$	972.26
44615		SUTUR LRG INTESTINE W COLOSTOMY	\$	1,041.46
44620		REPAIR BOWEL OPENING	\$	730.06
44625		REPAIR BOWEL OPENING	\$	1,093.36
44626		ENTEROSTOMY CLOSURE W/RESECT/ANASTOM	\$	1,958.36
44640		REPAIR BOWEL-SKIN FISTULA	\$	730.06
44650		REPAIR BOWEL FISTULA	\$	1,093.36
44660		REPAIR BOWEL-BLADDER FISTULA	\$	1,093.36
44661		REPAIR BOWEL-BLADDER FISTULA	\$	1,643.50
44680		SURGICAL REVISION, INTESTINE	\$	1,093.36
44700		EXCLUS SM BOWEL FROM PELVIS BY MESH	\$	1,584.68
44701		INTRAOPERATIVE_COLONIC_LAVAGE	\$	449.80
44715		BACKBENCH STANDARD PREPARATION OF CA	\$	737.15
44720		BACKBENCH RECONSTRUCTION OF CADAVER	\$	488.34
44721		BACKBENCH RECONSTRUCTION OF CADAVER	\$	683.35
44800		EXCISION OF BOWEL POUCH	\$	730.06
44820		EXCISION OF MESENTERY LESION	\$	1,252.52
44850		REPAIR OF MESENTERY	\$	730.06
44900		DRAINAGE OF APPENDIX ABSCESS	\$	629.72
44950		APPENDECTOMY	\$	730.06
44955		APPENDECTOMY	\$	251.20
44960		APPENDECTOMY	\$	730.06
44970		LAPAROSCOPY SURGICAL APPENDECTOMY	\$	730.06
45000		DRAINAGE OF PELVIC ABSCESS	\$	211.06
45005		DRAINAGE OF RECTAL ABSCESS	\$	100.34
45020		DRAINAGE OF RECTAL ABSCESS	\$	311.40
45100		BIOPSY OF RECTUM	\$	235.28
45108		REMOVAL OF ANORECTAL LESION	\$	730.06
45110		REMOVAL OF RECTUM	\$	1,882.24
45111		PARTIAL REMOVAL OF RECTUM	\$	913.44
45112		REMOVAL OF RECTUM	\$	1,882.24
45113		PROCTECTOMY/CREATE ILEAL RESERVOIR	\$	1,954.90
45114		PARTIAL REMOVAL OF RECTUM	\$	1,972.20
45116		PARTIAL REMOVAL OF RECTUM	\$	1,505.10
45119		PROCTECTOMY, ABDOMINOPERINEAL PROC	\$	1,954.90
45120		REMOVAL OF RECTUM	\$	1,882.24
45121		PROCTECTOMY;W/COLECTOMT,W/MULTI BX	\$	1,972.20
45123		PROCTECTOMY W PERINEAL APPROACH	\$	1,024.16
45126		PELVIC EXTENTERATION W/PROCTECTOMY	\$	2,709.18
45130		EXCISION OF RECTAL PROLAPSE	\$	1,127.96
45135		EXCISION OF RECTAL PROLAPSE	\$	1,882.24
45136		EXCISION ILEOANAL RESERVOIR W/ILEOST	\$	2,646.90
45150		EXCISION OF RECTAL STRICTURE	\$	373.68
45160		EXCISION OF RECTAL LESION	\$	875.38
45171		EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH; NOT INCLUDING MUS	\$	1,091.87
45172		EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH; INCLUDING MUSCUL	\$	1,468.49
45190		DESTRUCTION RECTAL TUMOR ANY METHOD	\$	640.10
45300		PROCTOSIGMOIDOSCOPY; DIAGNOSTIC	\$	62.28
45303		PROCTOSIGMOIDOSCOPY WITH DILATION	\$	382.50
45305		PROCTOSIGMOIDOSCOPY WITH BIOPSY	\$	103.80
45307		PROCTOSIGMOIDOSCOPY;REMOVE FOREIGN B	\$	145.32
45308		PROCTOSIGMOIDOSCOPY REMOVAL TUMOR	\$	183.38
45309		PROCTOSIGMOIDOSCOPY REMOVAL TUMOR SN	\$	183.38
45315		PROCTOSIGMOIDOSCOPY; REMOVE MULTIPLE	\$	211.06
45315	22	PROCTOSIGMOIDOSCOPY; REMOVE MULTIPLE	\$	262.96
45317		PROCTOSIGMOIDOSCOPY; HEMORRHAGE CONT	\$	93.84
45320		PROCTOSIGMOIDOSCOPY;ABLATE TUMOR	\$	323.99
45321		PROCTOSIGMOIDOSCOPY/DECOM/VOLU	\$	207.01
45327		RIGID PROCTOSIGMOIDOSCOPY W/STENT PL	\$	266.42
45330		SIGMOIDOSCOPY,FLEX FIBEROPTIC;DIAGNO	\$	148.78

45331			SIGMOIDOSCOPY,FLEX FIBEROPT W/BIOPSY	\$	186.84
45332			SIGMOIDOSCOPY; DIAGNOSTIC	\$	314.86
45333			SIGMOIDOSCOPY; DIAGNOSTIC	\$	314.86
45334			SIGMOIDOSCOPY; DIAGNOSTIC	\$	314.86
45335			SIGMOID FLEX W/DIRECT SUBMUCOSAL INJ	\$	449.80
45335	26		SIGMOID FLEX W/DIRECT SUBMUCOSAL INJ	\$	155.70
45337			SIGMOIDOSCOPY;DECOMPRESS_VOLVU	\$	397.00
45338			SIGMOIDOSCOPY REMOVAL TUMOR SNARE	\$	425.58
45340			SIGMOID FLEX W/DILATION BY BALLOON	\$	771.58
45340	26		SIGMOID FLEX W/DILATION BY BALLOON	\$	145.32
45341			SIGMOID_W/ENDOSCOPIC_US_EXAM	\$	429.46
45342			SIGMOID_W/US_OR_FINE_NEEDLE_BX	\$	541.21
45378			DIAGNOSTIC COLONOSCOPY	\$	387.52
45379			COLONOSCOPY	\$	629.72
45380			COLONOSCOPY AND BIOPSY	\$	629.72
45381			COLONOSCOPY FLEX W/DIR SUBMUCOS.INJ	\$	695.46
45381	26		COLONOSCOPY FLEX W/DIR SUBMUCOS.INJ	\$	276.80
45382			COLONOSCOPY,CONTROL BLEEDING	\$	629.72
45384			COLONOSCOPY REMOVAL TUMOR ETC.	\$	937.66
45385			COLONOSCOPY, LESION REMOVAL	\$	937.66
45386			COLONOSCOPY FLEX W/DILAT BY BALLOON	\$	1,321.72
45386	26		COLONOSCOPY FLEX W/DILAT BY BALLOON	\$	301.02
45391			COLONOSCOPY, FLEXIBLE, PROXIMAL TO S	\$	470.01
45392			COLONOSCOPY, FLEXIBLE, PROXIMAL TO S	\$	554.57
45395			LAPAROSCOPY, SURGICAL; PROCTECTOMY,	\$	3,548.33
45397			LAPAROSCOPY, SURGICAL; PROCTECTOMY,	\$	3,865.69
45400			LAPAROSCOPY, SURGICAL; PROCTOPEXY (F	\$	2,047.28
45402			LAPAROSCOPY, SURGICAL; PROCTOPEXY (F	\$	2,719.18
45500			REPAIR OF RECTUM	\$	626.26
45505			REPAIR OF RECTUM	\$	626.26
45540			CORRECT RECTAL PROLAPSE	\$	941.12
45541			CORRECT RECTAL PROLAPSE	\$	941.12
45550			REPAIR RECTUM;REMOVE SIGMOID	\$	1,359.78
45560			REPAIR OF RECTOCELE	\$	494.78
45562			EXPLOR/REPAIR/PRESACRAL DRAINAGE	\$	847.70
45563			RECTA SURGERY W COLOSTOMY	\$	1,332.10
45800			REPAIR RECTUMBLADDER FISTULA	\$	941.12
45805			REPAIR FISTULA; COLOSTOMY	\$	1,335.56
45820			REPAIR RECTOURETHRAL FISTULA	\$	1,359.78
45825			REPAIR FISTULA; COLOSTOMY	\$	1,335.56
45900			REDUCTION OF RECTAL PROLAPSE	\$	77.71
45905			DILATION OF ANAL SPHINCTER	\$	121.10
45910			DILATION OF RECTAL NARROWING	\$	173.00
45915			REMOVE RECTAL OBSTRUCTION	\$	197.22
45990			ANORECTAL EXAM, SURGICAL, REQUIRING	\$	191.93
46020			PLACEMENT OF SETON	\$	332.16
46030			REMOVAL OF RECTAL MARKER	\$	55.36
46040			INCISION OF RECTAL ABSCESS	\$	211.06
46045			INCISION OF RECTAL ABSCESS	\$	211.06
46050			INCISION OF ANAL ABSCESS	\$	103.80
46060			INCISION OF RECTAL ABSCESS	\$	522.46
46070			INCISION OF ANAL SEPTUM	\$	549.24
46080			INCISION OF ANAL SPHINCTER	\$	103.80
46083			EXC.EXT.THROMBOSED HEMORRHOID	\$	68.23
46200			REMOVAL OF ANAL FISSURE	\$	311.40
46220			REMOVAL OF ANAL TAB	\$	79.96
46221			LIGATION OF HEMORRHOID(S)	\$	103.80
46230			REMOVAL OF ANAL TABS	\$	128.02
46250			HEMORRHOIDECTOMY, EXTERNAL; COMPLETE	\$	480.94
46255			HEMORRHOIDECTOMY	\$	522.46
46257			REMOVE HEMORRHOIDS & FISSURE	\$	563.98
46258			REMOVE HEMORRHOIDS & FISTULA	\$	563.98
46260			HEMORRHOIDECTOMY	\$	712.76
46261			REMOVE HEMORRHOIDS & FISSURE	\$	563.98
46262			HEMORRHOIDECTOMY..W FISTULECTOMY....	\$	563.98
46270			REMOVAL OF ANAL FISTULA	\$	311.40
46275			REMOVAL OF ANAL FISTULA	\$	844.24
46280			REMOVAL OF ANAL FISTULA	\$	1,055.30
46285			REMOVAL OF ANAL FISTULA	\$	211.06

46288			REPAIR ANAL FISTULA W ADVACE FLAP	\$	802.72
46320			REMOVAL OF HEMORRHOID CLOT	\$	86.50
46500			INJECTION TREATMENT OF ANUS	\$	93.11
46505	26		CHEMODENERVATION OF INTERNAL ANAL SP	\$	433.05
46505			CHEMODENERVATION OF INTERNAL ANAL SP	\$	521.42
46600			ANOSCOPY; DIAGNOSTIC	\$	55.36
46604			ANOSCOPY WITH DIRECT DILATION	\$	247.98
46606			ANOSCOPY WITH BIOPSY	\$	88.20
46608			ANOSCOPY;REMOVE FOREIGN BODY	\$	145.32
46610			ANOSCOPY; REMOVE POLYP	\$	166.08
46611			ANOSCOPY WITH REMOVAL SINGLE TUMOR	\$	166.08
46612			ANOSCOPY; REMOVE MULTIPLE POLYPS	\$	211.06
46614			ANOSCOPY; CONTROL OF HEMORRHAGE	\$	166.08
46615			ANOSCOPY W ABLATION FO TUMORS ETC.	\$	262.96
46700			REPAIR OF ANAL STRICTURE	\$	837.32
46705			REPAIR OF ANAL STRICTURE	\$	1,278.82
46706			REPAIR ANAL FISTULA W/FIBRIN GLUE	\$	224.90
46707			REPAIR OF ANORECTAL FISTULA WITH PLUG (EG, PORCINE SMALL INTESTIN	\$	872.58
46710			REPAIR OF ILEOANAL POUCH FISTULA/SIN	\$	1,982.03
46712			REPAIR OF ILEOANAL POUCH FISTULA/SIN	\$	3,984.16
46715			REPAIR OF ANOVAGINAL FISTULA	\$	1,183.32
46716			REPAIR OF ANOVAGINAL FISTULA	\$	1,774.98
46730			CONSTRUCTION OF ABSENT ANUS	\$	913.44
46735			CONSTRUCTION OF ABSENT ANUS	\$	1,456.66
46740			CONSTRUCTION OF ABSENT ANUS	\$	1,972.20
46742			REP IMPERF ANUS/TRANSABD + SACROPERI	\$	2,615.76
46744			REPAIR CLOACAL ANOMALY W PLASTIES	\$	2,979.06
46746			REP CLOACAL ANOM/ABDOM & SACROPERIN	\$	3,269.70
46748			REP CLOACAL ANOMALY ANO-REC-ABD COMB	\$	3,633.00
46750			REPAIR OF ANAL SPHINCTER	\$	837.32
46751			REPAIR OF ANAL SPHINCTER	\$	837.32
46753			RECONSTRUCTION OF ANUS	\$	519.00
46754			REMOVAL OF SUTURE FROM ANUS	\$	494.78
46760			REPAIR OF ANAL SPHINCTER	\$	1,041.46
46761			SPHINCTEROPLASTY,ANAL;LEV MUSC IMBRI	\$	986.10
46762			SPHINCTEROPLASTY,ANAL;ARTIFICIAL SPH	\$	889.22
46900			REMOVAL OF ANAL LESION	\$	128.02
46910			REMOVAL OF ANAL LESION	\$	128.02
46916			CRYOSURGERY-ANAL LESIONS	\$	128.02
46917			DESTROY ANAL LESION(S);LASER SURGERY	\$	178.19
46922			DESTROY ANAL LESION(S)-SURG EXCISION	\$	211.06
46924			DESTROY ANAL LESIONS,ANY METH,EXTEN.	\$	508.62
46930			DESTRUCTION_OF_INTERNAL_HEMORRHOID	\$	398.25
46930	26		DESTRUCTION_OF_INTERNAL_HEMORRHOID	\$	283.10
46940			TREATMENT OF ANAL FISSURE	\$	394.44
46942			TREATMENT OF ANAL FISSURE	\$	197.22
46945			LIGATION OF HEMORRHOIDS	\$	120.03
46946			LIGATION OF HEMORRHOIDS;MULT PROC	\$	311.40
46947			HEMORRHOIDOPEXY (EG, FOR PROLAPSING	\$	688.54
47000			NEEDLE BIOPSY OF LIVER	\$	141.79
47001			BIOPSY LIVER(NOT SEPARATE PROCE)	\$	78.72
47010			DRAINAGE OF LIVER LESION	\$	986.10
47015			LAP W ASP/INJ HEPAR PARASITE CYSTS	\$	986.10
47100			WEDGE BIOPSY OF LIVER	\$	730.06
47120			PARTIAL REMOVAL OF LIVER	\$	1,359.78
47122			HEPATECTOMY,RESECT LIVER;TRISEGMENT.	\$	1,577.76
47125			PARTIAL REMOVAL OF LIVER	\$	1,577.76
47130			PARTIAL REMOVAL OF LIVER	\$	1,577.76
47133			DONOR HEPATECTOMY,W/PREP-MAINT.HOMOG	\$	1,384.00
47135			LIVER TRANSPLANT,W/W/O RECI HEPATEC.	\$	6,920.00
47140			DONOR HEPATECTOMY LT LAT SEGMENT	\$	3,269.70
47141			DONOR HEPATECTOMY TOT LT LOBECTOMY	\$	3,996.30
47142			DONOR HEPATECTOMY TOT RT LOBECTOMY	\$	4,394.20
47146			BACKBENCH RECONSTRUCTION OF CADAVER	\$	586.05
47147			BACKBENCH RECONSTRUCTION OF CADAVER	\$	681.14
47300			SURGERY FOR LIVER LESION	\$	941.12
47350			REPAIR LIVER WOUND	\$	941.12
47360			REPAIR LIVER WOUND	\$	941.12
47361			EXPLORE HEP WOUND/EXTEN DEBRIDE/COAG	\$	3,069.02

47362			RE-EXPLORE HEP WOUND/REMOVE PACKING	\$	1,114.12
47370			LAPOROSCOPY SURGICAL RADIOFREQUENCY	\$	1,138.34
47371			LAPOROSCOPY SURGICAL CRYOSURGICAL	\$	1,072.60
47380			OPEN ABLATION LIVER TUMOR RADIOFREQ	\$	1,339.02
47381			OPEN ABLATION LIVER TUMORS CRYOSURG	\$	1,321.72
47382			ABLATION LIVER TUMOR PERCU RADIOFREQ	\$	1,965.52
47383	26		PERQ ABLTJ LVR CRYOABLATION	\$	813.97
47383			PERQ ABLTJ LVR CRYOABLATION	\$	12,901.20
47400			INCISION OF LIVER DUCT	\$	1,359.78
47420			INCISION OF BILE DUCT	\$	1,148.72
47425			INCISION OF BILE DUCT	\$	1,359.78
47460			INCISE BILE DUCT SPHINCTER	\$	1,359.78
47480			INCISION OF GALLBLADDER	\$	837.32
47490			PERCUTANEOUS CHOLECYSTOSTOMY	\$	519.00
47531	26		INJECTION FOR CHOLANGIOGRAM	\$	128.61
47531			INJECTION FOR CHOLANGIOGRAM	\$	589.07
47532	26		INJECTION FOR CHOLANGIOGRAM	\$	381.36
47532			INJECTION FOR CHOLANGIOGRAM	\$	1,475.00
47533	26		PLMT BILIARY DRAINAGE CATH	\$	479.38
47533			PLMT BILIARY DRAINAGE CATH	\$	2,289.27
47534	26		PLMT BILIARY DRAINAGE CATH	\$	667.85
47534			PLMT BILIARY DRAINAGE CATH	\$	2,726.90
47535	26		CONVERSION EXT BIL DRG CATH	\$	355.86
47535			CONVERSION EXT BIL DRG CATH	\$	1,892.03
47536	26		EXCHANGE BILIARY DRG CATH	\$	238.67
47536			EXCHANGE BILIARY DRG CATH	\$	1,283.80
47537	26		REMOVAL BILIARY DRG CATH	\$	173.52
47537			REMOVAL BILIARY DRG CATH	\$	679.82
47538	26		PERQ PLMT BILE DUCT STENT	\$	424.82
47538			PERQ PLMT BILE DUCT STENT	\$	8,128.85
47539	26		PERQ PLMT BILE DUCT STENT	\$	768.88
47539			PERQ PLMT BILE DUCT STENT	\$	8,982.51
47540	26		PERQ PLMT BILE DUCT STENT	\$	793.59
47540			PERQ PLMT BILE DUCT STENT	\$	9,178.00
47541	26		PLMT ACCESS BIL TREE SM BWL	\$	597.75
47541			PLMT ACCESS BIL TREE SM BWL	\$	2,170.42
47542	26		DILATE BILIARY DUCT/AMPULLA	\$	243.03
47542			DILATE BILIARY DUCT/AMPULLA	\$	852.96
47543			ENDOLUMINAL BX BILIARY TREE	\$	879.88
47543	26		ENDOLUMINAL BX BILIARY TREE	\$	258.64
47544	26		REMOVAL DUCT GLBLDR CALCULI	\$	286.14
47544			REMOVAL DUCT GLBLDR CALCULI	\$	2,130.91
47550			BILIARY ENDOSCOPY, INTRAOPERATIVE (C	\$	100.34
47552			BILIARY ENDOSCOPY...;DIAGNOSTIC	\$	346.00
47553			BILIARY ENDOSCOPY...; & SPEC COLL	\$	432.50
47554			BILIARY ENDOSCOPY...;REMOVE STONES	\$	519.00
47555			BILIARY ENDOSCOPY;DILATE DUCT STRICT	\$	432.50
47556			BILIARY ENDOSCOPY PERCU T-TUBE....	\$	885.76
47562			LAPAROSCOPY SURGICAL CHOLECYSTECTOMY	\$	1,044.92
47563			LAP SURG CHOLECYSTECTOMY W/CHOLANGIO	\$	1,124.50
47564			LAP SURG CHOLECYST W/EXPL COM DUCT	\$	1,404.76
47570			LAP SURG CHOLECYSTOENTEROSTOMY	\$	1,473.96
47600			REMOVAL OF GALLBLADDER	\$	1,044.92
47605			REMOVAL OF GALLBLADDER	\$	1,086.44
47610			REMOVAL OF GALLBLADDER	\$	1,252.52
47612			CHOLECYSTECTOMY;W/CHOLEDOCHOENTEROST	\$	1,788.82
47620			REMOVAL OF GALLBLADDER	\$	1,432.44
47700			EXPLORATION OF BILE DUCTS	\$	871.92
47701			PORTOENTEROSTOMY	\$	1,522.40
47711			EXCISION BILE DUCT TUMOR EXTRAHEPAR	\$	1,449.74
47712			EXC BILE DUCT TUMOR INTRAHEPATIC	\$	1,909.92
47715			EXCISE CHOLEDOCAL CYST	\$	1,342.48
47720			FUSE GALLBLADDER & BOWEL	\$	1,044.92
47721			FUSE UPPER GI STRUCTURES	\$	1,162.56
47740			FUSE GALLBLADDER & BOWEL	\$	1,134.88
47741			ROUX-EN-Y W GASTROENTEROSTOMY	\$	1,321.72
47760			FUSE BILE DUCTS AND BOWEL	\$	1,252.52
47765			FUSE LIVER DUCTS & BOWEL	\$	1,522.40
47780			FUSE BILE DUCTS AND BOWEL	\$	1,480.88

47785			ROUX-EN-Y INTRAHEPATIC DUCT/GI TRACT	\$	1,979.12
47800			RECONSTRUCTION OF BILE DUCTS	\$	1,567.38
47801			PLACEMENT OF CHOLEDOCHAL STENT	\$	1,342.48
47802			U-TUBE HEPATICOENTEROSTOMY	\$	1,342.48
47900			EXTRA HEPATIC DUCT REPAIR	\$	1,273.28
48000			DRAINAGE OF ABDOMEN	\$	837.32
48001			DRAIN W CHOLE,GASTROSTOMY,JEJUNOSTOM	\$	1,584.68
48020			REMOVAL OF PANCREATIC STONE	\$	1,359.78
48100			BIOPSY OF PANCREAS	\$	830.40
48102			BX PANCREAS;PERCUTANEOUS NEEDLE	\$	224.90
48105			RESECT/DEBRIDE PANCREAS	\$	5,063.29
48120			REMOVAL OF PANCREAS LESION	\$	999.94
48140			PARTIAL REMOVAL OF PANCREAS	\$	1,148.72
48145			PARTIAL REMOVAL OF PANCREAS	\$	1,044.92
48146			PACREATOMY CHILD-TYPE PROCEDURE DIST	\$	2,505.04
48148			REMOVAL OF PANCREATIC DUCT	\$	1,432.44
48150			PARTIAL REMOVAL OF PANCREAS	\$	2,505.04
48152			PANCREATECTOMY WO PANCREATOJEJUNOSTO	\$	2,754.16
48153			PANCREATECTOMY NEAR TOTAL W PACR-JEJ	\$	2,920.24
48154			PANCREATECTOMY PROX SUBTOTAL WO PJ	\$	2,754.16
48155			REMOVAL OF PANCREAS	\$	2,505.04
48160			PANCREATECTOMY,TOTAL;W TRANSPLANTATI	\$	6,920.00
48400			INJECTION PANCREATOGRAPHY INTRAOPERA	\$	197.22
48500			SURGERY OF PANCREAS CYST	\$	1,044.92
48510			EXT.DRAINAGE,PANCREAS PSEUDOCYST	\$	417.90
48520			FUSE PANCREAS CYST AND BOWEL	\$	1,044.92
48540			FUSE PANCREAS CYST AND BOWEL	\$	1,044.92
48545			PANCREATORRHAPHY FOR TRAUMA	\$	1,543.16
48547			DUODENALEXCLUSION W GASTROJEJUNOSTOM	\$	2,127.90
48548			FUSE PANCREAS AND BOWEL	\$	2,960.34
48551			BACKBENCH STANDARD PREPARATION OF CA	\$	552.42
48552			BACKBENCH RECONSTRUCTION OF CADAVER	\$	419.35
48554			TRANSPLANTATION PANCREAS ALLOGRAFT	\$	3,962.29
48556			REMOVE PANCREATIC ALLOGRAFT	\$	1,945.97
49000			EXPLORATION OF ABDOMEN	\$	730.06
49002			REEXPLORATION OF ABDOMEN	\$	730.06
49010			EXPLORE,RETROPERITONEAL AREA	\$	730.06
49020			DRAIN ABDOMINAL ABSCESS	\$	750.82
49040			DRAIN ABDOMINAL ABSCESS	\$	941.12
49060			DRAIN RETROPERITONEAL ABSCESS	\$	750.82
49062			OPEN DRAINAGE EXTRAPERITON LYMPHOCEL	\$	750.82
49082	26		ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITHOUT IMAG	\$	133.18
49082			ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITHOUT IMAG	\$	360.43
49083	26		ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITH IMAGING	\$	194.28
49083			ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITH IMAGING	\$	544.43
49084			PERITONEAL LAVAGE, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	\$	192.79
49180			NEEDLE BX,ABDOMINAL/RETROPERI. MASS	\$	211.06
49185			SCLEROTX FLUID COLLECTION	\$	1,772.59
49185	26		SCLEROTX FLUID COLLECTION	\$	215.14
49203			EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR	\$	2,138.14
49204			EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR	\$	2,734.30
49205			EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR	\$	3,136.56
49215			EXCISE PRESACRAL/SACROCOCCYGEAL CYST	\$	1,252.52
49220			STAGING CELIOTOMY;HODGKINS/LYMPHOMA	\$	941.12
49250			EXCISION OF UMBILICUS	\$	591.66
49255			OMENECTOMY...RESECT OMENTUM	\$	788.88
49320			DIAG LAP ABD PERIT OMENT W/WO SPEC	\$	629.72
49321			LAP ABDOMEN/OMENTUM/PERITONEUM W/BX	\$	629.72
49322			LAP ABDOMEN/PERITONEUM/OMENT W/ASP C	\$	629.72
49323			LAP ABD/PERIT/OMENT W DRAIN LYMPHOCE	\$	730.06
49324			LAP INSERTION PERM IP CATH	\$	694.80
49325			LAP REVISION PERM IP CATH	\$	737.98
49326			LAP W/OMENTOPEXY ADD-ON	\$	334.65
49327			LAPAROSCOPY, SURGICAL; WITH PLACEMENT OF INTERSTITIAL DEVICE(S) F	\$	231.65
49400			PNEUMOPERITONEUM.;INITIAL	\$	103.80
49402			REMOVE FOREIGN BODY, ADBOMEN	\$	1,529.46
49405	26		FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, AC	\$	352.92
49405			FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, AC	\$	1,498.39
49406	26		FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, AC	\$	352.92

49406			FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, AC	\$	1,497.73
49407	26		FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, AC	\$	374.03
49407			FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, AC	\$	1,203.25
49411	26		PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANC	\$	329.95
49411			PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANC	\$	888.08
49412			PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANC	\$	146.74
49418	26		INSERTION OF TUNNELED INTRAPERITONEAL CATHETER (EG, DIALYSIS, INTR	\$	364.55
49418			INSERTION OF TUNNELED INTRAPERITONEAL CATHETER (EG, DIALYSIS, INTR	\$	2,544.55
49419			INSERT INTRAPERITON CANNULA/CATHETER	\$	781.96
49421			INSERT PERM.CANNULA/CATH-DRAIN/DIALY	\$	629.72
49422			INTRAPERITONEAL CANNULA/CATH REMOVAL	\$	1,117.58
49423			EXCH ABSCESS DRAIN CATH W/RAD GUIDAN	\$	269.88
49424			CONTRAST INJECT VIA PREV PLACE CATH	\$	141.86
49425			PERITONEAL-VENOUS SHUNT	\$	1,418.60
49426			REVISION OF PERITONEAL-VENOUS SHUNT	\$	1,065.68
49427			INJ PROC EVAL PLACED PER VENOUS SHUN	\$	122.21
49428			PERITONEAL VENOUS SHUNT LIGATION	\$	373.68
49429			PERITONEAL VENOUS SHUNT REMOVAL	\$	1,190.24
49435			INSERT SUBQ EXTEN TO IP CATH	\$	210.92
49436			EMBEDDED IP CATH EXIT-SITE	\$	334.51
49440			INSERTION OF GASTROSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCO	\$	1,798.89
49441			INSERTION OF DUODENOSTOMY OR JEJUNOSTOMY TUBE, PERCUTANEOUS,	\$	2,034.65
49442			INSERTION OF CECOSTOMY OR OTHER COLONIC TUBE, PERCUTANEOUS, UN	\$	1,692.08
49446			CONVERSION OF GASTROSTOMY TUBE TO GASTRO-JEJUNOSTOMY TUBE, PE	\$	1,737.85
49450			REPLACEMENT OF GASTROSTOMY OR CECOSTOMY (OR OTHER COLONIC) TI	\$	1,249.06
49451			REPLACEMENT OF DUODENOSTOMY OR JEJUNOSTOMY TUBE, PERCUTANEC	\$	1,361.30
49452			REPLACEMENT OF GASTRO-JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER	\$	1,680.70
49460			MECHANICAL REMOVAL OF OBSTRUCTIVE MATERIAL FROM GASTROSTOMY,	\$	1,387.25
49465			CONTRAST INJECTION(S) FOR RADIOLOGICAL EVALUATION OF EXISTING GAS	\$	305.45
49491			REP INITIAL INGUINAL HERNIA INFANT	\$	1,952.41
49492			REP INIT ING HERNIA PRETERM INF INCA	\$	1,380.54
49495			INGUINAL HERNIA REPAIR <6M REDUCIBLE	\$	823.48
49496			HERNIA REPAIR <6M INCARCERT/STRANGL	\$	1,572.26
49500	50		REP INGUINAL HERNIA UNDER 5 YRS;BILA	\$	2,074.34
49500			REP INGUINAL HERNIA,UNDER 5 YRS;UNIL	\$	1,037.17
49501			INGUI HERNIA REP 6M-5Y INARC/STRANGL	\$	1,578.97
49505			REP INGUINAL HERNIA,AGE 5 OR>;UNILAT	\$	629.72
49505	50		REP INGUINAL HERNIA,AGE 5 OR>;BILATE	\$	941.12
49507			INGUINAL HERNIA REP >5 Y INCAR/STRAN	\$	889.22
49520			REREPAIR INGUINAL HERNIA	\$	730.06
49520	50		REP RECURRENT INGUINAL HERNIA;BILATE	\$	1,096.82
49521			REPAIR INGUINAL HERNIA INCA/ST ANY A	\$	1,082.98
49525			REPAIR INGUINAL HERNIA;SLIDING	\$	629.72
49525	50		REPAIR SLIDING BILATERAL INGUINAL HE	\$	944.58
49540			REPAIR LUMBAR HERNIA	\$	716.22
49540	50		REPAIR BILATERAL LUMBAR HERNIA	\$	1,072.60
49550			REPAIR FEMORAL HERNIA	\$	629.72
49550	50		REPAIR BILATERAL FEMORAL HERNIA...	\$	944.58
49553			REPAIR FEMEROL HERNIA ANY AGE INC.ST	\$	920.36
49555			REPAIR RECURRENT FEMORAL HERNIA	\$	730.06
49555	50		REP BILATERAL RECURRENT FEMORAL HERN	\$	1,096.82
49557			REPAIR FEMEROL HERNIA INCARCER/STRAN	\$	1,044.92
49560			REPAIR VENTRAL HERNIA (SEPARATE PROC	\$	730.06
49561			REPAIR INCISIONAL HERNIA INCARC/STRAG	\$	1,124.50
49565			REREPAIR ABDOMINAL HERNIA	\$	809.64
49566			REP INCIS INCARC HERNIA/STRANGULATED	\$	982.64
49568			IMPLANNTATION MESH INCISIONAL HERNIA	\$	519.00
49570			REPAIR EPIGASTRIC HERNIA	\$	522.46
49572			REP.EPIGASTRIC HERNIA INCAR STRANGUL	\$	885.76
49580			REP UMBILICAL HERNIA;UNDER AGE 5 YRS	\$	808.88
49582			REP UMBIL HERNIA INCARCE/STRANGULATD	\$	768.12
49585			REP UMBILICAL HERNIA OVER 5YRS	\$	629.72
49587			REP.UMBILICAL HERNIA OVER 5 INC/STRA	\$	847.70
49590			REPAIR SPIGELIAN HERNIA	\$	522.46
49600			REPAIR UMBILICAL LESION	\$	716.22
49605			REPAIR UMBILICAL LESION	\$	1,868.99
49606			REPAIR UMBILICAL LESION	\$	1,166.02
49610			REPAIR UMBILICAL LESION	\$	896.14
49611			REPAIR UMBILICAL LESION	\$	896.14

49650		LAP SURG REP INITIAL INGUINAL HERNIA	\$	629.72
49651		LAP REP RECURRENT INGUINAL HERNIA	\$	730.06
49652		LAPAROSCOPY __ SURGICAL REPAIR __ VENT	\$	1,329.16
49653		LAPAROSCOPY __ SURGICAL REPAIR __ VENT	\$	1,656.51
49654		LAPAROSCOPY __ SURGICAL REPAIR __ INCI	\$	1,509.56
49655		LAPAROSCOPY __ SURGICAL REPAIR __ INCI	\$	1,841.90
49656		LAPAROSCOPY __ SURGICAL REPAIR __ RECU	\$	1,637.00
49657		LAPAROSCOPY __ SURGICAL REPAIR __ RECU	\$	2,351.14
49900		REPAIR OF ABDOMINAL WALL	\$	418.66
49904		OMENTAL FLAP, EXTRA ABDOMINAL	\$	2,629.60
49905		OMENTAL FLAP	\$	851.16
49906		FRE OMENTAL FLAP W/MICROVASC ANASTAM	\$	2,424.84
50010		EXPLORATION OF KIDNEY	\$	1,166.02
50020		DR PERIRENAL/RENAL ABSCESS(SEP PROC)	\$	941.12
50040		NEPHROSTOMY,NEPHROTOMY W DRAINAGE	\$	1,359.78
50045		EXPLORATION OF KIDNEY	\$	1,359.78
50060		REMOVAL OF KIDNEY STONE	\$	1,044.92
50065		INCISION OF KIDNEY	\$	1,615.82
50070		INCISION OF KIDNEY	\$	1,615.82
50075		REMOVAL OF KIDNEY STONE	\$	1,176.40
50080		PERCUT NEPHRO/PYELO,W/ OR W/O	\$	553.60
50081		PERCUT NEPHRO/PYELO,W/ OR W/O	\$	553.60
50100		REVISE KIDNEY BLOOD VESSELS	\$	1,148.72
50120		EXPLORATION OF KIDNEY	\$	1,359.78
50125		EXPLORE AND DRAIN KIDNEY	\$	1,359.78
50130		REMOVAL OF KIDNEY STONE	\$	1,359.78
50135		EXPLORATION OF KIDNEY	\$	1,615.82
50200		RENAL BIOPSY;PERCUTANEOUS TROCAR/NEE	\$	240.23
50205		RENAL BIOPSY;SURG EXPOSURE OF KIDNEY	\$	536.30
50220		REMOVAL OF KIDNEY	\$	1,359.78
50225		REMOVAL OF KIDNEY	\$	1,435.90
50230		REMOVAL OF KIDNEY	\$	1,359.78
50234		REMOVAL OF KIDNEY & URETER	\$	1,671.18
50236		REMOVAL OF KIDNEY & URETER	\$	1,671.18
50240		PARTIAL REMOVAL OF KIDNEY	\$	1,148.72
50250		ABLATION, OPEN, ONE OR MORE RENAL MA	\$	2,185.92
50280		REMOVAL OF KIDNEY LESION	\$	1,252.52
50290		REMOVAL OF KIDNEY LESION	\$	1,255.98
50300		DONAR NEPHRECTOMY,CADAVER,CARE-HOMOG	\$	830.40
50320		DONOR NEPHRECTOMY,CARE HOMOG-LIVING	\$	1,698.86
50323		BACKBENCH STANDARD PREPARATION OF CA	\$	664.15
50325		BACKBENCH STANDARD PREPARATION OF LI	\$	454.92
50327		BACKBENCH RECONSTRUCTION OF CADAVER	\$	384.86
50328		BACKBENCH RECONSTRUCTION OF CADAVER	\$	337.73
50329		BACKBENCH RECONSTRUCTION OF CADAVER	\$	319.05
50340		RECIPIENT NEPHRECTOMY;,UNILATERAL	\$	1,359.78
50340	50	RECIPIENT NEPHRECTOMY;,BILATERAL	\$	2,041.40
50360		HOMOTRANSPLANT/IMPLANT GRF,NO NEPHRE	\$	2,491.20
50365		SEE 50360-W/UNILAT RECI NEPHRECTOMY	\$	4,152.00
50365	50	SEE 50360-W/UNILAT RECI NEPHRECTOMY	\$	6,228.00
50370		REMOVE TRANSPLANTED KIDNEY	\$	1,359.78
50380		RENAL AUTOTRANSPLANT,REIMPLANT KIDN	\$	2,491.20
50382		REMOVAL (VIA SNARE/CAPTURE) AND REPL	\$	2,065.59
50384		REMOVAL (VIA SNARE/CAPTURE) OF INTER	\$	1,617.79
50385		REMOVAL (VIA SNARE/CAPTURE) AND REPLACEMENT OF INTERNALLY DWEL	\$	2,027.39
50386		REMOVAL (VIA SNARE/CAPTURE) OF INTERNALLY DWELLING URETERAL STE	\$	1,305.39
50387		REMOVAL AND REPLACEMENT OF EXTERNALL	\$	914.31
50389		REMOVAL OF NEPHROSTOMY TUBE, REQUIRI	\$	555.26
50390		ASPIR&/OR INJ RENAL CYST/PELVIS;PERC	\$	103.80
50391	26	INSTILLATION(S) OF THERAPEUTIC AGENT	\$	175.15
50391		INSTILLATION(S) OF THERAPEUTIC AGENT	\$	219.02
50395		ESTABLISH NEPHROSTOMY TRACT;PERCUTAN	\$	221.44
50396		MANOMETRIC STUDIES NEPH/PYE TUBE/CAT	\$	69.20
50400		REVISION OF KIDNEY/URETER	\$	1,463.58
50405		REVISION OF KIDNEY/URETER	\$	1,830.34
50430	26	NJX PX NFROSGRM &/URTRGRM	\$	277.18
50430		NJX PX NFROSGRM &/URTRGRM	\$	847.25
50431	26	NJX PX NFROSGRM &/URTRGRM	\$	119.37
50431		NJX PX NFROSGRM &/URTRGRM	\$	315.69

50432	26		PLMT NEPHROSTOMY CATHETER	\$	370.84
50432			PLMT NEPHROSTOMY CATHETER	\$	1,431.96
50433	26		PLMT NEPHROURETERAL CATHETER	\$	462.50
50433			PLMT NEPHROURETERAL CATHETER	\$	1,960.78
50434	26		CONVERT NEPHROSTOMY CATHETER	\$	348.60
50434			CONVERT NEPHROSTOMY CATHETER	\$	1,537.28
50435	26		EXCHANGE NEPHROSTOMY CATH	\$	180.96
50435			EXCHANGE NEPHROSTOMY CATH	\$	879.26
50500			REPAIR OF KIDNEY WOUND	\$	2,294.22
50520			CLOSE KIDNEY-SKIN FISTULA	\$	941.12
50525			REPAIR RENAL-ABDOMEN FISTULA	\$	941.12
50526			REPAIR RENAL-ABDOMEN FISTULA	\$	941.12
50540			REVISION OF HORSESHOE KIDNEY	\$	1,172.94
50541			LAP SURG ABLATION OF RENAL CYSTS	\$	1,332.10
50542			LAPOROSCOPY SURG RENAL MASS LESION	\$	1,889.16
50543			LAPOROSCOPY SURG PARTIAL NEPHRECTOMY	\$	2,408.16
50544			LAPAROSCOPY SURGICAL PYELOPLASTY	\$	1,740.38
50545			SURG LAP; RADICAL NEPHRECTOMY	\$	1,982.58
50546			LAPAROSCOPY SURGICAL NEPHRECTOMY	\$	1,553.54
50547			LAP SURG DONOR NEPHRECTOMY/LIV DONOR	\$	2,408.16
50548			LAP ASSISTED NEPHROURETERECTOMY	\$	1,778.44
50551			KIDNEY ENDOSCOPY	\$	394.44
50553			RENAL ENDOSCOPY W URETERAL CATHETERIZ	\$	446.34
50555			KIDNEY ENDOSCOPY & BIOPSY	\$	435.96
50557			KIDNEY ENDOSCOPY & TREATMENT	\$	435.96
50561			RENAL ENDOSCOPY;REMOVE FOREIGN BODY	\$	494.78
50562			RENAL ENDOSCOPY W/WO IRRIG W/RESECT	\$	681.62
50570			RENAL ENDOSCOPY;EXCLUSIVE OF RADIOLO	\$	394.44
50572			RENAL ENDOSCOPY W URETERAL CATH	\$	446.34
50574			KIDNEY ENDOSCOPY & BIOPSY	\$	435.96
50575			RENAL ENDOSCOPY W ENDOPYELOTOMY	\$	826.94
50576			REANL ENDOSCOPY W FULGURATION/INCISI	\$	435.96
50580			RENAL ENDOSCOPY;REM FOREIGN BODY	\$	494.78
50590			LITHOTRIPSY,ESW	\$	1,214.46
50592			ABLATION, ONE OR MORE RENAL TUMOR(S), PERCUTANEOUS, UNILATERAL,	\$	617.16
50592	50		ABLATION, ONE OR MORE RENAL TUMOR(S), PERCUTANEOUS, UNILATERAL,	\$	925.76
50593	50		ABLATION, ONE OR MORE RENAL TUMOR(S)	\$	1,241.69
50593			ABLATION, ONE OR MORE RENAL TUMOR(S)	\$	827.81
50600			EXPLORATION OF URETER	\$	1,252.52
50605			URETEROYOMY/INSERT STENT	\$	1,380.54
50606	26		ENDOLUMINAL BX URTR RNL PLVS	\$	274.65
50606			ENDOLUMINAL BX URTR RNL PLVS	\$	1,372.72
50610			REMOVAL OF URETER STONE	\$	1,252.52
50620			REMOVAL OF URETER STONE	\$	1,252.52
50630			REMOVAL OF URETER STONE	\$	1,314.80
50650			REMOVAL OF URETER	\$	1,359.78
50660			REMOVAL OF URETER	\$	1,529.32
50684			INJECTION FOR URETER XRAY	\$	69.20
50686			MEASURE URETER PRESSURE	\$	69.20
50688			CHANGE OF URETER TUBE	\$	103.80
50690			INJECTION FOR URETER XRAY	\$	69.20
50693	26		PLMT URETERAL STENT PRQ	\$	367.76
50693			PLMT URETERAL STENT PRQ	\$	1,839.47
50694	26		PLMT URETERAL STENT PRQ	\$	481.15
50694			PLMT URETERAL STENT PRQ	\$	2,012.65
50695	26		PLMT URETERAL STENT PRQ	\$	615.50
50695			PLMT URETERAL STENT PRQ	\$	2,469.23
50700			REVISION OF URETER	\$	1,359.78
50705	26		URETERAL EMBOLIZATION/OCCL	\$	351.09
50705			URETERAL EMBOLIZATION/OCCL	\$	3,806.48
50706	26		BALLOON DILATE URTRL STRIX	\$	328.28
50706			BALLOON DILATE URTRL STRIX	\$	1,951.02
50715			RELEASE OF URETER	\$	820.02
50715	50		RELEASE OF URETER	\$	1,055.30
50722			RELEASE OF URETER	\$	1,242.14
50725			RELEASE/REVISE URETER	\$	1,774.98
50727			REVISION URINARY-CUTANEOUS ANASTOMOS	\$	1,252.52
50728			REVISION URIN-CUTAN ANAST W/REPAIR	\$	1,428.98
50740			FUSION OF URETER & KIDNEY	\$	1,463.58

50750			FUSION OF URETER & KIDNEY	\$	1,685.02
50760			FUSION OF URETERS	\$	1,463.58
50770			TRANSURETEROURETEROSTOMY....	\$	1,695.40
50780			REIMPLANT URETER IN BLADDER	\$	1,463.58
50780	50		URETERONEOCYSTOSTOMY...	\$	2,197.10
50782			URETERONEOCYSTOSTOMY TO BLADDER	\$	1,463.58
50783			REIMPLANT URETER IN BLADDER	\$	1,463.58
50785			REIMPLANT URETER IN BLADDER	\$	1,685.02
50785	50		REIMPLANT URETER IN BLADDER	\$	2,529.26
50800			IMPLANT URETER IN BOWEL	\$	1,463.58
50800	50		IMPLANT URETER IN BOWEL	\$	2,197.10
50810			FUSION OF URETER & BOWEL	\$	2,131.36
50815			URETEROCOLON CONDUIT/ANASTOMOS/UNILL	\$	2,131.36
50815	50		URETEROCOLON CONDUIT/ANASTOMOS/UNILL	\$	3,197.04
50820			CONSTRUCT BOWEL BLADDER	\$	2,089.84
50820	50		CONSTRUCT BOWEL BLADDER	\$	3,134.76
50825			CONTINENT DIVISION,W/BOWEL ANASTOMO.	\$	2,484.28
50830			URINARY UNDIVERSION	\$	2,131.36
50840			REPLACE URETER BY BOWEL	\$	2,131.36
50840	50		REPLACE URETER BY BOWEL	\$	3,197.04
50845			CUTANEOUS APPENDICO-VESICOSTOMY	\$	2,131.36
50860			TRANSPLANT URETER TO SKIN	\$	1,252.52
50860	50		TRANSPLANT URETER TO SKIN	\$	1,878.78
50900			REPAIR OF URETER	\$	941.12
50920			CLOSURE URETER/SKIN FISTULA	\$	820.02
50930			CLOSURE URETER/BOWEL FISTULA	\$	1,685.02
50940			RELEASE OF URETER	\$	1,463.58
50945			LAPAROSCOPY SURG URETEROLITHOTOMY	\$	1,428.98
50947			SURG LAP; URETERONEO W/CYSTO/URET ST	\$	2,145.20
50948			SURG LAP; URETERONEOCYS WO CYSTO	\$	1,958.36
50951			UTERAL ENDOSCOPY...EXCL OF RADIO.SER	\$	155.70
50953			ENDOSCOPY OF URETER	\$	207.60
50955			URETER ENDOSCOPY & BIOPSY	\$	207.60
50957			URETER ENDOSCOPY & TREATMENT	\$	242.20
50961			URETER ENDOSCOPY & TREATMENT	\$	242.20
50970			URETER ENDOSCOPY	\$	155.70
50972			URETER ENDOSCOPY W/CATHETER	\$	135.25
50974			URETER ENDOSCOPY & BIOPSY	\$	207.60
50976			URETER ENDOSCOPY & TREATMENT	\$	242.20
50980			URETER ENDOSCOPY & TREATMENT	\$	242.20
51020			INCISE & TREAT BLADDER	\$	941.12
51030			INCISE & TREAT BLADDER	\$	1,065.68
51040			INCISE & DRAIN BLADDER	\$	837.32
51045			INCISE BLADDER, DRAIN URETER	\$	889.22
51050			REMOVAL OF BLADDER STONE	\$	941.12
51060			REMOVAL OF URETER STONE	\$	1,242.14
51065			REMOVAL OF URETER STONE	\$	889.22
51080			DRAINAGE OF BLADDER ABSCESS	\$	522.46
51100			ASPIRATION OF BLADDER; BY NEEDLE	\$	112.07
51101			ASPIRATION OF BLADDER; BY TROCAR OR INTRACATHETER	\$	228.60
51102			ASPIRATION OF BLADDER; WITH INSERTION OF SUPRAPUBIC CATHETER	\$	413.57
51500			REMOVAL OF BLADDER CYST	\$	979.18
51520			REMOVAL OF BLADDER LESION	\$	730.06
51525			REMOVAL OF BLADDER LESION	\$	1,359.78
51530			REMOVAL OF BLADDER LESION	\$	1,044.92
51535			REPAIR OF URETER LESION	\$	1,065.68
51535	50		CYSTOTOMY/EXC,INC/REP URETEROCELE,BI	\$	1,598.52
51550			PARTIAL REMOVAL OF BLADDER	\$	1,252.52
51555			PARTIAL REMOVAL OF BLADDER	\$	1,252.52
51565			REVISE BLADDER & URETER(S)	\$	1,671.18
51570			REMOVAL OF BLADDER	\$	2,300.90
51575			REMOVAL OF BLADDER & NODES	\$	2,761.08
51580			REMOVE BLADDER; REVISE TRACT	\$	2,761.08
51585			REMOVAL OF BLADDER & NODES	\$	3,453.08
51590			REMOVE BLADDER; REVISE TRACT	\$	3,210.88
51595			REMOVE BLADDER; REVISE TRACT	\$	4,124.32
51596			CYSTECTOMY,COMP,CONT DIV.BOWEL REANA	\$	3,210.88
51597			PELVIC EXENTER.W/W/O HYSTERECTOMY	\$	3,453.08
51600			INJECTION FOR BLADDER XRAY	\$	72.66

51605			PREPARATION FOR BLADDER XRAY	\$	110.72
51610			INJECTION FOR BLADDER XRAY	\$	72.66
51700			IRRIGATION OF BLADDER	\$	72.66
51700	SA		IRIGATION OF BLADDER	\$	59.17
51701			INSERT NON-INDWELLING BLADDER CATH	\$	131.48
51701	26		INSERT NON-INDWELLING BLADDER CATH	\$	41.52
51701	SA		INSERT NON-INDWELLING BLADDER CATH	\$	118.33
51701	SA	26	INSERT NON-INDWELLING BLADDER CATH	\$	32.87
51702			INSERT TEMP INDWELLING BLADDER CATH	\$	131.48
51702	26		INSERT TEMP INDWELLING BLADDER CATH	\$	41.52
51702	SA		INSERT TEMP INDWELLING BLADDER CATH	\$	118.33
51702	SA	26	INSERT TEMP INDWELLING BLADDER CATH	\$	32.87
51703			INSERT TEMP INDW BLAD CATH COMPLICAT	\$	287.18
51703	26		INSERT TEMP INDW BLAD CATH COMPLICAT	\$	121.10
51705			CHANGE OF BLADDER TUBE	\$	72.66
51705	SA		CHANGE OF BLADDER TUBE	\$	59.17
51710			CHANGE OF BLADDER TUBE	\$	110.72
51715			ENDOSCOPIC INJECT OF IMPL MAT/URETHR	\$	377.14
51720			TREATMENT OF BLADDER LESION	\$	138.40
51725			SIMPLE CYSTOMETROGRAM	\$	124.56
51725	SA		SIMPLE CYSTOMETROGRAM	\$	105.18
51726			COMPLEX CYSTOMETROGRAM	\$	124.56
51727	TC		COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); V	\$	330.78
51727	26		COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); V	\$	189.64
51727			COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); V	\$	578.79
51728	TC		COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); V	\$	343.20
51728	26		COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); V	\$	186.46
51728			COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); V	\$	590.21
51729	TC		COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); V	\$	346.03
51729	26		COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); V	\$	224.87
51729			COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); V	\$	631.93
51736			SIMPLE UROFLOWMETRY	\$	45.88
51741			COMPLEX UROFLOWMETRY	\$	46.95
51784			EMG OF ANAL OR URETHRAL SPHINCTER	\$	211.06
51784	26		EMG OF ANAL OR URETHRAL SPHINCTER	\$	112.55
51784	TC		EMG OF ANAL OR URETHRAL SPHINCTER	\$	58.82
51785			ELECTROMYOGRAPHY STUDIES-ANAL/URETH.	\$	100.34
51792			ELECTROMYOGRAPHY	\$	159.16
51797			VOIDING PRESSURE STUDIES (VP);	\$	200.68
51798			MEASURE RESID URINE BY ULTRASOUND	\$	55.36
51798	SA		MEASURE RESID URINE BY ULTRASOUND	\$	42.73
51800			REVISION OF BLADDER/URETHRA	\$	1,463.58
51820			REVISION OF URINARY TRACT	\$	2,197.10
51840			ATTACH BLADDER/URETHRA	\$	1,044.92
51841			ATTACH BLADDER/URETHRA	\$	1,273.28
51845			ABDOMINO-VAGINAL VESICAL NECK SUSPEN	\$	1,408.22
51860			REPAIR OF BLADDER WOUND	\$	1,100.28
51865			REPAIR OF BLADDER WOUND	\$	1,211.00
51880			REPAIR OF BLADDER OPENING	\$	522.46
51900			REPAIR BLADDER/VAGINA LESION	\$	1,211.00
51920			CLOSE BLADDER-UTERUS FISTULA	\$	1,211.00
51925			HYSTERECTOMY/BLADDER REPAIR	\$	1,816.50
51940			CORRECTION OF BLADDER DEFECT	\$	2,017.18
51960			REVISION OF BLADDER & BOWEL	\$	2,197.10
51980			CONSTRUCT BLADDER OPENING	\$	1,411.68
51990			LAP SURG URETH SUSP FOR STRESS INCON	\$	909.98
51992			LAP SURG SLING OP FOR STRESS INCONT	\$	1,062.22
52000			CYSTOSCOPY	\$	103.80
52000	22		CYSTOSCOPY	\$	211.06
52001			CYSTOURETHROSCOPY W/IRRIG/EVACUATION	\$	169.54
52005			CYSTOURETHROSCOPY	\$	211.06
52005	22		CYSTOURETHROSCOPY	\$	301.02
52007			CYSTOURETHOSCOPY W/BRUSH BIOPSY	\$	404.82
52010			CYSTOSCOPY W/ DUCT CATHETER	\$	314.86
52204			CYSTOURETHROSCOPY WITH BIOPSY; OFFIC	\$	145.32
52214			CYSTOURETHROSCOPY WITH FULGURATION;	\$	257.15
52224			CYSTOURETHROSCOPY WITH FULGURATION;	\$	268.81
52234			CYSTOURETHROSCOPY WITH FULGURATION;	\$	311.40
52235			CYSTOURETHROSCOPY WITH FULGURATION;	\$	629.72

52240			CYSTOURETHROSCOPY WITH FULGURATION;	\$	629.72
52250			CYSTOURETHROSCOPY, INSERT RADIOACTIV	\$	373.68
52260			CYSTOSCOPY & TREATMENT	\$	186.84
52265			CYSTOSCOPY AND TREATMENT	\$	186.84
52270			CYSTOSCOPY & REVISE URETHRA	\$	211.06
52275			CYSTOSCOPY & REVISE URETHRA	\$	211.06
52276			CYSTOURETHROSCOPY W/DIRECT VISION	\$	211.06
52277			CYSTOSCOPY AND TREATMENT	\$	494.78
52281			CYSTOURETHROSCOPY FOR URETHRAL STRIC	\$	159.16
52282			CYSTOURETHROSCOPY W/URETHRAL STENT	\$	494.78
52283			CYSTOURETHROSCOPY, STEROID INJECTION	\$	217.98
52285			CYSTOSCOPY AND TREATMENT	\$	314.86
52287	26		EXAMINATION WITH INJECTION OF CHEMICAL FOR DESTRUCTION OF BLADDE	\$	302.99
52287			EXAMINATION WITH INJECTION OF CHEMICAL FOR DESTRUCTION OF BLADDE	\$	573.43
52290			CYSTOSCOPY AND TREATMENT	\$	211.06
52300			CYSTOSCOPY AND TREATMENT	\$	211.06
52301			CYSTOURETHROSCOPY W/RESEC UNILAT/BIL	\$	214.52
52305			CYSTOSCOPY AND TREATMENT	\$	404.82
52310			CYSTOSCOPY AND TREATMENT	\$	211.06
52315			CYSTOSCOPY AND TREATMENT	\$	211.06
52317			LITHOLAPAXY,SIMPLE;SMALL	\$	730.06
52318			LITHOLAPAXY;COMPLICATED OR LARGE-2.5	\$	730.06
52320			CYSTOSCOPY AND TREATMENT	\$	501.70
52325			CYSTOURETHROSCOPY,FRAGMENT CALCULUS	\$	501.70
52327			CYSTOSCOPE/SUBURETER INJ IMPLANT MAT	\$	487.86
52330			CYSTOSCOPY AND TREATMENT	\$	356.38
52332			CYSTOURETHROSCOPY/INSERT STENT	\$	269.88
52334			CYSTO TO EST PERC NEPHROSTOMY,RETRO	\$	418.66
52341			CYSTOURETHROSCOPY W/TX URETERAL STRI	\$	629.72
52342			CYSTOURETHROS W/TX URETEROPELV JUNCT	\$	640.10
52343			CYSTOURETHROS W/TX INTRA-RENAL STRIC	\$	667.78
52344			CYSTOURETHROS W/URETEROSCOPY	\$	678.16
52345			CYSTOURETHROS W/URETEROSCOPY W/TX	\$	692.00
52346			CYSTOURETHROS W/URETEROSCOPY W/TX	\$	775.04
52351			DIAG CYSTOURETH W/URETEROSCOPY	\$	605.50
52352			CYSTOURETHROS W/URETEROSCOPY/PYELOSC	\$	775.04
52353			CYSTOURETH W/URETERO/PYEL W/LITHOTRI	\$	871.92
52354			CYSTOURETHROSCOPY W/URETEROS W/BX	\$	847.70
52355			CYSTOURETHROS W/URETEROS W/RESECT TU	\$	871.92
52356			CRUSHING OF STONE IN URINARY DUCT (URETER) WITH STENT USING AN EN	\$	746.15
52400			CYSTOURETHROS W/INCIS/FULG/RESECTION	\$	629.72
52402			CYSTOURETHROSCOPY WITH TRANSURETHRAL	\$	477.72
52441	26		CYSTOURETHRO W/IMPLANT	\$	405.37
52441			CYSTOURETHRO W/IMPLANT	\$	2,344.84
52442	26		CYSTOURETHRO W/ADDL IMPLANT	\$	107.85
52442			CYSTOURETHRO W/ADDL IMPLANT	\$	1,812.07
52450			TRANSURETHRAL INCISION PROSTATE	\$	678.16
52500			REVISION OF BLADDER NECK	\$	730.06
52601			PROSTATECTOMY (TUR)	\$	1,359.78
52630			REMOVE PROSTATE REGROWTH	\$	1,359.78
52640			RELIEVE BLADDER CONTRACTURE	\$	788.88
52647			NON-CONTACT LASER TX OF POST OP BLEED	\$	1,089.90
52648			LASER VAPOR W/WO TURP CONTROL BLEED	\$	1,276.74
52649			LASER ENUCLEATION OF THE PROSTATE WITH MORCELLATION, INCLUDING	\$	1,482.54
52700			DRAINAGE OF PROSTATE ABSCESS	\$	629.72
53000			INCISION OF URETHRA	\$	211.06
53010			INCISION OF URETHRA	\$	418.66
53020			MEATOTOMY...,EXCEPT INFANT	\$	62.28
53040			DRAINAGE OF URETHRA ABSCESS	\$	211.06
53060			DRAINAGE OF URETHRA ABSCESS	\$	103.80
53080			DRAINAGE OF URINARY LEAKAGE	\$	249.12
53085			DRAINAGE OF URINARY LEAKAGE	\$	418.66
53200			BIOPSY OF URETHRA	\$	166.08
53210			URETHRECTOMY,TOT,W/CYSTOSTOMY;FEMALE	\$	1,141.80
53215			URETHRECTOMY,TOT,W/CYSTOSTOMY;MALE	\$	1,453.20
53220			TREATMENT OF URETHRA LESION	\$	730.06
53230			EXCISE URETHRAL DIVERTICULUM;FEMALE	\$	730.06
53235			EXCISE URETHRAL DIVERTICULUM;MALE	\$	730.06
53240			MARSUPIALIZE URETH DIVERT,MALE/FEMAL	\$	297.56

53250			REMOVAL OF URETHRA GLAND	\$	865.00
53260			TREATMENT OF URETHRA LESION	\$	103.80
53265			TREATMENT OF URETHRA LESION	\$	211.06
53270			REMOVAL OF URETHRA GLAND	\$	103.80
53275			REPAIR OF URETHRA DEFECT	\$	249.12
53400			REVISE URETHRA, 1ST STAGE	\$	1,473.96
53405			REVISE URETHRA, 2ND STAGE	\$	1,473.96
53410			URETHROPLASTY...MALE ANTERIOR URETH	\$	837.32
53415			URETHROPLASTY,TRANSPUBIC,ONE STAGE	\$	1,577.76
53420			RECONSTRUCT URETHRA, STAGE 1	\$	1,473.96
53425			RECONSTRUCT URETHRA, STAGE 2	\$	1,473.96
53430			URETHROPLASTY,RECON FEMALE URETHRA	\$	837.32
53431			URETHROPLASTY W/TUBULARIZ POST URETH	\$	1,788.82
53440			CORRECT MALE URIN INCONT,W/W/O PROST	\$	837.32
53442			PERINEAL PROSTHESIS REMOVAL	\$	986.10
53444			INSERTION OF TANDEM CUFF	\$	1,287.12
53445			PLMT INFLATABLE URETH/BLADDER SPHINC	\$	1,577.76
53446			REMOV INFLAT URETH/BLADDER NECK SPHI	\$	1,200.62
53447			INFLATABLE SPHINCTER REMOVAL	\$	1,577.76
53448			REMOVE/REPLACE INFLAT URETH/BL NECK	\$	2,152.12
53449			CORRECTION OF ABNORMAL SPHINCTER DEV	\$	788.88
53450			URETHROMEATOPLASTY W MUCOSAL ADVANCE	\$	297.56
53460			URETHROMEATOPLASTY...(RICHARDSON TYPE	\$	418.66
53500			URETHROLYSIS TRANSVAG SECONDARY OPEN	\$	1,044.92
53502			URETHRORRHAPHY...SUTURE...,FEMALE	\$	418.66
53505			URETHRORRHAPHY...SUTURE...,PENILE	\$	418.66
53510			REPAIR OF URETHRA INJURY	\$	418.66
53515			REPAIR OF URETHRA INJURY	\$	418.66
53520			CLOSE URETHROSTOMY...FISTULA;MALE	\$	418.66
53600			DILATE URETHRAL STRICTURE,MALE;INITI	\$	55.36
53601			DILATE URETH STRICTURE,MALE;SUBSEQUE	\$	55.36
53605			DILATE URETH STRICTURE ...MALE	\$	124.56
53620			DILATE URETH.STRICT.,MALE;INITIAL	\$	55.36
53621			DILATE URETH STRICT,MALE;SUBSEQUENT	\$	55.36
53660			DILATE FEMALE URETHRA...;INITIAL	\$	55.36
53661			DILATE FEMALE URETHRA...;SUBSEQUENT	\$	55.36
53665			DILATE FEMALE URETHRA...WITH ANESTHE	\$	121.10
53852			TRANSURETH DESTRUC PROST/RADIOFREQUE	\$	1,193.70
53855			INSERTION OF A TEMPORARY PROSTATIC URETHRAL STENT, INCLUDING UR	\$	1,480.05
53855	26		INSERTION OF A TEMPORARY PROSTATIC URETHRAL STENT, INCLUDING UR	\$	147.88
53860	26		TRANSURETHRAL RADIOFREQUENCY MICRO-REMODELING OF THE FEMALE	\$	405.13
53860			TRANSURETHRAL RADIOFREQUENCY MICRO-REMODELING OF THE FEMALE	\$	2,981.14
54001			SLITTING OF PREPUCE;EXCEPT NEWBORN	\$	70.58
54015			DRAIN PENIS LESION	\$	116.67
54050			TREATMENT OF PENIS LESION	\$	55.36
54055			TREATMENT OF PENIS LESION	\$	110.72
54056			DESTROY PENILE LESION; CRYOSURGERY	\$	110.72
54056	FP		DESTROY PENILE LESION; CRYOSURGERY	\$	110.72
54056	SA		DESTROY PENILE LESION; CRYOSURGERY	\$	88.75
54057			DESTROY PENILE LESION;LASER SURGERY	\$	110.72
54060			TREATMENT OF PENIS LESION	\$	183.38
54065			TREATMENT OF PENIS LESION	\$	394.44
54065	SA		TREATMENT OF PENIS LESION	\$	318.84
54100			BIOPSY OF PENIS	\$	76.33
54105			BIOPSY OF PENIS	\$	121.10
54110			TREATMENT OF PENIS LESION	\$	591.66
54111			EXCISE PENILE PLAQUE/<5CM GRAFT	\$	788.88
54112			EXC. PENILE PLAQUE/>5CM GRAFT	\$	986.10
54115			TREATMENT OF PENIS LESION	\$	394.44
54120			PARTIAL REMOVAL OF PENIS	\$	418.66
54125			REMOVAL OF PENIS	\$	837.32
54130			REMOVE PENIS & NODES	\$	2,076.00
54135			REMOVE PENIS & NODES	\$	2,491.20
54150	SB		CIRCUMCISION-NEWBORN BY CNM	\$	425.75
54150			CIRCUMCISION-NEWBORN	\$	59.03
54160			CIRCUMICISION NEWBORN BY CNM	\$	777.88
54160	SB		CIRCUMICISION NEWBORN BY CNM	\$	58.92
54161			CIRCUMCISION.....OTHER THAN NEWBORN	\$	335.62
54162			LYSIS/EXCIS PENILE POST CIRC ADHESIO	\$	498.24

54163			REPAIR INCOMPLETE CIRCUMCISION	\$	460.18
54164			FRENULOTOMY OF PENIS	\$	346.48
54200			TREATMENT OF PENIS LESION *	\$	110.72
54205			INJ PROC PYRONIE DISEASE;W EXP PLAQU	\$	591.66
54220			IRRIGATION CORPORA CAVERNOSA/PRIAPIS	\$	221.44
54230			INJ FOR CORPORA CAVERNOSOGRAPHY	\$	110.72
54231			DYNAMIC CAVERNOSOMETRY W DRUGS INJEC	\$	314.86
54235			INJ CORPORA CAVERNOSA W/PHARM.AGENTS	\$	110.72
54240			PENILE PLETHYSMOGRAPHY	\$	83.04
54250			NOCTURNAL PENILE TUMESCENCE TEST	\$	100.34
54300			PLASTIC REPAIR FOR CHORDEE	\$	311.40
54304			REVISE PENIS/CORRECT CHORDEE	\$	1,359.78
54308			URETHROPLASTY,SEC STAGE HYPOSPADIAS	\$	837.32
54312			URETHROPLASTY...;MORE THAN 3 CM	\$	1,183.32
54316			URETHROPLASTY/RELEASE FROM SCROTUM	\$	1,380.54
54318			URETHROPLASTY/RELEASE FROM SCROTUM	\$	986.10
54322			ONE STAGE REP,W/ SIMP.MEATAL ADVANCE	\$	366.76
54324			1 STAGE REP.URETHROPLASTY-SKIN FLAPS	\$	733.52
54326			1 STAGE REP.URETHROPLASTY-MOB.URETHR	\$	986.10
54328			1 STAGE REP,CORRECT CHORDEE&URETHROP	\$	1,183.32
54332			1 STAGE PROX PEMILE/PENOSCROTAL REP	\$	1,380.54
54336			1 STAGE PERINEAL HYPOSPADIAS REPAIR	\$	1,577.76
54340			REP.HYPOSPADIAS COMPLICATIONS,SIMPLE	\$	591.66
54344			REP.HYPOSPADIAS COMPLICATION/FLP/GFT	\$	889.22
54348			REP.HYPOSPADIAS COMPLICATION/EXT DIS	\$	1,183.32
54352			REP HYPOSPADIAS CRIPPLE...EXTENSIVE	\$	1,774.98
54360			PLASTIC PENILE REPAIR/ANGULATION	\$	986.10
54380			REPAIR PENIS	\$	986.10
54385			REPAIR PENIS	\$	1,183.32
54390			REPAIR PENIS AND BLADDER	\$	2,563.86
54400			INSERT PENILE PROSTH,NON-INFLATABLE	\$	1,359.78
54401			INSERTION OF PENILE PROSTHESIS NON-I	\$	1,359.78
54405			INSERT INFLATABLE PENILE PROSTH.....	\$	2,076.00
54406			REMOVAL COMPON INFLAT PENILE PROSTHE	\$	1,221.38
54408			REPAIR COMPON INFLAT PENILE PROSTHES	\$	1,287.12
54410			REMOVE/REPLACE COMPON INFLAT PEN PRO	\$	1,522.40
54411			REMOVE/REPLACE COMP INFLAT PEN PROST	\$	1,664.26
54415			REMOVE NONINFLAT/INFLAT PENILE PROST	\$	909.98
54416			REMOVE/REPL NONINFLAT/INFLAT PENILE	\$	1,186.78
54417			REM/REPLACE NONINFLAT/INFLAT PENILE	\$	1,460.12
54420			REVISION OF PENIS	\$	986.10
54430			REVISION OF PENIS	\$	986.10
54435			PENILE FISTULATION FOR PRIAPISM	\$	394.44
54437			REPAIR CORPOREAL TEAR	\$	1,216.92
54438			REPLANTATION OF PENIS	\$	2,403.14
54440			PLASTIC REPAIR-PENIS,FOR INJURY	\$	692.00
54450			PREPUTIAL STRETCHING	\$	121.10
54500			BIOPSY OF TESTIS	\$	55.36
54505			BIOPSY OF TESTIS	\$	103.80
54505	50		BIOPSY OF TESTIS,INCISIONAL;BILATERA	\$	155.70
54512			EXCIS EXTRAPARENCHYMAL LESION TESTIS	\$	719.68
54520			REMOVAL OF TESTIS	\$	418.66
54520	50		ORCHIECTOMY,SIMPLE;BILATERAL	\$	629.72
54522			PARTIAL ORCHIECTOMY	\$	820.02
54530			RADICAL ORCHIECTOMY;INGUINAL APPROAC	\$	937.66
54535			EXTENSIVE TESTIS SURGERY	\$	986.10
54550			EXPLORATION FOR TESTIS	\$	591.66
54550	50		EXPLORATION FOR UNDESCENDED TESTIS;B	\$	885.76
54560			EXPLORATION FOR TESTIS	\$	986.10
54560	50		EXPL UNDESC TESTIS W ABD EXP;BILATER	\$	1,480.88
54600			REDUCE TESTIS TORSION	\$	418.66
54600	22		REDUCE TESTIS TORSION	\$	626.26
54620			SUSPENSION OF TESTIS	\$	211.06
54640			SUSPENSION OF TESTIS	\$	837.32
54640	50		ORCHIOPEXY W/WO HERNIA REP;BILATERAL	\$	1,255.98
54650			ORCHIOPEXY ABDOMINAL APPROACH	\$	1,332.10
54660			REVISION OF TESTIS	\$	297.56
54660	50		INSERT TESTICULAR PROSTH;BILATERAL	\$	446.34
54670			REPAIR TESTIS INJURY	\$	591.66

54680			RELOCATION OF TESTIS(ES)	\$	788.88
54690			LAPAROSCOPY SURG ORCHIECTOMY	\$	885.76
54692			LAP SURG ORCHIOPEXY FOR INTRA-ABD TE	\$	837.32
54700			DRAINAGE OF SCROTUM	\$	211.06
54800			BIOPSY OF EPIDIDYMIS	\$	55.36
54830			REMOVE EPIDIDYMIS LESION	\$	494.78
54840			REMOVE EPIDIDYMIS LESION	\$	418.66
54860			REMOVAL OF EPIDIDYMIS	\$	418.66
54861			REMOVAL OF EPIDIDYMES	\$	629.72
54865			EXPLORE EPIDIDYMIS	\$	650.86
54900			FUSION OF SPERMATIC DUCTS	\$	629.72
54901			FUSION OF SPERMATIC DUCTS	\$	837.32
55000			DRAINAGE OF HYDROCELE *	\$	55.36
55040			REMOVAL OF HYDROCELE	\$	418.66
55041			REMOVAL OF HYDROCELES	\$	716.22
55060			REPAIR OF HYDROCELE	\$	280.26
55100			DRAINAGE OF SCROTUM ABSCESS	\$	103.80
55110			SCROTAL EXPLORATION	\$	418.66
55120			REMOVAL OF SCROTUM LESION	\$	137.02
55150			REMOVAL OF SCROTUM	\$	418.66
55175			SCROTOPLASTY; SIMPLE	\$	418.66
55180			SCROTOPLASTY; COMPLICATED	\$	543.22
55200			INCISION OF SPERM DUCT	\$	211.06
55250			VASECTOMY, UNILATERAL OR BILATERAL	\$	311.40
55300			VASOTOMY FOR VASOGRAM, SEMINAL VESIC	\$	211.06
55400			REPAIR OF SPERM DUCT	\$	629.72
55400	50		VASOVASOSTOMY/VASOVASORRAPHY;BILATER	\$	944.58
55450			LIGATION OF VAS DEFERENS	\$	145.32
55500			REMOVAL OF HYDROCELE	\$	377.14
55520			REMOVAL OF SPERM CORD LESION	\$	346.00
55530			REVISE SPERMATIC CORD VEINS	\$	418.66
55535			REVISE SPERMATIC CORD VEINS	\$	667.78
55540			REVISE HERNIA & SPERM VEINS	\$	667.78
55550			LAP SURG W/LIGATION SPERMATIC VEINS	\$	667.78
55600			VESICULOTOMY;UNILATERAL	\$	629.72
55600	50		VESICULOTOMY;BILATERAL	\$	944.58
55605			INCISE SPERM DUCT POUCH	\$	944.58
55650			REMOVE SPERM DUCT POUCH	\$	1,252.52
55650	50		VESICULECTOMY,ANY APPROACH;BILATERAL	\$	1,878.78
55680			EXCISION MULLERIAN DUCT CYST	\$	963.33
55700			BIOPSY OF PROSTATE	\$	103.80
55705			BIOPSY,PROSTATE;INCISIONAL,ANY APPRO	\$	380.60
55706			BIOPSIES__PROSTATE__NEEDLE__TRANSPE	\$	672.80
55720			PROSTATOTOMY,EXT DRAIN PROS ABSCESS.	\$	418.66
55725			DRAINAGE OF PROSTATE ABSCESS	\$	837.32
55801			REMOVAL OF PROSTATE	\$	1,359.78
55810			EXTENSIVE PROSTATE SURGERY	\$	1,774.98
55812			PROSTATE SURG W/LYMPH NODE BIOPSY(S)	\$	2,072.54
55815			PROSTATE SURG W BILAT PELVIC LYMPHAD	\$	2,366.64
55821			REMOVAL OF PROSTATE	\$	1,359.78
55831			REMOVAL OF PROSTATE	\$	1,359.78
55840			EXTENSIVE PROSTATE SURGERY	\$	1,774.98
55842			PROSTATE SURG/LYMPH NODE BIOPSY(S)	\$	1,774.98
55845			EXTENSIVE PROSTATE SURGERY	\$	1,377.08
55860			EXPOSE PROSTATE-INSERT RADIOACTIVE	\$	591.66
55862			EXPOSE PROSTATE;LYMPH NODE BIOPSY	\$	692.00
55865			EXPOSE PROSTATE;BILATERAL LYMPHADENE	\$	1,480.88
55866			LAP SURG PROSTATECTOMY RETROPUB.RAD	\$	1,913.38
55870			ELECTROEJACULATION	\$	315.66
55873			CRYOSURGICAL ABLATION OF PROSTATE	\$	2,779.94
55875			TRANSPERI NEEDLE PLACE, PROS	\$	1,377.01
55876	26		PLACE RT DEVICE/MARKER, PROS	\$	181.93
55876			PLACE RT DEVICE/MARKER, PROS	\$	249.67
55920			PLACEMENT OF NEEDLES OR CATHETERS INTO PELVIC ORGANS AND/ OR GE	\$	805.11
56405			I&D OF PERINEAL ABSCESS(NONOBSTETRIC	\$	103.80
56420			DRAINAGE OF VULVA ABSCESS	\$	103.80
56440			MARSUPIALIZATION,BARTHOLIN GLAND CYS	\$	249.12
56441			LYSIS OF LABIAL ADHESIONS	\$	103.80
56442			HYMENOTOMY	\$	85.53

56501			DESTROY VULVA LESION(S);SIMPLE	\$	100.34
56501	FP		DESTROY VULVA LESION(S);SIMPLE	\$	100.34
56515			TREATMENT OF VULVA LESIONS;EXTENSIVE	\$	418.66
56605			BIOPSY OF PERINEAL; 1 LESION	\$	62.28
56606			BX VULVA/PERINEUM E ADDIT LEISION	\$	62.28
56620			PARTIAL REMOVAL OF VULVA	\$	629.72
56625			REMOVAL OF VULVA	\$	941.12
56630			EXTENSIVE VULVA SURGERY	\$	1,577.76
56631			VULVECT RAD PART W UNILATERAL	\$	1,671.18
56632			VULVECTOMY W BILATERAL ING/FEM LYMPH	\$	2,176.34
56633			VULVECTOMY RAD. COMPLETE	\$	1,577.76
56634			VULVECT. RAD. COMPL. W. UNILATERAL	\$	1,671.18
56637			VULVECT. RAD. COMPL. W. UNILATERAL	\$	1,671.18
56640			EXTENSIVE VULVA SURGERY	\$	1,671.18
56640	50		VULVECTOMY,RAD W/ING/ILI/PEL LYAD;BI	\$	2,505.04
56700			PARTIAL REMOVAL OF HYMEN	\$	166.08
56740			EXCISE BARTHOLIN'S GLAND OR CYST	\$	311.40
56800			REPAIR OF VAGINA	\$	280.26
56805			CLITOROPLASTY ADRENOGENITAL SYNDROME	\$	700.65
56810			PERINEOPLASTY, REPAIR OF PERINEUM	\$	311.40
56820			COLPOSCOPY OF VULVA	\$	304.48
56820	26		COLPOSCOPY OF VULVA	\$	141.86
56820	FP		COLPOSCOPY OF VULVA	\$	304.48
56821			COLPOSCOPY OF VULVA W/BIOPSY	\$	390.98
56821	26		COLPOSCOPY OF VULVA W/BIOPSY	\$	235.28
56821	FP		COLPOSCOPY OF VULVA W/BIOPSY	\$	390.98
57000			EXPLORATION OF VAGINA	\$	273.34
57010			DRAINAGE OF PELVIC ABSCESS	\$	273.34
57020			COLPOCENTESIS(SEPARATE PROCEDURE)	\$	83.04
57022			I&D VAGINAL HEMATOMA POST-OBSTETRICA	\$	262.96
57023			I&D VAGINAL HEMATOMA NON-OBSTETRICAL	\$	262.96
57061			DESTROY VAGINAL LESIONS;SIMPLE	\$	121.10
57065			DESTROY VAGINAL LESION(S);EXTENSIVE	\$	173.00
57100			BIOPSY OF VAGINA	\$	55.36
57100	FP		BIOPSY OF VAGINA	\$	62.28
57105			BIOPSY OF VAGINA;EXTENSIVE,REQ SUTUR	\$	207.60
57106			VAGINECTOMY, PARTIAL REMOV VAG WALL	\$	692.00
57107			RADICAL VAGINECTOMY	\$	1,480.88
57109			RAD VAGINECTOMY/BIL TOT PELV LYMPHAD	\$	1,840.72
57110			REMOVAL OF VAGINA	\$	837.32
57111			RAD VAGINECTOMY/COMPL REM VAGINAL WA	\$	1,840.72
57112			RAD VAGINECTOMY/BIL TOT PELV LYMPHAD	\$	2,010.26
57120			CLOSURE OF VAGINA	\$	837.32
57130			REMOVE VAGINA LESION	\$	211.06
57135			REMOVE VAGINA LESION	\$	297.56
57150			TREAT VAGINAL INFECTION	\$	55.36
57150	SA		TREAT VAGINAL INFECTION	\$	46.02
57155			INSERT UTERINE TANDEMS/VAG OVOIDS	\$	512.08
57156			INSERTION OF A VAGINAL RADIATION AFTERLOADING APPARATUS FOR CLIN	\$	361.43
57156	26		INSERTION OF A VAGINAL RADIATION AFTERLOADING APPARATUS FOR CLIN	\$	263.79
57160			INSERT PESSARY	\$	55.36
57160	SA		INSERT PESSARY	\$	46.02
57170			FITTING OF DIAPHRAGM	\$	107.09
57180			TREAT NON-OBSTETRICAL HEMORRHAGE	\$	103.80
57200			REPAIR OF VAGINA	\$	166.08
57210			REPAIR VAGINA/PERINEUM	\$	166.08
57220			REVISION OF URETHRA	\$	418.66
57230			REPAIR OF URETHRAL LESION	\$	418.66
57240			REPAIR BLADDER & VAGINA	\$	522.46
57250			REPAIR RECTUM & VAGINA	\$	522.46
57260			REPAIR OF VAGINA	\$	837.32
57265			EXTENSIVE REPAIR OF VAGINA	\$	1,086.44
57267			INSERTION OF MESH OR OTHER PROSTHESI	\$	449.56
57268			REPAIR ENTEROCELE,VAGINAL APPROACH	\$	941.12
57270			REPAIR OF BOWEL POUCH	\$	941.12
57280			SUSPENSION OF VAGINA	\$	733.52
57282			FIXATION FOR VAGINAL PROLAPSE	\$	889.22
57283			COLPOPEXY, VAGINAL; INTRA-PERITONEAL	\$	1,209.48
57284			PARAVAGINAL DEFECT REPAIR	\$	1,044.92

57285			PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, IF PERF	\$	1,185.12
57287			REM/REVIS SLING FOR STRESS INCONTIN	\$	999.94
57288			SLING OPERATION/STRESS INCONTINENCE	\$	1,224.84
57289			REPAIR BLADDER & VAGINA	\$	986.10
57291			CONSTRUCT ARTIFICIAL VAGINA,W/O GRFT	\$	972.26
57292			CONSTRUCT ARTIFICIAL VAG W/GRAFT	\$	972.26
57295			REVISION (INCLUDING REMOVAL) OF PROS	\$	844.66
57296			REVISE VAG GRAFT, OPEN ABD	\$	1,651.91
57300			REPAIR RECTUM-VAGINA FISTULA	\$	1,044.92
57305			REPAIR RECTUM-VAGINA FISTULA	\$	1,044.92
57307			FISTULA REPAIR & COLOSTOMY	\$	1,380.54
57308			RECTOVAGINAL FIST CLOS W/PERIN RECON	\$	1,183.32
57310			REPAIR URETHRA-VAGINA LESION	\$	941.12
57311			CLOSE FISTULA;W/BULBOCAV.TRANSPLANT	\$	1,183.32
57320			REPAIR BLADDER-VAGINA LESION	\$	1,183.32
57330			REPAIR BLADDER-VAGINA LESION	\$	941.12
57335			VAGINOPLASTY/ADRENOGENITAL SYNDROME	\$	1,107.20
57400			DILATE VAGINA UNDER ANESTHESIA	\$	121.10
57410			PELVIC EXAM UNDER ANESTHESIA	\$	121.10
57415			REM. IMP. VAGINAL UNDER ANESTHESIA	\$	121.10
57420			COLPOSCOPY ENTIRE VAGINA W/CERVIX	\$	245.66
57420	26		COLPOSCOPY ENTIRE VAGINA W/CERVIX	\$	117.64
57420	FP		COLPOSCOPY ENTIRE VAGINA W/CERVIX	\$	245.66
57421			COLPOSCOPY ENTIRE VAG W/CERV W/BIOPS	\$	321.78
57421	26		COLPOSCOPY ENTIRE VAG W/CERV W/BIOPS	\$	235.28
57421	FP		COLPOSCOPY ENTIRE VAG W/CERV W/BIOPS	\$	321.78
57423			PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, IF PERF	\$	1,602.46
57425			SURGICAL LAPAROSCOPY COLPOPEXY	\$	1,650.42
57426			REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, LAPARO	\$	1,477.42
57452			EXAMINATION OF VAGINA; COLPOSCOPY	\$	72.66
57452	FP		EXAMINATION OF VAGINA;COLPOSCOPY	\$	138.05
57454			VAGINA EXAMINATION & BIOPSY	\$	117.64
57454	FP		VAGINA EXAMINATION & BIOPSY	\$	223.52
57455			COLPOSCOPY CERVIX W/BIOPSY CERVIX	\$	294.10
57455	26		COLPOSCOPY CERVIX W/BIOPSY CERVIX	\$	214.52
57456			COLPOSCOPY CERVIX W/ENDOCERV CURRETA	\$	280.26
57456	26		COLPOSCOPY CERVIX W/ENDOCERV CURRETA	\$	200.68
57460			COLPOSCOPY;W.LOOP ELECT.EXC.CERVIX	\$	207.60
57460	FP		COLPOSCOPY;W.LOOP ELECT.EXC.CERVIX	\$	207.60
57461			COLPOSCOPY CERV W/CONIZATION CERVIX	\$	657.40
57461	26		COLPOSCOPY CERV W/CONIZATION CERVIX	\$	249.12
57500			BIOPSY OF CERVIX	\$	62.28
57500	FP		BIOPSY OF CERVIX	\$	62.28
57505			ENDOCERVICAL CURETTAGE (NOT AS D&C)	\$	89.96
57510			CAUTERIZATION OF CERVIX	\$	55.36
57511			CRYOCAUTERY OF CERVIX	\$	83.04
57511	FP		CRYOCAUTERY OF CERVIX	\$	157.78
57513			LASER SURGERY	\$	83.04
57520			BIOPSY OF CERVIX	\$	294.10
57522			CX LOOP ELECTRODE EXCESION	\$	446.34
57530			REMOVAL OF CERVIX	\$	311.40
57531			RAD TRACHELECTOMY W/BIL PELV LYMPHAD	\$	1,674.64
57540			REMOVAL OF RESIDUAL CERVIX	\$	837.32
57545			REMOVE CERVIX, REPAIR PELVIS	\$	837.32
57550			REMOVAL OF RESIDUAL CERVIX	\$	837.32
57555			REMOVE CERVIX, REPAIR VAGINA	\$	1,183.32
57556			REMOVE CERVIX, REPAIR BOWEL	\$	1,183.32
57558	26		D&C OF CERVICAL STUMP	\$	200.37
57558			D&C OF CERVICAL STUMP	\$	220.96
57700			REVISION OF CERVIX	\$	311.40
57720			REVISION OF CERVIX	\$	311.40
57800			INSTRUMENTAL DILATION OF CERV. CANAL	\$	103.80
57800	UD		INSTRUMENTAL DILATION OF CERV. CANAL	\$	103.80
58100			ENDOMETRIAL BIOPSY, SUCTION TYPE	\$	62.28
58100	FP		ENDOMETRIAL BIOPSY, SUCTION TYPE	\$	62.28
58100	SA		ENDOMETRIAL BIOPSY, SUCTION TYPE	\$	52.59
58110			ENDOMETRIAL SAMPLING (BIOPSY) PERFOR	\$	85.43
58120			DIAGNOSTIC/THERAPEUTIC D&C, NONOBSTE	\$	249.12
58140			REMOVAL OF UTERUS LESION	\$	941.12

58145			REMOVAL OF UTERUS LESION	\$	941.12
58146			MYOMECTOMY >250 GMS ABDOMINAL APPROA	\$	2,235.16
58150			TOTAL HYSTERECTOMY;W/W/O TUBES/OVARY	\$	1,148.72
58152			TAH;MARSHALL-MARCHETI-KRANTZ TYPE	\$	1,380.54
58180			SUPRACERVICAL HYSTERECTOMY-SUBTOTAL	\$	941.12
58200			TAH,W/PART VAGINECTOMY,...BX	\$	1,577.76
58210			RAD HYSTERECTOMY,BILAT PELVIC,LYMPH	\$	2,089.84
58240			PELVIC EXENTERATION/MALIG,W/TAH.....	\$	2,958.30
58260			VAGINAL HYSTERECTOMY	\$	1,148.72
58262			VAGINAL HYSTERECTOMY W. REM. TUBE	\$	1,148.72
58263			VAG HYSTERECT;REPAIR ENTEROCELE	\$	1,148.72
58267			VAG HYSTERECT.W/COLPO-URETHROCYSTOPE	\$	1,577.76
58270			VAG HYSTERECT;REPAIR ENTEROCELE	\$	1,148.72
58275			VAG HYSTERECT;W/ TOT/PART COLPECTOMY	\$	1,480.88
58280			VAG HYSTERECT;REPAIR ENTERECOLE	\$	1,480.88
58285			VAGINAL HYSTERECTOMY; RADICAL	\$	2,089.84
58290			VAGINAL HYSTERECTOMY UTERUS >250 GMS	\$	1,785.36
58291			VAG HYSTER UTERUS >250 GM W/REMOV TU	\$	1,954.90
58292			VAG HYSTER W/REM TUBE/OVARY REP.ENT	\$	2,076.00
58293			VAG HYSTER W/COLPO-URETHROCYSTOPEXY	\$	2,165.96
58294			VAG HYSTER UTERUS >250 GM W/REP.ENTE	\$	1,906.46
58300			INSERT INTRAUTERINE DEVICE	\$	134.94
58300	FP		INSERT INTRAUTERINE DEVICE IN FPC	\$	256.39
58300	FP	SA	INSERT_BY_CNP/CNS_IN_FPC	\$	103.28
58300	FP	SB	INSERTION OF IUD BY CNM IN FPC	\$	103.28
58300	SA		IUD BY CNP/CNS	\$	103.28
58300	SB		INSERTION OF IUD BY CNM	\$	103.28
58301			REMOVE INTRAUTERINE DEVICE	\$	56.74
58301	FP		REMOVE INTRAUTERINE DEVICE	\$	107.95
58301	FP	SA	REMOVAL_OF_IUD_BY_CNP/CNS_IN_FPC	\$	56.74
58301	FP	SB	REMOVEAL OF IUD BY CNM IN FP CLINIC	\$	56.74
58301	SA		REMOVAL OF IUD BY CNP/CNS	\$	56.74
58301	SB		REMOVAL OF IUD BY CNM	\$	56.74
58340			INJECTION FOR HYSTEROSALPINGOGRAPHY	\$	103.80
58346			INSERT HEYMAN CAPS CLIN BRACHYTHERAP	\$	736.98
58350			REOPEN FALLOPIAN TUBE	\$	103.80
58353			ENDOMET ABLATION THERM WO NUSTER GUI	\$	391.50
58356	26		ENDOMETRIAL CRYOABLATION WITH ULTRAS	\$	600.73
58356			ENDOMETRIAL CRYOABLATION WITH ULTRAS	\$	3,471.07
58400			UTERINE SUSPENSION	\$	837.32
58410			UTERINE SUSPENSUON WITH SYMPATHECTOM	\$	1,148.72
58520			REPAIR OF RUPTURED UTERUS	\$	730.06
58540			HYSTGEROPLASTY, STRASSMAN TYPE	\$	1,086.44
58541			LSH, UTERUS 250 G OR LESS	\$	1,257.05
58542			LSH W/T/O UT 250 G OR LESS	\$	1,432.72
58543			LSH UTERUS ABOVE 250 G	\$	1,450.19
58544			LSH W/T/O UTERUS ABOVE 250 G	\$	1,576.69
58545			LAP SURG MYOMECTOMY EXCIS 1-4 MYOMAS	\$	1,089.90
58546			LAP SURG MYOMECTOMY EXCIS 5 MYOMAS	\$	1,415.14
58548			LAP RADICAL HYST	\$	3,379.80
58550			LAP ASSISTED VAG HYSTERECTOMY	\$	1,148.72
58552			LAP SURG W/VAG HYSTER 250 GM OR LESS	\$	1,055.30
58553			LAP SURG W/VAG HYSTER UTERUS >250 GM	\$	1,415.14
58554			LAP SURG W/VAG HYST W/REMOV TUBE/OVA	\$	1,415.14
58555			DIAGNOSTIC HYSTEROSCOPY	\$	115.39
58558			HYSTEROSCOPY W/BIOPSY W/WO D&C	\$	531.66
58559			SURG HYSTEROSCOPY W/LYSIS ADHESIONS	\$	373.68
58560			SURG HYSTEROSCOPY W/RESECT SEPTUM	\$	373.68
58561			SURG HYSTEROSCOPY W/REMOV LEIOMYOMAT	\$	373.68
58562			SURG HYSTEROSCOPY W/REMOV FORIEGN BO	\$	155.22
58563			SURG HYSTEROSCOPY W/ENDOMET ABLATION	\$	1,245.60
58565	26		HYSTEROSCOPY, SURGICAL WITH BILATER	\$	759.26
58565			HYSTEROSCOPY, SURGICAL; WITH BILATER	\$	3,449.55
58570			LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250	\$	1,373.10
58571			LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250	\$	1,582.74
58572			LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GRE	\$	1,802.73
58573			LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GRE	\$	2,145.82
58600			DIVISION OF FALLOPIAN TUBE	\$	730.06
58605			DIVISION OF FALLOPIAN TUBE	\$	522.46

58611			LIGATE/TRANSECT FALLOPIAN TUBE-C SEC	\$	138.40
58615			OCCLUSION OF FALLOPIAN TUBE, DEVICE	\$	730.06
58660			SURG LAP W/LYSIS OF ADHESIONS	\$	629.72
58661			SURG LAP W/REMOVAL ADNEXAL STRUCTURE	\$	913.44
58662			SURG LAP W/EXC LESIONS OF OVARY	\$	629.72
58670			SURG LAP W/FULGURATION OF OVIDUCTS	\$	629.72
58671			SURG LAP W/OCCLUSION OF OVIDUCTS	\$	629.72
58674			DESTRUCTION OF FIBROID TUMOR OF UTER	\$	1,425.87
58700			REMOVAL OF FALLOPIAN TUBE	\$	730.06
58720			SALPINGO-OOPHORECTOMY COMPLETE/PARTI	\$	837.32
58740			LYSIS OF ADHESIONS (SALPINGOLYSIS/OV	\$	941.12
58750			TUBOTUBAL ANASTOMOSIS	\$	941.12
58760			FIMBRIOPLASTY	\$	941.12
58770			SALPINGOSTOMY(SALPINGONEOSTOMY)	\$	941.12
58800			DRAINAGE OF OVARIAN CYST(S)	\$	456.72
58805			DRAINAGE OF OVARIAN CYST(S)	\$	837.32
58820			DRAINAGE OF OVARIAN ABSCESS	\$	366.76
58822			DRAINAGE OF OVARIAN ABSCESS	\$	730.06
58825			TRANSPOSITION, OVARY(S)	\$	730.06
58900			BIOPSY OF OVARY(S)	\$	730.06
58920			PARTIAL REMOVAL OF OVARY(S)	\$	837.32
58925			REMOVAL OF OVARIAN CYST(S)	\$	837.32
58940			REMOVAL OF OVARY(S)	\$	837.32
58943			OOPHORECTOMY,OVAR MALIG,W/W/OUT SALP	\$	1,086.44
58950			RES OVAR MALIG,BILAL SALP/OOPH,OMENT	\$	1,183.32
58951			SEE 58950 W/TAH AND LYMPHADENECTOMY	\$	2,089.84
58952			SEE 58950,W/ RAD DISSECT FOR DEBULK	\$	1,148.72
58953			BIL SALPINGO-OOPHORECT W/OMENT TAH	\$	2,124.44
58954			BILAT SALPINGO-OOPHOR W/OMENT TAH	\$	2,307.82
58956			BILATERAL SALPINGO-OOPHORECTOMY WITH	\$	2,462.97
58957			RESECT RECURRENT GYN MAL	\$	2,828.86
58958			RESECT RECUR GYN MAL W/LYM	\$	2,967.82
58960			LAPAROTOMY-STAGE OVAR MALIG.....LYMPH	\$	1,044.92
58999	HU		CHEC PELVIC EXAM	\$	121.10
58999	HU	SA	CHEC PELVIC EXAM BY APN	\$	98.61
59000			AMNIOCENTESIS, ANY METHOD	\$	128.02
59001			AMNIOCENTESIS; THER AMNIO FLD REDUCT	\$	162.62
59012			CORDOCENTESIS(INTRAUTERINE)ANT METH	\$	128.02
59012	UD		CORDOCENTESIS(INTRAUTERINE);ANY METH	\$	128.02
59015			CHORIONIC VILLUS SAMPLING CHRONIC VI	\$	128.02
59020			FETAL OXYTOCIN STRESS TEST *	\$	103.80
59025			FETAL NON-STRESS TEST	\$	62.28
59025	26		FETAL NON - STRESS TEST	\$	55.36
59030			FETAL SCALP BLOOD SAMPLE *	\$	128.02
59050			INTERNAL FETAL MONITORING/CONSULTANT	\$	128.02
59051			FETAL MONITORING INTERPRETATION ONLY	\$	86.50
59070			TRANSABDOMINAL AMNIOINFUSION W/ U/S	\$	487.86
59070	26		TRANSABDOMINAL AMNIOINFUSION W/ U/S	\$	359.84
59072			FETAL UMBILICAL CORD OCCLUSION W/ US	\$	577.82
59074			FETAL FLUID DRAINAGE W/ ULTRASOUND	\$	463.64
59074	26		FETAL FLUID DRAINAGE W/ ULTRASOUND	\$	359.84
59076			FETAL SHUNT PLACEMENT W/ ULTRASOUND	\$	577.82
59100			ABDOMINAL HYSTERTOMY FOR MOLE/TOP	\$	941.12
59120			SURG TX ECTOPIC PG,TUBAL,W/SALP/00PH	\$	941.12
59121			SURG TX ECTOPIC PG;TUBAL,W/O SALP-OO	\$	941.12
59130			SURG TX ECTOPIC PG; ABDOMINAL	\$	941.12
59135			TX ECTOPIC;INTERSTIT...W/ HYSTERECT.	\$	1,252.52
59136			SURG TX ECTOPIC PREG.WO SALPI/OOPHOR	\$	1,432.44
59140			SURG TX ECTOPIC PG; CERVICAL	\$	837.32
59150			LAPHROSCOPIC TX;ECTOPIC PREGWOS/OOPH	\$	788.88
59151			LAPAROSCOPIC TX ECT.PREG.W SAL/OOPHO	\$	1,287.12
59160			D&C AFTER DELIVERY	\$	249.12
59200			INSERT.HYGROSCOPIC CERVICAL DILATOR	\$	138.40
59200	UD		INSERT.HYGROSCOPIC CERVICAL DILATOR	\$	138.40
59300			EPISIOTOMY/VAG REP BY OTHER MD;SIMP	\$	311.40
59320			CERCLAGE/CERVIX,DURING PREG;VAGINAL	\$	415.17
59325			CERCLAGE CERVIX,DURING PREG.;ABDOMIN	\$	653.11
59350			REPAIR OF UTERUS	\$	837.32
59400	SB		OBSTETRICAL CARE	\$	2,596.63

59400			OBSTETRICAL CARE	\$	3,709.47
59409			VAGINAL DELIVERY ONLY	\$	1,038.00
59409	SB		VAGINAL DELIVERY ONLY BY CNM	\$	726.60
59410			VAGINAL DELIVERY & POST PARTUM CARE	\$	1,836.74
59410	SB		VAGINAL DELIVERY PLUS POST PARTUM VS	\$	1,285.74
59412			EXTERNAL CEPHALIC VERSION,W/O TOCOL	\$	141.86
59414			DELIVERY PLACENTA SEPARATE PROCEDURE	\$	103.80
59425			ANTEPARTUM CARE ONLY; 4-6 VISITS	\$	173.93
59425	SA		ANTEPARTUM CARE ONLY; 4-6 VISITS	\$	139.51
59425	SB		ANTEPARTUM CARE ONLY; 4-6 VISITS	\$	120.96
59426			ANTEPARTUM CARE ONLY; 7+ VISITS	\$	311.68
59426	SA		ANTEPARTUM CARE ONLY; 7+ VISITS	\$	250.50
59426	SB		ANTEPARTUM CARE ONLY; 7+ VISITS	\$	217.15
59430			CARE AFTER DELIVERY	\$	329.67
59430	SA		CARE AFTER DELIVERY	\$	266.21
59430	SB		CARE AFTER DELIVERY	\$	230.78
59510			ROUTINE OB CARE,AP,PP,CESAREAN SECT.	\$	4,108.61
59514			CESAREAN SECTION DELIVERY ONLY	\$	1,487.80
59515			CESAREAN SECTION ONLY INCL PP CARE	\$	2,231.35
59525			HYSTERECTOMY AFTER CESAREAN DELIVERY	\$	1,252.52
59610			ROUTINE OB CARE/VAG DEL AFTER/PRE CS	\$	3,898.59
59610	SB		ROUTINE OB CARE/VAG DEL POST/PRE C/S	\$	2,729.01
59612			VAGINAL DEL ONLY POST PREV C-SECTION	\$	1,038.00
59612	SB		VAGINAL DEL ONLY POST PREV C-SECTION	\$	726.60
59614	SB		VAG DEL POST PREV C/S W/PP CARE	\$	1,407.94
59614			VAGINAL DEL POST PREV C/S W/PP CARE	\$	2,011.37
59618			ROUTINE OB CARE W/C/S P/VBAC ATTEMPT	\$	4,160.55
59620			C/S ONLY P/VBAC ATTEMPT P/PREV C/S	\$	1,487.80
59622			C/S ONLY W/PP CARE P/VBAC ATT/ P/C-S	\$	2,287.51
59812			TX SPONTANEOUS ABORTION,SURGICAL	\$	363.30
59820			MISSED ABORTION ANY TRIMESTER COMPLE	\$	363.30
59821			TX MISSED ABORT,SURG.SECOND TRIMESTE	\$	363.30
59830			TREATMENT OF SEPTIC ABORTION	\$	418.66
59840			THERAPUTIC ABORTION BY D&C	\$	273.34
59840	UA	UD	TOP BY D&C THROUGH 14 WEEKS LMP	\$	726.60
59841			ABORTION BY DILATION + EVACUATION	\$	273.34
59841	UA	UD	TOP BY D&E THROUGH 14 WEEKD LMP	\$	726.60
59850			TOP BY INTRA-AMNIOTIC INJECTION	\$	273.34
59851			SALINE TOP WITH D&C OR D&E	\$	273.34
59852			SALINE ABORTION WITH HYSTEROTOMY	\$	273.34
59855			TOP, >= 1 VAGINAL SUPP/ D & C	\$	522.46
59856			TOP, D & C &/OR D & E	\$	788.88
59857			TOP >1=1 VAG SUPPOS W/HYSTEROTOMY	\$	941.12
59866			MULTIFETAL PREGNANCY REDUCTION(S)MPR	\$	273.34
59870			UTERINE EVAC&CURETTAGE/HYDATIDI MOLE	\$	273.34
59871			REMOV CERCLAGE SUTURE W/GEN ANESTHES	\$	186.84
60000			I&D THYROGLOSSAL CYST, INFECTED	\$	166.08
60100			BIOPSY THYROID,PERCUTANEOUS NEEDLE	\$	83.04
60200			EXC CYST/ADENOMA THYROID	\$	629.72
60210			UNILAT PARTIAL THYROID LOBECTOMY	\$	1,065.68
60212			THYROID CONTRA LAT SUBTOTAL LOBECTMY	\$	1,574.30
60220			TOTAL THYROID LOBECTOMY;UNILATERAL	\$	941.12
60225			PARTIAL REMOVAL OF THYROID	\$	1,183.32
60240			THYROIDECTOMY,TOTAL OR COMPLETE	\$	1,148.72
60252			REMOVAL OF THYROID	\$	1,335.56
60254			EXTENSIVE THYROID SURGERY	\$	1,982.58
60260			REMAINING LOBE C/S ISTHMUS	\$	1,003.40
60260	50		THYROIDECTOMY,SECONDARY;BILATERAL	\$	1,505.10
60270			REMOVAL OF THYROID	\$	1,774.98
60271			THYROIDECTOMY W CERVICAL APPROACH	\$	1,525.86
60280			REMOVE THYROID DUCT LESION	\$	730.06
60281			EXC.RECURRENT THYRO.DUCT CYST/SINUS	\$	889.22
60300			ASPIRATION AND/OR INJECTION, THYROID CYST	\$	216.39
60500			EXPLORE PARATHYROID GLANDS	\$	1,252.52
60502			RE-EXPLORE PARATHYROID(S)	\$	1,252.52
60505			EXPLORE PARATHYROID GLANDS	\$	1,211.00
60512			PARATHYROID AUTOTRANSPLANTATION	\$	415.20
60520			REMOVAL OF THYMUS GLAND	\$	1,577.76
60521			THYMECTOMY STERNAL/TRANSTHORACIC	\$	1,657.34

60522			THYMECTOMY STERNAL/TRANSTHORACIC	\$	2,027.56
60540			EXPLORE ADRENAL GLAND	\$	1,359.78
60540	50		ADRENALECTOMY;BILATERAL,ONE STAGE	\$	2,041.40
60545			EXPLORE ADRENAL GLAND	\$	1,529.32
60600			REMOVE CAROTID BODY LESION	\$	1,619.28
60605			REMOVE CAROTID BODY LESION	\$	1,982.58
60650			SURG LAP W/ADRENALECTOMY PART OR COM	\$	1,370.16
61000			REMOVE CRANIAL CAVITY FLUID	\$	103.80
61001			REMOVE CRANIAL CAVITY FLUID	\$	103.80
61020			REMOVE BRAIN CAVITY FLUID	\$	69.20
61026			PUNCTURE BURR HOLE FOR INJECTION	\$	138.40
61050			REMOVE BRAIN CANAL FLUID	\$	83.04
61055			CERVICAL PUNCTURE FOR INJECTION	\$	103.80
61070			BRAIN CANAL SHUNT PROCEDURE	\$	173.00
61105			TWIST DRILL;SUBDURAL/VENTRICULAR	\$	418.66
61107			TWIST DRILL HOLE/VENTRICULAR CATH	\$	692.00
61108			TWIST DRILL HOLE...EVAC/DRAIN HEMAT	\$	1,774.98
61120			PIERCE SKULL FOR EXAMINATION	\$	418.66
61140			PIERCE SKULL FOR BIOPSY	\$	1,480.88
61150			PIERCE SKULL FOR DRAINAGE	\$	1,480.88
61151			PIERCE SKULL FOR DRAINAGE	\$	389.49
61154			PIERCE SKULL FOR DRAINAGE	\$	1,252.52
61154	50		BURR HOLE W/EVAC&DR.HEMATOMA;BILATE	\$	1,878.78
61156			PIERCE SKULL FOR DRAINAGE	\$	1,252.52
61210			PIERCE SKULL; IMPLANT DEVICE	\$	519.00
61215			INSERT SYST.-CONNECT TO VENTRIC CATH	\$	494.78
61250			PIERCE SKULL & EXPLORE	\$	837.32
61250	50		BURR HOLE/TREPHINE-EXPLORE;BILATERAL	\$	1,252.52
61253			PIERCE SKULL & EXPLORE	\$	1,774.98
61304			INCISE SKULL FOR EXPLORATION	\$	2,404.70
61305			INCISE SKULL FOR EXPLORATION	\$	2,885.64
61312			CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	\$	1,986.04
61313			CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	\$	1,986.04
61314			CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	\$	1,986.04
61315			CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	\$	1,986.04
61316			INCIS/SUBCU PLACE CRANIAL BONE GRAFT	\$	114.18
61320			INCISE SKULL FOR DRAINAGE	\$	1,463.58
61321			INCISE SKULL FOR DRAINAGE	\$	1,463.58
61322			CRANIECT/CRANIOT_DECOMP_WO_LOBECTOM	\$	2,449.68
61323			CRANIECT/CRANIOT DECOMP W/LOBECTOMY	\$	2,574.24
61330			EXPLORATION OF EYE SOCKET	\$	1,774.98
61330	50		EXPLORATION EYE SOCKET; BILATERAL	\$	2,664.20
61332			EXPLORE/BIOPSY EYE SOCKET	\$	2,072.54
61333			EXPLORE ORBIT; REMOVE LESION	\$	2,466.98
61340			RELIEVE CRANIAL PRESSURE	\$	1,283.66
61340	50		OTHER CRANIAL DECOMP,SUPRATENTORIAL;	\$	1,927.22
61343			CRANIECTOMY,DECOMPRESS MED/SPN CORD	\$	3,255.86
61345			RELIEVE CRANIAL PRESSURE	\$	1,480.88
61450			INCISE SKULL FOR SURGERY	\$	1,982.58
61458			INCISE SKULL FOR SURGERY	\$	2,958.30
61460			CRANIECTOMY,SUBOCCIPITAL 1/MORE CRAN	\$	2,193.64
61480			INCISE SKULL FOR SURGERY	\$	2,958.30
61500			REMOVAL OF SKULL LESION	\$	1,982.58
61501			CRANIECTOMY FOR OSTEOMYELITIS	\$	2,089.84
61510			REMOVAL OF BRAIN LESION	\$	1,774.98
61512			REMOVE BRAIN LINING LESION	\$	1,774.98
61514			REMOVAL OF BRAIN ABSCESS	\$	2,466.98
61516			REMOVAL OF BRAIN LESION	\$	2,466.98
61517			IMPLANT BRAIN INTRACAV CHEMOTHERAPY	\$	138.40
61518			REMOVAL OF BRAIN LESION	\$	2,466.98
61519			REMOVE BRAIN LINING LESION	\$	3,155.52
61520			REMOVAL OF BRAIN LESION	\$	2,958.30
61521			CRANIECTOMY-EXCISE BRAIN TUMOR	\$	2,958.30
61522			REMOVAL OF BRAIN ABSCESS	\$	2,958.30
61524			REMOVAL OF BRAIN LESION	\$	2,958.30
61526			REMOVAL OF BRAIN LESION	\$	1,982.58
61530			REMOVAL OF BRAIN LESION	\$	2,466.98
61531			SUBD.IMPL.STRIPELECTRODES	\$	2,958.30
61533			CRANIECTOMY,_TREPHINATION,_BONE_FLAP	\$	2,958.30

61534		REMOVAL OF BRAIN LESION	\$	1,463.58
61535		CRANIECTOMY, TREPHINATION, BONE FLAP	\$	2,958.30
61536		REMOVAL OF BRAIN LESION	\$	2,958.30
61537		CRANIOTOMY W/ELEVATION BONE FLAP	\$	2,466.98
61538		REMOVAL OF BRAIN TISSUE	\$	2,958.30
61539		REMOVAL OF BRAIN TISSUE	\$	2,958.30
61540		CRANIOTOMY W/ELEV BONE FLAP PART/TOT	\$	2,709.18
61541		CRANIECTOMY-TRANSECT CORPUS CALLOSUM	\$	2,958.30
61543		CRANIECTOMY-PARTIAL HEMISPHERECTOMY	\$	2,958.30
61544		REMOVE & TREAT BRAIN LESION	\$	2,958.30
61545		CRANIECTOMY....EXCISE CRANIOPHARYNGI	\$	2,466.98
61546		REMOVAL OF PITUITARY GLAND	\$	2,466.98
61548		REMOVAL OF PITUITARY GLAND	\$	2,366.64
61550		RELEASE OF SKULL SEAMS	\$	1,480.88
61552		RELEASE OF SKULL SEAMS	\$	1,972.20
61556		CRANIOTOMY/CRANIOSYNOSTOSIS;FR/PAR B	\$	1,972.20
61557		CRANIOTOMY/CRANIOSYNOSTOSIS;BI FR BO	\$	2,245.54
61558		EXT CRANIECTOMY/MULT CRAN SUTURES...	\$	2,466.98
61559		EXT CRANIECTOMY/...RECONTOURING.....	\$	2,740.32
61563		EXCISE,INTRA&EXT CRANIAL TUMOR;WO ND	\$	2,300.90
61564		EXC.INTRA/EXT CRAN TUM; W NER DECOMP	\$	2,466.98
61566		CRANIOTOMY W/ELEV BONE FLAP FOR AMYG	\$	2,570.78
61567		CRANIOTOMY W/ELEV BONE FLAP FOR SUB	\$	3,134.76
61570		REMOVE BRAIN FOREIGN BODY	\$	2,466.98
61571		SURGERY FOR PENETRATING BRAIN WOUND	\$	1,972.20
61575		TANSORAL.;TO BX,DECOMPRESS,EXCISE	\$	2,169.42
61576		SEE 61575;SPLIT TONGUE/MAND-TRACH	\$	2,761.08
61580		CRANIAL APPROACH TO ANTER.CRANIALFOS	\$	2,816.44
61581		CRANIAL FACIAL APPR. W ORBITAL EXENT	\$	3,238.56
61582		CRANIAL FACIAL EXTRADURAL W CRAINIOT	\$	2,920.24
61583		CRANIOFACIA INTRADURA W CRANIOTOMY	\$	3,307.76
61584		ORBITOCRANIAL EXTRADURAL WO EXENTERA	\$	3,238.56
61585		ORBITOCRANIAL EXTRADURAL W EXENTERAT	\$	3,591.48
61586		BICORONAL TRANSZYGOMATIC W/WO INT FI	\$	2,511.96
61590		INFRATEMPORAL PREAURICULAR W/WO MAND	\$	3,944.40
61591		INFRATEMPORAL POSTAURICULAR W/WO MAS	\$	4,120.86
61592		ORBITOCRANIAL ZYGOMATIC CRANIAL FOSS	\$	3,733.34
61595		TRANSTEMPORAL APP.TO POSTERIORCRANIA	\$	2,747.24
61596		TRANSCOCHLEAR APP.POSTERIOR CRANIUM	\$	3,345.82
61597		TRANSCONDYLAR LATERAL TO POST.CRANIA	\$	3,522.28
61598		TRANSPETROSAL POSTERIOR CRANIAL FOSS	\$	3,134.76
61600		RESECT.NEOPlastic ETC.CRANIAL EXDURA	\$	2,394.32
61601		RESECTION NEOPL.INTRADURAL W/WOGRAFT	\$	2,570.78
61605		RESECT.NEOPLA.ETC.INFRATEMPORAL EXDU	\$	2,709.18
61606		RES.NEOPlastic ETC.INTRADURAL GRAFT	\$	3,626.08
61607		RES.NEOPLAS.EXTRADURALPARASELLARAREA	\$	3,380.42
61608		RES.NOWPLASTIC INTRADURAL PARASELLAR	\$	3,965.16
61610		TRANSECTION CAROTID ARTERY W REPAIR	\$	3,345.82
61611		TRANSECTION CAROTID ARTERY PETROUS	\$	702.38
61612		TRANS.CAROTID ARTERY PETROUS W REPAI	\$	3,169.36
61613		OBLITERATION CAROTID ANEURYSM AV MAL	\$	3,871.74
61615		RESEC.NEOPLA.BASE POSTERIOR CRANIUM	\$	2,992.90
61616		RES.NEOPL.POSTERIOR CRANIAL INTRADUR	\$	4,048.20
61618		SECOND.REPAIR DURA CSF LEAK W GRAFT	\$	1,546.62
61619		SEOND.REPAIR DURA CSF LEAK W GRAFT	\$	1,899.54
61623		ENDOVASC TEMP BALLOON ARTERY OCCLUS	\$	896.14
61624		TRANSCATH OCCLUSION/EMBOLIZATION....	\$	1,479.15
61626		TRANSCATH OCCLU.EMBOL..HEAD OR NECK	\$	1,392.65
61630		BALLOON ANGIOPLASTY, INTRACRANIAL (E	\$	2,446.32
61635		TRANSCATHETER PLACEMENT OF INTRAVASC	\$	2,607.42
61645		PERQ ART M-THROMBECT &/NFS	\$	1,471.43
61650		EVASC PRLNG ADMN RX AGNT 1ST	\$	956.31
61651		EVASC PRLNG ADMN RX AGNT ADD	\$	405.79
61680		SURG...MALFORM;SUPRATENTORIAL;SIMPLE	\$	2,958.30
61682		SURG..MALFORM,SUPRATENTORIAL;COMPLEX	\$	3,549.96
61684		SURG..MALFORM;INFRATENTORIAL,SIMPLE	\$	2,958.30
61686		SURG..MALFORM;INFRATENTORIAL,COMPLEX	\$	3,549.96
61690		SURG..MALFORM;DURAL,SIMPLE	\$	2,958.30
61692		SURG..MALFORM;DURAL,COMPLEX	\$	3,549.96

61697			SURG COMPLEX INTRACRANIAL ANEURYSM	\$	4,664.08
61698			SURG COMPL INTRACRAN ANEUR VERT CIRC	\$	4,487.62
61700			INNER SKULL VESSEL SURGERY	\$	2,958.30
61702			INNER SKULL VESSEL SURGERY	\$	2,958.30
61703			CLAMP NECK ARTERY	\$	2,466.98
61705			REVISE CIRCULATION TO HEAD	\$	2,958.30
61708			REVISE CIRCULATION TO HEAD	\$	2,958.30
61710			REVISE CIRCULATION TO HEAD	\$	1,480.88
61711			FUSION OF SKULL ARTERIES	\$	2,958.30
61720			INCISE SKULL/BRAIN SURGERY	\$	1,480.88
61735			INCISE SKULL/BRAIN SURGERY	\$	1,480.88
61750			STEREOTACTIC PROC/INTRACRAN. LESION	\$	1,480.88
61751			STEREOTACTIC BIOPSY W/CAT SCAN	\$	1,480.88
61760			STER. IMPL. DEPTH ELECTRODES	\$	2,958.30
61770			STEREO.LOC./BURR HOLES;INSERT CATH.	\$	1,480.88
61781			STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANI	\$	423.61
61782			STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANI	\$	308.91
61783			STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL	\$	416.31
61790			TREAT TRIGEMINAL NERVE	\$	1,183.32
61791			CREATE LESION-NEUROLYTIC AGENT/TRIGE	\$	1,183.32
61796			STEREOTACTIC_RADIOSURGERY_(PARTICLE	\$	1,829.58
61797			STEREOTACTIC_RADIOSURGERY_(PARTICLE	\$	397.07
61798			STEREOTACTIC_RADIOSURGERY_(PARTICLE	\$	2,485.42
61799			STEREOTACTIC_RADIOSURGERY_(PARTICLE	\$	545.92
61800			APPLICATION_OF_STEREOTACTIC_HEADFRAM	\$	277.87
61850			IMPLANT NEUROELECTRODES	\$	1,972.20
61860			IMPLANT NEUROELECTRODES	\$	1,972.20
61863			TWIST DRILL BURR HOLE CRANIOTOMY 1ST	\$	1,480.88
61864			TWIST DRILL BURR HOLE CRAN EA ADDIT	\$	363.30
61867			TWIST DRILL BURR HOLE CRAN 1ST ARRAY	\$	2,449.68
61868			TWIST DRILL BURR HOLE CRAN EA ADDIT	\$	1,044.92
61870			IMPLANT NEUROELECTRODES	\$	1,972.20
61880			REVISE/REMOVE NEUROELECTRODE	\$	986.10
61885			IMPLANT NEURORECEIVER	\$	494.78
61886			INCIS/PLACE CRAN NEUROSTIM PULSE GEN	\$	536.30
61888			REVISE/REMOVE NEURORECEIVER	\$	1,021.46
62000			ELEVATION DEPRESSED SKULL FX;SIMPLE,	\$	1,480.88
62005			ELEVATE DEPRESSED SKULL FX;COMPOUND,	\$	1,875.32
62010			ELEVATE DEPRESSED SKULL FX;REP DURA.	\$	1,972.20
62100			REPAIR BRAIN FLUID LEAKAGE	\$	1,972.20
62115			REDUC CRANIOMEHALIC SKULL;WO BO GFT	\$	2,352.80
62117			REDUCE CRANIOMEHALIC SKULL;W/WO GFT	\$	2,941.00
62120			REPAIR ENCEPHACELE,SKULL VAULT,INCL.	\$	1,972.20
62121			CRANIOTOMY W REP ENCEPHALOCELE,SK BA	\$	2,941.00
62140			CRANIOPLASTY/SKULL DEFECT;UP TO 5 CM	\$	1,972.20
62141			REPAIR OF SKULL DEFECT	\$	1,972.20
62142			REMOVE BONE FLAP/PROSTH.PLATE-SKULL	\$	1,972.20
62143			REPLACE BONE FLAP/PROSTH PLATE-SKULL	\$	2,466.98
62145			REPAIR OF SKULL & BRAIN	\$	2,958.30
62146			CRANIOPLASTY W AUTOGFT; UP TO 5CM DI	\$	2,439.30
62147			CRANIOPLASTY W AUTOGFT; LARGERSCMDIA	\$	2,871.80
62148			INCIS/RETRV SUBCU_CRAN_BONE_GRAFT	\$	290.64
62160			INTRACRAN NEUROEND PLACE VENTRIC CAT	\$	435.96
62161			INTRACRAN NEUROEND W/DISSECT ADHESIO	\$	2,906.40
62162			INTRACRAN NEUROEND W/EXCIS COLL.CYST	\$	3,667.60
62163			INTRACRAN NEUROEND W/RET FOREIGN BOD	\$	2,252.46
62164			INTRACRAN NEUROEND W/EXCIS BRN TUMOR	\$	3,996.30
62165			INTRACRAN NEUROEND W/EXCIS PIT TUMOR	\$	3,197.04
62180			ESTABLISH BRAIN CAVITY SHUNT	\$	2,193.64
62190			ESTABLISH BRAIN CAVITY SHUNT	\$	2,193.64
62192			ESTABLISH BRAIN CAVITY SHUNT	\$	2,193.64
62194			REPLACE/IRRIGATE CATHETER	\$	657.40
62200			VENTRICULOCISTERNOSTOMY,THIRD VENT.	\$	2,193.64
62201			VENTRICULOCISTERNOSTOMY,3RD VENT,STE	\$	2,193.64
62220			ESTABLISH BRAIN CAVITY SHUNT	\$	2,193.64
62223			ESTABLISH BRAIN CAVITY SHUNT	\$	2,193.64
62225			REPLACE/IRRIGATE CATHETER	\$	373.68
62230			REPLACE/REVISE BRAIN SHUNT	\$	1,127.96
62252			REPROGRAM OF PROGRAMMABLE CSF SHUNT	\$	128.02

62252	26		REPROGRAM OF PROGRAMMABLE CSF SHUNT	\$	58.82
62252	TC		REPROGRAM OF PROGRAMMABLE CSF SHUNT	\$	69.20
62256			REMOVE BRAIN CAVITY SHUNT	\$	373.68
62258			REPLACE BRAIN CAVITY SHUNT	\$	1,754.22
62263			PERCUT LYSIS EPIDURAL ADHESIONS	\$	262.96
62264			PERC_LYSIS_EPIDUR_ADHES_MULT_SESSION	\$	1,102.53
62264	26		PERC LYSIS EPIDUR ADHES MULT SESSION	\$	536.30
62267	26		PERCUTANEOUS ASPIRATION WITHIN THE	\$	281.89
62267			PERCUTANEOUS ASPIRATION WITHIN THE	\$	449.35
62268			PERC.ASPIRATE-SPINAL CORD OR SYRINX*	\$	394.44
62269			BX SPINAL CORD,PERCUTANEOUS NEEDLE *	\$	394.44
62270			SPINAL FLUID TAP, DIAGNOSTIC *	\$	62.28
62272			REDUCE SPINAL FLUID PRESSURE *	\$	124.56
62273			TREAT LUMBAR SPINE LESION *	\$	256.04
62280			TREAT SPINAL CORD LESION	\$	256.04
62281			INJ NEUROLYTIC SUB.EPID.CERV/THORACI	\$	422.12
62282			TREAT SPINAL CANAL LESION	\$	176.46
62284			INJECTION FOR MYELOGRAM/CAT,SPINAL..	\$	211.06
62287			ASP PROC,PERCU,NUC PUL INTVERT DSK L	\$	1,463.48
62290			INJECT FOR SPINE DISK X-RAY	\$	211.06
62291			INJECT FOR SPINE DISK X-RAY	\$	211.06
62292			INJECTION INTO DISK LESION	\$	1,044.92
62294			INJECTION INTO SPINAL ARTERY	\$	986.10
62302	26		MYELOGRAPHY LUMBAR INJECTION	\$	218.85
62302			MYELOGRAPHY LUMBAR INJECTION	\$	443.40
62303	26		MYELOGRAPHY LUMBAR INJECTION	\$	218.95
62303			MYELOGRAPHY LUMBAR INJECTION	\$	454.16
62304	26		MYELOGRAPHY LUMBAR INJECTION	\$	214.52
62304			MYELOGRAPHY LUMBAR INJECTION	\$	437.79
62305	26		MYELOGRAPHY LUMBAR INJECTION	\$	223.79
62305			MYELOGRAPHY LUMBAR INJECTION	\$	476.96
62320	26		INJECTION OF SUBSTANCE INTO SPINAL	\$	178.50
62320			INJECTION OF SUBSTANCE INTO SPINAL C	\$	302.09
62321	26		INJECTION OF SUBSTANCE INTO SPINAL	\$	191.48
62321			INJECTION OF SUBSTANCE INTO SPINAL C	\$	455.27
62322	26		INJECTION OF SUBSTANCE INTO SPINAL	\$	154.84
62322			INJECTION OF SUBSTANCE INTO SPINAL C	\$	284.41
62323	26		INJECTION OF SUBSTANCE INTO SPINAL	\$	177.08
62323			INJECTION OF SUBSTANCE INTO SPINAL C	\$	450.18
62324	26		INSERTION OF DWELLIN CATHETER AND	\$	160.06
62324			INSERTION OF INDWELLING CATHETER AND	\$	262.37
62325	26		INSERTION OF INDWELLING CATHETER AND	\$	184.49
62325			INSERTION OF INDWELLING CATHETER AND	\$	401.74
62326	26		NJX INSERTION OF INDWELLING CATHETER	\$	159.37
62326			INSERTION OF INDWELLING CATHETER AND	\$	277.63
62327	26		INSERTION OF INDWELLING CA THETERAND	\$	169.16
62327			INSERTION OF INDWELLING CATHETER AND	\$	411.71
62350			IMPL INTRATHECAL/EPID CATH W/O LAMIN	\$	986.10
62351			IMPL INTRATHECAL/EPID CATH W/LAMINEC	\$	1,446.28
62355			REMOVE PREV IMPL INTRATHEC/EPID CATH	\$	768.12
62360			IMPL DEVICE INTRATHEC/EPID DRUG INFU	\$	328.70
62361			IMPLANT DEV/INTRATH/EPID INFUS/NONPR	\$	768.12
62362			IMPL DEV INTRATH/EPID INFUS/PROGRAM	\$	986.10
62365			REMOVAL SUBCU RESERVOIR INTRA/EPID	\$	768.12
62367			ELECT ANAL PROGRAM PUMP W/O REPROGRA	\$	86.50
62368			ELEC ANAL PROG IMPL PUMP W/REPROGRAM	\$	131.48
62369	26		DRUG INFUSION (INCLUDES EVALUATION OF RESERVOIR STATUS, ALARM ST	\$	62.42
62369			ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRAT	\$	221.89
62370	26		DRUG INFUSION (INCLUDES EVALUATION OF RESERVOIR STATUS, ALARM ST	\$	82.90
62370			ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRAT	\$	233.07
62380			DECOMPRESSION OF SPINAL CORD AND/OR	\$	2,377.09
63001			RELIEVE SPINAL CORD PRESSURE	\$	2,300.90
63003			RELIEVE SPINAL CORD PRESSURE	\$	2,300.90
63005			RELIEVE SPINAL CORD PRESSURE	\$	2,300.90
63011			RELIEVE SPINAL CORD PRESSURE	\$	2,300.90
63012			LAMINECTOMY WITH REM. OF ABN. FACETS	\$	1,505.10
63015			RELIEVE SPINAL CORD PRESSURE	\$	2,300.90
63016			RELIEVE SPINAL CORD PRESSURE	\$	2,300.90
63017			RELIEVE SPINAL CORD PRESSURE	\$	2,300.90

63020			NECK SPINE DISK SURGERY	\$	2,072.54
63020	50		LAMINOTOMY;ONE INTERSPACE,CERVIC;BIL	\$	3,110.54
63030			LOW BACK DISK SURGERY	\$	2,072.54
63030	50		LAMINOTOMY;ONE_INERSP,LUMBAR;BILATER	\$	3,110.54
63035			ADDED SPINAL DISK SURGERY	\$	505.16
63040			NECK SPINE DISK SURGERY	\$	2,072.54
63042			LOW BACK DISK SURGERY	\$	2,072.54
63043			LAMINOTOMY W/DECOMP NERVE ROOT	\$	460.18
63044			LAMINOTOMY EACH ADDIT LUMBAR INTERSP	\$	460.18
63045			LAMINECTOMY....SING.SEG.;CERVICAL	\$	2,300.90
63046			LAMINECTOMY....SING.SEG.;THORACIC	\$	2,300.90
63047			LAMINECTOMY....SING.SEG.;LUMBAR	\$	2,300.90
63048			LAMINECTOMY;EACH ADD SEG,CER,LUB,THO	\$	460.18
63050			LAMINOPLASTY, CERVICAL, WITH DECOMPR	\$	2,829.93
63051			LAMINOPLASTY, CERVICAL, WITH DECOMPR	\$	3,067.15
63055			DECOMPRESS SP CRD,EQUINA/NRV RT;THOR	\$	2,072.54
63056			DECOMPRESS SP CRD,EQUINA/NRV RT;LUMB	\$	2,072.54
63057			DECOMPRESS...EACH ADD SEG,THOR,LUMB	\$	415.20
63064			DECOMPRESS SPN CRD,THORAC,SING.SEG.	\$	2,072.54
63066			DECOMPRESS...THORACIC;EACH ADD SEG	\$	415.20
63075			DISKECTOMY,DECOMPRESS SPN CRD,SINGLE	\$	1,840.72
63076			DISKECTOMY....EACH ADD INTERSPACE	\$	366.76
63077			DISKECTOMY...THORACIC,SING INTERSPA	\$	1,840.72
63078			DISKECTOMY...;THOR,EACH ADD INTERSPAC	\$	366.76
63081			VERT CORPECTOMY...;CERVICAL,SING SEG	\$	2,300.90
63082			VERT CORPECTOMY;CERVICAL,EACH ADD	\$	460.18
63085			VERT CORPECTOMY...;THORACIC,SING SEG	\$	2,761.08
63086			VERT CORPECT...;THOR..EACH ADD SEG	\$	553.60
63087			VERT CORP.LOW THOR,LUMB;SING SEGMENT	\$	2,761.08
63088			VERT CORP,THOR/LUMB;EADH ADD SEGMENT	\$	553.60
63090			VERT CORP;LOW THOR/LUMB/SAC;SING SEG	\$	2,761.08
63091			VERT CORPECTOMY;EACH ADD SEGMENT	\$	553.60
63101			VERTEBRAL CORPECTOMY THORACIC SINGLE	\$	2,958.30
63102			VERTEBRAL CORPECTOMY LUMBAR SINGLE	\$	2,958.30
63103			VERTEBRAL CORPECT EA ADDIT SEGMENT	\$	415.20
63170			LAMINECTOMY/MYELOTOMY,THOR/THORACOLY	\$	2,300.90
63172			LAMINECTOMY...;TO SUBARACHNOID SPACE	\$	1,840.72
63173			LAMINECTOMY...;TO PERITONEAL SPACE	\$	1,840.72
63180			REVISE SPINAL CORD LIGAMENTS	\$	3,453.08
63182			REVISE SPINAL CORD LIGAMENTS	\$	3,453.08
63185			INCISE SPINAL COLUMN/NERVES	\$	1,982.58
63190			INCISE SPINAL COLUMN/NERVES	\$	1,982.58
63191			LAMINECTOMY/SEC.SPINE ASS.NERV-UNIL	\$	2,072.54
63191	50		LAMINECTOMY/SECT.SPINE ASS.NERVE;BIL	\$	3,110.54
63194			INCISE SPINAL COLUMN & CORD	\$	2,300.90
63195			INCISE SPINAL COLUMN & CORD	\$	2,300.90
63196			INCISE SPINAL COLUMN & CORD	\$	2,300.90
63197			INCISE SPINAL COLUMN & CORD	\$	2,300.90
63198			INCISE SPINAL COLUMN & CORD	\$	3,453.08
63199			INCISE SPINAL COLUMN & CORD	\$	3,453.08
63200			LAMINECTOMY,RELEASE TETHER...LUMBAR	\$	2,300.90
63250			REVISE SPINAL CORD VESSELS	\$	2,761.08
63251			REVISE SPINAL CORD VESSELS	\$	2,761.08
63252			LAMINECTOMY,MALFORM.SP.CRD;THORACOL	\$	2,761.08
63265			LAMINECTOMY,LESION...;CERVICAL	\$	2,885.64
63266			LAMINECTOMY,LESION...;THORACIC	\$	2,885.64
63267			LAMINECTOMY,LESION...;LUMBAR	\$	2,885.64
63268			LAMINECTOMY.LESION...;SACRAL	\$	2,404.70
63270			LAMINECTOMY,LESION...;CERVICAL	\$	2,404.70
63271			LAMINECTOMY.LESION....;THORACIC	\$	2,404.70
63272			LAMINECTOMY.LESION....;LUMBAR	\$	2,404.70
63273			LAMINECTOMY,LESION.....;SACRAL	\$	2,404.70
63275			LAMINECTOMY,BX/EXC...;CERVICAL-EXTRA	\$	2,404.70
63276			LAMINECTOMY,BX/EXC...;THORACIC-EXTRA.	\$	2,404.70
63277			LAMINECTOMY,BX/EXC...;LUMBAR-EXTRADUR	\$	2,404.70
63278			LAMINECTOMY,BX/EXC...;SACRAL-EXTRADUR	\$	2,404.70
63280			LAMINECTOMY,BX/EXC...;CERVICAL-INTRA	\$	2,404.70
63281			LAMINECTOMY.BX/EXC...;THORACIC-INTRA	\$	2,404.70
63282			LAMINECTOMY.BX/EXC...;LUMBAR-INTRADUR	\$	2,404.70

63283			LAMINECTOMY,BX/EXC...;SACRAL-INTRADUR	\$	2,404.70
63285			LAMINECTOMY,BX/EXC...;CERVICAL-INTRA	\$	2,404.70
63286			LAMINECTOMY,BX/EXC...;THORACIC-INTRA	\$	2,404.70
63287			LAMINECTOMY,BX/EXC...;THORACOLUMBAR..	\$	2,404.70
63290			LAMINECTOMY..EXTRA/INTRADURAL LESION	\$	2,404.70
63295			OSTEOPLASTIC RECONSTRUCTION OF DORSA	\$	651.24
63300			VERT CORP,SING SEG;CERVICAL-EXTRADUR	\$	2,404.70
63301			SEE 63300;EXTRADUR,THOR-TRANSTHO APP	\$	2,404.70
63302			SEE 63300;EXTRADUR,THOR-THORACOL APP	\$	2,404.70
63303			SEE 63303,EXTRA,LUM/SAC,TRANS/RETRO	\$	2,404.70
63304			SEE 63300;INTRADURAL,CERVICAL	\$	2,404.70
63305			SEE 63300;INTRA,THOR-TRANSTHOR APP	\$	2,404.70
63306			SEE 63300;INTRA,THOR-THORACOLUM APP	\$	2,404.70
63307			SEE 63300;LUM/SAC-TRANX/RETRO APP	\$	2,404.70
63308			SEE 63300;EACH ADD SEGMENT	\$	480.94
63600			REMOVE SPINAL CORD LESION	\$	1,563.92
63610			STIMULATION OF SPINAL CORD	\$	480.94
63615			STEREOTACTIC BIOPSY, SPINAL CORD	\$	840.78
63620			STEREOTACTIC_RADIOSURGERY_(PARTICLE	\$	2,019.78
63621			STEREOTACTIC_RADIOSURGERY_(PARTICLE	\$	456.82
63650			IMPLANT NEUROELECTRODES	\$	1,163.74
63655			IMPLANT NEUROELECTRODES	\$	1,802.66
63661	26		REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARF	\$	581.31
63661			REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARF	\$	1,072.98
63662			REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PL	\$	1,511.85
63663	26		REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUR	\$	806.32
63663			REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUR	\$	1,438.18
63664			REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUR	\$	1,572.85
63685			IMPLANT NEUORECEIVER	\$	494.78
63688			REVISE/REMOVE NEUORECEIVER	\$	1,097.34
63700			REPAIR MENINGOCELE,LESS THAN 5 CM DI	\$	1,480.88
63702			REPAIR MENINGOCELE,> 5CM DIAMETER	\$	1,480.88
63704			REPAIR OF SPINAL HERNIATION	\$	1,774.98
63706			REPAIR OF SPINAL HERNIATION	\$	1,774.98
63707			REPAIR DURAL/CSF LEAK,NO LAMINECTOMY	\$	1,183.32
63709			REP DURAL/CSF LEAK...W/ LAMINECTOMY	\$	1,380.54
63710			GRAFT REPAIR OF SPINE DEFECT	\$	1,612.36
63740			INSTALL SPINAL SHUNT	\$	1,840.72
63741			CREAT SHUNT,LUMB,SUBAR-PER,PL INC LA	\$	1,214.46
63744			REVISION OF SPINAL SHUNT	\$	806.18
63746			REMOVAL OF SPINAL SHUNT	\$	806.18
64400			INJECTION FOR NERVE BLOCK *	\$	62.28
64402			INJECTION FOR NERVE BLOCK *	\$	62.28
64405			INJECTION FOR NERVE BLOCK *	\$	103.80
64408			INJECTION FOR NERVE BLOCK *	\$	62.28
64410			INJECTION FOR NERVE BLOCK *	\$	62.28
64413			INJECTION FOR NERVE BLOCK *	\$	103.80
64415			INJECTION FOR NERVE BLOCK *	\$	103.80
64416			INJECT ANESTH AGENT BRACH PLEXUS CON	\$	236.21
64417			INJECTION FOR NERVE BLOCK *	\$	103.80
64418			INJECTION FOR NERVE BLOCK *	\$	62.28
64420			INJECTION FOR NERVE BLOCK *	\$	62.28
64421			INJECTION FOR NERVE BLOCK *	\$	186.84
64425			INJECTION FOR NERVE BLOCK *	\$	103.80
64430			INJECTION FOR NERVE BLOCK *	\$	103.80
64435			INJECTION FOR NERVE BLOCK *	\$	103.80
64435	UD		INJECTION FOR NERVE BLOCK *	\$	103.80
64445			INJECTION FOR NERVE BLOCK *	\$	103.80
64446			INJ ANESTH AGENT SCIATIC NERVE CONTI	\$	225.97
64447			INJ ANESTH AGENT FEMORAL NERVE SINGL	\$	131.48
64448			INJ ANESTH AGENT FEM NERVE CONT.INFU	\$	202.48
64449			INJECT ANESTH AGENT LUMBAR PLEXUS	\$	262.96
64450			INJECTION FOR NERVE BLOCK *	\$	62.28
64455	26		STEREOTACTIC_RADIOSURGERY_(PARTICLE	\$	61.38
64455			STEREOTACTIC_RADIOSURGERY_(PARTICLE	\$	85.32
64461	26		PVB THORACIC SINGLE INJ SITE	\$	153.80
64461			PVB THORACIC SINGLE INJ SITE	\$	268.08
64462			PVB THORACIC 2ND+ INJ SITE	\$	146.63
64462	26		PVB THORACIC 2ND+ INJ SITE	\$	94.80

64463	26		PVB THORACIC CONT INFUSION	\$	151.38
64463			PVB THORACIC CONT INFUSION	\$	316.42
64479			INJ ANES AG/STER TRANS EPID CERV/THO	\$	173.00
64480			INJ ANES/STER TRANS EPID CERV/THORAC	\$	83.04
64483			INJ ANES/STER TRANS EPID CERV/THORAC	\$	138.40
64484			INJ ANES AG/STER TRANS EPID LUMB/SAC	\$	69.20
64486	26		TAP BLOCK UNIL BY INJECTION	\$	105.53
64486			TAP BLOCK UNIL BY INJECTION	\$	212.51
64487	26		TAP BLOCK UNI BY INFUSION	\$	116.91
64487			TAP BLOCK UNI BY INFUSION	\$	242.51
64488	26		TAP BLOCK BI INJECTION	\$	125.32
64488			TAP BLOCK BI INJECTION	\$	243.58
64489			TAP BLOCK BI BY INFUSION	\$	332.78
64489	26		TAP BLOCK BI BY INFUSION	\$	139.44
64490	26		INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC	\$	189.57
64490			INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC	\$	345.07
64491	26		INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC	\$	107.05
64491			INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC	\$	168.19
64492	26		INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC	\$	108.40
64492			INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC	\$	169.51
64493	26		INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC	\$	162.45
64493			INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC	\$	313.93
64494	26		INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC	\$	92.17
64494			INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC	\$	155.94
64495	26		INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC	\$	93.49
64495			INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC	\$	155.94
64505			INJECTION FOR NERVE BLOCK	\$	103.80
64510			INJECTION FOR NERVE BLOCK	\$	103.80
64517			INJECT ANESTH AGENT SUP HYPOGAST PLE	\$	311.40
64517	26		INJECT ANESTH AGENT SUP HYPOGAST PLE	\$	193.76
64520			INJECTION FOR NERVE BLOCK *	\$	103.80
64530			INJECTION FOR NERVE BLOCK *	\$	103.80
64550			APPLICATION, SURFACE, NEUROSTIMU	\$	21.80
64553			IMPLANT NEUROELECTRODES	\$	311.40
64555			IMPLANT NEUROELECTRODES	\$	311.40
64561			PERCUT IMPLANT NEUROSTIM ELECT SACRA	\$	1,442.82
64565			IMPLANT NEUROELECTRODES	\$	311.40
64566	26		POSTERIOR TIBIAL NEUROSTIMULATION, PERCUTANEOUS NEEDLE ELECTRO	\$	54.32
64566			POSTERIOR TIBIAL NEUROSTIMULATION, PERCUTANEOUS NEEDLE ELECTRO	\$	240.37
64568			INCISION FOR IMPLANTATION OF CRANIAL NERVE (EG, VAGUS NERVE) NEUR	\$	1,148.37
64569			REVISION OR REPLACEMENT OF CRANIAL NERVE (EG, VAGUS NERVE) NEUR	\$	1,381.16
64570			REMOVAL OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELE	\$	1,332.86
64575			IMPLANT NEUROELECTRODES	\$	519.00
64580			IMPLANT NEUROELECTRODES	\$	519.00
64581			INCISION FOR IMPLANT NEUROSTIM ELECT	\$	1,300.96
64585			REVISE/REMOVE NEUROELECTRODE	\$	311.40
64590			IMPLANT NEURORECEIVER	\$	519.00
64595			REVISE/REMOVE NEURORECEIVER	\$	382.57
64600			INJECTION TX FACIAL NERVES (5TH N)	\$	150.86
64605			INJECTION TREATMENT NERVES IN HEAD	\$	233.65
64610			DESTRUC NERVE IN HEAD/RAD MONITORING	\$	885.76
64611	26		CHEMODENERVATION OF PAROTID AND SUBMANDIBULAR SALIVARY GLANDS	\$	187.05
64611			CHEMODENERVATION OF PAROTID AND SUBMANDIBULAR SALIVARY GLANDS	\$	218.95
64612			DESTR BY NEUROLYTIC AGENT.> NERVE	\$	166.08
64615	26		INJECTION OF CHEMICAL FOR DESTRUCTION OF FACIAL AND NECK NERVE M	\$	221.58
64615			INJECTION OF CHEMICAL FOR DESTRUCTION OF FACIAL AND NECK NERVE M	\$	262.13
64616	26		INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON ONE S	\$	197.32
64616			INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON ONE S	\$	233.86
64617			INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON ONE S	\$	290.02
64617	26		INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON ONE S	\$	194.35
64620			INJ TREATMENT INTERCOSTAL NERVE	\$	211.06
64630			DESTROY PUDENTAL NERVE	\$	211.06
64632			STEREOTACTIC_RADIOSURGERY_(PARTICLE	\$	153.94
64632	26		STEREOTACTIC_RADIOSURGERY_(PARTICLE	\$	123.38
64633	26	50	IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SING	\$	514.40
64633	26		IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SING	\$	403.47
64633			DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NER	\$	766.22
64633	50		IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SING	\$	1,149.34
64634	26	50	FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROC	\$	154.66

64634	26		FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$	121.31
64634	50		IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH AD	\$	520.80
64634			DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE	\$	347.21
64635	26		IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE F	\$	397.93
64635			DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE	\$	758.05
64635	50		IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE F	\$	1,137.09
64635	26	50	IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE F	\$	966.52
64636	26	50	JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$	134.94
64636	26		JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$	105.84
64636			DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE	\$	315.79
64636	50		IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH AD	\$	473.71
64640			DESTRUCTION OF OTHER PERIPHERAL NERVE	\$	166.08
64642	26		INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON ARM OR	\$	194.80
64642			INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON ARM OR	\$	259.92
64643	26		INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON ARM OR	\$	128.44
64643			INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON ARM OR	\$	166.32
64644	26		INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON ARM OR	\$	212.20
64644			INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON ARM OR	\$	297.91
64645	26		INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON ARM OR	\$	147.95
64645			INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON ARM OR	\$	205.73
64646	26		INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON TRUNK	\$	207.91
64646			INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON TRUNK	\$	270.36
64647	26		INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON TRUNK	\$	246.53
64647			INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON TRUNK	\$	320.29
64650			CHEMODENERVATION OF ECCRINE GLANDS;	\$	142.66
64653			CHEMODENERVATION OF ECCRINE GLANDS;	\$	174.38
64680			DESTRUCTION OF NERVE, CELIAC PLEXUS	\$	418.66
64681			DESTRUCT BY NEURO AGENT SUP HYPOGAST	\$	730.06
64681	26		DESTRUCT BY NEURO AGENT SUP HYPOGAST	\$	328.70
64702			REVISE FINGER/TOE NERVE	\$	273.34
64704			REVISE HAND/FOOT NERVE	\$	363.30
64708			REVISE ARM/LEG NERVE	\$	837.32
64712			REVISION OF SCIATIC NERVE	\$	892.68
64713			REVISION OF ARM NERVE(S)	\$	892.68
64714			REVISION LOW BACK NERVE(S)	\$	892.68
64716			REVISION OF CRANIAL NERVE	\$	1,359.78
64718			REVISE ULNAR NERVE AT ELBOW	\$	730.06
64719			REVISE ULNAR NERVE AT WRIST	\$	519.00
64721			REVISE MEDIAN NERVE AT WRIST	\$	546.68
64722			RELIEVE PRESSURE ON NERVE(S)	\$	830.40
64726			RELEASE FOOT/TOE NERVE	\$	311.40
64727			INTERNAL NERVE REVISION	\$	207.60
64732			INCISION OF BROW NERVE	\$	629.72
64734			INCISION OF CHEEK NERVE	\$	629.72
64736			INCISION OF CHIN NERVE	\$	415.20
64738			INCISION OF JAW NERVE	\$	830.40
64740			INCISION OF TONGUE NERVE	\$	415.20
64742			INCISION OF FACIAL NERVE	\$	830.40
64744			INCISE NERVE, BACK OF HEAD	\$	830.40
64746			INCISE DIAPHRAGM NERVE	\$	622.80
64755			INCISION VAGI/PROXIMAL STOMACH ONLY	\$	830.40
64760			INCISION OF VAGUS NERVE	\$	1,038.00
64763			INCISE HIP/THIGH NERVE	\$	519.00
64763	50		TRANSECT/AVULSION OBTURATOR NERVE;BI	\$	778.50
64766			INCISE HIP/THIGH NERVE	\$	830.40
64766	50		TRANSECT/AVULSION OBTURATOR NERVE;BI	\$	1,245.60
64771			INCISE CRANIAL NERVE, EXTRADURAL	\$	830.40
64772			INCISION OF SPINAL NERVE	\$	622.80
64774			REMOVE SKIN NERVE LESION	\$	159.02
64776			REMOVE DIGIT NERVE LESION	\$	183.38
64778			EXCISE NEUROMA; EACH ADD DIGIT	\$	103.80
64782			REMOVE LIMB NERVE LESION	\$	273.34
64783			EXCISE NEUROMA, HAND/FOOT, @ ADD NERVE	\$	242.20
64784			REMOVE NERVE LESION	\$	453.26
64786			REMOVE SCIATIC NERVE LESION	\$	726.60
64787			INSERT CAP ON NERVE END	\$	415.20
64788			REMOVE SKIN NERVE LESION	\$	415.20
64790			REMOVAL OF NERVE LESION	\$	519.00
64792			REMOVAL OF NERVE LESION	\$	726.60

64795			BIOPSY OF NERVE	\$	311.40
64802			REMOVE SYMPATHETIC NERVES	\$	1,044.92
64802	50		SYMPATHECTOMY,CERVICAL;BILATERAL	\$	1,567.38
64804			SYMPATHECTOMY,CERVIOPTHORACIC	\$	1,110.66
64804	50		SYMPATHECTOMY,CERVIOPTHORACIC;BILATER	\$	1,667.72
64809			REMOVE SYMPATHETIC NERVES	\$	1,463.58
64809	50		SYMPATHECTOMY,THORACOLUMBAR;BILATERA	\$	2,197.10
64818			REMOVE SYMPATHETIC NERVES	\$	906.52
64818	50		SYMPATHECTOMY,LUMBAR;BILATERAL	\$	1,359.78
64820			SYMPATHECTOMY DIGID ARTERY-EACH	\$	1,041.46
64821			SYMPATHECTOMY; RADIAL ARTERY	\$	975.72
64822			SYMPATHECTOMY; ULNAR ARTERY	\$	975.72
64823			SYMPATHECTOMY; SUPERFIC PALMAR ARCH	\$	1,124.50
64831			REPAIR OF DIGIT NERVE	\$	273.34
64832			SUTURE DIGIT NERVE;@ ADD DIGIT NERVE	\$	148.78
64834			REPAIR OF HAND OR FOOT NERVE	\$	363.30
64835			REPAIR OF MEDIAN MOTOR THENAR NERVE	\$	546.68
64836			SUTURE 1 NERVE,HAND/FOOT;ULNAR MOTOR	\$	546.68
64837			REPAIR ADDITIONAL NERVE	\$	380.60
64840			SUTURE OF POSTERIOR TIBIAL NERVE	\$	505.16
64856			REPAIR/TRANSPOSE NERVE	\$	726.60
64857			REPAIR ARM/LEG NERVE	\$	546.68
64858			REPAIR SCIATIC NERVE	\$	546.68
64859			SUTURE @ ADD MAJOR PERIPHERAL NERVE	\$	380.60
64861			REPAIR OF ARM NERVES	\$	546.68
64862			REPAIR OF LOW BACK NERVES	\$	546.68
64864			REPAIR OF FACIAL NERVE	\$	1,363.24
64865			REPAIR OF FACIAL NERVE	\$	2,076.00
64866			FUSION OF FACIAL/OTHER NERVE	\$	1,774.98
64868			FUSION OF FACIAL/OTHER NERVE	\$	1,774.98
64872			SUBSEQUENT REPAIR OF NERVE	\$	374.10
64874			REPAIR & REVISE NERVE	\$	548.51
64876			REPAIR NERVE; SHORTEN BONE	\$	353.82
64885			NERVE GFT HEAD/NECK;TO 4CM(INCL OBT	\$	2,055.24
64886			NERVE GFT...>4 CM LENGTH(INCL OBT GR	\$	2,415.08
64890			NERVE GRAFT, HAND OR FOOT	\$	622.80
64891			NERVE GRAFT, HAND OR FOOT	\$	830.40
64892			NERVE GRAFT, ARM OR LEG	\$	1,038.00
64893			NERVE GRAFT, ARM OR LEG	\$	1,245.60
64895			NERVE GRAFT, HAND OR FOOT	\$	830.40
64896			NERVE GRAFT, HAND OR FOOT	\$	1,038.00
64897			NERVE GRAFT, ARM OR LEG	\$	1,245.60
64898			NERVE GRAFT, ARM OR LEG	\$	1,453.20
64901			NERVE GRAFT, @ ADD NERVE;SING.STRAND	\$	415.20
64902			NERVE GRAFT,@ ADD NERE, MULTI STRAND	\$	519.00
64905			NERVE PEDICLE TRANSFER	\$	1,038.00
64907			NERVE PEDICLE TRANSFER	\$	562.63
64910			NERVE REPAIR W/ALLOGRAFT	\$	1,452.85
64911			NERVE_REPAIR;_WITH_AUTOGENOUS_VEIN	\$	1,854.94
65091			EVISGERATION EYE	\$	730.06
65093			EVISGERATION EYE WITH IMPLANT	\$	837.32
65101			REMOVAL OF EYE	\$	730.06
65103			REMOVE EYE/INSERT IMPLANT	\$	730.06
65105			REMOVE EYE/ATTACH IMPLANT	\$	730.06
65110			REMOVAL OF EYE	\$	629.72
65112			REMOVE EYE, REVISE SOCKET	\$	1,089.90
65114			REMOVE EYE, REVISE SOCKET	\$	1,512.02
65125			MODIFY OCULAR IMPL...(SEP.PROC)	\$	779.95
65130			INSERT OCULAR IMPLANT	\$	692.00
65135			INSERT OCULAR IMPLANT	\$	865.00
65140			ATTACH OCULAR IMPLANT	\$	837.32
65150			REVISE OCULAR IMPLANT	\$	1,245.60
65155			REINSERT OCULAR IMPLANT	\$	1,211.00
65175			REMOVAL OF OCULAR IMPLANT	\$	1,038.00
65205			REMOVE FOREIGN BODY FROM EYE	\$	55.36
65210			REMOVE FOREIGN BODY FROM EYE	\$	110.72
65220			REMOVE FOREIGN BODY FROM EYE	\$	110.72
65222			REMOVE FOREIGN BODY FROM EYE	\$	166.08
65235			REMOVE FOREIGN BODY FROM EYE	\$	837.32

65260		REMOVE FOREIGN BODY FROM EYE	\$	1,044.92
65265		REMOVE FOREIGN BODY FROM EYE	\$	1,044.92
65270		REPAIR OF EYE WOUND	\$	103.80
65272		REPAIR OF EYE WOUND	\$	207.60
65273		REPAIR OF EYE WOUND	\$	207.60
65275		REPAIR OF CORNEA LACERATION NONPERF	\$	622.80
65280		REPAIR OF EYE WOUND	\$	629.72
65285		REPAIR OF EYE WOUND	\$	730.06
65286		REPAIR LACERATION;APPLIC TISSUE GLUE	\$	622.80
65290		REPAIR OF EYE SOCKET WOUND	\$	311.40
65400		REMOVAL OF EYE LESION	\$	522.46
65410		BIOPSY OF CORNEA	\$	83.04
65420		REMOVAL OF EYE LESION	\$	418.66
65426		REMOVAL OF EYE LESION	\$	418.66
65430		CORNEAL SMEAR	\$	55.36
65435		CURETTE/TREAT CORNEA	\$	103.80
65436		CURETTE/TREAT CORNEA	\$	207.60
65450		DESTROY CORNEAL LESION	\$	123.80
65600		REVISION OF CORNEA	\$	522.46
65710		CORNEAL TRANSPLANT	\$	1,567.38
65730		CORNEAL TRANSPLANT	\$	1,494.72
65750		CORNEAL TRANSPLANT	\$	1,494.72
65755		KERATOPLASTY(CORN TSPLT);PENETRATING	\$	1,494.72
65756		KERATOPLASTY_(CORNEAL_TRANSPLANT)	\$	2,130.56
65757		BACKBENCH_PREPARATION_OF_CORNEAL_END	\$	541.70
65770		KERATOPROSTHESIS	\$	2,153.47
65772		CORNEAL RELAX INCISION,CORR SURG AST	\$	207.60
65775		CORN WDGE RESECT,CORR SURG..ASTIGMAT	\$	1,107.20
65778	26	PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE FOR WOU	\$	99.79
65778		PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE FOR WOU	\$	2,665.17
65779	26	PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE FOR WOU	\$	272.30
65779		PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE FOR WOU	\$	2,272.91
65780		OCULAR SURFACE RECONSTRUCTION	\$	1,211.00
65781		LIMBAL STEM CELL ALLOGRAFT	\$	1,851.10
65782		LIMBAL CONJUNCTIVAL AUTOGRAFT	\$	1,598.52
65785	26	IMPLTJ NTRSTRML CRNL RNG SEG	\$	802.69
65785		IMPLTJ NTRSTRML CRNL RNG SEG	\$	4,712.83
65800		PARACENTESIS ANTERIOR CHAMBER EYE...	\$	211.06
65810		PARACENTHESIS EYE.. REMOVE VITREOUS.	\$	484.40
65815		DRAINAGE OF EYE	\$	346.00
65820		RELIEVE INNER EYE PRESSURE	\$	629.72
65850		TRABECULOTOMY AB EXTERNO	\$	1,038.00
65855		LASER TRABECULOPLASTY-1/MORE	\$	740.79
65860		SERV. ADH. ANT. SEGM.; LASER TECHN.	\$	522.46
65865		INCISE INNER EYE ADHESIONS	\$	692.00
65870		INCISE INNER EYE ADHESIONS	\$	692.00
65875		INCISE INNER EYE ADHESIONS	\$	692.00
65880		INCISE INNER EYE ADHESIONS	\$	692.00
65900		REMOVE EYE LESION	\$	692.00
65920		REMOVE IMPLANT FROM EYE	\$	692.00
65930		REMOVE BLOOD CLOT FROM EYE	\$	692.00
66020		INJECTION,ANTERIOR CHAMBER;AIR OR LI	\$	311.40
66030		INJECTION TTREATMENT OF EYE	\$	311.40
66130		REMOVE EYE LESION	\$	1,038.00
66150		INCISION OF EYE	\$	1,038.00
66155		INCISION OF EYE	\$	1,038.00
66160		INCISION OF EYE	\$	1,038.00
66170		INCISION OF EYE	\$	1,297.50
66172		FISTUL.SCLERA.TRABECULECTOMY PRE.SUR	\$	1,557.00
66174		TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITHOUT RETENT	\$	1,709.27
66175		TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITH RETENTION	\$	1,788.61
66179		AQUEOUS SHUNT EYE W/O GRAFT	\$	1,948.05
66179	26	AQUEOUS SHUNT EYE W/O GRAFT	\$	1,685.71
66180		AQUEOUS SHT/EXTOCUL RESERVOIR	\$	1,730.00
66183		INSERTION OF EYE FLUID DRAINAGE DEVICE	\$	1,863.04
66184		REVISION OF AQUEOUS SHUNT	\$	1,423.34
66184	26	REVISION OF AQUEOUS SHUNT	\$	1,176.54
66185		REVISION AQUEOUS SHUNT TO EXTOCU RES	\$	1,408.22
66220		REPAIR EYE LESION	\$	1,730.00

66225			REPAIR/GRAFT EYE LESION	\$	1,730.00
66250			FOLLOW-UP SURGERY OF EYE	\$	418.66
66500			INCISION OF IRIS	\$	418.66
66505			INCISION OF IRIS	\$	418.66
66600			REMOVE IRIS AND LESION	\$	941.12
66605			REMOVAL OF IRIS	\$	1,044.92
66625			REMOVAL OF IRIS	\$	986.10
66630			REMOVAL OF IRIS	\$	986.10
66635			REMOVAL OF IRIS	\$	986.10
66680			REPAIR IRIS & CILIARY BODY	\$	788.88
66682			SUTURE OF IRIS, CILIARY BODY	\$	986.10
66700			CILIARY BODY DESTR.;DIATHERMY	\$	522.46
66710			CILIARY BODY DESTR.;CYCLOPHOTOCOAGUL	\$	449.80
66711			CILIARY BODY DESTRUCTION; CYCLOPHOTO	\$	1,165.22
66720			CILIARY BODY DESTR.;CRYOTHERAPY	\$	418.66
66740			CILIARY BODY DESTR.;CYCLODIALYSIS	\$	837.32
66761			REVISION OF IRIS	\$	418.66
66762			REVISION OF IRIS	\$	418.66
66770			REMOVAL OF INNER EYE LESION	\$	525.92
66820			INCISION OF LENS LESION	\$	418.66
66820	52		RE-INCISION OF LENS	\$	311.40
66821			DISCUSSION SECONDARY; LASER	\$	522.46
66825			REP. INTR. LENS PROSTH. REQ. INCISION	\$	522.46
66830			REMOVAL OF LENS LESION	\$	522.46
66840			REMOVAL OF LENS MATERIAL	\$	522.46
66850			REMOVAL OF LENS MATERIAL	\$	1,359.78
66852			REMOV LENS MAT; PARS PLANA APP,W/WOV	\$	1,359.78
66920			EXTRACTION OF LENS	\$	1,359.78
66930			EXTRACTION OF LENS	\$	1,359.78
66940			EXTRACTION OF LENS	\$	1,359.78
66982			EXTRACAPS CATARACT REMOV COMPLEX	\$	2,318.20
66983			INTRA CATARACT EXTRAC W/LENS	\$	1,774.98
66984			EXTRA CATARACT REMOVAL W/LENS	\$	1,774.98
66985			INSERT LENS PROSTHESIS	\$	1,359.78
66986			EXCHANGE OF INTRAOCULAR LENS	\$	1,494.72
66990			USE OF OPHTHALMIC ENDOSCOPE	\$	245.66
67005			PARTIAL REMOVAL OF EYE FLUID	\$	1,352.86
67010			PARTIAL REMOVAL OF EYE FLUID	\$	1,359.78
67015			RELEASE OF EYE FLUID	\$	522.46
67025			REPLACE EYE FLUID	\$	986.10
67027			IMPLANT INTRAVITREAL DRUG DELIV SYS	\$	1,283.66
67028			INTRAVITREAL INJ,PHARMCOLOGIC AGENT	\$	276.80
67030			INCISE INNER EYE STRANDS	\$	1,148.72
67031			SEVERING VIT. STRANDA-LASER	\$	899.60
67036			VIRECTOMY MECHANICAL	\$	2,300.90
67039			VITRECTOMY, MECH, PPAPP;W FCL ENDO/ PH	\$	913.44
67040			VITRECTOMY...;W/ENDOLASER PANRET PHOT	\$	1,276.74
67041			VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF PF	\$	2,074.10
67042			VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF IN	\$	2,074.10
67043			VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF SU	\$	2,190.42
67101			REPAIR DETACHED RETINA	\$	999.04
67105			PHOTOCOAGULATION/DETACHED RET	\$	901.88
67107			REPAIR DETACHED RETINA	\$	1,882.24
67108			REPAIR DETACHED RETINA	\$	1,882.24
67110			REPAIR RETI DETA,1/MORE SESS;W VITRE	\$	871.92
67113			REPAIR OF COMPLEX RETINAL DETACHMENT (EG, PROLIFERATIVE VITREOR	\$	2,411.17
67115			RELEASE.ENCIRCLING MATERIAL(POSTERIO	\$	788.88
67120			REMOVE EYE IMPLANT MATERIAL	\$	788.88
67121			REMOVE IMPLANT,POSTERIOR,INTRAOCULAR	\$	1,183.32
67141			TREAT RETINAL DETACH,CRYOTHER/DIATHE	\$	788.88
67145			TREAT RETINAL DETACH,PHOTOCOAGULATIO	\$	498.24
67208			DEST.LOC.RETINAL LESION,CRYO.DIATHER	\$	1,252.52
67210			DEST.LOC.RETINAL LESION,PHOTOCOAGULA	\$	629.72
67218			TREAT RETINAL LESION;IMPLANT RADIATI	\$	1,117.58
67220			DESTRUCTION LOCAL LESION OF CHOROID	\$	941.12
67221			PHOTODYNAMIC DESTRUCT LOC LES CHOROI	\$	757.74
67225			DESTRUCTION LOCALIZED LESION CHOROID	\$	79.58
67227			DESTROY RETINOPATHY;CRYOTHER/DIATHER	\$	629.72
67228			DESTROY RETINOPATHY;PHOTOCOAGULATION	\$	629.72

67229	50		TREATMENT OF EXTENSIVE OR PROGRESSIVE RETINOPATHY, ONE OR MORE	\$	3,149.26
67229			TREATMENT OF EXTENSIVE OR PROGRESSIVE RETINOPATHY, ONE OR MORE	\$	2,099.53
67250			REINFORCE EYE WALL;WO GRAFT	\$	1,359.78
67255			REINFORCE/GRAFT EYE WALL	\$	1,494.72
67311			REVISE EYE MUSCLE;ONE HORIZONTAL MUS	\$	941.12
67312			REVISE TWO EYE MUSCLES	\$	1,044.92
67314			STRABISMUS SURG,REC/RES;1 VERT MUSCL	\$	909.29
67316			STRABISMUS SURG,REC/RES;2/MORE VERTM	\$	1,151.83
67318			STRABISMUS SURG,ANY PROC,SUP OBL MUS	\$	969.91
67320			TRANSPOSITION PROC,ANY OCULAR MUSCLE	\$	725.18
67331			EYE SURGERY FOLLOW-UP	\$	680.55
67332			REREVISE EYE MUSCLES	\$	751.93
67334			STRABISMUS SURG/POST FIX SUT,W/WO MR	\$	666.05
67335			PLACE ADJUST SUTURE(S)DURING STRABIS	\$	417.17
67340			STRABISMUS SURG INV EXPL/REP DET EXM	\$	823.24
67343			RELEASE EXT SCAR TIS WO DETACH EXO M	\$	780.23
67345			CHEMODENERVATION OF EXTRAOCULAR MUSC	\$	141.86
67346			BIOPSY OF EXTRAOCULAR MUSCLE	\$	348.98
67400			ORBITOTOMY...;FOR EXPLOR,W/WO BIOPSY	\$	837.32
67405			ORBITOTOMY;..WITH DRAINAGE ONLY	\$	837.32
67412			ORBITOTOMY;...W REMOVAL OF LESION	\$	941.12
67413			ORBITOTOMY....;W REMOVAL FOREIGN BODY	\$	941.12
67414			ORBITOTOMY WO BONE FLAP....	\$	1,411.68
67415			TRANSCONJUNCTIVAL OR ASPIRATIONAL BI	\$	166.08
67420			EXPLORE/TREAT EYE SOCKET	\$	941.12
67430			EXPLORE/TREAT EYE SOCKET	\$	1,411.68
67440			EXPLORE/DRAIN EYE SOCKET	\$	1,332.10
67445			ORBITOTOMY WO BONEFLAP-LATERAL APP.	\$	1,411.68
67450			EXPLORE/BIOPSY EYE SOCKET	\$	1,411.68
67500			INJECT/TREAT EYE SOCKET	\$	197.22
67505			INJECT EYE SOCKET FOR XRAY	\$	197.22
67515			INJECT/TREAT EYE SOCKET	\$	103.80
67550			ORBITAL IMPLANT;INSERTION	\$	941.12
67560			ORBITAL IMPLANT;REMOVAL OR REVISION	\$	941.12
67570			OPTIC NERVE DECOMPRESSION....	\$	705.84
67700			DRAINAGE OF EYELID ABSCESS	\$	103.66
67710			INCISION OF EYELID	\$	83.04
67715			CANTHOTOMY(SEPARATE PROCEDURE)	\$	92.49
67800			EXCISION CHALAZION, SINGLE	\$	103.80
67801			EXCISE CHALAZION;MULTIPLE,SAME LID	\$	145.32
67805			EXCISION OF CHALAZION;MULTIPLE DIFF	\$	173.00
67808			EXCISE CHALAZION;UNDER GEN ANES...	\$	311.40
67810			BIOPSY OF EYELID	\$	66.33
67820			REVISE EYELASHES	\$	55.36
67825			REVISE EYELASHES	\$	69.20
67830			CORRECT TRICHIASIS;INCISE LID MARGIN	\$	418.66
67835			CORRECT TRICHIASIS;INCISE LID MARGIN	\$	584.74
67840			REMOVE EYELID LESION EXC CHALAZION..	\$	105.53
67850			TREAT EYELID LESION	\$	145.32
67875			TEMPORARY CLOSURE EYELIDS BY SUTURE	\$	242.20
67880			REVISION OF EYELID	\$	262.96
67882			REVISION OF EYELID	\$	394.44
67900			REPAIR BROW PTOSIS....	\$	415.20
67901			REPAIR BLEPHAROPTOSIS;..W SUTURE	\$	941.12
67901	50		REPAIR EYELID DEFECT	\$	1,411.68
67902			REPAIR BLEPHAROPTOSIS;..W FASCIA SLI	\$	629.72
67902	50		REPAIR EYELID DEFECT	\$	944.58
67903			REPAIR BLEPHAROPTOSIS;...INTERNAL APP	\$	941.12
67904			REPAIR BLEPHAROPTOSIS;...EXTERNAL AP	\$	941.12
67906			REPAIR BLEPHAROPTOSIS;...W FASCIA SL	\$	629.72
67908			REPAIR BLEPHAROPTOSIS;...RESECTION..	\$	709.30
67909			REDUCTION OVERCORRECTION PTOSIS	\$	394.44
67911			REVISE EYELID DEFECT	\$	709.30
67912			CORRECT LAGOPHTHAL W/IMPL UP EYELID	\$	1,674.64
67912	26		CORRECT LAGOPHTHAL W/IMPL UP EYELID	\$	1,339.02
67914			REPAIR ECTROPIAN; SUTURE	\$	180.06
67915			REPAIR EYELID DEFECT	\$	112.31
67916			REPAIR ECTROPIAN;BLEPHAROPLASTY,EXCI	\$	591.66
67917			REPAIR ECTROPIAN;BLEPHAROPLASTY,EXTE	\$	629.72

67921			REPAIR ENTROPIAN; SUTURE	\$	176.53
67922			REPAIR EYELID DEFECT	\$	111.34
67923			REPAIR ENTROPIAN;BLEPHAROPLASTY,EXC.	\$	591.66
67924			REPAIR ENTROPIAN;BLEPHAROPLASTY,EXTE	\$	629.72
67930			REPAIR EYELID WOUND	\$	138.88
67935			SUTURE RECENT WOUND EYELID..FULL THI	\$	226.04
67938			REMOVE EYELID FOREIGN BODY	\$	103.80
67950			CANTHOPLASTY(RECONSTRUCTION CANTHUS)	\$	418.66
67961			REVISION OF EYELID	\$	785.42
67966			REVISION OF EYELID	\$	837.32
67971			RECONSTRUCTION OF EYELID	\$	837.32
67973			RECONSTRUCTION OF EYELID	\$	1,252.52
67974			RECONSTRUCTION OF EYELID	\$	1,422.06
67975			RECONSTRUCTION OF EYELID	\$	258.57
68020			INCISE/DRAIN EYELID LINING	\$	55.36
68040			TREATMENT OF EYELID LESIONS	\$	55.36
68100			BIOPSY OF EYELID LINING	\$	62.28
68110			REMOVE EYELID LINING LESION	\$	103.80
68115			REMOVE EYELID LINING LESION	\$	119.34
68130			REMOVE EYELID LINING LESION	\$	205.52
68135			REMOVE EYELID LINING LESION	\$	59.30
68200			TREAT EYELID BY INJECTION	\$	55.36
68320			REVISE/GRAFT EYELID LINING	\$	837.32
68325			REVISE/GRAFT EYELID LINING	\$	941.12
68326			REVISE/GRAFT EYELID LINING	\$	1,183.32
68328			REVISE/GRAFT EYELID LINING	\$	1,283.66
68330			REVISE EYELID LINING	\$	889.22
68335			REVISE/GRAFT EYELID LINING	\$	1,086.44
68340			SEPARATE EYELID ADHESIONS	\$	889.22
68360			REVISE EYELID LINING	\$	394.44
68362			REVISE EYELID LINING	\$	788.88
68371			HARVEST CONJUNCT ALLOGRAFT LIV DONOR	\$	512.08
68400			INCISE/DRAIN TEAR GLAND	\$	166.08
68420			INCISE/DRAIN TEAR SAC	\$	128.02
68440			INCISE TEAR DUCT OPENING	\$	55.36
68500			REMOVAL OF TEAR GLAND	\$	837.32
68505			PARTIAL REMOVAL TEAR GLAND	\$	837.32
68510			BIOPSY OF TEAR GLAND	\$	169.61
68520			REMOVAL OF TEAR SAC	\$	837.32
68525			BIOPSY OF TEAR SAC	\$	103.80
68530			CLEARANCE OF TEAR DUCT	\$	207.60
68540			REMOVE TEAR GLAND LESION	\$	875.38
68550			REMOVE TEAR GLAND LESION	\$	875.38
68700			REPAIR TEAR DUCTS	\$	311.40
68705			REVISE TEAR DUCT OPENING	\$	90.41
68720			CREATE TEAR SAC DRAIN	\$	941.12
68745			CREATE TEAR DUCT DRAIN	\$	941.12
68750			CREATE TEAR DUCT DRAIN	\$	941.12
68760			CLOSE TEAR DUCT OPENING	\$	103.80
68761			CLOSE LACR. PUNCT., PLUG, EACH	\$	103.80
68770			CLOSE TEAR SYSTEM FISTULA	\$	394.44
68801			DILATION LACRIMAL PUNCTUM W/WO IRRIG	\$	47.78
68801	50		DILATION LACRIMAL PUNCTUM W/WO IRRIG	\$	50.72
68810			PROBING NASOLACRIMAL DUCT W/WO IRRIG	\$	92.45
68810	50		PROBING NASOLACRIMAL DUCT W/WO IRRIG	\$	103.80
68811			PROBING NASOLAC DUCT W/WO IRRIG W/AN	\$	173.00
68811	50		PROBING NASOLAC DUCT W/WO IRRIG W/AN	\$	259.50
68815			PROBING NASOLAC DUCT W INSERT TUBE	\$	179.92
68815	50		PROBING NASOLAC DUCT W INSERT TUBE	\$	269.88
68816			PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH TF	\$	309.12
68816	50		PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH TF	\$	463.67
68840			EXPLORE/IRRIGATE TEAR DUCTS	\$	48.68
68850			INJECTION FOR TEAR SAC X-RAY	\$	72.66
69000			DRAIN EXTERNAL EAR LESION	\$	83.04
69005			DRAIN EXTERNAL EAR LESION	\$	211.06
69020			DRAIN OUTER EAR CANAL LESION	\$	90.55
69100			BIOPSY OF EXTERNAL EAR	\$	62.28
69105			BIOPSY EXTERNAL EAR CANAL	\$	62.28
69110			PARTIAL REMOVAL EXTERNAL EAR	\$	262.96

69120			REMOVAL OF EXTERNAL EAR	\$	522.46
69140			REMOVE EAR CANAL LESION(S)	\$	629.72
69145			REMOVE EAR CANAL LESION(S)	\$	154.66
69150			EXTENSIVE EAR CANAL SURGERY	\$	584.74
69155			EXTENSIVE EAR/NECK SURGERY	\$	837.32
69200			CLEAR OUTER EAR CANAL	\$	47.64
69200	SA		CLEAR OUTER EAR CANAL	\$	36.33
69205			CLEAR OUTER EAR CANAL	\$	103.80
69209			REMOVE IMPACTED EAR WAX UNI	\$	26.47
69210			REMOVE IMPACTED CERUMEN,1-2 EARS	\$	44.98
69210	SA		REMOVE IMPACTED CERUMEN 1-2 EARS	\$	38.06
69220			DEBRIDEMENT,MASTOIDECTOMY CAV/SIMPLE	\$	62.28
69220	50		DEBRIDEMENT,MASTOID CAVITY,SIMPLE	\$	93.42
69222			DEBRID,MASTOID,CAV,COMPLEX/W ANESTHE	\$	121.10
69222	50		DEBRID,MASTOID,CAV,COMPLEX/W ANES;BI	\$	183.38
69300			REVISE EXTERNAL EAR	\$	418.66
69300	50		OTOPLASTY,PROTRUD EAR/W/O/SZ RED;BI	\$	629.72
69310			RECONSTRUCT EXTERNAL EAR CANAL	\$	418.66
69320			REBUILD OUTER EAR CANAL	\$	837.32
69420			INCISION OF EARDRUM	\$	83.04
69421			MYRINGOTOMY....REQUIRING GEN ANESTH	\$	418.66
69424			VENT TUBE REMOVAL;UNILATERAL	\$	62.28
69424	50		VENT TUBE REMOVAL;BILATERAL	\$	93.42
69433	50		TYMPANOSTOMY LOCAL/TOPICAL ANES;BILA	\$	193.76
69436			TYMPANOSTOMY;UNILATERAL	\$	186.84
69440			EXPLORATION OF MIDDLE EAR	\$	837.32
69450			TYMPANOLYSIS, TRANSCANAL	\$	1,148.72
69501			MASTOIDECTOMY	\$	837.32
69502			MASTOIDECTOMY	\$	1,826.88
69505			REMOVE MASTOID STRUCTURES	\$	1,463.58
69511			EXTENSIVE MASTOID SURGERY	\$	1,463.58
69530			EXTENSIVE MASTOID SURGERY	\$	2,089.84
69535			REMOVE PART OF TEMPORAL BONE	\$	2,830.28
69540			REMOVE EAR LESION	\$	128.02
69550			REMOVE EAR LESION	\$	1,148.72
69552			REMOVE EAR LESION	\$	1,463.58
69554			REMOVE EAR LESION	\$	1,671.18
69601			MASTOID SURGERY REVISION	\$	1,044.92
69602			MASTOID SURGERY REVISION	\$	1,044.92
69603			MASTOID SURGERY REVISION	\$	1,044.92
69604			MASTOID SURGERY REVISION	\$	1,273.28
69605			MASTOID SURGERY REVISION	\$	920.36
69610			REPAIR OF EAR DRUM	\$	147.22
69610	50		TYMPAN MEMBRANE PATCH W/TISSUE GFT;B	\$	219.26
69620			REPAIR OF EARDRUM	\$	968.80
69631			REPAIR EARDRUM STRUCTURES	\$	1,394.38
69632			REBUILD EARDRUM STRUCTURES	\$	1,394.38
69633			REBUILD EARDRUM STRUCTURES - TOTAL	\$	1,394.38
69635			REPAIR EARDRUM STRUCTURES	\$	1,674.64
69636			REBUILD EARDRUM STRUCTURES	\$	1,671.18
69637			REBUILD EARDRUM STRUCTURES - TOTAL	\$	1,674.64
69641			REVISE MIDDLE EAR & MASTOID	\$	1,671.18
69642			REVISE MIDDLE EAR & MASTOID	\$	1,671.18
69643			REVISE MIDDLE EAR & MASTOID	\$	1,671.18
69644			REVISE MIDDLE EAR & MASTOID	\$	1,671.18
69645			REVISE MIDDLE EAR & MASTOID	\$	1,671.18
69646			REVISE MIDDLE EAR & MASTOID	\$	1,671.18
69650			RELEASE MIDDLE EAR BONE	\$	1,044.92
69660			REVISE MIDDLE EAR BONE	\$	1,359.78
69661			REVISE MIDDLE EAR BONE W/DRILL OUT	\$	1,359.78
69662			REVISION STAPEDECTOMY/OTOMY	\$	1,505.10
69666			REPAIR OVAL WINDOW FISTULA	\$	1,359.78
69667			REPAIR ROUND WINDOW FISTULA	\$	1,359.78
69670			REMOVE MASTOID AIR CELLS	\$	968.80
69676			TYMPANIC NEURECTOMY; UNILATERAL	\$	889.22
69676	50		TYMPANIC NEURECTOMY;BILATERAL	\$	1,335.56
69700			CLOSE MASTOID FISTULA	\$	418.66
69714			OSSEOINTEG IMPLANT WO/MASTOIDECTOMY	\$	1,640.04
69715			OSSEOINTEG IMPLANT W/MASTOIDECTOMY	\$	2,076.00

69717			REPLACE OSSEOINTEG IMPL W/MASTOIDECT	\$	1,685.02
69718			REPLACE OSSEOINTEG IMP/ W/MASTOIDECT	\$	2,100.22
69720			RELEASE FACIAL NERVE	\$	1,252.52
69725			RELEASE FACIAL NERVE	\$	2,041.40
69740			REPAIR FACIAL NERVE	\$	1,505.10
69745			REPAIR FACIAL NERVE	\$	2,041.40
69801			INCISE INNER EAR	\$	613.04
69805			EXPLORE INNER EAR	\$	1,089.90
69806			EXPLORE INNER EAR	\$	1,494.72
69820			FENESTRATION SEMICIRCULAR CANAL	\$	1,463.58
69840			REVISE INNER EAR WINDOW	\$	878.84
69905			REMOVE INNER EAR	\$	1,359.78
69910			REMOVE INNER EAR & MASTOID	\$	1,903.00
69915			INCISE INNER EAR NERVE	\$	1,757.68
69930			COCHLEAR DEVICE IMPLANTATION	\$	2,508.50
69950			INCISE INNER EAR NERVE	\$	2,491.20
69955			RELEASE FACIAL NERVE	\$	2,197.10
69960			RELEASE INNER EAR CANAL	\$	1,975.66
69970			REMOVE INNER EAR LESION	\$	1,463.58
69990			USE OF OPERATING MICROSCOPE	\$	588.20
70010			MYELOGRAPHY; PROCEDURE, S&I	\$	221.09
70010	26		MYELOGRAPHY; PROCEDURE, S&I	\$	83.04
70010	TC		MYELOGRAPHY; PROCEDURE, S&I	\$	138.05
70015			CISTERNOGRAPHY; PROCEDURE, S&I	\$	347.56
70015	26		CISTERNOGRAPHY; PROCEDURE, S&I	\$	161.27
70015	TC		CISTERNOGRAPHY; PROCEDURE, S&I	\$	186.29
70030			X-RAY EYE; DETECT FOREIGN BODY	\$	51.90
70030	26		X-RAY EYE; DETECT FOREIGN BODY	\$	24.91
70030	TC		X-RAY EYE; DETECT FOREIGN BODY	\$	26.99
70100			X-RAY MANDIBLE; PARTIAL	\$	51.90
70100	26		X-RAY MANDIBLE; PARTIAL	\$	18.68
70100	TC		X-RAY MANDIBLE; PARTIAL	\$	33.22
70110			X-RAY MANDIBLE; COMPLETE	\$	69.20
70110	26		X-RAY MANDIBLE; COMPLETE	\$	31.14
70110	TC		X-RAY MANDIBLE; COMPLETE	\$	38.06
70120			X-RAY MASTOIDS;L3 VIEWS PER SIDE	\$	51.90
70120	26		X-RAY MASTOIDS;L3 VIEWS PER SIDE	\$	24.91
70120	TC		X-RAY MASTOIDS;L3 VIEWS PER SIDE	\$	26.99
70130			COMPLETE X-RAY,MASTOIDS-3 VIEWS/SIDE	\$	69.20
70130	26		COMPLETE X-RAY,MASTOIDS-3 VIEWS/SIDE	\$	37.37
70130	TC		COMPLETE X-RAY,MASTOIDS-3 VIEWS/SIDE	\$	31.83
70134			X-RAY INTERNAL AUDITORY MEATI	\$	86.50
70134	26		X-RAY INTERNAL AUDITORY MEATI	\$	34.60
70134	TC		X-RAY INTERNAL AUDITORY MEATI	\$	51.90
70140			X-RAY FACIAL BONES; L3 VIEWS	\$	51.90
70140	26		X-RAY FACIAL BONES; L3 VIEWS	\$	18.68
70140	TC		X-RAY FACIAL BONES; L3 VIEWS	\$	33.22
70150			X-RAY FACIAL BONES; COMPLETE	\$	69.20
70150	26		X-RAY FACIAL BONES; COMPLETE	\$	31.14
70150	TC		X-RAY FACIAL BONES; COMPLETE	\$	38.06
70160			X-RAY NASAL BONES; COMPLETE	\$	51.90
70160	26		X-RAY NASAL BONES; COMPLETE	\$	18.68
70160	TC		X-RAY NASAL BONES; COMPLETE	\$	33.22
70170			DACRYOCYSTOGRAPHY;PROCEDURE, S&I	\$	69.20
70170	26		DACRYOCYSTOGRAPHY;PROCEDURE, S&I	\$	24.91
70170	TC		DACRYOCYSTOGRAPHY;PROCEDURE, S&I	\$	44.29
70190			X-RAY OPTIC FORAMINA	\$	51.90
70190	26		X-RAY OPTIC FORAMINA	\$	18.68
70190	TC		X-RAY OPTIC FORAMINA	\$	33.22
70200			X-RAY ORBITS,COMPLETE,4+ VIEWS	\$	86.50
70200	26		X-RAY ORBITS,COMPLETE,4+ VIEWS	\$	31.14
70200	TC		X-RAY ORBITS,COMPLETE,4+ VIEWS	\$	55.36
70210			X-RAY SINUSES; PARANASAL; L3 VIEWS	\$	69.20
70210	26		X-RAY SINUSES; PARANASAL; L3 VIEWS	\$	18.68
70210	TC		X-RAY SINUSES; PARANASAL; L3 VIEWS	\$	50.52
70220			X-RAY SINUSES; PARANASAL; COMPLETE	\$	86.50
70220	26		X-RAY SINUSES; PARANASAL; COMPLETE	\$	31.14
70220	TC		X-RAY SINUSES; PARANASAL; COMPLETE	\$	55.36
70240			X-RAY SELLA TURCICA	\$	51.90

70240	26		X-RAY SELLA TURCICA	\$	24.91
70240	TC		X-RAY SELLA TURCICA	\$	26.99
70250			X-RAY SKULL; LESS THAN 4 VIEWS	\$	51.90
70250	26		X-RAY SKULL; LESS THAN 4 VIEWS	\$	18.68
70250	TC		X-RAY SKULL; LESS THAN 4 VIEWS	\$	33.22
70260			X-RAY SKULL; COMPLETE	\$	86.50
70260	26		X-RAY SKULL; COMPLETE	\$	31.14
70260	TC		X-RAY SKULL; COMPLETE	\$	55.36
70300			X-RAY TEETH; SINGLE VIEW	\$	17.30
70300	26		X-RAY TEETH; SINGLE VIEW	\$	6.23
70300	TC		X-RAY TEETH; SINGLE VIEW	\$	11.07
70310			X-RAY TEETH; PARTIAL EXAM	\$	34.60
70310	26		X-RAY TEETH; PARTIAL EXAM	\$	12.46
70310	TC		X-RAY TEETH; PARTIAL EXAM	\$	22.14
70320			X-RAY TEETH; COMPLETE; FULL MOUTH	\$	51.90
70320	26		X-RAY TEETH; COMPLETE; FULL MOUTH	\$	24.91
70320	TC		X-RAY TEETH; COMPLETE; FULL MOUTH	\$	26.99
70328			X-RAY TEMPOROMAN DIBULAR JNT; UNIL	\$	44.98
70328	26		X-RAY TEMPOROMAN DIBULAR JNT; UNIL	\$	18.68
70328	TC		X-RAY TEMPOROMAN DIBULAR JNT; UNIL	\$	26.30
70330			ARTHROTOMOGRAPHY;TEMPOROMAND.-COMPLT	\$	69.20
70330	26		ARTHROTOMOGRAPHY;TEMPOROMAND.-COMPLT	\$	31.14
70330	TC		ARTHROTOMOGRAPHY;TEMPOROMAND.-COMPLT	\$	38.06
70332			TEMPOROMAND.ARTHROGRAPHY;SUPER/INTER	\$	243.93
70332	26		TEMPOROMAND.ARTHROGRAPHY;SUPER/INTER	\$	83.04
70332	TC		TEMPOROMAND.ARTHROGRAPHY;SUPER/INTER	\$	160.89
70336			MRI,TEMPOROMANDIBULAR JOINT	\$	1,038.00
70336	26		MRI,TEMPOROMANDIBULAR JOINT	\$	226.60
70336	TC		MRI,TEMPOROMANDIBULAR JOINT	\$	811.40
70350			CEPHALOGRAM; ORTHODONTIC	\$	27.68
70355			ORTHOPANTOGRAM	\$	34.60
70360			X-RAY NECK; SOFT TISSUE	\$	34.60
70360	26		X-RAY NECK; SOFT TISSUE	\$	12.46
70360	TC		X-RAY NECK; SOFT TISSUE	\$	22.14
70370			X-RAY PHARYNX/LARYNX W/FLUROSCPY	\$	69.20
70370	26		X-RAY PHARYNX/LARYNX W/FLUROSCPY	\$	31.14
70370	TC		X-RAY PHARYNX/LARYNX W/FLUROSCPY	\$	38.06
70371			COMPLEX DYNAMIC PHARYNGEAL/SPEECH EV	\$	103.80
70371	26		COMPLEX DYNAMIC PHARYNGEAL/SPEECH EV	\$	44.98
70371	TC		COMPLEX DYNAMIC PHARYNGEAL/SPEECH EV	\$	58.82
70373	26		LARYNGOGRAPHY; PROCEDURE, S&I	\$	41.52
70380			X-RAY SALIVARY GLANDFOR CALCULUS	\$	51.90
70380	26		X-RAY SALIVARY GLANDFOR CALCULUS	\$	18.68
70380	TC		X-RAY SALIVARY GLANDFOR CALCULUS	\$	33.22
70390			SIALOGRAPHY; PROCEDURE, S&I	\$	51.90
70390	26		SIALOGRAPHY; PROCEDURE, S&I	\$	24.91
70390	TC		SIALOGRAPHY; PROCEDURE, S&I	\$	26.99
70450			CAT,HEAD/BRAIN;W/OUT CONTRAST MATER.	\$	353.72
70450	26		CAT,HEAD/BRAIN;W/OUT CONTRAST MATER.	\$	126.32
70450	TC		CAT,HEAD/BRAIN;W/OUT CONTRAST MATER.	\$	227.39
70460			CAT,HEAD/BRAIN;W/CONTRAST	\$	432.50
70460	26		CAT,HEAD/BRAIN;W/CONTRAST	\$	121.10
70460	TC		CAT,HEAD/BRAIN;W/CONTRAST	\$	311.40
70470	52	26	CAT,HEAD/BRAIN;W/OUT-W/CONTRAST	\$	186.84
70470			CAT,HEAD/BRAIN;W/OUT-W/CONTRAST	\$	432.50
70470	26		CAT,HEAD/BRAIN;W/OUT-W/CONTRAST	\$	121.10
70470	52		CAT,HEAD/BRAIN;W/OUT-W/CONTRAST	\$	259.50
70470	52	TC	CAT,HEAD/BRAIN;W/OUT-W/CONTRAST	\$	186.84
70470	TC		CAT,HEAD/BRAIN;W/OUT-W/CONTRAST	\$	311.40
70480			TOMOGRAPHY;ORBIT,SELLA,POSTERIOR FOS	\$	432.50
70480	26		TOMOGRAPHY;ORBIT,SELLA,POSTERIOR FOS	\$	121.10
70480	TC		TOMOGRAPHY;ORBIT,SELLA,POSTERIOR FOS	\$	311.40
70481			TOMOGRAPHY;ORBIT,ETC,WITH/CONTRAST M	\$	432.50
70481	26		TOMOGRAPHY;ORBIT,ETC,WITH/CONTRAST M	\$	121.10
70481	TC		TOMOGRAPHY;ORBIT,ETC,WITH/CONTRAST M	\$	311.40
70482			CAT,ORBIT,ETC.,W/OUT-W/ CONTRAST MAT	\$	432.50
70482	26		CAT,ORBIT,ETC.,W/OUT-W/ CONTRAST MAT	\$	121.10
70482	52		CAT,ORBIT,ETC.,W/OUT-W/ CONTRAST MAT	\$	259.50
70482	52	26	CAT,ORBIT,ETC.,W/OUT-W/ CONTRAST MAT	\$	72.66

70482	52	TC	CAT,ORBIT,ETC.,W/OUT-W/ CONTRAST MAT	\$	186.84
70482	TC		CAT,ORBIT,ETC.,W/OUT-W/ CONTRAST MAT	\$	311.40
70486			TOMOGRAPHY;MAXILLOFACIAL W/OUT CONTR	\$	432.50
70486	26		TOMOGRAPHY;MAXILLOFACIAL W/OUT CONTR	\$	121.10
70486	TC		TOMOGRAPHY;MAXILLOFACIAL W/OUT CONTR	\$	311.40
70487			TOMOGRAPHY;MAXILLOFAC,WITH CONTRAST	\$	432.50
70487	26		TOMOGRAPHY;MAXILLOFAC,WITH CONTRAST	\$	121.10
70487	TC		TOMOGRAPHY;MAXILLOFAC,WITH CONTRAST	\$	311.40
70488			CAT;MAXILL.;W/OUT-W/ CONTRAST MATER.	\$	432.50
70488	26		CAT;MAXILL.;W/OUT-W/ CONTRAST MATER.	\$	121.10
70488	52		CAT;MAXILL.;W/OUT-W/ CONTRAST MATER.	\$	259.50
70488	52	26	CAT;MAXILL.;W/OUT-W/ CONTRAST MATER.	\$	72.66
70488	52	TC	CAT;MAXILL.;W/OUT-W/ CONTRAST MATER.	\$	186.84
70488	TC		CAT;MAXILL.;W/OUT-W/ CONTRAST MATER.	\$	311.40
70490			CAT,SOFT TISSUE NECK;W/OUT CONTRAST	\$	432.50
70490	26		CAT,SOFT TISSUE NECK;W/OUT CONTRAST	\$	121.10
70490	TC		CAT,SOFT TISSUE NECK;W/OUT CONTRAST	\$	311.40
70491			CAT.SOFT TISSUE NECK;W/ CONTRAST MAT	\$	432.50
70491	26		CAT.SOFT TISSUE NECK;W/ CONTRAST MAT	\$	121.10
70491	TC		CAT.SOFT TISSUE NECK;W/ CONTRAST MAT	\$	311.40
70492			CAT,NECK;W/OUT-W/ CONTRAST MATERIAL	\$	432.50
70492	26		CAT,NECK;W/OUT-W/ CONTRAST MATERIAL	\$	121.10
70492	52		CAT,NECK;W/OUT-W/ CONTRAST MATERIAL	\$	259.50
70492	52	26	CAT,NECK;W/OUT-W/ CONTRAST MATERIAL	\$	72.66
70492	52	TC	CAT,NECK;W/OUT-W/ CONTRAST MATERIAL	\$	186.84
70492	TC		CAT,NECK;W/OUT-W/ CONTRAST MATERIAL	\$	311.40
70496			COMPUTED TOMOGRAPH ANGIOGRAPHY HEAD	\$	640.10
70496	26		COMPUTED TOMOGRAPH ANGIOGRAPHY HEAD	\$	169.54
70496	TC		COMPUTED TOMOGRAPH ANGIOGRAPHY HEAD	\$	470.56
70498			COMPUTED TOMOGRAPHIC ANGIOGRAPH NECK	\$	640.10
70498	26		COMPUTED TOMOGRAPHIC ANGIOGRAPH NECK	\$	169.54
70498	TC		COMPUTED TOMOGRAPHIC ANGIOGRAPH NECK	\$	470.56
70540			MRI-ORBIT,FACE AND NECK	\$	1,038.00
70540	26		MRI-ORBIT,FACE AND NECK	\$	205.45
70540	TC		MRI-ORBIT,FACE AND NECK	\$	832.55
70542			MRI-ORBIT, FACE, NECK W/ CONTRAST	\$	1,179.86
70542	26		MRI-ORBIT, FACE, NECK W/ CONTRAST	\$	207.60
70542	TC		MRI-ORBIT, FACE, NECK W/ CONTRAST	\$	972.26
70543			MRI-ORBIT,FACE,NECK WO/W CONTRAST	\$	1,332.10
70543	26		MRI-ORBIT,FACE,NECK WO/W CONTRAST	\$	287.18
70543	TC		MRI-ORBIT,FACE,NECK WO/W CONTRAST	\$	1,044.92
70544			MRA-HEAD WITHOUT CONTRAST MATERIAL	\$	1,048.38
70544	26		MRA-HEAD WITHOUT CONTRAST MATERIAL	\$	190.30
70545			MRA-HEAD WITH CONTRAST MATERIAL	\$	1,179.86
70545	26		MRA-HEAD WITH CONTRAST MATERIAL	\$	182.20
70545	TC		MRA-HEAD WITH CONTRAST MATERIAL	\$	997.66
70546			MRA-HEAD WITHOUT/WITH CONTRAST	\$	1,332.10
70546	26		MRA-HEAD WITHOUT/WITH CONTRAST	\$	287.18
70548			MRA-NECK WITH CONTRAST MATERIAL	\$	1,179.86
70548	26		MRA-NECK WITH CONTRAST MATERIAL	\$	182.20
70548	TC		MRA-NECK WITH CONTRAST MATERIAL	\$	997.66
70549			MRA-NECK WITHOUT/WITH CONTRAST	\$	1,332.10
70549	26		MRA-NECK WITHOUT/WITH CONTRAST	\$	287.18
70551			MRI-BRAIN/INCLUDING BRAIN STEM	\$	755.87
70551	26		MRI-BRAIN/INCLUDING BRAIN STEM	\$	218.88
70551	TC		MRI-BRAIN/INCLUDING BRAIN STEM	\$	536.99
70552			MRI,BRAIN...WITH CONTRAST MATERIAL	\$	980.91
70552	26		MRI,BRAIN...WITH CONTRAST MATERIAL	\$	265.24
70552	TC		MRI,BRAIN...WITH CONTRAST MATERIAL	\$	715.67
70553			MRI,BRAIN;WO CONTRAST MAT.FOLL.CONTR	\$	1,214.01
70553	26		MRI,BRAIN;WO CONTRAST MAT.FOLL.CONTR	\$	339.84
70553	TC		MRI,BRAIN;WO CONTRAST MAT.FOLL.CONTR	\$	874.17
70554	26		FMRI BRAIN BY TECH	\$	186.32
70554			FMRI BRAIN BY TECH	\$	832.48
70554	TC		FMRI BRAIN BY TECH	\$	646.16
70555	26		FMRI BRAIN BY PHYS/PSYCH	\$	220.23
70555			MAGNETIC RESONANCE IMAGING, BRAIN, F	\$	220.23
70557	26		MRI BRAIN DUR OPEN PROC WO CONTRAST	\$	214.52
70558	26		MRI BRAIN DUR OPEN PROC W/CONTRAST	\$	235.28

70559	26		MRI BRAIN DUR OPEN PROC WWO CONTRAS	\$	235.28
71010			X-RAY CHEST; POSTEROANTERIOR	\$	34.60
71010	26		X-RAY CHEST; POSTEROANTERIOR	\$	12.46
71010	TC		X-RAY CHEST; POSTEROANTERIOR	\$	22.14
71015			X-RAY CHEST; STEREO;POSTEROANTER	\$	51.90
71015	26		X-RAY CHEST; STEREO;POSTEROANTER	\$	20.76
71015	TC		X-RAY CHEST; STEREO;POSTEROANTER	\$	31.14
71020			X-RAY CHEST; TWO VIEWS	\$	51.90
71020	26		X-RAY CHEST; TWO VIEWS	\$	18.68
71020	TC		X-RAY CHEST; TWO VIEWS	\$	33.22
71021			X-RAY CHEST; APICAL LORDOTIC	\$	60.55
71021	26		X-RAY CHEST; APICAL LORDOTIC	\$	25.95
71021	TC		X-RAY CHEST; APICAL LORDOTIC	\$	34.60
71022			X-RAY CHEST; OBLIQUE PROJECTIONS	\$	69.20
71022	26		X-RAY CHEST; OBLIQUE PROJECTIONS	\$	27.68
71022	TC		X-RAY CHEST; OBLIQUE PROJECTIONS	\$	41.52
71023			X-RAY CHEST,2 VIEWS,FRONT,LAT.FLUORO	\$	103.80
71023	26		X-RAY CHEST,2 VIEWS,FRONT,LAT.FLUORO	\$	41.52
71023	TC		X-RAY CHEST,2 VIEWS,FRONT,LAT.FLUORO	\$	62.28
71030			X-RAY CHEST; MINIMUM OF 4 VIEWS	\$	69.20
71030	26		X-RAY CHEST; MINIMUM OF 4 VIEWS	\$	31.14
71030	TC		X-RAY CHEST; MINIMUM OF 4 VIEWS	\$	38.06
71034			X-RAY CHEST W/FLUOROSCOPY	\$	69.20
71034	26		X-RAY CHEST W/FLUOROSCOPY	\$	31.14
71034	TC		X-RAY CHEST W/FLUOROSCOPY	\$	38.06
71035			X-RAY CHEST; SPECIAL VIEWS	\$	17.30
71035	26		X-RAY CHEST; SPECIAL VIEWS	\$	12.46
71035	TC		X-RAY CHEST; SPECIAL VIEWS	\$	12.46
71100			X-RAY EXAM OF RIBS	\$	51.90
71100	26		X-RAY EXAM OF RIBS	\$	18.68
71100	TC		X-RAY EXAM OF RIBS	\$	33.22
71101			X-RAY EXAM RIBS-POSTEROANTER CHEST	\$	86.50
71101	26		X-RAY EXAM RIBS-POSTEROANTER CHEST	\$	34.60
71101	TC		X-RAY EXAM RIBS-POSTEROANTER CHEST	\$	51.90
71110			X-RAY EXAM OF RIBS	\$	69.20
71110	26		X-RAY EXAM OF RIBS	\$	31.14
71110	TC		X-RAY EXAM OF RIBS	\$	38.06
71111			X-RAY RIBS,BILAT;POSTEROANTERI CHEST	\$	121.10
71111	26		X-RAY RIBS,BILAT;POSTEROANTERI CHEST	\$	51.90
71111	TC		X-RAY RIBS,BILAT;POSTEROANTERI CHEST	\$	69.20
71120			X-RAY EXAM OF BREASTBONE	\$	51.90
71120	26		X-RAY EXAM OF BREASTBONE	\$	18.68
71120	TC		X-RAY EXAM OF BREASTBONE	\$	33.22
71130			X-RAY EXAM OF BREASTBONE	\$	69.20
71130	26		X-RAY EXAM OF BREASTBONE	\$	24.91
71130	TC		X-RAY EXAM OF BREASTBONE	\$	44.29
71250			CAT,THORAX;W/OUT CONTRAST MATERIAL	\$	432.50
71250	26		CAT,THORAX;W/OUT CONTRAST MATERIAL	\$	121.10
71250	TC		CAT,THORAX;W/OUT CONTRAST MATERIAL	\$	311.40
71260			CAT,THORAX; W/ CONTRAST MATERIAL	\$	432.50
71260	TC		CAT,THORAX; W/ CONTRAST MATERIAL	\$	311.40
71270			CAT,THORAX;W/OUT-W/ CONTRAST MATERIA	\$	432.50
71270	26		CAT,THORAX;W/OUT-W/ CONTRAST MATERIA	\$	121.10
71270	52		CAT,THORAX;W/OUT-W/ CONTRAST MATERIA	\$	259.50
71270	52	26	CAT,THORAX;W/OUT-W/ CONTRAST MATERIA	\$	72.66
71270	52	TC	CAT,THORAX;W/OUT-W/ CONTRAST MATERIA	\$	186.84
71270	TC		CAT,THORAX;W/OUT-W/ CONTRAST MATERIA	\$	311.40
71275	TC		COMPUTED TOMOG ANGIOGRAPHY CHEST	\$	415.20
71550			MRI-CHEST/LYPHADENOPATHY EVAL	\$	1,038.00
71550	26		MRI-CHEST/LYPHADENOPATHY EVAL	\$	222.20
71551			MRI-CHEST WITH CONTRAST MATERIAL	\$	1,031.08
71551	26		MRI-CHEST WITH CONTRAST MATERIAL	\$	200.68
71551	TC		MRI-CHEST WITH CONTRAST MATERIAL	\$	830.40
71552			MRI CHEST WITHOUT/WITH CONTRAST	\$	1,162.56
71552	26		MRI CHEST WITHOUT/WITH CONTRAST	\$	249.12
71552	TC		MRI CHEST WITHOUT/WITH CONTRAST	\$	913.44
71555			MRI ANGIOGRAPHY CHEST WWO CONTRAST	\$	1,034.44
71555	26		MRI ANGIOGRAPHY CHEST WWO CONTRAST	\$	172.90
71555	TC		MRI ANGIOGRAPHY CHEST WWO CONTRAST	\$	861.54

72010	26		X-RAY EXAM OF SPINE	\$	56.05
72020			X-RAY SPINE,SINGLE VIEW	\$	34.60
72020	26		X-RAY SPINE,SINGLE VIEW	\$	12.46
72020	TC		X-RAY SPINE,SINGLE VIEW	\$	22.14
72040			X-RAY EXAM OF NECK SPINE	\$	51.90
72040	26		X-RAY EXAM OF NECK SPINE	\$	18.68
72040	TC		X-RAY EXAM OF NECK SPINE	\$	33.22
72050	26		X-RAY EXAM OF NECK SPINE	\$	24.91
72050	TC		X-RAY EXAM OF NECK SPINE	\$	44.29
72052			X-RAY EXAM OF NECK SPINE	\$	86.50
72052	26		X-RAY EXAM OF NECK SPINE	\$	31.14
72052	TC		X-RAY EXAM OF NECK SPINE	\$	55.36
72069	26		RADIOLOGIC EXAM,SPINE,THORACOLUM,STA	\$	34.50
72070			X-RAY EXAM OF THORAX SPINE	\$	51.90
72070	26		X-RAY EXAM OF THORAX SPINE	\$	18.68
72070	TC		X-RAY EXAM OF THORAX SPINE	\$	33.22
72072			X-RAY SPINE;THORACIC,ANTEROPOS;LATER	\$	69.20
72072	26		X-RAY SPINE;THORACIC,ANTEROPOS;LATER	\$	27.68
72072	TC		X-RAY SPINE;THORACIC,ANTEROPOS;LATER	\$	41.52
72074			X-RAY COMPLETE THORACIC SPINE 4 VIEW	\$	86.50
72074	26		X-RAY COMPLETE THORACIC SPINE 4 VIEW	\$	34.60
72074	TC		X-RAY COMPLETE THORACIC SPINE 4 VIEW	\$	51.90
72080			X-RAY EXAM OF TRUNK SPINE	\$	51.90
72080	26		X-RAY EXAM OF TRUNK SPINE	\$	18.68
72080	TC		X-RAY EXAM OF TRUNK SPINE	\$	33.22
72081	TC		X-RAY EXAM ENTIRE SPI 1 VW	\$	47.06
72081			X-RAY EXAM ENTIRE SPI 1 VW	\$	70.58
72081	26		X-RAY EXAM ENTIRE SPI 1 VW	\$	23.53
72082	26		X-RAY EXAM ENTIRE SPI 2/3 VW	\$	28.55
72082			X-RAY EXAM ENTIRE SPI 2/3 VW	\$	114.80
72082	TC		X-RAY EXAM ENTIRE SPI 2/3 VW	\$	86.26
72083	26		X-RAY EXAM ENTIRE SPI 4/5 VW	\$	32.28
72083			X-RAY EXAM ENTIRE SPI 4/5 VW	\$	138.50
72083	TC		X-RAY EXAM ENTIRE SPI 4/5 VW	\$	106.22
72084	26		X-RAY EXAM ENTIRE SPI 6/> VW	\$	37.82
72084			X-RAY EXAM ENTIRE SPI 6/> VW	\$	161.27
72084	TC		X-RAY EXAM ENTIRE SPI 6/> VW	\$	123.45
72100			X-RAY EXAM OF LOWER SPINE	\$	69.20
72100	26		X-RAY EXAM OF LOWER SPINE	\$	24.91
72100	TC		X-RAY EXAM OF LOWER SPINE	\$	44.29
72110			X-RAY EXAM OF LOWER SPINE	\$	86.50
72110	26		X-RAY EXAM OF LOWER SPINE	\$	31.14
72110	TC		X-RAY EXAM OF LOWER SPINE	\$	55.36
72114			X-RAY EXAM OF LOWER SPINE	\$	69.20
72114	26		X-RAY EXAM OF LOWER SPINE	\$	24.91
72114	TC		X-RAY EXAM OF LOWER SPINE	\$	44.29
72120			X-RAY EXAM OF LOWER SPINE	\$	69.20
72120	26		X-RAY EXAM OF LOWER SPINE	\$	27.68
72120	TC		X-RAY EXAM OF LOWER SPINE	\$	41.52
72125	TC		CAT SCAN,CERVICAL SPINE W/OUT C M	\$	311.40
72126			CAT SCAN CERVICAL SPINE W/CONT MATER	\$	432.50
72126	26		CAT SCAN CERVICAL SPINE W/CONT MATER	\$	121.10
72126	TC		CAT SCAN CERVICAL SPINE W/CONT MATER	\$	311.40
72127			CAT-CERVICAL SPINE;W/O,W/ CONTRAST	\$	432.50
72127	26		CAT-CERVICAL SPINE;W/O,W/ CONTRAST	\$	121.10
72127	TC		CAT-CERVICAL SPINE;W/O,W/ CONTRAST	\$	311.40
72128			CAT SCAN,THORACIC SPINE W/OUT C MATE	\$	432.50
72128	26		CAT SCAN,THORACIC SPINE W/OUT C MATE	\$	121.10
72128	TC		CAT SCAN,THORACIC SPINE W/OUT C MATE	\$	311.40
72129			CAT SCAN,THORACIC SPINE W/CON MATERI	\$	432.50
72129	TC		CAT SCAN,THORACIC SPINE W/CON MATERI	\$	311.40
72130			CAT-THORACIC SPINE;W/OUT,W/CONTRAST	\$	432.50
72130	26		CAT-THORACIC SPINE;W/OUT,W/CONTRAST	\$	121.10
72130	TC		CAT-THORACIC SPINE;W/OUT,W/CONTRAST	\$	311.40
72131			CAT SCAN LUMBAR W/OUT CONTRAST	\$	432.50
72131	26		CAT SCAN LUMBAR W/OUT CONTRAST	\$	121.10
72131	TC		CAT SCAN LUMBAR W/OUT CONTRAST	\$	311.40
72132			CAT SCAN LUMBAR SPINE W/CONT MATERIA	\$	432.50
72132	26		CAT SCAN LUMBAR SPINE W/CONT MATERIA	\$	121.10

72132	TC		CAT SCAN LUMBAR SPINE W/CONT MATERIA	\$	311.40
72133			CAT-LUMBAR SPINE;W/OUT,W/CONTRAST	\$	432.50
72133	26		CAT-LUMBAR SPINE;W/OUT,W/CONTRAST	\$	121.10
72133	TC		CAT-LUMBAR SPINE;W/OUT,W/CONTRAST	\$	311.40
72141			MRI,SPINAL CANAL...;CERVICAL	\$	750.23
72141	26		MRI,SPINAL CANAL...;CERVICAL	\$	221.09
72141	TC		MRI,SPINAL CANAL...;CERVICAL	\$	529.14
72142			MRI,SPINAL CANAL...W CONTRAST MATERI	\$	993.19
72142	26		MRI,SPINAL CANAL...W CONTRAST MATERI	\$	265.24
72142	TC		MRI,SPINAL CANAL...W CONTRAST MATERI	\$	727.95
72146			MRI,SPINAL CANAL,THORACIC WO CON MAT	\$	750.23
72146	26		MRI,SPINAL CANAL,THORACIC WO CON MAT	\$	221.09
72146	TC		MRI,SPINAL CANAL,THORACIC WO CON MAT	\$	529.14
72147			MRI,SPINAL CANAL,THORACIC W CONT MAT	\$	1,038.00
72147	26		MRI,SPINAL CANAL,THORACIC W CONT MAT	\$	290.64
72147	TC		MRI,SPINAL CANAL,THORACIC W CONT MAT	\$	747.36
72148			MRI,SPINAL CANAL,LUMBAR WO CONT MAT	\$	751.30
72148	26		MRI,SPINAL CANAL,LUMBAR WO CONT MAT	\$	222.13
72148	TC		MRI,SPINAL CANAL,LUMBAR WO CONT MAT	\$	529.17
72149			MRI,SPINAL CANAL,LUMBAR WITH CONT MA	\$	1,038.00
72149	26		MRI,SPINAL CANAL,LUMBAR WITH CONT MA	\$	290.64
72149	TC		MRI,SPINAL CANAL,LUMBAR WITH CONT MA	\$	747.36
72156			MRI,SPINAL CANAL/WO CONT.MAT./FOLL	\$	1,215.12
72156	26		MRI,SPINAL CANAL/WO CONT.MAT./FOLL	\$	339.84
72156	TC		MRI,SPINAL CANAL/WO CONT.MAT./FOLL	\$	875.28
72157			MRI,SPINAL CANAL....THORACIC	\$	1,216.26
72157	26		MRI,SPINAL CANAL....THORACIC	\$	339.84
72157	TC		MRI,SPINAL CANAL....THORACIC	\$	876.42
72158			MRI,SPINAL CANAL....LUMBAR	\$	1,211.66
72158	26		MRI,SPINAL CANAL....LUMBAR	\$	341.95
72158	TC		MRI,SPINAL CANAL....LUMBAR	\$	869.71
72170			X-RAY EXAM OF PELVIS	\$	51.90
72170	26		X-RAY EXAM OF PELVIS	\$	18.68
72170	TC		X-RAY EXAM OF PELVIS	\$	33.22
72190			X-RAY EXAM OF PELVIS	\$	69.20
72190	26		X-RAY EXAM OF PELVIS	\$	24.91
72190	TC		X-RAY EXAM OF PELVIS	\$	44.29
72191			COMP TOMOG ANGIOGRAPHY PELVIS W/O/W	\$	647.02
72191	26		COMP TOMOG ANGIOGRAPHY PELVIS W/O/W	\$	173.00
72191	TC		COMP TOMOG ANGIOGRAPHY PELVIS W/O/W	\$	474.02
72192			CAT,PELVIS;W/OUT CONTRAST MATERIAL	\$	432.50
72192	26		CAT,PELVIS;W/OUT CONTRAST MATERIAL	\$	121.10
72192	TC		CAT,PELVIS;W/OUT CONTRAST MATERIAL	\$	311.40
72193			CAT,PELVIS;W/ CONTRAST MATERIAL	\$	432.50
72193	26		CAT,PELVIS;W/ CONTRAST MATERIAL	\$	121.10
72193	TC		CAT,PELVIS;W/ CONTRAST MATERIAL	\$	311.40
72194			CAT,PELVIS;W/OUT-W/ CONTRAST MATER.	\$	432.50
72194	26		CAT,PELVIS;W/OUT-W/ CONTRAST MATER.	\$	121.10
72194	52		CAT,PELVIS;W/OUT-W/ CONTRAST MATER.	\$	259.50
72194	52	26	CAT,PELVIS;W/OUT-W/ CONTRAST MATER.	\$	72.66
72194	52	TC	CAT,PELVIS;W/OUT-W/ CONTRAST MATER.	\$	186.84
72194	TC		CAT,PELVIS;W/OUT-W/ CONTRAST MATER.	\$	311.40
72196			MRI,PELVIS	\$	1,038.00
72196	26		MRI,PELVIS	\$	230.68
72196	TC		MRI,PELVIS	\$	807.32
72197			MRI PELVIS WITHOUT/WITH CONTRAST	\$	1,332.10
72197	26		MRI PELVIS WITHOUT/WITH CONTRAST	\$	287.18
72197	TC		MRI PELVIS WITHOUT/WITH CONTRAST	\$	1,044.92
72198			MRI ANGIOGRAPHY PELVIS W/WO CONTRAST	\$	1,026.89
72198	26		MRI ANGIOGRAPHY PELVIS W/WO CONTRAST	\$	170.51
72198	TC		MRI ANGIOGRAPHY PELVIS W/WO CONTRAST	\$	856.38
72200			X-RAY EXAM SACROILIAC JOINTS	\$	69.20
72200	26		X-RAY EXAM SACROILIAC JOINTS	\$	18.68
72200	TC		X-RAY EXAM SACROILIAC JOINTS	\$	50.52
72202			X-RAY EXAM SACROILIAC JOINTS	\$	69.20
72202	26		X-RAY EXAM SACROILIAC JOINTS	\$	27.68
72202	TC		X-RAY EXAM SACROILIAC JOINTS	\$	41.52
72220			X-RAY EXAM OF TAILBONE	\$	51.90
72220	26		X-RAY EXAM OF TAILBONE	\$	18.68

72220	TC		X-RAY EXAM OF TAILBONE	\$	33.22
72240			CONTRAST X-RAY OF NECK SPINE	\$	138.40
72240	26		CONTRAST X-RAY OF NECK SPINE	\$	77.85
72240	TC		CONTRAST X-RAY OF NECK SPINE	\$	60.55
72255			CONTRAST X-RAY THORAX SPINE	\$	138.40
72255	TC		CONTRAST X-RAY THORAX SPINE	\$	60.55
72265			CONTRAST X-RAY LOWER SPINE	\$	138.40
72265	26		CONTRAST X-RAY LOWER SPINE	\$	77.85
72265	TC		CONTRAST X-RAY LOWER SPINE	\$	60.55
72270			CONTRAST X-RAY OF SPINE	\$	207.60
72275			EPIDUROGRAPHY RAD SUP & INTERPRETAT	\$	207.60
72275	26		EPIDUROGRAPHY RAD SUP & INTERPRETAT	\$	79.58
72275	TC		EPIDUROGRAPHY RAD SUP & INTERPRETAT	\$	128.02
72285			DISKOGRAPHY,CERVICAL;PROC, S&I	\$	173.00
72295	TC		DISKOGRAPHY,LUMBAR; PROC, S&I	\$	95.15
73000			RADIOLOGIC EXAM;CLAVICAL,COMPLETE	\$	34.60
73000	26		RADIOLOGIC EXAM;CLAVICAL,COMPLETE	\$	12.46
73000	TC		RADIOLOGIC EXAM;CLAVICAL,COMPLETE	\$	22.14
73010			RADIOLOGIC EXAM;SCAPULA,COMPLETE	\$	51.90
73010	26		RADIOLOGIC EXAM;SCAPULA,COMPLETE	\$	18.68
73010	TC		RADIOLOGIC EXAM;SCAPULA,COMPLETE	\$	33.22
73020			RADIOLOGIC EXAM,SHOULDER 1 VIEW	\$	51.90
73020	26		RADIOLOGIC EXAM,SHOULDER 1 VIEW	\$	12.46
73020	TC		RADIOLOGIC EXAM,SHOULDER 1 VIEW	\$	39.44
73030			RADIOLOGIC EXAM SHOULDER,COMPLETE...	\$	51.90
73030	26		RADIOLOGIC EXAM SHOULDER,COMPLETE...	\$	18.68
73030	TC		RADIOLOGIC EXAM SHOULDER,COMPLETE...	\$	33.22
73040			RADIOLOGIC EXAM,SHOULDER,ARTHROGRAPH	\$	51.90
73040	26		RADIOLOGIC EXAM,SHOULDER,ARTHROGRAPH	\$	37.37
73040	TC		RADIOLOGIC EXAM,SHOULDER,ARTHROGRAPH	\$	14.53
73050	TC		X-RAY EXAM OF SHOULDERS	\$	37.37
73060			X-RAY EXAM OF HUMERUS	\$	51.90
73060	26		X-RAY EXAM OF HUMERUS	\$	18.68
73060	TC		X-RAY EXAM OF HUMERUS	\$	33.22
73070			X-RAY EXAM OF ELBOW	\$	51.90
73070	26		X-RAY EXAM OF ELBOW	\$	12.46
73070	TC		X-RAY EXAM OF ELBOW	\$	39.44
73080			X-RAY EXAM OF ELBOW	\$	51.90
73080	26		X-RAY EXAM OF ELBOW	\$	18.68
73080	TC		X-RAY EXAM OF ELBOW	\$	33.22
73085			X-RAY,ELBOW,ARTHROGRAPHY;SUPER/INTER	\$	51.90
73085	26		X-RAY,ELBOW,ARTHROGRAPHY;SUPER/INTER	\$	37.37
73085	TC		X-RAY,ELBOW,ARTHROGRAPHY;SUPER/INTER	\$	14.53
73090			X-RAY EXAM OF FOREARM	\$	34.60
73090	26		X-RAY EXAM OF FOREARM	\$	12.46
73090	TC		X-RAY EXAM OF FOREARM	\$	22.14
73092			X-RAY EXAM OF ARM, INFANT	\$	69.20
73092	26		X-RAY EXAM OF ARM, INFANT	\$	21.49
73092	TC		X-RAY EXAM OF ARM, INFANT	\$	47.71
73100			X-RAY EXAM OF WRIST	\$	34.60
73100	26		X-RAY EXAM OF WRIST	\$	12.46
73100	TC		X-RAY EXAM OF WRIST	\$	22.14
73110			X-RAY EXAM OF WRIST	\$	51.90
73110	26		X-RAY EXAM OF WRIST	\$	18.68
73110	TC		X-RAY EXAM OF WRIST	\$	33.22
73115			X-RAY,WRIST,ARTHROGRAPHY,SUPER/INTER	\$	51.90
73115	26		X-RAY,WRIST,ARTHROGRAPHY,SUPER/INTER	\$	37.37
73115	TC		X-RAY,WRIST,ARTHROGRAPHY,SUPER/INTER	\$	14.53
73120			X-RAY EXAM OF HAND	\$	34.60
73120	26		X-RAY EXAM OF HAND	\$	12.46
73120	TC		X-RAY EXAM OF HAND	\$	22.14
73130			X-RAY EXAM OF HAND	\$	51.90
73130	26		X-RAY EXAM OF HAND	\$	18.68
73130	TC		X-RAY EXAM OF HAND	\$	33.22
73140			X-RAY EXAM OF FINGER(S)	\$	17.30
73140	26		X-RAY EXAM OF FINGER(S)	\$	12.46
73140	TC		X-RAY EXAM OF FINGER(S)	\$	4.84
73200			CAT,UPPER EXTREMITY;W/OUT CONTRAST	\$	432.50
73200	26		CAT,UPPER EXTREMITY;W/OUT CONTRAST	\$	121.10

73200	TC		CAT,UPPER EXTREMITY;W/OUT CONTRAST	\$	311.40
73201			CAT,UPPER EXTREMITY;W/ CONTRAST MAT.	\$	432.50
73201	26		CAT,UPPER EXTREMITY;W/ CONTRAST MAT.	\$	121.10
73201	TC		CAT,UPPER EXTREMITY;W/ CONTRAST MAT.	\$	311.40
73202			CAT,UPPER EXT.;W/OUT-W/ CONTRAST	\$	432.50
73202	26		CAT,UPPER EXT.;W/OUT-W/ CONTRAST	\$	121.10
73206			COMP TOMOG ANGIO UP EXTREM WO/W CONT	\$	647.02
73206	26		COMP TOMOG ANGIO UP EXTREM WO/W CONT	\$	173.00
73206	TC		COMP TOMOG ANGIO UP EXTREM WO/W CONT	\$	474.02
73218			MRI UPPER EXTREM WITHOUT CONTRAST	\$	566.06
73218	26		MRI UPPER EXTREM WITHOUT CONTRAST	\$	126.57
73219			MRI UPPER EXTREMITY WITH CONTRAST	\$	1,179.86
73219	26		MRI UPPER EXTREMITY WITH CONTRAST	\$	207.60
73219	TC		MRI UPPER EXTREMITY WITH CONTRAST	\$	972.26
73220			MRI-UPPER EXTREMITY	\$	1,038.00
73220	26		MRI-UPPER EXTREMITY	\$	290.64
73220	TC		MRI-UPPER EXTREMITY	\$	747.36
73221			MRI, ANY JOINT UPPER EXTREMITY	\$	787.25
73221	26		MRI, ANY JOINT UPPER EXTREMITY	\$	204.49
73221	TC		MRI, ANY JOINT UPPER EXTREMITY	\$	582.77
73222			MRI ANY JOINT UP EXTREM WITH CONTRAS	\$	1,179.86
73222	26		MRI ANY JOINT UP EXTREM WITH CONTRAS	\$	207.60
73222	TC		MRI ANY JOINT UP EXTREM WITH CONTRAS	\$	972.26
73223			MRI UPPER EXTREM JOINT WO/W CONTRAST	\$	1,332.10
73223	26		MRI UPPER EXTREM JOINT WO/W CONTRAST	\$	287.18
73223	TC		MRI UPPER EXTREM JOINT WO/W CONTRAST	\$	1,044.92
73225			MRI ANGIOGRAPHY UPPER EXTREMITY W/WO	\$	1,028.97
73225	26		MRI ANGIOGRAPHY UPPER EXTREMITY W/WO	\$	172.58
73225	TC		MRI ANGIOGRAPHY UPPER EXTREMITY W/WO	\$	856.38
73501	26		X-RAY EXAM HIP UNI 1 VIEW	\$	16.78
73501			X-RAY EXAM HIP UNI 1 VIEW	\$	55.22
73501	TC		X-RAY EXAM HIP UNI 1 VIEW	\$	38.44
73502	26		X-RAY EXAM HIP UNI 2-3 VIEWS	\$	19.90
73502			X-RAY EXAM HIP UNI 2-3 VIEWS	\$	76.22
73502	TC		X-RAY EXAM HIP UNI 2-3 VIEWS	\$	56.33
73503	26		X-RAY EXAM HIP UNI 4/> VIEWS	\$	25.47
73503			X-RAY EXAM HIP UNI 4/> VIEWS	\$	95.12
73503	TC		X-RAY EXAM HIP UNI 4/> VIEWS	\$	69.65
73521	TC		X-RAY EXAM HIPS BI 2 VIEWS	\$	49.03
73521			X-RAY EXAM HIPS BI 2 VIEWS	\$	68.92
73521	26		X-RAY EXAM HIPS BI 2 VIEWS	\$	19.90
73522	26		X-RAY EXAM HIPS BI 3-4 VIEWS	\$	26.68
73522			X-RAY EXAM HIPS BI 3-4 VIEWS	\$	89.68
73522	TC		X-RAY EXAM HIPS BI 3-4 VIEWS	\$	63.01
73523	26		X-RAY EXAM HIPS BI 5/> VIEWS	\$	28.55
73523			X-RAY EXAM HIPS BI 5/> VIEWS	\$	104.18
73523	TC		X-RAY EXAM HIPS BI 5/> VIEWS	\$	75.64
73525			CONTRAST X-RAY OF HIP	\$	51.90
73525	26		CONTRAST X-RAY OF HIP	\$	37.37
73525	TC		CONTRAST X-RAY OF HIP	\$	14.53
73551			X-RAY EXAM OF FEMUR 1	\$	54.01
73551	26		X-RAY EXAM OF FEMUR 1	\$	15.71
73551	TC		X-RAY EXAM OF FEMUR 1	\$	38.30
73552			X-RAY EXAM OF FEMUR 2/>	\$	62.97
73552	26		X-RAY EXAM OF FEMUR 2/>	\$	17.68
73552	TC		X-RAY EXAM OF FEMUR 2/>	\$	45.29
73560			X-RAY EXAM OF KNEE	\$	51.90
73560	26		X-RAY EXAM OF KNEE	\$	12.46
73560	TC		X-RAY EXAM OF KNEE	\$	39.44
73562			X-RAY KNEE A/P.OBLIQUES,3+VIEWS	\$	51.90
73562	26		X-RAY KNEE A/P.OBLIQUES,3+VIEWS	\$	18.68
73562	TC		X-RAY KNEE A/P.OBLIQUES,3+VIEWS	\$	33.22
73564			X-RAY KNEE,COMPLETE,W/OBLIQUES.....	\$	77.85
73564	26		X-RAY KNEE,COMPLETE,W/OBLIQUES.....	\$	31.14
73564	TC		X-RAY KNEE,COMPLETE,W/OBLIQUES.....	\$	46.71
73565			RADIOLOGIC EXAM,KNEE;BOTH STANDI ANT	\$	89.23
73565	26		RADIOLOGIC EXAM,KNEE;BOTH STANDI ANT	\$	28.13
73565	TC		RADIOLOGIC EXAM,KNEE;BOTH STANDI ANT	\$	61.10
73580			CONTRAST X-RAY OF KNEE JOINT	\$	51.90

73580	26		CONTRAST X-RAY OF KNEE JOINT	\$	37.37
73580	TC		CONTRAST X-RAY OF KNEE JOINT	\$	37.37
73590	TC		X-RAY EXAM OF LOWER LEG	\$	39.44
73592			X-RAY EXAM OF LEG, INFANT	\$	69.20
73592	26		X-RAY EXAM OF LEG, INFANT	\$	21.49
73592	TC		X-RAY EXAM OF LEG, INFANT	\$	47.71
73600			X-RAY EXAM OF ANKLE 2 VIEWS	\$	34.60
73600	26		X-RAY EXAM OF ANKLE 2 VIEWS	\$	12.46
73600	TC		X-RAY EXAM OF ANKLE 2 VIEWS	\$	22.14
73610			X-RAY EXAM OF ANKLE 3 VIEWS	\$	44.98
73610	26		X-RAY EXAM OF ANKLE 3 VIEWS	\$	18.68
73610	TC		X-RAY EXAM OF ANKLE 3 VIEWS	\$	26.30
73615			X-RAY ANKLE,ARTHROGRAPHY;SUPER/INTER	\$	99.65
73615	26		X-RAY ANKLE,ARTHROGRAPHY;SUPER/INTER	\$	37.37
73615	TC		X-RAY ANKLE,ARTHROGRAPHY;SUPER/INTER	\$	62.28
73620			X-RAY EXAM OF FOOT 2 VIEWS	\$	34.60
73620	26		X-RAY EXAM OF FOOT 2 VIEWS	\$	12.46
73620	TC		X-RAY EXAM OF FOOT 2 VIEWS	\$	22.14
73630			X-RAY EXAM OF FOOT 3 VIEWS	\$	44.98
73630	26		X-RAY EXAM OF FOOT 3 VIEWS	\$	18.68
73630	TC		X-RAY EXAM OF FOOT 3 VIEWS	\$	26.30
73650			X-RAY EXAM OF HEEL	\$	34.60
73650	26		X-RAY EXAM OF HEEL	\$	12.46
73650	TC		X-RAY EXAM OF HEEL	\$	22.14
73660			X-RAY EXAM OF TOE(S)	\$	17.30
73660	26		X-RAY EXAM OF TOE(S)	\$	12.46
73660	TC		X-RAY EXAM OF TOE(S)	\$	4.84
73700			CAT,LOWER EXTREMITY;W/OUT COUNTRAST	\$	432.50
73700	26		CAT,LOWER EXTREMITY;W/OUT COUNTRAST	\$	121.10
73700	TC		CAT,LOWER EXTREMITY;W/OUT COUNTRAST	\$	311.40
73701			CAT,LOWER EXTREMITY;W/ CONTRAST MAT.	\$	432.50
73701	26		CAT,LOWER EXTREMITY;W/ CONTRAST MAT.	\$	121.10
73701	TC		CAT,LOWER EXTREMITY;W/ CONTRAST MAT.	\$	311.40
73702			CAT.,LOWER EXT.;W/OUT-W/CONTRAST	\$	432.50
73702	TC		CAT.,LOWER EXT.;W/OUT-W/CONTRAST	\$	311.40
73706			COMP TOMOGRAPH ANGIO LOW EXTREM WO	\$	647.02
73706	26		COMP TOMOGRAPH ANGIO LOW EXTREM WO	\$	173.00
73706	TC		COMP TOMOGRAPH ANGIO LOW EXTREM WO	\$	474.02
73719			MRI LOWER EXTREMITY W/CONTRAST	\$	1,179.86
73719	26		MRI LOWER EXTREMITY W/CONTRAST	\$	228.36
73719	TC		MRI LOWER EXTREMITY W/CONTRAST	\$	951.50
73720			MRI-LOWER EXTREMITY,OTHER THAN JOINT	\$	1,038.00
73720	26		MRI-LOWER EXTREMITY,OTHER THAN JOINT	\$	290.64
73720	TC		MRI-LOWER EXTREMITY,OTHER THAN JOINT	\$	747.36
73721			MRI, ANY JOINT LOWER EXTREMITY	\$	788.36
73721	26		MRI, ANY JOINT LOWER EXTREMITY	\$	204.49
73721	TC		MRI, ANY JOINT LOWER EXTREMITY	\$	583.88
73722			MRI LOWER EXTREMITY JOINT W/CONTRAST	\$	1,179.86
73722	26		MRI LOWER EXTREMITY JOINT W/CONTRAST	\$	228.36
73722	TC		MRI LOWER EXTREMITY JOINT W/CONTRAST	\$	951.50
73723			MRI LOWER EXTREMITY JOINT WO/W CONTR	\$	1,332.10
73723	26		MRI LOWER EXTREMITY JOINT WO/W CONTR	\$	287.18
73723	TC		MRI LOWER EXTREMITY JOINT WO/W CONTR	\$	1,044.92
73725			MRI ANGIOGRAPHY LOWER EXTREMITY W/WO	\$	1,028.97
73725	26		MRI ANGIOGRAPHY LOWER EXTREMITY W/WO	\$	172.58
73725	TC		MRI ANGIOGRAPHY LOWER EXTREMITY W/WO	\$	856.38
74000			X-RAY EXAM OF ABDOMEN	\$	34.60
74000	26		X-RAY EXAM OF ABDOMEN	\$	18.68
74000	TC		X-RAY EXAM OF ABDOMEN	\$	15.92
74010			X-RAY EXAM OF ABDOMEN	\$	51.90
74010	26		X-RAY EXAM OF ABDOMEN	\$	24.91
74010	TC		X-RAY EXAM OF ABDOMEN	\$	26.99
74020			X-RAY EXAM OF ABDOMEN;COMPLETE	\$	51.90
74020	26		X-RAY EXAM OF ABDOMEN;COMPLETE	\$	24.91
74020	TC		X-RAY EXAM OF ABDOMEN;COMPLETE	\$	26.99
74022			X-RAY ACUTE ABDOMEN SERIES,SUPINE,ER	\$	86.50
74022	26		X-RAY ACUTE ABDOMEN SERIES,SUPINE,ER	\$	34.60
74022	TC		X-RAY ACUTE ABDOMEN SERIES,SUPINE,ER	\$	51.90
74150			CAT,ABDOMEN;W/OUT CONTRAST MATERIAL	\$	432.50

74150	26		CAT,ABDOMEN;W/OUT CONTRAST MATERIAL	\$	121.10
74150	TC		CAT,ABDOMEN;W/OUT CONTRAST MATERIAL	\$	311.40
74160			CAT,ABDOMEN;W/ CONTRAST MATERIAL	\$	432.50
74160	26		CAT,ABDOMEN;W/ CONTRAST MATERIAL	\$	121.10
74160	TC		CAT,ABDOMEN;W/ CONTRAST MATERIAL	\$	311.40
74170			CAT,ABDOMEN;W/OUT-W/CONTRAST MATER.	\$	432.50
74170	26		CAT,ABDOMEN;W/OUT-W/CONTRAST MATER.	\$	121.10
74170	52		CAT,ABDOMEN;W/OUT-W/CONTRAST MATER.	\$	259.50
74170	52	26	CAT,ABDOMEN;W/OUT-W/CONTRAST MATER.	\$	72.66
74170	52	TC	CAT,ABDOMEN;W/OUT-W/CONTRAST MATER.	\$	186.84
74170	TC		CAT,ABDOMEN;W/OUT-W/CONTRAST MATER.	\$	311.40
74174	TC		MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAG	\$	466.20
74174			COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CO	\$	657.88
74174	26		POSTPROCESSING	\$	191.68
74175			COMP TOMO ANGIO ABDOMEN WO/W CONTRAS	\$	588.20
74175	26		COMP TOMO ANGIO ABDOMEN WO/W CONTRAS	\$	155.70
74175	TC		COMP TOMO ANGIO ABDOMEN WO/W CONTRAS	\$	432.50
74176	26		COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MA	\$	153.49
74176			COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MA	\$	366.00
74176	TC		COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MA	\$	212.51
74177	26		COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATER	\$	160.99
74177			COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATER	\$	574.15
74177	TC		COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATER	\$	413.16
74178	26		COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MA	\$	176.39
74178			COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MA	\$	642.59
74178	TC		COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MA	\$	466.20
74181			MRI-ABDOMEN	\$	1,038.00
74181	26		MRI-ABDOMEN	\$	222.20
74181	TC		MRI-ABDOMEN	\$	815.80
74182			MRI ABDOMEN WITH CONTRAST	\$	1,072.60
74182	26		MRI ABDOMEN WITH CONTRAST	\$	207.60
74182	TC		MRI ABDOMEN WITH CONTRAST	\$	865.00
74183			MRI ABDOMEN WO/W CONTRAST	\$	1,211.00
74183	26		MRI ABDOMEN WO/W CONTRAST	\$	259.50
74183	TC		MRI ABDOMEN WO/W CONTRAST	\$	951.50
74185			MRI ANGIOGRAPHY ABDOMEN W/WO CONTRAS	\$	1,026.89
74185	26		MRI ANGIOGRAPHY ABDOMEN W/WO CONTRAS	\$	170.51
74185	TC		MRI ANGIOGRAPHY ABDOMEN W/WO CONTRAS	\$	856.38
74190			PERITONEOGRAM RADIOLOGICAL SUP & INT	\$	183.38
74190	26		PERITONEOGRAM RADIOLOGICAL SUP & INT	\$	51.90
74190	TC		PERITONEOGRAM RADIOLOGICAL SUP & INT	\$	131.48
74210			CONTRAST XRAY EXAM OF THROAT	\$	69.20
74210	26		CONTRAST XRAY EXAM OF THROAT	\$	27.68
74210	TC		CONTRAST XRAY EXAM OF THROAT	\$	41.52
74220			CONTRAST XRAY EXAM,ESOPHAGUS	\$	69.20
74220	26		CONTRAST XRAY EXAM,ESOPHAGUS	\$	31.14
74220	TC		CONTRAST XRAY EXAM,ESOPHAGUS	\$	38.06
74230			CINEMA XRAY THROAT/ESOPHAGUS	\$	103.80
74230	26		CINEMA XRAY THROAT/ESOPHAGUS	\$	43.25
74230	TC		CINEMA XRAY THROAT/ESOPHAGUS	\$	60.55
74240			X-RAY EXAM UPPER GI TRACT	\$	138.40
74240	26		X-RAY EXAM UPPER GI TRACT	\$	49.82
74240	TC		X-RAY EXAM UPPER GI TRACT	\$	88.58
74241			X-RAY EXAM UPPER GI TRACT	\$	155.70
74241	26		X-RAY EXAM UPPER GI TRACT	\$	56.05
74241	TC		X-RAY EXAM UPPER GI TRACT	\$	99.65
74245			X-RAY EXAM UPPER GI TRACT	\$	173.00
74245	26		X-RAY EXAM UPPER GI TRACT	\$	68.51
74245	TC		X-RAY EXAM UPPER GI TRACT	\$	104.49
74246			X-RAY GASTROINTESTINAL TRACT	\$	148.78
74246	26		X-RAY GASTROINTESTINAL TRACT	\$	51.90
74246	TC		X-RAY GASTROINTESTINAL TRACT	\$	96.88
74247			X-RAY GASTROINTESTINAL TRACT	\$	173.00
74247	26		X-RAY GASTROINTESTINAL TRACT	\$	58.82
74247	TC		X-RAY GASTROINTESTINAL TRACT	\$	114.18
74249			X-RAY/GASTROINTESTINAL TRACT....	\$	197.22
74249	26		X-RAY/GASTROINTESTINAL TRACT....	\$	79.58
74249	TC		X-RAY/GASTROINTESTINAL TRACT....	\$	117.64
74250			X-RAY EXAM OF SMALL BOWEL	\$	103.80

74250	26		X-RAY EXAM OF SMALL BOWEL	\$	37.37
74250	TC		X-RAY EXAM OF SMALL BOWEL	\$	66.43
74251			XRAY EXAM SM BOWEL CLYSIS TUBE	\$	155.70
74251	26		XRAY EXAM SM BOWEL CLYSIS TUBE	\$	51.90
74251	TC		XRAY EXAM SM BOWEL CLYSIS TUBE	\$	103.80
74260			X-RAY EXAM OF SMALL BOWEL	\$	86.50
74260	26		X-RAY EXAM OF SMALL BOWEL	\$	37.37
74260	TC		X-RAY EXAM OF SMALL BOWEL	\$	49.13
74261	TC		COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING	\$	219.16
74261			COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING	\$	430.80
74261	26		COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING	\$	211.65
74262	TC		COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING	\$	466.30
74262			COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING	\$	686.67
74262	26		COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING	\$	220.37
74270			CONTRAST X-RAY EXAM OF COLON, KUB	\$	103.80
74270	26		CONTRAST X-RAY EXAM OF COLON, KUB	\$	46.71
74270	TC		CONTRAST X-RAY EXAM OF COLON, KUB	\$	57.09
74280			CONTRAST X-RAY EXAM OF COLON	\$	138.40
74280	26		CONTRAST X-RAY EXAM OF COLON	\$	56.05
74283			BARIUM ENEMA,THER/REDUCE INTUSSUSCEP	\$	121.10
74283	26		BARIUM ENEMA,THER/REDUCE INTUSSUSCEP	\$	74.56
74283	TC		BARIUM ENEMA,THER/REDUCE INTUSSUSCEP	\$	46.54
74290			CONTRAST X-RAY, GALLBLADDER	\$	121.10
74290	26		CONTRAST X-RAY, GALLBLADDER	\$	31.14
74290	TC		CONTRAST X-RAY, GALLBLADDER	\$	89.96
74300			CONTR.X-RAY/BILE DUCTS;DURING SURGER	\$	138.40
74300	26		CONTR.X-RAY/BILE DUCTS;DURING SURGER	\$	37.37
74300	TC		CONTR.X-RAY/BILE DUCTS;DURING SURGER	\$	101.03
74301			CHOLANGIOGRA;ADDITIONAL SET/SURGERY	\$	34.60
74301	26		CHOLANGIOGRA;ADDITIONAL SET/SURGERY	\$	13.84
74301	TC		CHOLANGIOGRA;ADDITIONAL SET/SURGERY	\$	20.76
74328	26		XRAY FOR BILE DUCT ENDOSCOPY	\$	93.94
74330			XRAY,BILE/PANCREAS ENDOSCOPY	\$	262.96
74330	26		XRAY,BILE/PANCREAS ENDOSCOPY	\$	79.58
74330	TC		XRAY,BILE/PANCREAS ENDOSCOPY	\$	183.38
74340			X-RAY GUIDE FOR GI TUBE	\$	138.40
74340	26		X-RAY GUIDE FOR GI TUBE	\$	55.36
74340	TC		X-RAY GUIDE FOR GI TUBE	\$	83.04
74355			PERC.PLACE.ENTEROLYSIS TUBE;GUIDANCE	\$	173.00
74355	26		PERC.PLACE.ENTEROLYSIS TUBE;GUIDANCE	\$	69.20
74355	TC		PERC.PLACE.ENTEROLYSIS TUBE;GUIDANCE	\$	103.80
74360			INTRALUMINAL DILATION;GUIDANCE ONLY	\$	173.00
74360	26		INTRALUMINAL DILATION;GUIDANCE ONLY	\$	69.20
74360	TC		INTRALUMINAL DILATION;GUIDANCE ONLY	\$	103.80
74363			PERCU TRANSHEPATIC DIL OF BIL DT ST	\$	405.06
74363	26		PERCU TRANSHEPATIC DIL OF BIL DT ST	\$	131.24
74363	TC		PERCU TRANSHEPATIC DIL OF BIL DT ST	\$	273.82
74400			CONTRAST X-RAY URINARY TRACT	\$	121.10
74400	26		CONTRAST X-RAY URINARY TRACT	\$	43.60
74400	TC		CONTRAST X-RAY URINARY TRACT	\$	77.50
74410			CONTRAST X-RAY URINARY TRACT	\$	138.40
74410	26		CONTRAST X-RAY URINARY TRACT	\$	49.82
74410	TC		CONTRAST X-RAY URINARY TRACT	\$	88.58
74415			CONTRAST X-RAY URINARY TRACT	\$	259.50
74415	26		CONTRAST X-RAY URINARY TRACT	\$	62.28
74415	TC		CONTRAST X-RAY URINARY TRACT	\$	197.22
74420			CONTRAST X-RAY URINARY TRACT	\$	121.10
74420	26		CONTRAST X-RAY URINARY TRACT	\$	31.14
74420	TC		CONTRAST X-RAY URINARY TRACT	\$	89.96
74425			CONTRAST X-RAY URINARY TRACT	\$	69.20
74425	26		CONTRAST X-RAY URINARY TRACT	\$	31.14
74425	TC		CONTRAST X-RAY URINARY TRACT	\$	38.06
74430			CONTRAST X-RAY OF BLADDER	\$	51.90
74430	26		CONTRAST X-RAY OF BLADDER	\$	31.14
74430	TC		CONTRAST X-RAY OF BLADDER	\$	31.14
74440			XRAY EXAM MALE GENITAL TRACT	\$	69.20
74440	26		XRAY EXAM MALE GENITAL TRACT	\$	31.14
74440	TC		XRAY EXAM MALE GENITAL TRACT	\$	38.06
74445			COPORA CAVERNOSOGRAPHY;SUPER/INTERP	\$	148.78

74445			COPORA CAVERNOSOGRAPHY;SUPER/INTERP	\$	96.88
74445	TC		COPORA CAVERNOSOGRAPHY;SUPER/INTERP	\$	96.88
74450			X-RAY EXAM URETHRA/BLADDER	\$	69.20
74450	TC		X-RAY EXAM URETHRA/BLADDER	\$	38.06
74455			X-RAY EXAM URETHRA/BLADDER	\$	69.20
74455	26		X-RAY EXAM URETHRA/BLADDER	\$	56.05
74455	TC		X-RAY EXAM URETHRA/BLADDER	\$	13.15
74470			X-RAY-RENAL CYST STUDY	\$	69.20
74470	26		X-RAY-RENAL CYST STUDY	\$	31.14
74470	TC		X-RAY-RENAL CYST STUDY	\$	38.06
74485			DILATE NEPHROL./URETERS;SUPER/INTERP	\$	328.53
74485	26		DILATE NEPHROL./URETERS;SUPER/INTERP	\$	76.12
74485	TC		DILATE NEPHROL./URETERS;SUPER/INTERP	\$	252.41
74710			X-RAY MEASUREMENT OF PELVIS	\$	86.50
74710	26		X-RAY MEASUREMENT OF PELVIS	\$	31.14
74710	TC		X-RAY MEASUREMENT OF PELVIS	\$	55.36
74712	26		MRI FETAL SNGL/1ST GESTATION	\$	264.97
74712			MRI FETAL SNGL/1ST GESTATION	\$	484.09
74712	TC		MRI FETAL SNGL/1ST GESTATION	\$	219.12
74713	26		MRI FETAL EA ADDL GESTATION	\$	164.04
74713			MRI FETAL EA ADDL GESTATION	\$	436.34
74713	TC		MRI FETAL EA ADDL GESTATION	\$	272.30
74740			HYSTEROSALPINGOGRAPHY, SUPER & INTER	\$	69.20
74740	26		HYSTEROSALPINGOGRAPHY, SUPER & INTER	\$	31.14
74740	TC		HYSTEROSALPINGOGRAPHY, SUPER & INTER	\$	38.06
74742			TRANSCERVICAL CATH OF FALLOPIAN TUBE	\$	197.22
74742	26		TRANSCERVICAL CATH OF FALLOPIAN TUBE	\$	54.50
74742	TC		TRANSCERVICAL CATH OF FALLOPIAN TUBE	\$	142.73
74775			PERINEOGRAM-DET.SEX/EXTENT ANOMOLIES	\$	103.80
74775	26		PERINEOGRAM-DET.SEX/EXTENT ANOMOLIES	\$	41.52
74775	TC		PERINEOGRAM-DET.SEX/EXTENT ANOMOLIES	\$	62.28
75557	26		CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION	\$	203.66
75557	TC		CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION	\$	203.66
75557			CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION	\$	604.84
75559	26		CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION	\$	251.30
75559			CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION	\$	704.21
75559	TC		CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION	\$	452.91
75561	26		CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION	\$	224.66
75561			CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION	\$	799.85
75561	TC		CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION	\$	575.19
75563	26		CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION	\$	258.19
75563			CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION	\$	952.30
75563	TC		CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION	\$	694.11
75565	26		CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (4	\$	21.69
75565			CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (4	\$	101.41
75565	TC		CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (4	\$	79.72
75571	26		COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH Q	\$	50.76
75571			COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH Q	\$	165.60
75571	TC		COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH Q	\$	114.84
75572	26		COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALU	\$	152.90
75572			COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALU	\$	525.44
75572	TC		COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALU	\$	372.54
75573			COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALU	\$	687.81
75573	26		COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALU	\$	221.61
75574	TC		COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES A	\$	466.20
75574			COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES A	\$	674.08
75574	26		COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES A	\$	207.88
75600			CONTRAST X-RAY EXAM OF AORTA	\$	197.22
75600	26		CONTRAST X-RAY EXAM OF AORTA	\$	56.05
75600	TC		CONTRAST X-RAY EXAM OF AORTA	\$	141.17
75605			CONTRAST X-RAY EXAM OF AORTA	\$	354.23
75605	26		CONTRAST X-RAY EXAM OF AORTA	\$	93.42
75605	TC		CONTRAST X-RAY EXAM OF AORTA	\$	260.81
75625			CONTRAST X-RAY EXAM OF AORTA	\$	373.68
75625	26		CONTRAST X-RAY EXAM OF AORTA	\$	93.42
75625	TC		CONTRAST X-RAY EXAM OF AORTA	\$	280.26
75630			AORTOGRAPH;ABDOMEN-BILAT	\$	216.25
75635			COMP TOMO ANGIO ABD AORTA/BIL LOW EX	\$	636.64
75635	26		COMP TOMO ANGIO ABD AORTA/BIL LOW EX	\$	169.54

75635	TC		COMP TOMO ANGIO ABD AORTA/BIL LOW EX	\$	467.10
75658			X-RAY EXAM OF ARM ARTERIES	\$	415.20
75658	26		X-RAY EXAM OF ARM ARTERIES	\$	103.80
75658	TC		X-RAY EXAM OF ARM ARTERIES	\$	311.40
75705			ARTERY X-RAYS, SPINE	\$	616.23
75705	26		ARTERY X-RAYS, SPINE	\$	121.45
75705	TC		ARTERY X-RAYS, SPINE	\$	494.78
75710			ARTERY X-RAYS, ARM/LEG	\$	186.84
75710	26		ARTERY X-RAYS, ARM/LEG	\$	46.71
75710	TC		ARTERY X-RAYS, ARM/LEG	\$	140.13
75716			ARTERY X-RAYS, ARMS/LEGS	\$	311.40
75716	26		ARTERY X-RAYS, ARMS/LEGS	\$	77.85
75716	TC		ARTERY X-RAYS, ARMS/LEGS	\$	233.55
75726			ARTERY X-RAYS, ABDOMEN	\$	352.23
75726	26		ARTERY X-RAYS, ABDOMEN	\$	121.45
75726	TC		ARTERY X-RAYS, ABDOMEN	\$	230.78
75731			ARTERY X-RAYS, ADRENAL GLAND	\$	373.68
75731	26		ARTERY X-RAYS, ADRENAL GLAND	\$	102.76
75731	TC		ARTERY X-RAYS, ADRENAL GLAND	\$	270.92
75733			ARTERY X-RAYS,ADRENAL GLANDS	\$	504.47
75733	26		ARTERY X-RAYS,ADRENAL GLANDS	\$	149.47
75733	TC		ARTERY X-RAYS,ADRENAL GLANDS	\$	355.00
75736			ARTERY X-RAYS, PELVIS	\$	373.68
75736	26		ARTERY X-RAYS, PELVIS	\$	93.42
75736	TC		ARTERY X-RAYS, PELVIS	\$	280.26
75741			ARTERY X-RAYS, LUNG	\$	346.00
75741	26		ARTERY X-RAYS, LUNG	\$	93.42
75741	TC		ARTERY X-RAYS, LUNG	\$	252.58
75743			ARTERY X-RAYS, LUNGS	\$	432.47
75743	26		ARTERY X-RAYS, LUNGS	\$	140.13
75743	TC		ARTERY X-RAYS, LUNGS	\$	292.34
75746			ARTERY X-RAYS, LUNG	\$	186.84
75746	26		ARTERY X-RAYS, LUNG	\$	93.42
75746	TC		ARTERY X-RAYS, LUNG	\$	93.42
75756			ARTERY X-RAYS, CHEST	\$	171.89
75756	26		ARTERY X-RAYS, CHEST	\$	56.05
75756	TC		ARTERY X-RAYS, CHEST	\$	115.84
75774			ANGIOGRAPHY, SELECTIVE,PROCEDURE,S&I	\$	316.38
75774	26		ANGIOGRAPHY, SELECTIVE,PROCEDURE,S&I	\$	50.31
75774	TC		ANGIOGRAPHY, SELECTIVE,PROCEDURE,S&I	\$	266.07
75801			LYMPH VESSEL X-RAY, ARM/LEG	\$	207.60
75801	26		LYMPH VESSEL X-RAY, ARM/LEG	\$	62.28
75801	TC		LYMPH VESSEL X-RAY, ARM/LEG	\$	145.32
75803			LYMPH VESSEL X-RAY,ARMS/LEGS	\$	311.40
75803	26		LYMPH VESSEL X-RAY,ARMS/LEGS	\$	77.85
75803	TC		LYMPH VESSEL X-RAY,ARMS/LEGS	\$	233.55
75805			LYMPH VESSEL X-RAY, TRUNK	\$	261.58
75805	26		LYMPH VESSEL X-RAY, TRUNK	\$	74.74
75805	TC		LYMPH VESSEL X-RAY, TRUNK	\$	186.84
75807			LYMPH VESSEL X-RAY, TRUNK	\$	327.66
75807	26		LYMPH VESSEL X-RAY, TRUNK	\$	102.76
75807	TC		LYMPH VESSEL X-RAY, TRUNK	\$	224.90
75809			SHUNTOGRAM, NONVASCULAR SHUNT	\$	110.72
75809	26		SHUNTOGRAM, NONVASCULAR SHUNT	\$	48.44
75809	TC		SHUNTOGRAM, NONVASCULAR SHUNT	\$	62.28
75810			VEIN X-RAY, SPLEEN/LIVER	\$	216.25
75810	26		VEIN X-RAY, SPLEEN/LIVER	\$	77.85
75810	TC		VEIN X-RAY, SPLEEN/LIVER	\$	138.40
75820			VEIN X-RAY, ARM/LEG	\$	216.73
75820	26		VEIN X-RAY, ARM/LEG	\$	99.09
75820	TC		VEIN X-RAY, ARM/LEG	\$	117.64
75822			VEIN X-RAY, ARMS/LEGS	\$	273.34
75822	26		VEIN X-RAY, ARMS/LEGS	\$	77.85
75822	TC		VEIN X-RAY, ARMS/LEGS	\$	195.49
75825			VEIN X-RAY, TRUNK	\$	290.64
75825	TC		VEIN X-RAY, TRUNK	\$	212.79
75827			VEIN X-RAY, CHEST	\$	470.63
75827	26		VEIN X-RAY, CHEST	\$	155.73
75827	TC		VEIN X-RAY, CHEST	\$	314.89

75831			VEIN X-RAY, KIDNEY	\$	483.81
75831	26		VEIN X-RAY, KIDNEY	\$	179.06
75831	TC		VEIN X-RAY, KIDNEY	\$	304.76
75833			VEIN X-RAY, KIDNEYS	\$	510.38
75833	26		VEIN X-RAY, KIDNEYS	\$	226.15
75833	TC		VEIN X-RAY, KIDNEYS	\$	284.24
75840			VEIN X-RAY, ADRENAL GLAND	\$	454.44
75840	26		VEIN X-RAY, ADRENAL GLAND	\$	171.30
75840	TC		VEIN X-RAY, ADRENAL GLAND	\$	283.13
75842			VEIN X-RAY, ADRENAL GLANDS	\$	519.00
75842	26		VEIN X-RAY, ADRENAL GLANDS	\$	130.79
75842	TC		VEIN X-RAY, ADRENAL GLANDS	\$	388.21
75860			VEIN X-RAY, NECK	\$	438.73
75860	26		VEIN X-RAY, NECK	\$	166.74
75860	TC		VEIN X-RAY, NECK	\$	271.99
75870			VEIN X-RAY, SKULL	\$	453.33
75870	26		VEIN X-RAY, SKULL	\$	171.30
75870	TC		VEIN X-RAY, SKULL	\$	282.02
75872			VENOGRAPH,EPIDURAL;SUPER/INTERP	\$	455.54
75872	26		VENOGRAPH,EPIDURAL;SUPER/INTERP	\$	171.30
75872	TC		VENOGRAPH,EPIDURAL;SUPER/INTERP	\$	284.24
75880			VEIN X-RAY, EYE SOCKET	\$	183.38
75880	26		VEIN X-RAY, EYE SOCKET	\$	56.05
75880	TC		VEIN X-RAY, EYE SOCKET	\$	127.33
75885			VEIN X-RAY, LIVER	\$	352.92
75885	26		VEIN X-RAY, LIVER	\$	124.56
75885	TC		VEIN X-RAY, LIVER	\$	228.36
75887			VEIN X-RAY, LIVER	\$	515.51
75887	26		VEIN X-RAY, LIVER	\$	196.39
75887	TC		VEIN X-RAY, LIVER	\$	319.12
75889			VEIN X-RAY, LIVER	\$	467.10
75889	26		VEIN X-RAY, LIVER	\$	124.56
75889	TC		VEIN X-RAY, LIVER	\$	342.54
75891			VEIN X-RAY, LIVER	\$	444.40
75891	26		VEIN X-RAY, LIVER	\$	165.73
75891	TC		VEIN X-RAY, LIVER	\$	278.67
75893			VENOUS SAMPLING BY CATHETER	\$	259.50
75893	26		VENOUS SAMPLING BY CATHETER	\$	82.28
75893	TC		VENOUS SAMPLING BY CATHETER	\$	177.22
75894			XRAYS, TRANSCATHETER THERAPY	\$	517.51
75894	26		XRAYS, TRANSCATHETER THERAPY	\$	196.77
75894	TC		XRAYS, TRANSCATHETER THERAPY	\$	320.74
75898			FOLLOW-UP ANGIOGRAM	\$	346.00
75898	26		FOLLOW-UP ANGIOGRAM	\$	216.63
75898	TC		FOLLOW-UP ANGIOGRAM	\$	129.37
75901			MECH REMOVAL PERICATH OBSTRUCT MATER	\$	141.86
75901	26		MECH REMOVAL PERICATH OBSTRUCT MATER	\$	34.60
75901	TC		MECH REMOVAL PERICATH OBSTRUCT MATER	\$	107.26
75902			MECH REMOVAL INTRALUM OBSTRUC MATERI	\$	134.94
75902	26		MECH REMOVAL INTRALUM OBSTRUC MATERI	\$	31.14
75902	TC		MECH REMOVAL INTRALUM OBSTRUC MATERI	\$	103.80
75952			ENDOASC REP INFRAREN ABD AORT ANEUR	\$	688.54
75952	26		ENDOASC REP INFRAREN ABD AORT ANEUR	\$	259.50
75952	TC		ENDOASC REP INFRAREN ABD AORT ANEUR	\$	429.04
75953			PLACE PROX/DIST EXTENS PROST SUP/INT	\$	339.08
75953	26		PLACE PROX/DIST EXTENS PROST SUP/INT	\$	79.58
75953	TC		PLACE PROX/DIST EXTENS PROST SUP/INT	\$	259.50
75954	26		ENDOASC REPAIR ILIAC ARTERY ANEURYS	\$	72.66
75956	26		ENDOASC REPAIR DESCEND THORACIC AOR	\$	600.90
75956			ENDOASC REPAIR DESCEND THORACIC AOR	\$	600.90
75957	26		ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM)	\$	515.16
75957			ENDOVASCULAR REPAIR OF DESCENDING TH	\$	515.16
75958	26		PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR	\$	342.89
75958			PLACEMENT OF PROXIMAL EXTENSION PROS	\$	342.89
75959	26		PLACEMENT OF DISTAL EXTENSION PROSTHESIS(S) (DELAYED) AFTER ENDOVASCULAR REPAIR	\$	300.74
75959			PLACEMENT OF DISTAL EXTENSION PROSTH	\$	300.74
75970			TRANSCATH BXX;SUPER/INTERP	\$	519.00
75970	26		TRANSCATH BXX;SUPER/INTERP	\$	103.80
75970	TC		TRANSCATH BXX;SUPER/INTERP	\$	415.20

75984			CHNG PERC CATH W/CONTRAST MONI	\$	127.16
75984	26		CHNG PERC CATH W/CONTRAST MONI	\$	51.90
75984	TC		CHNG PERC CATH W/CONTRAST MONI	\$	75.26
75989			RADIOLOGIC SUIDANCE PERCU DRAI ABSCE	\$	400.46
75989	26		RADIOLOGIC SUIDANCE PERCU DRAI ABSCE	\$	166.08
75989	TC		RADIOLOGIC SUIDANCE PERCU DRAI ABSCE	\$	234.38
76000			FLUOROSCOPY,MD TIME TO 1 HR	\$	155.70
76000	26		FLUOROSCOPY,MD TIME TO 1 HR	\$	21.80
76000	TC		FLUOROSCOPY,MD TIME TO 1 HR	\$	133.90
76001			FLUOROSCOPY,ME ASST NON-RAD,+1 HOUR	\$	155.70
76001	26		FLUOROSCOPY,ME ASST NON-RAD,+1 HOUR	\$	21.80
76001	TC		FLUOROSCOPY,ME ASST NON-RAD,+1 HOUR	\$	133.90
76010			X-RAY,NOWE-RECTUM,SINGLE FILM,CHILD	\$	51.90
76010	26		X-RAY,NOWE-RECTUM,SINGLE FILM,CHILD	\$	20.76
76010	TC		X-RAY,NOWE-RECTUM,SINGLE FILM,CHILD	\$	31.14
76080			X-RAY EXAM OF FISTULA	\$	51.90
76080	26		X-RAY EXAM OF FISTULA	\$	31.14
76080	TC		X-RAY EXAM OF FISTULA	\$	31.14
76098			RADIO.EXAM.,BREAST SURGICAL SPECIMEN	\$	51.90
76098	26		RADIO.EXAM.,BREAST SURGICAL SPECIMEN	\$	20.76
76098	TC		RADIO.EXAM.,BREAST SURGICAL SPECIMEN	\$	31.14
76100			X-RAY EXAM OF BODY SECTION	\$	121.10
76100	26		X-RAY EXAM OF BODY SECTION	\$	48.44
76100	TC		X-RAY EXAM OF BODY SECTION	\$	72.66
76101			X-RAY,COMPLEX MOTION ,BODY SECT UNIL	\$	138.40
76101	26		X-RAY,COMPLEX MOTION ,BODY SECT UNIL	\$	55.36
76101	TC		X-RAY,COMPLEX MOTION ,BODY SECT UNIL	\$	83.04
76102			X-RAY,COMPLEX MOTION,BODY SECT BILAT	\$	207.60
76102	26		X-RAY,COMPLEX MOTION,BODY SECT BILAT	\$	83.04
76102	TC		X-RAY,COMPLEX MOTION,BODY SECT BILAT	\$	124.56
76120			CINEMATIC X-RAYS	\$	103.80
76120	26		CINEMATIC X-RAYS	\$	18.68
76120	TC		CINEMATIC X-RAYS	\$	85.12
76125	26		CINEMATIC X-RAYS	\$	17.30
76376	TC		3D RENDERING WITH INTERPRETATION AND	\$	25.15
76376			3D RENDERING WITH INTERPRETATION AND	\$	42.49
76376	26		3D RENDERING WITH INTERPRETATION AND	\$	17.33
76377	TC		3D RENDERING WITH INTERPRETATION AND	\$	58.37
76377			3D RENDERING WITH INTERPRETATION AND	\$	128.26
76377	26		3D RENDERING WITH INTERPRETATION AND	\$	69.89
76380			COMP.TOMOGRAPHY,LOCAL OR F/UP STUDY	\$	232.37
76380	26		COMP.TOMOGRAPHY,LOCAL OR F/UP STUDY	\$	92.94
76380	TC		COMP.TOMOGRAPHY,LOCAL OR F/UP STUDY	\$	139.44
76390			MAGNETIC RESONANCE SPECTROSCOPY	\$	968.80
76390	26		MAGNETIC RESONANCE SPECTROSCOPY	\$	155.70
76390	TC		MAGNETIC RESONANCE SPECTROSCOPY	\$	813.10
76506			ECHO EXAM OF HEAD B-MODE COMPLETE	\$	145.32
76506	26		ECHO EXAM OF HEAD B-MODE COMPLETE	\$	58.82
76506	TC		ECHO EXAM OF HEAD B-MODE COMPLETE	\$	86.50
76510	TC		OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B	\$	122.83
76510	26		OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B	\$	122.83
76510			OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B	\$	254.17
76511			ECHO EXAM OF EYE	\$	138.40
76512			ECHO EXAM OF EYE	\$	207.60
76513			OPHTH.ULTRASOUND,ECHOGRAPHY;H2O-B-SC	\$	207.60
76513	26		OPHTH.ULTRASOUND,ECHOGRAPHY;H2O-B-SC	\$	83.04
76513	TC		OPHTH.ULTRASOUND,ECHOGRAPHY;H2O-B-SC	\$	124.56
76514			OPTH U/S ECHOGRAPHY DIAG CORN PACHYM	\$	38.06
76516			ECHO EXAM OF EYE	\$	138.40
76516	26		ECHO EXAM OF EYE	\$	62.28
76516	TC		ECHO EXAM OF EYE	\$	76.12
76519			OPHTHALMIC BIOMETRY,A-MODE;W/LENS CA	\$	152.24
76519	26		OPHTHALMIC BIOMETRY,A-MODE;W/LENS CA	\$	69.20
76519	TC		OPHTHALMIC BIOMETRY,A-MODE;W/LENS CA	\$	83.04
76529			ECHO EXAM OF EYE	\$	162.62
76529	26		ECHO EXAM OF EYE	\$	76.12
76529	TC		ECHO EXAM OF EYE	\$	86.50
76536			ECHOGRAPHY,B-SCAN/REAL TIME W/IMAGE	\$	103.80
76536	26		ECHOGRAPHY,B-SCAN/REAL TIME W/IMAGE	\$	46.71

76536	TC		ECHOGRAPHY,B-SCAN/REAL TIME W/IMAGE	\$	57.09
76604			ECHO EXAM OF CHEST	\$	86.50
76604	26		ECHO EXAM OF CHEST	\$	37.37
76604	TC		ECHO EXAM OF CHEST	\$	49.13
76641	26		ULTRASOUND BREAST COMPLETE	\$	64.39
76641			ULTRASOUND BREAST COMPLETE	\$	198.50
76641	TC		ULTRASOUND BREAST COMPLETE	\$	134.11
76642	26		ULTRASOUND BREAST LIMITED	\$	60.03
76642			ULTRASOUND BREAST LIMITED	\$	162.24
76642	TC		ULTRASOUND BREAST LIMITED	\$	102.21
76700	26		ECHO EXAM OF ABDOMEN	\$	93.42
76705	26		ECHO EXAM OF ABDOMEN	\$	62.28
76706			ULTRASOUND EVALUATION OF ABDOMINAL A	\$	174.97
76770			ECHO EXAM ABDOMEN BACK WALL	\$	207.60
76770	26		ECHO EXAM ABDOMEN BACK WALL	\$	93.42
76770	TC		ECHO EXAM ABDOMEN BACK WALL	\$	114.18
76775			ECHO EXAM ABDOMEN BACK WALL	\$	174.73
76775	26		ECHO EXAM ABDOMEN BACK WALL	\$	84.46
76775	TC		ECHO EXAM ABDOMEN BACK WALL	\$	90.27
76776	26		US EXAM K TRANSPL W/DOPPLER	\$	66.88
76776			US EXAM K TRANSPL W/DOPPLER	\$	292.02
76776	TC		US EXAM K TRANSPL W/DOPPLER	\$	225.14
76800			ECHOGRAPHY,SPINAL CANAL&CONTENTS	\$	224.90
76800	26		ECHOGRAPHY,SPINAL CANAL&CONTENTS	\$	100.34
76800	TC		ECHOGRAPHY,SPINAL CANAL&CONTENTS	\$	124.56
76801			ULTRASOUND PREG UTERUS 1ST TRIM SING	\$	190.30
76801	26		ULTRASOUND PREG UTERUS 1ST TRIM SING	\$	76.12
76801	TC		ULTRASOUND PREG UTERUS 1ST TRIM SING	\$	114.18
76801	UD		ULTRASOUND PREG UTERUS 1ST TRIM SING	\$	190.30
76801	UD	26	ULTRASOUND PREG UTERUS 1ST TRIM SING	\$	76.12
76801	UD	TC	ULTRASOUND PREG UTERUS 1ST TRIM SING	\$	114.18
76802			ULTRASOUND PREG UTER 1ST TRIM EAC AD	\$	148.78
76802	UD		ULTRASOUND PREG UTER 1ST TRIM EAC AD	\$	148.78
76802	UD	26	ULTRASOUND PREG UTER 1ST TRIM EAC AD	\$	62.28
76802	UD	TC	ULTRASOUND PREG UTER 1ST TRIM EAC AD	\$	86.50
76805			U/S PREG UTERUS >OR =14 WKS SINGLE	\$	190.30
76805	26		U/S PREG UTERUS >OR =14 WKS SINGLE	\$	87.19
76805	TC		U/S PREG UTERUS >OR =14 WKS SINGLE	\$	103.11
76805	UD		U/S PREG UTERUS >OR=14 WKS SINGLE	\$	190.30
76805	UD	26	U/S PREG UTERUS >OR=14 WKS SINGLE	\$	87.19
76805	UD	TC	U/S PREG UTERUS >OR=14 WKS SINGLE	\$	103.11
76810			U/S PREG UTERUS >OR=14 WKS ADD GESTA	\$	173.00
76810	UD		U/S PREG UTERUS >OR=14 WKS ADD GESTA	\$	173.00
76810	UD	TC	U/S PREG UTERUS >OR=14 WKS ADD GESTA	\$	100.34
76810	UD	26	U/S PREG UTERUS >OR=14 WKS ADD GESTA	\$	173.00
76811			ULTRASOUND PREG UTER FET ANAT EXAM	\$	583.32
76812			U/S PREG UTER FET ANAT EXAM EA ADDIT	\$	458.07
76812	26		U/S PREG UTER FET ANAT EXAM EA ADDIT	\$	256.66
76812	TC		U/S PREG UTER FET ANAT EXAM EA ADDIT	\$	201.41
76813	26		OB US NUCHAL MEAS, 1 GEST	\$	106.95
76813			OB US NUCHAL MEAS, 1 GEST	\$	223.10
76813	TC		OB US NUCHAL MEAS, 1 GEST	\$	116.15
76814			OB US NUCHAL MEAS, ADD-ON	\$	146.60
76814	TC		OB US NUCHAL MEAS, ADD-ON	\$	90.89
76814	26		OB US NUCHAL MEAS, ADD-ON	\$	90.89
76815			U/S PREG UTERUS LIM 1 OR MORE FETUS	\$	86.50
76815	26		U/S PREG UTERUS LIM 1 OR MORE FETUS	\$	37.37
76815	TC		U/S PREG UTERUS LIM 1 OR MORE FETUS	\$	49.13
76815	UD		U/S PREG UTERUS LIM 1 OR MORE FETUS	\$	86.50
76815	UD	26	U/S PREG UTERUS LIM 1 OR MORE FETUS	\$	37.37
76815	UD	TC	U/S PREG UTERUS LIM 1 OR MORE FETUS	\$	49.13
76816			ECHOGRAPHY..PG UTERUS;FOLLOW-UP/REPE	\$	86.50
76816	26		ECHOGRAPHY..PG UTERUS;FOLLOW-UP/REPE	\$	37.37
76816	TC		ECHOGRAPHY..PG UTERUS;FOLLOW-UP/REPE	\$	49.13
76816	UD		U/S PREG UTERUS FOLLOW UP PER FETUS	\$	86.50
76816	UD	26	U/S PREG UTERUS FOLLOW UP PER FETUS	\$	37.37
76816	UD	TC	U/S PREG UTERUS FOLLOW UP PER FETUS	\$	49.13
76817			ULTRASOUND UTERUS TRANSVAGINAL	\$	280.26
76817	26		ULTRASOUND UTERUS TRANSVAGINAL	\$	114.18

76817	TC		ULTRASOUND UTERUS TRANSVAGINAL	\$	166.08
76817	UD		ULTRASOUND UTERUS TRANSVAGINAL	\$	280.26
76817	UD	26	ULTRASOUND UTERUS TRANSVAGINAL	\$	114.18
76817	UD	TC	ULTRASOUND UTERUS TRANSVAGINAL	\$	166.08
76818			FETAL BIOPHYSICAL PROFILE	\$	190.30
76818	26		FETAL BIOPHYSICAL PROFILE	\$	95.15
76818	TC		FETAL BIOPHYSICAL PROFILE	\$	95.15
76819			FETAL BIOPHYSICAL PROFILE WO STRESS	\$	190.30
76819	26		FETAL BIOPHYSICAL PROFILE WO STRESS	\$	95.15
76819	TC		FETAL BIOPHYSICAL PROFILE WO STRESS	\$	95.15
76820	TC		DOPPLER VELOCIMETRY, FETAL; UMBILICA	\$	45.15
76820			DOPPLER VELOCIMETRY, FETAL; UMBILICA	\$	87.57
76820	26		DOPPLER VELOCIMETRY, FETAL; UMBILICA	\$	45.15
76821	26		DOPPLER VELOCIMETRY, FETAL; MIDDLE C	\$	63.70
76821			DOPPLER VELOCIMETRY, FETAL; MIDDLE C	\$	171.89
76821	TC		DOPPLER VELOCIMETRY, FETAL; MIDDLE C	\$	108.19
76825			ECHOCARDIOGRAPHY, FETAL HEART-UTERO	\$	190.30
76825	26		ECHOCARDIOGRAPHY, FETAL HEART-UTERO	\$	96.88
76825	TC		ECHOCARDIOGRAPHY, FETAL HEART-UTERO	\$	96.88
76826			ECHOCARDIOGRAPHY/FETAL REAL-TIME SCN	\$	185.11
76826	26		ECHOCARDIOGRAPHY/FETAL REAL-TIME SCN	\$	86.50
76826	TC		ECHOCARDIOGRAPHY/FETAL REAL-TIME SCN	\$	98.61
76827			DOPPLER ECHOCARDIOGRAPHY FETAL CARD.	\$	182.86
76827	26		DOPPLER ECHOCARDIOGRAPHY FETAL CARD.	\$	81.14
76827	TC		DOPPLER ECHOCARDIOGRAPHY FETAL CARD.	\$	101.72
76828			DOPPLER ECG...FOLLOW-UP/REPEAT STUDY	\$	134.28
76828	26		DOPPLER ECG...FOLLOW-UP/REPEAT STUDY	\$	79.23
76828	TC		DOPPLER ECG...FOLLOW-UP/REPEAT STUDY	\$	55.05
76830			ECHOGRAPHY,TRANSVAGINAL	\$	231.82
76830	26		ECHOGRAPHY,TRANSVAGINAL	\$	100.34
76830	TC		ECHOGRAPHY,TRANSVAGINAL	\$	131.48
76830	UD		ECHOGRAPHY,TRANSVAGINAL	\$	231.82
76830	UD	26	ECHOGRAPHY,TRANSVAGINAL	\$	100.34
76830	UD	TC	ECHOGRAPHY,TRANSVAGINAL	\$	131.48
76831			HYSTEROSONOGRAPHY W/WO COLOR FLOW DO	\$	231.82
76831	26		HYSTEROSONOGRAPHY W/WO COLOR FLOW DO	\$	100.34
76831	TC		HYSTEROSONOGRAPHY W/WO COLOR FLOW DO	\$	131.48
76856			ECHOGRAPHY, PELVIC, REAL TIME	\$	207.60
76856	26		ECHOGRAPHY, PELVIC, REAL TIME	\$	93.42
76856	TC		ECHOGRAPHY, PELVIC, REAL TIME	\$	114.18
76857			ECHOGRAPHY, PELVIC,LIMITED OR FOLLOW	\$	138.40
76857	26		ECHOGRAPHY, PELVIC,LIMITED OR FOLLOW	\$	55.36
76857	FP		ECHOGRAPHY, PELVIC,LIMITED OR FOLLOW	\$	138.40
76857	FP	TC	ECHOGRAPHY, PELVIC,LIMITED OR FOLLOW	\$	83.04
76857	SA		ECHOGRAPHY, PELVIC,LIMITED OR FOLLOW	\$	131.48
76857	SA	TC	ECHOGRAPHY, PELVIC,LIMITED OR FOLLOW	\$	78.89
76857	TC		ECHOGRAPHY, PELVIC,LIMITED OR FOLLOW	\$	83.04
76857	FP	26	ECHOGRAPHY, PELVIC,LIMITED OR FOLLOW	\$	138.40
76857	SA	26	ECHOGRAPHY, PELVIC,LIMITED OR FOLLOW	\$	131.48
76870			ECHOGRAPHY,SCROTUM AND CONTENTS	\$	162.62
76870	26		ECHOGRAPHY,SCROTUM AND CONTENTS	\$	65.74
76870	TC		ECHOGRAPHY,SCROTUM AND CONTENTS	\$	96.88
76872			ECHOGRAPHY,TRANSRECTAL	\$	221.86
76872	26		ECHOGRAPHY,TRANSRECTAL	\$	95.74
76872	TC		ECHOGRAPHY,TRANSRECTAL	\$	126.12
76873			TRANSRECTAL ECHOGRAPHY PROST VOL STU	\$	352.92
76873	26		TRANSRECTAL ECHOGRAPHY PROST VOL STU	\$	186.84
76873	TC		TRANSRECTAL ECHOGRAPHY PROST VOL STU	\$	166.08
76881	TC		ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUM	\$	132.10
76881			ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUM	\$	187.88
76881	26		ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUM	\$	55.78
76882	26		ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUM	\$	43.32
76882			ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUM	\$	105.67
76882	TC		ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUM	\$	62.35
76886			ECHOGRAPHY INFANT HIPS WO/MANIPULAT	\$	128.02
76886	26		ECHOGRAPHY INFANT HIPS WO/MANIPULAT	\$	55.36
76886	TC		ECHOGRAPHY INFANT HIPS WO/MANIPULAT	\$	72.66
76930			ECHO GUIDE FOR HEART SAC TAP	\$	136.12
76930	26		ECHO GUIDE FOR HEART SAC TAP	\$	62.28

76930	TC		ECHO GUIDE FOR HEART SAC TAP	\$	73.84
76932			ULTRASONIC GUID. ENDOMYOCARD..S&I	\$	145.32
76932	TC		ULTRASONIC GUID. ENDOMYOCARD..S&I	\$	76.12
76936			ART-PSEUDO ANEURYSM/AV FISTULA REPR	\$	467.10
76936	26		ART-PSEUDO ANEURYSM/AV FISTULA REPR	\$	121.10
76936	TC		ART-PSEUDO ANEURYSM/AV FISTULA REPR	\$	346.00
76937			ULTRASOUND GUID FOR VASCULAR ACCESS	\$	100.34
76937	26		ULTRASOUND GUID FOR VASCULAR ACCESS	\$	48.44
76937	TC		ULTRASOUND GUID FOR VASCULAR ACCESS	\$	51.90
76940			ULTRASOUND GUID VISCERAL TISS ABLAT	\$	321.43
76940	26		ULTRASOUND GUID VISCERAL TISS ABLAT	\$	70.03
76940	TC		ULTRASOUND GUID VISCERAL TISS ABLAT	\$	251.40
76941			INTRAUTERINE TRANSFUSN/CORDOCENTESIS	\$	197.22
76941	UD		INTRAUTERINE TRANSFUSN/CORDOCENTESIS	\$	197.22
76941	UD	26	INTRAUTERINE TRANSFUSN/CORDOCENTESIS	\$	110.72
76941	UD	TC	INTRAUTERINE TRANSFUSN/CORDOCENTESIS	\$	86.50
76945			ULTRASONIC GUIDE/COLL/DRAIN;COM.PROC	\$	138.40
76945	26		ULTRASONIC GUIDE/COLL/DRAIN;COM.PROC	\$	69.20
76945	TC		ULTRASONIC GUIDE/COLL/DRAIN;COM.PROC	\$	69.20
76946			ECHO GUIDE-AMNIOCENTESIS	\$	107.26
76965			ULTRASON GUID INTERSTIT RADIOEL APPL	\$	266.00
76977			ULTRASOUND BONE DENSITY MEASUREMENT	\$	21.63
76977	26		ULTRASOUND BONE DENSITY MEASUREMENT	\$	7.92
76977	TC		ULTRASOUND BONE DENSITY MEASUREMENT	\$	13.70
76998	26		US GUIDE, INTRAOP	\$	110.82
76998	UD		ULTRASONIC_GUIDANCE,_INTRAOPERATIVE	\$	114.49
76998			ULTRASONIC GUIDANCE, INTRAOPERATIVE	\$	336.69
77001	26		FLUOROGUIDE FOR VEIN DEVICE	\$	32.66
77001			FLUOROGUIDE FOR VEIN DEVICE	\$	155.49
77001	TC		FLUOROGUIDE FOR VEIN DEVICE	\$	122.83
77002	26		NEEDLE LOCALIZATION BY XRAY	\$	49.55
77002			NEEDLE LOCALIZATION BY XRAY	\$	173.69
77002	TC		NEEDLE LOCALIZATION BY XRAY	\$	124.14
77003	26		FLUOROGUIDE FOR SPINE INJECT	\$	52.66
77003			FLUOROGUIDE FOR SPINE INJECT	\$	173.45
77003	TC		FLUOROGUIDE FOR SPINE INJECT	\$	120.79
77011	26		CT SCAN FOR LOCALIZATION	\$	110.30
77011			CT SCAN FOR LOCALIZATION	\$	417.83
77011	TC		CT SCAN FOR LOCALIZATION	\$	307.52
77012	26		CT SCAN FOR NEEDLE BIOPSY	\$	100.76
77012			CT SCAN FOR NEEDLE BIOPSY	\$	226.87
77012	TC		CT SCAN FOR NEEDLE BIOPSY	\$	126.12
77013	26		CT GUIDE FOR TISSUE ABLATION	\$	338.22
77013			COMPUTERIZED TOMOGRAPHY GUIDANCE FOR	\$	338.22
77014	26		CT SCAN FOR THERAPY GUIDE	\$	78.30
77014			CT SCAN FOR THERAPY GUIDE	\$	220.40
77014	TC		CT SCAN FOR THERAPY GUIDE	\$	142.10
77021	TC		MR GUIDANCE FOR NEEDLE PLACE	\$	595.88
77021			MR GUIDANCE FOR NEEDLE PLACE	\$	725.08
77021	26		MR GUIDANCE FOR NEEDLE PLACE	\$	129.20
77022	26		MRI FOR TISSUE ABLATION	\$	381.15
77022			MAGNETIC RESONANCE GUIDANCE FOR, AND	\$	381.15
77053	26		X-RAY OF MAMMARY DUCT	\$	31.56
77053			X-RAY OF MAMMARY DUCT	\$	107.19
77053	TC		X-RAY OF MAMMARY DUCT	\$	75.64
77054	TC		X-RAY OF MAMMARY DUCTS	\$	100.20
77054			X-RAY OF MAMMARY DUCTS	\$	140.44
77054	26		X-RAY OF MAMMARY DUCTS	\$	40.24
77058	26		MRI, ONE BREAST	\$	143.62
77058			MRI, ONE BREAST	\$	985.79
77058	TC		MRI, ONE BREAST	\$	842.16
77059	26		MRI, BOTH BREASTS	\$	143.62
77059			MRI, BOTH BREASTS	\$	985.79
77059	TC		MRI, BOTH BREASTS	\$	842.16
77063	TC		BREAST TOMOSYNTHESIS BI	\$	52.66
77063			BREAST TOMOSYNTHESIS BI	\$	99.82
77063	26		BREAST TOMOSYNTHESIS BI	\$	52.66
77071			MANUAL_APPLICATION_OF_STRESS_PERFORM	\$	87.88
77072	26		X-RAYS FOR BONE AGE	\$	16.71

77072			X-RAYS FOR BONE AGE	\$	41.87
77072	TC		X-RAYS FOR BONE AGE	\$	25.15
77073	26		X-RAYS, BONE LENGTH STUDIES	\$	25.47
77073			X-RAYS, BONE LENGTH STUDIES	\$	65.88
77073	TC		X-RAYS, BONE LENGTH STUDIES	\$	40.41
77074	26		X-RAYS, BONE SURVEY, LIMITED	\$	40.24
77074			X-RAYS, BONE SURVEY, LIMITED	\$	117.85
77074	TC		X-RAYS, BONE SURVEY, LIMITED	\$	77.61
77075	26		X-RAYS, BONE SURVEY COMPLETE	\$	47.68
77075			X-RAYS, BONE SURVEY COMPLETE	\$	160.54
77075	TC		X-RAYS, BONE SURVEY COMPLETE	\$	112.87
77076	TC		X-RAYS, BONE SURVEY, INFANT	\$	113.49
77076			X-RAYS, BONE SURVEY, INFANT	\$	175.42
77076	26		X-RAYS, BONE SURVEY, INFANT	\$	61.93
77077	26		JOINT SURVEY, SINGLE VIEW	\$	28.55
77077			JOINT SURVEY, SINGLE VIEW	\$	67.61
77077	TC		JOINT SURVEY, SINGLE VIEW	\$	39.06
77078	26		CT BONE DENSITY, AXIAL	\$	30.34
77078			CT BONE DENSITY, AXIAL	\$	191.13
77078	TC		CT BONE DENSITY, AXIAL	\$	160.79
77080	26		DXA BONE DENSITY, AXIAL	\$	25.15
77080			DXA BONE DENSITY, AXIAL	\$	108.75
77080	TC		DXA BONE DENSITY, AXIAL	\$	83.59
77081	26		DXA BONE DENSITY/PERIPHERAL	\$	26.88
77081			DXA BONE DENSITY/PERIPHERAL	\$	72.31
77081	TC		DXA BONE DENSITY/PERIPHERAL	\$	45.43
77084	TC		MAGNETIC IMAGE, BONE MARROW	\$	452.91
77084			MAGNETIC IMAGE, BONE MARROW	\$	594.74
77084	26		MAGNETIC IMAGE, BONE MARROW	\$	141.83
77085	26		DXA BONE DENSITY STUDY	\$	26.61
77085			DXA BONE DENSITY STUDY	\$	104.91
77085	TC		DXA BONE DENSITY STUDY	\$	78.30
77086	26		FRACTURE ASSESSMENT VIA DXA	\$	15.50
77086			FRACTURE ASSESSMENT VIA DXA	\$	67.23
77086	TC		FRACTURE ASSESSMENT VIA DXA	\$	51.73
77261	26		SIMPLE TREAT PLAN-THERA RADIO	\$	76.12
77262	26		INTER TREAT PLAN-THERA RADIO	\$	117.64
77263	26		COMPLEX TREAT PLAN-THERA RADIO	\$	155.70
77280			SIMPLE,RAD SIMU-AIDED FIELDSET	\$	380.60
77280	26		SIMPLE,RAD SIMU-AIDED FIELDSET	\$	114.18
77280	TC		SIMPLE,RAD SIMU-AIDED FIELDSET	\$	266.42
77285			INTER,RAD SIMU-AIDED FIELD SET	\$	463.64
77285	26		INTER,RAD SIMU-AIDED FIELD SET	\$	138.40
77285	TC		INTER,RAD SIMU-AIDED FIELD SET	\$	325.24
77290			COMP,RAD SIMU-AIDED FIELD SET	\$	584.74
77290	26		COMP,RAD SIMU-AIDED FIELD SET	\$	204.14
77290	TC		COMP,RAD SIMU-AIDED FIELD SET	\$	380.60
77293	26		RESPIRATORY MOTION MANAGEMENT SIMULATION	\$	183.97
77293			RESPIRATORY MOTION MANAGEMENT SIMULATION	\$	882.09
77293	TC		RESPIRATORY MOTION MANAGEMENT SIMULATION	\$	698.12
77295	TC		THERAPEUTIC XRAY 3-DIMEN FIELF TUMOR	\$	658.27
77295			THERAPEUTIC XRAY 3-DIMEN FIELF TUMOR	\$	1,340.85
77295	26		THERAPEUTIC XRAY 3-DIMEN FIELF TUMOR	\$	658.27
77300			BASIC RAD DOSIMETRY CALCULATIO	\$	179.92
77300	26		BASIC RAD DOSIMETRY CALCULATIO	\$	89.96
77300	TC		BASIC RAD DOSIMETRY CALCULATIO	\$	89.96
77301			INTENSITY MODULATED RADIOOTHERAPY PLA	\$	2,605.38
77301	26		INTENSITY MODULATED RADIOOTHERAPY PLA	\$	733.52
77301	TC		INTENSITY MODULATED RADIOOTHERAPY PLA	\$	1,871.86
77306	26		TELETHX ISODOSE PLAN SIMPLE	\$	129.37
77306			TELETHX ISODOSE PLAN SIMPLE	\$	277.28
77306	TC		TELETHX ISODOSE PLAN SIMPLE	\$	147.92
77307	26		TELETHX ISODOSE PLAN CPLX	\$	266.11
77307			TELETHX ISODOSE PLAN CPLX	\$	533.53
77307	TC		TELETHX ISODOSE PLAN CPLX	\$	266.11
77316	26		BRACHYTX ISODOSE PLAN SIMPLE	\$	129.37
77316			BRACHYTX ISODOSE PLAN SIMPLE	\$	351.61
77316	TC		BRACHYTX ISODOSE PLAN SIMPLE	\$	222.24
77317	26		BRACHYTX ISODOSE INTERMED	\$	167.81

77317			BRACHYTX ISODOSE INTERMED	\$	458.38
77317	TC		BRACHYTX ISODOSE INTERMED	\$	290.57
77318	26		BRACHYTX ISODOSE COMPLEX	\$	266.11
77318			BRACHYTX ISODOSE COMPLEX	\$	660.76
77318	TC		BRACHYTX ISODOSE COMPLEX	\$	394.65
77321			SPEC TELETHERAPY PLAN TOTALBOD	\$	296.80
77331			SPECIAL DOSIMETRY (SPECIFY)	\$	96.88
77332			TREATMENT DEVICES,DESIGN/CONSTR;SIMP	\$	183.38
77332	26		TREATMENT DEVICES,DESIGN/CONSTR;SIMP	\$	76.12
77332	TC		TREATMENT DEVICES,DESIGN/CONSTR;SIMP	\$	107.26
77333			TREATMENT DEVICES/DESIGN;INTERMEDIAT	\$	150.37
77334			TREATMENT DEVICES/DESIGN;COMPLEX	\$	402.26
77334	26		TREATMENT DEVICES/DESIGN;COMPLEX	\$	110.55
77334	TC		TREATMENT DEVICES/DESIGN;COMPLEX	\$	291.71
77336	26		CONTINUE MED.RADIATION PHYSICS CONSU	\$	131.48
77338	26		MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RAD	\$	394.82
77338			MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RAD	\$	945.65
77338	TC		MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RAD	\$	550.83
77370	26		SPECIAL MED RAD PHYSICS CONSULTATION	\$	145.32
77371	TC		SRS, MULTISOURCE	\$	2,253.12
77372	TC		SRS, LINEAR BASED	\$	2,062.64
77373	TC		SBRT DELIVERY	\$	2,437.95
77401	TC		RADIATION TX DEL,SUPERFICIAL/ORTHO V	\$	72.66
77402	TC		RAD TX DEL,STXAR,SPT/PAR OP;UPTO5MEV	\$	72.66
77407	TC		RAD TX DEL,2SEP TX ARS,3 OR;UPTO5MEV	\$	72.66
77412	TC		RAD TX DEL,3 OR MORE SEP TX;UPTO5MEV	\$	141.86
77417			THERAPEUTIC RADIOLOGY PORT FILM(S)	\$	34.60
77417	26		THERAPEUTIC RADIOLOGY PORT FILM(S)	\$	17.30
77417	TC		THERAPEUTIC RADIOLOGY PORT FILM(S)	\$	17.30
77422	TC		HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; SINGLE TREATM	\$	64.77
77422			HIGH ENERGY NEUTRON RADIATION TREATM	\$	64.77
77423	TC		HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; 1 OR MORE ISO	\$	127.47
77423			HIGH ENERGY NEUTRON RADIATION TREATM	\$	127.47
77427	26		RADIATION TX MANAGEMENT 5 TREATMENTS	\$	340.91
77427			RADIATION TX MANAGEMENT 5 TREATMENTS	\$	340.91
77431	26		RAD TX MGMT W COMP CRSE THER/10R2 FA	\$	46.36
77469	26		INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT	\$	567.23
77469			INTRAOPERATIVE RADIATION TREATMENT M	\$	567.23
77470			SPECIAL_TREATMENT_PROCEDURE_	\$	272.27
77470	26		SPECIAL_TREATMENT_PROCEDURE_	\$	195.59
77470	TC		SPECIAL_TREATMENT_PROCEDURE_	\$	76.67
77520			PROTON TX DELIV SIMPLE WO COMPENSATI	\$	1,642.60
77522			PROTON TX DELIV SIMPLE W/COMPENSATIO	\$	1,642.60
77523			PROTON TREATMENT DELIV INTERMEDIATE	\$	1,886.12
77525			PROTON TREATMENT DELIVERY COMPLEX	\$	2,129.63
77600	26		HYPERTHERMIA,EXT GEN, SUPERFICIAL	\$	128.02
77605	26		HYPERTHERMIA,EXT GEN/DEEP	\$	128.02
77610	26		HYPERTHERMIA;INTERSTITIAL/5 OR <	\$	128.02
77615	26		HYPERTHERMIA/INTERSTITIAL/>5	\$	128.02
77620	26		HYPERTHERMIA...INTRACAVITARY PROBE	\$	128.02
77750			INFUSE/INSTILL RADIOELEMENT	\$	99.99
77761			SIMPLE INTRACAV RADIOELEMENT	\$	335.62
77761	26		SIMPLE INTRACAV RADIOELEMENT	\$	259.50
77761	TC		SIMPLE INTRACAV RADIOELEMENT	\$	76.12
77762			INTERM,INTRACAV RADIOELEMENT	\$	449.80
77763			COMPLEX INTRACAV RADIOELEMENT	\$	539.76
77767	26		HDR RDNCL SKN SURF BRACHYTX	\$	96.40
77767			HDR RDNCL SKN SURF BRACHYTX	\$	424.30
77767	TC		HDR RDNCL SKN SURF BRACHYTX	\$	327.90
77768	26		HDR RDNCL SKN SURF BRACHYTX	\$	129.37
77768			HDR RDNCL SKN SURF BRACHYTX	\$	667.64
77768	TC		HDR RDNCL SKN SURF BRACHYTX	\$	538.27
77770	26		HDR RDNCL NTRSTL/ICAV BRCHTX	\$	179.06
77770			HDR RDNCL NTRSTL/ICAV BRCHTX	\$	604.53
77770	TC		HDR RDNCL NTRSTL/ICAV BRCHTX	\$	425.48
77771	26		HDR RDNCL NTRSTL/ICAV BRCHTX	\$	350.08
77771			HDR RDNCL NTRSTL/ICAV BRCHTX	\$	1,122.70
77771	TC		HDR RDNCL NTRSTL/ICAV BRCHTX	\$	772.62
77772	26		HDR RDNCL NTRSTL/ICAV BRCHTX	\$	495.40

77772			HDR RDNCL NTRSTL/ICAV BRCHTX	\$	1,715.33
77772	TC		HDR RDNCL NTRSTL/ICAV BRCHTX	\$	1,219.93
77778			INTERSTITIAL RADIOELEMENT COMP	\$	647.02
77789			SURFACE APPLICATION OF RADIOELEMENT	\$	51.90
77789	26		SURFACE APPLICATION OF RADIOELEMENT	\$	20.76
77789	TC		SURFACE APPLICATION OF RADIOELEMENT	\$	31.14
77790			SUPERVISE/HANDLE/LOAD RADIOELEMENT	\$	211.75
78012	26		NUCLEAR MEDICINE IMAGING FOR THYROID UPTAKE MEASUREMENT(S)	\$	16.71
78012			NUCLEAR MEDICINE IMAGING FOR THYROID UPTAKE MEASUREMENT(S)	\$	156.05
78012	TC		NUCLEAR MEDICINE IMAGING FOR THYROID UPTAKE MEASUREMENT(S)	\$	139.33
78013	26		NUCLEAR MEDICINE IMAGING OF THYROID	\$	32.18
78013			NUCLEAR MEDICINE IMAGING OF THYROID	\$	371.36
78013	TC		NUCLEAR MEDICINE IMAGING OF THYROID	\$	339.18
78014	26		NUCLEAR MEDICINE IMAGING OF THYROID	\$	43.25
78014			NUCLEAR MEDICINE IMAGING OF THYROID	\$	466.86
78014	TC		NUCLEAR MEDICINE IMAGING OF THYROID	\$	423.61
78015			NUCLEAR SCAN OF THYROID	\$	173.00
78015	26		NUCLEAR SCAN OF THYROID	\$	69.20
78015	TC		NUCLEAR SCAN OF THYROID	\$	103.80
78016			EXTENSIVE THYROID SCAN	\$	193.76
78016	26		EXTENSIVE THYROID SCAN	\$	76.12
78016	TC		EXTENSIVE THYROID SCAN	\$	117.64
78018			THYROID CA IMAGING;WHOLE BODY Y	\$	242.20
78018	26		THYROID CA IMAGING;WHOLE BODY Y	\$	96.88
78018	TC		THYROID CA IMAGING;WHOLE BODY Y	\$	145.32
78020			THYROID CARCINOMA METASTASES UPTAKE	\$	83.04
78020	26		THYROID CARCINOMA METASTASES UPTAKE	\$	48.44
78020	TC		THYROID CARCINOMA METASTASES UPTAKE	\$	48.44
78070			PARATHYROID IMAGING	\$	128.02
78070	26		PARATHYROID IMAGING	\$	69.20
78070	TC		PARATHYROID IMAGING	\$	69.20
78071	26		IMAGING OF PARATHYROID WITH NUCLEAR MEDICINE STUDY	\$	103.28
78071			IMAGING OF PARATHYROID WITH NUCLEAR MEDICINE STUDY	\$	688.19
78071	TC		IMAGING OF PARATHYROID WITH NUCLEAR MEDICINE STUDY	\$	584.91
78072	26		IMAGING OF PARATHYROID WITH CT AND NUCLEAR MEDICINE STUDY	\$	795.94
78072			PARATHYROID PLANAR IMAGING (INCLUDIN	\$	795.94
78075			NUCLEAR SCAN OF ADRENALS	\$	173.00
78075	TC		NUCLEAR SCAN OF ADRENALS	\$	103.80
78102			NUCLEAR SCAN OF BONE MARROW	\$	207.60
78102	26		NUCLEAR SCAN OF BONE MARROW	\$	83.04
78102	TC		NUCLEAR SCAN OF BONE MARROW	\$	124.56
78103			NUCLEAR SCAN OF BONE MARROW	\$	259.50
78103	26		NUCLEAR SCAN OF BONE MARROW	\$	103.80
78103	TC		NUCLEAR SCAN OF BONE MARROW	\$	155.70
78104			NUCLEAR SCAN OF BONE MARROW	\$	311.40
78104	26		NUCLEAR SCAN OF BONE MARROW	\$	124.56
78104	TC		NUCLEAR SCAN OF BONE MARROW	\$	186.84
78110			NUCLEAR EXAM, PLASMA VOLUME	\$	69.20
78110	26		NUCLEAR EXAM, PLASMA VOLUME	\$	30.03
78110	TC		NUCLEAR EXAM, PLASMA VOLUME	\$	39.17
78111			NUCLEAR EXAM, PLASMA VOLUME	\$	267.91
78111	26		NUCLEAR EXAM, PLASMA VOLUME	\$	27.44
78111	TC		NUCLEAR EXAM, PLASMA VOLUME	\$	240.47
78120			NUCLEAR EXAM OF RBC MASS	\$	103.80
78120	26		NUCLEAR EXAM OF RBC MASS	\$	35.57
78120	TC		NUCLEAR EXAM OF RBC MASS	\$	68.23
78121			NUCLEAR EXAM OF RBC MASS	\$	138.40
78121	26		NUCLEAR EXAM OF RBC MASS	\$	43.11
78121	TC		NUCLEAR EXAM OF RBC MASS	\$	95.29
78122			WHOLE BLOOD VOLUME DETERMINATION	\$	259.50
78122	26		WHOLE BLOOD VOLUME DETERMINATION	\$	70.07
78122	TC		WHOLE BLOOD VOLUME DETERMINATION	\$	189.44
78130			RED CELL SURVIVAL EXAM	\$	86.50
78130	26		RED CELL SURVIVAL EXAM	\$	62.28
78130	TC		RED CELL SURVIVAL EXAM	\$	24.22
78135			RED CELL SURVIVAL EXAM	\$	259.50
78135	26		RED CELL SURVIVAL EXAM	\$	62.28
78135	TC		RED CELL SURVIVAL EXAM	\$	197.22
78140			NUCLEAR EXAM,RED BLOOD CELLS	\$	173.00

78140	26		NUCLEAR EXAM,RED BLOOD CELLS	\$	62.28
78140	TC		NUCLEAR EXAM,RED BLOOD CELLS	\$	110.72
78185			NUCLEAR SCAN OF SPLEEN	\$	173.00
78185	26		NUCLEAR SCAN OF SPLEEN	\$	62.28
78185	TC		NUCLEAR SCAN OF SPLEEN	\$	110.72
78190			KINETICS,STUDY PLATELET SURV,W/WO DI	\$	453.16
78190	26		KINETICS,STUDY PLATELET SURV,W/WO DI	\$	95.08
78190	TC		KINETICS,STUDY PLATELET SURV,W/WO DI	\$	358.08
78191			PLATELET SURVIVAL	\$	173.00
78191	26		PLATELET SURVIVAL	\$	69.20
78191	TC		PLATELET SURVIVAL	\$	103.80
78195			NUCLEAR SCAN OF LYMPH SYSTEM	\$	259.50
78195	26		NUCLEAR SCAN OF LYMPH SYSTEM	\$	103.80
78195	TC		NUCLEAR SCAN OF LYMPH SYSTEM	\$	155.70
78201	TC		NUCLEAR SCAN OF LIVER	\$	67.78
78201			NUCLEAR SCAN OF LIVER	\$	138.40
78201	26		NUCLEAR SCAN OF LIVER	\$	67.78
78202			NUCLEAR SCAN OF LIVER	\$	651.07
78202	26		NUCLEAR SCAN OF LIVER	\$	65.95
78202	TC		NUCLEAR SCAN OF LIVER	\$	585.12
78205			LIVER IMAGING (SPECT)	\$	183.38
78205	26		LIVER IMAGING (SPECT)	\$	72.66
78205	TC		LIVER IMAGING (SPECT)	\$	110.72
78206			LIVER IMAGING WITH VASCULAR FLOW	\$	404.82
78206	26		LIVER IMAGING WITH VASCULAR FLOW	\$	93.42
78206	TC		LIVER IMAGING WITH VASCULAR FLOW	\$	311.40
78215			NUCLEAR SCAN, LIVER & SPLEEN	\$	138.40
78215	26		NUCLEAR SCAN, LIVER & SPLEEN	\$	74.42
78215	TC		NUCLEAR SCAN, LIVER & SPLEEN	\$	74.42
78216			NUCLEAR SCAN, LIVER/SPLEEN	\$	216.25
78216	26		NUCLEAR SCAN, LIVER/SPLEEN	\$	86.50
78216	TC		NUCLEAR SCAN, LIVER/SPLEEN	\$	129.75
78226	26		HEPATOBILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT	\$	64.32
78226			HEPATOBILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT	\$	639.96
78226	TC		HEPATOBILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT	\$	575.64
78227	26		PHARMACOLOGIC INTERVENTION, INCLUDING QUANTITATIVE MEASUREMENT	\$	78.58
78227			HEPATOBILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT	\$	868.01
78227	TC		PHARMACOLOGIC INTERVENTION, INCLUDING QUANTITATIVE MEASUREMENT	\$	789.43
78230	TC		NUCLEAR SCAN, SALIVARY GLAND	\$	72.66
78231			NUCLEAR SCANS,SALIVARY GLAND	\$	121.10
78231	26		NUCLEAR SCANS,SALIVARY GLAND	\$	48.44
78231	TC		NUCLEAR SCANS,SALIVARY GLAND	\$	72.66
78232			SALIVARY GLAND FUNCTION STUDY	\$	121.10
78232	26		SALIVARY GLAND FUNCTION STUDY	\$	48.44
78232	TC		SALIVARY GLAND FUNCTION STUDY	\$	72.66
78258			ESOPHAGEAL MOTILITY	\$	103.80
78258	26		ESOPHAGEAL MOTILITY	\$	44.98
78258	TC		ESOPHAGEAL MOTILITY	\$	58.82
78261			GASTRIC MUCOSA IMAGING	\$	103.80
78261	26		GASTRIC MUCOSA IMAGING	\$	41.52
78261	TC		GASTRIC MUCOSA IMAGING	\$	62.28
78262			GASTROESOPHAGEAL REFLUX STUDY	\$	110.72
78262	26		GASTROESOPHAGEAL REFLUX STUDY	\$	44.98
78262	TC		GASTROESOPHAGEAL REFLUX STUDY	\$	65.74
78264			GASTRIC EMPTYING STUDY	\$	117.64
78264	26		GASTRIC EMPTYING STUDY	\$	48.44
78264	TC		GASTRIC EMPTYING STUDY	\$	69.20
78265	26		GASTRIC EMPTYING IMAG STUDY	\$	84.74
78265			GASTRIC EMPTYING IMAG STUDY	\$	729.37
78265	TC		GASTRIC EMPTYING IMAG STUDY	\$	644.63
78266	26		GASTRIC EMPTYING IMAG STUDY	\$	94.01
78266			GASTRIC EMPTYING IMAG STUDY	\$	918.01
78266	TC		GASTRIC EMPTYING IMAG STUDY	\$	824.00
78267	26		UREA BREATH TEST C14 ACQUIS FOR ANAL	\$	31.14
78268	26		UREA BREATH TEST C14 ANALYSIS	\$	166.08
78270			VIT B-12 ABSORPTION EXAMS	\$	86.50
78270	26		VIT B-12 ABSORPTION EXAMS	\$	21.80
78270	TC		VIT B-12 ABSORPTION EXAMS	\$	64.70
78271			VIT B-12 ABSORPTION EXAMS	\$	103.80

78271	26		VIT B-12 ABSORPTION EXAMS	\$	31.14
78271	TC		VIT B-12 ABSORPTION EXAMS	\$	72.66
78272			VIT B-12 ABSORPTION EXAMS	\$	138.40
78272	26		VIT B-12 ABSORPTION EXAMS	\$	21.80
78272	TC		VIT B-12 ABSORPTION EXAMS	\$	116.60
78278			ACUTE GI BLOOD LOSS IMAGING	\$	121.10
78278	26		ACUTE GI BLOOD LOSS IMAGING	\$	48.44
78278	TC		ACUTE GI BLOOD LOSS IMAGING	\$	72.66
78282			G.I. PROTEIN LOSS EXAM	\$	103.80
78282	26		G.I. PROTEIN LOSS EXAM	\$	37.37
78282	TC		G.I. PROTEIN LOSS EXAM	\$	66.43
78290			NUCLEAR SCAN OF BOWEL	\$	179.92
78290	26		NUCLEAR SCAN OF BOWEL	\$	72.66
78290	TC		NUCLEAR SCAN OF BOWEL	\$	107.26
78291			PERITONEAL-VENOUS SHUNT PATENCY TEST	\$	79.58
78291	26		PERITONEAL-VENOUS SHUNT PATENCY TEST	\$	44.98
78291	TC		PERITONEAL-VENOUS SHUNT PATENCY TEST	\$	44.98
78300			NUCLEAR SCAN OF BONE	\$	207.60
78300	26		NUCLEAR SCAN OF BONE	\$	62.28
78300	TC		NUCLEAR SCAN OF BONE	\$	145.32
78305			NUCLEAR SCAN OF BONES	\$	259.50
78305	26		NUCLEAR SCAN OF BONES	\$	93.42
78305	TC		NUCLEAR SCAN OF BONES	\$	166.08
78306			NUCLEAR SCAN OF SKELETON	\$	259.50
78306	26		NUCLEAR SCAN OF SKELETON	\$	93.42
78306	TC		NUCLEAR SCAN OF SKELETON	\$	166.08
78315			BONE IMAGING;BY THREE PHASE TECHNIQU	\$	390.98
78315	26		BONE IMAGING;BY THREE PHASE TECHNIQU	\$	155.70
78315	TC		BONE IMAGING;BY THREE PHASE TECHNIQU	\$	235.28
78320			BONE IMAGING;TOMOGRAPHIC (SPECT)	\$	207.60
78320	26		BONE IMAGING;TOMOGRAPHIC (SPECT)	\$	83.04
78320	TC		BONE IMAGING;TOMOGRAPHIC (SPECT)	\$	124.56
78414	26		DETERMINE VENTRIC.EJECT FRACTION	\$	70.07
78428			CARDIAC SHUNT DETECTION	\$	214.52
78428	26		CARDIAC SHUNT DETECTION	\$	122.45
78428	TC		CARDIAC SHUNT DETECTION	\$	92.07
78445			NUCLEAR SCAN OF BLOOD FLOW	\$	207.60
78445	26		NUCLEAR SCAN OF BLOOD FLOW	\$	72.66
78445	TC		NUCLEAR SCAN OF BLOOD FLOW	\$	134.94
78451	26		MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATT	\$	118.19
78451			MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATT	\$	653.94
78451	TC		MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATT	\$	535.75
78452	26		MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATT	\$	139.23
78452			MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATT	\$	912.64
78452	TC		MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATT	\$	773.41
78453			MYOCARDIAL PERFUSION IMAGING, PLANAR (INCLUDING QUALITATIVE OR QU	\$	585.19
78453	TC		MYOCARDIAL PERFUSION IMAGING, PLANAR (INCLUDING QUALITATIVE OR QU	\$	498.55
78454	TC		MYOCARDIAL PERFUSION IMAGING, PLANAR (INCLUDING QUALITATIVE OR QU	\$	725.01
78454			MYOCARDIAL PERFUSION IMAGING, PLANAR (INCLUDING QUALITATIVE OR QU	\$	841.99
78454	26		MYOCARDIAL PERFUSION IMAGING, PLANAR (INCLUDING QUALITATIVE OR QU	\$	116.98
78456			ACUTE VENOUS THROMBOSIS IMAG PEPTIDE	\$	359.84
78456	26		ACUTE VENOUS THROMBOSIS IMAG PEPTIDE	\$	145.32
78456	TC		ACUTE VENOUS THROMBOSIS IMAG PEPTIDE	\$	214.52
78457			VENOUS THROMBOSIS IMAGING; UNIL	\$	346.00
78457	26		VENOUS THROMBOSIS IMAGING; UNIL	\$	102.73
78457	TC		VENOUS THROMBOSIS IMAGING; UNIL	\$	243.27
78458			VENOUS THROMBOSIS IMAGING; BILATERAL	\$	519.00
78458	26		VENOUS THROMBOSIS IMAGING; BILATERAL	\$	140.13
78458	TC		VENOUS THROMBOSIS IMAGING; BILATERAL	\$	378.87
78459			MYOCARD IMAGING PET, METABOLIC EVALU	\$	2,554.62
78459	26		MYOCARD IMAGING PET, METABOLIC EVALU	\$	129.68
78459	TC		MYOCARD IMAGING PET, METABOLIC EVALU	\$	2,424.94
78466			MYOCARD IMAGING...;AT REST,QUAL.	\$	249.12
78466	26		MYOCARD IMAGING...;AT REST,QUAL.	\$	100.34
78466	TC		MYOCARD IMAGING...;AT REST,QUAL.	\$	148.78
78468			MYOCARD IMAGING...AT REST;FIRST PASS	\$	280.26
78468	26		MYOCARD IMAGING...AT REST;FIRST PASS	\$	110.72
78468	TC		MYOCARD IMAGING...AT REST;FIRST PASS	\$	169.54
78472			CARD BLD POOL IMAG,AT REST,WALL MOT	\$	346.00

78472	26		CARD BLD POOL IMAG,AT REST,WALL MOT	\$	138.40
78472	TC		CARD BLD POOL IMAG,AT REST,WALL MOT	\$	207.60
78473			CARDIAC BL.POOL IMAGING;MULT.STUDIES	\$	449.80
78473	TC		CARDIAC BL.POOL IMAGING;MULT.STUDIES	\$	269.88
78481			CARD BLD POOL IMAG-FRST PASS TECH...	\$	346.00
78481	26		CARD BLD POOL IMAG-FRST PASS TECH...	\$	138.40
78481	TC		CARD BLD POOL IMAG-FRST PASS TECH...	\$	207.60
78483			CARDIAC BL.POOL IMAGING,FIRST PASS T	\$	453.26
78483	26		CARDIAC BL.POOL IMAGING,FIRST PASS T	\$	110.72
78483	TC		CARDIAC BL.POOL IMAGING,FIRST PASS T	\$	342.54
78491			MYOCARD IMAGING PET,PERFUSION SINGLE	\$	404.82
78491	26		MYOCARD IMAGING PET,PERFUSION SINGLE	\$	69.20
78491	TC		MYOCARD IMAGING PET,PERFUSION SINGLE	\$	335.62
78492			MYOCARD IMAGING PET PERFUS MULTIPLE	\$	487.86
78492	26		MYOCARD IMAGING PET PERFUS MULTIPLE	\$	83.04
78492	TC		MYOCARD IMAGING PET PERFUS MULTIPLE	\$	404.82
78494			CARD BLD POOL IMAG-GATED EQUIL SPECT	\$	404.82
78494	26		CARD BLD POOL IMAG-GATED EQUIL SPECT	\$	89.96
78494	TC		CARD BLD POOL IMAG-GATED EQUIL SPECT	\$	314.86
78496			CARD BLD POOL IMAG-GATED EQUIL SNGLE	\$	135.94
78579	26		PULMONARY VENTILATION IMAGING (EG, AEROSOL OR GAS)	\$	42.11
78579			PULMONARY VENTILATION IMAGING (EG, AEROSOL OR GAS)	\$	360.71
78579	TC		PULMONARY VENTILATION IMAGING (EG, AEROSOL OR GAS)	\$	318.60
78580			NUCLEAR SCAN OF LUNG	\$	173.00
78580	26		NUCLEAR SCAN OF LUNG	\$	93.42
78580	TC		NUCLEAR SCAN OF LUNG	\$	79.58
78582	26		PULMONARY VENTILATION (EG, AEROSOL OR GAS) AND PERFUSION IMAGING	\$	92.76
78582			PULMONARY VENTILATION (EG, AEROSOL OR GAS) AND PERFUSION IMAGING	\$	643.77
78582	TC		PULMONARY VENTILATION (EG, AEROSOL OR GAS) AND PERFUSION IMAGING	\$	551.01
78597	26		QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION, INCLUDING IMAGING	\$	62.38
78597			QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION, INCLUDING IMAGING	\$	390.29
78597	TC		QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION, INCLUDING IMAGING	\$	327.90
78598	26		GAS), INCLUDING IMAGING WHEN PERFORMED	\$	72.31
78598			QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION AND VENTILATION (E	\$	588.17
78598	TC		GAS), INCLUDING IMAGING WHEN PERFORMED	\$	515.85
78600			NUCLEAR SCAN OF BRAIN	\$	207.60
78600	26		NUCLEAR SCAN OF BRAIN	\$	67.78
78600	TC		NUCLEAR SCAN OF BRAIN	\$	139.82
78601			NUCLEAR SCAN OF BRAIN	\$	294.10
78601	26		NUCLEAR SCAN OF BRAIN	\$	77.82
78601	TC		NUCLEAR SCAN OF BRAIN	\$	216.28
78605			NUCLEAR SCAN OF BRAIN	\$	207.60
78605	26		NUCLEAR SCAN OF BRAIN	\$	70.41
78605	TC		NUCLEAR SCAN OF BRAIN	\$	137.19
78606			BRAIN IMAGING,COMP.;TOMOGRAPHIC(ECT)	\$	294.10
78606	26		NUCLEAR SCAN OF BRAIN	\$	85.01
78606	TC		NUCLEAR SCAN OF BRAIN	\$	209.09
78607			BRAINIMAGING PET METABOLIC EVALUATIO	\$	311.40
78607	26		BRAIN IMAGING,COMP.;TOMOGRAPHIC(ECT)	\$	124.56
78607	TC		BRAIN IMAGING,COMP.;TOMOGRAPHIC(ECT)	\$	186.84
78608			BRAINIMAGING PET METABOLIC EVALUATIO	\$	3,736.80
78608	26		BRAINIMAGING PET METABOLIC EVALUATIO	\$	200.61
78608	TC		BRAINIMAGING PET METABOLIC EVALUATIO	\$	3,536.19
78610	26		NUCLEAR SCAN OF BRAIN	\$	46.74
78630			CEREBROSPINAL FLUID SCAN	\$	259.50
78630	26		CEREBROSPINAL FLUID SCAN	\$	104.46
78630	TC		CEREBROSPINAL FLUID SCAN	\$	155.04
78635			CEREBROSPINAL FLUID SCAN	\$	294.10
78635	26		CEREBROSPINAL FLUID SCAN	\$	83.49
78635	TC		CEREBROSPINAL FLUID SCAN	\$	210.61
78645			CEREBROSPINAL FLUID SCAN	\$	328.70
78645	26		CEREBROSPINAL FLUID SCAN	\$	86.71
78645	TC		CEREBROSPINAL FLUID SCAN	\$	241.99
78647			TOMOGRAPHIC SPECT	\$	401.36
78647	26		TOMOGRAPHIC SPECT	\$	89.96
78647	TC		TOMOGRAPHIC SPECT	\$	311.40
78650			CEREBROSPINAL FLUID SCAN	\$	259.50
78650	26		CEREBROSPINAL FLUID SCAN	\$	94.46
78650	TC		CEREBROSPINAL FLUID SCAN	\$	165.04

78660			NUCLEAR EXAM OF TEAR FLOW	\$	138.40
78660	26		NUCLEAR EXAM OF TEAR FLOW	\$	55.36
78660	TC		NUCLEAR EXAM OF TEAR FLOW	\$	83.04
78700			NUCLEAR SCAN OF KIDNEY	\$	138.40
78700	26		NUCLEAR SCAN OF KIDNEY	\$	62.28
78700	TC		NUCLEAR SCAN OF KIDNEY	\$	76.12
78701			NUCLEAR SCAN OF KIDNEY	\$	224.90
78701	26		NUCLEAR SCAN OF KIDNEY	\$	65.53
78701	TC		NUCLEAR SCAN OF KIDNEY	\$	159.37
78707			NUCLEAR SCAN OF KIDNEY	\$	380.60
78707	26		NUCLEAR SCAN OF KIDNEY	\$	128.12
78707	TC		NUCLEAR SCAN OF KIDNEY	\$	252.48
78708			KIDNEY IMAGING W/VASC FLOW SINGLE ST	\$	415.20
78708	26		KIDNEY IMAGING W/VASC FLOW SINGLE ST	\$	138.40
78708	TC		KIDNEY IMAGING W/VASC FLOW SINGLE ST	\$	276.80
78709			KIDNEY IMAGING W/VASC FLOW MULTIPLE	\$	498.24
78709	26		KIDNEY IMAGING W/VASC FLOW MULTIPLE	\$	173.00
78709	TC		KIDNEY IMAGING W/VASC FLOW MULTIPLE	\$	325.24
78710			KIDNEY IMAGING (SPECT)	\$	138.40
78710	26		KIDNEY IMAGING (SPECT)	\$	55.36
78710	TC		KIDNEY IMAGING (SPECT)	\$	83.04
78725			NUCLEAR EXAM OF KIDNEY	\$	103.80
78725	26		NUCLEAR EXAM OF KIDNEY	\$	46.71
78725	TC		NUCLEAR EXAM OF KIDNEY	\$	57.09
78730			NUCLEAR EXAM OF BLADDER	\$	210.44
78730	26		NUCLEAR EXAM OF BLADDER	\$	20.69
78730	TC		NUCLEAR EXAM OF BLADDER	\$	189.75
78740			NUCLEAR EXAM OF URETER	\$	173.00
78740	26		NUCLEAR EXAM OF URETER	\$	77.85
78740	TC		NUCLEAR EXAM OF URETER	\$	95.15
78761	26		TESTICULAR IMAGING,W/VASCULAR	\$	108.92
78800			NUCLEAR EXAM OF LESION	\$	474.02
78800	26		NUCLEAR EXAM OF LESION	\$	102.10
78800	TC		NUCLEAR EXAM OF LESION	\$	371.92
78801			NUCLEAR EXAM OF LESIONS	\$	474.02
78801	26		NUCLEAR EXAM OF LESIONS	\$	123.25
78801	TC		NUCLEAR EXAM OF LESIONS	\$	350.77
78802			NUCLEAR EXAM OF LESIONS	\$	207.60
78802	26		NUCLEAR EXAM OF LESIONS	\$	83.04
78802	TC		NUCLEAR EXAM OF LESIONS	\$	124.56
78803			TUMOR LOCALIZATION (SPECT)	\$	235.28
78803	26		TUMOR LOCALIZATION (SPECT)	\$	93.42
78803	TC		TUMOR LOCALIZATION (SPECT)	\$	141.86
78804			RADIOPHARM LOCAL TUMOR WHOLE BODY	\$	595.12
78804	26		RADIOPHARM LOCAL TUMOR WHOLE BODY	\$	145.32
78804	TC		RADIOPHARM LOCAL TUMOR WHOLE BODY	\$	449.80
78805			ABSCCESS LOCALIZATION;LIMITED AREA	\$	474.02
78805	26		ABSCCESS LOCALIZATION;LIMITED AREA	\$	112.28
78805	TC		ABSCCESS LOCALIZATION;LIMITED AREA	\$	361.74
78806			ABSCCESS LOCALIZATION;WHOLE BODY	\$	207.60
78806	26		ABSCCESS LOCALIZATION;WHOLE BODY	\$	83.04
78806	TC		ABSCCESS LOCALIZATION;WHOLE BODY	\$	124.56
78807			RADIONUCLIDE LOC ABSCCESS SPECT	\$	242.20
78807	26		RADIONUCLIDE LOC ABSCCESS SPECT	\$	93.42
78807	TC		RADIONUCLIDE LOC ABSCCESS SPECT	\$	148.78
78808	TC		INJECTION_PROCEDURE_FOR_RADIOPHARMAC	\$	90.86
78811	26		TUMOR IMAGING, POSITRON EMISSION TOM	\$	134.28
78811			TUMOR IMAGING, POSITRON EMISSION TOM	\$	2,354.01
78811	TC		TUMOR IMAGING, POSITRON EMISSION TOM	\$	2,219.73
78812	26		TUMOR IMAGING, POSITRON EMISSION TOM	\$	163.80
78812			TUMOR IMAGING, POSITRON EMISSION TOM	\$	2,705.10
78812	TC		TUMOR IMAGING, POSITRON EMISSION TOM	\$	2,541.30
78813	26		TUMOR IMAGING, POSITRON EMISSION TOM	\$	169.37
78813			TUMOR IMAGING, POSITRON EMISSION TOM	\$	2,710.67
78813	TC		TUMOR IMAGING, POSITRON EMISSION TOM	\$	2,541.30
78814	26		TUMOR IMAGING, POSITRON EMISSION TOM	\$	188.57
78814			TUMOR IMAGING, POSITRON EMISSION TOM	\$	2,729.91
78814	TC		TUMOR IMAGING, POSITRON EMISSION TOM	\$	2,541.34
78815	26		TUMOR IMAGING, POSITRON EMISSION TOM	\$	208.98

78815			TUMOR IMAGING, POSITRON EMISSION TOM	\$	2,750.32
78815	TC		TUMOR IMAGING, POSITRON EMISSION TOM	\$	2,541.34
78816	26		TUMOR IMAGING, POSITRON EMISSION TOM	\$	211.27
78816			TUMOR IMAGING, POSITRON EMISSION TOM	\$	2,752.60
78816	TC		TUMOR IMAGING, POSITRON EMISSION TOM	\$	2,541.34
79005	26		RADIOPHARMACEUTICAL THERAPY, BY ORAL	\$	154.70
79005			RADIOPHARMACEUTICAL THERAPY, BY ORAL	\$	247.49
79005	TC		RADIOPHARMACEUTICAL THERAPY, BY ORAL	\$	92.80
79101	TC		RADIOPHARMACEUTICAL THERAPY, BY INTR	\$	169.71
79101			RADIOPHARMACEUTICAL THERAPY, BY INTR	\$	261.30
79101	26		RADIOPHARMACEUTICAL THERAPY, BY INTR	\$	169.71
79200			RADIONUCLIDE THERAPY	\$	155.70
79300			RADIONUCLIDE THERAPY	\$	377.14
79300	26		RADIONUCLIDE THERAPY	\$	254.07
79300	TC		RADIONUCLIDE THERAPY	\$	254.07
79403			RADIOPHARM THER RADIO MONOCLON ANTIB	\$	578.17
79440			RADIONUCLIDE THERAPY	\$	228.36
79445	26		RADIOPHARMACEUTICAL THERAPY, BY INTR	\$	201.23
79445			RADIOPHARMACEUTICAL THERAPY, BY INTR	\$	201.23
80047			BASIC METABOLIC PANEL (CALCIUM, IONIZED)	\$	37.99
80048			BASIC METABOLIC PANEL	\$	32.18
80050			GENERAL HEALTH SCREEN PANEL	\$	124.56
80051			ELECTROLYTE PANEL	\$	20.41
80051	UD		ELECTROLYTE PANEL	\$	20.41
80053			COMPREHENSIVE METABOLIC PANEL	\$	36.33
80055			OBSTETRIC PROFILE	\$	51.90
80055	UD		OBSTETRIC PROFILE	\$	51.90
80061			LIPID PROFILE	\$	51.90
80061	22		LIPID PROFILE	\$	79.58
80061	QW		LIPID PROFILE	\$	51.90
80069			RENAL FUNCTION PANEL	\$	33.22
80074			ACUTE HEPATITIS PANEL	\$	103.80
80076			HEPATIC FUNCTION PANEL	\$	24.22
80081			OBSTETRIC PANEL	\$	255.83
80102	HF		DRUG CONFIRMATION EACH PROCEDURE	\$	51.90
80104	HF		DRUG SCREEN,QUALITATIVE, MULTIPLE DR	\$	11.25
80104	HF	QW	DRUG SCREEN, QUALITATIVE, MULTIPLE D	\$	11.25
80150			AMIKACIN	\$	51.90
80155			CAFFEINE LEVEL	\$	106.78
80156			CARBAMAZEPINE	\$	55.01
80157			CARBAMAZEPINE;FREE	\$	34.60
80158			CYCLOSPORINE	\$	69.20
80159			CLOZAPINE LEVEL	\$	63.18
80162			DIGOXIN	\$	51.90
80163			Assay of digoxin free	\$	45.36
80164			DIPROPYLACETIC ACID (VALPROIC ACID)	\$	34.60
80165			Dipropylacetic acid free	\$	46.29
80168			ETHOSUXIMIDE	\$	62.28
80169			EVEROLIMUS LEVEL	\$	52.14
80170			GENTAMICIN	\$	43.60
80171			GABAPENTIN LEVEL	\$	49.93
80173			HALOPERIDOL	\$	55.71
80175			LAMOTRIGINE LEVEL	\$	50.31
80176			LIDOCAINE	\$	62.28
80177			LEVETIRACETAM LEVEL	\$	50.31
80178			LITHIUM	\$	31.14
80178	QW		LITHIUM	\$	31.14
80180			MYCOPHENOLATE (MYCOPHENOLIC ACID) LEVEL	\$	61.66
80183			OXCARBAZEPINE LEVEL	\$	50.31
80184			PHENOBARBITAL	\$	44.29
80185			PHENYTOIN: TOTAL	\$	50.69
80186			PHENYTOIN: FREE	\$	51.97
80188			PRIMIDONE	\$	69.20
80190			PROCAINAMIDE	\$	51.90
80192			PROCAINAMIDE:WITH METABOLITES (N-ACE	\$	51.90
80194			QUINIDINE	\$	51.90
80195			SIROLIMUS	\$	51.73
80197			TACROLIMUS	\$	51.90
80198			THEOPHYLLINE	\$	51.90

80199			Tiagabine level	\$	75.05
80200			TOBRAMYCIN	\$	43.60
80201			TOPIRMATE	\$	41.52
80202			VANCOMYCIN	\$	41.52
80203			ZONISAMIDE LEVEL	\$	50.31
80299			QUANT.DRUG NOT ELSEWHERE SPECIFIED	\$	37.37
80305			TESTING FOR PRESENCE OF DRUG	\$	37.26
80306			TESTING FOR PRESENCE OF DRUG	\$	74.67
80307			TESTING FOR PRESENCE OF DRUG	\$	198.81
80400			ACTH STIM PANEL;FOR ADRENAL INS.	\$	117.64
80402			ACTH STIM.P.;21 HYDROXYLASE DEF.	\$	332.16
80406			ACTH STIM.P.;3 BETA-HYDRO.DEF.	\$	339.08
80408			ALDOST:SUPP.EVAL.PANEL	\$	449.80
80410			CALCIUM-PENTAGASTRIN-STIM.PANEL	\$	352.92
80412			CORTICOTROPIC REL.HORMONE PANEL	\$	1,260.69
80414			CHORIONIC GONADOTROPHIN PANEL TEST R	\$	211.06
80415			CHORIONIC GONAD.P.ESTRADIOL RESPONSE	\$	173.00
80416			RENAL VEIN RENIN STIM.P.CAPTAPRIL	\$	519.00
80417			PERIPHERAL VEIN RENIN STIM.P.CAPTAP.	\$	173.00
80418			COMB RAPIAD ANTERIOR PIT PANEL	\$	2,216.93
80420			DEXAMETHASONE SUPP PANEL, 48 HOURS	\$	256.04
80422			GLUCAGON TOLERANCE PANEL;INSUL.	\$	155.70
80424			GLUCAGON TOLERANCE PANEL;PHEOCHNOMOC	\$	114.18
80426			GONADO.REL.HORMONE STIM. PANEL	\$	449.80
80428			GROWTH HOR.STIM.P.ARGININE INFUSION	\$	207.60
80430			GROWTH HORMONE SUP.P.GLUCOSE ADM.	\$	252.58
80432			INSULIN-IN.C-PEPTIDE SUPP. PANEL	\$	432.50
80434			INS.TOLERANCE PANEL;ACTH INSUFFINC.	\$	346.00
80435			INS.TOLERANCE PANEL;GROWTH HORM.DEF.	\$	328.70
80436			METYRAPONE PANEL	\$	259.50
80438			THYROTROPIN REL.HORMONE ONE HOUR	\$	173.00
80439			THYROTROPIN REL.HORMOONE 2 HRS.	\$	256.97
80500			CLINICAL PATH CONSULT;LIMITED	\$	31.14
80502			CLINICAL PATH CONSULT;COMPREHENSIVE	\$	44.98
81000			URINALYSIS WITH MICROSCOPY	\$	4.15
81000	FP		URINALYSIS WITH MICROSCOPY	\$	4.15
81000	UD		URINALYSIS WITH MICROSCOPY	\$	4.15
81001			URINALYSIS,AUTOMATED W.MICROSCOPY	\$	4.15
81002			ROUTINE URINE ANALYSIS	\$	3.46
81002	FP		ROUTINE URINE ANALYSIS	\$	3.46
81002	UD		ROUTINE URINE ANALYSIS	\$	3.46
81003			URINALYSIS WITHOUT MICR.AUTOMATED	\$	5.19
81003	QW		URINALYSIS WITHOUT MICR.AUTOMATED	\$	5.19
81005			URINLS,QUAL OR SEMI-QUANT ECPT IMMUN	\$	3.46
81005	UD		URINAL,QUAL_OR_SEMI-QUANT_ECPT_IMMUN	\$	3.46
81007			URINE BACTERIURIA SR NON-CUIT KIT	\$	9.83
81007	QW		URINE BACTERIURIA SR NON-CULT KIT	\$	9.83
81015			MICROSCOPIC EXAM OF URINE	\$	1.38
81020			URINALYSIS, GLASS TEST	\$	14.88
81025			URINE PREG.TEST;VISUAL COLOR COMP.	\$	10.38
81025	FP		URINE PREG.TEST;VISUAL COLOR COMP.	\$	10.38
81025	UD		URINE PREG.TEST;VISUAL COLOR COMP.	\$	10.38
81050			VOL.MEAS.TIMED COLLECTION,EACH	\$	11.76
81162			BRCA1&2 SEQ & FULL DUP/DEL	\$	6,929.03
81170			ABL1 GENE	\$	918.49
81206			BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATIO	\$	560.31
81207			BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATIO	\$	494.95
81208			BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATIO	\$	594.08
81210			BRAF (V-RAF MURINE SARCOMA VIRAL ONCOGENE HOMOLOG B1) (EG, COLO	\$	485.51
81211			BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (EG, HEREDITARY BREAST AND OV	\$	6,631.68
81212			BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (EG, HEREDITARY BREAST AND OV	\$	1,217.92
81213			BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (EG, HEREDITARY BREAST AND OV	\$	1,530.70
81214			BRCA1 (BREAST CANCER 1) (EG, HEREDITARY BREAST AND OVARIAN CANCER	\$	3,602.34
81215			BRCA1 (BREAST CANCER 1) (EG, HEREDITARY BREAST AND OVARIAN CANCER	\$	1,038.69
81217			BRCA2 (BREAST CANCER 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER	\$	1,038.69
81218			CEBPA GENE FULL SEQUENCE	\$	918.49
81219			CALR GENE COM VARIANTS	\$	461.81
81220			CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG	\$	1,540.67
81225			CYP2C19 (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 19) (E	\$	806.49

81226		CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG,	\$	1,248.13
81227		CYP2C9 (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 9) (EG,	\$	483.88
81229		CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; I	\$	3,210.88
81235		EGFR_GENE_COM_VARIANTS	\$	898.42
81240		F2 (PROTHROMBIN, COAGULATION FACTOR II) (EG, HEREDITARY HYPERCOAG	\$	181.82
81241		F5 (COAGULATION FACTOR V) (EG, HEREDITARY HYPERCOAGULABILITY) GEN	\$	208.81
81243		FMR1 (FRAGILE X MENTAL RETARDATION 1) (EG, FRAGILE X MENTAL RETAR	\$	157.88
81245		FLT3 (FMS-RELATED TYROSINE KINASE 3) (EG, ACUTE MYELOID LEUKEMIA), C	\$	461.81
81256		HFE (HEMOCHROMATOSIS) (EG, HEREDITARY HEMOCHROMATOSIS) GENE AN	\$	223.34
81261		IGH@ (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIAS AND LYMPH	\$	676.57
81262		IGH@ (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIAS AND LYMPH	\$	189.75
81263		IGH@ (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIA AND LYMPHO	\$	1,006.44
81264		IGK@ (IMMUNOGLOBULIN KAPPA LIGHT CHAIN LOCUS) (EG, LEUKEMIA AND L	\$	510.28
81265		COMPARATIVE ANALYSIS USING SHORT TANDEM REPEAT (STR) MARKERS; P	\$	734.87
81267		CHIMERISM (ENGRAFTMENT) ANALYSIS, POST TRANSPLANTATION SPECIMEN	\$	708.95
81268		CHIMERISM (ENGRAFTMENT) ANALYSIS, POST TRANSPLANTATION SPECIMEN	\$	891.19
81270		JAK2 (JANUS KINASE 2) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALY	\$	313.27
81272		KIT GENE TARGETED SEQ ANALYS	\$	918.49
81273		KIT GENE ANALYS D816 VARIANT	\$	348.04
81275		KRAS (V-KI-RAS2 KIRSTEN RAT SARCOMA VIRAL ONCOGENE) (EG, CARCINOM	\$	534.92
81276		KRAS GENE ADDL VARIANTS	\$	549.66
81291		MTHFR (5,10-METHYLENETETRAHYDROFOLATE REDUCTASE) (EG, HEREDITA	\$	180.85
81292		MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HER	\$	1,869.51
81293		MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HER	\$	916.21
81294		MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HER	\$	560.24
81295		MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HE	\$	1,056.55
81296		MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HE	\$	934.82
81297		MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HE	\$	590.41
81298		MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COL	\$	1,776.64
81299		MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COL	\$	852.54
81300		MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COL	\$	658.78
81301		MICROSATELLITE INSTABILITY ANALYSIS (EG, HEREDITARY NON-POLYPOSIS	\$	989.49
81310		NPM1 (NUCLEOPHOSMIN) (EG, ACUTE MYELOID LEUKEMIA) GENE ANALYSIS,	\$	687.85
81311		NRAS GENE VARIANTS EXON 2&3	\$	824.48
81314		PDGFRA GENE	\$	918.49
81315		PML/RARALPHA, (T(15;17)), (PROMYELOCYTIC LEUKEMIA/RETINOIC ACID REC	\$	708.44
81316		PML/RARALPHA, (T(15;17)), (PROMYELOCYTIC LEUKEMIA/RETINOIC ACID REC	\$	708.44
81317		PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HER	\$	1,957.05
81318		PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HER	\$	916.21
81319		PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HER	\$	563.29
81321		PTEN_GENE_FULL_SEQUENCE	\$	1,660.80
81322		PTEN_GENE_KNOWN_FAM_VARIANT	\$	146.29
81323		PTEN_GENE_DUP/DELET_VARIANT	\$	830.40
81327		METHYLATION ANALYSIS (SEPTIN9)	\$	231.61
81332		SERPINA1 (SERPIN PEPTIDASE INHIBITOR, CLADE A, ALPHA-1 ANTIPROTEINA	\$	149.16
81340		TRB@ (T CELL ANTIGEN RECEPTOR, BETA) (EG, LEUKEMIA AND LYMPHOMA),	\$	713.94
81341		TRB@ (T CELL ANTIGEN RECEPTOR, BETA) (EG, LEUKEMIA AND LYMPHOMA),	\$	169.47
81342		TRG@ (T CELL ANTIGEN RECEPTOR, GAMMA) (EG, LEUKEMIA AND LYMPHOM	\$	688.57
81370		HLA CLASS I AND II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS);	\$	1,374.17
81371		HLA CLASS I AND II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS);	\$	1,119.73
81372		HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); COMP	\$	1,117.13
81373		HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE I	\$	380.53
81374		HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE A	\$	248.60
81375		HLA CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); HLA-D	\$	754.35
81376		HLA CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE I	\$	417.66
81377		HLA CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE	\$	313.75
81378		HLA CLASS I AND II TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GRO	\$	1,180.90
81379		HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); C	\$	1,146.09
81380		HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); C	\$	605.71
81381		HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); C	\$	470.28
81382		HLA CLASS II TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS);	\$	422.64
81383		HLA CLASS II TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS);	\$	372.92
81401		MOLECULAR PATHOLOGY PROCEDURE, LEVEL 2 (EG, 2-10 SNPS, 1 METHYLA	\$	379.22
81404		MOLECULAR PATHOLOGY PROCEDURE, LEVEL 5 (EG, ANALYSIS OF 2-5 EXON	\$	760.72
81413		TEST FOR DETECTING GENES ASSOCIATED	\$	1,998.77
81414		TEST FOR DETECTING GENES ASSOCIATED	\$	1,998.77
81422		TEST FOR DETECTING GENES ASSOCIATED	\$	2,101.05
81528		ONCOLOGY COLORECTAL SCR	\$	1,418.39
81535		ONCOLOGY GYNECOLOGIC	\$	1,615.20

81536		ONCOLOGY GYNECOLOGIC	\$	494.92
81539		MEASUREMENT OF PROTEINS ASSOCIATED W	\$	2,103.68
82009		ACETONE OR OTHER KETONE BODIES QUAL	\$	17.30
82010		ACETONE OR OTHER KATONE SERUM QUANT	\$	34.25
82010	QW	ACETONE OR OTHER KETONE SERUM QUANT	\$	34.25
82013		ACETYLCHOLINESTERASE ASSAY	\$	48.44
82016		ACYLCARNITINES;QUAL EACH SPEC.	\$	44.63
82017		ACYLARNITINES;QUAN EACH SPECIMEN	\$	64.36
82024		ACTH RADIOIMMUNE ASSAY	\$	103.80
82030		RIA ASSAY, BLOOD ADP & AMP	\$	117.64
82040		ASSAY SERUM ALBUMIN	\$	6.23
82042		ALBUMIN, URINE QUANT.	\$	8.41
82043		ALBUMIN;URINE MICRO.QUANTITATIVE	\$	14.88
82044		ALBUMIN:URINE MICRO.SEMIQUANTITATIVE	\$	3.46
82044	QW	ALBUMIN;URINE MICRO SEMIQUANTITATIVE	\$	3.46
82045		ALBUMIN; ISCHEMIA MODIFIED	\$	115.98
82075		ASSAY BREATH ETHANOL	\$	30.45
82085		ALDOLASE	\$	38.06
82088		ALDOSTERONE	\$	138.40
82103		ALPHA-1-ANTITRYPSIN; TOTAL	\$	26.99
82104		ALPHA-1-ANTITRYSPIN; PHENOTYPE	\$	26.99
82105		ALPHA-FETOPROTEIN; SERUM	\$	35.29
82106		ALPHA-FETOPROTEIN;AMNIOTIC FLUID	\$	35.29
82107		ALPHA-FETOPROTEIN L3	\$	220.13
82108		ALUMINUM,	\$	97.47
82120		AMINES, VAGINAL FLUID QUAL	\$	13.84
82120	QW	AMINES, VAGINAL FLUID, QUALITATIVE	\$	13.84
82127		AMINO ACIDS;SINGLE QUAL.EA.SPECIMEN	\$	44.63
82128		TEST FOR AMINO ACIDS	\$	44.63
82131		AMINO ACIDS FRACT.&QUANT. EACH	\$	64.49
82135		ASSAY, AMINOLEVULINIC ACID	\$	69.20
82136		AMINO ACIDS 2TO5 QUANT.EACH SPEC.	\$	64.49
82139		AMINO ACIDS,6 OR MORE QUAN.EACH SPEC	\$	64.49
82140		AMMONIA	\$	20.76
82143		AMNIOTIC FLUID SCAN	\$	14.53
82150		AMYLASE	\$	15.57
82154		ANDROSTANEDIOL GLUCORONIED	\$	110.30
82157		ANDROSTENEDIONE	\$	100.34
82160		ANDROSTERONE;	\$	95.67
82163		ANGIOTENSIN II	\$	72.66
82164		ANGIOTENSIN-CONVERTING ENZYME (ACE)	\$	55.01
82172		APOLIPOPROTEIN EACH	\$	69.20
82173		ARGININE TOLERANCE TEST	\$	38.75
82175		ARSENIC	\$	24.91
82180		ASSAY OF ASCORBIC ACID	\$	12.46
82190		ATOMIC ABSORPTION SPECTR.,EACH ANALY	\$	56.71
82232		BETA-2 MICROGLOBULIN,	\$	61.59
82239		BILE ACIDS;TOTAL	\$	69.20
82240		CHOLYLGLYCINE	\$	19.69
82247		BILIRUBIN;TOTAL	\$	10.38
82248		BILIRUBIN;DIRECT	\$	15.57
82252		FECAL BILIRUBIN TEST	\$	8.65
82261		BIOTINIDASE EACH SPEC.	\$	64.49
82270		TEST FECES FOR BLOOD	\$	12.56
82270	QW	TEST FECES FOR BLOOD	\$	12.56
82271		BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIA), QUALITATIVE; OTH	\$	14.74
82271	QW	BOLLD_OCCULT,_BY_PEROXIDASE_ACTIVIT	\$	14.74
82272		BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIA), QUALITATIVE, FEC	\$	11.69
82272	QW	BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIA), QUALITATIVE, FEC	\$	11.69
82274		BLOOD OCCULT HGB DETERMINATION 1-3	\$	12.80
82274	QW	BLOOD OCCULT HGB DETERMINATION 1-3	\$	12.80
82286		ASSAY OF BRADYKININ	\$	26.30
82300		CADMIUM	\$	96.88
82306		CALCIFEDIOL,(25-OH VIT D-3)	\$	103.80
82308		CALCITONIN	\$	117.64
82310		ASSAY CALCIUM IN BLOOD,TOTAL	\$	10.38
82310	QW	ASSAY CALCIUM IN BLOOD,TOTAL	\$	10.38
82330		CALCIUM IONIZED	\$	50.86
82331		ASSAY CALCIUM IN BLD;AFT CAL INF TST	\$	19.79

82340			CALCIUM,URINE,QUANT.	\$	12.46
82355			CALCULUS (STONE) ANALYSIS,QUAL.	\$	31.14
82360			CALCULUS (STONE) ASSAY, QUANT.	\$	41.52
82365			CALCULUS (STONE) INFRARED SPEC	\$	31.14
82370			X-RAY ASSAY,CALCULUS (STONE)	\$	31.14
82373			CARBOHYDRATE DEFICIENT TRANFERRIN	\$	27.51
82374			CARBON DIOXIDE (BICARBONATE)	\$	11.42
82375			ASSAY BLOOD CARBON MONOXIDE	\$	20.76
82376			TEST FOR CARBON MONOXIDE QUAL.	\$	10.38
82378			CARCINOEMBRYONIC ANTIGEN (CEA)	\$	77.50
82379			CARNITINE (TOTAL AND-FREE)QUANT EACH	\$	64.49
82380			CAROTENE	\$	20.76
82382			URINE CATECHOLAMINES TOTAL	\$	41.52
82383			ASSAY BLOOD CATECHOLAMINES	\$	41.52
82384			ASSAY THREE CATECHOLAMINES	\$	62.28
82387			CATHEPSIN-D	\$	83.04
82390			BLOOD CERULOPLASMIN	\$	20.76
82397			CHEMILUMINESCENT ASSAY	\$	53.35
82415			CHLORAMPHENICOL	\$	51.90
82435			CHLORIDES, BLOOD	\$	10.38
82436			CHLORIDES,URINE	\$	10.38
82438			ASSAY SPINAL FLUID CHLORIDES	\$	10.38
82441			TEST FOR CHLOROHYDROCARBONS	\$	27.68
82443			ASSAY OF THIAZIDE	\$	76.12
82465			ASSAY SERUM CHOLESTEROL	\$	10.38
82465	FP		ASSAY SERUM CHOLESTEROL	\$	10.38
82465	QW		ASSAY SERUM CHOLESTROL	\$	10.38
82480			ASSAY SERUM CHOLINESTERASE	\$	15.57
82482			ASSAY RBC CHOLINESTERASE	\$	34.60
82485			ASSAY CHONDROITIN SULFATE	\$	96.88
82495			CHROMIUM	\$	33.42
82507			ASSAY CITRIC ACID	\$	128.02
82523			COLLAGEN CROSS LINK ANY METHOD	\$	41.04
82523	QW		COLLAGEN CROSSLINK ANY METHOD	\$	41.04
82525			COPPER	\$	31.14
82528			CORTICOSTERONE	\$	68.16
82530			CORTISOL; FREE	\$	58.82
82533			CORTISOL,TOTAL	\$	58.82
82540			BLOOD	\$	10.38
82542			COL/CHROM/MASS/SPEC/GC/MS/HPLC QUANT	\$	74.39
82550			CREATINE KINASE (CK),(CPK);TOTAL	\$	16.61
82552			ISOENZYMES	\$	26.99
82553			CREATINE KINASE MB FRACTION ONLY	\$	25.95
82554			CREATINE KINASE ISOFORMS	\$	55.36
82565			CREATININE	\$	10.38
82565	QW		CREATININE	\$	10.38
82570			ASSAY URINE CREATININE	\$	10.38
82570	QW		ASSAY URINE CREATININE	\$	10.38
82575			CREATININE CLEARANCE TEST	\$	15.57
82585			ASSAY BLOOD CRYOFIBRINOGEN	\$	21.80
82595			CRYOGLOBULIN	\$	5.19
82600			CYANIDE	\$	86.50
82607			CYAMOCOBALAMIN,(VITAMIN B-12)	\$	51.90
82608			CYANOCOBALAMIN;UNSAT.BIND CAPACITY	\$	51.90
82610			CYSTATIN C	\$	51.28
82615			TEST FOR URINE CYSTINES	\$	38.06
82626			DEHYDROEPIANDROSTERONE, (DHEA)	\$	102.42
82627			DEHYDROEPIANDROSTERONE-SULFATE	\$	100.34
82633			DESOXYCORTICOSTERONE, RIA	\$	133.28
82634			DESOXYCORTISOL,11-	\$	88.99
82638			DIBUCAINE NUMBER	\$	52.59
82652			DIHYDROXYVITAMIN D, 1,25-	\$	165.63
82656			ELASTASE, PANCR,FECAL,QUAL OR SEMIQU	\$	39.41
82657			ENZYME/ACTIVITY/IN/BLOOD CELLS EACH	\$	74.39
82658			ENZYME ACT/BLC RADIO EACH SPECIMEN	\$	74.39
82664			ELECTROPHORETIC TEST	\$	47.06
82668			ERYTHROPOIETIN	\$	60.55
82670			ESTRADIOL	\$	86.50
82671			ESTROGENS ASSAY	\$	141.86

82672		ESTROGEN TOTAL	\$	86.50
82677		RIA ASSAY OF ESTRIOL	\$	96.88
82679		RIA ASSAY OF ESTRONE	\$	86.50
82679	QW	RIA ASSAY OF ESTRONE	\$	86.50
82693		ETHYLENE GLYCOL	\$	43.25
82696		ASSAY OF ETIOCHOLANOLONE, RIA	\$	76.12
82705		FATS/LIPIDS,FECEs,SCREENING	\$	2.39
82710		FATS/LIPIDS, FECEs, QUANTITATIVE	\$	26.99
82715		FECAL FAT DIFFERENTIAL QUANT.	\$	26.99
82725		ASSAY BLOOD FATTY ACIDS	\$	53.63
82726		VERY LONG CHAIN FATTY ACIDS	\$	74.39
82728		FERRITIN,	\$	55.36
82731		FETAL FIBRONECTIN,C/S,SEMI-QUANT.	\$	246.35
82735		ASSAY BLOOD FLUROIDE	\$	83.04
82746		FOLIC ACID, SERUM	\$	36.33
82747		FOLIC ACID; RBC	\$	62.28
82757		ASSAY SEMEN FRUCTOSE	\$	77.85
82759		RBC GALACTOKINASE ASSAY	\$	39.79
82760		BLOOD GALACTOSE	\$	51.90
82775		ASSAY GALACTOSE TRANSFERASE	\$	12.94
82776		GALACTOSE TRANSFERASE TEST QUALITATI	\$	30.79
82777		GALECTIN_3	\$	122.48
82784		GAMMAGLOB.A,D,G,M,EACH	\$	39.10
82785		RIA ASSAY GAMMAGLOBULIN E	\$	55.36
82787		GAMM.IMM.SUBCLASSES (LGG1 2 3 & 4)	\$	30.52
82800		BLOOD PH,BLOOD GASES	\$	17.99
82803		BLOOD GASES: PH, PO2 & PCO2	\$	57.09
82805		GASES BL.COMBO OF PH,PCO2, P02, C02	\$	27.68
82810		GASES BLD 02 SAT.ONLY BY DIR MEAS.	\$	34.60
82820		HEMOGLOBIN-OXYGEN AFFINITY	\$	37.99
82930		GASTRIC ACID ANALYSIS, INCLUDES PH IF PERFORMED, EACH SPECIMEN	\$	18.61
82938		GASTRIN (SERUM) AFTER SECRETIN STIMU	\$	76.12
82941		GASTRIN	\$	55.36
82943		GLUCAGON	\$	65.74
82945		GLUCOSE BODY FLUID OTHER BLOOD	\$	15.02
82946		GLUCAGON TOLERANCE TEST	\$	44.98
82947		GLUCOSE,QUANT.	\$	15.02
82947	52	GLUCOSE,SERUM (SEPARATE TUBE,GRAY)	\$	6.92
82947	FP	GLUCOSE,QUANT	\$	15.02
82947	QW	GLUCOSE,QUANT.	\$	15.02
82947	UD	GLUCOSE,QUANT.	\$	15.02
82948		STICK ASSAY OF BLOOD GLUCOSE	\$	5.19
82948	FP	STICK ASSAY OF BLOOD GLUCOSE	\$	5.19
82948	QW	STICK ASSAY OF BLOOD GLUCOSE	\$	5.19
82950		GLUCOSE TEST,POST GLUC.	\$	10.38
82950	QW	GLUCOSE TEST,POST GLUCOSE	\$	10.38
82951		GLUCOSE TOLERANCE TEST (GTT),3 SPEC	\$	17.30
82951	QW	GLUCOSE TOLERANCE TEST (GTT),3 SPEC.	\$	17.30
82952		GTT-ADDED SAMPLES,EACH	\$	3.46
82952	QW	GTT-ADDED SAMPLES,EACH	\$	3.46
82955		ASSAY G6PD ENZYME	\$	20.76
82960		TEST FOR G6PD ENZYME, SCREEN	\$	24.22
82962		GLUCOSE BLOOD MON DEVICES HOME USE	\$	9.00
82963		GLUCOSIDASE,BETA	\$	91.69
82965		GLUTAMATE DEHYDROGENASE	\$	21.80
82977		GGT ENZYME,GAMMA	\$	16.61
82978		GLUTATHIONE ASSAY	\$	41.52
82979		ASSAY RBC GLUTATHIONE ENZYME	\$	31.14
82985		GLYCATED PROTEIN	\$	22.84
82985	QW	GLYCATED PROTEIN	\$	22.84
83001		GONADOTROPIN,FOLLICLE STIM.HORM.FSH	\$	58.82
83001	QW	STIM.HORMONE GONADOTROPIN FOLLIC,FSH	\$	58.82
83002		PITUITARY GONADOTROPINS RIA	\$	58.82
83002	QW	PITUITARY GONADOTROPINS RIA	\$	58.82
83003		RIA ASSAY GROWTH HORMONE	\$	55.36
83004		GROWTH HORMONE, HUMAN (HCG)	\$	55.36
83006		Growth stimulation gene 2	\$	209.26
83009		HELICOBACTER PYLORI, BLOOD TEST ANAL	\$	230.19
83010		HAPTOGLOBIN:QUANTITATIVE	\$	41.52

83012			HAPTOGLOBIN,PHENOTYPES	\$	41.52
83013			HELICOBACTER PYLORI,BREATH TEST ANA	\$	166.08
83014			HELICOBACTER PYLORI,B/T;DRUG AD SAM.	\$	31.14
83015			HEAVY METAL SCREENING	\$	35.29
83018			HEAVY,METALS;QUANTITATIVE	\$	86.50
83020			HEMOGLOBIN,ELECT. (EG. A2,S,C)	\$	20.76
83021			HGB FRACT/QUANT CHROM/EG/A2,S,CA/O F	\$	74.39
83026			HEMOGLOBIN COPPER SULF METH NON-AUTO	\$	6.92
83030			FETAL HEMOGLOBIN CHEMICAL	\$	34.60
83033			FETAL FECAL HEMOGLOBIN QUAL. (APT)	\$	24.22
83036			GLYCOSYLATED	\$	22.84
83036	QW		GLYCOSYLATED	\$	22.84
83037			GLYCOSYLATED HB, HOME DEVICE	\$	33.18
83037	QW		GLYCOSYLATED HB, HOME DEVICE	\$	33.18
83045			BLOOD METHEMOGLOBIN TEST	\$	5.19
83050			BLOOD METHEMOGLOBIN QUANT.	\$	10.38
83051			PLASMA	\$	4.15
83060			BLOOD SULFHEMOGLOBIN ASSAY	\$	10.38
83065			HEMOGLOBIN HEAT ASSAY	\$	10.38
83068			HEMOGLOBIN STABILITY SCREEN	\$	10.38
83069			ASSAY URINE HEMOGLOBIN	\$	10.38
83070			HEMOSIDERIN QUAL.	\$	20.76
83080			B-HEXOSAMINIDASE EACH ASSAY	\$	66.43
83088			ASSAY HISTAMINE	\$	138.40
83090			HOMYSTINE	\$	64.53
83150			HVA	\$	41.52
83491			HYDROXYCORTICOSTEROIDS,17-RIA	\$	43.60
83497			ASSAY URINE 5-HIAA	\$	20.76
83498			HYDROXYPROGESTERONE 17-D	\$	105.53
83499			HYDROXYPROGESTERONE-20	\$	105.53
83500			HYDROXYPROLINE, FREE	\$	103.80
83505			HYDROXYPROLINE	\$	103.80
83516			IMMUNOASSAY QUAL/SEMIQUAL FOR ANALYT	\$	31.14
83518			IMM.ANALYTE ANTIBODY QUAL.SEMIQUAL.	\$	27.68
83518	QW		IMM.ANALYTE ANTIBODY QUAL.SEMIQUAL.	\$	27.68
83519			IMMUNO.ANALYTE BY RIA	\$	51.90
83520			IMM.ANALYTE;NOT OTHERWISE SPECIFIED	\$	49.51
83525			RIA ASSAY OF INSULIN	\$	41.52
83526			INSULIN TOLERANCE TEST	\$	34.60
83527			INSULIN; FREE	\$	55.74
83528			INTRINSIC FACTOR LEVEL	\$	69.20
83540			ASSAY SERUM IRON	\$	15.57
83550			SERUM IRON BINDING TEST	\$	24.91
83570			UV-ASSAY BLOOD IDH ENZYME	\$	20.76
83582			ASSAY URINE 17-KGS	\$	20.76
83586			ASSAY BLOOD 17-KETOSTEROIDS	\$	25.95
83593			CHROMATOGRAPH KETOSTEROIDS	\$	20.76
83605			LACTIC ACID ASSAY	\$	46.71
83605	QW		LACTIC ACID ASSAY	\$	46.71
83615			UV-ASSAY BLOOD LDH ENZYME	\$	14.53
83625			ASSAY BLOOD LDH ENZYMES	\$	31.14
83630			LACTOFERRIN, FECAL, QUALITATIVE	\$	67.09
83631			LACTOFERRIN, FECAL;QUANTITATIVE	\$	67.09
83632			RIA PLACENTAL LACTOGEN	\$	55.36
83633			TEST URINE FOR LACTOSE	\$	21.80
83655			ASSAY BLOOD FOR LEAD	\$	31.14
83655	52		PEDIATRIC LEAD SCREENING TESTING	\$	27.68
83655	QW		ASSAY BLOOD FOR LEAD	\$	31.14
83661			R/S RATIO	\$	36.33
83662			L/S RATIO;FOAM STABILITY TEST	\$	17.30
83663			FETALLUNG FLUORESENCE POLARIZATION	\$	36.19
83664			FETAL LUNG;FOAM STABILITY TEST	\$	18.10
83670			UV-ASSAY BLOOD LAP ENZYME	\$	7.27
83690			ASSAY BLOOD LIPASE	\$	15.57
83695			LIPOPROTEIN (A)	\$	44.22
83698			ASSAY LIPOPROTEIN PLA2	\$	128.19
83700			LIPOPROTEIN, BLOOD; ELECTROPHORETIC SEPARATION AND QUANTITATION	\$	38.48
83701			LIPOPROTEIN, BLOOD; HIGH RESOLUTION FRACTIONATION AND QUANTITATION	\$	93.73
83704			LIPOPROTEIN, BLOOD; QUANTITATION OF LIPOPROTEIN PARTICLE NUMBERS	\$	107.81

83718			BLOOD LIPOPROTEIN ASSAY	\$	27.68
83718	QW		BLOOD LIPOPROTEIN ASSAY	\$	27.68
83719			LIPOPROTEIN,VLDL CHOLESTEROL	\$	53.63
83721			LIPOPROTEIN,DIRECT MEAS.LDL CHOLEST.	\$	36.88
83721	QW		LIPOPROTEIN,DIRECT MEAS.LDL CHOLEST.	\$	36.88
83727			LUTEINIZING RELEASING FACTOR, RIA	\$	58.82
83735			ASSAY BLOOD MAGNESIUM	\$	15.57
83775			UV-ASSAY OF MD ENZYME	\$	20.41
83785			ASSAY OF MANGANESE	\$	44.95
83789			MASS/SPECTRO, ANALYTE QUANT EACH SPEC	\$	15.22
83825			ASSAY BLOOD MERCURY	\$	29.06
83835			ASSAY URINE METANEPHRINES	\$	35.29
83857			ASSAY METHHEMALBUMIN	\$	41.52
83861			MICROFLUIDIC ANALYSIS UTILIZING AN INTEGRATED COLLECTION AND ANAL	\$	62.21
83864			BLOOD MUCOPOLYSACCHARIDES	\$	44.98
83872			ASSAY SYNOVIAL FLUID MUCIN	\$	11.07
83873			MYELIN BASIC PROTEIN,CSF,RIA	\$	69.20
83874			MYOGLOBIN ELECTROPHORESIS	\$	41.52
83876			MYELOPEROXIDASE_(MPO)	\$	140.79
83880			NATRIURETIC PEPTIDE	\$	131.27
83880	QW		NATRIURETIC PEPTIDE	\$	131.27
83883			NEPHELOMETRY,EACH ANALYTE NOT ELSE	\$	51.90
83885			ASSAY URINE FOR NICKEL	\$	65.74
83915			ASSAY NUCLEOTIDASE	\$	20.76
83916			OLIGOCLONAL IMMUNE GLOBULIN,CSF	\$	69.20
83918			ASSAY ORGANIC ACIDS	\$	65.74
83919			ORGANIC ACID;QUAL EACH SPEC	\$	65.74
83921			ORGANIC ACID,SINGLE,QUANT.	\$	65.74
83930			ASSAY BLOOD OSMOLALITY	\$	31.14
83935			ASSAY URINE OSMOLALITY	\$	31.14
83937			OSTEOCALCIN	\$	138.40
83945			ASSAY URINE OXALATE	\$	58.82
83950			ONCOPROTEIN HER-2/NEU	\$	246.35
83951			ONCOPROTEIN;_DES-GAMMA-CARBOXY-PROTH	\$	220.13
83970			RIA ASSAY OF PARATHORMONE	\$	186.84
83986			ASSAY BODY FLUID ACIDITY	\$	14.88
83986	QW		ASSAY BODY FLUID ACIDITY	\$	14.88
83987			PH; EXHALED BREATH CONDENSATE	\$	12.25
83992			PHENCYCLIDINE (PCP)	\$	62.28
83993			CALPROTECTIN, FECAL	\$	67.09
84030			PKU,BLOOD	\$	20.76
84035			PHENLKETONES,QUAL.	\$	16.95
84060			PHOSPHATASE,ACIDL TOTAL	\$	12.46
84061			PHOSPH.ACID;FORENSIC EXAMINATION	\$	12.46
84066			PHOSPHATASE,ACID,PROSTATIC	\$	43.60
84075			ASSAY ALKALINE PHOSPHATASE	\$	12.46
84078			ASSAY ALKALINE PHOSPHATASE	\$	12.46
84080			ALKALINE PHOSPHATASE ISOENZYMIES	\$	12.46
84081			PHOSPHATYDYLGLYCEROL	\$	69.20
84085			ASSAY RBC PG6D ENZYME	\$	27.33
84087			ASSAY PHOSPHOHEXOSE ENZYMES	\$	46.71
84100			ASSAY BLOOD PHOSPHORUS	\$	10.38
84105			ASSAY URINE PHOSPHORUS	\$	10.38
84106			PORPHOBILINOGEN,URINE:QUAL.	\$	6.23
84110			PORPHOBILINOGEN,QUANT	\$	25.95
84112			PLACENTAL ALPHA MICROGLOBULIN-1 (PAMG-1), CERVICOVAGINAL SECRETI	\$	271.58
84119			PORPHYRINS,URINE,QUAL.	\$	10.38
84120			PORPHYRINS,URINE:QUANT AND FRACT	\$	25.95
84126			FECES PORPHYRINS,QUANT.	\$	119.37
84132			ASSAY BLOOD POTASSIUM	\$	13.49
84133			ASSAY URINE POTASSIUM	\$	13.49
84134			PREALBUMIN	\$	55.05
84135			PREGNANEDIOL; RIA	\$	41.52
84138			PREGNANETRIOL;RIA	\$	41.52
84140			PREGNENOLONE	\$	95.15
84143			17-HYDROXYPREGNENCLONE	\$	103.80
84144			ASSAY PROGESTERONE	\$	69.20
84145			PROCALCITONIN (PCT)	\$	91.55
84146			RIA ASSAY FOR PROLACTIN	\$	69.20

84150			PROSTAGLANDIN, EACH	\$	103.80
84152			PROSTATE SPECIFIC ANTIGEN PSA DIRECT	\$	84.77
84153			PROSTATE SPECIFIC ANTIGEN (PSA)	\$	84.77
84154			PROSTATE SPECIFIC ANTIGEN(PSA)FREE	\$	84.77
84155			PROTEIN: TOTAL,EXCEPT REF.	\$	6.23
84156			PROTEIN;TOTAL EXCEPT REFRACTOMETRY U	\$	6.23
84157			PROTEIN TOTAL OTHER SYNOLIAL CERE	\$	6.23
84160			PROTEIN;TOTAL,REFRACTOMETRIC	\$	6.23
84163			PREGNANCY-ASSOCIATED PLASMA PROTEIN-	\$	51.45
84165			ASSAY SERUM PROTEINS	\$	20.76
84166			PROTEIN; ELECTROPHORETIC FRACTIONATI	\$	60.93
84166	26		PROTEIN; ELECTROPHORETIC FRACTIONATI	\$	51.66
84181			PROTEIN;WEST.BLOT INT.&REP.BLOOD OTH	\$	69.20
84181	26		PROTEIN;WEST.BLOT INT.&REP.BLOOD OTH	\$	51.90
84182			PROTEIN;WEST.BLOT IMM.PROBE BAND EAC	\$	81.31
84182	26		PROTEIN;WEST.BLOT IMM.PROBE BAND EAC	\$	51.90
84202			ASSAY RBC PROTOPORPHYRIN	\$	35.98
84203			TEST RBC PROTOPORPHYRIN	\$	10.38
84206			PROINSULIN	\$	65.74
84207			(VITAMIN B-6) PYRIDOXAL PHOS.	\$	110.72
84210			ASSAY BLOOD PYRUVATE	\$	44.29
84220			PYRUVIC KINASE	\$	35.64
84228			QUININE	\$	47.06
84233			RECEPTOR ASSAY; ESTROGEN(ESTRADIOL)	\$	55.36
84234			RECEPTOR ASSAY; PROGESTERONE	\$	69.20
84235			RECEPTOR ASSAY;ENDOCRINE;OTHER	\$	218.67
84238			RECEPTOR ASSAY, NON-ENDO	\$	148.78
84244			RIA ASSAY OF RENIN	\$	86.50
84252			ASSAY VITAMIN B-2	\$	83.04
84255			SELENIUM	\$	102.42
84260			ASSAY BLOOD SEROTONIN	\$	121.79
84270			SEX HORMONE BINDING GLOBULIN (SHBG)	\$	86.50
84275			ASSAY BLOOD SIALIC ACID	\$	55.36
84285			ASSAY SILICA	\$	99.65
84295			ASSAY BLOOD SODIUM	\$	13.49
84300			ASSAY URINE SODIUM	\$	13.49
84302			SODIUM;OTHER SOURCE	\$	13.49
84305			SOMATOMEDIN	\$	55.36
84307			SOMATOSTATIN	\$	55.36
84311			SPECTR.ANALYTE NOT ELSEW.SPECIFIED	\$	25.95
84315			BODY FLUID SPECIFIC GRAVITY	\$	10.38
84375			CHROMATOGRAM ASSAY, SUGARS	\$	80.27
84376			SUGARS(MON-DI)OLI;/SINGLE QUAL EA SP	\$	24.22
84377			SUGAR/MON-DI-OLIGOSACC MULT-QUAL EA	\$	24.22
84378			SUGARS/OLIGOSACC/OUANT EACH SPEC	\$	48.44
84379			SUGAR/OLIGOSACCHARIDES/M/QUANT EA SP	\$	48.44
84392			SULFATE, URINE	\$	19.38
84402			TESTOSTERONE; FREE	\$	105.18
84403			RIA ASSAY BLOOD TESTOSTERONE	\$	110.72
84425			ASSAY VITAMIN B-1	\$	79.96
84430			THIOCYANATE	\$	12.46
84431			THROMBOXANE METABOLITE(S), INCLUDING THROMBOXANE IF PERFORMED	\$	97.19
84432			THYROGLOBULIN	\$	44.98
84436			THYROXINE, TRUE, RIA	\$	20.76
84437			THYROXINE, NEONATAL	\$	20.76
84439			THYROID PANEL	\$	34.60
84442			THYROID ACTIVITY (TBG) ASSAY	\$	41.52
84443			RIA ASSAY OF TS HORMONE	\$	63.32
84445			RIA THYROTROPIN FACTOR	\$	96.19
84446			ASSAY VITAMIN E	\$	58.13
84449			TRANSCORTIN	\$	83.04
84450			UV-ASSAY- TRANSAMINASE (SGOT)	\$	10.38
84450	QW		UV-ASSAY TRANSAMINASE (SGOT)	\$	10.38
84460			UV-ASSAY TRANSAMINASE (SGPT)	\$	10.38
84460	QW		UV-ASSAY TRANSAMINASE (SGPT)	\$	10.38
84466			TRANSFERRIN	\$	52.59
84478			ASSAY BLOOD TRIGLYCERIDES	\$	25.26
84478	QW		ASSAY BLOOD TRIGLYCERIDES	\$	25.26
84479			TRIIODOTHYRONINE, RESIN UPTAKE	\$	20.76

84480			RIA ASSAY, T-3	\$	51.90
84481			TRIIODOTHYRONINE, FREE RIA	\$	51.90
84482			TRIDOTHYRONINE(T-3);REVERSE	\$	51.90
84484			TROPONIN	\$	32.90
84485			ASSAY DUODENAL FLUID TRYPSIN	\$	11.42
84488			TEST FECES FOR TRYPSIN	\$	11.42
84490			ASSAY FECES FOR TRYPSIN	\$	11.42
84510			ASSAY BLOOD TYROSINE	\$	43.94
84512			TROPNIN-QUAL	\$	34.60
84520			ASSAY BUN	\$	10.38
84525			STICK-ASSAY BUN	\$	10.38
84540			ASSAY URINE UREA-N	\$	10.38
84545			UREA-N CLEARANCE TEST	\$	20.76
84550			ASSAY BLOOD URIC ACID	\$	10.38
84560			ASSAY URINE URIC ACID	\$	10.38
84577			UROBILINOGEN,FECES; QUANT.	\$	20.76
84578			TEST URINE UROBILINOGEN	\$	1.52
84580			UROBILINOGEN,URINE; QUANT.	\$	7.27
84583			UROBILINOGEN,URINE;SEMIQUANT.	\$	7.27
84585			ASSAY URINE VMA	\$	41.52
84586			VASOACTIVE INTEST.PEPTIDE (VIP)	\$	166.08
84588			RIA ASSAY VASOPRESSIN	\$	155.70
84590			ASSAY BLOOD VITAMIN-A	\$	20.76
84591			VITAMIN NOT OTHERWISE SPEC	\$	44.36
84597			ASSAY VITAMIN-K	\$	62.28
84600			VOLATILES	\$	62.28
84620			XYLOSE TOLERANCE TEST, BLOOD	\$	55.36
84630			ASSAY BLOOD ZINC	\$	51.90
84681			C-PEPTIDE, ANY METHOD	\$	76.12
84702			GONADOTROPIN,CHORIONIC;QUANTITATIVE	\$	39.41
84702	UD		GONADOTROPIN,CHORIONIC;QUANTITATIVE	\$	39.41
84703			GONADOTROPIN,CHORIONIC;QUALITATIVE	\$	10.38
84703	QW		GONADOTROPIN,CHORIONIC;QUALITATIVE	\$	10.38
84703	UD		GONADOTROPIN,CHORIONIC;QUALITATIVE	\$	10.38
84704			GONADOTROPIN, CHORIONIC (HCG); FREE BETA CHAIN	\$	51.45
84830			OVUL.TESTS,VISUAL COLOR COMP.METHODS	\$	10.38
85002			BLEEDING TIME TEST	\$	4.15
85004			BLOOD COUNT;AUTOMATED DIFF WBC COUNT	\$	24.91
85007			DIFFERENTIAL WBC COUNT	\$	8.30
85008			BLOOD COUNT;MAN.SMEAR EX.WITHOUT DIF	\$	4.15
85009			DIFFERENTIAL WBC COUNT	\$	4.15
85013			BLOOD COUNT;SPUN MICROHEMATOCRIT	\$	5.19
85013	FP		BLOOD COUNT;SPUN MICROHEMATOCRIT	\$	5.19
85014			HEMATOCRIT	\$	5.19
85014	QW		HEMATOCRIT	\$	5.19
85014	UD		HEMATOCRIT	\$	5.19
85018			HEMOGLOBIN, COLORIMETRIC	\$	4.15
85018	FP	QW	HEMOGLOBIN, COLORIMETRIC	\$	6.92
85018	QW		HEMOGLOBIN, COLORIMETRIC	\$	4.15
85025			BLOOD COUNT;HEMO.PLAT.COUNT,AUTO/AUT	\$	17.30
85025	UD		BLOOD COUNT;HEMO.PLAT.COUNT,AUTO/AUT	\$	17.30
85027			HEMOGRAM,AUTOMATED W/PLATELET COUNT	\$	16.61
85032			BLOOD COUNT;MANAL CELL C;ER,LEU,EACH	\$	10.38
85041			RED BLOOD CELL (RBC) COUNT	\$	4.15
85044			RETICULOCYTE COUNT	\$	10.38
85045			BLOOD RETIC COUNT FLOW CYTOMETRY	\$	13.84
85046			BL/CT;RETIC,HGB CONCENTRATION	\$	9.52
85048			WHITE BLOOD CELL (WBC) COUNT	\$	4.15
85049			BLOOD COUNT;PLATELET;AUTO	\$	17.30
85055			RETICULATED PLATELET ASSAY	\$	103.56
85060			BLOOD SMEAR, PERIPHERAL, INTERPRETAT	\$	27.68
85097			BONE MARROW SMEAR INTERPR.ONLY	\$	83.04
85097	26		BONE MARROW SMEAR INTERPRET	\$	83.04
85170			BLOOD CLOT RETRACTION SCREEN	\$	2.08
85175			BLOOD CLOT LYSIS TIME	\$	13.49
85210			BLOOD CLOT FACTOR II TEST	\$	10.38
85220			BLOOD CLOT FACTOR V TEST	\$	83.04
85230			BLOOD CLOT FACTOR VII TEST	\$	83.04
85240			BLOOD CLOT FACTOR VIII TEST	\$	83.04

85244			FACTOR VIII RELATED ANTIGEN QUAN	\$	77.09
85245			CLOTTING;FACTOR VIII,VW RIST.COFACTO	\$	34.60
85246			CLOTTING;FACTOR VIII,VW ANTIGEN	\$	34.60
85247			CLOTTING;FACTOR VIII VON WILLEBRAND	\$	34.60
85250			BLOOD CLOT FACTOR IX TEST(PTC/CHRIST	\$	71.73
85260			BLOOD CLOT FACTOR X TEST(STUART-PROW	\$	83.04
85270			BLOOD CLOT FACTOR XI TEST (PTA)	\$	83.04
85280			BLOOD CLOT FACTOR XII TEST	\$	89.96
85290			BLOOD CLOT FACTOR XIII TEST	\$	27.68
85291			BLOOD CLOT FACTOR XIII TEST	\$	24.22
85292			CLOTTING; PREKALLIKRIEW ASSAY	\$	71.52
85293			CLOTTING;H-M-W KININNOGEN ASSA	\$	71.52
85300			ANTITHROMBIN III TEST ACTIVITY	\$	51.90
85301			CLOT. INHIB/ANTICOAG/ANTITHROM	\$	48.44
85302			CLOT INHIBIT/ANTICOAC/PROTEIN C	\$	55.36
85303			CLOTTING INH.OR ANTIC.PROT.C,ACTIVIT	\$	62.28
85305			CLOTTING INHIBITORS PROTEINS S,TOTAL	\$	43.80
85306			CLOTTING INH.OR ANT;PROT.S FREE	\$	62.28
85307			ACTIVATED PROTEIN C(APC) RESIS ASSAY	\$	62.28
85335			FACTOR INHIBITOR TEST	\$	34.60
85337			THROMBOMODULIN	\$	34.60
85345			COAGULATION TIME	\$	6.23
85347			COAGULATION TIME, ACTIVATED	\$	10.38
85348			COAGULATION TIME, OTHER METHODS	\$	4.15
85360			EUGLOBULIN LYSIS	\$	38.06
85362			FIBRIN DEGRADATION PRODUCTS,AGGSLIDE	\$	10.38
85366			FDP FSP; PARACOAGULATION	\$	27.68
85370			FDP FSP; QUANTITATIVE	\$	12.35
85378			FIBRIN DEGR.PRODUCTS,D-DIMER;SEMIQUA	\$	17.30
85379			FIBRIN DEGR.PRODUCTS,D-DIMER;QUANT.	\$	17.30
85380			FIBRIN DEGRAD;VENOUS THROM QUAL SQUA	\$	17.30
85384			FIBRINOGEN;ACTIVITY	\$	33.22
85385			FIBRINOGEN; ANTIGEN	\$	33.22
85390			FIBRINOLYSINS SCREEN	\$	24.22
85390	26		FIBRINOLYSINS SCREEN	\$	17.30
85396			COAGULATION/FIBRINOLYSIS ASSAY WHOLE	\$	62.28
85397			COAGULATION_AND_FIBRINOLYSIS__FUNCT	\$	87.12
85400			FIBRINOLYTIC FACTORS; PLASMIN	\$	31.14
85410			FIBRINOLYTIC ANTIPLASMIN-ALPHA-2	\$	31.14
85415			FIBR.FACTOR&ING.PLASM.ACTIVATOR	\$	34.60
85420			FIBRINOLYTIC PLASMINOGEN	\$	24.70
85421			FIBRO MECH;PLASM.ANTIGENIC ASS	\$	38.48
85441			HEINZ BODIES; DIRECT	\$	17.30
85445			HEINZ BODIES; INDUCED	\$	17.30
85460			HEMOGLOBIN, FETAL	\$	32.52
85461			HRG/RBC ROSETTE	\$	31.14
85475			HEMOLYSIN; ACID	\$	34.60
85520			HEPARIN ASSAY	\$	27.58
85525			HEPARIN NEUTRALIZATION	\$	55.36
85530			HEPARIN-PROTAMINE TOLERANCE	\$	55.36
85536			IRON STAIN PERIPHERAL BLOOD	\$	17.30
85540			WBC ALKALINE PHOSPHATASE	\$	30.79
85547			RBC MECHANICAL FRAGILITY	\$	36.33
85549			SERUM MURAMIDASE	\$	86.50
85555			RBC OSMOTIC FRAGILITY	\$	16.61
85557			RBC OSMOTIC FRAGILITY, INCUBATED	\$	16.61
85576			PLATELET;AGGREGATION (IN VITRO)	\$	83.07
85576	26		PLATELET;AGGREGATION (IN VITRO)	\$	17.30
85576	QW		PLATELET;AGGREGATION (IN VITRO)	\$	83.07
85597			PLATELET NEUTRALIZATION	\$	69.20
85598			PHOSPHOLIPID NEUTRALIZATION; HEXAGONAL PHOSPHOLIPID	\$	61.42
85610			PROTHROMBIN TIME	\$	10.38
85610	QW		PROTHROMBIN TIME	\$	10.38
85610	UD		PROTHROMBIN TIME	\$	10.38
85611			PROTH.TIME;SUBST.PLASMA FRACT.EACH	\$	15.57
85612			VIPER VENOM PROTHROMBIN TIME	\$	44.98
85613			RUSSELL VIPER VENOM TIME; DILUTED	\$	34.60
85635			REPTILASE TEST	\$	29.06
85651			RBC SEDIMENTATION RATE, NON AUTO	\$	5.19

85652			SED RATE AUTOMATED	\$	5.19
85660			RBC SICKLE CELL TEST	\$	10.38
85670			THROMBIN TIME; PLASMA	\$	22.84
85675			THROMBIN TIME; TITER	\$	22.21
85705			THROMBOPLASTIN INHIBITION; TISSUE	\$	27.33
85730			THROMBOPLASTIN TIME, PARTIAL	\$	10.38
85730	UD		THROMBOPLASTIN TIME, PARTIAL	\$	10.38
85732			THROMBOPLASTIN TIME, SUB PLASMA	\$	10.38
85810			BLOOD VISCOSITY EXAMINATION	\$	51.90
86000			AGGLUTININS; FEBRILE EACH ANTIGEN	\$	3.29
86001			ALLERGEN SPECIFIC IGG QUANT EACH	\$	13.84
86003			ALLERGEN SPEC.IGE;QUANT.TO 12 ALLERG	\$	13.84
86005			ALLERGEN SPEC.IGE;QUAL.MULT.SCREEN	\$	11.21
86021			WBC ANTIBODY IDENTIFICATION	\$	31.14
86022			PLATELET ANTIBODIES	\$	31.14
86023			ANTIBODY ID,PLAT.ASS. IMMUNOBLO	\$	51.90
86038			ANTINUCLEAR ANTIBODIES (ANA), RIA	\$	26.99
86039			ANTINUCLEAR ANTIBODIES,ANA;TITER	\$	51.90
86060			ANTISTREPTOLYSIN O TITER	\$	12.46
86063			ANTISTREPTOLYSIN O SCREEN	\$	4.15
86077			BLOOD BANK PHYSICIAN SERVICES;	\$	86.50
86078			BLOOD BANK PHYSICIAN SERVICES;	\$	58.82
86079			BLOOD BANK PHYSICIAN SERVICES;	\$	58.82
86140			C-REACTIVE PROTEIN	\$	10.38
86141			C-REACTIVE PROTEIN;HSCRIP	\$	49.48
86146			BETA 2 GLYCOPROTEIN I ANTIBODY EA.	\$	96.08
86147			CARDIOLIPIN ANTIBODY	\$	96.08
86148			ANTI-PHOSPHATIDYLSERINE PHOSPHOL ANT	\$	60.55
86153			CELL_ENUMERATION_PHYS_INTERP	\$	102.42
86155			CHEMOTAXIS ASSAY	\$	60.24
86156			COLD AGGLUTININ; SCREEN	\$	10.38
86157			COLD AGGLUTININ; TITER	\$	31.14
86160			COMPLEMENT;ANTIGEN,EACH COMPONENT	\$	31.14
86161			COMPLEMENT;FUNCTIONAL ACT.EACH COMP.	\$	31.14
86162			COMPLEMENT; TOTAL (CH 50)	\$	53.98
86171			COMPLEMENT FIXATION, EACH	\$	15.57
86185			COUNTERELECTROPHORESIS, EACH	\$	27.33
86200			CYCLIC CITRULLINATED PEPTIDE (CCP), ANTIBODY	\$	44.22
86215			DEOXYRIBONUCLEASE, ANTIBODY	\$	62.28
86225			DNA ANTIBODY	\$	44.98
86226			DNA ANTIBODY; SINGLE STRANDED	\$	51.90
86235			ENA ANTIBODY	\$	83.04
86243			FC RECEPTOR	\$	55.01
86255			FLUORESCENT ANTIBODY; SCREEN	\$	26.99
86255	26		FLUORESCENT ANTIBODY; SCREEN	\$	17.30
86256			FLUORESCENT ANTIBODY; TITER	\$	43.25
86256	26		FLUORESCENT ANTIBODY; TITER	\$	17.30
86277			GROWTH HORMONE,HUMAN,ANTIBODY	\$	55.36
86280			HEMAGGLUTINATION INHIBITION	\$	18.68
86294			IMMUNOASSAY FOR TUMOR ANTIGEN QUAL	\$	41.52
86294	QW		IMMUNOASSAY TUMOR ANTIGEN QUAL	\$	41.52
86300			IMMUNOASSAY FOR TUMOR ANTIGEN QUAN	\$	79.58
86301			CA19-9	\$	79.58
86304			CA125	\$	79.58
86305			HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	\$	71.14
86308			HETEROPHILE ANTIBODIES; SCREENING	\$	10.38
86308	QW		HETEROPHILE ANTIBODIES;SCREENING	\$	10.38
86309			HETEROPHILE ANTIBODIES; TITER	\$	17.30
86310			HETEROPHILE ANTIBODIES	\$	15.57
86316			IMMUNOASSAY FOR TUMOR ANTIGEN	\$	96.88
86317			IMMUNOASSAY/INFECTIOUS AGENT..QUANT.	\$	27.68
86318			IMMUNOASSAY TO INF. AGENT ANTI.QUAL.	\$	24.22
86318	QW		IMMUNOASSAY TO INFECTIOUS AGENT,QUAL	\$	24.22
86320			SERUM IMMUNOELECTROPHORESIS	\$	36.33
86320	26		SERUM IMMUNOELECTROPHORESIS	\$	17.30
86325			OTHER IMMUNOELECTROPHORESIS	\$	86.50
86325	26		OTHER IMMUNOELECTROPHORESIS	\$	17.30
86327			IMMUNOELECTROPHORESIS; CROSSED	\$	86.50
86327	26		IMMUNOELECTROPHORESIS; CROSSED	\$	17.30

86329			IMMUNODIFFUSION, EACH	\$	65.74
86331			IMMUNODIFFUSION OUCHTERLONY	\$	15.57
86332			IMMUNE COMPLEX ASSAY	\$	114.18
86334			IMMUNOFIXATION ELECTROPHORESIS	\$	103.80
86334	26		IMMUNOFIXATION ELECTROPHORESIS	\$	17.30
86335			IMMUNO ELECT;OTHER FL,W CONCENTRATIO	\$	100.27
86335	26		IMMUNOFIXATION ELECTROPHORESIS	\$	51.66
86336			INHIBIN A	\$	60.55
86337			INSULIN ANTIBODIES	\$	47.44
86340			INTRINSIC FACTOR ANTIBODIES	\$	69.20
86341			ISLET CELL ANTIBODY	\$	86.50
86343			LEUKOCYTE HISTAMINE RELEASE	\$	20.76
86344			LEUKOCYTE PHAGOCYTOSIS	\$	37.58
86352			CELLULAR FUNCTION ASSAY INVOLVING STIMULATION (EG, MITOGEN OR AN	\$	464.26
86353			LYMPHOCYTE TRANSFORMATION	\$	110.72
86355			B CELLS, TOTAL COUNT	\$	128.92
86356			MONONUCLEAR CELL ANTIGEN, QUANTITATIVE (EG, FLOW CYTOMETRY), NO	\$	91.52
86357			NATURAL KILLER (NK) CELLS, TOTAL COUNT	\$	128.92
86359			T CELLS;TOTAL COUNT	\$	138.40
86360			T CELLS;T4&T8, INCLUDING RATIO	\$	190.30
86361			T CELLS;ABSOLUTE CD4 COUNT	\$	103.56
86367			STEM CELLS (IE, CD34), TOTAL COUNT	\$	215.28
86376			MICROSOMAL ANTIBODY (THYROID)	\$	22.84
86378			MIGRATION INHIBITORY FACTOR	\$	89.96
86382			NEUTRALIZATION TEST, VIRAL	\$	69.20
86384			NITROBLUE TETRAZOLIUM DYE	\$	37.58
86386			NUCLEAR MATRIX PROTEIN 22 (NMP22), QUALITATIVE	\$	60.27
86403			PARTICLE AGGL. RAPID TEST FOR INFECT	\$	27.68
86406			TITER/EACH ANTIBODY	\$	22.84
86430			RHEUMATOID FACTOR; QUAL.	\$	6.23
86431			RHEUMATOID FACTOR; QUANTITATIVE	\$	15.57
86480			TUBERCULOSIS TEST, CELL MEDIATED IMMUNITY MEASUREMENT OF GAMMA	\$	211.82
86481			TUBERCULOSIS TEST, CELL MEDIATED IMMUNITY ANTIGEN RESPONSE MEAS	\$	276.80
86485			SKIN TEST; CANDIDA	\$	13.84
86486			SKIN TEST; UNLISTED ANTIGEN, EACH	\$	14.71
86490			COCCIDIOIDOMYCOSIS SKIN TEST	\$	13.84
86510			HISTOPLASMOSIS SKIN TEST	\$	13.84
86580			TB PATCH OR INTRADERMAL TEST	\$	13.84
86580	HU		TB PATCH OR INTRADERMAL TEST	\$	13.84
86580	HA		TUBERCULOSIS TEST, INTRADERMAL	\$	34.60
86590			STREPTOKINASE, ANTIBODY	\$	27.68
86592			SYPHILIS TEST(S),QUALITATIVE	\$	5.19
86592	FP		SYPHILIS TEST(S) ,QUALITATIVE	\$	5.19
86592	UD		SYPHILIS TEST(S),QUALITATIVE	\$	5.19
86593			SYPHILIS TEST, QUANTITATIVE	\$	10.38
86602			ANTIBODY; ACTINOMYCES	\$	34.60
86603			ANTIBODY; ADENOVIRUS	\$	34.60
86606			ANTIBODY; ASPIRGILLUS	\$	34.60
86609			ANTIBODY;BACTERIUM,NOT ELSEWHERE	\$	34.60
86611			BARTONELLA	\$	38.75
86612			ANTIBODY; BLASTOMYCES	\$	34.60
86615			ANTIBODY; BORDETELLA	\$	34.60
86617			LYME CONFIRM-WESTER/IMMUNBLOT	\$	65.74
86618			ANTIBODY;BORELLIA BUFGDORFERI(LYME)	\$	79.58
86618	QW		ANTIBODY;BORELLIA BUFGDORFERI(LYME)	\$	79.58
86619			ANTIBODY;BORRELIA (RELAPSING FEVER)	\$	34.60
86622			ANTIBODY; BRUCELLA	\$	27.68
86625			ANTIBODY; CAMPYLOBACTER	\$	34.60
86628			ANTIBODY; CANDIDA	\$	34.60
86631			ANTIBODY;CHLAMYDIA	\$	34.60
86632			ANTIBODY, CHLAMYDIA, 1GM	\$	51.90
86635			ANTIBODY;COCCIDOIDES	\$	34.60
86638			ANTIBODY; COXIELLA BRUNETII Q FEVER	\$	43.25
86641			ANTIBODY;CRYPTOCOCCUS	\$	43.25
86644			ANTIBODY;CYTOMEGALOVIRUS (CMV)	\$	41.52
86645			ANTIBODY; (CMV) IGM	\$	41.52
86648			ANTIBODY;DIPHTHERIA	\$	62.28
86651			ANTIBODY;ENCEPHALITIS,CAL.LACROSSE	\$	41.52
86652			ANTIBODY;ENCEPHALITIS, EAST. EQUINE	\$	41.52

86653			ANTIBODY;ENCEPHALITIS,ST. LOUIS	\$	41.52
86654			ANTIBODY;ENCEPHALITIS,WEST.EGVINE	\$	41.52
86658			ANTIBODY;ENTEROVIRUS (EG,COXSACKIE)	\$	41.52
86663			ANTIBODY; EB VIRUS, EA	\$	41.52
86664			ANTIBODY;EB VIRUS, EBNA	\$	57.78
86665			ANTIBODY; EB VIRUS, VCA	\$	68.51
86666			EHRlichia	\$	38.75
86668			ANTIBODY;FRANCISELLA TULARENSIS	\$	41.52
86671			ANTIBODY;FUNGUS,NOT ELSEWHERE SPECIF	\$	51.90
86674			ANTIBODY; GIARDIA LAMBLIA	\$	69.20
86677			ANTIBODY;HELICOBACTER PYLORI	\$	41.52
86682			ANTIBODY;HELMINTH,NOT ELSEWHERE	\$	41.52
86684			ANTIBODY;HEMOPHILUS INFLUENZA	\$	51.90
86687			HTLV I ANTI DET IMMUNOASSAY	\$	31.94
86688			ANTIBODY; HTLV-II	\$	44.98
86689			HTLV I ANTI DECT CONFIRM TEST	\$	73.35
86692			ANTIBODY;HEPATITIS,DELTA AGENT	\$	69.20
86694			ANTIBODY;HERPES SIMPLEX,NON-SPECIFIC	\$	44.29
86695			ANTIBODY;HERPES SIMPLEX,TYPE I	\$	44.29
86695	FP		ANTIBODY;HERPES SIMPLEX TYPE I	\$	44.29
86696			HERPES SIMPLEX TYPE2	\$	74.04
86696	FP		HERPES SIMPLEX TYPE 2	\$	74.04
86698			ANTIBODY;HISTOPLASMA	\$	51.90
86701			ANTIBODY; HIV-1	\$	41.52
86701	FP		ANTIBODY: HIV - 1	\$	41.52
86701	QW		ANTIBODY; HIV-1	\$	41.52
86701	UD		ANTIBODY: HIV 1	\$	41.52
86702			ANTIBODY: HIV 2	\$	44.98
86703			ANTIBODY; HIV-1&2, SINGLE ASSAY	\$	62.28
86703	FP		ANTIBODY; HIV-1&2, SINGLE ASSAY	\$	62.28
86703	FP	QW	ANTIBODY; HIV-1&2, SINGLE ASSAY	\$	62.28
86703	QW		ANTIBODY; HIV-1&2, SINGLE ASSAY	\$	62.28
86703	UD		ANTIBODY; HIV-1&2, SINGLE ASSAY	\$	62.28
86704			HEPATITIS(HBCAB);IGGANDIGM	\$	51.90
86705			HEPATITIS BCORE ANTI IGM ANTIBODY	\$	43.60
86706			HEPATIITS B SURFACE ANTIBODY(HBSAB)	\$	41.52
86707			HEPATITIS BE ANTIBODY (HBEAB)	\$	41.52
86708			HEPATITIS A ANTIBODY(HAAB);IGG-IGM	\$	41.52
86709			HEPATITIS A IGM ANTIBODY	\$	43.60
86710			ANTIBODY; INFLUENZA VIRUS	\$	41.52
86711			ANALYSIS FOR ANTIBODY TO JOHN CUNNINGHAM VIRUS	\$	49.20
86713			ANTIBODY; LEGIONELLA	\$	69.20
86717			ANTIBODY;LEISHMANIA	\$	55.36
86720			ANTIBODY;LEPTOSPIRA	\$	51.90
86723			ANTIBODY;LISTERIA MONOCYTOGENE	\$	51.90
86727			ANTIBODY;LYMPHOCYTIC CHORIOMENGITI	\$	51.90
86729			ANTIBODY;LYMPHOGANULOMA VENEREUM	\$	41.52
86732			ANTIBODY; MUCORMYCOSIS	\$	51.90
86735			ANTIBODY; MUMPS	\$	51.90
86738			ANTIBODY; MYCOPLASMA	\$	41.52
86741			ANTIBODY;NEISSERIA MENINGITIDIS	\$	41.52
86744			ANTIBODY;NOCARDIA	\$	41.52
86747			ANTIBODY; PARVOVIRUS	\$	41.52
86750			ANTIBODY;PLASMODIM (MALARIA)	\$	41.52
86753			ANTIBODY;PROTOZOA,NOT ELSEWHERE SPEC	\$	41.52
86756			ANTIBODY;RESPIRATORY SYNCYTIAL VIRUS	\$	41.52
86757			RICKETTSIA	\$	74.04
86759			ANTIBODY;ROTAVIRUS	\$	41.52
86762			ANTIBODY;RUBELLA	\$	41.52
86762	FP		ANTIBODY;RUBELLA	\$	41.52
86762	UD		ANTIBODY;RUBELLA	\$	41.52
86765			ANTIBODY;RUBEOLA	\$	34.60
86768			ANTIBODY;SALMONELLA	\$	41.52
86771			ANTIBODY;SHIGELLA	\$	41.52
86774			ANTIBODY;TETANUS	\$	18.68
86777			ANTIBODY; TOXOPLASMA	\$	41.52
86778			ANTIBODY; TOXOPLASMA, IGM	\$	51.90
86780			ANTIBODY; TREPONEMA PALLIDUM	\$	45.22
86784			ANTIBODY;TRICHINELLA	\$	27.68

86787		ANTIBODY;VARICELLA-ZOSTER	\$	43.60
86788		WEST NILE VIRUS AB, IGM	\$	57.57
86789		WEST NILE VIRUS ANTIBODY	\$	49.20
86790		ANTIBODY;VIRUS,NOT ELSEWHERE SPECIF.	\$	58.82
86793		ANTIBODY; YERSINIA	\$	27.68
86800		THYROGLOBULIN ANTIBODY, RIA	\$	44.98
86803		HEPATITIS C ANTIBODY	\$	65.74
86804		HEPATITIS C ANTI CONFIRM IMMUNOBLOT	\$	69.20
86805		LYMPHOCYTOTIXICITY ASSAY CROSSMATCH	\$	76.12
86806		LYMPHOCYTOTOXICITY ASSAY C TITRATION	\$	76.12
86807		SERUM SCR CYTOTOXIC % REACTIVE PRA	\$	149.09
86808		QUICK METHOD CYTOTOXIC % ANTI-PRA	\$	134.94
86809		HEP A ANTI (HAAB) IGM ANTI	\$	43.60
86812		TISSUE TYPING;	\$	43.60
86813		TISSUE TYPING;	\$	65.74
86816		TISSUE TYPING;	\$	65.74
86817		TISSUE TYPING;	\$	65.74
86821		TISSUE TYPING;	\$	235.28
86822		TISSUE TYPING;	\$	137.71
86825		HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH, NON-CYTOTOXIC (EG, US	\$	303.06
86826		HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH, NON-CYTOTOXIC (EG, US	\$	101.10
86828		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) FOR TH	\$	177.67
86829		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) FOR TH	\$	177.67
86830		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) WITH A	\$	275.90
86831		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) WITH A	\$	236.49
86832		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) WITH H	\$	896.14
86833		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) WITH H	\$	901.81
86834		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA), HLA C	\$	1,221.86
86835		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) WITH S	\$	1,103.67
86850		ANTIBODY SCREEN,RBC,EACH SERUM TECHN	\$	14.53
86850	UD	ANTIBODY SCREEN,RBC,EACH SERUM TECHN	\$	14.53
86860		ANTIBODY ELUTION (RBC),EACH ELUTION	\$	14.53
86870		ANTIBODY IDENT.RBC ANT. EACH PANEL	\$	31.14
86880		ANITHUMAN GLOBULIN TEST;DIRECT,EACH	\$	17.30
86885		COOMBS TEST;IND.QUAL.EACH ANTISERV	\$	23.53
86886		ANTI HUMAN GLOBULIN TEST I DIRECT,EA	\$	17.30
86890		AUTOLOGOUS BLOOD OR COMPONENT,COLLEC	\$	259.50
86891		AUTOLOGOUS BLOOD;INTRA OR POST SALV.	\$	259.50
86900		BLOOD TYPING; ABO	\$	6.92
86900	UD	BLOOD TYPING; ABO	\$	6.92
86901		BLOOD TYPING; RH (D)	\$	6.92
86901	UD	BLOOD TYPING; RH (D)	\$	6.92
86902		BLOOD TYPING; ANTIGEN TESTING OF DONOR BLOOD USING REAGENT SERU	\$	17.58
86904		BLOOD TYPING;ANT.SCR.COMP.UNIT USING	\$	40.48
86905		BLOOD TYPING;RBC ANT.OTHER THAN ABO	\$	10.38
86906		BLOOD TYPING;RH PHENOTYPING,COMPLETE	\$	6.92
86910		BLOOD TYPING;PAT.TEST.ABO,RH&MN EACH	\$	43.60
86911		BLOOD TYPING PATERNITY (EACH ADDIT.)	\$	17.30
86920		COMP.TEST EACH;IMM.SPIN TECHNIQUE	\$	41.52
86921		COMP.TEST EACH;INCUCATION TECHNIQUE	\$	41.52
86922		COMP.TEST EACH;ANTIGLOBULIN TECHN.	\$	41.52
86923		COMPATIBILITY TEST EACH UNIT; ELECTRONIC	\$	41.52
86940		HEMOLYSINS & AGGLUTININS,AUTO SCREEN	\$	32.87
86941		HEM.&AGL.AUTO,SCREEN,EACH;INCUBATED	\$	43.25
86945		IRRADIATION BLOOD PRODUCT, EACH UNIT	\$	27.68
86950		LEUKOCYTE TRANSFUSION	\$	110.72
86960		VOLUME REDUCTION OF BLOOD OR BLOOD PRODUCT (EG, RED BLOOD CELL	\$	86.50
86965		POOLING PLATELETS OR OTHER BLOOD PRO	\$	86.50
86970		PRET. RBC'S USE RBC ANT. DET. INC	\$	51.90
86971		PRET.RBC'S USE RBC INC.ENZYMES,EACH	\$	51.90
86972		PRET.RBC'S USE RBC DENSITY GRAD.SEP.	\$	51.90
86975		PRET.SERUM USE RBC,INC.DRUGS,EACH	\$	86.50
86976		PRET.SERUM USE RBC;BY DILUTION	\$	86.50
86977		PRET.SERUM USE RBC;INC.WITH INHIBIT	\$	86.50
86978		PRET.SERUM USE RBC;DIF.RED CELL ABS.	\$	121.10
86985		SPLITTING BLOOD OR PRODUCTS,EACH UN.	\$	86.50
87003		SMALL ANIMAL INOCULATION	\$	51.90
87015		SPECIMEN CONCENTRATION	\$	17.65
87040		BLOOD CULTURE FOR BACTERIA	\$	31.14

87045			STOOL CULTURE FOR BACTERIA	\$	31.14
87046			STOOL ADD.PATH ISOLATION AND PREEACH	\$	10.38
87070			CULTURE SPECIMEN, BACTERIA	\$	31.14
87071			QUANTITATIVE,AEROBIC ISOLATES ANY SO	\$	20.76
87073			QUANT,ANEROBIC W/ISOL ANY SOURCE	\$	20.76
87075			CULTURE SPECIMEN, BACTERIA	\$	31.14
87076			BACTERIA IDENTIFICATION	\$	20.76
87077			AEROBIC IAOLATE ADD METHODS EA ISOLA	\$	31.14
87077	QW		AEROBIC ISOLATE CULTURE EACH ISOLATE	\$	31.14
87081			BACTERIA CULTURE SCREEN	\$	31.14
87084			PRESUM PATHOG CUL SCR;W/COLONY ESTIM	\$	10.38
87086			URINE CULTURE,COLONY COUNT	\$	20.76
87086	FP		URINE CULTURE, COLONY COUNT	\$	20.76
87088			URINE BACTERIA CULTURE	\$	9.34
87101			SKIN FUNGUS CULTURE	\$	27.68
87102			FUNGUS ISOLATION CULTURE	\$	27.68
87103			CULTURE,FUNGI,ISOLATION BLOOD	\$	27.68
87106			FUNGUS IDENTIFICATION	\$	27.68
87107			CULTURE MOLD	\$	39.51
87109			MYCOPLASMA CULTURE	\$	48.44
87110			CULTURE,CHLAMYDIA	\$	51.90
87116			MYCOBACTERIA CULTURE	\$	20.76
87118			MYCOBACTERIA IDENTIFICATION	\$	41.52
87140			CULTURE TYPING, FLUORESCENT	\$	10.38
87143			CULTURE TYPING, GLC METHOD	\$	10.38
87147			CULTURE TYPING, SEROLOGIC	\$	10.38
87149			CULTURE ID BY NUCLEIC ACID PROBE	\$	76.12
87150			CULTURE, TYPING; IDENTIFICATION BY NUCLEIC ACID (DNA OR RNA) PROBE,	\$	119.92
87152			IDENTIFICATION BY PULSE FIELD GEL TY	\$	20.03
87153			CULTURE, TYPING; IDENTIFICATION BY NUCLEIC ACID SEQUENCING METHOD	\$	394.23
87158			CULTURE TYPING, ADDED METHOD	\$	10.38
87164			DARK FIELD EXAMINATION	\$	20.76
87164	26		DARK FIELD EXAMINATION	\$	10.38
87166			DARK FIELD EXAMINATION	\$	20.76
87168			MACROSOPIC EXAM ARTHROPOD	\$	16.33
87169			MACROSOPIC EXAM;PARASITE	\$	16.33
87172			PINWORM EXAM(EGCELLOPHANE TAPE PREP	\$	16.33
87176			ENDOTOXIN, BACTERIAL	\$	22.14
87177			OVA AND PARASITES SMEARS	\$	17.65
87181			ANTIBIOTIC SENSITIVITY, EACH	\$	20.07
87184			ANTIBIOTIC SENSITIVITY,EACH	\$	31.14
87184	FP		ANTIBIOTIC SENSITIVITY, EACH	\$	31.14
87185			ENZYME MICROBE SUSCEPTIBLE	\$	18.17
87186			ANTIBIOTIC SENSITIVITY, MIC	\$	38.06
87187			SENSITIVITY STUDIES,ANTIBIOTIC; MCB	\$	44.98
87188			ANTIBIOTIC SENSITIVITY, EACH	\$	20.76
87190			TB ANTIBIOTIC SENSITIVITY	\$	2.66
87197			SERUM BACTERICIDAL TITER	\$	51.90
87205			SMEAR, STAIN & INTERPRET, ROUTINE	\$	14.53
87205	SA		SMEAR, STAIN & INTERPRET, ROUTINE	\$	13.84
87206			SMEAR, STAIN & INTERPRET	\$	14.53
87207			SMEAR, STAIN & INTERPRET, SPECIAL	\$	10.38
87209			SMEAR, PRIMARY SOURCE WITH INTERPRETATION; COMPLEX SPECIAL STAIN	\$	61.42
87210			SMEAR STAIN & INTERPRET WET MOUNT INT	\$	8.30
87210	QW		SMEAR, STAIN & INTERPRET, WET MOUNT	\$	8.30
87220			TISSUE EXAMINATION FOR FUNGI	\$	8.30
87220	SA		TISSUE EXAMINATION FOR FUNGI	\$	7.89
87230			TOXIN/ANTITOXIN ASSAY,TISSUE CULTURE	\$	74.39
87250			VIRUS INOCULATION FOR TEST	\$	88.23
87252			VIRUS ID;TISSUE CULT.INOCULATION/OBS	\$	102.07
87253			VIRUS ID;TISS CULT,ADD STDY,@ ISOLAT	\$	20.76
87254			VIRUS ISOLATION;SHELL VIAL EACH V	\$	18.72
87255			VIRUS ISOLATION;ID-NON IMMUNO METHOD	\$	103.80
87260			INFECTIOUS AGENT ANTIGEN ADENOVIRUS	\$	34.60
87265			BORDETELLA PERTUSIS-PARAPERTUSSIS	\$	34.60
87267			INFET;AG,ANTIGEN;ENTEROVIRUS, DFA	\$	34.60
87269			GIARDIA/INF. AG ANTIGEN IMMUNO TECH	\$	34.60
87270			CHLAMYDIA TRACHOMATIS	\$	34.60
87270	FP		CHAMYDIA TRACHOMATIS	\$	34.60

87271		INFECT AG;ANTIGEN CYTO;DIRECT (DFA)	\$	34.60
87272		CRYPTOSPORIDIUM GIARDIA	\$	41.52
87273		HERPES SIMPLEX 2 AG,	\$	42.14
87274		HERPES SIMPLEX VIRUS	\$	44.29
87274	FP	HERPES SIMPLEX VIRUS	\$	44.29
87275		INFLUENZA B VIRUS	\$	42.14
87276		INFLUENZA A VIRUS	\$	41.52
87277		LEGIONELLA MICDADEI	\$	42.14
87278		LEGIONELLA PNEUMOPHILA	\$	41.49
87279		PARAINFLUENZA,AG,IF	\$	42.14
87280		RESPIRATORY SYNCYTIAL VIRUS	\$	41.52
87281		PNEUMOCYSTIS CARINI	\$	42.14
87283		RUBEOLA	\$	42.14
87285		TREPONEMA PALLIDUM	\$	41.52
87290		VARICELLA ZOSTER VIRUS	\$	43.60
87299		INFECT. AGENT ANTI FLUORESENT ANTI T	\$	41.52
87300		AG DETECTION POLYVAL EACH	\$	20.76
87301		IFET ANTIGEN ADENOVIRUS ENTERIC TYPE	\$	41.52
87305		ASPERGILLUS AG, EIA	\$	40.97
87320		CHLAMYDIA TRACHOMATIS	\$	43.25
87320	FP	INFECTIOUS AGENT ANTI CHLAMYDIA TRAC	\$	43.25
87324		CLOSTRIDIUM DIFFICILE TOXIN A	\$	43.25
87327		CRPTOCOCCUS NEOFORMANS	\$	42.14
87328		CRYPTOSPORIDIUM -GIARDIA	\$	43.25
87329		GIARDIA/INFECT AG ANTIGEN ENZYME TC	\$	41.52
87332		IFECT AGENT CYTOMEGALOVIRUS	\$	41.52
87335		INFECT AGENT ESCHERICHIA COLI	\$	41.52
87336		ENTAMOEBA HISTOLYTICA DISPAR GROUP	\$	42.14
87337		ENTAMOEBA HISTOLYTICA GROUP	\$	42.14
87338		IFECT AGENT ANTIGEN QUL HELICOBACTER	\$	31.14
87339		HELICOBACTER PYLORI	\$	42.14
87339	QW	HELICOBACTER PYLORI	\$	42.14
87340		IFET AGENT HEP B SURF ANTIGEN(HBSAG)	\$	48.44
87340	UD	IFET AGENT HEP B SURF ANTIGEN(HBSAG)	\$	48.44
87341		HEPATITISB SURFACE ANTIGEN HBSAG EIA	\$	39.51
87350		HEPATITIS. BE ANTIGEN (HBEAG)	\$	48.44
87380		INFECT AGENT ANTIGEN HEP DELTA AGENT	\$	69.20
87385		HISTOPLASMA CAPSULATUM	\$	41.49
87389		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHN	\$	82.28
87390		INFECT AGENT HIV-1	\$	51.90
87391		HIV-2	\$	51.90
87400		INFLUENZA A/B,AG,EIA EACH	\$	20.76
87420		RESPIRATORY SYNCYTIAL VIRUS	\$	41.52
87425		INFECTIOUS ANTIGEN ROTAVIRUS	\$	41.52
87427		SHIGA-LIKE TOXIN AG,EIA	\$	42.14
87430		STREPTOCOCCUS A	\$	41.52
87449		INF.AGENT ANTINOTOTHERWISE SPECIFIED	\$	41.52
87449	QW	NOT SPECIFIED	\$	41.52
87450		INFECT AGENT ANTIGEN SINGLE OTHER SP	\$	34.60
87451		AG DETECT POLYVAL,EIA,MULT	\$	36.68
87470		INFECT AGENT DNA/RNA DIRECT PROBE	\$	69.20
87471		DNA OR RNA NUCLEIC BARTONELLA AMPLF.	\$	103.80
87472		BARTONELLA QUINTANA QUANT.	\$	69.20
87475		BORRELIA BURGDOFFERFERI NUCLEIC ACID P	\$	86.50
87476		BORRELIA BURGDOFFERFERI-AMPL PROBE TECH.	\$	131.48
87477		BORELIA-BURGDOFFERFERI DNA QUAT.	\$	69.20
87480		INFECT-NUCLEIC-CANDIDA-DIRECT-PROBE	\$	86.50
87481		INFECT-CANDIDA AMPL PROBE	\$	131.48
87482		INFECT AG-NUCLEIC CANDIDA QUANT.	\$	69.20
87483		TEST FOR DETECTING NUCLEIC ACID OF O	\$	1,424.27
87485		CHLAMYDIA PNEUMONIAE	\$	86.50
87486		INFECT-AG-NUCLEIC-CHLAMYDIA PN AMPL	\$	131.48
87487		INFECT-AG-NUCLEIC-CHLAMYDIA PNEUMONI	\$	69.20
87490		INFECT-AG-NUCLEIC-CHLAMYDIA TRACH	\$	69.20
87490	FP	INFECT-AG-NUCLEIC-CHLAMYDIA TRACH	\$	69.20
87491		CHLAMYDIA TRACHOMATIS AMPL.PR. TECH.	\$	131.48
87491	FP	CHLAMYDIA TRACHOMATIS AMPL.PR. TECH.	\$	131.48
87492		CHLAMYDIA TRACHOMATIS QUANT.	\$	69.20
87493		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CLOSTRIDI	\$	119.92

87495		CYTOMEGALOVIRUS DIRECT PROBE	\$	86.50
87496		CYTOMEGALOVIRUS AMPLIFIED PROBE	\$	131.48
87497		CYTOMEGALOVIRUS QUANT.	\$	69.20
87498		ENTEROVIRUS, DNA, AMP PROBE	\$	119.92
87500		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); VANCOMYC	\$	119.92
87501		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); INFLUENZA	\$	175.35
87502		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); INFLUENZA	\$	290.81
87503		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); INFLUENZA	\$	80.89
87505		Nfct agent detection gi	\$	438.38
87506		ladna-dna/rna probe tq 6-11	\$	729.33
87507		ladna-dna/rna probe tq 12-25	\$	1,424.27
87510		GARDNERELLA VAGINALIS QUANT	\$	86.50
87511		GARDNERELLA VAG AMPL PROBE	\$	131.48
87512		GARDNERELLA VAGINALIS QUANT.	\$	69.20
87515		INFECT AG DECT DNA HEP B VIRUS DIR P	\$	86.50
87516		INFECT AG DECT-DNA-HEP-B-VIRUS AMPL.	\$	131.48
87517		INFECT AG DECT DNA HEPB-VIRUS QUANT.	\$	69.20
87520		INFECT AG DECT-DNA-HEP-C-DIRECT PROB	\$	86.50
87521		INFECT AG DECT DNA HEP C AMPL PROBE	\$	131.48
87522		INFECT AG DECT DNA HEP-C-QUANT	\$	69.20
87525		INF AG DECT DNA HEP G DIR PROBE	\$	86.50
87526		INFECT AG DECT HEP G DIRECTAMPROBE	\$	131.48
87527		INFECT AG DECT HEP G QUANTIFICATION	\$	69.20
87528		INFECT AG D-DNA-HERPES SIM-VIR PROBE	\$	86.50
87529		INFECT AG D-DNA-HERPES SIMP VIRUS	\$	131.48
87530		INFECT AG D-DNA-HERPES SIMP VIRUS	\$	69.20
87531		INFECT-AG-D-DNA-HERPES-V-B-DIRECT PR	\$	86.50
87532		INFECT AG DECT DNA HERPES SIMPLEX	\$	131.48
87533		INFECT AG D DNA HERPES V-6 QUATIFIC	\$	69.20
87534		INFECT-AG-DNA;HIV-1-DIR PROBE	\$	86.50
87535		INFECT AG-D-DNA-AMPL-PROBE HIV-1	\$	131.48
87536		HIV VIRAL LOAD TEST	\$	321.33
87537		INFECT-AG-D-DNA;HIV-1 DIR PROBE	\$	86.50
87538		INFECT AG-D-DNA;HIV-2 AMPL PROBE TEC	\$	131.48
87539		INFECT AG DET DNA HIV-2 QUANT	\$	69.20
87540		INFECT AG D DNA LEGIONELLA-PNE DIR	\$	86.50
87541		INFECT AG D DNA LEGIONELLA-AMPL PRO	\$	131.48
87542		INFECT AG-D-DNA QUANT	\$	69.20
87550		MYCOBACTERIA PROBE TECH DIRECT	\$	86.50
87551		INFECT AG DNA MYCOBACTERIA AMPL PROB	\$	131.48
87552		MYCOBACTERIA A-SP-QUANTIFICATION	\$	69.20
87555		MYCOBACTERIA TUBERCULOSIS DIRECT PRO	\$	86.50
87556		MYCOBACTERIA TUBERCULOSIS AMPL PROBE	\$	131.48
87557		MYCOBACTERIA TUBERCULOSIS QUANT	\$	69.20
87560		MYCOBACTERIA AVIUM-INTRA DIR PROBE	\$	86.50
87561		MYCOBACTERIA AVIUM-INTRA-AMPLIFIED	\$	131.48
87562		MYCOBACTERIA AVIUM-INTRA-QUANT	\$	69.20
87580		MYCOPLASMA PNEUMONIAE DIRET	\$	86.50
87581		MYCOPLASMA PNEUMONIAE AMPL	\$	131.48
87582		MYCOPLASMA PNEUMONIAE QUANT	\$	69.20
87590		NEISSERIA GONORRHOEAE DIRECT P	\$	86.50
87590	FP	NEISSERIA GONORRHOEAE DIRECT P	\$	86.50
87591		NEISSERIA GONORRHOEAE AMPL PROBE	\$	131.48
87591	FP	NEISSERIA GONORRHOEAE AMPL PROBE	\$	131.48
87592		NEISSERIA-GONORRHOEAE QUANT	\$	69.20
87623		HPV LOW-RISK TYPES	\$	119.92
87624		HPV HIGH-RISK TYPES	\$	119.92
87625		HPV TYPES 16 & 18 ONLY	\$	119.92
87631		DETECTION TEST FOR RESPIRATORY VIRUS, MULTIPLEX REVERSE TRANSC	\$	438.38
87632		DETECTION TEST FOR RESPIRATORY VIRUS, MULTIPLEX REVERSE TRANSC	\$	729.33
87633		DETECTION TEST FOR RESPIRATORY VIRUS, MULTIPLEX REVERSE TRANSC	\$	1,424.27
87640		STAPH A, DNA, AMP PROBE	\$	119.92
87641		MR-STAPH, DNA, AMP PROBE	\$	119.92
87650		STREPTOCOCCUS GROUP-A-DIR-PROBE	\$	86.50
87651		STREPT GROUP A AMPL-TECH	\$	131.48
87652		STREP A QUANT	\$	69.20
87653		STREP B, DNA, AMP PROBE	\$	119.92
87660		TRICHOMONAS/VAG/DIRECT PROBE TECH	\$	86.50
87661		Infectious agent detection by nucleic acid (dna or rna); trichomonas vaginalis,	\$	119.92

87797		INFECT-AG-DECT-DNA-NOT-OTHERWISE	\$	86.50
87798		NOT-OTHERWISE-SP-AMPL-PROBE	\$	131.48
87799		NOT-OTHERWISE-SP-QUANT	\$	69.20
87800		DETECT AGNT MULT,DNA/RNA DIRECT PR	\$	86.50
87800	U9	DETECT ANGT MULT,DNA/RNA DIRECT PR	\$	86.50
87801		DETECT AGNT MULT,DNA,AMPLIFIED PROBE	\$	131.48
87802		INFECTIOUS AG ANTIGEN IMMUNO STREP B	\$	42.11
87803		INFECTIOUS AGENT ANTIGEN CLOSTRIDIUM	\$	42.11
87804		INFECTIOUS AG ANTIGEN INFLUENZA	\$	42.11
87804	QW	INFECTIOUS AG ANTIGEN INFLUENZA	\$	42.11
87806		HIV ANTIGEN W/HIV ANTIBODIES	\$	91.41
87807		INFECTIOUS AG ANTIGEN DET IMMUNO DI.	\$	40.97
87807	QW	INFECTIOUS AG ANTIGEN RESPIRATORY SV	\$	40.97
87808		TRICHOMONAS ASSAY W/OPTIC	\$	42.32
87809		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT O	\$	60.24
87810		INFECT BY IMMUN-DIR-OP-CHLAMYDIA	\$	41.52
87850		NEISSERIA GONORRHOEAE	\$	41.52
87880		STREP A	\$	41.52
87880	QW	STREP-GROUP A	\$	41.52
87899		NOT OTHERWISE SP	\$	41.52
87899	QW	NOT-OTHERWISE-SP	\$	41.52
87900		INFECTIOUS AGENT DRUG SUSCEPTIBILITY PHENOTYPE PREDICTION USING	\$	445.44
87901		GENOTYPE	\$	995.62
87902		INFECTIOUS AGENT GENOTYPE HEP C	\$	995.62
87903		PHENOTYPE(FIRST TEN DRUGS TESTED	\$	1,889.78
87904		PHENOTYPE EACH 1-5 DRUGS	\$	99.16
87905		INFECTIOUS_AGENT_ENZYMATIC_ACTIVITY	\$	41.73
87906		INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA); H	\$	439.90
87910		ANALYSIS TEST FOR CYTOMEGALOVIRUS	\$	879.77
87912		ANALYSIS TEST FOR HEPATITIS B VIRUS	\$	879.77
88104		CYTOPATHOLOGY FLUIDS WASHINGS OR BRU	\$	41.52
88104	26	CYTOPATHOLOGY FLUIDS WASHINGS OR BRU	\$	24.22
88104	TC	CYTOPATHOLOGY FLUIDS WASHINGS OR BRU	\$	17.30
88106	TC	CYTOPATHOLOGY	\$	26.33
88106		CYTOPATHOLOGY	\$	41.52
88106	26	CYTOPATH FLUIDS WASH-BRUS FILT INTER	\$	24.22
88108	TC	CYTOPATHOLOGY, FLUIDS, WASHINGS OR B	\$	23.84
88108		CYTOPATHOLOGY, FLUIDS, WASHINGS OR B	\$	41.52
88108	26	CYTTPATH FL CONC TECH SMEAR INTERPRE	\$	24.22
88112		CYTOPATH/LIQUID BASE SLIDE PREP EXCE	\$	62.28
88112	26	CYTOPATH/LIQUID BASE SLIDE PREP EXCE	\$	24.22
88112	TC	CYTOPATH/LIQUID BASE SLIDE PREP EXCE	\$	17.30
88120		CYTOPATHOLOGY, IN SITU HYBRIDIZATION (EG, FISH), URINARY TRACT SPEC	\$	1,906.74
88121		CYTOPATHOLOGY, IN SITU HYBRIDIZATION (EG, FISH), URINARY TRACT SPEC	\$	1,590.04
88125		FORENSIC CYTOPATHOLOGY	\$	24.22
88130		SEX CHROMATIN IDENTIFICATION	\$	33.39
88130	26	SEX CHROMATIN ID BARR BODIES	\$	24.22
88140		SEX CHROMATIN IDENTIFICATION	\$	14.53
88140	26	SEX CHROMATIN ID BL SMEAR DRUMSTICKS	\$	10.38
88141		CYTOPATH CER-VAG ANY REPORTING PROF	\$	20.76
88141	FP	CYTOPATH CER-VAG ANY REPORTING PROF	\$	20.76
88142		CYTOPATH AUTOMATED THIN PREP	\$	62.28
88142	FP	CYTOPATH AUTOMATED THIN PREP	\$	62.28
88143		CYTOPATH/C/VAG T/LAYER C/RESCREENING	\$	62.28
88143	FP	CYTOPATH/C/VAG T/LAYER C/RESCREENING	\$	62.28
88147		CYTO/PATH C/VAG AUTOMATED/PHYS SUPER	\$	46.64
88147	FP	CYTO/PATH C/VAG AUTOMATED/PHYS SUPER	\$	46.64
88148		CYTO/PATH C/VAG AUTO RESC	\$	46.64
88148	FP	CYTO/PATH C/VAG AUTO RESC	\$	46.64
88150		CYTOPATHOLOGY, PAP SMEAR	\$	20.76
88150	FP	CYTOPATHOLOGY, PAP SMEAR	\$	20.76
88152		CYTOPATH W/MANUEL CYTO SCREEN	\$	20.76
88152	FP	CYTOPATH W/MANUEL CYTO SCREEN	\$	20.76
88153		CYTO/PATH C/VAG REDO	\$	20.76
88153	FP	CYTO/PATH C/VAG REDO	\$	20.76
88154		CYTOPATH C/VAG SELECT C/PHY SUPERVIS	\$	20.76
88154	FP	CYTOPATH C/VAG SELECT C/PHY SUPERVIS	\$	20.76
88155		CYTOPATH,(PAP);W/ DEF.HORMONAL EVAL	\$	20.76
88160		CYTOPATHOLOGY	\$	25.57

88160	TC		CYTOPATHOLOGY	\$	15.74
88160	26		CYTOPATHOLOGY	\$	17.30
88161			CYTOPATH.....;PREP,SCREEN,INTERP.	\$	41.52
88161	26		CYTOPATH ANY SOURCE PREP SC INTERPRE	\$	24.22
88161	TC		CYTOPATH.....;PREP,SCREEN,INTERP.	\$	17.30
88162			CYTOPATH...;EXT.STUDY,+5 SLIDES,MULTI	\$	193.00
88162	26		CYTOPATH...;EXT.STUDY,+5 SLIDES,MULTI	\$	106.26
88162	TC		CYTOPATH...;EXT.STUDY,+5 SLIDES,MULTI	\$	86.74
88164			CYTOPATH SLIDES C/VAG MANUAL BETHESD	\$	20.76
88164	FP		CYTOPATH SLIDES C/VAG MANUAL BETHESD	\$	20.76
88165			CYTOPATH TBS SYS C/VAG REDO	\$	20.76
88165	FP		CYTOPATH TBS SYS C/VAG REDO	\$	20.76
88166			CYTOPATH TBS SYS C/VAG AUTO	\$	20.76
88166	FP		CYTOPATH TBS SYS C/VAG AUTO	\$	20.76
88167			CYTOPATH TBS/SYS C/VAG SELECT	\$	20.76
88167	FP		CYTOPATH TBS/SYS C/VAG SELECT	\$	20.76
88172			IMMEDIATE EVAL/ASPIRATE,SPEC ADEQUAC	\$	138.40
88173	TC		FINE NEEDLE ASPIRATE...;INTERP/REPORT	\$	31.66
88173			FINE NEEDLE ASPIRATE...;INTERP/REPORT	\$	86.50
88173	26		FINE NEEDLE ASPIRATE...;INTERP/REPORT	\$	69.20
88174			CYTOPATH;ANY REP SYS AUTO THIN LAYER	\$	81.31
88175			CYTOW/SER;BY,AUTO,THIN LAYER PHY SUP	\$	98.61
88175	FP		CYTO W/SCR, BY AUTO, THIN LAYER PREP	\$	98.61
88177			CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMMEDIATE CYT	\$	88.37
88182			FLOW CYTOMETRY EACH CELL SURFACE MAR	\$	298.60
88182	26		FLOW CYTOMETRY EACH CELL SURFACE MAR	\$	106.08
88182	TC		FLOW CYTOMETRY EACH CELL SURFACE MAR	\$	192.51
88184			FLOW CYTOMETRY, CELL SURFACE, CYTOPL	\$	200.58
88185			FLOW CYTOMETRY, CELL SURFACE, CYTOPL	\$	90.34
88187			FLOW CYTOMETRY, INTERPRETATION; 2 TO	\$	134.84
88188			FLOW CYTOMETRY, INTERPRETATION; 9 TO	\$	184.35
88189			FLOW CYTOMETRY, INTERPRETATION; 16 O	\$	245.24
88230			TISSUE CULTURE/CHROMOSOME/ANALYSIS;L	\$	311.40
88233			TISSUE CULTURE...;SKIN/OTHER TISSUE	\$	311.40
88235			TISSUE CULTURE...;AMNIOTIC FLUID/CHO	\$	311.40
88237			CHROMOSOME ANALYSIS-TISSUE CULTURE;	\$	311.40
88239			TISSUE CULTURE...;OTHER TISSUE	\$	311.40
88240			CRYO FREEZING /STORAGE OF CELLS EACH	\$	26.82
88241			THAW AND EXPANSION FROZEN CELLS EACH	\$	26.82
88245			CHROM ANAL/BREAKAGE SYND;25 CELLS...	\$	636.64
88248			CHROM ANAL/BREAKAGE SYND;100 CELLS..	\$	795.80
88249			CHROMOSOME ANALYSIS SCORE 100 CELLS	\$	795.80
88262			CHROMOSOME COUNT: 1-20 CELLS	\$	470.70
88263			CHROM ANAL;45 CELL-MOSAICISM,.....	\$	636.64
88264			CHROMOSOME ANALYSIS;ANALYZE 20-25 C	\$	470.66
88267			CHROMOSOME COUNT: AMNIOTIC	\$	795.80
88271			CYTOGENETICS DNA PROBE FISH	\$	55.36
88273			CYTOGENETICS 10-30	\$	121.10
88274			CYTOGENETICS 25-99	\$	155.70
88275			CYTOGENETICS 100-300	\$	151.27
88280			CHROMOSOME COUNT: ADDITIONAL	\$	117.64
88283			CHROM ANAL;ADD SPEC BANDING TECH.	\$	159.16
88285			CHROMOSOME COUNT: ADDITIONAL	\$	73.46
88289			CHROM ANAL;ADD HI RESOLUTION STUDY	\$	138.40
88291			CYTO MOLECULAR REPORT	\$	72.83
88300			SURG PATH GROSS EXAM ONLY	\$	44.63
88300	26		SURG PATH GROSS EXAM ONLY	\$	12.94
88300	TC		SURG PATH GROSS EXAM ONLY	\$	31.76
88300	UD		SURGICAL PATHOLOGY, GROSS	\$	64.11
88300	UD	26	SURGICAL PATHOLOGY, GROSS	\$	11.80
88302			SURGICAL PATHOLOGY, COMPLETE	\$	95.05
88302	26		SURGICAL PATHOLOGY, COMPLETE	\$	19.86
88302	TC		SURGICAL PATHOLOGY, COMPLETE	\$	75.22
88304			SURG PATH GR MICRO,INDUCED ABORTION	\$	136.57
88304	26		SURG PATH GR MICRO,INDUCED ABORTION	\$	32.73
88304	TC		SURG PATH GR MICRO,INDUCED ABORTION	\$	103.87
88304	UD		SURGICAL PATHOLOGY, INDUCED ABORTION	\$	176.39
88304	UD	26	SURG PATH GR MICRO,INDUCED ABORTION	\$	30.45
88304	UD	TC	SURGICAL PATHOLOGY, COMPLETE	\$	176.39

88305			SURGICAL PATHOLOGY, COMPLETE	\$	138.40
88305	FP		COLPOSCOPY PATHOLOGY	\$	138.40
88307	TC		SURGICAL PATHOLOGY, COMPLETE	\$	85.98
88307			SURGICAL PATHOLOGY, COMPLETE	\$	204.14
88309	TC		SURGICAL PATHOLOGY, COMPLETE	\$	121.93
88309			SURGICAL PATHOLOGY, COMPLETE	\$	307.94
88309	26		SURGICAL PATHOLOGY, COMPLETE	\$	228.36
88311			SURGICAL PATHOLOGY; DECALCIFICATION	\$	20.76
88312	TC		SPECIAL STAINS	\$	27.75
88312			SPECIAL STAINS	\$	44.98
88312	26		SPECIAL STAINS	\$	31.14
88313	TC		SPECIAL STAINS	\$	27.75
88313			SPECIAL STAINS	\$	34.60
88313	26		SPECIAL STAINS	\$	20.76
88314	TC		GROSS & MICROSCOPIC EXAM 3 SPECIMENS	\$	23.36
88314			GROSS & MICROSCOPIC EXAM 3 SPECIMENS	\$	41.52
88314	26		GROSS & MICROSCOPIC EXAM 3 SPECIMENS	\$	24.22
88319			DETERMINATIVE HISTOCHEMISTRY TO IDEN	\$	34.36
88319	TC		DETERMINATIVE HISTOCHEMISTRY TO IDEN	\$	34.36
88319	26		DETERMINATIVE HISTOCHEMISTRY TO IDEN	\$	17.30
88321			MICROSLIDE CONSULTATION	\$	96.88
88323			MICROSLIDE CONSULTATION	\$	114.18
88325			COMPREHENSIVE REVIEW OF DATA	\$	152.24
88329			CONSULTATION DURING SURGERY	\$	114.18
88331			CONSULTATION DURING SURGERY	\$	166.08
88332			CONSULTATION DURING SURGERY	\$	51.90
88333	TC		PATHOLOGY CONSULTATION DURING SURGERY; CYTOLOGIC EXAMINATION (	\$	79.16
88333			PATHOLOGY CONSULTATION DURING SURGERY; CYTOLOGIC EXAMINATION (	\$	259.15
88333	26		PATHOLOGY CONSULTATION DURING SURGERY; CYTOLOGIC EXAMINATION (	\$	184.87
88334			PATHOLOGY CONSULTATION DURING SURGERY; CYTOLOGIC EXAMINATION (	\$	160.75
88334	26		PATHOLOGY CONSULTATION DURING SURGERY; CYTOLOGIC EXAMINATION (	\$	112.93
88334	TC		PATHOLOGY CONSULTATION DURING SURGERY; CYTOLOGIC EXAMINATION (	\$	84.77
88341			IMMUNOHISTO ANTIBODY SLIDE	\$	274.17
88341	TC		IMMUNOHISTO ANTIBODY SLIDE	\$	191.34
88341	26		IMMUNOHISTO ANTIBODY SLIDE	\$	82.83
88342			IMMUNOCYTOCHEMISTRY (INCLUDING TISSU	\$	41.24
88342	TC		IMMUNOCYTOCHEMISTRY (INCLUDING TISSU	\$	21.04
88342	26		IMMUNOCYTOCHEMISTRY (INCLUDING TISSU	\$	24.22
88344	26		IMMUNOHISTO ANTIBODY SLIDE	\$	113.63
88344			IMMUNOHISTO ANTIBODY SLIDE	\$	519.55
88344	TC		IMMUNOHISTO ANTIBODY SLIDE	\$	405.93
88346			IMMUNOFLUORESCENT ST EA DIRECT METHO	\$	138.40
88346	26		IMMUNOFLUORESCENT ST EA DIRECT METHO	\$	103.80
88346	TC		IMMUNOFLUORESCENT ST EA DIRECT METHO	\$	34.60
88348			ELECTRON MICROSCOPY	\$	640.48
88348	26		ELECTRON MICROSCOPY	\$	211.58
88348	TC		ELECTRON MICROSCOPY	\$	412.47
88355			MORPHOMETRIC ANALYSIS;SKELETAL MUSCL	\$	431.57
88355	26		MORPHOMETRIC ANALYSIS;SKELETAL MUSCL	\$	239.02
88355	TC		MORPHOMETRIC ANALYSIS;SKELETAL MUSCL	\$	186.36
88356			SKELETAL MUSCLE NERVE;MORPHOMETRIC A	\$	435.96
88358			MORPHOMETRIC ANALYSIS TUMOR	\$	206.60
88360	26		TUMOR-IMMUNO-EG,HER-2/NEU ESTROGEN	\$	129.89
88360			TUMOR-IMMUNO-EG,HER-2/NEU ESTROGEN	\$	394.41
88360	TC		TUMOR-IMMUNO-EG,HER-2/NEU ESTROGEN	\$	264.55
88361			TUMOR HER 2/NEU QUANT/OR SEMIQUANT	\$	325.24
88362			NERVE TEASING PREPARATIONS	\$	435.96
88362	26		NERVE TEASING PREPARATIONS	\$	326.97
88362	TC		NERVE TEASING PREPARATIONS	\$	108.99
88363			EXAMINATION AND SELECTION OF RETRIEVED ARCHIVAL (IE, PREVIOUSLY D	\$	68.47
88364	26		INSITU HYBRIDIZATION (FISH)	\$	101.52
88364			INSITU HYBRIDIZATION (FISH)	\$	391.57
88364	TC		INSITU HYBRIDIZATION (FISH)	\$	290.05
88365			TISSUE IN SITU HYBRIDIZATION INT REP	\$	163.49
88365	26		TISSUE IN SITU HYBRIDIZATION INT REP	\$	108.99
88365	TC		TISSUE IN SITU HYBRIDIZATION INT REP	\$	54.50
88366	26		INSITU HYBRIDIZATION (FISH)	\$	181.34
88366			INSITU HYBRIDIZATION (FISH)	\$	779.68
88366	TC		INSITU HYBRIDIZATION (FISH)	\$	598.34

88367	26		IN-SITU HYBIRD-QUANT-SEMI QUAT EACH	\$	100.34
88367			IN-SITU HYBIRD-QUANT-SEMI QUAT EACH	\$	315.97
88367	TC		IN-SITU HYBIRD-QUANT-SEMI QUAT EACH	\$	618.16
88369	26		M/PHMTRC ALYSISHQUANT/SEMIQ	\$	93.21
88369			M/PHMTRC ALYSISHQUANT/SEMIQ	\$	322.68
88369	TC		M/PHMTRC ALYSISHQUANT/SEMIQ	\$	229.47
88371			PROTEIN ANAL.TISSUE,INT.& REPORT	\$	103.80
88371	26		PROTEIN ANAL.TISSUE,INT.& REPORT	\$	51.90
88372			PROTEIN ANAL.TISSUE;IMM. PROBE BAND	\$	85.74
88372	26		PROTEIN ANAL.TISSUE;IMM. PROBE BAND	\$	51.90
88373	26		M/PHMTRC ALYS ISHQUANT/SEMIQ	\$	79.44
88373			M/PHMTRC ALYS ISHQUANT/SEMIQ	\$	231.47
88373	TC		M/PHMTRC ALYS ISHQUANT/SEMIQ	\$	152.03
88374	26		M/PHMTRC ALYS ISHQUANT/SEMIQ	\$	127.19
88374			M/PHMTRC ALYS ISHQUANT/SEMIQ	\$	1,028.52
88374	TC		M/PHMTRC ALYS ISHQUANT/SEMIQ	\$	901.33
88377	26		M/PHMTRC ALYS ISHQUANT/SEMIQ	\$	184.28
88377			M/PHMTRC ALYS ISHQUANT/SEMIQ	\$	1,219.37
88377	TC		M/PHMTRC ALYS ISHQUANT/SEMIQ	\$	1,035.09
88381	26		MICRODISSECTION (IE, SAMPLE PREPARATION OF MICROSCOPICALLY IDENT	\$	72.45
88381			MICRODISSECTION (IE, SAMPLE PREPARATION OF MICROSCOPICALLY IDENT	\$	363.37
88381	TC		MICRODISSECTION (IE, SAMPLE PREPARATION OF MICROSCOPICALLY IDENT	\$	290.95
88387			MACROSCOPIC EXAMINATION, DISSECTION, AND PREPARATION OF TISSUE F	\$	98.89
88388			MACROSCOPIC EXAMINATION, DISSECTION, AND PREPARATION OF TISSUE F	\$	99.61
88720			BILIRUBIN _TOTAL_ TRANSCUTANEOUS	\$	17.13
88738			HEMOGLOBIN (HGB), QUANTITATIVE, TRANSCUTANEOUS	\$	17.13
88740			HEMOGLOBIN _QUANTITATIVE_ TRANSCUTA	\$	25.95
88741			HEMOGLOBIN _QUANTITATIVE_ TRANSCUTA	\$	25.95
89049			CAFFEINE HALOTHANE CONTRACTURE TEST (CHCT) FOR MALIGNANT HYPERT	\$	717.09
89050			BODY FLUID CELL COUNT	\$	3.11
89051			BODY FLUID CELL COUNT	\$	3.11
89055			LEUKOCYTE COUNT, FECAL	\$	16.47
89060			CRYSTAL IDENTIFICATION BY COMPENSATE	\$	29.41
89125			SPECIMEN FAT STAIN	\$	2.08
89160			EXAM FECES FOR MEAT FIBERS	\$	7.27
89190			NASAL SMEAR FOR EOSINOPHILS	\$	7.61
89205			OCCULT BLOOD, ANY SOURCE EXCPT FECES	\$	4.15
89220			SPUTUM OBTAINING SPEC AEROSOL	\$	27.68
89230			SWEAT COLLECTION/IONTOPHORESIS	\$	7.34
89310			SEMEN ANALYSIS	\$	16.61
89320			COMPLETE SEMEN ANALYSIS	\$	31.14
89321			SEMEN ANALYSIS	\$	31.14
89321	QW		SEMEN ANALYSIS	\$	31.14
89322			SEMEN ANALYSIS; VOLUME, COUNT, MOTILITY, AND DIFFERENTIAL USING ST	\$	52.94
89325			SPERM ANTIBODIES	\$	44.98
89331			SPERM EVALUATION, FOR RETROGRADE EJACULATION, URINE (SPERM CON	\$	66.92
90471			IMMUNIZATION ADMINIS SING/COMB VACC	\$	39.79
90471	FP		IMMUNIZATION ADMINIS SING/COMB VACC	\$	39.79
90471	HU		IMMUNIZATION ADMINIS SING/COMB VACC	\$	39.79
90472			IMMUNIZ ADMIN 2 OR MORE SING/COMB	\$	39.79
90472	HU		IMMUNIZ ADMIN 2 OR MORE SING/COMBIN	\$	39.79
90473	HU			\$	50.34
90473			IMMUNIZATION ADMIN INTRANASAL/ORAL	\$	50.34
90474			IMMUNIZATION ADMIN INTRANASAL/ORAL	\$	29.17
90625			CHOLERA VACCINE LIVE ORAL	\$	25.12
90630			FLU VACC IIV4 NO PRESERV ID	\$	77.02
90632			HEPATITIS A VACCINE ADULT DOSAGE 2 DOSE	\$	280.09
90636			HEP A & HEP B VACCINE ADULT DOSAGE	\$	356.52
90649			HUMAN PAPILLOMA VIRUS (HPV) VACCINE,	\$	572.60
90649	FP		HUMAN PAPILLOMA VIRUS (HPV) VACCINE,	\$	572.60
90650			HPV VACCINE TYPE 16, 18 3 DOSE	\$	540.11
90651			HPV VACCINE NON VALENT IM	\$	567.34
90654			INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, FOR INTRAL	\$	62.28
90656			INFLUENZA VIRUS VACCINE, SPLIT VIRUS	\$	111.38
90658			INFLUENZA VIRUS VACC 3 YRS & ABOVE	\$	111.38
90660			INFLUENZA VIRUS VACC-LIVE INTRANASAL	\$	88.89
90670			PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT, FOR INTRAMUSCULAR U	\$	457.07
90672			VACCINE FOR INFLUENZA FOR NASAL ADMINISTRATION	\$	80.41
90685			INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, PRESERVATIVE F	\$	76.29

90686			INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, PRESERVATIVE F	\$	64.84
90688			INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, WHEN ADMINISTE	\$	54.39
90691			TYPHOID VACC VI CAPSULAR POLYSACCHAR	\$	276.45
90702			IMMUNIZATION DT	\$	109.20
90707			IMMUN MEASLES-MUMPS-RUBELLA	\$	215.66
90713			IMMUNIZATION POLIO,INJECTION	\$	119.44
90714			TETANUS/DIPHTHERIA TOXOID AGE 7&ABOVE	\$	90.13
90715			TETANUS/DIPHTH/ACELLULAR PERTUSSIS	\$	163.49
90716			IMMUN.VARICELLA/CHICKENPOX/VACCINE	\$	365.03
90717			IMMUNIZATION;YELLOW FEVER VACCINE	\$	281.47
90732			IMMUNIZ,PNEUMOCOCCAL VACC,POLYVALENT	\$	123.73
90733			IMM,MENINGOCOCCAL POLYSACCHARIDE VAC	\$	442.36
90734			MENINGO CONJU VACC SEROGROUP A C Y	\$	434.09
90736			ZOSTER (SHINGLES) VACCINE, LIVE, FOR	\$	652.76
90740			HEP B VAC DIALYSIS OR IMMUNOSUP PT	\$	726.12
90746			IMMUN ACTIVE HEP B VACC 19 YRS+OVER	\$	225.77
90746	FP		IMMUN ACTIVE HEP B VACC 19 YRS+OVER	\$	225.77
90747			IMMUN_ACT_HEP_B_VAC/DIALYSIS_PT	\$	726.12
90748			IMMUN ACT, HEP B/HIB VACCINE	\$	194.45
90791			PSYCHIATRIC_DIAGNOSTIC_EVALUATION	\$	546.47
90791	26		PSYCHIATRIC_DIAGNOSTIC_EVALUATION	\$	546.47
90791	HF		COMPREHENSIVE ASSESSMENT IN A SUBSTANCE ABUSE TREATMENT FACIL	\$	546.47
90791	HG		COMPREHENSIVE ASSESS IN OTP 1 HOUR	\$	169.54
90791	HU		PSYCHIATRIC DIAGNOSTIC EVAL-CHEC EXA	\$	1,159.10
90791	SA		PSYCHIATRIC_DIAGNOSTIC_EVALUATION	\$	546.47
90791	SA	26	PSYCHIATRIC_DIAGNOSTIC_EVALUATION	\$	546.47
90791	UC		PSYCHIATRIC_DIAGNOSTIC_EVALUATION	\$	546.47
90791	AJ		PSYCHIATRIC DIAG EVAL(LICENSED)	\$	390.98
90791	AJ	52	PSYCHIATRIC DIAG EVAL(NON-LICENSED)	\$	294.10
90791	HA		PSYCHIATRIC DIAG EVAL(COMP INTAKE)	\$	89.96
90792			PSYCH_DIAG_EVAL_W/MED_SRVCS	\$	1,124.50
90792	26		PSYCH_DIAG_EVAL_W/MED_SRVCS	\$	1,124.50
90792	HF		COMPREHENSIVE ASSESSMENT IN A SUBSTANCE ABUSE TREATMENT FACIL	\$	1,124.50
90792	HG		COMP ASSESS IN OTP 1 HR W/MED SERV	\$	169.54
90792	SA		PSYCH_DIAG_EVAL_W/MED_SRVCS	\$	1,124.50
90792	SA	26	PSYCH_DIAG_EVAL_W/MED_SRVCS	\$	1,124.50
90792	UC		PSYCH_DIAG_EVAL_W/MED_SRVCS	\$	1,124.50
90792	HA		PSYCHIATRIC EVALUATION	\$	110.72
90832			PSYTX_PT&/FAMILY_30_MINUTES IN SAI CLINIC	\$	236.01
90832	26		PSYTX_PT&/FAMILY_30_MINUTES IN SAI CLINIC	\$	236.01
90832	HF		PSYTX_PT&/FAMILY_30_MINUTES IN METHADONE CLINIC	\$	236.01
90832	HG		INDIVIDUAL THERAPY (20-30 MINUTES)	\$	84.77
90832	HV		PSYTX_PT&/FAMILY_30_MINUTES IN SAI CLINIC	\$	236.01
90832	SA		PSYTX_PT&/FAMILY_30_MINUTES	\$	236.01
90832	SA	26	PSYTX_PT&/FAMILY_30_MINUTES	\$	92.97
90832	UC		PSYTX_PT&/FAMILY_30_MINUTES	\$	236.01
90832	HA		INDIVIDUAL PSYCHOTHERAPY PER 30 MIN	\$	84.77
90832	HA	22	PSYCHOTHERAPY 30 MINUTES	\$	84.77
90833	26		PSYTX_PT&/FAM_W/E&M_30_MIN	\$	113.38
90833	SA	26	PSYTX_PT&/FAM_W/E&M_30_MIN	\$	91.55
90833			PSYTX_PT&/FAM_W/E&M_30_MIN	\$	243.34
90833	HF		INDIVIDUAL THERAPY IN A SUBSTANCE ABUSE TREATMENT FACILITY (20-30 N	\$	243.34
90833	HG		INDIVIDUAL THERAPY (20-30 MINUTES)	\$	84.77
90833	SA		PSYTX_PT&/FAM_W/E&M_30_MIN	\$	243.34
90833	UC		PSYTX_PT&/FAM_W/E&M_30_MIN	\$	243.34
90834			PSYTX_PT&/FAMILY_45_MINUTES IN SAI CLINIC	\$	312.30
90834	26		PSYTX_PT&/FAMILY_45_MINUTES IN SAI CLINIC	\$	312.30
90834	HF		PSYTX_PT&/FAMILY_45_MINUTES IN METHADONE CLINIC	\$	312.30
90834	HG		INDIVIDUAL THERAPY (45-50 MINUTES)	\$	169.54
90834	HV		PSYTX_PT&/FAMILY_45_MINUTES IN SAI CLINIC	\$	312.37
90834	SA		PSYTX_PT&/FAMILY_45_MINUTES	\$	312.30
90834	SA	26	PSYTX_PT&/FAMILY_45_MINUTES	\$	124.14
90834	UC		PSYTX_PT&/FAMILY_45_MINUTES	\$	312.30
90834	UD		PSYTX_PT&/FAMILY_45_MINUTES	\$	154.42
90836			PSYTX_PT&/FAM_W/E&M_45_MIN	\$	308.08
90836	HF		INDIVIDUAL THERAPY IN A SUBSTANCE ABUSE TREATMENT FACILITY (45-50 N	\$	308.08
90836	HG		INDIVIDUAL THERAPY (45-50 MINUTES)	\$	169.54
90836	SA		PSYTX_PT&/FAM_W/E&M_45_MIN	\$	308.08
90836	UC		PSYTX_PT&/FAM_W/E&M_45_MIN	\$	308.08

90837	HF		PSYCHOTHERAPY 60 MIN SUD	\$	149.51
90838	HF		PSYCHOTHERAPY/E&M 60MIN SUD	\$	149.51
90846	HF		FAMILY PSYCHOTHET, 50MINS SUD	\$	394.23
90847			SPECIAL_FAMILY_THERAPY	\$	394.23
90847	22		SPECIAL FAMILY THERAPY	\$	159.16
90847	HF		OUTPATIENT – FAMILY COUNSELING/EDUCATION IN A SUBSTANCE ABUSE TR	\$	394.23
90847	HG		OP FAMILY COUNSELING IN SA TX FAC	\$	169.54
90847	SA		SPECIAL FAMILY THERAPY	\$	394.23
90847	SA	22	SPECIAL_FAMILY_THERAPY	\$	105.18
90847	UC		SPECIAL_FAMILY_THERAPY	\$	394.23
90847	UC	22	SPECIAL_FAMILY_THERAPY	\$	169.54
90847	HA	22	FAMILY THERAPY	\$	84.77
90853			GROUP MEDICAL PSYCHOTHERAPY.....	\$	95.15
90853	HF		GROUP THERAPY IN A SUBSTANCE ABUSE TREATMENT FACILITY (90 MINUTE	\$	95.15
90853	HG		GROUP THERAPY (90 MINUTES)	\$	79.58
90853	SA		PSYCHOTHERAPY, GROUP(MAX 8 PATIENTS)	\$	95.15
90853	UC		GROUP MEDICAL PSYCHOTHERAPY	\$	95.15
90853	HA		GROUP PSYCHOTHERAPY (CO-OCCURRING)	\$	79.58
90869			THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) T	\$	332.78
90870			ELECTROCONVULSIVE THERAPY	\$	110.72
90887			CONSULTATION WITH FAMILY	\$	79.27
90887	HF		FAMILY CONFERENCE IN A SUBSTANCE ABUSE TREATMENT FACILITY (25 MIN	\$	79.27
90887	HG		FAMILY CONFERENCE (25 MINUTES)	\$	44.98
90887	SA		CONSULTATION WITH FAMILY	\$	79.27
90887	UC		CONSULTATION WITH FAMILY	\$	79.27
90887	HA		CLINICAL CONSULTATION(NON-LICENSED)	\$	86.50
90935			HEMODIALYSIS PROC W SINGLE PHY EVAL.	\$	128.02
90937			HEMODIALYSIS PROC REQ EVALUATIONS	\$	193.76
90945			DIALYSIS PROC OTHER THAN HEMODIALYSI	\$	103.80
90947			DIALYSIS PROC NOT HEMODIALYSIS.....	\$	211.06
90960			END-STAGE_RENAL_DISEASE_(ESRD)_RELAT	\$	498.69
90961			END-STAGE_RENAL_DISEASE_(ESRD)_RELAT	\$	420.15
90962			END-STAGE_RENAL_DISEASE_(ESRD)_RELAT	\$	325.76
90966			ESRD_RELAT_SERV_HOME_DIAL_FULL_MONTH	\$	418.94
90970			END-STAGE_RENAL_DISEASE_(ESRD)_RELAT	\$	13.70
90989			DIALYSIS TR,PT,/HELPER;ANY MODE,COMP	\$	1,384.00
90993			DIAL TR,PT/HLPR,CRS NOTC,PER TR SESS	\$	134.94
90997			HEMOPERFUSION	\$	284.90
91010			ESOPHAGEAL MOTILITY STUDY	\$	294.10
91010	26		ESOPHAGEAL MOTILITY STUDY	\$	186.84
91010	TC		ESOPHAGEAL MOTILITY STUDY	\$	107.26
91013	26		DURING 2-DIMENSIONAL DATA STUDY (EG, STIMULANT, ACID OR ALKALI PERI	\$	16.78
91013	TC		JUNCTION) STUDY WITH INTERPRETATION AND REPORT; WITH STIMULATION	\$	25.81
91013			ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/OR	\$	46.68
91020			ESOPHAGOGASTRIC MANOMETRIC STUDIES	\$	287.18
91020	26		ESOPHAGOGASTRIC MANOMETRIC STUDIES	\$	186.84
91022	TC		DUODENAL MOTILITY (MANOMETRIC) STUDY	\$	154.80
91022	26		DUODENAL MOTILITY (MANOMETRIC) STUDY	\$	133.11
91022			DUODENAL MOTILITY (MANOMETRIC) STUDY	\$	310.95
91030	TC		ACID PERFUSION FOR ESOPHAGITIS	\$	35.40
91030			ACID PERFUSION FOR ESOPHAGITIS	\$	100.34
91030	26		ACID PERFUSION FOR ESOPHAGITIS	\$	69.20
91034	26		ESOPHAGUS, GASTROESOPHAGEAL REFLUX T	\$	89.93
91034			ESOPHAGUS, GASTROESOPHAGEAL REFLUX T	\$	348.94
91034	TC		ESOPHAGUS, GASTROESOPHAGEAL REFLUX T	\$	289.05
91035	26		ESOPHAGUS, GASTROESOPHAGEAL REFLUX T	\$	148.19
91035			ESOPHAGUS, GASTROESOPHAGEAL REFLUX T	\$	900.19
91035	TC		ESOPHAGUS, GASTROESOPHAGEAL REFLUX T	\$	816.18
91037	26		ESOPHAGEAL FUNCTION TEST, GASTROESOP	\$	89.48
91037			ESOPHAGEAL FUNCTION TEST, GASTROESOP	\$	298.63
91037	TC		ESOPHAGEAL FUNCTION TEST, GASTROESOP	\$	224.73
91038	TC		ESOPHAGEAL FUNCTION TEST, GASTROESOP	\$	738.74
91038	26		ESOPHAGEAL FUNCTION TEST, GASTROESOP	\$	101.86
91038			ESOPHAGEAL FUNCTION TEST, GASTROESOP	\$	840.61
91040	TC		ESOPHAGEAL BALLOON DISTENSION PROVOC	\$	529.73
91040	26		ESOPHAGEAL BALLOON DISTENSION PROVOC	\$	86.26
91040			ESOPHAGEAL BALLOON DISTENSION PROVOC	\$	840.26
91110			GI TRACT IMAGING INTRALUMINAL	\$	2,819.90
91110	26		GI TRACT IMAGING INTRALUMINAL	\$	519.00

91110	TC		GI TRACT IMAGING INTRALUMINAL	\$	2,300.90
91111	26		ESOPHAGEAL CAPSULE ENDOSCOPY	\$	92.59
91111			ESOPHAGEAL CAPSULE ENDOSCOPY	\$	1,402.10
91111	TC		ESOPHAGEAL CAPSULE ENDOSCOPY	\$	1,387.04
91112	26		TRANSIT AND PRESSURE MEASUREMENT OF STOMACH THROUGH COLON W	\$	193.38
91112			TRANSIT AND PRESSURE MEASUREMENT OF STOMACH THROUGH COLON W	\$	2,014.45
91112	TC		TRANSIT AND PRESSURE MEASUREMENT OF STOMACH THROUGH COLON W	\$	1,821.10
91117			COLON MOTILITY (MANOMETRIC) STUDY, MINIMUM 6 HOURS CONTINUOUS R	\$	248.26
91117	26		COLON MOTILITY (MANOMETRIC) STUDY, MINIMUM 6 HOURS CONTINUOUS R	\$	277.46
91120	26		RECTAL SENSATION, TONE, AND COMPLIAN	\$	88.02
91120	TC		RECTAL SENSATION, TONE, AND COMPLIAN	\$	697.50
91120			RECTAL SENSATION, TONE, AND COMPLIAN	\$	797.53
91122			ANORECTAL MANOMETRY	\$	214.52
91122	26		ANORECTAL MANOMETRY	\$	128.02
91122	TC		ANORECTAL MANOMETRY	\$	86.50
91132			ELECTROGASTROGRAPHY DIAG TRANSCUTAN	\$	58.30
91133			ELECTROGASTROGRAPHY DX TRANS W/PROV	\$	67.47
91200	26		LIVER ELASTOGRAPHY	\$	24.88
91200			LIVER ELASTOGRAPHY	\$	73.94
91200	TC		LIVER ELASTOGRAPHY	\$	49.06
92002			EYE EXAM; INTERMEDIATE; NEW PT	\$	76.12
92004			EYE EXAM; COMPREHENSIVE; NEW PT	\$	76.12
92004	22		EYE EXAM; COMPREHENSIVE; NEW PT	\$	89.96
92012			EYE EXAM; INTERMEDIATE; ESTABL PT	\$	76.12
92014			EYE EXAM; COMPREHENSIVE; ESTABL PT	\$	76.12
92014	22		EYE EXAM; COMPREHENSIVE; ESTABL PT	\$	89.96
92015			DETERMINATION OF REFRACTIVE STATE	\$	15.22
92018			EYE EXAM W/ANESTHESIA-COMPLETE	\$	121.10
92019			EYE EXAM W/ANESTHESIA-LIMITED	\$	121.10
92020			GONIOSCOPY W/DIAGNOSTIC EVALUATION	\$	55.36
92025			CORNEAL TOPOGRAPHY	\$	69.51
92025	TC		CORNEAL TOPOGRAPHY	\$	25.98
92025	26		CORNEAL TOPOGRAPHY	\$	35.71
92060			SENSORIMOTOR EXAM...	\$	72.66
92065			ORTHOPTIC/PLEOPTIC TRAINING	\$	55.36
92065	22		VISION TRAINING WORKUP AND WRITTEN R	\$	242.20
92071			FITTING OF CONTACT LENS FOR TREATMENT OF OCULAR SURFACE DISEASE	\$	67.30
92072			FITTING OF CONTACT LENS FOR MANAGEMENT OF KERATOCONUS, INITIAL F	\$	238.19
92081			VISUAL FIELD EXAM, UNI/BILATERAL	\$	55.36
92082			VISUAL FIELD EXAM, INTERMEDIATE	\$	55.36
92083			VISUAL FIELD EXAM/EXTENSIVE	\$	55.36
92100			SERIAL TONOGRAPHY W/EVALUATION	\$	55.36
92132			SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, ANTERIOR S	\$	57.16
92132	TC		SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, ANTERIOR S	\$	27.58
92132	26		SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, ANTERIOR S	\$	29.38
92133			SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR	\$	68.54
92133	26		SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR	\$	40.07
92133	TC		SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR	\$	29.72
92134			SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR	\$	75.57
92134	TC		SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR	\$	29.72
92134	26		SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR	\$	46.43
92136			OPHTHALMIC BIOMETRY	\$	138.40
92136	26		OPHTHALMIC BIOMETRY	\$	34.60
92136	TC		OPHTHALMIC BIOMETRY	\$	103.80
92145	26		CORNEAL HYSTERESIS DETER	\$	16.85
92145			CORNEAL HYSTERESIS DETER	\$	32.01
92145	TC		CORNEAL HYSTERESIS DETER	\$	15.19
92225			OPHTHALMOSCOPY; INITIAL	\$	68.44
92226			OPHTHALMOSCOPY; SUBSEQUENT	\$	56.36
92227			REMOTE IMAGING FOR DETECTION OF RETINAL DISEASE (EG, RETINOPATHY	\$	27.78
92228			REMOTE IMAGING FOR MONITORING AND MANAGEMENT OF ACTIVE RETINAL	\$	61.42
92228	TC		REMOTE IMAGING FOR MONITORING AND MANAGEMENT OF ACTIVE RETINAL	\$	25.15
92228	26		REMOTE IMAGING FOR MONITORING AND MANAGEMENT OF ACTIVE RETINAL	\$	36.26
92235			OPHTHALMOSCOPY W/ANGIOGRAPHY	\$	183.38
92235	26		OPHTHALMOSCOPY W/ANGIOGRAPHY	\$	121.10
92235	TC		OPHTHALMOSCOPY W/ANGIOGRAPHY	\$	62.28
92240	TC		INDOCYANINE-GREEN ANGIOGRAPHY	\$	74.98
92240			INDOCYANINE-GREEN ANGIOGRAPHY	\$	145.32
92240	26		INDOCYANINE-GREEN ANGIOGRAPHY	\$	86.50

92242	TC		FLUORESCEIN ICG ANGIOGRAPHY	\$	326.80
92242	26		FLUORESCEIN ICG ANGIOGRAPHY	\$	97.99
92242			FLUORESCEIN ICG ANGIOGRAPHY	\$	424.78
92250	TC		OPHTHALMOSCOPY W/FUNDUS PHOTO	\$	21.45
92250			OPHTHALMOSCOPY W/FUNDUS PHOTO	\$	138.40
92250	26		OPHTHALMOSCOPY W/FUNDUS PHOTO	\$	20.76
92260			OPHTHALMOSCOPY_W/DYNAMOMETRY	\$	51.90
92265			OCULOELECTROMYOGRAPHY	\$	86.50
92270			ELECTRO-OCULOGRAPHY	\$	38.06
92270	26		ELECTRO-OCULOGRAPHY	\$	17.30
92270	TC		ELECTRO-OCULOGRAPHY	\$	20.76
92275	TC		ELECTRORETINOGRAPHY	\$	37.09
92275			ELECTRORETINOGRAPHY	\$	69.20
92275	26		ELECTRORETINOGRAPHY	\$	34.60
92286			SPECULAR ENDOTHELIAL MICROSCOPY	\$	41.52
92310			RX OPTICAL CHARACTERISTICS OF/FITTING	\$	269.88
92326			REPLACEMENT OF CONTACT LENS	\$	113.49
92502			OTOLARYNGOLOGIC EXAM UNDER ANESTHESI	\$	121.10
92504			BINOCULAR MICROSCOPY	\$	55.36
92507			SPEECH LANGUAGE HEARING THERAPY	\$	29.44
92507	HI		SPEECH, LANGUAGE AND	\$	89.93
92507	HI	UN	HEARING THERAPY	\$	25.71
92511			NASOPHARYNGOSCOPY	\$	55.36
92512			NASAL FUNCTION STUDIES	\$	55.36
92516			FACIAL NERVE FUNCTION TEST	\$	55.36
92520			LARYNGEAL FUNCTION STUDIES	\$	55.36
92521			EVALUATION OF SPEECH FLUENCY	\$	203.62
92522			EVALUATION OF SPEECH SOUND PRODUCTION	\$	163.10
92523			EVALUATION OF SPEECH SOUND PRODUCTION WITH EVALUATION OF LANGUAGE	\$	353.30
92524			BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE	\$	155.91
92526			TX SWALLOW DYSFUNC FOR FEEDING	\$	48.44
92533			CALORIC VESTIBULAR TEST; EACH	\$	13.84
92537	26		CALORIC VSTBLR TEST W/REC	\$	56.05
92537	TC		CALORIC VSTBLR TEST W/REC	\$	16.50
92537			CALORIC VSTBLR TEST W/REC	\$	75.67
92538	26		CALORIC VSTBLR TEST W/REC	\$	28.06
92538			CALORIC VSTBLR TEST W/REC	\$	38.51
92538	TC		CALORIC VSTBLR TEST W/REC	\$	9.20
92540			BASIC VESTIBULAR EVALUATION, INCLUDES SPONTANEOUS NYSTAGMUS TEST	\$	181.82
92541			SPONTANEOUS NYSTAGMUS W/RECORDING	\$	51.90
92541	26		SPONTANEOUS NYSTAGMUS W/RECORDING	\$	17.30
92541	TC		SPONTANEOUS NYSTAGMUS W/RECORDING	\$	4.43
92543	26		CALORIC VESTIBULAR TEST W/RECORDING	\$	17.82
92547			ADDED USE OF VERTICAL ELECTRODES	\$	12.11
92548			COMPUTERIZED DYNAMIC POSTUROGRAPHY	\$	134.94
92548	26		COMPUTERIZED DYNAMIC POSTUROGRAPHY	\$	51.90
92548	TC		COMPUTERIZED DYNAMIC POSTUROGRAPHY	\$	83.04
92550			TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	\$	38.27
92552			PURE TONE AUDIOMETRY; AIR ONLY	\$	38.06
92552	SA		PURE TONE AUDIOMETRY; AIR ONLY	\$	38.06
92553			PURE TONE AUDIOMETRY; AIR AND BONE	\$	48.44
92553	SA		PURE TONE AUDIOMETRY; AIR AND BONE	\$	48.44
92555			SPEECH AUDIOMETRY, THRESHOLD ONLY	\$	24.22
92557			BASIC COMPREHENSIVE AUDIOMETRY	\$	65.74
92561			BEKESY AUDIOMETRY; DIAGNOSTIC	\$	41.52
92562			LOUDNESS BALANCE TEST	\$	18.27
92563			TONE DECAY HEARING TEST	\$	12.11
92564			SHORT INCREMENT SENSITIVITY INDEX	\$	13.84
92565			STENGER TEST, PURE TONE	\$	12.98
92567			TYMPANOMETRY	\$	17.30
92567	SA		TYMPANOMETRY	\$	17.30
92568			ACOUSTIC REFLEX TESTING	\$	17.30
92568	SA		ACOUSTIC REFLEX TESTING CNP/CNS	\$	17.30
92570	26		ACOUSTIC IMMITTANCE TESTING, INCLUDES TYMPANOMETRY (IMPEDANCE TEST)	\$	52.94
92570			ACOUSTIC IMMITTANCE TESTING, INCLUDES TYMPANOMETRY (IMPEDANCE TEST)	\$	56.92
92572			STAGGERED SPONDAIC WORD TEST	\$	12.11
92576			SYNTHETIC SENTENCE ID TEST	\$	67.47
92577			STENGER TEST, SPEECH	\$	17.30
92582			CONDITIONING PLAY AUDIOMETRY	\$	48.44

92583			SELECT PICTURE AUDIOMETRY	\$	19.79
92585			BRAINSTEM EVOKED RESPONSE RECORDING	\$	155.70
92585	26		BRAINSTEM EVOKED RESPONSE RECORDING	\$	62.28
92585	TC		BRAINSTEM EVOKED RESPONSE RECORDING	\$	93.42
92586			AUDITORY EVOKED POTENTIALS LIMITED	\$	162.62
92586	26		AUDITORY EVOKED POTENTIALS LIMITED	\$	27.68
92586	TC		AUDITORY EVOKED POTENTIALS LIMITED	\$	134.94
92587			EVOKED OTOACOUSTIC EMISSIONS/LIMITED	\$	64.11
92588			EVOKED OTOACOUS EMISSIONS/COMP/DIAGN	\$	97.19
92590			HEARING AID EXAM/SELECTION;MONAURAL	\$	138.40
92591			HEARING AID EXAM/SELECTION;BINAURAL	\$	138.40
92597			EVALUATION FOR VOICE/AUG COMMUN DEV	\$	72.66
92603			DIAG ANAL COCH IMPL 7+> YRS W/PROGRA	\$	169.54
92607			EVAL RX SPEECH-GEN AUG COMMUN DEVICE	\$	211.06
92608			EVAL RX SPEECH-GEN AUG/ALT COM DEVIC	\$	41.52
92609			THER SERV SPEECH-GENERATING DEVICE	\$	114.18
92611			MOTION FLUOROSC EVAL SWALLOW FUNCT	\$	86.50
92612			FLEX FIBEROPTIC ENDO EVAL SWALLOWING	\$	325.24
92612	26		FLEX FIBEROPTIC ENDO EVAL SWALLOWING	\$	121.10
92614			FLEX FIBER ENDO EVAL LARYNG SENS TES	\$	249.12
92614	26		FLEX FIBER ENDO EVAL LARYNG SENS TES	\$	121.10
92616			FLEX ENDO EVAL SWALLOW/LARYN SENSORY	\$	339.08
92616	26		FLEX ENDO EVAL SWALLOW/LARYN SENSORY	\$	176.46
92620			EVALUATION OF CENTRAL AUDITORY FUNCT	\$	168.64
92621			EVALUATION OF CENTRAL AUDITORY FUNCT	\$	40.38
92625			ASSESSMENT OF TINNITUS (INCLUDES PIT	\$	124.94
92626			EVALUATION OF AUDITORY REHABILITATIO	\$	160.68
92627			EVALUATION OF AUDITORY REHABILITATIO	\$	40.48
92630			AUDITORY REHABILITATION; PRE-LINGUAL	\$	87.16
92633			AUDITORY REHABILITATION; POST-LINGUA	\$	87.16
92640			AUD BRAINSTEM IMPLT PROGRAMG	\$	205.63
92920			BALLOON DILATION OF NARROWED OR BLOCKED MAJOR CORONARY ARTER	\$	945.79
92924			REMOVAL OF PLAQUE OF MAJOR CORONARY ARTERY OR BRANCH	\$	1,127.10
92928			CATHETER INSERTION OF STENT IN MAJOR CORONARY ARTERY OR BRANCH	\$	1,052.01
92933			REMOVAL OF PLAQUE AND INSERTION OF STENT IN MAJOR CORONARY ART	\$	1,179.17
92937			ANY COMBINATION OF INSERTION OF STENT, REMOVAL OF PLAQUE AND BAL	\$	1,050.77
92941			ANY COMBINATION OF INSERTION OF STENT, REMOVAL OF PLAQUE AND BAL	\$	1,181.59
92943			ANY COMBINATION OF INSERTION OF STENT, REMOVAL OF PLAQUE AND BAL	\$	1,181.69
92950			CARDIOPULMONARY RESUSCITATION	\$	128.02
92950	SA		CARDIOPULMONARY RESUSCITATION	\$	105.18
92953			TEMPORARY TRANSCUTANEOUS PACING	\$	3.15
92960			ELECTRICAL CARDIOVERSION	\$	103.80
92961			CARDIOVERSION ELECTIVE INTERNAL	\$	207.60
92970			CARDIOASSIST-METHOD CIRC.ASSIST;INTE	\$	339.08
92971			CARDIOASSIST-METHOD...EXTERNAL	\$	249.12
92973			PERCU TRANSLUM CORONARY THROMBECTOMY	\$	283.72
92974			TRANSCATHETER PLACEMENT RAD DEL DEVI	\$	311.40
92975			THROMBOLYSIS, CORONARY;	\$	629.72
92977			THROMBOLYSIS, CORONARY;	\$	155.70
92978			INTRAVASC ULTRASOUND(COR VESS) INIT	\$	401.36
92978	26		INTRAVASC ULTRASOUND(COR VESS) INIT	\$	141.86
92978	TC		INTRAVASC ULTRASOUND(COR VESS) INIT	\$	259.50
92979			INTRAVASC ULTRASOUND EACH ADD VESSEL	\$	245.66
92979	26		INTRAVASC ULTRASOUND EACH ADD VESSEL	\$	117.64
92979	TC		INTRAVASC ULTRASOUND EACH ADD VESSEL	\$	128.02
92986			PERCU.BALLOON VALVULOPLASTY;AORTIC V	\$	1,736.92
92987			PERCUT BALLOON VALVULOPLASTY MITRAL	\$	2,338.96
92990			PERCU.BALLOON VALVULOPLASTY;PULMONAR	\$	1,384.00
92992			ATRIAL SEPTECT SEPTOST CARIAC CATHET	\$	1,727.47
92993			ATRIAL BLADE METHOD SEPTOSTOMY CARIA	\$	2,837.20
92997			PERC TRANSLUM PULM ART BALLOON ANGIO	\$	1,650.42
92998			PERC TRANSLUM PULM ART BALLOON ANGIO	\$	636.64
93000			ROUTINE ECG W/AT LEAST 12 LEADS	\$	55.36
93000	26		ECG; INTERPRETATION AND REPORT	\$	17.30
93000	TC		ECG...TRACING ONLY,WO I&R	\$	38.06
93005			ECG...TRACING ONLY,WO I&R	\$	26.71
93010			ECG; INTERPRETATION AND REPORT	\$	17.30
93015			CARDIOVASCULAR STRESS TEST	\$	276.80
93016			CARDIAC STRESS TEST PHY.SUPERVI.ONLY	\$	34.60

93017			CARDIOVASCULAR STRESS TEST; TRACING	\$	121.10
93018			CARDIOVASCULAR STRESS; INTERPRET/REP	\$	46.74
93024			ERGONOVINE PROVOCATION TEST	\$	138.40
93024	26		ERGONOVINE PROVOCATION TEST	\$	55.36
93024	TC		ERGONOVINE PROVOCATION TEST	\$	83.04
93025			MICROVOLT T-WAVES ALTERNANS VENT ARR	\$	470.56
93040			RHYTHM ECG;1-3 LEADS W/INTERPRETATIO	\$	34.60
93041			RHYTHM ECG...TRACING ONLY WO I&R	\$	20.76
93042			RHYTHM ECG; INTERPRET+REPORT ONLY	\$	10.38
93050	TC		ART PRESSURE WAVEFORM ANALYS	\$	15.19
93050	26		ART PRESSURE WAVEFORM ANALYS	\$	14.84
93050			ART PRESSURE WAVEFORM ANALYS	\$	33.74
93224			ECG MONITOR/24 HR...PHY REV&INTERP	\$	294.10
93225			ECG MONIT 24HR....MONITORING	\$	38.06
93226			ECG MONIT 24HR..SCAN ANAL W REPORT	\$	134.94
93227			ECG MONIT 24HR...PHY REV&INTERP	\$	81.24
93228			WEARABLE_MOBILE_CARDIOVASCULAR_TELEM	\$	45.81
93229			WEARABLE_MOBILE_CARDIOVASCULAR_TELEM	\$	1,371.41
93260	26		PRGRMG DEV EVAL IMPLTBL SYS	\$	76.43
93260			PRGRMG DEV EVAL IMPLTBL SYS	\$	117.54
93260	TC		PRGRMG DEV EVAL IMPLTBL SYS	\$	41.10
93261	26		INTERROGATE SUBQ DEFIB	\$	66.43
93261			INTERROGATE SUBQ DEFIB	\$	106.84
93261	TC		INTERROGATE SUBQ DEFIB	\$	40.41
93268			ECG,PT DEMAND;PRE-SYMPTOM MEM LOOP	\$	110.72
93268	26		ECG,PT DEMAND;PRE-SYMPTOM MEM LOOP	\$	44.98
93268	TC		ECG,PT DEMAND;PRE-SYMPTOM MEM LOOP	\$	65.74
93270			PATIENT_DEMAND_RECORDING_SNGLE/MULTI	\$	28.96
93271			PATIENT DEMAND MONITOR SINGLE/MULTIP	\$	121.10
93272			PAITENT DEMAND INTERP SINGLE/MULTIPL	\$	69.20
93278			SIGNAL-AVERAGED ECG,W/WO ECG	\$	100.27
93278	26		SIGNAL-AVERAGED ECG,W/WO ECG	\$	36.71
93278	TC		SIGNAL-AVERAGED ECG,W/WO ECG	\$	63.59
93279			PROGRAMMING_DEVICE_EVALUATION_WITH	\$	88.89
93279	TC		PROGRAMMING DEVICE EVALUATION WITH	\$	29.83
93279	26		PROGRAMMING DEVICE EVALUATION WITH	\$	57.09
93280			PROG_DEVICE_EVAL;DUAL_LEAD_PACEMAKER	\$	104.70
93280	26		PROG DEVICE EVAL;DUAL LEAD PACEMAKER	\$	67.57
93280	TC		PROG DEVICE EVAL;DUAL LEAD PACEMAKER	\$	44.25
93281			PROGRAMMING_DEVICE_EVALUATION_WITH_I	\$	113.52
93281	TC		PROGRAMMING DEVICE EVALUATION WITH I	\$	38.86
93281	26		PROGRAMMING DEVICE EVALUATION WITH I	\$	75.77
93282			PROGRAMMING_DEVICE_EVALUATION_WITH_I	\$	109.54
93282	26		PROGRAMMING DEVICE EVALUATION WITH I	\$	75.12
93282	TC		PROGRAMMING DEVICE EVALUATION WITH I	\$	47.06
93283			PROGRAMMING_DEVICE_EVALUATION_WITH_I	\$	139.54
93283	TC		PROGRAMMING DEVICE EVALUATION WITH I	\$	39.96
93283	26		PROGRAMMING DEVICE EVALUATION WITH I	\$	101.79
93284			PROGRAMMING_DEVICE_EVALUATION_WITH_I	\$	152.17
93284	TC		PROGRAMMING DEVICE EVALUATION WITH I	\$	45.60
93284	26		PROGRAMMING DEVICE EVALUATION WITH I	\$	111.07
93285			PROGRAMMING_DEVICE_EVALUATION_WITH_I	\$	77.02
93285	26		PROGRAMMING DEVICE EVALUATION WITH I	\$	46.57
93285	TC		PROGRAMMING DEVICE EVALUATION WITH I	\$	36.50
93286			PERI-PROCEDURAL_DEVICE_EVALUATION_AN	\$	54.50
93286	26		PERI-PROCEDURAL DEVICE EVALUATION AN	\$	26.71
93286	TC		PERI-PROCEDURAL DEVICE EVALUATION AN	\$	27.78
93287			PERI-PROCEDURAL_DEVICE_EVALUATION_AN	\$	68.82
93287	TC		PERI-PROCEDURAL DEVICE EVALUATION AN	\$	27.37
93287	26		PERI-PROCEDURAL DEVICE EVALUATION AN	\$	41.00
93288			INTERROGATION_DEVICE_EVALUATION_(IN	\$	69.58
93288	26		INTERROGATION DEVICE EVALUATION (IN	\$	37.82
93288	TC		INTERROGATION DEVICE EVALUATION (IN	\$	37.23
93289			INTERROGATION_DEVICE_EVALUATION_(IN	\$	97.50
93289	26		INTERROGATION DEVICE EVALUATION (IN	\$	65.71
93289	TC		INTERROGATION DEVICE EVALUATION (IN	\$	32.56
93290			INTERROGATION_DEVICE_EVALUATION_(IN	\$	66.26
93290	TC		INTERROGATION DEVICE EVALUATION (IN	\$	21.07
93290	26		INTERROGATION DEVICE EVALUATION (IN	\$	38.48

93292			INTERROGATION_DEVICE_EVALUATION_(IN	\$	66.26
93292	26		INTERROGATION_DEVICE_EVALUATION_(IN	\$	37.82
93292	TC		INTERROGATION_DEVICE_EVALUATION_(IN	\$	25.98
93293	26		TRANSTELEPHONIC_RHYTHM_STRIP_PACEMAK	\$	26.64
93293			TRANSTELEPHONIC_RHYTHM_STRIP_PACEMAK	\$	98.30
93293	TC		TRANSTELEPHONIC_RHYTHM_STRIP_PACEMAK	\$	83.56
93294			INTERROGATION_DEVICE_EVALUATION(S)	\$	53.87
93295			INTERROGATION_DEVICE_EVALUATION(S)	\$	98.78
93296			INTERROGATION_DEVICE_EVALUATION(S)	\$	49.72
93297			INTERROGATION_DEVICE_EVALUATION(S)	\$	46.47
93298			INTERROGATION_DEVICE_EVALUATION(S)	\$	47.13
93299			INTERROGATION_DEVICE_EVALUATION(S)	\$	81.66
93303			TRANSTHORACIC_ECHOCARDIOGRAPHY_COMPL	\$	339.08
93303	26		TRANSTHORACIC_ECHOCARDIOGRAPHY_COMPL	\$	121.10
93303	TC		TRANSTHORACIC_ECHOCARDIOGRAPHY_COMPL	\$	217.98
93304			TRANSTHORACIC_ECHOCARD_FU/LIMITED	\$	183.38
93304	TC		TRANSTHORACIC_ECHOCARD_FU/LIMITED	\$	107.26
93306	TC		ECHOCARDIOGRAPHY___TRANSTHORACIC__RE	\$	248.50
93306			ECHOCARDIOGRAPHY___TRANSTHORACIC__RE	\$	385.13
93306	26		ECHOCARDIOGRAPHY___TRANSTHORACIC__RE	\$	128.89
93307			ECHOCARDIOGRAPHY; REAL-TIME SCAN, CO	\$	207.60
93307	22		ECHOCARDIOGRAPHY; 2 D&M MODE	\$	311.40
93307	26		ECHOCARDIOGRAPHY; REAL-TIME SCAN, CO	\$	107.26
93307	22	26	ECHOCARDIOGRAPHY; 2 D&M MODE	\$	159.16
93307	TC		ECHOCARDIOGRAPHY; REAL-TIME SCAN, CO	\$	100.34
93307	TC	22	ECHOCARDIOGRAPHY; 2 D&M MODE	\$	152.24
93308			ECHOCARDIOGRAPHY; REAL-TIME SCAN, LI	\$	86.50
93308	26		ECHOCARDIOGRAPHY; REAL-TIME SCAN, LI	\$	41.52
93308	TC		ECHOCARDIOGRAPHY; REAL-TIME SCAN, LI	\$	44.98
93312			ECHOCARDIOGRAPHY REAL TIME W IMAGING	\$	297.56
93312	26		ECHOCARDIOGRAPHY REAL TIME W IMAGING	\$	173.00
93312	TC		ECHOCARDIOGRAPHY REAL TIME W IMAGING	\$	124.56
93313			ECHOCARDIOGRAPHY/TRANSESOPH PROBE PL	\$	34.08
93314			ECHOCARD/IMAGE ACQUISITION INTER/RPT	\$	238.74
93314	26		ECHOCARD/IMAGE ACQUISITION INTER/RPT	\$	72.66
93314	TC		ECHOCARD/IMAGE ACQUISITION INTER/RPT	\$	166.08
93315			TRANSESOPHAGEAL ECHOCARDIOGRAPHY	\$	422.12
93315	26		TRANSESOPHAGEAL ECHOCARDIOGRAPHY	\$	207.60
93315	TC		TRANSESOPHAGEAL ECHOCARDIOGRAPHY	\$	214.52
93316			PROBE PLACEMENT/TRANSESOPH ECHOCARD	\$	83.04
93317			TRANSESOPHAGEAL ECHOCARD INTERP/REP	\$	339.08
93317	26		TRANSESOPHAGEAL ECHOCARD INTERP/REP	\$	124.56
93317	TC		TRANSESOPHAGEAL ECHOCARD INTERP/REP	\$	214.52
93318			TRANSESOPHAGEAL ECHOCARD MONITORING	\$	207.60
93318	26		TRANSESOPHAGEAL ECHOCARD MONITORING	\$	207.60
93318	TC		TRANSESOPHAGEAL ECHOCARD MONITORING	\$	214.52
93320	26		DOPPLER ECHOCARDIOGRAPHY	\$	34.60
93321			DOPPLER ECG...FOLLOWUP/LIMITED STUDY	\$	55.36
93321	26		DOPPLER ECG...FOLLOWUP/LIMITED STUDY	\$	20.76
93321	TC		DOPPLER ECG...FOLLOWUP/LIMITED STUDY	\$	34.60
93325			DOPPLER COLOR FLOW VELOC MAPPING	\$	69.20
93325	26		DOPPLER COLOR FLOW VELOC MAPPING	\$	10.86
93325	TC		DOPPLER COLOR FLOW VELOC MAPPING	\$	58.34
93350			2D ECHO W/WO M MODE, INTERP&REPORT	\$	384.06
93350	TC		2D ECHO W/WO M MODE, INTERP&REPORT	\$	211.06
93350	26		2D ECHO W/WO M MODE, INTERP&REPORT	\$	224.90
93351			ECHOCARDIOGRAPHY___TRANSTHORACIC__RE	\$	429.94
93352			ECHOCARDIOGRAPHY___TRANSTHORACIC__RE	\$	62.45
93355			ECHO TRANSESOPHAGEAL (TEE)	\$	400.53
93451	26		RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN	\$	232.10
93451			RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN	\$	1,354.76
93451	TC		RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN	\$	1,308.81
93452	26		LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S)	\$	424.13
93452			LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S)	\$	1,527.42
93452	TC		LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S)	\$	1,265.08
93453	26		COMBINED RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPRO	\$	567.16
93453			COMBINED RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPRO	\$	1,983.27
93453	TC		COMBINED RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPRO	\$	1,645.44
93454	26		CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGR	\$	428.11

93454			CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGR	\$	1,549.35
93454	TC		CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGR	\$	1,304.18
93455	26		CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGR	\$	499.69
93455			CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGR	\$	1,813.63
93455	TC		CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGR	\$	1,519.53
93456	26		CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGR	\$	557.37
93456			CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGR	\$	1,960.33
93456	TC		CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGR	\$	1,620.94
93457	26		CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGR	\$	627.02
93457			CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGR	\$	2,219.90
93457	TC		CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGR	\$	1,834.35
93458	26		CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGR	\$	529.10
93458			CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGR	\$	1,866.84
93458	TC		CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGR	\$	1,550.01
93459	26		CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGR	\$	599.93
93459			CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGR	\$	2,067.90
93459	TC		CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGR	\$	1,698.48
93460	26		CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGR	\$	671.66
93460			CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGR	\$	2,225.96
93460	TC		CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGR	\$	1,790.58
93461	26		CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGR	\$	741.58
93461			CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGR	\$	2,550.37
93461	TC		CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGR	\$	2,083.51
93462			LEFT HEART CATHETERIZATION BY TRANSSEPTAL PUNCTURE THROUGH INT	\$	374.72
93463			PHARMACOLOGIC AGENT ADMINISTRATION (EG, INHALED NITRIC OXIDE, INT	\$	173.59
93464	26		PHYSIOLOGIC EXERCISE STUDY (EG, BICYCLE OR ARM ERGOMETRY) INCLUD	\$	154.14
93464			PHYSIOLOGIC EXERCISE STUDY (EG, BICYCLE OR ARM ERGOMETRY) INCLUD	\$	470.98
93464	TC		PHYSIOLOGIC EXERCISE STUDY (EG, BICYCLE OR ARM ERGOMETRY) INCLUD	\$	381.05
93503			SWAN GANZ INSERTION	\$	325.00
93505			ENDOCARDIAL BIOPSY 000	\$	979.18
93505	26		ENDOCARDIAL BIOPSY 000	\$	802.72
93505	TC		ENDOCARDIAL BIOPSY 000	\$	297.56
93524	26		TRANSSEPTAL_ & RETROGRADE_LT_CATH_	\$	529.38
93530			RT HEART CATH FOR CONGEN CARD ANOMAL	\$	2,528.98
93530	26		RT HEART CATH FOR CONGEN CARD ANOMAL	\$	636.36
93530	TC		RT HEART CATH FOR CONGEN CARD ANOMAL	\$	1,892.62
93531			RT HRT &RETROGR LT HRT CATH/CONG ANO	\$	5,795.50
93531	26		RT HRT &RETROGR LT HRT CATH/CONG ANO	\$	1,062.22
93531	TC		RT HRT &RETROGR LT HRT CATH/CONG ANO	\$	4,733.28
93532			RT HRT & TRANSSEPTAL LT HRT CATH	\$	1,328.64
93532	26		RT HRT & TRANSSEPTAL LT HRT CATH	\$	1,328.64
93533			RT HRT & TRANSSEP LT HRT CATH	\$	740.44
93533	26		RT HRT & TRANSSEP LT HRT CATH	\$	740.44
93561			INDICATOR DILUTION STUDIES	\$	134.94
93561	26		INDICATOR DILUTION STUDIES	\$	38.54
93561	TC		INDICATOR DILUTION STUDIES	\$	68.44
93562			INDICATOR DILUTION STUDIES;SUBSEQUEN	\$	43.80
93562	26		INDICATOR DILUTION STUDIES;SUBSEQUEN	\$	3.15
93562	TC		INDICATOR DILUTION STUDIES;SUBSEQUEN	\$	48.27
93563			INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IM	\$	103.59
93564			INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IM	\$	108.82
93565			INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IM	\$	80.38
93566			INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IM	\$	299.84
93566	26		INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IM	\$	82.59
93567			INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IM	\$	250.37
93567	26		INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IM	\$	93.56
93568			INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IM	\$	267.18
93568	26		INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IM	\$	84.46
93571			INTRAVASCULAR DOPPLER VELOC INIT VES	\$	505.16
93571	26		INTRAVASCULAR DOPPLER VELOC INIT VES	\$	186.84
93571	TC		INTRAVASCULAR DOPPLER VELOC INIT VES	\$	318.32
93572	26		INTRAVASC DOPPLER VELOC EA ADD VESS	\$	148.78
93580			PERC TRANSCATH CLOS CONG INT COMMUN	\$	2,449.68
93581			PERC TRANS CLOS CONG VENT SEP DEFECC	\$	3,276.62
93582			CLOSURE OF CONGENITAL HEART DEFECT FROM PULMONARY (LUNG) ARTE	\$	1,182.94
93583			THERAPY FOR REDUCTION OF LOWER HEART CHAMBER DEFECT VIA CATHE	\$	1,321.48
93590			PERQ TRANSCATH CLS MITRAL	\$	1,921.10
93591			PERQ TRANSCATH CLS AORTIC	\$	1,595.41
93592			PERQ TRANSCATH CLOSURE EACH	\$	701.13

93600			BUNDLE OF HIS RECORDING	\$	418.66
93602	26		INTRA-ATRIAL RECORDING	\$	418.66
93603	26		RIGHT VENTRICULAR RECORDING;	\$	418.66
93609			INTRAVENT.ATRIAL MAP TACHYCARDOA...0	\$	636.64
93610			INTRA-ATRIAL PACING	\$	488.17
93612			INTRAVENTRICULAR PACING	\$	486.06
93613			INTRACARD ELECTOPHYS 3-DIMENS MAPP	\$	1,048.38
93615			ESOPHAGEAL RECORDING OF ATRIAL ELECT	\$	87.54
93616	26		ESOPHAGEAL RECORDING...W PACING	\$	192.03
93618			INDUCE ARRHYTHMIA BY ELEC. PACING	\$	875.38
93619	26		EPS W RA/RV/HIS W PACING & RECORDING	\$	954.20
93620			COMP ELECTROPHYSIOLOGIC EVAL....	\$	1,712.70
93621	26		COMP ELECTROPHYSIOLOGIC EVAL.....	\$	341.33
93622	26		COMP ELECTROPHYSIOLOGIC EVAL.....	\$	503.67
93623	26		PROGRAM STIM&PACING W IV INFUSION...	\$	61.00
93624			ELECTROPHYSIOLOGIC F/U STUDY	\$	610.69
93631	26		INTRA-OPERATIVE CARD PACING&MAPPING	\$	1,271.38
93640			ELECTROPHYSIO EVAL CARD-DEFIBRILLATO	\$	405.34
93641			EPS TEST CARDIO-DEFIB PULS GENERATOR	\$	802.72
93642			EPS EVAL OF COR-DEFIB INDUCED ARRTHY	\$	802.72
93644	26		ELECTROPHYSIOLOGY EVALUATION	\$	264.72
93644			ELECTROPHYSIOLOGY EVALUATION	\$	366.93
93644	TC		ELECTROPHYSIOLOGY EVALUATION	\$	102.21
93650			INTRACARDIAC CATHETER ABLATION.....	\$	1,785.36
93653			EVALUATION AND INSERTION OF CATHETERS FOR CREATION OF COMPLETE	\$	1,493.16
93654			EVALUATION AND INSERTION OF CATHETERS FOR RECORDING, PACING, AND	\$	2,000.23
93655			INSERTION OF CATHETERS FOR TREATMENT OF ABNORMAL HEART RHYTHM	\$	761.03
93656			EVALUATION AND INSERTION OF CATHETERS FOR RECORDING, PACING, AND	\$	2,005.97
93657			INSERTION OF CATHETERS FOR TREATMENT OF ABNORMAL HEART RHYTHM	\$	760.27
93660			AUTONOMIC NERVOUS SYS.EVAL.CARDIOVAS	\$	346.00
93662			INTRACARDIAC ECHOCARDIOGRAPHY	\$	377.14
93662	26		INTRACARDIAC ECHOCARDIOGRAPHY	\$	377.14
93662	TC		INTRACARDIAC ECHOCARDIOGRAPHY	\$	231.82
93701			BIOIMPEDANCE, THORACIC, ELECTRICAL	\$	83.52
93701	26		BIOIMPEDANCE, THORACIC, ELECTRICAL	\$	27.68
93701	TC		BIOIMPEDANCE, THORACIC, ELECTRICAL	\$	79.58
93702			BIS XTRACELL FLUID ANALYSIS	\$	232.34
93724			ELECTRONIC ANALYSIS ANTITACHY PACER	\$	774.24
93740			TEMPERATURE GRADIENT STUDIES	\$	69.20
93740	26		TEMPERATURE GRADIENT STUDIES	\$	51.90
93740	TC		TEMPERATURE GRADIENT STUDIES	\$	17.30
93745	TC		INITIAL SET-UP AND PROGRAMMING BY A	\$	117.36
93745			INITIAL SET-UP AND PROGRAMMING BY A	\$	156.50
93745	26		INITIAL SET-UP AND PROGRAMMING BY A	\$	39.17
93750	26		INTERROGATION OF VENTRICULAR ASSIST DEVICE (VAD), IN PERSON, WITH	\$	81.34
93750			INTERROGATION OF VENTRICULAR ASSIST DEVICE (VAD), IN PERSON, WITH	\$	98.61
93770			DETERMINATION OF VENOUS PRESSURE	\$	20.76
93770	26		DETERMINATION OF VENOUS PRESSURE	\$	17.30
93770	TC		DETERMINATION OF VENOUS PRESSURE	\$	3.46
93798			PHY SERV OP CARD.REHAB;W ECG CONT.MO	\$	40.62
93880			DUPLEX SCAN EXTRACRAN.ART;COMP.BILAT	\$	145.32
93880	26		DUPLEX SCAN EXTRACRAN.ART;COMP.BILAT	\$	55.36
93880	TC		DUPLEX SCAN EXTRACRAN.ART;COMP.BILAT	\$	89.96
93882			DUPLEX SCAN EXTRACRAN.ART;7/U OR LIM	\$	72.66
93882	26		DUPLEX SCAN EXTRACRAN.ART;7/U OR LIM	\$	27.68
93882	TC		DUPLEX SCAN EXTRACRAN.ART;7/U OR LIM	\$	44.98
93886			TRANSCRANIAL DOPPLER....COMPLETE STU	\$	183.38
93886	26		TRANSCRANIAL DOPPLER....COMPLETE STU	\$	69.20
93888			TRANSCRAN.DOPPLER STUDY...7/U.LIM ST	\$	96.88
93888	26		TRANSCRAN.DOPPLER STUDY...7/U.LIM ST	\$	38.06
93888	TC		TRANSCRAN.DOPPLER STUDY...7/U.LIM ST	\$	58.82
93890	TC		TRANSCRANIAL DOPPLER STUDY	\$	431.67
93890	26		TRANSCRANIAL DOPPLER STUDY	\$	90.51
93890			TRANSCRANIAL DOPPLER STUDY	\$	522.15
93892	26		TRANSCRANIAL DOPPLER STUDY OF THE IN	\$	105.91
93892	TC		TCD, EMBOLI DETECT W/O INJ	\$	190.30
93892			TRANSCRANIAL DOPPLER STUDY OF THE IN	\$	325.07
93893	26		TRANSCRANIAL DOPPLER STUDY OF THE IN	\$	105.46
93893	TC		TCD, EMBOLI DETECT W/O INJ	\$	190.30

93893			TRANSCRANIAL DOPPLER STUDY OF THE IN	\$	324.62
93922			PHYSIO STUDIES U/L EXTREMITY ARTERIS	\$	76.12
93922	26		PHYSIO STUDIES U/L EXTREMITY ARTERIS	\$	31.14
93922	TC		PHYSIO STUDIES U/L EXTREMITY ARTERIS	\$	44.98
93923			U/L EXT STUDIES MULTIPLE LEVELS	\$	155.70
93923	26		U/L EXT STUDIES MULTIPLE LEVELS	\$	62.63
93923	TC		U/L EXT STUDIES MULTIPLE LEVELS	\$	93.07
93924			LOWER EXT ARTERIES STUDY AT REST	\$	169.54
93924	26		LOWER EXT ARTERIES STUDY AT REST	\$	86.50
93924	TC		LOWER EXT ARTERIES STUDY AT REST	\$	83.04
93925			DUPLEX SCAN LOWER EXTREM.ART...BILAT	\$	148.78
93925	26		DUPLEX SCAN LOWER EXTREM.ART...BILAT	\$	58.82
93926	TC		DUPLEX SCAN...7/U OR LIMITED STUDY	\$	50.72
93926			DUPLEX SCAN...7/U OR LIMITED STUDY	\$	72.66
93926	26		DUPLEX SCAN...7/U OR LIMITED STUDY	\$	27.68
93930			DUPLEX SCAN UPPER EXT...COMPLETE BIL	\$	141.86
93930	26		DUPLEX SCAN UPPER EXT...COMPLETE BIL	\$	55.36
93930	TC		DUPLEX SCAN UPPER EXT...COMPLETE BIL	\$	86.50
93931			DUPLEX SCAN UPPER EXT...7/U OR LIMIT	\$	69.20
93931	26		DUPLEX SCAN UPPER EXT...7/U OR LIMIT	\$	27.68
93931	TC		DUPLEX SCAN UPPER EXT...7/U OR LIMIT	\$	41.52
93970			DUPLEX SCAN EXT.VEINS...COMP.BILATER	\$	214.52
93970	26		DUPLEX SCAN EXT.VEINS...COMP.BILATER	\$	83.04
93970	TC		DUPLEX SCAN EXT.VEINS...COMP.BILATER	\$	131.48
93971			DUPLEX SCAN EXT.VEINS...7/U LIMITED	\$	103.80
93971	26		DUPLEX SCAN EXT.VEINS...7/U LIMITED	\$	41.52
93971	TC		DUPLEX SCAN EXT.VEINS...7/U LIMITED	\$	62.28
93976			DUPLEX SCAN...PELVIC...7/U LIMITED	\$	214.52
93976	26		DUPLEX SCAN...PELVIC...7/U LIMITED	\$	83.04
93976	TC		DUPLEX SCAN...PELVIC...7/U LIMITED	\$	131.48
93978	TC		DUPLEX SCAN AORTA...COMPLETE STUDY	\$	131.48
93979			DUPLEX SCAN AORTA...7/U..LIMITED SDY	\$	103.80
93979	26		DUPLEX SCAN AORTA...7/U..LIMITED SDY	\$	41.52
93979	TC		DUPLEX SCAN AORTA...7/U..LIMITED SDY	\$	62.28
93980			DUPLEX SCAN FOR PENILE VESSELS	\$	269.88
93980	26		DUPLEX SCAN FOR PENILE VESSELS	\$	110.72
93980	TC		DUPLEX SCAN FOR PENILE VESSELS	\$	159.16
93981			PENILE DUPLEX SCAN FOLLOW UP	\$	134.94
93981	26		PENILE DUPLEX SCAN FOLLOW UP	\$	59.75
93981	TC		PENILE DUPLEX SCAN FOLLOW UP	\$	75.19
93982			NONINVASIVE PHYSIOLOGIC STUDY OF IMPLANTED WIRELESS PRESSURE SE	\$	83.07
93990			DUPLEX SCAN HEMODIALYSIS ACCESS	\$	231.82
93990	26		DUPLEX SCAN HEMODIALYSIS ACCESS	\$	34.60
94002			VENTILATION ASSIST AND MANAGEMENT, INIT DAY	\$	161.34
94003			VENTILATION ASSIST AND MANAGEMENT, SUBQ DAY	\$	117.02
94010			SPIROMETRY WITH GRAPH, VITAL CAPACIT	\$	62.28
94010	26		SPIROMETRY WITH GRAPH, VITAL CAPACIT	\$	27.68
94010	TC		SPIROMETRY WITH GRAPH, VITAL CAPACIT	\$	34.60
94011			MEASUREMENT OF SPIROMETRIC FORCED EXPIRATORY FLOWS IN AN INFAN	\$	152.69
94012			MEASUREMENT OF SPIROMETRIC FORCED EXPIRATORY FLOWS, BEFORE AN	\$	248.43
94014			PATIENT INIT SPIROMETRY FOR 30 DAYS	\$	51.90
94015			PT INIT SPIROMETRIC REC TC ONLY	\$	20.76
94016			PT SPIROM REC MD I&R ONLY	\$	31.14
94060	TC		BRONCHOSPASM EVALUATION	\$	103.80
94060			BRONCHOSPASM EVALUATION	\$	187.19
94060	SA		BRONCHOSPASM EVALUATION	\$	141.86
94060	SA	26	BRONCHOSPASM EVALUATION	\$	38.06
94060	26		BRONCHOSPASM EVALUATION	\$	48.44
94060	SA	TC	BRONCHOSPASM EVALUATION	\$	141.86
94070			BRONCHOSPASM EVALUATION; PROLONGED	\$	183.38
94070	26		BRONCHOSPASM EVALUATION; PROLONGED	\$	77.92
94070	TC		BRONCHOSPASM EVALUATION; PROLONGED	\$	105.46
94150			VITAL CAPACITY, TOTAL	\$	12.70
94150	26		VITAL CAPACITY, TOTAL	\$	5.19
94150	TC		VITAL CAPACITY, TOTAL	\$	7.51
94200			MAXIMUM BREATHING CAPACITY	\$	31.14
94200	26		MAXIMUM BREATHING CAPACITY	\$	6.92
94200	TC		MAXIMUM BREATHING CAPACITY	\$	24.22
94250	TC		EXPIRED GAS COLLECTION	\$	27.68

94250			EXPIRED GAS COLLECTION	\$	51.90
94250	26		EXPIRED GAS COLLECTION	\$	16.57
94375			RESPIRATORY FLOW VOLUME LOOP	\$	51.90
94375	26		RESPIRATORY FLOW VOLUME LOOP	\$	24.22
94375	TC		RESPIRATORY FLOW VOLUME LOOP	\$	27.68
94400			CO2 BREATHING RESPONSE CURVE	\$	86.50
94400	26		CO2 BREATHING RESPONSE CURVE	\$	62.28
94400	TC		CO2 BREATHING RESPONSE CURVE	\$	24.22
94452	26		HIGH ALTITUDE SIMULATION TEST (HAST)	\$	25.33
94452			HIGH ALTITUDE SIMULATION TEST (HAST)	\$	106.95
94452	TC		HIGH ALTITUDE SIMULATION TEST (HAST)	\$	91.41
94453	26		HIGH ALTITUDE SIMULATION TEST (HAST)	\$	33.32
94453			HIGH ALTITUDE SIMULATION TEST (HAST)	\$	148.16
94453	TC		HIGH ALTITUDE SIMULATION TEST (HAST)	\$	131.86
94610			SURFACTANT ADMIN THRU TUBE	\$	97.88
94620			PULMONARY STRESS TESTING	\$	171.51
94621			PULMONARY STRESS TESTING COMPLEX	\$	228.36
94621	26		PULMONARY STRESS TESTING COMPLEX	\$	89.96
94621	TC		PULMONARY STRESS TESTING COMPLEX	\$	138.40
94642			AEROSOL INHAL PENTAMIDINE PNEUMOCYST	\$	103.80
94644			CBT, 1ST HOUR	\$	84.94
94645			CBT, EACH ADDL HOUR	\$	30.45
94664			AEROSOL/VAPOR INHALATIONS	\$	25.43
94669			Mechanical chest wall manipulation for improvement in lung function	\$	61.48
94680			OXYGEN UPTAKE; DIRECT; SIMPLE	\$	83.04
94680	26		OXYGEN UPTAKE; DIRECT; SIMPLE	\$	38.06
94680	TC		OXYGEN UPTAKE; DIRECT; SIMPLE	\$	44.98
94681	TC		OXYGEN UPTAKE W/CO2 OUTPUT	\$	138.40
94681			OXYGEN UPTAKE W/CO2 OUTPUT	\$	179.92
94681	26		OXYGEN UPTAKE W/CO2 OUTPUT	\$	29.96
94690			OXYGEN UPTAKE; REST; INDIRECT	\$	83.04
94690	26		OXYGEN UPTAKE; REST; INDIRECT	\$	9.72
94690	TC		OXYGEN UPTAKE; REST; INDIRECT	\$	73.32
94726			PLETHYSMOGRAPHY FOR DETERMINATION OF LUNG VOLUMES AND, WHEN P	\$	101.93
94726	TC		RESISTANCE	\$	80.31
94726	26		RESISTANCE	\$	21.63
94727			GAS DILUTION OR WASHOUT FOR DETERMINATION OF LUNG VOLUMES AND,	\$	81.28
94727	TC		DISTRIBUTION OF VENTILATION AND CLOSING VOLUMES	\$	59.69
94727	26		DISTRIBUTION OF VENTILATION AND CLOSING VOLUMES	\$	21.63
94728	26		AIRWAY RESISTANCE BY IMPULSE OSCILLOMETRY	\$	22.28
94728			AIRWAY RESISTANCE BY IMPULSE OSCILLOMETRY	\$	76.02
94728	TC		AIRWAY RESISTANCE BY IMPULSE OSCILLOMETRY	\$	64.25
94729			DIFFUSING CAPACITY (EG, CARBON MONOXIDE, MEMBRANE) (LIST SEPARATE	\$	101.65
94729	TC		TO CODE FOR PRIMARY PROCEDURE)	\$	85.60
94729	26		TO CODE FOR PRIMARY PROCEDURE)	\$	16.05
94750			PULMONARY COMPLIANCE STUDY	\$	72.66
94750	26		PULMONARY COMPLIANCE STUDY	\$	31.14
94750	TC		PULMONARY COMPLIANCE STUDY	\$	41.52
94760			NONINVASIVE OXIMETRY-02;SINGLE DETER	\$	6.71
94761			SEE 94760;MULTIPLE DETERMINATIONS	\$	14.32
94762			SEE 94760;CONT.OVERNIGHT MONITORING	\$	41.52
94770			EXPIRED CARBON DIOXIDE ANALYSIS	\$	23.74
94770	26		EXPIRED CARBON DIOXIDE ANALYSIS	\$	13.84
94770	TC		EXPIRED CARBON DIOXIDE ANALYSIS	\$	20.76
94772	26		CIRCADIAN RESP PATTERN INFANT	\$	308.22
94772			CIRCADIAN RESP PATTERN...INFANT	\$	811.34
94772	TC		CIRCADION RESP PATTERN INFANT	\$	503.12
94774			PED HOME APNEA REC, COMPL	\$	415.20
94775			PED HOME APNEA REC, HK-UP	\$	294.10
94777			PED HOME APNEA REC, REPORT	\$	121.10
94780			CAR SEAT/BED TESTING FOR AIRWAY INTEGRITY, NEONATE, WITH CONTINU	\$	95.18
94781			CAR SEAT/BED TESTING FOR AIRWAY INTEGRITY, NEONATE, WITH CONTINU	\$	38.09
95004			PERCUTANEOUS TEST	\$	12.98
95012			NITRIC OXIDE EXPIRED	\$	37.78
95017			ALLERGY TESTING WITH VENOMS INTO SKIN, IMMEDIATE TYPE REACTION, IN	\$	14.12
95017	26		ALLERGY TESTING WITH VENOMS INTO SKIN, IMMEDIATE TYPE REACTION, IN	\$	6.78
95018	26		ALLERGY TESTING WITH DRUGS OR BIOLOGICALS INTO SKIN, IMMEDIATE TY	\$	12.35
95018			ALLERGY TESTING WITH DRUGS OR BIOLOGICALS INTO SKIN, IMMEDIATE TY	\$	38.96
95024			INTRADERMAL TESTS W/ALLERGEN EXTRACT	\$	19.03

95027			SKIN POINT TITRATION	\$	14.67
95028			INTRADERM TESTS/DELAYED TYPE REACTIO	\$	28.72
95044			PATCH OR APPLICATION TEST (S)	\$	3.46
95060			OPHTHALMIC MUCOUS MEMBRANE TESTS	\$	13.94
95065			NASAL MUCOUS MEMBRANE TEST	\$	9.90
95070			INHALATION BRONCH CHALLENGE TESTING	\$	62.28
95071			BRONCHIAL INHALATIONS W/ANTIGENS	\$	62.28
95076	26		INGESTION OF TEST ITEMS FOR ALLERGIES, INITIAL 120 MINUTES	\$	130.75
95076			INGESTION OF TEST ITEMS FOR ALLERGIES, INITIAL 120 MINUTES	\$	215.80
95079	26		INGESTION OF TEST ITEMS FOR ALLERGIES, ADDITIONAL 60 MINUTES	\$	119.61
95079			INGESTION OF TEST ITEMS FOR ALLERGIES, ADDITIONAL 60 MINUTES	\$	149.51
95115			ALLER.INJ.W/OUT EXTRACT PROV ONE INJ	\$	8.65
95117			ALLER.INJ.W/OUT EXTRACT PROV+1 INJ	\$	8.65
95130			IMMUNOTHERAPY(RX MD)1 INSECT VENOM	\$	69.20
95131			IMMUNOTHERAPY(RX MD),2 INSECT VENOM	\$	69.20
95132			IMMUNOTHERAPY;3 INSECT VENOMS	\$	69.20
95133			IMMUNOTHERAPY; 4 INSCT VENOMS	\$	69.20
95134			IMMUNOTHERAPY; 5 INSECT VENOMS	\$	69.20
95144			IMMUNO TX,SUPERVISION & PROVISION AG	\$	24.22
95145			PROF SERV SUPERV&PROV ANTIGENS....	\$	59.24
95146			PROF SERV SUPER&PROV ANTIGENS....	\$	59.24
95147			PROF SERV SUPER&PROV ANTIGENS....	\$	56.88
95148			PROF SERV SUPER&PROV ANTIGENS.....	\$	75.67
95149			PROF SERV SUPER&PROV ANTIGENS.....	\$	101.52
95165			PROF.SUP.&PROV.OF AGNS FOR IMMUNO RX	\$	15.57
95180			RAPID DESENSITIZATION PROC,EACH HOUR	\$	155.70
95250			GLUCOSE MONITORING UP TO 72 HOURS	\$	100.34
95251			AMBULATORY CONTINUOUS GLUCOSE MONITO	\$	63.25
95782			SLEEP MONITORING OF PATIENT (YOUNGER THAN 6 YEARS) IN SLEEP LAB	\$	1,708.76
95782	26		SLEEP MONITORING OF PATIENT (YOUNGER THAN 6 YEARS) IN SLEEP LAB	\$	222.34
95782	TC		SLEEP MONITORING OF PATIENT (YOUNGER THAN 6 YEARS) IN SLEEP LAB	\$	1,786.57
95783	TC		SLEEP MONITORING OF PATIENT (YOUNGER THAN 6 YEARS) IN SLEEP LAB W	\$	1,548.83
95783			SLEEP MONITORING OF PATIENT (YOUNGER THAN 6 YEARS) IN SLEEP LAB W	\$	1,822.17
95783	26		SLEEP MONITORING OF PATIENT (YOUNGER THAN 6 YEARS) IN SLEEP LAB W	\$	242.13
95800	26		SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING; HEART RATE, OX	\$	91.66
95800			SLEEP STUDY, UNATTENDED, SIMULTANEOU	\$	326.73
95800	TC		SLP STDY UNATTENDED	\$	286.97
95801			SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING; MINIMUM OF HEA	\$	164.35
95801	TC		SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING; MINIMUM OF HEA	\$	88.58
95801	26		SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING; MINIMUM OF HEA	\$	86.74
95803	TC		ACTIGRAPHY_TESTING__RECORDING__ANAL	\$	186.60
95803			ACTIGRAPHY_TESTING__RECORDING__ANAL	\$	263.96
95803	26		ACTIGRAPHY_TESTING__RECORDING__ANAL	\$	77.37
95805	TC		MSLT,REC,ANAL&INTERP OF PSYCH MEASUR	\$	145.22
95805			MSLT,REC,ANAL&INTERP OF PSYCH MEASUR	\$	183.38
95805	26		MSLT,REC,ANAL&INTERP OF PSYCH MEASUR	\$	83.04
95806			SLEEP STUDY UNATTDEED BY TECHNOLOGIS	\$	526.06
95806	26		SLEEP STUDY UNATTENDED BY TECHNOLOGI	\$	181.23
95806	TC		SLEEP STUDY UNATTENDED BY TECHNOLOGI	\$	344.82
95807			SLEEP STUDY 3 OR MORE BY TECHNICIAN	\$	847.70
95807	26		SLEEP STUDY 3 OR MORE BY TECHNICIAN	\$	185.25
95807	TC		SLEEP STUDY 3 OR MORE BY TECHNICIAN	\$	595.12
95808			POLYSOMNOGRAPHY 1-3 PARAMETERS TECHN	\$	847.70
95808	26		POLYSOMNOGRAPHY 1-3 PARAMETERS TECHN	\$	294.10
95808	TC		POLYSOMNOGRAPHY 1-3 PARAMETERS TECHN	\$	553.60
95810			POLYSOMNOGRAPHY 4+ PARAMETERS TECHIC	\$	847.70
95810	26		POLYSOMNOGRAPHY 4+ PARAMETERS TECHIC	\$	294.10
95810	TC		POLYSOMNOGRAPHY 4+ PARAMETERS TECHIC	\$	553.60
95811			POLYSOMNOGRAPHY 4 OR MORE PARAM TECH	\$	747.36
95811	26		POLYSOMNOGRAPHY 4 OR MORE PARAM TECH	\$	373.68
95811	TC		POLYSOMNOGRAPHY 4 OR MORE PARAM TECH	\$	373.68
95812	TC		EEG EXTENDED MONITORING UP TO 1 HOUR	\$	141.72
95812			EEG EXTENDED MONITORING UP TO 1 HOUR	\$	242.20
95812	26		EEG EXTENDED MONITORING UP TO 1 HOUR	\$	117.64
95813	TC		EEG EXTENDED MONITORING >1 HOUR	\$	160.23
95813			EEG EXTENDED MONITORING >1 HOUR	\$	294.10
95813	26		EEG EXTENDED MONITORING >1 HOUR	\$	169.54
95816			EEG,INCL RECOR AWAKE&D,SAME FACILITY	\$	141.06
95816	TC		EEG,INCL RECOR AWAKE&D,SAME FACILITY	\$	119.58

95816	26		EEG,INCL RECOR AWAKE&D,SAME FACILITY	\$	51.90
95819			EEG-STD/PORT; SAME FACILITY	\$	162.41
95819	TC		EEG-STD/PORT; SAME FACILITY	\$	140.79
95819	26		EEG-STD/PORT; SAME FACILITY	\$	51.90
95822			EEG; SLEEP ONLY	\$	146.50
95822	TC		EEG; SLEEP ONLY	\$	124.87
95822	26		EEG; SLEEP ONLY	\$	51.90
95824			EEG; CEREBRAL DEATH RECORDING	\$	55.36
95824	26		EEG; CEREBRAL DEATH RECORDING	\$	24.22
95824	TC		EEG; CEREBRAL DEATH RECORDING	\$	31.14
95827			EEG; ALL NIGHT SLEEP RECORDING	\$	306.87
95827	TC		EEG; ALL NIGHT SLEEP RECORDING	\$	285.62
95827	26		EEG; ALL NIGHT SLEEP RECORDING	\$	51.90
95829			ELECTROCORTICOGRAM AT SURGERY(SEP PR	\$	747.12
95830			MD INSERT SPHENOIDAL ELECTRODE	\$	318.32
95831			TEST MUSCLE,MANUAL;EXTREMITY/TRUNK	\$	34.60
95832			MUSCLE TESTING; MANUAL; HAND	\$	44.98
95833			TEST MUSCLE,MANUAL;TOT BODY/NO HANDS	\$	63.25
95834			MUSCLE TESTING; MANUAL; TOTAL W/HAND	\$	93.07
95851			RANGE OF MOTION;@ EXTREMITY,NO HANDS	\$	34.60
95852			RANGE OF MOTION; HAND	\$	34.60
95857			TENSILON TEST FOR MYASTHENIA GRAVIS	\$	55.36
95857	26		TENSILON TEST FOR MYASTHENIA GRAVIS	\$	46.71
95857	TC		TENSILON TEST FOR MYASTHENIA GRAVIS	\$	8.65
95860	TC		ELECTROMYOGRAPH;1 EXTREMITY&PARASPIN	\$	27.75
95860			ELECTROMYOGRAPH;1 EXTREMITY&PARASPIN	\$	128.02
95860	26		ELECTROMYOGRAPH;1 EXTREMITY&PARASPIN	\$	103.80
95861			ELECTROMYOGRAPH;2 EXTREMITIES&PARASP	\$	197.22
95861	26		ELECTROMYOGRAPH;2 EXTREMITIES&PARASP	\$	159.16
95861	TC		ELECTROMYOGRAPH;2 EXTREMITIES&PARASP	\$	38.06
95863			ELECTROMYOGRAPH;3 EXTREMITIES&PARASP	\$	262.96
95863	26		ELECTROMYOGRAPH;3 EXTREMITIES&PARASP	\$	214.52
95863	TC		ELECTROMYOGRAPH;3 EXTREMITIES&PARASP	\$	48.44
95864			ELECTROMYOGRAPH;4 EXTREMITIES&PARASP	\$	328.70
95864	26		ELECTROMYOGRAPH;4 EXTREMITIES&PARASP	\$	262.96
95864	TC		ELECTROMYOGRAPH;4 EXTREMITIES&PARASP	\$	65.74
95865			NEEDLE ELECTROMYOGRAPHY; LARYNX	\$	267.46
95865	TC		NEEDLE ELECTROMYOGRAPHY; LARYNX	\$	51.90
95865	26		NEEDLE ELECTROMYOGRAPHY; LARYNX	\$	148.64
95866	26		NEEDLE ELECTROMYOGRAPHY; HEMIDIAPHRA	\$	119.72
95866			NEEDLE ELECTROMYOGRAPHY; HEMIDIAPHRA	\$	246.49
95866	TC		NEEDLE ELECTROMYOGRAPHY; HEMIDIAPHRA	\$	143.11
95867	TC		MYOGRAPHY; CRANIAL NERVE; UNILATERAL	\$	22.32
95868			MYOGRAPHY; CRANIAL NERVE; BILATERAL	\$	162.62
95868	26		MYOGRAPHY; CRANIAL NERVE; BILATERAL	\$	131.48
95868	TC		MYOGRAPHY; CRANIAL NERVE; BILATERAL	\$	31.14
95869	TC		ELECTROMYOGRAPHY; SPECIFIC MUSCLES	\$	24.22
95869			ELECTROMYOGRAPHY; SPECIFIC MUSCLES	\$	87.99
95869	26		ELECTROMYOGRAPHY; SPECIFIC MUSCLES	\$	56.85
95870			ELECTROMYOGRAPHY OTH THAN PARASPINAL	\$	87.99
95870	26		ELECTROMYOGRAPHY OTH THAN PARASPINAL	\$	56.85
95870	TC		ELECTROMYOGRAPHY OTH THAN PARASPINAL	\$	31.14
95872			ELECTROMYOGRAPHY,SING.FIBER,ANY TECH	\$	103.80
95872	26		ELECTROMYOGRAPHY,SING.FIBER,ANY TECH	\$	83.04
95872	TC		ELECTROMYOGRAPHY,SING.FIBER,ANY TECH	\$	20.76
95873	26		ELECTRICAL STIMULATION FOR GUIDANCE	\$	35.60
95873			ELECTRICAL STIMULATION FOR GUIDANCE	\$	136.60
95873	TC		ELECTRICAL STIMULATION FOR GUIDANCE	\$	113.28
95874	26		NEEDLE ELECTROMYOGRAPHY FOR GUIDANCE	\$	35.50
95874			NEEDLE ELECTROMYOGRAPHY FOR GUIDANCE	\$	143.45
95874	TC		NEEDLE ELECTROMYOGRAPHY FOR GUIDANCE	\$	108.64
95875	26		ISCHEMIC LIMB EXERCISE,EMG,.....	\$	26.82
95875			ISCHEMIC LIMB EXERCISE,EMG,.....	\$	79.58
95875	TC		ISCHEMIC LIMB EXERCISE,EMG,.....	\$	62.28
95885	26		LIMITED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$	33.63
95885			NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL	\$	109.37
95885	TC		PERFORMED, DONE WITH NERVE CONDUCTION, AMPLITUDE AND LATENCY/	\$	75.77
95886	26		COMPLETE, FIVE OR MORE MUSCLES STUDIED, INNERVATED BY THREE OR MORE	\$	82.24
95886			NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL	\$	167.29

95886	TC		PERFORMED, DONE WITH NERVE CONDUCTION, AMPLITUDE AND LATENCY/M	\$	85.05
95887	TC		MUSCLE(S) DONE WITH NERVE CONDUCTION, AMPLITUDE AND LATENCY/VE	\$	80.41
95887	26		(LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$	67.85
95887			NEEDLE ELECTROMYOGRAPHY, NON-EXTREMITY (CRANIAL NERVE SUPPLIE	\$	148.23
95905			MOTOR AND/OR SENSORY NERVE CONDUCTION, USING PRECONFIGURED EL	\$	136.36
95907			NERVE TRANSMISSION STUDIES, 1-2 STUDIES	\$	178.22
95908			NERVE TRANSMISSION STUDIES, 3-4 STUDIES	\$	231.13
95909			NERVE TRANSMISSION STUDIES, 5-6 STUDIES	\$	275.38
95909	TC		NERVE TRANSMISSION STUDIES, 5-6 STUDIES	\$	132.10
95909	26		NERVE TRANSMISSION STUDIES, 5-6 STUDIES	\$	143.28
95910			NERVE TRANSMISSION STUDIES, 7-8 STUDIES	\$	362.50
95910	TC		NERVE TRANSMISSION STUDIES, 7-8 STUDIES	\$	171.34
95910	26		NERVE TRANSMISSION STUDIES, 7-8 STUDIES	\$	191.17
95911			NERVE TRANSMISSION STUDIES, 9-10 STUDIES	\$	431.77
95911	TC		NERVE TRANSMISSION STUDIES, 9-10 STUDIES	\$	193.24
95911	26		NERVE TRANSMISSION STUDIES, 9-10 STUDIES	\$	238.53
95912			NERVE TRANSMISSION STUDIES, 11-12 STUDIES	\$	477.69
95912	TC		NERVE TRANSMISSION STUDIES, 11-12 STUDIES	\$	194.59
95912	26		NERVE TRANSMISSION STUDIES, 11-12 STUDIES	\$	283.10
95913			NERVE TRANSMISSION STUDIES, 13 OR MORE STUDIES	\$	550.49
95913	TC		NERVE TRANSMISSION STUDIES, 13 OR MORE STUDIES	\$	215.18
95913	26		NERVE TRANSMISSION STUDIES, 13 OR MORE STUDIES	\$	335.31
95921			TESTING AUT NERV SYS FUNCTION	\$	62.28
95922			TESTING AUTO NERV SYST FUNCTION	\$	65.74
95922	26		TESTING AUTO NERV SYST FUNCTION	\$	44.98
95922	TC		TESTING AUTO NERV SYST FUNCTION	\$	20.76
95923			TESTING AUTO NERV SYST FUNCTION	\$	74.25
95923	TC		TESTING AUTO NERV SYST FUNCTION	\$	57.26
95923	26		TESTING AUTO NERV SYST FUNCTION	\$	41.52
95924			TESTING OF AUTONOMIC (SYMPATHETIC) NERVOUS SYSTEM FUNCTION, AT	\$	273.62
95924	TC		TESTING OF AUTONOMIC (SYMPATHETIC) NERVOUS SYSTEM FUNCTION, AT	\$	116.19
95924	26		TESTING OF AUTONOMIC (SYMPATHETIC) NERVOUS SYSTEM FUNCTION, AT	\$	157.43
95925			SOMATOSENSORY TESTING,ONE > NERVES	\$	190.30
95925	26		SOMATOSENSORY TESTING,ONE > NERVES	\$	76.12
95925	TC		SOMATOSENSORY TESTING,ONE > NERVES	\$	114.18
95926			SHORT LAT SOMATOSEN STUDY/LOWER LIMB	\$	190.30
95926	26		SHORT LAT SOMATOSEN STUDY/LOWER LIMB	\$	55.36
95926	TC		SHORT LAT SOMATOSEN STUDY/LOWER LIMB	\$	138.40
95927			SHORT-LAT SOMATOSEN STUDY/TRUNK/HEAD	\$	190.30
95927	26		SHORT-LAT SOMATOSEN STUDY/TRUNK/HEAD	\$	55.36
95927	TC		SHORT-LAT SOMATOSEN STUDY/TRUNK/HEAD	\$	138.40
95928	26		CENTRAL MOTOR EVOKED POTENTIAL STUDY	\$	141.86
95928			CENTRAL MOTOR EVOKED POTENTIAL STUDY	\$	392.23
95928	TC		CENTRAL MOTOR EVOKED POTENTIAL STUDY	\$	424.68
95929	26		CENTRAL MOTOR EVOKED POTENTIAL STUDY	\$	143.17
95929			CENTRAL MOTOR EVOKED POTENTIAL STUDY	\$	403.51
95929	TC		CENTRAL MOTOR EVOKED POTENTIAL STUDY	\$	428.00
95930	TC		VISUAL EVOKED POTENTIAL TESTING CNS	\$	44.98
95930			VISUAL EVOKED POTENTIAL TESTING CNS	\$	79.58
95930	26		VISUAL EVOKED POTENTIAL TESTING CNS	\$	41.52
95933			BLINK REFLEX,ELETRODIAGNOSTIC TEST	\$	179.92
95933	26		BLINK REFLEX,ELETRODIAGNOSTIC TEST	\$	83.52
95933	TC		BLINK REFLEX,ELETRODIAGNOSTIC TEST	\$	96.40
95937			NEUROMUSCULAR JUNC.TEST.:@ NERVE	\$	121.10
95937	26		NEUROMUSCULAR JUNC.TEST.:@ NERVE	\$	89.96
95937	TC		NEUROMUSCULAR JUNC.TEST.:@ NERVE	\$	31.14
95938	TC		PERIPHERAL NERVES OR SKIN SITES, RECORDING FROM THE CENTRAL NER	\$	563.12
95938			SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATI	\$	645.22
95938	26		UPPER AND LOWER LIMBS	\$	82.14
95939	26		C_MOTOR_EVOKED_UPR&LWR_LIMBS	\$	212.76
95939			C_MOTOR_EVOKED_UPR&LWR_LIMBS	\$	941.85
95939	TC		C_MOTOR_EVOKED_UPR&LWR_LIMBS	\$	729.13
95940			CONTINUOUS MONITORING OF NERVOUS SYSTEM DURING OPERATION, EAC	\$	57.75
95943			TESTING OF AUTONOMIC (PARASYMPATHETIC AND SYMPATHETIC) NERVOUS	\$	172.83
95950			AMBULATORY 24 HOUR EEG MONITORING	\$	294.10
95950	26		AMBULATORY 24 HOUR EEG MONITORING	\$	121.10
95950	TC		AMBULATORY 24 HOUR EEG MONITORING	\$	173.00
95951			MONITORING FOR LOCALIZATION OF CEREB	\$	742.62
95951	TC		MONITORING FOR LOCALIZATION OF CEREB	\$	623.15

95951	26		MONITORING FOR LOCALIZATION OF CEREB	\$	155.70
95953			EACH 24 HOUR EEG MONITORING	\$	390.98
95953	26		EACH 24 HOUR EEG MONITORING	\$	155.70
95953	TC		EACH 24 HOUR EEG MONITORING	\$	235.28
95954	TC		PHARM/PHYSICAL ACTIVATION DURING EEG	\$	103.80
95954			PHARM/PHYSICAL ACTIVATION DURING EEG	\$	173.00
95954	26		PHARM/PHYSICAL ACTIVATION DURING EEG	\$	103.80
95955	26		EEG DURING NONINTRACRANIAL SURGERY..	\$	121.10
95956			EACH 24 HOUR EEG MONITORING	\$	651.31
95956	TC		EACH 24 HOUR EEG MONITORING	\$	580.21
95956	26		EACH 24 HOUR EEG MONITORING	\$	155.70
95957			DIGITAL ANALYSIS OF EEG	\$	342.54
95957	26		DIGITAL ANALYSIS OF EEG	\$	204.14
95957	TC		DIGITAL ANALYSIS OF EEG	\$	138.40
95958			WADA ACTIVATION TEST FOR HEMISPHERIC	\$	366.76
95958	26		WADA ACTIVATION TEST FOR HEMISPHERIC	\$	148.78
95958	TC		WADA ACTIVATION TEST FOR HEMISPHERIC	\$	217.98
95961			FUNCT CORTICAL MAPPI;INIT HR PHY ATT	\$	366.76
95961	26		FUNCT CORTICAL MAPPI;INIT HR PHY ATT	\$	259.50
95961	TC		FUNCT CORTICAL MAPPI;INIT HR PHY ATT	\$	107.26
95962			FUNCT CORTICAL MAP;EA ADD HR PHY ATT	\$	366.76
95965			MEGNETOENCEPHALOGRAPHY_RECORD/ANALYS	\$	752.45
95965	26		MAGNETOENCEPHALOGRAPHY_RECORD/ANALYS	\$	752.45
95966	26		MAGNETOENCEPHALOGRAPHY_RECORD/ANALYS	\$	415.20
95967	26		MAGNETOENCEPHALOGRAPHY_RECORD/ANALYS	\$	363.30
95970			ELECT ANAL IMPL NEUROSTIM PULSE GEN	\$	48.44
95971			ELECT ANAL IMPL NEUROSTIM PULSE GEN	\$	69.20
95972			ELECT ANAL IMPL NEUROSTIM PULSE GEN	\$	128.02
95974			ELECT ANAL IMPL NEUROSTIM PULSE GEN	\$	252.58
95975			ELECT ANAL IMPL NEUROSTIM PULSE GEN	\$	152.24
95978	26		ELECTRONIC ANALYSIS OF IMPLANTED NEU	\$	341.68
95978			ELECTRONIC ANALYSIS OF IMPLANTED NEU	\$	451.95
95979	26		ELECTRONIC ANALYSIS OF IMPLANTED NEU	\$	158.19
95979			ELECTRONIC ANALYSIS OF IMPLANTED NEU	\$	193.41
95980			ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERA	\$	81.17
95981	26		ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERA	\$	31.69
95981			ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERA	\$	60.93
95982	26		ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERA	\$	64.98
95982			ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERA	\$	96.88
95990			REFILL/MAINT IMPL PUMP DRUG DELIVERY	\$	100.34
95991			REFILL/MAINT IMPL PUMP BY PHYSICIAN	\$	116.88
95992			CANALITH_REPOSITIONING_PROCEDURE(S)	\$	76.92
95992	26		CANALITH_REPOSITIONING_PROCEDURE(S)	\$	66.26
96000			COMP COMPUTER-BASED MOTION ANALYSIS	\$	166.08
96001			COMP COMPUTER-BASED MOTION ANALYSIS	\$	200.68
96002			DYNAMIC SURFACE ELECTROMYOGRAPHY	\$	38.06
96003			DYNAMIC FINE WIRE ELECTROMYOGRAPHY	\$	34.60
96004			MD REVIEW/INTERPRETATION 96000-96003	\$	169.54
96020			FUNCTIONAL BRAIN MAPPING	\$	632.25
96040			MEDICAL_GENETICS_AND_GENETIC_COUNSE	\$	96.19
96101			PSYCHOLOGICAL TESTING (INCLUDES PSYC	\$	143.17
96101	UC		PSYCHOLOGICAL TESTING (INCLUDES PSYC	\$	98.99
96102			PSYCHOLOGICAL TESTING (INCLUDES PSYC	\$	112.35
96102	UC		PSYCHOLOGICAL TESTING (INCLUDES PSYC	\$	85.53
96103			PSYCHOLOGICAL TESTING (INCLUDES PSYC	\$	48.41
96103	UC		PSYCHOLOGICAL TESTING (INCLUDES PSYC	\$	34.74
96105			ASSESS APHASIA W/INTERP REP PER HOUR	\$	128.02
96105	UC		ASSESS APHASIA W/INTERP REP PER HOUR	\$	86.50
96110			DEVELOP TESTING, LIM W/INTERP REPORT	\$	25.19
96111			DEVELOP TESTING, EXTEND W/INT/REP HR	\$	128.02
96111	UC		DEVELOP TESTING, EXTEND W/INT/REP HR	\$	86.50
96116			NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, RE	\$	164.21
96116	UC		NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, RE	\$	117.43
96118			NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLC	\$	170.41
96118	UC		NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLC	\$	123.18
96119			NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLC	\$	146.08
96119	UC		NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLC	\$	105.32
96120			NEUROPSYCHOLOGICAL TESTING (EG, WISCONSIN CARD SORTING TEST), AL	\$	86.40
96120	UC		NEUROPSYCHOLOGICAL TESTING (EG, WISCONSIN CARD SORTING TEST), AL	\$	61.31

96125			STANDARDIZED COGNITIVE PERFORMANCE TESTING (EG, ROSS INFORMATI	\$	212.51
96125	26		STANDARDIZED COGNITIVE PERFORMANCE TESTING (EG, ROSS INFORMATI	\$	143.45
96125	SA	26	STANDARDIZED COGNITIVE PERFORMANCE TESTING (EG, ROSS INFORMATI	\$	115.84
96125	SA		STANDARDIZED COGNITIVE PERFORMANCE TESTING (EG, ROSS INFORMATI	\$	171.62
96127			BRIEF EMOTIONAL/BEHAV ASSMT	\$	11.87
96150			HEALTH & BEHAV ASSESS INIT EA 15 MIN	\$	48.44
96150	SA		HEALTH & BEHAV ASSESS INIT EA 15 MIN	\$	39.44
96150	UC		HEALTH & BEHAV ASSESS INIT EA 15 MIN	\$	48.44
96151			HEALTH & BEHAV ASSESS EACH 15 MIN RE	\$	48.44
96151	SA		HEALTH & BEHAV ASSESS EACH 15 MIN RE	\$	39.44
96151	UC		HEALTH & BEHAV ASSESS EACH 15 MIN RE	\$	48.44
96152			HEALTH & BEHAV INTERVEN IND EA 15 MI	\$	44.98
96152	SA		HEALTH & BEHAV INTERVEN IND EA 15 MI	\$	36.16
96152	UC		HEALTH & BEHAV INTERVEN IND EA 15 MI	\$	44.98
96153			HEALTH & BEHAV INTERVEN EA 15 MINUTE	\$	12.73
96153	SA		HEALTH & BEHAV INTERVEN EA 15 MINUTE	\$	13.15
96153	UC		HEALTH & BEHAV INTERVEN EA 15 MINUTE	\$	17.30
96154			HEALTH & BEHAV INTERVEN FAM EA 15 MI	\$	44.98
96154	SA		HEALTH & BEHAV INTERVEN FAM EA 15 MI	\$	36.16
96154	UC		HEALTH & BEHAV INTERVEN FAM EA 15 MI	\$	44.98
96155			HEALTH & BEHAV INTERVEN FAM EA 15 MI	\$	41.52
96155	SA		HEALTH & BEHAV INTERVEN FAM EA 15 MI	\$	32.87
96155	UC		HEALTH & BEHAV INTERVEN FAM EA 15 MI	\$	41.52
96160			ADMINISTRATION AND INTERPRETATION OF	\$	9.07
96161			ADMINISTRATION AND INTERPRETATION OF	\$	9.07
96360			INTRAVENOUS_INFUSION_HYDRATION;_IN	\$	86.50
96360	SA		INTRAVENOUS_INFUSION_HYDRATION;_IN	\$	69.86
96361			INTRAVENOUS_INFUSION_HYDRATION;_EA	\$	25.29
96361	SA		INTRAVENOUS_INFUSION_HYDRATION;_EA	\$	20.41
96365			INTRAVENOUS_INFUSION_FOR_THERAPY	\$	135.22
96365	SA		INTRAVENOUS_INFUSION_FOR_THERAPY	\$	109.20
96366			INTRAVENOUS_INFUSION_FOR_THERAPY	\$	40.03
96366	SA		INTRAVENOUS_INFUSION_FOR_THERAPY	\$	32.32
96367			INTRAVENOUS_INFUSION_FOR_THERAPY	\$	57.82
96367	SA		INTRAVENOUS_INFUSION_FOR_THERAPY	\$	46.68
96368			INTRAVENOUS_INFUSION_FOR_THERAPY	\$	38.09
96368	SA		INTRAVENOUS_INFUSION_FOR_THERAPY	\$	30.76
96369	SA		SUBCUTANEOUS_INFUSION_FOR_THERAPY_OR	\$	262.16
96369			SUBCUTANEOUS_INFUSION_FOR_THERAPY_OR	\$	324.69
96370	SA		SUBCUTANEOUS_INFUSION_FOR_THERAPY_OR	\$	22.66
96370			SUBCUTANEOUS_INFUSION_FOR_THERAPY_OR	\$	28.10
96371	SA		SUBCUTANEOUS_INFUSION_FOR_THERAPY_OR	\$	96.57
96371			SUBCUTANEOUS_INFUSION_FOR_THERAPY_OR	\$	119.61
96372			THERAPEUTIC_PROPHYLACTIC_OR_DIAGN	\$	37.44
96372	FP		THERAPEUTIC_PROPHYLACTIC_OR_DIAGN	\$	16.61
96372	SA		THERAPEUTIC_PROPHYLACTIC_OR_DIAGN	\$	30.24
96372	SB		THERAPEUTIC_PROPHYLACTIC_OR_DIAGN	\$	30.24
96373			THERAPEUTIC_PROPHYLACTIC_OR_DIAGN	\$	34.77
96374			THERAPEUTIC_PROPHYLACTIC_OR_DIAGN	\$	85.77
96374	SB		THERAPEUTIC_PROPHYLACTIC_OR_DIAGN	\$	60.03
96374	SA		THERAPEUTIC_PROPHYLACTIC_OR_DIAGN	\$	69.27
96375			THERAPEUTIC_PROPHYLACTIC_OR_DIAGN	\$	33.22
96375	SB		THERAPEUTIC_PROPHYLACTIC_OR_DIAGN	\$	23.25
96375	SA		THERAPEUTIC_PROPHYLACTIC_OR_DIAGN	\$	26.82
96376			THERAPEUTIC_PROPHYLACTIC_OR_DIAGN	\$	48.92
96376	SA		THERAPEUTIC_PROPHYLACTIC_OR_DIAGN	\$	39.48
96379			UNLISTED_THERAPEUTIC_PROPHYLACTIC	\$	8.65
96379	SA		UNLISTED_THERAPEUTIC_PROPHYLACTIC	\$	8.65
96379	SB		UNLISTED_THERAPEUTIC_PROPHYLACTIC	\$	8.65
96401			CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; N	\$	149.06
96401	SA		CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; N	\$	120.37
96402			CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; H	\$	56.61
96402	SA		CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; H	\$	45.71
96405			CHEMOTHERAPY INTRALESIONAL >7 LESION	\$	55.36
96406			CHEMOTHERAPY_INTRALESIONAL_>7_LESION	\$	69.20
96409			CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, SINGL	\$	203.79
96409	SA		CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, SINGL	\$	164.56
96411			CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, EACH	\$	108.82
96411	SA		CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, EACH	\$	87.85

96413			CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP	\$	264.59
96413	SA		CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP	\$	213.66
96415			CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EA	\$	57.16
96415	SA		CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EA	\$	46.16
96416			CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; IN	\$	269.67
96416	SA		CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; IN	\$	217.74
96417			CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EA	\$	126.57
96417	SA		CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EA	\$	102.21
96420	SA		CHEMOTHERAPY INTRA-ARTERIAL, PUSH	\$	159.44
96420			CHEMOTHERAPY INTRA-ARTERIAL;PUSH	\$	197.46
96422			CHEMOTHERAPY, INFUSION ..UP TO 1 HR.	\$	110.72
96422	SA		CHEMOTHERAPY, INFUSION UP TO 1 HOUR	\$	92.04
96423			CHEMOTHERAPY...1 TO 8 HRS;EA ADDIT H	\$	55.36
96423	SA		CHEMOTHERAPY 1 TO 8 HRS, EACH ADDIT	\$	46.02
96425			CHEMOTHERAPY INFUSION >8HRS PER HOUR	\$	72.31
96425	SA		CHEMOTHERAPY INFUSION >8HRS PER HR	\$	57.96
96440	26		CHEMOTHERAPY-PLEURAL CAVITY REQ PARA	\$	131.48
96446	26		CHEMOTHERAPY ADMINISTRATION INTO THE PERITONEAL CAVITY VIA INDW	\$	49.48
96446			CHEMOTHERAPY ADMINISTRATION INTO THE PERITONEAL CAVITY VIA INDW	\$	386.34
96450			CHEMOTHERAPY-CNS,REQUIRING LUMBAR PC	\$	211.06
96521			REFILLING AND MAINTENANCE OF PORTABLE PUMP	\$	274.97
96521	SA		REFILLING AND MAINTENANCE OF PORTABLE PUMP	\$	222.03
96522			REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR	\$	222.37
96522	SA		REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR	\$	179.57
96523			IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE FOR DRUG DELIVERY \$	\$	52.04
96523	SA		IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE FOR DRUG DELIVERY \$	\$	42.00
96542			CHEMO,INTRAVENTRICULAR 1+AGENTS (MD)	\$	211.06
96571			PHOTODYNAMIC THERAPY EA ADDIT 15 MIN	\$	62.28
96900			ACTINOTHERAPY (ULTRAVIOLET LIGHT)	\$	20.76
96904			WHOLE BODY PHOTOGRAPHY	\$	117.40
96910			PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOL	\$	55.36
96912			PHOTOCHEMOTHERAPY/PUVA	\$	72.66
96913			PHOTOCHEMOTHER/REP 4-8 HRS CARE/DSPH	\$	83.04
96920			LASER TREAT PSORIASIS <250 SQ CM	\$	159.16
96920	26		LASER TREAT PSORIASIS <250 SQ CM	\$	62.28
96921			LASER TX PSORIASIS 250-500 SQ CM	\$	169.54
96921	26		LASER TX PSORIASIS 250-500 SQ CM	\$	62.28
96922			LASER TX PSORIASIS >500 SQ CM	\$	221.44
96922	26		LASER TX PSORIASIS >500 SQW CM	\$	110.72
97161			PT EVAL LOW COMPLEX 20 MIN	\$	150.58
97162			PT EVAL MOD COMPLEX 30 MIN	\$	150.58
97163			PT EVAL HIGH COMPLEX 45 MIN	\$	150.58
97164			RE-EVALUATION OF PHYSICAL THERAPY, T	\$	102.28
97165			EVALUATION OF OCCUPATIONAL THERAPY,	\$	163.21
97166			EVALUATION OF OCCUPATIONAL THERAPY,	\$	146.19
97167			EVALUATION OF OCCUPATIONAL THERAPY E	\$	146.19
97168			RE-EVALUATION OF OCCUPATIONAL THERAP	\$	96.88
97532	HI		COGNITIVE REHABILITATION	\$	126.29
97535			SELF CARE/HOME MNGMNT TX DIR EA 15 M	\$	24.22
97535	HI		OCCUPATIONAL THERAPY	\$	92.07
97535	HI	UN	OCCUPATIONAL THERAPY	\$	26.30
97535	ST		TBI-OCCUPATIONAL THERAPY VISIT	\$	252.58
97597			REMOVAL OF DEVITALIZED TISSUE FROM W	\$	154.28
97598			REMOVAL OF DEVITALIZED TISSUE FROM W	\$	51.00
97605			NEGATIVE PRESSURE WOUND THERAPY (EG,	\$	79.61
97606			NEGATIVE PRESSURE WOUND THERAPY (EG,	\$	94.60
97610			LOW FREQUENCY, NON-CONTACT, NON-THERMAL ULTRASOUND WOUND AS	\$	249.57
97799			UNLISTED PHYSICAL MED SER/PROC	\$	24.22
97802			MED NUTRITION THER INIT ASSESS 15 MI	\$	86.50
97803			MED NUTRITION THER RE-ASSESS 15 MIN	\$	75.08
97810			ACUPUNCTURE, ONE OR MORE NEEDLES; WI	\$	55.36
97811			ACUPUNCTURE, ONE OR MORE NEEDLES; EA	\$	55.36
97813			ACUPUNCTURE, ONE OR MORE NEEDLES; WI	\$	55.36
97814			ACUPUNCTURE, ONE OR MORE NEEDLES; EA	\$	55.36
98925			OSTEOPATHIC MANIPULATIVE RX 1+	\$	24.22
98940			CHIROPRACTIC MANIP TX SPINAL 1-2 REG	\$	20.76
98941			CHIROPRACTIC MANIP TX SPINAL 3-4 REG	\$	20.76
98942			CHIROPRACTIC MANIP TX SPINAL 5 REG	\$	20.76
99051			SERVICE(S) PROVIDED IN THE OFFICE DU	\$	17.30

99051	SA		SERVICE(S) PROVIDED IN THE OFFICE DU	\$	16.44
99053			SERVICE(S) PROVIDED BETWEEN 10:00 PM	\$	17.30
99060			SERVICE(S) PROVIDED ON AN EMERGENCY	\$	17.30
99152			MODERATE SEDATION SERVICES BY PHYSIC	\$	95.22
99152	26		MODERATE SEDATION SERVICES BY PHYSIC	\$	22.14
99153			MODERATE SEDATION SERVICES BY PHYSIC	\$	20.52
99155			MODERATE SEDATION SERVICES BY PHYSIC	\$	169.40
99157			MODERATE SEDATION SERVICES BY PHYSIC	\$	100.44
99173			SCREENING TEST VIS ACUITY QUANT BIL	\$	17.30
99184			HYPOTHERMIA ILL NEONATE	\$	390.39
99190			SPECIAL PUMP SERVICES; EACH HOUR	\$	155.70
99191			ASSEMBLY/OPERATION OF PUMP; 3/4 HOUR	\$	116.78
99192			SPECIAL PUMP SERVICES; 1/2 HOUR	\$	77.85
99195			PHLEBOTOMY,THERAPEUTIC (SEPAR)	\$	65.74
99201	SB		E/M OFFICE/OP NEW PATIENT BY CNM	\$	58.51
99201	SA		E/M OFFICE/OP NEW PATIENT	\$	67.50
99201			E/M OFFICE/OP NEW PATIENT	\$	83.59
99201	UC		E/M OFFICE/OP NEW PATIENT	\$	93.42
99201	FP		E/M INITIAL FP VS IN FP CLINIC	\$	289.60
99201	FP	52	E/M INITIAL FP VS IN FP CLINIC	\$	275.76
99201	FP	SB	E/M INITIAL BRIEF FP VS.CNM IN FP CL	\$	108.99
99201	HF		PRESCRIPTION_VISIT_IN_NARC_CLINIC	\$	93.42
99201	SB	52	E/M INITIAL BRIEF FP VS.CNM IN FP CL	\$	95.15
99202	SA		E/M OFFICE/OP NEW PATIENT	\$	113.00
99202			E/M OFFICE/OP NEW PATIENT	\$	139.92
99202	SB		E/M OFFICE/OP NEW PATIENT BY CNM	\$	97.95
99202	FP	SB	E/M INITIAL VS BY CNM IN FP CLINIC	\$	123.52
99202	SB	52	E/M INITIAL VS BY CNM IN FP CLINIC	\$	123.52
99202	UC		E/M OFFICE/OP NEW PATIENT	\$	145.32
99202	FP		E/M FP VISIT,NEW PATIENT IN FP CLINI	\$	289.60
99202	FP	52	E/M FP VISIT,NEW PATIENT IN FP CLINI	\$	275.76
99202	HF		PRESCRIPTION_VISIT_IN_NARC_CLINIC	\$	145.32
99203	SB		E/M OFFICE/OP NEW PATIENT BY CNM	\$	140.27
99203	UC		E/M OFFICE/OP NEW PATIENT..MIN 30 MI	\$	200.40
99203	UD		E/M OFFICE/OP NEW PATIENT..MIN 30 MI	\$	200.40
99203	SA		E/M OFFICE/OP NEW PATIENT..MIN 30 MI	\$	161.82
99203			E/M OFFICE/OP NEW PATIENT..MIN 30 MI	\$	200.40
99203	FP	SB	E/M INITIAL FP VISIT BY CNM IN FP CL	\$	202.72
99203	SB	52	E/M INITIAL FP VISIT BY CNM IN FP CL	\$	152.62
99203	FP		E/M INITIAL FP VISIT IN FP CLINIC	\$	289.60
99203	FP	52	E/M INITIAL FP VISIT IN FP CLINIC	\$	275.76
99203	HF		NEW PATIENT OFFICE OR OTHER OUTPATI	\$	211.54
99203	SA	UD	E/M OFFICE/OP NEW PATIENT.CNP/CNS	\$	161.82
99203	HF	22	NEW PATIENT OFFICE OR OTHER OUTPATI	\$	111.76
99204			E/M OFFICE/OP NEW PATIENT	\$	304.00
99204	FP		E/M OFFICE/OP NEW VISIT FP CL	\$	304.00
99204	UC		E/M OFFICE/OP NEW PATIENT	\$	304.00
99204	SA		E/M OFFICE/OP NEW PATIENT	\$	245.49
99204	FP	SB	E/M OFFICE/OP NEW VISIT IN FL CL CNM	\$	212.82
99204	SB		E/M OFFICE/OP NEW PATIENT BY CNM	\$	212.82
99204	FP	52	E/M INITIAL FP VISIT IN FP CLINIC	\$	275.76
99204	SB	52	E/M INITIAL FP VISIT IN FP CL CNM	\$	95.15
99204	HF		NEW PATIENT OFFICE OR OTHER PATIENT	\$	319.39
99204	HF	22	NEW PATIENT OFFICE OR OTHER OUTPATI	\$	111.76
99205	HU		DYFS PRE PLACEMENT EXAM	\$	346.00
99205	HU	SA	DYFS PRE PLACEMENT EXAM BY CNP/CNS	\$	328.70
99205	SB	52	E/M INITIAL FP VS IN FP CL CNM	\$	267.15
99205			E/M OFFICE OP NEW PATIENT..MIN 60 MI	\$	381.64
99205	FP	SB	E/M OFFICE/OP NEW IN FL CL CNM	\$	267.15
99205	FP		E/M OFFICE/OP NEW IN FL CL	\$	381.64
99205	FP	52	E/M INITIAL FP VISIT IN FP CLINIC	\$	381.64
99205	UC		E/M OFFICE OP NEW PATIENT..MIN 60 MI	\$	381.64
99205	HF		NEW PATIENT OFFICE OR OTHER OUTPATI	\$	399.98
99205	HF	22	NEW PATIENT OFFICE OR OTHER OUTPATI	\$	111.76
99211			E/M FOLLOW UP	\$	55.36
99211	FP		E/M FOLLOW UP VISIT--FP CLINIC	\$	144.97
99211	FP	52	E/M FOLLOW UP VISIT--FP CLINIC	\$	131.13
99211	FP	SB	E/M FOLLOW UP VS. BY CNM IN FPC	\$	56.74
99211	HF		PRESCRIPTION_VISIT_IN_NARC_CLINIC	\$	55.36

99211	HV		PRESCRIPTION_VISIT_IN_SAI_CLINIC	\$	55.36
99211	SA		E/M ESTAB.PATIENT MINIMAL PROBLEM(S)	\$	46.02
99211	SB		E/M ESTABLISHED PATIENT - VS BY CNM	\$	38.75
99211	SB	52	E/M FOLLOW UP VS. BY CNM IN FPCLINIC	\$	42.90
99211	UC		E/M ESTAB.PATIENT MINIMAL PROBLEM(S)	\$	55.36
99212			E/M OFFICE/OP - ESTABLISHED PATIENT	\$	82.28
99212	SB		E/M ESTABLISHED PT. VS BY CNM	\$	57.61
99212	SA		E/M OFFICE/OP - ESTABLISHED PATIENT	\$	66.47
99212	SB	52	E/M FOLLOW UP VS BY CNM IN FP CLINIC	\$	57.61
99212	FP	SB	E/M FOLLOW UP VS BY CNM IN FP CLINIC	\$	101.48
99212	UC		E/M OFFICE/OP - ESTABLISHED PATIENT	\$	169.75
99212	FP		E/M - FP VISIT IN FP CLINIC	\$	144.97
99212	FP	52	E/M F/U VISIT IN FP CLINIC	\$	131.13
99212	HF		ESTABLISHED PATIENT OFFICE OR OTHE	\$	169.75
99212	HF	22	ESTABLISHED PATIENT OFFICE OR OTHER	\$	81.31
99212	HF	SA	E/M OFFICE/OP ESTAB PT APN SUD	\$	152.76
99213	FP	SB	E/M F/U VISIT-FP CLINIC BY CNM	\$	94.94
99213			E/M OFFICE/OP ESTAB PATIENT	\$	135.63
99213	SB		E/M ESTABLISHES PT VISIT BY CNM	\$	94.94
99213	SA		E/M OFFICE/OP ESTAB PATIENT	\$	109.54
99213	SB	52	E/M F/U VISIT-FP CLINIC BY CNM	\$	94.94
99213	SA	UD	E/M OFFICE/OP ESTAB PATIENT CNP/CNS	\$	114.21
99213	UC		E/M OFFICE/OP ESTAB PATIENT	\$	282.34
99213	UD		E/M OFFICE/OP ESTAB PATIENT	\$	141.44
99213	FP		E/M F/U VIVIT IN FAMILY PLANNING CL	\$	144.97
99213	FP	52	E/M F/U VISIT IN FAMILY PLANNING CL	\$	131.13
99213	HF		E/M OFFICE/OP ESTAB PATIENT	\$	282.34
99213	HF	22	ESTABLISHED PATIENT OFFICE OR OTHE	\$	81.31
99213	HF	SA	E/M OFFICE/OP ESTAB PT APN SUD	\$	254.10
99214	SB		E/M FOLLOW UP VISIT EST PT BY CNM	\$	139.85
99214	SA		E/M OFFICE/OP ESTABLISHED PATIENT	\$	161.34
99214			E/M OFFICE/OP ESTABLISHED PATIENT	\$	199.82
99214	FP	SB	E/M FP VISIT BY CNM - FP CLINIC	\$	139.85
99214	SB	52	E/M FP VISIT BY CNM - FP CLINIC	\$	139.85
99214	FP		E/M FOLLOW UP VISIT - FAMILY PL CLIN	\$	199.82
99214	FP	52	E/M FOLLOW UP VISIT - FAMILY PL CLIN	\$	199.82
99214	UC		E/M OFFICE/OP ESTABLISHED PATIENT	\$	414.68
99214	HF		E/M OFFICE/OP ESTAB PATIENT	\$	414.68
99214	HF	22	ESTABLISHED PATIENT OFFICE OR OTHE	\$	81.31
99214	HF	SA	E/M OFFICE/OP ESTAB PT APN SUD	\$	373.23
99215			E/M OFFICE/OP ESTAB PT VISIT	\$	268.74
99215	FP		E/M FP VISIT-ESTAB PT IN FP CLINIC	\$	268.74
99215	FP	52	E/M FU VISIT IN FP CLINIC	\$	268.74
99215	FP	SB	E/M FP VISIT BY CNM IN FP CLINIC	\$	188.12
99215	SB		E/M VISIT-ESTABLISHED PT-BY CNM	\$	188.12
99215	SB	52	E/M FP VISIT BY CNM IN FP CLINIC	\$	188.12
99215	SA		E/M OFFICE/OP_ESTAB_PT_VISIT_BY_APN	\$	217.01
99215	UC		E/M OFFICE/OP ESTAB PT VISIT	\$	557.27
99215	HF		E/M OFFICE/OP ESTAB PT VISIT	\$	557.27
99215	HF	22	ESTABLISHED PATIENT OFFICE OR OTHE	\$	81.31
99215	HF	SA	E/M OFFICE/OP ESTAB PT APN SUD	\$	501.53
99217			OBSERVATION CARE DAT MANAGEMENT DC	\$	134.21
99221			E/M INITIAL HOSPITAL CARE	\$	184.45
99221	SB		E/M INITIAL HOSPITAL CARE BY CNM	\$	129.13
99221	SA		E/M INITIAL HOSPITAL CARE	\$	148.95
99222			E/M INITIAL HOSPITAL CARE	\$	249.12
99223			E/M INITIAL HOSPITAL CARE	\$	369.84
99231			E/M SUBSEQUENT HOSPITAL CARE	\$	81.31
99231	SA		E/M SUBSEQUENT HOSPITAL CARE	\$	67.82
99231	SB		E/M SUBSEQUENT HOSPITAL CARE BY CNM	\$	57.09
99232			E/M SUBSEQUENT HOSPITAL CARE	\$	132.76
99232	SA		E/M SUBSEQUENT HOSPITAL CARE	\$	107.19
99232	SB		E/M SUBSEQUENT HOSPITAL CARE CNM	\$	92.94
99233			SUBSEQUENT_HOSPITAL_INPATIENT_CARE	\$	190.06
99234			HOSPITAL_OBSERVATION_OR_INPATIENT_CA	\$	242.65
99235			IP HOSP CARE/SAME DAY ADMIT/DISCHARG	\$	308.63
99236			HOSPITAL_OBSERVATION_OR_INPATIENT_CA	\$	398.14
99238	SB		HOSPITAL DISCHARGE DAY MNGMNT BY CNM	\$	93.94
99238	SA		HOSP DISCH DAY MNGMNT BY CNP/CNS	\$	108.37

99238			HOSPITAL DISCHARGE DAY MANAGEMENT	\$	134.21
99239			HOSP_DISCH_DAY_MNGMNT >30_MINUTES	\$	197.81
99241			E/M OFFICE/OP CONSULT NEW/ESTAB PT	\$	152.24
99241	SA		E/M OFFICE/OP CONSULT NEW/ESTAB PT	\$	121.62
99242			E/M OFFICE/OP CONSULT NEW/EST PT	\$	223.86
99242	SA		E/M OFFICE/OP CONSULT NEW/EST PT	\$	178.81
99243			E/M OFFICE/OP CONSULT NEW/EST PATIEN	\$	223.86
99243	SA		E/M OFFICE/OP CONSULT NEW/EST PATIEN	\$	178.81
99244			E/M OFFICE/OP CONSULT NEW/EST PATIEN	\$	315.21
99244	SA		E/M OFFICE/OP CONSULT NEW/EST PATIEN	\$	256.04
99244	SM		CONSULTATION FOR SECOND OPINION	\$	254.31
99244	SN		CONSULTATION FOR SECOND OPINION	\$	254.31
99245			E/M OFFICE/OP CONSULT NEW/EST PATIEN	\$	315.21
99251			E/M INITIAL INPATIENT/NF CONSULT	\$	119.37
99252			E/M INITIAL IP/NF CONSULT NEW/EST PT	\$	223.86
99253			E/M INITIAL IP/NF CONSULT NEW/EST PT	\$	223.86
99254			E/M INITIAL IP/NF CONSULT NEW/EST PT	\$	315.21
99255			E/M INITIAL IP/NF CONSULT NEW/EST PT	\$	315.21
99281			E/M EMERG.DEPT. VISIT NEW/EST PT.	\$	55.36
99281	SA		E/M EMERG.DEPT. VISIT NEW/EST PT.	\$	46.02
99282			E/M EMERG. DEPT. VISIT NEW/EST PT.	\$	81.31
99282	SA		E/M EMERG. DEPT.VISIT NEW/EST PT.	\$	67.82
99283			E.M EMERG DEPT. VISIT NEW/EST PATIEN	\$	111.38
99283	SA		E.M EMERG DEPT. VISIT NEW/EST PATIEN	\$	89.96
99284			E.M EMERG.DEPT. VISIT NEW/EST PATIEN	\$	211.20
99284	SA		E.M EMERG.DEPT. VISIT NEW/EST PATIEN	\$	170.54
99285			E/M EMERG.DEPT. VISIT NEW/EST PATIEN	\$	310.88
99291			CRITICAL CARE.....FIRST HOUR	\$	504.47
99292			CRITICAL CARE..EACH ADDITIONAL 30 MI	\$	223.79
99304	SA		INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANA	\$	134.87
99304			INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANA	\$	167.05
99305	SA		INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANA	\$	192.96
99305			INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANA	\$	238.95
99306			INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANA	\$	305.35
99306	SA		INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANA	\$	246.59
99307	SA		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AN	\$	66.12
99307			SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AN	\$	81.90
99308			SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AN	\$	127.47
99308	SA		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AN	\$	102.94
99309	SA		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AN	\$	135.87
99309			SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AN	\$	168.29
99310	SA		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AN	\$	201.79
99310			SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AN	\$	249.92
99315	SA		NF DISCHARGE DAY MNGMT 30 MIN OR LES	\$	107.92
99315			NF DISCHARGE DAY MNGMT 30 MIN OR LES	\$	133.66
99316			NF DISCHARGE DAY MNGMT > 30 MINUTES	\$	194.24
99316	SA		NF DISCHARGE DAY MNGMT > 30 MINUTES	\$	156.88
99318	SA		EVALUATION AND MANAGEMENT OF A PATIENT INVOLVING AN ANNUAL NURS	\$	142.34
99318			EVALUATION AND MANAGEMENT OF A PATIENT INVOLVING AN ANNUAL NURS	\$	176.29
99324	SA		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMEN	\$	81.45
99324			DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMEN	\$	100.86
99325			DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMEN	\$	146.46
99325	SA		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMEN	\$	118.26
99326			DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMEN	\$	254.31
99326	SA		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMEN	\$	205.35
99327			DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMEN	\$	340.46
99327	SA		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMEN	\$	274.93
99328			DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMEN	\$	398.45
99328	SA		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMEN	\$	321.78
99334			DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMEN	\$	110.17
99334	SA		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMEN	\$	88.96
99335	SA		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMEN	\$	140.06
99335			DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMEN	\$	173.45
99336			DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMEN	\$	247.74
99336	SA		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMEN	\$	200.06
99337			DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMEN	\$	353.44
99337	SA		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMEN	\$	285.42
99341	SB		E/M HOME VISIT NEW PATIENT	\$	70.10
99341	SA		E/M HOME VISIT NEW PATIENT	\$	80.89

99341			E/M HOME VISIT NEW PATIENT	\$	100.17
99342	SA		E/M HOME VISIT - NEW PATIENT	\$	117.05
99342	SB		E/M HOME VISIT - NEW PATIENT	\$	101.48
99342			E/M HOME VISIT - NEW PATIENT	\$	144.97
99343			E/M HOME VISIT NEW PATIENT	\$	237.53
99344	SA		E/M HOME VISIT NEW PATIENT 60 MIN	\$	269.74
99344			E/M HOME VISIT NEW PATIENT 60 MIN	\$	334.03
99345	SA		E/M HOME VISIT NEW PATIENT 75 MINUTE	\$	327.63
99345			E/M HOME VISIT NEW PATIENT 75 MINUTE	\$	405.75
99347			E/M HOME VISIT ESTABLISHED PT 15 MIN	\$	121.10
99347	SA		E/M HOME VISIT ESTABLISHED PT 15 MIN	\$	115.22
99348			E/M HOME VISIT ESTABLISHED PT 25 MIN	\$	178.19
99348	SA		E/M HOME VISIT ESTABLISHED PT 25 MIN	\$	169.19
99349	SA		E/M HOME VISIT ESTABLISHED PT 40 MIN	\$	190.16
99349			E/M HOME VISIT ESTABLISHED PT 40 MIN	\$	235.52
99350	SA		E/M HOME VISIT ESTABLISHED PT 60 MIN	\$	264.10
99350			E/M HOME VISIT ESTABLISHED PT 60 MIN	\$	327.04
99354			PROLONGED PHYSICIAN SERVICE FIRST HR	\$	229.05
99354	SA		PROLONGED DETENTION SERVICE FIRST HR	\$	193.41
99355			PROLONGED PHYSICIAN SERVICE 30 MIN	\$	114.53
99355	SA		PROLONGED DETENTION SERVICE 30 MIN	\$	96.53
99356			PROLONGED PHYS SERVIC INPATIENT 1HR	\$	229.05
99357			PROLONGED PHYS SERVICE INPT AD 30MIN	\$	169.37
99381	22	SA	HEALTHSTART PED PREVENTION	\$	223.69
99381	SA		E/M INITIAL EVAL PREV MED UNDER 1 YR	\$	223.69
99381			E/M INITIAL PREV.MED.NEW PT.UNDER 1Y	\$	277.01
99381	22		HEALTHSTART PED PREVENT EXAM	\$	277.01
99381	22	EP	EARLY PERIODIC SCREENING EXAMINATION	\$	277.01
99381	EP		EARLY PERIODIC SCREENING EXAMINATION	\$	277.01
99381	EP	SA	EARLY PERIODIC SCREENING EXAMINATION	\$	223.69
99381	HU	EP	CHEC VISIT UNDER 1 YEAR OF AGE	\$	1,159.10
99381	HU	SA	CHEC VISIT UNDER 1 YR OF AGE	\$	1,101.15
99382	22	SA	HEALTHSTART PED PREV NEW PT	\$	241.75
99382	SA		E/M INITIAL EVAL PREV MED 1 TO 4 YRS	\$	241.75
99382	SA	52	EPSDT VISIT 2 TO 4 YEARS	\$	241.75
99382			E/M INITIAL EVAL PREV MED. 1 TO 4 YR	\$	299.39
99382	22		HEALTHSTART PED PREV NEW PT	\$	299.39
99382	22	EP	EPSDT EXAM 12-24 MONTHS	\$	299.39
99382	EP		EPSDT VISIT 2 TO 4 YEARS	\$	299.39
99382	EP	SA	EPSDT EXAM NEW PATIENT	\$	241.75
99382	HU	EP	CHEC VISIT FOR AGES 1 TO 4 YRS	\$	1,159.10
99382	HU	SA	CHEC VISIT AGES 1 TO 4	\$	1,101.15
99383	SA		E/M INITIAL PREV MED 5-11 YRS	\$	237.94
99383	SA	52	EPSDT VISIT NEW PT 5-11 YEARS	\$	237.94
99383			E/M INITIAL PREV MED 5-11 YRS	\$	294.69
99383	EP		EPSDT VISIT 5 TO 11 YEARS	\$	294.69
99383	HU	EP	CHEC VISIT FOR AGES 5 TO 11	\$	1,159.10
99383	HU	SA	CHEC VISIT AFES 5-11	\$	1,101.15
99384	SA		E/M INITIAL PREV MEDICINE AGE 11-17	\$	258.91
99384	SA	52	EPSDT VISIT NEW PT 12 TO 17 YEARS	\$	258.91
99384	SB		E/M INITIAL PREV MEDICINE AGE 12-17	\$	224.45
99384			E/M INITIAL PREV.MEDICINE AGE12-17	\$	320.64
99384	EP		EPSDT VISIT AGE 12-17	\$	320.64
99384	HU	EP	CHEC VISIT FOR AGES 12 TO 17	\$	1,159.10
99384	HU	SA	CHEC VISIT AGES 12-17	\$	1,101.15
99385	SA	52	EPSDT VISIT NEW PT 18 TO 20 YEARS	\$	258.91
99385	EP		EPSDT VISIT 18 TO 20 YEARS	\$	320.64
99385	HU	EP	CHEC VISIT FOR AGES 18 TO 21	\$	1,159.10
99385			E/M INITIAL PREV.MED AGES 18-39	\$	111.76
99385	SA		E/M INITIAL PREV MED AGES 18 TO 39	\$	82.35
99385	SB		E/M INITIAL PREV MED AGES 18-39	\$	78.20
99385	HU	SA	CHEC VISIT AGES 18-21	\$	1,101.15
99386			E/. INITIAL PREV.MED. AGES 40-64	\$	111.76
99386	SA		E/M INITIAL PREV.MED. AGES 40-64	\$	82.35
99386	SB		E/M INITIAL PREV MED AGES 40-64	\$	78.20
99387			E/M INITIAL PREV. MED AGE 65 & OVER	\$	111.76
99387	SA		E/M INITIAL PREV. MED AGES 65 & OVER	\$	82.35
99387	SB		E/M INITIAL PREV MED AGE 65 + OVER	\$	78.20
99391	SA		E/M EST PT PREV MED UNDER 1 YEAR OLD	\$	178.95

99391	22	SA	HEALTHSTART PED PREVENTION	\$	178.95
99391			E/M EST.PT. PREV.MED.-AGE UNDER 1 YR	\$	221.61
99391	22		HEALTHSTART PED PREVENT EXAM	\$	221.61
99391	22	EP	EARLY PERIODIC SCREENING EXAMINATION	\$	221.61
99391	EP		EPSDT VISIT UNDER 1 YEAR OF AGE	\$	221.61
99391	EP	SA	EARLY PERIODIC SCREENING EXAMINATION	\$	178.95
99392	22	SA	HEALTHSTART PED PREV ESTAB PT	\$	199.88
99392	SA		E/M EST PT PREV MED AGES 1-4 YEARS	\$	199.88
99392	SA	52	EPSDT VISIT ESTAB PT 2 TO 4 YEARS	\$	199.88
99392			E/M EST.PT. PREV.MED.-AGES 1 -4 YRS	\$	247.53
99392	22		HEALTHSTART PED PREV ESTAB PT	\$	247.53
99392	22	EP	EPSDT EXAM 12-24 MONTHS	\$	247.53
99392	EP		EPSDT VISIT 2 TO 4 YEARS	\$	247.53
99392	EP	SA	EPSDT EXAM ESTAB PATIENT	\$	199.88
99393	SA		E/M EST PT PREV MED AGES 5 TO 11	\$	197.98
99393	SA	52	EPSDT VISIT ESTAB PT AGE 5 - 11 YEAR	\$	197.98
99393			E/M EST.PT. PREV.MED. AGES 5 TO 11	\$	245.18
99393	EP		EPSDT VISIT 5 TO 11 YEARS	\$	245.18
99394	SA		E/M EST PT PREV MED AGES 12-17 YRS	\$	217.05
99394	SA	52	EPSDT VISIT ESTAB PT 12 - 17 YEARS	\$	217.05
99394	SB		E/M EST.PT.PREV.MED. BY CNM	\$	188.15
99394			E/M EST.PT. PREV.MED. AGES 12-17 YRS	\$	268.74
99394	EP		EPSDT VISIT AGE 12-17 YRS	\$	268.74
99395	SA	52	EPSDT VISIT ESTAB PT 18-20 YEARS	\$	218.95
99395	EP		EPSDT VISIT 18TO 20 YEARS	\$	271.13
99395			E/M EST.PT. PREV.MED. AGES 18-39	\$	111.76
99395	FP		E/M PERIODIC EVAL EST PT WO BIRTH CO	\$	275.76
99395	FP	22	E/M PERIODIC EVAL EST PT IN FPC	\$	289.60
99395	FP	SB	E/M PERIODIC EVAL.EST. PATIENT	\$	108.99
99395	SA		E/M EST PT PREV MED AGES 18-39	\$	82.35
99395	SB		E/M EST.PT. PREV.MED. BY CNM	\$	78.20
99395	SB	52	E/M PERIODIC EVAL.IN FP CLINIC CNM	\$	95.15
99396			E/M EST.PT. PREV.MED. AGES 40-64 YRS	\$	111.76
99396	SA		E/M EST.PT. PREV.MED. AGES 40-64 YRS	\$	82.35
99396	SB		E/M EST.PT. PREV.MED. BY CNM	\$	78.20
99397			E/M EST.PT. PREV.MED. AGES65& OVER	\$	111.76
99397	SA		E/M EST.PT. PREV.MED. AGES65& OVER	\$	82.35
99397	SB		E/M EST.PT. PREV.MED. BY CNM	\$	78.20
99406	26		SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTERMEDIAT	\$	22.49
99406			SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTERMEDIAT	\$	26.64
99406	HF		SMOKING AND TOBACCO USE CESSATION CO	\$	28.10
99407	26		SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTENSIVE, GF	\$	46.95
99407			SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTENSIVE, GF	\$	51.10
99407	HF		SMOKING AND TOBACCO USE CESSATION CO	\$	53.84
99408			ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURE	\$	52.63
99409			ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURE	\$	103.25
99415			PROLONG CLINCL STAFF SVC	\$	17.40
99416			PROLONG CLINCL STAFF SVC ADD	\$	8.65
99460				\$	174.21
99460	SA			\$	140.65
99475			INITIAL_INPATIENT_PEDIATRIC_CR	\$	1,019.90
99476			SUBSEQUENT_INPATIENT_PEDIATRIC	\$	628.65
99490			CHRON CARE MGMT SRVC 20 MIN	\$	75.08
99495	26		TRANSITIONAL CARE MANAGEMENT SERVICES WITH COMMUNICATION WITH	\$	201.27
99495			TRANSITIONAL CARE MANAGEMENT SERVICES WITH COMMUNICATION WITH	\$	306.28
99496	26		TRANSITIONAL CARE MANAGEMENT SERVICES WITH COMMUNICATION WITH	\$	280.92
99496			TRANSITIONAL CARE MANAGEMENT SERVICES WITH COMMUNICATION WITH	\$	416.48
99502			HOME VS NEWBORN CARE & ASSESSMENT	\$	121.10
99502	SA		HOME VS NEWBORN CARE & ASSESSMENT NP	\$	115.05
99504			HOME VS PTS RECEIVING MECHAN VENTILA	\$	121.10
0075T			TRANSCATHETER_PLACEMENT_OF_EXTRACRAN	\$	2,008.46
0075T	26		TRANSCATHETER_PLACEMENT_OF_EXTRACRAN	\$	401.71
0075T	TC		TRANSCATHETER_PLACEMENT_OF_EXTRACRAN	\$	1,606.75
0076T			TRANSCATHETER_PLACEMENT_OF_EXTRACRAN	\$	1,540.57
0076T	TC		TRANSCATHETER_PLACEMENT_OF_EXTRACRAN	\$	1,080.87
D0140			LIMITED ORAL EXAMINATION	\$	13.84
D0145			ORAL EVALUATION, PT < 3YRS	\$	141.86
D0150			COMPREHENSIVE ORAL EXAMINATION	\$	51.90
D0160			DETAILED & EXTENSIVE ORAL EVALUATION	\$	48.44

D0170		RE-EVALUATION-LIMITED, PROB FOCUSED	\$	48.44
D0171		RE-EVAL POST-OP VISIT	\$	31.14
D0190		SCREENING OF A PATIENT	\$	34.60
D0210		COMPLETE SERIES - INTRAORAL	\$	89.96
D0220		INTRAORAL PERIAPICAL - FIRST FILM	\$	12.98
D0230		INTRAORAL PERIAPICAL, EACH ADDITIONA	\$	9.52
D0240		INTRAORAL RADIOGRAPH, OCCLUSAL FILM,	\$	17.30
D0270		BITEWING - SINGLE FILM	\$	10.38
D0272		BITENINGS - TWO FILMS	\$	17.30
D0273		BITEWINGS - THREE FILMS	\$	24.22
D0274		BITENINGS - FOUR FILMS	\$	31.14
D0277		VERTICAL BITEWING	\$	62.28
D0310		SIALOGRAPHY	\$	103.80
D0320		TEMPOROMAND JOINT ANTHROGRAM & INJ	\$	103.80
D0322		TOMOGRAPHIC SURVEY	\$	432.50
D0330		PANORAMIC FILM	\$	54.50
D0340		CEPHALOMETRIC RADIOGRAPH	\$	77.85
D0350		ORAL/FACIAL PHOTOGRAPHIC IMAGES	\$	3.46
D0351		3D PHOTOGRAPHIC IMAGE	\$	3.46
D0364		CONE BEAM CT CAPTURE AND INTERPRETAT	\$	432.50
D0365		CONE BEAM CT CAPTURE AND INTERPRETAT	\$	432.50
D0366		CONE BEAM CT CAPTURE AND INTERPRETAT	\$	432.50
D0367		CONE BEAM CT CAPTURE AND INTERPRETAT	\$	432.50
D0368		CONE BEAM CT CAPTURE AND INTERPRETAT	\$	432.50
D0380		CONE BEAM CT IMAGE CAPTURE WITH LIMI	\$	432.50
D0381		CONE BEAM CT IMAGE CAPTURE WITH FIEL	\$	432.50
D0382		CONE BEAM CT IMAGE CAPTURE WITH FIEL	\$	432.50
D0383		CONE BEAM CT IMAGE CAPTURE WITH FIEL	\$	432.50
D0384		CONE BEAM CT IMAGE CAPTURE FOR TMJ S	\$	432.50
D0416		VIRAL CULTURE	\$	27.68
D0417		COLLECTION AND PREPARATION OF SALIVA SAMPLE FOR LABORATORY DIAG	\$	27.68
D0470		DIAGNOSTIC CASTS	\$	39.79
D0472		ACCESSING OF TISSUE GROSS EXAM PREP	\$	32.35
D0473		ACCESS OF TISSUE GROSS/MICROSC EXAM	\$	72.14
D0474		ACCESS TISSUE GROSS/MICRO EXAM	\$	138.40
D0480		PROCESSING AND INTERPRETATION OF EXF	\$	41.52
D0601		CARIES RISK ASSESSMENT & DOCUMENTATION - FINDING LOW RISK	\$	34.60
D0602		CARIES RISK ASSESSMENT & DOCUMENTATION - FINDING MODERATE RISK	\$	34.60
D0603		CARIES RISK ASSESSMENT & DOCUMENTATION - FINDING HIGH RISK	\$	34.60
D1110		PROPHYLAXIS - ADULT	\$	58.82
D1208		TOPICAL APPLICATION OF FLUORIDE	\$	34.60
D1351		SEALANT-PER TOOTH	\$	34.60
D1352		PREVENTIVE RESIN RESTORATION IN A MODERATE TO HIGH CARIES RISK PA	\$	34.60
D1353		SEALANT REPAIR PER TOOTH	\$	69.20
D1555		REMOVE FIX SPACE MAINTAINER	\$	20.76
D2140		AMALGAM-ONE SURFACE-PERMANENT	\$	110.72
D2150		AMALGAM-TWO SURFACES-PERMANENT	\$	131.48
D2160		AMALGAM-THREE SURFACES-PERMANENT	\$	152.24
D2161		AMALGAM-FOUR OR MORE SURFACES-PERMAN	\$	176.46
D2330		RESIN-ONE SURFACE	\$	122.83
D2331		RESIN-TWO SURFACES	\$	147.05
D2332		RESIN-THREE SURFACES	\$	171.27
D2335		RESIN-FOUR OR MORE SURFACES	\$	205.87
D2390		RESIN-BASED COMPOSITE CROWN ANTERIOR	\$	138.40
D2391		RESIN-BASED COMPOSITE-1 SURF, POSTER	\$	110.72
D2392		RESIN-BASED COMPOSITE-2SURF,POSTERIO	\$	131.48
D2393		RESIN-BASED COMPOSITE-3 SURF POSTERI	\$	152.24
D2394		RESIN-BASED COMPOSITE-4 OR MORE SURF	\$	152.24
D2410		GOLD FOIL RESTORATIONS-ONE SURFACE	\$	31.14
D2420		GOLD FOIL RESTORATIONS-TWO SURFACES	\$	62.28
D2430		GOLD FOIL RESTORATIONS-THREE OR MORE	\$	93.42
D2510		INLAY RESTORATION-METALLIC-ONE SURFA	\$	107.26
D2520		INLAY,METALLIC-TWO SURFACES-RESTORAT	\$	193.76
D2530		INLAY,METALLIC-THREE OR MORE SURFACE	\$	259.50
D2542		ONLAY-METALLIC 2 SURFACES	\$	273.34
D2543		ONLAY-METALLIC 3 SURFACES	\$	339.08
D2710		CROWN - RESIN-BASED COMPOSITE (INDIR	\$	339.08
D2720		CROWN-RESIN WITH HIGH NOBLE METAL-AC	\$	557.06
D2721		CROWN-RESIN WITH PREDOMINATELY BASE	\$	557.06

D2722		CROWN-RESIN WITH NOBLE METAL-ACRYLIC	\$	557.06
D2740		CROWN-PORCELAIN/CERAMIC SUBSTRATE	\$	965.34
D2750		CROWN-PORCELAIN FUSED TO HIGH NOBLE	\$	965.34
D2751		CROWN-PORCELAIN FUSED TO BASE METAL	\$	965.34
D2752		CROWN-PORCELAIN FUSED TO NOBLE METAL	\$	965.34
D2790		CROWN-FULL CAST HIGH NOBLE METAL	\$	557.06
D2791		CROWN-FULL CAST PREDOMINATELY BASE M	\$	557.06
D2792		CROWN-FULL CAST NOBLE METAL	\$	557.06
D2910		RECEMENT INLAY, ONLAY OR PARTIAL COV	\$	24.22
D2915		RECEMENT CAST OR PREFABRICATED POST & CORE	\$	24.22
D2920		RECEMENT CROWN	\$	24.22
D2921		REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP (TOOTH #)	\$	186.84
D2940		SEDATIVE FILLING	\$	34.60
D2941		INTERIM THERAPEUTIC RESTORATION - PRIMARY DENTITION (TOOTH #)	\$	31.14
D2950		CORE BUILDUP INCLUDING ANY PINS	\$	169.54
D2951		PIN RETENTION-PER TOOTH	\$	20.76
D2952		CAST POST AND CORE IN ADD. TO CROWN	\$	259.50
D2953		EACH ADDITIONAL CAST POST -SAME TOOTH	\$	129.75
D2954		PREFAB. POST+CORE IN ADD. TO CROWN	\$	169.54
D2955		POST REMOVAL (NOT IN CONJUNCTION WITH EDONDONTIC THERAPY)	\$	103.80
D2957		EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	\$	84.77
D2971		ADDITIONAL PROCEDURES TO CONSTRUCT N	\$	173.00
D2975		COPING	\$	557.06
D3220		VITAL PULPOTOMY	\$	96.88
D3221		GROSS PULPAL DEBRIDE PRIM/PERM TEETH	\$	96.88
D3222		PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOOTH WITH INCO	\$	96.88
D3230		PULPAL THERAPY ANT PRIMARY TOOTH	\$	692.00
D3240		PULPAL THERAPY POST PRIMARY TOOTH	\$	816.56
D3310		ANTERIOR(EXCLUDE FINAL RESTORATION)	\$	512.08
D3320		BICUSPID(EXCLUDING FINAL RESTORATION)	\$	657.40
D3330		MOLAR(EXCLUDING FINAL RESTORATION)	\$	854.62
D3346		RETREATMENT PREV ROOT CANAL THER ANT	\$	512.08
D3347		RETREATMENT PREV ROOT CANAL THER BIC	\$	657.40
D3348		RETREAT PREV ROOT CANAL THER MOLAR	\$	854.62
D3351		APEXIFICATION/RECALC - INITIAL VISIT	\$	927.28
D3352		APEXIFICATION/RECALCIFICATION -INTERIM MEDICATION REPLACEMENT	\$	674.70
D3355		PULPAL REGENERATION - INITIAL VISIT (TOOTH #)	\$	927.28
D3356		PULPAL REGENERATION - INTERIM MEDICATION REPLACEMENT (TOOTH #)	\$	674.70
D3357		PULPAL REGENERATION - COMPLETION OF TREATMENT (TOOTH #)	\$	674.70
D3410		APICOECTOMY/PERIRAD SURGERY ANTERIOR	\$	273.34
D3421		APICOECTOMY/PERIRADICULAR SURG BICUS	\$	273.34
D3425		APICOECTOMY/PERIRADICULAR SURG MOLAR	\$	273.34
D3426		APICOECTOMY/PERIRADICULAR SURG EACH	\$	152.24
D3430		RETROGRADE FILLING-PER ROOT IN ADDIT	\$	31.14
D3450		ROOT AMPUTATION-PER ROOT	\$	190.30
D3920		HEMISECTION (INCLUDING ANY ROOT REMO	\$	190.30
D3950		CANAL PREPARATION AND FITTING OF PRE	\$	79.58
D4210		GINGIVECTOMY OR GINGIVOPLASTY - FOUR	\$	150.51
D4211		GINGIVECTOMY OR GINGIVOPLASTY - ONE	\$	112.80
D4212		GINGIVECTOMY OR GINGIVOPLASTY TO ALLOW ACCESS FOR RESTORATIVE	\$	31.14
D4240		GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANNING -FOUR OR MORE	\$	254.31
D4241		GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANNING -ONE TO THREE	\$	204.14
D4245		APICALLY POSITIONED FLAP	\$	124.56
D4249		CLINICAL CROWN LENGTHENING-HARD TISS	\$	259.50
D4260		OSSEOUS SURGERY (INCLUDING FLAP ENTR	\$	259.50
D4261		OSSEOUS SURGERY (INCLUDING FLAP ENTR	\$	194.63
D4263		BONE REPLACEMENT FIRST SITE QUAD	\$	903.06
D4264		BONE REPLACEMENT GRAFT-EACH ADD SITE	\$	451.53
D4270		PEDICLE SOFT TISSUE GRAFT PROCEDURE,	\$	110.72
D4274		DISTAL PROXIMAL WEDGE PROCEDURE	\$	584.74
D4277		FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY)	\$	169.54
D4278		FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY)	\$	84.77
D4320		PROVISIONAL SPLINTING-INTRACORONAL	\$	62.28
D4321		PROVISIONAL SPLINTING-EXTRACORONAL	\$	38.06
D4341		PERIODONTAL SCALING AND ROOT PLANING	\$	129.75
D4342		PERIODONTAL SCALING & ROOT PLAN 1-3	\$	103.80
D4355		FULL MOUTH DEBRIDEMENT	\$	38.06
D4381		LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED RELE	\$	20.76
D4910		PERIODONTAL MAINTENANCE	\$	117.64

D5110		COMPLETE DENTURE-MAXILLARY	\$	1,155.64
D5120		COMPLETE DENTURE-MANDIBULAR	\$	1,183.32
D5130		IMMEDIATE DENTURE-MAXILLARY	\$	1,356.32
D5140		IMMEDIATE DENTURE-MANDIBULAR	\$	1,384.00
D5211		MAXILLARY PARTIAL DENTURE-RESIN BASE	\$	951.50
D5212		MANDIBULAR PARTIAL DENTURE-RESIN BAS	\$	951.50
D5213		MAXILLARY PARTIAL DENTURE-CAST METAL	\$	1,249.06
D5214		MANDIBULAR PARTIAL DENTURE-CAST MET	\$	1,183.32
D5225		MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS)	\$	1,422.06
D5226		MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS)	\$	1,356.32
D5410		ADJUST COMPLETE DENTURE-MAXILLARY	\$	34.60
D5411		ADJUST COMPLETE DENTURE-MANDIBULAR	\$	34.60
D5421		ADJUST PARTIAL DENTURE-MAXILLARY	\$	34.60
D5422		ADJUST PARTIAL DENTURE-MANDIBULAR	\$	34.60
D5510		REPAIR BROKEN COMPLETE DENTURE BASE,	\$	171.27
D5520		REPLACE MISSING OR BROKEN TEETH-COMP	\$	51.90
D5610		REPAIR RESIN DENTURE BASE	\$	171.27
D5620		REPAIR CAST FRAMEWORK, WELDING IN AD	\$	114.18
D5630		REPAIR OR REPLACE BROKEN CLASP-MANDI	\$	264.69
D5640		REPLACE BROKEN TEETH-PER TOOTH, MAY	\$	51.90
D5650		ADD TOOTH TO EXISTING PARTIAL DENTUR	\$	228.36
D5660		ADD CLASP TO EXISTING PARTIAL DENTUR	\$	264.69
D5710		REBASE COMPLETE MAXILLARY DENTURE	\$	456.72
D5711		REBASE COMPLETE MANDIBULAR DENTURE	\$	456.72
D5720		REBASE MAXILLARY PARTIAL DENTURE	\$	429.04
D5721		REBASE MANDIBULAR PARTIAL DENTURE	\$	429.04
D5730		RELINE COMPLETE MAXILLARY DENTURE	\$	100.34
D5731		RELINE COMPLETE MANDIBULAR DENTURE	\$	100.34
D5740		RELINE MAXILLARY PARTIAL DENTURE	\$	100.34
D5741		RELINE MANDIBULAR PARTIAL DENTURE	\$	100.34
D5750		RELINE MAXILLARY DENTURE-LABORATORY	\$	342.54
D5751		RELINE COMPLETE MANDIBULAR DENTURE	\$	342.54
D5760		RELINE MAXILLARY PARTIAL DENTURE LAB	\$	314.86
D5761		RELINE MANDIBULAR PARTIAL DENTURE	\$	314.86
D5850		TISSUE CONDITIONING, MAXILLARY	\$	100.34
D5851		TISSUE CONDITIONING, MANDIBULAR	\$	100.34
D5862		PRECISION ATTACHMENT	\$	519.00
D5863		OVERDENTURE - COMPLETE MAXILLARY	\$	1,044.92
D5864		OVERDENTURE - PARTIAL MAXILLARY	\$	1,134.88
D5865		OVERDENTURE - COMPLETE MANDIBULAR	\$	1,076.06
D5866		OVERDENTURE - PARTIAL MANDIBULAR	\$	1,076.06
D5867		REPLACE PART SEMI/PRECISION ATTACH	\$	259.50
D5931		OBTURATOR PROSTHESIS, SURGICAL	\$	865.00
D5937		TRISMUS APPLIANCE	\$	432.50
D5951		FEEDING AID	\$	1,730.00
D5952		SPEECH AID PROSTHESIS, PEDIATRIC	\$	1,557.00
D5953		SPEECH AID PROSTHESIS, ADULT	\$	1,557.00
D5982		SURGICAL STENT	\$	173.00
D5986		FLUORIDE GEL CARRIER	\$	103.80
D5988		SURGICAL SPLINT	\$	865.00
D5991		TOPICAL MEDICAMENT CARRIER	\$	103.80
D5992		ADJUST MAXILLOFACIAL PROSTHETIC APPLIANCE	\$	34.60
D6010		SURGICAL PLACEMENT ENDOSTEAL IMPLANT	\$	1,730.00
D6011		SECOND STAGE IMPLANT SURGERY (TOOTH #)	\$	155.70
D6040		SURGICAL PLACEMENT: EPOSTEAL IMPLANT	\$	1,730.00
D6052		SEMI-PRECISION ATTACHMENT ABUTMENT (TOOTH #)	\$	519.00
D6091		REPL SEMI/PRECISION ATTACH	\$	965.34
D6092		RECEMENT SUPP CROWN	\$	24.22
D6101		DEBRIDEMENT OF A PERIIMPLANT DEFECT AND SURFACE CLEANING OF EXP	\$	179.92
D6102		DEBRIDEMENT AND OSSEOUS CONTOURING OF A PERIIMPLANT DEFECT; INC	\$	166.08
D6103		BONE GRAFT FOR REPAIR OF PERIIMPLANT DEFECT - NOT INCLUDING FLAP	\$	903.06
D6210		PONTIC-CAST HIGH NOBLE METAL	\$	262.96
D6211		PONTIC-CAST PREDOMINANTLY BASE METAL	\$	262.96
D6212		PONTIC-CAST NOBLE METAL	\$	262.96
D6240		PONTIC-PORCELAIN FUSED TO HIGH NOBLE	\$	588.20
D6241		PONTIC-PORCELAIN FUSED TO PREDOMINAN	\$	588.20
D6242		PONTIC-PORCELAIN FUSED TO NOBLE META	\$	588.20
D6250		PONTIC-RESIN WITH HIGH NOBLE METAL	\$	311.40
D6251		PONTIC-RESIN WITH PREDOMINANTLY BASE	\$	311.40

D6252		PONTIC-RESIN WITH NOBLE METAL	\$	311.40
D6545		RETAINER-CAST METAL RES BONDED FIX P	\$	259.50
D6720		CROWN-RESIN WITH HIGH NOBLE METAL	\$	557.06
D6721		CROWN-RESIN WITH PREDOMINANTLY BASE	\$	557.06
D6722		CROWN-RESIN WITH NOBLE METAL	\$	557.06
D6750		CROWN-PORCELAIN FUSED TO HIGH NOBLE	\$	965.34
D6751		CROWN-PORCELAIN FUSED TO PREDOMINANT	\$	965.34
D6752		CROWN-PORCELAIN FUSED TO NOBLE METAL	\$	965.34
D6790		CROWN-FULL CAST HIGH NOBLE METAL	\$	557.06
D6791		CROWN-FULL CAST PREDOMINANTLY BASE M	\$	557.06
D6792		CROWN-FULL CAST NOBLE METAL	\$	557.06
D6930		RECEMENT BRIDGE, ONE ABUTMENT, CODE	\$	48.44
D6950		PRECISION ATTACHEMENT	\$	519.00
D6985		PRECISION ATTACHMENT	\$	553.60
D7111		EXTRACTION, CORONAL REMNANTS - DECID	\$	67.47
D7140		EXTRACT ERUPTED TOOTH/EXPOSED ROOT	\$	110.72
D7210		SURGICAL REMOVAL OF ERUPTED TOOTH	\$	114.18
D7220		REMOVAL OF IMPACTED TOOTH-SOFT TISSU	\$	148.78
D7230		REMOVAL OF IMPACTED TOOTH-PARTIALLY	\$	394.44
D7240		REMOVAL OF IMPACTED TOOTH-COMPLETLY	\$	394.44
D7250		SURGICAL REMOVAL OF RESIDUAL TOOTH R	\$	148.78
D7260		OROANTRAL FISTULA CLOSURE	\$	373.68
D7261		PRIMARY CLOSURE SINUS PERFORATION	\$	373.68
D7285		BIOPSY - ORAL TISSUE HARD - INDEPEND	\$	103.80
D7286		BIOPSY OF ORAL TISSUE - SOFT	\$	62.28
D7287		EXFOLIATIVE CYTOLOGICAL SAMPLE COLLE	\$	34.60
D7288		BRUSH BIOPSY - TRANSEPIHELIAL SAMPL	\$	34.60
D7310		ALVEOLOPLASTY IN CONJUNCTION WITH EXTR	\$	216.25
D7311		ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS 1- 3 TEETH, PER QU	\$	107.26
D7320		ALVEOLOPLASTY NOT IN CONJUNCTION WIT	\$	216.25
D7321		ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS 1- 3 TEETH, PER	\$	107.26
D7340		VESTIBULOPLASTY - RIDGE EXTENSION (S	\$	224.90
D7350		VESTIBULOPLASTY-RIDGE EXTEN(INCLUDIN	\$	584.74
D7410		EXCISION OF BENIGN LESION UP TO 1.25	\$	103.80
D7411		EXCISION BENIGN LESION > 1.25 CM	\$	145.32
D7412		EXCISION BENIGN LESION, COMPLICATED	\$	346.00
D7413		EXCISION MALIGNANT LESION UP TO 1.25	\$	346.00
D7414		EXCISION MALIGNANT LESION>1.25 CM	\$	948.04
D7415		EXCISION MALIGNANT LESION,COMPLICATE	\$	1,636.58
D7440		EXCISION OF MALIGNANT TUMOR, UP TO 1	\$	346.00
D7441		EXCISION OF MALIGNANT TUMOR, OVER 1.	\$	948.04
D7450		REMOVAL OF ODONTOGENIC CYST OR TUMOR	\$	173.00
D7451		REMOVAL OF ODONTOGENIC CYST OR TUMOR	\$	519.00
D7460		REMOVAL OF NON-ODONTOGENIC CYST OR T	\$	173.00
D7461		REMOVAL OF NON-ODONTOGENIC CYST OR T	\$	519.00
D7465		DESTRUCT OF LESION BY ELECTROSURG, C	\$	62.28
D7471		REMOVAL OF EXOSTOSIS PER SITE	\$	377.14
D7472		REMOVAL OF TORUS PALATINUS	\$	377.14
D7473		REMOVAL OF TORUS MANDIBULARIS	\$	216.25
D7485		SURG REDUCTION OSSEOUS TUBEROSITY	\$	216.25
D7490		RADICAL RESECTION OF MAXILLA OR MAND	\$	2,792.22
D7510		INCISION DRAINAGE OF ABSCESS, INTR	\$	96.88
D7520		INCISION DRAINAGE OF ABSCESS, EXTR	\$	145.32
D7530		REMOVAL OF FOREIGN BODY, SKIN, OR SU	\$	62.28
D7540		RMVL REACTION PRODUCING FOREIGN BODY	\$	176.46
D7550		SEQUESTRECTOMY FOR OSTEOMYELITIS INT	\$	311.40
D7560		MAXILLARY SINUSOTOMY FOR REM OF TOOT	\$	837.32
D7610		MAXILLA-OPEN REDUCTION (TEETH IMMOBI	\$	944.58
D7620		MAXILLA - CLOSED REDUCTION (TEETH IM	\$	629.72
D7630		MANDIBLE - OPEN REDUCTION (TEETH IMM	\$	1,255.98
D7640		MANDIBLE-CLOSED REDUCTION (TEETH IMM	\$	629.72
D7650		MALAR AND/OR ZYGOMATIC ARCH - OPEN R	\$	629.72
D7660		MALAR AND/OR ZYGOMATIC ARCH - CLOSED	\$	217.98
D7670		ALVEOLUS-CLOSED REDUCTION/STAB TEETH	\$	318.32
D7671		ALVEOLUS-OPEN REDUCTION	\$	477.48
D7680		FACIAL BONES-COMPLCTD REDUCTN WITH F	\$	1,255.98
D7710		MAXILLA - OPEN REDUCTION - TEETH IMM	\$	944.58
D7720		MAXILLA - CLOSED REDUCTION - TEETH I	\$	629.72
D7730		MANDIBLE - OPEN REDUCTION - TEETH IM	\$	1,255.98

D7740		MANDIBLE - CLOSED REDUCTION - TEETH	\$	629.72
D7750		MALAR AND/OR ZYGOMATIC ARCH - OPEN R	\$	629.72
D7760		MALAR AND/OR ZYGOMATIC ARCH - CLOSED	\$	217.98
D7770		ALVEOLUS-STABLZTN OF TEETH OPEN REDU	\$	477.48
D7771		ALVEOLUS CLOSED REDUCTION	\$	318.32
D7780		FACIAL BONES-COMPLCTED REDUCTN WITH	\$	1,255.98
D7810		OPEN REDUCTION OF DISLOCATION	\$	944.58
D7820		CLOSED REDUCTION OF DISLOCATION	\$	93.42
D7830		MANUPULATION UNDER ANESTHESIA (ANEST	\$	93.42
D7840		CONDYLECTOMY	\$	1,252.52
D7850		MENISECTOMY	\$	1,252.52
D7852		DISC REPAIR	\$	1,252.52
D7854		SYNOVECTOMY	\$	692.00
D7858		JOINT RECONSTRUCTION	\$	2,155.58
D7860		ARTHROTOMY	\$	629.72
D7865		ARTHROPLASTY	\$	1,252.52
D7870		ARTHROCENTESIS - INJECTION OR ASPIRA	\$	62.28
D7871		NON-ARTHROSCOPIC LYSIS/LAVAGE	\$	657.40
D7872		ARTHROSCOPY-DIAGNOSIS W/WO BIOPSY	\$	259.50
D7873		ARTHROSCOPY SURGICAL;LAVAGE/LYSIS AD	\$	692.00
D7874		ARTHROSCOPY-SURGICAL;DISC REPOSITION	\$	1,730.00
D7875		ARTHROSCOPY-SURGICAL SYNOVECTOMY	\$	913.44
D7877		ARTHROSCOPY-SURGICAL DEBRIDEMENT	\$	553.60
D7910		SUTURE OF RECENT SMALL WOUNDS 2.5CM	\$	121.10
D7911		COMPLICATED SUTURE-UP TO 5 CM	\$	477.48
D7912		COMPLICATED SUTURE GREATER THAN 5 CM	\$	837.32
D7920		SKIN GRAFT	\$	243.93
D7940		OSTEOPLASTY - FOR ORTHOGNATHIC DEFOR	\$	778.50
D7941		OSTEOTOMY-MANDIBULAR RAMI	\$	2,511.96
D7943		OSTEOTOMY-MANDIBULAR RAMI W/BONE GRA	\$	3,660.68
D7944		OSTEOTOMY-SEGMENTED PER QUADRANT	\$	1,148.72
D7945		OSTEOTOMY-BODY OF MANDIBLE	\$	1,148.72
D7946		LEFORT I (MAXILLA TOTAL)	\$	1,889.16
D7947		LEFORT I (MAXILLA-SEGMENTED)	\$	1,262.90
D7948		LEFORT II OR LEFORT III	\$	3,788.70
D7949		LEFORT II OR LEFORT III W/BONE GRAFT	\$	4,937.42
D7950		GRAFT OF MANDIBLE/FACIAL BONES	\$	1,989.50
D7951		SINUS AUG W BONE/BONE SUP	\$	702.38
D7952		SINUS AUGMENTATION VIA A VERTICAL APPROACH	\$	608.96
D7955		REPAIR OF MAXILLOFACIAL SOFT AND/OR	\$	702.38
D7960		FRENULECTOMY-SEPARATE PROCEDURE(FREN	\$	207.60
D7963		FRENULOPLASTY	\$	292.37
D7970		EXCISION HYPERPLASTIC TISS PER ARCH	\$	155.70
D7971		EXCISION PERCORONAL GINGIVA	\$	145.32
D7972		SURGICAL REDUCTION FIBROUS TUBEROSIT	\$	221.44
D7980		SIALOLITHOTOMY	\$	166.08
D7981		EXCISION OF SALIVARY GLAND	\$	629.72
D7982		SIALODOCHOPLASTY	\$	522.46
D7983		CLOSURE OF SALIVARY FISTULA	\$	522.46
D7990		EMERGENCY TRACHEOTOMY	\$	418.66
D7991		CORONECTOMY	\$	1,252.52
D7997		APPLIANCE REMOVAL W/ARCHBAR REMOVAL	\$	522.46
D8010		LIMIT ORTHODONTIC RX PRIM DENTITION	\$	5,103.50
D8020		LIMIT ORTHODINTIC RX TRANS DENTITION	\$	5,480.64
D8030		LIMIT ORTHODONTIC RX ADOL DENTITION	\$	6,529.02
D8040		LIMIT ORTHODONTIC RX ADULT DENTITION	\$	2,058.70
D8050		INTERCEPTIVE ORTHO RX PRIM DENTITION	\$	6,452.90
D8060		INTERCEPTIVE ORTHO RX TRAN DENTITION	\$	7,182.96
D8080		COMPREHENS ORTHODONTIC APPLIANCES	\$	1,705.78
D8210		REMOVABLE APPLIANCE THERAPY, HABIT	\$	2,058.70
D8220		FIXED APPLIANCE THERAPY, HABIT	\$	2,058.70
D8660		PRE-ORTHODONTIC TREATMENT VISIT	\$	58.82
D8670		PERIODIC ORTHODONTIC TREATMENT VISIT (AS PART OF CONTRACT)	\$	581.28
D8680		ORTHODONTIC_RETENTION_(REMOVAL_OF_AP	\$	581.28
D8681		REMOVABLE RETAINER ADJUST	\$	34.60
D8691		REPAIR ORTHODONTIC APP;IANCE	\$	171.27
D8692		REPLACEMENT LOST/BROKEN RETAINER	\$	397.90
D8693		REBOND/CEMENT/REPAIR RETAIN	\$	122.83
D9110		PALLIATIVE (EMERGENCY) TREATMENT OF	\$	34.60

D9210			LOCAL ANESTHESIA NOT IN CONJUNCTION	\$	44.98
D9211			REGIONAL BLOCK ANESTHESIA	\$	44.98
D9212			TRIGEMINAL DIVISION BLOCK ANESTHESIA	\$	62.28
D9223			GENERAL ANESTHESIA EACH 15M	\$	173.00
D9230			ANALGESIA, ANXIOLYSIS, INHAL NITROUS	\$	51.90
D9243			IV SEDATION EACH 15M	\$	86.50
D9248			NON-IV CONSCIOUS SEDATION	\$	138.40
D9310			CONSULTATION	\$	76.12
D9410			HOUSE/EXTENDED CARE FACILITY CALL	\$	70.93
D9420			HOSPITAL DAY - SUBSEQUENT	\$	65.74
D9430			OFFICE VISIT FOR OBSERVATION	\$	31.14
D9610			THERAPEUTIC DRUG INJECTION, BY REPOR	\$	44.98
D9612			THERA PAR DRUGS 2 OR > ADMIN	\$	55.36
D9910			APPLICATION OF DESENSITIZING MEDICAM	\$	20.76
D9911			APPLICATION DESENSIT RESIN PER TOOTH	\$	122.83
D9920			BEHAVIOR MANAGEMENT, BY REPORT	\$	51.90
D9930			TREATMENT OF COMPLICATIONS (POST SUR	\$	31.14
D9940			OCCLUSAL GUARDS, BY REPORT SPECIAL P	\$	224.90
D9943			OCCLUSAL GUARD ADJUSTMENT	\$	34.60
D9951			OCCLUSAL ADJUSTMENT - LIMITED 1 TO 3	\$	20.76
D9952			OCCLUSAL ADJUSTMENT-COMPLETE	\$	235.28
D9971			ODONTOPLASTY 1-2 TEETH	\$	20.76
D9974			INTERNAL BLEACHING - PER TOOTH	\$	114.18
G0101			CERV/VAG_CA_SCREEN,PELV/BREAST_EXAM	\$	75.08
G0105			COLONOSCOPY ON INDIV AT HIGH RISK	\$	804.31
G0105	26		COLONOSCOPY ON INDIV AT HIGH RISK	\$	471.32
G0105	TC		COLONOSCOPY ON INDIV AT HIGH RISK	\$	141.86
G0121			COLONOSCOPY NON HIGH RISK INDIVIDUAL	\$	805.11
G0121	26		COLONOSCOPY NON HIGH RISK INDIVIDUAL	\$	472.08
G0121	TC		COLONOSCOPY NON HIGH RISK INDIVIDUAL	\$	141.86
G0127			TRIMMING DYSTROPHIC NAILS, 1-10	\$	24.22
G0168			WOUND_CLOSURE_UTILIZING_TISSUE_ADHES	\$	156.50
G0168	26		WOUND_CLOSURE_UTILIZING_TISSUE_ADHES	\$	43.42
G0202	TC		SCREENING MAMMOGRAPHY DIGITAL	\$	273.48
G0202			SCREENING MAMMOGRAPHY DIGITAL	\$	369.15
G0202	26		SCREENING MAMMOGRAPHY DIGITAL	\$	95.67
G0204	TC		SCREENING MAMMOGRAPHY DIGITAL	\$	126.22
G0204			SCREENING MAMMOGRAPHY DIGITAL	\$	206.11
G0204	26		SCREENING MAMMOGRAPHY DIGITAL	\$	57.64
G0206	TC		SCREENING MAMMOGRAPHY DIGITAL	\$	101.62
G0206			SCREENING MAMMOGRAPHY DIGITAL	\$	165.94
G0206	26		SCREENING MAMMOGRAPHY DIGITAL	\$	46.43
G0268			REMOVAL_OF_IMPACTED_CERUMEN_(ONE_OR	\$	80.79
G0268	26		REMOVAL_OF_IMPACTED_CERUMEN_(ONE_OR	\$	52.87
G0289			ARTHROSCOPY_KNEE_SURGICAL_FOR_REM	\$	154.28
G0414			OPEN TREATMENT OF ANTERIOR PELVIC BONE FRACTURE AND/OR DISLOCA	\$	1,799.20
G0415			OPEN TREATMENT OF POSTERIOR PELVIC BONE FRACTURE AND/OR DISLOC	\$	2,460.34
G0434	HF		DRUG SCREEN, OTH THAN CHROMATOGRAPH	\$	56.67
G0434	HF	QW	DRUG SCREEN, OTH THAN CHROMATOGRAPH	\$	56.67
G0447			FACE-TO-FACE BEHAVIORAL COUNSELING FOR OBESITY, 15 MINUTES	\$	63.73
G6002	26		STEREOSCOPIC X-RAY GUIDANCE	\$	36.02
G6002			STEREOSCOPIC X-RAY GUIDANCE	\$	142.24
G6002	TC		STEREOSCOPIC X-RAY GUIDANCE	\$	106.22
H0001	HF		ALCOHOL AND/OR DRUG ASSESSMENT	\$	169.54
H0003	HF		ALCOHOL AND/OR DRUG SCREENING	\$	15.57
H0010	HF		DETOXIFICATION LEVEL III.7(PER DIEM)	\$	1,411.96
H0011	HF		MEDICALLY ENHANCED DETOX LEVEL III.7	\$	1,439.36
H0014	HF		AMBULATORY WITHDRAWAL MGT	\$	761.20
H0015	HF		INTENSIVE OP TX IN SA TX FACILITY	\$	378.80
H0018	HF		SHORT TERM RESIDENTIAL PER DIEM	\$	697.54
H0019	HF		LONG TERM RESIDENTIAL SA TREATMENT	\$	292.02
H0020	HF		ALCOHOL AND/OR DRUG SERVICES; METHAD	\$	14.71
H0020	HF	26	OPOID TX MED METHADONE	\$	315.38
H0033	HF		ORAL MED ADMIN, NOT METHADONE	\$	46.88
H0033	HF	26	ORAL MED ADM, NOT METH (BUNDLE/WK)	\$	656.40
H0039	HE	HO	COMMUN SUPP SERV-MASTERS LEVEL	\$	99.72
H0039	HE	TD	COMMUN SUPPORT SERVICES BY AN RN	\$	99.72
H0048	HF		ALCOHOL AND/OR OTHER DRUG TESTING C	\$	8.65
H2000	HE		COMMUN SUPP SERV BY PHYS/PSYCHIATRIS	\$	362.16

H2000	HE	HO	COMM SUPP SERV-LIC PRAC HEALING ARTS	\$	99.72
H2000	HE	SA	COMMUNITY SUPPORT SERVICES BY APN	\$	186.60
H2000	AH	HE	COMMUNITY SUPP SERV BY PSYCHOLOGIST	\$	173.38
H2015	HE		COMPREHENSIVE MULTIDISPLINARY EVA	\$	108.71
H2015	HE	HO	ASSER COM TX FACE-FACE/15 MIN	\$	124.04
H2015	HE	TD	ASSER COM TX FACE-FACE/15MIN	\$	108.71
H2015	AH	HE	COMPREHENSIVE MULTIDISCIPLINARY EVAL	\$	186.60
H2036	HF		PARTIAL CARE TX IN SA TX FACILITY	\$	270.95
Q0091			OBTAINING_SCREEN_PAP_SMEAR	\$	113.56
T1017	HE		TARGETED CASE MANAGEMENT PER 15 MIN	\$	108.99

Group NPI
All Maps Providers

1033312939	Cooper University Healthcare
1083747323	Cooper University Healthcare
1093929895	Cooper University Healthcare
1104945005	Cooper University Healthcare
1134252109	Cooper University Healthcare
1144268277	Cooper University Healthcare
1154369163	Cooper University Healthcare
1154369510	Cooper University Healthcare
1184644973	Cooper University Healthcare
1194745976	Cooper University Healthcare
1205197365	Cooper University Healthcare
1225058027	Cooper University Healthcare
1255352423	Cooper University Healthcare
1265565667	Cooper University Healthcare
1285837724	Cooper University Healthcare
1306867585	Cooper University Healthcare
1336188291	Cooper University Healthcare
1386682094	Cooper University Healthcare
1427177195	Cooper University Healthcare
1427399112	Cooper University Healthcare
1437281771	Cooper University Healthcare
1447207147	Cooper University Healthcare
1467518449	Cooper University Healthcare
1467655902	Cooper University Healthcare
1508229790	Cooper University Healthcare
1508808221	Cooper University Healthcare
1518184811	Cooper University Healthcare
1538109913	Cooper University Healthcare
1588796882	Cooper University Healthcare
1609908094	Cooper University Healthcare
1649217175	Cooper University Healthcare
1649217514	Cooper University Healthcare
1649578071	Cooper University Healthcare
1679605554	Cooper University Healthcare
1689694473	Cooper University Healthcare
1720023583	Cooper University Healthcare
1790724730	Cooper University Healthcare
1801803051	Cooper University Healthcare
1831110105	Cooper University Healthcare
1841318813	Cooper University Healthcare
1912354580	Cooper University Healthcare
1922130129	Cooper University Healthcare
1952504425	Cooper University Healthcare
1962616763	Cooper University Healthcare
1982646634	Cooper University Healthcare
1073523676	Rutgers New Jersey Medical School
1164432761	Rutgers New Jersey Medical School
1225048820	Rutgers New Jersey Medical School
1316957913	Rutgers New Jersey Medical School
1407866007	Rutgers New Jersey Medical School
1457593691	Rutgers New Jersey Medical School
1467462168	Rutgers New Jersey Medical School

Appendix B - List of Eligible Providers by Group NPI Number

1558503797	Rutgers New Jersey Medical School
1598775199	Rutgers New Jersey Medical School
1609054220	Rutgers New Jersey Medical School
1639189236	Rutgers New Jersey Medical School
1679583272	Rutgers New Jersey Medical School
1720098320	Rutgers New Jersey Medical School
1760492367	Rutgers New Jersey Medical School
1780694380	Rutgers New Jersey Medical School
1811907413	Rutgers New Jersey Medical School
1831109420	Rutgers New Jersey Medical School
1871503474	Rutgers New Jersey Medical School
1902816507	Rutgers New Jersey Medical School
1922018514	Rutgers New Jersey Medical School
1003988635	Rutgers Robert Wood Johnson Medical School
1013019249	Rutgers Robert Wood Johnson Medical School
1023055738	Rutgers Robert Wood Johnson Medical School
1033207378	Rutgers Robert Wood Johnson Medical School
1063420776	Rutgers Robert Wood Johnson Medical School
1083738637	Rutgers Robert Wood Johnson Medical School
1083779615	Rutgers Robert Wood Johnson Medical School
1104842285	Rutgers Robert Wood Johnson Medical School
1114943743	Rutgers Robert Wood Johnson Medical School
1164510400	Rutgers Robert Wood Johnson Medical School
1194732743	Rutgers Robert Wood Johnson Medical School
1194807586	Rutgers Robert Wood Johnson Medical School
1205918349	Rutgers Robert Wood Johnson Medical School
1215062005	Rutgers Robert Wood Johnson Medical School
1265504849	Rutgers Robert Wood Johnson Medical School
1275563611	Rutgers Robert Wood Johnson Medical School
1275615650	Rutgers Robert Wood Johnson Medical School
1295741858	Rutgers Robert Wood Johnson Medical School
1316222664	Rutgers Robert Wood Johnson Medical School
1346282068	Rutgers Robert Wood Johnson Medical School
1346322732	Rutgers Robert Wood Johnson Medical School
1356385710	Rutgers Robert Wood Johnson Medical School
1366487183	Rutgers Robert Wood Johnson Medical School
1376551093	Rutgers Robert Wood Johnson Medical School
1386726412	Rutgers Robert Wood Johnson Medical School
1407938525	Rutgers Robert Wood Johnson Medical School
1427121052	Rutgers Robert Wood Johnson Medical School
1457372104	Rutgers Robert Wood Johnson Medical School
1457469348	Rutgers Robert Wood Johnson Medical School
1487688495	Rutgers Robert Wood Johnson Medical School
1487736146	Rutgers Robert Wood Johnson Medical School
1487766408	Rutgers Robert Wood Johnson Medical School
1497867410	Rutgers Robert Wood Johnson Medical School
1508938119	Rutgers Robert Wood Johnson Medical School
1518901768	Rutgers Robert Wood Johnson Medical School
1518904929	Rutgers Robert Wood Johnson Medical School
1538173539	Rutgers Robert Wood Johnson Medical School
1548356926	Rutgers Robert Wood Johnson Medical School
1619059011	Rutgers Robert Wood Johnson Medical School
1659311132	Rutgers Robert Wood Johnson Medical School
1659406957	Rutgers Robert Wood Johnson Medical School
1659475283	Rutgers Robert Wood Johnson Medical School
1679655781	Rutgers Robert Wood Johnson Medical School

Appendix B - List of Eligible Providers by Group NPI Number

1679655872	Rutgers Robert Wood Johnson Medical School
1689756074	Rutgers Robert Wood Johnson Medical School
1699859082	Rutgers Robert Wood Johnson Medical School
1700968187	Rutgers Robert Wood Johnson Medical School
1710012604	Rutgers Robert Wood Johnson Medical School
1720113616	Rutgers Robert Wood Johnson Medical School
1750453346	Rutgers Robert Wood Johnson Medical School
1750463428	Rutgers Robert Wood Johnson Medical School
1780766527	Rutgers Robert Wood Johnson Medical School
1790726149	Rutgers Robert Wood Johnson Medical School
1801968425	Rutgers Robert Wood Johnson Medical School
1831262468	Rutgers Robert Wood Johnson Medical School
1841372224	Rutgers Robert Wood Johnson Medical School
1841373313	Rutgers Robert Wood Johnson Medical School
1861414989	Rutgers Robert Wood Johnson Medical School
1912089731	Rutgers Robert Wood Johnson Medical School
1922194216	Rutgers Robert Wood Johnson Medical School
1942249909	Rutgers Robert Wood Johnson Medical School
1942373592	Rutgers Robert Wood Johnson Medical School
1952332546	Rutgers Robert Wood Johnson Medical School
1982798922	Rutgers Robert Wood Johnson Medical School
1992887012	Rutgers Robert Wood Johnson Medical School
1255544961	Rutgers Dental School
1407069107	Rutgers Dental School
1487853248	Rutgers Dental School
1831302504	Rutgers Dental School
1669737755	Rutgers Nursing Faculty Practice
1073086369	Rowan School of Osteopathic Medicine
1225594286	Rowan School of Osteopathic Medicine
1275503203	Rowan School of Osteopathic Medicine
1316439839	Rowan School of Osteopathic Medicine
1336605393	Rowan School of Osteopathic Medicine
1366412306	Rowan School of Osteopathic Medicine
1407210370	Rowan School of Osteopathic Medicine
1447220611	Rowan School of Osteopathic Medicine
1467422287	Rowan School of Osteopathic Medicine
1487624649	Rowan School of Osteopathic Medicine
1518937564	Rowan School of Osteopathic Medicine
1528523040	Rowan School of Osteopathic Medicine
1619957941	Rowan School of Osteopathic Medicine
1669964185	Rowan School of Osteopathic Medicine
1689644122	Rowan School of Osteopathic Medicine
1730562455	Rowan School of Osteopathic Medicine
1790765055	Rowan School of Osteopathic Medicine
1861464968	Rowan School of Osteopathic Medicine
1881666105	Rowan School of Osteopathic Medicine
1881668846	Rowan School of Osteopathic Medicine
1891287314	Rowan School of Osteopathic Medicine
1891765053	Rowan School of Osteopathic Medicine
1922590884	Rowan School of Osteopathic Medicine
1023266962	University Hospital
1033494430	University Hospital
1457525156	University Hospital
1609045277	University Hospital
1609178276	University Hospital
1326214354	University Hospital

NEW JERSEY MEDICAID ACCESS TO PHYSICIAN SERVICES PROGRAM
QUARTERLY REPORT BY MANAGED CARE ORGANIZATIONS

Report for the time period ending:

Quarterly reports are due within 45 days of the end of the quarter

NAME OF MCO:

DURING THIS QUARTER, DID YOU HAVE CONTRACTS WITH THE FOLLOWING PRACTICE PLANS? (YES/NO)

Rutgers University NJMS (University Physician Associates)	
Rutgers School of Dental Medicine	
Rutgers University RWJ	
University Hospital (Newark)	
Cooper University Health Care	
Rowan University School of Osteopathic Medicine	

In the table below, please report the base payments and actual payments to the eligible providers at the following physician practice plans.

Base Payments refers to claims that would have been paid under contracted payment rates as of March 31, 2016 to NJ MAPS Program eligible providers (do not include IBNR estimates on this tab). See Notes 1-6 below when computing.

Actual Payments refers to claims paid under the NJ MAPS Program's Minimum Fee Schedule (do not include IBNR estimates on this tab). See Notes 1-6 below when computing.

Please note:

- 1. Exclude services provided to dual-eligibles (program only covers services where Medicaid is the primary payer) and exclude services covered under subcapitation arrangements.
- 2. Utilize the Group NPI #s in Appendix B of the operations manual for the NJ MAPS Program to identify practice plans and eligible providers.
- 3. Quarterly reports should restate all quarters since the beginning of the NJ MAPS program.
- 4. Claims should only be reported if the Actual Payment is greater than the Base Payment.
- 5. The Actual Payment should only be reported up to the ACR (i.e. amounts over the ACR should not be included).
- 6. Any other claim amounts paid to the MAPS providers should not be included.

	Rutgers New Jersey Medical School			Rutgers School of Dental Medicine			Rutgers Robert Wood Johnson Medical School (includes School of Nursing)			University Hospital (Newark)			Cooper University Health Care (includes Cooper Medical School of Rowan University)			Rowan University School of Osteopathic Medicine			Total		
Quarter-Ended	Base Payments	Actual Payments	Incremental Increase by MAPS Fee Schedule	Base Payments	Actual Payments	Incremental Increase by MAPS Fee Schedule	Base Payments	Actual Payments	Incremental Increase by MAPS Fee Schedule	Base Payments	Actual Payments	Incremental Increase by MAPS Fee Schedule	Base Payments	Actual Payments	Incremental Increase by MAPS Fee Schedule	Base Payments	Actual Payments	Incremental Increase by MAPS Fee Schedule	Base Payments	Actual Payments	Incremental Increase by MAPS Fee Schedule*
Mar. '17	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Jun. '17	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Sep. '17	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Dec. '17	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Mar '18	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Jun. '18	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Sep. '18	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Dec. '18	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Mar. '19	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Jun. '19	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Sep. '19	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Dec. '19	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTALS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Please note that accuracy of data is important. The information contained in this reporting form will be used in the operation of the risk pool and risk corridor of the NJ MAPS Program

*Total "Incremental Increase by MAPS Fee Schedule" should tie to Lag Report Line 38

NJ MAPS - Participating Providers Incremental Increase in Payments due to the NJ MAPS Program

Line 38 total claim payments should aggregate to Excel column V, Total "Incremental Increase by MAPS Fee Schedule", from the "Payments" tab.

MCO Name:

FOR THE TIME PERIOD ENDING:[illegible]

1 - Amounts that could not be reflected in the paid claims above.

2 - Black font denotes cells that are formula driven and should not be edited

NEW JERSEY MEDICAID ACCCESS TO PHYSICIAN SERVICES PROGRAM
QUARTERLY REPORT BY MANAGED CARE ORGANIZATIONS

Report for the time period ending:

Quarterly reports are due within 45 days of the end of the quarter

NAME OF PRACTICE PLAN (Include a Separate Tab for Each Practice Plan):

Incurred Quarter Ending	Contracted Primary Care Practitioners	Contracted Specialty Care Practitioners	Total Practitioners	Total Visits
BASELINE Jun '16			0	
Sept '16			0	
Dec '16			0	
Mar '17			0	
Jun '17			0	
Sep. '17			0	
Dec. '17			0	
Mar '18			0	
Jun. '18			0	
Sep. '18			0	
Dec. '18			0	
Mar. '19			0	
Jun. '19			0	
Sep. '19			0	
Dec. '19			0	

TERM:

Contracted Primary Care Practitioners
Contracted Specialty Care Practitioners
Total Visits

DEFINTION:

Total number of eligible primary care practitioners at eligible Group NPI #s which your MCO has under contract to provide services to Medicaid clients*
Total number of eligible specialty care practitioners at eligible Group NPI #s which your MCO has under contract to provide services to Medicaid clients*
of Total Office Visits performed during SFY'17 by eligible practitioners at eligible Group NPI #s for which your MCO paid for services under the state's Medicaid managed care contract

* A practitioner under contract should only be counted once and then either as primary care or specialty care

NOTES TO MAPS FINANCIAL REPORTS

FOR MEDICAID/NJ FAMILYCARE
MANAGED CARE REPORTING ONLY

FOR THE TIME PERIOD ENDING _____

FOR _____
(MCO Name)

Any notes or further explanations of any items contained in any of the reports are to be noted here. Appropriate references and attachments are to be used as necessary. Space is provided below or you may use a separate page as necessary.	
"Payments" Tab	
"Lag Reports" Tab	
"Access Metrics" Tab	

QUARTERLY REPORT BY PRACTICE PLANS

Services Rendered in Fiscal Year 2020 (program operational July 1, 2019 to June 30, 2020)

Report for the quarter ending (highlight one):

Sep. 30, 2019	Dec. 31, 2019	Mar. 31, 2020	Jun. 30, 2020
---------------	---------------	---------------	---------------

Sep. 30, 2020	Dec. 31, 2020	Mar. 31, 2021	Jun. 30, 2021
---------------	---------------	---------------	---------------

Quarterly reports are due within 45 days of the end of the quarter

NAME OF PRACTICE PLAN:

DURING THIS PERIOD OF SFY18, DID YOU HAVE CONTRACTS WITH THE FOLLOWING MEDICAID MANAGED CARE PLANS (YES/NO)

AETNA	
Amerigroup	
Horizon	
United	
Wellcare	

SUMMARY SECTION — ESTIMATE OF THE FINANCIAL BENEFIT FROM THE PROGRAM

Complete this section at the end, once the table of detail in the next section is populated

For the claims/encounters in the table you report below by CPT code, please sum up all the payments by Medicaid managed care organization (MCO), thereby calculating what you received in total payments from the MCOs under the NJ MAPS Program.

In this calculation, do not include any claims/encounters that are above the Minimum Fee Schedule.

AETNA	
Amerigroup	
Horizon	
United	
Wellcare	

For the claims/encounters in the table you report below by CPT code, and only for those claims/encounters, please calculate what you would have been paid under contracted payment rates as of March 31, 2016 to NJ MAPS Program eligible providers.

In this calculation, do not include any claims/encounters that are above the Minimum Fee Schedule.

AETNA	
Amerigroup	
Horizon	
United	
Wellness	

This next chart automatically calculates the cumulative estimated total financial benefit of the Program to the practice plan by MCO.

AETNA	0
Amerigroup	0
Horizon	0
United	0
Wellcare	0

In performing the summary calculation above to estimate what you would have received in payments if the NJ MAPS Program did not exist, did you undertake a detailed analysis by claim/encounter and CPT code or follow a more general and less exact approach? (CHECK WHICH APPLIES)

Performed detailed calculation	
Followed general approach	

DETAIL OF PAYMENTS RECEIVED FROM MCOs BY CPT CODE AND CLASSIFICATION

Instructions:

In the table below, please report the total payments for services and total units of service made by CPT code to the NJ MAPS eligible providers by the following Medicaid managed care plans.

*Payments** refers to payments received under the NJ MAPS minimum fee schedule.

Please note:

1. Exclude services provided to dual-eligibles (program only covers services where Medicaid is the primary payer) and exclude services covered under subcontracting arrangements.
2. Utilize the Group NP IR in Appendix B of the operations manual for the NJ MAPS Program to identify practice plans and MAPS eligible providers.
3. Quarterly reports should be submitted at quarters since the beginning of the NJ MAPS program.
4. Claims should only be reported if the Actual Payment is greater than the Base Payment. (Base Payment refers to claims that would have been paid under contracted payment rates as of March 31, 2016 to NJ MAPS Program eligible providers.)
5. The Actual Payment should only be reported up to the MAPS minimum fee schedule. (As noted below, instances where payments were above the NJ MAPS minimum fee schedule should be excluded from this report.)
6. Any other claim amounts paid to NJ MAPS providers should not be included.
7. Only report results by CPT code where payments from the MCOs were equal to the NJ MAPS minimum fee schedule. Do not report payments made above the NJ MAPS minimum fee schedule (i.e. where the NJ MAPS minimum fee schedule had no impact on reimbursement).

[illegible]

NEW JERSEY MEDICAID ACCCESS TO PHYSICIAN SERVICES PROGRAM

QUARTERLY REPORT BY PRACTICE PLANS

Report for the quarter ending (highlight one):

Sep. 30, 2019	Dec. 31, 2019	Mar. 31, 2020	Jun. 30, 2020
Sep. 30, 2020	Dec. 31, 2020	Mar. 31, 2021	Jun. 30, 2021

Quarterly reports are due within 45 days of the end of the quarter

NAME OF PRACTICE PLAN:

*NOTE: You do not need to report measures for the time periods that are blacked out in the chart below.

Quarter Ending	Physical "Brick and Mortar" Locations	Annual Visit Across All Locations	Annual Visits per Employed Practitioner	Total Office Hours Available	Total "Extended Office Hours" Available	Average Reimbursement for all services	New Jersey Residency Retention
BASELINE Jun '16		data for FYE 6/30/16	data for FYE 6/30/16	data for FYE 6/30/16	data for FYE 6/30/16	data for FYE 6/30/16	
Jun '17		data for FYE 6/30/17	data for FYE 6/30/17	data for FYE 6/30/17	data for FYE 6/30/17	data for FYE 6/30/17	
Sept '19							
Dec '19							
Mar '20							
Jun '20							

TERM:

Physical "Brick and Mortar" Locations:
 Annual Visits Across All Locations:
 Annual Visits Per Employed Practitioner
 Total Office Hours Available
 "Extended Office Hours"
 Total "Extended Office Hours" Available
 Average Reimbursement for All Services
 New Jersey Residence Retention

DEFINITION:

Locations are "bricks and mortar" locations that can include stand-alone practices, clinics or urgent care centers
 # of Total Office Visits performed during the report SFY by eligible practitioners at eligible Group NPI #s for your practice plan
 # of Total Office Visits performed during the report SFY by eligible practitioners at eligible Group NPI #s for your practice plan divided by number of FTEs of these eligible practitioners
 Sum of (each location's operating hours multiplied by that location's FTEs of eligible practitioners at eligible Group NPI #s)
 "Extended office hours" are any hours of operation on Saturdays or Sundays, as well as hours of operation during other days outside of 8:30am to 4:30pm
 Total extended office hours available across all locations -- sum of (each location's extended operating hours multiplied by that location's FTEs of eligible practitioners at eligible Group NPI #s)
 Across all codes, total payments divided by total units of services. Note that for anesthesia services, 1 base unit = 15 minutes
 Number of eligible MDs and DOs who were residents at a New Jersey medical school

Certification of Physician and Non-Physician Cost

New Jersey Medicaid Access to Physician Services Program

Participation in the New Jersey Medicaid Access to Physician Services Program is in accord with the New Jersey Department of Human Services (DHS) Division of Medical Assistance and Health Services' (DMAHS) contract with Medicaid managed care organizations, approved by CMS and effective January 1, 2017, and the state's operations manual for the Medicaid Access to Physician Services Program. This form serves as certification to certain facts, representations and assurances regarding Health System employed physician and non-physician practitioners cost.

I, , do hereby certify:
(print name)

- That Cooper Health System (CHS) is a participant in the New Jersey Medicaid Access to Physician Services program. Cooper Health System maintains separate accounting systems for The Cooper Health System, D.B.A. Cooper University Hospital and The Cooper Health System, D.B.A. Cooper University Physicians
- That CHS, D.B.A. Cooper University Hospital reports non-physician practitioner salaries on form CMS-2552-10, Medicare Hospital and Hospital Health Care Complex Cost Report, Worksheet A under different cost centers, and the fringe benefits associated with these non-physician providers are reported under the fringe benefits cost center on Worksheet A. The services rendered by the non-physician practitioner's appearing on the Medicare Cost Report are not billed to the State of New Jersey for services rendered to Medicaid beneficiaries. In addition, the Hospital does not report any clinical expense associated with physician services rendered to any beneficiary on the Medicare Cost Report. The only physician salary expense appearing on the Hospital's Medicare cost report is related to administrative efforts in leading Departments or educational efforts instructing Interns and Residents.
- That CHS, D.B.A. Cooper University Physicians employs both physician and non-physician practitioner's for the direct purpose of rendering professional services to patients, including Medicaid eligible beneficiaries. That the costs associated with CHS, D.B.A. Cooper University Physicians, including the physician and non-physician practitioners performing professional services are not reported on the Hospital's form CMS-2552-10, Medicare Hospital and Hospital Health Care Complex Cost Report. Therefore, the professional services costs of the physician and non-physician practitioners at CHS, D.B.A. Cooper University Physicians are not part of CHS's hospital costs as they relate to any Medicaid inpatient, outpatient or Disproportionate Share Hospital reimbursement.
- That the person signing the certification on behalf of CHS is legally authorized to bind the hospital and attest to the matters described above.

SIGNATURE OF SIGNER (Legally Authorized Representative)

DATE

Subscribed and sworn before me, _____,

a Notary Public, on the _____ day of _____, _____.

NOTARY SIGNATURE

NOTARY SEAL

COMMISSION EXPIRES

Notary Public, State of _____, County of _____

Hospital		
Name		
Printed/Typed Name of Signer (Legally Authorized Representative)		Title of Signer
Address (street or P.O. Box, city, state, 9-digit zip):		
Phone Number (including area code)		FAX Number (including area code)
Email:		
Name of Backup Contact Person	Phone Number (including area code)	Email:
Hospital Medicaid Provider Number		

Certification of Non-Physician Cost

New Jersey Medicaid Access to Physician Services Program

Participation in the New Jersey Medicaid Access to Physician Services Program is in accord with the New Jersey Department of Human Services (DHS) Division of Medical Assistance and Health Services' (DMAHS) contract with Medicaid managed care organizations, approved by CMS and effective January 1, 2017, and the state's operations manual for the Medicaid Access to Physician Services Program. This form serves as certification to certain facts, representations and assurances regarding hospital employed non-physician practitioners cost.

I, _____, do hereby certify:
(print name)

- That University Hospital (UH) is a participant in the New Jersey Medicaid Access to Physician Services program. While University Hospital does not directly employ physicians it does employ non-physician practitioners that are part of this program.
- That UH reports non-physician practitioner salaries on form CMS-2552-10, Medicare Hospital and Hospital Health Care Complex Cost Report, Worksheet A under different cost centers, and the fringe benefits associated with these non-physician providers are reported under the fringe benefits cost center on Worksheet A. This is done so that all of UH's expenses appear on Worksheet A and agree with UH's audited financial statements.
- That the costs associated with the non-physician practitioners performing professional services are then excluded as an adjustment to expenses as part of the hospital cost reporting process on Worksheet A-8. Therefore, the professional services costs of the non-physician practitioners at UH are not part of UH's hospital costs as they relate to any Medicaid inpatient, outpatient or Disproportionate Share Hospital reimbursement.
- That the person signing the certification on behalf of UH is legally authorized to bind the hospital and attest to the matters described above.

SIGNATURE OF SIGNER (Legally Authorized Representative)

DATE

Subscribed and sworn before me, _____,

a Notary Public, on the _____ day of _____, _____.

NOTARY SIGNATURE

NOTARY SEAL

COMMISSION EXPIRES

Notary Public, State of _____, County of _____

Hospital		
Name		
Printed/Typed Name of Signer (Legally Authorized Representative)	Title of Signer	
Address (street or P.O. Box, city, state, 9-digit zip):		
Phone Number (including area code)	FAX Number (including area code)	
Email:		
Name of Backup Contact Person	Phone Number (including area code)	Email:
Hospital Medicaid Provider Number		

NJ MAPS
Master Program Timeline

Key Dates 2019 - 2020

MARCH 3/29/2019	State Submitted SPA, effective January 1, 2019
JULY 7/1/2019	Budgetary Transfer MC SFY 2020 MAPS Program Year Begins
AUGUST 8/15/2019	Budgetary Transfer MC / IGT True Up for Practice Plans and OMB Quarterly Reports Due
SEPTEMBER 9/3/2019	Budgetary Transfer MC Vendor requests ACR Data, NPI lists & Attestations from Practice Plans
OCTOBER 10/3/2019 10/31/2019	Budgetary Transfer MC Practice Plans return ACR Data, NPI lists & Attestations from Practice Plans Practice Plans and Vendor finalize ACR Data Submission
NOVEMBER	Budgetary Transfer MC
DECEMBER 12/2/2019	Budgetary Transfer MC Vendor submits NPI List, Attestations & ACR calculation to State Officials
JANUARY	Budgetary Transfer MC
FEBRUARY	Budgetary Transfer MC
MARCH	Budgetary Transfer MC State and Vendor finalize FFS payment amounts to Practice Plans (SFY Q2)
APRIL	Budgetary Transfer MC
MAY 5/15/2020	Budgetary Transfer MC Quarterly Reports Due
JUNE	Budgetary Transfer MC State and Vendor finalize FFS payment amounts to Practice Plans (SFY Q3)
JULY	Budgetary Transfer MC State to pull Medicaid Claims data FFS (for Q2 2020) SD to calculate FFS payments and provide information to State

Article Eight: Financial Provisions

8.5.10 New Jersey Medicaid Access to Physician Services Program (Program) – a program to preserve and promote access to medical services for Medicaid clients and underserved populations through setting minimum rates for professional services provided by qualified physicians and non-physician professionals affiliated with schools of medicine or dentistry.

- A. Beginning January 1, 2017, the Contractor shall make payments to a Qualified Practitioner for services listed on the fee schedule attached as Exhibit __ in amounts at least equal to the amounts identified in Exhibit __ when these services are provided to all of the Contractor's Members except enrolled members who are dually eligible for Medicaid and Medicare services.
- B. For services that are not listed in the fee schedule attached as Exhibit ____ but are otherwise covered by the Contractor, the Contractor shall make payments to a Qualified Practitioner as specified in the Qualified Practitioner's provider agreement with the Contractor
- C. Subcapitated arrangements between a Contractor and a Qualified Practitioner are excluded from this Program.
- D. The Contractor will follow the NJ MAPS Operations Manual associated with the program attached as Exhibit ____.
- E. For purposes of the Medicaid Access to Physician Services Program, a Qualified Practitioner is a physician, certified registered nurse anesthetist, certified registered nurse practitioner, physician assistant or dentists who bills for services under one of the Group NPI #s that are identified in Exhibit ____ and is employed by or under contract with any of the following:
 - Rutgers University New Jersey Medical School
 - Rutgers University Robert Wood Johnson Medical School
 - Rutgers School of Dental Medicine
 - Rutgers School of Nursing
 - Rowan University School of Osteopathic Medicine
 - Cooper Medical School of Rowan University
 - Cooper University Health Care
 - University Hospital (Newark)
- F. The Medicaid Access to Physician Services Program will be funded through an increase to the non-dual capitation rates for both the acute care and MLTSS program.
- G. The Contractor shall report claims paid under the Medicaid Access to Physician Services Program on a quarterly basis through the reporting template that will be developed and provided by the State.

H. Because the Medicaid Access to Physician Services is a new program and utilization of Qualified Practitioners will vary across Contractors the State will mitigate risk associated with over paying or underpaying a particular Contractor associated with the capitation increase for these particular providers and services as follows:

1. The Contractor is required to spend at least 99%, but no more than 101% of the medical portion of the capitation increase associated with the program for claims under the Medicaid Access to Physician Services Program.
2. The Contractor shall submit a separate final settlement calculation within 11 months of the end of the contract year accounting for incurred claims consisting of claims runout of at least six months and an estimate of the incurred but not paid claim liability. The State will confirm the calculations.
3. To the extent the incurred claims spent by the Contractor are less than 99% of the additional medical portion of the funding on claims under the Medicaid Access to Physician Services Program, the difference between the incurred claims amount spent and 99% will be paid to the pool by the Contractor.
4. To the extent the incurred claims spent by the Contractor are more than 101% of the additional medical portion of the funding on claims under the Medicaid Access to Physician Services Program, the difference between the incurred claims spent and 101% will be paid to the Contractor by the funds available in the pool.
5. If funds in the pool are not sufficient to appropriately reimburse Contractors who spent more than 101%, then the State will contribute additional funds to the pool to cover the shortfall.
6. If funds in the pool are more than sufficient to reimburse Contractors who spent more than 101%, excess funds will be withdrawn by the State.
7. The Medicaid Access to Physician Services Program Risk Corridor is a risk mitigation strategy based on assumptions underlying the increased funding.
8. The State maintains the option as to (i) whether or not to continue this Medicaid Access to Physician Services Program and/or the Risk Corridor in subsequent years and (ii) if continued, whether any changes to the Risk Corridor allocation and distribution process are necessary.
9. Any return of funds to the State will be refunded to the federal government at the same FMAP as originally claimed by the State.

Certification of Providers and Practitioners

New Jersey Medicaid Access to Physician Services Program

Participation in the New Jersey Medicaid Access to Physician Services Program ("the Program") is subject to the terms and conditions of the New Jersey Department of Human Services (DHS) Division of Medical Assistance and Health Services' (DMAHS) contract with Medicaid managed care organizations, approved by CMS and effective January 1, 2017, and the requirements specified in the state's operations manual for the Medicaid Access to Physician Services Program. This form serves as certification to certain facts, representations and assurances regarding medical providers and practitioners receiving payments under the Program.

I, _____, do hereby certify that:
(print name)

- [MEDICAL SCHOOL OR ELIGIBLE INSTITUTION] is a participant in the Program and employs or contracts with providers and practitioners who are qualified to receive payments under the Program.
- The providers and practitioners qualified to participate in the Program who are employed by or contracted with [MEDICAL SCHOOL OR ELIGIBLE INSTITUTION] are identified on [REPORT NUMBER], [REPORT NAME].
- [REPORT NUMBER], [REPORT NAME] includes the Group NPI, Individual NPI, Federal Tax ID, full name, specialty, general classification, and the contractual or employment arrangement for each qualified participating provider and practitioner.
- [MEDICAL SCHOOL OR ELIGIBLE INSTITUTION] understands that the information in [REPORT NUMBER], [REPORT NAME] will be used in making state and federally funded Medicaid payments under the Program.
- [REPORT NUMBER], [REPORT NAME] is true and correct to the best of [MEDICAL SCHOOL OR ELIGIBLE INSTITUTION]'s knowledge, information and belief.
- I am legally authorized to bind the [MEDICAL SCHOOL OR ELIGIBLE INSTITUTION] and attest to the matters described above.

SIGNATURE OF SIGNER (Legally Authorized Representative)

DATE

Subscribed and sworn before me, _____,

a Notary Public, on the _____ day of _____, _____.

NOTARY SEAL

NOTARY SIGNATURE

COMMISSION EXPIRES

Notary Public, State of _____, County of _____

Medical School or Eligible Institution		
Name		
Printed/Typed Name of Signer (Legally Authorized Representative)	Title of Signer	
Address (street or P.O. Box, city, state, 9-digit zip):		
Phone Number (including area code)	FAX Number (including area code)	
Email:		
Name of Backup Contact Person	Phone Number (including area code)	Email:

Group and Individual NPI Report Form

NJ Medicaid Access to Physician Services (MAPS) Program

Instructions:

Medical School or Eligible Institution - Identify the medical school or eligible institution to which this report refers

Group NPI - Refers to the group national provider identification number

Individual NPI - Refers to the individual practitioner's national provider identification number

Tax ID - Refers to the Federal Tax ID number for the Group NPI

Practitioner Name - Refers to the practitioner's full legal name as it appears on official documents

Practitioner Specialty - Refers to the practitioner's classification

General Classification - Refers to the practitioner's general classification. NOTE: The NJ MAPS Program *only* covers physicians, dentists, physician assistants (PA), certified registered nurse anesthetists (CRNA), and certified registered nurse practitioners (CRNP).

Arrangement - Refers to the practitioner's contractual or employment arrangement with the medical school. NOTE: Practitioners must be either an employee or operate under a contractual arrangement with the medical school.

Click over to the next tab below to complete the report

Group and Individual NPI Report Form

NJ Medicaid Access to Physician Services (MAPS) Program

Medical School or Eligible Institution:

Group NPI	Individual NPI	Tax ID	Practitioner Name	Practitioner Specialty	General Classification	Arrangement

NJ FamilyCare

New Jersey Medicaid Access to Physician Services (NJ MAPS) Program Appendix I

Start Date = January 1, 2017

Medicaid Access to Physician Services Program - Overview

For the purposes of this presentation, the payments pertaining to the NJ MAPS Program are also known as the “Access Payment.”

GOAL: Expand access to physician services to the low income population

By redirecting General Fund appropriations from Higher Education to the Dept. of Human Services, practitioners affiliated with participating NJ medical schools would receive increased reimbursement from the MCOs.

- Start date = January 1, 2017

Overview

The Access Payment only applies to services billed on physician and dental claim forms (CMS1500 and MC-10 respectively). *Hospital services billed on form UB04 are ineligible. Services provided to dual eligibles are not covered by the program nor are services provided under sub-capitated arrangements.*

Services rendered by the following practitioners would be eligible for the Access Payment:

- Physicians
- Certified registered nurse practitioners
- Certified registered nurse anesthetists
- Physician Assistants
- Dentists

Participating Entities:

- Cooper Medical School of Rowan University
- Cooper University Health Care
- Rowan University School of Osteopathic Medicine
- Rutgers New Jersey Medical School
- Rutgers School of Dental Medicine
- Rutgers Robert Wood Johnson Medical School
- Rutgers School of Nursing
- University Hospital (Newark)

Overview

The Access Payment would be included within the State's actuarially sound capitation rates paid to the MCOs.

- All five MCOs receive statewide rates; therefore, participating practice plans would need to contract with all MCOs.
- The State's contract with the Medicaid MCOs would contain the Access Payment fee schedule for eligible services as well as the eligible practice plans that could receive this enhanced payment.

Payment Approach

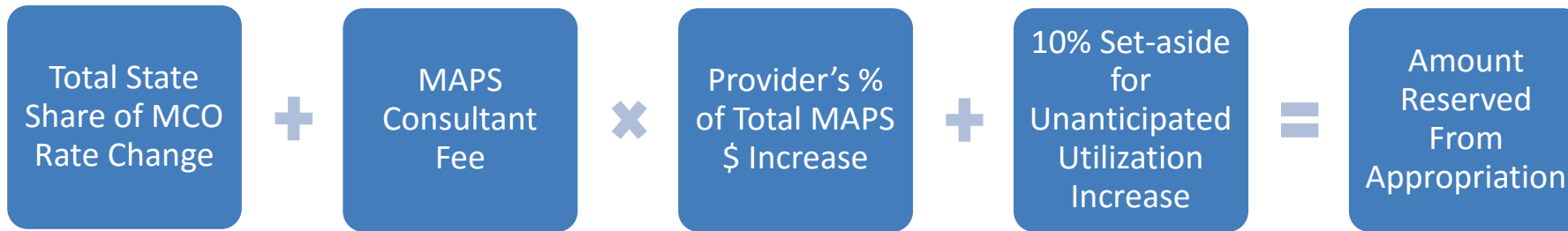
- Higher Ed appropriations would cover the state's share of capitation payments made to MCOs
- MCOs would be required to pay providers at a level equal to or greater than a statewide Minimum Fee Schedule that is included in the state's MCO contract
- Reimbursement in the form of increased rates would be tied to current utilization
- Exact return for the providers unknown and dependent on utilization
- Risk corridor created that ensures that (1) MCOs pay out at least 99% of the medical component of their Access Payments or pay them into a risk pool, (2) MCOs with higher costs (over 101%) are subsidized by the risk pool, and (3) state will make increased payments to or withdrawals from the risk pool if overall MCO experience is outside of the risk corridor.

Funding Approach

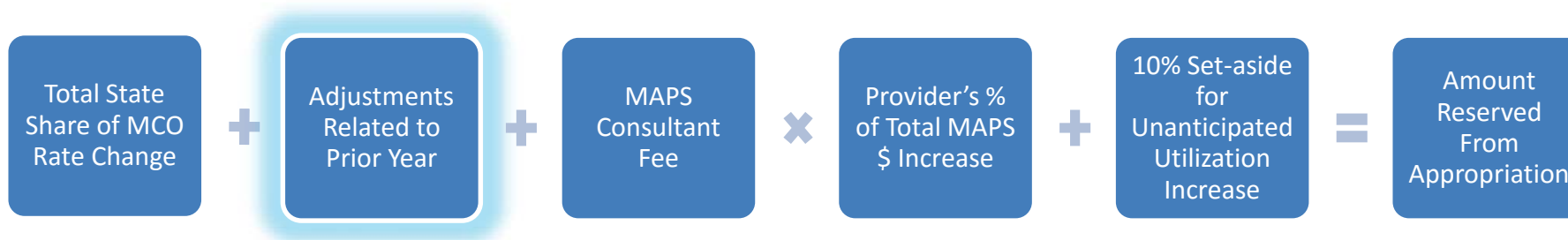
- The State's share of the enhanced Medicaid payments would be provided from existing State appropriations to the higher education facilities
- During each year, funds would be transferred by OMB from each school's appropriation to the Dept. of Human Services on a monthly basis to fund the increased capitation payments to the five Medicaid MCOs.
- Individual provider's share of the additional cost associated with access payments would be based on each school's share of the overall increase in funding to all providers in the MAPS program.
- Monthly transfers would be based on estimated enrollment and utilization, with a final adjustment for actual enrollment reflected in the June transfer.
- In the first six months of CY2017, appropriations that would normally be transferred to the Dept. of Human Services in first three months of operation would instead be added to the April, May, and June transfer amounts. This delay is meant to aid the schools' cash flow while the initial enhanced payments are being processed.

Funding Approach

Year One Calculation of Provider Contributions to MAPS

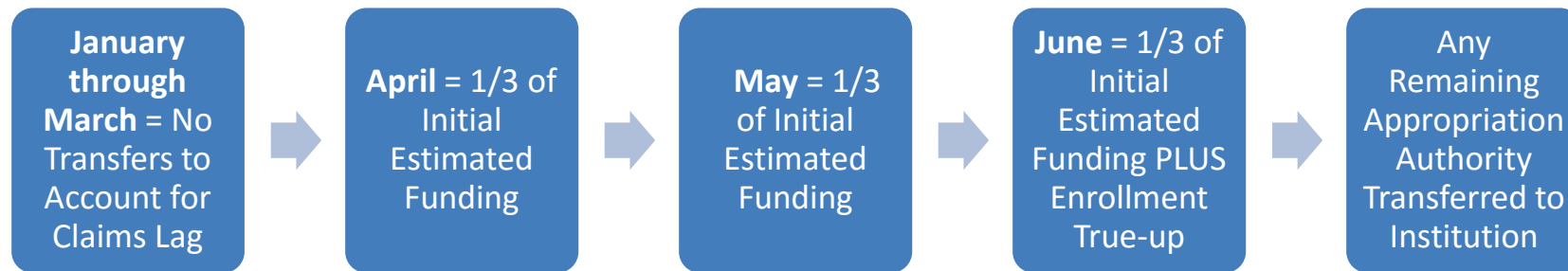


Subsequent Year Calculation of Provider Contributions to MAPS



Funding Approach

Year One Appropriation Transfer Amount and Schedule



Subsequent Year Appropriation Transfer Amount and Schedule

