MEDICAID FEE FOR SERVICES: UPDATE NOVEMBER 1, 2015

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CPT/ HCPCS/ CDT	*MOD 1*	*MOD 2*	*SHORT - DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*	*MAXIMUM FEE ALLOWANCE*
PRACTITIONER				*SPECIALIST*	*NON-SPECIALIST*
DME/P&O				*PURCHASE*	*RENTAL*
10021	26		FINE_NEEDLE_ASPIRATION_WO_IMAG_GUID	$ 30.00	$ 26.00
10021	TC		FINE_NEEDLE_ASPIRATION_WO_IMAG_GUID	$ 19.00	$ 19.00
10021			FINE_NEEDLE_ASPIRATION_WO_IMAG_GUID	$ 49.00	$ 45.00
10022	26		FINE NEEDLE ASPIRATION W/IMAG GUIDAN	$ 61.00	$ 52.00
10022	TC		FINE NEEDLE ASPIRATION W/IMAG GUIDAN	$ 26.00	$ 26.00
10022			FINE NEEDLE ASPIRATION W/IMAG GUIDAN	$ 87.00	$ 78.00
10030			FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, ACCESSED THROUGH THE SKIN	$ 442.03	$ 375.72
10030	26		FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, ACCESSED THROUGH THE SKIN	$ 87.19	$ 74.11
10040			ACNE SURGERY	$ 18.00	$ 16.00
10040	SA		ACNE SURGERY	NA	$ 15.20
10060			DRAINAGE OF SKIN ABSCESS	$ 13.00	$ 11.00
10060	SA		DRAINAGE OF SKIN ABSCESS	NA	$ 10.50
10061			DRAIN SKIN ABSCESS COMPLICATED	$ 48.00	$ 42.00
10080			I & D OF SIMPLE PILONIDAL CYST	$ 30.00	$ 26.00
10081			I & D COMPLICATED PILONIDAL CYST	$ 45.00	$ 38.00
10120			SIMPLE REMOVAL FOREIGN BODY	$ 18.00	$ 16.00
10120	SA		SIMPLE REMOVAL FOREIGN BODY	NA	$ 15.20
10121			COMPLICATED REMOVAL FOREIGN BODY	$ 34.00	$ 29.00
10140			DRAINAGE HEMATOMA SIMPLE	$ 18.00	$ 16.00
10140	SA		DRAINAGE HEMATOMA SIMPLE	NA	$ 15.20
10160			PUNCTURE DRAINAGE OF LESION	$ 13.00	$ 11.00
10160	SA		PUNCTURE DRAINAGE OF LESION	NA	$ 10.50
10180			INCISE/DRAIN COMPLEX POSTOP WOUND	$ 100.00	$ 85.00
11000			DEBRIDEMENT INFECT SKIN UP TO 10%	$ 13.00	$ 11.00
11000	SA		DEBRIDEMENT INFECT SKIN UP TO 10%	NA	$ 10.45
11001			DEBRIDE INFECTED SKIN EACH ADD 10%	$ 6.00	$ 5.00
11004			DEBRIDE_GENITALIA_&_PERINEUM	$ 315.36	$ 268.06
11005			DEBRIDE_ABDOM_WALL	$ 426.11	$ 362.19
11006			DEBRIDE_GENIT/PER/ABDOM_WALL	$ 381.85	$ 324.57
11008			REMOVE_MESH_FROM_ABD_WALL	$ 149.86	$ 127.38
11010			DEBRIDEMENT SKIN & SUBCU W/OPEN FX	$ 141.00	$ 120.00
11011			DEBRIDEMENT SKIN/SUBCU TISSUE/MUSCLE	$ 168.00	$ 143.00
11012			DEBRIDEMENT SUBCU/SKIN/MUSCLE/BONE	$ 234.00	$ 199.00
11042			DEBRIDE SKIN,SUBCUTANEOUS TISSUE	$ 16.00	$ 14.00
11043			DEBRIDE;SKIN,SUBCU TISSUE AND MUSCLE	$ 16.00	$ 14.00
11044			DEBRIDE;SKIN,SUBC TISS,MUSCL & BONE	$ 48.00	$ 42.00
11045	26		DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AND DERMIS, IF PERFORMED);	$ 14.17	$ 12.04
11045			DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AND DERMIS, IF PERFORMED);	$ 22.42	$ 19.06
11046	26		DEBRIDEMENT, MUSCLE AND/OR FASCIA (INCLUDES EPIDERMIS, DERMIS, AND SUBCUTANEOUS	$ 30.47	$ 25.90
11046			DEBRIDEMENT, MUSCLE AND/OR FASCIA (INCLUDES EPIDERMIS, DERMIS, AND SUBCUTANEOUS	$ 39.93	$ 33.94
11047	26		DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS TISSUE, MUSCLE	$ 53.77	$ 45.70
11047			DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS TISSUE, MUSCLE	$ 67.27	$ 57.18
11055			PARING BENIGN HYPERKER LESION SINGLE	$ 13.00	$ 11.00
11055	SA		PARING BENIGN HYPERKER LESION SINGLE	NA	$ 10.45
11056			PARING 2-4 BENIGN HYPERKERATOTIC LES	$ 18.00	$ 15.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
11056	SA		PARING 2-4 BENIGN HYPERKERATOTIC LES	NA	$ 13.30
11057			PARING >4 BENIGN HYPERKERATOTIC LES	$ 23.00	$ 20.00
11057	SA		PARING>4 BENIGN HYPERKERATOTIC LES	NA	$ 13.30
11100			BIOPSY OF SINGLE SKIN LESION	$ 13.00	$ 11.00
11100	SA		BIOPSY OF SINGLE SKIN LESION	NA	$ 10.45
11101			BX SKIN; EACH ADD LESION	$ 5.00	$ 4.00
11101	SA		BX SKIN; EACH ADD LESION	NA	$ 3.80
11200			EXCISION UP TO 15 SKIN TAGS	$ 18.00	$ 14.00
11201			EXCISION,SKIN TAGS,EACH ADD10 LESION	$ 9.00	$ 7.00
11300			SHAVING, LESION TO 0.5 CM OR LESS	$ 18.00	$ 16.00
11300	SA		SHAVING, LESION TO 0.5 CM OR LESS	NA	$ 15.20
11301			SHAVING EPID, LESION 0.6 TO ICM	$ 22.00	$ 20.00
11301	SA		SHAVING EPID, LESION 0.6 TO ICM	NA	$ 19.00
11302			SHAVING EPID, LESION 1.1 TO 2CM	$ 27.00	$ 24.00
11302	SA		SHAVING EPID, LESION 1.1 TO 2CM	NA	$ 22.80
11303			SHAVING EPID, LESION 2.1 TO 3CM	$ 32.00	$ 27.00
11305			SHAVING EPID, LESION TO 0.5 CM	$ 18.00	$ 16.00
11305	SA		SHAVING EPID, LESION TO 0.5 CM	NA	$ 15.20
11306			SHAVING EPID, LESION 0.6 TO 1CM	$ 22.00	$ 20.00
11307			SHAVING EPID, LESION 1.1 TO 2 CM	$ 27.00	$ 24.00
11308			SHAVING EPID, LESION 2.1 TO 3 CM	$ 32.00	$ 27.00
11310			SHAVUNG EPID, LESION TO 0.5CM ORLESS	$ 18.00	$ 16.00
11310	SA		SHAVUNG EPID, LESION TO 0.5CM ORLESS	NA	$ 15.20
11311			SHAVING EPID, LESION 0.6 TO 1CM	$ 22.00	$ 20.00
11311	SA		SHAVING EPID, LESION 0.6 TO 1CM	NA	$ 19.00
11312			SHAVING_EPID,_LESION_1.1_TO_2CM	$ 27.00	$ 24.00
11312			SHAVING EPID, LESION 1.1 TO 2CM	$ 27.00	$ 24.00
11313			SHAVE_SKIN_LESION_>2.0_CM	$ 32.00	$ 27.00
11313			SHAVING EPID, LESION 2.1 TO 3CM	$ 32.00	$ 27.00
11400	SA		EXCISE BENIGN LESION TO 0.5 CM	NA	$ 15.20
11400			EXCISE BENIGN LESION TO 0.5 CM	$ 18.00	$ 16.00
11401			EXCISE BENIGN LESION 0.6 TO 1CM	$ 18.00	$ 16.00
11401	SA		EXCISE BENIGN LESION 0.6 TO 1CM	NA	$ 19.00
11401			EXCISE BENIGN LESION 0.6 TO 1CM	$ 22.00	$ 20.00
11402			EXCISE BENIGN LESION 1.1 TO 2CM	$ 27.00	$ 24.00
11403			EXCISE BENIGN LESION 2.1 TO 3CM	$ 32.00	$ 27.00
11404			EXCISE BENIGN LESION 3.1 TO 4CM	$ 32.00	$ 27.00
11406			EXCISE BENIGN LESION OVER 4 CM	$ 32.00	$ 27.00
11420			EXCISE BENIGN LESION TO 0.5 CM	$ 18.00	$ 16.00
11421			EXCISE BENIGN LESION 0.6 TO 1 CM	$ 22.00	$ 20.00
11422			EXCISE BENIGN LESION 1.1 TO 2 CM	$ 27.00	$ 24.00
11422	SA		EXCISE BENIGN LESION 1.1 TO 2 CM	NA	$ 22.80
11423			EXCISE BENIGN LESION 2.1 TO 3CM	$ 32.00	$ 27.00
11424			EXCISE BENIGN LESION 3.1 TO 4CM	$ 32.00	$ 27.00
11426			EXCISE BENIGN LESION OVER 4.0 CM	$ 32.00	$ 27.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
11440			EXCISE BENIGN LESION TO 0.5 CM	$ 18.00	$ 16.00
11441			EXCISE BENIGN LESION 0.6 TO 1CM	$ 22.00	$ 20.00
11442			EXCISE BENIGN LESION 1.1 TO 2CM	$ 27.00	$ 24.00
11443			EXCISE BENIGN LESION 2.1 TO 3CM	$ 32.00	$ 27.00
11443	SA		EXCISE BENIGN LESION 2.1 TO 3CM	NA	$ 25.65
11444			EXCISE BENIGN LESION 3.1 TO 4CM	$ 32.00	$ 27.00
11446			EXCISE BENIGN LESION OVER 4.0 CM	$ 32.00	$ 27.00
11450			EXCISE/HIDRADENITIS/PRIMARY SUTURE	$ 91.00	$ 78.00
11451			EXCISE/HIDRADENTIS/W/OTHER CLOSURE	$ 136.00	$ 115.00
11462			EXCISE/HIDRADEBTIS/PRIMARY SUTURE	$ 91.00	$ 78.00
11463			EXCISE/HIDRADENITIS/OTHER CLOSURE	$ 136.00	$ 115.00
11470			EXCISE/HIDRADENTIS/PRIMARY CLOSURE	$ 91.00	$ 78.00
11471			EXCISE/HIDRADENITIS/OTHER CLOSURE	$ 136.00	$ 115.00
11600			EXCISE MALIGNANT LESION TO 0.5 CM	$ 37.00	$ 32.00
11600	SA		EXCISE MALIGNANT LESION TO 0.5 CM	NA	$ 30.40
11601			EXCISE MALIGNANCY 0.6 TO 1CM	$ 47.00	$ 42.00
11602			EXCISE MALIGNANCY 1.1 TO 2CM	$ 61.00	$ 53.00
11602	SA		EXCISE MALIGNANCY 1.1 TO 2CM	NA	$ 50.35
11603			EXCISE MALIGNANCY 2.1 TO 3CM	$ 70.00	$ 61.00
11604			EXCISE MALIGNANCY 3.1 TO 4CM	$ 80.00	$ 70.00
11606			EXCISE MALIGNANT LESION OVER 4.0 CM	$ 92.00	$ 80.00
11620			EXCISE MALIGNANT LESION T .5 CM	$ 61.00	$ 53.00
11621			EXCISE MALIGNANCY 0.6 TO 1CM	$ 90.00	$ 79.00
11622			EXCISE MALIGNANCY 1.1 TO 2CM	$ 121.00	$ 105.00
11623			EXCISE MALIGNANCY 2.1 TO 3CM	$ 140.00	$ 121.00
11624			EXCISE MALIGNANCY 3.1 TO 4CM	$ 162.00	$ 139.00
11626			EXCISE MALIGNANCY OVER 4.0 CM	$ 186.00	$ 160.00
11640			EXCISE MALIGNANT LESION TO .5 CM	$ 90.00	$ 79.00
11641			EXCISE MALIGNANCY 0.6 TO 1CM	$ 121.00	$ 105.00
11642			EXCISE MALIGNANCY 1.1 TO 2CM	$ 150.00	$ 131.00
11643			EXCISE MALIGNANCY 2.1 TO 3CM	$ 175.00	$ 152.00
11644			EXCISE MALIGNANCY 3.1 TO 4CM	$ 201.00	$ 175.00
11646			EXCISE MALIGNANCY OVER 4.0 CM	$ 228.00	$ 198.00
11719			TRIMMING NONDYSTROPHIC NAILS	$ 5.00	$ 5.00
11719	SA		TRIMMING NONDYSTROPHIC NAILS	NA	$ 4.75
11720			DEBRIDEMENT OF NAILS ANY METHOD 1-5	$ 13.00	$ 11.00
11721			DEBRIDEMENT OF NAILS ANY METH 6 OR <	$ 21.00	$ 18.00
11730			SIMPLE REMOVAL OF NAIL PLATE	$ 10.00	$ 10.00
11732			EACH ADDITIONAL NAIL PLATE	$ 3.00	$ 3.00
11740			EVACUATE HEMATOMA UNDER NAIL	$ 16.00	$ 14.00
11750			EXCISION NAIL & NAIL MATRIX	$ 42.00	$ 37.00
11752			EXCISE NAIL/MATRIX-AMPUTATE TUFT	$ 59.00	$ 50.00
11755			BIOPSY OF NAIL UNITS,ANY METHOD	$ 25.00	$ 20.00
11760			SIMPLE RECONSTRUCTION NAIL BED	$ 42.00	$ 37.00
11762			RECONSTRUCT NAIL BED WITH GRAFT	$ 69.00	$ 59.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
11765			EWEDGE EXCISION OF SKIN OF NAIL	$ 21.00	$ 18.00
11770			SIMPLE EXCISION PILONIDAL CYST	$ 151.00	$ 131.00
11771			EXCISE PILONIDAL CYST; EXTENSIVE	$ 151.00	$ 131.00
11772			PILONIDAL CYST; COMPLICATED	$ 151.00	$ 131.00
11900			INTRALESIONAL INJECTION; UP TO 7	$ 16.00	$ 14.00
11900	SA		INTRALESIONAL INJECTION; UP TO 7	NA	$ 13.30
11901			INTRALESIONAL INJECTION; OVER 7	$ 16.00	$ 14.00
11960			INSERTION OF TISSUE EXPANDER	$ 250.00	$ 213.00
11970			REPLACE EXPANDER-PERM. PROSTHESIS	$ 250.00	$ 213.00
11971			REMOVE TISS EXP-NO PROSTHETIC INSERT	$ 250.00	$ 213.00
11976			REMOVE WO REINSERT,IMPL.CONTRA.CAPSU	$ 100.00	$ 85.00
11976	SA		REMOVE WO REINSERT,IMPL.CONTRA.CAPSU	NA	$ 80.70
11976	FP		REMOVE WO REINSERT.IMPL.CONTRA.CAPSU	$ 190.00	$ 190.00
11980	26		SUBCUTANEOUS_HORMONE_PELLET_IMPLANT	$ 42.06	$ 35.76
11980			SUBCUTANEOUS_HORMONE_PELLET_IMPLANT	$ 55.46	$ 47.14
11981			INSERTION, NON-BIODEGRAD DRUG DEL LM	$ 100.00	$ 85.00
11981	FP		INSERTION, NON-BIODEGRAD DRUG DEL LM	$ 100.00	$ 100.00
11982			REMOVAL NON-BIODEGRAD DRUG DELIV IMP	$ 100.00	$ 85.00
11982	FP		REMOVAL NON-BIODEGRAD DRUG DELIV IMP	$ 100.00	$ 100.00
11983			REM W/INSERT NON-BIOGRAD DRUG DEL IM	$ 180.00	$ 153.00
11983	FP		REM W/INSERT NON-BIOGRAD DRUG DEL IM	$ 180.00	$ 180.00
12001			SIMPLE WOUND REPAIR TO 2.5 CM	$ 18.00	$ 16.00
12001	SA		SIMPLE WOUND REPAIR TO 2.5 CM	NA	$ 15.20
12002			SIMPLE WOUND REPAIR 2.6 TO 7.5CM	$ 24.00	$ 21.00
12002	SA		SIMPLE WOUND REPAIR 2.6 TO 7.5CM	NA	$ 20.00
12004			SIMPLE WOUND REPAIR 7.6 TO 12.5CM	$ 30.00	$ 26.00
12005			SIMPLE WOUND REPAIR 12.6 TO 20CM	$ 46.00	$ 39.00
12006			SIMPLE WOUND REPAIR 20.1 TO 30CM	$ 57.00	$ 48.00
12007			SIMPLE WOUND REPAIR OVER 30 CM	$ 82.50	$ 70.00
12011			SIMPLE WOUND REPAIR TO 2.5 CM	$ 18.00	$ 16.00
12013			SIMPLE WOUND REPAIR 2.6 TO 5CM	$ 24.00	$ 21.00
12014			SIMPLE WOUND REPAIR 5.1 TO 7.5CM	$ 30.00	$ 26.00
12015			SIMPLE WOUND REPAIR 7.6 TO 12.5CM	$ 46.75	$ 40.00
12016			SIMPLE WOUND REPAIR 12.6 TO 20CM	$ 82.50	$ 70.00
12017			SIMPLE WOUND REPAIR 20.1 TO 30CM	$ 99.00	$ 84.00
12018			SIMPLE WOUND REPAIR OVER 30 CM	$ 143.00	$ 122.00
12020			TREAT SUPER.DEHISCIENCE;SIMPLE CLOSE	$ 57.00	$ 48.00
12021			TREAT SUPER.DEHISCIENCE;W/PACKING	$ 57.00	$ 48.00
12031			LAYER CLOSURE WOUND TO 2.5 CM	$ 30.00	$ 26.00
12031	SA		LAYER CLOSURE WOUND TO 2.5 CM	NA	$ 24.70
12032			LAYER CLOSURE 2.6 TO 7.5CM	$ 48.00	$ 42.00
12032	SA		LAYER CLOSURE 2.6 TO 7.5CM	NA	$ 39.90
12034			LAYER CLOSURE 7.6-12.5CM	$ 57.00	$ 48.00
12035			LAYER CLOSURE 12.6 TO 20CM	$ 66.00	$ 56.00
12036			LAYER CLOSURE 20.1 TO 30CM	$ 99.00	$ 84.00

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DME/P&O				***PURCHASE***	***RENTAL***
12037			LAYER CLOSURE WOUND/ OVER 30.0 CM	$ 175.00	$ 149.00
12041			LAYER CLOSURE WOUND TO 2.5 CM	$ 30.00	$ 26.00
12042			LAYER CLOSURE 2.6 TO 7.5CM	$ 67.00	$ 59.00
12044			LAYER CLOSURE 7.6 TO 12.5CM	$ 82.50	$ 70.00
12045			LAYER CLOSURE 12.6 TO 20CM	$ 99.00	$ 84.00
12046			LAYER CLOSURE 20.1 TO 30CM	$ 110.00	$ 94.00
12047			LAYER CLOSURE WOUND OVER 30.0 CM	$ 143.00	$ 120.00
12051			LAYER CLOSURE WOUND TO 2.5 CM	$ 38.00	$ 33.00
12052			LAYER CLOSURE 2.6 TO 5CM	$ 67.00	$ 59.00
12053			LAYER CLOSURE 5.1 TO 7.5CM	$ 110.00	$ 94.00
12054			LAYER CLOSURE 7.6 TO 12.5CM	$ 121.00	$ 103.00
12055			LAYER CLOSURE 12.6 TO 20CM	$ 143.00	$ 122.00
12056			LAYER CLOSURE 20.1 TO 30CM	$ 171.00	$ 145.00
12057			LAYER CLOSURE WOUND OVER 30.0 CM	$ 200.00	$ 170.00
13100			COMPLEX REPAIR 1.1 TO 2.5CM	$ 34.00	$ 29.00
13101			COMPLEX REPAIR 2.6 TO 7.5CM	$ 68.00	$ 63.00
13102			REPAIR COMPLEX TRUNK EACH ADD 5 CM	$ 34.00	$ 29.00
13120			COMPLEX REPAIR 1.1 TO 2.5CM	$ 48.00	$ 42.00
13121			COMPLEX REPAIR 2.6 TO 7.5CM	$ 106.00	$ 92.00
13122			REP COMPLEX SCALP/ARM/LEG EA ADD 5CM	$ 40.00	$ 34.00
13131			COMPLEX REPAIR 1.1 TO 2.5CM	$ 67.00	$ 59.00
13132			COMPLEX REPAIR 2.6 TO 7.5CM	$ 145.00	$ 126.00
13133			REP COMP FOREHEAD/CHIN/CHEEK/MOUTH	$ 50.00	$ 43.00
13151			COMPLEX REPAIR 1.1 TO 2.5CM	$ 82.00	$ 71.00
13152			COMPLEX REPAIR 2.6 TO 7.5CM	$ 193.00	$ 168.00
13153			REP COMP EYELID/NOSE/EAR/LIP EA 5 CM	$ 50.00	$ 43.00
13160			EXT/COMP SECONDARY CLOSE/DEHISCIENCE	$ 121.00	$ 103.00
14000			TISSUE TRANSFER; DEFECT TO 10 CM.	$ 97.00	$ 84.00
14001			TISSUE TRANSFER- 10.1 TO 30 SQ CM	$ 145.00	$ 126.00
14020			TISSUE TRANSFER- TO 10 SQ CM	$ 145.00	$ 126.00
14021			TISSUE TRANSFER- 10.1 TO 30 SQ CM	$ 193.00	$ 168.00
14040			TISSUE TRANSFER- TO 10 SQ CM	$ 193.00	$ 168.00
14041			TISSUE TRANSFER- 10.1 TO 30 SQ CM	$ 242.00	$ 210.00
14060			TISSUE TRANSFER- TO 10 SQ CM	$ 242.00	$ 210.00
14061			TISSUE TRANSFER- 10.1 TO 30 SQ CM	$ 290.00	$ 252.00
14301	26		ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0	$ 484.76	$ 412.05
14301			ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0	$ 592.08	$ 503.26
14302			ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EACH ADDITIONAL 30.0 SQ	$ 119.90	$ 101.92
14350			FILLETED FINGER OR TOE FLAP	$ 193.00	$ 168.00
15002	26		WND PREP, CH/INF, TRK/ARM/LG	$ 123.99	$ 105.39
15002			WND PREP, CH/INF, TRK/ARM/LG	$ 191.05	$ 162.39
15003	26		WND PREP, CH/INF ADDL 100 CM	$ 25.06	$ 21.30
15003			WND PREP, CH/INF ADDL 100 CM	$ 41.77	$ 35.50
15004	26		WND PREP CH/INF, F/N/HF/G	$ 148.10	$ 125.89
15004			WND PREP CH/INF, F/N/HF/G	$ 221.00	$ 187.85

MEDICAID FEE FOR SERVICES: UPDATE NOVEMBER 1, 2015

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CPT/ HCPCS/ CDT	***MOD 1***	***MOD 2***	***SHORT - DESCRIPTION***	***MAXIMUM FEE ALLOWANCE***	***MAXIMUM FEE ALLOWANCE***
PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
15005	26		WND PREP, F/N/HF/G, ADDL CM	$ 49.33	$ 41.93
15005			WND PREP, F/N/HF/G, ADDL CM	$ 67.86	$ 57.68
15040	26		HARVEST OF SKIN FOR TISSUE CULTURED	$ 69.70	$ 59.25
15040			HARVEST OF SKIN FOR TISSUE CULTURED	$ 141.19	$ 120.01
15050			PINCH GRAFT; DEFECT UP TO 2 CM.	$ 30.00	$ 26.00
15100			SPLIT GRAFT; UP TO 100 SQ. CM.	$ 121.00	$ 105.00
15101			SPLIT GRFT,@ ADD 100 SQ CM/1% CHILD	$ 61.00	$ 53.00
15110	26		EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LE	$ 387.85	$ 329.67
15110			EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LE	$ 446.45	$ 379.48
15111	26		EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LE	$ 56.64	$ 48.14
15111			EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LE	$ 63.09	$ 53.62
15115	26		EPIDERMAL AUTOGRAFT, FACE, SCALP, EY	$ 393.44	$ 334.42
15115			EPIDERMAL AUTOGRAFT, FACE, SCALP, EY	$ 452.25	$ 384.41
15116	26		EPIDERMAL AUTOGRAFT, FACE, SCALP, EY	$ 83.27	$ 70.78
15116			EPIDERMAL AUTOGRAFT, FACE, SCALP, EY	$ 91.73	$ 77.97
15120			SPLIT GRAFT; UP TO 100 SQ. CM.	$ 182.00	$ 158.00
15121			SPLIT GRFT,@ ADD 100 SQ CM/1% CHILD	$ 61.00	$ 53.00
15130	26		DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS;	$ 313.72	$ 266.66
15130			DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS;	$ 374.14	$ 318.01
15131	26		DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS;	$ 45.03	$ 38.28
15131			DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS;	$ 49.46	$ 42.04
15135	26		DERMAL AUTOGRAFT, FACE, SCALP, EYELI	$ 403.26	$ 342.77
15135			DERMAL AUTOGRAFT, FACE, SCALP, EYELI	$ 461.46	$ 392.24
15136	26		DERMAL AUTOGRAFT, FACE, SCALP, EYELI	$ 47.92	$ 40.73
15136			DERMAL AUTOGRAFT, FACE, SCALP, EYELI	$ 51.54	$ 43.81
15150	26		TISSUE CULTURED EPIDERMAL AUTOGRAFT,	$ 347.35	$ 295.24
15150			TISSUE CULTURED EPIDERMAL AUTOGRAFT,	$ 380.98	$ 323.83
15151	26		TISSUE CULTURED EPIDERMAL AUTOGRAFT,	$ 60.37	$ 51.31
15151			TISSUE CULTURED EPIDERMAL AUTOGRAFT,	$ 65.60	$ 55.76
15152	26		TISSUE CULTURED EPIDERMAL AUTOGRAFT,	$ 75.12	$ 63.85
15152			TISSUE CULTURED EPIDERMAL AUTOGRAFT,	$ 80.35	$ 68.30
15155			CULT_EPIDERM_GRAFT,_F/N/HF/G_	$ 377.72	$ 321.06
15155	26		TISSUE CULTURED EPIDERMAL AUTOGRAFT,	$ 347.71	$ 295.55
15156	26		CULT_EPIDERM_GRFT_F/N/HFG_ADD	$ 82.89	$ 70.46
15156			CULT_EPIDRM_GRFT_F/N/HFG_ADD	$ 87.93	$ 74.74
15157	26		CULT_EPIDERM_GRFT_F/N/HFG_ADDL	$ 78.27	$ 66.53
15157			CULT_EPIDERM_GRFT_F/N/HFG_ADDL	$ 84.51	$ 71.83
15200			FULL THICK GRAFT TO 20 SQ CM	$ 90.00	$ 79.00
15201			FULL THICK GRAFT EACH ADD 20 SQ CM	$ 45.00	$ 39.00
15220			FULL THICK GRAFT TO 20 SQ CM	$ 151.00	$ 131.00
15221			FULL THICK GRAFT EACH ADD 20 SQ CM	$ 76.00	$ 65.00
15240			FULL THICK GRAFT TO 20 SQ CM	$ 151.00	$ 131.00
15241			FULL THICK GRAFT EACH ADD 20 SQ CM	$ 76.00	$ 65.00
15260			FULL THICK GRAFT TO 20 SQ CM	$ 206.00	$ 179.00
15261			FULL THICK GRAFT EACH ADD 20 SQ CM	$ 103.00	$ 90.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
15271	26		AREA UP TO 100 SQ CM; FIRST 25 SQ CM OR LESS WOUND SURFACE AREA	$ 46.12	$ 39.20
15271			AREA UP TO 100 SQ CM; FIRST 25 SQ CM OR LESS WOUND SURFACE AREA	$ 77.34	$ 65.73
15272			APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE	$ 14.89	$ 12.65
15272	26		AREA UP TO 100 SQ CM; EACH ADDITIONAL 25 SQ CM WOUND SURFACE AREA, OR PART	$ 9.45	$ 8.03
15273			APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE	$ 163.13	$ 138.66
15273	26		AREA GREATER THAN OR EQUAL TO 100 SQ CM; FIRST 100 SQ CM WOUND SURFACE AREA, OR	$ 110.16	$ 93.64
15274			APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE	$ 39.15	$ 33.27
15274	26		AREA GREATER THAN OR EQUAL TO 100 SQ CM; EACH ADDITIONAL 100 SQ CM WOUND	$ 25.05	$ 21.29
15275	26		APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK,	$ 52.19	$ 44.36
15275			EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS, TOTAL WOUND	$ 81.99	$ 69.69
15276	26		APPLICATION OF SKIN SUBSTITUTE GRAFT	$ 13.37	$ 11.36
15276			APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK,	$ 18.61	$ 15.82
15277	26		APPLICATION OF SKIN SUBSTITUTE GRAFT	$ 122.74	$ 104.33
15277			APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK,	$ 177.12	$ 150.55
15278	26		APPLICATION OF SKIN SUBSTITUTE GRAFT	$ 31.52	$ 26.79
15278			APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK,	$ 47.02	$ 39.97
15570			FORM DIRECT/TUBE PEDICLE,....TRUNK	$ 217.00	$ 185.00
15572			SKIN GRAFT, SCALP/ARMS/LEGS	$ 217.00	$ 185.00
15574			FORM DIRECT/TUBE PEDICLE..FOREHEAD,T	$ 217.00	$ 185.00
15576			FORM DIRECT/TUBE PEDICLE..EYELID,NOS	$ 217.00	$ 185.00
15600			INTERM DELAY FLAP TRUNK	$ 61.00	$ 53.00
15610			INTERM DELAY FLAP SCALP/LIMBS	$ 89.00	$ 77.00
15620			INTERM DELAY FLAP CHIN/NECK/FEET	$ 121.00	$ 105.00
15630			INTER DELAY FLAP EYELIDS/LIP/EAR	$ 150.00	$ 129.00
15650			TRANS INTERM ANY PEDICLE FLAP	$ 81.00	$ 68.00
15731	26		FOREHEAD FLAP W/VASC PEDICLE	$ 554.92	$ 471.68
15731			FOREHEAD FLAP W/VASC PEDICLE	$ 619.16	$ 526.29
15732			MUSCLE,MYO/FASCIO CUT FLAP;LEVATOR	$ 499.00	$ 424.00
15734			MUSCLE,MYO/FASCIO CUTAN FLAP;TRUNK	$ 452.00	$ 384.00
15736			MUSCLE,MYO/FASCIO CUT FLAP;UPPER EXT	$ 452.00	$ 384.00
15738			MUSCLE,MYO/FASCIO CUT FLAP;LOWER EXT	$ 452.00	$ 384.00
15740			ISLAND PEDICLE FLAP GRAFT	$ 452.00	$ 384.00
15750			NEUROVASCULAR PEDICLE GRAFT	$ 452.00	$ 384.00
15756			FREE FLAP W/WO GRAFT MICROVASC ANAST	$ 612.00	$ 520.00
15757			FREE SKIN FLAP W/MICROVASC ANASTAMOS	$ 612.00	$ 520.00
15758			FREE FASCIAL FLAP W/MICROVASC ANAST	$ 612.00	$ 520.00
15760			COMPOSITE SKIN GRAFT	$ 113.00	$ 99.00
15770			DERMA-FAT-FASCIA GRAFT	$ 203.00	$ 177.00
15777			IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE	$ 116.11	$ 98.69
15777	50		REINFORCEMENT (EG, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR	$ 232.22	$ 197.39
15780			SKIN ABRASION TOTAL FACE	$ 135.00	$ 119.00
15781			ABRASION OF SKIN FOR REMOVAL OF SCAR	$ 30.00	$ 26.00
15782			ABRASION OF SKIN FOR REMOVAL OF SCAR	$ 30.00	$ 26.00
15783			DERMABRASION SUPERFICIAL ANY SITE (E	$ 30.00	$ 26.00
15786			ABRASION SINGLE LESION	$ 16.00	$ 14.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
15787			ABRASION EA ADD 4 LESION OR LESS	$ 11.00	$ 9.00
15788			CHEMICAL PEEL, FACIAL; EPIDERMAL	$ 135.00	$ 119.00
15789			CHEMICAL PEEL, DERMAL, FACIAL	$ 135.00	$ 119.00
15792			CHEMICAL PEEL, NONFACIAL, EPIDERMAL	$ 30.00	$ 26.00
15793			CHEMICAL PEEL, NONFACIAL; DERMAL	$ 30.00	$ 26.00
15819			CERVICOPLASTY	$ 225.00	$ 191.00
15820			BLEPHAROPLASTY,LOWER EYELIDS	$ 271.00	$ 236.00
15821			BLEPHAROPLASTY HERNIATED FAT PAD	$ 271.00	$ 236.00
15822			BLEPHAROPLASTY HERNIATED FAT PAD	$ 181.00	$ 158.00
15823			BLEPHAROPLASTY,UPPER;EXCESSIVE SKIN	$ 181.00	$ 158.00
15830			EXCISION EXCESSIVE SKIN; ABDOMEN	$ 643.34	$ 546.84
15840			GRAFT FACIAL NERVE PARALYSIS	$ 452.00	$ 394.00
15841			FACIAL NERVE PALSY MUSCLE GRAFT	$ 452.00	$ 394.00
15842			MICROSUR MUSCLE GRAFT FACE PALSY	$ 452.00	$ 394.00
15845			REANIMATION MUSCLE TRANS FACE	$ 542.00	$ 473.00
15847			EXC SKIN ABD ADD-ON	$ 210.33	$ 178.78
15850			REMOVE SUTURES UNDER ANESTHESIS....	$ 35.00	$ 35.00
15851			REMOVAL OF SUTURES UNDER ANESTHESIA	$ 35.00	$ 35.00
15852			DRESSING CHANGE NOT BURNS UNDER ANES	$ 35.00	$ 35.00
15920			COCCYGECTOMY PRIMARY SUTURE	$ 182.00	$ 158.00
15922			COCCYGECTOMY FLAP CLOSURE	$ 242.00	$ 211.00
15931			EXCISE SACRAL PRESSURE ULCER	$ 123.00	$ 107.00
15933			REMOVAL OF PRESSURE SORE	$ 151.00	$ 132.00
15934			EXCISE,WITH SKIN FLAP CLOSURE	$ 242.00	$ 211.00
15935			EXC SAC ULCER/FLAP/OSTECTOMY	$ 272.00	$ 237.00
15936			EXCISE ULCER W/ OTHER FLAP CLO	$ 302.00	$ 263.00
15937			EXC SAC ULCER/FLAP/OSTECTOMY	$ 333.00	$ 290.00
15940			EXC ISCHIAL ULCER DIRECT SUTURE	$ 123.00	$ 107.00
15941			EXC ISCHIAL ULCER OSTECTOMY	$ 151.00	$ 132.00
15944			EXC ISCHIAL ULC/SKIN FLAP CLOS	$ 242.00	$ 211.00
15945			EXC ISCHAL ULC/OSTECTOMY/FLAP	$ 272.00	$ 237.00
15946			EXC ISCHIAL ULC/OSTECTOMY/FLAP	$ 454.00	$ 395.00
15950			EXC TROCHANTERIC ULCER DIR SUTUR	$ 123.00	$ 107.00
15951			EXC TROCHAN ULCER OSTECTOMY	$ 151.00	$ 132.00
15952			EXC TROCHAN ULCER SKIN FLAP CLOS	$ 242.00	$ 211.00
15953			EXC TROCH ULC SKIN FL CLO/OSTECT	$ 272.00	$ 237.00
15956			EXC TROCH/ULC FLAP CLOSURE	$ 454.00	$ 395.00
15958			TROCH ULC/EXC-FLAP-OSTECTOMY	$ 484.00	$ 421.00
15999			UNLISTED PROCEDURE,EXCISE PRESSURE U	BR	BR
16000			INIT TREAT 1ST DEGREE BURN	$ 16.00	$ 14.00
16000	SA		INIT TREAT 1ST DEGREE BURN	NA	$ 13.30
16020			DRESS/DEBRID BURN SMALL NO ANES *	$ 16.00	$ 14.00
16020	SA		DRESS/DEBRID BURN SMALL NO ANES *	NA	$ 13.30
16025			DRESS/DEBRID BURM MED NO ANESTH *	$ 24.00	$ 20.00
16030			DRESS/DEBRID BURN LG NO ANESTH	$ 32.00	$ 27.00

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PRACTITIONER				SPECIALIST	NON-SPECIALIST
DME/P&O				PURCHASE	RENTAL
16035			ESCHAROTOMY B	$ 16.00	$ 14.00
16036			ESCHAROTOMY; EACH ADDIT INCISION	$ 40.00	$ 34.00
17000			DESTROY BENIGN/PREMALIG LESION SINGL	$ 16.00	$ 14.00
17000	SA		DESTROY BENIGN/PREMALIG LESION SINGL	NA	$ 13.30
17003			DESTROY 2-14 BENIGN/PREMALIG LESIONS	$ 5.00	$ 4.00
17003	SA		DESTROY 2-14 BENIGN/PREMALIG LESIONS	NA	$ 3.80
17004			DESTROY 15 OR MORE BENIGN/PREMAL LES	$ 52.00	$ 46.00
17106			DESTR CUTAN VASC PROL LESI LIO SQ CM	$ 111.75	$ 95.00
17107			DESTR CUTAN VASC PROL LESI 10-50SQCM	$ 212.80	$ 180.90
17108			DESTR CUTAN VASC PROL LESI >50 SQ CM	$ 322.85	$ 274.40
17110			DESTROY-ANY METHOD-UP TO 15 LESIONS	$ 16.00	$ 14.00
17110	SA		DESTROY-ANY METHOD-UP TO 15 LESIONS	NA	$ 13.30
17111			DESTROY FLAT WARTS 15 OR MORE LESION	$ 23.00	$ 20.00
17111	SA		DESTROY FLAT WARTS 15 OR MORE LESION	NA	$ 19.00
17250			CHEMICAL CAUTERY OF WOUND *	$ 16.00	$ 14.00
17260			DESTR,MALIG LESION..0.5 CM.OR LESS	$ 26.26	$ 22.50
17261			DESTRUCT,MALIG LESION...0.6-1.0 CM	$ 33.60	$ 28.55
17261	SA		DESTRUCT,MALIG LESION...0.6-1.0 CM	NA	$ 27.12
17262			DESTRUCT,MALIG LESION..1.1-2.0 CM.	$ 46.50	$ 39.52
17262	SA		DESTRUCT,MALIG LESION..1.1-2.0 CM.	NA	$ 37.54
17263			DESTRUCT,MALIG LESION 2.1-3.0 CM	$ 52.86	$ 47.78
17264			DESTRUCT MALIG LESION 3.1-4.0 CM	$ 57.60	$ 48.94
17266			DESTR MALIG LESION DIAMETER >4.0 CM	$ 69.64	$ 59.20
17270			DESTR MALIG LESION,DIA 0.5CM OR LESS	$ 29.20	$ 24.81
17271			DESTR MALIG LESION 0.6-1.0 CM	$ 43.74	$ 37.20
17271	SA		DESTR MALIG LESION 0.6-1.0 CM	NA	$ 35.34
17272			DESTR MALIG LESION 1.1-2.0 CM	$ 52.20	$ 44.36
17272	SA		DESTR MALIG LESION 1.1-2.0 CM	NA	$ 42.14
17273			DESTR MALIG LESION 2.1-3.0 CM	$ 61.48	$ 52.26
17273	SA		DESTR MALIG LESION 2.1-3.0 CM	NA	$ 49.65
17274			DESTR MALIG LESION 3.1-4.0 CM	$ 76.81	$ 65.30
17276			DESTR MALIG LESION OVER 4.0 CM	$ 94.27	$ 80.15
17280			DESTR MALIG LESION 0.5 CM OR LESS	$ 33.60	$ 28.55
17280	SA		DESTR MALIG LESION 0.5 CM OR LESS	NA	$ 27.12
17281			DESTR MALIG LESION 0.6-1.0 CM	$ 50.55	$ 42.97
17281	SA		DESTR MALIG LESION 0.6-1.0 CM	NA	$ 40.82
17282			DESTR MALIG LESION 1.1-2.0 CM	$ 60.34	$ 51.28
17283			DESTR,MALIG LESION 2.1-3.0 CM	$ 78.44	$ 66.67
17284			DESTR MALIG LESION 3.1-4.0 CM	$ 102.42	$ 87.06
17286			DESTR MALIG LESION OVER 4.0 CM	$ 133.07	$ 113.11
17311	26		MOHS, 1 STAGE, H/N/HF/G	$ 205.69	$ 174.83
17311			MOHS, 1 STAGE, H/N/HF/G	$ 363.37	$ 308.86
17312	26		MOHS ADDL STAGE	$ 109.61	$ 93.17
17312			MOHS ADDL STAGE	$ 214.33	$ 182.18
17313	26		MOHS, 1 STAGE, T/A/L	$ 184.53	$ 156.85

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
17313			MOHS, 1 STAGE, T/A/L	$ 340.40	$ 289.34
17314	26		MOHS, ADDL STAGE, T/A/L	$ 101.60	$ 86.36
17314			MOHS, ADDL STAGE, T/A/L	$ 205.92	$ 175.03
17315	26		MOHS SURG, ADDL BLOCK	$ 28.78	$ 24.46
17315			MOHS SURG, ADDL BLOCK	$ 43.69	$ 37.13
17340			CRYOTHERAPY OF SKIN	$ 18.00	$ 15.00
17360			CHEMICAL EXFOLIATION FOR ACNE	$ 16.00	$ 14.00
17380			ELECTROLYSIS EPILATION EA 1/2 HR	$ 8.00	$ 6.00
17999			UNLISTED PROCEDURE,SKIN,MUCOUS MEMBR	BR	BR
19000			PUNCTURE ASPIRATION BREAST CYSTS *	$ 13.00	$ 11.00
19001			PUNCTURE ASP BREAST CYST EA ADD	$ 8.00	$ 7.00
19020			MASTOTOMY/DRAIN ABSCESS DEEP	$ 61.00	$ 53.00
19030			INJEC FOR MAMM DUCTOG OR GALACTOGRAM	$ 16.00	$ 14.00
19081	26		BIOPSY OF BREAST ACCESSED THROUGHT THE SKIN WITH STEREOTACTIC GUIDANCE	$ 91.96	$ 78.17
19081			BIOPSY OF BREAST ACCESSED THROUGHT THE SKIN WITH STEREOTACTIC GUIDANCE	$ 374.50	$ 318.33
19082	26		BIOPSY OF BREAST ACCESSED THROUGHT THE SKIN WITH STEREOTACTIC GUIDANCE	$ 44.51	$ 37.83
19082			BIOPSY OF BREAST ACCESSED THROUGHT THE SKIN WITH STEREOTACTIC GUIDANCE	$ 307.32	$ 261.22
19083	26		BIOPSY OF BREAST ACCESSED THROUGHT THE SKIN WITH ULTRASOUND GUIDANCE	$ 90.58	$ 76.99
19083			BIOPSY OF BREAST ACCESSED THROUGHT THE SKIN WITH ULTRASOUND GUIDANCE	$ 365.87	$ 310.99
19084	26		BIOPSY OF BREAST ACCESSED THROUGHT THE SKIN WITH ULTRASOUND GUIDANCE	$ 42.07	$ 35.76
19084			BIOPSY OF BREAST ACCESSED THROUGHT THE SKIN WITH ULTRASOUND GUIDANCE	$ 296.22	$ 251.78
19085	26		BIOPSY OF BREAST ACCESSED THROUGHT THE SKIN WITH MRI GUIDANCE	$ 119.34	$ 101.44
19085			BIOPSY OF BREAST ACCESSED THROUGHT THE SKIN WITH MRI GUIDANCE	$ 589.17	$ 500.79
19086	26		BIOPSY OF BREAST ACCESSED THROUGHT THE SKIN WITH MRI GUIDANCE	$ 51.38	$ 43.67
19086			BIOPSY OF BREAST ACCESSED THROUGHT THE SKIN WITH MRI GUIDANCE	$ 465.02	$ 395.27
19100			BREAST BIOPSY NEEDLE	$ 21.00	$ 18.00
19101			BREAST BIOPSY INCISIONAL	$ 61.00	$ 52.00
19105	26		CRYOSURG ABLATE FA, EACH	$ 111.30	$ 94.61
19105			CRYOSURG ABLATE FA, EACH	$ 1,399.95	$ 1,189.95
19110			NIPPLE EXP. W/ORW/OUT EXCISION	$ 57.00	$ 49.00
19112			EXCISION OF LACTIFEROUS DUCT FISTULA	$ 69.00	$ 59.00
19120			EXCISE ONE/MORE BREAST LESIONS	$ 103.00	$ 89.00
19120	50		EXCISE ONE/MORE BREAST LESIONS	$ 155.00	$ 132.00
19125			EXCISION OF BREAST LESION, ONE LESN.	$ 144.00	$ 122.00
19126			EXN OF BREAST LESION, EACH ADD. LESN	$ 72.00	$ 61.00
19260			EXCISE CHEST WALL TUMOR/RIBS	$ 332.00	$ 289.00
19271			EXC CH TUMOR/RIBS PLAST RECONST	$ 473.00	$ 413.00
19272			EXC CH TUMOR/MEDIAST LYMPHADECT	$ 568.00	$ 482.00
19281	26		PLACEMENT OF BREAST LOCALIZATION DEVICES ACCESSED THROUGH THE SKIN WITH MAMMOGRAPHIC GUIDANCE	$ 55.51	$ 47.18
19281			PLACEMENT OF BREAST LOCALIZATION DEVICES ACCESSED THROUGH THE SKIN WITH MAMMOGRAPHIC GUIDANCE	$ 133.44	$ 113.42
19282	26		PLACEMENT OF BREAST LOCALIZATION DEVICES ACCESSED THROUGH THE SKIN WITH MAMMOGRAPHIC GUIDANCE	$ 30.09	$ 25.58
19282			PLACEMENT OF BREAST LOCALIZATION DEVICES ACCESSED THROUGH THE SKIN WITH MAMMOGRAPHIC GUIDANCE	$ 96.15	$ 81.72
19283	26		PLACEMENT OF BREAST LOCALIZATION DEVICES ACCESSED THROUGH THE SKIN WITH STEREOTACTIC GUIDANCE	$ 55.71	$ 47.35
19283			PLACEMENT OF BREAST LOCALIZATION DEVICES ACCESSED THROUGH THE SKIN WITH STEREOTACTIC GUIDANCE	$ 152.37	$ 129.51
19284	26		PLACEMENT OF BREAST LOCALIZATION DEVICES ACCESSED THROUGH THE SKIN WITH STEREOTACTIC GUIDANCE	$ 30.30	$ 25.75

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
19284			PLACEMENT OF BREAST LOCALIZATION DEVICES ACCESSED THROUGH THE SKIN WITH STEREOTACTIC GUIDANCE	$ 115.68	$ 98.33
19285	26		PLACEMENT OF BREAST LOCALIZATION DEVICES ACCESSED THROUGH THE SKIN WITH ULTRASOUND GUIDANCE	$ 47.40	$ 40.29
19285			PLACEMENT OF BREAST LOCALIZATION DEVICES ACCESSED THROUGH THE SKIN WITH ULTRASOUND GUIDANCE	$ 251.80	$ 214.03
19286	26		PLACEMENT OF BREAST LOCALIZATION DEVICES ACCESSED THROUGH THE SKIN WITH ULTRASOUND GUIDANCE	$ 26.34	$ 22.38
19286			PLACEMENT OF BREAST LOCALIZATION DEVICES ACCESSED THROUGH THE SKIN WITH ULTRASOUND GUIDANCE	$ 217.04	$ 184.48
19287	26		PLACEMENT OF BREAST LOCALIZATION DEVICES ACCESSED THROUGH THE SKIN WITH MRI GUIDANCE	$ 76.86	$ 65.33
19287			PLACEMENT OF BREAST LOCALIZATION DEVICES ACCESSED THROUGH THE SKIN WITH MRI GUIDANCE	$ 494.73	$ 420.52
19288	26		PLACEMENT OF BREAST LOCALIZATION DEVICES ACCESSED THROUGH THE SKIN WITH MRI GUIDANCE	$ 37.65	$ 32.00
19288			PLACEMENT OF BREAST LOCALIZATION DEVICES ACCESSED THROUGH THE SKIN WITH MRI GUIDANCE	$ 398.73	$ 338.92
19296	26		PLACEMENT OF RADIOTHERAPY AFTERLOAD	$ 114.84	$ 97.61
19296			PLACEMENT OF RADIOTHERAPY AFTERLOADI	$ 2,228.55	$ 1,894.26
19297			PLACEMENT OF RADIOTHERAPY AFTERLOADI	$ 51.46	$ 43.74
19298	26		PLACEMENT OF RADIOTHERAPY AFTERLOAD	$ 177.43	$ 150.82
19298			PLACEMENT OF RADIOTHERAPY AFTERLOADI	$ 586.24	$ 498.30
19300	26		REMOVAL OF BREAST TISSUE	$ 227.41	$ 193.30
19300			REMOVAL OF BREAST TISSUE	$ 289.44	$ 246.02
19301			PARTICAL MASTECTOMY	$ 356.62	$ 303.13
19302			P-MASTECTOMY W/LN REMOVAL	$ 491.54	$ 417.80
19303			MAST, SIMPLE, COMPLETE	$ 551.99	$ 469.19
19304			MAST, SUBQ	$ 315.54	$ 268.20
19305			MAST, RADICAL	$ 616.56	$ 524.08
19306			MAST, RAD, URBAN TYPE	$ 655.48	$ 557.15
19307			MAST, MOD RAD	$ 654.33	$ 556.18
19316			MASTOPEXY	$ 171.00	$ 145.00
19318			REDUCTION MAMMAPLASTY	$ 178.00	$ 142.00
19318	50		REDUCTION MAMMAPLASTY	$ 312.00	$ 265.00
19324			MAMMAPLASTY W/OUT PROSTHETIC	$ 105.00	$ 90.00
19325			MAMMAPLASTY WITH PROSTHETIC	$ 121.00	$ 105.00
19325	50		MAMMAPLASTY WITH PROSTHETIC	$ 182.00	$ 155.00
19328			REMOVE INTACT MAMMARY IMPLANT	$ 105.00	$ 90.00
19330			REMOVE IMPLANT MATERIAL	$ 163.00	$ 142.00
19340			IMMEDIATE INSERT BREAST PROSTHETIC	$ 91.00	$ 79.00
19342			DELAY-INSERT BREAST PROSTHETIC	$ 242.00	$ 210.00
19350			NIPPLE/AREOLA RECONSTRUCTION	$ 91.00	$ 79.00
19357			BREAST RECONSTRUCTION....	$ 473.00	$ 413.00
19357	50		BREAST RECONSTRUCTION-BILATERAL	$ 710.00	$ 620.00
19361			BREAST RECONST.W/WO PROSTHETIC IMPLA	$ 665.00	$ 563.00
19361	50		BREAST RECONSTRUCTION W/WO PROS..BIL	$ 998.00	$ 848.00
19364			RECONSTRUCT BREAST-FREE FLAP	$ 473.00	$ 413.00
19366			RECONSTRUCT BREAST-OTHER	$ 473.00	$ 413.00
19367			BREAST RECONSTR W/TRAM SINGLE PEDICL	$ 698.00	$ 593.00
19368			BREAST RECONST/TRAM/MICROVASC ANASTO	$ 865.00	$ 736.00
19369			BREAST RECONSTR/TRAM/DOUBLE PEDICLE	$ 809.00	$ 688.00
19370			PERIPROSTHETIC CAPSULECTOMY	$ 95.00	$ 80.00
19371			PERIPROSTHETIC CAPSULECTOMY, BREAST	$ 118.00	$ 101.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
19380			REVISE RECONSTRUCTED BREAST	$ 355.00	$ 310.00
19396			PREP MOULAGE FOR CUSTOM IMPLANT	$ 12.00	$ 10.00
19499			UNLISTED PROCEDURE, BREAST	BR	BR
20005			INCISION OF ABSCESS; DEEP	$ 45.00	$ 40.00
20100			EXPLORATION PENETRATING WOUND, NECK	$ 152.00	$ 129.00
20101			EXPLORE PENETRATING WOUND, CHEST	$ 47.25	$ 40.00
20102			EXPLORE PENETRATING WOUND/ABD/FLK/BK	$ 60.00	$ 51.00
20103			EXPLORE_PENETRATING_WOUND,EXTREMITY	$ 79.00	$ 67.00
20150			EXCISION EPIPYSEAL BAR W/WO AUTO GRT	$ 275.00	$ 234.00
20200			MUSCLE BIOPSY; SUPERFICIAL	$ 30.00	$ 26.00
20205			MUSCLE BIOPSY; DEEP/SUPERFICIAL	$ 61.00	$ 53.00
20206			BIOPSY,MUSCLE,PERCUTANEOUS NEEDLE *	$ 29.00	$ 25.00
20220			SUPERFICIAL BIOPSY OF BONE; NEEDLE	$ 45.00	$ 40.00
20225			DEEP BONE BIOPSY; TROCAR/ NEEDLE	$ 45.00	$ 40.00
20240			EXCISIONAL BIOPSY; SUPERFICIAL	$ 30.00	$ 26.00
20245			EXCISIONAL BIOPSY OF BONE; DEEP	$ 90.00	$ 79.00
20250			OPEN BIOPSY OF VERTEBRAL BODY	$ 90.00	$ 79.00
20251			OPEN BIOPSY OF VERTEBRAL BODY	$ 90.00	$ 79.00
20500			INJECT SINUS TRACT; THERAPEUTIC *	$ 16.00	$ 14.00
20501			INJECT SINUS TRACT; DIAGNOSTIC	$ 16.00	$ 14.00
20520			REMOVE FOREIGN BODY; SIMPLE	$ 51.00	$ 45.00
20525			REMOVE FOREIGN BODY; COMPLICATED	$ 102.00	$ 90.00
20526			THERAPEUTIC INJECT CARPAL TUNNEL	$ 13.00	$ 11.00
20527			INJECTION, ENZYME (EG, COLLAGENASE), PALMAR FASCIAL CORD (IE, DUPUYTREN'S	$ 46.43	$ 39.47
20550			INJECT TENDON SHEATH/LIGAMENT *	$ 13.00	$ 11.00
20551			INJECTION; TENDON ORIGIN/INSERTION	$ 13.00	$ 11.00
20552			INJECTION; SINGLE/MULTIPLE TRIGGER	$ 13.00	$ 11.00
20553			INJ TRIGGER POINTS 3 OR < MUSCLE GR	$ 13.00	$ 11.00
20555			PLACEMENT OF NEEDLES OR CATHETERS INTO MUSCLE AND/OR SOFT TISSUE FOR SUBSEQUENT	$ 180.72	$ 153.61
20600			ARTHROCENTESIS; SMALL JOINT/ BURSA *	$ 13.00	$ 11.00
20604			DRAIN/INJ JOINT/BURSA W/US	$ 39.04	$ 33.18
20604	26		DRAIN/INJ JOINT/BURSA W/US	$ 24.34	$ 20.69
20605			ARTHROCENTESIS; MED. JOINT/ BURSA *	$ 13.00	$ 11.00
20606			DRAIN/INJ JOINT/BURSA W/US	$ 42.88	$ 36.44
20606	26		DRAIN/INJ JOINT/BURSA W/US	$ 27.57	$ 23.43
20610			ARTHROCENTESIS; MAJOR JOINT/ BURSA *	$ 13.00	$ 11.00
20611			DRAIN/INJ JOINT/BURSA W/US	$ 49.32	$ 41.92
20611	26		DRAIN/INJ JOINT/BURSA W/US	$ 32.60	$ 27.71
20612	26		ASPIRATION/INJECTION GANGLION CYSTS	$ 13.00	$ 11.00
20612			ASPIRATION/INJECTION GANGLION CYSTS	$ 29.00	$ 25.00
20615			ASPIRATE/INJECTION-BONE CYST	$ 80.00	$ 68.00
20650			SKELETAL TRACTION; WIRE OR PIN	$ 55.00	$ 47.00
20660			APPLY TONGS OR CALIPER AND REMOVE	$ 18.00	$ 13.00
20661			APPLY HALO; CRANIAL	$ 109.00	$ 95.00
20662			APPLY HALO; PELVIC	$ 109.00	$ 95.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
20663			APPLY HALO; FEMORAL	$ 109.00	$ 95.00
20664			APPLIC/REMOVAL CRANIAL HALO W/ANESTH	$ 123.00	$ 104.00
20665			REMOVE HALO OR TONGS BY OTHER MD	$ 16.00	$ 14.00
20670			REMOVE IMPLANT; SUPERFICIAL	$ 24.00	$ 21.00
20680			REMOVE IMPLANT; DEEP	$ 121.00	$ 105.00
20680	52		REMOVE IMPLANT; DEEP	$ 61.00	$ 53.00
20690			APPLY EXTERNAL FIXATION SYS,STND CON	$ 61.00	$ 53.00
20692			APPL MULTIPLANE,UNIL,EXT FIX SYS UNI	$ 211.75	$ 180.00
20693			ADJ/REV EXT FIX SYS W ANES W/WO NR/B	$ 136.00	$ 115.00
20694			REM W ANES, EXTERNAL FIXATION SYSTEM	$ 60.50	$ 51.00
20696			APPLICATION_OF_MULTIPLANE_(PINS_OR_W	$ 666.87	$ 566.84
20697			APPLICATION_OF_MULTIPLANE_(PINS_OR_W	$ 1,209.10	$ 1,027.73
20802			REPLANT ARM; COMPLETE AMPUTATION	$ 600.00	$ 510.00
20805			REPLANT FOREARM-COMPLETE AMPUTATION	$ 600.00	$ 510.00
20808			REPLANT HAND; COMPLETE AMPUTATION	$ 750.00	$ 637.00
20816			REPLANT DIGIT, TOTAL AMPUTATION	$ 150.00	$ 127.00
20822			REPLANT DIGIT,EXCLUDE THUMB,COMP AMP	$ 113.00	$ 96.00
20824			REPLANT THUMB,COMPLETE AMPUTATION	$ 120.00	$ 102.00
20827			REPLANT THUMB-DISTAL TIP-COMPL AMP	$ 88.00	$ 75.00
20838			REPLANT FOOT; TOTAL AMPUTATION	$ 400.00	$ 340.00
20900			BONE GRAFT; ANY DONOR AREA, SMALL	$ 113.00	$ 96.00
20902			BONE GRAFT, ANY DONOR AREA; LARGE	$ 226.00	$ 192.00
20910			CARTILAGE GRAFT; COSTOCHONDRAL	$ 226.00	$ 192.00
20912			CARTILAGE GRAFT; NASAL SEPTUM	$ 316.00	$ 269.00
20920			FASCIA LATA GRAFT; BY STRIPPER	$ 90.00	$ 77.00
20922			FASCIA LATA GRAFT; BY INCISION	$ 181.00	$ 154.00
20924			TENDON GRAFT; DISTANT	$ 452.00	$ 384.00
20926			TISSUE GRAFTS; OTHER	$ 361.70	$ 307.45
20930			ALLOGRAFT SPINE SURGERY, MORSELIZED	$ 94.00	$ 80.00
20931			ALLOGRAFT SPINE SURGERY/STRUCTURAL	$ 101.47	$ 86.25
20936			AUTOGRAFT FOR SPINE SURGERY, LOCAL	$ 142.00	$ 121.00
20937			AUTOGRAFT SPINE SURG, LOCAL/MORSELIZ	$ 153.34	$ 130.34
20938			AUTOGRAFT SPINE SURG/LOCAL/STRUCTUR	$ 167.30	$ 142.21
20950			MONITOR INTERSTITIAL FLUID	$ 45.00	$ 45.00
20955			FIBULA_GRAFT_W_MICROVASCULAR_ANASTOM	$ 678.00	$ 576.00
20956			BONE GRAFT/ILIAC CREST W/MICROVASC	$ 594.00	$ 504.00
20957			BONE GRAFT METATARSAL W/MICROVAS ANA	$ 616.00	$ 524.00
20962			BONE GRAFT/MICROVAS ANSA.-OTHER,SPEC	$ 904.00	$ 768.00
20969			FREE OSTEOCUTAN FLAP/MICROVAS ANASTO	$ 904.00	$ 768.00
20970			FREE OSTEOCUTAN FLAP...;ILIAC CRESTO	$ 759.00	$ 645.00
20972			FREE OSTEOCUTAN FLAP..;METATARSAL	$ 678.00	$ 576.00
20973			FREE OSTEOCUTAN FLAP..;GREAT TOE/WEB	$ 678.00	$ 576.00
20974	26		ELECTR STIM/BONE HEALING-NONINVASIVE	$ 33.00	$ 28.00
20974			ELECTR STIM/BONE HEALING-NONINVASIVE	$ 35.00	$ 30.00
20975			BONES INVASIVE(OPERATIVE)	$ 88.00	$ 74.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
20982	26		ABLATION, BONE TUMOR(S)	$ 200.00	$ 170.00
20982			ABLATION, BONE TUMOR(S)	$ 750.00	$ 637.00
20983			ABLATE BONE TUMOR(S) PERQ	$ 216.31	$ 183.86
20985			COMPUTER-ASSISTED SURGICAL NAVIGATIONAL PROCEDURE FOR MUSCULOSKELETAL	$ 81.00	$ 68.85
20999			UNLISTED PROCEDURE; BONE/ MUSCLE	BR	BR
21010	50		ARTHROTOMY; BILATERAL	$ 272.00	$ 231.00
21010			ARTHROTOMY; UNILATERAL	$ 182.00	$ 155.00
21011	26		EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; LESS THAN 2 CM	$ 141.98	$ 120.68
21011			EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; LESS THAN 2 CM	$ 193.53	$ 164.50
21012			EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; 2 CM OR GREATER	$ 182.88	$ 155.45
21013	26		EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL,	$ 219.72	$ 186.76
21013			EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL,	$ 288.13	$ 244.91
21014			EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL,	$ 282.88	$ 240.45
21015			RADIC REC TUMOR,SOFT TISSUE/FACE/SCA	$ 120.00	$ 102.00
21016			RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FACE OR	$ 561.25	$ 477.06
21025			EXCISE BONE, MANDIBLE	$ 454.00	$ 386.00
21026			EXCISE BONE, FACIAL BONE(S)	$ 151.00	$ 129.00
21029			REM /CONT BENIGN TUMOR / FACIAL BONE	$ 165.00	$ 140.25
21030			EXCISE BENIGN TUMOR OF FACIAL BONE	$ 121.00	$ 105.00
21031			EXCISION TORUS MANDIBULARIS	$ 102.00	$ 86.79
21032			EXC MAXILLARY TORUS PALATINUS	$ 90.00	$ 76.50
21034			EXCISE MALIGNANCY OF FACIAL BONE	$ 242.00	$ 206.00
21040			EXCISE BENIGN CYST; MANDIBLE	$ 151.00	$ 129.00
21044			EXCISE MALIGNANT TUMOR; MANDIBLE	$ 411.00	$ 350.00
21045			RADICAL RESECTION OF MANDIBLE	$ 616.00	$ 525.00
21046			EXCISE BENIGN TUM/CYST MAND INTRA-OR	$ 481.00	$ 409.00
21047			EXC BENIGN TUM/CYST MAND EXTRA-ORAL	$ 694.00	$ 590.00
21048			EXC BENIGN TUM/CYST MAXILLA INTRA-OR	$ 500.00	$ 425.00
21049			EXC BENIGN TUM/CYST MAX EXTRA-ORAL	$ 666.00	$ 566.00
21050			TEMPOROMANDIBULAR ARTHRECTOMY	$ 301.00	$ 263.00
21060			TEMPOROMANDIBULAR MENISCECTOMY	$ 362.00	$ 315.00
21070	50		CORONOIDECTOMY; BILATERAL	$ 543.00	$ 472.00
21070			CORONOIDECTOMY; UNILATERAL	$ 362.00	$ 308.00
21073	26		MANIPULATION OF TEMPOROMANDIBULAR JOINT(S) (TMJ), THERAPEUTIC, REQUIRING AN	$ 141.49	$ 120.27
21076			SURGICAL OBTURATOR PROSTHESIS	$ 431.01	$ 366.36
21079			IMP&CUST PREP;INTERIM OBTURATOR PROS	$ 722.73	$ 614.32
21080			IMP&CUST PREP; DEFINITIVE OBLUR PROS	$ 947.23	$ 805.15
21081			IMP&CUST PREP;MANDIBULAR RESECT PROS	$ 862.33	$ 732.98
21082			IMP&CUST PREP;PALATAL AUGMENTAT PROS	$ 682.87	$ 580.44
21083			IMP&CUSTOM PREP;PALATAL LIFT PROSTHE	$ 754.76	$ 641.54
21084			IMP&CUSTOM PREP;SPEECH AID PROSTHESI	$ 856.80	$ 728.28
21085			IMP&CUSTOM PREP; ORAL SURGICAL SPLIN	$ 345.16	$ 293.38
21086			IMP&CUSTOM PREP; AURICULAR PROSTHESI	$ 900.87	$ 765.74
21087			IMP&CUSTOM PREP; NASAL PROSTHESIS	$ 891.89	$ 758.11
21088			IMP&CUSTOM PREP; FACIAL PROSTHESIS	BR	BR

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
21089			UNLISTED MAXILLOFACIAL PROSTHETIC PR	BR	BR
21100			MAXILLOFACIAL FIXATION	$ 40.00	$ 34.00
21110			INTERDENTAL FIXATION	$ 160.00	$ 136.00
21116			INJ.FOR TEMPOROMANDIBULAR ARTHROTOMY	$ 16.00	$ 14.00
21120			GENIOPLASTY;AUGMENTATION(AUTO,ALLO,P	$ 202.00	$ 176.00
21121			GENIOPLASTY;SLIDING OSTEOTOMY,SINGLE	$ 259.00	$ 220.00
21122			GENIOPLASTY;SL OSTEO,2ORMORE OSTEOTO	$ 337.00	$ 286.00
21123			GENIOPLASTY;SLIDING,AUGME W INTERP B	$ 389.00	$ 330.00
21125			AUGMENTTION,MANDIB BODY/ANGLE;PROSM	$ 221.00	$ 187.00
21127			AUGMENTATION,MANDI BODY/ANGLE;WBOGRA	$ 297.00	$ 252.00
21137			REDUCTION FOREHEAD;CONTOURING ONLY	$ 297.00	$ 252.00
21138			RED FOREHEAD;CONTO&APP PROS MAT/BOGF	$ 389.00	$ 330.00
21139			REDU FOREHEAD;CONTOUR&SETBACK ANT...	$ 415.00	$ 352.00
21141			RECONSTRUCT MIDFACE/WO BONE GRAFT	$ 489.00	$ 416.00
21142			RECONSTRUCT MIDFACE/2 PC/WO BONE GRF	$ 501.00	$ 426.00
21143			RECONST MIDFACE/3OR</WO BONE GRAFT	$ 527.00	$ 448.00
21145			LEFORT1;SINGLE PIECE WITH BONE GRAFT	$ 562.00	$ 477.00
21146			LEFORT1;TWO PIECES W BONE GRAFT	$ 648.00	$ 551.00
21147			RECON MIDFACE,LEFORT1;3OR>..W BONE G	$ 709.00	$ 602.00
21150			RECON MIDFACE,LEFORT11;ANTERIOR INTR	$ 173.00	$ 147.00
21151			RECON MIDFACE,LEFORT2;REQ BONE GFTS	$ 245.00	$ 208.00
21154			RECON MFACE.LEFORT3 REQ BO GFT WO LE	$ 276.00	$ 235.00
21155			RECON MIDFACE,LEF1 REQ BONE GFT;WLF1	$ 363.00	$ 308.00
21159			RECON MIDFACE,LEFORT3...WO LEFORT 1	$ 986.00	$ 838.00
21160			RECON MIDFACE,LEFORT3...W LEFORT 1	$ 1,072.00	$ 911.00
21172			RECON SUP-LAT ORB...W/WO GRAFTS	$ 692.00	$ 588.00
21175			RECON BIFR SUP-LAT ...W/WO GRAFTS	$ 830.00	$ 705.00
21179			RECON ENT/MAJ FOREHEAD...W GRAFTS	$ 605.00	$ 514.00
21180			RECON ENT/MAJ .....W AUTOGRAFT	$ 709.00	$ 602.00
21181			REMOV/CONTO BENIGN TMR CRAN BO;EXTCR	$ 224.00	$ 190.00
21182			RECON ORB WLS,RMS,FRHD,NSN GFT<40CM	$ 726.00	$ 617.00
21183			RECON ORB WLS, RMS,FRHD,WGFT>40<80CM	$ 778.00	$ 660.00
21184			RECON ORB WLS,RMS,FRHD,W GFT TOT>80	$ 813.00	$ 690.00
21188			RECON MIDFACE OSTEO ...&BONE GRAFTS	$ 605.00	$ 514.00
21193			RECON MANDI RAMOS...WO BONE GRAFT	$ 519.00	$ 440.00
21194			RECON MANDI RAMOS...W BONE GRAFT	$ 730.00	$ 620.00
21195			RECON MANDI RAMOS,SAGITTAL SPLIT.WO	$ 622.00	$ 528.00
21196			RECON MANDI RAMOS...W INTERNAL FIXAT	$ 657.00	$ 558.00
21198			OSTEOTOMY,MANDIBLE,SEGMENTAL	$ 328.00	$ 278.00
21199			OSTEOTOMY MANDIBLE SEG W/GENIO ADVAN	$ 363.00	$ 309.00
21206			OSTEOPLASTY; MAXILLA, SEGMENTAL	$ 690.00	$ 587.00
21208			OSTEOPLASTY,FACIAL;AUGMENTATION	$ 225.00	$ 191.00
21209			OSTEOPLASTY,FACIAL BONES;REDUCTION	$ 250.00	$ 213.00
21210			BONE GRAFT; NASAL, MAXILLARY, OR MAL	$ 149.00	$ 130.00
21215			BONE GRAFT; MANDIBLE	$ 332.00	$ 289.00

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CPT/ HCPCS/ CDT	***MOD 1***	***MOD 2***	***SHORT - DESCRIPTION***	***MAXIMUM FEE ALLOWANCE***	***MAXIMUM FEE ALLOWANCE***
PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
21230			RIB CARTILAGE GRAFT; AUTOGENOUS	$ 261.00	$ 226.00
21235			EAR CARTILAGE GRAFT; AUTOGENOUS	$ 200.00	$ 170.00
21240			TEMPOROMANDIBULAR ARTHROPLASTY	$ 362.00	$ 308.00
21242			ARTHROPLASTY,TEMPOROMANDEBULAR JOINT	$ 484.00	$ 411.00
21243			ARTHROPLASTY,TEMPOROMAND,PROSTH REP	$ 484.00	$ 411.00
21244			RECONSTRUCT MANDIBLE,EXTRAORAL	$ 545.00	$ 463.00
21245			RECON MAND/MAX,SUBPERI IMPLANT,PARTI	$ 575.00	$ 489.00
21246			RECON MAND/MAX,SUBPERI IMPLANT;COMPL	$ 632.00	$ 540.00
21247			RECON MAND CONYLE...W BGFTS/AUTOGRAF	$ 575.00	$ 489.00
21248			RECON MAND/MAX,ENDO IMPLANT;PARTIAL	$ 575.00	$ 489.00
21249			RECON MAND/MAX,ENDO IMPLANT,COMPLETE	$ 605.00	$ 515.00
21255			RECON ZYGOMATIC ARCH..W BONE GFT&CAR	$ 503.00	$ 427.50
21256			RECON ORBIT W OSTEOTOMIES&BONE GRAFT	$ 640.00	$ 544.00
21260			ORBITAL REVISION; EXTRACRANIAL	$ 375.00	$ 319.00
21261			REVISE ORBIT; INTRA/EXTRACRANIAL	$ 500.00	$ 425.00
21263			REVISE ORBIT; ADVANCE FOREHEAD	$ 600.00	$ 510.00
21267			REPOSITION ORBIT; EXTRACRANIAL	$ 500.00	$ 425.00
21268			REPOSITION ORBIT; INTRA/EXTRACRANIAL	$ 600.00	$ 510.00
21270			RECONSTRUCT ORBITOFACIAL BONES	$ 500.00	$ 425.00
21275			ORBITOCRANIOFACIAL RECONSTRUCTION	$ 375.00	$ 319.00
21280			MEDIAL CANTHOPLASTY	$ 225.00	$ 191.00
21282			LATERAL CANTHOPEXY	$ 150.00	$ 128.00
21295			REDUCTION OF MASSETER MUSCLE (EG, TR	$ 150.00	$ 128.00
21296			REDUCTION OF MASSETER MUSCLE (EG, TR	$ 100.00	$ 85.00
21299			UNLISTED CRANIOFACIAL PROCEDURE	BR	BR
21310			TREATMENT OF NASAL FRACTURE	$ 30.00	$ 26.00
21315			DIGITAL MANIPULATION OF NASAL FX *	$ 30.00	$ 26.00
21320			MANIPULATE NASAL FX; INSTRUMENTAL	$ 61.00	$ 53.00
21325			OPEN TREATMENT NASAL FX; SIMPLE	$ 90.00	$ 79.00
21330			TREATMENT NASAL FX; COMPLICATED	$ 145.00	$ 126.00
21335			OPEN TREATMENT FX NASAL SEPTUM	$ 216.00	$ 189.00
21336			OPEN TREATMENT NASAL FX; STAB.	$ 90.00	$ 79.00
21337			CLOSED NASAL SEPTAL FRACTURE TREATME	$ 30.00	$ 26.00
21338			OPEN TREATMENT NASOETHMOID FRACTURE	$ 125.00	$ 106.00
21339			OPEN RX. NASOETHMOID FRACT. W EX FIX	$ 200.00	$ 170.00
21340			TREAT NASOETHMOID COMPLEX FX	$ 250.00	$ 213.00
21343			OPEN TX CL/OPEN DEPR FRONTAL SINUS F	$ 100.00	$ 85.00
21344			OPEN TX CL/DEPR FRONTAL SINUS FX	$ 100.00	$ 85.00
21345			TREAT NASOMAXILLARY COMPLEX FX	$ 200.00	$ 170.00
21346			OPEN TREATMENT NASOMAXILLARY FX	$ 182.00	$ 158.00
21347			OPEN TREATMENT NASOMAXILLARY FX	$ 236.00	$ 205.00
21348			OPEN TREATMENT NASOMAXILLARY FX BONE	$ 182.00	$ 158.00
21355			MANIPULATE FX OF MALAR AREA	$ 42.00	$ 37.00
21356			TREAT DEPRESSED ZYGOM FRACTURE	$ 121.00	$ 105.00
21360			TREAT DEPRESSED MALAR FRACTURE	$ 121.00	$ 105.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
21365			TREAT COMPLICATED FX MALAR AREA	$ 235.00	$ 205.00
21366			TREAT COMPLICATED FX MALAR AREA	$ 235.00	$ 205.00
21385			TREAT ORBITAL FX; TRANSANTRAL	$ 271.00	$ 236.00
21386			TREAT ORBITAL FX; PERIORBITAL	$ 298.00	$ 253.00
21387			TREAT ORBITAL FX; COMBINATION	$ 352.00	$ 299.00
21390			TREAT ORBITAL FX WITH IMPLANT	$ 325.00	$ 276.00
21395			TREAT ORBITAL FX WITH BONE GRAFT	$ 379.00	$ 322.00
21400			TREAT FRACTUR ORBIT EXCEPT "BLOWOUT"	$ 40.00	$ 24.00
21401			TREAT FX OF ORBIT WITH MANIPULATION	$ 100.00	$ 85.00
21406			TREAT OPEN FX OF ORBIT W/O IMPLANT	$ 150.00	$ 128.00
21407			TREAT OPEN FX OF ORBIT WITH IMPLANT	$ 200.00	$ 170.00
21408			OPEN FX OF ORBIT W/BONE GRAFT	$ 200.00	$ 170.00
21421			TREAT PALATAL/ ALVEOLAR RIDGE FX	$ 121.00	$ 105.00
21422			OPEN TREATMENT OF PALATE/ ALVEOLI FX	$ 250.00	$ 213.00
21423			OPEN TREATMENT OF PALATE/MAXILL. FX	$ 250.00	$ 213.00
21431			TREAT CRANIOFACIAL SEPARATION	$ 150.00	$ 128.00
21432			OPEN TX CRANIOFACIAL SEPARATION	$ 250.00	$ 213.00
21433			COMPLICATED TX CRANIOFACIAL FX	$ 300.00	$ 255.00
21435			COMPLICATED TX CRANIOFACIAL FX	$ 325.00	$ 276.00
21436			OPEN TX CRANIOFACIAL FX	$ 325.00	$ 276.00
21440			MANIPULATE ALVEOLAR RIDGE FX	$ 30.00	$ 26.00
21445			OPEN TREATMENT ALVEOLAR RIDGE FX	$ 50.00	$ 43.00
21450			TREAT CLOSED OR OPEN MANDIBULAR FX	$ 20.00	$ 18.00
21451			MANDIBULAR W MANIPULATION FRACTURE	$ 20.00	$ 18.00
21452			TREAT OPEN MANDIBULAR FX;W/O MANIPUL	$ 20.00	$ 18.00
21453			TREAT CLOSED MANDIBULAR FX W/MANIPUL	$ 50.00	$ 43.00
21454			OPEN TREATMENT MANDIBULAR FX W/FIXAT	$ 145.00	$ 126.00
21461			OPEN TREATMENT MANDIBULAR FX WO FIX	$ 121.00	$ 105.00
21462			OPEN TREATMENT MANDIBULAR FX W/FIXAT	$ 242.00	$ 210.00
21465			OPEN TREAT.MANDIBULAR CONDYLAR FX	$ 250.00	$ 213.00
21470			TREAT COMPLICATED MANDIBULAR FX	$ 375.00	$ 319.00
21480			TX TEMPOROMANDIBULAR DISLOCATION	$ 18.00	$ 16.00
21485			TEMPOROMANDIBULAR MANIPULATION	$ 54.00	$ 48.00
21490			OPEN TX TEMPOROMANDIIBULAR DISLOCATI	$ 180.00	$ 160.00
21495			OPEN TREATMENT HYOIDFRACTURE	$ 175.00	$ 149.00
21499			UNLISTED PROCEDURE; HEAD	BR	BR
21501			I & D DEEP ABSCESS OR HEMATOMA	$ 131.00	$ 114.00
21502			I & D WITH PARTIAL RIB REMOVAL	$ 164.00	$ 140.00
21510			INCISION WITH OPENING OF BONE CORTEX	$ 90.00	$ 75.00
21550			EXCISIONAL BIOPSY SOFT TISSUES	$ 13.00	$ 11.00
21552			BIOPSY, SOFT TISSUE OF NECK OR THORAX 3 CM OR GREATER	$ 239.40	$ 203.49
21554			BIOPSY, SOFT TISSUE OF NECK OR THORAX 5 CM OR GREATER	$ 390.79	$ 332.17
21555			EXCISE BENIGN TUMOR; SUBCUTANEOUS	$ 18.00	$ 16.00
21556			EXCISE BENIGN TUMOR; DEEP	$ 131.00	$ 114.00
21557			RAD RESECT TUMOR,SFT TISS NECK/THORO	$ 325.00	$ 276.00

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CPT/ HCPCS/ CDT	***MOD 1***	***MOD 2***	***SHORT - DESCRIPTION***	***MAXIMUM FEE ALLOWANCE***	***MAXIMUM FEE ALLOWANCE***
PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
21558			RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF NECK OR	$ 720.81	$ 612.68
21600			EXCISION OF RIB; PARTIAL	$ 90.00	$ 79.00
21610			COSTOTRANSVERSECTOMY	$ 163.00	$ 138.00
21615			EXCISION CERVICAL RIB	$ 228.00	$ 193.00
21616			EXCISE RIB WITH SYMPATHECTOMY	$ 293.00	$ 249.00
21620			OSTECTOMY OF STERNUM; PARTIAL	$ 211.00	$ 184.00
21627			STERNAL DEBRIDEMENT	$ 182.00	$ 155.00
21630			RADICAL RESECTION OF STERNUM	$ 422.00	$ 394.00
21632			MEDIASTINAL LYMPHADENECTOMY	$ 390.00	$ 332.00
21685			HYOID MYOTOMY AND SUSPENTION	$ 228.00	$ 194.00
21700			DIVISION OF SCALENUS ANTICUS	$ 211.00	$ 184.00
21705			DIVIDE SCALENUS AND RESECTION RIB	$ 272.00	$ 236.00
21720			DIVISION STERNOCLEIDOMASTOID	$ 151.00	$ 131.00
21725			DIVIDE STERNOCLEIDOMASTOID; CAST	$ 151.00	$ 131.00
21740			RECONSTRUCT PECTUS EXCAVATUM	$ 585.00	$ 497.00
21742			RECON/REP PECTUS EXCAVAT/CARINATUM	$ 434.30	$ 369.16
21743			RECON REP PECTUS EXCAV W/THORACOSCOP	BR	BR
21750			CLOSURE STERNOTOMY SEP.W/WO DEBRIDEM	$ 480.00	$ 408.00
21805			TREAT RIB FX; OPEN, COMPLICATED	$ 130.00	$ 111.00
21811			OPTX OF RIB FX W/FIXJ SCOPE	$ 298.10	$ 253.38
21811	26		OPTX OF RIB FX W/FIXJ SCOPE	$ 287.22	$ 244.14
21812			TREATMENT OF RIB FRACTURE	$ 354.56	$ 301.37
21812	26		TREATMENT OF RIB FRACTURE	$ 343.68	$ 292.13
21813			TREATMENT OF RIB FRACTURE	$ 478.61	$ 406.82
21813	26		TREATMENT OF RIB FRACTURE	$ 470.16	$ 399.63
21820			TREAT_STERNUM_FRACTURE;_CLOSED	$ 24.00	$ 21.00
21825			TREAT STERNUM FRACTURE; OPEN	$ 195.00	$ 166.00
21899			UNLISTED PROCEDURE; NECK OR THORAX	BR	BR
21920			BX,SFT TISS-BACK/FLANK;SUPERFICIAL	$ 27.00	$ 23.00
21925			BX,SFT TISS-BACK/FLANK;DEEP	$ 65.00	$ 55.00
21930			EXCISE TUMOR,SOFT TISS-BACK OR FLANK	$ 65.00	$ 55.00
21931			EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBCUTANEOUS; 3 CM OR GREATER	$ 251.93	$ 214.14
21932			EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL (EG, INTRAMUSCULAR);	$ 353.65	$ 300.60
21933			EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL (EG, INTRAMUSCULAR);	$ 395.59	$ 336.25
21935			RAD RESECT TUMOR,SFT TISS BACK/FLANK	$ 260.00	$ 221.00
21936			RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF BACK OR	$ 749.21	$ 636.83
22010			INCISION AND DRAINAGE, OPEN, OF DEEP	$ 447.67	$ 380.52
22015			INCISION AND DRAINAGE, OPEN, OF DEEP	$ 501.02	$ 425.87
22100			RESECT VERTEBRA; CERVICAL	$ 228.00	$ 194.00
22101			RESECT VERTEBRA; THORACIC	$ 228.00	$ 194.00
22102			RESECT VERTEBRA; LUMBAR	$ 228.00	$ 194.00
22103			PARTIAL EXCIS POST VERT/EACH ADD SEG	$ 66.90	$ 57.00
22110			EXCISE CERVICAL VERTEBRA	$ 228.00	$ 194.00
22112			EXCISE THORACIC VERTEBRA	$ 228.00	$ 194.00
22114			EXCISE LUMBAR VERTEBRAE FOR OSTEOMYE	$ 228.00	$ 194.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
22116			PART EXCIS/VERT BODY/EACH ADDIT VERT	$ 66.90	$ 57.00
22206			OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS, ONE	$ 1,356.16	$ 1,152.74
22207			OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS, ONE	$ 1,327.32	$ 1,128.22
22208			OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS, ONE	$ 317.41	$ 269.79
22210			OSTEOTOMY-SPINE,CORR DEFORM;CERVICAL	$ 780.00	$ 663.00
22212			OSTEOTOMY SPINE,CORR DEFORM;THORACIC	$ 780.00	$ 663.00
22214			OSTEOTOMY SPINE,CORR DEFORM;THORACIC	$ 780.00	$ 663.00
22216			OSTEOTOMY SPINE/EACH ADDIT SEGMENT	$ 242.00	$ 206.00
22220			OSTEOTOMY SPINE,CORR DEFORM;CERVICAL	$ 780.00	$ 663.00
22222			OSTEOTOMY SPINE,CORR DEFORM;THORACIC	$ 975.00	$ 832.00
22224			OSTEOTOMY SPINE,CORR DEFORM;LUMBAR	$ 780.00	$ 663.00
22226			OSTEOTOMY SPINE/DISKECTOMY/EACH ADD	$ 242.00	$ 206.00
22305			TREAT VERTEBRAL PROCESS FRACTURE	$ 50.00	$ 42.50
22310			TR VERT BODY FX/DISLOCATED/EACH	$ 75.00	$ 64.00
22315			CLSD TX VRT FX/DISLOCATE...EACH	$ 200.00	$ 170.00
22315	52		CLSD TX VRT FX/DISLOCATE...SIMPLE	$ 75.00	$ 64.00
22318			OPEN RX RED ODONT FX/DISLOC WO/GRAFT	$ 859.00	$ 730.00
22319			OPEN RX RED ODONT FX/DISLOC W/GRAFT	$ 926.00	$ 787.00
22325			OPEN TX VRT FX/DISLOCATE,LUMBAR,EACH	$ 483.00	$ 411.00
22326			OPEN TX VRT FX/DISLOC.;CERVICAL,EACH	$ 483.00	$ 411.00
22327			OPEN TX VRT FX/DISLOC.;THORACIC,EACH	$ 483.00	$ 411.00
22328			OPEN TX/REDUCTION EACH ADD VERT FX	$ 188.00	$ 160.00
22505			MANIPULATION SPINE W/ANESTHESIA	$ 61.00	$ 53.00
22510			PERQ CERVICOTHORACIC INJECT	$ 971.00	$ 825.35
22510	26		PERQ CERVICOTHORACIC INJECT	$ 240.99	$ 204.84
22511			PERQ LUMBOSACRAL INJECTION	$ 962.78	$ 818.36
22511	26		PERQ LUMBOSACRAL INJECTION	$ 225.92	$ 192.03
22512			VERTEBROPLASTY ADDL INJECT	$ 538.61	$ 457.81
22512	26		VERTEBROPLASTY ADDL INJECT	$ 109.26	$ 92.87
22513			PERQ VERTEBRAL AUGMENTATION	$ 4,143.25	$ 3,521.76
22513	26		PERQ VERTEBRAL AUGMENTATION	$ 275.70	$ 234.34
22514			PERQ VERTEBRAL AUGMENTATION	$ 4,128.94	$ 3,509.60
22514	26		PERQ VERTEBRAL AUGMENTATION	$ 257.77	$ 219.10
22515			PERQ VERTEBRAL AUGMENTATION	$ 2,507.32	$ 2,131.22
22515	26		PERQ VERTEBRAL AUGMENTATION	$ 114.49	$ 97.32
22526	26		IDET, SINGLE LEVEL	$ 176.19	$ 149.76
22526			IDET, SINGLE LEVEL	$ 981.51	$ 834.28
22527	26		IDET, 1 OR MORE LEVELS	$ 80.19	$ 68.16
22527			IDET, 1 OR MORE LEVELS	$ 762.65	$ 648.25
22532			ARTHRODESIS LAT EXTRACAV TECH THORAC	$ 1,003.00	$ 853.00
22533			ARTHRODESIS LAT EXTRACAVITARY LUMBAR	$ 859.00	$ 730.00
22534			ARTHRODESIS LAT EXTRACAV THORAC/LUMB	$ 218.00	$ 185.00
22548			ARTHRODESIS,W/BONE GRAFT	$ 716.00	$ 609.00
22551			ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY,	$ 931.28	$ 791.59
22552			ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY,	$ 215.98	$ 183.58

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
22554			ARTHRODESIS,W/BONE ALLOGRAFT	$ 573.00	$ 487.00
22556			ARTHRODESIS,THORACIC,BONE/BONE ALLOG	$ 1,003.00	$ 853.00
22558			ARTHRODESIS,LUMBAR,W/BONE ALLOGRAPH	$ 716.00	$ 609.00
22585			ARTHRODESIS-EACH ADD INTERSPACE	$ 306.42	$ 260.45
22586			FUSION OF SPINE BONES WITH REMOVAL OF DISC AT LOWER SPINAL COLUMN WITH	$ 1,124.53	$ 955.85
22590			ARTHRODESIS, W/BONE ALLO/INT FIX	$ 715.00	$ 608.00
22595			ARTHRODESIS,W/BONE ALLO/INT FIX	$ 645.00	$ 548.00
22600			CERVICAL FUSE POST APP BELOW C1	$ 645.00	$ 548.00
22610			ARTHRODESIS,LOC/BONE ALLO..;THORACIC	$ 645.00	$ 548.00
22612			ARTHRODESIS,LOC/BONE ALLO..;LUMBAR	$ 645.00	$ 548.00
22614			ARTHRODESIS, EACH ADD VERT SEGMENT	$ 242.00	$ 206.00
22630			ARTHRODESIS,LOC/BONE ALLO...;LUMBAR	$ 716.00	$ 609.00
22632			ARTHRODESIS LUMBAR/EACH ADD INTERSPA	$ 202.00	$ 172.00
22633			ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR	$ 1,031.75	$ 876.98
22634			ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR	$ 276.10	$ 234.68
22800			FUSE PRIMARY 6/LESS VERT SCOLIOS	$ 936.00	$ 796.00
22802			FUSE PRIMARY 7/MORE VERTEBRAE	$ 1,080.00	$ 918.00
22804			ARTHRODESIS POST/13 OR< VERT SEGMENT	$ 1,286.00	$ 1,093.00
22808			ARTHRODESIS, ANT 2-3 VERT SEGMENTS	$ 900.00	$ 765.00
22810			ARTHRODESIS,ANT.,BN. GRF., 4-7 VERT.	$ 1,008.00	$ 857.00
22812			ARTHRODESIS,ANT.,BN. GR. 8 OR MORE	$ 1,267.20	$ 1,077.00
22818			KYPHECTOMY SINGLE OR 2 SEGMENTS	$ 1,037.00	$ 933.00
22819			KYPHECTOMY, 3 OR MORE SEGMENTS	$ 1,104.00	$ 939.00
22830			EXPLORE SPINAL FUSION	$ 550.00	$ 467.00
22840			POSTERIOR INSTRU(NO SEG FIX)	$ 583.00	$ 496.00
22841			INTERNAL SPINAL FIXATION BY WIRING	BR	BR
22842			POST.INSTRUMENTATION;SEGMENTAL FIX.	$ 603.00	$ 513.00
22843			POST SEGMENTAL INSTRUM 7-12 VERT SEG	$ 685.00	$ 582.00
22844			POSTERIOR SEG INSTRUM/13 OR< VERT	$ 887.00	$ 754.00
22845			DWYER INSTRUM TECH SPINE FUSE	$ 556.00	$ 473.00
22846			ANT INSTRUMETATION 4-7 VERT SEGMENTS	$ 632.00	$ 537.00
22847			ANT INSTRUMENTATION 8 OR< VERT SEG	$ 701.00	$ 596.00
22848			PELVIC FIXATION OTHER THAN SACRUM	$ 289.65	$ 246.20
22849			REINSERT SPINAL FIXATION DEVICE	$ 936.00	$ 795.60
22850			HARRINGTON ROD REMOVAL	$ 541.59	$ 460.35
22851			APPLICATION PROSTHETIC DEVICE/VERT	$ 405.00	$ 344.00
22852			REMOVE POSTERIOR SEGMENTAL INSTRUMEN	$ 571.38	$ 485.68
22855			DWYER INSTRUMENT REMOVAL	$ 722.00	$ 613.00
22856			TOTAL_DISC_ARTHROPLASTY_(ARTIFICIAL	$ 895.32	$ 761.02
22857			LUMBAR ARTIF DISKECTOMY	$ 983.52	$ 835.99
22858			SECOND LEVEL CER DISKECTOMY	$ 358.66	$ 304.86
22861			REVISION_INCLUDING_REPLACEMENT_OF_TO	$ 1,058.17	$ 899.44
22862			REVISE LUMBAR ARTIF DISC	$ 960.84	$ 816.71
22864			REMOVAL_OF_TOTAL_DISC_ARTHROPLASTY	$ 1,172.05	$ 996.24
22865			REMOVE LUMB ARTIF DISC	$ 1,133.36	$ 963.35

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
22899			UNLISTED PROCEDURE, SPINE	BR	BR
22900			EXC TUMOR ABDOMEN WALL SUBFASCIAL	$ 100.00	$ 85.00
22901			EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBFASCIAL (EG, INTRAMUSCULAR);	$ 355.79	$ 302.42
22902	26		EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; LESS THAN 3 CM	$ 175.09	$ 148.83
22902			EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; LESS THAN 3 CM	$ 236.61	$ 201.11
22903			EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; 3 CM OR GREATER	$ 233.16	$ 198.19
22904			RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF ABDOMINAL	$ 560.88	$ 476.74
22905			RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF ABDOMINAL	$ 710.70	$ 604.10
22999			UNLISTED PROCEDURE;ABDOMEN,MUSCULOSK	BR	BR
23000			REMOVE SUBDELTOID CAL DEPOSITS	$ 151.00	$ 131.00
23020			RELEASE SHOULDER MUSCLE ERBS PAL	$ 270.00	$ 230.00
23030			I&D SHOULDER DEEP ABSC HEMATOMA	$ 130.00	$ 111.00
23031			I&D INFECTED SHOULDER BURSA	$ 13.00	$ 11.00
23035			I&D DEEP CORTEX/BONE ABSC SHOULD	$ 325.00	$ 276.00
23040			ARTHROTOMY REMOVE FOREIGN BODY	$ 200.00	$ 173.00
23044			ARTHROTOMY DRAIN/REMOVE FOR BODY	$ 200.00	$ 173.00
23065			BIOPSY SHOULDER SUPERFICIAL	$ 13.00	$ 11.00
23066			BIOPSY OF SHOULDER DEEP	$ 33.00	$ 28.00
23071			BIOPSY, SOFT TISSUE OF SHOULDER AREA; 3 CM OR GREATER	$ 224.44	$ 190.77
23073			BIOPSY, SOFT TISSUE OF SHOULDER AREA; 5 CM OR GREATER	$ 370.98	$ 315.33
23075			EXC BENIGN SHOULDER TUMOR SUBCU	$ 75.00	$ 64.00
23076			EXC BENIGN SHOULDER TUMOR DEEP	$ 100.00	$ 85.00
23077			RAD.TUMOR RESECT,SOFT TISS/SHOULDER	$ 260.00	$ 211.00
23078			RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF SHOULDER	$ 757.34	$ 643.73
23100			BIOPSY SHOULDER JOINT	$ 200.00	$ 173.00
23101			EXCISION TORN CARTILAGE SHOULDER JOI	$ 200.00	$ 173.00
23105			ARTHROTOMY;GLENOHUMERAL JOINT	$ 200.00	$ 173.00
23106			ARTHROTOMY;STERNOCLAVICULAR JT	$ 200.00	$ 173.00
23107			ARTHROTOMY,GLENOHUMERAL JOINT..EXPLO	$ 200.00	$ 173.00
23120			CLAVICULECTOMY PARTIAL	$ 134.00	$ 117.00
23125			CLAVICULECTOMY TOTAL	$ 249.00	$ 217.00
23130			ACROMIONECTOMY PARTIAL/TOTAL	$ 228.00	$ 194.00
23140			EXCISION CYST/TUMOR CLAVICLE/SCAPULA	$ 260.00	$ 221.00
23145			EXC TUMOR CLAVICLE/SCAPULA GRAFT PRI	$ 228.00	$ 194.00
23146			EXCISION TUMOR CLAVICLE/SCAPULA GRAF	$ 293.00	$ 249.00
23150			EXCISION TUMOR PROXIMAL HUMEROUS	$ 260.00	$ 221.00
23155			EXCISION TUMOR PROX HUMEROUS AUTOGEN	$ 325.00	$ 276.00
23156			EXCISION TUMOR PROX HUMEROUS HEMOGEN	$ 390.00	$ 331.00
23170			SEQUESTRECTOMY CLAVICLE	$ 90.00	$ 75.00
23172			SEQUESTRECTOMY SCAPULA	$ 90.00	$ 75.00
23174			SEQUESTRECTOMY HUMERAL HEAD/NECK	$ 90.00	$ 75.00
23180			PARTIAL EXCISION CLAVICLE FOR OSTEOM	$ 163.00	$ 139.00
23182			PARTIAL EXCISION SCAPULA FOR OSTEOMY	$ 163.00	$ 139.00
23184			PARTIAL EXCISION PROXIMAL HUMERUS	$ 211.00	$ 184.00
23190			OSTECTOMY OF SCAPULA PARTIAL	$ 211.00	$ 184.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
23195			RESECTION HUMERAL HEAD	$ 195.00	$ 166.00
23200			RADICAL RESECTION FOR TUMOR CLAVICLE	$ 423.00	$ 360.00
23210			RADICAL RESECTION FOR TUMOR SCAPULA	$ 650.00	$ 552.00
23220			RADICAL RESECTION FOR TUMOR PROXIMAL	$ 650.00	$ 552.00
23330			REMOVE SHOULDER FOREIGN BODY	$ 18.00	$ 16.00
23333			REMOVAL OF FOREIGN BODY OF SHOULDER JOINT, ACCESSED BENEATH THE TISSUE OR MUSCLE	$ 310.69	$ 264.08
23334			REMOVAL OF PROSTHESIS OF SHOULDER	$ 615.09	$ 522.82
23335			REMOVAL OF PROSTHESIS OF SHOULDER	$ 714.35	$ 607.19
23350			INJECTION FOR SHOULDER X-RAY	$ 18.00	$ 16.00
23395			MUSCLE TRANSFER,SHOULDER/ARM	$ 520.00	$ 442.00
23397			MUSCLE TRANSFER MULTIPLE	$ 650.00	$ 552.00
23400			FIXATION OF SHOULDERBLADE	$ 274.00	$ 260.00
23405			INCISION OF TENDON & MUSCLE	$ 195.00	$ 166.00
23406			INCISE TENDON(S) & MUSCLE(S)	$ 293.00	$ 249.00
23410			REPAIR OF TENDON(S)	$ 272.00	$ 236.00
23412			REPAIR OF TENDON S CHRONIC	$ 423.00	$ 360.00
23415			CORACOACROMIAL LIGAMENT RELEAS	$ 163.00	$ 139.00
23420			REPAIR COMPLETE SHOULDER	$ 295.00	$ 280.00
23430			REPAIR BICEPS TENDON RUPTURE	$ 228.00	$ 194.00
23440			REMOVAL/TRANSPLANT TENDON	$ 228.00	$ 194.00
23450			CAPSULORRHAPHY, ANTERIOR	$ 308.00	$ 276.00
23455			CAPSULORRHAPHY;BANKART TYPE	$ 362.00	$ 315.00
23460			REPAIR SHOULDER CAPSULE WITH BONE BL	$ 520.00	$ 442.00
23462			REPAIR SHOULDER CAPSULE CORACOID PRO	$ 488.00	$ 415.00
23465			REPAIR SHOULDER CAPSULE W/WO BONE BL	$ 455.00	$ 387.00
23466			CAPSULORRHAPHY/RECURRENT DISLOCATION	$ 455.00	$ 387.00
23470			ARTHROPLASTY WITH PROXIMAL HUMERAL I	$ 520.00	$ 442.00
23472			ARTHROPLASTY W/GLENOID PROXIMAL HUME	$ 910.00	$ 773.00
23473			REPAIR OF SHOULDER	$ 895.77	$ 761.40
23474			REPAIR OF SHOULDER	$ 968.68	$ 823.38
23480			OSTEOTOMY CLAVICLE W/WO INTERNAL FIX	$ 182.00	$ 158.00
23485			OSTEOTOMY CLAVICLE; BONE GRAFT NONUN	$ 325.00	$ 276.00
23490			PROPHYLACTIC TREATMENT;CLAVICLE	$ 184.00	$ 156.00
23491			PROPHYLACTIC TREAT.PROX HUMER./HEAD	$ 295.00	$ 251.00
23500			TREAT CLOSED CLAVICULAR FRACTURE W/O	$ 41.00	$ 35.00
23505			TREAT CLOSED CLAVICULAR FRACTURE WIT	$ 61.00	$ 53.00
23515			OPEN TREAT CLSD/OPEN CLAVIC FRAC W/W	$ 151.00	$ 131.00
23520			TREAT STERNOCLAVICULAR DISLOCATION	$ 30.00	$ 26.00
23525			TREAT CLSD STERNOCLAVICULAR DISLOC W	$ 61.00	$ 53.00
23530			OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	$ 260.00	$ 221.00
23532			OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	$ 293.00	$ 249.00
23540			TREAT CLOSED ACROMIOCLAV DISLOCATED	$ 30.00	$ 26.00
23545			TREAT CLSD ACROMIOCLAVICULAR DISLOC	$ 61.00	$ 53.00
23550			OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	$ 260.00	$ 221.00
23552			OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	$ 338.00	$ 287.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
23570			TREAT CLSD SCAP FX W/O MANIPULATION	$ 41.00	$ 35.00
23575			TREAT CLSD SCAPULAR W/MANIPULATION	$ 65.00	$ 55.00
23585			OPEN TREAT CLSD/OPEN SCAPULAR FRAC J	$ 358.00	$ 304.00
23600			TREAT CLSD HUMERAL FX W/O MANIPULATI	$ 61.00	$ 53.00
23605			TREAT CLSD HUMERAL FRAC WITH MANIPUL	$ 121.00	$ 105.00
23615			OPEN TREAT CLSD/OPEN HUMERAL FRAC W/	$ 211.00	$ 184.00
23616			TX PROX HUMERL FX W PROSTHETIC REPLC	$ 504.00	$ 428.00
23620			TREAT CLSD GTR TUBEROSITY FX	$ 52.00	$ 44.00
23625			TREAT CLSD GREATER TUBEROSITY FRAC W	$ 78.00	$ 66.00
23630			OPEN TREAT CLSD/OPEN GREATER TUBEROS	$ 228.00	$ 193.00
23650			TREAT CLSD SHOULDER DISLOC W/MANIPU	$ 26.00	$ 23.00
23655			TREAT CLSD SHOULDER DISLOC W/MANIPU	$ 61.00	$ 53.00
23660			OPEN TREAT CLSD/OPEN SHOULDER DISLOC	$ 242.00	$ 210.00
23665			TREAT SHOULDER DISLOC FRAC W/MANIPUL	$ 78.00	$ 66.00
23670			OPEN TREAT CLSD/OPEN W/FRAC OF GREAT	$ 358.00	$ 304.00
23675			TREAT CLSD SHOULDER DISLOC/SURG/ANAT	$ 104.00	$ 88.00
23680			OPEN TREAT SHOULDER DISLO/SURG/ANATO	$ 390.00	$ 331.00
23700			FIXATION OF SHOULDER MANIPULATION UN	$ 61.00	$ 53.00
23800			ARTHRODESIS SHOULDER JOINT W/WO LOCA	$ 393.00	$ 341.00
23802			ARTHRODESIS SHOULDER JOINT W/PRIMARY	$ 585.00	$ 497.00
23900			AMPUTATION OF ARM & GIRDLE	$ 483.00	$ 420.00
23920			AMPUTATION AT SHOULDER JOINT	$ 362.00	$ 315.00
23921			AMPUTATION FOLLOW-UP SURGERY	$ 104.00	$ 88.00
23929			UNLISTED PROCEDURE, SHOULDER	BR	BR
23930			DRAINAGE OF ARM LESION	$ 130.00	$ 111.00
23931			DRAINAGE OF ARM BURSA	$ 13.00	$ 11.00
23935			DRAIN ARM/ELBOW BONE LESION	$ 227.00	$ 193.00
24000			EXPLORATORY ELBOW SURGERY	$ 285.00	$ 242.00
24006			ARTHROTOMY,ELBOW, W.CAP.EXCISION	$ 368.00	$ 312.00
24065			BIOPSY ARM/ELBOW SOFT TISSUE	$ 13.00	$ 11.00
24066			BIOPSY ARM/ELBOW SOFT TISSUE; DEEP	$ 65.00	$ 55.00
24071			BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; 3 CM OR GREATER	$ 218.37	$ 185.61
24073			BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; 5 CM OR GREATER	$ 371.40	$ 315.69
24075			REMOVE ARM/ELBOW LESION	$ 65.00	$ 55.00
24076			REMOVE ARM/ELBOW LESION;DEEP SUBFASC	$ 98.00	$ 83.00
24077			RAD TUMOR RESECT,SFT TISS/ARM-ELBOW	$ 260.00	$ 221.00
24079			RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF UPPER ARM	$ 710.44	$ 603.87
24100			ARTHROTOMY,ELBOW;FOR SYNOVIAL BIOPSY	$ 250.00	$ 213.00
24101			EXPLORE/TREAT ELBOW JOINT	$ 200.00	$ 173.00
24102			REMOVE ELBOW JOINT LINING	$ 200.00	$ 173.00
24105			REMOVAL OF ELBOW BURSA	$ 90.00	$ 79.00
24110			REMOVE HUMERUS LESION	$ 200.00	$ 170.00
24115			REMOVE HUMERUS LESI ON W/PRIMARY AUT	$ 250.00	$ 213.00
24116			REMOVE HUMERUS LESION W/HOMOGENOUS/N	$ 200.00	$ 170.00
24120			REMOVE ELBOW LESION	$ 200.00	$ 170.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
24125			EXCISION BONE CYST HEAD/NECK RADIUS	$ 200.00	$ 170.00
24126			EXCISION BONE CYST HEAD/NECK RADIUS	$ 200.00	$ 170.00
24130			REMOVAL OF HEAD OF RADIUS	$ 134.00	$ 117.00
24134			REMOVAL OF BONE LEI SON SHAFT OR DIS	$ 90.00	$ 75.00
24136			REMOVAL LESION/RADIAL HEAD OR NECK	$ 90.00	$ 75.00
24138			REMOVE ELBOW BONE LESION/OLECRANON P	$ 90.00	$ 75.00
24140			PARTIAL EXCISION OF BONE/HUMERUS	$ 211.00	$ 184.00
24145			PARTIAL EXCISION OF RADIAL HEAD OR N	$ 211.00	$ 184.00
24147			PARTIAL EXCISION OF BONE/OLECRANON P	$ 125.00	$ 106.00
24149			RAD RESECTION ELBOW W/CONTRAC RELEAS	$ 366.00	$ 311.00
24150			EXTENSIVE SURGERY SHAFT OR DISTAL HU	$ 228.00	$ 194.00
24152			EXTENSIVE SURGERY RADICAL HEAD OR NE	$ 570.00	$ 485.00
24155			RESECTION OF ELBOW JOINT	$ 300.00	$ 255.00
24160			REMOVE ELBOW JOINT IMPLANT	$ 125.00	$ 106.00
24164			REMOVE RADIUS HEAD IMPLANT	$ 100.00	$ 85.00
24200			REMOVAL OF ARM FOREIGN BODY	$ 35.00	$ 30.00
24201			REMOVAL OF ARM FOREIGN BODY DEEP	$ 100.00	$ 85.00
24220			INJECTION FOR ELBOW X-RAY	$ 18.00	$ 16.00
24300			ELBOW MANIPULATION UNDER ANESTHESIA	$ 135.00	$ 115.00
24301			MUSCLE/TENDON TRANSFER	$ 285.00	$ 242.00
24305			LENGTHEN TENDON,UPPER ARM/ELBOW,EACH	$ 151.00	$ 131.00
24310			TENOTOMY,OPEN....SINGLE,EACH	$ 242.00	$ 210.00
24320			TENOPLASTY W/MUSCLE TRANSFER/ELBOW T	$ 302.00	$ 263.00
24330			FLEXOR-PLASTY ELBOW	$ 121.00	$ 105.00
24331			FLESOR-PLASTY ELBOW/EXTENSOR ADVANCE	$ 121.00	$ 105.00
24332			TENOLYSIS, TRICEPS	$ 210.00	$ 179.00
24340			TENODESIS FOR RUPTURE OF BICEPS TEND	$ 242.00	$ 210.00
24341			REPAIR TENDON/MUSCLE UPPER ARM/ELBOW	$ 236.00	$ 201.00
24342			REINSERTION RUPTURED BICEPS TENDON/D	$ 342.00	$ 291.00
24343			REPAIR LATERAL COLLATERAL LIGAMENT	$ 278.00	$ 236.00
24344			RECONSTRUCT LAT COLLAT LIG ELBOW GRA	$ 418.00	$ 355.00
24345			REP MEDIAL COLLAT LIG ELBOW W/LOCAL	$ 278.00	$ 236.00
24346			RECONSTRUCT MED COLLAT LIG ELBOW	$ 418.00	$ 355.00
24357			TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG, EPICONDYLITIS, TENNIS ELBOW, GOLFER'S	$ 238.42	$ 202.66
24358			TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG, EPICONDYLITIS, TENNIS ELBOW, GOLFER'S	$ 288.79	$ 245.47
24359			TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG, EPICONDYLITIS, TENNIS ELBOW, GOLFER'S	$ 362.73	$ 308.32
24360			ARTHROPLASTY ELBOW WITH MEMBRANE	$ 332.00	$ 289.00
24361			ARTHROPALSTY W/DIST AL HUMERAL PROST	$ 684.00	$ 582.00
24362			ARTHROPLASTY /IMPLANT/FASCIA LATA LI	$ 513.00	$ 437.00
24363			ARTHROPLASTY W/DISTAL HUMERUS/PROXIM	$ 604.00	$ 513.00
24365			ARTHROPLASTY RADIAL HEAD	$ 228.00	$ 194.00
24366			ARTHROPLASTY RADIAL HEAD WITH IMPLAN	$ 285.00	$ 243.00
24370			REVISION OF TOTAL ELBOW REPAIR	$ 855.09	$ 726.83
24371			REVISION OF TOTAL ELBOW REPAIR	$ 989.26	$ 840.87
24400			OSTEOTOMY HUMERUS W/WO INTERNAL FIXA	$ 242.00	$ 210.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
24410			MULT OSTEOTOMIES W/REALIGN ON INTRAM	$ 211.00	$ 184.00
24420			OSTEOPLASTY HUMERUS/SHORTENING OR LE	$ 570.00	$ 485.00
24430			REPAIR NONUNION OR MALUNION HUMERUS	$ 399.00	$ 340.00
24435			REPAIR HUMERUS W/ILIAC OR OTHER AUTO	$ 500.00	$ 425.00
24470			HEMIEPIPHYSEAL ARREST	$ 200.00	$ 170.00
24495			DECOMPRESSION FASCIOTOMY FOREARM W/B	$ 228.00	$ 194.00
24498			PROPHYLACTIC TREAT...HUMERUS	$ 228.00	$ 194.00
24500			TREAT CLSD HUM SHFT FX W/MANIPULATIO	$ 80.00	$ 70.00
24505			TREAT CLSD HUMERAL SHAFT FRAC W/O MA	$ 121.00	$ 105.00
24515			OPEN TREAT CLSD/OPEN HUMERAL SHAFT F	$ 211.00	$ 184.00
24516			OPEN TREAT CLSD/OPEN HUMERAL SHAFT F	$ 211.00	$ 184.00
24530			TRT CLSD SUPRACOND/TRANSCON FX	$ 92.00	$ 79.00
24535			TREAT CLSD SUPRECONDYLAR/TRANSCONDYL	$ 103.00	$ 89.00
24538			TREAT SUPRA/TRANSCONDYLAR FRAC/PERCU	$ 228.00	$ 194.00
24545			OPEN TREAT SUPRA/TRANSCONDYLAR FRAC/	$ 211.00	$ 184.00
24546			OPEN TREAT SUPRA/TRANSCONDYLAR FRAC/	$ 211.00	$ 184.00
24560			TREAT CLSD EPICON FX,W/O MANIP	$ 70.00	$ 60.00
24565			TREAT CLSD EPICONDYLAR FRAC,MEDIAL/L	$ 114.00	$ 97.00
24566			PERCUT TX EPICONDYL FX W MANIPULATN	$ 211.00	$ 184.00
24575			OPEN TREAT CLSD/OPEN EPICONDYLAR FRA	$ 211.00	$ 184.00
24576			TRT CLSD CONDYLAR FX W/O MANIP	$ 40.00	$ 35.00
24577			TREAT CLSD CONDYLAR FRAC WITH MANIPU	$ 72.00	$ 63.00
24579			OPEN TREAT CLSD/OPEN CONDYLAR FRAC W	$ 211.00	$ 184.00
24582			PERCUT TX HUMERAL CONDYL FX W MANIPL	$ 211.00	$ 184.00
24586			OPEN TREAT CLSD/OPEN ELBOW FRAC W/EL	$ 456.00	$ 388.00
24587			OPEN TREAT CLSD/OPEN ELBOW FRAC WITH	$ 456.00	$ 388.00
24600			TREAT CLSD/ELBOW DISLOCATION W/O ANE	$ 61.00	$ 53.00
24605			TREAT CLSD ELBOW DISLOCATION REQUIRI	$ 90.00	$ 77.00
24615			OPEN TREATMENT OF CLOSED/OPEN ELBOW	$ 242.00	$ 210.00
24620			TREAT CLSD MONTEGGIA TYPE FRAC DISLO	$ 121.00	$ 105.00
24635			OPEN TREAT CLSD/OPEN FRAC DISLOC ELB	$ 211.00	$ 184.00
24650			TRT CLSD HEAD/NECK FX W/O MANIPULAT	$ 61.00	$ 53.00
24655			TREAT CLSD RADIAL HEAD/NECK FRAC WIT	$ 61.00	$ 53.00
24665			OPEN TREAT CLSD/OPEN RADIAL HEAD/NEC	$ 151.00	$ 131.00
24666			OPEN TREAT RADIAL HEAD/NECK FRAC WIT	$ 257.00	$ 219.00
24670			TRT ULNAR FX,PROX END W/0 MANIPULAT	$ 44.00	$ 41.00
24675			TREAT ULNAR FRAC,PROXIMAL END W/MANI	$ 114.00	$ 97.00
24685			OPEN TREAT ULNAR FRAC,PROXIMAL END W	$ 151.00	$ 131.00
24800			FUSION OF ELBOW JOINT	$ 400.00	$ 340.00
24802			FUSION/GRAFT OF ELBOW JOINT	$ 456.00	$ 388.00
24900			AMPUTATION OF UPPER ARM W/PRIMARY CL	$ 211.00	$ 184.00
24920			AMPUTATION UPPER ARM;OPEN,FLAP OR CI	$ 160.00	$ 138.00
24925			AMPUTATION UPPER ARM SECONDARY CLOSU	$ 32.00	$ 27.00
24930			REAMPUTATION UPPER ARM	$ 211.00	$ 184.00
24931			AMPUTATE UPPER ARM & IMPLANT	$ 285.00	$ 243.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
24935			STUMP ELONGATION/REVISION UPPER ARM	$ 143.00	$ 122.00
24940			CINEPLASTY UPPER EXTREMITY,COMPLETE	$ 431.00	$ 367.00
24999			UNLISTED PROCEDURE,HUMERUS OR ELBOW	BR	BR
25000			TENDON SHEATH INCISION; AT RADIAL ST	$ 114.00	$ 97.00
25001			INCISION FLEXOR TENDON SHEATH WRIST	$ 115.00	$ 98.00
25020			DECOMPRESSION FASCIOTOMY FLEXOR/EXTE	$ 200.00	$ 170.00
25023			DECOMPRESSION FASCIOTOMY FOREARM W/D	$ 200.00	$ 170.00
25024			DECOMPRESS FASCIOTOMY FOREARM/WRIST	$ 204.00	$ 174.00
25025			DECOMP FASCIOTOMY FOREARM/WRIST W/DE	$ 329.00	$ 280.00
25028			INCISION/DRAINAGE;DEEP ABSCESS/HEMAT	$ 114.00	$ 97.00
25031			INCISION/DRAINAGE INFECTED BURSA; FO	$ 16.00	$ 14.00
25035			INCISION;DEEP W/OPENING OF CORTEX/AB	$ 200.00	$ 170.00
25040			EXPLORE/TREAT WRIST JOINT	$ 120.00	$ 104.00
25065			BIOPSY SOFT TISSUES; SUPERFICIAL	$ 16.00	$ 14.00
25066			BIOPSY FOREARM SOFT TISSUES; DEEP	$ 57.00	$ 49.00
25071			BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; 3 CM OR GREATER	$ 229.28	$ 194.89
25073			BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; 3 CM OR GREATER	$ 287.21	$ 244.12
25075			EXCISE SUBCUTANEOUS TUMOR	$ 57.00	$ 49.00
25076			EXCISE TUMOR,DEEP	$ 86.00	$ 74.00
25077			RAD RESECT TUMOR/SFT TISS FOREARM/WR	$ 228.00	$ 194.00
25078			RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOREARM	$ 628.14	$ 533.92
25085			INCISION OF WRIST CAPSULE	$ 182.00	$ 158.00
25100			BIOPSY OF WRIST JOINT	$ 182.00	$ 158.00
25101			EXPLORE/TREAT WRIST JOINT W/WO BIOPS	$ 182.00	$ 158.00
25105			REMOVE WRIST JOINT LINING	$ 228.00	$ 194.00
25107			ARTHROTOMY, COMPLEX	$ 171.00	$ 146.00
25109			EXCISE TENDON FOREARM/WRIST	$ 295.77	$ 251.40
25110			EXCISION,LESION OF TENDON SHEATH	$ 90.00	$ 79.00
25111			EXCISION GANGLION;WRIST,PRIMARY	$ 90.00	$ 79.00
25112			EXCISION, GANGLION; WRIST/RECURRENT	$ 90.00	$ 79.00
25115			RADICAL EXCISE BURSA,WRIST/FOREARM T	$ 226.00	$ 197.00
25116			RADICAL EXCISE BURSA,WRIST/FOREARM T	$ 257.00	$ 219.00
25118			SYNOVECTOMY TENDON WRIST,SINGLE COMP	$ 211.00	$ 184.00
25119			SYNOVECTOMY TENDON,WRIST W/RESECT DI	$ 228.00	$ 194.00
25120			EXCISION BONE CYST/BENIGN TUMOR OF R	$ 228.00	$ 194.00
25125			EXCISE BONE CYST OF RADIUS/ULNA W/AU	$ 285.00	$ 243.00
25126			EXCISE BONE CYST OF RADIUS/ULNA W/HO	$ 285.00	$ 243.00
25130			EXCISE BONE CYST/BENIGN TUMOR OF CAR	$ 143.00	$ 122.00
25135			EXCISE BONE CYST OF CARPAL BONES W/A	$ 200.00	$ 170.00
25136			EXCISE BONE CYST OF CARPAL BONES W/H	$ 200.00	$ 170.00
25145			SEQUESTRECTOMY; FOREARM BONE ABSCESS	$ 90.00	$ 75.00
25150			PARTIAL REMOVAL,RADIUS/ULNA W/SUCTIO	$ 211.00	$ 184.00
25151			PARTIAL REMOVAL OF RADIUS	$ 211.00	$ 184.00
25170			RADICAL RESECTION FOR TUMOR, RADIUS	$ 371.00	$ 316.00
25210			CARPECTOMY; ONE BONE	$ 151.00	$ 131.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
25215			CARPECTOMY; ALL BONES OR PRIXIMAL RO	$ 257.00	$ 219.00
25230			RADIAL STYLOIDECTOMY	$ 143.00	$ 122.00
25240			EXCISION DISTAL ULNA	$ 143.00	$ 122.00
25246			INJECTION FOR WRIST X-RAY	$ 18.00	$ 16.00
25248			REMOVE FOREARM FOREIGN BODY	$ 102.00	$ 90.00
25250			REMOVAL OF WRIST PROSTHESIS	$ 456.00	$ 388.00
25251			COMPLICATED,"TOTAL WRIST"	$ 456.00	$ 388.00
25259			WRIST MANIPULATION UNDER ANESTHESIA	$ 185.00	$ 158.00
25260			REP,TEND/MUSC;PRIM,SING;EACH TEN/MUS	$ 121.00	$ 105.00
25263			REP TEND/MUSC.;SECONDARY..EACH	$ 46.00	$ 40.00
25265			REP TEND/MUSC,SECON..W/GRAFT; EACH	$ 57.00	$ 49.00
25270			REPAIR,EXTENSOR;PRIM,SING, EACH	$ 90.00	$ 79.00
25272			REPAIR TENDON/MUSCLE,EXTENSOR; SECON	$ 143.00	$ 122.00
25274			REP TEN/MUS,EXT...W/GRAFT,EACH...	$ 171.00	$ 146.00
25275			REP TENDON SHEATH FOREARM/WRIST	$ 327.00	$ 278.00
25280			LENGTHEN/SHORTEN FLEX,SING..EACH TEN	$ 151.00	$ 131.00
25290			TENOTOMY,OPEN,SINGLE...EACH TENDON	$ 86.00	$ 74.00
25295			TENOLYSIS,FLEX/EXT,SING,EACH TENDON	$ 113.00	$ 99.00
25300			TENODESIS AT WRIST;FLEXORS OF FINGER	$ 257.00	$ 219.00
25301			TENODESIS AT WRIST; EXTENSORS OF FI	$ 228.00	$ 194.00
25310			TENDON TRANSPLANT...SING;EACH TENDON	$ 228.00	$ 194.00
25312			TENDON TRANSPLANT,W/GRAFT..EACH TEND	$ 257.00	$ 219.00
25315			REVISE PALSY HAND TENDON(S)	$ 257.00	$ 219.00
25316			REVISE PALSY HAND TENDON W/TENDON S	$ 314.00	$ 267.00
25320			REPAIR/REVISE/RECONSTRUCT WRIST JOIN	$ 285.00	$ 243.00
25332			ARTHROPLASTY WRIST;W/INTERNAL FIXATI	$ 570.00	$ 485.00
25335			CENTRALIZATION-WRIST ON ULNA	$ 570.00	$ 485.00
25337			RECONSTR ULNA/JOINT W/WO OPEN REDUCT	$ 335.00	$ 285.00
25350			REVISION OF RADIUS;DISTAL THIRD	$ 206.00	$ 179.00
25355			REVISION OF RADIUS;MIDDLE OR PROXIMA	$ 206.00	$ 179.00
25360			REVISION OF ULNA	$ 182.00	$ 158.00
25365			REVISE RADIUS & ULNA	$ 342.00	$ 291.00
25370			REVISION,MULTIPLE,RADIUS OR ULNA	$ 211.00	$ 184.00
25375			REVISION,MULTIPLE,RADIUS AND ULNA	$ 428.00	$ 364.00
25390			SHORTEN RADIUS/ULNA	$ 242.00	$ 210.00
25391			LENGTHENING RADIUS/ULNA W/AUTOGENOUS	$ 428.00	$ 364.00
25392			SHORTEN RADIUS & ULNA	$ 371.00	$ 316.00
25393			LENGTHENING RADIUS & ULNA W/AUTOGENO	$ 570.00	$ 485.00
25394			OSTEOPLASTY CARPAL BONE SHORTENING	$ 342.00	$ 291.00
25400			REPAIR RADIUS OR ULNA	$ 342.00	$ 291.00
25405			REPAIR/GRAFT RADIUS OR ULNA	$ 242.00	$ 210.00
25415			REPAIR RADIUS & ULNA	$ 456.00	$ 388.00
25420			REPAIR/GRAFT RADIUS & ULNA	$ 513.00	$ 437.00
25425			REPAIR OF DEFECT W/GRAFT;RADIUS OR U	$ 342.00	$ 291.00
25426			REPAIR OF DEFECT W/GRAFT;RADIUS AND	$ 428.00	$ 364.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
25430			INSERTION OF VASC PED TO CARPAL BONE	$ 303.00	$ 258.00
25431			REPAIR NONUNION CARPAL BONE EACH BON	$ 342.00	$ 291.00
25440			REPAIR/GRAFT WRIST BONE	$ 342.00	$ 291.00
25441			RECONSTRUCT WRIST JOINT; DISTAL RADI	$ 171.00	$ 146.00
25442			RECONSTRUCT WRIST JOINT; DISTAL ULNA	$ 171.00	$ 146.00
25443			RECONSTRUCT WRIST JOINT; SCAPHOID	$ 200.00	$ 170.00
25444			RECONSTRUCT WRIST JOINT; LUNATE	$ 200.00	$ 170.00
25445			RECONSTRUCT WRIST JOINT; TRAPEZIUM	$ 200.00	$ 170.00
25446			RECONSTRUCT WRIST JOINT; DISTAL RADI	$ 604.00	$ 513.00
25447			INTERPOS.ARTHROPLASTY,INTER-CARPOMET	$ 220.00	$ 187.00
25449			REVISE ARTHROPLASTY,REVDVE	$ 200.00	$ 170.00
25450			EPIPHYSEAL ARREST; DISTAL RADIUS OR	$ 143.00	$ 122.00
25455			EPIPHYSEAL ARREST; DISTAL RADIUS AND	$ 200.00	$ 170.00
25490			PROPHYLACTIC TREATMENT,RADIUS	$ 200.00	$ 170.00
25491			PROPHYLACTIC TREATMENT; ULNA	$ 228.00	$ 194.00
25492			PROPHYLACTIC TREATMENT;RADIUS & ULNA	$ 321.00	$ 273.00
25500			TREAT FX-RADIUS W/O MANIPULATION	$ 54.00	$ 50.00
25505			TREAT FRACTURE OF RADIUS W/MANIPULAT	$ 72.00	$ 63.00
25515			OPEN TREAT CLSD/OPEN RADIAL SHAFT FR	$ 151.00	$ 131.00
25520			CLOSED TREAT RAD SHAFT FRACT. DISLO	$ 144.00	$ 123.00
25525			OPEN TRAET.RAD.FRACT.W.INT.FIXATION	$ 280.00	$ 238.00
25526			TREAT RAD. FRACT W TRIANG C REPAIR.	$ 428.00	$ 364.00
25530			TRT CLSD ULNAR FX W/O MANIPULATION	$ 46.00	$ 39.00
25535			TREAT CLOSED ULNAR SHAFT FRAC W/MANI	$ 61.00	$ 53.00
25545			OPEN TREAT CLSD/OPEN ULNAR FRAC W/WO	$ 151.00	$ 131.00
25560			TRT CLSD RADULNAR SHAFT FX	$ 97.00	$ 82.00
25565			TREAT CLSD RADIAL & ULNAR SHAFT FRAC	$ 121.00	$ 105.00
25574			OPEN TREAT CLSD/OPEN RADIAL & ULNAR	$ 211.00	$ 184.00
25575			OPEN TREAT CLSD/OPEN RADIAL & ULNAR	$ 211.00	$ 184.00
25600			TRT CLSD DIST RAD FX W/O MANIPULATIO	$ 59.00	$ 50.00
25605			TREAT CLOSED DISTAL RADIAL FRAC W/MA	$ 72.00	$ 63.00
25606			TREAT FX DISTAL RADIAL	$ 362.23	$ 307.90
25607			TREAT FX RAD EXTRA-ARTICUL	$ 405.48	$ 344.65
25608			TREAT FX RAD INTRA-ARTICUL	$ 454.55	$ 386.37
25609			TREAT FX RADIAL 3+ FRAG	$ 577.15	$ 490.58
25622			TREAT CLOSED CARPAL SCAPHOID FRAC; W	$ 35.00	$ 30.00
25624			TREAT CLOSED CARPAL SCAPHOID FRAC W/	$ 57.00	$ 49.00
25628			OPEN TREAT CLSD/OPEN CARPAL SCAPHOID	$ 182.00	$ 158.00
25630			TREAT CLSD FX;W/O MANIP,EACH BONE	$ 72.00	$ 63.00
25635			TREAT CLSD FX;W/ MANIP,EACH BONE	$ 72.00	$ 63.00
25645			OPEN TX,CLSD/OPEN FX...EACH BONE	$ 200.00	$ 170.00
25650			TRT CLSD ULNAR STYLOID FX	$ 175.00	$ 149.00
25651			PERCU SKEL FIXATION OF ULNAR STYLOID	$ 199.00	$ 170.00
25652			OPEN TREATMENT ULNAR STYLOID FRACTUR	$ 295.00	$ 251.00
25660			TREAT CLOSED RADIO/INTERCARPAL DISLO	$ 61.00	$ 53.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
25670			OPEN TREAT CLSD/OPEN RADIO/INTERCARP	$ 225.00	$ 191.00
25671			PERC SKELETAL FIXATION RADIOULNAR DI	$ 154.00	$ 131.00
25675			TREAT CLOSED DISTAL RADIOULNAR DISLO	$ 61.00	$ 53.00
25676			OPEN TREAT CLSD/OPEN DISTAL RADIOULN	$ 182.00	$ 158.00
25680			TREAT CLSD TRANS/SCAPHOPERILUNAR FRA	$ 143.00	$ 122.00
25685			OPEN TREAT CLSD/OPEN TRANS/SCAPHOPER	$ 285.00	$ 243.00
25690			TREAT LUNATE DISLOCATION W/MANIPULAT	$ 126.00	$ 108.00
25695			OPEN TREATMENT LUNATE DISLOCATION	$ 285.00	$ 243.00
25800			FUSION WRIST JOINT;W/O BONE GRAFT	$ 272.00	$ 236.00
25805			FUSION WRIST JOINT;W/SLIDING GRAFT	$ 400.00	$ 340.00
25810			FUSION WRIST JOINT; W/DISTANT BONE	$ 400.00	$ 340.00
25820			INTERCARPAL FUSION;W/OUT BONE GRAFT	$ 342.00	$ 291.00
25825			INTERCARPAL FUSION;W/ BONE GRAFT	$ 400.00	$ 340.00
25830			DIST RADIOULN KT ARTHRO W/WO BONE GR	$ 348.00	$ 296.00
25900			AMPUTATION,FOREARM THROUGH RADIUS AN	$ 182.00	$ 158.00
25905			AMPUTATION,FOREARM OPEN FLAP OR CIRC	$ 160.00	$ 138.00
25920			DISARTICULATION THROUGH WRIST	$ 228.00	$ 194.00
25924			REAMPUTATION WRIST SURGERY	$ 228.00	$ 194.00
25927			TRANSMETACARPAL_AMPUTATION	$ 228.00	$ 194.00
25929			TRANSMETACARPAL_AMPUTATION;_SECONDAR	$ 69.00	$ 59.00
25931			TRANSMETACARPAL_REAMPUTATION	$ 228.00	$ 194.00
26010			DRAINAGE OF FINGER ABSCESS	$ 18.00	$ 16.00
26011			DRAIN FINGER ABSCESS; COMPLICATED	$ 42.00	$ 37.00
26020			DRAIN HAND TENDON SHEATH	$ 24.00	$ 21.00
26025			DRAINAGE OF PALM BURSA	$ 145.00	$ 126.00
26030			DRAINAGE OF PALM BURSA MULTIPLE/COMP	$ 217.00	$ 189.00
26034			TREAT HAND BONE LESION	$ 103.00	$ 88.00
26035			DECOMPRESS FINGER/HAND-INJECTION INJ	$ 285.00	$ 243.00
26037			DEPRESSION FASCIOTOMY, HAND	$ 285.00	$ 243.00
26040			RELEASE PALM CONTRACTURE; CLOSED	$ 61.00	$ 53.00
26045			RELEASE PALM CONTRACTURE; OPEN PARTI	$ 182.00	$ 158.00
26055			INCISE FINGER TENDON SHEATH	$ 121.00	$ 105.00
26060			TENOTOMY,SUBCUTAN,SING,EACH DIGIT	$ 24.00	$ 21.00
26070			EXPLORE/TREAT HAND JOINT	$ 171.00	$ 146.00
26075			EXPLORE/TREAT METACAPPOPHALANGEAL JO	$ 171.00	$ 146.00
26080			ARTHROTOMY,INTERPHALANGEAL,EACH JNT	$ 86.00	$ 74.00
26100			BIOPSY HAND JOINT LINING	$ 171.00	$ 146.00
26105			BIOPSY METACARPOPHALANGEAL JOINT LIN	$ 171.00	$ 146.00
26110			ARTHROTOMY,INTERPHALANGEAL JNT	$ 86.00	$ 74.00
26111			ARTHROTOMY WITH BIOPSY; 1.5 CM OR GREATER	$ 226.58	$ 192.59
26113			ARTHROTOMY WITH BIOPSY; 1.5 CM OR GREATER	$ 297.13	$ 252.56
26115			EXCISION BENIGN TUMOR,HAND,SUBCUTANE	$ 35.00	$ 30.00
26116			EXCISION BENIGN TUMOR,HAND; DEEP	$ 70.00	$ 60.00
26117			RAD TUMOR RESECT,SFT TISS/HAND-FINGE	$ 228.00	$ 194.00
26118			RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF HAND OR	$ 573.32	$ 487.32

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
26121			FASCIECTOMY,PALMAR /INCL OBTAI GRAFT	$ 285.00	$ 243.00
26123			FASCIECTOMY,PARTIAL PALMAR EXCISION	$ 371.00	$ 316.00
26125			FASCIECTOMY,RELEASE EA ADDIT DIGIT	$ 218.07	$ 185.36
26130			REMOVE WRIST JOINT LINING	$ 171.00	$ 146.00
26135			SYNOVECTOMY,REL/RECON, EACH DIGIT	$ 200.00	$ 170.00
26140			SYNOVECTOMY,..EXT.RECON,EACH JOINT	$ 171.00	$ 146.00
26145			SYNOVECTOMY..RADIAL,..EACH DIGIT	$ 200.00	$ 170.00
26160			REMOVE TENDON SHEATH LESION	$ 61.00	$ 53.00
26170			EXCISE TENDON,PALM...EACH	$ 103.00	$ 88.00
26180			EXCISION OF TENDON,FINGER,FLEXOR	$ 103.00	$ 88.00
26185			SESAMOIDECTOMY THUMB OR FINGER	$ 104.00	$ 89.00
26200			REMOVE BONE CYST/BENIGN TUMOR OF HAN	$ 143.00	$ 122.00
26205			REMOVE BONE CYST/BENIGN TUMOR HAND W	$ 200.00	$ 170.00
26210			REMOVE BONE CYST PROXIMAL MIDDLE/DIS	$ 143.00	$ 122.00
26215			REMOVE BONE CYST PROXIMAL W/AUTOGENO	$ 200.00	$ 170.00
26230			PARTIAL REMOVAL OF HAND BONE	$ 143.00	$ 122.00
26235			PARTIAL REMOVAL PROXIMAL/MIDDLE PHAL	$ 143.00	$ 122.00
26236			PARTIAL REMOVAL DISTAL PHALANX (FING	$ 143.00	$ 122.00
26250			RADICAL RESECTION FOR TUMOR, HAND	$ 371.00	$ 315.00
26260			RADICAL RESECT FOR TUMOR,PROXIMAL/M	$ 257.00	$ 219.00
26262			RADICAL RESECTION FOR TUMOR,DISTAL P	$ 371.00	$ 315.00
26320			REMOVAL OF IMPLANT FROM FINGER OR HA	$ 171.00	$ 146.00
26340			MANIPULATE FINGER JOINT W/ANES EACH	$ 128.00	$ 109.00
26341	26		MANIPULATION, PALMAR FASCIAL CORD (IE, DUPUYTREN'S CORD), POST ENZYME INJECTION	$ 41.36	$ 35.16
26341			MANIPULATION, PALMAR FASCIAL CORD (IE, DUPUYTREN'S CORD), POST ENZYME INJECTION	$ 55.06	$ 46.80
26350			FLEX TENDON REP,SING,EACH TENDONA	$ 171.00	$ 146.00
26352			FLEX TEND REP,SECONDARY..EACH TENDON	$ 285.00	$ 243.00
26356			FLEX TEND REP/ADV,SING,PRIM,EACH TEN	$ 200.00	$ 170.00
26357			FLEXOR REP..;SECONDARY,EACH TENDON	$ 200.00	$ 170.00
26358			FLEX TEND REP/ADV,SNG;...EACH TENDON	$ 228.00	$ 194.00
26370			PROFUNDUS TENDON REPAIR W/INTACT SUB	$ 171.00	$ 146.00
26372			PROFUNDUS TENDON REPAIR;SECONDARY W/	$ 200.00	$ 170.00
26373			PROFUNDUS TENDON REPAIR;SECONDARY W/	$ 171.00	$ 146.00
26390			FLEXOR TENDON EXCISE,IMPLANT PLASTIC	$ 171.00	$ 146.00
26392			REMOVAL ROD AND INSERTION OF TENDON	$ 228.00	$ 194.00
26410			EXT TEND REP,SING;.W/O GRAFT,EACH TE	$ 78.00	$ 68.00
26412			EXT TEND REP,SING.;W/O GRAFT,EACH TE	$ 171.00	$ 146.00
26415			EXTENSOR TENDON EXCISION..HAND/FINGE	$ 171.00	$ 146.00
26416			REMOVE TUBE/ROD.....HAND OR FINGER	$ 228.00	$ 194.00
26418			EXT TEND REP..;W/O GRAFT,EACH TENDON	$ 78.00	$ 68.00
26420			EXT TEND REP...;W/GRAFT,EACH TENDON	$ 171.00	$ 146.00
26426			EXTENSOR TENDON,CENTRAL SLIP REPAIR/	$ 171.00	$ 146.00
26428			EXTENSOR TENDON,CENTRAL SLIP REPAIR/	$ 228.00	$ 194.00
26432			TENDON REPAIR,DISTAL INSERT,CLSD,SPL	$ 57.00	$ 49.00
26433			TENDON REPAIR,OPEN,PRIMARY /SEC REPA	$ 69.00	$ 59.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
26434			TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	$ 86.00	$ 74.00
26437			REALIGN EXTENSOR TENDON-FOR ARTHRITI	$ 228.00	$ 194.00
26440			TENOLYSIS,SIMP,FLEX TEND..;EACH TEND	$ 143.00	$ 121.00
26442			TENOLYSIS,SIMP..;PALM/FING,EACH TEND	$ 143.00	$ 121.00
26445			TENOLYSIS,EXT TEND...;EACH TENDON	$ 143.00	$ 121.00
26449			TENOLYSIS,COMP,EXT TENDON...	$ 228.00	$ 194.00
26450			TENOTOMY,FLEX,SING,PALM,OPEN	$ 86.00	$ 74.00
26455			TENOTOMY,FLEX,SING,FING,OPEN,EACH	$ 86.00	$ 74.00
26460			TENOTOMY,EXT,HAND/FING,SIN,OPEN,EACH	$ 69.00	$ 59.00
26471			TENODESIS;FOR PROXIMAL FINGER JOINT	$ 171.00	$ 146.00
26474			TENODESIS;FOR DISTAL JOINT STABILIZA	$ 143.00	$ 122.00
26476			TEND LENGTNEN,EXT...SINGLE,EACH	$ 171.00	$ 146.00
26477			TEND SHORTEN,EXT...SINGLE,EACH	$ 171.00	$ 146.00
26478			LENGTHEN FLEXOR,HAND/FINGER-EACH	$ 171.00	$ 146.00
26479			SHORTEN FLEXOR,HAND/FINGER-EACH	$ 171.00	$ 146.00
26480			TEND TRANSFER/PLANT,SING,W/GFT,EACH	$ 228.00	$ 194.00
26483			TEND TRANSFER/PLANT..W/GRFT,EACH TEN	$ 228.00	$ 194.00
26485			TEND TRANSFER/PLNT,EACH TEND;W/GRAFT	$ 228.00	$ 194.00
26489			TENDON TRANSFER/PLANT..;W/GRAFT,EACH	$ 228.00	$ 194.00
26490			REVISE THUMB TENDON	$ 228.00	$ 194.00
26492			REVISE THUMB TENDON W/GRAFT	$ 285.00	$ 243.00
26494			REVISE THUMB TENDON;HYPOTHENAR MUSCL	$ 285.00	$ 243.00
26496			REVISE THUMB TENDON; OTHER METHODS	$ 285.00	$ 243.00
26497			SUBLIMIS TRANSFER TO CORRECT CLAW FI	$ 285.00	$ 243.00
26498			SUBLIMIS TRANSFER TO CORRECT CLAW FI	$ 285.00	$ 243.00
26499			CORRECTION CLAW FINGER,OTHER METHODS	$ 285.00	$ 243.00
26500			HAND TENDON RECONSTRUCTION; W/LOCAL	$ 86.00	$ 74.00
26502			HAND TENDON RECONSTRUCTION; W/GRAFT	$ 86.00	$ 74.00
26508			RELEASE THUMB CONTRACTURE	$ 183.00	$ 156.00
26510			CROSS INTRINSIC TRANSFER	$ 85.00	$ 74.00
26516			FUSION OF KNUCKLE JOINT	$ 160.00	$ 136.00
26517			FUSION KNUCKLE JOINT,TWO DIGITS	$ 228.00	$ 194.00
26518			FUSION KNUCKLE JOINT THREE OR FOUR D	$ 285.00	$ 243.00
26520			CAPSULECTOMY/OTOMY....;EACH	$ 200.00	$ 170.00
26525			CAPSULECTOMY/OTOMY...;EACH	$ 200.00	$ 170.00
26530			ARTHROPLASTY,META...;SINGLE,EACH	$ 171.00	$ 146.00
26531			ARTHROPLASTY,META...;PROSTH...EACH	$ 200.00	$ 170.00
26535			ARTHROPLASTY,INTER..;SINGLE,EACH	$ 171.00	$ 146.00
26536			ARTHROPLASTY...;W/PROSTH,SING, EACH	$ 200.00	$ 170.00
26540			REPAIR COLLATERAL LIGAMENT	$ 200.00	$ 170.00
26541			RECONSTRUCT/GRAFT HAND JOINT	$ 257.00	$ 219.00
26542			PRIM REP COLLATERAL LIGAMENT/LOC TIS	$ 200.00	$ 170.00
26545			RECONSTRUCTION,SING,GRAFT,EACH JOINT	$ 200.00	$ 170.00
26546			REPAIR NON-UNION METACARPAL/PHALANX	$ 282.00	$ 240.00
26548			REPAIR/RECON,FINGER,INTERPHAL.JOINT	$ 200.00	$ 170.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
26550			CONSTRUCT THUMB REPLACEMENT	$ 600.00	$ 510.00
26551			TOE/HAND TRANSFER W/MICROVASC ANAST	$ 1,531.76	$ 1,301.99
26553			TOE/HAND TRANSF OTHER THAN GRT TOE	$ 1,421.21	$ 1,208.02
26554			TOE/HAND TRANSF DBLE OTHER THAN GRT	$ 1,963.32	$ 1,668.82
26555			POSITIONAL CHANGE OF FINGER	$ 600.00	$ 510.00
26556			FREE TOE JOINT TRANSF W/MICROVAS ANA	$ 1,464.89	$ 1,245.15
26560			REPAIR WEB FINGER;WITH SKIN FLAPS	$ 200.00	$ 170.00
26561			REPAIR WEB FINGER;W/SKIN FLAPS AND G	$ 257.00	$ 218.00
26562			REPAIR WEB FINGER,COMPLEX,INVOLVING	$ 302.00	$ 263.00
26565			CORRECT METACARPAL FLAW	$ 171.00	$ 145.00
26567			CORRECT FINGER DEFORMITY	$ 113.00	$ 100.00
26568			OSTEOPLASTY,LENGTHEN METACARP/PHALAN	$ 257.00	$ 219.00
26580			REPAIR HAND DEFORMITY	$ 684.00	$ 582.00
26587			RECONSTRUCT SUPERNUMERARY DIGIT,SOFT	$ 61.00	$ 53.00
26590			REPAIR FINGER DEFORMITY;MACRODACTYLI	$ 285.00	$ 243.00
26591			REPAIR, INTRINSIC MUSCLES OF HAND (S	$ 285.00	$ 243.00
26593			RELEASE, INTRINSIC MUSCLES OF HAND (	$ 285.00	$ 243.00
26596			EXCISE CONSTRUCTING RING, Z-PLASTIES	$ 228.00	$ 194.00
26600			TREAT CLSD FX..;W/O MANIP;EACH BONE	$ 30.00	$ 26.00
26605			TREAT CLSD FX...;W/MANIP,EACH BONE	$ 60.00	$ 52.00
26607			TREAT CLSD FX..;W/MANIP&FIX,EACH BON	$ 180.00	$ 156.00
26608			PERCUT.SKEL.FIX.MC.FRACT.EACH BONE	$ 192.00	$ 163.00
26615			OPEN TX,CLSD/OPEN FX....EACH BONE	$ 90.00	$ 79.00
26641			TREAT THUMB DISLOCATION W/MANIPU	$ 30.00	$ 26.00
26645			TREAT CLSD THUMB FRAC DISLOCATION W/	$ 86.00	$ 73.00
26650			TREAT CLSD THUMB FRAC DISLOCATION W/	$ 143.00	$ 122.00
26665			OPEN TREAT CLSD/OPEN THUMB FRAC DISL	$ 228.00	$ 194.00
26670			TREAT CLSD HAND DISLOCATION W/MANIPU	$ 30.00	$ 26.00
26675			TREAT HAND DISLOCATION W/ANESTHESIA	$ 65.00	$ 55.00
26676			PERC.PINNING,CLOSED CARPOMETACARPAL	$ 100.00	$ 85.00
26685			OPEN TREAT CLSD/OPEN HAND DISLOCATIO	$ 121.00	$ 105.00
26686			OPEN TREAT OPEN/CLSD HAND DISLOC COM	$ 171.00	$ 146.00
26700			TREAT KNUCKLE DISLOCATION;W/OANESTHE	$ 30.00	$ 26.00
26705			TREAT KNUCKLE DISLOCATION W/ANESTHES	$ 65.00	$ 55.00
26706			PERC.PINNING,CLOSED METACARPOPHALANG	$ 100.00	$ 85.00
26715			OPEN TREAT CLSD/OPEN KNUCKLE DISLOCA	$ 121.00	$ 105.00
26720			TREAT CLSD FX;W/O MANIP, EACH	$ 22.00	$ 19.00
26725			TREAT CLSD FX;W/ MANIP, EACH	$ 48.00	$ 42.00
26727			TREAT FX,MANIP,TRACT/FIX, EACH	$ 96.00	$ 82.00
26735			OPEN TREAT....W/W/O FIX,EACH	$ 90.00	$ 79.00
26740			TREAT CLSD ART FX...W/O MANIP,EACH	$ 29.00	$ 25.00
26742			TREAT CLSD ART FX....W/ MANIP,EACH	$ 57.00	$ 49.00
26746			OPEN TX,CLSD/OPEN FX...EACH	$ 114.00	$ 97.00
26750			TREAT CLSD FX...W/O MANIP, EACH	$ 29.00	$ 25.00
26755			TREAT CLSD FX...W/ MANIP, EACH	$ 57.00	$ 49.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
26756			TREAT CLSD FX..;W/ PERC PIN, EACH	$ 100.00	$ 85.00
26765			OPEN TX,CLSD/OPEN FX..;EACH	$ 72.00	$ 63.00
26770			TRMT OF CLOS INTERPHAL JOINT DIS SIN	$ 20.00	$ 17.00
26775			CLOSED RX INTERPHAL JT DISLOC W/ANES	$ 55.00	$ 47.00
26776			PERC.PINNING,CLOSED INTERPHALANGEAL	$ 100.00	$ 85.00
26785			OPEN TRMT OF CLOS OR OPEN INTERPHA J	$ 61.00	$ 53.00
26820			THUMB FUSION WITH GRAFT	$ 228.00	$ 194.00
26841			ARTHRODESIS, THUMB W/ OR W/O INTERNA	$ 151.00	$ 131.00
26842			ARTHRODESIS OF THUMB W/ GRAFT	$ 228.00	$ 194.00
26843			ARTHRODESIS DIGITS OTHER THAN THUMB	$ 200.00	$ 170.00
26844			ARTHRODESIS OF DIGITS W/ GRAFT	$ 228.00	$ 194.00
26850			ARTHRODESIS KNUCKLE W/ OR W/O INT FI	$ 171.00	$ 146.00
26852			ARTHRODESIS KNUCKLE W/ GRAFT	$ 217.00	$ 185.00
26860			ARTHRODESIS FINGER JOINT W/ OR W/O F	$ 151.00	$ 131.00
26861			ARTHRODESIS...EACH ADD JOINT	$ 57.00	$ 44.00
26862			FUSION/GRAFT OF FINGER JOINT	$ 171.00	$ 146.00
26863			ARTHRODESIS;W/ GRAFT,EACH ADD JOINT	$ 86.00	$ 74.00
26910			AMPUTATE METACARPAL BONE	$ 121.00	$ 105.00
26951			AMPUTATION OF FINGER/THUMB	$ 61.00	$ 53.00
26952			AMPUTATE FINGER/THUMB W/ANESTHESIA	$ 61.00	$ 53.00
26989			UNLISTED PROCEDURE, HANDS OR FINGERS	BR	BR
26990			DRAINAGE OF PELVIS LESION	$ 114.00	$ 97.00
26991			DRAINAGE OF PELVIS BURSA	$ 21.00	$ 18.00
26992			DRAINAGE OF BONE LESION	$ 114.00	$ 97.00
27000			TENOTOMY, SUBCUTANEOUS CLOSED-HIP OR	$ 121.00	$ 105.00
27001			TENOTOMY, SUBCUTANEOUS OPEN, UNILATE	$ 121.00	$ 105.00
27001	50		TENOTOMY,SUBCUTANEOUS OPEN,BILATERAL	$ 182.00	$ 158.00
27003	50		OPEN BILATERAL TENOTOMY W/NEURECTOMY	$ 273.00	$ 237.00
27003			OPEN UNILATERAL TENOTOMY W/ NEURECTO	$ 182.00	$ 158.00
27005			TENOTOMY, ILIOPSOAS, OPEN	$ 171.00	$ 145.00
27006			TENOTOMY, ABDUCTORS, OPEN	$ 171.00	$ 145.00
27025			OBER-YOUNT FASCIOTOMY, UNILATERAL	$ 228.00	$ 198.00
27025	50		OBER-YOUNT FASCIOTOMY,BILATERAL	$ 328.00	$ 285.00
27027			DECOMPRESSION_FASCIOTOMY(IES)___PELV	$ 434.15	$ 369.03
27027	50		DECOMPRESSION_FASCIOTOMY(IES)___PELV	$ 868.30	$ 738.06
27030			ARTHROTOMY OF HIP FOR DRAINAGE	$ 242.00	$ 210.00
27033			HIP ARTHROTOMY FOR EXPLORATION	$ 242.00	$ 210.00
27035			DENERVATION OF HIP JOINT	$ 399.00	$ 340.00
27036			CAPSULECTOMY OF HIP W/WO EXCIS	$ 343.00	$ 291.00
27040			SUPERFICIAL BIOPSY OF SOFT TISSUES	$ 18.00	$ 15.00
27041			DEEP BIOPSY OF SOFT TISSUES	$ 57.00	$ 49.00
27043			BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; 3 CM OR GREATER	$ 252.12	$ 214.30
27045			BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; 5 CM OR GREATER	$ 401.27	$ 341.08
27047			EXCISION,TUMOR,PELVIS/HIP SUBCUTANEO	$ 52.00	$ 44.00
27048			DEEP TUMOR EXCISION,HIP-PELVIS	$ 86.00	$ 74.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
27049			RAD RESECT TUMOR,SFT TISS,PELVIS/HIP	$ 228.00	$ 194.00
27050			BIOPSY OF SACROILLIAC JOINT	$ 143.00	$ 122.00
27052			BIOPSY OF HIP JOINT	$ 399.00	$ 340.00
27054			ARTHROTOMY FOR SYNOVECTOMY, HIP JOIN	$ 455.00	$ 387.00
27057			DECOMPRESSION_FASCIOTOMY(IES)___PELV	$ 559.67	$ 475.72
27057	50		DECOMPRESSION_FASCIOTOMY(IES)___PELV	$ 1,119.34	$ 951.44
27059			DECOMPRESSION FASCIOTOMY(IES), PELVIC (BUTTOCK) COMPARTMENT(S) (EG, GLUTEUS	$ 957.53	$ 813.90
27060			REMOVAL OF ISCHIAL BURSA	$ 171.00	$ 146.00
27062			EXCISION TROCHANTERIC BURSA	$ 121.00	$ 105.00
27065			EXC BONE CYST OR TUMOR, SUPERFICIAL,	$ 211.00	$ 184.00
27066			DEEP W/ OR W/O BONE GRAFT	$ 211.00	$ 184.00
27067			EXCISION BONE CYST WITH AUTOGRAFT	$ 285.00	$ 243.00
27070			PARTIAL REMOVAL OF HIP BONE	$ 114.00	$ 97.00
27071			PARTIAL EXCISION SUPERFICIAL DEEP	$ 114.00	$ 97.00
27075			RADICAL RESECTION FOR TUMOR-WING OF	$ 342.00	$ 291.00
27076			RADICAL RESECTION FOR TUMOR-ILIUM	$ 342.00	$ 291.00
27077			INNOMINATE BONE-TOTAL	$ 342.00	$ 291.00
27078			ISCHIAL TUBEROSITY & TROCANER OF FE	$ 342.00	$ 291.00
27080			COCCYGECTOMY	$ 121.00	$ 105.00
27086			REMOVE HIP FOREIGN BODY	$ 18.00	$ 16.00
27087			REMOVE FOREIGN BODY,PELVIS/HIP..DEEP	$ 29.00	$ 25.00
27090			REMOVAL OF HIP PROSTHESIS	$ 342.00	$ 291.00
27091			COMPLICATED REMOVAL HIP PROSTHESIS	$ 798.00	$ 679.00
27093			INJECTION FOR HIP ARTHROGRAPHY W/O A	$ 18.00	$ 16.00
27095			INJ PROC HIP ARTHROGRAPHY W/ANESTHES	$ 18.00	$ 16.00
27096			INJ PROC SACROIL JT/ARTHROG/ANES STE	$ 42.00	$ 35.00
27097			HAMSTRING RECESSION, PROXIMAL	$ 171.00	$ 146.00
27098			ADDUCTOR TRANSFER TO ISCHIUM	$ 171.00	$ 146.00
27100			TRAN EXTERNAL OBLIQUE MUSCLE TO GREA	$ 354.00	$ 301.00
27105			TRANSFER PARASPINAL MUSCLE TO HIP	$ 377.00	$ 321.00
27110			TRANSFER ILIOPSOAS MUSCLE TO GREATER	$ 428.00	$ 364.00
27111			TRANSFER ILIOPSOAS TO FEMORAL NECK	$ 354.00	$ 301.00
27120			ACETABULOPLASTY	$ 570.00	$ 485.00
27122			RESECTION FEMORAL HEAD	$ 570.00	$ 485.00
27125			PARTIAL HIP REPLACEMENT,PROSTHESIS	$ 483.00	$ 420.00
27130			ARTHROPLASTY(TOTAL HIP REPLACEMENT)	$ 845.00	$ 735.00
27132			CONVERT PREV.HIP SURG TO TOT.HIP REP	$ 884.00	$ 752.00
27134			REVISE TOT.HIP ARTHROPLASTY;BOTH COM	$ 845.00	$ 735.00
27137			REVISE HIP ARTHROPLASTY;ACETABULAR	$ 743.00	$ 632.00
27138			REVISE HIP ARTHROPLASTY;FEMORAL COMP	$ 743.00	$ 632.00
27140			OSTEOTOMY & TRANSFER OF GREATER TROC	$ 285.00	$ 243.00
27146			OSTEOTOMY, ILIAC	$ 570.00	$ 485.00
27147			WITH OPEN REDUCTION OF HIP	$ 570.00	$ 485.00
27151			WITH FEMORAL OSTEOTOMY	$ 570.00	$ 485.00
27156			WITH FEMORAL OSTEOTOMY & OPEN REDUCT	$ 627.00	$ 573.00

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CPT/ HCPCS/ CDT	***MOD 1***	***MOD 2***	***SHORT - DESCRIPTION***	***MAXIMUM FEE ALLOWANCE***	***MAXIMUM FEE ALLOWANCE***
PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
27158			OSTEOTOMY, PELVIS, BILATERAL	$ 570.00	$ 485.00
27161			INCISION OF NECK OF FEMUR	$ 570.00	$ 485.00
27165			INCISION/FIXATION OF FEMUR	$ 483.00	$ 420.00
27170			BONE GRAFT FOR NONUNION, FEMORAL HEA	$ 570.00	$ 485.00
27175			TREAT SLIPPED EPIPHYSIS	$ 151.00	$ 131.00
27176			BY SINGLE OR MULTIPLE PINNING, IN SI	$ 456.00	$ 388.00
27177			REPAIR SLIPPED EPIPHYSIS	$ 362.00	$ 315.00
27178			OSTEOTOMY & INTERNAL FIXATION	$ 362.00	$ 315.00
27179			OSTEOPLASTY OF FEMORAL NECK	$ 453.00	$ 385.00
27181			REPAIR SLIPPED EPIPHYSIS	$ 453.00	$ 385.00
27185			EPIPHYSEAL ARREST, GREATER TROCHANTE	$ 249.00	$ 212.00
27187			PROPHYLACTIC TREAT,FEM.NECK&PROX FEM	$ 362.00	$ 315.00
27193			CLOSED TREAT PELVIC RING FRACT, DISL	$ 86.00	$ 74.00
27194			CLOSED TRMT OF PELVIS, DISLOCAT W/AN	$ 103.00	$ 88.00
27200			TRMT OF CLOSED COCCYGEAL FX	$ 36.00	$ 30.00
27202			OPEN TRMT OF CLOSED OR OPEN COCCYGEA	$ 114.00	$ 97.00
27215			OPEN TRMT OF ILIAC SPINE(S)	$ 428.00	$ 364.00
27216			PERC SKEL FIX POST PELVIC RING	$ 81.00	$ 58.00
27217			OPEN TRMT ANTERIOR RING FRACTURE	$ 428.00	$ 364.00
27218			OPEN TRMT OF POSTERIOR RING FRACTURE	$ 428.00	$ 364.00
27220			TREAT (HIP SOCKET) FRACTURE ACETABUL	$ 48.00	$ 42.00
27222			CLOSED RX OF ACETABULUM W/MANIPULAT	$ 314.00	$ 267.00
27226			OPEN TRMT POST OR ANT ACETABULAR	$ 302.00	$ 263.00
27227			OPEN TRMT ACETABULAR FRACTURE(S)	$ 570.00	$ 485.00
27228			OPEN TRMT ACET. FRACT (2) COLUMNS	$ 570.00	$ 485.00
27230			TREAT PROXIMAL,NECK,FEMORAL FRACTURE	$ 200.00	$ 170.00
27232			CLOSED RX FEMORAL FX W/MANIPULATION	$ 246.00	$ 216.00
27235			PERC SKELETAL FIX OF FEMORAL FX	$ 456.00	$ 388.00
27236			OPEN TRMT OF FEMORAL FX W/ INTERNAL	$ 456.00	$ 388.00
27238			TREAT INTE /PER CHANTERIC FRACTURE	$ 171.00	$ 146.00
27240			CLOSED RX INTERTROCHANTERIC W/MANIP	$ 257.00	$ 218.00
27244			OPEN TRMT OF CLOSED OR OPEN INTER/PE	$ 456.00	$ 388.00
27245			OPEN TRMT OF INTER/PERTR.	$ 456.00	$ 388.00
27246			TRMT OF CLOSED GREATER TROCHANTERIC	$ 114.00	$ 97.00
27248			OPEN TRMT OF CLSD OR OPEN GREATER TR	$ 171.00	$ 146.00
27250			TREAT HIP DISLOCATION	$ 121.00	$ 105.00
27252			TREAT HIP DISLOCATION W/ANESTHESIA	$ 150.00	$ 128.00
27253			OPEN TRMT OF CLOSED OR OPEN HIP DISL	$ 332.00	$ 289.00
27254			TRMT OF SAME W/ ACETABULAR LIP FIXAT	$ 485.00	$ 412.00
27256			TRMT OF CONGENITAL HIP DISLOCATION	$ 55.00	$ 47.00
27257			WITH MANIPULATION REQUIRING ANES	$ 109.00	$ 95.00
27258			OPEN TRMT CONGEN HIP DISL-REPLACEMEN	$ 332.00	$ 289.00
27259			W/ FEMORAL SHAFT SHORTENING	$ 570.00	$ 485.00
27265			TX ATRAUMATIC HIP DISLOCATION WO ANE	$ 121.00	$ 105.00
27266			TX ATRAUMATIC HIP DISLOC;W ANESTHESI	$ 150.00	$ 128.00

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CPT/ HCPCS/ CDT	***MOD 1***	***MOD 2***	***SHORT - DESCRIPTION***	***MAXIMUM FEE ALLOWANCE***	***MAXIMUM FEE ALLOWANCE***
PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
27267			CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITHOUT MANIPULATION	$ 239.22	$ 203.33
27268			CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITH MANIPULATION	$ 297.50	$ 252.88
27269			OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD, INCLUDES INTERNAL	$ 686.03	$ 583.13
27275			MANIPULATION,HIP JOINT REQ.GEN.ANEST	$ 69.00	$ 60.00
27279			ARTHRODESIS SACROILIAC JOINT	$ 305.96	$ 260.07
27280			FUSION OF SACROILIAC JOINT	$ 342.00	$ 291.00
27282			FUSION OF PUBIC BONES	$ 570.00	$ 485.00
27284			FUSION OF HIP JOINT	$ 570.00	$ 485.00
27286			ARTHRODESIS W/SUBTROCH OSTEOTOMY	$ 627.00	$ 533.00
27290			AMPUTATION OF LEG AT HIP	$ 604.00	$ 525.00
27295			DISARTICULATION OF HIP	$ 483.00	$ 420.00
27299			UNLISTED PROCEDURE PELVIS/HIP JOINT	BR	BR
27301			I&D OF DEEP ABCESS, INFECTED BURSA O	$ 90.00	$ 77.00
27303			INCISION, DEEP W/ OPENING OF BONE CO	$ 114.00	$ 97.00
27305			FASCIOTOMY,ILIOTIBIAL....(OPEN)	$ 171.00	$ 146.00
27306			TENOTOMY,SINGLE,ADDUCTOR/HAMSTRING	$ 86.00	$ 74.00
27307			TENOTOMY,SUBCU,CLOSED,ADDUCTOR/HAMST	$ 171.00	$ 146.00
27310			ARTHROTOMY,KNEE,FOR INFECTION.....	$ 285.00	$ 243.00
27323			BIOPSY THIGH SOFT TISSUES	$ 16.00	$ 14.00
27324			BIOPSY THIGH SOFT TISSUES;DEEP	$ 29.00	$ 25.00
27325			NEURECTOMY, HAMSTRING	$ 280.30	$ 238.25
27326			NEURECTOMY, POPLITEAL	$ 284.64	$ 241.94
27327			EXCISE TUMOR,THIGH OR KNEE; SUBCUTAN	$ 29.00	$ 25.00
27328			EXCISE TUMOR,THIGH OR KNEE;DEEP.....	$ 57.00	$ 49.00
27329			RAD RESECT TUMOR...THIGH OR KNEE	$ 228.00	$ 194.00
27330			ARTHROTOMY,KNEE;SYNOVIAL BIOPSY ONLY	$ 285.00	$ 243.00
27331			EXPLORE/TREAT KNEE JOINT	$ 285.00	$ 243.00
27332			REMOVAL OF KNEE CARTILAGE	$ 284.00	$ 243.00
27333			REMOVAL OF KNEE CARTILAGE	$ 456.00	$ 388.00
27334			REMOVE KNEE JOINT LINING	$ 332.00	$ 289.00
27335			REMOVE KNEE JOINT LINING	$ 332.00	$ 289.00
27337			ARTHROTOMY, WITH SYNOVECTOMY, KNEE; 3 CM OR GREATER	$ 225.78	$ 191.91
27339			ARTHROTOMY, WITH SYNOVECTOMY, KNEE; 5 CM OR GREATER	$ 401.46	$ 341.24
27340			REMOVAL OF KNEECAP BURSA	$ 90.00	$ 79.00
27345			EXCISION SYNOVIAL CYST OF POPLITEAL	$ 182.00	$ 158.00
27347			EXCISION LESION MENISCUS/CAPSULE	$ 214.00	$ 182.00
27350			PATELLECTOMY/OR HEMIPATELLECTOMY	$ 211.00	$ 184.00
27355			REMOVE FEMUR LESION	$ 228.00	$ 194.00
27356			REMOVE FEMUR LESION/GRAFT	$ 342.00	$ 291.00
27357			REMOVE FEMUR LESION/GRAFT	$ 342.00	$ 291.00
27358			REMOVE FEMUR LESION/FIXATION	$ 259.59	$ 220.65
27360			PARTIAL REMOVAL LEG BONE(S)	$ 211.00	$ 184.00
27364			PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE, FEMUR,	$ 832.43	$ 707.56
27365			EXTENSIVE LEG SURGERY	$ 570.00	$ 485.00
27370			INJECTION FOR KNEE X-RAY	$ 18.00	$ 16.00

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CPT/ HCPCS/ CDT	***MOD 1***	***MOD 2***	***SHORT - DESCRIPTION***	***MAXIMUM FEE ALLOWANCE***	***MAXIMUM FEE ALLOWANCE***
PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
27372			REMOVAL OF FOREIGN BODY	$ 57.00	$ 48.00
27380			REPAIR OF KNEECAP TENDON	$ 242.00	$ 210.00
27381			REPAIR/GRAFT KNEECAP TENDON	$ 350.00	$ 303.00
27385			REPAIR OF THIGH MUSCLE	$ 242.00	$ 210.00
27386			REPAIR/GRAFT OF THIGH MUSCLE	$ 350.00	$ 303.00
27390			INCISION OF THIGH TENDON	$ 151.00	$ 131.00
27391			INCISION OF THIGH TENDONS	$ 201.00	$ 175.00
27392			INCISION OF THIGH TENDONS	$ 302.00	$ 262.00
27393			LENGTHENING OF THIGH TENDON	$ 151.00	$ 131.00
27394			LENGTHENING OF THIGH TENDONS	$ 201.00	$ 175.00
27395			LENGTHENING OF THIGH TENDONS	$ 227.00	$ 197.00
27396			TRANSPLANT OF THIGH TENDON	$ 371.00	$ 316.00
27397			TRANSPLANTS OF THIGH TENDONS	$ 411.00	$ 350.00
27400			REVISE THIGH MUSCLES/TENDONS	$ 371.00	$ 316.00
27403			ARTHROTOMY WITH OPEN MENISCUS REPAIR	$ 250.00	$ 213.00
27405			REPAIR OF KNEE LIGAMENT	$ 277.00	$ 240.00
27407			REPAIR OF KNEE LIGAMENT	$ 277.00	$ 240.00
27409			REPAIR OF KNEE LIGAMENTS	$ 378.00	$ 329.00
27412			AUTOLOGOUS CHONDROCYTE IMPLANTATION,	$ 913.80	$ 776.73
27415			OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	$ 760.16	$ 646.13
27416			OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OPEN (EG, MOSAICPLASTY) (INCLUDES HARVESTING	$ 541.77	$ 460.50
27418			PLASTY FOR CHONDROMALACIA PAATELLAE	$ 570.00	$ 485.00
27420			REVISION OF UNSTABLE KNEECAP	$ 302.00	$ 263.00
27422			REVISION OF UNSTABLE KNEECAP	$ 302.00	$ 263.00
27424			REVISION/REMOVAL OF KNEECAP	$ 302.00	$ 263.00
27425			LATERAL RENTINACULAR RELEASE ANY MET	$ 251.00	$ 213.00
27427			RECONSTRUCT(AUGMENT)KNEE;ESTRA-ARTIC	$ 360.00	$ 306.00
27428			RECONSTRUCT(AUGMENT)KNEE;INTRA-ARTIC	$ 325.00	$ 276.00
27429			RECONSTRUCT KNEE;INTRA&EXTRA ARTIC	$ 425.00	$ 361.00
27430			REVISION OF THIGH MUSCLES	$ 342.00	$ 291.00
27435			INCISION OF KNEE JOINT	$ 211.00	$ 184.00
27437			ARTHROPLASTY,PATELLA;WOUT PROSTHESIS	$ 428.00	$ 364.00
27438			REVISE KNEE CAP WITH IMPLANT	$ 485.00	$ 413.00
27440			REVISION OF KNEE JOINT	$ 485.00	$ 413.00
27441			REVISION OF KNEE JOINT	$ 485.00	$ 413.00
27442			REVISION OF KNEE JOINT	$ 485.00	$ 413.00
27443			REVISION OF KNEE JOINT	$ 485.00	$ 413.00
27445			REVISE KNEE JOINT, IMPLANT	$ 604.00	$ 525.00
27446			TOTAL KNEE REPLACEMENT	$ 485.00	$ 413.00
27447			TOTAL KNEE REPLACEMENT	$ 604.00	$ 525.00
27448	50		INCISION OF FEMUR, BILATERAL	$ 590.00	$ 501.00
27448			INCISION OF FEMUR, UNILATERAL	$ 393.00	$ 341.00
27450			INCISION OF FEMUR	$ 590.00	$ 501.00
27450	50		INCISION OF FEMUR WITH FIXATION	$ 885.00	$ 752.00
27454			REALIGNMENT OF FEMUR	$ 378.00	$ 329.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
27455	50		REALIGNMENT OF KNEE, BILATERAL	$ 408.00	$ 347.00
27455			REALIGNMENT OF KNEE, UNILATERAL	$ 272.00	$ 236.00
27457			REALIGNMENT OF KNEE	$ 272.00	$ 236.00
27457	50		REALIGNMENT OF KNEE	$ 408.00	$ 347.00
27465			SHORTENING OF FEMUR	$ 332.00	$ 289.00
27466			LENGTHENING OF FEMUR	$ 332.00	$ 289.00
27468			REVISION OF FEMURS	$ 604.00	$ 525.00
27470			REPAIR OF FEMUR	$ 485.00	$ 413.00
27472			REPAIR / GRAFT OF FEMUR	$ 332.00	$ 289.00
27475			REPAIR OF FEMUR EPIPHYSIS	$ 242.00	$ 210.00
27477			REPAIR LOWER LEG EPIPHYSES	$ 242.00	$ 210.00
27479			REPAIR OF LEG EPIPHYSES	$ 302.00	$ 263.00
27485			REPAIR OF LEG EPIPHYSIS	$ 197.00	$ 172.00
27486			REVISE KNEE/ARTHROPLASTY-1 COMPONENT	$ 725.00	$ 616.00
27487			REVISE KNEE ARTHROPLASTY-ALL COMP	$ 750.00	$ 638.00
27488			REMOVAL OF KNEE PROSTHESIS	$ 660.00	$ 561.00
27495			PROPHYLACTIC TREAT.FEMUR	$ 456.00	$ 388.00
27496			DECOMP.FASCIOTOMY,THIGH/KNEE 1 COMP.	$ 120.00	$ 102.00
27497			DECOMP.FASCIAL,W.DEBRID.MUSC.NERVE	$ 211.00	$ 179.00
27498			DECOMP.FASCIO,THIGH/KNEE	$ 241.00	$ 205.00
27499			DECOMP.FASCIO,THIGH/KNEE W. DEB.M-N	$ 330.00	$ 280.00
27500			TREATMENT OF FEMUR FRACTURE	$ 182.00	$ 158.00
27501			CLOSED TRMT OF FEMOR FRACTURE	$ 182.00	$ 158.00
27502			TREATMENT OF FEMUR FRACTURE	$ 182.00	$ 158.00
27503			CLOSED TRMT OF FEMOR FRACTURE	$ 182.00	$ 158.00
27506			REPAIR OF FEMUR FRACTURE	$ 272.00	$ 236.00
27507			OPEN TRMT OF FEMOR FRACTURE	$ 272.00	$ 236.00
27508			TREATMENT OF FEMUR FRACTURE	$ 70.00	$ 62.00
27509			PERCUT OR TRANSC FEMOR FRACTURE	$ 70.00	$ 62.00
27510			TREATMENT OF FEMUR FRACTURE	$ 121.00	$ 105.00
27511			OPEN TRMT OF FEMOR FRACTURE	$ 272.00	$ 236.00
27513			OPEN TRMT OF FEMOR FRACTURE	$ 272.00	$ 236.00
27514			REPAIR OF FEMUR FRACTURE	$ 342.00	$ 291.00
27516			TREATMENT OF FEMUR EPIPHYSIS	$ 171.00	$ 146.00
27517			TREATMENT OF FEMUR EPIPHYSIS	$ 171.00	$ 146.00
27519			REPAIR OF FEMUR EPIPHYSIS	$ 342.00	$ 291.00
27520			TREAT KNEECAP FRACTURE	$ 62.00	$ 57.00
27524			REPAIR OF KNEECAP FRACTURE	$ 211.00	$ 184.00
27530			CLOSED TREATMENT OF TIBIAL FRACTURE	$ 74.00	$ 65.00
27532			CLOSED TREATMENT OF TIBIAL FRACTURE	$ 121.00	$ 105.00
27535			OPEN TRMT OF TIBIAL FRACTURE	$ 242.00	$ 210.00
27536			OPEN TREATMENT TIBIAL FRACTURE	$ 242.00	$ 210.00
27538			TRMT OF CLOSED INTERCONDLAR SPINE(S)	$ 114.00	$ 97.00
27540			REPAIR OF KNEE FRACTURE	$ 314.00	$ 267.00
27550			TREAT KNEE DISLOCATION	$ 90.00	$ 79.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
27552			TREAT KNEE DISLOCATION	$ 90.00	$ 79.00
27556			REPAIR OF KNEE DISLOCATION	$ 342.00	$ 291.00
27557			REPAIR OF KNEE DISLOCATION	$ 371.00	$ 316.00
27558			OPEN TRMT OF KNEE DISOCATION	$ 371.00	$ 316.00
27560			TREAT KNEECAP DISLOCATION	$ 72.00	$ 63.00
27562			TREAT KNEECAP DISLOCATION	$ 72.00	$ 63.00
27566			REPAIR KNEECAP DISLOCATION	$ 211.00	$ 184.00
27570			FIXATION OF KNEE JOINT	$ 61.00	$ 53.00
27580			FUSION OF KNEE	$ 393.00	$ 341.00
27590			AMPUTATE LEG AT THIGH	$ 272.00	$ 236.00
27591			AMPUTATE LEG AT THIGH	$ 294.00	$ 250.00
27592			AMPUTATE LEG AT THIGH	$ 182.00	$ 158.00
27594			AMPUTATION FOLLOW-UP SURGERY	$ 24.00	$ 21.00
27596			AMPUTATION FOLLOW-UP SURGERY	$ 272.00	$ 236.00
27598			AMPUTATE LOWER LEG AT KNEE	$ 182.00	$ 158.00
27599			UNLISTED PROCEDURE,FEMUR/KNEE	BR	BR
27600			DECOMPRESSION OF LOWER LEG	$ 127.00	$ 108.00
27601			FASCIOTOMY,LEG-POSTERIOR COMP.ONLY	$ 127.00	$ 108.00
27602			DECOMPRESSION OF LOWER LEG	$ 147.00	$ 125.00
27603			DRAIN LOWER LEG LESION	$ 114.00	$ 97.00
27604			DRAIN LOWER LEG BURSA	$ 16.00	$ 14.00
27605			INCISION OF ACHILLES TENDON;LOCAL AN	$ 29.00	$ 25.00
27606			INCISION OFACHILLES TENDON	$ 63.00	$ 54.00
27607			TREAT LOWER LEG BONE LESION	$ 228.00	$ 194.00
27610			EXPLORE/TREAT ANKLE JOINT	$ 182.00	$ 158.00
27612			EXPLORATION OF ANKLE JOINT	$ 182.00	$ 158.00
27613			BIOPSY LOWER LEG SOFT TISSUE	$ 16.00	$ 14.00
27614			BIOPSY LOWER LEG SOFT TISSUE DEEP	$ 29.00	$ 25.00
27615			RAD RESECT TUMOR....LEG OR ANKLE	$ 228.00	$ 194.00
27616			RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR	$ 679.88	$ 577.89
27618			REMOVE LOWER LEG LESION	$ 29.00	$ 25.00
27619			REMOVE LOWER LEG LESION DEEP	$ 57.00	$ 49.00
27620			BIOPSY OF ANKLE JOINT	$ 182.00	$ 158.00
27625			REMOVE ANKLE JOINT LINING	$ 211.00	$ 184.00
27626			REMOVE ANKLE JOINT LINING	$ 228.00	$ 194.00
27630			REMOVAL OF TENDON LESION	$ 90.00	$ 79.00
27632			EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANGLION), LEG	$ 224.74	$ 191.03
27634			EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANGLION), LEG	$ 369.39	$ 313.98
27635			REMOVE LOWER LEG BONE LESION	$ 228.00	$ 194.00
27637			REMOVE/GRAFT LEG BONE LESION	$ 285.00	$ 243.00
27638			REMOVE/GRAFT LEG BONE LESION	$ 285.00	$ 243.00
27640			PARTIAL REMOVAL OF TIBIA	$ 211.00	$ 184.00
27641			PARTIAL REMOVAL OF FIBULA	$ 211.00	$ 184.00
27645			EXTENSIVE LOWER LEG SURGERY	$ 342.00	$ 291.00
27646			EXTENSIVE LOWER LEG SURGERY	$ 342.00	$ 291.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
27647			EXTENSIVE ANKLE/HEEL SURGERY	$ 371.00	$ 316.00
27648			INJECTION FOR ANKLE X-RAY	$ 18.00	$ 16.00
27650			REPAIR ACHILLES TENDON	$ 227.00	$ 197.00
27652			REPAIR/GRAFT ACHILLES TENDON	$ 314.00	$ 267.00
27654			REPAIR OF ACHILLES TENDON	$ 314.00	$ 267.00
27656			REPAIR FASCIAL DEFECT OF LEG	$ 114.00	$ 97.00
27658			REP/SUT LEG TENDON, W/O GRAFT, EACH	$ 121.00	$ 105.00
27659			REP/SUT TEND,LEG...W/W/O GRAFT, EACH	$ 121.00	$ 105.00
27664			REP/SUT EXT TEND;PRIM,W/O GRAFT-EACH	$ 90.00	$ 79.00
27665			REP/SUT TEND.;SECON.W/WO GRAFT-EACH	$ 90.00	$ 79.00
27675			REPAIR LOWER LEG TENDONS	$ 171.00	$ 146.00
27676			REPAIR LOWER LEG TENDONS	$ 200.00	$ 170.00
27680			RELEASE OF LOWER LEG TENDON	$ 143.00	$ 122.00
27681			TENOLYSIS....MULTIPLE,EACH	$ 171.00	$ 146.00
27685			REVISION OF LOWER LEG TENDON	$ 151.00	$ 131.00
27686			LENGTHEN/SHORTEN TEND;MULTIPLE,EACH	$ 202.00	$ 175.00
27687			REVISION OF CALF TENDON	$ 171.00	$ 146.00
27690			REVISE LOWER LEG TENDON	$ 182.00	$ 158.00
27691			REVISE LOWER LEG TENDON	$ 342.00	$ 291.00
27692			TRANSFER/PLANT TENDON,EACH ADD TEND	$ 29.00	$ 25.00
27695			REPAIR OF ANKLE LIGAMENT	$ 302.00	$ 263.00
27696			REPAIR OF ANKLE LIGAMENTS	$ 342.00	$ 291.00
27698			REPAIR OF ANKLE LIGAMENT	$ 227.00	$ 197.00
27700			REVISION OF ANKLE JOINT	$ 249.00	$ 216.00
27702			RECONSTRUCT ANKLE JOINT	$ 604.00	$ 513.00
27703			ARTHROPLASTY,SRCONDARY RECON,TOT ANK	$ 604.00	$ 513.00
27704			REMOVAL OF ANKLE IMPLANT	$ 468.43	$ 398.17
27705			INCISION OF TIBIA	$ 272.00	$ 236.00
27707			INCISION OF FIBULA	$ 113.00	$ 100.00
27709			INCISION OF TIBIA & FIBULA	$ 350.00	$ 298.00
27712			REALIGNMENT OF LOWER LEG	$ 288.00	$ 251.00
27715			REVISION OF LOWER LEG	$ 570.00	$ 485.00
27720			REPAIR OF TIBIA	$ 399.00	$ 340.00
27722			REPAIR/GRAFT OF TIBIA	$ 428.00	$ 364.00
27724			REPAIR/GRAFT OF TIBIA	$ 570.00	$ 485.00
27725			REPAIR OF LOWER LEG	$ 570.00	$ 485.00
27726			REPAIR OF FIBULA NONUNION AND/OR MALUNION WITH INTERNAL FIXATION	$ 532.86	$ 452.93
27727			REPAIR OF LOWER LEG	$ 570.00	$ 485.00
27730			REPAIR OF TIBIA EPIPHYSIS	$ 257.00	$ 219.00
27732			REPAIR OF FIBULA EPIPHYSIS	$ 143.00	$ 122.00
27734			REPAIR LOWER LEG EPIPHYSES	$ 314.00	$ 267.00
27740			EPIPHYSEAL ARREST..;PROX/DISTALTIBIA	$ 302.00	$ 263.00
27742			REPAIR OF LEG EPIPHYSES	$ 439.00	$ 382.00
27745			PROPHYLACTIC TREATMENT (NAILING, PIN	$ 200.00	$ 170.00
27750			TREATMENT OF TIBIA FRACTURE	$ 114.00	$ 97.00

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CPT/ HCPCS/ CDT	***MOD 1***	***MOD 2***	***SHORT - DESCRIPTION***	***MAXIMUM FEE ALLOWANCE***	***MAXIMUM FEE ALLOWANCE***
PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
27752			TREATMENT OF TIBIA FRACTURE	$ 121.00	$ 105.00
27756			REPAIR OF TIBIA FRACTURE	$ 211.00	$ 184.00
27758			REPAIR OF TIBIA FRACTURE	$ 314.00	$ 267.00
27759			OPEN TRMT OF TIBIA FRACTURE	$ 314.00	$ 267.00
27760			TREATMENT OF ANKLE FRACTURE	$ 79.00	$ 68.00
27762			TREATMENT OF ANKLE FRACTURE	$ 79.00	$ 68.00
27766			REPAIR OF ANKLE FRACTURE	$ 151.00	$ 131.00
27767			CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITHOUT MANIPULATION	$ 156.90	$ 133.36
27768			CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITH MANIPULATION	$ 244.50	$ 207.82
27769			OPEN TREATMENT OF POSTERIOR MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION,	$ 400.65	$ 340.55
27780			TREATMENT OF FIBULA FRACTURE	$ 45.00	$ 39.00
27781			TREATMENT OF FIBULA FRACTURE	$ 45.00	$ 39.00
27784			REPAIR OF FIBULA FRACTURE	$ 121.00	$ 105.00
27786			TREATMENT OF ANKLE FRACTURES	$ 72.00	$ 63.00
27788			TREATMENT OF ANKLE FRACTURE	$ 79.00	$ 68.00
27792			REPAIR OF ANKLE FRACTURE	$ 151.00	$ 131.00
27808			TREATMENT OF ANKLE FRACTURE	$ 100.00	$ 85.00
27810			TREATMENT OF ANKLE FRACTURE	$ 121.00	$ 105.00
27814			REPAIR OF ANKLE FRACTURE	$ 211.00	$ 184.00
27816			TREATMENT OF ANKLE FRACTURE	$ 100.00	$ 85.00
27818			TREATMENT OF ANKLE FRACTURE	$ 121.00	$ 105.00
27822			REPAIR OF ANKLE FRACTURE	$ 242.00	$ 210.00
27823			REPAIR OF ANKLE FRACTURE	$ 242.00	$ 210.00
27824			CLOSED TRMT OF FRACTURE	$ 100.00	$ 85.00
27825			CLOSED TRMT OF FRACTURE	$ 121.00	$ 105.00
27826			OPEN TRMT OF FRACTURE	$ 242.00	$ 210.00
27827			OPEN TRMT OF FRACTURE	$ 242.00	$ 210.00
27828			OPEN TRMT OF FRACTURE	$ 242.00	$ 210.00
27829			OPEN TRMT DISTAL TIBIOFIBULAR	$ 305.00	$ 263.00
27830			TREAT LOWER LEG DISLOCATION	$ 60.00	$ 51.00
27831			TREAT LOWER LEG DISLOCATION	$ 80.00	$ 68.00
27832			REPAIR LOWER LEG DISLOCATION	$ 164.00	$ 142.00
27840			TREAT ANKLE DISLOCATION	$ 61.00	$ 53.00
27842			TREAT ANKLE DISLOCATION	$ 61.00	$ 53.00
27846			REPAIR ANKLE DISLOCATION	$ 305.00	$ 263.00
27848			REPAIR ANKLE DISLOCATION	$ 275.00	$ 233.00
27860			FIXATION OF ANKLE JOINT	$ 61.00	$ 53.00
27870			FUSION OF ANKLE JOINT	$ 302.00	$ 263.00
27871			FUSION OF TIBIOFIBULAR JOINT	$ 302.00	$ 263.00
27880			AMPUTATION OF LOWER LEG	$ 242.00	$ 210.00
27881			AMPUTATION OF LOWER LEG	$ 266.00	$ 226.00
27882			AMPUTATION OF LOWER LEG	$ 155.00	$ 137.00
27884			AMPUTATION FOLLOW-UP SURGERY	$ 24.00	$ 21.00
27886			AMPUTATION FOLLOW-UP SURGERY	$ 242.00	$ 210.00
27888			AMPUTATION OF FOOT AT ANKLE	$ 242.00	$ 210.00

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CPT/ HCPCS/ CDT	***MOD 1***	***MOD 2***	***SHORT - DESCRIPTION***	***MAXIMUM FEE ALLOWANCE***	***MAXIMUM FEE ALLOWANCE***
PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
27889			AMPUTATION OF FOOT AT ANKLE	$ 242.00	$ 210.00
27892			DECOMPRESSION FASCIOTOMY, LEG	$ 127.00	$ 108.00
27893			FASCIOTOMY, LEG-POSTERIOR COMP ONLY	$ 127.00	$ 108.00
27894			DECOMPRESSION FASCIOTOMY, LEG	$ 147.00	$ 125.00
27899			UNLISTED PROCEDURE, LEG/ANKLE	BR	BR
28001			DRAINAGE OF BURSA OF FOOT	$ 18.00	$ 16.00
28002			TREATMENT OF FOOT INFECTION	$ 36.00	$ 32.00
28003			TREATMENT OF FOOT INFECTION	$ 100.00	$ 85.00
28005			TREAT FOOT BONE LESION	$ 150.00	$ 128.00
28008			INCISION OF FOOT FASCIA	$ 61.00	$ 53.00
28010			INCISION OF TOE TENDON	$ 24.00	$ 21.00
28011			TENOTOMY,SUBCUTANEOUS,TOE;MULTIPLE	$ 37.00	$ 32.00
28020			EXPLORATION OF A FOOT JOINT	$ 109.00	$ 95.00
28022			EXPLORATION OF A FOOT JOINT	$ 109.00	$ 95.00
28024			EXPLORATION OF A TOE JOINT	$ 37.00	$ 32.00
28035			DECOMPRESSION OF TIBIA NERVE	$ 171.00	$ 146.00
28039	26		EXCISION,TUMOR,SOFT TISSUE OF FOOT OR TOE,SUBCUTANEOUS;1.5 CM OR GREATER	$ 192.13	$ 163.31
28039			EXCISION,TUMOR,SOFT TISSUE OF FOOT OR TOE,SUBCUTANEOUS;1.5 CM OR GREATER	$ 288.90	$ 245.57
28041			EXCISION,TUMOR,SOFT TISSUE OF FOOT OR TOE,SUBFASCIAL (EG,INTRANMUSCULAR);	$ 252.81	$ 214.89
28043			EXCISION OF FOOT LESION	$ 29.00	$ 25.00
28045			EXCISION OF FOOT LESION	$ 57.00	$ 49.00
28046			RAD RESECT.TUMOR,SFT TISS-FOOT	$ 228.00	$ 194.00
28047			RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOOT OR	$ 549.74	$ 467.27
28050			BIOPSY OF FOOT JOINT LINING	$ 171.00	$ 146.00
28052			BIOPSY OF FOOT JOINT LINING	$ 103.00	$ 88.00
28054			BIOPSY OF TOE JOINT LINING	$ 86.00	$ 74.00
28055			NEURECTOMY, FOOT	$ 207.92	$ 176.73
28060			PARTIAL REMOVAL FOOT FASCIA	$ 143.00	$ 122.00
28062			REMOVAL OF FOOT FASCIA	$ 228.00	$ 194.00
28070			SYNOVECTOMY;INTERTAR/TARSOMET, EACH	$ 171.00	$ 146.00
28072			SYNOVECTOMY,METATARSOPHAL.JNT, EACH	$ 103.00	$ 88.00
28080			EXCISE MORTON NEUROMA,SINGLE, EACH	$ 121.00	$ 105.00
28086			EXCISE FOOT TENDON SHEATH	$ 160.00	$ 136.00
28088			EXCISE FOOT TENDON SHEATH	$ 114.00	$ 97.00
28090			REMOVAL OF FOOT LESION	$ 90.00	$ 79.00
28092			REMOVAL OF TOE LESIONS	$ 61.00	$ 53.00
28100			REMOVAL OF ANKLE/HEEL LESION	$ 121.00	$ 105.00
28102			REMOVE/GRAFT FOOT LESION	$ 200.00	$ 170.00
28103			REMOVE/GRAFT FOOT LESION	$ 200.00	$ 170.00
28104			REMOVAL OF FOOT LESION	$ 143.00	$ 122.00
28106			REMOVE/GRAFT FOOT LESION	$ 200.00	$ 170.00
28107			REMOVE/GRAFT FOOT LESION	$ 200.00	$ 170.00
28108			REMOVAL OF TOE LESIONS	$ 121.00	$ 105.00
28110			PART REMOVAL OF METATARSAL	$ 69.00	$ 59.00
28111			PART REMOVAL OF METATARSAL	$ 171.00	$ 146.00

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CPT/ HCPCS/ CDT	***MOD 1***	***MOD 2***	***SHORT - DESCRIPTION***	***MAXIMUM FEE ALLOWANCE***	***MAXIMUM FEE ALLOWANCE***
PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
28112			PART REMOVAL OF METATARSAL	$ 103.00	$ 88.00
28113			PART REMOVAL OF METATARSAL	$ 103.00	$ 88.00
28114			REMOVAL OF METATARSAL HEADS	$ 242.00	$ 210.00
28116			REVISION OF FOOT	$ 171.00	$ 146.00
28118			PARTIAL REMOVAL OF HEEL	$ 143.00	$ 122.00
28119			REMOVAL OF HEEL SPUR	$ 143.00	$ 122.00
28120			PART REMOVAL OF ANKLE/HEEL	$ 90.00	$ 79.00
28122			PARTIAL REMOVAL OF FOOT BONE	$ 90.00	$ 79.00
28124			PARTIAL REMOVAL OF TOE	$ 90.00	$ 79.00
28126			CONDYLECTOMY...SING.TOE, EACH	$ 143.00	$ 122.00
28130			REMOVAL OF ANKLE BONE	$ 211.00	$ 184.00
28140			REMOVAL OF METATARSAL	$ 121.00	$ 105.00
28150			PHALANGECTOMY,TOE, SINGLE, EACH	$ 90.00	$ 79.00
28153			PARTIAL REMOVAL OF TOE	$ 69.00	$ 59.00
28160			HEMIPHALANGECTOMY...TOE,SING. EACH	$ 90.00	$ 79.00
28171			RADICAL RESECTION FOR TUMOR	$ 371.00	$ 316.00
28173			RADICAL RESECTION FOR TUMOR	$ 371.00	$ 316.00
28175			RADICAL RESECTION FOR TUMOR	$ 371.00	$ 316.00
28190			REMOVAL OF FOOT FOREIGN BODY	$ 18.00	$ 16.00
28192			REMOVAL OF FOOT FOREIGN BODY	$ 34.00	$ 29.00
28193			REMOVAL OF FOOT FOREIGN BODY	$ 34.00	$ 29.00
28200			REP/SUT TEND,W/O GRAFT, EACH TENDON	$ 121.00	$ 105.00
28202			REP/SUT TEND,SECOND.,W/GRFT,EACH TEN	$ 161.00	$ 137.00
28208			REP/SUT TEND....EACH TENDON	$ 61.00	$ 53.00
28210			REP/SUT TEND..W/GRAFT, EACH TENDON	$ 103.00	$ 88.00
28220			RELEASE OF FOOT TENDON	$ 113.00	$ 99.00
28222			RELEASE_OF_FOOT_TENDONS	$ 139.00	$ 119.00
28225			RELEASE OF FOOT TENDON	$ 113.00	$ 99.00
28226			RELEASE OF FOOT TENDONS	$ 139.00	$ 119.00
28230			INCISION OF FOOT TENDON(S)	$ 42.00	$ 37.00
28232			INCISION OF TOE TENDON	$ 139.00	$ 119.00
28234			INCISION OF FOOT TENDON	$ 139.00	$ 119.00
28238			REVISION OF FOOT TENDON	$ 171.00	$ 146.00
28240			RELEASE OF BIG TOE	$ 61.00	$ 53.00
28250			REVISION OF FOOT FASCIA	$ 143.00	$ 122.00
28260			RELEASE OF MIDFOOT JOINT	$ 171.00	$ 146.00
28261			REVISION OF FOOT TENDON	$ 200.00	$ 170.00
28262			REVISION OF FOOT AND ANKLE	$ 212.00	$ 184.00
28264			RELEASE OF MIDFOOT JOINT	$ 285.00	$ 243.00
28270			CAPSULOTOMY...EACH JOINT	$ 69.00	$ 59.00
28272			CAPSULOTOMY....INTERPHAL.,EACH JOINT	$ 29.00	$ 25.00
28280			FUSION OF TOES	$ 61.00	$ 53.00
28285			REVISION OF HAMMERTOE	$ 90.00	$ 79.00
28286			REVISION OF HAMMERTOE	$ 68.00	$ 57.00
28288			OSTECTOMY,PARTIAL..EACH METAR HEAD	$ 72.00	$ 63.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
28289			HALLUX RIGIDUS CORRECT W/CHEILECTOMY	$ 228.00	$ 194.00
28290			CORRECTION OF BUNION	$ 90.00	$ 79.00
28292			CORRECTION OF BUNION	$ 139.00	$ 121.00
28293			CORRECTION OF BUNION	$ 242.00	$ 210.00
28294			CORRECTION OF BUNION	$ 141.00	$ 123.00
28296			CORRECTION OF BUNION	$ 200.00	$ 170.00
28297			BUNION CORRECTION-LAPIDUS TYPE PROC	$ 200.00	$ 170.00
28298			CORRECTION OF BUNION	$ 171.00	$ 146.00
28299			CORRECTION OF BUNION	$ 200.00	$ 170.00
28300			INCISION OF HEEL BONE	$ 228.00	$ 194.00
28302			INCISION OF ANKLE BONE	$ 217.00	$ 185.00
28304			INCISION OF MIDFOOT BONES	$ 171.00	$ 146.00
28305			INCISE/GRAFT MIDFOOT BONES	$ 217.00	$ 185.00
28306			INCISION OF METATARSAL	$ 113.00	$ 100.00
28307			OSTEOTOMY,..SINGLE FIRST METATARSAL	$ 217.00	$ 185.00
28308			INCISION OF METATARSAL	$ 113.00	$ 100.00
28309			INCISION OF METATARSALS	$ 257.00	$ 219.00
28310			REVISION OF BIG TOE	$ 69.00	$ 59.00
28312			REVISION OF TOE	$ 46.00	$ 40.00
28313			RECONSTRUCTION,TOE DEFORMITY..SOFT	$ 90.00	$ 79.00
28315			SESAMOIDECTOMY FIRST TOE	$ 55.00	$ 47.00
28320			REPAIR OF FOOT BONES	$ 200.00	$ 170.00
28322			REPAIR OF METATARSALS	$ 143.00	$ 122.00
28340			RECONSTRUCTION,TOE,MACRODACTYLY,SOFT	$ 90.00	$ 79.00
28341			RECONSTRUCT TOE,MACRODACTYLY..BONE R	$ 90.00	$ 79.00
28344			RECONSTRUCT TOES;POLYDACTYLY	$ 42.00	$ 37.00
28345			RECONST TOES;SYNDACTYLY..EACH WEB	$ 90.00	$ 79.00
28400			TREAT CLSD CALC FX;W/O MANIP	$ 68.00	$ 59.00
28405			TREAT CLSD CALC FX W.MANIP...REDUCT.	$ 90.00	$ 79.00
28406			TREAT CLSD CALC FX,MANIP/FIXATION	$ 228.00	$ 194.00
28415			REPAIR OF HEEL FRACTURE	$ 151.00	$ 131.00
28420			REPAIR/GRAFT HEEL FRACTURE	$ 300.00	$ 255.00
28430			TREAT CLSD TALUS FX,W/O MANIP	$ 82.00	$ 72.00
28435			TREAT CLSD TALUS FX,W/ MANIP	$ 90.00	$ 79.00
28436			TREAT CLSD TAL.FS,W/MANIP&PERC PIN.	$ 175.00	$ 149.00
28445			OPEN TX,CLSD/OPEN FX,W/W/O FIXATION	$ 275.00	$ 234.00
28446			OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS (INCLUDES OBTAINING GRAFT[S])	$ 677.35	$ 575.74
28450			TREAT CLSD TARSAL FX;W/O MANIP,EACH	$ 41.00	$ 36.00
28455			TREAT CLSD TARSAL FX;W/MANIP, EACH	$ 61.00	$ 53.00
28456			OPEN TX CLSD/OPEN FX W/RED&PIN--EACH	$ 121.00	$ 103.00
28465			OPEN TX,CLSD/OPEN FX,W/W/O FIX--EACH	$ 121.00	$ 105.00
28470			TREAT CLSD METATAR FX.W/O MANIP,EACH	$ 18.00	$ 16.00
28475			TREAT CLSD METATAR FX,W/ MANIP,EACH	$ 42.00	$ 37.00
28476			TREAT CLSD FX,W/MANIP&PINNING,EACH	$ 82.00	$ 70.00
28485			OPEN TX,CLSD/OPEN FX W/W/O FIX--EACH	$ 90.00	$ 79.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
28490			TREAT BIG TOE FRACTURE	$ 18.00	$ 16.00
28495			TREAT BIG TOE FRACTURE	$ 30.00	$ 26.00
28496			TREAT CSLD FX GREAT TOE...PINNING	$ 60.00	$ 51.00
28505			REPAIR BIG TOE FRACTURE	$ 120.00	$ 102.00
28510			TREAT CLSD FX...W/O MANIP, EACH	$ 18.00	$ 16.00
28515			TREAT CLSD FX...W/O MANIP, EACH	$ 30.00	$ 26.00
28525			OPEN TX,CLSD FX..W/W/O FIX, EACH	$ 90.00	$ 77.00
28530			TREATMENT CLOSED SESAMOID FRACTURE	$ 18.00	$ 16.00
28531			TREATMENT,SESAMOID FRACT.W/WO IN.FIX	$ 59.00	$ 50.00
28540			TREAT FOOT DISLOCATION	$ 61.00	$ 53.00
28545			TREAT FOOT DISLOCATION	$ 61.00	$ 53.00
28546			TREAT FOOT DISLOCATION	$ 69.00	$ 59.00
28555			TREAT FOOT DISLOCATION	$ 211.00	$ 184.00
28570			TREAT FOOT DISLOCATION	$ 61.00	$ 53.00
28575			TREAT FOOT DISLOCATION	$ 61.00	$ 53.00
28576			PERC SKELETAL FIX/TALOTARS JT W/MANI	$ 118.00	$ 100.00
28585			REPAIR FOOT DISLOCATION	$ 211.00	$ 184.00
28600			REPAIR FOOT DISLOCATION	$ 61.00	$ 53.00
28605			TREAT FOOT DISLOCATION	$ 61.00	$ 53.00
28606			TREAT FOOT DISLOCATION	$ 69.00	$ 59.00
28615			REPAIR FOOT DISLOCATION	$ 143.00	$ 122.00
28630			TREAT TOE DISLOCATION *	$ 61.00	$ 53.00
28635			TREAT TOE DISLOCATION;W ANESTHESIA	$ 65.00	$ 55.00
28636			PERC SKEL FIX METATARSOPHAL JT DISLO	$ 85.00	$ 72.00
28645			REPAIR TOE DISLOCATION	$ 121.00	$ 105.00
28660			TREAT TOE DISLOCATION *	$ 16.00	$ 14.00
28665			TREAT TOE DISLOCATION *	$ 35.00	$ 30.00
28666			PERC SKEL FIX INTERPHAL JT W/MANIPUL	$ 80.00	$ 68.00
28675			REPAIR OF TOE DISLOCATION	$ 47.00	$ 40.00
28705			FUSION OF FOOT BONES	$ 361.00	$ 307.00
28715			FUSION OF FOOT BONES	$ 272.00	$ 236.00
28725			FUSION OF FOOT BONES	$ 182.00	$ 158.00
28730			FUSION OF FOOT BONES	$ 203.00	$ 173.00
28735			FUSION OF FOOT BONES	$ 226.00	$ 192.00
28737			REVISION OF FOOT BONES	$ 200.00	$ 170.00
28740			FUSION OF FOOT BONES	$ 166.00	$ 126.00
28750			FUSION OF BIG TOE JOINT	$ 90.00	$ 79.00
28755			FUSION OF BIG TOE JOINT	$ 90.00	$ 79.00
28760			FUSION OF BIG TOE JOINT	$ 200.00	$ 173.00
28800			AMPUTATION OF MIDFOOT	$ 211.00	$ 184.00
28805			AMPUTATION THRU METATARSAL	$ 211.00	$ 184.00
28810			AMPUTATION TOE & METATARSAL	$ 121.00	$ 105.00
28820			AMPUTATION OF TOE	$ 42.00	$ 37.00
28820	50		AMPUTATION OF TOE BILATERAL	$ 63.00	$ 56.00
28825			PARTIAL AMPUTATION OF TOE BILATERAL	$ 42.00	$ 37.00

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CPT/ HCPCS/ CDT	***MOD 1***	***MOD 2***	***SHORT - DESCRIPTION***	***MAXIMUM FEE ALLOWANCE***	***MAXIMUM FEE ALLOWANCE***
PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
28825	50		PARTIAL AMPUTATION OF TOE BILATERAL	$ 63.00	$ 56.00
28890	26		EXTRACORPOREAL SHOCK WAVE, HIGH ENER	$ 123.74	$ 105.17
28890			EXTRACORPOREAL SHOCK WAVE, HIGH ENER	$ 181.33	$ 154.13
28899			UNLISTED PROCEDURE FOOT/TOES	BR	BR
29000			APPLICATION OF BODY CAST	$ 109.00	$ 95.00
29010			APPLICATION OF BODY CAST	$ 79.00	$ 68.00
29015			APPLICATION OF BODY CAST	$ 90.00	$ 79.00
29035			APPLICATION OF BODY CAST	$ 79.00	$ 68.00
29040			APPLICATION OF BODY CAST	$ 90.00	$ 79.00
29044			APPLICATION OF BODY CAST	$ 79.00	$ 68.00
29046			APPLICATION OF BODY CAST	$ 109.00	$ 95.00
29049			APPLICATION OF SHOULDER CAST	$ 30.00	$ 26.00
29055			APPLICATION OF SHOULDER CAST	$ 79.00	$ 68.00
29058			APPLICATION OF SHOULDER CAST	$ 40.00	$ 34.00
29065			APPLICATION OF LONG ARM CAST	$ 30.00	$ 26.00
29075			APPLICATION OF FOREARM CAST	$ 18.00	$ 16.00
29085			APPLY HAND/WRIST CAST	$ 18.00	$ 16.00
29086			APPLICATION OF FINGER CAST	$ 18.00	$ 15.00
29105			APPLY LONG ARM SPLINT	$ 24.00	$ 21.00
29105	SA		APPLY LONG ARM SPLINT	NA	$ 20.00
29125			APPLY FOREARM SPLINT	$ 24.00	$ 21.00
29125	SA		APPLY FOREARM SPLINT	NA	$ 20.00
29126			APPLY FOREARM SPLINT	$ 24.00	$ 21.00
29130			APPLICATION OF FINGER SPLINT	$ 18.00	$ 16.00
29130	SA		APPLICATION OF FINGER SPLINT	NA	$ 15.20
29131			APPLICATION OF FINGER SPLINT	$ 18.00	$ 16.00
29200			STRAPPING OF CHEST	$ 18.00	$ 16.00
29200	SA		STRAPPING OF CHEST	NA	$ 15.20
29240			STRAPPING OF SHOULDER	$ 24.00	$ 21.00
29240	SA		STRAPPING OF SHOULDER	NA	$ 20.00
29260			STRAPPING OF ELBOW OR WRIST	$ 18.00	$ 16.00
29260	SA		STRAPPING OF ELBOW OR WRIST	NA	$ 15.20
29280			STRAPPING OF HAND OR FINGER	$ 18.00	$ 16.00
29280	SA		STRAPPING OF HAND OR FINGER	NA	$ 15.20
29305			APPLICATION OF HIP CAST	$ 79.00	$ 68.00
29325			APPLICATION OF HIP CASTS	$ 90.00	$ 79.00
29345			APPLICATION OF LONG LEG CAST	$ 53.00	$ 42.00
29355			APPLICATION OF LONG LEG CAST	$ 47.00	$ 42.00
29358			APPLICATION OF LONG LEG CAST(THIGH/T	$ 41.00	$ 34.85
29365			APPLICATION OF LONG LEG CAST	$ 53.00	$ 42.00
29405			APPLY SHORT LEG CAST	$ 42.00	$ 37.00
29425			APPLY SHORT LEG CAST	$ 47.00	$ 42.00
29435			APPLY SHORT LEG CAST	$ 66.00	$ 53.00
29440			ADDITION OF WALKER TO CAST	$ 12.00	$ 10.00
29445			APPLIC RIGID TOTAL CONTACT LEG CAST	$ 71.00	$ 60.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
29450	50		APPLIC CLUBFOOT CAST /MOLD/MANIP BIL	$ 37.00	$ 32.00
29450			INFANT CLUB FOOT CAST	$ 24.00	$ 21.00
29505			APPLICATION LONG LEG SPLINT	$ 48.00	$ 42.00
29505	SA		APPLICATION LONG LEG SPLINT	NA	$ 39.90
29515			APPLICATION LOWER LEG SPLINT	$ 42.00	$ 37.00
29515	SA		APPLICATION LOWER LEG SPLINT	NA	$ 35.20
29520			STRAPPING OF HIP	$ 24.00	$ 21.00
29520	SA		STRAPPING OF HIP	NA	$ 20.00
29530			STRAPPING OF KNEE	$ 18.00	$ 16.00
29530	SA		STRAPPING OF KNEE	NA	$ 15.20
29540			STRAPPING OF ANKLE	$ 18.00	$ 16.00
29540	SA		STRAPPING OF ANKLE	NA	$ 15.20
29550			STRAPPING OF TOES	$ 16.00	$ 14.00
29550	SA		STRAPPING OF TOES	NA	$ 13.30
29580			APPLICATION OF PASTE BOOT	$ 18.00	$ 16.00
29580	SA		APPLICATION OF PASTE BOOT	NA	$ 15.20
29581			APPLICATION OF MULTI-LAYER VENOUS WOUND COMPRESSION SYSTEM, BELOW KNEE	$ 35.18	$ 29.90
29581	26		APPLICATION OF MULTI-LAYER VENOUS WOUND COMPRESSION SYSTEM, BELOW KNEE	$ 6.63	$ 5.64
29582	26		AND FOOT, WHEN PERFORMED	$ 8.82	$ 7.50
29582			APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; THIGH AND LEG, INCLUDING ANKLE	$ 39.84	$ 33.86
29583	26		APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; UPPER ARM AND FOREARM	$ 6.38	$ 5.42
29583			APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; UPPER ARM AND FOREARM	$ 24.91	$ 21.17
29584	26		APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; UPPER ARM, FOREARM, HAND, AND	$ 8.82	$ 7.50
29584			FINGERS	$ 39.84	$ 33.86
29700			REMOVAL/REVISION OF CAST	$ 14.00	$ 12.00
29700	SA		REMOVAL/REVISION OF CAST	NA	$ 11.40
29705			REMOVAL/REVISION OF CAST	$ 14.00	$ 12.00
29705	SA		REMOVAL/REVISION OF CAST	NA	$ 11.40
29710			REMOVAL/REVISION OF CAST	$ 18.00	$ 16.00
29710	SA		REMOVAL/REVISION OF CAST	NA	$ 15.20
29720			REPAIR OF BODY CAST	$ 26.00	$ 21.00
29720	SA		REPAIR OF BODY CAST	NA	$ 20.00
29730			WINDOWING OF CAST	$ 9.00	$ 8.00
29730	SA		WINDOWING OF CAST	NA	$ 7.60
29740			WEDGING OF CAST	$ 9.00	$ 8.00
29740	SA		WEDGING OF CAST	NA	$ 7.60
29750			WEDGING OF CLUBFOOT CAST	$ 9.00	$ 8.00
29750	50		WEDGING OF CLUBFOOT CAST,BILATERAL	$ 15.00	$ 13.00
29799			UNLISTED PROCEDURE,CASTING/STRAPPING	BR	BR
29800			ARTHROPLASTY,TMPMDBR JT,DX,W/WO SYNB	$ 261.39	$ 222.18
29804			ARTHROSCOPY, TEMPOMDBR JOINT,SURGICA	$ 322.04	$ 273.73
29805			DIAG ARTHROSCOPY SHLDER W/WO BIOPSY	$ 138.00	$ 118.00
29806			ARTHROSCOPY SHOULDER SURGICAL CAPSUL	$ 389.00	$ 330.00
29807			ARTHROSCOPY SHOULDER SURG REP SL LES	$ 378.00	$ 321.00
29819			ARTHROSCOPY/SURG/REMOVE BODY	$ 100.00	$ 85.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
29820			ARTHROSCOPY-SYNOVECTOMY-PARTIAL	$ 200.00	$ 170.00
29821			ARTHROSCOPY-SYNOVECTOMY-COMPLETE	$ 264.00	$ 224.00
29822			ARTHROSCOPY-LIMITED-DEBRIDEMENT	$ 120.00	$ 102.00
29823			ARTHROSCOPY-EXT DEBRIDEMENT	$ 160.00	$ 136.00
29824			ARTHROSCOPY SHOULDER SURG DIST CLAV	$ 238.00	$ 202.00
29825			ARTHROSCOPY-W/ LYSIS & RESECTION	$ 200.00	$ 170.00
29826			ARTHROSCOPY,SHOULDER;DECOMP SUBACROM	$ 145.00	$ 123.00
29827			ARTHROSCOPY SHOULDER W/ROT CUFF.REP	$ 445.00	$ 378.00
29828			ARTHROSCOPY, SHOULDER, SURGICAL; BICEPS TENODESIS	$ 501.13	$ 425.96
29830			ARTHROSCOPY ELBOW/DX	$ 75.00	$ 65.00
29834			ARTHROSCOPY-ELBOW-SURGICAL	$ 100.00	$ 85.00
29835			ARTHROSCOPY SYNOVECTOMY-PARTIAL	$ 200.00	$ 170.00
29836			ARTHROSCOPY SYNOVECTOMY COMPLETE	$ 264.00	$ 224.00
29837			ARTHROSCOPY LIMITED DEBRIDEMENT	$ 120.00	$ 102.00
29838			ARTHROSCOPY EXT DEBRIDEMENT	$ 160.00	$ 136.00
29840			ARTHROSCOPY,WRIST,DIAGNOSTIC	$ 114.00	$ 97.00
29843			ARTHROSCOPY,WRIST,SURGICAL,LAVAGE...	$ 114.00	$ 97.00
29844			ARTHROSCOPY,WRIST;PARTIAL SYNOVECTOM	$ 285.00	$ 243.00
29845			ARTHROTOMY,WRIST..;SYNOVECTOMY COMPL	$ 167.00	$ 142.00
29846			ARTHROTOMY..;EXCISE TRIANGULARFIBROC	$ 182.00	$ 154.00
29847			ARTHROSCOPY,WRIST;INT.FIX-FX/ISNTABI	$ 114.00	$ 97.00
29848			ARTHROSCOPY,WRIST,SURG;W REL.TRA.CAR	$ 158.00	$ 137.00
29850			ARTHROS/TUBER OF KNEE FRACTURE	$ 314.00	$ 267.00
29851			ARTHROS/TUBER OF KNEE FRACTURE	$ 314.00	$ 267.00
29855			ARTHROSC.AIDED TREATMENT TIBIAL FRAC	$ 242.00	$ 210.00
29856			ARTHROSC.BYCONDYLAR	$ 242.00	$ 210.00
29860			ARTHROSCOPY, HIP DIAGNOSTIC	$ 198.00	$ 168.00
29861			ARTHROSCOPY, HIP, SURGICAL	$ 259.00	$ 220.00
29862			ARTHROSCOPY, HIP, SURG W/DEBRIDEMENT	$ 335.00	$ 285.00
29863			ARTHROSCOPY, HIP, SURG W/SYNOVECTOMY	$ 335.00	$ 285.00
29866			ARTHROSCOPY, KNEE, SURGICAL; OSTEOCH	$ 581.08	$ 493.91
29867			ARTHROSCOPY, KNEE, SURGICAL; OSTEOCH	$ 708.06	$ 601.85
29868			ARTHROSCOPY, KNEE, SURGICAL; MENISCA	$ 925.79	$ 786.92
29870			ARTHROSCOPY KNEE-DX	$ 75.00	$ 65.00
29871			ARTHROSCOPY-KNEE-SURGICAL	$ 100.00	$ 85.00
29873			ARTHROSCOPY KNEE SURG W/LAT RELEASE	$ 190.00	$ 162.00
29874			ARTHROSCOPY-REMOVE FOREIGN BODY	$ 100.00	$ 85.00
29875			ARTHROSCOPY,KNEE,SYNOVECTOMY,LIMITED	$ 200.00	$ 170.00
29876			ARTHROSCOPY MAJOR SYNOVECTOMY	$ 264.00	$ 224.00
29877			ARTHROSCOPY-DEBRIDEMENT	$ 120.00	$ 102.00
29879			ARTHROSCOPY-ABRASION ARTHROPLA	$ 225.00	$ 191.00
29880			ARTHROSCOPY,KNEE;W/MENISCECTOMY	$ 284.00	$ 247.00
29881			ARTHROSCOPY W/MENISECTOMY	$ 284.00	$ 247.00
29882			ARTHROSCOPY W/MENISCUS REPAIR	$ 170.00	$ 128.00
29883			ARTHROSCOPY,KNEE;MENISCUS REPAIR	$ 171.00	$ 146.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
29884			ARTHROSCOPY W/LYSIS ADHESIONS	$ 200.00	$ 170.00
29885			ARTHROSCOPY,KNEE;DRILL,OSTEOCHONDRIT	$ 200.00	$ 170.00
29886			ARTHROSCOPY-OSTEOCHONDRITIS	$ 200.00	$ 170.00
29887			ARTHROSCOPY-INTERNAL FIXATION	$ 200.00	$ 170.00
29888			ARTHROSCOPY-AIDED REP/AUGMENT/RECON	$ 225.00	$ 191.00
29889			ARTHROSCOPY-AIDED REP/AUGMENT/RECON	$ 225.00	$ 191.00
29891			ARTHROSCOPY, ANKLE, SURGICAL	$ 236.00	$ 201.00
29892			ARTHROSCOP REP LG OSTEOCHOND DISS LE	$ 243.00	$ 206.00
29893			ENDOSCOPIC PLANTAR FASCIOTOMY	$ 137.00	$ 116.00
29894			ARTHROSCOPY-ANKLE-SURGICAL	$ 100.00	$ 85.00
29895			ARTHROSCOPY-PARTIAL SYNOVECTOMY	$ 200.00	$ 170.00
29897			ARTHROSCOPY-LIMITED DEBRIDEMENT	$ 100.00	$ 85.00
29898			ARTHROSCOPY-EXT. DEBRIDEMENT	$ 150.00	$ 128.00
29899			ARTHROSCOPY ANKLE SURG W/ARTHRODESIS	$ 225.00	$ 191.00
29900			ARTHROSCOPY METACARP JT DIAGNOSTIC	$ 152.00	$ 129.00
29901			ARTHROSCOPY METACARP JT SURGICAL	$ 167.00	$ 142.00
29902			ARTHROSCOPY METACARP JT SURGICAL	$ 179.00	$ 152.00
29904			ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN	$ 353.76	$ 300.70
29905			ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SYNOVECTOMY	$ 359.35	$ 305.45
29906			ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH DEBRIDEMENT	$ 390.93	$ 332.29
29907			ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SUBTALAR ARTHRODESIS	$ 485.36	$ 412.55
29914			ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	$ 553.67	$ 470.62
29915			ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PINCER	$ 556.29	$ 472.85
29916			ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	$ 558.10	$ 474.39
29999			UNLISTED PROCEDURE, ARTHROSCOPY	BR	BR
30000			DRAINAGE OF NOSE LESION	$ 24.00	$ 21.00
30020			DRAINAGE OF NOSE LESION	$ 30.00	$ 26.00
30100			INTRANASAL BIOPSY	$ 13.00	$ 11.00
30110			REMOVAL OF NOSE POLYP(S)	$ 37.00	$ 32.00
30110	50		REMOVAL OF NOSE POLYP(S)	$ 55.00	$ 48.00
30115	50		EXCISION,NASAL POLYPS(EXTENSIVE)-BIL	$ 157.00	$ 133.00
30115			REMOVAL OF NOSE POLYP(S)	$ 105.00	$ 89.00
30117			REMOVAL OF INTRANASAL LESION	$ 143.00	$ 122.00
30118			REMOVAL OF INTRANASAL LESION	$ 171.00	$ 146.00
30120			REVISION OF NOSE	$ 132.00	$ 113.00
30124			REMOVAL OF NOSE LESION	$ 69.00	$ 59.00
30125			EXCISE DERMOID CYST;COMPLEX.....	$ 274.00	$ 233.00
30130			EXCISION TURBINATE,PARTIAL/COMPLETE	$ 43.00	$ 37.00
30130	50		EXCISION TURBINATE,PARTIAL/COMPLETE	$ 64.50	$ 55.00
30140			SUBMUCOUS RESECTION TURBINATE,PA/COM	$ 42.00	$ 37.00
30150			RHINECTOMY; PARTIAL	$ 228.00	$ 194.00
30160			RHINECTOMY; TOTAL	$ 456.00	$ 388.00
30200			INJECTION TREATMENT OF NOSE	$ 16.00	$ 14.00
30210			NASAL SINUS THERAPY	$ 16.00	$ 14.00
30220			INSERTION,NASAL SEPTAL PROSTHESIS	$ 16.00	$ 14.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
30300			REMOVE NASAL FOREIGN BODY	$ 16.00	$ 14.00
30300	SA		REMOVE NASAL FOREIGN BODY	NA	$ 13.30
30310			REMOVE NASAL FOREIGN BODY	$ 57.00	$ 49.00
30320			REMOVE NASAL FOREIGN BODY	$ 32.00	$ 26.00
30400			RECONSTRUCTION OF NOSE	$ 211.00	$ 184.00
30410			RECONSTRUCTION OF NOSE	$ 362.00	$ 315.00
30420			RECONSTRUCTION OF NOSE	$ 407.00	$ 355.00
30430			REVISION OF NOSE	$ 66.00	$ 59.00
30435			REVISION WORK WITH OSTEOTOMIES	$ 113.00	$ 96.00
30450			REVISION OF NOSE	$ 182.00	$ 158.00
30460			RHINOPLASTY,CONGENITAL DEFORMITY	$ 156.00	$ 133.00
30462			RHINOPLASTY, TIP, SEPTUM,OSTEOTOMIES	$ 312.00	$ 265.00
30465			REPAIR NASAL VESTIBULAR STENOSIS	$ 231.00	$ 196.00
30520			REPAIR OF NASAL SEPTUM	$ 182.00	$ 158.00
30540			REPAIR NASAL DEFECT	$ 45.00	$ 39.00
30545			REPAIR NASAL DEFECT	$ 272.00	$ 236.00
30560			RELEASE OF NASAL ADHESIONS	$ 18.00	$ 16.00
30580			REPAIR UPPER JAW FISTULA	$ 135.00	$ 118.00
30600			REPAIR MOUTH/NOSE FISTULA	$ 90.00	$ 79.00
30620			RECONSTRUCTION INNER NOSE	$ 182.00	$ 158.00
30630			REPAIR NASAL SEPTUM DEFECT	$ 182.00	$ 158.00
30801			CAUTERIZATION/ABLATION,MUCOSA TURBIN	$ 16.00	$ 14.00
30802			CAUTERIZE/ABLATION,MUCOSA TURBINATES	$ 16.00	$ 14.00
30901			CONTROL NASAL HEMORRHAGE UNILATERAL	$ 24.00	$ 21.00
30901	SA		CONTROL NASAL HEMORRHAGE UNILATERAL	NA	$ 20.00
30901	50		CONTROL NASAL HEMORRHAGE-BILATERAL	$ 36.00	$ 31.00
30901	SA	50	CONTROL NASAL HEMORRHAGE-BILATERAL	NA	$ 29.45
30903	50		CAUTER NASAL W LOCAL ANES-BILATERAL	$ 36.00	$ 31.00
30903			CAUTER NASAL W LOCAL ANESTHESIA UNIL	$ 24.00	$ 21.00
30905			CONTROL NOSEBLEED..ANY METHOD;INITIA	$ 37.00	$ 32.00
30906			REPEAT CONTROL OF NOSEBLEED	$ 24.00	$ 21.00
30915			LIGATION NASAL SINUS ARTERY	$ 182.00	$ 158.00
30920			LIGATION UPPER JAW ARTERY	$ 228.00	$ 198.00
30930			FRACTURE NASAL TURBINATES THERAPECU	$ 30.00	$ 26.00
30999			UNLISTED PROCEDURE, NOSE	BR	BR
31000	50		IRRIG MAXILLARY SINUS BILATERAL	$ 24.00	$ 21.00
31000			IRRIGATION MAXILLARY SINUS	$ 18.00	$ 16.00
31002			IRRIGATION SPHENOID SINUS	$ 30.00	$ 26.00
31020	50		EXPLOR MAXILLARY SINUS,BILATERAL	$ 108.00	$ 92.00
31020			EXPLORATION MAXILLARY SINUS	$ 72.00	$ 63.00
31030	50		EXPLOR MAXILL SINUS W/O REM POLY-BIL	$ 363.00	$ 309.00
31030			EXPLORATION MAXILLARY SINUS	$ 242.00	$ 210.00
31032	50		SINUSOT,MAXIL;RAD BIL W/REM ANTROCHO	$ 399.00	$ 339.00
31032			SINUSOT,MAXIL;RAD UNI W/REM ANTROCHO	$ 266.00	$ 231.00
31040			PTERYGOMAXXILLARY FOSSA SURGERY.....	$ 600.00	$ 510.00

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CPT/ HCPCS/ CDT	***MOD 1***	***MOD 2***	***SHORT - DESCRIPTION***	***MAXIMUM FEE ALLOWANCE***	***MAXIMUM FEE ALLOWANCE***
PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
31050			EXPLORATION SPHENOID SINUS	$ 61.00	$ 53.00
31051			SINUSOTOMY,SPHENOID..;W/STRIP,POLYPS	$ 182.00	$ 154.00
31070			EXPLORATION OF FRONTAL SINUS	$ 121.00	$ 105.00
31075			EXPLORATION OF FRONTAL SINUS	$ 242.00	$ 210.00
31080			REMOVAL OF FRONTAL SINUS	$ 242.00	$ 210.00
31081			REMOVAL OF FRONTAL SINUS	$ 364.00	$ 309.00
31084			REMOVAL OF FRONTAL SINUS	$ 364.00	$ 309.00
31085			REMOVAL OF FRONTAL SINUS	$ 364.00	$ 309.00
31086			REMOVAL OF FRONTAL SINUS	$ 364.00	$ 309.00
31087			REMOVAL OF FRONTAL SINUS	$ 364.00	$ 309.00
31090			EXPLORATION OF SINUSES	$ 302.00	$ 263.00
31200			REMOVAL OF ETHMOID SINUS	$ 121.00	$ 105.00
31201			REMOVAL OF ETHMOID SINUS	$ 121.00	$ 105.00
31205			REMOVAL_OF_ETHMOID_SINUS_	$ 121.00	$ 105.00
31225			REMOVAL OF UPPER JAW	$ 363.00	$ 315.00
31230			REMOVAL OF UPPER JAW	$ 363.00	$ 315.00
31231			DX ENDOSCOPY/NASAL UNI/BILATERAL	$ 16.00	$ 14.00
31233			DX NASAL/MAXILLARY SINUS ENDOSCOPY	$ 86.00	$ 74.00
31235			DX NASAL/SPHENOID SINUSCOPY	$ 171.00	$ 146.00
31237			SURG W BX PLOYPECTOMY OF DEBRIDEMNT	$ 86.00	$ 74.00
31238			ENDOSCOPY W CONTROL OF EPISTAXIS	$ 86.00	$ 74.00
31239			ENDOSCOPY W DACRYOCYSTORHINOSTOMY	$ 272.00	$ 236.00
31240			ENDOSC W CONCHA BULLOSA RESECTION	$ 42.00	$ 37.00
31254			NASAL ENDOSCOPY;PARTIAL ETHMOIDECTOM	$ 171.00	$ 146.00
31255			NASAL ENDOSCOPY;TOTAL ETHMOIDECTOMY	$ 200.00	$ 170.00
31256			NASAL ENDOSCOPY; MAX. ANTROSTOMY	$ 86.00	$ 74.00
31267			SURG MAX ENDO;REMOVE MEMBRANE/POLYP	$ 114.00	$ 97.00
31276			NAS/SINUS ENDOS/EXPLOR W/WO TISS REM	$ 425.00	$ 361.00
31287			SURGICAL SCOPE W SPHENOIDOTOMY	$ 218.60	$ 185.81
31288			SURGICAL SCOPE W SPHENOID/TISSUE REM	$ 182.00	$ 154.00
31290			SURGICAL SCOPE W REPAIR OF CSF LEAK	$ 570.00	$ 485.00
31291			CSF REPAIR W SCOPE SPHENOID LEAK	$ 570.00	$ 485.00
31292			MEDIAL/INFERIOR ORBIT WALL DECOMPRES	$ 570.00	$ 485.00
31293			MEDIAL&INFERIOR ORBIT WALL DECOMPRES	$ 570.00	$ 485.00
31294			SCOPE W OPTIC NERVE DECOMPRESSION	$ 570.00	$ 485.00
31295	26		NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF MAXILLARY SINUS OSTIUM (EG,	$ 91.20	$ 77.52
31295			NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF MAXILLARY SINUS OSTIUM (EG,	$ 1,171.41	$ 995.70
31296	26		NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF FRONTAL SINUS OSTIUM (EG,	$ 109.41	$ 93.00
31296			NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF FRONTAL SINUS OSTIUM (EG,	$ 1,187.21	$ 1,009.13
31297	26		NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF SPHENOID SINUS OSTIUM (EG,	$ 89.69	$ 76.24
31297			NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF SPHENOID SINUS OSTIUM (EG,	$ 1,166.89	$ 991.85
31299			UNLISTED PROCEDURE ACCESSORY SINUSES	BR	BR
31300			REMOVAL OF LARYNX LESION	$ 332.00	$ 289.00
31320			DIAGNOSTIC INCISION LARYNX	$ 176.00	$ 152.00
31360			REMOVAL OF LARYNX	$ 513.00	$ 446.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
31365			REMOVAL OF LARYNX	$ 694.00	$ 604.00
31367			PARTIAL REMOVAL OF LARYNX	$ 570.00	$ 485.00
31368			PARTIAL REMOVAL OF LARYNX	$ 798.00	$ 679.00
31370			PARTIAL REMOVAL OF LARYNX	$ 393.00	$ 341.00
31375			PARTIAL REMOVAL OF LARYNX	$ 393.00	$ 341.00
31380			PARTIAL REMOVAL OF LARYNX	$ 393.00	$ 341.00
31382			PARTIAL REMOVAL OF LARYNX	$ 393.00	$ 341.00
31390			REMOVAL OF LARYNX & PHARYNX	$ 798.00	$ 679.00
31395			RECONSTRUCT LARYNX & PHARYNX	$ 912.00	$ 776.00
31400			REVISION OF LARYNX	$ 254.00	$ 221.00
31420			REMOVAL OF EPIGLOTTIS	$ 332.00	$ 289.00
31500			INSERT WINDPIPE AIRWAY	$ 42.00	$ 37.00
31502			TRACHEOTOMY TUBE CHG PRIOR TO EST FT	$ 28.00	$ 23.80
31510			LARYNGOSCOPY WITH BIOPSY	$ 36.00	$ 31.00
31511			REMOVE FOREIGN BODY, LARYNX	$ 45.00	$ 35.00
31512			REMOVAL OF LARYNX LESION	$ 63.00	$ 49.00
31513			LARYNGOSCOPY,W VOCAL CORD INJECTION	$ 120.00	$ 102.00
31515			LARYNGOSCOPY FOR ASPIRATION	$ 61.00	$ 53.00
31525			DIAGNOSTIC LARYNGOSCOPY	$ 48.00	$ 42.00
31526			DIAGNOSTIC LARYNGOSCOPY	$ 48.00	$ 42.00
31527			LARYNGOSCOPY, INSERT OBTURATOR	$ 80.00	$ 68.00
31528			LARYNGOSCOPY, W DILATATION, INITIAL	$ 80.00	$ 68.00
31529			LARYNGOSCOPY,W DILATATION SUBSEQUENT	$ 80.00	$ 68.00
31530			OPERATIVE LARYNGOSCOPY	$ 121.00	$ 105.00
31531			OPERATIVE LARYNGOSCOPY	$ 121.00	$ 105.00
31535			OPERATIVE LARYNGOSCOPY	$ 61.00	$ 53.00
31536			OPERATIVE LARYNGOSCOPY	$ 61.00	$ 53.00
31540			OPERATIVE LARYNGOSCOPY	$ 121.00	$ 105.00
31541			OPERATIVE LARYNGOSCOPY	$ 121.00	$ 105.00
31545			LARYNGOSCOPY, DIRECT, OPERATIVE, WIT	$ 199.42	$ 169.51
31546			LARYNGOSCOPY, DIRECT, OPERATIVE, WIT	$ 302.93	$ 257.49
31560			OPERATIVE LARYNGOSCOPY	$ 183.00	$ 158.00
31561			OPERATIVE LARYNGOSCOPY	$ 183.00	$ 158.00
31570			LARYNGOSCOPY WITH INJECTION	$ 121.00	$ 105.00
31571			LARYNGOSCOPY WITH INJECTION	$ 121.00	$ 105.00
31575			LARYNGOSCOPY,FIBEROPTIC;DX	$ 48.00	$ 42.00
31576			LARYNGSCOPY, FIBERS COPIC; BIOPSY	$ 72.00	$ 61.00
31577			LARYNGOSCOPY, FIBERSCOPIC; FOREIGN B	$ 144.00	$ 122.00
31578			LARYNGOSCOPY, FIBERSCOPIC; REMOVE LE	$ 120.00	$ 102.00
31579			LARYNGOSCOPY...WITH STROBOSCOPY	$ 71.00	$ 60.00
31580			LARYNGOPLASTY;..W KEEL INSERT&REMOVA	$ 454.00	$ 393.00
31582			LARYNGOPLASTY;....,INCL TRACHEOTOMY	$ 504.00	$ 437.00
31584			LARYNGOPLASTY;W OPER REDUCTION FRACT	$ 504.00	$ 437.00
31587			LARYNGOPLASTY CRICOID SPLIT	$ 405.00	$ 344.00
31588			LARYNGOPLASTY,NOT OTHERWISE SPECIFIE	$ 342.00	$ 291.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
31590			LARYNGEAL REINNERVATION REPAIR	$ 342.00	$ 291.00
31595			SECTION RECUR.LARYNGEAL NRU,UNILATER	$ 428.00	$ 364.00
31599			UNLISTED PROCEDURE, LARYNX	BR	BR
31600			PLANNED TRACHEOSTOMY	$ 121.00	$ 105.00
31603			TRACHEOSTOMY,EMERGENCY,TRANSTRACHEAL	$ 121.00	$ 105.00
31605			INCISION OF NECK CARTILAGES	$ 114.00	$ 97.00
31610			TRACHEOSTOMY,FENESTRATION PROC /FLAP	$ 301.00	$ 263.00
31611			CONSTRUCT TRACHEOESOPH FISTULA,INSER	$ 12.90	$ 10.97
31612			PUNCTURE/CLEAR WINDPIPE	$ 16.00	$ 14.00
31613			TRACHEOSTOMA REVISION;W/O FLAP ROTAT	$ 57.00	$ 49.00
31614			REVISE TRACHEOSTOMA,COMP,W/ FLAP ROT	$ 114.00	$ 97.00
31615			VISUALIZATION OF WINDPIPE	$ 73.00	$ 62.00
31623			BRONCHOSCOPY; WITH BRUSHINGS	$ 113.00	$ 96.00
31624			BRONCHOSCOPY W/BRONCH ALVEOLAR LAVAG	$ 113.00	$ 96.00
31625			BRONCHOSCOPY WITH BIOPSY	$ 97.00	$ 84.00
31626	26		BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN	$ 108.65	$ 92.35
31626			BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN	$ 246.44	$ 209.47
31627	26		BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN	$ 49.89	$ 42.41
31627			BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN	$ 736.89	$ 626.36
31628			TRANSBRONCHIAL LUNG BIOPSY FIBEROPTI	$ 121.00	$ 103.00
31629			BRONCHOSCOPY-NEEDLE ASPIRE BIOPSY	$ 143.00	$ 122.00
31630			BRONCHOSCOPY WITH REPAIR	$ 121.00	$ 103.00
31631			BRONCHOSCOPY-PLACE TRACH STENT	$ 143.00	$ 122.00
31632			BRONCHOSCOPY W/WO FLUORO LUNG BIOPSY	$ 30.00	$ 26.00
31633			BRONCHOSCOPY W/WO FLUORO NEEDLE BX	$ 37.00	$ 31.00
31634	26		BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN	$ 112.97	$ 96.02
31634			BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN	$ 1,070.94	$ 910.30
31635			REMOVE FOREIGN BODY, AIRWAY	$ 139.00	$ 121.00
31636			BRONCHOSCOPY, RIGID OR FLEXIBLE, WIT	$ 120.86	$ 102.73
31637			BRONCHOSCOPY EACH ADD BRONCH STENTED	$ 39.80	$ 33.83
31638			BRONCHOSCOPY, RIGID OR FLEXIBLE, WIT	$ 137.89	$ 117.20
31640			BRONCHOSCOPY & REMOVE LESION	$ 139.00	$ 121.00
31641			BRONCHOSCOPY-TUMOR/STENOSIS-NO EXCIS	$ 143.00	$ 122.00
31643			BRONCHOSCOPY W/CATH PLACEMENT	$ 120.00	$ 102.00
31645			BRONCHOSCOPY, CLEAR AIRWAYS	$ 85.00	$ 74.00
31646			BRONCHOSCOPY,RECLEAR AIRWAYS	$ 42.00	$ 37.00
31647			ASSESSMENT OF AIR LEAK, AIRWAY SIZING, AND INSERTION OF BRONCHIAL VALVE(S) IN	$ 121.11	$ 102.94
31648			REMOVAL OF BRONCHIAL VALVE(S) IN LUNG AIRWAYS USING AN ENDOSCOPE	$ 110.10	$ 93.58
31649			REMOVAL OF BRONCHIAL VALVE(S) IN LUNG AIRWAYS USING AN ENDOSCOPE	$ 36.63	$ 31.14
31651			ASSESSMENT OF AIR LEAK, AIRWAY SIZING, AND INSERTION OF BRONCHIAL VALVE(S) IN	$ 40.00	$ 34.00
31660			THERMAL REPAIR OF LUNG AIRWAYS USING AN ENDOSCOPE	$ 113.03	$ 96.07
31661			THERMAL REPAIR OF LUNG AIRWAYS USING AN ENDOSCOPE	$ 118.21	$ 100.47
31717			BRONCHIAL BRUSH BIOPSY	$ 23.00	$ 20.00
31720			CLEARANCE OF AIRWAYS	$ 23.00	$ 20.00
31720	SA		CLEARANCE OF AIRWAYS	NA	$ 19.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
31725			CLEARANCE OF AIRWAYS	$ 35.00	$ 30.00
31730			TRANS INTR NEEDLE WIRE DILATOR	$ 86.00	$ 74.00
31750			TRACHEOPLASTY;CERVICAL	$ 271.00	$ 236.00
31755			REPAIR OF WINDPIPE	$ 428.00	$ 364.00
31760			REPAIR OF WINDPIPE	$ 271.00	$ 236.00
31766			CARINAL RECONSTRUCTION	$ 183.00	$ 158.00
31770			BRONCHOPLASTY;GRAFT REPAIR	$ 361.00	$ 315.00
31775			RECONSTRUCT BRONCHUS	$ 361.00	$ 315.00
31780			RECONSTRUCT WINDPIPE	$ 428.00	$ 364.00
31781			RECONSTRUCT WINDPIPE	$ 570.00	$ 485.00
31785			REMOVE WINDPIPE LESION	$ 428.00	$ 364.00
31786			REMOVE WINDPIPE LESION	$ 570.00	$ 485.00
31800			REPAIR OF WINDPIPE INJURY	$ 271.00	$ 236.00
31805			SUTURE EXTERNAL TRACHEAL WOUND/INJUR	$ 271.00	$ 236.00
31820			CLOSURE OF TRACHEOSTOMY WO PLAST REP	$ 90.00	$ 79.00
31825			REPAIR OF WINDPIPE DEFECT	$ 143.00	$ 122.00
31830			REVISE WINDPIPE SCAR	$ 143.00	$ 122.00
31899			UNLISTED PROCEDURE,TRACHEA/BRONCHI	BR	BR
32035			EXPLORATION OF CHEST	$ 242.00	$ 210.00
32036			EXPLORATION OF CHEST	$ 242.00	$ 210.00
32096			THORACOTOMY, WITH DIAGNOSTIC BIOPSY(IES) OF LUNG INFILTRATE(S) (EG, WEDGE,	$ 441.91	$ 375.62
32097			THORACOTOMY, WITH DIAGNOSTIC BIOPSY(IES) OF LUNG NODULE(S) OR MASS(ES) (EG,	$ 442.11	$ 375.79
32098			THORACOTOMY, WITH BIOPSY(IES) OF PLEURA	$ 419.56	$ 356.63
32100			EXPLORATION/BIOPSY OF CHEST	$ 285.00	$ 243.00
32110			EXPLORE/REPAIR CHEST	$ 428.00	$ 363.00
32120			RE-EXPLORATION OF CHEST	$ 428.00	$ 363.00
32124			EXPLORE CHEST,FREE ADHESIONS	$ 428.00	$ 363.00
32140			REMOVAL OF LUNG LESION(S)	$ 428.00	$ 363.00
32141			REMOVE/TREAT LUNG LESIONS	$ 513.00	$ 437.00
32150			REMOVAL OF LUNG LESION(S)	$ 399.00	$ 339.00
32151			THORACOTOMY MAJOR;W REMOVE FOREIGN B	$ 428.00	$ 363.00
32160			OPEN CHEST HEART MASSAGE	$ 456.00	$ 388.00
32200			DRAINAGE OF LUNG LESION	$ 342.00	$ 291.00
32215			PLEURAL SCARIFICATION/REP.PNEUMOTHOR	$ 570.00	$ 485.00
32220			RELEASE OF LUNG	$ 713.00	$ 607.00
32225			PARTIAL RELEASE OF LUNG	$ 285.00	$ 243.00
32310			REMOVAL OF CHEST LINING	$ 423.00	$ 368.00
32320			FREE/REMOVE CHEST LINING	$ 713.00	$ 607.00
32400			NEEDLE BIOPSY-CHEST LINING	$ 21.00	$ 18.00
32405			BIOPSY,LUNG,PERCUTANEOUS,NEEDLE	$ 42.00	$ 35.00
32440			REMOVAL OF LUNG	$ 604.00	$ 525.00
32442			RESECTION OF TRACHEO SEGMENT	$ 763.00	$ 648.00
32445			REMOVAL OF LUNG	$ 725.00	$ 616.00
32480			PARTIAL REMOVAL OF LUNG	$ 604.00	$ 525.00
32482			BILOBECTOMY	$ 604.00	$ 525.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
32484			SEGMENTECTOMY	$ 604.00	$ 525.00
32486			SLEEVE LOBECTOMY	$ 660.00	$ 561.00
32488			COMPLET PNEUMONECTOMY	$ 763.00	$ 648.00
32491			REMOVAL OF LUNG OTH THAN PNEUMONECT	$ 744.24	$ 632.60
32501			RESECTION AND BRONCHOPLASTY W/LOBECT	$ 178.00	$ 151.00
32503			RESECTION OF APICAL LUNG TUMOR (EG,	$ 994.07	$ 844.96
32504			RESECTION OF APICAL LUNG TUMOR (EG,	$ 1,139.85	$ 968.87
32505			THORACOTOMY; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS, NODULE), INITIAL	$ 511.95	$ 435.16
32506			THORACOTOMY; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS OR NODULE), EACH	$ 85.84	$ 72.96
32507			THORACOTOMY; WITH DIAGNOSTIC WEDGE RESECTION FOLLOWED BY ANATOMIC LUNG	$ 85.65	$ 72.80
32540			REMOVAL OF LUNG LESION	$ 513.00	$ 436.00
32550			INSERTION OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	$ 120.11	$ 102.09
32551			TUBE THORACOSTOMY, INCLUDES WATER SEAL (EG, FOR ABSCESS, HEMOTHORAX, EMPYEMA),	$ 92.85	$ 78.92
32552	26		REMOVAL OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	$ 89.32	$ 75.92
32552			REMOVAL OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	$ 103.69	$ 88.14
32553	26		PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG,	$ 109.85	$ 93.37
32553			PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG,	$ 324.29	$ 275.64
32554	26		REMOVAL OF FLUID FROM CHEST CAVITY	$ 48.58	$ 41.29
32554			REMOVAL OF FLUID FROM CHEST CAVITY	$ 111.82	$ 95.04
32555	26		REMOVAL OF FLUID FROM CHEST CAVITY WITH IMAGING GUIDANCE	$ 61.66	$ 52.41
32555			REMOVAL OF FLUID FROM CHEST CAVITY WITH IMAGING GUIDANCE	$ 161.34	$ 137.14
32556	26		REMOVAL OF FLUID FROM CHEST CAVITY WITH INSERTION OF INDWELLING CATHETER	$ 67.05	$ 56.99
32556			REMOVAL OF FLUID FROM CHEST CAVITY WITH INSERTION OF INDWELLING CATHETER	$ 312.94	$ 265.99
32557	26		REMOVAL OF FLUID FROM CHEST CAVITY WITH INSERTION OF INDWELLING CATHETER AND	$ 83.66	$ 71.11
32557			REMOVAL OF FLUID FROM CHEST CAVITY WITH INSERTION OF INDWELLING CATHETER AND	$ 286.45	$ 243.48
32560			CHEMICAL PLEURODESIS (EG, FOR RECURRENT OR PERSISTENT PNEUMOTHORAX)	$ 136.65	$ 116.15
32561	26		INSTILLATION(S), VIA CHEST TUBE/CATHETER, AGENT FOR FIBRINOLYSIS (EG,	$ 37.43	$ 31.82
32561			INSTILLATION(S), VIA CHEST TUBE/CATHETER, AGENT FOR FIBRINOLYSIS (EG,	$ 50.46	$ 42.89
32562	26		INSTILLATION(S), VIA CHEST TUBE/CATHETER, AGENT FOR FIBRINOLYSIS (EG,	$ 33.50	$ 28.47
32562			INSTILLATION(S), VIA CHEST TUBE/CATHETER, AGENT FOR FIBRINOLYSIS (EG,	$ 45.57	$ 38.73
32601			DX THORACOSCOPY LUNGS/PLEURAL WO BX	$ 126.00	$ 107.00
32604			DX THORACOSCOPY PERICARDIAL SAC W BX	$ 158.00	$ 136.00
32606			DX THORACOSCOPY MEDIASTINAL SP N BX	$ 158.00	$ 136.00
32607			THORACOSCOPY; WITH DIAGNOSTIC BIOPSY(IES) OF LUNG INFILTRATE(S) (EG, WEDGE,	$ 169.25	$ 143.86
32608			THORACOSCOPY; WITH DIAGNOSTIC BIOPSY(IES) OF LUNG NODULE(S) OR MASS(ES) (EG,	$ 207.53	$ 176.40
32609			THORACOSCOPY; WITH BIOPSY(IES) OF PLEURA	$ 142.43	$ 121.07
32650			SURG. THORACOSCOPY W PLEURODESIS	$ 375.00	$ 318.00
32651			SURG.SCOPE W PARTIAL PUL DECORTICATN	$ 388.00	$ 329.00
32652			W PUL DECORTICATN/INTRAPLEURL LYSIS	$ 713.00	$ 609.00
32653			W REMOVE FOREIGN BODY/FIBRIN DEPOSIT	$ 399.00	$ 339.00
32654			W CONTROL OF TRAUMATIC HEMORRHAGE	$ 428.00	$ 363.00
32655			W EXCISION/PLICATION OF BULLAE	$ 513.00	$ 437.00
32656			W PARIETAL PLEURECTOMY	$ 458.00	$ 389.00
32658			REM CLOT/FOREIGN BODY PERICARDIAL SC	$ 546.00	$ 464.00
32659			MAKE PERICARDIAL WINDOW/PART SAC	$ 546.00	$ 464.00

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CPT/ HCPCS/ CDT	***MOD 1***	***MOD 2***	***SHORT - DESCRIPTION***	***MAXIMUM FEE ALLOWANCE***	***MAXIMUM FEE ALLOWANCE***
PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
32661			W EXCISE OF PERICOR CYST/TUMOR/MASS	$ 546.00	$ 464.00
32662			W EXCISION OF CYST/TUMOR/MASS MEDIAS	$ 718.00	$ 610.00
32663			W LOBECTOMY TOTAL OR SEGMENTAL	$ 718.00	$ 610.00
32664			W THORACIC SYMPATHECTOMY	$ 388.00	$ 329.00
32665			W ESOPHAOMYOTOMY,HELLER TYPE	$ 483.00	$ 420.00
32666			THORACOSCOPY, SURGICAL; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS, NODULE),	$ 479.30	$ 407.41
32667			THORACOSCOPY, SURGICAL; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS OR NODULE),	$ 86.24	$ 73.30
32668			THORACOSCOPY, SURGICAL; WITH DIAGNOSTIC WEDGE RESECTION FOLLOWED BY ANATOMIC	$ 86.04	$ 73.13
32669			THORACOSCOPY, SURGICAL; WITH REMOVAL OF A SINGLE LUNG SEGMENT (SEGMENTECTOMY)	$ 738.57	$ 627.78
32670			THORACOSCOPY, SURGICAL; WITH REMOVAL OF TWO LOBES (BILOBECTOMY)	$ 880.42	$ 748.35
32671			THORACOSCOPY, SURGICAL; WITH REMOVAL OF LUNG (PNEUMONECTOMY)	$ 979.43	$ 832.52
32672			THORACOSCOPY, SURGICAL; WITH RESECTION-PLICATION FOR EMPHYSEMATOUS LUNG	$ 834.43	$ 709.27
32673			THORACOSCOPY, SURGICAL; WITH RESECTION OF THYMUS, UNILATERAL OR BILATERAL	$ 668.94	$ 568.59
32674			THORACOSCOPY, SURGICAL; WITH MEDIASTINAL AND REGIONAL LYMPHADENECTOMY (LIST	$ 117.91	$ 100.22
32701			THORACIC TARGET(S) DELINEATION FOR STEREOTACTIC BODY RADIATION THERAPY	$ 116.87	$ 99.34
32800			REPAIR LUNG HERNIA	$ 217.00	$ 185.00
32810			CLOSE CHEST AFTER DRAINAGE	$ 362.00	$ 308.00
32815			CLOSE BRONCHIAL FISTULA	$ 604.00	$ 525.00
32820			RECONSTRUCT INJURED CHEST	$ 604.00	$ 525.00
32850			DONOR PNEUMOECTOMY/IES CADAVER	BR	BR
32851			LUNG TRANSPLANT/SINGLE WO CP BYPASS	$ 1,338.09	$ 1,137.37
32852			LUNG TRANSPLANT/SINGLE W CP BYPASS	$ 1,496.01	$ 1,271.60
32853			LUNG TRANSPLANT/BILAT WO CP BYPASS	$ 1,599.58	$ 1,359.64
32854			LUNG TRANSPLANT/BILAT W CP BYPASS	$ 1,732.21	$ 1,472.38
32855			BACKBENCH STANDARD PREPARATION OF CA	$ 219.84	$ 186.86
32856			BACKBENCH STANDARD PREPARATION OF CA	$ 132.47	$ 112.60
32900			REMOVAL OF RIB(S)	$ 332.00	$ 289.00
32905			REVISE & REPAIR CHEST WALL	$ 362.00	$ 308.00
32906			REVISE & REPAIR CHEST WALL	$ 604.00	$ 525.00
32940			REVISION OF LUNG	$ 423.00	$ 359.00
32960			THERAPEUTIC PNEUMOTHORAX	$ 30.00	$ 26.00
32997			TOTAL LUNG LAVAGE UNILATERAL	$ 120.00	$ 102.00
32998	26		PERQ RF ABLATE TX, PUL TUMOR	$ 156.42	$ 132.96
32998			PERQ RF ABLATE TX, PUL TUMOR	$ 1,685.72	$ 1,432.86
32999			UNLISTED_PROCEDURE,LUNGS/PLEURS	BR	BR
33010			DRAINAGE OF HEART SAC	$ 25.00	$ 21.00
33011			REPEAT DRAINAGE OF HEART SAC	$ 25.00	$ 21.00
33015			INCISION OF HEART SAC	$ 108.00	$ 92.00
33020			INCISION OF HEART SAC	$ 546.00	$ 464.00
33025			INCISION OF HEART SAC	$ 546.00	$ 464.00
33030			PARTIAL REMOVAL OF HEART SAC	$ 820.00	$ 697.00
33031			PERICARDIECTOMY WCARDIOPLUMON BYPASS	$ 1,092.00	$ 928.00
33050			REMOVAL OF HEART SAC LESION	$ 546.00	$ 464.00
33120			REMOVAL OF HEART LESION	$ 1,092.00	$ 928.00
33130			REMOVAL OF HEART LESION	$ 820.00	$ 697.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
33140			TRANSMYOCARD LASER REVASC/BY THORACO	$ 693.00	$ 589.00
33141			TRANSMYOCARD LASER REVASC BY THORACO	$ 132.48	$ 112.61
33202			INSERT EPICARD ELTRD, OPEN	$ 426.20	$ 362.27
33203			INSERT EPICARD ELTRD, ENDO	$ 442.43	$ 376.07
33206			INSERTION HEART PACEMAKER/ATRIUM	$ 410.00	$ 348.00
33207			INSERT HEART PACEMAKER/VENTRICULAR	$ 410.00	$ 348.00
33208			INSERT HEART PACEMAKER/AV SEQUENTIAL	$ 464.00	$ 394.00
33210			INSERTION OF HEART ELECTRODE	$ 171.00	$ 145.00
33211			INSERT/REPLACE TEMPORARY PACEMAKER	$ 171.00	$ 145.00
33212			INSERTION OF PULSE GENERATOR	$ 151.00	$ 128.00
33213			DUAL CHAMBER PERM PACEMAKER INSERT	$ 151.00	$ 128.00
33214			SINGLE CHAMBER TO DUAL CHAMBER CONVT	$ 175.00	$ 148.00
33215			REPOS PREV IMPL TRANSVEN PACEMAKER	$ 251.00	$ 213.00
33216			REVISION IMPLANTED ELECTRODE	$ 246.00	$ 209.00
33217			DUAL CHAMBER PACER INSERT/REPLACE	$ 246.00	$ 209.00
33218			REPAIR PACEMAKER ELECTRODES	$ 205.00	$ 174.00
33220			REPAIR OF DUAL CHAMBER PACEMAKER	$ 205.00	$ 174.00
33221			INSERTION OF PACEMAKER PULSE GENERATOR ONLY; WITH EXISTING MULTIPLE LEADS	$ 205.30	$ 174.51
33223			REVISION SKIN POCKET FOR CARDIOVERTR	$ 220.00	$ 187.00
33224			INSERTION OF PACING ELECTRODES CVS	$ 293.00	$ 249.00
33225			INSERTION OF PACING ELECTRODE CVS	$ 260.00	$ 221.00
33226			REPOSITION PREVIOUS IMPLANTED CVS	$ 283.00	$ 241.00
33227			REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER	$ 192.99	$ 164.04
33228			REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER	$ 201.33	$ 171.13
33229			REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER	$ 211.49	$ 179.76
33230			INSERTION OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY; WITH	$ 216.40	$ 183.94
33231			INSERTION OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY; WITH	$ 228.55	$ 194.27
33233			REMOVAL OF PULSE GENERATOR/PACER	$ 205.00	$ 174.00
33234			REMOVAL OF PULSE GEN/ELECTRODE/A-V	$ 205.00	$ 174.00
33235			REMOVE PACER/PULSE GEN/ELECTRODE	$ 205.00	$ 174.00
33236			REMOVE EPICARDIAL PACER/THORACOTOMY	$ 220.00	$ 187.00
33237			REMOVE PACER/DUALLEAD SYSTEM THORACO	$ 374.00	$ 318.00
33238			REMOVE TRANSVENOUS ELECTRODES THORAC	$ 407.00	$ 346.00
33240			INSERT/REPLACE CV PULSE GENERATOR	$ 151.00	$ 128.00
33241			REMOVE CV PULSE GENERATOR	$ 151.00	$ 128.00
33243			REMOVE DEFIB PULSE GEN VIA THORACOTM	$ 200.00	$ 170.00
33244			REMOVE DEFIB PULSE GEN/LEAD SYSTEM	$ 200.00	$ 170.00
33249			W INSERT OF CV PULSE GENERATOR	$ 481.00	$ 408.00
33250			OPER ABLATION...;WO CARDIOPUL BYPASS	$ 446.00	$ 379.00
33251			OPER ABLATION...;W CARDIOPULM BYPASS	$ 481.00	$ 409.00
33254			ABLATE ATRIA, LMTD	$ 748.02	$ 635.81
33255			ABLATE ATRIA W/O BYPASS, EXT	$ 899.63	$ 764.68
33256			ABLATE ATRIA W/BYPASS, EXTEN	$ 1,069.74	$ 909.28
33257			OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF	$ 320.78	$ 272.66
33258			OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF	$ 362.17	$ 307.84

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
33259			OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF	$ 464.54	$ 394.85
33261			OPER ABLATION..;W CARDIOPULMO BYPASS	$ 510.00	$ 433.00
33262			REMOVAL OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT	$ 211.85	$ 180.07
33263			REMOVAL OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT	$ 220.00	$ 187.00
33264			REMOVAL OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT	$ 229.14	$ 194.76
33265			ABLATE ATRIA W/BYPASS, ENDO	$ 746.17	$ 634.24
33266			ABLATE ATRIA W/O BYPASS ENDO	$ 1,015.24	$ 862.95
33270			Ins/rep subq defibrillator	$ 351.16	$ 298.48
33271			Insj subq impltbl dfb elctrd	$ 266.70	$ 226.69
33272			Rmvl of subq defibrillator	$ 238.68	$ 202.87
33273			Repos prev impltbl subq dfb	$ 213.84	$ 181.76
33282			IMPLANT PT ACTIV CARDIAC EVENT RECOR	$ 171.21	$ 145.53
33284			REM PT ACT CARDIAC EVENT RECORDER IM	$ 129.80	$ 110.33
33300			REPAIR OF HEART WOUND	$ 513.00	$ 436.00
33305			REPAIR OF HEART WOUND	$ 820.00	$ 697.00
33310			EXPLORATORY HEART SURGERY	$ 512.00	$ 435.00
33315			EXPLORATORY HEART SURGERY	$ 874.00	$ 743.00
33320			REPAIR MAJOR BLOOD VESSEL(S)	$ 492.00	$ 418.00
33321			SUTURE REPAIR AORTA W/SHUNT BYPASS	$ 809.00	$ 688.00
33322			REPAIR MAJOR BLOOD VESSEL(S)	$ 820.00	$ 697.00
33335			INSERT MAJOR VESSEL GRAFT	$ 1,093.00	$ 929.00
33361			REPLACEMENT OF AORTIC VALVE WITH PROSTHETIC VALVE	$ 743.79	$ 632.22
33362			REPLACEMENT OF AORTIC VALVE WITH PROSTHETIC VALVE	$ 812.81	$ 690.89
33363			REPLACEMENT OF AORTIC VALVE WITH PROSTHETIC VALVE	$ 854.63	$ 726.44
33364			REPLACEMENT OF AORTIC VALVE WITH PROSTHETIC VALVE	$ 884.73	$ 752.02
33365			REPLACEMENT OF AORTIC VALVE WITH PROSTHETIC VALVE	$ 974.10	$ 827.99
33366			TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; TRANSAPICAL EXPOSURE (EG, LEFT THORACOTOMY	$ 1,061.50	$ 902.28
33367			REPLACEMENT OF AORTIC VALVE WITH PROSTHETIC VALVE ON HEART-LUNG MACHINE	$ 340.96	$ 289.82
33368			REPLACEMENT OF AORTIC VALVE WITH PROSTHETIC VALVE ON HEART-LUNG MACHINE	$ 409.18	$ 347.80
33369			REPLACEMENT OF AORTIC VALVE WITH PROSTHETIC VALVE ON HEART-LUNG MACHINE	$ 540.23	$ 459.20
33400			REPAIR OF AORTIC VALVE	$ 1,025.00	$ 871.00
33401			VALVULOPLASTY/AORTIC W INFLOW OCCLUS	$ 820.00	$ 697.00
33403			AORTIC VALVULOPLASTY W COR-PUL BYPAS	$ 820.00	$ 697.00
33404			CONSTRUCT APICAL-ADRTIC CONDUIT	$ 1,025.00	$ 871.00
33405			REPLACEMENT OF AORTIC VALVE	$ 1,025.00	$ 871.00
33406			AORTIC VALVULOPLASTY W HOMOGRAFT VAL	$ 1,120.00	$ 952.00
33410			REPLACE AORTIC VALVE W/CARDIOPUL BYP	$ 1,049.00	$ 892.00
33411			REPLACE AORTIC VALVE;ANNULUS ENLARGE	$ 1,025.00	$ 871.00
33412			REPLACE AORTIC VALVE;TRANSVENTRICULA	$ 1,025.00	$ 871.00
33413			BY TRANSLOCATE AUTO PUL-VALVE/HOMO G	$ 1,215.00	$ 1,033.00
33414			REPAIR LV OUTFLOW TRACT OBSTION	$ 1,048.00	$ 891.00
33415			REVISION OF AORTIC VALVE	$ 984.00	$ 836.00
33416			VENTRICULOMYOTOMY/MYECTOMY	$ 984.00	$ 836.00
33417			REPAIR OF AORTIC VALVE	$ 984.00	$ 836.00
33418			REPAIR TCAT MITRAL VALVE	$ 985.74	$ 837.87

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
33418	26		REPAIR TCAT MITRAL VALVE	$ 939.02	$ 798.16
33419			REPAIR TCAT MITRAL VALVE	$ 303.69	$ 258.14
33420			REVISION OF MITRAL VALVE	$ 820.00	$ 697.00
33422			REVISION OF MITRAL VALVE	$ 1,025.00	$ 871.00
33425			REPAIR OF MITRAL VALVE	$ 1,025.00	$ 871.00
33426			VALVULOPLASTY,MITRAL VALUE,CARD BYPA	$ 1,025.00	$ 871.00
33427			VALVULOPLASTY,MITRAL V W CBYP;RAD RE	$ 1,025.00	$ 871.00
33430			REPLACEMENT OF MITRAL VALVE	$ 1,025.00	$ 871.00
33460			REVISION OF TRICUSPID VALVE	$ 1,025.00	$ 871.00
33463			TRICUSPID VALVULOPLASTY O RING INSRT	$ 1,024.00	$ 870.00
33464			TRICUSPID VALVULOPLASTY W RING INSRT	$ 1,084.00	$ 921.00
33465			REPLACE TRICUSPID VALVE	$ 1,025.00	$ 871.00
33468			REVISION OF TRICUSPID VALVE	$ 1,174.00	$ 998.00
33470			REVISION OF PULMONARY VALVE	$ 820.00	$ 697.00
33471			VALVOTOMY-TRANSVENOUS BALOON METHOD	$ 400.00	$ 340.00
33475			PULMONARY VALVE REPLACEMENT	$ 1,024.00	$ 870.00
33476			REVISION OF HEART CHAMBER	$ 820.00	$ 697.00
33478			REVISION OF HEART CHAMBER	$ 1,025.00	$ 871.00
33496			REP NON-STRUCT PROSTH VALVE DYSFUNC	$ 1,026.00	$ 873.00
33500			RPR CORONARY ARTERIOVENOUS CHAMB FIS	$ 925.00	$ 786.00
33501			REPAIR COR AV FISTULA W/O CP BYPASS	$ 925.00	$ 786.00
33502			CORONARY ARTERY CORRECTION	$ 546.00	$ 464.00
33503			CORONARY ARTERY GRAFT	$ 820.00	$ 697.00
33504			CORONARY ARTERY GRAFT	$ 1,092.00	$ 928.00
33505			COR ART REPAIR W INTRAPUL ART TUNNEL	$ 977.00	$ 830.00
33506			COR ART REPAIR/TRANSLOCATE PULART-HT	$ 977.00	$ 830.00
33507			REPAIR OF ANOMALOUS (EG, INTRAMURAL)	$ 943.20	$ 801.72
33508			ENDOSCOPY SURG W/VIDEO ASSIST HARVES	$ 14.00	$ 14.00
33510			CORONARY ARTERY BYPASS	$ 1,025.00	$ 871.00
33511			COR ART BYP,AUTOGENOUS GRAFT;2 ARTER	$ 1,310.00	$ 1,113.00
33512			COR ART BYP,AUTOGENOUS GRAFT;3 ARTER	$ 1,560.00	$ 1,326.00
33513			COR_ART_BYP,AUTOGENOUS_GRAFT;4_ARTER	$ 1,560.00	$ 1,326.00
33514			COR ART BYPASS,AUTOGEN GRAFT;5 ARTER	$ 1,560.00	$ 1,326.00
33516			COR ART BYPASS,AUTOG GRAFT;6/MORE AR	$ 1,560.00	$ 1,326.00
33517			CABG VENOUS&ARTERIAL,1 GRAFT	$ 122.00	$ 104.00
33518			CABG 2 VENOUS GRAFTS	$ 230.00	$ 200.00
33519			CABG 3 VENOUS GRAFTS	$ 296.00	$ 252.00
33521			CABG 4 VENOUS GRAFTS	$ 325.00	$ 276.00
33522			CABG 5 VENOUS GRAFTS	$ 361.00	$ 307.00
33523			CABG 6 OR MORE VENOUS GRAFTS	$ 369.00	$ 314.00
33530			REOPERATION,CORONARY BYPASS>1MO.P/OR	$ 276.08	$ 234.67
33533			CABG SINGLE ARTERIAL GRAFT	$ 1,025.00	$ 871.00
33534			CABG 2 CORONARY ARTERIAL GRAFTS	$ 1,310.00	$ 1,113.00
33535			CABG 3 ARTERIAL GRAFTS	$ 1,560.00	$ 1,326.00
33536			CABG 4 OR MORE ARTERIAL GRAFTS	$ 1,560.00	$ 1,326.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
33542			REMOVAL OF HEART LESION	$ 1,025.00	$ 871.00
33545			REPAIR OF HEART DAMAGE	$ 1,256.00	$ 1,068.00
33548			SURGICAL VENTRICULAR RESTORATION PRO	$ 1,623.65	$ 1,380.10
33572			CORONARY ENDARTERECTOMY/EACH VESSEL	$ 170.00	$ 144.50
33600			ATRIOVENTRICULAR VALVE SUTURE/PATCH	$ 1,048.00	$ 891.00
33602			SEMILUNAR VALVE CLOSURE SUTURE/PATCH	$ 1,024.00	$ 870.00
33606			PULMONARY ARTERY ANASTOMOSIS TOAORTA	$ 1,072.00	$ 911.00
33608			COMPLEX CARDIAC ANOMALY REPAIR VSD	$ 1,096.00	$ 932.00
33610			COMPLEX CARDIAC REPAIR IVS DEFECT	$ 1,072.00	$ 911.00
33611			RIGHT VENTRLE CARDIAC TUNNEL REPAIR	$ 1,143.00	$ 972.00
33612			RIGHT VENTRICOLAR CARIAC OUTFLOW REP	$ 1,167.00	$ 992.00
33615			CARDIAC ANOMALY REPAIR ASD&ANAS TOPA	$ 1,120.00	$ 952.00
33617			COMPLEX CARDIAC REPAIR VENTRICFONTAN	$ 1,179.00	$ 1,002.00
33619			VENTRICULO REPAIR W AO OUT FLO OBST	$ 1,286.00	$ 1,093.00
33620			APPLICATION OF RIGHT AND LEFT PULMONARY ARTERY BANDS (EG, HYBRID APPROACH STAGE	$ 918.77	$ 780.95
33621			TRANSTHORACIC INSERTION OF CATHETER FOR STENT PLACEMENT WITH CATHETER REMOVAL	$ 514.27	$ 437.13
33622			RECONSTRUCTION OF COMPLEX CARDIAC ANOMALY (EG, SINGLE VENTRICLE OR HYPOPLASTIC	$ 1,655.34	$ 1,407.04
33641			REPAIR HEART SEPTUM DEFECT	$ 984.00	$ 836.00
33645			REVISION OF HEART VEINS	$ 984.00	$ 836.00
33647			REPAIR ATRIAL/VENTRICULAR SEPTAL DEF	$ 984.00	$ 836.00
33660			REPAIR OF HEART DEFECTS	$ 1,025.00	$ 871.00
33665			REPAIR OF HEART DEFECTS	$ 1,092.00	$ 928.00
33670			REPAIR OF HEART CHAMBERS	$ 1,256.00	$ 1,068.00
33675			CLOSE MULT VSD	$ 1,089.85	$ 926.37
33676			CLOSE MULT VSD W/RESECTION	$ 1,060.47	$ 901.40
33677			CL MULT VSD W/REM PUL BAND	$ 1,102.01	$ 936.71
33681			REPAIR HEART SEPTUM DEFECT	$ 820.00	$ 697.00
33684			REPAIR HEART SEPTUM DEFECT	$ 1,025.00	$ 871.00
33688			REPAIR HEART SEPTUM DEFECT	$ 1,202.00	$ 1,022.00
33690			REINFORCE PULMONARY ARTERY	$ 410.00	$ 348.00
33692			REPAIR OF HEART DEFECTS	$ 1,150.00	$ 977.00
33694			REPAIR OF HEART DEFECTS	$ 1,256.00	$ 1,068.00
33697			COMPLETE CARDIAC TETRALOGY OF FALLOT	$ 1,293.00	$ 1,099.00
33702			REPAIR OF HEART DEFECTS	$ 1,025.00	$ 871.00
33710			REPAIR OF HEART DEFECTS	$ 1,092.00	$ 928.00
33720			REPAIR OF HEART DEFECT	$ 1,092.00	$ 928.00
33722			CLOSURE OF AORTICO LEFT VENTRITUNNEL	$ 1,124.00	$ 955.00
33724			REPAIR VENOUS ANOMALY	$ 843.35	$ 716.84
33726			REPAIR_OF_ISOLATED_PARTIAL_ANOMALOUS	$ 1,123.62	$ 955.08
33730			REPAIR HEART-VEIN DEFECT(S)	$ 1,025.00	$ 871.00
33732			COR TRIATRIATUM/MV RING REPAIR	$ 1,045.00	$ 888.00
33735			REVISION OF HEART CHAMBER	$ 820.00	$ 697.00
33736			OPEN HEART W CARIOPULMONARY BYPASS	$ 810.00	$ 688.00
33737			REVISION OF HEART CHAMBER	$ 984.00	$ 836.00
33750			MAJOR VESSEL SHUNT	$ 615.00	$ 523.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
33755			MAJOR VESSEL SHUNT	$ 615.00	$ 523.00
33762			MAJOR VESSEL SHUNT	$ 820.00	$ 697.00
33764			SHUNT;CENTRAL,WITH PROSTHETIC GRAFT	$ 820.00	$ 697.00
33766			MAJOR VESSEL SHUNT	$ 820.00	$ 697.00
33767			SHUNT FROM SVC TO PULMONARY ARTERY	$ 852.00	$ 724.00
33768			ANASTOMOSIS, CAVOPULMONARY, SECOND S	$ 218.75	$ 185.94
33770			REPAIR TRANSPOSITION GREAT VESSELVSD	$ 1,228.00	$ 1,044.00
33771			VSD SURGICAL ENLARGEMENT	$ 1,280.00	$ 1,088.00
33774			RPR TRANSPOS GT ART W CARDIOP BYPASS	$ 906.00	$ 770.00
33775			RPR TRANSPOS GT ART...;W REM PUL BAN	$ 1,256.00	$ 1,068.00
33776			RPR TRANSPOS GT ART...W CLOS VENT SE	$ 1,312.00	$ 1,115.00
33777			RPR TRANSPOSIT GT ART...REP SUBPUL O	$ 1,256.00	$ 1,068.00
33778			REP TRANSPOS GT ART,AORTIC PUL ARTER	$ 1,256.00	$ 1,068.00
33779			RPR TRANSPOS GT ART.REM PULMONA BAND	$ 1,256.00	$ 1,068.00
33780			RPR TRANSPOS.GT.ART.CLOS VENT SEP DE	$ 1,312.00	$ 1,115.00
33781			RPR TRANSPOS.GT.ART.W RPR SUBPUL OBS	$ 1,256.00	$ 1,068.00
33782			AORTIC ROOT TRANSLOCATION WITH VENTRICULAR SEPTAL DEFECT AND PULMONARY STENOSIS	$ 1,729.39	$ 1,469.98
33783			AORTIC ROOT TRANSLOCATION WITH VENTRICULAR SEPTAL DEFECT AND PULMONARY STENOSIS	$ 1,872.72	$ 1,591.81
33786			REPAIR ARTERIAL TRUNK	$ 1,256.00	$ 1,068.00
33788			REVISION OF PULMONARY ARTERY	$ 820.00	$ 697.00
33800			AORTIC SUSP;TRACHEAL DECOMPRESSION	$ 490.00	$ 416.00
33802			REPAIR VESSEL DEFECT	$ 615.00	$ 523.00
33803			REPAIR VESSEL DEFECT	$ 615.00	$ 523.00
33813			OBLIT.AORTOPUL.SEPTAL DEF;WO CPBYPAS	$ 1,025.00	$ 871.00
33814			OBL.AORTOPUL.SEPTAL DEF.W CARDPULBYP	$ 1,025.00	$ 871.00
33820			REVISE MAJOR VESSEL	$ 546.00	$ 464.00
33824			REVISE MAJOR VESSEL	$ 546.00	$ 464.00
33840			REMOVE AORTA CONSTRICTION	$ 820.00	$ 697.00
33845			REMOVE AORTA CONSTRICTION	$ 984.00	$ 836.00
33851			EXCISE COARCTATION-AORTA;WALDHUSEN	$ 825.00	$ 701.00
33852			EXC COARCTATION AORTA;W RPR AORTIC A	$ 875.00	$ 744.00
33853			REPAIR AORIC ARCH WITH GRAFT/BYPASS	$ 1,045.00	$ 888.00
33860			ASCENDING AORTA GRAFT	$ 1,150.00	$ 977.00
33863			AORTIC GRAFT CORONARY RECON ROOT REP	$ 1,217.00	$ 1,034.00
33864			ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS WITH VALVE SUSPENSION, WITH	$ 1,768.29	$ 1,503.05
33870			TRANSVERSE AORTIC ARCH GRAFT	$ 1,530.00	$ 1,300.00
33875			THORACIC AORTA GRAFT	$ 1,150.00	$ 977.00
33877			REPAIR THORACOABDOMINAL ANEURYSM....	$ 1,150.00	$ 977.00
33880			ENDOVASCULAR REPAIR OF DESCENDING TH	$ 994.68	$ 845.47
33881			ENDOVASCULAR REPAIR OF DESCENDING TH	$ 854.67	$ 726.47
33883			PLACEMENT OF PROXIMAL EXTENSION PROS	$ 619.95	$ 526.96
33884			PLACEMENT OF PROXIMAL EXTENSION PROS	$ 228.03	$ 193.83
33886			PLACEMENT OF DISTAL EXTENSION PROSTH	$ 535.62	$ 455.28
33889			OPEN SUBCLAVIAN TO CAROTID ARTERY TR	$ 437.05	$ 371.49
33891			BYPASS GRAFT, WITH OTHER THAN VEIN,	$ 534.70	$ 454.49

MEDICAID FEE FOR SERVICES: UPDATE NOVEMBER 1, 2015

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
33910			REMOVE LUNG ARTERY EMBOLI	$ 1,204.00	$ 1,023.00
33915			REMOVE LUNG ARTERY EMBOLI	$ 656.00	$ 558.00
33916			PULM ENDARERECTOMY...W CARDIOP BYPAS	$ 875.00	$ 744.00
33917			REPAIR PULM ARTERY STENOSIS W/GRAFT	$ 852.00	$ 724.00
33920			PULMONARY ATRESIA WITH V.S. DEFECT	$ 1,009.00	$ 858.00
33922			TRANS.PULMONARY ARTERY WITH BYPASS	$ 828.00	$ 704.00
33924			LIGATION/TAKEDOWN/SYS/PULM ART SHUNT	$ 179.00	$ 152.00
33925			REPAIR OF PULMONARY ARTERY ARBORIZAT	$ 948.81	$ 806.48
33926			REPAIR OF PULMONARY ARTERY ARBORIZAT	$ 1,398.13	$ 1,188.41
33930			DONOR HEART-LUNG,PREP,MAINTAIN HOMOG	$ 264.47	$ 224.80
33933			BACKBENCH STANDARD PREPARATION OF CA	$ 166.12	$ 141.20
33935			HEART-LUNG TRANSPLANT,W/ ORG REMOVAL	$ 2,000.00	$ 1,700.00
33940			DONOR CARDIECTOMY,PREP/MAINTAIN HOMO	$ 400.00	$ 340.00
33944			BACKBENCH STANDARD PREPARATION OF CA	$ 249.14	$ 211.77
33946			ECMO/ECLS INITIATION VENOUS	$ 172.72	$ 146.81
33947			ECMO/ECLS INITIATION ARTERY	$ 188.10	$ 159.89
33948			ECMO/ECLS DAILY MGMT-VENOUS	$ 131.84	$ 112.06
33949			ECMO/ECLS DAILY MGMT ARTERY	$ 128.65	$ 109.35
33951			ECMO/ECLS INSJ PRPH CANNULA	$ 212.55	$ 180.66
33951	26		ECMO/ECLS INSJ PRPH CANNULA	$ 211.14	$ 179.46
33952			ECMO/ECLS INSJ PRPH CANNULA	$ 206.71	$ 175.70
33952	26		ECMO/ECLS INSJ PRPH CANNULA	$ 204.90	$ 174.16
33953			ECMO/ECLS INSJ PRPH CANNULA	$ 236.61	$ 201.11
33953	26		ECMO/ECLS INSJ PRPH CANNULA	$ 235.20	$ 199.92
33954			ECMO/ECLS INSJ PRPH CANNULA	$ 230.16	$ 195.64
33954	26		ECMO/ECLS INSJ PRPH CANNULA	$ 228.15	$ 193.92
33955			ECMO/ECLS INSJ CTR CANNULA	$ 490.43	$ 416.87
33955	26		ECMO/ECLS INSJ CTR CANNULA	$ 488.62	$ 415.33
33956			ECMO/ECLS INSJ CTR CANNULA	$ 462.04	$ 392.73
33956	26		ECMO/ECLS INSJ CTR CANNULA	$ 460.03	$ 391.02
33957			ECMO/ECLS REPOS PERPH CNULA	$ 165.01	$ 140.25
33957	26		ECMO/ECLS REPOS PERPH CNULA	$ 163.19	$ 138.71
33958			ECMO/ECLS REPOS PERPH CNULA	$ 161.18	$ 137.00
33958	26		ECMO/ECLS REPOS PERPH CNULA	$ 159.77	$ 135.80
33959			ECMO/ECLS REPOS PERPH CNULA	$ 190.07	$ 161.56
33959	26		ECMO/ECLS REPOS PERPH CNULA	$ 188.26	$ 160.02
33962			ECMO/ECLS REPOS PERPH CNULA	$ 181.01	$ 153.85
33962	26		ECMO/ECLS REPOS PERPH CNULA	$ 178.99	$ 152.14
33963			ECMO/ECLS REPOS PERPH CNULA	$ 308.03	$ 261.82
33963	26		ECMO/ECLS REPOS PERPH CNULA	$ 306.21	$ 260.28
33964			ECMO/ECLS REPOS PERPH CNULA	$ 311.16	$ 264.48
33964	26		ECMO/ECLS REPOS PERPH CNULA	$ 309.75	$ 263.28
33965			ECMO/ECLS RMVL PERPH CANNULA	$ 165.01	$ 140.25
33965	26		ECMO/ECLS RMVL PERPH CANNULA	$ 163.19	$ 138.71
33966			ECMO/ECLS RMVL PERPH CANNULA	$ 181.76	$ 154.50

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CPT/ HCPCS/ CDT	***MOD 1***	***MOD 2***	***SHORT - DESCRIPTION***	***MAXIMUM FEE ALLOWANCE***	***MAXIMUM FEE ALLOWANCE***
PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
33966	26		ECMO/ECLS RMVL PERPH CANNULA	$ 179.75	$ 152.78
33967			INSERT INTRA-AORTIC BALLOON PERCUTAN	$ 124.00	$ 106.00
33968			REMOVE INTRA-AORTIC BALLOON DEVICE	$ 30.10	$ 25.59
33969			ECMO/ECLS RMVL PERPH CANNULA	$ 188.98	$ 160.63
33969	26		ECMO/ECLS RMVL PERPH CANNULA	$ 187.37	$ 159.26
33970			INTERNAL CIRCULATION ASSIST	$ 271.00	$ 230.00
33971			REMOVE INTRA-AORTIC BALOON,W/ REPAIR	$ 271.00	$ 230.00
33973			INSERTION INTRA-AORTIC BALLOON ASSIS	$ 246.00	$ 209.00
33974			REM.INTRA-AORTIC BALLOON ASSIST DEVI	$ 271.00	$ 230.00
33975			IMPLANTATION VENTRICULAR ASSISTSINGL	$ 648.00	$ 551.00
33976			IMPLANT.BIVENTRICULAR DEVICE SUPPORT	$ 918.00	$ 780.00
33977			REMOVALVENTRICULAR DEVICE SINGLE SUP	$ 567.00	$ 482.00
33978			REMOVAL BIVENTRICULAR SUPPORT DEVICE	$ 648.00	$ 551.00
33979			INSERT VENTRIC ASSIST DEV IMPLANT SI	$ 1,342.25	$ 1,140.91
33980			REMOVAL VENT ASSIST DEVICE IMPLANTAB	$ 1,573.00	$ 1,337.00
33981			REPLACEMENT OF EXTRACORPOREAL VENTRICULAR ASSIST DEVICE, SINGLE OR	$ 452.23	$ 384.39
33982			REPLACEMENT OF VENTRICULAR ASSIST DEVICE PUMP(S); IMPLANTABLE INTRACORPOREAL,	$ 1,058.33	$ 899.58
33983			REPLACEMENT OF VENTRICULAR ASSIST DEVICE PUMP(S); IMPLANTABLE INTRACORPOREAL,	$ 1,242.33	$ 1,055.98
33984			ECMO/ECLS RMVL PERPH CANNULA	$ 184.32	$ 156.67
33984	26		ECMO/ECLS RMVL PERPH CANNULA	$ 182.31	$ 154.96
33985			ECMO/ECLS RMVL CTR CANNULA	$ 349.35	$ 296.94
33985	26		ECMO/ECLS RMVL CTR CANNULA	$ 347.54	$ 295.40
33986			ECMO/ECLS RMVL CTR CANNULA	$ 331.83	$ 282.06
33986	26		ECMO/ECLS RMVL CTR CANNULA	$ 329.82	$ 280.35
33987			ARTERY EXPOS/GRAFT ARTERY	$ 139.81	$ 118.84
33988			INSERTION OF LEFT HEART VENT	$ 404.75	$ 344.03
33988	26		INSERTION OF LEFT HEART VENT	$ 402.53	$ 342.15
33989			REMOVAL OF LEFT HEART VENT	$ 270.87	$ 230.24
33989	26		REMOVAL OF LEFT HEART VENT	$ 268.85	$ 228.52
33990			INSERTION OF LOWER HEART CHAMBER BLOOD FLOW ASSIST DEVICE	$ 240.45	$ 204.38
33991			INSERTION OF LOWER HEART CHAMBER BLOOD FLOW ASSIST DEVICE	$ 348.22	$ 295.98
33992			REMOVAL OF LOWER HEART CHAMBER BLOOD FLOW ASSIST DEVICE	$ 116.75	$ 99.23
33993			REPOSITIONING OF LOWER HEART CHAMBER BLOOD FLOW ASSIST DEVICE WITH IMAGING	$ 103.00	$ 87.55
33999			UNLISTED PROCEDURE,CARDIAC SURGERY	BR	BR
34001			REMOVAL OF ARTERY CLOT	$ 275.00	$ 234.00
34051			REMOVAL OF ARTERY CLOT	$ 275.00	$ 234.00
34101			REMOVAL OF ARTERY CLOT	$ 275.00	$ 234.00
34111			EMBOLECTOMY/THROMBECTOMY,RADIAL/ULNA	$ 275.00	$ 234.00
34151			REMOVAL OF ARTERY CLOT	$ 275.00	$ 234.00
34201			REMOVAL OF ARTERY CLOT	$ 275.00	$ 234.00
34201	50		REMOVAL OF ARTERY CLOT, BILATERAL	$ 412.50	$ 351.00
34203			EMBOL-THROMBECTOMY,POBLITEAL-TIBIO	$ 275.00	$ 234.00
34401			REMOVAL OF VEIN CLOT	$ 383.00	$ 326.00
34421			REMOVAL OF VEIN CLOT	$ 246.00	$ 209.00
34451			REMOVAL OF VEIN CLOT	$ 492.00	$ 418.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
34471			REMOVAL OF VEIN CLOT	$ 168.00	$ 143.00
34490			REMOVAL OF VEIN CLOT	$ 234.00	$ 199.00
34501			VALVULOPLASTY,FEMORAL VEIN	$ 120.00	$ 102.00
34502			RECONSTRUCTION OF VENA CAVA ANY METH	$ 1,000.00	$ 850.00
34510			TRANSPOSE VENOUS VALVE,ANY VEIN DONO	$ 160.00	$ 136.00
34520			CROSS-OVER VEIN GRAFT TO VENOUS SYST	$ 160.00	$ 136.00
34530			SAPHENOPOPLITEAL VEIN ANASTOMOSIS	$ 144.00	$ 122.00
34800			ENDOVASC REP INFRARENAL ABD AOR ANEU	$ 594.00	$ 505.00
34802			ENDOVAS REP INFRA ABD AORTIC.ANEURYS	$ 648.00	$ 551.00
34803			ENDOVASCULAR REPAIR OF INFRARENAL AB	$ 714.45	$ 607.28
34804			ENDOVAS REP INFRA ABD AORTIC ANEURYS	$ 648.00	$ 551.00
34805			ENDOVASC REP INFRAREN ABDOM ADRT ANE	$ 650.00	$ 552.00
34806			TRANSCATHETER PLACEMENT OF WIRELESS PHYSIOLOGIC SENSOR IN ANEURYSMAL SAC DURING	$ 55.23	$ 46.94
34808			ENDOVASC PLACEMENT ILIAC ART OCC DEV	$ 111.00	$ 94.00
34812			OPEN FEM ART EXPOS/DEL AORT ENDOV PR	$ 181.00	$ 154.00
34813			PLACEMENT FEM-FEM PROSTHETIC GRAFT	$ 129.00	$ 110.00
34820			OPEN ILIAC ARTERY EXPOSURE DEL ENDOV	$ 432.00	$ 367.00
34825			PLACEMENT PROX/DIST EXTENSION PROSTH	$ 378.00	$ 321.00
34826			PLACE PROX/DIST EXT PROSTH EA ADDIT	$ 162.00	$ 138.00
34830			OPEN REP INFRARENAL AORTIC ANEURYSM	$ 911.00	$ 774.00
34831			OPEN REP INFRA AORT ANEURYSM	$ 984.00	$ 837.00
34832			OPEN REP INFRA AORTIC ANEURYSM	$ 984.00	$ 837.00
34833			OPEN ILIAC ARTERY EXPOSURE UNILAT	$ 324.00	$ 275.00
34834			OPEN BRACHIAL ARTERY EXPOS UNILAT	$ 145.00	$ 123.00
34841			PLACEMENT OF GRAFT FOR REPAIR OF AORTA WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION, WITH 1 ARTERY PROSTHESIS	$ 1,051.00	$ 893.35
34842			PLACEMENT OF GRAFT FOR REPAIR OF AORTA WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION, WITH 2 ARTERY PROSTHESES	$ 1,157.50	$ 983.88
34843			PLACEMENT OF GRAFT FOR REPAIR OF AORTA WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION, WITH 3 ARTERY PROSTHESES	$ 1,264.00	$ 1,074.40
34844			PLACEMENT OF GRAFT FOR REPAIR OF AORTA WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION, WITH 4 OR MORE ARTERY PROSTHESES	$ 1,370.50	$ 1,164.93
34845			PLACEMENT OF GRAFT FOR REPAIR OF AORTA WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION, WITH 1 ARTERY PROSTHESES	$ 1,051.00	$ 893.35
34846			PLACEMENT OF GRAFT FOR REPAIR OF AORTA WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION, WITH 2 ARTERY PROSTHESES	$ 1,157.50	$ 983.88
34847			PLACEMENT OF GRAFT FOR REPAIR OF AORTA WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION, WITH 3 ARTERY PROSTHESES	$ 1,264.00	$ 1,074.40
34848			PLACEMENT OF GRAFT FOR REPAIR OF AORTA WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION, WITH 4 OR MORE ARTERY PROSTHESES	$ 1,370.50	$ 1,164.93
34900			ENDOVASCULAR GRAFT REPLACEMENT	$ 442.00	$ 376.00
35001			REPAIR DEFECT OF ARTERY	$ 650.00	$ 552.00
35002			REPAIR RUPTURED ANEURYSM,NECK INCISI	$ 650.00	$ 552.00
35005			REPAIR ANEURYSM,OCCLUSIVE DIS,VERTEB	$ 650.00	$ 552.00
35011			REPAIR DEFECT OF ARTERY	$ 410.00	$ 348.00
35013			REPAIR RUPTURED ANEURYSM,AXIL-BRACH	$ 410.00	$ 348.00
35021			REPAIR DEFECT OF ARTERY	$ 820.00	$ 697.00
35022			REPAIR RUPTURED ANEURYSM-SUBCLAV.ART	$ 820.00	$ 697.00
35045			REPAIR ANEURYSM,OCCLU OIS,RAD/ULNAR	$ 650.00	$ 553.00
35081			REPAIR DEFECT OF ARTERY	$ 759.00	$ 645.00
35082			REPAIR RUPTURED ANEURYSM-ABDOMINAL	$ 835.00	$ 710.00
35091			REPAIR DEFECT OF ARTERY	$ 759.00	$ 645.00
35092			REP.RUPTURED ANEURYSM,ABD AORTA/VISC	$ 835.00	$ 710.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
35102			REPAIR DEFECT OF ARTERY	$ 759.00	$ 645.00
35103			REP.RUPTURED ANEURYSM,ABD AORTA/ILIA	$ 835.00	$ 710.00
35111			REPAIR DEFECT OF ARTERY	$ 680.00	$ 578.00
35112			REP.RUPTURED ANEURYSM,SPLENIC ARTERY	$ 680.00	$ 578.00
35121			REPAIR DEFECT OF ARTERY	$ 760.00	$ 646.00
35122			RUPTURED ANEURYSM,HEPATIC,CELIAC	$ 760.00	$ 646.00
35131			REPAIR DEFECT OF ARTERY	$ 660.00	$ 561.00
35132			RUPTURED ANEURYSM,ILIAC ARTERY/COMMO	$ 660.00	$ 561.00
35141			REPAIR DEFECT OF ARTERY	$ 680.00	$ 578.00
35142			REPAIR RUPTURED ANEURYSM/FEMORAL ART	$ 680.00	$ 578.00
35151			REPAIR DEFECT OF ARTERY	$ 680.00	$ 578.00
35152			REPAIR RUPT ANEURYSM,POPLITEAL ARTER	$ 680.00	$ 578.00
35180			REPAIR CONGENITAL FISTULA-HEAD/NECK	$ 680.00	$ 578.00
35182			REP.CONGENITAL FIST-THORAX/ABDOMEN	$ 793.00	$ 674.00
35184			REP.CONGENITAL FISTULA,EXTREMITIES	$ 680.00	$ 578.00
35188			REP ACQUIRED/TRAUMA FIST.-HEAD/NECK	$ 680.00	$ 578.00
35189			REP.ACQUIRED/TRAUMA FIST.THORAX/ABD0	$ 793.00	$ 674.00
35190			REP.ACQUIRED/TRAUMA FISTULA/EXTREMIT	$ 680.00	$ 578.00
35201			REPAIR BLOOD VESSEL LESION	$ 410.00	$ 348.00
35206			REPAIR BLOOD VESSEL LESION	$ 410.00	$ 348.00
35207			REPAIR BLOOD VESSEL,DIRECT-HAND/FING	$ 342.00	$ 291.00
35211			REPAIR BLOOD VESSEL LESION	$ 675.00	$ 574.00
35216			REPAIR BLOOD VESSEL LESION	$ 675.00	$ 574.00
35221			REPAIR BLOOD VESSEL LESION	$ 675.00	$ 574.00
35226			REPAIR BLOOD VESSEL LESION	$ 410.00	$ 348.00
35231			REPAIR BLOOD VESSEL LESION	$ 410.00	$ 348.00
35236			REPAIR BLOOD VESSEL LESION	$ 410.00	$ 348.00
35241			REPAIR BLOOD VESSEL LESION	$ 675.00	$ 574.00
35246			REPAIR BLOOD VESSEL LESION	$ 675.00	$ 574.00
35251			REPAIR BLOOD VESSEL LESION	$ 675.00	$ 574.00
35256			REPAIR BLOOD VESSEL LESION	$ 615.00	$ 523.00
35261			REPAIR BLOOD VESSEL LESION	$ 615.00	$ 523.00
35266			REPAIR BLOOD VESSEL LESION	$ 615.00	$ 523.00
35271			REPAIR BLOOD VESSEL LESION	$ 675.00	$ 574.00
35276			REPAIR BLOOD VESSEL LESION	$ 675.00	$ 574.00
35281			REPAIR BLOOD VESSEL LESION	$ 675.00	$ 574.00
35286			REPAIR BLOOD VESSEL LESION	$ 615.00	$ 523.00
35301			RECHANNELING OF ARTERY	$ 615.00	$ 523.00
35302			RECHANNELING OF ARTERY	$ 627.19	$ 533.11
35303			RECHANNELING OF ARTERY	$ 691.12	$ 587.45
35304			RECHANNELING OF ARTERY	$ 714.56	$ 607.38
35305			RECHANNELING OF ARTERY	$ 680.23	$ 578.20
35306			RECHANNELING OF ARTERY	$ 247.35	$ 210.24
35311			RECHANNELING OF ARTERY	$ 723.00	$ 615.00
35321			RECHANNELING OF ARTERY	$ 615.00	$ 523.00

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CPT/ HCPCS/ CDT	***MOD 1***	***MOD 2***	***SHORT - DESCRIPTION***	***MAXIMUM FEE ALLOWANCE***	***MAXIMUM FEE ALLOWANCE***
PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
35331			RECHANNELING OF ARTERY	$ 765.00	$ 650.00
35341			RECHANNELING OF ARTERY	$ 765.00	$ 650.00
35351			RECHANNELING OF ARTERY	$ 765.00	$ 650.00
35355			THROMBOENDARTERECTOMY-ILIOFEMORAL	$ 765.00	$ 650.00
35361			RECHANNELING OF ARTERY	$ 765.00	$ 650.00
35363			THROMBOENDARTERECTOMY/COMB.AORTOILIO	$ 765.00	$ 650.00
35371			RECHANNELING OF ARTERY	$ 615.00	$ 523.00
35372			THROMBOENDARTERECTOMY...DEEP FEMORAL	$ 615.00	$ 523.00
35390			REOP.CAROTID THROMBOENDARTERECTOMY	$ 131.42	$ 111.71
35400			ANGIOSCOPY DURING THERAPEUTIC INTERV	$ 145.21	$ 123.43
35450			TRANSLUMINAL ANGIOPLASTY;RENAL	$ 325.00	$ 276.00
35452			TRANSLUMINAL ANGIOPLASTY; AORTIC	$ 325.00	$ 276.00
35458			TRANS. ANGIO.;SUBCLAVIAN-AXILLARY	$ 325.00	$ 276.00
35460			TRANSLUMINAL ANGIOPLASTY,OPEN;VENOUS	$ 255.11	$ 216.85
35472			TRANSLUMINAL ANGIOPLASTY,PERCU;AORTI	$ 270.00	$ 229.00
35475			TRANSLUMINAL ANGIOPLASTY,PERCU;BRACH	$ 365.00	$ 310.00
35476			TRANSLUMINAL ANGIOPLASTY;PERCU-VENOU	$ 256.00	$ 218.00
35480			TRANSLUMINAL PER ATHER OPEN	$ 325.00	$ 276.00
35500			HARVEST UPPER EXTREMITY VEIN	$ 98.00	$ 83.00
35501			ARTERY BYPASS GRAFT	$ 650.00	$ 552.00
35506			ARTERY BYPASS GRAFT	$ 650.00	$ 552.00
35508			BUPASS GRAFT,W/VEIN;CAROTID-VERTEBRA	$ 650.00	$ 552.00
35509			ARTERY BYPASS GRAFT	$ 650.00	$ 552.00
35510			BYPASS GRAFT W/VEIN CAROTID-BRACHIAL	$ 765.00	$ 650.00
35511			ARTERY BYPASS GRAFT	$ 650.00	$ 552.00
35512			BYPASS GRAFT W/VEIN SUBCLAV/BRACHIAL	$ 648.00	$ 551.00
35515			BYPASS GRAFT,W/VEIN;SUBCLAVIAN-VERTE	$ 650.00	$ 552.00
35516			ARTERY BYPASS GRAFT	$ 650.00	$ 552.00
35518			BYPASS GRAFT,W/VEIN;AXILLARY-AXILLAR	$ 650.00	$ 552.00
35521			ARTERY BYPASS GRAFT	$ 759.00	$ 645.00
35522			BYPASS GRAFT W/VEIN AXILLARY/BRACHIA	$ 678.00	$ 577.00
35523			BYPASS GRAFT, WITH VEIN; BRACHIAL-ULNAR OR -RADIAL	$ 720.33	$ 612.28
35525			BYPASS GRAFT W/VEIN BRACHIAL/BRACHIA	$ 633.00	$ 538.00
35526			ARTERY BYPASS GRAFT	$ 759.00	$ 645.00
35531			ARTERY BYPASS GRAFT	$ 759.00	$ 645.00
35533			BYPASS GRAFT,W/VEIN;AXIL-FEM-FEM	$ 759.00	$ 645.00
35535			BYPASS_GRAFT___WITH_VEIN;_HEPATORENA	$ 1,057.29	$ 898.70
35536			ARTERY BYPASS GRAFT	$ 759.00	$ 645.00
35537			ARTERY BYPASS GRAFT	$ 1,324.84	$ 1,126.11
35538			ARTERY BYPASS GRAFT	$ 1,296.65	$ 1,102.15
35539			ARTERY BYPASS GRAFT	$ 1,217.92	$ 1,035.23
35540			ARTERY BYPASS GRAFT	$ 1,428.42	$ 1,214.16
35556			ARTERY BYPASS GRAFT	$ 650.00	$ 552.00
35558			ARTERY BYPASS GRAFT	$ 650.00	$ 552.00
35560			BYPASS GRAFT,W/VEIN;AORTORENAL	$ 650.00	$ 552.00

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PRACTITIONER				*SPECIALIST*	*NON-SPECIALIST*
DME/P&O				*PURCHASE*	*RENTAL*
35563			ARTERY BYPASS GRAFT	$ 759.00	$ 645.00
35565			ARTERY BYPASS GRAFT	$ 759.00	$ 645.00
35566			ARTERY BYPASS GRAFT	$ 650.00	$ 552.00
35570			BYPASS_GRAFT___WITH_VEIN;_TIBIAL-TIB	$ 845.97	$ 719.07
35571			ARTERY BYPASS GRAFT	$ 650.00	$ 552.00
35572			HARVEST OF FEMOROPOPLITEAL VEIN 1 SE	$ 184.00	$ 157.00
35583			IN-SITU BYPASS;FEMORAL-POPLITEAL	$ 759.00	$ 645.00
35585			IN-SITU BYPASS;FEM-ANTER,POST,PERON	$ 759.00	$ 645.00
35587			IN-SITU BYPASS;POPLIT-TIBIAL,PERONEA	$ 759.00	$ 645.00
35600			HARVEST UPPER EXTREM ARTERY 1 SEGMEN	$ 139.00	$ 118.00
35601			ARTERY BYPASS GRAFT	$ 650.00	$ 552.00
35606			ARTERY BYPASS GRAFT	$ 650.00	$ 552.00
35612			ARTERY BYPASS GRAFT	$ 650.00	$ 552.00
35616			ARTERY BYPASS GRAFT	$ 650.00	$ 552.00
35621			ARTERY BYPASS GRAFT	$ 650.00	$ 552.00
35623			BYPASS GRAFT AXILLARY POPLITEALTIBIA	$ 622.00	$ 529.00
35626			ARTERY BYPASS GRAFT	$ 705.00	$ 599.00
35631			ARTERY BYPASS GRAFT	$ 759.00	$ 645.00
35632			BYPASS_GRAFT___WITH_OTHER_THAN_VEIN	$ 1,003.96	$ 853.37
35633			BYPASS_GRAFT___WITH_OTHER_THAN_VEIN	$ 1,120.85	$ 952.72
35634			BYPASS_GRAFT___WITH_OTHER_THAN_VEIN	$ 1,019.80	$ 866.83
35636			ARTERY BYPASS GRAFT	$ 759.00	$ 645.00
35637			ARTERY BYPASS GRAFT	$ 970.04	$ 824.53
35638			ARTERY BYPASS GRAFT	$ 983.13	$ 835.66
35642			BYPASS GRAFT,NOT VEIN,CAROTID-VERTEB	$ 650.00	$ 552.00
35645			BYPASS GRAFT,NOT VEIN;SUBCLAV-VERTEB	$ 650.00	$ 552.00
35646			ARTERY BYPASS GRAFT	$ 759.00	$ 645.00
35647			BYPASS GRAFT W/OTHER THAN VEIN AORTO	$ 760.00	$ 646.00
35650			BYPASS GRAFT,NOT VEIN;AXILLARY-AXILL	$ 650.00	$ 552.00
35654			BYPASS GRAFT,NOT VEIN;AXILL-FEM-FEM	$ 1,000.00	$ 850.00
35656			ARTERY BYPASS GRAFT	$ 650.00	$ 552.00
35661			ARTERY BYPASS GRAFT	$ 650.00	$ 552.00
35663			ARTERY BYPASS GRAFT	$ 759.00	$ 645.00
35665			ARTERY BYPASS GRAFT	$ 759.00	$ 645.00
35666			ARTERY BYPASS GRAFT	$ 650.00	$ 552.00
35671			ARTERY BYPASS GRAFT	$ 650.00	$ 552.00
35681			BYPASS_GRAFT,COMPOSITE	$ 75.36	$ 64.06
35682			BYPASS GRAFT, AUTOGENOUS COMPOSITE	$ 294.54	$ 250.36
35683			BYPASS GRAFT, AUTOG COMP 3 OR MORE	$ 347.56	$ 295.43
35685			PLACEMENT OF VEIN PATCH @ DIST ANAST	$ 178.00	$ 152.00
35686			CREATION DIST ARTERIOVEN FISTULA	$ 148.00	$ 126.00
35691			TRANSPOSITION VERTEBRAL TO CAROTID	$ 650.00	$ 552.00
35693			TRANSPOSITION VERTEBRAL TO SUBCLAVIA	$ 650.00	$ 552.00
35694			TRANS.SUBCLAVIAN TO CAROTID ARTERY	$ 650.00	$ 552.00
35695			TRANSPOSITION CAROTID TO SUBCLAVIAN	$ 717.00	$ 609.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
35697			REIMPLANT VISC ART TO INF AORT PROST	$ 69.00	$ 59.00
35700			REOPER.FEMEORAL-POPLITEAL TIBIAL	$ 144.98	$ 123.23
35701			EXPLORATION, CAROTID ARTERY	$ 228.00	$ 194.00
35721			EXPLORATION, FEMORAL ARTERY	$ 171.00	$ 145.00
35741			EXPLORATION POPLITEAL ARTERY	$ 171.00	$ 145.00
35761			EXPLORATION OF ARTERY/VEIN	$ 171.00	$ 145.00
35800			EXPLORE NECK VESSELS	$ 171.00	$ 145.00
35820			EXPLORE CHEST VESSELS	$ 257.00	$ 218.00
35840			EXPLORE ABDOMINAL VESSELS	$ 257.00	$ 218.00
35860			EXPLORE LIMB VESSELS	$ 171.00	$ 145.00
35870			REPAIR OF GRAFT-ENTERIC FISTULA	$ 708.00	$ 602.00
35875			THROMBECTOMY OF ARTERIAL GRAFT	$ 300.00	$ 255.00
35876			THROMECTOMY ARTERIAL VENOUS GRAFT	$ 418.00	$ 355.00
35879			OPEN REVIS LOW EXTR ART BYPASS W/ANG	$ 385.00	$ 327.00
35881			REVISE LOW EXTR ART BYPASS W/VEIN IN	$ 484.00	$ 411.00
35883			REVISE GRAFT W/NONAUTO GRAFT	$ 673.26	$ 572.27
35884			REVISE GRAFT W/VEIN	$ 689.64	$ 586.19
35901			EXCISION OF INFECTED GRAFT OF NECK	$ 473.07	$ 402.11
35903			EXCISION INFECTED GRAFT EXTREMITY	$ 544.28	$ 462.64
35905			EXCISION INFECTED GRAFT THORAX	$ 759.00	$ 645.00
35907			EXCISION INFECTED GRAFT ABDOMEN	$ 759.00	$ 645.00
36000	SA		ESTABLISH ACCESS TO VEIN	NA	$ 29.00
36000			ESTABLISH ACCESS TO VEIN	$ 22.56	$ 19.18
36000	50		INTRO OF NEEDLE OR INTRACATH VEIN;BI	$ 45.00	$ 45.00
36002			INJ PROC PERC TX EXTREM PSEUDOANEURY	$ 142.00	$ 120.00
36010			INSERT SUPERIOR/INFERIOR CATHETER	$ 85.00	$ 74.00
36011			SELECT CATH PLACE,VENOUS SYS;FIRST O	$ 127.50	$ 108.00
36012			SELECT CATH PLACE,VENOUS SYS;SECOND	$ 191.25	$ 162.60
36013			INTRO OF CATHETERMRT HR/MAIN PUL ART	$ 127.50	$ 108.00
36014			SELECTIVE CATHETER PLACEMENT L/R PUL	$ 132.42	$ 112.56
36015			SELECTIVE CATHETER PLACEMENT,SEG/SUB	$ 149.38	$ 126.98
36100			ESTABLISH ACCESS TO ARTERY	$ 103.00	$ 88.00
36100	50		INTRO NEEDLE INTRACATH,CAR/VERT BILA	$ 154.00	$ 131.00
36120			ESTABLISH ACCESS TO ARTERY	$ 110.00	$ 93.00
36140			ESTABLISH ACCESS TO ARTERY	$ 62.00	$ 53.00
36140	50		INTRO NEEDLE/INTRACATH; EXTREMITY AR	$ 93.00	$ 79.00
36147	26		INTRODUCTION OF NEEDLE AND/OR CATHETER, ARTERIOVENOUS SHUNT CREATED FOR	$ 99.02	$ 84.17
36147			INTRODUCTION OF NEEDLE AND/OR CATHETER, ARTERIOVENOUS SHUNT CREATED FOR	$ 486.50	$ 413.53
36148	26		INTRODUCTION OF NEEDLE AND/OR CATHETER, ARTERIOVENOUS SHUNT CREATED FOR	$ 26.03	$ 22.12
36148			INTRODUCTION OF NEEDLE AND/OR CATHETER, ARTERIOVENOUS SHUNT CREATED FOR	$ 150.01	$ 127.51
36200			ESTABLISH ACCESS TO AORTA	$ 95.00	$ 81.00
36215			INTRODUCE CATHETER; EACH ADD....	$ 155.00	$ 132.00
36216			SELECT CATH PL,ART SYS;INIT SEC ORDE	$ 187.50	$ 160.00
36217			SELECT CATH PL,ART SYS;INIT THIRD OR	$ 225.00	$ 191.00
36218			SELECT CATH PL,ART SYS;ADDIT SEC ORD	$ 37.50	$ 31.00

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PRACTITIONER				*SPECIALIST*	*NON-SPECIALIST*
DME/P&O				*PURCHASE*	*RENTAL*
36221	26		INSERTION OF CATHETER INTO CHEST AORTA FOR DIAGNOSIS OR TREATMENT	$ 118.08	$ 100.37
36221			INSERTION OF CATHETER INTO CHEST AORTA FOR DIAGNOSIS OR TREATMENT	$ 619.12	$ 526.25
36222	26		INSERTION OF CATHETER INTO NECK ARTERY FOR DIAGNOSIS OR TREATMENT	$ 162.35	$ 137.99
36222			INSERTION OF CATHETER INTO NECK ARTERY FOR DIAGNOSIS OR TREATMENT	$ 715.54	$ 608.21
36223	26		INSERTION OF CATHETER INTO NECK ARTERY FOR DIAGNOSIS OR TREATMENT	$ 177.77	$ 151.10
36223			INSERTION OF CATHETER INTO NECK ARTERY FOR DIAGNOSIS OR TREATMENT	$ 860.25	$ 731.21
36224	26		INSERTION OF CATHETER INTO NECK ARTERY FOR DIAGNOSIS OR TREATMENT	$ 201.08	$ 170.91
36224			INSERTION OF CATHETER INTO NECK ARTERY FOR DIAGNOSIS OR TREATMENT	$ 1,074.47	$ 913.30
36225	26		INSERTION OF CATHETER INTO CHEST ARTERY FOR DIAGNOSIS OR TREATMENT	$ 177.12	$ 150.55
36225			INSERTION OF CATHETER INTO CHEST ARTERY FOR DIAGNOSIS OR TREATMENT	$ 829.80	$ 705.33
36226	26		INSERTION OF CATHETER INTO CHEST ARTERY FOR DIAGNOSIS OR TREATMENT	$ 199.68	$ 169.73
36226			INSERTION OF CATHETER INTO CHEST ARTERY FOR DIAGNOSIS OR TREATMENT	$ 1,049.11	$ 891.74
36227	26		INSERTION OF CATHETER INTO NECK ARTERY FOR DIAGNOSIS OR TREATMENT	$ 64.02	$ 54.41
36227			INSERTION OF CATHETER INTO NECK ARTERY FOR DIAGNOSIS OR TREATMENT	$ 146.38	$ 124.42
36228	26		INSERTION OF CATHETER INTO NECK ARTERY FOR DIAGNOSIS OR TREATMENT	$ 129.72	$ 110.26
36228			INSERTION OF CATHETER INTO NECK ARTERY FOR DIAGNOSIS OR TREATMENT	$ 714.33	$ 607.18
36246			SELECT CATH PL,ART SYS;INIT SEC ORD	$ 187.50	$ 159.00
36247			SELECT CATH PLACE,ART SYS;INIT THIRD	$ 230.00	$ 195.50
36248			SELECT CATH PLACE,ART SYS;ADDIT SECO	$ 37.50	$ 32.00
36251	26		SELECTIVE CATHETER PLACEMENT (FIRST-ORDER), MAIN RENAL ARTERY AND ANY ACCESSORY	$ 154.90	$ 131.67
36251			SELECTIVE CATHETER PLACEMENT (FIRST-ORDER), MAIN RENAL ARTERY AND ANY ACCESSORY	$ 805.16	$ 684.39
36252	26		SELECTIVE CATHETER PLACEMENT (FIRST-ORDER), MAIN RENAL ARTERY AND ANY ACCESSORY	$ 205.87	$ 174.99
36252			SELECTIVE CATHETER PLACEMENT (FIRST-ORDER), MAIN RENAL ARTERY AND ANY ACCESSORY	$ 871.84	$ 741.06
36253	26		SUPERSELECTIVE CATHETER PLACEMENT (ONE OR MORE SECOND ORDER OR HIGHER RENAL	$ 207.41	$ 176.29
36253			SUPERSELECTIVE CATHETER PLACEMENT (ONE OR MORE SECOND ORDER OR HIGHER RENAL	$ 1,285.00	$ 1,092.25
36254	26		SUPERSELECTIVE CATHETER PLACEMENT (ONE OR MORE SECOND ORDER OR HIGHER RENAL	$ 238.89	$ 203.05
36254			SUPERSELECTIVE CATHETER PLACEMENT (ONE OR MORE SECOND ORDER OR HIGHER RENAL	$ 1,247.41	$ 1,060.30
36260			INSERTION OF IMPLANTABLE PUMP	$ 342.00	$ 291.00
36261			REVISE IMPLANTED INFUSION PUMP	$ 143.00	$ 122.00
36262			REMOVE IMPLANTED INFUSION PUMP	$ 143.00	$ 122.00
36299			UNLISTED PROCEDURE,VASCULAR INJECTIO	BR	BR
36405			ESTABLISH ACCESS TO VEIN *	$ 18.00	$ 16.00
36406	HU		VENIPUNCTURE,UNDER AGE 3YRS OTH VEIN	$ 16.00	$ 14.00
36406			VENIPUNCTURE,UNDER AGE 3YRS.OTHER VE	$ 16.00	$ 14.00
36410			ESTABLISH ACCESS TO VEIN	$ 18.00	$ 16.00
36415	HU		ROUTINE VENIPUNCTURE COLL SPECIMEN	$ 1.80	$ 1.80
36415			ROUTINE VENIPUNCTURE COLLECT SPECIME	$ 1.80	$ 1.80
36415	FP		ROUTINE VENIPUNCTURE COLLECT SPECIME	$ 3.40	$ 3.40
36415	SA		ROUTINE VENIPUNCTURE COLLECT SPECIME	NA	$ 1.80
36415	UD		ROUTINE VENIPUNCTURE COLLECT SPECIME	$ 1.80	$ 1.80
36416			COLLECTION OF CAPILLARY BLOOD SPEC	$ 1.80	$ 1.80
36416	FP		COLLECTION OF CAPILLARY BLOOD SPEC	$ 1.80	$ 1.80
36416	HU		COLLECTION OF CAPILLARY BLOOD SPEC	$ 1.80	$ 1.80
36416	SA		COLLECTION OF CAPILLARY BLOOD SPEC	NA	$ 1.80
36416	UD		COLLECTION OF CAPILLARY BLOOD SPEC	$ 1.80	$ 1.80

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
36425			ESTABLISH ACCESS TO VEIN	$ 18.00	$ 16.00
36430			TRANSFUSION,BLOOD/BLOOD COMPONENTS	$ 13.00	$ 11.00
36440			BLOOD TRANSFUSION SERVICE	$ 30.00	$ 26.00
36450			EXCHANGE TRANSFUSION SERVICE	$ 100.80	$ 85.68
36455			EXCHANGE TRANSFUSION SERVICE	$ 98.53	$ 83.75
36460			TRANSFUSION SERVICE, FETAL	$ 151.00	$ 128.00
36470			INJECTION THERAPY OF VEIN *	$ 10.00	$ 8.00
36471			INJECTION THERAPY OF VEINS *	$ 18.00	$ 16.00
36475	26		ENDOVENOUS ABLATION THERAPY OF INCOM	$ 154.58	$ 131.39
36475			ENDOVENOUS ABLATION THERAPY OF INCOM	$ 871.09	$ 740.43
36476	26		ENDOVENOUS ABLATION THERAPY OF INCOM	$ 74.47	$ 63.30
36476			ENDOVENOUS ABLATION THERAPY OF INCOM	$ 165.09	$ 140.32
36478	26		ENDOVENOUS ABLATION THERAPY OF INCOM	$ 153.60	$ 130.56
36478			ENDOVENOUS ABLATION THERAPY OF INCOM	$ 677.80	$ 576.13
36479			ENDOVENOUS ABLATION THERAPY OF INCOM	$ 171.76	$ 145.99
36500			VEIN CATH/SELECT. ORGAN SAMPLE	$ 127.00	$ 108.00
36511			THERAPEUTIC APHORESIS FOR WBC'S.	$ 49.00	$ 42.00
36512			THERAPEUTIC APHERESIS FOR RBC'S.	$ 49.00	$ 42.00
36513			THERAPEUTIC APHERESIS FOR PLATELETS	$ 49.00	$ 42.00
36514			THERAPEUTIC APHERESIS PLASMA PHORESI	$ 49.00	$ 42.00
36516			THERAPEUTIC APHERESIS EXT SEL ADSORP	$ 49.00	$ 42.00
36522			PHOTOPHERESIS, EXTRACORPORAL	$ 88.55	$ 75.27
36556	26		INSERT NON-TUN CV CATH AGE 5 + OVER	$ 52.00	$ 44.00
36556			INSERT NON-TUN CV CATH AGE 5 + OVER	$ 160.00	$ 136.00
36558	26		INSERT CV CATH WO/SUBCU PORT AGE 5+	$ 154.00	$ 131.00
36558			INSERT CV CATH WO/SUBCU PORT AGE 5+	$ 385.00	$ 327.00
36561			INSERT TUN CENT INSERT CVA AGE 5 & >	$ 655.00	$ 557.00
36561	26		SUBCUTANEOUS PORT 5 YRS & OLDER	$ 164.00	$ 139.00
36563	26		SUBCUTANEOUS PORT AGE 5 OR OLDER	$ 215.00	$ 183.00
36563			SUBCUTANEOUS PORT AGE 5 OR OLDER	$ 1,025.00	$ 871.00
36565	26		SUBCUTANEOUS PUMP	$ 164.00	$ 139.00
36565			SUBCUTANEOUS PUMP	$ 655.00	$ 557.00
36566			SUBCUTANEOUS PORT OR PUMP	$ 715.00	$ 607.00
36569			INSERTION OF PICC AGE 5 & OVER	$ 119.00	$ 101.00
36569	26		SUBCUTANEOUS PORT/PUMP < 5 YRS OLD	$ 31.00	$ 26.00
36571	26		SUBCUTANEOUS PORT < 5 YRS OF AGE	$ 149.00	$ 127.00
36571			SUBCUTANEOUS PORT < 5 YRS OF AGE	$ 595.00	$ 506.00
36575	26		SUBCUTANEOUS PORT AGE 5 OR > REP CVA	$ 31.00	$ 26.00
36575			SUBCUTANEOUS PORT AGE 5 OR > REP CVA	$ 99.00	$ 84.00
36576	26		REP CVA DEVICE W/SUBCU PORT/PUMP	$ 177.00	$ 151.00
36576			REP_CVA_DEVICE_W/SUBCU_PORT/PUMP	$ 377.00	$ 321.00
36578			REP_CVA_DEVICE_W/SUBCU_PORT/PUMP	$ 436.00	$ 371.00
36578	26		REPLACE CATH OF CVA DEVICE W/PORT/PU	$ 183.00	$ 156.00
36580			REPLACE COMPL NON-TUN CENTRAL CATH	$ 139.00	$ 118.00
36580	26		REPLACE COMPL NON-TUN CNETRAL CATH	$ 50.00	$ 43.00

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CPT/ HCPCS/ CDT	***MOD 1***	***MOD 2***	***SHORT - DESCRIPTION***	***MAXIMUM FEE ALLOWANCE***	***MAXIMUM FEE ALLOWANCE***
PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
36581	26		REPLACE COMPL TUNNELED CENTRAL CATH	$ 138.00	$ 117.00
36581			REPLACE COMPL TUNNELED CENTRAL CATH	$ 417.00	$ 354.00
36582	26		REPLACE COML TUNNEL CVA DEVICE W/POR	$ 149.00	$ 127.00
36582			REPLACE COML TUNNEL CVA DEVICE W/POR	$ 595.00	$ 506.00
36583	26		REPLACE COMPL TUNNEL DEV W/PUMP	$ 149.00	$ 127.00
36583			REPLACE COMPL TUNNEL DEV W/PUMP	$ 595.00	$ 506.00
36584	26		REPLACE COMPL PICC W/O SUBCU PORT/PU	$ 50.00	$ 43.00
36584			REPLACE COMPL PICC W/O SUBCU PORT/PU	$ 139.00	$ 118.00
36585	26		REPLACE COMPL CVAD W/SUBCU PORT/PUMP	$ 174.00	$ 148.00
36585			REPLACE_COMPL_CVAD_W/SUBCU_PORT/PUMP	$ 1,025.00	$ 871.00
36589	26		REMOVAL TUNNELED CVC W/O SUBCU PORT	$ 107.00	$ 91.00
36589			REMOVAL TUNNELED CVC W/O SUBCU PORT	$ 131.00	$ 114.00
36590	26		REMOVAL TUNNELED CVAD W SUBCU PORT	$ 168.00	$ 144.00
36590			REMOVAL TUNNELED CVAD W SUBCU PORT	$ 206.00	$ 174.00
36591			COLLECTION OF BLOOD SPECIMEN FROM A COMPLETELY IMPLANTABLE VENOUS ACCESS DEVICE	$ 13.29	$ 11.29
36592			COLLECTION OF BLOOD SPECIMEN USING ESTABLISHED CENTRAL OR PERIPHERAL CATHETER,	$ 14.70	$ 12.49
36593			DECLOTTING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CATHETER	$ 17.52	$ 14.89
36595	26		MECH REMOV PERICATH OBSTRUCT MATERIA	$ 168.00	$ 144.00
36595			MECH REMOV PERICATH OBSTRUCT MATERIA	$ 377.00	$ 321.00
36596	26		MECHAN REMOV INTRALUM OBSTRUCT MATER	$ 31.00	$ 26.00
36596			MECHAN REMOV INTRALUM OBSTRUCT MATER	$ 99.00	$ 84.00
36597	26		REPOSITION CVC W/FLUOROS GUIDANCE	$ 41.00	$ 35.00
36597			REPOSITION_CVC_W/FLUOROS_GUIDANCE_	$ 131.00	$ 114.00
36598			CONTRAST INJECTION(S) FOR RADIOLOGIC	$ 61.67	$ 52.42
36600			WITHDRAWAL OF ARTERIAL BLOOD *	$ 8.00	$ 8.00
36620			ESTABLISH ACCESS TO ARTERY	$ 20.00	$ 16.00
36620	SA		ESTABLISH ACCESS TO ARTERY	NA	$ 15.20
36625			ESTABLISH ACCESS TO ARTERY	$ 61.00	$ 52.00
36640			INSERTION CATHETER, ARTERY	$ 61.00	$ 52.00
36680			NEEDLE PLACEMENT-INTRAOSSEOUS INFUSI	$ 37.00	$ 31.50
36800			INSERTION OF CANNULA	$ 128.67	$ 109.37
36810			INSERTION OF CANNULA	$ 182.00	$ 158.00
36815			INSERTION OF CANNULA	$ 132.86	$ 112.93
36818			ARTERIOVENOUS ANASTOMOSIS, OPEN; BY	$ 386.10	$ 328.19
36820			OPEN ARTERIOVEN ANAST FOREARM VEIN	$ 327.00	$ 278.00
36821			ARTERY-VEIN FUSION	$ 253.00	$ 220.00
36823			INSERT ARTERIAL/VENOUS CANNULA	$ 214.00	$ 182.00
36825			ARTERY-VEIN GRAFT	$ 470.00	$ 409.00
36830			ARTERY-VEIN GRAFT	$ 362.00	$ 315.00
36831			THROMBECTOMY, ARTERYOVENOUS FISTULA	$ 194.00	$ 165.00
36832			REV ARTERIOVEN FISTULA W WO THROMBEC	$ 182.00	$ 158.00
36833			REVISE ARTERIOVEN FIST W/THROMBECTOM	$ 226.00	$ 192.00
36835			ARTERY TO VEIN SHUNT	$ 362.00	$ 315.00
36838			DRIL UPPER EXTREM HEMODIALYSIS ACCES	$ 715.00	$ 607.00
36860			CANNULA DECLOTTING	$ 131.00	$ 114.00

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CPT/ HCPCS/ CDT	***MOD 1***	***MOD 2***	***SHORT - DESCRIPTION***	***MAXIMUM FEE ALLOWANCE***	***MAXIMUM FEE ALLOWANCE***
PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
36861			CANNULA DECLOTTING	$ 131.00	$ 114.00
36870			PERC THROMBECTOMY ARTERIOVEN FISTULA	$ 459.00	$ 390.00
37140			REVISION OF CIRCULATION	$ 677.00	$ 575.00
37145			REVISION OF CIRCULATION	$ 677.00	$ 575.00
37160			REVISION OF CIRCULATION	$ 677.00	$ 575.00
37180			REVISION OF CIRCULATION	$ 677.00	$ 575.00
37181			ANASTOMOSIS;SPLENORENAL,DISTAL	$ 677.00	$ 575.00
37182			INSERT TRANSVEN INTRAHEP PORTO SHUNT	$ 468.00	$ 398.00
37184	26		PRIMARY PERCUTANEOUS TRANSLUMINAL ME	$ 254.45	$ 216.28
37184			PRIMARY PERCUTANEOUS TRANSLUMINAL ME	$ 1,287.95	$ 1,094.75
37185	26		PRIMARY PERCUTANEOUS TRANSLUMINAL ME	$ 92.38	$ 78.52
37185			PRIMARY PERCUTANEOUS TRANSLUMINAL ME	$ 406.53	$ 345.55
37186	26		SECONDARY PERCUTANEOUS TRANSLUMINAL	$ 137.19	$ 116.61
37186			SECONDARY PERCUTANEOUS TRANSLUMINAL	$ 781.61	$ 664.37
37187	26		PERCUTANEOUS TRANSLUMINAL MECHANICAL	$ 224.45	$ 190.78
37187			PERCUTANEOUS TRANSLUMINAL MECHANICAL	$ 1,169.54	$ 994.10
37188	26		PERCUTANEOUS TRANSLUMINAL MECHANICAL	$ 161.82	$ 137.55
37188			PERCUTANEOUS TRANSLUMINAL MECHANICAL	$ 1,000.58	$ 850.49
37191	26		VASCULAR ACCESS, VESSEL SELECTION, AND RADIOLOGICAL SUPERVISION AND	$ 131.70	$ 111.94
37191			VASCULAR ACCESS, VESSEL SELECTION, AND RADIOLOGICAL SUPERVISION AND	$ 1,501.90	$ 1,276.62
37192	26		INCLUDING VASCULAR ACCESS, VESSEL SELECTION, AND RADIOLOGICAL SUPERVISION AND	$ 206.32	$ 175.37
37192			REPOSITIONING OF INTRAVASCULAR VENA CAVA FILTER, ENDOVASCULAR APPROACH	$ 950.02	$ 807.52
37193	26		RETRIEVAL (REMOVAL) OF INTRAVASCULAR VENA CAVA FILTER, ENDOVASCULAR APPROACH	$ 201.27	$ 171.08
37193			RETRIEVEL(REMOVAL)_OF_INTRAVASCULAR_	$ 905.50	$ 769.68
37195			CEREBRAL THROMBOLYSIS IV INFUSION	$ 195.42	$ 166.11
37197	26		RETRIEVAL OF FOREIGN BODY OF BLOOD VESSELS	$ 174.40	$ 148.24
37197			RETRIEVAL OF FOREIGN BODY OF BLOOD VESSELS	$ 860.71	$ 731.60
37200			TRANSCATHETER BIOPSY	$ 160.00	$ 136.00
37202			TRANSCATHETER THER....ANY TYPE	$ 172.00	$ 146.00
37211			INSERTION OF CATHETER INTO ARTERY FOR DRUG INFUSION FOR BLOOD CLOT	$ 219.64	$ 186.69
37213			INSERTION OF CATHETER INTO ARTERY OR VEIN FOR DRUG INFUSION FOR BLOOD CLOT	$ 136.00	$ 115.60
37215			TRANSCATHETER PLACEMENT OF INTRAVASC	$ 601.02	$ 510.86
37217			INSERTION OF INTRAVASCULAR STENTS IN NECK ARTERY WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION	$ 628.90	$ 534.56
37218			STENT PLACEMT ANTE CAROTID	$ 474.66	$ 403.46
37218	26		STENT PLACEMT ANTE CAROTID	$ 440.43	$ 374.63
37220	26		REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY,	$ 229.05	$ 194.69
37221	26		REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY,	$ 281.69	$ 239.43
37221			REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY,	$ 2,651.96	$ 2,254.16
37222	26		REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, EACH	$ 103.39	$ 87.88
37222			REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, EACH	$ 500.92	$ 425.78
37223	26		REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, EACH	$ 118.32	$ 100.57
37223			REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, EACH	$ 1,480.27	$ 1,258.23
37224	26		REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL/POPLITEAL	$ 252.42	$ 214.56
37224			REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL/POPLITEAL	$ 2,180.46	$ 1,853.39
37225	26		ARTERY(S), UNILATERAL; WITH ATHERECTOMY, INCLUDES ANGIOPLASTY WITHIN THE SAME	$ 342.05	$ 290.74

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CPT/ HCPCS/ CDT	*MOD 1*	*MOD 2*	*SHORT - DESCRIPTION*	*MAXIMUM FEE ALLOWANCE*	*MAXIMUM FEE ALLOWANCE*
PRACTITIONER				*SPECIALIST*	*NON-SPECIALIST*
DME/P&O				*PURCHASE*	*RENTAL*
37225			REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL/POPLITEAL	$ 6,300.35	$ 5,355.29
37226	26		REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL/POPLITEAL	$ 296.44	$ 251.97
37226			REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL/POPLITEAL	$ 5,179.36	$ 4,402.46
37227	26		REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL/POPLITEAL	$ 411.16	$ 349.48
37227			REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL/POPLITEAL	$ 8,511.96	$ 7,235.17
37228	26		REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY,	$ 308.17	$ 261.94
37228			REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY,	$ 3,104.36	$ 2,638.71
37229	26		REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY,	$ 398.74	$ 338.93
37229			REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY,	$ 6,210.84	$ 5,279.21
37230	26		REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY,	$ 393.77	$ 334.70
37230			REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY,	$ 4,742.62	$ 4,031.23
37231	26		REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY,	$ 427.72	$ 363.56
37231			REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY,	$ 7,634.79	$ 6,489.57
37232	26		REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY,	$ 111.95	$ 95.15
37232			REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY,	$ 689.51	$ 586.08
37233	26		REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY,	$ 182.06	$ 154.75
37233			REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY,	$ 830.72	$ 706.11
37234	26		REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY,	$ 157.57	$ 133.93
37234			REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY,	$ 2,214.09	$ 1,881.97
37235	26		REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY,	$ 216.05	$ 183.64
37235			REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY,	$ 2,373.66	$ 2,017.61
37236	26		INSERTION OF INTRAVASCULAR STENTS IN ARTERY (EXCEPT LOWER EXTREMITY, CERVICAL CAROTID, EXTRACRANIAL VERTEBRAL OR INTRATHORACIC	$ 240.97	$ 204.82
37236			INSERTION OF INTRAVASCULAR STENTS IN ARTERY (EXCEPT LOWER EXTREMITY, CERVICAL CAROTID, EXTRACRANIAL VERTEBRAL OR INTRATHORACIC	$ 2,351.86	$ 1,999.08
37237	26		INSERTION OF INTRAVASCULAR STENTS IN ARTERY (EXCEPT LOWER EXTREMITY, CERVICAL CAROTID, EXTRACRANIAL VERTEBRAL OR INTRATHORACIC	$ 118.52	$ 100.74
37237			INSERTION OF INTRAVASCULAR STENTS IN ARTERY (EXCEPT LOWER EXTREMITY, CERVICAL CAROTID, EXTRACRANIAL VERTEBRAL OR INTRATHORACIC	$ 1,417.44	$ 1,204.82
37238	26		INSERTION OF INTRAVASCULAR STENTS IN VEIN, OPEN OR ACCESSED THROUGH THE SKIN, WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION	$ 175.54	$ 149.21
37238			INSERTION OF INTRAVASCULAR STENTS IN VEIN, OPEN OR ACCESSED THROUGH THE SKIN, WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION	$ 2,345.84	$ 1,993.96
37239	26		INSERTION OF INTRAVASCULAR STENTS IN VEIN, OPEN OR ACCESSED THROUGH THE SKIN, WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION	$ 87.99	$ 74.79
37239			INSERTION_OF_INTRAVASCULAR_STENTS_IN	$ 1,165.31	$ 990.51
37239	26		INSERTION_OF_INTRAVASCULAR_STENTS_IN	$ 87.99	$ 74.79
37241	26		OCCLUSION OF VENOUS MALFORMATIONS (OTHER THAN HEMORRHAGE) WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION, ROADMAPPING, AND	$ 243.58	$ 207.04
37241			OCCLUSION OF VENOUS MALFORMATIONS (OTHER THAN HEMORRHAGE) WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION, ROADMAPPING, AND	$ 2,616.27	$ 2,223.83
37242	26		OCCLUSION OF ARTERY (OTHER THAN HEMORRHAGE OR TUMOR) WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION, ROADMAPPING, AND IMAGI	$ 272.03	$ 231.22
37242			OCCLUSION OF ARTERY (OTHER THAN HEMORRHAGE OR TUMOR) WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION, ROADMAPPING, AND IMAGI	$ 4,419.90	$ 3,756.91
37243	26		OCCLUSION OF TUMORS OR OBSTRUCTED BLOOD VESSEL WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION, ROADMAPPING, AND IMAGING GU	$ 323.80	$ 275.23
37243			OCCLUSION OF TUMORS OR OBSTRUCTED BLOOD VESSEL WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION, ROADMAPPING, AND IMAGING GU	$ 5,580.68	$ 4,743.58
37244	26		OCCLUSION OF ARTERIAL OR VENOUS HEMORRHAGE WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION, ROADMAPPING, AND IMAGING GUIDAN	$ 378.04	$ 321.33
37244			OCCLUSION OF ARTERIAL OR VENOUS HEMORRHAGE WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION, ROADMAPPING, AND IMAGING GUIDAN	$ 3,894.58	$ 3,310.39
37250			INTRAVASCULAR ULTRASOUND INIT VESSEL	$ 59.00	$ 50.00
37251			INTRAVASCULAR ULTRASOUND EA ADD VESS	$ 46.00	$ 39.00
37500			VASC ENDOSCOPY SURG W/LIG PERF VEINS	$ 310.00	$ 264.00
37501			UNLISTED VASCULAR ENDOSCOPY PROCEDUR	BR	BR
37565			LIGATION OF NECK VEIN	$ 154.00	$ 131.00
37600			LIGATION OF NECK ARTERY	$ 205.00	$ 174.00
37605			LIGATION OF NECK ARTERY	$ 205.00	$ 174.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
37606			LIGATION OF NECK ARTERY	$ 463.00	$ 394.00
37607			LIGATION ARTERIOVENOUS FISTULA BANDI	$ 350.00	$ 297.00
37609			TEMPORAL ARTERY PROCEDURE	$ 72.00	$ 61.00
37615			LIGATION OF NECK ARTERY	$ 205.00	$ 174.00
37616			LIGATE MAJOR ARTERY;CHEST	$ 205.00	$ 174.00
37617			LIGATION OF ABDOMEN ARTERY	$ 205.00	$ 174.00
37618			LIGATION OF EXTREMITY ARTERY	$ 205.00	$ 174.00
37619			LIGATION OF INFERIOR VENA CAVA	$ 898.41	$ 763.65
37650	50		INTERR/PART/COMP,FEM VE/LIG/BILATERA	$ 155.00	$ 132.00
37650			INTERRUPT FEMORAL VEIN;UNILATERAL	$ 103.00	$ 88.00
37660			REVISION OF MAJOR VEIN	$ 238.00	$ 202.00
37700			REVISE LEG VEIN	$ 103.00	$ 88.00
37700	50		REVISE LEG VEIN	$ 155.00	$ 131.00
37718			LIGATION, DIVISION, AND STRIPPING, S	$ 243.81	$ 207.24
37722			LIGATION, DIVISION, AND STRIPPING, L	$ 265.98	$ 226.08
37735			REMOVAL OF LEG VEINS/LESION	$ 385.00	$ 327.00
37735	50		REMOVAL OF LEG VEINS/LESION	$ 578.00	$ 491.00
37760			REVISION OF LEG VEINS	$ 222.00	$ 189.00
37761			LIGATION OF PERFORATOR VEIN(S), SUBFASCIAL, OPEN, INCLUDING ULTRASOUND	$ 304.46	$ 258.79
37765			STAB PHLEBECTOMY VARICOSE VEINS 1 EX	$ 344.00	$ 292.00
37766			STAB PHLEBECT VARICOSE VEINS >20	$ 424.00	$ 360.00
37780			REVISION OF LEG VEIN	$ 54.00	$ 46.00
37780	50		REVISION OF LEG VEIN	$ 81.00	$ 69.00
37785			LIGAT,DIV EXC SEC VAR VEIN LEG;UNILA	$ 31.00	$ 26.00
37785	50		LIGAT,DIV EXC SEC VAR VEIN LEG;UNILA	$ 47.00	$ 40.00
37788			PENILE REVASCUL.ARTERY,W/WO VEIN GFT	$ 205.00	$ 174.00
37790			PENILE VENOUS OCCLUSIVE PROCEDURE	$ 205.00	$ 174.00
37799			UNLISTED PROCEDURE,VASCULAR SURGERY	BR	BR
38100			REMOVAL OF SPLEEN	$ 302.00	$ 263.00
38101			SPLENECTOMY; PARTIAL	$ 302.00	$ 263.00
38102			SPLENECTOMY TOTAL ENBLOC WITH OTHER	$ 180.00	$ 153.00
38115			REP.RUP.SPLEEN,W/ORW/OUT SPLENECTOMY	$ 302.00	$ 263.00
38120			LAPAROSCOPY SURGICAL SPLENECTOMY	$ 443.00	$ 377.00
38129			UNLISTED LAPOROSCOPY PROC SPLEEN	BR	BR
38200			INJECTION FOR SPLEEN X-RAY	$ 42.00	$ 37.00
38205			BLD-DER HEM PROG CELL HARVEST PER CO	$ 65.00	$ 55.00
38206			BLD-DER HEM PROG CELL HARVEST PER CO	$ 65.00	$ 55.00
38220			BONE MARROW ASPIRATION	$ 142.20	$ 120.87
38221			BONE MARROW BIOPSY NEEDLE/TROCAR	$ 143.83	$ 122.26
38230			BONE MARROW HARVEST,FOR TRANSPLANT	$ 156.73	$ 133.22
38232			BONE MARROW HARVESTING FOR TRANSPLANTATION; AUTOLOGOUS	$ 110.92	$ 94.28
38240			BONE MARROW TRANSPLANTATION	$ 109.02	$ 92.67
38241			BONE MARROW TRANSPLANT;AUTOLOGOUS	$ 112.00	$ 95.20
38242			BONE MARROW STEM CELL TRANSPLANT	$ 72.91	$ 61.98
38243			TRANSPLANTATION OF DONOR BONE MARROW OR BLOOD-DERIVED STEM CELLS	$ 64.58	$ 54.89

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CPT/ HCPCS/ CDT	***MOD 1***	***MOD 2***	***SHORT - DESCRIPTION***	***MAXIMUM FEE ALLOWANCE***	***MAXIMUM FEE ALLOWANCE***
PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
38300			DRAIN LYMPH NODE LESION; SIMPLE	$ 30.00	$ 26.00
38305			DRAINAGE LYMPH NODE LESION	$ 61.00	$ 53.00
38308			INCISION OF LYMPH CHANNELS	$ 171.00	$ 146.00
38380			THORACIC DUCT PROCEDURE	$ 228.00	$ 194.00
38381			THORACIC DUCT PROCEDURE	$ 362.00	$ 315.00
38382			SUTURE/LIGATE THOR.DUCT;ABDOMEN APPR	$ 285.00	$ 243.00
38500			BIOPSY/REMOVAL OF LYMPH NODE	$ 30.00	$ 26.00
38505			NEEDLE BX,LYMPH NODE(S),SUPERFICIAL	$ 30.00	$ 26.00
38510			BIOPSY/REMOVAL OF LYMPH NODE	$ 61.00	$ 53.00
38520			BIOPSY/REMOVAL OF LYMPH NODE	$ 61.00	$ 53.00
38525			BX,EXCISE-DEED AXILLARY NODES	$ 86.00	$ 74.00
38530			BIOPSY/REMOVAL OF LYMPH NODE	$ 171.00	$ 146.00
38542			DISSECTION: DEEP JUGULAR NODE	$ 400.00	$ 340.00
38550			REMOVAL NECK/ARMPIT LESION	$ 120.00	$ 105.00
38555			REMOVAL NECK/ARMPIT LESION	$ 144.00	$ 126.00
38562			LIM.LYMPHADECTOMY/STAGING;PELVIC	$ 228.00	$ 194.00
38564			LIM.LYMPHADENECTOMY/STAGE;RETROPERIT	$ 228.00	$ 194.00
38570			LAP SURG W/RETROPER LYMPH MODE BX	$ 253.00	$ 215.00
38571			LAP SURG W/BIL PELV LYMPHADENECTOMY	$ 380.00	$ 323.00
38572			LAP SURG W/BIL PELV LYMPH AND BIOPSY	$ 443.00	$ 376.00
38589			UNLISTED LAP PROC LYMPHATIC SYSTEM	BR	BR
38700			REMOVAL OF LYMPH NODES, NECK	$ 273.00	$ 232.00
38700	50		REMOVAL OF LYMPH NODES, NECK	$ 410.00	$ 349.00
38720	50		CERVICAL LYMPHADENECTOMY(COMP);BILAT	$ 900.00	$ 765.00
38720			REMOVAL OF LYMPH NODES, NECK	$ 600.00	$ 510.00
38724			CERVICAL LYMPHADENECTOMY	$ 273.00	$ 232.00
38740			REMOVE ARMPIT LYMPH NODES	$ 164.00	$ 139.00
38745			REMOVE ARMPITS LYMPH NODES	$ 273.00	$ 232.00
38746			THORACIC LYMPHADENECTOMY WITH NODES	$ 119.00	$ 101.00
38747			ABDOM.LYMPHADENECTOMY WITH NODES REG	$ 130.00	$ 111.00
38760	50		INGU/FEM LYMPHHD,W CLOQUET'SND;BILAT	$ 410.00	$ 349.00
38760			REMOVE GROIN LYMPH NODES	$ 273.00	$ 232.00
38765			REMOVE GROIN LYMPH NODES	$ 437.00	$ 371.00
38765	50		REMOVE LYMPH GLANDS,GROIN/PELVIS;BIL	$ 656.00	$ 558.00
38770	50		PELVIC LYMPHADENECTOMY;BILATERAL	$ 492.00	$ 418.00
38770			REMOVE PELVIS LYMPH NODES	$ 328.00	$ 278.00
38780			REMOVE ABDOMEN LYMPH NODES	$ 546.00	$ 464.00
38790	50		INJ PROC FOR LYMPHANGIOGRAPHY;BILATE	$ 85.00	$ 74.00
38790			INJECTION FOR LYMPHATIC XRAY	$ 55.00	$ 47.00
38792			INJECTION FOR ID OF SENTINEL NODE	$ 30.00	$ 26.00
38794			ACCESS THORACIC LYMPH DUCT	$ 228.00	$ 194.00
38900			INTRAOPERATIVE IDENTIFICATION (EG, MAPPING) OF SENTINEL LYMPH NODE(S), INCLUDES	$ 75.13	$ 63.86
38999			UNLISTED PROCEDURE,HEMIS/LYMPHATIC S	BR	BR
39000			EXPLORATION OF MEDIASTINUM	$ 316.00	$ 276.00
39010			EXPLORATION OF MEDIASTINUM	$ 456.00	$ 388.00

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CPT/ HCPCS/ CDT	***MOD 1***	***MOD 2***	***SHORT - DESCRIPTION***	***MAXIMUM FEE ALLOWANCE***	***MAXIMUM FEE ALLOWANCE***
PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
39200			REMOVAL MEDIASTINAL LESION	$ 483.00	$ 420.00
39220			REMOVAL MEDIASTINAL LESION	$ 483.00	$ 420.00
39400	22		MEDIASTINOSCOPY WITH BIOPSY	$ 235.00	$ 199.00
39400			MEDIASTINOSCOPY,W/WO BIOPSY	$ 181.00	$ 158.00
39499			UNLISTED PROCEDURE,MEDIASTINUM	BR	BR
39501			REPAIR,LACERATION OF DIAPHRAGM	$ 528.00	$ 449.00
39503			NEONATE HERNIA REPAIR	$ 528.00	$ 449.00
39540			REPAIR OF DIAPHRAGM HERNIA	$ 518.00	$ 449.00
39541			REPAIR OF DIAPHRAGM HERNIA	$ 528.00	$ 449.00
39545			REVISION OF DIAPHRAGM	$ 513.00	$ 437.00
39560			RESECTION DIAPHRAGM W/SIMPLE REPAIR	$ 705.00	$ 600.00
39561			RESECTION DIAPHRAGM W/COMPLEX REPAIR	$ 917.00	$ 779.00
39599			UNLISTED PROCEDURE, DIAPHRAGM	BR	BR
40490			BIOPSY OF LIP	$ 13.00	$ 11.00
40500			VERMILIONECTOMY (LIP SHAVE)	$ 242.00	$ 210.00
40510			PARTIAL EXCISION OF LIP	$ 151.00	$ 131.00
40520			PARTIAL EXCISION OF LIP	$ 72.00	$ 63.00
40525			EXCISE LIP,FULL THICKNESS,W/LOC FLAP	$ 200.00	$ 170.00
40527			EXCISE LIP,FULL THICKNESS-CROSS FLAP	$ 228.00	$ 194.00
40530			PARTIAL REMOVAL OF LIP	$ 151.00	$ 131.00
40650			REPAIR LIP	$ 97.00	$ 83.00
40652			REPAIR LIP	$ 228.00	$ 194.00
40654			REPAIR LIP..;>ONE HALF VERT HGT,OR C	$ 276.00	$ 234.60
40700			REPAIR CLEFT LIP	$ 302.00	$ 263.00
40701			REPAIR CLEFT LIP	$ 423.00	$ 368.00
40702			REPAIR CLEFT LIP	$ 181.00	$ 158.00
40720			REPAIR CLEFT LIP	$ 302.00	$ 263.00
40720	50		REPAIR CLEFT LIP	$ 453.00	$ 385.00
40761			REPAIR CLEFT LIP	$ 456.00	$ 388.00
40799			UNLISTED PROCEDURE, LIPS	BR	BR
40800			DRAINAGE OF MOUTH LESION	$ 18.00	$ 16.00
40801			DRAINAGE OF MOUTH LESION	$ 46.00	$ 40.00
40804			REMOVAL FOREIGN BODY, MOUTH	$ 18.00	$ 16.00
40805			REMOVAL FOREIGN BODY, MOUTH	$ 34.00	$ 29.00
40806			INCISION OF LIP FOLD	$ 32.00	$ 28.00
40808			BIOPSY OF MOUTH LESION	$ 13.00	$ 11.00
40810			EXCISION OF MOUTH LESION	$ 32.00	$ 28.00
40812			EXCISE/REPAIR MOUTH LESION	$ 64.00	$ 56.00
40814			EXCISE/REPAIR MOUTH LESION	$ 128.00	$ 112.00
40816			EXCISION OF MOUTH LESION	$ 164.00	$ 139.00
40818			EXCISE ORAL MUCOSA FOR GRAFT	$ 188.00	$ 160.00
40819			EXCISE LIP OR CHEEK FOLD	$ 32.00	$ 28.00
40820			TREATMENT OF MOUTH LESION	$ 32.00	$ 28.00
40830			REPAIR MOUTH LACERATION	$ 18.00	$ 16.00
40831			REPAIR MOUTH LACERATION	$ 45.00	$ 38.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
40840			RECONSTRUCTION OF MOUTH	$ 160.00	$ 136.00
40842			RECONSTRUCTION OF MOUTH	$ 160.00	$ 136.00
40843			RECONSTRUCTION OF MOUTH	$ 240.00	$ 204.00
40844			RECONSTRUCTION OF MOUTH	$ 357.00	$ 303.00
40845			RECONSTRUCTION OF MOUTH	$ 400.00	$ 340.00
40899			UNLISTED PROCEDURE,VESTIBLE OF MOUTH	BR	BR
41000			DRAINAGE OF MOUTH LESION	$ 42.00	$ 37.00
41005			DRAINAGE OF MOUTH LESION	$ 42.00	$ 37.00
41006			DRAINAGE OF MOUTH LESION	$ 70.00	$ 60.00
41007			DRAINAGE OF MOUTH LESION	$ 42.00	$ 37.00
41008			DRAINAGE OF MOUTH LESION	$ 42.00	$ 37.00
41009			DRAINAGE OF MOUTH LESION	$ 42.00	$ 37.00
41010			INCISION OF TONGUE FOLD	$ 32.00	$ 28.00
41015			DRAINAGE OF MOUTH LESION	$ 57.00	$ 49.00
41016			DRAINAGE OF MOUTH LESION	$ 57.00	$ 49.00
41017			DRAINAGE OF MOUTH LESION	$ 57.00	$ 49.00
41018			DRAINAGE OF MOUTH LESION	$ 57.00	$ 49.00
41019			PLACEMENT OF NEEDLES, CATHETERS, OR OTHER DEVICE(S) INTO THE HEAD AND/OR NECK	$ 252.81	$ 214.89
41100			BIOPSY OF TONGUE	$ 18.00	$ 16.00
41105			BIOPSY OF TONGUE	$ 29.00	$ 26.00
41108			BIOPSY OF FLOOR OF MOUTH	$ 18.00	$ 16.00
41110			EXCISION OF TONGUE LESION	$ 18.00	$ 16.00
41112			EXCISION OF TONGUE LESION	$ 86.00	$ 74.00
41113			EXCISION OF TONGUE LESION	$ 114.00	$ 97.00
41114			EXCISE TONGUE LESION/LOCAL	$ 228.00	$ 194.00
41115			EXCISION OF TONGUE FOLD	$ 32.00	$ 28.00
41116			EXCISION OF MOUTH LESION	$ 57.00	$ 49.00
41120			PARTIAL REMOVAL OF TONGUE	$ 242.00	$ 210.00
41130			PARTIAL REMOVAL OF TONGUE	$ 242.00	$ 210.00
41135			TONGUE AND NECK SURGERY	$ 483.00	$ 420.00
41140			REMOVAL OF TONGUE	$ 362.00	$ 315.00
41145			TONGUE REMOVAL; NECK SURGERY	$ 646.00	$ 549.00
41150			TONGUE, MOUTH, JAW SURGERY	$ 679.00	$ 577.00
41153			GLOSSECTOMY;RESECT FLOOR MOUTH,SUPRA	$ 792.00	$ 673.00
41155			TONGUE, JAW, & NECK SURGERY	$ 905.00	$ 769.00
41250			REPAIR TONGUE LACERATION	$ 36.00	$ 31.00
41251			REPAIR TONGUE LACERATION	$ 45.00	$ 38.00
41252			REPAIR TONGUE LACERATION	$ 171.00	$ 146.00
41500			FIXATION OF TONGUE	$ 114.00	$ 97.00
41510			TONGUE TO LIP SURGERY	$ 228.00	$ 194.00
41512			TONGUE_BASE_SUSPENSION___PERMANENT	$ 359.46	$ 305.54
41520			RECONSTRUCTION, TONGUE FOLD	$ 114.00	$ 97.00
41530	26		SUBMUCOSAL_ABLATION_OF_THE_TONGUE	$ 234.00	$ 198.90
41530			SUBMUCOSAL_ABLATION_OF_THE_TONGUE	$ 1,860.56	$ 1,581.48
41599			UNLISTED PROCEDURE,TONGUE,FLOOR OF M	BR	BR

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
41800			DRAINAGE OF GUM LESION	$ 18.00	$ 16.00
41805			REMOVAL FOREIGN BODY, GUM	$ 45.00	$ 38.00
41806			REMOVAL FOREIGN BODY,JAWBONE	$ 114.00	$ 97.00
41820			GINGIVECTOMY,EXC.GING, EACH QUADRANT	$ 44.00	$ 38.00
41821			EXCISION OF GUM FLAP	$ 42.00	$ 37.00
41822			EXCISION OF GUM LESION	$ 36.00	$ 31.00
41823			EXCISION OF GUM LESION	$ 36.00	$ 31.00
41825			EXCISION OF GUM LESION	$ 36.00	$ 31.00
41826			EXCISION OF GUM LESION	$ 36.00	$ 31.00
41827			EXCISION OF GUM LESION	$ 80.00	$ 68.00
41828			EXC.ALVEOLAR MUCOSA	$ 45.00	$ 39.00
41830			REMOVAL OF GUM TISSUE	$ 45.00	$ 39.00
41850			TREATMENT OF GUM LESION	$ 29.00	$ 25.00
41870			GUM GRAFT	$ 49.00	$ 42.00
41872			REPAIR GUM	$ 44.00	$ 39.00
41874			REPAIR TOOTH SOCKET	$ 44.00	$ 38.00
41899	52		UNLISTED PROCEDURE, DENTOALVEOLAR ST	BR	BR
41899			UNLISTED PROCEDURE,DENTOALVEOLAR STR	BR	BR
42000			DRAINAGE MOUTH ROOF LESION	$ 18.00	$ 16.00
42100			BIOPSY ROOF OF MOUTH	$ 18.00	$ 16.00
42104			EXCISION LESION, MOUTH ROOF	$ 27.00	$ 23.00
42106			EXCISION LESION, MOUTH ROOF	$ 135.00	$ 115.00
42107			EXCISE UVULA LESION;LOCAL FLAP CLOSE	$ 180.00	$ 153.00
42120			REMOVE PALATE/LESION	$ 207.00	$ 180.00
42140			EXCISION OF UVULA	$ 18.00	$ 16.00
42145			PALATPHARYNGOPLASTY	$ 371.00	$ 316.00
42160			TREATMENT MOUTH ROOF LESION	$ 60.00	$ 51.00
42180			REPAIR PALATE	$ 80.00	$ 68.00
42182			REPAIR LACERATED PALATE;>2CM OR COMP	$ 114.00	$ 97.00
42200			PALATOPLASTY...SOFT &/HARD PALATE ON	$ 203.00	$ 176.00
42205			PALATOPLASTY....SOFT TISSUE ONLY	$ 393.00	$ 341.00
42210			RECONSTRUCT CLEFT PALATE	$ 513.00	$ 437.00
42215			RECONSTRUCT CLEFT PALATE	$ 203.00	$ 176.00
42220			PALATOPLASTY...SECONDARY LENGTH PROC	$ 332.00	$ 289.00
42225			PALATOPLASTY...ATTACH PHARYNGEAL FLA	$ 332.00	$ 289.00
42226			LENGTHEN PALATE,PHARYNGEAL FLAP	$ 399.00	$ 340.00
42227			LENGTHEN PALATE, WITH ISLAND FLAP	$ 399.00	$ 340.00
42235			REPAIR ANTERIOR PALATE,INCL VOMER FL	$ 171.00	$ 145.00
42260			REPAIR NASOLABIAL FISTULA	$ 114.00	$ 97.00
42280			MAXILLARY IMPRESSION-PALATAL PROSTHE	$ 23.00	$ 20.00
42281			INSERT PIN-RETAINED PALATAL PROSTH	$ 98.07	$ 83.36
42299			UNLISTED PROCEDURE,PALATE,UVULA	BR	BR
42300			DRAINAGE ABSCESS;PAROTID, SIMPLE	$ 42.00	$ 37.00
42305			DRAINAGE OF SALIVARY GLAND	$ 85.00	$ 72.00
42310			DRAINAGE ABSCESS;SUBMAXILLARY/SUBLIN	$ 42.00	$ 37.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
42320			DRAINAGE OF SALIVARY GLAND	$ 42.00	$ 37.00
42330			REMOVAL OF SALIVARY STONE	$ 29.00	$ 26.00
42335			REMOVAL OF SALIVARY STONE	$ 60.00	$ 53.00
42340			REMOVAL OF SALIVARY STONE	$ 121.00	$ 105.00
42400			BIOPSY OF SALIVARY GLAND; NEEDLE	$ 21.00	$ 18.00
42405			BIOPSY OF SALIVARY GLAND; NEEDLE	$ 29.00	$ 26.00
42408			EXCISION OF SALIVARY CYST	$ 114.00	$ 97.00
42409			DRAINAGE OF SALIVARY CYST	$ 114.00	$ 97.00
42410			EXCISE PAROTID GLAND/LESION	$ 182.00	$ 158.00
42415			EXCISE PAROTID GLAND/LESION	$ 242.00	$ 210.00
42420			EXCISE PAROTID GLAND/LESION	$ 362.00	$ 315.00
42425			EXCISE PAROTID GLAND/LESION	$ 242.00	$ 210.00
42426			EXCISE PAROTID GLAND/LESION	$ 656.00	$ 558.00
42440			EXCISION SUBMAXILLARY GLAND	$ 182.00	$ 158.00
42450			EXCISION SUBLINGUAL GLAND	$ 228.00	$ 194.00
42500			REPAIR SALIVARY DUCT	$ 151.00	$ 131.00
42505			REPAIR SALIVARY DUCT	$ 215.00	$ 187.00
42507			PAROTID DUCT DIVERSION	$ 428.00	$ 364.00
42509			PAROTID DUCT DIVERSION	$ 542.00	$ 461.00
42510			BILAT,PAROTID DUCT DIV.W/LIGA	$ 485.00	$ 413.00
42550			INJECTION PROC FOR SIALOGRAPHY	$ 16.00	$ 14.00
42600			CLOSURE OF SALIVARY FISTULA	$ 151.00	$ 131.00
42650			DILATION OF SALIVARY DUCT	$ 16.00	$ 14.00
42660			DILATION OF SALIVARY DUCT	$ 18.00	$ 16.00
42665			DILATION OF SALIVARY DUCT	$ 45.00	$ 38.00
42699			UNLISTED PROCEDURE,SALIVARY GLANDS/D	BR	BR
42700			I&D ABSCESS; PERITONSILLAR	$ 37.00	$ 32.00
42720			DRAINAGE OF THROAT ABSCESS	$ 61.00	$ 53.00
42725			DRAINAGE OF THROAT ABSCESS	$ 151.00	$ 131.00
42800			BIOPSY; OROPHARYNX	$ 18.00	$ 16.00
42802			BIOPSY OF THROAT	$ 29.00	$ 26.00
42804			BIOPSY OF UPPER NOSE/THROAT	$ 39.00	$ 26.00
42806			BIOPSY OF UPPER NOSE/THROAT	$ 39.00	$ 26.00
42808			EXCISE PHARYNX LESION	$ 62.00	$ 53.00
42809			REMOVE PHARYNX FOREIGN BODY	$ 62.00	$ 53.00
42810			EXCISION OF NECK CYST	$ 90.00	$ 79.00
42815			EXCISION OF NECK CYST	$ 211.00	$ 184.00
42820			REMOVE TONSILS AND ADENOIDS	$ 79.00	$ 68.00
42821			REMOVE TONSILS AND ADENOIDS	$ 103.00	$ 89.00
42825			REMOVAL OF TONSILS	$ 79.00	$ 68.00
42826			REMOVAL OF TONSILS	$ 103.00	$ 89.00
42830			REMOVAL OF ADENOIDS	$ 55.00	$ 47.00
42831			REMOVAL OF ADENOIDS	$ 55.00	$ 47.00
42835			REMOVAL OF ADENOIDS	$ 55.00	$ 47.00
42836			REMOVAL OF ADENOIDS	$ 55.00	$ 47.00

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CPT/ HCPCS/ CDT	***MOD 1***	***MOD 2***	***SHORT - DESCRIPTION***	***MAXIMUM FEE ALLOWANCE***	***MAXIMUM FEE ALLOWANCE***
PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
42842			RAD.RESECT..TONSIL,ETC.W/O CLOSURE	$ 155.00	$ 136.00
42844			RAD.RESECT.TONSIL,ETC.W/LOCAL FLAP	$ 206.00	$ 178.00
42845			RAD.RESECT.TONSIL,ETC.W/OTHER FLAP	$ 206.00	$ 178.00
42860			EXCISION OF TONSIL TAGS	$ 37.00	$ 32.00
42860	52		EXCISION OF TONSIL TAGS	$ 22.00	$ 19.00
42870			EXCISION OF LINGUAL TONSIL	$ 61.00	$ 53.00
42890			PARTIAL REMOVAL OF PHARYNX	$ 206.00	$ 178.00
42892			RESECTION OF LATERAL PHARYNGEAL WALL	$ 258.00	$ 223.00
42894			RESECT PHARY. WALL-MYOCUTANEOUS FLAP	$ 516.00	$ 446.00
42900			REPAIR THROAT WOUND	$ 84.00	$ 74.00
42950			RECONSTRUCTION OF THROAT	$ 242.00	$ 210.00
42953			PHARYNGOESPHAGEAL REPAIR	$ 363.00	$ 315.00
42955			SURGICAL OPENING OF THROAT	$ 168.00	$ 148.00
42960			CONTROL THROAT BLEEDING	$ 42.00	$ 37.00
42961			CONTROL THROAT BLEEDING	$ 84.00	$ 74.00
42962			CONTROL THROAT BLEEDING	$ 168.00	$ 148.00
42970			CONTROL NOSE/THROAT BLEEDING	$ 42.00	$ 37.00
42971			CONTROL NOSE/THROAT BLEEDING	$ 84.00	$ 74.00
42972			CONTROL NOSE/THROAT BLEEDING	$ 168.00	$ 148.00
42999			UNLISTED PROCEDURE,PHARYNX,ADENOIDS,	BR	BR
43020			INCISION OF ESOPHAGUS	$ 310.00	$ 268.00
43030			THROAT MUSCLE SURGERY	$ 320.00	$ 270.00
43045			INCISION OF ESOPHAGUS	$ 454.00	$ 393.00
43100			EXCISION OF ESOPHAGUS LESION	$ 464.00	$ 401.00
43101			EXCISION OF ESOPHAGUS LESION	$ 464.00	$ 401.00
43107			TOT ESOPHAGEC/WO THORA W/PHARYNGOGAS	$ 1,247.00	$ 1,060.00
43108			TOT ESOPHAGEC W/SMALL BOWEL RECONSTR	$ 1,455.00	$ 1,237.00
43112			TOT ESOPHAG W/THOR/PHARYN W/WO PYLOR	$ 1,282.00	$ 1,090.00
43113			TOT ESOPHAGEC W/THOR/SM BOWEL RECONS	$ 1,294.00	$ 1,100.00
43116			ESOPHAGECTOMY W INST GF MIC ANASTMS	$ 1,386.00	$ 1,178.00
43117			ESOPHAGECTOMY W/WO PROX GASTRECTOMY	$ 1,363.00	$ 1,159.00
43118			W COLON INTERPOSITION OR S BW RECONS	$ 1,432.00	$ 1,217.00
43121			W THOROCOTOMY ONLY W/WO PROX GESTRCT	$ 1,224.00	$ 1,040.00
43122			THORACOABDOM/ABD APPROACH W/WO GESTR	$ 1,197.00	$ 1,017.00
43123			W COLON INTERPOSITION/SM BW RECONTRT	$ 1,368.00	$ 1,163.00
43124			WO RECONSTRUCTION W CERV ESOPHGOSTMY	$ 1,069.00	$ 909.00
43130			REMOVAL OF ESOPHAGUS POUCH	$ 252.00	$ 218.00
43135			REMOVAL OF ESOPHAGUS POUCH	$ 252.00	$ 218.00
43180			ESOPHAGOSCOPY RIGID TRNSO	$ 319.25	$ 271.36
43180	26		ESOPHAGOSCOPY RIGID TRNSO	$ 288.43	$ 245.17
43191			DIAGNOSTIC EXAMINATION OF ESOPHAGUS USING AN ENDOSCOPE	$ 67.81	$ 57.64
43192			INJECTIONS OF SUBSTANCE IN TISSUE LINING OF ESOPHAGUS USING AN ENDOSCOPE	$ 80.30	$ 68.25
43193			BIOPSY OF ESOPHAGUS USING AN ENDOSCOPE	$ 95.22	$ 80.94
43194			REMOVAL OF FOREIGN BODY OF ESOPHAGUS USING AN ENDOSCOPE	$ 85.15	$ 72.38
43195			BALLOON DILATION OF ESOPHAGUS USING AN ENDOSCOPE	$ 95.42	$ 81.11

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CPT/ HCPCS/ CDT	***MOD 1***	***MOD 2***	***SHORT - DESCRIPTION***	***MAXIMUM FEE ALLOWANCE***	***MAXIMUM FEE ALLOWANCE***
PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
43196			INSERTION OF WIRE AND DILATION OF ESOPHAGUS USING AN ENDOSCOPE	$ 111.72	$ 94.96
43197	26		DIAGNOSTIC EXAMINATION OF ESOPHAGUS USING AN ENDOSCOPE	$ 43.37	$ 36.86
43197			DIAGNOSTIC EXAMINATION OF ESOPHAGUS USING AN ENDOSCOPE	$ 103.58	$ 88.04
43198	26		BIOPSY OF ESOPHAGUS USING AN ENDOSCOPE	$ 51.49	$ 43.77
43198			BIOPSY OF ESOPHAGUS USING AN ENDOSCOPE	$ 115.73	$ 98.37
43200			ESOPHAGUS ENDOSCOPY	$ 85.00	$ 74.00
43201	26		ESOPHAGOSCOPY W/DIRECT SUBMUCOSAL IN	$ 68.00	$ 58.00
43201			ESOPHAGOSCOPY W/DIRECT SUBMUCOSAL IN	$ 136.00	$ 126.00
43202			ESOPHAGUS ENDOSCOPY, BIOPSY	$ 97.00	$ 84.00
43204			ESOPHAGUS ENDOSCOPY	$ 121.00	$ 105.00
43205			ESOPHAGOSCOPY W LIGATION ESOP.VARICE	$ 121.00	$ 105.00
43206	26		MICROSCOPIC EXAMINATION OF ESOPHAGUS USING AN ENDOSCOPE	$ 75.53	$ 64.20
43206			MICROSCOPIC EXAMINATION OF ESOPHAGUS USING AN ENDOSCOPE	$ 183.47	$ 155.95
43212			PLACEMENT OF STENT ON ESOPHAGUS USING AN ENDOSCOPE	$ 105.76	$ 89.89
43213	26		DILATION OF ESOPHAGUS USING AN ENDOSCOPE	$ 148.79	$ 126.47
43213			DILATION OF ESOPHAGUS USING AN ENDOSCOPE	$ 703.20	$ 597.72
43214			BALLOON DILATION OF ESOPHAGUS USING AN ENDOSCOPE	$ 107.64	$ 91.49
43215			ESOPHAGUS ENDOSCOPY	$ 230.46	$ 195.89
43216			ESOPHAGOSCOPY W/REMOVAL TUMORS ETC	$ 121.00	$ 105.00
43217			ESOPHAGUS ENDOSCOPY	$ 121.00	$ 105.00
43220			ESOPHAGUS ENDOSCOPY,DILATION	$ 85.00	$ 74.00
43226			ESOPHAGUS/STOMACH ENDOSCOPY	$ 100.00	$ 85.00
43227			ESOPHAGUS/STOMACH ENDOSCOPY	$ 143.00	$ 122.00
43229	26		DESTRUCTION OF GROWTHS OF ESOPHAGUS USING AN ENDOSCOPE	$ 113.57	$ 96.53
43229			DESTRUCTION OF GROWTHS OF ESOPHAGUS USING AN ENDOSCOPE	$ 412.62	$ 350.72
43231			ESOPHAGOSCOPY RIG/FLEX W/ENDO US EXA	$ 150.00	$ 128.00
43232			ESOPHAGOS W/TRANS US FINE NEEDLE BX	$ 225.00	$ 191.00
43233			BALLOON DILATION OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN ENDOSCOPE	$ 127.33	$ 108.23
43235			UPPER GI ENDOSCOPY,DIAGNOSIS	$ 151.00	$ 131.00
43236	26		UPPER GI ENDOSCOPY W/DIR SUBMUC.INJ	$ 53.00	$ 45.00
43236			UPPER GI ENDOSCOPY W/DIR SUBMUC.INJ	$ 140.00	$ 132.00
43237			UPPER GI ENDOSCOPY W/ENDO U/S EXAM	$ 140.00	$ 119.00
43238			UPPER GI ENDOSCOPY W/ASPIRATION/BX	$ 173.00	$ 147.00
43239			UPPER GI ENDOSCOPY, BIOPSY	$ 163.00	$ 142.00
43240			UPPER GI ENDOSCOPY W/DRAIN PSEUDOCYS	$ 210.00	$ 179.00
43241			UPPER EENDOSCOPY W/TUBE/CATH.. PLACE	$ 125.42	$ 106.60
43242			UPPER GI ENDOSC W/US FINE NEEDLE BX	$ 270.00	$ 230.00
43243			UPPER GI ENDOSCOPY..INJECT SCLER VAR	$ 143.00	$ 122.00
43244			DX ENDOSCOPY/BAND LIGATION/GI VARICS	$ 151.00	$ 131.00
43245			UPPER GI ENDOSCOPY FOR DILAT	$ 152.33	$ 129.48
43246			UPPER GI ENDOSCOPY,TUBE PLCMNT	$ 121.00	$ 105.00
43247			OPERATIVE UPPER GI ENDOSCOPY	$ 151.00	$ 131.00
43248			UPPER GI ENDOSCOPY WIRE DILATATION	$ 140.00	$ 119.00
43249			ESOPHAGOSCOPY W BALLOON DILATATION	$ 132.00	$ 112.00
43250			UPPER GI ENDOSCOPY REMOVAL TUMOR ETC	$ 151.00	$ 131.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
43251			OPERATIVE UPPER GI ENDOSCOPY	$ 151.00	$ 131.00
43252	26		MICROSCOPIC EXAMINATION OF STOMACH AND UPPER UPPER SMALL BOWEL USING AN	$ 94.27	$ 80.13
43252			MICROSCOPIC EXAMINATION OF STOMACH AND UPPER UPPER SMALL BOWEL USING AN	$ 202.81	$ 172.39
43253			INJECTION OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCES OR MARKERS IN ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN ENDOSC	$ 147.70	$ 125.55
43254			REMOVAL OF TISSUE LINING OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN ENDOSCOPE	$ 150.04	$ 127.53
43255			OPERATIVE UPPER GI ENDOSCOPY	$ 242.64	$ 206.24
43257			HEAT DELIVERY TO MUSCLE AT ESOPHAGUS	$ 131.19	$ 111.51
43259			UPPER G.I.ENDOSCOPIC ULTRASOUND EXAM	$ 140.00	$ 119.00
43260			UPPER GI ENDOSCOPY,DIAGNOSIS	$ 174.00	$ 148.00
43261			ENDO.RETRO.CHOLANGIOPANCREATOGRAPHY	$ 238.00	$ 202.00
43262			OPERATIVE UPPER GI ENDOSCOPY	$ 218.00	$ 185.00
43263			ERCP W-W/O SPEC COLL/SPHIN.OF ODDI	$ 190.00	$ 161.00
43264			OPERATIVE UPPER GI ENDOSCOPY	$ 413.00	$ 351.00
43265			ECRP,W/WO_BIOPSY	$ 282.15	$ 239.82
43266			PLACEMENT OF STENT IN ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN ENDOSCOPE	$ 127.30	$ 108.21
43270	26		DESTRUCTION OF GROWTHS ON ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN ENDOSCOPE	$ 133.67	$ 113.62
43270			DESTRUCTION OF GROWTHS ON ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN ENDOSCOPE	$ 428.69	$ 364.39
43273			ENDOSCOPIC_CANNULATION_OF_PAPILLA_WI	$ 67.94	$ 57.75
43274			PLACEMENT OF STENT PANCREATIC OR BILE DUCT USING AN ENDOSCOPE	$ 262.41	$ 223.04
43275			REMOVAL OF FOREIGN BODY OR STENT FROM PANCREATIC OR BILE DUCT USING AN ENDOSCOPE	$ 216.72	$ 184.21
43276			REPLACEMENT OF STENT PANCREATIC OR BILE DUCT USING AN ENDOSCOPE	$ 273.61	$ 232.56
43277			BALLOON DILATION OF PANCREATIC OR BILE DUCT USING AN ENDOSCOPE	$ 218.05	$ 185.34
43278			DESTRUCTION OF MASS ON GALLBLADDER, PANCREATIC, LIVER, AND BILE DUCTS USING AN ENDOSCOPE	$ 247.62	$ 210.47
43279			LAPAROSCOPY___SURGICAL__ESOPHAGOMYOT	$ 708.88	$ 602.55
43280			LAP SURG ESOPHAGOGASTRIC FUNDOPLASTY	$ 406.00	$ 345.00
43281			LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY,	$ 820.04	$ 697.03
43282			LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY,	$ 921.64	$ 783.39
43283			LAPAROSCOPY, SURGICAL, ESOPHAGEAL LENGTHENING PROCEDURE (EG, COLLIS	$ 86.93	$ 73.89
43289			UNLISTED LAPOROSCOPY PROC ESOPHAGUS	BR	BR
43300			REPAIR OF ESOPHAGUS	$ 453.00	$ 394.00
43305			REPAIR ESOPHAGUS AND FISTULA	$ 619.00	$ 526.00
43310			REPAIR OF ESOPHAGUS	$ 688.00	$ 585.00
43312			REPAIR ESOPHAGUS AND FISTULA	$ 757.00	$ 643.00
43313			ESOPHAGOPLASTY THROACIC WO REPAIR	$ 1,123.00	$ 955.00
43314			ESOPHAGOPLASTY THORACIC W/REPAIR	$ 1,235.00	$ 1,049.00
43320			FUSE ESOPHAGUS & STOMACH	$ 483.00	$ 420.00
43325			REVISE ESOPHAGUS & STOMACH	$ 482.00	$ 357.00
43327			ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL OR COMPLETE; LAPAROTOMY	$ 448.47	$ 381.20
43328			ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL OR COMPLETE; THORACOTOMY	$ 622.64	$ 529.24
43330			REPAIR OF ESOPHAGUS	$ 483.00	$ 420.00
43331			REPAIR OF ESOPHAGUS	$ 483.00	$ 420.00
43332			REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA	$ 636.95	$ 541.41
43333			REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA	$ 693.22	$ 589.23
43334			REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA	$ 688.12	$ 584.90
43335			REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA	$ 739.24	$ 628.35

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
43336			REPAIR, PARAESOPHAGEAL HIATAL HERNIA, (INCLUDING FUNDOPLICATION), VIA	$ 835.55	$ 710.22
43337			REPAIR, PARAESOPHAGEAL HIATAL HERNIA, (INCLUDING FUNDOPLICATION), VIA	$ 898.25	$ 763.51
43338			ESOPHAGEAL LENGTHENING PROCEDURE (EG, COLLIS GASTROPLASTY OR WEDGE	$ 63.60	$ 54.06
43340			FUSE ESOPHAGUS & INTESTINE	$ 654.00	$ 556.00
43341			FUSE ESOPHAGUS & INTESTINE	$ 654.00	$ 556.00
43351			SURGICAL OPENING, ESOPHAGUS	$ 242.00	$ 210.00
43352			SURGICAL OPENING, ESOPHAGUS	$ 242.00	$ 210.00
43360			GI RECONSTRUCTN FOR SP ESOPHAGECTOMY	$ 520.00	$ 442.00
43361			W COLON/INTESTINE RECONSTRUCTION	$ 693.00	$ 589.00
43400			LIGATE ESOPHAGUS VEINS	$ 302.00	$ 263.00
43401			TRANSECT ESOPHAGUS W/REPAIR-VARICES	$ 516.00	$ 439.00
43405			LIGATE/STAPLE GE JT FOR PERFORATION	$ 345.00	$ 295.00
43410			REPAIR ESOPHAGUS WOUND	$ 211.00	$ 184.00
43415			REPAIR ESOPHAGUS WOUND	$ 393.00	$ 341.00
43420			REPAIR ESOPHAGUS OPENING	$ 272.00	$ 236.00
43425			REPAIR ESOPHAGUS OPENING	$ 393.00	$ 341.00
43450			DILATE ESOPHAGUS	$ 35.00	$ 32.00
43453			DILATE ESOPHAGUS	$ 35.00	$ 32.00
43460			PRESSURE TREATMENT ESOPHAGUS	$ 51.00	$ 44.00
43496			FREE JEJUNUM TRANSFER W/MICROVAS ANA	$ 700.82	$ 595.70
43499			UNLISTED PROCEDURE, ESOPHAGUS	BR	BR
43500			SURGICAL OPENING OF STOMACH	$ 242.00	$ 210.00
43501			GASTROTOMY; WITH SUTURE REPAIR	$ 242.00	$ 210.00
43502			GASTROSTOMY W REPAIR EG LACERATION	$ 442.00	$ 376.00
43510			SURGICAL OPENING OF STOMACH	$ 315.00	$ 267.00
43520			INCISION OF PYLORIC MUSCLE	$ 211.00	$ 184.00
43605			BIOPSY,STOMACH,BY LAPAROTOMY	$ 242.00	$ 210.00
43610			EXCISION OF STOMACH LESION	$ 290.00	$ 256.00
43611			EXCISION MALIGNANT TUMOR OF STOMACH	$ 405.00	$ 345.00
43620			REMOVAL OF STOMACH	$ 573.00	$ 499.00
43621			GASTRECTOMY W ROUX-EN-Y RECONSTRUCTN	$ 593.00	$ 504.00
43622			GASTRECTOMY W INTESTINAL POUCH	$ 634.00	$ 539.00
43631			GASTRECTOM PARTIAL GASTRODUODENOSTOM	$ 483.00	$ 410.00
43632			GASTRECTOMY W GASTROJEJUNOSTOMY	$ 483.00	$ 410.00
43633			GASTRECTOMY ROUX-EC-Y RECONSTRUCTION	$ 503.00	$ 428.00
43634			GASTRECTOMY W INTESTINAL POUCH PARTI	$ 774.00	$ 658.00
43635			PARTIAL_REMOVAL_OF_STOMACH_	$ 96.86	$ 82.33
43640			VAGOTOMY & PYLORUS REPAIR	$ 370.00	$ 320.00
43641			VAGOTOMY W/PYLOROPLASTY;PARIETAL CEL	$ 401.00	$ 341.00
43644			LAPAROSCOPY, SURGICAL, GASTRIC RESTR	$ 948.97	$ 806.62
43645			LAPAROSCOPY, SURGICAL, GASTRIC RESTR	$ 1,013.53	$ 861.50
43647			LAP IMPL ELECTRODE, ANTRUM	$ 384.95	$ 327.20
43648			LAP REVISE/REMV ELTRD ANTRUM	$ 271.97	$ 231.17
43651			LAPOROSCOPY TRANSECT VAGUS NERV TRUN	$ 284.00	$ 241.00
43652			LAP SURG TRANSECT VAGUS NERVES SELEC	$ 467.00	$ 397.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
43653			LAP SURG GASTROSTOMY WO/CONSTR G TUB	$ 196.00	$ 167.00
43659			UNLISTED LAPAROSCOPY PROC STOMACH	BR	BR
43752			NASO/ORO-GASTRIC TUBE PLACEMENT	$ 35.70	$ 30.35
43753			GASTRIC INTUBATION AND ASPIRATION(S) THERAPEUTIC, NECESSITATING PHYSICIAN'S	$ 11.65	$ 9.90
43754	26		GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; SINGLE SPECIMEN (EG, ACID	$ 20.30	$ 17.25
43754			GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; SINGLE SPECIMEN (EG, ACID	$ 74.27	$ 63.13
43755	26		GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; COLLECTION OF MULTIPLE	$ 34.23	$ 29.09
43755			GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; COLLECTION OF MULTIPLE	$ 77.93	$ 66.24
43756	26		DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMAGE GUIDANCE; SINGLE	$ 28.77	$ 24.45
43756			DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMAGE GUIDANCE; SINGLE	$ 117.18	$ 99.60
43757	26		DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMAGE GUIDANCE;	$ 43.95	$ 37.36
43757			DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMAGE GUIDANCE;	$ 167.40	$ 142.29
43760			CHANGE OF GASTROSTOMY TUBE;SIMPLE *	$ 13.00	$ 11.00
43761			REPOSITION GASTRIC TUBE/ENTER.FEEDIN	$ 6.00	$ 6.00
43770			LAPAROSCOPY, SURGICAL, GASTRIC RESTR	$ 614.10	$ 521.99
43771			LAPAROSCOPY, SURGICAL, GASTRIC RESTR	$ 696.74	$ 592.23
43772			LAPAROSCOPY, SURGICAL, GASTRIC RESTR	$ 521.50	$ 443.27
43773			LAPAROSCOPY, SURGICAL, GASTRIC RESTR	$ 702.69	$ 597.29
43774			LAPAROSCOPY, SURGICAL, GASTRIC RESTR	$ 526.01	$ 447.11
43775			LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY	$ 546.99	$ 464.94
43800			RECONSTRUCTION OF PYLORUS	$ 242.00	$ 210.00
43810			FUSION OF STOMACH AND BOWEL	$ 272.00	$ 236.00
43820			FUSION OF STOMACH AND BOWEL	$ 272.00	$ 236.00
43825			FUSION OF STOMACH AND BOWEL	$ 384.00	$ 334.00
43830			SURGICAL OPENING OF STOMACH	$ 242.00	$ 210.00
43831			SURGICAL OPENING OF STOMACH	$ 431.33	$ 366.63
43832			SURGICAL OPENING OF STOMACH	$ 242.00	$ 210.00
43840			REPAIR OF STOMACH LESION	$ 272.00	$ 236.00
43842			GASTROPLASTY, MORBID OBESITY	$ 423.00	$ 368.00
43843			GASTROPLASTY, MORBID OBESITY	$ 423.00	$ 368.00
43845			BILIOPANC DIVERS W/DUODENAL SWITCH	$ 1,075.91	$ 914.52
43846			ROUX-EN-Y/GASTRIC BYPASS	$ 513.00	$ 436.00
43847			GI RESTRICTIVE W SM BWL RECONSTRUCTN	$ 540.00	$ 459.00
43848			REVISION OF GI RESTRICTIVE SURGERY	$ 594.00	$ 505.00
43850			REVISE STOMACH-BOWEL FUSION	$ 393.00	$ 341.00
43855			REVISE STOMACH-BOWEL FUSION	$ 393.00	$ 341.00
43860			REVISE STOMACH-BOWEL FUSION	$ 393.00	$ 341.00
43865			REVISE STOMACH-BOWEL FUSION	$ 393.00	$ 341.00
43870			REPAIR STOMACH OPENING	$ 242.00	$ 210.00
43880			REPAIR STOMACH-BOWEL FISTULA	$ 372.00	$ 317.00
43881			IMPL/REDO ELECTRD, ANTRUM	$ 350.43	$ 297.87
43882			REVISE/REMOVE ELECTRD ANTRUM	$ 417.65	$ 355.00
43886			GASTRIC RESTRICTIVE PROCEDURE, OPEN;	$ 201.07	$ 170.91
43887			GASTRIC RESTRICTIVE PROCEDURE, OPEN;	$ 181.35	$ 154.14
43888			GASTRIC RESTRICTIVE PROCEDURE, OPEN;	$ 253.99	$ 215.89

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CPT/ HCPCS/ CDT	***MOD 1***	***MOD 2***	***SHORT - DESCRIPTION***	***MAXIMUM FEE ALLOWANCE***	***MAXIMUM FEE ALLOWANCE***
PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
43999			UNLISTED PROCEDURE, STOMACH	BR	BR
44005			FREEING OF BOWEL ADHESION	$ 316.00	$ 275.00
44010			INCISION OF SMALL BOWEL	$ 344.00	$ 292.00
44015			NEEDLE CATHETER JEJUNOSTOMY	$ 90.00	$ 79.00
44020			EXPLORATION OF SMALL BOWEL	$ 302.00	$ 263.00
44021			ENTEROTOMY...;FOR DECOMPRESSION	$ 400.00	$ 340.00
44025			EXPLORATION OF LARGE BOWEL	$ 302.00	$ 263.00
44050			REDUCE BOWEL OBSTRUCTION	$ 272.00	$ 236.00
44055			CORRECT MALROTATION-CG, LADD PROC	$ 342.00	$ 291.00
44100			BIOPSY OF BOWEL	$ 57.00	$ 49.00
44110			EXCISION OF BOWEL LESION(S)	$ 302.00	$ 263.00
44111			EXCISION OF BOWEL LESION(S)	$ 332.00	$ 289.00
44120			REMOVAL OF SMALL INTESTINE	$ 332.00	$ 289.00
44121			ENTERECTOMY EA ADD RESECTION/ANASTMS	$ 139.00	$ 118.00
44125			REMOVAL OF SMALL INTESTINE	$ 272.00	$ 236.00
44126			ENTERECTOMY SM INTEST WO TAPERING	$ 844.00	$ 717.00
44127			ENTERECTOMY SM INTEST W/TAPERING	$ 970.00	$ 825.00
44128			ENTERECTOMY EACH ADDIT RESEC/ANASTOM	$ 103.00	$ 88.00
44130			BOWEL TO BOWEL FUSION	$ 302.00	$ 263.00
44132			DONOR ENTERECTOMY OPEN FROM CADAVER	BR	BR
44133			DONOR ENTERECTOMY FROM LIVING DONOR	BR	BR
44135			INTEST ALLOTRANSPLANT FROM CADAVER	BR	BR
44136			INTEST ALLOTRANSPLANT LIVING DONOR	$ 970.00	$ 825.00
44137			REMOVAL OF TRANSPLANTED INTESTINAL A	$ 862.26	$ 732.91
44139			MOBILIZE SPLENIC FLEXURE W P COLECTM	$ 61.00	$ 52.00
44140			PARTIAL REMOVAL OF COLON	$ 362.00	$ 315.00
44141			PARTIAL REMOVAL OF COLON	$ 408.00	$ 347.00
44143			PARTIAL REMOVAL OF COLON	$ 242.00	$ 210.00
44144			PARTIAL REMOVAL OF COLON	$ 408.00	$ 347.00
44145			PARTIAL REMOVAL OF COLON	$ 486.00	$ 413.00
44146			PARTIAL REMOVAL OF COLON	$ 563.00	$ 479.00
44147			PARTIAL COLECTOMY-ABDO&TRANSANAL ADD	$ 486.00	$ 413.00
44150			REMOVAL OF COLON	$ 604.00	$ 525.00
44151			COLECTOMY; W/ CONTINENT ILEOSTOMY	$ 604.00	$ 525.00
44155			REMOVAL OF COLON	$ 604.00	$ 525.00
44156			COLECTOMY...;W/ CONTINENT ILEOSTOMY	$ 604.00	$ 525.00
44157			COLECTOMY W/ILEOANAL ANAST	$ 1,199.05	$ 1,019.19
44158			COLECTOMY W/NEO-RECTUM POUCH	$ 1,163.20	$ 988.72
44160			REMOVAL OF COLON	$ 604.00	$ 525.00
44180			LAPAROSCOPY, SURGICAL, ENTEROLYSIS (	$ 503.46	$ 427.94
44186			LAPAROSCOPY, SURGICAL; JEJUNOSTOMY (	$ 358.35	$ 304.60
44187			LAPAROSCOPY, SURGICAL; ILEOSTOMY OR	$ 610.76	$ 519.15
44188			LAPAROSCOPY, SURGICAL, COLOSTOMY OR	$ 674.59	$ 573.40
44202			LAP SURG INTEST RESECT W/ANASTOMOSIS	$ 487.00	$ 414.00
44203			LAPOROSCOPY SURG EA ADDIT SM INTEST	$ 122.00	$ 104.00

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CPT/ HCPCS/ CDT	***MOD 1***	***MOD 2***	***SHORT - DESCRIPTION***	***MAXIMUM FEE ALLOWANCE***	***MAXIMUM FEE ALLOWANCE***
PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
44204			LAPOROSCOPY SURG PART COLECTOMY	$ 706.00	$ 600.00
44205			LAPOROSCOPY SURG PART COLEC W/ILEOCO	$ 625.00	$ 531.00
44206			LAP SURG HARTMANN TYPE PROCEDURE	$ 756.00	$ 643.00
44207			LAP SURG LOW PELVIC ANASTOMOSIS	$ 840.00	$ 714.00
44208			LAP SURG LOW PELV ANAST W/COLOSTOMY	$ 890.00	$ 764.00
44210			LAP SURG COLECTOMY ABD W/ILEOSTOMY	$ 784.00	$ 666.00
44211			LAP SURG COLECTOMY W/PROCTECTOMY ABD	$ 980.00	$ 833.00
44212			LAP SURG COLECTOMY TOT W/PROCTECTOMY	$ 896.00	$ 762.00
44213			LAPAROSCOPY, SURGICAL, MOBILIZATION	$ 103.26	$ 87.77
44227			LAPAROSCOPY, SURGICAL, CLOSURE OF EN	$ 914.67	$ 777.47
44238			UNLISTED LAPORSCOPY PROC INTESTINE	BR	BR
44300			OPEN BOWEL TO SKIN	$ 242.00	$ 210.00
44310			ILEOSTOMY	$ 302.00	$ 263.00
44312			REVISION OF ILEOSTOMY	$ 61.00	$ 51.00
44314			REVISION OF ILEOSTOMY	$ 604.00	$ 525.00
44316			DEVISE BOWEL POUCH	$ 753.00	$ 655.00
44320			COLOSTOMY	$ 242.00	$ 210.00
44322			COLOSTOMY/CECOSTOMY; MULTIPLE BX'S	$ 242.00	$ 210.00
44340			REVISION OF COLOSTOMY	$ 24.00	$ 21.00
44345			REVISION OF COLOSTOMY	$ 121.00	$ 105.00
44346			REVISE COLOSTOMY; REPAIR HERNIA	$ 143.00	$ 122.00
44360			SMALL BOWEL ENDOSCOPY	$ 114.23	$ 97.10
44361			SMALL BOWEL ENDOSCOPY,BIOPSY	$ 125.90	$ 107.01
44363			SMALL BOWEL ENDOSCOPY	$ 153.00	$ 133.00
44364			SMALL BOWEL ENDOSCOPY	$ 153.00	$ 133.00
44365			SMALL INTESTINAL ENDOSCOPY REM.TUMOR	$ 153.00	$ 133.00
44366			SMALL BOWEL ENDOSCOPY	$ 163.00	$ 142.00
44369			SMALL BOWEL ENDOSCOPY	$ 163.00	$ 142.00
44370			SMALL INTEST ENDOSCOPY W/STENT PLACE	$ 192.00	$ 163.00
44372			SMALL INTESTINE ENDOSCOPY..PLACE JEJ	$ 153.00	$ 133.00
44373			SMALL INTESTINE ENDOSCOPY..CONVERTSI	$ 153.00	$ 133.00
44376			SMALL INTESTINAL ENDOSCOPY W OR WOSP	$ 153.00	$ 133.00
44377			SMALL INTESTINAL ENDOSCOPY W BIOPSY	$ 162.00	$ 136.00
44378			ENDOSCOPY SM INTESTN CONTROL BLEED	$ 182.00	$ 155.00
44379			SMALL INTEST ENDOSCOPY W/STENT PLACE	$ 192.00	$ 163.00
44381			SMALL BOWEL ENDOSCOPY BR/WA	BR	BR
44384			SMALL BOWEL ENDOSCOPY	BR	BR
44385			ENDOSCOPY OF BOWEL POUCH	$ 86.00	$ 74.00
44386			FIBEROPTIC EVAL../BX/SPEC.COLL	$ 114.00	$ 97.00
44388			COLON ENDOSCOPY	$ 86.00	$ 74.00
44389			COLON ENDOSCOPY	$ 114.00	$ 97.00
44390			COLON ENDOSCOPY	$ 114.00	$ 97.00
44391			COLON ENDOSCOPY	$ 143.00	$ 122.00
44392			COLON ENDOSCOPY;REMOVEPOLYPOID LESIO	$ 114.00	$ 97.00
44394			COLONOSCOPY W REMOVAL OF TUMOR SNARE	$ 114.00	$ 97.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
44401			COLONOSCOPY WITH ABLATION	BR	BR
44402			COLONOSCOPY W/STENT PLCMT	BR	BR
44403			COLONOSCOPY W/RESECTION	BR	BR
44404			COLONOSCOPY W/INJECTION	BR	BR
44405			COLONOSCOPY W/DILATION	BR	BR
44406			COLONOSCOPY W/ULTRASOUND	BR	BR
44407			COLONOSCOPY W/NDL ASPIR/BX	BR	BR
44408			COLONOSCOPY W/DECOMPRESSION	BR	BR
44500			INTRO_OF_MILLER_ABBOTT_TUBE_SP	$ 19.00	$ 16.00
44602			SUTURE SMALL INTESTINE SINGLE PERFOR	$ 272.00	$ 236.00
44603			SUTURE SM INTESTINE MULT PERF ULCERS	$ 301.00	$ 229.00
44604			SUTURE LRG INTESTIN WOUT COLOSTOMY	$ 301.00	$ 229.00
44605			REPAIR OF BOWEL LESION	$ 281.00	$ 213.00
44615			SUTUR LRG INTESTINE W COLOSTOMY	$ 301.00	$ 229.00
44620			REPAIR BOWEL OPENING	$ 211.00	$ 184.00
44625			REPAIR BOWEL OPENING	$ 316.00	$ 275.00
44626			ENTEROSTOMY CLOSURE W/RESECT/ANASTOM	$ 566.00	$ 482.00
44640			REPAIR BOWEL-SKIN FISTULA	$ 211.00	$ 184.00
44650			REPAIR BOWEL FISTULA	$ 316.00	$ 275.00
44660			REPAIR BOWEL-BLADDER FISTULA	$ 316.00	$ 275.00
44661			REPAIR BOWEL-BLADDER FISTULA	$ 475.00	$ 414.00
44680			SURGICAL REVISION, INTESTINE	$ 316.00	$ 275.00
44700			EXCLUS SM BOWEL FROM PELVIS BY MESH	$ 458.00	$ 389.00
44701			INTRAOPERATIVE_COLONIC_LAVAGE	$ 130.00	$ 111.00
44705			ASSESSMENT AND OVERSEEING PREPARATION OF DONOR FECAL SPECIMEN	BR	BR
44715			BACKBENCH STANDARD PREPARATION OF CA	$ 219.84	$ 186.86
44720			BACKBENCH RECONSTRUCTION OF CADAVER	$ 150.23	$ 127.69
44721			BACKBENCH RECONSTRUCTION OF CADAVER	$ 210.20	$ 178.67
44799			UNLISTED PROCEDURE, INTESTINE	BR	BR
44800			EXCISION OF BOWEL POUCH	$ 211.00	$ 184.00
44820			EXCISION OF MESENTERY LESION	$ 362.00	$ 315.00
44850			REPAIR OF MESENTERY	$ 211.00	$ 184.00
44899			UNLISTED PROC.,MECKEL'S DIVERTICULUM	BR	BR
44900			DRAINAGE OF APPENDIX ABSCESS	$ 182.00	$ 158.00
44950			APPENDECTOMY	$ 211.00	$ 184.00
44955			APPENDECTOMY	$ 72.60	$ 61.71
44960			APPENDECTOMY	$ 211.00	$ 184.00
44970			LAPAROSCOPY SURGICAL APPENDECTOMY	$ 211.00	$ 179.00
44979			UNLISTED LAPAROSCOPY PROC APPENDIX	BR	BR
45000			DRAINAGE OF PELVIC ABSCESS	$ 61.00	$ 53.00
45005			DRAINAGE OF RECTAL ABSCESS	$ 29.00	$ 25.00
45020			DRAINAGE OF RECTAL ABSCESS	$ 90.00	$ 79.00
45100			BIOPSY OF RECTUM	$ 68.00	$ 60.00
45108			REMOVAL OF ANORECTAL LESION	$ 211.00	$ 184.00
45110			REMOVAL OF RECTUM	$ 544.00	$ 473.00

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CPT/ HCPCS/ CDT	***MOD 1***	***MOD 2***	***SHORT - DESCRIPTION***	***MAXIMUM FEE ALLOWANCE***	***MAXIMUM FEE ALLOWANCE***
PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
45111			PARTIAL REMOVAL OF RECTUM	$ 264.00	$ 224.00
45112			REMOVAL OF RECTUM	$ 544.00	$ 473.00
45113			PROCTECTOMY/CREATE ILEAL RESERVOIR	$ 565.00	$ 480.00
45114			PARTIAL REMOVAL OF RECTUM	$ 570.00	$ 485.00
45116			PARTIAL REMOVAL OF RECTUM	$ 435.00	$ 378.00
45119			PROCTECTOMY, ABDOMINOPERINEAL PROC	$ 565.00	$ 480.00
45120			REMOVAL OF RECTUM	$ 544.00	$ 473.00
45121			PROCTECTOMY;W/COLECTOMT,W/MULTI BX	$ 570.00	$ 485.00
45123			PROCTECTOMY W PERINEAL APPROACH	$ 296.00	$ 252.00
45126			PELVIC EXTENTERATION W/PROCTECTOMY	$ 783.00	$ 666.00
45130			EXCISION OF RECTAL PROLAPSE	$ 326.00	$ 284.00
45135			EXCISION OF RECTAL PROLAPSE	$ 544.00	$ 473.00
45136			EXCISION ILEOANAL RESERVOIR W/ILEOST	$ 765.00	$ 650.00
45150			EXCISION OF RECTAL STRICTURE	$ 108.00	$ 95.00
45160			EXCISION OF RECTAL LESION	$ 253.00	$ 215.00
45171			EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH; NOT INCLUDING MUSCULARIS PROPRIA	$ 325.46	$ 276.64
45172			EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH; INCLUDING MUSCULARIS PROPRIA (IE,	$ 437.66	$ 372.01
45190			DESTRUCTION RECTAL TUMOR ANY METHOD	$ 185.00	$ 157.00
45300			PROCTOSIGMOIDOSCOPY; DIAGNOSTIC	$ 18.00	$ 16.00
45303			PROCTOSIGMOIDOSCOPY WITH DILATION	$ 30.00	$ 26.00
45305			PROCTOSIGMOIDOSCOPY WITH BIOPSY	$ 30.00	$ 26.00
45307			PROCTOSIGMOIDOSCOPY;REMOVE FOREIGN B	$ 42.00	$ 37.00
45308			PROCTOSIGMOIDOSCOPY REMOVAL TUMOR	$ 53.00	$ 45.00
45309			PROCTOSIGMOIDOSCOPY REMOVAL TUMOR SN	$ 53.00	$ 45.00
45315			PROCTOSIGMOIDOSCOPY; REMOVE MULTIPLE	$ 61.00	$ 53.00
45315	22		PROCTOSIGMOIDOSCOPY; REMOVE MULTIPLE	$ 76.00	$ 65.00
45317			PROCTOSIGMOIDOSCOPY; HEMORRHAGE CONT	$ 25.00	$ 15.00
45320			PROCTOSIGMOIDOSCOPY;ABLATE TUMOR	$ 93.64	$ 79.59
45321			PROCTOSIGMOIDOSCOPY/DECOM/VOLU	$ 59.83	$ 50.86
45327			RIGID PROCTOSIGMOIDOSCOPY W/STENT PL	$ 77.00	$ 65.00
45330			SIGMOIDOSCOPY,FLEX FIBEROPTIC;DIAGNO	$ 43.00	$ 37.00
45331			SIGMOIDOSCOPY,FLEX FIBEROPT W/BIOPSY	$ 54.00	$ 47.00
45332			SIGMOIDOSCOPY; DIAGNOSTIC	$ 91.00	$ 79.00
45333			SIGMOIDOSCOPY; DIAGNOSTIC	$ 91.00	$ 79.00
45334			SIGMOIDOSCOPY; DIAGNOSTIC	$ 91.00	$ 79.00
45335	26		SIGMOID FLEX W/DIRECT SUBMUCOSAL INJ	$ 45.00	$ 39.00
45335			SIGMOID FLEX W/DIRECT SUBMUCOSAL INJ	$ 130.00	$ 111.00
45337			SIGMOIDOSCOPY;DECOMPRESS_VOLVU	$ 114.74	$ 97.53
45338			SIGMOIDOSCOPY REMOVAL TUMOR SNARE	$ 123.00	$ 105.00
45340	26		SIGMOID FLEX W/DILATION BY BALLOON	$ 42.00	$ 36.00
45340			SIGMOID FLEX W/DILATION BY BALLOON	$ 223.00	$ 190.00
45341			SIGMOID_W/ENDOSCOPIC_US_EXAM	$ 124.12	$ 105.50
45342			SIGMOID_W/US_OR_FINE_NEEDLE_BX	$ 196.00	$ 167.00
45346			SIGMOIDOSCOPY W/ABLATION	BR	BR
45347			SIGMOIDOSCOPY W/PLCMT STENT	BR	BR

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
45349			SIGMOIDOSCOPY W/RESECTION	BR	BR
45350			SGMDSC W/BAND LIGATION	BR	BR
45378			DIAGNOSTIC COLONOSCOPY	$ 112.00	$ 95.00
45379			COLONOSCOPY	$ 182.00	$ 158.00
45380			COLONOSCOPY AND BIOPSY	$ 182.00	$ 158.00
45381	26		COLONOSCOPY FLEX W/DIR SUBMUCOS.INJ	$ 80.00	$ 68.00
45381			COLONOSCOPY FLEX W/DIR SUBMUCOS.INJ	$ 201.00	$ 171.00
45382			COLONOSCOPY,CONTROL BLEEDING	$ 182.00	$ 158.00
45384			COLONOSCOPY REMOVAL TUMOR ETC.	$ 271.00	$ 236.00
45385			COLONOSCOPY, LESION REMOVAL	$ 271.00	$ 236.00
45386	26		COLONOSCOPY FLEX W/DILAT BY BALLOON	$ 87.00	$ 74.00
45386			COLONOSCOPY FLEX W/DILAT BY BALLOON	$ 382.00	$ 325.00
45388			COLONOSCOPY W/ABLATION	BR	BR
45389			COLONOSCOPY W/STENT PLCMT	BR	BR
45390			COLONOSCOPY W/RESECTION	BR	BR
45391			COLONOSCOPY, FLEXIBLE, PROXIMAL TO S	$ 159.61	$ 135.67
45392			COLONOSCOPY, FLEXIBLE, PROXIMAL TO S	$ 203.22	$ 172.73
45393			COLONOSCOPY W/DECOMPRESSION	BR	BR
45395			LAPAROSCOPY, SURGICAL; PROCTECTOMY,	$ 1,089.24	$ 925.85
45397			LAPAROSCOPY, SURGICAL; PROCTECTOMY,	$ 1,185.10	$ 1,007.34
45398			COLONOSCOPY W/BAND LIGATION	BR	BR
45399			UNLISTED PROCEDURE COLON	BR	BR
45400			LAPAROSCOPY, SURGICAL; PROCTOPEXY (F	$ 624.98	$ 531.23
45402			LAPAROSCOPY, SURGICAL; PROCTOPEXY (F	$ 833.61	$ 708.57
45499			LAPAROSCOPE PROC, RECTUM	BR	BR
45500			REPAIR OF RECTUM	$ 181.00	$ 158.00
45505			REPAIR OF RECTUM	$ 181.00	$ 158.00
45540			CORRECT RECTAL PROLAPSE	$ 272.00	$ 236.00
45541			CORRECT RECTAL PROLAPSE	$ 272.00	$ 236.00
45550			REPAIR RECTUM;REMOVE SIGMOID	$ 393.00	$ 341.00
45560			REPAIR OF RECTOCELE	$ 143.00	$ 143.00
45562			EXPLOR/REPAIR/PRESACRAL DRAINAGE	$ 245.00	$ 209.00
45563			RECTA SURGERY W COLOSTOMY	$ 385.00	$ 328.00
45800			REPAIR RECTUMBLADDER FISTULA	$ 272.00	$ 236.00
45805			REPAIR FISTULA; COLOSTOMY	$ 386.00	$ 328.00
45820			REPAIR RECTOURETHRAL FISTULA	$ 393.00	$ 341.00
45825			REPAIR FISTULA; COLOSTOMY	$ 386.00	$ 328.00
45900			REDUCTION OF RECTAL PROLAPSE	$ 13.00	$ 11.00
45905			DILATION OF ANAL SPHINCTER	$ 35.00	$ 30.00
45910			DILATION OF RECTAL NARROWING	$ 50.00	$ 43.00
45915			REMOVE RECTAL OBSTRUCTION	$ 57.00	$ 49.00
45990			ANORECTAL EXAM, SURGICAL, REQUIRING	$ 59.01	$ 50.15
45999			UNLISTED PROCEDURE, RECTUM	BR	BR
46020			PLACEMENT OF SETON	$ 96.00	$ 82.00
46030			REMOVAL OF RECTAL MARKER	$ 16.00	$ 14.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
46040			INCISION OF RECTAL ABSCESS	$ 61.00	$ 53.00
46045			INCISION OF RECTAL ABSCESS	$ 61.00	$ 53.00
46050			INCISION OF ANAL ABSCESS	$ 30.00	$ 26.00
46060			INCISION OF RECTAL ABSCESS	$ 151.00	$ 131.00
46070			INCISION OF ANAL SEPTUM	$ 30.00	$ 26.00
46080			INCISION OF ANAL SPHINCTER	$ 30.00	$ 26.00
46083			EXC.EXT.THROMBOSED HEMORRHOID	$ 16.00	$ 14.00
46200			REMOVAL OF ANAL FISSURE	$ 90.00	$ 79.00
46220			REMOVAL OF ANAL TAB	$ 16.00	$ 14.00
46221			LIGATION OF HEMORRHOID(S)	$ 30.00	$ 26.00
46230			REMOVAL OF ANAL TABS	$ 37.00	$ 32.00
46250			HEMORRHOIDECTOMY, EXTERNAL; COMPLETE	$ 139.00	$ 121.00
46255			HEMORRHOIDECTOMY	$ 151.00	$ 131.00
46257			REMOVE HEMORRHOIDS & FISSURE	$ 163.00	$ 142.00
46258			REMOVE HEMORRHOIDS & FISTULA	$ 163.00	$ 142.00
46260			HEMORRHOIDECTOMY	$ 206.00	$ 179.00
46261			REMOVE HEMORRHOIDS & FISSURE	$ 163.00	$ 142.00
46262			HEMORRHOIDECTOMU..W FISTULECTOMY....	$ 163.00	$ 142.00
46270			REMOVAL OF ANAL FISTULA	$ 90.00	$ 79.00
46275			REMOVAL OF ANAL FISTULA	$ 244.00	$ 210.00
46280			REMOVAL OF ANAL FISTULA	$ 305.00	$ 263.00
46285			REMOVAL OF ANAL FISTULA	$ 61.00	$ 53.00
46288			REPAIR ANAL FISTULA W ADVACE FLAP	$ 232.00	$ 198.00
46320			REMOVAL OF HEMORRHOID CLOT	$ 25.00	$ 21.00
46500			INJECTION TREATMENT OF ANUS	$ 16.00	$ 14.00
46505	26		CHEMODENERVATION OF INTERNAL ANAL SP	$ 132.12	$ 112.30
46505			CHEMODENERVATION OF INTERNAL ANAL SP	$ 158.10	$ 134.38
46600			ANOSCOPY; DIAGNOSTIC	$ 16.00	$ 14.00
46601			DIAGNOSTIC ANOSCOPY	BR	BR
46604			ANOSCOPY WITH DIRECT DILATION	$ 16.00	$ 14.00
46606			ANOSCOPY WITH BIOPSY	$ 16.00	$ 14.00
46607			DIAGNOSTIC ANOSCOPY & BIOPSY	BR	BR
46608			ANOSCOPY;REMOVE FOREIGN BODY	$ 42.00	$ 37.00
46610			ANOSCOPY; REMOVE POLYP	$ 48.00	$ 42.00
46611			ANOSCOPY WITH REMOVAL SINGLE TUMOR	$ 48.00	$ 42.00
46612			ANOSCOPY; REMOVE MULTIPLE POLYPS	$ 61.00	$ 53.00
46614			ANOSCOPY; CONTROL OF HEMORRHAGE	$ 48.00	$ 42.00
46615			ANOSCOPY W ABLATION FO TUMORS ETC.	$ 76.00	$ 65.00
46700			REPAIR OF ANAL STRICTURE	$ 242.00	$ 210.00
46705			REPAIR OF ANAL STRICTURE	$ 26.00	$ 22.00
46706			REPAIR ANAL FISTULA W/FIBRIN GLUE	$ 65.00	$ 55.00
46707			REPAIR OF ANORECTAL FISTULA WITH PLUG (EG, PORCINE SMALL INTESTINE SUBMUCOSA	$ 249.88	$ 212.39
46710			REPAIR OF ILEOANAL POUCH FISTULA/SIN	$ 575.71	$ 489.35
46712			REPAIR OF ILEOANAL POUCH FISTULA/SIN	$ 1,097.23	$ 932.64
46715			REPAIR OF ANOVAGINAL FISTULA	$ 342.00	$ 291.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
46716			REPAIR OF ANOVAGINAL FISTULA	$ 513.00	$ 437.00
46730			CONSTRUCTION OF ABSENT ANUS	$ 264.00	$ 229.00
46735			CONSTRUCTION OF ABSENT ANUS	$ 421.00	$ 366.00
46740			CONSTRUCTION OF ABSENT ANUS	$ 570.00	$ 485.00
46742			REP IMPERF ANUS/TRANSABD + SACROPERI	$ 756.00	$ 642.00
46744			REPAIR CLOACAL ANOMALY W PLASTIES	$ 861.00	$ 731.00
46746			REP CLOACAL ANOM/ABDOM & SACROPERIN	$ 945.00	$ 803.00
46748			REP CLOACAL ANOMALY ANO-REC-ABD COMB	$ 1,050.00	$ 892.00
46750			REPAIR OF ANAL SPHINCTER	$ 242.00	$ 210.00
46751			REPAIR OF ANAL SPHINCTER	$ 242.00	$ 210.00
46753			RECONSTRUCTION OF ANUS	$ 150.00	$ 131.00
46754			REMOVAL OF SUTURE FROM ANUS	$ 143.00	$ 122.00
46760			REPAIR OF ANAL SPHINCTER	$ 301.00	$ 263.00
46761			SPHINCTEROPLASTY,ANAL;LEV MUSC IMBRI	$ 285.00	$ 243.00
46762			SPHINCTEROPLASTY,ANAL;ARTIFICIAL SPH	$ 257.00	$ 219.00
46900			REMOVAL OF ANAL LESION	$ 37.00	$ 32.00
46910			REMOVAL OF ANAL LESION	$ 37.00	$ 32.00
46916			CRYOSURGERY-ANAL LESIONS ,	$ 37.00	$ 32.00
46917			DESTROY ANAL LESION(S);LASER SURGERY	$ 37.00	$ 32.00
46922			DESTROY ANAL LESION(S)-SURG EXCISION	$ 61.00	$ 53.00
46924			DESTROY ANAL LESIONS,ANY METH,EXTEN.	$ 147.00	$ 126.00
46930	26		DESTRUCTION_OF_INTERNAL_HEMORRHOID	$ 82.77	$ 70.35
46930			DESTRUCTION_OF_INTERNAL_HEMORRHOID	$ 116.00	$ 98.60
46940			TREATMENT OF ANAL FISSURE	$ 114.00	$ 97.00
46942			TREATMENT OF ANAL FISSURE	$ 57.00	$ 49.00
46945			LIGATION OF HEMORRHOIDS	$ 30.00	$ 26.00
46946			LIGATION OF HEMORRHOIDS;MULT PROC	$ 90.00	$ 79.00
46947			HEMORRHOIDOPEXY (EG, FOR PROLAPSING	$ 210.05	$ 178.54
46999			UNLISTED PROCEDURE, ANUS	BR	BR
47000			NEEDLE BIOPSY OF LIVER	$ 35.00	$ 30.00
47001			BIOPSY LIVER(NOT SEPARATE PROCE)	$ 22.75	$ 19.35
47010			DRAINAGE OF LIVER LESION	$ 285.00	$ 243.00
47015			LAP W ASP/INJ HEPAR PARASITE CYSTS	$ 285.00	$ 243.00
47100			WEDGE BIOPSY OF LIVER	$ 211.00	$ 184.00
47120			PARTIAL REMOVAL OF LIVER	$ 393.00	$ 341.00
47122			HEPATECTOMY,RESECT LIVER;TRISEGMENT.	$ 456.00	$ 388.00
47125			PARTIAL REMOVAL OF LIVER	$ 456.00	$ 388.00
47130			PARTIAL REMOVAL OF LIVER	$ 456.00	$ 388.00
47133			DONOR HEPATECTOMY,W/PREP-MAINT.HOMOG	$ 400.00	$ 340.00
47135			LIVER TRANSPLANT,W/W/O RECI HEPATEC.	$ 2,000.00	$ 1,700.00
47136			HETEROTOPIC FROM CADAVER OR LIVE DON	$ 1,640.00	$ 1,394.00
47140			DONOR HEPATECTOMY LT LAT SEGMENT	$ 945.00	$ 803.00
47141			DONOR HEPATECTOMY TOT LT LOBECTOMY	$ 1,155.00	$ 982.00
47142			DONOR HEPATECTOMY TOT RT LOBECTOMY	$ 1,270.00	$ 1,080.00
47146			BACKBENCH RECONSTRUCTION OF CADAVER	$ 179.92	$ 152.93

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
47147			BACKBENCH RECONSTRUCTION OF CADAVER	$ 208.83	$ 177.50
47300			SURGERY FOR LIVER LESION	$ 272.00	$ 236.00
47350			REPAIR LIVER WOUND	$ 272.00	$ 236.00
47360			REPAIR LIVER WOUND	$ 272.00	$ 236.00
47361			EXPLORE HEP WOUND/EXTEN DEBRIDE/COAG	$ 887.00	$ 754.00
47362			RE-EXPLORE HEP WOUND/REMOVE PACKING	$ 322.00	$ 273.00
47370			LAPOROSCOPY SURGICAL RADIOFREQUENCY	$ 329.00	$ 280.00
47371			LAPOROSCOPY SURGICAL CRYOSURGICAL	$ 310.00	$ 264.00
47379			UNLISTED LAPOROSCOPIC LIVER PROCEDUR	BR	BR
47380			OPEN ABLATION LIVER TUMOR RADIOFREQ	$ 387.00	$ 329.00
47381			OPEN ABLATION LIVER TUMORS CRYOSURG	$ 382.00	$ 325.00
47382			ABLATION LIVER TUMOR PERCU RADIOFREQ	$ 230.00	$ 196.00
47383			PERQ ABLTJ LVR CRYOABLATION	$ 4,336.64	$ 3,686.14
47383	26		PERQ ABLTJ LVR CRYOABLATION	$ 273.35	$ 232.34
47399			UNLISTED PROCEDURE, LIVER	BR	BR
47400			INCISION OF LIVER DUCT	$ 393.00	$ 341.00
47420			INCISION OF BILE DUCT	$ 332.00	$ 289.00
47425			INCISION OF BILE DUCT	$ 393.00	$ 341.00
47460			INCISE BILE DUCT SPHINCTER	$ 393.00	$ 341.00
47480			INCISION OF GALLBLADDER	$ 242.00	$ 210.00
47490			PERCUTANEOUS CHOLECYSTOSTOMY	$ 150.00	$ 127.00
47500			INJECTION FOR LIVER X-RAYS	$ 43.00	$ 37.00
47505			INJ PROC CHOL THRU EXIST CATHETER	$ 33.70	$ 28.64
47510			INTRODUC/PERCUTANEOUS TRANSHEPATIC	$ 200.00	$ 170.00
47511			INTRO PERC.TRNASHEP.SHUNT I&E BIL DR	$ 256.00	$ 206.00
47525			CHANGE PERCU.BILIARY DRAIN CATHETER	$ 140.00	$ 119.00
47530			T-TUBE REVISION AND/OR REINSERTION	$ 140.00	$ 119.00
47550			BILIARY ENDOSCOPY, INTRAOPERATIVE (C	$ 29.00	$ 25.00
47552			BILIARY ENDOSCOPY...;DIAGNOSTIC	$ 100.00	$ 85.00
47553			BILIARY ENDOSCOPY...; & SPEC COLL	$ 125.00	$ 106.00
47554			BILIARY ENDOSCOPY...;REMOVE STONES	$ 150.00	$ 127.00
47555			BILIARY ENDOSCOPY;DILATE DUCT STRICT	$ 125.00	$ 106.00
47556			BILIARY ENDOSCOPY PERCU T-TUBE....	$ 256.00	$ 206.00
47560			LAP SURG W/GUIDED TRANSHEP CHOLANGIO	$ 121.00	$ 102.00
47561			LAP SURG W/GUIDED TRANSHEP CHOLANGIO	$ 140.00	$ 119.00
47562			LAPAROSCOPY SURGICAL CHOLECYSTECTOMY	$ 302.00	$ 257.00
47563			LAP SURG CHOLECYSTECTOMY W/CHOLANGIO	$ 325.00	$ 276.00
47564			LAP SURG CHOLECYST W/EXPL COM DUCT	$ 406.00	$ 345.00
47570			LAP SURG CHOLECYSTOENTEROSTOMY	$ 426.00	$ 362.00
47579			UNLISTED LAPAROSCOPY PROC BILIARY DU	BR	BR
47600			REMOVAL OF GALLBLADDER	$ 302.00	$ 263.00
47605			REMOVAL OF GALLBLADDER	$ 314.00	$ 273.00
47610			REMOVAL OF GALLBLADDER	$ 362.00	$ 315.00
47612			CHOLECYSTECTOMY;W/CHOLEDOCHOENTEROST	$ 517.00	$ 440.00
47620			REMOVAL OF GALLBLADDER	$ 414.00	$ 352.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
47630			REMOVE BILE DUCT STONE	$ 75.00	$ 64.00
47700			EXPLORATION OF BILE DUCTS	$ 252.00	$ 218.00
47701			PORTOENTEROSTOMY	$ 440.00	$ 374.00
47711			EXCISION BILE DUCT TUMOR EXTRAHEPAR	$ 419.00	$ 356.00
47712			EXC BILE DUCT TUMOR INTRAHEPATIC	$ 552.00	$ 469.00
47715			EXCISE CHOLEDOCAL CYST	$ 388.00	$ 330.00
47720			FUSE GALLBLADDER & BOWEL	$ 302.00	$ 263.00
47721			FUSE UPPER GI STRUCTURES	$ 336.00	$ 286.00
47740			FUSE GALLBLADDER & BOWEL	$ 328.00	$ 284.00
47741			ROUX-EN-Y W GASTROENTEROSTOMY	$ 382.00	$ 325.00
47760			FUSE BILE DUCTS AND BOWEL	$ 362.00	$ 315.00
47765			FUSE LIVER DUCTS & BOWEL	$ 440.00	$ 374.00
47780			FUSE BILE DUCTS AND BOWEL	$ 428.00	$ 371.00
47785			ROUX-EN-Y INTRAHEPATIC DUCT/GI TRACT	$ 572.00	$ 486.00
47800			RECONSTRUCTION OF BILE DUCTS	$ 453.00	$ 394.00
47801			PLACEMENT OF CHOLEDOCHAL STENT	$ 388.00	$ 330.00
47802			U-TUBE HEPATICOENTEROSTOMY	$ 388.00	$ 330.00
47900			EXTRA HEPATIC DUCT REPAIR	$ 368.00	$ 313.00
47999			UNLISTED PROCEDURE, BILIARY TRACT	BR	BR
48000			DRAINAGE OF ABDOMEN	$ 242.00	$ 210.00
48001			DRAIN W CHOLE,GASTROSTOMY,JEJUNOSTOM	$ 458.00	$ 389.00
48020			REMOVAL OF PANCREATIC STONE	$ 393.00	$ 341.00
48100			BIOPSY OF PANCREAS	$ 240.00	$ 204.00
48102			BX PANCREAS;PERCUTANEOUS NEEDLE	$ 65.00	$ 55.00
48105			RESECT/DEBRIDE PANCREAS	$ 1,558.11	$ 1,324.39
48120			REMOVAL OF PANCREAS LESION	$ 289.00	$ 246.00
48140			PARTIAL REMOVAL OF PANCREAS	$ 332.00	$ 289.00
48145			PARTIAL REMOVAL OF PANCREAS	$ 302.00	$ 263.00
48146			PACREATOMY CHILD-TYPE PROCEDURE DIST	$ 724.00	$ 615.00
48148			REMOVAL OF PANCREATIC DUCT	$ 414.00	$ 352.00
48150			PARTIAL REMOVAL OF PANCREAS	$ 724.00	$ 615.00
48152			PANCREATECTOMY WO PANCREATOJEJUNOSTO	$ 796.00	$ 676.00
48153			PANCREATECTOMY NEAR TOTAL W PACR-JEJ	$ 844.00	$ 717.00
48154			PANCREATECTOMY PROX SUBTOTAL WO PJ	$ 796.00	$ 676.00
48155			REMOVAL OF PANCREAS	$ 724.00	$ 615.00
48160			PANCREATECTOMY,TOTAL;W TRANSPLANTATI	$ 2,000.00	$ 1,700.00
48400			INJECTION PANCREATOGRAPHY INTRAOPERA	$ 57.00	$ 49.00
48500			SURGERY OF PANCREAS CYST	$ 302.00	$ 263.00
48510			EXT.DRAINAGE,PANCREAS PSEUDOCYST	$ 90.00	$ 77.00
48520			FUSE PANCREAS CYST AND BOWEL	$ 302.00	$ 263.00
48540			FUSE PANCREAS CYST AND BOWEL	$ 302.00	$ 263.00
48545			PANCREATORRHAPHY FOR TRAUMA	$ 446.00	$ 379.00
48547			DUODENALEXCLUSION W GASTROJEJUNOSTOM	$ 615.00	$ 523.00
48548			FUSE PANCREAS AND BOWEL	$ 914.14	$ 777.01
48550			DONOR_PANCREATECTOMY_CAD_W/WO_DUODEN	BR	BR

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PRACTITIONER				*SPECIALIST*	*NON-SPECIALIST*
DME/P&O				*PURCHASE*	*RENTAL*
48551			BACKBENCH STANDARD PREPARATION OF CA	$ 164.74	$ 140.03
48552			BACKBENCH RECONSTRUCTION OF CADAVER	$ 129.42	$ 110.01
48554			TRANSPLANTATION PANCREAS ALLOGRAFT	$ 1,145.17	$ 973.39
48556			REMOVE PANCREATIC ALLOGRAFT	$ 562.42	$ 478.05
48999			UNLISTED PROCEDURE, PANCREAS	BR	BR
49000			EXPLORATION OF ABDOMEN	$ 211.00	$ 184.00
49002			REEXPLORATION OF ABDOMEN	$ 211.00	$ 184.00
49010			EXPLORE,RETROPERITONEAL AREA	$ 211.00	$ 184.00
49020			DRAIN ABDOMINAL ABSCESS	$ 217.00	$ 189.00
49040			DRAIN ABDOMINAL ABSCESS	$ 272.00	$ 236.00
49060			DRAIN RETROPERITONEAL ABSCESS	$ 217.00	$ 189.00
49062			OPEN DRAINAGE EXTRAPERITON LYMPHOCEL	$ 217.00	$ 189.00
49082	26		ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITHOUT IMAGING GUIDANCE	$ 41.38	$ 35.17
49082			ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITHOUT IMAGING GUIDANCE	$ 108.84	$ 92.51
49083	26		ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITH IMAGING GUIDANCE	$ 59.94	$ 50.95
49083			ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITH IMAGING GUIDANCE	$ 164.46	$ 139.79
49084			PERITONEAL LAVAGE, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	$ 59.39	$ 50.48
49180			NEEDLE BX,ABDOMINAL/RETROPERI. MASS	$ 61.00	$ 52.00
49203			EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS,	$ 656.34	$ 557.88
49204			EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS,	$ 838.35	$ 712.59
49205			EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS,	$ 960.86	$ 816.73
49215			EXCISE PRESACRAL/SACROCOCCYGEAL CYST	$ 362.00	$ 315.00
49220			STAGING CELIOTOMY;HODGKINS/LYMPHOMA	$ 272.00	$ 236.00
49250			EXCISION OF UMBILICUS	$ 171.00	$ 146.00
49255			OMENTECTOMY...RESECT OMENTUM	$ 228.00	$ 194.00
49320			DIAG LAP ABD PERIT OMENT W/WO SPEC	$ 182.00	$ 158.00
49321			LAP ABDOMEN/OMENTUM/PERITONEUM W/BX	$ 182.00	$ 158.00
49322			LAP ABDOMEN/PERITONEUM/OMENT W/ASP C	$ 182.00	$ 158.00
49323			LAP ABD/PERIT/OMENT W DRAIN LYMPHOCE	$ 211.00	$ 179.00
49324			LAP INSERTION PERM IP CATH	$ 214.19	$ 182.06
49325			LAP REVISION PERM IP CATH	$ 228.53	$ 194.25
49326			LAP W/OMENTOPEXY ADD-ON	$ 103.40	$ 87.89
49327			LAPAROSCOPY, SURGICAL; WITH PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION	$ 71.52	$ 60.79
49329			UNLISTED LAP PROC ABD/PERIT/OMENTUM	BR	BR
49400			PNEUMOPERITONEUM..;INITIAL	$ 30.00	$ 26.00
49402			REMOVE FOREIGN BODY, ADBOMEN	$ 462.03	$ 392.72
49405	26		FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, ACCESSED THROUGH THE SKIN	$ 116.98	$ 99.43
49405			FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, ACCESSED THROUGH THE SKIN	$ 493.76	$ 419.70
49406	26		FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, ACCESSED THROUGH THE SKIN	$ 117.18	$ 99.60
49406			FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, ACCESSED THROUGH THE SKIN	$ 494.37	$ 420.21
49407	26		FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, ACCESSED THROUG VAGINA OR RECTUM	$ 123.98	$ 105.38
49407			FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, ACCESSED THROUG VAGINA OR RECTUM	$ 411.55	$ 349.82
49411	26		PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG,	$ 101.92	$ 86.63
49411			PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG,	$ 305.05	$ 259.29
49412			PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG,	$ 45.04	$ 38.28

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
49418	26		INSERTION OF TUNNELED INTRAPERITONEAL CATHETER (EG, DIALYSIS, INTRAPERITONEAL	$ 120.06	$ 102.05
49418			INSERTION OF TUNNELED INTRAPERITONEAL CATHETER (EG, DIALYSIS, INTRAPERITONEAL	$ 812.81	$ 690.89
49419			INSERT INTRAPERITON CANNULA/CATHETER	$ 226.00	$ 192.00
49421			INSERT PERM.CANNULA/CATH-DRAIN/DIALY	$ 182.00	$ 158.00
49422			INTRAPERITONEAL CANNULA/CATH REMOVAL	$ 323.00	$ 274.00
49423			EXCH ABSCESS DRAIN CATH W/RAD GUIDAN	$ 78.00	$ 66.00
49424			CONTRAST INJECT VIA PREV PLACE CATH	$ 41.00	$ 34.00
49425			PERITONEAL-VENOUS SHUNT	$ 410.00	$ 349.00
49426			REVISION OF PERITONEAL-VENOUS SHUNT	$ 308.00	$ 261.00
49427			INJ PROC EVAL PLACED PER VENOUS SHUN	$ 35.32	$ 30.02
49428			PERITONEAL VENOUS SHUNT LIGATION	$ 108.00	$ 91.00
49429			PERITONEAL VENOUS SHUNT REMOVAL	$ 344.00	$ 293.00
49435			INSERT SUBQ EXTEN TO IP CATH	$ 65.35	$ 55.54
49436			EMBEDDED IP CATH EXIT-SITE	$ 102.90	$ 87.46
49440			INSERTION OF GASTROSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE	$ 122.54	$ 104.15
49441			INSERTION OF DUODENOSTOMY OR JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC	$ 140.92	$ 119.78
49442			INSERTION OF CECOSTOMY OR OTHER COLONIC TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC	$ 122.70	$ 104.30
49446			CONVERSION OF GASTROSTOMY TUBE TO GASTRO-JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER	$ 89.33	$ 75.93
49450			REPLACEMENT OF GASTROSTOMY OR CECOSTOMY (OR OTHER COLONIC) TUBE, PERCUTANEOUS,	$ 36.56	$ 31.08
49451			REPLACEMENT OF DUODENOSTOMY OR JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER	$ 50.15	$ 42.63
49452			REPLACEMENT OF GASTRO-JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC	$ 76.88	$ 65.34
49460			MECHANICAL REMOVAL OF OBSTRUCTIVE MATERIAL FROM GASTROSTOMY, DUODENOSTOMY,	$ 26.22	$ 22.28
49465			CONTRAST INJECTION(S) FOR RADIOLOGICAL EVALUATION OF EXISTING GASTROSTOMY,	$ 16.99	$ 14.44
49491			REP INITIAL INGUINAL HERNIA INFANT	$ 326.00	$ 277.00
49492			REP INIT ING HERNIA PRETERM INF INCA	$ 399.00	$ 339.00
49495			INGUINAL HERNIA REPAIR <6M REDUCIBLE	$ 238.00	$ 203.00
49496			HERNIA REPAIR <6M INCARCERT/STRANGL	$ 302.00	$ 257.00
49500	50		REP INGUINAL HERNIA UNDER 5 YRS;BILA	$ 272.00	$ 236.00
49500			REP INGUINAL HERNIA,UNDER 5 YRS;UNIL	$ 182.00	$ 158.00
49501			INGUI HERNIA REP 6M-5Y INARC/STRANGL	$ 245.00	$ 208.00
49505	50		REP INGUINAL HERNIA,AGE 5 OR>;BILATE	$ 272.00	$ 236.00
49505			REP INGUINAL HERNIA,AGE 5 OR>;UNILAT	$ 182.00	$ 158.00
49507			INGUINAL HERNIA REP >5 Y INCAR/STRAN	$ 257.00	$ 218.00
49520	50		REP RECURRENT INGUINAL HERNIA;BILATE	$ 317.00	$ 269.00
49520			REREPAIR INGUINAL HERNIA	$ 211.00	$ 184.00
49521			REPAIR INGUINAL HERNIA INCA/ST ANY A	$ 313.00	$ 266.00
49525			REPAIR INGUINAL HERNIA;SLIDING	$ 182.00	$ 158.00
49525	50		REPAIR SLIDING BILATERAL INGUINAL HE	$ 273.00	$ 232.00
49540	50		REPAIR BILATERAL LUMBAR HERNIA	$ 310.00	$ 264.00
49540			REPAIR LUMBAR HERNIA	$ 207.00	$ 176.00
49550	50		REPAIR BILATERAL FEMORAL HERNIA...	$ 273.00	$ 232.00
49550			REPAIR FEMORAL HERNIA	$ 182.00	$ 158.00
49553			REPAIR FEMEROL HERNIA ANY AGE INC.ST	$ 266.00	$ 226.00
49555	50		REP BILATERAL RECURRENT FEMORAL HERN	$ 317.00	$ 269.00
49555			REPAIR RECURRENT FEMORAL HERNIA	$ 211.00	$ 184.00

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CPT/ HCPCS/ CDT	***MOD 1***	***MOD 2***	***SHORT - DESCRIPTION***	***MAXIMUM FEE ALLOWANCE***	***MAXIMUM FEE ALLOWANCE***
PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
49557			REPAIR FEMEROL HERNIA INCARCER/STRAN	$ 302.00	$ 257.00
49560			REPAIR VENTRAL HERNIA (SEPARATE PROC	$ 211.00	$ 184.00
49561			REPAIR INCSIONAL HERNIA INCARC/STRAG	$ 325.00	$ 276.00
49565			REREPAIR ABDOMINAL HERNIA	$ 234.00	$ 204.00
49566			REP INCIS INCARC HERNIA/STRANGULATED	$ 284.00	$ 241.00
49568			IMPLANNTATION MESH INCISIONAL HERNIA	$ 150.00	$ 127.00
49570			REPAIR EPIGASTRIC HERNIA	$ 151.00	$ 131.00
49572			REP.EPIGASTRIC HERNIA INCAR STRANGUL	$ 256.00	$ 218.00
49580			REP UMBILICAL HERNIA;UNDER AGE 5 YRS	$ 155.00	$ 134.00
49582			REP UMBIL HERNIA INCARCE/STRANGULATD	$ 222.00	$ 189.00
49585			REP UMBILICAL HERNIA OVER 5YRS	$ 182.00	$ 155.00
49587			REP.UMBILICAL HERNIA OVER 5 INC/STRA	$ 245.00	$ 208.00
49590			REPAIR SPIGELIAN HERNIA	$ 151.00	$ 131.00
49600			REPAIR UMBILICAL LESION	$ 207.00	$ 176.00
49605			REPAIR UMBILICAL LESION	$ 311.00	$ 264.00
49606			REPAIR UMBILICAL LESION	$ 337.00	$ 287.00
49610			REPAIR UMBILICAL LESION	$ 259.00	$ 225.00
49611			REPAIR UMBILICAL LESION	$ 259.00	$ 225.00
49650			LAP SURG REP INITIAL INGUINAL HERNIA	$ 182.00	$ 155.00
49651			LAP REP RECURRENT INGUINAL HERNIA	$ 211.00	$ 179.00
49652			LAPAROSCOPY___SURGICAL__REPAIR__VENT	$ 407.76	$ 346.60
49653			LAPAROSCOPY___SURGICAL__REPAIR__VENT	$ 509.06	$ 432.70
49654			LAPAROSCOPY___SURGICAL__REPAIR__INCI	$ 463.61	$ 394.06
49655			LAPAROSCOPY___SURGICAL__REPAIR__INCI	$ 565.61	$ 480.77
49656			LAPAROSCOPY___SURGICAL__REPAIR__RECU	$ 503.34	$ 427.83
49657			LAPAROSCOPY___SURGICAL__REPAIR__RECU	$ 722.60	$ 614.21
49659			UNLISTED LAP PROC FOR HERNIA	BR	BR
49900			REPAIR OF ABDOMINAL WALL	$ 121.00	$ 105.00
49904			OMENTAL FLAP, EXTRA ABDOMINAL	$ 760.00	$ 646.00
49905			OMENTAL FLAP	$ 246.00	$ 209.00
49906			FRE OMENTAL FLAP W/MICROVASC ANASTAM	$ 700.82	$ 595.70
49999			ABDOMEN SURGERY PROCEDURE	BR	BR
50010			EXPLORATION OF KIDNEY	$ 337.00	$ 287.00
50020			DR PERIRENAL/RENAL ABSCESS(SEP PROC)	$ 272.00	$ 236.00
50040			NEPHROSTOMY,NEPHROTOMY W DRAINAGE	$ 393.00	$ 341.00
50045			EXPLORATION OF KIDNEY	$ 393.00	$ 341.00
50060			REMOVAL OF KIDNEY STONE	$ 302.00	$ 263.00
50065			INCISION OF KIDNEY	$ 467.00	$ 397.00
50070			INCISION OF KIDNEY	$ 467.00	$ 397.00
50075			REMOVAL OF KIDNEY STONE	$ 340.00	$ 294.00
50080			PERCUT NEPHRO/PYELO,W/ OR W/O	$ 160.00	$ 136.00
50081			PERCUT NEPHRO/PYELO,W/ OR W/O	$ 160.00	$ 136.00
50100			REVISE KIDNEY BLOOD VESSELS	$ 332.00	$ 289.00
50120			EXPLORATION OF KIDNEY	$ 393.00	$ 341.00
50125			EXPLORE AND DRAIN KIDNEY	$ 393.00	$ 341.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
50130			REMOVAL OF KIDNEY STONE	$ 393.00	$ 341.00
50135			EXPLORATION OF KIDNEY	$ 467.00	$ 397.00
50200			RENAL BIOPSY;PERCUTANEOUS TROCAR/NEE	$ 30.00	$ 26.00
50205			RENAL BIOPSY;SURG EXPOSURE OF KIDNEY	$ 155.00	$ 132.00
50220			REMOVAL OF KIDNEY	$ 393.00	$ 341.00
50225			REMOVAL OF KIDNEY	$ 415.00	$ 352.00
50230			REMOVAL OF KIDNEY	$ 393.00	$ 341.00
50234			REMOVAL OF KIDNEY & URETER	$ 483.00	$ 420.00
50236			REMOVAL OF KIDNEY & URETER	$ 483.00	$ 420.00
50240			PARTIAL REMOVAL OF KIDNEY	$ 332.00	$ 289.00
50250			ABLATION, OPEN, ONE OR MORE RENAL MA	$ 660.36	$ 561.30
50280			REMOVAL OF KIDNEY LESION	$ 362.00	$ 315.00
50290			REMOVAL OF KIDNEY LESION	$ 363.00	$ 309.00
50300			DONAR NEPHRECTOMY,CADAVER,CARE-HOMOG	$ 240.00	$ 204.00
50320			DONOR NEPHRECTOMY,CARE HOMOG-LIVING	$ 491.00	$ 417.00
50323			BACKBENCH STANDARD PREPARATION OF CA	$ 198.06	$ 168.35
50325			BACKBENCH STANDARD PREPARATION OF LI	$ 135.67	$ 115.32
50327			BACKBENCH RECONSTRUCTION OF CADAVER	$ 118.57	$ 100.78
50328			BACKBENCH RECONSTRUCTION OF CADAVER	$ 103.83	$ 88.25
50329			BACKBENCH RECONSTRUCTION OF CADAVER	$ 99.67	$ 84.72
50340	50		RECIPIENT NEPHRECTOMY;,BILATERAL	$ 590.00	$ 501.00
50340			RECIPIENT NEPHRECTOMY;,UNILATERAL	$ 393.00	$ 334.00
50360			HOMOTRANSPLANT/IMPLANT GRF,NO NEPHRE	$ 720.00	$ 612.00
50365			SEE 50360-W/UNILAT RECI NEPHRECTOMY	$ 1,200.00	$ 1,020.00
50365	50		SEE 50360-W/UNILAT RECI NEPHRECTOMY	$ 1,800.00	$ 1,530.00
50370			REMOVE TRANSPLANTED KIDNEY	$ 393.00	$ 334.00
50380			RENAL AUTOTRANSPLANT,REIMPLANT KIDN	$ 720.00	$ 612.00
50382			REMOVAL (VIA SNARE/CAPTURE) AND REPL	$ 669.69	$ 569.24
50384			REMOVAL (VIA SNARE/CAPTURE) OF INTER	$ 532.06	$ 452.25
50385			REMOVAL (VIA SNARE/CAPTURE) AND REPLACEMENT OF INTERNALLY DWELLING URETERAL	$ 127.30	$ 108.20
50386			REMOVAL (VIA SNARE/CAPTURE) OF INTERNALLY DWELLING URETERAL STENT VIA	$ 96.18	$ 81.75
50387			REMOVAL AND REPLACEMENT OF EXTERNALL	$ 308.04	$ 261.83
50389			REMOVAL OF NEPHROSTOMY TUBE, REQUIRI	$ 167.74	$ 142.57
50390			ASPIR&/OR INJ RENAL CYST/PELVIS;PERC	$ 30.00	$ 26.00
50391	26		INSTILLATION(S) OF THERAPEUTIC AGENT	$ 53.56	$ 45.53
50391			INSTILLATION(S) OF THERAPEUTIC AGENT	$ 66.65	$ 56.65
50392			INTRO URETERAL CATH/STENT;PERCUTANEO	$ 75.00	$ 64.00
50393			INTRO URETERAL CATH/STENT REN PEL;PE	$ 143.00	$ 122.00
50394			INJ PROC PYELOGRAPHY THRU NEPH/PYE T	$ 20.00	$ 17.00
50395			ESTABLISH NEPHROSTOMY TRACT;PERCUTAN	$ 64.00	$ 56.00
50396			MANOMETRIC STUDIES NEPH/PYE TUBE/CAT	$ 20.00	$ 17.00
50398			CHG NEPHROSTOMY/PYELOSTOMY TUBE	$ 30.00	$ 26.00
50400			REVISION OF KIDNEY/URETER	$ 423.00	$ 368.00
50405			REVISION OF KIDNEY/URETER	$ 529.00	$ 450.00
50500			REPAIR OF KIDNEY WOUND	$ 393.00	$ 341.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
50520			CLOSE KIDNEY-SKIN FISTULA	$ 272.00	$ 236.00
50525			REPAIR RENAL-ABDOMEN FISTULA	$ 272.00	$ 236.00
50526			REPAIR RENAL-ABDOMEN FISTULA	$ 272.00	$ 236.00
50540			REVISION OF HORSESHOE KIDNEY	$ 339.00	$ 295.00
50541			LAP SURG ABLATION OF RENAL CYSTS	$ 385.00	$ 327.00
50542			LAPOROSCOPY SURG RENAL MASS LESION	$ 546.00	$ 464.00
50543			LAPOROSCOPY SURG PARTIAL NEPHRECTOMY	$ 696.00	$ 592.00
50544			LAPAROSCOPY SURGICAL PYELOPLASTY	$ 503.00	$ 428.00
50545			SURG LAP; RADICAL NEPHRECTOMY	$ 573.00	$ 487.00
50546			LAPAROSCOPY SURGICAL NEPHRECTOMY	$ 449.00	$ 382.00
50547			LAP SURG DONOR NEPHRECTOMY/LIV DONOR	$ 696.00	$ 591.00
50548			LAP ASSISTED NEPHROURETERECTOMY	$ 514.00	$ 437.00
50549			UNLISTED LAPAROSCOPY PROC RENAL	BR	BR
50551			KIDNEY ENDOSCOPY	$ 114.00	$ 97.00
50553			RENALENDOSCOPY W URETERAL CATHETERIZ	$ 129.00	$ 110.00
50555			KIDNEY ENDOSCOPY & BIOPSY	$ 126.00	$ 108.00
50557			KIDNEY ENDOSCOPY & TREATMENT	$ 126.00	$ 108.00
50561			RENAL ENDOSCOPY;REMOVE FOREIGN BODY	$ 143.00	$ 122.00
50562			RENAL ENDOSCOPY W/WO IRRIG W/RESECT	$ 197.00	$ 167.00
50570			RENAL ENDOSCOPY;EXCLUSIVE OF RADIOLO	$ 114.00	$ 97.00
50572			RENAL ENDOSCOPY W URETERAL CATH	$ 129.00	$ 110.00
50574			KIDNEY ENDOSCOPY & BIOPSY	$ 126.00	$ 108.00
50575			RENAL ENDOSCOPY W ENDOPYELOTOMY	$ 239.00	$ 203.00
50576			REANL ENDOSCOPY W FULGURATION/INCISI	$ 126.00	$ 108.00
50580			RENAL ENDOSCOPY;REM FOREIGN BODY	$ 143.00	$ 122.00
50590			LITHOTRIPSY,ESW	$ 351.00	$ 298.00
50592			ABLATION, ONE OR MORE RENAL TUMOR(S), PERCUTANEOUS, UNILATERAL, RADIOFREQUENCY	$ 199.47	$ 169.55
50592	50		ABLATION, ONE OR MORE RENAL TUMOR(S), PERCUTANEOUS, UNILATERAL, RADIOFREQUENCY	$ 398.94	$ 339.10
50593			ABLATION, ONE OR MORE RENAL TUMOR(S)	$ 264.04	$ 224.43
50593	50		ABLATION, ONE OR MORE RENAL TUMOR(S)	$ 528.08	$ 448.87
50600			EXPLORATION OF URETER	$ 362.00	$ 315.00
50605			URETEROYOMY/INSERT STENT	$ 399.00	$ 340.00
50610			REMOVAL OF URETER STONE	$ 362.00	$ 315.00
50620			REMOVAL OF URETER STONE	$ 362.00	$ 315.00
50630			REMOVAL OF URETER STONE	$ 380.00	$ 331.00
50650			REMOVAL OF URETER	$ 393.00	$ 341.00
50660			REMOVAL OF URETER	$ 442.00	$ 376.00
50684			INJECTION FOR URETER XRAY	$ 20.00	$ 17.00
50686			MEASURE URETER PRESSURE	$ 20.00	$ 17.00
50688			CHANGE OF URETER TUBE	$ 30.00	$ 26.00
50690			INJECTION FOR URETER XRAY	$ 20.00	$ 17.00
50700			REVISION OF URETER	$ 393.00	$ 341.00
50715			RELEASE OF URETER	$ 237.00	$ 206.00
50715	50		RELEASE OF URETER	$ 305.00	$ 265.00
50722			RELEASE OF URETER	$ 359.00	$ 305.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
50725			RELEASE/REVISE URETER	$ 513.00	$ 446.00
50727			REVISION URINARY-CUTANEOUS ANASTOMOS	$ 362.00	$ 307.00
50728			REVISION URIN-CUTAN ANAST W/REPAIR	$ 413.00	$ 350.00
50740			FUSION OF URETER & KIDNEY	$ 423.00	$ 368.00
50750			FUSION OF URETER & KIDNEY	$ 487.00	$ 414.00
50760			FUSION OF URETERS	$ 423.00	$ 368.00
50770			TRANSURETEROURETEROSTOMY....	$ 490.00	$ 416.50
50780			REIMPLANT URETER IN BLADDER	$ 423.00	$ 368.00
50780	50		URETERONEOCYSTOSTOMY...	$ 635.00	$ 540.00
50782			URETERONEOCYSTOSTOMY TO BLADDER	$ 423.00	$ 368.00
50783			REIMPLANT URETER IN BLADDER	$ 423.00	$ 368.00
50785			REIMPLANT URETER IN BLADDER	$ 487.00	$ 414.00
50785	50		REIMPLANT URETER IN BLADDER	$ 731.00	$ 621.00
50800			IMPLANT URETER IN BOWEL	$ 423.00	$ 368.00
50800	50		IMPLANT URETER IN BOWEL	$ 635.00	$ 540.00
50810			FUSION OF URETER & BOWEL	$ 616.00	$ 523.00
50815			URETEROCOLON CONDUIT/ANASTOMOS/UNILL	$ 616.00	$ 523.00
50815	50		URETEROCOLON CONDUIT/ANASTOMOS/UNILL	$ 924.00	$ 785.00
50820			CONSTRUCT BOWEL BLADDER	$ 604.00	$ 525.00
50820	50		CONSTRUCT BOWEL BLADDER	$ 906.00	$ 770.00
50825			CONTINENT DIVISION,W/BOWEL ANASTOMO.	$ 718.00	$ 610.00
50830			URINARY UNDIVERSION	$ 616.00	$ 523.00
50840			REPLACE URETER BY BOWEL	$ 616.00	$ 523.00
50840	50		REPLACE URETER BY BOWEL	$ 924.00	$ 785.00
50845			CUTANEOUS APPENDICO-VESICOSTOMY	$ 616.00	$ 523.00
50860			TRANSPLANT URETER TO SKIN	$ 362.00	$ 315.00
50860	50		TRANSPLANT URETER TO SKIN	$ 543.00	$ 462.00
50900			REPAIR OF URETER	$ 272.00	$ 236.00
50920			CLOSURE URETER/SKIN FISTULA	$ 237.00	$ 206.00
50930			CLOSURE URETER/BOWEL FISTULA	$ 487.00	$ 414.00
50940			RELEASE OF URETER	$ 423.00	$ 368.00
50945			LAPAROSCOPY SURG URETEROLITHOTOMY	$ 413.00	$ 351.00
50947			SURG LAP; URETERONEO W/CYSTO/URET ST	$ 620.00	$ 527.00
50948			SURG LAP; URETERONEOCYS WO CYSTO	$ 566.00	$ 481.00
50951			UTERAL ENDOSCOPY...EXCL OF RADIO.SER	$ 45.00	$ 38.00
50953			ENDOSCOPY OF URETER	$ 60.00	$ 51.00
50955			URETER ENDOSCOPY & BIOPSY	$ 60.00	$ 51.00
50957			URETER ENDOSCOPY & TREATMENT	$ 70.00	$ 60.00
50961			URETER ENDOSCOPY & TREATMENT	$ 70.00	$ 60.00
50970			URETER ENDOSCOPY	$ 45.00	$ 38.00
50972			URETER ENDOSCOPY W/CATHETER	$ 30.00	$ 26.00
50974			URETER ENDOSCOPY & BIOPSY	$ 60.00	$ 51.00
50976			URETER ENDOSCOPY & TREATMENT	$ 70.00	$ 60.00
50980			URETER ENDOSCOPY & TREATMENT	$ 70.00	$ 60.00
51020			INCISE & TREAT BLADDER	$ 272.00	$ 236.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
51030			INCISE & TREAT BLADDER	$ 308.00	$ 262.00
51040			INCISE & DRAIN BLADDER	$ 242.00	$ 210.00
51045			INCISE BLADDER, DRAIN URETER	$ 257.00	$ 218.00
51050			REMOVAL OF BLADDER STONE	$ 272.00	$ 236.00
51060			REMOVAL OF URETER STONE	$ 359.00	$ 305.00
51065			REMOVAL OF URETER STONE	$ 257.00	$ 218.00
51080			DRAINAGE OF BLADDER ABSCESS	$ 151.00	$ 131.00
51100			ASPIRATION OF BLADDER; BY NEEDLE	$ 34.00	$ 28.90
51101			ASPIRATION OF BLADDER; BY TROCAR OR INTRACATHETER	$ 28.11	$ 23.89
51102			ASPIRATION OF BLADDER; WITH INSERTION OF SUPRAPUBIC CATHETER	$ 124.88	$ 106.14
51500			REMOVAL OF BLADDER CYST	$ 283.00	$ 240.00
51520			REMOVAL OF BLADDER LESION	$ 211.00	$ 184.00
51525			REMOVAL OF BLADDER LESION	$ 393.00	$ 341.00
51530			REMOVAL OF BLADDER LESION	$ 302.00	$ 263.00
51535	50		CYSTOTOMY/EXC,INC/REP URETEROCELE;BI	$ 462.00	$ 393.00
51535			REPAIR OF URETER LESION	$ 308.00	$ 262.00
51550			PARTIAL REMOVAL OF BLADDER	$ 362.00	$ 315.00
51555			PARTIAL REMOVAL OF BLADDER	$ 362.00	$ 315.00
51565			REVISE BLADDER & URETER(S)	$ 483.00	$ 420.00
51570			REMOVAL OF BLADDER	$ 665.00	$ 578.00
51575			REMOVAL OF BLADDER & NODES	$ 798.00	$ 678.00
51580			REMOVE BLADDER; REVISE TRACT	$ 798.00	$ 678.00
51585			REMOVAL OF BLADDER & NODES	$ 998.00	$ 848.00
51590			REMOVE BLADDER; REVISE TRACT	$ 928.00	$ 789.00
51595			REMOVE BLADDER; REVISE TRACT	$ 1,192.00	$ 1,014.00
51596			CYSTECTOMY,COMP,CONT DIV.BOWEL REANA	$ 928.00	$ 789.00
51597			PELVIC EXENTER.W/W/O HYSTERECTOMY	$ 998.00	$ 848.00
51600			INJECTION FOR BLADDER XRAY	$ 21.00	$ 18.00
51605			PREPARATION FOR BLADDER XRAY	$ 32.00	$ 27.00
51610			INJECTION FOR BLADDER XRAY	$ 21.00	$ 18.00
51700	SA		IRIGATION OF BLADDER	NA	$ 17.10
51700			IRRIGATION OF BLADDER	$ 21.00	$ 18.00
51701	26		INSERT NON-INDWELLING BLADDER CATH	$ 12.00	$ 10.00
51701			INSERT NON-INDWELLING BLADDER CATH	$ 38.00	$ 36.00
51701	SA		INSERT NON-INDWELLING BLADDER CATH	NA	$ 34.20
51701	SA	26	INSERT NON-INDWELLING BLADDER CATH	NA	$ 9.50
51702	26		INSERT TEMP INDWELLING BLADDER CATH	$ 12.00	$ 10.00
51702			INSERT TEMP INDWELLING BLADDER CATH	$ 38.00	$ 36.00
51702	SA		INSERT TEMP INDWELLING BLADDER CATH	NA	$ 34.20
51702	SA	26	INSERT TEMP INDWELLING BLADDER CATH	NA	$ 9.50
51703	26		INSERT TEMP INDW BLAD CATH COMPLICAT	$ 35.00	$ 30.00
51703			INSERT TEMP INDW BLAD CATH COMPLICAT	$ 83.00	$ 78.00
51705			CHANGE OF BLADDER TUBE	$ 21.00	$ 18.00
51705	SA		CHANGE OF BLADDER TUBE	NA	$ 17.10
51710			CHANGE OF BLADDER TUBE	$ 32.00	$ 27.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
51715			ENDOSCOPIC INJECT OF IMPL MAT/URETHR	$ 109.00	$ 92.00
51720			TREATMENT OF BLADDER LESION	$ 40.00	$ 34.00
51725			SIMPLE CYSTOMETROGRAM	$ 36.00	$ 32.00
51725	SA		SIMPLE CYSTOMETROGRAM	NA	$ 30.40
51726			COMPLEX CYSTOMETROGRAM	$ 36.00	$ 32.00
51727	26		COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH URETHRAL	$ 57.06	$ 48.50
51727	TC		COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH URETHRAL	$ 116.69	$ 116.69
51727			COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH URETHRAL	$ 173.75	$ 147.68
51728	26		COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH VOIDING	$ 54.81	$ 46.59
51728	TC		COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH VOIDING	$ 118.23	$ 118.23
51728			COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH VOIDING	$ 173.04	$ 147.08
51729	26		COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH VOIDING	$ 66.86	$ 56.83
51729	TC		COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH VOIDING	$ 121.48	$ 121.48
51729			COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH VOIDING	$ 188.34	$ 160.08
51736			SIMPLE UROFLOWMETRY	$ 13.26	$ 11.27
51741			COMPLEX UROFLOWMETRY	$ 13.57	$ 11.53
51784	26		EMG OF ANAL OR URETHRAL SPHINCTER	$ 44.00	$ 37.00
51784	TC		EMG OF ANAL OR URETHRAL SPHINCTER	$ 17.00	$ 17.00
51784			EMG OF ANAL OR URETHRAL SPHINCTER	$ 61.00	$ 54.00
51785			ELECTROMYOGRAPHY STUDIES-ANAL/URETH.	$ 29.00	$ 25.00
51792			ELECTROMYOGRAPHY	$ 46.00	$ 40.00
51797			VOIDING PRESSURE STUDIES (VP);	$ 58.00	$ 50.00
51798			MEASURE RESID URINE BY ULTRASOUND	$ 16.00	$ 13.00
51798	SA		MEASURE RESID URINE BY ULTRASOUND	NA	$ 12.35
51800			REVISION OF BLADDER/URETHRA	$ 423.00	$ 368.00
51820			REVISION OF URINARY TRACT	$ 635.00	$ 539.00
51840			ATTACH BLADDER/URETHRA	$ 302.00	$ 263.00
51841			ATTACH BLADDER/URETHRA	$ 368.00	$ 313.00
51845			ABDOMINO-VAGINAL VESICAL NECK SUSPEN	$ 407.00	$ 354.00
51860			REPAIR OF BLADDER WOUND	$ 318.00	$ 270.00
51865			REPAIR OF BLADDER WOUND	$ 350.00	$ 298.00
51880			REPAIR OF BLADDER OPENING	$ 151.00	$ 131.00
51900			REPAIR BLADDER/VAGINA LESION	$ 350.00	$ 298.00
51920			CLOSE BLADDER-UTERUS FISTULA	$ 350.00	$ 298.00
51925			HYSTERECTOMY/BLADDER REPAIR	$ 525.00	$ 446.00
51940			CORRECTION OF BLADDER DEFECT	$ 583.00	$ 495.00
51960			REVISION OF BLADDER & BOWEL	$ 635.00	$ 539.00
51980			CONSTRUCT BLADDER OPENING	$ 408.00	$ 347.00
51990			LAP SURG URETH SUSP FOR STRESS INCON	$ 263.00	$ 224.00
51992			LAP SURG SLING OP FOR STRESS INCONT	$ 307.00	$ 261.00
51999			UNLISTED LAPAROSCOPY PROCEDURE, BLAD	BR	BR
52000			CYSTOSCOPY	$ 30.00	$ 26.00
52000	22		CYSTOSCOPY	$ 61.00	$ 53.00
52001			CYSTOURETHROSCOPY W/IRRIG/EVACUATION	$ 49.00	$ 42.00
52005			CYSTOURETHROSCOPY	$ 61.00	$ 50.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
52005	22		CYSTOURETHROSCOPY	$ 87.00	$ 75.00
52007			CYSTOURETHOSCOPY W/BRUSH BIOPSY	$ 117.00	$ 99.00
52010			CYSTOSCOPY W/ DUCT CATHETER	$ 91.00	$ 79.00
52204			CYSTOURETHROSCOPY WITH BIOPSY; OFFIC	$ 42.00	$ 37.00
52214			CYSTOURETHROSCOPY WITH FULGURATION;	$ 57.00	$ 49.00
52224			CYSTOURETHROSCOPY WITH FULGURATION;	$ 36.00	$ 32.00
52234			CYSTOURETHROSCOPY WITH FULGURATION;	$ 90.00	$ 79.00
52235			CYSTOURETHROSCOPY WITH FULGURATION;	$ 182.00	$ 158.00
52240			CYSTOURETHROSCOPY WITH FULGURATION;	$ 182.00	$ 158.00
52250			CYSTOURETHROSCOPY, INSERT RADIOACTIV	$ 108.00	$ 95.00
52260			CYSTOSCOPY & TREATMENT	$ 54.00	$ 47.00
52265			CYSTOSCOPY AND TREATMENT	$ 54.00	$ 47.00
52270			CYSTOSCOPY & REVISE URETHRA	$ 61.00	$ 53.00
52275			CYSTOSCOPY & REVISE URETHRA	$ 61.00	$ 53.00
52276			CYSTOURETHROSCOPY W/DIRECT VISION	$ 61.00	$ 53.00
52277			CYSTOSCOPY AND TREATMENT	$ 143.00	$ 122.00
52281			CYSTOURETHROSCOPY FOR URETHRAL STRIC	$ 46.00	$ 40.00
52282			CYSTOURETHROSCOPY W/URETHRAL STENT	$ 143.00	$ 122.00
52283			CYSTOURETHROSCOPY, STEROID INJECTION	$ 63.00	$ 54.00
52285			CYSTOSCOPY AND TREATMENT	$ 91.00	$ 79.00
52287	26		EXAMINATION WITH INJECTION OF CHEMICAL FOR DESTRUCTION OF BLADDER USING AN	$ 91.73	$ 77.97
52287			EXAMINATION WITH INJECTION OF CHEMICAL FOR DESTRUCTION OF BLADDER USING AN	$ 171.28	$ 145.58
52290			CYSTOSCOPY AND TREATMENT	$ 61.00	$ 53.00
52300			CYSTOSCOPY AND TREATMENT	$ 61.00	$ 53.00
52301			CYSTOURETHROSCOPY W/RESEC UNILAT/BIL	$ 62.00	$ 53.00
52305			CYSTOSCOPY AND TREATMENT	$ 117.00	$ 99.00
52310			CYSTOSCOPY AND TREATMENT	$ 61.00	$ 53.00
52315			CYSTOSCOPY AND TREATMENT	$ 61.00	$ 53.00
52317			LITHOLAPAXY,SIMPLE;SMALL	$ 211.00	$ 184.00
52318			LITHOLAPAXY;COMPLICATED OR LARGE-2.5	$ 211.00	$ 184.00
52320			CYSTOSCOPY AND TREATMENT	$ 145.00	$ 126.00
52325			CYSTOURETHEROSCOPY,FRAGMENT CALCULUS	$ 145.00	$ 126.00
52327			CYSTOSCOPE/SUBURETER INJ IMPLANT MAT	$ 141.00	$ 120.00
52330			CYSTOSCOPY AND TREATMENT	$ 103.00	$ 89.00
52332			CYSTOURETHROSCOPY/INSERT STENT	$ 78.00	$ 68.00
52334			CYSTO TO EST PERC NEPHROSTOMY,RETRO	$ 121.00	$ 105.00
52341			CYSTOURETHROSCOPY W/TX URETERAL STRI	$ 182.00	$ 155.00
52342			CYSTOURETHROS W/TX URETEROPELV JUNCT	$ 185.00	$ 158.00
52343			CYSTOURETHROS W/TX INTRA-RENAL STRIC	$ 193.00	$ 164.00
52344			CYTOURETHROS W/URETEROSCOPY	$ 196.00	$ 167.00
52345			CYSTOURETHROS W/URETEROSCOPY W/TX	$ 200.00	$ 170.00
52346			CYSTOURETHROS W/URETEROSCOPY W/TX	$ 224.00	$ 190.00
52351			DIAG CYSTOURETH W/URETEROSCOPY	$ 175.00	$ 149.00
52352			CYSTOURETHROS W/URETEROSCOPY/PYELOSC	$ 224.00	$ 190.00
52353			CYSTOURETH W/URETERO/PYEL W/LITHOTRI	$ 252.00	$ 214.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
52354			CYTOURETHROSCOPY W/URETEROS W/BX	$ 245.00	$ 208.00
52355			CYTOURETHROS W/URETEROS W/RESECT TU	$ 252.00	$ 214.00
52356			CRUSHING OF STONE IN URINARY DUCT (URETER) WITH STENT USING AN ENDOSCOPE	$ 224.82	$ 191.09
52400			CYSTOURETHROS W/INCIS/FULG/RESECTION	$ 182.00	$ 155.00
52402			CYSTOURETHROSCOPY WITH TRANSURETHRAL	$ 144.48	$ 122.80
52441			CYSTOURETHRO W/IMPLANT	$ 694.15	$ 594.28
52441	26		CYSTOURETHRO W/IMPLANT	$ 127.23	$ 108.14
52442			CYSTOURETHRO W/ADDL IMPLANT	$ 547.18	$ 465.10
52442	26		CYSTOURETHRO W/ADDL IMPLANT	$ 44.33	$ 37.65
52450			TRANSURETHRAL INCISION PROSTATE	$ 196.00	$ 166.00
52500			REVISION OF BLADDER NECK	$ 211.00	$ 184.00
52601			PROSTATECTOMY (TUR)	$ 393.00	$ 341.00
52630			REMOVE PROSTATE REGROWTH	$ 393.00	$ 341.00
52640			RELIEVE BLADDER CONTRACTURE	$ 228.00	$ 194.00
52647			NON-CONTACT LASER TX OF POST OP BLED	$ 315.00	$ 268.00
52648			LASER VAPOR W/WO TURP CONTROL BLEED	$ 369.00	$ 313.00
52649			LASER ENUCLEATION OF THE PROSTATE WITH MORCELLATION, INCLUDING CONTROL OF	$ 447.42	$ 380.31
52700			DRAINAGE OF PROSTATE ABSCESS	$ 182.00	$ 158.00
53000			INCISION OF URETHRA	$ 61.00	$ 53.00
53010			INCISION OF URETHRA	$ 121.00	$ 105.00
53020			MEATOTOMY..,EXCEPT INFANT	$ 18.00	$ 16.00
53040			DRAINAGE OF URETHRA ABSCESS	$ 61.00	$ 53.00
53060			DRAINAGE OF URETHRA ABSCESS	$ 30.00	$ 26.00
53080			DRAINAGE OF URINARY LEAKAGE	$ 72.00	$ 63.00
53085			DRAINAGE OF URINARY LEAKAGE	$ 121.00	$ 105.00
53200			BIOPSY OF URETHRA	$ 48.00	$ 41.00
53210			URETHRECTOMY,TOT,W/CYSTOSTOMY;FEMALE	$ 330.00	$ 281.00
53215			URETHRECTOMY,TOT,W/CYSTOSTOMY;MALE	$ 420.00	$ 357.00
53220			TREATMENT OF URETHRA LESION	$ 211.00	$ 184.00
53230			EXCISE URETHRAL DIVERTICULUM;FEMALE	$ 211.00	$ 184.00
53235			EXCISE URETHRAL DIVERTICULUM;MALE	$ 211.00	$ 184.00
53240			MARSUPIALIZE URETH DIVERT,MALE/FEMAL	$ 86.00	$ 74.00
53250			REMOVAL OF URETHRA GLAND	$ 250.00	$ 213.00
53260			TREATMENT OF URETHRA LESION	$ 30.00	$ 26.00
53265			TREATMENT OF URETHRA LESION	$ 61.00	$ 53.00
53270			REMOVAL OF URETHRA GLAND	$ 30.00	$ 26.00
53275			REPAIR OF URETHRA DEFECT	$ 72.00	$ 61.00
53400			REVISE URETHRA, 1ST STAGE	$ 426.00	$ 362.00
53405			REVISE URETHRA, 2ND STAGE	$ 426.00	$ 362.00
53410			URETHROPLASTY...MALE ANTERIOR URETH	$ 242.00	$ 210.00
53415			URETHROPLASTY,TRANSPUBIC,ONE STAGE	$ 456.00	$ 388.00
53420			RECONSTRUCT URETHRA, STAGE 1	$ 426.00	$ 362.00
53425			RECONSTRUCT URETHRA, STAGE 2	$ 426.00	$ 362.00
53430			URETHROPLASTY,RECON FEMALE URETHRA	$ 242.00	$ 210.00
53431			URETHROPLASTY W/TUBULARIZ POST URETH	$ 517.00	$ 440.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
53440			CORRECT MALE URIN INCONT,W/W/O PROST	$ 242.00	$ 210.00
53442			PERINEAL PROSTHESIS REMOVAL	$ 285.00	$ 243.00
53444			INSERTION OF TANDEM CUFF	$ 372.00	$ 316.00
53445			PLMT INFLATABLE URETH/BLADDER SPHINC	$ 456.00	$ 388.00
53446			REMOV INFLAT URETH/BLADDER NECK SPHI	$ 347.00	$ 295.00
53447			INFLATABLE SPHINCTER REMOVAL	$ 456.00	$ 388.00
53448			REMOVE/REPLACE INFLAT URETH/BL NECK	$ 622.00	$ 529.00
53449			CORRECTION OF ABNORMAL SPHINCTER DEV	$ 228.00	$ 194.00
53450			URETHROMEATOPLASTY W MUCOSAL ADVANCE	$ 86.00	$ 74.00
53460			URETHROMEATOPLASTY..(RICHARDSON TYPE	$ 121.00	$ 105.00
53500			URETHROLYSIS TRANSVAG SECONDARY OPEN	$ 302.00	$ 263.00
53502			URETHRORRHAPHY...SUTURE..,FEMALE	$ 121.00	$ 105.00
53505			URETHRORRHAPHY...SUTURE...,PENILE	$ 121.00	$ 105.00
53510			REPAIR OF URETHRA INJURY	$ 121.00	$ 105.00
53515			REPAIR OF URETHRA INJURY	$ 121.00	$ 105.00
53520			CLOSE URETHROSTOMY...FISTULA;MALE	$ 121.00	$ 105.00
53600			DILATE URETHRAL STRICTURE,MALE;INITI	$ 16.00	$ 14.00
53601			DILATE URETH STRICTURE,MALE;SUBSEQUE	$ 16.00	$ 14.00
53605			DILATE URETH STRICTURE ...MALE	$ 36.00	$ 31.00
53620			DILATE URETH.STRICT.,MALE;INITIAL	$ 16.00	$ 14.00
53621			DILATE URETH STRICT,MALE;SUBSEQUENT	$ 16.00	$ 14.00
53660			DILATE FEMALE URETHRA...;INITIAL	$ 16.00	$ 14.00
53661			DILATE FEMALE URETHRA..;SUBSEQUENT	$ 16.00	$ 14.00
53665			DILATE FEMALE URETHRA...WITH ANESTHE	$ 35.00	$ 30.00
53852			TRANSURETH DESTRUC PROST/RADIOFREQUE	$ 345.00	$ 293.00
53855	26		INSERTION OF A TEMPORARY PROSTATIC URETHRAL STENT, INCLUDING URETHRAL	$ 42.65	$ 36.25
53855			INSERTION OF A TEMPORARY PROSTATIC URETHRAL STENT, INCLUDING URETHRAL	$ 422.85	$ 359.42
53860	26		TRANSURETHRAL RADIOFREQUENCY MICRO-REMODELING OF THE FEMALE BLADDER NECK AND	$ 122.32	$ 103.97
53860			TRANSURETHRAL RADIOFREQUENCY MICRO-REMODELING OF THE FEMALE BLADDER NECK AND	$ 882.33	$ 749.98
53899			UNLISTED PROCEDURE, URINARY SYSTEM	BR	BR
54001			SLITTING OF PREPUCE;EXCEPT NEWBORN	$ 18.00	$ 16.00
54015			DRAIN PENIS LESION	$ 29.00	$ 25.00
54050			TREATMENT OF PENIS LESION	$ 16.00	$ 14.00
54055			TREATMENT OF PENIS LESION	$ 32.00	$ 27.00
54056			DESTROY PENILE LESION; CRY0SURGERY	$ 32.00	$ 27.00
54056	FP		DESTROY PENILE LESION; CRY0SURGERY	$ 32.00	$ 32.00
54056	SA		DESTROY PENILE LESION; CRY0SURGERY	NA	$ 25.65
54057			DESTROY PENILE LESION;LASER SURGERY	$ 32.00	$ 27.00
54060			TREATMENT OF PENIS LESION	$ 53.00	$ 45.00
54065			TREATMENT OF PENIS LESION	$ 114.00	$ 97.00
54065	SA		TREATMENT OF PENIS LESION	NA	$ 92.15
54100			BIOPSY OF PENIS	$ 16.00	$ 14.00
54105			BIOPSY OF PENIS	$ 35.00	$ 30.00
54110			TREATMENT OF PENIS LESION	$ 171.00	$ 146.00
54111			EXCISE PENILE PLAQUE/<5CM GRAFT	$ 228.00	$ 194.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
54112			EXC. PENILE PLAQUE/>5CM GRAFT	$ 285.00	$ 243.00
54115			TREATMENT OF PENIS LESION	$ 114.00	$ 97.00
54120			PARTIAL REMOVAL OF PENIS	$ 121.00	$ 105.00
54125			REMOVAL OF PENIS	$ 242.00	$ 210.00
54130			REMOVE PENIS & NODES	$ 600.00	$ 510.00
54135			REMOVE PENIS & NODES	$ 720.00	$ 612.00
54150			CIRCUMCISION-NEWBORN	$ 16.00	$ 14.00
54150	SB		CIRCUMCISION-NEWBORN BY CNM	NA	$ 11.20
54160			CIRCUMICISION ..... NEWBORN BY CNM	$ 16.00	$ 14.00
54160	SB		CIRCUMICISION ..... NEWBORN BY CNM	NA	$ 11.20
54161			CIRCUMCISION.....OTHER THAN NEWBORN	$ 97.00	$ 84.00
54162			LYSIS/EXCIS PENILE POST CIRC ADHESIO	$ 144.00	$ 115.00
54163			REPAIR INCOMPLETE CIRCUMCISION	$ 133.00	$ 113.00
54164			FRENULOTOMY OF PENIS	$ 100.14	$ 85.11
54200			TREATMENT OF PENIS LESION *	$ 32.00	$ 27.00
54205			INJ PROC PYRONIE DISEASE;W EXP PLAQU	$ 171.00	$ 146.00
54220			IRRIGATION CORPORA CAVERNOSA/PRIAPIS	$ 64.00	$ 54.00
54230			INJ FOR CORPORA CAVERNOSOGRAPHY	$ 32.00	$ 27.00
54231			DYNAMIC CAVERNOSOMETRY W DRUGS INJEC	$ 91.00	$ 78.00
54235			INJ CORPORA CAVERNOSA W/PHARM.AGENTS	$ 32.00	$ 27.00
54240			PENILE PLETHYSMOGRAPHY	$ 24.00	$ 20.00
54250			NOCTURNAL PENILE TUMESCENCE TEST	$ 29.00	$ 25.00
54300			PLASTIC REPAIR FOR CHORDEE	$ 90.00	$ 79.00
54304			REVISE PENIS/CORRECT CHORDEE	$ 393.00	$ 341.00
54308			URETHROPLASTY,SEC STAGE HYPOSPADIAS	$ 242.00	$ 210.00
54312			URETHROPLASTY...;MORE THAN 3 CM	$ 342.00	$ 291.00
54316			URETHROPLASTY/RELEASE FROM SCROTUM	$ 399.00	$ 340.00
54318			URETHROPLASTY/RELEASE FROM SCROTUM	$ 285.00	$ 243.00
54322			ONE STAGE REP,W/ SIMP.MEATAL ADVANCE	$ 106.00	$ 92.00
54324			1 STAGE REP.URETHROPLASTY-SKIN FLAPS	$ 212.00	$ 184.00
54326			1 STAGE REP.URETHROPLASTY-MOB.URETHR	$ 285.00	$ 243.00
54328			1 STAGE REP,CORRECT CHORDEE&URETHROP	$ 342.00	$ 291.00
54332			1 STAGE PROX PEMILE/PENOSCROTAL REP	$ 399.00	$ 340.00
54336			1 STAGE PERINEAL HYPOSPADIAS REPAIR	$ 456.00	$ 388.00
54340			REP.HYPOSPADIAS COMPLICATIONS,SIMPLE	$ 171.00	$ 146.00
54344			REP.HYPOSPADIAS COMPLICATION/FLP/GFT	$ 257.00	$ 219.00
54348			REP.HYPOSPADIAS COMPLICATION/EXT DIS	$ 342.00	$ 291.00
54352			REP HYPOSPADIAS CRIPPLE...EXTENSIVE	$ 513.00	$ 437.00
54360			PLASTIC PENILE REPAIR/ANGULATION	$ 285.00	$ 243.00
54380			REPAIR PENIS	$ 285.00	$ 243.00
54385			REPAIR PENIS	$ 342.00	$ 291.00
54390			REPAIR PENIS AND BLADDER	$ 741.00	$ 630.00
54400			INSERT PENILE PROSTH,NON-INFLATABLE	$ 393.00	$ 334.00
54401			INSERTION OF PENILE PROSTHESIS NON-I	$ 393.00	$ 334.00
54405			INSERT INFLATABLE PENILE PROSTH.....	$ 600.00	$ 510.00

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CPT/ HCPCS/ CDT	***MOD 1***	***MOD 2***	***SHORT - DESCRIPTION***	***MAXIMUM FEE ALLOWANCE***	***MAXIMUM FEE ALLOWANCE***
PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
54406			REMOVAL COMPON INFLAT PENILE PROSTHE	$ 353.00	$ 300.00
54408			REPAIR COMPON INFLAT PENILE PROSTHES	$ 372.00	$ 316.00
54410			REMOVE/REPLACE COMPON INFLAT PEN PRO	$ 440.00	$ 374.00
54411			REMOVE/REPLACE COMP INFLAT PEN PROST	$ 481.00	$ 409.00
54415			REMOVE NONINFLAT/INFLAT PENILE PROST	$ 263.00	$ 224.00
54416			REMOVE/REPL NONINFLAT/INFLAT PENILE	$ 343.00	$ 292.00
54417			REM/REPLACE NONINFLAT/INFLAT PENILE	$ 422.00	$ 359.00
54420			REVISION OF PENIS	$ 285.00	$ 243.00
54430			REVISION OF PENIS	$ 285.00	$ 243.00
54435			PENILE FISTULATION FOR PRIAPISM	$ 114.00	$ 97.00
54440			PLASTIC REPAIR-PENIS,FOR INJURY	$ 200.00	$ 170.00
54450			PREPUTIAL STRETCHING	$ 35.00	$ 30.00
54500			BIOPSY OF TESTIS	$ 16.00	$ 14.00
54505			BIOPSY OF TESTIS	$ 30.00	$ 26.00
54505	50		BIOPSY OF TESTIS,INCISIONAL;BILATERA	$ 45.00	$ 38.00
54512			EXCIS EXTRAPARENCHYMAL LESION TESTIS	$ 208.00	$ 177.00
54520	50		ORCHIECTOMY,SIMPLE;BILATERAL	$ 182.00	$ 155.00
54520			REMOVAL OF TESTIS	$ 121.00	$ 105.00
54522			PARTIAL ORCHIECTOMY	$ 237.00	$ 201.00
54530			RADICAL ORCHIECTOMY;INGUINAL APPROAC	$ 271.00	$ 236.00
54535			EXTENSIVE TESTIS SURGERY	$ 285.00	$ 243.00
54550			EXPLORATION FOR TESTIS	$ 171.00	$ 146.00
54550	50		EXPLORATION FOR UNDESCENDED TESTIS;B	$ 256.00	$ 218.00
54560	50		EXPL UNDESC TESTIS W ABD EXP;BILATER	$ 428.00	$ 363.00
54560			EXPLORATION FOR TESTIS	$ 285.00	$ 243.00
54600			REDUCE TESTIS TORSION	$ 121.00	$ 105.00
54600	22		REDUCE TESTIS TORSION	$ 181.00	$ 158.00
54620			SUSPENSION OF TESTIS	$ 61.00	$ 53.00
54640	50		ORCHIOPEXY W/WO HERNIA REP;BILATERAL	$ 363.00	$ 309.00
54640			SUSPENSION OF TESTIS	$ 242.00	$ 210.00
54650			ORCHIOPEXY ABDOMINAL APPROACH	$ 385.00	$ 327.00
54660	50		INSERT TESTICULAR PROSTH;BILATERAL	$ 129.00	$ 110.00
54660			REVISION OF TESTIS	$ 86.00	$ 74.00
54670			REPAIR TESTIS INJURY	$ 171.00	$ 146.00
54680			RELOCATION OF TESTIS(ES)	$ 228.00	$ 194.00
54690			LAPAROSCOPY SURG ORCHIECTOMY	$ 256.00	$ 218.00
54692			LAP SURG ORCHIOPEXY FOR INTRA-ABD TE	$ 242.00	$ 210.00
54699			UNLISTED LAPAROSCOPY PROC TESTIS	BR	BR
54700			DRAINAGE OF SCROTUM	$ 61.00	$ 53.00
54800			BIOPSY OF EPIDIDYMIS	$ 16.00	$ 14.00
54830			REMOVE EPIDIDYMIS LESION	$ 143.00	$ 122.00
54840			REMOVE EPIDIDYMIS LESION	$ 121.00	$ 105.00
54860			REMOVAL OF EPIDIDYMIS	$ 121.00	$ 105.00
54861			REMOVAL OF EPIDIDYMES	$ 182.00	$ 154.00
54865			EXPLORE EPIDIDYMIS	$ 195.91	$ 166.52

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
54900			FUSION OF SPERMATIC DUCTS	$ 182.00	$ 158.00
54901			FUSION OF SPERMATIC DUCTS	$ 242.00	$ 210.00
55000			DRAINAGE OF HYDROCELE *	$ 16.00	$ 14.00
55040			REMOVAL OF HYDROCELE	$ 121.00	$ 105.00
55041			REMOVAL OF HYDROCELES	$ 207.00	$ 176.00
55060			REPAIR OF HYDROCELE	$ 81.00	$ 70.00
55100			DRAINAGE OF SCROTUM ABSCESS	$ 30.00	$ 26.00
55110			SCROTAL EXPLORATION	$ 121.00	$ 105.00
55120			REMOVAL OF SCROTUM LESION	$ 30.00	$ 26.00
55150			REMOVAL OF SCROTUM	$ 121.00	$ 105.00
55175			SCROTOPLASTY; SIMPLE	$ 121.00	$ 105.00
55180			SCROTOPLASTY; COMPLICATED	$ 157.00	$ 134.00
55200			INCISION OF SPERM DUCT	$ 61.00	$ 53.00
55250			VASECTOMY, UNILATERAL OR BILATERAL	$ 90.00	$ 79.00
55300			VASOTOMY FOR VASOGRAM, SEMINAL VESIC	$ 61.00	$ 53.00
55400			REPAIR OF SPERM DUCT	$ 182.00	$ 158.00
55400	50		VASOVASOSTOMY/VASOVASORRAPHY;BILATER	$ 273.00	$ 232.00
55450			LIGATION OF VAS DEFERENS	$ 42.00	$ 37.00
55500			REMOVAL OF HYDROCELE	$ 109.00	$ 95.00
55520			REMOVAL OF SPERM CORD LESION	$ 100.00	$ 85.00
55530			REVISE SPERMATIC CORD VEINS	$ 121.00	$ 105.00
55535			REVISE SPERMATIC CORD VEINS	$ 193.00	$ 168.00
55540			REVISE HERNIA & SPERM VEINS	$ 193.00	$ 168.00
55550			LAP SURG W/LIGATION SPERMATIC VEINS	$ 193.00	$ 164.00
55559			UNLISTED LAP PROC SPERMATIC CORD	BR	BR
55600	50		VESICULOTOMY;BILATERAL	$ 273.00	$ 232.00
55600			VESICULOTOMY;UNILATERAL	$ 182.00	$ 158.00
55605			INCISE SPERM DUCT POUCH	$ 273.00	$ 232.00
55650			REMOVE SPERM DUCT POUCH	$ 362.00	$ 315.00
55650	50		VESICULECTOMY,ANY APPROACH;BILATERAL	$ 543.00	$ 462.00
55680			EXCISION MULLERIAN DUCT CYST	$ 278.42	$ 236.66
55700			BIOPSY OF PROSTATE	$ 30.00	$ 26.00
55705			BIOPSY,PROSTATE;INCISIONAL,ANY APPRO	$ 110.00	$ 105.00
55706			BIOPSIES___PROSTATE__NEEDLE__TRANSPE	$ 203.61	$ 173.06
55720			PROSTATOTOMY,EXT DRAIN PROS ABSCESS.	$ 121.00	$ 105.00
55725			DRAINAGE OF PROSTATE ABSCESS	$ 242.00	$ 210.00
55801			REMOVAL OF PROSTATE	$ 393.00	$ 341.00
55810			EXTENSIVE PROSTATE SURGERY	$ 513.00	$ 446.00
55812			PROSTATE SURG W/LYMPH NODE BIOPSY(S)	$ 599.00	$ 510.00
55815			PROSTATE SURG W BILAT PELVIC LYMPHAD	$ 684.00	$ 582.00
55821			REMOVAL OF PROSTATE	$ 393.00	$ 341.00
55831			REMOVAL OF PROSTATE	$ 393.00	$ 341.00
55840			EXTENSIVE PROSTATE SURGERY	$ 513.00	$ 446.00
55842			PROSTATE SURG/LYMPH NODE BIOPSY(S)	$ 513.00	$ 437.00
55845			EXTENSIVE PROSTATE SURGERY	$ 398.00	$ 347.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
55860			EXPOSE PROSTATE-INSERT RADIOACTIVE	$ 171.00	$ 146.00
55862			EXPOSE PROSTATE;LYMPH NODE BIOPSY	$ 200.00	$ 170.00
55865			EXPOSE PROSTATE;BILATERAL LYMPHADENE	$ 428.00	$ 364.00
55866			LAP SURG PROSTATECTOMY RETROPUB.RAD	$ 553.00	$ 470.00
55870			ELECTROEJACULATION	$ 91.23	$ 77.55
55873			CRYOSURGICAL ABLATION OF PROSTATE	$ 629.00	$ 535.00
55875			TRANSPERI NEEDLE PLACE, PROS	$ 414.26	$ 352.12
55876	26		PLACE RT DEVICE/MARKER, PROS	$ 54.79	$ 46.57
55876			PLACE RT DEVICE/MARKER, PROS	$ 74.33	$ 63.18
55899			UNLISTED PROCEDURE, MALE URINARY SYS	BR	BR
55920			PLACEMENT OF NEEDLES OR CATHETERS INTO PELVIC ORGANS AND/ OR GENITALIA (EXCEPT	$ 241.79	$ 205.52
56405			I&D OF PERINEAL ABSCESS(NONOBSTETRIC	$ 30.00	$ 26.00
56420			DRAINAGE OF VULVA ABSCESS	$ 30.00	$ 26.00
56440			MARSUPIALIZATION,BARTHOLIN GLAND CYS	$ 72.00	$ 63.00
56441			LYSIS OF LABIAL ADHESIONS	$ 30.00	$ 26.00
56442			HYMENOTOMY	$ 26.12	$ 22.20
56501			DESTROY VULVA LESION(S);SIMPLE	$ 29.00	$ 25.00
56501	FP		DESTROY VULVA LESION(S);SIMPLE	$ 29.00	$ 29.00
56515			TREATMENT OF VULVA LESIONS;EXTENSIVE	$ 121.00	$ 105.00
56605			BIOPSY OF PERINEAL; 1 LESION	$ 18.00	$ 16.00
56606			BX VULVA/PERINEUM E ADDIT LEISION	$ 18.00	$ 16.00
56620			PARTIAL REMOVAL OF VULVA	$ 182.00	$ 158.00
56625			REMOVAL OF VULVA	$ 272.00	$ 236.00
56630			EXTENSIVE VULVA SURGERY	$ 456.00	$ 388.00
56631			VULVECT RAD PART W UNILATERAL	$ 483.00	$ 420.00
56632			VULVECTOMY W BILATERAL ING/FEM LYMPH	$ 629.00	$ 534.00
56633			VULVECTOMY RAD. COMPLETE	$ 456.00	$ 388.00
56634			VULVECT. RAD. COMPL. W. UNILATERAL	$ 483.00	$ 420.00
56637			VULVECT. RAD. COMPL. W. UNILATERAL	$ 483.00	$ 420.00
56640			EXTENSIVE VULVA SURGERY	$ 483.00	$ 420.00
56640	50		VULVECTOMY,RAD W/ING/ILI/PEL LYAD;BI	$ 724.00	$ 615.00
56700			PARTIAL REMOVAL OF HYMEN	$ 48.00	$ 42.00
56740			EXCISE BARTHOLIN'S GLAND OR CYST	$ 90.00	$ 79.00
56800			REPAIR OF VAGINA	$ 81.00	$ 70.00
56805			CLITOROPLASTY ADRENOGENITAL SYNDROME	$ 202.50	$ 172.15
56810			PERINEOPLASTY, REPAIR OF PERINEUM	$ 90.00	$ 79.00
56820	26		COLPOSCOPY OF VULVA	$ 41.00	$ 35.00
56820			COLPOSCOPY OF VULVA	$ 88.00	$ 82.00
56820	FP		COLPOSCOPY OF VULVA	$ 88.00	$ 88.00
56821	26		COLPOSCOPY OF VULVA W/BIOPSY	$ 68.00	$ 58.00
56821			COLPOSCOPY OF VULVA W/BIOPSY	$ 113.00	$ 103.00
56821	FP		COLPOSCOPY OF VULVA W/BIOPSY	$ 113.00	$ 113.00
57000			EXPLORATION OF VAGINA	$ 79.00	$ 68.00
57010			DRAINAGE OF PELVIC ABSCESS	$ 79.00	$ 68.00
57020			COLPOCENTESIS(SEPARATE PROCEDURE)	$ 24.00	$ 21.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
57022			I&D VAGINAL HEMATOMA POST-OBSTETRICA	$ 76.00	$ 65.00
57023			I&D VAGINAL HEMATOMA NON-OBSTETRICAL	$ 76.00	$ 65.00
57061			DESTROY VAGINAL LESIONS;SIMPLE	$ 35.00	$ 30.00
57065			DESTROY VAGINAL LESION(S);EXTENSIVE	$ 50.00	$ 43.00
57100			BIOPSY OF VAGINA	$ 16.00	$ 14.00
57100	FP		BIOPSY OF VAGINA	$ 18.00	$ 16.00
57105			BIOPSY OF VAGINA;EXTENSIVE,REQ SUTUR	$ 60.00	$ 51.00
57106			VAGINECTOMY, PARTIAL REMOV VAG WALL	$ 200.00	$ 170.00
57107			RADICAL VAGINECTOMY	$ 428.00	$ 364.00
57109			RAD VAGINECTOMY/BIL TOT PELV LYMPHAD	$ 532.00	$ 452.00
57110			REMOVAL OF VAGINA	$ 242.00	$ 210.00
57111			RAD VAGINECTOMY/COMPL REM VAGINAL WA	$ 532.00	$ 452.00
57112			RAD VAGINECTOMY/BIL TOT PELV LYMPHAD	$ 581.00	$ 494.00
57120			CLOSURE OF VAGINA	$ 242.00	$ 210.00
57130			REMOVE VAGINA LESION	$ 61.00	$ 53.00
57135			REMOVE VAGINA LESION	$ 86.00	$ 74.00
57150			TREAT VAGINAL INFECTION	$ 16.00	$ 14.00
57150	SA		TREAT VAGINAL INFECTION	NA	$ 13.30
57155			INSERT UTERINE TANDEMS/VAG OVOIDS	$ 148.00	$ 126.00
57156	26		INSERTION OF A VAGINAL RADIATION AFTERLOADING APPARATUS FOR CLINICAL	$ 78.63	$ 66.83
57156			INSERTION OF A VAGINAL RADIATION AFTERLOADING APPARATUS FOR CLINICAL	$ 107.02	$ 90.97
57160			INSERT PESSARY	$ 16.00	$ 14.00
57160	SA		INSERT PESSARY	NA	$ 13.30
57170			FITTING OF DIAPHRAGM	$ 16.00	$ 14.00
57180			TREAT NON-OBSTETRICAL HEMORRHAGE	$ 30.00	$ 26.00
57200			REPAIR OF VAGINA	$ 48.00	$ 42.00
57210			REPAIR VAGINA/PERINEUM	$ 48.00	$ 42.00
57220			REVISION OF URETHRA	$ 121.00	$ 105.00
57230			REPAIR OF URETHRAL LESION	$ 121.00	$ 105.00
57240			REPAIR BLADDER & VAGINA	$ 151.00	$ 131.00
57250			REPAIR RECTUM & VAGINA	$ 151.00	$ 131.00
57260			REPAIR OF VAGINA	$ 242.00	$ 210.00
57265			EXTENSIVE REPAIR OF VAGINA	$ 314.00	$ 267.00
57267			INSERTION OF MESH OR OTHER PROSTHESI	$ 137.72	$ 117.06
57268			REPAIR ENTEROCELE,VAGINAL APPROACH	$ 272.00	$ 236.00
57270			REPAIR OF BOWEL POUCH	$ 272.00	$ 236.00
57280			SUSPENSION OF VAGINA	$ 212.00	$ 184.00
57282			FIXATION FOR VAGINAL PROLAPSE	$ 257.00	$ 219.00
57283			COLPOPEXY, VAGINAL; INTRA-PERITONEAL	$ 371.75	$ 315.98
57284			PARAVAGINAL DEFECT REPAIR	$ 302.00	$ 263.00
57285			PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, IF PERFORMED);	$ 362.62	$ 308.23
57287			REM/REVIS SLING FOR STRESS INCONTIN	$ 289.00	$ 246.00
57288			SLING OPERATION/STRESS INCONTINENCE	$ 354.00	$ 301.00
57289			REPAIR BLADDER & VAGINA	$ 285.00	$ 243.00
57291			CONSTRUCT ARTIFICIAL VAGINA,W/O GRFT	$ 281.00	$ 245.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
57292			CONSTRUCT ARTIFICIAL VAG W/GRAFT	$ 281.00	$ 245.00
57295			REVISION (INCLUDING REMOVAL) OF PROS	$ 258.89	$ 220.06
57296			REVISE VAG GRAFT, OPEN ABD	$ 503.59	$ 428.05
57300			REPAIR RECTUM-VAGINA FISTULA	$ 302.00	$ 263.00
57305			REPAIR RECTUM-VAGINA FISTULA	$ 302.00	$ 263.00
57307			FISTULA REPAIR & COLOSTOMY	$ 399.00	$ 340.00
57308			RECTOVAGINAL FIST CLOS W/PERIN RECON	$ 342.00	$ 291.00
57310			REPAIR URETHRA-VAGINA LESION	$ 272.00	$ 236.00
57311			CLOSE FISTULA;W/BULBOCAV.TRANSPLANT	$ 342.00	$ 291.00
57320			REPAIR BLADDER-VAGINA LESION	$ 342.00	$ 291.00
57330			REPAIR BLADDER-VAGINA LESION	$ 272.00	$ 236.00
57335			VAGINOPLASTY/ADRENOGENITAL SYNDROME	$ 320.00	$ 272.00
57400			DILATE VAGINA UNDER ANESTHESIA	$ 35.00	$ 30.00
57410	HU	22	CHILD SEX ABUSE EXAMINATION (DYFS)	Contract Pricing	NA
57410	HU		CHILD SEX ABUSE EXAMINATION (DYFS)	Contract Pricing	NA
57410			PELVIC EXAM UNDER ANESTHESIA	$ 35.00	$ 30.00
57415			REM. IMP. VAGINAL UNDER ANESTHESIA	$ 35.00	$ 30.00
57420	26		COLPOSCOPY ENTIRE VAGINA W/CERVIX	$ 34.00	$ 29.00
57420			COLPOSCOPY ENTIRE VAGINA W/CERVIX	$ 71.00	$ 66.00
57420	FP		COLPOSCOPY ENTIRE VAGINA W/CERVIX	$ 71.00	$ 71.00
57421	26		COLPOSCOPY ENTIRE VAG W/CERV W/BIOPS	$ 68.00	$ 58.00
57421			COLPOSCOPY ENTIRE VAG W/CERV W/BIOPS	$ 93.00	$ 83.00
57421	FP		COLPOSCOPY ENTIRE VAG W/CERV W/BIOPS	$ 93.00	$ 93.00
57423			PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, IF PERFORMED),	$ 492.57	$ 418.68
57425			SURGICAL LAPAROSCOPY COLPOPEXY	$ 477.00	$ 405.00
57426			REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, LAPAROSCOPIC APPROACH	$ 458.64	$ 389.84
57452			EXAMINATION OF VAGINA; COLPOSCOPY	$ 21.00	$ 18.00
57452	SA		EXAMINATION OF VAGINA;COLPOSCO	NA	Contract Pricing
57452	FP		EXAMINATION OF VAGINA;COLPOSCOPY	$ 39.90	$ 39.90
57454	SA		VAGINA EXAMINATION & BIOPSY	NA	Contract Pricing
57454	SB		VAGINA EXAMINATION & BIOPSY	NA	Contract Pricing
57454			VAGINA EXAMINATION & BIOPSY	$ 34.00	$ 29.00
57454	FP		VAGINA EXAMINATION & BIOPSY	$ 64.60	$ 64.60
57455	26		COLPOSCOPY CERVIX W/BIOPSY CERVIX	$ 62.00	$ 53.00
57455			COLPOSCOPY CERVIX W/BIOPSY CERVIX	$ 85.00	$ 76.00
57456	26		COLPOSCOPY CERVIX W/ENDOCERV CURRETA	$ 58.00	$ 50.00
57456			COLPOSCOPY CERVIX W/ENDOCERV CURRETA	$ 81.00	$ 76.00
57460			COLPOSCOPY;W.LOOP ELECT.EXC.CERVIX	$ 60.00	$ 51.00
57460	FP		COLPOSCOPY;W.LOOP ELECT.EXC.CERVIX	$ 60.00	$ 51.00
57461	26		COLPOSCOPY CERV W/CONIZATION CERVIX	$ 72.00	$ 62.00
57461			COLPOSCOPY CERV W/CONIZATION CERVIX	$ 190.00	$ 180.00
57500			BIOPSY OF CERVIX	$ 18.00	$ 16.00
57500	FP		BIOPSY OF CERVIX	$ 18.00	$ 16.00
57505	SA		ENDOCERVICAL CURETTAGE	NA	Contract Pricing
57505			ENDOCERVICAL CURETTAGE (NOT AS D&C)	$ 26.00	$ 22.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
57510			CAUTERIZATION OF CERVIX	$ 16.00	$ 14.00
57511	FP		CRYOCAUTERY OF CERVIX	$ 45.60	$ 45.60
57511			CRYOCAUTERY OF CERVIX	$ 24.00	$ 21.00
57513			LASER SURGERY	$ 24.00	$ 21.00
57520			BIOPSY OF CERVIX	$ 85.00	$ 74.00
57522			CX LOOP ELECTRODE EXCESION	$ 129.00	$ 109.00
57530			REMOVAL OF CERVIX	$ 90.00	$ 79.00
57531			RAD TRACHELECTOMY W/BIL PELV LYMPHAD	$ 484.00	$ 420.00
57540			REMOVAL OF RESIDUAL CERVIX	$ 242.00	$ 210.00
57545			REMOVE CERVIX, REPAIR PELVIS	$ 242.00	$ 210.00
57550			REMOVAL OF RESIDUAL CERVIX	$ 242.00	$ 210.00
57555			REMOVE CERVIX, REPAIR VAGINA	$ 342.00	$ 291.00
57556			REMOVE CERVIX, REPAIR BOWEL	$ 342.00	$ 291.00
57558	26		D&C OF CERVICAL STUMP	$ 61.64	$ 52.39
57558			D&C OF CERVICAL STUMP	$ 67.88	$ 57.69
57700			REVISION OF CERVIX	$ 90.00	$ 79.00
57720			REVISION OF CERVIX	$ 90.00	$ 79.00
57800			INSTRUMENTAL DILATION OF CERV. CANAL	$ 30.00	$ 26.00
57800	UD		INSTRUMENTAL DILATION OF CERV. CANAL	$ 30.00	$ 26.00
58100			ENDOMETRIAL BIOPSY, SUCTION TYPE	$ 18.00	$ 16.00
58100	FP		ENDOMETRIAL BIOPSY, SUCTION TYPE	$ 18.00	$ 16.00
58100	SA		ENDOMETRIAL BIOPSY, SUCTION TYPE	NA	$ 15.20
58110			ENDOMETRIAL SAMPLING (BIOPSY) PERFOR	$ 25.96	$ 22.06
58120			DIAGNOSTIC/THERAPEUTIC D&C, NONOBSTE	$ 72.00	$ 63.00
58140			REMOVAL OF UTERUS LESION	$ 272.00	$ 236.00
58145			REMOVAL OF UTERUS LESION	$ 272.00	$ 236.00
58146			MYOMECTOMY >250 GMS ABDOMINAL APPROA	$ 646.00	$ 549.00
58150			TOTAL HYSTERECTOMY;W/W/O TUBES/OVARY	$ 332.00	$ 289.00
58152			TAH;MARSHALL-MARCHETI-KRANTZ TYPE	$ 399.00	$ 340.00
58180			SUPRACERVICAL HYSTERECTOMY-SUBTOTAL	$ 272.00	$ 236.00
58200			TAH,W/PART VAGINECTOMY,...BX	$ 456.00	$ 388.00
58210			RAD HYSTERECTOMY,BILAT PELVIC,LYMPH	$ 604.00	$ 525.00
58240			PELVIC EXENTERATION/MALIG,W/TAH.....	$ 855.00	$ 727.00
58260			VAGINAL HYSTERECTOMY	$ 332.00	$ 289.00
58262			VAGINAL HYSTERECTOMY W. REM. TUBE	$ 332.00	$ 289.00
58263			VAG HYSTERECT;REPAIR ENTEROCELE	$ 332.00	$ 289.00
58267			VAG HYSTERECT.W/COLPO-URETHROCYSTOPE	$ 456.00	$ 388.00
58270			VAG HYSTERECT;REPAIR ENTEROCELE	$ 332.00	$ 289.00
58275			VAG HYSTERECT;W/ TOT/PART COLPECTOMY	$ 428.00	$ 364.00
58280			VAG HYSTERECT;REPAIR ENTERECOLE	$ 428.00	$ 364.00
58285			VAGINAL HYSTERECTOMY; RADICAL	$ 604.00	$ 525.00
58290			VAGINAL HYSTERECTOMY UTERUS >250 GMS	$ 516.00	$ 439.00
58291			VAG HYSTER UTERUS >250 GM W/REMOV TU	$ 565.00	$ 480.00
58292			VAG HYSTER W/REM TUBE/OVARY REP.ENT	$ 600.00	$ 510.00
58293			VAG HYSTER W/COLPO-URETHROCYSTOPEXY	$ 626.00	$ 532.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
58294			VAG HYSTER UTERUS >250 GM W/REP.ENTE	$ 551.00	$ 468.00
58300			INSERT INTRAUTERINE DEVICE	$ 39.00	$ 39.00
58300	FP		INSERT INTRAUTERINE DEVICE IN FPC	$ 74.10	$ 74.10
58300	FP	SA	INSERT_BY_CNP/CNS_IN_FPC	NA	$ 29.85
58300	SB		INSERTION OF IUD BY CNM	NA	$ 29.85
58300	FP	SB	INSERTION OF IUD BY CNM IN FPC	NA	$ 29.85
58300	SA		IUD BY CNP/CNS	NA	$ 29.85
58301	SB		REMOVAL OF IUD BY CNM	NA	$ 16.40
58301	SA		REMOVAL OF IUD BY CNP/CNS	NA	$ 16.40
58301	FP	SA	REMOVAL_OF_IUD_BY_CNP/CNS_IN_FPC	NA	$ 16.40
58301			REMOVE INTRAUTERINE DEVICE	$ 16.40	$ 16.40
58301	FP		REMOVE INTRAUTERINE DEVICE	$ 31.20	$ 31.20
58301	FP	SB	REMOVEAL OF IUD BY CNM IN FP CLINIC	NA	$ 16.40
58340			INJECTION FOR HYSTEROSALPINGOGRAPHY	$ 30.00	$ 26.00
58346			INSERT HEYMAN CAPS CLIN BRACHYTHERAP	$ 213.00	$ 181.00
58350			REOPEN FALLOPIAN TUBE	$ 30.00	$ 26.00
58353			ENDOMET ABLATION THERM WO NUSTER GUI	$ 90.00	$ 77.00
58356	26		ENDOMETRIAL CRYOABLATION WITH ULTRAS	$ 185.40	$ 157.59
58356			ENDOMETRIAL CRYOABLATION WITH ULTRAS	$ 1,053.96	$ 895.87
58400			UTERINE SUSPENSION	$ 242.00	$ 210.00
58410			UTERINE SUSPENSUON WITH SYMPATHECTOM	$ 332.00	$ 282.00
58520			REPAIR OF RUPTURED UTERUS	$ 211.00	$ 184.00
58540			HYSTGEROPLASTY, STRASSMAN TYPE	$ 314.00	$ 267.00
58541			LSH, UTERUS 250 G OR LESS	$ 439.59	$ 373.65
58542			LSH W/T/O UT 250 G OR LESS	$ 494.08	$ 419.97
58543			LSH UTERUS ABOVE 250 G	$ 501.39	$ 426.18
58544			LSH W/T/O UTERUS ABOVE 250 G	$ 551.41	$ 468.70
58545			LAP SURG MYOMECTOMY EXCIS 1-4 MYOMAS	$ 315.00	$ 268.00
58546			LAP SURG MYOMECTOMY EXCIS 5 MYOMAS	$ 409.00	$ 348.00
58548			LAP RADICAL HYST	$ 1,031.72	$ 876.96
58550			LAP ASSISTED VAG HYSTERECTOMY	$ 332.00	$ 289.00
58552			LAP SURG W/VAG HYSTER 250 GM OR LESS	$ 305.00	$ 259.00
58553			LAP SURG W/VAG HYSTER UTERUS >250 GM	$ 409.00	$ 348.00
58554			LAP SURG W/VAG HYST W/REMOV TUBE/OVA	$ 409.00	$ 348.00
58555			DIAGNOSTIC HYSTEROSCOPY	$ 24.00	$ 21.00
58558			HYSTEROSCOPY W/BIOPSY W/WO D&C	$ 24.00	$ 21.00
58559			SURG HYSTEROSCOPY W/LYSIS ADHESIONS	$ 108.00	$ 91.00
58560			SURG HYSTEROSCOPY W/RESECT SEPTUM	$ 108.00	$ 91.00
58561			SURG HYSTEROSCOPY W/REMOV LEIOMYOMAT	$ 108.00	$ 91.00
58562			SURG HYSTEROSCOPY W/REMOV FORIEGN BO	$ 24.00	$ 21.00
58563			SURG HYSTEROSCOPY W/ENDOMET ABLATION	$ 360.00	$ 306.00
58565	26		HYSTEROSCOPY, SURGICAL WITH BILATER	$ 233.62	$ 198.57
58565			HYSTEROSCOPY, SURGICAL; WITH BILATER	$ 1,047.41	$ 890.29
58570			LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;	$ 477.18	$ 405.60
58571			LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH	$ 549.87	$ 467.39

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
58572			LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G;	$ 601.55	$ 511.32
58573			LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G;	$ 708.25	$ 602.01
58578			UNLISTED LAPAROSCOPY PROC UTERUS	BR	BR
58579			UNLISTED HYSTEROSCOPY PROC UTERUS	BR	BR
58600			DIVISION OF FALLOPIAN TUBE	$ 211.00	$ 184.00
58605			DIVISION OF FALLOPIAN TUBE	$ 151.00	$ 131.00
58611			LIGATE/TRANSECT FALLOPIAN TUBE-C SEC	$ 40.00	$ 34.00
58615			OCCLUSION OF FALLOPIAN TUBE, DEVICE	$ 211.00	$ 184.00
58660			SURG LAP W/LYSIS OF ADHESIONS	$ 182.00	$ 158.00
58661			SURG LAP W/REMOVAL ADNEXAL STRUCTURE	$ 264.00	$ 229.00
58662			SURG LAP W/EXC LESIONS OF OVARY	$ 182.00	$ 158.00
58670			SURG LAP W/FULGURATION OF OVIDUCTS	$ 182.00	$ 158.00
58671			SURG LAP W/OCCLUSION OF OVIDUCTS	$ 182.00	$ 158.00
58679			UNLISTED_LAP_PROC_OVIDUCT/OVARY	BR	BR
58700			REMOVAL OF FALLOPIAN TUBE	$ 211.00	$ 184.00
58720			SALPINGO-OOPHORECTOMY COMPLETE/PARTI	$ 242.00	$ 210.00
58740			LYSIS OF ADHESIONS (SALPINGOLYSIS/OV	$ 272.00	$ 236.00
58750			TUBOTUBAL ANASTOMOSIS	$ 272.00	$ 236.00
58760			FIMBRIOPLASTY	$ 272.00	$ 236.00
58770			SALPINGOSTOMY(SALPINGONEOSTOMY)	$ 272.00	$ 236.00
58800			DRAINAGE OF OVARIAN CYST(S)	$ 132.00	$ 114.00
58805			DRAINAGE OF OVARIAN CYST(S)	$ 242.00	$ 210.00
58820			DRAINAGE OF OVARIAN ABSCESS	$ 106.00	$ 91.00
58822			DRAINAGE OF OVARIAN ABSCESS	$ 211.00	$ 184.00
58823			PERC DRAIN PELVIC ABSCESS	$ 121.00	$ 103.00
58825			TRANSPOSITION, OVARY(S)	$ 211.00	$ 184.00
58900			BIOPSY OF OVARY(S)	$ 211.00	$ 184.00
58920			PARTIAL REMOVAL OF OVARY(S)	$ 242.00	$ 210.00
58925			REMOVAL OF OVARIAN CYST(S)	$ 242.00	$ 210.00
58940			REMOVAL OF OVARY(S)	$ 242.00	$ 210.00
58943			OOPHORECTOMY,OVAR MALIG,W/W/OUT SALP	$ 314.00	$ 267.00
58950			RES OVAR MALIG,BILAL SALP/OOPH,OMENT	$ 342.00	$ 291.00
58951			SEE 58950 W/TAH AND LYMPHADENECTOMY	$ 604.00	$ 525.00
58952			SEE 58950,W/ RAD DISSECT FOR DEBULK	$ 332.00	$ 282.00
58953			BIL SALPINGO-OOPHORECT W/OMENT TAH	$ 614.00	$ 522.00
58954			BILAT SALPINGO-OOPHOR W/OMENT TAH	$ 667.00	$ 567.00
58956			BILATERAL SALPINGO-OOPHORECTOMY WITH	$ 751.25	$ 638.56
58957			RESECT RECURRENT GYN MAL	$ 863.60	$ 734.06
58958			RESECT RECUR GYN MAL W/LYM	$ 948.02	$ 805.81
58960			LAPAROTOMY-STAGE OVAR MALIG....LYMPH	$ 302.00	$ 257.00
58999	HU		CHEC PELVIC EXAM	$ 35.00	$ 30.00
58999	HU	SA	CHEC PELVIC EXAM BY APN	NA	$ 28.50
58999			UNLISTED PROCEDURE,FEMALE GENITAL SY	BR	BR
59000			AMNIOCENTESIS, ANY METHOD	$ 37.00	$ 32.00
59001			AMNIOCENTESIS; THER AMNIO FLD REDUCT	$ 47.00	$ 40.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
59012	UD		CORDOCENTESIS(INTRAUTERINE);ANY METH	$ 37.00	$ 31.00
59012			CORDOCENTESIS(INTRAUTERINE)ANT METH	$ 37.00	$ 31.00
59015			CHORIONIC VILLUS SAMPLING CHRONIC VI	$ 37.00	$ 31.00
59020			FETAL OXYTOCIN STRESS TEST *	$ 30.00	$ 25.50
59025	26		FETAL NON - STRESS TEST	$ 16.00	$ 16.00
59025			FETAL NON-STRESS TEST	$ 18.00	$ 18.00
59025	TH		PATIENT ADMINIST NST/FHR (SAFHR)	Contract Pricing	NA
59030			FETAL SCALP BLOOD SAMPLE *	$ 37.00	$ 32.00
59050			INTERNAL FETAL MONITORING/CONSULTANT	$ 37.00	$ 32.00
59051			FETAL MONITORING INTERPRETATION ONLY	$ 25.00	$ 21.00
59070	26		TRANSABDOMINAL AMNIOINFUSION W/ U/S	$ 104.00	$ 88.00
59070			TRANSABDOMINAL AMNIOINFUSION W/ U/S	$ 141.00	$ 120.00
59072			FETAL UMBILICAL CORD OCCLUSION W/ US	$ 167.00	$ 142.00
59074	26		FETAL FLUID DRAINAGE W/ ULTRASOUND	$ 104.00	$ 88.00
59074			FETAL FLUID DRAINAGE W/ ULTRASOUND	$ 134.00	$ 114.00
59076			FETAL SHUNT PLACEMENT W/ ULTRASOUND	$ 167.00	$ 142.00
59100			ABDOMINAL HYSTERTOMY FOR MOLE/TOP	$ 272.00	$ 236.00
59120			SURG TX ECTOPIC PG,TUBAL,W/SALP/00PH	$ 272.00	$ 236.00
59121			SURG TX ECTOPIC PG;TUBAL,W/O SALP-OO	$ 272.00	$ 236.00
59130			SURG TX ECTOPIC PG; ABDOMINAL	$ 272.00	$ 236.00
59135			TX ECTOPIC;INTERSTIT...W/ HYSTERECT.	$ 362.00	$ 308.00
59136			SURG TX ECTOPIC PREG.WO SALPI/OOPHOR	$ 414.00	$ 352.00
59140			SURG TX ECTOPIC PG; CERVICAL	$ 242.00	$ 205.00
59150			LAPHROSCOPIC TX;ECTOPIC PREGWOS/OOPH	$ 228.00	$ 194.00
59151			LAPAROSCOPIC TX ECT.PREG.W SAL/OOPHO	$ 372.00	$ 317.00
59160			D&C AFTER DELIVERY	$ 72.00	$ 63.00
59200			INSERT.HYGROSCOPIC CERVICAL DILATOR	$ 40.00	$ 34.00
59200	UD		INSERT.HYGROSCOPIC CERVICAL DILATOR	$ 40.00	$ 34.00
59300			EPISIOTOMY/VAG REP BY OTHER MD;SIMP	$ 90.00	$ 79.00
59320			CERCLAGE/CERVIX,DURING PREG;VAGINAL	$ 119.99	$ 101.99
59325			CERCLAGE CERVIX,DURING PREG.;ABDOMIN	$ 188.76	$ 160.45
59350			REPAIR OF UTERUS	$ 242.00	$ 205.00
59400			OBSTETRICAL CARE	$ 468.00	$ 403.00
59400	SB		OBSTETRICAL CARE	NA	$ 328.00
59409			VAGINAL DELIVERY ONLY	$ 300.00	$ 254.00
59409	SB		VAGINAL DELIVERY ONLY BY CNM	NA	$ 210.00
59410			VAGINAL DELIVERY & POST PARTUM CARE	$ 320.00	$ 272.00
59410	SB		VAGINAL DELIVERY PLUS POST PARTUM VS	NA	$ 224.00
59412			EXTERNAL CEPHALIC VERSION,W/WO TOCOL	$ 41.00	$ 35.00
59414			DELIVERY PLACENTA SEPARATE PROCEDURE	$ 30.00	$ 26.00
59425			ANTEPARTUM CARE ONLY; 4-6 VISITS	$ 16.00	$ 14.00
59425	SA		ANTEPARTUM CARE ONLY; 4-6 VISITS	NA	$ 13.30
59425	SB		ANTEPARTUM CARE ONLY; 4-6 VISITS	NA	$ 11.20
59426			ANTEPARTUM CARE ONLY; 7+ VISITS	$ 16.00	$ 14.00
59426	SA		ANTEPARTUM CARE ONLY; 7+ VISITS	NA	$ 13.30

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
59426	SB		ANTEPARTUM CARE ONLY; 7+ VISITS	NA	$ 11.20
59430			CARE AFTER DELIVERY	$ 20.00	$ 18.00
59430	SA		CARE AFTER DELIVERY	NA	$ 17.10
59430	SB		CARE AFTER DELIVERY	NA	$ 14.00
59510			ROUTINE OB CARE,AP,PP,CESAREAN SECT.	$ 598.00	$ 516.00
59514			CESAREAN SECTION DELIVERY ONLY	$ 430.00	$ 367.00
59515			CESAREAN SECTION ONLY INCL PP CARE	$ 450.00	$ 385.00
59525			HYSTERECTOMY AFTER CESAREAN DELIVERY	$ 362.00	$ 308.00
59610			ROUTINE OB CARE/VAG DEL AFTER/PRE CS	$ 468.00	$ 403.00
59610	SB		ROUTINE OB CARE/VAG DEL POST/PRE C/S	NA	$ 328.00
59612			VAGINAL DEL ONLY POST PREV C-SECTION	$ 300.00	$ 254.00
59612	SB		VAGINAL DEL ONLY POST PREV C-SECTION	NA	$ 210.00
59614	SB		VAG DEL POST PREV C/S W/PP CARE	NA	$ 224.00
59614			VAGINAL DEL POST PREV C/S W/PP CARE	$ 320.00	$ 272.00
59618			ROUTINE OB CARE W/C/S P/VBAC ATTEMPT	$ 598.00	$ 516.00
59620			C/S ONLY P/VBAC ATTEMPT P/PREV C/S	$ 430.00	$ 367.00
59622			C/S ONLY W/PP CARE P/VBAC ATT/ P/C-S	$ 450.00	$ 385.00
59812			TX SPONTANEOUS ABORTION,SURGICAL	$ 105.00	$ 91.00
59820			MISSED ABORTION ANY TRIMESTER COMPLE	$ 105.00	$ 91.00
59821			TX MISSED ABORT,SURG.SECOND TRIMESTE	$ 105.00	$ 91.00
59830			TREATMENT OF SEPTIC ABORTION	$ 121.00	$ 105.00
59840			THERAPUTIC ABORTION BY D&C	$ 79.00	$ 68.00
59840	UA		TOP BY D&C THROUGH 14 WEEKS LMP	ASC Level 3	NA
59840	UA	UD	TOP BY D&C THROUGH 14 WEEKS LMP	$ 210.00	NA
59841			ABORTION BY DILATION + EVACUATION	$ 79.00	$ 68.00
59841	UB		TOP BY D&E 15 THROUGH 20 WEEKS LMP	ASC Level 4	NA
59841	UA	UD	TOP BY D&E THROUGH 14 WEEKD LMP	$ 210.00	NA
59841	UA		TOP BY D&E THROUGH 14 WEEKS LMP	ASC Level 3	NA
59850			TOP BY INTRA-AMNIOTIC INJECTION	$ 79.00	$ 68.00
59851			SALINE TOP WITH D&C OR D&E	$ 79.00	$ 68.00
59852			SALINE ABORTION WITH HYSTEROTOMY	$ 79.00	$ 68.00
59855	UB	22	TOP BEYOND 20 WEEKS LMP	ASC Level 4	NA
59855			TOP, >/= 1 VAGINAL SUPP/ D & C	$ 151.00	$ 137.00
59856	UB	22	TOP BEYOND 20 WEEKS LMP	ASC Level 4	NA
59856			TOP, D & C &/OR D & E	$ 228.00	$ 179.00
59857			TOP >1=1 VAG SUPPOS W/HYSTEROTOMY	$ 272.00	$ 236.00
59866			MULTIFETAL PREGNANCY REDUCTION(S)MPR	$ 79.00	$ 68.00
59870			UTERINE EVAC&CURETTAGE/HYDATIDI MOLE	$ 79.00	$ 68.00
59871			REMOV CERCLAGE SUTURE W/GEN ANESTHES	$ 54.00	$ 46.00
59897			UNLISTED FETAL INVASIVE PROC W/ U/S	BR	BR
59898			UNLISTED LAP PROC MATERNITY CARE&DED	BR	BR
59899			UNLISTED PROC.,MATERNITY CARE &DELIV	BR	BR
60000			I&D THYROGLOSSAL CYST, INFECTED	$ 48.00	$ 41.00
60100			BIOPSY THYROID,PERCUTAANEOUS NEEDLE	$ 24.00	$ 21.00
60200			EXC CYST/ADENOMA THYROID	$ 182.00	$ 158.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
60210			UNILAT PARTIAL THYROID LOBECTOMY	$ 308.00	$ 262.00
60212			THYROID CONTRA LAT SUBTOTAL LOBECTMY	$ 455.00	$ 387.00
60220			TOTAL THYROID LOBECTOMY;UNILATERAL	$ 272.00	$ 236.00
60225			PARTIAL REMOVAL OF THYROID	$ 342.00	$ 291.00
60240			THYROIDECTOMY,TOTAL OR COMPLETE	$ 332.00	$ 289.00
60252			REMOVAL OF THYROID	$ 386.00	$ 336.00
60254			EXTENSIVE THYROID SURGERY	$ 573.00	$ 499.00
60260			REMAINING LOBE C/S ISTHMUS	$ 290.00	$ 252.00
60260	50		THYROIDECTOMY,SECONDARY;BILATERAL	$ 435.00	$ 370.00
60270			REMOVAL OF THYROID	$ 513.00	$ 437.00
60271			THYROIDECTOMY W CERVICAL APPROACH	$ 441.00	$ 376.00
60280			REMOVE THYROID DUCT LESION	$ 211.00	$ 184.00
60281			EXC.RECURRENT THYRO.DUCT CYST/SINUS	$ 257.00	$ 219.00
60300			ASPIRATION AND/OR INJECTION, THYROID CYST	$ 27.20	$ 23.12
60500			EXPLORE PARATHYROID GLANDS	$ 362.00	$ 315.00
60502			RE-EXPLORE PARATHYROID(S)	$ 362.00	$ 315.00
60505			EXPLORE PARATHYROID GLANDS	$ 350.00	$ 303.00
60512			PARATHYROID AUTOTRANSPLANTATION	$ 120.00	$ 102.00
60520			REMOVAL OF THYMUS GLAND	$ 456.00	$ 388.00
60521			THYMECTOMY STERNAL/TRANSTHORACIC	$ 479.00	$ 407.00
60522			THYMECTOMY STERNAL/TRANSTHORACIC	$ 586.00	$ 498.00
60540	50		ARENALECTOMY;BILATERAL,ONE STAGE	$ 590.00	$ 502.00
60540			EXPLORE ADRENAL GLAND	$ 393.00	$ 341.00
60545			EXPLORE ADRENAL GLAND	$ 442.00	$ 376.00
60600			REMOVE CAROTID BODY LESION	$ 468.00	$ 398.00
60605			REMOVE CAROTID BODY LESION	$ 573.00	$ 486.00
60650			SURG LAP W/ADRENALECTOMY PART OR COM	$ 396.00	$ 337.00
60659			UNLISTED LAP PROC ENDOCRINE SYSTEM	BR	BR
60699			UNLISTED PROCEDURE,ENDOCRINE SYSTEM	BR	BR
61000			REMOVE CRANIAL CAVITY FLUID	$ 30.00	$ 26.00
61001			REMOVE CRANIAL CAVITY FLUID	$ 30.00	$ 26.00
61020			REMOVE BRAIN CAVITY FLUID	$ 20.00	$ 18.00
61026			PUNCTURE BURR HOLE FOR INJECTION	$ 40.00	$ 35.00
61050			REMOVE BRAIN CANAL FLUID	$ 24.00	$ 21.00
61055			CERVICAL PUNCTURE FOR INJECTION	$ 30.00	$ 26.00
61070			BRAIN CANAL SHUNT PROCEDURE	$ 50.00	$ 42.00
61105			TWIST DRILL;SUBDURAL/VENTRICULAR	$ 121.00	$ 105.00
61107			TWIST DRILL HOLE/VENTRICULAR CATH	$ 200.00	$ 170.00
61108			TWIST DRILL HOLE...;EVAC/DRAIN HEMAT	$ 513.00	$ 437.00
61120			PIERCE SKULL FOR EXAMINATION	$ 121.00	$ 105.00
61140			PIERCE SKULL FOR BIOPSY	$ 428.00	$ 364.00
61150			PIERCE SKULL FOR DRAINAGE	$ 428.00	$ 364.00
61151			PIERCE SKULL FOR DRAINAGE	$ 30.00	$ 26.00
61154	50		BURR HOLE W/EVAC&/DR.HEMATOMA;BILATE	$ 543.00	$ 462.00
61154			PIERCE SKULL FOR DRAINAGE	$ 362.00	$ 315.00

MEDICAID FEE FOR SERVICES: UPDATE NOVEMBER 1, 2015

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
61156			PIERCE SKULL FOR DRAINAGE	$ 362.00	$ 315.00
61210			PIERCE SKULL; IMPLANT DEVICE	$ 150.00	$ 130.00
61215			INSERT SYST.-CONNECT TO VENTRIC CATH	$ 143.00	$ 122.00
61250	50		BURR HOLE/TREPHINE-EXPLORE;BILATERAL	$ 362.00	$ 315.00
61250			PIERCE SKULL & EXPLORE	$ 242.00	$ 210.00
61253			PIERCE SKULL & EXPLORE	$ 513.00	$ 437.00
61304			INCISE SKULL FOR EXPLORATION	$ 695.00	$ 591.00
61305			INCISE SKULL FOR EXPLORATION	$ 834.00	$ 709.00
61312			CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	$ 574.00	$ 488.00
61313			CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	$ 574.00	$ 488.00
61314			CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	$ 574.00	$ 488.00
61315			CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	$ 574.00	$ 488.00
61316			INCIS/SUBCU PLACE CRANIAL BONE GRAFT	$ 33.00	$ 28.00
61320			INCISE SKULL FOR DRAINAGE	$ 423.00	$ 368.00
61321			INCISE SKULL FOR DRAINAGE	$ 423.00	$ 368.00
61322			CRANIECT/CRANIOT_DECOMP_WO_LOBECTOM	$ 708.00	$ 602.00
61323			CRANIECT/CRANIOT DECOMP W/LOBECTOMY	$ 744.00	$ 632.00
61330	50		EXPLORATION EYE SOCKET; BILATERAL	$ 770.00	$ 654.00
61330			EXPLORATION OF EYE SOCKET	$ 513.00	$ 446.00
61332			EXPLORE/BIOPSY EYE SOCKET	$ 599.00	$ 510.00
61333			EXPLORE ORBIT; REMOVE LESION	$ 713.00	$ 607.00
61340	50		OTHER CRANIAL DECOMP,SUPRATENTORIAL;	$ 557.00	$ 473.00
61340			RELIEVE CRANIAL PRESSURE	$ 371.00	$ 316.00
61343			CRANIECTOMY,DECOMPRESS MED/SPN CORD	$ 941.00	$ 800.00
61345			RELIEVE CRANIAL PRESSURE	$ 428.00	$ 364.00
61450			INCISE SKULL FOR SURGERY	$ 573.00	$ 499.00
61458			INCISE SKULL FOR SURGERY	$ 855.00	$ 727.00
61460			CRANIECTOMY,SUBOCCIPITAL 1/MORE CRAN	$ 634.00	$ 551.00
61480			INCISE SKULL FOR SURGERY	$ 855.00	$ 727.00
61500			REMOVAL OF SKULL LESION	$ 573.00	$ 499.00
61501			CRANIECTOMY FOR OSTEOMYELITIS	$ 604.00	$ 513.00
61510			REMOVAL OF BRAIN LESION	$ 513.00	$ 446.00
61512			REMOVE BRAIN LINING LESION	$ 513.00	$ 446.00
61514			REMOVAL OF BRAIN ABSCESS	$ 713.00	$ 607.00
61516			REMOVAL OF BRAIN LESION	$ 713.00	$ 607.00
61517			IMPLANT BRAIN INTRACAV CHEMOTHERAPY	$ 40.00	$ 34.00
61518			REMOVAL OF BRAIN LESION	$ 713.00	$ 607.00
61519			REMOVE BRAIN LINING LESION	$ 912.00	$ 776.00
61520			REMOVAL OF BRAIN LESION	$ 855.00	$ 727.00
61521			CRANIECTOMY-EXCISE BRAIN TUMOR	$ 855.00	$ 727.00
61522			REMOVAL OF BRAIN ABSCESS	$ 855.00	$ 727.00
61524			REMOVAL OF BRAIN LESION	$ 855.00	$ 727.00
61526			REMOVAL OF BRAIN LESION	$ 573.00	$ 499.00
61530			REMOVAL OF BRAIN LESION	$ 713.00	$ 607.00
61531			SUBD.IMPL.STRIP ELECTRODES	$ 855.00	$ 727.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
61533			CRANIECTOMY,_TREPHINATION,_BONE_FLAP	$ 855.00	$ 727.00
61534			REMOVAL OF BRAIN LESION	$ 423.00	$ 368.00
61535			CRANIECTOMY, TREPHINATION, BONE FLAP	$ 855.00	$ 727.00
61536			REMOVAL OF BRAIN LESION	$ 855.00	$ 727.00
61537			CRANIOTOMY W/ELEVATION BONE FLAP	$ 713.00	$ 607.00
61538			REMOVAL OF BRAIN TISSUE	$ 855.00	$ 727.00
61539			REMOVAL OF BRAIN TISSUE	$ 855.00	$ 727.00
61540			CRANIOTOMY W/ELEV BONE FLAP PART/TOT	$ 783.00	$ 666.00
61541			CRANIECTOMY-TRANSECT CORPUS CALLOSUM	$ 855.00	$ 727.00
61543			CRANIECTOMY-PARTIAL HEMISPHERECTOMY	$ 855.00	$ 727.00
61544			REMOVE & TREAT BRAIN LESION	$ 855.00	$ 727.00
61545			CRANIECTOMY...;EXCISE CRANIOPHARYNGI	$ 713.00	$ 607.00
61546			REMOVAL OF PITUITARY GLAND	$ 713.00	$ 607.00
61548			REMOVAL OF PITUITARY GLAND	$ 684.00	$ 582.00
61550			RELEASE OF SKULL SEAMS	$ 428.00	$ 363.00
61552			RELEASE OF SKULL SEAMS	$ 570.00	$ 485.00
61556			CRANIOTOMY/CRANIOSYNOSTOSIS;FR/PAR B	$ 570.00	$ 485.00
61557			CRANIOTOMY/CRANIOSYNOSTOSIS;BI FR BO	$ 649.00	$ 552.00
61558			EXT CRANIECTOMY/MULT CRAN SUTURES...	$ 713.00	$ 607.00
61559			EXT CRANIECTOMY/...RECONTOURING.....	$ 792.00	$ 673.00
61563			EXCISE,INTRA&EXT CRANIAL TUMOR;WO ND	$ 665.00	$ 565.00
61564			EXC,INTRA/EXT CRAN TUM; W NER DECOMP	$ 713.00	$ 607.00
61566			CRANIOTOMY W/ELEV BONE FLAP FOR AMYG	$ 743.00	$ 631.00
61567			CRANIOTOMY W/ELEV BONE FLAP FOR SUB	$ 906.00	$ 770.00
61570			REMOVE BRAIN FOREIGN BODY	$ 713.00	$ 607.00
61571			SURGERY FOR PENETRATING BRAIN WOUND	$ 570.00	$ 485.00
61575			TANSORAL.;TO BX,DECOMPRESS,EXCISE	$ 627.00	$ 533.00
61576			SEE 61575;SPLIT TONGUE/MAND-TRACH	$ 798.00	$ 679.00
61580			CRANIAL APPROACH TO ANTER.CRANIALFOS	$ 814.00	$ 692.00
61581			CRANIAL FACIAL APPR. W ORBITAL EXENT	$ 936.00	$ 796.00
61582			CRANIAL FACIAL EXTRADURAL W CRAINIOT	$ 844.00	$ 718.00
61583			CRANIOFACIA INTRADURA W CRANIOTOMY	$ 956.00	$ 813.00
61584			ORBITOCRANIAL EXTRADURAL WO EXENTERA	$ 936.00	$ 796.00
61585			ORBITOCRANIAL EXTRADURAL W EXENTERAT	$ 1,038.00	$ 882.00
61586			BICORONAL TRANSZYGOMATIC W/WO INT FI	$ 726.00	$ 617.00
61590			INFRATEMPORAL PREAURICULAR W/WO MAND	$ 1,140.00	$ 969.00
61591			INFRATEMPORAL POSTAURICULAR W/WO MAS	$ 1,191.00	$ 809.00
61592			ORBITOCRANIAL ZYGOMATIC CRANIAL FOSS	$ 1,079.00	$ 917.00
61595			TRANSTEMPORAL APP.TO POSTERIORCRANIA	$ 794.00	$ 674.00
61596			TRANSCOCHLEAR APP.POSTERIOR CRANIUM	$ 967.00	$ 822.00
61597			TRANSCONDYLAR LATERAL TO POST.CRANIA	$ 1,018.00	$ 865.00
61598			TRANSPETROSAL POSTERIOR CRANIAL FOSS	$ 906.00	$ 770.00
61600			RESECT.NEOPLASTIC ETC.CRANIAL EXDURA	$ 692.00	$ 588.00
61601			RESECTION NEOPL.INTRADURAL W/WOGRAFT	$ 743.00	$ 631.00
61605			RESECT.NEOPLA.ETC.INFRATEMPORAL EXDU	$ 783.00	$ 666.00

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PRACTITIONER				*SPECIALIST*	*NON-SPECIALIST*
DME/P&O				*PURCHASE*	*RENTAL*
61606			RES.NEOPLASTIC ETC.INTRADURAL GRAFT	$ 1,048.00	$ 891.00
61607			RES.NEOPLAS.EXTRADURALPARASELLARAREA	$ 977.00	$ 830.00
61608			RES.NOWPLASTIC INTRADURAL PARASELLAR	$ 1,146.00	$ 969.00
61610			TRANSECTION CAROTID ARTERY W REPAIR	$ 967.00	$ 822.00
61611			TRANSECTION CAROTID ARTERY PETROUS	$ 203.00	$ 172.00
61612			TRANS.CAROTID ARTERY PETROUS W REPAI	$ 916.00	$ 778.00
61613			OBLITERATION CAROTID ANEURYSM AV MAL	$ 1,119.00	$ 951.00
61615			RESEC.NEOPLA.BASE POSTERIOR CRANIUM	$ 865.00	$ 735.00
61616			RES.NEOPL.POSTERIOR CRANIAL INTRADUR	$ 1,170.00	$ 995.00
61618			SECOND.REPAIR DURA CSF LEAK W GRAFT	$ 447.00	$ 380.00
61619			SEOND.REPAIR DURA CSF LEAK W GRAFT	$ 549.00	$ 467.00
61623			ENDOVASC TEMP BALLOON ARTERY OCCLUS	$ 259.00	$ 220.00
61624			TRANSCATH OCCLUSION/EMBOLIZATION....	$ 427.50	$ 400.00
61626			TRANSCATH OCCLU.EMBOL..HEAD OR NECK	$ 402.50	$ 342.00
61630			BALLOON ANGIOPLASTY, INTRACRANIAL (E	$ 728.90	$ 619.57
61635			TRANSCATHETER PLACEMENT OF INTRAVASC	$ 769.06	$ 653.70
61640			BALLOON DILATATION OF INTRACRANIAL V	BR	BR
61641			BALLOON DILATATION OF INTRACRANIAL V	BR	BR
61642			BALLOON DILATATION OF INTRACRANIAL V	BR	BR
61680			SURG...MALFORM;SUPRATENTORIAL;SIMPLE	$ 855.00	$ 727.00
61682			SURG..MALFORM,SUPRATENTORIAL;COMPLEX	$ 1,026.00	$ 872.00
61684			SURG..MALFORM;INFRATENTORIAL,SIMPLE	$ 855.00	$ 727.00
61686			SURG..MALFORM;INFRATENTORIAL,COMPLEX	$ 1,026.00	$ 872.00
61690			SURG..MALFORM;DURAL,SIMPLE	$ 855.00	$ 727.00
61692			SURG..MALFORM;DURAL,COMPLEX	$ 1,026.00	$ 872.00
61697			SURG COMPLEX INTRACRANIAL ANEURYSM	$ 1,348.00	$ 1,146.00
61698			SURG COMPL INTRACRAN ANEUR VERT CIRC	$ 1,297.00	$ 1,103.00
61700			INNER SKULL VESSEL SURGERY	$ 855.00	$ 727.00
61702			INNER SKULL VESSEL SURGERY	$ 855.00	$ 727.00
61703			CLAMP NECK ARTERY	$ 713.00	$ 606.00
61705			REVISE CIRCULATION TO HEAD	$ 855.00	$ 727.00
61708			REVISE CIRCULATION TO HEAD	$ 855.00	$ 727.00
61710			REVISE CIRCULATION TO HEAD	$ 428.00	$ 364.00
61711			FUSION OF SKULL ARTERIES	$ 855.00	$ 727.00
61720			INCISE SKULL/BRAIN SURGERY	$ 428.00	$ 364.00
61735			INCISE SKULL/BRAIN SURGERY	$ 428.00	$ 364.00
61750			STEREOTACTIC PROC/INTRACRAN. LESION	$ 428.00	$ 364.00
61751			STEREOTACTIC BIOPSY W/CAT SCAN	$ 428.00	$ 364.00
61760			STER. IMPL. DEPTH ELECTRODES	$ 855.00	$ 727.00
61770			STEREO.LOC./BURR HOLES;INSERT CATH.	$ 428.00	$ 364.00
61781			STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, INTRADURAL	$ 132.34	$ 112.49
61782			STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, EXTRADURAL	$ 96.51	$ 82.03
61783			STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL (LIST	$ 130.80	$ 111.18
61790			TREAT TRIGEMINAL NERVE	$ 342.00	$ 291.00
61791			CREATE LESION-NEUROLYTIC AGENT/TRIGE	$ 342.00	$ 291.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
61796			STEREOTACTIC_RADIOSURGERY_(PARTICLE	$ 572.86	$ 486.93
61797			STEREOTACTIC_RADIOSURGERY_(PARTICLE	$ 124.19	$ 105.56
61798			STEREOTACTIC_RADIOSURGERY_(PARTICLE	$ 780.35	$ 663.29
61799			STEREOTACTIC_RADIOSURGERY_(PARTICLE	$ 171.42	$ 145.71
61800			APPLICATION_OF_STEREOTACTIC_HEADFRAM	$ 87.43	$ 74.32
61850			IMPLANT NEUROELECTRODES	$ 570.00	$ 485.00
61860			IMPLANT NEUROELECTRODES	$ 570.00	$ 485.00
61863			TWIST DRILL BURR HOLE CRANIOTOMY 1ST	$ 428.00	$ 364.00
61864			TWIST DRILL BURR HOLE CRAN EA ADDIT	$ 105.00	$ 91.00
61867			TWIST DRILL BURR HOLE CRAN 1ST ARRAY	$ 708.00	$ 602.00
61868			TWIST DRILL BURR HOLE CRAN EA ADDIT	$ 302.00	$ 257.00
61870			IMPLANT NEUROELECTRODES	$ 570.00	$ 485.00
61880			REVISE/REMOVE NEUROELECTRODE	$ 285.00	$ 243.00
61885			IMPLANT NEURORECEIVER	$ 143.00	$ 122.00
61886			INCIS/PLACE CRAN NEUROSTIM PULSE GEN	$ 155.00	$ 131.00
61888			REVISE/REMOVE NEURORECEIVER	$ 295.22	$ 250.93
62000			ELEVATION DEPRESSED SKULL FX;SIMPLE,	$ 428.00	$ 363.00
62005			ELEVATE DEPRESSED SKULL FX;COMPOUND,	$ 542.00	$ 461.00
62010			ELEVATE DEPRESSED SKULL FX;REP DURA.	$ 570.00	$ 485.00
62100			REPAIR BRAIN FLUID LEAKAGE	$ 570.00	$ 485.00
62115			REDUC CRANIOMEGALIC SKULL;WO BO GFT	$ 680.00	$ 607.00
62117			REDUCE CRANIOMEGALIC SKULL;W/WO GFT	$ 850.00	$ 727.00
62120			REPAIR ENCEPHACELE,SKULL VAULT,INCL.	$ 570.00	$ 485.00
62121			CRANIOTOMY W REP ENCEPHALOCELE,SK BA	$ 850.00	$ 722.00
62140			CRANIOPLASTY/SKULL DEFECT;UP TO 5 CM	$ 570.00	$ 485.00
62141			REPAIR OF SKULL DEFECT	$ 570.00	$ 485.00
62142			REMOVE BONE FLAP/PROSTH.PLATE-SKULL	$ 570.00	$ 485.00
62143			REPLACE BONE FLAP/PROSTH PLATE-SKULL	$ 713.00	$ 607.00
62145			REPAIR OF SKULL & BRAIN	$ 855.00	$ 727.00
62146			CRANIOPLASTY W AUTOGFT; UP TO 5CM DI	$ 705.00	$ 599.25
62147			CRANIOPLASTY W AUTOGFT; LARGER5CMDIA	$ 830.00	$ 705.50
62148			INCIS/RETREV_SUBCU_CRAN_BONE_GRAFT	$ 84.00	$ 71.00
62160			INTRACRAN NEUROEND PLACE VENTRIC CAT	$ 126.00	$ 107.00
62161			INTRACRAN NEUROEND W/DISSECT ADHESIO	$ 840.00	$ 714.00
62162			INTRACRAN NEUROEND W/EXCIS COLL.CYST	$ 1,060.00	$ 901.00
62163			INTRACRAN NEUROEND W/RET FOREIGN BOD	$ 651.00	$ 553.00
62164			INTRACRAN NEUROEND W/EXCIS BRN TUMOR	$ 1,155.00	$ 982.00
62165			INTRACRAN NEUROEND W/EXCIS PIT TUMOR	$ 924.00	$ 785.00
62180			ESTABLISH BRAIN CAVITY SHUNT	$ 634.00	$ 551.00
62190			ESTABLISH BRAIN CAVITY SHUNT	$ 634.00	$ 551.00
62192			ESTABLISH BRAIN CAVITY SHUNT	$ 634.00	$ 551.00
62194			REPLACE/IRRIGATE CATHETER	$ 190.00	$ 162.00
62200			VENTRICULOCISTERNOSTOMY,THIRD VENT.	$ 634.00	$ 557.00
62201			VENTRICULOCISTERNOSTOMY,3RD VENT,STE	$ 634.00	$ 551.00
62220			ESTABLISH BRAIN CAVITY SHUNT	$ 634.00	$ 557.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
62223			ESTABLISH BRAIN CAVITY SHUNT	$ 634.00	$ 557.00
62225			REPLACE/IRRIGATE CATHETER	$ 108.00	$ 95.00
62230			REPLACE/REVISE BRAIN SHUNT	$ 326.00	$ 284.00
62252	TC		REPROGRAM OF PROGRAMMABLE CSF SHUNT	$ 20.00	$ 20.00
62252	26		REPROGRAM OF PROGRAMMABLE CSF SHUNT	$ 17.00	$ 15.00
62252			REPROGRAM OF PROGRAMMABLE CSF SHUNT	$ 37.00	$ 35.00
62256			REMOVE BRAIN CAVITY SHUNT	$ 108.00	$ 95.00
62258			REPLACE BRAIN CAVITY SHUNT	$ 507.00	$ 431.00
62263			PERCUT LYSIS EPIDURAL ADHESIONS	$ 76.00	$ 65.00
62264	26		PERC LYSIS EPIDUR ADHES MULT SESSION	$ 155.00	$ 132.00
62264			PERC_LYSIS_EPIDUR_ADHES_MULT_SESSION	$ 318.65	$ 270.85
62267	26		PERCUTANEOUS_ASPIRATION_WITHIN_THE	$ 87.69	$ 74.54
62267			PERCUTANEOUS_ASPIRATION_WITHIN_THE	$ 138.04	$ 117.33
62268			PERC.ASPIRATE-SPINAL CORD OR SYRINX*	$ 114.00	$ 97.00
62269			BX SPINAL CORD,PERCUTANEOUS NEEDLE *	$ 114.00	$ 97.00
62270			SPINAL FLUID TAP, DIAGNOSTIC *	$ 18.00	$ 16.00
62272			REDUCE SPINAL FLUID PRESSURE *	$ 36.00	$ 32.00
62273			TREAT LUMBAR SPINE LESION *	$ 74.00	$ 62.00
62280			TREAT SPINAL CORD LESION	$ 74.00	$ 62.00
62281			INJ NEUROLYTIC SUB.EPID.CERV/THORACI	$ 122.00	$ 103.70
62282			TREAT SPINAL CANAL LESION	$ 51.00	$ 44.00
62284			INJECTION FOR MYELOGRAM/CAT,SPINAL..	$ 61.00	$ 53.00
62287			ASP PROC,PERCU,NUC PUL INTVERT DSK L	$ 422.97	$ 359.52
62290			INJECT FOR SPINE DISK X-RAY	$ 61.00	$ 53.00
62291			INJECT FOR SPINE DISK X-RAY	$ 61.00	$ 53.00
62292			INJECTION INTO DISK LESION	$ 302.00	$ 257.00
62294			INJECTION INTO SPINAL ARTERY	$ 285.00	$ 243.00
62302			MYELOGRAPHY LUMBAR INJECTION	$ 134.14	$ 114.02
62302	26		MYELOGRAPHY LUMBAR INJECTION	$ 66.68	$ 56.67
62303			MYELOGRAPHY LUMBAR INJECTION	$ 139.58	$ 118.64
62303	26		MYELOGRAPHY LUMBAR INJECTION	$ 67.68	$ 57.53
62304			MYELOGRAPHY LUMBAR INJECTION	$ 132.20	$ 112.37
62304	26		MYELOGRAPHY LUMBAR INJECTION	$ 65.54	$ 55.71
62305			MYELOGRAPHY LUMBAR INJECTION	$ 144.50	$ 122.83
62305	26		MYELOGRAPHY LUMBAR INJECTION	$ 68.38	$ 58.12
62310			SINGLE INJ EPID/SUBARACH/CERV/THORAC	$ 76.00	$ 65.00
62311			SING INJ EPID/SUBARACH/LUMBAR/SACRAL	$ 51.00	$ 44.00
62318	22		EPIDURAL PAIN MANAGEMENT POST OP	$ 41.00	$ 35.00
62318			INJ/CATH PL/CONT INF CERVICAL/THORAC	$ 51.00	$ 44.00
62319			INJ/CATH PL/CONT INF/LUMBAR/SACRAL	$ 51.00	$ 44.00
62350			IMPL INTRATHECAL/EPID CATH W/O LAMIN	$ 285.00	$ 242.00
62351			IMPL INTRATHECAL/EPID CATH W/LAMINEC	$ 418.00	$ 356.00
62355			REMOVE PREV IMPL INTRATHEC/EPID CATH	$ 222.00	$ 189.00
62360			IMPL DEVICE INTRATHEC/EPID DRUG INFU	$ 95.00	$ 81.00
62361			IMPLANT DEV/INTRATH/EPID INFUS/NONPR	$ 222.00	$ 189.00

MEDICAID FEE FOR SERVICES: UPDATE NOVEMBER 1, 2015

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
62362			IMPL DEV INTRATH/EPID INFUS/PROGRAM	$ 285.00	$ 242.00
62365			REMOVAL SUBCU RESERVOIR INTRA/EPID	$ 222.00	$ 189.00
62367			ELECT ANAL PROGRAM PUMP W/O REPROGRA	$ 25.00	$ 22.00
62368			ELEC ANAL PROG IMPL PUMP W/REPROGRAM	$ 38.00	$ 32.00
62369	26		DRUG INFUSION (INCLUDES EVALUATION OF RESERVOIR STATUS, ALARM STATUS, DRUG	$ 19.31	$ 16.41
62369			ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL	$ 67.64	$ 57.49
62370	26		DRUG INFUSION (INCLUDES EVALUATION OF RESERVOIR STATUS, ALARM STATUS, DRUG	$ 25.33	$ 21.53
62370			ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL	$ 70.84	$ 60.21
63001			RELIEVE SPINAL CORD PRESSURE	$ 665.00	$ 578.00
63003			RELIEVE SPINAL CORD PRESSURE	$ 665.00	$ 578.00
63005			RELIEVE SPINAL CORD PRESSURE	$ 665.00	$ 578.00
63011			RELIEVE SPINAL CORD PRESSURE	$ 665.00	$ 578.00
63012			LAMINECTOMY WITH REM. OF ABN. FACETS	$ 435.00	$ 394.00
63015			RELIEVE SPINAL CORD PRESSURE	$ 665.00	$ 578.00
63016			RELIEVE SPINAL CORD PRESSURE	$ 665.00	$ 578.00
63017			RELIEVE SPINAL CORD PRESSURE	$ 665.00	$ 578.00
63020	50		LAMINOTOMY;ONE INTERSPACE,CERVIC;BIL	$ 899.00	$ 764.00
63020			NECK SPINE DISK SURGERY	$ 599.00	$ 509.00
63030	50		LAMINOTOMY;ONE_INERSP,LUMBAR;BILATER	$ 899.00	$ 764.00
63030			LOW BACK DISK SURGERY	$ 599.00	$ 509.00
63035			ADDED SPINAL DISK SURGERY	$ 146.00	$ 124.00
63040			NECK SPINE DISK SURGERY	$ 599.00	$ 509.00
63042			LOW BACK DISK SURGERY	$ 599.00	$ 509.00
63043			LAMINOTOMY W/DECOMP NERVE ROOT	$ 133.00	$ 113.00
63044			LAMINOTOMY EACH ADDIT LUMBAR INTERSP	$ 133.00	$ 113.00
63045			LAMINECTOMY....SING.SEG.;CERVICAL	$ 665.00	$ 578.00
63046			LAMINECTOMY....SING.SEG.;THORACIC	$ 665.00	$ 578.00
63047			LAMINECTOMY....SING.SEG.;LUMBAR	$ 665.00	$ 578.00
63048			LAMINECTOMY;EACH ADD SEG,CER,LUB,THO	$ 133.00	$ 113.00
63050			LAMINOPLASTY, CERVICAL, WITH DECOMPR	$ 828.42	$ 704.16
63051			LAMINOPLASTY, CERVICAL, WITH DECOMPR	$ 953.70	$ 810.64
63055			DECOMPRESS SP CRD,EQUINA/NRV RT;THOR	$ 599.00	$ 509.00
63056			DECOMPRESS SP CRD,EQUINA/NRV RT;LUMB	$ 599.00	$ 509.00
63057			DECOMPRESS...EACH ADD SEG,THOR,LUMB	$ 120.00	$ 102.00
63064			DECOMPRESS SPN CRD,THORAC,SING.SEG.	$ 599.00	$ 509.00
63066			DECOMPRESS...THORACIC;EACH ADD SEG	$ 120.00	$ 102.00
63075			DISKECTOMY,DECOMPRESS SPN CRD,SINGLE	$ 532.00	$ 452.00
63076			DISKECTOMY...;EACH ADD INTERSPACE	$ 106.00	$ 90.00
63077			DISKECTOMY...THORACIC,SING INTERSPA	$ 532.00	$ 452.00
63078			DISKECTOMY..;THOR,EACH ADD INTERSPAC	$ 106.00	$ 90.00
63081			VERT CORPECTOMY..;CERVICAL,SING SEG	$ 665.00	$ 578.00
63082			VERT CORPECTOMY;CERVICAL,EACH ADD	$ 133.00	$ 113.00
63085			VERT CORPECTOMY..,THORACIC,SING SEG	$ 798.00	$ 678.00
63086			VERT CORPECT..;THOR.,EACH ADD SEG	$ 160.00	$ 136.00
63087			VERT CORP.LOW THOR,LUMB;SING SEGMENT	$ 798.00	$ 678.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
63088			VERT CORP,THOR/LUMB;EADH ADD SEGMENT	$ 160.00	$ 136.00
63090			VERT CORP;LOW THOR/LUMB/SAC;SING SEG	$ 798.00	$ 678.00
63091			VERT CORPECTOMY;EACH ADD SEGMENT	$ 160.00	$ 136.00
63101			VERTEBRAL CORPECTOMY THORACIC SINGLE	$ 855.00	$ 727.00
63102			VERTEBRAL CORPECTOMY LUMBAR SINGLE	$ 855.00	$ 727.00
63103			VERTEBRAL CORPECT EA ADDIT SEGMENT	$ 120.00	$ 102.00
63170			LAMINECTOMY/MYELOTOMY,THOR/THORACOLY	$ 665.00	$ 570.00
63172			LAMINECTOMY...;TO SUBARACHNOID SPACE	$ 532.00	$ 452.00
63173			LAMINECTOMY...;TO PERITONEAL SPACE	$ 532.00	$ 452.00
63180			REVISE SPINAL CORD LIGAMENTS	$ 998.00	$ 848.00
63182			REVISE SPINAL CORD LIGAMENTS	$ 998.00	$ 848.00
63185			INCISE SPINAL COLUMN/NERVES	$ 573.00	$ 499.00
63190			INCISE SPINAL COLUMN/NERVES	$ 573.00	$ 499.00
63191			LAMINECTOMY/SEC.SPINE ASS.NERV-UNIL	$ 599.00	$ 509.00
63191	50		LAMINECTOMY/SECT.SPINE ASS.NERVE;BIL	$ 899.00	$ 764.00
63194			INCISE SPINAL COLUMN & CORD	$ 665.00	$ 578.00
63195			INCISE SPINAL COLUMN & CORD	$ 665.00	$ 578.00
63196			INCISE SPINAL COLUMN & CORD	$ 665.00	$ 578.00
63197			INCISE SPINAL COLUMN & CORD	$ 665.00	$ 578.00
63198			INCISE SPINAL COLUMN & CORD	$ 998.00	$ 848.00
63199			INCISE SPINAL COLUMN & CORD	$ 998.00	$ 848.00
63200			LAMINECTOMY,RELEASE TETHER...LUMBAR	$ 665.00	$ 578.00
63250			REVISE SPINAL CORD VESSELS	$ 798.00	$ 678.00
63251			REVISE SPINAL CORD VESSELS	$ 798.00	$ 678.00
63252			LAMINECTOMY,MALFORM.SP.CRD;THORACOL	$ 798.00	$ 678.00
63265			LAMINECTOMY,LESION...;CERVICAL	$ 834.00	$ 709.00
63266			LAMINECTOMY,LESION...;THORACIC	$ 834.00	$ 709.00
63267			LAMINECTOMY,LESION...;LUMBAR	$ 834.00	$ 709.00
63268			LAMINECTOMY.LESION...;SACRAL	$ 695.00	$ 591.00
63270			LAMINECTOMY,LESION...;CERVICAL	$ 695.00	$ 591.00
63271			LAMINECTOMY.LESION....;THORACIC	$ 695.00	$ 591.00
63272			LAMINECTOMY.LESION....;LUMBAR	$ 695.00	$ 591.00
63273			LAMINECTOMY,LESION.....;SACRAL	$ 695.00	$ 591.00
63275			LAMINECTOMY,BX/EXC...;CERVICAL-EXTRA	$ 695.00	$ 591.00
63276			LAMINECTOMY,BX/EXC..;THORACIC-EXTRA.	$ 695.00	$ 591.00
63277			LAMINECTOMY,BX/EXC..;LUMBAR-EXTRADUR	$ 695.00	$ 591.00
63278			LAMINECTOMY,BX/EXC..;SACRAL-EXTRADUR	$ 695.00	$ 591.00
63280			LAMINECTOMY,BX/EXC..;CERVICAL-INTRA	$ 695.00	$ 591.00
63281			LAMINECTOMY.BX/EXC..;THORACIC-INTRA	$ 695.00	$ 591.00
63282			LAMINECTOMY.BX/EXC..;LUMBAR-INTRADUR	$ 695.00	$ 591.00
63283			LAMINECTOMY,BX/EXC..;SACRAL-INTRADUR	$ 695.00	$ 591.00
63285			LAMINECTOMY,BX/EXC..;CERVICAL-INTRA	$ 695.00	$ 591.00
63286			LAMINECTOMY,BX/EXC..;THORACIC-INTRA	$ 695.00	$ 591.00
63287			LAMINECTOMY,BX/EXC..;THORACOLUMBAR..	$ 695.00	$ 591.00
63290			LAMINECTOMY..EXTRA/INTRADURAL LESION	$ 695.00	$ 591.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
63295			OSTEOPLASTIC RECONSTRUCTION OF DORSA	$ 188.22	$ 159.98
63300			VERT CORP,SING SEG;CERVICAL-EXTRADUR	$ 695.00	$ 591.00
63301			SEE 63300;EXTRADUR,THOR-TRANSTHO APP	$ 695.00	$ 591.00
63302			SEE 63300;EXTRADUR,THOR-THORACOL APP	$ 695.00	$ 591.00
63303			SEE 63303,EXTRA,LUM/SAC,TRANS/RETRO	$ 695.00	$ 591.00
63304			SEE 63300;INTRADURAL,CERVICAL	$ 695.00	$ 591.00
63305			SEE 63300;INTRA,THOR-TRANSTHOR APP	$ 695.00	$ 591.00
63306			SEE 63300;INTRA,THOR-THORACOLUM APP	$ 695.00	$ 591.00
63307			SEE 63300;LUM/SAC-TRANX/RETRO APP	$ 695.00	$ 591.00
63308			SEE 63300;EACH ADD SEGMENT	$ 139.00	$ 118.00
63600			REMOVE SPINAL CORD LESION	$ 452.00	$ 384.00
63610			STIMULATION OF SPINAL CORD	$ 139.00	$ 118.00
63615			STEREOTACTIC BIOPSY, SPINAL CORD	$ 243.00	$ 207.00
63620			STEREOTACTIC_RADIOSURGERY_(PARTICLE	$ 628.34	$ 534.08
63621			STEREOTACTIC_RADIOSURGERY_(PARTICLE	$ 142.47	$ 121.10
63650			IMPLANT NEUROELECTRODES	$ 336.34	$ 285.89
63655			IMPLANT NEUROELECTRODES	$ 521.00	$ 443.00
63661	26		REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INCLUDING	$ 173.15	$ 147.17
63661			REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INCLUDING	$ 328.56	$ 279.27
63662			REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PLACED VIA	$ 421.26	$ 358.07
63663	26		REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR	$ 251.98	$ 214.18
63663			REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR	$ 466.22	$ 396.29
63664			REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR	$ 430.79	$ 366.17
63685			IMPLANT NEURORECEIVER	$ 143.00	$ 122.00
63688			REVISE/REMOVE NEURORECEIVER	$ 317.15	$ 269.58
63700			REPAIR MENINGOCELE,LESS THAN 5 CM DI	$ 428.00	$ 364.00
63702			REPAIR MENINGOCELE,> 5CM DIAMETER	$ 428.00	$ 364.00
63704			REPAIR OF SPINAL HERNIATION	$ 513.00	$ 436.00
63706			REPAIR OF SPINAL HERNIATION	$ 513.00	$ 436.00
63707			REPAIR DURAL/CSF LEAK,NO LAMINECTOMY	$ 342.00	$ 291.00
63709			REP DURAL/CSF LEAK...W/ LAMINECTOMY	$ 399.00	$ 339.00
63710			GRAFT REPAIR OF SPINE DEFECT	$ 466.00	$ 396.00
63740			INSTALL SPINAL SHUNT	$ 532.00	$ 452.00
63741			CREAT SHUNT,LUMB,SUBAR-PER,PL INC LA	$ 351.00	$ 299.00
63744			REVISION OF SPINAL SHUNT	$ 233.00	$ 198.00
63746			REMOVAL OF SPINAL SHUNT	$ 233.00	$ 198.00
64400			INJECTION FOR NERVE BLOCK *	$ 18.00	$ 16.00
64402			INJECTION FOR NERVE BLOCK *	$ 18.00	$ 16.00
64405			INJECTION FOR NERVE BLOCK *	$ 30.00	$ 26.00
64408			INJECTION FOR NERVE BLOCK *	$ 18.00	$ 16.00
64410			INJECTION FOR NERVE BLOCK *	$ 18.00	$ 16.00
64412			INJECTION FOR NERVE BLOCK *	$ 30.00	$ 26.00
64413			INJECTION FOR NERVE BLOCK *	$ 30.00	$ 26.00
64415			INJECTION FOR NERVE BLOCK *	$ 30.00	$ 26.00
64416			INJECT ANESTH AGENT BRACH PLEXUS CON	$ 68.27	$ 58.03

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
64417			INJECTION FOR NERVE BLOCK *	$ 30.00	$ 26.00
64418			INJECTION FOR NERVE BLOCK *	$ 18.00	$ 16.00
64420			INJECTION FOR NERVE BLOCK *	$ 18.00	$ 16.00
64421			INJECTION FOR NERVE BLOCK *	$ 54.00	$ 46.00
64425			INJECTION FOR NERVE BLOCK *	$ 30.00	$ 26.00
64430			INJECTION FOR NERVE BLOCK *	$ 30.00	$ 26.00
64435			INJECTION FOR NERVE BLOCK *	$ 30.00	$ 26.00
64435	UD		INJECTION FOR NERVE BLOCK *	$ 30.00	$ 26.00
64445			INJECTION FOR NERVE BLOCK *	$ 30.00	$ 26.00
64446			INJ ANESTH AGENT SCIATIC NERVE CONTI	$ 65.31	$ 55.52
64447			INJ ANESTH AGENT FEMORAL NERVE SINGL	$ 38.00	$ 32.00
64448			INJ ANESTH AGENT FEM NERVE CONT.INFU	$ 58.52	$ 49.74
64449			INJECT ANESTH AGENT LUMBAR PLEXUS	$ 76.00	$ 65.00
64450			INJECTION FOR NERVE BLOCK *	$ 18.00	$ 16.00
64455	26		STEREOTACTIC_RADIOSURGERY_(PARTICLE	$ 18.57	$ 15.78
64455			STEREOTACTIC_RADIOSURGERY_(PARTICLE	$ 25.82	$ 21.94
64479			INJ ANES AG/STER TRANS EPID CERV/THO	$ 50.00	$ 43.00
64480			INJ ANES/STER TRANS EPID CERV/THORAC	$ 24.00	$ 20.00
64483			INJ ANES/STER TRANS EPID CERV/THORAC	$ 40.00	$ 34.00
64484			INJ ANES AG/STER TRANS EPID LUMB/SAC	$ 20.00	$ 17.00
64486			TAP BLOCK UNIL BY INJECTION	$ 67.94	$ 57.75
64486	26		TAP BLOCK UNIL BY INJECTION	$ 34.31	$ 29.16
64487			TAP BLOCK UNI BY INFUSION	$ 83.27	$ 70.78
64487	26		TAP BLOCK UNI BY INFUSION	$ 39.37	$ 33.46
64488			TAP BLOCK BI INJECTION	$ 83.46	$ 70.94
64488	26		TAP BLOCK BI INJECTION	$ 42.58	$ 36.19
64489			TAP BLOCK BI BY INFUSION	$ 116.93	$ 99.39
64489	26		TAP BLOCK BI BY INFUSION	$ 47.45	$ 40.33
64490	26		INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET	$ 58.95	$ 50.10
64490			INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET	$ 110.30	$ 93.76
64491	26		INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET	$ 32.65	$ 27.75
64491			INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET	$ 53.16	$ 45.18
64492	26		INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET	$ 33.04	$ 28.08
64492			INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET	$ 53.54	$ 45.51
64493	26		INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET	$ 49.60	$ 42.16
64493			INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET	$ 99.04	$ 84.18
64494	26		INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET	$ 27.62	$ 23.47
64494			INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET	$ 48.70	$ 41.39
64495	26		INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET	$ 28.19	$ 23.96
64495			INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET	$ 49.08	$ 41.71
64505			INJECTION FOR NERVE BLOCK	$ 30.00	$ 26.00
64510			INJECTION FOR NERVE BLOCK	$ 30.00	$ 26.00
64517	26		INJECT ANESTH AGENT SUP HYPOGAST PLE	$ 56.00	$ 47.00
64517			INJECT ANESTH AGENT SUP HYPOGAST PLE	$ 90.00	$ 77.00
64520			INJECTION FOR NERVE BLOCK *	$ 30.00	$ 26.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
64530			INJECTION FOR NERVE BLOCK *	$ 30.00	$ 26.00
64550			APPLICATION_SURFACE_NEUROSTIMU	$ 6.30	$ 6.30
64553			IMPLANT NEUROELECTRODES	$ 90.00	$ 77.00
64555			IMPLANT NEUROELECTRODES	$ 90.00	$ 77.00
64561			PERCUT IMPLANT NEUROSTIM ELECT SACRA	$ 417.00	$ 354.00
64565			IMPLANT NEUROELECTRODES	$ 90.00	$ 77.00
64566	26		POSTERIOR TIBIAL NEUROSTIMULATION, PERCUTANEOUS NEEDLE ELECTRODE, SINGLE	$ 16.41	$ 13.95
64566			POSTERIOR TIBIAL NEUROSTIMULATION, PERCUTANEOUS NEEDLE ELECTRODE, SINGLE	$ 67.97	$ 57.77
64568			INCISION FOR IMPLANTATION OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR	$ 368.95	$ 313.60
64569			REVISION OR REPLACEMENT OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR	$ 438.49	$ 372.71
64570			REMOVAL OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY AND	$ 373.02	$ 317.07
64575			IMPLANT NEUROELECTRODES	$ 150.00	$ 128.00
64580			IMPLANT NEUROELECTRODES	$ 150.00	$ 128.00
64581			INCISION FOR IMPLANT NEUROSTIM ELECT	$ 376.00	$ 302.00
64585			REVISE/REMOVE NEUROELECTRODE	$ 90.00	$ 77.00
64590			IMPLANT NEURORECEIVER	$ 150.00	$ 128.00
64595			REVISE/REMOVE NEURORECEIVER	$ 110.57	$ 93.98
64600			INJECTION TX FACIAL NERVES (5TH N)	$ 37.00	$ 32.00
64605			INJECTION TREATMENT NERVES IN HEAD	$ 48.00	$ 42.00
64610			DESTRUC NERVE IN HEAD/RAD MONITORING	$ 256.00	$ 217.00
64611	26		CHEMODENERVATION OF PAROTID AND SUBMANDIBULAR SALIVARY GLANDS, BILATERAL	$ 56.72	$ 48.21
64611			CHEMODENERVATION OF PAROTID AND SUBMANDIBULAR SALIVARY GLANDS, BILATERAL	$ 64.98	$ 55.23
64612			DESTR BY NEUROLYTIC AGENT.> NERVE	$ 48.00	$ 42.00
64615	26		INJECTION OF CHEMICAL FOR DESTRUCTION OF FACIAL AND NECK NERVE MUSCLES	$ 68.99	$ 58.64
64615			INJECTION OF CHEMICAL FOR DESTRUCTION OF FACIAL AND NECK NERVE MUSCLES	$ 80.27	$ 68.23
64616	26		INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON ONE SIDE OF NECK EXCLUDING VOICE BOX ACCESSED THROUGH THE SKIN	$ 62.01	$ 52.70
64616			INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON ONE SIDE OF NECK EXCLUDING VOICE BOX ACCESSED THROUGH THE SKIN	$ 105.17	$ 89.39
64617	26		INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON ONE SIDE OF VOICE BOX ACCESSED THROUGH THE SKIN	$ 63.27	$ 53.78
64617			INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON ONE SIDE OF VOICE BOX ACCESSED THROUGH THE SKIN	$ 105.96	$ 90.06
64620			INJ TREATMENT INTERCOSTAL NERVE	$ 61.00	$ 53.00
64630			DESTROY PUDENTAL NERVE	$ 61.00	$ 53.00
64632	26		STEREOTACTIC_RADIOSURGERY_(PARTICLE	$ 37.42	$ 31.81
64632			STEREOTACTIC_RADIOSURGERY_(PARTICLE	$ 46.69	$ 39.68
64633			DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH	$ 234.00	$ 198.90
64633	26		IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT	$ 124.04	$ 105.43
64633	26	**50**	IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT	$ 248.08	$ 210.87
64633	50		IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT	$ 467.99	$ 397.79
64634			DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH	$ 105.72	$ 89.86
64634	26		FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	$ 37.05	$ 31.49
64634	26	**50**	FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	$ 74.09	$ 62.98
64634	50		IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL	$ 211.43	$ 179.72
64635			DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH	$ 231.69	$ 196.94
64635	26		IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT	$ 122.54	$ 104.16
64635	26	**50**	IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT	$ 245.08	$ 208.32
64635	50		IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT	$ 463.38	$ 393.87

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
64636			DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH	$ 96.35	$ 81.90
64636	50		IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL FACET	$ 192.70	$ 163.80
64636	26		JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	$ 32.51	$ 27.63
64636	26	**50**	JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	$ 65.02	$ 55.27
64640			DESTRUCTION OF OTHER PERIPHERAL NERV	$ 48.00	$ 42.00
64642	26		INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON ARM OR LEG, 1-4 MUSCLES	$ 59.65	$ 50.70
64642			INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON ARM OR LEG, 1-4 MUSCLES	$ 77.97	$ 66.27
64643	26		INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON ARM OR LEG, 1-4 MUSCLES	$ 40.13	$ 34.11
64643			INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON ARM OR LEG, 1-4 MUSCLES	$ 51.21	$ 43.53
64644	26		INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON ARM OR LEG, 5 OR MORE MUSCLES	$ 65.55	$ 55.71
64644			INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON ARM OR LEG, 5 OR MORE MUSCLES	$ 89.72	$ 76.26
64645	26		INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON ARM OR LEG, 5 OR MORE MUSCLES	$ 45.65	$ 38.80
64645			INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON ARM OR LEG, 5 OR MORE MUSCLES	$ 62.76	$ 53.35
64646	26		INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON TRUNK, 5 OR MORE MUSCLES	$ 64.79	$ 55.07
64646			INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON TRUNK, 5 OR MORE MUSCLES	$ 84.52	$ 71.84
64647	26		INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON TRUNK, 6 OR MORE MUSCLES	$ 75.06	$ 63.80
64647			INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON TRUNK, 6 OR MORE MUSCLES	$ 97.62	$ 82.97
64650			CHEMODENERVATION OF ECCRINE GLANDS;	$ 22.84	$ 19.41
64653			CHEMODENERVATION OF ECCRINE GLANDS;	$ 29.49	$ 25.07
64680			DESTRUCTION OF NERVE,CELIAC PLEXUS	$ 121.00	$ 105.00
64681	26		DESTRUCT BY NEURO AGENT SUP HYPOGAST	$ 95.00	$ 81.00
64681			DESTRUCT BY NEURO AGENT SUP HYPOGAST	$ 211.00	$ 184.00
64702			REVISE FINGER/TOE NERVE	$ 79.00	$ 68.00
64704			REVISE HAND/FOOT NERVE	$ 105.00	$ 91.00
64708			REVISE ARM/LEG NERVE	$ 242.00	$ 210.00
64712			REVISION OF SCIATIC NERVE	$ 258.00	$ 220.00
64713			REVISION OF ARM NERVE(S)	$ 258.00	$ 220.00
64714			REVISE LOW BACK NERVE(S)	$ 258.00	$ 220.00
64716			REVISION OF CRANIAL NERVE	$ 393.00	$ 341.00
64718			REVISE ULNAR NERVE AT ELBOW	$ 211.00	$ 184.00
64719			REVISE ULNAR NERVE AT WRIST	$ 150.00	$ 128.00
64721			REVISE MEDIAN NERVE AT WRIST	$ 158.00	$ 137.00
64722			RELIEVE PRESSURE ON NERVE(S)	$ 240.00	$ 204.00
64726			RELEASE FOOT/TOE NERVE	$ 90.00	$ 77.00
64727			INTERNAL NERVE REVISION	$ 60.00	$ 52.00
64732			INCISION OF BROW NERVE	$ 182.00	$ 158.00
64734			INCISION OF CHEEK NERVE	$ 182.00	$ 158.00
64736			INCISION OF CHIN NERVE	$ 120.00	$ 102.00
64738			INCISION OF JAW NERVE	$ 240.00	$ 204.00
64740			INCISION OF TONGUE NERVE	$ 120.00	$ 102.00
64742			INCISION OF FACIAL NERVE	$ 240.00	$ 204.00
64744			INCISE NERVE, BACK OF HEAD	$ 240.00	$ 204.00
64746			INCISE DIAPHRAGM NERVE	$ 180.00	$ 154.00
64755			INCISION VAGI/PROXIMAL STOMACH ONLY	$ 240.00	$ 204.00
64760			INCISION OF VAGUS NERVE	$ 300.00	$ 256.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
64763			INCISE HIP/THIGH NERVE	$ 150.00	$ 128.00
64763	50		TRANSECT/AVULSION OBTURATOR NERVE;BI	$ 225.00	$ 191.00
64766			INCISE HIP/THIGH NERVE	$ 240.00	$ 204.00
64766	50		TRANSECT/AVULSION OBTURATOR NERVE;BI	$ 360.00	$ 306.00
64771			INCISE CRANIAL NERVE,EXTRADURAL	$ 240.00	$ 204.00
64772			INCISION OF SPINAL NERVE	$ 180.00	$ 154.00
64774			REMOVE SKIN NERVE LESION	$ 42.00	$ 37.00
64776			REMOVE DIGIT NERVE LESION	$ 53.00	$ 45.00
64778			EXCISE NEUROMA;EACH ADD DIGIT	$ 30.00	$ 26.00
64782			REMOVE LIMB NERVE LESION	$ 79.00	$ 68.00
64783			EXCISE NEUROMA,HAND/FOOT,@ ADD NERVE	$ 70.00	$ 60.00
64784			REMOVE NERVE LESION	$ 131.00	$ 114.00
64786			REMOVE SCIATIC NERVE LESION	$ 210.00	$ 179.00
64787			INSERT CAP ON NERVE END	$ 120.00	$ 102.00
64788			REMOVE SKIN NERVE LESION	$ 120.00	$ 102.00
64790			REMOVAL OF NERVE LESION	$ 150.00	$ 128.00
64792			REMOVAL OF NERVE LESION	$ 210.00	$ 179.00
64795			BIOPSY OF NERVE	$ 90.00	$ 77.00
64802			REMOVE SYMPATHETIC NERVES	$ 302.00	$ 263.00
64802	50		SYMPATHECTOMY,CERVICAL;BILATERAL	$ 453.00	$ 385.00
64804			SYMPATHECTOMY,CERVIOTHORACIC	$ 321.00	$ 279.00
64804	50		SYMPATHECTOMY,CERVIOTHORACIC;BILATER	$ 482.00	$ 410.00
64809			REMOVE SYMPATHETIC NERVES	$ 423.00	$ 368.00
64809	50		SYMPATHECTOMY,THORACOLUMBAR;BILATERA	$ 635.00	$ 540.00
64818			REMOVE SYMPATHETIC NERVES	$ 262.00	$ 223.00
64818	50		SYMPATHECTOMY,LUMBAR;BILATERAL	$ 393.00	$ 334.00
64820			SYMPATHECTOMY DIGID ARTERY-EACH	$ 301.00	$ 256.00
64821			SYMPATHECTOMY; RADIAL ARTERY	$ 282.00	$ 240.00
64822			SYMPATHECTOMY; ULNAR ARTERY	$ 282.00	$ 240.00
64823			SYMPATHECTOMY; SUPERFIC PALMAR ARCH	$ 325.00	$ 276.00
64831			REPAIR OF DIGIT NERVE	$ 79.00	$ 68.00
64832			SUTURE DIGIT NERVE;@ ADD DIGIT NERVE	$ 43.00	$ 37.00
64834			REPAIR OF HAND OR FOOT NERVE	$ 105.00	$ 91.00
64835			REPAIR OF MEDIAN MOTOR THENAR NERVE	$ 158.00	$ 137.00
64836			SUTURE 1 NERVE,HAND/FOOT;ULNAR MOTOR	$ 158.00	$ 137.00
64837			REPAIR ADDITIONAL NERVE	$ 110.00	$ 95.00
64840			SUTURE OF POSTERIOR TIBIAL NERVE	$ 146.00	$ 126.00
64856			REPAIR/TRANSPOSE NERVE	$ 210.00	$ 183.00
64857			REPAIR ARM/LEG NERVE	$ 158.00	$ 137.00
64858			REPAIR SCIATIC NERVE	$ 158.00	$ 137.00
64859			SUTURE @ ADD MAJOR PERIPHERAL NERVE	$ 110.00	$ 95.00
64861			REPAIR OF ARM NERVES	$ 158.00	$ 137.00
64862			REPAIR OF LOW BACK NERVES	$ 158.00	$ 137.00
64864			REPAIR OF FACIAL NERVE	$ 394.00	$ 342.00
64865			REPAIR OF FACIAL NERVE	$ 600.00	$ 510.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
64866			FUSION OF FACIAL/OTHER NERVE	$ 513.00	$ 446.00
64868			FUSION OF FACIAL/OTHER NERVE	$ 513.00	$ 446.00
64872			SUBSEQUENT REPAIR OF NERVE	$ 108.12	$ 91.90
64874			REPAIR & REVISE NERVE	$ 158.53	$ 134.75
64876			REPAIR NERVE; SHORTEN BONE	$ 102.26	$ 86.92
64885			NERVE GFT HEAD/NECK;TO 4CM(INCL OBT	$ 594.00	$ 505.00
64886			NERVE GFT...>4 CM LENGTH(INCL OBT GR	$ 698.00	$ 593.00
64890			NERVE GRAFT, HAND OR FOOT	$ 180.00	$ 154.00
64891			NERVE GRAFT, HAND OR FOOT	$ 240.00	$ 204.00
64892			NERVE GRAFT, ARM OR LEG	$ 300.00	$ 255.00
64893			NERVE GRAFT, ARM OR LEG	$ 360.00	$ 306.00
64895			NERVE GRAFT, HAND OR FOOT	$ 240.00	$ 204.00
64896			NERVE GRAFT, HAND OR FOOT	$ 300.00	$ 255.00
64897			NERVE GRAFT, ARM OR LEG	$ 360.00	$ 306.00
64898			NERVE GRAFT, ARM OR LEG	$ 420.00	$ 357.00
64901			NERVE GRAFT, @ ADD NERVE;SING.STRAND	$ 120.00	$ 102.00
64902			NERVE GRAFT,@ ADD NERE, MULTI STRAND	$ 150.00	$ 128.00
64905			NERVE PEDICLE TRANSFER	$ 300.00	$ 255.00
64907			NERVE PEDICLE TRANSFER	$ 150.00	$ 128.00
64910			NERVE REPAIR W/ALLOGRAFT	$ 455.84	$ 387.46
64911			NERVE_REPAIR;_WITH_AUTOGENOUS_VEIN	$ 560.42	$ 476.35
64999			NERVOUS_SYSTEM_SURGERY	BR	BR
65091			EVISCERATION EYE	$ 211.00	$ 184.00
65093			EVISCERATION EYE WITH IMPLANT	$ 242.00	$ 210.00
65101			REMOVAL OF EYE	$ 211.00	$ 184.00
65103			REMOVE EYE/INSERT IMPLANT	$ 211.00	$ 184.00
65105			REMOVE EYE/ATTACH IMPLANT	$ 211.00	$ 184.00
65110			REMOVAL OF EYE	$ 182.00	$ 158.00
65112			REMOVE EYE, REVISE SOCKET	$ 315.00	$ 274.00
65114			REMOVE EYE, REVISE SOCKET	$ 437.00	$ 370.00
65125			MODIFY OCULAR IMPL...(SEP.PROC)	$ 225.42	$ 191.61
65130			INSERT OCULAR IMPLANT	$ 200.00	$ 170.00
65135			INSERT OCULAR IMPLANT	$ 250.00	$ 213.00
65140			ATTACH OCULAR IMPLANT	$ 242.00	$ 210.00
65150			REVISE OCULAR IMPLANT	$ 360.00	$ 306.00
65155			REINSERT OCULAR IMPLANT	$ 350.00	$ 298.00
65175			REMOVAL OF OCULAR IMPLANT	$ 300.00	$ 255.00
65205			REMOVE FOREIGN BODY FROM EYE	$ 16.00	$ 14.00
65210			REMOVE FOREIGN BODY FROM EYE	$ 32.00	$ 27.00
65220			REMOVE FOREIGN BODY FROM EYE	$ 32.00	$ 27.00
65222			REMOVE FOREIGN BODY FROM EYE	$ 48.00	$ 41.00
65235			REMOVE FOREIGN BODY FROM EYE	$ 242.00	$ 210.00
65260			REMOVE FOREIGN BODY FROM EYE	$ 302.00	$ 263.00
65265			REMOVE FOREIGN BODY FROM EYE	$ 302.00	$ 263.00
65270			REPAIR OF EYE WOUND	$ 30.00	$ 26.00

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CPT/ HCPCS/ CDT	***MOD 1***	***MOD 2***	***SHORT - DESCRIPTION***	***MAXIMUM FEE ALLOWANCE***	***MAXIMUM FEE ALLOWANCE***
PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
65272			REPAIR OF EYE WOUND	$ 60.00	$ 51.00
65273			REPAIR OF EYE WOUND	$ 60.00	$ 51.00
65275			REPAIR OF CORNEA LACERATION NONPERF	$ 180.00	$ 153.00
65280			REPAIR OF EYE WOUND	$ 182.00	$ 158.00
65285			REPAIR OF EYE WOUND	$ 211.00	$ 174.00
65286			REPAIR LACERATION;APPLIC TISSUE GLUE	$ 180.00	$ 153.00
65290			REPAIR OF EYE SOCKET WOUND	$ 90.00	$ 77.00
65400			REMOVAL OF EYE LESION	$ 151.00	$ 131.00
65410			BIOPSY OF CORNEA	$ 24.00	$ 21.00
65420			REMOVAL OF EYE LESION	$ 121.00	$ 105.00
65426			REMOVAL OF EYE LESION	$ 121.00	$ 105.00
65430			CORNEAL SMEAR	$ 16.00	$ 14.00
65435			CURETTE/TREAT CORNEA	$ 30.00	$ 26.00
65436			CURETTE/TREAT CORNEA	$ 60.00	$ 51.00
65450			DESTROY CORNEAL LESION	$ 30.00	$ 26.00
65600			REVISION OF CORNEA	$ 151.00	$ 131.00
65710			CORNEAL TRANSPLANT	$ 453.00	$ 394.00
65730			CORNEAL TRANSPLANT	$ 432.00	$ 376.00
65750			CORNEAL TRANSPLANT	$ 432.00	$ 376.00
65755			KERATOPLASTY(CORN TSPLT);PENETRATING	$ 432.00	$ 376.00
65756			KERATOPLASTY_(CORNEAL_TRANSPLANT)	$ 644.55	$ 547.87
65757			BACKBENCH_PREPARATION_OF_CORNEAL_END	$ 161.55	$ 137.31
65765			KERATOPHAKIA	BR	BR
65767			EPIKERATOPLASTY	BR	BR
65770			KERATOPROSTHESIS	$ 622.39	$ 529.03
65772			CORNEAL RELAX INCISION,CORR SURG AST	$ 60.00	$ 51.00
65775			CORN WDGE RESECT,CORR SURG..ASTIGMAT	$ 320.00	$ 272.00
65778	26		PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE FOR WOUND HEALING;	$ 38.10	$ 32.38
65778			PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE FOR WOUND HEALING;	$ 782.81	$ 665.39
65779	26		PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE FOR WOUND HEALING; SINGLE	$ 154.53	$ 131.35
65779			PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE FOR WOUND HEALING; SINGLE	$ 689.60	$ 586.16
65780			OCULAR SURFACE RECONSTRUCTION	$ 350.00	$ 298.00
65781			LIMBAL STEM CELL ALLOGRAFT	$ 535.00	$ 455.00
65782			LIMBAL CONJUNCTIVAL AUTOGRAFT	$ 462.00	$ 393.00
65800			PARACENTESIS ANTERIOR CHAMBER EYE...	$ 61.00	$ 53.00
65810			PARACENTHESIS EYE.. REMOVE VITREOUS.	$ 140.00	$ 119.00
65815			DRAINAGE OF EYE	$ 100.00	$ 85.00
65820			RELIEVE INNER EYE PRESSURE	$ 182.00	$ 158.00
65850			TRABECULOTOMY AB EXTERNO	$ 300.00	$ 255.00
65855			LASER TRABECULOPLASTY-1/MORE	$ 272.00	$ 231.00
65860			SERV. ADH. ANT. SEGM.; LASER TECHN.	$ 151.00	$ 131.00
65865			INCISE INNER EYE ADHESIONS	$ 200.00	$ 170.00
65870			INCISE INNER EYE ADHESIONS	$ 200.00	$ 170.00
65875			INCISE INNER EYE ADHESIONS	$ 200.00	$ 170.00
65880			INCISE INNER EYE ADHESIONS	$ 200.00	$ 170.00

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CPT/ HCPCS/ CDT	***MOD 1***	***MOD 2***	***SHORT - DESCRIPTION***	***MAXIMUM FEE ALLOWANCE***	***MAXIMUM FEE ALLOWANCE***
PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
65900			REMOVE EYE LESION	$ 200.00	$ 170.00
65920			REMOVE IMPLANT FROM EYE	$ 200.00	$ 170.00
65930			REMOVE BLOOD CLOT FROM EYE	$ 200.00	$ 170.00
66020			INJECTION,ANTERIOR CHAMBER;AIR OR LI	$ 90.00	$ 79.00
66030			INJECTION TTREATMENT OF EYE	$ 90.00	$ 77.00
66130			REMOVE EYE LESION	$ 300.00	$ 255.00
66150			INCISION OF EYE	$ 300.00	$ 255.00
66155			INCISION OF EYE	$ 300.00	$ 255.00
66160			INCISION OF EYE	$ 300.00	$ 255.00
66170			INCISION OF EYE	$ 375.00	$ 319.00
66172			FISTUL.SCLERA.TRABECULECTOMY PRE.SUR	$ 450.00	$ 382.00
66174			TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITHOUT RETENTION OF DEVICE OR	$ 516.35	$ 438.89
66175			TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITH RETENTION OF DEVICE OR	$ 540.94	$ 459.80
66179			AQUEOUS SHUNT EYE W/O GRAFT	$ 589.91	$ 501.42
66179	26		AQUEOUS SHUNT EYE W/O GRAFT	$ 487.20	$ 414.12
66180			AQUEOUS SHT/EXTOCUL RESERVOIR	$ 500.00	$ 425.00
66183			INSERTION OF EYE FLUID DRAINAGE DEVICE	$ 560.49	$ 476.41
66184			REVISION OF AQUEOUS SHUNT	$ 431.26	$ 366.57
66184	26		REVISION OF AQUEOUS SHUNT	$ 340.04	$ 289.03
66185			REVISION AQUEOUS SHUNT TO EXTOCU RES	$ 407.00	$ 346.00
66220			REPAIR EYE LESION	$ 500.00	$ 425.00
66225			REPAIR/GRAFT EYE LESION	$ 500.00	$ 425.00
66250			FOLLOW-UP SURGERY OF EYE	$ 121.00	$ 105.00
66500			INCISION OF IRIS	$ 121.00	$ 105.00
66505			INCISION OF IRIS	$ 121.00	$ 105.00
66600			REMOVE IRIS AND LESION	$ 272.00	$ 236.00
66605			REMOVAL OF IRIS	$ 302.00	$ 263.00
66625			REMOVAL OF IRIS	$ 285.00	$ 243.00
66630			REMOVAL OF IRIS	$ 285.00	$ 243.00
66635			REMOVAL OF IRIS	$ 285.00	$ 243.00
66680			REPAIR IRIS & CILIARY BODY	$ 228.00	$ 194.00
66682			SUTURE OF IRIS, CILIARY BODY	$ 285.00	$ 243.00
66700			CILIARY BODY DESTR.;DIATHERMY	$ 151.00	$ 131.00
66710			CILIARY BODY DESTR.;CYCLOPHOTOCOAQUL	$ 130.00	$ 110.00
66711			CILIARY BODY DESTRUCTION; CYCLOPHOTO	$ 351.37	$ 298.66
66720			CILIARY BODY DESTR.;CRYOTHERAPY	$ 121.00	$ 105.00
66740			CILIARY BODY DESTR.;CYCLODIALYSIS	$ 242.00	$ 210.00
66761			REVISION OF IRIS	$ 121.00	$ 105.00
66762			REVISION OF IRIS	$ 121.00	$ 105.00
66770			REMOVAL OF INNER EYE LESION	$ 152.00	$ 132.00
66820			INCISION OF LENS LESION	$ 121.00	$ 105.00
66820	52		RE-INCISION OF LENS	$ 90.00	$ 79.00
66821			DISCISSION SECONDARY; LASER	$ 151.00	$ 131.00
66825			REP. INTR. LENS PROSTH. REQ.INCISION	$ 151.00	$ 131.00
66830			REMOVAL OF LENS LESION	$ 151.00	$ 131.00

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CPT/ HCPCS/ CDT	***MOD 1***	***MOD 2***	***SHORT - DESCRIPTION***	***MAXIMUM FEE ALLOWANCE***	***MAXIMUM FEE ALLOWANCE***
PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
66840			REMOVAL OF LENS MATERIAL	$ 151.00	$ 131.00
66850			REMOVAL OF LENS MATERIAL	$ 393.00	$ 341.00
66852			REMOV LENS MAT; PARS PIANA APP,W/WOV	$ 393.00	$ 341.00
66920			EXTRACTION OF LENS	$ 393.00	$ 341.00
66930			EXTRACTION OF LENS	$ 393.00	$ 341.00
66940			EXTRACTION OF LENS	$ 393.00	$ 341.00
66982			EXTRACAPS CATARACT REMOV COMPLEX	$ 670.00	$ 570.00
66983			INTRA CATARACT EXTRAC W/LENS	$ 513.00	$ 446.00
66984			EXTRA CATARACT REMOVAL W/LENS	$ 513.00	$ 446.00
66985			INSERT LENS PROSTHESIS	$ 393.00	$ 341.00
66986			EXCHANGE OF INTRAOCULAR LENS	$ 432.00	$ 367.00
66990			USE OF OPHTHMALMIC ENDOSCOPE	$ 71.00	$ 60.00
66999			UNLISTED PROC.,ANTERIOR SEGMENT EYE	BR	BR
67005			PARTIAL REMOVAL OF EYE FLUID	$ 391.00	$ 332.00
67010			PARTIAL REMOVAL OF EYE FLUID	$ 393.00	$ 334.00
67015			RELEASE OF EYE FLUID	$ 151.00	$ 131.00
67025			REPLACE EYE FLUID	$ 285.00	$ 243.00
67027			IMPLANT INTRAVITREAL DRUG DELIV SYS	$ 371.00	$ 315.00
67028			INTRAVITREAL INJ,PHARMCOLOGIC AGENT	$ 80.00	$ 68.00
67030			INCISE INNER EYE STRANDS	$ 332.00	$ 283.00
67031			SEVERING VIT. STRANDA-LASER	$ 260.00	$ 221.00
67036			VIRECTOMY MECHANICAL	$ 665.00	$ 578.00
67039			VITRECTOMY,MECH,PPAPP;W FCL ENDO/ PH	$ 264.00	$ 224.00
67040			VITRECTOMY..;W/ENDOLASER PANRET PHOT	$ 369.00	$ 314.00
67041			VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF PRERETINAL	$ 627.17	$ 533.09
67042			VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF INTERNAL LIMITING	$ 627.17	$ 533.09
67043			VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF SUBRETINAL	$ 662.25	$ 562.91
67101			REPAIR DETACHED RETINA	$ 362.00	$ 308.00
67105			PHOTOCOAGULATION/DETACHED RET	$ 362.00	$ 308.00
67107			REPAIR DETACHED RETINA	$ 544.00	$ 473.00
67108			REPAIR DETACHED RETINA	$ 544.00	$ 473.00
67110			REPAIR RETI DETA,1/MORE SESS;W VITRE	$ 252.00	$ 215.00
67112			RE-REPAIR DETACHED RETINA	$ 272.00	$ 231.00
67113			REPAIR OF COMPLEX RETINAL DETACHMENT (EG, PROLIFERATIVE VITREORETINOPATHY,	$ 947.54	$ 805.40
67115			RELEASE.ENCIRCLING MATERIAL(POSTERIO	$ 228.00	$ 194.00
67120			REMOVE EYE IMPLANT MATERIAL	$ 228.00	$ 194.00
67121			REMOVE IMPLANT,POSTERIOR,INTRAOCULAR	$ 342.00	$ 291.00
67141			TREAT RETINAL DETACH,CRYOTHER/DIATHE	$ 228.00	$ 194.00
67145			TREAT RETINAL DETACH,PHOTOCOAGULATIO	$ 144.00	$ 122.40
67208			DEST.LOC.RETINAL LESION,CRYO.DIATHER	$ 362.00	$ 308.00
67210			DEST.LOC.RETINAL LESION,PHOTOCOAGULA	$ 182.00	$ 155.00
67218			TREAT RETINAL LESION;IMPLANT RADIATI	$ 323.00	$ 275.00
67220			DESTRUCTION LOCAL LESION OF CHOROID	$ 272.00	$ 236.00
67221			PHOTODYNAMIC DESTRUCT LOC LES CHOROI	$ 219.00	$ 186.15
67225			DESTRUCTION LOCALIZED LESION CHOROID	$ 23.00	$ 20.00

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CPT/ HCPCS/ CDT	***MOD 1***	***MOD 2***	***SHORT - DESCRIPTION***	***MAXIMUM FEE ALLOWANCE***	***MAXIMUM FEE ALLOWANCE***
PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
67227			DESTR0Y RETINOPATHY;CRYOTHER/DIATHER	$ 182.00	$ 155.00
67228			DESTROY RETINOPATHY;PHOTOCOAGULATION	$ 182.00	$ 155.00
67229			TREATMENT OF EXTENSIVE OR PROGRESSIVE RETINOPATHY, ONE OR MORE SESSIONS;	$ 634.67	$ 539.47
67229	50		TREATMENT OF EXTENSIVE OR PROGRESSIVE RETINOPATHY, ONE OR MORE SESSIONS;	$ 1,269.34	$ 1,078.94
67250			REINFORCE EYE WALL;WO GRAFT	$ 393.00	$ 334.00
67255			REINFORCE/GRAFT EYE WALL	$ 432.00	$ 367.00
67299			UNLISTED PROCEDURE,POSTERIOE SEGMENT	BR	BR
67311			REVISE EYE MUSCLE;ONE HORIZONTAL MUS	$ 272.00	$ 236.00
67312			REVISE TWO EYE MUSCLES	$ 302.00	$ 263.00
67314			STRABISMUS SURG,REC/RES;1 VERT MUSCL	$ 262.80	$ 223.40
67316			STRABISMUS SURG,REC/RES;2/MORE VERTM	$ 332.90	$ 282.65
67318			STRABISMUS SURG,ANY PROC,SUP OBL MUS	$ 280.32	$ 238.27
67320			TRANSPOSITION PROC,ANY OCULAR MUSCLE	$ 209.59	$ 178.15
67331			EYE SURGERY FOLLOW-UP	$ 196.69	$ 167.18
67332			REREVISE EYE MUSCLES	$ 217.32	$ 184.72
67334			STRABISMUS SURG/POST FIX SUT,W/WO MR	$ 192.50	$ 163.63
67335			PLACE ADJUST SUTURE(S)DURING STRABIS	$ 120.57	$ 102.48
67340			STRABISMUS SURG INV EXPL/REP DET EXM	$ 237.93	$ 202.24
67343			RELEASE EXT SCAR TIS WO DETACH EXO M	$ 225.50	$ 192.00
67345			CHEMODENERVATION OF EXTRAOCULAR MUSC	$ 41.00	$ 35.00
67346			BIOPSY OF EXTRAOCULAR MUSCLE	$ 105.70	$ 89.84
67399			UNLISTED PROC.,OCULAR MUSCLE	BR	BR
67400			ORBITOTOMY..;FOR EXPLOR,W/WO BIOPSY	$ 242.00	$ 210.00
67405			ORBITOTOMY;..WITH DRAINAGE ONLY	$ 242.00	$ 210.00
67412			ORBITOTOMY;...W REMOVAL OF LESION	$ 272.00	$ 236.00
67413			ORBITOTOMY...;W REMOVAL FOREIGN BODY	$ 272.00	$ 236.00
67414			ORBITOTOMY WO BONE FLAP....	$ 408.00	$ 347.00
67415			TRANSCONJUNCTIVAL OR ASPIRATIONAL BI	$ 48.00	$ 41.00
67420			EXPLORE/TREAT EYE SOCKET	$ 272.00	$ 236.00
67430			EXPLORE/TREAT EYE SOCKET	$ 408.00	$ 347.00
67440			EXPLORE/DRAIN EYE SOCKET	$ 385.00	$ 327.00
67445			ORBITOTOMY WO BONEFLAP-LATERAL APP.	$ 408.00	$ 347.00
67450			EXPLORE/BIOPSY EYE SOCKET	$ 408.00	$ 347.00
67500			INJECT/TREAT EYE SOCKET	$ 57.00	$ 49.00
67505			INJECT EYE SOCKET FOR XRAY	$ 57.00	$ 49.00
67515			INJECT/TREAT EYE SOCKET	$ 30.00	$ 26.00
67550			ORBITAL IMPLANT;INSERTION	$ 272.00	$ 236.00
67560			ORBITAL IMPLANT;REMOVAL OR REVISION	$ 272.00	$ 236.00
67570			OPTIC NERVE DECOMPRESSION....	$ 204.00	$ 173.00
67599			UNLISTED PROCEDURE, ORBIT	BR	BR
67700			DRAINAGE OF EYELID ABSCESS	$ 24.00	$ 20.00
67710			INCISION OF EYELID	$ 24.00	$ 20.00
67715			CANTHOTOMY(SEPARATE PROCEDURE)	$ 24.00	$ 20.00
67800			EXCISION CHALAZION, SINGLE	$ 30.00	$ 26.00
67801			EXCISE CHALAZION;MULTIPLE,SAME LID	$ 42.00	$ 37.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
67805			EXCISION OF CHALAZION;MULTIPLE DIFF	$ 50.00	$ 43.00
67808			EXCISE CHALAZION;UNDER GEN ANES...	$ 90.00	$ 76.00
67810			BIOPSY OF EYELID	$ 16.00	$ 14.00
67820			REVISE EYELASHES	$ 16.00	$ 14.00
67825			REVISE EYELASHES	$ 20.00	$ 20.00
67830			CORRECT TRICHIASIS;INCISE LID MARGIN	$ 121.00	$ 105.00
67835			CORRECT TRICHIASIS;INCISE LID MARGIN	$ 169.00	$ 144.00
67840			REMOVE EYELID LESION EXC CHALAZION..	$ 18.00	$ 16.00
67850			TREAT EYELID LESION	$ 42.00	$ 37.00
67875			TEMPORARY CLOSURE EYELIDS BY SUTURE	$ 70.00	$ 59.00
67880			REVISION OF EYELID	$ 76.00	$ 66.00
67882			REVISION OF EYELID	$ 114.00	$ 99.00
67900			REPAIR BROW PTOSIS....	$ 120.00	$ 102.00
67901			REPAIR BLEPHAROPTOSIS;..W SUTURE	$ 272.00	$ 236.00
67901	50		REPAIR EYELID DEFECT	$ 408.00	$ 347.00
67902			REPAIR BLEPHAROPTOSIS;..W FASCIA SLI	$ 182.00	$ 158.00
67902	50		REPAIR EYELID DEFECT	$ 273.00	$ 232.00
67903			REPAIR BLEPHAROPTOSIS;..INTERNAL APP	$ 272.00	$ 236.00
67904			REPAIR BLEPHAROPTOSIS;...EXTERNAL AP	$ 272.00	$ 236.00
67906			REPAIR BLEPHAROPTOSIS;...W FASCIA SL	$ 182.00	$ 158.00
67908			REPAIR BLEPHAROPTOSIS;...RESECTION..	$ 205.00	$ 178.00
67909			REDUCTION OVERCORRECTION PTOSIS	$ 114.00	$ 99.00
67911			REVISE EYELID DEFECT	$ 205.00	$ 178.00
67912	26		CORRECT LAGOPHTHAL W/IMPL UP EYELID	$ 387.00	$ 329.00
67912			CORRECT LAGOPHTHAL W/IMPL UP EYELID	$ 484.00	$ 411.00
67914			REPAIR ECTROPIAN; SUTURE	$ 30.00	$ 26.00
67915			REPAIR EYELID DEFECT	$ 30.00	$ 26.00
67916			REPAIR ECTROPIAN;BLEPHAROPLASTY,EXCI	$ 171.00	$ 146.00
67917			REPAIR ECTROPIAN;BLEPHAROPLASTY,EXTE	$ 182.00	$ 158.00
67921			REPAIR ENTROPIAN; SUTURE	$ 30.00	$ 26.00
67922			REPAIR EYELID DEFECT	$ 30.00	$ 26.00
67923			REPAIR ENTROPIAN;BLEPHAROPLASTY,EXC.	$ 171.00	$ 146.00
67924			REPAIR ENTROPIAN;BLEPHAROPLASTY,EXTE	$ 182.00	$ 158.00
67930			REPAIR EYELID WOUND	$ 30.00	$ 26.00
67935			SUTURE RECENT WOUND EYELID..FULL THI	$ 57.00	$ 50.00
67938			REMOVE EYELID FOREIGN BODY	$ 30.00	$ 26.00
67950			CANTHOPLASTY(RECONSTRUCTION CANTHUS)	$ 121.00	$ 105.00
67961			REVISION OF EYELID	$ 227.00	$ 197.00
67966			REVISION OF EYELID	$ 242.00	$ 210.00
67971			RECONSTRUCTION OF EYELID	$ 242.00	$ 210.00
67973			RECONSTRUCTION OF EYELID	$ 362.00	$ 315.00
67974			RECONSTRUCTION OF EYELID	$ 411.00	$ 357.00
67975			RECONSTRUCTION OF EYELID	$ 46.00	$ 40.00
67999			UNLISTED PROCEDURE, EYELIDS	BR	BR
68020			INCISE/DRAIN EYELID LINING	$ 16.00	$ 14.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
68040			TREATMENT OF EYELID LESIONS	$ 16.00	$ 14.00
68100			BIOPSY OF EYELID LINING	$ 18.00	$ 16.00
68110			REMOVE EYELID LINING LESION	$ 30.00	$ 26.00
68115			REMOVE EYELID LINING LESION	$ 30.00	$ 26.00
68130			REMOVE EYELID LINING LESION	$ 40.00	$ 34.00
68135			REMOVE EYELID LINING LESION	$ 16.00	$ 14.00
68200			TREAT EYELID BY INJECTION	$ 16.00	$ 14.00
68320			REVISE/GRAFT EYELID LINING	$ 242.00	$ 210.00
68325			REVISE/GRAFT EYELID LINING	$ 272.00	$ 236.00
68326			REVISE/GRAFT EYELID LINING	$ 342.00	$ 291.00
68328			REVISE/GRAFT EYELID LINING	$ 371.00	$ 316.00
68330			REVISE EYELID LINING	$ 257.00	$ 219.00
68335			REVISE/GRAFT EYELID LINING	$ 314.00	$ 267.00
68340			SEPARATE EYELID ADHESIONS	$ 257.00	$ 219.00
68360			REVISE EYELID LINING	$ 114.00	$ 97.00
68362			REVISE EYELID LINING	$ 228.00	$ 194.00
68371			HARVEST CONJUNCT ALLOGRAFT LIV DONOR	$ 148.00	$ 126.00
68399			UNLISTED PROCEDURE, CONJUNCTIVA	BR	BR
68400			INCISE/DRAIN TEAR GLAND	$ 48.00	$ 42.00
68420			INCISE/DRAIN TEAR SAC	$ 37.00	$ 32.00
68440			INCISE TEAR DUCT OPENING	$ 16.00	$ 14.00
68500			REMOVAL OF TEAR GLAND	$ 242.00	$ 210.00
68505			PARTIAL REMOVAL TEAR GLAND	$ 242.00	$ 210.00
68510			BIOPSY OF TEAR GLAND	$ 30.00	$ 26.00
68520			REMOVAL OF TEAR SAC	$ 242.00	$ 210.00
68525			BIOPSY OF TEAR SAC	$ 30.00	$ 26.00
68530			CLEARANCE OF TEAR DUCT	$ 60.00	$ 52.00
68540			REMOVE TEAR GLAND LESION	$ 253.00	$ 221.00
68550			REMOVE TEAR GLAND LESION	$ 253.00	$ 221.00
68700			REPAIR TEAR DUCTS	$ 90.00	$ 79.00
68705			REVISE TEAR DUCT OPENING	$ 23.00	$ 20.00
68720			CREATE TEAR SAC DRAIN	$ 272.00	$ 236.00
68745			CREATE TEAR DUCT DRAIN	$ 272.00	$ 236.00
68750			CREATE TEAR DUCT DRAIN	$ 272.00	$ 236.00
68760			CLOSE TEAR DUCT OPENING	$ 30.00	$ 26.00
68761			CLOSE LACR. PUNCT., PLUG, EACH	$ 30.00	$ 26.00
68770			CLOSE TEAR SYSTEM FISTULA	$ 114.00	$ 97.00
68801			DILATION LACRIMAL PUNCTUM W/WO IRRIG	$ 8.00	$ 7.00
68801	50		DILATION LACRIMAL PUNCTUM W/WO IRRIG	$ 12.00	$ 10.50
68810			PROBING NASOLACRIMAL DUCT W/WO IRRIG	$ 20.00	$ 17.00
68810	50		PROBING NASOLACRIMAL DUCT W/WO IRRIG	$ 30.00	$ 25.00
68811			PROBING NASOLAC DUCT W/WO IRRIG W/AN	$ 50.00	$ 43.00
68811	50		PROBING NASOLAC DUCT W/WO IRRIG W/AN	$ 75.00	$ 65.00
68815			PROBING NASOLAC DUCT W INSERT TUBE	$ 52.00	$ 44.00
68815	50		PROBING NASOLAC DUCT W INSERT TUBE	$ 78.00	$ 66.00

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CPT/ HCPCS/ CDT	***MOD 1***	***MOD 2***	***SHORT - DESCRIPTION***	***MAXIMUM FEE ALLOWANCE***	***MAXIMUM FEE ALLOWANCE***
PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
68816	50		PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH TRANSLUMINAL	$ 274.72	$ 233.51
68816			PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH TRANSLUMINAL	$ 137.36	$ 116.76
68840			EXPLORE/IRRIGATE TEAR DUCTS	$ 8.00	$ 7.00
68850			INJECTION FOR TEAR SAC X-RAY	$ 21.00	$ 19.00
68899			UNLISTED_PROC.,LACRIMAL_SYSTEM	BR	BR
69000			DRAIN EXTERNAL EAR LESION	$ 24.00	$ 21.00
69005			DRAIN EXTERNAL EAR LESION	$ 61.00	$ 53.00
69020			DRAIN OUTER EAR CANAL LESION	$ 18.00	$ 16.00
69100			BIOPSY OF EXTERNAL EAR	$ 18.00	$ 16.00
69105			BIOPSY EXTERNAL EAR CANAL	$ 18.00	$ 16.00
69110			PARTIAL REMOVAL EXTERNAL EAR	$ 76.00	$ 66.00
69120			REMOVAL OF EXTERNAL EAR	$ 151.00	$ 131.00
69140			REMOVE EAR CANAL LESION(S)	$ 182.00	$ 158.00
69145			REMOVE EAR CANAL LESION(S)	$ 24.00	$ 20.00
69150			EXTENSIVE EAR CANAL SURGERY	$ 169.00	$ 147.00
69155			EXTENSIVE EAR/NECK SURGERY	$ 242.00	$ 210.00
69200			CLEAR OUTER EAR CANAL	$ 13.00	$ 11.00
69200	SA		CLEAR OUTER EAR CANAL	NA	$ 10.50
69205			CLEAR OUTER EAR CANAL	$ 30.00	$ 26.00
69210	SA		REMOVE IMPACTED CERUMEN 1-2 EARS	NA	$ 11.00
69210			REMOVE IMPACTED CERUMEN,1-2 EARS	$ 13.00	$ 11.00
69220	50		DEBRIDEMENT,MASTOID CAVITY,SIMPLE	$ 27.00	$ 23.00
69220			DEBRIDEMENT,MASTOIDECTOMY CAV/SIMPLE	$ 18.00	$ 15.00
69222	50		DEBRID,MASTOID,CAV,COMPLEX/W ANES;BI	$ 53.00	$ 45.00
69222			DEBRID,MASTOID,CAV,COMPLEX/W ANESTHE	$ 35.00	$ 30.00
69300	50		OTOPLASTY,PROTRUD EAR/W/WO/SZ RED;BI	$ 182.00	$ 155.00
69300			REVISE EXTERNAL EAR	$ 121.00	$ 105.00
69310			RECONSTRUCT EXTERNAL EAR CANAL	$ 121.00	$ 105.00
69320			REBUILD OUTER EAR CANAL	$ 242.00	$ 210.00
69399			UNLISTED_PROCEDURE,EXTERNAL_EAR	BR	BR
69420			INCISION OF EARDRUM	$ 24.00	$ 21.00
69421			MYRINGOTOMY....REQUIRING GEN ANESTH	$ 121.00	$ 105.00
69424	50		VENT TUBE REMOVAL;BILATERAL	$ 27.00	$ 23.00
69424			VENT TUBE REMOVAL;UNILATERAL	$ 18.00	$ 16.00
69433	50		TYMPANOSTOMY LOCAL/TOPICAL ANES;BILA	$ 56.00	$ 48.00
69436			TYMPANOSTOMY;UNILATERAL	$ 54.00	$ 47.00
69440			EXPLORATION OF MIDDLE EAR	$ 242.00	$ 210.00
69450			TYMPANOLYSIS, TRANSCANAL	$ 332.00	$ 289.00
69501			MASTOIDECTOMY	$ 242.00	$ 210.00
69502			MASTOIDECTOMY	$ 528.00	$ 450.00
69505			REMOVE MASTOID STRUCTURES	$ 423.00	$ 368.00
69511			EXTENSIVE MASTOID SURGERY	$ 423.00	$ 368.00
69530			EXTENSIVE MASTOID SURGERY	$ 604.00	$ 525.00
69535			REMOVE PART OF TEMPORAL BONE	$ 818.00	$ 696.00
69540			REMOVE EAR LESION	$ 37.00	$ 32.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
69550			REMOVE EAR LESION	$ 332.00	$ 282.00
69552			REMOVE EAR LESION	$ 423.00	$ 359.00
69554			REMOVE EAR LESION	$ 483.00	$ 411.00
69601			MASTOID SURGERY REVISION	$ 302.00	$ 263.00
69602			MASTOID SURGERY REVISION	$ 302.00	$ 263.00
69603			MASTOID SURGERY REVISION	$ 302.00	$ 263.00
69604			MASTOID SURGERY REVISION	$ 368.00	$ 313.00
69605			MASTOID SURGERY REVISION	$ 266.00	$ 226.00
69610			REPAIR OF EAR DRUM	$ 24.00	$ 21.00
69610	50		TYMPAN MEMBRANE PATCH W/TISSUE GFT;B	$ 36.00	$ 31.00
69620			REPAIR OF EARDRUM	$ 280.00	$ 252.00
69631			REPAIR EARDRUM STRUCTURES	$ 403.00	$ 351.00
69632			REBUILD EARDRUM STRUCTURES	$ 403.00	$ 351.00
69633			REBUILD EARDRUM STRUCTURES - TOTAL	$ 403.00	$ 351.00
69635			REPAIR EARDRUM STRUCTURES	$ 484.00	$ 411.00
69636			REBUILD EARDRUM STRUCTURES	$ 483.00	$ 420.00
69637			REBUILD EARDRUM STRUCTURES - TOTAL	$ 484.00	$ 411.00
69641			REVISE MIDDLE EAR & MASTOID	$ 483.00	$ 420.00
69642			REVISE MIDDLE EAR & MASTOID	$ 483.00	$ 420.00
69643			REVISE MIDDLE EAR & MASTOID	$ 483.00	$ 420.00
69644			REVISE MIDDLE EAR & MASTOID	$ 483.00	$ 420.00
69645			REVISE MIDDLE EAR & MASTOID	$ 483.00	$ 420.00
69646			REVISE MIDDLE EAR & MASTOID	$ 483.00	$ 420.00
69650			RELEASE MIDDLE EAR BONE	$ 302.00	$ 263.00
69660			REVISE MIDDLE EAR BONE	$ 393.00	$ 341.00
69661			REVISE MIDDLE EAR BONE W/DRILL OUT	$ 393.00	$ 341.00
69662			REVISION STAPEDECTOMY/OTOMY	$ 435.00	$ 377.00
69666			REPAIR OVAL WINDOW FISTULA	$ 393.00	$ 341.00
69667			REPAIR ROUND WINDOW FISTULA	$ 393.00	$ 341.00
69670			REMOVE MASTOID AIR CELLS	$ 280.00	$ 252.00
69676			TYMPANIC NEURECTOMY; UNILATERAL	$ 257.00	$ 219.00
69676	50		TYMPANIC NEVRETOMY;BILATERAL	$ 386.00	$ 328.00
69700			CLOSE MASTOID FISTULA	$ 121.00	$ 105.00
69714			OSSEOINTEG IMPLANT WO/MASTOIDECTOMY	$ 474.00	$ 403.00
69715			OSSEOINTEG IMPLANT W/MASTOIDECTOMY	$ 600.00	$ 510.00
69717			REPLACE OSSEOINTEG IMPL W/MASTOIDECT	$ 487.00	$ 414.00
69718			REPLACE OSSEOINTEG IMP/ W/MASTOIDECT	$ 607.00	$ 516.00
69720			RELEASE FACIAL NERVE	$ 362.00	$ 315.00
69725			RELEASE FACIAL NERVE	$ 590.00	$ 501.00
69740			REPAIR FACIAL NERVE	$ 435.00	$ 378.00
69745			REPAIR FACIAL NERVE	$ 590.00	$ 501.00
69799			UNLISTED PROCEDURE, MIDDLE EAR	BR	BR
69801			INCISE INNER EAR	$ 177.18	$ 150.60
69805			EXPLORE INNER EAR	$ 315.00	$ 267.00
69806			EXPLORE INNER EAR	$ 432.00	$ 367.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
69820			FENESTRATION SEMICIRCULAR CANAL	$ 423.00	$ 368.00
69840			REVISE INNER EAR WINDOW	$ 254.00	$ 221.00
69905			REMOVE INNER EAR	$ 393.00	$ 341.00
69910			REMOVE INNER EAR & MASTOID	$ 550.00	$ 467.00
69915			INCISE INNER EAR NERVE	$ 508.00	$ 431.00
69930			COCHLEAR DEVICE IMPLANTATION	$ 725.00	$ 616.00
69949			UNLISTED PROCEDURE, INNER EAR	BR	BR
69950			INCISE INNER EAR NERVE	$ 720.00	$ 612.00
69955			RELEASE FACIAL NERVE	$ 635.00	$ 539.00
69960			RELEASE INNER EAR CANAL	$ 571.00	$ 485.00
69970			REMOVE INNER EAR LESION	$ 423.00	$ 368.00
69979			UNLISTED PROCEDURE,TEMPORAL BONE,MID	BR	BR
69990			USE OF OPERATING MICROSCOPE	$ 170.00	$ 145.00
70010			MYELOGRAPHY; PROCEDURE, S&I	$ 63.90	NA
70010	26		MYELOGRAPHY; PROCEDURE, S&I	$ 24.00	NA
70010	TC		MYELOGRAPHY; PROCEDURE, S&I	$ 39.90	NA
70015	26		CISTERNOGRAPHY; PROCEDURE, S&I	$ 46.61	NA
70015	TC		CISTERNOGRAPHY; PROCEDURE, S&I	$ 53.84	NA
70015			CISTERNOGRAPHY; PROCEDURE, S&I	$ 100.45	NA
70030	26		X-RAY EYE; DETECT FOREIGN BODY	$ 7.20	NA
70030	TC		X-RAY EYE; DETECT FOREIGN BODY	$ 7.80	NA
70030			X-RAY EYE; DETECT FOREIGN BODY	$ 15.00	NA
70100	26		X-RAY MANDIBLE; PARTIAL	$ 5.40	NA
70100	TC		X-RAY MANDIBLE; PARTIAL	$ 9.60	NA
70100			X-RAY MANDIBLE; PARTIAL	$ 15.00	NA
70110	26		X-RAY MANDIBLE; COMPLETE	$ 9.00	NA
70110	TC		X-RAY MANDIBLE; COMPLETE	$ 11.00	NA
70110			X-RAY MANDIBLE; COMPLETE	$ 20.00	NA
70120	26		X-RAY MASTOIDS;L3 VIEWS PER SIDE	$ 7.20	NA
70120	TC		X-RAY MASTOIDS;L3 VIEWS PER SIDE	$ 7.80	NA
70120			X-RAY MASTOIDS;L3 VIEWS PER SIDE	$ 15.00	NA
70130	26		COMPLETE X-RAY,MASTOIDS-3 VIEWS/SIDE	$ 10.80	NA
70130	TC		COMPLETE X-RAY,MASTOIDS-3 VIEWS/SIDE	$ 9.20	NA
70130			COMPLETE X-RAY,MASTOIDS-3 VIEWS/SIDE	$ 20.00	NA
70134	26		X-RAY INTERNAL AUDITORY MEATI	$ 10.00	NA
70134	TC		X-RAY INTERNAL AUDITORY MEATI	$ 15.00	NA
70134			X-RAY INTERNAL AUDITORY MEATI	$ 25.00	NA
70140	26		X-RAY FACIAL BONES; L3 VIEWS	$ 5.40	NA
70140	TC		X-RAY FACIAL BONES; L3 VIEWS	$ 9.60	NA
70140			X-RAY FACIAL BONES; L3 VIEWS	$ 15.00	NA
70150	26		X-RAY FACIAL BONES; COMPLETE	$ 9.00	NA
70150	TC		X-RAY FACIAL BONES; COMPLETE	$ 11.00	NA
70150			X-RAY FACIAL BONES; COMPLETE	$ 20.00	NA
70160	26		X-RAY NASAL BONES; COMPLETE	$ 5.40	NA
70160	TC		X-RAY NASAL BONES; COMPLETE	$ 9.60	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
70160			X-RAY NASAL BONES; COMPLETE	$ 15.00	NA
70170	26		DACRYOCYSTOGRAPHY;PROCEDURE, S&I	$ 7.20	NA
70170	TC		DACRYOCYSTOGRAPHY;PROCEDURE, S&I	$ 12.80	NA
70170			DACRYOCYSTOGRAPHY;PROCEDURE, S&I	$ 20.00	NA
70190	26		X-RAY OPTIC FORAMINA	$ 5.40	NA
70190	TC		X-RAY OPTIC FORAMINA	$ 9.60	NA
70190			X-RAY OPTIC FORAMINA	$ 15.00	NA
70200	26		X-RAY ORBITS,COMPLETE,4+ VIEWS	$ 9.00	NA
70200	TC		X-RAY ORBITS,COMPLETE,4+ VIEWS	$ 16.00	NA
70200			X-RAY ORBITS,COMPLETE,4+ VIEWS	$ 25.00	NA
70210	26		X-RAY SINUSES; PARANASAL; L3 VIEWS	$ 5.40	NA
70210	TC		X-RAY SINUSES; PARANASAL; L3 VIEWS	$ 14.60	NA
70210			X-RAY SINUSES; PARANASAL; L3 VIEWS	$ 20.00	NA
70220	26		X-RAY SINUSES; PARANASAL; COMPLETE	$ 9.00	NA
70220	TC		X-RAY SINUSES; PARANASAL; COMPLETE	$ 16.00	NA
70220			X-RAY SINUSES; PARANASAL; COMPLETE	$ 25.00	NA
70240	26		X-RAY SELLA TURCICA	$ 7.20	NA
70240	TC		X-RAY SELLA TURCICA	$ 7.80	NA
70240			X-RAY SELLA TURCICA	$ 15.00	NA
70250	26		X-RAY SKULL; LESS THAN 4 VIEWS	$ 5.40	NA
70250	TC		X-RAY SKULL; LESS THAN 4 VIEWS	$ 9.60	NA
70250			X-RAY SKULL; LESS THAN 4 VIEWS	$ 15.00	NA
70260	26		X-RAY SKULL; COMPLETE	$ 9.00	NA
70260	TC		X-RAY SKULL; COMPLETE	$ 16.00	NA
70260			X-RAY SKULL; COMPLETE	$ 25.00	NA
70300	26		X-RAY TEETH; SINGLE VIEW	$ 1.80	NA
70300	TC		X-RAY TEETH; SINGLE VIEW	$ 3.20	NA
70300			X-RAY TEETH; SINGLE VIEW	$ 5.00	NA
70310	26		X-RAY TEETH; PARTIAL EXAM	$ 3.60	NA
70310	TC		X-RAY TEETH; PARTIAL EXAM	$ 6.40	NA
70310			X-RAY TEETH; PARTIAL EXAM	$ 10.00	NA
70320	26		X-RAY TEETH; COMPLETE; FULL MOUTH	$ 7.20	NA
70320	TC		X-RAY TEETH; COMPLETE; FULL MOUTH	$ 7.80	NA
70320			X-RAY TEETH; COMPLETE; FULL MOUTH	$ 15.00	NA
70328	26		X-RAY TEMPOROMAN DIBULAR JNT; UNIL	$ 5.40	NA
70328	TC		X-RAY TEMPOROMAN DIBULAR JNT; UNIL	$ 7.60	NA
70328			X-RAY TEMPOROMAN DIBULAR JNT; UNIL	$ 13.00	NA
70330	26		ARTHROTOMOGRAPHY;TEMPOROMAND.-COMPLT	$ 9.00	NA
70330	TC		ARTHROTOMOGRAPHY;TEMPOROMAND.-COMPLT	$ 11.00	NA
70330			ARTHROTOMOGRAPHY;TEMPOROMAND.-COMPLT	$ 20.00	NA
70332	26		TEMPOROMAND.ARTHROGRAPHY;SUPER/INTER	$ 24.00	NA
70332	TC		TEMPOROMAND.ARTHROGRAPHY;SUPER/INTER	$ 46.50	NA
70332			TEMPOROMAND.ARTHROGRAPHY;SUPER/INTER	$ 70.50	NA
70336	26		MRI,TEMPOROMANDIBULAR JOINT	$ 65.49	NA
70336	TC		MRI,TEMPOROMANDIBULAR JOINT	$ 234.51	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
70336			MRI,TEMPOROMANDIBULAR JOINT	$ 300.00	NA
70350			CEPHALOGRAM; ORTHODONTIC	$ 8.00	NA
70355			ORTHOPANTOGRAM	$ 10.00	NA
70360	26		X-RAY NECK; SOFT TISSUE	$ 3.60	NA
70360	TC		X-RAY NECK; SOFT TISSUE	$ 6.40	NA
70360			X-RAY NECK; SOFT TISSUE	$ 10.00	NA
70370	26		X-RAY PHARYNX/LARYNX W/FLUROSCPY	$ 9.00	NA
70370	TC		X-RAY PHARYNX/LARYNX W/FLUROSCPY	$ 11.00	NA
70370			X-RAY PHARYNX/LARYNX W/FLUROSCPY	$ 20.00	NA
70371	26		COMPLEX DYNAMIC PHARYNGEAL/SPEECH EV	$ 13.00	NA
70371	TC		COMPLEX DYNAMIC PHARYNGEAL/SPEECH EV	$ 17.00	NA
70371			COMPLEX DYNAMIC PHARYNGEAL/SPEECH EV	$ 30.00	NA
70373	26		LARYNGOGRAPHY; PROCEDURE, S&I	$ 12.00	NA
70373	TC		LARYNGOGRAPHY; PROCEDURE, S&I	$ 20.00	NA
70373			LARYNGOGRAPHY; PROCEDURE, S&I	$ 32.00	NA
70380	26		X-RAY SALIVARY GLANDFOR CALCULUS	$ 5.40	NA
70380	TC		X-RAY SALIVARY GLANDFOR CALCULUS	$ 9.60	NA
70380			X-RAY SALIVARY GLANDFOR CALCULUS	$ 15.00	NA
70390	26		SIALOGRAPHY; PROCEDURE, S&I	$ 7.20	NA
70390	TC		SIALOGRAPHY; PROCEDURE, S&I	$ 7.80	NA
70390			SIALOGRAPHY; PROCEDURE, S&I	$ 15.00	NA
70450	26		CAT,HEAD/BRAIN;W/OUT CONTRAST MATER.	$ 36.51	NA
70450	TC		CAT,HEAD/BRAIN;W/OUT CONTRAST MATER.	$ 65.72	NA
70450			CAT,HEAD/BRAIN;W/OUT CONTRAST MATER.	$ 102.23	NA
70460	26		CAT,HEAD/BRAIN;W/CONTRAST	$ 35.00	NA
70460	TC		CAT,HEAD/BRAIN;W/CONTRAST	$ 90.00	NA
70460			CAT,HEAD/BRAIN;W/CONTRAST	$ 125.00	NA
70470	26		CAT,HEAD/BRAIN;W/OUT-W/CONTRAST	$ 35.00	NA
70470	TC		CAT,HEAD/BRAIN;W/OUT-W/CONTRAST	$ 90.00	NA
70470			CAT,HEAD/BRAIN;W/OUT-W/CONTRAST	$ 125.00	NA
70470	52		CAT,HEAD/BRAIN;W/OUT-W/CONTRAST	$ 75.00	NA
70470	52	26	CAT,HEAD/BRAIN;W/OUT-W/CONTRAST	$ 21.00	NA
70470	52	TC	CAT,HEAD/BRAIN;W/OUT-W/CONTRAST	$ 54.00	NA
70480	26		TOMOGRAPHY;ORBIT,SELLA,POSTERIOR FOS	$ 35.00	NA
70480	TC		TOMOGRAPHY;ORBIT,SELLA,POSTERIOR FOS	$ 90.00	NA
70480			TOMOGRAPHY;ORBIT,SELLA,POSTERIOR FOS	$ 125.00	NA
70481	26		TOMOGRAPHY;ORBIT,ETC,WITH/CONTRAST M	$ 35.00	NA
70481	TC		TOMOGRAPHY;ORBIT,ETC,WITH/CONTRAST M	$ 90.00	NA
70481			TOMOGRAPHY;ORBIT,ETC,WITH/CONTRAST M	$ 125.00	NA
70482	26		CAT,ORBIT,ETC.,W/OUT-W/ CONTRAST MAT	$ 35.00	NA
70482	TC		CAT,ORBIT,ETC.,W/OUT-W/ CONTRAST MAT	$ 90.00	NA
70482			CAT,ORBIT,ETC.,W/OUT-W/ CONTRAST MAT	$ 125.00	NA
70482	52		CAT,ORBIT,ETC.,W/OUT-W/ CONTRAST MAT	$ 75.00	NA
70482	52	26	CAT,ORBIT,ETC.,W/OUT-W/ CONTRAST MAT	$ 21.00	NA
70482	52	TC	CAT,ORBIT,ETC.,W/OUT-W/ CONTRAST MAT	$ 54.00	NA

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CPT/ HCPCS/ CDT	***MOD 1***	***MOD 2***	***SHORT - DESCRIPTION***	***MAXIMUM FEE ALLOWANCE***	***MAXIMUM FEE ALLOWANCE***
PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
70486	26		TOMOGRAPHY;MAXILLOFACIAL W/OUT CONTR	$ 35.00	NA
70486	TC		TOMOGRAPHY;MAXILLOFACIAL W/OUT CONTR	$ 90.00	NA
70486			TOMOGRAPHY;MAXILLOFACIAL W/OUT CONTR	$ 125.00	NA
70487	26		TOMOGRAPHY;MAXILLOFAC,WITH CONTRAST	$ 35.00	NA
70487	TC		TOMOGRAPHY;MAXILLOFAC,WITH CONTRAST	$ 90.00	NA
70487			TOMOGRAPHY;MAXILLOFAC,WITH CONTRAST	$ 125.00	NA
70488	26		CAT;MAXILL.;W/OUT-W/ CONTRAST MATER.	$ 35.00	NA
70488	TC		CAT;MAXILL.;W/OUT-W/ CONTRAST MATER.	$ 90.00	NA
70488			CAT;MAXILL.;W/OUT-W/ CONTRAST MATER.	$ 125.00	NA
70488	52		CAT;MAXILL.;W/OUT-W/ CONTRAST MATER.	$ 75.00	NA
70488	52	26	CAT;MAXILL.;W/OUT-W/ CONTRAST MATER.	$ 21.00	NA
70488	52	TC	CAT;MAXILL.;W/OUT-W/ CONTRAST MATER.	$ 54.00	NA
70490	26		CAT,SOFT TISSUE NECK;W/OUT CONTRAST	$ 35.00	NA
70490	TC		CAT,SOFT TISSUE NECK;W/OUT CONTRAST	$ 90.00	NA
70490			CAT,SOFT TISSUE NECK;W/OUT CONTRAST	$ 125.00	NA
70491	26		CAT.SOFT TISSUE NECK;W/ CONTRAST MAT	$ 35.00	NA
70491	TC		CAT.SOFT TISSUE NECK;W/ CONTRAST MAT	$ 90.00	NA
70491			CAT.SOFT TISSUE NECK;W/ CONTRAST MAT	$ 125.00	NA
70492	26		CAT,NECK;W/OUT-W/ CONTRAST MATERIAL	$ 35.00	NA
70492	TC		CAT,NECK;W/OUT-W/ CONTRAST MATERIAL	$ 90.00	NA
70492			CAT,NECK;W/OUT-W/ CONTRAST MATERIAL	$ 125.00	NA
70492	52		CAT,NECK;W/OUT-W/ CONTRAST MATERIAL	$ 75.00	NA
70492	52	26	CAT,NECK;W/OUT-W/ CONTRAST MATERIAL	$ 21.00	NA
70492	52	TC	CAT,NECK;W/OUT-W/ CONTRAST MATERIAL	$ 54.00	NA
70496	26		COMPUTED TOMOGRAPH ANGIOGRAPHY HEAD	$ 49.00	NA
70496	TC		COMPUTED TOMOGRAPH ANGIOGRAPHY HEAD	$ 136.00	NA
70496			COMPUTED TOMOGRAPH ANGIOGRAPHY HEAD	$ 185.00	NA
70498	26		COMPUTED TOMOGRAPHIC ANGIOGRAPH NECK	$ 49.00	NA
70498	TC		COMPUTED TOMOGRAPHIC ANGIOGRAPH NECK	$ 136.00	NA
70498			COMPUTED TOMOGRAPHIC ANGIOGRAPH NECK	$ 185.00	NA
70540	26		MRI-ORBIT,FACE AND NECK	$ 59.38	NA
70540	TC		MRI-ORBIT,FACE AND NECK	$ 240.62	NA
70540			MRI-ORBIT,FACE AND NECK	$ 300.00	NA
70542	26		MRI-ORBIT, FACE, NECK W/ CONTRAST	$ 60.00	NA
70542	TC		MRI-ORBIT, FACE, NECK W/ CONTRAST	$ 281.00	NA
70542			MRI-ORBIT, FACE, NECK W/ CONTRAST	$ 341.00	NA
70543	26		MRI-ORBIT,FACE,NECK WO/W CONTRAST	$ 83.00	NA
70543	TC		MRI-ORBIT,FACE,NECK WO/W CONTRAST	$ 302.00	NA
70543			MRI-ORBIT,FACE,NECK WO/W CONTRAST	$ 385.00	NA
70544	26		MRA-HEAD WITHOUT CONTRAST MATERIAL	$ 55.00	NA
70544			MRA-HEAD WITHOUT CONTRAST MATERIAL	$ 303.00	NA
70545	26		MRA-HEAD WITH CONTRAST MATERIAL	$ 52.66	NA
70545	TC		MRA-HEAD WITH CONTRAST MATERIAL	$ 288.34	NA
70545			MRA-HEAD WITH CONTRAST MATERIAL	$ 341.00	NA
70546	26		MRA-HEAD WITHOUT/WITH CONTRAST	$ 83.00	NA

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CPT/ HCPCS/ CDT	***MOD 1***	***MOD 2***	***SHORT - DESCRIPTION***	***MAXIMUM FEE ALLOWANCE***	***MAXIMUM FEE ALLOWANCE***
PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
70546			MRA-HEAD WITHOUT/WITH CONTRAST	$ 385.00	NA
70548	26		MRA-NECK WITH CONTRAST MATERIAL	$ 52.66	NA
70548	TC		MRA-NECK WITH CONTRAST MATERIAL	$ 288.34	NA
70548			MRA-NECK WITH CONTRAST MATERIAL	$ 341.00	NA
70549	26		MRA-NECK WITHOUT/WITH CONTRAST	$ 83.00	NA
70549			MRA-NECK WITHOUT/WITH CONTRAST	$ 385.00	NA
70551	26		MRI-BRAIN/INCLUDING BRAIN STEM	$ 63.26	NA
70551	TC		MRI-BRAIN/INCLUDING BRAIN STEM	$ 155.20	NA
70551			MRI-BRAIN/INCLUDING BRAIN STEM	$ 218.46	NA
70552	26		MRI,BRAIN...WITH CONTRAST MATERIAL	$ 76.66	NA
70552	TC		MRI,BRAIN...WITH CONTRAST MATERIAL	$ 206.84	NA
70552			MRI,BRAIN...WITH CONTRAST MATERIAL	$ 283.50	NA
70553	26		MRI,BRAIN;WO CONTRAST MAT.FOLL.CONTR	$ 98.22	NA
70553	TC		MRI,BRAIN;WO CONTRAST MAT.FOLL.CONTR	$ 252.65	NA
70553			MRI,BRAIN;WO CONTRAST MAT.FOLL.CONTR	$ 350.87	NA
70554	26		FMRI BRAIN BY TECH	$ 57.55	NA
70554	TC		FMRI BRAIN BY TECH	$ 193.12	NA
70554			FMRI BRAIN BY TECH	$ 250.67	NA
70555	26		FMRI BRAIN BY PHYS/PSYCH	$ 70.02	NA
70557	26		MRI BRAIN DUR OPEN PROC WO CONTRAST	$ 62.00	NA
70558	26		MRI BRAIN DUR OPEN PROC W/CONTRAST	$ 68.00	NA
70559	26		MRI BRAIN DUR OPEN PROC W/WO CONTRAS	$ 68.00	NA
71010	26		X-RAY CHEST; POSTEROANTERIOR	$ 3.60	NA
71010	TC		X-RAY CHEST; POSTEROANTERIOR	$ 6.40	NA
71010			X-RAY CHEST; POSTEROANTERIOR	$ 10.00	NA
71015	26		X-RAY CHEST; STEREO;POSTEROANTER	$ 6.00	NA
71015	TC		X-RAY CHEST; STEREO;POSTEROANTER	$ 9.00	NA
71015			X-RAY CHEST; STEREO;POSTEROANTER	$ 15.00	NA
71020	26		X-RAY CHEST; TWO VIEWS	$ 5.40	NA
71020	TC		X-RAY CHEST; TWO VIEWS	$ 9.60	NA
71020			X-RAY CHEST; TWO VIEWS	$ 15.00	NA
71021	26		X-RAY CHEST; APICAL LORDOTIC	$ 7.50	NA
71021	TC		X-RAY CHEST; APICAL LORDOTIC	$ 10.00	NA
71021			X-RAY CHEST; APICAL LORDOTIC	$ 17.50	NA
71022	26		X-RAY CHEST; OBLIQUE PROJECTIONS	$ 8.00	NA
71022	TC		X-RAY CHEST; OBLIQUE PROJECTIONS	$ 12.00	NA
71022			X-RAY CHEST; OBLIQUE PROJECTIONS	$ 20.00	NA
71023	26		X-RAY CHEST,2 VIEWS,FRONT,LAT.FLUORO	$ 12.00	NA
71023	TC		X-RAY CHEST,2 VIEWS,FRONT,LAT.FLUORO	$ 18.00	NA
71023			X-RAY CHEST,2 VIEWS,FRONT,LAT.FLUORO	$ 30.00	NA
71030	26		X-RAY CHEST; MININUM OF 4 VIEWS	$ 9.00	NA
71030	TC		X-RAY CHEST; MININUM OF 4 VIEWS	$ 11.00	NA
71030			X-RAY CHEST; MININUM OF 4 VIEWS	$ 20.00	NA
71034	26		X-RAY CHEST W/FLUOROSCOPY	$ 9.00	NA
71034	TC		X-RAY CHEST W/FLUOROSCOPY	$ 11.00	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
71034			X-RAY CHEST W/FLUOROSCOPY	$ 20.00	NA
71035	26		X-RAY CHEST; SPECIAL VIEWS	$ 3.60	NA
71035	TC		X-RAY CHEST; SPECIAL VIEWS	$ 1.40	NA
71035			X-RAY CHEST; SPECIAL VIEWS	$ 5.00	NA
71100	26		X-RAY EXAM OF RIBS	$ 5.40	NA
71100	TC		X-RAY EXAM OF RIBS	$ 9.60	NA
71100			X-RAY EXAM OF RIBS	$ 15.00	NA
71101	26		X-RAY EXAM RIBS-POSTEROANTER CHEST	$ 10.00	NA
71101	TC		X-RAY EXAM RIBS-POSTEROANTER CHEST	$ 15.00	NA
71101			X-RAY EXAM RIBS-POSTEROANTER CHEST	$ 25.00	NA
71110	26		X-RAY EXAM OF RIBS	$ 9.00	NA
71110	TC		X-RAY EXAM OF RIBS	$ 11.00	NA
71110			X-RAY EXAM OF RIBS	$ 20.00	NA
71111	26		X-RAY RIBS,BILAT;POSTEROANTERI CHEST	$ 15.00	NA
71111	TC		X-RAY RIBS,BILAT;POSTEROANTERI CHEST	$ 20.00	NA
71111			X-RAY RIBS,BILAT;POSTEROANTERI CHEST	$ 35.00	NA
71120	26		X-RAY EXAM OF BREASTBONE	$ 5.40	NA
71120	TC		X-RAY EXAM OF BREASTBONE	$ 9.60	NA
71120			X-RAY EXAM OF BREASTBONE	$ 15.00	NA
71130	26		X-RAY EXAM OF BREASTBONE	$ 7.20	NA
71130	TC		X-RAY EXAM OF BREASTBONE	$ 12.80	NA
71130			X-RAY EXAM OF BREASTBONE	$ 20.00	NA
71250	26		CAT,THORAX;W/OUT CONTRAST MATERIAL	$ 35.00	NA
71250	TC		CAT,THORAX;W/OUT CONTRAST MATERIAL	$ 90.00	NA
71250			CAT,THORAX;W/OUT CONTRAST MATERIAL	$ 125.00	NA
71260	TC		CAT,THORAX; W/ CONTRAST MATERIAL	$ 90.00	NA
71260			CAT,THORAX; W/ CONTRAST MATERIAL	$ 125.00	NA
71270	26		CAT,THORAX;W/OUT-W/ CONTRAST MATERIA	$ 35.00	NA
71270	TC		CAT,THORAX;W/OUT-W/ CONTRAST MATERIA	$ 90.00	NA
71270			CAT,THORAX;W/OUT-W/ CONTRAST MATERIA	$ 125.00	NA
71270	52		CAT,THORAX;W/OUT-W/ CONTRAST MATERIA	$ 75.00	NA
71270	52	26	CAT,THORAX;W/OUT-W/ CONTRAST MATERIA	$ 21.00	NA
71270	52	TC	CAT,THORAX;W/OUT-W/ CONTRAST MATERIA	$ 54.00	NA
71275	TC		COMPUTED TOMOG ANGIOGRAPHY CHEST	$ 120.00	NA
71550	26		MRI-CHEST/LYPHADENOPATHY EVAL	$ 64.22	NA
71550			MRI-CHEST/LYPHADENOPATHY EVAL	$ 300.00	NA
71551	26		MRI-CHEST WITH CONTRAST MATERIAL	$ 58.00	NA
71551	TC		MRI-CHEST WITH CONTRAST MATERIAL	$ 240.00	NA
71551			MRI-CHEST WITH CONTRAST MATERIAL	$ 298.00	NA
71552	26		MRI CHEST WITHOUT/WITH CONTRAST	$ 72.00	NA
71552	TC		MRI CHEST WITHOUT/WITH CONTRAST	$ 264.00	NA
71552			MRI CHEST WITHOUT/WITH CONTRAST	$ 336.00	NA
71555	26		MRI ANGIOGRAPHY CHEST W/WO CONTRAST	$ 49.97	NA
71555	TC		MRI ANGIOGRAPHY CHEST W/WO CONTRAST	$ 249.00	NA
71555			MRI ANGIOGRAPHY CHEST W/WO CONTRAST	$ 298.97	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
72010	26		X-RAY EXAM OF SPINE	$ 16.20	NA
72010	TC		X-RAY EXAM OF SPINE	$ 23.80	NA
72010			X-RAY EXAM OF SPINE	$ 40.00	NA
72020	26		X-RAY SPINE,SINGLE VIEW	$ 3.60	NA
72020	TC		X-RAY SPINE,SINGLE VIEW	$ 6.40	NA
72020			X-RAY SPINE,SINGLE VIEW	$ 10.00	NA
72040	26		X-RAY EXAM OF NECK SPINE	$ 5.40	NA
72040	TC		X-RAY EXAM OF NECK SPINE	$ 9.60	NA
72040			X-RAY EXAM OF NECK SPINE	$ 15.00	NA
72050	26		X-RAY EXAM OF NECK SPINE	$ 7.20	NA
72050	TC		X-RAY EXAM OF NECK SPINE	$ 12.80	NA
72052	26		X-RAY EXAM OF NECK SPINE	$ 9.00	NA
72052	TC		X-RAY EXAM OF NECK SPINE	$ 16.00	NA
72052			X-RAY EXAM OF NECK SPINE	$ 25.00	NA
72069	26		RADIOLOGIC EXAM,SPINE,THORACOLUM,STA	$ 9.97	NA
72069	TC		RADIOLOGIC EXAM,SPINE,THORACOLUM,STA	$ 19.73	NA
72069			RADIOLOGIC EXAM,SPINE,THORACOLUM,STA	$ 29.70	NA
72070	26		X-RAY EXAM OF THORAX SPINE	$ 5.40	NA
72070	TC		X-RAY EXAM OF THORAX SPINE	$ 9.60	NA
72070			X-RAY EXAM OF THORAX SPINE	$ 15.00	NA
72072	26		X-RAY SPINE;THORACIC,ANTEROPOS;LATER	$ 8.00	NA
72072	TC		X-RAY SPINE;THORACIC,ANTEROPOS;LATER	$ 12.00	NA
72072			X-RAY SPINE;THORACIC,ANTEROPOS;LATER	$ 20.00	NA
72074	26		X-RAY COMPLETE THORACIC SPINE 4 VIEW	$ 10.00	NA
72074	TC		X-RAY COMPLETE THORACIC SPINE 4 VIEW	$ 15.00	NA
72074			X-RAY COMPLETE THORACIC SPINE 4 VIEW	$ 25.00	NA
72080	26		X-RAY EXAM OF TRUNK SPINE	$ 5.40	NA
72080	TC		X-RAY EXAM OF TRUNK SPINE	$ 9.60	NA
72080			X-RAY EXAM OF TRUNK SPINE	$ 15.00	NA
72090	26		X-RAY EXAM OF TRUNK SPINE	$ 6.00	NA
72090	TC		X-RAY EXAM OF TRUNK SPINE	$ 9.00	NA
72090			X-RAY EXAM OF TRUNK SPINE	$ 15.00	NA
72100	26		X-RAY EXAM OF LOWER SPINE	$ 7.20	NA
72100	TC		X-RAY EXAM OF LOWER SPINE	$ 12.80	NA
72100			X-RAY EXAM OF LOWER SPINE	$ 20.00	NA
72110	26		X-RAY EXAM OF LOWER SPINE	$ 9.00	NA
72110	TC		X-RAY EXAM OF LOWER SPINE	$ 16.00	NA
72110			X-RAY EXAM OF LOWER SPINE	$ 25.00	NA
72114	26		X-RAY EXAM OF LOWER SPINE	$ 7.20	NA
72114	TC		X-RAY EXAM OF LOWER SPINE	$ 12.80	NA
72114			X-RAY EXAM OF LOWER SPINE	$ 20.00	NA
72120	26		X-RAY EXAM OF LOWER SPINE	$ 8.00	NA
72120	TC		X-RAY EXAM OF LOWER SPINE	$ 12.00	NA
72120			X-RAY EXAM OF LOWER SPINE	$ 20.00	NA
72125	TC		CAT SCAN,CERVICAL SPINE W/OUT C M	$ 90.00	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
72126	26		CAT SCAN CERVICAL SPINE W/CONT MATER	$ 35.00	NA
72126	TC		CAT SCAN CERVICAL SPINE W/CONT MATER	$ 90.00	NA
72126			CAT SCAN CERVICAL SPINE W/CONT MATER	$ 125.00	NA
72127	26		CAT-CERVICAL SPINE;W/O,W/ CONTRAST	$ 35.00	NA
72127	TC		CAT-CERVICAL SPINE;W/O,W/ CONTRAST	$ 90.00	NA
72127			CAT-CERVICAL SPINE;W/O,W/ CONTRAST	$ 125.00	NA
72128	26		CAT SCAN,THORACIC SPINE W/OUT C MATE	$ 35.00	NA
72128	TC		CAT SCAN,THORACIC SPINE W/OUT C MATE	$ 90.00	NA
72128			CAT SCAN,THORACIC SPINE W/OUT C MATE	$ 125.00	NA
72129	TC		CAT SCAN,THORACIC SPINE W/CON MATERI	$ 90.00	NA
72129			CAT SCAN,THORACIC SPINE W/CON MATERI	$ 125.00	NA
72130	26		CAT-THORACIC SPINE;W/OUT,W/CONTRAST	$ 35.00	NA
72130	TC		CAT-THORACIC SPINE;W/OUT,W/CONTRAST	$ 90.00	NA
72130			CAT-THORACIC SPINE;W/OUT,W/CONTRAST	$ 125.00	NA
72131	26		CAT SCAN LUMBAR W/OUT CONTRAST	$ 35.00	NA
72131	TC		CAT SCAN LUMBAR W/OUT CONTRAST	$ 90.00	NA
72131			CAT SCAN LUMBAR W/OUT CONTRAST	$ 125.00	NA
72132	26		CAT SCAN LUMBAR SPINE W/CONT MATERIA	$ 35.00	NA
72132	TC		CAT SCAN LUMBAR SPINE W/CONT MATERIA	$ 90.00	NA
72132			CAT SCAN LUMBAR SPINE W/CONT MATERIA	$ 125.00	NA
72133	26		CAT-LUMBAR SPINE;W/OUT,W/CONTRAST	$ 35.00	NA
72133	TC		CAT-LUMBAR SPINE;W/OUT,W/CONTRAST	$ 90.00	NA
72133			CAT-LUMBAR SPINE;W/OUT,W/CONTRAST	$ 125.00	NA
72141	26		MRI,SPINAL CANAL...;CERVICAL	$ 63.90	NA
72141	TC		MRI,SPINAL CANAL...;CERVICAL	$ 152.93	NA
72141			MRI,SPINAL CANAL...;CERVICAL	$ 216.83	NA
72142	26		MRI,SPINAL CANAL...W CONTRAST MATERI	$ 76.66	NA
72142	TC		MRI,SPINAL CANAL...W CONTRAST MATERI	$ 210.39	NA
72142			MRI,SPINAL CANAL...W CONTRAST MATERI	$ 287.05	NA
72146	26		MRI,SPINAL CANAL,THORACIC WO CON MAT	$ 63.90	NA
72146	TC		MRI,SPINAL CANAL,THORACIC WO CON MAT	$ 152.93	NA
72146			MRI,SPINAL CANAL,THORACIC WO CON MAT	$ 216.83	NA
72147	26		MRI,SPINAL CANAL,THORACIC W CONT MAT	$ 84.00	NA
72147	TC		MRI,SPINAL CANAL,THORACIC W CONT MAT	$ 216.00	NA
72147			MRI,SPINAL CANAL,THORACIC W CONT MAT	$ 300.00	NA
72148	26		MRI,SPINAL CANAL,LUMBAR WO CONT MAT	$ 64.20	NA
72148	TC		MRI,SPINAL CANAL,LUMBAR WO CONT MAT	$ 152.94	NA
72148			MRI,SPINAL CANAL,LUMBAR WO CONT MAT	$ 217.14	NA
72149	26		MRI,SPINAL CANAL,LUMBAR WITH CONT MA	$ 84.00	NA
72149	TC		MRI,SPINAL CANAL,LUMBAR WITH CONT MA	$ 216.00	NA
72149			MRI,SPINAL CANAL,LUMBAR WITH CONT MA	$ 300.00	NA
72156	26		MRI,SPINAL CANAL/WO CONT.MAT./FOLL	$ 98.22	NA
72156	TC		MRI,SPINAL CANAL/WO CONT.MAT./FOLL	$ 252.97	NA
72156			MRI,SPINAL CANAL/WO CONT.MAT./FOLL	$ 351.19	NA
72157	26		MRI,SPINAL CANAL....THORACIC	$ 98.22	NA

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CPT/ HCPCS/ CDT	***MOD 1***	***MOD 2***	***SHORT - DESCRIPTION***	***MAXIMUM FEE ALLOWANCE***	***MAXIMUM FEE ALLOWANCE***
PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
72157	TC		MRI,SPINAL CANAL....THORACIC	$ 253.30	NA
72157			MRI,SPINAL CANAL....THORACIC	$ 351.52	NA
72158	26		MRI,SPINAL CANAL....LUMBAR	$ 98.83	NA
72158	TC		MRI,SPINAL CANAL....LUMBAR	$ 251.36	NA
72158			MRI,SPINAL CANAL....LUMBAR	$ 350.19	NA
72159	26		MRI ANGIOGRAPHY SPINAL CANAL W/WO CT	BR	NA
72159	TC		MRI ANGIOGRAPHY SPINAL CANAL W/WO CT	BR	NA
72159			MRI ANGIOGRAPHY SPINAL CANAL W/WO CT	BR	NA
72170	26		X-RAY EXAM OF PELVIS	$ 5.40	NA
72170	TC		X-RAY EXAM OF PELVIS	$ 9.60	NA
72170			X-RAY EXAM OF PELVIS	$ 15.00	NA
72190	26		X-RAY EXAM OF PELVIS	$ 7.20	NA
72190	TC		X-RAY EXAM OF PELVIS	$ 12.80	NA
72190			X-RAY EXAM OF PELVIS	$ 20.00	NA
72191	26		COMP TOMOG ANGIOGRAPHY PELVIS WO/W	$ 50.00	NA
72191	TC		COMP TOMOG ANGIOGRAPHY PELVIS WO/W	$ 137.00	NA
72191			COMP TOMOG ANGIOGRAPHY PELVIS WO/W	$ 187.00	NA
72192	26		CAT,PELVIS;W/OUT CONTRAST MATERIAL	$ 35.00	NA
72192	TC		CAT,PELVIS;W/OUT CONTRAST MATERIAL	$ 90.00	NA
72192			CAT,PELVIS;W/OUT CONTRAST MATERIAL	$ 125.00	NA
72193	26		CAT,PELVIS;W/ CONTRAST MATERIAL	$ 35.00	NA
72193	TC		CAT,PELVIS;W/ CONTRAST MATERIAL	$ 90.00	NA
72193			CAT,PELVIS;W/ CONTRAST MATERIAL	$ 125.00	NA
72194	26		CAT,PELVIS;W/OUT-W/ CONTRAST MATER.	$ 35.00	NA
72194	TC		CAT,PELVIS;W/OUT-W/ CONTRAST MATER.	$ 90.00	NA
72194			CAT,PELVIS;W/OUT-W/ CONTRAST MATER.	$ 125.00	NA
72194	52		CAT,PELVIS;W/OUT-W/ CONTRAST MATER.	$ 75.00	NA
72194	52	26	CAT,PELVIS;W/OUT-W/ CONTRAST MATER.	$ 21.00	NA
72194	52	TC	CAT,PELVIS;W/OUT-W/ CONTRAST MATER.	$ 54.00	NA
72196	26		MRI,PELVIS	$ 66.67	NA
72196	TC		MRI,PELVIS	$ 233.33	NA
72196			MRI,PELVIS	$ 300.00	NA
72197	26		MRI PELVIS WITHOUT/WITH CONTRAST	$ 83.00	NA
72197	TC		MRI PELVIS WITHOUT/WITH CONTRAST	$ 302.00	NA
72197			MRI PELVIS WITHOUT/WITH CONTRAST	$ 385.00	NA
72198	26		MRI ANGIOGRAPHY PELVIS W/WO CONTRAST	$ 49.28	NA
72198	TC		MRI ANGIOGRAPHY PELVIS W/WO CONTRAST	$ 247.51	NA
72198			MRI ANGIOGRAPHY PELVIS W/WO CONTRAST	$ 296.79	NA
72200	26		X-RAY EXAM SACROILIAC JOINTS	$ 5.40	NA
72200	TC		X-RAY EXAM SACROILIAC JOINTS	$ 14.60	NA
72200			X-RAY EXAM SACROILIAC JOINTS	$ 20.00	NA
72202	26		X-RAY EXAM SACROILIAC JOINTS	$ 8.00	NA
72202	TC		X-RAY EXAM SACROILIAC JOINTS	$ 12.00	NA
72202			X-RAY EXAM SACROILIAC JOINTS	$ 20.00	NA
72220	26		X-RAY EXAM OF TAILBONE	$ 5.40	NA

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CPT/ HCPCS/ CDT	***MOD 1***	***MOD 2***	***SHORT - DESCRIPTION***	***MAXIMUM FEE ALLOWANCE***	***MAXIMUM FEE ALLOWANCE***
PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
72220	TC		X-RAY EXAM OF TAILBONE	$ 9.60	NA
72220			X-RAY EXAM OF TAILBONE	$ 15.00	NA
72240	26		CONTRAST X-RAY OF NECK SPINE	$ 22.50	NA
72240	TC		CONTRAST X-RAY OF NECK SPINE	$ 17.50	NA
72240			CONTRAST X-RAY OF NECK SPINE	$ 40.00	NA
72255	TC		CONTRAST X-RAY THORAX SPINE	$ 17.50	NA
72255			CONTRAST X-RAY THORAX SPINE	$ 40.00	NA
72265	26		CONTRAST X-RAY LOWER SPINE	$ 22.50	NA
72265	TC		CONTRAST X-RAY LOWER SPINE	$ 17.50	NA
72265			CONTRAST X-RAY LOWER SPINE	$ 40.00	NA
72270			CONTRAST X-RAY OF SPINE	$ 60.00	NA
72275	26		EPIDUROGRAPHY RAD SUP & INTERPRETAT	$ 23.00	NA
72275	TC		EPIDUROGRAPHY RAD SUP & INTERPRETAT	$ 37.00	NA
72275			EPIDUROGRAPHY RAD SUP & INTERPRETAT	$ 60.00	NA
72285			DISKOGRAPHY,CERVICAL;PROC, S&I	$ 50.00	NA
72295	TC		DISKOGRAPHY,LUMBAR; PROC, S&I	$ 27.50	NA
73000	26		RADIOLOGIC EXAM;CLAVICAL,COMPLETE	$ 3.60	NA
73000	TC		RADIOLOGIC EXAM;CLAVICAL,COMPLETE	$ 6.40	NA
73000			RADIOLOGIC EXAM;CLAVICAL,COMPLETE	$ 10.00	NA
73010	26		RADIOLOGIC EXAM;SCAPULA,COMPLETE	$ 5.40	NA
73010	TC		RADIOLOGIC EXAM;SCAPULA,COMPLETE	$ 9.60	NA
73010			RADIOLOGIC EXAM;SCAPULA,COMPLETE	$ 15.00	NA
73020	26		RADIOLOGIC EXAM,SHOULDER 1 VIEW	$ 3.60	NA
73020	TC		RADIOLOGIC EXAM,SHOULDER 1 VIEW	$ 11.40	NA
73020			RADIOLOGIC EXAM,SHOULDER 1 VIEW	$ 15.00	NA
73030	26		RADIOLOGIC EXAM SHOULDER,COMPLETE...	$ 5.40	NA
73030	TC		RADIOLOGIC EXAM SHOULDER,COMPLETE...	$ 9.60	NA
73030			RADIOLOGIC EXAM SHOULDER,COMPLETE...	$ 15.00	NA
73040	26		RADIOLOGIC EXAM,SHOULDER,ARTHROGRAPH	$ 10.80	NA
73040	TC		RADIOLOGIC EXAM,SHOULDER,ARTHROGRAPH	$ 4.20	NA
73040			RADIOLOGIC EXAM,SHOULDER,ARTHROGRAPH	$ 15.00	NA
73050	TC		X-RAY EXAM OF SHOULDERS	$ 10.80	NA
73060	26		X-RAY EXAM OF HUMERUS	$ 5.40	NA
73060	TC		X-RAY EXAM OF HUMERUS	$ 9.60	NA
73060			X-RAY EXAM OF HUMERUS	$ 15.00	NA
73070	26		X-RAY EXAM OF ELBOW	$ 3.60	NA
73070	TC		X-RAY EXAM OF ELBOW	$ 11.40	NA
73070			X-RAY EXAM OF ELBOW	$ 15.00	NA
73080	26		X-RAY EXAM OF ELBOW	$ 5.40	NA
73080	TC		X-RAY EXAM OF ELBOW	$ 9.60	NA
73080			X-RAY EXAM OF ELBOW	$ 15.00	NA
73085	26		X-RAY,ELBOW,ARTHROGRAPHY;SUPER/INTER	$ 10.80	NA
73085	TC		X-RAY,ELBOW,ARTHROGRAPHY;SUPER/INTER	$ 4.20	NA
73085			X-RAY,ELBOW,ARTHROGRAPHY;SUPER/INTER	$ 15.00	NA
73090	26		X-RAY EXAM OF FOREARM	$ 3.60	NA

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CPT/ HCPCS/ CDT	***MOD 1***	***MOD 2***	***SHORT - DESCRIPTION***	***MAXIMUM FEE ALLOWANCE***	***MAXIMUM FEE ALLOWANCE***
PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
73090	TC		X-RAY EXAM OF FOREARM	$ 6.40	NA
73090			X-RAY EXAM OF FOREARM	$ 10.00	NA
73092	26		X-RAY EXAM OF ARM, INFANT	$ 6.21	NA
73092	TC		X-RAY EXAM OF ARM, INFANT	$ 13.79	NA
73092			X-RAY EXAM OF ARM, INFANT	$ 20.00	NA
73100	26		X-RAY EXAM OF WRIST	$ 3.60	NA
73100	TC		X-RAY EXAM OF WRIST	$ 6.40	NA
73100			X-RAY EXAM OF WRIST	$ 10.00	NA
73110	26		X-RAY EXAM OF WRIST	$ 5.40	NA
73110	TC		X-RAY EXAM OF WRIST	$ 9.60	NA
73110			X-RAY EXAM OF WRIST	$ 15.00	NA
73115	26		X-RAY,WRIST,ARTHROGRAPHY,SUPER/INTER	$ 10.80	NA
73115	TC		X-RAY,WRIST,ARTHROGRAPHY,SUPER/INTER	$ 4.20	NA
73115			X-RAY,WRIST,ARTHROGRAPHY,SUPER/INTER	$ 15.00	NA
73120	26		X-RAY EXAM OF HAND	$ 3.60	NA
73120	TC		X-RAY EXAM OF HAND	$ 6.40	NA
73120			X-RAY EXAM OF HAND	$ 10.00	NA
73130	26		X-RAY EXAM OF HAND	$ 5.40	NA
73130	TC		X-RAY EXAM OF HAND	$ 9.60	NA
73130			X-RAY EXAM OF HAND	$ 15.00	NA
73140	26		X-RAY EXAM OF FINGER(S)	$ 3.60	NA
73140	TC		X-RAY EXAM OF FINGER(S)	$ 1.40	NA
73140			X-RAY EXAM OF FINGER(S)	$ 5.00	NA
73200	26		CAT,UPPER EXTREMITY;W/OUT CONTRAST	$ 35.00	NA
73200	TC		CAT,UPPER EXTREMITY;W/OUT CONTRAST	$ 90.00	NA
73200			CAT,UPPER EXTREMITY;W/OUT CONTRAST	$ 125.00	NA
73201	26		CAT,UPPER EXTREMITY;W/ CONTRAST MAT.	$ 35.00	NA
73201	TC		CAT,UPPER EXTREMITY;W/ CONTRAST MAT.	$ 90.00	NA
73201			CAT,UPPER EXTREMITY;W/ CONTRAST MAT.	$ 125.00	NA
73202	26		CAT,UPPER EXT.;W/OUT-W/ CONTRAST	$ 35.00	NA
73202			CAT,UPPER EXT.;W/OUT-W/ CONTRAST	$ 125.00	NA
73206	26		COMP TOMOG ANGIO UP EXTREM WO/W CONT	$ 50.00	NA
73206	TC		COMP TOMOG ANGIO UP EXTREM WO/W CONT	$ 137.00	NA
73206			COMP TOMOG ANGIO UP EXTREM WO/W CONT	$ 187.00	NA
73218	26		MRI UPPER EXTREM WITHOUT CONTRAST	$ 55.00	NA
73218			MRI UPPER EXTREM WITHOUT CONTRAST	$ 303.00	NA
73219	26		MRI UPPER EXTREMITY WITH CONTRAST	$ 60.00	NA
73219	TC		MRI UPPER EXTREMITY WITH CONTRAST	$ 281.00	NA
73219			MRI UPPER EXTREMITY WITH CONTRAST	$ 341.00	NA
73220	26		MRI-UPPER EXTREMITY	$ 84.00	NA
73220	TC		MRI-UPPER EXTREMITY	$ 216.00	NA
73220			MRI-UPPER EXTREMITY	$ 300.00	NA
73221	26		MRI, ANY JOINT UPPER EXTREMITY	$ 59.10	NA
73221	TC		MRI, ANY JOINT UPPER EXTREMITY	$ 168.43	NA
73221			MRI, ANY JOINT UPPER EXTREMITY	$ 227.53	NA

MEDICAID FEE FOR SERVICES: UPDATE NOVEMBER 1, 2015

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CPT/ HCPCS/ CDT	***MOD 1***	***MOD 2***	***SHORT - DESCRIPTION***	***MAXIMUM FEE ALLOWANCE***	***MAXIMUM FEE ALLOWANCE***
PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
73222	26		MRI ANY JOINT UP EXTREM WITH CONTRAS	$ 60.00	NA
73222	TC		MRI ANY JOINT UP EXTREM WITH CONTRAS	$ 281.00	NA
73222			MRI ANY JOINT UP EXTREM WITH CONTRAS	$ 341.00	NA
73223	26		MRI UPPER EXTREM JOINT WO/W CONTRAST	$ 83.00	NA
73223	TC		MRI UPPER EXTREM JOINT WO/W CONTRAST	$ 302.00	NA
73223			MRI UPPER EXTREM JOINT WO/W CONTRAST	$ 385.00	NA
73225	26		MRI ANGIOGRAPHY UPPER EXTREMITY W/WO	$ 49.88	NA
73225	TC		MRI ANGIOGRAPHY UPPER EXTREMITY W/WO	$ 247.51	NA
73225			MRI ANGIOGRAPHY UPPER EXTREMITY W/WO	$ 297.39	NA
73500	26		X-RAY EXAM OF HIP	$ 5.40	NA
73500	TC		X-RAY EXAM OF HIP	$ 12.60	NA
73500			X-RAY EXAM OF HIP	$ 18.00	NA
73510	26		X-RAY EXAM OF HIP	$ 7.20	NA
73510	TC		X-RAY EXAM OF HIP	$ 12.80	NA
73510			X-RAY EXAM OF HIP	$ 20.00	NA
73520	26		X-RAY EXAM OF HIPS	$ 7.20	NA
73520	TC		X-RAY EXAM OF HIPS	$ 17.80	NA
73520			X-RAY EXAM OF HIPS	$ 25.00	NA
73525	26		CONTRAST X-RAY OF HIP	$ 10.80	NA
73525	TC		CONTRAST X-RAY OF HIP	$ 4.20	NA
73525			CONTRAST X-RAY OF HIP	$ 15.00	NA
73530	TC		X-RAY HIP,DURING OPERATIVE PROCEDURE	$ 21.00	NA
73540	26		X-RAY EXAM OF PELVIS & HIPS	$ 7.20	NA
73540	TC		X-RAY EXAM OF PELVIS & HIPS	$ 7.80	NA
73540			X-RAY EXAM OF PELVIS & HIPS	$ 15.00	NA
73550	26		X-RAY EXAM OF THIGH	$ 5.40	NA
73550	TC		X-RAY EXAM OF THIGH	$ 9.60	NA
73550			X-RAY EXAM OF THIGH	$ 15.00	NA
73560	26		X-RAY EXAM OF KNEE	$ 3.60	NA
73560	TC		X-RAY EXAM OF KNEE	$ 11.40	NA
73560			X-RAY EXAM OF KNEE	$ 15.00	NA
73562	26		X-RAY KNEE A/P.OBLIQUES,3+VIEWS	$ 5.40	NA
73562	TC		X-RAY KNEE A/P.OBLIQUES,3+VIEWS	$ 9.60	NA
73562			X-RAY KNEE A/P.OBLIQUES,3+VIEWS	$ 15.00	NA
73564	26		X-RAY KNEE,COMPLETE,W/OBLIQUES.....	$ 9.00	NA
73564	TC		X-RAY KNEE,COMPLETE,W/OBLIQUES.....	$ 13.50	NA
73564			X-RAY KNEE,COMPLETE,W/OBLIQUES.....	$ 22.50	NA
73565	26		RADIOLOGIC EXAM,KNEE;BOTH STANDI ANT	$ 8.13	NA
73565	TC		RADIOLOGIC EXAM,KNEE;BOTH STANDI ANT	$ 17.66	NA
73565			RADIOLOGIC EXAM,KNEE;BOTH STANDI ANT	$ 25.79	NA
73580	26		CONTRAST X-RAY OF KNEE JOINT	$ 10.80	NA
73580	TC		CONTRAST X-RAY OF KNEE JOINT	$ 4.20	NA
73580			CONTRAST X-RAY OF KNEE JOINT	$ 15.00	NA
73590	TC		X-RAY EXAM OF LOWER LEG	$ 11.40	NA
73592	26		X-RAY EXAM OF LEG, INFANT	$ 6.21	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
73592	TC		X-RAY EXAM OF LEG, INFANT	$ 13.79	NA
73592			X-RAY EXAM OF LEG, INFANT	$ 20.00	NA
73600	26		X-RAY EXAM OF ANKLE 2 VIEWS	$ 3.60	NA
73600	TC		X-RAY EXAM OF ANKLE 2 VIEWS	$ 6.40	NA
73600			X-RAY EXAM OF ANKLE 2 VIEWS	$ 10.00	NA
73610	26		X-RAY EXAM OF ANKLE 3 VIEWS	$ 5.40	NA
73610	TC		X-RAY EXAM OF ANKLE 3 VIEWS	$ 7.60	NA
73610			X-RAY EXAM OF ANKLE 3 VIEWS	$ 13.00	NA
73615	26		X-RAY ANKLE,ARTHROGRAPHY;SUPER/INTER	$ 10.80	NA
73615	TC		X-RAY ANKLE,ARTHROGRAPHY;SUPER/INTER	$ 18.00	NA
73615			X-RAY ANKLE,ARTHROGRAPHY;SUPER/INTER	$ 28.80	NA
73620	26		X-RAY EXAM OF FOOT 2 VIEWS	$ 3.60	NA
73620	TC		X-RAY EXAM OF FOOT 2 VIEWS	$ 6.40	NA
73620			X-RAY EXAM OF FOOT 2 VIEWS	$ 10.00	NA
73630	26		X-RAY EXAM OF FOOT 3 VIEWS	$ 5.40	NA
73630	TC		X-RAY EXAM OF FOOT 3 VIEWS	$ 7.60	NA
73630			X-RAY EXAM OF FOOT 3 VIEWS	$ 13.00	NA
73650	26		X-RAY EXAM OF HEEL	$ 3.60	NA
73650	TC		X-RAY EXAM OF HEEL	$ 6.40	NA
73650			X-RAY EXAM OF HEEL	$ 10.00	NA
73660	26		X-RAY EXAM OF TOE(S)	$ 3.60	NA
73660	TC		X-RAY EXAM OF TOE(S)	$ 1.40	NA
73660			X-RAY EXAM OF TOE(S)	$ 5.00	NA
73700	26		CAT,LOWER EXTREMITY;W/OUT COUNTRAST	$ 35.00	NA
73700	TC		CAT,LOWER EXTREMITY;W/OUT COUNTRAST	$ 90.00	NA
73700			CAT,LOWER EXTREMITY;W/OUT COUNTRAST	$ 125.00	NA
73701	26		CAT,LOWER EXTREMITY;W/ CONTRAST MAT.	$ 35.00	NA
73701	TC		CAT,LOWER EXTREMITY;W/ CONTRAST MAT.	$ 90.00	NA
73701			CAT,LOWER EXTREMITY;W/ CONTRAST MAT.	$ 125.00	NA
73702	TC		CAT.,LOWER EXT.;W/OUT-W/CONTRAST	$ 90.00	NA
73702			CAT.,LOWER EXT.;W/OUT-W/CONTRAST	$ 125.00	NA
73706	26		COMP TOMOGRAPH ANGIO LOW EXTREM WO	$ 50.00	NA
73706	TC		COMP TOMOGRAPH ANGIO LOW EXTREM WO	$ 137.00	NA
73706			COMP TOMOGRAPH ANGIO LOW EXTREM WO	$ 187.00	NA
73719	26		MRI LOWER EXTREMITY W/CONTRAST	$ 66.00	NA
73719	TC		MRI LOWER EXTREMITY W/CONTRAST	$ 275.00	NA
73719			MRI LOWER EXTREMITY W/CONTRAST	$ 341.00	NA
73720	26		MRI-LOWER EXTREMITY,OTHER THAN JOINT	$ 84.00	NA
73720	TC		MRI-LOWER EXTREMITY,OTHER THAN JOINT	$ 216.00	NA
73720			MRI-LOWER EXTREMITY,OTHER THAN JOINT	$ 300.00	NA
73721	26		MRI, ANY JOINT LOWER EXTREMITY	$ 59.10	NA
73721	TC		MRI, ANY JOINT LOWER EXTREMITY	$ 168.75	NA
73721			MRI, ANY JOINT LOWER EXTREMITY	$ 227.85	NA
73722	26		MRI LOWER EXTREMITY JOINT W/CONTRAST	$ 66.00	NA
73722	TC		MRI LOWER EXTREMITY JOINT W/CONTRAST	$ 275.00	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
73722			MRI LOWER EXTREMITY JOINT W/CONTRAST	$ 341.00	NA
73723	26		MRI LOWER EXTREMITY JOINT WO/W CONTR	$ 83.00	NA
73723	TC		MRI LOWER EXTREMITY JOINT WO/W CONTR	$ 302.00	NA
73723			MRI LOWER EXTREMITY JOINT WO/W CONTR	$ 385.00	NA
73725	26		MRI ANGIOGRAPHY LOWER EXTREMITY W/WO	$ 49.88	NA
73725	TC		MRI ANGIOGRAPHY LOWER EXTREMITY W/WO	$ 247.50	NA
73725			MRI ANGIOGRAPHY LOWER EXTREMITY W/WO	$ 297.39	NA
74000	26		X-RAY EXAM OF ABDOMEN	$ 5.40	NA
74000	TC		X-RAY EXAM OF ABDOMEN	$ 4.60	NA
74000			X-RAY EXAM OF ABDOMEN	$ 10.00	NA
74010	26		X-RAY EXAM OF ABDOMEN	$ 7.20	NA
74010	TC		X-RAY EXAM OF ABDOMEN	$ 7.80	NA
74010			X-RAY EXAM OF ABDOMEN	$ 15.00	NA
74020	26		X-RAY EXAM OF ABDOMEN;COMPLETE	$ 7.20	NA
74020	TC		X-RAY EXAM OF ABDOMEN;COMPLETE	$ 7.80	NA
74020			X-RAY EXAM OF ABDOMEN;COMPLETE	$ 15.00	NA
74022	26		X-RAY ACUTE ABDOMEN SERIES,SUPINE,ER	$ 10.00	NA
74022	TC		X-RAY ACUTE ABDOMEN SERIES,SUPINE,ER	$ 15.00	NA
74022			X-RAY ACUTE ABDOMEN SERIES,SUPINE,ER	$ 25.00	NA
74150	26		CAT,ABDOMEN;W/OUT CONTRAST MATERIAL	$ 35.00	NA
74150	TC		CAT,ABDOMEN;W/OUT CONTRAST MATERIAL	$ 90.00	NA
74150			CAT,ABDOMEN;W/OUT CONTRAST MATERIAL	$ 125.00	NA
74160	26		CAT,ABDOMEN;W/ CONTRAST MATERIAL	$ 35.00	NA
74160	TC		CAT,ABDOMEN;W/ CONTRAST MATERIAL	$ 90.00	NA
74160			CAT,ABDOMEN;W/ CONTRAST MATERIAL	$ 125.00	NA
74170	26		CAT,ABDOMEN;W/OUT-W/CONTRAST MATER.	$ 35.00	NA
74170	TC		CAT,ABDOMEN;W/OUT-W/CONTRAST MATER.	$ 90.00	NA
74170			CAT,ABDOMEN;W/OUT-W/CONTRAST MATER.	$ 125.00	NA
74170	52		CAT,ABDOMEN;W/OUT-W/CONTRAST MATER.	$ 75.00	NA
74170	52	26	CAT,ABDOMEN;W/OUT-W/CONTRAST MATER.	$ 21.00	NA
74170	52	TC	CAT,ABDOMEN;W/OUT-W/CONTRAST MATER.	$ 54.00	NA
74174			COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST	$ 215.86	NA
74174	TC		MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE	$ 156.46	NA
74174	26		POSTPROCESSING	$ 59.40	NA
74175	26		COMP TOMO ANGIO ABDOMEN WO/W CONTRAS	$ 45.00	NA
74175	TC		COMP TOMO ANGIO ABDOMEN WO/W CONTRAS	$ 125.00	NA
74175			COMP TOMO ANGIO ABDOMEN WO/W CONTRAS	$ 170.00	NA
74176	26		COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	$ 46.77	NA
74176	TC		COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	$ 63.03	NA
74176			COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	$ 109.80	NA
74177	26		COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL	$ 49.04	NA
74177	TC		COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL	$ 123.44	NA
74177			COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL	$ 172.48	NA
74178	26		COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR	$ 53.94	NA
74178	TC		COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR	$ 141.37	NA

MEDICAID FEE FOR SERVICES: UPDATE NOVEMBER 1, 2015

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
74178			COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR	$ 195.30	NA
74181	26		MRI-ABDOMEN	$ 64.22	NA
74181	TC		MRI-ABDOMEN	$ 235.78	NA
74181			MRI-ABDOMEN	$ 300.00	NA
74182	26		MRI ABDOMEN WITH CONTRAST	$ 60.00	NA
74182	TC		MRI ABDOMEN WITH CONTRAST	$ 250.00	NA
74182			MRI ABDOMEN WITH CONTRAST	$ 310.00	NA
74183	26		MRI ABDOMEN WO/W CONTRAST	$ 75.00	NA
74183	TC		MRI ABDOMEN WO/W CONTRAST	$ 275.00	NA
74183			MRI ABDOMEN WO/W CONTRAST	$ 350.00	NA
74185	26		MRI ANGIOGRAPHY ABDOMEN W/WO CONTRAS	$ 49.28	NA
74185	TC		MRI ANGIOGRAPHY ABDOMEN W/WO CONTRAS	$ 247.51	NA
74185			MRI ANGIOGRAPHY ABDOMEN W/WO CONTRAS	$ 296.79	NA
74190	26		PERITONEOGRAM RADIOLOGICAL SUP & INT	$ 15.00	NA
74190	TC		PERITONEOGRAM RADIOLOGICAL SUP & INT	$ 38.00	NA
74190			PERITONEOGRAM RADIOLOGICAL SUP & INT	$ 53.00	NA
74210	26		CONTRAST XRAY EXAM OF THROAT	$ 8.00	NA
74210	TC		CONTRAST XRAY EXAM OF THROAT	$ 12.00	NA
74210			CONTRAST XRAY EXAM OF THROAT	$ 20.00	NA
74220	26		CONTRAST XRAY EXAM,ESOPHAGUS	$ 9.00	NA
74220	TC		CONTRAST XRAY EXAM,ESOPHAGUS	$ 11.00	NA
74220			CONTRAST XRAY EXAM,ESOPHAGUS	$ 20.00	NA
74230	26		CINEMA XRAY THROAT/ESOPHAGUS	$ 12.50	NA
74230	TC		CINEMA XRAY THROAT/ESOPHAGUS	$ 17.50	NA
74230			CINEMA XRAY THROAT/ESOPHAGUS	$ 30.00	NA
74240	26		X-RAY EXAM UPPER GI TRACT	$ 14.40	NA
74240	TC		X-RAY EXAM UPPER GI TRACT	$ 25.60	NA
74240			X-RAY EXAM UPPER GI TRACT	$ 40.00	NA
74241	26		X-RAY EXAM UPPER GI TRACT	$ 16.20	NA
74241	TC		X-RAY EXAM UPPER GI TRACT	$ 28.80	NA
74241			X-RAY EXAM UPPER GI TRACT	$ 45.00	NA
74245	26		X-RAY EXAM UPPER GI TRACT	$ 19.80	NA
74245	TC		X-RAY EXAM UPPER GI TRACT	$ 30.20	NA
74245			X-RAY EXAM UPPER GI TRACT	$ 50.00	NA
74246	26		X-RAY GASTROINTESTINAL TRACT	$ 15.00	NA
74246	TC		X-RAY GASTROINTESTINAL TRACT	$ 28.00	NA
74246			X-RAY GASTROINTESTINAL TRACT	$ 43.00	NA
74247	26		X-RAY GASTROINTESTINAL TRACT	$ 17.00	NA
74247	TC		X-RAY GASTROINTESTINAL TRACT	$ 33.00	NA
74247			X-RAY GASTROINTESTINAL TRACT	$ 50.00	NA
74249	26		X-RAY/GASTROINTESTINAL TRACT....	$ 23.00	NA
74249	TC		X-RAY/GASTROINTESTINAL TRACT....	$ 34.00	NA
74249			X-RAY/GASTROINTESTINAL TRACT....	$ 57.00	NA
74250	26		X-RAY EXAM OF SMALL BOWEL	$ 10.80	NA
74250	TC		X-RAY EXAM OF SMALL BOWEL	$ 19.20	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
74250			X-RAY EXAM OF SMALL BOWEL	$ 30.00	NA
74251	26		XRAY EXAM SM BOWEL CLYSIS TUBE	$ 15.00	NA
74251	TC		XRAY EXAM SM BOWEL CLYSIS TUBE	$ 30.00	NA
74251			XRAY EXAM SM BOWEL CLYSIS TUBE	$ 45.00	NA
74260	26		X-RAY EXAM OF SMALL BOWEL	$ 10.80	NA
74260	TC		X-RAY EXAM OF SMALL BOWEL	$ 14.20	NA
74260			X-RAY EXAM OF SMALL BOWEL	$ 25.00	NA
74261	26		COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE	$ 60.13	NA
74261	TC		COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE	$ 107.89	NA
74261			COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE	$ 168.02	NA
74262	26		COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE	$ 63.95	NA
74262	TC		COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE	$ 169.19	NA
74262			COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE	$ 233.14	NA
74263	26		COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, SCREENING, INCLUDING IMAGE	BR	NA
74263			COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, SCREENING, INCLUDING IMAGE	BR	NA
74263	TC		COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, SCREENING, INCLUDING IMAGE	BR	NA
74270	26		CONTRAST X-RAY EXAM OF COLON, KUB	$ 13.50	NA
74270	TC		CONTRAST X-RAY EXAM OF COLON, KUB	$ 16.50	NA
74270			CONTRAST X-RAY EXAM OF COLON, KUB	$ 30.00	NA
74280	26		CONTRAST X-RAY EXAM OF COLON	$ 16.20	NA
74280			CONTRAST X-RAY EXAM OF COLON	$ 40.00	NA
74283	26		BARIUM ENEMA,THER/REDUCE INTUSSUSCEP	$ 21.55	NA
74283	TC		BARIUM ENEMA,THER/REDUCE INTUSSUSCEP	$ 13.45	NA
74283			BARIUM ENEMA,THER/REDUCE INTUSSUSCEP	$ 35.00	NA
74290	26		CONTRAST X-RAY, GALLBLADDER	$ 9.00	NA
74290	TC		CONTRAST X-RAY, GALLBLADDER	$ 26.00	NA
74290			CONTRAST X-RAY, GALLBLADDER	$ 35.00	NA
74300	26		CONTR.X-RAY/BILE DUCTS;DURING SURGER	$ 10.80	NA
74300	TC		CONTR.X-RAY/BILE DUCTS;DURING SURGER	$ 29.20	NA
74300			CONTR.X-RAY/BILE DUCTS;DURING SURGER	$ 40.00	NA
74301	26		CHOLANGIOGRA;ADDITIONAL SET/SURGERY	$ 4.00	NA
74301	TC		CHOLANGIOGRA;ADDITIONAL SET/SURGERY	$ 6.00	NA
74301			CHOLANGIOGRA;ADDITIONAL SET/SURGERY	$ 10.00	NA
74305	26		CONTRAST X-RAY OF BILE DUCTS	$ 10.80	NA
74305	TC		CONTRAST X-RAY OF BILE DUCTS	$ 14.20	NA
74305			CONTRAST X-RAY OF BILE DUCTS	$ 25.00	NA
74320	26		CONTRAST X-RAY OF BILE DUCTS	$ 9.00	NA
74320	TC		CONTRAST X-RAY OF BILE DUCTS	$ 16.00	NA
74320			CONTRAST X-RAY OF BILE DUCTS	$ 25.00	NA
74327	26		X-RAY FOR BILE STONE REMOVAL	$ 26.83	NA
74327	TC		X-RAY FOR BILE STONE REMOVAL	$ 22.17	NA
74327			X-RAY FOR BILE STONE REMOVAL	$ 49.00	NA
74328	26		XRAY FOR BILE DUCT ENDOSCOPY	$ 27.15	NA
74330	26		XRAY,BILE/PANCREAS ENDOSCOPY	$ 23.00	NA
74330	TC		XRAY,BILE/PANCREAS ENDOSCOPY	$ 53.00	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
74330			XRAY,BILE/PANCREAS ENDOSCOPY	$ 76.00	NA
74340	26		X-RAY GUIDE FOR GI TUBE	$ 16.00	NA
74340	TC		X-RAY GUIDE FOR GI TUBE	$ 24.00	NA
74340			X-RAY GUIDE FOR GI TUBE	$ 40.00	NA
74355	26		PERC.PLACE.ENTEROLYSIS TUBE;GUIDANCE	$ 20.00	NA
74355	TC		PERC.PLACE.ENTEROLYSIS TUBE;GUIDANCE	$ 30.00	NA
74355			PERC.PLACE.ENTEROLYSIS TUBE;GUIDANCE	$ 50.00	NA
74360	26		INTRALUMINAL DILATION;GUIDANCE ONLY	$ 20.00	NA
74360	TC		INTRALUMINAL DILATION;GUIDANCE ONLY	$ 30.00	NA
74360			INTRALUMINAL DILATION;GUIDANCE ONLY	$ 50.00	NA
74363	26		PERCU TRANSHEPATIC DIL OF BIL DT ST	$ 37.93	NA
74363	TC		PERCU TRANSHEPATIC DIL OF BIL DT ST	$ 79.14	NA
74363			PERCU TRANSHEPATIC DIL OF BIL DT ST	$ 117.07	NA
74400	26		CONTRAST X-RAY URINARY TRACT	$ 12.60	NA
74400	TC		CONTRAST X-RAY URINARY TRACT	$ 22.40	NA
74400			CONTRAST X-RAY URINARY TRACT	$ 35.00	NA
74410	26		CONTRAST X-RAY URINARY TRACT	$ 14.40	NA
74410	TC		CONTRAST X-RAY URINARY TRACT	$ 25.60	NA
74410			CONTRAST X-RAY URINARY TRACT	$ 40.00	NA
74415	26		CONTRAST X-RAY URINARY TRACT	$ 18.00	NA
74415	TC		CONTRAST X-RAY URINARY TRACT	$ 57.00	NA
74415			CONTRAST X-RAY URINARY TRACT	$ 75.00	NA
74420	26		CONTRAST X-RAY URINARY TRACT	$ 9.00	NA
74420	TC		CONTRAST X-RAY URINARY TRACT	$ 26.00	NA
74420			CONTRAST X-RAY URINARY TRACT	$ 35.00	NA
74425	26		CONTRAST X-RAY URINARY TRACT	$ 9.00	NA
74425	TC		CONTRAST X-RAY URINARY TRACT	$ 11.00	NA
74425			CONTRAST X-RAY URINARY TRACT	$ 20.00	NA
74430	26		CONTRAST X-RAY OF BLADDER	$ 9.00	NA
74430	TC		CONTRAST X-RAY OF BLADDER	$ 6.00	NA
74430			CONTRAST X-RAY OF BLADDER	$ 15.00	NA
74440	26		XRAY EXAM MALE GENITAL TRACT	$ 9.00	NA
74440	TC		XRAY EXAM MALE GENITAL TRACT	$ 11.00	NA
74440			XRAY EXAM MALE GENITAL TRACT	$ 20.00	NA
74445	TC		COPORA CAVERNOSOGRAPHY;SUPER/INTERP	$ 15.00	NA
74445	26		COPORA CAVERNOSOGRAPHY;SUPER/INTERP	$ 28.00	NA
74445			COPORA CAVERNOSOGRAPHY;SUPER/INTERP	$ 43.00	NA
74450	TC		X-RAY EXAM URETHRA/BLADDER	$ 11.00	NA
74450			X-RAY EXAM URETHRA/BLADDER	$ 20.00	NA
74455	26		X-RAY EXAM URETHRA/BLADDER	$ 16.20	NA
74455	TC		X-RAY EXAM URETHRA/BLADDER	$ 3.80	NA
74455			X-RAY EXAM URETHRA/BLADDER	$ 20.00	NA
74470	26		X-RAY-RENAL CYST STUDY	$ 9.00	NA
74470	TC		X-RAY-RENAL CYST STUDY	$ 11.00	NA
74470			X-RAY-RENAL CYST STUDY	$ 20.00	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
74475	26		CATH RENAL PELVIS;SUPER/INTERP	$ 21.68	NA
74475	TC		CATH RENAL PELVIS;SUPER/INTERP	$ 66.18	NA
74475			CATH RENAL PELVIS;SUPER/INTERP	$ 87.86	NA
74480	26		CATH/STENT RENAL PELVIS;SUPER/INTERP	$ 25.00	NA
74480	TC		CATH/STENT RENAL PELVIS;SUPER/INTERP	$ 44.00	NA
74480			CATH/STENT RENAL PELVIS;SUPER/INTERP	$ 69.00	NA
74485	26		DILATE NEPHROL./URETERS;SUPER/INTERP	$ 22.00	NA
74485	TC		DILATE NEPHROL./URETERS;SUPER/INTERP	$ 72.95	NA
74485			DILATE NEPHROL./URETERS;SUPER/INTERP	$ 94.95	NA
74710	26		X-RAY MEASUREMENT OF PELVIS	$ 9.00	NA
74710	TC		X-RAY MEASUREMENT OF PELVIS	$ 16.00	NA
74710			X-RAY MEASUREMENT OF PELVIS	$ 25.00	NA
74740	26		HYSTEROSALPINGOGRAPHY, SUPER & INTER	$ 9.00	NA
74740	TC		HYSTEROSALPINGOGRAPHY, SUPER & INTER	$ 11.00	NA
74740			HYSTEROSALPINGOGRAPHY, SUPER & INTER	$ 20.00	NA
74742	26		TRANSCERVICAL CATH OF FALLOPIAN TUBE	$ 15.75	NA
74742	TC		TRANSCERVICAL CATH OF FALLOPIAN TUBE	$ 41.25	NA
74742			TRANSCERVICAL CATH OF FALLOPIAN TUBE	$ 57.00	NA
74775	26		PERINEOGRAM-DET.SEX/EXTENT ANOMOLIES	$ 12.00	NA
74775	TC		PERINEOGRAM-DET.SEX/EXTENT ANOMOLIES	$ 18.00	NA
74775			PERINEOGRAM-DET.SEX/EXTENT ANOMOLIES	$ 30.00	NA
75557	26		CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	$ 62.18	NA
75557	TC		CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	$ 113.17	NA
75557			CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	$ 175.35	NA
75559	26		CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	$ 76.22	NA
75559	TC		CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	$ 161.10	NA
75559			CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	$ 237.32	NA
75561	26		CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	$ 68.58	NA
75561	TC		CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	$ 165.93	NA
75561			CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	$ 234.51	NA
75563	26		CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	$ 78.53	NA
75563	TC		CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	$ 199.96	NA
75563			CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	$ 278.49	NA
75565	26		CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LIST SEPARATELY	$ 6.25	NA
75565	TC		CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LIST SEPARATELY	$ 30.45	NA
75565			CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LIST SEPARATELY	$ 36.70	NA
75571	26		COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUANTITATIVE	$ 15.46	NA
75571	TC		COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUANTITATIVE	$ 16.51	NA
75571			COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUANTITATIVE	$ 31.97	NA
75572	26		COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC	$ 43.37	NA
75572	TC		COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC	$ 129.92	NA
75572			COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC	$ 173.29	NA
75573	26		COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC	$ 63.36	NA
75573			COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC	$ 210.72	NA
75574	26		COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS	$ 59.61	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
75574	TC		COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS	$ 147.35	NA
75574			COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS	$ 206.96	NA
75600	26		CONTRAST X-RAY EXAM OF AORTA	$ 16.20	NA
75600	TC		CONTRAST X-RAY EXAM OF AORTA	$ 40.80	NA
75600			CONTRAST X-RAY EXAM OF AORTA	$ 57.00	NA
75605	26		CONTRAST X-RAY EXAM OF AORTA	$ 27.00	NA
75605	TC		CONTRAST X-RAY EXAM OF AORTA	$ 75.38	NA
75605			CONTRAST X-RAY EXAM OF AORTA	$ 102.38	NA
75625	26		CONTRAST X-RAY EXAM OF AORTA	$ 27.00	NA
75625	TC		CONTRAST X-RAY EXAM OF AORTA	$ 81.00	NA
75625			CONTRAST X-RAY EXAM OF AORTA	$ 108.00	NA
75630			AORTOGRAPH;ABDOMEN-BILAT	$ 62.50	NA
75635	26		COMP TOMO ANGIO ABD AORTA/BIL LOW EX	$ 49.00	NA
75635	TC		COMP TOMO ANGIO ABD AORTA/BIL LOW EX	$ 135.00	NA
75635			COMP TOMO ANGIO ABD AORTA/BIL LOW EX	$ 184.00	NA
75658	26		X-RAY EXAM OF ARM ARTERIES	$ 30.00	NA
75658	TC		X-RAY EXAM OF ARM ARTERIES	$ 90.00	NA
75658			X-RAY EXAM OF ARM ARTERIES	$ 120.00	NA
75705	26		ARTERY X-RAYS, SPINE	$ 35.10	NA
75705	TC		ARTERY X-RAYS, SPINE	$ 143.00	NA
75705			ARTERY X-RAYS, SPINE	$ 178.10	NA
75710	26		ARTERY X-RAYS, ARM/LEG	$ 13.50	NA
75710	TC		ARTERY X-RAYS, ARM/LEG	$ 40.50	NA
75710			ARTERY X-RAYS, ARM/LEG	$ 54.00	NA
75716	26		ARTERY X-RAYS, ARMS/LEGS	$ 22.50	NA
75716	TC		ARTERY X-RAYS, ARMS/LEGS	$ 67.50	NA
75716			ARTERY X-RAYS, ARMS/LEGS	$ 90.00	NA
75726	26		ARTERY X-RAYS, ABDOMEN	$ 35.10	NA
75726	TC		ARTERY X-RAYS, ABDOMEN	$ 66.70	NA
75726			ARTERY X-RAYS, ABDOMEN	$ 101.80	NA
75731	26		ARTERY X-RAYS, ADRENAL GLAND	$ 29.70	NA
75731	TC		ARTERY X-RAYS, ADRENAL GLAND	$ 78.30	NA
75731			ARTERY X-RAYS, ADRENAL GLAND	$ 108.00	NA
75733	26		ARTERY X-RAYS,ADRENAL GLANDS	$ 43.20	NA
75733	TC		ARTERY X-RAYS,ADRENAL GLANDS	$ 102.60	NA
75733			ARTERY X-RAYS,ADRENAL GLANDS	$ 145.80	NA
75736	26		ARTERY X-RAYS, PELVIS	$ 27.00	NA
75736	TC		ARTERY X-RAYS, PELVIS	$ 81.00	NA
75736			ARTERY X-RAYS, PELVIS	$ 108.00	NA
75741	26		ARTERY X-RAYS, LUNG	$ 27.00	NA
75741	TC		ARTERY X-RAYS, LUNG	$ 73.00	NA
75741			ARTERY X-RAYS, LUNG	$ 100.00	NA
75743	26		ARTERY X-RAYS, LUNGS	$ 40.50	NA
75743	TC		ARTERY X-RAYS, LUNGS	$ 84.49	NA
75743			ARTERY X-RAYS, LUNGS	$ 124.99	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
75746	26		ARTERY X-RAYS, LUNG	$ 27.00	NA
75746	TC		ARTERY X-RAYS, LUNG	$ 27.00	NA
75746			ARTERY X-RAYS, LUNG	$ 54.00	NA
75756	26		ARTERY X-RAYS, CHEST	$ 16.20	NA
75756	TC		ARTERY X-RAYS, CHEST	$ 33.48	NA
75756			ARTERY X-RAYS, CHEST	$ 49.68	NA
75774	26		ANGIOGRAPHY, SELECTIVE,PROCEDURE,S&I	$ 14.54	NA
75774	TC		ANGIOGRAPHY, SELECTIVE,PROCEDURE,S&I	$ 76.90	NA
75774			ANGIOGRAPHY, SELECTIVE,PROCEDURE,S&I	$ 91.44	NA
75791	26		ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PATIENT FISTULA/GRAFT), COMPLETE	$ 42.23	NA
75791	TC		ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PATIENT FISTULA/GRAFT), COMPLETE	$ 146.20	NA
75791			ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PATIENT FISTULA/GRAFT), COMPLETE	$ 188.43	NA
75801	26		LYMPH VESSEL X-RAY, ARM/LEG	$ 18.00	NA
75801	TC		LYMPH VESSEL X-RAY, ARM/LEG	$ 42.00	NA
75801			LYMPH VESSEL X-RAY, ARM/LEG	$ 60.00	NA
75803	26		LYMPH VESSEL X-RAY,ARMS/LEGS	$ 22.50	NA
75803	TC		LYMPH VESSEL X-RAY,ARMS/LEGS	$ 67.50	NA
75803			LYMPH VESSEL X-RAY,ARMS/LEGS	$ 90.00	NA
75805	26		LYMPH VESSEL X-RAY, TRUNK	$ 21.60	NA
75805	TC		LYMPH VESSEL X-RAY, TRUNK	$ 54.00	NA
75805			LYMPH VESSEL X-RAY, TRUNK	$ 75.60	NA
75807	26		LYMPH VESSEL X-RAY, TRUNK	$ 29.70	NA
75807	TC		LYMPH VESSEL X-RAY, TRUNK	$ 65.00	NA
75807			LYMPH VESSEL X-RAY, TRUNK	$ 94.70	NA
75809	26		SHUNTOGRAM, NONVASCULAR SHUNT	$ 14.00	NA
75809	TC		SHUNTOGRAM, NONVASCULAR SHUNT	$ 18.00	NA
75809			SHUNTOGRAM, NONVASCULAR SHUNT	$ 32.00	NA
75810	26		VEIN X-RAY, SPLEEN/LIVER	$ 22.50	NA
75810	TC		VEIN X-RAY, SPLEEN/LIVER	$ 40.00	NA
75810			VEIN X-RAY, SPLEEN/LIVER	$ 62.50	NA
75820	26		VEIN X-RAY, ARM/LEG	$ 28.64	NA
75820	TC		VEIN X-RAY, ARM/LEG	$ 34.00	NA
75820			VEIN X-RAY, ARM/LEG	$ 62.64	NA
75822	26		VEIN X-RAY, ARMS/LEGS	$ 22.50	NA
75822	TC		VEIN X-RAY, ARMS/LEGS	$ 56.50	NA
75822			VEIN X-RAY, ARMS/LEGS	$ 79.00	NA
75825	TC		VEIN X-RAY, TRUNK	$ 61.50	NA
75825			VEIN X-RAY, TRUNK	$ 84.00	NA
75827	26		VEIN X-RAY, CHEST	$ 45.01	NA
75827	TC		VEIN X-RAY, CHEST	$ 91.01	NA
75827			VEIN X-RAY, CHEST	$ 136.02	NA
75831	26		VEIN X-RAY, KIDNEY	$ 51.75	NA
75831	TC		VEIN X-RAY, KIDNEY	$ 88.08	NA
75831			VEIN X-RAY, KIDNEY	$ 139.83	NA
75833	26		VEIN X-RAY, KIDNEYS	$ 65.36	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
75833	TC		VEIN X-RAY, KIDNEYS	$ 82.15	NA
75833			VEIN X-RAY, KIDNEYS	$ 147.51	NA
75840	26		VEIN X-RAY, ADRENAL GLAND	$ 49.51	NA
75840	TC		VEIN X-RAY, ADRENAL GLAND	$ 81.83	NA
75840			VEIN X-RAY, ADRENAL GLAND	$ 131.34	NA
75842	26		VEIN X-RAY, ADRENAL GLANDS	$ 37.80	NA
75842	TC		VEIN X-RAY, ADRENAL GLANDS	$ 112.20	NA
75842			VEIN X-RAY, ADRENAL GLANDS	$ 150.00	NA
75860	26		VEIN X-RAY, NECK	$ 48.19	NA
75860	TC		VEIN X-RAY, NECK	$ 78.61	NA
75860			VEIN X-RAY, NECK	$ 126.80	NA
75870	26		VEIN X-RAY, SKULL	$ 49.51	NA
75870	TC		VEIN X-RAY, SKULL	$ 81.51	NA
75870			VEIN X-RAY, SKULL	$ 131.02	NA
75872	26		VENOGRAPH,EPIDURAL;SUPER/INTERP	$ 49.51	NA
75872	TC		VENOGRAPH,EPIDURAL;SUPER/INTERP	$ 82.15	NA
75872			VENOGRAPH,EPIDURAL;SUPER/INTERP	$ 131.66	NA
75880	26		VEIN X-RAY, EYE SOCKET	$ 16.20	NA
75880	TC		VEIN X-RAY, EYE SOCKET	$ 36.80	NA
75880			VEIN X-RAY, EYE SOCKET	$ 53.00	NA
75885	26		VEIN X-RAY, LIVER	$ 36.00	NA
75885	TC		VEIN X-RAY, LIVER	$ 66.00	NA
75885			VEIN X-RAY, LIVER	$ 102.00	NA
75887	26		VEIN X-RAY, LIVER	$ 56.76	NA
75887	TC		VEIN X-RAY, LIVER	$ 92.23	NA
75887			VEIN X-RAY, LIVER	$ 148.99	NA
75889	26		VEIN X-RAY, LIVER	$ 36.00	NA
75889	TC		VEIN X-RAY, LIVER	$ 99.00	NA
75889			VEIN X-RAY, LIVER	$ 135.00	NA
75891	26		VEIN X-RAY, LIVER	$ 47.90	NA
75891	TC		VEIN X-RAY, LIVER	$ 80.54	NA
75891			VEIN X-RAY, LIVER	$ 128.44	NA
75893	26		VENOUS SAMPLING BY CATHETER	$ 23.78	NA
75893	TC		VENOUS SAMPLING BY CATHETER	$ 51.22	NA
75893			VENOUS SAMPLING BY CATHETER	$ 75.00	NA
75894	26		XRAYS, TRANSCATHETER THERAPY	$ 56.87	NA
75894	TC		XRAYS, TRANSCATHETER THERAPY	$ 92.70	NA
75894			XRAYS, TRANSCATHETER THERAPY	$ 149.57	NA
75896	26		XRAYS, TRANSCATHETER THERAPY	$ 30.00	NA
75896	TC		XRAYS, TRANSCATHETER THERAPY	$ 150.00	NA
75896			XRAYS, TRANSCATHETER THERAPY	$ 180.00	NA
75898	TC		FOLLOW-UP ANGIOGRAM	$ 37.39	NA
75898	26		FOLLOW-UP ANGIOGRAM	$ 62.61	NA
75898			FOLLOW-UP ANGIOGRAM	$ 100.00	NA
75901	26		MECH REMOVAL PERICATH OBSTRUCT MATER	$ 10.00	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
75901	TC		MECH REMOVAL PERICATH OBSTRUCT MATER	$ 31.00	NA
75901			MECH REMOVAL PERICATH OBSTRUCT MATER	$ 41.00	NA
75902	26		MECH REMOVAL INTRALUM OBSTRUC MATERI	$ 9.00	NA
75902	TC		MECH REMOVAL INTRALUM OBSTRUC MATERI	$ 30.00	NA
75902			MECH REMOVAL INTRALUM OBSTRUC MATERI	$ 39.00	NA
75945	26		INTRAVASCULAR ULTRASOUND INIT VESSEL	$ 18.00	NA
75945	TC		INTRAVASCULAR ULTRASOUND INIT VESSEL	$ 72.00	NA
75945			INTRAVASCULAR ULTRASOUND INIT VESSEL	$ 90.00	NA
75946	26		INTRAVASC ULTRASOUND EACH ADD VESSEL	$ 18.00	NA
75946	TC		INTRAVASC ULTRASOUND EACH ADD VESSEL	$ 40.00	NA
75946			INTRAVASC ULTRASOUND EACH ADD VESSEL	$ 58.00	NA
75952	26		ENDOVASC REP INFRAREN ABD AORT ANEUR	$ 75.00	NA
75952	TC		ENDOVASC REP INFRAREN ABD AORT ANEUR	$ 124.00	NA
75952			ENDOVASC REP INFRAREN ABD AORT ANEUR	$ 199.00	NA
75953	26		PLACE PROX/DIST EXTENS PROST SUP/INT	$ 23.00	NA
75953	TC		PLACE PROX/DIST EXTENS PROST SUP/INT	$ 75.00	NA
75953			PLACE PROX/DIST EXTENS PROST SUP/INT	$ 98.00	NA
75954	26		ENDOVASC REPAIR ILIAC ARTERY ANEURYS	$ 21.00	NA
75956	26		ENDOVASC REPAIR DESCEND THORACIC AOR	$ 190.79	NA
75957	26		ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, PSEUDOANEURYSM,	$ 164.08	NA
75958	26		PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF	$ 109.13	NA
75959	26		PLACEMENT OF DISTAL EXTENSION PROSTHESIS(S) (DELAYED) AFTER ENDOVASCULAR REPAIR	$ 93.93	NA
75962	26		PTA-PERIPHERAL ARTERY;SUPER/ENTERP	$ 22.23	NA
75962	TC		PTA-PERIPHERAL ARTERY;SUPER/ENTERP	$ 108.74	NA
75962			PTA-PERIPHERAL ARTERY;SUPER/ENTERP	$ 130.97	NA
75964	26		PTA;EACH ADD.PERIPH.ART.;SUPER/INTER	$ 14.82	NA
75964	TC		PTA;EACH ADD.PERIPH.ART.;SUPER/INTER	$ 73.23	NA
75964			PTA;EACH ADD.PERIPH.ART.;SUPER/INTER	$ 88.05	NA
75966	26		PTA--VISCERAL ARTERY;SUPER/INTERP	$ 25.00	NA
75966	TC		PTA--VISCERAL ARTERY;SUPER/INTERP	$ 100.00	NA
75966			PTA--VISCERAL ARTERY;SUPER/INTERP	$ 125.00	NA
75968	TC		PTA-EACH ADD VISC.ART;SUPER/INTERP	$ 63.62	NA
75968			PTA-EACH ADD VISC.ART;SUPER/INTERP	$ 80.00	NA
75970	26		TRANSCATH BXX;SUPER/INTERP	$ 30.00	NA
75970	TC		TRANSCATH BXX;SUPER/INTERP	$ 120.00	NA
75970			TRANSCATH BXX;SUPER/INTERP	$ 150.00	NA
75978	TC		PERCUTANEOUS TRANSLUMINAL ANGIOPLAST	$ 94.22	NA
75978			PERCUTANEOUS TRANSLUMINAL ANGIOPLAST	$ 118.00	NA
75980	TC		PERC TRANSHEPATIC BILIARY DRAIN	$ 79.00	NA
75980			PERC TRANSHEPATIC BILIARY DRAIN	$ 110.00	NA
75982	TC		CATH PLMT-INT/EXT BILIARY DRAIN	$ 106.00	NA
75982			CATH PLMT-INT/EXT BILIARY DRAIN	$ 130.00	NA
75984	26		CHNG PERC CATH W/C0NTRAST MONI	$ 15.00	NA
75984	TC		CHNG PERC CATH W/C0NTRAST MONI	$ 21.75	NA
75984			CHNG PERC CATH W/C0NTRAST MONI	$ 36.75	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
75989	26		RADIOLOGIC SUIDANCE PERCU DRAI ABSCE	$ 48.00	NA
75989	TC		RADIOLOGIC SUIDANCE PERCU DRAI ABSCE	$ 67.74	NA
75989			RADIOLOGIC SUIDANCE PERCU DRAI ABSCE	$ 115.74	NA
76000	26		FLUOROSCOPY,MD TIME TO 1 HR	$ 6.30	NA
76000	TC		FLUOROSCOPY,MD TIME TO 1 HR	$ 38.70	NA
76000			FLUOROSCOPY,MD TIME TO 1 HR	$ 45.00	NA
76001	26		FLUOROSCOPY,ME ASST NON-RAD,+1 HOUR	$ 6.30	NA
76001	TC		FLUOROSCOPY,ME ASST NON-RAD,+1 HOUR	$ 38.70	NA
76001			FLUOROSCOPY,ME ASST NON-RAD,+1 HOUR	$ 45.00	NA
76010	26		X-RAY,NOWE-RECTUM,SINGLE FILM,CHILD	$ 6.00	NA
76010	TC		X-RAY,NOWE-RECTUM,SINGLE FILM,CHILD	$ 9.00	NA
76010			X-RAY,NOWE-RECTUM,SINGLE FILM,CHILD	$ 15.00	NA
76080	26		X-RAY EXAM OF FISTULA	$ 9.00	NA
76080	TC		X-RAY EXAM OF FISTULA	$ 6.00	NA
76080			X-RAY EXAM OF FISTULA	$ 15.00	NA
76098	26		RADIO.EXAM.,BREAST SURGICAL SPECIMEN	$ 6.00	NA
76098	TC		RADIO.EXAM.,BREAST SURGICAL SPECIMEN	$ 9.00	NA
76098			RADIO.EXAM.,BREAST SURGICAL SPECIMEN	$ 15.00	NA
76100	26		X-RAY EXAM OF BODY SECTION	$ 14.00	NA
76100	TC		X-RAY EXAM OF BODY SECTION	$ 21.00	NA
76100			X-RAY EXAM OF BODY SECTION	$ 35.00	NA
76101	26		X-RAY,COMPLEX MOTION ,BODY SECT UNIL	$ 16.00	NA
76101	TC		X-RAY,COMPLEX MOTION ,BODY SECT UNIL	$ 24.00	NA
76101			X-RAY,COMPLEX MOTION ,BODY SECT UNIL	$ 40.00	NA
76102	26		X-RAY,COMPLEX MOTION,BODY SECT BILAT	$ 24.00	NA
76102	TC		X-RAY,COMPLEX MOTION,BODY SECT BILAT	$ 36.00	NA
76102			X-RAY,COMPLEX MOTION,BODY SECT BILAT	$ 60.00	NA
76120	26		CINEMATIC X-RAYS	$ 5.40	NA
76120	TC		CINEMATIC X-RAYS	$ 24.60	NA
76120			CINEMATIC X-RAYS	$ 30.00	NA
76125	26		CINEMATIC X-RAYS	$ 5.00	NA
76376	26		3D RENDERING WITH INTERPRETATION AND	$ 5.28	NA
76376	TC		3D RENDERING WITH INTERPRETATION AND	$ 7.24	NA
76376			3D RENDERING WITH INTERPRETATION AND	$ 12.52	NA
76377	TC		3D RENDERING WITH INTERPRETATION AND	$ 13.69	NA
76377	26		3D RENDERING WITH INTERPRETATION AND	$ 21.12	NA
76377			3D RENDERING WITH INTERPRETATION AND	$ 34.81	NA
76380	26		COMP.TOMOGRAPHY,LOCAL OR F/UP STUDY	$ 26.86	NA
76380	TC		COMP.TOMOGRAPHY,LOCAL OR F/UP STUDY	$ 40.30	NA
76380			COMP.TOMOGRAPHY,LOCAL OR F/UP STUDY	$ 67.16	NA
76390	26		MAGNETIC RESONANCE SPECTROSCOPY	$ 45.00	NA
76390			MAGNETIC RESONANCE SPECTROSCOPY	$ 280.00	NA
76390	TC		MAGNETIC RESONANCE SPECTROSCOPY	$ 235.00	NA
76496	26		UNLISTED FLUOROSCOPIC PROCEDURE.	BR	NA
76496			UNLISTED FLUOROSCOPIC PROCEDURE.	BR	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
76496	TC		UNLISTED FLUOROSCOPIC PROCEDURE.	BR	NA
76497	26		UNLISTED COMPUT TOMOGRAPHY PROCEDURE	BR	NA
76497			UNLISTED COMPUT TOMOGRAPHY PROCEDURE	BR	NA
76497	TC		UNLISTED COMPUT TOMOGRAPHY PROCEDURE	BR	NA
76498	26		UNLISTED MAGNETIC RESONANCE PROCEDUR	BR	NA
76498			UNLISTED MAGNETIC RESONANCE PROCEDUR	BR	NA
76498	TC		UNLISTED MAGNETIC RESONANCE PROCEDUR	BR	NA
76499	26		UNLISTED DIAGNOSTIC RADIOGRAPHIC PRO	BR	NA
76499			UNLISTED DIAGNOSTIC RADIOGRAPHIC PRO	BR	NA
76499	TC		UNLISTED DIAGNOSTIC RADIOGRAPHIC PRO	BR	NA
76506	26		ECHO EXAM OF HEAD B-MODE COMPLETE	$ 17.00	NA
76506	TC		ECHO EXAM OF HEAD B-MODE COMPLETE	$ 25.00	NA
76506			ECHO EXAM OF HEAD B-MODE COMPLETE	$ 42.00	NA
76510	TC		OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B	$ 46.11	NA
76510	26		OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B	$ 47.77	NA
76510			OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B	$ 93.88	NA
76511			ECHO EXAM OF EYE	$ 40.00	NA
76512			ECHO EXAM OF EYE	$ 60.00	NA
76513	26		OPHTH.ULTRASOUND,ECHOGRAPHY;H2O-B-SC	$ 24.00	NA
76513	TC		OPHTH.ULTRASOUND,ECHOGRAPHY;H2O-B-SC	$ 36.00	NA
76513			OPHTH.ULTRASOUND,ECHOGRAPHY;H2O-B-SC	$ 60.00	NA
76514			OPTH U/S ECHOGRAPHY DIAG CORN PACHYM	$ 11.00	NA
76516	26		ECHO EXAM OF EYE	$ 18.00	NA
76516	TC		ECHO EXAM OF EYE	$ 22.00	NA
76516			ECHO EXAM OF EYE	$ 40.00	NA
76519	26		OPHTHALMIC BIOMETRY,A-MODE;W/LENS CA	$ 20.00	NA
76519	TC		OPHTHALMIC BIOMETRY,A-MODE;W/LENS CA	$ 24.00	NA
76519			OPHTHALMIC BIOMETRY,A-MODE;W/LENS CA	$ 44.00	NA
76529	26		ECHO EXAM OF EYE	$ 22.00	NA
76529	TC		ECHO EXAM OF EYE	$ 25.00	NA
76529			ECHO EXAM OF EYE	$ 47.00	NA
76536	26		ECHOGRAPHY,B-SCAN/REAL TIME W/IMAGE	$ 13.50	NA
76536	TC		ECHOGRAPHY,B-SCAN/REAL TIME W/IMAGE	$ 16.50	NA
76536			ECHOGRAPHY,B-SCAN/REAL TIME W/IMAGE	$ 30.00	NA
76604	26		ECHO EXAM OF CHEST	$ 10.80	NA
76604	TC		ECHO EXAM OF CHEST	$ 14.20	NA
76604			ECHO EXAM OF CHEST	$ 25.00	NA
76641			ULTRASOUND BREAST COMPLETE	$ 59.49	NA
76641	TC		ULTRASOUND BREAST COMPLETE	$ 40.27	NA
76641	26		ULTRASOUND BREAST COMPLETE	$ 19.22	NA
76642			ULTRASOUND BREAST LIMITED	$ 48.71	NA
76642	TC		ULTRASOUND BREAST LIMITED	$ 30.81	NA
76642	26		ULTRASOUND BREAST LIMITED	$ 17.90	NA
76700	26		ECHO EXAM OF ABDOMEN	$ 27.00	NA
76705	26		ECHO EXAM OF ABDOMEN	$ 18.00	NA

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CPT/ HCPCS/ CDT	***MOD 1***	***MOD 2***	***SHORT - DESCRIPTION***	***MAXIMUM FEE ALLOWANCE***	***MAXIMUM FEE ALLOWANCE***
PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
76770	26		ECHO EXAM ABDOMEN BACK WALL	$ 27.00	NA
76770	TC		ECHO EXAM ABDOMEN BACK WALL	$ 33.00	NA
76770			ECHO EXAM ABDOMEN BACK WALL	$ 60.00	NA
76775	26		ECHO EXAM ABDOMEN BACK WALL	$ 24.41	NA
76775	TC		ECHO EXAM ABDOMEN BACK WALL	$ 26.09	NA
76775			ECHO EXAM ABDOMEN BACK WALL	$ 50.50	NA
76776	26		US EXAM K TRANSPL W/DOPPLER	$ 20.37	NA
76776	TC		US EXAM K TRANSPL W/DOPPLER	$ 67.25	NA
76776			US EXAM K TRANSPL W/DOPPLER	$ 87.62	NA
76800	26		ECHOGRAPHY,SPINAL CANAL&CONTENTS	$ 29.00	NA
76800	TC		ECHOGRAPHY,SPINAL CANAL&CONTENTS	$ 36.00	NA
76800			ECHOGRAPHY,SPINAL CANAL&CONTENTS	$ 65.00	NA
76801	26		ULTRASOUND PREG UTERUS 1ST TRIM SING	$ 22.00	NA
76801	TC		ULTRASOUND PREG UTERUS 1ST TRIM SING	$ 33.00	NA
76801			ULTRASOUND PREG UTERUS 1ST TRIM SING	$ 55.00	NA
76801	UD	26	ULTRASOUND PREG UTERUS 1ST TRIM SING	$ 22.00	NA
76801	UD		ULTRASOUND PREG UTERUS 1ST TRIM SING	$ 55.00	NA
76801	UD	TC	ULTRASOUND PREG UTERUS 1ST TRIM SING	$ 33.00	NA
76802			ULTRASOUND PREG UTER 1ST TRIM EAC AD	$ 43.00	NA
76802	UD	26	ULTRASOUND PREG UTER 1ST TRIM EAC AD	$ 18.00	NA
76802	UD		ULTRASOUND PREG UTER 1ST TRIM EAC AD	$ 43.00	NA
76802	UD	TC	ULTRASOUND PREG UTER 1ST TRIM EAC AD	$ 25.00	NA
76805	26		U/S PREG UTERUS >OR =14 WKS SINGLE	$ 25.20	NA
76805	TC		U/S PREG UTERUS >OR =14 WKS SINGLE	$ 29.80	NA
76805			U/S PREG UTERUS >OR =14 WKS SINGLE	$ 55.00	NA
76805	UD	26	U/S PREG UTERUS >OR=14 WKS SINGLE	$ 25.20	NA
76805	UD		U/S PREG UTERUS >OR=14 WKS SINGLE	$ 55.00	NA
76805	UD	TC	U/S PREG UTERUS >OR=14 WKS SINGLE	$ 29.80	NA
76810			U/S PREG UTERUS >OR=14 WKS ADD GESTA	$ 50.00	NA
76810	UD		U/S PREG UTERUS >OR=14 WKS ADD GESTA	$ 50.00	NA
76810	UD	26	U/S PREG UTERUS >OR=14 WKS ADD GESTA	$ 21.00	NA
76810	UD	TC	U/S PREG UTERUS >OR=14 WKS ADD GESTA	$ 29.00	NA
76811			ULTRASOUND PREG UTER FET ANAT EXAM	$ 168.59	NA
76812	26		U/S PREG UTER FET ANAT EXAM EA ADDIT	$ 74.18	NA
76812	TC		U/S PREG UTER FET ANAT EXAM EA ADDIT	$ 58.21	NA
76812			U/S PREG UTER FET ANAT EXAM EA ADDIT	$ 132.39	NA
76813	26		OB US NUCHAL MEAS, 1 GEST	$ 32.87	NA
76813	TC		OB US NUCHAL MEAS, 1 GEST	$ 34.03	NA
76813			OB US NUCHAL MEAS, 1 GEST	$ 66.90	NA
76814	TC		OB US NUCHAL MEAS, ADD-ON	$ 16.91	NA
76814	26		OB US NUCHAL MEAS, ADD-ON	$ 27.58	NA
76814			OB US NUCHAL MEAS, ADD-ON	$ 44.49	NA
76815	26		U/S PREG UTERUS LIM 1 OR MORE FETUS	$ 10.80	NA
76815	TC		U/S PREG UTERUS LIM 1 OR MORE FETUS	$ 14.20	NA
76815			U/S PREG UTERUS LIM 1 OR MORE FETUS	$ 25.00	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
76815	UD	26	U/S PREG UTERUS LIM 1 OR MORE FETUS	$ 10.80	NA
76815	UD		U/S PREG UTERUS LIM 1 OR MORE FETUS	$ 25.00	NA
76815	UD	TC	U/S PREG UTERUS LIM 1 OR MORE FETUS	$ 14.20	NA
76816	26		ECHOGRAPHY..PG UTERUS;FOLLOW-UP/REPE	$ 10.80	NA
76816	TC		ECHOGRAPHY..PG UTERUS;FOLLOW-UP/REPE	$ 14.20	NA
76816			ECHOGRAPHY..PG UTERUS;FOLLOW-UP/REPE	$ 25.00	NA
76816	UD	26	U/S PREG UTERUS FOLLOW UP PER FETUS	$ 10.80	NA
76816	UD		U/S PREG UTERUS FOLLOW UP PER FETUS	$ 25.00	NA
76816	UD	TC	U/S PREG UTERUS FOLLOW UP PER FETUS	$ 14.20	NA
76817	26		ULTRASOUND UTERUS TRANSVAGINAL	$ 33.00	NA
76817	TC		ULTRASOUND UTERUS TRANSVAGINAL	$ 48.00	NA
76817			ULTRASOUND UTERUS TRANSVAGINAL	$ 81.00	NA
76817	UD	26	ULTRASOUND UTERUS TRANSVAGINAL	$ 33.00	NA
76817	UD		ULTRASOUND UTERUS TRANSVAGINAL	$ 81.00	NA
76817	UD	TC	ULTRASOUND UTERUS TRANSVAGINAL	$ 48.00	NA
76818	26		FETAL BIOPHYSICAL PROFILE	$ 27.50	NA
76818	TC		FETAL BIOPHYSICAL PROFILE	$ 27.50	NA
76818			FETAL BIOPHYSICAL PROFILE	$ 55.00	NA
76819	26		FETAL BIOPHYSICAL PROFILE WO STRESS	$ 27.50	NA
76819	TC		FETAL BIOPHYSICAL PROFILE WO STRESS	$ 27.50	NA
76819			FETAL BIOPHYSICAL PROFILE WO STRESS	$ 55.00	NA
76820	TC		DOPPLER VELOCIMETRY, FETAL; UMBILICA	$ 12.28	NA
76820	26		DOPPLER VELOCIMETRY, FETAL; UMBILICA	$ 13.78	NA
76820			DOPPLER VELOCIMETRY, FETAL; UMBILICA	$ 26.06	NA
76821	26		DOPPLER VELOCIMETRY, FETAL; MIDDLE C	$ 19.45	NA
76821	TC		DOPPLER VELOCIMETRY, FETAL; MIDDLE C	$ 32.22	NA
76821			DOPPLER VELOCIMETRY, FETAL; MIDDLE C	$ 51.67	NA
76825	26		ECHOCARDIOGRAPHY, FETAL HEART-UTERO	$ 28.00	NA
76825	TC		ECHOCARDIOGRAPHY, FETAL HEART-UTERO	$ 27.00	NA
76825			ECHOCARDIOGRAPHY, FETAL HEART-UTERO	$ 55.00	NA
76826	26		ECHOCARDIOGRAPHY/FETAL REAL-TIME SCN	$ 25.00	NA
76826	TC		ECHOCARDIOGRAPHY/FETAL REAL-TIME SCN	$ 28.50	NA
76826			ECHOCARDIOGRAPHY/FETAL REAL-TIME SCN	$ 53.50	NA
76827	26		DOPPLER ECHOCARDIOGRAPHY FETAL CARD.	$ 23.45	NA
76827	TC		DOPPLER ECHOCARDIOGRAPHY FETAL CARD.	$ 29.40	NA
76827			DOPPLER ECHOCARDIOGRAPHY FETAL CARD.	$ 52.85	NA
76828	TC		DOPPLER ECG...FOLLOW-UP/REPEAT STUDY	$ 15.91	NA
76828	26		DOPPLER ECG...FOLLOW-UP/REPEAT STUDY	$ 22.90	NA
76828			DOPPLER ECG...FOLLOW-UP/REPEAT STUDY	$ 38.81	NA
76830	26		ECHOGRAPHY,TRANSVAGINAL	$ 29.00	NA
76830	TC		ECHOGRAPHY,TRANSVAGINAL	$ 38.00	NA
76830			ECHOGRAPHY,TRANSVAGINAL	$ 67.00	NA
76830	UD	26	ECHOGRAPHY,TRANSVAGINAL	$ 29.00	NA
76830	UD		ECHOGRAPHY,TRANSVAGINAL	$ 67.00	NA
76830	UD	TC	ECHOGRAPHY,TRANSVAGINAL	$ 38.00	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
76831	26		HYSTEROSONOGRAPHY W/WO COLOR FLOW DO	$ 29.00	NA
76831	TC		HYSTEROSONOGRAPHY W/WO COLOR FLOW DO	$ 38.00	NA
76831			HYSTEROSONOGRAPHY W/WO COLOR FLOW DO	$ 67.00	NA
76856	26		ECHOGRAPHY, PELVIC, REAL TIME	$ 27.00	NA
76856	TC		ECHOGRAPHY, PELVIC, REAL TIME	$ 33.00	NA
76856			ECHOGRAPHY, PELVIC, REAL TIME	$ 60.00	NA
76857	26		ECHOGRAPHY, PELVIC,LIMITED OR FOLLOW	$ 16.00	NA
76857	TC		ECHOGRAPHY, PELVIC,LIMITED OR FOLLOW	$ 24.00	NA
76857			ECHOGRAPHY, PELVIC,LIMITED OR FOLLOW	$ 40.00	NA
76857	FP		ECHOGRAPHY, PELVIC,LIMITED OR FOLLOW	$ 40.00	NA
76857	FP	26	ECHOGRAPHY, PELVIC,LIMITED OR FOLLOW	$ 16.00	NA
76857	FP	TC	ECHOGRAPHY, PELVIC,LIMITED OR FOLLOW	$ 24.00	NA
76857	SA		ECHOGRAPHY, PELVIC,LIMITED OR FOLLOW	$ 38.00	NA
76857	SA	26	ECHOGRAPHY, PELVIC,LIMITED OR FOLLOW	$ 15.20	NA
76857	SA	TC	ECHOGRAPHY, PELVIC,LIMITED OR FOLLOW	$ 22.80	NA
76870	26		ECHOGRAPHY,SCROTUM AND CONTENTS	$ 19.00	NA
76870	TC		ECHOGRAPHY,SCROTUM AND CONTENTS	$ 28.00	NA
76870			ECHOGRAPHY,SCROTUM AND CONTENTS	$ 47.00	NA
76872	26		ECHOGRAPHY,TRANSRECTAL	$ 27.67	NA
76872	TC		ECHOGRAPHY,TRANSRECTAL	$ 36.45	NA
76872			ECHOGRAPHY,TRANSRECTAL	$ 64.12	NA
76873	26		TRANSRECTAL ECHOGRAPHY PROST VOL STU	$ 54.00	NA
76873	TC		TRANSRECTAL ECHOGRAPHY PROST VOL STU	$ 48.00	NA
76873			TRANSRECTAL ECHOGRAPHY PROST VOL STU	$ 102.00	NA
76881	26		ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; COMPLETE	$ 16.98	NA
76881	TC		ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; COMPLETE	$ 47.92	NA
76881			ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; COMPLETE	$ 64.90	NA
76882	TC		ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION;	$ 6.44	NA
76882	26		ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION;	$ 13.20	NA
76882			ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION;	$ 19.64	NA
76886	26		ECHOGRAPHY INFANT HIPS WO/MANIPULAT	$ 16.00	NA
76886	TC		ECHOGRAPHY INFANT HIPS WO/MANIPULAT	$ 21.00	NA
76886			ECHOGRAPHY INFANT HIPS WO/MANIPULAT	$ 37.00	NA
76930	26		ECHO GUIDE FOR HEART SAC TAP	$ 18.00	NA
76930			ECHO GUIDE FOR HEART SAC TAP	$ 39.34	NA
76930	TC		ECHO GUIDE FOR HEART SAC TAP	$ 21.34	NA
76932			ULTRASONIC GUID. ENDOMYOCARD..S&I	$ 42.00	NA
76932	TC		ULTRASONIC GUID. ENDOMYOCARD..S&I	$ 22.00	NA
76936	26		ART-PSEUDO ANEURYSM/AV FISTULA REPR	$ 35.00	NA
76936	TC		ART-PSEUDO ANEURYSM/AV FISTULA REPR	$ 100.00	NA
76936			ART-PSEUDO ANEURYSM/AV FISTULA REPR	$ 135.00	NA
76937	26		ULTRASOUND GUID FOR VASCULAR ACCESS	$ 14.00	NA
76937	TC		ULTRASOUND GUID FOR VASCULAR ACCESS	$ 15.00	NA
76937			ULTRASOUND GUID FOR VASCULAR ACCESS	$ 29.00	NA
76940	26		ULTRASOUND GUID VISCERAL TISS ABLAT	$ 20.24	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
76940	TC		ULTRASOUND GUID VISCERAL TISS ABLAT	$ 72.66	NA
76940			ULTRASOUND GUID VISCERAL TISS ABLAT	$ 92.90	NA
76941			INTRAUTERINE TRANSFUSN/CORDOCENTESIS	$ 57.00	NA
76941	UD	26	INTRAUTERINE TRANSFUSN/CORDOCENTESIS	$ 32.00	NA
76941	UD		INTRAUTERINE TRANSFUSN/CORDOCENTESIS	$ 57.00	NA
76941	UD	TC	INTRAUTERINE TRANSFUSN/CORDOCENTESIS	$ 25.00	NA
76945	26		ULTRASONIC GUIDE/COLL/DRAIN;COM.PROC	$ 20.00	NA
76945	TC		ULTRASONIC GUIDE/COLL/DRAIN;COM.PROC	$ 20.00	NA
76945			ULTRASONIC GUIDE/COLL/DRAIN;COM.PROC	$ 40.00	NA
76946			ECHO GUIDE-AMNIOCENTESIS	$ 31.00	NA
76965			ULTRASON GUID INTERSTIT RADIOEL APPL	$ 76.88	NA
76977	26		ULTRASOUND BONE DENSITY MEASUREMENT	$ 2.29	NA
76977	TC		ULTRASOUND BONE DENSITY MEASUREMENT	$ 3.96	NA
76977			ULTRASOUND BONE DENSITY MEASUREMENT	$ 6.25	NA
76998	26		US GUIDE, INTRAOP	$ 34.75	NA
76998	UD		ULTRASONIC_GUIDANCE,_INTRAOPERATIVE	$ 33.09	NA
76999	26		ECHO EXAMINATION PROCEDURE	BR	NA
76999	TC		ECHO EXAMINATION PROCEDURE	BR	NA
76999			ECHO EXAMINATION PROCEDURE	BR	NA
77001	26		FLUOROGUIDE FOR VEIN DEVICE	$ 9.98	NA
77001	TC		FLUOROGUIDE FOR VEIN DEVICE	$ 29.00	NA
77001			FLUOROGUIDE FOR VEIN DEVICE	$ 38.98	NA
77002	26		NEEDLE LOCALIZATION BY XRAY	$ 14.93	NA
77002	TC		NEEDLE LOCALIZATION BY XRAY	$ 36.24	NA
77002			NEEDLE LOCALIZATION BY XRAY	$ 51.17	NA
77003	26		FLUOROGUIDE FOR SPINE INJECT	$ 16.23	NA
77003	TC		FLUOROGUIDE FOR SPINE INJECT	$ 30.80	NA
77003			FLUOROGUIDE FOR SPINE INJECT	$ 47.03	NA
77011	26		CT SCAN FOR LOCALIZATION	$ 33.05	NA
77011	TC		CT SCAN FOR LOCALIZATION	$ 89.20	NA
77011			CT SCAN FOR LOCALIZATION	$ 122.25	NA
77012	26		CT SCAN FOR NEEDLE BIOPSY	$ 30.71	NA
77012	TC		CT SCAN FOR NEEDLE BIOPSY	$ 37.45	NA
77012			CT SCAN FOR NEEDLE BIOPSY	$ 68.16	NA
77013	26		CT GUIDE FOR TISSUE ABLATION	$ 107.62	NA
77014	26		CT SCAN FOR THERAPY GUIDE	$ 23.23	NA
77014	TC		CT SCAN FOR THERAPY GUIDE	$ 41.07	NA
77014			CT SCAN FOR THERAPY GUIDE	$ 64.30	NA
77021	26		MR GUIDANCE FOR NEEDLE PLACE	$ 40.36	NA
77021	TC		MR GUIDANCE FOR NEEDLE PLACE	$ 189.50	NA
77021			MR GUIDANCE FOR NEEDLE PLACE	$ 229.86	NA
77022	26		MRI FOR TISSUE ABLATION	$ 117.21	NA
77051	26		COMPUTER DX MAMMOGRAM ADD-ON	$ 1.70	NA
77051	TC		COMPUTER DX MAMMOGRAM ADD-ON	$ 3.22	NA
77051			COMPUTER DX MAMMOGRAM ADD-ON	$ 4.92	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
77052	26		COMP SCREEN MAMMOGRAM ADD-ON	$ 1.70	NA
77052	TC		COMP SCREEN MAMMOGRAM ADD-ON	$ 3.22	NA
77052			COMP SCREEN MAMMOGRAM ADD-ON	$ 4.92	NA
77053	26		X-RAY OF MAMMARY DUCT	$ 9.62	NA
77053	TC		X-RAY OF MAMMARY DUCT	$ 22.54	NA
77053			X-RAY OF MAMMARY DUCT	$ 32.16	NA
77054	26		X-RAY OF MAMMARY DUCTS	$ 12.27	NA
77054	TC		X-RAY OF MAMMARY DUCTS	$ 30.00	NA
77054			X-RAY OF MAMMARY DUCTS	$ 42.27	NA
77055	26		MAMMOGRAM, ONE BREAST	$ 18.86	NA
77055	TC		MAMMOGRAM, ONE BREAST	$ 30.61	NA
77055			MAMMOGRAM, ONE BREAST	$ 49.47	NA
77056	26		MAMMOGRAM, BOTH BREASTS	$ 23.39	NA
77056	TC		MAMMOGRAM, BOTH BREASTS	$ 40.27	NA
77056			MAMMOGRAM, BOTH BREASTS	$ 63.66	NA
77057	26		MAMMOGRAM, SCREENING	$ 18.86	NA
77057	TC		MAMMOGRAM, SCREENING	$ 26.38	NA
77057			MAMMOGRAM, SCREENING	$ 45.24	NA
77058	26		MRI, ONE BREAST	$ 43.75	NA
77058	TC		MRI, ONE BREAST	$ 258.96	NA
77058			MRI, ONE BREAST	$ 302.71	NA
77059	26		MRI, BOTH BREASTS	$ 43.75	NA
77059	TC		MRI, BOTH BREASTS	$ 255.94	NA
77059			MRI, BOTH BREASTS	$ 299.69	NA
77063			BREAST TOMOSYNTHESIS BI	$ 30.72	NA
77063	TC		BREAST TOMOSYNTHESIS BI	$ 14.50	NA
77063	26		BREAST TOMOSYNTHESIS BI	$ 16.22	NA
77071			MANUAL_APPLICATION_OF_STRESS_PERFORM	$ 13.14	NA
77072	26		X-RAYS FOR BONE AGE	$ 5.09	NA
77072	TC		X-RAYS FOR BONE AGE	$ 7.45	NA
77072			X-RAYS FOR BONE AGE	$ 12.54	NA
77073	26		X-RAYS, BONE LENGTH STUDIES	$ 7.96	NA
77073	TC		X-RAYS, BONE LENGTH STUDIES	$ 12.08	NA
77073			X-RAYS, BONE LENGTH STUDIES	$ 20.04	NA
77074	26		X-RAYS, BONE SURVEY, LIMITED	$ 12.07	NA
77074	TC		X-RAYS, BONE SURVEY, LIMITED	$ 22.95	NA
77074			X-RAYS, BONE SURVEY, LIMITED	$ 35.02	NA
77075	26		X-RAYS, BONE SURVEY COMPLETE	$ 14.52	NA
77075	TC		X-RAYS, BONE SURVEY COMPLETE	$ 33.63	NA
77075			X-RAYS, BONE SURVEY COMPLETE	$ 48.15	NA
77076	26		X-RAYS, BONE SURVEY, INFANT	$ 18.86	NA
77076	TC		X-RAYS, BONE SURVEY, INFANT	$ 33.63	NA
77076			X-RAYS, BONE SURVEY, INFANT	$ 52.49	NA
77077	26		JOINT SURVEY, SINGLE VIEW	$ 9.09	NA
77077	TC		JOINT SURVEY, SINGLE VIEW	$ 11.67	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
77077			JOINT SURVEY, SINGLE VIEW	$ 20.76	NA
77078	26		CT BONE DENSITY, AXIAL	$ 6.60	NA
77078	TC		CT BONE DENSITY, AXIAL	$ 33.42	NA
77078			CT BONE DENSITY, AXIAL	$ 40.02	NA
77080	26		DXA BONE DENSITY, AXIAL	$ 5.48	NA
77080	TC		DXA BONE DENSITY, AXIAL	$ 16.91	NA
77080			DXA BONE DENSITY, AXIAL	$ 22.39	NA
77081	26		DXA BONE DENSITY/PERIPHERAL	$ 5.85	NA
77081	TC		DXA BONE DENSITY/PERIPHERAL	$ 9.66	NA
77081			DXA BONE DENSITY/PERIPHERAL	$ 15.51	NA
77084	26		MAGNETIC IMAGE, BONE MARROW	$ 43.39	NA
77084	TC		MAGNETIC IMAGE, BONE MARROW	$ 161.10	NA
77084			MAGNETIC IMAGE, BONE MARROW	$ 204.49	NA
77085			DXA BONE DENSITY STUDY	$ 31.27	NA
77085	TC		DXA BONE DENSITY STUDY	$ 23.16	NA
77085	26		DXA BONE DENSITY STUDY	$ 8.12	NA
77086			FRACTURE ASSESSMENT VIA DXA	$ 19.82	NA
77086	TC		FRACTURE ASSESSMENT VIA DXA	$ 15.09	NA
77086	26		FRACTURE ASSESSMENT VIA DXA	$ 4.73	NA
77261	26		SIMPLE TREAT PLAN-THERA RADIOL	$ 22.00	NA
77262	26		INTER TREAT PLAN-THERA RADIOLO	$ 34.00	NA
77263	26		COMPLEX TREAT PLAN-THERA RADIO	$ 45.00	NA
77280	26		SIMPLE,RAD SIMU-AIDED FIELDSET	$ 33.00	NA
77280	TC		SIMPLE,RAD SIMU-AIDED FIELDSET	$ 77.00	NA
77280			SIMPLE,RAD SIMU-AIDED FIELDSET	$ 110.00	NA
77285	26		INTER,RAD SIMU-AIDED FIELD SET	$ 40.00	NA
77285	TC		INTER,RAD SIMU-AIDED FIELD SET	$ 94.00	NA
77285			INTER,RAD SIMU-AIDED FIELD SET	$ 134.00	NA
77290	26		COMP,RAD SIMU-AIDED FIELD SET	$ 59.00	NA
77290	TC		COMP,RAD SIMU-AIDED FIELD SET	$ 110.00	NA
77290			COMP,RAD SIMU-AIDED FIELD SET	$ 169.00	NA
77293	26		RESPIRATORY MOTION MANAGEMENT SIMULATION	$ 54.57	NA
77293	TC		RESPIRATORY MOTION MANAGEMENT SIMULATION	$ 203.18	NA
77293			RESPIRATORY MOTION MANAGEMENT SIMULATION	$ 257.75	NA
77295	26		THERAPEUTIC XRAY 3-DIMEN FIELF TUMOR	$ 190.25	NA
77295	TC		THERAPEUTIC XRAY 3-DIMEN FIELF TUMOR	$ 197.28	NA
77295			THERAPEUTIC XRAY 3-DIMEN FIELF TUMOR	$ 387.53	NA
77299	26		UNLISTED CLINICAL TREAT.PLAN	BR	NA
77299	TC		UNLISTED CLINICAL TREAT.PLAN	BR	NA
77299			UNLISTED CLINICAL TREAT.PLAN	BR	NA
77300	26		BASIC RAD DOSIMETRY CALCULATIO	$ 26.00	NA
77300	TC		BASIC RAD DOSIMETRY CALCULATIO	$ 26.00	NA
77300			BASIC RAD DOSIMETRY CALCULATIO	$ 52.00	NA
77301	26		INTENSITY MODULATED RADIOTHERAPY PLA	$ 212.00	NA
77301	TC		INTENSITY MODULATED RADIOTHERAPY PLA	$ 541.00	NA

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PRACTITIONER				*SPECIALIST*	*NON-SPECIALIST*
DME/P&O				*PURCHASE*	*RENTAL*
77301			INTENSITY MODULATED RADIOTHERAPY PLA	$ 753.00	NA
77306			TELETHX ISODOSE PLAN SIMPLE	$ 78.63	NA
77306	TC		TELETHX ISODOSE PLAN SIMPLE	$ 41.27	NA
77306	26		TELETHX ISODOSE PLAN SIMPLE	$ 37.36	NA
77307			TELETHX ISODOSE PLAN CPLX	$ 153.06	NA
77307	TC		TELETHX ISODOSE PLAN CPLX	$ 75.51	NA
77307	26		TELETHX ISODOSE PLAN CPLX	$ 77.55	NA
77316			BRACHYTX ISODOSE PLAN SIMPLE	$ 101.59	NA
77316	TC		BRACHYTX ISODOSE PLAN SIMPLE	$ 64.04	NA
77316	26		BRACHYTX ISODOSE PLAN SIMPLE	$ 37.55	NA
77317			BRACHYTX ISODOSE INTERMED	$ 133.02	NA
77317	TC		BRACHYTX ISODOSE INTERMED	$ 83.56	NA
77317	26		BRACHYTX ISODOSE INTERMED	$ 49.46	NA
77318			BRACHYTX ISODOSE COMPLEX	$ 191.31	NA
77318	TC		BRACHYTX ISODOSE COMPLEX	$ 113.37	NA
77318	26		BRACHYTX ISODOSE COMPLEX	$ 77.94	NA
77321			SPEC TELETHERAPY PLAN TOTALBOD	$ 85.78	NA
77331			SPECIAL DOSIMETRY (SPECIFY)	$ 28.00	NA
77332	26		TREATMENT DEVICES,DESIGN/CONSTR;SIMP	$ 22.00	NA
77332	TC		TREATMENT DEVICES,DESIGN/CONSTR;SIMP	$ 31.00	NA
77332			TREATMENT DEVICES,DESIGN/CONSTR;SIMP	$ 53.00	NA
77333			TREATMENT DEVICES/DESIGN;INTERMEDIAT	$ 43.46	NA
77334	26		TREATMENT DEVICES/DESIGN;COMPLEX	$ 48.38	NA
77334	TC		TREATMENT DEVICES/DESIGN;COMPLEX	$ 97.62	NA
77334			TREATMENT DEVICES/DESIGN;COMPLEX	$ 146.00	NA
77336	26		CONTINUE MED.RADIATION PHYSICS CONSU	$ 38.00	NA
77338	26		MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RADIATION THERAPY	$ 110.64	NA
77338	TC		MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RADIATION THERAPY	$ 158.04	NA
77338			MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RADIATION THERAPY	$ 268.68	NA
77370	26		SPECIAL MED RAD PHYSICS CONSULTATION	$ 42.00	NA
77371	TC		SRS, MULTISOURCE	$ 671.93	NA
77372	TC		SRS, LINEAR BASED	$ 588.46	NA
77373	TC		SBRT DELIVERY	$ 704.61	NA
77399	26		UNLISTED RAD THER/PHYSICS CONS	BR	NA
77399			UNLISTED RAD THER/PHYSICS CONS	BR	NA
77399	TC		UNLISTED RAD THER/PHYSICS CONS	BR	NA
77401	TC		RADIATION TX DEL,SUPERFICIAL/ORTHO V	$ 21.00	NA
77402	TC		RAD TX DEL,STXAR,SPT/PAR OP;UPTO5MEV	$ 21.00	NA
77407	TC		RAD TX DEL,2SEP TX ARS,3 OR;UPTO5MEV	$ 21.00	NA
77412	TC		RAD TX DEL,3 OR MORE SEP TX;UPTO5MEV	$ 41.00	NA
77417			THERAPEUTIC RADIOLOGY PORT FILM(S)	$ 10.00	NA
77417	26		THERAPEUTIC RADIOLOGY PORT FILM(S)	$ 5.00	NA
77417	TC		THERAPEUTIC RADIOLOGY PORT FILM(S)	$ 10.00	NA
77422	TC		HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; SINGLE TREATMENT AREA USING A	$ 18.72	NA
77423	TC		HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; 1 OR MORE ISOCENTER(S) WITH	$ 36.84	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
77424			INTRAOPERATIVE RADIATION TREATMENT DELIVERY, X-RAY, SINGLE TREATMENT SESSION	BR	NA
77425			INTRAOPERATIVE RADIATION TREATMENT DELIVERY, ELECTRONS, SINGLE TREATMENT SESSION	BR	NA
77427	26		RADIATION TX MANAGEMENT 5 TREATMENTS	$ 98.53	NA
77431	26		RAD TX MGMT W COMP CRSE THER/10R2 FA	$ 333.44	NA
77469	26		INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT	$ 170.51	NA
77470			SPECIAL_TREATMENT_PROCEDURE_	$ 134.06	NA
77470	26		SPECIAL_TREATMENT_PROCEDURE_	$ 42.83	NA
77470	TC		SPECIAL_TREATMENT_PROCEDURE_	$ 91.23	NA
77499	26		UNLISTED,CLINICAL TREAT. MNGT	BR	NA
77499			UNLISTED,CLINICAL TREAT. MNGT	BR	NA
77499	TC		UNLISTED,CLINICAL TREAT. MNGT	BR	NA
77520			PROTON TX DELIV SIMPLE WO COMPENSATI	$ 474.74	NA
77522			PROTON TX DELIV SIMPLE W/COMPENSATIO	$ 474.74	NA
77523			PROTON TREATMENT DELIV INTERMEDIATE	$ 545.12	NA
77525			PROTON TREATMENT DELIVERY COMPLEX	$ 615.50	NA
77600	26		HYPERTHERMIA,EXT GEN, SUPERFICIAL	$ 37.00	NA
77605	26		HYPERTHERMIA,EXT GEN/DEEP	$ 37.00	NA
77610	26		HYPERTHERMIA;INTERSTITIAL/5 0R <	$ 37.00	NA
77615	26		HYPERTHERMIA/INTERSTITIAL/>5	$ 37.00	NA
77620	26		HYPERTHERMIA...INTRACACITARY PROBE	$ 37.00	NA
77750			INFUSE/INSTILL RADIOELEMENT	$ 28.90	NA
77761	26		SIMPLE INTRACAV RADIOELEMENT	$ 75.00	NA
77761	TC		SIMPLE INTRACAV RADIOELEMENT	$ 22.00	NA
77761			SIMPLE INTRACAV RADIOELEMENT	$ 97.00	NA
77762			INTERM,INTRACAV RADIOELEMENT	$ 130.00	NA
77763			COMPLEX INTRACAV RADIOELEMENT	$ 156.00	NA
77776	26		INTERSTITIAL RADIOELEMENT-SIMPLE	$ 75.00	NA
77776	TC		INTERSTITIAL RADIOELEMENT-SIMPLE	$ 80.00	NA
77776			INTERSTITIAL RADIOELEMENT-SIMPLE	$ 155.00	NA
77777			INTERSTITIAL RADIOELEMENT-INTE	$ 131.58	NA
77778			INTERSTITIAL RADIOELEMENT COMP	$ 187.00	NA
77785	26		REMOTE_AFTERLOADING_HIGH_DOSE_RATE	$ 38.71	NA
77785	TC		REMOTE_AFTERLOADING_HIGH_DOSE_RATE	$ 93.62	NA
77785			REMOTE_AFTERLOADING_HIGH_DOSE_RATE	$ 132.33	NA
77786	26		REMOTE_AFTERLOADING_HIGH_DOSE_RATE	$ 89.14	NA
77786	TC		REMOTE_AFTERLOADING_HIGH_DOSE_RATE	$ 181.40	NA
77786			REMOTE_AFTERLOADING_HIGH_DOSE_RATE	$ 270.54	NA
77787	26		REMOTE_AFTERLOADING_HIGH_DOSE_RATE	$ 133.68	NA
77787	TC		REMOTE_AFTERLOADING_HIGH_DOSE_RATE	$ 298.19	NA
77787			REMOTE_AFTERLOADING_HIGH_DOSE_RATE	$ 431.87	NA
77789	26		SURFACE APPLICATION OF RADIOELEMENT	$ 6.00	NA
77789	TC		SURFACE APPLICATION OF RADIOELEMENT	$ 9.00	NA
77789			SURFACE APPLICATION OF RADIOELEMENT	$ 15.00	NA
77790			SUPERVISE/HANDLE/LOAD RADIOELEMENT	$ 61.20	NA
77799	26		UNLISTED CLINICAL BRACHYTHERAPY	BR	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
77799			UNLISTED CLINICAL BRACHYTHERAPY	BR	NA
77799	TC		UNLISTED CLINICAL BRACHYTHERAPY	BR	NA
78012	26		NUCLEAR MEDICINE IMAGING FOR THYROID UPTAKE MEASUREMENT(S)	$ 5.09	NA
78012	TC		NUCLEAR MEDICINE IMAGING FOR THYROID UPTAKE MEASUREMENT(S)	$ 40.87	NA
78012			NUCLEAR MEDICINE IMAGING FOR THYROID UPTAKE MEASUREMENT(S)	$ 45.96	NA
78013	26		NUCLEAR MEDICINE IMAGING OF THYROID	$ 9.60	NA
78013	TC		NUCLEAR MEDICINE IMAGING OF THYROID	$ 100.68	NA
78013			NUCLEAR MEDICINE IMAGING OF THYROID	$ 110.28	NA
78014	26		NUCLEAR MEDICINE IMAGING OF THYROID	$ 12.99	NA
78014	TC		NUCLEAR MEDICINE IMAGING OF THYROID	$ 126.85	NA
78014			NUCLEAR MEDICINE IMAGING OF THYROID	$ 139.84	NA
78015	26		NUCLEAR SCAN OF THYROID	$ 20.00	NA
78015	TC		NUCLEAR SCAN OF THYROID	$ 30.00	NA
78015			NUCLEAR SCAN OF THYROID	$ 50.00	NA
78016	26		EXTENSIVE THYROID SCAN	$ 22.00	NA
78016	TC		EXTENSIVE THYROID SCAN	$ 34.00	NA
78016			EXTENSIVE THYROID SCAN	$ 56.00	NA
78018	26		THYROID CA IMAGING;WHOLE BODY Y	$ 28.00	NA
78018	TC		THYROID CA IMAGING;WHOLE BODY Y	$ 42.00	NA
78018			THYROID CA IMAGING;WHOLE BODY Y	$ 70.00	NA
78020	26		THYROID CARCINOMA METASTASES UPTAKE	$ 14.00	NA
78020	TC		THYROID CARCINOMA METASTASES UPTAKE	$ 10.00	NA
78020			THYROID CARCINOMA METASTASES UPTAKE	$ 24.00	NA
78070	26		PARATHYROID IMAGING	$ 20.00	NA
78070	TC		PARATHYROID IMAGING	$ 17.00	NA
78070			PARATHYROID IMAGING	$ 37.00	NA
78071	26		IMAGING OF PARATHYROID WITH NUCLEAR MEDICINE STUDY	$ 31.25	NA
78071	TC		IMAGING OF PARATHYROID WITH NUCLEAR MEDICINE STUDY	$ 175.38	NA
78071			IMAGING OF PARATHYROID WITH NUCLEAR MEDICINE STUDY	$ 206.63	NA
78072	26		IMAGING OF PARATHYROID WITH CT AND NUCLEAR MEDICINE STUDY	$ 40.60	NA
78075	TC		NUCLEAR SCAN OF ADRENALS	$ 30.00	NA
78075			NUCLEAR SCAN OF ADRENALS	$ 50.00	NA
78099	26		ENDOCRINE NUCLEAR PROCEDURE	BR	NA
78099			ENDOCRINE NUCLEAR PROCEDURE	BR	NA
78099	TC		ENDOCRINE NUCLEAR PROCEDURE	BR	NA
78102	26		NUCLEAR SCAN OF BONE MARROW	$ 24.00	NA
78102	TC		NUCLEAR SCAN OF BONE MARROW	$ 36.00	NA
78102			NUCLEAR SCAN OF BONE MARROW	$ 60.00	NA
78103	26		NUCLEAR SCAN OF BONE MARROW	$ 30.00	NA
78103	TC		NUCLEAR SCAN OF BONE MARROW	$ 45.00	NA
78103			NUCLEAR SCAN OF BONE MARROW	$ 75.00	NA
78104	26		NUCLEAR SCAN OF BONE MARROW	$ 36.00	NA
78104	TC		NUCLEAR SCAN OF BONE MARROW	$ 54.00	NA
78104			NUCLEAR SCAN OF BONE MARROW	$ 90.00	NA
78110	26		NUCLEAR EXAM, PLASMA VOLUME	$ 8.68	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
78110	TC		NUCLEAR EXAM, PLASMA VOLUME	$ 11.32	NA
78110			NUCLEAR EXAM, PLASMA VOLUME	$ 20.00	NA
78111	26		NUCLEAR EXAM, PLASMA VOLUME	$ 7.93	NA
78111	TC		NUCLEAR EXAM, PLASMA VOLUME	$ 69.50	NA
78111			NUCLEAR EXAM, PLASMA VOLUME	$ 77.43	NA
78120	26		NUCLEAR EXAM OF RBC MASS	$ 10.28	NA
78120	TC		NUCLEAR EXAM OF RBC MASS	$ 19.72	NA
78120			NUCLEAR EXAM OF RBC MASS	$ 30.00	NA
78121	26		NUCLEAR EXAM OF RBC MASS	$ 12.46	NA
78121	TC		NUCLEAR EXAM OF RBC MASS	$ 27.54	NA
78121			NUCLEAR EXAM OF RBC MASS	$ 40.00	NA
78122	26		WHOLE BLOOD VOLUME DETERMINATION	$ 20.25	NA
78122	TC		WHOLE BLOOD VOLUME DETERMINATION	$ 54.75	NA
78122			WHOLE BLOOD VOLUME DETERMINATION	$ 75.00	NA
78130	26		RED CELL SURVIVAL EXAM	$ 18.00	NA
78130	TC		RED CELL SURVIVAL EXAM	$ 7.00	NA
78130			RED CELL SURVIVAL EXAM	$ 25.00	NA
78135	26		RED CELL SURVIVAL EXAM	$ 18.00	NA
78135	TC		RED CELL SURVIVAL EXAM	$ 57.00	NA
78135			RED CELL SURVIVAL EXAM	$ 75.00	NA
78140	26		NUCLEAR EXAM,RED BLOOD CELLS	$ 18.00	NA
78140	TC		NUCLEAR EXAM,RED BLOOD CELLS	$ 32.00	NA
78140			NUCLEAR EXAM,RED BLOOD CELLS	$ 50.00	NA
78185	26		NUCLEAR SCAN OF SPLEEN	$ 18.00	NA
78185	TC		NUCLEAR SCAN OF SPLEEN	$ 32.00	NA
78185			NUCLEAR SCAN OF SPLEEN	$ 50.00	NA
78190	26		KINETICS,STUDY PLATELET SURV,W/WO DI	$ 27.48	NA
78190	TC		KINETICS,STUDY PLATELET SURV,W/WO DI	$ 103.49	NA
78190			KINETICS,STUDY PLATELET SURV,W/WO DI	$ 130.97	NA
78191	26		PLATELET SURVIVAL	$ 20.00	NA
78191	TC		PLATELET SURVIVAL	$ 30.00	NA
78191			PLATELET SURVIVAL	$ 50.00	NA
78195	26		NUCLEAR SCAN OF LYMPH SYSTEM	$ 30.00	NA
78195	TC		NUCLEAR SCAN OF LYMPH SYSTEM	$ 45.00	NA
78195			NUCLEAR SCAN OF LYMPH SYSTEM	$ 75.00	NA
78199	26		NUCLEAR EXAM BLOOD/LYMPH	BR	NA
78199			NUCLEAR EXAM BLOOD/LYMPH	BR	NA
78199	TC		NUCLEAR EXAM BLOOD/LYMPH	BR	NA
78201	26		NUCLEAR SCAN OF LIVER	$ 19.59	NA
78201	TC		NUCLEAR SCAN OF LIVER	$ 20.41	NA
78201			NUCLEAR SCAN OF LIVER	$ 40.00	NA
78202	26		NUCLEAR SCAN OF LIVER	$ 19.06	NA
78202	TC		NUCLEAR SCAN OF LIVER	$ 169.11	NA
78202			NUCLEAR SCAN OF LIVER	$ 188.17	NA
78205	26		LIVER IMAGING (SPECT)	$ 21.00	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
78205	TC		LIVER IMAGING (SPECT)	$ 32.00	NA
78205			LIVER IMAGING (SPECT)	$ 53.00	NA
78206	26		LIVER IMAGING WITH VASCULAR FLOW	$ 27.00	NA
78206	TC		LIVER IMAGING WITH VASCULAR FLOW	$ 90.00	NA
78206			LIVER IMAGING WITH VASCULAR FLOW	$ 117.00	NA
78215	26		NUCLEAR SCAN, LIVER & SPLEEN	$ 21.51	NA
78215	TC		NUCLEAR SCAN, LIVER & SPLEEN	$ 18.49	NA
78215			NUCLEAR SCAN, LIVER & SPLEEN	$ 40.00	NA
78216	26		NUCLEAR SCAN, LIVER/SPLEEN	$ 25.00	NA
78216	TC		NUCLEAR SCAN, LIVER/SPLEEN	$ 37.50	NA
78216			NUCLEAR SCAN, LIVER/SPLEEN	$ 62.50	NA
78226	26		HEPATOBILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT;	$ 19.60	NA
78226	TC		HEPATOBILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT;	$ 172.96	NA
78226			HEPATOBILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT;	$ 192.56	NA
78227			HEPATOBILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT; WITH	$ 233.55	NA
78227	26		PHARMACOLOGIC INTERVENTION, INCLUDING QUANTITATIVE MEASUREMENT(S) WHEN PERFORMED	$ 23.94	NA
78227	TC		PHARMACOLOGIC INTERVENTION, INCLUDING QUANTITATIVE MEASUREMENT(S) WHEN PERFORMED	$ 209.61	NA
78230	TC		NUCLEAR SCAN, SALIVARY GLAND	$ 21.00	NA
78231	26		NUCLEAR SCANS,SALIVARY GLAND	$ 14.00	NA
78231	TC		NUCLEAR SCANS,SALIVARY GLAND	$ 21.00	NA
78231			NUCLEAR SCANS,SALIVARY GLAND	$ 35.00	NA
78232	26		SALIVARY GLAND FUNCTION STUDY	$ 14.00	NA
78232	TC		SALIVARY GLAND FUNCTION STUDY	$ 21.00	NA
78232			SALIVARY GLAND FUNCTION STUDY	$ 35.00	NA
78258	26		ESOPHAGEAL MOTILITY	$ 13.00	NA
78258	TC		ESOPHAGEAL MOTILITY	$ 17.00	NA
78258			ESOPHAGEAL MOTILITY	$ 30.00	NA
78261	26		GASTRIC MUCOSA IMAGING	$ 12.00	NA
78261	TC		GASTRIC MUCOSA IMAGING	$ 18.00	NA
78261			GASTRIC MUCOSA IMAGING	$ 30.00	NA
78262	26		GASTROESOPHAGEAL REFLUX STUDY	$ 13.00	NA
78262	TC		GASTROESOPHAGEAL REFLUX STUDY	$ 19.00	NA
78262			GASTROESOPHAGEAL REFLUX STUDY	$ 32.00	NA
78264	26		GASTRIC EMPTYING STUDY	$ 14.00	NA
78264	TC		GASTRIC EMPTYING STUDY	$ 20.00	NA
78264			GASTRIC EMPTYING STUDY	$ 34.00	NA
78267	26		UREA BREATH TEST C14 ACQUIS FOR ANAL	$ 9.00	NA
78268	26		UREA BREATH TEST C14 ANALYSIS	$ 48.00	NA
78270	26		VIT B-12 ABSORPTION EXAMS	$ 6.30	NA
78270	TC		VIT B-12 ABSORPTION EXAMS	$ 18.70	NA
78270			VIT B-12 ABSORPTION EXAMS	$ 25.00	NA
78271	26		VIT B-12 ABSORPTION EXAMS	$ 9.00	NA
78271	TC		VIT B-12 ABSORPTION EXAMS	$ 21.00	NA
78271			VIT B-12 ABSORPTION EXAMS	$ 30.00	NA
78272	26		VIT B-12 ABSORPTION EXAMS	$ 6.30	NA

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CPT/ HCPCS/ CDT	***MOD 1***	***MOD 2***	***SHORT - DESCRIPTION***	***MAXIMUM FEE ALLOWANCE***	***MAXIMUM FEE ALLOWANCE***
PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
78272	TC		VIT B-12 ABSORPTION EXAMS	$ 33.70	NA
78272			VIT B-12 ABSORPTION EXAMS	$ 40.00	NA
78278	26		ACUTE GI BLOOD LOSS IMAGING	$ 14.00	NA
78278	TC		ACUTE GI BLOOD LOSS IMAGING	$ 21.00	NA
78278			ACUTE GI BLOOD LOSS IMAGING	$ 35.00	NA
78282	26		G.I. PROTEIN LOSS EXAM	$ 10.80	NA
78282			G.I. PROTEIN LOSS EXAM	$ 30.00	NA
78282	TC		G.I. PROTEIN LOSS EXAM	$ 19.20	NA
78290	26		NUCLEAR SCAN OF BOWEL	$ 21.00	NA
78290	TC		NUCLEAR SCAN OF BOWEL	$ 31.00	NA
78290			NUCLEAR SCAN OF BOWEL	$ 52.00	NA
78291	26		PERITONEAL-VENOUS SHUNT PATENCY TEST	$ 13.00	NA
78291	TC		PERITONEAL-VENOUS SHUNT PATENCY TEST	$ 10.00	NA
78291			PERITONEAL-VENOUS SHUNT PATENCY TEST	$ 23.00	NA
78299	26		G.I. NUCLEAR PROCEDURE	BR	NA
78299			G.I. NUCLEAR PROCEDURE	BR	NA
78299	TC		G.I. NUCLEAR PROCEDURE	BR	NA
78300	26		NUCLEAR SCAN OF BONE	$ 18.00	NA
78300	TC		NUCLEAR SCAN OF BONE	$ 42.00	NA
78300			NUCLEAR SCAN OF BONE	$ 60.00	NA
78305	26		NUCLEAR SCAN OF BONES	$ 27.00	NA
78305	TC		NUCLEAR SCAN OF BONES	$ 48.00	NA
78305			NUCLEAR SCAN OF BONES	$ 75.00	NA
78306	26		NUCLEAR SCAN OF SKELETON	$ 27.00	NA
78306	TC		NUCLEAR SCAN OF SKELETON	$ 48.00	NA
78306			NUCLEAR SCAN OF SKELETON	$ 75.00	NA
78315	26		BONE IMAGING;BY THREE PHASE TECHNIQU	$ 45.00	NA
78315	TC		BONE IMAGING;BY THREE PHASE TECHNIQU	$ 68.00	NA
78315			BONE IMAGING;BY THREE PHASE TECHNIQU	$ 113.00	NA
78320	26		BONE IMAGING;TOMOGRAPHIC (SPECT)	$ 24.00	NA
78320	TC		BONE IMAGING;TOMOGRAPHIC (SPECT)	$ 36.00	NA
78320			BONE IMAGING;TOMOGRAPHIC (SPECT)	$ 60.00	NA
78399	26		MUSCULOSKELETAL NUCLEAR EXAM	BR	NA
78399			MUSCULOSKELETAL NUCLEAR EXAM	BR	NA
78399	TC		MUSCULOSKELETAL NUCLEAR EXAM	BR	NA
78414	26		DETERMINE VENTRIC.EJECT FRACTION	$ 20.25	NA
78428	26		CARDIAC SHUNT DETECTION	$ 35.39	NA
78428	TC		CARDIAC SHUNT DETECTION	$ 26.61	NA
78428			CARDIAC SHUNT DETECTION	$ 62.00	NA
78445	26		NUCLEAR SCAN OF BLOOD FLOW	$ 21.00	NA
78445	TC		NUCLEAR SCAN OF BLOOD FLOW	$ 39.00	NA
78445			NUCLEAR SCAN OF BLOOD FLOW	$ 60.00	NA
78451	26		MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION	$ 34.26	NA
78451	TC		MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION	$ 166.30	NA
78451			MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION	$ 200.56	NA

MEDICAID FEE FOR SERVICES: UPDATE NOVEMBER 1, 2015

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PRACTITIONER				*SPECIALIST*	*NON-SPECIALIST*
DME/P&O				*PURCHASE*	*RENTAL*
78452	26		MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION	$ 40.16	NA
78452	TC		MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION	$ 240.25	NA
78452			MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION	$ 280.41	NA
78453	TC		MYOCARDIAL PERFUSION IMAGING, PLANAR (INCLUDING QUALITATIVE OR QUANTITATIVE	$ 148.48	NA
78453			MYOCARDIAL PERFUSION IMAGING, PLANAR (INCLUDING QUALITATIVE OR QUANTITATIVE	$ 173.26	NA
78454	26		MYOCARDIAL PERFUSION IMAGING, PLANAR (INCLUDING QUALITATIVE OR QUANTITATIVE	$ 32.99	NA
78454	TC		MYOCARDIAL PERFUSION IMAGING, PLANAR (INCLUDING QUALITATIVE OR QUANTITATIVE	$ 214.77	NA
78454			MYOCARDIAL PERFUSION IMAGING, PLANAR (INCLUDING QUALITATIVE OR QUANTITATIVE	$ 247.75	NA
78456	26		ACUTE VENOUS THROMBOSIS IMAG PEPTIDE	$ 42.00	NA
78456	TC		ACUTE VENOUS THROMBOSIS IMAG PEPTIDE	$ 62.00	NA
78456			ACUTE VENOUS THROMBOSIS IMAG PEPTIDE	$ 104.00	NA
78457	26		VENOUS THROMBOSIS IMAGING; UNIL	$ 29.69	NA
78457	TC		VENOUS THROMBOSIS IMAGING; UNIL	$ 70.31	NA
78457			VENOUS THROMBOSIS IMAGING; UNIL	$ 100.00	NA
78458	26		VENOUS THROMBOSIS IMAGING; BILATERAL	$ 40.50	NA
78458	TC		VENOUS THROMBOSIS IMAGING; BILATERAL	$ 109.50	NA
78458			VENOUS THROMBOSIS IMAGING; BILATERAL	$ 150.00	NA
78459	26		MYOCARD IMAGING PET, METABOLIC EVALU	$ 37.48	NA
78459	TC		MYOCARD IMAGING PET, METABOLIC EVALU	$ 700.85	NA
78459			MYOCARD IMAGING PET, METABOLIC EVALU	$ 738.33	NA
78466	26		MYOCARD IMAGING..;AT REST,QUAL.	$ 29.00	NA
78466	TC		MYOCARD IMAGING..;AT REST,QUAL.	$ 43.00	NA
78466			MYOCARD IMAGING..;AT REST,QUAL.	$ 72.00	NA
78468	26		MYOCARD IMAGING..AT REST;FIRST PASS	$ 32.00	NA
78468	TC		MYOCARD IMAGING..AT REST;FIRST PASS	$ 49.00	NA
78468			MYOCARD IMAGING..AT REST;FIRST PASS	$ 81.00	NA
78472	26		CARD BLD POOL IMAG,AT REST,WALL MOT	$ 40.00	NA
78472	TC		CARD BLD POOL IMAG,AT REST,WALL MOT	$ 60.00	NA
78472			CARD BLD POOL IMAG,AT REST,WALL MOT	$ 100.00	NA
78473	TC		CARDIAC BL.POOL IMAGING;MULT.STUDIES	$ 78.00	NA
78473			CARDIAC BL.POOL IMAGING;MULT.STUDIES	$ 130.00	NA
78481	26		CARD BLD POOL IMAG-FRST PASS TECH...	$ 40.00	NA
78481	TC		CARD BLD POOL IMAG-FRST PASS TECH...	$ 60.00	NA
78481			CARD BLD POOL IMAG-FRST PASS TECH...	$ 100.00	NA
78483	26		CARDIAC BL.POOL IMAGING,FIRST PASS T	$ 32.00	NA
78483	TC		CARDIAC BL.POOL IMAGING,FIRST PASS T	$ 99.00	NA
78483			CARDIAC BL.POOL IMAGING,FIRST PASS T	$ 131.00	NA
78491	26		MYOCARD IMAGING PET,PERFUSION SINGLE	$ 20.00	NA
78491	TC		MYOCARD IMAGING PET,PERFUSION SINGLE	$ 97.00	NA
78491			MYOCARD IMAGING PET,PERFUSION SINGLE	$ 117.00	NA
78492	26		MYOCARD IMAGING PET PERFUS MULTIPLE	$ 24.00	NA
78492	TC		MYOCARD IMAGING PET PERFUS MULTIPLE	$ 117.00	NA
78492			MYOCARD IMAGING PET PERFUS MULTIPLE	$ 141.00	NA
78494	26		CARD BLD POOL IMAG-GATED EQUIL SPECT	$ 26.00	NA
78494	TC		CARD BLD POOL IMAG-GATED EQUIL SPECT	$ 91.00	NA

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CPT/ HCPCS/ CDT	***MOD 1***	***MOD 2***	***SHORT - DESCRIPTION***	***MAXIMUM FEE ALLOWANCE***	***MAXIMUM FEE ALLOWANCE***
PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
78494			CARD BLD POOL IMAG-GATED EQUIL SPECT	$ 117.00	NA
78496			CARD BLD POOL IMAG-GATED EQUIL SNGLE	$ 39.29	NA
78499	26		CARDIOVASCULAR NUCLEAR EXAM	BR	NA
78499			CARDIOVASCULAR NUCLEAR EXAM	BR	NA
78499	TC		CARDIOVASCULAR NUCLEAR EXAM	BR	NA
78579	26		PULMONARY VENTILATION IMAGING (EG, AEROSOL OR GAS)	$ 12.41	NA
78579	TC		PULMONARY VENTILATION IMAGING (EG, AEROSOL OR GAS)	$ 94.64	NA
78579			PULMONARY VENTILATION IMAGING (EG, AEROSOL OR GAS)	$ 107.05	NA
78580	26		NUCLEAR SCAN OF LUNG	$ 27.00	NA
78580	TC		NUCLEAR SCAN OF LUNG	$ 23.00	NA
78580			NUCLEAR SCAN OF LUNG	$ 50.00	NA
78582	26		PULMONARY VENTILATION (EG, AEROSOL OR GAS) AND PERFUSION IMAGING	$ 28.26	NA
78582	TC		PULMONARY VENTILATION (EG, AEROSOL OR GAS) AND PERFUSION IMAGING	$ 165.52	NA
78582			PULMONARY VENTILATION (EG, AEROSOL OR GAS) AND PERFUSION IMAGING	$ 193.78	NA
78597	26		QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION, INCLUDING IMAGING WHEN PERFORMED	$ 19.37	NA
78597	TC		QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION, INCLUDING IMAGING WHEN PERFORMED	$ 97.66	NA
78597			QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION, INCLUDING IMAGING WHEN PERFORMED	$ 117.03	NA
78598	26		GAS), INCLUDING IMAGING WHEN PERFORMED	$ 22.22	NA
78598	TC		GAS), INCLUDING IMAGING WHEN PERFORMED	$ 155.25	NA
78598			QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION AND VENTILATION (EG, AEROSOL OR	$ 177.47	NA
78599	26		RESPIRATORY NUCLEAR EXAM	BR	NA
78599	TC		RESPIRATORY NUCLEAR EXAM	BR	NA
78599			RESPIRATORY NUCLEAR EXAM	BR	NA
78600	26		NUCLEAR SCAN OF BRAIN	$ 19.59	NA
78600	TC		NUCLEAR SCAN OF BRAIN	$ 40.41	NA
78600			NUCLEAR SCAN OF BRAIN	$ 60.00	NA
78601	26		NUCLEAR SCAN OF BRAIN	$ 22.49	NA
78601	TC		NUCLEAR SCAN OF BRAIN	$ 62.51	NA
78601			NUCLEAR SCAN OF BRAIN	$ 85.00	NA
78605	26		NUCLEAR SCAN OF BRAIN	$ 20.35	NA
78605	TC		NUCLEAR SCAN OF BRAIN	$ 39.65	NA
78605			NUCLEAR SCAN OF BRAIN	$ 60.00	NA
78606			BRAIN IMAGING,COMP.;TOMOGRAPHIC(ECT)	$ 85.00	NA
78606	26		NUCLEAR SCAN OF BRAIN	$ 24.57	NA
78606	TC		NUCLEAR SCAN OF BRAIN	$ 60.43	NA
78607	26		BRAIN IMAGING,COMP.;TOMOGRAPHIC(ECT)	$ 36.00	NA
78607	TC		BRAIN IMAGING,COMP.;TOMOGRAPHIC(ECT)	$ 54.00	NA
78607			BRAINIMAGING PET METABOLIC EVALUATIO	$ 90.00	NA
78608	26		BRAINIMAGING PET METABOLIC EVALUATIO	$ 57.98	NA
78608	TC		BRAINIMAGING PET METABOLIC EVALUATIO	$ 1,022.02	NA
78608			BRAINIMAGING PET METABOLIC EVALUATIO	$ 1,080.00	NA
78609	26		BRAIN IMAGING PET PERFUSION EVAL	BR	NA
78609	TC		BRAIN IMAGING PET PERFUSION EVAL	BR	NA
78609			BRAIN IMAGING PET PERFUSION EVAL	BR	NA
78610	26		NUCLEAR SCAN OF BRAIN	$ 13.51	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
78630	26		CEREBROSPINAL FLUID SCAN	$ 30.19	NA
78630	TC		CEREBROSPINAL FLUID SCAN	$ 44.81	NA
78630			CEREBROSPINAL FLUID SCAN	$ 75.00	NA
78635	26		CEREBROSPINAL FLUID SCAN	$ 24.13	NA
78635	TC		CEREBROSPINAL FLUID SCAN	$ 60.87	NA
78635			CEREBROSPINAL FLUID SCAN	$ 85.00	NA
78645	26		CEREBROSPINAL FLUID SCAN	$ 25.06	NA
78645	TC		CEREBROSPINAL FLUID SCAN	$ 69.94	NA
78645			CEREBROSPINAL FLUID SCAN	$ 95.00	NA
78647	26		TOMOGRAPHIC SPECT	$ 26.00	NA
78647	TC		TOMOGRAPHIC SPECT	$ 90.00	NA
78647			TOMOGRAPHIC SPECT	$ 116.00	NA
78650	26		CEREBROSPINAL FLUID SCAN	$ 27.30	NA
78650	TC		CEREBROSPINAL FLUID SCAN	$ 47.70	NA
78650			CEREBROSPINAL FLUID SCAN	$ 75.00	NA
78660	26		NUCLEAR EXAM OF TEAR FLOW	$ 16.00	NA
78660	TC		NUCLEAR EXAM OF TEAR FLOW	$ 24.00	NA
78660			NUCLEAR EXAM OF TEAR FLOW	$ 40.00	NA
78699	26		NERVOUS SYSTEM NUCLEAR EXAM	BR	NA
78699			NERVOUS SYSTEM NUCLEAR EXAM	BR	NA
78699	TC		NERVOUS SYSTEM NUCLEAR EXAM	BR	NA
78700	26		NUCLEAR SCAN OF KIDNEY	$ 18.00	NA
78700	TC		NUCLEAR SCAN OF KIDNEY	$ 22.00	NA
78700			NUCLEAR SCAN OF KIDNEY	$ 40.00	NA
78701	26		NUCLEAR SCAN OF KIDNEY	$ 18.94	NA
78701	TC		NUCLEAR SCAN OF KIDNEY	$ 46.06	NA
78701			NUCLEAR SCAN OF KIDNEY	$ 65.00	NA
78707	26		NUCLEAR SCAN OF KIDNEY	$ 37.03	NA
78707	TC		NUCLEAR SCAN OF KIDNEY	$ 72.97	NA
78707			NUCLEAR SCAN OF KIDNEY	$ 110.00	NA
78708	26		KIDNEY IMAGING W/VASC FLOW SINGLE ST	$ 40.00	NA
78708	TC		KIDNEY IMAGING W/VASC FLOW SINGLE ST	$ 80.00	NA
78708			KIDNEY IMAGING W/VASC FLOW SINGLE ST	$ 120.00	NA
78709	26		KIDNEY IMAGING W/VASC FLOW MULTIPLE	$ 50.00	NA
78709	TC		KIDNEY IMAGING W/VASC FLOW MULTIPLE	$ 94.00	NA
78709			KIDNEY IMAGING W/VASC FLOW MULTIPLE	$ 144.00	NA
78710	26		KIDNEY IMAGING (SPECT)	$ 16.00	NA
78710	TC		KIDNEY IMAGING (SPECT)	$ 24.00	NA
78710			KIDNEY IMAGING (SPECT)	$ 40.00	NA
78725	26		NUCLEAR EXAM OF KIDNEY	$ 13.50	NA
78725	TC		NUCLEAR EXAM OF KIDNEY	$ 16.50	NA
78725			NUCLEAR EXAM OF KIDNEY	$ 30.00	NA
78730	26		NUCLEAR EXAM OF BLADDER	$ 5.98	NA
78730	TC		NUCLEAR EXAM OF BLADDER	$ 54.84	NA
78730			NUCLEAR EXAM OF BLADDER	$ 60.82	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
78740	26		NUCLEAR EXAM OF URETER	$ 22.50	NA
78740	TC		NUCLEAR EXAM OF URETER	$ 27.50	NA
78740			NUCLEAR EXAM OF URETER	$ 50.00	NA
78761	26		TESTICULAR IMAGING,W/VASCULAR	$ 31.48	NA
78799	26		GENITOURINARY NUCLEAR EXAM	BR	NA
78799			GENITOURINARY NUCLEAR EXAM	BR	NA
78799	TC		GENITOURINARY NUCLEAR EXAM	BR	NA
78800	26		NUCLEAR EXAM OF LESION	$ 29.51	NA
78800	TC		NUCLEAR EXAM OF LESION	$ 107.49	NA
78800			NUCLEAR EXAM OF LESION	$ 137.00	NA
78801	26		NUCLEAR EXAM OF LESIONS	$ 35.62	NA
78801	TC		NUCLEAR EXAM OF LESIONS	$ 101.38	NA
78801			NUCLEAR EXAM OF LESIONS	$ 137.00	NA
78802	26		NUCLEAR EXAM OF LESIONS	$ 24.00	NA
78802	TC		NUCLEAR EXAM OF LESIONS	$ 36.00	NA
78802			NUCLEAR EXAM OF LESIONS	$ 60.00	NA
78803	26		TUMOR LOCALIZATION (SPECT)	$ 27.00	NA
78803	TC		TUMOR LOCALIZATION (SPECT)	$ 41.00	NA
78803			TUMOR LOCALIZATION (SPECT)	$ 68.00	NA
78804	26		RADIOPHARM LOCAL TUMOR WHOLE BODY	$ 42.00	NA
78804	TC		RADIOPHARM LOCAL TUMOR WHOLE BODY	$ 130.00	NA
78804			RADIOPHARM LOCAL TUMOR WHOLE BODY	$ 172.00	NA
78805	26		ABSCESS LOCALIZATION;LIMITED AREA	$ 32.45	NA
78805	TC		ABSCESS LOCALIZATION;LIMITED AREA	$ 104.55	NA
78805			ABSCESS LOCALIZATION;LIMITED AREA	$ 137.00	NA
78806	26		ABSCESS LOCALIZATION;WHOLE BODY	$ 24.00	NA
78806	TC		ABSCESS LOCALIZATION;WHOLE BODY	$ 36.00	NA
78806			ABSCESS LOCALIZATION;WHOLE BODY	$ 60.00	NA
78807	26		RADIONUCLIDE LOC ABSCESS SPECT	$ 27.00	NA
78807	TC		RADIONUCLIDE LOC ABSCESS SPECT	$ 43.00	NA
78807			RADIONUCLIDE LOC ABSCESS SPECT	$ 70.00	NA
78808	TC		INJECTION_PROCEDURE_FOR_RADIOPHARMAC	$ 26.26	NA
78811	26		TUMOR IMAGING, POSITRON EMISSION TOM	$ 42.46	NA
78811	TC		TUMOR IMAGING, POSITRON EMISSION TOM	$ 723.16	NA
78811			TUMOR IMAGING, POSITRON EMISSION TOM	$ 765.62	NA
78812	26		TUMOR IMAGING, POSITRON EMISSION TOM	$ 51.82	NA
78812	TC		TUMOR IMAGING, POSITRON EMISSION TOM	$ 723.16	NA
78812			TUMOR IMAGING, POSITRON EMISSION TOM	$ 774.98	NA
78813	26		TUMOR IMAGING, POSITRON EMISSION TOM	$ 54.11	NA
78813	TC		TUMOR IMAGING, POSITRON EMISSION TOM	$ 723.16	NA
78813			TUMOR IMAGING, POSITRON EMISSION TOM	$ 777.26	NA
78814	26		TUMOR IMAGING, POSITRON EMISSION TOM	$ 59.98	NA
78814	TC		TUMOR IMAGING, POSITRON EMISSION TOM	$ 723.16	NA
78814			TUMOR IMAGING, POSITRON EMISSION TOM	$ 783.14	NA
78815	26		TUMOR IMAGING, POSITRON EMISSION TOM	$ 65.79	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
78815	TC		TUMOR IMAGING, POSITRON EMISSION TOM	$ 723.15	NA
78815			TUMOR IMAGING, POSITRON EMISSION TOM	$ 788.94	NA
78816	26		TUMOR IMAGING, POSITRON EMISSION TOM	$ 66.28	NA
78816	TC		TUMOR IMAGING, POSITRON EMISSION TOM	$ 723.16	NA
78816			TUMOR IMAGING, POSITRON EMISSION TOM	$ 789.44	NA
78999	26		NUCLEAR DIAGNOSTIC EXAM	BR	NA
78999	TC		NUCLEAR DIAGNOSTIC EXAM	BR	NA
78999			NUCLEAR DIAGNOSTIC EXAM	BR	NA
79005	TC		RADIOPHARMACEUTICAL THERAPY, BY ORAL	$ 27.78	NA
79005	26		RADIOPHARMACEUTICAL THERAPY, BY ORAL	$ 46.68	NA
79005			RADIOPHARMACEUTICAL THERAPY, BY ORAL	$ 74.46	NA
79101	TC		RADIOPHARMACEUTICAL THERAPY, BY INTR	$ 27.18	NA
79101	26		RADIOPHARMACEUTICAL THERAPY, BY INTR	$ 50.42	NA
79101			RADIOPHARMACEUTICAL THERAPY, BY INTR	$ 77.60	NA
79200			RADIONUCLIDE THERAPY	$ 45.00	NA
79300	26		RADIONUCLIDE THERAPY	$ 73.43	NA
79300	TC		RADIONUCLIDE THERAPY	$ 35.57	NA
79300			RADIONUCLIDE THERAPY	$ 109.00	NA
79403			RADIOPHARM THER RADIO MONOCLON ANTIB	$ 167.10	NA
79440			RADIONUCLIDE THERAPY	$ 66.00	NA
79445	26		RADIOPHARMACEUTICAL THERAPY, BY INTR	$ 63.25	NA
79999	26		NUCLEAR MEDICINE THERAPY	BR	NA
79999			NUCLEAR MEDICINE THERAPY	BR	NA
79999	TC		NUCLEAR MEDICINE THERAPY	BR	NA
80047			BASIC METABOLIC PANEL (CALCIUM, IONIZED)	$ 9.21	NA
80048			BASIC METABOLIC PANEL	$ 9.30	NA
80050			GENERAL HEALTH SCREEN PANEL	$ 36.00	NA
80051			ELECTROLYTE PANEL	$ 5.90	NA
80051	UD		ELECTROLYTE PANEL	$ 5.90	NA
80053			COMPREHENSIVE METABOLIC PANEL	$ 10.50	NA
80055			OBSTETRIC PROFILE	$ 15.00	NA
80055	UD		OBSTETRIC PROFILE	$ 15.00	NA
80061	QW		LIPID PROFILE	$ 15.00	NA
80061			LIPID PROFILE	$ 15.00	NA
80061	22		LIPID PROFILE	$ 23.00	NA
80069			RENAL FUNCTION PANEL	$ 9.60	NA
80074			ACUTE HEPATITIS PANEL	$ 30.00	NA
80076			HEPATIC FUNCTION PANEL	$ 7.00	NA
80150			AMIKACIN	$ 15.00	NA
80155			CAFFEINE LEVEL	$ 15.40	NA
80156			CARBAMAZEPINE	$ 15.90	NA
80157			CARBAMAZEPINE;FREE	$ 10.00	NA
80158			CYCLOSPORINE	$ 20.00	NA
80159			CLOZAPINE LEVEL	$ 20.14	NA
80162			DIGOXIN	$ 15.00	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
80163			Assay of digoxin free	$ 14.46	NA
80164			DIPROPYLACETIC ACID (VALPROIC ACID)	$ 10.00	NA
80165			Dipropylacetic acid free	$ 10.65	NA
80168			ETHOSUXIMIDE	$ 18.00	NA
80169			EVEROLIMUS LEVEL	$ 14.95	NA
80170			GENTAMICIN	$ 12.60	NA
80171			GABAPENTIN LEVEL	$ 14.43	NA
80173			HALOPERIDOL	$ 16.10	NA
80175			LAMOTRIGINE LEVEL	$ 14.43	NA
80176			LIDOCAINE	$ 18.00	NA
80177			LEVETIRACETAM LEVEL	$ 14.43	NA
80178			LITHIUM	$ 9.00	NA
80178	QW		LITHIUM	$ 9.00	NA
80180			MYCOPHENOLATE (MYCOPHENOLIC ACID) LEVEL	$ 19.66	NA
80183			OXCARBAZEPINE LEVEL	$ 14.43	NA
80184			PHENOBARBITAL	$ 12.80	NA
80185			PHENYTOIN: TOTAL	$ 14.65	NA
80186			PHENYTOIN: FREE	$ 15.02	NA
80188			PRIMIDONE	$ 20.00	NA
80190			PROCAINAMIDE	$ 15.00	NA
80192			PROCAINAMIDE:WITH METABOLITES (N-ACE	$ 15.00	NA
80194			QUINIDINE	$ 15.00	NA
80195			SIROLIMUS	$ 14.95	NA
80197			TACROLIMUS	$ 15.00	NA
80198			THEOPHYLLINE	$ 15.00	NA
80199			Tiagabine level	$ 19.66	NA
80200			TOBRAMYCIN	$ 12.60	NA
80201			TOPIRMATE	$ 12.00	NA
80202			VANCOMYCIN	$ 12.00	NA
80203			ZONISAMIDE LEVEL	$ 14.43	NA
80299			QUANT.DRUG NOT ELSEWHERE SPECIFIED	$ 10.80	NA
80300			DRUG SCREEN NON TLC DEVICES	BR	NA
80301			DRUG SCREEN CLASS LIST A	BR	NA
80302			DRUG SCREEN PRSMPTV 1 CLASS	BR	NA
80303			DRUG SCREEN ONE/MULT CLASS	BR	NA
80304			DRUG SCREEN ONE/MULT CLASS	BR	NA
80320			DRUG SCREEN QUANTALCOHOLS	BR	NA
80321			ALCOHOLS BIOMARKERS 1OR 2	BR	NA
80322			ALCOHOLS BIOMARKERS 3/MORE	BR	NA
80323			ALKALOIDS NOS	BR	NA
80324			DRUG SCREEN AMPHETAMINES 1/2	BR	NA
80325			AMPHETAMINES 3OR 4	BR	NA
80326			AMPHETAMINES 5 OR MORE	BR	NA
80327			ANABOLIC STEROID 1 OR 2	BR	NA
80328			ANABOLIC STEROID 3 OR MORE	BR	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
80329			ANALGESICS NON-OPIOID 1 OR 2	BR	NA
80330			ANALGESICS NON-OPIOID 3-5	BR	NA
80331			ANALGESICS NON-OPIOID 6/MORE	BR	NA
80332			ANTIDEPRESSANTS CLASS 1 OR 2	BR	NA
80333			ANTIDEPRESSANTS CLASS 3-5	BR	NA
80334			ANTIDEPRESSANTS CLASS 6/MORE	BR	NA
80335			ANTIDEPRESSANT TRICYCLIC 1/2	BR	NA
80336			ANTIDEPRESSANT TRICYCLIC 3-5	BR	NA
80337			TRICYCLIC & CYCLICALS 6/MORE	BR	NA
80338			ANTIDEPRESSANT NOT SPECIFIED	BR	NA
80339			ANTIEPILEPTICS NOS 1-3	BR	NA
80340			ANTIEPILEPTICS NOS 4-6	BR	NA
80341			ANTIEPILEPTICS NOS 7/MORE	BR	NA
80342			ANTIPSYCHOTICS NOS 1-3	BR	NA
80343			ANTIPSYCHOTICS NOS 4-6	BR	NA
80344			ANTIPSYCHOTICS NOS 7/MORE	BR	NA
80345			DRUG SCREENING BARBITURATES	BR	NA
80346			BENZODIAZEPINES1-12	BR	NA
80347			BENZODIAZEPINES 13 OR MORE	BR	NA
80348			DRUG SCREENING BUPRENORPHINE	BR	NA
80349			CANNABINOIDS NATURAL	BR	NA
80350			CANNABINOIDS SYNTHETIC 1-3	BR	NA
80351			CANNABINOIDS SYNTHETIC 4-6	BR	NA
80352			CANNABINOID SYNTHETIC 7/MORE	BR	NA
80353			DRUG SCREENING COCAINE	BR	NA
80354			DRUG SCREENING FENTANYL	BR	NA
80355			GABAPENTIN NON-BLOOD	BR	NA
80356			HEROIN METABOLITE	BR	NA
80357			KETAMINE AND NORKETAMINE	BR	NA
80358			DRUG SCREENING METHADONE	BR	NA
80359			METHYLENEDIOXYAMPHETAMINES	BR	NA
80360			METHYLPHENIDATE	BR	NA
80361			OPIATES 1 OR MORE	BR	NA
80362			OPIOIDS & OPIATE ANALOGS 1/2	BR	NA
80363			OPIOIDS & OPIATE ANALOGS 3/4	BR	NA
80364			OPIOID &OPIATE ANALOG 5/MORE	BR	NA
80365			DRUG SCREENING OXYCODONE	BR	NA
80366			DRUG SCREENING PREGABALIN	BR	NA
80367			DRUG SCREENING PROPOXYPHENE	BR	NA
80368			SEDATIVE HYPNOTICS	BR	NA
80369			SKELETAL MUSCLE RELAXANT 1/2	BR	NA
80370			SKEL MUSC RELAXANT 3 OR MORE	BR	NA
80371			STIMULANTS SYNTHETIC	BR	NA
80372			DRUG SCREENING TAPENTADOL	BR	NA
80373			DRUG SCREENING TRAMADOL	BR	NA

MEDICAID FEE FOR SERVICES: UPDATE NOVEMBER 1, 2015

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PRACTITIONER				*SPECIALIST*	*NON-SPECIALIST*
DME/P&O				*PURCHASE*	*RENTAL*
80374			STEREOISOMER ANALYSIS	BR	NA
80375			DRUG/SUBSTANCE NOS 1-3	BR	NA
80376			DRUG/SUBSTANCE NOS 4-6	BR	NA
80377			DRUG/SUBSTANCE NOS 7/MORE	BR	NA
80400			ACTH STIM PANEL;FOR ADRENAL INS.	$ 34.00	NA
80402			ACTH STIM.P.;21 HYDROXYLASE DEF.	$ 96.00	NA
80406			ACTH STIM.P.;3 BETA-HYDRO.DEF.	$ 98.00	NA
80408			ALDOST:SUPP.EVAL.PANEL	$ 130.00	NA
80410			CALCIUM-PENTAGASTRIN-STIM.PANEL	$ 102.00	NA
80412			CORTICOTROPIC REL.HORMONE PANEL	$ 364.36	NA
80414			CHORIONIC GONADOTROPHIN PANEL TEST R	$ 61.00	NA
80415			CHORIONIC GONAD.P.ESTRADIOL RESPONSE	$ 50.00	NA
80416			RENAL VEIN RENIN STIM.P.CAPTOPRIL	$ 150.00	NA
80417			PERIPHERAL VEIN RENIN STIM.P.CAPTOP.	$ 50.00	NA
80418			COMB RAPIAD ANTERIOR PIT PANEL	$ 640.73	NA
80420			DEXAMETHASONE SUPP PANEL, 48 HOURS	$ 74.00	NA
80422			GLUCAGON TOLERANCE PANEL;INSUL.	$ 45.00	NA
80424			GLUCAGON TOLERANCE PANEL;PHEOCHNOMOC	$ 33.00	NA
80426			GONADO.REL.HORMONE STIM. PANEL	$ 130.00	NA
80428			GROWTH HOR.STIM.P.ARGININE INFUSION	$ 60.00	NA
80430			GROWTH HORMONE SUP.P.GLUCOSE ADM.	$ 73.00	NA
80432			INSULIN-IN.C-PEPTIDE SUPP. PANEL	$ 125.00	NA
80434			INS.TOLERANCE PANEL;ACTH INSUFFINC.	$ 100.00	NA
80435			INS.TOLERANCE PANEL;GROWTH HORM.DEF.	$ 95.00	NA
80436			METYRAPONE PANEL	$ 75.00	NA
80438			THYROTROPIN REL.HORMONE ONE HOUR	$ 50.00	NA
80439			THYROTROPIN REL.HORMOONE 2 HRS.	$ 74.27	NA
80500			CLINICAL PATH CONSULT;LIMITED	$ 9.00	NA
80502			CLINICAL PATH CONSULT;COMPREHENSIVE	$ 13.00	NA
81000			URINALYSIS WITH MICROSCOPY	$ 1.20	NA
81000	FP		URINALYSIS WITH MICROSCOPY	$ 1.20	NA
81000	UD		URINALYSIS WITH MICROSCOPY	$ 1.20	NA
81001			URINALYSIS,AUTOMATED W.MICROSCOPY	$ 1.20	NA
81002			ROUTINE URINE ANALYSIS	$ 1.00	NA
81002	FP		ROUTINE URINE ANALYSIS	$ 1.00	NA
81002	UD		ROUTINE URINE ANALYSIS	$ 1.00	NA
81003			URINALYSIS WITHOUT MICR.AUTOMATED	$ 1.50	NA
81003	QW		URINALYSIS WITHOUT MICR.AUTOMATED	$ 1.50	NA
81005	UD		URINAL,QUAL_OR_SEMI-QUANT_ECPT_IMMUN	$ 1.00	NA
81005			URINLS,QUAL OR SEMI-QUANT ECPT IMMUN	$ 1.00	NA
81007			URINE BACTERIURIA SR NON-CUIT KIT	$ 2.84	NA
81007	QW		URINE BACTERIURIA SR NON-CULT KIT	$ 2.84	NA
81015			MICROSCOPIC EXAM OF URINE	$ 0.40	NA
81020			URINALYSIS, GLASS TEST	$ 4.30	NA
81025			URINE PREG.TEST;VISUAL COLOR COMP.	$ 3.00	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
81025	FP		URINE PREG.TEST;VISUAL COLOR COMP.	$ 3.00	NA
81025	UD		URINE PREG.TEST;VISUAL COLOR COMP.	$ 3.00	NA
81050			VOL.MEAS.TIMED COLLECTION,EACH	$ 3.40	NA
81099			UNLISTED URINALYSIS PROC	BR	NA
81200			ASPA (ASPARTOACYLASE) (EG, CANAVAN DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG,	BR	NA
81201			APC_GENE_FULL_SEQUENCE	BR	NA
81202			APC_GENE_KNOWN_FAM_VARIANTS	BR	NA
81203			APC_GENE_DUP/DELET_VARIANTS	BR	NA
81205			BCKDHB (BRANCHED-CHAIN KETO ACID DEHYDROGENASE E1, BETA POLYPEPTIDE) (EG, MAPLE	BR	NA
81206			BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS;	$ 178.50	NA
81207			BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS;	$ 157.68	NA
81208			BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS;	$ 175.10	NA
81209			BLM (BLOOM SYNDROME, RECQ HELICASE-LIKE) (EG, BLOOM SYNDROME) GENE ANALYSIS,	BR	NA
81210			BRAF (V-RAF MURINE SARCOMA VIRAL ONCOGENE HOMOLOG B1) (EG, COLON CANCER), GENE	$ 143.04	NA
81211			BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER)	$ 1,742.43	NA
81212			BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER)	$ 141.01	NA
81213			BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER)	$ 465.01	NA
81214			BRCA1 (BREAST CANCER 1) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE	$ 1,147.63	NA
81215			BRCA1 (BREAST CANCER 1) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE	$ 74.41	NA
81216			BRCA2 (BREAST CANCER 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE	BR	NA
81217			BRCA2 (BREAST CANCER 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE	$ 74.41	NA
81220			CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC	$ 18.99	NA
81221			CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC	BR	NA
81222			CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC	BR	NA
81223			CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC	BR	NA
81224			CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC	BR	NA
81225			CYP2C19 (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 19) (EG, DRUG	$ 232.86	NA
81226			CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG	$ 360.37	NA
81227			CYP2C9 (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 9) (EG, DRUG	$ 139.71	NA
81228			CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF	BR	NA
81229			CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF	$ 675.56	NA
81235			EGFR_GENE_COM_VARIANTS	$ 263.34	NA
81240			F2 (PROTHROMBIN, COAGULATION FACTOR II) (EG, HEREDITARY HYPERCOAGULABILITY)	$ 53.57	NA
81241			F5 (COAGULATION FACTOR V) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS,	$ 66.53	NA
81242			FANCC (FANCONI ANEMIA, COMPLEMENTATION GROUP C) (EG, FANCONI ANEMIA, TYPE C)	BR	NA
81243			FMR1 (FRAGILE X MENTAL RETARDATION 1) (EG, FRAGILE X MENTAL RETARDATION) GENE	$ 60.51	NA
81244			FMR1 (FRAGILE X MENTAL RETARDATION 1) (EG, FRAGILE X MENTAL RETARDATION) GENE	BR	NA
81245			FLT3 (FMS-RELATED TYROSINE KINASE 3) (EG, ACUTE MYELOID LEUKEMIA), GENE	$ 132.41	NA
81246			Flt3 gene analysis	BR	NA
81250			G6PC (GLUCOSE-6-PHOSPHATASE, CATALYTIC SUBUNIT) (EG, GLYCOGEN STORAGE DISEASE,	BR	NA
81251			GBA (GLUCOSIDASE, BETA, ACID) (EG, GAUCHER DISEASE) GENE ANALYSIS, COMMON	BR	NA
81252			GJB2_GENE_FULL_SEQUENCE	BR	NA
81253			GJB2_GENE_KNOWN_FAM_VARIANTS	BR	NA
81254			GJB6_GENE_COM_VARIANTS	BR	NA
81255			HEXA (HEXOSAMINIDASE A [ALPHA POLYPEPTIDE]) (EG, TAY-SACHS DISEASE) GENE	BR	NA

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PRACTITIONER				*SPECIALIST*	*NON-SPECIALIST*
DME/P&O				*PURCHASE*	*RENTAL*
81256			HFE (HEMOCHROMATOSIS) (EG, HEREDITARY HEMOCHROMATOSIS) GENE ANALYSIS, COMMON	$ 71.16	NA
81257			HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (EG, ALPHA THALASSEMIA, HB BART	BR	NA
81260			IKBKAP (INHIBITOR OF KAPPA LIGHT POLYPEPTIDE GENE ENHANCER IN B-CELLS, KINASE	BR	NA
81261			IGH@ (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIAS AND LYMPHOMAS, B-CELL),	$ 215.54	NA
81262			IGH@ (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIAS AND LYMPHOMAS, B-CELL),	$ 47.52	NA
81263			IGH@ (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIA AND LYMPHOMA, B-CELL),	$ 320.63	NA
81264			IGK@ (IMMUNOGLOBULIN KAPPA LIGHT CHAIN LOCUS) (EG, LEUKEMIA AND LYMPHOMA,	$ 162.57	NA
81265			COMPARATIVE ANALYSIS USING SHORT TANDEM REPEAT (STR) MARKERS; PATIENT AND	$ 234.12	NA
81266			COMPARATIVE ANALYSIS USING SHORT TANDEM REPEAT (STR) MARKERS; EACH ADDITIONAL	BR	NA
81267			CHIMERISM (ENGRAFTMENT) ANALYSIS, POST TRANSPLANTATION SPECIMEN (EG,	$ 225.86	NA
81268			CHIMERISM (ENGRAFTMENT) ANALYSIS, POST TRANSPLANTATION SPECIMEN (EG,	$ 283.91	NA
81270			JAK2 (JANUS KINASE 2) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS,	$ 99.80	NA
81275			KRAS (V-KI-RAS2 KIRSTEN RAT SARCOMA VIRAL ONCOGENE) (EG, CARCINOMA) GENE	$ 157.59	NA
81280			LONG QT SYNDROME GENE ANALYSES (EG, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2,	BR	NA
81281			LONG QT SYNDROME GENE ANALYSES (EG, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2,	BR	NA
81282			LONG QT SYNDROME GENE ANALYSES (EG, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2,	BR	NA
81287			MGMT (O-6-METHYLGUANINE-DNA METHYLTRANSFERASE) GENE ANALYSIS	BR	NA
81288			MLH1_GENE	BR	NA
81290			MCOLN1 (MUCOLIPIN 1) (EG, MUCOLIPIDOSIS, TYPE IV) GENE ANALYSIS, COMMON	BR	NA
81291			MTHFR (5,10-METHYLENETETRAHYDROFOLATE REDUCTASE) (EG, HEREDITARY	$ 47.52	NA
81292			MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY	$ 515.70	NA
81293			MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY	$ 206.73	NA
81294			MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY	$ 152.16	NA
81295			MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY	$ 121.06	NA
81296			MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY	$ 103.37	NA
81297			MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY	$ 121.06	NA
81298			MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL	$ 229.69	NA
81299			MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL	$ 128.67	NA
81300			MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL	$ 129.02	NA
81301			MICROSATELLITE INSTABILITY ANALYSIS (EG, HEREDITARY NON-POLYPOSIS COLORECTAL	$ 315.24	NA
81302			MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; FULL	BR	NA
81303			MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; KNOWN	BR	NA
81304			MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS;	BR	NA
81310			NPM1 (NUCLEOPHOSMIN) (EG, ACUTE MYELOID LEUKEMIA) GENE ANALYSIS, EXON 12	$ 197.22	NA
81313			PCA3/KLK3_ANTIGEN	BR	NA
81315			PML/RARALPHA, (T(15;17)), (PROMYELOCYTIC LEUKEMIA/RETINOIC ACID RECEPTOR ALPHA)	$ 225.70	NA
81316			PML/RARALPHA, (T(15;17)), (PROMYELOCYTIC LEUKEMIA/RETINOIC ACID RECEPTOR ALPHA)	$ 344.25	NA
81317			PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY	$ 623.47	NA
81318			PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY	$ 147.32	NA
81319			PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY	$ 176.89	NA
81321			PTEN_GENE_FULL_SEQUENCE	$ 479.36	NA
81322			PTEN_GENE_KNOWN_FAM_VARIANT	$ 46.60	NA
81323			PTEN_GENE_DUP/DELET_VARIANT	$ 69.90	NA
81324			PMP22_GENE_DUP/DELET	BR	NA
81325			PMP22_GENE_FULL_SEQUENCE	BR	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
81326			PMP22_GENE_KNOWN_FAM_VARIANT	BR	NA
81330			SMPD1(SPHINGOMYELIN PHOSPHODIESTERASE 1, ACID LYSOSOMAL) (EG, NIEMANN-PICK	BR	NA
81331			SNRPN/UBE3A (SMALL NUCLEAR RIBONUCLEOPROTEIN POLYPEPTIDE N AND UBIQUITIN	BR	NA
81332			SERPINA1 (SERPIN PEPTIDASE INHIBITOR, CLADE A, ALPHA-1 ANTIPROTEINASE,	$ 47.52	NA
81340			TRB@ (T CELL ANTIGEN RECEPTOR, BETA) (EG, LEUKEMIA AND LYMPHOMA), GENE	$ 227.45	NA
81341			TRB@ (T CELL ANTIGEN RECEPTOR, BETA) (EG, LEUKEMIA AND LYMPHOMA), GENE	$ 53.98	NA
81342			TRG@ (T CELL ANTIGEN RECEPTOR, GAMMA) (EG, LEUKEMIA AND LYMPHOMA), GENE	$ 219.37	NA
81350			UGT1A1 (UDP GLUCURONOSYLTRANSFERASE 1 FAMILY, POLYPEPTIDE A1) (EG, IRINOTECAN	BR	NA
81355			VKORC1 (VITAMIN K EPOXIDE REDUCTASE COMPLEX, SUBUNIT 1) (EG, WARFARIN	BR	NA
81370			HLA CLASS I AND II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); HLA-A, -B,	$ 437.78	NA
81371			HLA CLASS I AND II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); HLA-A, -B,	$ 262.03	NA
81372			HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); COMPLETE (IE,	$ 240.49	NA
81373			HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE LOCUS (EG,	$ 121.24	NA
81374			HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE ANTIGEN	$ 79.20	NA
81375			HLA CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); HLA-DRB1/3/4/5	$ 240.32	NA
81376			HLA CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE LOCUS (EG,	$ 133.06	NA
81377			HLA CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE ANTIGEN	$ 99.95	NA
81378			HLA CLASS I AND II TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS),	$ 376.21	NA
81379			HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); COMPLETE	$ 365.12	NA
81380			HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE LOCUS	$ 192.97	NA
81381			HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE ALLELE	$ 102.97	NA
81382			HLA CLASS II TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE LOCUS	$ 134.65	NA
81383			HLA CLASS II TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE ALLELE	$ 118.81	NA
81400			MOLECULAR PATHOLOGY PROCEDURE, LEVEL 1 (EG, IDENTIFICATION OF SINGLE GERMLINE	BR	NA
81401			MOLECULAR PATHOLOGY PROCEDURE, LEVEL 2 (EG, 2-10 SNPS, 1 METHYLATED VARIANT, OR	$ 74.75	NA
81402			MOLECULAR PATHOLOGY PROCEDURE, LEVEL 3 (EG, >10 SNPS, 2-10 METHYLATED VARIANTS,	BR	NA
81403			MOLECULAR PATHOLOGY PROCEDURE, LEVEL 4 (EG, ANALYSIS OF SINGLE EXON BY DNA	BR	NA
81404			MOLECULAR PATHOLOGY PROCEDURE, LEVEL 5 (EG, ANALYSIS OF 2-5 EXONS BY DNA	$ 295.12	NA
81405			MOLECULAR PATHOLOGY PROCEDURE, LEVEL 6 (EG, ANALYSIS OF 6-10 EXONS BY DNA	BR	NA
81406			MOLECULAR PATHOLOGY PROCEDURE, LEVEL 7 (EG, ANALYSIS OF 11-25 EXONS BY DNA	BR	NA
81407			MOLECULAR PATHOLOGY PROCEDURE, LEVEL 8 (EG, ANALYSIS OF 26-50 EXONS BY DNA	BR	NA
81408			MOLECULAR PATHOLOGY PROCEDURE, LEVEL 9 (EG, ANALYSIS OF >50 EXONS IN A SINGLE	BR	NA
81410			AORTIC DYSFUNCTION/DILATION	BR	NA
81411			AORTIC DYSFUNCTION/DILATION	BR	NA
81415			EXOME SEQUENCE ANALYSIS	BR	NA
81416			EXOME SEQUENCE ANALYSIS	BR	NA
81417			EXOME RE-EVALUATION	BR	NA
81420			FETAL CHRMOML ANEUPLOIDY	BR	NA
81425			GENOME SEQUENCE ANALYSIS	BR	NA
81426			GENOME SEQUENCE ANALYSIS	BR	NA
81427			GENOME RE-EVALUATION	BR	NA
81430			HEARING LOSS SEQUENCE ANALYS	BR	NA
81431			HEARING LOSS DUP/DEL ANALYS	BR	NA
81435			HEREDITARY COLON CANCER	BR	NA
81436			HEREDITARY COLON CA SYND	BR	NA

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PRACTITIONER				*SPECIALIST*	*NON-SPECIALIST*
DME/P&O				*PURCHASE*	*RENTAL*
81440			MITOCHONDRIAL GENE	BR	NA
81445			TARGETED GENOMIC SEQ ANALYS	BR	NA
81450			TARGETED GENOMIC SEQ ANALYS	BR	NA
81455			TARGETED GENOMIC SEQ ANALYS	BR	NA
81460			WHOLE MITOCHONDRIAL GENOME	BR	NA
81465			WHOLE MITOCHONDRIAL GENOME	BR	NA
81470			X-LINKED INTELLECTUAL DBLT	BR	NA
81471			X-LINKED INTELLECTUAL DBLT	BR	NA
81479			UNLISTED_MOLECULAR_PATHOLOGY	BR	NA
81500			ONCO_(OVAR)_TWO_PROTEINS	BR	NA
81503			ONCO_(OVAR)_FIVE_PROTEINS	BR	NA
81504			GENETIC PROFILING ON ONCOLOGY BIOPSY LESIONS	BR	NA
81506			ENDO_ASSAY_SEVEN_ANAL	BR	NA
81507			DNA ANALYSIS USING MATERNAL PLASMA	BR	NA
81508			FTL_CGEN_ABNOR_TWO_PROTEINS	BR	NA
81509			FTL_CGEN_ABNOR_3_PROTEINS	BR	NA
81510			FTL_CGEN_ABNOR_THREE_ANAL	BR	NA
81511			FTL_CGEN_ABNOR_FOUR_ANAL	BR	NA
81512			FTL_CGEN_ABNOR_FIVE_ANA	BR	NA
81519			ONCOLOGY BREAST MRNA	BR	NA
81599			UNLISTED_MAAA	BR	NA
82009			ACETONE OR OTHER KETONE BODIES QUAL	$ 5.00	NA
82010			ACETONE OR OTHER KATONE SERUM QUANT	$ 9.90	NA
82010	QW		ACETONE OR OTHER KETONE SERUM QUANT	$ 9.90	NA
82013			ACETYLCHOLINESTERASE ASSAY	$ 14.00	NA
82016			ACYLCARNTINES;QUAL EACH SPEC.	$ 12.90	NA
82017			ACYLARNITINES;QUAN EACH SPECIMEN	$ 18.60	NA
82024			ACTH RADIOIMMUNE ASSAY	$ 30.00	NA
82030			RIA ASSAY, BLOOD ADP & AMP	$ 34.00	NA
82040			ASSAY SERUM ALBUMIN	$ 1.80	NA
82042			ALBUMIN, URINE QUANT.	$ 2.43	NA
82043			ALBUMIN;URINE MICRO.QUANTITATIVE	$ 4.30	NA
82044			ALBUMIN:URINE MICRO.SEMIQUANTITATIVE	$ 1.00	NA
82044	QW		ALBUMIN;URINE MICRO SEMIQUANTITATIVE	$ 1.00	NA
82045			ALBUMIN; ISCHEMIA MODIFIED	$ 36.95	NA
82075			ASSAY BREATH ETHANOL	$ 8.80	NA
82085			ALDOLASE	$ 11.00	NA
82088			ALDOSTERONE	$ 40.00	NA
82103			ALPHA-1-ANTITRYPSIN; TOTAL	$ 7.80	NA
82104			ALPHA-1-ANTITRYSPIN; PHENOTYPE	$ 7.80	NA
82105			ALPHA=FETOPROTEIN; SERUM	$ 10.20	NA
82106			ALPHA-FETOPROTEIN;AMNIOTIC FLUID	$ 10.20	NA
82107			ALPHA-FETOPROTEIN L3	$ 70.12	NA
82108			ALUMINUM,	$ 28.17	NA
82120			AMINES, VAGINAL FLUID QUAL	$ 4.00	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
82120	QW		AMINES, VAGINAL FLUID, QUALITATIVE	$ 4.00	NA
82127			AMINO ACIDS;SINGLE QUAL.EA.SPECIMEN	$ 12.90	NA
82128			TEST FOR AMINO ACIDS	$ 12.90	NA
82131			AMINO ACIDS FRACT.&QUANT. EACH	$ 18.64	NA
82135			ASSAY, AMINOLEVULINIC ACID	$ 20.00	NA
82136			AMINO ACIDS 2TO5 QUANT.EACH SPEC.	$ 18.64	NA
82139			AMINO ACIDS,6 OR MORE QUAN.EACH SPEC	$ 18.64	NA
82140			AMMONIA	$ 6.00	NA
82143			AMNIOTIC FLUID SCAN	$ 4.20	NA
82150			AMYLASE	$ 4.50	NA
82154			ANDROSTANEDIOL GLUCORONIED	$ 31.88	NA
82157			ANDROSTENEDIONE	$ 29.00	NA
82160			ANDROSTERONE;	$ 27.65	NA
82163			ANGIOTENSIN II	$ 21.00	NA
82164			ANGIOTENSIN-CONVERTING ENZYME (ACE)	$ 15.90	NA
82172			APOLIPOPROTEIN EACH	$ 20.00	NA
82173			ARGININE TOLERANCE TEST	$ 11.20	NA
82175			ARSENIC	$ 7.20	NA
82180			ASSAY OF ASCORBIC ACID	$ 3.60	NA
82190			ATOMIC ABSORPTION SPECTR.,EACH ANALY	$ 16.39	NA
82232			BETA-2 MICROGLOBULIN,	$ 17.80	NA
82239			BILE ACIDS;TOTAL	$ 20.00	NA
82240			CHOLYLGLYCINE	$ 5.69	NA
82247			BILIRUBIN;TOTAL	$ 3.00	NA
82248			BILIRUBIN;DIRECT	$ 4.50	NA
82252			FECAL BILIRUBIN TEST	$ 2.50	NA
82261			BIOTINIDASE EACH SPEC.	$ 18.64	NA
82270			TEST FECES FOR BLOOD	$ 3.63	NA
82270	QW		TEST FECES FOR BLOOD	$ 3.63	NA
82271			BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAC), QUALITATIVE; OTHER SOURCES	$ 3.54	NA
82271	QW		BOLLD,_OCCULT,_BY_PEROXIDASE_ACTIVIT	$ 3.54	NA
82272	QW		BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAC), QUALITATIVE, FECES, SINGLE	$ 3.54	NA
82272			BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAC), QUALITATIVE, FECES, SINGLE	$ 3.54	NA
82274			BLOOD OCCULT HGB DETERMINATION 1-3	$ 3.70	NA
82274	QW		BLOOD OCCULT HGB DETERMINATION 1-3	$ 3.70	NA
82286			ASSAY OF BRADYKININ	$ 7.60	NA
82300			CADMIUM	$ 28.00	NA
82306			CALCIFEDIOL,(25-OH VIT D-3)	$ 30.00	NA
82308			CALCITONIN	$ 34.00	NA
82310	QW		ASSAY CALCIUM IN BLOOD,TOTAL	$ 3.00	NA
82310			ASSAY CALCIUM IN BLOOD,TOTAL	$ 3.00	NA
82330			CALCIUM IONIZED	$ 14.70	NA
82331			ASSAY CALCIUM IN BLD;AFT CAL INF TST	$ 5.72	NA
82340			CALCIUM,URINE,QUANT.	$ 3.60	NA
82355			CALCULUS (STONE) ANALYSIS,QUAL.	$ 9.00	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
82360			CALCULUS (STONE) ASSAY, QUANT.	$ 12.00	NA
82365			CALCULUS (STONE) INFRARED SPEC	$ 9.00	NA
82370			X-RAY ASSAY,CALCULUS (STONE)	$ 9.00	NA
82373			CARBOHYDRATE DEFICIENT TRANFERRIN	$ 7.95	NA
82374			CARBON DIOXIDE (BICARBONATE)	$ 3.30	NA
82375			ASSAY BLOOD CARBON MONOXIDE	$ 6.00	NA
82376			TEST FOR CARBON MONOXIDE QUAL.	$ 3.00	NA
82378			CARCINOEMBRYONIC ANTIGEN (CEA)	$ 22.40	NA
82379			CARNITINE (TOTAL AND-FREE)QUANT EACH	$ 18.64	NA
82380			CAROTENE	$ 6.00	NA
82382			URINE CATECHOLAMINES TOTAL	$ 12.00	NA
82383			ASSAY BLOOD CATECHOLAMINES	$ 12.00	NA
82384			ASSAY THREE CATECHOLAMINES	$ 18.00	NA
82387			CATHEPSIN-D	$ 24.00	NA
82390			BLOOD CERULOPLASMIN	$ 6.00	NA
82397			CHEMILUMINESCENT ASSAY	$ 15.42	NA
82415			CHLORAMPHENICOL	$ 15.00	NA
82435			CHLORIDES, BLOOD	$ 3.00	NA
82436			CHLORIDES,URINE	$ 3.00	NA
82438			ASSAY SPINAL FLUID CHLORIDES	$ 3.00	NA
82441			TEST FOR CHLOROHYDROCARBONS	$ 8.00	NA
82443			ASSAY OF THIAZIDE	$ 22.00	NA
82465			ASSAY SERUM CHOLESTEROL	$ 3.00	NA
82465	FP		ASSAY SERUM CHOLESTEROL	$ 3.00	NA
82465	QW		ASSAY SERUM CHOLESTROL	$ 3.00	NA
82480			ASSAY SERUM CHOLINESTERASE	$ 4.50	NA
82482			ASSAY RBC CHOLINESTERASE	$ 10.00	NA
82485			ASSAY CHONDROITIN SULFATE	$ 28.00	NA
82486			GAS/LIQUID CHROMATOGRAPHY	$ 4.40	NA
82487			PAPER CHROMATOGRAPHY	$ 4.00	NA
82488			PAPER CHROMATOGRAPHY	$ 15.00	NA
82489			THIN LAYER CHROMATOGRAPHY	$ 15.00	NA
82491			CHROM.QUANT.COLUMN ANALYTE NOT SPEC.	$ 21.50	NA
82492			CHROMATOGRAPHY,QUANT COL MULTIPE ANA	$ 21.50	NA
82495			CHROMIUM	$ 9.66	NA
82507			ASSAY CITRIC ACID	$ 37.00	NA
82523			COLLAGEN CROSS LINK ANY METHOD	$ 11.86	NA
82523	QW		COLLAGEN CROSSLINK ANY METHOD	$ 11.86	NA
82525			COPPER	$ 9.00	NA
82528			CORTICOSTERONE	$ 19.70	NA
82530			CORTISOL; FREE	$ 17.00	NA
82533			CORTISOL,TOTAL	$ 17.00	NA
82540			BLOOD	$ 3.00	NA
82541			COLUMN CHROM/MASS/SPEC(EG,GC/MS OUAL	$ 4.40	NA
82542			COL/CHROM/MASS/SPEC/GC/MS/HPLC QUANT	$ 21.50	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
82543			STABLE ISOTOPE DIL SINGLE/ANALYTQUAN	$ 21.50	NA
82544			STABLE/ISO/DIL/MULT/ANA/QUANTITATIVE	$ 21.50	NA
82550			CREATINE KINASE (CK),(CPK);TOTAL	$ 4.80	NA
82552			ISOENZYMES	$ 7.80	NA
82553			CREATINE KINASE MB FRACTION ONLY	$ 7.50	NA
82554			CREATINE KINASE ISOFORMS	$ 16.00	NA
82565	QW		CREATININE	$ 3.00	NA
82565			CREATININE	$ 3.00	NA
82570	QW		ASSAY URINE CREATININE	$ 3.00	NA
82570			ASSAY URINE CREATININE	$ 3.00	NA
82575			CREATININE CLEARANCE TEST	$ 4.50	NA
82585			ASSAY BLOOD CRYOFIBRINOGEN	$ 6.30	NA
82595			CRYOGLOBULIN	$ 1.50	NA
82600			CYANIDE	$ 25.00	NA
82607			CYAMOCOBALAMIN,(VITAMIN B-12)	$ 15.00	NA
82608			CYANOCOBALAMIN;UNSAT.BIND CAPACITY	$ 15.00	NA
82610			CYSTATIN C	$ 14.80	NA
82615			TEST FOR URINE CYSTINES	$ 11.00	NA
82626			DEHYDROEPIANDROSTERONE, (DHEA)	$ 29.60	NA
82627			DEHYDROEPIANDROSTERONE-SULFATE	$ 29.00	NA
82633			DESOXYCORTICOSTERONE, RIA	$ 38.52	NA
82634			DESOXYCORTISOL,11-	$ 25.72	NA
82638			DIBUCAINE NUMBER	$ 15.20	NA
82652			DIHYDROXYVITAMIN D, 1,25-	$ 47.87	NA
82656			ELASTASE, PANCR,FECAL,QUAL OR SEMIQU	$ 11.98	NA
82657			ENZYME/ACTIVITY/IN/BLOOD CELLS EACH	$ 21.50	NA
82658			ENZYME ACT/BLC RADIO EACH SPECIMEN	$ 21.50	NA
82664			ELECTROPHORETIC TEST	$ 13.60	NA
82668			ERYTHROPOIETIN	$ 17.50	NA
82670			ESTRADIOL	$ 25.00	NA
82671			ESTROGENS ASSAY	$ 41.00	NA
82672			ESTROGEN TOTAL	$ 25.00	NA
82677			RIA ASSAY OF ESTRIOL	$ 28.00	NA
82679	QW		RIA ASSAY OF ESTRONE	$ 25.00	NA
82679			RIA ASSAY OF ESTRONE	$ 25.00	NA
82693			ETHYLENE GLYCOL	$ 12.50	NA
82696			ASSAY OF ETIOCHOLANOLONE, RIA	$ 22.00	NA
82705			FATS/LIPIDS,FECES,SCREENING	$ 0.60	NA
82710			FATS/LIPIDS, FECES, QUANTITATIVE	$ 7.80	NA
82715			FECAL FAT DIFFERENTIAL QUANT.	$ 7.80	NA
82725			ASSAY BLOOD FATTY ACIDS	$ 15.50	NA
82726			VERY LONG CHAIN FATTY ACIDS	$ 21.50	NA
82728			FERRITIN,	$ 16.00	NA
82731			FETAL FIBRONECTIN,C/S,SEMI-QUANT.	$ 71.20	NA
82735			ASSAY BLOOD FLUROIDE	$ 24.00	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
82746			FOLIC ACID, SERUM	$ 10.50	NA
82747			FOLIC ACID; RBC	$ 18.00	NA
82757			ASSAY SEMEN FRUCTOSE	$ 22.50	NA
82759			RBC GALACTOKINASE ASSAY	$ 11.50	NA
82760			BLOOD GALACTOSE	$ 15.00	NA
82775			ASSAY GALACTOSE TRANSFERASE	$ 3.74	NA
82776			GALACTOSE TRANSFERASE TEST QUALITATI	$ 8.90	NA
82777			GALECTIN_3	$ 23.94	NA
82784			GAMMAGLOB.A,D,G,M,EACH	$ 11.30	NA
82785			RIA ASSAY GAMMAGLOBULIN E	$ 16.00	NA
82787			GAMM.IMM.SUBCLASSES (LGG1 2 3 & 4)	$ 8.82	NA
82800			BLOOD PH,BLOOD GASES	$ 5.20	NA
82803			BLOOD GASES: PH, PO2 & PCO2	$ 16.50	NA
82805			GASES BL.COMBO OF PH,PC02, P02, C02	$ 8.00	NA
82810			GASES BLD 02 SAT.ONLY BY DIR MEAS.	$ 10.00	NA
82820			HEMOGLOBIN-OXYGEN AFFINITY	$ 10.98	NA
82930			GASTRIC ACID ANALYSIS, INCLUDES PH IF PERFORMED, EACH SPECIMEN	$ 5.93	NA
82938			GASTRIN (SERUM) AFTER SECRETIN STIMU	$ 22.00	NA
82941			GASTRIN	$ 16.00	NA
82943			GLUCAGON	$ 19.00	NA
82945			GLUCOSE BODY FLUID OTHER BLOOD	$ 4.34	NA
82946			GLUCAGON TOLERANCE TEST	$ 13.00	NA
82947	FP		GLUCOSE,QUANT	$ 4.34	NA
82947			GLUCOSE,QUANT.	$ 4.34	NA
82947	QW		GLUCOSE,QUANT.	$ 4.34	NA
82947	UD		GLUCOSE,QUANT.	$ 4.34	NA
82947	52		GLUCOSE,SERUM (SEPARATE TUBE,GRAY)	$ 2.00	NA
82948			STICK ASSAY OF BLOOD GLUCOSE	$ 1.50	NA
82948	FP		STICK ASSAY OF BLOOD GLUCOSE	$ 1.50	NA
82948	QW		STICK ASSAY OF BLOOD GLUCOSE	$ 1.50	NA
82950			GLUCOSE TEST,POST GLUC.	$ 3.00	NA
82950	QW		GLUCOSE TEST,POST GLUCOSE	$ 3.00	NA
82951			GLUCOSE TOLERANCE TEST (GTT),3 SPEC	$ 5.00	NA
82951	QW		GLUCOSE TOLERANCE TEST (GTT),3 SPEC.	$ 5.00	NA
82952	QW		GTT-ADDED SAMPLES,EACH	$ 1.00	NA
82952			GTT-ADDED SAMPLES,EACH	$ 1.00	NA
82955			ASSAY G6PD ENZYME	$ 6.00	NA
82960			TEST FOR G6PD ENZYME, SCREEN	$ 7.00	NA
82962			GLUCOSE BLOOD MON DEVICES HOME USE	$ 2.60	NA
82963			GLUCOSIDASE,BETA	$ 26.50	NA
82965			GLUTAMATE DEHYDROGENASE	$ 6.30	NA
82977			GGT ENZYME,GAMMA	$ 4.80	NA
82978			GLUTATHIONE ASSAY	$ 12.00	NA
82979			ASSAY RBC GLUTATHIONE ENZYME	$ 9.00	NA
82985	QW		GLYCATED PROTEIN	$ 6.60	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
82985			GLYCATED PROTEIN	$ 6.60	NA
83001			GONADOTROPIN,FOLLICLE STIM.HORM.FSH	$ 17.00	NA
83001	QW		STIM.HORMONE GONADOTROPIN FOLLIC,FSH	$ 17.00	NA
83002	QW		PITUITARY GONADOTROPINS RIA	$ 17.00	NA
83002			PITUITARY GONADOTROPINS RIA	$ 17.00	NA
83003			RIA ASSAY GROWTH HORMONE	$ 16.00	NA
83004			GROWTH HORMONE, HUMAN (HCG)	$ 16.00	NA
83006			Growth stimulation gene 2	$ 23.94	NA
83009			HELICOBACTER PYLORI, BLOOD TEST ANAL	$ 47.27	NA
83010			HAPTOGLOBIN:QUANTITATIVE	$ 12.00	NA
83012			HAPTOGLOBIN,PHENOTYPES	$ 12.00	NA
83013			HELICOBACTER PYLORI,BREATH TEST ANA	$ 48.00	NA
83014			HELICOBACTER PYLORI,B/T;DRUG AD SAM.	$ 9.00	NA
83015			HEAVY METAL SCREENING	$ 10.20	NA
83018			HEAVY,METALS;QUANTITATIVE	$ 25.00	NA
83020			HEMOGLOBIN,ELECT. (EG. A2,S,C)	$ 6.00	NA
83021			HGB FRACT/QUANT CHROM/EG/A2,S,CA/O F	$ 21.50	NA
83026			HEMOGLOBIN COPPER SULF METH NON-AUTO	$ 2.00	NA
83030			FETAL HEMOGLOBIN CHEMICAL	$ 10.00	NA
83033			FETAL FECAL HEMOGLOBIN QUAL. (APT)	$ 7.00	NA
83036	QW		GLYCOSYLATED	$ 6.60	NA
83036			GLYCOSYLATED	$ 6.60	NA
83037	QW		GLYCOSYLATED HB, HOME DEVICE	$ 10.57	NA
83037			GLYCOSYLATED HB, HOME DEVICE	$ 10.57	NA
83045			BLOOD METHEMOGLOBIN TEST	$ 1.50	NA
83050			BLOOD METHEMOGLOBIN QUANT.	$ 3.00	NA
83051			PLASMA	$ 1.20	NA
83060			BLOOD SULFHEMOGLOBIN ASSAY	$ 3.00	NA
83065			HEMOGLOBIN HEAT ASSAY	$ 3.00	NA
83068			HEMOGLOBIN STABILITY SCREEN	$ 3.00	NA
83069			ASSAY URINE HEMOGLOBIN	$ 3.00	NA
83070			HEMOSIDERIN QUAL.	$ 6.00	NA
83080			B-HEXOSAMINIDASE EACH ASSAY	$ 19.20	NA
83088			ASSAY HISTAMINE	$ 40.00	NA
83090			HOMYSTINE	$ 18.65	NA
83150			HVA	$ 12.00	NA
83491			HYDROXYCORTICOSTEROIDS,17-RIA	$ 12.60	NA
83497			ASSAY URINE 5-HIAA	$ 6.00	NA
83498			HYDROXYPROGESTERONE 17-D	$ 30.50	NA
83499			HYDROXYPROGESTERONE-20	$ 30.50	NA
83500			HYDROXYPROLINE, FREE	$ 30.00	NA
83505			HYDROXYPROLINE	$ 30.00	NA
83516			IMMUNOASSAY QUAL/SEMIQUAL FOR ANALYT	$ 9.00	NA
83518	QW		IMM.ANALYTE ANTIBODY QUAL.SEMIQUAL.	$ 8.00	NA
83518			IMM.ANALYTE ANTIBODY QUAL.SEMIQUAL.	$ 8.00	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
83519			IMMUNO.ANALYTE BY RIA	$ 15.00	NA
83520			IMM.ANALYTE;NOT OTHERWISE SPECIFIED	$ 14.31	NA
83525			RIA ASSAY OF INSULIN	$ 12.00	NA
83526			INSULIN TOLERANCE TEST	$ 10.00	NA
83527			INSULIN; FREE	$ 16.11	NA
83528			INTRINSIC FACTOR LEVEL	$ 20.00	NA
83540			ASSAY SERUM IRON	$ 4.50	NA
83550			SERUM IRON BINDING TEST	$ 7.20	NA
83570			UV-ASSAY BLOOD IDH ENZYME	$ 6.00	NA
83582			ASSAY URINE 17-KGS	$ 6.00	NA
83586			ASSAY BLOOD 17-KETOSTEROIDS	$ 7.50	NA
83593			CHROMATOGRAPH KETOSTEROIDS	$ 6.00	NA
83605	QW		LACTIC ACID ASSAY	$ 13.50	NA
83605			LACTIC ACID ASSAY	$ 13.50	NA
83615			UV-ASSAY BLOOD LDH ENZYME	$ 4.20	NA
83625			ASSAY BLOOD LDH ENZYMES	$ 9.00	NA
83630			LACTOFERRIN, FECAL, QUALITATIVE	$ 21.37	NA
83631			LACTOFERRIN, FECAL;QUANTITATIVE	$ 21.37	NA
83632			RIA PLACENTAL LACTOGEN	$ 16.00	NA
83633			TEST URINE FOR LACTOSE	$ 6.30	NA
83655			ASSAY BLOOD FOR LEAD	$ 9.00	NA
83655	QW		ASSAY BLOOD FOR LEAD	$ 9.00	NA
83655	52		PEDIATRIC LEAD SCREENING TESTING	$ 8.00	NA
83661			R/S RATIO	$ 10.50	NA
83662			L/S RATIO;FOAM STABILITY TEST	$ 5.00	NA
83663			FETALLUNG FLUORESENCE POLARIZATION	$ 10.46	NA
83664			FETAL LUNG;FOAM STABILITY TEST	$ 5.23	NA
83670			UV-ASSAY BLOOD LAP ENZYME	$ 2.10	NA
83690			ASSAY BLOOD LIPASE	$ 4.50	NA
83695			LIPOPROTEIN (A)	$ 14.10	NA
83698			ASSAY LIPOPROTEIN PLA2	$ 36.95	NA
83700			LIPOPROTEIN, BLOOD; ELECTROPHORETIC SEPARATION AND QUANTITATION	$ 12.26	NA
83701			LIPOPROTEIN, BLOOD; HIGH RESOLUTION FRACTIONATION AND QUANTITATION OF	$ 27.02	NA
83704			LIPOPROTEIN, BLOOD; QUANTITATION OF LIPOPROTEIN PARTICLE NUMBERS AND	$ 34.34	NA
83718	QW		BLOOD LIPOPROTEIN ASSAY	$ 8.00	NA
83718			BLOOD LIPOPROTEIN ASSAY	$ 8.00	NA
83719			LIPOPROTEIN,VLDL CHOLESTEROL	$ 15.50	NA
83721	QW		LIPOPROTEIN,DIRECT MEAS.LDL CHOLEST.	$ 10.66	NA
83721			LIPOPROTEIN,DIRECT MEAS.LDL CHOLEST.	$ 10.66	NA
83727			LUTEINIZING RELEASING FACTOR, RIA	$ 17.00	NA
83735			ASSAY BLOOD MAGNESIUM	$ 4.50	NA
83775			UV-ASSAY OF MD ENZYME	$ 5.90	NA
83785			ASSAY OF MANGANESE	$ 12.99	NA
83788			MASS/SPEC ANALYTE,QUAL,EA.SPECIMEN	$ 4.40	NA
83789			MASS/SPECTRO,ANALYTE QUANT EACH SPEC	$ 4.40	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
83825			ASSAY BLOOD MERCURY	$ 8.40	NA
83835			ASSAY URINE METANEPHRINES	$ 10.20	NA
83857			ASSAY METHEMALBUMIN	$ 12.00	NA
83861			MICROFLUIDIC ANALYSIS UTILIZING AN INTEGRATED COLLECTION AND ANALYSIS DEVICE,	$ 17.98	NA
83864			BLOOD MUCOPOLYSACCHARIDES	$ 13.00	NA
83872			ASSAY SYNOVIAL FLUID MUCIN	$ 3.20	NA
83873			MYELIN BASIC PROTEIN,CSF,RIA	$ 20.00	NA
83874			MYOGLOBIN ELECTROPHORESIS	$ 12.00	NA
83876			MYELOPEROXIDASE_(MPO)	$ 36.95	NA
83880	QW		NATRIURETIC PEPTIDE	$ 37.94	NA
83880			NATRIURETIC PEPTIDE	$ 37.94	NA
83883			NEPHELOMETRY,EACH ANALYTE NOT ELSE	$ 15.00	NA
83885			ASSAY URINE FOR NICKEL	$ 19.00	NA
83915			ASSAY NUCLEOTIDASE	$ 6.00	NA
83916			OLIGOCLONAL IMMUNE GLOBULIN,CSF	$ 20.00	NA
83918			ASSAY ORGANIC ACIDS	$ 19.00	NA
83919			ORGANIC ACID;QUAL EACH SPEC	$ 19.00	NA
83921			ORGANIC ACID,SINGLE,QUANT.	$ 19.00	NA
83930			ASSAY BLOOD OSMOLALITY	$ 9.00	NA
83935			ASSAY URINE OSMOLALITY	$ 9.00	NA
83937			OSTEOCALCIN	$ 40.00	NA
83945			ASSAY URINE OXALATE	$ 17.00	NA
83950			ONCOPROTEIN HER-2/NEU	$ 71.20	NA
83951			ONCOPROTEIN;_DES-GAMMA-CARBOXY-PROTH	$ 70.12	NA
83970			RIA ASSAY OF PARATHORMONE	$ 54.00	NA
83986	QW		ASSAY BODY FLUID ACIDITY	$ 4.30	NA
83986			ASSAY BODY FLUID ACIDITY	$ 4.30	NA
83987			PH; EXHALED BREATH CONDENSATE	$ 17.99	NA
83992			PHENCYCLIDINE (PCP)	$ 18.00	NA
83993			CALPROTECTIN, FECAL	$ 21.37	NA
84030			PKU,BLOOD	$ 6.00	NA
84035			PHENLKETONES,QUAL.	$ 4.90	NA
84060			PHOSPHATASE,ACIDLTOTAL	$ 3.60	NA
84061			PHOSPH.ACID;FORENSIC EXAMINATION	$ 3.60	NA
84066			PHOSPHATASE,ACID,PROSTATIC	$ 12.60	NA
84075			ASSAY ALKALINE PHOSPHATASE	$ 3.60	NA
84078			ASSAY ALKALINE PHOSPHATASE	$ 3.60	NA
84080			ALKALINE PHOSPHATASE ISOENZYMIES	$ 3.60	NA
84081			PHOSPHATYDYLGLYCEROL	$ 20.00	NA
84085			ASSAY RBC PG6D ENZYME	$ 7.90	NA
84087			ASSAY PHOSPHOHEXOSE ENZYMES	$ 13.50	NA
84100			ASSAY BLOOD PHOSPHORUS	$ 3.00	NA
84105			ASSAY URINE PHOSPHORUS	$ 3.00	NA
84106			PORPHOBILINOGEN,URINE:QUAL.	$ 1.80	NA
84110			PORPHOBILINOGEN,QUANT	$ 7.50	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
84112			PLACENTAL ALPHA MICROGLOBULIN-1 (PAMG-1), CERVICOVAGINAL SECRETION, QUALITATIVE	$ 70.12	NA
84119			PORPHYRINS,URINE,QUAL.	$ 3.00	NA
84120			PORPHYRINS,URINE:QUANT AND FRACT	$ 7.50	NA
84126			FECES PORPHYRINS,QUANT.	$ 34.50	NA
84132			ASSAY BLOOD POTASSIUM	$ 3.90	NA
84133			ASSAY URINE POTASSIUM	$ 3.90	NA
84134			PREALBUMIN	$ 15.91	NA
84135			PREGNANEDIOL; RIA	$ 12.00	NA
84138			PREGNANETRIOL;RIA	$ 12.00	NA
84140			PREGNENOLONE	$ 27.50	NA
84143			17-HYDROXYPREGNENCLONE	$ 30.00	NA
84144			ASSAY PROGESTERONE	$ 20.00	NA
84145			PROCALCITONIN (PCT)	$ 30.34	NA
84146			RIA ASSAY FOR PROLACTIN	$ 20.00	NA
84150			PROSTAGLANDIN, EACH	$ 30.00	NA
84152			PROSTATE SPECIFIC ANTIGEN PSA DIRECT	$ 24.50	NA
84153			PROSTATE SPECIFIC ANTIGEN (PSA)	$ 24.50	NA
84154			PROSTATE SPECIFIC ANTIGEN(PSA)FREE	$ 24.50	NA
84155			PROTEIN: TOTAL,EXCEPT REF.	$ 1.80	NA
84156			PROTEIN;TOTAL EXCEPT REFRACTOMETRY U	$ 1.80	NA
84157			PROTEIN TOTAL OTHER SYNOLIAL CERE	$ 1.80	NA
84160			PROTEIN;TOTAL,REFRACTOMETRIC	$ 1.80	NA
84163			PREGNANCY-ASSOCIATED PLASMA PROTEIN-	$ 16.39	NA
84165			ASSAY SERUM PROTEINS	$ 6.00	NA
84166			PROTEIN; ELECTROPHORETIC FRACTIONATI	$ 19.42	NA
84166	26		PROTEIN; ELECTROPHORETIC FRACTIONATI	$ 16.96	NA
84181	26		PROTEIN;WEST.BLOT INT.&REP.BLOOD OTH	$ 15.00	NA
84181			PROTEIN;WEST.BLOT INT.&REP.BLOOD OTH	$ 20.00	NA
84182	26		PROTEIN;WEST.BLOT IMM.PROBE BAND EAC	$ 15.00	NA
84182			PROTEIN;WEST.BLOT IMM.PROBE BAND EAC	$ 23.50	NA
84202			ASSAY RBC PROTOPORPHYRIN	$ 10.40	NA
84203			TEST RBC PROTOPORPHYRIN	$ 3.00	NA
84206			PROINSULIN	$ 19.00	NA
84207			(VITAMIN B-6) PYRIDOXAL PHOS.	$ 32.00	NA
84210			ASSAY BLOOD PYRUVATE	$ 12.80	NA
84220			PYRUVIC KINASE	$ 10.30	NA
84228			QUININE	$ 13.60	NA
84233			RECEPTOR ASSAY; ESTROGEN(ESTRADIOL)	$ 16.00	NA
84234			RECEPTOR ASSAY; PROGESTERONE	$ 20.00	NA
84235			RECEPTOR ASSAY;ENDOCRINE;OTHER	$ 63.20	NA
84238			RECEPTOR ASSAY, NON-ENDO	$ 43.00	NA
84244			RIA ASSAY OF RENIN	$ 25.00	NA
84252			ASSAY VITAMIN B-2	$ 24.00	NA
84255			SELENIUM	$ 29.60	NA
84260			ASSAY BLOOD SEROTONIN	$ 35.20	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
84270			SEX HORMONE BINDING GLOBULIN (SHBG)	$ 25.00	NA
84275			ASSAY BLOOD SIALIC ACID	$ 16.00	NA
84285			ASSAY SILICA	$ 28.80	NA
84295			ASSAY BLOOD SODIUM	$ 3.90	NA
84300			ASSAY URINE SODIUM	$ 3.90	NA
84302			SODIUM;OTHER SOURCE	$ 3.90	NA
84305			SOMATOMEDIN	$ 16.00	NA
84307			SOMATOSTATIN	$ 16.00	NA
84311			SPECTR.ANALYTE NOT ELSEW.SPECIFIED	$ 7.50	NA
84315			BODY FLUID SPECIFIC GRAVITY	$ 3.00	NA
84375			CHROMATOGRAM ASSAY, SUGARS	$ 23.20	NA
84376			SUGARS(MON-DI)OLI/;SINGLE QUAL EA SP	$ 7.00	NA
84377			SUGAR/MON-DI-OLIGOSACC MULT-QUAL EA	$ 7.00	NA
84378			SUGARS/OLIGOSACC/OUANT EACH SPEC	$ 14.00	NA
84379			SUGAR/OLIGOSACCHARIDES/M/QUANT EA SP	$ 14.00	NA
84392			SULFATE, URINE	$ 5.60	NA
84402			TESTOSTERONE; FREE	$ 30.40	NA
84403			RIA ASSAY BLOOD TESTOSTERONE	$ 32.00	NA
84425			ASSAY VITAMIN B-1	$ 23.11	NA
84430			THIOCYANATE	$ 3.60	NA
84431			THROMBOXANE METABOLITE(S), INCLUDING THROMBOXANE IF PERFORMED, URINE	$ 19.04	NA
84432			THYROGLOBULIN	$ 13.00	NA
84436			THYROXINE, TRUE, RIA	$ 6.00	NA
84437			THYROXINE, NEONATAL	$ 6.00	NA
84439			THYROID PANEL	$ 10.00	NA
84442			THYROID ACTIVITY (TBG) ASSAY	$ 12.00	NA
84443			RIA ASSAY OF TS HORMONE	$ 18.30	NA
84445			RIA THYROTROPIN FACTOR	$ 27.80	NA
84446			ASSAY VITAMIN E	$ 16.80	NA
84449			TRANSCORTIN	$ 24.00	NA
84450			UV-ASSAY- TRANSAMINASE (SGOT)	$ 3.00	NA
84450	QW		UV-ASSAY TRANSAMINASE (SGOT)	$ 3.00	NA
84460	QW		UV-ASSAY TRANSAMINASE (SGPT)	$ 3.00	NA
84460			UV-ASSAY TRANSAMINASE (SGPT)	$ 3.00	NA
84466			TRANSFERRIN	$ 15.20	NA
84478	QW		ASSAY BLOOD TRIGLYCERIDES	$ 7.30	NA
84478			ASSAY BLOOD TRIGLYCERIDES	$ 7.30	NA
84479			TRIIODOTHYRONINE, RESIN UPTAKE	$ 6.00	NA
84480			RIA ASSAY, T-3	$ 15.00	NA
84481			TRIIODOTHYRONINE, FREE RIA	$ 15.00	NA
84482			TRIDOTHYRONINE(T-3);REVERSE	$ 15.00	NA
84484			TROPONIN	$ 9.51	NA
84485			ASSAY DUODENAL FLUID TRYPSIN	$ 3.30	NA
84488			TEST FECES FOR TRYPSIN	$ 3.30	NA
84490			ASSAY FECES FOR TRYPSIN	$ 3.30	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
84510			ASSAY BLOOD TYROSINE	$ 12.70	NA
84512			TROPNIN-QUAL	$ 10.00	NA
84520			ASSAY BUN	$ 3.00	NA
84525			STICK-ASSAY BUN	$ 3.00	NA
84540			ASSAY URINE UREA-N	$ 3.00	NA
84545			UREA-N CLEARANCE TEST	$ 6.00	NA
84550			ASSAY BLOOD URIC ACID	$ 3.00	NA
84560			ASSAY URINE URIC ACID	$ 3.00	NA
84577			UROBILINOGEN,FECES; QUANT.	$ 6.00	NA
84578			TEST URINE UROBILINOGEN	$ 0.40	NA
84580			UROBILINOGEN,URINE; QUANT.	$ 2.10	NA
84583			UROBILINOGEN,URINE;SEMIQUANT.	$ 2.10	NA
84585			ASSAY URINE VMA	$ 12.00	NA
84586			VASOACTIVE INTEST.PEPTIDE (VIP)	$ 48.00	NA
84588			RIA ASSAY VASOPRESSIN	$ 45.00	NA
84590			ASSAY BLOOD VITAMIN-A	$ 6.00	NA
84591			VITAMIN NOT OTHERWISE SPEC	$ 12.82	NA
84597			ASSAY VITAMIN-K	$ 18.00	NA
84600			VOLATILES	$ 18.00	NA
84620			XYLOSE TOLERANCE TEST, BLOOD	$ 16.00	NA
84630			ASSAY BLOOD ZINC	$ 15.00	NA
84681			C-PEPTIDE, ANY METHOD	$ 22.00	NA
84702			GONADOTROPIN,CHORIONIC;QUANTITATIVE	$ 11.39	NA
84702	UD		GONADOTROPIN,CHORIONIC;QUANTITATIVE	$ 11.39	NA
84703	QW		GONADOTROPIN,CHORIONIC;QUALITATIVE	$ 3.00	NA
84703			GONADOTROPIN,CHORIONIC;QUALITATIVE	$ 3.00	NA
84703	UD		GONADOTROPIN,CHORIONIC;QUALITATIVE	$ 3.00	NA
84704			GONADOTROPIN, CHORIONIC (HCG); FREE BETA CHAIN	$ 16.39	NA
84830			OVUL.TESTS,VISUAL COLOR COMP.METHODS	$ 3.00	NA
84999			UNLISTED CHEMISTRY/TOXICOLOGY PROCED	BR	NA
85002			BLEEDING TIME TEST	$ 1.20	NA
85004			BLOOD COUNT;AUTOMATED DIFF WBC COUNT	$ 7.20	NA
85007			DIFFERENTIAL WBC COUNT	$ 2.40	NA
85008			BLOOD COUNT;MAN.SMEAR EX.WITHOUT DIF	$ 1.20	NA
85009			DIFFERENTIAL WBC COUNT	$ 1.20	NA
85013			BLOOD COUNT;SPUN MICROHEMATOCRIT	$ 1.50	NA
85013	FP		BLOOD COUNT;SPUN MICROHEMATOCRIT	$ 1.50	NA
85014	QW		HEMATOCRIT	$ 1.50	NA
85014			HEMATOCRIT	$ 1.50	NA
85014	UD		HEMATOCRIT	$ 1.50	NA
85018	QW		HEMOGLOBIN, COLORIMETRIC	$ 1.20	NA
85018			HEMOGLOBIN, COLORIMETRIC	$ 1.20	NA
85018	FP	QW	HEMOGLOBIN, COLORIMETRIC	$ 2.00	NA
85025			BLOOD COUNT;HEMO.PLAT.COUNT,AUTO/AUT	$ 5.00	NA
85025	UD		BLOOD COUNT;HEMO.PLAT.COUNT,AUTO/AUT	$ 5.00	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
85027			HEMOGRAM,AUTOMATED W/PLATELET COUNT	$ 4.80	NA
85032			BLOOD COUNT;MANAL CELL C;ER,LEU,EACH	$ 3.00	NA
85041			RED BLOOD CELL (RBC) COUNT	$ 1.20	NA
85044			RETICULOCYTE COUNT	$ 3.00	NA
85045			BLOOD RETIC COUNT FLOW CYTOMETRY	$ 4.00	NA
85046			BL/CT;RETIC,HGB CONCENTRATION	$ 2.75	NA
85048			WHITE BLOOD CELL (WBC) COUNT	$ 1.20	NA
85049			BLOOD COUNT;PLATELET;AUTO	$ 5.00	NA
85055			RETICULATED PLATELET ASSAY	$ 29.93	NA
85060			BLOOD SMEAR, PERIPHERAL, INTERPRETAT	$ 8.00	NA
85097			BONE MARROW SMEAR INTERPR.ONLY	$ 24.00	NA
85097	26		BONE MARROW SMEAR INTERPRET	$ 24.00	NA
85130			CHROMOGENIC SUBSTRATE ASSAY	BR	NA
85170			BLOOD CLOT RETRACTION SCREEN	$ 0.60	NA
85175			BLOOD CLOT LYSIS TIME	$ 3.90	NA
85210			BLOOD CLOT FACTOR II TEST	$ 3.00	NA
85220			BLOOD CLOT FACTOR V TEST	$ 24.00	NA
85230			BLOOD CLOT FACTOR VII TEST	$ 24.00	NA
85240			BLOOD CLOT FACTOR VIII TEST	$ 24.00	NA
85244			FACTOR VIII RELATED ANTIGEN QUAN	$ 22.28	NA
85245			CLOTTING;FACTOR VIII,VW RIST.COFACTO	$ 10.00	NA
85246			CLOTTING;FACTOR VIII,VW ANTIGEN	$ 10.00	NA
85247			CLOTTING;FACTOR VIII VON WILLEBRAND	$ 10.00	NA
85250			BLOOD CLOT FACTOR IX TEST(PTC/CHRIST	$ 20.73	NA
85260			BLOOD CLOT FACTOR X TEST(STUART-PROW	$ 24.00	NA
85270			BLOOD CLOT FACTOR XI TEST (PTA)	$ 24.00	NA
85280			BLOOD CLOT FACTOR XII TEST	$ 26.00	NA
85290			BLOOD CLOT FACTOR XIII TEST	$ 8.00	NA
85291			BLOOD CLOT FACTOR XIII TEST	$ 7.00	NA
85292			CLOTTING; PREKALLIKRIEW ASSAY	$ 20.67	NA
85293			CLOTTING;H-M-W KINNINOGEN ASSA	$ 20.67	NA
85300			ANTITHROMBIN III TEST ACTIVITY	$ 15.00	NA
85301			CLOT. INHIB/ANTICOAG/ANTITHROM	$ 14.00	NA
85302			CLOT INHIBIT/ANTICOAC/PROTEIN C	$ 16.00	NA
85303			CLOTTING INH.OR ANTIC.PROT.C,ACTIVIT	$ 18.00	NA
85305			CLOTTING INHIBITORS PROTEINS S,TOTAL	$ 12.66	NA
85306			CLOTTING INH.OR ANT;PROT.S FREE	$ 18.00	NA
85307			ACTIVATED PROTEIN C(APC) RESIS ASSAY	$ 18.00	NA
85335			FACTOR INHIBITOR TEST	$ 10.00	NA
85337			THROMBOMODULIN	$ 10.00	NA
85345			COAGULATION TIME	$ 1.80	NA
85347			COAGULATION TIME, ACTIVATED	$ 3.00	NA
85348			COAGULATION TIME, OTHER METHODS	$ 1.20	NA
85360			EUGLOBULIN LYSIS	$ 11.00	NA
85362			FIBRIN DEGRADATION PRODUCTS,AGGSLIDE	$ 3.00	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
85366			FDP FSP; PARACOAGULATION	$ 8.00	NA
85370			FDP FSP; QUANTITATIVE	$ 5.00	NA
85378			FIBRIN DEGR.PRODUCTS,D-DIMER;SEMIQUA	$ 5.00	NA
85379			FIBRIN DEGR.PRODUCTS,D-DIMER;QUANT.	$ 5.00	NA
85380			FIBRIN DEGRAD;VENOUS THROM QUAL SQUA	$ 5.00	NA
85384			FIBRINOGEN;ACTIVITY	$ 9.60	NA
85385			FIBRINOGEN; ANTIGEN	$ 9.60	NA
85390			FIBRINOLYSINS SCREEN	$ 7.00	NA
85390	26		FIBRINOLYSINS SCREEN	$ 5.00	NA
85396			COAGULATION/FIBRINOLYSIS ASSAY WHOLE	$ 18.00	NA
85397			COAGULATION_AND_FIBRINOLYSIS___FUNCT	$ 24.98	NA
85400			FIBRINOLYTIC FACTORS; PLASMIN	$ 9.00	NA
85410			FIBRINOLYTIC ANTIPLASMIN-ALPHA-2	$ 9.00	NA
85415			FIBR.FACTOR&ING.PLASM.ACTIVATOR	$ 10.00	NA
85420			FIBRINOLYTIC PLASMINOGEN	$ 7.14	NA
85421			FIBR0 MECH;PLASM.ANTIGENIC ASS	$ 11.12	NA
85441			HEINZ BODIES; DIRECT	$ 5.00	NA
85445			HEINZ BODIES; INDUCED	$ 5.00	NA
85460			HEMOGLOBIN, FETAL	$ 9.40	NA
85461			HRG/RBC ROSETTE	$ 9.00	NA
85475			HEMOLYSIN; ACID	$ 10.00	NA
85520			HEPARIN ASSAY	$ 7.97	NA
85525			HEPARIN NEUTRALIZATION	$ 16.00	NA
85530			HEPARIN-PROTAMINE TOLERANCE	$ 16.00	NA
85536			IRON STAIN PERIPHERAL BLOOD	$ 5.00	NA
85540			WBC ALKALINE PHOSPHATASE	$ 8.90	NA
85547			RBC MECHANICAL FRAGILITY	$ 10.50	NA
85549			SERUM MURAMIDASE	$ 25.00	NA
85555			RBC OSMOTIC FRAGILITY	$ 4.80	NA
85557			RBC OSMOTIC FRAGILITY, INCUBATED	$ 4.80	NA
85576	26		PLATELET;AGGREGATION (IN VITRO)	$ 5.00	NA
85576			PLATELET;AGGREGATION (IN VITRO)	$ 24.01	NA
85576	QW		PLATELET;AGGREGATION (IN VITRO)	$ 24.01	NA
85597			PLATELET NEUTRALIZATION	$ 20.00	NA
85598			PHOSPHOLIPID NEUTRALIZATION; HEXAGONAL PHOSPHOLIPID	$ 19.57	NA
85610	QW		PROTHROMBIN TIME	$ 3.00	NA
85610			PROTHROMBIN TIME	$ 3.00	NA
85610	UD		PROTHROMBIN TIME	$ 3.00	NA
85611			PROTH.TIME;SUBST.PLASMA FRACT.EACH	$ 4.50	NA
85612			VIPER VENOM PROTHROMBIN TIME	$ 13.00	NA
85613			RUSSELL VIPER VENOM TIME; DILUTED	$ 10.00	NA
85635			REPTILASE TEST	$ 8.40	NA
85651			RBC SEDIMENTATION RATE, NON AUTO	$ 1.50	NA
85652			SED RATE AUTOMATED	$ 1.50	NA
85660			RBC SICKLE CELL TEST	$ 3.00	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
85670			THROMBIN TIME; PLASMA	$ 6.60	NA
85675			THROMBIN TIME; TITER	$ 6.42	NA
85705			THROMBOPLASTIN INHIBITION; TISSUE	$ 7.90	NA
85730			THROMBOPLASTIN TIME, PARTIAL	$ 3.00	NA
85730	UD		THROMBOPLASTIN TIME, PARTIAL	$ 3.00	NA
85732			THROMBOPLASTIN TIME, SUB PLASMA	$ 3.00	NA
85810			BLOOD VISCOSITY EXAMINATION	$ 15.00	NA
85999			UNLISTED HEMATOLOGY PROCEDURE	BR	NA
86000			AGGLUTININS; FEBRILE EACH ANTIGEN	$ 0.90	NA
86001			ALLERGEN SPECIFIC IGG QUANT EACH	$ 4.00	NA
86003			ALLERGEN SPEC.IGE;QUANT.TO 12 ALLERG	$ 4.00	NA
86005			ALLERGEN SPEC.IGE;QUAL.MULT.SCREEN	$ 3.24	NA
86021			WBC ANTIBODY IDENTIFICATION	$ 9.00	NA
86022			PLATELET ANTIBODIES	$ 9.00	NA
86023			ANTIBODY ID,PLAT.ASS. IMMUNOBLO	$ 15.00	NA
86038			ANTINUCLEAR ANTIBODIES (ANA), RIA	$ 7.80	NA
86039			ANTINUCLEAR ANTIBODIES,ANA;TITER	$ 15.00	NA
86060			ANTISTREPTOLYSIN O TITER	$ 3.60	NA
86063			ANTISTREPTOLYSIN O SCREEN	$ 1.20	NA
86077			BLOOD BANK PHYSICIAN SERVICES;	$ 25.00	NA
86078			BLOOD BANK PHYSICIAN SERVICES;	$ 17.00	NA
86079			BLOOD BANK PHYSICIAN SERVICES;	$ 17.00	NA
86140			C-REACTIVE PROTEIN	$ 3.00	NA
86141			C-REACTIVE PROTEIN;HSCRP	$ 14.30	NA
86146			BETA 2 GLYOCOPROTEIN I ANTIBODY EA.	$ 27.77	NA
86147			CARDIOLIPIN ANTIBODY	$ 27.77	NA
86148			ANTI-PHOSPHATIDYLSERINE PHOSPHOL ANT	$ 17.50	NA
86152			CELL_ENUMERATION_&_ID	BR	NA
86153			CELL_ENUMERATION_PHYS_INTERP	$ 29.55	NA
86155			CHEMOTAXIS ASSAY	$ 17.41	NA
86156			COLD AGGLUTININ; SCREEN	$ 3.00	NA
86157			COLD AGGLUTININ; TITER	$ 9.00	NA
86160			COMPLEMENT;ANTIGEN,EACH COMPONENT	$ 9.00	NA
86161			COMPLEMENT;FUNCTIONAL ACT.EACH COMP.	$ 9.00	NA
86162			COMPLEMENT; TOTAL (CH 50)	$ 15.60	NA
86171			COMPLEMENT FIXATION, EACH	$ 4.50	NA
86185			COUNTERELECTROPHORESIS, EACH	$ 7.90	NA
86200			CYCLIC CITRULLINATED PEPTIDE (CCP), ANTIBODY	$ 14.10	NA
86215			DEOXYRIBONUCLEASE, ANTIBODY	$ 18.00	NA
86225			DNA ANTIBODY	$ 13.00	NA
86226			DNA ANTIBODY; SINGLE STRANDED	$ 15.00	NA
86235			ENA ANTIBODY	$ 24.00	NA
86243			FC RECEPTOR	$ 15.90	NA
86255			FLUORESCENT ANTIBODY; SCREEN	$ 7.80	NA
86255	26		FLUORESCENT ANTIBODY; SCREEN	$ 5.00	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
86256			FLUORESCENT ANTIBODY; TITER	$ 12.50	NA
86256	26		FLUORESCENT ANTIBODY; TITER	$ 5.00	NA
86277			GROWTH HORMONE,HUMAN,ANTIBODY	$ 16.00	NA
86280			HEMAGGLUTINATION INHIBITION	$ 5.40	NA
86294			IMMUNOASSAY FOR TUMOR ANTIGEN QUAL	$ 12.00	NA
86294	QW		IMMUNOASSAY TUMOR ANTIGEN QUAL	$ 12.00	NA
86300			IMMUNOASSAY FOR TUMOR ANTIGEN QUAN	$ 23.00	NA
86301			CA19-9	$ 23.00	NA
86304			CA125	$ 23.00	NA
86305			HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	$ 23.58	NA
86308			HETEROPHILE ANTIBODIES; SCREENING	$ 3.00	NA
86308	QW		HETEROPHILE ANTIBODIES;SCREENING	$ 3.00	NA
86309			HETEROPHILE ANTIBODIES; TITER	$ 5.00	NA
86310			HETEROPHILE ANTIBODIES	$ 4.50	NA
86316			IMMUNOASSAY FOR TUMOR ANTIGEN	$ 28.00	NA
86317			IMMUNOASSAY/INFECTIOUS AGENT..QUANT.	$ 8.00	NA
86318			IMMUNOASSAY TO INF. AGENT ANTI.QUAL.	$ 7.00	NA
86318	QW		IMMUNOASSAY TO INFECTIOUS AGENT,QUAL	$ 7.00	NA
86320	26		SERUM IMMUNOELECTROPHORESIS	$ 5.00	NA
86320			SERUM IMMUNOELECTROPHORESIS	$ 10.50	NA
86325	26		OTHER IMMUNOELECTROPHORESIS	$ 5.00	NA
86325			OTHER IMMUNOELECTROPHORESIS	$ 25.00	NA
86327	26		IMMUNOELECTROPHORESIS; CROSSED	$ 5.00	NA
86327			IMMUNOELECTROPHORESIS; CROSSED	$ 25.00	NA
86329			IMMUNODIFFUSION, EACH	$ 19.00	NA
86331			IMMUNODIFFUSION OUCHTERLONY	$ 4.50	NA
86332			IMMUNE COMPLEX ASSAY	$ 33.00	NA
86334	26		IMMUNOFIXATION ELECTROPHORESIS	$ 5.00	NA
86334			IMMUNOFIXATION ELECTROPHORESIS	$ 30.00	NA
86335			IMMUNO ELECT;OTHER FL,W CONCENTRATIO	$ 31.95	NA
86335	26		IMMUNOFIXATION ELECTROPHORESIS	$ 16.00	NA
86336			INHIBIN A	$ 17.50	NA
86337			INSULIN ANTIBODIES	$ 13.71	NA
86340			INTRINSIC FACTOR ANTIBODIES	$ 20.00	NA
86341			ISLET CELL ANTIBODY	$ 25.00	NA
86343			LEUKOCYTE HISTAMINE RELEASE	$ 6.00	NA
86344			LEUKOCYTE PHAGOCYTOSIS	$ 10.86	NA
86352			CELLULAR FUNCTION ASSAY INVOLVING STIMULATION (EG, MITOGEN OR ANTIGEN) AND	$ 153.94	NA
86353			LYMPHOCYTE TRANSFORMATION	$ 32.00	NA
86355			B CELLS, TOTAL COUNT	$ 41.07	NA
86356			MONONUCLEAR CELL ANTIGEN, QUANTITATIVE (EG, FLOW CYTOMETRY), NOT OTHERWISE	$ 29.15	NA
86357			NATURAL KILLER (NK) CELLS, TOTAL COUNT	$ 41.07	NA
86359			T CELLS;TOTAL COUNT	$ 40.00	NA
86360			T CELLS;T4&T8, INCLUDING RATIO	$ 55.00	NA
86361			T CELLS;ABSOLUTE CD4 COUNT	$ 29.93	NA

MEDICAID FEE FOR SERVICES: UPDATE NOVEMBER 1, 2015

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
86367			STEM CELLS (IE, CD34), TOTAL COUNT	$ 41.07	NA
86376			MICROSOMAL ANTIBODY (THYROID)	$ 6.60	NA
86378			MIGRATION INHIBITORY FACTOR	$ 26.00	NA
86382			NEUTRALIZATION TEST, VIRAL	$ 20.00	NA
86384			NITROBLUE TETRAZOLIUM DYE	$ 10.86	NA
86386			NUCLEAR MATRIX PROTEIN 22 (NMP22), QUALITATIVE	$ 4.68	NA
86403			PARTICLE AGGL. RAPID TEST FOR INFECT	$ 8.00	NA
86406			TITER/EACH ANTIBODY	$ 6.60	NA
86430			RHEUMATOID FACTOR; QUAL.	$ 1.80	NA
86431			RHEUMATOID FACTOR; QUANTITATIVE	$ 4.50	NA
86480			TUBERCULOSIS TEST, CELL MEDIATED IMMUNITY MEASUREMENT OF GAMMA INTERFERON	$ 67.48	NA
86481			TUBERCULOSIS TEST, CELL MEDIATED IMMUNITY ANTIGEN RESPONSE MEASUREMENT;	$ 81.57	NA
86485			SKIN TEST; CANDIDA	$ 4.00	NA
86486			SKIN TEST; UNLISTED ANTIGEN, EACH	$ 4.54	NA
86490			COCCIDIOIDOMYCOSIS SKIN TEST	$ 4.00	NA
86510			HISTOPLASMOSIS SKIN TEST	$ 4.00	NA
86580			TB PATCH OR INTRADERMAL TEST	$ 4.00	NA
86580	HU		TB PATCH OR INTRADERMAL TEST	$ 4.00	NA
86580	U9		TB PATCH OR INTRADERMAL TEST	Contract Pricing	NA
86590			STREPTOKINASE, ANTIBODY	$ 8.00	NA
86592	FP		SYPHILIS TEST(S) ,QUALITATIVE	$ 1.50	NA
86592			SYPHILIS TEST(S),QUALITATIVE	$ 1.50	NA
86592	UD		SYPHILIS TEST(S),QUALITATIVE	$ 1.50	NA
86593			SYPHILIS TEST, QUANTITATIVE	$ 3.00	NA
86602			ANTIBODY; ACTINOMYCES	$ 10.00	NA
86603			ANTIBODY; ADENOVIRUS	$ 10.00	NA
86606			ANTIBODY; ASPIRGILLUS	$ 10.00	NA
86609			ANTIBODY;BACTERIUM,NOT ELSEWHERE	$ 10.00	NA
86611			BARTONELLA	$ 11.20	NA
86612			ANTIBODY; BLASTOMYCES	$ 10.00	NA
86615			ANTIBODY; BORDETELLA	$ 10.00	NA
86617			LYME CONFIRM-WESTER/IMMUNBLOT	$ 19.00	NA
86618	QW		ANTIBODY;BORELLIA BUFGDORFERI(LYME)	$ 23.00	NA
86618			ANTIBODY;BORELLIA BUFGDORFERI(LYME)	$ 23.00	NA
86619			ANTIBODY;BORRELIA (RELAPSING FEVER)	$ 10.00	NA
86622			ANTIBODY; BRUCELLA	$ 8.00	NA
86625			ANTIBODY; CAMPYLOBACTER	$ 10.00	NA
86628			ANTIBODY; CANDIDA	$ 10.00	NA
86631			ANTIBODY;CHLAMYDIA	$ 10.00	NA
86632			ANTIBODY, CHLAMYDIA, 1GM	$ 15.00	NA
86635			ANTIBODY;COCCIDOIDES	$ 10.00	NA
86638			ANTIBODY; COXIELLA BRUNETII Q FEVER	$ 12.50	NA
86641			ANTIBODY;CRYPTOCCUS	$ 12.50	NA
86644			ANTIBODY;CYTOMEGALOVIRUS (CMV)	$ 12.00	NA
86645			ANTIBODY; (CMV) IGM	$ 12.00	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
86648			ANTIBODY;DIPTHERIA	$ 18.00	NA
86651			ANTIBODY;ENCEPHALITIS,CAL.LACROSSE	$ 12.00	NA
86652			ANTIBODY;ENCEPHALITIS, EAST. EQUINE	$ 12.00	NA
86653			ANTIBODY;ENCEPHALITIS,ST. LOUIS	$ 12.00	NA
86654			ANTIBODY;ENCEPHALITIS,WEST.EGVINE	$ 12.00	NA
86658			ANTIBODY;ENTEROVIRUS (EG,COXSACKIE)	$ 12.00	NA
86663			ANTIBODY; EB VIRUS, EA	$ 12.00	NA
86664			ANTIBODY;EB VIRUS, EBNA	$ 16.70	NA
86665			ANTIBODY; EB VIRUS, VCA	$ 19.80	NA
86666			EHRLICHIA	$ 11.20	NA
86668			ANTIBODY;FRANCISELLA TULARENSIS	$ 12.00	NA
86671			ANTIBODY;FUNGUS,NOT ELSEWHERE SPECIF	$ 15.00	NA
86674			ANTIBODY; GIARDIA LAMBLIA	$ 20.00	NA
86677			ANTIBODY;HELICOBACTER PYLORI	$ 12.00	NA
86682			ANTIBODY;HELMINTH,NOT ELSEWHERE	$ 12.00	NA
86684			ANTIBODY;HEMOPHILUS INFLUENZA	$ 15.00	NA
86687			HTLV I ANTI DET IMMUNOASSAY	$ 9.23	NA
86688			ANTIBODY; HTLV-II	$ 13.00	NA
86689			HTLV I ANTI DECT CONFIRM TEST	$ 21.20	NA
86692			ANTIBODY;HEPATITIS,DELTA AGENT	$ 20.00	NA
86694			ANTIBODY;HERPES SIMPLEX,NON-SPECIFIC	$ 12.80	NA
86695	FP		ANTIBODY;HERPES SIMPLEX TYPE I	$ 12.80	NA
86695			ANTIBODY;HERPES SIMPLEX,TYPE I	$ 12.80	NA
86696	FP		HERPES SIMPLEX TYPE 2	$ 21.40	NA
86696			HERPES SIMPLEX TYPE2	$ 21.40	NA
86698			ANTIBODY;HISTOPLASMA	$ 15.00	NA
86701	FP		ANTIBODY: HIV - 1	$ 12.00	NA
86701	UD		ANTIBODY: HIV 1	$ 12.00	NA
86701	QW		ANTIBODY; HIV-1	$ 12.00	NA
86701			ANTIBODY; HIV-1	$ 12.00	NA
86702			ANTIBODY: HIV 2	$ 13.00	NA
86703			ANTIBODY; HIV-1&2, SINGLE ASSAY	$ 18.00	NA
86703	FP		ANTIBODY; HIV-1&2, SINGLE ASSAY	$ 18.00	NA
86703	FP	QW	ANTIBODY; HIV-1&2, SINGLE ASSAY	$ 18.00	NA
86703	QW		ANTIBODY; HIV-1&2, SINGLE ASSAY	$ 18.00	NA
86703	UD		ANTIBODY; HIV-1&2, SINGLE ASSAY	$ 18.00	NA
86704			HEPATITIS(HBCAB);IGGANDIGM	$ 15.00	NA
86705			HEPATITIS BCORE ANTI IGM ANTIBODY	$ 12.60	NA
86706			HEPATIITS B SURFACE ANTIBODY(HBSAB)	$ 12.00	NA
86707			HEPATITIS BE ANTIBODY (HBEAB)	$ 12.00	NA
86708			HEPATITIS A ANTIBODY(HAAB);IGG-IGM	$ 12.00	NA
86709			HEPATITIS A IGM ANTIBODY	$ 12.60	NA
86710			ANTIBODY; INFLUENZA VIRUS	$ 12.00	NA
86711			ANALYSIS FOR ANTIBODY TO JOHN CUNNINGHAM VIRUS	$ 15.66	NA
86713			ANTIBODY; LEGIONELLA	$ 20.00	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
86717			ANTIBODY;LEISHMANIA	$ 16.00	NA
86720			ANTIBODY;LEPTOSPIRA	$ 15.00	NA
86723			ANTIBODY;LISTERIA MONOCYTOGENE	$ 15.00	NA
86727			ANTIBODY;LYMPHOCYTIC CHORIOMENGITI	$ 15.00	NA
86729			ANTIBODY;LYMPHOGRANULOMA VENEREUM	$ 12.00	NA
86732			ANTIBODY; MUCORMYCOSIS	$ 15.00	NA
86735			ANTIBODY; MUMPS	$ 15.00	NA
86738			ANTIBODY; MYCOPLASMA	$ 12.00	NA
86741			ANTIBODY;NEISSERIA MENINGITIDIS	$ 12.00	NA
86744			ANTIBODY;NOCARDIA	$ 12.00	NA
86747			ANTIBODY; PARVOVIRUS	$ 12.00	NA
86750			ANTIBODY;PLASMODIM (MALARIA)	$ 12.00	NA
86753			ANTIBODY;PROTOZOA,NOT ELSEWHERE SPEC	$ 12.00	NA
86756			ANTIBODY;RESPIRATORY SYNCYTIAL VIRUS	$ 12.00	NA
86757			RICKETTSIA	$ 21.40	NA
86759			ANTIBODY;ROTAVIRUS	$ 12.00	NA
86762			ANTIBODY;RUBELLA	$ 12.00	NA
86762	FP		ANTIBODY;RUBELLA	$ 12.00	NA
86762	UD		ANTIBODY;RUBELLA	$ 12.00	NA
86765			ANTIBODY;RUBEOLA	$ 10.00	NA
86768			ANTIBODY;SALMONELLA	$ 12.00	NA
86771			ANTIBODY;SHIGELLA	$ 12.00	NA
86774			ANTIBODY;TETANUS	$ 5.40	NA
86777			ANTIBODY; TOXOPLASMA	$ 12.00	NA
86778			ANTIBODY; TOXOPLASMA, IGM	$ 15.00	NA
86780			ANTIBODY; TREPONEMA PALLIDUM	$ 15.00	NA
86784			ANTIBODY;TRICHINELLA	$ 8.00	NA
86787			ANTIBODY;VARICELLA-ZOSTER	$ 12.60	NA
86788			WEST NILE VIRUS AB, IGM	$ 18.34	NA
86789			WEST NILE VIRUS ANTIBODY	$ 15.66	NA
86790			ANTIBODY;VIRUS,NOT ELSEWHERE SPECIF.	$ 17.00	NA
86793			ANTIBODY; YERSINIA	$ 8.00	NA
86800			THYROGLOBULIN ANTIBODY, RIA	$ 13.00	NA
86803			HEPATITIS C ANTIBODY	$ 19.00	NA
86804			HEPATITIS C ANTI CONFIRM IMMUNOBLOT	$ 20.00	NA
86805			LYMPHOCYTOTIXICITY ASSAY CROSSMATCH	$ 22.00	NA
86806			LYMPHOCYTOTOXICITY ASSAY C TITRATION	$ 22.00	NA
86807			SERUM SCR CYTOTOXIC % REACTIVE PRA	$ 43.09	NA
86808			QUICK METHOD CYTOTOXIC % ANTI-PRA	$ 39.00	NA
86809			HEP A ANTI (HAAB) IGM ANTI	$ 12.60	NA
86812			TISSUE TYPING;	$ 12.60	NA
86813			TISSUE TYPING;	$ 19.00	NA
86816			TISSUE TYPING;	$ 19.00	NA
86817			TISSUE TYPING;	$ 19.00	NA
86821			TISSUE TYPING;	$ 68.00	NA

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PRACTITIONER				*SPECIALIST*	*NON-SPECIALIST*
DME/P&O				*PURCHASE*	*RENTAL*
86822			TISSUE TYPING;	$ 39.80	NA
86825			HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH, NON-CYTOTOXIC (EG, USING FLOW	$ 91.01	NA
86826			HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH, NON-CYTOTOXIC (EG, USING FLOW	$ 30.34	NA
86828			ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) FOR THE PRESENCE OR	$ 43.09	NA
86829			ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) FOR THE PRESENCE OR	$ 32.31	NA
86830			ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) WITH ANTIBODY	$ 83.89	NA
86831			ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) WITH ANTIBODY	$ 71.90	NA
86832			ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) WITH HIGH DEFINITION	$ 131.82	NA
86833			ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) WITH HIGH DEFINITION	$ 119.83	NA
86834			ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA), HLA CLASS I	$ 371.48	NA
86835			ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) WITH SOLID PHASE	$ 335.53	NA
86849			UNLISTED IMMUNOLOGY PROCEDURE	BR	NA
86850			ANTIBODY SCREEN,RBC,EACH SERUM TECHN	$ 4.20	NA
86850	UD		ANTIBODY SCREEN,RBC,EACH SERUM TECHN	$ 4.20	NA
86860			ANTIBODY ELUTION (RBC),EACH ELUTION	$ 4.20	NA
86870			ANTIBODY IDENT.RBC ANT. EACH PANEL	$ 9.00	NA
86880			ANITHUMAN GLOBULIN TEST;DIRECT,EACH	$ 5.00	NA
86885			COOMBS TEST;IND.QUAL.EACH ANTISERVM	$ 6.80	NA
86886			ANTIHUMAN GLOBULIN TEST I DIRECT,EA	$ 5.00	NA
86890			AUTOLOGOUS BLOOD OR COMPONENT,COLLEC	$ 75.00	NA
86891			AUTOLOGOUS BLOOD;INTRA OR POST SALV.	$ 75.00	NA
86900			BLOOD TYPING; ABO	$ 2.00	NA
86900	UD		BLOOD TYPING; ABO	$ 2.00	NA
86901			BLOOD TYPING; RH (D)	$ 2.00	NA
86901	UD		BLOOD TYPING; RH (D)	$ 2.00	NA
86902			BLOOD TYPING; ANTIGEN TESTING OF DONOR BLOOD USING REAGENT SERUM, EACH ANTIGEN	$ 4.16	NA
86904			BLOOD TYPING;ANT.SCR.COMP.UNIT USING	$ 11.70	NA
86905			BLOOD TYPING;RBC ANT.OTHER THAN ABO	$ 3.00	NA
86906			BLOOD TYPING;RH PHENOTYPING,COMPLETE	$ 2.00	NA
86910			BLOOD TYPING;PAT.TEST.ABO,RH&MN EACH	$ 12.60	NA
86911			BLOOD TYPING PATERNITY (EACH ADDIT.)	$ 5.00	NA
86920			COMP.TEST EACH;IMM.SPIN TECHNIQUE	$ 12.00	NA
86921			COMP.TEST EACH;INCUATION TECHNIQUE	$ 12.00	NA
86922			COMP.TEST EACH;ANTIGLOBULIN TECHN.	$ 12.00	NA
86923			COMPATIBILITY TEST EACH UNIT; ELECTRONIC	$ 12.00	NA
86940			HEMOLYSINS & AGGLITININS,AUTO SCREEN	$ 9.50	NA
86941			HEM.&AGL.AUTO,SCREEN,EACH;INCUBATED	$ 12.50	NA
86945			IRRADIATION BLOOD PRODUCT, EACH UNIT	$ 8.00	NA
86950			LEUKOCYTE TRANSFUSION	$ 32.00	NA
86960			VOLUME REDUCTION OF BLOOD OR BLOOD PRODUCT (EG, RED BLOOD CELLS OR PLATELETS),	$ 25.00	NA
86965			POOLING PLATELETS OR OTHER BLOOD PRO	$ 25.00	NA
86970			PRET. RBC'S USE RBC ANT. DET. INC	$ 15.00	NA
86971			PRET.RBC'S USE RBC INC.ENZYMES,EACH	$ 15.00	NA
86972			PRET.RBC'S USE RBC DENSITY GRAD.SEP.	$ 15.00	NA
86975			PRET.SERUM USE RBC,INC.DRUGS,EACH	$ 25.00	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
86976			PRET.SERUM USE RBC;BY DILUTION	$ 25.00	NA
86977			PRET.SERUM USE RBC;INC.WITH INHIBIT	$ 25.00	NA
86978			PRET.SERUM USE RBC;DIF.RED CELL ABS.	$ 35.00	NA
86985			SPLITTING BLOOD OR PRODUCTS,EACH UN.	$ 25.00	NA
86999			UNLISTED TRANSF. PROCEDURE	BR	NA
87003			SMALL ANIMAL INOCULATION	$ 15.00	NA
87015			SPECIMEN CONCENTRATION	$ 5.10	NA
87040			BLOOD CULTURE FOR BACTERIA	$ 9.00	NA
87045			STOOL CULTURE FOR BACTERIA	$ 9.00	NA
87046			STOOL ADD.PATH ISOLATION AND PREEACH	$ 3.00	NA
87070			CULTURE SPECIMEN, BACTERIA	$ 9.00	NA
87071			QUANTITATIVE,AEROBIC ISOLATES ANY SO	$ 6.00	NA
87073			QUANT,ANEROBIC W/ISOL ANY SOURCE	$ 6.00	NA
87075			CULTURE SPECIMEN, BACTERIA	$ 9.00	NA
87076			BACTERIA IDENTIFICATION	$ 6.00	NA
87077			AEROBIC IAOLATE ADD METHODS EA ISOLA	$ 9.00	NA
87077	QW		AEROBIC ISOLATE CULTURE EACH ISOLATE	$ 9.00	NA
87081			BACTERIA CULTURE SCREEN	$ 9.00	NA
87084			PRESUM PATHOG CUL SCR;W/COLONY ESTIM	$ 3.00	NA
87084	U9		PRESUM PATHOG CUL SCR;W/COLONY ESTIM	Contract Pricing	NA
87086	FP		URINE CULTURE, COLONY COUNT	$ 6.00	NA
87086			URINE CULTURE,COLONY COUNT	$ 6.00	NA
87088			URINE BACTERIA CULTURE	$ 2.70	NA
87101			SKIN FUNGUS CULTURE	$ 8.00	NA
87102			FUNGUS ISOLATION CULTURE	$ 8.00	NA
87103			CULTURE,FUNGI,ISOLATION BLOOD	$ 8.00	NA
87106			FUNGUS IDENTIFICATION	$ 8.00	NA
87107			CULTURE MOLD	$ 11.42	NA
87109			MYCOPLASMA CULTURE	$ 14.00	NA
87110			CULTURE,CHLAMYDIA	$ 15.00	NA
87116			MYCOBACTERIA CULTURE	$ 6.00	NA
87118			MYCOBACTERIA IDENTIFICATION	$ 12.00	NA
87140			CULTURE TYPING, FLUORESCENT	$ 3.00	NA
87143			CULTURE TYPING, GLC METHOD	$ 3.00	NA
87147			CULTURE TYPING, SEROLOGIC	$ 3.00	NA
87149			CULTURE ID BY NUCLEIC ACID PROBE	$ 22.00	NA
87150			CULTURE, TYPING; IDENTIFICATION BY NUCLEIC ACID (DNA OR RNA) PROBE, AMPLIFIED	$ 39.77	NA
87152			IDENTIFICATION BY PULSE FIELD GEL TY	$ 5.79	NA
87153			CULTURE, TYPING; IDENTIFICATION BY NUCLEIC ACID SEQUENCING METHOD, EACH ISOLATE	$ 130.71	NA
87158			CULTURE TYPING, ADDED METHOD	$ 3.00	NA
87164			DARK FIELD EXAMINATION	$ 6.00	NA
87164	26		DARK FIELD EXAMINATION	$ 3.00	NA
87166			DARK FIELD EXAMINATION	$ 6.00	NA
87168			MACROSOPIC EXAM ARTHROPOD	$ 4.72	NA
87169			MACROSOPIC EXAM;PARASITE	$ 4.72	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
87172			PINWORM EXAM(EGCELLOPHANE TAPE PREP	$ 4.72	NA
87176			ENDOTOXIN, BACTERIAL	$ 6.40	NA
87177			OVA AND PARASITES SMEARS	$ 5.10	NA
87181			ANTIBIOTIC SENSITIVITY, EACH	$ 5.80	NA
87184	FP		ANTIBIOTIC SENSITIVITY, EACH	$ 9.00	NA
87184			ANTIBIOTIC SENSITVITY,EACH	$ 9.00	NA
87185			ENZYME MICROBE SUSCEPTIBLE	$ 5.25	NA
87186			ANTIBIOTIC SENSITIVITY, MIC	$ 11.00	NA
87187			SENSITIVITY STUDIES,ANTIBIOTIC; MCB	$ 13.00	NA
87188			ANTIBIOTIC SENSITIVITY, EACH	$ 6.00	NA
87190			TB ANTIBIOTIC SENSITIVITY	$ 0.60	NA
87197			SERUM BACTERICIDAL TITER	$ 15.00	NA
87205			SMEAR, STAIN & INTERPRET, ROUTINE	$ 4.20	NA
87205	SA		SMEAR, STAIN & INTERPRET, ROUTINE	$ 4.00	NA
87206			SMEAR, STAIN & INTERPRET	$ 4.20	NA
87207			SMEAR, STAIN & INTERPRET, SPECIAL	$ 3.00	NA
87209			SMEAR, PRIMARY SOURCE WITH INTERPRETATION; COMPLEX SPECIAL STAIN (EG,	$ 19.57	NA
87210			SMEAR STAIN & INTERPRET WET MOUNT INT	$ 2.40	NA
87210	QW		SMEAR, STAIN & INTERPRET, WET MOUNT	$ 2.40	NA
87220			TISSUE EXAMINATION FOR FUNGI	$ 2.40	NA
87220	SA		TISSUE EXAMINATION FOR FUNGI	$ 2.28	NA
87230			TOXIN/ANTITOXIN ASSAY,TISSUE CULTURE	$ 21.50	NA
87250			VIRUS INOCULATION FOR TEST	$ 25.50	NA
87252			VIRUS ID;TISSUE CULT.INOCULATION/OBS	$ 29.50	NA
87253			VIRUS ID;TISS CULT,ADD STDY,@ ISOLAT	$ 6.00	NA
87254			VIRUS ISOLATION;SHELL VIAL EACH V	$ 5.41	NA
87255			VIRUS ISOLATION;ID-NON IMMUNO METHOD	$ 30.00	NA
87260			INFECTIOUS AGENT ANTIGEN ADENOVIRUS	$ 10.00	NA
87265			BORDETELLA PERTUSIS-PARAPERTUSSIS	$ 10.00	NA
87267			INFET;AG,ANTIGEN;ENTEROVIRUS, DFA	$ 10.00	NA
87269			GIARDIA/INF. AG ANTIGEN IMMUNO TECH	$ 10.00	NA
87270	FP		CHAMYDIA TRACHOMATIS	$ 10.00	NA
87270			CHLAMYDIA TRACHOMATIS	$ 10.00	NA
87271			INFECT AG;ANTIGEN CYTO;DIRECT (DFA)	$ 10.00	NA
87272			CRYTOSPORIDUM GIARDIA	$ 12.00	NA
87273			HERPES SIMPLEX 2 AG,	$ 12.18	NA
87274			HERPES SIMPLEX VIRUS	$ 12.80	NA
87274	FP		HERPES SIMPLEX VIRUS	$ 12.80	NA
87275			INFLUENZA B VIRUS	$ 12.18	NA
87276			INFLUENZA A VIRUS	$ 12.00	NA
87277			LEGIONELLA MICDADEI	$ 12.18	NA
87278			LEGIONELLA PNEUMOPHILA	$ 15.00	NA
87279			PARAINFLUENZA,AG,IF	$ 12.18	NA
87280			RESPIRATORY SYNCYTIAL VIRUS	$ 12.00	NA
87281			PNEUMOCYSTIS CARINI	$ 12.18	NA

MEDICAID FEE FOR SERVICES: UPDATE NOVEMBER 1, 2015

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CPT/ HCPCS/ CDT	***MOD 1***	***MOD 2***	***SHORT - DESCRIPTION***	***MAXIMUM FEE ALLOWANCE***	***MAXIMUM FEE ALLOWANCE***
PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
87283			RUBEOLA	$ 12.18	NA
87285			TREPONEMA PALLIDUM	$ 12.00	NA
87290			VARICELLA ZOSTER VIRUS	$ 12.60	NA
87299			INFECT. AGENT ANTI FLUORESENT ANTI T	$ 12.00	NA
87300			AG DETECTION POLYVAL EACH	$ 6.00	NA
87301			IFET ANTIGEN ADENOVIRUS ENTERIC TYPE	$ 12.00	NA
87305			ASPERGILLUS AG, EIA	$ 11.98	NA
87320			CHLAMYDIA TRACHOMATIS	$ 12.50	NA
87320	FP		INFECTIOUS AGENT ANTI CHLAMYDIA TRAC	$ 12.50	NA
87324			CLOSTRIDIUM DIFFICILE TOXIN A	$ 12.50	NA
87327			CRPTOCOCCUS NEOFORMANS	$ 12.18	NA
87328			CRYTOSPORIDUM -GIARDIA	$ 12.50	NA
87329			GIARDIA/INFECT AG ANTIGEN ENZYME TC	$ 12.00	NA
87332			IFECT AGENT CYTOMEGALOVIRUS	$ 12.00	NA
87335			INFECT AGENT ESCHERICHA COLI	$ 12.00	NA
87336			ENTAMOEBA HISTOLYTICA DISPAR GROUP	$ 12.18	NA
87337			ENTAMOEBA HISTOLYTICA GROUP	$ 12.18	NA
87338			IFECT AGENT ANTIGEN QUL HELICOBACTER	$ 9.00	NA
87339			HELICOBACTER PYLORI	$ 12.18	NA
87339	QW		HELICOBACTER PYLORI	$ 12.18	NA
87340			IFET AGENT HEP B SURF ANTIGEN(HBSAG)	$ 14.00	NA
87340	UD		IFET AGENT HEP B SURF ANTIGEN(HBSAG)	$ 14.00	NA
87341			HEPATITISB SURFACE ANTIGEN HBSAG EIA	$ 11.42	NA
87350			HEPATITIS. BE ANTIGEN (HBEAG)	$ 14.00	NA
87380			INFECT AGENT ANTIGEN HEP DELTA AGENT	$ 20.00	NA
87385			HISTOPLASMA CAPSULATUM	$ 15.00	NA
87389			INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	$ 26.22	NA
87390			INFECT AGENT HIV-1	$ 15.00	NA
87391			HIV-2	$ 15.00	NA
87400			INFLUENZA A/B,AG,EIA EACH	$ 6.00	NA
87420			RESPIRATORY SYNCYTIAL VIRUS	$ 12.00	NA
87425			INFECTIOUS ANTIGEN ROTAVIRUS	$ 12.00	NA
87427			SHIGA-LIKE TOXIN AG,EIA	$ 12.18	NA
87430			STREPTOCOCCUS A	$ 12.00	NA
87449			INF.AGENT ANTINOTOTHERWISE SPECIFIED	$ 12.00	NA
87449	QW		NOT SPECIFIED	$ 12.00	NA
87450			INFECT AGENT ANTIGEN SINGLE OTHER SP	$ 10.00	NA
87451			AG DETECT POLYVAL,EIA,MULT	$ 10.60	NA
87470			INFECT AGENT DNA/RNA DIRECT PROBE	$ 20.00	NA
87471			DNA OR RNA NUCLEIC BARTONELLA AMPLF.	$ 30.00	NA
87472			BARTONELLA QUINTANA QUANT.	$ 20.00	NA
87475			BORRELIA BURGDORFERI NUCLEIC ACID P	$ 25.00	NA
87476			BORRELIA BURGORFERI-AMPL PROBE TECH.	$ 38.00	NA
87477			BORELIA-BURGDORFERI DNA QUAT.	$ 20.00	NA
87480			INFECT-NUCLEIC-CANDIDA-DIRECT-PROBE	$ 25.00	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
87481			INFECT-CANDIDA AMPL PROBE	$ 38.00	NA
87482			INFECT AG-NUCLEIC CANDIDA QUANT.	$ 20.00	NA
87485			CHLAMYDIA PNEUMONIAE	$ 25.00	NA
87486			INFECT-AG-NUCLEIC-CHLAMYDIA PN AMPL	$ 38.00	NA
87487			INFECT-AG-NUCLEIC-CHLAMYDIA PNEUMONI	$ 20.00	NA
87490			INFECT-AG-NUCLEIC-CHLAMYDIA TRACH	$ 20.00	NA
87490	FP		INFECT-AG-NUCLEIC-CHLAMYDIA TRACH	$ 20.00	NA
87491			CHLAMYDIA TRACHOMATIS AMPL.PR. TECH.	$ 38.00	NA
87491	FP		CHLAMYDIA TRACHOMATIS AMPL.PR. TECH.	$ 38.00	NA
87492			CHLMYDIA TRACHOMATIS QUANT.	$ 20.00	NA
87493			INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CLOSTRIDIUM DIFFICILE,	$ 39.77	NA
87495			CYTOMEGALOVIRUS DIRECT PROBE	$ 25.00	NA
87496			CYTOMEGALOVIRUS AMPLIFIED PROBE	$ 38.00	NA
87497			CYTOMEGALOVIRUS QUANT.	$ 20.00	NA
87498			ENTEROVIRUS, DNA, AMP PROBE	$ 38.21	NA
87500			INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); VANCOMYCIN RESISTANCE	$ 38.21	NA
87501			INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); INFLUENZA VIRUS,	$ 55.86	NA
87502			INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); INFLUENZA VIRUS, FOR	$ 92.64	NA
87503			INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); INFLUENZA VIRUS, FOR	$ 22.61	NA
87505			Nfct agent detection gi	$ 12.82	NA
87506			Iadna-dna/rna probe tq 6-11	$ 11.70	NA
87507			Iadna-dna/rna probe tq 12-25	$ 12.60	NA
87510			GARDNERELLA VAGINALIS QUANT	$ 25.00	NA
87511			GARDNERELLA VAG AMPL PROBE	$ 38.00	NA
87512			GARDNERELLA VAGINALIS QUANT.	$ 20.00	NA
87515			INFECT AG DECT DNA HEP B VIRUS DIR P	$ 25.00	NA
87516			INFECT AG DECT-DNA-HEP-B-VIRUS AMPL.	$ 38.00	NA
87517			INFECT AG DECT DNA HEPB-VIRUS QUANT.	$ 20.00	NA
87520			INFECT AG DECT-DNA-HEP-C-DIRECT PROB	$ 25.00	NA
87521			INFECT AG DECT DNA HEP C AMPL PROBE	$ 38.00	NA
87522			INFECT AG DECT DNA HEP-C-QUANT	$ 20.00	NA
87525			INF AG DECT DNA HEP G DIR PROBE	$ 25.00	NA
87526			INFECT AG DECT HEP G DIRECTAMPROBE	$ 38.00	NA
87527			INFECT AG DECT HEP G QUANTIFICATION	$ 20.00	NA
87528			INFECT AG D-DNA-HERPES SIM-VIR PROBE	$ 25.00	NA
87529			INFECT AG D-DNA-HERPES SIMP VIRUS	$ 38.00	NA
87530			INFECT AG D-DNA-HERPES SIMP VIRUS	$ 20.00	NA
87531			INFECT-AG-D-DNA-HERPES-V-B-DIRECT PR	$ 25.00	NA
87532			INFECT AG DECT DNA HERPES SIMPLEX	$ 38.00	NA
87533			INFECT AG D DNA HERPES V-6 QUATIFIC	$ 20.00	NA
87534			INFECT-AG-DNA;HIV-1-DIR PROBE	$ 25.00	NA
87535			INFECT AG-D-DNA-AMPL-PROBE HIV-1	$ 38.00	NA
87536			HIV VIRAL LOAD TEST	$ 92.87	NA
87537			INFECT-AG-D-DNA;HIV-1 DIR PROBE	$ 25.00	NA
87538			INFECT AG-D-DNA;HIV-2 AMPL PROBE TEC	$ 38.00	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
87539			INFECT AG DET DNA HIV-2 QUANT	$ 20.00	NA
87540			INFECT AG D DNA LEGIONELLA-PNE DIR	$ 25.00	NA
87541			INFECT AG D DNA LEGIONELLA-AMPL PRO	$ 38.00	NA
87542			INFECT AG-D-DNA QUANT	$ 20.00	NA
87550			MYCOBACTERIA PROBE TECH DIRECT	$ 25.00	NA
87551			INFECT AG DNA MYCOBACTERIA AMPL PROB	$ 38.00	NA
87552			MYCOBACTERIA A-SP-QUANTIFICATION	$ 20.00	NA
87555			MYCOBACTERIA TUBERCULOSIS DIRECT PRO	$ 25.00	NA
87556			MYCOBACTERIA TUBERCULOSIS AMPL PROBE	$ 38.00	NA
87557			MYCOBACTERIA TUBERCULOSIS QUANT	$ 20.00	NA
87560			MYCOBACTERIA AVIUM-INTRA DIR PROBE	$ 25.00	NA
87561			MYCOBACTERIA AVIUM-INTRA-AMPLIFIED	$ 38.00	NA
87562			MYCOBACTERIA AVIUM-INTRA-QUANT	$ 20.00	NA
87580			MYCOPLASMA PNEUMONIAE DIRET	$ 25.00	NA
87581			MYCOPLASMA PNEUMONIAE AMPL	$ 38.00	NA
87582			MYCOPLASMA PNEUMONIAE QUANT	$ 20.00	NA
87590			NEISSERIA GONORRHOEAE DIRECT P	$ 25.00	NA
87590	FP		NEISSERIA GONORRHOEAE DIRECT P	$ 25.00	NA
87591			NEISSERIA GONORRHOEAE AMPL PROBE	$ 38.00	NA
87591	FP		NEISSERIA GONORRHOEAE AMPL PROBE	$ 38.00	NA
87592			NEISSERIA-GONORRHOEAE QUANT	$ 20.00	NA
87623			HPV LOW-RISK TYPES	$ 38.21	NA
87624			HPV HIGH-RISK TYPES	$ 38.21	NA
87625			HPV TYPES 16 & 18 ONLY	$ 38.21	NA
87631			DETECTION TEST FOR RESPIRATORY VIRUS, MULTIPLEX REVERSE TRANSCRIPTION AND	$ 139.66	NA
87632			DETECTION TEST FOR RESPIRATORY VIRUS, MULTIPLEX REVERSE TRANSCRIPTION AND	$ 232.36	NA
87633			DETECTION TEST FOR RESPIRATORY VIRUS, MULTIPLEX REVERSE TRANSCRIPTION AND	$ 453.74	NA
87640			STAPH A, DNA, AMP PROBE	$ 38.21	NA
87641			MR-STAPH, DNA, AMP PROBE	$ 38.21	NA
87650			STREPTOCOCCUS GROUP-A-DIR-PROBE	$ 25.00	NA
87651			STREPT GROUP A AMPL-TECH	$ 38.00	NA
87652			STREP A QUANT	$ 20.00	NA
87653			STREP B, DNA, AMP PROBE	$ 38.21	NA
87660			TRICHMONAS/VAG/DIRECT PROBE TECH	$ 25.00	NA
87661			Infectious agent detection by nucleic acid (dna or rna); trichomonas vaginalis, amplified probe technique	$ 38.21	NA
87797			INFECT-AG-DECT-DNA-NOT-OTHERWISE	$ 25.00	NA
87798			NOT-OTHERWISE-SP-AMPL-PROBE	$ 38.00	NA
87799			NOT-OTHERWISE-SP-QUANT	$ 20.00	NA
87800			DETECT AGNT MULT,DNA/RNA DIRECT PR	$ 25.00	NA
87800	U9		DETECT ANGT MULT,DNA/RNA DIRECT PR	Contract Pricing	NA
87801			DETECT AGNT MULT,DNA,AMPLIFIED PROBE	$ 38.00	NA
87802			INFECTIOUS AG ANTIGEN IMMUNO STREP B	$ 12.17	NA
87803			INFECTIOUS AGENT ANTIGEN CLOSTRIDIUM	$ 12.17	NA
87804	QW		INFECTIOUS AG ANTIGEN INFLUENZA	$ 12.17	NA
87804			INFECTIOUS AG ANTIGEN INFLUENZA	$ 12.17	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
87806			HIV ANTIGEN W/HIV ANTIBODIES	$ 26.22	NA
87807			INFECTIOUS AG ANTIGEN DET IMMUNO DI.	$ 11.98	NA
87807	QW		INFECTIOUS AG ANTIGEN RESPIRATORY SV	$ 11.98	NA
87808			TRICHOMONAS ASSAY W/OPTIC	$ 11.98	NA
87809			INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL	$ 11.98	NA
87810			INFECT BY IMMUN-DIR-OP-CHLAMYDIA	$ 12.00	NA
87850			NEISSERIA GONORRHOEAE	$ 12.00	NA
87880			STREP A	$ 12.00	NA
87880	QW		STREP-GROUP A	$ 12.00	NA
87880	QW	U9	STREP-GROUP A	Contract Pricing	NA
87899			NOT OTHERWISE SP	$ 12.00	NA
87899	QW		NOT-OTHERWISE-SP	$ 12.00	NA
87900			INFECTIOUS AGENT DRUG SUSCEPTIBILITY PHENOTYPE PREDICTION USING REGULARLY	$ 141.90	NA
87901			GENOTYPE	$ 287.75	NA
87902			INFECTIOUS AGENT GENOTYPE HEP C	$ 287.75	NA
87903			PHENOTYPE(FIRST TEN DRUGS TESTED	$ 546.18	NA
87904			PHENOTYPE EACH 1-5 DRUGS	$ 28.66	NA
87905			INFECTIOUS_AGENT_ENZYMATIC_ACTIVITY	$ 13.30	NA
87906			INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA); HIV-1, OTHER	$ 140.14	NA
87910			ANALYSIS TEST FOR CYTOMEGALOVIRUS	$ 280.28	NA
87912			ANALYSIS TEST FOR HEPATITIS B VIRUS	$ 280.28	NA
87999			UNLISTED MICROBIOLOGY PROCEDURE	BR	NA
88104	26		CYTOPATHOLOGY FLUIDS WASHINGS OR BRU	$ 7.00	NA
88104	TC		CYTOPATHOLOGY FLUIDS WASHINGS OR BRU	$ 5.00	NA
88104			CYTOPATHOLOGY FLUIDS WASHINGS OR BRU	$ 12.00	NA
88106	26		CYTOPATH FLUIDS WASH-BRUS FILT INTER	$ 7.00	NA
88106	TC		CYTOPATHOLOGY	$ 5.00	NA
88106			CYTOPATHOLOGY	$ 12.00	NA
88108	TC		CYTOPATHOLOGY, FLUIDS, WASHINGS OR B	$ 5.00	NA
88108			CYTOPATHOLOGY, FLUIDS, WASHINGS OR B	$ 12.00	NA
88108	26		CYTPPATH FL CONC TECH SMEAR INTERPRE	$ 7.00	NA
88112	26		CYTOPATH/LIQUID BASE SLIDE PREP EXCE	$ 7.00	NA
88112	TC		CYTOPATH/LIQUID BASE SLIDE PREP EXCE	$ 5.00	NA
88112			CYTOPATH/LIQUID BASE SLIDE PREP EXCE	$ 18.00	NA
88120			CYTOPATHOLOGY, IN SITU HYBRIDIZATION (EG, FISH), URINARY TRACT SPECIMEN WITH	$ 559.10	NA
88121			CYTOPATHOLOGY, IN SITU HYBRIDIZATION (EG, FISH), URINARY TRACT SPECIMEN WITH	$ 497.18	NA
88125			FORENSIC CYTOPATHOLOGY	$ 7.00	NA
88130	26		SEX CHROMATIN ID BARR BODIES	$ 7.00	NA
88130			SEX CHROMATIN IDENTIFICATION	$ 9.65	NA
88140	26		SEX CHROMATIN ID BL SMEAR DRUMSTICKS	$ 3.00	NA
88140			SEX CHROMATIN IDENTIFICATION	$ 4.20	NA
88141			CYTOPATH CER-VAG ANY REPORTING PROF	$ 6.00	NA
88141	FP		CYTOPATH CER-VAG ANY REPORTING PROF	$ 6.00	NA
88142			CYTOPATH AUTOMATED THIN PREP	$ 18.00	NA
88142	FP		CYTOPATH AUTOMATED THIN PREP	$ 18.00	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
88143			CYTOPATH/C/VAG T/LAYER C/RESCREENING	$ 18.00	NA
88143	FP		CYTOPATH/C/VAG T/LAYER C/RESCREENING	$ 18.00	NA
88147			CYTO/PATH C/VAG AUTOMATED/PHYS SUPER	$ 13.48	NA
88147	FP		CYTO/PATH C/VAG AUTOMATED/PHYS SUPER	$ 13.48	NA
88148			CYTO/PATH C/VAG AUTO RESC	$ 13.48	NA
88148	FP		CYTO/PATH C/VAG AUTO RESC	$ 13.48	NA
88150			CYTOPATHOLOGY, PAP SMEAR	$ 6.00	NA
88150	FP		CYTOPATHOLOGY, PAP SMEAR	$ 6.00	NA
88152			CYTOPATH W/MANUEL CYTO SCREEN	$ 6.00	NA
88152	FP		CYTOPATH W/MANUEL CYTO SCREEN	$ 6.00	NA
88153			CYTO/PATH C/VAG REDO	$ 6.00	NA
88153	FP		CYTO/PATH C/VAG REDO	$ 6.00	NA
88154			CYTOPATH C/VAG SELECT C/PHY SUPERVIS	$ 6.00	NA
88154	FP		CYTOPATH C/VAG SELECT C/PHY SUPERVIS	$ 6.00	NA
88155			CYTOPATH,(PAP);W/ DEF.HORMONAL EVAL	$ 6.00	NA
88160	26		CYTOPATHOLOGY	$ 5.00	NA
88160	TC		CYTOPATHOLOGY	$ 2.00	NA
88160			CYTOPATHOLOGY	$ 7.00	NA
88161	26		CYTOPATH ANY SOURCE PREP SC INTERPRE	$ 7.00	NA
88161	TC		CYTOPATH....;PREP,SCREEN,INTERP.	$ 5.00	NA
88161			CYTOPATH....;PREP,SCREEN,INTERP.	$ 12.00	NA
88162	26		CYTOPATH..;EXT.STUDY,+5 SLIDES,MULTI	$ 30.71	NA
88162	TC		CYTOPATH..;EXT.STUDY,+5 SLIDES,MULTI	$ 25.07	NA
88162			CYTOPATH..;EXT.STUDY,+5 SLIDES,MULTI	$ 55.78	NA
88164			CYTOPATH SLIDES C/VAG MANUAL BETHESD	$ 6.00	NA
88164	FP		CYTOPATH SLIDES C/VAG MANUAL BETHESD	$ 6.00	NA
88165			CYTOPATH TBS SYS C/VAG REDO	$ 6.00	NA
88165	FP		CYTOPATH TBS SYS C/VAG REDO	$ 6.00	NA
88166			CYTOPATH TBS SYS C/VAG AUTO	$ 6.00	NA
88166	FP		CYTOPATH TBS SYS C/VAG AUTO	$ 6.00	NA
88167			CYTOPATH TBS/SYS C/VAG SELECT	$ 6.00	NA
88167	FP		CYTOPATH TBS/SYS C/VAG SELECT	$ 6.00	NA
88172			IMMEDIATE EVAL/ASPIRATE,SPEC ADEQUAC	$ 40.00	NA
88173	26		FINE NEEDLE ASPIRATE..;INTERP/REPORT	$ 20.00	NA
88173	TC		FINE NEEDLE ASPIRATE..;INTERP/REPORT	$ 5.00	NA
88173			FINE NEEDLE ASPIRATE..;INTERP/REPORT	$ 25.00	NA
88174			CYTOPATH;ANY REP SYS AUTO THIN LAYER	$ 23.50	NA
88175	FP		CYTO W/SCR, BY AUTO, THIN LAYER PREP	$ 28.50	NA
88175			CYTOW/SER;BY,AUTO,THIN LAYER PHY SUP	$ 28.50	NA
88177			CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMMEDIATE CYTOHISTOLOGIC	$ 26.17	NA
88182	26		FLOW CYTOMETRY EACH CELL SURFACE MAR	$ 30.66	NA
88182	TC		FLOW CYTOMETRY EACH CELL SURFACE MAR	$ 55.64	NA
88182			FLOW CYTOMETRY EACH CELL SURFACE MAR	$ 86.30	NA
88184			FLOW CYTOMETRY, CELL SURFACE, CYTOPL	$ 70.50	NA
88185			FLOW CYTOMETRY, CELL SURFACE, CYTOPL	$ 41.90	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
88187			FLOW CYTOMETRY, INTERPRETATION; 2 TO	$ 54.53	NA
88188			FLOW CYTOMETRY, INTERPRETATION; 9 TO	$ 67.05	NA
88189			FLOW CYTOMETRY, INTERPRETATION; 16 O	$ 85.24	NA
88199			UNLISTED CYTOPATHOLOGY PROCEDURE	BR	NA
88230			TISSUE CULTURE/CHROMOSOME/ANALYSIS;L	$ 90.00	NA
88233			TISSUE CULTURE...;SKIN/OTHER TISSUE	$ 90.00	NA
88235			TISSUE CULTURE...;AMNIOTIC FLUID/CHO	$ 90.00	NA
88237			CHROMOSOME ANALYSIS-TISSUE CULTURE;	$ 90.00	NA
88239			TISSUE CULTURE...;OTHER TISSUE	$ 90.00	NA
88240			CRYO FREEZING /STORAGE OF CELLS EACH	$ 7.75	NA
88241			THAW AND EXPANSION FROZEN CELLS EACH	$ 7.75	NA
88245			CHROM ANAL/BREAKAGE SYND;25 CELLS...	$ 184.00	NA
88248			CHROM ANAL/BREAKAGE SYND;100 CELLS..	$ 230.00	NA
88249			CHROMOSOME ANALYSIS SCORE 100 CELLS	$ 230.00	NA
88262			CHROMOSOME COUNT: 1-20 CELLS	$ 136.03	NA
88263			CHROM ANAL;45 CELL-MOSAICISM,.....	$ 184.00	NA
88264			CHROMOSOME ANALYSIS;ANALYZE 20-25 C	$ 136.03	NA
88267			CHROMOSOME COUNT: AMNIOTIC	$ 230.00	NA
88271			CYTOGENETICS DNA PROBE FISH	$ 16.00	NA
88273			CYTOGENETICS 10-30	$ 35.00	NA
88274			CYTOGENETICS 25-99	$ 45.00	NA
88275			CYTOGENETICS 100-300	$ 43.72	NA
88280			CHROMOSOME COUNT: ADDITIONAL	$ 34.00	NA
88283			CHROM ANAL;ADD SPEC BANDING TECH.	$ 46.00	NA
88285			CHROMOSOME COUNT: ADDITIONAL	$ 21.23	NA
88289			CHROM ANAL;ADD HI RESOLUTION STUDY	$ 40.00	NA
88291			CYTO MOLECULAR REPORT	$ 21.05	NA
88299			UNLISTED CYTOGENETIC STUDY	BR	NA
88300	26		SURG PATH GROSS EXAM ONLY	$ 3.74	NA
88300	TC		SURG PATH GROSS EXAM ONLY	$ 9.18	NA
88300			SURG PATH GROSS EXAM ONLY	$ 12.90	NA
88300	UD		SURGICAL PATHOLOGY, GROSS	$ 18.53	NA
88300	UD	26	SURGICAL PATHOLOGY, GROSS	$ 3.41	NA
88302	26		SURGICAL PATHOLOGY, COMPLETE	$ 5.74	NA
88302	TC		SURGICAL PATHOLOGY, COMPLETE	$ 21.74	NA
88302			SURGICAL PATHOLOGY, COMPLETE	$ 27.47	NA
88304	26		SURG PATH GR MICRO,INDUCED ABORTION	$ 9.46	NA
88304	TC		SURG PATH GR MICRO,INDUCED ABORTION	$ 30.02	NA
88304			SURG PATH GR MICRO,INDUCED ABORTION	$ 39.47	NA
88304	UD	26	SURG PATH GR MICRO,INDUCED ABORTION	$ 8.80	NA
88304	UD	TC	SURGICAL PATHOLOGY, COMPLETE	$ 42.18	NA
88304	UD		SURGICAL PATHOLOGY, INDUCED ABORTION	$ 50.98	NA
88305	FP		COLPOSCOPY PATHOLOGY	$ 40.00	NA
88305			SURGICAL PATHOLOGY, COMPLETE	$ 40.00	NA
88307	TC		SURGICAL PATHOLOGY, COMPLETE	$ 15.00	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
88307			SURGICAL PATHOLOGY, COMPLETE	$ 59.00	NA
88309	26		SURGICAL PATHOLOGY, COMPLETE	$ 66.00	NA
88309	TC		SURGICAL PATHOLOGY, COMPLETE	$ 23.00	NA
88309			SURGICAL PATHOLOGY, COMPLETE	$ 89.00	NA
88311			SURGICAL PATHOLOGY; DECALCIFICATION	$ 6.00	NA
88312	26		SPECIAL STAINS	$ 9.00	NA
88312	TC		SPECIAL STAINS	$ 4.00	NA
88312			SPECIAL STAINS	$ 13.00	NA
88313	26		SPECIAL STAINS	$ 6.00	NA
88313	TC		SPECIAL STAINS	$ 4.00	NA
88313			SPECIAL STAINS	$ 10.00	NA
88314	26		GROSS & MICROSCOPIC EXAM 3 SPECIMENS	$ 7.00	NA
88314	TC		GROSS & MICROSCOPIC EXAM 3 SPECIMENS	$ 5.00	NA
88314			GROSS & MICROSCOPIC EXAM 3 SPECIMENS	$ 12.00	NA
88319	26		DETERMINATIVE HISTOCHEMISTRY TO IDEN	$ 5.00	NA
88319	TC		DETERMINATIVE HISTOCHEMISTRY TO IDEN	$ 3.00	NA
88319			DETERMINATIVE HISTOCHEMISTRY TO IDEN	$ 8.00	NA
88321			MICROSLIDE CONSULTATION	$ 28.00	NA
88323			MICROSLIDE CONSULTATION	$ 33.00	NA
88325			COMPREHENSIVE REVIEW OF DATA	$ 44.00	NA
88329			CONSULTATION DURING SURGERY	$ 33.00	NA
88331			CONSULTATION DURING SURGERY	$ 48.00	NA
88332			CONSULTATION DURING SURGERY	$ 15.00	NA
88333	TC		PATHOLOGY CONSULTATION DURING SURGERY; CYTOLOGIC EXAMINATION (EG, TOUCH PREP,	$ 39.94	NA
88333	26		PATHOLOGY CONSULTATION DURING SURGERY; CYTOLOGIC EXAMINATION (EG, TOUCH PREP,	$ 55.18	NA
88333			PATHOLOGY CONSULTATION DURING SURGERY; CYTOLOGIC EXAMINATION (EG, TOUCH PREP,	$ 95.12	NA
88334	TC		PATHOLOGY CONSULTATION DURING SURGERY; CYTOLOGIC EXAMINATION (EG, TOUCH PREP,	$ 24.48	NA
88334	26		PATHOLOGY CONSULTATION DURING SURGERY; CYTOLOGIC EXAMINATION (EG, TOUCH PREP,	$ 33.66	NA
88334			PATHOLOGY CONSULTATION DURING SURGERY; CYTOLOGIC EXAMINATION (EG, TOUCH PREP,	$ 58.14	NA
88341			IMMUNOHISTO ANTIBODY SLIDE	$ 59.35	NA
88341	TC		IMMUNOHISTO ANTIBODY SLIDE	$ 40.91	NA
88341	26		IMMUNOHISTO ANTIBODY SLIDE	$ 18.44	NA
88342	26		IMMUNOCYTOCHEMISTRY (INCLUDING TISSU	$ 7.00	NA
88342	TC		IMMUNOCYTOCHEMISTRY (INCLUDING TISSU	$ 2.00	NA
88342			IMMUNOCYTOCHEMISTRY (INCLUDING TISSU	$ 9.00	NA
88344			IMMUNOHISTO ANTIBODY SLIDE	$ 103.14	NA
88344	TC		IMMUNOHISTO ANTIBODY SLIDE	$ 69.26	NA
88344	26		IMMUNOHISTO ANTIBODY SLIDE	$ 33.87	NA
88346	26		IMMUNOFLUORESCENT ST EA DIRECT METHO	$ 30.00	NA
88346	TC		IMMUNOFLUORESCENT ST EA DIRECT METHO	$ 10.00	NA
88346			IMMUNOFLUORESCENT ST EA DIRECT METHO	$ 40.00	NA
88347	26		IMMUNOFLUORESCENT ST EA ANT INDIRECT	$ 35.00	NA
88347	TC		IMMUNOFLUORESCENT ST EA ANT INDIRECT	$ 10.00	NA
88347			IMMUNOFLUORESCENT ST EA ANT INDIRECT	$ 45.00	NA
88348	26		ELECTRON MICROSCOPY	$ 61.15	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
88348	TC		ELECTRON MICROSCOPY	$ 119.21	NA
88348			ELECTRON MICROSCOPY	$ 185.11	NA
88355	26		MORPHOMETRIC ANALYSIS;SKELETAL MUSCL	$ 69.08	NA
88355	TC		MORPHOMETRIC ANALYSIS;SKELETAL MUSCL	$ 90.08	NA
88355			MORPHOMETRIC ANALYSIS;SKELETAL MUSCL	$ 159.16	NA
88356			SKELETAL MUSCLE NERVE;MORPHOMETRIC A	$ 126.00	NA
88358			MORPHOMETRIC ANALYSIS TUMOR	$ 59.71	NA
88360	26		TUMOR-IMMUNO-EG,HER-2/NEU ESTROGEN	$ 45.73	NA
88360	TC		TUMOR-IMMUNO-EG,HER-2/NEU ESTROGEN	$ 58.47	NA
88360			TUMOR-IMMUNO-EG,HER-2/NEU ESTROGEN	$ 104.20	NA
88361			TUMOR HER 2/NEU QUANT/OR SEMIQUANT	$ 94.00	NA
88362	26		NERVE TEASING PREPARATIONS	$ 94.50	NA
88362	TC		NERVE TEASING PREPARATIONS	$ 31.50	NA
88362			NERVE TEASING PREPARATIONS	$ 126.00	NA
88363			EXAMINATION AND SELECTION OF RETRIEVED ARCHIVAL (IE, PREVIOUSLY DIAGNOSED)	$ 19.54	NA
88364			INSITU HYBRIDIZATION (FISH)	$ 86.10	NA
88364	TC		INSITU HYBRIDIZATION (FISH)	$ 63.14	NA
88364	26		INSITU HYBRIDIZATION (FISH)	$ 22.96	NA
88365	26		TISSUE IN SITU HYBRIDIZATION INT REP	$ 31.50	NA
88365	TC		TISSUE IN SITU HYBRIDIZATION INT REP	$ 15.75	NA
88365			TISSUE IN SITU HYBRIDIZATION INT REP	$ 47.25	NA
88366			INSITU HYBRIDIZATION (FISH)	$ 130.79	NA
88366	TC		INSITU HYBRIDIZATION (FISH)	$ 77.64	NA
88366	26		INSITU HYBRIDIZATION (FISH)	$ 53.14	NA
88367	26		IN-SITU HYBIRD-QUANT-SEMI QUAT EACH	$ 29.80	NA
88367	TC		IN-SITU HYBIRD-QUANT-SEMI QUAT EACH	$ 64.75	NA
88367			IN-SITU HYBIRD-QUANT-SEMI QUAT EACH	$ 94.55	NA
88369			M/PHMTRC ALYSISHQUANT/SEMIQ	$ 64.84	NA
88369	TC		M/PHMTRC ALYSISHQUANT/SEMIQ	$ 43.81	NA
88369	26		M/PHMTRC ALYSISHQUANT/SEMIQ	$ 21.02	NA
88371	26		PROTEIN ANAL.TISSUE,INT.& REPORT	$ 15.00	NA
88371			PROTEIN ANAL.TISSUE,INT.& REPORT	$ 30.00	NA
88372	26		PROTEIN ANAL.TISSUE;IMM. PROBE BAND	$ 15.00	NA
88372			PROTEIN ANAL.TISSUE;IMM. PROBE BAND	$ 31.00	NA
88373			M/PHMTRC ALYS ISHQUANT/SEMIQ	$ 52.88	NA
88373	TC		M/PHMTRC ALYS ISHQUANT/SEMIQ	$ 35.11	NA
88373	26		M/PHMTRC ALYS ISHQUANT/SEMIQ	$ 17.77	NA
88374			M/PHMTRC ALYS ISHQUANT/SEMIQ	$ 181.94	NA
88374	TC		M/PHMTRC ALYS ISHQUANT/SEMIQ	$ 144.02	NA
88374	26		M/PHMTRC ALYS ISHQUANT/SEMIQ	$ 37.93	NA
88377			M/PHMTRC ALYS ISHQUANT/SEMIQ	$ 188.98	NA
88377	TC		M/PHMTRC ALYS ISHQUANT/SEMIQ	$ 134.03	NA
88377	26		M/PHMTRC ALYS ISHQUANT/SEMIQ	$ 54.94	NA
88380	26		MICRODISSECTION	BR	NA
88380	TC		MICRODISSECTION	BR	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
88380			MICRODISSECTION	BR	NA
88381	26		MICRODISSECTION (IE, SAMPLE PREPARATION OF MICROSCOPICALLY IDENTIFIED TARGET);	$ 21.99	NA
88381	TC		MICRODISSECTION (IE, SAMPLE PREPARATION OF MICROSCOPICALLY IDENTIFIED TARGET);	$ 99.62	NA
88381			MICRODISSECTION (IE, SAMPLE PREPARATION OF MICROSCOPICALLY IDENTIFIED TARGET);	$ 110.58	NA
88387			MACROSCOPIC EXAMINATION, DISSECTION, AND PREPARATION OF TISSUE FOR	$ 29.46	NA
88388			MACROSCOPIC EXAMINATION, DISSECTION, AND PREPARATION OF TISSUE FOR	$ 26.26	NA
88399			UNLISTED SURGICAL PATHOLOGY PROCEDUR	BR	NA
88720			BILIRUBIN___TOTAL__TRANSCUTANEOUS	$ 5.46	NA
88738			HEMOGLOBIN (HGB), QUANTITATIVE, TRANSCUTANEOUS	$ 5.68	NA
88740			HEMOGLOBIN___QUANTITATIVE__TRANSCUTA	$ 5.46	NA
88741			HEMOGLOBIN___QUANTITATIVE__TRANSCUTA	$ 5.46	NA
88749			UNLISTED IN VIVO (EG, TRANSCUTANEOUS) LABORATORY SERVICE	BR	NA
89049			CAFFEINE HALOTHANE CONTRACTURE TEST (CHCT) FOR MALIGNANT HYPERTHERMIA	$ 213.38	NA
89050			BODY FLUID CELL COUNT	$ 0.90	NA
89051			BODY FLUID CELL COUNT	$ 0.90	NA
89055			LEUKOCYTE COUNT, FECAL	$ 4.76	NA
89060			CRYSTAL IDENTIFICATION BY COMPENSATE	$ 8.50	NA
89125			SPECIMEN FAT STAIN	$ 0.60	NA
89160			EXAM FECES FOR MEAT FIBERS	$ 2.10	NA
89190			NASAL SMEAR FOR EOSINOPHILS	$ 2.20	NA
89205			OCCULT BLOOD, ANY SOURCE EXCPT FECES	$ 1.20	NA
89220			SPUTUM OBTAINING SPEC AEROSOL	$ 8.00	NA
89230			SWEAT COLLECTION/IONTOPHORESIS	$ 2.12	NA
89310			SEMEN ANALYSIS	$ 4.80	NA
89320			COMPLETE SEMEN ANALYSIS	$ 9.00	NA
89321	QW		SEMEN ANALYSIS	$ 9.00	NA
89321			SEMEN ANALYSIS	$ 9.00	NA
89322			SEMEN ANALYSIS; VOLUME, COUNT, MOTILITY, AND DIFFERENTIAL USING STRICT	$ 16.87	NA
89325			SPERM ANTIBODIES	$ 13.00	NA
89331			SPERM EVALUATION, FOR RETROGRADE EJACULATION, URINE (SPERM CONCENTRATION,	$ 21.33	NA
89398			UNLISTED REPRODUCTIVE MEDICINE LABORATORY PROCEDURE	BR	NA
90287			BOTULINUM ANTITOXIN, EQUINE ANY ROUT	BR	BR
90296			DIPHTHERIA ANTITOXIN, EQUINE ANY RTE	BR	BR
90371			HEPATITIS B IMMUNE GLOB HUMAN IM USE	BR	BR
90375			RABIES IMMUNE GLOB HUMAN IM/SC USE	BR	BR
90376			RABIES IMMUNE GLOBULIN HEAT-TREATED	BR	BR
90393			VACCINIA IMMUNE GLOBULIN HUMAN IM	BR	BR
90396			VARICELLA-ZOSTER IMMUNE GLOB HUMAN	BR	BR
90399			UNLISTED IMMUNE GLOBULIN	BR	BR
90471			IMMUNIZATION ADMINIS SING/COMB VACC	16.18(<19 yrs)	16.18(<19 yrs)
90471	FP		IMMUNIZATION ADMINIS SING/COMB VACC	16.18(<19 yrs)	16.18(<19 yrs)
90471	HU		IMMUNIZATION ADMINIS SING/COMB VACC	16.18(<19 yrs)	16.18(<19 yrs)
90471	U9		IMMUNIZATION ADMINIS SING/COMB VACC	Contract Pricing	Contract Pricing
90472			IMMUNIZ ADMIN 2 OR MORE SING/COMB	11.50(<19 yrs)	11.50(<19 yrs)
90472	HU		IMMUNIZ ADMIN 2 OR MORE SING/COMBIN	11.50(<19 yrs)	11.50(<19 yrs)

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
90472	U9		IMMUNIZ ADMIN 2 OR MORE SING/COMBIN	Contract Pricing	Contract Pricing
90473			IMMUNIZATION ADMIN INTRANASAL/ORAL	12.12(<19 yrs)	12.12(<19 yrs)
90474			IMMUNIZATION ADMIN INTRANASAL/ORAL	8.43(<19 yrs)	8.43(<19 yrs)
90476			ADENOVIRUS VACCINE TYPE 4 LIVE ORAL	BR	BR
90477			ADENOVIRUS VACC TYPE 7 LIVE ORAL USE	BR	BR
90585			BACILLUS CALMETTE-GUERIN VACC TB	BR	BR
90630			FLU VACC IIV4 NO PRESERV ID	$ 22.26	$ 22.26
90632			HEPATITIS A VACCINE ADULT DOSAGE 2 DOSE	$ 80.95	$ 80.95
90633			HEPATITIS A VACC PED/ADOL DOSAGE IM 2 DOSE	VFC Covered Plan A	VFC Covered Plan A
90633	U9		HEPATITIS A VACC PED/ADOL DOSAGE IM 2 DOSE	Contract Pricing	Contract Pricing
90634			HEP_A_VACC_PED/ADOL_DOS-3_DOSE	VFC Covered Plan A	VFC Covered Plan A
90636			HEP A & HEP B VACCINE ADULT DOSAGE	$ 103.04	$ 103.04
90644			MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS C & Y AND HEMOPHILUS INFLUENZA B	BR	BR
90647			HEMOPHILUS INFLUENZA B VACC 3 DOSE	VFC Covered Plan A	VFC Covered Plan A
90647	U9		HEMOPHILUS INFLUENZA B VACC 3 DOSE	Contract Pricing	Contract Pricing
90648			HEMOPHILUS INFLUENZA B VACC 4 DOSE	VFC Covered Plan A	VFC Covered Plan A
90648	U9		HEMOPHILUS INFLUENZA B VACC 4 DOSE	Contract Pricing	Contract Pricing
90649	FP		HUMAN PAPILLOMA VIRUS (HPV) VACCINE,	165.49(>18 Yrs)	165.49(>18 Yrs)
90649	U9		HUMAN PAPILLOMA VIRUS (HPV) VACCINE,	Contract Pricing	Contract Pricing
90649			HUMAN PAPILLOMA VIRUS (HPV) VACCINE,	165.49(>18 Yrs)	165.49(>18 Yrs)
90650			HPV VACCINE TYPE 16, 18 3 DOSE	156.10(>18 Yrs)	156.10(>18 Yrs)
90651			HPV VACCINE NON VALENT IM	$ 163.97	$ 163.97
90653			VACCINE FOR INFLUENZA VIRUS FOR INJECTION INTO MUSCLE	BR	BR
90654			INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, FOR INTRADERMAL USE	$ 18.00	$ 18.00
90655			INFLUENZA VIRUS VAC SPLIT VIRUS	VFC Covered Plan A	VFC Covered Plan A
90656			INFLUENZA VIRUS VACCINE, SPLIT VIRUS	20.64(>18yrs)	20.64(>18yrs)
90656	U9		INFLUENZA VIRUS VACCINE, SPLIT VIRUS	Contract Pricing	Contract Pricing
90657			INFLUENZA VIRUS VACC SPLIT 6-35 MO	VFC Covered Plan A	VFC Covered Plan A
90658			INFLUENZA VIRUS VACC 3 YRS & ABOVE	17.56(>18 yrs)	17.56(>18 yrs)
90658	U9		INFLUENZA VIRUS VACC 3 YRS & ABOVE	Contract Pricing	Contract Pricing
90660			INFLUENZA VIRUS VACC-LIVE INTRANASAL	25.69(>18 yrs)	25.69(>18 yrs)
90660	U9		INFLUENZA VIRUS VACC-LIVE INTRANASAL	Contract Pricing	Contract Pricing
90661			INFLUENZA VIRUS VACCINE, DERIVED FROM CELL CULTURES, SUBUNIT, PRESERVATIVE AND	BR	BR
90662			INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, ENHANCED	BR	BR
90664			INFLUENZA VIRUS VACCINE, PANDEMIC FORMULATION, LIVE, FOR INTRANASAL USE	BR	BR
90666			INFLUENZA VIRUS VACCINE, PANDEMIC FORMULATION, SPLIT VIRUS, PRESERVATIVE FREE,	BR	BR
90667			INFLUENZA VIRUS VACCINE, PANDEMIC FORMULATION, SPLIT VIRUS, ADJUVANTED, FOR	BR	BR
90668			INFLUENZA VIRUS VACCINE, PANDEMIC FORMULATION, SPLIT VIRUS, FOR INTRAMUSCULAR	BR	BR
90669			PNEUMOCOCCAL CONJUGATE VACC POLYVALE	$ 94.62	$ 94.62
90669	U9		PNEUMOCOCCAL CONJUGATE VACC POLYVALE	Contract Pricing	Contract Pricing
90670			PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT, FOR INTRAMUSCULAR USE	132.10(>18 yrs)	132.10(>18 yrs)
90672			VACCINE FOR INFLUENZA FOR NASAL ADMINISTRATION	$ 23.24	$ 23.24
90673			VACCINE FOR INFLUENZA ADMINISTERED INTO MUSCLE, PRESERVATIVE AND ANTIBIOTIC FREE	BR	BR
90675			RABIES VACCINE IM USE	BR	BR
90676			RABIES VACCINE INTRADERMAL USE	BR	BR

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
90680			ROTAVIRUS VACCINE, PENTAVALENT, 3 DOSE SCHEDULE, LIVE, FOR ORAL USE	VFC Covered Plan A	VFC Covered Plan A
90681			ROTAVIRUS_VACCINE,_ORAL_(ROTARIX)	VFC Covered Plan A	VFC Covered Plan A
90685			INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, PRESERVATIVE FREE, WHEN	$ 22.05	$ 22.05
90686			INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, PRESERVATIVE FREE, WHEN	$ 18.00	$ 18.00
90687			INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, WHEN ADMINISTERED TO	BR	BR
90688			INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, WHEN ADMINISTERED TO	$ 30.52	$ 30.52
90691			TYPHOID VACC VI CAPSULAR POLYSACCHAR	$ 79.90	$ 79.90
90692			TYPHOID VACC HEAT & PHENOL-INACT SQ	BR	BR
90693			TYPHOID VACC ACETONE-KILLED DRIED SQ	BR	BR
90696			DIPTHERIA,TENANUS,PERTUSSIS_(KINRIX)	VFC Covered Plan A	VFC Covered Plan A
90698			DTAP-HIB-IPV VACCINE	VFC Covered Plan A	VFC Covered Plan A
90700			IMMUN.DIPH.TETANUS.ACCELULAR.PERTUSS	VFC Covered Plan A	VFC Covered Plan A
90700	U9		IMMUN.DIPH.TETANUS.ACCELULAR.PERTUSS	Contract Pricing	Contract Pricing
90702			IMMUNIZATION DT	$ 31.56	$ 31.56
90702	U9		IMMUNIZATION DT	Contract Pricing	Contract Pricing
90703			TETANUS TOXOID FOR TRAUMA	$ 17.72	$ 17.72
90703	U9		TETANUS TOXOID FOR TRAUMA	Contract Pricing	Contract Pricing
90704			IMMUNIZATION MUMPS	$ 29.08	$ 29.08
90704	U9		IMMUNIZATION MUMPS	Contract Pricing	Contract Pricing
90705			IMMUNIZATION MEASLES	$ 24.21	$ 24.21
90705	U9		IMMUNIZATION MEASLES	Contract Pricing	Contract Pricing
90706			IMMUNIZATION RUBELLA	$ 25.37	$ 25.37
90706	U9		IMMUNIZATION RUBELLA	Contract Pricing	Contract Pricing
90707			IMMUN MEASLES-MUMPS-RUBELLA	62.33(>18 yrs)	62.33(>18 yrs)
90707	U9		IMMUN MEASLES-MUMPS-RUBELLA	Contract Pricing	Contract Pricing
90710			MEASLES,MUMPS,RUBELLA,VARICELLA VACC	VFC Covered Plan A	VFC Covered Plan A
90710	U9		MEASLES,MUMPS,RUBELLA,VARICELLA VACC	Contract Pricing	Contract Pricing
90712			IMMUNIZATION POLIOVIRUS	BR	BR
90713			IMMUNIZATION POLIO,INJECTION	34.52(>18 yrs)	34.52(>18 yrs)
90713	U9		IMMUNIZATION POLIO,INJECTION	Contract Pricing	Contract Pricing
90714			TETANUS/DIPTHERIA TOXOID AGE 7&ABOVE	26.05(>18 yrs)	26.05(>18 yrs)
90714	U9		TETANUS/DIPTHERIA TOXOID AGE 7&ABOVE	Contract Pricing	Contract Pricing
90715			TETANUS/DIPHTH/ACELLULAR PERTUSSIS	47.25(>18 yrs)	47.25(>18 yrs)
90715	U9		TETANUS/DIPHTH/ACELLULAR PERTUSSIS	Contract Pricing	Contract Pricing
90716			IMMUN.VARICELLA/CHICKENPOX/VACCINE	105.50(>18 yrs)	105.50(>18 yrs)
90716	U9		IMMUN.VARICELLA/CHICKENPOX/VACCINE	Contract Pricing	Contract Pricing
90717			IMMUNIZATION;YELLOW FEVER VACCINE	$ 81.35	$ 81.35
90720			IMMUNIZATION ACTIVE TETRAMUNE	BR	BR
90721			DIPTH, TET, PERT VAC + HEMOPH INFLU	$ 57.85	$ 57.85
90723			DTP/HEPATITIS B/POLIOVIRUS VACCINE	VFC Covered Plan A	VFC Covered Plan A
90723	U9		DTP/HEPATITIS B/POLIOVIRUS VACCINE	Contract Pricing	Contract Pricing
90725			IMMUNIZATION,LIVE;CHOLERA VACCINE	BR	BR
90727			IMMUNIZATION,LIVE;PLAGUE VACCINE	BR	BR
90732			IMMUNIZ,PNEUMOCOCCAL VACC,POLYVALENT	35.76(>18 yrs)	35.76(>18 yrs)
90732	U9		IMMUNIZ,PNEUMOCOCCAL VACC,POLYVALENT	Contract Pricing	Contract Pricing

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
90733			IMM,MENINGOCOCCAL POLYSACCHARIDE VAC	$ 127.85	$ 127.85
90733	U9		IMM,MENINGOCOCCAL POLYSACCHARIDE VAC	Contract Pricing	Contract Pricing
90734			MENINGO CONJU VACC SEROGROUP A C Y	125.46(>18 yrs)	125.46(>18 yrs)
90734	U9		MENINGO CONJU VACC SEROGROUP A C Y	Contract Pricing	Contract Pricing
90736			ZOSTER (SHINGLES) VACCINE, LIVE, FOR	$ 188.66	$ 188.66
90738			JAPANESE_ENCEPHALITIS_VIRUS_VACCINE	BR	BR
90739			VACCINE FOR HEPATITIS B ADULT DOSAGE (2 DOSE SCHEDULE) INJECTION INTO MUSCLE	BR	BR
90740			HEP B VAC DIALYSIS OR IMMUNOSUP PT	$ 209.86	$ 209.86
90743			HEPATITIS B VACCINE ADOL 2 DOSE SCHE	VFC Covered Plan A	VFC Covered Plan A
90743	U9		HEPATITIS B VACCINE ADOL 2 DOSE SCHE	Contract Pricing	Contract Pricing
90744			IMMUNIZATION, HEP B, PED/ADOL 3 DOSE	VFC Covered Plan A	VFC Covered Plan A
90744	U9		IMMUNIZATION, HEP B, PED/ADOL 3 DOSE	Contract Pricing	Contract Pricing
90746			IMMUN ACTIVE HEP B VACC 19 YRS+OVER	$ 65.25	$ 65.25
90746	FP		IMMUN ACTIVE HEP B VACC 19 YRS+OVER	$ 65.25	$ 65.25
90747			IMMUN_ACT_HEP_B_VAC/DIALYSIS_PT	$ 209.86	$ 209.86
90748			IMMUN ACT, HEP B/HIB VACCINE	$ 56.20	$ 56.20
90748	U9		IMMUN ACT, HEP B/HIB VACCINE	Contract Pricing	Contract Pricing
90749			UNLISTED IMMUNIZATION PROCEDURE	BR	BR
90791	26		PSYCHIATRIC_DIAGNOSTIC_EVALUATION	$ 65.87	$ 57.26
90791			PSYCHIATRIC_DIAGNOSTIC_EVALUATION	$ 68.09	$ 59.31
90791	SA	26	PSYCHIATRIC_DIAGNOSTIC_EVALUATION	NA	$ 54.39
90791	SA		PSYCHIATRIC_DIAGNOSTIC_EVALUATION	NA	$ 56.35
90791	UC		PSYCHIATRIC_DIAGNOSTIC_EVALUATION	$ 59.31	$ 59.31
90791	HG		COMPREHENSIVE ASSESS IN OTP 1 HOUR	$ 49.00	NA
90791	HF		COMPREHENSIVE ASSESSMENT IN A SUBSTANCE ABUSE TREATMENT FACILITY (1 HOUR)	$ 67.75	NA
90791	HU		PSYCHIATRIC DIAGNOSTIC EVAL-CHEC EXA	$ 335.00	NA
90792	26		PSYCH_DIAG_EVAL_W/MED_SRVCS	$ 73.48	$ 61.84
90792			PSYCH_DIAG_EVAL_W/MED_SRVCS	$ 75.69	$ 63.89
90792	SA	26	PSYCH_DIAG_EVAL_W/MED_SRVCS	NA	$ 58.75
90792	SA		PSYCH_DIAG_EVAL_W/MED_SRVCS	NA	$ 60.70
90792	UC		PSYCH_DIAG_EVAL_W/MED_SRVCS	$ 63.89	$ 63.89
90792	HG		COMP ASSESS IN OTP 1 HR W/MED SERV	$ 49.00	NA
90792	HF		COMPREHENSIVE ASSESSMENT IN A SUBSTANCE ABUSE TREATMENT FACILITY (1 HOUR) WITH MEDICAL SERVICE	$ 54.80	NA
90832	SA	26	PSYTX_PT&/FAMILY_30_MINUTES	NA	$ 26.87
90832	SA		PSYTX_PT&/FAMILY_30_MINUTES	NA	$ 27.19
90832	UC		PSYTX_PT&/FAMILY_30_MINUTES	$ 28.62	$ 28.62
90832	HF		PSYTX_PT&/FAMILY_30_MINUTES IN METHADONE CLINIC	$ 28.62	$ 28.62
90832	HV		PSYTX_PT&/FAMILY_30_MINUTES IN SAI CLINIC	NA	$ 23.00
90832	26		PSYTX_PT&/FAMILY_30_MINUTES IN SAI CLINIC	$ 33.52	$ 28.49
90832			PSYTX_PT&/FAMILY_30_MINUTES IN SAI CLINIC	$ 33.92	$ 28.83
90832	HG		INDIVIDUAL THERAPY (20-30 MINUTES)	$ 24.50	NA
90832	HF	22	INDIVIDUAL THERAPY IN A SUBSTANCE ABUSE TREATMENT FACILITY (20-30 MINUTES)	$ 28.00	NA
90832	HF	22	PSYTX_PT&/FAMILY_30_MINUTES IN METHADONE CLINIC	$ 28.62	$ 28.62
90833	HG		INDIVIDUAL THERAPY (20-30 MINUTES)	$ 24.50	NA
90833	SA	26	PSYTX_PT&/FAM_W/E&M_30_MIN	NA	$ 27.68

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PRACTITIONER				*SPECIALIST*	*NON-SPECIALIST*
DME/P&O				*PURCHASE*	*RENTAL*
90833	SA		PSYTX_PT&/FAM_W/E&M_30_MIN	NA	$ 27.84
90833	UC		PSYTX_PT&/FAM_W/E&M_30_MIN	$ 29.31	$ 29.31
90833	26		PSYTX_PT&/FAM_W/E&M_30_MIN	$ 34.52	$ 29.34
90833			PSYTX_PT&/FAM_W/E&M_30_MIN	$ 34.93	$ 29.69
90833	HF		INDIVIDUAL THERAPY IN A SUBSTANCE ABUSE TREATMENT FACILITY (20-30 MINUTES), WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SEF	$ 29.31	NA
90833	HF	22	INDIVIDUAL THERAPY IN A SUBSTANCE ABUSE TREATMENT FACILITY (20-30 MINUTES), WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SEF	$ 29.31	NA
90834	HG		INDIVIDUAL THERAPY (45-50 MINUTES)	$ 49.00	NA
90834	SA	26	PSYTX_PT&/FAMILY_45_MINUTES	NA	$ 35.88
90834	SA		PSYTX_PT&/FAMILY_45_MINUTES	NA	$ 36.04
90834	UC		PSYTX_PT&/FAMILY_45_MINUTES	$ 36.04	$ 36.04
90834	UD		PSYTX_PT&/FAMILY_45_MINUTES	$ 44.63	$ 37.94
90834	HF		PSYTX_PT&/FAMILY_45_MINUTES IN METHADONE CLINIC	NA	$ 16.00
90834	HV		PSYTX_PT&/FAMILY_45_MINUTES IN SAI CLINIC	NA	$ 45.00
90834	26		PSYTX_PT&/FAMILY_45_MINUTES IN SAI CLINIC	$ 44.10	$ 37.48
90834			PSYTX_PT&/FAMILY_45_MINUTES IN SAI CLINIC	$ 44.50	$ 37.83
90834	HF		INDIVIDUAL THERAPY IN A SUBSTANCE ABUSE TREATMENT FACILITY (45-50 MINUTES)	$ 49.00	NA
90834	HF	22	INDIVIDUAL THERAPY IN A SUBSTANCE ABUSE TREATMENT FACILITY (45-50 MINUTES)	$ 49.00	NA
90836	SA		PSYTX_PT&/FAM_W/E&M_45_MIN	NA	$ 36.04
90836	UC		PSYTX_PT&/FAM_W/E&M_45_MIN	$ 36.73	$ 36.73
90836			PSYTX_PT&/FAM_W/E&M_45_MIN	$ 43.67	$ 37.12
90836	HG		INDIVIDUAL THERAPY (45-50 MINUTES)	$ 49.00	NA
90836	HF		INDIVIDUAL THERAPY IN A SUBSTANCE ABUSE TREATMENT FACILITY (45-50 MINUTES), WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SEF	$ 36.73	NA
90836	HF	22	INDIVIDUAL THERAPY IN A SUBSTANCE ABUSE TREATMENT FACILITY (45-50 MINUTES), WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SEF	$ 36.73	NA
90847	HG		OP FAMILY COUNSELING IN SA TX FAC	$ 49.00	NA
90847	HF		OUTPATIENT – FAMILY COUNSELING/EDUCATION IN A SUBSTANCE ABUSE TREATMENT FACILITY (1 HOUR)	$ 49.00	NA
90847	HF	22	OUTPATIENT – FAMILY COUNSELING/EDUCATION IN A SUBSTANCE ABUSE TREATMENT FACILITY (1 HOUR)	$ 49.00	NA
90847	22		SPECIAL FAMILY THERAPY	$ 46.00	$ 32.00
90847	SA		SPECIAL FAMILY THERAPY	NA	$ 24.70
90847			SPECIAL_FAMILY_THERAPY	$ 37.00	$ 26.00
90847	SA	22	SPECIAL_FAMILY_THERAPY	NA	$ 30.40
90847	UC	22	SPECIAL_FAMILY_THERAPY	$ 32.00	$ 32.00
90847	UC		SPECIAL_FAMILY_THERAPY	$ 49.00	$ 49.00
90853	HG		GROUP THERAPY (90 MINUTES)	$ 23.00	NA
90853	HF		GROUP THERAPY IN A SUBSTANCE ABUSE TREATMENT FACILITY (90 MINUTES)	$ 23.00	NA
90853	HF	22	GROUP THERAPY IN A SUBSTANCE ABUSE TREATMENT FACILITY (90 MINUTES)	$ 23.00	NA
90853	UC		GROUP MEDICAL PSYCHOTHERAPY	$ 23.00	$ 23.00
90853			GROUP MEDICAL PSYCHOTHERAPY.....	$ 8.00	$ 6.00
90853	SA		PSYCHOTHERAPY, GROUP(MAX 8 PATIENTS)	NA	$ 5.70
90869			THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT;	$ 168.50	$ 143.22
90870			ELECTROCONVULSIVE THERAPY	$ 32.00	$ 26.00
90887	HG		FAMILY CONFERENCE (25 MINUTES)	$ 13.00	NA
90887	HF		FAMILY CONFERENCE IN A SUBSTANCE ABUSE TREATMENT FACILITY (25 MINUTES)	$ 24.50	NA
90887	HF	22	FAMILY CONFERENCE IN A SUBSTANCE ABUSE TREATMENT FACILITY (25 MINUTES)	$ 24.50	NA
90887			CONSULTATION WITH FAMILY	$ 19.00	$ 13.00
90887	SA		CONSULTATION WITH FAMILY	NA	$ 12.40

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
90887	UC		CONSULTATION WITH FAMILY	$ 24.50	$ 24.50
90899			UNLISTED PSYCH SERVICE/PROCEDURE	BR	BR
90935			HEMODIALYSIS PROC W SINGLE PHY EVAL.	$ 37.00	$ 37.00
90937			HEMODIALYSIS PROC REQ EVALUATIONS	$ 56.00	$ 56.00
90940			HEMODIALYSIS ACCESS FLOW STUDY	BR	BR
90945			DIALYSIS PROC OTHER THAN HEMODIALYSI	$ 30.00	$ 30.00
90947			DIALYSIS PROC NOT HEMODIALYSIS.....	$ 61.00	$ 61.00
90960			END-STAGE_RENAL_DISEASE_(ESRD)_RELAT	$ 151.65	$ 128.90
90961			END-STAGE_RENAL_DISEASE_(ESRD)_RELAT	$ 127.56	$ 108.42
90962			END-STAGE_RENAL_DISEASE_(ESRD)_RELAT	$ 98.77	$ 83.95
90966			ESRD_RELAT_SERV_HOME_DIAL_FULL_MONTH	$ 127.35	$ 108.25
90970			END-STAGE_RENAL_DISEASE_(ESRD)_RELAT	$ 4.18	$ 3.55
90989			DIALYSIS TR,PT,/HELPER;ANY MODE,COMP	$ 400.00	$ 400.00
90993			DIAL TR,PT/HLPR,CRS NOTC,PER TR SESS	$ 39.00	$ 39.00
90997			HEMOPERFUSION	$ 82.34	$ 70.00
90999			UNLISTED DIALYSIS PROCEDURE	BR	BR
91010	26		ESOPHAGEAL MOTILITY STUDY	$ 54.00	$ 46.00
91010	TC		ESOPHAGEAL MOTILITY STUDY	$ 31.00	NA
91010			ESOPHAGEAL MOTILITY STUDY	$ 85.00	$ 77.00
91013	26		DURING 2-DIMENSIONAL DATA STUDY (EG, STIMULANT, ACID OR ALKALI PERFUSION) (LIST	$ 5.11	$ 4.34
91013			ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/OR GASTROESOPHAGEAL	$ 13.16	$ 11.19
91013	TC		JUNCTION) STUDY WITH INTERPRETATION AND REPORT; WITH STIMULATION OR PERFUSION	$ 8.06	NA
91020	26		ESOPHAGOGASTRIC MANOMETRIC STUDIES	$ 54.00	$ 46.00
91020			ESOPHAGOGASTRIC MANOMETRIC STUDIES	$ 83.00	$ 75.00
91022	26		DUODENAL MOTILITY (MANOMETRIC) STUDY	$ 40.69	$ 34.59
91022	TC		DUODENAL MOTILITY (MANOMETRIC) STUDY	$ 53.56	NA
91022			DUODENAL MOTILITY (MANOMETRIC) STUDY	$ 94.25	$ 80.11
91030	26		ACID PERFUSION FOR ESOPHAGITIS	$ 20.00	$ 17.00
91030	TC		ACID PERFUSION FOR ESOPHAGITIS	$ 9.00	NA
91030			ACID PERFUSION FOR ESOPHAGITIS	$ 29.00	$ 26.00
91034	26		ESOPHAGUS, GASTROESOPHAGEAL REFLUX T	$ 27.04	$ 22.98
91034	TC		ESOPHAGUS, GASTROESOPHAGEAL REFLUX T	$ 78.54	NA
91034			ESOPHAGUS, GASTROESOPHAGEAL REFLUX T	$ 105.57	$ 89.73
91035	26		ESOPHAGUS, GASTROESOPHAGEAL REFLUX T	$ 44.83	$ 38.11
91035	TC		ESOPHAGUS, GASTROESOPHAGEAL REFLUX T	$ 228.16	NA
91035			ESOPHAGUS, GASTROESOPHAGEAL REFLUX T	$ 272.99	$ 232.04
91037	26		ESOPHAGEAL FUNCTION TEST, GASTROESOP	$ 27.63	$ 23.49
91037	TC		ESOPHAGEAL FUNCTION TEST, GASTROESOP	$ 62.83	NA
91037			ESOPHAGEAL FUNCTION TEST, GASTROESOP	$ 90.46	$ 76.89
91038	26		ESOPHAGEAL FUNCTION TEST, GASTROESOP	$ 31.61	$ 26.87
91038	TC		ESOPHAGEAL FUNCTION TEST, GASTROESOP	$ 226.15	NA
91038			ESOPHAGEAL FUNCTION TEST, GASTROESOP	$ 257.76	$ 219.10
91040	TC		ESOPHAGEAL BALLOON DISTENSION PROVOC	$ 222.12	NA
91040			ESOPHAGEAL BALLOON DISTENSION PROVOC	$ 249.56	$ 212.12
91040	26		ESOPHAGEAL BALLOON DISTENSION PROVOC	$ 27.44	$ 23.32

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
91110	26		GI TRACT IMAGING INTRALUMINAL	$ 150.00	$ 128.00
91110	TC		GI TRACT IMAGING INTRALUMINAL	$ 665.00	NA
91110			GI TRACT IMAGING INTRALUMINAL	$ 815.00	$ 973.00
91111	26		ESOPHAGEAL CAPSULE ENDOSCOPY	$ 28.19	$ 23.96
91111	TC		ESOPHAGEAL CAPSULE ENDOSCOPY	$ 388.66	NA
91111			ESOPHAGEAL CAPSULE ENDOSCOPY	$ 416.85	$ 354.32
91112	26		TRANSIT AND PRESSURE MEASUREMENT OF STOMACH THROUGH COLON WITH WIRELESS CAPSULE	$ 59.42	$ 50.51
91112	TC		TRANSIT AND PRESSURE MEASUREMENT OF STOMACH THROUGH COLON WITH WIRELESS CAPSULE	$ 557.42	NA
91112			TRANSIT AND PRESSURE MEASUREMENT OF STOMACH THROUGH COLON WITH WIRELESS CAPSULE	$ 616.84	$ 524.31
91117			COLON MOTILITY (MANOMETRIC) STUDY, MINIMUM 6 HOURS CONTINUOUS RECORDING	$ 76.47	$ 65.00
91117	26		COLON MOTILITY (MANOMETRIC) STUDY, MINIMUM 6 HOURS CONTINUOUS RECORDING	$ 80.19	$ 68.16
91120	26		RECTAL SENSATION, TONE, AND COMPLIAN	$ 27.42	$ 23.30
91120	TC		RECTAL SENSATION, TONE, AND COMPLIAN	$ 216.48	NA
91120			RECTAL SENSATION, TONE, AND COMPLIAN	$ 243.90	$ 207.31
91122	26		ANORECTAL MANOMETRY	$ 37.00	$ 31.00
91122	TC		ANORECTAL MANOMETRY	$ 25.00	NA
91122			ANORECTAL MANOMETRY	$ 62.00	$ 56.00
91132			ELECTROGASTROGRAPHY DIAG TRANSCUTAN	$ 14.23	$ 12.10
91133			ELECTROGASTROGRAPHY DX TRANS W/PROV	$ 18.10	$ 15.38
91200			LIVER ELASTOGRAPHY	$ 19.99	$ 16.99
91200	TC		LIVER ELASTOGRAPHY	$ 12.08	$ 10.26
91200	26		LIVER ELASTOGRAPHY	$ 7.91	$ 6.72
91299			UNLISTED GASTROENTEROLOGY PROCEDURE	BR	BR
92002			EYE EXAM; INTERMEDIATE; NEW PT	$ 22.00	$ 22.00
92004			EYE EXAM; COMPREHENSIVE; NEW PT	$ 22.00	$ 22.00
92004	22		EYE EXAM; COMPREHENSIVE; NEW PT	$ 26.00	$ 26.00
92012			EYE EXAM; INTERMEDIATE; ESTABL PT	$ 22.00	$ 22.00
92014			EYE EXAM; COMPREHENSIVE; ESTABL PT	$ 22.00	$ 22.00
92014	22		EYE EXAM; COMPREHENSIVE; ESTABL PT	$ 26.00	$ 26.00
92015			DETERMINATION OF REFRACTIVE STATE	$ 4.40	$ 4.40
92018			EYE EXAM W/ANESTHESIA-COMPLETE	$ 35.00	$ 30.00
92019			EYE EXAM W/ANESTHESIA-LIMITED	$ 35.00	$ 29.75
92020			GONIOSCOPY W/DIAGNOSTIC EVALUATION	$ 16.00	$ 15.00
92025			CORNEAL TOPOGRAPHY	$ 20.91	$ 17.77
92060			SENSORIMOTOR EXAM...	$ 21.00	$ 21.00
92065			ORTHOPTIC/PLEOPTIC TRAINING	$ 16.00	$ 15.00
92065	22		VISION TRAINING WORKUP AND WRITTEN R	$ 70.00	$ 60.00
92071			FITTING OF CONTACT LENS FOR TREATMENT OF OCULAR SURFACE DISEASE	$ 20.45	$ 17.38
92072			FITTING OF CONTACT LENS FOR MANAGEMENT OF KERATOCONUS, INITIAL FITTING	$ 72.56	$ 61.68
92081			VISUAL FIELD EXAM, UNI/BILATERAL	$ 16.00	$ 15.00
92082			VISUAL FIELD EXAM, INTERMEDIATE	$ 16.00	$ 15.00
92083			VISUAL FIELD EXAM/EXTENSIVE	$ 16.00	$ 15.00
92100			SERIAL TONOGRAPHY W/EVALUATION	$ 16.00	$ 15.00
92132			SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, ANTERIOR SEGMENT, WITH	$ 19.10	$ 16.23
92133			SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH	$ 24.07	$ 20.46

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
92134			SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH	$ 24.67	$ 20.97
92136	26		OPTHALMIC BIOMETRY	$ 10.00	$ 8.50
92136	TC		OPTHALMIC BIOMETRY	$ 30.00	NA
92136			OPTHALMIC BIOMETRY	$ 40.00	$ 38.50
92140			PROVOCATIVE TESTS FOR GLAUCOMA	$ 16.00	$ 15.00
92145			CORNEAL HYSTERESIS DETER	$ 8.55	$ 7.26
92145	TC		CORNEAL HYSTERESIS DETER	$ 3.82	$ 3.25
92145	26		CORNEAL HYSTERESIS DETER	$ 4.73	$ 4.02
92225			OPHTHALMOSCOPY; INITIAL	$ 19.78	$ 16.81
92226			OPHTHALMOSCOPY; SUBSEQUENT	$ 16.29	$ 13.84
92227			REMOTE IMAGING FOR DETECTION OF RETINAL DISEASE (EG, RETINOPATHY IN A PATIENT	$ 8.25	$ 7.01
92228			REMOTE IMAGING FOR MONITORING AND MANAGEMENT OF ACTIVE RETINAL DISEASE (EG,	$ 19.47	$ 16.55
92235	26		OPHTHALMOSCOPY W/ANGIOGRAPHY	$ 35.00	$ 30.00
92235	TC		OPHTHALMOSCOPY W/ANGIOGRAPHY	$ 18.00	NA
92235			OPHTHALMOSCOPY W/ANGIOGRAPHY	$ 53.00	$ 48.00
92240	26		INDOCYANINE-GREEN ANGIOGRAPHY	$ 25.00	$ 21.00
92240	TC		INDOCYANINE-GREEN ANGIOGRAPHY	$ 17.00	NA
92240			INDOCYANINE-GREEN ANGIOGRAPHY	$ 42.00	$ 38.00
92250	26		OPHTHALMOSCOPY W/FUNDUS PHOTO	$ 6.00	$ 5.00
92250	TC		OPHTHALMOSCOPY W/FUNDUS PHOTO	$ 4.00	NA
92250			OPHTHALMOSCOPY W/FUNDUS PHOTO	$ 40.00	$ 34.00
92260			OPHTHALMOSCOPY_W/DYNAMOMETRY	$ 15.00	$ 15.00
92265			OCULOELECTROMYOGRAPHY	$ 25.00	$ 23.00
92270	26		ELECTRO-OCULOGRAPHY	$ 5.00	$ 4.00
92270	TC		ELECTRO-OCULOGRAPHY	$ 6.00	NA
92270			ELECTRO-OCULOGRAPHY	$ 11.00	$ 9.00
92275	26		ELECTRORETINOGRAPHY	$ 10.00	$ 8.00
92275	TC		ELECTRORETINOGRAPHY	$ 10.00	NA
92275			ELECTRORETINOGRAPHY	$ 20.00	$ 18.00
92286			SPECULAR ENDOTHELIAL MICROSCOPY	$ 12.00	$ 11.00
92310			RX OPTICAL CHARACTERISTICS OF/FITTIN	$ 78.00	$ 78.00
92326			REPLACEMENT OF CONTACT LENS	$ 32.80	$ 27.88
92499			UNLISTED OPHTHALMOLOGY SERVICE/PROCE	BR	BR
92502			OTOLARYNGOLOGIC EXAM UNDER ANESTHESI	$ 35.00	$ 35.00
92504			BINOCULAR MICROSCOPY	$ 16.00	$ 14.00
92507			SPEECH LANGUAGE HEARING THERAPY	$ 7.00	$ 7.00
92507	HI		SPEECH, LANGUAGE AND	$ 25.99	NA
92507	HI	UN	HEARING THERAPY	$ 7.43	NA
92511			NASOPHARYNGOSCOPY	$ 16.00	$ 14.00
92512			NASAL FUNCTION STUDIES	$ 16.00	$ 14.00
92516			FACIAL NERVE FUNCTION TEST	$ 16.00	$ 14.00
92520			LARYNGEAL FUNCTION STUDIES	$ 16.00	$ 14.00
92521			EVALUATION OF SPEECH FLUENCY	$ 58.24	$ 49.50
92522			EVALUATION OF SPEECH SOUND PRODUCTION	$ 50.03	$ 42.52
92523			EVALUATION OF SPEECH SOUND PRODUCTION WITH EVALUATION OF LANGUAGE COMPREHENSION AND EXPRESSION	$ 99.70	$ 84.75

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
92524			BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE	$ 47.23	$ 40.14
92526			TX SWALLOW DYSFUNC FOR FEEDING	$ 14.00	$ 12.00
92533			CALORIC VESTIBULAR TEST; EACH	$ 4.00	$ 4.00
92540			BASIC VESTIBULAR EVALUATION, INCLUDES SPONTANEOUS NYSTAGMUS TEST WITH ECCENTRIC	$ 53.59	$ 45.55
92541			SPONTANEOUS NYSTAGMUS W/RECORDING	$ 15.00	$ 14.00
92541	26		SPONTANEOUS NYSTAGMUS W/RECORDING	$ 5.00	$ 4.00
92541	TC		SPONTANEOUS NYSTAGMUS W/RECORDING	$ 1.28	NA
92542			POSITIONAL NYSTAGMUS W/RECORDING	$ -	$ -
92543	26		CALORIC VESTIBULAR TEST W/RECORDING	$ 5.15	$ 4.15
92543	TC		CALORIC VESTIBULAR TEST W/RECORDING	$ 5.85	NA
92543			CALORIC VESTIBULAR TEST W/RECORDING	$ 11.00	$ 10.00
92544			OPTOKINETIC NYSTAGMUS W/RECORDING	$ -	$ -
92547			ADDED USE OF VERTICAL ELECTRODES	$ 3.50	$ 3.50
92548	26		COMPUTERIZED DYNAMIC POSTUROGRAPHY	$ 15.00	$ 13.00
92548	TC		COMPUTERIZED DYNAMIC POSTUROGRAPHY	$ 24.00	NA
92548			COMPUTERIZED DYNAMIC POSTUROGRAPHY	$ 39.00	$ 37.00
92550			TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	$ 11.05	$ 9.39
92552			PURE TONE AUDIOMETRY; AIR ONLY	$ 11.00	$ 11.00
92552	SA		PURE TONE AUDIOMETRY; AIR ONLY	NA	$ 11.00
92553			PURE TONE AUDIOMETRY; AIR AND BONE	$ 14.00	$ 14.00
92553	SA		PURE TONE AUDIOMETRY; AIR AND BONE	NA	$ 14.00
92555			SPEECH AUDIOMETRY,THRESHOLD ONLY	$ 7.00	$ 7.00
92557			BASIC COMPREHENSIVE AUDIOMETRY	$ 19.00	$ 19.00
92561			BEKESY AUDIOMETRY; DIAGNOSTIC	$ 12.00	$ 10.00
92562			LOUDNESS BALANCE TEST	$ 3.00	$ 3.00
92563			TONE DECAY HEARING TEST	$ 3.00	$ 3.00
92564			SHORT INCREMENT SENSITIVITY INDEX	$ 4.00	$ 4.00
92565			STENGER TEST, PURE TONE	$ 3.75	$ 3.75
92567			TYMPANOMETRY	$ 5.00	$ 5.00
92567	SA		TYMPANOMETRY	NA	$ 5.00
92568			ACOUSTIC REFLEX TESTING	$ 5.00	$ 5.00
92568	SA		ACOUSTIC REFLEX TESTING CNP/CNS	NA	$ 5.00
92570	26		ACOUSTIC IMMITTANCE TESTING, INCLUDES TYMPANOMETRY (IMPEDANCE TESTING),	$ 15.92	$ 13.53
92570			ACOUSTIC IMMITTANCE TESTING, INCLUDES TYMPANOMETRY (IMPEDANCE TESTING),	$ 17.13	$ 14.56
92572			STAGGERED SPONDAIC WORD TEST	$ 3.50	$ 3.50
92576			SYNTHETIC SENTENCE ID TEST	$ 19.50	$ 16.50
92577			STENGER TEST, SPEECH	$ 5.00	$ 5.00
92582			CONDITIONING PLAY AUDIOMETRY	$ 14.00	$ 14.00
92583			SELECT PICTURE AUDIOMETRY	$ 5.00	$ 5.00
92585	26		BRAINSTEM EVOKED RESPONSE RECORDING	$ 18.00	$ 15.00
92585	TC		BRAINSTEM EVOKED RESPONSE RECORDING	$ 27.00	NA
92585			BRAINSTEM EVOKED RESPONSE RECORDING	$ 45.00	$ 42.00
92586			AUDITORY EVOKED POTENTIALS LIMITED	$ 47.00	$ 47.00
92586	26		AUDITORY EVOKED POTENTIALS LIMITED	$ 8.00	$ 8.00
92586	TC		AUDITORY EVOKED POTENTIALS LIMITED	$ 39.00	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
92587			EVOKED OTOACOUSTIC EMISSIONS/LIMITED	$ 18.53	$ 15.75
92588			EVOKED OTOACOUS EMISSIONS/COMP/DIAGN	$ 28.09	$ 23.87
92590			HEARING AID EXAM/SELECTION;MONAURAL	$ 40.00	$ 34.00
92591			HEARING AID EXAM/SELECTION;BINAURAL	$ 40.00	$ 34.00
92597			EVALUATION FOR VOICE/AUG COMMUN DEV	$ 21.00	$ 18.00
92603			DIAG ANAL COCH IMPL 7+> YRS W/PROGRA	$ 49.00	$ 42.00
92607			EVAL RX SPEECH-GEN AUG COMMUN DEVICE	$ 61.00	$ 52.00
92608			EVAL RX SPEECH-GEN AUG/ALT COM DEVIC	$ 12.00	$ 10.00
92609			THER SERV SPEECH-GENERATING DEVICE	$ 33.00	$ 28.00
92611			MOTION FLUOROSC EVAL SWALLOW FUNCT	$ 25.00	$ 22.00
92612	26		FLEX FIBEROPTIC ENDO EVAL SWALLOWING	$ 35.00	$ 30.00
92612			FLEX FIBEROPTIC ENDO EVAL SWALLOWING	$ 94.00	$ 80.00
92614	26		FLEX FIBER ENDO EVAL LARYNG SENS TES	$ 35.00	$ 30.00
92614			FLEX FIBER ENDO EVAL LARYNG SENS TES	$ 72.00	$ 61.00
92616	26		FLEX ENDO EVAL SWALLOW/LARYN SENSORY	$ 51.00	$ 43.00
92616			FLEX ENDO EVAL SWALLOW/LARYN SENSORY	$ 98.00	$ 83.00
92620			EVALUATION OF CENTRAL AUDITORY FUNCT	$ 50.65	$ 43.05
92621			EVALUATION OF CENTRAL AUDITORY FUNCT	$ 12.06	$ 10.25
92625			ASSESSMENT OF TINNITUS (INCLUDES PIT	$ 37.59	$ 31.95
92626			EVALUATION OF AUDITORY REHABILITATIO	$ 48.41	$ 41.15
92627			EVALUATION OF AUDITORY REHABILITATIO	$ 11.89	$ 10.11
92630			AUDITORY REHABILITATION; PRE-LINGUAL	$ 25.19	$ 21.41
92633			AUDITORY REHABILITATION; POST-LINGUA	$ 25.19	$ 21.41
92640			AUD BRAINSTEM IMPLT PROGRAMG	$ 61.06	$ 51.90
92700			UNLISTED OTORHINOLARYNGOLOGICAL.SERV	BR	BR
92920			BALLOON DILATION OF NARROWED OR BLOCKED MAJOR CORONARY ARTERY OR BRANCH	$ 297.73	$ 253.07
92921			BALLOON DILATION OF NARROWED OR BLOCKED MAJOR CORONARY ARTERY OR BRANCH	BR	BR
92924			REMOVAL OF PLAQUE OF MAJOR CORONARY ARTERY OR BRANCH	$ 353.89	$ 300.80
92925			REMOVAL OF PLAQUE OF MAJOR CORONARY ARTERY OR BRANCH	BR	BR
92928			CATHETER INSERTION OF STENT IN MAJOR CORONARY ARTERY OR BRANCH	$ 330.82	$ 281.19
92929			CATHETER PLACEMENT OF STENT IN MAJOR CORONARY ARTERY OR BRANCH	BR	BR
92933			REMOVAL OF PLAQUE AND INSERTION OF STENT IN MAJOR CORONARY ARTERY OR BRANCH	$ 369.74	$ 314.28
92934			REMOVAL OF PLAQUE AND INSERTION OF STENT IN MAJOR CORONARY ARTERY OR BRANCH	BR	BR
92937			ANY COMBINATION OF INSERTION OF STENT, REMOVAL OF PLAQUE AND BALLOON DILATION	$ 330.44	$ 280.87
92938			ANY COMBINATION OF INSERTION OF STENT, REMOVAL OF PLAQUE AND BALLOON DILATION	BR	BR
92941			ANY COMBINATION OF INSERTION OF STENT, REMOVAL OF PLAQUE AND BALLOON DILATION	$ 370.51	$ 314.93
92943			ANY COMBINATION OF INSERTION OF STENT, REMOVAL OF PLAQUE AND BALLOON DILATION	$ 370.32	$ 314.77
92944			ANY COMBINATION OF INSERTION OF STENT, REMOVAL OF PLAQUE AND BALLOON DILATION	BR	BR
92950	SA		CARDIOPULMONARY RESUSCITATION	NA	$ 30.40
92950			CARDIOPULMONARY RESUSCITATION	$ 37.00	$ 32.00
92953			TEMPORARY TRANSCUTANEOUS PACING	$ 10.24	$ 8.70
92960			ELECTRICAL CARDIOVERSION	$ 30.00	$ 30.00
92961			CARDIOVERSION ELECTIVE INTERNAL	$ 60.00	$ 51.00
92970			CARDIOASSIST-METHOD CIRC.ASSIST;INTE	$ 98.00	$ 83.30
92971			CARDIOASSIST-METHOD...EXTERNAL	$ 72.00	$ 61.20

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
92973			PERCU TRANSLUM CORONARY THROMBECTOMY	$ 82.00	$ 70.00
92974			TRANSCATHETER PLACEMENT RAD DEL DEVI	$ 90.00	$ 77.00
92975			THROMBOLYSIS, CORONARY;	$ 182.00	$ 155.00
92977			THROMBOLYSIS, CORONARY;	$ 45.00	$ 40.00
92978	26		INTRAVASC ULTRASOUND(COR VESS) INIT	$ 41.00	$ 35.00
92978	TC		INTRAVASC ULTRASOUND(COR VESS) INIT	$ 75.00	NA
92978			INTRAVASC ULTRASOUND(COR VESS) INIT	$ 116.00	$ 110.00
92979	26		INTRAVASC ULTRASOUND EACH ADD VESSEL	$ 34.00	$ 29.00
92979	TC		INTRAVASC ULTRASOUND EACH ADD VESSEL	$ 37.00	NA
92979			INTRAVASC ULTRASOUND EACH ADD VESSEL	$ 71.00	$ 66.00
92986			PERCU.BALLOON VALVULOPLASTY;AORTIC V	$ 502.00	$ 427.00
92987			PERCUT BALLOON VALVULOPLASTY MITRAL	$ 676.00	$ 574.00
92990			PERCU.BALLOON VALVULOPLASTY;PULMONAR	$ 400.00	$ 340.00
92992			ATRIAL SEPTECT SEPTOST CARIAC CATHET	$ 499.27	$ 424.38
92993			ATRIAL BLADE METHOD SEPTOSTOMY CARIA	$ 820.00	$ 697.00
92997			PERC TRANSLUM PULM ART BALLOON ANGIO	$ 477.00	$ 406.00
92998			PERC TRANSLUM PULM ART BALLOON ANGIO	$ 184.00	$ 156.00
93000	TC		ECG...TRACING ONLY,WO I&R	$ 11.00	NA
93000	26		ECG; INTERPRETATION AND REPORT	$ 5.00	$ 5.00
93000			ROUTINE ECG W/AT LEAST 12 LEADS	$ 16.00	$ 16.00
93005			ECG...TRACING_ONLY,WO_I&R__	$ 7.72	$ 6.56
93010			ECG; INTERPRETATION AND REPORT	$ 5.00	$ 5.00
93015			CARDIOVASCULAR STRESS TEST	$ 80.00	$ 68.00
93016			CARDIAC STRESS TEST PHY.SUPERVI.ONLY	$ 10.00	$ 10.00
93017			CARDIOVASCULAR STRESS TEST; TRACING	$ 35.00	$ 35.00
93018			CARDIOVASCULAR STRESS; INTERPRET/REP	$ 13.51	$ 11.49
93024	26		ERGONOVINE PROVOCATION TEST	$ 16.00	$ 14.00
93024	TC		ERGONOVINE PROVOCATION TEST	$ 24.00	NA
93024			ERGONOVINE PROVOCATION TEST	$ 40.00	$ 38.00
93025			MICROVOLT T-WAVES ALTERNANS VENT ARR	$ 136.00	$ 116.00
93040			RHYTHM ECG;1-3 LEADS W/INTERPRETATIO	$ 10.00	$ 10.00
93041			RHYTHM ECG...TRACING ONLY WO I&R	$ 6.00	$ 6.00
93042			RHYTHM ECG; INTERPRET+REPORT ONLY	$ 3.00	$ 3.00
93224			ECG MONITOR/24 HR...PHY REV&INTERP	$ 85.00	$ 72.00
93225			ECG MONIT 24HR....MONITORING	$ 11.00	$ 9.00
93226			ECG MONIT 24HR..SCAN ANAL W REPORT	$ 39.00	$ 33.00
93227			ECG MONIT 24HR...PHY REV&INTERP	$ 23.48	$ 19.96
93228			WEARABLE_MOBILE_CARDIOVASCULAR_TELEM	$ 13.63	$ 11.58
93229			WEARABLE_MOBILE_CARDIOVASCULAR_TELEM	$ 383.60	$ 326.06
93260			PRGRMG DEV EVAL IMPLTBL SYS	$ 35.71	$ 30.35
93260	TC		PRGRMG DEV EVAL IMPLTBL SYS	$ 11.88	$ 10.09
93260	26		PRGRMG DEV EVAL IMPLTBL SYS	$ 23.84	$ 20.26
93261			INTERROGATE SUBQ DEFIB	$ 32.69	$ 27.78
93261	TC		INTERROGATE SUBQ DEFIB	$ 11.88	$ 10.09
93261	26		INTERROGATE SUBQ DEFIB	$ 20.81	$ 17.69

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
93268			ECG,PT DEMAND;PRE-SYMPTOM MEM LOOP	$ 32.00	$ 27.00
93268	26		ECG,PT DEMAND;PRE-SYMPTOM MEM LOOP	$ 13.00	$ 11.00
93268	TC		ECG,PT DEMAND;PRE-SYMPTOM MEM LOOP	$ 19.00	NA
93270			PATIENT_DEMAND_RECORDING_SNGLE/MULTI	$ 8.37	$ 7.11
93271			PATIENT DEMAND MONITOR SINGLE/MULITP	$ 35.00	$ 30.00
93272			PAITENT DEMAND INTERP SINGLE/MULTIPL	$ 20.00	$ 17.00
93278	26		SIGNAL-AVERAGED ECG,W/WO ECG	$ 10.61	$ 9.02
93278	TC		SIGNAL-AVERAGED ECG,W/WO ECG	$ 18.38	NA
93278			SIGNAL-AVERAGED ECG,W/WO ECG	$ 28.98	$ 24.64
93279			PROGRAMMING_DEVICE_EVALUATION_WITH	$ 27.01	$ 22.96
93280			PROG_DEVICE_EVAL;DUAL_LEAD_PACEMAKER	$ 31.63	$ 26.88
93281			PROGRAMMING_DEVICE_EVALUATION_WITH_I	$ 37.03	$ 31.48
93282			PROGRAMMING_DEVICE_EVALUATION_WITH_I	$ 34.50	$ 29.33
93283			PROGRAMMING_DEVICE_EVALUATION_WITH_I	$ 44.23	$ 37.60
93284			PROGRAMMING_DEVICE_EVALUATION_WITH_I	$ 48.68	$ 41.38
93285			PROGRAMMING_DEVICE_EVALUATION_WITH_I	$ 23.02	$ 19.56
93286			PERI-PROCEDURAL_DEVICE_EVALUATION_AN	$ 14.96	$ 12.71
93287			PERI-PROCEDURAL_DEVICE_EVALUATION_AN	$ 19.72	$ 16.76
93288			INTERROGATION_DEVICE_EVALUATION_(IN	$ 20.16	$ 17.13
93289			INTERROGATION_DEVICE_EVALUATION_(IN	$ 35.38	$ 30.07
93290			INTERROGATION_DEVICE_EVALUATION_(IN	$ 16.74	$ 14.23
93292			INTERROGATION_DEVICE_EVALUATION_(IN	$ 17.55	$ 14.91
93293	26		TRANSTELEPHONIC_RHYTHM_STRIP_PACEMAK	$ 8.48	$ 7.20
93293	TC		TRANSTELEPHONIC_RHYTHM_STRIP_PACEMAK	$ 21.17	NA
93293			TRANSTELEPHONIC_RHYTHM_STRIP_PACEMAK	$ 29.62	$ 25.18
93294			INTERROGATION_DEVICE_EVALUATION(S)	$ 18.15	$ 15.42
93295			INTERROGATION_DEVICE_EVALUATION(S)	$ 35.91	$ 30.52
93296			INTERROGATION_DEVICE_EVALUATION(S)	$ 14.70	$ 12.49
93297			INTERROGATION_DEVICE_EVALUATION(S)	$ 14.16	$ 12.03
93298			INTERROGATION_DEVICE_EVALUATION(S)	$ 14.16	$ 12.03
93299			INTERROGATION_DEVICE_EVALUATION(S)	$ 24.35	$ 20.69
93303	26		TRANSTHORACIC ECHOCARDIOGRAPHY COMPL	$ 35.00	$ 30.00
93303	TC		TRANSTHORACIC ECHOCARDIOGRAPHY COMPL	$ 63.00	NA
93303			TRANSTHORACIC ECHOCARDIOGRAPHY COMPL	$ 98.00	$ 93.00
93304	TC		TRANSTHORACIC ECHOCARD FU/LIMITED	$ 31.00	NA
93304			TRANSTHORACIC ECHOCARD FU/LIMITED	$ 53.00	$ 50.00
93306	TC		ECHOCARDIOGRAPHY___TRANSTHORACIC__RE	$ 92.83	NA
93306			ECHOCARDIOGRAPHY___TRANSTHORACIC__RE	$ 126.72	$ 107.71
93307	22		ECHOCARDIOGRAPHY; 2 D&M MODE	$ 90.00	$ 83.00
93307	22	26	ECHOCARDIOGRAPHY; 2 D&M MODE	$ 46.00	$ 39.00
93307	22	TC	ECHOCARDIOGRAPHY; 2 D&M MODE	$ 44.00	NA
93307	26		ECHOCARDIOGRAPHY; REAL-TIME SCAN, CO	$ 31.00	$ 26.00
93307	TC		ECHOCARDIOGRAPHY; REAL-TIME SCAN, CO	$ 29.00	NA
93307			ECHOCARDIOGRAPHY; REAL-TIME SCAN, CO	$ 60.00	$ 55.00
93308	26		ECHOCARDIOGRAPHY; REAL-TIME SCAN, LI	$ 12.00	$ 10.00

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CPT/ HCPCS/ CDT	***MOD 1***	***MOD 2***	***SHORT - DESCRIPTION***	***MAXIMUM FEE ALLOWANCE***	***MAXIMUM FEE ALLOWANCE***
PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
93308	TC		ECHOCARDIOGRAPHY; REAL-TIME SCAN, LI	$ 13.00	NA
93308			ECHOCARDIOGRAPHY; REAL-TIME SCAN, LI	$ 25.00	$ 23.00
93312	26		ECHOCARDIOGRAPHY REAL TIME W IMAGING	$ 50.00	$ 43.00
93312	TC		ECHOCARDIOGRAPHY REAL TIME W IMAGING	$ 36.00	NA
93312			ECHOCARDIOGRAPHY REAL TIME W IMAGING	$ 86.00	$ 79.00
93313			ECHOCARDIOGRAPHY/TRANSESOPH PROBE PL	$ 21.00	$ 18.00
93314	26		ECHOCARD/IMAGE ACQUISITION INTER/RPT	$ 21.00	$ 18.00
93314	TC		ECHOCARD/IMAGE ACQUISITION INTER/RPT	$ 48.00	NA
93314			ECHOCARD/IMAGE ACQUISITION INTER/RPT	$ 69.00	$ 66.00
93315	26		TRANSESOPHAGEAL ECHOCARDIOGRAPHY	$ 60.00	$ 51.00
93315	TC		TRANSESOPHAGEAL ECHOCARDIOGRAPHY	$ 62.00	NA
93315			TRANSESOPHAGEAL ECHOCARDIOGRAPHY	$ 122.00	$ 113.00
93316			PROBE PLACEMENT/TRANSESOPH ECHOCARD	$ 24.00	$ 21.00
93317	26		TRANSESOPHAGEAL ECHOCARD INTERP/REP	$ 36.00	$ 31.00
93317	TC		TRANSESOPHAGEAL ECHOCARD INTERP/REP	$ 62.00	NA
93317			TRANSESOPHAGEAL ECHOCARD INTERP/REP	$ 98.00	$ 93.00
93318	26		TRANSESOPHAGEAL ECHOCARD MONITORING	$ 60.00	$ 51.00
93318			TRANSESOPHAGEAL ECHOCARD MONITORING	$ 60.00	$ 51.00
93318	TC		TRANSESOPHAGEAL ECHOCARD MONITORING	$ 62.00	NA
93320	26		DOPPLER ECHOCARDIOGRAPHY	$ 10.00	$ 8.00
93321	26		DOPPLER ECG...FOLLOWUP/LIMITED STUDY	$ 6.00	$ 5.00
93321	TC		DOPPLER ECG...FOLLOWUP/LIMITED STUDY	$ 10.00	NA
93321			DOPPLER ECG...FOLLOWUP/LIMITED STUDY	$ 16.00	$ 15.00
93325	26		DOPPLER COLOR FLOW VELOC MAPPING	$ 3.14	$ 3.14
93325	TC		DOPPLER COLOR FLOW VELOC MAPPING	$ 16.86	NA
93325			DOPPLER COLOR FLOW VELOC MAPPING	$ 20.00	$ 20.00
93350	26		2D ECHO W/WO M MODE, INTERP&REPORT	$ 50.00	$ 43.00
93350	TC		2D ECHO W/WO M MODE, INTERP&REPORT	$ 61.00	NA
93350			2D ECHO W/WO M MODE, INTERP&REPORT	$ 111.00	$ 104.00
93351			ECHOCARDIOGRAPHY___TRANSTHORACIC__RE	$ 150.47	$ 127.90
93352			ECHOCARDIOGRAPHY___TRANSTHORACIC__RE	$ 18.98	$ 16.13
93355			ECHO TRANSESOPHAGEAL (TEE)	$ 120.43	$ 102.37
93451	26		RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN SATURATION AND	$ 78.78	$ 66.96
93451	TC		RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN SATURATION AND	$ 363.48	NA
93451			RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN SATURATION AND	$ 442.26	$ 375.92
93452	26		LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT	$ 138.15	$ 117.42
93452	TC		LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT	$ 358.04	NA
93452			LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT	$ 496.18	$ 421.75
93453	26		COMBINED RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL	$ 181.99	$ 154.69
93453	TC		COMBINED RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL	$ 456.91	NA
93453			COMBINED RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL	$ 638.90	$ 543.06
93454	26		CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING	$ 140.37	$ 119.31
93454	TC		CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING	$ 358.36	NA
93454			CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING	$ 498.73	$ 423.92
93455	26		CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING	$ 162.02	$ 137.72

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PRACTITIONER				*SPECIALIST*	*NON-SPECIALIST*
DME/P&O				*PURCHASE*	*RENTAL*
93455	TC		CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING	$ 418.65	NA
93455			CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING	$ 580.67	$ 493.57
93456	26		CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING	$ 178.94	$ 152.10
93456	TC		CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING	$ 449.26	NA
93456			CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING	$ 628.20	$ 533.97
93457	26		CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING	$ 200.29	$ 170.24
93457	TC		CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING	$ 509.47	NA
93457			CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING	$ 709.75	$ 603.29
93458	26		CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING	$ 169.48	$ 144.05
93458	TC		CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING	$ 432.14	NA
93458			CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING	$ 601.61	$ 511.37
93459	26		CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING	$ 191.20	$ 162.52
93459	TC		CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING	$ 473.22	NA
93459			CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING	$ 664.41	$ 564.75
93460	26		CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING	$ 212.93	$ 180.99
93460	TC		CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING	$ 499.40	NA
93460			CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING	$ 712.32	$ 605.47
93461	26		CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING	$ 235.24	$ 199.95
93461	TC		CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING	$ 580.15	NA
93461			CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING	$ 815.39	$ 693.08
93462			LEFT HEART CATHETERIZATION BY TRANSSEPTAL PUNCTURE THROUGH INTACT SEPTUM OR BY	$ 113.65	$ 96.60
93463			PHARMACOLOGIC AGENT ADMINISTRATION (EG, INHALED NITRIC OXIDE, INTRAVENOUS	$ 53.32	$ 45.32
93464	26		PHYSIOLOGIC EXERCISE STUDY (EG, BICYCLE OR ARM ERGOMETRY) INCLUDING ASSESSING	$ 46.69	$ 39.68
93464	TC		PHYSIOLOGIC EXERCISE STUDY (EG, BICYCLE OR ARM ERGOMETRY) INCLUDING ASSESSING	$ 106.52	NA
93464			PHYSIOLOGIC EXERCISE STUDY (EG, BICYCLE OR ARM ERGOMETRY) INCLUDING ASSESSING	$ 153.20	$ 130.22
93503			SWAN GANZ INSERTION	$ 93.93	$ 79.84
93505	26		ENDOCARDIAL BIOPSY 000	$ 232.00	$ 197.00
93505	TC		ENDOCARDIAL BIOPSY 000	$ 86.00	NA
93505			ENDOCARDIAL BIOPSY 000	$ 283.00	$ 240.55
93524	26		TRANSSEPTAL_&_RETROGRADE_LT_CATH__	$ 153.00	$ 130.00
93530	26		RT HEART CATH FOR CONGEN CARD ANOMAL	$ 183.92	$ 148.92
93530			RT HEART CATH FOR CONGEN CARD ANOMAL	$ 730.92	$ 695.92
93530	TC		RT HEART CATH FOR CONGEN CARD ANOMAL	$ 547.00	NA
93531	26		RT HRT &RETROGR LT HRT CATH/CONG ANO	$ 307.00	$ 261.00
93531	TC		RT HRT &RETROGR LT HRT CATH/CONG ANO	$ 1,368.00	NA
93531			RT HRT &RETROGR LT HRT CATH/CONG ANO	$ 1,675.00	$ 1,629.00
93532	26		RT HRT & TRANSSEPTAL LT HRT CATH	$ 384.00	$ 326.00
93532			RT HRT & TRANSSEPTAL LT HRT CATH	$ 384.00	$ 326.00
93533	26		RT HRT & TRANSSEP LT HRT CATH	$ 214.00	$ 182.00
93533			RT HRT & TRANSSEP LT HRT CATH	$ 214.00	$ 182.00
93561	26		INDICATOR DILUTION STUDIES	$ 19.22	$ 15.22
93561	TC		INDICATOR DILUTION STUDIES	$ 19.78	NA
93561			INDICATOR DILUTION STUDIES	$ 39.00	$ 35.00
93562	26		INDICATOR DILUTION STUDIES;SUBSEQUEN	$ 7.05	$ 4.55
93562	TC		INDICATOR DILUTION STUDIES;SUBSEQUEN	$ 13.95	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
93562			INDICATOR DILUTION STUDIES;SUBSEQUEN	$ 21.00	$ 18.50
93563			INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING	$ 32.12	$ 27.30
93564			INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING	$ 33.47	$ 28.45
93565			INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING	$ 25.34	$ 21.54
93566	26		INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING	$ 25.33	$ 21.53
93566			INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING	$ 96.22	$ 81.78
93567	26		INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING	$ 28.74	$ 24.42
93567			INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING	$ 78.88	$ 67.05
93568	26		INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING	$ 25.90	$ 22.01
93568			INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING	$ 86.11	$ 73.19
93571	26		INTRAVASCULAR DOPPLER VELOC INIT VES	$ 54.00	$ 46.00
93571	TC		INTRAVASCULAR DOPPLER VELOC INIT VES	$ 92.00	NA
93571			INTRAVASCULAR DOPPLER VELOC INIT VES	$ 146.00	$ 138.00
93572	26		INTRAVASC DOPPLER VELOC EA ADD VESS	$ 43.00	$ 37.00
93580			PERC TRANSCATH CLOS CONG INT COMMUN	$ 708.00	$ 602.00
93581			PERC TRANS CLOS CONG VENT SEP DEFECC	$ 947.00	$ 805.00
93582			CLOSURE OF CONGENITAL HEART DEFECT FROM PULMONARY (LUNG) ARTERY TO AORTA VIA CATHETER ACCESSED THROUGH THE SKIN	$ 388.83	$ 330.51
93583			THERAPY FOR REDUCTION OF LOWER HEART CHAMBER DEFECT VIA CATHETER ACCESSED THROUGH THE SKIN	$ 425.12	$ 361.35
93600			BUNDLE OF HIS RECORDING	$ 121.00	$ 103.00
93602	26		INTRA-ATRIAL RECORDING	$ 121.00	$ 103.00
93603	26		RIGHT VENTRICULAR RECORDING;	$ 121.00	$ 103.00
93609			INTRAVENT.ATRIAL MAP TACHYCARDOA...0	$ 184.00	$ 156.00
93610			INTRA-ATRIAL PACING	$ 141.09	$ 119.92
93612			INTRAVENTRICULAR PACING	$ 140.48	$ 119.41
93613			INTRACARD ELECTOPHYS 3-DIMENS MAPP	$ 303.00	$ 258.00
93615			ESOPHAGEAL RECORDING OF ATRIAL ELECT	$ 25.30	$ 21.50
93616	26		ESOPHAGEAL RECORDING...W PACING	$ 55.50	$ 47.00
93618			INDUCE ARRHYTHMIA BY ELEC. PACING	$ 253.00	$ 215.00
93619	26		EPS W RA/RV/HIS W PACING & RECORDING	$ 275.78	$ 234.41
93620			COMP ELECTROPHYSIOLOGIC EVAL....	$ 495.00	$ 421.00
93621	26		COMP ELECTROPHYSIOLOGIC EVAL.....	$ 98.65	$ 83.85
93622	26		COMP ELECTROPHYSIOLOGIC EVAL.....	$ 145.57	$ 123.73
93623	26		PROGRAM STIM&PACING W IV INFUSION...	$ 15.60	$ 13.25
93624			ELECTROPHYSIOLOGIC F/U STUDY	$ 176.50	$ 150.00
93631	26		INTRA-OPERATIVE CARD PACING&MAPPING	$ 367.45	$ 312.00
93640			ELECTROPHYSIO EVAL CARD-DEFIBRILLATO	$ 117.15	$ 100.00
93641			EPS TEST CARDIO-DEFIB PULS GENERATOR	$ 232.00	$ 197.00
93642			EPS EVAL OF COR-DEFIB INDUCED ARRTHY	$ 232.00	$ 197.00
93644			ELECTROPHYSIOLOGY EVALUATION	$ 169.10	$ 143.73
93644	TC		ELECTROPHYSIOLOGY EVALUATION	$ 59.39	$ 50.48
93644	26		ELECTROPHYSIOLOGY EVALUATION	$ 109.71	$ 93.25
93650			INTRACARDIAC CATHETER ABLATION.....	$ 516.00	$ 439.00
93653			EVALUATION AND INSERTION OF CATHETERS FOR CREATION OF COMPLETE HEART BLOCK	$ 463.67	$ 394.12
93654			EVALUATION AND INSERTION OF CATHETERS FOR RECORDING, PACING, AND ATTEMPTED	$ 616.55	$ 524.06
93655			INSERTION OF CATHETERS FOR TREATMENT OF ABNORMAL HEART RHYTHM	$ 231.24	$ 196.55

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
93656			EVALUATION AND INSERTION OF CATHETERS FOR RECORDING, PACING, AND TREATMENT OF	$ 619.33	$ 526.43
93657			INSERTION OF CATHETERS FOR TREATMENT OF ABNORMAL HEART RHYTHM	$ 231.23	$ 196.54
93660			AUTONOMIC NERVOUS SYS.EVAL.CARDIOVAS	$ 100.00	$ 85.00
93662	26		INTRACARDIAC ECHOCARDIOGRAPHY	$ 109.00	$ 93.00
93662	TC		INTRACARDIAC ECHOCARDIOGRAPHY	$ 67.00	NA
93662			INTRACARDIAC ECHOCARDIOGRAPHY	$ 109.00	$ 93.00
93701			BIOIMPEDANCE, THORACIC, ELECTRICAL	$ 24.14	$ 20.52
93701	26		BIOIMPEDANCE, THORACIC, ELECTRICAL	$ 8.00	$ 7.00
93701	TC		BIOIMPEDANCE, THORACIC, ELECTRICAL	$ 23.00	NA
93702			BIS XTRACELL FLUID ANALYSIS	$ 64.64	$ 54.94
93724			ELECTRONIC ANALYSIS ANTITACHY PACER	$ 223.77	$ 190.20
93740	26		TEMPERATURE GRADIENT STUDIES	$ 15.00	$ 13.00
93740			TEMPERATURE GRADIENT STUDIES	$ 20.00	$ 18.00
93740	TC		TEMPERATURE GRADIENT STUDIES	$ 5.00	NA
93745			INITIAL SET-UP AND PROGRAMMING BY A	$ 46.67	$ 39.67
93745	26		INITIAL SET-UP AND PROGRAMMING BY A	$ 11.67	$ 9.92
93745	TC		INITIAL SET-UP AND PROGRAMMING BY A	$ 35.00	NA
93750	26		INTERROGATION OF VENTRICULAR ASSIST DEVICE (VAD), IN PERSON, WITH PHYSICIAN	$ 23.20	$ 19.72
93750			INTERROGATION OF VENTRICULAR ASSIST DEVICE (VAD), IN PERSON, WITH PHYSICIAN	$ 28.18	$ 23.95
93770	26		DETERMINATION OF VENOUS PRESSURE	$ 5.00	$ 5.00
93770			DETERMINATION OF VENOUS PRESSURE	$ 6.00	$ 6.00
93770	TC		DETERMINATION OF VENOUS PRESSURE	$ 1.00	NA
93798			PHY SERV OP CARD.REHAB;W ECG CONT.MO	$ 11.74	$ 9.98
93799			UNLISTED CARDIOVASCULAR SERVICE.....	BR	BR
93880	26		DUPLEX SCAN EXTRACRAN.ART;COMP.BILAT	$ 16.00	$ 14.00
93880	TC		DUPLEX SCAN EXTRACRAN.ART;COMP.BILAT	$ 26.00	NA
93880			DUPLEX SCAN EXTRACRAN.ART;COMP.BILAT	$ 42.00	$ 40.00
93882	26		DUPLEX SCAN EXTRACRAN.ART;7/U OR LIM	$ 8.00	$ 7.00
93882	TC		DUPLEX SCAN EXTRACRAN.ART;7/U OR LIM	$ 13.00	NA
93882			DUPLEX SCAN EXTRACRAN.ART;7/U OR LIM	$ 21.00	$ 20.00
93886	26		TRANSCRANIAL DOPPLER....COMPLETE STU	$ 20.00	$ 17.00
93886			TRANSCRANIAL DOPPLER....COMPLETE STU	$ 53.00	$ 50.00
93888	26		TRANSCRAN.DOPPLER STUDY...7/U.LIM ST	$ 11.00	$ 9.00
93888	TC		TRANSCRAN.DOPPLER STUDY...7/U.LIM ST	$ 17.00	NA
93888			TRANSCRAN.DOPPLER STUDY...7/U.LIM ST	$ 28.00	$ 26.00
93890	26		TRANSCRANIAL DOPPLER STUDY	$ 27.19	$ 23.11
93890	TC		TRANSCRANIAL DOPPLER STUDY	$ 75.72	NA
93890			TRANSCRANIAL DOPPLER STUDY	$ 102.90	$ 87.46
93892	26		TRANSCRANIAL DOPPLER STUDY OF THE IN	$ 31.54	$ 26.81
93893	26		TRANSCRANIAL DOPPLER STUDY OF THE IN	$ 31.54	$ 26.81
93922	26		PHYSIO STUDIES U/L EXTREMITY ARTERIS	$ 9.00	$ 8.00
93922	TC		PHYSIO STUDIES U/L EXTREMITY ARTERIS	$ 13.00	NA
93922			PHYSIO STUDIES U/L EXTREMITY ARTERIS	$ 22.00	$ 21.00
93923	26		U/L EXT STUDIES MULTIPLE LEVELS	$ 18.10	$ 15.10
93923	TC		U/L EXT STUDIES MULTIPLE LEVELS	$ 26.90	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
93923			U/L EXT STUDIES MULTIPLE LEVELS	$ 45.00	$ 42.00
93924	26		LOWER EXT ARTERIES STUDY AT REST	$ 25.00	$ 21.00
93924	TC		LOWER EXT ARTERIES STUDY AT REST	$ 24.00	NA
93924			LOWER EXT ARTERIES STUDY AT REST	$ 49.00	$ 45.00
93925	26		DUPLEX SCAN LOWER EXTREM.ART...BILAT	$ 17.00	$ 14.00
93925			DUPLEX SCAN LOWER EXTREM.ART...BILAT	$ 43.00	$ 40.00
93926	26		DUPLEX SCAN...7/U OR LIMITED STUDY	$ 8.00	$ 7.00
93926	TC		DUPLEX SCAN...7/U OR LIMITED STUDY	$ 13.00	NA
93926			DUPLEX SCAN...7/U OR LIMITED STUDY	$ 21.00	$ 20.00
93930	26		DUPLEX SCAN UPPER EXT..;COMPLETE BIL	$ 16.00	$ 14.00
93930	TC		DUPLEX SCAN UPPER EXT..;COMPLETE BIL	$ 25.00	NA
93930			DUPLEX SCAN UPPER EXT..;COMPLETE BIL	$ 41.00	$ 39.00
93931	26		DUPLEX SCAN UPPER EXT...7/U OR LIMIT	$ 8.00	$ 7.00
93931	TC		DUPLEX SCAN UPPER EXT...7/U OR LIMIT	$ 12.00	NA
93931			DUPLEX SCAN UPPER EXT...7/U OR LIMIT	$ 20.00	$ 19.00
93965	26		NON-INV.STUDIES EXT.VEINS BILATERAL	$ 12.00	$ 10.00
93965	TC		NON-INV.STUDIES EXT.VEINS BILATERAL	$ 18.00	NA
93965			NON-INV.STUDIES EXT.VEINS BILATERAL	$ 30.00	$ 28.00
93970	26		DUPLEX SCAN EXT.VEINS...COMP.BILATER	$ 24.00	$ 20.00
93970	TC		DUPLEX SCAN EXT.VEINS...COMP.BILATER	$ 38.00	NA
93970			DUPLEX SCAN EXT.VEINS...COMP.BILATER	$ 62.00	$ 58.00
93971	26		DUPLEX SCAN EXT.VEINS...7/U LIMITED	$ 12.00	$ 10.00
93971	TC		DUPLEX SCAN EXT.VEINS...7/U LIMITED	$ 18.00	NA
93971			DUPLEX SCAN EXT.VEINS...7/U LIMITED	$ 30.00	$ 28.00
93976	26		DUPLEX SCAN...PELVIC...7/U LIMITED	$ 24.00	$ 20.00
93976	TC		DUPLEX SCAN...PELVIC...7/U LIMITED	$ 38.00	NA
93976			DUPLEX SCAN...PELVIC...7/U LIMITED	$ 62.00	$ 58.00
93978	TC		DUPLEX SCAN AORTA....COMPLETE STUDY	$ 38.00	NA
93979	26		DUPLEX SCAN AORTA...7/U..LIMITED SDY	$ 12.00	$ 10.00
93979	TC		DUPLEX SCAN AORTA...7/U..LIMITED SDY	$ 18.00	NA
93979			DUPLEX SCAN AORTA...7/U..LIMITED SDY	$ 30.00	$ 28.00
93980	26		DUPLEX SCAN FOR PENILE VESSELS	$ 32.00	$ 27.00
93980	TC		DUPLEX SCAN FOR PENILE VESSELS	$ 46.00	NA
93980			DUPLEX SCAN FOR PENILE VESSELS	$ 78.00	$ 73.00
93981	26		PENILE DUPLEX SCAN FOLLOW UP	$ 17.27	$ 14.27
93981	TC		PENILE DUPLEX SCAN FOLLOW UP	$ 21.73	NA
93981			PENILE DUPLEX SCAN FOLLOW UP	$ 39.00	$ 36.00
93982			NONINVASIVE PHYSIOLOGIC STUDY OF IMPLANTED WIRELESS PRESSURE SENSOR IN	$ 24.01	$ 20.40
93990	26		DUPLEX SCAN HEMODIALYSIS ACCESS	$ 10.00	$ 9.00
93990			DUPLEX SCAN HEMODIALYSIS ACCESS	$ 67.00	$ 66.00
93998			UNLISTED NONINVASIVE VASCULAR DIAGNOSTIC STUDY	BR	BR
94002			VENTILATION ASSIST AND MANAGEMENT, INIT DAY	$ 49.30	$ 41.91
94003			VENTILATION ASSIST AND MANAGEMENT, SUBQ DAY	$ 35.55	$ 30.21
94010	26		SPIROMETRY WITH GRAPH, VITAL CAPACIT	$ 8.00	$ 8.00
94010	TC		SPIROMETRY WITH GRAPH, VITAL CAPACIT	$ 10.00	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
94010			SPIROMETRY WITH GRAPH, VITAL CAPACIT	$ 18.00	$ 18.00
94011			MEASUREMENT OF SPIROMETRIC FORCED EXPIRATORY FLOWS IN AN INFANT OR CHILD	$ 52.77	$ 44.85
94012			MEASUREMENT OF SPIROMETRIC FORCED EXPIRATORY FLOWS, BEFORE AND AFTER	$ 83.64	$ 71.09
94014			PATIENT INIT SPIROMETRY FOR 30 DAYS	$ 15.00	$ 14.00
94015			PT INIT SPIROMETRIC REC TC ONLY	$ 6.00	NA
94016			PT SPIROM REC MD I&R ONLY	$ 9.00	$ 8.00
94060	26		BRONCHOSPASM EVALUATION	$ 10.58	$ 8.99
94060	TC		BRONCHOSPASM EVALUATION	$ 43.52	NA
94060			BRONCHOSPASM EVALUATION	$ 54.10	$ 45.98
94060	SA		BRONCHOSPASM EVALUATION	NA	$ 41.00
94060	SA	26	BRONCHOSPASM EVALUATION	NA	$ 11.00
94060	SA	TC	BRONCHOSPASM EVALUATION	NA	$ 30.00
94070	26		BRONCHOSPASM EVALUATION; PROLONGED	$ 22.52	$ 19.52
94070	TC		BRONCHOSPASM EVALUATION; PROLONGED	$ 30.48	NA
94070			BRONCHOSPASM EVALUATION; PROLONGED	$ 53.00	$ 50.00
94150	26		VITAL CAPACITY, TOTAL	$ 1.50	$ 1.50
94150			VITAL CAPACITY, TOTAL	$ 3.67	$ 3.67
94150	TC		VITAL CAPACITY, TOTAL	$ 2.17	NA
94200	26		MAXIMUM BREATHING CAPACITY	$ 2.00	$ 2.00
94200	TC		MAXIMUM BREATHING CAPACITY	$ 7.00	NA
94200			MAXIMUM BREATHING CAPACITY	$ 9.00	$ 9.00
94250	26		EXPIRED GAS COLLECTION	$ 4.79	$ 3.79
94250	TC		EXPIRED GAS COLLECTION	$ 10.21	NA
94250			EXPIRED GAS COLLECTION	$ 15.00	$ 14.00
94375	26		RESPIRATORY FLOW VOLUME LOOP	$ 7.00	$ 6.00
94375	TC		RESPIRATORY FLOW VOLUME LOOP	$ 8.00	NA
94375			RESPIRATORY FLOW VOLUME LOOP	$ 15.00	$ 14.00
94400	26		CO2 BREATHING RESPONSE CURVE	$ 18.00	$ 15.00
94400	TC		CO2 BREATHING RESPONSE CURVE	$ 7.00	NA
94400			CO2 BREATHING RESPONSE CURVE	$ 25.00	$ 22.00
94452	26		HIGH ALTITUDE SIMULATION TEST (HAST)	$ 7.70	$ 6.54
94452	TC		HIGH ALTITUDE SIMULATION TEST (HAST)	$ 24.36	NA
94452			HIGH ALTITUDE SIMULATION TEST (HAST)	$ 32.06	$ 27.25
94453	26		HIGH ALTITUDE SIMULATION TEST (HAST)	$ 10.15	$ 8.62
94453	TC		HIGH ALTITUDE SIMULATION TEST (HAST)	$ 34.43	NA
94453			HIGH ALTITUDE SIMULATION TEST (HAST)	$ 44.58	$ 37.89
94610			SURFACTANT ADMIN THRU TUBE	$ 29.90	$ 25.41
94620			PULMONARY STRESS TESTING	$ 49.57	$ 42.13
94621	26		PULMONARY STRESS TESTING COMPLEX	$ 26.00	$ 22.00
94621	TC		PULMONARY STRESS TESTING COMPLEX	$ 40.00	NA
94621			PULMONARY STRESS TESTING COMPLEX	$ 66.00	$ 62.00
94642			AEROSOL INHAL PENTAMIDINE PNEUMOCYST	$ 30.00	$ 26.00
94644			CBT, 1ST HOUR	$ 24.77	$ 21.05
94645			CBT, EACH ADDL HOUR	$ 7.85	$ 6.67
94664			AEROSOL/VAPOR INHALATIONS	$ 7.35	$ 6.25

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
94664	U9		AEROSOL/VAPOR INHALATIONS	Contract Pricing	Contract Pricing
94669			Mechanical chest wall manipulation for improvement in lung function	$ 19.93	$ 16.94
94680	26		OXYGEN UPTAKE; DIRECT; SIMPLE	$ 11.00	$ 9.00
94680	TC		OXYGEN UPTAKE; DIRECT; SIMPLE	$ 13.00	NA
94680			OXYGEN UPTAKE; DIRECT; SIMPLE	$ 24.00	$ 22.00
94681	TC		OXYGEN UPTAKE W/C02 OUTPUT	$ 43.34	NA
94681	26		OXYGEN UPTAKE W/CO2 OUTPUT	$ 8.66	$ 6.66
94681			OXYGEN UPTAKE W/CO2 OUTPUT	$ 52.00	$ 50.00
94690	26		OXYGEN UPTAKE; REST; INDIRECT	$ 2.81	$ 1.81
94690	TC		OXYGEN UPTAKE; REST; INDIRECT	$ 21.19	NA
94690			OXYGEN UPTAKE; REST; INDIRECT	$ 24.00	$ 23.00
94726			PLETHYSMOGRAPHY FOR DETERMINATION OF LUNG VOLUMES AND, WHEN PERFORMED, AIRWAY	$ 29.53	$ 25.10
94726	26		RESISTANCE	$ -	$ -
94726	TC		RESISTANCE	$ 22.95	NA
94727	26		DISTRIBUTION OF VENTILATION AND CLOSING VOLUMES	$ -	$ -
94727	TC		DISTRIBUTION OF VENTILATION AND CLOSING VOLUMES	$ 16.91	NA
94727			GAS DILUTION OR WASHOUT FOR DETERMINATION OF LUNG VOLUMES AND, WHEN PERFORMED,	$ 23.49	$ 19.96
94728	26		AIRWAY RESISTANCE BY IMPULSE OSCILLOMETRY	$ 6.58	$ 5.59
94728	TC		AIRWAY RESISTANCE BY IMPULSE OSCILLOMETRY	$ 15.30	NA
94728			AIRWAY RESISTANCE BY IMPULSE OSCILLOMETRY	$ 21.88	$ 18.59
94729			DIFFUSING CAPACITY (EG, CARBON MONOXIDE, MEMBRANE) (LIST SEPARATELY IN ADDITION	$ 30.66	$ 26.06
94729	26		TO CODE FOR PRIMARY PROCEDURE)	$ -	$ -
94729	TC		TO CODE FOR PRIMARY PROCEDURE)	$ 25.77	NA
94750	26		PULMONARY COMPLIANCE STUDY	$ 9.00	$ 8.00
94750	TC		PULMONARY COMPLIANCE STUDY	$ 12.00	NA
94750			PULMONARY COMPLIANCE STUDY	$ 21.00	$ 20.00
94760			NONINVASIVE OXIMETRY-02;SINGLE DETER	$ 1.94	$ 1.65
94761			SEE 94760;MULTIPLE DETERMINATIONS	$ 4.14	$ 3.52
94761	U9		SEE 94760;MULTIPLE DETERMINATIONS	Contract Pricing	Contract Pricing
94762			SEE 94760;CONT.OVERNIGHT MONITORING	$ 12.00	$ 10.00
94770			EXPIRED CARBON DIOXIDE ANALYSIS	$ 6.86	$ 5.83
94770	26		EXPIRED CARBON DIOXIDE ANALYSIS	$ 4.00	$ 3.00
94770	TC		EXPIRED CARBON DIOXIDE ANALYSIS	$ 6.00	NA
94772	26		CIRCADIAN RESP PATTERN INFANT	$ 35.00	$ 30.00
94772			CIRCADIAN RESP PATTERN...INFANT	$ 120.00	$ 115.00
94772	TC		CIRCADION RESP PATTERN INFANT	$ 85.00	$ 85.00
94774			PED HOME APNEA REC, COMPL	$ 120.00	$ 115.00
94775			PED HOME APNEA REC, HK-UP	$ 85.00	$ 85.00
94777			PED HOME APNEA REC, REPORT	$ 35.00	$ 30.00
94780			CAR SEAT/BED TESTING FOR AIRWAY INTEGRITY, NEONATE, WITH CONTINUAL NURSING	$ 34.77	$ 29.55
94781			CAR SEAT/BED TESTING FOR AIRWAY INTEGRITY, NEONATE, WITH CONTINUAL NURSING	$ 12.78	$ 10.86
94799			UNLISTEDM PULMONARY SERVICE/PROCEDUR	BR	BR
95004			PERCUTANEOUS TEST	$ 3.75	$ 3.75
95012			NITRIC OXIDE EXPIRED	$ 11.07	$ 9.41
95017	26		ALLERGY TESTING WITH VENOMS INTO SKIN, IMMEDIATE TYPE REACTION, INCLUDING TEST	$ 1.88	$ 1.60

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
95017			ALLERGY TESTING WITH VENOMS INTO SKIN, IMMEDIATE TYPE REACTION, INCLUDING TEST	$ 4.30	$ 3.66
95018	26		ALLERGY TESTING WITH DRUGS OR BIOLOGICALS INTO SKIN, IMMEDIATE TYPE REACTION,	$ 3.77	$ 3.20
95018			ALLERGY TESTING WITH DRUGS OR BIOLOGICALS INTO SKIN, IMMEDIATE TYPE REACTION,	$ 10.42	$ 8.85
95024			INTRADERMAL TESTS W/ALLERGEN EXTRACT	$ 5.50	$ 5.50
95027			SKIN POINT TITRATION	$ 4.24	$ 3.60
95028			INTRADERM TESTS/DELAYED TYPE REACTIO	$ 8.30	$ 8.30
95044			PATCH OR APPLICATION TEST (S)	$ 1.00	$ 1.00
95060			OPHTHALMIC MUCOUS MEMBRANE TESTS	$ 2.00	$ 2.00
95065			NASAL MUCOUS MEMBRANE TEST	$ 2.00	$ 2.00
95070			INHALATION BRONCH CHALLENGE TESTING	$ 18.00	$ 18.00
95071			BRONCHIAL INHALATIONS W/ANTIGENS	$ 18.00	$ 18.00
95076	26		INGESTION OF TEST ITEMS FOR ALLERGIES, INITIAL 120 MINUTES	$ 38.77	$ 32.95
95076			INGESTION OF TEST ITEMS FOR ALLERGIES, INITIAL 120 MINUTES	$ 63.14	$ 53.66
95079	26		INGESTION OF TEST ITEMS FOR ALLERGIES, ADDITIONAL 60 MINUTES	$ 35.57	$ 30.23
95079			INGESTION OF TEST ITEMS FOR ALLERGIES, ADDITIONAL 60 MINUTES	$ 44.43	$ 37.76
95115			ALLER.INJ.W/OUT EXTRACT PROV ONE INJ	$ 2.50	$ 2.50
95117			ALLER.INJ.W/OUT EXTRACT PROV-+1 INJ	$ 2.50	$ 2.50
95130			IMMUNOTHERAPY(RX MD)1 INSECT VENOM	$ 20.00	$ 20.00
95131			IMMUNOTHERAPY(RX MD),2 INSECT VENOM	$ 20.00	$ 20.00
95132			IMMUNOTHERAPY;3 INSECT VENOMS	$ 20.00	$ 20.00
95133			IMMUNOTHERAPY; 4 INSCT VENOMS	$ 20.00	$ 20.00
95134			IMMUNOTHERAPY; 5 INSECT VENOMS	$ 20.00	$ 20.00
95144			IMMUNO TX,SUPERVISION & PROVISION AG	$ 7.00	$ 7.00
95145			PROF SERV SUPERV&PROV ANTIGENS....	$ 17.12	$ 14.55
95146			PROF SERV SUPER&PROV ANTIGENS....	$ 17.12	$ 14.55
95147			PROF SERV SUPER&PROV ANTIGENS....	$ 16.44	$ 13.97
95148			PROF SERV SUPER&PROV ANTIGENS.....	$ 21.87	$ 18.59
95149			PROF SERV SUPER&PROV ANTIGENS.....	$ 29.34	$ 24.94
95165			PROF.SUP.&PROV.OF AGNS FOR IMMUNO RX	$ 4.50	$ 4.50
95170			MD SUPER/PROV;WHOLE BODY EXTRACT	BR	BR
95180			RAPID DESENSITIZATION PROC,EACH HOUR	$ 45.00	$ 40.00
95199			UNLISTED ALLERGY/IMMUNIZATION SERVIC	BR	BR
95250			GLUCOSE MONITORING UP TO 72 HOURS	$ 29.00	$ 25.00
95251			AMBULATORY CONTINUOUS GLUCOSE MONITO	$ 23.02	$ 19.57
95782	26		SLEEP MONITORING OF PATIENT (YOUNGER THAN 6 YEARS) IN SLEEP LAB	$ 64.76	$ 55.04
95782	TC		SLEEP MONITORING OF PATIENT (YOUNGER THAN 6 YEARS) IN SLEEP LAB	$ 449.17	NA
95782			SLEEP MONITORING OF PATIENT (YOUNGER THAN 6 YEARS) IN SLEEP LAB	$ 513.93	$ 436.84
95783	26		SLEEP MONITORING OF PATIENT (YOUNGER THAN 6 YEARS) IN SLEEP LAB WITH CONTINUED	$ 78.84	$ 67.01
95783	TC		SLEEP MONITORING OF PATIENT (YOUNGER THAN 6 YEARS) IN SLEEP LAB WITH CONTINUED	$ 622.77	NA
95783			SLEEP MONITORING OF PATIENT (YOUNGER THAN 6 YEARS) IN SLEEP LAB WITH CONTINUED	$ 701.60	$ 596.36
95800	26		SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING; HEART RATE, OXYGEN SATURATION,	$ 27.70	$ 23.55
95801			SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING; MINIMUM OF HEART RATE, OXYGEN	$ 50.34	$ 42.78
95803	26		ACTIGRAPHY_TESTING___RECORDING__ANAL	$ 22.94	$ 19.50
95803	TC		ACTIGRAPHY_TESTING___RECORDING__ANAL	$ 55.58	NA
95803			ACTIGRAPHY_TESTING___RECORDING__ANAL	$ 78.52	$ 66.74

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
95805	26		MSLT,REC,ANAL&INTERP OF PSYCH MEASUR	$ 24.00	$ 20.00
95805	TC		MSLT,REC,ANAL&INTERP OF PSYCH MEASUR	$ 29.00	NA
95805			MSLT,REC,ANAL&INTERP OF PSYCH MEASUR	$ 53.00	$ 49.00
95806			SLEEP STUDY UNATTEDED BY TECHNOLOGIS	$ 152.04	$ 129.23
95806	26		SLEEP STUDY UNATTENDED BY TECHNOLOGI	$ 52.38	$ 44.52
95806	TC		SLEEP STUDY UNATTENDED BY TECHNOLOGI	$ 99.66	NA
95807	26		SLEEP STUDY 3 OR MORE BY TECHNICIAN	$ 53.54	$ 45.51
95807	TC		SLEEP STUDY 3 OR MORE BY TECHNICIAN	$ 172.00	NA
95807			SLEEP STUDY 3 OR MORE BY TECHNICIAN	$ 245.00	$ 234.00
95808	26		POLYSOMNOGRAPHY 1-3 PARAMETERS TECHN	$ 85.00	$ 72.00
95808	TC		POLYSOMNOGRAPHY 1-3 PARAMETERS TECHN	$ 160.00	NA
95808			POLYSOMNOGRAPHY 1-3 PARAMETERS TECHN	$ 245.00	$ 232.00
95810	26		POLYSOMNOGRAPHY 4+ PARAMETERS TECHIC	$ 85.00	$ 72.00
95810	TC		POLYSOMNOGRAPHY 4+ PARAMETERS TECHIC	$ 160.00	NA
95810			POLYSOMNOGRAPHY 4+ PARAMETERS TECHIC	$ 245.00	$ 232.00
95811	26		POLYSOMNOGRAPHY 4 OR MORE PARAM TECH	$ 108.00	$ 92.00
95811	TC		POLYSOMNOGRAPHY 4 OR MORE PARAM TECH	$ 108.00	NA
95811			POLYSOMNOGRAPHY 4 OR MORE PARAM TECH	$ 216.00	$ 200.00
95812	26		EEG EXTENDED MONITORING UP TO 1 HOUR	$ 34.00	$ 29.00
95812	TC		EEG EXTENDED MONITORING UP TO 1 HOUR	$ 36.00	NA
95812			EEG EXTENDED MONITORING UP TO 1 HOUR	$ 70.00	$ 65.00
95813	26		EEG EXTENDED MONITORING >1 HOUR	$ 49.00	$ 42.00
95813	TC		EEG EXTENDED MONITORING >1 HOUR	$ 36.00	NA
95813			EEG EXTENDED MONITORING >1 HOUR	$ 85.00	$ 78.00
95816	26		EEG,INCL RECOR AWAKE&D,SAME FACILITY	$ 15.00	$ 13.00
95816	TC		EEG,INCL RECOR AWAKE&D,SAME FACILITY	$ 17.00	NA
95816			EEG,INCL RECOR AWAKE&D,SAME FACILITY	$ 32.00	$ 30.00
95819	26		EEG-STD/PORT; SAME FACILITY	$ 15.00	$ 13.00
95819	TC		EEG-STD/PORT; SAME FACILITY	$ 17.00	NA
95819			EEG-STD/PORT; SAME FACILITY	$ 32.00	$ 30.00
95822	26		EEG; SLEEP ONLY	$ 15.00	$ 13.00
95822	TC		EEG; SLEEP ONLY	$ 17.00	NA
95822			EEG; SLEEP ONLY	$ 32.00	$ 30.00
95824	26		EEG; CEREBRAL DEATH RECORDING	$ 7.00	$ 6.00
95824			EEG; CEREBRAL DEATH RECORDING	$ 16.00	$ 15.00
95824	TC		EEG; CEREBRAL DEATH RECORDING	$ 9.00	NA
95827	26		EEG; ALL NIGHT SLEEP RECORDING	$ 15.00	$ 13.00
95827	TC		EEG; ALL NIGHT SLEEP RECORDING	$ 17.00	NA
95827			EEG; ALL NIGHT SLEEP RECORDING	$ 32.00	$ 30.00
95829			ELECTROCORTICOGRAM AT SURGERY(SEP PR	$ 87.00	$ 74.00
95830			MD INSERT SPHENOIDAL ELECTRODE	$ 92.00	$ 78.00
95831			TEST MUSCLE,MANUAL;EXTREMITY/TRUNK	$ 10.00	$ 8.00
95832			MUSCLE TESTING; MANUAL; HAND	$ 13.00	$ 11.00
95833			TEST MUSCLE,MANUAL;TOT BODY/NO HANDS	$ 18.28	$ 15.54
95834			MUSCLE TESTING; MANUAL; TOTAL W/HAND	$ 26.90	$ 22.86

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
95851			RANGE OF MOTION;@ EXTREMITY,NO HANDS	$ 10.00	$ 8.00
95852			RANGE OF MOTION; HAND	$ 10.00	$ 8.00
95857	26		TENSILON TEST FOR MYASTHENIA GRAVIS	$ 13.50	$ 11.50
95857			TENSILON TEST FOR MYASTHENIA GRAVIS	$ 16.00	$ 14.00
95857	TC		TENSILON TEST FOR MYASTHENIA GRAVIS	$ 2.50	NA
95860	26		ELECTROMYOGRAPH;1 EXTREMITY&PARASPIN	$ 30.00	$ 26.00
95860	TC		ELECTROMYOGRAPH;1 EXTREMITY&PARASPIN	$ 7.00	NA
95860			ELECTROMYOGRAPH;1 EXTREMITY&PARASPIN	$ 37.00	$ 33.00
95861	26		ELECTROMYOGRAPH;2 EXTREMITIES&PARASP	$ 46.00	$ 39.00
95861	TC		ELECTROMYOGRAPH;2 EXTREMITIES&PARASP	$ 11.00	NA
95861			ELECTROMYOGRAPH;2 EXTREMITIES&PARASP	$ 57.00	$ 50.00
95863	26		ELECTROMYOGRAPH;3 EXTREMITIES&PARASP	$ 62.00	$ 53.00
95863	TC		ELECTROMYOGRAPH;3 EXTREMITIES&PARASP	$ 14.00	NA
95863			ELECTROMYOGRAPH;3 EXTREMITIES&PARASP	$ 76.00	$ 67.00
95864	26		ELECTROMYOGRAPH;4 EXTREMITIES&PARASP	$ 76.00	$ 65.00
95864	TC		ELECTROMYOGRAPH;4 EXTREMITIES&PARASP	$ 19.00	NA
95864			ELECTROMYOGRAPH;4 EXTREMITIES&PARASP	$ 95.00	$ 84.00
95865			NEEDLE ELECTROMYOGRAPHY; LARYNX	$ 78.70	$ 66.89
95866	26		NEEDLE ELECTROMYOGRAPHY; HEMIDIAPHRA	$ 36.40	$ 30.94
95866	TC		NEEDLE ELECTROMYOGRAPHY; HEMIDIAPHRA	$ 36.85	NA
95866			NEEDLE ELECTROMYOGRAPHY; HEMIDIAPHRA	$ 73.25	$ 62.26
95867	TC		MYOGRAPHY; CRANIAL NERVE; UNILATERAL	$ 4.00	NA
95868	26		MYOGRAPHY; CRANIAL NERVE; BILATERAL	$ 38.00	$ 32.00
95868	TC		MYOGRAPHY; CRANIAL NERVE; BILATERAL	$ 9.00	NA
95868			MYOGRAPHY; CRANIAL NERVE; BILATERAL	$ 47.00	$ 41.00
95869	26		ELECTROMYOGRAPHY; SPECIFIC MUSCLES	$ 16.43	$ 12.62
95869	TC		ELECTROMYOGRAPHY; SPECIFIC MUSCLES	$ 9.00	NA
95869			ELECTROMYOGRAPHY; SPECIFIC MUSCLES	$ 25.43	$ 21.62
95870	26		ELECTROMYOGRAPHY OTH THAN PARASPINAL	$ 16.43	$ 12.62
95870	TC		ELECTROMYOGRAPHY OTH THAN PARASPINAL	$ 9.00	NA
95870			ELECTROMYOGRAPHY OTH THAN PARASPINAL	$ 25.43	$ 21.62
95872	TC		ELECTROMYOGRAPHY,SING.FIBER,ANY TECH	$ 6.00	NA
95872	26		ELECTROMYOGRAPHY,SING.FIBER,ANY TECH	$ 24.00	$ 20.00
95872			ELECTROMYOGRAPHY,SING.FIBER,ANY TECH	$ 30.00	$ 26.00
95873	26		ELECTRICAL STIMULATION FOR GUIDANCE	$ 10.81	$ 9.19
95873	TC		ELECTRICAL STIMULATION FOR GUIDANCE	$ 30.61	NA
95873			ELECTRICAL STIMULATION FOR GUIDANCE	$ 41.42	$ 35.20
95874	26		NEEDLE ELECTROMYOGRAPHY FOR GUIDANCE	$ 10.61	$ 9.02
95874	TC		NEEDLE ELECTROMYOGRAPHY FOR GUIDANCE	$ 29.60	NA
95874			NEEDLE ELECTROMYOGRAPHY FOR GUIDANCE	$ 40.21	$ 34.17
95875	26		ISCHEMIC LIMB EXERCISE,EMG,.....	$ 5.00	$ 4.00
95875	TC		ISCHEMIC LIMB EXERCISE,EMG,.....	$ 18.00	NA
95875			ISCHEMIC LIMB EXERCISE,EMG,.....	$ 23.00	$ 22.00
95885	26		LIMITED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	$ 10.04	$ 8.53
95885			NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN	$ 32.59	$ 27.70

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PRACTITIONER				*SPECIALIST*	*NON-SPECIALIST*
DME/P&O				*PURCHASE*	*RENTAL*
95885	TC		PERFORMED, DONE WITH NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY;	$ 22.55	NA
95886	26		COMPLETE, FIVE OR MORE MUSCLES STUDIED, INNERVATED BY THREE OR MORE NERVES OR	$ 24.62	$ 20.93
95886			NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN	$ 49.99	$ 42.49
95886	TC		PERFORMED, DONE WITH NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY;	$ 25.37	NA
95887	26		(LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	$ 20.46	$ 17.39
95887	TC		MUSCLE(S) DONE WITH NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY	$ 24.56	NA
95887			NEEDLE ELECTROMYOGRAPHY, NON-EXTREMITY (CRANIAL NERVE SUPPLIED OR AXIAL)	$ 45.02	$ 38.27
95905			MOTOR AND/OR SENSORY NERVE CONDUCTION, USING PRECONFIGURED ELECTRODE ARRAY(S),	$ 37.83	$ 32.15
95907			NERVE TRANSMISSION STUDIES, 1-2 STUDIES	$ 51.38	$ 43.67
95908			NERVE TRANSMISSION STUDIES, 3-4 STUDIES	$ 63.37	$ 53.86
95909			NERVE TRANSMISSION STUDIES, 5-6 STUDIES	$ 81.25	$ 69.06
95910			NERVE TRANSMISSION STUDIES, 7-8 STUDIES	$ 107.53	$ 91.40
95911			NERVE TRANSMISSION STUDIES, 9-10 STUDIES	$ 127.97	$ 108.77
95912			NERVE TRANSMISSION STUDIES, 11-12 STUDIES	$ 141.96	$ 120.67
95913			NERVE TRANSMISSION STUDIES, 13 OR MORE STUDIES	$ 161.27	$ 137.08
95921			TESTING AUT NERV SYS FUNCTION	$ 18.00	$ 16.00
95922	26		TESTING AUTO NERV SYST FUNCTION	$ 13.00	$ 11.00
95922	TC		TESTING AUTO NERV SYST FUNCTION	$ 6.00	NA
95922			TESTING AUTO NERV SYST FUNCTION	$ 19.00	$ 17.00
95923	26		TESTING AUTO NERV SYST FUNCTION	$ 12.00	$ 10.00
95923	TC		TESTING AUTO NERV SYST FUNCTION	$ 6.00	NA
95923			TESTING AUTO NERV SYST FUNCTION	$ 18.00	$ 16.00
95924			TESTING OF AUTONOMIC (SYMPATHETIC) NERVOUS SYSTEM FUNCTION, AT LEAST 5 MINUTES	$ 83.66	$ 71.11
95925	26		SOMATOSENSORY TESTING,ONE > NERVES	$ 22.00	$ 19.00
95925	TC		SOMATOSENSORY TESTING,ONE > NERVES	$ 33.00	NA
95925			SOMATOSENSORY TESTING,ONE > NERVES	$ 55.00	$ 52.00
95926	26		SHORT LAT SOMATOSEN STUDY/LOWER LIMB	$ 16.00	$ 14.00
95926	TC		SHORT LAT SOMATOSEN STUDY/LOWER LIMB	$ 39.00	NA
95926			SHORT LAT SOMATOSEN STUDY/LOWER LIMB	$ 55.00	$ 53.00
95927	26		SHORT-LAT SOMATOSEN STUDY/TRUNK/HEAD	$ 16.00	$ 14.00
95927	TC		SHORT-LAT SOMATOSEN STUDY/TRUNK/HEAD	$ 39.00	NA
95927			SHORT-LAT SOMATOSEN STUDY/TRUNK/HEAD	$ 55.00	$ 53.00
95928	26		CENTRAL MOTOR EVOKED POTENTIAL STUDY	$ 42.99	$ 36.54
95928	TC		CENTRAL MOTOR EVOKED POTENTIAL STUDY	$ 101.49	NA
95928			CENTRAL MOTOR EVOKED POTENTIAL STUDY	$ 144.47	$ 122.80
95929	26		CENTRAL MOTOR EVOKED POTENTIAL STUDY	$ 42.01	$ 35.71
95929	TC		CENTRAL MOTOR EVOKED POTENTIAL STUDY	$ 102.29	NA
95929			CENTRAL MOTOR EVOKED POTENTIAL STUDY	$ 144.30	$ 122.66
95930	26		VISUAL EVOKED POTENTIAL TESTING CNS	$ 12.00	$ 10.00
95930	TC		VISUAL EVOKED POTENTIAL TESTING CNS	$ 11.00	NA
95930			VISUAL EVOKED POTENTIAL TESTING CNS	$ 23.00	$ 21.00
95933	26		BLINK REFLEX,ELETRODIAGNOSTIC TEST	$ 24.14	$ 19.14
95933	TC		BLINK REFLEX,ELETRODIAGNOSTIC TEST	$ 27.86	NA
95933			BLINK REFLEX,ELETRODIAGNOSTIC TEST	$ 52.00	$ 47.00
95937	26		NEUROMUSCULAR JUNC.TEST.;@ NERVE	$ 26.00	$ 22.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
95937	TC		NEUROMUSCULAR JUNC.TEST.;@ NERVE	$ 9.00	NA
95937			NEUROMUSCULAR JUNC.TEST.;@ NERVE	$ 35.00	$ 31.00
95938	TC		PERIPHERAL NERVES OR SKIN SITES, RECORDING FROM THE CENTRAL NERVOUS SYSTEM; IN	$ 167.74	NA
95938			SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL	$ 192.16	$ 163.33
95938	26		UPPER AND LOWER LIMBS	$ 24.42	$ 20.76
95939	26		C_MOTOR_EVOKED_UPR&LWR_LIMBS	$ 65.15	$ 55.38
95939	TC		C_MOTOR_EVOKED_UPR&LWR_LIMBS	$ 216.47	NA
95939			C_MOTOR_EVOKED_UPR&LWR_LIMBS	$ 281.62	$ 239.37
95940			CONTINUOUS MONITORING OF NERVOUS SYSTEM DURING OPERATION, EACH 15 MINUTES	$ 17.63	$ 14.98
95941			CONTINUOUS MONITORING OF NERVOUS SYSTEM DURING OPERATION, PER HOUR	BR	BR
95943			TESTING OF AUTONOMIC (PARASYMPATHETIC AND SYMPATHETIC) NERVOUS SYSTEM FUNCTION	$ 51.54	$ 43.81
95950	26		AMBULATORY 24 HOUR EEG MONITORING	$ 35.00	$ 30.00
95950	TC		AMBULATORY 24 HOUR EEG MONITORING	$ 50.00	NA
95950			AMBULATORY 24 HOUR EEG MONITORING	$ 85.00	$ 80.00
95951	26		MONITORING FOR LOCALIZATION OF CEREB	$ 45.00	$ 38.00
95951	TC		MONITORING FOR LOCALIZATION OF CEREB	$ 68.00	NA
95951			MONITORING FOR LOCALIZATION OF CEREB	$ 113.00	$ 106.00
95953	26		EACH 24 HOUR EEG MONITORING	$ 45.00	$ 38.00
95953	TC		EACH 24 HOUR EEG MONITORING	$ 68.00	NA
95953			EACH 24 HOUR EEG MONITORING	$ 113.00	$ 106.00
95954	26		PHARM/PHYSICAL ACTIVATION DURING EEG	$ 30.00	$ 26.00
95954	TC		PHARM/PHYSICAL ACTIVATION DURING EEG	$ 20.00	NA
95954			PHARM/PHYSICAL ACTIVATION DURING EEG	$ 50.00	$ 46.00
95955	26		EEG DURING NONINTRACRANIAL SURGERY..	$ 35.00	$ 30.00
95956	26		EACH 24 HOUR EEG MONITORING	$ 45.00	$ 38.00
95956	TC		EACH 24 HOUR EEG MONITORING	$ 68.00	NA
95956			EACH 24 HOUR EEG MONITORING	$ 113.00	$ 106.00
95957	26		DIGITAL ANALYSIS OF EEG	$ 59.00	$ 50.00
95957	TC		DIGITAL ANALYSIS OF EEG	$ 40.00	NA
95957			DIGITAL ANALYSIS OF EEG	$ 99.00	$ 90.00
95958	26		WADA ACTIVATION TEST FOR HEMISPHERIC	$ 43.00	$ 37.00
95958	TC		WADA ACTIVATION TEST FOR HEMISPHERIC	$ 63.00	NA
95958			WADA ACTIVATION TEST FOR HEMISPHERIC	$ 106.00	$ 100.00
95961	TC		FUNCT CORTICAL MAPPI;INIT HR PHY ATT	$ 31.00	NA
95961	26		FUNCT CORTICAL MAPPI;INIT HR PHY ATT	$ 75.00	$ 64.00
95961			FUNCT CORTICAL MAPPI;INIT HR PHY ATT	$ 106.00	$ 95.00
95962			FUNCT CORTICAL MAP;EA ADD HR PHY ATT	$ 106.00	$ 95.00
95965	26		MAGNETOENCEPHALOGRAPHY RECORD/ANALYS	217.47	184.85
95965			MEGNETOENCEPHALOGRAPHY_RECORD/ANALYS	$ 217.47	$ 184.85
95966	26		MAGNETOENCEPHALOGRAPHY_RECORD/ANALYS	$ 120.00	102.00
95967	26		MAGNETOENCEPHALOGRAPHY RECORD/ANALYS	$ 105.00	$ 89.00
95970			ELECT ANAL IMPL NEUROSTIM PULSE GEN	$ 14.00	$ 12.00
95971			ELECT ANAL IMPL NEUROSTIM PULSE GEN	$ 20.00	$ 17.00
95972			ELECT ANAL IMPL NEUROSTIM PULSE GEN	$ 37.00	$ 32.00
95974			ELECT ANAL IMPL NEUROSTIM PULSE GEN	$ 73.00	$ 62.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
95975			ELECT ANAL IMPL NEUROSTIM PULSE GEN	$ 44.00	$ 38.00
95978	26		ELECTRONIC ANALYSIS OF IMPLANTED NEU	$ 103.48	$ 87.95
95978			ELECTRONIC ANALYSIS OF IMPLANTED NEU	$ 135.30	$ 115.00
95979	26		ELECTRONIC ANALYSIS OF IMPLANTED NEU	$ 48.33	$ 41.08
95979			ELECTRONIC ANALYSIS OF IMPLANTED NEU	$ 58.60	$ 49.81
95980			ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG,	$ 24.85	$ 21.12
95981	26		ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG,	$ 9.52	$ 8.09
95981			ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG,	$ 17.57	$ 14.93
95982	26		ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG,	$ 19.73	$ 16.77
95982			ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG,	$ 28.79	$ 24.47
95990			REFILL/MAINT IMPL PUMP DRUG DELIVERY	$ 29.00	$ 25.00
95991			REFILL/MAINT IMPL PUMP BY PHYSICIAN	$ 33.78	$ 28.72
95992	26		CANALITH_REPOSITIONING_PROCEDURE(S)	$ 19.79	$ 16.82
95992			CANALITH_REPOSITIONING_PROCEDURE(S)	$ 22.81	$ 19.38
95999			UNLISTED NEUROLOGICAL/NEUROMUSCULAR	BR	BR
96000			COMP COMPUTER-BASED MOTION ANALYSIS	$ 48.00	$ 41.00
96001			COMP COMPUTER-BASED MOTION ANALYSIS	$ 58.00	$ 49.00
96002			DYNAMIC SURFACE ELECTROMYOGRAPHY	$ 11.00	$ 9.00
96003			DYNAMIC FINE WIRE ELECTROMYOGRAPHY	$ 10.00	$ 8.50
96004			MD REVIEW/INTERPRETATION 96000-96003	$ 49.00	$ 42.00
96020			FUNCTIONAL BRAIN MAPPING	$ 89.75	$ 76.29
96040			MEDICAL_GENETICS_AND_GENETIC_COUNSE	$ 27.80	$ 23.63
96100			PSYCOLOGICAL_TESTING IN AN OTP	$ 15.00	NA
96101			PSYCHOLOGICAL TESTING (INCLUDES PSYC	$ 42.08	$ 35.16
96101	UC		PSYCHOLOGICAL TESTING (INCLUDES PSYC	$ 28.61	NA
96102			PSYCHOLOGICAL TESTING (INCLUDES PSYC	$ 35.14	$ 29.86
96102	UC		PSYCHOLOGICAL TESTING (INCLUDES PSYC	$ 24.72	NA
96103			PSYCHOLOGICAL TESTING (INCLUDES PSYC	$ 14.58	$ 12.39
96103	UC		PSYCHOLOGICAL TESTING (INCLUDES PSYC	$ 10.04	NA
96105			ASSESS APHASIA W/INTERP REP PER HOUR	$ 37.00	$ 26.00
96105	UC		ASSESS APHASIA W/INTERP REP PER HOUR	$ 25.00	$ 25.00
96110			DEVELOP TESTING, LIM W/INTERP REPORT	$ 7.28	$ 6.19
96111			DEVELOP TESTING, EXTEND W/INT/REP HR	$ 37.00	$ 26.00
96111	UC		DEVELOP TESTING, EXTEND W/INT/REP HR	$ 25.00	$ 25.00
96116			NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONING AND	$ 49.18	$ 41.80
96116	UC		NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONING AND	$ 33.94	NA
96118			NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BATTERY,	$ 51.81	$ 44.04
96118	UC		NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BATTERY,	$ 35.60	NA
96119			NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BATTERY,	$ 44.72	$ 38.01
96119	UC		NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BATTERY,	$ 30.44	NA
96120			NEUROPSYCHOLOGICAL TESTING (EG, WISCONSIN CARD SORTING TEST), ADMINISTERED BY A	$ 26.06	$ 22.15
96120	UC		NEUROPSYCHOLOGICAL TESTING (EG, WISCONSIN CARD SORTING TEST), ADMINISTERED BY A	$ 17.72	NA
96125			STANDARDIZED COGNITIVE PERFORMANCE TESTING (EG, ROSS INFORMATION PROCESSING	$ 63.16	$ 53.69
96125	26		STANDARDIZED COGNITIVE PERFORMANCE TESTING (EG, ROSS INFORMATION PROCESSING	$ 41.46	$ 35.25
96125	SA	26	STANDARDIZED COGNITIVE PERFORMANCE TESTING (EG, ROSS INFORMATION PROCESSING	NA	$ 33.48

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
96125	SA		STANDARDIZED COGNITIVE PERFORMANCE TESTING (EG, ROSS INFORMATION PROCESSING	NA	$ 49.52
96127			BRIEF EMOTIONAL/BEHAV ASSMT	$ 3.02	$ 2.56
96150			HEALTH & BEHAV ASSESS INIT EA 15 MIN	$ 14.00	$ 12.00
96150	SA		HEALTH & BEHAV ASSESS INIT EA 15 MIN	NA	$ 11.40
96150	UC		HEALTH & BEHAV ASSESS INIT EA 15 MIN	$ 14.00	$ 14.00
96151			HEALTH & BEHAV ASSESS EACH 15 MIN RE	$ 14.00	$ 12.00
96151	SA		HEALTH & BEHAV ASSESS EACH 15 MIN RE	NA	$ 11.40
96151	UC		HEALTH & BEHAV ASSESS EACH 15 MIN RE	$ 14.00	$ 14.00
96152			HEALTH & BEHAV INTERVEN IND EA 15 MI	$ 13.00	$ 11.00
96152	SA		HEALTH & BEHAV INTERVEN IND EA 15 MI	NA	$ 10.45
96152	UC		HEALTH & BEHAV INTERVEN IND EA 15 MI	$ 13.00	$ 13.00
96153			HEALTH & BEHAV INTERVEN EA 15 MINUTE	$ 3.68	$ 3.13
96153	SA		HEALTH & BEHAV INTERVEN EA 15 MINUTE	NA	$ 3.80
96153	UC		HEALTH & BEHAV INTERVEN EA 15 MINUTE	$ 5.00	$ 5.00
96154			HEALTH & BEHAV INTERVEN FAM EA 15 MI	$ 13.00	$ 11.00
96154	SA		HEALTH & BEHAV INTERVEN FAM EA 15 MI	NA	$ 10.45
96154	UC		HEALTH & BEHAV INTERVEN FAM EA 15 MI	$ 13.00	$ 13.00
96155			HEALTH & BEHAV INTERVEN FAM EA 15 MI	$ 12.00	$ 10.00
96155	SA		HEALTH & BEHAV INTERVEN FAM EA 15 MI	NA	$ 9.50
96155	UC		HEALTH & BEHAV INTERVEN FAM EA 15 MI	$ 12.00	$ 12.00
96360			INTRAVENOUS_INFUSION___HYDRATION;_IN	$ 32.30	$ 27.46
96360	SA		INTRAVENOUS_INFUSION___HYDRATION;_IN	NA	$ 25.62
96361			INTRAVENOUS_INFUSION___HYDRATION;_EA	$ 8.49	$ 7.22
96361	SA		INTRAVENOUS_INFUSION___HYDRATION;_EA	NA	$ 6.70
96365			INTRAVENOUS_INFUSION___FOR_THERAPY	$ 38.87	$ 33.04
96365	SA		INTRAVENOUS_INFUSION___FOR_THERAPY	NA	$ 30.93
96366			INTRAVENOUS_INFUSION___FOR_THERAPY	$ 10.35	$ 8.79
96366	SA		INTRAVENOUS_INFUSION___FOR_THERAPY	NA	$ 8.19
96367			INTRAVENOUS_INFUSION___FOR_THERAPY	$ 16.77	$ 14.25
96367	SA		INTRAVENOUS_INFUSION___FOR_THERAPY	NA	$ 13.39
96368			INTRAVENOUS_INFUSION___FOR_THERAPY	$ 11.37	$ 9.66
96368	SA		INTRAVENOUS_INFUSION___FOR_THERAPY	NA	$ 9.02
96369			SUBCUTANEOUS_INFUSION_FOR_THERAPY_OR	$ 109.97	$ 93.47
96369	SA		SUBCUTANEOUS_INFUSION_FOR_THERAPY_OR	NA	$ 88.26
96370			SUBCUTANEOUS_INFUSION_FOR_THERAPY_OR	$ 8.33	$ 7.08
96370	SA		SUBCUTANEOUS_INFUSION_FOR_THERAPY_OR	NA	$ 6.73
96371			SUBCUTANEOUS_INFUSION_FOR_THERAPY_OR	$ 50.74	$ 43.13
96371	SA		SUBCUTANEOUS_INFUSION_FOR_THERAPY_OR	NA	$ 41.36
96372			THERAPEUTIC___PROPHYLACTIC__OR_DIAGN	$ 2.50	2.50
96372	FP		THERAPEUTIC___PROPHYLACTIC__OR_DIAGN	$ 4.80	NA
96372	SA		THERAPEUTIC___PROPHYLACTIC__OR_DIAGN	NA	$ 2.50
96372	SB		THERAPEUTIC___PROPHYLACTIC__OR_DIAGN	NA	$ 2.50
96373			THERAPEUTIC___PROPHYLACTIC__OR_DIAGN	$ 10.77	$ 9.15
96374			THERAPEUTIC___PROPHYLACTIC__OR_DIAGN	$ 31.68	$ 26.93
96374	SA		THERAPEUTIC___PROPHYLACTIC__OR_DIAGN	NA	$ 25.27

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
96374	SB		THERAPEUTIC___PROPHYLACTIC__OR_DIAGN	NA	$ 21.91
96375			THERAPEUTIC___PROPHYLACTIC__OR_DIAGN	$ 12.50	$ 10.63
96375	SA		THERAPEUTIC___PROPHYLACTIC__OR_DIAGN	NA	$ 9.94
96375	SB		THERAPEUTIC___PROPHYLACTIC__OR_DIAGN	NA	$ 8.62
96376	SA		THERAPEUTIC___PROPHYLACTIC__OR_DIAGN	NA	$ 11.41
96376			THERAPEUTIC___PROPHYLACTIC__OR_DIAGN	$ 14.14	$ 12.01
96379	SA		UNLISTED_THERAPEUTIC___PROPHYLACTIC	NA	$ 2.50
96379	SB		UNLISTED_THERAPEUTIC___PROPHYLACTIC	NA	$ 2.50
96379			UNLISTED_THERAPEUTIC___PROPHYLACTIC	$ 2.50	$ 2.50
96401			CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL	$ 41.69	$ 35.44
96401	SA		CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL	NA	$ 33.20
96402			CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; HORMONAL	$ 17.78	$ 15.11
96402	SA		CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; HORMONAL	NA	$ 14.20
96405			CHEMOTHERAPY INTRALESIONAL >7 LESION	$ 16.00	$ 14.00
96406			CHEMOTHERAPY_INTRALESIONAL_>7_LESION	$ 20.00	$ 17.00
96409			CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, SINGLE OR INITIAL	$ 61.96	$ 52.67
96409	SA		CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, SINGLE OR INITIAL	NA	$ 49.11
96411			CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, EACH ADDITIONAL	$ 34.67	$ 29.47
96411	SA		CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, EACH ADDITIONAL	NA	$ 27.53
96413			CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR,	$ 75.98	$ 64.58
96413	SA		CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR,	NA	$ 60.12
96415			CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL	$ 15.36	$ 13.06
96415	SA		CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL	NA	$ 12.41
96416			CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF	$ 79.13	$ 67.26
96416	SA		CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF	NA	$ 62.82
96417			CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL	$ 34.85	$ 29.62
96417	SA		CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL	NA	$ 27.83
96420	SA		CHEMOTHERAPY INTRA-ARTERIAL, PUSH	NA	$ 13.30
96420			CHEMOTHERAPY INTRA-ARTERIAL;PUSH	$ 16.00	$ 14.00
96422			CHEMOTHERAPY, INFUSION ..UP TO 1 HR.	$ 32.00	$ 28.00
96422	SA		CHEMOTHERAPY, INFUSION UP TO 1 HOUR	NA	$ 26.60
96423	SA		CHEMOTHERAPY 1 TO 8 HRS, EACH ADDIT	NA	$ 13.30
96423			CHEMOTHERAPY...1 TO 8 HRS;EA ADDIT H	$ 16.00	$ 14.00
96425			CHEMOTHERAPY INFUSION >8HRS PER HOUR	$ 16.00	$ 14.00
96425	SA		CHEMOTHERAPY INFUSION >8HRS PER HR	NA	$ 13.30
96440	26		CHEMOTHERAPY-PLEURAL CAVITY REQ PARA	$ 38.00	$ 32.00
96445			CHEMOTHERAPY-PERITONEAL CAVITY;PARAC	$ 38.00	$ 32.00
96446	26		CHEMOTHERAPY ADMINISTRATION INTO THE PERITONEAL CAVITY VIA INDWELLING PORT OR	$ 15.49	$ 13.16
96446			CHEMOTHERAPY ADMINISTRATION INTO THE PERITONEAL CAVITY VIA INDWELLING PORT OR	$ 112.76	$ 95.84
96450			CHEMOTHERAPY-CNS,REQUIRING LUMBAR PC	$ 61.00	$ 52.00
96521			REFILLING AND MAINTENANCE OF PORTABLE PUMP	$ 77.92	$ 66.23
96521	SA		REFILLING AND MAINTENANCE OF PORTABLE PUMP	NA	$ 61.04
96522			REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY,	$ 63.82	$ 54.25
96522	SA		REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY,	NA	$ 50.13
96523			IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE FOR DRUG DELIVERY SYSTEMS	$ 14.02	$ 11.92

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
96523	SA		IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE FOR DRUG DELIVERY SYSTEMS	NA	$ 11.17
96542			CHEMO,INTRAVENTRICULAR 1+AGENTS (MD)	$ 61.00	$ 52.00
96571			PHOTODYNAMIC THERAPY EA ADDIT 15 MIN	$ 18.00	$ 15.00
96900			ACTINOTHERAPY (ULTRAVIOLET LIGHT)	$ 6.00	$ 5.00
96904			WHOLE BODY PHOTOGRAPHY	$ 35.64	$ 30.29
96910			PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOL	$ 16.00	$ 14.00
96912			PHOTOCHEMOTHERAPY/PUVA	$ 21.00	$ 18.00
96913			PHOTOCHEMOTHER/REP 4-8 HRS CARE/DSPH	$ 24.00	$ 20.00
96920	26		LASER TREAT PSORIASIS <250 SQ CM	$ 18.00	$ 15.00
96920			LASER TREAT PSORIASIS <250 SQ CM	$ 46.00	$ 40.00
96921	26		LASER TX PSORIASIS 250-500 SQ CM	$ 18.00	$ 15.00
96921			LASER TX PSORIASIS 250-500 SQ CM	$ 49.00	$ 42.00
96922			LASER TX PSORIASIS >500 SQ CM	$ 64.00	$ 54.00
96922	26		LASER TX PSORIASIS >500 SQW CM	$ 32.00	$ 28.00
96999			UNLISTED SPECIAL DERMATOLOGICAL SERV	BR	BR
97001			PHYSICAL THERAPY EVALUATION	$ 7.00	$ 7.00
97002			PHYSICAL THERAPY RE-EVALUATION	$ 7.00	$ 7.00
97003			OCCUPATIONAL THERAPY EVALUATION	$ 7.00	$ 7.00
97004			OCCUPATIONAL THERAPY RE-EVALUATION	$ 7.00	$ 7.00
97532	HI		COGNITIVE REHABILITATION	$ 36.50	NA
97535	HI		OCCUPATIONAL THERAPY	$ 26.61	NA
97535	HI	UN	OCCUPATIONAL THERAPY	$ 7.60	NA
97535			SELF CARE/HOME MNGMNT TX DIR EA 15 M	$ 7.00	$ 7.00
97535	ST		TBI-OCCUPATIONAL THERAPY VISIT	$ 73.00	$ 73.00
97597			REMOVAL OF DEVITALIZED TISSUE FROM W	$ 42.16	$ 35.84
97598			REMOVAL OF DEVITALIZED TISSUE FROM W	$ 13.85	$ 11.77
97605			NEGATIVE PRESSURE WOUND THERAPY (EG,	$ 23.54	$ 20.00
97606			NEGATIVE PRESSURE WOUND THERAPY (EG,	$ 28.07	$ 23.86
97610			LOW FREQUENCY, NON-CONTACT, NON-THERMAL ULTRASOUND WOUND ASSESSMENT, AND INSTRUCTIONS FOR ONGOING CARE, PER DAY	$ 68.41	$ 58.14
97799			UNLISTED PHYSICAL MED SER/PROC	$ 7.00	$ 7.00
97802			MED NUTRITION THER INIT ASSESS 15 MI	$ 11.25	$ 11.25
97803			MED NUTRITION THER RE-ASSESS 15 MIN	$ 11.25	$ 11.25
97810			ACUPUNCTURE, ONE OR MORE NEEDLES; WI	$ 16.00	$ 14.00
97811			ACUPUNCTURE, ONE OR MORE NEEDLES; EA	$ 16.00	$ 14.00
97813			ACUPUNCTURE, ONE OR MORE NEEDLES; WI	$ 16.00	$ 14.00
97814			ACUPUNCTURE, ONE OR MORE NEEDLES; EA	$ 16.00	$ 14.00
98925			OSTEOPATHIC MANIPULATIVE RX 1+	$ 7.00	$ 7.00
98940			CHIROPRACTIC MANIP TX SPINAL 1-2 REG	$ 6.00	$ 6.00
98941			CHIROPRACTIC MANIP TX SPINAL 3-4 REG	$ 6.00	$ 6.00
98942			CHIROPRACTIC MANIP TX SPINAL 5 REG	$ 6.00	$ 6.00
99051			SERVICE(S) PROVIDED IN THE OFFICE DU	$ 5.00	$ 5.00
99051	SA		SERVICE(S) PROVIDED IN THE OFFICE DU	NA	$ 4.75
99053			SERVICE(S) PROVIDED BETWEEN 10:00 PM	$ 5.00	$ 5.00
99060			SERVICE(S) PROVIDED ON AN EMERGENCY	$ 5.00	$ 5.00
99070			SUPPLIES_AND_MATERIALS	BR	BR

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
99082			UNUSUAL TRAVEL	BR	BR
99173			SCREENING TEST VIS ACUITY QUANT BIL	$ 5.00	$ 5.00
99174			OCULAR PHOTOSCREENING WITH INTERPRETATION AND REPORT, BILATERAL	BR	BR
99184			HYPOTHERMIA ILL NEONATE	$ 124.62	$ 105.93
99190			SPECIAL PUMP SERVICES; EACH HOUR	$ 45.00	$ 38.00
99191			ASSEMBLY/OPERATION OF PUMP; 3/4 HOUR	$ 33.75	$ 29.00
99192			SPECIAL PUMP SERVICES; 1/2 HOUR	$ 22.50	$ 19.00
99195			PHLEBOTOMY,THERAPEUTIC (SEPAR)	$ 19.00	$ 16.00
99199			UNLISTED SPECIAL SERVICE OR REPORT	BR	BR
99201	HF	22	PHYSICIAN VISIT – NEW PATIENT IN A SUBSTANCE ABUSE TREATMENT FACILITY (10 MINUTES)	$ 23.50	$ 20.60
99201	FP	SB	E/M INITIAL BRIEF FP VS.CNM IN FP CL	NA	$ 31.50
99201	SB	52	E/M INITIAL BRIEF FP VS.CNM IN FP CL	NA	$ 27.50
99201	FP		E/M INITIAL FP VS IN FP CLINIC	$ 83.70	$ 83.70
99201	FP	52	E/M INITIAL FP VS IN FP CLINIC	$ 79.70	$ 79.70
99201			E/M OFFICE/OP NEW PATIENT	$ 23.50	$ 20.60
99201	SA		E/M OFFICE/OP NEW PATIENT	NA	$ 19.60
99201	UC		E/M OFFICE/OP NEW PATIENT	$ 23.50	$ 23.50
99201	SB		E/M OFFICE/OP NEW PATIENT BY CNM	NA	$ 16.50
99201	HF		PRESCRIPTION_VISIT_IN_NARC_CLINIC	NA	$ 4.50
99202	HF	22	PHYSICIAN VISIT – NEW PATIENT IN A SUBSTANCE ABUSE TREATMENT FACILITY (20 MINUTES)	$ 23.50	$ 20.60
99202	FP		E/M FP VISIT,NEW PATIENT IN FP CLINI	$ 83.70	$ 83.70
99202	FP	52	E/M FP VISIT,NEW PATIENT IN FP CLINI	$ 79.70	$ 79.70
99202	FP	SB	E/M INITIAL VS BY CNM IN FP CLINIC	NA	$ 31.50
99202	SB	52	E/M INITIAL VS BY CNM IN FP CLINIC	NA	$ 27.50
99202			E/M OFFICE/OP NEW PATIENT	$ 23.50	$ 20.60
99202	SA		E/M OFFICE/OP NEW PATIENT	NA	$ 19.60
99202	UC		E/M OFFICE/OP NEW PATIENT	$ 23.50	$ 23.50
99202	SB		E/M OFFICE/OP NEW PATIENT BY CNM	NA	$ 16.50
99202	HF		PRESCRIPTION_VISIT_IN_NARC_CLINIC	NA	$ 4.50
99203	FP	SB	E/M INITIAL FP VISIT BY CNM IN FP CL	NA	$ 31.50
99203	SB	52	E/M INITIAL FP VISIT BY CNM IN FP CL	NA	$ 27.50
99203	FP		E/M INITIAL FP VISIT IN FP CLINIC	$ 83.70	$ 83.70
99203	FP	52	E/M INITIAL FP VISIT IN FP CLINIC	$ 79.70	$ 79.70
99203	SB		E/M OFFICE/OP NEW PATIENT BY CNM	NA	$ 22.60
99203			E/M OFFICE/OP NEW PATIENT..MIN 30 MI	$ 32.30	$ 25.00
99203	SA		E/M OFFICE/OP NEW PATIENT..MIN 30 MI	NA	$ 23.80
99203	UC		E/M OFFICE/OP NEW PATIENT..MIN 30 MI	$ 32.30	$ 32.30
99203	UD		E/M OFFICE/OP NEW PATIENT..MIN 30 MI	$ 32.30	$ 25.00
99203	SA	UD	E/M OFFICE/OP NEW PATIENT.CNP/CNS	NA	$ 23.80
99204	SB	52	E/M INITIAL FP VISIT IN FP CL CNM	NA	$ 27.50
99204	FP	52	E/M INITIAL FP VISIT IN FP CLINIC	$ 79.70	$ 79.70
99204			E/M OFFICE/OP NEW PATIENT	$ 32.30	$ 25.00
99204	SA		E/M OFFICE/OP NEW PATIENT	NA	$ 23.80
99204	UC		E/M OFFICE/OP NEW PATIENT	$ 32.30	$ 32.30
99204	SB		E/M OFFICE/OP NEW PATIENT BY CNM	NA	$ 22.60

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
99204	FP		E/M OFFICE/OP NEW VISIT FP CL	$ 83.70	$ 83.70
99204	FP	SB	E/M OFFICE/OP NEW VISIT IN FL CL CNM	NA	$ 31.50
99205	HU		DYFS PRE PLACEMENT EXAM	$ 100.00	NA
99205	HU	SA	DYFS PRE PLACEMENT EXAM BY CNP/CNS	NA	$ 95.00
99205	FP	52	E/M INITIAL FP VISIT IN FP CLINIC	$ 79.70	$ 79.70
99205	SB	52	E/M INITIAL FP VS IN FP CL CNM	NA	$ 27.50
99205			E/M OFFICE OP NEW PATIENT..MIN 60 MI	$ 32.30	$ 25.00
99205	UC		E/M OFFICE OP NEW PATIENT..MIN 60 MI	$ 32.30	$ 32.30
99205	FP		E/M OFFICE/OP NEW IN FL CL	$ 83.70	NA
99205	FP	SB	E/M OFFICE/OP NEW IN FL CL CNM	NA	$ 31.50
99211	HF	22	PHYSICIAN VISIT – ESTABLISHED PATIENT IN A SUBSTANCE ABUSE TREATMENT FACILITY (10 MINUTES)	$ 16.00	$ 14.00
99211	SA		E/M ESTAB.PATIENT MINIMAL PROBLEM(S)	NA	$ 13.30
99211	UC		E/M ESTAB.PATIENT MINIMAL PROBLEM(S)	$ 16.00	$ 16.00
99211	SB		E/M ESTABLISHED PATIENT - VS BY CNM	NA	$ 11.20
99211			E/M FOLLOW UP	$ 16.00	$ 14.00
99211	FP		E/M FOLLOW UP VISIT--FP CLINIC	$ 41.90	$ 41.90
99211	FP	52	E/M FOLLOW UP VISIT--FP CLINIC	$ 37.90	$ 37.90
99211	FP	SB	E/M FOLLOW UP VS. BY CNM IN FPC	NA	$ 16.40
99211	SB	52	E/M FOLLOW UP VS. BY CNM IN FPCLINIC	NA	$ 12.40
99211	HF		PRESCRIPTION_VISIT_IN_NARC_CLINIC	NA	$ 4.50
99211	HV		PRESCRIPTION_VISIT_IN_SAI_CLINIC	NA	$ 4.50
99212	FP		E/M - FP VISIT IN FP CLINIC	$ 41.90	$ 41.90
99212	SB		E/M ESTABLISHED PT. VS BY CNM	NA	$ 16.50
99212	FP	52	E/M F/U VISIT IN FP CLINIC	$ 37.90	$ 37.90
99212	FP	SB	E/M FOLLOW UP VS BY CNM IN FP CLINIC	NA	$ 16.40
99212	SB	52	E/M FOLLOW UP VS BY CNM IN FP CLINIC	NA	$ 12.40
99212			E/M OFFICE/OP - ESTABLISHED PATIENT	$ 23.50	$ 20.60
99212	SA		E/M OFFICE/OP - ESTABLISHED PATIENT	NA	$ 19.60
99212	UC		E/M OFFICE/OP - ESTABLISHED PATIENT	$ 23.50	$ 23.50
99213	SB		E/M ESTABLISHES PT VISIT BY CNM	NA	$ 16.50
99213	FP	52	E/M F/U VISIT IN FAMILY PLANNING CL	$ 37.90	$ 37.90
99213	FP	SB	E/M F/U VISIT-FP CLINIC BY CNM	NA	$ 16.40
99213	SB	52	E/M F/U VISIT-FP CLINIC BY CNM	NA	$ 12.40
99213	FP		E/M F/U VIVIT IN FAMILY PLANNING CL	$ 41.90	$ 41.90
99213			E/M OFFICE/OP ESTAB PATIENT	$ 23.50	$ 20.60
99213	SA		E/M OFFICE/OP ESTAB PATIENT	NA	$ 19.60
99213	UC		E/M OFFICE/OP ESTAB PATIENT	$ 23.50	$ 23.50
99213	UD		E/M OFFICE/OP ESTAB PATIENT	$ 23.50	$ 20.60
99213	SA	UD	E/M OFFICE/OP ESTAB PATIENT CNP/CNS	NA	$ 19.60
99214	FP		E/M FOLLOW UP VISIT - FAMILY PL CLIN	$ 41.90	$ 41.90
99214	FP	52	E/M FOLLOW UP VISIT - FAMILY PL CLIN	$ 37.90	$ 37.90
99214	SB		E/M FOLLOW UP VISIT EST PT BY CNM	NA	$ 16.50
99214	FP	SB	E/M FP VISIT BY CNM - FP CLINIC	NA	$ 16.40
99214	SB	52	E/M FP VISIT BY CNM - FP CLINIC	NA	$ 12.40
99214			E/M OFFICE/OP ESTABLISHED PATIENT	$ 23.50	$ 20.60

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
99214	SA		E/M OFFICE/OP ESTABLISHED PATIENT	NA	$ 19.60
99214	UC		E/M OFFICE/OP ESTABLISHED PATIENT	$ 23.50	$ 23.50
99215	FP	SB	E/M FP VISIT BY CNM IN FP CLINIC	NA	$ 16.40
99215	SB	52	E/M FP VISIT BY CNM IN FP CLINIC	NA	$ 12.40
99215	FP		E/M FP VISIT-ESTAB PT IN FP CLINIC	$ 41.90	$ 41.90
99215	FP	52	E/M FU VISIT IN FP CLINIC	$ 37.90	$ 37.90
99215			E/M OFFICE/OP ESTAB PT VISIT	$ 23.50	$ 20.60
99215	UC		E/M OFFICE/OP ESTAB PT VISIT	$ 23.50	$ 23.50
99215	SB		E/M VISIT-ESTABLISHED PT-BY CNM	NA	$ 16.50
99215	SA		E/M_OFFICE/OP_ESTAB_PT_VISIT_BY_APN	NA	$ 19.60
99217			OBSERVATION CARE DAT MANAGEMENT DC	$ 23.50	$ 20.60
99221			E/M INITIAL HOSPITAL CARE	$ 32.30	$ 25.00
99221	SA		E/M INITIAL HOSPITAL CARE	NA	$ 23.80
99221	SB		E/M INITIAL HOSPITAL CARE BY CNM	NA	$ 22.60
99222			E/M INITIAL HOSPITAL CARE	$ 32.30	$ 25.00
99223			E/M INITIAL HOSPITAL CARE	$ 32.30	$ 25.00
99231			E/M SUBSEQUENT HOSPITAL CARE	$ 23.50	$ 20.60
99231	SA		E/M SUBSEQUENT HOSPITAL CARE	NA	$ 19.60
99231	SB		E/M SUBSEQUENT HOSPITAL CARE BY CNM	NA	$ 16.50
99232			E/M SUBSEQUENT HOSPITAL CARE	$ 23.50	$ 20.60
99232	SA		E/M SUBSEQUENT HOSPITAL CARE	NA	$ 19.60
99232	SB		E/M SUBSEQUENT HOSPITAL CARE CNM	NA	$ 16.50
99233			SUBSEQUENT_HOSPITAL_INPATIENT_CARE	$ 23.50	$ 20.60
99234			HOSPITAL_OBSERVATION_OR_INPATIENT_CA	$ 55.90	$ 47.00
99235			IP HOSP CARE/SAME DAY ADMIT/DISCHARG	$ 55.90	$ 47.00
99236			HOSPITAL_OBSERVATION_OR_INPATIENT_CA	$ 55.90	$ 47.00
99238	SA		HOSP DISCH DAY MNGMNT BY CNP/CNS	NA	$ 19.60
99238			HOSPITAL DISCHARGE DAY MANAGEMENT	$ 23.50	$ 20.60
99238	SB		HOSPITAL DISCHARGE DAY MNGMNT BY CNM	NA	$ 16.45
99239			HOSP_DISCH_DAY_MNGMNT_>30_MINUTES	$ 23.50	$ 20.60
99241	SA		E/M OFFICE/OP CONSULT NEW/ESTAB PT	NA	$ 35.15
99241			E/M OFFICE/OP CONSULT NEW/ESTAB PT	$ 44.00	$ 37.00
99242	SA		E/M OFFICE/OP CONSULT NEW/EST PT	NA	$ 51.68
99242			E/M OFFICE/OP CONSULT NEW/EST PT	$ 64.70	$ 54.40
99243	SA		E/M OFFICE/OP CONSULT NEW/EST PATIEN	NA	$ 51.68
99243			E/M OFFICE/OP CONSULT NEW/EST PATIEN	$ 64.70	$ 54.40
99244	SM		CONSULTATION FOR SECOND OPINION	$ 73.50	$ 62.50
99244	SN		CONSULTATION FOR SECOND OPINION	$ 73.50	$ 62.50
99244	SA		E/M OFFICE/OP CONSULT NEW/EST PATIEN	NA	$ 74.00
99244			E/M OFFICE/OP CONSULT NEW/EST PATIEN	$ 91.10	$ 77.90
99245			E/M OFFICE/OP CONSULT NEW/EST PATIEN	$ 91.10	$ 77.90
99251			E/M INITIAL INPATIENT/NF CONSULT	$ 34.50	$ 29.30
99252			E/M INITIAL IP/NF CONSULT NEW/EST PT	$ 64.70	$ 54.40
99253			E/M INITIAL IP/NF CONSULT NEW/EST PT	$ 64.70	$ 54.40
99254			E/M INITIAL IP/NF CONSULT NEW/EST PT	$ 91.10	$ 77.90

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
99255			E/M INITIAL IP/NF CONSULT NEW/EST PT	$ 91.10	$ 77.90
99281			E/M EMERG.DEPT. VISIT NEW/EST PT.	$ 16.00	$ 14.00
99281	SA		E/M EMERG.DEPT. VISIT NEW/EST PT.	NA	$ 13.30
99282			E/M EMERG. DEPT. VISIT NEW/EST PT.	$ 23.50	$ 20.60
99282	SA		E/M EMERG. DEPT.VISIT NEW/EST PT.	NA	$ 19.60
99283			E.M EMERG DEPT. VISIT NEW/EST PATIEN	$ 23.50	$ 20.60
99283	SA		E.M EMERG DEPT. VISIT NEW/EST PATIEN	NA	$ 19.60
99284			E.M EMERG.DEPT. VISIT NEW/EST PATIEN	$ 32.30	$ 25.00
99284	SA		E.M EMERG.DEPT. VISIT NEW/EST PATIEN	NA	$ 23.80
99285			E/M EMERG.DEPT. VISIT NEW/EST PATIEN	$ 32.30	$ 25.00
99291			CRITICAL CARE.....FIRST HOUR	$ 66.20	$ 58.80
99292			CRITICAL CARE..EACH ADDITIONAL 30 MI	$ 33.10	$ 29.40
99304			INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A	$ 32.30	$ 25.00
99304	SA		INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A	NA	$ 23.80
99305			INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A	$ 32.30	$ 25.00
99305	SA		INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A	NA	$ 23.80
99306			INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A	$ 32.30	$ 25.00
99306	SA		INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A	NA	$ 23.80
99307			SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	$ 23.50	$ 20.60
99307	SA		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	NA	$ 19.60
99308			SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	$ 23.50	$ 20.60
99308	SA		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	NA	$ 19.60
99309			SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	$ 23.50	$ 20.60
99309	SA		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	NA	$ 19.60
99310			SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	$ 23.50	$ 20.60
99310	SA		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	NA	$ 19.60
99315			NF DISCHARGE DAY MNGMT 30 MIN OR LES	$ 23.50	$ 20.60
99315	SA		NF DISCHARGE DAY MNGMT 30 MIN OR LES	NA	$ 19.60
99316			NF DISCHARGE DAY MNGMT > 30 MINUTES	$ 32.30	$ 29.40
99316	SA		NF DISCHARGE DAY MNGMT > 30 MINUTES	NA	$ 27.90
99318			EVALUATION AND MANAGEMENT OF A PATIENT INVOLVING AN ANNUAL NURSING FACILITY	$ 32.30	$ 25.00
99318	SA		EVALUATION AND MANAGEMENT OF A PATIENT INVOLVING AN ANNUAL NURSING FACILITY	NA	$ 23.80
99324			DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	$ 32.30	$ 25.00
99324	SA		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	NA	$ 23.80
99325			DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	$ 32.30	$ 25.00
99325	SA		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	NA	$ 23.80
99326			DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	$ 32.30	$ 25.00
99326	SA		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	NA	$ 23.80
99327			DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	$ 32.30	$ 25.00
99327	SA		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	NA	$ 23.80
99328			DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	$ 32.30	$ 25.00
99328	SA		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	NA	$ 23.80
99334			DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	$ 23.50	$ 20.60
99334	SA		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	NA	$ 19.60
99335			DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	$ 23.50	$ 20.60

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
99335	SA		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	NA	$ 19.60
99336			DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	$ 23.50	$ 20.60
99336	SA		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	NA	$ 19.60
99337			DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	$ 23.50	$ 20.60
99337	SA		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	NA	$ 19.60
99341			E/M HOME VISIT NEW PATIENT	$ 23.50	$ 20.60
99341	SA		E/M HOME VISIT NEW PATIENT	NA	$ 19.60
99341	SB		E/M HOME VISIT NEW PATIENT	NA	$ 16.50
99342			E/M HOME VISIT - NEW PATIENT	$ 23.50	$ 20.60
99342	SA		E/M HOME VISIT - NEW PATIENT	NA	$ 19.60
99342	SB		E/M HOME VISIT - NEW PATIENT	NA	$ 16.50
99343			E/M HOME VISIT NEW PATIENT	$ 51.50	$ 51.50
99344			E/M HOME VISIT NEW PATIENT 60 MIN	$ 51.50	$ 51.50
99344	SA		E/M HOME VISIT NEW PATIENT 60 MIN	NA	$ 48.90
99345			E/M HOME VISIT NEW PATIENT 75 MINUTE	$ 51.50	$ 51.50
99345	SA		E/M HOME VISIT NEW PATIENT 75 MINUTE	NA	$ 48.90
99347			E/M HOME VISIT ESTABLISHED PT 15 MIN	$ 35.00	$ 35.00
99347	SA		E/M HOME VISIT ESTABLISHED PT 15 MIN	NA	$ 33.30
99348			E/M HOME VISIT ESTABLISHED PT 25 MIN	$ 51.50	$ 51.50
99348	SA		E/M HOME VISIT ESTABLISHED PT 25 MIN	NA	$ 48.90
99349			E/M HOME VISIT ESTABLISHED PT 40 MIN	$ 51.50	$ 51.50
99349	SA		E/M HOME VISIT ESTABLISHED PT 40 MIN	NA	$ 48.90
99350			E/M HOME VISIT ESTABLISHED PT 60 MIN	$ 51.50	$ 51.50
99350	SA		E/M HOME VISIT ESTABLISHED PT 60 MIN	NA	$ 48.90
99354	SA		PROLONGED DETENTION SERVICE FIRST HR	NA	$ 55.90
99354			PROLONGED PHYSICANSERVICE FIRST HR	$ 66.20	$ 58.80
99355	SA		PROLONGED DETENTION SERVICE 30 MIN	NA	$ 27.90
99355			PROLONGED PHYSICIAN SERVICE 30 MIN	$ 33.10	$ 29.40
99356			PROLONGED PHYS SERVIC INPATIENT 1HR	$ 66.20	$ 58.80
99357			PROLONGED PHYS SERVICE INPT AD 30MIN	$ 33.10	$ 29.40
99381	HU	EP	CHEC VISIT UNDER 1 YEAR OF AGE	$ 335.00	$ 335.00
99381	SA		E/M INITIAL EVAL PREV MED UNDER 1 YR	NA	$ 23.80
99381			E/M INITIAL PREV.MED.NEW PT.UNDER 1Y	$ 32.30	$ 25.00
99381	22	EP	EARLY PERIODIC SCREENING EXAMINATION	$ 32.30	$ 25.00
99381	EP		EARLY PERIODIC SCREENING EXAMINATION	$ 32.30	$ 25.00
99381	EP	SA	EARLY PERIODIC SCREENING EXAMINATION	NA	$ 23.80
99381	22		HEALTHSTART PED PREVENT EXAM	$ 32.30	$ 25.00
99381	22	SA	HEALTHSTART PED PREVENTION	NA	$ 23.80
99382	HU	EP	CHEC VISIT FOR AGES 1 TO 4 YRS	$ 335.00	$ 335.00
99382	SA		E/M INITIAL EVAL PREV MED 1 TO 4 YRS	NA	$ 23.80
99382			E/M INITIAL EVAL PREV MED. 1 TO 4 YR	$ 32.30	$ 25.00
99382	22	EP	EPSDT EXAM 12-24 MONTHS	$ 32.30	$ 25.00
99382	EP	SA	EPSDT EXAM NEW PATIENT	NA	$ 23.80
99382	EP		EPSDT VISIT 2 TO 4 YEARS	$ 32.30	$ 25.00
99382	SA	52	EPSDT VISIT 2 TO 4 YEARS	NA	$ 23.80

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
99382	22		HEALTHSTART PED PREV NEW PT	$ 32.30	$ 25.00
99382	22	SA	HEALTHSTART PED PREV NEW PT	NA	$ 23.80
99383	HU	EP	CHEC VISIT FOR AGES 5 TO 11	$ 335.00	$ 335.00
99383			E/M INITIAL PREV MED 5-11 YRS	$ 85.17	$ 72.39
99383	SA		E/M INITIAL PREV MED 5-11 YRS	NA	$ 23.80
99383	EP		EPSDT VISIT 5 TO 11 YEARS	$ 85.17	$ 72.39
99383	SA	52	EPSDT VISIT NEW PT 5-11 YEARS	NA	$ 68.77
99384	HU	EP	CHEC VISIT FOR AGES 12 TO 17	$ 335.00	$ 335.00
99384	SA		E/M INITIAL PREV MEDICINE AGE 11-17	NA	$ 74.83
99384	SB		E/M INITIAL PREV MEDICINE AGE 12-17	NA	$ 64.87
99384			E/M INITIAL PREV.MEDICINE AGE12-17	$ 92.67	$ 78.77
99384	EP		EPSDT VISIT AGE 12-17	$ 92.67	$ 78.77
99384	SA	52	EPSDT VISIT NEW PT 12 TO 17 YEARS	NA	$ 23.80
99385	HU	EP	CHEC VISIT FOR AGES 18 TO 21	$ 335.00	$ 335.00
99385	SA		E/M INITIAL PREV MED AGES 18 TO 39	NA	$ 23.80
99385	SB		E/M INITIAL PREV MED AGES 18-39	NA	$ 22.60
99385			E/M INITIAL PREV.MED AGES 18-39	$ 32.30	$ 25.00
99385	EP		EPSDT VISIT 18 TO 20 YEARS	$ 92.67	$ 78.77
99385	SA	52	EPSDT VISIT NEW PT 18 TO 20 YEARS	NA	$ 23.80
99386			E/. INITIAL PREV.MED. AGES 40-64	$ 32.30	$ 25.00
99386	SB		E/M INITIAL PREV MED AGES 40-64	NA	$ 22.60
99386	SA		E/M INITIAL PREV.MED. AGES 40-64	NA	$ 23.80
99387	SB		E/M INITIAL PREV MED AGE 65 + OVER	NA	$ 22.60
99387			E/M INITIAL PREV. MED AGE 65 & OVER	$ 32.30	$ 25.00
99387	SA		E/M INITIAL PREV. MED AGES 65 & OVER	NA	$ 23.80
99391	SA		E/M EST PT PREV MED UNDER 1 YEAR OLD	NA	$ 51.72
99391			E/M EST.PT. PREV.MED.-AGE UNDER 1 YR	$ 64.05	$ 54.44
99391	22	EP	EARLY PERIODIC SCREENING EXAMINATION	$ 32.30	$ 25.00
99391	EP	SA	EARLY PERIODIC SCREENING EXAMINATION	NA	$ 23.80
99391	EP		EPSDT VISIT UNDER 1 YEAR OF AGE	$ 64.05	$ 54.44
99391	22		HEALTHSTART PED PREVENT EXAM	$ 64.05	$ 54.44
99391	22	SA	HEALTHSTART PED PREVENTION	NA	$ 24.00
99392	SA		E/M EST PT PREV MED AGES 1-4 YEARS	NA	$ 57.77
99392			E/M EST.PT. PREV.MED.-AGES 1 -4 YRS	$ 71.54	$ 60.81
99392	22	EP	EPSDT EXAM 12-24 MONTHS	$ 32.30	$ 25.00
99392	EP	SA	EPSDT EXAM ESTAB PATIENT	NA	$ 23.80
99392	EP		EPSDT VISIT 2 TO 4 YEARS	$ 71.54	$ 60.81
99392	SA	52	EPSDT VISIT ESTAB PT 2 TO 4 YEARS	NA	$ 23.80
99392	22		HEALTHSTART PED PREV ESTAB PT	$ 32.30	$ 25.00
99392	22	SA	HEALTHSTART PED PREV ESTAB PT	NA	$ 23.80
99393	SA		E/M EST PT PREV MED AGES 5 TO 11	NA	$ 57.22
99393			E/M EST.PT. PREV.MED. AGES 5 TO 11	$ 70.86	$ 60.23
99393	EP		EPSDT VISIT 5 TO 11 YEARS	$ 70.86	$ 60.23
99393	SA	52	EPSDT VISIT ESTAB PT AGE 5 - 11 YEAR	NA	$ 23.80
99394	SA		E/M EST PT PREV MED AGES 12-17 YRS	NA	$ 62.73

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
99394			E/M EST.PT. PREV.MED. AGES 12-17 YRS	$ 77.68	$ 66.03
99394	SB		E/M EST.PT.PREV.MED. BY CNM	NA	$ 54.38
99394	EP		EPSDT VISIT AGE 12-17 YRS	$ 77.68	$ 66.03
99394	SA	52	EPSDT VISIT ESTAB PT 12 - 17 YEARS	NA	$ 23.80
99395	SA		E/M EST PT PREV MED AGES 18-39	NA	$ 23.80
99395			E/M EST.PT. PREV.MED. AGES 18-39	$ 32.30	$ 25.00
99395	SB		E/M EST.PT. PREV.MED. BY CNM	NA	$ 22.60
99395	FP	22	E/M PERIODIC EVAL EST PT IN FPC	$ 83.70	$ 83.70
99395	FP		E/M PERIODIC EVAL EST PT WO BIRTH CO	$ 79.70	$ 79.70
99395	FP	SB	E/M PERIODIC EVAL.EST. PATIENT	NA	$ 31.50
99395	SB	52	E/M PERIODIC EVAL.IN FP CLINIC CNM	NA	$ 27.50
99395	EP		EPSDT VISIT 18TO 20 YEARS	$ 78.36	$ 66.61
99395	SA	52	EPSDT VISIT ESTAB PT 18-20 YEARS	NA	$ 23.80
99396			E/M EST.PT. PREV.MED. AGES 40-64 YRS	$ 32.30	$ 25.00
99396	SA		E/M EST.PT. PREV.MED. AGES 40-64 YRS	NA	$ 23.80
99396	SB		E/M EST.PT. PREV.MED. BY CNM	NA	$ 22.60
99397			E/M EST.PT. PREV.MED. AGES65& OVER	$ 32.30	$ 25.00
99397	SA		E/M EST.PT. PREV.MED. AGES65& OVER	NA	$ 23.80
99397	SB		E/M EST.PT. PREV.MED. BY CNM	NA	$ 22.60
99406	26		SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTERMEDIATE, GREATER THAN	$ 6.61	$ 5.61
99406			SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTERMEDIATE, GREATER THAN	$ 7.62	$ 6.47
99407	26		SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTENSIVE, GREATER THAN 10	$ 13.59	$ 11.55
99407			SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTENSIVE, GREATER THAN 10	$ 14.60	$ 12.41
99408			ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG,	$ 15.21	$ 12.93
99409			ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG,	$ 29.84	$ 25.36
99489			COMPLEX CHRONIC CARE COORDINATION SERVICES; EACH ADDITIONAL 30 MINUTES, PER	BR	BR
99490			CHRON CARE MGMT SRVC 20 MIN	$ 22.85	$ 19.42
99495	26		TRANSITIONAL CARE MANAGEMENT SERVICES WITH COMMUNICATION WITH THE PATIENT	$ 58.78	$ 49.96
99495			TRANSITIONAL CARE MANAGEMENT SERVICES WITH COMMUNICATION WITH THE PATIENT	$ 88.79	$ 75.47
99496	26		TRANSITIONAL CARE MANAGEMENT SERVICES WITH COMMUNICATION WITH THE PATIENT	$ 85.24	$ 72.45
99496			TRANSITIONAL CARE MANAGEMENT SERVICES WITH COMMUNICATION WITH THE PATIENT	$ 125.52	$ 106.69
99499			E/M UNLISTED PROCEDURE	BR	BR
99500	TH		NST/FHR_MONITORING_AT_HOME	Contract Pricing	NA
99502			HOME VS NEWBORN CARE & ASSESSMENT	$ 35.00	$ 35.00
99502	SA		HOME VS NEWBORN CARE & ASSESSMENT NP	NA	$ 33.25
99504			HOME VS PTS RECEIVING MECHAN VENTILA	$ 35.00	$ 35.00
99600			UNLISTED HOME VISIT/PROCEDURE	BR	BR
0075T	26		TRANSCATHETER_PLACEMENT_OF_EXTRACRAN	$ 116.10	$ 98.68
0075T	TC		TRANSCATHETER_PLACEMENT_OF_EXTRACRAN	$ 464.38	NA
0075T			TRANSCATHETER_PLACEMENT_OF_EXTRACRAN	$ 580.48	$ 493.40
0076T	TC		TRANSCATHETER_PLACEMENT_OF_EXTRACRAN	$ 312.39	NA
0076T			TRANSCATHETER_PLACEMENT_OF_EXTRACRAN	$ 445.25	$ 378.46
A0090	HI	22	TRANSPORTATION	$ 0.74	NA
A0090	HI		TRANSPORTATION NON MEDICAL MFP	$ 0.31	NA
A0130			MAV_-_ONE_WAY	$ 25.00	NA

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CPT/ HCPCS/ CDT	***MOD 1***	***MOD 2***	***SHORT - DESCRIPTION***	***MAXIMUM FEE ALLOWANCE***	***MAXIMUM FEE ALLOWANCE***
PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
A0420			AMBULANCE WAITING TIME 1 WAY ONLY	$ 2.50	NA
A0422			AMB.OXYG.&SUPPLIES,LIFE SUST.SITUAT.	$ 12.00	NA
A0422	TP		MAV_-_O2_-_PER_OCCURRENCE	$ 12.00	NA
A0424			EXTRA AMBULANCE ATTENDANT, ALS OR BL	NA	BR
A0425	22		AMB.SERV.(BLS)PER MILE,IN EXCESS 15	$ 2.00	NA
A0425			BLS MILEAGE PER MILE - 15 OR LESS	$ 1.50	NA
A0425	TP		PER LOADED MILE ONE WAY TRIP	$ 3.00	NA
A0428			AMB.SERV.BLS,NON-EMERG.TRANSP	$ 58.00	NA
A0429			AMB.SERV.BLS,EMERG.TRANS.NO ALS	$ 58.00	NA
A0430			AIR AMBULANCE-FIXED WING	BR	NA
A0431			AIR AMBULANCE-ROTARY WING	$ 2,676.55	NA
A0434			SPECIALTY CARE TRANSPORT (SCT)	$ 562.83	NA
A0436			AIR AMBULANCE ROTARY WING, MILEAGE	$ 16.40	NA
A0998			AMBULANCE_RESPONSE/TREATMENT	$ 58.00	NA
A0999			UNLISTED AMBULANCE SERVICE	BR	NA
A4206			SYRINGE WITH NEEDLE,STERILE 1 CC.	BR	NA
A4207			SYRINGE WITH NEEDLE,STERILE 2 CC.	BR	NA
A4208			SYRINGE WITH NEEDLE,STERILE 3 CC.	BR	NA
A4209			SYRINGE W/NEEDLE,STERILE 5CC OR GRTR	BR	NA
A4210			NEEDLE FREE INJECTION DEVICE	BR	NA
A4211			SUPPLIES FOR SELF ADMINISTERED INJEC	BR	NA
A4212			HUBER-TYPE NEEDLE, EACH	BR	NA
A4213			SYRINGE,STERILE,20 CC OR GREATER	BR	NA
A4215			NEEDLE, STERILE, ANY SIZE, EACH	BR	NA
A4216			STERILE WATER/SALINE, 10ML	$ 0.34	NA
A4217			STERILE WATER/SALINE, 500 ML	$ 2.50	NA
A4218			STERILE SALINE OR WATER, METERED DOS	BR	NA
A4230			INFUS. SET-EXT. INS.PUMP,CANULA NONN	BR	NA
A4231			INFUS.SET-EXT.INSULIN PUMP-NEEDLE TY	BR	NA
A4232			3CC STER.SYRINGE W/NEEDLE-EXT.INS.PM	BR	NA
A4233			ALKALIN BATT FOR GLUCOSE MON	$ 0.53	NA
A4234			REPLACEMENT BATTERY, ALKALINE, J CELL, FOR USE WITH MEDICALLY NECESSARY HOME	$ 2.40	NA
A4235			LITHIUM BATT FOR GLUCOSE MON	$ 1.55	NA
A4236			REPLACEMENT BATTERY, SILVER OXIDE, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD	$ 1.11	NA
A4244			ALCOHOL OR PEROXIDE, PER PINT	$ 0.75	NA
A4245			ALCOHOL WIPES, PER BOX	$ 1.75	NA
A4246			BETADINE OR PHISOHEX SOLN.PER PINT	$ 4.95	NA
A4247			BETADINE OR IODINE SWABS/WIPES, PER	$ 7.00	NA
A4250			URINE TEST STRIPS OR TABS (100)	BR	NA
A4252			BLOOD KETONE TEST/REGEANT STRIP EACH	BR	NA
A4253			BLOOD GLUCSTRIPS 50 = 1 UNIT	$ 36.94	NA
A4256			NORMAL, LOW AND HIGH CALIBRATOR SOL	$ 3.20	NA
A4258			SPRING POWERED DEVICE FOR LANCET EA.	BR	NA
A4259			LANCETS, 100 = 1 UNIT	$ 1.32	NA
A4265			PARAFFIN	BR	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
A4281			TUBING_FOR_BREAST_PUMP,_REPLACEMENT	BR	NA
A4282			ADAPTER_FOR_BREAST_PUMP,_REPLACEMENT	BR	NA
A4283			CAP_FOR_BREAST_PUMP_BOTTLE,_REPLACEM	BR	NA
A4284			BREAST_SHIELD_AND_SPLASH_PROTECTOR	BR	NA
A4285			POLYCARBONATE_BOTTLE_FOR_USE_WITH_BR	BR	NA
A4286			LOCKING_RING_FOR_BREAST_PUMP,_REPLAC	BR	NA
A4300			IMPLANTABLE VASCULAR ACCESS PORT/CAT	BR	NA
A4305			DISP DRG DEL SYS AT 50ML OR GTR/HOUR	BR	NA
A4306			DISP DRG DEL SYS AT 5ML OR LESS/HR.	BR	NA
A4310			INSERT TRAY W/O DRAIN BAG/CATHETER	$ 6.61	NA
A4311			TWO-WAY LATEX WITH COATING	$ 8.34	NA
A4312			2-WAY FOLEY INSERT TRAY W/O BAG	$ 8.34	NA
A4313			3-WAY FOLEY INSERT TRAY W/O BAG	$ 8.34	NA
A4314			INSERT TRAY 2-WY LATEX W/COATING	$ 15.46	NA
A4315			INSERT TRAY 2-WAY ALL SILICONE	$ 15.46	NA
A4316			INSERT TRAY 3-WAY FOLEY TYPE	$ 15.46	NA
A4320			BLADDER IRRIGATION TRAY	$ 5.00	NA
A4322			IRRIGATION SYRINGE,BULB,PISTON	$ 2.50	NA
A4326			MALE EXT CATH (INFLATE,FCPLTE) EACH	BR	NA
A4327			FEMALE EXTER URIN COLLECT DEV EACH	BR	NA
A4328			FEMALE EXT.URINARY COLLECT DEV/POUCH	$ 10.00	NA
A4330			PERIANAL FECAL COLLECT. POUCH ADHESI	BR	NA
A4331			EXTENSION DRAINAGE TUBING, ANY TYPE,	$ 2.54	NA
A4332			LUBRICANT, INDIVIDUAL STERILE PACKET	$ 0.10	NA
A4333			URINARY CATHETER ANCHORING DEVICE, A	BR	NA
A4334			URINARY CATHETER ANCHORING DEVICE, L	$ 3.94	NA
A4335			INCONTINENCE SUPPLY, MISCELLANEOUS	BR	NA
A4338			INDWEL CATH.FOLEY TYP-2WAY LTX/COAT	$ 8.14	NA
A4340			INDWEL CATH.SPECIALTY TYPE	$ 10.00	NA
A4344			INDWELLING CATHETER FOLEY TYPE	$ 10.90	NA
A4346			INDWELLING CATHETER FOLEY TYPE	$ 15.00	NA
A4349			MALE EXTERNAL CATHETER, EACH	$ 1.57	NA
A4351			INTERMIT.URINARY CATH.STRAIGHT TIP	$ 1.39	NA
A4352			INTERMIT URINARY CATH.COUDE TIP	$ 5.00	NA
A4353			INTERMITTENT URINARY CATHETER W/SUPP	$ 5.60	NA
A4354			INSERTION TRAY W/ DRAIN BAG	$ 9.00	NA
A4355			3-WAY IRRIGATION SET FOR CATHETER	$ 6.86	NA
A4356			INCONTINENCE CLAMP	$ 37.03	NA
A4357			BEDSIDE DRAINAGE BAG	$ 7.94	NA
A4358			URINARY LEG BAG W/OR W/O TUBE	$ 5.30	NA
A4361			OSTOMY FACE PLATE	$ 6.20	NA
A4362			OSTOMY SKIN BARRIER	BR	NA
A4363			OSTOMY CLAMP, ANY TYPE, REPLACEMENT ONLY, EACH	$ 1.84	NA
A4364			OSTOMY SKIN BOND OR CEMENT PER OZ.	BR	NA
A4366			OSTOMY_VENT,_ANY_TYPE,_EACH	$ 0.96	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
A4367			OSTOMY BELT	$ 6.86	NA
A4368			OSTOMY_FILTER,_ANY_TYPE,_EACH	$ 0.19	NA
A4369			OSTOMY SKIN BARRIER, LIQUID PER OZ	$ 1.94	NA
A4371			OSTOMY SKIN BARRIER, POWDER, PER OZ	$ 2.92	NA
A4372			OSTOMY SKIN BARRIER, SOLID 4X4 OR EQ	BR	NA
A4373			OSTOMY SKIN BARRIER, WITH FLANGE (SO	BR	NA
A4397			IRRIGATION SUPPLY;SLEEVE	$ 4.50	NA
A4398			IRRIGATION SUPPLIES,BAG	$ 2.25	NA
A4399			IRRIGATION SUPPLIES,CONE/CATHETER	$ 11.25	NA
A4400			IRRIGATION SET FOR IRRIGATION OF OST	$ 24.61	NA
A4402			OSTOMY LUBRICANT	$ 1.08	NA
A4404			OSTOMY RINGS	$ 1.22	NA
A4405			OSTOMY SKIN BARRIER, NON-PECTIN BASE	$ 2.72	NA
A4406			OSTOMY SKIN BARRIER, PECTIN-BASED, P	$ 4.59	NA
A4407			OSTOMY SKIN BARRIER, WITH FLANGE (SO	BR	NA
A4408			OSTOMY SKIN BARRIER, WTIH FLANGE (SO	BR	NA
A4409			OSTOMY SKIN BARRIER, WITH FLANGE (SO	BR	NA
A4410			OSTOMY SKIN BARRIER, WITH FLANGE (SO	BR	NA
A4411			OST SKN BARR EXTND =4SQ	$ 3.96	NA
A4412			OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE	$ 2.10	NA
A4414			OSTOMY SKIN BARRIER, WITH FLANGE (SO	BR	NA
A4415			OSTOMY SKIN BARRIER, WITH FLANGE (SO	BR	NA
A4421			OSTOMY SUPPLY, MISCELLANEOUS	BR	NA
A4435			OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, WITH EXTENDED WEAR BARRIER (ONE-PIECE	$ 4.49	NA
A4450			TAPE, NON-WATERPROOF, PER 18 SQ INCH	$ 0.07	NA
A4452			TAPE, WATERPROOF, PER 18 SQUARE INCH	$ 0.29	NA
A4455			ADHESIVE REMOVER OR SOLVENT	BR	NA
A4456			ADHESIVE REMOVER, WIPES, ANY TYPE, EACH	$ 0.19	NA
A4465			NON-ELASTIC BINDER FOR EXTREMITIES	BR	NA
A4466			GARMENT, BELT, SLEEVE OR OTHER COVERING, ELASTIC OR SIMILAR STRETCHABLE	BR	NA
A4470			GRAVLEE JET WASHER	BR	NA
A4480			VABRA ASPIRATOR	BR	NA
A4483			MOISTURE EXCHANGER, DISPOSABLE, FOR	BR	NA
A4550			SURGICAL TRAYS	BR	NA
A4554			DISPOSABLE UNDERPADS-ALL SIZES-EACH	$ 0.31	NA
A4556			ELECTRODES (E.G. APNEA MONITOR)	BR	NA
A4557			LEAD WIRES (APNEA MONITOR)	BR	NA
A4558			CONDUCTIVE PASTE OR GEL	BR	NA
A4561			PESSARY, RUBBER, ANY TYPE	BR	NA
A4562			PESSARY, NON RUBBER, ANY TYPE	BR	NA
A4565			SLINGS	BR	NA
A4566			SHOULDER SLING OR VEST DESIGN, ABDUCTION RESTRAINER, WITH OR WITHOUT SWATHE	BR	BR
A4570			SPLINT	BR	NA
A4575			TOPICAL HYPERBARIC OXY.CHAMBER,DISP.	BR	NA
A4595			TENS SUPPLIES,2 LEAD, PER MONTH	$ 12.10	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
A4604			TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	$ 44.07	NA
A4605			TRACHEAL SUCTION CATHETER, CLOSED SY	$ 12.55	NA
A4611			HVY DTY BATTERY-PT.OWNED VENITLATOR	$ 180.00	NA
A4612			BATTERY CABLES-PT.OWNED VENTILATOR	$ 44.00	NA
A4613			BATT CHARGER-REPLAE FOR PAT. OWNED	BR	NA
A4614			PEAK EXPIR FLOW RATE METER HAND HELD	BR	NA
A4615			NASAL CANNULA	$ 0.66	NA
A4616			TUBING (OXYGEN) PER FOOT	BR	NA
A4617			MOUTH PIECE	$ 2.87	NA
A4618			BREATHING CIRCUITS	$ 7.11	NA
A4619			FACE TENT	$ 0.97	NA
A4620			VARIABLE CONCENTRATION MASK	$ 0.50	NA
A4623			TRACHEOSTOMY,INNER CANNULA(REPLACE)	$ 6.00	NA
A4624			TRACHEAL SUCTION CATHETER,EACH,AY TP	$ 2.00	NA
A4625			TRACHEOSTOMY CARE STARTER KIT	$ 5.54	NA
A4626			TRACHEOSTOMY CLEANING BRUSH,EACH	$ 3.00	NA
A4627			INHALER SPACER BAG RESERVOIR/MDI	BR	NA
A4628			OROPHARYNGEAL SUCTION CATHETER,EACH	BR	NA
A4629			TRACHEOSTOMY CARE KIT-ESTAB. TRACH.	BR	NA
A4630			REPLACEMENT BATTERIES, MEDICALLY NE	BR	NA
A4635			UNDERARM REPLACE CRUTCH PAD, EACH	BR	NA
A4636			HANDGRIP REPLACEMENT, ANY, EACH	BR	NA
A4637			TIP REPLACEMENT, ANY EACH	BR	NA
A4640			REPLACE PAD ALTERNATING PRES PD PT O	BR	NA
A4649			SURGICAL SUPPLIES--MISCELLANEOUS	BR	NA
A4651			CALIBRATED MICROCAPILLARY TUBE, EACH	BR	NA
A4652			MICROCAPILLARY TUBE SEALANT	BR	NA
A4653			PERITONEAL DIALYSIS CATHETER ANCHORI	BR	NA
A4657			SYRINGE, WITH OR WITHOUT NEEDLE, EAC	BR	NA
A4660			BLOOD PRES KIT INCLUDING CUFF/STETH	BR	NA
A4663			BLOOD PRESSURE CUFF ONLY	BR	NA
A4670			AUTO BLOOD PRESSURE MONITOR	BR	NA
A4671			DISPOSABLE CYCLER SET USED WITH CYCL	BR	NA
A4672			DRAINAGE EXTENSION LINE, STERILE, FO	BR	NA
A4673			EXTENSION LINE WITH EASY LOCK CONNEC	BR	NA
A4674			CHEMICALS/ANTISEPTICS SOLUTION USED	BR	NA
A4680			ACTIVATED CARBON FILTERS DIALYSIS	BR	NA
A4690			ARTIFICIAL KIDNEY ANY BND SZ / UNIT	BR	NA
A4706			BICARBONATE CONCENTRATE, SOLUTION, F	BR	NA
A4707			BICARBONATE CONCENTRATE, POWDER, FOR	BR	NA
A4708			ACETATE CONCENTRATE SOLUTION, FOR HE	BR	NA
A4709			ACID CONCENTRATE, SOLUTION, FOR HEMO	BR	NA
A4714			TREATED DIALYSIS WATER	BR	NA
A4719			Y SET TUBING FOR PERITONEAL DIALYS	BR	NA
A4720			DIALYSATE SOLUTION, ANY CONCENTRATIO	BR	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
A4721			DIALYSATE SOLUTION, ANY CONCENTRATIO	BR	NA
A4722			DIALYSATE SOLUTION, ANY CONCENTRATIO	BR	NA
A4723			DIALYSATE SOLUTION, ANY CONCENTRATIO	BR	NA
A4724			DIALYSATE SOLUTION, ANY CONCENTRATIO	BR	NA
A4725			DIALYSATE SOLUTION, ANY CONCENTRATIO	BR	NA
A4726			DIALYSATE SOLUTION, ANY CONCENTRATIO	BR	NA
A4730			FISTULA CANNULATION SET FOR DIALYSIS	BR	NA
A4736			TOPICAL ANESTHETIC, FOR DIALYSIS, PE	BR	NA
A4737			INJECTABLE ANESTHETIC, FOR DIALYSIS,	BR	NA
A4740			SHUNT ACCESSORIES-DIALYSIS	BR	NA
A4750			BLOOD TUBING,ARTERIAL/VENOUS	BR	NA
A4755			BLD TUBING ARTERIAL/VENOUS COMBINED	BR	NA
A4760			STD DIALYSATE TEST SLN SUPP	BR	NA
A4765			DIALYSATE CONCENTRATE ADDITIVES EACH	BR	NA
A4766			DIALYSATE CONCENTRATE, SOLUTION, ADD	BR	NA
A4770			BLD TEST SUPPLIES (VACUTAIN)	BR	NA
A4771			SERUM CLOTTING TIME TUBE/BOX	BR	NA
A4772			DEXTROSTICK NOT FOR MONITOR USE/BOX	BR	NA
A4773			HEMOSTIX PER BOTTLE	BR	NA
A4774			AMONNIA TEST PAPER, PER BOX	BR	NA
A4802			PROTAMINE SULFATE, FOR HEMODIALYSIS,	BR	NA
A4860			DISPOSABLE CATHETER CAPS	BR	NA
A4911			DRAIN BAG/BOTTLE, FOR DIALYSIS, EACH	BR	NA
A4913			MISCELLANEOUS DIALYSIS SUPPLIES, NO	BR	NA
A4918			VENOUS PRESSURE CLAMPS, EACH	BR	NA
A4927			GLOVES, NON-STERILE, PER 100	$ 9.00	NA
A4928			SURGICAL MASK, PER 20	BR	NA
A4929			TOURNIQUET FOR DIALYSIS, EACH	BR	NA
A4930			GLOVES--STERILE, PER PAIR	$ 0.60	NA
A5051			CLOSED POUCH W/ATTACED BARRIER-1 PC	BR	NA
A5052			CLOSED POUCH W/O ATTACH BARRIER-1 PC	BR	NA
A5053			CLOSED POUCH-USE ON FACEPLATE	BR	NA
A5054			CLOSED POUCH-USE ON BARRIER W/FG-2PC	BR	NA
A5055			STOMA CAP	BR	NA
A5056			OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FILTER, (1	$ 3.63	NA
A5057			OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT IN	$ 7.46	NA
A5061			DRAIN POUCH W/ATTACH BARRIER-1PC	BR	NA
A5062			DRAIN POUCH W/O ATTACH BARRIER-1PC	BR	NA
A5063			PCH/DRAIN;ON BARRIER W/FL 2PC	BR	NA
A5071			URINARY POUCHE W/BARRIER-1PC	$ 4.07	NA
A5072			URINARY POUCH W/O BARRIER-1PC	BR	NA
A5073			URINARY POUCH-USE ON BARR W/FG-2PC	BR	NA
A5081			PLUG FOR CONTINENT STOMA	BR	NA
A5082			CATHERTER FOR CONTINENT STOMA	$ 11.00	NA
A5083			CONTINENT DEVICE, STOMA ABSORPTIVE COVER FOR CONTINENT STOMA	$ 0.50	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
A5093			CONVEX OSTOMY INSERT	$ 1.65	NA
A5102			BEDSIDE DRAINAGE BOTTLE/RIGID OR EXP	$ 17.94	NA
A5105			URINE SUSPENSORY W/LEG BAG W/W/O TBE	$ 31.90	NA
A5112			LATEX URINARY LEG BAG	$ 7.12	NA
A5113			LATEX LEG STRAP,PER SET	$ 4.00	NA
A5114			FOAM/FABRIC LEG STRAP,PER SET	$ 8.95	NA
A5120			SKIN BARRIER, WIPES OR SWABS, EACH	$ 0.15	NA
A5121			SOLID SKIN BARRIER,6X6,EACH	$ 5.03	NA
A5122			SOLID SKIN BARRIER,8X8,EACH	$ 5.03	NA
A5126			ADHESIVE,DISC OR FOAM PAD	$ 1.25	NA
A5131			APPLIANCE CLEANER PER 16OZ.	$ 12.69	NA
A5200			CATHETER/TUBE ANCHORING DEVICE	BR	NA
A6010			COLLAGEN BASED WOUND FILLER, DRY FOR	BR	NA
A6011			COLLAGEN BASED WOUND FILLER, GEL/PAS	BR	NA
A6021			COLLAGEN DRESSING, PAD SIZE 16 SQ. I	BR	NA
A6022			COLLAGEN DRESSING, PAD SIZE MORE THA	BR	NA
A6023			COLLAGEN DRESSING, PAD SIZE MORE THA	BR	NA
A6024			COLLAGEN DRESSING WOUND FILLER, PER	BR	NA
A6154			WOUND POUCH EACH	BR	NA
A6196			ALGINATE DRESS.WND COVER<17 SQ IN EA	BR	NA
A6197			ALGIN.DRESS.WND.COVER 17-48 SQ.IN EA	BR	NA
A6198			ALGINATE DRESS.WND.COVER >48SQ.IN EA	BR	NA
A6199			ALGINATE DRESS.WOUND FILLER PER 6 IN	BR	NA
A6203			COMPOSITE DRESSING<=16 SQ IN. EACH	BR	NA
A6204			COMPOSITE DRESSING >16<=48 SQ.IN.EA	BR	NA
A6205			COMPOSITE DRESSING >48 SQ INCH, EACH	BR	NA
A6206			CONTACT LAYER <= 16SQUARE INCH,EACH	BR	NA
A6207			CONTACT LAYER >16 <48 SQURE IN. EACH	$ 6.17	NA
A6208			CONTACT LAYER >16 <48 SQURE IN. EACH	BR	NA
A6209			FOAM DRESSING=< 16 SQ IN W/O BRD EA	BR	NA
A6210			FOAM DRESS.>16<=48SQ.IN W/O BRDR.EA.	BR	NA
A6211			FOAM DRESS.>48 SQ.IN. W/O BRDR. EACH	BR	NA
A6212			FOAM DRESS.<16 SQ.IN.W/BORDER,EACH	BR	NA
A6213			FOAM DRESS.>16<=48 SQ. IN.W/BORDER E	BR	NA
A6214			FOAM DRESS.WOUND COVER >48 SQ.IN.EA.	BR	NA
A6215			FOAM DRESS.WOUND FILLER,PER GRAM	BR	NA
A6216			GAUZE NON-IMP.NON=STER <16"W/OBDR.EA	BR	NA
A6217			GAUZE NON-IMP/STER.NO BDR.>16<=48 EA	BR	NA
A6218			GAUZE NON-IMP/STER.NO BRD >48SQ.IN E	BR	NA
A6219			GAUZE NONIMP <=16 SQ IN W/BORDER EA	BR	NA
A6220			GAUZE NONIMP >16<=48 SQ IN W/BRD EA.	BR	NA
A6221			GAUZE NONIMP >48 SQ IN W/BORDER EACH	BR	NA
A6222			GAUZE IMP NOT WTR/SAL <=16 NO BDR EA	BR	NA
A6223			GAUZE IMP NO WTR/SAL >16<=48 W/O BDR	BR	NA
A6224			GAUZE IMP NO WTR/SAL >48 W/O BDR EA	BR	NA

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CPT/ HCPCS/ CDT	***MOD 1***	***MOD 2***	***SHORT - DESCRIPTION***	***MAXIMUM FEE ALLOWANCE***	***MAXIMUM FEE ALLOWANCE***
PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
A6228			GAUZE IMP WTR/SAL <=16 SQ IN W/O BDR	BR	NA
A6229			GAUZE IN WTR >16<=48 WO BORDER EACH	BR	NA
A6230			GAUZE IMP WTR/SAL >48 W/O BORDER EA.	BR	NA
A6234			HYDROCOL WND CVR <=16 W/O BORDER EA	BR	NA
A6235			HYDROCOL WND CVR >16<=48 W/O BDR EA	BR	NA
A6236			HYDROCOL WND CVR >48 IN.W/O BRDR EA.	BR	NA
A6237			HYDROCOL WND CVR <=16 IN W/BORDER EA	BR	NA
A6238			HYDROCOL WND CVR >16<=48 IN W/BDR EA	BR	NA
A6239			HYDROCOL WND CVR >48 SQ IN W/BDR EA	BR	NA
A6240			HYDROCOL WOUND FILL PASTE PER FL.OZ.	BR	NA
A6241			HYDROCOL WND FILL DRY FORM PER GRAM	BR	NA
A6242			HYDROGEL WND CVR <=16 IN W/O BRD EA	BR	NA
A6243			HYDROGEL WND CVR >16<=48 W/O BRDR EA	BR	NA
A6244			HYDROGEL WND CVR >48 SQ IN W/O BRD E	BR	NA
A6245			HYDROGEL WND CVR <=16 SQ IN W/BRD EA	BR	NA
A6246			HYDROGEL WND CVR >16<=48 W/BORDER EA	BR	NA
A6247			HYDROGEL WND CVR >48 SQ IN W/BRDR EA	BR	NA
A6248			HYDROGEL WOUND FILLER GEL PER FLD OZ	BR	NA
A6250			SKIN SEAL PROT.MOIST.ALL TYPES+SIZES	BR	NA
A6251			SPEC.ABSORP.DRG.<=16 W/O BORDER,EACH	BR	NA
A6252			SPEC.ABSORP.DRG.>16 <=48 WO BORDER	BR	NA
A6253			SPEC.ABSORP.DRG. >48 IN.W/O BRDR. EA	BR	NA
A6254			SPEC.ABSORB.DSG.<=16 W/ADHESIVE BORD	BR	NA
A6255			SPEC.ABSORB.DSG.>16<=48 W/BRDR. EACH	BR	NA
A6256			SPEC.ABSORP.WND.CVR.>48 W/BORDER EA.	BR	NA
A6257			TRANSP FILM 16 SQ IN OR LESS, EACH	BR	NA
A6258			TRANSP FILM 17 TO 48 SQ IN EACH DRSG	BR	NA
A6259			TRANSPARENT FILM >48 SQ. IN. EACH	BR	NA
A6260			WOUND CLEANSERS, ANY TYPE, ANY SIZE	BR	NA
A6261			WOUND FILL.NOC GEL/PASTE,PER FLD OZ.	BR	NA
A6262			WOUND FILL.NOC,DRY FORM,PER GRAM	BR	NA
A6266			GAUZE,IMPREG NOT WTR/SAL.,PER LIN.YD	BR	NA
A6402			GAUZE,NONIMPREG.STER.<=16",W/O BD EA	BR	NA
A6403			GAUZE,NONIMP.STER.>16<=48 NO BRDR.EA	BR	NA
A6404			GAUZE,NONIMP,STER.>48 SQ.IN.NO BD.EA	BR	NA
A6413			ADHESIVE BANDAGE, FIRST-AID TYPE, AN	BR	NA
A6441			PADDING_BANDAGE,_NON-ELASTIC,_NON-WO	$ 0.54	NA
A6442			CONFORMING BANDAGE, NON-ELASTIC, KNI	BR	NA
A6443			CONFORMING BANDAGE, NON-ELASTIC, KNI	$ 0.24	NA
A6444			CONFORMING BANDAGE, NON-ELASTIC, KNI	BR	NA
A6445			CONFORMING BANDAGE, NON-ELASTIC, KNI	$ 0.28	NA
A6446			CONFORMING BANDAGE, NON-ELASTIC, KNI	BR	NA
A6447			CONFORMING BANDAGE, NON-ELASTIC, KNI	BR	NA
A6448			LIGHT COMPRESSION BANDAGE, ELASTIC,	BR	NA
A6449			LIGHT COMPRESSION BANDAGE, ELASTIC,	$ 1.48	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
A6450			LIGHT COMPRESSION BANDAGE, ELASTIC,	BR	NA
A6457			TUBULAR DRESSING WITH OR WITHOUT ELASTIC, ANY WIDTH, PER LINEAR YARD	$ 0.89	NA
A6501			COMPRESSION BURN GARMENT, BODYSUIT	BR	NA
A6502			COMPRESSION BURN GARMENT, FACIAL HOO	BR	NA
A6503			COMPRESSION BURN GARMENT, CHIN STRAP	BR	NA
A6504			COMPRESSION BURN GARMENT, GLOVE TO W	BR	NA
A6505			COMPRESSION BURN GARMENT, GLOVE TO E	BR	NA
A6506			COMPRESSION BURN GARMENT, GLOVE TO A	BR	NA
A6507			COMPRESSION BURN GARMENT, FOOT TO KN	BR	NA
A6508			COMPRESSION BURN GARMENT, FOOT TO TH	BR	NA
A6509			COMPRESSION BURN GARMENT, UPPER TRUN	BR	NA
A6510			COMPRESSION BURN GARMENT, TRUNK, INC	BR	NA
A6511			COMPRESSION BURN GARMENT, LOWER TRUN	BR	NA
A6512			COMPRESSION BURN GARMENT, NOT OTHERW	BR	NA
A6513			COMPRESSION BURN MASK, FACE AND/OR N	BR	NA
A6530			COMPRESSION STOCKING BK18-30	$ 24.00	NA
A6531			COMPRESSION STOCKING BK30-40	$ 33.12	NA
A6532			GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG, EACH	$ 46.66	NA
A6533			GC STOCKING THIGHLNGTH 18-30	$ 33.60	NA
A6534			GC STOCKING THIGHLNGTH 30-40	$ 36.00	NA
A6535			GC STOCKING THIGHLNGTH 40-50	$ 44.00	NA
A6536			GC STOCKING FULL LNGTH 18-30	$ 40.00	NA
A6537			GC STOCKING FULL LNGTH 30-40	$ 48.00	NA
A6538			GC STOCKING FULL LNGTH 40-50	$ 52.00	NA
A6539			GC STOCKING WAISTLNGTH 18-30	$ 75.00	NA
A6540			GC STOCKING WAISTLNGTH 30-40	$ 85.00	NA
A6541			GC STOCKING WAISTLNGTH 40-50	$ 120.00	NA
A6544			GRADIENT COMPRESSION STOCKING, GARTE	BR	NA
A6545			GRADIENT COMPRESSION WRAP, NON-ELASTIC, BELOW KNEE, 30-50 MM HG, EACH	BR	NA
A6549			GRADIENT COMPRESSION STOCKING/SLEEVE	BR	NA
A6550			WOUND_CARE_SET,_FOR_NEGATIVE_PRESSUR	$ 21.93	NA
A7000			CANISTER, DISPOSABLE, USED WITH SUCT	$ 6.03	NA
A7001			CANISTER, NON-DISPOSABLE, USED WITH	$ 23.86	NA
A7002			TUBING, USED WITH SUCTION PUMP, EACH	$ 2.77	NA
A7003			ADMINISTRATION SET, WITH SMALL VOLUM	$ 2.18	NA
A7004			SMALL VOLUME NONFILTERED PNEUMATIC N	$ 1.22	NA
A7005			ADMINISTRATION SET, WITH SMALL VOLUM	$ 22.23	NA
A7006			ADMINISTRATION SET, WITH SMALL VOLUM	$ 6.51	NA
A7007			LARGE VOLUME NEBULIZER, DISPOSABLE,	$ 3.18	NA
A7008			LARGE VOLUME NEBULIZER, DISPOSABLE,	$ 8.80	NA
A7009			RESERVOIR BOTTLE, NON-DISPOSABLE, US	$ 30.32	NA
A7010			CORRUGATED TUBING, DISPOSABLE, USED	$ 18.65	NA
A7012			WATER COLLECTION DEVICE, USED WITH L	$ 2.86	NA
A7013			FILTER, DISPOSABLE, USED WITH AEROSO	$ 0.60	NA
A7014			FILTER, NONDISPOSABLE, USED WITH AER	$ 3.23	NA

MEDICAID FEE FOR SERVICES: UPDATE NOVEMBER 1, 2015

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
A7015			AEROSOL MASK, USED WITH DME NEBULIZE	$ 1.32	NA
A7016			DOME AND MOUTHPIECE, USED WITH SMALL	$ 5.22	NA
A7018			WATER, DISTILLED, USED WITH LARGE VO	$ 0.30	NA
A7020			INTERFACE FOR COUGH STIMULATING DEVICE, INCLUDES ALL COMPONENTS, REPLACEMENT	$ 10.68	NA
A7027			COMBINATION ORAL/NASAL MASK	$ 137.29	NA
A7027	HI		ASSISTIVE TECHNOLOGY DEVICES MFP	$ 11,000.00	NA
A7028			ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	$ 37.93	NA
A7029			REPL NASAL PILLOW COMB MASK	$ 15.49	NA
A7030			FULL FACE MASK USED WITH POSITIVE AI	BR	NA
A7033			PILLOW FOR USE ON NASAL CANNULA TYPE	$ 22.73	NA
A7034			NASAL INTERFACE (MASK OR CANNULA TYP	$ 94.11	NA
A7035			HEADGEAR USED WITH POSITIVE AIRWAY P	$ 28.34	NA
A7036			CHINSTRAP USED WITH POSITIVE AIRWAY	$ 14.56	NA
A7037			TUBING USED WITH POSITIVE AIRWAY PRE	$ 31.37	NA
A7038			FILTER, DISPOSABLE, USED WITH POSITI	$ 3.66	NA
A7039			FILTER, NON DISPOSABLE, USED WITH PO	$ 12.26	NA
A7047			ORAL INTERFACE USED WITH RESPIRATORY SUCTION PUMP, EACH	$ 92.55	NA
A7048			VACUUM DRAIN BOTTLE/TUBE KIT	$ 32.08	NA
A7520			TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-	$ 37.98	NA
A7521			TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFF	$ 37.64	NA
A7522			TRACHEOSTOMY/LARYNGECTOMY TUBE, STAI	$ 36.13	NA
A7525			TRACHEOSTOMY MASK, EACH	$ 1.66	NA
A7526			TRACHEOSTOMY TUBE COLLAR/HOLDER, EAC	$ 2.70	NA
A7527			TRACH/LARYN TUBE PLUG/STOP	$ 2.79	NA
A8000			SOFT PROTECT HELMET PREFAB	$ 117.39	NA
A8001			HARD PROTECT HELMET PREFAB	$ 117.39	NA
A8002			HELMET, PROTECTIVE, SOFT, CUSTOM FAB	BR	NA
A8003			HELMET, PROTECTIVE, HARD, CUSTOM FAB	BR	NA
A8004			SOFT INTERFACE FOR HELMET, REPLACEME	BR	NA
A9155			ARTIFICIAL SALIVA, 30 ML	BR	NA
A9274			EXTERNAL AMBULATORY INSULIN DELIVERY	BR	NA
A9276			SENSOR; INVASIVE (E.G. SUBCUTANEOUS)	BR	NA
A9277			TRANSMITTER; EXTERNAL, FOR USE WITH	BR	NA
A9278			RECEIVER (MONITOR); EXTERNAL, FOR US	BR	NA
A9282			WIG, ANY TYPE, EACH	BR	NA
A9283			FOOT PRESSURE OFF LOADING/SUPPORTIVE	BR	NA
A9284			SPIROMETER, NON-ELECTRONIC, INCLUDES ALL ACCESSORIES	$ 10.08	NA
A9500			TECHNETIUM TC 99M SESTAMIBI	$ 112.09	NA
A9502			TECHNETIUM TC 99M TETROFOSMIN	$ 111.49	NA
A9503			TECHNETIUM TC 99M MEDRONATE, PER STUDY DOSE UP TO 30 MILLICURIES	$ 15.64	NA
A9520			TECHNETIUM TC-99M, TILMANOCEPT, DIAGNOSTIC, UP TO 0.5 MILLICURIES	BR	NA
A9552			FLUORODEOXYGLUCOSE F-18 FDG, PER STUDY DOSE, UP TO 45 MILLICURIES	BR	NA
A9575			INJECTION, GADOTERATE MEGLUMINE, 0.1 ML	$ 0.53	NA
A9576			GADOTERIDOL(PROHANCE MULTIPACK) PER ML	$ 6.03	NA
A9577			GADOBENATE DIMEGLUMINE(MULTIHANCE) PER ML	$ 5.98	NA

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PRACTITIONER				*SPECIALIST*	*NON-SPECIALIST*
DME/P&O				*PURCHASE*	*RENTAL*
A9579			GADOLINIUM BASED MAGNETIC RESONANCE CONTRAST AGENT, PER ML NOS	$ 5.83	NA
A9581			GADOXETATE_DISODIUM_INJ	BR	NA
A9582			IODINE_I-123_IOBENGUANE	BR	NA
A9583			GADOFOSVESET_TRISODIUM_INJ	BR	NA
A9584			IODINE 1-123 IOFLUPANE, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES	BR	NA
A9585			INJECTION, GADOBUTROL, 0.1 ML	$ 0.82	NA
A9599			RADIOPHARMACEUTICAL, DIAGNOSTIC, FOR BETA-AMYLOID POSITRON EMISSION TOMOGRAPHY (PET) IMAGING, PER STUDY DOSE	BR	NA
A9604			SM_153_LEXIDRONAM	BR	NA
A9606			RADIUM RA223 DICHLORIDE THER	$ 112.68	NA
B4034			ENTERAL FEED-SUP.KIT-SYRING-M0	$ 150.00	NA
B4035			ENT. FEED.SUP.KIT-PUMP PER MO.	$ 275.00	NA
B4036			ENT-FEED.SUP.KIT-GRAVITY @ MO.	$ 195.00	NA
B4081			NASOGASTRIC TUBING WITH STYLET	$ 16.75	NA
B4082			NASOGASTRIC TUBING WITHOUT STYLET	$ 12.98	NA
B4083			STOMACH TUBE - LEVINE TYPE	$ 1.90	NA
B4087			GASTROSTOMY/JEJUNOSTOMY TUBE, STANDA	BR	NA
B4088			GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PR	BR	NA
B4150			ENTERAL FORMULA, NUTRITIONALLY COMPL	BR	NA
B4152			ENTERAL FORMULA, NUTRITIONALLY COMPL	BR	NA
B4153			ENTERAL FORMULA, NUTRITIONALLY COMPL	BR	NA
B4154			ENTERAL FORMULA, NUTRITIONALLY COMPL	BR	NA
B4155			ENTERAL FORMULA, NUTRITIONALLY INCOM	BR	NA
B4157			ENTERAL FORMULA, NUTRITIONALLY COMPL	BR	NA
B4158			ENTERAL FORMULA, FOR PEDIATRICS, NUT	BR	NA
B4159			ENTERAL FORMULA, FOR PEDIATRICS, NUT	BR	NA
B4160			ENTERAL FORMULA, FOR PEDIATRICS, NUT	BR	NA
B4161			ENTERAL FORMULA, FOR PEDIATRICS, HYD	BR	NA
B4162			ENTERAL FORMULA, FOR PEDIATRICS, SPE	BR	NA
B4164			50% DEXTROSE SOLUTION, (500 ML = 1 U	$ 13.26	NA
B4168			AMINO ACID 3.5% HOMEMIX-500ML=1 UNIT	$ 18.59	NA
B4172			AMINO ACID 5.5%TO7% HOMEMIX/500ML=1U	$ 30.50	NA
B4176			AMINO ACID 7%TO8.5% HOMEMIX/500ML=1U	$ 43.22	NA
B4178			AMINO ACID GREATER 8.5%-500ML/UNIT	$ 43.22	NA
B4180			IV NUTR.SOL.CARBO.>50%--500ML =1UNIT	$ 18.30	NA
B4185			PARENTERAL SOL 10 GM LIPIDS	$ 8.00	NA
B4189			PARENTERAL NUTR.SOL.COMPOUND 10-51GR	$ 133.50	NA
B4193			PAREN NUTRI SOLN 52-73 GM PROTEIN	$ 172.50	NA
B4197			PAREN NUTRI SOLN 74 TO 100 GM-PREMIX	$ 210.00	NA
B4199			TPN SOL-PREMIX;>100GRAMS PROTIEN	$ 252.69	NA
B4216			IV NUTRIT.,HOMEMIX--PER DAY	$ 6.73	NA
B4220			IV NUTR SOL.SUP KIT-1MO PREMIX	$ 182.98	NA
B4222			IV NUTRI SUPPLY KIT-1MO-HOMEMA	$ 283.25	NA
B4224			PAREN NUTRI ADMIN KIT PER MO.	$ 600.00	NA
B5000			IV SOLUTION, RENAL, 1GRAM = UNIT	$ 9.28	NA
B5100			IV SOLUTION, HEPATIC, 1GRAM=UNIT	$ 3.63	NA

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DME/P&O				***PURCHASE***	***RENTAL***
B5200			IV SOLUTION, STRESS, 1 GRAMM = UNIT	$ 4.94	NA
B9000			ENTERAL PUMP WITHOUT ALARM	$ 950.00	NA
B9002			ENTERAL PUMP WITH ALARM	$ 950.00	NA
B9004			PARENTERAL INFUSION PUMP PORTABLE	$ 1,895.00	NA
B9006			PARENTERAL INFUSION PUMP-STATIONARY	$ 1,895.00	NA
B9998			NOC_FOR_ENTERNAL_SUPPLIES	BR	NA
B9999			NOC FOR PARENTERAL SUPPLIES	BR	NA
D0140			LIMITED ORAL EXAMINATION	$ 4.00	$ 3.00
D0145			ORAL EVALUATION, PT < 3YRS	$ 50.00	$ 35.00
D0150			COMPREHENSIVE ORAL EXAMINATION	$ 15.00	$ 14.00
D0160			DETAILED & EXTENSIVE ORAL EVALUATION	$ 14.00	$ 13.00
D0170			RE-EVALUATION-LIMITED, PROB FOCUSED	$ 14.00	$ 13.00
D0171			RE-EVAL POST-OP VISIT	$ 9.00	NA
D0180			COMPREHENSIVE PERIODONTAL EVALUATION	BR	BR
D0190			SCREENING OF A PATIENT	$ 10.00	$ 10.00
D0210			COMPLETE SERIES - INTRAORAL	$ 26.00	$ 26.00
D0220			INTRAORAL PERIAPICAL - FIRST FILM	$ 3.75	$ 3.75
D0230			INTRAORAL PERIAPICAL, EACH ADDITIONA	$ 2.75	$ 2.75
D0240			INTRAORAL RADIOGRAPH, OCCLUSAL FILM,	$ 5.00	$ 5.00
D0260			EXTRAORAL, EACH ADDITIONAL FILM	$ 5.00	$ 5.00
D0270			BITEWING - SINGLE FILM	$ 3.00	$ 3.00
D0272			BITENINGS - TWO FILMS	$ 5.00	$ 5.00
D0273			BITEWINGS - THREE FILMS	$ 7.00	$ 7.00
D0274			BITENINGS - FOUR FILMS	$ 9.00	$ 9.00
D0277			VERTICAL BITEWING	$ 18.00	$ 18.00
D0290			POST-ANT OR LAT SKULL/FAC BONE FILM	$ 10.00	$ 10.00
D0310			SIALOGRAPHY	$ 30.00	$ 30.00
D0320			TEMPOROMAND JOINT ANTHROGRAM & INJ	$ 30.00	$ 30.00
D0321			OTHER TEMPOROMANDIBULAR JOINT FILMS	BR	BR
D0322			TOMOGRAPHIC SURVEY	$ 125.00	$ 90.00
D0330			PANORAMIC FILM	$ 15.75	$ 15.75
D0340			CEPHALOMETRIC RADIOGRAPH	$ 22.50	$ 22.50
D0350			ORAL/FACIAL PHOTOGRAPHIC IMAGES	$ 1.00	$ 1.00
D0351			3D PHOTOGRAPHIC IMAGE	$ 1.00	NA
D0364			CONE BEAM CT CAPTURE AND INTERPRETAT	$ 125.00	$ 125.00
D0365			CONE BEAM CT CAPTURE AND INTERPRETAT	$ 125.00	$ 125.00
D0366			CONE BEAM CT CAPTURE AND INTERPRETAT	$ 125.00	$ 125.00
D0367			CONE BEAM CT CAPTURE AND INTERPRETAT	$ 125.00	$ 125.00
D0368			CONE BEAM CT CAPTURE AND INTERPRETAT	$ 125.00	$ 125.00
D0380			CONE BEAM CT IMAGE CAPTURE WITH LIMI	$ 125.00	$ 125.00
D0381			CONE BEAM CT IMAGE CAPTURE WITH FIEL	$ 125.00	$ 125.00
D0382			CONE BEAM CT IMAGE CAPTURE WITH FIEL	$ 125.00	$ 125.00
D0383			CONE BEAM CT IMAGE CAPTURE WITH FIEL	$ 125.00	$ 125.00
D0384			CONE BEAM CT IMAGE CAPTURE FOR TMJ S	$ 125.00	$ 125.00
D0393			TREATMENT SIMULATION USING 3D IMAGE VOLUME	BR	BR

MEDICAID FEE FOR SERVICES: UPDATE NOVEMBER 1, 2015

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CPT/ HCPCS/ CDT	***MOD 1***	***MOD 2***	***SHORT - DESCRIPTION***	***MAXIMUM FEE ALLOWANCE***	***MAXIMUM FEE ALLOWANCE***
PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
D0394			DIGITAL SUBTRACTION OF TWO OR MORE IMAGES OR IMAGE VOLUMES OF THE SAME MODALITY	BR	BR
D0395			FUSION OF TWO OR MORE 3D IMAGE VOLUMES OF ONE OR MORE MODALITIES	BR	BR
D0416			VIRAL CULTURE	$ 8.00	$ 8.00
D0417			COLLECTION AND PREPARATION OF SALIVA SAMPLE FOR LABORATORY DIAGNOSTIC TESTING	$ 8.00	$ 8.00
D0470			DIAGNOSTIC CASTS	$ 11.50	$ 10.00
D0472			ACCESSING OF TISSUE GROSS EXAM PREP	$ 9.35	$ 9.35
D0473			ACCESS OF TISSUE GROSS/MICROSC EXAM	$ 20.85	$ 20.85
D0474			ACCESS TISSUE GROSS/MICRO EXAM	$ 40.00	$ 40.00
D0480			PROCESSING AND INTERPRETATION OF EXF	$ 12.00	$ 12.00
D0502			OTHER ORAL PROCEDURES	BR	BR
D0601			CARIES RISK ASSESSMENT & DOCUMENTATION - FINDING LOW RISK	$ 10.00	NA
D0602			CARIES RISK ASSESSMENT & DOCUMENTATION - FINDING MODERATE RISK	$ 10.00	NA
D0603			CARIES RISK ASSESSMENT & DOCUMENTATION - FINDING HIGH RISK	$ 10.00	NA
D0999			UNSPECIFIED DIAGNOSTIC PROCEDURES,	BR	BR
D1110			PROPHYLAXIS - ADULT	$ 17.00	$ 16.00
D1208			TOPICAL APPLICATION OF FLUORIDE	$ 10.00	$ 10.00
D1320			TOBACCO COUNSELING FOR THE CONTROL & PREVENTION OF ORAL DISEASE	BR	BR
D1351			SEALANT-PER TOOTH	$ 41.00	$ 41.00
D1352			PREVENTIVE RESIN RESTORATION IN A MODERATE TO HIGH CARIES RISK PATIENT -	$ 10.00	$ 9.00
D1353			SEALANT REPAIR PER TOOTH	$ 20.00	NA
D1555			REMOVE FIX SPACE MAINTAINER	$ 6.00	$ 6.00
D1999			UNSPECIFIED PREVENTIVE PROCEDURE, BY REPORT	BR	BR
D2140			AMALGAM-ONE SURFACE-PERMANENT	$ 32.00	$ 30.00
D2150			AMALGAM-TWO SURFACES-PERMANENT	$ 38.00	$ 35.50
D2160			AMALGAM-THREE SURFACES-PERMANENT	$ 44.00	$ 41.00
D2161			AMALGAM-FOUR OR MORE SURFACES-PERMAN	$ 51.00	$ 46.50
D2330			RESIN-ONE SURFACE	$ 35.50	$ 33.00
D2331			RESIN-TWO SURFACES	$ 42.50	$ 39.00
D2332			RESIN-THREE SURFACES	$ 49.50	$ 45.00
D2335			RESIN-FOUR OR MORE SURFACES	$ 59.50	$ 54.00
D2390			RESIN-BASED COMPOSITE CROWN ANTERIOR	$ 40.00	$ 35.00
D2391			RESIN-BASED COMPOSITE-1 SURF, POSTER	$ 32.00	$ 30.00
D2392			RESIN-BASED COMPOSITE-2SURF,POSTERIO	$ 38.00	$ 35.50
D2393			RESIN-BASED COMPOSITE-3 SURF POSTERI	$ 44.00	$ 41.00
D2394			RESIN-BASED COMPOSITE-4 OR MORE SURF	$ 44.00	$ 41.00
D2410			GOLD FOIL RESTORATIONS-ONE SURFACE	$ 9.00	$ 8.00
D2420			GOLD FOIL RESTORATIONS-TWO SURFACES	$ 18.00	$ 16.00
D2430			GOLD FOIL RESTORATIONS-THREE OR MORE	$ 27.00	$ 24.00
D2510			INLAY RESTORATION-METALLIC-ONE SURFA	$ 31.00	$ 27.00
D2520			INLAY,METALLIC-TWO SURFACES-RESTORAT	$ 56.00	$ 49.00
D2530			INLAY,METALLIC-THREE OR MORE SURFACE	$ 75.00	$ 65.00
D2542			ONLAY-METALLIC 2 SURFACES	$ 79.00	$ 69.00
D2543			ONLAY-METALLIC 3 SURFACES	$ 98.00	$ 85.00
D2710			CROWN - RESIN-BASED COMPOSITE (INDIR	$ 98.00	$ 85.00
D2720			CROWN-RESIN WITH HIGH NOBLE METAL-AC	$ 161.00	$ 140.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
D2721			CROWN-RESIN WITH PREDOMINATELY BASE	$ 161.00	$ 140.00
D2722			CROWN-RESIN WITH NOBLE METAL-ACRYLIC	$ 161.00	$ 140.00
D2740			CROWN-PORCELAIN/CERAMIC_SUBSTRATE	$ 279.00	$ 253.00
D2750			CROWN-PORCELAIN FUSED TO HIGH NOBLE	$ 279.00	$ 253.00
D2751			CROWN-PORCELAIN FUSED TO BASE METAL	$ 279.00	$ 253.00
D2752			CROWN-PORCELAIN FUSED TO NOBLE METAL	$ 279.00	$ 253.00
D2790			CROWN-FULL CAST HIGH NOBLE METAL	$ 161.00	$ 140.00
D2791			CROWN-FULL CAST PREDOMINATELY BASE M	$ 161.00	$ 140.00
D2792			CROWN-FULL CAST NOBLE METAL	$ 161.00	$ 140.00
D2910			RECEMENT INLAY, ONLAY OR PARTIAL COV	$ 7.00	$ 6.00
D2915			RECEMENT CAST OR PREFABRICATED POST & CORE	$ 7.00	$ 6.00
D2920			RECEMENT CROWN	$ 7.00	$ 6.00
D2921			REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP (TOOTH #)	$ 54.00	$ 54.00
D2940			SEDATIVE FILLING	$ 10.00	$ 9.00
D2941			INTERIM THERAPEUTIC RESTORATION - PRIMARY DENTITION (TOOTH #)	$ 9.00	$ 9.00
D2950			CORE BUILDUP INCLUDING ANY PINS	$ 49.00	$ 45.00
D2951			PIN RETENTION-PER TOOTH	$ 6.00	$ 5.00
D2952			CAST POST AND CORE IN ADD. TO CROWN	$ 75.00	$ 68.00
D2953			EACH ADDITIONAL CAST POST -SAME TOOTH	$ 37.50	$ 34.00
D2954			PREFAB. POST+CORE IN ADD. TO CROWN	$ 49.00	$ 45.00
D2955			POST REMOVAL (NOT IN CONJUCTION WITH EDONDONTIC THERAPY)	$ 30.00	$ 30.00
D2957			EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	$ 24.50	$ 22.50
D2970			TEMPORARY-CROWN_FRACTURED_TOOTH	$ 29.00	$ 25.00
D2971			ADDITIONAL PROCEDURES TO CONSTRUCT N	$ 50.00	$ 50.00
D2975			COPING	$ 161.00	$ 140.00
D2980			CROWN REPAIR, BY REPORT	BR	BR
D2981			INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	BR	BR
D2982			ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	BR	BR
D2983			VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	BR	BR
D2999			UNSPECIFIED RESTORATIVE PROCEDURE	BR	BR
D3220			VITAL PULPOTOMY	$ 28.00	$ 26.00
D3221			GROSS PULPAL DEBRIDE PRIM/PERM TEETH	$ 28.00	$ 26.00
D3222			PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOOTH WITH INCOMPLETE ROOT	$ 28.00	$ 26.00
D3230			PULPAL THERAPY ANT PRIMARY TOOTH	$ 200.00	$ 200.00
D3240			PULPAL THERAPY POST PRIMARY TOOTH	$ 236.00	$ 236.00
D3310			ANTERIOR(EXCLUDE FINAL RESTORATION)	$ 148.00	$ 135.00
D3320			BICUSPID(EXCLUDING FINAL RESTORATION	$ 190.00	$ 173.00
D3330			MOLAR(EXCLUDING FINAL RESTORATION)	$ 247.00	$ 225.00
D3331			TREATMENT OF ROOT CANAL OBSTRUCTION; NON SURGICAL ACCESS	BR	BR
D3332			INCOMPLETE ENDODONTIC THERAPY, INOPERABLE,UNRESTORABLE OR FRACTURED TOOTH	BR	BR
D3333			INTERNAL ROOT REPAIR OF PERFORATION DEFECT	BR	BR
D3346			RETREATMENT PREV ROOT CANAL THER ANT	$ 148.00	$ 135.00
D3347			RETREATMENT PREV ROOT CANAL THER BIC	$ 190.00	$ 173.00
D3348			RETREAT PREV ROOT CANAL THER MOLAR	$ 247.00	$ 225.00
D3351			APEXIFICATION/RECALC - INITIAL VISIT	$ 31.00	$ 27.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
D3352			APEXIFICATION/RECALCIFICATION -INTERIM MEDICATION REPLACEMENT	$ 31.00	$ 27.00
D3353			APEXIFICAITON/RECALCIFICATION - FINAL VISIT	BR	BR
D3355			PULPAL REGENERATION - INITIAL VISIT (TOOTH #)	$ 268.00	$ 268.00
D3356			PULPAL REGENERATION - INTERIM MEDICATION REPLACEMENT (TOOTH #)	$ 195.00	$ 195.00
D3357			PULPAL REGENERATION - COMPLETION OF TREATMENT (TOOTH #)	$ 195.00	$ 195.00
D3410			APICOECTOMY/PERIRAD SURGERY ANTERIOR	$ 79.00	$ 72.00
D3421			APICOECTOMY/PERIRADICULAR SURG BICUS	$ 79.00	$ 72.00
D3425			APICOECTOMY/PERIRADICULAR SURG MOLAR	$ 79.00	$ 72.00
D3426			APICOECTOMY/PERIRADICULAR SURG EACH	$ 44.00	$ 36.00
D3427			PERIRADICULAR SURGERY WITHOUT APICOECTOMY (TOOTH #)	BR	BR
D3428			BONE GRAFT IN CONJUNCTION WITH PERIRADICULAR SURGERY - PER TOOTH, SINGLE SITE	BR	BR
D3429			BONE GRAFT IN CONJUNCTION WITH PERIRADICULAR SURGERY - EACH ADDITIONAL CONTIGUOUS TOOTH IN THE SAME SURGICAL SITE	BR	BR
D3430			RETROGRADE FILLING-PER ROOT IN ADDIT	$ 9.00	$ 7.50
D3450			ROOT AMPUTATION-PER ROOT	$ 55.00	$ 48.00
D3910			SURGICAL PROCEDURE FOR ISOLATION	BR	BR
D3920			HEMISECTION (INCLUDING ANY ROOT REMO	$ 55.00	$ 48.00
D3950			CANAL PREPARATION AND FITTING OF PRE	$ 23.00	$ 20.00
D3999			UNSPECIFIED ENDODONTIC PROCEDURE,	BR	BR
D4210			GINGIVECTOMY OR GINGIVOPLASTY - FOUR	$ 43.50	$ 37.50
D4211			GINGIVECTOMY OR GINGIVOPLASTY - ONE	$ 32.60	$ 28.10
D4212			GINGIVECTOMY OR GINGIVOPLASTY TO ALLOW ACCESS FOR RESTORATIVE PROCEDURE, PER	$ 9.00	NA
D4240			GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANNING -FOUR OR MORE	$ 73.00	$ 66.00
D4241			GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANNING -ONE TO THREE	$ 59.00	$ 52.00
D4245			APICALLY POSITIONED FLAP	$ 36.00	$ 31.50
D4249			CLINICAL CROWN LENGTHENING-HARD TISS	$ 75.00	$ 64.50
D4260			OSSEOUS SURGERY (INCLUDING FLAP ENTR	$ 75.00	$ 64.50
D4261			OSSEOUS SURGERY (INCLUDING FLAP ENTR	$ 56.25	$ 48.40
D4263			BONE REPLACEMENT FIRST SITE QUAD	$ 261.00	$ 261.00
D4264			BONE REPLACEMENT GRAFT-EACH ADD SITE	$ 130.50	$ 130.50
D4265			BIOLOGICAL MAT TO AID SOFT & OSSEOUS	BR	BR
D4266			GUIDED TISSUE REGENERATION -RESORBABLE BARRIER, PER SITE	BR	BR
D4267			GUIDED TISSUE REGENERATION -NONRESORBABLE BARRIER, PER SITE	BR	BR
D4268			SURGICAL REVISION PROCEDURE, PER TOOTH	BR	BR
D4270			PEDICLE SOFT TISSUE GRAFT PROCEDURE,	$ 32.00	$ 28.00
D4273			SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURES, PER TOOTH	BR	BR
D4274			DISTAL PROXIMAL WEDGE PROCEDURE	$ 169.00	$ 153.00
D4275			SOFT TISSUE ALLOGRAFT	BR	BR
D4276			COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT, PER TOOTH	BR	BR
D4277			FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY), FIRST TOOTH OR	$ 49.00	NA
D4278			FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY), EACH	$ 24.50	NA
D4320			PROVISIONAL SPLINTING-INTRACORONAL	$ 18.00	$ 16.00
D4321			PROVISIONAL SPLINTING-EXTRACORONAL	$ 11.00	$ 10.00
D4341			PERIODONTAL SCALING AND ROOT PLANING	$ 37.50	$ 34.50
D4342			PERIODONTAL SCALING & ROOT PLAN 1-3	$ 30.00	$ 27.00
D4355			FULL MOUTH DEBRIDEMENT	$ 11.00	$ 10.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
D4381			LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED RELEASE	$ 6.00	$ 5.00
D4910			PERIODONTAL MAINTENANCE	$ 34.00	$ 32.00
D4999			UNSPECIFIED PERIODONTAL SERVICE,	BR	BR
D5110			COMPLETE DENTURE-MAXILLARY	$ 334.00	$ 302.00
D5120			COMPLETE DENTURE-MANDIBULAR	$ 342.00	$ 311.00
D5130			IMMEDIATE DENTURE-MAXILLARY	$ 392.00	$ 353.00
D5140			IMMEDIATE DENTURE-MANDIBULAR	$ 400.00	$ 363.00
D5211			MAXILLARY PARTIAL DENTURE-RESIN BASE	$ 275.00	$ 250.00
D5212			MANDIBULAR PARTIAL DENTURE-RESIN BAS	$ 275.00	$ 250.00
D5213			MAXILLARY PARTIAL DENTURE-CAST METAL	$ 361.00	$ 328.00
D5214			MANDIBULAR PARTIAL DENTURE-CAST MET	$ 342.00	$ 311.00
D5225			MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS)	$ 411.00	$ 378.00
D5226			MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS)	$ 392.00	$ 361.00
D5410			ADJUST COMPLETE DENTURE-MAXILLARY	$ 10.00	$ 9.00
D5411			ADJUST COMPLETE DENTURE-MANDIBULAR	$ 10.00	$ 9.00
D5421			ADJUST PARTIAL DENTURE-MAXILLARY	$ 10.00	$ 9.00
D5422			ADJUST PARTIAL DENTURE-MANDIBULAR	$ 10.00	$ 9.00
D5510			REPAIR BROKEN COMPLETE DENTURE BASE,	$ 49.50	$ 45.00
D5520			REPLACE MISSING OR BROKEN TEETH-COMP	$ 15.00	$ 15.00
D5610			REPAIR RESIN DENTURE BASE	$ 49.50	$ 45.00
D5620			REPAIR CAST FRAMEWORK, WELDING IN AD	$ 33.00	$ 30.00
D5630			REPAIR OR REPLACE BROKEN CLASP-MANDI	$ 76.50	$ 72.00
D5640			REPLACE BROKEN TEETH-PER TOOTH, MAY	$ 15.00	$ 15.00
D5650			ADD TOOTH TO EXISTING PARTIAL DENTUR	$ 66.00	$ 60.00
D5660			ADD CLASP TO EXISTING PARTIAL DENTUR	$ 76.50	$ 72.00
D5710			REBASE COMPLETE MAXILLARY DENTURE	$ 132.00	$ 120.00
D5711			REBASE COMPLETE MANDIBULAR DENTURE	$ 132.00	$ 120.00
D5720			REBASE MAXILLARY PARTIAL DENTURE	$ 124.00	$ 113.00
D5721			REBASE MANDIBULAR PARTIAL DENTURE	$ 124.00	$ 113.00
D5730			RELINE COMPLETE MAXILLARY DENTURE	$ 29.00	$ 26.00
D5731			RELINE COMPLETE MANDIBULAR DENTURE	$ 29.00	$ 26.00
D5740			RELINE MAXILLARY PARTIAL DENTURE	$ 29.00	$ 26.00
D5741			RELINE MANDIBULAR PARTIAL DENTURE	$ 29.00	$ 26.00
D5750			RELINE MAXILLARY DENTURE-LABORATORY	$ 99.00	$ 90.00
D5751			RELINE COMPLETE MANDIBULAR DENTURE	$ 99.00	$ 90.00
D5760			RELINE MAXILLARY PARTIAL DENTURE LAB	$ 91.00	$ 83.00
D5761			RELINE MANDIBULAR PARTIAL DENTURE	$ 91.00	$ 83.00
D5850			TISSUE CONDITIONING, MAXILLARY	$ 29.00	$ 26.00
D5851			TISSUE CONDITIONING, MANDIBULAR	$ 29.00	$ 26.00
D5862			PRECISION ATTACHMENT	$ 150.00	$ 150.00
D5863			OVERDENTURE - COMPLETE MAXILLARY	$ 302.00	$ 302.00
D5864			OVERDENTURE - PARTIAL MAXILLARY	$ 328.00	$ 328.00
D5865			OVERDENTURE - COMPLETE MANDIBULAR	$ 311.00	$ 311.00
D5866			OVERDENTURE - PARTIAL MANDIBULAR	$ 311.00	$ 311.00
D5867			REPLACE PART SEMI/PRECISION ATTACH	$ 75.00	$ 75.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
D5875			MODIFICATION OF REMOVABLE PROSTHESIS FOLLOWING IMPLANT SURGERY	BR	BR
D5899			UNSPECIFIED REMOVABLE PROSTHODONTIC	BR	BR
D5911			FACIAL MOULAGE (SECTIONAL)	BR	BR
D5912			FACIAL MOULAGE (COMPLETE)	BR	BR
D5913			NASAL PROSTHESIS	BR	BR
D5914			AURICULAR PROSTHESIS	BR	BR
D5915			ORBITAL PROSTHESIS	BR	BR
D5916			OCULAR PROSTHESIS	BR	BR
D5919			FACIAL PROSTHESIS	BR	BR
D5922			NASAL SEPTAL PROSTHESIS	BR	BR
D5923			OCULAR PROSTHESIS, INTERIM	BR	BR
D5924			CRANIAL PROSTHESIS	BR	BR
D5925			FACIAL AUGMENTATION IMPLANT PROSTHESIS	BR	BR
D5926			NASAL PROSTHESIS, RESPLACEMENT	BR	BR
D5927			AURICULAR PROSTHESIS, REPLACEMENT	BR	BR
D5928			ORBITAL PROSTHESIS, REPLACEMENT	BR	BR
D5929			FACIAL PROSTHESIS, REPLACEMENT	BR	BR
D5931			OBTURATOR PROSTHESIS, SURGICAL	$ 250.00	$ 250.00
D5932			OBTURATOR PROSTHESIS, DEFINITIVE	BR	BR
D5933			OBTURATOR PROSTHESIS, MODIFICATION	BR	BR
D5934			MANDIBULAR_FLANGE_PROSTHESIS	BR	BR
D5935			MANDIBULAR RESECTION PROSTHESIS WITHOUT GUIDE FLANGE	BR	BR
D5936			OBTURATOR PROSTHESIS, INTERIM	BR	BR
D5937			TRISMUS APPLIANCE	$ 125.00	$ 125.00
D5951			FEEDING AID	$ 500.00	$ 500.00
D5952			SPEECH AID PROSTHESIS, PEDIATRIC	$ 450.00	$ 450.00
D5953			SPEECH AID PROSTHESIS, ADULT	$ 450.00	$ 450.00
D5954			PALATAL AUGMENTATION PROSTHESIS	BR	BR
D5955			PALATAL LIFT PROSTHESIS, DEFINITIVE	BR	BR
D5958			PALATAL LIFT PROSTHESIS, INTERIM	BR	BR
D5959			PALATAL LIFT PROSTHESIS, MODIFICATION	BR	BR
D5960			SPEECH AID PROSTHESIS, MODIFICATION	BR	BR
D5982			SURGICAL STENT	$ 50.00	$ 43.00
D5983			RADIATION CARRIER	BR	BR
D5984			RADIATION SHIELD	BR	BR
D5985			RADIATION CONE LOCATOR	BR	BR
D5986			FLUORIDE GEL CARRIER	$ 30.00	$ 30.00
D5987			COMMISURE SPLINT	BR	BR
D5988			SURGICAL SPLINT	$ 250.00	$ 250.00
D5991			TOPICAL MEDICAMENT CARRIER	$ 30.00	$ 30.00
D5992			ADJUST MAXILLOFACIAL PROSTHETIC APPLIANCE	$ 10.00	$ 9.00
D5993			MAINTENANCE AND CLEANING OF A MAXILLOFACIAL PROSTHESIS (EXTRA OR INTRAORAL)	BR	BR
D5999			UNSPECIFIED MAXILLOFACIAL PROSTHESIS	BR	BR
D6010			SURGICAL PLACEMENT ENDOSTEAL IMPLANT	$ 500.00	$ 500.00
D6011			SECOND STAGE IMPLANT SURGERY (TOOTH #)	$ 45.00	$ 45.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
D6040			SURGICAL PLACEMENT: EPOSTEAL IMPLANT	$ 500.00	$ 500.00
D6050			SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT	BR	BR
D6052			SEMI-PRECISION ATTACHMENT ABUTMENT (TOOTH #)	$ 150.00	$ 150.00
D6055			DENTAL IMPLANT SUPPORTED CONNECTING BAR	BR	BR
D6056			PREFABRICATED ABUTMENT - INCLUDES PL	BR	BR
D6057			CUSTOM ABUTMENT - INCLUDES PLACEMENT	BR	BR
D6059			ABUTMENT SUPPORTED PORCELAIN FUSED T	$ 279.00	$ 253.00
D6060			ABUTMENT SUPPORT PORC FUSED MET CRN	$ 279.00	$ 253.00
D6061			ABUTMENT SUPPORT PORC FUSED MET CRN	$ 279.00	$ 253.00
D6062			ABUTMENT SUPPORT CAST METAL CROWN	$ 161.00	$ 140.00
D6063			ABUTMENT SUPPORT CAST METAL CROWN	$ 161.00	$ 140.00
D6064			ABUTMENT SUPPORT CAST METAL CROWN	$ 161.00	$ 140.00
D6066			IMPLANT SUPPORT PORC FUSED METAL CRN	$ 279.00	$ 253.00
D6067			IMPLANT SUPPORTED METAL CROWN TITANI	$ 161.00	$ 140.00
D6069			ABUTMENT SUPPORT RETAINER PORCELAIN	$ 279.00	$ 253.00
D6070			ABUTMENT SUPP RET PORC FUSED TO FPD	$ 279.00	$ 256.00
D6071			ABUTMENT SUPPORT RETAINER PORC FUSED	$ 279.00	$ 256.00
D6072			ABUTMENT SUPPORT RETAINER CAST METAL	$ 161.00	$ 140.00
D6073			ABUTMENT SUPPORT RET CAST METAL FPD	$ 161.00	$ 140.00
D6074			ABUTMENT SUPPORT RETAINER CAST METAL	$ 161.00	$ 140.00
D6080			IMPLANT MAINTENANCE PROCEDURES, INCLUDING REMOVAL OF PROSTHESIS, CLEANINGS OF IT AND ABUTMENTS AND REINSERTION	BR	BR
D6090			REPAIR IMPLANT SUPPORTED PROSTHESIS, BY REPORT	BR	BR
D6091			REPL SEMI/PRECISION ATTACH	$ 279.00	$ 253.00
D6092			RECEMENT SUPP CROWN	$ 7.00	$ 6.00
D6095			REPAIR IMPLANT ABUTMENT, BY REPORT	BR	BR
D6100			IMPLANT REMOVAL, BY REPORT	BR	BR
D6101			DEBRIDEMENT OF A PERIIMPLANT DEFECT AND SURFACE CLEANING OF EXPOSED IMPLANT	$ 52.00	$ 52.00
D6102			DEBRIDEMENT AND OSSEOUS CONTOURING OF A PERIIMPLANT DEFECT; INCLUDES SURFACE	$ 48.00	$ 48.00
D6103			BONE GRAFT FOR REPAIR OF PERIIMPLANT DEFECT - NOT INCLUDING FLAP ENTRY AND	$ 261.00	$ 261.00
D6104			BONE GRAFT AT TIME OF IMPLANT PLACEMENT	BR	BR
D6110			IMPLNT/ABUT REMOV DENT MAX	BR	NA
D6111			IMPLNT/ABUT REMOV DENT MAND	BR	NA
D6190			RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT	BR	BR
D6199			UNSPECIFIED IMPLANT PROCEDURE	BR	BR
D6210			PONTIC-CAST HIGH NOBLE METAL	$ 76.00	$ 66.00
D6211			PONTIC-CAST PREDOMINANTLY BASE METAL	$ 76.00	$ 66.00
D6212			PONTIC-CAST NOBLE METAL	$ 76.00	$ 66.00
D6240			PONTIC-PORCELAIN FUSED TO HIGH NOBLE	$ 170.00	$ 165.00
D6241			PONTIC-PORCELAIN FUSED TO PREDOMINAN	$ 170.00	$ 165.00
D6242			PONTIC-PORCELAIN FUSED TO NOBLE META	$ 170.00	$ 165.00
D6250			PONTIC-RESIN WITH HIGH NOBLE METAL	$ 90.00	$ 80.00
D6251			PONTIC-RESIN WITH PREDOMINANTLY BASE	$ 90.00	$ 80.00
D6252			PONTIC-RESIN WITH NOBLE METAL	$ 90.00	$ 80.00
D6545			RETAINER-CAST METAL RES BONDED FIX P	$ 75.00	$ 75.00
D6720			CROWN-RESIN WITH HIGH NOBLE METAL	$ 161.00	$ 140.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
D6721			CROWN-RESIN WITH PREDOMINANTLY BASE	$ 161.00	$ 140.00
D6722			CROWN-RESIN WITH NOBLE METAL	$ 161.00	$ 140.00
D6750			CROWN-PORCELAIN FUSED TO HIGH NOBLE	$ 279.00	$ 253.00
D6751			CROWN-PORCELAIN FUSED TO PREDOMINANT	$ 279.00	$ 253.00
D6752			CROWN-PORCELAIN FUSED TO NOBLE METAL	$ 279.00	$ 253.00
D6790			CROWN-FULL CAST HIGH NOBLE METAL	$ 161.00	$ 140.00
D6791			CROWN-FULL CAST PREDOMINANTLY BASE M	$ 161.00	$ 140.00
D6792			CROWN-FULL CAST NOBLE METAL	$ 161.00	$ 140.00
D6920			CONNECTOR BAR	BR	BR
D6930			RECEMENT BRIDGE, ONE ABUTMENT, CODE	$ 14.00	$ 12.00
D6940			STRESS BREAKER	BR	BR
D6950			PRECISION ATTACHEMENT	$ 150.00	$ 150.00
D6980			BRIDGE REPAIR, BY REPORT	BR	BR
D6985			PRECISION ATTACHMENT	$ 160.00	$ 160.00
D6999			UNSPECIFIED FIXED PROSTHODONTIC PROC	BR	BR
D7111			EXTRACTION, CORONAL REMNANTS - DECID	$ 19.50	$ 18.00
D7140			EXTRACT ERUPTED TOOTH/EXPOSED ROOT	$ 32.00	$ 30.00
D7210			SURGICAL REMOVAL OF ERUPTED TOOTH	$ 33.00	$ 31.00
D7220			REMOVAL OF IMPACTED TOOTH-SOFT TISSU	$ 43.00	$ 40.00
D7230			REMOVAL OF IMPACTED TOOTH-PARTIALLY	$ 114.00	$ 106.00
D7240			REMOVAL OF IMPACTED TOOTH-COMPLETELY	$ 114.00	$ 106.00
D7241			REMOVAL OF IMPACTED TOOTH -	BR	BR
D7250			SURGICAL REMOVAL OF RESIDUAL TOOTH R	$ 43.00	$ 39.00
D7260			OROANTRAL FISTULA CLOSURE	$ 108.00	$ 99.00
D7261			PRIMARY CLOSURE SINUS PERFORATION	$ 108.00	$ 99.00
D7285			BIOPSY - ORAL TISSUE HARD - INDEPEND	$ 30.00	$ 26.00
D7286			BIOPSY OF ORAL TISSUE - SOFT	$ 18.00	$ 16.00
D7287			EXFOLIATIVE CYTOLOGICAL SAMPLE COLLE	$ 10.00	$ 10.00
D7288			BRUSH BIOPSY - TRANSEPITHELIAL SAMPL	$ 10.00	$ 10.00
D7290			SURGICAL REPOSITIONING OF TEETH	BR	BR
D7291			TRANSSEPTAL FIBEROTOMY/SUPRA CRESTAL FIBEROTOMY, BY REPORT	BR	BR
D7292			SCREW RETAINED PLATE	BR	BR
D7293			TEMP ANCHORAGE DEV W FLAP	BR	BR
D7294			TEMP ANCHORAGE DEV W/O FLAP	BR	BR
D7295			HARVEST OF BONE FOR USE IN AUTOGENOUS GRAFTING PROCEDURE	BR	BR
D7310			ALVEOPLASTY IN CONJUNCTION WITH EXTR	$ 62.50	$ 56.50
D7311			ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS 1- 3 TEETH, PER QUAD	$ 31.00	$ 28.00
D7320			ALVEOLOPLASTY NOT IN CONJUNCTION WIT	$ 62.50	$ 56.50
D7321			ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS 1- 3 TEETH, PER QUAD	$ 31.00	$ 28.00
D7340			VESTIBULOPLASTY - RIDGE EXTENSION (S	$ 65.00	$ 59.00
D7350			VESTIBULOPLASTY-RIDGE EXTEN(INCLUDIN	$ 169.00	$ 153.00
D7410			EXCISION OF BENIGN LESION UP TO 1.25	$ 30.00	$ 26.00
D7411			EXCISION BENIGN LESION > 1.25 CM	$ 42.00	$ 37.00
D7412			EXCISION BENIGN LESION, COMPLICATED	$ 100.00	$ 86.00
D7413			EXCISION MALIGNANT LESION UP TO 1.25	$ 100.00	$ 86.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
D7414			EXCISION MALIGNANT LESION>1.25 CM	$ 274.00	$ 253.00
D7415			EXCISION MALIGNANT LESION,COMPLICATE	$ 473.00	$ 413.00
D7440			EXCISION OF MALIGNANT TUMOR, UP TO 1	$ 100.00	$ 86.00
D7441			EXCISION OF MALIGNANT TUMOR, OVER 1.	$ 274.00	$ 256.00
D7450			REMOVAL OF ODONTOGENIC CYST OR TUMOR	$ 50.00	$ 43.00
D7451			REMOVAL OF ODONTOGENIC CYST OR TUMOR	$ 150.00	$ 130.00
D7460			REMOVAL OF NON-ODONTOGENIC CYST OR T	$ 50.00	$ 43.00
D7461			REMOVAL OF NON-ODONTOGENIC CYST OR T	$ 150.00	$ 130.00
D7465			DESTRUCT OF LESION BY ELECTROSURG, C	$ 18.00	$ 15.00
D7471			REMOVAL OF EXOSTOSIS PER SITE	$ 109.00	$ 98.00
D7472			REMOVAL OF TORUS PALATINUS	$ 109.00	$ 98.00
D7473			REMOVAL OF TORUS MANDIBULARIS	$ 62.50	$ 56.50
D7485			SURG REDUCTION OSSEOUS TUBEROSITY	$ 62.50	$ 56.50
D7490			RADICAL RESECTION OF MAXILLA OR MAND	$ 807.00	$ 807.00
D7510			INCISION DRAINAGE OF ABSCESS, INTR	$ 28.00	$ 26.00
D7511			INCISION AND DRAINAGE OF ABSCESS - I	BR	BR
D7520			INCISION DRAINAGE OF ABSCESS, EXTR	$ 42.00	$ 37.00
D7521			INCISION AND DRAINAGE OF ABSCESS - E	BR	BR
D7530			REMOVAL OF FOREIGN BODY, SKIN, OR SU	$ 18.00	$ 16.00
D7540			RMVL REACTION PRODUCING FOREIGN BODY	$ 51.00	$ 45.00
D7550			SEQUESTRECTOMY FOR OSTEOMYELITIS INT	$ 90.00	$ 75.00
D7560			MAXILLARY SINUSOTOMY FOR REM OF TOOT	$ 242.00	$ 210.00
D7610			MAXILLA-OPEN REDUCTION (TEETH IMMOBI	$ 273.00	$ 249.00
D7620			MAXILLA - CLOSED REDUCTION (TEETH IM	$ 182.00	$ 166.00
D7630			MANDIBLE - OPEN REDUCTION (TEETH IMM	$ 363.00	$ 331.00
D7640			MANDIBLE-CLOSED REDUCTION (TEETH IMM	$ 182.00	$ 166.00
D7650			MALAR AND/OR ZYGOMATIC ARCH - OPEN R	$ 182.00	$ 166.00
D7660			MALAR AND/OR ZYGOMATIC ARCH - CLOSED	$ 63.00	$ 58.00
D7670			ALVEOLUS-CLOSED REDUCTION/STAB TEETH	$ 92.00	$ 84.00
D7671			ALVEOLUS-OPEN REDUCTION	$ 138.00	$ 126.00
D7680			FACIAL BONES-COMPLCTD REDUCTN WITH F	$ 363.00	$ 331.00
D7710			MAXILLA - OPEN REDUCTION - TEETH IMM	$ 273.00	$ 249.00
D7720			MAXILLA - CLOSED REDUCTION - TEETH I	$ 182.00	$ 166.00
D7730			MANDIBLE - OPEN REDUCTION - TEETH IM	$ 363.00	$ 331.00
D7740			MANDIBLE - CLOSED REDUCTION - TEETH	$ 182.00	$ 166.00
D7750			MALAR AND/OR ZYGOMATIC ARCH - OPEN R	$ 182.00	$ 166.00
D7760			MALAR AND/OR ZYGOMATIC ARCH - CLOSED	$ 63.00	$ 58.00
D7770			ALVEOLUS-STABLZTN OF TEETH OPEN REDU	$ 138.00	$ 126.00
D7771			ALVEOLUS CLOSED REDUCTION	$ 92.00	$ 84.00
D7780			FACIAL BONES-COMPLCTED REDUCTN WITH	$ 363.00	$ 331.00
D7810			OPEN REDUCTION OF DISLOCATION	$ 273.00	$ 249.00
D7820			CLOSED REDUCTION OF DISLOCATION	$ 27.00	$ 25.00
D7830			MANUPULATION UNDER ANESTHESIA (ANEST	$ 27.00	$ 25.00
D7840			CONDYLECTOMY	$ 362.00	$ 315.00
D7850			MENISECTOMY	$ 362.00	$ 315.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
D7852			DISC REPAIR	$ 362.00	$ 308.00
D7854			SYNOVECTOMY	$ 200.00	$ 173.00
D7856			MYOTOMY	BR	BR
D7858			JOINT RECONSTRUCTION	$ 623.00	$ 623.00
D7860			ARTHROTOMY	$ 182.00	$ 155.00
D7865			ARTHROPLASTY	$ 362.00	$ 308.00
D7870			ARTHROCENTESIS - INJECTION OR ASPIRA	$ 18.00	$ 16.00
D7871			NON-ARTHROSCOPIC LYSIS/LAVAGE	$ 190.00	$ 190.00
D7872			ARTHROSCOPY-DIAGNOSIS W/WO BIOPSY	$ 75.00	$ 65.00
D7873			ARTHROSCOPY SURGICAL;LAVAGE/LYSIS AD	$ 200.00	$ 200.00
D7874			ARTHROSCOPY-SURGICAL;DISC REPOSITION	$ 500.00	$ 425.00
D7875			ARTHROSCOPY-SURGICAL SYNOVECTOMY	$ 264.00	$ 224.00
D7876			ARTHROSCOPY - SURGICAL: DISCECTOMY	BR	BR
D7877			ARTHROSCOPY-SURGICAL DEBRIDEMENT	$ 160.00	$ 136.00
D7880			OCCLUSAL ORTHOTIC DEVICE	BR	BR
D7899			UNSPECIFIED TMD THERAPY	BR	BR
D7910			SUTURE OF RECENT SMALL WOUNDS 2.5CM	$ 35.00	$ 32.00
D7911			COMPLICATED SUTURE-UP TO 5 CM	$ 138.00	$ 138.00
D7912			COMPLICATED SUTURE GREATER THAN 5 CM	$ 242.00	$ 242.00
D7920			SKIN GRAFT	$ 70.50	$ 70.50
D7940			OSTEOPLASTY - FOR ORTHOGNATHIC DEFOR	$ 225.00	$ 191.00
D7941			OSTEOTOMY-MANDIBULAR RAMI	$ 726.00	$ 726.00
D7943			OSTEOTOMY-MANDIBULAR RAMI W/BONE GRA	$ 1,058.00	$ 1,058.00
D7944			OSTEOTOMY-SEGMENTED PER QUADRANT	$ 332.00	$ 289.00
D7945			OSTEOTOMY-BODY OF MANDIBLE	$ 332.00	$ 289.00
D7946			LEFORT I (MAXILLA TOTAL)	$ 546.00	$ 546.00
D7947			LEFORT I (MAXILLA-SEGMENTED)	$ 365.00	$ 365.00
D7948			LEFORT II OR LEFORT III	$ 1,095.00	$ 1,095.00
D7949			LEFORT II OR LEFORT III W/BONE GRAFT	$ 1,427.00	$ 1,427.00
D7950			GRAFT OF MANDIBLE/FACIAL BONES	$ 575.00	$ 489.00
D7951			SINUS AUG W BONE/BONE SUP	$ 203.00	$ 176.00
D7952			SINUS AUGMENTATION VIA A VERTICAL APPROACH	$ 176.00	$ 176.00
D7955			REPAIR OF MAXILLOFACIAL SOFT AND/OR	$ 203.00	$ 176.00
D7960			FRENULECTOMY-SEPARATE PROCEDURE(FREN	$ 60.00	$ 56.00
D7963			FRENULOPLASTY	$ 84.50	$ 76.50
D7970			EXCISION HYPERPLASTIC TISS PER ARCH	$ 45.00	$ 39.00
D7971			EXCISION PERCORONAL GINGIVA	$ 179.00	$ 179.00
D7972			SURGICAL REDUCTION FIBROUS TUBEROSIT	$ 64.00	$ 59.00
D7980			SIALOLITHOTOMY	$ 48.00	$ 42.00
D7981			EXCISION OF SALIVARY GLAND	$ 182.00	$ 158.00
D7982			SIALODOCHOPLASTY	$ 151.00	$ 131.00
D7983			CLOSURE OF SALIVARY FISTULA	$ 151.00	$ 131.00
D7990			EMERGENCY TRACHEOTOMY	$ 121.00	$ 105.00
D7991			CORONECTOMY	$ 362.00	$ 308.00
D7995			SYNTHETIC GRAFT MANDIBLE/FACIAL BONE	BR	BR

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
D7996			IMPLANT-MANDIBLE AUGMENTATION PURPOS	BR	BR
D7997			APPLIANCE REMOVAL W/ARCHBAR REMOVAL	$ 151.00	$ 151.00
D7999			UNSPECIFIED ORAL SURGERY PROCEDURE,	BR	BR
D8010			LIMIT ORTHODONTIC RX PRIM DENTITION	$ 1,475.00	$ 1,475.00
D8020			LIMIT ORTHODINTIC RX TRANS DENTITION	$ 1,584.00	$ 1,584.00
D8030			LIMIT ORTHODONTIC RX ADOL DENTITION	$ 1,887.00	$ 1,887.00
D8040			LIMIT ORTHODONTIC RX ADULT DENTITION	$ 1,888.00	$ 1,888.00
D8050			INTERCEPTIVE ORTHO RX PRIM DENTITION	$ 1,865.00	$ 1,865.00
D8060			INTERCEPTIVE ORTHO RX TRAN DENTITION	$ 2,076.00	$ 2,076.00
D8080			COMPREHENS ORTHODONTIC APPLIANCES	$ 493.00	$ 493.00
D8210			REMOVABLE APPLIANCE THERAPY, HABIT	$ 595.00	$ 590.00
D8220			FIXED APPLIANCE THERAPY, HABIT	$ 595.00	$ 590.00
D8660			PRE-ORTHODONTIC TREATMENT VISIT	$ 244.00	$ 244.00
D8670			PERIODIC ORTHODONTIC TREATMENT VISIT (AS PART OF CONTRACT)	$ 80.00	$ 80.00
D8680			ORTHODONTIC_RETENTION_(REMOVAL_OF_AP	$ 168.00	$ 168.00
D8691			REPAIR ORTHODONTIC APP;IANCE	$ 49.50	$ 45.00
D8692			REPLACEMENT LOST/BROKEN RETAINER	$ 115.00	$ 110.00
D8693			REBOND/CEMENT/REPAIR RETAIN	$ 35.50	$ 33.00
D8694			REPAIR OF FIXED RETAINERS, INCLUDES REATTACHMENT	BR	BR
D8999			UNSPECIFIED ORTHODONTIC PROCEDURE,	BR	BR
D9110			PALLIATIVE (EMERGENCY) TREATMENT OF	$ 10.00	$ 9.00
D9210			LOCAL ANESTHESIA NOT IN CONJUNCTION	$ 13.00	$ 11.00
D9211			REGIONAL BLOCK ANESTHESIA	$ 13.00	$ 11.00
D9212			TRIGEMINAL DIVISION BLOCK ANESTHESIA	$ 18.00	$ 16.00
D9220			GENERAL ANESTHESI -1ST 30 MINUTES	$ 125.00	$ 125.00
D9221			GENERAL ANESTHESIA-EACH ADDIT 15 MIN	$ 11.00	$ 11.00
D9230			ANALGESIA, ANXIOLYSIS, INHAL NITROUS	$ 15.00	$ 14.00
D9241			INTRAVENOUS SEDATION 1ST 30 MINUTES	$ 50.00	$ 49.00
D9242			IV SEDATION/ANALGESIA EACH ADD 15MIN	$ 11.00	$ 11.00
D9248			NON-IV CONSCIOUS SEDATION	$ 40.00	$ 40.00
D9310			CONSULTATION	$ 22.00	$ 17.00
D9410			HOUSE/EXTENDED CARE FACILITY CALL	$ 20.50	$ 19.00
D9420			HOSPITAL DAY - SUBSEQUENT	$ 19.00	$ 17.00
D9430			OFFICE VISIT FOR OBSERVATION	$ 9.00	$ 7.00
D9610			THERAPEUTIC DRUG INJECTION, BY REPOR	$ 13.00	$ 11.00
D9612			THERA PAR DRUGS 2 OR > ADMIN	$ 16.00	$ 13.00
D9630			OTHER DRUGS AND/OR MEDICAMENTS, BY R	BR	BR
D9910			APPLICATION OF DESENSITIZING MEDICAM	$ 6.00	$ 5.00
D9911			APPLICATION DESENSIT RESIN PER TOOTH	$ 35.50	$ 33.00
D9920			BEHAVIOR MANAGEMENT, BY REPORT	$ 15.00	$ 13.00
D9930			TREATMENT OF COMPLICATIONS (POST SUR	$ 9.00	$ 8.00
D9940			OCCLUSAL GUARDS, BY REPORT SPECIAL P	$ 65.00	$ 58.00
D9951			OCCLUSAL ADJUSTMENT - LIMITED 1 TO 3	$ 6.00	$ 5.00
D9952			OCCLUSAL ADJUSTMENT-COMPLETE	$ 68.00	$ 60.00
D9971			ODONTOPLASTY 1-2 TEETH	$ 125.00	$ 125.00

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
D9974			INTERNAL BLEACHING - PER TOOTH	$ 33.00	$ 33.00
D9999			UNSPECIFIED ADJUNCTIVE PROCEDURE, BY	BR	BR
E0100			CANE ADJUSTABLE OR FIXED WITH TIPS	$ 14.97	NA
E0105			CANE QUAD OR 3 PRONG ADJ OR FIX TIPS	$ 39.48	$ 7.90
E0110			CRUTCH FOREARM ADJ/FIX PR.TIPS&GRIPS	$ 65.43	$ 13.09
E0111			CRUTCH FOREARM-ADJ/FIX,EA.W/TIP&GRIP	$ 42.61	$ 8.52
E0112			CRUTCH UNDERARM/WOOD-ADJ/FIX. PAIR	$ 29.60	$ 5.92
E0113			CRUTCH UNDERARM-WOOD-ADJ/FIXED, EACH	$ 19.51	$ 3.90
E0114			CRUTCHES UNDERARM, ALUM.ADJ/FX/PAIR	$ 37.75	$ 7.55
E0116			CRUTCH, UNDERARM, OTHER THAN WOOD, A	$ 18.99	$ 3.80
E0130			WALKER RIGID ADJ/FIXED HEIGHT	$ 55.94	$ 11.19
E0135			WALKER FOLDING ADJ/FIXED HEIGHT	$ 59.43	$ 11.89
E0141			WALKER WHEELED WITHOUT SEAT	$ 95.86	$ 19.17
E0143			FOLDING WALKER, WHEELED, W/O SEAT	$ 87.05	$ 17.41
E0147			HVY DUTY MULTI BREAK WHL RESIST WLKR	$ 206.71	$ 24.81
E0148			WALKER, HEAVY DUTY, WITHOUT WHEELS,	$ 80.49	$ 16.10
E0149			WALKER, HEAVY DUTY, WHEELED, RIGID O	$ 141.40	$ 16.97
E0153			PLATFORM ATTACH.FOREARM CRUTCH-EACH	$ 55.37	$ 11.07
E0154			PLATFORM ATTACHMENT, WALKER, EACH	$ 51.05	$ 10.21
E0155			WHEEL ATTACHMENT, RIGID PICK-UP WAL	$ 25.62	$ 5.12
E0156			SEAT ATTACHMENT WALKER	$ 21.09	$ 4.22
E0157			CRUTCH ATTACH WALKER EACH	$ 55.37	$ 11.07
E0158			LEG EXTENSIONS FOR A WALKER	$ 25.74	$ 5.15
E0160			SITZ TYPE BATH, PORTABLE, FITS OVER	$ 9.50	$ 1.90
E0161			SITZ BATH-PORT-OVER COMMODE W/FAUCET	$ 20.98	$ 4.20
E0162			SITZ BATH CHAIR	BR	BR
E0163			COMMODE CHAIR STATIONARY FIXED ARMS	$ 89.16	$ 17.83
E0165			COMMODE CHAIR, STATIONARY, WI	$ 181.01	$ 21.72
E0167			PAIL OR PAN USED W/COMMODE CHAIR	$ 10.19	$ 2.04
E0168			COMMODE CHAIR, EXTRA WIDE AND/OR HEA	$ 120.74	$ 14.49
E0175			FOOT REST USED W/COMMODE CHAIR/EACH	$ 44.07	$ 8.81
E0181			PRESSURE PAD, ALTERNAT.W/PUMP HEAVY	$ 263.73	$ 31.65
E0182			PUMP FOR ALTERNATING PRESSURE PAD	$ 291.08	$ 34.93
E0184			FLOTATION MATTRESS DRY (EGGCRATE)	$ 68.56	$ 13.71
E0185			DECUBITUS CARE PAD, FLOTATION OR GEL	$ 62.22	$ 12.44
E0186			AIR PRESSURE MATTRESS	BR	BR
E0187			WATER PRESSURE MATTRESS	BR	BR
E0188			SYNTHETIC SHEEPSKIN PAD	$ 21.09	$ 4.22
E0189			LAMBSWOOL SHEEPSKIN PAD ANY SIZE	$ 21.09	$ 4.22
E0190			POSITIONING_CUSHION/PILLOW/WEDGE	BR	NA
E0191			HEEL OR ELBOW PROTECTOR, EACH	$ 7.99	NA
E0193			PWR AIR FLOAT LOW AIR LOSS BED	NA	$ 36.00
E0194			AIR FLUIDIZED BED	NA	$ 65.20
E0196			GEL PRESSURE MATTRESS	$ 169.08	$ 20.29
E0197			AIR PRESSURE PAD FOR MATTR.PT.OWNED	$ 150.67	$ 18.08

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PRACTITIONER				*SPECIALIST*	*NON-SPECIALIST*
DME/P&O				*PURCHASE*	*RENTAL*
E0198			WATER PRESSURE PAD FOR MATTR.PT.OWN	$ 150.67	$ 18.08
E0199			MATTRESS PAD, DRY PRESSURE-PT.OWNED	$ 25.64	$ 5.13
E0200			HEAT LAMP,TABLE MODEL, W/BULB OR ELE	$ 36.92	$ 7.38
E0202			PHOTOTHERAPY (BILIRUBIN) LIGHT/METER	$ 438.25	$ 52.59
E0217			WATER CIRCULATING HEAT PAD WITH PUMP	$ 337.60	$ 40.51
E0235			PARAFFIN BATH UNIT, PORTABLE	$ 194.38	$ 23.33
E0236			PUMP FOR WATER CIRCULATING PAD	BR	BR
E0240			BATH/SHOWER_CHAIR,_WITH_OR_WITHOUT_W	BR	BR
E0241			BATH TUB WALL RAIL, EACH	BR	BR
E0242			BATH TUB RAIL, FLOOR BASE	BR	BR
E0243			TOILET RAIL, EACH	BR	BR
E0244			RAISED TOILET SEAT	BR	BR
E0245			TUB STOOL OR BENCH	BR	BR
E0246			TRANSFER TUB RAIL ATTACHMENT	BR	BR
E0249			PAD FOR WATER CIRCULATING HEAT UNIT	$ 79.68	$ 15.94
E0250			HOSP.BED-RAIL,FIX.HGT.-W.MATTRESS	$ 881.42	$ 105.77
E0251			HOSP.BED-RAILS,FIX.HGT.-NO MATTRESS	$ 672.33	$ 80.68
E0255			HOSPITAL BED,RAILS,VARY HAT,MATTRESS	$ 964.20	$ 115.70
E0256			HOSP BED/VARIABLE HGT/RAILS/NO MATT	BR	BR
E0260			HOSP.BED-RAILS,W/MATT.SEMI-ELECTRIC	$ 1,542.26	$ 185.07
E0261			HOSP BED SEMIELEC/RAILS/NO MATTRESS	BR	BR
E0265			TOTAL ELEC.HOSP.BED W/RAILS&MATTRESS	$ 1,940.52	$ 232.86
E0266			TOTAL ELEC.HOSP.BED-RAILS-NO MATTRES	$ 1,909.20	$ 229.10
E0270			INST.HOSP.BED/OSC,CIRC.&STRKW/MATTRE	BR	BR
E0271			MATTRESS, INNERSPRING	$ 168.73	$ 20.25
E0272			MATTRESS, FOAM RUBBER	$ 155.55	$ 18.67
E0273			BED BOARD	BR	BR
E0274			OVER-BED TABLE	BR	BR
E0275			BED PAN STD METAL OR PLASTIC	$ 12.25	NA
E0276			BED PAN, FRACTURE, METAL OR PLASTI	$ 12.60	NA
E0277			ALTERNATING PRESSURE MATTRESS	BR	BR
E0280			BED,CRADLE,ANY TYPE	$ 29.53	$ 5.91
E0290			HOSP BED, FIXED HGT,NO RAILS,W/MATT	BR	BR
E0291			HOSPITAL BED, FIXED W/NO RAIL OR MAT	BR	BR
E0292			HOS.BED,VARY HGT. NO RAIL W/MATTRESS	BR	BR
E0293			HOSP BED VARIABLE HGT NO RAIL OR MAT	BR	BR
E0294			HOSP BED,SEMI-ELEC NO RAILS/WITH MAT	BR	BR
E0295			HOSPITAL BED,SEMI-ELEC,NO RAILS&MATT	BR	BR
E0296			HOSP BED,ALL ELEC,W/O RAILS, W/MATTR	BR	BR
E0297			HOS.BED,ALL ELEC.NO RAIL OR MATTRESS	BR	BR
E0302			HOSPITAL_BED,_EXTRA_HEAVY_DUTY,_EXTR	BR	BR
E0303			HOSPITAL BED, HEAVY DUTY, EXTRA WIDE	BR	BR
E0304			HOSPITAL_BED,_EXTRA_HEAVY_DUTY,_EXTR	BR	BR
E0305			BED SIDE RAILS, HALF LENGTH	$ 143.77	$ 17.25
E0310			BED SIDE RAILS, FULL LENGTH	$ 164.74	$ 19.77

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
E0325			URINAL, MALE, JUG-TYPE, ANY MATERIAL	$ 6.53	NA
E0326			URINAL, FEMALE, JUG-TYPE, ANY MATERI	$ 9.28	NA
E0371			NONPOWERED ADVANCED PRESSURE REDUCIN	BR	BR
E0372			POWERED AIR OVERLAY FOR MATTRESS, ST	BR	BR
E0424			STAT.COMP.GAS SYS/INCLUD.CONTENTS	NA	$ 138.88
E0431			PT GAS O2 INC.CONTENTS,REG.HUM.MASK	NA	$ 47.33
E0434			PT. LIQ O2 SYS INC.CONTENTS,FLOWMTR.	NA	$ 47.33
E0439			STAT.LIG 02 SYS.INCLUDING CONTENTS	NA	$ 138.88
E0441			OXYGEN CONTENTS GASEOUS 50 CFT/UNIT	$ 6.50	NA
E0442			OXYGEN CONTENT LIQUID 10 LBS/UNIT	$ 14.00	NA
E0443			PORT OXYGEN GASEOUS 5CFT/UNIT	$ 0.65	NA
E0444			PORT LIQ OXYGEN 1 LB PER UNIT	$ 1.40	NA
E0450			VOLUME CONTROL VENTILATOR, WITHOUT P	NA	$ 701.58
E0455			OXYGEN TENT EXCLUDING CROUP TENT I	BR	BR
E0457			CHEST SHELL (CUIRASS)	$ 414.80	$ 49.78
E0459			CHEST WRAP	$ 539.24	$ 64.71
E0460			NEGATIVE PRESSURE VENT, ANY TYPE	NA	$ 458.30
E0462			ROCKING BED WITH OR WITHOUT RAILS	BR	BR
E0463			PRESSURE SUPPORT VENTILATOR WITH VOL	NA	$ 1,033.69
E0464			PRESSURE SUPPORT VENTILATOR WITH VOL	NA	$ 1,033.69
E0470			RESPIRATORY ASSIST DEVICE, BI-LEVEL	BR	BR
E0471			RESPIRATORY ASSIST DEVICE, BI-LEVEL	BR	BR
E0472			RESPIRATORY ASSIST DEVICE, BI-LEVEL	BR	BR
E0480			PERCUSSOR, ELEC/PNEUMATIC,HOME MODEL	$ 279.47	$ 33.54
E0482			COUGH_STIMULATING_DEVICE,_ALTERNATIN	$ 2,824.75	$ 338.97
E0483			HIGH_FREQUENCY_CHEST_WALL_OSCILLATIO	$ 7,441.92	$ 893.03
E0485			ORAL DEVICE/APPLIANCE USED TO REDUCE	BR	BR
E0486			ORAL DEVICE/APPLIANCE USED TO REDUCE	BR	BR
E0500			IPPB MACHINE ALL TYPES	$ 469.32	$ 56.32
E0550			HUMIDIFIER, DURABLE FOR EXTENSIVE SU	$ 315.33	$ 37.84
E0555			HUMIDIFIER, DURABLE, GLASS OR AUTOCL	$ 15.00	$ 3.00
E0560			HUMIDIFIER, DURABLE FOR SUPPLEMENTAL	$ 64.64	$ 12.93
E0561			HUMIDIFIER, NON-HEATED, USED WITH PO	$ 85.60	$ 17.12
E0562			HUMIDIFIER, HEATED, USED WITH POSITI	$ 240.68	$ 28.88
E0565			COMPRESSOR (NOT OXYGEN OR IPPB)	$ 506.07	$ 60.73
E0570			NEBULIZER W/COMPRESSOR (DEVILBISS)	$ 166.19	$ 19.94
E0575			NEBULIZER, SELF-CONTAINED, ULTRASONI	$ 732.97	$ 87.96
E0580			NEBULIZER, DURABLE, GLASS OR AUTOCLA	$ 121.29	$ 14.55
E0585			NEBULIZER, WITH COMPRESSOR AND HEATE	$ 121.29	$ 14.55
E0600			SUCTION PUMP, HOME MODEL, PORTABLE	$ 409.72	$ 49.17
E0601			NASAL CONTINUOUS AIRWAY PRESS.DEVICE	$ 667.33	$ 80.08
E0602			BREAST_PUMP,_MANUAL,_ANY_TYPE	$ 22.60	$ 4.52
E0603			BREAST_PUMP,_ELECTRIC_(AC_AND/OR_DC)	BR	BR
E0604			BREAST_PUMP,_HOSPITAL_GRADE,_ELECTRI	BR	BR
E0605			VAPORIZER, ROOM TYPE	$ 21.14	$ 4.23

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
E0606			POSTURAL DRAINAGE BOARD	$ 158.19	$ 18.98
E0607			HOME BLOOD GLUCOSE MONITOR	$ 53.46	$ 10.69
E0610			PACEMAKER MTR.INC.AUDIBLE/VISUAL CHK	$ 190.29	$ 22.83
E0615			PACEMAKER/FULL MONITOR/DIG/VISUAL CK	$ 336.42	$ 40.37
E0618			APNEA MONITOR, WITHOUT RECORDING FEA	$ 1,666.67	$ 200.00
E0619			APNEA MONITOR, WITH RECORDING FEATUR	$ 2,083.33	$ 250.00
E0621			SLING OR SEAT, PATIENT LIFT, CANVAS	$ 63.36	$ 12.67
E0625			PATIENT LIFT, BATHROOM OR TOILET, NO	BR	BR
E0630			PATIENT LIFT,HYDRAULIC W/SEAT/SLING	$ 932.66	$ 111.92
E0635			PATIENT LIFT, ELECTRIC WITH SEAT OR	$ 770.15	$ 92.42
E0641			STANDING FRAME SYSTEM, MULTI-POSITIO	BR	BR
E0642			STANDING FRAME SYSTEM, MOBILE (DYNAM	BR	BR
E0650			PNEUMATIC CPR NON-SEGMENTAL HOME MDL	$ 522.05	$ 62.65
E0651			PNEUMATIC COMPRESSOR,SEGMENTAL HOME	$ 732.97	$ 87.96
E0652			PNEUMATIC COMPRESS,SEGMENTAL HOME MO	$ 3,374.81	$ 404.98
E0655			PNEUMATIC APPLICANCE W/PNEU COMPR 1/	$ 83.42	$ 16.68
E0660			PNEUMATIC APPL WITH COMPRESSOR FULLG	$ 137.10	$ 16.45
E0665			PNEUMATIC APPL W/PNEUCOMPR FULLARM	$ 89.75	$ 17.95
E0666			PNEUMATIC APPL W/PNEUCOMPR HALFLEG	$ 131.83	$ 15.82
E0667			PNEUMATIC APPL W/SEGMPNEUCOMPR LEG	$ 258.39	$ 31.01
E0668			PNEUMATIC APPL W/SEGMPNEUCOMPR ARM	$ 226.75	$ 27.21
E0669			SEG PNEUMATIC APPL USE W/CPR 1/2 LEG	$ 127.93	$ 15.35
E0670			SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, INTEGRATED, 2	$ 937.89	NA
E0671			SEG.GRAD.PRESS.PNEU.APPL.,FULL LEG	$ 305.28	$ 36.63
E0672			SEG.GRAD.PRESS.PNEU.APPL.FULL ARM	$ 237.21	$ 28.47
E0673			SEG.GRAD.PRESS.PNEUM.APPL.HALF-LEG	$ 197.11	$ 23.65
E0700			SAFETY EQUIPMENT (E.G., BELT, HARNES	BR	BR
E0705			TRANSFER DEVICE, ANY TYPE, EACH	BR	BR
E0710			RESTRAINT ANY TYPE,BODY CHEST WRT/AK	BR	BR
E0720			TENS, TWO LEAD, LOCALIZED STIMULATI	$ 294.06	$ 35.29
E0730			TENS, FOUR LEAD, LARGER AREA/MULTIP	$ 296.45	$ 35.57
E0731			TENS CONDUCTIVE GARMENT FORM FITTING	BR	BR
E0740			INCONT.TREAT.SYS.,STIM.MON.SENS.+TRG	BR	BR
E0744			NEUROMUSCULAR SCOLIOSIS STIMULATOR	$ 1,031.82	$ 123.82
E0745			NEURO-MUSC STIM ELEC SHOCK UNIT	$ 1,049.36	$ 125.92
E0746			ELECTROMYOGRAPHY(EMG)BIOFEEDBACK DVC	$ 694.79	$ 83.37
E0747			OSTEOGEN.STIM.NONINVASIVE,NON-SPINAL	$ 2,742.04	$ 329.04
E0748			OSTEOGEN.STIM. NONINVASIVE-SPINAL AP	BR	BR
E0755			ELECTRIC SAL. REFLEXT STIMULATOR	BR	BR
E0762			TRANSCUTANEOUS ELECTRICAL JOINT STIM	BR	BR
E0766			ELECTRICAL STIMULATION DEVICE USED FOR CANCER TREATMENT, INCLUDES ALL ACCESSORIES, ANY TYPE	$ 93.15	NA
E0776			IV POLE	$ 69.74	$ 13.95
E0780			AMBULATORY INFUSION PUMP, MECHANICAL	$ 8.30	$ 1.66
E0781			EXTERNAL AMBULATORY INFUSION P	BR	BR
E0784			EXT.AMBUL. INFUSION PUMP, INSULIN	BR	BR

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
E0791			PARENTERAL INFUSION PUMP STATIONARY	BR	BR
E0840			TRACTION FRAME, ATTACHED TO HEADBOAR	$ 36.92	$ 7.38
E0850			FREE STAND STAND FOR SC TRACTION	$ 36.92	$ 7.38
E0860			TRACTION OVERDOOR	$ 27.17	$ 5.43
E0870			SE TRACTION FRAME(ATTACH TO FTBOARD)	$ 83.84	$ 16.77
E0880			SE TRACTION STAND-FREE STANDING	$ 68.56	$ 13.71
E0890			SPE FRAME ATTACHED TO FOOTBOARD	$ 80.47	$ 16.09
E0900			SPT STAND-FREE STANDING	$ 80.47	$ 16.09
E0910			BED TRAPEZE BARS W/GRAB BAR	$ 163.74	$ 19.65
E0911			TRAPEZE BAR, HEAVY DUTY, FOR PATIENT	BR	BR
E0912			TRAPEZE BAR, HEAVY DUTY, FOR PATIENT	BR	BR
E0920			FRACTURE FRAME, ATTACHED TO BED, IN	$ 394.43	$ 47.33
E0930			FRACTURE FRAME,FREE STAND W/WEIGHTS	$ 394.43	$ 47.33
E0935			CONTINUOUS PASSIVE MOTION EXERCISE D	NA	$ 17.00
E0940			TRAPEZE BAR, FREE STANDING, COMPLETE	$ 314.78	$ 37.77
E0941			GRAVITY ASSIST TRACTION DEVICE	$ 384.94	$ 46.19
E0942			TRACTION,CERVICAL WITH HEAD HALTER	$ 15.82	$ 3.16
E0944			PELVIC BELT/HARNESS/BOOT	$ 32.74	$ 6.55
E0945			EXTREMITY BELT/HARNESS	$ 36.92	$ 7.38
E0946			FRAC FRM, DUAL W/X-BARS BED ATTACHED	$ 894.33	$ 107.32
E0947			FRAC FRAME W/ATT COMPLEX PELVIC TRAC	BR	BR
E0948			FRAC FRM ATTACH FOR CPX CERV TRAC	BR	BR
E0950			TRAY	$ 82.96	$ 16.59
E0951			HEEL LOOP/HOLDER, ANY TYPE, WITH OR	$ 15.04	$ 3.01
E0952			TOE LOOP/HOLDER, ANY TYPE, EACH	$ 15.04	$ 3.01
E0955			WHEELCHAIR ACCESSORY, HEADREST, CUSH	$ 148.60	$ 17.83
E0956			WHEELCHAIR ACCESSORY, LATERAL TRUNK	$ 72.46	$ 14.49
E0957			WHEELCHAIR ACCESSORY, MEDIAL THIGH S	$ 101.38	$ 12.17
E0958			WHEELCHAIR ATTACHMENT TO CONVERT AN	$ 421.32	$ 50.56
E0959			AMPUTEE ADAPTER (DEVICE USED TO COM	$ 35.37	$ 7.07
E0960			WHEELCHAIR ACCESSORY, SHOULDER HARNE	$ 66.87	$ 13.37
E0961			BRAKE EXTENSION, FOR WHEELCHAIR	$ 11.61	$ 2.32
E0966			HOOK ON HEAD REST EXTENSION	$ 51.67	$ 10.33
E0967			MANUAL WHEELCHAIR ACCESSORY, HAND RI	$ 52.53	$ 10.51
E0968			COMMODE SEAT, WHEELCHAIR	$ 181.39	$ 21.77
E0969			NARROWING DEVICE, WHEELCHAIR	BR	BR
E0970			NO.2 FOOTPLATES, EXCEPT FOR ELEVATI	$ 94.92	$ 18.98
E0971			MANUAL WHEELCHAIR ACCESSORY, ANTI-TI	$ 17.35	$ 3.47
E0973			ADJUSTABLE HEIGHT DETACHABLE ARMS,	$ 91.75	$ 18.35
E0974			GRADE-AID DEVICE TO PREVENT ROLL	$ 68.56	$ 13.71
E0978			WHEELCHAIR ACCESSORY, POSITIONING B	$ 36.92	$ 7.38
E0980			SAFETY VEST, WHEELCHAIR	$ 26.37	$ 5.27
E0981			WHEELCHAIR ACCESSORY, SEAT UPHOLSTER	$ 37.72	$ 7.54
E0982			WHEELCHAIR ACCESSORY, BACK UPHOLSTER	$ 41.22	$ 8.24
E0983			MANUAL WHEELCHAIR ACCESSORY, POWER A	BR	BR

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DME/P&O				***PURCHASE***	***RENTAL***
E0984			MANUAL WHEELCHAIR ACCESSORY, POWER A	BR	BR
E0988			MANUAL WHEELCHAIR ACCESSORY, LEVER-ACTIVATED, WHEEL DRIVE, PAIR	BR	NA
E0990			ELEVATING LEG REST, EACH	$ 77.14	$ 15.43
E0992			SOLID SEAT INSERT	$ 43.49	$ 8.70
E0994			ARM REST, EACH	$ 13.42	$ 2.68
E0995			CALF REST, EACH	$ 21.09	$ 4.22
E1002			WHEELCHAIR_ACCESSORY,_POWER_SEATING	$ 2,567.71	$ 308.13
E1028			WHEELCHAIR_ACCESSORY,_MANUAL_SWINGAW	$ 151.81	$ 18.22
E1031			ROLLABOUT CHAIR ANYTYPE W/5"+ CASTER	BR	BR
E1035			MULTI-POSITIONAL_PATIENT_TRANSFER_SY	BR	BR
E1038			TRANSPORT CHAIR, ADULT SIZE, PATIENT	BR	BR
E1039			TRANSPORT CHAIR, ADULT SIZE, HEAVY D	BR	BR
E1050			FULLY-RECLINING WHEELCHAIR, FIXED F	$ 1,222.53	$ 146.70
E1060			RECLINING WC,DETACH ARMS,EL LEGRESTS	$ 1,222.53	$ 146.70
E1070			FULLY-RECLINING WHEELCHAIR, DETACHAB	$ 909.61	$ 109.15
E1083			HEMI-WHEELCHAIR, FIXED FULL LENGTH	$ 717.15	$ 86.06
E1084			HEMI-WHEELCHAIR, DETACHABLE ARMS DE	$ 1,049.29	$ 125.91
E1085			HEMI-WHEELCHAIR, FIXED FULL LENGTH	$ 829.21	$ 99.51
E1086			HEMI-WHEELCHAIR DETACHABLE ARMS DES	$ 1,105.41	$ 132.65
E1087			HIGH STRENGTH LIGHTWEIGHT WHEELCHAI	$ 1,152.71	$ 138.33
E1088			HIGH STRENGTH LIGHTWEIGHT WHEELCHAI	$ 1,536.80	$ 184.42
E1089			HIGH STRENGTH LIGHTWEIGHT WHEELCHAI	$ 1,133.99	$ 136.08
E1090			HI STR,LTWT WC DETACH ARMS/FT RESTS	$ 1,499.05	$ 179.89
E1092			WIDE HEAVY DUTY WHEEL CHAIR, DETACH	$ 1,367.22	$ 164.07
E1093			WIDE HEAVY DUTY WHEELCHAIR, DETACHA	$ 1,255.01	$ 150.60
E1100			SEMI-RECLINING WHEELCHAIR, FIXED FU	$ 1,054.63	$ 126.56
E1110			SEMI-RECLINING WHEELCHAIR, DETACHABL	$ 1,139.73	$ 136.77
E1130			STANDARD WHEELCHAIR, FIXED FULL LEN	$ 424.49	$ 50.94
E1140			STD WC,DETACH ARMS/FOOTREST	$ 697.26	$ 83.67
E1150			WC,DETACH ARMS/ELEVATING LEGRESTS	$ 776.52	$ 93.18
E1160			WC,FIX ARMS,DETACH ELEVATE LEGRESTS	$ 601.55	$ 72.19
E1161			MANUAL_ADULT_SIZE_WHEELCHAIR,_INCLUD	$ 1,987.51	$ 238.50
E1170			AMPUTEE WHEELCHAIR, FIXED FULL LENG	$ 1,179.70	$ 141.56
E1171			AMPUTEE WHEELCHAIR, FIXED FULL LENG	$ 682.35	$ 81.88
E1172			AMPUTEE WC,DETACH ARMS W/O F/L RESTS	$ 877.45	$ 105.29
E1180			AMPUTEE WHEELCHAIR, DETACHABLE ARMS	$ 937.91	$ 112.55
E1190			AMPUTEE WHEELCHAIR, DETACHABLE ARMS	$ 1,083.63	$ 130.04
E1195			HVY DUTY WC FIX ARMS DETACH EL LGRTS	$ 1,029.11	$ 123.49
E1200			AMPUTEE WHEELCHAIR, FIXED FULL LENGT	$ 807.14	$ 96.86
E1220			SPECIALLY SIZED OR CONSTRUCTED WHEE	BR	BR
E1221			WHEELCHAIR WITH FIXED ARM, FOOTREST	$ 758.38	$ 91.01
E1222			WHEELCHAIR W/FIX ARM &ELEV.LEG REST	$ 955.49	$ 114.66
E1223			WHEELCHAIR W/DETACH.ARM,FOOTRESTS	$ 831.05	$ 99.73
E1224			WHEELCHAIR W/DETACH.ARM, ELEV.LEGRE	$ 1,174.02	$ 140.88
E1225			WHEELCHAIR ACCESSORY, MANUAL SEMI-RE	$ 449.27	$ 53.91

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
E1226			WHEELCHAIR ACCESSORY, MANUAL FULLY R	$ 514.66	$ 61.76
E1227			SPECIAL HEIGHT ARMS FOR WHEELCHAIR	$ 221.47	$ 26.58
E1228			SPECIAL BACK HEIGHT FOR WHEELCHAIR	$ 189.83	$ 22.78
E1230			POWER VEHICLE/3-4WHEEL(NON-HIGHWAY)	$ 1,624.13	$ 194.90
E1231			WHEELCHAIR,_PEDIATRIC_SIZE,_TILT-IN	BR	BR
E1232			WHEELCHAIR,_PEDIATRIC_SIZE,_TILT-IN	BR	BR
E1233			WHEELCHAIR,_PEDIATRIC_SIZE,_TILT-IN	BR	BR
E1234			WHEELCHAIR,_PEDIATRIC_SIZE,_TILT-IN	BR	BR
E1235			WHEELCHAIR,_PEDIATRIC_SIZE,_RIGID,_A	BR	BR
E1236			WHEELCHAIR,_PEDIATRIC_SIZE,_FOLDING	BR	BR
E1237			WHEELCHAIR,_PEDIATRIC_SIZE,_RIGID,_A	BR	BR
E1238			WHEELCHAIR,_PEDIATRIC_SIZE,_FOLDING	BR	BR
E1239			POWER_WHEELCHAIR,_PEDIATRIC_SIZE,_NO	BR	BR
E1240			LGHT.WT. WHEELCH.DETACH ARM,ELE. LEG	$ 1,057.14	$ 126.86
E1250			LTWT WC FIX ARMS DETACH FOOTREST	$ 630.67	$ 75.68
E1260			LTWT WC DETACH ARMS/FOOTREST	$ 870.81	$ 104.50
E1270			LTWT WC FIX ARMS DETACH ELV LGRTS	$ 727.69	$ 87.32
E1280			HVY DUTY WC DETACH ARMS ELV LGRTS	$ 1,272.04	$ 152.64
E1285			HVY DTY WC FIX ARM DETACH FTRT	$ 999.66	$ 119.96
E1290			HVY DTY WC DETACH ARM/FTRT	$ 1,386.25	$ 166.35
E1295			HEAVY DUTY WHCH/FIX ARM,ELEV. LEGRST	$ 943.05	$ 113.17
E1296			SPEC. SEAT FOR WHEELCH./SPEC.HEIGHT	$ 282.64	$ 33.92
E1297			UPHOLSTERY FOR SPEC. DEPTH WC SEAT	$ 61.17	$ 12.23
E1298			SPEC. CONSTRUCT.WC SEAT/DEPTH-WIDTH	$ 304.78	$ 36.57
E1300			WHIRLPOOL,PORTABLE(OVERTUB)	BR	BR
E1310			WHIRLPOOL,NON-PORTABLE(BUILT-IN)	$ 1,717.92	$ 206.15
E1353			REGULATOR	BR	BR
E1355			STAND/RACK FOR OXYGEN USE	$ 17.92	$ 3.58
E1372			IMMERSION EXTERNAL HEATER FOR NEBUL	$ 130.42	$ 15.65
E1390			OXY. CONCENTRATOR EQUIV. NOT DETERMI	NA	$ 138.88
E1399			DURABLE MEDICAL EQUIPMENT, NOT OTHER	BR	BR
E1405			02&H20 VAPOR ENRICH SYS W/HEATED DEL	BR	BR
E1406			02&H20 VAPOR ENRICH SYS W/O HEAT DEL	BR	BR
E1500			CENTRIFUGE FOR DIALYSIS	BR	BR
E1510			KIDNEY DIALYSATE DELIVERY SYSTEM	BR	BR
E1520			HEPARIN INFUSION PUMP-DIALYSIS	BR	BR
E1530			AIR BUBBLE DETECTOR FOR DIALYSIS	BR	BR
E1540			PRESSURE ALARM FOR DIALYSIS	BR	BR
E1550			BATHE CONDUCTIVITY METER -DIALYSIS	BR	BR
E1575			TRANSDUCER PROTECT/FLUID BARRIER EA.	BR	BR
E1580			UNIPUNCTURE CONTROL SYSTEM-DIALYSIS	BR	BR
E1590			HEMODIALYSIS MACHINE	BR	BR
E1592			AUTO INTERMIT PERITONEAL DIALYSIS SY	BR	BR
E1594			CYCLER MACHINE-PERITONEAL DIALYSIS	BR	BR
E1610			REVERSE OSMOSIS H20 PURIFICATION SYS	BR	BR

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
E1615			DEIONIZER WATER PURIFICATION SYSTEM	BR	BR
E1620			BLOOD PUMP FOR DIALYSIS	BR	BR
E1630			RECIPROCATING PERITONEAL DIALYS. SYS	BR	BR
E1632			WEARABLE ARTIFICIAL KIDNEY	BR	BR
E1634			PERITONEAL DIALYSIS CLAMPS, EACH	BR	BR
E1635			COMPACT(PORT)TRAVEL HEMODIALYZER SYS	BR	BR
E1636			SORBENT CARTRIDGES, PER CASES	BR	BR
E1637			HEMOSTATS, EACH	BR	BR
E1699			DIALYSIS EQUIP-UNSPECIFIES-BY REPORT	BR	BR
E1700			JAW MOTION REHABILITATION SYSTEM	BR	BR
E1701			REPLACE CUSION-JAW MOT. SYS.PKG OF 6	BR	BR
E1702			REPLACE SCALES-JAW MOTION SYS-PKG200	BR	BR
E1800			DYNAMIC ADJ.ELBOW EXT/FLEXION DEVICE	BR	BR
E1805			DYNAMIC ADJ.WRIST EXTEN/FLEX. DEVICE	BR	BR
E1810			DYNAMIC ADJ.KNEE EXTEN/FLEX. DEVICE	BR	BR
E1812			DYNAMIC KNEE, EXTENSION/FLEXION DEVI	BR	BR
E1815			DYNAMIC ADJ. ANKLE EXTEN/FLEX.DEVICE	BR	BR
E1820			SOFT INTERFACE,DYN.ADJ.EXTEN/FLEX DV	BR	BR
E1825			DYN.ADJ. FINGER EXTEN/FLEXION DEVICE	BR	BR
E1830			DYN.ADJ. TOE EXTENSION/FLEX. DEVICE	BR	BR
E1902			AUGMENTIVE COMMUNICATION DEVICE	BR	BR
E2100			BLOOD GLUCOSE MONITOR WITH INTEGRATE	$ 507.45	$ 60.89
E2201			MANUAL_WHEELCHAIR_ACCESSORY,_NONSTAN	BR	BR
E2202			MANUAL_WHEELCHAIR_ACCESSORY,_NONSTAN	BR	BR
E2203			MANUAL_WHEELCHAIR_ACCESSORY,_NONSTAN	BR	BR
E2204			MANUAL_WHEELCHAIR_ACCESSORY,_NONSTAN	BR	BR
E2205			MANUAL WHEELCHAIR ACCESSORY, HANDRIM	$ 25.00	NA
E2206			MANUAL WHEELCHAIR ACCESSORY, WHEEL L	$ 31.14	NA
E2207			WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	$ 33.18	NA
E2208			WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	$ 78.37	NA
E2209			WHEELCHAIR ACCESSORY, ARM TROUGH, EACH	$ 82.03	NA
E2210			WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	$ 5.01	NA
E2211			MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	$ 31.32	NA
E2212			MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	$ 4.49	NA
E2213			MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE),	$ 23.28	NA
E2214			MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	$ 27.56	NA
E2215			MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	$ 7.34	NA
E2216			MANUAL WHEELCHAIR ACCESSORY, FOAM FI	BR	BR
E2217			MANUAL WHEELCHAIR ACCESSORY, FOAM FI	BR	BR
E2218			MANUAL WHEELCHAIR ACCESSORY, FOAM PR	BR	BR
E2219			MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	$ 32.03	NA
E2220			MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE,	$ 21.84	NA
E2221			MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE),	$ 19.56	NA
E2222			MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED	$ 16.12	NA
E2224			MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	$ 75.06	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
E2225			MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT	$ 13.32	NA
E2226			MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	$ 29.05	NA
E2231			SOLID SEAT SUPPORT BASE	$ 117.64	NA
E2310			POWER WHEELCHAIR ACCESSORY, ELECTRON	$ 860.13	$ 103.22
E2311			POWER WHEELCHAIR ACCESSORY, ELECTRON	$ 1,741.36	$ 208.96
E2312			POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL	$ 1,893.17	NA
E2313			POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER,	$ 235.72	NA
E2358			POWER WHEELCHAIR ACCESSORY, GROUP 34 NON-SEALED LEAD ACID BATTERY, EACH	BR	NA
E2359			POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E.G. GEL	$ 128.16	NA
E2360			POWER WHEELCHAIR ACCESSORY, 22 NF NO	$ 89.87	$ 17.97
E2361			POWER WHEELCHAIR ACCESSORY, 22NF SEA	$ 111.58	$ 13.39
E2362			POWER WHEELCHAIR ACCESSORY, GROUP 24	BR	BR
E2363			POWER WHEELCHAIR ACCESSORY, GROUP 24	$ 148.80	$ 17.86
E2364			POWER WHEELCHAIR ACCESSORY, U-1 NON-	$ 89.87	$ 17.97
E2365			POWER WHEELCHAIR ACCESSORY, U-1 SEAL	$ 89.74	$ 17.95
E2366			POWER WHEELCHAIR ACCESSORY, BATTERY	$ 210.90	$ 25.31
E2367			POWER WHEELCHAIR ACCESSORY, BATTERY	$ 335.26	$ 40.23
E2368			POWER WHEELCHAIR COMPONENT, MOTOR, R	$ 395.42	NA
E2369			POWER WHEELCHAIR COMPONENT, GEAR BOX	$ 344.43	NA
E2370			POWER WHEELCHAIR COMPONENT, MOTOR AN	$ 614.56	NA
E2371			POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G. GEL CELL,	$ 115.39	NA
E2372			POWER WHEELCHAIR ACCESSORY, GROUP 27	BR	BR
E2373			POWER WHEELCHAIR ACCESSORY, HAND OR	$ 926.18	NA
E2374			POWER WHEELCHAIR ACCESSORY, HAND OR	$ 408.78	NA
E2375			POWER WHEELCHAIR ACCESSORY, NON-EXPA	$ 655.68	NA
E2376			POWER WHEELCHAIR ACCESSORY, EXPANDAB	$ 1,027.47	NA
E2377			POWER WHEELCHAIR ACCESSORY, EXPANDAB	$ 371.81	NA
E2378			POWER WHEELCHAIR COMPONENT, ACTUATOR, REPLACEMENT ONLY	BR	NA
E2381			PNEUM DRIVE WHEEL TIRE	$ 58.31	NA
E2382			TUBE, PNEUM WHEEL DRIVE TIRE	$ 15.90	NA
E2383			INSERT, PNEUM WHEEL DRIVE	$ 116.26	NA
E2384			PNEUMATIC CASTER TIRE	$ 61.95	NA
E2385			TUBE, PNEUMATIC CASTER TIRE	$ 37.91	NA
E2386			FOAM FILLED DRIVE WHEEL TIRE	$ 115.21	NA
E2387			FOAM FILLED CASTER TIRE	$ 51.66	NA
E2388			POWER WHEELCHAIR ACCESSORY, FOAM DRI	$ 38.58	NA
E2389			POWER WHEELCHAIR ACCESSORY, FOAM CAS	$ 20.95	NA
E2390			POWER WHEELCHAIR ACCESSORY, SOLID (R	$ 32.76	NA
E2391			POWER WHEELCHAIR ACCESSORY, SOLID (R	$ 15.70	NA
E2392			POWER WHEELCHAIR ACCESSORY, SOLID (R	$ 41.24	NA
E2394			POWER WHEELCHAIR ACCESSORY, DRIVE WH	$ 58.75	NA
E2395			POWER WHEELCHAIR ACCESSORY, CASTER W	$ 41.76	NA
E2396			CASTER FORK	$ 50.91	NA
E2402			NEGATIVE_PRESSURE_WOUND_THERAPY_ELEC	$ 1,373.16	NA
E2601			GENERAL USE WHEELCHAIR SEAT CUSHION,	$ 46.82	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
E2602			GENERAL USE WHEELCHAIR SEAT CUSHION,	$ 91.40	NA
E2603			SKIN PROTECTION WHEELCHAIR SEAT CUSH	$ 116.04	NA
E2604			SKIN PROTECTION WHEELCHAIR SEAT CUSH	$ 144.22	NA
E2605			POSITIONING WHEELCHAIR SEAT CUSHION,	$ 206.05	NA
E2606			POSITIONING WHEELCHAIR SEAT CUSHION,	$ 321.45	NA
E2607			SKIN PROTECTION AND POSITIONING WHEE	$ 221.88	NA
E2608			SKIN PROTECTION AND POSITIONING WHEE	$ 266.45	NA
E2611			GENERAL USE WHEELCHAIR BACK CUSHION,	$ 239.09	NA
E2612			GENERAL USE WHEELCHAIR BACK CUSHION,	$ 323.46	NA
E2613			POSITIONING WHEELCHAIR BACK CUSHION,	$ 300.87	NA
E2614			POSITIONING WHEELCHAIR BACK CUSHION,	$ 416.37	NA
E2615			POSITIONING WHEELCHAIR BACK CUSHION,	$ 346.25	NA
E2616			POSITIONING WHEELCHAIR BACK CUSHION,	$ 465.86	NA
E2619			REPLACEMENT COVER FOR WHEELCHAIR SEA	$ 39.29	NA
E2620			WC PLANAR BACK CUSH WD <22IN	$ 346.97	NA
E2621			POSITIONING WHEELCHAIR BACK CUSHION,	$ 439.97	NA
E2622			SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES,	$ 253.73	NA
E2623			SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR	$ 322.87	NA
E2624			SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS	$ 255.82	NA
E2625			SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22	$ 323.85	NA
E2626			WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO	$ 475.46	NA
E2627			WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO	$ 758.68	NA
E2628			WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO	$ 571.54	NA
E2629			WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO	$ 723.28	NA
E2630			WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM	$ 492.11	NA
E2631			WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	$ 202.32	NA
E2632			WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER	$ 128.65	NA
E2633			WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	$ 109.12	NA
E8000			GAIT TRAINER, PEDIATRIC SIZE, POSTER	BR	BR
E8001			GAIT TRAINER, PEDIATRIC SIZE, UPRIGH	BR	BR
E8002			GAIT TRAINER, PEDIATRIC SIZE, ANTERI	BR	BR
G0027			SEMEN ANALYSIS	$ 2.40	$ 2.40
G0101			CERV/VAG_CA_SCREEN,PELV/BREAST_EXAM	$ 18.23	$ 18.23
G0102	26		PROSTATE_CANCER_SCREENING;_DIGITAL	$ 4.25	$ 3.61
G0102			PROSTATE_CANCER_SCREENING;_DIGITAL	$ 10.51	$ 10.51
G0104	26		FLEXIBLE SIGMOIDOSCOPY	$ 45.23	$ 36.23
G0104			FLEXIBLE SIGMOIDOSCOPY	$ 86.00	$ 77.00
G0104	TC		FLEXIBLE SIGMOIDOSCOPY	$ 40.77	NA
G0105	26		COLONOSCOPY ON INDIV AT HIGH RISK	$ 110.00	$ 94.00
G0105			COLONOSCOPY ON INDIV AT HIGH RISK	$ 151.00	$ 135.00
G0105	TC		COLONOSCOPY ON INDIV AT HIGH RISK	$ 41.00	NA
G0106	26		SCREENING SIGMOIDOSCOPY, BA ENEMA	$ 40.00	$ 34.00
G0106	TC		SCREENING SIGMOIDOSCOPY, BA ENEMA	$ 46.00	NA
G0106			SCREENING SIGMOIDOSCOPY, BA ENEMA	$ 86.00	$ 80.00
G0120	26		SCREENING COLONOSCOPY, BARIUM ENEMA	$ 37.84	$ 28.84

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
G0120	TC		SCREENING COLONOSCOPY, BARIUM ENEMA	$ 48.16	NA
G0120			SCREENING COLONOSCOPY, BARIUM ENEMA	$ 86.00	$ 77.00
G0121	26		COLONOSCOPY NON HIGH RISK INDIVIDUAL	$ 110.00	$ 94.00
G0121			COLONOSCOPY NON HIGH RISK INDIVIDUAL	$ 151.00	$ 135.00
G0121	TC		COLONOSCOPY NON HIGH RISK INDIVIDUAL	$ 41.00	NA
G0122	26		BARIUM ENEMA	$ 13.50	$ 11.50
G0122			BARIUM ENEMA	$ 30.00	$ 28.00
G0122	TC		BARIUM ENEMA	$ 16.50	NA
G0127			TRIMMING DYSTROPHIC NAILS, 1-10	$ 7.00	$ 7.00
G0130	26		BONE_DENS_STUDY_1_OR_MORE_SITES	$ 5.30	$ 4.50
G0130	TC		BONE_DENS_STUDY_1_OR_MORE_SITES	$ 15.39	NA
G0130			BONE_DENS_STUDY_1_OR_MORE_SITES	$ 20.68	$ 20.68
G0141			SCR C/V CYTO AUTOSYS AND MD	$ 10.00	$ 10.00
G0166			EXTERNAL_COUNTERPULSATION,_PER_TREAT	$ 82.30	$ 82.30
G0168	26		WOUND_CLOSURE_UTILIZING_TISSUE_ADHES	$ 12.55	$ 10.67
G0168			WOUND_CLOSURE_UTILIZING_TISSUE_ADHES	$ 45.23	$ 45.23
G0202	26		SCREENING MAMMOGRAPHY DIGITAL	$ 13.42	$ 11.41
G0202	TC		SCREENING MAMMOGRAPHY DIGITAL	$ 41.63	NA
G0202			SCREENING MAMMOGRAPHY DIGITAL	$ 55.04	$ 46.78
G0204	26		SCREENING MAMMOGRAPHY DIGITAL	$ 16.66	$ 14.16
G0204	TC		SCREENING MAMMOGRAPHY DIGITAL	$ 42.92	NA
G0204			SCREENING MAMMOGRAPHY DIGITAL	$ 59.57	$ 50.63
G0206	26		SCREENING MAMMOGRAPHY DIGITAL	$ 13.42	$ 11.41
G0206	TC		SCREENING MAMMOGRAPHY DIGITAL	$ 34.55	NA
G0206			SCREENING MAMMOGRAPHY DIGITAL	$ 47.96	$ 40.77
G0268	26		REMOVAL_OF_IMPACTED_CERUMEN_(ONE_OR	$ 15.28	$ 12.99
G0268			REMOVAL_OF_IMPACTED_CERUMEN_(ONE_OR	$ 23.35	$ 19.85
G0276			PILD/PLACEBO CONTROL CLIN TR	$ 216.19	$ 183.76
G0277			HBOT, FULL BODY CHAMBER, 30M	$ 26.57	$ 22.58
G0278			ILIAC_ARTERY_ANGIOGRAPHY_PERFORMED_A	$ 6.61	$ 6.61
G0279			TOMOSYNTHESIS, MAMMO SCREEN	$ 30.72	$ 26.11
G0279	TC		TOMOSYNTHESIS, MAMMO SCREEN	$ 14.50	NA
G0279	26		TOMOSYNTHESIS, MAMMO SCREEN	$ 16.22	$ 13.79
G0288			RECONSTRUCTION,_COMPUTED_TOMOGRAPHIC	$ 29.63	$ 25.19
G0289			ARTHROSCOPY,_KNEE,_SURGICAL,_FOR_REM	$ 44.59	$ 44.59
G0306			CBC AUTO HGB-RBC-WBC-W PLAT & DIFF	$ 5.00	$ 5.00
G0307			AUTO HEMOGRAM W PLATELET COUNT	$ 4.80	$ 4.80
G0328			IMMUNOASSAY INFECTIOUS AG QUAL	$ 7.00	$ 7.00
G0328	QW		IMMUNOASSAY INFECTIOUS AG QUAL FECAL	$ 7.00	$ 7.00
G0389	26		ULTRASOUND EXAM AAA SCREEN	$ 15.26	$ 12.97
G0389	TC		ULTRASOUND EXAM AAA SCREEN	$ 49.13	NA
G0389			ULTRASOUND EXAM AAA SCREEN	$ 64.39	$ 54.73
G0396	26		ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED ASSESSMENT	$ 18.15	$ 15.42
G0396			ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED ASSESSMENT	$ 19.35	$ 16.45
G0397	26		ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED ASSESSMENT	$ 35.89	$ 30.51

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
G0397			ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED ASSESSMENT	$ 37.10	$ 31.54
G0412			OPEN TREATMENT OF ILIAC SPINE(S), TUBEROSITY AVULSION, OR ILIAC WING	$ 401.68	$ 341.42
G0413			PERCUTANEOUS SKELETAL FIXATION OF POSTERIOR PELVIC BONE FRACTURE AND/OR	$ 589.15	$ 500.77
G0414			OPEN TREATMENT OF ANTERIOR PELVIC BONE FRACTURE AND/OR DISLOCATION FOR FRACTURE	$ 532.43	$ 452.56
G0415			OPEN TREATMENT OF POSTERIOR PELVIC BONE FRACTURE AND/OR DISLOCATION, FOR	$ 755.21	$ 641.93
G0420			FACE-TO-FACE EDUCATIONAL SERVICES RELATED TO THE CARE OF CHRONIC KIDNEY	$ 55.66	$ 47.31
G0421			FACE-TO-FACE EDUCATIONAL SERVICES RELATED TO THE CARE OF CHRONIC KIDNEY	$ 12.87	$ 10.94
G0422			INTENSIVE CARDIAC REHABILITATION; WITH OR WITHOUT CONTINUOUS ECG MONITORING	$ 37.31	$ 31.71
G0423			INTENSIVE CARDIAC REHABILITATION; WITH OR WITHOUT CONTINUOUS ECG MONITORING;	$ 37.31	$ 31.71
G0424			PULMONARY REHABILITATION, INCLUDING EXERCISE (INCLUDES MONITORING), ONE HOUR,	$ 16.90	$ 14.36
G0432			INFECTIOUS AGENT ANTIBODY DETECTION BY ENZYME IMMUNOASSAY (EIA) TECHNIQUE,	$ 14.93	NA
G0433			INFECTIOUS AGENT ANTIBODY DETECTION BY ENZYME-LINKED IMMUNOSORBENT ASSAY	$ 14.93	NA
G0434	QW		DRUG SCREEN, OTHER THAN CHROMATOGRAPHIC; ANY NUMBER OF DRUG CLASSES, BY CLIA	$ 15.83	NA
G0434			DRUG SCREEN, OTHER THAN CHROMATOGRAPHIC; ANY NUMBER OF DRUG CLASSES, BY CLIA	$ 15.83	NA
G0435			INFECTIOUS AGENT ANTIBODY DETECTION BY RAPID ANTIBODY TEST, HIV-1 AND/OR HIV-2,	$ 11.98	NA
G0442			ANNUAL ALCOHOL MISUSE SCREENING, 15 MINUTES	$ 9.94	$ 8.45
G0443			BRIEF FACE-TO-FACE BEHAVIORAL COUNSELING FOR ALCOHOL MISUSE, 15 MINUTES	$ 13.88	$ 11.79
G0444			ANNUAL DEPRESSION SCREENING, 15 MINUTES	$ 9.94	$ 8.45
G0445			HIGH INTENSITY BEHAVIORAL COUNSELING TO PREVENT SEXUALLY TRANSMITTED INFECTION;	$ 14.09	$ 11.97
G0446			INTENSIVE BEHAVIORAL THERAPY TO REDUCE CARDIOVASCULAR DISEASE RISK, INDIVIDUAL,	$ 13.88	$ 11.79
G0447			FACE-TO-FACE BEHAVIORAL COUNSELING FOR OBESITY, 15 MINUTES	$ 13.88	$ 11.79
G0451			DEVELOPMENT TESTING, WITH INTERPRETATION AND REPORT, PER STANDARDIZED	$ 5.43	$ 4.62
G0464			COLOREC CA SCR, STO BAS DNA	$ 394.18	$ 335.05
G0473			GROUP BEHAVE COUNS 2-10	$ 7.02	$ 5.97
G0473	26		GROUP BEHAVE COUNS 2-10	$ 6.62	$ 5.63
G6001			ECHO GUIDANCE RADIOTHERAPY	$ 27.94	$ 23.75
G6001	TC		ECHO GUIDANCE RADIOTHERAPY	$ 12.28	NA
G6001	26		ECHO GUIDANCE RADIOTHERAPY	$ 15.67	$ 13.32
G6002			STEREOSCOPIC X-RAY GUIDANCE	$ 41.38	$ 35.17
G6002	TC		STEREOSCOPIC X-RAY GUIDANCE	$ 30.81	NA
G6002	26		STEREOSCOPIC X-RAY GUIDANCE	$ 10.58	$ 8.99
G6003			RADIATION TREATMENT DELIVERY	$ 91.22	$ 77.54
G6004			RADIATION TREATMENT DELIVERY	$ 70.48	$ 59.91
G6005			RADIATION TREATMENT DELIVERY	$ 78.94	$ 67.09
G6006			RADIATION TREATMENT DELIVERY	$ 78.54	$ 66.75
G6007			RADIATION TREATMENT DELIVERY	$ 144.99	$ 123.24
G6008			RADIATION TREATMENT DELIVERY	$ 97.67	$ 83.02
G6009			RADIATION TREATMENT DELIVERY	$ 108.14	$ 91.91
G6010			RADIATION TREATMENT DELIVERY	$ 108.14	$ 91.91
G6011			RADIATION TREATMENT DELIVERY	$ 155.06	$ 131.80
G6012			RADIATION TREATMENT DELIVERY	$ 128.28	$ 109.03
G6013			RADIATION TREATMENT DELIVERY	$ 144.59	$ 122.90
G6014			RADIATION TREATMENT DELIVERY	$ 144.39	$ 122.73
G6015			RADIATION TX DELIVERY IMRT	$ 225.14	$ 191.37
G6016			DELIVERY COMP IMRT	$ 225.14	$ 191.37

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PRACTITIONER				*SPECIALIST*	*NON-SPECIALIST*
DME/P&O				*PURCHASE*	*RENTAL*
G6018			ILEOSCOPY W/STENT	$ 86.65	$ 73.65
G6019			COLONOSCOPY LESION REMOVAL	$ 273.90	$ 232.81
G6019	26		COLONOSCOPY LESION REMOVAL	$ 142.60	$ 121.21
G6020			COLONOSCOPY W/STENT	$ 141.63	$ 120.38
G6022			SIGMOIDOSCOPY W/ABLATE TUMR	$ 184.96	$ 157.21
G6022	26		SIGMOIDOSCOPY W/ABLATE TUMR	$ 96.15	$ 81.72
G6023			SIGMOIDOSCOPY W/STENT	$ 90.11	$ 76.50
G6024			LESION REMOVAL COLONOSCOPY	$ 302.22	$ 256.89
G6024	26		LESION REMOVAL COLONOSCOPY	$ 172.73	$ 146.82
G6025			COLONOSCOPY W/STENT	$ 178.30	$ 151.56
G6027			ANOSCOPY HRA W/SPEC COLLECT	BR	BR
G6028			ANOSCOPY HRA W/BIOPSY	BR	BR
H0001	HF		COMPREHENSIVE ASSESSMENT IN A N OTP	$ 49.00	NA
H0003			URINE ANALYSIS FOR DRUG ADDICTION IN AN OTP	$ 4.50	NA
H0004	HI	22	BEHAVIORAL SUPPORTS	$ 19.60	NA
H0004	HI		BEHAVIORAL SUPPORTS	$ 7.34	NA
H0004	22	ST	TBI-BEHAVIOR PROGRAM CONTINUING	$ 75.00	NA
H0010	HF		*DETOXIFICATION LEVEL III.7 IN A SUBSTANCE ABUSE TREATMENT FACILITY (PER DIEM) *SUBJECT TO IMD EXCLUSION, I.E. 17 BEDS OR	$ 204.00	NA
H0015	HF		INTENSIVE OUTPATIENT TREATMENT IN A SUBSTANCE ABUSE TREATMENT FACILITY (PER DIEM)	$ 71.00	NA
H0017	HI		MEN HLTH REHAB JCAHO-RTC/DDD	Contract Pricing	NA
H0018	HF		*SHORT TERM RESIDENTIAL IN A SUBSTANCE ABUSE TREATMENT FACILITY (PER DIEM) *SUBJECT TO IMD EXCLUSION, I.E. 17 BEDS OR MORE	$ 147.00	NA
H0018	TJ		CRISIS RESIDENTIAL BED	$ 50.00	NA
H0020	HF	26	OPIOID TREATMENT MEDICATION OTHER THAN METHADONE-MEDICATION AND DISPENSING IN A LICENSED OPIOID TREATMENT FACILITY – (PER DIEM)	$ 13.55	NA
H0020	HF		OPIOID TREATMENT MEDICATION OTHER THAN METHADONE-MEDICATION AND DISPENSING IN A LICENSED OPIOID TREATMENT FACILITY – (PER DIEM)	$ 4.25	NA
H0032	TJ		MOBILE RESPONSE - STABILIZATION MNGT	$ 8.40	NA
H0036	UN	U1	INTENS IN-COM GRP CLIN LEV 2 CHILD	$ 19.00	NA
H0036	UP	U1	INTENS IN-COM GRP CLIN LEV 3 CHILD	$ 15.91	NA
H0036	UN	U2	INTENS IN-COM GRP SERV PROF LEV 2 CH	$ 13.75	NA
H0036	UP	U2	INTENS IN-COM GRP SERV PROF LEV 3 CH	$ 11.25	NA
H0036	TJ	U1	INTENS IN-COM INDIV CLIN LEVEL SERV	$ 28.25	NA
H0036	UN	U3	INTENS IN-COMM GRP BEHAV SVC 2 CHILD	$ 11.75	NA
H0036	UP	U3	INTENS IN-COMM GRP BEHAV SVC 3 CHILD	$ 9.58	NA
H0036	TJ	U2	INTENS IN-COMM PROF IND SERV MASTERS	$ 21.25	NA
H0036	TJ	U3	INTENS IN-COMMUN SERV MIN BACH LEVEL	$ 18.25	NA
H0040	22		PROGRAMS ASSERT COMMUNITY TREATMENT	$ 1,304.10	NA
H0043	HI		HOUSING SPECIALIST MFP	$ 15.00	NA
H0046			BEHAVIORAL HEALTH HOME-ACTIVE-MONTHLY RATE	$ 401.00	NA
H0046	22		BEHAVIORAL HEALTH HOME-ENGAGEMENT-MONTHLY RATE	$ 480.00	NA
H0046	52		BEHAVIORAL HEALTH HOME-MAINTENANCE-MONTHLY RATE	$ 120.00	NA
H2011	21		PSYCHIATRIC EMERGENCY REHABILITATIVE SERVICES (PERS) - (PER EPISODE OF CARE UP TO 23.99 HOURS)	$ 820.80	NA
H2011	52		PSYCHIATRIC EMERGENCY REHABILITATIVE SERVICES (PERS) FOLLOW UP - (1 HOUR UNIT OF SERVICE, OFF-SITE, LIMIT OF 2 UNITS PER DAY)	$ 92.82	NA
H2011	26		PSYCHIATRIC EMERGENCY REHABILITATIVE SERVICES (PERS)- (PER DIEM BEYOND THE 23.99 HOURS OF PES SERVICE)	$ 653.40	NA
H2011	22		PSYCHIATRIC EMERGENCY REHABILITATIVE SERVICES (PERS)– OUTREACH (PER EPISODE OF CARE)	$ 862.19	NA
H2011	UC		CRISIS INTERVENTION SERV PER 15 MIN	$ 11.25	NA
H2014	HI		CAREER PLANNING	$ 13.25	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
H2014	TJ	UN	GRP BEHAV ASSIST SERV 2 CHILDREN	$ 5.62	NA
H2014	TJ	UP	GRP BEHAV ASSIST SERV 3 CHILDREN	$ 4.25	NA
H2014	TJ		INDIVID BEHAVIOR ASSIST SERV 15 MIN	$ 9.75	NA
H2015	HM		INDIVIDUAL_SUPPORTS_TECH_1_15M	$ 18.75	NA
H2015	HI	U1	COMMUNITY INCLUSION SERVICES	$ 2.36	NA
H2015	HI	U2	COMMUNITY INCLUSION SERVICES	$ 2.99	NA
H2015	HI	U3	COMMUNITY INCLUSION SERVICES	$ 3.73	NA
H2015	HI	U4	COMMUNITY INCLUSION SERVICES	$ 5.60	NA
H2015	HI	U5	COMMUNITY INCLUSION SERVICES	$ 7.46	NA
H2015	HI	22	IINDIVIDUAL SUPPORTS HOURLY MFP	$ 25.00	NA
H2019			BEHAV_ASSIST_SERV_BY_DYFS_PROV/15_MI	Contract Pricing	NA
H2019	TJ	UN	GRP BEHAV ASSIST SERV 2 CHILD DYFS	$ 5.62	NA
H2019	TJ	UP	GRP BEHAV ASSIST SERV 3 CHILD DYFS	$ 4.25	NA
H2019	TJ		INDIVID BEHAVIOR ASSIST SERV DYFS	$ 9.75	NA
H2019	UN	U1	INTENS IN-COM GRP 2 CHILD DYFS	$ 19.00	NA
H2019	UN	U2	INTENS IN-COM GRP 2 CHILD DYFS	$ 13.75	NA
H2019	UP	U1	INTENS IN-COM GRP 3 CHILD DYFS	$ 15.91	NA
H2019	UP	U2	INTENS IN-COM GRP 3 CHILD DYFS	$ 11.25	NA
H2019	TJ	U1	INTENS IN-COM INDIV CLIN DYFS	$ 28.25	NA
H2019	UN	U3	INTENS IN-COMM GRP 2 CHILD DYFS	$ 11.75	NA
H2019	UP	U3	INTENS IN-COMM GRP 3 CHILD DYFS	$ 9.58	NA
H2019	TJ	U2	INTENS IN-COMM PROF IND MS DYFS	$ 21.25	NA
H2019	TJ	U3	INTENS IN-COMMUN SERV INDIV BS DYFS	$ 18.25	NA
H2020	HI	22	HOSPITAL LEAVE JCAHO-RTC/DDD	Contract Pricing	NA
H2020	HA		THERAPEUTIC LEAVE - RUNAWAY DAYS	Contract Pricing	NA
H2020	HA	22	THERAPEUTIC LEAVE-NO FAULT LOSS DAYS	Contract Pricing	NA
H2020	HI		THERAPEUTIC LVE JCHO RTC/DDD	Contract Pricing	NA
H2021	HI		COMMUNITY BASED SUPPORTS	$ 7.01	NA
H2021	HI	22	COMMUNITY BASED SUPPORTS	$ 11.89	NA
H2021	HI	52	COMMUNITY BASED SUPPORTS	BR	NA
H2033			MULTISYSTEMIC_THERAPY_FOR_JUVENILES	Contract Pricing	NA
H2036	HF		PARTIAL CARE TREATMENT IN A SUBSTANCE ABUSE TREATMENT FACILITY (PER DIEM)	$ 84.00	NA
J0120			INJECTION, TETRACYCLINE, UP TO 250 M	$ 0.73	$ 0.73
J0129			ABATACEPT INJECTION	$ 19.69	$ 19.69
J0130			INJECTION REOPRO 10 MG	$ 601.69	$ 601.69
J0131			INJECTION, ACETAMINOPHEN, 10 MG	$ 0.11	$ 0.11
J0132			INJECTION, ACETYLCYSTEINE, 100 MG	$ 2.16	$ 2.16
J0133			INJECTION, ACYCLOVIR, 5 MG	$ 0.16	$ 0.16
J0135			INJECTION, ADALIMUMAB, 20 MG	$ 335.64	$ 335.64
J0153			ADENOSINE INJ 1MG	$ 2.14	NA
J0171			INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	$ 0.57	$ 0.57
J0178			INJECTION, AFLIBERCEPT, 1 MG	$ 915.75	$ 915.75
J0180			INJECTION, AGALSIDASE BETA, 1 MG	$ 131.25	$ 131.25
J0190			INJECTION, BIPERIDEN, 5 MG	$ 2.91	$ 2.91
J0200			INJECTION, TROVAN 100 MG	$ 17.15	$ 17.15

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
J0205			INJECTION, ALGLUCERASE, PER 10 UNITS	$ 37.52	$ 37.52
J0207			INJECTION AMIFOSTINE 500 MG	$ 536.14	$ 536.14
J0210			INJECTION, ALDOMETESTER HCL 250 MG	$ 1.74	$ 1.74
J0215			INJECTION, ALEFACEPT, 0.5 MG	$ 29.02	$ 29.02
J0220			INJECTION, AGLUCOSIDASE ALFA, 10 MG	$ 131.25	$ 131.25
J0221			INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG	$ 143.55	$ 143.55
J0256			INJECTION, ALPHA 1 - PROTEINASE INHI	$ 0.01	$ 0.01
J0257			INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA), 10 MG	$ 4.65	$ 4.65
J0278			INJECTION, AMIKACIN SULFATE, 100 MG	$ 2.29	$ 2.29
J0280			INJECTION, AMINOPHYLLIN, UP TO 250 M	$ 0.75	$ 0.75
J0282			INJECTION, CORDARONE 30 MG	$ 0.80	$ 0.80
J0285			INJECTION, AMPHOTERICIN B 50 MG	$ 17.06	$ 17.06
J0287			INJECTION, ABELECET 10 MG	$ 21.00	$ 21.00
J0288			INJ, AMPHOTEC 10 MG	$ 15.17	$ 15.17
J0289			INJECTION, AMBISOME 10 MG	$ 34.34	$ 34.34
J0290			INJECTION, AMPICILLIN, UP TO 500 MG	$ 3.86	$ 3.86
J0295			UNASYN 1.5 GM	$ 7.25	$ 7.25
J0300			INJECTION, AMOBARBITAL, UP TO 125 MG	$ 2.66	$ 2.66
J0330			INJECTION, SUCCINYCHOLINE CHLORIDE,	$ 0.26	$ 0.26
J0350			INJECTION, ANISTREPLASE, PER 30 UNIT	$ 2,481.13	$ 2,481.13
J0360			APRESOLINE 20 MG/ML	$ 14.77	$ 14.77
J0364			APOMORPHINE HYDROCHLORIDE	$ 3.39	$ 3.39
J0365			INJECTION, APROTONIN, 10,000 KIU	$ 2.85	$ 2.85
J0380			INJECTION, METARAMINOL UP TO 10 MG	$ 1.21	$ 1.21
J0390			INJECTION, ARALEN HCL UP TO 250 MG	$ 17.44	$ 17.44
J0395			INJECTION, GENESA 1 MG	$ 168.00	$ 168.00
J0400			INJECTION, ARIPIPRAZOLE, INTRAMUSCULAR, 0.25 MG	$ 0.31	$ 0.31
J0401			INJECTION, ARIPIPRAZOLE, EXTENDED RELEASE, 1 MG	$ 3.70	$ 3.70
J0456			INJECTION, ZITHROMAX 500 MG	$ 27.09	$ 27.09
J0461			INJECTION, ATROPINE SULFATE, 0.01 MG	$ 0.24	$ 0.24
J0470			INJECTION, DIMECAPROL, UP TO 100 MG	$ 28.84	$ 28.84
J0475			INJECTION, BACLOFEN, 10 MG	$ 223.13	$ 223.13
J0476			LIORESAL O.O5 MG INTRATHECAL	$ 73.50	$ 73.50
J0480			INJECTION, BASILIXIMAB, 20 MG	$ 2,215.72	$ 2,215.72
J0485			INJECTION, BELATACEPT, 1 MG	$ 3.66	$ 3.66
J0490			INJECTION, BELIMUMAB, 10 MG	$ 36.56	$ 36.56
J0500			INJECTION, BENTYL UP TO 20 MGM	$ 18.52	$ 18.52
J0515			INJECTION, COGENTIN PER 1 MGM	$ 12.21	$ 12.21
J0520			INJECTION, URECHOLINE UP TO 5 MG	$ 4.91	$ 4.91
J0558			INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, 100,000 UNITS	$ 3.16	$ 3.16
J0561			INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS	$ 4.06	$ 4.06
J0583			INJECTION, BIVALIRUDIN, 1 MG	$ 2.08	$ 2.08
J0585			BOTOX 1 UNIT	$ 5.52	$ 5.52
J0586			INJECTION, ABOBOTULINUMTOXINA, 5 UNITS	$ 7.16	$ 7.16
J0587			MYOBLOC 100 UNITS	$ 8.99	$ 8.99

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
J0588			INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT	$ 4.21	$ 4.21
J0592			INJECTION, BUPRENEX 0.1 MG	$ 1.02	$ 1.02
J0594			BUSULFAN INJECTION	$ 10.09	$ 10.09
J0595			INJECTION,_BUTORPHANOL_TARTRATE,_1_ML	$ 3.91	$ 3.91
J0597			INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS	$ 34.16	$ 34.16
J0598			INJECTION, C1 ESTERASE INHIBITOR (HUMAN), 10 UNITS	$ 37.71	$ 37.71
J0600			CAL. DISOD. VERSENATE UP TO 1000 MG	$ 52.89	$ 52.89
J0610			INJECTION, KALEINATE PER 10 ML.	$ 2.03	$ 2.03
J0620			INJECTION, CALCIUM GLYCEROPHOSPHATE	$ 12.58	$ 12.58
J0630			INJECTION, CALCIMAR UP TO 400 UNITS	$ 48.09	$ 48.09
J0636			INJECTION, CALCIJEX 0.1 MCG	$ 1.34	$ 1.34
J0637			INJECTION, CANCIDAS 5 MG	$ 30.89	$ 30.89
J0638			INJECTION, CANAKINUMAB, 1 MG	$ 41.25	$ 41.25
J0640			LEUCOVORIN CALCIUM, 50 MG	$ 3.28	$ 3.28
J0641			INJECTION, LEVOLEUCOVORIN CALCIUM, 0.5 MG	$ 1.05	$ 1.05
J0670			INJECTION, CARBOCAINE PER 10 ML	$ 2.45	$ 2.45
J0690			INJECTION, ANCEF 500 MG	$ 2.83	$ 2.83
J0692			MAXIPIME 500 MG	$ 9.13	$ 9.13
J0694			INJECTION, MEFOXIN 1 GM	$ 10.23	$ 10.23
J0696			INJECTION, ROCEPHIN PER 250 MG	$ 12.97	$ 12.97
J0696	FP		INJECTION, ROCEPHIN PER 250 MG	$ 12.97	$ 12.97
J0697			ZINACEF 750 MG VIAL	$ 5.92	$ 5.92
J0698			CEFOTAXIME SODIUM, PER GM	$ 7.10	$ 7.10
J0702			INJECTION, BETAMETH ACE/SOD PER 3 MG	$ 2.88	$ 2.88
J0706			INJECTION, CAFCIT PER 5 MG	$ 3.53	$ 3.53
J0710			CEPHADYL 1 GM	$ 1.44	$ 1.44
J0712			INJECTION, CEFTAROLINE FOSAMIL, 10 MG	$ 1.01	$ 1.01
J0713			INJECTION, CEFOTAN PER 500 MG	$ 6.48	$ 6.48
J0715			INJECTION, CEFTIZOXIME SODIUM, PER 5	$ 5.89	$ 5.89
J0716			INJECTION, CENTRUROIDES IMMUNE F(AB)2, UP TO 120 MILLIGRAMS	$ 3,465.00	$ 3,465.00
J0717			INJECTION, CERTOLIZUMAB PEGOL, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHY	$ 13.71	$ 13.71
J0720			CHLOROMYCETIN SOD SUCC UP TO 1 GM	$ 14.62	$ 14.62
J0735			INJECTION, CATAPRES 1 MG	$ 70.58	$ 70.58
J0740			INJECTION VISTIDE 375 MG	$ 818.27	$ 818.27
J0743			INJECTION, PRIMAXIN PER 250 MG	$ 18.77	$ 18.77
J0744			INJECTION, CIPRO IV 200 MG	$ 14.22	$ 14.22
J0745			INJECTION,_CODEINE_PHOSPHATE,_PER_30	$ 1.07	$ 1.07
J0760			INJECTION, COLCHICINE, PER 1 MG	$ 6.78	$ 6.78
J0770			INJECTION, COLYMYCIN UP TO 150 MG	$ 49.88	$ 49.88
J0775			INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01 MG	$ 35.75	$ 35.75
J0780			INJECTION, COMPAZINE UP TO 10 MG	$ 8.37	$ 8.37
J0795			INJECTION, CORTICORELIN OVINE TRIFLUTATE, 1 MICROGRAM	$ 4.75	$ 4.75
J0800			INJECTION, ACTH UP TO 40 UNITS	$ 180.49	$ 180.49
J0833			INJECTION, COSYNTROPIN, NOT OTHERWISE SPECIFIED, 0.25 MG	$ 98.70	$ 98.70
J0834			INJECTION, COSYNTROPIN (CORTROSYN), 0.25 MG	$ 107.44	$ 107.44

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
J0840			INJECTION, CROTALIDAE POLYVALENT IMMUNE FAB (OVINE), UP TO 1 GRAM	BR	BR
J0850			INJECTION, CYTOMEGALOVIRUS IMMUNE GL	$ 925.32	$ 925.32
J0878			INJECTION, DAPTOMYCIN, 1 MG(CUBICIN)	$ 0.35	$ 0.35
J0881			INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	$ 5.01	$ 5.01
J0882			INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (FOR ESRD ON DIALYSIS)	$ 5.01	$ 5.01
J0885			INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	$ 13.69	$ 13.69
J0886			INJECTION, EPOETIN ALFA, 1000 UNITS (FOR ESRD ON DIALYSIS)	$ 13.31	$ 13.31
J0887			EPOETIN BETA ESRD USE	$ 1.78	NA
J0888			EPOETIN BETA NON ESRD	$ 1.78	NA
J0890			INJECTION, PEGINESATIDE, 0. 1 MG (FOR ESRD ON DIALYSIS)	$ 10.70	$ 10.70
J0894			DECITABINE INJECTION	$ 26.25	$ 26.25
J0895			DESFERAL MESYLATE 500 MG/5 CC	$ 16.92	$ 16.92
J0897			INJECTION, DENOSUMAB, 1 MG	$ 13.61	$ 13.61
J0945			INJECTION, DEHIST,HISTAJECT PER 10MG	$ 0.62	$ 0.62
J1000			DEPO-ESTRADIOL 5 MG/ML	$ 6.59	$ 6.59
J1020			DEPO MEDROL 20 MG/ML	$ 3.13	$ 3.13
J1030			DEPO-MEDROL 40 MG/ML	$ 6.34	$ 6.34
J1040			DEPO-MEDROL 80 MG/ML	$ 10.45	$ 10.45
J1050			INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	$ 0.67	$ 0.67
J1071			Inj testosterone cypionate	BR	NA
J1094			INJ, DEXAMETHASONE ACETATE 1 MG	$ 0.53	$ 0.53
J1100			INJECTION, CORTASTAT 1 MG	$ 0.13	$ 0.13
J1110			D.H.E. 45 1 MG/ML AMP	$ 31.94	$ 31.94
J1120			INJECTION, DIAMOX SODIUM UP TO 500MG	$ 22.97	$ 22.97
J1160			INJECTION, LANOXIN, UP TO 0.5 MG	$ 2.49	$ 2.49
J1162			INJECTION, DIGOXIN IMMUNE FAB (OVINE), PER VIAL	$ 594.23	$ 594.23
J1165			INJECTION, DILANTIN PER 50 MG	$ 0.70	$ 0.70
J1170			INJECTION, DILAUDED UP TO 4 MG	$ 1.01	$ 1.01
J1180			INJECTION, DILOR UP TO 500 MG	$ 8.30	$ 8.30
J1190			INJECTION, ZINECARD PER 250 MG	$ 224.47	$ 224.47
J1200			INJECTION, BENADRYL UP TO 50 MG	$ 1.16	$ 1.16
J1205			INJECTION, DIURIL PER 500 MG	$ 149.94	$ 149.94
J1212			RIMSO-50 SOL	$ 52.50	$ 52.50
J1230			INJECTION, DOLOPHINE HCL,UP TO 10 MG	$ 2.14	$ 2.14
J1240			INJECTION, DRAMAMINE UP TO 50 MG	$ 2.74	$ 2.74
J1245			PERSANTINE I.V. PER 10 MG	$ 7.66	$ 7.66
J1250			INJECTION, DOBUTREX PER 250 MG	$ 43.51	$ 43.51
J1260			INJECTION ANZEMET PER 10 MG	$ 4.27	$ 4.27
J1265			INJECTION, DOPAMINE HCL, 40 MG	$ 0.32	$ 0.32
J1267			INJECTION, DORIPENEM, 10 MG	$ 0.81	$ 0.81
J1270			INJECTION, HECTOROL 1 MCG	$ 6.31	$ 6.31
J1290			INJECTION, ECALLANTIDE, 1 MG	$ 262.35	$ 262.35
J1300			INJECTION, ECULIZUMAB, 10 MG	$ 182.00	$ 182.00
J1320			INJECTION, ELAVIL HCL UP TO 20 MG	$ 2.05	$ 2.05
J1322			ELOSULFASE ALFA, INJECTION	$ 211.46	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
J1324			ENFUVIRTIDE INJECTION	$ 19.70	$ 19.70
J1325			INJECTION EPOPROSTENOL 0.5 MG	$ 19.47	$ 19.47
J1327			INTEGRILIN 5 MG	$ 21.13	$ 21.13
J1330			INJECTION, ERGOTRATE MALEATE 0.2 MG	$ 5.08	$ 5.08
J1335			INJECTION, ERTAPENEM SODIUM, 500 MG	$ 27.27	$ 27.27
J1364			INJECTION, ERYTHROCIN PER 500 MG	$ 9.09	$ 9.09
J1380			INJECTION, ESTRAVAL P.A. UP TO 10 MG	$ 14.81	$ 14.81
J1410			INJECTION, PREMARIN IV PER 25 MG	$ 70.83	$ 70.83
J1430			INJECTION, ETHANOLAMINE OLEATE, 100 MG	$ 84.99	$ 84.99
J1435			INJECTION, ESTRONE, PER 1 MG	$ 0.25	$ 0.25
J1436			INJECTION, DIDRONEL PER 300 MG	$ 70.88	$ 70.88
J1438			ENBREL 25 MG KIT	$ 180.50	$ 180.50
J1439			INJ FERRIC CARBOXYMALTOS 1MG	$ 1.08	NA
J1442			INJECTION, FILGRASTIM (G-CSF), 1 MICROGRAM	$ 1.02	$ 1.02
J1446			INJECTION, TBO-FILGRASTIM, 5 MICROGRAMS	$ 3.94	$ 3.94
J1450			INJECTION, DIFLUCAN 200 MG	$ 20.81	$ 20.81
J1451			INJECTION,_FOMEPIZOLE,_15_MG	$ 12.11	$ 12.11
J1452			INJECTION, VITRAVENE INTRAOC 1.65 MG	$ 875.00	$ 875.00
J1453			INJECTION, FOSAPREPITANT, 1 MG	$ 1.62	$ 1.62
J1455			INJECTION, FOSCAVIR PER 1000 MG	$ 12.00	$ 12.00
J1457			INJECTION, GALLIUM NITRATE, 1 MG	$ 1.71	$ 1.71
J1458			GALSULFASE INJECTION	$ 327.91	$ 327.91
J1459			INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G.	$ 45.94	$ 45.94
J1460			INJECTION, GAMMAR INTRAMUSCULAR 1 CC	$ 15.45	$ 15.45
J1556			INJECTION, IMMUNE GLOBULIN (BIVIGAM), 500 MG	$ 60.27	$ 60.27
J1557			INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G.	$ 56.43	$ 56.43
J1559			INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	$ 12.47	$ 12.47
J1561			INJECTION, IMMUNE GLOBULIN, (GAMUNEX), INTRAVENOUS, NON-LYOPHILIZED (E.G.	$ 47.28	$ 47.28
J1562			IMMUNE GLOBULIN SUBCUTANEOUS	$ 13.13	$ 13.13
J1566			INJECTION,_IMMUNE_GLOBULIN,_INTRAVEN	$ 43.89	$ 43.89
J1568			INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G.	$ 55.61	$ 55.61
J1569			INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), INTRAVENOUS, NON-LYOPHILIZED,	$ 59.17	$ 59.17
J1570			INJECTION, CYTOVENE 500 MG	$ 54.38	$ 54.38
J1571			INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAMUSCULAR, 0.5 ML	$ 75.00	$ 75.00
J1572			INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA), INTRAVENOUS, NON-LYOPHILIZED (E.G.	$ 44.10	$ 44.10
J1573			INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML	$ 75.00	$ 75.00
J1580			INJECTION, GARAMYCIN UP TO 80 MG	$ 2.12	$ 2.12
J1590			INJECTION, TEQUIN 10 MG	$ 0.83	$ 0.83
J1599			INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), NOT	BR	BR
J1600			INJECTION, MYOCHRYSINE UP TO 50 MG	$ 13.69	$ 13.69
J1602			INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	$ 28.87	$ 28.87
J1610			INJECTION, GLUCAGON PER 1 MG	$ 76.56	$ 76.56
J1620			INJECTION, FACTREL PER 100 MCG	$ 186.03	$ 186.03
J1626			INJECTION, KYTRIL PER 100 MCG	$ 17.08	$ 17.08
J1630			INJECTION, HALDOL UP TO 5 MG	$ 6.55	$ 6.55

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
J1631			INJECTION, HALDOL DECANOATE PER 50MG	$ 2.97	$ 2.97
J1640			INJECTION, HEMIN, 1 MG	$ 7.52	$ 7.52
J1642			INJECTION, HEP-LOCK PER 10 UNITS	$ 0.07	$ 0.07
J1644			INJECTION, HEPARIN SOD PER 1000 UNIT	$ 0.14	$ 0.14
J1645			INJECTION,DALTEPARIN SODIUM 2500 IU	$ 17.47	$ 17.47
J1650			INJECTION, LOVENOX 10 MG	$ 7.10	$ 7.10
J1652			INJECTION, ARIXTRA 0.5 MG	$ 8.79	$ 8.79
J1655			INJECTION, INNOHEP 1000 IU	$ 3.97	$ 3.97
J1670			INJECTION, TETANUS IMMUNE GLOB 250 U	$ 124.26	$ 124.26
J1675			INJECTION, HISTRELIN ACETATE, 10 MICROGRAMS	$ 8.24	$ 8.24
J1700			HYDROCORTISONE ACETATE, 25 MG	$ 0.61	$ 0.61
J1710			INJECTION HYDROCORTONE PHOS UP TO 50	$ 5.13	$ 5.13
J1720			INJECTION, SOLU-CORTEF UP TO 100 MG	$ 1.74	$ 1.74
J1725			INJECTION, HYDROXYPROGESTERONE CAPROATE, 1 MG	$ 2.73	$ 2.73
J1730			INJECTION, HYPERSTAT IV UP TO 300 MG	$ 117.96	$ 117.96
J1740			IBANDRONATE SODIUM INJECTION	$ 147.20	$ 147.20
J1741			INJECTION, IBUPROFEN, 100 MG	$ 1.56	$ 1.56
J1742			INJECTION IBUTILIDE FUMARATE 1 MG	$ 309.71	$ 309.71
J1743			INJECTION, IDURSULFASE, 1 MG	$ 479.10	$ 479.10
J1744			INJECTION, ICATIBANT, 1 MG	$ 243.47	$ 243.47
J1745			INJECTION, REMICADE 10 MG	$ 61.15	$ 61.15
J1750			INFED_50_MG/ML_VIAL	$ 13.41	$ 13.41
J1756			INJECTION, VENOFER 1 MG	$ 0.60	$ 0.60
J1786			INJECTION, IMIGLUCERASE, 10 UNITS	$ 39.25	$ 39.25
J1790			INJECTION, INAPSINE , UP TO 5 MG	$ 3.72	$ 3.72
J1800			INJECTION, INDERAL UP TO 1 MG	$ 8.62	$ 8.62
J1810			INJECTION, INNOVAR UP TO 2 ML AMP	$ 14.67	$ 14.67
J1815			INJECTION, INSULIN PER 5 UNITS	$ 0.34	$ 0.34
J1817			INSULIN FOR INSULIN PUMP USE PER 50 UNITS	$ 4.50	$ 4.50
J1826			INJECTION, INTERFERON BETA-1A, 30 MCG	$ 714.78	$ 714.78
J1830			INJECTION, INTERFERON BETA-1B 0.25MG	$ 96.08	$ 96.08
J1835			INJECTION, SPORANOX 50 MG	$ 43.63	$ 43.63
J1840			INJECTION, KANTREX UP TO 500 MG	$ 7.70	$ 7.70
J1850			INJECTION, KANTREX UP TO 75 MG	$ 2.66	$ 2.66
J1885			INJECTION, TORADOL IM PER 15 MG	$ 3.05	$ 3.05
J1890			INJECTION, KEFLIN UP TO 1 GM	$ 9.45	$ 9.45
J1930			INJECTION, LANREOTIDE, 1 MG	$ 27.81	$ 27.81
J1931			INJECTION, LARONIDASE, 0.1 MG	$ 24.63	$ 24.63
J1940			INJECTION, LASIX UP TO 20 MG	$ 0.63	$ 0.63
J1945			INJECTION, LEPIRUDIN, 50 MG	$ 174.13	$ 174.13
J1950			INJECTION, LUPRON PER 3.75 MG	$ 544.60	$ 544.60
J1953			INJECTION, LEVETIRACETAM, 10 MG	$ 0.69	$ 0.69
J1955			CARNITOR 1 GM	$ 34.30	$ 34.30
J1956			INJECTION LEVAQUIN 250 MG	$ 18.82	$ 18.82
J1960			INJECTION, LEVO-DROMORAN UP TO 2 MG	$ 3.72	$ 3.72

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
J1980			INJECTION, LEVSIN UP TO 0.25 MG	$ 10.35	$ 10.35
J1990			INJECTION, LIBRIUM UP TO 100 MG	$ 23.02	$ 23.02
J2001			INJECTION, LIDOCAINE HCL FOR INTRAVE	$ 0.31	$ 0.31
J2010			INJECTION, LINCOCIN UP TO 300 MG	$ 2.76	$ 2.76
J2020			INJECTION, ZYVOX 200 MG IV SOLUTION	$ 36.13	$ 36.13
J2060			ATIVAN 2 MG/ML	$ 2.82	$ 2.82
J2150			INJECTION MANNITOL, 25% IN 50 ML	$ 2.49	$ 2.49
J2170			MECASERMIN INJECTION	$ 14.15	$ 14.15
J2175			INJECTION, DEMEROL HCL PER 100 MG	$ 1.19	$ 1.19
J2180			INJECTION, MEPERGAN UP TO 50 MG	$ 8.00	$ 8.00
J2185			INJECTION, MEROPENEM, 100 MG	$ 6.21	$ 6.21
J2210			INJECTION, METHERGINE UP TO 0.2 MG	$ 5.37	$ 5.37
J2212			INJECTION, METHYLNALTREXONE, 0. 1 MG	$ 4.47	$ 4.47
J2248			MICAFUNGIN SODIUM INJECTION	$ 2.05	$ 2.05
J2250			INJECTION VERSED PER 1 MG	$ 0.56	$ 0.56
J2260			INJECTION, PRIMACOR PER 5 MG	$ 6.56	$ 6.56
J2265			INJECTION, MINOCYCLINE HYDROCHLORIDE, 1 MG	BR	BR
J2270			INJECTION, MORPHINE SULF UP TO 10 MG	$ 1.62	$ 1.62
J2274			In morphine preservativ free	BR	NA
J2278			INJECTION, ZICONOTIDE, 1 MICROGRAM	$ 6.99	$ 6.99
J2280			INJECTION, MOXIFLOXACIN, 100 MG	$ 9.57	$ 9.57
J2300			INJECTION, NALBUPHINE HCL 10 MG	$ 1.76	$ 1.76
J2310			INJECTION, NALOXONE HCL 1 MGM	$ 5.12	$ 5.12
J2315			NALTREXONE, DEPOT FORM	$ 2.00	$ 2.00
J2320			INJECTION, NANDROLONE DECANOATE, UP	$ 6.15	$ 6.15
J2323			INJECTION, NATALIZUMAB, 1 MG	$ 10.86	$ 10.86
J2325			INJECTION, NESIRITIDE, 0.1 MG	$ 34.99	$ 34.99
J2353			INJECTION, OCTREOTIDE, DEPOT 1 MG IM	$ 104.36	$ 104.36
J2354			INJ OCTREOTIDE,NON DEPOT 25 MCG IV	$ 4.89	$ 4.89
J2355			INJECTION NEUMEGA 5 MG	$ 267.75	$ 267.75
J2357			INJECTION, OMALIZUMAB, 5 MG(XOLAIR)	$ 18.11	$ 18.11
J2358			INJECTION, OLANZAPINE, LONG-ACTING, 1 MG	$ 2.62	$ 2.62
J2360			INJECTION, NORFLEX UP TO 60 MG	$ 17.94	$ 17.94
J2370			INJECTION, NEOSYNEPHRINE UP TO 1 ML	$ 2.73	$ 2.73
J2400			INJECTION, NESACAINE PER 30 ML	$ 17.17	$ 17.17
J2405			INJECTION, ZOFRAN PER 1 MG	$ 1.23	$ 1.23
J2410			INJECTION, NUMORPHAN UP TO 1 MG	$ 2.85	$ 2.85
J2425			INJECTION, PALIFERMIN, 50 MICROGRAMS	$ 12.03	$ 12.03
J2426			INJECTION, PALIPERIDONE PALMITATE EXTENDED RELEASE, 1 MG	$ 6.46	$ 6.46
J2430			INJECTION, AREDIA PER 30 MG	$ 92.70	$ 92.70
J2440			INJ PAPAVERINE HCL UP TO 60 MG	$ 4.77	$ 4.77
J2460			INJ OXYTETRACYCLINE HCL UP TO 50 MG	$ 0.97	$ 0.97
J2469			INJECTION, PALONOSETRON HCL, 25 MCG	$ 34.86	$ 34.86
J2501			INJECTION, ZEMPLAR 1 MCG	$ 5.11	$ 5.11
J2503			INJECTION, PEGAPTANIB SODIUM, 0.3 MG	$ 1,088.28	$ 1,088.28

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CPT/ HCPCS/ CDT	***MOD 1***	***MOD 2***	***SHORT - DESCRIPTION***	***MAXIMUM FEE ALLOWANCE***	***MAXIMUM FEE ALLOWANCE***
PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
J2504			INJECTION, PEGADEMASE BOVINE, 25 IU	$ 204.17	$ 204.17
J2505			INJECTION, PEGFILGRASTIM, 6 MG	$ 3,080.01	$ 3,080.01
J2507			INJECTION, PEGLOTICASE, 1 MG	$ 284.63	$ 284.63
J2510			INJECTION, WYCILLIN UP TO 600,000 UN	$ 10.50	$ 10.50
J2513			INJECTION, PENTASTARCH, 10% SOLUTION, 100 ML	$ 13.16	$ 13.16
J2515			INJECTION, NEMBUTAL SOD PER 50 MG	$ 5.61	$ 5.61
J2540			INJ PENICILLIN G POT UP TO 600,000 U	$ 0.43	$ 0.43
J2543			ZOSYN 1.125 GM	$ 5.81	$ 5.81
J2545			NEBUPENT	$ 86.41	$ 86.41
J2550			INJECTION, PHENERGAN UP TO 50 MG	$ 3.79	$ 3.79
J2560			INJECTION, LUMINAL SOD UP TO 120 MG	$ 2.96	$ 2.96
J2562			INJECTION, PLERIXAFOR, 1 MG	$ 262.50	$ 262.50
J2590			INJECTION, PITOCIN UP TO 10 UNITS	$ 2.56	$ 2.56
J2597			INJECTION, DDAVP PER 1 MCG	$ 5.01	$ 5.01
J2650			INJECTION, PREDNISOLONE ACETATE 1 ML	$ 0.68	$ 0.68
J2670			INJECTION, PRISCOLINE HCL UP TO 25MG	$ 3.61	$ 3.61
J2680			INJ.PROLIXIN DECANOATE UP TO 25MG	$ 4.38	$ 4.38
J2690			INJ, PRONESTYL UP TO 1 GRAM	$ 3.45	$ 3.45
J2700			INJECTION, PROSTAPHLIN UP TO 250 MG	$ 1.02	$ 1.02
J2704			INJ, PROPOFOL, 10 MG	$ 0.12	NA
J2710			INJ PROSTIGMIN METHYLSULFATE 0.5 MG	$ 0.44	$ 0.44
J2720			INJECTION, PROTAMINE SULFATE 10 MG	$ 0.93	$ 0.93
J2724			INJECTION, PROTEIN C CONCENTRATE, INTRAVENOUS, HUMAN, 10 IU	$ 1.26	$ 1.26
J2725			INJECTION, PROTIRELIN, PER 250 MCG	$ 22.47	$ 22.47
J2730			INJECTION, PROTOPAM CHL UP TO 1 GM	$ 94.83	$ 94.83
J2760			INJECTION, REGITINE UP TO 5 MG	$ 33.91	$ 33.91
J2765			INJECTION, REGLAN UP TO 10 MG	$ 0.77	$ 0.77
J2770			INJECTION, SYNERCID 500 MG	$ 137.00	$ 137.00
J2778			INJECTION, RANIBIZUMAB, 0.1 MG	$ 426.56	$ 426.56
J2780			INJECTION, RANITIDINE HCI 25MG	$ 1.38	$ 1.38
J2783			INJECTION, RASBURICASE, 0.5 MG	$ 152.18	$ 152.18
J2785			INJECTION, REGADENOSON, 0.1 MG	$ 107.50	$ 107.50
J2788			INJECTION, RHOGAM MINIDOSE 50 MCG	$ 49.55	$ 49.55
J2788	UD		INJECTION, RHOGAM MINIDOSE 50 MCG	$ 49.55	$ 49.55
J2790			INJ RHOGAM, FULL DOSE 300MCG	$ 115.94	$ 115.94
J2790	UD		INJ RHOGAM, HUMAN, FULL DOSE,300 MCG	$ 115.94	$ 115.94
J2791			INJECTION, RHO(D) IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC), INTRAMUSCULAR OR	$ 1.12	$ 1.12
J2792			INJECTION, WINROW 100 IU	$ 20.71	$ 20.71
J2793			INJECTION, RILONACEPT, 1 MG	$ 22.91	$ 22.91
J2794			INJECTION, RISPERIDONE, 0.5 MG	$ 5.10	$ 5.10
J2795			INJECTION, NAROPIN 1 MG	$ 0.08	$ 0.08
J2796			INJECTION, ROMIPLOSTIM, 10 MICROGRAMS	$ 43.70	$ 43.70
J2800			INJECTION, ROBAXIN UP TO 10 ML	$ 17.27	$ 17.27
J2805			INJECTION, SINCALIDE, 5 MICROGRAMS	$ 60.03	$ 60.03
J2820			INJECTION, LEUKINE 50 MCG	$ 33.30	$ 33.30

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
J2850			INJ_SECRETIN_SYNTHETIC_HUMAN	$ 22.22	$ 22.22
J2910			INJECTION, SOLGANAL UP TO 50 MG	$ 25.73	$ 25.73
J2916			INJECTION FERRLECIT 12.5 MG	$ 7.53	$ 7.53
J2920			INJECTION, SOLU-MEDROL UP TO 40 MG	$ 2.25	$ 2.25
J2930			INJECTION, SOLU-MEDROL UP TO 125 MG	$ 3.79	$ 3.79
J2941			INJECTION, HUMATROPE 1 MG	$ 48.21	$ 48.21
J2950			INJECTION, PROMAZINE HCL, UP TO 25 M	$ 0.22	$ 0.22
J2993			INJECTION, RETAVASE 18.1 MG	$ 1,319.55	$ 1,319.55
J2995			INJECTION, STREPTASE PER 250,000 IU	$ 82.03	$ 82.03
J2997			INJECTION ACTIVASE PER 1 MG	$ 33.47	$ 33.47
J3000			INJECTION, STREPTOMYCIN, UP TO 1 GM	$ 7.96	$ 7.96
J3010			INJECTION, SUBLIMAZE 0.1 MG	$ 0.63	$ 0.63
J3030			INJECTION, IMITREX 6 MG	$ 137.25	$ 137.25
J3060			INJECTION, TALIGLUCERACE ALFA, 10 UNITS	$ 29.45	$ 29.45
J3070			INJECTION, PENTAZOCINE 30 MG	$ 4.43	$ 4.43
J3095			INJECTION, TELAVANCIN, 10 MG	$ 2.05	$ 2.05
J3101			INJECTION, TENECTEPLASE, 1 MG	$ 51.09	$ 51.09
J3105			INJECTION, BRETHINE UP TO 1 MG	$ 15.86	$ 15.86
J3121			INJ TESTOSTERO ENANTHATE 1MG	$ 0.34	NA
J3145			TESTOSTERONE UNDECANOATE 1MG	$ 1.09	NA
J3230			INJECTION, THORAZINE UP TO 50 MG	$ 5.70	$ 5.70
J3240			INJECTION, THYROGEN 1.1 MG VIAL	$ 869.53	$ 869.53
J3243			TIGECYCLINE INJECTION	$ 1.04	$ 1.04
J3246			INJECTION, TIROFIBAN HCL, 0.25MG	$ 9.29	$ 9.29
J3250			INJECTION, TIGAN UP TO 200 MG	$ 2.88	$ 2.88
J3260			INJECTION, NEBCIN UP TO 80 MG	$ 3.71	$ 3.71
J3262			INJECTION, TOCILIZUMAB, 1 MG	$ 3.29	$ 3.29
J3265			INJECTION, DEMADEXDE 10 MGM/ML	$ 2.74	$ 2.74
J3280			INJECTION, TORECAN UP TO 10 MG	$ 4.24	$ 4.24
J3285			INJECTION, TREPROSTINIL, 1 MG	$ 58.84	$ 58.84
J3300			INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE FREE, 1 MG	$ 0.06	$ 0.06
J3301			INJECTION, KENALOG PER 10 MG	$ 1.45	$ 1.45
J3302			INJECTION, ARISTOCORT PER 5 MG	$ 0.57	$ 0.57
J3303			INJECTION ARISTOSPAN PER 5 MG	$ 2.97	$ 2.97
J3305			INJECTION,NEUTREXIN PER 25 MG	$ 154.48	$ 154.48
J3310			INJECTION, TRILAFON UP TO 5 MG	$ 6.38	$ 6.38
J3315			INJECTION TRELSTAR DEPOT 3.75 MG	$ 530.47	$ 530.47
J3320			INJECTION, TROBICIN UP TO 2 GM	$ 31.05	$ 31.05
J3350			INJECTION, UREAPHIL UP TO 40 GM	$ 77.77	$ 77.77
J3357			INJECTION, USTEKINUMAB, 1 MG	$ 112.89	$ 112.89
J3360			INJECTION, VALIUM UP TO 5 MG	$ 1.25	$ 1.25
J3364			ABBOKINASE 5000 IU	$ 49.53	$ 49.53
J3365			INJECTION, IV, ABBOKINASE 250,000 IU	$ 472.31	$ 472.31
J3370			VANCOCIN 500 MG/VIAL	$ 4.01	$ 4.01
J3396			INJECTION, VERTEPORFIN, 0.1 MG	$ 10.14	$ 10.14

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
J3400			INJECTION, TRIFLUPROMAZINE HCL,20 MG	$ 11.38	$ 11.38
J3410			INJECTION, VISTARIL UP TO 25 MG	$ 0.39	$ 0.39
J3411			INJECTION, THIAMINE HCL, 100 MG	$ 1.89	$ 1.89
J3415			INJECTION, PYRIDOXINE HCL, 100 MG	$ 2.49	$ 2.49
J3420			INJECTION, VITAMIN B- 12 CYANOCOBALA	$ 0.42	$ 0.42
J3430			AQUA-MEPHYTON 1 MG	$ 2.26	$ 2.26
J3465			INJECTION, VORICONAZOLE, 10 MG	$ 5.54	$ 5.54
J3470			INJECTION, WYDASE UP TO 150 UNITS	$ 21.88	$ 21.88
J3471			INJECTION, HYALURONIDASE, OVINE, PRESERVATIVE FREE, PER 1 USP UNIT (UP TO 999	$ 0.12	$ 0.12
J3472			INJECTION, HYALURONIDASE, OVINE, PRESERVATIVE FREE, PER 1000 USP UNITS	$ 142.19	$ 142.19
J3475			INJECTION,MAGNESIUM SULFATE 500 MG	$ 3.13	$ 3.13
J3480			INJECTION,POTASSIUM CHLOR 2 MEQ/5CC	$ 0.09	$ 0.09
J3485			INJECTION, RETROVIR 10 MG	$ 1.19	$ 1.19
J3486			INJECTION, ZIPRASIDONE MESYLATE, 10	$ 5.36	$ 5.36
J3489			INJECTION, ZOLEDRONIC ACID, 1 MG	$ 142.98	$ 142.98
J3490			UNCLASSIFIED DRUGS	BR	BR
J3490	FP		UNCLASSIFIED DRUGS	BR	BR
J3590			UNCLASSIFIED_BIOLOGICS	BR	BR
J7030			SALINE SOL 1000 ML	$ 7.14	$ 7.14
J7040			SALINE SOL 500 ML	$ 6.98	$ 6.98
J7042			5% DEXTROSE/NORMAL SALINE (500 ML)	$ 5.65	$ 5.65
J7050			SALINE SOL. 250 ML	$ 6.03	$ 6.03
J7060			5% DEXTROSE/WATER (500 ML = 1 UNIT)	$ 8.09	$ 8.09
J7070			INFUSION, D5W, 1000 CC	$ 7.10	$ 7.10
J7100			INFUSION, DEXTRAN 40, 500 ML	$ 54.49	$ 54.49
J7110			INFUSION, DEXTRAN 75, 500 ML	$ 64.28	$ 64.28
J7120			RINGERS LACTATE INFUS UP TO 1000CC	$ 10.39	$ 10.39
J7131			HYPERTONIC SALINE SOLUTION, 1 ML	BR	BR
J7178			INJECTION, HUMAN FIBRINOGEN CONCENTRATE, 1 MG	$ 0.45	$ 0.45
J7180			INJECTION, FACTOR XIII (ANTIHEMOPHILIC FACTOR, HUMAN), 1 I.U.	$ 7.72	$ 7.72
J7181			FACTOR XIII RECOMB A-SUBUNIT	$ 13.17	NA
J7182			FACTOR VIII RECOMB NOVOEIGHT	BR	NA
J7183			INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 1 I.U. VWF:RCO	$ 1.14	$ 1.14
J7185			INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA), PER I.U.	$ 1.39	$ 1.39
J7186			INJECTION, ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX (HUMAN),	$ 1.06	$ 1.06
J7189			FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PER 1 MICROGRAM	$ 1.44	$ 1.44
J7190			FACTOR VIII, (ANTI-HEMOPHILIC FACTOR	$ 0.90	$ 0.90
J7191			FACTOR VIII, (ANTI-HEMOPHILIC FACTOR	$ 1.93	$ 1.93
J7192			FACTOR VIII (ANTIHEM FACTOR,RECOMB)	$ 1.48	$ 1.48
J7193			ALPHANINE SD PER IU	$ 1.09	$ 1.09
J7194			FACTOR IX, COMPLEX, PER I.U.	$ 0.59	$ 0.59
J7195			BENEFIX PER IU	$ 0.91	$ 0.91
J7198			AUTOPLEX-T	$ 1.31	$ 1.31
J7200			FACTOR IX RECOMBINAN RIXUBIS	$ 1.42	NA
J7201			FACTOR IX FC FUSION RECOMB	$ 2.82	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
J7300			PARAGARD (NDC 50907-0380-07)	$ 396.64	$ 396.64
J7301			LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (SKYLA), 13.5 MG	$ 643.82	$ 643.82
J7302			MIRENA SYSTEM 52 MG	$ 450.88	$ 450.88
J7303	FP		CONTRACEPTIVE VAGINAL RING	$ 40.02	$ 40.02
J7303			CONTRACEPTIVE VAGINAL RING	$ 40.02	$ 40.02
J7304			CONTRACEPTIVE SUPPLY, HORMONE CONTAI	$ 15.72	$ 15.72
J7304	FP		CONTRACEPTIVE SUPPLY, HORMONE CONTAI	$ 15.72	$ 15.72
J7307			ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES	$ 620.08	$ 620.08
J7310			GANCICLOVIR, 4.5 MG LONG ACTING IMPL	$ 4,725.00	$ 4,725.00
J7311			FLUOCINOLONE ACETONIDE IMPLT	$ 1,662.50	$ 1,662.50
J7312			INJECTION, DEXAMETHASONE, INTRAVITREAL IMPLANT, 0.1 MG	$ 183.15	$ 183.15
J7316			INJECTION, OCRIPLASMIN, 0.125 MG	$ 977.62	$ 977.62
J7321			HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, FOR INTRA-ARTICULAR INJECTION,	$ 126.88	$ 126.88
J7323			HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE	$ 133.96	$ 133.96
J7324			HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	$ 228.69	$ 228.69
J7325			HYALURONAN OR DERIVATIVE, SYNVISC OR SYNVISC-ONE, FOR INTRA-ARTICULAR	$ 405.72	$ 405.72
J7326			HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJECTION, PER DOSE	BR	BR
J7327			MONOVISC INJ PER DOSE	$ 965.25	NA
J7500			AZATHIOPRINE ORAL 50MG 100	$ 1.15	$ 1.15
J7501			AZATHIOPRINE PARENTERAL 100 MG	$ 74.38	$ 74.38
J7502			CYCLOSP 100MG/CC 50CC 10'S UD	$ 5.34	$ 5.34
J7504			ATGAM 250 MG	$ 367.36	$ 367.36
J7506			PREDNISONE ORAL 5 MGM TABLET	$ 0.14	$ 0.14
J7507			TACROLIMUS, ORAL, PER 1 MG	$ 3.97	$ 3.97
J7509			METHYLPREDNISOLONE 4 MG ORAL	$ 0.58	$ 0.58
J7510			PREDNISOLONE 5 MG ORAL	$ 0.12	$ 0.12
J7511			THYMOGLOBULIN 25 MG	$ 426.56	$ 426.56
J7513			ZENAPAX, PARENTERAL 25 MG	$ 449.66	$ 449.66
J7515			CYCLOSPORINE 25 MG ORAL	$ 1.20	$ 1.20
J7516			CYCLOSPORINE PARENTERAL 250 MG	$ 24.06	$ 24.06
J7517			MYCOPHENOLATE MOFETIL 250 MG ORAL	$ 3.27	$ 3.27
J7518			MYCOPHENOLIC ACID, ORAL, 180 MG	$ 4.02	$ 4.02
J7520			SIROLIMUS, ORAL, 1 MG	$ 7.97	$ 7.97
J7525			PROGRAF, PARENTERAL 5 MG	$ 149.43	$ 149.43
J7604			ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	$ 3.57	$ 3.57
J7605			ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED,	$ 5.04	$ 5.04
J7606			FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT,	$ 5.60	$ 5.60
J7607			LEVALBUTEROL COMP CON	$ 1.33	$ 1.33
J7608			ACETYLCYSTEINE,_INHALATION_SOLUTION	$ 1.80	$ 1.80
J7609			ALBUTEROL, INHALATION SOLUTION, COMP	BR	BR
J7610			ALBUTEROL INHAL SOL.CONCEN 1 MG	BR	BR
J7611			ALBUTEROL,_INHALATION_SOLUTION,_ADMI	$ 0.15	$ 0.15
J7612			LEVALBUTEROL,_INHALATION_SOLUTION	$ 1.19	$ 1.19
J7613			ALBUTEROL,_INHALATION_SOLUTION,_ADMI	$ 0.54	$ 0.54
J7614			LEVALBUTEROL,_INHALATION_SOLUTION	$ 2.61	$ 2.61

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
J7615			LEVALBUTEROL COMP UNIT	$ 1.89	$ 1.89
J7620			ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, NON-COMPOUNDED	$ 2.18	$ 2.18
J7626			BUDESONIDE INHALATION SOLUTION, NON-	$ 9.35	$ 9.35
J7627			BUDESONIDE, POWDER, COMPOUNDED FOR INHALATION SOLUTION, ADMINISTERED THROUGH	$ 161.35	$ 161.35
J7628			BITOLTEROL MESYLATE CONC FORM	$ 0.48	$ 0.48
J7631			CROMOLYN SODIUM UNIT DOSE FORM	$ 0.34	$ 0.34
J7632			CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	$ 0.31	$ 0.31
J7634			BUDESONIDE COMP CON	$ 4.81	$ 4.81
J7635			ATROPINE INHAL SOL CONCENTRATED FORM	$ 1.23	$ 1.23
J7636			ATROPINE INHALATION SOL UNIT DOSE	$ 1.09	$ 1.09
J7637			DEXAMETHASONE INHAL SOL CONCENTRATED	$ 0.43	$ 0.43
J7638			DEXAMETHASONE INHAL SOL UNIT DOSE	$ 0.20	$ 0.20
J7639			DORNASE ALPHA INHAL SOL UNIT DOSE	$ 21.00	$ 21.00
J7642			GLYCOPYRROLATE INHAL SOL CONCENTRATE	$ 2.32	$ 2.32
J7644			IPRATROPIUM BROMIDE, INHALATION MGM	$ 1.54	$ 1.54
J7645			IPRATROPIUM BROMIDE INHAL SOL	$ 1.26	$ 1.26
J7665			MANNITOL, ADMINISTERED THROUGH AN INHALER, 5 MG	$ 3.94	$ 3.94
J7669			METAPROTERENOL SULFATE, INHALATION S	$ 0.49	$ 0.49
J7674			METHACHOLINE CHLORIDE, NEB	$ 0.42	$ 0.42
J7676			PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED	$ 93.44	$ 93.44
J7682			TOBRAMYCIN INHAL SOL 300 MG UNIT DOS	$ 66.11	$ 66.11
J7684			TRIAMCINOLONE INHAL SOL UNIT DOSE	$ 0.61	$ 0.61
J8501			ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	$ 4.71	$ 4.71
J8510			BULSULFAN, ORAL, 2 MG	$ 2.59	$ 2.59
J8520			CAPECITABINE, ORAL, 150 MG	$ 6.51	$ 6.51
J8521			CAPECITABINE, ORAL, 500 MG	$ 21.71	$ 21.71
J8530			CYCLOPHOSPHAMIDE; ORAL, 25 MG	$ 3.15	$ 3.15
J8560			ETOPOSIDE; ORAL, 50 MG	$ 41.68	$ 41.68
J8600			MELPHALAN; ORAL, 2 MG	$ 5.29	$ 5.29
J8610			METHOTREXATE; ORAL, 2.5 MG	$ 3.19	$ 3.19
J8700			TEMOZOLOMIDE, ORAL, 5 MG	$ 9.74	$ 9.74
J9000			ADRIAMYCIN 10 MG	$ 12.03	$ 12.03
J9010			CAMPATH 10 MG	$ 585.40	$ 585.40
J9015			PROLEUKIN PER SINGLE USE VIAL	$ 826.40	$ 826.40
J9017			TRISENOX 1 MG	$ 36.79	$ 36.79
J9019			INJECTION, ASPARAGINASE (ERWINAZE), 1,000 IU	$ 324.47	$ 324.47
J9020			ELSPAR 10,000 UNITS	$ 55.02	$ 55.02
J9025			INJECTION, AZACITIDINE, 1 MG	$ 4.42	$ 4.42
J9027			INJECTION, CLOFARABINE, 1 MG	$ 123.05	$ 123.05
J9031			BCG LIVE,PER VIAL 27MG	$ 172.59	$ 172.59
J9033			INJECTION, BENDAMUSTINE HCL, 1 MG	$ 19.13	$ 19.13
J9035			INJECTION, BEVACIZUMAB, 10 MG	$ 60.16	$ 60.16
J9040			LENOXANE 15 UNITS	$ 77.11	$ 77.11
J9041			INJECTION, BORTEZOMIB, 0.1 MG	$ 35.31	$ 35.31
J9042			INJECTION, BRENTUXIMAB VEDOTIN, 1 MG	$ 95.83	$ 95.83

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
J9043			INJECTION, CABAZITAXEL, 1 MG	$ 134.65	$ 134.65
J9045			INJECTION PARAPLATIN PER 50MG.	$ 76.42	$ 76.42
J9047			INJECTION, CARFILZOMIB, 1 MG	$ 27.36	$ 27.36
J9050			BICNU 100 MG	$ 163.91	$ 163.91
J9055			INJECTION, CETUXIMAB, 10 MG	$ 52.50	$ 52.50
J9060			PLATINOL ,POWDER OR SOLUT.PER 10MG	$ 4.05	$ 4.05
J9065			INJECTION, LEUSTATIN , PER 1 MG	$ 53.05	$ 53.05
J9070			CYTOXIN, 100 MG	$ 2.52	$ 2.52
J9098			CYTARABINE LIPOSOME, 10 MG	$ 437.50	$ 437.50
J9100			CYTARABINE 100MG/ML	$ 3.17	$ 3.17
J9120			INJECTION, DACTINOMYCIN, 0.5 MG	$ 519.53	$ 519.53
J9130			DTIC-DOME 100MG/ML	$ 10.34	$ 10.34
J9150			CERUBIDINE 10 MG	$ 70.57	$ 70.57
J9151			DAUNOXOME 10 MG	$ 59.50	$ 59.50
J9155			INJECTION, DEGARELIX, 1 MG	$ 3.92	$ 3.92
J9160			ONTAK 300 MCG	$ 1,487.50	$ 1,487.50
J9165			DIETHYLSTILBESTROL DIPHOSPHATE, 250	$ 13.27	$ 13.27
J9171			INJECTION, DOCETAXEL, 1 MG	$ 19.51	$ 19.51
J9175			INJECTION, ELLIOTTS' B SOLUTION, 1 ML	$ 4.29	$ 4.29
J9178			INJECTION, EPIRUBICIN HCL, 2 MG	$ 26.22	$ 26.22
J9179			INJECTION, ERIBULIN MESYLATE, 0.1 MG	$ 86.72	$ 86.72
J9181			VEPESID 10 MG ML	$ 1.64	$ 1.64
J9185			FLUDARA 50 MG	$ 317.80	$ 317.80
J9190			ADRUCIL 500 MG	$ 3.28	$ 3.28
J9200			FLOXURIDINE, 500 MG	$ 130.70	$ 130.70
J9201			GEMZAR 200 MG	$ 135.98	$ 135.98
J9202			ZOLADEX 3.6 MG IMPLANT, SYRN	$ 411.24	$ 411.24
J9206			CAMPTOSAR 20 MG	$ 134.24	$ 134.24
J9207			INJECTION, IXABEPILONE, 1 MG	$ 65.31	$ 65.31
J9208			IFEX 1 GM	$ 63.49	$ 63.49
J9209			MESNEX 200 MG	$ 30.76	$ 30.76
J9211			IDAMYCIN HYDROCHLORIDE, 5 MG	$ 386.79	$ 386.79
J9212			INFERGEN 1 MCG	$ 8.50	$ 8.50
J9213			ROFERON-A 3 MILLION UNITS	$ 40.53	$ 40.53
J9214			INTERFERON, ALFA-2B, RECOMBINANT, 1	$ 14.84	$ 14.84
J9215			INTERFERON, ALFA-N3, (HUMAN LEUKOCYT	$ 15.68	$ 15.68
J9216			ACTIMMUNE 3 MILLION UNITS	$ 344.41	$ 344.41
J9217			LUPRON 7.5 MG	$ 678.73	$ 678.73
J9218			LUPRON INJ PER 1 MG	$ 271.53	$ 271.53
J9219			VIADUR IMPLANT KIT 65 MG	$ 4,973.50	$ 4,973.50
J9225			HISTRELIN IMPLANT, 50 MG	$ 5,250.00	$ 5,250.00
J9226			HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG	$ 15,312.50	$ 15,312.50
J9228			INJECTION, IPILIMUMAB, 1 MG	$ 118.80	$ 118.80
J9230			MUSTARGEN(NITROGEN MUSTARD) 10MG/ML	$ 152.08	$ 152.08
J9245			INJECTION, ALKERAN 50 MG	$ 1,267.39	$ 1,267.39

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
J9250	UD		INJECTABLE, METHOTREXATE SOD 5 MG	$ 0.48	$ 0.48
J9250			METHOTREXATE SODIUM 5MG	$ 0.48	$ 0.48
J9260	UD		INJECTABLE, METHOTREXATE SOD 50 MG	$ 4.16	$ 4.16
J9260			METHOTREXATE SODIUM 50MG/ML	$ 4.16	$ 4.16
J9261			NELARABINE INJECTION	$ 90.13	$ 90.13
J9262			INJECTION, OMACETAXINE MEPESUCCINATE, 0.01 MG	$ 2.36	$ 2.36
J9263			INJECTION, OXALIPLATIN, 0.5 MG	$ 9.32	$ 9.32
J9264			INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG	$ 9.40	$ 9.40
J9266			ONCASPAR PER SINGLE DOSE VIAL	$ 2,187.50	$ 2,187.50
J9267			PACLITAXEL INJECTION	$ 0.43	NA
J9268			NIPENT PER 10 MG	$ 2,324.00	$ 2,324.00
J9270			MITHRAMYCIN 2.5 MG	$ 86.39	$ 86.39
J9280			MITROMYCIN 5 MG	$ 61.25	$ 61.25
J9293			NOVANTRONE 5 MG	$ 325.23	$ 325.23
J9300			MYLOTARG 5 MG VIAL	$ 2,563.75	$ 2,563.75
J9301			OBINUTUZUMAB INJ	$ 510.84	NA
J9303			INJECTION, PANITUMUMAB, 10 MG	$ 87.50	$ 87.50
J9305			INJECTION, PEMETREXED, 10 MG	$ 50.86	$ 50.86
J9306			INJECTION, PERTUZUMAB, 1 MG	$ 9.61	$ 9.61
J9310			RITUXAN, 100 MG	$ 577.21	$ 577.21
J9320			ZANOSAR 1 GM	$ 113.78	$ 113.78
J9328			INJECTION, TEMOZOLOMIDE, 1 MG	$ 4.75	$ 4.75
J9330			INJECTION, TEMSIROLIMUS, 1 MG	$ 48.99	$ 48.99
J9340			THIOPLEX 15 MG	$ 85.59	$ 85.59
J9354			INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG	$ 27.46	$ 27.46
J9355			HERCEPTIN 10 MG	$ 65.74	$ 65.74
J9357			VALSAR 200 MG	$ 485.10	$ 485.10
J9360			VELBAN 1 MG	$ 2.90	$ 2.90
J9370			ONCOVIN 1 MG	$ 12.60	$ 12.60
J9371			INJECTION, VINCRISTINE SULFATE LIPOSOME, 1 MG	$ 1,930.50	$ 1,930.50
J9390			NAVELBINE PER 10 MG	$ 82.25	$ 82.25
J9395			INJECTION, FULVESTRANT, 25 MG	$ 86.93	$ 86.93
J9400			INJECTION, ZIV-AFLIBERCEPT, 1 MG	$ 15.84	$ 15.84
J9600			PHOTOFRIN 75 MG	$ 2,637.93	$ 2,637.93
J9999			NOT OTHERWISE CLASSIFIED, ANTINEOPLA	BR	BR
K0001			STANDARD WHEELCHAIR	$ 539.00	$ 64.68
K0002			STANDARD HEMI LOW SEAT WHEELCHAIR	$ 870.00	$ 104.40
K0003			LIGHTWEIGHT WHEELCHAIR	$ 802.00	$ 96.24
K0004			HIGH STRENGH, LIGHTWEIGHT WHEELCHAIR	$ 1,385.00	$ 166.20
K0005			ULTRALIGHTWEIGHT WHEELCHAIR	BR	BR
K0006			HEAVY DUTY WHEELCHAIR	$ 1,274.00	$ 152.88
K0007			EXTRA HEAVY DUTY WHEELCHAIR	BR	BR
K0008			CUSTOM MANUAL WHEELCHAIR/BASE	BR	BR
K0009			OTHER MANUAL WHEELCHAIR/BASE	BR	BR
K0010			STD WGT FRM-MTR PWR WHEELCHAIR	$ 3,345.00	$ 401.40

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
K0011			ST WGT FRM-MTR PWR WC PRG CTL	BR	BR
K0012			LIGHTWEIGHT PORTABLE MOTOR POWER CH	BR	BR
K0013			CUSTOM MOTORIZED/POWER WHEELCHAIR BASE	BR	BR
K0014			OTHER MOTORIZED/PWR WHEELCHAIR BASE	BR	BR
K0015			DETACH NON-ADJUST HGT ARMREST EACH	$ 157.00	$ 18.84
K0017			DETACH ADJ-HGT ARMREST BASE EACH	BR	BR
K0018			DETACH ADJ HGT ARMREST UP PORTION EA	BR	BR
K0019			ARM PAD, EACH	BR	BR
K0020			FIXED ADJ HGT ARMREST PAIR	BR	BR
K0037			HIGH MOUNT FLIP-UP FOOT REST EA	$ 34.86	$ 6.97
K0038			LEG STRAP, EACH	BR	BR
K0039			LEG STRAP, H STYLE, EACH	BR	BR
K0040			ADJUSTABLE ANGLE FOOT PLATE EACH	BR	BR
K0041			LARGE SIZE FOOTPLATE, EACH	BR	BR
K0042			STANDARD SIZE FOOTPLATE EACH	$ 32.00	$ 6.40
K0043			FOOTREST, LOWER EXTENSION EACH	BR	BR
K0044			FOOTREST, UPPER HANGER BRACKET EACH	BR	BR
K0045			FOOTREST, COMPLETE ASSEMBLY	BR	BR
K0046			ELEV LEGREST, LOWER EXTENSION TBE EA	BR	BR
K0047			ELEV LEGREST, UPPER HANG BRACKET EA	BR	BR
K0050			RATCHET ASSEMBLY	BR	BR
K0051			CAM RELEASE ASSEMBLY,	BR	BR
K0052			SWINGAWAY, DETACHABLE FOOTREST EACH	BR	BR
K0053			ELEV FOOTRESTS, ARTICULATING EACH	BR	BR
K0056			SEAT HGT UP TO 21IN HST/LTWT/ULT LTW	$ 83.00	$ 16.60
K0065			SPOKE PROTECTORS	BR	BR
K0069			REAR WHEEL ASSEM. COMPL.SOL.TIRE,EA	$ 87.00	$ 17.40
K0070			R.WHEEL ASSEM.W/PNEUM.TIRE/COMPL.,EA	$ 158.00	$ 18.96
K0071			FR.CASTER ASSEMBLY W/PNUEM. TIRE,EA.	BR	BR
K0072			FR.CASTER ASSEM.W/SEMI-PNEUM.TIRE EA	$ 57.00	$ 11.40
K0073			CASTER PIN LOCK, EACH	BR	BR
K0077			FR.CASTER ASSEM.COMPL.W/SOL.TIRE,EA.	BR	BR
K0098			DRIVE BELT FOR POWER WC	BR	BR
K0105			IV HANGER	BR	BR
K0108			OTHER ACCESSORIES	BR	BR
K0195			ELEV. LEGREST, PAIR W/CAPPTED RENTAL	$ 108.11	$ 12.97
K0606			AED GARMENT W/ELECT ANALYSIS	$ 14,689.92	$ 1,762.79
K0672			ADDITION TO LOWER EXTREMITY ORTHOSIS, REMOVABLE SOFT INTERFACE, ALL COMPONENTS,	$ 55.44	NA
K0733			12-24HR SEALED LEAD ACID BATT	$ 19.14	$ 3.83
K0738			PORTABLE_GASEOUS_OXYGEN_SYS,_RENTAL	NA	$ 41.30
K0739			REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN	$ 10.00	$ 2.00
K0739			REPAIR/SERVICE_DME_NON-OXYGEN_EQUIP	$ 10.00	NA
K0800			POV GROUP 1 STD UP TO 300LBS	$ 818.97	$ 98.28
K0801			POV GROUP 1 HD 301-450 LBS	$ 1,375.11	NA
K0802			POV GROUP 1 VHD 451-600 LBS	$ 1,556.18	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
K0806			POV GROUP 2 STD UP TO 300 LBS	$ 1,031.81	NA
K0807			POV GROUP 2 HD 301-450 LBS	$ 1,565.68	NA
K0808			POV GROUP 2 VHD 451-600 LBS	$ 2,422.42	NA
K0812			POWER OPERATED VEHICLE, NOS	BR	BR
K0813			POWER WHEELCHAIR,GROUP 1 STD PORT	BR	BR
K0814			POWER WHEELCHAIR,GROUP 1 STD PORT	BR	BR
K0815			POWER WHEELCHAIR GRP 1 STD SEAT/BACK	BR	BR
K0816			POWER WHEELCHAIR GRP 1 STD CAP CHAIR	BR	BR
K0820			POWER WHEELCHAIR,GRP 2 STD PORT SEAT	BR	BR
K0821			POWER WHEELCHAIR,GRP 2 STD PORT CAP	BR	BR
K0822			POWER WHEELCHAIR,GRP 2 STD SEAT/BACK	BR	BR
K0823			POWER WHEELCHAIR,GRP 2 STD CAP CHAIR	BR	BR
K0824			POWER WHEELCHAIR,GRP 2 HD SEAT/BACK	BR	BR
K0825			POWER WHEELCHAIR,GRP 2 HD CAP CHAIR	BR	BR
K0826			POWER WHEELCHAIR.GRP2 VHD SEAT/BACK	BR	BR
K0827			POWER WHEELCHAIR.GRP 2 VHD CAP CHAIR	BR	BR
K0828			POWER WHEELCHAIR,GRP 2 XTRA HD SEAT	BR	BR
K0829			POWER WHEELCHAIR,GRP2 XTRA HD CAPT	BR	BR
K0830			POWER WHEELCHAIR,GRP2 STD SEAT ELEV	BR	BR
K0831			POWER WHEELCHAIR,GRP2 STD SEAT ELEV	BR	BR
K0835			POWER WHEELCHAIR,GRP2 STD,SING POWER	BR	BR
K0836			POWER WHEELCHAIR,GRP2 STD SING POWER	BR	BR
K0837			POWER WHEELCHAIR, GRP2 HD SING POWER	BR	BR
K0838			POWER WHEELCHAIR,GRP2 HD SING POWER	BR	BR
K0839			POWER WHEELCHAIR.GRP2 VHD SING POWER	BR	BR
K0840			POWER WHEELCHAIR.GP2 XHD SING POWER	BR	BR
K0841			POWER WHEELCHAIR.GP2 STD MULT POWER	BR	BR
K0842			POWER WHEELCHAIR.GP2 STD,MULT POWER	BR	BR
K0843			POWER WHEELCHAIR.GP2 HD,MULT POWER	BR	BR
K0848			POWER WHEELCHAIR.GP2 STD SEAT/BACK	BR	BR
K0849			POWER WHEELCHAIR.GP3,STD,CAP CHAIR	BR	BR
K0850			POWER WHEELCHAIR.GP3 HD SEAT/BACK	BR	BR
K0851			POWER WHEELCHAIR,GP3 HD SEAT/BACK	BR	BR
K0852			POWER WHEELCHAIR,GP3 VHD,SEAT/BACK	BR	BR
K0853			POWER WHEELCHAIR,GP3,VHD,CAP CHAIR	BR	BR
K0854			POWER WHEELCHAIR,GP3 XHD,SEAT/BACK	BR	BR
K0855			POWER WHEELCHAIR,GP3 XHD,CAP CHAIR	BR	BR
K0856			POWER WHEELCHAIR,GP3 STD,SING POWER	BR	BR
K0857			POWER WHEELCHAIR,GP3 STD,CAP CHAIR	BR	BR
K0858			POWER WHEELCHAIR,GP3 HD,SING SEAT/B	BR	BR
K0859			POWER WHEELCHAIR,GP3 HD SING CAP CHA	BR	BR
K0860			POWER WHEELCHAIR,GP3 VHD,SING SEAT/B	BR	BR
K0861			POWER_WHEELCHAIR,GP3_STD,MULT_SEAT	BR	BR
K0862			POWER WHEELCHAIR,GP3 HD,MULT SEAT/B	BR	BR
K0863			POWER WHEELCHAIR,GP3 VHD,MULT SEAT/B	BR	BR

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
K0864			POWER WHEELCHAIR,GP3XHD,MULT SEAT/BA	BR	BR
K0868			POWER WHEELCHAIR,GP4 STD,SEAT/BACK	BR	BR
K0869			POWER WHEELCHAIR,GP4 STD,CAP CHAIR	BR	BR
K0870			POWER WHEELCHAIR,GP4 HD, SEAT/BACK	BR	BR
K0871			POWER WHEELCHAIR,GP4 VHD, SEAT/BACK	BR	BR
K0877			POWER WHEELCHAIR,GP4 STD SING SEAT	BR	BR
K0878			POWER WHEELCHAIR,GP4 STD,SING CAP CH	BR	BR
K0879			POWER WHEELCHAIR,GP4 HD SING SEAT/BA	BR	BR
K0880			POWER WHEELCHAIR.GP4 VHD,SING SEAT/B	BR	BR
K0884			POWER WHEELCHAIR,GP4 STD,MULT SEAT	BR	BR
K0885			POWER WHEELCHAIR,GP4 STD MULT CAP CH	BR	BR
K0886			POWER WHEELCHAIR,GP4 HD MULT SEAT/BA	BR	BR
K0890			POWER WHEELCHAIR,GP5 PED SING SEAT/B	BR	BR
K0891			POWER WHEELCHAIR,GP5 PED,MULT SEAT/B	BR	BR
K0898			POWER WHEELCHAIR NOT OTHERWISE CLASS	BR	BR
K0900			CUSTOMIZED DURABLE MEDICAL EQUIPMENT, OTHER THAN WHEELCHAIR	BR	BR
K0901			KO SINGLE UPRIGHT PRE OTS	$ 586.77	NA
K0902			KO DOUBLE UPRIGHT PRE OTS	$ 643.59	NA
L0112			CRANIAL CERVICAL ORTHOSIS, CONGENITA	$ 879.82	NA
L0113			CRANIAL CERVICAL ORTHOSIS, TORTICOLLIS TYPE, WITH OR WITHOUT JOINT, WITH OR	BR	NA
L0120			CERVICAL/FLEX.NON-ADJUST.FOAM COLLAR	$ 13.04	NA
L0130			CERVICAL, FLEXIBLE, THERMOPLASTIC CO	$ 54.40	NA
L0140			CERV.SEMI-RIDIG/ADJ.PLASTIC COLLAR	$ 24.40	NA
L0150			CERVICAL, SEMI-RIGID, ADJUSTABLE MOL	$ 75.20	NA
L0160			CERVICAL, SEMI-RIGID, WIRE FRAME OCC	$ 100.00	NA
L0170			CERVICAL, COLLAR, MOLDED TO PATIENT	$ 300.00	NA
L0172			2 PC.CERV.COLLAR/SEMI-RIG.THERMAL PL	$ 68.34	NA
L0174			2 PIECE/THORAC EXT-CERVICAL COLLAR S	$ 113.90	NA
L0180			NECK BR FORRESTER - NON SWIVEL POSTS	$ 163.80	NA
L0190			CERVICAL, MULTIPLE POST COLLAR, OCCI	$ 240.00	NA
L0200			CERVICAL, MULTIPLE POST COLLAR, OCCI	$ 175.00	NA
L0220			THORACIC, RIB BELT, CUSTOM FABRICATE	$ 24.40	NA
L0450			TLSO FLEX TRUNK SUPP UPPER THORACIC	$ 122.58	NA
L0452			TLSO FLEX UPPER THOR SUPPORT CUST FA	$ 264.68	NA
L0454			TLSO FLEX TRK SUPP PREFAB FIT & ADJ	$ 220.09	NA
L0455			TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO ABOVE T-9 VERTEBRA, RESTRICTS GROSS TRUNK MOT	$ 223.45	NA
L0456			TLSO FLEX THORACIC REG PREFABRICATED	$ 220.96	NA
L0457			TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON, EXTENDS FROM THE SACROC	$ 640.79	NA
L0458			TLSO TRIPLANAR CONTROL PREFABRICATED	$ 440.57	NA
L0460			TLSO TRIPLANAR CONT PREFABRICATED	$ 440.57	NA
L0462			TLSO TRIPLAN CONT 3 RIG PLAST SHELLS	$ 440.57	NA
L0464			TLSO TRIPLAN CONT 4 RIG PLAST SHELLS	$ 437.70	NA
L0466			TLSO SAG CONT PREFAB FITTING & ADJUS	$ 224.99	NA
L0467			TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, RESTRICTS GROS	$ 230.60	NA
L0468			TLSO SAGITTAL-CORONAL CONT PREFABRIC	$ 276.04	NA

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CPT/ HCPCS/ CDT	***MOD 1***	***MOD 2***	***SHORT - DESCRIPTION***	***MAXIMUM FEE ALLOWANCE***	***MAXIMUM FEE ALLOWANCE***
PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
L0469			TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, EXTEN	$ 282.92	NA
L0470			TLSO TRIPLAN CONT RIGED POST FRAME	$ 447.64	NA
L0472			TLSO TRIPLANAR CONT HYPEREXTENSION	$ 291.60	NA
L0474			TLSO TRIPLAN CONT RIG POST FRAME	$ 499.65	NA
L0480			TLSO TRIPLAN CONT CUSTOM FABRICATED	$ 1,035.33	NA
L0482			TLSO TRIPLAN CONT INCL CAD-CAM MODEL	$ 1,153.79	NA
L0484			TLSO TRIPLAN CONT CUSTOM FABRICATED	$ 1,146.26	NA
L0486			TKLSO TRIPLAN CONT CUST FAB CAD-CAM	$ 1,218.72	NA
L0488			TLSO TRIPLAN CONT 1 PIECE SHELL PREF	$ 631.00	NA
L0490			TLSO SAG COR CONT PREFAB FIT & ADJUS	$ 177.82	NA
L0491			TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID	$ 502.24	NA
L0492			TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID	$ 329.93	NA
L0621			SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION	$ 60.60	NA
L0622			SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION	$ 161.85	NA
L0623			SACROILIAC ORTHOSIS, PROVIDES PELVIC	BR	NA
L0624			SACROILIAC ORTHOSIS, PROVIDES PELVIC	BR	NA
L0625			LUMBAR ORTHOSIS, FLEXIBLE, PROVIDES LUMBAR SUPPORT, POSTERIOR EXTENDS FROM L-1	$ 36.02	NA
L0626			LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR	$ 50.97	NA
L0627			LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS,	$ 268.81	NA
L0628			LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR	$ 54.87	NA
L0629			LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PR	BR	NA
L0630			LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S),	$ 105.92	NA
L0631			LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR	$ 671.33	NA
L0632			LUMBAR-SACRAL ORTHOSIS, SAGITTAL CON	BR	NA
L0634			LUMBAR-SACRAL ORTHOSIS, SAGITTAL-COR	BR	NA
L0635			LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID	$ 637.49	NA
L0636			LUMBAR SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID	$ 945.45	NA
L0637			LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND	$ 702.53	NA
L0638			LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND	$ 862.50	NA
L0639			LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S),	$ 702.53	NA
L0640			LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S),	$ 684.30	NA
L0641			LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTR	$ 50.21	NA
L0642			LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PR	$ 264.84	NA
L0643			LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9	$ 104.35	NA
L0648			LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUN	$ 661.41	NA
L0649			LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL	$ 184.75	NA
L0650			LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SAC	$ 692.15	NA
L0651			LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T	$ 692.15	NA
L0700			CERVICAL-THORACIC-LUMBAR-SACRAL-ORTH	$ 1,160.00	NA
L0710			CTLSO, ANTERIOR-POSTERIOR-LATERAL-CO	$ 1,280.00	NA
L0810			HALO PROCEDURES, CERVICAL HALO INCOR	$ 1,677.11	NA
L0820			HALO PROCEDURES, CERVICAL HALO INCOR	$ 1,200.00	NA
L0830			SPINAL BR MILW SCOL BR W/HALO ATTACH	$ 2,053.61	NA
L0859			ADDITION TO HALO PROCEDURE, MAGNETIC RESONANCE IMAGE COMPATIBLE SYSTEMS, RINGS	$ 763.20	NA
L0861			ADDITION TO HALO PROCEDURE, REPLACEM	$ 135.48	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
L0970			TLSO, CORSET FRONT	$ 33.60	NA
L0972			LSO, CORSET FRONT	$ 69.20	NA
L0974			TLSO, FULL CORSET	$ 88.20	NA
L0976			LSO, FULL CORSET	$ 103.88	NA
L0978			AXILLARY CRUTCH EXTENSION	$ 35.00	NA
L0980			PERONEAL STRAPS, PAIR	$ 11.33	NA
L0982			STOCKING SUPPORTER GRIPS, SET OF (4)	$ 9.60	NA
L0984			PROTECTIVE BODY SOCK, EACH	$ 34.12	NA
L0999			ADDITION TO SPINAL ORTHOSIS NOS	BR	NA
L1000			CERVICAL-THORACIC-LUMBAR-SACRAL (CTL	$ 1,134.00	NA
L1001			CERVICAL THORACIC LUMBAR SACRAL ORTH	BR	NA
L1005			TENSION BASED SCOLIOSIS ORTH/ACCESS	$ 1,990.05	NA
L1010			ADDITIONS TO CERVICAL-THORACIC-LUMBA	$ 44.88	NA
L1020			ADDITIONS TO CTLSO OR SCOLIOSIS ORTH	$ 25.00	NA
L1025			ADDITION TO CTLSO/SCOLIOSIS ORTHO,KY	$ 77.29	NA
L1030			ADDITIONS TO CTLSO OR SCOLIOSIS ORTH	$ 40.83	NA
L1040			ADDITIONS TO CTLSO OR SCOLIOSIS ORTH	$ 39.00	NA
L1050			ADDITIONS TO CTLSO OR SCOLIOSIS ORTH	$ 39.00	NA
L1060			ADDITIONS TO CTLSO OR SCOLIOSIS ORTH	$ 39.00	NA
L1070			ADDITIONS TO CTLSO OR SCOLIOSIS ORTH	$ 51.00	NA
L1080			ADDITIONS TO CTLSO OR SCOLIOSIS ORTH	$ 35.42	NA
L1085			ADDIT.TO CTLSO/SCOLIOSIS ORTHO.OUTRI	$ 108.45	NA
L1090			ADDITIONS TO CTLSO OR SCOLIOSIS ORTH	$ 51.00	NA
L1100			ADDITIONS TO CTLSO OR SCOLIOSIS ORTH	$ 66.00	NA
L1110			ADDITIONS TO CTLSO OR SCOLIOSIS ORTH	$ 90.00	NA
L1120			ADDITIONS TO CTLSO OR SIO, SCOLIOSIS	$ 26.05	NA
L1200			THORACIC-LUMBAR-SACAL-ORTHOSES (TLSO	$ 1,037.53	NA
L1210			ADDITIONS TO TLSO, (LOW PROFILE) LAT	$ 175.00	NA
L1220			ADDITIONS TO TLSO, (LOW PROFILE) ANT	$ 175.00	NA
L1230			ADDITIONS TO TLSO, (LOW PROFILE) MIL	$ 340.00	NA
L1240			ADDIT.TO TLSO LUMBAR DEROTATION PAD	$ 44.75	NA
L1250			ADDIT.TO TLSO ANTERIOR ASIS PAD(LOW	$ 44.75	NA
L1260			ADDIT TO TLSO,ANTERIOR THORAC DEROTA	$ 44.75	NA
L1270			ADDIT TO TLSO,ABDOMINAL PAD(LOW RROF	$ 44.75	NA
L1280			ADDIT TO TLSO,RIB GUSSET(ELASTIC),EA	$ 61.02	NA
L1290			ADDIT TO TLSO,LATERAL TROCHANTERIC P	$ 40.68	NA
L1300			OTHER SCOLIOSIS PROCEDURES, BODY JAC	$ 1,200.00	NA
L1310			OTHER SCOLIOSIS PROCEDURES, POST-OPE	$ 1,200.00	NA
L1499			UNLISTED PROCEDURE SPINAL ORTHOSIS	BR	NA
L1600			HIP ORTHOSES (HO), ABDUCTION CONTROL	$ 40.32	NA
L1610			HO, ABDUCT.CONTROL,FLEX/COVER ONLY ,	$ 25.00	NA
L1620			HO, FLEX.(PAVLIK HARNESS)	$ 75.00	NA
L1630			HO, ABDUCTION CONTROL OF HIP JOINTS,	$ 111.31	NA
L1640			HO, ABDUCTION CONTROL OF HIP JOINTS,	$ 250.00	NA
L1650			HO, ABDUCTION CONTROL OF HIP JOINTS,	$ 150.00	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
L1652			HIP ORTHOSIS ADULT PREFAB ANY TYPE	$ 224.08	NA
L1660			HO, ABDUCTION CONTROL OF HIP JOINTS,	$ 109.07	NA
L1680			HO, ABDUCTION CONTROL OF HIP JOINTS,	$ 802.72	NA
L1685			HO ABDUCTION CONTROL OF HIP JOINTS	$ 610.20	NA
L1686			HO, ABDUCTION CONTROL OF HIP JOINT	$ 600.00	NA
L1690			BILAT LUMBO-SAC HIP FEMUR ORTHOSIS	$ 1,040.29	NA
L1700			LEGG PERTHES ORTHOSIS, TORONTO TYPE	$ 996.07	NA
L1710			LEGG PERTHES ORTHOSIS, NEWINGTON TYP	$ 1,159.26	NA
L1720			LEGG PERTHES ORTHOSIS, TRILATERAL, (	$ 852.85	NA
L1730			LEGG PERTHES ORTHOSIS, SCOTTISH RITE	$ 739.21	NA
L1755			LEG PERTHES ORTHOSIS,PATTEN BOTTOM T	$ 854.40	NA
L1810			KO, ELASTIC WITH JOINTS	$ 61.04	NA
L1812			KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED, OFF-THE-SHELF	$ 66.30	NA
L1820			KNEE ORTHOSIS, ELASTIC WITH CONDYLAR	$ 72.40	NA
L1830			KO, IMMOBILIZER; CANVAS LONGITUDINAL	$ 52.88	NA
L1831			KNEE ORTHOSIS, LOCKING KNEE JOINT(S)	$ 185.00	NA
L1832			KNEE ORTHOSIS, ADJUSTABLE KNEE JOINT	$ 320.00	NA
L1833			KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED, OFF-THE SHEL	$ 500.34	NA
L1834			KO WITHOUT KNEE JOINT RIGID MOLDED	$ 388.00	NA
L1836			KNEE ORTHOSIS PREFABRICATED	$ 83.87	NA
L1840			KO, DEROTATION, FABRICATED TO PATIEN	$ 520.00	NA
L1843			KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH	$ 392.81	NA
L1844			KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH	$ 852.38	NA
L1845			KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH	$ 468.00	NA
L1846			KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH	$ 528.80	NA
L1847			KO DBL UPRIGHT W/ADJUDSTABLE JOINT	$ 309.42	NA
L1848			KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR SUPPORT CHAMBER(S), PREFABRICATED, OFF-THE-SHELF	$ 376.13	NA
L1850			KO, SWEDISH TYPE	$ 148.00	NA
L1860			KO, MODIFICATION OF SUPRACONDYLAR PR	$ 555.68	NA
L1900			SHORT LEG BRACE, SPRING WIRE	$ 158.64	NA
L1902			AFO,ANKLE GAUNTLET,CUSTOM FITTED	$ 48.81	NA
L1904			AFO,MOLDED ANKLE GAUNTLET,MOLDED TO	$ 284.76	NA
L1906			AFO,MULTILIGAMENTUS ANKLE SUPPORT	$ 75.00	NA
L1907			AFO, SUPRAMALLEOLAR WITH STRAPS, WIT	$ 353.71	NA
L1910			SHORT LEG BRACE, SINGLE UPRIGHT PERL	$ 192.99	NA
L1920			AFO, SINGLE UPRIGHT WITH STATIC OR A	$ 200.00	NA
L1930			AFO, CUSTOM FITTED, PLASTIC	$ 156.80	NA
L1932			AFO RIG ANT TIB PREFAB TCF/=	$ 583.56	NA
L1940			AFO, MOLDED TO PATIENT MODEL, PLASTI	$ 387.94	NA
L1945			AFO MOLDED TO PATIENT FLOOR REACTION	$ 540.00	NA
L1950			AFO, SPIRAL, MOLDED TO PATIENT MODEL	$ 593.22	NA
L1951			ANKLE FOOT ORTHOSIS, SPIRAL, (INSTIT	$ 527.61	NA
L1960			AFO, POSTERIOR SOLID ANKLE, MOLDED T	$ 421.60	NA
L1970			AFO, PLASTIC MOLDED TO PATIENT MODEL	$ 513.35	NA
L1971			ANKLE FOOT ORTHOSIS, PLASTIC OR OTHE	$ 294.64	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
L1980			AFO, SINGLE UPRIGHT FREE PLANTAR DOR	$ 229.60	NA
L1990			SHT LEG BR 2 BAR UP-RIGHT LOWER LEG	$ 287.20	NA
L2000			KNEE-ANKLE-FOOT-ORTHOSES (KAFO), SIN	$ 760.00	NA
L2005			KAFO SNG/DBL MECHANICAL ACT	$ 2,679.71	NA
L2010			KAFO, SINGLE UPRIGHT, FREE KNEE, FRE	$ 568.68	NA
L2020			KAFO, DOUBLE UPRIGHT, FREE KNEE, FRE	$ 786.13	NA
L2030			LONG LEG BRACE, FULL-LENGTH W/O KNEE	$ 571.20	NA
L2034			KAFO PLA SIN UP W/WO K/A CUS	$ 1,363.20	NA
L2035			KNEE ANKLE FOOT ORTHOSIS, FULL PLAST	BR	NA
L2036			KNEE ANKLE FOOT ORTHOSIS, FULL PLAST	$ 1,000.00	NA
L2037			KNEE ANKLE FOOT ORTHOSIS, FULL PLAST	$ 900.00	NA
L2038			KNEE ANKLE FOOT ORTHOSIS, FULL PLAST	$ 900.00	NA
L2040			HIP-KNEE-ANKLE-FOOT, ORTHOSES TORSIO	$ 131.05	NA
L2050			HKAFO, TORSION CONTROL, BILATERAL TO	$ 223.44	NA
L2060			HKAFO, TORSION CONTROL, BILATERAL TO	$ 250.00	NA
L2070			HKAFO, TORSION CONTROL, UNILATERAL R	$ 90.76	NA
L2080			HKAFO, TORSION CONTROL, UNILATERAL,	$ 200.00	NA
L2090			HKAFO, TORSION CONTROL, UNILATERAL T	$ 200.00	NA
L2106			AFO FRACTURE ORTHOSIS TIBIAL THERMOP	$ 284.76	NA
L2108			AFO,FRACTURE ORTHOSIS,TICIAL MOLD TO	$ 569.60	NA
L2112			AFO TIBIAL FRACTURE ORTHOSIS-SOFT EU	$ 244.08	NA
L2114			AFO FRACTURE ORTHOSIS TIBIAL SEMI RI	$ 321.37	NA
L2116			AFO,TIBIAL FRACTURE ORTHO.RIGID CUST	$ 366.00	NA
L2126			KAFO FRACTURE ORTHOSIS MOLDED TP PAT	$ 651.20	NA
L2128			KAFO,FEMORAL FRACTURE CAST ORTHO.MOL	$ 895.20	NA
L2132			SOFT CUST.FIT,KAFO-FEMORAL FRACTURE	$ 488.16	NA
L2134			KAFO FRACTURE ORTHOSIS FEMORAL FRACT	$ 528.81	NA
L2136			KAFO,FEMORAL FRACTURE CAST RIGID CUS	$ 630.40	NA
L2180			AFO FRACTURE ORTHOSIS TIBIAL FRACTUR	$ 53.69	NA
L2182			ADD TO LOW EXTREMITY FX ORTH DROP LO	$ 48.80	NA
L2184			LIMITED MOTION KNEE JOINT,ADDIT.TO L	$ 69.16	NA
L2186			ADJ.MOTION KNEE JOINT,ADDIT.TO LOWER	$ 101.70	NA
L2188			QUADRILATERAL BRIM-ADDIT.TO LOWER EX	$ 203.40	NA
L2190			WAIST BELT-ADDIT.TO LOWER ESTREM.FRA	$ 48.81	NA
L2192			HIP JOINT,PELVIC BAND.FLANGE,PELVIC	$ 203.40	NA
L2200			ADDITIONS TO LOWER EXTREMITY, LIMITE	$ 30.80	NA
L2210			ADDITIONS TO LOWER EXTREMITY, DORSIF	$ 48.00	NA
L2220			ADDITIONS TO LOWER EXTREMITY, DORSIF	$ 59.65	NA
L2230			ADDITIONS TO LOWER EXTREMITY, SPLIT	$ 49.95	NA
L2232			ADDITION TO LOWER EXTREMITY ORTHOSIS	$ 65.08	NA
L2240			ADDITIONS TO LOWER EXTREMITY, ROUND	$ 54.10	NA
L2250			ADDITIONS TO LOWER EXTREMITY, FOOT P	$ 234.08	NA
L2260			ADDITIONS TO LOWER EXTREMITY, REINFO	$ 169.83	NA
L2265			ADD TO LOWER EXTR LONG TONGUE STIRUP	$ 32.00	NA
L2270			ADDITIONS TO LOWER EXTREMITY, VARUS/	$ 35.03	NA

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DME/P&O				***PURCHASE***	***RENTAL***
L2275			ADD.LOWER EXT.VARUS/VALGUS COR.PLAST	$ 65.71	NA
L2280			ADDITIONS TO LOWER EXTREMITY, MOLDED	$ 105.76	NA
L2300			ADDITIONS TO LOWER EXTREMITY, ABDUCT	$ 175.00	NA
L2310			ADDITIONS TO LOWER EXTREMITY,ABDUC	$ 80.01	NA
L2320			ADDITION TO LOWER EXTREMITY, NON-MOL	$ 96.00	NA
L2330			ADDITION TO LOWER EXTREMITY, LACER M	$ 190.00	NA
L2335			ANTERIOR SWING BAND-ADDIT.TO LOWER E	$ 122.04	NA
L2340			ADDITIONS TO LOWER EXTREMITY, PRE-T	$ 284.80	NA
L2350			ADDITIONS TO LOWER EXTREMITY, PROSTH	$ 447.52	NA
L2360			ADDIT.TO LOWER EXTREM.EXT.STEEL SHAN	$ 41.16	NA
L2370			PATTEM BOTTOM-ADDIT TO LOWER EXTREMI	$ 164.00	NA
L2375			TORSON CTRL,ANKLE JOINT/HALF SOL STI	$ 75.80	NA
L2380			TORSION CTRL,STRAIGHT KNEE JOINT,ADD	$ 32.00	NA
L2385			ADDITION TO LOWER EXTREMITY STRAIGHT	$ 52.88	NA
L2387			ADD LE POLY KNEE CUSTOM KAFO	$ 98.08	NA
L2390			ADDITION TO LOWER EXTREMITY OFFSET K	$ 52.88	NA
L2395			ADDITION TO LOWER EXTREMITY OFFSET K	$ 73.60	NA
L2397			ADD LOWER EXTR ORTH SUSP SLEEVE	$ 61.53	NA
L2405			ADDITION TO KNEE JOINT, DROP LOCK, E	$ 24.80	NA
L2415			ADD.TO KNEE JOINT,CAM LOCK,EA.JOINT	$ 76.34	NA
L2425			ADD.TO KNEE JOINT,DISC/DIAL LOCK FOR	$ 90.11	NA
L2492			ADDITION TO LOWER EXTREMITY OFFSET K	$ 68.80	NA
L2500			ADDITIONS LOWER EXTREMITY BRACE,RING	$ 117.60	NA
L2510			ADDITIONS TO LOWER EXTREMITY, THIGH/	$ 508.81	NA
L2520			ADDITIONS TO LOWER EXTREMITY, THIGH/	$ 336.00	NA
L2525			ADD LOWER EXTR,THIGH/WEIGHT BEARING	$ 660.00	NA
L2526			ADD LOWER EXTR. THIGH/WEIGHT BEARING	$ 380.00	NA
L2530			ADDITION/LOWER EXTREMITY BRACE,LACER	$ 146.48	NA
L2540			ADDITIONS TO LOWER EXTREMITY, THIGH/	$ 196.00	NA
L2550			ADDITIONS TO LOWER EXTREMITY, THIGH/	$ 61.04	NA
L2570			ADDITIONS TO LOWER EXTREMITY, GLUTEA	$ 280.00	NA
L2580			ADDS TO LOWER EXT.BRACE PELVIC SLING	$ 240.00	NA
L2600			ADDITIONS TO LOWER EXTREMITY, PELVIC	$ 108.00	NA
L2610			ADDITIONS TO LOWER EXTREMITY, PELVIC	$ 132.00	NA
L2620			LONG LEG BRACE; PELVIC BAND, REG. HI	$ 160.00	NA
L2622			PELVIC CTRL,HIP JOINT,ADJ.FLEX-ADD T	$ 170.85	NA
L2624			PELVIC CTRL,HIP JOINT,ADJ.FLEX EXT A	$ 102.40	NA
L2627			ADD LOWER EXTR PELVIC CONTR PLASTIC	$ 840.00	NA
L2628			ADD LOWER EXTR PELVIC CONTROL METAL	$ 840.00	NA
L2630			ADDITIONS TO LOWER EXTREMITY, PELVIC	$ 166.88	NA
L2640			BRACE; PELVIC BAND W/ BALL-BEARING J	$ 201.60	NA
L2650			COVERED ATTACHMENTS TO BRACES; PELVI	$ 86.80	NA
L2660			ADDITIONS TO LOWER EXTREMITY, THORAC	$ 18.00	NA
L2670			ATTACHMENT TO BRACE; SHOULDER HARNES	$ 32.00	NA
L2680			ADDITIONS TO LOWER EXTREMITY, THORAC	$ 32.00	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
L2750			ADDITION TO LOWER EXTREMITY ORTHOSES	$ 52.00	NA
L2755			ADDITION TO LOWER EXTREMITY ORTHOSIS	$ 82.12	NA
L2760			ADDITIONS TO LOWER EXTREMITY ORTHOSE	$ 32.00	NA
L2768			ORTHOTIC SIDE BAR DISCONNECT DEVICE	$ 81.01	NA
L2780			ADDITIONS TO LOWER EXTREMITY, NON-CO	$ 40.00	NA
L2785			ADD.TO LOWER EXTREM.ORTH,DROP LOCK R	$ 16.27	NA
L2795			ADD TO LOWER EXTREMITY FULL KNEE CAP	$ 62.21	NA
L2800			ADDITION TO LOWER EXTREMITY ORTHOSIS	$ 64.80	NA
L2810			KNEE CTRL,CONDYLAR PAD-ADD.TO LOW EX	$ 54.57	NA
L2820			SOFT INTERFACE FOR MOLD PLASTIC KNEE	$ 40.68	NA
L2830			ADDIT TO LOWER EXTREMITY-SOFT INTERF	$ 40.68	NA
L2840			ADD.LOWER EXTR.ORTH,TIBAL LENGTH SOC	$ 28.00	NA
L2850			ADD.LOWER EXTR.ORTH,FEMORAL LENGTH	$ 33.60	NA
L2861			ADDITION TO LOWER EXTREMITY JOINT, KNEE OR ANKLE, CONCENTRIC ADJUSTABLE TORSION	BR	NA
L2999			UNLISTED PROC.FOR LOWER EXTREM.ORTHO	BR	NA
L3000			FT.INSERT/REMOVE/MOLD.BERKLEY, EACH	$ 140.00	NA
L3001			FT.INSERT/REMOVE/MOLD/SPENCO, EACH	$ 76.00	NA
L3002			FT.INSERT/REMOVE/MOLD/PLASTAZOTE EA.	$ 76.00	NA
L3003			FT.INSERT/REMOVE/MOLD/SILICONE,EACH	$ 76.00	NA
L3010			FT.INSERT/REMOVE/MOLD/LONGIT.ARCH EA	$ 76.00	NA
L3020			FT.INSERT.REMOVE/MOLD/LONGIT/META EA	$ 88.00	NA
L3030			FT.INSERT/REMOVE/FORMED TO PT., EACH	$ 48.00	NA
L3031			FOOT, INSERT/PLATE, REMOVABLE, ADDIT	BR	NA
L3040			FT.ARCH SUPP,REMOVE/PREMOLD,LONG.EA	$ 29.60	NA
L3050			FT.,ARCH SUPP/REMOVE/PREMOLD/META EA	$ 32.00	NA
L3060			FT.ARCH SUPP.REMOVE/PREM.LONG/META/E	$ 48.00	NA
L3070			FT.ARCH SUPP.NON-REMOVE ATT.SHOE,EA.	$ 16.00	NA
L3080			FT.ARCH SUP.NON-REM/META ATT.SHOE,EA	$ 20.00	NA
L3090			FT.ARCH SUPP.NON-REMOV.SHOE/L&M,EACH	$ 24.00	NA
L3100			HALLUS-VALGUS NIGHT DYNAMIC SPLINT	$ 20.00	NA
L3140			FT.,ADDUC.ROTATE BARS ATT.SHOE(D.BRO	$ 56.00	NA
L3150			FT.ABDUCT.ROTAT.BARS,CLAMP(D.BROWN)	$ 60.00	NA
L3160			FOOT,ADJ.SHOE-STYLE POSITIONING DEVI	BR	NA
L3170			FOOT, PLASTIC, SILICONE OR EQUAL, H	$ 31.99	NA
L3201			ORTH.SHOE,OXFORD W/SUP/PRONAT.INFANT	$ 48.00	NA
L3202			ORTH.SHOE,OXFORD W/SUP/PRONAT.,CHILD	$ 48.00	NA
L3203			ORTH.SHOE,OXFORD W/SUP/PRON.,JUNIOR	$ 48.00	NA
L3204			ORTH.SHOE,HIGHTOP W/SUP/PRO,INFANT	$ 48.00	NA
L3206			ORTH.SHOE,HIGHTOP W/SUP/PRO, CHILD	$ 48.00	NA
L3207			ORTHO SHOE,HIGHTOP W/SUP/PRO, JUNIOR	$ 48.00	NA
L3208			SURGICAL BOOT, EACH, INFANT	$ 24.00	NA
L3209			SURGICAL BOOT, EACH, CHILD	$ 24.00	NA
L3211			SURGICAL BOOT, EACH, JUNIOR	$ 24.00	NA
L3212			BENESCH BOOT, PAIR, INFANT	$ 48.00	NA
L3213			BENESCH BOOT, PAIR, CHILD	$ 48.00	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
L3214			BENESCH BOOT, PAIR, JUNIOR	$ 48.00	NA
L3215			ORTHOPEDIC FOOTWEAR, LADIES SHOE, OX	$ 38.00	NA
L3216			ORTHOPEDIC FOOTWEAR, LADIES SHOE, DE	$ 50.00	NA
L3217			ORTHOPEDIC FOOTWEAR, LADIES SHOE, HI	$ 58.00	NA
L3219			ORTHOPEDIC FOOTWEAR, MENS SHOE, OXFO	$ 38.00	NA
L3221			ORTHOPEDIC FOOTWEAR, MENS SHOE, DEPT	$ 50.00	NA
L3222			ORTHOPEDIC FOOTWEAR, MENS SHOE, HIGH	$ 58.00	NA
L3224			ORTH.FOOTWEAR,WOMAN'S SHOE,OXFORD	BR	NA
L3225			ORTH.FOOTWEAR,MAN'S SHOE OXFORD	BR	NA
L3230			ORTHOPEDIC FOOTWEAR, CUSTOM SHOE, DE	$ 190.00	NA
L3250			ORTH.FTWEAR.CUSTOM MOLD/REMOV/PRO.EA	$ 250.00	NA
L3251			FT.SHOE/MOLD TO PATIENT,SILICONE,EA.	$ 280.00	NA
L3252			FT.SHOE,MOLD/PLASTIZ.CUSTOM MOLD, EA	$ 256.00	NA
L3253			FT.MOLD SHOE/PLASTAZ.CUSTOM FIT,EACH	$ 112.00	NA
L3254			ORTHO.FOOTWEAR,NON-STAND.SIZE OR WID	$ 20.00	NA
L3255			ORTHO.FTWEAR/NON-STAND.SZ.OR LENGTH	$ 20.00	NA
L3257			ORTHO FOOTWEAR,ADDIT CHARGE/SPLIT SZ	$ 50.00	NA
L3260			AMBULATORY SURGICAL BOOT, EACH	$ 88.00	NA
L3265			PLASTAZOTE SANDAL, EACH	$ 56.00	NA
L3300			LIFTS,ELEV/HEEL/TAPER TO META.PER IN	$ 32.78	NA
L3310			LIFT ELEV.HEEL&SOLE/NEOPRENE PER IN.	$ 51.17	NA
L3320			LEFT, ELEV.HEEL&SOLE, CORK PER INCH	$ 100.00	NA
L3330			LIFT.ELEVATION/METAL EXTENSION(SKATE	$ 316.00	NA
L3332			LIFT,ELEV.INSIDE SHOE UP TO 1/2 INCH	$ 44.00	NA
L3334			LIFTS, ELEVATION, HEEL, PER INCH	$ 23.98	NA
L3340			HEEL WEDGE, SACH	$ 10.40	NA
L3350			HEEL WEDGE	$ 12.00	NA
L3360			SOLE WEDGE, OUTSIDE SOLE	$ 12.00	NA
L3370			SOLE WEDGE, BETWEEN SOLE	$ 14.40	NA
L3380			CLUBFOOT WEDGE	$ 12.00	NA
L3390			OUTFLARE WEDGE	$ 16.00	NA
L3400			METATARSAL BAR WEDGE, ROCKER	$ 16.00	NA
L3410			METATARSAL BAR WEDGE, BETWEEN SOLE	$ 16.00	NA
L3420			FULL SOLE & HEEL WEDGE, BETWEEN SOLE	$ 24.00	NA
L3430			HEEL, COUNTER, PLASTIC REINFORCED	$ 24.00	NA
L3440			HEEL, COUNTER, LEATHER REINFORCED	$ 24.00	NA
L3450			HEEL, SACH CUSHION TYPE	$ 64.00	NA
L3455			HEEL, NEW LEATHER, STANDARD	$ 8.00	NA
L3460			HEEL, NEW RUBBER, STANDARD	$ 8.00	NA
L3465			HEEL, THOMAS WITH WEDGE	$ 20.00	NA
L3470			HEEL, THOMAS EXTENDED TO BALL	$ 24.00	NA
L3480			HEEL, PAD AND DEPRESSION FOR SPUR	$ 16.00	NA
L3485			HEEL, PAD, REMOVABLE FOR SPUR	$ 32.00	NA
L3500			MISCELL.SHOE ADDIT.,LEATHER,INSOLE	$ 4.00	NA
L3510			MISCELL.SHOE ADDIT.,RUBBER, INSOLE	$ 8.00	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
L3520			MISC.SHOE ADD.FELT W/LEATHER, INSOLE	$ 8.00	NA
L3530			MISC.SHOE ADDITIONS,SOLE,HALF	$ 12.00	NA
L3540			MISC.SHOE ADDITIONS,SOLE, FULL	$ 36.00	NA
L3550			MISC.SHOE ADDITIONS,TOE-TAP,STANDARD	$ 4.00	NA
L3560			MISC.SHOE ADDIT.TOE-TAP HORSESHOE	$ 6.40	NA
L3570			MISC.SHOE ADD.SPEC.EXT.LTHR/EYELETS	$ 53.57	NA
L3580	52		VELCRO STRAPS ATTACHED TO SHOES/PAIR	$ 14.00	NA
L3580			VELCRO STRAPS USED W/ ORTHOSIS, EACH	$ 13.60	NA
L3590			MISC.SHOE ADD.CONV.FIRM TO SOFT COUN	$ 28.00	NA
L3595			MISC.SHOE ADDITIONS, MARCH BAR	$ 12.00	NA
L3600			TRANS.ORTH.TO NEW SHOE/EXIST.CALIPER	$ 48.00	NA
L3610			TRANSFER ORTH.TO NEW SHOE/NEW CALIPE	$ 76.00	NA
L3620			TRANS.ORTH.TO NEW SHOE/EXISTING STIR	$ 39.04	NA
L3630			TRANS.ORTH.TO NEW SHOE/NEW STIRRUP	$ 76.00	NA
L3640			TRANS.ORTH.TO NEW SHOES(D.BROWN)PAIR	$ 28.00	NA
L3649	52		CASTING, FOOT	$ 50.00	NA
L3649	22		CASTING, FOOT, ANKLE	$ 65.00	NA
L3649			ORTHOPEDIC SHOE, MOD,ADD,TRANSF NOS	BR	NA
L3650			SHOULDER ORTHO.FIG.OF 8/ABDUC.RESTRA	$ 32.00	NA
L3660			SO, FIG.OF 8/DESIGN ABDUC.REST.CANV.	$ 60.00	NA
L3670			SO, ACROMIO/CLAVICULAR (CANVAS&WEBBI	$ 88.62	NA
L3671			SHOULDER ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT	$ 536.28	NA
L3674			SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT	$ 703.49	NA
L3675			SO, VEST TYPE ABDUCTION RESTRAINER	$ 85.92	NA
L3677			SHOULDER ORTHOSIS/STABIL PREFABRICAT	BR	NA
L3678			SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE-SHELF	BR	NA
L3702			ELBOW ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM	$ 171.85	NA
L3710			EO, ELASTIC WITH METAL JOINTS	$ 60.00	NA
L3720			EO, DOUBLE UPRIGHT WITH FOREARM/ARM	$ 520.00	NA
L3730			EO, DOUBLE UPRIGHT WITH FOREARM/ARM	$ 617.71	NA
L3740			EO, DOUBLE UPRIGHT WITH FOREARM/ARM	$ 692.08	NA
L3760			ELBOW ORTHOSIS W/ADJ POS LOCK JOINT	$ 272.89	NA
L3762			ELBOW ORTH RIGID WO JOINTS PREFABRIC	$ 61.51	NA
L3763			ELBOW WRIST HAND ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE,	$ 458.60	NA
L3764			ELBOW WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC	$ 577.15	NA
L3765			ELBOW WRIST HAND FINGER ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT	$ 763.13	NA
L3766			ELBOW WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS,	$ 808.09	NA
L3806			WHFO W/JOINT(S) CUSTOM FAB	$ 270.35	NA
L3807			WHFO EXTENS ASSIST W/WO THUMB EXTENS	$ 135.08	NA
L3808			WHFO, RIGID W/O JOINTS	$ 241.48	NA
L3809			WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, OFF-THE-SHELF, ANY TYPE	$ 148.82	NA
L3891			ADDITION TO UPPER EXTREMITY JOINT, WRIST OR ELBOW, CONCENTRIC ADJUSTABLE	BR	NA
L3900			HAND SPLINT	$ 800.00	NA
L3901			WHFO, DYNAMIC FLEXOR HINGE, RECIPROC	$ 884.00	NA
L3904			WHFO, EXTERNAL POWERED, ELECTRIC	$ 369.00	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
L3905			WRIST_HAND_ORTHOSIS,_INCLUDES_ONE_OR	$ 590.22	NA
L3906			WRIST HAND ORTHOSIS, WITHOUT JOINTS,	$ 267.41	NA
L3908			WHFO, WRIST EXT.CONT.COCKUP NONMOLD	$ 50.13	NA
L3912			WHFO, FLEXION GLOVE WITH ELASTIC FIN	$ 67.25	NA
L3913			HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS,	$ 161.19	NA
L3915			WHO W NONTOR JNT(S) PREFAB	$ 316.36	NA
L3916			WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PR	$ 316.36	NA
L3917			HAND ORTHOSIS, METACARPAL FRACTURE O	$ 22.26	NA
L3918			HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED, OFF-THE-SHELF	$ 62.89	NA
L3919			HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM	$ 161.19	NA
L3921			HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS,	$ 191.17	NA
L3923			HAND FINGER ORTHOSIS, WITHOUT JOINTS	$ 21.23	NA
L3924			HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE-SHELF	$ 53.33	NA
L3925			FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP),	$ 30.26	NA
L3927			FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP),	$ 20.79	NA
L3929			HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES,	$ 47.92	NA
L3930			HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE M	$ 47.92	NA
L3931			WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S),	$ 117.06	NA
L3933			FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED,	$ 126.98	NA
L3935			FINGER ORTHOSIS, NONTORSION JOINT, MAY INCLUDE SOFT INTERFACE, CUSTOM	$ 131.47	NA
L3960			SHOULDER-ELBOW-WRIST-HAND ORTHOSES,	$ 460.00	NA
L3961			SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY	$ 999.92	NA
L3962			ERBS PALSY SPLINT	$ 420.00	NA
L3967			SEWHO AIRPLANE W/O JNTS CF	$ 1,180.57	NA
L3971			SEWHO CAP DESIGN W/JNT(S) CF	$ 1,120.64	NA
L3973			SEWHO AIRPLANE W/JNT(S) CF	$ 1,180.57	NA
L3975			SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS,	$ 999.92	NA
L3976			SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE	$ 999.92	NA
L3977			SEWHFO CAP DESGN W/JNT(S) CF	$ 1,120.64	NA
L3978			SEWHFO AIRPLANE W/JNT(S) CF	$ 1,180.57	NA
L3980			UPPER EXTR FRACT ORTHOSIS HUMERAL	$ 163.17	NA
L3981			UE FX ORTH SHOUL CAP FOREARM	$ 599.06	NA
L3982			UP.EXTR.FRACT.ORTH.RADIUS/ULNER	$ 172.00	NA
L3984			UP.EXTR.FRACT.ORTHOSIS, WRIST	$ 122.40	NA
L3995			ADDUP.EXTR.ORTH,SOCK,FRACT.OR EQU. 1	$ 14.80	NA
L3999			UNLISTED PROCEDURES	BR	NA
L4000			REPLACE GIRDLE FOR MILWAUKEE ORTHOSI	$ 696.00	NA
L4002			REPLACE STRAP, ANY ORTHOSIS	$ 18.00	NA
L4010			REPLACE TRILATERAL SOCKET BRIM	$ 444.59	NA
L4020			REPLACE QUADRILATERAL SOCKET BRIM, M	$ 532.00	NA
L4030			REPLACE QUADRILATERAL SOCKET BRIM, C	$ 373.06	NA
L4040			REPLACE MOLDED THIGH LACER, FOR CUST	$ 272.53	NA
L4045			REPLACE NON-MOLDED THIGH LACER, FOR	$ 140.00	NA
L4050			REPLACE MOLDED CALF LACER, FOR CUSTO	$ 331.80	NA
L4055			REPLACE NON-MOLDED CALF LACER, FOR C	$ 61.02	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
L4060			REPLACE HIGH ROLL CUFF	$ 136.00	NA
L4070			REPLACE PROXIMAL AND DISTAL UPRIGHT	$ 168.00	NA
L4080			METAL THIGH BAND	$ 72.00	NA
L4090			BR REPAIR METAL CALF BAND	$ 60.00	NA
L4100			BR REPAIR LEATHER THIGH BAND	$ 80.00	NA
L4110			BR REPAIR LEATHER CALF BAND	$ 52.00	NA
L4130			REPLACE PRETIBIAL SHELL	$ 331.45	NA
L4205			REPAIR OF ORTHOTIC DEVICE, LABOR COM	$ 10.60	NA
L4210			REPAIR OF ORTHOTIC DEVICE, REPAIR OR	$ 69.00	NA
L4350			PNEUM.ANKLE CONTROL SPLINT/AIR CAST	$ 52.00	NA
L4360			PNEUMATIC WALKING SPLINT	$ 160.00	NA
L4361			WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF	$ 179.96	NA
L4370			PNEUMATIC FULL LEG SPLINT	$ 88.00	NA
L4386			NON-PNEUM WALKING SPLINT PREFABRICAT	$ 99.66	NA
L4387			WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF	$ 103.68	NA
L4392			REPLACE INTERFACE MAT ANKLE CONTRACT	$ 13.56	NA
L4394			REPLACE INTERFACE MAT FOOT DROP SPLI	$ 9.90	NA
L4396			ANKLE CONTRACTURE SPLINT	$ 96.67	NA
L4397			STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING, MAY BE USED FOR MINI	$ 109.73	NA
L4398			FOOT DROP SPLINT RECUMD POSITION DEV	$ 44.52	NA
L4631			ANKLE FOOT ORTHOSIS, WALKING BOOT TYPE, VARUS/VALGUS CORRECTION, ROCKER BOTTOM,	$ 1,177.87	NA
L5000			PARTIAL FOOT, SHOE INSERT WITH LONGI	$ 339.53	NA
L5010			PARTIAL FOOT, MOLDED SOCKET, ANKLE H	$ 680.00	NA
L5020			PARTIAL FOOT, MOLDED SOCKET, TIBIAL	$ 1,040.00	NA
L5050			ANKLE, SYMES, MOLDED SOCKET, SACH FO	$ 1,360.00	NA
L5060			ANKLE, SYMES, METAL FRAME, MOLDED LE	$ 2,000.00	NA
L5100			BELOW KNEE, MOLDED SOCKET, SHIN, SAC	$ 1,036.56	NA
L5105			BELOW KNEE,PLAST.SOCK.JOINTS&THIGH	$ 2,000.00	NA
L5150			KNEE DISARTICULATION (OR THROUGH KNE	$ 2,500.00	NA
L5160			KNEE DISARTICULATION (OR THROUGH KNE	$ 2,683.30	NA
L5200			ABOVE KNEE, MOLDED SOCKET, SINGLE AX	$ 1,301.76	NA
L5210			ABOVE KNEE, SHORT PROSTHESIS, NO KNE	$ 1,360.00	NA
L5220			ABOVE KNEE, SHORT PROSTHESIS, NO KNE	$ 1,680.00	NA
L5230			ABOVE KNEE, FOR PROXIMAL FEMORAL FOC	$ 1,607.20	NA
L5250			HIP DISARTICULATION, CANADIAN TYPE;	$ 3,040.00	NA
L5270			HIP DISARTICULATION, TILT TABLE TYPE	$ 3,040.00	NA
L5280			HEMIPELVECTOMY, CANADIAN TYPE; MOLDE	$ 3,440.00	NA
L5301			BELOW KNEE MOLD SOCK SHIN SACH FOOT	$ 1,379.04	NA
L5312			KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, SINGLE AXIS KNEE, PYLON,	$ 2,239.68	NA
L5321			ABOVE KNEE MOLDED SOCKET OPEN END	$ 2,085.72	NA
L5331			HIP DISARTIC CAN TYPE MOLDED SOCKET	$ 2,951.37	NA
L5341			HEMIPELV MOLD SOCK HIP JOINT CANADIA	$ 3,231.24	NA
L5400			IMMEDIATE POST SURGICAL OR EARLY FIT	$ 844.78	NA
L5410			IMMEDIATE POST SURGICAL OR EARLY FIT	$ 328.42	NA
L5420			IMMEDIATE POST SURGICAL OR EARLY FIT	$ 1,070.47	NA

MEDICAID FEE FOR SERVICES: UPDATE NOVEMBER 1, 2015

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
L5430			IMMEDIATE POST SURGICAL OR EARLY FIT	$ 461.40	NA
L5450			IMMEDIATE POST SURGICAL OR EARLY FIT	$ 200.00	NA
L5460			IMMEDIATE POST SURGICAL OR EARLY FIT	$ 240.00	NA
L5500			PREPARATORY, BELOW KNEE ("PTB" (TYPE	$ 726.60	NA
L5505			PREPARATORY, ABOVE KNEE DISARTICULAT	$ 980.00	NA
L5510			PREPARATORY, BELOW KNEE ("PTB" (TYPE	$ 726.60	NA
L5520			PREPARATORY, BELOW KNEE, ("PTB" (TYP	$ 960.00	NA
L5530			PREPARATORY, BELOW KNEE ("PTB" (TYPE	$ 1,120.00	NA
L5535			PREP.BEL.KNEE"PTB"SOCK.USMC OR =PYLO	$ 1,000.00	NA
L5540			PREPARATORY, BELOW KNEE ("PTB" (TYPE	$ 1,146.60	NA
L5560			PREPARATORY, ABOVE KNEE, DISARTICULA	$ 1,120.00	NA
L5570			PREPARATORY, ABOVE KNEE, DISARTICULA	$ 1,200.00	NA
L5580			PREPARATORY, ABOVE KNEE DISARTICULAT	$ 1,320.00	NA
L5585			KNEE DISART SACH FOOT ISCHIAL SOCKET	$ 1,248.88	NA
L5590			PREPARATORY, ABOVE KNEE DISARTICULAT	$ 1,499.40	NA
L5595			PREP.HIP DIS.HEM.PYLON MOLD.PATIENT	$ 2,120.00	NA
L5600			PREP.HIP DIS.HEM.PYLONLAMINATED SOCK	$ 2,240.00	NA
L5610			ADDITIONS TO LOWER EXTREMITY, ABOVE	$ 1,454.31	NA
L5611			ADD.LOW.EXTR.ABOVE KNEE,FRICTION	$ 768.00	NA
L5613			ADD.LOW.EXTR.HYDRAULIC SWING PHASE	$ 1,240.00	NA
L5614			ADD LW EXTR ABOVE KNEE DIS 4BAR LINK	$ 1,062.81	NA
L5616			ADDITIONS TO LOWER EXTREMITY, ABOVE	$ 720.00	NA
L5617			ADD TO LOW EXTREM ABOVE/BELOW KNEE	$ 320.52	NA
L5618			ADDITIONS TO LOWER EXTREMITY, TEST S	$ 160.00	NA
L5620			BELOW KNEE ADD TEST SOCKETS	$ 208.63	NA
L5622			ADDITIONS TO LOWER EXTREMITY, TEST S	$ 264.00	NA
L5624			OPEN-END SOCKET FOR TEMP. A/K (WOOD)	$ 240.00	NA
L5626			ADDITIONS TO LOWER EXTREMITY, TEST S	$ 300.00	NA
L5628			ADDITIONS TO LOWER EXTREMITY, TEST S	$ 340.00	NA
L5629			ADD LOW EXTR BELOW KNEE ACRYLIC SOCK	$ 289.07	NA
L5630			ADDITIONS TO LOWER EXTREMITY, SYMES	$ 280.00	NA
L5631			ADD.LOW.EXTR.ACRYLIC SOCKET	$ 320.00	NA
L5632			PLASTIC HARD SOCKET FOR PTB ENDOSKEL	$ 180.02	NA
L5634			ADDITIONS TO LOWER EXTREMITY, SYMES	$ 231.74	NA
L5636			ADDITIONS TO LOWER EXTREMITY, SYMES	$ 196.85	NA
L5637			ADD LOW EXTR BELOW KNEE TOTAL CONTAC	$ 160.00	NA
L5638			ADDITIONS TO LOWER EXTREMITY, BELOW	$ 320.00	NA
L5639			ADD.LOW.EXTR.BEL.KNEE,WOOD SOCKET	$ 600.00	NA
L5640			ADDITIONS TO LOWER EXTREMITY, KNEE D	$ 400.00	NA
L5642			SOCKET/THIGH; MOLDED GLUTEAL CORSET;	$ 400.00	NA
L5643			ADD TO LOW EXT HIP DISARTIC FLEX INN	$ 691.20	NA
L5644			SOCKET/THIGH; WOOD, OPEN-END (STANDA	$ 400.00	NA
L5645			ADD TO LOW EXT BELOW KNEE FLEX INNER	$ 325.44	NA
L5646			AIR-CUSHION PTB SOCKET FOR ENDOSKELE	$ 260.00	NA
L5647			ADD TO LOW EXT BELOW KNEE SUCTION SO	$ 223.74	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
L5648			SOCKET/THIGH; PLASTIC, A/K, TOTAL CO	$ 300.00	NA
L5649			ADD TO LOW EXT CAT-CAM SOCKET	$ 1,354.99	NA
L5650			PLASTIC TOTAL CONTACT STD A/K SOCKET	$ 354.91	NA
L5651			ADD TO LOW EXT ABOVE KNEE FLEX INNER	$ 528.84	NA
L5652			ADDITIONS TO LOWER EXTREMITY, SUCTIO	$ 310.53	NA
L5653			ADDITIONS TO LOWER EXTREMITY, KNEE D	$ 408.96	NA
L5654			ADDITIONS TO LOWER EXTREMITY, SOCKET	$ 231.71	NA
L5655			ADDITIONS TO LOWER EXTREMITY, SOCKET	$ 184.80	NA
L5656			ADDITIONS TO LOWER EXTREMITY, SOCKET	$ 273.00	NA
L5658			ADDITIONS TO LOWER EXTREMITY, SOCKET	$ 259.38	NA
L5661			ADD TO LOW EXT SOCKET INSERT MULTI D	$ 438.84	NA
L5665			ADD TO LOW EXT BELOW KNEE SOCKET INS	$ 223.74	NA
L5666			ADDITIONS TO LOWER EXTREMITY, BELOW	$ 40.72	NA
L5668			ADDITIONS TO LOWER EXTREMITY, BELOW	$ 77.53	NA
L5670			ADDITIONS TO LOWER EXTREMITY, BELOW	$ 199.00	NA
L5671			ADD TO LOW EXTREM BELOW/ABOVE KNEE	$ 315.64	NA
L5672			ADDITIONS TO LOWER EXTREMITY, BELOW	$ 220.00	NA
L5673			ADDITION TO LOWER EXTREMITY, BELOW K	$ 506.15	NA
L5676			ADDITIONS TO LOWER EXTREMITY, BELOW	$ 178.96	NA
L5677			ADD TO LOW EXT BELOW KNEE,KNEE JOINT	$ 203.40	NA
L5678			ADDITIONS TO LOWER EXTREMITY, BELOW	$ 20.00	NA
L5679			ADDITION TO LOWER EXTREMITY, BELOW K	$ 421.77	NA
L5680			ADD.LOW.EXTR.BEL.KNEE,THIGH LACER	$ 172.88	NA
L5681			ADDITION TO LOWER EXTREMITY, BELOW K	$ 828.47	NA
L5682			THIGH CORSET; GLUTEAL, MOLDED FOR B/	$ 420.00	NA
L5683			ADDITION TO LOWER EXTREMITY, BELOW K	$ 828.47	NA
L5684			ADDITIONS TO LOWER EXTREMITY, BELOW	$ 32.56	NA
L5685			ADDITION TO LOWER EXTREMITY PROSTHES	$ 83.92	NA
L5686			ADDITIONS TO LOWER EXTREMITY, BELOW	$ 32.00	NA
L5688			ADDITIONS TO LOWER EXTREMITY, BELOW	$ 40.72	NA
L5690			HVY. DUTY UNILATERAL B/K BELT	$ 71.62	NA
L5692			ADDITIONS TO LOWER EXTREMITY, ABOVE	$ 69.20	NA
L5694			ADDITIONS TO LOWER EXTREMITY, ABOVE	$ 125.53	NA
L5695			ADD.LOW.EXTR.SLEEVE SUSP.NEOPRENE	$ 100.00	NA
L5696			ADDITIONS TO LOWER EXTREMITY, ABOVE	$ 140.00	NA
L5697			ADDITIONS TO LOWER EXTREMITY, ABOVE	$ 32.56	NA
L5698			STD. SILESION BANDAGE	$ 72.40	NA
L5699			ALL LOWER EXTREMITY PROSTHESIS, SHOU	$ 113.40	NA
L5700			REPL,SOCKET,BEL.KNEE,MOLDED TO PATIE	$ 1,549.30	NA
L5701			REPL.SOCKET,ABOVE KNEE DIART.INCL.	$ 1,922.04	NA
L5702			REPL,SOCKET,HIP DIS,INCL.HIP JOINT	$ 2,422.44	NA
L5703			ANKLE,SYMES,MOLDED TO MODEL	$ 1,552.52	NA
L5704			REPL.CUSTOM SH.PROT COVER,BELOW KNEE	$ 315.89	NA
L5705			REPL.CUST.SH.PROT.COVER,ABOVE KNEE	$ 579.14	NA
L5706			REPL,CUST.SH.PROT.COV.KNEE DISARTIC.	$ 564.88	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
L5707			REPL,CUST.SH.PROT.COV,HIP DISACTICUL	$ 758.92	NA
L5710			KNEE, ARTIFICIAL; BOCK, 3P4 W/ KNEE	$ 174.96	NA
L5711			ADD EXOSKEL KNEE-SHIN SYSTEM SINGLE	$ 284.80	NA
L5712			BOCK 3P23 KNEE ASSEMBLY	$ 252.00	NA
L5714			ADDITIONS, KNEE-SHIN SYSTEM, SINGLE	$ 280.00	NA
L5716			ADDITIONS, KNEE-SHIN SYSTEM, POLYCEN	$ 420.00	NA
L5718			ADDITIONS, KNEE-SHIN SYSTEM, POLYCEN	$ 420.00	NA
L5722			ADDITIONS, KNEE-SHIN SYSTEM, SINGLE	$ 633.19	NA
L5724			ADDITIONS, KNEE-SHIN SYSTEM, SINGLE	$ 880.00	NA
L5726			ADDITIONS, KNEE-SHIN SYSTEM, SINGLE	$ 1,000.00	NA
L5728			ADDITIONS, KNEE-SHIN SYSTEM, SINGLE	$ 1,540.00	NA
L5780			ADDITIONS, KNEE-SHIN SYSTEM, SINGLE	$ 600.00	NA
L5781			ADDIT TO LOW LIMB PROSTH VACUUM PUMP	$ 2,520.06	NA
L5782			ADD LOW LIMB PROSTH HEAVY DUTY VAC	BR	NA
L5785			ADD TO EXOSKEL SYS BELOW KNEE ULTRA	$ 203.40	NA
L5790			ABOVE KNEE ADD TO EXOSKEL SYS ULTRA	$ 305.10	NA
L5795			HIP DISARTICULATION ULTRA-LIGHT RATE	$ 406.80	NA
L5810			ENDOSKEL KNEE-SHIN SYS SINGLE AXIS M	$ 264.42	NA
L5811			ULTRA-LIGHT ADD TO ENDOSKEL KNEE-SHI	$ 325.44	NA
L5812			ENDOSKELETAL SINGLE AXIS VARIFRICTIO	$ 284.80	NA
L5814			ADD TO ENDOSKEL KNEE-SHIN POLYCENT	$ 400.00	NA
L5816			ADD TO ENDOSKEL KNEE-SHIN POLYCENTRI	$ 386.46	NA
L5818			POLYCENTRIC KNEE	$ 552.00	NA
L5822			ADD ENDOSKEL KNEE-SHIN SINGLE AXIS P	$ 1,120.00	NA
L5824			ADD ENDOSKEL KNEE-SHIN FLUID SWING S	$ 610.20	NA
L5826			ADDITION ENDOSKEL KNEE-SHIN SYSTEM	BR	NA
L5828			ENDOSKEL KNEE-SHIN SYS-SGL AXIS STAN	$ 1,440.00	NA
L5830			PNEUMATIC/HYDRAPNEU SWING CTRL ENDOS	$ 1,076.00	NA
L5840			ADD END KNEE/SHIN MULT PNEUM SWING	$ 1,262.08	NA
L5845			ADDITION ENDOSKEL KNEE SHIN SYSTEM	$ 1,128.89	NA
L5848			ADDIT TO ENDOSKEL KNEE SHIN SYSTEM	$ 677.28	NA
L5850			ABOVE KNEE/HIP DISARTICULATE KNEE EX	$ 64.80	NA
L5855			ADD.END.SYSTEM,HIP DIS.MECH.HIP	$ 171.52	NA
L5856			ADDITION TO LOWER EXTREMITY PROSTHES	BR	NA
L5857			ELEC KNEE-SHIN SWING ONLY	$ 5,652.63	NA
L5858			ADDITION TO LOWER EXTREMITY PROSTHES	BR	NA
L5910			ADD ENDOSKEL SYS BELOW KNEE ALIGNABL	$ 280.25	NA
L5920			ABOVE KNEE OR HIP DIS ALIGNABLE SYST	$ 252.00	NA
L5925			ADD END ST ABOVE KNEE DIS HIP MAN LK	$ 186.61	NA
L5930			ADD ENDOSKEL SYS HI ACT KNEE CONT FR	$ 1,928.18	NA
L5940			ULTRA-LIGHT ADD ENDOSKEL SYS BELOW K	$ 224.00	NA
L5950			ULTRA-LIGHT ABOVE KNEE ADD ENDOSKEL	$ 500.00	NA
L5960			ULTRA-LIGHT MATERIAL FOR HIP DISC	$ 467.82	NA
L5961			ADDITION, ENDOSKELETAL SYSTEM, POLYCENTRIC HIP JOINT, PNEUMATIC OR HYDRAULIC	$ 2,889.26	NA
L5962			ADD END ST BEL KNEE FL PROT SURF COV	$ 326.45	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
L5964			ADD END ST AB KNEE FL PR OUT COV ST	$ 566.20	NA
L5966			ADD END ST SP DIS FL PROT OUTER SURF	$ 729.36	NA
L5968			ALL LOW EXTREM PROSTH ANKLE SHOCK AB	$ 1,958.73	NA
L5969			WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF	$ 9,366.38	NA
L5970			ALL LOW.EXTR.PROSTH. SACH FOOT	$ 78.40	NA
L5971			ALL LOWER EXTREMITY PROSTHESIS, SOLID ANKLE CUSHION HEEL (SACH) FOOT,	$ 135.56	NA
L5972			ALL LOW.EXTR.PROSTH.FLEX.KEEL FOOT	$ 122.40	NA
L5974			ALL LOW.EXTR.PROSTH. SINGLE AXIS ANK	$ 109.60	NA
L5975			ALL LOW EXTREM PROSTH ANKLE/FOOT	$ 249.89	NA
L5976			ALL LOW. EXTR.PROSTH.ENERG.STOR.FOOT	$ 284.80	NA
L5978			ALL LOW.EXTR.PROSTH.FOOT,MULT.ANKLE	$ 135.20	NA
L5979			ALL LW EXTR PROTH MULT ANKLE/FT DYN	$ 1,267.27	NA
L5980			ALL LOW.EXTR.PROSTH.FLEX FOOT SYST.	$ 2,033.60	NA
L5981			ALL LW EXTR PROSTH FL-WK SYST OR EQU	$ 1,723.48	NA
L5982			ALL EXOSK.LOW.EXTR.PROSTH.AXIAL ROT.	$ 406.40	NA
L5984			ALL END.LOW.EXTR.PROSTH.AXIAL ROT.	$ 304.80	NA
L5985			ALL ENDOSKEL LOW EXTREM PROSTHESIS	$ 181.42	NA
L5986			ALL LOW.EXTR.PROSTH.MULTI-AXIAL ROT.	$ 304.80	NA
L5987			ALL LOWER EXTREM PROSTHESIS SHANK FT	$ 4,152.19	NA
L5988			ALL LOW EXTREM PROSTH VERT SHOCK	$ 1,076.78	NA
L5990			ADDITION TO LOWER EXTREM PROSTHESIS	$ 1,130.21	NA
L5999			UNLISTED PROCEDURES FOR LOWER EXTREM	BR	NA
L6000			PARTIAL HAND, ROBIN-AIDS, THUMB REMA	$ 924.32	NA
L6010			PARTIAL HAND, ROBIN-AIDS, LITTLE AND	$ 1,000.00	NA
L6020			PARTIAL HAND, ROBIN-AIDS, NO FINGER	$ 953.27	NA
L6026			Part hand myo exclu term dev	BR	NA
L6050			WRIST DISARTICULATION, MOLDED SOCKET	$ 1,120.00	NA
L6055			WRIST DISARTICULATION MOLDED SOCKET	$ 1,587.00	NA
L6100			BELOW ELBOW, MOLDED SOCKET, FLEXIBLE	$ 1,120.00	NA
L6110			BELOW ELBOW, MOLDED SOCKET, (MUENSTE	$ 1,420.00	NA
L6120			BELOW ELBOW, MOLDED DOUBLE WALL SPLI	$ 1,520.00	NA
L6130			BELOW ELBOW, MOLDED DOUBLE WALL SPLI	$ 1,975.33	NA
L6200			ELBOW DISARTICULATION, MOLDED SOCKET	$ 1,504.00	NA
L6205			ELBOW DISARTICULATION MOLDED SOCKET	$ 2,522.40	NA
L6250			ABOVE ELBOW, MOLDED DOUBLE WALL SOCK	$ 1,760.00	NA
L6300			SHOULDER DISARTICULATION, MOLDED SOC	$ 2,120.00	NA
L6310			SHOULDER DISARTICULATION, PASSIVE RE	$ 1,840.00	NA
L6320			SHOULDER DISARTICULATION, PASSIVE RE	$ 1,200.00	NA
L6350			INTERSCAPULAR THORACIC, MOLDED SOCKE	$ 2,380.00	NA
L6360			INTERSACPULAR THORACIC, PASSIVE REST	$ 1,545.84	NA
L6370			INTERSCAPULAR THORACIC, PASSIVE REST	$ 1,400.00	NA
L6380			IMMED POST SURGICAL EARLY FITTING AP	$ 691.56	NA
L6382			ELBOW/ABOVE KNEE IMMED POST SURGICAL	$ 813.60	NA
L6384			SHOULDER/INTRASCAPULAR-IMMED POST SU	$ 976.00	NA
L6386			EA ADD CAST CHANGE REALIGNMENT IMMED	$ 223.74	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
L6388			APPLICATION OF RIGID DRESSING IMMED	$ 203.40	NA
L6400			BELOW ELBOW, MOLDED SOCKET, ENDOSKEL	$ 1,204.00	NA
L6450			ELBOW DISARTICULATION, MOLDED SOCKET	$ 1,301.60	NA
L6500			ABOVE ELBOW, MOLDED SOCKET, ENDOSKEL	$ 1,512.00	NA
L6550			SHOULDER DISARTICULATION, MOLDED SOC	$ 1,760.00	NA
L6570			INTERSCAPULAR THORACIC, MOLDED SOCKE	$ 2,160.00	NA
L6580			PREP WRIST DISARTIC/BELOW ELBOW SGL	$ 813.60	NA
L6582			DIRECT FORMED PREP WRIST DISARTICULA	$ 691.56	NA
L6584			MOLDED/PREP ELBOW DISARTICULATION OR	$ 1,159.38	NA
L6586			DIRECT FORMED PREP ELBOW/ABOVE ELBOW	$ 996.66	NA
L6588			PREP SHOULDER DISARTICULATE/INTERSCA	$ 1,732.80	NA
L6590			DIRECT FORMED PREP SHOULDER/INTERSCA	$ 1,586.40	NA
L6600			HOSMER POLYCENTRIC HINGE	$ 52.00	NA
L6605			HOSMER ELBOW HINGES FOR WD OR BE ARM	$ 116.00	NA
L6610			FLEXIBLE METAL HINGES FOR WD OR BE A	$ 46.00	NA
L6611			ADDITIONAL SWITCH, EXT POWER	$ 269.78	NA
L6615			FM WRIST DISCONNECT,FM-100	$ 60.00	NA
L6616			UPP.EXTR.ADD.DISC.INSERT LOCK.WRIST	$ 59.89	NA
L6620			HOSMER FLEXION WRIST,FW-500	$ 211.56	NA
L6621			UPPER EXTREMITY PROSTHESIS ADDITION, FLEXION/EXTENSION WRIST WITH OR WITHOUT	$ 1,498.70	NA
L6623			UPPER EXTREMITY SPRING ASSISTED ROTA	$ 386.40	NA
L6624			FLEX/EXT/ROTATION WRIST UNIT	$ 2,467.65	NA
L6625			ECONOMY FRICTION WRIST,WE-500	$ 160.00	NA
L6628			UPPER EXTREMITY QUICK RELEASE HOOK A	$ 284.76	NA
L6629			UPPER EXTREMITY QUICK DISCONNET LAM	$ 73.22	NA
L6630			OVAL FRICTION WRIST,OW-100N	$ 68.00	NA
L6632			UPPER EXTREMITY LATEX SUSP SLEEVE EA	$ 32.54	NA
L6635			HOSMER FOREARM LIFT ASSIST ELBOW,E-4	$ 152.48	NA
L6637			UPPER EXTREMITY NUDGE CONTROL ELBOW	$ 251.68	NA
L6638			UPPER EXTREM ADDITION TO PROSTHESIS	$ 1,575.48	NA
L6640			HOSMER SHOULDER ABDUCTION JOINTS,SAJ	$ 130.40	NA
L6641			UPPER EXTREMITY EXCURSION AMPLIFIER	$ 97.60	NA
L6642			LEVER TYPE EXCURSION AMP UPPER EXTRA	$ 138.40	NA
L6645			HOSMER FLEXION-ABDUCTION JOINTS,FAJ-	$ 65.00	NA
L6646			UPPER EXTREM ADDITION SHLDER JOINT	$ 1,986.49	NA
L6647			UPPER EXTREM ADD SHLODER LOCK MECHAN	$ 327.03	NA
L6648			UPPER EXTREM ADD SHLDER LOCK MECH EX	$ 2,048.78	NA
L6650			UPPER EXTREMITY ADDS,UNIVERSAL JOINT	$ 200.00	NA
L6655			UPPER EXTREMITY ADDITIONS, STANDARD	$ 35.00	NA
L6660			UPPER EXTREMITY ADDITIONS, HEAVY DUT	$ 56.00	NA
L6665			UPPER EXTREMITY ADDITIONS, TEFLON, O	$ 24.00	NA
L6670			UPPER EXTREMITY ADDITIONS, HOOK TO H	$ 43.40	NA
L6672			UPPER EXTREMITY ADDITIONS, HARNESS,	$ 108.00	NA
L6675			UNI. SWTCH CNTRL-RING/FIG.8 HARN.FOR	$ 80.42	NA
L6676			UNILATERAL FIG.& HARNESS FOR WD,BE,O	$ 86.32	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
L6677			UPPER EXTREMITY ADDITION, HARNESS, TRIPLE CONTROL, SIMULTANEOUS OPERATION OF	$ 194.37	NA
L6680			SOCKET & FOREARM FOR BE, PLASTIC TOT	$ 160.00	NA
L6682			SOCKET&UPPER ARM FORED,AE W,W/O MYO-	$ 180.00	NA
L6684			ADJUSTABLE-FRICTION BULKHEAD JOINTS,	$ 148.00	NA
L6686			UPPER EXTREMITY ADDIT SUCTION SOCKET	$ 406.80	NA
L6687			FRAME TYPE SOCKET BELOW UPPER	$ 244.08	NA
L6688			FRAME TYPE SOCKET ABOVE ELBOW UPPER	$ 284.76	NA
L6689			FRAME TYPE SOCKET SHOULDER DISARTICU	$ 325.60	NA
L6690			FRAME TYPE SOCKET INTERSCAPULAR-THOR	$ 366.40	NA
L6691			UPPER EXTREMITY ADDIT REMOVABLE INSE	$ 244.08	NA
L6692			UP.EXTR.ADD.SIL.GEL INSERT OR = 1	$ 240.00	NA
L6693			UP EXTR ADD EXT LOCK ELB/FOREARM COU	$ 1,530.26	NA
L6694			ADDITION TO UPPER EXTREMITY PROSTHES	$ 445.99	NA
L6695			ADDITION TO UPPER EXTREMITY PROSTHES	$ 371.65	NA
L6696			ADDITION TO UPPER EXTREMITY PROSTHES	$ 861.88	NA
L6697			ADDITION TO UPPER EXTREMITY PROSTHES	$ 861.88	NA
L6698			ADDITION TO UPPER EXTREMITY PROSTHES	$ 331.99	NA
L6703			TERM DEV, PASSIVE HAND MITT	$ 289.30	NA
L6704			TERM DEV, SPORT/REC/WORK ATT	$ 391.62	NA
L6706			TERM DEV MECH HOOK VOL OPEN	$ 232.88	NA
L6707			TERM DEV MECH HOOK VOL CLOSE	$ 914.96	NA
L6708			TERM DEV MECH HAND VOL OPEN	$ 613.14	NA
L6709			TERM DEV MECH HAND VOL CLOSE	$ 820.84	NA
L6711			TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE,	$ 440.50	NA
L6712			TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE,	$ 811.07	NA
L6713			TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE,	$ 1,023.67	NA
L6714			TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE,	$ 867.03	NA
L6721			TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY OPENING, ANY	$ 1,541.06	NA
L6722			TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY CLOSING, ANY	$ 1,328.52	NA
L6805			TERMINAL DEVICE, MODIFIER WRIST FLEX	$ 248.00	NA
L6810			TERMINAL DEVICE PINCHER TOOL OTTO BO	$ 104.24	NA
L6881			AUTOMATIC GRASP FEATURE ADD UPPER LI	$ 2,546.90	NA
L6882			MICROPROCESSOR CONT FEATURE ADD UPPE	$ 1,931.94	NA
L6883			REPLACEMENT SOCKET, BELOW ELBOW/WRIST DISARTICULATION, MOLDED TO PATIENT MODEL,	$ 1,412.20	NA
L6884			REPLACEMENT SOCKET, ABOVE ELBOW DISARTICULATION, MOLDED TO PATIENT MODEL, FOR	$ 1,553.01	NA
L6885			REPLACEMENT SOCKET, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, MOLDED TO	$ 2,125.91	NA
L6890			ADDITION TO UPPER EXTREMITY PROSTHES	$ 84.00	NA
L6895			ADDITION TO UPPER EXTREMITY PROSTHES	$ 296.00	NA
L6900			HAND RESTORATION (CASTS, SHADING AND	$ 1,000.00	NA
L6905			HAND RESTORATION (CASTS, SHADING AND	$ 1,000.00	NA
L6910			HAND RESTORATION (CASTS, SHADING AND	$ 1,000.00	NA
L6915			HAND RESTORATION (SHADING, AND MEASU	$ 320.00	NA
L6920			WRIST DISARTICULATION EXTERNAL POWER	$ 3,789.90	NA
L6925			WRIST DISARTICULATION EXT POWER SELF	$ 4,350.58	NA
L6930			BELOW ELBOW EXTERNAL POWER	$ 3,807.50	NA

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PRACTITIONER				*SPECIALIST*	*NON-SPECIALIST*
DME/P&O				*PURCHASE*	*RENTAL*
L6935			BELOW ELBOW ETT PWR SELF-SUSP INNER	$ 4,384.65	NA
L6940			ELBOW DISARTIC EXT PWR MOLDED INNER	$ 5,210.69	NA
L6945			ELBOW DISARTIC EXT MOLDED INNER-	$ 5,780.01	NA
L6950			ABOVE ELBOW EXTERNAL POWER	$ 5,761.18	NA
L6955			ABOVE ELBOW EXTERNAL POWER	$ 6,850.89	NA
L6960			SHOU PROSTH EXTERNAL POWER	$ 6,950.69	NA
L6965			SHOU PROST EXT POWER MOLDED MYOELECT	$ 7,934.50	NA
L6970			INTERSCAPULAR-THORACIC EXT PWR MOLDE	$ 8,475.55	NA
L6975			INTERSCAPULAR-THORACIC EXT PWR MOLDE	$ 9,418.54	NA
L7008			PEDIATRIC ELECTRIC HAND	$ 4,101.64	NA
L7009			ADULT ELECTRIC HOOK	$ 2,482.49	NA
L7040			PREHENSILE ACTUATOR HOSMER/EQUAL SWI	$ 1,616.36	NA
L7045			ELEC HOOK CHILD MICH OR EQUAL SWITCH	$ 854.01	NA
L7170			SWITCH CTRL ELEC ELBOW HOSMER/EQUAL	$ 3,238.90	NA
L7180			ELECTRONIC ELBOW, MICROPROCESSOR SEQ	BR	NA
L7181			ELECTRONIC ELBOW, MICROPROCESSOR SIM	BR	NA
L7185			SWITCH CTRL ELEC ELBOW VARIETY VILLA	$ 3,625.58	NA
L7186			ELECTR.ELB.CHILD VAR.VILL.OR = SWITC	$ 4,800.00	NA
L7190			MYOELEC CTRL ELBOW VARIETY VILLAGE O	$ 5,177.71	NA
L7191			ELECTR.ELBOW CHILD VAR. OR = MYOELEC	$ 5,072.00	NA
L7259			Electronic wrist rotator any	BR	NA
L7261			ELEC WRIST ROTATOR FOR UTAH ARM	$ 2,000.62	NA
L7360			SIX VOLT BATTERY OTTO BOCK/EQUAL EA	$ 167.90	NA
L7362			BATTERY CHARGER 6 VOLT OTTO BOCK OR	$ 150.23	NA
L7364			TWELVE VOLT BATTERY UTAH OR EQUAL EA	$ 296.74	NA
L7366			BATTERY CHARGER 12 VOLT UTAH OR EQUA	$ 398.67	NA
L7367			LITHIUM ION BATTERY REPLACEMENT	$ 245.20	NA
L7368			LITHIUM ION BATTERY CHARGER	$ 317.88	NA
L7400			ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION,	$ 200.82	NA
L7401			ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ULTRALIGHT	$ 224.82	NA
L7402			ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAPULAR	$ 242.79	NA
L7403			ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION,	$ 241.29	NA
L7404			ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ACRYLIC	$ 364.19	NA
L7405			ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAPULAR	$ 476.31	NA
L7499			UNLISTED PROCEDURES FOR UPPER EXTREM	BR	NA
L7510			REPAIR PROSTHETIC DEVICE, REPAIR OR	BR	NA
L7600			PROSTHETIC DONNING SLEEVE, ANY MATERIAL, EACH	BR	NA
L8000			BREAST PROSTHESIS-MASTECTOMY BRA	$ 26.58	NA
L8001			BREAST PROSTH MASTEC BRA UNILATERAL	BR	NA
L8002			BREAST PROSTH MASTEC BRA BILATERAL	$ 102.72	NA
L8010			BREAST PROSTHESES, MASTECTOMY SLEEVE	$ 40.56	NA
L8015			EXT BRST PROSTH GARM W/MASTEC FORM	$ 30.58	NA
L8020			BREAST PROSTHESES, MASTECTOMY FORM	$ 132.00	NA
L8030			BREAST PROSTH.SILICONE OR EQUAL	BR	NA
L8035			CUST BRST PROSTH MOLD TO PT MODEL	$ 1,974.74	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
L8039			BREAST PROSTHESIS NOS	BR	NA
L8300			TRUSS, SINGLE WITH STANDARD PAD	$ 51.28	NA
L8310			TRUSS, DOUBLE WITH STANDARD PADS	$ 101.68	NA
L8320			TRUSS,ADD.TO STAND.PAD-WATER PAD	$ 24.00	NA
L8330			TRUSS,ADDIT.TO STAND.PAD,SCROTAL PAD	$ 33.65	NA
L8400			PROSTHETIC SHEATH, BELOW KNEE, EACH	$ 12.00	NA
L8410			PROSTHETIC SHEATH, ABOVE KNEE, EACH	$ 12.00	NA
L8415			PROSTHETIC SHEATH UPPER LIMB EACH	$ 11.20	NA
L8417			PROSTHETIC SHEATH BELOW/ABOVE KNEE	$ 59.09	NA
L8420			PROSTHETIC SOCK, WOOL,BELOW KNEE,EA.	$ 14.94	NA
L8430			PROSTHETIC SOCK WOOL ABOVE KNEE-EACH	$ 18.40	NA
L8435			PROSTHETIC SOCK WOOL UPPER LIMB EACH	$ 8.14	NA
L8440			PROSTHETIC SHRINKER,BELOW KNEE,EACH	$ 33.60	NA
L8460			PROSTHETIC SHRINKER,ABOVE KNEE, EACH	$ 41.60	NA
L8465			PROSTHETIC SHRINKER UPPER LIMB EACH	$ 33.60	NA
L8470			STUMP SOCK/SINGLE PLY/FIT.<KNEE, EA.	$ 2.52	NA
L8480			STUMP SOCK SINGLE PLY FIT.>KNEE,EACH	$ 2.52	NA
L8485			ST SK SING PLY FIT UP LIMB,EACH	$ 6.21	NA
L8499			'NLISTED PROCEDURE FOR MISCELLANEOUS	BR	NA
L8500			ARTIFICIAL_LARYNX,_ANY_TYPE	$ 548.36	NA
L8501			TRACHEOSTOMY_SPEAKING_VALVE	$ 87.17	NA
L8605			INJECTABLE BULKING AGENT, DEXTRANOMER/HYALURONIC ACID COPOLYMER IMPLANT, ANAL	$ 469.29	NA
L8614			COCHLEAR DEVICE/SYSTEM	BR	NA
L8615			REPL_HEADSET_COCH_IMPL_DEVICE	$ 295.52	NA
L8616			REPL_MICROPHONE_COCH_IMPL_DEVI	$ 68.83	NA
L8617			REPL_TRANSMIT_COIL_COCH_IMPL	$ 60.12	NA
L8618			REPL_TRANSMIT_CABLE	$ 17.19	NA
L8619			COCHLEAR IMPL EXT SPEECH PROC REPLAC	$ 5,194.15	NA
L8621			REPL_ZINC_AIR_BATTERY	$ 0.41	NA
L8622			REPL_ALK_BATTERY_COCH_IMPLANT	$ 0.21	NA
L8623			LITHIUM_ION_BATTERY	$ 42.38	NA
L8624			LITHIUM_ION_BATTERY	$ 105.67	NA
L8627			COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR, COMPONENT, REPLACEMENT	$ 4,529.08	NA
L8628			COCHLEAR IMPLANT, EXTERNAL CONTROLLER COMPONENT, REPLACEMENT	$ 784.41	NA
L8629			TRANSMITTING COIL AND CABLE, INTEGRATED, FOR USE WITH COCHLEAR IMPLANT DEVICE,	$ 117.32	NA
L8679			IMPLANTABLE NEUROSTIMULATOR, PULSE GENERATOR, ANY TYPE	$ 5,467.22	NA
L8696			EXT ANTENNA PHREN NERVE STIM	$ 142.02	NA
L8699			PROSTHETIC IMPLANT NOS	BR	NA
L9900			O&P SUPPLY ACCESSORY + SERV COMP	BR	NA
P3000			SCREENING PAP SMEAR,CERV OR VAG,UP 3	$ 6.00	NA
P3001			SCREENING PAP SMEAR,UP TO 3,REQ.INTE	$ 6.00	NA
P9031			PLATELATS LEVK, REDUCED EACH UNIT	$ 8.00	NA
P9032			PLATELETS IRRADIATED EACH UNIT	$ 8.00	NA
P9033			PLATELETS LEUKOCYTES IRRADIATED EACH	$ 16.00	NA
P9034			PLATELETS,PHERESIS,EACH UNIT	$ 25.00	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
P9035			PLATELETS-PHERESIS LEUKOCYTES RE.EA.	$ 16.00	NA
P9036			PLATELETS,PHERESIS,IRRADIATED EAUNIT	$ 8.00	NA
P9037			PLATELETS,PHERESIS,LEUK.RE.IRR EA UN	$ 8.00	NA
P9038			RED BL. CELL,IRRADIATED EA UNIT	$ 8.00	NA
P9039			RED BL CELL DEGLYCEROLIZED EA	$ 8.00	NA
P9040			RED BL,CELLS,LEUK,RE IRR,EA UNIT	$ 8.00	NA
P9041			INFUSION,ALBUMIN,5%,50ML	$ 10.00	NA
P9043			INFUSION,PLASMA PROTEIN FRACTION 50	$ 10.00	NA
P9044			PLASMA,CRYOPRECIPITATE REDUCED EA. U	$ 20.00	NA
P9046			INFUSION, ALBUMIN (HUMAN), 25%, 20 M	$ 10.00	NA
Q0111	FP		WET MOUNT,PREP OF VAG.CERVICAL OR SK	$ 2.40	$ 2.40
Q0111			WET MOUNT,PREP OF VAG.CERVICAL OR SK	$ 2.40	$ 2.40
Q0112			ALL POTASSIUM HYDROXIDE PREPARATIONS	$ 0.10	$ 0.10
Q0113			PINWORM EXAMINATION	$ 5.10	$ 5.10
Q0114			FERN TEST	$ 9.60	$ 9.60
Q0115			POST-COITAL DIRECT,QUAL EX VAG OR CM	$ 12.33	$ 12.33
Q0139			INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (FOR ESRD	$ 0.78	$ 0.78
Q0164			PROCHLORPERAZINE MALEATE 5 MG ORAL	$ 0.54	$ 0.54
Q0166			KYTRIL 1 MGM ORAL	$ 57.37	$ 57.37
Q0169			PROMETHAZINE HCL 12.5 MG ORAL	$ 0.43	$ 0.43
Q0173			TRIMETHOBENZAMIDE HCL 250 MG ORAL	$ 0.60	$ 0.60
Q0174			THIETHYLPERAZINE MALEATE 10 MG ORAL	$ 0.71	$ 0.71
Q0175			PERPHENAZINE 4 MG ORAL	$ 0.78	$ 0.78
Q0177			HYDROXYZINE PAMOATE 25 MG ORAL	$ 0.31	$ 0.31
Q0180			DOLASETRON MESYLATE 100 MG ORAL	$ 66.71	$ 66.71
Q2009			INJECTION,_FOSPHENYTOIN,_50_MG	$ 10.19	$ 10.19
Q2043			SIPULEUCEL-T, MINIMUM OF 50 MILLION AUTOLOGOUS CD54+ CELLS ACTIVATED WITH	$ 990.00	$ 990.00
Q2049			INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, IMPORTED LIPODOX, 10 MG	$ 474.85	$ 474.85
Q2050			INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10MG	$ 533.56	$ 533.56
Q3027			INJECTION, INTERFERON BETA-1A, 1 MCG FOR INTRAMUSCULAR USE	$ 37.50	$ 37.50
Q3028			INJECTION, INTERFERON BETA-1A, 1 MCG FOR SUBCUTANEOUS USE	$ 13.61	$ 13.61
Q4081			INJECTION,_EPOETIN_ALFA,_100_UNITS	$ 1.33	$ 1.33
Q4102			SKIN_SUBSTITUTE,_OASIS_WOUND_MATRIX	BR	BR
Q4105			SKIN_SUBSTITUTE,_INTEGRA_DERMAL_REGE	BR	BR
Q9953			INJ_FE-BASED_MR_CONTRAST,_1_ML	$ 32.02	$ 32.02
Q9957			INJ, PERFLUTREN LIPID MICROSPHERES	$ 46.33	$ 46.33
Q9958			HIGH OSMOLAR CONTRAST MAT UP TO 149M	$ 0.17	$ 0.17
Q9960			HIGH OSMOLAR CONTRAST MAT 200-249 MG	$ 0.15	$ 0.15
Q9961			HIGH OSMOLAR CONTRAST MAT 250-299 MG	$ 0.27	$ 0.27
Q9963			HIGH OSMOLAR CONTRAST MAT 350-399 MG	$ 0.23	$ 0.23
Q9964			HIGH OSMOLAR CONTRAST MAT 400 OR>	$ 0.33	$ 0.33
Q9965			LOW OSMOLAR CONTRAST MATERIAL, 100-199 MG/ML IODINE CONCENTRATION, PER ML	$ 2.45	$ 2.45
Q9966			LOW OSMOLAR CONTRAST MATERIAL, 200-299 MG/ML IODINE CONCENTRATION, PER ML	$ 0.83	$ 0.83
Q9967			LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CONCENTRATION, PER ML	$ 0.99	$ 0.99
Q9969			TC-99M FROM NON-HIGHLY ENRICHED URANIUM SOURCE, FULL COST RECOVERY ADD-ON, PER	BR	BR

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
R0070			TRANSPORTATION OF PORTABLE X-RAY EQU	$ 26.00	NA
S0023			INJECTION, CIMETIDINE 300 MG	$ 2.44	NA
S0190	UD		MIFEPRISTONE, ORAL 200 MG	$ 78.75	NA
S0191	UD		MISOPROSTOL, ORAL, 200 MCG	$ 1.57	NA
S1034			ART PANCREAS SYSTEM	BR	BR
S1035			ART PANCREAS INV DISP SENSOR	BR	BR
S1036			ART PANCREAS EXT TRANSMITTER	BR	BR
S1037			ART PANCREAS EXT RECEIVER	BR	BR
S5101	ST		TBI-STRUCTURED DAY PROGRAM HALF DAY	$ 44.00	NA
S5102			MEDICAL DAY CARE VISIT	Contract Pricing	NA
S5102	ST		TBI-STRUCTURED DAY PROG. FULL DAY	$ 87.00	NA
S5109			HOME CARE TRAINING TO HOME CARE CLIE	$ 40.00	NA
S5110	HI		NATURAL SUPPORTS TRAINING	BR	NA
S5115			NONFAMILY_HOMECARE_TRAIN/15MIN	Contract Pricing	NA
S5120	52		CHORE SERVICE PER HOUR	$ 15.00	NA
S5120	22		INITIAL CHORE SERVICE PER HOUR	$ 30.75	NA
S5120	ST		TBI-CHORE SERVICE PER HOUR	$ 10.00	NA
S5125	52		ATTENDANT CARE PER HOUR	$ 17.00	NA
S5125	TJ	UN	GRP BEHAV ASSIST SERV NON TITLE XIX	$ 5.62	NA
S5125	TJ	UP	GRP BEHAV ASSIST SERV NON TITLE XIX	$ 4.25	NA
S5125	TJ		INDIV BEHAV ASSIST SERV NON TITLE XI	$ 9.75	NA
S5125	22		INITIAL ATTENDENT CARE HOURLY	$ 32.75	NA
S5130	22		HOMEMAKER_SERVICE_WEEKDAY_CCPED/HCEP	$ 15.50	NA
S5130	TV	22	HOMEMAKER_SERVICE_WEEKEND_CCPED/HCEP	$ 17.00	NA
S5160	22		PERS_EMERG_RESP_SYS_W/PILL_DISP	$ 78.00	NA
S5160			PERSONAL EMERGENCY RESPONSE SYSTEM	$ 78.00	NA
S5160	HI		PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)	BR	NA
S5161	22		PERONAL_EMERG_RESP_SYS_W/PILL_DISP	$ 75.00	NA
S5161			PERSONAL EMERGENCY RESPONSE SYSTEM	$ 48.00	NA
S5161	HI		PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)	BR	NA
S5165	HI		ENVIRONMENTAL MODIFICATIONS	BR	NA
S5165	52		HOME MOD TRANS FEE - MO	Contract Pricing	NA
S5165			HOME MODIFICATIONS; PER MONTH	$ 5,000.00	NA
S5170			HOME MEALS PER MEAL	$ 15.00	NA
S5170	22		INITIAL HOME MEAL PER MEAL	$ 18.00	NA
S5199	HI		ONE-TIME CLOTHING MFP	$ 500.00	NA
S8032			LOW DOSE CT LUNG SCREENING	BR	BR
S8990	HI		PHYSICAL THERAPY	$ 27.58	NA
S8990	HI	UN	PHYSICAL THERAPY	$ 7.88	NA
S8990	22		PHYSICAL THERAPY PER DAY CCPED/HCEP	$ 98.29	NA
S8990	ST		TBI-PHSICAL THERAPY PER VISIT	$ 73.00	NA
S9122	TV		HOME_HEALTH_AIDE_OR_CERTIFIED_NURSE	$ 15.50	NA
S9122			HOME_HEALTH_AIDE_OR_CERTIFIED_NURSE	$ 15.50	NA
S9123	EP		RN/HR/PDN/EPSDT	$ 50.00	NA
S9123	22	EP	RN/HR/PDN/EPSDT/ENHANCED	$ 50.00	NA

MEDICAID FEE FOR SERVICES: UPDATE NOVEMBER 1, 2015

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PRACTITIONER				*SPECIALIST*	*NON-SPECIALIST*
DME/P&O				*PURCHASE*	*RENTAL*
S9124	EP		LPN/HR/PDN/EPSDT	$ 38.00	NA
S9125	HI		RESPITE	$ 141.04	NA
S9125			RESPITE, DAILY, DDD{CCW	$ 250.00	NA
S9129			OCCUPATIONAL THERAPY DAILY CCPED/HCE	$ 101.42	NA
S9140	TH		DIABETIC MANAGEMENT PROGRAM, EDUCAT	contract Pricing	NA
S9208	TH		PRETERM LABOR MANAGE/MULT GEST PROG	contract Pricing	NA
S9211	TH		HOME MANAGEMENT OF GESTATIONAL HYPER	contract Pricing	NA
S9213	TH		HOME MANAGEMENT OF PREECLAMPSIA,INC	contract Pricing	NA
S9214	TH		OBSTETRICAL DIAB MANAGE,INSULIN INFU	contract Pricing	NA
S9336	TH		CONTINUOUS HEPARIN INFUSION THERAPY	contract Pricing	NA
S9349	TH		SUBCUTANEOUS TOCOLYTIC THERAPY	contract Pricing	NA
S9351	TH		CONTINUOUS ONDANSETRON INFUS THERAPY	contract Pricing	NA
S9353	TH		OBSTET DIABETES,CONT SUBCU INSULIN	contract Pricing	NA
S9374	TH		HOME INFUSION THERAPY, HYDRATION THE	contract Pricing	NA
S9375	TH		HOME INFUSION THERAPY, HYDRATION THE	contract Pricing	NA
S9376	TH		HOME INFUSION THERAPY, HYDRATION THE	contract Pricing	NA
S9377	TH		HOME INFUSION THERAPY, HYDRATION THE	contract Pricing	NA
S9379	TH		CONTINUOUS METOCLOPRAMIDE INFUS THER	contract Pricing	NA
S9485	TJ		MOBILE RESPONSE - INITIAL	$ 1,320.00	NA
S9529	22		HOUSE CALL TO HOMEBOUND PT BY LAB	$ 10.00	NA
S9529			VENIPUNCTURE_HOME/SNF	$ 1.80	NA
S9560	TH		17 ALPHA-HYDROXYPROGESTERONE CAPRONA	Contract Pricing	NA
S9977	HI		ONE-TIME GROCERIES MFP	$ 400.00	NA
T1001			NURSING ASSESSMENT EVALUATION	$ 35.00	NA
T1001	76		NURSING REASSESSMENT EVALUATION	$ 35.00	NA
T1004	22		HOME HEALTH AIDE/HR GO	$ 25.76	NA
T1005	22		RESPITE, HOURLY, DDD¢CCW	$ 35.00	NA
T1005	HI		RESPITE	$ 4.78	NA
T1005	HI	52	RESPITE	BR	NA
T1013	HI	22	INTERPRETER SERVICES	$ 16.25	NA
T1013	HI		INTERPRETER SERVICES	$ 6.09	NA
T1013	HI	52	INTERPRETER SERVICES	BR	NA
T1015	EP	HU	CHEC SERVICES ENCOUNTER	Contract Pricing	NA
T1015	HD		OB/GYN ENCOUNTER	Contract Pricing	NA
T1016	TJ		CASE_MANAGEMENT_PER_15_MINUTES	Contract Pricing	NA
T1017	TJ		YOUTH CASE MANAGEMENT SERV PER 15 MI	$ 20.50	NA
T1021	22		HOME HEALTH AIDE 5HR-8HR CCPED/HCEP	$ 133.32	NA
T1021			HOME HEALTH AIDE UP TO 4HR CCPED/HCE	$ 66.66	NA
T1028	HI		ENVIRONMENTAL ASSESSMENT INDIV MFP	$ 750.00	NA
T1999	HI	22	GOODS & SERVICES	BR	NA
T1999	HI		INDIVIDUAL GOODS & SERVICES MFP	$ 438.00	NA
T2001			NON-EMERG_TRANSP_1_WAY(REPLACES_MAV)	$ 10.00	NA
T2002	HI		TRANSPRTATION NON-MEDICAL MFP	$ 5.00	NA
T2015	HI		HABILITATION HOURLY MFP	$ 20.36	NA
T2015	HI	22	PREVOCATIONAL TRAINING	$ 12.73	NA

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PRACTITIONER				*SPECIALIST*	*NON-SPECIALIST*
DME/P&O				*PURCHASE*	*RENTAL*
T2015	HI	US	PREVOCATIONAL TRAINING	$ 2.68	NA
T2015	HI	UR	PREVOCATIONAL TRAINING	$ 3.40	NA
T2015	HI	UQ	PREVOCATIONAL TRAINING	$ 4.24	NA
T2015	HI	UP	PREVOCATIONAL TRAINING	$ 6.37	NA
T2015	HI	UN	PREVOCATIONAL TRAINING	$ 8.49	NA
T2018			HABILITATION SUPPORTED EMPLOYMENT	$ 36.59	NA
T2018	HI		JOB DEVELOPMENT SPECIALIST MFP	BR	NA
T2019	HI		SUPPORTED EMPLOYMENT	$ 13.25	NA
T2019	HI	US	SUPPORTED EMPLOYMENT	$ 2.79	NA
T2019	HI	UR	SUPPORTED EMPLOYMENT	$ 3.53	NA
T2019	HI	UQ	SUPPORTED EMPLOYMENT	$ 4.42	NA
T2019	HI	UP	SUPPORTED EMPLOYMENT	$ 6.62	NA
T2019	HI	UN	SUPPORTED EMPLOYMENT	$ 8.83	NA
T2021	HI	US	DAY HABILITATION	$ 2.36	NA
T2021	HI	U1	DAY HABILITATION	$ 3.43	NA
T2021	HI	UR	DAY HABILITATION	$ 2.99	NA
T2021	HI	U2	DAY HABILITATION	$ 4.35	NA
T2021	HI	UQ	DAY HABILITATION	$ 3.73	NA
T2021	HI	U3	DAY HABILITATION	$ 5.43	NA
T2021	HI	UP	DAY HABILITATION	$ 5.60	NA
T2021	HI	U4	DAY HABILITATION	$ 8.15	NA
T2021	HI	UN	DAY HABILITATION	$ 7.46	NA
T2021	HI	U5	DAY HABILITATION	$ 10.87	NA
T2022	HC		GO/RN MANAGEMENT INITIAL MONTH	$ 200.00	NA
T2022	AJ		GO/SW MANAGEMENT INITIAL MONTH	$ 122.00	NA
T2024	HC		GLOBAL_OPTIONS_TRANSIT_CARE_MNMGT_	$ 840.00	NA
T2024			GLOBAL_OPTIONS_TRANSIT_CARE_MNMGT_	$ 122.00	NA
T2024	HI		SUPPORT COORDINATION	$ 239.81	NA
T2028	HI		SPECIALIZED_SUPPLY_NOC_WAIVER	BR	NA
T2028	HI	22	SPECIALIZED_SUPPLY_NOC_WAIVER	BR	NA
T2029	HI		SPECIALIZED_SUPPLY_NOC_WAIVER	BR	NA
T2036	HI		RESPITE	$ 76.40	NA
T2038	HI		COMMUNITY TRANSITION SERVICES MFP	$ 4,000.00	NA
T2038			COMMUNITY TRANSITION, WAIVER; PER SE	$ 5,000.00	NA
T2038	HC		TRANSITION_SERVICES	$ 5,000.00	NA
T2039	HI		VEHICLE MODIFICATIONS	BR	NA
T2040	HI	22	FISCAL MANAGEMENT SERVICE	BR	NA
T2041	HI	52	PEER & FAMILY MENTOR MFP	$ 10.00	NA
T2041	HI		SUPPORT COORDINATION MFP	$ 167.00	NA
T2041	HI	22	SUPPORTS BROKERAGE	$ 6.09	NA
T2041	HI	U7	SUPPORTS BROKERAGE	BR	NA
T2046			ROOM/BOARD_FOR_HOSPICE_PATIENTS_RESI	$ 125.00	NA
T4521			ADULT SIZE BRIEF/DIAPER SM	$ 0.63	NA
T4522			ADULT SIZE BRIEF/DIAPER MED	$ 0.63	NA
T4523			ADULT SIZE BRIEF/DIAPER LG	$ 0.63	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
T4524			ADULT SIZE BRIEF/DIAPER XL	$ 0.81	NA
T4525			ADULT SIZE PULL-ON SM	$ 0.63	NA
T4526			ADULT SIZE PULL-ON MED	$ 0.63	NA
T4527			ADULT SIZE PULL-ON LG	$ 0.81	NA
T4528			ADULT SIZE PULL-ON XL	$ 0.81	NA
T4529			PED SIZE BRIEF/DIAPER SM/MED	$ 0.45	NA
T4530			PED SIZE BRIEF/DIAPER LG	$ 0.45	NA
T4531			PED SIZE PULL-ON SM/MED	$ 0.45	NA
T4532			PED SIZE PULL-ON LG	$ 0.45	NA
T4533			YOUTH SIZE BRIEF/DIAPER	$ 0.63	NA
T4534			YOUTH SIZE PULL-ON	$ 0.63	NA
T4535			DISPOSABLE LINER/SHIELD/GUARD/PAD/UN	BR	NA
T5999	52		HOSPICE_DRUG_BIO_CO-PAY_	$ 5.00	NA
V2020			FRAMES,PURCHASE	$ 8.00	NA
V2100			SPHERE, SINGLE VISION, PLANO TO PLUS	$ 5.80	NA
V2101			SPHERE, SINGLE VISION, PLUS OR MINUS	$ 6.00	NA
V2102			SPHERE, SINGLE VISION, PLUS OR MINUS	$ 14.25	NA
V2103			SPHEROCYLINDER, SINGLE VISION, PLANO	$ 8.50	NA
V2104			SPHEROCYLINDER, SINGLE VISION, PLANO	$ 9.50	NA
V2105			SPHEROCYLINDER, SINGLE VISION, PLANO	$ 10.50	NA
V2106			SPHEROCYLINDER SIN VIS PL TO T/- 400	BR	NA
V2107			SPHEROCYLINDER, SINGLE VISION, PLUS	$ 10.50	NA
V2108			SPHEROCYLINDER, SINGLE VISION, PLUS	$ 11.50	NA
V2109			SPHEROCYLINDER, SINGLE VISION, PLUS	$ 12.50	NA
V2110			SPHEROCYLINDER SINGLE VISION PLUS OR	BR	NA
V2111			SPHEROCYLINDER, SINGLE VISION, PLUS	$ 13.50	NA
V2112			SPHEROCYLINDER, SINGLE VISION, PLUS	$ 14.50	NA
V2113			SPHEROCYLINDER, SINGLE VISION, PLUS	$ 15.50	NA
V2114			SPHEROCYLINDER, SINGLE VISION, SPHER	$ 19.50	NA
V2115			LENTICULAR MYODISC PER LENS SINGLE V	$ 25.00	NA
V2118			ANISEIKONIA LENS SINGLE VISION	BR	NA
V2121			LENTICULAR LENS, PER LENS, SINGLE	$ 40.00	NA
V2199			NOT OTHERWISE CLASSIFIED SINGLE VISI	BR	NA
V2200	52		SPHERE, BIFOCAL, PLANO TO PLUS OR MI	$ 7.00	NA
V2200			SPHERE, BIFOCAL, PLANO TO PLUS OR MI	$ 12.00	NA
V2201	52		SPHERE, BIFOCAL, PLUS OR MINUS 4.12	$ 7.00	NA
V2201			SPHERE, BIFOCAL, PLUS OR MINUS 4.12	$ 14.25	NA
V2202			SPHERE, BIFOCAL, PLUS OR MINUS 7.12	$ 18.85	NA
V2203			SPHEROCYLINDER,BIFOCAL,PLANO TO PL	$ 13.50	NA
V2204			SPHEROCYLINDER, BIFOCAL, PLANO TO PL	$ 14.50	NA
V2205			SPHEROCYLINDER, BIFOCAL, PLANO TO PL	$ 15.50	NA
V2206			SPHEROCYLINDER, BIFOCAL, PLANO TO PL	BR	NA
V2207			SPHEROCYLINDER, BIFOCAL, PLUS OR MIN	$ 18.60	NA
V2208			SPHEROCYLINDER, BIFOCAL, PLUS OR MIN	$ 20.65	NA
V2209			SPHEROCYLINDER,BIFOCAL, PLUS OR MINU	$ 21.65	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
V2210			SPHEROCYLINDER BIFOCAL PLUS OR MINUS	BR	NA
V2211			SPHEROCYLINDER, BIFOCAL, PLUS OR MIN	$ 23.60	NA
V2212			SPHEROCYLINDER, BIFOCAL, PLUS OR MIN	$ 25.60	NA
V2213			SPHEROCYLINDER, BIFOCAL, PLUS OR MIN	$ 25.60	NA
V2214			SPHEROCYLINDER, BIFOCAL, SPHERE OVER	$ 25.60	NA
V2215			LENTICULAR MYODISC PER LENS BIFOCAL	$ 40.00	NA
V2218			ANISEKONIA PER LENS BIFOCAL	BR	NA
V2219			BIFOCAL SEG WIDTH OVER 28MM	BR	NA
V2220			BIFOCAL ADD OVER 3.25D	$ 15.00	NA
V2221			LENTICULAR LENS, PER LENS, BIFOCAL	$ 60.00	NA
V2299			SPECIALTY BIFOCAL	BR	NA
V2300			SPHERE, TRIFOCAL, PLANO TO PLUS OR M	$ 19.50	NA
V2301			SPHERE, TRIFOCAL, PLUS OR MINUS 4.12	$ 21.75	NA
V2302			SPHERE, TRIFOCAL, PLUS OR MINUS 7.12	$ 26.35	NA
V2303			SPHEROCYLINDER, TRIFOCAL, PLANO TO P	$ 21.00	NA
V2304			SPHEROCYLINDER, TRIFOCAL, PLANO TO	$ 22.00	NA
V2305			SPHEROCYLINDER, TRIFOCAL, PLANO TO P	$ 23.00	NA
V2306			SHEROCYLINDER TRIFOCAL PIANO TO PLU	$ 30.00	NA
V2307			SPHEROCYLINDER, TRIFOCAL, PLUS OR MI	BR	NA
V2308			SPHEROCYLINDER, TRIFOCAL, PLUS OR MI	BR	NA
V2309			SPHEROCYLINDER, TRIFOCAL, PLUS OR MI	BR	NA
V2310			SPHEROCYLINDER, TRIFOCAL, PLUS OR MI	BR	NA
V2311			SPHEROCYLINDER, TRIFOCAL, PLUS OR MI	BR	NA
V2312			SPHEROCYLINDER, TRIFOCAL, PLUS OR MI	BR	NA
V2313			SPHEROCYLINDER, TRIFOCAL, PLUS OR MI	BR	NA
V2314			SPHEROCYLINDER, TRIFOCAL, SPHERE OVE	BR	NA
V2315			LENTICULAR MYODISC PER LENS TRIFOCAL	BR	NA
V2318			ANISEIKONIA PER LENS TRIFOCAL	BR	NA
V2319			TRIFOCAL SEG WIDTH OVER 28MM	BR	NA
V2320			TRIFOCAL ADD OVER 325D	$ 15.00	NA
V2321			LENTICULAR LENS, PER LENS, TRIFOCAL	BR	NA
V2399			SPECIALTY TRIFOCAL	BR	NA
V2410			VARIABLE SPHERICITY LENS SINGLE VISI	BR	NA
V2430			VARIABLE SPHERICITY LENS BIFOCAL FUL	BR	NA
V2499			VARIABLE SPHERICITY LENS OTHER	BR	NA
V2500			CONTACT LENS, PMMA, SPHERICAL, PER L	BR	NA
V2501			CONTACT LENS, PMMA, TORIC OR PRISM B	BR	NA
V2502			CONTACT LENS PMMA, BIFOCAL, PER LENS	BR	NA
V2503			CONTACT LENS PMMA, COLOR VISION DEFI	BR	NA
V2510			CONTACT LENS, GAS PERMEABLE, SPHERIC	$ 81.05	NA
V2511			CONTACT LENS, GAS PERMEABLE, TORIC,	BR	NA
V2512			CONTACT LENS, GAS PERMEABLE, BIFOCAL	BR	NA
V2513			CONTACT LENS, GAS PERMEABLE, EXTENDE	$ 120.00	NA
V2520			CONTACT LENS HYDROPHILIC, SPHERICAL,	$ 100.00	NA
V2521			CONTACT LENS HYDROPHILIC, TORIC, OR	BR	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
V2522			CONTACT LENS HYDROPHILLIC, BIFOCAL,	BR	NA
V2523			CONTACT LENS HYDROPHILIC, EXTENDED W	$ 100.00	NA
V2530			CONTACT LENS, SCLERAL, PER LENS	BR	NA
V2599			NOT OTHERWISE CLASSIFIED, CONTACT LE	BR	NA
V2600			HAND HELD LOW VISION AIDS AND OTHER	$ 75.00	NA
V2610			SINGLE LENS SPECTACLE MOUNTED LOW VI	$ 150.00	NA
V2615			TELESCOPIC AND OTHER COMPOUND LENS S	BR	NA
V2623			PROSTHETIC EYE, PLASTIC, CUSTOM	$ 743.57	NA
V2624			POLISHING/RESURFACING OCULAR PROSTH.	$ 39.06	NA
V2625			ENLARGEMENT OF OCULAR PROSTHESIS	$ 237.46	NA
V2626			REDUCTION OF OCULAR PROSTHESIS	$ 128.00	NA
V2627			SCLERAL COVERED SHELL	$ 1,014.30	NA
V2628			FABRICATION OF FITTING OF CONFORMER{	$ 198.28	NA
V2629			PROSTHETIC EYE,INTRAOCULAR LENES NOC	BR	NA
V2630			ANTERIOR CHAMBER INTRAOCULAR LENS	$ 90.79	NA
V2631			IRIS SUPPORTED INTRAOCULAR LENS	$ 90.79	NA
V2632			POSTERIOR CHAMBER INTRAOCULAR LENS	$ 90.79	NA
V2700			BALANCE LENS BIFOCAL PER LENS	$ 5.00	NA
V2700	22		BALANCE LENS SINGLE VISION PER LENS	$ 10.00	NA
V2710			SLAB OFF PRISM, GLASS OR PLASTIC. PE	BR	NA
V2715			PRISM, PER LENS	$ 7.00	NA
V2718			PRESS ON LENS FRESNELL PRISM PER LEN	BR	NA
V2730			SPECIAL BASE CURVE GLASS OR PLASTIC	BR	NA
V2744			TINT, PHOTOCHROMATIC, PER LENS	BR	NA
V2745			ADDITION TO LENS; TINT, ANY COLOR, S	$ 1.75	NA
V2755			UV LENS PER PAIR	$ 10.00	NA
V2770			OCCLUDER LENS, PER LENS	$ 10.00	NA
V2781			PROGRESSIVE LENS. PER LENS	BR	NA
V2784			LENS, POLYCARBONATE OR EQUAL, ANY IN	$ 10.00	NA
V2785			PROCESSING PRESERUING AND TRANSPORTI	BR	NA
V2799			NOT OTHERWISE CLASSIFIED	BR	NA
V5014	52		HEARING AID REPAIR, DISP.'S SERV. FE	$ 50.00	NA
V5014			REPAIR/MODIFICATION OF A HEARING AID	BR	NA
V5030			HEARING AID, MONAURAL, BODY WORN, AI	BR	NA
V5040			HEARING AID, MONAURAL, BODY WORN, BO	BR	NA
V5050			HEARING AID, MONAURAL, IN THE EAR	BR	NA
V5050	52		RETURNED HEARING AID	$ 30.00	NA
V5060			HEARING AID, MONAURAL, BEHIND THE EA	BR	NA
V5070			GLASSES, AIR CONDUCTION	BR	NA
V5080			GLASSES, BONE CONDUCTION	BR	NA
V5090			DISPENSING FEE, UNSPEC. HEARING AID	$ 175.00	NA
V5100			HEARING AID, BIL. BODY WORN, 1 UNIT	BR	NA
V5110			DISPENSING FEE, BILATERAL	$ 175.00	NA
V5120			BINAURAL, BODY	BR	NA
V5130			BINAURAL IN THE EAR	BR	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
V5140			BINAURAL, BEHIND THE EAR	BR	NA
V5150			BINAURAL, GLASSES	BR	NA
V5160			DIPENSING FEE, BINAURAL	$ 280.00	NA
V5170			HEARING AID, CROS, IN THE EAR	BR	NA
V5180			HEARING AID, CROS, BEHIND THE EAR	BR	NA
V5190			HEARING AID, CROS, GLASSES	BR	NA
V5200			DISPENSING FEE, CROS	$ 175.00	NA
V5210			HEARING AID, BICROS, IN THE EAR	BR	NA
V5220			HEARING AID, BICROS, BEHIND THE EAR	BR	NA
V5230			HEARING AID, BICROS, GLASSES	BR	NA
V5240			DISPENSING FEE, BICROS	$ 175.00	NA
V5265	52		EARMOLD, DISPENSING'S SERVICE FEE	$ 10.00	NA
V5265			EARMOLD, LABORATORY INVOICE COST	$ 35.00	NA
V5266			BATTERIES FOR HEARING AIDS (PER BATT	$ 0.80	NA
V5299			HEARING AID, NOT OTHERWISE CLASSIFIE	BR	NA
W9025			(HEALTHSTART) INITIAL ANTEPARTUM MAT	$ 72.00	NA
W9025	SB		(HEALTHSTART) INITIAL ANTEPARTUM MAT	NA	$ 67.00
W9026			(HEALTHSTART) SUBSEQUENT ANTEPARTUM	$ 22.00	$ 21.00
W9026	SB		(HEALTHSTART) SUBSEQUENT ANTEPARTUM	NA	$ 19.00
W9027	SB		(HEALTHSTART) REG DELIVERY BY CNM	NA	$ 371.00
W9027			(HEALTHSTART) REGULAR DELIVERY	$ 465.00	$ 418.00
W9028			(HEALTHSTART) POSTPARTUM CARE VISIT	$ 22.00	$ 22.00
W9028	SB		(HEALTHSTART) POSTPARTUM CARE VISIT	NA	$ 19.00
W9029			(HEALTHSTART) REGULAR DELIVERY AND P	$ 487.00	$ 439.00
W9029	SB		(HEALTHSTART) REGULAR DELIVERY AND P	NA	$ 390.00
W9030			(HEALTHSTART) TOTAL OBSTETRICAL CARE	$ 867.00	$ 802.00
W9030	SB		(HEALTHSTART) TOTAL OBSTETRLICAL CAR	NA	$ 723.00
W9031			(HEALTHSTART) CESAREAN SECTION DELIV	$ 595.00	$ 531.00
W9040			(HEALTHSTART) ENROLLMENT PROCESS	$ 30.00	$ 30.00
W9041			(HEALTHSTART) DEVELOPMENT OF MATERNI	$ 120.00	$ 120.00
W9042			(HEALTHSTART) SUBSEQUENT MATERNITY H	$ 50.00	$ 50.00
W9043			(HEALTHSTART) POSTPARTUM MATERNITY H	$ 100.00	$ 100.00
W9828			INCENTIVE PAYMENT FOR EPSDT	$ 10.00	NA
W9840			MEDICAL ENCOUNTER	Contract Pricing	NA
W9843			MEDICAL ENCOUNTER EPSDT	Contract Pricing	NA
X3680			TRAVEL TIME PER TRIP PEDORTH/P & O	$ 40.72	NA
X8334			PARENTERAL INFUSION BY GRAVITY	$ 39.00	NA
X8335			PARENTERAL INFUSION-DISPOSABLE PUMP	$ 39.00	NA
X8336			PAR INFUSION W/EXT AMB INF PMP/ADM E	$ 60.00	NA
X8337			PARENTERAL LINE MAINTENANCE	$ 8.00	NA
X8434			PAR INFUSION W/EXT STA INF PMP/ADM E	$ 39.00	NA
Y0010			WAITING_TIME-_MAV_-_ONE_WAY_ONLY	$ 1.25	NA
Y3433			INITIAL VISIT BY CHIROPRACTOR	$ 6.00	NA
Y3533			DAY TRAINING - REHABILITATION	$ 70.46	NA
Y3534			DAY TRAINING - TRANS (ROUND TRIP)	$ 94.55	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
Y4410			REPLACEMENT HOOK, DOOR, OR VOLUME CO	$ 5.00	NA
Y4510			CORD, REPLACEMENT FOR HEARING AID	$ 25.00	NA
Y4520			RECEIVER, REPLACEMENT PART FOR HEARI	$ 45.00	NA
Y4530			TUBING, ASSOCIATED WITH HEARING AID	$ 10.00	NA
Y4540			GARMENT BAG, ASSOC. WITH HEARING AID	$ 40.00	NA
Y4560			HEADBAND, USED WITH HEARING AID	$ 50.00	NA
Y4620			USE OF ELECTRIC TEST BOX TO TEST ELE	$ 10.00	NA
Y4630			HEARING AID, MONAURAL, IN THE CANAL	BR	NA
Y4640			HEARING AID, BINAURAL, IN THE CANAL	BR	NA
Y5100			LENS SERVICE (CATARACT BIFOCAL OVER	$ 40.00	$ 40.00
Y5105			LENS SERVICE (CATARACT OVER + OR - 1	$ 20.00	$ 20.00
Y5110			LENS SERVICE (SINGLE VISION LENS)	$ 12.00	$ 12.00
Y5112			LENS SERVICE (BIFOCAL LENS)	$ 15.00	$ 15.00
Y5114			LENS SERVICE (TRIFOCAL LENS)	$ 17.00	$ 17.00
Y5165			FRAMES, (DISPENSING FEE)	$ 8.00	$ 8.00
Y6338			HOSPICE BED HOLD DAYS	Contract Pricing	NA
Y7433			TBI-CASE MANAGEMENT-INITAL MONTH	$ 200.00	NA
Y7434			TBI-CASE MANAGEMENT-CONTINUING	$ 135.00	NA
Y7435			TBI-COMMUNITY RESID'L LOW LEV SU	$ 140.00	NA
Y7436			TBI-COMMUNITY RESID'MOD LEV SU	$ 190.00	NA
Y7437			TBI-COMMUNITY RESID'HIGH LEV SU	$ 220.00	NA
Y7443			TBI-SUPPORTED DAY PROGRAM	$ 30.00	NA
Y7456			TBI-RESPITE_8_HR._DAY	$ 88.00	NA
Y7458			TBI-RESPITE OVER 8 TO 12 DAY	$ 128.00	NA
Y7463			TBI-RESPITE_OVER_12_TO_24_DAY	$ 160.00	NA
Y7556			TBI-SPEECH THERAPY PER 1/2 HOUR	$ 73.00	NA
Y7558			TBI-COUNSELING(BEHAVIOR)_HRLY	$ 65.00	NA
Y7559			TBI-COUNSELING (INDIV'L FAMILY)	$ 65.00	NA
Y7564			TBI-BEHAVIOR_PROGRAM(ASSESSMENT)_	$ 75.00	NA
Y7566			TBI-BEHAVIOR SPECIALIST	$ 35.00	NA
Y7568			TBI-ENVIRONMENTAL_MODIFICATIO	$ 5,000.00	NA
Y7573			ALTERNATE FAMILTY CARE	$ 50.00	NA
Y7574			ASSIT'D_LIV'G/COMPR.PERS'L_CARE_HOME	$ 60.00	NA
Y7575			ENHANCED COMM CARE CASE MANAGEMENT	$ 95.00	NA
Y7633	FP		INIT/ANNUAL TEEN-DIRECTED FP SERVICE	$ 95.00	NA
Y7634	FP		FOLLOW-UP TEEN-DIRECTED FP SERVICE	$ 47.50	NA
Y8363			TO_AND/OR_FROM_A_CLINIC	Contract Pricing	NA
Y8370			LOAD_CHARGE-LIVERY_SERVICE	Contract Pricing	NA
Y9333			EARLY INTERVENTION: MULTI REHAB	$ 294.54	NA
Y9334			EARLY_INTERVENTION:_REHAB_W/EVALUATI	$ 1,010.35	NA
Y9336			EARLY INTERVENTION: TCM	$ 377.12	NA
Y9337			EARLY_INTERVENTION:_TCM_W/EVALUATION	$ 579.31	NA
Y9433			SCHOOL-BASED REHAB: EVALUATION	$ 1,675.57	NA
Y9434			SCHOOL-BASED_REHAB:_IN-DISTRICT_	$ 59.03	NA
Y9435			SCHOOL-BASED REHAB: OUT OF DISTRICT	$ 58.07	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
Y9436			SCHOOL-BASED: NON-PUBLIC	$ 68.09	NA
Y9438			SCHOOL REHAB- SPECIAL TRANS ROUND	$ 27.45	NA
Y9439			SCHOOL REHAB - STATE FACILITY	$ 172.00	NA
Y9533			PSYCH EVAL CHLD PROT/PERM BY PSYCHOL	$ 17.50	NA
Y9534			PSYCH/COUN CHLD PROT/PERM BY PSYCHOL	$ 17.50	NA
Y9535			GRP PSYCH/COUNS CHLD PROT/PERM BY PS	$ 6.67	NA
Y9536			PROF CONSULT CHLD PROT/PERM BY PSYCH	$ 17.50	NA
Y9537			PSYCH INTER ASSESS/EVAL CHD PRO/PERM	$ 21.25	NA
Y9538			PSY/COUN CHLD PRO/PERM BY PHYS	$ 21.25	NA
Y9539			GRP PSY/COUN CHD PRO/PER BY PHY	$ 8.34	NA
Y9543			PROF CONSULT CHLD PROT/PERM BY PHYSI	$ 21.25	NA
Y9633			ASSISTED LIVING RESIDENCE	$ 70.00	NA
Y9634			ASSISTED LIVING PROGRAM	$ 50.00	NA
Y9733			ENVIRONMENTAL LEAD INSPECTION/INIT	$ 130.00	NA
Y9734			ENVIRONMENTAL LEAD INSPEC/REINSPECT	$ 50.00	NA
Y9735			SCHOOL BASED REHABILITATION	$ 4,065.47	NA
Y9787			REPAIR OF FRAMES	$ 15.00	NA
Y9792			RESPITE CARE AL FACILITY 24 HRS	$ 100.00	NA
Y9793			RESPITE CARE 8HR DAY	$ 50.00	NA
Y9794			RESPITE CARE HRLY RATE	$ 6.00	NA
Y9795			ENVIRONMENTAL MODIFICATIONS PER JOB	$ 10,000.00	NA
Y9833			PPP MONTHLY CASH GRANT	Cost to Charge	NA
Y9835			TRANSPORTATION OTHER	$ 53.00	NA
Y9836			SPECIAL MEDICAL EQUIP	$ 10,000.00	NA
Y9837			CHORE PER JOB	$ 153.00	NA
Y9845			HOME BASED CARE PER HOUR CEP	$ 16.00	NA
Y9846			HOME BASED CARE PER HOUR-AGENCY	$ 15.40	NA
Y9848			CAREGIVER RECIPIENT TRAINING	$ 103.00	NA
Y9849			CAREGIVER-RECIPIENT TRAINING VISIT	$ 103.00	NA
Y9853			SOC ADULT DAY CARE	$ 31.12	NA
Y9854			ENVIRONMENTAL ACCESS EVAL	$ 103.00	NA
Y9855			SPEC MED EQUIP EVALUATION	$ 103.00	NA
Y9856			ATTENDANT CARE EVALUATION	$ 103.00	NA
Y9898			ECO CASE MANAGEMENT INITIAL MONTH	$ 200.00	NA
Y9930			RM/BD SERV NEWBORN IN MH REHAB FAC	$ 76.57	NA
Y9931			MEN HLTH REHAB TEEN ADOL PREG PROG	Contract Pricing	NA
Y9932			MH RHAB IN TREATMENT HOMES / DMHS	Contract Pricing	NA
Y9933			MH RHAB NON-RTC COMM PSYCH RESI/DMHS	Contract Pricing	NA
Y9935			MEN HLTH REHAB GROUP HOME/DYFS	Contract Pricing	NA
Y9936			MH RHAB TRANSITIONAL LIVNG HOME/DYFS	Contract Pricing	NA
Y9938			MEN HLTH REHAB TREATMENT HOME/DMHS	Contract Pricing	NA
Y9943			MH RHB NON-RTC RESIDENTIAL CARE/DYFS	Contract Pricing	NA
Y9944			MEN HLTH REHAB ROOM&BOARD/DYFS	Contract Pricing	NA
Y9945			MEN HLTH REHAB ROOM&BOARD/DMHS	Contract Pricing	NA
Y9946			MEN HLTH REHAB ROOM&BRD / ALL OTHER	Contract Pricing	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
Y9947			MEN HLTH REHAB JCAHO RTC/DMHS &DMAHS	Contract Pricing	NA
Y9948			MEN HLTH REHAB JCAHO RTC/DYFS	Contract Pricing	NA
Y9949			THERAPEUTIC LVE JCAHO RTC/DMHS/DMAHS	Contract Pricing	NA
Y9950			HOSPITAL LEAVE JCAHO RTC/DMHS/DMAHS	Contract Pricing	NA
Y9951			THERAPEUTIC LEAVE JCAHO RTC/DYFS	Contract Pricing	NA
Y9952			HOSPITAL LEAVE JCAHO RTC/DYFS	Contract Pricing	NA
Y9992			THERAPEUT LEAVE REHAB NON-JCAHO DMHS	Contract Pricing	NA
Y9993			THERAPEUT LEAVE RM&BD NON-JCAHO DMHS	Contract Pricing	NA
Y9994			HOSPITAL LEAVE REHAB NON-JCAHO DMHS	Contract Pricing	NA
Y9995			HOSPITAL LEAVE RM&BD NON-JCAHO DMHS	Contract Pricing	NA
Y9996			THERAPEUT LEAVE REHAB NON-JCAHO DYFS	Contract Pricing	NA
Y9997			THERAPEUT LEAVE RM&BD NON-JCAHO DYFS	Contract Pricing	NA
Y9998			HOSPITAL LEAVE REHAB NON-JCAHO DYFS	Contract Pricing	NA
Y9999			HOSPITAL LEAVE RM&BD NON-JCAHO DYFS	Contract Pricing	NA
Z0170			PARTIAL CARE,PER HOUR AS OF 7/1/04	$ 14.55	NA
Z0330			TRANSPORTATION, ONE WAY	$ 4.50	NA
Z1205			INITIAL NURSING ASSESSMENT VISIT, HO	$ 35.00	NA
Z1210			RESPITE CARE 8 HOUR DAY CCPED/HCEP	$ 55.00	NA
Z1215			RESPITE CARE 8 HOUR NIGHT CCPED/HCEP	$ 65.00	NA
Z1220			RESPITE CARE 8 TO 12 HOUR CCPED/HCEP	$ 80.00	NA
Z1225			RESPTIE CARE 8-12HR/NIGHT CCPED/HCEP	$ 90.00	NA
Z1230			RESPITE CARE 12-24 HOURS CCPED/HCEP	$ 100.00	NA
Z1235			SOCIAL ADULT DAY CARE, CCPED/DHSS	$ 31.12	NA
Z1240			CASE MANAGEMENT PER MONTH CCPED/HCEP	$ 95.00	NA
Z1243			CCPED CASE MANAGEMENT INITIAL MONTH	$ 200.00	NA
Z1260			SPEECH THERAPY DAILY CCPED/HCEP	$ 109.44	NA
Z1270			MEDICAL SOCIAL SERVICES/DAT CCPD/HCE	$ 80.00	NA
Z1275			SKILLED NURSING CARE DAILY CCPED/HCE	$ 106.00	NA
Z1280			MEDICAL SUPPLIES CCPED/HCEP	$ 50.00	NA
Z1285			RESPITE CARE IN NF UNDER CCPED/HCEP	$ 560.95	NA
Z1290			HOMEMAKER NURSING REASSESSMENT VISIT	$ 35.00	NA
Z1400			CASE MANAGEMENT DDD\CCW	$ 72.00	NA
Z1405			HABILITATION, AA DDD¢CCW	$ 69.00	NA
Z1410			PERSONAL CARE, GROUP HOME, DDD¢CCW	$ 111.00	NA
Z1413			PERSONAL CARE INDEPENDENT LIVING	$ 40.10	NA
Z1435	22		PERSONAL CARE, SD HOME, DDD¢CCW	$ 10.34	NA
Z1435			PERSONAL CARE, SD HOME, DDD¢CCW	$ 9.90	NA
Z1467			HABILITATION, NON-AA, DDD¢CCW	$ 72.00	NA
Z1520			PERSONAL CARE, SSD HOME, DDD¢CCW	$ 102.00	NA
Z1533			INDIVIDUAL SUPPORTS SELF DETERMINATN	$ 35.95	NA
Z1535			INTEGRATED THERAPEUTIC NETWORK	$ 18.24	NA
Z1537			INDIVIDUAL SUPPORTS KEYSTONE RESIDEN	$ 87.84	NA
Z1541			INDIVIDUAL HABILITATION KEYSTONE DAY	$ 42.00	NA
Z1600	UC		INDIVIDUAL RATE PER HOUR PCA/DMHH	$ 13.02	NA
Z1605	UC		GROUP RATE PER HOUR PCA/DMHH	$ 10.23	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
Z1605			PCA PER HOUR/WEEKDAY/GROUP	$ 11.76	NA
Z1610	UC		INITIAL NURSING ASSESSMENT PCA/DMHH	$ 35.00	NA
Z1611	UC		INDIVIDUAL RATE BY 1/2 HOUR PCA/DMHH	$ 6.51	NA
Z1611			PCA PER 1/2 HR/WEEKDAY/INDIVIDUAL	$ 7.75	NA
Z1612	UC		GROUP RATE PER 1/2 HOUR PC/DMHH	$ 5.12	NA
Z1612			PCA PER 1/2 HR/WEEKDAY/GROUP	$ 5.88	NA
Z1613	UC		NURSING REASSESSMENT PCA/DMHH	$ 35.00	NA
Z1615			PCA PER 1/2 HR/WEEKEND/HOLIDAY/INDIV	$ 8.50	NA
Z1616			PCA PER HOUR/WEEKEND/HOLIDAY/GROUP	$ 12.00	NA
Z1617			PCA PER 1/2 HR/WEEKEND/HOLIDAY/GROUP	$ 6.00	NA
Z1700			CASE MANAGEMENT/MONTH MODEL WAIVER	$ 115.00	NA
Z1710			RN/HR/PDN	$ 45.00	NA
Z1715			LPN/HR WEEKDAY	$ 33.00	NA
Z1720			RN/HR WEEKEND/EVENING/HOLIDAY	$ 45.00	NA
Z1725			LPN/HR WEEKEND/EVENING/HOLIDAY	$ 33.00	NA
Z1730			SPECIALTY RN PER HOUR/WEEKDAY	$ 50.00	NA
Z1735			SPECIALTY LPN PER HOUR/WEEKDAY	$ 38.00	NA
Z1740			RN/HR SPECIALTY WEEKEND/EVE/HOLIDAY	$ 50.00	NA
Z1745			LPN/HR SPECIALTY WEEKEND/EVE/HOLIDAY	$ 38.00	NA
Z1800			CASE MANAGEMENT/MONTH ACCAP	$ 125.00	NA
Z1801			CASE MANAGEMENT/INITIAL MONTH ACCAP	$ 200.00	NA
Z1810			HOSPICE PER DAY ACCAP	$ 57.20	NA
Z1820			PCA INDIVIDUAL HOUR WEEKDAYS ACCAP	$ 15.50	NA
Z1821			PCA PER 1/2 HR/WEEKDAY/INDIV ACCAP	$ 7.75	NA
Z1822			PCA/HR/WEEKEND/HOLIDAY/INDIV ACCAP	$ 17.00	NA
Z1823			PCA 1/2HR WEEKEND/HOLIDAY/INDIV ACCP	$ 8.50	NA
Z1824			PERSONAL CARE ASSISTANT SERVICE UNDE	$ 11.76	NA
Z1825			PCA PER 1/2 HR/WEEKDAY/GROUP ACCAP	$ 5.88	NA
Z1828			PCA INITIAL NURSING ASSESSMENT ACCAP	$ 35.00	NA
Z1829			PCA NURSING REASSESSMENT VISIT ACCAP	$ 35.00	NA
Z1863			MDC TECHNOLOGY DEPENDENT CHILDREN	Contract Pricing	NA
Z1864			MDC MEDICALLY UNSTABLE CHILDRN	Contract Pricing	NA
Z2000			FAMILY THERAPY RENDERED IN A NARCOTI	$ 22.50	NA
Z2001			FAMILY CONFERENCE RENDERED IN A NARC	$ 15.00	NA
Z2004			GROUP THERAPY RENDERED IN A NARCOTIC	$ 8.00	NA
Z2005			PSYCHOLOGICAL TESTING RENDERED IN A	$ 15.00	NA
Z2006			METHADONE TREATMENT RENDERED IN A NA	$ 2.50	NA
Z2010			URINE ANALYSIS FOR DRUG ADDICTION	$ 4.50	NA
Z3333			COMPREHENSIVE INTAKE EVALUATION	$ 45.00	NA
Z3334			SUB ACUTE RESIDENTIAL DETOXIFICATION	$ 190.00	NA
Z3335			SHORT TERM RESIDENTIAL SA TREATMENT	$ 135.00	NA
Z3336			SHORT TERM RESIDENT SA - CHILD	$ 30.00	NA
Z3337			THERAPEUTIC COMMUNITY SA TREATMENT	$ 55.00	NA
Z3338			THERAPEUTIC COMMUNITY SA - CHILD	$ 30.00	NA
Z3339			SA HALFWAY HOUSE	$ 46.00	NA

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PRACTITIONER				***SPECIALIST***	***NON-SPECIALIST***
DME/P&O				***PURCHASE***	***RENTAL***
Z3343			SA HALFWAY HOUSE - CHILD	$ 30.00	NA
Z3344			SA PARTIAL CARE	$ 77.00	NA
Z3345			SA PARTIAL CARE - CHILD	$ 20.00	NA
Z3346			INTENSIVE OUTPATIENT SA	$ 65.00	NA
Z3347			INTENSIVE OUTPATIENT SA - CHILD	$ 10.00	NA
Z3348			FAMILY THERAPY IN SA CENTER	$ 45.00	NA
Z3349			FAMILY CONFERENCE IN SA CENTER	$ 35.00	NA
Z3355			GROUP THERAPY IN SA CENTER / PERSON	$ 20.00	NA
Z3356			PSYCH TEST IN DRUG CENTER - 1 HOUR	$ 15.00	NA
Z3357			METHADONE TREATMENT IN DRUG CENTER	$ 4.00	NA
Z3359			URINALYSIS FOR DRUG ADDICTION	$ 5.20	NA
Z3363			CASE MANAGEMENT SERVICES	$ 45.00	NA
Z4334			PLAN B CONTRACEPTIVE KIT	$ 15.09	NA
Z5005			INITIAL EVALUATION SERVICES	$ 19.92	NA
Z5006			CLINICAL CASE MANAGEMENT SERVICES	$ 19.92	NA
Z5007			LIAISON CASE MANAGEMENT SERVICES	$ 19.25	NA
Z5008			CSOCI CARE MANAGEMENT (CMO) SERVICES	$ 1,004.00	NA
Z7333			ADULT MH REHAB LEV AT GRP HOME/DIEM	Contract Pricing	NA
Z7333	52		ADULT MH REHAB LEV AT SUP APT/DIEM	Contract Pricing	NA
Z7334			ADULT MH REHAB LEV A GRP HOME/DIEM	Contract Pricing	NA
Z7334	52		ADULT MH REHAB LEV A SUP APART/DIEM	Contract Pricing	NA
Z7335			ADULT MH REHAB LEV B GRP HOME/DIEM	Contract Pricing	NA
Z7335	52		ADULT MH REHAB LEV B SUP APT/15 MIN	Contract Pricing	NA
Z7336			ADULT MH REHAB LEV C GRP HOME/15 MIN	Contract Pricing	NA
Z7336	52		ADULT MH REHAB LEV C SUP APT/15 MIN	Contract Pricing	NA
Z7337			ADULT MH REHAB LEV D PER DIEM	Contract Pricing	NA