

** PROPOSED **
Arizona Health Care Cost Containment System
FFS Outpatient Hospital Rates
Effective 10/01/2017

Proc	Procedure Description	FFS Rate	Eff Date
0001M	INFECTIOUS DISEASE, HCV, SIX BIOCHEMICAL ASSAYS (ALT, A2-MACROGLOBULIN, APOLIPOP	CCR	01/01/2015
0002M	LIVER DISEASE, TEN BIOCHEMICAL ASSAYS (ALT, A2-MACROGLOBULIN, APOLIPOPTEIN A-1	CCR	01/01/2015
0003M	LIVER DISEASE, TEN BIOCHEMICAL ASSAYS (ALT, A2-MACROGLOBULIN, APOLIPOPTEIN A-1	CCR	01/01/2015
0004M	SCOLIOSIS, DNA ANALYSIS OF 53 SINGLE NUCLEOTIDE POLYMORPHISMS (SNPS), USING SALI	CCR	01/01/2015
0006M	ONCOLOGY (HEPATIC), MRNA EXPRESSION LEVELS OF 161 GENES, UTILIZING FRESH HEPATOC	CCR	01/01/2015
0007M	ONCOLOGY (GASTROINTESTINAL NEUROENDOCRINE TUMORS), REAL-TIME PCR EXPRESSION ANAL	CCR	01/01/2015
0008M	ONCOLOGY (BREAST), MRNA ANALYSIS OF 58 GENES USING HYBRID CAPTURE, ON FORMALIN-F	CCR	01/01/2015
0009M	FETAL ANEUPLOIDY (TRISOMY 21, AND 18) DNA SEQUENCE ANALYSIS OF SELECTED REGIONS	CCR	01/01/2016
00100	ANESTHESIA FOR PROCEDURES ON SALIVARY GLANDS, INCLUDING BIOPSY	Bundled	10/01/2006
00102	ANESTHESIA FOR PROCEDURES INVOLVING PLASTIC REPAIR OF CLEFT LIP	Bundled	10/01/2006
00103	ANESTHESIA FOR RECONSTRUCTIVE PROCEDURES OF EYELID (EG, BLEPHAROPLASTY, PTOSIS	Bundled	10/01/2006
00104	ANESTHESIA FOR ELECTROCONVULSIVE THERAPY	Bundled	10/01/2006
00120	ANESTHESIA FOR PROCEDURES ON EXTERNAL, MIDDLE, AND INNER EAR INCLUDING BIOPSY;	Bundled	10/01/2006
00124	ANESTHESIA FOR PROCEDURES ON EXTERNAL, MIDDLE, AND INNER EAR INCLUDING BIOPSY;	Bundled	10/01/2006
00126	ANESTHESIA FOR PROCEDURES ON EXTERNAL, MIDDLE, AND INNER EAR INCLUDING BIOPSY;	Bundled	10/01/2006
00140	ANESTHESIA FOR PROCEDURES ON EYE; NOT OTHERWISE SPECIFIED	Bundled	10/01/2006
00142	ANESTHESIA FOR PROCEDURES ON EYE; LENS SURGERY	Bundled	10/01/2006
00144	ANESTHESIA FOR PROCEDURES ON EYE; CORNEAL TRANSPLANT	Bundled	10/01/2006
00145	ANESTHESIA FOR PROCEDURES ON EYE; VITREORETINAL SURGERY	Bundled	10/01/2006
00147	ANESTHESIA FOR PROCEDURES ON EYE; IRIDECTOMY	Bundled	10/01/2006
00148	ANESTHESIA FOR PROCEDURES ON EYE; OPHTHALMOSCOPY	Bundled	10/01/2006
00160	ANESTHESIA FOR PROCEDURES ON NOSE AND ACCESSORY SINUSES; NOT OTHERWISE SPECIFIED	Bundled	10/01/2006
00162	ANESTHESIA FOR PROCEDURES ON NOSE AND ACCESSORY SINUSES; RADICAL SURGERY	Bundled	10/01/2006
00164	ANESTHESIA FOR PROCEDURES ON NOSE AND ACCESSORY SINUSES; BIOPSY, SOFT TISSUE	Bundled	10/01/2006
00170	ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; NOT OTHERWISE SPECIFIED	Bundled	10/01/2006
00172	ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; REPAIR OF CLEFT PALATE	Bundled	10/01/2006
00174	ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; EXCISION OF	Bundled	10/01/2006
00190	ANESTHESIA FOR PROCEDURES ON FACIAL BONES OR SKULL; NOT OTHERWISE SPECIFIED	Bundled	10/01/2006
00210	ANESTHESIA FOR INTRACRANIAL PROCEDURES; NOT OTHERWISE SPECIFIED	Bundled	10/01/2006
00212	ANESTHESIA FOR INTRACRANIAL PROCEDURES; SUBDURAL TAPS	Bundled	10/01/2006
00216	ANESTHESIA FOR INTRACRANIAL PROCEDURES; VASCULAR PROCEDURES	Bundled	10/01/2006

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00218	ANESTHESIA FOR INTRACRANIAL PROCEDURES; PROCEDURES IN SITTING POSITION	Bundled	10/01/2006
00220	ANESTHESIA FOR INTRACRANIAL PROCEDURES; CEREBROSPINAL FLUID SHUNTING PROCEDURES	Bundled	10/01/2006
00222	ANESTHESIA FOR INTRACRANIAL PROCEDURES; ELECTROCOAGULATION OF INTRACRANIAL NERVE	Bundled	10/01/2006
00300	ANESTHESIA FOR ALL PROCEDURES ON THE INTEGUMENTARY SYSTEM, MUSCLES AND NERVES OF	Bundled	10/01/2006
00320	ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS, THYROID, LARYNX, TRACHEA AND	Bundled	10/01/2006
00322	ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS, THYROID, LARYNX, TRACHEA AND	Bundled	10/01/2006
00326	ANESTHESIA FOR ALL PROCEDURES ON THE LARYNX AND TRACHEA IN CHILDREN LESS THAN 1	Bundled	10/01/2006
00350	ANESTHESIA FOR PROCEDURES ON MAJOR VESSELS OF NECK; NOT OTHERWISE SPECIFIED	Bundled	10/01/2006
00352	ANESTHESIA FOR PROCEDURES ON MAJOR VESSELS OF NECK; SIMPLE LIGATION	Bundled	10/01/2006
00400	ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES, ANTERI	Bundled	10/01/2006
00402	ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES,	Bundled	10/01/2006
00404	ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES,	Bundled	10/01/2006
00406	ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES,	Bundled	10/01/2006
00410	ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES,	Bundled	10/01/2006
00450	ANESTHESIA FOR PROCEDURES ON CLAVICLE AND SCAPULA; NOT OTHERWISE SPECIFIED	Bundled	10/01/2006
00454	ANESTHESIA FOR PROCEDURES ON CLAVICLE AND SCAPULA; BIOPSY OF CLAVICLE	Bundled	10/01/2006
00470	ANESTHESIA FOR PARTIAL RIB RESECTION; NOT OTHERWISE SPECIFIED	Bundled	10/01/2006
00472	ANESTHESIA FOR PARTIAL RIB RESECTION; THORACOPLASTY (ANY TYPE)	Bundled	10/01/2006
00500	ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS	Bundled	10/01/2006
00520	ANESTHESIA FOR CLOSED CHEST PROCEDURES; (INCLUDING BRONCHOSCOPY) NOT OTHERWISE	Bundled	10/01/2006
00522	ANESTHESIA FOR CLOSED CHEST PROCEDURES; NEEDLE BIOPSY OF PLEURA	Bundled	10/01/2006
00528	ANESTHESIA FOR CLOSED CHEST PROCEDURES; MEDIASTINOSCOPY AND DIAGNOSTIC	Bundled	10/01/2006
00529	ANESTHESIA FOR CLOSED CHEST PROCEDURES; MEDIASTINOSCOPY AND DIAGNOSTIC	Bundled	10/01/2006
00530	ANESTHESIA FOR PERMANENT TRANSVENOUS PACEMAKER INSERTION	Bundled	10/01/2006
00532	ANESTHESIA FOR ACCESS TO CENTRAL VENOUS CIRCULATION	Bundled	10/01/2006
00534	ANESTHESIA FOR TRANSVENOUS INSERTION OR REPLACEMENT OF PACING	Bundled	10/01/2006
00537	ANESTHESIA FOR CARDIAC ELECTROPHYSIOLOGIC PROCEDURES INCLUDING RADIOFREQUENCY	Bundled	10/01/2006
00539	ANESTHESIA FOR TRACHEOBRONCHIAL RECONSTRUCTION	Bundled	10/01/2006
00541	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, AND	Bundled	10/01/2006
00548	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, AND	Bundled	10/01/2006
0054T	COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WI	Bundled	01/01/2009

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00550	ANESTHESIA FOR STERNAL DEBRIDEMENT	Bundled	10/01/2006
0055T	COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WI	Bundled	01/01/2009
00563	ANESTHESIA FOR PROCEDURES ON HEART, PERICARDIAL SAC, AND GREAT VESSELS OF	Bundled	10/01/2006
00566	ANESTHESIA FOR DIRECT CORONARY ARTERY BYPASS GRAFTING; WITHOUT PUMP OXYGENATOR	Bundled	10/01/2006
0058T	CRYOPRESERVATION; REPRODUCTIVE TISSUE, OVARIAN	\$86.12	10/01/2017
00600	ANESTHESIA FOR PROCEDURES ON CERVICAL SPINE AND CORD; NOT OTHERWISE SPECIFIED	Bundled	10/01/2006
00620	ANESTHESIA FOR PROCEDURES ON THORACIC SPINE AND CORD; NOT OTHERWISE SPECIFIED	Bundled	10/01/2006
00625	ANESTHESIA FOR PROCEDURES ON THE THORACIC SPINE AND CORD, VIA AN ANTERIOR TRANST	Bundled	01/01/2007
00626	ANESTHESIA FOR PROCEDURES ON THE THORACIC SPINE AND CORD, VIA AN ANTERIOR TRANST	Bundled	01/01/2007
00630	ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; NOT OTHERWISE SPECIFIED	Bundled	10/01/2006
00635	ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; DIAGNOSTIC OR THERAPEUTIC LUMBAR	Bundled	10/01/2006
00640	ANESTHESIA FOR MANIPULATION OF THE SPINE OR FOR CLOSED PROCEDURES ON THE	Bundled	10/01/2006
00700	ANESTHESIA FOR PROCEDURES ON UPPER ANTERIOR ABDOMINAL WALL; NOT OTHERWISE SPECIF	Bundled	10/01/2006
00702	ANESTHESIA FOR PROCEDURES ON UPPER ANTERIOR ABDOMINAL WALL; PERCUTANEOUS LIVER	Bundled	10/01/2006
00730	ANESTHESIA FOR PROCEDURES ON UPPER POSTERIOR ABDOMINAL WALL	Bundled	10/01/2006
00740	ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCEDURES, ENDOSCOPE	Bundled	10/01/2006
00750	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; NOT OTHERWISE SPECIFIED	Bundled	10/01/2006
00752	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; LUMBAR AND VENTRAL (INCISIONAL)	Bundled	10/01/2006
00754	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; OMPHALOCELE	Bundled	10/01/2006
00756	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; TRANSABDOMINAL REPAIR OF	Bundled	10/01/2006
00770	ANESTHESIA FOR ALL PROCEDURES ON MAJOR ABDOMINAL BLOOD VESSELS	Bundled	10/01/2006
00790	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING	Bundled	10/01/2006
00797	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING	Bundled	10/01/2006
00800	ANESTHESIA FOR PROCEDURES ON LOWER ANTERIOR ABDOMINAL WALL; NOT OTHERWISE SPECIF	Bundled	10/01/2006
00810	ANESTHESIA FOR LOWER INTESTINAL ENDOSCOPIC PROCEDURES, ENDOSCOPE INTRODUCED	Bundled	10/01/2006
00820	ANESTHESIA FOR PROCEDURES ON LOWER POSTERIOR ABDOMINAL WALL	Bundled	10/01/2006
00830	ANESTHESIA FOR HERNIA REPAIRS IN LOWER ABDOMEN; NOT OTHERWISE SPECIFIED	Bundled	10/01/2006
00832	ANESTHESIA FOR HERNIA REPAIRS IN LOWER ABDOMEN; VENTRAL AND INCISIONAL HERNIAS	Bundled	10/01/2006
00834	ANESTHESIA FOR HERNIA REPAIRS IN THE LOWER ABDOMEN NOT OTHERWISE SPECIFIED,	Bundled	10/01/2006
00836	ANESTHESIA FOR HERNIA REPAIRS IN THE LOWER ABDOMEN NOT OTHERWISE SPECIFIED,	Bundled	10/01/2006
00840	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING	Bundled	10/01/2006

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00842	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING	Bundled	10/01/2006
00851	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING	Bundled	10/01/2006
00860	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY	Bundled	10/01/2006
00862	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY	Bundled	10/01/2006
00870	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY	Bundled	10/01/2006
00872	ANESTHESIA FOR LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE; WITH WATER BATH	Bundled	10/01/2006
00873	ANESTHESIA FOR LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE; WITHOUT WATER BATH	Bundled	10/01/2006
00880	ANESTHESIA FOR PROCEDURES ON MAJOR LOWER ABDOMINAL VESSELS; NOT OTHERWISE	Bundled	10/01/2006
00902	ANESTHESIA FOR; ANORECTAL PROCEDURE	Bundled	10/01/2006
00906	ANESTHESIA FOR; VULVECTOMY	Bundled	10/01/2006
00910	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY); NOT	Bundled	10/01/2006
00912	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY);	Bundled	10/01/2006
00914	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY);	Bundled	10/01/2006
00916	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY);	Bundled	10/01/2006
00918	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY); WITH	Bundled	10/01/2006
00920	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	Bundled	10/01/2006
00921	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	Bundled	10/01/2006
00922	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	Bundled	10/01/2006
00924	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	Bundled	10/01/2006
00926	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	Bundled	10/01/2006
00928	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	Bundled	10/01/2006
00930	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	Bundled	10/01/2006
00940	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR	Bundled	10/01/2006
00942	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR	Bundled	10/01/2006
00948	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR	Bundled	10/01/2006
00950	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR	Bundled	10/01/2006
00952	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR	Bundled	10/01/2006
01112	ANESTHESIA FOR BONE MARROW ASPIRATION AND/OR BIOPSY, ANTERIOR OR POSTERIOR ILIAC	Bundled	10/01/2006
01120	ANESTHESIA FOR PROCEDURES ON BONY PELVIS	Bundled	10/01/2006
01130	ANESTHESIA FOR BODY CAST APPLICATION OR REVISION	Bundled	10/01/2006
01160	ANESTHESIA FOR CLOSED PROCEDURES INVOLVING SYMPHYSIS PUBIS OR SACROILIAC JOINT	Bundled	10/01/2006

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01170	ANESTHESIA FOR OPEN PROCEDURES INVOLVING SYMPHYSIS PUBIS OR SACROILIAC JOINT	Bundled	10/01/2006
01173	ANESTHESIA FOR OPEN REPAIR OF FRACTURE DISRUPTION OF PELVIS OR COLUMN FRACTURE	Bundled	10/01/2006
01180	ANESTHESIA FOR OBTURATOR NEURECTOMY; EXTRAPELVIC	Bundled	10/01/2006
01190	ANESTHESIA FOR OBTURATOR NEURECTOMY; INTRAPELVIC	Bundled	10/01/2006
01200	ANESTHESIA FOR ALL CLOSED PROCEDURES INVOLVING HIP JOINT	Bundled	10/01/2006
01202	ANESTHESIA FOR ARTHROSCOPIC PROCEDURES OF HIP JOINT	Bundled	10/01/2006
01210	ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; NOT OTHERWISE SPECIFIED	Bundled	10/01/2006
01215	ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; REVISION OF TOTAL HIP	Bundled	10/01/2006
01220	ANESTHESIA FOR ALL CLOSED PROCEDURES INVOLVING UPPER 2/3 OF FEMUR	Bundled	10/01/2006
01230	ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER 2/3 OF FEMUR; NOT OTHERWISE	Bundled	10/01/2006
01250	ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE	Bundled	10/01/2006
01260	ANESTHESIA FOR ALL PROCEDURES INVOLVING VEINS OF UPPER LEG, INCLUDING	Bundled	10/01/2006
01270	ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG, INCLUDING BYPASS	Bundled	10/01/2006
01320	ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF	Bundled	10/01/2006
01340	ANESTHESIA FOR ALL CLOSED PROCEDURES ON LOWER 1/3 OF FEMUR	Bundled	10/01/2006
01360	ANESTHESIA FOR ALL OPEN PROCEDURES ON LOWER 1/3 OF FEMUR	Bundled	10/01/2006
01380	ANESTHESIA FOR ALL CLOSED PROCEDURES ON KNEE JOINT	Bundled	10/01/2006
01382	ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF KNEE JOINT	Bundled	10/01/2006
01390	ANESTHESIA FOR ALL CLOSED PROCEDURES ON UPPER ENDS OF TIBIA, FIBULA, AND/OR	Bundled	10/01/2006
01392	ANESTHESIA FOR ALL OPEN PROCEDURES ON UPPER ENDS OF TIBIA, FIBULA, AND/OR	Bundled	10/01/2006
01400	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON KNEE JOINT; NOT	Bundled	10/01/2006
01420	ANESTHESIA FOR ALL CAST APPLICATIONS, REMOVAL, OR REPAIR INVOLVING KNEE JOINT	Bundled	10/01/2006
01430	ANESTHESIA FOR PROCEDURES ON VEINS OF KNEE AND POPLITEAL AREA; NOT OTHERWISE	Bundled	10/01/2006
01432	ANESTHESIA FOR PROCEDURES ON VEINS OF KNEE AND POPLITEAL AREA; ARTERIOVENOUS	Bundled	10/01/2006
01440	ANESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL AREA; NOT OTHERWISE	Bundled	10/01/2006
01462	ANESTHESIA FOR ALL CLOSED PROCEDURES ON LOWER LEG, ANKLE, AND FOOT	Bundled	10/01/2006
01464	ANESTHESIA FOR ARTHROSCOPIC PROCEDURES OF ANKLE AND/OR FOOT	Bundled	10/01/2006
01470	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, AND FASCIA OF LOWER LEG,	Bundled	10/01/2006
01472	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, AND FASCIA OF LOWER LEG,	Bundled	10/01/2006
01474	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, AND FASCIA OF LOWER LEG,	Bundled	10/01/2006
01480	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT; NOT	Bundled	10/01/2006

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01482	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT; RADICAL	Bundled	10/01/2006
01484	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT;	Bundled	10/01/2006
01490	ANESTHESIA FOR LOWER LEG CAST APPLICATION, REMOVAL, OR REPAIR	Bundled	10/01/2006
01500	ANESTHESIA FOR PROCEDURES ON ARTERIES OF LOWER LEG, INCLUDING BYPASS GRAFT; NOT	Bundled	10/01/2006
01520	ANESTHESIA FOR PROCEDURES ON VEINS OF LOWER LEG; NOT OTHERWISE SPECIFIED	Bundled	10/01/2006
01522	ANESTHESIA FOR PROCEDURES ON VEINS OF LOWER LEG; VENOUS THROMBECTOMY, DIRECT OR	Bundled	10/01/2006
01610	ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF	Bundled	10/01/2006
01620	ANESTHESIA FOR ALL CLOSED PROCEDURES ON HUMERAL HEAD AND NECK, STERNOCLAVICULAR	Bundled	10/01/2006
01622	ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF SHOULDER JOINT	Bundled	10/01/2006
01630	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON HUMERAL HEAD AND	Bundled	10/01/2006
01650	ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; NOT OTHERWISE	Bundled	10/01/2006
01670	ANESTHESIA FOR ALL PROCEDURES ON VEINS OF SHOULDER AND AXILLA	Bundled	10/01/2006
01680	ANESTHESIA FOR SHOULDER CAST APPLICATION, REMOVAL OR REPAIR; NOT OTHERWISE	Bundled	10/01/2006
01682	ANESTHESIA FOR SHOULDER CAST APPLICATION, REMOVAL OR REPAIR; SHOULDER SPICA	Bundled	10/01/2006
01710	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF UPP	Bundled	10/01/2006
01712	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF	Bundled	10/01/2006
01714	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF	Bundled	10/01/2006
01716	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF	Bundled	10/01/2006
01730	ANESTHESIA FOR ALL CLOSED PROCEDURES ON HUMERUS AND ELBOW	Bundled	10/01/2006
01732	ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF ELBOW JOINT	Bundled	10/01/2006
01740	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; NOT	Bundled	10/01/2006
01742	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; OSTEOTOMY	Bundled	10/01/2006
01744	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; REPAIR OF	Bundled	10/01/2006
01758	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; EXCISION	Bundled	10/01/2006
01760	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; TOTAL	Bundled	10/01/2006
01770	ANESTHESIA FOR PROCEDURES ON ARTERIES OF UPPER ARM AND ELBOW; NOT OTHERWISE	Bundled	10/01/2006
01772	ANESTHESIA FOR PROCEDURES ON ARTERIES OF UPPER ARM AND ELBOW; EMBOLECTOMY	Bundled	10/01/2006
01780	ANESTHESIA FOR PROCEDURES ON VEINS OF UPPER ARM AND ELBOW; NOT OTHERWISE	Bundled	10/01/2006
01782	ANESTHESIA FOR PROCEDURES ON VEINS OF UPPER ARM AND ELBOW; PHLEBORRHAPHY	Bundled	10/01/2006
01810	ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF	Bundled	10/01/2006
01820	ANESTHESIA FOR ALL CLOSED PROCEDURES ON RADIUS, ULNA, WRIST, OR HAND BONES	Bundled	10/01/2006

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01829	ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES ON THE WRIST	Bundled	10/01/2006
01830	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC/ENDOSCOPIC PROCEDURES ON DISTAL	Bundled	10/01/2006
01832	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC/ENDOSCOPIC PROCEDURES ON DISTAL	Bundled	10/01/2006
01840	ANESTHESIA FOR PROCEDURES ON ARTERIES OF FOREARM, WRIST, AND HAND; NOT	Bundled	10/01/2006
01842	ANESTHESIA FOR PROCEDURES ON ARTERIES OF FOREARM, WRIST, AND HAND; EMBOLECTOMY	Bundled	10/01/2006
01844	ANESTHESIA FOR VASCULAR SHUNT, OR SHUNT REVISION, ANY TYPE (EG, DIALYSIS)	Bundled	10/01/2006
0184T	EXCISION OF RECTAL TUMOR, TRANSANAL ENDOSCOPIC MICROSURGICAL APPROACH (IE, TEMS)	\$3,266.77	10/01/2017
01850	ANESTHESIA FOR PROCEDURES ON VEINS OF FOREARM, WRIST, AND HAND; NOT OTHERWISE	Bundled	10/01/2006
01852	ANESTHESIA FOR PROCEDURES ON VEINS OF FOREARM, WRIST, AND HAND; PHLEBORRHAPHY	Bundled	10/01/2006
01860	ANESTHESIA FOR FOREARM, WRIST, OR HAND CAST APPLICATION, REMOVAL, OR REPAIR	Bundled	10/01/2006
0190T	PLACEMENT OF INTRAOCULAR RADIATION SRC APPLICATOR (LIST SEP IN ADD TO PRIM PROC)	Bundled	10/01/2013
01916	ANESTHESIA FOR DIAGNOSTIC ARTERIOGRAPHY/VENOGRAPHY	Bundled	10/01/2006
0191T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESER	\$2,834.15	10/01/2017
01920	ANESTHESIA FOR CARDIAC CATHETERIZATION INCLUDING CORONARY ANGIOGRAPHY AND	Bundled	10/01/2006
01922	ANESTHESIA FOR NON-INVASIVE IMAGING OR RADIATION THERAPY	Bundled	10/01/2006
01924	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING THE	Bundled	10/01/2006
01925	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING THE	Bundled	10/01/2006
01926	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING THE	Bundled	10/01/2006
01930	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING THE	Bundled	10/01/2006
01931	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGICAL PROCEDURES INVOLVING THE	Bundled	10/01/2006
01932	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING THE	Bundled	10/01/2006
01933	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING THE	Bundled	10/01/2006
01935	ANESTHESIA FOR PERCUTANEOUS IMAGE GUIDED PROCEDURES ON THE SPINE AND SPINAL CORD	Bundled	01/01/2008
01936	ANESTHESIA FOR PERCUTANEOUS IMAGE GUIDED PROCEDURES ON THE SPINE AND SPINAL CORD	Bundled	01/01/2008
01951	ANESTHESIA FOR SECOND AND THIRD DEGREE BURN EXCISION OR DEBRIDEMENT WITH OR WITH	Bundled	10/01/2006
01952	ANESTHESIA FOR SECOND AND THIRD DEGREE BURN EXCISION OR DEBRIDEMENT WITH OR	Bundled	10/01/2006
01953	ANESTHESIA FOR SECOND AND THIRD DEGREE BURN EXCISION OR DEBRIDEMENT WITH OR	Bundled	10/01/2006
01958	ANESTHESIA FOR EXTERNAL CEPHALIC VERSION PROCEDURE	Bundled	10/01/2006
01960	ANESTHESIA FOR VAGINAL DELIVERY ONLY	Bundled	10/01/2006
01961	ANESTHESIA FOR CESAREAN DELIVERY ONLY	Bundled	10/01/2006
01962	ANESTHESIA FOR URGENT HYSTERECTOMY FOLLOWING DELIVERY	Bundled	10/01/2006

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01963	ANESTHESIA FOR CESAREAN REMOVAL OF UTERUS	Bundled	10/01/2006
01965	ANESTHESIA FOR INCOMPLETE OR MISSED ABORTION PROCEDURES	Bundled	10/01/2006
01966	ANESTHESIA FOR INDUCED ABORTION PROCEDURES	Bundled	10/01/2006
01967	NEURAXIAL LABOR ANALGESIA/ANESTHESIA FOR PLANNED VAGINAL DELIVERY (THIS	Bundled	10/01/2006
01968	ANESTHESIA FOR CESAREAN DELIVERY FOLLOWING NEURAXIAL LABOR ANALGESIA/ANESTHESIA	Bundled	10/01/2006
01969	ANESTHESIA FOR CESAREAN HYSTERECTOMY FOLLOWING NEURAXIAL LABOR	Bundled	10/01/2006
01991	ANESTHESIA FOR DIAGNOSTIC OR THERAPEUTIC NERVE BLOCKS AND INJECTIONS (WHEN BLOCK	Bundled	10/01/2006
01992	ANESTHESIA FOR DIAGNOSTIC OR THERAPEUTIC NERVE BLOCKS AND INJECTIONS (WHEN BLOCK	Bundled	10/01/2006
01996	DAILY HOSPITAL MANAGEMENT OF EPIDURAL OR SUBARACHNOID CONTINUOUS DRUG	Bundled	10/01/2006
01999	UNLISTED ANESTHESIA PROCEDURE(S)	Bundled	10/01/2006
0213T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$529.67	10/01/2017
0214T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	Bundled	10/01/2013
0215T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	Bundled	10/01/2013
0216T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$529.67	10/01/2017
0217T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	Bundled	10/01/2013
0218T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	Bundled	10/01/2013
0234T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICA	\$7,953.55	10/01/2016
0236T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICA	\$7,953.55	10/01/2016
0237T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICA	\$7,953.55	10/01/2016
0238T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICA	\$12,179.24	10/01/2016
0249T	LIGATION, HEMORRHOIDAL VASCULAR BUNDLE(S), INCLUDING ULTRASOUND GUIDANCE	\$1,796.87	10/01/2017
0253T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESER	\$2,834.15	10/01/2017
0340T	ABLATION, PULMONARY TUMOR(S), INCLUDING PLEURA OR CHEST WALL WHEN INVOLVED BY TU	\$3,481.08	10/01/2017
0359T	BEHAVIOR IDENTIFICATION ASSESSMENT, BY THE PHYSICIAN OR OTHER QUALIFIED HEAL	\$58.25	10/01/2017
0360T	OBSERVATIONAL BEHAVIORAL FOLLOW-UP ASSESSMENT, INCLUDES PHYSICIAN OR OTHER Q	\$58.25	10/01/2017
0361T	OBSERVATIONAL BEHAVIORAL FOLLOW-UP ASSESSMENT, INCLUDES PHYSICIAN OR OTHER Q	Bundled	07/01/2014
0362T	EXPOSURE BEHAVIORAL FOLLOW-UP ASSESSMENT, INCLUDES PHYSICIANOR OTHER QUALIFIED H	\$58.25	10/01/2017
0363T	EXPOSURE BEHAVIORAL FOLLOW-UP ASSESSMENT, INCLUDES PHYSICIANOR OTHER QUALIFIED H	Bundled	07/01/2014
0364T	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-	\$104.22	10/01/2016
0365T	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-	Bundled	07/01/2014
0366T	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-	\$104.22	10/01/2016

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0367T	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-	Bundled	07/01/2014
0368T	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION ADMINISTERED BY PHYS	\$104.22	10/01/2016
0369T	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION ADMINISTERED BY PHYS	Bundled	07/01/2014
0370T	FAMILY ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER Q	\$104.22	10/01/2016
0371T	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYS	\$104.22	10/01/2016
0372T	ADAPTIVE BEHAVIOR TREATMENT SOCIAL SKILLS GROUP, ADMINISTERED BY PHYS	\$104.22	10/01/2016
0373T	EXPOSURE ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION REQUIRI	\$104.22	10/01/2016
0374T	EXPOSURE ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION REQUIRI	Bundled	07/01/2014
0394T	HIGH DOSE RATE ELECTRONIC BRACHYTHERAPY	\$161.99	10/01/2016
0395T	HIGH DOSE RATE ELECTRONIC BRACHYTHERAPY	\$580.29	10/01/2016
0412T	REMOVAL OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM; PULSE GENERATOR ON	\$2,075.16	10/01/2016
0413T	REMOVAL OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM; TRANSVENOUS ELECTR	\$2,075.16	10/01/2016
0428T	REMOVAL OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; PULSE GE	\$1,824.23	10/01/2016
0429T	REMOVAL OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; SENSING	\$1,824.23	10/01/2016
0430T	REMOVAL OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; STIMULAT	\$1,824.23	10/01/2016
0438T	INJECTION OF BIODEGRADABLE MATERIAL ADJACENT TO PROSTATE, ACCESSE	\$2,107.78	10/01/2017
0440T	FREEZING DESTRUCTION OF NERVE IN ARM, ACCESSED THROUGH THE SKIN,	\$3,441.89	10/01/2017
0441T	FREEZING DESTRUCTION OF NERVE IN LEG, ACCESSED THROUGH THE SKIN,	\$3,441.89	10/01/2017
0442T	FREEZING DESTRUCTION OF NERVE PLEXUS, ACCESSED THROUGH THE SKIN,	\$3,441.89	10/01/2017
0449T	INSERTION OF AQUEOUS DRAINAGE DEVICE, WITHOUT INTRAOCULAR RESERVOIR, INTERNAL AP	\$2,834.15	10/01/2017
0450T	INSERTION OF AQUEOUS DRAINAGE DEVICE, WITHOUT INTRAOCULAR RESERVOIR, INTERNAL AP	Bundled	01/01/2017
0453T	INSERTION OR REPLACEMENT OF A PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VE	\$5,581.82	01/01/2017
0454T	INSERTION OR REPLACEMENT OF A PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VE	\$5,581.82	01/01/2017
0457T	REMOVAL OF PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SY	\$2,075.16	01/01/2017
0458T	REMOVAL OF PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SY	\$2,075.16	01/01/2017
0460T	REPOSITIONING OF PREVIOUSLY IMPLANTED AORTIC COUNTERPULSATION VENTRICULAR ASSIST	\$2,075.16	01/01/2017
0462T	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLA	\$201.02	01/01/2017
0463T	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT, IN	\$201.02	01/01/2017
0465T	SUPRACHOROIDAL INJECTION OF A PHARMACOLOGIC AGENT (DOES NOT INCLUDE SUPPLY OF ME	\$231.66	10/01/2017
0466T	INSERTION OF CHEST WALL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY, INCLUDI	Bundled	01/01/2017
0467T	REVISION OR REPLACEMENT OF CHEST WALL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE	\$1,824.23	01/01/2017

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0468T	REMOVAL OF CHEST WALL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY	\$1,824.23	01/01/2017
10021	FINE NEEDLE ASPIRATION; WITHOUT IMAGING GUIDANCE	\$242.58	10/01/2017
10022	FINE NEEDLE ASPIRATION; WITH IMAGING GUIDANCE	\$446.92	10/01/2017
10030	IMAGE-GUIDED FLUID COLLECTION DRAINAGE BY CATHETER (EG, ABSCESS, HEMATOMA, SEROM	\$446.92	10/01/2017
10035	PLACEMENT OF SOFT TISSUE LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE	\$446.92	10/01/2017
10036	PLACEMENT OF SOFT TISSUE LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE	Bundled	01/01/2016
10060	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS,	\$126.94	10/01/2017
10061	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS,	\$242.58	10/01/2017
10080	INCISION AND DRAINAGE OF PILONIDAL CYST; SIMPLE	\$446.92	10/01/2017
10081	INCISION AND DRAINAGE OF PILONIDAL CYST; COMPLICATED	\$446.92	10/01/2017
10120	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; SIMPLE	\$242.58	10/01/2017
10121	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; COMPLICATED	\$1,025.16	10/01/2017
10140	INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION	\$1,025.16	10/01/2017
10160	PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST	\$242.58	10/01/2017
10180	INCISION AND DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTION	\$1,781.45	10/01/2017
11000	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; UP TO 10% OF BODY SURFACE	\$375.62	10/01/2017
11001	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; EACH ADDITIONAL 10% OF THE	Bundled	10/01/2013
11010	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL AT THE SITE OF AN OPEN FRACTUR	\$446.92	10/01/2017
11011	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL AT THE SITE OF AN OPEN FRACTUR	\$446.92	10/01/2017
11012	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL AT THE SITE OF AN OPEN FRACTUR	\$1,781.45	10/01/2017
11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AND DERMIS, IF PERFORMED);	\$242.58	10/01/2017
11043	DEBRIDEMENT, MUSCLE AND/OR FASCIA (INCLUDES EPIDERMIS, DERMIS, AND SUBCUTANEOUS	\$375.62	10/01/2017
11044	DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS TISSUE, MUSCLE AND/O	\$1,025.16	10/01/2017
11045	DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AND DERMIS, IF PERFORMED);	Bundled	10/01/2013
11046	DEBRIDEMENT, MUSCLE AND/OR FASCIA (INCLUDES EPIDERMIS, DERMIS, AND SUBCUTANEOUS	Bundled	10/01/2013
11047	DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS TISSUE, MUSCLE AND/O	Bundled	10/01/2013
11055	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); SINGLE L	\$126.94	10/01/2017
11056	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); TWO TO	\$126.94	10/01/2017
11057	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); MORE	\$126.94	10/01/2017
11100	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPLE CLO	\$242.58	10/01/2017
11101	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPLE	Bundled	10/01/2013

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11200	REMOVAL OF SKIN TAGS, MULTIPLE FIBROECUTANE0US TAGS, ANY AREA; UP TO AND INCLUDIN	\$126.94	10/01/2017
11201	REMOVAL OF SKIN TAGS, MULTIPLE FIBROECUTANE0US TAGS, ANY AREA; EACH ADDITIONAL 10	Bundled	10/01/2013
11300	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESIO	\$126.94	10/01/2017
11301	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS;	\$126.94	10/01/2017
11302	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS;	\$126.94	10/01/2017
11303	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS;	\$242.58	10/01/2017
11305	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET,	\$126.94	10/01/2017
11306	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET,	\$126.94	10/01/2017
11307	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET,	\$126.94	10/01/2017
11308	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET,	\$242.58	10/01/2017
11310	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS,	\$126.94	10/01/2017
11311	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS,	\$126.94	10/01/2017
11312	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS,	\$242.58	10/01/2017
11313	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS,	\$242.58	10/01/2017
11400	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWH	\$446.92	10/01/2017
11401	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$242.58	10/01/2017
11402	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$446.92	10/01/2017
11403	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$446.92	10/01/2017
11404	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$1,025.16	10/01/2017
11406	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$1,025.16	10/01/2017
11420	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$1,025.16	10/01/2017
11421	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$446.92	10/01/2017
11422	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$1,025.16	10/01/2017
11423	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$1,025.16	10/01/2017
11424	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$1,025.16	10/01/2017
11426	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$1,781.45	10/01/2017
11440	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	\$446.92	10/01/2017
11441	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	\$446.92	10/01/2017
11442	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	\$446.92	10/01/2017
11443	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	\$1,025.16	10/01/2017
11444	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	\$1,025.16	10/01/2017

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11446	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	\$1,781.45	10/01/2017
11450	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH	\$1,781.45	10/01/2017
11451	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH	\$1,781.45	10/01/2017
11462	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH	\$1,781.45	10/01/2017
11463	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH	\$1,781.45	10/01/2017
11470	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL,	\$1,781.45	10/01/2017
11471	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL,	\$1,781.45	10/01/2017
11600	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED DIAM	\$446.92	10/01/2017
11601	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED	\$446.92	10/01/2017
11602	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED	\$242.58	10/01/2017
11603	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED	\$446.92	10/01/2017
11604	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED	\$446.92	10/01/2017
11606	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED	\$1,025.16	10/01/2017
11620	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	\$1,025.16	10/01/2017
11621	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	\$446.92	10/01/2017
11622	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	\$446.92	10/01/2017
11623	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	\$1,025.16	10/01/2017
11624	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	\$1,025.16	10/01/2017
11626	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	\$1,781.45	10/01/2017
11640	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	\$446.92	10/01/2017
11641	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	\$446.92	10/01/2017
11642	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	\$446.92	10/01/2017
11643	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	\$1,025.16	10/01/2017
11644	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	\$1,025.16	10/01/2017
11646	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	\$1,781.45	10/01/2017
11719	TRIMMING OF NONDYSTROPHIC NAILS, ANY NUMBER	\$45.22	10/01/2017
11720	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); ONE TO FIVE	\$45.22	10/01/2017
11721	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); SIX OR MORE	\$45.22	10/01/2017
11730	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SINGLE	\$126.94	10/01/2017
11732	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; EACH ADDITIONAL NAIL PLATE	Bundled	10/01/2013
11740	EVACUATION OF SUBUNGUAL HEMATOMA	\$45.22	10/01/2017

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11750	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG, INGROWN OR DEFORMED	\$242.58	10/01/2017
11755	BIOPSY OF NAIL UNIT (EG, PLATE, BED, MATRIX, HYPONYCHIUM, PROXIMAL AND LATERAL	\$446.92	10/01/2017
11760	REPAIR OF NAIL BED	\$375.62	10/01/2017
11762	RECONSTRUCTION OF NAIL BED WITH GRAFT	\$1,183.62	10/01/2017
11765	WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGROWN TOENAIL)	\$242.58	10/01/2017
11770	EXCISION OF PILONIDAL CYST OR SINUS; SIMPLE	\$1,781.45	10/01/2017
11771	EXCISION OF PILONIDAL CYST OR SINUS; EXTENSIVE	\$1,781.45	10/01/2017
11772	EXCISION OF PILONIDAL CYST OR SINUS; COMPLICATED	\$1,781.45	10/01/2017
11900	INJECTION, INTRALESIONAL; UP TO AND INCLUDING SEVEN LESIONS	\$126.94	10/01/2017
11901	INJECTION, INTRALESIONAL; MORE THAN SEVEN LESIONS	\$126.94	10/01/2017
11920	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT	\$375.62	10/01/2017
11921	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT	\$375.62	10/01/2017
11960	INSERTION OF TISSUE EXPANDER(S) FOR OTHER THAN BREAST, INCLUDING SUBSEQUENT	\$2,076.39	10/01/2017
11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT PROSTHESIS	\$4,328.68	10/01/2017
11971	REMOVAL OF TISSUE EXPANDER(S) WITHOUT INSERTION OF PROSTHESIS	\$1,781.45	10/01/2017
11976	REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES	\$446.92	10/01/2017
11980	SUBCUTANEOUS HORMONE PELLET IMPLANTATION (IMPLANTATION OF ESTRADIOL AND/OR	\$218.53	10/01/2017
11981	INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	\$82.92	10/01/2017
11982	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	\$218.53	10/01/2017
11983	REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	\$218.53	10/01/2017
12001	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA,	\$126.94	10/01/2017
12002	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL	\$126.94	10/01/2017
12004	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL	\$126.94	10/01/2017
12005	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL	\$242.58	10/01/2017
12006	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL	\$242.58	10/01/2017
12007	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL	\$126.94	10/01/2017
12011	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR	\$126.94	10/01/2017
12013	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR	\$126.94	10/01/2017
12014	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR	\$126.94	10/01/2017
12015	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR	\$126.94	10/01/2017
12016	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR	\$126.94	10/01/2017

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12017	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR	\$242.58	10/01/2017
12018	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR	\$126.94	10/01/2017
12020	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; SIMPLE CLOSURE	\$375.62	10/01/2017
12021	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; WITH PACKING	\$242.58	10/01/2017
12031	REPAIR OF WOUND (2.5 CENTIMETERS OR LESS) OF THE SCALP, UNDERARMS, TRUNK, ARMS,	\$242.58	10/01/2017
12032	REPAIR OF WOUND (2.6 TO 7.5 CENTIMETERS) OF THE SCALP, UNDERARMS, TRUNK, ARMS, A	\$242.58	10/01/2017
12034	REPAIR OF WOUND (7.6 TO 12.5 CENTIMETERS) OF THE SCALP, UNDERARMS, TRUNK, ARMS,	\$242.58	10/01/2017
12035	REPAIR OF WOUND (12.6 TO 20.0 CENTIMETERS) OF THE SCALP, UNDERARMS, TRUNK, ARMS,	\$242.58	10/01/2017
12036	REPAIR OF WOUND (20.1 TO 30.0 CENTIMETERS) OF THE SCALP, UNDERARMS, TRUNK, ARMS,	\$375.62	10/01/2017
12037	REPAIR OF WOUND (OVER 30.0 CENTIMETERS) OF THE SCALP, UNDERARMS, TRUNK, ARMS, AN	\$2,076.39	10/01/2017
12041	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.5	\$242.58	10/01/2017
12042	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.6	\$242.58	10/01/2017
12044	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 7.6	\$375.62	10/01/2017
12045	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 12.	\$375.62	10/01/2017
12046	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 20.	\$242.58	10/01/2017
12047	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; OVE	\$1,183.62	10/01/2017
12051	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	\$126.94	10/01/2017
12052	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	\$242.58	10/01/2017
12053	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	\$242.58	10/01/2017
12054	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	\$242.58	10/01/2017
12055	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	\$242.58	10/01/2017
12056	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	\$242.58	10/01/2017
12057	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	\$126.94	10/01/2017
13100	REPAIR, COMPLEX, TRUNK; 1.1 CM TO 2.5 CM	\$375.62	10/01/2017
13101	REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM	\$375.62	10/01/2017
13102	REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN	Bundled	10/01/2013
13120	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 1.1 CM TO 2.5 CM	\$375.62	10/01/2017
13121	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 2.6 CM TO 7.5 CM	\$375.62	10/01/2017
13122	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 5 CM OR LESS (LIST	Bundled	10/01/2013
13131	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS	\$242.58	10/01/2017
13132	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS	\$375.62	10/01/2017

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13133	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS	Bundled	10/01/2013
13151	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.1 CM TO 2.5 CM	\$375.62	10/01/2017
13152	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM	\$375.62	10/01/2017
13153	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; EACH ADDITIONAL 5 CM OR LESS	Bundled	10/01/2013
13160	SECONDARY CLOSURE OF SURGICAL WOUND OR DEHISCENCE, EXTENSIVE OR COMPLICATED	\$1,183.62	10/01/2017
14000	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10 SQ CM OR LESS	\$1,183.62	10/01/2017
14001	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10.1 SQ CM TO 30.0 SQ	\$1,183.62	10/01/2017
14020	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT 10	\$1,183.62	10/01/2017
14021	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT 10.1	\$1,183.62	10/01/2017
14040	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK,	\$1,183.62	10/01/2017
14041	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK,	\$1,183.62	10/01/2017
14060	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;	\$1,183.62	10/01/2017
14061	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;	\$1,183.62	10/01/2017
14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA: DEFECT 30.1 SQ CM TO 60.0 S	\$2,076.39	10/01/2017
14302	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EACH ADDITIONAL 30.0 SQ CM	Bundled	10/01/2013
14350	FILLETED FINGER OR TOE FLAP, INCLUDING PREPARATION OF RECIPIENT SITE	\$2,076.39	10/01/2017
15002	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, B	\$1,183.62	10/01/2017
15003	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, B	Bundled	10/01/2013
15004	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, B	\$375.62	10/01/2017
15005	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, B	Bundled	10/01/2013
15040	HARVEST OF SKIN FOR TISSUE CULTURED SKIN AUTOGRAFT, 100 SQ CM OR LESS	\$1,183.62	10/01/2017
15050	PINCH GRAFT, SINGLE OR MULTIPLE, TO COVER SMALL ULCER, TIP OF DIGIT, OR OTHER	\$375.62	10/01/2017
15100	SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PE	\$1,183.62	10/01/2017
15101	SPLIT GRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL	Bundled	10/01/2013
15110	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PERCENT	\$1,183.62	10/01/2017
15111	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDIT	Bundled	10/01/2013
15115	EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA,	\$1,183.62	10/01/2017
15116	EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA,	Bundled	10/01/2013
15120	SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENI	\$2,076.39	10/01/2017
15121	SPLIT GRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS,	Bundled	10/01/2013
15130	DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PERCENT OF	\$2,076.39	10/01/2017

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15131	DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITION	Bundled	10/01/2013
15135	DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HA	\$2,076.39	10/01/2017
15136	DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HA	Bundled	10/01/2013
15150	TISSUE CULTURED SKIN AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 25 SQ CM OR LESS	\$2,076.39	10/01/2017
15151	TISSUE CULTURED SKIN AUTOGRAFT, TRUNK, ARMS, LEGS; ADDITIONAL 1 SQ CM TO 75 SQ C	Bundled	10/01/2013
15152	TISSUE CULTURED SKIN AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR	Bundled	10/01/2013
15155	TISSUE CULTURED SKIN AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,	\$2,076.39	10/01/2017
15156	TISSUE CULTURED SKIN AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,	Bundled	10/01/2013
15157	TISSUE CULTURED SKIN AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,	Bundled	10/01/2013
15200	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; 20	\$2,076.39	10/01/2017
15201	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; EACH	Bundled	10/01/2013
15220	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP,	\$1,183.62	10/01/2017
15221	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP, ARMS,	Bundled	10/01/2013
15240	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD,	\$1,183.62	10/01/2017
15241	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CH	Bundled	10/01/2013
15260	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS,	\$1,183.62	10/01/2017
15261	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS,	Bundled	10/01/2013
15271	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE A	\$1,183.62	10/01/2017
15272	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE A	Bundled	10/01/2013
15273	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE A	\$2,076.39	10/01/2017
15274	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE A	Bundled	10/01/2013
15275	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS,	\$1,183.62	10/01/2017
15276	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS,	Bundled	10/01/2013
15277	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS,	\$1,183.62	10/01/2017
15278	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS,	Bundled	10/01/2013
15570	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; TRUNK	\$1,183.62	10/01/2017
15572	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; SCALP, ARMS, OR	\$2,076.39	10/01/2017
15574	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; FOREHEAD,	\$1,183.62	10/01/2017
15576	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; EYELIDS, NOSE,	\$1,183.62	10/01/2017
15600	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT TRUNK	\$2,076.39	10/01/2017
15610	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT SCALP, ARMS, OR	\$2,076.39	10/01/2017

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15620	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT FOREHEAD, CHEEKS,	\$1,183.62	10/01/2017
15630	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT EYELIDS, NOSE,	\$1,183.62	10/01/2017
15650	TRANSFER, INTERMEDIATE, OF ANY PEDICLE FLAP (EG, ABDOMEN TO WRIST, WALKING	\$1,183.62	10/01/2017
15731	FOREHEAD FLAP WITH PRESERVATION OF VASCULAR PEDICLE (EG, AXIAL PATTERN FLAP, PAR	\$2,076.39	10/01/2017
15732	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK (EG, TEMPORALIS,	\$2,076.39	10/01/2017
15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK	\$2,076.39	10/01/2017
15736	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; UPPER EXTREMITY	\$2,076.39	10/01/2017
15738	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; LOWER EXTREMITY	\$2,076.39	10/01/2017
15740	FLAP; ISLAND PEDICLE REQUIRING IDENTIFICATION AND DISSECTION OF AN ANATOMICALLY	\$1,183.62	10/01/2017
15750	FLAP; NEUROVASCULAR PEDICLE	\$2,076.39	10/01/2017
15760	GRAFT; COMPOSITE (EG, FULL THICKNESS OF EXTERNAL EAR OR NASAL ALA), INCLUDING	\$1,183.62	10/01/2017
15770	GRAFT; DERMA-FAT-FASCIA	\$2,076.39	10/01/2017
15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE R	Bundled	10/01/2013
15788	CHEMICAL PEEL, FACIAL; EPIDERMAL	\$126.94	10/01/2017
15789	CHEMICAL PEEL, FACIAL; DERMAL	\$375.62	10/01/2017
15792	CHEMICAL PEEL, NONFACIAL; EPIDERMAL	\$242.58	10/01/2017
15793	CHEMICAL PEEL, NONFACIAL; DERMAL	\$242.58	10/01/2017
15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	\$1,183.62	10/01/2017
15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDOMEN,	\$3,663.73	10/01/2017
15840	GRAFT FOR FACIAL NERVE PARALYSIS; FREE FASCIA GRAFT (INCLUDING OBTAINING FASCIA)	\$2,076.39	10/01/2017
15841	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT (INCLUDING OBTAINING GRAFT)	\$2,076.39	10/01/2017
15842	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE FLAP BY MICROSURGICAL TECHNIQUE	\$1,183.62	10/01/2017
15845	GRAFT FOR FACIAL NERVE PARALYSIS; REGIONAL MUSCLE TRANSFER	\$2,076.39	10/01/2017
15847	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY), ABDOMEN (	Bundled	10/01/2013
15850	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), SAME SURGEON	\$375.62	10/01/2017
15851	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), OTHER SURGEON	\$1,183.62	10/01/2017
15852	DRESSING CHANGE (FOR OTHER THAN BURNS) UNDER ANESTHESIA (OTHER THAN LOCAL)	\$218.53	10/01/2017
15860	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST VASCULAR FLOW IN FLAP	\$218.53	10/01/2017
15920	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH PRIMARY SUTURE	\$1,781.45	10/01/2017
15922	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH FLAP CLOSURE	\$2,076.39	10/01/2017
15931	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE;	\$1,025.16	10/01/2017

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15933	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY	\$1,781.45	10/01/2017
15934	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE;	\$2,076.39	10/01/2017
15935	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	\$2,076.39	10/01/2017
15936	EXCISION, SACRAL PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP	\$1,183.62	10/01/2017
15937	EXCISION, SACRAL PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP	\$1,183.62	10/01/2017
15940	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE;	\$1,781.45	10/01/2017
15941	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY	\$1,781.45	10/01/2017
15944	EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE;	\$2,076.39	10/01/2017
15945	EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	\$2,076.39	10/01/2017
15946	EXCISION, ISCHIAL PRESSURE ULCER, WITH OSTECTOMY, IN PREPARATION FOR MUSCLE OR	\$2,076.39	10/01/2017
15950	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE;	\$1,025.16	10/01/2017
15951	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY	\$1,781.45	10/01/2017
15952	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE;	\$2,076.39	10/01/2017
15953	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	\$2,076.39	10/01/2017
15956	EXCISION, TROCHANTERIC PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR	\$1,183.62	10/01/2017
15958	EXCISION, TROCHANTERIC PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR	\$2,076.39	10/01/2017
15999	UNLISTED PROCEDURE, EXCISION PRESSURE ULCER	\$446.92	10/01/2017
16000	INITIAL TREATMENT, FIRST DEGREE BURN, WHEN NO MORE THAN LOCAL TREATMENT IS REQUI	\$126.94	10/01/2017
16020	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT;	\$126.94	10/01/2017
16025	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT;	\$126.94	10/01/2017
16030	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT;	\$242.58	10/01/2017
16035	ESCHAROTOMY; INITIAL INCISION	\$242.58	10/01/2017
17000	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGI	\$126.94	10/01/2017
17003	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	Bundled	10/01/2013
17004	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGI	\$242.58	10/01/2017
17106	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE);	\$242.58	10/01/2017
17107	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE);	\$375.62	10/01/2017
17108	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE);	\$1,183.62	10/01/2017
17110	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGI	\$126.94	10/01/2017
17111	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	\$126.94	10/01/2017
17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE (PROUD FLESH, SINUS OR FISTULA)	\$126.94	10/01/2017

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17260	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, C	\$126.94	10/01/2017
17261	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$126.94	10/01/2017
17262	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$126.94	10/01/2017
17263	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$126.94	10/01/2017
17264	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$242.58	10/01/2017
17266	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$242.58	10/01/2017
17270	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$126.94	10/01/2017
17271	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$126.94	10/01/2017
17272	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$126.94	10/01/2017
17273	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$242.58	10/01/2017
17274	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$242.58	10/01/2017
17276	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$242.58	10/01/2017
17280	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$126.94	10/01/2017
17281	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$242.58	10/01/2017
17282	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$242.58	10/01/2017
17283	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$242.58	10/01/2017
17284	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$375.62	10/01/2017
17286	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$375.62	10/01/2017
17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCI	\$375.62	10/01/2017
17312	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCI	Bundled	10/01/2013
17313	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCI	\$375.62	10/01/2017
17314	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCI	Bundled	10/01/2013
17315	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCI	Bundled	10/01/2013
17340	CRYOTHERAPY (CO2 SLUSH, LIQUID N2) FOR ACNE	\$23.53	10/01/2017
17999	UNLISTED PROCEDURE, SKIN, MUCOUS MEMBRANE AND SUBCUTANEOUS TISSUE	\$126.94	10/01/2017
19000	PUNCTURE ASPIRATION OF CYST OF BREAST;	\$446.92	10/01/2017
19001	PUNCTURE ASPIRATION OF CYST OF BREAST; EACH ADDITIONAL CYST (LIST SEPARATELY IN	Bundled	10/01/2013
19020	MASTOTOMY WITH EXPLORATION OR DRAINAGE OF ABSCESS, DEEP	\$1,025.16	10/01/2017
19030	INJECTION PROCEDURE ONLY FOR MAMMARY DUCTOGRAM OR GALACTOGRAM	Bundled	10/01/2006
19081	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METAL	\$1,025.16	10/01/2017
19082	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METAL	Bundled	01/01/2014

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19083	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METAL	\$1,025.16	10/01/2017
19084	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METAL	Bundled	01/01/2014
19085	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METAL	\$1,025.16	10/01/2017
19086	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METAL	Bundled	01/01/2014
19100	BIOPSY OF BREAST; PERCUTANEOUS, NEEDLE CORE, NOT USING IMAGING GUIDANCE (SEPARAT	\$1,025.16	10/01/2017
19101	BIOPSY OF BREAST; OPEN, INCISIONAL	\$2,072.07	10/01/2017
19105	ABLATION, CRYOSURGICAL, OF FIBROADENOMA, INCLUDING ULTRASOUND GUIDANCE, EACH FIB	\$2,072.07	10/01/2017
19110	NIPPLE EXPLORATION, WITH OR WITHOUT EXCISION OF A SOLITARY LACTIFEROUS DUCT OR	\$2,072.07	10/01/2017
19112	EXCISION OF LACTIFEROUS DUCT FISTULA	\$2,072.07	10/01/2017
19120	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALIGNANT TUMOR, ABERRANT BRE	\$2,072.07	10/01/2017
19125	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT OF RADIOLOGICAL	\$2,072.07	10/01/2017
19126	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT OF RADIOLOGICAL	Bundled	10/01/2013
19260	EXCISION OF CHEST WALL TUMOR INCLUDING RIBS	\$1,781.45	10/01/2017
19281	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEED	\$446.92	10/01/2017
19282	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEED	Bundled	01/01/2014
19283	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEED	\$446.92	10/01/2017
19284	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEED	Bundled	01/01/2014
19285	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEED	\$446.92	10/01/2017
19286	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEED	Bundled	01/01/2014
19287	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEED	\$446.92	10/01/2017
19288	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEED	Bundled	01/01/2014
19296	PLACEMENT OF RADIOTHERAPY AFTERLOADING EXPANDABLE CATHETER (SINGLE OR MULTICHANN	\$5,377.18	10/01/2017
19297	PLACEMENT OF RADIOTHERAPY AFTERLOADING EXPANDABLE CATHETER (SINGLE OR MULTICHANN	Bundled	10/01/2014
19298	PLACEMENT OF RADIOTHERAPY AFTERLOADING BRACHYTHERAPY CATHETERS (MULTIPLE TUBE	\$3,663.73	10/01/2017
19300	MASTECTOMY FOR GYNECOMASTIA	\$2,072.07	10/01/2017
19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY);	\$2,072.07	10/01/2017
19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY);	\$3,663.73	10/01/2017
19303	MASTECTOMY, SIMPLE, COMPLETE	\$3,663.73	10/01/2017
19304	MASTECTOMY, SUBCUTANEOUS	\$2,072.07	10/01/2017
19307	MASTECTOMY, MODIFIED RADICAL, INCLUDING AXILLARY LYMPH NODES, WITH OR WITHOUT PE	\$3,663.73	10/01/2017
19316	MASTOPEXY	\$3,663.73	10/01/2017

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19318	REDUCTION MAMMAPLASTY	\$3,663.73	10/01/2017
19325	MAMMAPLASTY, AUGMENTATION; WITH PROSTHETIC IMPLANT	\$5,377.18	10/01/2017
19328	REMOVAL OF INTACT MAMMARY IMPLANT	\$2,072.07	10/01/2017
19330	REMOVAL OF MAMMARY IMPLANT MATERIAL	\$2,072.07	10/01/2017
19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN	\$3,663.73	10/01/2017
19342	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN	\$5,377.18	10/01/2017
19350	NIPPLE/AREOLA RECONSTRUCTION	\$2,072.07	10/01/2017
19355	CORRECTION OF INVERTED NIPPLES	\$2,072.07	10/01/2017
19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING	\$6,299.38	10/01/2016
19366	BREAST RECONSTRUCTION WITH OTHER TECHNIQUE	\$3,663.73	10/01/2017
19370	OPEN PERIPROSTHETIC CAPSULOTOMY, BREAST	\$2,072.07	10/01/2017
19371	PERIPROSTHETIC CAPSULECTOMY, BREAST	\$2,072.07	10/01/2017
19380	REVISION OF RECONSTRUCTED BREAST	\$3,663.73	10/01/2017
19396	PREPARATION OF MOULAGE FOR CUSTOM BREAST IMPLANT	\$2,072.07	10/01/2017
19499	UNLISTED PROCEDURE, BREAST	\$2,072.07	10/01/2017
20005	INCISION AND DRAINAGE OF SOFT TISSUE ABSCESS, SUBFASCIAL (IE, INVOLVES THE SOFT	\$1,025.16	10/01/2017
20100	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); NECK	\$366.93	10/01/2017
20101	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); CHEST	\$1,183.62	10/01/2017
20102	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOMEN/FLANK/BACK	\$1,183.62	10/01/2017
20103	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); EXTREMITY	\$446.92	10/01/2017
20150	EXCISION OF EPIPHYSEAL BAR WITH/WITHOUT AUTOGENOUS SOFT TISSUE GRAFT OBTAINED TH	\$2,021.38	10/01/2017
20200	BIOPSY, MUSCLE; SUPERFICIAL	\$1,025.16	10/01/2017
20205	BIOPSY, MUSCLE; DEEP	\$1,781.45	10/01/2017
20206	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	\$1,025.16	10/01/2017
20220	BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS	\$1,025.16	10/01/2017
20225	BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BODY, FEMUR)	\$1,025.16	10/01/2017
20240	BIOPSY, BONE, OPEN; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS,	\$1,781.45	10/01/2017
20245	BIOPSY, BONE, OPEN; DEEP (EG, HUMERUS, ISCHIUM, FEMUR)	\$1,781.45	10/01/2017
20250	BIOPSY, VERTEBRAL BODY, OPEN; THORACIC	\$2,021.38	10/01/2017
20251	BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR OR CERVICAL	\$4,328.68	10/01/2017
20500	INJECTION OF SINUS TRACT; THERAPEUTIC (SEPARATE PROCEDURE)	\$860.96	10/01/2017

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20501	INJECTION OF SINUS TRACT; DIAGNOSTIC (SINOGRAM)	Bundled	10/01/2006
20520	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE	\$1,025.16	10/01/2017
20525	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED	\$1,781.45	10/01/2017
20526	INJECTION, THERAPEUTIC (EG, LOCAL ANESTHETIC, CORTICOSTEROID), CARPAL TUNNEL	\$191.50	10/01/2017
20527	INJECTION OF ENZYME IN PALM TISSUE	\$191.50	10/01/2017
20550	INJECTIONS OF TENDON SHEATH, LIGAMENT, OR MUSCLE MEMBRANE	\$191.50	10/01/2017
20551	INJECTION(S); SINGLE TENDON ORIGIN/INSERTION	\$191.50	10/01/2017
20552	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE(S)	\$191.50	10/01/2017
20553	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLE(S)	\$191.50	10/01/2017
20555	PLACEMENT OF NEEDLES OR CATHETERS INTO MUSCLE AND/OR SOFT TISSUE FOR SUBSEQUENT	\$2,021.38	10/01/2017
20600	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL JOINT OR BURSA (EG, FINGERS,	\$191.50	10/01/2017
20604	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, SMALL JOINT OR BURSA (EG, FINGERS,	\$191.50	10/01/2017
20605	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT OR BURSA (EG,	\$191.50	10/01/2017
20606	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, INTERMEDIATE JOINT OR BURSA (EG, TE	\$420.46	10/01/2017
20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR JOINT OR BURSA (EG,	\$191.50	10/01/2017
20611	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR JOINT, OR BURSA (EG, SHOULDER	\$191.50	10/01/2017
20612	ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY LOCATION	\$191.50	10/01/2017
20615	ASPIRATION AND INJECTION FOR TREATMENT OF BONE CYST	\$446.92	10/01/2017
20650	INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING	\$2,021.38	10/01/2017
20660	APPLICATION OF CRANIAL TONGS, CALIPER, OR STEREOTACTIC FRAME, INCLUDING REMOVAL	\$1,009.24	10/01/2017
20662	APPLICATION OF HALO, INCLUDING REMOVAL; PELVIC	\$1,009.24	10/01/2017
20663	APPLICATION OF HALO, INCLUDING REMOVAL; FEMORAL	\$2,021.38	10/01/2017
20665	REMOVAL OF TONGS OR HALO APPLIED BY ANOTHER INDIVIDUAL	\$218.53	10/01/2017
20670	REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARATE	\$1,025.16	10/01/2017
20680	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR	\$1,781.45	10/01/2017
20690	APPLICATION OF A UNIPLANE (PINS OR WIRES IN ONE PLANE), UNILATERAL, EXTERNAL FIX	\$4,328.68	10/01/2017
20692	APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL,	\$7,926.26	10/01/2017
20693	ADJUSTMENT OR REVISION OF EXTERNAL FIXATION SYSTEM REQUIRING ANESTHESIA (EG,	\$4,328.68	10/01/2017
20694	REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM	\$1,009.24	10/01/2017
20696	APPLICATION OF MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EX	\$8,783.34	10/01/2016
20697	APPLICATION OF MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EX	\$1,009.24	10/01/2017

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20822	REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES DISTAL TIP TO SUBLIMIS TENDON	\$2,021.38	10/01/2017
20900	BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)	\$4,328.68	10/01/2017
20902	BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE	\$4,328.68	10/01/2017
20910	CARTILAGE GRAFT; COSTOCHONDRAL	\$375.62	10/01/2017
20912	CARTILAGE GRAFT; NASAL SEPTUM	\$2,076.39	10/01/2017
20920	FASCIA LATA GRAFT; BY STRIPPER	\$1,183.62	10/01/2017
20922	FASCIA LATA GRAFT; BY INCISION AND AREA EXPOSURE, COMPLEX OR SHEET	\$2,076.39	10/01/2017
20924	TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR, PLANTARIS)	\$4,328.68	10/01/2017
20926	TISSUE GRAFTS, OTHER (EG, PARATENON, FAT, DERMIS)	\$2,076.39	10/01/2017
20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGER	Bundled	10/01/2006
20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CO	Bundled	10/01/2006
20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIB	Bundled	10/01/2006
20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (TH	Bundled	10/01/2006
20938	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); STRUCTURAL, BI	Bundled	10/01/2006
20950	MONITORING OF INTERSTITIAL FLUID PRESSURE (INCLUDES INSERTION OF DEVICE, EG, WIC	\$446.92	10/01/2017
20972	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; METATARSAL	\$4,328.68	10/01/2017
20973	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WITH WEB	\$4,328.68	10/01/2017
20974	ELECTRICAL STIMULATION TO AID BONE HEALING; NONINVASIVE (NONOPERATIVE)	CCR	10/01/2006
20975	ELECTRICAL STIMULATION TO AID BONE HEALING; INVASIVE (OPERATIVE)	Bundled	01/01/2012
20979	LOW INTENSITY ULTRASOUND STIMULATION TO AID BONE HEALING, NONINVASIVE	\$23.53	10/01/2017
20982	DESTRUCTION OF 1 OR MORE BONE GROWTHS ACCESSED THROUGH THE SKIN	\$4,328.68	10/01/2017
20983	ABLATION THERAPY FOR REDUCTION OR ERADICATION OF 1 OR MORE BONE TUMORS (EG, META	\$4,328.68	10/01/2017
20999	UNLISTED PROCEDURE, MUSCULOSKELETAL SYSTEM, GENERAL	\$165.66	10/01/2017
21010	ARTHROTOMY, TEMPOROMANDIBULAR JOINT	\$1,801.99	10/01/2017
21011	EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; LESS THAN 2 CM	\$1,025.16	10/01/2017
21012	EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; 2 CM OR GREATER	\$1,025.16	10/01/2017
21013	EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRA	\$1,025.16	10/01/2017
21014	EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRAM	\$1,781.45	10/01/2017
21015	REMOVAL OF (LESS THAN 2 CENTIMETERS) SOFT TISSUE GROWTH OF FACE OR SCALP	\$1,781.45	10/01/2017
21016	REMOVAL OF (2 CENTIMETERS OR GREATER) SOFT TISSUE GROWTH OF FACE OR SCALP	\$1,781.45	10/01/2017
21025	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); MANDIBLE	\$3,424.55	10/01/2017

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21026	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); FACIAL BONE(S)	\$3,424.55	10/01/2017
21029	REMOVAL BY CONTOURING OF BENIGN TUMOR OF FACIAL BONE (EG, FIBROUS DYSPLASIA)	\$1,801.99	10/01/2017
21030	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA OR ZYGOMA BY ENUCLEATION AND	\$3,424.55	10/01/2017
21031	EXCISION OF TORUS MANDIBULARIS	\$1,801.99	10/01/2017
21032	EXCISION OF MAXILLARY TORUS PALATINUS	\$1,801.99	10/01/2017
21034	EXCISION OF MALIGNANT TUMOR OF MAXILLA OR ZYGOMA	\$3,424.55	10/01/2017
21040	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE, BY ENUCLEATION AND/OR CURETTAGE	\$1,801.99	10/01/2017
21044	EXCISION OF MALIGNANT TUMOR OF MANDIBLE;	\$3,424.55	10/01/2017
21046	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOMY	\$3,424.55	10/01/2017
21047	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-ORAL OSTEOTOMY	\$3,424.55	10/01/2017
21048	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING INTRA-ORAL OSTEOTOMY	\$3,424.55	10/01/2017
21049	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY AND	\$3,424.55	10/01/2017
21050	CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)	\$3,424.55	10/01/2017
21060	MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)	\$3,424.55	10/01/2017
21070	CORONOIDECTOMY (SEPARATE PROCEDURE)	\$3,424.55	10/01/2017
21073	MANIPULATION OF TEMPOROMANDIBULAR JOINT(S) (TMJ), THERAPEUTIC, REQUIRING AN ANES	\$860.96	10/01/2017
21076	IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR PROSTHESIS	\$860.96	10/01/2017
21077	IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS	\$3,424.55	10/01/2017
21079	IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTURATOR PROSTHESIS	\$1,801.99	10/01/2017
21080	IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR PROSTHESIS	\$1,801.99	10/01/2017
21081	IMPRESSION AND CUSTOM PREPARATION; MANDIBULAR RESECTION PROSTHESIS	\$3,424.55	10/01/2017
21082	IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS	\$1,801.99	10/01/2017
21083	IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS	\$1,801.99	10/01/2017
21084	IMPRESSION AND CUSTOM PREPARATION; SPEECH AID PROSTHESIS	\$1,801.99	10/01/2017
21085	IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT	\$366.93	10/01/2017
21086	IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS	\$1,801.99	10/01/2017
21087	IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS	\$3,424.55	10/01/2017
21088	IMPRESSION AND CUSTOM PREPARATION; FACIAL PROSTHESIS	\$1,801.99	10/01/2017
21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	\$146.81	10/01/2017
21100	APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDES REMOVAL	\$3,424.55	10/01/2017
21110	APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTURE	\$860.96	10/01/2017

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21116	INJECTION PROCEDURE FOR TEMPOROMANDIBULAR JOINT ARTHROGRAPHY	Bundled	10/01/2006
21120	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)	\$3,424.55	10/01/2017
21121	GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE	\$1,801.99	10/01/2017
21122	GENIOPLASTY; SLIDING OSTEOTOMIES, TWO OR MORE OSTEOTOMIES (EG, WEDGE EXCISION	\$3,424.55	10/01/2017
21123	GENIOPLASTY; SLIDING, AUGMENTATION WITH INTERPOSITIONAL BONE GRAFTS (INCLUDES	\$1,801.99	10/01/2017
21125	AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL	\$3,424.55	10/01/2017
21127	AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR	\$3,424.55	10/01/2017
21137	REDUCTION FOREHEAD; CONTOURING ONLY	\$1,801.99	10/01/2017
21138	REDUCTION FOREHEAD; CONTOURING AND APPLICATION OF PROSTHETIC MATERIAL OR BONE	\$3,424.55	10/01/2017
21139	REDUCTION FOREHEAD; CONTOURING AND SETBACK OF ANTERIOR FRONTAL SINUS WALL	\$3,424.55	10/01/2017
21150	RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS	\$3,424.55	10/01/2017
21172	RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR	\$3,424.55	10/01/2017
21175	RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD,	\$3,424.55	10/01/2017
21181	RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS	\$3,424.55	10/01/2017
21193	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, C, OR L OSTEOTOMY;	\$3,424.55	10/01/2017
21195	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTERNAL	\$3,424.55	10/01/2017
21198	OSTEOTOMY, MANDIBLE, SEGMENTAL;	\$3,424.55	10/01/2017
21199	OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT	\$3,424.55	10/01/2017
21206	OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)	\$3,424.55	10/01/2017
21208	OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETIC	\$3,424.55	10/01/2017
21209	OSTEOPLASTY, FACIAL BONES; REDUCTION	\$3,424.55	10/01/2017
21210	GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)	\$3,424.55	10/01/2017
21215	GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)	\$3,424.55	10/01/2017
21230	GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES	\$3,424.55	10/01/2017
21235	GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)	\$3,424.55	10/01/2017
21240	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES	\$3,424.55	10/01/2017
21242	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT	\$3,424.55	10/01/2017
21243	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT	\$8,783.34	10/01/2016
21244	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG,	\$3,424.55	10/01/2017
21245	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL	\$3,424.55	10/01/2017
21246	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE	\$3,424.55	10/01/2017

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21248	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER);	\$3,424.55	10/01/2017
21249	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER);	\$3,424.55	10/01/2017
21256	RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFTS	\$3,424.55	10/01/2017
21260	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS;	\$3,424.55	10/01/2017
21261	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; COMBINED	\$3,424.55	10/01/2017
21263	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH	\$3,424.55	10/01/2017
21267	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS;	\$3,424.55	10/01/2017
21270	MALAR AUGMENTATION, PROSTHETIC MATERIAL	\$3,424.55	10/01/2017
21275	SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION	\$3,424.55	10/01/2017
21280	MEDIAL CANTHOPEXY (SEPARATE PROCEDURE)	\$1,801.99	10/01/2017
21282	LATERAL CANTHOPEXY	\$1,801.99	10/01/2017
21295	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC	\$860.96	10/01/2017
21296	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC	\$1,801.99	10/01/2017
21299	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE	\$146.81	10/01/2017
21310	CLOSED TREATMENT OF NASAL BONE FRACTURE WITHOUT MANIPULATION	\$165.66	10/01/2017
21315	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITHOUT STABILIZATION	\$860.96	10/01/2017
21320	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH STABILIZATION	\$1,801.99	10/01/2017
21325	OPEN TREATMENT OF NASAL FRACTURE; UNCOMPLICATED	\$1,801.99	10/01/2017
21330	OPEN TREATMENT OF NASAL FRACTURE; COMPLICATED, WITH INTERNAL AND/OR EXTERNAL	\$3,424.55	10/01/2017
21335	OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTURED	\$1,801.99	10/01/2017
21336	OPEN TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION	\$2,021.38	10/01/2017
21337	CLOSED TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION	\$1,801.99	10/01/2017
21338	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITHOUT EXTERNAL FIXATION	\$3,424.55	10/01/2017
21339	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITH EXTERNAL FIXATION	\$3,424.55	10/01/2017
21340	PERCUTANEOUS TREATMENT OF NASOETHMOID COMPLEX FRACTURE, WITH SPLINT, WIRE OR	\$1,801.99	10/01/2017
21345	CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH	\$860.96	10/01/2017
21346	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIRING	\$3,424.55	10/01/2017
21355	PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND	\$1,801.99	10/01/2017
21356	OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLIES APPROACH)	\$3,424.55	10/01/2017
21360	OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MALAR	\$3,424.55	10/01/2017
21365	OPEN TREATMENT OF COMPLICATED (EG, COMMUNUTED OR INVOLVING CRANIAL NERVE	\$3,424.55	10/01/2017

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21385	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; TRANSANTRAL APPROACH	\$3,424.55	10/01/2017
21386	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; PERIORBITAL APPROACH	\$3,424.55	10/01/2017
21387	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; COMBINED APPROACH	\$3,424.55	10/01/2017
21390	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; PERIORBITAL APPROACH, WITH	\$3,424.55	10/01/2017
21395	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; PERIORBITAL APPROACH WITH	\$3,424.55	10/01/2017
21400	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITHOUT MANIPULATION	\$366.93	10/01/2017
21401	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITH MANIPULATION	\$860.96	10/01/2017
21406	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITHOUT IMPLANT	\$3,424.55	10/01/2017
21407	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITH IMPLANT	\$3,424.55	10/01/2017
21408	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITH BONE GRAFTING	\$3,424.55	10/01/2017
21421	CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WITH	\$1,801.99	10/01/2017
21440	CLOSED TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE	\$1,801.99	10/01/2017
21445	OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE	\$3,424.55	10/01/2017
21450	CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITHOUT MANIPULATION	\$366.93	10/01/2017
21451	CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITH MANIPULATION	\$860.96	10/01/2017
21452	PERCUTANEOUS TREATMENT OF MANDIBULAR FRACTURE, WITH EXTERNAL FIXATION	\$3,424.55	10/01/2017
21453	CLOSED TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION	\$3,424.55	10/01/2017
21454	OPEN TREATMENT OF MANDIBULAR FRACTURE WITH EXTERNAL FIXATION	\$3,424.55	10/01/2017
21461	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION	\$3,424.55	10/01/2017
21462	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION	\$3,424.55	10/01/2017
21465	OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE	\$3,424.55	10/01/2017
21470	OPEN TREATMENT OF COMPLICATED MANDIBULAR FRACTURE BY MULTIPLE SURGICAL	\$3,424.55	10/01/2017
21480	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; INITIAL OR SUBSEQUENT	\$165.66	10/01/2017
21485	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (EG, RECURRENT	\$860.96	10/01/2017
21490	OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION	\$1,801.99	10/01/2017
21497	INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE	\$860.96	10/01/2017
21499	UNLISTED MUSCULOSKELETAL PROCEDURE, HEAD	\$146.81	10/01/2017
21501	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR THORAX;	\$1,781.45	10/01/2017
21502	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR	\$2,021.38	10/01/2017
21550	BIOPSY, SOFT TISSUE OF NECK OR THORAX	\$1,025.16	10/01/2017
21552	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBCUTANEOUS; 3 CM OR G	\$1,781.45	10/01/2017

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21554	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBFASCIAL (EG,INTRAMUS	\$1,781.45	10/01/2017
21555	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBCUTANEOUS; LESS THAN	\$1,025.16	10/01/2017
21556	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBFASCIAL (EG, INTRAMU	\$1,781.45	10/01/2017
21557	REMOVAL OF (LESS THAN 5 CENTIMETERS) GROWTH OF NECK OR FRONT OF CHEST	\$1,781.45	10/01/2017
21558	REMOVAL OF (5 CENTIMETERS OR GREATER) GROWTH OF NECK OR FRONT OF CHEST	\$1,781.45	10/01/2017
21600	EXCISION OF RIB, PARTIAL	\$4,328.68	10/01/2017
21610	COSTOTRANSVERSECTOMY (SEPARATE PROCEDURE)	\$2,021.38	10/01/2017
21685	HYOID MYOTOMY AND SUSPENSION	\$3,424.55	10/01/2017
21700	DIVISION OF SCALENUS ANTICUS; WITHOUT RESECTION OF CERVICAL RIB	\$2,021.38	10/01/2017
21720	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITHOUT CAST	\$2,021.38	10/01/2017
21725	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITH CAST	\$446.92	10/01/2017
21742	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE	\$2,021.38	10/01/2017
21743	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE	\$2,021.38	10/01/2017
21811	OPEN TREATMENT OF RIB FRACTURE(S) WITH INTERNAL FIXATION, INCLUDES THORACOSCOPIC	\$2,021.38	10/01/2017
21812	OPEN TREATMENT OF RIB FRACTURE(S) WITH INTERNAL FIXATION, INCLUDES THORACOSCOPIC	\$1,009.24	10/01/2017
21813	OPEN TREATMENT OF RIB FRACTURE(S) WITH INTERNAL FIXATION, INCLUDES THORACOSCOPIC	\$1,009.24	10/01/2017
21820	CLOSED TREATMENT OF STERNUM FRACTURE	\$165.66	10/01/2017
21899	UNLISTED PROCEDURE, NECK OR THORAX	\$146.81	10/01/2017
21920	BIOPSY, SOFT TISSUE OF BACK OR FLANK; SUPERFICIAL	\$1,025.16	10/01/2017
21925	BIOPSY, SOFT TISSUE OF BACK OR FLANK; DEEP	\$1,025.16	10/01/2017
21930	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBCUTANEOUS; LESS THAN 3 CM	\$1,025.16	10/01/2017
21931	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBCUTANEOUS; 3 CM OR GREATER	\$1,025.16	10/01/2017
21932	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL (EG, INTRAMUSCULAR); L	\$1,781.45	10/01/2017
21933	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL (EG, INTRAMUSCULAR);	\$1,781.45	10/01/2017
21935	REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE GROWTH OF BACK OR FLANK	\$1,781.45	10/01/2017
21936	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH OF BACK OR FLANK	\$1,781.45	10/01/2017
22100	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAMINA O	\$4,328.68	10/01/2017
22101	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAMINA	\$2,021.38	10/01/2017
22102	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAMINA	\$4,328.68	10/01/2017
22103	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAMINA	Bundled	10/01/2013
22310	CLOSED TREATMENT OF VERTEBRAL BODY FRACTURE(S), WITHOUT MANIPULATION, REQUIRING	\$165.66	10/01/2017

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22315	CLOSED TREATMENT OF BROKEN AND/OR DISLOCATED SPINE BONES WITH CASTING AND/OR BRA	\$1,009.24	10/01/2017
22505	MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY REGION	\$1,009.24	10/01/2017
22510	PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED), 1 VERTEBRAL B	\$2,021.38	10/01/2017
22511	PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED), 1 VERTEBRAL B	\$2,021.38	10/01/2017
22512	PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED), 1 VERTEBRAL B	Bundled	01/01/2015
22513	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTI	\$4,328.68	10/01/2017
22514	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTI	\$4,328.68	10/01/2017
22515	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTI	Bundled	01/01/2015
22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, O	\$7,926.26	10/01/2017
22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, O	Bundled	01/01/2011
22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO	\$7,926.26	10/01/2017
22585	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO	Bundled	10/01/2006
22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; LUMBAR (WITH L	\$7,926.26	10/01/2017
22614	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; EACH	Bundled	10/01/2013
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE F	Bundled	10/01/2006
22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIP	Bundled	10/01/2006
22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION	Bundled	10/01/2006
22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH I	Bundled	01/01/2017
22854	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) W	Bundled	01/01/2017
22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTO	\$8,783.34	10/01/2016
22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTO	Bundled	01/01/2015
22859	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH, M	Bundled	01/01/2017
22867	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE,	\$8,783.34	01/01/2017
22868	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE,	Bundled	01/01/2017
22869	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE,	\$8,783.34	01/01/2017
22870	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE,	Bundled	01/01/2017
22899	UNLISTED PROCEDURE, SPINE	\$165.66	10/01/2017
22900	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBFASCIAL (EG, INTRAMUSCULAR);	\$1,781.45	10/01/2017
22901	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBFASCIAL (EG,INTRAMUSCULAR); 5	\$1,781.45	10/01/2017
22902	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; LESS THAN 3 CM	\$1,025.16	10/01/2017
22903	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; 3 CM OR GREATER	\$1,781.45	10/01/2017

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22904	REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE GROWTH IN ABDOMINAL WALL	\$1,781.45	10/01/2017
22905	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH IN ABDOMINAL WALL	\$1,781.45	10/01/2017
22999	UNLISTED PROCEDURE, ABDOMEN, MUSCULOSKELETAL SYSTEM	\$165.66	10/01/2017
23000	REMOVAL OF SUBDELTOID CALCAREOUS DEPOSITS, OPEN	\$1,781.45	10/01/2017
23020	CAPSULAR CONTRACTURE RELEASE (EG, SEVER TYPE PROCEDURE)	\$2,021.38	10/01/2017
23030	INCISION AND DRAINAGE, SHOULDER AREA; DEEP ABSCESS OR HEMATOMA	\$1,781.45	10/01/2017
23031	INCISION AND DRAINAGE, SHOULDER AREA; INFECTED BURSA	\$1,025.16	10/01/2017
23035	INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), SHOULDER AREA	\$1,009.24	10/01/2017
23040	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF	\$2,021.38	10/01/2017
23044	ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR JOINT, INCLUDING EXPLORATION,	\$2,021.38	10/01/2017
23065	BIOPSY, SOFT TISSUE OF SHOULDER AREA; SUPERFICIAL	\$1,025.16	10/01/2017
23066	BIOPSY, SOFT TISSUE OF SHOULDER AREA; DEEP	\$1,781.45	10/01/2017
23071	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBCUTANEOUS; 3 CM OR GREATER	\$1,025.16	10/01/2017
23073	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBFASCIAL (EG, INTRAMUSCULAR); 5	\$1,781.45	10/01/2017
23075	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBCUTANEOUS; LESS THAN 3 CM	\$1,025.16	10/01/2017
23076	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBFASCIAL (EG, INTRAMUSCULAR); L	\$1,781.45	10/01/2017
23077	REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE GROWTH OF SHOULDER AREA	\$1,781.45	10/01/2017
23078	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH OF SHOULDER AREA	\$1,781.45	10/01/2017
23100	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING BIOPSY	\$1,009.24	10/01/2017
23101	ARTHROTOMY, ACROMIOCLAVICULAR JOINT OR STERNOCLAVICULAR JOINT, INCLUDING BIOPSY	\$2,021.38	10/01/2017
23105	ARTHROTOMY; GLENOHUMERAL JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY	\$4,328.68	10/01/2017
23106	ARTHROTOMY; STERNOCLAVICULAR JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY	\$2,021.38	10/01/2017
23107	ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR WITHOUT REMOVAL	\$4,328.68	10/01/2017
23120	CLAVICULECTOMY; PARTIAL	\$2,021.38	10/01/2017
23125	CLAVICULECTOMY; TOTAL	\$2,021.38	10/01/2017
23130	ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL, WITH OR WITHOUT CORACOACROMIAL	\$2,021.38	10/01/2017
23140	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA;	\$2,021.38	10/01/2017
23145	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH	\$2,021.38	10/01/2017
23146	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH	\$4,328.68	10/01/2017
23150	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS;	\$2,021.38	10/01/2017
23155	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH	\$4,328.68	10/01/2017

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23156	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH	\$4,328.68	10/01/2017
23170	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), CLAVICLE	\$1,009.24	10/01/2017
23172	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA	\$2,021.38	10/01/2017
23174	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD TO	\$2,021.38	10/01/2017
23180	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	\$2,021.38	10/01/2017
23182	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	\$2,021.38	10/01/2017
23184	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	\$4,328.68	10/01/2017
23190	OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE)	\$2,021.38	10/01/2017
23195	RESECTION, HUMERAL HEAD	\$4,328.68	10/01/2017
23330	REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS	\$446.92	10/01/2017
23333	REMOVAL OF FOREIGN BODY, SHOULDER; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	\$1,025.16	10/01/2017
23334	REMOVAL OF PROSTHESIS, INCLUDES DEBRIDEMENT AND SYNOVECTOMY WHEN PERFORMED; HUME	\$1,781.45	10/01/2017
23350	INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY OR ENHANCED CT/MRI SHOULDER	Bundled	10/01/2006
23395	MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; SINGLE	\$4,328.68	10/01/2017
23397	MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; MULTIPLE	\$4,328.68	10/01/2017
23400	SCAPULOPEXY (EG, SPRENGELS DEFORMITY OR FOR PARALYSIS)	\$4,328.68	10/01/2017
23405	TENOTOMY, SHOULDER AREA; SINGLE TENDON	\$4,328.68	10/01/2017
23406	TENOTOMY, SHOULDER AREA; MULTIPLE TENDONS THROUGH SAME INCISION	\$2,021.38	10/01/2017
23410	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN; ACUTE	\$4,328.68	10/01/2017
23412	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN; CHRONIC	\$4,328.68	10/01/2017
23415	CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY	\$4,328.68	10/01/2017
23420	RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES	\$4,328.68	10/01/2017
23430	TENODESIS OF LONG TENDON OF BICEPS	\$4,328.68	10/01/2017
23440	RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS	\$2,021.38	10/01/2017
23450	CAPSULORRHAPHY, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERATION	\$4,328.68	10/01/2017
23455	CAPSULORRHAPHY, ANTERIOR; WITH LABRAL REPAIR (EG, BANKART PROCEDURE)	\$4,328.68	10/01/2017
23460	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH BONE BLOCK	\$4,328.68	10/01/2017
23462	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH CORACOID PROCESS TRANSFER	\$4,328.68	10/01/2017
23465	CAPSULORRHAPHY, GLENOHUMERAL JOINT, POSTERIOR, WITH OR WITHOUT BONE BLOCK	\$4,328.68	10/01/2017
23466	CAPSULORRHAPHY, GLENOHUMERAL JOINT, ANY TYPE MULTI-DIRECTIONAL INSTABILITY	\$4,328.68	10/01/2017
23470	ARTHROPLASTY, GLENOHUMERAL JOINT; HEMIARTHROPLASTY	\$7,926.26	10/01/2017

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23473	REVISION OF TOTAL SHOULDER ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUM	\$7,926.26	10/01/2017
23480	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION;	\$4,328.68	10/01/2017
23485	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION; WITH BONE GRAFT FOR	\$7,926.26	10/01/2017
23490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT	\$4,328.68	10/01/2017
23491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT	\$7,926.26	10/01/2017
23500	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITHOUT MANIPULATION	\$165.66	10/01/2017
23505	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITH MANIPULATION	\$1,009.24	10/01/2017
23515	OPEN TREATMENT OF CLAVICULAR FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORME	\$4,328.68	10/01/2017
23520	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION	\$1,009.24	10/01/2017
23525	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITH MANIPULATION	\$165.66	10/01/2017
23530	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	\$4,328.68	10/01/2017
23532	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL	\$4,328.68	10/01/2017
23540	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION	\$165.66	10/01/2017
23545	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITH MANIPULATION	\$165.66	10/01/2017
23550	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	\$4,328.68	10/01/2017
23552	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL	\$4,328.68	10/01/2017
23570	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITHOUT MANIPULATION	\$165.66	10/01/2017
23575	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITH MANIPULATION, WITH OR WITHOUT	\$1,009.24	10/01/2017
23585	OPEN TREATMENT OF SCAPULAR FRACTURE (BODY, GLENOID OR ACROMION) INCLUDES INTERNA	\$4,328.68	10/01/2017
23600	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE;	\$165.66	10/01/2017
23605	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE;	\$1,009.24	10/01/2017
23615	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, INCLU	\$7,926.26	10/01/2017
23616	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, INCLU	\$8,783.34	10/01/2016
23620	CLOSED TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE; WITHOUT MANIPULATION	\$165.66	10/01/2017
23625	CLOSED TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE; WITH MANIPULATION	\$1,009.24	10/01/2017
23630	OPEN TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE, INCLUDES INTERNAL FIXATIO	\$4,328.68	10/01/2017
23650	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; WITHOUT ANESTHESIA	\$165.66	10/01/2017
23655	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; REQUIRING	\$1,009.24	10/01/2017
23660	OPEN TREATMENT OF ACUTE SHOULDER DISLOCATION	\$4,328.68	10/01/2017
23665	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL	\$1,009.24	10/01/2017
23670	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL TUBEROS	\$4,328.68	10/01/2017

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23675	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK	\$1,009.24	10/01/2017
23680	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FRACTUR	\$7,926.26	10/01/2017
23700	MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION OF FIXATION	\$1,009.24	10/01/2017
23800	ARTHRODESIS, GLENOHUMERAL JOINT;	\$4,328.68	10/01/2017
23802	ARTHRODESIS, GLENOHUMERAL JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING	\$7,926.26	10/01/2017
23921	DISARTICULATION OF SHOULDER; SECONDARY CLOSURE OR SCAR REVISION	\$1,183.62	10/01/2017
23929	UNLISTED PROCEDURE, SHOULDER	\$165.66	10/01/2017
23930	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; DEEP ABSCESS OR HEMATOMA	\$1,025.16	10/01/2017
23931	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; BURSA	\$1,025.16	10/01/2017
23935	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE	\$2,021.38	10/01/2017
24000	ARTHROTOMY, ELBOW, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY	\$2,021.38	10/01/2017
24006	ARTHROTOMY OF THE ELBOW, WITH CAPSULAR EXCISION FOR CAPSULAR RELEASE (SEPARATE	\$2,021.38	10/01/2017
24065	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUPERFICIAL	\$1,025.16	10/01/2017
24066	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEEP (SUBFASCIAL OR	\$1,781.45	10/01/2017
24071	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBCUTANEOUS; 3 CM OR G	\$1,781.45	10/01/2017
24073	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBFASCIAL (EG, INTRAMUS	\$1,781.45	10/01/2017
24075	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBCUTANEOUS; LESS THAN	\$1,025.16	10/01/2017
24076	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBFASCIAL (EG, INTRAMU	\$1,781.45	10/01/2017
24077	REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE GROWTH OF UPPER ARM OR ELBOW	\$1,781.45	10/01/2017
24079	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH OF UPPER ARM OR ELBOW	\$1,781.45	10/01/2017
24100	ARTHROTOMY, ELBOW; WITH SYNOVIAL BIOPSY ONLY	\$2,021.38	10/01/2017
24101	ARTHROTOMY, ELBOW; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR	\$2,021.38	10/01/2017
24102	ARTHROTOMY, ELBOW; WITH SYNOVECTOMY	\$2,021.38	10/01/2017
24105	EXCISION, OLECRANON BURSA	\$2,021.38	10/01/2017
24110	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS;	\$2,021.38	10/01/2017
24115	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH AUTOGRAFT	\$4,328.68	10/01/2017
24116	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH ALLOGRAFT	\$4,328.68	10/01/2017
24120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR	\$2,021.38	10/01/2017
24125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR	\$2,021.38	10/01/2017
24126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR	\$4,328.68	10/01/2017
24130	EXCISION, RADIAL HEAD	\$2,021.38	10/01/2017

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24134	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SHAFT OR DISTAL HUMERUS	\$4,328.68	10/01/2017
24136	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), RADIAL HEAD OR NECK	\$2,021.38	10/01/2017
24138	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), OLECRANON PROCESS	\$4,328.68	10/01/2017
24140	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	\$2,021.38	10/01/2017
24145	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	\$4,328.68	10/01/2017
24147	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	\$2,021.38	10/01/2017
24149	RADICAL RESECTION OF CAPSULE, SOFT TISSUE, AND HETEROTOPIC BONE, ELBOW, WITH	\$4,328.68	10/01/2017
24150	RADICAL RESECTION OF TUMOR, SHAFT OR DISTAL HUMERUS	\$4,328.68	10/01/2017
24152	RADICAL RESECTION OF TUMOR, RADIAL HEAD OR NECK	\$4,328.68	10/01/2017
24155	RESECTION OF ELBOW JOINT (ARTHRECTOMY)	\$2,021.38	10/01/2017
24160	REMOVAL OF ELBOW JOINT HARDWARE	\$2,021.38	10/01/2017
24164	REMOVAL OF HARDWARE OF FOREARM BONE AT ELBOW JOINT	\$2,021.38	10/01/2017
24200	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; SUBCUTANEOUS	\$1,025.16	10/01/2017
24201	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; DEEP (SUBFASCIAL OR	\$1,781.45	10/01/2017
24220	INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	Bundled	10/01/2006
24300	MANIPULATION, ELBOW, UNDER ANESTHESIA	\$1,009.24	10/01/2017
24301	MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SINGLE (EXCLUDING	\$4,328.68	10/01/2017
24305	TENDON LENGTHENING, UPPER ARM OR ELBOW, EACH TENDON	\$2,021.38	10/01/2017
24310	TENOTOMY, OPEN, ELBOW TO SHOULDER, EACH TENDON	\$2,021.38	10/01/2017
24320	TENOPLASTY, WITH MUSCLE TRANSFER, WITH OR WITHOUT FREE GRAFT, ELBOW TO	\$4,328.68	10/01/2017
24330	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT);	\$2,021.38	10/01/2017
24331	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT); WITH EXTENSOR ADVANCEMENT	\$4,328.68	10/01/2017
24332	TENOLYSIS, TRICEPS	\$2,021.38	10/01/2017
24340	TENODESIS OF BICEPS TENDON AT ELBOW (SEPARATE PROCEDURE)	\$4,328.68	10/01/2017
24341	REPAIR, TENDON OR MUSCLE, UPPER ARM OR ELBOW, EACH TENDON OR MUSCLE, PRIMARY OR	\$4,328.68	10/01/2017
24342	REINSERTION OF RUPTURED BICEPS OR TRICEPS TENDON, DISTAL, WITH OR WITHOUT	\$4,328.68	10/01/2017
24343	REPAIR LATERAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	\$2,021.38	10/01/2017
24344	RECONSTRUCTION LATERAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUDES	\$4,328.68	10/01/2017
24345	REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	\$4,328.68	10/01/2017
24346	RECONSTRUCTION MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUDES	\$7,926.26	10/01/2017
24357	INCISION OF TENDON TO REPAIR ELBOW JOINT, ACCESSED THROUGH THE SKIN	\$2,021.38	10/01/2017

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24358	REMOVAL OF TISSUE AND/OR BONE AT ELBOW, OPEN PROCEDURE	\$2,021.38	10/01/2017
24359	REMOVAL OF TISSUE AND/OR BONE AT ELBOW WITH TENDON REPAIR, OPEN PROCEDURE	\$2,021.38	10/01/2017
24360	ARTHROPLASTY, ELBOW; WITH MEMBRANE (EG, FASCIAL)	\$4,328.68	10/01/2017
24361	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERAL PROSTHETIC REPLACEMENT	\$8,783.34	10/01/2016
24362	ARTHROPLASTY, ELBOW; WITH IMPLANT AND FASCIA LATA LIGAMENT RECONSTRUCTION	\$7,926.26	10/01/2017
24363	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERUS AND PROXIMAL ULNAR PROSTHETIC	\$8,783.34	10/01/2016
24365	ARTHROPLASTY, RADIAL HEAD;	\$7,926.26	10/01/2017
24366	ARTHROPLASTY, RADIAL HEAD; WITH IMPLANT	\$7,926.26	10/01/2017
24370	REVISION OF TOTAL ELBOW ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERA	\$7,926.26	10/01/2017
24371	REVISION OF TOTAL ELBOW ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERA	\$8,783.34	10/01/2016
24400	OSTEOTOMY, HUMERUS, WITH OR WITHOUT INTERNAL FIXATION	\$4,328.68	10/01/2017
24410	MULTIPLE OSTEOTOMIES WITH REALIGNMENT ON INTRAMEDULLARY ROD, HUMERAL SHAFT	\$7,926.26	10/01/2017
24420	OSTEOPLASTY, HUMERUS (EG, SHORTENING OR LENGTHENING) (EXCLUDING 64876)	\$4,328.68	10/01/2017
24430	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITHOUT GRAFT (EG, COMPRESSION	\$7,926.26	10/01/2017
24435	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITH ILIAC OR OTHER AUTOGRAFT	\$7,926.26	10/01/2017
24470	HEMIEPIPHYSEAL ARREST (EG, CUBITUS VARUS OR VALGUS, DISTAL HUMERUS)	\$2,021.38	10/01/2017
24495	DECOMPRESSION FASCIOTOMY, FOREARM, WITH BRACHIAL ARTERY EXPLORATION	\$4,328.68	10/01/2017
24498	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING), WITH OR WITHOUT	\$7,926.26	10/01/2017
24500	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITHOUT MANIPULATION	\$165.66	10/01/2017
24505	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITH MANIPULATION, WITH OR WITHOUT	\$1,009.24	10/01/2017
24515	OPEN TREATMENT OF HUMERAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT	\$7,926.26	10/01/2017
24516	TREATMENT OF HUMERAL SHAFT FRACTURE, WITH INSERTION OF INTRAMEDULLARY IMPLANT,	\$7,926.26	10/01/2017
24530	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR	\$165.66	10/01/2017
24535	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR	\$1,009.24	10/01/2017
24538	PERCUTANEOUS SKELETAL FIXATION OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL	\$4,328.68	10/01/2017
24545	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, INCLUDES INTE	\$7,926.26	10/01/2017
24546	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, INCLUDES INTE	\$8,783.34	10/01/2016
24560	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT	\$165.66	10/01/2017
24565	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH	\$1,009.24	10/01/2017
24566	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR	\$2,021.38	10/01/2017
24575	OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, INCLUDES INTE	\$7,926.26	10/01/2017

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24576	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT	\$165.66	10/01/2017
24577	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH	\$1,009.24	10/01/2017
24579	OPEN TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, INCLUDES INTERNA	\$7,926.26	10/01/2017
24582	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL,	\$2,021.38	10/01/2017
24586	OPEN TREATMENT OF BROKEN AND/OR DISLOCATED UPPER OR LOWER ARM BONES AT ELBOW	\$7,926.26	10/01/2017
24587	OPEN TREATMENT OF BROKEN AND/OR DISLOCATED UPPER OR LOWER ARM BONES AT ELBOW WIT	\$7,926.26	10/01/2017
24600	TREATMENT OF CLOSED ELBOW DISLOCATION; WITHOUT ANESTHESIA	\$165.66	10/01/2017
24605	TREATMENT OF CLOSED ELBOW DISLOCATION; REQUIRING ANESTHESIA	\$1,009.24	10/01/2017
24615	OPEN TREATMENT OF ACUTE OR CHRONIC ELBOW DISLOCATION	\$4,328.68	10/01/2017
24620	CLOSED TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE	\$1,009.24	10/01/2017
24635	OPEN TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROX	\$4,328.68	10/01/2017
24640	CLOSED TREATMENT OF RADIAL HEAD SUBLUXATION IN CHILD, NURSEMAID ELBOW, WITH	\$165.66	10/01/2017
24650	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITHOUT MANIPULATION	\$165.66	10/01/2017
24655	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITH MANIPULATION	\$1,009.24	10/01/2017
24665	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, INCLUDES INTERNAL FIXATION OR RA	\$4,328.68	10/01/2017
24666	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, INCLUDES INTERNAL FIXATION OR RA	\$7,926.26	10/01/2017
24670	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (EG, OLECRANON OR CORONOID PROC	\$165.66	10/01/2017
24675	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (EG, OLECRANON OR CORONOID PROC	\$1,009.24	10/01/2017
24685	OPEN TREATMENT OF ULNAR FRACTURE, PROXIMAL END (EG, OLECRANON OR CORONOID PROCES	\$4,328.68	10/01/2017
24800	ARTHRODESIS, ELBOW JOINT; LOCAL	\$4,328.68	10/01/2017
24802	ARTHRODESIS, ELBOW JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	\$7,926.26	10/01/2017
24925	AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION	\$2,021.38	10/01/2017
24935	STUMP ELONGATION, UPPER EXTREMITY	\$4,328.68	10/01/2017
24999	UNLISTED PROCEDURE, HUMERUS OR ELBOW	\$165.66	10/01/2017
25000	INCISION, EXTENSOR TENDON SHEATH, WRIST (EG, DEQUERVAIN'S DISEASE)	\$1,009.24	10/01/2017
25001	INCISION, FLEXOR TENDON SHEATH, WRIST (EG, FLEXOR CARPI RADIALIS)	\$1,009.24	10/01/2017
25020	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR COMPARTMENT;	\$1,009.24	10/01/2017
25023	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR COMPARTMENT;	\$2,021.38	10/01/2017
25024	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR	\$2,021.38	10/01/2017
25025	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR	\$2,021.38	10/01/2017
25028	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; DEEP ABSCESS OR HEMATOMA	\$2,021.38	10/01/2017

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25031	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; BURSA	\$1,009.24	10/01/2017
25035	INCISION, DEEP, BONE CORTEX, FOREARM AND/OR WRIST (EG, OSTEOMYELITIS OR BONE	\$4,328.68	10/01/2017
25040	ARTHROTOMY, RADIOCARPAL OR MIDCARPAL JOINT, WITH EXPLORATION, DRAINAGE, OR	\$2,021.38	10/01/2017
25065	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; SUPERFICIAL	\$1,025.16	10/01/2017
25066	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	\$1,781.45	10/01/2017
25071	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBCUTANEOUS; 3 CM OR	\$1,025.16	10/01/2017
25073	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBFASCIAL (EG, INTRA	\$1,781.45	10/01/2017
25075	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBCUTANEOUS; LESS TH	\$1,025.16	10/01/2017
25076	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBFASCIAL (EG, INTRA	\$1,025.16	10/01/2017
25077	REMOVAL (LESS THAN 3 CENTIMETERS) TISSUE GROWTH AT FOREARM AND/OR WRIST	\$1,025.16	10/01/2017
25078	REMOVAL (3 CENTIMETERS OR GREATER) TISSUE GROWTH AT FOREARM AND/OR WRIST	\$1,781.45	10/01/2017
25085	CAPSULOTOMY, WRIST (EG, CONTRACTURE)	\$2,021.38	10/01/2017
25100	ARTHROTOMY, WRIST JOINT; WITH BIOPSY	\$2,021.38	10/01/2017
25101	ARTHROTOMY, WRIST JOINT; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH	\$2,021.38	10/01/2017
25105	ARTHROTOMY, WRIST JOINT; WITH SYNOVECTOMY	\$2,021.38	10/01/2017
25107	ARTHROTOMY, DISTAL RADIOULNAR JOINT INCLUDING REPAIR OF TRIANGULAR CARTILAGE,	\$2,021.38	10/01/2017
25109	EXCISION OF TENDON, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR, EACH	\$2,021.38	10/01/2017
25110	EXCISION, LESION OF TENDON SHEATH, FOREARM AND/OR WRIST	\$1,009.24	10/01/2017
25111	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); PRIMARY	\$1,009.24	10/01/2017
25112	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); RECURRENT	\$2,021.38	10/01/2017
25115	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG,	\$1,009.24	10/01/2017
25116	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG,	\$2,021.38	10/01/2017
25118	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT;	\$2,021.38	10/01/2017
25119	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT; WITH RESECTION	\$2,021.38	10/01/2017
25120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING	\$2,021.38	10/01/2017
25125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING	\$2,021.38	10/01/2017
25126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING	\$2,021.38	10/01/2017
25130	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES;	\$2,021.38	10/01/2017
25135	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH	\$2,021.38	10/01/2017
25136	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH	\$4,328.68	10/01/2017
25145	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR WRIST	\$2,021.38	10/01/2017

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25150	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG,	\$2,021.38	10/01/2017
25151	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG,	\$2,021.38	10/01/2017
25170	RADICAL RESECTION OF TUMOR, RADIUS OR ULNA	\$4,328.68	10/01/2017
25210	CARPECTOMY; ONE BONE	\$2,021.38	10/01/2017
25215	CARPECTOMY; ALL BONES OF PROXIMAL ROW	\$2,021.38	10/01/2017
25230	RADIAL STYLOIDECTOMY (SEPARATE PROCEDURE)	\$2,021.38	10/01/2017
25240	EXCISION DISTAL ULNA PARTIAL OR COMPLETE (EG, DARRACH TYPE OR MATCHED RESECTION)	\$2,021.38	10/01/2017
25246	INJECTION PROCEDURE FOR WRIST ARTHROGRAPHY	Bundled	10/01/2006
25248	EXPLORATION WITH REMOVAL OF DEEP FOREIGN BODY, FOREARM OR WRIST	\$2,021.38	10/01/2017
25250	REMOVAL OF WRIST PROSTHESIS; (SEPARATE PROCEDURE)	\$1,009.24	10/01/2017
25251	REMOVAL OF WRIST PROSTHESIS; COMPLICATED, INCLUDING TOTAL WRIST	\$2,021.38	10/01/2017
25259	MANIPULATION, WRIST, UNDER ANESTHESIA	\$1,009.24	10/01/2017
25260	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH TE	\$2,021.38	10/01/2017
25263	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, EACH	\$2,021.38	10/01/2017
25265	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, WITH FREE	\$2,021.38	10/01/2017
25270	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH	\$2,021.38	10/01/2017
25272	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE,	\$2,021.38	10/01/2017
25274	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, WITH FREE	\$2,021.38	10/01/2017
25275	REPAIR, TENDON SHEATH, EXTENSOR, FOREARM AND/OR WRIST, WITH FREE GRAFT	\$2,021.38	10/01/2017
25280	LENGTHENING OR SHORTENING OF FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST,	\$2,021.38	10/01/2017
25290	TENOTOMY, OPEN, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH	\$2,021.38	10/01/2017
25295	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON	\$2,021.38	10/01/2017
25300	TENODESIS AT WRIST; FLEXORS OF FINGERS	\$2,021.38	10/01/2017
25301	TENODESIS AT WRIST; EXTENSORS OF FINGERS	\$2,021.38	10/01/2017
25310	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST,	\$2,021.38	10/01/2017
25312	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST,	\$2,021.38	10/01/2017
25315	FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FOREARM	\$4,328.68	10/01/2017
25316	FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FOREARM	\$4,328.68	10/01/2017
25320	CAPSULORRHAPHY OR RECONSTRUCTION, WRIST, OPEN (EG, CAPSULODESIS, LIGAMENT	\$4,328.68	10/01/2017
25332	ARTHROPLASTY, WRIST, WITH OR WITHOUT INTERPOSITION, WITH OR WITHOUT EXTERNAL OR	\$2,021.38	10/01/2017
25335	CENTRALIZATION OF WRIST ON ULNA (EG, RADIAL CLUB HAND)	\$2,021.38	10/01/2017

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25337	RECONSTRUCTION FOR STABILIZATION OF UNSTABLE DISTAL ULNA OR DISTAL RADIOULNAR	\$4,328.68	10/01/2017
25350	OSTEOTOMY, RADIUS; DISTAL THIRD	\$4,328.68	10/01/2017
25355	OSTEOTOMY, RADIUS; MIDDLE OR PROXIMAL THIRD	\$2,021.38	10/01/2017
25360	OSTEOTOMY; ULNA	\$4,328.68	10/01/2017
25365	OSTEOTOMY; RADIUS AND ULNA	\$7,926.26	10/01/2017
25370	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE	\$2,021.38	10/01/2017
25375	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE	\$2,021.38	10/01/2017
25390	OSTEOPLASTY, RADIUS OR ULNA; SHORTENING	\$4,328.68	10/01/2017
25391	OSTEOPLASTY, RADIUS OR ULNA; LENGTHENING WITH AUTOGRAFT	\$7,926.26	10/01/2017
25392	OSTEOPLASTY, RADIUS AND ULNA; SHORTENING (EXCLUDING 64876)	\$2,021.38	10/01/2017
25393	OSTEOPLASTY, RADIUS AND ULNA; LENGTHENING WITH AUTOGRAFT	\$2,021.38	10/01/2017
25394	OSTEOPLASTY, CARPAL BONE, SHORTENING	\$2,021.38	10/01/2017
25400	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITHOUT GRAFT (EG, COMPRESSION	\$4,328.68	10/01/2017
25405	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITH AUTOGRAFT (INCLUDES	\$4,328.68	10/01/2017
25415	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITHOUT GRAFT (EG, COMPRESSION	\$4,328.68	10/01/2017
25420	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITH AUTOGRAFT (INCLUDES	\$4,328.68	10/01/2017
25425	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA	\$4,328.68	10/01/2017
25426	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS AND ULNA	\$2,021.38	10/01/2017
25430	INSERTION OF VASCULAR PEDICLE INTO CARPAL BONE (EG, HORI PROCEDURE)	\$2,021.38	10/01/2017
25431	REPAIR OF NONUNION OF CARPAL BONE (EXCLUDING CARPAL SCAPHOID (NAVICULAR))	\$4,328.68	10/01/2017
25440	REPAIR OF NONUNION, SCAPHOID CARPAL (NAVICULAR) BONE, WITH OR WITHOUT RADIAL	\$4,328.68	10/01/2017
25441	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS	\$7,926.26	10/01/2017
25442	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL ULNA	\$8,783.34	10/01/2016
25443	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; SCAPHOID CARPAL (NAVICULAR)	\$4,328.68	10/01/2017
25444	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; LUNATE	\$7,926.26	10/01/2017
25445	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; TRAPEZIUM	\$4,328.68	10/01/2017
25446	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS AND PARTIAL OR ENTIRE	\$8,783.34	10/01/2016
25447	ARTHROPLASTY, INTERPOSITION, INTERCARPAL OR CARPOMETACARPAL JOINTS	\$2,021.38	10/01/2017
25449	REVISION OF ARTHROPLASTY, INCLUDING REMOVAL OF IMPLANT, WRIST JOINT	\$4,328.68	10/01/2017
25450	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS OR ULNA	\$2,021.38	10/01/2017
25455	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS AND ULNA	\$2,021.38	10/01/2017

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25490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT	\$4,328.68	10/01/2017
25491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT	\$7,926.26	10/01/2017
25492	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT	\$2,021.38	10/01/2017
25500	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITHOUT MANIPULATION	\$165.66	10/01/2017
25505	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITH MANIPULATION	\$1,009.24	10/01/2017
25515	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFOR	\$4,328.68	10/01/2017
25520	CLOSED TREATMENT OF BROKEN FOREARM AND DISLOCATED WRIST BONES	\$1,009.24	10/01/2017
25525	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFOR	\$4,328.68	10/01/2017
25526	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFOR	\$4,328.68	10/01/2017
25530	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITHOUT MANIPULATION	\$165.66	10/01/2017
25535	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITH MANIPULATION	\$165.66	10/01/2017
25545	OPEN TREATMENT OF ULNAR SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORM	\$4,328.68	10/01/2017
25560	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITHOUT MANIPULATION	\$165.66	10/01/2017
25565	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITH MANIPULATION	\$1,009.24	10/01/2017
25574	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL FIXATION, WHEN	\$4,328.68	10/01/2017
25575	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL FIXATION, WHEN	\$4,328.68	10/01/2017
25600	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYS	\$165.66	10/01/2017
25605	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR	\$1,009.24	10/01/2017
25606	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIAL FRACTURE OR EPIPHYSEAL SEPARATIO	\$2,021.38	10/01/2017
25607	OPEN TREATMENT OF DISTAL RADIAL EXTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATIO	\$4,328.68	10/01/2017
25608	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATIO	\$4,328.68	10/01/2017
25609	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATIO	\$4,328.68	10/01/2017
25622	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITHOUT MANIPULATION	\$165.66	10/01/2017
25624	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITH MANIPULATION	\$1,009.24	10/01/2017
25628	OPEN TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE, INCLUDES INTERNAL FIXATI	\$4,328.68	10/01/2017
25630	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID	\$165.66	10/01/2017
25635	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID	\$1,009.24	10/01/2017
25645	OPEN TREATMENT OF CARPAL BONE FRACTURE (OTHER THAN CARPAL SCAPHOID	\$2,021.38	10/01/2017
25650	CLOSED TREATMENT OF ULNAR STYLOID FRACTURE	\$165.66	10/01/2017
25651	PERCUTANEOUS SKELETAL FIXATION OF ULNAR STYLOID FRACTURE	\$2,021.38	10/01/2017
25652	OPEN TREATMENT OF ULNAR STYLOID FRACTURE	\$4,328.68	10/01/2017

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25660	CLOSED TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES,	\$165.66	10/01/2017
25670	OPEN TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES	\$2,021.38	10/01/2017
25671	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR DISLOCATION	\$2,021.38	10/01/2017
25675	CLOSED TREATMENT OF DISTAL RADIOULNAR DISLOCATION WITH MANIPULATION	\$165.66	10/01/2017
25676	OPEN TREATMENT OF DISTAL RADIOULNAR DISLOCATION, ACUTE OR CHRONIC	\$4,328.68	10/01/2017
25680	CLOSED TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION, WITH	\$165.66	10/01/2017
25685	OPEN TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION	\$2,021.38	10/01/2017
25690	CLOSED TREATMENT OF LUNATE DISLOCATION, WITH MANIPULATION	\$1,009.24	10/01/2017
25695	OPEN TREATMENT OF LUNATE DISLOCATION	\$4,328.68	10/01/2017
25800	ARTHRODESIS, WRIST; COMPLETE, WITHOUT BONE GRAFT (INCLUDES RADIOCARPAL AND/ OR I	\$4,328.68	10/01/2017
25805	ARTHRODESIS, WRIST; WITH SLIDING GRAFT	\$4,328.68	10/01/2017
25810	ARTHRODESIS, WRIST; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$7,926.26	10/01/2017
25820	ARTHRODESIS, WRIST; LIMITED, WITHOUT BONE GRAFT (EG, INTERCARPAL OR RADIOCARPAL)	\$4,328.68	10/01/2017
25825	ARTHRODESIS, WRIST; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$4,328.68	10/01/2017
25830	ARTHRODESIS, DISTAL RADIOULNAR JOINT WITH SEGMENTAL RESECTION OF ULNA, WITH OR	\$4,328.68	10/01/2017
25907	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; SECONDARY CLOSURE OR SCAR REVISION	\$2,021.38	10/01/2017
25909	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; RE-AMPUTATION	\$2,021.38	10/01/2017
25922	DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR REVISION	\$1,009.24	10/01/2017
25929	TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION	\$1,183.62	10/01/2017
25931	TRANSMETACARPAL AMPUTATION; RE-AMPUTATION	\$2,021.38	10/01/2017
25999	UNLISTED PROCEDURE, FOREARM OR WRIST	\$165.66	10/01/2017
26010	DRAINAGE OF FINGER ABSCESS; SIMPLE	\$126.94	10/01/2017
26011	DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON)	\$1,025.16	10/01/2017
26020	DRAINAGE OF TENDON SHEATH, DIGIT AND/OR PALM, EACH	\$2,021.38	10/01/2017
26025	DRAINAGE OF PALMAR BURSA; SINGLE, BURSA	\$2,021.38	10/01/2017
26030	DRAINAGE OF PALMAR BURSA; MULTIPLE BURSA	\$2,021.38	10/01/2017
26034	INCISION, BONE CORTEX, HAND OR FINGER (EG, OSTEOMYELITIS OR BONE ABSCESS)	\$1,009.24	10/01/2017
26035	DECOMPRESSION FINGERS AND/OR HAND, INJECTION INJURY (EG, GREASE GUN)	\$2,021.38	10/01/2017
26037	DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035)	\$2,021.38	10/01/2017
26040	RELEASE OF TISSUES OF PALM, ACCESSED THROUGH THE SKIN	\$1,009.24	10/01/2017
26045	PARTIAL RELEASE OF TISSUES OF PALM, OPEN PROCEDURE	\$2,021.38	10/01/2017

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26055	TENDON SHEATH INCISION (EG, FOR TRIGGER FINGER)	\$1,009.24	10/01/2017
26060	TENOTOMY, PERCUTANEOUS, SINGLE, EACH DIGIT	\$1,009.24	10/01/2017
26070	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY;	\$1,009.24	10/01/2017
26075	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY;	\$2,021.38	10/01/2017
26080	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY;	\$1,009.24	10/01/2017
26100	ARTHROTOMY WITH BIOPSY; CARPOMETACARPAL JOINT, EACH	\$2,021.38	10/01/2017
26105	ARTHROTOMY WITH BIOPSY; METACARPOPHALANGEAL JOINT, EACH	\$2,021.38	10/01/2017
26110	ARTHROTOMY WITH BIOPSY; INTERPHALANGEAL JOINT, EACH	\$1,009.24	10/01/2017
26111	EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER,SUBCUTAN	\$1,025.16	10/01/2017
26113	EXCISION, TUMOR, SOFT TISSUE, OR VASCULAR MALFORMATION, OF HAND OR FINGER, SUBFA	\$1,025.16	10/01/2017
26115	EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER, SUBCUTA	\$1,025.16	10/01/2017
26116	EXCISION, TUMOR, SOFT TISSUE, OR VASCULAR MALFORMATION, OF HAND OR FINGER, SUBFA	\$1,025.16	10/01/2017
26117	REMOVAL (LESS THAN 3 CENTIMETERS) TISSUE GROWTH OF HAND OR FINGER	\$1,781.45	10/01/2017
26118	REMOVAL (3 CENTIMETERS OR GREATER) TISSUE GROWTH OF HAND OR FINGER	\$1,781.45	10/01/2017
26121	FASCIECTOMY, PALM ONLY, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE	\$2,021.38	10/01/2017
26123	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL	\$2,021.38	10/01/2017
26125	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL	Bundled	10/01/2013
26130	SYNOVECTOMY, CARPOMETACARPAL JOINT	\$2,021.38	10/01/2017
26135	SYNOVECTOMY, METACARPOPHALANGEAL JOINT INCLUDING INTRINSIC RELEASE AND EXTENSOR	\$2,021.38	10/01/2017
26140	SYNOVECTOMY, PROXIMAL INTERPHALANGEAL JOINT, INCLUDING EXTENSOR RECONSTRUCTION,	\$1,009.24	10/01/2017
26145	SYNOVECTOMY, TENDON SHEATH, RADICAL (TENOSYNOVECTOMY), FLEXOR TENDON, PALM	\$1,009.24	10/01/2017
26160	EXCISION OF LESION OF TENDON SHEATH OR JOINT CAPSULE (EG, CYST, MUCOUS CYST, OR	\$1,009.24	10/01/2017
26170	EXCISION OF TENDON, PALM, FLEXOR OR EXTENSOR, SINGLE, EACH TENDON	\$1,009.24	10/01/2017
26180	EXCISION OF TENDON, FINGER, FLEXOR OR EXTENSOR, EACH TENDON	\$1,009.24	10/01/2017
26185	SESAMOIDECTOMY, THUMB OR FINGER (SEPARATE PROCEDURE)	\$1,009.24	10/01/2017
26200	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL;	\$2,021.38	10/01/2017
26205	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL; WITH	\$4,328.68	10/01/2017
26210	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE, OR	\$1,009.24	10/01/2017
26215	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE, OR	\$2,021.38	10/01/2017
26230	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	\$2,021.38	10/01/2017
26235	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	\$1,009.24	10/01/2017

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26236	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	\$1,009.24	10/01/2017
26250	RADICAL RESECTION OF TUMOR, METACARPAL	\$2,021.38	10/01/2017
26260	RADICAL RESECTION OF TUMOR, PROXIMAL OR MIDDLE PHALANX OF FINGER	\$2,021.38	10/01/2017
26262	RADICAL RESECTION OF TUMOR, DISTAL PHALANX OF FINGER	\$2,021.38	10/01/2017
26320	REMOVAL OF IMPLANT FROM FINGER OR HAND	\$1,025.16	10/01/2017
26340	MANIPULATION, FINGER JOINT, UNDER ANESTHESIA, EACH JOINT	\$1,009.24	10/01/2017
26341	MANIPULATION OF PALM PRETENDINOUS CORD FOLLOWING ENZYME INJECTION	\$165.66	10/01/2017
26350	REPAIR OF FINGER TENDON	\$2,021.38	10/01/2017
26352	REPAIR OF FINGER TENDON WITH GRAFT	\$2,021.38	10/01/2017
26356	REPAIR OF FINGER TENDON	\$2,021.38	10/01/2017
26357	REPAIR OF FINGER TENDON	\$2,021.38	10/01/2017
26358	REPAIR OF FINGER TENDON WITH GRAFT	\$2,021.38	10/01/2017
26370	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON;	\$2,021.38	10/01/2017
26372	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON;	\$4,328.68	10/01/2017
26373	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON;	\$2,021.38	10/01/2017
26390	EXCISION FLEXOR TENDON, WITH IMPLANTATION OF SYNTHETIC ROD FOR DELAYED TENDON	\$4,328.68	10/01/2017
26392	REMOVAL OF SYNTHETIC ROD AND INSERTION OF FLEXOR TENDON GRAFT, HAND OR FINGER	\$4,328.68	10/01/2017
26410	REPAIR, EXTENSOR TENDON, HAND, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH	\$2,021.38	10/01/2017
26412	REPAIR, EXTENSOR TENDON, HAND, PRIMARY OR SECONDARY; WITH FREE GRAFT (INCLUDES	\$2,021.38	10/01/2017
26415	EXCISION OF EXTENSOR TENDON, WITH IMPLANTATION OF SYNTHETIC ROD FOR DELAYED	\$1,009.24	10/01/2017
26416	REMOVAL OF SYNTHETIC ROD AND INSERTION OF EXTENSOR TENDON GRAFT (INCLUDES	\$2,021.38	10/01/2017
26418	REPAIR, EXTENSOR TENDON, FINGER, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH	\$2,021.38	10/01/2017
26420	REPAIR, EXTENSOR TENDON, FINGER, PRIMARY OR SECONDARY; WITH FREE GRAFT	\$2,021.38	10/01/2017
26426	REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG, BOUTONNIERE DEFORMITY);	\$2,021.38	10/01/2017
26428	REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG, BOUTONNIERE DEFORMITY);	\$2,021.38	10/01/2017
26432	CLOSED TREATMENT OF DISTAL EXTENSOR TENDON INSERTION, WITH OR WITHOUT	\$1,009.24	10/01/2017
26433	REPAIR OF EXTENSOR TENDON, DISTAL INSERTION, PRIMARY OR SECONDARY; WITHOUT	\$2,021.38	10/01/2017
26434	REPAIR OF EXTENSOR TENDON, DISTAL INSERTION, PRIMARY OR SECONDARY; WITH FREE	\$2,021.38	10/01/2017
26437	REALIGNMENT OF EXTENSOR TENDON, HAND, EACH TENDON	\$2,021.38	10/01/2017
26440	TENOLYSIS, FLEXOR TENDON; PALM OR FINGER, EACH TENDON	\$1,009.24	10/01/2017
26442	TENOLYSIS, FLEXOR TENDON; PALM AND FINGER, EACH TENDON	\$2,021.38	10/01/2017

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26445	TENOLYSIS, EXTENSOR TENDON, HAND OR FINGER, EACH TENDON	\$2,021.38	10/01/2017
26449	TENOLYSIS, COMPLEX, EXTENSOR TENDON, FINGER, INCLUDING FOREARM, EACH TENDON	\$2,021.38	10/01/2017
26450	TENOTOMY, FLEXOR, PALM, OPEN, EACH TENDON	\$2,021.38	10/01/2017
26455	TENOTOMY, FLEXOR, FINGER, OPEN, EACH TENDON	\$1,009.24	10/01/2017
26460	TENOTOMY, EXTENSOR, HAND OR FINGER, OPEN, EACH TENDON	\$1,009.24	10/01/2017
26471	TENODESIS; OF PROXIMAL INTERPHALANGEAL JOINT, EACH JOINT	\$2,021.38	10/01/2017
26474	TENODESIS; OF DISTAL JOINT, EACH JOINT	\$2,021.38	10/01/2017
26476	LENGTHENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON	\$2,021.38	10/01/2017
26477	SHORTENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON	\$2,021.38	10/01/2017
26478	LENGTHENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON	\$2,021.38	10/01/2017
26479	SHORTENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON	\$1,009.24	10/01/2017
26480	TRANSFER OR TRANSPLANT OF TENDON, CARPOMETACARPAL AREA OR DORSUM OF HAND;	\$2,021.38	10/01/2017
26483	TRANSFER OR TRANSPLANT OF TENDON, CARPOMETACARPAL AREA OR DORSUM OF HAND; WITH	\$2,021.38	10/01/2017
26485	TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITHOUT FREE TENDON GRAFT, EACH TENDON	\$2,021.38	10/01/2017
26489	TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITH FREE TENDON GRAFT (INCLUDES	\$2,021.38	10/01/2017
26490	OPPONENSPLASTY; SUPERFICIALIS TENDON TRANSFER TYPE, EACH TENDON	\$2,021.38	10/01/2017
26492	OPPONENSPLASTY; TENDON TRANSFER WITH GRAFT (INCLUDES OBTAINING GRAFT), EACH	\$2,021.38	10/01/2017
26494	OPPONENSPLASTY; HYPOTHENAR MUSCLE TRANSFER	\$2,021.38	10/01/2017
26496	OPPONENSPLASTY; OTHER METHODS	\$2,021.38	10/01/2017
26497	TRANSFER OF TENDON TO RESTORE INTRINSIC FUNCTION; RING AND SMALL FINGER	\$2,021.38	10/01/2017
26498	TRANSFER OF TENDON TO RESTORE INTRINSIC FUNCTION; ALL FOUR FINGERS	\$2,021.38	10/01/2017
26499	CORRECTION CLAW FINGER, OTHER METHODS	\$2,021.38	10/01/2017
26500	RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH LOCAL TISSUES (SEPARATE	\$4,328.68	10/01/2017
26502	RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH TENDON OR FASCIAL GRAFT	\$2,021.38	10/01/2017
26508	RELEASE OF THENAR MUSCLE(S) (EG, THUMB CONTRACTURE)	\$2,021.38	10/01/2017
26510	CROSS INTRINSIC TRANSFER, EACH TENDON	\$2,021.38	10/01/2017
26516	CAPSULODESIS, METACARPOPHALANGEAL JOINT; SINGLE DIGIT	\$2,021.38	10/01/2017
26517	CAPSULODESIS, METACARPOPHALANGEAL JOINT; TWO DIGITS	\$2,021.38	10/01/2017
26518	CAPSULODESIS, METACARPOPHALANGEAL JOINT; THREE OR FOUR DIGITS	\$2,021.38	10/01/2017
26520	CAPSULECTOMY OR CAPSULOTOMY; METACARPOPHALANGEAL JOINT, EACH JOINT	\$2,021.38	10/01/2017
26525	CAPSULECTOMY OR CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH JOINT	\$2,021.38	10/01/2017

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26530	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; EACH JOINT	\$2,021.38	10/01/2017
26531	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOINT	\$4,328.68	10/01/2017
26535	ARTHROPLASTY, INTERPHALANGEAL JOINT; EACH JOINT	\$2,021.38	10/01/2017
26536	ARTHROPLASTY, INTERPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOINT	\$4,328.68	10/01/2017
26540	REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT	\$2,021.38	10/01/2017
26541	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE; WITH	\$2,021.38	10/01/2017
26542	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE; WITH	\$2,021.38	10/01/2017
26545	RECONSTRUCTION, COLLATERAL LIGAMENT, INTERPHALANGEAL JOINT, SINGLE, INCLUDING	\$2,021.38	10/01/2017
26546	REPAIR NON-UNION, METACARPAL OR PHALANX, (INCLUDES OBTAINING BONE GRAFT WITH OR	\$4,328.68	10/01/2017
26548	REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT	\$2,021.38	10/01/2017
26550	POLLICIZATION OF A DIGIT	\$2,021.38	10/01/2017
26555	TRANSFER, FINGER TO ANOTHER POSITION WITHOUT MICROVASCULAR ANASTOMOSIS	\$4,328.68	10/01/2017
26560	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS	\$1,009.24	10/01/2017
26561	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS AND GRAFTS	\$2,021.38	10/01/2017
26562	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; COMPLEX (EG, INVOLVING BONE,	\$2,021.38	10/01/2017
26565	OSTEOTOMY; METACARPAL, EACH	\$2,021.38	10/01/2017
26567	OSTEOTOMY; PHALANX OF FINGER, EACH	\$2,021.38	10/01/2017
26568	OSTEOPLASTY, LENGTHENING, METACARPAL OR PHALANX	\$4,328.68	10/01/2017
26580	REPAIR CLEFT HAND	\$2,021.38	10/01/2017
26587	RECONSTRUCTION OF POLYDACTYLOUS DIGIT, SOFT TISSUE AND BONE	\$2,021.38	10/01/2017
26590	REPAIR MACRODACTYLIA, EACH DIGIT	\$1,009.24	10/01/2017
26591	REPAIR, INTRINSIC MUSCLES OF HAND, EACH MUSCLE	\$2,021.38	10/01/2017
26593	RELEASE, INTRINSIC MUSCLES OF HAND, EACH MUSCLE	\$2,021.38	10/01/2017
26596	EXCISION OF CONSTRICTING RING OF FINGER, WITH MULTIPLE Z-PLASTIES	\$2,021.38	10/01/2017
26600	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITHOUT MANIPULATION, EACH BONE	\$165.66	10/01/2017
26605	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITH MANIPULATION, EACH BONE	\$165.66	10/01/2017
26607	CLOSED TREATMENT OF METACARPAL FRACTURE, WITH MANIPULATION, WITH EXTERNAL	\$2,021.38	10/01/2017
26608	PERCUTANEOUS SKELETAL FIXATION OF METACARPAL FRACTURE, EACH BONE	\$2,021.38	10/01/2017
26615	OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, INCLUDES INTERNAL FIXATION, WHEN	\$2,021.38	10/01/2017
26641	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, THUMB, WITH MANIPULATION	\$165.66	10/01/2017
26645	CLOSED TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT	\$1,009.24	10/01/2017

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26650	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (B	\$2,021.38	10/01/2017
26665	OPEN TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE)	\$2,021.38	10/01/2017
26670	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB, WITH	\$165.66	10/01/2017
26675	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB, WITH	\$1,009.24	10/01/2017
26676	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL DISLOCATION, OTHER THAN	\$2,021.38	10/01/2017
26685	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB; INCLUDES INTERN	\$2,021.38	10/01/2017
26686	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB; COMPLEX,	\$2,021.38	10/01/2017
26700	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION;	\$165.66	10/01/2017
26705	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION;	\$1,009.24	10/01/2017
26706	PERCUTANEOUS SKELETAL FIXATION OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH	\$2,021.38	10/01/2017
26715	OPEN TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, INCLUDES INTERNAL FIX	\$2,021.38	10/01/2017
26720	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX,	\$165.66	10/01/2017
26725	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX,	\$165.66	10/01/2017
26727	PERCUTANEOUS SKELETAL FIXATION OF UNSTABLE PHALANGEAL SHAFT FRACTURE, PROXIMAL	\$2,021.38	10/01/2017
26735	OPEN TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER	\$2,021.38	10/01/2017
26740	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR	\$165.66	10/01/2017
26742	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR	\$1,009.24	10/01/2017
26746	OPEN TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR INTERPHAL	\$2,021.38	10/01/2017
26750	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITHOUT	\$165.66	10/01/2017
26755	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITH	\$165.66	10/01/2017
26756	PERCUTANEOUS SKELETAL FIXATION OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB,	\$2,021.38	10/01/2017
26765	OPEN TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, INCLUDES INTERNAL	\$2,021.38	10/01/2017
26770	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH	\$165.66	10/01/2017
26775	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH	\$173.27	10/01/2016
26776	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE,	\$2,021.38	10/01/2017
26785	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION,	\$2,021.38	10/01/2017
26820	FUSION IN OPPOSITION, THUMB, WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	\$4,328.68	10/01/2017
26841	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION;	\$4,328.68	10/01/2017
26842	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION;	\$4,328.68	10/01/2017
26843	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB, EACH;	\$4,328.68	10/01/2017
26844	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB, EACH; WITH	\$4,328.68	10/01/2017

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Proc	Procedure Description	FFS Rate	Eff Date
26850	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;	\$4,328.68	10/01/2017
26852	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH	\$4,328.68	10/01/2017
26860	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;	\$2,021.38	10/01/2017
26861	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; EACH	Bundled	10/01/2013
26862	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH	\$2,021.38	10/01/2017
26863	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH	Bundled	10/01/2013
26910	AMPUTATION, METACARPAL, WITH FINGER OR THUMB (RAY AMPUTATION), SINGLE, WITH OR W	\$2,021.38	10/01/2017
26951	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX,	\$2,021.38	10/01/2017
26952	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX,	\$2,021.38	10/01/2017
26989	UNLISTED PROCEDURE, HANDS OR FINGERS	\$165.66	10/01/2017
26990	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; DEEP ABSCESS OR HEMATOMA	\$2,021.38	10/01/2017
26991	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; INFECTED BURSA	\$2,021.38	10/01/2017
27000	TENOTOMY, ADDUCTOR OF HIP, PERCUTANEOUS (SEPARATE PROCEDURE)	\$2,021.38	10/01/2017
27001	TENOTOMY, ADDUCTOR OF HIP, OPEN	\$2,021.38	10/01/2017
27003	TENOTOMY, ADDUCTOR, SUBCUTANEOUS, OPEN, WITH OBTURATOR NEURECTOMY	\$4,328.68	10/01/2017
27006	TENOTOMY, ABDUCTORS AND/OR EXTENSOR(S) OF HIP, OPEN (SEPARATE PROCEDURE)	\$2,021.38	10/01/2017
27027	INCISION OF TISSUE OF MUSCLE COMPARTMENTS OF ONE SIDE OF PELVIS	\$4,328.68	10/01/2017
27033	ARTHROTOMY, HIP, INCLUDING EXPLORATION OR REMOVAL OF LOOSE OR FOREIGN BODY	\$2,021.38	10/01/2017
27035	DENERVATION, HIP JOINT, INTRAPELVIC OR EXTRAPELVIC INTRA-ARTICULAR BRANCHES OF	\$2,021.38	10/01/2017
27040	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; SUPERFICIAL	\$1,025.16	10/01/2017
27041	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR	\$1,025.16	10/01/2017
27043	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBCUTANEOUS; 3 CM OR GREAT	\$1,781.45	10/01/2017
27045	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBFASCIAL (EG, INTRAMUSCUL	\$1,781.45	10/01/2017
27047	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBCUTANEOUS; LESS THAN 3 C	\$1,781.45	10/01/2017
27048	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBFASCIAL (EG, INTRAMUSCUL	\$1,781.45	10/01/2017
27049	REMOVAL OF (LESS THAN 5 CENTIMETERS) TISSUE GROWTH OF PELVIS OR HIP	\$1,781.45	10/01/2017
27050	ARTHROTOMY, WITH BIOPSY; SACROILIAC JOINT	\$1,009.24	10/01/2017
27052	ARTHROTOMY, WITH BIOPSY; HIP JOINT	\$1,009.24	10/01/2017
27057	INCISION OF TISSUE ON ONE SIDE OF PELVIC MUSCLE COMPARTMENT WITH REMOVAL OF MUSC	\$1,009.24	10/01/2017
27059	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH OF PELVIS OR HIP	\$1,781.45	10/01/2017
27060	EXCISION; ISCHIAL BURSA	\$2,021.38	10/01/2017

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27062	EXCISION; TROCHANTERIC BURSA OR CALCIFICATION	\$2,021.38	10/01/2017
27065	EXCISION OF BONE CYST OR BENIGN TUMOR, WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATER	\$2,021.38	10/01/2017
27066	EXCISION OF BONE CYST OR BENIGN TUMOR, WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATER	\$2,021.38	10/01/2017
27067	EXCISION OF BONE CYST OR BENIGN TUMOR, WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATER	\$4,328.68	10/01/2017
27080	COCCYGECTOMY, PRIMARY	\$2,021.38	10/01/2017
27086	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; SUBCUTANEOUS TISSUE	\$1,025.16	10/01/2017
27087	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	\$2,021.38	10/01/2017
27093	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITHOUT ANESTHESIA	Bundled	10/01/2006
27095	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITH ANESTHESIA	Bundled	10/01/2006
27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WITH IMAGE GUIDANCE	CCR	10/01/2006
27097	RELEASE OR RESECTION, HAMSTRING, PROXIMAL	\$2,021.38	10/01/2017
27098	TRANSFER, ADDUCTOR TO ISCHIUM	\$2,021.38	10/01/2017
27100	TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER INCLUDING FASCIAL OR	\$4,328.68	10/01/2017
27105	TRANSFER PARASPINAL MUSCLE TO HIP (INCLUDES FASCIAL OR TENDON EXTENSION GRAFT)	\$2,021.38	10/01/2017
27110	TRANSFER ILIOPSOAS; TO GREATER TROCHANTER OF FEMUR	\$4,328.68	10/01/2017
27111	TRANSFER ILIOPSOAS; TO FEMORAL NECK	\$2,021.38	10/01/2017
27179	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOPLASTY OF FEMORAL NECK	\$4,328.68	10/01/2017
27197	CLOSED TREATMENT OF POSTERIOR PELVIC RING FRACTURE(S), DISLOCATION(S), DIASTASIS	\$165.66	10/01/2017
27198	CLOSED TREATMENT OF POSTERIOR PELVIC RING FRACTURE(S), DISLOCATION(S), DIASTASIS	\$165.66	10/01/2017
27200	CLOSED TREATMENT OF COCCYGEAL FRACTURE	\$165.66	10/01/2017
27202	OPEN TREATMENT OF COCCYGEAL FRACTURE	\$2,021.38	10/01/2017
27215	OPEN TREATMENT OF ILIAC SPINE(S), TUBEROSITY AVULSION, OR ILIAC WING FRACTURE(S)	CCR	10/01/2006
27216	PERCUTANEOUS SKELETAL FIXATION OF POSTERIOR PELVIC BONE FRACTURE AND/OR DISLOCATION	CCR	01/01/2012
27217	OPEN TREATMENT OF ANTERIOR PELVIC BONE FRACTURE AND/OR DISLOCATION FOR FRACTURE	CCR	10/01/2006
27218	OPEN TREATMENT OF POSTERIOR PELVIC BONE FRACTURE AND/OR DISLOCATION, FOR FRACTURE	CCR	10/01/2006
27220	CLOSED TREATMENT OF ACETABULUM (HIP SOCKET) FRACTURE(S); WITHOUT MANIPULATION	\$165.66	10/01/2017
27230	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITHOUT MANIPULATION	\$165.66	10/01/2017
27235	PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, PROXIMAL END, NECK	\$4,328.68	10/01/2017
27238	CLOSED TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC	\$1,009.24	10/01/2017
27246	CLOSED TREATMENT OF GREATER TROCHANTERIC FRACTURE, WITHOUT MANIPULATION	\$165.66	10/01/2017
27250	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; WITHOUT ANESTHESIA	\$165.66	10/01/2017

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27252	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; REQUIRING ANESTHESIA	\$1,009.24	10/01/2017
27256	TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL	\$165.66	10/01/2017
27257	TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL	\$1,009.24	10/01/2017
27265	CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; WITHOUT ANESTHESIA	\$165.66	10/01/2017
27266	CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; REQUIRING REGIONAL OR	\$1,009.24	10/01/2017
27267	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITHOUT MANIPULATION	\$2,021.38	10/01/2017
27275	MANIPULATION, HIP JOINT, REQUIRING GENERAL ANESTHESIA	\$1,009.24	10/01/2017
27279	ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS OR MINIMALLY INVASIVE (INDIRECT VISU	\$8,783.34	10/01/2016
27299	UNLISTED PROCEDURE, PELVIS OR HIP JOINT	\$165.66	10/01/2017
27301	INCISION AND DRAINAGE, DEEP ABSCESS, BURSA, OR HEMATOMA, THIGH OR KNEE REGION	\$1,781.45	10/01/2017
27305	FASCIOTOMY, ILIOTIBIAL (TENOTOMY), OPEN	\$2,021.38	10/01/2017
27306	TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; SINGLE TENDON (SEPARATE	\$1,009.24	10/01/2017
27307	TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; MULTIPLE TENDONS	\$2,021.38	10/01/2017
27310	ARTHROTOMY, KNEE, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY (EG,	\$2,021.38	10/01/2017
27323	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; SUPERFICIAL	\$1,025.16	10/01/2017
27324	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	\$1,781.45	10/01/2017
27325	NEURECTOMY, HAMSTRING MUSCLE	\$1,296.08	10/01/2017
27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS)	\$1,296.08	10/01/2017
27327	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBCUTANEOUS; LESS THAN 3 CM	\$1,025.16	10/01/2017
27328	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBFASCIAL (EG, INTRAMUSCULA	\$1,781.45	10/01/2017
27329	REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE GROWTH OF THIGH OR KNEE	\$1,781.45	10/01/2017
27330	ARTHROTOMY, KNEE; WITH SYNOVIAL BIOPSY ONLY	\$2,021.38	10/01/2017
27331	ARTHROTOMY, KNEE; INCLUDING JOINT EXPLORATION, BIOPSY, OR REMOVAL OF LOOSE OR	\$2,021.38	10/01/2017
27332	ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIAL OR	\$2,021.38	10/01/2017
27333	ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIAL	\$2,021.38	10/01/2017
27334	ARTHROTOMY, WITH SYNOVECTOMY, KNEE; ANTERIOR OR POSTERIOR	\$2,021.38	10/01/2017
27335	ARTHROTOMY, WITH SYNOVECTOMY, KNEE; ANTERIOR AND POSTERIOR INCLUDING POPLITEAL	\$4,328.68	10/01/2017
27337	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBCUTANEOUS; 3 CM OR GREATE	\$1,781.45	10/01/2017
27339	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBFASCIAL (EG, INTRAMUSCULA	\$1,781.45	10/01/2017
27340	EXCISION, PREPATELLAR BURSA	\$2,021.38	10/01/2017
27345	REMOVAL OF CYST OF MEMBRANE COVERING BEHIND KNEE JOINT	\$2,021.38	10/01/2017

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27347	EXCISION OF LESION OF MENISCUS OR CAPSULE (EG, CYST, GANGLION), KNEE	\$2,021.38	10/01/2017
27350	PATELLECTOMY OR HEMIPATELLECTOMY	\$2,021.38	10/01/2017
27355	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR;	\$2,021.38	10/01/2017
27356	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH ALLOGRAFT	\$7,926.26	10/01/2017
27357	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH AUTOGRAFT	\$4,328.68	10/01/2017
27358	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH INTERNAL	Bundled	10/01/2013
27360	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE, FEMUR,	\$2,021.38	10/01/2017
27364	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH OF THIGH OR KNEE	\$1,781.45	10/01/2017
27370	INJECTION OF CONTRACT FOR X-RAY IMAGING OF KNEE	Bundled	10/01/2006
27372	REMOVAL OF FOREIGN BODY, DEEP, THIGH REGION OR KNEE AREA	\$1,781.45	10/01/2017
27380	SUTURE OF INFRAPATELLAR TENDON; PRIMARY	\$4,328.68	10/01/2017
27381	SUTURE OF INFRAPATELLAR TENDON; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR	\$4,328.68	10/01/2017
27385	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; PRIMARY	\$4,328.68	10/01/2017
27386	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUCTION,	\$4,328.68	10/01/2017
27390	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE TENDON	\$2,021.38	10/01/2017
27391	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, ONE LEG	\$2,021.38	10/01/2017
27392	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, BILATERAL	\$2,021.38	10/01/2017
27393	LENGTHENING OF HAMSTRING TENDON; SINGLE TENDON	\$2,021.38	10/01/2017
27394	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, ONE LEG	\$4,328.68	10/01/2017
27395	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, BILATERAL	\$2,021.38	10/01/2017
27396	TRANSPLANT OR TRANSFER (WITH MUSCLE REDIRECTION OR REROUTING), THIGH (EG, EXTENS	\$4,328.68	10/01/2017
27397	TRANSPLANT OR TRANSFER (WITH MUSCLE REDIRECTION OR REROUTING), THIGH (EG, EXTENS	\$4,328.68	10/01/2017
27400	TRANSFER OF TENDON OR MUSCLE IN HAMSTRING	\$4,328.68	10/01/2017
27403	ARTHROTOMY WITH MENISCUS REPAIR, KNEE	\$2,021.38	10/01/2017
27405	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL	\$4,328.68	10/01/2017
27407	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; CRUCIATE	\$4,328.68	10/01/2017
27409	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL AND CRUCIATE	\$4,328.68	10/01/2017
27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE	\$4,328.68	10/01/2017
27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	\$7,926.26	10/01/2017
27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OPEN (EG, MOSAICPLASTY) (INCLUDES HARVESTING O	\$4,328.68	10/01/2017
27418	ANTERIOR TIBIAL TUBERCLEPLASTY (EG, MAQUET TYPE PROCEDURE)	\$4,328.68	10/01/2017

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27420	RECONSTRUCTION OF DISLOCATING PATELLA; (EG, HAUSER TYPE PROCEDURE)	\$4,328.68	10/01/2017
27422	RECONSTRUCTION OF DISLOCATING PATELLA; WITH EXTENSOR REALIGNMENT AND/OR MUSCLE	\$4,328.68	10/01/2017
27424	RECONSTRUCTION OF DISLOCATING PATELLA; WITH PATELLECTOMY	\$4,328.68	10/01/2017
27425	LATERAL RETINACULAR RELEASE, OPEN	\$2,021.38	10/01/2017
27427	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR	\$4,328.68	10/01/2017
27428	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN)	\$7,926.26	10/01/2017
27429	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN) AND	\$7,926.26	10/01/2017
27430	QUADRICEPSPLASTY (EG, BENNETT OR THOMPSON TYPE)	\$4,328.68	10/01/2017
27435	CAPSULOTOMY, POSTERIOR CAPSULAR RELEASE, KNEE	\$2,021.38	10/01/2017
27437	ARTHROPLASTY, PATELLA; WITHOUT PROSTHESIS	\$4,328.68	10/01/2017
27438	ARTHROPLASTY, PATELLA; WITH PROSTHESIS	\$7,926.26	10/01/2017
27440	ARTHROPLASTY, KNEE, TIBIAL PLATEAU;	\$7,926.26	10/01/2017
27441	ARTHROPLASTY, KNEE, TIBIAL PLATEAU; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY	\$7,926.26	10/01/2017
27442	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE;	\$7,926.26	10/01/2017
27443	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE; WITH DEBRIDEMENT AND	\$7,926.26	10/01/2017
27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT	\$7,926.26	10/01/2017
27475	ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS); DISTAL FEMUR	\$4,328.68	10/01/2017
27477	ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS); TIBIA AND FIBULA, PROXIMAL	\$2,021.38	10/01/2017
27479	ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS); COMBINED DISTAL FEMUR,	\$4,328.68	10/01/2017
27485	ARREST, HEMIEPIPHYSEAL, DISTAL FEMUR OR PROXIMAL TIBIA OR FIBULA (EG, GENU	\$2,021.38	10/01/2017
27496	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR	\$2,021.38	10/01/2017
27497	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR	\$2,021.38	10/01/2017
27498	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS;	\$1,009.24	10/01/2017
27499	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS; WITH	\$2,021.38	10/01/2017
27500	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITHOUT MANIPULATION	\$165.66	10/01/2017
27501	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR	\$165.66	10/01/2017
27502	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITH MANIPULATION, WITH OR WITHOUT	\$1,009.24	10/01/2017
27503	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR	\$1,009.24	10/01/2017
27508	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE,	\$165.66	10/01/2017
27509	PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR	\$4,328.68	10/01/2017
27510	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE,	\$1,009.24	10/01/2017

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27516	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITHOUT MANIPULATION	\$165.66	10/01/2017
27517	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITH MANIPULATION,	\$1,009.24	10/01/2017
27520	CLOSED TREATMENT OF PATELLAR FRACTURE, WITHOUT MANIPULATION	\$165.66	10/01/2017
27524	OPEN TREATMENT OF PATELLAR FRACTURE, WITH INTERNAL FIXATION AND/OR PARTIAL OR	\$4,328.68	10/01/2017
27530	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITHOUT MANIPULATION	\$165.66	10/01/2017
27532	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITH OR WITHOUT	\$2,021.38	10/01/2017
27538	CLOSED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF	\$165.66	10/01/2017
27550	CLOSED TREATMENT OF KNEE DISLOCATION; WITHOUT ANESTHESIA	\$165.66	10/01/2017
27552	CLOSED TREATMENT OF KNEE DISLOCATION; REQUIRING ANESTHESIA	\$1,009.24	10/01/2017
27560	CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA	\$165.66	10/01/2017
27562	CLOSED TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHESIA	\$165.66	10/01/2017
27566	OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL	\$4,328.68	10/01/2017
27570	MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRA	\$1,009.24	10/01/2017
27594	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; SECONDARY CLOSURE OR SCAR REVISION	\$2,021.38	10/01/2017
27599	UNLISTED PROCEDURE, FEMUR OR KNEE	\$165.66	10/01/2017
27600	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY	\$2,021.38	10/01/2017
27601	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY	\$2,021.38	10/01/2017
27602	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR	\$2,021.38	10/01/2017
27603	INCISION AND DRAINAGE, LEG OR ANKLE; DEEP ABSCESS OR HEMATOMA	\$1,781.45	10/01/2017
27604	INCISION AND DRAINAGE, LEG OR ANKLE; INFECTED BURSA	\$2,021.38	10/01/2017
27605	TENOTOMY, PERCUTANEOUS, ACHILLES TENDON (SEPARATE PROCEDURE); LOCAL ANESTHESIA	\$1,009.24	10/01/2017
27606	TENOTOMY, PERCUTANEOUS, ACHILLES TENDON (SEPARATE PROCEDURE); GENERAL ANESTHESIA	\$2,021.38	10/01/2017
27607	INCISION (EG, OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE	\$2,021.38	10/01/2017
27610	ARTHROTOMY, ANKLE, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY	\$2,021.38	10/01/2017
27612	ARTHROTOMY, POSTERIOR CAPSULAR RELEASE, ANKLE, WITH OR WITHOUT ACHILLES TENDON	\$2,021.38	10/01/2017
27613	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL	\$1,025.16	10/01/2017
27614	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	\$1,781.45	10/01/2017
27615	REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE GROWTH OF LEG OR ANKLE	\$1,781.45	10/01/2017
27616	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH OF LEG OR ANKLE	\$1,781.45	10/01/2017
27618	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBCUTANEOUS; LESS THAN 3 CM	\$1,025.16	10/01/2017
27619	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBFASCIAL (EG, INTRAMUSCULAR	\$1,781.45	10/01/2017

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27620	ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHO	\$2,021.38	10/01/2017
27625	ARTHROTOMY, WITH SYNOVECTOMY, ANKLE;	\$2,021.38	10/01/2017
27626	ARTHROTOMY, WITH SYNOVECTOMY, ANKLE; INCLUDING TENOSYNOVECTOMY	\$2,021.38	10/01/2017
27630	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANGLION), LEG	\$2,021.38	10/01/2017
27632	REMOVAL (3 CENTIMETERS OR GREATER) TISSUE GROWTH BENEATH THE SKIN OF LEG OR ANKL	\$1,781.45	10/01/2017
27634	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBFASCIAL (EG, INTRAMUSCULAR	\$1,781.45	10/01/2017
27635	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA;	\$2,021.38	10/01/2017
27637	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH	\$4,328.68	10/01/2017
27638	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH	\$4,328.68	10/01/2017
27640	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY), BONE (EG, OST	\$2,021.38	10/01/2017
27641	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY), BONE (EG, OST	\$2,021.38	10/01/2017
27647	RADICAL RESECTION OF TUMOR; TALUS OR CALCANEUS	\$2,021.38	10/01/2017
27648	INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY	Bundled	10/01/2006
27650	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON;	\$2,021.38	10/01/2017
27652	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON; WITH GRAFT	\$4,328.68	10/01/2017
27654	REPAIR, SECONDARY, ACHILLES TENDON, WITH OR WITHOUT GRAFT	\$4,328.68	10/01/2017
27656	REPAIR, FASCIAL DEFECT OF LEG	\$2,021.38	10/01/2017
27658	REPAIR, FLEXOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON	\$2,021.38	10/01/2017
27659	REPAIR, FLEXOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON	\$4,328.68	10/01/2017
27664	REPAIR, EXTENSOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON	\$4,328.68	10/01/2017
27665	REPAIR, EXTENSOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON	\$4,328.68	10/01/2017
27675	REPAIR, DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY	\$2,021.38	10/01/2017
27676	REPAIR, DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY	\$4,328.68	10/01/2017
27680	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; SINGLE, EACH TENDON	\$2,021.38	10/01/2017
27681	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; MULTIPLE TENDONS	\$2,021.38	10/01/2017
27685	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE TENDON (SEPARATE	\$2,021.38	10/01/2017
27686	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE TENDONS (THROUGH	\$2,021.38	10/01/2017
27687	GASTROCNEMIUS RECESSION (EG, STRAYER PROCEDURE)	\$2,021.38	10/01/2017
27690	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING);	\$4,328.68	10/01/2017
27691	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING);	\$4,328.68	10/01/2017
27692	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING);	Bundled	10/01/2013

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27695	REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; COLLATERAL	\$4,328.68	10/01/2017
27696	REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; BOTH COLLATERAL LIGAMENTS	\$4,328.68	10/01/2017
27698	REPAIR, SECONDARY, DISRUPTED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-JONES	\$4,328.68	10/01/2017
27700	ARTHROPLASTY, ANKLE;	\$4,328.68	10/01/2017
27704	REMOVAL OF ANKLE IMPLANT	\$2,021.38	10/01/2017
27705	OSTEOTOMY; TIBIA	\$4,328.68	10/01/2017
27707	OSTEOTOMY; FIBULA	\$2,021.38	10/01/2017
27709	OSTEOTOMY; TIBIA AND FIBULA	\$7,926.26	10/01/2017
27720	REPAIR OF NONUNION OR MALUNION, TIBIA; WITHOUT GRAFT, (EG, COMPRESSION	\$4,328.68	10/01/2017
27722	REPAIR OF NONUNION OR MALUNION, TIBIA; WITH SLIDING GRAFT	\$4,328.68	10/01/2017
27726	REPAIR OF FIBULA NONUNION AND/OR MALUNION WITH INTERNAL FIXATION	\$4,328.68	10/01/2017
27730	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL TIBIA	\$2,021.38	10/01/2017
27732	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL FIBULA	\$2,021.38	10/01/2017
27734	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL TIBIA AND FIBULA	\$2,021.38	10/01/2017
27740	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY METHOD, COMBINED, PROXIMAL AND DISTAL	\$2,021.38	10/01/2017
27742	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY METHOD, COMBINED, PROXIMAL AND DISTAL	\$2,021.38	10/01/2017
27745	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT	\$4,328.68	10/01/2017
27750	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE); WI	\$165.66	10/01/2017
27752	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE);	\$1,009.24	10/01/2017
27756	PERCUTANEOUS SKELETAL FIXATION OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT	\$4,328.68	10/01/2017
27758	OPEN TREATMENT OF TIBIAL SHAFT FRACTURE, (WITH OR WITHOUT FIBULAR FRACTURE)	\$7,926.26	10/01/2017
27759	TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) BY	\$7,926.26	10/01/2017
27760	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITHOUT MANIPULATION	\$165.66	10/01/2017
27762	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITH MANIPULATION, WITH OR	\$1,009.24	10/01/2017
27766	OPEN TREATMENT OF MEDIAL MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PE	\$4,328.68	10/01/2017
27767	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITHOUT MANIPULATION	\$165.66	10/01/2017
27768	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITH MANIPULATION	\$1,009.24	10/01/2017
27769	OPEN TREATMENT OF POSTERIOR MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN	\$4,328.68	10/01/2017
27780	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITHOUT MANIPULATION	\$165.66	10/01/2017
27781	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITH MANIPULATION	\$1,009.24	10/01/2017
27784	OPEN TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE, INCLUDES INTERNAL FIXATION,	\$4,328.68	10/01/2017

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27786	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITHOUT	\$165.66	10/01/2017
27788	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITH	\$165.66	10/01/2017
27792	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), INCLUDES INTERNAL	\$4,328.68	10/01/2017
27808	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALLEOLI,	\$165.66	10/01/2017
27810	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALLEOLI,	\$1,009.24	10/01/2017
27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALLEOLI, O	\$4,328.68	10/01/2017
27816	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITHOUT MANIPULATION	\$165.66	10/01/2017
27818	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITH MANIPULATION	\$1,009.24	10/01/2017
27822	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, INCLUDES INTERNAL FIXATION, WHEN	\$4,328.68	10/01/2017
27823	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, INCLUDES INTERNAL FIXATION, WHEN	\$4,328.68	10/01/2017
27824	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL	\$165.66	10/01/2017
27825	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL	\$1,009.24	10/01/2017
27826	OPEN TREATMENT OF FRACTURE OF LOWER WEIGHT BEARING JOINT OF FIBULA (SMALLER LOWE	\$4,328.68	10/01/2017
27827	OPEN TREATMENT OF FRACTURE OF LOWER WEIGHT BEARING JOINT OF SHIN BONE	\$7,926.26	10/01/2017
27828	OPEN TREATMENT OF FRACTURE OF LOWER WEIGHT BEARING JOINT OF BOTH LOWER LEG BONES	\$7,926.26	10/01/2017
27829	OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSIS) DISRUPTION, INCLUDES I	\$4,328.68	10/01/2017
27830	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; WITHOUT ANESTHESIA	\$165.66	10/01/2017
27831	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; REQUIRING	\$2,021.38	10/01/2017
27832	OPEN TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION, INCLUDES INTERNAL FIX	\$4,328.68	10/01/2017
27840	CLOSED TREATMENT OF ANKLE DISLOCATION; WITHOUT ANESTHESIA	\$165.66	10/01/2017
27842	CLOSED TREATMENT OF ANKLE DISLOCATION; REQUIRING ANESTHESIA, WITH OR WITHOUT	\$1,009.24	10/01/2017
27846	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL	\$4,328.68	10/01/2017
27848	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL	\$4,328.68	10/01/2017
27860	MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION	\$2,021.38	10/01/2017
27870	ARTHRODESIS, ANKLE, OPEN	\$7,926.26	10/01/2017
27871	ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL	\$7,926.26	10/01/2017
27884	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; SECONDARY CLOSURE OR SCAR REVISION	\$2,021.38	10/01/2017
27889	ANKLE DISARTICULATION	\$4,328.68	10/01/2017
27892	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY, WITH D	\$2,021.38	10/01/2017
27893	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY, WITH DEBRIDEMENT	\$4,328.68	10/01/2017
27894	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR	\$1,009.24	10/01/2017

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27899	UNLISTED PROCEDURE, LEG OR ANKLE	\$165.66	10/01/2017
28001	INCISION AND DRAINAGE, BURSA, FOOT	\$1,025.16	10/01/2017
28002	INCISION AND DRAINAGE BELOW FASCIA, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT,	\$2,021.38	10/01/2017
28003	INCISION AND DRAINAGE BELOW FASCIA, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT,	\$2,021.38	10/01/2017
28005	INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), FOOT	\$2,021.38	10/01/2017
28008	FASCIOTOMY, FOOT AND/OR TOE	\$2,021.38	10/01/2017
28010	TENOTOMY, PERCUTANEOUS, TOE; SINGLE TENDON	\$1,009.24	10/01/2017
28011	TENOTOMY, PERCUTANEOUS, TOE; MULTIPLE TENDONS	\$1,009.24	10/01/2017
28020	ARTHROTOMY, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN	\$2,021.38	10/01/2017
28022	ARTHROTOMY, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN	\$2,021.38	10/01/2017
28024	ARTHROTOMY, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN	\$2,021.38	10/01/2017
28035	RELEASE, TARSAL TUNNEL (POSTERIOR TIBIAL NERVE DECOMPRESSION)	\$1,296.08	10/01/2017
28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; 1.5 CM OR GREATER	\$1,781.45	10/01/2017
28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); 1.5	\$1,781.45	10/01/2017
28043	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; LESS THAN 1.5 CM	\$1,025.16	10/01/2017
28045	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); LES	\$1,781.45	10/01/2017
28046	REMOVAL (LESS THAN 3 CENTIMETERS) TISSUE GROWTH OF FOOT OR TOE	\$1,781.45	10/01/2017
28047	REMOVAL (3 CENTIMETERS OR GREATER) TISSUE GROWTH OF FOOT OR TOE	\$1,781.45	10/01/2017
28050	ARTHROTOMY WITH BIOPSY; INTERTARSAL OR TARSOMETATARSAL JOINT	\$2,021.38	10/01/2017
28052	ARTHROTOMY WITH BIOPSY; METATARSOPHALANGEAL JOINT	\$2,021.38	10/01/2017
28054	ARTHROTOMY WITH BIOPSY; INTERPHALANGEAL JOINT	\$2,021.38	10/01/2017
28055	NEURECTOMY, INTRINSIC MUSCULATURE OF FOOT	\$1,296.08	10/01/2017
28060	FASCIECTOMY, PLANTAR FASCIA; PARTIAL (SEPARATE PROCEDURE)	\$2,021.38	10/01/2017
28062	FASCIECTOMY, PLANTAR FASCIA; RADICAL (SEPARATE PROCEDURE)	\$2,021.38	10/01/2017
28070	SYNOVECTOMY; INTERTARSAL OR TARSOMETATARSAL JOINT, EACH	\$2,021.38	10/01/2017
28072	SYNOVECTOMY; METATARSOPHALANGEAL JOINT, EACH	\$2,021.38	10/01/2017
28080	EXCISION, INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH	\$1,009.24	10/01/2017
28086	SYNOVECTOMY, TENDON SHEATH, FOOT; FLEXOR	\$2,021.38	10/01/2017
28088	SYNOVECTOMY, TENDON SHEATH, FOOT; EXTENSOR	\$1,009.24	10/01/2017
28090	EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING SYNOVECTOMY)	\$2,021.38	10/01/2017
28092	EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING SYNOVECTOMY)	\$1,009.24	10/01/2017

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28100	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS;	\$2,021.38	10/01/2017
28102	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH	\$4,328.68	10/01/2017
28103	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH	\$4,328.68	10/01/2017
28104	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL,	\$2,021.38	10/01/2017
28106	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL,	\$4,328.68	10/01/2017
28107	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL,	\$4,328.68	10/01/2017
28108	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, PHALANGES OF FOOT	\$1,009.24	10/01/2017
28110	OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE) (SEPARATE	\$2,021.38	10/01/2017
28111	OSTECTOMY, COMPLETE EXCISION; FIRST METATARSAL HEAD	\$2,021.38	10/01/2017
28112	OSTECTOMY, COMPLETE EXCISION; OTHER METATARSAL HEAD (SECOND, THIRD OR FOURTH)	\$2,021.38	10/01/2017
28113	OSTECTOMY, COMPLETE EXCISION; FIFTH METATARSAL HEAD	\$2,021.38	10/01/2017
28114	OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, WITH PARTIAL PROXIMAL	\$2,021.38	10/01/2017
28116	OSTECTOMY, EXCISION OF TARSAL COALITION	\$2,021.38	10/01/2017
28118	OSTECTOMY, CALCANEUS;	\$2,021.38	10/01/2017
28119	OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL RELEASE	\$2,021.38	10/01/2017
28120	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR	\$2,021.38	10/01/2017
28122	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR	\$2,021.38	10/01/2017
28124	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR	\$2,021.38	10/01/2017
28126	RESECTION, PARTIAL OR COMPLETE, PHALANGEAL BASE, EACH TOE	\$2,021.38	10/01/2017
28130	TALECTOMY (ASTRAGALECTOMY)	\$2,021.38	10/01/2017
28140	METATARSECTOMY	\$2,021.38	10/01/2017
28150	PHALANGECTOMY, TOE, EACH TOE	\$2,021.38	10/01/2017
28153	RESECTION, CONDYLE(S), DISTAL END OF PHALANX, EACH TOE	\$1,009.24	10/01/2017
28160	HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT EXCISION, TOE, PROXIMAL END OF	\$2,021.38	10/01/2017
28171	RADICAL RESECTION OF TUMOR; TARSAL (EXCEPT TALUS OR CALCANEUS)	\$2,021.38	10/01/2017
28173	RADICAL RESECTION OF TUMOR; METATARSAL	\$2,021.38	10/01/2017
28175	RADICAL RESECTION OF TUMOR; PHALANX OF TOE	\$1,009.24	10/01/2017
28190	REMOVAL OF FOREIGN BODY, FOOT; SUBCUTANEOUS	\$446.92	10/01/2017
28192	REMOVAL OF FOREIGN BODY, FOOT; DEEP	\$1,025.16	10/01/2017
28193	REMOVAL OF FOREIGN BODY, FOOT; COMPLICATED	\$1,025.16	10/01/2017
28200	REPAIR, TENDON, FLEXOR, FOOT; PRIMARY OR SECONDARY, WITHOUT FREE GRAFT, EACH TEN	\$2,021.38	10/01/2017

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28202	REPAIR, TENDON, FLEXOR, FOOT; SECONDARY WITH FREE GRAFT, EACH TENDON (INCLUDES	\$4,328.68	10/01/2017
28208	REPAIR, TENDON, EXTENSOR, FOOT; PRIMARY OR SECONDARY, EACH TENDON	\$2,021.38	10/01/2017
28210	REPAIR, TENDON, EXTENSOR, FOOT; SECONDARY WITH FREE GRAFT, EACH TENDON	\$4,328.68	10/01/2017
28220	TENOLYSIS, FLEXOR, FOOT; SINGLE TENDON	\$2,021.38	10/01/2017
28222	TENOLYSIS, FLEXOR, FOOT; MULTIPLE TENDONS	\$2,021.38	10/01/2017
28225	TENOLYSIS, EXTENSOR, FOOT; SINGLE TENDON	\$2,021.38	10/01/2017
28226	TENOLYSIS, EXTENSOR, FOOT; MULTIPLE TENDONS	\$1,009.24	10/01/2017
28230	TENOTOMY, OPEN, TENDON FLEXOR; FOOT, SINGLE OR MULTIPLE TENDON(S) (SEPARATE	\$1,009.24	10/01/2017
28232	TENOTOMY, OPEN, TENDON FLEXOR; TOE, SINGLE TENDON (SEPARATE PROCEDURE)	\$1,009.24	10/01/2017
28234	TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE, EACH TENDON	\$1,009.24	10/01/2017
28238	RECONSTRUCTION (ADVANCEMENT), POSTERIOR TIBIAL TENDON WITH EXCISION OF	\$4,328.68	10/01/2017
28240	TENOTOMY, LENGTHENING, OR RELEASE, ABDUCTOR HALLUCIS MUSCLE	\$2,021.38	10/01/2017
28250	DIVISION OF PLANTAR FASCIA AND MUSCLE (EG, STEINDLER STRIPPING) (SEPARATE	\$2,021.38	10/01/2017
28260	CAPSULOTOMY, MIDFOOT; MEDIAL RELEASE ONLY (SEPARATE PROCEDURE)	\$1,009.24	10/01/2017
28261	CAPSULOTOMY, MIDFOOT; WITH TENDON LENGTHENING	\$2,021.38	10/01/2017
28262	CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING POSTERIOR TALOTIBIAL CAPSULOTOMY AND	\$4,328.68	10/01/2017
28264	CAPSULOTOMY, MIDTARSAL (EG, HEYMAN TYPE PROCEDURE)	\$1,009.24	10/01/2017
28270	CAPSULOTOMY; METATARSOPHALANGEAL JOINT, WITH OR WITHOUT TENORRHAPHY, EACH JOINT	\$2,021.38	10/01/2017
28272	CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH JOINT (SEPARATE PROCEDURE)	\$1,009.24	10/01/2017
28280	SYNDACTYLIZATION, TOES (EG, WEBBING OR KELIKIAN TYPE PROCEDURE)	\$2,021.38	10/01/2017
28285	CORRECTION, HAMMERTOES (EG, INTERPHALANGEAL FUSION, PARTIAL OR TOTAL	\$2,021.38	10/01/2017
28286	CORRECTION, COCK-UP FIFTH TOE, WITH PLASTIC SKIN CLOSURE (EG, RUIZ-MORA TYPE	\$2,021.38	10/01/2017
28288	OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, METATARSAL HEAD, EACH	\$2,021.38	10/01/2017
28289	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEASE OF	\$2,021.38	10/01/2017
28291	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEASE OF	\$4,328.68	10/01/2017
28292	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; KELLER,	\$2,021.38	10/01/2017
28295	CORRECTION, HALLUX VALGUS (BUNIONECTOMY), WITH SESAMOIDECTOMY, WHEN PERFORMED, W	\$2,021.38	10/01/2017
28296	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; WITH	\$2,021.38	10/01/2017
28297	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; LAPIDUS	\$4,328.68	10/01/2017
28298	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; BY PHALANX	\$4,328.68	10/01/2017
28299	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; BY DOUBLE	\$2,021.38	10/01/2017

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28300	OSTEOTOMY; CALCANEUS (EG, DWYER OR CHAMBERS TYPE PROCEDURE), WITH OR WITHOUT	\$4,328.68	10/01/2017
28302	OSTEOTOMY; TALUS	\$4,328.68	10/01/2017
28304	OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS;	\$4,328.68	10/01/2017
28305	OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS; WITH AUTOGRAFT	\$4,328.68	10/01/2017
28306	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION,	\$4,328.68	10/01/2017
28307	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION,	\$2,021.38	10/01/2017
28308	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION,	\$2,021.38	10/01/2017
28309	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION,	\$4,328.68	10/01/2017
28310	OSTEOTOMY, SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; PROXIMAL PHALANX,	\$2,021.38	10/01/2017
28312	OSTEOTOMY, SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; OTHER PHALANGES, ANY	\$2,021.38	10/01/2017
28313	RECONSTRUCTION, ANGULAR DEFORMITY OF TOE, SOFT TISSUE PROCEDURES ONLY (EG,	\$2,021.38	10/01/2017
28315	SESAMOIDECTOMY, FIRST TOE (SEPARATE PROCEDURE)	\$2,021.38	10/01/2017
28320	REPAIR, NONUNION OR MALUNION; TARSAL BONES	\$7,926.26	10/01/2017
28322	REPAIR, NONUNION OR MALUNION; METATARSAL, WITH OR WITHOUT BONE GRAFT (INCLUDES	\$4,328.68	10/01/2017
28340	RECONSTRUCTION, TOE, MACRODACTYLY; SOFT TISSUE RESECTION	\$2,021.38	10/01/2017
28341	RECONSTRUCTION, TOE, MACRODACTYLY; REQUIRING BONE RESECTION	\$2,021.38	10/01/2017
28344	RECONSTRUCTION, TOE(S); POLYDACTYLY	\$2,021.38	10/01/2017
28345	RECONSTRUCTION, TOE(S); SYNDACTYLY, WITH OR WITHOUT SKIN GRAFT(S), EACH WEB	\$2,021.38	10/01/2017
28360	RECONSTRUCTION, CLEFT FOOT	\$4,328.68	10/01/2017
28400	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITHOUT MANIPULATION	\$165.66	10/01/2017
28405	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITH MANIPULATION	\$165.66	10/01/2017
28406	PERCUTANEOUS SKELETAL FIXATION OF CALCANEAL FRACTURE, WITH MANIPULATION	\$4,328.68	10/01/2017
28415	OPEN TREATMENT OF CALCANEAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	\$4,328.68	10/01/2017
28420	OPEN TREATMENT OF CALCANEAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	\$7,926.26	10/01/2017
28430	CLOSED TREATMENT OF TALUS FRACTURE; WITHOUT MANIPULATION	\$165.66	10/01/2017
28435	CLOSED TREATMENT OF TALUS FRACTURE; WITH MANIPULATION	\$1,009.24	10/01/2017
28436	PERCUTANEOUS SKELETAL FIXATION OF TALUS FRACTURE, WITH MANIPULATION	\$4,328.68	10/01/2017
28445	OPEN TREATMENT OF TALUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	\$4,328.68	10/01/2017
28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS (INCLUDES OBTAINING GRAFT[S])	\$4,328.68	10/01/2017
28450	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITHOUT	\$165.66	10/01/2017
28455	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITH	\$2,021.38	10/01/2017

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28456	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE FRACTURE (EXCEPT TALUS AND	\$4,328.68	10/01/2017
28465	OPEN TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), INCLUDES IN	\$4,328.68	10/01/2017
28470	CLOSED TREATMENT OF METATARSAL FRACTURE; WITHOUT MANIPULATION, EACH	\$165.66	10/01/2017
28475	CLOSED TREATMENT OF METATARSAL FRACTURE; WITH MANIPULATION, EACH	\$165.66	10/01/2017
28476	PERCUTANEOUS SKELETAL FIXATION OF METATARSAL FRACTURE, WITH MANIPULATION, EACH	\$2,021.38	10/01/2017
28485	OPEN TREATMENT OF METATARSAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORME	\$4,328.68	10/01/2017
28490	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITHOUT	\$165.66	10/01/2017
28495	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITH MANIPULATION	\$165.66	10/01/2017
28496	PERCUTANEOUS SKELETAL FIXATION OF FRACTURE GREAT TOE, PHALANX OR PHALANGES,	\$2,021.38	10/01/2017
28505	OPEN TREATMENT OF FRACTURE, GREAT TOE, PHALANX OR PHALANGES, INCLUDES INTERNAL F	\$2,021.38	10/01/2017
28510	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE;	\$165.66	10/01/2017
28515	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; WITH	\$165.66	10/01/2017
28525	OPEN TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE, INCLUDES	\$2,021.38	10/01/2017
28530	CLOSED TREATMENT OF SESAMOID FRACTURE	\$165.66	10/01/2017
28531	OPEN TREATMENT OF SESAMOID FRACTURE, WITH OR WITHOUT INTERNAL FIXATION	\$4,328.68	10/01/2017
28540	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; WITHOUT	\$165.66	10/01/2017
28545	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; REQUIRING	\$2,021.38	10/01/2017
28546	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE DISLOCATION, OTHER THAN	\$1,009.24	10/01/2017
28555	OPEN TREATMENT OF TARSAL BONE DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERF	\$4,328.68	10/01/2017
28570	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA	\$165.66	10/01/2017
28575	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA	\$2,021.38	10/01/2017
28576	PERCUTANEOUS SKELETAL FIXATION OF TALOTARSAL JOINT DISLOCATION, WITH	\$1,009.24	10/01/2017
28585	OPEN TREATMENT OF TALOTARSAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN	\$4,328.68	10/01/2017
28600	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA	\$165.66	10/01/2017
28605	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA	\$165.66	10/01/2017
28606	PERCUTANEOUS SKELETAL FIXATION OF TARSOMETATARSAL JOINT DISLOCATION, WITH	\$2,021.38	10/01/2017
28615	OPEN TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION,	\$4,328.68	10/01/2017
28630	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA	\$165.66	10/01/2017
28635	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA	\$1,009.24	10/01/2017
28636	PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH	\$2,021.38	10/01/2017
28645	OPEN TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION, INCLUDES INTERNAL FIXAT	\$2,021.38	10/01/2017

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28660	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA	\$165.66	10/01/2017
28665	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA	\$173.27	10/01/2016
28666	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, WITH	\$2,021.38	10/01/2017
28675	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION,	\$2,021.38	10/01/2017
28705	ARTHRODESIS; PANTALAR	\$8,783.34	10/01/2016
28715	ARTHRODESIS; TRIPLE	\$7,926.26	10/01/2017
28725	ARTHRODESIS; SUBTALAR	\$7,926.26	10/01/2017
28730	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE;	\$7,926.26	10/01/2017
28735	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WITH	\$7,926.26	10/01/2017
28737	ARTHRODESIS, WITH TENDON LENGTHENING AND ADVANCEMENT, MIDTARSAL, TARSAL	\$7,926.26	10/01/2017
28740	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT	\$4,328.68	10/01/2017
28750	ARTHRODESIS, GREAT TOE; METATARSOPHALANGEAL JOINT	\$4,328.68	10/01/2017
28755	ARTHRODESIS, GREAT TOE; INTERPHALANGEAL JOINT	\$4,328.68	10/01/2017
28760	ARTHRODESIS, WITH EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST METATARSAL NECK,	\$4,328.68	10/01/2017
28805	AMPUTATION, FOOT; TRANSMETATARSAL	\$2,021.38	10/01/2017
28810	AMPUTATION, METATARSAL, WITH TOE, SINGLE	\$2,021.38	10/01/2017
28820	AMPUTATION, TOE; METATARSOPHALANGEAL JOINT	\$2,021.38	10/01/2017
28825	AMPUTATION, TOE; INTERPHALANGEAL JOINT	\$2,021.38	10/01/2017
28890	EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A PHYSICIAN OR OTHER QUALIF	\$1,009.24	10/01/2017
28899	UNLISTED PROCEDURE, FOOT OR TOES	\$165.66	10/01/2017
29000	APPLICATION OF HALO TYPE BODY CAST (SEE 20661-20663 FOR INSERTION)	\$173.27	10/01/2016
29010	APPLICATION OF RISSER JACKET, LOCALIZER, BODY; ONLY	\$173.27	10/01/2016
29015	APPLICATION OF RISSER JACKET, LOCALIZER, BODY; INCLUDING HEAD	\$173.27	10/01/2016
29035	APPLICATION OF BODY CAST, SHOULDER TO HIPS;	\$173.27	10/01/2016
29040	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING HEAD, MINERVA TYPE	\$173.27	10/01/2016
29044	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING ONE THIGH	\$103.75	10/01/2017
29046	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING BOTH THIGHS	\$173.27	10/01/2016
29049	APPLICATION, CAST; FIGURE-OF-EIGHT	\$173.27	10/01/2016
29055	APPLICATION, CAST; SHOULDER SPICA	\$173.27	10/01/2016
29058	APPLICATION, CAST; PLASTER VELPEAU	\$173.27	10/01/2016
29065	APPLICATION, CAST; SHOULDER TO HAND (LONG ARM)	\$173.27	10/01/2016

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29075	APPLICATION, CAST; ELBOW TO FINGER (SHORT ARM)	\$173.27	10/01/2016
29085	APPLICATION, CAST; HAND AND LOWER FOREARM (GAUNTLET)	\$103.75	10/01/2017
29086	APPLICATION, CAST; FINGER (EG, CONTRACTURE)	\$103.75	10/01/2017
29105	APPLICATION OF LONG ARM SPLINT (SHOULDER TO HAND)	\$103.75	10/01/2017
29125	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); STATIC	\$82.92	10/01/2017
29126	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); DYNAMIC	\$82.92	10/01/2017
29130	APPLICATION OF FINGER SPLINT; STATIC	\$45.22	10/01/2017
29131	APPLICATION OF FINGER SPLINT; DYNAMIC	\$45.22	10/01/2017
29200	STRAPPING; THORAX	\$103.75	10/01/2017
29240	STRAPPING; SHOULDER (EG, VELPEAU)	\$45.22	10/01/2017
29260	STRAPPING; ELBOW OR WRIST	\$23.53	10/01/2017
29280	STRAPPING; HAND OR FINGER	\$23.53	10/01/2017
29305	APPLICATION OF HIP SPICA CAST; ONE LEG	\$173.27	10/01/2016
29325	APPLICATION OF HIP SPICA CAST; ONE AND ONE-HALF SPICA OR BOTH LEGS	\$173.27	10/01/2016
29345	APPLICATION OF LONG LEG CAST (THIGH TO TOES);	\$173.27	10/01/2016
29355	APPLICATION OF LONG LEG CAST (THIGH TO TOES); WALKER OR AMBULATORY TYPE	\$173.27	10/01/2016
29358	APPLICATION OF LONG LEG CAST BRACE	\$173.27	10/01/2016
29365	APPLICATION OF CYLINDER CAST (THIGH TO ANKLE)	\$173.27	10/01/2016
29405	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES);	\$173.27	10/01/2016
29425	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES); WALKING OR AMBULATORY TYPE	\$173.27	10/01/2016
29435	APPLICATION OF PATELLAR TENDON BEARING (PTB) CAST	\$173.27	10/01/2016
29440	ADDING WALKER TO PREVIOUSLY APPLIED CAST	\$103.75	10/01/2017
29445	APPLICATION OF RIGID TOTAL CONTACT LEG CAST	\$173.27	10/01/2016
29450	APPLICATION OF CLUBFOOT CAST WITH MOLDING OR MANIPULATION, LONG OR SHORT LEG	\$103.75	10/01/2017
29505	APPLICATION OF LONG LEG SPLINT (THIGH TO ANKLE OR TOES)	\$103.75	10/01/2017
29515	APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT)	\$103.75	10/01/2017
29520	STRAPPING; HIP	\$45.22	10/01/2017
29530	STRAPPING; KNEE	\$45.22	10/01/2017
29540	STRAPPING; ANKLE AND/OR FOOT	\$103.75	10/01/2017
29550	STRAPPING; TOES	\$45.22	10/01/2017
29580	STRAPPING; UNNA BOOT	\$103.75	10/01/2017

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29581	APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; LEG (BELOW KNEE), INCLUDING ANKLE	\$103.75	10/01/2017
29582	APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; THIGH AND LEG, INCLUDING ANKLE A	\$103.75	10/01/2017
29583	APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; UPPER ARM AND FOREARM	\$103.75	10/01/2017
29584	APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; UPPER ARM, FOREARM, HAND, AND FI	\$103.75	10/01/2017
29700	REMOVAL OR BIVALVING; GAUNTLET, BOOT OR BODY CAST	\$173.27	10/01/2016
29705	REMOVAL OR BIVALVING; FULL ARM OR FULL LEG CAST	\$173.27	10/01/2016
29710	REMOVAL OR BIVALVING; SHOULDER OR HIP SPICA, MINERVA, OR RISSE JACKET, ETC.	\$173.27	10/01/2016
29720	REPAIR OF SPICA, BODY CAST OR JACKET	\$103.75	10/01/2017
29730	WINDOWING OF CAST	\$103.75	10/01/2017
29740	WEDGING OF CAST (EXCEPT CLUBFOOT CASTS)	\$173.27	10/01/2016
29750	WEDGING OF CLUBFOOT CAST	\$173.27	10/01/2016
29799	UNLISTED PROCEDURE, CASTING OR STRAPPING	\$103.75	10/01/2017
29800	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPS	\$2,021.38	10/01/2017
29804	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL	\$2,021.38	10/01/2017
29805	ARTHROSCOPY, SHOULDER, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE	\$2,021.38	10/01/2017
29806	ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY	\$4,328.68	10/01/2017
29807	ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION	\$4,328.68	10/01/2017
29819	ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	\$2,021.38	10/01/2017
29820	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL	\$4,328.68	10/01/2017
29821	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMPLETE	\$2,021.38	10/01/2017
29822	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED	\$2,021.38	10/01/2017
29823	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE	\$2,021.38	10/01/2017
29824	ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUDING DISTAL	\$2,021.38	10/01/2017
29825	ARTHROSCOPY, SHOULDER, SURGICAL; WITH LYSIS AND RESECTION OF ADHESIONS, WITH OR	\$2,021.38	10/01/2017
29826	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL	Bundled	10/01/2013
29827	ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR	\$4,328.68	10/01/2017
29828	ARTHROSCOPY, SHOULDER, SURGICAL; BICEPS TENODESIS	\$4,328.68	10/01/2017
29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE	\$2,021.38	10/01/2017
29834	ARTHROSCOPY, ELBOW, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	\$2,021.38	10/01/2017
29835	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, PARTIAL	\$2,021.38	10/01/2017
29836	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, COMPLETE	\$4,328.68	10/01/2017

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29837	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, LIMITED	\$2,021.38	10/01/2017
29838	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, EXTENSIVE	\$2,021.38	10/01/2017
29840	ARTHROSCOPY, WRIST, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE	\$2,021.38	10/01/2017
29843	ARTHROSCOPY, WRIST, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	\$2,021.38	10/01/2017
29844	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL	\$2,021.38	10/01/2017
29845	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, COMPLETE	\$2,021.38	10/01/2017
29846	ARTHROSCOPY, WRIST, SURGICAL; EXCISION AND/OR REPAIR OF TRIANGULAR	\$2,021.38	10/01/2017
29847	ARTHROSCOPY, WRIST, SURGICAL; INTERNAL FIXATION FOR FRACTURE OR INSTABILITY	\$4,328.68	10/01/2017
29848	ENDOSCOPY, WRIST, SURGICAL, WITH RELEASE OF TRANSVERSE CARPAL LIGAMENT	\$1,009.24	10/01/2017
29850	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY	\$1,009.24	10/01/2017
29851	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY	\$1,009.24	10/01/2017
29855	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICOND	\$4,328.68	10/01/2017
29856	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDY	\$7,926.26	10/01/2017
29860	ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE	\$4,328.68	10/01/2017
29861	ARTHROSCOPY, HIP, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	\$2,021.38	10/01/2017
29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE	\$4,328.68	10/01/2017
29863	ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY	\$2,021.38	10/01/2017
29866	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL AUTOGRAFT(S) (EG, MOSAICPLASTY) (INCL	\$4,328.68	10/01/2017
29867	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL ALLOGRAFT (EG, MOSAICPLASTY)	\$7,926.26	10/01/2017
29868	ARTHROSCOPY, KNEE, SURGICAL; MENISCAL TRANSPLANTATION (INCLUDES ARTHROTOMY FOR	\$4,328.68	10/01/2017
29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE	\$2,021.38	10/01/2017
29871	ARTHROSCOPY, KNEE, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	\$2,021.38	10/01/2017
29873	ARTHROSCOPY, KNEE, SURGICAL; WITH LATERAL RELEASE	\$2,021.38	10/01/2017
29874	ARTHROSCOPY, KNEE, SURGICAL; FOR REMOVAL OF LOOSE BODY OR FOREIGN BODY (EG,	\$2,021.38	10/01/2017
29875	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, LIMITED (EG, PLICA OR SHELF	\$2,021.38	10/01/2017
29876	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, TWO OR MORE COMPARTMENTS (EG,	\$2,021.38	10/01/2017
29877	ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE	\$2,021.38	10/01/2017
29879	ARTHROSCOPY, KNEE, SURGICAL; ABRASION ARTHROPLASTY (INCLUDES CHONDROPLASTY	\$2,021.38	10/01/2017
29880	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL AND LATERAL, INCLUDING AN	\$2,021.38	10/01/2017
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL, INCLUDING ANY	\$2,021.38	10/01/2017
29882	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL OR LATERAL)	\$2,021.38	10/01/2017

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29883	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL AND LATERAL)	\$2,021.38	10/01/2017
29884	ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS, WITH OR WITHOUT	\$2,021.38	10/01/2017
29885	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDritis DISSECANS WITH BONE	\$4,328.68	10/01/2017
29886	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDritis DISSECANS	\$2,021.38	10/01/2017
29887	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDritis DISSECANS	\$4,328.68	10/01/2017
29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR	\$4,328.68	10/01/2017
29889	REPAIR OF POSTERIOR CRUCIATE LIGAMENT OF KNEE WITH ASSISTANCE OF AN ENDOSCOPE	\$7,926.26	10/01/2017
29891	ARTHROSCOPY, ANKLE, SURGICAL, EXCISION OF OSTEOCHONDRAL DEFECT OF TALUS AND/OR	\$2,021.38	10/01/2017
29892	ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDritis DISSECANS LESION, TALAR	\$4,328.68	10/01/2017
29893	ENDOSCOPIC PLANTAR FASCIOTOMY	\$2,021.38	10/01/2017
29894	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH REMOVAL	\$2,021.38	10/01/2017
29895	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; SYNOVECTOMY,	\$2,021.38	10/01/2017
29897	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT,	\$2,021.38	10/01/2017
29898	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT,	\$2,021.38	10/01/2017
29899	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH ANKLE	\$4,328.68	10/01/2017
29900	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, DIAGNOSTIC, INCLUDES SYNOVIAL BIOPSY	\$2,021.38	10/01/2017
29901	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH DEBRIDEMENT	\$2,021.38	10/01/2017
29902	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH REDUCTION OF DISPLACED	\$1,009.24	10/01/2017
29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BOD	\$2,021.38	10/01/2017
29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SYNOVECTOMY	\$2,021.38	10/01/2017
29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH DEBRIDEMENT	\$2,021.38	10/01/2017
29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SUBTALAR ARTHRODESIS	\$7,926.26	10/01/2017
29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	\$4,328.68	10/01/2017
29915	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PI	\$4,328.68	10/01/2017
29916	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH LABRAL REPAIR	\$4,328.68	10/01/2017
29999	UNLISTED PROCEDURE, ARTHROSCOPY	\$165.66	10/01/2017
30000	DRAINAGE ABSCESS OR HEMATOMA, NASAL, INTERNAL APPROACH	\$146.81	10/01/2017
30020	DRAINAGE ABSCESS OR HEMATOMA, NASAL SEPTUM	\$366.93	10/01/2017
30100	BIOPSY, INTRANASAL	\$860.96	10/01/2017
30110	EXCISION, NASAL POLYP(S), SIMPLE	\$860.96	10/01/2017
30115	EXCISION, NASAL POLYP(S), EXTENSIVE	\$1,801.99	10/01/2017

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30117	EXCISION OR DESTRUCTION (EG, LASER), INTRANASAL LESION; INTERNAL APPROACH	\$1,801.99	10/01/2017
30118	EXCISION OR DESTRUCTION (EG, LASER), INTRANASAL LESION; EXTERNAL APPROACH	\$1,801.99	10/01/2017
30120	EXCISION OR SURGICAL PLANING OF SKIN OF NOSE FOR RHINOPHYMA	\$1,801.99	10/01/2017
30124	EXCISION DERMOID CYST, NOSE; SIMPLE, SKIN, SUBCUTANEOUS	\$860.96	10/01/2017
30125	EXCISION DERMOID CYST, NOSE; COMPLEX, UNDER BONE OR CARTILAGE	\$3,424.55	10/01/2017
30130	EXCISION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	\$1,801.99	10/01/2017
30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	\$1,801.99	10/01/2017
30150	RHINECTOMY; PARTIAL	\$3,424.55	10/01/2017
30160	RHINECTOMY; TOTAL	\$3,424.55	10/01/2017
30200	INJECTION INTO TURBINATE(S), THERAPEUTIC	\$366.93	10/01/2017
30210	DISPLACEMENT THERAPY (PROETZ TYPE)	\$860.96	10/01/2017
30220	INSERTION, NASAL SEPTAL PROSTHESIS (BUTTON)	\$860.96	10/01/2017
30300	REMOVAL FOREIGN BODY, INTRANASAL; OFFICE TYPE PROCEDURE	\$82.92	10/01/2017
30310	REMOVAL FOREIGN BODY, INTRANASAL; REQUIRING GENERAL ANESTHESIA	\$1,801.99	10/01/2017
30320	REMOVAL FOREIGN BODY, INTRANASAL; BY LATERAL RHINOTOMY	\$860.96	10/01/2017
30400	RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF NASAL TIP	\$3,424.55	10/01/2017
30410	RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS INCLUDING BONY PYRAMID, LATERAL	\$3,424.55	10/01/2017
30420	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR	\$3,424.55	10/01/2017
30430	RHINOPLASTY, SECONDARY; MINOR REVISION (SMALL AMOUNT OF NASAL TIP WORK)	\$3,424.55	10/01/2017
30435	RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION (BONY WORK WITH OSTEOTOMIES)	\$3,424.55	10/01/2017
30450	RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES)	\$3,424.55	10/01/2017
30460	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR	\$3,424.55	10/01/2017
30462	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR	\$3,424.55	10/01/2017
30465	REPAIR OF NASAL VESTIBULAR STENOSIS (EG, SPREADER GRAFTING, LATERAL NASAL WALL	\$3,424.55	10/01/2017
30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING,	\$1,801.99	10/01/2017
30540	REPAIR CHOANAL ATRESIA; INTRANASAL	\$3,424.55	10/01/2017
30545	REPAIR CHOANAL ATRESIA; TRANSPALATINE	\$3,424.55	10/01/2017
30560	LYSIS INTRANASAL SYNECHIA	\$366.93	10/01/2017
30580	REPAIR FISTULA; OROMAXILLARY (COMBINE WITH 31030 IF ANTROTOMY IS INCLUDED)	\$3,424.55	10/01/2017
30600	REPAIR FISTULA; ORONASAL	\$3,424.55	10/01/2017
30620	SEPTAL OR OTHER INTRANASAL DERMATOPLASTY (DOES NOT INCLUDE OBTAINING GRAFT)	\$3,424.55	10/01/2017

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30630	REPAIR NASAL SEPTAL PERFORATIONS	\$1,801.99	10/01/2017
30801	ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHO	\$860.96	10/01/2017
30802	ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHO	\$860.96	10/01/2017
30901	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY AND/OR PACKING) ANY	\$82.92	10/01/2017
30903	CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (EXTENSIVE CAUTERY AND/OR PACKING)	\$82.92	10/01/2017
30905	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERY,	\$82.92	10/01/2017
30906	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERY,	\$146.81	10/01/2017
30915	LIGATION ARTERIES; ETHMOIDAL	\$1,956.94	10/01/2017
30920	LIGATION ARTERIES; INTERNAL MAXILLARY ARTERY, TRANSANTRAL	\$1,956.94	10/01/2017
30930	FRACTURE NASAL INFERIOR TURBINATE(S), THERAPEUTIC	\$1,801.99	10/01/2017
30999	UNLISTED PROCEDURE, NOSE	\$146.81	10/01/2017
31000	LAVAGE BY CANNULATION; MAXILLARY SINUS (ANTRUM PUNCTURE OR NATURAL OSTIUM)	\$146.81	10/01/2017
31002	LAVAGE BY CANNULATION; SPHENOID SINUS	\$860.96	10/01/2017
31020	SINUSOTOMY, MAXILLARY (ANTROTOMY); INTRANASAL	\$1,801.99	10/01/2017
31030	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITHOUT REMOVAL OF	\$3,424.55	10/01/2017
31032	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITH REMOVAL OF	\$3,424.55	10/01/2017
31040	PTERYGOMAXILLARY FOSSA SURGERY, ANY APPROACH	\$3,424.55	10/01/2017
31050	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY;	\$3,424.55	10/01/2017
31051	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY; WITH MUCOSAL STRIPPING OR REMOVAL	\$3,424.55	10/01/2017
31070	SINUSOTOMY FRONTAL; EXTERNAL, SIMPLE (TREPHINE OPERATION)	\$3,424.55	10/01/2017
31075	SINUSOTOMY FRONTAL; TRANSORBITAL, UNILATERAL (FOR MUCOCELE OR OSTEOMA, LYNCH	\$3,424.55	10/01/2017
31080	SINUSOTOMY FRONTAL; OBLITERATIVE WITHOUT OSTEOPLASTIC FLAP, BROW INCISION	\$3,424.55	10/01/2017
31081	SINUSOTOMY FRONTAL; OBLITERATIVE, WITHOUT OSTEOPLASTIC FLAP, CORONAL INCISION	\$3,424.55	10/01/2017
31084	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION	\$3,424.55	10/01/2017
31085	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION	\$3,424.55	10/01/2017
31086	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION	\$3,424.55	10/01/2017
31087	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION	\$3,424.55	10/01/2017
31090	SINUSOTOMY, UNILATERAL, THREE OR MORE PARANASAL SINUSES (FRONTAL, MAXILLARY,	\$3,424.55	10/01/2017
31200	ETHMOIDECTOMY; INTRANASAL, ANTERIOR	\$3,424.55	10/01/2017
31201	ETHMOIDECTOMY; INTRANASAL, TOTAL	\$1,801.99	10/01/2017
31205	ETHMOIDECTOMY; EXTRANASAL, TOTAL	\$1,801.99	10/01/2017

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31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	\$117.78	10/01/2016
31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH MAXILLARY SINUSOSCOPY (VIA INFERIOR	\$300.03	10/01/2017
31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH SPHENOID SINUSOSCOPY (VIA PUNCTURE OF	\$864.76	10/01/2016
31237	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEMENT	\$864.76	10/01/2016
31238	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONTROL OF NASAL HEMORRHAGE	\$864.76	10/01/2016
31239	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DACRYOCYSTORHINOSTOMY	\$1,660.27	10/01/2016
31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION	\$864.76	10/01/2016
31254	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, PARTIAL (ANTERIOR)	\$3,616.89	10/01/2017
31255	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, TOTAL (ANTERIOR AND	\$3,616.89	10/01/2017
31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	\$1,660.27	10/01/2016
31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF	\$3,616.89	10/01/2017
31276	NASAL/SINUS ENDOSCOPY, SURGICAL WITH FRONTAL SINUS EXPLORATION, WITH OR WITHOUT	\$3,616.89	10/01/2017
31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY;	\$3,616.89	10/01/2017
31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; WITH REMOVAL OF TISSUE	\$3,616.89	10/01/2017
31292	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH MEDIAL OR INFERIOR ORBITAL WALL	\$3,616.89	10/01/2017
31293	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH MEDIAL ORBITAL WALL AND INFERIOR ORBITAL	\$3,616.89	10/01/2017
31294	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH OPTIC NERVE DECOMPRESSION	\$3,616.89	10/01/2017
31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF MAXILLARY SINUS OSTIUM (EG, BA	\$3,616.89	10/01/2017
31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF FRONTAL SINUS OSTIUM (EG, BAL	\$3,616.89	10/01/2017
31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF SPHENOID SINUS OSTIUM (EG, B	\$3,616.89	10/01/2017
31299	UNLISTED PROCEDURE, ACCESSORY SINUSES	\$146.81	10/01/2017
31300	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); WITH REMOVAL OF TUMOR OR LARYNGOCELE, C	\$1,801.99	10/01/2017
31320	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); DIAGNOSTIC	\$3,424.55	10/01/2017
31400	ARYTENOIDECTOMY OR ARYTENOIDOPEXY, EXTERNAL APPROACH	\$3,424.55	10/01/2017
31420	EPIGLOTTIDECTOMY	\$3,424.55	10/01/2017
31500	INTUBATION, ENDOTRACHEAL, EMERGENCY PROCEDURE	\$146.81	10/01/2017
31502	TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA TRACT	\$146.81	10/01/2017
31505	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); DIAGNOSTIC	\$117.78	10/01/2016
31510	LARYNGOSCOPY, INDIRECT; WITH BIOPSY	\$1,660.27	10/01/2016
31511	LARYNGOSCOPY, INDIRECT; WITH REMOVAL OF FOREIGN BODY	\$117.78	10/01/2016
31512	LARYNGOSCOPY, INDIRECT; WITH REMOVAL OF LESION	\$1,660.27	10/01/2016

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31513	LARYNGOSCOPY, INDIRECT; WITH VOCAL CORD INJECTION	\$300.03	10/01/2017
31515	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; FOR ASPIRATION	\$300.03	10/01/2017
31520	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, NEWBORN	\$300.03	10/01/2017
31525	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, EXCEPT NEWBORN	\$864.76	10/01/2016
31526	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, WITH OPERATING MI	\$864.76	10/01/2016
31527	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH INSERTION OF OBTURATOR	\$1,660.27	10/01/2016
31528	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATION, INITIAL	\$1,660.27	10/01/2016
31529	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATION, SUBSEQUENT	\$1,660.27	10/01/2016
31530	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL;	\$864.76	10/01/2016
31531	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL; WITH OPERATING MICRO	\$1,660.27	10/01/2016
31535	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY;	\$1,660.27	10/01/2016
31536	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; WITH OPERATING MICROSCOPE OR TELES	\$1,660.27	10/01/2016
31540	REMOVAL OF GROWTH OF TONGUE AND/OR VOCAL CORD STRIPPING USING AN ENDOSCOPE	\$1,660.27	10/01/2016
31541	REMOVAL OF GROWTH OF TONGUE AND/OR VOCAL CORD STRIPPING USING AN ENDOSCOPE WITH	\$1,660.27	10/01/2016
31545	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE OR TELESCOPE, WITH	\$1,660.27	10/01/2016
31546	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE OR TELESCOPE, WITH	\$3,616.89	10/01/2017
31551	LARYNGOPLASTY, FOR LARYNGEAL STENOSIS, WITH GRAFT, WITHOUT INDWELLING STENT PLAC	\$3,424.55	10/01/2017
31552	LARYNGOPLASTY, FOR LARYNGEAL STENOSIS, WITH GRAFT, WITHOUT INDWELLING STENT PLAC	\$3,424.55	10/01/2017
31553	LARYNGOPLASTY, FOR LARYNGEAL STENOSIS, WITH GRAFT, WITH INDWELLING STENT PLACEME	\$3,424.55	10/01/2017
31554	LARYNGOPLASTY, FOR LARYNGEAL STENOSIS WITH GRAFT, WITH INDWELLING STENT PLACEMEN	\$3,424.55	10/01/2017
31560	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY;	\$3,616.89	10/01/2017
31561	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY; WITH OPERATING MICROSCOPE	\$3,616.89	10/01/2017
31570	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC;	\$1,660.27	10/01/2016
31571	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC; WITH OPERA	\$1,660.27	10/01/2016
31572	LARYNGOSCOPY, FLEXIBLE, WITH ABLATION OR DESTRUCTION OF LESION(S) WITH LASER UNI	\$1,660.27	01/01/2017
31573	LARYNGOSCOPY, FLEXIBLE WITH THERAPEUTIC INJECTION(S) (EG, CHEMODENERVATION AGENT	\$864.76	01/01/2017
31574	LARYNGOSCOPY, FLEXIBLE WITH INJECTION(S) (EG, PERCUTANEOUS TRANSORAL), UNILATERA	\$864.76	01/01/2017
31575	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; DIAGNOSTIC	\$117.78	10/01/2016
31576	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH BIOPSY	\$864.76	10/01/2016
31577	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF FOREIGN BODY	\$300.03	10/01/2017
31578	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF LESION	\$1,660.27	10/01/2016

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31579	LARYNGOSCOPY, FLEXIBLE OR RIGID FIBEROPTIC, WITH STROBOSCOPY	\$300.03	10/01/2017
31580	LARYNGOPLASTY; FOR LARYNGEAL WEB, TWO STAGE, WITH KEEL INSERTION AND REMOVAL	\$3,424.55	10/01/2017
31584	LARYNGOPLASTY; WITH OPEN REDUCTION OF FRACTURE	\$3,424.55	10/01/2017
31587	LARYNGOPLASTY, CRICOID SPLIT	\$3,424.55	10/01/2017
31590	LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE	\$3,424.55	10/01/2017
31591	LARYNGOPLASTY, MEDIALIZATION UNILATERAL	\$3,424.55	10/01/2017
31592	CRICOTRACHEAL RESECTION	\$3,424.55	10/01/2017
31595	SECTION RECURRENT LARYNGEAL NERVE, THERAPEUTIC (SEPARATE PROCEDURE), UNILATERAL	\$1,801.99	10/01/2017
31599	UNLISTED PROCEDURE, LARYNX	\$146.81	10/01/2017
31600	TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE);	\$1,801.99	10/01/2017
31601	TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE); UNDER TWO YEARS	\$3,424.55	10/01/2017
31603	TRACHEOSTOMY, EMERGENCY PROCEDURE; TRANSTRACHEAL	\$860.96	10/01/2017
31605	TRACHEOSTOMY, EMERGENCY PROCEDURE; CRICOTHYROID MEMBRANE	\$366.93	10/01/2017
31610	TRACHEOSTOMY, FENESTRATION PROCEDURE WITH SKIN FLAPS	\$3,424.55	10/01/2017
31611	CONSTRUCTION OF TRACHEOESOPHAGEAL FISTULA AND SUBSEQUENT INSERTION OF AN	\$1,801.99	10/01/2017
31612	TRACHEAL PUNCTURE, PERCUTANEOUS WITH TRANSTRACHEAL ASPIRATION AND/OR INJECTION	\$1,801.99	10/01/2017
31613	TRACHEOSTOMA REVISION; SIMPLE, WITHOUT FLAP ROTATION	\$1,801.99	10/01/2017
31614	TRACHEOSTOMA REVISION; COMPLEX, WITH FLAP ROTATION	\$3,424.55	10/01/2017
31615	TRACHEOBRONCHOSCOPY THROUGH ESTABLISHED TRACHEOSTOMY INCISION	\$366.93	10/01/2017
31622	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$864.76	10/01/2016
31623	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$864.76	10/01/2016
31624	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$864.76	10/01/2016
31625	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$864.76	10/01/2016
31626	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$3,616.89	10/01/2017
31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	Bundled	01/01/2010
31628	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$1,660.27	10/01/2016
31629	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$1,660.27	10/01/2016
31630	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$1,660.27	10/01/2016
31631	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$3,616.89	10/01/2017
31632	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	Bundled	10/01/2013
31633	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	Bundled	10/01/2013

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31634	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$3,616.89	10/01/2017
31635	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$864.76	10/01/2016
31636	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$3,616.89	10/01/2017
31637	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; EACH	Bundled	10/01/2013
31638	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$3,616.89	10/01/2017
31640	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$1,660.27	10/01/2016
31641	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$1,660.27	10/01/2016
31643	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$864.76	10/01/2016
31645	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$864.76	10/01/2016
31646	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$300.03	10/01/2017
31647	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$3,616.89	10/01/2017
31648	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$1,660.27	10/01/2016
31649	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$864.76	10/01/2016
31651	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	Bundled	10/01/2013
31652	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$1,660.27	10/01/2016
31653	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$1,660.27	10/01/2016
31654	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	Bundled	01/01/2016
31717	CATHETERIZATION WITH BRONCHIAL BRUSH BIOPSY	\$300.03	10/01/2017
31720	CATHETER ASPIRATION (SEPARATE PROCEDURE); NASOTRACHEAL	\$124.57	10/01/2016
31730	INSERTION INTO WINDPIPE OF NEEDLE WIRE, DILATOR, STENT, OR TUBE FOR OXYGEN DELIV	\$864.76	10/01/2016
31750	TRACHEOPLASTY; CERVICAL	\$3,424.55	10/01/2017
31755	TRACHEOPLASTY; TRACHEOPHARYNGEAL FISTULIZATION, EACH STAGE	\$3,424.55	10/01/2017
31785	EXCISION OF TRACHEAL TUMOR OR CARCINOMA; CERVICAL	\$3,424.55	10/01/2017
31820	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITHOUT PLASTIC REPAIR	\$1,801.99	10/01/2017
31825	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITH PLASTIC REPAIR	\$1,801.99	10/01/2017
31830	REVISION OF TRACHEOSTOMY SCAR	\$1,801.99	10/01/2017
31899	UNLISTED PROCEDURE, TRACHEA, BRONCHI	\$117.78	10/01/2016
32400	BIOPSY, PLEURA; PERCUTANEOUS NEEDLE	\$1,025.16	10/01/2017
32405	BIOPSY, LUNG OR MEDIASTINUM, PERCUTANEOUS NEEDLE	\$1,025.16	10/01/2017
32550	INSERTION OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	\$2,373.21	10/01/2017
32551	TUBE THORACOSTOMY, INCLUDES CONNECTION TO DRAINAGE SYSTEM (EG, WATER SEAL), WHEN	\$567.14	10/01/2017

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32552	REMOVAL OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	\$567.14	10/01/2017
32553	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL	\$855.85	10/01/2016
32554	THORACENTESIS, NEEDLE OR CATHERER, ASPIRATION OF THE PLEURAL SPACE; WITHOUT IMAG	\$567.14	10/01/2017
32555	THORACENTESIS, NEEDLE OR CATHERER, ASPIRATION OF THE PLEURAL SPACE; WITH IMAGING	\$567.14	10/01/2017
32556	PLEURAL DRAINAGE, PERCUTANEOUS, WITH INSERTION OF INDWELLING CATHETER; WITHOUT I	\$1,106.57	10/01/2017
32557	PLEURAL DRAINAGE, PERCUTANEOUS, WITH INSERTION OF INDWELLING CATHETER; WITH IMAG	\$567.14	10/01/2017
32560	INSTILLATION, VIA CHEST TUBE/CATHETER, AGENT FOR PLEURODESIS (EG, TALC FOR RECUR	\$567.14	10/01/2017
32561	INSTILLATION(S), VIA CHEST TUBE/CATHETER, AGENT FOR FIBRINOLYSIS (EG, FIBRINOLYT	\$567.14	10/01/2017
32562	INSTILLATION(S), VIA CHEST TUBE/CATHETER, AGENT FOR FIBRINOLYSIS (EG, FIBRINOLYT	\$567.14	10/01/2017
32601	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); LUNGS, PERICARDIAL SAC, MEDIASTIN	\$3,481.08	10/01/2017
32604	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); PERICARDIAL SAC, WITH BIOPSY	\$3,481.08	10/01/2017
32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); MEDIASTINAL SPACE, WITH BIOPSY	\$3,481.08	10/01/2017
32607	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY(IES) OF LUNG INFILTRATE(S) (EG, WEDGE, INCI	\$3,481.08	10/01/2017
32608	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY(IES) OF LUNG NODULE(S) OR MASS(ES) (EG, WED	\$3,481.08	10/01/2017
32609	THORACOSCOPY; WITH BIOPSY(IES) OF PLEURA	\$3,481.08	10/01/2017
32701	THORACIC TARGET(S) DELINEATION FOR STEREOTACTIC BODY RADIATION THERAPY (SRS/SBRT	CCR	01/01/2013
32960	PNEUMOTHORAX, THERAPEUTIC, INTRAPLEURAL INJECTION OF AIR	\$567.14	10/01/2017
32998	ABLATION THERAPY FOR REDUCTION OR ERADICATION OF ONE OR MORE PULMONARY TUMOR(S)	\$3,481.08	10/01/2017
32999	UNLISTED PROCEDURE, LUNGS AND PLEURA	\$567.14	10/01/2017
33010	PERICARDIOCENTESIS; INITIAL	\$567.14	10/01/2017
33011	PERICARDIOCENTESIS; SUBSEQUENT	\$567.14	10/01/2017
33206	INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTROD	\$7,803.92	10/01/2017
33207	INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTROD	\$7,803.92	10/01/2017
33208	INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTROD	\$7,803.92	10/01/2017
33210	INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS SINGLE CHAMBER CARDIAC	\$5,581.82	10/01/2016
33211	INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS DUAL CHAMBER PACING	\$5,581.82	10/01/2016
33212	INSERTION OF PACEMAKER PULSE GENERATOR ONLY; WITH EXISTING SINGLE LEAD	\$5,581.82	10/01/2016
33213	INSERTION OF PACEMAKER PULSE GENERATOR ONLY; WITH EXISTING DUAL LEADS	\$7,803.92	10/01/2017
33214	UPGRADE OF IMPLANTED PACEMAKER SYSTEM, CONVERSION OF SINGLE CHAMBER SYSTEM TO	\$7,803.92	10/01/2017
33215	REPOSITIONING OF IMPLANTED PACEMAKER OR DEFIBRILLATOR DEVICE	\$1,956.94	10/01/2017
33216	INSERTION OF A SINGLE TRANSVENOUS ELECTRODE, PERMANENT PACEMAKER OR CARDIOVERTER	\$5,581.82	10/01/2016

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33217	INSERTION OF 2 TRANSVENOUS ELECTRODES, PERMANENT PACEMAKER OR CARDIOVERTER-DEFIB	\$5,581.82	10/01/2016
33218	REPAIR OF ELECTRODE FOR PERMANENT PACEMAKER OR DEFIBRILLATOR DEVICE	\$2,075.16	10/01/2016
33220	REPAIR OF 2 ELECTRODES FOR PERMANENT PACEMAKER OR DEFIBRILLATOR DEVICE	\$2,075.16	10/01/2016
33221	INSERTION OF PACEMAKER PULSE GENERATOR ONLY; WITH EXISTING MULTIPLE LEADS	\$13,899.73	10/01/2017
33222	RELOCATION OF PACEMAKER GENERATOR SKIN POCKET	\$1,183.62	10/01/2017
33223	RELOCATION OF DEFIBRILLATOR DEVICE SKIN POCKET	\$1,183.62	10/01/2017
33224	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRICULAR PACIN	\$7,803.92	10/01/2017
33225	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRICULAR PACIN	Bundled	10/01/2014
33226	REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM (LEFT VENTRICULAR) E	\$1,956.94	10/01/2017
33227	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PUL	\$5,581.82	10/01/2016
33228	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PUL	\$7,803.92	10/01/2017
33229	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PUL	\$13,899.73	10/01/2017
33230	INSERTION OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXIST	\$18,278.68	10/01/2016
33231	INSERTION OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXIST	\$25,413.23	10/01/2016
33233	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR ONLY	\$5,581.82	10/01/2016
33234	REMOVAL OF TRANSVENOUS PACEMAKER ELECTRODE(S); SINGLE LEAD SYSTEM, ATRIAL OR	\$2,075.16	10/01/2016
33235	REMOVAL OF TRANSVENOUS PACEMAKER ELECTRODE(S); DUAL LEAD SYSTEM	\$2,075.16	10/01/2016
33240	INSERTION OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXISTI	\$18,278.68	10/01/2016
33241	REMOVAL OF DEFIBRILLATOR PULSE GENERATOR	\$2,075.16	10/01/2016
33244	REMOVAL OF DEFIBRILLATOR ELECTRODES	\$2,075.16	10/01/2016
33249	INSERTION OR REPLACEMENT OF PERMANENT PACING CARDIOVERTER-DEFIBRILLATOR SYSTEM W	\$25,413.23	10/01/2016
33262	REMOVAL AND REPLACEMENT OF DEFIBRILLATOR PULSE GENERATOR	\$18,278.68	10/01/2016
33263	REMOVAL AND REPLACEMENT OF DEFIBRILLATOR PULSE GENERATOR	\$18,278.68	10/01/2016
33264	REMOVAL AND REPLACEMENT OF DEFIBRILLATOR PULSE GENERATOR	\$25,413.23	10/01/2016
33270	INSERTION OR REPLACEMENT OF PERMANENT SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR SYS	\$25,413.23	10/01/2016
33271	INSERTION OF SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR	\$5,581.82	10/01/2016
33272	REMOVAL OF SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR ELECTRODE	\$2,075.16	10/01/2016
33273	REPOSITIONING OF PREVIOUSLY IMPLANTED SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR ELE	\$2,075.16	10/01/2016
33282	IMPLANTATION OF PATIENT-ACTIVATED CARDIAC EVENT RECORDER	\$5,581.82	10/01/2016
33284	REMOVAL OF AN IMPLANTABLE, PATIENT-ACTIVATED CARDIAC EVENT RECORDER	\$446.92	10/01/2017
33419	TRANSCATHETER MITRAL VALVE REPAIR, PERCUTANEOUS APPROACH, INCLUDING TRANSSEPTAL	Bundled	01/01/2015

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33508	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR CORONARY AR	Bundled	10/01/2006
33999	UNLISTED PROCEDURE, CARDIAC SURGERY	\$567.14	10/01/2017
34101	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; AXILLARY, BRACHIAL,	\$3,253.23	10/01/2017
34111	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; RADIAL OR ULNAR ARTERY,	\$3,253.23	10/01/2017
34201	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; FEMOROPOPLITEAL,	\$3,253.23	10/01/2017
34203	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; POPLITEAL-TIBIO-PERONEAL	\$3,253.23	10/01/2017
34421	THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, FEMOROPOPLITEAL VEIN,	\$1,956.94	10/01/2017
34471	THROMBECTOMY, DIRECT OR WITH CATHETER; SUBCLAVIAN VEIN, BY NECK INCISION	\$567.14	10/01/2017
34490	THROMBECTOMY, DIRECT OR WITH CATHETER; AXILLARY AND SUBCLAVIAN VEIN, BY ARM	\$1,956.94	10/01/2017
34501	VALVULOPLASTY, FEMORAL VEIN	\$3,253.23	10/01/2017
34510	VENOUS VALVE TRANSPOSITION, ANY VEIN DONOR	\$3,253.23	10/01/2017
34520	CROSS-OVER VEIN GRAFT TO VENOUS SYSTEM	\$3,253.23	10/01/2017
34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	\$1,956.94	10/01/2017
34839	PHYSICIAN PLANNING OF A PATIENT-SPECIFIC FENESTRATED VISCERAL AORTIC ENDOGRAFT R	CCR	01/01/2015
35011	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND	\$3,253.23	10/01/2017
35045	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND	\$3,253.23	10/01/2017
35180	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; HEAD AND NECK	\$567.14	10/01/2017
35184	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; EXTREMITIES	\$1,956.94	10/01/2017
35188	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; HEAD AND NECK	\$3,253.23	10/01/2017
35190	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; EXTREMITIES	\$3,253.23	10/01/2017
35201	REPAIR BLOOD VESSEL, DIRECT; NECK	\$3,253.23	10/01/2017
35206	REPAIR BLOOD VESSEL, DIRECT; UPPER EXTREMITY	\$1,956.94	10/01/2017
35207	REPAIR BLOOD VESSEL, DIRECT; HAND, FINGER	\$1,956.94	10/01/2017
35226	REPAIR BLOOD VESSEL, DIRECT; LOWER EXTREMITY	\$446.92	10/01/2017
35231	REPAIR BLOOD VESSEL WITH VEIN GRAFT; NECK	\$1,956.94	10/01/2017
35236	REPAIR BLOOD VESSEL WITH VEIN GRAFT; UPPER EXTREMITY	\$3,253.23	10/01/2017
35256	REPAIR BLOOD VESSEL WITH VEIN GRAFT; LOWER EXTREMITY	\$3,253.23	10/01/2017
35261	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; NECK	\$1,956.94	10/01/2017
35266	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; UPPER EXTREMITY	\$3,253.23	10/01/2017
35286	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; LOWER EXTREMITY	\$3,253.23	10/01/2017
35321	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; AXILLARY-BRACHIAL	\$3,253.23	10/01/2017

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35500	HARVEST OF UPPER EXTREMITY VEIN, ONE SEGMENT, FOR LOWER EXTREMITY OR CORONARY AR	Bundled	10/01/2013
35572	HARVEST OF FEMOROPOPLITEAL VEIN, ONE SEGMENT, FOR VASCULAR RECONSTRUCTION	Bundled	10/01/2006
35685	PLACEMENT OF VEIN PATCH OR CUFF AT DISTAL ANASTOMOSIS OF BYPASS GRAFT, SYNTHETIC	Bundled	10/01/2013
35686	CREATION OF DISTAL ARTERIOVENOUS FISTULA DURING LOWER EXTREMITY BYPASS SURGERY	Bundled	10/01/2013
35761	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ARTERY;	\$1,956.94	10/01/2017
35860	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; EXTREMITY	\$1,956.94	10/01/2017
35875	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT (OTHER THAN HEMODIALYSIS GRAFT OR	\$3,253.23	10/01/2017
35876	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT (OTHER THAN HEMODIALYSIS GRAFT OR	\$3,253.23	10/01/2017
35879	REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITH	\$3,253.23	10/01/2017
35881	REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITH	\$3,253.23	10/01/2017
35883	REVISION, FEMORAL ANASTOMOSIS OF SYNTHETIC ARTERIAL BYPASS GRAFT IN GROIN, OPEN;	\$3,253.23	10/01/2017
35884	REVISION, FEMORAL ANASTOMOSIS OF SYNTHETIC ARTERIAL BYPASS GRAFT IN GROIN, OPEN;	\$3,253.23	10/01/2017
35903	EXCISION OF INFECTED GRAFT; EXTREMITY	\$1,956.94	10/01/2017
36000	INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN	Bundled	10/01/2006
36002	INJECTION PROCEDURES (EG, THROMBIN) FOR PERCUTANEOUS TREATMENT OF EXTREMITY	\$567.14	10/01/2017
36005	INJECTION PROCEDURE FOR EXTREMITY VENOGRAPHY (INCLUDING INTRODUCTION OF NEEDLE	Bundled	10/01/2006
36010	INTRODUCTION OF CATHETER, SUPERIOR OR INFERIOR VENA CAVA	Bundled	10/01/2006
36011	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; FIRST ORDER BRANCH (EG, RENAL	Bundled	10/01/2006
36012	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; SECOND ORDER, OR MORE SELECTIVE,	Bundled	10/01/2006
36013	INTRODUCTION OF CATHETER, RIGHT HEART OR MAIN PULMONARY ARTERY	Bundled	10/01/2006
36014	SELECTIVE CATHETER PLACEMENT, LEFT OR RIGHT PULMONARY ARTERY	Bundled	10/01/2006
36015	SELECTIVE CATHETER PLACEMENT, SEGMENTAL OR SUBSEGMENTAL PULMONARY ARTERY	Bundled	10/01/2006
36100	INTRODUCTION OF NEEDLE OR INTRACATHETER, CAROTID OR VERTEBRAL ARTERY	Bundled	10/01/2006
36120	INTRODUCTION OF NEEDLE OR INTRACATHETER; RETROGRADE BRACHIAL ARTERY	Bundled	10/01/2006
36140	INTRODUCTION OF NEEDLE OR INTRACATHETER; EXTREMITY ARTERY	Bundled	10/01/2006
36160	INTRODUCTION OF NEEDLE OR INTRACATHETER, AORTIC, TRANSLUMBAR	Bundled	10/01/2006
36200	INTRODUCTION OF CATHETER, AORTA	Bundled	10/01/2006
36215	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER THORACIC OR	Bundled	10/01/2006
36216	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER THORACIC OR	Bundled	10/01/2006
36217	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE	Bundled	10/01/2006
36218	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD	Bundled	10/01/2006

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36221	NON-SELECTIVE CATHETER PLACEMENT, THORACIC AORTA, WITH ANGIOGRAPHY OF THE EXTRAC	\$1,956.94	10/01/2017
36222	SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OR INNOMINATE ARTERY, UNILATERAL, A	\$1,956.94	10/01/2017
36223	SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OR INNOMINATE ARTERY, UNILATERAL, A	\$3,253.23	10/01/2017
36224	SELECTIVE CATHETER PLACEMENT, INTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRA	\$3,253.23	10/01/2017
36225	SELECTIVE CATHETER PLACEMENT, SUBCLAVIAN OR INNOMINATE ARTERY, UNILATERAL, WITH	\$1,956.94	10/01/2017
36226	SELECTIVE CATHETER PLACEMENT, VERTEBRAL ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF	\$3,253.23	10/01/2017
36227	SELECTIVE CATHETER PLACEMENT, EXTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRA	Bundled	01/01/2013
36228	SELECTIVE CATHETER PLACEMENT, EACH INTRACRANIAL BRANCH OF THE INTERNAL CAROTID V	Bundled	01/01/2013
36245	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER ABDOMINAL, PELVI	Bundled	10/01/2006
36246	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER ABDOMINAL, P	Bundled	10/01/2006
36247	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE SELEC	Bundled	10/01/2006
36248	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD OR	Bundled	10/01/2006
36251	SELECTIVE CATHETER PLACEMENT (FIRST-ORDER), MAIN RENAL ARTERY AND ANY ACCESSORY	\$1,956.94	10/01/2017
36252	SELECTIVE CATHETER PLACEMENT (FIRST-ORDER), MAIN RENAL ARTERY AND ANY ACCESSORY	\$1,956.94	10/01/2017
36253	SUPERSELECTIVE CATHETER PLACEMENT (ONE OR MORE SECOND ORDER OR HIGHER RENAL ARTE	\$3,253.23	10/01/2017
36254	SUPERSELECTIVE CATHETER PLACEMENT (ONE OR MORE SECOND ORDER OR HIGHER RENAL ARTE	\$1,956.94	10/01/2017
36260	INSERTION OF IMPLANTABLE INTRA-ARTERIAL INFUSION PUMP (EG, FOR CHEMOTHERAPY OF	\$3,253.23	10/01/2017
36261	REVISION OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	\$2,075.16	10/01/2016
36262	REMOVAL OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	\$2,075.16	10/01/2016
36299	UNLISTED PROCEDURE, VASCULAR INJECTION	Bundled	10/01/2006
36400	VENIPUNCTURE, YOUNGER THAN AGE 3 YEARS, NECESSITATING THE SKILL OF A PHYSICIAN O	Bundled	10/01/2006
36405	VENIPUNCTURE, YOUNGER THAN AGE 3 YEARS, NECESSITATING THE SKILL OF A PHYSICIAN O	Bundled	10/01/2006
36406	VENIPUNCTURE, YOUNGER THAN AGE 3 YEARS, NECESSITATING THE SKILL OF A PHYSICIAN O	Bundled	10/01/2006
36410	VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE SKILL OF A PHYSICIAN OR OT	Bundled	10/01/2006
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	\$2.94	10/01/2012
36416	COLLECTION OF CAPILLARY BLOOD SPECIMEN (EG, FINGER, HEEL, EAR STICK)	Bundled	01/01/2012
36420	VENIPUNCTURE, CUTDOWN; UNDER AGE 1 YEAR	\$45.22	10/01/2017
36425	VENIPUNCTURE, CUTDOWN; AGE 1 OR OVER	\$218.53	10/01/2017
36430	TRANSFUSION, BLOOD OR BLOOD COMPONENTS	\$293.91	10/01/2017
36440	PUSH TRANSFUSION, BLOOD, 2 YEARS OR UNDER	\$293.91	10/01/2017
36450	EXCHANGE TRANSFUSION, BLOOD; NEWBORN	\$293.91	10/01/2017

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36455	EXCHANGE TRANSFUSION, BLOOD; OTHER THAN NEWBORN	\$293.91	10/01/2017
36456	PARTIAL EXCHANGE TRANSFUSION, BLOOD, PLASMA OR CRYSTALLOID NECESSITATING THE SKI	\$293.91	10/01/2017
36460	TRANSFUSION, INTRAUTERINE, FETAL	\$293.91	10/01/2017
36468	SINGLE OR MULTIPLE INJECTIONS OF SCLEROSING SOLUTIONS, SPIDER VEINS	\$126.94	10/01/2017
36470	INJECTION OF SCLEROSING SOLUTION; SINGLE VEIN	\$242.58	10/01/2017
36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	\$242.58	10/01/2017
36473	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMA	\$1,956.94	10/01/2017
36474	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMA	Bundled	01/01/2017
36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL	\$1,956.94	10/01/2017
36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL	Bundled	10/01/2013
36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL	\$1,956.94	10/01/2017
36479	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL	Bundled	10/01/2013
36481	PERCUTANEOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD	Bundled	10/01/2006
36500	VENOUS CATHETERIZATION FOR SELECTIVE ORGAN BLOOD SAMPLING	Bundled	10/01/2006
36510	CATHETERIZATION OF UMBILICAL VEIN FOR DIAGNOSIS OR THERAPY, NEWBORN	Bundled	10/01/2006
36511	THERAPEUTIC APHERESIS; FOR WHITE BLOOD CELLS	\$910.81	10/01/2017
36512	THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS	\$910.81	10/01/2017
36513	THERAPEUTIC APHERESIS; FOR PLATELETS	\$293.91	10/01/2017
36514	THERAPEUTIC APHERESIS; FOR PLASMA PHERESIS	\$910.81	10/01/2017
36515	THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL IMMUNOADSORPTION AND PLASMA	\$2,513.05	10/01/2016
36516	THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL SELECTIVE ADSORPTION OR SELECTIVE	\$2,513.05	10/01/2016
36522	PHOTOPHERESIS, EXTRACORPOREAL	\$2,513.05	10/01/2016
36555	INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; UNDER 5 YE	\$567.14	10/01/2017
36556	INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; AGE 5	\$567.14	10/01/2017
36557	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT	\$3,253.23	10/01/2017
36558	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT	\$1,956.94	10/01/2017
36560	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH	\$1,956.94	10/01/2017
36561	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH	\$1,956.94	10/01/2017
36563	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE WITH	\$3,253.23	10/01/2017
36565	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE,	\$1,956.94	10/01/2017
36566	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE,	\$3,253.23	10/01/2017

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36568	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WITHOUT	\$567.14	10/01/2017
36569	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WITHOUT	\$567.14	10/01/2017
36570	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH	\$1,956.94	10/01/2017
36571	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH	\$1,956.94	10/01/2017
36575	REPAIR OF TUNNELED OR NON-TUNNELED CENTRAL VENOUS ACCESS CATHETER, WITHOUT SUBCU	\$567.14	10/01/2017
36576	REPAIR OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, CENTRAL	\$567.14	10/01/2017
36578	REPLACEMENT, CATHETER ONLY, OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS P	\$1,956.94	10/01/2017
36580	REPLACEMENT, COMPLETE, OF A NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHE	\$567.14	10/01/2017
36581	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS	\$1,956.94	10/01/2017
36582	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS	\$1,956.94	10/01/2017
36583	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS	\$3,253.23	10/01/2017
36584	REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER	\$567.14	10/01/2017
36585	REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE,	\$1,956.94	10/01/2017
36589	REMOVAL OF TUNNELED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP	\$567.14	10/01/2017
36590	REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR	\$567.14	10/01/2017
36591	COLLECTION OF BLOOD SPECIMEN FROM A COMPLETELY IMPLANTABLE VENOUS ACCESS DEVICE	\$82.92	10/01/2017
36592	COLLECTION OF BLOOD SPECIMEN USING ESTABLISHED CENTRAL OR PERIPHERAL CATHETER, V	\$82.92	10/01/2017
36593	DECLOTTING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CATHETER	\$231.66	10/01/2017
36595	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, FIBRIN SHEATH) FROM	\$1,956.94	10/01/2017
36596	MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIVE MATERIAL FROM	\$567.14	10/01/2017
36597	REPOSITIONING OF PREVIOUSLY PLACED CENTRAL VENOUS CATHETER UNDER FLUOROSCOPIC GU	\$567.14	10/01/2017
36598	CONTRAST INJECTION(S) FOR RADIOLOGIC EVALUATION OF EXISTING CENTRAL VENOUS ACCES	\$149.03	10/01/2017
36600	ARTERIAL PUNCTURE, WITHDRAWAL OF BLOOD FOR DIAGNOSIS	\$45.22	10/01/2017
36620	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFUSION	Bundled	10/01/2006
36625	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFUSION	Bundled	10/01/2006
36640	ARTERIAL CATHETERIZATION FOR PROLONGED INFUSION THERAPY (CHEMOTHERAPY), CUTDOWN	\$1,956.94	10/01/2017
36680	PLACEMENT OF NEEDLE FOR INTRAOSSEOUS INFUSION	\$218.53	10/01/2017
36800	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE); VEIN	\$3,253.23	10/01/2017
36810	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE);	\$1,956.94	10/01/2017
36815	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE);	\$3,253.23	10/01/2017
36818	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRANSPOSITION	\$3,253.23	10/01/2017

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36819	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM BASILIC VEIN TRANSPOSITION	\$3,253.23	10/01/2017
36820	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY FOREARM VEIN TRANSPOSITION	\$3,253.23	10/01/2017
36821	ARTERIOVENOUS ANASTOMOSIS, OPEN; DIRECT, ANY SITE (EG, CIMINO TYPE) (SEPARATE	\$1,956.94	10/01/2017
36825	CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS	\$3,253.23	10/01/2017
36830	CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS	\$3,253.23	10/01/2017
36831	THROMBECTOMY, OPEN, ARTERIOVENOUS FISTULA WITHOUT REVISION, AUTOGENOUS OR	\$3,253.23	10/01/2017
36832	REVISION, OPEN, ARTERIOVENOUS FISTULA; WITHOUT THROMBECTOMY, AUTOGENOUS OR	\$3,253.23	10/01/2017
36833	REVISION, OPEN, ARTERIOVENOUS FISTULA; WITH THROMBECTOMY, AUTOGENOUS OR	\$3,253.23	10/01/2017
36835	INSERTION OF THOMAS SHUNT (SEPARATE PROCEDURE)	\$1,956.94	10/01/2017
36838	DISTAL REVASCLARIZATION AND INTERVAL LIGATION (DRIL), UPPER EXTREMITY	\$3,253.23	10/01/2017
36860	EXTERNAL CANNULA DECLOTTING (SEPARATE PROCEDURE); WITHOUT BALLOON CATHETER	\$567.14	10/01/2017
36861	EXTERNAL CANNULA DECLOTTING (SEPARATE PROCEDURE); WITH BALLOON CATHETER	\$3,253.23	10/01/2017
36901	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS CIRCUIT, WITH DIAGNOSTIC	\$567.14	10/01/2017
36902	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS CIRCUIT, WITH DIAGNOSTIC	\$3,827.56	01/01/2017
36903	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS CIRCUIT, WITH DIAGNOSTIC	\$7,953.55	01/01/2017
36904	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY AND/OR FUSION FOR THROMBOLYSIS	\$3,827.56	01/01/2017
36905	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY AND/OR FUSION FOR THROMBOLYSIS	\$7,953.55	01/01/2017
36906	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY AND/OR FUSION FOR THROMBOLYSIS	\$12,179.24	01/01/2017
36907	TRANSLUMINAL BALLOON ANGIOPLASTY, CENTRAL DIALYSIS SEGMENT, PERFORMED THROUGH D	Bundled	01/01/2017
36908	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CENTRAL DIALYSIS SEGMENT, PER	Bundled	01/01/2017
36909	DIALYSIS CIRCUIT PERMANENT VASCULAR EMBOLIZATION OR OCCLUSION (INCLUDING MAIN CI	Bundled	01/01/2017
37183	REVISION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS) (INCLUDES VEN	\$3,827.56	10/01/2016
37184	PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, NONCORONARY, ARTERIAL	\$3,253.23	10/01/2017
37185	PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, NONCORONARY, ARTERIAL	Bundled	10/01/2013
37186	SECONDARY PERCUTANEOUS TRANSLUMINAL THROMBECTOMY (EG, NONPRIMARY MECHANICAL, SNA	Bundled	10/01/2013
37187	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEIN(S), INCLUDING INTRAPROCE	\$3,253.23	10/01/2017
37188	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEIN(S), INCLUDING INTRAPROCE	\$1,956.94	10/01/2017
37191	INSERTION OF INTRAVASCULAR VENA CAVA FILTER, ENDOVASCULAR APPROACH INCLUDING VAS	\$3,253.23	10/01/2017
37192	REPOSITIONING OF INTRAVASCULAR VENA CAVA FILTER, ENDOVASCULAR APPROACH INCLUDING	\$1,956.94	10/01/2017
37193	RETRIEVAL (REMOVAL) OF INTRAVASCULAR VENA CAVA FILTER, ENDOVASCULAR APPROACH INC	\$1,956.94	10/01/2017
37195	THROMBOLYSIS, CEREBRAL, BY INTRAVENOUS INFUSION	\$231.66	10/01/2017

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37197	TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF INTRAVASCULAR FOREIGN BODY (EG, FRACTU	\$1,956.94	10/01/2017
37200	TRANSCATHETER BIOPSY	\$3,253.23	10/01/2017
37211	TRANSCATHETER THERAPY, ARTERIAL INFUSION FOR THROMBOLYSIS OTHER THAN CORONARY, A	\$3,253.23	10/01/2017
37212	TRANSCATHETER THERAPY, VENOUS INFUSION FOR THROMBOLYSES, ANY METHOD, INCLUDING R	\$1,956.94	10/01/2017
37213	TRANSCATHETER THERAPY, ARTERIAL OR VENOUS INFUSION FOR THROMBOLYSIS OTHER THAN C	\$567.14	10/01/2017
37214	REMOVAL OF CATHETER IN ARTERY OR VEIN INCLUDING RADIOLOGICAL SUPERVISION AND INT	\$567.14	10/01/2017
37216	INSERTION OF STENTS IN NECK ARTERY, OPEN OR ACCESSED THROUGH THE SKIN	CCR	10/01/2006
37220	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, UNILATERAL,	\$3,827.56	10/01/2016
37221	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, UNILATERAL,	\$7,953.55	10/01/2016
37222	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, EACH ADDITI	Bundled	10/01/2014
37223	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, EACH ADDITI	Bundled	10/01/2014
37224	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY	\$3,827.56	10/01/2016
37225	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY	\$7,953.55	10/01/2016
37226	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY	\$7,953.55	10/01/2016
37227	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY	\$12,179.24	10/01/2016
37228	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL, PERONEAL ARTERY,	\$7,953.55	10/01/2016
37229	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL, PERONEAL ARTERY,	\$12,179.24	10/01/2016
37230	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL, PERONEAL ARTERY,	\$12,179.24	10/01/2016
37231	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL, PERONEAL ARTERY,	\$12,179.24	10/01/2016
37232	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, U	Bundled	10/01/2014
37233	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, U	Bundled	10/01/2014
37234	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, U	Bundled	10/01/2014
37235	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, U	Bundled	10/01/2014
37236	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S) (EXCEPT LOWER EXTREMITY, CE	\$7,953.55	10/01/2016
37237	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S) (EXCEPT LOWER EXTREMITY, CE	Bundled	10/01/2014
37238	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN OR PERCUTANEOUS, INCL	\$7,953.55	10/01/2016
37239	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN OR PERCUTANEOUS, INCL	Bundled	10/01/2014
37241	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AN	\$7,953.55	10/01/2016
37242	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AN	\$7,953.55	10/01/2016
37243	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AN	\$7,953.55	10/01/2016
37244	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AN	\$7,953.55	10/01/2016

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37246	TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT LOWER EXTREMITY ARTERY(IES) FOR OCCLUSI	\$3,827.56	01/01/2017
37247	TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT LOWER EXTREMITY ARTERY(IES) FOR OCCLUSI	Bundled	01/01/2017
37248	TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT DIALYSIS CIRCUIT), OPEN OR PERCUTANEOUS	\$3,827.56	01/01/2017
37249	TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT DIALYSIS CIRCUIT), OPEN OR PERCUTANEOUS	Bundled	01/01/2017
37252	INTRAVASCULAR ULTRASOUND (NONCORONARY VESSEL) DURING DIAGNOSTIC EVALUATION AND/O	Bundled	01/01/2016
37253	INTRAVASCULAR ULTRASOUND (NONCORONARY VESSEL) DURING DIAGNOSTIC EVALUATION AND/O	Bundled	01/01/2016
37500	VASCULAR ENDOSCOPY, SURGICAL, WITH LIGATION OF PERFORA	\$3,253.23	10/01/2017
37501	UNLISTED VASCULAR ENDOSCOPY PROCEDURE	\$567.14	10/01/2017
37565	LIGATION, INTERNAL JUGULAR VEIN	\$567.14	10/01/2017
37600	LIGATION; EXTERNAL CAROTID ARTERY	\$1,956.94	10/01/2017
37605	LIGATION; INTERNAL OR COMMON CAROTID ARTERY	\$1,956.94	10/01/2017
37606	LIGATION; INTERNAL OR COMMON CAROTID ARTERY, WITH GRADUAL OCCLUSION, AS WITH	\$1,956.94	10/01/2017
37607	LIGATION OR BANDING OF ANGIOACCESS ARTERIOVENOUS FISTULA	\$1,956.94	10/01/2017
37609	LIGATION OR BIOPSY, TEMPORAL ARTERY	\$1,025.16	10/01/2017
37615	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); NECK	\$567.14	10/01/2017
37619	LIGATION OF INFERIOR VENA CAVA	\$3,253.23	10/01/2017
37650	LIGATION OF FEMORAL VEIN	\$1,956.94	10/01/2017
37700	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL JUNCTION, OR	\$1,956.94	10/01/2017
37718	LIGATION, DIVISION, AND STRIPPING, SHORT SAPHENOUS VEIN	\$1,956.94	10/01/2017
37722	LIGATION, DIVISION, AND STRIPPING, LONG (GREATER) SAPHENOUS VEINS FROM SAPHENOFE	\$1,956.94	10/01/2017
37735	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOUS VEINS	\$1,956.94	10/01/2017
37760	LIGATION OF PERFORATOR VEINS, SUBFASCIAL, RADICAL (LINTON TYPE), INCLUDING SKIN	\$1,956.94	10/01/2017
37761	LIGATION OF PERFORATOR VEIN(S), SUBFASCIAL, OPEN, INCLUDING ULTRASOUND GUIDANCE,	\$567.14	10/01/2017
37765	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISIONS	\$1,956.94	10/01/2017
37766	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISIONS	\$1,956.94	10/01/2017
37780	LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION	\$567.14	10/01/2017
37785	LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), ONE LEG	\$1,956.94	10/01/2017
37790	PENILE VENOUS OCCLUSIVE PROCEDURE	\$2,107.78	10/01/2017
37799	UNLISTED PROCEDURE, VASCULAR SURGERY	\$567.14	10/01/2017
38120	LAPAROSCOPY, SURGICAL, SPLENECTOMY	\$5,778.00	10/01/2017
38129	UNLISTED LAPAROSCOPY PROCEDURE, SPLEEN	\$3,481.08	10/01/2017

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38200	INJECTION PROCEDURE FOR SPLENOPORTOGRAPHY	Bundled	10/01/2006
38204	MANAGEMENT OF RECIPIENT HEMATOPOIETIC PROGENITOR CELL DONOR SEARCH AND CELL ACQU	Bundled	10/01/2006
38205	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER	CCR	01/01/2012
38206	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER	\$910.81	10/01/2017
38207	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; CRYOPRESERVATION AND	\$293.91	10/01/2017
38208	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; THAWING OF PREVIOUSLY	\$293.91	10/01/2017
38209	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; THAWING OF PREVIOUSLY	\$293.91	10/01/2017
38210	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; SPECIFIC CELL	\$293.91	10/01/2017
38211	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; TUMOR CELL DEPLETION	\$293.91	10/01/2017
38212	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; RED BLOOD CELL REMOVAL	\$293.91	10/01/2017
38213	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; PLATELET DEPLETION	\$293.91	10/01/2017
38214	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; PLASMA (VOLUME)	\$293.91	10/01/2017
38215	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; CELL CONCENTRATION IN	\$293.91	10/01/2017
38220	BONE MARROW; ASPIRATION ONLY	\$1,025.16	10/01/2017
38221	BONE MARROW; BIOPSY, NEEDLE OR TROCAR	\$1,025.16	10/01/2017
38230	BONE MARROW HARVESTING FOR TRANSPLANTATION; ALLOGENEIC	\$910.81	10/01/2017
38232	BONE MARROW HARVESTING FOR TRANSPLANTATION; AUTOLOGOUS	\$2,513.05	10/01/2016
38240	HEMATOPOIETIC PROGENITOR CELL (HPC); ALLOGENEIC TRANSPLANTATION PER DONOR	\$2,513.05	10/01/2016
38241	HEMATOPOIETIC PROGENITOR CELL (HPC); AUTOLOGOUS TRANSPLANTATION	\$910.81	10/01/2017
38242	ALLOGENEIC LYMPHOCYTE INFUSIONS	\$910.81	10/01/2017
38243	TRANSPLANTATION OF DONOR BONE MARROW OR BLOOD-DERIVED STEM CELLS	\$910.81	10/01/2017
38300	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; SIMPLE	\$1,025.16	10/01/2017
38305	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; EXTENSIVE	\$1,025.16	10/01/2017
38308	LYMPHANGIOTOMY OR OTHER OPERATIONS ON LYMPHATIC CHANNELS	\$2,072.07	10/01/2017
38500	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, SUPERFICIAL	\$2,072.07	10/01/2017
38505	BIOPSY OR EXCISION OF LYMPH NODE(S); BY NEEDLE, SUPERFICIAL (EG, CERVICAL,	\$1,025.16	10/01/2017
38510	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP CERVICAL NODE(S)	\$2,072.07	10/01/2017
38520	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP CERVICAL NODE(S) WITH EXCISION	\$2,072.07	10/01/2017
38525	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP AXILLARY NODE(S)	\$2,072.07	10/01/2017
38530	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, INTERNAL MAMMARY NODE(S)	\$2,072.07	10/01/2017
38542	DISSECTION, DEEP JUGULAR NODE(S)	\$3,481.08	10/01/2017

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38550	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITHOUT DEEP NEUROVASCULAR	\$2,072.07	10/01/2017
38555	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITH DEEP NEUROVASCULAR	\$3,663.73	10/01/2017
38570	LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPLING (BIOPSY), SINGLE	\$3,481.08	10/01/2017
38571	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	\$5,778.00	10/01/2017
38572	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND	\$5,778.00	10/01/2017
38589	UNLISTED LAPAROSCOPY PROCEDURE, LYMPHATIC SYSTEM	\$3,481.08	10/01/2017
38700	SUPRAHYOID LYMPHADENECTOMY	\$3,663.73	10/01/2017
38720	CERVICAL LYMPHADENECTOMY (COMPLETE)	\$5,377.18	10/01/2017
38740	AXILLARY LYMPHADENECTOMY; SUPERFICIAL	\$3,481.08	10/01/2017
38745	AXILLARY LYMPHADENECTOMY; COMPLETE	\$3,481.08	10/01/2017
38760	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, INCLUDING CLOQUETS NODE (SEPARATE	\$3,663.73	10/01/2017
38790	INJECTION PROCEDURE; LYMPHANGIOGRAPHY	Bundled	10/01/2006
38792	INJECTION PROCEDURE; RADIOACTIVE TRACER FOR IDENTIFICATION OF SENTINEL NODE	\$276.12	10/01/2017
38794	CANNULATION, THORACIC DUCT	Bundled	10/01/2006
38900	INTRAOPERATIVE IDENTIFICATION (EG, MAPPING) OF SENTINEL LYMPH NODE(S) INCLUDES I	Bundled	01/01/2011
38999	UNLISTED PROCEDURE, HEMIC OR LYMPHATIC SYSTEM	\$293.91	10/01/2017
39401	MEDIASTINOSCOPY; INCLUDES BIOPSY(IES) OF MEDIASTINAL MASS (EG, LYMPHOMA), WHEN P	\$3,481.08	10/01/2017
39402	MEDIASTINOSCOPY; WITH LYMPH NODE BIOPSY(IES) (EG, LUNG CANCER STAGING)	\$3,481.08	10/01/2017
40490	BIOPSY OF LIP	\$146.81	10/01/2017
40500	VERMILIONECTOMY (LIP SHAVE), WITH MUCOSAL ADVANCEMENT	\$1,801.99	10/01/2017
40510	EXCISION OF LIP; TRANSVERSE WEDGE EXCISION WITH PRIMARY CLOSURE	\$1,801.99	10/01/2017
40520	EXCISION OF LIP; V-EXCISION WITH PRIMARY DIRECT LINEAR CLOSURE	\$1,801.99	10/01/2017
40525	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH LOCAL FLAP (EG, ESTLANDER	\$1,801.99	10/01/2017
40527	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH CROSS LIP FLAP	\$3,424.55	10/01/2017
40530	RESECTION OF LIP, MORE THAN ONE-FOURTH, WITHOUT RECONSTRUCTION	\$1,801.99	10/01/2017
40650	REPAIR LIP, FULL THICKNESS; VERMILION ONLY	\$366.93	10/01/2017
40652	REPAIR LIP, FULL THICKNESS; UP TO HALF VERTICAL HEIGHT	\$366.93	10/01/2017
40654	REPAIR LIP, FULL THICKNESS; OVER ONE-HALF VERTICAL HEIGHT, OR COMPLEX	\$860.96	10/01/2017
40700	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE,	\$3,424.55	10/01/2017
40701	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE STAGE	\$3,424.55	10/01/2017
40702	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE OF TWO	\$3,424.55	10/01/2017

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40720	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION OF DEFECT	\$1,801.99	10/01/2017
40761	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS LIP PEDICLE FLAP	\$3,424.55	10/01/2017
40799	UNLISTED PROCEDURE, LIPS	\$146.81	10/01/2017
40800	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; SIMPLE	\$446.92	10/01/2017
40801	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; COMPLICATED	\$366.93	10/01/2017
40804	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; SIMPLE	\$218.53	10/01/2017
40805	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; COMPLICATED	\$366.93	10/01/2017
40806	INCISION OF LABIAL FRENUM (FRENOTOMY)	\$366.93	10/01/2017
40808	BIOPSY, VESTIBULE OF MOUTH	\$366.93	10/01/2017
40810	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITHOUT REPAIR	\$1,801.99	10/01/2017
40812	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH SIMPLE	\$1,801.99	10/01/2017
40814	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLEX	\$1,801.99	10/01/2017
40816	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WITH	\$1,801.99	10/01/2017
40818	EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT	\$366.93	10/01/2017
40819	EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENULECTOMY, FRENULECTOMY, FRENECTOMY)	\$860.96	10/01/2017
40820	DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHODS (EG,	\$1,801.99	10/01/2017
40830	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 2.5 CM OR LESS	\$146.81	10/01/2017
40831	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX	\$366.93	10/01/2017
40840	VESTIBULOPLASTY; ANTERIOR	\$3,424.55	10/01/2017
40842	VESTIBULOPLASTY; POSTERIOR, UNILATERAL	\$3,424.55	10/01/2017
40843	VESTIBULOPLASTY; POSTERIOR, BILATERAL	\$3,424.55	10/01/2017
40844	VESTIBULOPLASTY; ENTIRE ARCH	\$3,424.55	10/01/2017
40845	VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)	\$3,424.55	10/01/2017
40899	UNLISTED PROCEDURE, VESTIBULE OF MOUTH	\$146.81	10/01/2017
41000	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR	\$366.93	10/01/2017
41005	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	\$146.81	10/01/2017
41006	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	\$860.96	10/01/2017
41007	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	\$860.96	10/01/2017
41008	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	\$1,801.99	10/01/2017
41009	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	\$366.93	10/01/2017
41010	INCISION OF LINGUAL FRENUM (FRENOTOMY)	\$860.96	10/01/2017

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41015	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF	\$366.93	10/01/2017
41016	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF	\$3,424.55	10/01/2017
41017	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF	\$1,801.99	10/01/2017
41018	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF	\$860.96	10/01/2017
41019	PLACEMENT OF NEEDLES, CATHETERS, OR OTHER DEVICE(S) INTO THE HEAD AND/OR NECK RE	\$3,424.55	10/01/2017
41100	BIOPSY OF TONGUE; ANTERIOR TWO-THIRDS	\$366.93	10/01/2017
41105	BIOPSY OF TONGUE; POSTERIOR ONE-THIRD	\$1,801.99	10/01/2017
41108	BIOPSY OF FLOOR OF MOUTH	\$1,025.16	10/01/2017
41110	EXCISION OF LESION OF TONGUE WITHOUT CLOSURE	\$1,801.99	10/01/2017
41112	EXCISION OF LESION OF TONGUE WITH CLOSURE; ANTERIOR TWO-THIRDS	\$1,801.99	10/01/2017
41113	EXCISION OF LESION OF TONGUE WITH CLOSURE; POSTERIOR ONE-THIRD	\$1,801.99	10/01/2017
41114	EXCISION OF LESION OF TONGUE WITH CLOSURE; WITH LOCAL TONGUE FLAP	\$1,801.99	10/01/2017
41115	EXCISION OF LINGUAL FRENUM (FRENECTOMY)	\$860.96	10/01/2017
41116	EXCISION, LESION OF FLOOR OF MOUTH	\$1,801.99	10/01/2017
41120	GLOSSECTOMY; LESS THAN ONE-HALF TONGUE	\$3,424.55	10/01/2017
41250	REPAIR OF LACERATION 2.5 CM OR LESS; FLOOR OF MOUTH AND/OR ANTERIOR TWO-THIRDS O	\$218.53	10/01/2017
41251	REPAIR OF LACERATION 2.5 CM OR LESS; POSTERIOR ONE-THIRD OF TONGUE	\$146.81	10/01/2017
41252	REPAIR OF LACERATION OF TONGUE, FLOOR OF MOUTH, OVER 2.6 CM OR COMPLEX	\$366.93	10/01/2017
41500	FIXATION OF TONGUE, MECHANICAL, OTHER THAN SUTURE (EG, K-WIRE)	\$1,801.99	10/01/2017
41510	SUTURE OF TONGUE TO LIP FOR MICROGNATHIA (DOUGLAS TYPE PROCEDURE)	\$1,801.99	10/01/2017
41512	TONGUE BASE SUSPENSION, PERMANENT SUTURE TECHNIQUE	\$3,424.55	10/01/2017
41520	FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY)	\$1,801.99	10/01/2017
41530	SUBMUCOSAL ABLATION OF THE TONGUE BASE, RADIOFREQUENCY, ONE OR MORE SITES, PER S	\$1,801.99	10/01/2017
41599	UNLISTED PROCEDURE, TONGUE, FLOOR OF MOUTH	\$146.81	10/01/2017
41800	DRAINAGE OF ABSCESS, CYST, HEMATOMA FROM DENTOALVEOLAR STRUCTURES	\$82.92	10/01/2017
41805	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; SOFT TISSUES	\$860.96	10/01/2017
41806	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; BONE	\$860.96	10/01/2017
41820	GINGIVECTOMY, EXCISION GINGIVA, EACH QUADRANT	\$1,801.99	10/01/2017
41821	OPERCULECTOMY, EXCISION PERICORONAL TISSUES	\$860.96	10/01/2017
41822	EXCISION OF FIBROUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	\$860.96	10/01/2017
41823	EXCISION OF OSSEOUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	\$3,424.55	10/01/2017

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41825	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES;	\$1,801.99	10/01/2017
41826	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES;	\$1,801.99	10/01/2017
41827	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES;	\$3,424.55	10/01/2017
41828	EXCISION OF HYPERPLASTIC ALVEOLAR MUCOSA, EACH QUADRANT (SPECIFY)	\$1,801.99	10/01/2017
41830	ALVEOLECTOMY, INCLUDING CURETTAGE OF OSTEITIS OR SEQUESTRECTOMY	\$1,801.99	10/01/2017
41850	DESTRUCTION OF LESION (EXCEPT EXCISION), DENTOALVEOLAR STRUCTURES	\$860.96	10/01/2017
41870	PERIODONTAL MUCOSAL GRAFTING	\$1,801.99	10/01/2017
41872	GINGIVOPLASTY, EACH QUADRANT (SPECIFY)	\$1,801.99	10/01/2017
41874	ALVEOLOPLASTY, EACH QUADRANT (SPECIFY)	\$1,801.99	10/01/2017
41899	UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES	\$146.81	10/01/2017
42000	DRAINAGE OF ABSCESS OF PALATE, UVULA	\$146.81	10/01/2017
42100	BIOPSY OF PALATE, UVULA	\$860.96	10/01/2017
42104	EXCISION, LESION OF PALATE, UVULA; WITHOUT CLOSURE	\$1,801.99	10/01/2017
42106	EXCISION, LESION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE	\$1,801.99	10/01/2017
42107	EXCISION, LESION OF PALATE, UVULA; WITH LOCAL FLAP CLOSURE	\$3,424.55	10/01/2017
42120	RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION	\$3,424.55	10/01/2017
42140	UVULECTOMY, EXCISION OF UVULA	\$1,801.99	10/01/2017
42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)	\$3,424.55	10/01/2017
42160	DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMICAL)	\$1,801.99	10/01/2017
42180	REPAIR, LACERATION OF PALATE; UP TO 2 CM	\$366.93	10/01/2017
42182	REPAIR, LACERATION OF PALATE; OVER 2 CM OR COMPLEX	\$3,424.55	10/01/2017
42200	PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY	\$3,424.55	10/01/2017
42205	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE ONLY	\$1,801.99	10/01/2017
42210	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GRAFT	\$3,424.55	10/01/2017
42215	PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION	\$3,424.55	10/01/2017
42220	PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE	\$3,424.55	10/01/2017
42225	PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP	\$3,424.55	10/01/2017
42226	LENGTHENING OF PALATE, AND PHARYNGEAL FLAP	\$3,424.55	10/01/2017
42227	LENGTHENING OF PALATE, WITH ISLAND FLAP	\$3,424.55	10/01/2017
42235	REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP	\$3,424.55	10/01/2017
42260	REPAIR OF NASOLABIAL FISTULA	\$3,424.55	10/01/2017

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42280	MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS	\$366.93	10/01/2017
42281	INSERTION OF PIN-RETAINED PALATAL PROSTHESIS	\$3,424.55	10/01/2017
42299	UNLISTED PROCEDURE, PALATE, UVULA	\$146.81	10/01/2017
42300	DRAINAGE OF ABSCESS; PAROTID, SIMPLE	\$860.96	10/01/2017
42305	DRAINAGE OF ABSCESS; PAROTID, COMPLICATED	\$1,801.99	10/01/2017
42310	DRAINAGE OF ABSCESS; SUBMAXILLARY OR SUBLINGUAL, INTRAORAL	\$366.93	10/01/2017
42320	DRAINAGE OF ABSCESS; SUBMAXILLARY, EXTERNAL	\$366.93	10/01/2017
42330	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID,	\$1,801.99	10/01/2017
42335	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL	\$1,801.99	10/01/2017
42340	SIALOLITHOTOMY; PAROTID, EXTRAORAL OR COMPLICATED INTRAORAL	\$1,801.99	10/01/2017
42400	BIOPSY OF SALIVARY GLAND; NEEDLE	\$446.92	10/01/2017
42405	BIOPSY OF SALIVARY GLAND; INCISIONAL	\$1,801.99	10/01/2017
42408	EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)	\$1,801.99	10/01/2017
42409	MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)	\$1,801.99	10/01/2017
42410	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE	\$3,424.55	10/01/2017
42415	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION AND	\$3,424.55	10/01/2017
42420	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND	\$3,424.55	10/01/2017
42425	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH	\$3,424.55	10/01/2017
42440	EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND	\$3,424.55	10/01/2017
42450	EXCISION OF SUBLINGUAL GLAND	\$3,424.55	10/01/2017
42500	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; PRIMARY OR SIMPLE	\$3,424.55	10/01/2017
42505	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; SECONDARY OR COMPLICATED	\$3,424.55	10/01/2017
42507	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE);	\$3,424.55	10/01/2017
42509	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISION OF BOTH	\$3,424.55	10/01/2017
42510	CREATION OF NEW DRAINAGE TRACTS OF MAJOR SALIVARY GLAND DUCTS ON BOTH SIDES OF M	\$1,801.99	10/01/2017
42550	INJECTION PROCEDURE FOR SIALOGRAPHY	Bundled	10/01/2006
42600	CLOSURE SALIVARY FISTULA	\$1,801.99	10/01/2017
42650	DILATION SALIVARY DUCT	\$860.96	10/01/2017
42660	DILATION AND CATHETERIZATION OF SALIVARY DUCT, WITH OR WITHOUT INJECTION	\$366.93	10/01/2017
42665	LIGATION SALIVARY DUCT, INTRAORAL	\$1,801.99	10/01/2017
42699	UNLISTED PROCEDURE, SALIVARY GLANDS OR DUCTS	\$146.81	10/01/2017

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42700	INCISION AND DRAINAGE ABSCESS; PERITONSILLAR	\$146.81	10/01/2017
42720	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, INTRAORAL	\$1,801.99	10/01/2017
42725	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, EXTERNAL	\$3,424.55	10/01/2017
42800	BIOPSY; OROPHARYNX	\$1,801.99	10/01/2017
42804	BIOPSY; NASOPHARYNX, VISIBLE LESION, SIMPLE	\$1,801.99	10/01/2017
42806	BIOPSY; NASOPHARYNX, SURVEY FOR UNKNOWN PRIMARY LESION	\$1,801.99	10/01/2017
42808	EXCISION OR DESTRUCTION OF LESION OF PHARYNX, ANY METHOD	\$1,801.99	10/01/2017
42809	REMOVAL OF FOREIGN BODY FROM PHARYNX	\$218.53	10/01/2017
42810	EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBCUTANEOUS	\$1,801.99	10/01/2017
42815	EXCISION BRANCHIAL CLEFT CYST, VESTIGE, OR FISTULA, EXTENDING BENEATH	\$3,424.55	10/01/2017
42820	TONSILLECTOMY AND ADENOIDECTOMY; UNDER AGE 12	\$3,424.55	10/01/2017
42821	TONSILLECTOMY AND ADENOIDECTOMY; AGE 12 OR OVER	\$1,801.99	10/01/2017
42825	TONSILLECTOMY, PRIMARY OR SECONDARY; UNDER AGE 12	\$3,424.55	10/01/2017
42826	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER	\$1,801.99	10/01/2017
42830	ADENOIDECTOMY, PRIMARY; UNDER AGE 12	\$1,801.99	10/01/2017
42831	ADENOIDECTOMY, PRIMARY; AGE 12 OR OVER	\$1,801.99	10/01/2017
42835	ADENOIDECTOMY, SECONDARY; UNDER AGE 12	\$1,801.99	10/01/2017
42836	ADENOIDECTOMY, SECONDARY; AGE 12 OR OVER	\$1,801.99	10/01/2017
42842	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE;	\$3,424.55	10/01/2017
42844	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE;	\$3,424.55	10/01/2017
42860	EXCISION OF TONSIL TAGS	\$1,801.99	10/01/2017
42870	EXCISION OR DESTRUCTION LINGUAL TONSIL, ANY METHOD (SEPARATE PROCEDURE)	\$3,424.55	10/01/2017
42890	LIMITED PHARYNGECTOMY	\$3,424.55	10/01/2017
42892	RESECTION OF LATERAL PHARYNGEAL WALL OR PYRIFORM SINUS, DIRECT CLOSURE BY	\$3,424.55	10/01/2017
42900	SUTURE PHARYNX FOR WOUND OR INJURY	\$860.96	10/01/2017
42950	PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX)	\$3,424.55	10/01/2017
42955	PHARYNGOSTOMY (FISTULIZATION OF PHARYNX, EXTERNAL FOR FEEDING)	\$860.96	10/01/2017
42960	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,	\$146.81	10/01/2017
42962	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,	\$1,801.99	10/01/2017
42970	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,	\$146.81	10/01/2017
42972	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,	\$1,801.99	10/01/2017

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42999	UNLISTED PROCEDURE, PHARYNX, ADENOIDS, OR TONSILS	\$146.81	10/01/2017
43020	ESOPHAGOTOMY, CERVICAL APPROACH; WITH REMOVAL OF FOREIGN BODY	\$860.96	10/01/2017
43030	CRICOPHARYNGEAL MYOTOMY	\$3,424.55	10/01/2017
43130	DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY; CERVICAL	\$3,424.55	10/01/2017
43180	ESOPHAGOSCOPY, RIGID, TRANSORAL WITH DIVERTICULECTOMY OF HYPOPHARYNX OR CERVICAL	\$3,424.55	10/01/2017
43191	ESOPHAGOSCOPY, RIGID, TRANSORAL; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S)	\$1,106.57	10/01/2017
43192	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBS	\$1,106.57	10/01/2017
43193	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH BIOPSY, SINGLE OR MULTIPLE	\$1,106.57	10/01/2017
43194	REMOVAL OF FOREIGN BODIES OF ESOPHAGUS USING AN ENDOSCOPE	\$1,106.57	10/01/2017
43195	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH BALLOON DILATION (LESS THAN 30 MM DIAMETER	\$2,081.37	10/01/2017
43196	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH INSERTION OF GUIDE WIRE FOLLOWED BY DILATI	\$2,081.37	10/01/2017
43197	ESOPHAGOSCOPY, FLEXIBLE, TRANSNASAL; DIAGNOSTIC, INCLUDES COLLECTION OF SPECIMEN	\$580.13	10/01/2017
43198	ESOPHAGOSCOPY, FLEXIBLE, TRANSNASAL; WITH BIOPSY, SINGLE OR MULTIPLE	\$580.13	10/01/2017
43200	DIAGNOSTIC EXAMINATION OF ESOPHAGUS USING AN ENDOSCOPE	\$580.13	10/01/2017
43201	INJECTIONS INTO ESOPHAGUS USING AN ENDOSCOPE	\$1,106.57	10/01/2017
43202	BIOPSY OF ESOPHAGUS USING AN ENDOSCOPE	\$1,106.57	10/01/2017
43204	INJECTION OF DILATED ESOPHAGEAL VEINS USING AN ENDOSCOPE	\$1,106.57	10/01/2017
43205	TYING OF ESOPHAGEAL VEINS USING AN ENDOSCOPE	\$1,106.57	10/01/2017
43206	MICROSCOPIC EXAMINATION OF ESOPHAGUS USING AN ENDOSCOPE	\$1,106.57	10/01/2017
43211	ESOPHAGOSCOPY, FLEXIBLE TRANSORAL; WITH ENDOSCOPIC MUCOSAL RESECTION	\$1,106.57	10/01/2017
43212	ESOPHAGOSCOPY, FLEXIBLE TRANSORAL; WITH PLACEMENT OF ENDOSCOPIC STENT (INCLUDES	\$3,266.77	10/01/2017
43213	ESOPHAGOSCOPY, FLEXIBLE TRANSORAL; WITH DILATION OF ESOPHAGUS, BY BALLOON OR DIL	\$1,106.57	10/01/2017
43214	ESOPHAGOSCOPY, FLEXIBLE TRANSORAL; WITH DILATION OF ESOPHAGUS WITH BALLOON (30 M	\$1,106.57	10/01/2017
43215	REMOVAL OF FOREIGN BODIES IN ESOPHAGUS USING AN ENDOSCOPE	\$1,106.57	10/01/2017
43216	REMOVAL OF ESOPHAGEAL POLYPS OR GROWTHS USING AN ENDOSCOPE	\$1,106.57	10/01/2017
43217	REMOVAL OF ESOPHAGEAL POLYPS OR GROWTHS USING AN ENDOSCOPE	\$1,106.57	10/01/2017
43220	BALLOON DILATION OF ESOPHAGUS USING AN ENDOSCOPE	\$1,106.57	10/01/2017
43226	INSERTION OF GUIDE WIRE FOR DILATION OF ESOPHAGUS USING AN ENDOSCOPE	\$1,106.57	10/01/2017
43227	CONTROL OF ESOPHAGEAL BLEEDING USING AN ENDOSCOPE	\$1,106.57	10/01/2017
43229	ESOPHAGOSCOPY, FLEXIBLE TRANSORAL; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER	\$2,081.37	10/01/2017
43231	ULTRASOUND EXAMINATION OF ESOPHAGUS USING AN ENDOSCOPE	\$1,106.57	10/01/2017

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43232	ULTRASOUND GUIDED FINE NEEDLE ASPIRATION OR BIOPSY OF ESOPHAGUS USING AN ENDOSCO	\$1,106.57	10/01/2017
43233	ESOPHAGOGASTRODUODENOSCOPY (EGD), FLEXIBLE, TRANSORAL; WITH DILATION OF ESOPHAGU	\$1,106.57	10/01/2017
43235	DIAGNOSTIC EXAMINATION OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN	\$580.13	10/01/2017
43236	INJECTIONS OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN ENDOSCOPE	\$580.13	10/01/2017
43237	ULTRASOUND EXAMINATION OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN	\$1,106.57	10/01/2017
43238	ULTRASOUND GUIDED NEEDLE ASPIRATION OR BIOPSIES OF ESOPHAGUS USING AN ENDOSCOPE	\$1,106.57	10/01/2017
43239	BIOPSY OF THE ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN ENDOSCOPE	\$580.13	10/01/2017
43240	DRAINAGE OF CYST OF THE ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN EN	\$2,081.37	10/01/2017
43241	INSERTION OF CATHETER OR TUBE IN ESOPHAGUS STOMACH AND/OR UPPER SMALL BOWEL USIN	\$1,106.57	10/01/2017
43242	ULTRASOUND GUIDED NEEDLE ASPIRATION OR BIOPSY OF ESOPHAGUS, STOMACH, AND/OR UPPE	\$1,106.57	10/01/2017
43243	INJECTION OF DILATED VEINS OF STOMACH AND/OR ESOPHAGUS USING AN ENDOSCOPE	\$1,106.57	10/01/2017
43244	TYING OF DILATED VEINS OF STOMACH AND/OR ESOPHAGUS USING AN ENDOSCOPE	\$1,106.57	10/01/2017
43245	DILATION OF STOMACH OUTLET USING AN ENDOSCOPE	\$1,106.57	10/01/2017
43246	INSERTION OF STOMACH TUBE USING AN ENDOSCOPE	\$1,106.57	10/01/2017
43247	REMOVAL OF FOREIGN BODIES OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING	\$580.13	10/01/2017
43248	INSERTION OF GUIDE WIRE WITH DILATION OF ESOPHAGUS USING AN ENDOSCOPE	\$580.13	10/01/2017
43249	BALLOON DILATION OF ESOPHAGUS USING AN ENDOSCOPE	\$1,106.57	10/01/2017
43250	REMOVAL OF POLYPS OR GROWTHS OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USI	\$1,106.57	10/01/2017
43251	REMOVAL OF POLYPS OR GROWTHS OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USI	\$1,106.57	10/01/2017
43252	MICROSCOPIC EXAMINATION OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN	\$2,081.37	10/01/2017
43253	ESOPHAGOGASTRODUODENOSCOPY (EGD), FLEXIBLE, TRANSORAL; WITH TRANSENDOSCOPIC ULTR	\$1,106.57	10/01/2017
43254	ESOPHAGOGASTRODUODENOSCOPY (EGD), FLEXIBLE, TRANSORAL; WITH ENDOSCOPIC MUCOSAL R	\$1,106.57	10/01/2017
43255	CONTROL OF BLEEDING OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN END	\$1,106.57	10/01/2017
43257	HEAT DELIVERY TO MUSCLE AT ESOPHAGUS AND/OR STOMACH TO TREAT GASTRIC REFLUX USIN	\$2,081.37	10/01/2017
43259	ULTRASOUND EXAMINATION OF ESOPHAGUS, STOMACH AND/OR UPPER SMALL BOWEL USING AN E	\$1,106.57	10/01/2017
43260	DIAGNOSTIC EXAMINATION OF GALLBLADDER AND PANCREATIC, LIVER, AND BILE DUCTS USIN	\$2,081.37	10/01/2017
43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH BIOPSY, SINGLE OR	\$2,081.37	10/01/2017
43262	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH	\$2,081.37	10/01/2017
43263	PRESSURE MEASUREMENT OF PANCREATIC OR BILE DUCT USING AN ENDOSCOPE	\$2,081.37	10/01/2017
43264	REMOVAL OF STONE FROM BILE OR PANCREATIC DUCT USING AN ENDOSCOPE	\$2,081.37	10/01/2017
43265	DESTRUCTION OF STONE IN BILE OR PANCREATIC DUCT USING AN ENDOSCOPE	\$3,266.77	10/01/2017

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43266	ESOPHAGOGASTRODUODENOSCOPY (EGD), FLEXIBLE, TRANSORAL; WITH PLACEMENT OF ENDOSCO	\$3,266.77	10/01/2017
43270	ESOPHAGOGASTRODUODENOSCOPY (EGD), FLEXIBLE, TRANSORAL; WITH ABLATION OF TUMOR(S)	\$1,106.57	10/01/2017
43273	ENDOSCOPIC CANNULATION OF PAPILLA WITH DIRECT VISUALIZATION OF COMMON BILE DUCT(	Bundled	10/01/2013
43274	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP): WITH PLACEMENT OF ENDOSCO	\$3,266.77	10/01/2017
43275	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP): WITH REMOVAL OF FOREIGN B	\$2,081.37	10/01/2017
43276	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP): WITH REMOVAL AND EXCHANGE	\$3,266.77	10/01/2017
43277	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP): WITH TRANS-ENDOSCOPIC BAL	\$2,081.37	10/01/2017
43278	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP): WITH ABLATION OF TUMOR(S)	\$2,081.37	10/01/2017
43280	LAPAROSCOPY, SURGICAL, ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSEN, TOUPET PROCEDURE	\$5,778.00	10/01/2017
43281	LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WH	\$5,778.00	10/01/2017
43284	LAPAROSCOPY, SURGICAL, ESOPHAGEAL SPHINCTER AUGMENTATION PROCEDURE, PLACEMENT OF	\$5,778.00	10/01/2017
43285	REMOVAL OF ESOPHAGEAL SPHINCTER AUGMENTATION DEVICE	\$3,481.08	10/01/2017
43289	UNLISTED LAPAROSCOPY PROCEDURE, ESOPHAGUS	\$3,481.08	10/01/2017
43420	CLOSURE OF ESOPHAGOSTOMY OR FISTULA; CERVICAL APPROACH	\$1,801.99	10/01/2017
43450	DILATION OF ESOPHAGUS, BY UNGUIDED SOUND OR BOUGIE, SINGLE OR MULTIPLE PASSES	\$580.13	10/01/2017
43453	DILATION OF ESOPHAGUS, OVER GUIDE WIRE	\$1,106.57	10/01/2017
43499	UNLISTED PROCEDURE, ESOPHAGUS	\$580.13	10/01/2017
43510	GASTROTOMY; WITH ESOPHAGEAL DILATION AND INSERTION OF PERMANENT INTRALUMINAL	\$580.13	10/01/2017
43648	LAPAROSCOPY, SURGICAL; REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES	\$3,481.08	10/01/2017
43651	LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, TRUNCAL	\$3,481.08	10/01/2017
43652	LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, SELECTIVE OR HIGHLY	\$3,481.08	10/01/2017
43653	LAPAROSCOPY, SURGICAL; GASTROSTOMY, WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG,	\$3,481.08	10/01/2017
43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	\$3,481.08	10/01/2017
43752	INSERTION OF NASAL OR ORAL STOMACH TUBE USING FLUOROSCOPIC GUIDANCE	\$218.53	10/01/2017
43753	INSERTION OF STOMACH TUBE AND ASPIRATIONS OF GASTRIC CONTENTS	\$183.66	10/01/2016
43754	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; SINGLE SPECIMEN (EG, ACID ANALYSI	\$183.66	10/01/2016
43755	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; COLLECTION OF MULTIPLE FRACTIONAL	\$105.37	10/01/2017
43756	DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMAGE GUIDANCE; SINGLE	\$580.13	10/01/2017
43757	DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMAGE GUIDANCE; COLLECT	\$580.13	10/01/2017
43760	CHANGE OF GASTROSTOMY TUBE, PERCUTANEOUS, WITHOUT IMAGING OR ENDOSCOPIC GUIDANCE	\$179.10	10/01/2017
43761	REPOSITIONING OF A NASO- OR ORO-GASTRIC FEEDING TUBE, THROUGH THE DUODENUM FOR E	\$179.10	10/01/2017

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43770	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; PLACEMENT OF ADJUSTABLE GA	\$5,778.00	10/01/2017
43830	GASTROSTOMY, OPEN; WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG, STAMM PROCEDURE)	\$1,106.57	10/01/2017
43831	GASTROSTOMY, OPEN; NEONATAL, FOR FEEDING	\$580.13	10/01/2017
43842	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY;	CCR	10/01/2006
43870	CLOSURE OF GASTROSTOMY, SURGICAL	\$2,081.37	10/01/2017
43886	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REVISION OF SUBCUTANEOUS PORT COMPONENT ONL	\$2,076.39	10/01/2017
43887	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL OF SUBCUTANEOUS PORT COMPONENT ONLY	\$1,183.62	10/01/2017
43888	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL AND REPLACEMENT OF SUBCUTANEOUS POR	\$2,076.39	10/01/2017
43999	UNLISTED PROCEDURE, STOMACH	\$580.13	10/01/2017
44100	BIOPSY OF INTESTINE BY CAPSULE, TUBE, PERORAL (ONE OR MORE SPECIMENS)	\$580.13	10/01/2017
44180	LAPAROSCOPY, SURGICAL, ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARATE PR	\$3,481.08	10/01/2017
44186	LAPAROSCOPY, SURGICAL; JEJUNOSTOMY (EG, FOR DECOMPRESSION OR FEEDING)	\$3,481.08	10/01/2017
44238	UNLISTED LAPAROSCOPY PROCEDURE, INTESTINE (EXCEPT RECTUM)	\$3,481.08	10/01/2017
44312	REVISION OF ILEOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE)	\$2,076.39	10/01/2017
44340	REVISION OF COLOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE)	\$2,076.39	10/01/2017
44360	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT I	\$1,106.57	10/01/2017
44361	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	\$1,106.57	10/01/2017
44363	REMOVAL OF FOREIGN BODIES IN SMALL BOWEL USING AN ENDOSCOPE	\$1,106.57	10/01/2017
44364	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	\$1,106.57	10/01/2017
44365	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	\$1,106.57	10/01/2017
44366	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	\$1,106.57	10/01/2017
44369	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	\$1,106.57	10/01/2017
44370	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	\$3,266.77	10/01/2017
44372	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	\$1,106.57	10/01/2017
44373	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	\$1,106.57	10/01/2017
44376	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,	\$1,106.57	10/01/2017
44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,	\$1,106.57	10/01/2017
44378	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,	\$1,106.57	10/01/2017
44379	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,	\$3,266.77	10/01/2017
44380	DIAGNOSTIC EXAMINATION OF SMALL BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROU	\$580.13	10/01/2017
44381	ILLEOSCOPY, THROUGH STOMA; WITH TRANSENDOSCOPIC BALLOON DILATION	\$1,106.57	10/01/2017

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44382	BIOPSY OF SMALL BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROUGH ABDOMINAL OPE	\$580.13	10/01/2017
44384	ILLEOSCOPY, THROUGH STOMA; WITH PLACEMENT OF ENDOSCOPIC STENT (INCLUDING PRE- AN	\$2,081.37	10/01/2017
44385	ENDOSCOPIC EVALUATION OF SMALL INTESTINAL (ABDOMINAL OR PELVIC) POUCH;	\$553.50	10/01/2017
44386	BIOPSY OF SMALL BOWEL USING AN ENDOSCOPE	\$553.50	10/01/2017
44388	DIAGNOSTIC EXAMINATION OF LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROU	\$553.50	10/01/2017
44389	BIOPSIES OF LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROUGH ABDOMINAL O	\$727.53	10/01/2017
44390	REMOVAL OF FOREIGN BODIES FROM LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED	\$727.53	10/01/2017
44391	CONTROL OF BLEEDING IN LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROUGH	\$727.53	10/01/2017
44392	REMOVAL OF POLYPS OR GROWTHS OF LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED	\$727.53	10/01/2017
44394	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER	\$727.53	10/01/2017
44401	COLONOSCOPY THROUGH STOMA; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(	\$727.53	10/01/2017
44402	COLONOSCOPY THROUGH STOMA; WITH ENDOSCOPIC STENT PLACEMENT (INCLUDING PRE- AND	\$3,266.77	10/01/2017
44403	COLONOSCOPY THROUGH STOMA; WITH ENDOSCOPIC MUCOSAL RESECTION	\$727.53	10/01/2017
44404	COLONOSCOPY THROUGH STOMA; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	\$727.53	10/01/2017
44405	COLONOSCOPY THROUGH STOMA; WITH TRANSENDOSCOPIC BALLOON DILATION	\$727.53	10/01/2017
44406	COLONOSCOPY THROUGH STOMA; WITH ENDOSCOPIC ULTRASOUND EXAMINATION, LIMITED TO T	\$727.53	10/01/2017
44407	COLONOSCOPY THROUGH STOMA; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR	\$727.53	10/01/2017
44408	COLONOSCOPY THROUGH STOMA; WITH DECOMPRESSION (FOR PATHOLOGIC DISTENTION) (EG,	\$553.50	10/01/2017
44500	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT) (SEPARATE PROCEDU	\$580.13	10/01/2017
44701	INTRAOPERATIVE COLONIC LAVAGE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	Bundled	10/01/2006
44705	PREPARATION OF FECAL MICROBIOTA FOR INSTILLATION, INCLUDING ASSESSMENT OF DONOR	CCR	01/01/2013
44799	SMALL BOWEL PROCEDURE	\$580.13	10/01/2017
44950	APPENDECTOMY;	\$2,373.21	10/01/2017
44955	APPENDECTOMY; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTHER MAJOR PROCEDURE	Bundled	10/01/2013
44970	LAPAROSCOPY, SURGICAL, APPENDECTOMY	\$3,481.08	10/01/2017
44979	UNLISTED LAPAROSCOPY PROCEDURE, APPENDIX	\$3,481.08	10/01/2017
45000	TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	\$727.53	10/01/2017
45005	INCISION AND DRAINAGE OF SUBMUCOSAL ABSCESS, RECTUM	\$727.53	10/01/2017
45020	INCISION AND DRAINAGE OF DEEP SUPRALEVATOR, PELVIRECTAL, OR RETRORECTAL ABSCESS	\$1,796.87	10/01/2017
45100	BIOPSY OF ANORECTAL WALL, ANAL APPROACH (EG, CONGENITAL MEGACOLON)	\$1,796.87	10/01/2017
45108	ANORECTAL MYOMECTOMY	\$1,796.87	10/01/2017

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45150	DIVISION OF STRICTURE OF RECTUM	\$727.53	10/01/2017
45160	EXCISION OF RECTAL TUMOR BY PROCTOTOMY, TRANSSACRAL OR TRANSCOCCYGEAL APPROACH	\$1,796.87	10/01/2017
45171	EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH; NOT INCLUDING MUSCULARIS PROPRIA (	\$1,796.87	10/01/2017
45172	EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH; INCLUDING MUSCULARIS PROPRIA (IE,	\$1,796.87	10/01/2017
45190	DESTRUCTION OF RECTAL TUMOR (EG, ELECTRODESSICATION, ELECTROSURGERY, LASER ABLAT	\$1,796.87	10/01/2017
45300	PROCTOSIGMOIDOSCOPY, RIGID; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S	\$553.50	10/01/2017
45303	PROCTOSIGMOIDOSCOPY, RIGID; WITH DILATION (EG, BALLOON, GUIDE WIRE, BOUGIE)	\$727.53	10/01/2017
45305	PROCTOSIGMOIDOSCOPY, RIGID; WITH BIOPSY, SINGLE OR MULTIPLE	\$727.53	10/01/2017
45307	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF FOREIGN BODY	\$1,796.87	10/01/2017
45308	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER	\$1,796.87	10/01/2017
45309	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER	\$727.53	10/01/2017
45315	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF MULTIPLE TUMORS, POLYPS, OR OTHER	\$727.53	10/01/2017
45317	PROCTOSIGMOIDOSCOPY, RIGID; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR	\$727.53	10/01/2017
45320	PROCTOSIGMOIDOSCOPY, RIGID; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER	\$1,796.87	10/01/2017
45321	PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS	\$1,796.87	10/01/2017
45327	PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES	\$3,266.77	10/01/2017
45330	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S)	\$553.50	10/01/2017
45331	SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	\$553.50	10/01/2017
45332	REMOVAL OF FOREIGN BODIES IN LARGE BOWEL USING AN ENDOSCOPE	\$727.53	10/01/2017
45333	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S)	\$553.50	10/01/2017
45334	SIGMOIDOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR	\$727.53	10/01/2017
45335	SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	\$553.50	10/01/2017
45337	SIGMOIDOSCOPY, FLEXIBLE; WITH DECOMPRESSION OF VOLVULUS, ANY METHOD	\$727.53	10/01/2017
45338	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S)	\$727.53	10/01/2017
45340	SIGMOIDOSCOPY, FLEXIBLE; WITH DILATION BY BALLOON, 1 OR MORE STRICTURES	\$727.53	10/01/2017
45341	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION	\$727.53	10/01/2017
45342	SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR	\$727.53	10/01/2017
45346	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S)	\$727.53	10/01/2017
45347	PLACEMENT OF STENT IN LARGE BOWEL USING AN ENDOSCOPE	\$3,266.77	10/01/2017
45349	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSCOPIC MUCOSAL RESECTION	\$727.53	10/01/2017
45350	SIGMOIDOSCOPY, FLEXIBLE; WITH BAND LIGATION(S) (EG, HEMORRHOIDS)	\$727.53	10/01/2017

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45378	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; DIAGNOSTIC, WITH OR WITHOUT	\$553.50	10/01/2017
45379	REMOVAL OF FOREIGN BODIES IN LARGE BOWEL USING AN ENDOSCOPE	\$727.53	10/01/2017
45380	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH BIOPSY, SINGLE OR	\$727.53	10/01/2017
45381	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DIRECTED SUBMUCOSAL	\$727.53	10/01/2017
45382	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH CONTROL OF BLEEDING	\$727.53	10/01/2017
45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMOR(S),	\$727.53	10/01/2017
45385	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMOR(S),	\$727.53	10/01/2017
45386	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DILATION BY BALLOON, 1	\$727.53	10/01/2017
45388	COLONOSCOPY, FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) (	\$727.53	10/01/2017
45389	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC STENT PLACEMENT (INCLUDES PRE- AND POST-D	\$3,266.77	10/01/2017
45390	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC MUCOSAL RESECTION	\$727.53	10/01/2017
45391	ULTRASOUND EXAMINATION OF LOWER LARGE BOWEL USING AN ENDOSCOPE	\$727.53	10/01/2017
45392	ULTRASOUND GUIDED NEEDLE ASPIRATION OR BIOPSY OF LOWER LARGE BOWEL USING AN ENDO	\$727.53	10/01/2017
45393	COLONOSCOPY, FLEXIBLE; WITH DECOMPRESSION (FOR PATHOLOGIC DISTENTION) (EG, VOLVU	\$727.53	10/01/2017
45398	COLONOSCOPY, FLEXIBLE; WITH BAND LIGATION(S), (EG, HEMORRHOIDS)	\$727.53	10/01/2017
45399	UNLISTED PROCEDURE, COLON	\$553.50	10/01/2017
45499	UNLISTED LAPAROSCOPY PROCEDURE, RECTUM	\$3,481.08	10/01/2017
45500	PROCTOPLASTY; FOR STENOSIS	\$1,796.87	10/01/2017
45505	PROCTOPLASTY; FOR PROLAPSE OF MUCOUS MEMBRANE	\$1,796.87	10/01/2017
45520	PERIRECTAL INJECTION OF SCLEROSING SOLUTION FOR PROLAPSE	\$553.50	10/01/2017
45541	PROCTOPEXY FOR PROLAPSE; PERINEAL APPROACH	\$1,796.87	10/01/2017
45560	REPAIR OF RECTOCELE (SEPARATE PROCEDURE)	\$1,796.87	10/01/2017
45900	REDUCTION OF PROCIDENTIA (SEPARATE PROCEDURE) UNDER ANESTHESIA	\$553.50	10/01/2017
45905	DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN	\$727.53	10/01/2017
45910	DILATION OF RECTAL STRICTURE (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN	\$727.53	10/01/2017
45915	REMOVAL OF FECAL IMPACTION OR FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA	\$727.53	10/01/2017
45990	ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA (GENERAL, SPINAL, OR EPIDURAL), D	\$1,796.87	10/01/2017
45999	UNLISTED PROCEDURE, RECTUM	\$553.50	10/01/2017
46020	PLACEMENT OF SETON	\$1,796.87	10/01/2017
46030	REMOVAL OF ANAL SETON, OTHER MARKER	\$727.53	10/01/2017
46040	INCISION AND DRAINAGE OF ISCHIORECTAL AND/OR PERIRECTAL ABSCESS (SEPARATE	\$727.53	10/01/2017

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46045	INCISION AND DRAINAGE OF INTRAMURAL, INTRAMUSCULAR, OR SUBMUCOSAL ABSCESS,	\$1,796.87	10/01/2017
46050	INCISION AND DRAINAGE, PERIANAL ABSCESS, SUPERFICIAL	\$553.50	10/01/2017
46060	INCISION AND DRAINAGE OF ISCHIORECTAL OR INTRAMURAL ABSCESS, WITH FISTULECTOMY	\$1,796.87	10/01/2017
46070	INCISION, ANAL SEPTUM (INFANT)	\$1,796.87	10/01/2017
46080	SPHINCTEROTOMY, ANAL, DIVISION OF SPHINCTER (SEPARATE PROCEDURE)	\$1,796.87	10/01/2017
46083	INCISION OF THROMBOSED HEMORRHOID, EXTERNAL	\$179.10	10/01/2017
46200	FISSURECTOMY, INCLUDING SPHINCTEROTOMY, WHEN PERFORMED	\$1,796.87	10/01/2017
46220	EXCISION OF SINGLE EXTERNAL PAPILLA OR TAG, ANUS	\$727.53	10/01/2017
46221	HEMORRHOIDECTOMY, INTERNAL, BY RUBBER BAND LIGATION(S)	\$553.50	10/01/2017
46230	EXCISION OF MULTIPLE EXTERNAL PAPILLAE OR TAGS, ANUS	\$1,796.87	10/01/2017
46250	HEMORRHOIDECTOMY, EXTERNAL, 2 OR MORE COLUMNS/GROUPS	\$1,796.87	10/01/2017
46255	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SINGLE COLUMN/GROUP;	\$1,796.87	10/01/2017
46257	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SIMPLE; WITH FISSURECTOMY	\$1,796.87	10/01/2017
46258	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SINGLE COLUMN/GROUP; WITH FISTULECTOMY,	\$1,796.87	10/01/2017
46260	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, 2 OR MORE COLUMNS/GROUPS;	\$1,796.87	10/01/2017
46261	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH FISSURECTOMY	\$1,796.87	10/01/2017
46262	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, 2 OR MORE COLUMNS/GROUPS; WITH FISTULEC	\$1,796.87	10/01/2017
46270	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SUBCUTANEOUS	\$1,796.87	10/01/2017
46275	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); INTERSPHINCTERIC	\$1,796.87	10/01/2017
46280	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); TRANSSPHINCTERIC,	\$1,796.87	10/01/2017
46285	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SECOND STAGE	\$1,796.87	10/01/2017
46288	CLOSURE OF ANAL FISTULA WITH RECTAL ADVANCEMENT FLAP	\$1,796.87	10/01/2017
46320	EXCISION OF THROMBOSED HEMORRHOID, EXTERNAL	\$727.53	10/01/2017
46500	INJECTION OF SCLEROSING SOLUTION, HEMORRHOIDS	\$553.50	10/01/2017
46505	CHEMODENERVATION OF INTERNAL ANAL SPHINCTER	\$727.53	10/01/2017
46600	ANOSCOPY; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR W	\$82.92	10/01/2017
46601	ANOSCOPY; DIAGNOSTIC, WITH HIGH-RESOLUTION MAGNIFICATION (HRA) (EG, COLPOSCOPE,	\$45.22	10/01/2017
46604	ANOSCOPY; WITH DILATION (EG, BALLOON, GUIDE WIRE, BOUGIE)	\$727.53	10/01/2017
46606	ANOSCOPY; WITH BIOPSY, SINGLE OR MULTIPLE	\$727.53	10/01/2017
46607	ANOSCOPY; WITH HIGH-RESOLUTION MAGNIFICATION (HRA) (EG, COLPOSCOPE, OPERATING MI	\$727.53	10/01/2017
46608	ANOSCOPY; WITH REMOVAL OF FOREIGN BODY	\$553.50	10/01/2017

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46610	ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY HOT BIOPSY	\$1,796.87	10/01/2017
46611	ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY SNARE	\$553.50	10/01/2017
46612	ANOSCOPY; WITH REMOVAL OF MULTIPLE TUMORS, POLYPS, OR OTHER LESIONS BY HOT	\$1,796.87	10/01/2017
46614	ANOSCOPY; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR CAUTERY, UNIPOLAR	\$727.53	10/01/2017
46615	ANOSCOPY; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE	\$1,796.87	10/01/2017
46700	ANOPLASTY, PLASTIC OPERATION FOR STRICTURE; ADULT	\$1,796.87	10/01/2017
46706	REPAIR OF ANAL FISTULA WITH FIBRIN GLUE	\$1,796.87	10/01/2017
46707	REPAIR OF ANORECTAL FISTULA WITH PLUG (EG, PORCINE SMALL INTESTINE SUBMUCOSA [SI	\$1,796.87	10/01/2017
46750	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; ADULT	\$1,796.87	10/01/2017
46753	GRAFT (THIERSCH OPERATION) FOR RECTAL INCONTINENCE AND/OR PROLAPSE	\$1,796.87	10/01/2017
46754	REMOVAL OF THIERSCH WIRE OR SUTURE, ANAL CANAL	\$1,796.87	10/01/2017
46760	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; MUSCLE TRANSPLANT	\$1,796.87	10/01/2017
46761	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; LEVATOR MUSCLE IMBRICATION	\$1,796.87	10/01/2017
46762	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; IMPLANTATION ARTIFICIAL	\$3,266.77	10/01/2017
46900	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM,	\$242.58	10/01/2017
46910	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	\$1,183.62	10/01/2017
46916	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	\$126.94	10/01/2017
46917	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	\$1,796.87	10/01/2017
46922	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	\$1,796.87	10/01/2017
46924	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	\$1,796.87	10/01/2017
46930	DESTRUCTION OF INTERNAL HEMORRHOID(S) BY THERMAL ENERGY (EG, INFRARED COAGULATIO	\$553.50	10/01/2017
46940	CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER	\$1,796.87	10/01/2017
46942	CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER	\$553.50	10/01/2017
46945	HEMORRHOIDECTOMY, INTERNAL, BY LIGATION OTHER THAN RUBBER BAND; SINGLE HEMORRHOI	\$1,796.87	10/01/2017
46946	HEMORRHOIDECTOMY, INTERNAL, BY LIGATION OTHER THAN RUBBER BAND; SINGLE HEMORRHOI	\$1,796.87	10/01/2017
46947	HEMORRHOIDOPEXY (EG, FOR PROLAPSING INTERNAL HEMORRHOIDS) BY STAPLING	\$1,796.87	10/01/2017
46999	UNLISTED PROCEDURE, ANUS	\$553.50	10/01/2017
47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOUS	\$1,025.16	10/01/2017
47001	BIOPSY OF LIVER, NEEDLE; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTHER MAJOR	Bundled	10/01/2006
47370	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUENCY	\$5,778.00	10/01/2017
47371	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); CRYOSURGICAL	\$5,778.00	10/01/2017

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47379	UNLISTED LAPAROSCOPIC PROCEDURE, LIVER	\$3,481.08	10/01/2017
47382	ABLATION, 1 OR MORE LIVER TUMOR(S), PERCUTANEOUS, RADIOFREQUENCY	\$3,481.08	10/01/2017
47383	ABLATION, 1 OR MORE LIVER TUMOR(S), PERCUTANEOUS, CRYOABLATION	\$3,481.08	10/01/2017
47399	UNLISTED PROCEDURE, LIVER	\$446.92	10/01/2017
47490	CHOLECYSTOSTOMY, PERCUTANEOUS, COMPLETE PROCEDURE, INCLUDING IMAGING GUIDANCE, C	\$2,373.21	10/01/2017
47531	INJECTION PROCEDURE FOR CHOLANGIOGRAPHY, PERCUTANEOUS, COMPLETE DIAGNOSTIC PROCE	\$2,373.21	10/01/2017
47532	INJECTION PROCEDURE FOR CHOLANGIOGRAPHY, PERCUTANEOUS, COMPLETE DIAGNOSTIC PROCE	\$2,373.21	10/01/2017
47533	PLACEMENT OF BILIARY DRAINAGE CATHETER, PERCUTANEOUS INCLUDING DIAGNOSTIC CHOLAN	\$2,373.21	10/01/2017
47534	PLACEMENT OF BILIARY DRAINAGE CATHETER, PERCUTANEOUS INCLUDING DIAGNOSTIC CHOLAN	\$2,373.21	10/01/2017
47535	CONVERSION OF EXTERNAL BILIARY DRAINAGE CATHETER TO INTERNAL-EXTERNAL BILIARY DR	\$2,373.21	10/01/2017
47536	EXCHANGE OF BILIARY DRAINAGE CATHETER (EG, EXTERNAL, INTERNAL-EXTERNAL, OR CONVE	\$2,373.21	10/01/2017
47537	REMOVAL OF BILIARY DRAINAGE CATHETER, PERCUTANEOUS, REQUIRING FLUOROSCOPIC GUIDA	\$580.13	10/01/2017
47538	PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLA	\$3,481.08	10/01/2017
47539	PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLA	\$3,481.08	10/01/2017
47540	PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLA	\$3,481.08	10/01/2017
47541	PLACEMENT OF ACCESS THROUGH THE BILIARY TREE AND INTO SMALL BOWEL TO ASSIST WITH	\$2,373.21	10/01/2017
47542	BALLOON DILATION OF BILIARY DUCT(S) OR OF AMPULLA (SPHINCTEROPLASTY), PERCUTANEO	Bundled	01/01/2016
47543	ENDOLUMINAL BIOPSY(IES) OF BILIARY TREE, PERCUTANEOUS, ANY METHOD(S) (EG, BRUSH,	Bundled	01/01/2016
47544	REMOVAL OF CALCULI/DEBRIS FROM BILIARY DUCT(S) AND/OR GALLBLADDER, PERCUTANEOUS,	Bundled	01/01/2016
47552	DIAGNOSTIC EXAMINATION OF BILE DUCTS USING AN ENDOSCOPE, ACCESSED THROUGH THE SK	\$2,373.21	10/01/2017
47553	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH BIOPSY, SINGLE	\$2,373.21	10/01/2017
47554	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH REMOVAL OF	\$3,481.08	10/01/2017
47555	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH DILATION OF	\$2,373.21	10/01/2017
47556	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH DILATION OF	\$3,481.08	10/01/2017
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	\$3,481.08	10/01/2017
47563	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH CHOLANGIOGRAPHY	\$3,481.08	10/01/2017
47564	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT	\$3,481.08	10/01/2017
47579	UNLISTED LAPAROSCOPY PROCEDURE, BILIARY TRACT	\$3,481.08	10/01/2017
47999	UNLISTED PROCEDURE, BILIARY TRACT	\$580.13	10/01/2017
48102	BIOPSY OF PANCREAS, PERCUTANEOUS NEEDLE	\$1,025.16	10/01/2017
48160	PANCREATECTOMY, TOTAL OR SUBTOTAL, WITH AUTOLOGOUS TRANSPLANTATION OF PANCREAS	CCR	10/01/2006

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48550	DONOR PANCREATECTOMY (INCLUDING COLD PRESERVATION), WITH OR WITHOUT DUODENAL SEG	CCR	10/01/2006
48999	UNLISTED PROCEDURE, PANCREAS	\$446.92	10/01/2017
49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITHOUT IMAGING GUIDANCE	\$580.13	10/01/2017
49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITH IMAGING GUIDANCE	\$580.13	10/01/2017
49084	PERITONEAL LAVAGE, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	\$580.13	10/01/2017
49180	BIOPSY, ABDOMINAL OR RETROPERITONEAL MASS, PERCUTANEOUS NEEDLE	\$1,025.16	10/01/2017
49185	INJECTION OF ABNORMAL FLUID ACCUMULATION USING IMAGING GUIDANCE WITH RADIOLOGICA	\$446.92	10/01/2017
49250	UMBILECTOMY, OMPHALECTOMY, EXCISION OF UMBILICUS (SEPARATE PROCEDURE)	\$2,373.21	10/01/2017
49320	LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM, DIAGNOSTIC, WITH OR WITHOUT COLLE	\$3,481.08	10/01/2017
49321	LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULTIPLE)	\$3,481.08	10/01/2017
49322	LAPAROSCOPY, SURGICAL; WITH ASPIRATION OF CAVITY OR CYST (EG, OVARIAN CYST)	\$3,481.08	10/01/2017
49323	LAPAROSCOPY, SURGICAL; WITH DRAINAGE OF LYMPHOCELE TO PERITONEAL CAVITY	\$3,481.08	10/01/2017
49324	LAPAROSCOPY, SURGICAL; WITH INSERTION OF TUNNELED INTRAPERITONEAL CATHETER	\$3,481.08	10/01/2017
49325	LAPAROSCOPY, SURGICAL; WITH REVISION OF PREVIOUSLY PLACED INTRAPERITONEAL CANNUL	\$3,481.08	10/01/2017
49326	LAPAROSCOPY, SURGICAL; WITH OMENTOPEXY (OMENTAL TACKING PROCEDURE) (LIST SEPARAT	Bundled	10/01/2013
49327	LAPAROSCOPY, SURGICAL; WITH PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION TH	Bundled	10/01/2013
49329	UNLISTED LAPAROSCOPY PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	\$3,481.08	10/01/2017
49400	INJECTION OF AIR OR CONTRAST INTO PERITONEAL CAVITY (SEPARATE PROCEDURE)	Bundled	10/01/2006
49402	REMOVAL OF PERITONEAL FOREIGN BODY FROM PERITONEAL CAVITY	\$2,373.21	10/01/2017
49405	IMAGE-GUIDED FLUID COLLECTION DRAINAGE BY CATHETER (EG, ABSCESS, HEMATOMA, SEROM	\$1,025.16	10/01/2017
49406	IMAGE-GUIDED FLUID COLLECTION DRAINAGE BY CATHETER (EG, ABSCESS, HEMATOMA, SEROM	\$1,025.16	10/01/2017
49407	FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, ACCESSED THROUGH V	\$1,025.16	10/01/2017
49411	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL	\$855.85	10/01/2016
49418	INSERTION OF TUNNELED INTRAPERITONEAL CATHETER (EG, DIALYSIS, INTRAPERITONEAL CH	\$2,373.21	10/01/2017
49419	INSERTION OF TUNNELED INTRAPERITONEAL CATHETER, WITH SUBCUTANEOUS PORT (IE, TOTA	\$3,253.23	10/01/2017
49421	INSERTION OF TUNNELED INTRAPERITONEAL CATHETER FOR DIALYSIS, OPEN	\$2,373.21	10/01/2017
49422	REMOVAL OF TUNNELED INTRAPERITONEAL CATHETER	\$1,956.94	10/01/2017
49423	EXCHANGE OF PREVIOUSLY PLACED ABSCESS OR CYST DRAINAGE CATHETER UNDER	\$1,106.57	10/01/2017
49424	CONTRAST INJECTION FOR ASSESSMENT OF ABSCESS OR CYST VIA PREVIOUSLY PLACED	Bundled	10/01/2006
49426	REVISION OF PERITONEAL-VENOUS SHUNT	\$2,373.21	10/01/2017
49427	INJECTION PROCEDURE (EG, CONTRAST MEDIA) FOR EVALUATION OF PREVIOUSLY PLACED	Bundled	10/01/2006

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49429	REMOVAL OF PERITONEAL-VEIN SHUNT	\$1,956.94	10/01/2017
49435	INSERTION OF SUBCUTANEOUS EXTENSION TO INTRAPERITONEAL CANNULA OR CATHETER WITH	Bundled	10/01/2014
49436	DELAYED CREATION OF EXIT SITE FROM EMBEDDED SUBCUTANEOUS SEGMENT OF INTRAPERITON	\$1,106.57	10/01/2017
49440	INSERTION OF GASTROSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDI	\$1,106.57	10/01/2017
49441	INSERTION OF DUODENOSTOMY OR JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC	\$1,106.57	10/01/2017
49442	INSERTION OF CECOSTOMY OR OTHER COLONIC TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC G	\$727.53	10/01/2017
49446	CONVERSION OF GASTROSTOMY TUBE TO GASTRO-JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER F	\$1,106.57	10/01/2017
49450	REPLACEMENT OF GASTROSTOMY OR CECOSTOMY (OR OTHER COLONIC) TUBE, PERCUTANEOUS, U	\$580.13	10/01/2017
49451	REPLACEMENT OF DUODENOSTOMY OR JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPI	\$580.13	10/01/2017
49452	REPLACEMENT OF GASTRO-JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANC	\$580.13	10/01/2017
49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MATERIAL FROM GASTROSTOMY, DUODENOSTOMY, JEJUN	\$580.13	10/01/2017
49465	CONTRAST INJECTION(S) FOR RADIOLOGICAL EVALUATION OF EXISTING GASTROSTOMY, DUODE	\$187.28	10/01/2017
49491	REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT (LESS THAN 37 WEEKS GESTATION AT	\$3,481.08	10/01/2017
49492	REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT (LESS THAN 37 WEEKS GESTATION	\$2,373.21	10/01/2017
49495	REPAIR, INITIAL INGUINAL HERNIA, FULL TERM INFANT UNDER AGE 6 MONTHS, OR	\$2,373.21	10/01/2017
49496	REPAIR, INITIAL INGUINAL HERNIA, FULL TERM INFANT UNDER AGE 6 MONTHS, OR	\$2,373.21	10/01/2017
49500	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR WITHOUT	\$2,373.21	10/01/2017
49501	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR WITHOUT	\$2,373.21	10/01/2017
49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	\$2,373.21	10/01/2017
49507	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR	\$2,373.21	10/01/2017
49520	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; REDUCIBLE	\$2,373.21	10/01/2017
49521	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED	\$2,373.21	10/01/2017
49525	REPAIR INGUINAL HERNIA, SLIDING, ANY AGE	\$2,373.21	10/01/2017
49540	REPAIR LUMBAR HERNIA	\$3,481.08	10/01/2017
49550	REPAIR INITIAL FEMORAL HERNIA, ANY AGE; REDUCIBLE	\$2,373.21	10/01/2017
49553	REPAIR INITIAL FEMORAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED	\$2,373.21	10/01/2017
49555	REPAIR RECURRENT FEMORAL HERNIA; REDUCIBLE	\$2,373.21	10/01/2017
49557	REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED	\$2,373.21	10/01/2017
49560	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	\$2,373.21	10/01/2017
49561	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; INCARCERATED OR STRANGULATED	\$2,373.21	10/01/2017
49565	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	\$3,481.08	10/01/2017

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49566	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; INCARCERATED OR STRANGULATED	\$3,481.08	10/01/2017
49568	IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR OPEN INCISIONAL OR VENTRAL HERNIA R	Bundled	10/01/2013
49570	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); REDUCIBLE (SEPARATE PROCEDURE)	\$2,373.21	10/01/2017
49572	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); INCARCERATED OR STRANGULATED	\$2,373.21	10/01/2017
49580	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; REDUCIBLE	\$2,373.21	10/01/2017
49582	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; INCARCERATED OR STRANGULATED	\$2,373.21	10/01/2017
49585	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	\$2,373.21	10/01/2017
49587	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANGULATED	\$2,373.21	10/01/2017
49590	REPAIR SPIGELIAN HERNIA	\$2,373.21	10/01/2017
49600	REPAIR OF SMALL OMPHALOCELE, WITH PRIMARY CLOSURE	\$2,373.21	10/01/2017
49650	LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA	\$3,481.08	10/01/2017
49651	LAPAROSCOPY, SURGICAL; REPAIR RECURRENT INGUINAL HERNIA	\$3,481.08	10/01/2017
49652	LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC HERNI	\$3,481.08	10/01/2017
49653	LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC HERNI	\$3,481.08	10/01/2017
49654	LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN	\$5,778.00	10/01/2017
49655	LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN	\$5,778.00	10/01/2017
49656	LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA (INCLUDES MESH INSERT	\$5,778.00	10/01/2017
49657	LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA (INCLUDES MESH INSERT	\$5,778.00	10/01/2017
49659	UNLISTED LAPAROSCOPY PROCEDURE, HERNIOPLASTY, HERNIORRHAPHY, HERNIOTOMY	\$3,481.08	10/01/2017
49999	UNLISTED PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	\$580.13	10/01/2017
50020	INCISION AND DRAINAGE OF KIDNEY ABSCESS, OPEN PROCEDURE	\$2,107.78	10/01/2017
50080	PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTOMY, WITH OR WITHOUT DILATION,	\$6,178.26	10/01/2017
50081	PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTOMY, WITH OR WITHOUT DILATION,	\$6,178.26	10/01/2017
50200	RENAL BIOPSY; PERCUTANEOUS, BY TROCAR OR NEEDLE	\$1,025.16	10/01/2017
50382	REMOVAL (VIA SNARE/CAPTURE) AND REPLACEMENT OF INTERNALLY DWELLING URETERAL STEN	\$1,363.42	10/01/2017
50384	REMOVAL (VIA SNARE/CAPTURE) OF INTERNALLY DWELLING URETERAL STENT VIA PERCUTANEO	\$1,363.42	10/01/2017
50385	REMOVAL (VIA SNARE/CAPTURE) AND REPLACEMENT OF INTERNALLY DWELLING URETERAL STEN	\$1,363.42	10/01/2017
50386	REMOVAL (VIA SNARE/CAPTURE) OF INTERNALLY DWELLING URETERAL STENT VIA TRANSURETH	\$1,363.42	10/01/2017
50387	REMOVAL AND REPLACEMENT OF EXTERNALLY ACCESSIBLE TRANSNEPHRIC URETERAL STENT (EG	\$1,363.42	10/01/2017
50389	REMOVAL OF NEPHROSTOMY TUBE, REQUIRING FLUOROSCOPIC GUIDANCE (EG, WITH CONCURREN	\$455.49	10/01/2017
50390	ASPIRATION AND/OR INJECTION OF RENAL CYST OR PELVIS BY NEEDLE, PERCUTANEOUS	\$446.92	10/01/2017

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50391	INSTILLATIONS OF DRUG INTO KIDNEY AND/OR URINARY DUCT (URETER)	\$179.10	10/01/2017
50395	INTRODUCTION OF GUIDE INTO RENAL PELVIS AND/OR URETER WITH DILATION TO	\$2,107.78	10/01/2017
50396	MANOMETRIC STUDIES THROUGH NEPHROSTOMY OR PYELOSTOMY TUBE, OR INDWELLING	\$455.49	10/01/2017
50430	INJECTION PROCEDURE FOR ANTEGRADE NEPHROSTOGRAM AND/OR URETEROGRAM, COMPLETE DIA	\$455.49	10/01/2017
50431	INJECTION PROCEDURE FOR ANTEGRADE NEPHROSTOGRAM AND/OR URETEROGRAM, COMPLETE DIA	\$455.49	10/01/2017
50432	PLACEMENT OF NEPHROSTOMY CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOG	\$1,363.42	10/01/2017
50433	PLACEMENT OF NEPHROURETERAL CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROS	\$1,363.42	10/01/2017
50434	CONVERT NEPHROSTOMY CATHETER TO NEPHROURETERAL CATHETER, PERCUTANEOUS, INCLUDING	\$455.49	10/01/2017
50435	EXCHANGE NEPHROSTOMY CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM	\$455.49	10/01/2017
50541	LAPAROSCOPY, SURGICAL; ABLATION OF RENAL CYSTS	\$3,481.08	10/01/2017
50542	LAPAROSCOPY, SURGICAL; ABLATION OF RENAL MASS LESION(S), INCLUDING INTRAOPERATIV	\$5,778.00	10/01/2017
50543	LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY	\$11,907.43	10/01/2017
50544	LAPAROSCOPY, SURGICAL; PYELOPLASTY	\$5,778.00	10/01/2017
50549	UNLISTED LAPAROSCOPY PROCEDURE, RENAL	\$3,481.08	10/01/2017
50551	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT I	\$2,888.24	10/01/2017
50553	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT	\$2,888.24	10/01/2017
50555	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT	\$2,888.24	10/01/2017
50557	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT	\$6,178.26	10/01/2017
50561	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT	\$2,888.24	10/01/2017
50562	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT	\$6,178.26	10/01/2017
50570	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION,	\$1,363.42	10/01/2017
50572	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION,	\$455.49	10/01/2017
50574	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION,	\$455.49	10/01/2017
50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION,	\$2,888.24	10/01/2017
50576	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION,	\$2,888.24	10/01/2017
50580	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION,	\$2,888.24	10/01/2017
50590	LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE	\$2,888.24	10/01/2017
50592	ABLATION, ONE OR MORE RENAL TUMOR(S), PERCUTANEOUS, UNILATERAL, RADIOFREQUENCY	\$3,481.08	10/01/2017
50593	ABLATION, RENAL TUMOR(S), UNILATERAL, PERCUTANEOUS, CRYOTHERAPY	\$5,778.00	10/01/2017
50606	ENDOLUMINAL BIOPSY OF URETER AND/OR RENAL PELVIS, NON-ENDOSCOPIC, INCLUDING IMAG	Bundled	01/01/2016
50684	INJECTION PROCEDURE FOR URETEROGRAPHY OR URETEROPYELOGRAPHY THROUGH URETEROSTOMY	Bundled	10/01/2006

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50686	MANOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING URETERAL CATHETER	\$105.37	10/01/2017
50688	CHANGE OF URETEROSTOMY TUBE OR EXTERNALLY ACCESSIBLE URETERAL STENT VIA ILEAL CO	\$1,363.42	10/01/2017
50690	INJECTION OF BLADDER AND URINARY DUCT (URETER) FOR X-RAY IMAGING	Bundled	10/01/2006
50693	PLACEMENT OF URETERAL STENT, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AN	\$2,107.78	10/01/2017
50694	PLACEMENT OF URETERAL STENT, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AN	\$2,107.78	10/01/2017
50695	PLACEMENT OF URETERAL STENT, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AN	\$2,107.78	10/01/2017
50705	URETERAL EMBOLIZATION OR OCCLUSION, INCLUDING IMAGING GUIDANCE (EG, ULTRASOUND A	Bundled	01/01/2016
50706	BALLOON DILATION, URETERAL STRICTURE, INCLUDING IMAGING GUIDANCE (EG, ULTRASOUND	Bundled	01/01/2016
50727	REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY);	\$2,107.78	10/01/2017
50945	LAPAROSCOPY, SURGICAL, URETEROLITHOTOMY	\$3,481.08	10/01/2017
50947	LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITH CYSTOSCOPY AND URETERAL STENT	\$3,481.08	10/01/2017
50948	LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITHOUT CYSTOSCOPY AND URETERAL	\$5,778.00	10/01/2017
50949	UNLISTED LAPAROSCOPY PROCEDURE, URETER	\$3,481.08	10/01/2017
50951	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION,	\$1,363.42	10/01/2017
50953	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT	\$2,888.24	10/01/2017
50955	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT	\$2,888.24	10/01/2017
50957	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT	\$2,888.24	10/01/2017
50961	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT	\$2,888.24	10/01/2017
50970	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,	\$455.49	10/01/2017
50972	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,	\$455.49	10/01/2017
50974	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,	\$2,888.24	10/01/2017
50976	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,	\$2,888.24	10/01/2017
50980	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,	\$2,888.24	10/01/2017
51020	CYSTOTOMY OR CYSTOSTOMY; WITH FULGURATION AND/OR INSERTION OF RADIOACTIVE	\$2,107.78	10/01/2017
51030	CYSTOTOMY OR CYSTOSTOMY; WITH CRYOSURGICAL DESTRUCTION OF INTRAVESICAL LESION	\$2,107.78	10/01/2017
51040	CYSTOSTOMY, CYSTOTOMY WITH DRAINAGE	\$1,363.42	10/01/2017
51045	CYSTOTOMY, WITH INSERTION OF URETERAL CATHETER OR STENT (SEPARATE PROCEDURE)	\$1,363.42	10/01/2017
51050	CYSTOLITHOTOMY, CYSTOTOMY WITH REMOVAL OF CALCULUS, WITHOUT VESICAL NECK	\$2,888.24	10/01/2017
51060	TRANSVESICAL URETEROLITHOTOMY	\$1,363.42	10/01/2017
51065	CYSTOTOMY, WITH CALCULUS BASKET EXTRACTION AND/OR ULTRASONIC OR	\$2,888.24	10/01/2017
51080	DRAINAGE OF PERIVESICAL OR PREVESICAL SPACE ABSCESS	\$1,781.45	10/01/2017

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51100	ASPIRATION OF BLADDER; BY NEEDLE	\$455.49	10/01/2017
51101	ASPIRATION OF BLADDER; BY TROCAR OR INTRACATHETER	\$713.84	10/01/2016
51102	ASPIRATION OF BLADDER; WITH INSERTION OF SUPRAPUBIC CATHETER	\$1,363.42	10/01/2017
51500	EXCISION OF URACHAL CYST OR SINUS, WITH OR WITHOUT UMBILICAL HERNIA REPAIR	\$3,481.08	10/01/2017
51520	CYSTOTOMY; FOR SIMPLE EXCISION OF VESICAL NECK (SEPARATE PROCEDURE)	\$1,363.42	10/01/2017
51535	CYSTOTOMY FOR EXCISION, INCISION, OR REPAIR OF URETEROCELE	\$1,363.42	10/01/2017
51600	INJECTION PROCEDURE FOR CYSTOGRAPHY OR VOIDING URETHROCYSTOGRAPHY	Bundled	10/01/2006
51605	INJECTION PROCEDURE FOR X-RAY IMAGING OF THE BLADDER AND BLADDER CANAL (URETHRA)	Bundled	10/01/2006
51610	INJECTION PROCEDURE FOR RETROGRADE URETHROCYSTOGRAPHY	Bundled	10/01/2006
51700	BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION	\$179.10	10/01/2017
51701	INSERTION OF NON-INDWELLING BLADDER CATHETER (EG, STRAIGHT CATHETERIZATION FOR	\$82.92	10/01/2017
51702	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; SIMPLE (EG, FOLEY)	\$82.92	10/01/2017
51703	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; COMPLICATED (EG, ALTERED	\$105.37	10/01/2017
51705	CHANGE OF CYSTOSTOMY TUBE; SIMPLE	\$179.10	10/01/2017
51710	CHANGE OF CYSTOSTOMY TUBE; COMPLICATED	\$455.49	10/01/2017
51715	ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSAL TISSUES OF THE	\$2,107.78	10/01/2017
51720	BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT (INCLUDING RETENTION TIME)	\$179.10	10/01/2017
51725	SIMPLE CYSTOMETROGRAM (CMG) (EG, SPINAL MANOMETER)	\$179.10	10/01/2017
51726	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT);	\$455.49	10/01/2017
51727	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH URETHRAL PRES	\$455.49	10/01/2017
51728	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH VOIDING PRESS	\$455.49	10/01/2017
51729	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH VOIDING PRESS	\$455.49	10/01/2017
51736	SIMPLE UROFLOWMETRY (UFR) (EG, STOP-WATCH FLOW RATE, MECHANICAL UROFLOWMETER)	\$82.92	10/01/2017
51741	COMPLEX UROFLOWMETRY (EG, CALIBRATED ELECTRONIC EQUIPMENT)	\$105.37	10/01/2017
51784	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, OTHER THAN	\$105.37	10/01/2017
51785	NEEDLE ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, ANY	\$179.10	10/01/2017
51792	STIMULUS EVOKED RESPONSE (EG, MEASUREMENT OF BULBOCAVERNOSUS REFLEX LATENCY	\$45.22	10/01/2017
51797	51797 VOIDING PRESSURE STUDIES, INTRA-ABDOMINAL (IE, RECTAL, GASTRIC, INTRAPERIT	Bundled	10/01/2013
51798	MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR BLADDER CAPACITY BY	\$45.22	10/01/2017
51845	ABDOMINO-VAGINAL VESICAL NECK SUSPENSION, WITH OR WITHOUT ENDOSCOPIC CONTROL	\$3,050.78	10/01/2016
51860	CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE; SIMPLE	\$2,888.24	10/01/2017

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51880	CLOSURE OF CYSTOSTOMY (SEPARATE PROCEDURE)	\$2,107.78	10/01/2017
51990	LAPAROSCOPY, SURGICAL; URETHRAL SUSPENSION FOR STRESS INCONTINENCE	\$3,481.08	10/01/2017
51992	LAPAROSCOPY, SURGICAL; SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR	\$3,481.08	10/01/2017
51999	UNLISTED LAPAROSCOPY PROCEDURE, BLADDER	\$3,481.08	10/01/2017
52000	CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	\$455.49	10/01/2017
52001	CYSTOURETHROSCOPY WITH IRRIGATION AND EVACUATION OF MULTIPLE OBSTRUCTING CLOTS	\$2,107.78	10/01/2017
52005	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION,	\$1,363.42	10/01/2017
52007	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION,	\$2,107.78	10/01/2017
52010	CYSTOURETHROSCOPY, WITH EJACULATORY DUCT CATHETERIZATION, WITH OR WITHOUT	\$455.49	10/01/2017
52204	CYSTOURETHROSCOPY, WITH BIOPSY(S)	\$1,363.42	10/01/2017
52214	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) OF	\$1,363.42	10/01/2017
52224	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) OR	\$1,363.42	10/01/2017
52234	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY)	\$2,107.78	10/01/2017
52235	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY)	\$2,107.78	10/01/2017
52240	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY)	\$2,888.24	10/01/2017
52250	CYSTOURETHROSCOPY WITH INSERTION OF RADIOACTIVE SUBSTANCE, WITH OR WITHOUT	\$2,888.24	10/01/2017
52260	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; GENERAL	\$1,363.42	10/01/2017
52265	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; LOCAL	\$1,363.42	10/01/2017
52270	CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; FEMALE	\$1,363.42	10/01/2017
52275	CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; MALE	\$1,363.42	10/01/2017
52276	CYSTOURETHROSCOPY WITH DIRECT VISION INTERNAL URETHROTOMY	\$1,363.42	10/01/2017
52277	CYSTOURETHROSCOPY, WITH RESECTION OF EXTERNAL SPHINCTER (SPHINCTEROTOMY)	\$2,107.78	10/01/2017
52281	CYSTOURETHROSCOPY, WITH CALIBRATION AND/OR DILATION OF URETHRAL STRICTURE OR	\$1,363.42	10/01/2017
52282	CYSTOURETHROSCOPY, WITH INSERTION OF PERMANENT URETHRAL STENT	\$2,107.78	10/01/2017
52283	CYSTOURETHROSCOPY, WITH STEROID INJECTION INTO STRICTURE	\$1,363.42	10/01/2017
52285	CYSTOURETHROSCOPY FOR TREATMENT OF THE FEMALE URETHRAL SYNDROME WITH ANY OR ALL	\$1,363.42	10/01/2017
52287	CYSTOURETHROSCOPY, WITH INJECTION(S) FOR CHEMODENERVATION OF THE BLADDER	\$1,363.42	10/01/2017
52290	CYSTOURETHROSCOPY; WITH URETERAL MEATOTOMY, UNILATERAL OR BILATERAL	\$1,363.42	10/01/2017
52300	CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ORTHOTOPIC URETEROCELE(S),	\$2,107.78	10/01/2017
52301	CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ECTOPIC URETEROCELE(S),	\$2,107.78	10/01/2017
52305	CYSTOURETHROSCOPY; WITH INCISION OR RESECTION OF ORIFICE OF BLADDER	\$2,888.24	10/01/2017

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52310	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL STENT	\$1,363.42	10/01/2017
52315	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL STENT	\$1,363.42	10/01/2017
52317	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER AND	\$2,107.78	10/01/2017
52318	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER AND	\$2,888.24	10/01/2017
52320	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH REMOVAL OF URETERAL	\$2,888.24	10/01/2017
52325	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH FRAGMENTATION OF	\$2,888.24	10/01/2017
52327	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH SUBURETERIC	\$2,888.24	10/01/2017
52330	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH MANIPULATION,	\$2,107.78	10/01/2017
52332	CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR	\$2,107.78	10/01/2017
52334	CYSTOURETHROSCOPY WITH INSERTION OF URETERAL GUIDE WIRE THROUGH KIDNEY TO	\$2,107.78	10/01/2017
52341	CYSTOURETHROSCOPY; WITH TREATMENT OF URETERAL STRICTURE (EG, BALLOON DILATION,	\$1,363.42	10/01/2017
52342	CYSTOURETHROSCOPY; WITH TREATMENT OF URETEROPELVIC JUNCTION STRICTURE (EG,	\$2,888.24	10/01/2017
52343	CYSTOURETHROSCOPY; WITH TREATMENT OF INTRA-RENAL STRICTURE (EG, BALLOON	\$1,363.42	10/01/2017
52344	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URETERAL STRICTURE (EG,	\$2,107.78	10/01/2017
52345	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URETEROPELVIC JUNCTION	\$2,888.24	10/01/2017
52346	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF INTRA-RENAL STRICTURE	\$2,888.24	10/01/2017
52351	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; DIAGNOSTIC	\$1,363.42	10/01/2017
52352	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH REMOVAL OR	\$2,888.24	10/01/2017
52353	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH LITHOTRIPSY	\$2,888.24	10/01/2017
52354	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH BIOPSY AND/OR	\$2,888.24	10/01/2017
52355	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH RESECTION OF	\$2,888.24	10/01/2017
52356	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH LITHOTRIPSY INCLUDI	\$2,888.24	10/01/2017
52400	CYSTOURETHROSCOPY WITH INCISION, FULGURATION, OR RESECTION OF CONGENITAL POSTERI	\$1,363.42	10/01/2017
52402	CYSTOURETHROSCOPY WITH TRANSURETHRAL RESECTION OR INCISION OF EJACULATORY DUCTS	\$2,107.78	10/01/2017
52441	CYSTOURETHROSCOPY, WITH INSERTION OF PERMANENT ADJUSTABLE TRANSPROSTATIC IMPLANT	CCR	01/01/2015
52442	CYSTOURETHROSCOPY, WITH INSERTION OF PERMANENT ADJUSTABLE TRANSPROSTATIC IMPLANT	CCR	01/01/2015
52450	TRANSURETHRAL INCISION OF PROSTATE	\$2,107.78	10/01/2017
52500	TRANSURETHRAL RESECTION OF BLADDER NECK (SEPARATE PROCEDURE)	\$2,107.78	10/01/2017
52601	TRANSURETHRAL ELECTROSURGICAL RESECTION OF PROSTATE, INCLUDING CONTROL OF	\$2,888.24	10/01/2017
52630	TRANSURETHRAL RESECTION; RESIDUAL OR REGROWTH OF OBSTRUCTIVE PROSTATE TISSUE INC	\$2,888.24	10/01/2017
52640	TRANSURETHRAL RESECTION; OF POSTOPERATIVE BLADDER NECK CONTRACTURE	\$2,107.78	10/01/2017

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52647	LASER COAGULATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMP	\$2,888.24	10/01/2017
52648	LASER VAPORIZATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COM	\$2,888.24	10/01/2017
52649	LASER ENUCLEATION OF THE PROSTATE WITH MORCELLATION, INCLUDING CONTROL OF POSTOP	\$2,888.24	10/01/2017
52700	TRANSURETHRAL DRAINAGE OF PROSTATIC ABSCESS	\$2,888.24	10/01/2017
53000	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PENDULOUS URETHRA	\$1,363.42	10/01/2017
53010	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PERINEAL URETHRA,	\$2,888.24	10/01/2017
53020	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); EXCEPT INFANT	\$1,363.42	10/01/2017
53025	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); INFANT	\$1,363.42	10/01/2017
53040	DRAINAGE OF DEEP PERIURETHRAL ABSCESS	\$2,888.24	10/01/2017
53060	DRAINAGE OF ABSCESS OR CYST OF SKENE'S GLANDS, MALE	\$1,363.42	10/01/2017
53080	DRAINAGE OF PERINEAL URINARY EXTRAVASATION; UNCOMPLICATED (SEPARATE PROCEDURE)	\$1,363.42	10/01/2017
53085	DRAINAGE OF PERINEAL URINARY EXTRAVASATION; COMPLICATED	\$1,363.42	10/01/2017
53200	BIOPSY OF URETHRA	\$2,107.78	10/01/2017
53210	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; FEMALE	\$2,888.24	10/01/2017
53215	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; MALE	\$2,888.24	10/01/2017
53220	EXCISION OR FULGURATION OF CARCINOMA OF URETHRA	\$2,888.24	10/01/2017
53230	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); FEMALE	\$2,888.24	10/01/2017
53235	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); MALE	\$2,888.24	10/01/2017
53240	MARSUPIALIZATION OF URETHRAL DIVERTICULUM, MALE OR FEMALE	\$2,888.24	10/01/2017
53250	REMOVAL OF SEMINAL FLUID GLAND	\$1,363.42	10/01/2017
53260	EXCISION OR FULGURATION; URETHRAL POLYP(S), DISTAL URETHRA	\$1,363.42	10/01/2017
53265	EXCISION OR FULGURATION; URETHRAL CARUNCLE	\$1,363.42	10/01/2017
53270	REMOVAL OR DESTRUCTION OF BLADDER CANAL (URETHRA) MUCOUS GLANDS	\$2,107.78	10/01/2017
53275	EXCISION OR FULGURATION; URETHRAL PROLAPSE	\$1,363.42	10/01/2017
53400	URETHROPLASTY; FIRST STAGE, FOR FISTULA, DIVERTICULUM, OR STRICTURE (EG, JOHANN'S	\$2,888.24	10/01/2017
53405	URETHROPLASTY; SECOND STAGE (FORMATION OF URETHRA), INCLUDING URINARY DIVERSION	\$2,888.24	10/01/2017
53410	URETHROPLASTY, ONE-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA	\$2,888.24	10/01/2017
53420	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS	\$2,888.24	10/01/2017
53425	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS	\$2,888.24	10/01/2017
53430	URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA	\$2,888.24	10/01/2017
53431	REPAIR OF BLADDER CANAL (URETHRA) AND/OR LOWER BLADDER FOR INCONTINENCE	\$2,888.24	10/01/2017

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53440	SLING OPERATION FOR CORRECTION OF MALE URINARY INCONTINENCE (EG, FASCIA OR	\$6,178.26	10/01/2017
53442	REMOVAL OR REVISION OF SLING FOR MALE URINARY INCONTINENCE (EG, FASCIA OR	\$2,888.24	10/01/2017
53444	INSERTION OF TANDEM CUFF (DUAL CUFF)	\$11,907.43	10/01/2017
53445	INSERTION OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PLACEMENT OF	\$11,907.43	10/01/2017
53446	REMOVAL OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP,	\$2,888.24	10/01/2017
53447	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER INCLUDING	\$11,907.43	10/01/2017
53449	REPAIR OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP,	\$2,888.24	10/01/2017
53450	URETHROMEATOPLASTY, WITH MUCOSAL ADVANCEMENT	\$1,363.42	10/01/2017
53460	URETHROMEATOPLASTY, WITH PARTIAL EXCISION OF DISTAL URETHRAL SEGMENT	\$2,888.24	10/01/2017
53500	URETHROLYSIS, TRANSVAGINAL, SECONDARY, OPEN, INCLUDING CYSTOURETHROSCOPY (EG,	\$2,107.78	10/01/2017
53502	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY, FEMALE	\$2,107.78	10/01/2017
53505	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PENILE	\$2,888.24	10/01/2017
53510	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PERINEAL	\$2,888.24	10/01/2017
53515	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PROSTATOMEMBRANOUS	\$2,888.24	10/01/2017
53520	CLOSURE OF URETHROSTOMY OR URETHROCUTANEOUS FISTULA, MALE (SEPARATE PROCEDURE)	\$2,888.24	10/01/2017
53600	DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE; IN	\$179.10	10/01/2017
53601	DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE;	\$82.92	10/01/2017
53605	DILATION OF URETHRAL STRICTURE OR VESICAL NECK BY PASSAGE OF SOUND OR URETHRAL	\$1,363.42	10/01/2017
53620	DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLOWER, MALE;	\$455.49	10/01/2017
53621	DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLOWER, MALE;	\$179.10	10/01/2017
53660	DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INSTILLATION; INITIAL	\$105.37	10/01/2017
53661	DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INSTILLATION; SUBSEQUENT	\$82.92	10/01/2017
53665	DILATION OF FEMALE URETHRA, GENERAL OR CONDUCTION (SPINAL) ANESTHESIA	\$1,363.42	10/01/2017
53850	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY MICROWAVE THERMOTHERAPY	\$2,107.78	10/01/2017
53852	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY RADIOFREQUENCY THERMOTHERAPY	\$2,888.24	10/01/2017
53855	INSERTION OF A TEMPORARY PROSTATIC URETHRAL STENT, INCLUDING URETHRAL MEASUREMEN	\$1,363.42	10/01/2017
53899	UNLISTED PROCEDURE, URINARY SYSTEM	\$179.10	10/01/2017
54000	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); NEWBORN	\$1,363.42	10/01/2017
54001	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); EXCEPT NEWBORN	\$1,363.42	10/01/2017
54015	INCISION AND DRAINAGE OF PENIS, DEEP	\$1,025.16	10/01/2017
54050	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM	\$242.58	10/01/2017

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54055	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	\$1,183.62	10/01/2017
54056	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	\$126.94	10/01/2017
54057	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	\$1,183.62	10/01/2017
54060	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	\$1,183.62	10/01/2017
54065	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	\$1,183.62	10/01/2017
54100	BIOPSY OF PENIS; (SEPARATE PROCEDURE)	\$1,025.16	10/01/2017
54105	BIOPSY OF PENIS; DEEP STRUCTURES	\$1,781.45	10/01/2017
54110	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE);	\$2,888.24	10/01/2017
54111	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT TO 5 CM IN LENGTH	\$2,888.24	10/01/2017
54112	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT GREATER THAN 5 CM IN	\$6,178.26	10/01/2017
54115	REMOVAL FOREIGN BODY FROM DEEP PENILE TISSUE (EG, PLASTIC IMPLANT)	\$1,781.45	10/01/2017
54120	AMPUTATION OF PENIS; PARTIAL	\$2,888.24	10/01/2017
54161	OLDER THAN 28 DAYS OF AGE	\$1,363.42	10/01/2017
54162	LYSIS OR EXCISION OF PENILE POST-CIRCUMCISION ADHESIONS	\$1,363.42	10/01/2017
54163	REPAIR INCOMPLETE CIRCUMCISION	\$1,363.42	10/01/2017
54164	FRENULOTOMY OF PENIS	\$1,363.42	10/01/2017
54200	INJECTION PROCEDURE FOR PEYRONIE DISEASE;	\$179.10	10/01/2017
54205	INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL EXPOSURE OF PLAQUE	\$2,888.24	10/01/2017
54220	IRRIGATION OF CORPORA CAVERNOSA FOR PRIAPISM	\$179.10	10/01/2017
54230	INJECTION PROCEDURE FOR CORPORA CAVERNOSOGRAPHY	Bundled	10/01/2006
54231	DYNAMIC CAVERNOSOMETRY, INCLUDING INTRACAVERNOSAL INJECTION OF VASOACTIVE DRUGS	\$1,363.42	10/01/2017
54235	INJECTION OF CORPORA CAVERNOSA WITH PHARMACOLOGIC AGENT(S) (EG, PAPAVERINE,	\$179.10	10/01/2017
54240	PENILE PLETHYSMOGRAPHY	\$105.37	10/01/2017
54250	NOCTURNAL PENILE TUMESCENCE AND/OR RIGIDITY TEST	\$179.10	10/01/2017
54300	PLASTIC OPERATION OF PENIS FOR STRAIGHTENING OF CHORDEE (EG, HYPOSPADIAS), WITH	\$2,107.78	10/01/2017
54304	PLASTIC OPERATION ON PENIS FOR CORRECTION OF CHORDEE OR FOR FIRST STAGE	\$1,363.42	10/01/2017
54308	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY	\$2,888.24	10/01/2017
54312	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY	\$2,107.78	10/01/2017
54316	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION)	\$2,888.24	10/01/2017
54318	URETHROPLASTY FOR THIRD STAGE HYPOSPADIAS REPAIR TO RELEASE PENIS FROM SCROTUM	\$2,107.78	10/01/2017
54322	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION);	\$1,363.42	10/01/2017

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54324	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION);	\$2,888.24	10/01/2017
54326	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION);	\$2,888.24	10/01/2017
54328	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION);	\$2,107.78	10/01/2017
54332	ONE STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE	\$1,363.42	10/01/2017
54336	ONE STAGE PERINEAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO CORRECT	\$2,107.78	10/01/2017
54340	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); BY	\$2,107.78	10/01/2017
54344	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA);	\$2,888.24	10/01/2017
54348	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA);	\$2,888.24	10/01/2017
54352	REPAIR OF HYPOSPADIAS CRIPPLE REQUIRING EXTENSIVE DISSECTION AND EXCISION OF	\$6,178.26	10/01/2017
54360	PLASTIC OPERATION ON PENIS TO CORRECT ANGULATION	\$2,107.78	10/01/2017
54380	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER;	\$2,107.78	10/01/2017
54385	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WITH	\$1,363.42	10/01/2017
54406	REMOVAL OF ALL COMPONENTS OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS	\$2,107.78	10/01/2017
54408	REPAIR OF COMPONENT(S) OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS	\$2,888.24	10/01/2017
54410	REMOVAL AND REPLACEMENT OF ALL COMPONENT(S) OF A MULTI-COMPONENT, INFLATABLE	\$11,907.43	10/01/2017
54411	REMOVAL AND REPLACEMENT OF ALL COMPONENTS OF A MULTI-COMPONENT INFLATABLE	\$11,907.43	10/01/2017
54415	REMOVAL OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE	\$2,107.78	10/01/2017
54416	REMOVAL AND REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE	\$11,907.43	10/01/2017
54417	REMOVAL AND REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE	\$11,907.43	10/01/2017
54420	CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT (PRIAPISM OPERATION), UNILATERAL OR	\$1,363.42	10/01/2017
54435	CORPORA CAVERNOSA-GLANS PENIS FISTULIZATION (EG, BIOPSY NEEDLE, WINTER	\$1,363.42	10/01/2017
54437	REPAIR OF TRAUMATIC CORPOREAL TEAR(S)	\$1,363.42	10/01/2017
54440	PLASTIC OPERATION OF PENIS FOR INJURY	\$2,888.24	10/01/2017
54450	FORESKIN MANIPULATION INCLUDING LYSIS OF PREPUTIAL ADHESIONS AND STRETCHING	\$179.10	10/01/2017
54500	BIOPSY OF TESTIS, NEEDLE (SEPARATE PROCEDURE)	\$1,781.45	10/01/2017
54505	BIOPSY OF TESTIS, INCISIONAL (SEPARATE PROCEDURE)	\$2,107.78	10/01/2017
54512	EXCISION OF EXTRAPARENCHYMAL LESION OF TESTIS	\$1,363.42	10/01/2017
54520	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULAR	\$2,107.78	10/01/2017
54522	ORCHIECTOMY, PARTIAL	\$2,107.78	10/01/2017
54530	ORCHIECTOMY, RADICAL, FOR TUMOR; INGUINAL APPROACH	\$2,373.21	10/01/2017
54535	ORCHIECTOMY, RADICAL, FOR TUMOR; WITH ABDOMINAL EXPLORATION	\$2,888.24	10/01/2017

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54550	EXPLORATION FOR UNDESCENDED TESTIS (INGUINAL OR SCROTAL AREA)	\$2,373.21	10/01/2017
54560	EXPLORATION FOR UNDESCENDED TESTIS WITH ABDOMINAL EXPLORATION	\$1,363.42	10/01/2017
54600	REDUCTION OF TORSION OF TESTIS, SURGICAL, WITH OR WITHOUT FIXATION OF CONTRALATE	\$2,107.78	10/01/2017
54620	FIXATION OF CONTRALATERAL TESTIS (SEPARATE PROCEDURE)	\$2,107.78	10/01/2017
54640	ORCHIOPEXY, INGUINAL APPROACH, WITH OR WITHOUT HERNIA REPAIR	\$2,373.21	10/01/2017
54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR INTRA-ABDOMINAL TESTIS (EG, FOWLER-STEPHENS)	\$2,373.21	10/01/2017
54660	INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE)	\$2,888.24	10/01/2017
54670	SUTURE OR REPAIR OF TESTICULAR INJURY	\$1,363.42	10/01/2017
54680	TRANSPLANTATION OF TESTIS(ES) TO THIGH (BECAUSE OF SCROTAL DESTRUCTION)	\$1,363.42	10/01/2017
54690	LAPAROSCOPY, SURGICAL; ORCHIECTOMY	\$3,481.08	10/01/2017
54692	LAPAROSCOPY, SURGICAL; ORCHIOPEXY FOR INTRA-ABDOMINAL TESTIS	\$3,481.08	10/01/2017
54699	UNLISTED LAPAROSCOPY PROCEDURE, TESTIS	\$3,481.08	10/01/2017
54700	INCISION AND DRAINAGE OF EPIDIDYMIS, TESTIS AND/OR SCROTAL SPACE (EG, ABSCESS OR	\$1,363.42	10/01/2017
54800	BIOPSY OF EPIDIDYMIS, NEEDLE	\$1,025.16	10/01/2017
54830	EXCISION OF LOCAL LESION OF EPIDIDYMIS	\$1,363.42	10/01/2017
54840	EXCISION OF SPERMATOCELE, WITH OR WITHOUT EPIDIDYMECTOMY	\$1,363.42	10/01/2017
54860	EPIDIDYMECTOMY; UNILATERAL	\$1,363.42	10/01/2017
54861	EPIDIDYMECTOMY; BILATERAL	\$2,107.78	10/01/2017
54865	EXPLORATION OF EPIDIDYMIS, WITH OR WITHOUT BIOPSY	\$2,107.78	10/01/2017
54900	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; UNILATERAL	\$1,363.42	10/01/2017
54901	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; BILATERAL	\$2,107.78	10/01/2017
55000	PUNCTURE ASPIRATION OF HYDROCELE, TUNICA VAGINALIS, WITH OR WITHOUT INJECTION OF	\$446.92	10/01/2017
55040	EXCISION OF HYDROCELE; UNILATERAL	\$2,373.21	10/01/2017
55041	EXCISION OF HYDROCELE; BILATERAL	\$2,373.21	10/01/2017
55060	REPAIR OF TUNICA VAGINALIS HYDROCELE (BOTTLE TYPE)	\$1,363.42	10/01/2017
55100	DRAINAGE OF SCROTAL WALL ABSCESS	\$1,025.16	10/01/2017
55110	SCROTAL EXPLORATION	\$1,363.42	10/01/2017
55120	REMOVAL OF FOREIGN BODY IN SCROTUM	\$1,363.42	10/01/2017
55150	RESECTION OF SCROTUM	\$2,107.78	10/01/2017
55175	SCROTOPLASTY; SIMPLE	\$2,107.78	10/01/2017
55180	SCROTOPLASTY; COMPLICATED	\$2,888.24	10/01/2017

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55200	VASOTOMY, CANNULIZATION WITH OR WITHOUT INCISION OF VAS, UNILATERAL OR BILATERAL	\$1,363.42	10/01/2017
55250	VASECTOMY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE), INCLUDING POSTOPERATIVE	\$1,363.42	10/01/2017
55300	VASOTOMY FOR VASOGRAMS, SEMINAL VESICULOGrams, OR EPIDIDYMOGRAMS, UNILATERAL OR	Bundled	10/01/2006
55450	LIGATION (PERCUTANEOUS) OF VAS DEFERENS, UNILATERAL OR BILATERAL (SEPARATE PROCE	\$1,363.42	10/01/2017
55500	EXCISION OF HYDROCELE OF SPERMATIC CORD, UNILATERAL (SEPARATE PROCEDURE)	\$2,107.78	10/01/2017
55520	EXCISION OF LESION OF SPERMATIC CORD (SEPARATE PROCEDURE)	\$2,107.78	10/01/2017
55530	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; (SEPARATE	\$2,107.78	10/01/2017
55535	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; ABDOMINAL	\$2,373.21	10/01/2017
55540	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; WITH	\$2,373.21	10/01/2017
55550	LAPAROSCOPY, SURGICAL, WITH LIGATION OF SPERMATIC VEINS FOR VARICOCELE	\$3,481.08	10/01/2017
55559	UNLISTED LAPAROSCOPY PROCEDURE, SPERMATIC CORD	\$3,481.08	10/01/2017
55600	VESICULOTOMY;	\$1,363.42	10/01/2017
55680	EXCISION OF MULLERIAN DUCT CYST	\$1,363.42	10/01/2017
55700	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE, ANY APPROACH	\$1,363.42	10/01/2017
55705	BIOPSY, PROSTATE; INCISIONAL, ANY APPROACH	\$1,363.42	10/01/2017
55706	BIOPSY, PROSTATE; NEEDLE, TRANSPERINEAL, STEREOTACTIC TEMPLATE GUIDED SATURATION	\$2,107.78	10/01/2017
55720	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; SIMPLE	\$1,363.42	10/01/2017
55725	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; COMPLICATED	\$1,363.42	10/01/2017
55860	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE;	\$2,888.24	10/01/2017
55870	ELECTROEJACULATION	\$530.81	10/01/2016
55873	CRYOSURGICAL ABLATION OF THE PROSTATE (INCLUDES ULTRASONIC GUIDANCE AND MONITORI	\$6,178.26	10/01/2017
55875	TRANSPERINEAL PLACEMENT OF NEEDLES OR CATHETERS INTO PROSTATE FOR INTERSTITIAL R	\$2,107.78	10/01/2017
55876	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL	\$855.85	10/01/2016
55899	UNLISTED PROCEDURE, MALE GENITAL SYSTEM	\$179.10	10/01/2017
55920	PLACEMENT OF NEEDLES OR CATHETERS INTO PELVIC ORGANS AND/ OR GENITALIA (EXCEPT P	\$2,373.21	10/01/2017
56405	INCISION AND DRAINAGE OF VULVA OR PERINEAL ABSCESS	\$209.13	10/01/2016
56420	INCISION AND DRAINAGE OF FEMALE GENITAL GLAND ABSCESS	\$117.18	10/01/2016
56440	CREATION OF DRAINAGE TRACT FOR FEMALE GENITAL GLAND OR CYST	\$1,551.29	10/01/2016
56441	LYSIS OF LABIAL ADHESIONS	\$1,551.29	10/01/2016
56442	HYMENOTOMY, SIMPLE INCISION	\$1,551.29	10/01/2016
56501	DESTRUCTION OF LESION(S), VULVA; SIMPLE (EG, LASER SURGERY, ELECTROSURGERY, CRYO	\$1,183.62	10/01/2017

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56515	DESTRUCTION OF LESION(S), VULVA; EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY,	\$2,076.39	10/01/2017
56605	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); ONE LESION	\$209.13	10/01/2016
56606	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); EACH SEPARATE ADDITIONAL	Bundled	10/01/2013
56620	VULVECTOMY SIMPLE; PARTIAL	\$1,551.29	10/01/2016
56625	VULVECTOMY SIMPLE; COMPLETE	\$1,551.29	10/01/2016
56700	PARTIAL HYMENECTOMY OR REVISION OF HYMENAL RING	\$1,551.29	10/01/2016
56740	REMOVAL OF FEMALE GENITAL GLAND OR CYST	\$1,551.29	10/01/2016
56800	PLASTIC REPAIR OF INTROITUS	\$1,551.29	10/01/2016
56805	CLITOROPLASTY FOR INTERSEX STATE	\$1,551.29	10/01/2016
56810	PERINEOPLASTY, REPAIR OF PERINEUM, NONOBSTETRICAL (SEPARATE PROCEDURE)	\$1,551.29	10/01/2016
56820	COLPOSCOPY OF THE VULVA;	\$117.18	10/01/2016
56821	COLPOSCOPY OF THE VULVA; WITH BIOPSY(S)	\$209.13	10/01/2016
57000	COLPOTOMY; WITH EXPLORATION	\$1,551.29	10/01/2016
57010	COLPOTOMY; WITH DRAINAGE OF PELVIC ABSCESS	\$1,551.29	10/01/2016
57020	COLPOCENTESIS (SEPARATE PROCEDURE)	\$1,551.29	10/01/2016
57022	INCISION AND DRAINAGE OF VAGINAL HEMATOMA; OBSTETRICAL/POSTPARTUM	\$1,025.16	10/01/2017
57023	INCISION AND DRAINAGE OF VAGINAL HEMATOMA; NON-OBSTETRICAL (EG, POST-TRAUMA,	\$1,781.45	10/01/2017
57061	DESTRUCTION OF VAGINAL LESION(S); SIMPLE (EG, LASER SURGERY, ELECTROSURGERY, CRY	\$1,551.29	10/01/2016
57065	DESTRUCTION OF VAGINAL LESION(S); EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY,	\$1,551.29	10/01/2016
57100	BIOPSY OF VAGINAL MUCOSA; SIMPLE (SEPARATE PROCEDURE)	\$530.81	10/01/2016
57105	BIOPSY OF VAGINAL MUCOSA; EXTENSIVE, REQUIRING SUTURE (INCLUDING CYSTS)	\$1,551.29	10/01/2016
57106	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL;	\$1,551.29	10/01/2016
57107	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL	\$1,551.29	10/01/2016
57109	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL	\$1,551.29	10/01/2016
57120	COLPOCLEISIS (LE FORT TYPE)	\$3,050.78	10/01/2016
57130	EXCISION OF VAGINAL SEPTUM	\$1,551.29	10/01/2016
57135	EXCISION OF VAGINAL CYST OR TUMOR	\$1,551.29	10/01/2016
57150	IRRIGATION OF VAGINA AND/OR APPLICATION OF MEDICAMENT FOR TREATMENT OF BACTERIAL	\$82.92	10/01/2017
57155	INSERTION OF UTERINE TANDEM AND/OR VAGINAL OVOIDS FOR CLINICAL BRACHYTHERAPY	\$1,551.29	10/01/2016
57156	INSERTION OF A VAGINAL RADIATION AFTERLOADING APPARATUS FOR CLINICAL BRACHYTHERA	\$209.13	10/01/2016
57160	FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL SUPPORT DEVICE	\$117.18	10/01/2016

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57170	DIAPHRAGM OR CERVICAL CAP FITTING WITH INSTRUCTIONS	\$117.18	10/01/2016
57180	INTRODUCTION OF ANY HEMOSTATIC AGENT OR PACK FOR SPONTANEOUS OR TRAUMATIC	\$117.18	10/01/2016
57200	COLPORRHAPHY, SUTURE OF INJURY OF VAGINA (NONOBSTETRICAL)	\$1,551.29	10/01/2016
57210	COLPOPERINEORRHAPHY, SUTURE OF INJURY OF VAGINA AND/OR PERINEUM (NONOBSTETRICAL)	\$1,551.29	10/01/2016
57220	PLASTIC OPERATION ON URETHRAL SPHINCTER, VAGINAL APPROACH (EG, KELLY URETHRAL	\$3,050.78	10/01/2016
57230	PLASTIC REPAIR OF URETHROCELE	\$1,551.29	10/01/2016
57240	ANTERIOR COLPORRHAPHY, REPAIR OF CYSTOCELE WITH OR WITHOUT REPAIR OF URETHROCELE	\$3,050.78	10/01/2016
57250	POSTERIOR COLPORRHAPHY, REPAIR OF RECTOCELE WITH OR WITHOUT PERINEORRHAPHY	\$3,050.78	10/01/2016
57260	COMBINED ANTEROPOSTERIOR COLPORRHAPHY;	\$3,050.78	10/01/2016
57265	COMBINED ANTEROPOSTERIOR COLPORRHAPHY; WITH ENTEROCELE REPAIR	\$3,050.78	10/01/2016
57267	INSERTION OF MESH OR OTHER PROSTHESIS FOR REPAIR OF PELVIC FLOOR DEFECT, EACH	Bundled	10/01/2013
57268	REPAIR OF ENTEROCELE, VAGINAL APPROACH (SEPARATE PROCEDURE)	\$1,551.29	10/01/2016
57282	COLPOPEXY, VAGINAL; EXTRA-PERITONEAL APPROACH (SACROSPINOUS, ILIOCOCCYGEUS)	\$4,750.07	10/01/2016
57283	COLPOPEXY, VAGINAL; INTRA-PERITONEAL APPROACH (UTEROSACRAL, LEVATOR MYORRHAPHY)	\$4,750.07	10/01/2016
57284	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, IF PERFORMED); OPEN AB	\$3,050.78	10/01/2016
57285	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, IF PERFORMED); VAGINAL	\$4,750.07	10/01/2016
57287	REMOVAL OR REVISION OF SLING FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	\$1,551.29	10/01/2016
57288	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	\$3,050.78	10/01/2016
57289	PEREYRA PROCEDURE, INCLUDING ANTERIOR COLPORRHAPHY	\$4,750.07	10/01/2016
57291	CONSTRUCTION OF ARTIFICIAL VAGINA; WITHOUT GRAFT	\$1,551.29	10/01/2016
57292	CONSTRUCTION OF ARTIFICIAL VAGINA; WITH GRAFT	\$3,050.78	10/01/2016
57295	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, VAGINAL APPROACH	\$1,551.29	10/01/2016
57300	CLOSURE OF RECTOVAGINAL FISTULA; VAGINAL OR TRANSANAL APPROACH	\$1,551.29	10/01/2016
57310	CLOSURE OF URETHROVAGINAL FISTULA;	\$4,750.07	10/01/2016
57320	CLOSURE OF VESICOVAGINAL FISTULA; VAGINAL APPROACH	\$3,050.78	10/01/2016
57330	CLOSURE OF VESICOVAGINAL FISTULA; TRANSVESICAL AND VAGINAL APPROACH	\$4,750.07	10/01/2016
57335	VAGINOPLASTY FOR INTERSEX STATE	\$1,551.29	10/01/2016
57400	DILATION OF VAGINA UNDER ANESTHESIA (OTHER THAN LOCAL)	\$1,551.29	10/01/2016
57410	PELVIC EXAMINATION UNDER ANESTHESIA (OTHER THAN LOCAL)	\$1,551.29	10/01/2016
57415	REMOVAL OF IMPACTED VAGINAL FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA (	\$1,551.29	10/01/2016
57420	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT;	\$209.13	10/01/2016

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57421	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT; WITH BIOPSY(S) OF VAGIN	\$530.81	10/01/2016
57423	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, IF PERFORMED), LAPAROS	\$5,778.00	10/01/2017
57425	LAPAROSCOPY, SURGICAL, COLPOPEXY (SUSPENSION OF VAGINAL APEX)	\$5,778.00	10/01/2017
57426	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, LAPAROSCOPIC APPROACH	\$4,750.07	10/01/2016
57452	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA;	\$117.18	10/01/2016
57454	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) OF THE	\$209.13	10/01/2016
57455	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) OF THE	\$209.13	10/01/2016
57456	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH ENDOCERVICAL	\$209.13	10/01/2016
57460	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH LOOP ELECTRODE	\$1,551.29	10/01/2016
57461	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH LOOP ELECTRODE	\$1,551.29	10/01/2016
57500	BIOPSY OF CERVIX, SINGLE OR MULTIPLE, OR LOCAL EXCISION OF LESION, WITH OR WITHO	\$530.81	10/01/2016
57505	ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A DILATION AND CURETTAGE)	\$530.81	10/01/2016
57510	CAUTERY OF CERVIX; ELECTRO OR THERMAL	\$1,551.29	10/01/2016
57511	CAUTERY OF CERVIX; CRYOCAUTERY, INITIAL OR REPEAT	\$209.13	10/01/2016
57513	CAUTERY OF CERVIX; LASER ABLATION	\$1,551.29	10/01/2016
57520	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND	\$1,551.29	10/01/2016
57522	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND	\$1,551.29	10/01/2016
57530	TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)	\$1,551.29	10/01/2016
57550	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH;	\$1,551.29	10/01/2016
57555	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH ANTERIOR AND/OR POSTERIOR	\$3,050.78	10/01/2016
57556	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH REPAIR OF ENTEROCELE	\$3,050.78	10/01/2016
57558	DILATION AND CURETTAGE OF CERVICAL STUMP	\$1,551.29	10/01/2016
57700	CERCLAGE OF UTERINE CERVIX, NONOBSTETRICAL	\$1,551.29	10/01/2016
57720	TRACHELORRHAPHY, PLASTIC REPAIR OF UTERINE CERVIX, VAGINAL APPROACH	\$1,551.29	10/01/2016
57800	DILATION OF CERVICAL CANAL, INSTRUMENTAL (SEPARATE PROCEDURE)	\$1,551.29	10/01/2016
58100	ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVICAL SAMPLING (BIOPSY), WI	\$117.18	10/01/2016
58110	ENDOMETRIAL SAMPLING (BIOPSY) PERFORMED IN CONJUNCTION WITH COLPOSCOPY (LIST SEP	Bundled	01/01/2012
58120	DILATION AND CURETTAGE, DIAGNOSTIC AND/OR THERAPEUTIC (NONOBSTETRICAL)	\$1,551.29	10/01/2016
58145	VAGINAL REMOVAL OF FIBROID TUMORS (250 GRAMS OR LESS) OF UTERUS	\$1,551.29	10/01/2016
58260	VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS;	\$3,050.78	10/01/2016
58262	VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REMOVAL OF TUBE(S),	\$3,050.78	10/01/2016

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58263	VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REMOVAL OF TUBE(S),	\$3,050.78	10/01/2016
58270	VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REPAIR OF ENTEROCELE	\$3,050.78	10/01/2016
58290	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS;	\$4,750.07	10/01/2016
58291	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL OF	\$3,050.78	10/01/2016
58292	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL OF	\$4,750.07	10/01/2016
58294	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REPAIR OF	\$3,050.78	10/01/2016
58300	INSERTION OF INTRAUTERINE DEVICE (IUD)	CCR	10/01/2006
58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)	\$209.13	10/01/2016
58340	CATHETERIZATION AND INTRODUCTION OF SALINE OR CONTRAST MATERIAL FOR SALINE	Bundled	10/01/2006
58346	INSERTION OF HEYMAN CAPSULES FOR CLINICAL BRACHYTHERAPY	\$1,551.29	10/01/2016
58353	ENDOMETRIAL ABLATION, THERMAL, WITHOUT HYSTEROSCOPIC GUIDANCE	\$3,050.78	10/01/2016
58356	ENDOMETRIAL CRYOABLATION WITH ULTRASONIC GUIDANCE, INCLUDING ENDOMETRIAL	\$3,050.78	10/01/2016
58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;	\$3,481.08	10/01/2017
58542	PARTIAL REMOVAL OF UTERUS (250 GRAMS OR LESS), TUBES AND/OR OVARIES WITH RETENTI	\$5,778.00	10/01/2017
58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G	\$5,778.00	10/01/2017
58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G	\$5,778.00	10/01/2017
58545	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 1 TO 4 INTRAMURAL MYOMAS WITH TOTAL	\$3,481.08	10/01/2017
58546	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 5 OR MORE INTRAMURAL MYOMAS AND/OR	\$5,778.00	10/01/2017
58550	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS;	\$3,481.08	10/01/2017
58552	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS;	\$5,778.00	10/01/2017
58553	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250	\$5,778.00	10/01/2017
58554	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250	\$5,778.00	10/01/2017
58555	HYSTEROSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE)	\$1,551.29	10/01/2016
58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR	\$1,551.29	10/01/2016
58559	HYSTEROSCOPY, SURGICAL; WITH LYSIS OF INTRAUTERINE ADHESIONS (ANY METHOD)	\$3,050.78	10/01/2016
58560	HYSTEROSCOPY, SURGICAL; WITH DIVISION OR RESECTION OF INTRAUTERINE SEPTUM (ANY	\$3,050.78	10/01/2016
58561	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA	\$3,050.78	10/01/2016
58562	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF IMPACTED FOREIGN BODY	\$1,551.29	10/01/2016
58563	HYSTEROSCOPY, SURGICAL; WITH ENDOMETRIAL ABLATION (EG, ENDOMETRIAL RESECTION,	\$3,050.78	10/01/2016
58565	HYSTEROSCOPY, SURGICAL; WITH BILATERAL FALLOPIAN TUBE CANNULATION TO INDUCE	\$3,050.78	10/01/2016
58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;	\$5,778.00	10/01/2017

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58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH R	\$5,778.00	10/01/2017
58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G;	\$5,778.00	10/01/2017
58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; W	\$5,778.00	10/01/2017
58578	UNLISTED LAPAROSCOPY PROCEDURE, UTERUS	\$3,481.08	10/01/2017
58579	UNLISTED HYSTEROSCOPY PROCEDURE, UTERUS	\$117.18	10/01/2016
58600	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH, UNI	\$1,551.29	10/01/2016
58615	OCCLUSION OF FALLOPIAN TUBE(S) BY DEVICE (EG, BAND, CLIP, FALOPE RING) VAGINAL	\$1,551.29	10/01/2016
58660	LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS) (SEP	\$3,481.08	10/01/2017
58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL	\$3,481.08	10/01/2017
58662	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY,	\$3,481.08	10/01/2017
58670	LAPAROSCOPY, SURGICAL; WITH FULGURATION OF OVIDUCTS (WITH OR WITHOUT	\$3,481.08	10/01/2017
58671	LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF OVIDUCTS BY DEVICE (EG, BAND, CLIP, OR	\$3,481.08	10/01/2017
58674	LAPAROSCOPY, SURGICAL, ABLATION OF UTERINE FIBROID(S) INCLUDING INTRAOPERATIVE U	\$5,778.00	10/01/2017
58679	UNLISTED LAPAROSCOPY PROCEDURE, OVIDUCT, OVARY	\$3,481.08	10/01/2017
58800	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCEDURE); VAGI	\$1,551.29	10/01/2016
58805	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCEDURE);	\$1,551.29	10/01/2016
58820	DRAINAGE OF OVARIAN ABSCESS; VAGINAL APPROACH, OPEN	\$1,551.29	10/01/2016
58900	BIOPSY OF OVARY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	\$1,551.29	10/01/2016
58920	WEDGE RESECTION OR BISECTION OF OVARY, UNILATERAL OR BILATERAL	\$4,750.07	10/01/2016
58925	OVARIAN CYSTECTOMY, UNILATERAL OR BILATERAL	\$3,050.78	10/01/2016
58999	UNLISTED PROCEDURE, FEMALE GENITAL SYSTEM (NONOBSTETRICAL)	\$117.18	10/01/2016
59000	AMNIOCENTESIS; DIAGNOSTIC	\$530.81	10/01/2016
59001	AMNIOCENTESIS; THERAPEUTIC AMNIOTIC FLUID REDUCTION (INCLUDES ULTRASOUND	\$209.13	10/01/2016
59012	CORDOCENTESIS (INTRAUTERINE), ANY METHOD	\$209.13	10/01/2016
59015	CHORIONIC VILLUS SAMPLING, ANY METHOD	\$530.81	10/01/2016
59020	FETAL CONTRACTION STRESS TEST	\$117.18	10/01/2016
59025	FETAL NON-STRESS TEST	\$117.18	10/01/2016
59030	FETAL SCALP BLOOD SAMPLING	\$209.13	10/01/2016
59050	FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN (IE, NON-ATTENDING	CCR	10/01/2006
59051	FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN (IE, NON-ATTENDING	CCR	10/01/2006
59070	TRANSABDOMINAL AMNIOINFUSION, INCLUDING ULTRASOUND GUIDANCE	\$209.13	10/01/2016

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59072	FETAL UMBILICAL CORD OCCLUSION, INCLUDING ULTRASOUND GUIDANCE	\$209.13	10/01/2016
59074	FETAL FLUID DRAINAGE (EG, VESICOCENTESIS, THORACOCENTESIS, PARACENTESIS),	\$209.13	10/01/2016
59076	FETAL SHUNT PLACEMENT, INCLUDING ULTRASOUND GUIDANCE	\$209.13	10/01/2016
59100	HYSTEROTOMY, ABDOMINAL (EG, FOR HYDATIDIFORM MOLE, ABORTION)	\$1,551.29	10/01/2016
59150	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT SALPINGECTOMY AND/OR	\$3,481.08	10/01/2017
59151	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITH SALPINGECTOMY AND/OR	\$3,481.08	10/01/2017
59160	CURETTAGE, POSTPARTUM	\$1,551.29	10/01/2016
59200	INSERTION OF CERVICAL DILATOR (EG, LAMINARIA, PROSTAGLANDIN) (SEPARATE PROCEDURE	\$209.13	10/01/2016
59300	EPISIOTOMY OR VAGINAL REPAIR, BY OTHER THAN ATTENDING	\$1,551.29	10/01/2016
59320	CERCLAGE OF CERVIX, DURING PREGNANCY; VAGINAL	\$1,551.29	10/01/2016
59400	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITH	CCR	10/01/2006
59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS);	\$1,551.29	10/01/2016
59410	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS); INCLUDING	CCR	10/01/2006
59412	EXTERNAL CEPHALIC VERSION, WITH OR WITHOUT TOCOLYSIS	\$1,551.29	10/01/2016
59414	DELIVERY OF PLACENTA (SEPARATE PROCEDURE)	\$1,551.29	10/01/2016
59425	ANTEPARTUM CARE ONLY; 4-6 VISITS	CCR	10/01/2006
59426	ANTEPARTUM CARE ONLY; 7 OR MORE VISITS	CCR	10/01/2006
59430	POSTPARTUM CARE ONLY (SEPARATE PROCEDURE)	CCR	10/01/2006
59510	CESAREAN DELIVERY WITH PRE- AND POST-DELIVERY CARE	CCR	10/01/2006
59515	CESAREAN DELIVERY ONLY; INCLUDING POSTPARTUM CARE	CCR	10/01/2006
59610	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITH	CCR	10/01/2006
59612	VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVERY (WITH OR WITHOUT	\$1,551.29	10/01/2016
59614	VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVERY (WITH OR WITHOUT	CCR	10/01/2006
59618	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, CESAREAN DELIVERY, AND	CCR	10/01/2006
59622	CESAREAN DELIVERY ONLY, FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PREVIOUS	CCR	10/01/2006
59812	TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, COMPLETED SURGICALLY	\$1,551.29	10/01/2016
59820	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; FIRST TRIMESTER	\$1,551.29	10/01/2016
59821	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; SECOND TRIMESTER	\$1,551.29	10/01/2016
59840	INDUCED ABORTION, BY DILATION AND CURETTAGE	\$1,551.29	10/01/2016
59841	INDUCED ABORTION, BY DILATION AND EVACUATION	\$1,551.29	10/01/2016
59870	UTERINE EVACUATION AND CURETTAGE FOR HYDATIDIFORM MOLE	\$1,551.29	10/01/2016

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59871	REMOVAL OF CERCLAGE SUTURE UNDER ANESTHESIA (OTHER THAN LOCAL)	\$1,551.29	10/01/2016
59897	UNLISTED FETAL INVASIVE PROCEDURE, INCLUDING ULTRASOUND GUIDANCE, WHEN PERFORMED	\$117.18	10/01/2016
59898	UNLISTED LAPAROSCOPY PROCEDURE, MATERNITY CARE AND DELIVERY	\$3,481.08	10/01/2017
59899	UNLISTED PROCEDURE, MATERNITY CARE AND DELIVERY	\$117.18	10/01/2016
60000	INCISION AND DRAINAGE OF THYROGLOSSAL DUCT CYST, INFECTED	\$860.96	10/01/2017
60100	BIOPSY THYROID, PERCUTANEOUS CORE NEEDLE	\$446.92	10/01/2017
60200	EXCISION OF CYST OR ADENOMA OF THYROID, OR TRANSECTION OF ISTHMUS	\$3,481.08	10/01/2017
60210	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY	\$3,481.08	10/01/2017
60212	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOMY,	\$3,481.08	10/01/2017
60220	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY	\$3,481.08	10/01/2017
60225	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOMY,	\$3,481.08	10/01/2017
60240	THYROIDECTOMY, TOTAL OR COMPLETE	\$3,481.08	10/01/2017
60252	THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH LIMITED NECK DISSECTION	\$3,424.55	10/01/2017
60260	THYROIDECTOMY, REMOVAL OF ALL REMAINING THYROID TISSUE FOLLOWING PREVIOUS	\$3,424.55	10/01/2017
60271	THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID; CERVICAL APPROACH	\$3,424.55	10/01/2017
60280	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS;	\$3,481.08	10/01/2017
60281	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS; RECURRENT	\$3,481.08	10/01/2017
60300	ASPIRATION AND/OR INJECTION, THYROID CYST	\$446.92	10/01/2017
60500	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S);	\$3,424.55	10/01/2017
60502	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); RE-EXPLORATION	\$3,424.55	10/01/2017
60512	PARATHYROID AUTOTRANSPLANTATION (LIST SEPARATELY IN ADDITION TO CODE FOR	Bundled	10/01/2013
60520	THYMECTOMY, PARTIAL OR TOTAL; TRANSCERVICAL APPROACH (SEPARATE PROCEDURE)	\$3,424.55	10/01/2017
60659	UNLISTED LAPAROSCOPY PROCEDURE, ENDOCRINE SYSTEM	\$3,481.08	10/01/2017
60699	UNLISTED PROCEDURE, ENDOCRINE SYSTEM	\$3,481.08	10/01/2017
61000	SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL OR BILATERAL; INI	\$420.46	10/01/2017
61001	SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL OR BILATERAL;	\$420.46	10/01/2017
61020	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR	\$529.67	10/01/2017
61026	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR	\$420.46	10/01/2017
61050	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITHOUT INJECTION (SEPARATE	\$191.50	10/01/2017
61055	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITH INJECTION OF MEDICATION OR	\$191.50	10/01/2017
61070	PUNCTURE OF SHUNT TUBING OR RESERVOIR FOR ASPIRATION OR INJECTION PROCEDURE	\$420.46	10/01/2017

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61215	INSERTION OF SUBCUTANEOUS RESERVOIR, PUMP OR CONTINUOUS INFUSION SYSTEM FOR	\$3,441.89	10/01/2017
61330	DECOMPRESSION OF ORBIT ONLY, TRANSCRANIAL APPROACH	\$1,801.99	10/01/2017
61623	ENDOVASCULAR TEMPORARY BALLOON ARTERIAL OCCLUSION, HEAD OR NECK (EXTRACRANIAL/IN	\$7,953.55	10/01/2016
61626	TRANSCATHETER PERMANENT OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTRUCTION,	\$7,953.55	10/01/2016
61720	CREATION OF LESION BY STEREOTACTIC METHOD, INCLUDING BURR HOLE(S) AND LOCALIZING	\$3,441.89	10/01/2017
61770	STEREOTACTIC LOCALIZATION, INCLUDING BURR HOLE(S), WITH INSERTION OF	\$3,441.89	10/01/2017
61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, INTRADURAL (LI	Bundled	01/01/2011
61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, EXTRADURAL (LI	Bundled	01/01/2011
61783	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL (LIST SEPARATELY	Bundled	01/01/2011
61790	CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC AGENT	\$1,296.08	10/01/2017
61791	CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC AGENT	\$1,296.08	10/01/2017
61796	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY OR LINEAR ACCELERATOR); 1 SI	CCR	01/01/2009
61797	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY OR LINEAR ACCELERATOR); EACH	CCR	01/01/2009
61798	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY OR LINEAR ACCELERATOR); 1 CO	CCR	01/01/2009
61799	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY OR LINEAR ACCELERATOR); EACH	CCR	01/01/2009
61800	APPLICATION OF STEREOTACTIC HEADFRAME FOR STEREOTACTIC RADIOSURGERY (LIST SEPARA	CCR	01/01/2009
61880	REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR ELECTRODES	\$1,824.23	10/01/2016
61885	INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR	\$14,759.00	10/01/2017
61886	INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR	\$22,278.11	10/01/2016
61888	REVISION OR REMOVAL OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER	\$4,371.18	10/01/2016
62000	ELEVATION OF DEPRESSED SKULL FRACTURE; SIMPLE, EXTRADURAL	\$1,801.99	10/01/2017
62160	NEUROENDOSCOPY, INTRACRANIAL, FOR PLACEMENT OR REPLACEMENT OF VENTRICULAR CATHET	Bundled	01/01/2012
62194	REPLACEMENT OR IRRIGATION, SUBARACHNOID/SUBDURAL CATHETER	\$1,296.08	10/01/2017
62225	REPLACEMENT OR IRRIGATION, VENTRICULAR CATHETER	\$3,441.89	10/01/2017
62230	REPLACEMENT OR REVISION OF CEREBROSPINAL FLUID SHUNT, OBSTRUCTED VALVE, OR	\$3,441.89	10/01/2017
62252	REPROGRAMMING OF PROGRAMMABLE CEREBROSPINAL SHUNT	\$90.54	10/01/2017
62263	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION (EG, HYPERTONI	\$529.67	10/01/2017
62264	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION (EG,	\$529.67	10/01/2017
62267	PERCUTANEOUS ASPIRATION WITHIN THE NUCLEUS PULPOSUS, INTERVERTEBRAL DISC, OR PAR	\$446.92	10/01/2017
62268	PERCUTANEOUS ASPIRATION, SPINAL CORD CYST OR SYRINX	\$529.67	10/01/2017
62269	BIOPSY OF SPINAL CORD, PERCUTANEOUS NEEDLE	\$1,025.16	10/01/2017

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62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	\$420.46	10/01/2017
62272	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CEREBROSPINAL FLUID (BY NEEDLE OR	\$420.46	10/01/2017
62273	INJECTION, EPIDURAL, OF BLOOD OR CLOT PATCH	\$420.46	10/01/2017
62280	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE	\$529.67	10/01/2017
62281	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE	\$529.67	10/01/2017
62282	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE	\$529.67	10/01/2017
62284	INJECTION OF DYE FOR X-RAY IMAGING AND/OR CT OF LOWER SPINAL CANAL	Bundled	10/01/2006
62287	DECOMPRESSION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOSUS OF INTERVERTEBRAL DIS	\$3,441.89	10/01/2017
62290	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; LUMBAR	Bundled	10/01/2006
62291	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; CERVICAL OR THORACIC	Bundled	10/01/2006
62292	INJECTION PROCEDURE FOR CHEMONUCLEOLYSIS, INCLUDING DISKOGRAPHY, INTERVERTEBRAL	\$1,296.08	10/01/2017
62294	INJECTION PROCEDURE, ARTERIAL, FOR OCCLUSION OF ARTERIOVENOUS MALFORMATION,	\$529.67	10/01/2017
62302	MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPR	\$372.78	10/01/2017
62303	MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPR	\$372.78	10/01/2017
62304	MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPR	\$372.78	10/01/2017
62305	MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPR	\$372.78	10/01/2017
62320	INJECTION(S) OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPAS	\$420.46	10/01/2017
62321	INJECTION(S) OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPAS	\$420.46	10/01/2017
62322	INJECTION(S) OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPAS	\$420.46	10/01/2017
62323	INJECTION(S) OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPAS	\$420.46	10/01/2017
62324	INSERTION OF INDWELLING CATHETER AND ADMINISTRATION OF SUBSTANCE	\$529.67	10/01/2017
62325	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR IN	\$529.67	10/01/2017
62326	INJECTION(S), INCLUDING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INERMITTENT B	\$529.67	10/01/2017
62327	INJECTION(S), INCLUDING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INERMITTENT B	\$529.67	10/01/2017
62350	IMPLANTATION, REVISION OR REPOSITIONING OF TUNNELED INTRATHECAL OR EPIDURAL CATH	\$3,441.89	10/01/2017
62351	IMPLANTATION, REVISION OR REPOSITIONING OF TUNNELED INTRATHECAL OR EPIDURAL	\$4,328.68	10/01/2017
62355	REMOVAL OF PREVIOUSLY IMPLANTED INTRATHECAL OR EPIDURAL CATHETER	\$1,296.08	10/01/2017
62360	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION;	\$12,794.41	10/01/2016
62361	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG	\$12,794.41	10/01/2016
62362	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG	\$12,794.41	10/01/2016
62365	REMOVAL OF SUBCUTANEOUS RESERVOIR OR PUMP, PREVIOUSLY IMPLANTED FOR INTRATHECAL	\$3,441.89	10/01/2017

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62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL	\$201.02	10/01/2016
62368	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL	\$201.02	10/01/2016
62369	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL	\$201.02	10/01/2016
62370	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL	\$201.02	10/01/2016
62380	ENDOSCOPIC DECOMPRESSION OF SPINAL CORD, NERVE ROOT(S), INCLUDING LMINOTOMY, PAR	\$4,328.68	10/01/2017
63001	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQ	\$4,328.68	10/01/2017
63003	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA	\$4,328.68	10/01/2017
63005	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA	\$4,328.68	10/01/2017
63011	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA	\$4,328.68	10/01/2017
63012	LAMINECTOMY WITH REMOVAL OF ABNORMAL FACETS AND/OR PARS INTER-ARTICULARIS WITH	\$4,328.68	10/01/2017
63015	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA	\$4,328.68	10/01/2017
63016	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA	\$4,328.68	10/01/2017
63017	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA	\$4,328.68	10/01/2017
63020	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PAR	\$4,328.68	10/01/2017
63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PAR	\$4,328.68	10/01/2017
63035	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PAR	Bundled	10/01/2013
63040	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING	\$4,328.68	10/01/2017
63042	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING	\$4,328.68	10/01/2017
63043	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING	Bundled	10/01/2006
63044	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING	Bundled	10/01/2006
63045	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH	\$4,328.68	10/01/2017
63046	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH	\$4,328.68	10/01/2017
63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH	\$4,328.68	10/01/2017
63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH	Bundled	10/01/2013
63055	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE R	\$4,328.68	10/01/2017
63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE	\$4,328.68	10/01/2017
63057	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE	Bundled	10/01/2013
63064	COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S),	\$4,328.68	10/01/2017
63066	COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S),	Bundled	10/01/2013
63075	REMOVAL OF UPPER SPINE DISC AND RELEASE OF SPINAL CORD AND/OR NERVES	\$4,328.68	10/01/2017
63076	REMOVAL OF UPPER SPINE DISC AND RELEASE OF SPINAL CORD AND/OR NERVES	Bundled	10/01/2013

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63600	CREATION OF LESION OF SPINAL CORD BY STEREOTACTIC METHOD, PERCUTANEOUS, ANY MODA	\$1,296.08	10/01/2017
63610	STEREOTACTIC STIMULATION OF SPINAL CORD, PERCUTANEOUS, SEPARATE PROCEDURE NOT	\$1,296.08	10/01/2017
63615	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION OF LESION, SPINAL CORD	\$1,296.08	10/01/2017
63620	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY OR LINEAR ACCELERATOR); 1 SP	CCR	01/01/2009
63621	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY OR LINEAR ACCELERATOR); EACH	CCR	01/01/2009
63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, EPIDURAL	\$4,371.18	10/01/2016
63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE,	\$14,759.00	10/01/2017
63661	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INCLUDING FLU	\$1,296.08	10/01/2017
63662	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PLACED VIA LAMINOTOM	\$1,824.23	10/01/2016
63663	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTR	\$4,371.18	10/01/2016
63664	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTR	\$14,759.00	10/01/2017
63685	INSERTION OR REPLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER,	\$22,278.11	10/01/2016
63688	REVISION OR REMOVAL OF IMPLANTED SPINAL NEUROSTIMULATOR PULSE GENERATOR OR	\$1,824.23	10/01/2016
63741	CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL, -PLEURAL, OR OTHER;	\$3,441.89	10/01/2017
63744	REPLACEMENT, IRRIGATION OR REVISION OF LUMBOSUBARACHNOID SHUNT	\$3,441.89	10/01/2017
63746	REMOVAL OF ENTIRE LUMBOSUBARACHNOID SHUNT SYSTEM WITHOUT REPLACEMENT	\$1,296.08	10/01/2017
64400	INJECTION, ANESTHETIC AGENT; TRIGEMINAL NERVE, ANY DIVISION OR BRANCH	\$191.50	10/01/2017
64402	INJECTION, ANESTHETIC AGENT; FACIAL NERVE	\$218.53	10/01/2017
64405	INJECTION, ANESTHETIC AGENT; GREATER OCCIPITAL NERVE	\$191.50	10/01/2017
64408	INJECTION, ANESTHETIC AGENT; VAGUS NERVE	\$191.50	10/01/2017
64410	INJECTION, ANESTHETIC AGENT; PHRENIC NERVE	\$529.67	10/01/2017
64413	INJECTION, ANESTHETIC AGENT; CERVICAL PLEXUS	\$420.46	10/01/2017
64415	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, SINGLE	\$529.67	10/01/2017
64416	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, CONTINUOUS INFUSION BY CATHETER (I	\$529.67	10/01/2017
64417	INJECTION, ANESTHETIC AGENT; AXILLARY NERVE	\$529.67	10/01/2017
64418	INJECTION, ANESTHETIC AGENT; SUPRASCAPULAR NERVE	\$420.46	10/01/2017
64420	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVE, SINGLE	\$420.46	10/01/2017
64421	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVES, MULTIPLE, REGIONAL BLOCK	\$529.67	10/01/2017
64425	INJECTION, ANESTHETIC AGENT; ILIOINGUINAL, ILIOHYPOGASTRIC NERVES	\$420.46	10/01/2017
64430	INJECTION, ANESTHETIC AGENT; PUDENDAL NERVE	\$529.67	10/01/2017
64435	INJECTION, ANESTHETIC AGENT; PARACERVICAL (UTERINE) NERVE	\$420.46	10/01/2017

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64445	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, SINGLE	\$420.46	10/01/2017
64446	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, CONTINUOUS INFUSION BY CATHETER (INC	\$529.67	10/01/2017
64447	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, SINGLE	\$420.46	10/01/2017
64448	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, CONTINUOUS INFUSION BY CATHETER (INC	\$529.67	10/01/2017
64449	INJECTION, ANESTHETIC AGENT; LUMBAR PLEXUS, POSTERIOR APPROACH, CONTINUOUS INFUS	\$529.67	10/01/2017
64450	INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	\$420.46	10/01/2017
64455	INJECTIONS OF ANESTHETIC AND/OR STEROID DRUG INTO NERVE OF FOOT	\$191.50	10/01/2017
64461	PARAVERTEBRAL BLOCK (PVB) (PARASPINOUS BLOCK), THORACIC; SINGLE INJECTION SITE (	\$420.46	10/01/2017
64462	PARAVERTEBRAL BLOCK (PVB) (PARASPINOUS BLOCK), THORACIC; SECOND AND ANY ADDITION	Bundled	01/01/2016
64463	PARAVERTEBRAL BLOCK (PVB) (PARASPINOUS BLOCK), THORACIC; CONTINUOUS INFUSION BY	\$420.46	10/01/2017
64479	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMA	\$529.67	10/01/2017
64480	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMA	Bundled	10/01/2013
64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMA	\$529.67	10/01/2017
64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMA	Bundled	10/01/2013
64486	TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BL	Bundled	01/01/2015
64487	TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BL	Bundled	01/01/2015
64488	TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BL	Bundled	01/01/2015
64489	TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BL	Bundled	01/01/2015
64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$529.67	10/01/2017
64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	Bundled	10/01/2013
64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	Bundled	10/01/2013
64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$529.67	10/01/2017
64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	Bundled	10/01/2013
64495	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	Bundled	10/01/2013
64505	INJECTION, ANESTHETIC AGENT; SPHENOPALATINE GANGLION	\$191.50	10/01/2017
64508	INJECTION, ANESTHETIC AGENT; CAROTID SINUS (SEPARATE PROCEDURE)	\$191.50	10/01/2017
64510	INJECTION, ANESTHETIC AGENT; STELLATE GANGLION (CERVICAL SYMPATHETIC)	\$529.67	10/01/2017
64517	INJECTION, ANESTHETIC AGENT; SUPERIOR HYPOGASTRIC PLEXUS	\$529.67	10/01/2017
64520	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC)	\$529.67	10/01/2017
64530	INJECTION, ANESTHETIC AGENT; CELIAC PLEXUS, WITH OR WITHOUT RADIOLOGIC	\$529.67	10/01/2017
64550	APPLICATION OF SURFACE (TRANSCUTANEOUS) NEUROSTIMULATOR	CCR	01/01/2012

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64553	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; CRANIAL NERVE	\$4,371.18	10/01/2016
64555	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; PERIPHERAL NERVE (	\$4,371.18	10/01/2016
64561	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; SACRAL NERVE (TRAN	\$4,371.18	10/01/2016
64565	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; NEUROMUSCULAR	\$4,371.18	10/01/2016
64566	POSTERIOR TIBIAL NEUROSTIMULATION, PERCUTANEOUS NEEDLE ELECTRODE, SINGLE TREATME	\$191.50	10/01/2017
64568	INCISION FOR IMPLANTATION OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELE	\$22,278.11	10/01/2016
64569	REVISION OR REPLACEMENT OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECT	\$4,371.18	10/01/2016
64570	REMOVAL OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY AND P	\$3,441.89	10/01/2017
64575	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; PERIPHERAL NERVE (	\$14,759.00	10/01/2017
64580	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; NEUROMUSCULAR	\$14,759.00	10/01/2017
64581	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; SACRAL NERVE (TRAN	\$4,371.18	10/01/2016
64585	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODE ARRAY	\$1,824.23	10/01/2016
64590	INSERTION OR REPLACEMENT OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE GENERATO	\$14,759.00	10/01/2017
64595	REVISION OR REMOVAL OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE GENERATOR OR	\$1,824.23	10/01/2016
64600	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SUPRAORBITAL, INFRAORBITAL, M	\$529.67	10/01/2017
64605	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISION	\$1,296.08	10/01/2017
64610	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISION	\$1,296.08	10/01/2017
64611	CHEMODENERVATION OF PAROTID AND SUBMANDIBULAR SALIVARY GLANDS, BILATERAL	\$191.50	10/01/2017
64612	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL NERVE, UNILATERAL	\$191.50	10/01/2017
64615	CHEMODENERVATION OF MUSCLE(S) INNERVATED BY FACIAL, TRIGEMINAL, CERVICAL SPINE A	\$191.50	10/01/2017
64616	CHEMODENERVATION OF MUSCLE(S); NECK MUSCLE(S), EXCLUDING MUSCLES OF THE LARYNX,	\$191.50	10/01/2017
64617	CHEMODENERVATION OF MUSCLE(S); LARYNX, UNILATERAL, PERCUTANEOUS (EG, FOR SPASMOD	\$420.46	10/01/2017
64620	DESTRUCTION BY NEUROLYTIC AGENT, INTERCOSTAL NERVE	\$529.67	10/01/2017
64630	DESTRUCTION BY NEUROLYTIC AGENT; PUDENDAL NERVE	\$529.67	10/01/2017
64632	DESTRUCTION BY NEUROLYTIC AGENT; PLANTAR COMMON DIGITAL NERVE	\$191.50	10/01/2017
64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGIN	\$1,296.08	10/01/2017
64634	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGIN	Bundled	10/01/2013
64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGIN	\$1,296.08	10/01/2017
64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGIN	Bundled	10/01/2013
64640	DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	\$529.67	10/01/2017
64642	CHEMODENERVATION OF ONE EXTREMITY; 1-4 MUSCLE(S)	\$420.46	10/01/2017

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64643	CHEMODENERVATION OF ONE EXTREMITY; EACH ADDITIONAL EXTREMITY, 1-4 MUSCLE(S) (LIS	Bundled	01/01/2014
64644	CHEMODENERVATION OF ONE EXTREMITY; 5 OR MORE MUSCLE(S)	\$420.46	10/01/2017
64645	CHEMODENERVATION OF ONE EXTREMITY; EACH ADDITIONAL EXTREMITY, 5 OR MORE MUSCLE(S	Bundled	01/01/2014
64646	CHEMODENERVATION OF TRUNK MUSCLE(S); 1-5 MUSCLE(S)	\$420.46	10/01/2017
64647	CHEMODENERVATION OF TRUNK MUSCLE(S); 6 OR MORE MUSCLE(S)	\$420.46	10/01/2017
64650	CHEMODENERVATION OF ECCRINE GLANDS; BOTH AXILLAE	\$191.50	10/01/2017
64653	CHEMODENERVATION OF ECCRINE GLANDS; OTHER AREA(S) (EG, SCALP, FACE, NECK), PER D	\$191.50	10/01/2017
64680	DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC MONITORING; CELIAC P	\$529.67	10/01/2017
64681	DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC MONITORING;	\$529.67	10/01/2017
64702	NEUROPLASTY; DIGITAL, ONE OR BOTH, SAME DIGIT	\$1,296.08	10/01/2017
64704	NEUROPLASTY; NERVE OF HAND OR FOOT	\$1,296.08	10/01/2017
64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; OTHER THAN SPECIFIED	\$1,296.08	10/01/2017
64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; SCIATIC NERVE	\$1,296.08	10/01/2017
64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; BRACHIAL PLEXUS	\$1,296.08	10/01/2017
64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; LUMBAR PLEXUS	\$1,296.08	10/01/2017
64716	NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY)	\$1,296.08	10/01/2017
64718	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW	\$1,296.08	10/01/2017
64719	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT WRIST	\$1,296.08	10/01/2017
64721	NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPAL TUNNEL	\$1,296.08	10/01/2017
64722	DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY)	\$1,296.08	10/01/2017
64726	DECOMPRESSION; PLANTAR DIGITAL NERVE	\$1,296.08	10/01/2017
64727	INTERNAL NEUROLYSIS, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN	Bundled	10/01/2013
64732	TRANSECTION OR AVULSION OF; SUPRAORBITAL NERVE	\$1,296.08	10/01/2017
64734	TRANSECTION OR AVULSION OF; INFRAORBITAL NERVE	\$1,296.08	10/01/2017
64736	TRANSECTION OR AVULSION OF; MENTAL NERVE	\$1,296.08	10/01/2017
64738	TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY	\$1,296.08	10/01/2017
64740	TRANSECTION OR AVULSION OF; LINGUAL NERVE	\$1,296.08	10/01/2017
64742	TRANSECTION OR AVULSION OF; FACIAL NERVE, DIFFERENTIAL OR COMPLETE	\$1,296.08	10/01/2017
64744	TRANSECTION OR AVULSION OF; GREATER OCCIPITAL NERVE	\$1,296.08	10/01/2017
64746	TRANSECTION OR AVULSION OF; PHRENIC NERVE	\$1,296.08	10/01/2017
64763	TRANSECTION OR AVULSION OF OBTURATOR NERVE, EXTRAPELVIC, WITH OR WITHOUT	\$1,296.08	10/01/2017

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64766	TRANSECTION OR AVULSION OF OBTURATOR NERVE, INTRAPELVIC, WITH OR WITHOUT	\$3,441.89	10/01/2017
64771	TRANSECTION OR AVULSION OF OTHER CRANIAL NERVE, EXTRADURAL	\$1,296.08	10/01/2017
64772	TRANSECTION OR AVULSION OF OTHER SPINAL NERVE, EXTRADURAL	\$1,296.08	10/01/2017
64774	EXCISION OF NEUROMA; CUTANEOUS NERVE, SURGICALLY IDENTIFIABLE	\$1,296.08	10/01/2017
64776	EXCISION OF NEUROMA; DIGITAL NERVE, ONE OR BOTH, SAME DIGIT	\$1,296.08	10/01/2017
64778	EXCISION OF NEUROMA; DIGITAL NERVE, EACH ADDITIONAL DIGIT (LIST SEPARATELY IN	Bundled	10/01/2013
64782	EXCISION OF NEUROMA; HAND OR FOOT, EXCEPT DIGITAL NERVE	\$1,296.08	10/01/2017
64783	EXCISION OF NEUROMA; HAND OR FOOT, EACH ADDITIONAL NERVE, EXCEPT SAME DIGIT	Bundled	10/01/2013
64784	EXCISION OF NEUROMA; MAJOR PERIPHERAL NERVE, EXCEPT SCIATIC	\$1,296.08	10/01/2017
64786	EXCISION OF NEUROMA; SCIATIC NERVE	\$3,441.89	10/01/2017
64787	IMPLANTATION OF NERVE END INTO BONE OR MUSCLE (LIST SEPARATELY IN ADDITION TO	Bundled	10/01/2013
64788	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; CUTANEOUS NERVE	\$1,296.08	10/01/2017
64790	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; MAJOR PERIPHERAL NERVE	\$1,296.08	10/01/2017
64792	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; EXTENSIVE (INCLUDING MALIGNANT TYPE)	\$3,441.89	10/01/2017
64795	BIOPSY OF NERVE	\$1,296.08	10/01/2017
64802	SYMPATHECTOMY, CERVICAL	\$1,296.08	10/01/2017
64804	SYMPATHECTOMY, CERVICOTHORACIC	\$1,296.08	10/01/2017
64820	SYMPATHECTOMY; DIGITAL ARTERIES, EACH DIGIT	\$1,296.08	10/01/2017
64821	SYMPATHECTOMY; RADIAL ARTERY	\$2,021.38	10/01/2017
64822	SYMPATHECTOMY; ULNAR ARTERY	\$2,021.38	10/01/2017
64823	SYMPATHECTOMY; SUPERFICIAL PALMAR ARCH	\$1,009.24	10/01/2017
64831	SUTURE OF DIGITAL NERVE, HAND OR FOOT; ONE NERVE	\$3,441.89	10/01/2017
64832	SUTURE OF DIGITAL NERVE, HAND OR FOOT; EACH ADDITIONAL DIGITAL NERVE (LIST	Bundled	10/01/2013
64834	SUTURE OF ONE NERVE; HAND OR FOOT, COMMON SENSORY NERVE	\$3,441.89	10/01/2017
64835	SUTURE OF ONE NERVE; MEDIAN MOTOR THENAR	\$3,441.89	10/01/2017
64836	SUTURE OF ONE NERVE; ULNAR MOTOR	\$3,441.89	10/01/2017
64837	SUTURE OF EACH ADDITIONAL NERVE, HAND OR FOOT (LIST SEPARATELY IN ADDITION TO	Bundled	10/01/2013
64840	SUTURE OF POSTERIOR TIBIAL NERVE	\$3,441.89	10/01/2017
64856	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; INCLUDING	\$3,441.89	10/01/2017
64857	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; WITHOUT	\$3,441.89	10/01/2017
64858	SUTURE OF SCIATIC NERVE	\$3,441.89	10/01/2017

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64859	SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE (LIST SEPARATELY IN ADDITION	Bundled	10/01/2013
64861	SUTURE OF; BRACHIAL PLEXUS	\$3,441.89	10/01/2017
64862	SUTURE OF; LUMBAR PLEXUS	\$3,441.89	10/01/2017
64864	SUTURE OF FACIAL NERVE; EXTRACRANIAL	\$3,441.89	10/01/2017
64865	SUTURE OF FACIAL NERVE; INFRATEMPORAL, WITH OR WITHOUT GRAFTING	\$3,441.89	10/01/2017
64872	SUTURE OF NERVE; REQUIRING SECONDARY OR DELAYED SUTURE (LIST SEPARATELY IN	Bundled	10/01/2013
64874	SUTURE OF NERVE; REQUIRING EXTENSIVE MOBILIZATION, OR TRANSPOSITION OF NERVE	Bundled	10/01/2013
64876	SUTURE OF NERVE; REQUIRING SHORTENING OF BONE OF EXTREMITY (LIST SEPARATELY IN	Bundled	10/01/2013
64885	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; UP TO 4 CM IN LENGTH	\$3,441.89	10/01/2017
64886	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; MORE THAN 4 CM LENGTH	\$3,441.89	10/01/2017
64890	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; UP TO 4 CM	\$3,441.89	10/01/2017
64891	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; MORE THAN	\$3,441.89	10/01/2017
64892	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; UP TO 4 CM	\$3,441.89	10/01/2017
64893	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; MORE THAN 4	\$3,441.89	10/01/2017
64895	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT;	\$3,441.89	10/01/2017
64896	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT;	\$3,441.89	10/01/2017
64897	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG;	\$3,441.89	10/01/2017
64898	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG;	\$3,441.89	10/01/2017
64901	NERVE GRAFT, EACH ADDITIONAL NERVE; SINGLE STRAND (LIST SEPARATELY IN ADDITION	Bundled	10/01/2013
64902	NERVE GRAFT, EACH ADDITIONAL NERVE; MULTIPLE STRANDS (CABLE) (LIST SEPARATELY	Bundled	10/01/2013
64905	NERVE PEDICLE TRANSFER; FIRST STAGE	\$3,441.89	10/01/2017
64907	NERVE PEDICLE TRANSFER; SECOND STAGE	\$3,441.89	10/01/2017
64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE TUBE), EACH NE	\$3,441.89	10/01/2017
64911	NERVE REPAIR; WITH AUTOGENOUS VEIN GRAFT (INCLUDES HARVEST OF VEIN GRAFT), EACH	\$3,441.89	10/01/2017
64999	UNLISTED PROCEDURE, NERVOUS SYSTEM	\$191.50	10/01/2017
65091	EVISCEATION OF OCULAR CONTENTS; WITHOUT IMPLANT	\$2,092.38	10/01/2016
65093	EVISCEATION OF OCULAR CONTENTS; WITH IMPLANT	\$2,092.38	10/01/2016
65101	ENUCLEATION OF EYE; WITHOUT IMPLANT	\$2,092.38	10/01/2016
65103	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES NOT ATTACHED TO IMPLANT	\$2,092.38	10/01/2016
65105	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES ATTACHED TO IMPLANT	\$2,092.38	10/01/2016
65110	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL	\$2,092.38	10/01/2016

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65112	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL	\$2,092.38	10/01/2016
65114	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL	\$2,092.38	10/01/2016
65125	MODIFICATION OF OCULAR IMPLANT WITH PLACEMENT OR REPLACEMENT OF PEGS (EG, DRILLI	\$1,167.87	10/01/2016
65130	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER EVISCERATION, IN SCLERAL SHELL	\$2,092.38	10/01/2016
65135	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES NOT ATTACHED	\$2,092.38	10/01/2016
65140	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES ATTACHED TO	\$2,092.38	10/01/2016
65150	REINSERTION OF OCULAR IMPLANT; WITH OR WITHOUT CONJUNCTIVAL GRAFT	\$2,092.38	10/01/2016
65155	REINSERTION OF OCULAR IMPLANT; WITH USE OF FOREIGN MATERIAL FOR REINFORCEMENT	\$2,092.38	10/01/2016
65175	REMOVAL OF OCULAR IMPLANT	\$2,092.38	10/01/2016
65205	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL SUPERFICIAL	\$82.92	10/01/2017
65210	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL EMBEDDED (INCLUDES	\$218.53	10/01/2017
65220	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITHOUT SLIT LAMP	\$218.53	10/01/2017
65222	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITH SLIT LAMP	\$82.92	10/01/2017
65235	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM ANTERIOR CHAMBER OF EYE OR LENS	\$1,455.04	10/01/2016
65260	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, MAGNETIC	\$1,455.04	10/01/2016
65265	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, NONMAGNETIC	\$1,455.04	10/01/2016
65270	REPAIR OF LACERATION; CONJUNCTIVA, WITH OR WITHOUT NONPERFORATING LACERATION SCL	\$1,167.87	10/01/2016
65272	REPAIR OF LACERATION; CONJUNCTIVA, BY MOBILIZATION AND REARRANGEMENT, WITHOUT	\$1,167.87	10/01/2016
65275	REPAIR OF LACERATION; CORNEA, NONPERFORATING, WITH OR WITHOUT REMOVAL FOREIGN	\$2,092.38	10/01/2016
65280	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, NOT INVOLVING UVEAL	\$2,834.15	10/01/2017
65285	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, WITH REPOSITION OR	\$2,834.15	10/01/2017
65286	REPAIR OF LACERATION; APPLICATION OF TISSUE GLUE, WOUNDS OF CORNEA AND/OR SCLERA	\$1,455.04	10/01/2016
65290	REPAIR OF INJURED EYE MUSCLE OR TENDON	\$2,092.38	10/01/2016
65400	EXCISION OF LESION, CORNEA (KERATECTOMY, LAMELLAR, PARTIAL), EXCEPT PTERYGIUM	\$580.71	10/01/2016
65410	BIOPSY OF CORNEA	\$1,167.87	10/01/2016
65420	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITHOUT GRAFT	\$1,167.87	10/01/2016
65426	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITH GRAFT	\$1,167.87	10/01/2016
65430	SCRAPING OF CORNEA, DIAGNOSTIC, FOR SMEAR AND/OR CULTURE	\$218.53	10/01/2017
65435	REMOVAL OF CORNEAL EPITHELIUM; WITH OR WITHOUT CHEMOCAUTERIZATION (ABRASION,	\$580.71	10/01/2016
65436	REMOVAL OF CORNEAL EPITHELIUM; WITH APPLICATION OF CHELATING AGENT (EG, EDTA)	\$1,167.87	10/01/2016
65450	DESTRUCTION OF LESION OF CORNEA BY CRYOTHERAPY, PHOTOCOAGULATION OR	\$217.57	10/01/2016

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65600	MULTIPLE PUNCTURES OF ANTERIOR CORNEA (EG, FOR CORNEAL EROSION, TATTOO)	\$1,167.87	10/01/2016
65710	KERATOPLASTY (CORNEAL TRANSPLANT); ANTERIOR LAMELLAR	\$2,834.15	10/01/2017
65730	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (EXCEPT IN APHAKIA OR PSEUDOPHAKI	\$2,834.15	10/01/2017
65750	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN APHAKIA)	\$2,834.15	10/01/2017
65755	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN PSEUDOPHAKIA)	\$2,834.15	10/01/2017
65756	KERATOPLASTY (CORNEAL TRANSPLANT); ENDOTHELIAL	\$2,834.15	10/01/2017
65757	BACKBENCH PREPARATION OF CORNEAL ENDOTHELIAL ALLOGRAFT PRIOR TO TRANSPLANTATION	Bundled	01/01/2009
65770	KERATOPROSTHESIS	\$7,833.58	10/01/2016
65772	CORNEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM	\$580.71	10/01/2016
65775	CORNEAL WEDGE RESECTION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM	\$1,167.87	10/01/2016
65778	INSERTION OF AMNIOTIC MEMBRANE TO EYE SURFACE	\$580.71	10/01/2016
65779	INSERTION OF AMNIOTIC MEMBRANE TO EYE SURFACE WITH SUTURES	\$2,092.38	10/01/2016
65780	OCULAR SURFACE RECONSTRUCTION; AMNIOTIC MEMBRANE TRANSPLANTATION, MULTIPLE LAYER	\$2,092.38	10/01/2016
65781	OCULAR SURFACE RECONSTRUCTION; LIMBAL STEM CELL ALLOGRAFT (EG, CADAVERIC OR	\$2,834.15	10/01/2017
65782	OCULAR SURFACE RECONSTRUCTION; LIMBAL CONJUNCTIVAL AUTOGRAFT (INCLUDES	\$2,092.38	10/01/2016
65785	IMPLANTATION OF INTRASTROMAL CORNEAL RING SEGMENTS	\$2,834.15	10/01/2017
65800	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF AQ	\$1,455.04	10/01/2016
65810	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF	\$1,455.04	10/01/2016
65815	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF	\$1,455.04	10/01/2016
65820	GONIOTOMY	\$2,834.15	10/01/2017
65850	TRABECULOTOMY AB EXTERNO	\$1,455.04	10/01/2016
65855	TRABECULOPLASTY BY LASER SURGERY, ONE OR MORE SESSIONS (DEFINED TREATMENT	\$367.06	10/01/2016
65860	SEVERING ADHESIONS OF ANTERIOR SEGMENT, LASER TECHNIQUE (SEPARATE PROCEDURE)	\$367.06	10/01/2016
65865	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WIT	\$1,455.04	10/01/2016
65870	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR	\$1,455.04	10/01/2016
65875	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR	\$1,455.04	10/01/2016
65880	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR	\$2,834.15	10/01/2017
65900	REMOVAL OF EPITHELIAL DOWNGROWTH, ANTERIOR CHAMBER OF EYE	\$1,455.04	10/01/2016
65920	REMOVAL OF IMPLANTED MATERIAL, ANTERIOR SEGMENT OF EYE	\$1,455.04	10/01/2016
65930	REMOVAL OF BLOOD CLOT, ANTERIOR SEGMENT OF EYE	\$1,455.04	10/01/2016
66020	INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); AIR OR LIQUID	\$1,455.04	10/01/2016

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66030	INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); MEDICATION	\$1,455.04	10/01/2016
66130	EXCISION OF LESION, SCLERA	\$1,167.87	10/01/2016
66150	FISTULIZATION OF SCLERA FOR GLAUCOMA; TREPHINATION WITH IRIDECTOMY	\$2,834.15	10/01/2017
66155	FISTULIZATION OF SCLERA FOR GLAUCOMA; THERMOCAUTERIZATION WITH IRIDECTOMY	\$2,834.15	10/01/2017
66160	FISTULIZATION OF SCLERA FOR GLAUCOMA; SCLERECTOMY WITH PUNCH OR SCISSORS, WITH	\$1,455.04	10/01/2016
66170	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO IN ABSENCE OF	\$1,455.04	10/01/2016
66172	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO WITH SCARRING	\$1,455.04	10/01/2016
66174	TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITHOUT RETENTION OF DEVICE OR S	\$2,834.15	10/01/2017
66175	TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITH RETENTION OF DEVICE OR STEN	\$2,834.15	10/01/2017
66179	AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR, EXTERNAL APPROACH; WITH	\$2,834.15	10/01/2017
66180	CREATION OF SHUNT TO IMPROVE EYE FLUID FLOW WITH GRAFT	\$2,834.15	10/01/2017
66183	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESER	\$2,834.15	10/01/2017
66184	REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR; WITHOUT GRA	\$1,455.04	10/01/2016
66185	REVISION OF EYE FLUID DRAINAGE SHUNT WITH GRAFT	\$1,455.04	10/01/2016
66220	REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT	\$1,455.04	10/01/2016
66225	REPAIR OF SCLERAL STAPHYLOMA; WITH GRAFT	\$2,834.15	10/01/2017
66250	REVISION OR REPAIR OF OPERATIVE WOUND OF ANTERIOR SEGMENT, ANY TYPE, EARLY OR	\$1,167.87	10/01/2016
66500	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); EXCEPT TRANSFIXION	\$1,455.04	10/01/2016
66505	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); WITH TRANSFIXION AS FOR IRIS	\$1,455.04	10/01/2016
66600	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESION	\$2,834.15	10/01/2017
66605	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; WITH CYCLECTOMY	\$1,455.04	10/01/2016
66625	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; PERIPHERAL FOR GLAUCOMA	\$1,455.04	10/01/2016
66630	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; SECTOR FOR GLAUCOMA	\$1,455.04	10/01/2016
66635	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; OPTICAL (SEPARATE PROCEDURE)	\$1,455.04	10/01/2016
66680	REPAIR OF IRIS, CILIARY BODY (AS FOR IRIDODIALYSIS)	\$1,455.04	10/01/2016
66682	SUTURE OF IRIS, CILIARY BODY (SEPARATE PROCEDURE) WITH RETRIEVAL OF SUTURE	\$1,455.04	10/01/2016
66700	CILIARY BODY DESTRUCTION; DIATHERMY	\$1,455.04	10/01/2016
66710	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, TRANSSCLERAL	\$1,167.87	10/01/2016
66711	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, ENDOSCOPIC	\$1,455.04	10/01/2016
66720	CILIARY BODY DESTRUCTION; CRYOTHERAPY	\$1,167.87	10/01/2016
66740	CILIARY BODY DESTRUCTION; CYCLODIALYSIS	\$1,167.87	10/01/2016

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66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGERY (EG, FOR GLAUCOMA) (PER SESSION)	\$367.06	10/01/2016
66762	IRIDOPLASTY BY PHOTOCOAGULATION (ONE OR MORE SESSIONS) (EG, FOR IMPROVEMENT OF	\$367.06	10/01/2016
66770	DESTRUCTION OF CYST OR LESION IRIS OR CILIARY BODY (NONEXCISIONAL PROCEDURE)	\$367.06	10/01/2016
66820	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AN	\$1,455.04	10/01/2016
66821	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE	\$367.06	10/01/2016
66825	REPOSITIONING OF INTRAOCULAR LENS PROSTHESIS, REQUIRING AN INCISION (SEPARATE	\$1,455.04	10/01/2016
66830	REMOVAL OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/O	\$1,455.04	10/01/2016
66840	REMOVAL OF LENS MATERIAL; ASPIRATION TECHNIQUE, ONE OR MORE STAGES	\$1,455.04	10/01/2016
66850	REMOVAL OF LENS MATERIAL; PHACOFRAGMENTATION TECHNIQUE (MECHANICAL OR	\$1,455.04	10/01/2016
66852	REMOVAL OF LENS MATERIAL; PARS PLANA APPROACH, WITH OR WITHOUT VITRECTOMY	\$2,834.15	10/01/2017
66920	REMOVAL OF LENS MATERIAL; INTRACAPSULAR	\$1,455.04	10/01/2016
66930	REMOVAL OF LENS MATERIAL; INTRACAPSULAR, FOR DISLOCATED LENS	\$2,834.15	10/01/2017
66940	REMOVAL OF LENS MATERIAL; EXTRACAPSULAR (OTHER THAN 66840, 66850, 66852)	\$1,455.04	10/01/2016
66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS	\$1,455.04	10/01/2016
66983	INTRACAPSULAR CATARACT EXTRACTION WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS	\$1,455.04	10/01/2016
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS	\$1,455.04	10/01/2016
66985	INSERTION OF INTRAOCULAR LENS PROSTHESIS (SECONDARY IMPLANT), NOT ASSOCIATED	\$1,455.04	10/01/2016
66986	EXCHANGE OF INTRAOCULAR LENS	\$1,455.04	10/01/2016
66990	USE OF OPHTHALMIC ENDOSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	Bundled	10/01/2006
66999	UNLISTED PROCEDURE, ANTERIOR SEGMENT OF EYE	\$1,455.04	10/01/2016
67005	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION);	\$1,455.04	10/01/2016
67010	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION);	\$1,455.04	10/01/2016
67015	ASPIRATION OR RELEASE OF VITREOUS, SUBRETINAL OR CHOROIDAL FLUID, PARS PLANA	\$1,455.04	10/01/2016
67025	INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL APPROACH, (FLUID-GAS	\$1,455.04	10/01/2016
67027	IMPLANTATION OF INTRAVITREAL DRUG DELIVERY SYSTEM (EG, GANCICLOVIR IMPLANT),	\$7,833.58	10/01/2016
67028	INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARATE PROCEDURE)	\$231.66	10/01/2017
67030	DISCISSION OF VITREOUS STRANDS (WITHOUT REMOVAL), PARS PLANA APPROACH	\$1,455.04	10/01/2016
67031	SEVERING OF VITREOUS STRANDS, VITREOUS FACE ADHESIONS, SHEETS, MEMBRANES OR	\$367.06	10/01/2016
67036	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;	\$2,834.15	10/01/2017
67039	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH FOCAL ENDOLASER	\$2,834.15	10/01/2017
67040	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDOLASER PANRETINAL	\$2,834.15	10/01/2017

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67041	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF PRERETINAL CELLULAR	\$2,834.15	10/01/2017
67042	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF INTERNAL LIMITING M	\$2,834.15	10/01/2017
67043	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF SUBRETINAL MEMBRANE	\$2,834.15	10/01/2017
67101	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; CRYOTHERAPY OR DIATHERMY, WI	\$1,455.04	10/01/2016
67105	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; PHOTOCOAGULATION, WITH OR	\$367.06	10/01/2016
67107	REPAIR OF RETINAL DETACHMENT; SCLERAL BUCKLING (SUCH AS LAMELLAR SCLERAL	\$2,834.15	10/01/2017
67108	REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY METHOD, WITH OR WITHOUT AIR	\$2,834.15	10/01/2017
67110	REPAIR OF RETINAL DETACHMENT; BY INJECTION OF AIR OR OTHER GAS (EG, PNEUMATIC	\$1,455.04	10/01/2016
67113	REPAIR OF COMPLEX RETINAL DETACHMENT (EG, PROLIFERATIVE VITREORETINOPATHY, STAGE	\$2,834.15	10/01/2017
67115	RELEASE OF ENCIRCLING MATERIAL (POSTERIOR SEGMENT)	\$2,834.15	10/01/2017
67120	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; EXTRAOCULAR	\$1,455.04	10/01/2016
67121	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; INTRAOCULAR	\$1,455.04	10/01/2016
67141	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE DEGENERATION) WITH	\$217.57	10/01/2016
67145	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE DEGENERATION)	\$367.06	10/01/2016
67208	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAR EDEMA, TUMORS), ONE OR MO	\$217.57	10/01/2016
67210	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAR EDEMA, TUMORS), ONE OR	\$367.06	10/01/2016
67218	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAR EDEMA, TUMORS), ONE OR	\$2,092.38	10/01/2016
67220	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NEOVASCULARIZATION);	\$367.06	10/01/2016
67221	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NEOVASCULARIZATION);	\$367.06	10/01/2016
67225	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NEOVASCULARIZATION);	Bundled	10/01/2013
67227	DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG, DIABETIC RETINOPATHY),	\$2,092.38	10/01/2016
67228	TREATMENT OF EXTENSIVE OR PROGRESSIVE RETINOPATHY, ONE OR MORE SESSIONS; (EG, DI	\$367.06	10/01/2016
67229	TREATMENT OF EXTENSIVE OR PROGRESSIVE RETINOPATHY, ONE OR MORE SESSIONS; PRETERM	\$367.06	10/01/2016
67250	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITHOUT GRAFT	\$1,167.87	10/01/2016
67255	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITH GRAFT	\$1,455.04	10/01/2016
67299	UNLISTED PROCEDURE, POSTERIOR SEGMENT	\$1,455.04	10/01/2016
67311	STRABISMUS SURGERY, RECESSIOIN OR RESECTION PROCEDURE; ONE HORIZONTAL MUSCLE	\$1,167.87	10/01/2016
67312	STRABISMUS SURGERY, RECESSIOIN OR RESECTION PROCEDURE; TWO HORIZONTAL MUSCLES	\$2,092.38	10/01/2016
67314	STRABISMUS SURGERY, RECESSIOIN OR RESECTION PROCEDURE; ONE VERTICAL MUSCLE	\$1,167.87	10/01/2016
67316	STRABISMUS SURGERY, RECESSIOIN OR RESECTION PROCEDURE; TWO OR MORE VERTICAL	\$1,167.87	10/01/2016
67318	STRABISMUS SURGERY, ANY PROCEDURE, SUPERIOR OBLIQUE MUSCLE	\$1,167.87	10/01/2016

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67320	TRANSPOSITION PROCEDURE (EG, FOR PARETIC EXTRAOCULAR MUSCLE), ANY EXTRAOCULAR	Bundled	10/01/2013
67331	STRABISMUS SURGERY ON PATIENT WITH PREVIOUS EYE SURGERY OR INJURY THAT DID NOT	Bundled	10/01/2013
67332	STRABISMUS SURGERY ON PATIENT WITH SCARRING OF EXTRAOCULAR MUSCLES (EG, PRIOR	Bundled	10/01/2013
67334	STRABISMUS SURGERY BY POSTERIOR FIXATION SUTURE TECHNIQUE, WITH OR WITHOUT	Bundled	10/01/2013
67335	PLACEMENT OF ADJUSTABLE SUTURE(S) DURING STRABISMUS SURGERY, INCLUDING	Bundled	10/01/2013
67340	STRABISMUS SURGERY INVOLVING EXPLORATION AND/OR REPAIR OF DETACHED EXTRAOCULAR	Bundled	10/01/2013
67343	RELEASE OF EXTENSIVE SCAR TISSUE WITHOUT DETACHING EXTRAOCULAR MUSCLE (SEPARATE	\$1,167.87	10/01/2016
67345	CHEMODENERVATION OF EXTRAOCULAR MUSCLE	\$217.57	10/01/2016
67346	BIOPSY OF EXTRAOCULAR MUSCLE	\$2,092.38	10/01/2016
67399	UNLISTED PROCEDURE, OCULAR MUSCLE	\$217.57	10/01/2016
67400	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); FOR EXPLOR	\$2,092.38	10/01/2016
67405	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	\$1,167.87	10/01/2016
67412	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	\$1,167.87	10/01/2016
67413	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	\$1,167.87	10/01/2016
67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	\$2,092.38	10/01/2016
67415	FINE NEEDLE ASPIRATION OF ORBITAL CONTENTS	\$1,167.87	10/01/2016
67420	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	\$2,092.38	10/01/2016
67430	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	\$2,092.38	10/01/2016
67440	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	\$2,092.38	10/01/2016
67445	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	\$2,092.38	10/01/2016
67450	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); FOR	\$2,092.38	10/01/2016
67500	RETROBULBAR INJECTION; MEDICATION (SEPARATE PROCEDURE, DOES NOT INCLUDE SUPPLY O	\$217.57	10/01/2016
67505	RETROBULBAR INJECTION; ALCOHOL	\$217.57	10/01/2016
67515	INJECTION OF MEDICATION OR SUBSTANCE INTO MEMBRANE COVERING EYEBALL	\$217.57	10/01/2016
67550	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); INSERTION	\$2,092.38	10/01/2016
67560	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); REMOVAL OR REVISION	\$2,092.38	10/01/2016
67570	OPTIC NERVE DECOMPRESSION (EG, INCISION OR FENESTRATION OF OPTIC NERVE SHEATH)	\$2,092.38	10/01/2016
67599	UNLISTED PROCEDURE, ORBIT	\$217.57	10/01/2016
67700	BLEPHAROTOMY, DRAINAGE OF ABSCESS, EYELID	\$217.57	10/01/2016
67710	SEVERING OF TARSORRHAPHY	\$580.71	10/01/2016
67715	CANTHOTOMY (SEPARATE PROCEDURE)	\$1,167.87	10/01/2016

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67800	EXCISION OF CHALAZION; SINGLE	\$217.57	10/01/2016
67801	EXCISION OF CHALAZION; MULTIPLE, SAME LID	\$580.71	10/01/2016
67805	EXCISION OF CHALAZION; MULTIPLE, DIFFERENT LIDS	\$217.57	10/01/2016
67808	EXCISION OF CHALAZION; UNDER GENERAL ANESTHESIA AND/OR REQUIRING	\$1,167.87	10/01/2016
67810	INCISIONAL BIOPSY OF EYELID SKIN INCLUDING LID MARGIN	\$217.57	10/01/2016
67820	CORRECTION OF TRICHIASIS; EPILATION, BY FORCEPS ONLY	\$82.92	10/01/2017
67825	CORRECTION OF TRICHIASIS; EPILATION BY OTHER THAN FORCEPS (EG, BY	\$217.57	10/01/2016
67830	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN	\$580.71	10/01/2016
67835	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN, WITH FREE MUCOUS MEMBRANE	\$1,167.87	10/01/2016
67840	EXCISION OF LESION OF EYELID (EXCEPT CHALAZION) WITHOUT CLOSURE OR WITH SIMPLE	\$580.71	10/01/2016
67850	DESTRUCTION OF LESION OF LID MARGIN (UP TO 1 CM)	\$580.71	10/01/2016
67875	TEMPORARY CLOSURE OF EYELIDS BY SUTURE (EG, FROST SUTURE)	\$580.71	10/01/2016
67880	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY;	\$1,167.87	10/01/2016
67882	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY;	\$1,167.87	10/01/2016
67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH)	\$1,167.87	10/01/2016
67901	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SUTURE OR OTHER MATERI	\$1,167.87	10/01/2016
67902	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS FASCIAL SLI	\$2,092.38	10/01/2016
67903	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, INTERNAL	\$1,167.87	10/01/2016
67904	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL	\$1,167.87	10/01/2016
67906	REPAIR OF BLEPHAROPTOSIS; SUPERIOR RECTUS TECHNIQUE WITH FASCIAL SLING	\$2,092.38	10/01/2016
67908	REMOVAL OF TISSUE, MUSCLE, AND MEMBRANE TO CORRECT EYELID DROOPING OR PARALYSIS	\$1,167.87	10/01/2016
67909	REDUCTION OF OVERCORRECTION OF PTOSIS	\$1,167.87	10/01/2016
67911	CORRECTION OF LID RETRACTION	\$1,167.87	10/01/2016
67912	CORRECTION OF LAGOPHTHALMOS, WITH IMPLANTATION OF UPPER EYELID LID LOAD (EG,	\$1,167.87	10/01/2016
67914	REPAIR OF ECTROPION; SUTURE	\$1,167.87	10/01/2016
67915	REPAIR OF ECTROPION; THERMOCAUTERIZATION	\$1,167.87	10/01/2016
67916	REPAIR OF ECTROPION; EXCISION TARSAL WEDGE	\$1,167.87	10/01/2016
67917	REPAIR OF ECTROPION; EXTENSIVE (EG, TARSAL STRIP OPERATIONS)	\$1,167.87	10/01/2016
67921	REPAIR OF ENTROPION; SUTURE	\$1,167.87	10/01/2016
67922	REPAIR OF ENTROPION; THERMOCAUTERIZATION	\$1,167.87	10/01/2016
67923	REPAIR OF ENTROPION; EXCISION TARSAL WEDGE	\$1,167.87	10/01/2016

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67924	REPAIR OF ENTROPION; EXTENSIVE (EG, TARSAL STRIP OR CAPSULOPALPEBRAL FASCIA	\$1,167.87	10/01/2016
67930	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL C	\$1,167.87	10/01/2016
67935	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL	\$1,167.87	10/01/2016
67938	REMOVAL OF EMBEDDED FOREIGN BODY, EYELID	\$217.57	10/01/2016
67950	CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)	\$1,167.87	10/01/2016
67961	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA,	\$1,167.87	10/01/2016
67966	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA,	\$1,167.87	10/01/2016
67971	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP	\$1,167.87	10/01/2016
67973	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP	\$1,167.87	10/01/2016
67974	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP	\$2,092.38	10/01/2016
67975	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP	\$1,167.87	10/01/2016
67999	UNLISTED PROCEDURE, EYELIDS	\$217.57	10/01/2016
68020	INCISION OF CONJUNCTIVA, DRAINAGE OF CYST	\$580.71	10/01/2016
68040	EXPRESSION OF CONJUNCTIVAL FOLLICLES (EG, FOR TRACHOMA)	\$217.57	10/01/2016
68100	BIOPSY OF CONJUNCTIVA	\$1,167.87	10/01/2016
68110	EXCISION OF LESION, CONJUNCTIVA; UP TO 1 CM	\$1,167.87	10/01/2016
68115	EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM	\$1,167.87	10/01/2016
68130	EXCISION OF LESION, CONJUNCTIVA; WITH ADJACENT SCLERA	\$1,167.87	10/01/2016
68135	DESTRUCTION OF LESION, CONJUNCTIVA	\$1,167.87	10/01/2016
68200	SUBCONJUNCTIVAL INJECTION	\$218.53	10/01/2017
68320	CONJUNCTIVOPLASTY; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT	\$1,167.87	10/01/2016
68325	CONJUNCTIVOPLASTY; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINING GRAFT)	\$2,092.38	10/01/2016
68326	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH CONJUNCTIVAL GRAFT OR	\$2,092.38	10/01/2016
68328	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH BUCCAL MUCOUS MEMBRANE GRAFT	\$1,167.87	10/01/2016
68330	REPAIR OF SYMBLEPHARON; CONJUNCTIVOPLASTY, WITHOUT GRAFT	\$1,455.04	10/01/2016
68335	REPAIR OF SYMBLEPHARON; WITH FREE GRAFT CONJUNCTIVA OR BUCCAL MUCOUS MEMBRANE	\$2,092.38	10/01/2016
68340	REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON, WITH OR WITHOUT INSERTION OF	\$1,167.87	10/01/2016
68360	CONJUNCTIVAL FLAP; BRIDGE OR PARTIAL (SEPARATE PROCEDURE)	\$2,092.38	10/01/2016
68362	CONJUNCTIVAL FLAP; TOTAL (SUCH AS GUNDERSON THIN FLAP OR PURSE STRING FLAP)	\$1,167.87	10/01/2016
68371	HARVESTING CONJUNCTIVAL ALLOGRAFT, LIVING DONOR	\$1,167.87	10/01/2016
68399	UNLISTED PROCEDURE, CONJUNCTIVA	\$217.57	10/01/2016

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68400	INCISION, DRAINAGE OF LACRIMAL GLAND	\$580.71	10/01/2016
68420	INCISION, DRAINAGE OF LACRIMAL SAC (DACRYOCYSTOTOMY OR DACRYOCYSTOSTOMY)	\$1,167.87	10/01/2016
68440	SNIP INCISION OF LACRIMAL PUNCTUM	\$217.57	10/01/2016
68500	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; TOTAL	\$2,092.38	10/01/2016
68505	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; PARTIAL	\$2,092.38	10/01/2016
68510	BIOPSY OF LACRIMAL GLAND	\$1,167.87	10/01/2016
68520	EXCISION OF LACRIMAL SAC (DACRYOCYSTECTOMY)	\$2,092.38	10/01/2016
68525	BIOPSY OF LACRIMAL SAC	\$1,167.87	10/01/2016
68530	REMOVAL OF FOREIGN BODY OR DACRYOLITH, LACRIMAL PASSAGES	\$217.57	10/01/2016
68540	EXCISION OF LACRIMAL GLAND TUMOR; FRONTAL APPROACH	\$1,167.87	10/01/2016
68550	EXCISION OF LACRIMAL GLAND TUMOR; INVOLVING OSTEOTOMY	\$2,092.38	10/01/2016
68700	PLASTIC REPAIR OF CANALICULI	\$1,167.87	10/01/2016
68705	CORRECTION OF EVERTED PUNCTUM, CAUTERY	\$217.57	10/01/2016
68720	DACRYOCYSTORHINOSTOMY (FISTULIZATION OF LACRIMAL SAC TO NASAL CAVITY)	\$2,092.38	10/01/2016
68745	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITHOUT	\$2,092.38	10/01/2016
68750	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITH	\$2,092.38	10/01/2016
68760	CLOSURE OF THE LACRIMAL PUNCTUM; BY THERMOCAUTERIZATION, LIGATION, OR LASER	\$217.57	10/01/2016
68761	CLOSURE OF THE LACRIMAL PUNCTUM; BY PLUG, EACH	\$217.57	10/01/2016
68770	CLOSURE OF LACRIMAL FISTULA (SEPARATE PROCEDURE)	\$1,167.87	10/01/2016
68801	DILATION OF LACRIMAL PUNCTUM, WITH OR WITHOUT IRRIGATION	\$218.53	10/01/2017
68810	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION;	\$217.57	10/01/2016
68811	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; REQUIRING GENERAL	\$1,167.87	10/01/2016
68815	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH INSERTION OF	\$1,167.87	10/01/2016
68816	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH TRANSLUMINAL BALL	\$1,167.87	10/01/2016
68840	PROBING OF LACRIMAL CANALICULI, WITH OR WITHOUT IRRIGATION	\$217.57	10/01/2016
68850	INJECTION OF CONTRAST MEDIUM FOR DACRYOCYSTOGRAPHY	Bundled	10/01/2006
68899	UNLISTED PROCEDURE, LACRIMAL SYSTEM	\$217.57	10/01/2016
69000	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; SIMPLE	\$446.92	10/01/2017
69005	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; COMPLICATED	\$1,025.16	10/01/2017
69020	DRAINAGE EXTERNAL AUDITORY CANAL, ABSCESS	\$446.92	10/01/2017
69100	BIOPSY EXTERNAL EAR	\$366.93	10/01/2017

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69105	BIOPSY EXTERNAL AUDITORY CANAL	\$860.96	10/01/2017
69110	EXCISION EXTERNAL EAR; PARTIAL, SIMPLE REPAIR	\$1,781.45	10/01/2017
69120	EXCISION EXTERNAL EAR; COMPLETE AMPUTATION	\$3,424.55	10/01/2017
69140	EXCISION EXOSTOSIS(ES), EXTERNAL AUDITORY CANAL	\$3,424.55	10/01/2017
69145	EXCISION SOFT TISSUE LESION, EXTERNAL AUDITORY CANAL	\$1,781.45	10/01/2017
69150	RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION; WITHOUT NECK DISSECTION	\$3,424.55	10/01/2017
69200	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITHOUT GENERAL ANESTHESIA	\$82.92	10/01/2017
69205	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITH GENERAL ANESTHESIA	\$1,025.16	10/01/2017
69209	REMOVAL IMPACTED CERUMEN USING IRRIGATION/LAVAGE, UNILATERAL	\$45.22	10/01/2017
69210	REMOVAL OF IMPACT EAR WAX, ONE EAR	\$45.22	10/01/2017
69220	DEBRIDEMENT, MASTOIDECTOMY CAVITY, SIMPLE (EG, ROUTINE CLEANING)	\$126.94	10/01/2017
69222	DEBRIDEMENT, MASTOIDECTOMY CAVITY, COMPLEX (EG, WITH ANESTHESIA OR MORE THAN	\$366.93	10/01/2017
69300	OTOPLASTY, PROTRUDING EAR, WITH OR WITHOUT SIZE REDUCTION	\$1,801.99	10/01/2017
69310	RECONSTRUCTION OF EXTERNAL AUDITORY CANAL (MEATOPLASTY) (EG, FOR STENOSIS DUE	\$3,424.55	10/01/2017
69320	RECONSTRUCTION EXTERNAL AUDITORY CANAL FOR CONGENITAL ATRESIA, SINGLE STAGE	\$3,424.55	10/01/2017
69399	UNLISTED PROCEDURE, EXTERNAL EAR	\$146.81	10/01/2017
69420	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION	\$146.81	10/01/2017
69421	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION REQUIRING	\$1,801.99	10/01/2017
69424	VENTILATING TUBE REMOVAL REQUIRING GENERAL ANESTHESIA	\$1,801.99	10/01/2017
69433	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), LOCAL OR TOPICAL	\$366.93	10/01/2017
69436	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL ANESTHESIA	\$860.96	10/01/2017
69440	MIDDLE EAR EXPLORATION THROUGH POSTAURICULAR OR EAR CANAL INCISION	\$1,801.99	10/01/2017
69450	TYMPANOLYSIS, TRANSCANAL	\$1,801.99	10/01/2017
69501	TRANSMASTOID ANTROTOMY ("SIMPLE" MASTOIDECTOMY)	\$3,424.55	10/01/2017
69502	MASTOIDECTOMY; COMPLETE	\$3,424.55	10/01/2017
69505	MASTOIDECTOMY; MODIFIED RADICAL	\$3,424.55	10/01/2017
69511	MASTOIDECTOMY; RADICAL	\$3,424.55	10/01/2017
69530	PETROUS APICECTOMY INCLUDING RADICAL MASTOIDECTOMY	\$3,424.55	10/01/2017
69540	EXCISION AURAL POLYP	\$860.96	10/01/2017
69550	EXCISION AURAL GLOMUS TUMOR; TRANSCANAL	\$3,424.55	10/01/2017
69552	EXCISION AURAL GLOMUS TUMOR; TRANSMASTOID	\$3,424.55	10/01/2017

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69601	REVISION MASTOIDECTOMY; RESULTING IN COMPLETE MASTOIDECTOMY	\$3,424.55	10/01/2017
69602	REVISION MASTOIDECTOMY; RESULTING IN MODIFIED RADICAL MASTOIDECTOMY	\$3,424.55	10/01/2017
69603	REVISION MASTOIDECTOMY; RESULTING IN RADICAL MASTOIDECTOMY	\$3,424.55	10/01/2017
69604	REVISION MASTOIDECTOMY; RESULTING IN TYMPANOPLASTY	\$3,424.55	10/01/2017
69605	REVISION MASTOIDECTOMY; WITH APICECTOMY	\$3,424.55	10/01/2017
69610	TYMPANIC MEMBRANE REPAIR, WITH OR WITHOUT SITE PREPARATION OF PERFORATION FOR	\$1,801.99	10/01/2017
69620	MYRINGOPLASTY (SURGERY CONFINED TO DRUMHEAD AND DONOR AREA)	\$1,801.99	10/01/2017
69631	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR	\$3,424.55	10/01/2017
69632	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR	\$3,424.55	10/01/2017
69633	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR	\$3,424.55	10/01/2017
69635	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY,	\$3,424.55	10/01/2017
69636	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY,	\$3,424.55	10/01/2017
69637	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY,	\$3,424.55	10/01/2017
69641	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY,	\$3,424.55	10/01/2017
69642	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY,	\$3,424.55	10/01/2017
69643	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY,	\$3,424.55	10/01/2017
69644	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY,	\$3,424.55	10/01/2017
69645	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY,	\$3,424.55	10/01/2017
69646	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY,	\$3,424.55	10/01/2017
69650	STAPES MOBILIZATION	\$1,801.99	10/01/2017
69660	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH	\$3,424.55	10/01/2017
69661	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH	\$3,424.55	10/01/2017
69662	REVISION OF STAPEDECTOMY OR STAPEDOTOMY	\$3,424.55	10/01/2017
69666	REPAIR OVAL WINDOW FISTULA	\$1,801.99	10/01/2017
69667	REPAIR ROUND WINDOW FISTULA	\$1,801.99	10/01/2017
69670	MASTOID OBLITERATION (SEPARATE PROCEDURE)	\$3,424.55	10/01/2017
69676	TYMPANIC NEURECTOMY	\$1,801.99	10/01/2017
69700	CLOSURE POSTAURICULAR FISTULA, MASTOID (SEPARATE PROCEDURE)	\$860.96	10/01/2017
69710	IMPLANTATION OR REPLACEMENT OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE	CCR	10/01/2006
69711	REMOVAL OR REPAIR OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE IN TEMPORAL	\$1,801.99	10/01/2017
69714	IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS	\$7,926.26	10/01/2017

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69715	IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS	\$8,783.34	10/01/2016
69717	REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED IMPLANT,	\$4,328.68	10/01/2017
69718	REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED IMPLANT,	\$7,926.26	10/01/2017
69720	DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; LATERAL TO GENICULATE GANGLION	\$3,424.55	10/01/2017
69725	DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; INCLUDING MEDIAL TO GENICULATE	\$3,424.55	10/01/2017
69740	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION;	\$3,424.55	10/01/2017
69745	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION;	\$3,424.55	10/01/2017
69799	UNLISTED PROCEDURE, MIDDLE EAR	\$146.81	10/01/2017
69801	LABYRINTHOTOMY, WITH PERFUSION OF VESTIBULOACTIVE DRUG(S); TRANSCANAL	\$860.96	10/01/2017
69805	ENDOLYMPHATIC SAC OPERATION; WITHOUT SHUNT	\$3,424.55	10/01/2017
69806	ENDOLYMPHATIC SAC OPERATION; WITH SHUNT	\$3,424.55	10/01/2017
69820	FENESTRATION SEMICIRCULAR CANAL	\$1,801.99	10/01/2017
69840	REVISION FENESTRATION OPERATION	\$1,801.99	10/01/2017
69905	LABYRINTHECTOMY; TRANSCANAL	\$3,424.55	10/01/2017
69910	LABYRINTHECTOMY; WITH MASTOIDECTOMY	\$3,424.55	10/01/2017
69915	VESTIBULAR NERVE SECTION, TRANSLABYRINTHINE APPROACH	\$1,801.99	10/01/2017
69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY	\$25,361.39	10/01/2016
69949	UNLISTED PROCEDURE, INNER EAR	\$146.81	10/01/2017
69955	TOTAL FACIAL NERVE DECOMPRESSION AND/OR REPAIR (MAY INCLUDE GRAFT)	\$3,424.55	10/01/2017
69960	DECOMPRESSION INTERNAL AUDITORY CANAL	\$3,424.55	10/01/2017
69970	REMOVAL OF TUMOR, TEMPORAL BONE	\$3,424.55	10/01/2017
69979	UNLISTED PROCEDURE, TEMPORAL BONE, MIDDLE FOSSA APPROACH	\$146.81	10/01/2017
69990	MICROSURGICAL TECHNIQUES, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY	Bundled	10/01/2006
70010	MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$372.78	10/01/2017
70015	CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$372.78	10/01/2017
70030	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY	\$49.62	10/01/2017
70100	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS	\$49.62	10/01/2017
70110	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS	\$93.45	10/01/2017
70120	RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN THREE VIEWS PER SIDE	\$93.45	10/01/2017
70130	RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE, MINIMUM OF THREE VIEWS PER SIDE	\$93.45	10/01/2017
70134	RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEATI, COMPLETE	\$187.28	10/01/2017

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70140	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS	\$49.62	10/01/2017
70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS	\$93.45	10/01/2017
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS	\$49.62	10/01/2017
70170	DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICAL SUPERVISION AND	\$187.28	10/01/2017
70190	RADIOLOGIC EXAMINATION; OPTIC FORAMINA	\$49.62	10/01/2017
70200	RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUM OF FOUR VIEWS	\$93.45	10/01/2017
70210	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN THREE VIEWS	\$49.62	10/01/2017
70220	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLETE, MINIMUM OF THREE VIEWS	\$49.62	10/01/2017
70240	RADIOLOGIC EXAMINATION, SELLA TURCICA	\$49.62	10/01/2017
70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS	\$93.45	10/01/2017
70260	RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF FOUR VIEWS	\$93.45	10/01/2017
70300	RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW	\$49.62	10/01/2017
70310	RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOUTH	\$372.78	10/01/2017
70320	RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH	\$187.28	10/01/2017
70328	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH;	\$49.62	10/01/2017
70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH;	\$49.62	10/01/2017
70332	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$187.28	10/01/2017
70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT(S)	\$187.28	10/01/2017
70350	CEPHALOGRAM, ORTHODONTIC	\$49.62	10/01/2017
70355	ORTHOPANTOGRAM (EG, PANORAMIC X-RAY)	\$49.62	10/01/2017
70360	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE	\$49.62	10/01/2017
70370	RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX, INCLUDING FLUOROSCOPY AND/OR	\$93.45	10/01/2017
70371	COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY CINE OR VIDEO RECORDING	\$187.28	10/01/2017
70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS	\$93.45	10/01/2017
70390	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$187.28	10/01/2017
70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	\$93.45	10/01/2017
70460	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	\$219.70	10/01/2017
70470	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$219.70	10/01/2017
70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR	\$93.45	10/01/2017
70481	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR	\$219.70	10/01/2017
70482	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR	\$219.70	10/01/2017

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70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	\$93.45	10/01/2017
70487	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	\$219.70	10/01/2017
70488	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$219.70	10/01/2017
70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	\$93.45	10/01/2017
70491	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)	\$219.70	10/01/2017
70492	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY	\$219.70	10/01/2017
70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NON	\$219.70	10/01/2017
70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NON	\$219.70	10/01/2017
70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTR	\$187.28	10/01/2017
70542	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK; WITH CONTRAST	\$353.59	10/01/2017
70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK; WITHOUT	\$353.59	10/01/2017
70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S)	\$187.28	10/01/2017
70545	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL(S)	\$219.70	10/01/2017
70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY	\$353.59	10/01/2017
70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S)	\$187.28	10/01/2017
70548	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITH CONTRAST MATERIAL(S)	\$219.70	10/01/2017
70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY	\$353.59	10/01/2017
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT	\$187.28	10/01/2017
70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH	\$353.59	10/01/2017
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT	\$353.59	10/01/2017
70554	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; INCLUDING TEST SELECTION AND	\$187.28	10/01/2017
70555	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; REQUIRING PHYSICIAN OR PSYCHO	\$187.28	10/01/2017
70557	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM AND SKULL	\$187.28	10/01/2017
70558	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM AND SKULL	\$353.59	10/01/2017
70559	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM AND SKULL	\$219.70	10/01/2017
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	\$49.62	10/01/2017
71015	RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL	\$49.62	10/01/2017
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL;	\$49.62	10/01/2017
71021	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL	\$49.62	10/01/2017
71022	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE	\$49.62	10/01/2017
71023	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FLUOROSCOPY	\$49.62	10/01/2017

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71030	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS;	\$49.62	10/01/2017
71034	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS; WITH FLUOROSCOPY	\$93.45	10/01/2017
71035	RADIOLOGIC EXAMINATION, CHEST, SPECIAL VIEWS (EG, LATERAL DECUBITUS, BUCKY	\$49.62	10/01/2017
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	\$49.62	10/01/2017
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST,	\$93.45	10/01/2017
71110	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS	\$93.45	10/01/2017
71111	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST,	\$93.45	10/01/2017
71120	RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO VIEWS	\$49.62	10/01/2017
71130	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR JOINTS, MINIMUM OF THREE VIEWS	\$49.62	10/01/2017
71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	\$93.45	10/01/2017
71260	COMPUTED TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	\$219.70	10/01/2017
71270	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST	\$219.70	10/01/2017
71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S)	\$219.70	10/01/2017
71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND	\$187.28	10/01/2017
71551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND	\$544.58	10/01/2017
71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND	\$353.59	10/01/2017
71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIUM), WITH OR WITHOUT	CCR	10/01/2006
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	\$49.62	10/01/2017
72040	X-RAY OF SPINE OF NECK, 2 OR 3 VIEWS	\$49.62	10/01/2017
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 4 OR 5 VIEWS	\$93.45	10/01/2017
72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 6 OR MORE VIEWS	\$93.45	10/01/2017
72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS	\$93.45	10/01/2017
72072	RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE VIEWS	\$93.45	10/01/2017
72074	RADIOLOGIC EXAMINATION, SPINE; THORACIC, MINIMUM OF FOUR VIEWS	\$93.45	10/01/2017
72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, TWO VIEWS	\$49.62	10/01/2017
72081	RADIOLOGIC EXAMINATION, SPINE, ENTIRE THORACIC AND LUMBAR, INCLUDING SKULL, CERV	\$49.62	10/01/2017
72082	RADIOLOGIC EXAMINATION, SPINE, ENTIRE THORACIC AND LUMBAR, INCLUDING SKULL, CERV	\$93.45	10/01/2017
72083	RADIOLOGIC EXAMINATION, SPINE, ENTIRE THORACIC AND LUMBAR, INCLUDING SKULL, CERV	\$187.28	10/01/2017
72084	RADIOLOGIC EXAMINATION, SPINE, ENTIRE THORACIC AND LUMBAR, INCLUDING SKULL, CERV	\$187.28	10/01/2017
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE VIEWS	\$93.45	10/01/2017
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR VIEWS	\$93.45	10/01/2017

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72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDING VIEWS, M	\$93.45	10/01/2017
72120	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; BENDING VIEWS ONLY, 2 OR 3 VIEWS	\$49.62	10/01/2017
72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	\$93.45	10/01/2017
72126	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	\$353.59	10/01/2017
72127	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$219.70	10/01/2017
72128	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	\$93.45	10/01/2017
72129	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL	\$219.70	10/01/2017
72130	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$219.70	10/01/2017
72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	\$93.45	10/01/2017
72132	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	\$353.59	10/01/2017
72133	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$219.70	10/01/2017
72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL;	\$187.28	10/01/2017
72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL;	\$353.59	10/01/2017
72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC;	\$187.28	10/01/2017
72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC;	\$353.59	10/01/2017
72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR;	\$187.28	10/01/2017
72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR;	\$353.59	10/01/2017
72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT	\$353.59	10/01/2017
72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT	\$353.59	10/01/2017
72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT	\$353.59	10/01/2017
72159	MAGNETIC RESONANCE ANGIOGRAPHY, SPINAL CANAL AND CONTENTS, WITH OR WITHOUT	CCR	10/01/2006
72170	RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	\$93.45	10/01/2017
72190	RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM OF THREE VIEWS	\$93.45	10/01/2017
72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING N	\$219.70	10/01/2017
72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	\$93.45	10/01/2017
72193	COMPUTED TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	\$219.70	10/01/2017
72194	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST	\$219.70	10/01/2017
72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S)	\$187.28	10/01/2017
72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITH CONTRAST MATERIAL(S)	\$353.59	10/01/2017
72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S),	\$353.59	10/01/2017
72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELVIS, WITH OR WITHOUT CONTRAST MATERIAL(S)	CCR	10/01/2006

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72200	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE VIEWS	\$93.45	10/01/2017
72202	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIEWS	\$93.45	10/01/2017
72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS	\$49.62	10/01/2017
72240	MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$372.78	10/01/2017
72255	MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$372.78	10/01/2017
72265	MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$372.78	10/01/2017
72270	RADIOLOGICAL SUPERVISION AND INTERPRETATION X-RAY OF SPINAL CANAL, 2 OR MORE SPI	\$372.78	10/01/2017
72275	EPIDUROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	Bundled	01/01/2012
72285	DISKOGRAPHY, CERVICAL OR THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$1,296.08	10/01/2017
72295	DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$1,296.08	10/01/2017
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	\$49.62	10/01/2017
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	\$49.62	10/01/2017
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	\$49.62	10/01/2017
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	\$49.62	10/01/2017
73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$187.28	10/01/2017
73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT	\$49.62	10/01/2017
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	\$49.62	10/01/2017
73070	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	\$49.62	10/01/2017
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	\$49.62	10/01/2017
73085	RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$372.78	10/01/2017
73090	RADIOLOGIC EXAMINATION; FOREARM, TWO VIEWS	\$49.62	10/01/2017
73092	RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	\$93.45	10/01/2017
73100	RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS	\$49.62	10/01/2017
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	\$49.62	10/01/2017
73115	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$372.78	10/01/2017
73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	\$93.45	10/01/2017
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	\$49.62	10/01/2017
73140	RADIOLOGIC EXAMINATION, FINGER(S), MINIMUM OF TWO VIEWS	\$49.62	10/01/2017
73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	\$93.45	10/01/2017
73201	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	\$219.70	10/01/2017
73202	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$219.70	10/01/2017

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73206	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITH CONTRAST MATERIAL(S), IN	\$219.70	10/01/2017
73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT;	\$187.28	10/01/2017
73219	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT;	\$353.59	10/01/2017
73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT;	\$353.59	10/01/2017
73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT	\$187.28	10/01/2017
73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH	\$544.58	10/01/2017
73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT	\$353.59	10/01/2017
73225	MAGNETIC RESONANCE ANGIOGRAPHY, UPPER EXTREMITY, WITH OR WITHOUT CONTRAST	CCR	10/01/2006
73501	RADIOLOGIC EXAMINATION, HIP, UNILATERAL, WITH PELVIS WHEN PERFORMED; 1 VIEW	\$49.62	10/01/2017
73502	RADIOLOGIC EXAMINATION, HIP, UNILATERAL, WITH PELVIS WHEN PERFORMED; 2-3 VIEWS	\$49.62	10/01/2017
73503	RADIOLOGIC EXAMINATION, HIP, UNILATERAL, WITH PELVIS WHEN PERFORMED; MINIMUM OF	\$93.45	10/01/2017
73521	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, WITH PELVIS WHEN PERFORMED; 2 VIEWS	\$93.45	10/01/2017
73522	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, WITH PELVIS WHEN PERFORMED; 3-4 VIEWS	\$93.45	10/01/2017
73523	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, WITH PELVIS WHEN PERFORMED; MINIMUM OF	\$187.28	10/01/2017
73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$372.78	10/01/2017
73551	RADIOLOGIC EXAMINATION, FEMUR; 1 VIEW	\$49.62	10/01/2017
73552	RADIOLOGIC EXAMINATION, FEMUR; MINIMUM 2 VIEW	\$49.62	10/01/2017
73560	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS	\$49.62	10/01/2017
73562	RADIOLOGIC EXAMINATION, KNEE; THREE VIEWS	\$49.62	10/01/2017
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, FOUR OR MORE VIEWS	\$93.45	10/01/2017
73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR	\$49.62	10/01/2017
73580	RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$372.78	10/01/2017
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, TWO VIEWS	\$49.62	10/01/2017
73592	RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	\$49.62	10/01/2017
73600	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	\$49.62	10/01/2017
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	\$49.62	10/01/2017
73615	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$372.78	10/01/2017
73620	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	\$49.62	10/01/2017
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	\$49.62	10/01/2017
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	\$49.62	10/01/2017
73660	RADIOLOGIC EXAMINATION; TOE(S), MINIMUM OF TWO VIEWS	\$49.62	10/01/2017

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73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	\$93.45	10/01/2017
73701	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	\$219.70	10/01/2017
73702	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$219.70	10/01/2017
73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITH CONTRAST MATERIAL(S), IN	\$219.70	10/01/2017
73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT;	\$187.28	10/01/2017
73719	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITH	\$219.70	10/01/2017
73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT;	\$353.59	10/01/2017
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT	\$187.28	10/01/2017
73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH	\$544.58	10/01/2017
73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT	\$353.59	10/01/2017
73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWER EXTREMITY, WITH OR WITHOUT CONTRAST	CCR	10/01/2006
74000	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW	\$49.62	10/01/2017
74010	RADIOLOGIC EXAMINATION, ABDOMEN; ANTEROPOSTERIOR AND ADDITIONAL OBLIQUE AND	\$49.62	10/01/2017
74020	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE, INCLUDING DECUBITUS AND/OR ERECT	\$49.62	10/01/2017
74022	IMAGING OF ABDOMEN AND CHEST	\$93.45	10/01/2017
74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	\$93.45	10/01/2017
74160	COMPUTED TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	\$219.70	10/01/2017
74170	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST	\$219.70	10/01/2017
74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S),	\$219.70	10/01/2017
74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S), INCLUDING	\$219.70	10/01/2017
74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	\$160.01	10/01/2016
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	\$219.70	10/01/2017
74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOT	\$353.59	10/01/2017
74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S)	\$187.28	10/01/2017
74182	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRAST MATERIAL(S)	\$353.59	10/01/2017
74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S),	\$353.59	10/01/2017
74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST MATERIAL(S)	CCR	01/01/2012
74190	PERITONEOGRAM (EG, AFTER INJECTION OF AIR OR CONTRAST), RADIOLOGICAL	\$372.78	10/01/2017
74210	RADIOLOGIC EXAMINATION; PHARYNX AND/OR CERVICAL ESOPHAGUS	\$93.45	10/01/2017
74220	RADIOLOGIC EXAMINATION; ESOPHAGUS	\$93.45	10/01/2017
74230	SWALLOWING FUNCTION, WITH CINERADIOGRAPHY/VIDEORADIOGRAPHY	\$93.45	10/01/2017

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74235	REMOVAL OF FOREIGN BODY(S), ESOPHAGEAL, WITH USE OF BALLOON CATHETER,	Bundled	01/01/2012
74240	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED	\$93.45	10/01/2017
74241	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED	\$93.45	10/01/2017
74245	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH SMALL INTESTINE,	\$187.28	10/01/2017
74246	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH	\$93.45	10/01/2017
74247	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH	\$93.45	10/01/2017
74249	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH	\$187.28	10/01/2017
74250	RADIOLOGIC EXAMINATION, SMALL INTESTINE, INCLUDES MULTIPLE SERIAL FILMS;	\$93.45	10/01/2017
74251	RADIOLOGIC EXAMINATION, SMALL INTESTINE, INCLUDES MULTIPLE SERIAL FILMS; VIA	\$93.45	10/01/2017
74260	DUODENOGRAPHY, HYPOTONIC	\$93.45	10/01/2017
74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSI	\$93.45	10/01/2017
74262	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSI	\$219.70	10/01/2017
74263	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, SCREENING, INCLUDING IMAGE POSTPROCESSIN	CCR	01/01/2010
74270	RADIOLOGIC EXAMINATION, COLON; CONTRAST (EG, BARIUM) ENEMA, WITH OR WITHOUT KUB	\$93.45	10/01/2017
74280	RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SPECIFIC HIGH DENSITY BARIUM,	\$93.45	10/01/2017
74283	THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF INTUSSUSCEPTION OR OTHER	\$93.45	10/01/2017
74290	CHOLECYSTOGRAPHY, ORAL CONTRAST;	\$93.45	10/01/2017
74300	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; INTRAOPERATIVE, RADIOLOGICAL	Bundled	01/01/2012
74301	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; ADDITIONAL SET INTRAOPERATIVE,	Bundled	01/01/2012
74328	ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM, RADIOLOGICAL	Bundled	10/01/2006
74329	ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCTAL SYSTEM, RADIOLOGICAL	Bundled	10/01/2006
74330	COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND PANCREATIC DUCTAL	Bundled	10/01/2006
74340	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT), INCLUDING	Bundled	01/01/2012
74355	PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SUPERVISION AND	Bundled	01/01/2012
74360	INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS),	Bundled	01/01/2012
74363	PERCUTANEOUS TRANSHEPATIC DILATION OF BILIARY DUCT STRICTURE WITH OR WITHOUT	Bundled	01/01/2012
74400	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOG	\$187.28	10/01/2017
74410	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE;	\$187.28	10/01/2017
74415	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH	\$187.28	10/01/2017
74420	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	\$372.78	10/01/2017
74425	UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL	\$372.78	10/01/2017

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74430	CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$187.28	10/01/2017
74440	VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND	\$187.28	10/01/2017
74445	CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$93.45	10/01/2017
74450	URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$187.28	10/01/2017
74455	URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$187.28	10/01/2017
74470	RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION,	\$187.28	10/01/2017
74485	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND	\$1,363.42	10/01/2017
74710	PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION	\$49.62	10/01/2017
74712	MAGNETIC RESONANCE (EG, PROTON) IMAGING, FETAL, INCLUDING PLACENTAL AND MATERNAL	\$93.45	10/01/2017
74713	MAGNETIC RESONANCE (EG, PROTON) IMAGING, FETAL, INCLUDING PLACENTAL AND MATERNAL	Bundled	01/01/2016
74740	HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$187.28	10/01/2017
74775	PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION OR EXTENT OF ANOMALIES)	\$187.28	10/01/2017
75557	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	\$187.28	10/01/2017
75559	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	\$187.28	10/01/2017
75561	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	\$353.59	10/01/2017
75563	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	\$544.58	10/01/2017
75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LIST SEPARATELY IN	Bundled	01/01/2010
75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUANTITATIVE EVALUAT	\$49.62	10/01/2017
75572	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC ST	\$219.70	10/01/2017
75573	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC ST	\$219.70	10/01/2017
75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WH	\$219.70	10/01/2017
75600	AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTER	\$1,956.94	10/01/2017
75605	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND	\$3,253.23	10/01/2017
75625	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND	\$1,956.94	10/01/2017
75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY	\$1,956.94	10/01/2017
75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWE	\$219.70	10/01/2017
75658	ANGIOGRAPHY, BRACHIAL, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$1,956.94	10/01/2017
75705	ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$3,253.23	10/01/2017
75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$1,956.94	10/01/2017
75716	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$1,956.94	10/01/2017
75726	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT FLUSH	\$3,253.23	10/01/2017

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75731	ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$567.14	10/01/2017
75733	ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$1,956.94	10/01/2017
75736	ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, RADIOLOGICAL SUPERVISION AND	\$3,253.23	10/01/2017
75741	ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$1,956.94	10/01/2017
75743	ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$1,956.94	10/01/2017
75746	ANGIOGRAPHY, PULMONARY, BY NONSELECTIVE CATHETER OR VENOUS INJECTION,	\$567.14	10/01/2017
75756	ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$1,956.94	10/01/2017
75774	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION,	Bundled	01/01/2012
75801	LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTER	\$567.14	10/01/2017
75803	LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL, RADIOLOGICAL SUPERVISION AND	\$567.14	10/01/2017
75805	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND	\$567.14	10/01/2017
75807	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL, RADIOLOGICAL SUPERVISION AND	\$1,956.94	10/01/2017
75809	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING NONVASCULAR SHUNT	\$93.45	10/01/2017
75810	SPLENOPTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$567.14	10/01/2017
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$567.14	10/01/2017
75822	VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$567.14	10/01/2017
75825	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND	\$1,956.94	10/01/2017
75827	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND	\$567.14	10/01/2017
75831	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$1,956.94	10/01/2017
75833	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$1,956.94	10/01/2017
75840	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$1,956.94	10/01/2017
75842	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$3,253.23	10/01/2017
75860	VENOGRAPHY, VENOUS SINUS (EG, PETROSAL AND INFERIOR SAGITTAL) OR JUGULAR,	\$1,956.94	10/01/2017
75870	VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$567.14	10/01/2017
75872	VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$567.14	10/01/2017
75880	VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$567.14	10/01/2017
75885	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL	\$1,956.94	10/01/2017
75887	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT HEMODYNAMIC EVALUATION,	\$567.14	10/01/2017
75889	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL	\$1,956.94	10/01/2017
75891	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALUATION,	\$1,956.94	10/01/2017
75893	VENOUS SAMPLING THROUGH CATHETER, WITH OR WITHOUT ANGIOGRAPHY (EG, FOR	\$3,253.23	10/01/2017

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75894	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICAL SUPERVISION AND IN	Bundled	01/01/2012
75898	ANGIOGRAPHY THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER THER	\$567.14	10/01/2017
75901	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, FIBRIN SHEATH)	Bundled	01/01/2012
75902	MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIVE MATERIAL FROM	Bundled	01/01/2012
75970	TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	Bundled	01/01/2012
75984	CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER WITH CONTRAST MONITORING (EG, G	Bundled	01/01/2012
75989	RADIOLOGICAL GUIDANCE (IE, FLUOROSCOPY, ULTRASOUND, OR COMPUTED TOMOGRAPHY),	Bundled	10/01/2006
76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIAN OR OTHER QUALIFIED HEAL	\$187.28	10/01/2017
76001	FLUOROSCOPY, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL TIME MORE THA	Bundled	10/01/2006
76010	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY, SINGLE VIEW, CHILD	\$49.62	10/01/2017
76080	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLOGICAL	\$372.78	10/01/2017
76098	RADIOLOGICAL EXAMINATION, SURGICAL SPECIMEN	\$372.78	10/01/2017
76100	RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG, TOMOGRAPHY), OTHER THAN	\$93.45	10/01/2017
76101	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG,	\$93.45	10/01/2017
76102	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG,	\$93.45	10/01/2017
76120	CINERADIOGRAPHY/VIDEORADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED	\$49.62	10/01/2017
76125	CINERADIOGRAPHY/VIDEORADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION (LIST	Bundled	01/01/2012
76140	CONSULTATION ON X-RAY EXAMINATION MADE ELSEWHERE, WRITTEN REPORT	CCR	10/01/2006
76376	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC	Bundled	01/01/2012
76377	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC	Bundled	01/01/2012
76380	COMPUTED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY	\$49.62	10/01/2017
76390	MAGNETIC RESONANCE SPECTROSCOPY	CCR	10/01/2006
76496	UNLISTED FLUOROSCOPIC PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	\$49.62	10/01/2017
76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	\$49.62	10/01/2017
76498	UNLISTED MAGNETIC RESONANCE PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	\$49.62	10/01/2017
76499	UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	\$49.62	10/01/2017
76506	ECHOENCEPHALOGRAPHY, REAL TIME WITH IMAGE DOCUMENTATION (GRAY SCALE) (FOR DETERM	\$93.45	10/01/2017
76510	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERFORMED	\$218.53	10/01/2017
76511	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; QUANTITATIVE A-SCAN ONLY	\$93.45	10/01/2017
76512	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN (WITH OR WITHOUT SUPERIMPOSED	\$93.45	10/01/2017
76513	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; ANTERIOR SEGMENT ULTRASOUND, IMMERSION	\$93.45	10/01/2017

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76514	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL OR BILATERAL	\$23.53	10/01/2017
76516	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN;	\$49.62	10/01/2017
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH INTRAOCULAR LENS	\$49.62	10/01/2017
76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	\$49.62	10/01/2017
76536	ULTRASOUND, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), R	\$93.45	10/01/2017
76604	ULTRASOUND, CHEST (INCLUDES MEDIASTINUM), REAL TIME WITH IMAGE DOCUMENTATION	\$93.45	10/01/2017
76641	ULTRASOUND, BREAST, UNILATERAL, REAL TIME WITH IMAGE DOCUMENTATION, INCLUDING AX	\$93.45	10/01/2017
76642	ULTRASOUND, BREAST, UNILATERAL, REAL TIME WITH IMAGE DOCUMENTATION, INCLUDING AX	\$49.62	10/01/2017
76700	ULTRASOUND, ABDOMINAL, REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	\$93.45	10/01/2017
76705	ULTRASOUND, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION;	\$93.45	10/01/2017
76706	ULTRASOUND, ABDOMINAL AORTA, REAL TIME WITH IMAGE DOCUMENTATION, SCREENING STUDY	\$93.45	10/01/2017
76770	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), REAL TIME WITH IMAGE DOCU	\$93.45	10/01/2017
76775	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME	\$93.45	10/01/2017
76776	ULTRASOUND, TRANSPLANTED KIDNEY, REAL TIME AND DUPLEX DOPPLER WITH IMAGE DOCUMEN	\$93.45	10/01/2017
76800	ULTRASOUND, SPINAL CANAL AND CONTENTS	\$49.62	10/01/2017
76801	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATER	\$93.45	10/01/2017
76802	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	Bundled	10/01/2013
76805	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	\$93.45	10/01/2017
76810	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	Bundled	10/01/2013
76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	\$93.45	10/01/2017
76812	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	Bundled	10/01/2013
76813	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER	\$93.45	10/01/2017
76814	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER	Bundled	10/01/2013
76815	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, LIMITED (EG,	\$93.45	10/01/2017
76816	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FOLLOW-UP (EG,	\$93.45	10/01/2017
76817	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRANSVAGINAL	\$93.45	10/01/2017
76818	FETAL BIOPHYSICAL PROFILE; WITH NON-STRESS TESTING	\$93.45	10/01/2017
76819	FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING	\$93.45	10/01/2017
76820	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY	\$93.45	10/01/2017
76821	DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTERY	\$93.45	10/01/2017
76825	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE	\$372.78	10/01/2017

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76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE	\$187.28	10/01/2017
76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CONTINUOUS WAVE WITH	\$187.28	10/01/2017
76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CONTINUOUS WAVE WITH	\$93.45	10/01/2017
76830	ULTRASOUND, TRANSVAGINAL	\$93.45	10/01/2017
76831	SALINE INFUSION SONOHYSTEROGRAPHY (SIS), INCLUDING COLOR FLOW DOPPLER, WHEN	\$187.28	10/01/2017
76856	ULTRASOUND, PELVIC (NONOBSTETRIC), REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	\$93.45	10/01/2017
76857	ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE	\$93.45	10/01/2017
76870	ULTRASOUND, SCROTUM AND CONTENTS	\$93.45	10/01/2017
76872	ULTRASOUND, TRANSRECTAL;	\$93.45	10/01/2017
76873	ULTRASOUND, TRANSRECTAL; PROSTATE VOLUME STUDY FOR BRACHYTHERAPY TREATMENT	\$93.45	10/01/2017
76881	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; COMPLETE	\$93.45	10/01/2017
76882	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; LIMITED,	\$49.62	10/01/2017
76885	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; DYNAMIC (REQUIRIN	\$49.62	10/01/2017
76886	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; LIMITED, STATIC (	\$49.62	10/01/2017
76930	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, IMAGING SUPERVISION AND INTERPRETATI	Bundled	01/01/2012
76932	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, IMAGING SUPERVISION AND	Bundled	01/01/2012
76936	ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL PSEUDOANEURYSM OR	\$183.66	10/01/2016
76937	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOUND EVALUATION OF	Bundled	10/01/2006
76940	ULTRASOUND GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLATION	Bundled	01/01/2012
76941	ULTRASONIC GUIDANCE FOR INTRAUTERINE FETAL TRANSFUSION OR CORDOCENTESIS,	Bundled	01/01/2012
76942	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION,	Bundled	01/01/2012
76945	ULTRASONIC GUIDANCE FOR CHORIONIC VILLUS SAMPLING, IMAGING SUPERVISION AND	Bundled	01/01/2012
76946	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, IMAGING SUPERVISION AND INTERPRETATION	Bundled	01/01/2012
76965	ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION	Bundled	01/01/2012
76970	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)	\$49.62	10/01/2017
76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOUND, SUPERVISION AND INTERPRETATION	\$187.28	10/01/2017
76977	ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETATION, PERIPHERAL SITE(S), ANY	\$49.62	10/01/2017
76998	ULTRASONIC GUIDANCE, INTRAOPERATIVE	Bundled	01/01/2012
76999	UNLISTED ULTRASOUND PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	\$49.62	10/01/2017
77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLACEMENT, REPLACEMENT (C	Bundled	01/01/2007
77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, L	Bundled	01/01/2007

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77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE OR PA	Bundled	01/01/2007
77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION	Bundled	01/01/2012
77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJEC	Bundled	01/01/2012
77013	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLA	Bundled	01/01/2012
77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	Bundled	01/01/2012
77021	MAGNETIC RESONANCE GUIDANCE FOR NEEDLE PLACEMENT (EG, FOR BIOPSY, NEEDLE ASPIRAT	Bundled	01/01/2012
77022	MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLATION	Bundled	01/01/2012
77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTE	\$187.28	10/01/2017
77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION AND I	\$187.28	10/01/2017
77058	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIAL(S); UN	CCR	01/01/2007
77059	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIAL(S); BI	CCR	01/01/2007
77065	DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED;	CCR	01/01/2017
77066	DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED;	CCR	01/01/2017
77067	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH BREAST), INCLUDING COMPUT	CCR	01/01/2017
77071	MANUAL APPLICATION OF STRESS PERFORMED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CA	\$49.62	10/01/2017
77072	BONE AGE STUDIES	\$93.45	10/01/2017
77073	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)	\$49.62	10/01/2017
77074	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METASTASES)	\$93.45	10/01/2017
77075	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR SKELETO	\$93.45	10/01/2017
77076	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY, INFANT	\$93.45	10/01/2017
77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOINTS (SPECIFY)	\$93.45	10/01/2017
77078	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON	\$49.62	10/01/2017
77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; AXI	\$93.45	10/01/2017
77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; APP	\$49.62	10/01/2017
77084	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY	\$372.78	10/01/2017
77085	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; AXI	\$93.45	10/01/2017
77086	VERTEBRAL FRACTURE ASSESSMENT VIA DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA)	\$49.62	10/01/2017
77261	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; SIMPLE	CCR	10/01/2006
77262	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; INTERMEDIATE	CCR	10/01/2006
77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	CCR	10/01/2006
77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	\$97.48	10/01/2017

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77285	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; INTERMEDIATE	\$258.29	10/01/2017
77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	\$258.29	10/01/2017
77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FO	Bundled	01/01/2014
77295	MANAGEMENT OF RADIATION THERAPY, 3D	\$855.85	10/01/2016
77299	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT PLANNING	\$97.48	10/01/2017
77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF,	\$97.48	10/01/2017
77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR	\$855.85	10/01/2016
77306	TELETHERAPY ISODOSE PLAN; SIMPLE (1 OR 2 UNMODIFIED PORTS DIRECTED TO A SINGLE A	\$258.29	10/01/2017
77307	TELETHERAPY ISODOSE PLAN; COMPLEX (MULTIPLE TREATMENT AREAS, TANGENTIAL PORTS, T	\$258.29	10/01/2017
77316	BRACHYTHERAPY ISODOSE PLAN; SIMPLE (CALCULATION(S) MADE FROM 1 TO 4 SOURCES, OR	\$97.48	10/01/2017
77317	BRACHYTHERAPY ISODOSE PLAN; INTERMEDIATE (CALCULATION(S) MADE FROM 5 TO 10 SOURC	\$258.29	10/01/2017
77318	BRACHYTHERAPY ISODOSE PLAN; COMPLEX (CALCULATION(S) MADE FROM OVER 10 SOURCES, O	\$258.29	10/01/2017
77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMIBODY, TOTAL BODY	\$258.29	10/01/2017
77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY	\$97.48	10/01/2017
77332	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)	\$97.48	10/01/2017
77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS,	\$97.48	10/01/2017
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL	\$258.29	10/01/2017
77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT	\$97.48	10/01/2017
77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RADIATION THERAPY	\$258.29	10/01/2017
77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	\$97.48	10/01/2017
77371	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE O	\$6,181.02	10/01/2017
77372	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE O	\$6,181.02	10/01/2017
77373	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, PER FRACTION TO 1 OR MO	\$1,393.54	10/01/2016
77385	RADIATION THERAPY DELIVERY	\$410.05	10/01/2017
77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND T	\$410.05	10/01/2017
77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT D	Bundled	01/01/2015
77399	UNLISTED PROCEDURE, MEDICAL RADIATION PHYSICS, DOSIMETRY AND TREATMENT DEVICES,	\$97.48	10/01/2017
77401	RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHO VOLTAGE	\$91.97	10/01/2016
77402	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL	\$91.97	10/01/2016
77407	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS	\$91.97	10/01/2016
77412	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLO	\$161.99	10/01/2016

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77417	THERAPEUTIC RADIOLOGY PORT FILM(S)	Bundled	01/01/2012
77422	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; SINGLE TREATMENT AREA USING A	\$410.05	10/01/2017
77423	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; 1 OR MORE ISOCENTER(S) WITH CO	\$410.05	10/01/2017
77424	INTRAOPERATIVE RADIATION TREATMENT DELIVERY, X-RAY, SINGLE TREATMENT SESSION	\$6,181.02	10/01/2017
77425	INTRAOPERATIVE RADIATION TREATMENT DELIVERY, ELECTRONS, SINGLE TREATMENT SESSION	\$6,181.02	10/01/2017
77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	CCR	10/01/2006
77431	RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY CONSISTING OF ONE	CCR	10/01/2006
77432	STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CRANIAL LESION(S) (COMPLETE COURSE)	CCR	10/01/2006
77435	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT MANAGEMENT, PER TREATMENT COURSE,	Bundled	01/01/2007
77469	INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT	CCR	01/01/2012
77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER	\$410.05	10/01/2017
77499	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY TREATMENT MANAGEMENT	CCR	10/01/2006
77520	PROTON TREATMENT DELIVERY; SIMPLE, WITHOUT COMPENSATION	\$410.05	10/01/2017
77522	PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION	\$959.10	10/01/2016
77523	PROTON TREATMENT DELIVERY; INTERMEDIATE	\$959.10	10/01/2016
77525	PROTON TREATMENT DELIVERY; COMPLEX	\$959.10	10/01/2016
77600	HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM	\$161.99	10/01/2016
77605	HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS GREATER THAN 4	\$580.29	10/01/2016
77610	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 OR FEWER INTERSTITIAL	\$410.05	10/01/2017
77615	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); MORE THAN 5 INTERSTITIAL	\$410.05	10/01/2017
77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)	\$410.05	10/01/2017
77750	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION (INCLUDES THREE MONTHS FOLLOW-	\$161.99	10/01/2016
77761	INTRACAVITARY RADIATION SOURCE APPLICATION; SIMPLE	\$410.05	10/01/2017
77762	INTRACAVITARY RADIATION SOURCE APPLICATION; INTERMEDIATE	\$410.05	10/01/2017
77763	INTRACAVITARY RADIATION SOURCE APPLICATION; COMPLEX	\$580.29	10/01/2016
77767	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE SKIN SURFACE BRACHYTHERAPY, INCL	\$161.99	10/01/2016
77768	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE SKIN SURFACE BRACHYTHERAPY, INCL	\$161.99	10/01/2016
77770	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BR	\$580.29	10/01/2016
77771	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BR	\$580.29	10/01/2016
77772	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BR	\$580.29	10/01/2016
77778	INTERSTITIAL RADIATION SOURCE APPLICATION; COMPLEX	\$580.29	10/01/2016

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77789	SURFACE APPLICATION OF RADIATION SOURCE	\$91.97	10/01/2016
77790	SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE	Bundled	10/01/2006
77799	UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY	\$91.97	10/01/2016
78012	THYROID UPTAKE, SINGLE OR MULTIPLE QUANTITATIVE MEASUREMENT(S) (INCLUDING STIMUL	\$276.12	10/01/2017
78013	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED);	\$276.12	10/01/2017
78014	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED); WITH SINGLE OR MULTIP	\$276.12	10/01/2017
78015	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK AND CHEST ONLY)	\$276.12	10/01/2017
78016	THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIONAL STUDIES (EG, URINARY	\$276.12	10/01/2017
78018	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY	\$355.75	10/01/2017
78020	THYROID CARCINOMA METASTASES UPTAKE (LIST SEPARATELY IN ADDITION TO CODE FOR	Bundled	01/01/2012
78070	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED);	\$276.12	10/01/2017
78071	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRA	\$276.12	10/01/2017
78072	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRA	\$355.75	10/01/2017
78075	ADRENAL IMAGING, CORTEX AND/OR MEDULLA	\$944.18	10/01/2017
78099	UNLISTED ENDOCRINE PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$276.12	10/01/2017
78102	BONE MARROW IMAGING; LIMITED AREA	\$276.12	10/01/2017
78103	BONE MARROW IMAGING; MULTIPLE AREAS	\$276.12	10/01/2017
78104	BONE MARROW IMAGING; WHOLE BODY	\$276.12	10/01/2017
78110	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (SEPARATE	\$944.18	10/01/2017
78111	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (SEPARATE	\$944.18	10/01/2017
78120	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMPLING	\$276.12	10/01/2017
78121	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS	\$355.75	10/01/2017
78122	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREMENT OF PLASMA	\$355.75	10/01/2017
78130	RED CELL SURVIVAL STUDY;	\$276.12	10/01/2017
78135	RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE KINETICS, (EG, SPLENIC	\$276.12	10/01/2017
78140	LABELED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE, (EG, SPLENIC AND/OR	\$276.12	10/01/2017
78185	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW	\$276.12	10/01/2017
78190	KINETICS, STUDY OF PLATELET SURVIVAL, WITH OR WITHOUT DIFFERENTIAL ORGAN/TISSUE	\$944.18	10/01/2017
78191	PLATELET SURVIVAL STUDY	\$276.12	10/01/2017
78195	LYMPHATICS AND LYMPH NODES IMAGING	\$355.75	10/01/2017
78199	UNLISTED HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC PROCEDURE, DIAGNOSTIC	\$276.12	10/01/2017

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78201	LIVER IMAGING; STATIC ONLY	\$944.18	10/01/2017
78202	LIVER IMAGING; WITH VASCULAR FLOW	\$944.18	10/01/2017
78205	LIVER IMAGING (SPECT);	\$944.18	10/01/2017
78206	LIVER IMAGING (SPECT); WITH VASCULAR FLOW	\$355.75	10/01/2017
78215	LIVER AND SPLEEN IMAGING; STATIC ONLY	\$276.12	10/01/2017
78216	LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW	\$276.12	10/01/2017
78226	HEPATOBIILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT;	\$276.12	10/01/2017
78227	WITH PHARMACOLOGIC INTERVENTION, INCLUDING QUANTITATIVE MEASUREMENT(S) WHEN PERF	\$355.75	10/01/2017
78230	SALIVARY GLAND IMAGING;	\$276.12	10/01/2017
78231	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES	\$276.12	10/01/2017
78232	SALIVARY GLAND FUNCTION STUDY	\$276.12	10/01/2017
78258	ESOPHAGEAL MOTILITY	\$276.12	10/01/2017
78261	GASTRIC MUCOSA IMAGING	\$276.12	10/01/2017
78262	GASTROESOPHAGEAL REFLUX STUDY	\$276.12	10/01/2017
78264	GASTRIC EMPTYING STUDY	\$276.12	10/01/2017
78265	GASTRIC EMPTYING IMAGING STUDY (EG, SOLID, LIQUID, OR BOTH); WITH SMALL BOWEL TR	\$276.12	10/01/2017
78266	GASTRIC EMPTYING IMAGING STUDY (EG, SOLID, LIQUID, OR BOTH); WITH SMALL BOWEL AN	\$355.75	10/01/2017
78267	UREA BREATH TEST, C-14 (ISOTOPIC); ACQUISITION FOR ANALYSIS	\$10.70	10/01/2015
78268	UREA BREATH TEST, C-14 (ISOTOPIC); ANALYSIS	\$91.66	10/01/2015
78270	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITHOUT INTRINSIC FACTOR	\$276.12	10/01/2017
78271	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITH INTRINSIC FACTOR	\$276.12	10/01/2017
78272	VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH AND WITHOUT INTRINSIC FACTOR	\$276.12	10/01/2017
78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	\$276.12	10/01/2017
78282	GASTROINTESTINAL PROTEIN LOSS	\$276.12	10/01/2017
78290	INTESTINE IMAGING	\$276.12	10/01/2017
78291	PERITONEAL-VEINUS SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT)	\$276.12	10/01/2017
78299	UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$276.12	10/01/2017
78300	BONE AND/OR JOINT IMAGING; LIMITED AREA	\$276.12	10/01/2017
78305	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS	\$276.12	10/01/2017
78306	BONE AND/OR JOINT IMAGING; WHOLE BODY	\$276.12	10/01/2017
78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY	\$276.12	10/01/2017

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78320	BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT)	\$355.75	10/01/2017
78350	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; SINGLE PHOTON	CCR	01/01/2012
78399	UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$276.12	10/01/2017
78414	DETERMINATION OF CENTRAL C-V HEMODYNAMICS (NON-IMAGING) (EG, EJECTION FRACTION W	\$355.75	10/01/2017
78428	CARDIAC SHUNT DETECTION	\$276.12	10/01/2017
78445	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY)	\$276.12	10/01/2017
78451	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECT	\$944.18	10/01/2017
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECT	\$944.18	10/01/2017
78453	MYOCARDIAL PERFUSION IMAGING, PLANAR (INCLUDING QUALITATIVE OR QUANTITATIVE WALL	\$944.18	10/01/2017
78454	MYOCARDIAL PERFUSION IMAGING, PLANAR (INCLUDING QUALITATIVE OR QUANTITATIVE WALL	\$944.18	10/01/2017
78456	ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE	\$944.18	10/01/2017
78457	VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL	\$944.18	10/01/2017
78458	VENOUS THROMBOSIS IMAGING, VENOGRAM; BILATERAL	\$276.12	10/01/2017
78459	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION	\$944.18	10/01/2017
78466	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE	\$276.12	10/01/2017
78468	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECTION FRACTION BY FIRST PASS	\$355.75	10/01/2017
78469	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH OR WITHOUT	\$944.18	10/01/2017
78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; PLANAR, SINGLE STUDY AT REST OR	\$276.12	10/01/2017
78473	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIES, WALL MOTION	\$276.12	10/01/2017
78481	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; SINGLE STUDY, AT	\$355.75	10/01/2017
78483	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; MULTIPLE STUDIES,	\$355.75	10/01/2017
78491	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; SINGLE STUDY	\$1,071.19	10/01/2016
78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; MULTIPLE	\$1,071.19	10/01/2016
78494	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SPECT, AT REST, WALL MOTION	\$276.12	10/01/2017
78496	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SINGLE STUDY, AT REST, WITH	Bundled	01/01/2012
78499	UNLISTED CARDIOVASCULAR PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$276.12	10/01/2017
78579	PULMONARY VENTILATION IMAGING (EG, AEROSOL OR GAS)	\$276.12	10/01/2017
78580	PULMONARY PERFUSION IMAGING (EG, PARTICULATE)	\$276.12	10/01/2017
78582	PULMONARY VENTILATION (EG, AEROSOL OR GAS) AND PERFUSION IMAGING	\$355.75	10/01/2017
78597	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION, INCLUDING IMAGING WHEN PERFORMED	\$276.12	10/01/2017
78598	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION AND VENTILATION (EG, AEROSOL OR GA	\$355.75	10/01/2017

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78599	UNLISTED RESPIRATORY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$276.12	10/01/2017
78600	BRAIN IMAGING, LESS THAN 4 STATIC VIEWS;	\$276.12	10/01/2017
78601	BRAIN IMAGING, LESS THAN 4 STATIC VIEWS; WITH VASCULAR FLOW	\$276.12	10/01/2017
78605	BRAIN IMAGING, MINIMUM 4 STATIC VIEWS;	\$355.75	10/01/2017
78606	BRAIN IMAGING, MINIMUM 4 STATIC VIEWS; WITH VASCULAR FLOW	\$355.75	10/01/2017
78607	BRAIN IMAGING, TOMOGRAPHIC (SPECT)	\$944.18	10/01/2017
78608	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION	\$1,071.19	10/01/2016
78609	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); PERFUSION EVALUATION	CCR	10/01/2006
78610	BRAIN IMAGING, VASCULAR FLOW ONLY	\$355.75	10/01/2017
78630	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL);	\$355.75	10/01/2017
78635	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL);	\$355.75	10/01/2017
78645	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL);	\$355.75	10/01/2017
78647	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL);	\$944.18	10/01/2017
78650	CEREBROSPINAL FLUID LEAKAGE DETECTION AND LOCALIZATION	\$944.18	10/01/2017
78660	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	\$276.12	10/01/2017
78699	UNLISTED NERVOUS SYSTEM PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$276.12	10/01/2017
78700	KIDNEY IMAGING MORPHOLOGY;	\$276.12	10/01/2017
78701	KIDNEY IMAGING; WITH VASCULAR FLOW	\$276.12	10/01/2017
78707	KIDNEY IMAGING MORPHOLOGY; WITH VASCULAR FLOW AND FUNCTION, SINGLE STUDY WITHOUT	\$355.75	10/01/2017
78708	NUCLEAR MEDICINE STUDY OF KIDNEY WITH ASSESSMENT OF BLOOD FLOW AND FUNCTION	\$355.75	10/01/2017
78709	KIDNEY IMAGING MORPHOLOGY; WITH VASCULAR FLOW AND FUNCTION, MULTIPLE STUDIES, WI	\$355.75	10/01/2017
78710	KIDNEY IMAGING MORPHOLOGY; TOMOGRAPHIC (SPECT)	\$355.75	10/01/2017
78725	KIDNEY FUNCTION STUDY, NON-IMAGING RADIOISOTOPIC STUDY	\$276.12	10/01/2017
78730	URINARY BLADDER RESIDUAL STUDY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	Bundled	10/01/2013
78740	URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDING CYSTOGRAM)	\$276.12	10/01/2017
78761	TESTICULAR IMAGING WITH VASCULAR FLOW	\$276.12	10/01/2017
78799	UNLISTED GENITOURINARY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$276.12	10/01/2017
78800	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL	\$276.12	10/01/2017
78801	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF	\$276.12	10/01/2017
78802	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF	\$944.18	10/01/2017
78803	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF	\$355.75	10/01/2017

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78804	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF	\$944.18	10/01/2017
78805	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; LIMITED AREA	\$944.18	10/01/2017
78806	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; WHOLE BODY	\$944.18	10/01/2017
78807	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; TOMOGRAPHIC (SPECT)	\$355.75	10/01/2017
78808	INJECTION PROCEDURE FOR RADIOPHARMACEUTICAL LOCALIZATION BY NON-IMAGING PROBE ST	\$276.12	10/01/2017
78811	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; LIMITED AREA (EG, CHEST, HEAD/NECK)	\$944.18	10/01/2017
78812	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; SKULL BASE TO MID-THIGH	\$1,071.19	10/01/2016
78813	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; WHOLE BODY	\$1,071.19	10/01/2016
78814	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPH	\$1,071.19	10/01/2016
78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPH	\$1,071.19	10/01/2016
78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPH	\$1,071.19	10/01/2016
78999	UNLISTED MISCELLANEOUS PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$276.12	10/01/2017
79005	RADIOPHARMACEUTICAL THERAPY, BY ORAL ADMINISTRATION	\$208.36	10/01/2016
79101	RADIOPHARMACEUTICAL THERAPY, BY INTRAVENOUS ADMINISTRATION	\$208.36	10/01/2016
79200	RADIOPHARMACEUTICAL THERAPY, BY INTRACAVITARY ADMINISTRATION	\$208.36	10/01/2016
79300	RADIOPHARMACEUTICAL THERAPY, BY INTERSTITIAL RADIOACTIVE COLLOID ADMINISTRATION	\$208.36	10/01/2016
79403	RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIBODY BY INTRAVENOUS	\$208.36	10/01/2016
79440	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTICULAR ADMINISTRATION	\$208.36	10/01/2016
79445	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTERIAL PARTICULATE ADMINISTRATION	\$208.36	10/01/2016
79999	RADIOPHARMACEUTICAL THERAPY, UNLISTED PROCEDURE	\$208.36	10/01/2016
80047	BLOOD TEST, BASIC GROUP OF BLOOD CHEMICALS	\$11.51	10/01/2015
80048	BLOOD TEST, BASIC GROUP OF BLOOD CHEMICALS	\$11.51	10/01/2015
80050	GENERAL HEALTH PANEL	CCR	01/01/2012
80051	BLOOD TEST PANEL FOR ELECTROLYTES (SODIUM POTASSIUM, CHLORIDE, CARBON DIOXIDE)	\$9.55	10/01/2015
80053	BLOOD TEST, COMPREHENSIVE GROUP OF BLOOD CHEMICALS	\$14.37	10/01/2015
80055	OBSTETRIC BLOOD TEST PANEL	CCR	01/01/2012
80061	BLOOD TEST, LIPIDS (CHOLESTEROL AND TRIGLYCERIDES)	\$18.22	10/01/2015
80069	KIDNEY FUNCTION BLOOD TEST PANEL	\$11.82	10/01/2015
80074	ACUTE HEPATITIS PANEL	\$63.15	10/01/2015
80076	LIVER FUNCTION BLOOD TEST PANEL	\$11.11	10/01/2015
80081	OBSTETRIC PANEL (INCLUDES HIV TESTING)	CCR	01/01/2016

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80150	AMIKACIN	\$17.97	10/01/2015
80155	CAFFEINE	CCR	01/01/2014
80156	CARBAMAZEPINE; TOTAL	\$19.82	10/01/2015
80157	CARBAMAZEPINE; FREE	\$18.04	10/01/2015
80158	CYCLOSPORINE	\$24.57	10/01/2015
80159	CLOZAPINE	CCR	01/01/2014
80162	DIGOXIN	\$18.07	10/01/2015
80163	DIGOXIN; FREE	CCR	01/01/2015
80164	VALPROIC ACID LEVEL	\$16.21	10/01/2015
80165	VALPROIC ACID (IDIPROPYLACETIC ACID); FREE	CCR	01/01/2015
80168	ETHOSUXIMIDE	\$22.24	10/01/2015
80169	EVEROLIMUS	CCR	01/01/2014
80170	GENTAMICIN	\$22.30	10/01/2015
80171	GABAPENTIN	CCR	01/01/2014
80173	HALOPERIDOL	\$19.82	10/01/2015
80175	LAMOTRIGINE	CCR	01/01/2014
80176	LIDOCAINE	\$19.99	10/01/2015
80177	LEVETIRACETAM	CCR	01/01/2014
80178	LITHIUM	\$9.00	10/01/2015
80180	MYCOPHENOLATE (MYCOPHENOLIC ACID)	CCR	01/01/2014
80183	OXCARBAZEPINE	CCR	01/01/2014
80184	PHENOBARBITAL	\$15.58	10/01/2015
80185	PHENYTOIN; TOTAL	\$18.04	10/01/2015
80186	PHENYTOIN; FREE	\$18.73	10/01/2015
80188	PRIMIDONE	\$22.58	10/01/2015
80190	PROCAINAMIDE;	\$22.80	10/01/2015
80192	PROCAINAMIDE; WITH METABOLITES (EG, N-ACETYL PROCAINAMIDE)	\$22.80	10/01/2015
80194	QUINIDINE	\$19.87	10/01/2015
80195	SIROLIMUS	\$18.69	10/01/2015
80197	TACROLIMUS	\$18.69	10/01/2015
80198	THEOPHYLLINE	\$19.25	10/01/2015

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80199	TIAGABINE	CCR	01/01/2014
80200	TOBRAMYCIN	\$21.94	10/01/2015
80201	TOPIRAMATE	\$16.23	10/01/2015
80202	VANCOMYCIN	\$16.21	10/01/2015
80203	ZONISAMIDE	CCR	01/01/2014
80299	QUANTITATION OF THERAPEUTIC DRUG	\$17.09	10/01/2015
80305	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEVICES OR	CCR	01/01/2017
80306	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEVICES OR	CCR	01/01/2017
80307	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEVICES OR	CCR	01/01/2017
80320	ALCOHOLS	CCR	01/01/2015
80321	ALCOHOL BIOMARKERS; 1 OR 2	CCR	01/01/2015
80322	ALCOHOL BIOMARKERS; 3 OR MORE	CCR	01/01/2015
80323	ALKALOIDS, NOT OTHERWISE SPECIFIED	CCR	01/01/2015
80324	AMPHETAMINES; 1 OR 2	CCR	01/01/2015
80325	AMPHETAMINES; 3 OR 4	CCR	01/01/2015
80326	AMPHETAMINES; 5 OR MORE	CCR	01/01/2015
80327	ANABOLIC STEROIDS; 1 OR 2	CCR	01/01/2015
80328	ANABOLIC STEROIDS; 3 OR MORE	CCR	01/01/2015
80329	ANALGESICS, NON-OPIOID; 1 OR 2	CCR	01/01/2015
80330	ANALGESICS, NON-OPIOID; 3-5	CCR	01/01/2015
80331	ANALGESICS, NON-OPIOID, 6 OR MORE	CCR	01/01/2015
80332	ANTIDEPRESSANTS, SEROTONERGIC CLASS; 1 OR 2	CCR	01/01/2015
80333	ANTIDEPRESSANTS, SEROTONERGIC CLASS; 3-5	CCR	01/01/2015
80334	ANTIDEPRESSANTS, SEROTONERGIC CLASS; 6 OR MORE	CCR	01/01/2015
80335	ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICATE; 1 OR 2	CCR	01/01/2015
80336	ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICATE; 3-5	CCR	01/01/2015
80337	ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICATE; 6 OR MORE	CCR	01/01/2015
80338	ANTIDEPRESSANTS, NOT OTHERWISE SPECIFIED	CCR	01/01/2015
80339	ANTIEPILEPTICS, NOT OTHERWISE SPECIFIED; 1-3	CCR	01/01/2015
80340	ANTIEPILEPTICS, NOT OTHERWISE SPECIFIED; 4-6	CCR	01/01/2015
80341	ANTIEPILEPTICS, NOT OTHERWISE SPECIFIED; 7 OR MORE	CCR	01/01/2015

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80342	ANTIPSYCHOTICS, NOT OTHERWISE SPECIFIED; 1-3	CCR	01/01/2015
80343	ANTIPSYCHOTICS, NOT OTHERWISE SPECIFIED; 4-6	CCR	01/01/2015
80344	ANTIPSYCHOTICS, NOT OTHERWISE SPECIFIED; 7 OR MORE	CCR	01/01/2015
80345	BARBITURATES	CCR	01/01/2015
80346	BENZODIAZEPINES; 1-12	CCR	01/01/2015
80347	BENZODIAZEPINES; 13 OR MORE	CCR	01/01/2015
80348	BUPRENORPHINE	CCR	01/01/2015
80349	CANNABINOIDS, NATURAL	CCR	01/01/2015
80350	CANNABINOIDS, SYNTHETIC; 1-3	CCR	01/01/2015
80351	CANNABINOIDS, SYNTHETIC; 4-6	CCR	01/01/2015
80352	CANNABINOIDS, SYNTHETIC; 7 OR MORE	CCR	01/01/2015
80353	COCAINE	CCR	01/01/2015
80354	FENTANYL	CCR	01/01/2015
80355	GABAPENTIN, NON-BLOOD	CCR	01/01/2015
80356	HEROIN METABOLITE	CCR	01/01/2015
80357	KETAMINE AND NORKETAMINE	CCR	01/01/2015
80358	METHADONE	CCR	01/01/2015
80359	METHYLENEDIOXYAMPHETAMINES (MDA, MDEA, MDMA)	CCR	01/01/2015
80360	METHYLPHENIDATE	CCR	01/01/2015
80361	OPIATES, 1 OR MORE	CCR	01/01/2015
80362	OPIOIDS AND OPIATE ANALOGS; 1 OR 2	CCR	01/01/2015
80363	OPIOIDS AND OPIATE ANALOGS; 3 OR 4	CCR	01/01/2015
80364	OPIOIDS AND OPIATE ANALOGS; 5 OR MORE	CCR	01/01/2015
80365	OXYCODONE	CCR	01/01/2015
80366	PREGABALIN	CCR	01/01/2015
80367	PROPOXYPHENE	CCR	01/01/2015
80368	SEDATIVE HYPNOTICS (NON-BENZODIAZEPINES)	CCR	01/01/2015
80369	SKELETAL MUSCLE RELAXANTS; 1 OR 2	CCR	01/01/2015
80370	SKELETAL MUSCLE RELAXANTS; 3 OR MORE	CCR	01/01/2015
80371	STIMULANTS, SYNTHETIC	CCR	01/01/2015
80372	TAPENTADOL	CCR	01/01/2015

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80373	TRAMADOL	CCR	01/01/2015
80374	STEREoisomer (Enantiomer) Analysis, Single Drug Class	CCR	01/01/2015
80375	Drug(s) or Substance(s), Definitive, Qualitative or Quantitative, Not Otherwise	CCR	01/01/2015
80376	Drug(s) or Substance(s), Definitive, Qualitative or Quantitative, Not Otherwise	CCR	01/01/2015
80377	Drug(s) or Substance(s), Definitive, Qualitative or Quantitative, Not Otherwise	CCR	01/01/2015
80400	HORMONAL PANEL FOR ADRENAL GLAND ASSESSMENT (ADRENAL GLAND INSUFFICIENCY)	\$44.39	10/01/2015
80402	HORMONE PANEL FOR ADRENAL GLAND ASSESSMENT (21 HYDROXYLASE DEFICIENCY)	\$118.33	10/01/2015
80406	HORMONE PANEL ADRENAL GLAND ASSESSMENT (3 BETA-HYDROXYDEHYDROGENASE DEFICIENCY)	\$106.49	10/01/2015
80408	ALDOSTERONE SUPPRESSION EVALUATION PANEL	\$170.78	10/01/2015
80410	CALCITONIN STIMULATION PANEL	\$109.33	10/01/2015
80412	ADRENAL GLAND STIMULATION PANEL	\$448.57	10/01/2015
80414	REPRODUCTIVE HORMONE PANEL (TESTOSTERONE)	\$70.27	10/01/2015
80415	REPRODUCTIVE HORMONE PANEL (ESTRADIOL)	\$76.05	10/01/2015
80416	RENAL VEIN RENIN (KIDNEY ENZYME) STIMULATION PANEL	\$179.58	10/01/2015
80417	PERIPHERAL VEIN RENIN (KIDNEY ENZYME) STIMULATION PANEL	\$59.86	10/01/2015
80418	ANTERIOR PITUITARY GLAND EVALUATION PANEL	\$788.74	10/01/2015
80420	DEXAMETHASONE (STEROID) SUPPRESSION EVALUATION PANEL, 48 HOUR	\$98.04	10/01/2015
80422	GLUCAGON (HORMONE) TOLERANCE PANEL TO EVALUATE FOR INSULINOMA (PANCREATIC TUMOR)	\$53.19	10/01/2015
80424	GLUCAGON (HORMONE) TOLERANCE PANEL TO EVALUATE FOR PHEOCHROMOCYTOMA (ADRENAL GLA	\$61.80	10/01/2015
80426	GONADOTROPIN RELEASING HORMONE (REPRODUCTIVE HORMONE) PANEL	\$201.96	10/01/2015
80428	GROWTH HORMONE STIMULATION PANEL	\$90.77	10/01/2015
80430	GROWTH HORMONE SUPPRESSION PANEL	\$106.80	10/01/2015
80432	INSULIN-INDUCED C-PEPTIDE (PROTEIN) SUPPRESSION PANEL	\$175.97	10/01/2015
80434	INSULIN TOLERANCE PANEL FOR ACTH (ADRENAL GLAND HORMONE) INSUFFICIENCY	\$137.68	10/01/2015
80435	INSULIN TOLERANCE PANEL FOR GROWTH HORMONE DEFICIENCY	\$140.19	10/01/2015
80436	METYRAPONE (HORMONE ANTIBODY) PANEL	\$124.06	10/01/2015
80438	THYROTROPIN RELEASING HORMONE (TRH) (HYPOTHALAMUS HORMONE) STIMULATION PANEL, 1	\$68.60	10/01/2015
80439	THYROTROPIN RELEASING HORMONE (TRH) (HYPOTHALAMUS HORMONE) STIMULATION PANEL, 2	\$91.47	10/01/2015
80500	CLINICAL PATHOLOGY CONSULTATION	\$32.91	10/01/2017
80502	COMPREHENSIVE, CLINICAL PATHOLOGY CONSULTATION	\$32.91	10/01/2017
81000	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, K	\$4.31	10/01/2015

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81001	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN,	\$4.31	10/01/2015
81002	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN,	\$3.48	10/01/2015
81003	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN,	\$3.06	01/01/2014
81005	URINALYSIS; QUALITATIVE OR SEMIQUANTITATIVE, EXCEPT IMMUNOASSAYS	\$2.95	10/01/2015
81007	URINALYSIS; BACTERIURIA SCREEN, EXCEPT BY CULTURE OR DIPSTICK	\$1.32	01/01/2014
81015	URINALYSIS; MICROSCOPIC ONLY	\$4.14	10/01/2015
81020	URINALYSIS; TWO OR THREE GLASS TEST	\$5.02	10/01/2015
81025	URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHODS	\$8.61	10/01/2015
81050	VOLUME MEASUREMENT FOR TIMED COLLECTION, EACH	\$4.08	10/01/2015
81099	UNLISTED URINALYSIS PROCEDURE	CCR	01/01/2012
81161	DMD (DYSTROPHIN) (EG, DUCHENE/BECKER MUSCULAR DYSTROPHY) DELETION ANALYSIS, AND	CCR	01/01/2013
81162	GENE ANALYSIS (BREAST CANCER 1 AND 2) FULL SEQUENCE AND DUPLICATION OR DELETION	CCR	01/01/2016
81170	GENE ANALYSIS (ABL PROTO-ONCOGENE 1, NON-RECEPTOR TYROSINE KINASE)	CCR	01/01/2016
81200	ASPA (ASPARTOACYLASE) (EG, CANAVAN DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG,	CCR	01/01/2012
81201	APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL ADENOMATOSIS POLYPOSIS [FAP], ATT	CCR	01/01/2013
81202	APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL ADENOMATOSIS POLYPOSIS [FAP], ATT	CCR	01/01/2013
81203	APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL ADENOMATOSIS POLYPOSIS [FAP], ATT	CCR	01/01/2013
81205	BCKDHB (BRANCHED-CHAIN KETO ACID DEHYDROGENASE E1, BETA POLYPEPTIDE) (EG, MAPLE	CCR	01/01/2012
81206	BCR/ABL1 (T(9;22) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; MAJ	CCR	01/01/2012
81207	BCR/ABL1 (T(9;22) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; MIN	CCR	01/01/2012
81208	BCR/ABL1 (T(9;22) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; OTH	CCR	01/01/2012
81209	BLM (BLOOM SYNDROME, RECQ HELICASE-LIKE) (EG, BLOOM SYNDROME) GENE ANALYSIS, 228	CCR	01/01/2012
81210	BRAF-(V-RAF MURINE SARCOMA VIRAL ONCOGENE HOMOLOG B1) (EG, COLON CANCER), GENE A	CCR	01/01/2012
81211	BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER)	CCR	01/01/2012
81212	BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER)	CCR	01/01/2012
81213	BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER)	CCR	01/01/2012
81214	BRCA1 (BREAST CANCER 1) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS	CCR	01/01/2012
81215	BRCA1 (BREAST CANCER 1) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS	CCR	01/01/2012
81216	BRCA2 (BREAST CANCER 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS	CCR	01/01/2012
81217	BRCA2 (BREAST CANCER 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS	CCR	01/01/2012
81218	GENE ANALYSIS (CCAAT/ENHANCER BINDING PROTEIN [C/EBP], ALPHA) FULL GENE SEQUENCE	CCR	01/01/2016

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81219	GENE ANALYSIS (CALRETICULIN), COMMON VARIANTS	CCR	01/01/2016
81220	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS)	CCR	01/01/2012
81221	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS)	CCR	01/01/2012
81222	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS)	CCR	01/01/2012
81223	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS)	CCR	01/01/2012
81224	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS)	CCR	01/01/2012
81225	CYP2C19 (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 19) (EG, DRUG METAB	CCR	01/01/2012
81226	CYPD6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLI	CCR	01/01/2012
81227	CYP2C9 (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 9) (EG, DRUG METABOL	CCR	01/01/2012
81228	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF G	CCR	01/01/2012
81229	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF G	CCR	01/01/2012
81235	EGFR (EPIDERMAL GROWTH FACTOR RECEPTOR) (EG, NON-SMALL CELL LUNG CANCER) GENE AN	CCR	01/01/2013
81240	F2 (PROTHROMBIN, COAGULATION FACTOR II) (EG, HEREDITARY HYPERCOAGULABILITY) GENE	CCR	01/01/2012
81241	F5 (COAGULATION FACTOR V) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, LEI	CCR	01/01/2012
81242	FANCC (FANCONI ANEMIA, COMPLEMENTATION GROUP C) (EG, FANCONI ANEMIA, TYPE C) GEN	CCR	01/01/2012
81243	FMR1 (FRAGILE X MENTAL RETARDATION 1) (EG, FRAGILE X MENTAL RETARDATION) GENE AN	CCR	01/01/2012
81244	FMR1 (FRAGILE X MENTAL RETARDATION 1) (EG, FRAGILE X MENTAL RETARDATION) GENE AN	CCR	01/01/2012
81245	FLT3 (FMS-RELATED TYROSINE KINASE 3) (EG, ACUTE MYELOID LEUKEMIA), GENE ANALYSIS	CCR	01/01/2012
81246	FLT3 (FMS-RELATED TYROSINE KINASE 3) (EG, ACUTE MYELOID LEUKEMIA), GENE ANALYSIS	CCR	01/01/2015
81250	G6PC (GLUCOSE-6-PHOSPHATASE, CATALYTIC SUBUNIT) (EG, GLYCOGEN STORAGE DISEASE, T	CCR	01/01/2012
81251	GBA (GLUCOSIDASE, BETA, ACID) (EG, GAUCHER DISEASE) GENE ANALYSIS, COMMON VARIAN	CCR	01/01/2012
81252	GENE ANALYSIS (GAP JUNCTION PROTEIN, BETA 2, 26KDA, CONNEXIN 26), FULL GENE SEQU	CCR	01/01/2013
81253	GENE ANALYSIS (GAP JUNCTION PROTEIN, BETA 2, 26KDA, CONNEXIN 26), KNOWN FAMILIAL	CCR	01/01/2013
81254	GJB6 (GAP JUNCTION PROTEIN, BETA 6, 30KDA, CONNEXIN 30) (EG, NONSYNDROMIC HEARIN	CCR	01/01/2013
81255	HEXA (HEXOSAMINIDASE A [ALPHA POLYPEPTIDE]) (EG, TAY-SACHS DISEASE) GENE ANALYSI	CCR	01/01/2012
81256	HFE (HEMOCHROMATOSIS) (EG, HEREDITARY HOMECHROMATOSIS) GENE ANALYSIS, COMMON VAR	CCR	01/01/2012
81257	HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (EG, ALPHA THALASSEMIA, HB BART HY	CCR	01/01/2012
81260	IKBKAP (INHIBITOR OF KAPPA LIGHT POLYPEPTIDE GENE ENHANCER IN B-CELLS, KINASE CO	CCR	01/01/2012
81261	IGH (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIAS AND LYMPHOMAS, B-CELL), GE	CCR	01/01/2012
81262	IGH (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIAS AND LYMPHOMAS, B-CELL), GE	CCR	01/01/2012
81263	IGH (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIA AND LYMPHOMA, B-CELL), VARI	CCR	01/01/2012

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81264	IGK (IMMUNOGLOBULIN KAPPA LIGHT CHAIN LOCUS) (EG, LEUKEMIA AND LYMPHOMA, B-CELL)	CCR	01/01/2012
81265	COMP ANALYSIS USING SHORT TANDEM REPEAT (STR MARKERS; PATIENT AND COMPARATIVE SPE	CCR	01/01/2012
81266	COMP ANALYSIS USING SHORT TANDEM REPEAT (STR) MARKERS; EA ADD'L SPECIMEN (EG, AD	CCR	01/01/2012
81267	CHIMERISM (ENGRAFTMENT) ANALYSIS, POST TRANSPLANTATION SPECIMEN)EG, HEMATOPOIET	CCR	01/01/2012
81268	CHIMERISM (ENGRAFTMENT) ANALYSIS, POST TRANSPLANTATION SPECIMEN)EG, HEMATOPOIET	CCR	01/01/2012
81270	JAK2 (JANUS KINASE 2) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS, P.VAI617P	CCR	01/01/2012
81272	GENE ANALYSIS (V-KIT HARDY-ZUCKERMAN 4 FELINE SARCOMA VIRAL ONCOGENE HOMOLOG), T	CCR	01/01/2016
81273	GENE ANALYSIS (V-KIT HARDY-ZUCKERMAN 4 FELINE SARCOMA VIRAL ONCOGENE HOMOLOG), D	CCR	01/01/2016
81275	KRAS (V-KI-RAS2 KIRSTEN RAT SARCOMA VIRAL ONCOGENE) (EG, CARCINOMA) GENE ANALYSI	CCR	01/01/2012
81276	GENE ANALYSIS (KIRSTEN RAT SARCOMA VIRAL ONCOGENE HOMOLOG), ADDITIONAL VARIANTS	CCR	01/01/2016
81287	MGMT (0-6 METHYLGUANINE-DNA METHYLTRANSFERASE) (EG, GLIOBLASTOMA MULTIFORME), ME	CCR	01/01/2014
81288	MLH1 (MUTL. HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2)(EG, HEREDITARY NON-POL	CCR	01/01/2015
81290	MCOLN1 (MUCOLIPIN 1) (EG, MUCOLIPIDOSIS, TYPE IV) GENE ANALYSIS, COMMON VARIANTS	CCR	01/01/2012
81291	MTHFR (5, 10-METHYLENETETRAHYDROFOLATE REDUCTASE) (EG, HEREDITARY HYPERSOAGULABI	CCR	01/01/2012
81292	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POL	CCR	01/01/2012
81293	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POL	CCR	01/01/2012
81294	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POL	CCR	01/01/2012
81295	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NONPOLY	CCR	01/01/2012
81296	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NONPOLY	CCR	01/01/2012
81297	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NONPOLY	CCR	01/01/2012
81298	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER,	CCR	01/01/2012
81299	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER,	CCR	01/01/2012
81300	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER,	CCR	01/01/2012
81301	MICROSATELLITE INSTABILITY ANALYSIS (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CAN	CCR	01/01/2012
81302	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; FULL SEQ	CCR	01/01/2012
81303	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; KNOWN FA	CCR	01/01/2012
81304	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; DUPLICAT	CCR	01/01/2012
81310	NPM1 (NUCLEOPHOSMIN) (EG, ACUTE MYELOID LEUKEMIA) GENE ANALYSIS, EXON 12 VARIANT	CCR	01/01/2012
81311	GENE ANALYSIS FOR CANCER (NEUROBLASTOMA)	CCR	01/01/2016
81314	GENE ANALYSIS ((PLATELET-DERIVED GROWTH FACTOR RECEPTOR, ALPHA POLYPEPTIDE) TARG	CCR	01/01/2016
81315	PML/RARALPHA, (T(15;17)), (PROMYELOCYTIC LEUKEMIA/RETINOIC ACID RECEPTOR ALPHA)	CCR	01/01/2012

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81316	PML/RARALPHA, (T(15;17)), (PROMYELOCYTIC LEUKEMIA/RETINOIC ACID RECEPTOR ALPHA)	CCR	01/01/2012
81317	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S.CEREVISIAE]) (EG, HEREDITARY NON-PO	CCR	01/01/2012
81318	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S.CEREVISIAE]) (EG, HEREDITARY NON-PO	CCR	01/01/2012
81319	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S.CEREVISIAE]) (EG, HEREDITARY NON-PO	CCR	01/01/2012
81321	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COWDEN SYNDROME, PTEN HAMARTOMA TUMOR	CCR	01/01/2013
81322	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COWDEN SYNDROME, PTEN HAMARTOMA TUMOR	CCR	01/01/2013
81323	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COWDEN SYNDROME, PTEN HAMARTOMA TUMOR	CCR	01/01/2013
81324	PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG, CHARCOT-MARIE-TOOTH, HEREDITARY NEURO	CCR	01/01/2013
81325	PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG, CHARCOT-MARIE-TOOTH, HEREDITARY NEURO	CCR	01/01/2013
81326	PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG, CHARCOT-MARIE-TOOTH, HEREDITARY NEURO	CCR	01/01/2013
81330	SMPD1 (SPHINGOMYELIN PHOSPHODIESTERASE 1, ACID LYSOSOMAL) (EG, NIEMANN-PICK DISE	CCR	01/01/2012
81331	SNRPN/UBE3A (SMALL NUCLEAR RIBONUCLEOPROTEIN POLYPEPTIDE N AND UBIQUITIN PROTEIN	CCR	01/01/2012
81332	SERPINA1 9SERPIN PEPTIDASE INHIBITOR, CLADE A, ALPHA-1 ANTIPROTEINASE, ANTITRYPS	CCR	01/01/2012
81340	TRB (T CELL ANTIGEN RECEPTOR, BETA) (EG, LEUKEMIA AND LYMPHOMA), GENE REARRANGEM	CCR	01/01/2012
81341	TRB (T CELL ANTIGEN RECEPTOR, BETA) (EG, LEUKEMIA AND LYMPHOMA), GENE REARRANGEM	CCR	01/01/2012
81342	TRG (T CELL ANTIGEN RECEPTOR, GAMMA) (EG, LEUKEMIA AND LYMPHOMA), GENE REARRANGE	CCR	01/01/2012
81350	UGT1A1 (UDP GLUCURONOSY/TRANSFERASE 1 FAMILY, POLYPEPTIDE A1) (EG, IRINOTECAN ME	CCR	01/01/2012
81355	GENE ANALYSIS (VITAMIN K EPOXIDE REDUCTASE COMPLEX SUBUNIT 1) COMMON VARIANTS	CCR	01/01/2012
81370	HLA CLASS I AND II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); HLA-A, -B,	CCR	01/01/2012
81371	HLA CLASS I AND II TYPING, LOW RESOLUTION HLA-A, -B, AND -DRB1	CCR	01/01/2012
81372	HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); COMPLETE (IE, HLA-	CCR	01/01/2012
81373	HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE LOCUS (EG, HLA	CCR	01/01/2012
81374	HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE ANTIGEN EQUIVA	CCR	01/01/2012
81375	HLS CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); HLA-DRB1/3/4/5 AN	CCR	01/01/2012
81376	HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS	CCR	01/01/2012
81377	HLS CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE ANTIGEN EQUIV	CCR	01/01/2012
81378	HLA CLASS I AND II TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS), HLA-A	CCR	01/01/2012
81379	HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); COMPLETE (IE	CCR	01/01/2012
81380	HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE LOCUS (E	CCR	01/01/2012
81381	HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE ALLELE O	CCR	01/01/2012
81382	HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS	CCR	01/01/2012

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81383	HLA CLASS II TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE ALLELE	CCR	01/01/2012
81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	CCR	01/01/2012
81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	CCR	01/01/2012
81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	CCR	01/01/2012
81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	CCR	01/01/2012
81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	CCR	01/01/2012
81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	CCR	01/01/2012
81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	CCR	01/01/2012
81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	CCR	01/01/2012
81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	CCR	01/01/2012
81415	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUEN	CCR	01/01/2015
81430	HEARING LOSS (EG, NONSYNDROMIC HEARING LOSS, USHER SYNDROME, PENDRED SYNDROME);	CCR	01/01/2015
81431	HEARING LOSS (EG, NONSYNDROMIC HEARING LOSS, USHER SYNDROME, PENDRED SYNDROME);	CCR	01/01/2015
81432	GENE ANALYSIS (BREAST AND RELATED CANCERS), GENOMIC SEQUENCE	CCR	01/01/2016
81433	GENE ANALYSIS (BREAST AND RELATED CANCERS), DUPLICATION OR DELETION VARIANTS	CCR	01/01/2016
81434	GENE ANALYSIS (RETINAL DISORDERS), GENOMIC SEQUENCE	CCR	01/01/2016
81445	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLASM, DNA ANALYSIS, 5-	CCR	01/01/2015
81450	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, HEMATOLYMPHOID NEOPLASM OR DISORDER, D	CCR	01/01/2015
81471	TEST FOR DETECTING GENES ASSOCIATED WITH INTELLECTUAL DISABILITY	CCR	01/01/2015
81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	CCR	01/01/2013
81510	FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF THREE ANALYTES (AFP, UE3,	CCR	01/01/2013
81519	ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 21 GEN	CCR	01/01/2015
81528	ONCOLOGY (COLORECTAL) SCREENING, QUANTITATIVE REAL-TIME TARGET AND SIGNAL AMPLIF	CCR	01/01/2016
81599	UNLISTED MULTIANALYTE ASSAY WITH ALGORITHMIC ANALYSIS	CCR	01/01/2013
82009	KETONE BODY(S) (EG, ACETONE, ACETOACETIC ACID, BETA-HYDROXYBUTYRATE); QUALITATIV	\$6.15	10/01/2015
82010	KETONE BODY(S) (EG, ACETONE, ACETOACETIC ACID, BETA-HYDROXYBUTYRATE); QUANTITATI	\$11.12	10/01/2015
82013	ACETYLCHOLINESTERASE	\$15.20	10/01/2015
82016	ACYLCARNITINES; QUALITATIVE, EACH SPECIMEN	\$18.87	10/01/2015
82017	ACYLCARNITINES; QUANTITATIVE, EACH SPECIMEN	\$22.95	10/01/2015
82024	ADRENOCORTICOTROPIC HORMONE (ACTH)	\$52.56	10/01/2015
82030	ADENOSINE, 5-MONOPHOSPHATE, CYCLIC (CYCLIC AMP)	\$35.11	10/01/2015

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82040	ALBUMIN; SERUM, PLASMA OR WHOLE BLOOD	\$6.73	10/01/2015
82042	ALBUMIN; URINE OR OTHER SOURCE, QUANTITATIVE, EACH SPECIMEN	\$7.04	10/01/2015
82043	ALBUMIN; URINE, MICROALBUMIN, QUANTITATIVE	\$7.87	10/01/2015
82044	ALBUMIN; URINE, MICROALBUMIN, SEMIQUANTITATIVE (EG, REAGENT STRIP ASSAY)	\$6.22	10/01/2015
82045	ALBUMIN; ISCHEMIA MODIFIED	\$46.19	10/01/2015
82075	ALCOHOL (ETHANOL); BREATH	\$16.40	10/01/2015
82085	ALDOLASE	\$13.21	10/01/2015
82088	ALDOSTERONE	\$55.46	10/01/2015
82103	ALPHA-1-ANTITRYPSIN; TOTAL	\$18.29	10/01/2015
82104	ALPHA-1-ANTITRYPSIN; PHENOTYPE	\$19.68	10/01/2015
82105	ALPHA-FETOPROTEIN (AFP) LEVEL, SERUM"	\$17.97	10/01/2015
82106	ALPHA-FETOPROTEIN; AMNIOTIC FLUID	\$17.97	10/01/2015
82107	ALPHA-FETOPROTEIN (AFP); AFP-L3 FRACTION ISOFORM AND TOTAL AFP (INCLUDING RATIO)	\$40.06	10/01/2015
82108	ALUMINUM	\$34.67	10/01/2015
82120	AMINES, VAGINAL FLUID, QUALITATIVE	\$5.12	10/01/2015
82127	AMINO ACIDS; SINGLE, QUALITATIVE, EACH SPECIMEN	\$18.87	10/01/2015
82128	AMINO ACIDS; MULTIPLE, QUALITATIVE, EACH SPECIMEN	\$18.87	10/01/2015
82131	AMINO ACIDS; SINGLE, QUANTITATIVE, EACH SPECIMEN	\$22.95	10/01/2015
82135	AMINOLEVULINIC ACID, DELTA (ALA)	\$22.39	10/01/2015
82136	AMINO ACIDS, 2 TO 5 AMINO ACIDS, QUANTITATIVE, EACH SPECIMEN	\$22.95	10/01/2015
82139	AMINO ACIDS, 6 OR MORE AMINO ACIDS, QUANTITATIVE, EACH SPECIMEN	\$22.95	10/01/2015
82140	AMMONIA	\$19.83	10/01/2015
82143	AMNIOTIC FLUID SCAN (SPECTROPHOTOMETRIC)	\$9.19	10/01/2015
82150	AMYLASE	\$8.82	10/01/2015
82154	ANDROSTANEDIOL GLUCURONIDE	\$39.24	10/01/2015
82157	ANDROSTENEDIONE	\$39.84	10/01/2015
82160	ANDROSTERONE	\$34.03	10/01/2015
82163	ANGIOTENSIN II	\$27.93	10/01/2015
82164	ANGIOTENSIN I - CONVERTING ENZYME (ACE)	\$19.87	10/01/2015
82172	APOLIPOPROTEIN, EACH	\$21.09	10/01/2015
82175	ARSENIC	\$25.82	10/01/2015

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82180	ASCORBIC ACID (VITAMIN C), BLOOD	\$7.85	10/01/2015
82190	ATOMIC ABSORPTION SPECTROSCOPY, EACH ANALYTE	\$20.28	10/01/2015
82232	BETA-2 MICROGLOBULIN	\$22.02	10/01/2015
82239	BILE ACIDS; TOTAL	\$23.31	10/01/2015
82240	BILE ACIDS; CHOLYLGLYCINE	\$36.17	10/01/2015
82247	BILIRUBIN; TOTAL	\$6.83	10/01/2015
82248	BILIRUBIN; DIRECT	\$6.83	10/01/2015
82252	BILIRUBIN; FECES, QUALITATIVE	\$6.19	10/01/2015
82261	BIOTINIDASE, EACH SPECIMEN	\$22.95	10/01/2015
82270	BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAC), QUALITATIVE; FECES, CONSECUT	\$4.43	10/01/2015
82271	BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAC), QUALITATIVE; OTHER SOURCES	\$4.43	10/01/2015
82272	BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAC), QUALITATIVE, FECES, 1-3 SIMU	\$4.43	10/01/2015
82274	BLOOD, OCCULT, BY FECAL HEMOGLOBIN DETERMINATION BY IMMUNOASSAY, QUALITATIVE,	\$17.97	10/01/2015
82286	BRADYKININ	\$9.38	10/01/2015
82300	CADMIUM	\$31.49	10/01/2015
82306	VITAMIN D; 25 HYDROXY, INCLUDES FRACTION(S), IF PERFORMED	\$31.51	10/01/2015
82308	CALCITONIN	\$36.45	10/01/2015
82310	CALCIUM; TOTAL	\$7.02	10/01/2015
82330	CALCIUM; IONIZED	\$18.22	10/01/2015
82331	CALCIUM; AFTER CALCIUM INFUSION TEST	\$7.04	10/01/2015
82340	CALCIUM; URINE QUANTITATIVE, TIMED SPECIMEN	\$8.21	10/01/2015
82355	CALCULUS; QUALITATIVE ANALYSIS	\$15.75	10/01/2015
82360	CALCULUS; QUANTITATIVE ANALYSIS, CHEMICAL	\$16.58	10/01/2015
82365	CALCULUS; INFRARED SPECTROSCOPY	\$17.55	10/01/2015
82370	CALCULUS; X-RAY DIFFRACTION	\$17.05	10/01/2015
82373	CARBOHYDRATE DEFICIENT TRANSFERRIN	\$24.58	10/01/2015
82374	CARBON DIOXIDE (BICARBONATE)	\$6.65	10/01/2015
82375	CARBOXYHEMOGLOBIN; QUANTITATIVE	\$7.10	10/01/2015
82376	CARBOXYHEMOGLOBIN; QUALITATIVE	\$7.10	10/01/2015
82378	CARCINOEMBRYONIC ANTIGEN (CEA)	\$25.81	10/01/2015
82379	CARNITINE (TOTAL AND FREE), QUANTITATIVE, EACH SPECIMEN	\$22.95	10/01/2015

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82380	CAROTENE	\$12.55	10/01/2015
82382	CATECHOLAMINES; TOTAL URINE	\$23.40	10/01/2015
82383	CATECHOLAMINES; BLOOD	\$34.10	10/01/2015
82384	CATECHOLAMINES; FRACTIONATED	\$30.90	10/01/2015
82387	CATHEPSIN-D	\$28.32	10/01/2015
82390	CERULOPLASMIN	\$14.62	10/01/2015
82397	CHEMILUMINESCENT ASSAY	\$19.22	10/01/2015
82415	CHLORAMPHENICOL	\$17.24	10/01/2015
82435	CHLORIDE; BLOOD	\$6.26	10/01/2015
82436	CHLORIDE; URINE	\$6.85	10/01/2015
82438	CHLORIDE; OTHER SOURCE	\$6.65	10/01/2015
82441	CHLORINATED HYDROCARBONS, SCREEN	\$8.10	10/01/2015
82465	CHOLESTEROL, SERUM OR WHOLE BLOOD, TOTAL	\$5.92	10/01/2015
82480	CHOLINESTERASE; SERUM	\$10.72	10/01/2015
82482	CHOLINESTERASE; RBC	\$10.45	10/01/2015
82485	CHONDROITIN B SULFATE, QUANTITATIVE	\$28.10	10/01/2015
82495	CHROMIUM	\$27.60	10/01/2015
82507	CITRATE	\$37.84	10/01/2015
82523	COLLAGEN CROSS LINKS, ANY METHOD	\$25.43	10/01/2015
82525	COPPER	\$16.89	10/01/2015
82528	CORTICOSTERONE	\$23.67	10/01/2015
82530	CORTISOL; FREE	\$22.74	10/01/2015
82533	CORTISOL; TOTAL	\$22.19	10/01/2015
82540	CREATINE	\$6.31	10/01/2015
82542	CHEMICAL ANALYSIS USING CHROMATOGRAPHY TECHNIQUE	\$24.58	10/01/2015
82550	CREATINE KINASE (CK), (CPK); TOTAL	\$8.86	10/01/2015
82552	CREATINE KINASE (CK), (CPK); ISOENZYMES	\$15.45	10/01/2015
82553	CREATINE KINASE (CK), (CPK); MB FRACTION ONLY	\$15.72	10/01/2015
82554	CREATINE KINASE (CK), (CPK); ISOFORMS	\$16.15	10/01/2015
82565	CREATININE; BLOOD	\$6.97	10/01/2015
82570	CREATININE; OTHER SOURCE	\$7.04	10/01/2015

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82575	CREATININE; CLEARANCE	\$12.86	10/01/2015
82585	CRYOFIBRINOGEN	\$11.68	10/01/2015
82595	CRYOGLOBULIN, QUALITATIVE OR SEMI-QUANTITATIVE (EG, CRYOCRIT)	\$6.32	10/01/2015
82600	CYANIDE	\$26.40	10/01/2015
82607	CYANOCOBALAMIN (VITAMIN B-12);	\$20.51	10/01/2015
82608	CYANOCOBALAMIN (VITAMIN B-12); UNSATURATED BINDING CAPACITY	\$19.48	10/01/2015
82610	CYSTATIN C	\$18.50	10/01/2015
82615	CYSTINE AND HOMOCYSTINE, URINE, QUALITATIVE	\$11.11	10/01/2015
82626	DEHYDROEPIANDROSTERONE (DHEA)	\$34.39	10/01/2015
82627	DEHYDROEPIANDROSTERONE-SULFATE (DHEA-S)	\$30.26	10/01/2015
82633	DESOXYCORTICOSTERONE, 11-	\$36.08	10/01/2015
82634	DEOXYCORTISOL, 11-	\$39.84	10/01/2015
82638	DIBUCAINE NUMBER	\$16.66	10/01/2015
82652	DIHYDROTESTOSTERONE (DHT) 1, 25 DIHYDROXY, INCLUDES FRACTION(S), IF PERFORMED	\$52.39	10/01/2015
82656	ELASTASE, PANCREATIC (EL-1), FECAL, QUALITATIVE OR SEMI-QUANTITATIVE	\$15.70	10/01/2015
82657	ENZYME ACTIVITY IN BLOOD CELLS, CULTURED CELLS, OR TISSUE, NOT ELSEWHERE	\$24.58	10/01/2015
82658	ENZYME ACTIVITY IN BLOOD CELLS, CULTURED CELLS, OR TISSUE, NOT ELSEWHERE	\$24.58	10/01/2015
82664	ELECTROPHORETIC TECHNIQUE, NOT ELSEWHERE SPECIFIED	\$46.75	10/01/2015
82668	ERYTHROPOIETIN	\$25.58	10/01/2015
82670	ESTRADIOL	\$38.02	10/01/2015
82671	ESTROGENS; FRACTIONATED	\$43.96	10/01/2015
82672	ESTROGENS; TOTAL	\$29.53	10/01/2015
82677	ESTRIOL	\$32.91	10/01/2015
82679	ESTRONE	\$33.96	10/01/2015
82693	ETHYLENE GLYCOL	\$20.27	10/01/2015
82696	ETIOCHOLANOLONE	\$32.09	10/01/2015
82705	FAT OR LIPIDS, FECES; QUALITATIVE	\$6.93	10/01/2015
82710	FAT OR LIPIDS, FECES; QUANTITATIVE	\$22.87	10/01/2015
82715	FAT DIFFERENTIAL, FECES, QUANTITATIVE	\$23.42	10/01/2015
82725	FATTY ACIDS, NONESTERIFIED	\$8.73	10/01/2015
82726	VERY LONG CHAIN FATTY ACIDS	\$24.58	10/01/2015

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82728	FERRITIN	\$18.54	10/01/2015
82731	FETAL FIBRONECTIN, CERVICOVAGINAL SECRETIONS, SEMI-QUANTITATIVE	\$40.06	10/01/2015
82735	FLUORIDE	\$25.23	10/01/2015
82746	FOLIC ACID; SERUM	\$20.01	10/01/2015
82747	FOLIC ACID; RBC	\$23.57	10/01/2015
82757	FRUCTOSE, SEMEN	\$23.60	10/01/2015
82759	GALACTOKINASE, RBC	\$29.24	10/01/2015
82760	GALACTOSE	\$15.24	10/01/2015
82775	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE; QUANTITATIVE	\$28.67	10/01/2015
82776	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE; SCREEN	\$11.41	10/01/2015
82777	GALECTIN-3	CCR	01/01/2013
82784	GAMMAGLOBULIN (IMMUNOGLOBULIN); IGA, IGD, IGG, IGM, EACH	\$7.21	10/01/2015
82785	GAMMAGLOBULIN (IMMUNOGLOBULIN); IGE	\$22.41	10/01/2015
82787	GAMMAGLOBULIN (IMMUNOGLOBULIN); IMMUNOGLOBULIN SUBCLASSES (EG, IGG1, 2, 3, OR 4)	\$10.91	10/01/2015
82800	GASES, BLOOD, PH ONLY	\$11.51	10/01/2015
82803	GASES, BLOOD, ANY COMBINATION OF PH, PCO2, PO2, CO2, HCO3 (INCLUDING CALCULATED	\$23.67	10/01/2015
82805	GASES, BLOOD, ANY COMBINATION OF PH, PCO2, PO2, CO2, HCO3 (INCLUDING CALCULATED	\$37.55	10/01/2015
82810	GASES, BLOOD, O2 SATURATION ONLY, BY DIRECT MEASUREMENT, EXCEPT PULSE OXIMETRY	\$11.88	10/01/2015
82820	HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR 50% HEMOGLOBIN SATURATION WITH OXYGEN)	\$12.91	10/01/2015
82930	GASTRIC ACID ANALYSIS, INCLUDES PH IF PERFORMED, EACH SPECIMEN	\$7.41	10/01/2015
82938	GASTRIN AFTER SECRETIN STIMULATION	\$24.08	10/01/2015
82941	GASTRIN	\$24.00	10/01/2015
82943	GLUCAGON	\$19.44	10/01/2015
82945	GLUCOSE, BODY FLUID, OTHER THAN BLOOD	\$5.34	10/01/2015
82946	GLUCAGON TOLERANCE TEST	\$20.51	10/01/2015
82947	GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGENT STRIP)	\$5.34	10/01/2015
82948	GLUCOSE; BLOOD, REAGENT STRIP	\$4.31	10/01/2015
82950	GLUCOSE; POST GLUCOSE DOSE (INCLUDES GLUCOSE)	\$6.46	10/01/2015
82951	GLUCOSE; TOLERANCE TEST (GTT), THREE SPECIMENS (INCLUDES GLUCOSE)	\$11.90	10/01/2015
82952	GLUCOSE; TOLERANCE TEST, EACH ADDITIONAL BEYOND 3 SPECIMENS (LIST SEPARATELY IN	\$5.34	10/01/2015
82955	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD); QUANTITATIVE	\$13.19	10/01/2015

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82960	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD); SCREEN	\$8.24	10/01/2015
82962	GLUCOSE, BLOOD BY GLUCOSE MONITORING DEVICE(S) CLEARED BY THE FDA SPECIFICALLY	\$2.45	10/01/2015
82963	GLUCOSIDASE, BETA	\$29.24	10/01/2015
82965	GLUTAMATE DEHYDROGENASE	\$10.52	10/01/2015
82977	GLUTAMYLTRANSFERASE, GAMMA (GGT)	\$9.80	10/01/2015
82978	GLUTATHIONE	\$19.40	10/01/2015
82979	GLUTATHIONE REDUCTASE, RBC	\$8.99	10/01/2015
82985	GLYCATED PROTEIN	\$14.18	10/01/2015
83001	GONADOTROPIN; FOLLICLE STIMULATING HORMONE (FSH)	\$25.29	10/01/2015
83002	GONADOTROPIN; LUTEINIZING HORMONE (LH)	\$25.20	10/01/2015
83003	GROWTH HORMONE, HUMAN (HGH) (SOMATOTROPIN)	\$22.70	10/01/2015
83006	GROWTH STIMULATION EXPRESSED GENE 2 (ST2, INTERLEUKIN 1 RECEPTOR LIKE-1)	CCR	01/01/2015
83009	HELICOBACTER PYLORI, BLOOD TEST ANALYSIS FOR UREASE ACTIVITY, NON-RADIOACTIVE	\$91.66	10/01/2015
83010	HAPTOGLOBIN; QUANTITATIVE	\$17.12	10/01/2015
83012	HAPTOGLOBIN; PHENOTYPES	\$23.40	10/01/2015
83013	HELICOBACTER PYLORI; BREATH TEST ANALYSIS FOR UREASE ACTIVITY, NON-RADIOACTIVE	\$91.66	10/01/2015
83014	HELICOBACTER PYLORI; DRUG ADMINISTRATION	\$10.70	10/01/2015
83015	HEAVY METAL (EG, ARSENIC, BARIUM, BERYLLIUM, BISMUTH, ANTIMONY, MERCURY); SCREEN	\$25.63	10/01/2015
83018	HEAVY METAL (EG, ARSENIC, BARIUM, BERYLLIUM, BISMUTH, ANTIMONY, MERCURY);	\$29.89	10/01/2015
83020	HEMOGLOBIN FRACTIONATION AND QUANTITATION; ELECTROPHORESIS (EG, A2, S, C,	\$17.52	10/01/2015
83021	HEMOGLOBIN FRACTIONATION AND QUANTITATION; CHROMATOGRAPHY (EG, A2, S, C, AND/OR	\$24.58	10/01/2015
83026	HEMOGLOBIN; BY COPPER SULFATE METHOD, NON-AUTOMATED	\$3.22	10/01/2015
83030	HEMOGLOBIN; F (FETAL), CHEMICAL	\$11.25	10/01/2015
83033	HEMOGLOBIN; F (FETAL), QUALITATIVE	\$8.11	10/01/2015
83036	HEMOGLOBIN; GLYCOSYLATED (A1C)	\$13.21	10/01/2015
83037	HEMOGLOBIN; GLYCOSYLATED (A1C) BY DEVICE CLEARED BY FDA FOR HOME USE	\$13.21	10/01/2015
83045	HEMOGLOBIN; METHEMOGLOBIN, QUALITATIVE	\$6.74	10/01/2015
83050	HEMOGLOBIN; METHEMOGLOBIN, QUANTITATIVE	\$9.98	10/01/2015
83051	HEMOGLOBIN; PLASMA	\$9.95	10/01/2015
83060	HEMOGLOBIN; SULFHEMOGLOBIN, QUANTITATIVE	\$11.25	10/01/2015
83065	HEMOGLOBIN; THERMOLABILE	\$9.38	10/01/2015

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83068	HEMOGLOBIN; UNSTABLE, SCREEN	\$11.51	10/01/2015
83069	HEMOGLOBIN; URINE	\$5.37	10/01/2015
83070	HEMOSIDERIN; QUALITATIVE	\$6.46	10/01/2015
83080	B-HEXOSAMINIDASE, EACH ASSAY	\$22.95	10/01/2015
83088	HISTAMINE	\$40.19	10/01/2015
83090	HOMOCYSTINE	\$22.95	10/01/2015
83150	HOMOVANILLIC ACID (HVA)	\$26.33	10/01/2015
83491	HYDROXYCORTICOSTEROIDS, 17- (17-OHCS)	\$23.84	10/01/2015
83497	HYDROXYINDOLACETIC ACID, 5-(HIAA)	\$17.55	10/01/2015
83498	HYDROXYPROGESTERONE, 17-D	\$36.97	10/01/2015
83499	HYDROXYPROGESTERONE, 20-	\$34.31	10/01/2015
83500	HYDROXYPROLINE; FREE	\$30.82	10/01/2015
83505	HYDROXYPROLINE; TOTAL	\$33.09	10/01/2015
83516	IMMUNOASSAY FOR ANALYTE OTHER THAN INFECTIOUS AGENT ANTIBODY OR INFECTIOUS AGENT	\$15.70	10/01/2015
83518	IMMUNOASSAY FOR ANALYTE OTHER THAN INFECTIOUS AGENT ANTIBODY OR INFECTIOUS AGENT	\$11.53	10/01/2015
83519	IMMUNOASSAY FOR ANALYTE OTHER THAN INFECTIOUS AGENT ANTIBODY OR INFECTIOUS AGENT	\$18.39	10/01/2015
83520	IMMUNOASSAY FOR ANALYTE OTHER THAN INFECTIOUS AGENT ANTIBODY OR INFECTIOUS AGENT	\$17.62	10/01/2015
83525	INSULIN; TOTAL	\$12.39	10/01/2015
83527	INSULIN; FREE	\$17.62	10/01/2015
83528	INTRINSIC FACTOR	\$21.65	10/01/2015
83540	IRON	\$8.81	10/01/2015
83550	IRON BINDING CAPACITY	\$11.90	10/01/2015
83570	ISOCITRIC DEHYDROGENASE (IDH)	\$12.04	10/01/2015
83582	KETOGENIC STEROIDS, FRACTIONATION	\$19.28	10/01/2015
83586	KETOSTEROIDS, 17- (17-KS); TOTAL	\$17.43	10/01/2015
83593	KETOSTEROIDS, 17- (17-KS); FRACTIONATION	\$35.79	10/01/2015
83605	LACTATE (LACTIC ACID)	\$14.53	10/01/2015
83615	LACTATE DEHYDROGENASE (LD), (LDH);	\$8.21	10/01/2015
83625	LACTATE DEHYDROGENASE (LD), (LDH); ISOENZYMES, SEPARATION AND QUANTITATION	\$17.42	10/01/2015
83630	LACTOFERRIN, FECAL; QUALITATIVE	\$26.71	10/01/2015
83631	LACTOFERRIN, FECAL; QUANTITATIVE	\$26.71	10/01/2015

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83632	LACTOGEN, HUMAN PLACENTAL (HPL) HUMAN CHORIONIC SOMATOMAMMOTROPIN	\$27.51	10/01/2015
83633	LACTOSE, URINE; QUALITATIVE	\$7.48	10/01/2015
83655	LEAD	\$16.47	10/01/2015
83661	FETAL LUNG MATURITY ASSESSMENT; LECITHIN SPHINGOMYELIN (L/S) RATIO	\$29.92	10/01/2015
83662	FETAL LUNG MATURITY ASSESSMENT; FOAM STABILITY TEST	\$25.74	10/01/2015
83663	FETAL LUNG MATURITY ASSESSMENT; FLUORESCENCE POLARIZATION	\$25.74	10/01/2015
83664	FETAL LUNG MATURITY ASSESSMENT; LAMELLAR BODY DENSITY	\$25.74	10/01/2015
83670	LEUCINE AMINOPEPTIDASE (LAP)	\$12.47	10/01/2015
83690	LIPASE	\$9.38	10/01/2015
83695	LIPOPROTEIN (A)	\$17.62	10/01/2015
83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2, (LP-PLA2)	\$46.19	10/01/2015
83700	LIPOPROTEIN, BLOOD; ELECTROPHORETIC SEPARATION AND QUANTITATION	\$15.32	10/01/2015
83701	LIPOPROTEIN, BLOOD; HIGH RESOLUTION FRACTIONATION AND QUANTITATION OF LIPOPROTEI	\$33.78	10/01/2015
83704	LIPOPROTEIN, BLOOD; QUANTITATION OF LIPOPROTEIN PARTICLE NUMBERS AND LIPOPROTEIN	\$42.93	10/01/2015
83718	LIPOPROTEIN, DIRECT MEASUREMENT; HIGH DENSITY CHOLESTEROL (HDL CHOLESTEROL)	\$11.14	10/01/2015
83719	LIPOPROTEIN, DIRECT MEASUREMENT; DIRECT MEASUREMENT, VLDL CHOLESTEROL	\$15.84	10/01/2015
83721	LIPOPROTEIN, DIRECT MEASUREMENT; DIRECT MEASUREMENT, LDL CHOLESTEROL	\$12.99	10/01/2015
83727	LUTEINIZING RELEASING FACTOR (LRH)	\$23.40	10/01/2015
83735	MAGNESIUM	\$9.11	10/01/2015
83775	MALATE DEHYDROGENASE	\$10.03	10/01/2015
83785	MANGANESE	\$33.47	10/01/2015
83789	MASS SPECTROMETRY AND TANDEM MASS SPECTROMETRY (MS, MS/MS), ANALYTE NOT	\$24.58	10/01/2015
83825	MERCURY, QUANTITATIVE	\$21.28	10/01/2015
83835	METANEPHRINES	\$23.05	10/01/2015
83857	METHEMALBUMIN	\$14.62	10/01/2015
83861	MICROFLUIDIC ANALYSIS UTILIZING AN INTEGRATED COLLECTION AND ANALYSIS DEVICE, TE	CCR	01/01/2011
83864	MUCOPOLYSACCHARIDES, ACID; QUANTITATIVE	\$27.10	10/01/2015
83872	MUCIN, SYNOVIAL FLUID (ROPES TEST)	\$6.32	10/01/2015
83873	MYELIN BASIC PROTEIN, CEREBROSPINAL FLUID	\$23.41	10/01/2015
83874	MYOGLOBIN	\$17.58	10/01/2015
83876	MYELOPEROXIDASE (MPO)	\$46.19	10/01/2015

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83880	NATRIURETIC PEPTIDE	\$46.19	10/01/2015
83883	NEPHELOMETRY, EACH ANALYTE NOT ELSEWHERE SPECIFIED	\$18.50	10/01/2015
83885	NICKEL	\$33.34	10/01/2015
83915	NUCLEOTIDASE 5' (ENZYME) LEVEL	\$15.18	10/01/2015
83916	OLIGOCLONAL IMMUNE (OLIGOCLONAL BANDS)	\$27.37	10/01/2015
83918	ORGANIC ACIDS; TOTAL, QUANTITATIVE, EACH SPECIMEN	\$22.39	10/01/2015
83919	ORGANIC ACIDS; QUALITATIVE, EACH SPECIMEN	\$22.39	10/01/2015
83921	ORGANIC ACID, SINGLE, QUANTITATIVE	\$22.39	10/01/2015
83930	OSMOLALITY; BLOOD	\$9.00	10/01/2015
83935	OSMOLALITY; URINE	\$9.28	10/01/2015
83937	OSTEOCALCIN (BONE G1A PROTEIN)	\$40.62	10/01/2015
83945	OXALATE	\$17.52	10/01/2015
83950	ONCOPROTEIN; HER-2/NEU	\$40.06	10/01/2015
83951	ONCOPROTEIN; DES-GAMMA-CARBOXY-PROTHROMBIN (DCP)	\$40.06	10/01/2015
83970	PARATHORMONE (PARATHYROID HORMONE)	\$56.17	10/01/2015
83986	PH; BODY FLUID, NOT OTHERWISE SPECIFIED	\$4.87	10/01/2015
83987	PH; EXHALED BREATH CONDENSATE	\$21.61	10/01/2015
83992	PHENCYCLIDINE (PCP)	\$12.91	10/01/2015
83993	CALPROTECTIN, FECAL	\$26.71	10/01/2015
84030	PHENYLALANINE (PKU), BLOOD	\$7.48	10/01/2015
84035	PHENYLKETONES, QUALITATIVE	\$4.98	10/01/2015
84060	PHOSPHATASE, ACID; TOTAL	\$10.05	10/01/2015
84061	PHOSPHATASE, ACID; FORENSIC EXAMINATION	\$10.76	10/01/2015
84066	PHOSPHATASE, ACID; PROSTATIC	\$13.15	10/01/2015
84075	PHOSPHATASE, ALKALINE;	\$7.04	10/01/2015
84078	PHOSPHATASE, ALKALINE; HEAT STABLE (TOTAL NOT INCLUDED)	\$7.21	10/01/2015
84080	PHOSPHATASE, ALKALINE; ISOENZYMES	\$20.12	10/01/2015
84081	PHOSPHATIDYLGLYCEROL	\$22.48	10/01/2015
84085	PHOSPHOGLUCONATE, 6-, DEHYDROGENASE, RBC	\$9.18	10/01/2015
84087	PHOSPHOHEXOSE ISOMERASE	\$14.05	10/01/2015
84100	PHOSPHORUS INORGANIC (PHOSPHATE);	\$6.45	10/01/2015

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84105	PHOSPHORUS INORGANIC (PHOSPHATE); URINE	\$7.04	10/01/2015
84106	PORPHOBILINOGEN, URINE; QUALITATIVE	\$5.82	10/01/2015
84110	PORPHOBILINOGEN, URINE; QUANTITATIVE	\$11.48	10/01/2015
84112	CERVICOVAGINAL SECRETION OF PLACENTA PROTEIN	\$40.06	10/01/2015
84119	PORPHYRINS, URINE; QUALITATIVE	\$11.72	10/01/2015
84120	PORPHYRINS, URINE; QUANTITATION AND FRACTIONATION	\$20.02	10/01/2015
84126	PORPHYRINS, FECES; QUANTITATIVE	\$34.66	10/01/2015
84132	POTASSIUM; SERUM, PLASMA OR WHOLE BLOOD	\$6.26	10/01/2015
84133	POTASSIUM; URINE	\$5.85	10/01/2015
84134	PREALBUMIN	\$19.84	10/01/2015
84135	PREGNANEDIOL	\$26.03	10/01/2015
84138	PREGNANETRIOL	\$25.77	10/01/2015
84140	PREGNENOLONE	\$28.13	10/01/2015
84143	17-HYDROXYPREGNENOLONE	\$31.05	10/01/2015
84144	PROGESTERONE	\$28.39	10/01/2015
84145	PROCALCITONIN (PCT)	\$36.45	10/01/2015
84146	PROLACTIN	\$26.37	10/01/2015
84150	PROSTAGLANDIN, EACH	\$33.96	10/01/2015
84152	PROSTATE SPECIFIC ANTIGEN (PSA); COMPLEXED (DIRECT MEASUREMENT)	\$25.03	10/01/2015
84153	PROSTATE SPECIFIC ANTIGEN (PSA); TOTAL	\$25.03	10/01/2015
84154	PROSTATE SPECIFIC ANTIGEN (PSA); FREE	\$25.03	10/01/2015
84155	PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; SERUM, PLASMA OR WHOLE BLOOD	\$4.99	10/01/2015
84156	PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; URINE	\$4.99	10/01/2015
84157	PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; OTHER SOURCE (EG, SYNOVIAL FLUID,	\$4.99	10/01/2015
84160	PROTEIN, TOTAL, BY REFRACTOMETRY, ANY SOURCE	\$7.04	10/01/2015
84163	PREGNANCY-ASSOCIATED PLASMA PROTEIN-A (PAPP-A)	\$19.11	10/01/2015
84165	PROTEIN; ELECTROPHORETIC FRACTIONATION AND QUANTITATION, SERUM	\$14.61	10/01/2015
84166	PROTEIN; ELECTROPHORETIC FRACTIONATION AND QUANTITATION, OTHER FLUIDS WITH	\$24.27	10/01/2015
84181	PROTEIN; WESTERN BLOT, WITH INTERPRETATION AND REPORT, BLOOD OR OTHER BODY FLUID	\$23.18	10/01/2015
84182	PROTEIN; WESTERN BLOT, WITH INTERPRETATION AND REPORT, BLOOD OR OTHER BODY	\$24.49	10/01/2015
84202	PROTOPORPHYRIN, RBC; QUANTITATIVE	\$19.52	10/01/2015

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84203	PROTOPORPHYRIN, RBC; SCREEN	\$10.77	10/01/2015
84206	PROINSULIN	\$24.24	10/01/2015
84207	PYRIDOXAL PHOSPHATE (VITAMIN B-6)	\$38.24	10/01/2015
84210	PYRUVATE	\$14.77	10/01/2015
84220	PYRUVATE KINASE	\$12.85	10/01/2015
84228	QUININE	\$15.84	10/01/2015
84233	RECEPTOR ASSAY; ESTROGEN	\$40.06	10/01/2015
84234	RECEPTOR ASSAY; PROGESTERONE	\$33.76	10/01/2015
84235	RECEPTOR ASSAY; ENDOCRINE, OTHER THAN ESTROGEN OR PROGESTERONE (SPECIFY HORMONE)	\$71.23	10/01/2015
84238	RECEPTOR ASSAY; NON-ENDOCRINE (SPECIFY RECEPTOR)	\$49.77	10/01/2015
84244	RENIN	\$29.93	10/01/2015
84252	RIBOFLAVIN (VITAMIN B-2)	\$27.54	10/01/2015
84255	SELENIUM	\$34.74	10/01/2015
84260	SEROTONIN	\$42.16	10/01/2015
84270	SEX HORMONE BINDING GLOBULIN (SHBG)	\$27.08	10/01/2015
84275	SIALIC ACID	\$18.29	10/01/2015
84285	SILICA	\$32.04	10/01/2015
84295	SODIUM; SERUM, PLASMA OR WHOLE BLOOD	\$6.55	10/01/2015
84300	SODIUM; URINE	\$6.62	10/01/2015
84302	SODIUM; OTHER SOURCE	\$6.62	10/01/2015
84305	SOMATOMEDIN	\$28.93	10/01/2015
84307	SOMATOSTATIN	\$24.88	10/01/2015
84311	SPECTROPHOTOMETRY, ANALYTE NOT ELSEWHERE SPECIFIED	\$9.52	10/01/2015
84315	SPECIFIC GRAVITY (EXCEPT URINE)	\$3.42	10/01/2015
84375	SUGARS, CHROMATOGRAPHIC, TLC OR PAPER CHROMATOGRAPHY	\$26.68	10/01/2015
84376	SUGARS (MONO-, DI-, AND OLIGOSACCHARIDES); SINGLE QUALITATIVE, EACH SPECIMEN	\$7.48	10/01/2015
84377	SUGARS (MONO-, DI-, AND OLIGOSACCHARIDES); MULTIPLE QUALITATIVE, EACH SPECIMEN	\$7.48	10/01/2015
84378	SUGARS (MONO-, DI-, AND OLIGOSACCHARIDES); SINGLE QUANTITATIVE, EACH SPECIMEN	\$15.69	10/01/2015
84379	SUGARS (MONO-, DI-, AND OLIGOSACCHARIDES); MULTIPLE QUANTITATIVE, EACH SPECIMEN	\$15.69	10/01/2015
84392	SULFATE, URINE	\$6.46	10/01/2015
84402	TESTOSTERONE; FREE	\$34.65	10/01/2015

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84403	TESTOSTERONE; TOTAL	\$35.13	10/01/2015
84410	TESTOSTERONE; BIOAVAILABLE, DIRECT MEASUREMENT (EG, DIFFERENTIAL PRECIPITATION)	CCR	01/01/2017
84425	THIAMINE (VITAMIN B-1)	\$28.89	10/01/2015
84430	THIOCYANATE	\$15.84	10/01/2015
84431	THROMBOXANE METABOLITE(S), INCLUDING THROMBOXANE IF PERFORMED, URINE	\$22.87	10/01/2015
84432	THYROGLOBULIN	\$21.86	10/01/2015
84436	THYROXINE; TOTAL	\$9.35	10/01/2015
84437	THYROXINE; REQUIRING ELUTION (EG, NEONATAL)	\$8.81	10/01/2015
84439	THYROXINE; FREE	\$12.27	10/01/2015
84442	THYROXINE BINDING GLOBULIN (TBG)	\$20.12	10/01/2015
84443	THYROID STIMULATING HORMONE (TSH)	\$22.87	10/01/2015
84445	THYROID STIMULATING IMMUNE GLOBULINS (TSI)	\$69.20	10/01/2015
84446	TOCOPHEROL ALPHA (VITAMIN E)	\$19.29	10/01/2015
84449	TRANSCORTIN (CORTISOL BINDING GLOBULIN)	\$24.49	10/01/2015
84450	TRANSFERASE; ASPARTATE AMINO (AST) (SGOT)	\$7.04	10/01/2015
84460	TRANSFERASE; ALANINE AMINO (ALT) (SGPT)	\$7.21	10/01/2015
84466	TRANSFERRIN	\$17.38	10/01/2015
84478	TRIGLYCERIDES	\$7.82	10/01/2015
84479	THYROID HORMONE (T3 OR T4) UPTAKE OR THYROID HORMONE BINDING RATIO (THBR)	\$8.81	10/01/2015
84480	TRIIODOTHYRONINE T3; TOTAL (TT-3)	\$19.29	10/01/2015
84481	TRIIODOTHYRONINE T3; FREE	\$22.54	10/01/2015
84482	TRIIODOTHYRONINE T3; REVERSE	\$21.45	10/01/2015
84484	TROPONIN, QUANTITATIVE	\$13.39	10/01/2015
84485	TRYPSIN; DUODENAL FLUID	\$10.23	10/01/2015
84488	TRYPSIN; FECES, QUALITATIVE	\$9.94	10/01/2015
84490	TRYPSIN; FECES, QUANTITATIVE, 24-HOUR COLLECTION	\$10.35	10/01/2015
84510	TYROSINE	\$13.56	10/01/2015
84512	TROPONIN, QUALITATIVE	\$10.48	10/01/2015
84520	UREA NITROGEN; QUANTITATIVE	\$5.37	10/01/2015
84525	UREA NITROGEN; SEMIQUANTITATIVE (EG, REAGENT STRIP TEST)	\$5.12	10/01/2015
84540	UREA NITROGEN, URINE	\$6.46	10/01/2015

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84545	UREA NITROGEN, CLEARANCE	\$8.99	10/01/2015
84550	URIC ACID; BLOOD	\$6.15	10/01/2015
84560	URIC ACID; OTHER SOURCE	\$6.46	10/01/2015
84577	UROBILINOGEN, FECES, QUANTITATIVE	\$16.98	10/01/2015
84578	UROBILINOGEN, URINE; QUALITATIVE	\$4.43	01/01/2014
84580	UROBILINOGEN, URINE; QUANTITATIVE, TIMED SPECIMEN	\$9.66	10/01/2015
84583	UROBILINOGEN, URINE; SEMIQUANTITATIVE	\$6.85	10/01/2015
84585	VANILLYLMANDELIC ACID (VMA), URINE	\$21.09	10/01/2015
84586	VASOACTIVE INTESTINAL PEPTIDE (VIP)	\$48.09	10/01/2015
84588	VASOPRESSIN (ANTIDIURETIC HORMONE, ADH)	\$46.19	10/01/2015
84590	VITAMIN A	\$15.79	10/01/2015
84591	VITAMIN, NOT OTHERWISE SPECIFIED	\$15.79	10/01/2015
84597	VITAMIN K	\$18.66	10/01/2015
84600	VOLATILES (EG, ACETIC ANHYDRIDE, CARBON TETRACHLORIDE, DICHLOROETHANE,	\$21.88	10/01/2015
84620	XYLOSE ABSORPTION TEST, BLOOD AND/OR URINE	\$16.12	10/01/2015
84630	ZINC	\$15.50	10/01/2015
84681	C-PEPTIDE	\$27.37	10/01/2015
84702	GONADOTROPIN, CHORIONIC (HCG); QUANTITATIVE	\$19.11	10/01/2015
84703	GONADOTROPIN, CHORIONIC (HCG); QUALITATIVE	\$10.23	10/01/2015
84704	GONADOTROPIN, CHORIONIC (HCG); FREE BETA CHAIN	\$19.11	10/01/2015
84999	UNLISTED CHEMISTRY PROCEDURE	CCR	01/01/2012
85002	BLEEDING TIME	\$6.13	10/01/2015
85004	BLOOD COUNT; AUTOMATED DIFFERENTIAL WBC COUNT	\$8.73	10/01/2015
85007	BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EXAMINATION WITH MANUAL DIFFERENTIAL WBC	\$4.68	10/01/2015
85008	BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EXAMINATION WITHOUT MANUAL DIFFERENTIAL	\$4.68	10/01/2015
85009	BLOOD COUNT; MANUAL DIFFERENTIAL WBC COUNT, BUFFY COAT	\$5.06	10/01/2015
85013	BLOOD COUNT; SPUN MICROHEMATOCRIT	\$3.23	01/01/2014
85014	BLOOD COUNT; HEMATOCRIT (HCT)	\$3.23	01/01/2014
85018	BLOOD COUNT; HEMOGLOBIN (HGB)	\$3.23	01/01/2014
85025	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COUNT)	\$8.73	10/01/2015
85027	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COUNT)	\$8.73	10/01/2015

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85032	BLOOD COUNT; MANUAL CELL COUNT (ERYTHROCYTE, LEUKOCYTE, OR PLATELET) EACH	\$5.85	10/01/2015
85041	BLOOD COUNT; RED BLOOD CELL (RBC), AUTOMATED	\$4.11	01/01/2014
85044	BLOOD COUNT; RETICULOCYTE, MANUAL	\$5.85	10/01/2015
85045	BLOOD COUNT; RETICULOCYTE, AUTOMATED	\$5.44	10/01/2015
85046	BLOOD COUNT; RETICULOCYTES, AUTOMATED, INCLUDING ONE OR MORE CELLULAR	\$7.59	10/01/2015
85048	BLOOD COUNT; LEUKOCYTE (WBC), AUTOMATED	\$3.46	01/01/2014
85049	BLOOD COUNT; PLATELET, AUTOMATED	\$6.09	10/01/2015
85055	RETICULATED PLATELET ASSAY	\$24.63	10/01/2015
85060	BLOOD SMEAR, PERIPHERAL, INTERPRETATION BY PHYSICIAN WITH WRITTEN REPORT	CCR	01/01/2012
85097	BONE MARROW, SMEAR INTERPRETATION	\$367.18	10/01/2016
85130	CHROMOGENIC SUBSTRATE ASSAY	\$16.18	10/01/2015
85170	CLOT RETRACTION	\$4.92	10/01/2015
85175	CLOT LYSIS TIME, WHOLE BLOOD DILUTION	\$6.19	10/01/2015
85210	CLOTTING; FACTOR II, PROTHROMBIN, SPECIFIC	\$17.67	10/01/2015
85220	CLOTTING; FACTOR V (ACG OR PROACCELERIN), LABILE FACTOR	\$24.01	10/01/2015
85230	CLOTTING; FACTOR VII (PROCONVERTIN, STABLE FACTOR)	\$24.37	10/01/2015
85240	CLOTTING; FACTOR VIII (AHG), ONE STAGE	\$24.37	10/01/2015
85244	CLOTTING; FACTOR VIII RELATED ANTIGEN	\$27.79	10/01/2015
85245	CLOTTING; FACTOR VIII, VW FACTOR, RISTOCETIN COFACTOR	\$31.22	10/01/2015
85246	CLOTTING; FACTOR VIII, VW FACTOR ANTIGEN	\$31.22	10/01/2015
85247	CLOTTING; FACTOR VIII, VON WILLEBRAND FACTOR, MULTIMETRIC ANALYSIS	\$31.22	10/01/2015
85250	CLOTTING; FACTOR IX (PTC OR CHRISTMAS)	\$25.91	10/01/2015
85260	CLOTTING; FACTOR X (STUART-PROWER)	\$24.37	10/01/2015
85270	CLOTTING; FACTOR XI (PTA)	\$24.37	10/01/2015
85280	CLOTTING; FACTOR XII (HAGEMAN)	\$26.33	10/01/2015
85290	CLOTTING; FACTOR XIII (FIBRIN STABILIZING)	\$22.24	10/01/2015
85291	CLOTTING; FACTOR XIII (FIBRIN STABILIZING), SCREEN SOLUBILITY	\$12.11	10/01/2015
85292	CLOTTING; PREKALLIKREIN ASSAY (FLETCHER FACTOR ASSAY)	\$25.77	10/01/2015
85293	CLOTTING; HIGH MOLECULAR WEIGHT KININOGEN ASSAY (FITZGERALD FACTOR ASSAY)	\$25.77	10/01/2015
85300	CLOTTING INHIBITORS OR ANTICOAGULANTS; ANTITHROMBIN III, ACTIVITY	\$16.13	10/01/2015
85301	CLOTTING INHIBITORS OR ANTICOAGULANTS; ANTITHROMBIN III, ANTIGEN ASSAY	\$14.71	10/01/2015

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85302	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN C, ANTIGEN	\$16.35	10/01/2015
85303	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN C, ACTIVITY	\$18.82	10/01/2015
85305	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S, TOTAL	\$15.79	10/01/2015
85306	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S, FREE	\$20.85	10/01/2015
85307	ACTIVATED PROTEIN C (APC) RESISTANCE ASSAY	\$20.85	10/01/2015
85335	FACTOR INHIBITOR TEST	\$17.52	10/01/2015
85337	THROMBOMODULIN	\$9.63	10/01/2015
85345	COAGULATION TIME; LEE AND WHITE	\$5.85	10/01/2015
85347	COAGULATION TIME; ACTIVATED	\$5.79	10/01/2015
85348	COAGULATION TIME; OTHER METHODS	\$5.07	10/01/2015
85360	EUGLOBULIN LYSIS	\$11.43	10/01/2015
85362	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP); AGGLUTINATION SLIDE,	\$6.20	10/01/2015
85366	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP); PARACOAGULATION	\$8.99	10/01/2015
85370	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP); QUANTITATIVE	\$15.45	10/01/2015
85378	FIBRIN DEGRADATION PRODUCTS, D-DIMER; QUALITATIVE OR SEMIQUANTITATIVE	\$9.71	10/01/2015
85379	FIBRIN DEGRADATION PRODUCTS, D-DIMER; QUANTITATIVE	\$13.85	10/01/2015
85380	FIBRIN DEGRADATION PRODUCTS, D-DIMER; ULTRASENSITIVE (EG, FOR EVALUATION FOR	\$13.85	10/01/2015
85384	FIBRINOGEN; ACTIVITY	\$11.56	10/01/2015
85385	FIBRINOGEN; ANTIGEN	\$11.56	10/01/2015
85390	FIBRINOLYSINS OR COAGULOPATHY SCREEN, INTERPRETATION AND REPORT	\$7.04	10/01/2015
85396	COAGULATION/FIBRINOLYSIS ASSAY, WHOLE BLOOD (EG, VISCOELASTIC CLOT ASSESSMENT),	Bundled	10/01/2006
85397	COAGULATION AND FIBRINOLYSIS, FUNCTIONAL ACTIVITY, NOT OTHERWISE SPECIFIED (EG,	\$31.22	10/01/2015
85400	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMIN	\$12.04	10/01/2015
85410	FIBRINOLYTIC FACTORS AND INHIBITORS; ALPHA-2 ANTIPLASMIN	\$10.49	10/01/2015
85415	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMINOGEN ACTIVATOR	\$23.40	10/01/2015
85420	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMINOGEN, EXCEPT ANTIGENIC ASSAY	\$8.89	10/01/2015
85421	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMINOGEN, ANTIGENIC ASSAY	\$13.86	10/01/2015
85441	HEINZ BODIES; DIRECT	\$5.45	10/01/2015
85445	HEINZ BODIES; INDUCED, ACETYL PHENYLHYDRAZINE	\$9.28	10/01/2015
85460	HEMOGLOBIN OR RBCS, FETAL, FOR FETOMATERNAL HEMORRHAGE; DIFFERENTIAL LYSIS	\$10.53	10/01/2015
85461	HEMOGLOBIN OR RBCS, FETAL, FOR FETOMATERNAL HEMORRHAGE; ROSETTE	\$9.03	10/01/2015

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85475	HEMOLYSIN, ACID	\$12.08	10/01/2015
85520	HEPARIN ASSAY	\$17.82	10/01/2015
85525	HEPARIN NEUTRALIZATION	\$16.12	10/01/2015
85530	HEPARIN-PROTAMINE TOLERANCE TEST	\$19.29	10/01/2015
85536	IRON STAIN, PERIPHERAL BLOOD	\$8.81	10/01/2015
85540	LEUKOCYTE ALKALINE PHOSPHATASE WITH COUNT	\$11.71	10/01/2015
85547	MECHANICAL FRAGILITY, RBC	\$11.71	10/01/2015
85549	MURAMIDASE	\$25.52	10/01/2015
85555	OSMOTIC FRAGILITY, RBC; UNINCUBATED	\$9.09	10/01/2015
85557	OSMOTIC FRAGILITY, RBC; INCUBATED	\$18.18	10/01/2015
85576	PLATELET, AGGREGATION (IN VITRO), EACH AGENT	\$29.24	10/01/2015
85597	PHOSPHOLIPID NEUTRALIZATION; PLATELET	\$24.46	10/01/2015
85598	PHOSPHOLIPID NEUTRALIZATION; HEXAGONAL PHOSPHOLIPID	\$24.46	10/01/2015
85610	PROTHROMBIN TIME;	\$5.35	10/01/2015
85611	PROTHROMBIN TIME; SUBSTITUTION, PLASMA FRACTIONS, EACH	\$5.36	10/01/2015
85612	RUSSELL VIPER VENOM TIME (INCLUDES VENOM); UNDILUTED	\$13.03	10/01/2015
85613	RUSSELL VIPER VENOM TIME (INCLUDES VENOM); DILUTED	\$13.03	10/01/2015
85635	REPTILASE TEST	\$13.39	10/01/2015
85651	SEDIMENTATION RATE, ERYTHROCYTE; NON-AUTOMATED	\$4.82	10/01/2015
85652	SEDIMENTATION RATE, ERYTHROCYTE; AUTOMATED	\$3.68	10/01/2015
85660	SICKLING OF RBC, REDUCTION	\$7.50	10/01/2015
85670	THROMBIN TIME; PLASMA	\$7.85	10/01/2015
85675	THROMBIN TIME; TITER	\$9.32	10/01/2015
85705	THROMBOPLASTIN INHIBITION, TISSUE	\$13.10	10/01/2015
85730	THROMBOPLASTIN TIME, PARTIAL (PTT); PLASMA OR WHOLE BLOOD	\$8.17	10/01/2015
85732	THROMBOPLASTIN TIME, PARTIAL (PTT); SUBSTITUTION, PLASMA FRACTIONS, EACH	\$8.81	10/01/2015
85810	VISCOSITY	\$15.89	10/01/2015
85999	UNLISTED HEMATOLOGY AND COAGULATION PROCEDURE	CCR	01/01/2012
86000	AGGLUTININS, FEBRILE (EG, BRUCELLA, FRANCISELLA, MURINE TYPHUS, Q FEVER, ROCKY M	\$9.50	10/01/2015
86001	ALLERGEN SPECIFIC IGG QUANTITATIVE OR SEMIQUANTITATIVE, EACH ALLERGEN	\$7.10	10/01/2015
86003	ALLERGEN SPECIFIC IGE; QUANTITATIVE OR SEMIQUANTITATIVE, EACH ALLERGEN	\$7.10	10/01/2015

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86005	ALLERGEN SPECIFIC IGE; QUALITATIVE, MULTIALLERGEN SCREEN (DIPSTICK, PADDLE OR	\$10.85	10/01/2015
86021	ANTIBODY IDENTIFICATION; LEUKOCYTE ANTIBODIES	\$15.07	10/01/2015
86022	ANTIBODY IDENTIFICATION; PLATELET ANTIBODIES	\$25.00	10/01/2015
86023	ANTIBODY IDENTIFICATION; PLATELET ASSOCIATED IMMUNOGLOBULIN ASSAY	\$10.77	10/01/2015
86038	ANTINUCLEAR ANTIBODIES (ANA);	\$16.45	10/01/2015
86039	ANTINUCLEAR ANTIBODIES (ANA); TITER	\$15.19	10/01/2015
86060	ANTISTREPTOLYSIN O; TITER	\$9.94	10/01/2015
86063	ANTISTREPTOLYSIN O; SCREEN	\$7.85	10/01/2015
86077	BLOOD BANK PHYSICIAN SERVICES; DIFFICULT CROSS MATCH AND/OR EVALUATION OF	\$23.53	10/01/2017
86078	BLOOD BANK PHYSICIAN SERVICES; INVESTIGATION OF TRANSFUSION REACTION INCLUDING	\$86.12	10/01/2017
86079	BLOOD BANK PHYSICIAN SERVICES; AUTHORIZATION FOR DEVIATION FROM STANDARD BLOOD	\$86.12	10/01/2017
86140	C-REACTIVE PROTEIN;	\$7.04	10/01/2015
86141	C-REACTIVE PROTEIN; HIGH SENSITIVITY (HSCRP)	\$17.62	10/01/2015
86146	BETA 2 GLYCOPROTEIN I ANTIBODY, EACH	\$34.62	10/01/2015
86147	CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY, EACH IG CLASS	\$34.62	10/01/2015
86148	ANTI-PHOSPHATIDYLSERINE (PHOSPHOLIPID) ANTIBODY	\$21.87	10/01/2015
86155	CHEMOTAXIS ASSAY, SPECIFY METHOD	\$21.76	10/01/2015
86156	COLD AGGLUTININ; SCREEN	\$9.12	10/01/2015
86157	COLD AGGLUTININ; TITER	\$10.97	10/01/2015
86160	COMPLEMENT; ANTIGEN, EACH COMPONENT	\$16.33	10/01/2015
86161	COMPLEMENT; FUNCTIONAL ACTIVITY, EACH COMPONENT	\$16.33	10/01/2015
86162	COMPLEMENT; TOTAL HEMOLYTIC (CH50)	\$27.65	10/01/2015
86171	COMPLEMENT FIXATION TESTS, EACH ANTIGEN	\$13.62	10/01/2015
86185	COUNTERIMMUNOELECTROPHORESIS, EACH ANTIGEN	\$12.17	10/01/2015
86200	CYCLIC CITRULLINATED PEPTIDE (CCP), ANTIBODY	\$17.62	10/01/2015
86215	DEOXYRIBONUCLEASE, ANTIBODY	\$18.03	10/01/2015
86225	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY; NATIVE OR DOUBLE STRANDED	\$18.69	10/01/2015
86226	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY; SINGLE STRANDED	\$16.48	10/01/2015
86235	EXTRACTABLE NUCLEAR ANTIGEN, ANTIBODY TO, ANY METHOD (EG, NRNP, SS-A, SS-B, SM,	\$17.97	10/01/2015
86243	FC RECEPTOR	\$27.92	10/01/2015
86255	FLUORESCENT NONINFECTIOUS AGENT ANTIBODY; SCREEN, EACH ANTIBODY	\$16.40	10/01/2015

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86256	FLUORESCENT NONINFECTIOUS AGENT ANTIBODY; TITER, EACH ANTIBODY	\$16.40	10/01/2015
86277	GROWTH HORMONE, HUMAN (HGH), ANTIBODY	\$21.42	10/01/2015
86280	HEMAGGLUTINATION INHIBITION TEST (HAI)	\$11.14	10/01/2015
86294	IMMUNOASSAY FOR TUMOR ANTIGEN, QUALITATIVE OR SEMIQUANTITATIVE (EG, BLADDER	\$26.70	10/01/2015
86300	IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 15-3 (27.29)	\$28.32	10/01/2015
86301	IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 19-9	\$28.32	10/01/2015
86304	IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 125	\$28.32	10/01/2015
86308	HETEROPHILE ANTIBODIES; SCREENING	\$7.04	10/01/2015
86309	HETEROPHILE ANTIBODIES; TITER	\$8.81	10/01/2015
86310	HETEROPHILE ANTIBODIES; TITERS AFTER ABSORPTION WITH BEEF CELLS AND GUINEA PIG	\$10.03	10/01/2015
86316	IMMUNOASSAY FOR TUMOR ANTIGEN, OTHER ANTIGEN, QUANTITATIVE (EG, CA 50, 72-4,	\$28.32	10/01/2015
86317	IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY, QUANTITATIVE, NOT OTHERWISE SPECIFIED	\$20.40	10/01/2015
86318	IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY, QUALITATIVE OR SEMIQUANTITATIVE,	\$17.62	10/01/2015
86320	IMMUNOELECTROPHORESIS; SERUM	\$30.50	10/01/2015
86325	IMMUNOELECTROPHORESIS; OTHER FLUIDS (EG, URINE, CEREBROSPINAL FLUID) WITH	\$30.44	10/01/2015
86327	IMMUNOELECTROPHORESIS; CROSSED (2-DIMENSIONAL ASSAY)	\$30.88	10/01/2015
86329	IMMUNODIFFUSION; NOT ELSEWHERE SPECIFIED	\$19.11	10/01/2015
86331	IMMUNODIFFUSION; GEL DIFFUSION, QUALITATIVE (OUCHTERLONY), EACH ANTIGEN OR	\$16.30	10/01/2015
86332	IMMUNE COMPLEX ASSAY	\$33.17	10/01/2015
86334	IMMUNOFIXATION ELECTROPHORESIS; SERUM	\$30.41	10/01/2015
86335	IMMUNOFIXATION ELECTROPHORESIS; OTHER FLUIDS WITH CONCENTRATION (EG, URINE, CSF)	\$39.94	10/01/2015
86336	INHIBIN A	\$17.63	10/01/2015
86337	INSULIN ANTIBODIES	\$29.13	10/01/2015
86340	INTRINSIC FACTOR ANTIBODIES	\$20.51	10/01/2015
86341	ISLET CELL ANTIBODY	\$26.92	10/01/2015
86343	LEUKOCYTE HISTAMINE RELEASE TEST (LHR)	\$16.96	10/01/2015
86344	LEUKOCYTE PHAGOCYTOSIS	\$10.87	10/01/2015
86352	CELLULAR FUNCTION ASSAY INVOLVING STIMULATION (EG, MITOGEN OR ANTIGEN) AND DETEC	CCR	01/01/2010
86353	LYMPHOCYTE TRANSFORMATION, MITOGEN (PHYTOMITOGEN) OR ANTIGEN INDUCED	\$66.72	10/01/2015
86355	B CELLS, TOTAL COUNT	\$51.34	10/01/2015
86356	MONONUCLEAR CELL ANTIGEN, QUANTITATIVE (EG, FLOW CYTOMETRY), NOT OTHERWISE SPECI	\$24.63	10/01/2015

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86357	NATURAL KILLER (NK) CELLS, TOTAL COUNT	\$51.34	10/01/2015
86359	T CELLS; TOTAL COUNT	\$51.34	10/01/2015
86360	T CELLS; ABSOLUTE CD4 AND CD8 COUNT, INCLUDING RATIO	\$63.94	10/01/2015
86361	T CELLS; ABSOLUTE CD4 COUNT	\$24.63	10/01/2015
86367	STEM CELLS (IE, CD34), TOTAL COUNT	\$51.34	10/01/2015
86376	MICROSOMAL ANTIBODIES (EG, THYROID OR LIVER-KIDNEY), EACH	\$17.97	10/01/2015
86378	MIGRATION INHIBITORY FACTOR TEST (MIF)	\$26.80	10/01/2015
86382	NEUTRALIZATION TEST, VIRAL	\$23.01	10/01/2015
86384	NITROBLUE TETRAZOLIUM DYE TEST (NTD)	\$15.50	10/01/2015
86386	NUCLEAR MATRIX PROTEIN 22 (NMP22), QUALITATIVE	\$21.73	10/01/2015
86403	PARTICLE AGGLUTINATION; SCREEN, EACH ANTIBODY	\$13.87	10/01/2015
86406	PARTICLE AGGLUTINATION; TITER, EACH ANTIBODY	\$14.47	10/01/2015
86430	RHEUMATOID FACTOR; QUALITATIVE	\$7.72	10/01/2015
86431	RHEUMATOID FACTOR; QUANTITATIVE	\$7.72	10/01/2015
86480	TUBERCULOSIS TEST, CELL MEDIATED IMMUNITY ANTIGEN RESPONSE MEASUREMENT; GAMMA IN	\$84.35	10/01/2015
86481	TUBERCULOSIS TEST, CELL MEDIATED IMMUNITY ANTIGEN RESPONSE MEASUREMENT; ENUMERAT	\$85.46	10/01/2012
86485	SKIN TEST; CANDIDA	\$23.53	10/01/2017
86486	SKIN TEST; UNLISTED ANTIGEN, EACH	\$10.46	10/01/2017
86490	SKIN TEST; COCCIDIOIDOMYCOSIS	\$45.22	10/01/2017
86510	SKIN TEST; HISTOPLASMOSIS	\$45.22	10/01/2017
86580	SKIN TEST; TUBERCULOSIS, INTRADERMAL	\$10.46	10/01/2017
86590	STREPTOKINASE, ANTIBODY	\$13.56	10/01/2015
86592	SYPHILIS TEST, NON-TREPONEMAL ANTIBODY; QUALITATIVE (EG, VDRL, RPR, ART)	\$5.81	10/01/2015
86593	SYPHILIS TEST, NON-TREPONEMAL ANTIBODY; QUANTITATIVE	\$5.99	10/01/2015
86602	ANTIBODY; ACTINOMYCES	\$13.85	10/01/2015
86603	ANTIBODY; ADENOVIRUS	\$17.51	10/01/2015
86606	ANTIBODY; ASPERGILLUS	\$20.49	10/01/2015
86609	ANTIBODY; BACTERIUM, NOT ELSEWHERE SPECIFIED	\$17.53	10/01/2015
86611	ANTIBODY; BARTONELLA	\$13.85	10/01/2015
86612	ANTIBODY; BLASTOMYCES	\$17.56	10/01/2015
86615	ANTIBODY; BORDETELLA	\$17.95	10/01/2015

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86617	ANTIBODY; BORRELIA BURGDORFERI (LYME DISEASE) CONFIRMATORY TEST (EG, WESTERN	\$21.08	10/01/2015
86618	ANTIBODY; BORRELIA BURGDORFERI (LYME DISEASE)	\$23.18	10/01/2015
86619	ANTIBODY; BORRELIA (RELAPSING FEVER)	\$18.21	10/01/2015
86622	ANTIBODY; BRUCELLA	\$12.16	10/01/2015
86625	ANTIBODY; CAMPYLOBACTER	\$17.86	10/01/2015
86628	ANTIBODY; CANDIDA	\$16.34	10/01/2015
86631	ANTIBODY; CHLAMYDIA	\$16.09	10/01/2015
86632	ANTIBODY; CHLAMYDIA, IGM	\$17.27	10/01/2015
86635	ANTIBODY; COCCIDIOIDES	\$15.61	10/01/2015
86638	ANTIBODY; COXIELLA BURNETII (Q FEVER)	\$16.50	10/01/2015
86641	ANTIBODY; CRYPTOCOCCUS	\$19.61	10/01/2015
86644	ANTIBODY; CYTOMEGALOVIRUS (CMV)	\$19.58	10/01/2015
86645	ANTIBODY; CYTOMEGALOVIRUS (CMV), IGM	\$22.93	10/01/2015
86648	ANTIBODY; DIPHTHERIA	\$20.69	10/01/2015
86651	ANTIBODY; ENCEPHALITIS, CALIFORNIA (LA CROSSE)	\$17.95	10/01/2015
86652	ANTIBODY; ENCEPHALITIS, EASTERN EQUINE	\$17.95	10/01/2015
86653	ANTIBODY; ENCEPHALITIS, ST. LOUIS	\$17.95	10/01/2015
86654	ANTIBODY; ENCEPHALITIS, WESTERN EQUINE	\$17.95	10/01/2015
86658	ANTIBODY; ENTEROVIRUS (EG, COXSACKIE, ECHO, POLIO)	\$17.73	10/01/2015
86663	ANTIBODY; EPSTEIN-BARR (EB) VIRUS, EARLY ANTIGEN (EA)	\$17.86	10/01/2015
86664	ANTIBODY; EPSTEIN-BARR (EB) VIRUS, NUCLEAR ANTIGEN (EBNA)	\$20.82	10/01/2015
86665	ANTIBODY; EPSTEIN-BARR (EB) VIRUS, VIRAL CAPSID (VCA)	\$24.69	10/01/2015
86666	ANTIBODY; EHRLICHIA	\$13.85	10/01/2015
86668	ANTIBODY; FRANCISELLA TULARENSIS	\$14.16	10/01/2015
86671	ANTIBODY; FUNGUS, NOT ELSEWHERE SPECIFIED	\$16.68	10/01/2015
86674	ANTIBODY; GIARDIA LAMBLIA	\$20.03	10/01/2015
86677	ANTIBODY; HELICOBACTER PYLORI	\$19.74	10/01/2015
86682	ANTIBODY; HELMINTH, NOT ELSEWHERE SPECIFIED	\$17.70	10/01/2015
86684	ANTIBODY; HAEMOPHILUS INFLUENZA	\$21.56	10/01/2015
86687	ANALYSIS FOR ANTIBODY TO HUMAN T-CELL LYMPHOTROPIC VIRUS, TYPE 1 (HTLV-1)	\$11.42	10/01/2015
86688	ANALYSIS FOR ANTIBODY TO HUMAN T-CELL LYMPHOTROPIC VIRUS, TYPE 2 (HTLV-2)	\$19.06	10/01/2015

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86689	CONFIRMATION TEST FOR ANTIBODY TO HUMAN T-CELL LYMPHOTROPIC VIRUS (HTLV) OR HIV	\$26.34	10/01/2015
86692	ANTIBODY; HEPATITIS, DELTA AGENT	\$23.35	10/01/2015
86694	ANTIBODY; HERPES SIMPLEX, NON-SPECIFIC TYPE TEST	\$19.58	10/01/2015
86695	ANTIBODY; HERPES SIMPLEX, TYPE 1	\$17.95	10/01/2015
86696	ANTIBODY; HERPES SIMPLEX, TYPE 2	\$26.34	10/01/2015
86698	ANTIBODY; HISTOPLASMA	\$17.01	10/01/2015
86701	ANTIBODY; HIV-1	\$12.09	10/01/2015
86702	ANTIBODY; HIV-2	\$18.39	10/01/2015
86703	ANTIBODY; HIV-1 AND HIV-2, SINGLE RESULT	\$18.66	10/01/2015
86704	HEPATITIS B CORE ANTIBODY (HBCAB); TOTAL	\$16.40	10/01/2015
86705	HEPATITIS B CORE ANTIBODY (HBCAB); IGM ANTIBODY	\$16.03	10/01/2015
86706	HEPATITIS B SURFACE ANTIBODY (HBSAB)	\$14.62	10/01/2015
86707	HEPATITIS BE ANTIBODY (HBEAB)	\$15.75	10/01/2015
86708	HEPATITIS A ANTIBODY (HAAB); TOTAL	\$16.86	10/01/2015
86709	HEPATITIS A ANTIBODY (HAAB); IGM ANTIBODY	\$15.32	10/01/2015
86710	ANTIBODY; INFLUENZA VIRUS	\$18.44	10/01/2015
86711	ANALYSIS FOR ANTIBODY TO JOHN CUNNINGHAM VIRUS	CCR	01/01/2013
86713	ANTIBODY; LEGIONELLA	\$20.82	10/01/2015
86717	ANTIBODY; LEISHMANIA	\$16.67	10/01/2015
86720	ANTIBODY; LEPTOSPIRA	\$17.95	10/01/2015
86723	ANTIBODY; LISTERIA MONOCYTOGENES	\$17.95	10/01/2015
86727	ANTIBODY; LYMPHOCYTIC CHORIOMENINGITIS	\$17.51	10/01/2015
86729	ANTIBODY; LYMPHOGRANULOMA VENEREUM	\$16.26	10/01/2015
86732	ANTIBODY; MUCORMYCOSIS	\$17.95	10/01/2015
86735	ANTIBODY; MUMPS	\$17.76	10/01/2015
86738	ANTIBODY; MYCOPLASMA	\$18.02	10/01/2015
86741	ANTIBODY; NEISSERIA MENINGITIDIS	\$17.95	10/01/2015
86744	ANTIBODY; NOCARDIA	\$17.95	10/01/2015
86747	ANTIBODY; PARVOVIRUS	\$20.46	10/01/2015
86750	ANTIBODY; PLASMODIUM (MALARIA)	\$17.95	10/01/2015
86753	ANTIBODY; PROTOZOA, NOT ELSEWHERE SPECIFIED	\$16.86	10/01/2015

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86756	ANTIBODY; RESPIRATORY SYNCYTIAL VIRUS	\$17.54	10/01/2015
86757	ANTIBODY; RICKETTSIA	\$26.34	10/01/2015
86759	ANTIBODY; ROTAVIRUS	\$17.95	10/01/2015
86762	ANTIBODY; RUBELLA	\$19.58	10/01/2015
86765	ANTIBODY; RUBEOLA	\$17.53	10/01/2015
86768	ANTIBODY; SALMONELLA	\$17.95	10/01/2015
86771	ANTIBODY; SHIGELLA	\$17.95	10/01/2015
86774	ANTIBODY; TETANUS	\$20.14	10/01/2015
86777	ANTIBODY; TOXOPLASMA	\$19.58	10/01/2015
86778	ANTIBODY; TOXOPLASMA, IGM	\$19.60	10/01/2015
86780	ANTIBODY; TREPONEMA PALLIDUM	\$18.02	10/01/2015
86784	ANTIBODY; TRICHINELLA	\$17.09	10/01/2015
86787	ANTIBODY; VARICELLA-ZOSTER	\$17.53	10/01/2015
86788	ANTIBODY; WEST NILE VIRUS, IGM	\$22.93	10/01/2015
86789	ANTIBODY; WEST NILE VIRUS	\$19.58	10/01/2015
86790	ANTIBODY; VIRUS, NOT ELSEWHERE SPECIFIED	\$17.53	10/01/2015
86793	ANTIBODY; YERSINIA	\$17.95	10/01/2015
86800	THYROGLOBULIN ANTIBODY	\$17.97	10/01/2015
86803	HEPATITIS C ANTIBODY;	\$19.42	10/01/2015
86804	HEPATITIS C ANTIBODY; CONFIRMATORY TEST (EG, IMMUNOBLOT)	\$21.08	10/01/2015
86805	LYMPHOCYTOTOXICITY ASSAY, VISUAL CROSSMATCH; WITH TITRATION	\$71.16	10/01/2015
86806	LYMPHOCYTOTOXICITY ASSAY, VISUAL CROSSMATCH; WITHOUT TITRATION	\$64.76	10/01/2015
86807	SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE ANTIBODY (PRA); STANDARD METHOD	\$34.81	10/01/2015
86808	SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE ANTIBODY (PRA); QUICK METHOD	\$34.81	10/01/2015
86812	HLA TYPING; A, B, OR C (EG, A10, B7, B27), SINGLE ANTIGEN	\$35.12	10/01/2015
86813	HLA TYPING; A, B, OR C, MULTIPLE ANTIGENS	\$45.06	10/01/2015
86816	HLA TYPING; DR/DQ, SINGLE ANTIGEN	\$37.91	10/01/2015
86817	HLA TYPING; DR/DQ, MULTIPLE ANTIGENS	\$45.06	10/01/2015
86821	HLA TYPING; LYMPHOCYTE CULTURE, MIXED (MLC)	\$45.06	10/01/2015
86822	HLA TYPING; LYMPHOCYTE CULTURE, PRIMED (PLC)	\$45.06	10/01/2015
86825	HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH, NON-CYTOTOXIC (EG, USING FLOW CYTOMETR	\$73.88	10/01/2015

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86826	HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH, NON-CYTOTOXIC (EG, USING FLOW CYTOMETR	\$24.63	10/01/2015
86828	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA), SOLID PHASE ASSAYS (EG, MICROSPHERES	CCR	01/01/2013
86829	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA), SOLID PHASE ASSAYS (EG, MICROSPHERES	CCR	01/01/2013
86830	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA), SOLID PHASE ASSAYS (EG, MICROSPHERES	CCR	01/01/2013
86831	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA), SOLID PHASE ASSAYS (EG, MICROSPHERES	CCR	01/01/2013
86832	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA), SOLID PHASE ASSAYS (EG, MICROSPHERES	CCR	01/01/2013
86833	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA), SOLID PHASE ASSAYS (EG, MICROSPHERES	CCR	01/01/2013
86834	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA), SOLID PHASE ASSAYS (EG, MICROSPHERES	CCR	01/01/2013
86835	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA), SOLID PHASE ASSAYS (EG, MICROSPHERES	CCR	01/01/2013
86849	UNLISTED IMMUNOLOGY PROCEDURE	Bundled	01/01/2012
86850	ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	\$5.21	10/01/2016
86860	ANTIBODY ELUTION (RBC), EACH ELUTION	\$86.12	10/01/2017
86870	ANTIBODY IDENTIFICATION, RBC ANTIBODIES, EACH PANEL FOR EACH SERUM TECHNIQUE	\$152.54	10/01/2017
86880	ANTI HUMAN GLOBULIN TEST (COOMBS TEST); DIRECT, EACH ANTISERUM	\$23.53	10/01/2017
86885	ANTI HUMAN GLOBULIN TEST (COOMBS TEST); INDIRECT, QUALITATIVE, EACH REAGENT RED C	\$86.12	10/01/2017
86886	ANTI HUMAN GLOBULIN TEST (COOMBS TEST); INDIRECT, EACH ANTIBODY TITER	\$86.12	10/01/2017
86890	AUTOLOGOUS BLOOD OR COMPONENT, COLLECTION PROCESSING AND STORAGE; PREDEPOSITED	\$152.54	10/01/2017
86891	AUTOLOGOUS BLOOD OR COMPONENT, COLLECTION PROCESSING AND STORAGE; INTRA- OR	\$367.18	10/01/2016
86900	BLOOD TYPING; ABO	\$4.07	10/01/2016
86901	BLOOD TYPING; RH (D)	\$23.53	10/01/2017
86902	BLOOD TYPING; ANTIGEN TESTING OF DONOR BLOOD USING REAGENT SERUM, EACH ANTIGEN T	\$5.21	10/01/2016
86904	BLOOD TYPING; ANTIGEN SCREENING FOR COMPATIBLE UNIT USING PATIENT SERUM, PER	\$23.53	10/01/2017
86905	BLOOD TYPING; RBC ANTIGENS, OTHER THAN ABO OR RH (D), EACH	\$5.21	10/01/2016
86906	BLOOD TYPING; RH PHENOTYPING, COMPLETE	\$23.53	10/01/2017
86920	COMPATIBILITY TEST EACH UNIT; IMMEDIATE SPIN TECHNIQUE	\$86.12	10/01/2017
86921	COMPATIBILITY TEST EACH UNIT; INCUBATION TECHNIQUE	\$86.12	10/01/2017
86922	COMPATIBILITY TEST EACH UNIT; ANTIGLOBULIN TECHNIQUE	\$86.12	10/01/2017
86923	COMPATIBILITY TEST EACH UNIT; ELECTRONIC	\$86.12	10/01/2017
86927	FRESH FROZEN PLASMA, THAWING, EACH UNIT	\$152.54	10/01/2017
86930	FROZEN BLOOD, EACH UNIT; FREEZING (INCLUDES PREPARATION)	\$152.54	10/01/2017
86931	FROZEN BLOOD, EACH UNIT; THAWING	\$152.54	10/01/2017

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86932	FROZEN BLOOD, EACH UNIT; FREEZING (INCLUDES PREPARATION) AND THAWING	\$23.53	10/01/2017
86940	HEMOLYSINS AND AGGLUTININS; AUTO, SCREEN, EACH	\$11.16	10/01/2015
86941	HEMOLYSINS AND AGGLUTININS; INCUBATED	\$16.48	10/01/2015
86945	IRRADIATION OF BLOOD PRODUCT, EACH UNIT	\$23.53	10/01/2017
86950	LEUKOCYTE TRANSFUSION	\$86.12	10/01/2017
86960	VOLUME REDUCTION OF BLOOD OR BLOOD PRODUCT (EG, RED BLOOD CELLS OR PLATELETS), E	\$86.12	10/01/2017
86965	POOLING OF PLATELETS OR OTHER BLOOD PRODUCTS	\$86.12	10/01/2017
86970	PRETREATMENT OF RBCS FOR USE IN RBC ANTIBODY DETECTION, IDENTIFICATION, AND/OR	\$23.53	10/01/2017
86971	PRETREATMENT OF RBCS FOR USE IN RBC ANTIBODY DETECTION, IDENTIFICATION, AND/OR	\$152.54	10/01/2017
86972	PRETREATMENT OF RBCS FOR USE IN RBC ANTIBODY DETECTION, IDENTIFICATION, AND/OR	\$86.12	10/01/2017
86975	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; INCUBATION WITH	\$23.53	10/01/2017
86976	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; BY DILUTION	\$23.53	10/01/2017
86977	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; INCUBATION WITH	\$86.12	10/01/2017
86978	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; BY DIFFERENTIAL	\$10.46	10/01/2017
86985	SPLITTING OF BLOOD OR BLOOD PRODUCTS, EACH UNIT	\$86.12	10/01/2017
86999	UNLISTED TRANSFUSION MEDICINE PROCEDURE	\$10.46	10/01/2017
87003	ANIMAL INOCULATION, SMALL ANIMAL; WITH OBSERVATION AND DISSECTION	\$22.91	10/01/2015
87015	CONCENTRATION (ANY TYPE), FOR INFECTIOUS AGENTS	\$9.09	10/01/2015
87040	CULTURE, BACTERIAL; BLOOD, AEROBIC, WITH ISOLATION AND PRESUMPTIVE	\$14.05	10/01/2015
87045	CULTURE, BACTERIAL; STOOL, AEROBIC, WITH ISOLATION AND PRELIMINARY EXAMINATION	\$12.85	10/01/2015
87046	CULTURE, BACTERIAL; STOOL, AEROBIC, ADDITIONAL PATHOGENS, ISOLATION AND	\$12.85	10/01/2015
87070	CULTURE, BACTERIAL; ANY OTHER SOURCE EXCEPT URINE, BLOOD OR STOOL, AEROBIC,	\$11.72	10/01/2015
87071	CULTURE, BACTERIAL; QUANTITATIVE, AEROBIC WITH ISOLATION AND PRESUMPTIVE	\$12.85	10/01/2015
87073	CULTURE, BACTERIAL; QUANTITATIVE, ANAEROBIC WITH ISOLATION AND PRESUMPTIVE	\$12.85	10/01/2015
87075	CULTURE, BACTERIAL; ANY SOURCE, EXCEPT BLOOD, ANAEROBIC WITH ISOLATION AND	\$12.88	10/01/2015
87076	CULTURE, BACTERIAL; ANAEROBIC ISOLATE, ADDITIONAL METHODS REQUIRED FOR	\$11.00	10/01/2015
87077	CULTURE, BACTERIAL; AEROBIC ISOLATE, ADDITIONAL METHODS REQUIRED FOR DEFINITIVE	\$11.00	10/01/2015
87081	CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY;	\$9.02	10/01/2015
87084	CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY; WITH COLONY	\$11.72	10/01/2015
87086	CULTURE, BACTERIAL; QUANTITATIVE COLONY COUNT, URINE	\$10.99	10/01/2015
87088	CULTURE, BACTERIAL; WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF EACH ISOLAT	\$11.02	10/01/2015

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87101	CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRESUMPTIVE IDENTIFICATION OF	\$10.49	10/01/2015
87102	CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRESUMPTIVE IDENTIFICATION OF	\$11.43	10/01/2015
87103	CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRESUMPTIVE IDENTIFICATION OF	\$12.27	10/01/2015
87106	CULTURE, FUNGI, DEFINITIVE IDENTIFICATION, EACH ORGANISM; YEAST	\$14.05	10/01/2015
87107	CULTURE, FUNGI, DEFINITIVE IDENTIFICATION, EACH ORGANISM; MOLD	\$14.05	10/01/2015
87109	CULTURE, MYCOPLASMA, ANY SOURCE	\$20.94	10/01/2015
87110	CULTURE, CHLAMYDIA, ANY SOURCE	\$26.66	10/01/2015
87116	CULTURE, TUBERCLE OR OTHER ACID-FAST BACILLI (EG, TB, AFB, MYCOBACTERIA) ANY	\$14.70	10/01/2015
87118	CULTURE, MYCOBACTERIAL, DEFINITIVE IDENTIFICATION, EACH ISOLATE	\$14.90	10/01/2015
87140	CULTURE, TYPING; IMMUNOFLUORESCENT METHOD, EACH ANTISERUM	\$7.59	10/01/2015
87143	CULTURE, TYPING; GAS LIQUID CHROMATOGRAPHY (GLC) OR HIGH PRESSURE LIQUID	\$17.05	10/01/2015
87147	CULTURE, TYPING; IMMUNOLOGIC METHOD, OTHER THAN IMMUNOFLUORESCENCE (EG,	\$5.45	10/01/2015
87149	CULTURE, TYPING; IDENTIFICATION BY NUCLEIC ACID (DNA OR RNA) PROBE, DIRECT PROBE	\$27.29	10/01/2015
87150	CULTURE, TYPING; IDENTIFICATION BY NUCLEIC ACID (DNA OR RNA) PROBE, AMPLIFIED PR	CCR	01/01/2010
87152	CULTURE, TYPING; IDENTIFICATION BY PULSE FIELD GEL TYPING	\$7.12	10/01/2015
87158	CULTURE, TYPING; OTHER METHODS	\$7.12	10/01/2015
87164	DARK FIELD EXAMINATION, ANY SOURCE (EG, PENILE, VAGINAL, ORAL, SKIN); INCLUDES	\$14.62	10/01/2015
87166	DARK FIELD EXAMINATION, ANY SOURCE (EG, PENILE, VAGINAL, ORAL, SKIN); WITHOUT	\$15.37	10/01/2015
87168	MACROSCOPIC EXAMINATION; ARTHROPOD	\$5.81	10/01/2015
87169	MACROSCOPIC EXAMINATION; PARASITE	\$5.81	10/01/2015
87172	PINWORM EXAM (EG, CELLOPHANE TAPE PREP)	\$5.81	10/01/2015
87176	HOMOGENIZATION, TISSUE, FOR CULTURE	\$8.01	10/01/2015
87177	OVA AND PARASITES, DIRECT SMEARS, CONCENTRATION AND IDENTIFICATION	\$12.11	10/01/2015
87181	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; AGAR DILUTION METHOD, PER AGENT	\$6.46	10/01/2015
87184	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; DISK METHOD, PER PLATE (12 OR	\$8.23	10/01/2015
87185	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; ENZYME DETECTION (EG, BETA	\$6.46	10/01/2015
87186	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MICRODILUTION OR AGAR DILUTION	\$11.77	10/01/2015
87187	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MICRODILUTION OR AGAR DILUTION,	\$14.10	10/01/2015
87188	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MACROBROTH DILUTION METHOD, EACH	\$9.04	10/01/2015
87190	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MYCOBACTERIA, PROPORTION METHOD,	\$5.45	10/01/2015
87197	SERUM BACTERICIDAL TITER (SCHLICHTER TEST)	\$20.45	10/01/2015

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87205	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; GRAM OR GIEMSA STAIN FOR BACTERIA,	\$5.81	10/01/2015
87206	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; FLUORESCENT AND/OR ACID FAST STAIN	\$6.32	10/01/2015
87207	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; SPECIAL STAIN FOR INCLUSION BODIES	\$8.15	10/01/2015
87209	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; COMPLEX SPECIAL STAIN (EG, TRICHROME,	\$24.46	10/01/2015
87210	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; WET MOUNT FOR INFECTIOUS AGENTS (EG,	\$5.81	10/01/2015
87220	TISSUE EXAMINATION BY KOH SLIDE OF SAMPLES FROM SKIN, HAIR, OR NAILS FOR FUNGI	\$5.81	10/01/2015
87230	TOXIN OR ANTITOXIN ASSAY, TISSUE CULTURE (EG, CLOSTRIDIUM DIFFICILE TOXIN)	\$26.87	10/01/2015
87250	VIRUS ISOLATION; INOCULATION OF EMBRYONATED EGGS, OR SMALL ANIMAL, INCLUDES	\$26.62	10/01/2015
87252	VIRUS ISOLATION; TISSUE CULTURE INOCULATION, OBSERVATION, AND PRESUMPTIVE	\$35.48	10/01/2015
87253	VIRUS ISOLATION; TISSUE CULTURE, ADDITIONAL STUDIES OR DEFINITIVE	\$27.49	10/01/2015
87254	VIRUS ISOLATION; CENTRIFUGE ENHANCED (SHELL VIAL) TECHNIQUE, INCLUDES	\$26.62	10/01/2015
87255	VIRUS ISOLATION; INCLUDING IDENTIFICATION BY NON-IMMUNOLOGIC METHOD, OTHER THAN	\$46.08	10/01/2015
87260	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; ADENOVIRUS	\$16.32	10/01/2015
87265	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; BORDETELLA	\$16.32	10/01/2015
87267	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; ENTEROVIRUS,	\$16.32	10/01/2015
87269	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; GIARDIA	\$16.32	10/01/2015
87270	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; CHLAMYDIA	\$16.32	10/01/2015
87271	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE;	\$16.32	10/01/2015
87272	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE;	\$16.32	10/01/2015
87273	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; HERPES	\$16.32	10/01/2015
87274	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; HERPES	\$16.32	10/01/2015
87275	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; INFLUENZA B	\$16.32	10/01/2015
87276	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; INFLUENZA A	\$16.32	10/01/2015
87277	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; LEGIONELLA	\$16.32	10/01/2015
87278	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; LEGIONELLA	\$16.32	10/01/2015
87279	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE;	\$16.32	10/01/2015
87280	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; RESPIRATORY	\$16.32	10/01/2015
87281	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; PNEUMOCYSTIS	\$16.32	10/01/2015
87283	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; RUBEOLA	\$16.32	10/01/2015
87285	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; TREPONEMA	\$16.32	10/01/2015
87290	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; VARICELLA	\$16.32	10/01/2015

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87299	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; NOT	\$16.32	10/01/2015
87300	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE, POLYVALENT	\$16.32	10/01/2015
87301	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.32	10/01/2015
87305	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.32	10/01/2015
87320	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.32	10/01/2015
87324	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.32	10/01/2015
87327	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.32	10/01/2015
87328	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.32	10/01/2015
87329	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.32	10/01/2015
87332	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.32	10/01/2015
87335	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.32	10/01/2015
87336	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.32	10/01/2015
87337	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.32	10/01/2015
87338	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.33	10/01/2015
87339	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.32	10/01/2015
87340	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$12.39	10/01/2015
87341	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$12.39	10/01/2015
87350	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$15.69	10/01/2015
87380	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$22.33	10/01/2015
87385	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.32	10/01/2015
87389	HIV-1 ANTIGEN(S), WITH HIV-1 AND HIV-2 ANTIBODIES, SINGLE RESULT	\$32.77	10/01/2015
87390	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$24.01	10/01/2015
87391	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$24.01	10/01/2015
87400	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.32	10/01/2015
87420	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.32	10/01/2015
87425	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.32	10/01/2015
87427	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.32	10/01/2015
87430	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.32	10/01/2015
87449	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE QUALITATIVE	\$16.32	10/01/2015
87450	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE QUALITATIVE	\$13.05	10/01/2015
87451	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE QUALITATIVE	\$13.05	10/01/2015

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87470	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BARTONELLA HENSELAE	\$27.29	10/01/2015
87471	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BARTONELLA HENSELAE	\$47.76	10/01/2015
87472	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BARTONELLA HENSELAE	\$58.29	10/01/2015
87475	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BORRELIA BURGDORFERI,	\$27.29	10/01/2015
87476	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BORRELIA BURGDORFERI,	\$47.76	10/01/2015
87477	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BORRELIA BURGDORFERI,	\$58.29	10/01/2015
87480	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CANDIDA SPECIES,	\$27.29	10/01/2015
87481	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CANDIDA SPECIES,	\$47.76	10/01/2015
87482	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CANDIDA SPECIES,	\$56.82	10/01/2015
87483	CENTRAL NERVOUS SYSTEM PATHOGEN (EG, NEISSERIA MANGITIDIS, STREPTOCOCCUS PNEUMON	CCR	01/01/2017
87485	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA PNEUMONIAE,	\$27.29	10/01/2015
87486	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA PNEUMONIAE,	\$47.76	10/01/2015
87487	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA PNEUMONIAE,	\$58.29	10/01/2015
87490	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA TRACHOMATIS,	\$27.29	10/01/2015
87491	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA TRACHOMATIS,	\$47.76	10/01/2015
87492	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA TRACHOMATIS,	\$47.57	10/01/2015
87493	CLOSTRIDIUM DIFFICILE, TOXIN GENE(S), AMPLIFIED PROBE TECHNIQUE	\$47.76	10/01/2015
87495	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CYTOMEGALOVIRUS,	\$27.29	10/01/2015
87496	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CYTOMEGALOVIRUS,	\$47.76	10/01/2015
87497	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CYTOMEGALOVIRUS,	\$58.29	10/01/2015
87498	DETECTION TEST FOR ENTEROVIRUS (INTESTINAL VIRUS)	\$47.76	10/01/2015
87500	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); VANCOMYCIN RESISTANCE (	\$47.76	10/01/2015
87501	DETECTION TEST FOR INFLUENZA VIRUS	\$69.83	10/01/2015
87502	DETECTION TEST FOR MULTIPLE TYPES INFLUENZA VIRUS	\$115.80	10/01/2015
87503	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); INFLUENZA VIRUS, FOR MU	\$28.26	10/01/2015
87505	DETECTION TEST FOR DIGESTIVE TRACT PATHOGEN	CCR	01/01/2015
87506	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GASTROINTESTINAL PATHO	CCR	01/01/2015
87507	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GASTROINTESTINAL PATHO	CCR	01/01/2015
87510	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GARDNERELLA VAGINALIS,	\$27.29	10/01/2015
87511	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GARDNERELLA VAGINALIS,	\$47.76	10/01/2015
87512	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GARDNERELLA VAGINALIS,	\$56.82	10/01/2015

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87515	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS B VIRUS,	\$27.29	10/01/2015
87516	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS B VIRUS,	\$47.76	10/01/2015
87517	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS B VIRUS,	\$58.29	10/01/2015
87520	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS C, DIRECT	\$27.29	10/01/2015
87521	DETECTION TEST FOR HEPATITIS C VIRUS	\$47.76	10/01/2015
87522	DETECTION TEST FOR HEPATITIS C VIRUS	\$58.29	10/01/2015
87525	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS G, DIRECT	\$27.29	10/01/2015
87526	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS G, AMPLIFIED	\$47.76	10/01/2015
87527	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS G,	\$56.82	10/01/2015
87528	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES SIMPLEX VIRUS,	\$27.29	10/01/2015
87529	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES SIMPLEX VIRUS,	\$47.76	10/01/2015
87530	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES SIMPLEX VIRUS,	\$58.29	10/01/2015
87531	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES VIRUS-6, DIRECT	\$27.29	10/01/2015
87532	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES VIRUS-6,	\$47.76	10/01/2015
87533	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES VIRUS-6,	\$56.82	10/01/2015
87534	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-1, DIRECT PROBE	\$27.29	10/01/2015
87535	DETECTION TEST FOR HIV-1 VIRUS	\$47.76	10/01/2015
87536	DETECTION TEST FOR HIV-1 VIRUS	\$115.80	10/01/2015
87537	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-2, DIRECT PROBE	\$27.29	10/01/2015
87538	DETECTION TEST FOR HIV-2 VIRUS	\$47.76	10/01/2015
87539	DETECTION TEST FOR HIV-2 VIRUS	\$58.29	10/01/2015
87540	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); LEGIONELLA	\$27.29	10/01/2015
87541	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); LEGIONELLA	\$47.76	10/01/2015
87542	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); LEGIONELLA	\$56.82	10/01/2015
87550	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA SPECIES,	\$27.29	10/01/2015
87551	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA SPECIES,	\$47.76	10/01/2015
87552	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA SPECIES,	\$58.29	10/01/2015
87555	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA	\$27.29	10/01/2015
87556	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA	\$47.76	10/01/2015
87557	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA	\$58.29	10/01/2015
87560	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA	\$27.29	10/01/2015

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87561	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA	\$47.76	10/01/2015
87562	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA	\$58.29	10/01/2015
87580	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOPLASMA PNEUMONIAE,	\$27.29	10/01/2015
87581	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOPLASMA PNEUMONIAE,	\$47.76	10/01/2015
87582	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOPLASMA PNEUMONIAE,	\$56.82	10/01/2015
87590	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NEISSERIA GONORRHOEAE,	\$27.29	10/01/2015
87591	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NEISSERIA GONORRHOEAE,	\$47.76	10/01/2015
87592	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NEISSERIA GONORRHOEAE,	\$58.29	10/01/2015
87623	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HUMAN PAPILLOMAVIRUS (	CCR	01/01/2015
87624	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HUMAN PAPILLOMAVIRUS (	CCR	01/01/2015
87625	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HUMAN PAPILLOMAVIRUS (H	CCR	01/01/2015
87631	DETECTION TEST FOR MULTIPLE TYPES OF RESPIRATORY VIRUS	CCR	01/01/2013
87632	DETECTION TEST FOR MULTIPLE TYPES OF RESPIRATORY VIRUS	CCR	01/01/2013
87633	DETECTION TEST FOR MULTIPLE TYPES OF RESPIRATORY VIRUS	CCR	01/01/2013
87640	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STAPHYLOCOCCUS AUREUS,	\$47.76	10/01/2015
87641	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STAPHYLOCOCCUS AUREUS,	\$47.76	10/01/2015
87650	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STREPTOCOCCUS, GROUP	\$27.29	10/01/2015
87651	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STREPTOCOCCUS, GROUP	\$47.76	10/01/2015
87652	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STREPTOCOCCUS, GROUP	\$56.82	10/01/2015
87653	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STREPTOCOCCUS, GROUP B,	\$47.76	10/01/2015
87660	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); TRICHOMONAS VAGINALIS,	\$27.29	10/01/2015
87661	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); TRICHOMONAS VAGINALIS,	CCR	01/01/2014
87797	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), NOT OTHERWISE	\$27.29	10/01/2015
87798	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), NOT OTHERWISE	\$47.76	10/01/2015
87799	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), NOT OTHERWISE	\$58.29	10/01/2015
87800	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), MULTIPLE ORGANISMS;	\$54.59	10/01/2015
87801	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), MULTIPLE ORGANISMS;	\$95.52	10/01/2015
87802	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL	\$16.32	10/01/2015
87803	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL	\$16.32	10/01/2015
87804	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL	\$16.32	10/01/2015
87806	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATIO	CCR	01/01/2015

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87807	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL	\$16.32	10/01/2015
87808	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATIO	\$16.32	10/01/2015
87809	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATIO	\$16.32	10/01/2015
87810	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATIO	\$16.32	10/01/2015
87850	INFECTIOUS AGENT DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION;	\$16.32	10/01/2015
87880	INFECTIOUS AGENT DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION;	\$16.32	10/01/2015
87899	INFECTIOUS AGENT DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; NOT	\$16.32	10/01/2015
87900	INFECTIOUS AGENT DRUG SUSCEPTIBILITY PHENOTYPE PREDICTION USING REGULARLY UPDATE	\$177.38	10/01/2015
87901	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA); HIV-1, REVERSE	\$350.35	10/01/2015
87902	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA); HEPATITIS C	\$350.35	10/01/2015
87903	INFECTIOUS AGENT PHENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA) WITH DRUG	\$664.98	10/01/2015
87904	INFECTIOUS AGENT PHENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA) WITH DRUG RESIS	\$35.48	10/01/2015
87905	INFECTIOUS AGENT ENZYMATIC ACTIVITY OTHER THAN VIRUS (EG, SIALIDASE ACTIVITY IN	\$16.63	10/01/2015
87906	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA); HIV-1, OTHER RE	\$175.18	10/01/2015
87910	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA); CYTOMEGALOVIRUS	CCR	01/01/2013
87912	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA); HEPATITIS B	CCR	01/01/2013
87999	UNLISTED MICROBIOLOGY PROCEDURE	Bundled	10/01/2008
88104	CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, EXCEPT CERVICAL OR VAGINAL; SMEARS	\$23.53	10/01/2017
88106	CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, EXCEPT CERVICAL OR VAGINAL; SIMPLE	\$23.53	10/01/2017
88108	CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND INTERPRETATION (EG,	\$23.53	10/01/2017
88112	CYTOPATHOLOGY, SELECTIVE CELLULAR ENHANCEMENT TECHNIQUE WITH INTERPRETATION	\$32.91	10/01/2017
88120	CYTOPATHOLOGY, IN SITU HYBRIDIZATION (EG, FISH), URINARY TRACT SPECIMEN WITH MOR	\$152.54	10/01/2017
88121	CYTOPATHOLOGY, IN SITU HYBRIDIZATION (EG, FISH), URINARY TRACT SPECIMEN WITH MOR	\$152.54	10/01/2017
88125	CYTOPATHOLOGY, FORENSIC (EG, SPERM)	\$32.91	10/01/2017
88130	SEX CHROMATIN IDENTIFICATION; BARR BODIES	\$20.48	10/01/2015
88140	SEX CHROMATIN IDENTIFICATION; PERIPHERAL BLOOD SMEAR, POLYMORPHONUCLEAR	\$8.99	10/01/2015
88141	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), REQUIRING	Bundled	10/01/2006
88142	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN	\$27.57	10/01/2015
88143	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN	\$27.57	10/01/2015
88147	CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL; SCREENING BY AUTOMATED SYSTEM UNDER	\$15.49	10/01/2015
88148	CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL; SCREENING BY AUTOMATED SYSTEM WITH	\$20.68	10/01/2015

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88150	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; MANUAL SCREENING UNDER PHYSICIAN	\$14.38	10/01/2015
88152	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCREENING AND	\$14.38	10/01/2015
88153	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCREENING AND	\$14.38	10/01/2015
88154	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCREENING AND	\$14.38	10/01/2015
88155	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL, DEFINITIVE HORMONAL EVALUATION (EG,	\$8.15	10/01/2015
88160	CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; SCREENING AND INTERPRETATION	\$10.46	10/01/2017
88161	CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; PREPARATION, SCREENING AND	\$23.53	10/01/2017
88162	CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; EXTENDED STUDY INVOLVING OVER 5 SLIDES	\$32.91	10/01/2017
88164	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); MANUAL	\$14.38	10/01/2015
88165	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); WITH MANUAL	\$14.38	10/01/2015
88166	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); WITH MANUAL	\$14.38	10/01/2015
88167	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); WITH MANUAL	\$14.38	10/01/2015
88172	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMMEDIATE CYTOHISTOLOGIC STUD	\$152.54	10/01/2017
88173	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; INTERPRETATION AND REPORT	\$32.91	10/01/2017
88174	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN	\$29.08	10/01/2015
88175	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVA	\$36.05	10/01/2015
88177	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMMEDIATE CYTOHISTOLOGIC STUD	Bundled	10/01/2013
88182	FLOW CYTOMETRY; CELL CYCLE OR DNA ANALYSIS	\$32.91	10/01/2017
88184	FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR MARKER, TECHNICAL	\$152.54	10/01/2017
88185	FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR MARKER, TECHNICAL	Bundled	10/01/2013
88187	FLOW CYTOMETRY, INTERPRETATION; 2 TO 8 MARKERS	\$169.70	10/01/2014
88188	FLOW CYTOMETRY, INTERPRETATION; 9 TO 15 MARKERS	\$262.79	10/01/2014
88189	FLOW CYTOMETRY, INTERPRETATION; 16 OR MORE MARKERS	\$34.50	10/01/2014
88199	UNLISTED CYTOPATHOLOGY PROCEDURE	\$32.91	10/01/2017
88230	TISSUE CULTURE FOR NON-NEOPLASTIC DISORDERS; LYMPHOCYTE	\$158.54	10/01/2015
88233	TISSUE CULTURE FOR NON-NEOPLASTIC DISORDERS; SKIN OR OTHER SOLID TISSUE BIOPSY	\$191.51	10/01/2015
88235	TISSUE CULTURE FOR NON-NEOPLASTIC DISORDERS; AMNIOTIC FLUID OR CHORIONIC VILLUS	\$200.40	10/01/2015
88237	TISSUE CULTURE FOR NEOPLASTIC DISORDERS; BONE MARROW, BLOOD CELLS	\$171.89	10/01/2015
88239	TISSUE CULTURE FOR NEOPLASTIC DISORDERS; SOLID TUMOR	\$200.75	10/01/2015
88240	CRYOPRESERVATION, FREEZING AND STORAGE OF CELLS, EACH CELL LINE	\$13.74	10/01/2015
88241	THAWING AND EXPANSION OF FROZEN CELLS, EACH ALIQUOT	\$13.74	10/01/2015

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88245	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; BASELINE SISTER CHROMATID EXCHANGE	\$202.58	10/01/2015
88248	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; BASELINE BREAKAGE, SCORE 50-100	\$235.67	10/01/2015
88249	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; SCORE 100 CELLS, CLASTOGEN STRESS	\$235.67	10/01/2015
88261	CHROMOSOME ANALYSIS; COUNT 5 CELLS, 1 KARYOTYPE, WITH BANDING	\$240.51	10/01/2015
88262	CHROMOSOME ANALYSIS; COUNT 15-20 CELLS, 2 KARYOTYPES, WITH BANDING	\$169.62	10/01/2015
88263	CHROMOSOME ANALYSIS; COUNT 45 CELLS FOR MOSAICISM, 2 KARYOTYPES, WITH BANDING	\$204.52	10/01/2015
88264	CHROMOSOME ANALYSIS; ANALYZE 20-25 CELLS	\$169.62	10/01/2015
88267	CHROMOSOME ANALYSIS, AMNIOTIC FLUID OR CHORIONIC VILLUS, COUNT 15 CELLS, 1	\$244.64	10/01/2015
88269	CHROMOSOME ANALYSIS, IN SITU FOR AMNIOTIC FLUID CELLS, COUNT CELLS FROM 6-12	\$226.34	10/01/2015
88271	MOLECULAR CYTOGENETICS; DNA PROBE, EACH (EG, FISH)	\$29.14	10/01/2015
88272	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, ANALYZE 3-5 CELLS	\$36.44	10/01/2015
88273	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, ANALYZE 10-30 CELLS	\$43.73	10/01/2015
88274	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALYZE 25-99 CELLS	\$47.37	10/01/2015
88275	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALYZE 100-300 CELLS	\$54.65	10/01/2015
88280	CHROMOSOME ANALYSIS; ADDITIONAL KARYOTYPES, EACH STUDY	\$34.15	10/01/2015
88283	CHROMOSOME ANALYSIS; ADDITIONAL SPECIALIZED BANDING TECHNIQUE (EG, NOR,	\$68.19	10/01/2015
88285	CHROMOSOME ANALYSIS; ADDITIONAL CELLS COUNTED, EACH STUDY	\$25.86	10/01/2015
88289	CHROMOSOME ANALYSIS; ADDITIONAL HIGH RESOLUTION STUDY	\$19.47	10/01/2015
88291	CYTOGENETICS AND MOLECULAR CYTOGENETICS, INTERPRETATION AND REPORT	CCR	10/01/2006
88299	UNLISTED CYTOGENETIC STUDY	\$32.91	10/01/2017
88300	LEVEL I - SURGICAL PATHOLOGY, GROSS EXAMINATION ONLY	\$23.53	10/01/2017
88302	PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE	\$23.53	10/01/2017
88304	PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE, MODERATELY LOW COMPLEXITY	\$32.91	10/01/2017
88305	PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE, INTERMEDIATE COMPLEXITY	\$32.91	10/01/2017
88307	PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE, MODERATELY HIGH COMPLEXITY	\$152.54	10/01/2017
88309	PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE, HIGH COMPLEXITY	\$367.18	10/01/2016
88311	DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR SURGICAL	Bundled	10/01/2013
88312	SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROUP I FOR MICROORGANISMS (E	\$32.91	10/01/2017
88313	SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROUP II, ALL OTHER (EG, IRON	\$23.53	10/01/2017
88314	SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; HISTOCHEMICAL STAIN ON FROZEN	Bundled	10/01/2013
88319	SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROUP III, FOR ENZYME CONSTIT	\$367.18	10/01/2016

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88321	CONSULTATION AND REPORT ON REFERRED SLIDES PREPARED ELSEWHERE	\$23.53	10/01/2017
88323	CONSULTATION AND REPORT ON REFERRED MATERIAL REQUIRING PREPARATION OF SLIDES	\$86.12	10/01/2017
88325	CONSULTATION, COMPREHENSIVE, WITH REVIEW OF RECORDS AND SPECIMENS, WITH REPORT	\$32.91	10/01/2017
88329	PATHOLOGY CONSULTATION DURING SURGERY;	\$23.53	10/01/2017
88331	PATHOLOGY CONSULTATION DURING SURGERY; FIRST TISSUE BLOCK, WITH FROZEN	\$86.12	10/01/2017
88332	PATHOLOGY CONSULTATION DURING SURGERY; EACH ADDITIONAL TISSUE BLOCK WITH FROZEN	Bundled	10/01/2013
88333	PATHOLOGY CONSULTATION DURING SURGERY; CYTOLOGIC EXAMINATION (EG, TOUCH PREP, SQ	\$367.18	10/01/2016
88334	PATHOLOGY CONSULTATION DURING SURGERY; CYTOLOGIC EXAMINATION (EG, TOUCH PREP, SQ	Bundled	10/01/2013
88341	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIMEN; EACH ADDITIONAL SINGL	Bundled	01/01/2015
88342	IMMUNOHISTOCHEMISTRY (INCLUDING TISSUE IMMUNOPEROXIDASE), EACH ANTIBODY	\$152.54	10/01/2017
88344	IMMUNOHISZTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIMEN; EACH MULTIPLEX ANTIB	\$152.54	10/01/2017
88346	IMMUNOFLUORESCENT STUDY, EACH ANTIBODY; DIRECT METHOD	\$152.54	10/01/2017
88348	ELECTRON MICROSCOPY; DIAGNOSTIC	\$367.18	10/01/2016
88350	IMMUNOFLUORESCENCE, PER SPECIMEN; EACH ADDITIONAL SINGLE ANTIBODY STAIN PROCEDUR	Bundled	01/01/2016
88355	MORPHOMETRIC ANALYSIS; SKELETAL MUSCLE	\$86.12	10/01/2017
88356	MORPHOMETRIC ANALYSIS; NERVE	\$86.12	10/01/2017
88358	MORPHOMETRIC ANALYSIS; TUMOR (EG, DNA PLOIDY)	\$152.54	10/01/2017
88360	MICROSCOPIC GENETIC ANALYSIS OF TUMOR	\$152.54	10/01/2017
88361	MICROSCOPIC GENETIC ANALYSIS OF TUMOR	\$152.54	10/01/2017
88362	NERVE TEASING PREPARATIONS	\$367.18	10/01/2016
88363	EXAMINATION AND SELECTION OF RETRIEVED ARCHIVAL (IE, PREVIOUSLY DIAGNOSED) TISSU	\$10.46	10/01/2017
88364	IN SITU HYBRIDIZATION (EG, FISH), PER SPECIMEN; EACH ADDITIONAL SINGLE PROBE STA	Bundled	01/01/2015
88365	IN SITU HYBRIDIZATION (EG, FISH), EACH PROBE	\$86.12	10/01/2017
88366	IN SITU HYBRIDIZATION (EG, FISH), PER SPECIMEN; EACH MULTIPLEX PROBE STAIN PROCE	\$152.54	10/01/2017
88367	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION, (QUANTITATIVE OR	\$152.54	10/01/2017
88368	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION, (QUANTITATIVE OR	\$152.54	10/01/2017
88369	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION (QUANTITATIVE OR SEMI-QUANTITATIVE)	Bundled	01/01/2015
88371	PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT, WITH INTERPRETATION AND REPORT;	Bundled	10/01/2015
88372	PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT, WITH INTERPRETATION AND REPORT;	Bundled	10/01/2015
88373	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION (QUANTITATIVE OR SEMI-QUANTITATIVE)	Bundled	01/01/2015
88374	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION (QUANTITATIVE OR SEMI-QUANTITATIVE)	\$86.12	10/01/2017

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88375	OPTICAL ENDOMICROSCOPIC IMAGE(S), INTERPRETATION AND REPORT, REAL-TIME OR REFERR	\$18.74	10/01/2015
88377	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION (QUANTITATIVE OR SEMI-QUANTITATIVE)	\$86.12	10/01/2017
88380	MICRODISSECTION (IE, SAMPLE PREPARATION OF MICROSCOPICALLY IDENTIFIED TARGET); L	Bundled	10/01/2006
88381	PREPARATION OF SPECIMEN, MANUAL"	Bundled	01/01/2008
88387	MACROSCOPIC EXAM, DISSECTION, AND PREP OF TISSUE FOR NON-MICRO ANALYTICAL STUDIE	Bundled	01/01/2010
88388	MACROSCOPIC EXAM, DISSECTION, AND PREP OF TISSUE FOR NON-MICRO ANALYTICAL STUDIE	Bundled	01/01/2010
88399	UNLISTED MISCELLANEOUS PATHOLOGY PROCEDURE	\$32.91	10/01/2017
88720	BILIRUBIN, TOTAL, TRANSCUTANEOUS	\$6.83	10/01/2015
88738	HEMOGLOBIN (HGB), QUANTITATIVE, TRANSCUTANEOUS	\$6.83	10/01/2015
88740	HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS, PER DAY; CARBOXYHEMOGLOBIN	\$6.83	10/01/2015
88741	HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS, PER DAY; METHEMOGLOBIN	\$6.83	10/01/2015
88749	UNLISTED IN VIVO (EG, TRANSCUTANEOUS) LABORATORY SERVICE	CCR	01/01/2011
89049	CAFFEINE HALOTHANE CONTRACTURE TEST (CHCT) FOR MALIGNANT HYPERTHERMIA SUSCEPTIBI	\$86.12	10/01/2017
89050	CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CEREBROSPINAL FLUID, JOINT FLUID), EX	\$6.43	10/01/2015
89051	CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CEREBROSPINAL FLUID, JOINT FLUID),	\$7.49	10/01/2015
89055	WHITE BLOOD CELL MEASURE, STOOL SPECIMEN"	\$5.81	10/01/2015
89060	CRYSTAL IDENTIFICATION BY LIGHT MICROSCOPY WITH OR WITHOUT POLARIZING LENS ANALY	\$9.74	10/01/2015
89125	FAT STAIN, FECES, URINE, OR RESPIRATORY SECRETIONS	\$3.92	10/01/2015
89160	MEAT FIBERS, FECES	\$5.02	10/01/2015
89190	NASAL SMEAR FOR EOSINOPHILS	\$6.46	10/01/2015
89220	SPUTUM, OBTAINING SPECIMEN, AEROSOL INDUCED TECHNIQUE (SEPARATE PROCEDURE)	\$86.12	10/01/2017
89230	SWEAT COLLECTION BY IONTOPHORESIS	\$32.91	10/01/2017
89240	UNLISTED MISCELLANEOUS PATHOLOGY TEST	\$32.91	10/01/2017
89264	SPERM IDENTIFICATION FROM TESTIS TISSUE, FRESH OR CRYOPRESERVED	\$86.12	10/01/2017
89321	SEMEN ANALYSIS; SPERM PRESENCE AND MOTILITY OF SPERM, IF PERFORMED	\$16.40	10/01/2015
89322	SEMEN ANALYSIS; VOLUME, COUNT, MOTILITY, AND DIFFERENTIAL USING STRICT MORPHOLOG	\$21.09	10/01/2015
90296	DIPHThERIA ANTITOXIN, EQUINE, ANY ROUTE	\$264.49	10/01/2011
90371	HEPATITIS B IMMUNE GLOBULIN (HBIG), HUMAN, FOR INTRAMUSCULAR USE	\$101.62	10/01/2016
90375	RABIES IMMUNE GLOBULIN FOR INJECTION BENEATH THE SKIN AND/OR INTO MUSCLE	\$241.57	10/01/2016
90376	RABIES IMMUNE GLOBULIN, HEAT-TREATED (RIG-HT), HUMAN, FOR INTRAMUSCULAR AND/OR S	\$232.65	10/01/2016
90378	RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, RECOMBINANT, FOR INTRAMUSCULAR	\$1,623.23	10/01/2016

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90384	RHO(D) IMMUNE GLOBULIN (RHIG), HUMAN, FULL-DOSE, FOR INTRAMUSCULAR USE	\$102.71	10/01/2011
90385	RHO(D) IMMUNE GLOBULIN (RHIG), HUMAN, MINI-DOSE, FOR INTRAMUSCULAR USE	Bundled	10/01/2012
90393	VACCINIA IMMUNE GLOBULIN, HUMAN, FOR INTRAMUSCULAR USE	CCR	01/01/2012
90396	VARICELLA-ZOSTER IMMUNE GLOBULIN, HUMAN, FOR INTRAMUSCULAR USE	\$1,026.02	10/01/2016
90460	IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA ANY ROUTE OF ADMINISTRAT	CCR	01/01/2011
90461	IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA ANY ROUTE OF ADMINISTRAT	CCR	01/01/2011
90471	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS,	\$44.08	10/01/2017
90472	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS,	Bundled	10/01/2013
90473	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; ONE VACCINE (SINGLE OR	\$44.08	10/01/2017
90474	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; EACH ADDITIONAL	Bundled	10/01/2013
90476	ADENOVIRUS VACCINE, TYPE 4, LIVE, FOR ORAL USE	Bundled	10/01/2012
90477	ADENOVIRUS VACCINE, TYPE 7, LIVE, FOR ORAL USE	\$22.01	10/01/2012
90581	ANTHRAX VACCINE, FOR SUBCUTANEOUS OR INTRAMUSCULAR USE	\$88.83	10/01/2015
90585	BACILLUS CALMETTE-GUERIN VACCINE (BCG) FOR TUBERCULOSIS, LIVE, FOR PERCUTANEOUS	\$102.51	10/01/2016
90586	BACILLUS CALMETTE-GUERIN VACCINE (BCG) FOR BLADDER CANCER, LIVE, FOR INTRAVESICA	\$113.34	10/01/2012
90620	MENINGOCOCCAL RECOMBINANT PROTEIN AND OUTER MEMBRANE VESICLE	\$127.60	10/01/2016
90621	MENINGOCOCCAL RECOMBINANT LIPOPROTEIN VACCINE, SEROGROUP B,	\$102.27	10/01/2016
90630	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIRUS, PRESERVATIVE FREE, FO	CCR	01/01/2015
90632	HEPATITIS A VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE	Bundled	10/01/2012
90633	HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE-2 DOSE SCHEDULE, FOR INTRAMUSCU	Bundled	10/01/2012
90634	HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE-3 DOSE SCHEDULE, FOR INTRAMUSCU	Bundled	10/01/2011
90636	HEPATITIS A AND HEPATITIS B VACCINE (HEPA-HEPB), ADULT DOSAGE, FOR INTRAMUSCULAR	Bundled	10/01/2012
90644	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS C & Y AND HEMOPHILUS INFLUENZA B VAC	CCR	01/01/2010
90647	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-OMP CONJUGATE (3 DOSE SCHEDULE), FOR I	Bundled	10/01/2011
90648	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-T CONJUGATE (4 DOSE SCHEDULE), FOR INT	Bundled	10/01/2012
90649	HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 6, 11, 16, 18 (QUADRIVALENT), 3 DOSE	\$117.01	10/01/2011
90650	HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 16, 18, BIVALENT, 3 DOSE SCHEDULE, FO	\$124.64	10/01/2012
90651	HUMAN PAPILLOMA VIRUS VACCINE TYPES 6, 11, 16, 18, 31, 33, 45, 52, 58, NONAVALEN	\$157.92	07/01/2015
90653	INFLUENZA VIRUS VACCINE, INACTIVATED, SUBUNIT, ADJUVANTED, FOR INTRAMUSCULAR USE	CCR	01/01/2013
90655	INFLUENZA VIRUS VACCINE, TRIVALENT, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMINIS	\$14.92	10/01/2012
90656	INFLUENZA VIRUS VACCINE, TRIVALENT, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMINIS	\$11.76	10/01/2011

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90657	INFLUENZA VIRUS VACCINE, TRIVALENT, SPLIT VIRUS, WHEN ADMINISTERED TO CHILDREN 6	\$6.32	10/01/2012
90658	INFLUENZA VIRUS VACCINE, TRIVALENT, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUAL	\$10.52	10/01/2012
90660	INFLUENZA VIRUS VACCINE, TRIVALENT, LIVE, FOR INTRANASAL USE	\$21.20	10/01/2011
90662	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, ENHANCED IMMUNOGENICITY	\$29.37	10/01/2012
90670	PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT, FOR INTRAMUSCULAR USE	\$130.85	10/01/2012
90672	INFLUENZA VIRUS VACCINE, QUADRIVALENT, LIVE, FOR INTRANASAL USE	CCR	01/01/2013
90673	INFLUENZA VIRUS VACCINE, TRIVALENT, DERIVED FROM RECOMBINANT DNA (RIV3), HEMAGGL	CCR	01/01/2014
90674	INFLUENZA VIRUS VACCINE, QUADRIVALENT (CCIIV4) DERIVED FROM CELL CULTURES, SUBUN	CCR	01/01/2017
90675	RABIES VACCINE, FOR INTRAMUSCULAR USE	\$228.35	10/01/2016
90676	RABIES VACCINE, FOR INTRADERMAL USE	\$143.61	10/01/2016
90680	ROTAVIRUS VACCINE, PENTAVALENT, 3 DOSE SCHEDULE, LIVE, FOR ORAL USE	Bundled	10/01/2012
90681	ROTAVIRUS VACCINE, HUMAN, ATTENUATED, 2 DOSE SCHEDULE, LIVE, FOR ORAL USE	\$98.84	10/01/2013
90682	INFLUENZA VIRUS VACCINE, QUADRIVALENT (RIV4), DERIVED FROM RECOMB	CCR	01/01/2017
90685	INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMI	CCR	01/01/2013
90686	INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMI	CCR	01/01/2013
90687	INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, WHEN ADMINISTERED TO CHILDRE	CCR	01/01/2013
90688	INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVID	CCR	01/01/2013
90690	TYPHOID VACCINE, LIVE, ORAL	Bundled	10/01/2012
90691	TYPHOID VACCINE, VI CAPSULAR POLYSACCHARIDE (VICPS), FOR INTRAMUSCULAR USE	Bundled	10/01/2012
90696	DIPHTHERIA, TETNUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE & POLIOVIRUS VACCINE INAC	Bundled	10/01/2012
90698	DIPHThERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HAEMOPHILUS INFLUENZA	Bundled	10/01/2012
90700	DIPHThERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE (DTAP), WHEN ADMINI	Bundled	10/01/2012
90702	DIPHThERIA AND TETANUS TOXOIDS (DT) ADSORBED WHEN ADMINISTERED TO INDIVIDUALS YO	Bundled	10/01/2012
90707	MEASLES, MUMPS AND RUBELLA VIRUS VACCINE (MMR), LIVE, FOR SUBCUTANEOUS USE	Bundled	10/01/2012
90710	MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE (MMRV), LIVE, FOR SUBCUTANEOUS US	Bundled	10/01/2012
90713	POLIOVIRUS VACCINE, INACTIVATED (IPV), FOR SUBCUTANEOUS OR INTRAMUSCULAR USE	Bundled	10/01/2012
90714	TETANUS AND DIPHTHERIA TOXOIDS (TD) ADSORBED, PRESERVATIVE FREE, WHEN ADMINISTER	Bundled	10/01/2012
90715	TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (TDAP), WHEN ADMINIS	Bundled	10/01/2012
90716	VARICELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	\$83.66	10/01/2012
90717	YELLOW FEVER VACCINE, LIVE, FOR SUBCUTANEOUS USE	Bundled	10/01/2012
90723	DIPHThERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HEPATITIS B, AND POLIO	\$67.93	10/01/2012

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90732	PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 23-VALENT, ADULT OR IMMUNOSUPPRESSED PATIEN	\$62.48	10/01/2012
90733	MENINGOCOCCAL POLYSACCHARIDE VACCINE (ANY GROUP[S]), FOR SUBCUTANEOUS USE	\$88.76	10/01/2016
90734	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, Y AND W-135 (TETRAVALENT), FOR	\$88.34	10/01/2016
90736	ZOSTER (SHINGLES) VACCINE, LIVE, FOR SUBCUTANEOUS INJECTION	\$160.81	10/01/2012
90739	HEPATITIS B VACCINE, ADULT DOSAGE (2 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	\$56.72	01/01/2013
90740	HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE (3 DOSE SCHEDUL	\$113.45	10/01/2011
90743	HEPATITIS B VACCINE, ADOLESCENT (2 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	\$23.01	10/01/2011
90744	HEPATITIS B VACCINE, PEDIATRIC/ADOLESCENT DOSAGE (3 DOSE SCHEDULE), FOR INTRAMUS	\$23.01	10/01/2011
90746	HEPATITIS B VACCINE, ADULT DOSAGE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	\$56.72	10/01/2011
90747	HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE (4 DOSE SCHEDUL	\$113.45	10/01/2011
90748	HEPATITIS B AND HEMOPHILUS INFLUENZA B VACCINE (HEPB-HIB), FOR INTRAMUSCULAR USE	\$41.96	10/01/2012
90749	UNLISTED VACCINE/TOXOID	Bundled	10/01/2006
90750	ZOSTER (SHINGLES) VACCINE (HZV), RECOMBINANT, SUBUNIT, ADJUVANTED, FOR INTRAMUSC	CCR	01/01/2017
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	\$104.22	10/01/2016
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	\$104.22	10/01/2016
90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER	\$58.25	10/01/2017
90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITH	Bundled	01/01/2013
90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER	\$104.22	10/01/2016
90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITH	Bundled	01/01/2013
90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBER	\$104.22	10/01/2016
90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITH	Bundled	01/01/2013
90845	PSYCHOANALYSIS	\$104.22	10/01/2016
90846	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)	\$104.22	10/01/2016
90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT)	\$104.22	10/01/2016
90849	MULTIPLE-FAMILY GROUP PSYCHOTHERAPY	\$104.22	10/01/2016
90853	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)	\$58.25	10/01/2017
90862	INFLUENZA VIRUS VACCINE, QUADRIVALENT (RIV4), DERIVED FROM RECOMBINANT DNA, HEMA	\$71.24	01/01/2017
90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIA	\$183.66	10/01/2016
90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQ	\$183.66	10/01/2016
90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQ	\$105.37	10/01/2017
90870	ELECTROCONVULSIVE THERAPY (INCLUDES NECESSARY MONITORING)	\$330.50	10/01/2016

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90875	INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY INCORPORATING BIOFEEDBACK TRAINING BY ANY	CCR	10/01/2006
90876	INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY INCORPORATING BIOFEEDBACK TRAINING BY ANY	CCR	10/01/2006
90887	INTERPRETATION OR EXPLANATION OF RESULTS OF PSYCHIATRIC, OTHER MEDICAL	Bundled	10/01/2006
90889	PREPARATION OF REPORT OF PATIENT'S PSYCHIATRIC STATUS	Bundled	10/01/2006
90901	BIOFEEDBACK TRAINING BY ANY MODALITY	CCR	10/01/2006
90911	BIOFEEDBACK TRAINING, PERINEAL MUSCLES, ANORECTAL OR URETHRAL SPHINCTER,	\$105.37	10/01/2017
90935	HEMODIALYSIS PROCEDURE WITH SINGLE EVALUATION BY A PHYSICIAN OR OTHER QUALIFIED	\$455.65	10/01/2016
90937	HEMODIALYSIS PROCEDURE REQUIRING REPEATED EVALUATION(S) WITH OR WITHOUT	CCR	10/01/2006
90940	HEMODIALYSIS ACCESS FLOW STUDY TO DETERMINE BLOOD FLOW IN GRAFTS AND ARTERIOVENO	Bundled	10/01/2006
90945	DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL DIALYSIS, HEMOFILTRAT	\$221.18	10/01/2017
90947	DIALYSIS PROCEDURE REQUIRING REPEAT EVALUATION	CCR	10/01/2006
90951	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS YOUNGER TH	CCR	01/01/2009
90952	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS YOUNGER TH	CCR	01/01/2009
90953	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS YOUNGER TH	CCR	01/01/2009
90954	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 2-11 YEARS	CCR	01/01/2009
90955	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 2-11 YEARS	CCR	01/01/2009
90956	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 2-11 YEARS	CCR	01/01/2009
90957	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 12-19 YEAR	CCR	01/01/2009
90958	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 12-19 YEAR	CCR	01/01/2009
90959	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 12-19 YEAR	CCR	01/01/2009
90960	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 20 YEARS O	CCR	01/01/2009
90961	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 20 YEARS O	CCR	01/01/2009
90962	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 20 YEARS O	CCR	01/01/2009
90963	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH	CCR	01/01/2009
90964	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH	CCR	01/01/2009
90965	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH	CCR	01/01/2009
90966	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH	CCR	01/01/2009
90967	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN A FULL MO	CCR	01/01/2009
90968	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN A FULL MO	CCR	01/01/2009
90969	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN A FULL MO	CCR	01/01/2009
90970	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN A FULL MO	CCR	01/01/2009

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90989	DIALYSIS TRAINING, PATIENT, INCLUDING HELPER WHERE APPLICABLE, ANY MODE,	CCR	10/01/2006
90993	DIALYSIS TRAINING, PATIENT, INCLUDING HELPER WHERE APPLICABLE, ANY MODE, COURSE	CCR	10/01/2006
90997	HEMOPERFUSION (EG, WITH ACTIVATED CHARCOAL OR RESIN)	CCR	10/01/2006
90999	UNLISTED DIALYSIS PROCEDURE, INPATIENT OR OUTPATIENT	CCR	01/01/2012
91010	MEASUREMENT OF ESOPHAGEAL SWALLOWING MOVEMENT	\$330.50	10/01/2016
91013	MEASUREMENT OF ESOPHAGEAL SWALLOWING MOVEMENT	Bundled	10/01/2013
91020	GASTRIC MOTILITY (MANOMETRIC) STUDIES	\$330.50	10/01/2016
91022	DUODENAL MOTILITY (MANOMETRIC) STUDY	\$713.84	10/01/2016
91030	ESOPHAGUS, ACID PERFUSION (BERNSTEIN) TEST FOR ESOPHAGITIS	\$330.50	10/01/2016
91034	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH NASAL CATHETER PH ELECTRODE(S)	\$330.50	10/01/2016
91035	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH MUCOSAL ATTACHED TELEMTRY PH	\$330.50	10/01/2016
91037	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH NASAL CATHETER	\$183.66	10/01/2016
91038	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH NASAL CATHETER	\$330.50	10/01/2016
91040	ESOPHAGEAL BALLOON DISTENSION PROVOCATION STUDY	\$330.50	10/01/2016
91065	MEASUREMENT OF HYDROGEN IN BREATH TO TEST FOR GI SYMPTOMS	\$105.37	10/01/2017
91110	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY), ESOPHAGUS	\$580.13	10/01/2017
91117	COLON MOTILITY (MANOMETRIC) STUDY, MINIMUM 6 HOURS CONTINUOUS RECORDING (INCLUDI	\$179.10	10/01/2017
91120	RECTAL SENSATION, TONE, AND COMPLIANCE TEST (IE, RESPONSE TO GRADED BALLOON	\$105.37	10/01/2017
91122	ANORECTAL MANOMETRY	\$179.10	10/01/2017
91132	ELECTROGASTROGRAPHY, DIAGNOSTIC, TRANSCUTANEOUS;	\$105.37	10/01/2017
91133	ELECTROGASTROGRAPHY, DIAGNOSTIC, TRANSCUTANEOUS; WITH PROVOCATIVE TESTING	\$82.92	10/01/2017
91200	LIVER ELASTOGRAPHY, MECHANICALLY INDUCED SHEAR WAVE (EG, VIBRATION), WITHOUT IMA	\$105.37	10/01/2017
91299	UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	\$105.37	10/01/2017
92002	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH INITIATION OF	\$85.12	10/01/2016
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH INITIATION	\$85.12	10/01/2016
92012	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION O	\$85.12	10/01/2016
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION	\$85.12	10/01/2016
92015	DETERMINATION OF REFRACTIVE STATE	CCR	10/01/2006
92018	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA, WITH OR	\$1,167.87	10/01/2016
92019	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA, WITH OR	\$1,167.87	10/01/2016
92020	GONIOSCOPY (SEPARATE PROCEDURE)	\$82.92	10/01/2017

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92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERAL, WITH INTERPRETATION AN	\$45.22	10/01/2017
92060	SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATION (EG,	\$45.22	10/01/2017
92065	ORTHOPTIC AND/OR PLEOPTIC TRAINING, WITH CONTINUING MEDICAL DIRECTION AND	\$45.22	10/01/2017
92071	FITTING OF CONTACT LENS FOR TREATMENT OF OCULAR SURFACE DISEASE	Bundled	10/01/2012
92072	FITTING OF CONTACT LENS FOR MANAGEMENT OF KERATOCONUS, INITIAL FITTING	Bundled	10/01/2012
92081	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND	\$45.22	10/01/2017
92082	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND	\$45.22	10/01/2017
92083	MEASUREMENT OF FIELD OF VISION DURING DAYLIGHT CONDITIONS	\$82.92	10/01/2017
92100	SERIAL TONOMETRY (SEPARATE PROCEDURE) WITH MULTIPLE MEASUREMENTS OF INTRAOCULAR	Bundled	10/01/2012
92132	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, ANTERIOR SEGMENT, WITH INTE	\$45.22	10/01/2017
92133	SCANNING, COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH IN	\$45.22	10/01/2017
92134	SCANNING, COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH IN	\$45.22	10/01/2017
92136	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCULAR LENS	\$82.92	10/01/2017
92145	CORNEAL HYSTERESIS DETERMINATION, BY AIR IMPULSE STIMULATION, UNILATERAL OR BILA	\$23.53	10/01/2017
92225	OPHTHALMOSCOPY, EXTENDED, WITH RETINAL DRAWING (EG, FOR RETINAL DETACHMENT, MELA	\$45.22	10/01/2017
92226	OPHTHALMOSCOPY, EXTENDED, WITH RETINAL DRAWING (EG, FOR RETINAL DETACHMENT,	\$45.22	10/01/2017
92227	REMOTE IMAGING FOR DETECTION OF RETINAL DISEASE (EG, RETINOPATHY IN A PATIENT WI	\$23.53	10/01/2017
92228	REMOTE IMAGING FOR MONITORING AND MANAGEMENT OF ACTIVE RETINAL DISEASE (EG, DIAB	\$218.53	10/01/2017
92230	FLUORESCEIN ANGIOSCOPY WITH INTERPRETATION AND REPORT	\$218.53	10/01/2017
92235	FLUORESCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION AND	\$183.66	10/01/2016
92240	INDOCYANINE-GREEN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION	\$183.66	10/01/2016
92242	FLUORESCEIN ANGIOGRAPHY AND INDOCYANINE-GREEN ANGIOGRAPHY (INCLUDES MULTIFRAME I	\$183.66	01/01/2017
92250	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	\$82.92	10/01/2017
92260	OPHTHALMODYNAMOMETRY	\$23.53	10/01/2017
92265	NEEDLE OCULOELECTROMYOGRAPHY, ONE OR MORE EXTRAOCULAR MUSCLES, ONE OR BOTH EYES,	\$45.22	10/01/2017
92270	ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT	\$82.92	10/01/2017
92275	ELECTRORETINOGRAPHY WITH INTERPRETATION AND REPORT	\$183.66	10/01/2016
92283	COLOR VISION EXAMINATION, EXTENDED, EG, ANOMALOSCOPE OR EQUIVALENT	\$45.22	10/01/2017
92284	DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND REPORT	\$218.53	10/01/2017
92285	EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AND REPORT FOR DOCUMENTATION OF	\$45.22	10/01/2017
92286	ANTERIOR SEGMENT IMAGING WITH INTERPRETATION AND REPORT; WITH SPECULAR MICROSCOP	\$82.92	10/01/2017

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92287	ANTERIOR SEGMENT IMAGING WITH INTERPRETATION AND REPORT; WITH FLUORESCEIN ANGIOG	\$82.92	10/01/2017
92310	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT L	CCR	10/01/2006
92311	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT	\$218.53	10/01/2017
92312	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT	\$82.92	10/01/2017
92313	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT	\$45.22	10/01/2017
92314	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH	CCR	10/01/2006
92315	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH	\$82.92	10/01/2017
92316	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH	\$45.22	10/01/2017
92317	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH	\$23.53	10/01/2017
92325	MODIFICATION OF CONTACT LENS (SEPARATE PROCEDURE), WITH MEDICAL SUPERVISION OF	\$82.92	10/01/2017
92326	REPLACEMENT OF CONTACT LENS	\$45.22	10/01/2017
92340	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MONOFOCAL	CCR	10/01/2006
92341	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; BIFOCAL	CCR	10/01/2006
92342	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MULTIFOCAL, OTHER THAN BIFOCAL	CCR	10/01/2006
92352	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MONOFOCAL	\$45.22	10/01/2017
92353	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MULTIFOCAL	\$45.22	10/01/2017
92354	FITTING OF SPECTACLE MOUNTED LOW VISION AID; SINGLE ELEMENT SYSTEM	\$23.53	10/01/2017
92355	FITTING OF SPECTACLE MOUNTED LOW VISION AID; TELESCOPIC OR OTHER COMPOUND LENS	\$23.53	10/01/2017
92358	PROSTHESIS SERVICE FOR APHAKIA, TEMPORARY (DISPOSABLE OR LOAN, INCLUDING	\$45.22	10/01/2017
92370	REPAIR AND REFITTING SPECTACLES; EXCEPT FOR APHAKIA	CCR	10/01/2006
92371	REPAIR AND REFITTING SPECTACLES; SPECTACLE PROSTHESIS FOR APHAKIA	\$45.22	10/01/2017
92499	UNLISTED OPHTHALMOLOGICAL SERVICE OR PROCEDURE	\$10.46	10/01/2017
92502	OTOLARYNGOLOGIC EXAMINATION UNDER GENERAL ANESTHESIA	\$366.93	10/01/2017
92504	BINOCULAR MICROSCOPY (SEPARATE DIAGNOSTIC PROCEDURE)	Bundled	10/01/2012
92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITORY PROCESSING	CCR	01/01/2012
92508	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING	CCR	10/01/2006
92511	NASOPHARYNGOSCOPY WITH ENDOSCOPE (SEPARATE PROCEDURE)	\$117.78	10/01/2016
92512	NASAL FUNCTION STUDIES (EG, RHINOMANOMETRY)	\$183.66	10/01/2016
92516	FACIAL NERVE FUNCTION STUDIES (EG, ELECTRONEURONOGRAPHY)	\$105.37	10/01/2017
92520	LARYNGEAL FUNCTION STUDIES (IE, AERODYNAMIC TESTING AND ACOUSTIC TESTING)	\$82.92	10/01/2017
92521	EVALUATION OF SPEECH FLUENCY (EG, STUTTERING, CLUTTERING)	CCR	01/01/2014

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92522	EVALUATION OF SPEECH SOUND PRODUCTION (EG, ARTICULATION, PHONOLOGICAL PROCESS, A	CCR	01/01/2014
92523	EVALUATION OF SPEECH SOUND PRODUCTION (EG, ARTICULATION, PHONOLOGICAL PROCESS, A	CCR	01/01/2014
92524	BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE	CCR	01/01/2014
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	CCR	01/01/2012
92531	SPONTANEOUS NYSTAGMUS, INCLUDING GAZE	Bundled	10/01/2012
92532	POSITIONAL NYSTAGMUS TEST	Bundled	10/01/2012
92533	CALORIC VESTIBULAR TEST, EACH IRRIGATION (BINAURAL, BITHERMAL STIMULATION	Bundled	10/01/2012
92534	OPTOKINETIC NYSTAGMUS TEST	Bundled	10/01/2012
92537	CALORIC VESTIBULAR TEST WITH RECORDING, BILATERAL; BITHERMAL (IE, ONE WARM AND O	\$183.66	10/01/2016
92538	CALORIC VESTIBULAR TEST WITH RECORDING, BILATERAL; MONOTHERMAL (IE, ONE IRRIGATI	\$183.66	10/01/2016
92540	BASIC VESTIBULAR EVALUATION, INCLUDES SPONTANEOUS NYSTAGMUS TEST WITH ECCENTRIC	\$105.37	10/01/2017
92541	SPONTANEOUS NYSTAGMUS TEST, INCLUDING GAZE AND FIXATION NYSTAGMUS, WITH RECORDIN	\$82.92	10/01/2017
92542	POSITIONAL NYSTAGMUS TEST, MINIMUM OF 4 POSITIONS, WITH RECORDING	\$82.92	10/01/2017
92544	OPTOKINETIC NYSTAGMUS TEST, BIDIRECTIONAL, FOVEAL OR PERIPHERAL STIMULATION,	\$105.37	10/01/2017
92545	OSCILLATING TRACKING TEST, WITH RECORDING	\$105.37	10/01/2017
92546	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	\$105.37	10/01/2017
92547	USE OF VERTICAL ELECTRODES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	Bundled	10/01/2012
92548	COMPUTERIZED DYNAMIC POSTUROGRAPHY	\$82.92	10/01/2017
92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	\$105.37	10/01/2017
92551	SCREENING TEST, PURE TONE, AIR ONLY	CCR	01/01/2012
92552	PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY	\$45.22	10/01/2017
92553	PURE TONE AUDIOMETRY (THRESHOLD); AIR AND BONE	\$105.37	10/01/2017
92555	SPEECH AUDIOMETRY THRESHOLD;	\$23.53	10/01/2017
92556	SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION	\$23.53	10/01/2017
92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (92553 AND	\$105.37	10/01/2017
92558	EVOKED OTOACOUSTIC EMISSIONS, SCREENING (QUALITATIVE MEASUREMENT OF DISTORTION P	CCR	01/01/2012
92560	BEKESY AUDIOMETRY; SCREENING	CCR	10/01/2006
92561	BEKESY AUDIOMETRY; DIAGNOSTIC	\$82.92	10/01/2017
92562	LOUDNESS BALANCE TEST, ALTERNATE BINAURAL OR MONAURAL	\$105.37	10/01/2017
92563	TONE DECAY TEST	\$23.53	10/01/2017
92564	SHORT INCREMENT SENSITIVITY INDEX (SISI)	\$23.53	10/01/2017

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92565	STENGER TEST, PURE TONE	\$23.53	10/01/2017
92567	TYMPANOMETRY (IMPEDANCE TESTING)	\$23.53	10/01/2017
92568	ACOUSTIC REFLEX TESTING; THRESHOLD	\$23.53	10/01/2017
92570	ACOUSTIC IMMITTANCE TESTING, INCLUDES TYMPANOMETRY (IMPEDANCE TESTING), ACOUSTIC	\$105.37	10/01/2017
92571	FILTERED SPEECH TEST	\$23.53	10/01/2017
92572	STAGGERED SPONDAIC WORD TEST	\$105.37	10/01/2017
92575	SENSORINEURAL ACUITY LEVEL TEST	\$23.53	10/01/2017
92576	SYNTHETIC SENTENCE IDENTIFICATION TEST	\$23.53	10/01/2017
92577	STENGER TEST, SPEECH	\$330.50	10/01/2016
92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)	\$105.37	10/01/2017
92582	CONDITIONING PLAY AUDIOMETRY	\$105.37	10/01/2017
92583	SELECT PICTURE AUDIOMETRY	\$23.53	10/01/2017
92584	ELECTROCOCHLEOGRAPHY	\$105.37	10/01/2017
92585	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE	\$183.66	10/01/2016
92586	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE	\$105.37	10/01/2017
92587	DISTORTION PRODUCT EVOKED OTOACOUSTIC EMISSIONS; LIMITED EVALUATION (TO CONFIRM	\$183.66	10/01/2016
92588	DISTORTION PRODUCT EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE DIAGNOSTIC EVALUA	\$183.66	10/01/2016
92590	HEARING AID EXAMINATION AND SELECTION; MONAURAL	CCR	10/01/2006
92591	HEARING AID EXAMINATION AND SELECTION; BINAURAL	CCR	10/01/2006
92592	HEARING AID CHECK; MONAURAL	CCR	10/01/2006
92593	HEARING AID CHECK; BINAURAL	CCR	10/01/2006
92594	ELECTROACOUSTIC EVALUATION FOR HEARING AID; MONAURAL	CCR	10/01/2006
92595	ELECTROACOUSTIC EVALUATION FOR HEARING AID; BINAURAL	CCR	10/01/2006
92596	EAR PROTECTOR ATTENUATION MEASUREMENTS	\$23.53	10/01/2017
92597	EVALUATION FOR USE AND/OR FITTING OF VOICE PROSTHETIC DEVICE TO SUPPLEMENT ORAL	CCR	10/01/2006
92601	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF AGE; WITH PROG	\$105.37	10/01/2017
92602	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF AGE;	\$105.37	10/01/2017
92603	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; WITH PROGRAMMING	\$105.37	10/01/2017
92604	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; SUBSEQUENT	\$105.37	10/01/2017
92605	EVALUATION FOR PRESCRIPTION OF NON-SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIV	CCR	10/01/2006
92606	THERAPEUTIC SERVICE(S) FOR THE USE OF NON-SPEECH-GENERATING DEVICE, INCLUDING	CCR	10/01/2006

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92607	EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE	CCR	10/01/2006
92608	EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE	CCR	10/01/2006
92609	THERAPEUTIC SERVICES FOR THE USE OF SPEECH-GENERATING DEVICE, INCLUDING	CCR	10/01/2006
92610	EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION	CCR	01/01/2012
92611	MOTION FLUOROSCOPIC EVALUATION OF SWALLOWING FUNCTION BY CINE OR VIDEO RECORDING	CCR	01/01/2012
92612	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VIDEO	CCR	10/01/2006
92613	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VIDEO RECORDI	CCR	10/01/2006
92614	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY TESTING BY CINE OR	CCR	10/01/2006
92615	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY TESTING BY CINE OR	CCR	10/01/2006
92616	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL SENSORY	CCR	10/01/2006
92617	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL SENSORY TE	CCR	10/01/2006
92618	EVALUATION FOR PRESCRIPTION OF NON-SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIV	CCR	01/01/2012
92620	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; INITIAL 60 MINUTES	\$105.37	10/01/2017
92621	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH ADDITIONAL 15 MINUTES	Bundled	10/01/2012
92625	ASSESSMENT OF TINNITUS (INCLUDES PITCH, LOUDNESS MATCHING, AND MASKING)	\$105.37	10/01/2017
92626	EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST HOUR	\$105.37	10/01/2017
92627	EVALUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MINUTES (LIST S	Bundled	10/01/2012
92630	AUDITORY REHABILITATION; PRE-LINGUAL HEARING LOSS	CCR	10/01/2006
92633	AUDITORY REHABILITATION; POST-LINGUAL HEARING LOSS	CCR	10/01/2006
92640	DIAGNOSTIC ANALYSIS WITH PROGRAMMING OF AUDITORY BRAINSTEM IMPLANT, PER HOUR	\$105.37	10/01/2017
92700	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE	\$10.46	10/01/2017
92920	PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY; SINGLE MAJOR CORONARY ARTERY OR	\$3,827.56	10/01/2016
92921	PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY; EACH ADDITIONAL BRANCH OF A MAJO	Bundled	10/01/2014
92924	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH CORONARY ANGIOPLASTY WHE PE	\$7,953.55	10/01/2016
92925	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH CORONARY ANGIOPLASTY WHEN P	Bundled	10/01/2014
92928	PERCUTANEOUS TRANSCATHETER PLACEMENT OF INTRACORONARY STENT(S), WITH CORONARY AN	\$7,953.55	10/01/2016
92929	PERCUTANEOUS TRANSCATHETER PLACEMENT OF INTRACORONARY STENT(S), WITH CORONARY AN	Bundled	10/01/2014
92933	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH INTRACORONARY STENT, WITH C	\$12,179.24	10/01/2016
92934	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH INTRACORONARY STENT, WITH C	Bundled	10/01/2014
92937	PERCUTANEOUS REVASCULARIZATION OF OR THROUGH CORONARY ARTERY BYPASS GRAFT (INTER	\$7,953.55	10/01/2016
92938	PERCUTANEOUS REVASCULARIZATION OF OR THROUGH CORONARY ARTERY BYPASS GRAFT (INTER	Bundled	10/01/2014

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92941	INSERTION OF STENT, REMOVAL OF PLAQUE AND/OR BALLOON DILATION OF CORONARY VESSEL	\$7,953.55	10/01/2016
92943	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF CHRONIC TOTAL OCCLUSION, CORONARY	\$7,953.55	10/01/2016
92944	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF CHRONIC TOTAL OCCLUSION, CORONARY	Bundled	10/01/2014
92950	CARDIOPULMONARY RESUSCITATION (EG, IN CARDIAC ARREST)	\$183.66	10/01/2016
92953	TEMPORARY TRANSCUTANEOUS PACING	\$389.32	10/01/2016
92960	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA; EXTERNAL	\$389.32	10/01/2016
92961	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA; INTERNAL	\$389.32	10/01/2016
92973	PERCUTANEOUS TRANSLUMINAL CORONARY THROMBECTOMY MECHANICAL (LIST SEPARATELY IN A	Bundled	10/01/2013
92974	TRANSCATHETER PLACEMENT OF RADIATION DELIVERY DEVICE FOR SUBSEQUENT CORONARY	Bundled	10/01/2013
92977	THROMBOLYSIS, CORONARY; BY INTRAVENOUS INFUSION	\$231.66	10/01/2017
92978	INTRAVASCULAR ULTRASOUND (CORONARY VESSEL OR GRAFT) DURING DIAGNOSTIC	Bundled	01/01/2012
92979	INTRAVASCULAR ULTRASOUND (CORONARY VESSEL OR GRAFT) DURING DIAGNOSTIC	Bundled	01/01/2012
92986	PERCUTANEOUS BALLOON VALVULOPLASTY; AORTIC VALVE	\$3,827.56	10/01/2016
92987	PERCUTANEOUS BALLOON VALVULOPLASTY; MITRAL VALVE	\$7,953.55	10/01/2016
92990	PERCUTANEOUS BALLOON VALVULOPLASTY; PULMONARY VALVE	\$7,953.55	10/01/2016
92997	PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOPLASTY; SINGLE VESSEL	\$7,953.55	10/01/2016
92998	PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOPLASTY; EACH ADDITIONAL	Bundled	10/01/2014
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; WITH INTERPRETATION AND R	CCR	01/01/2012
93005	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; TRACING ONLY, WITHOUT	\$25.61	10/01/2015
93010	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; INTERPRETATION AND	CCR	10/01/2006
93015	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXER	CCR	10/01/2006
93016	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXER	CCR	10/01/2006
93017	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE	\$183.66	10/01/2016
93018	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE	CCR	10/01/2006
93024	ERGONOVINE PROVOCATION TEST	\$218.53	10/01/2017
93025	MICROVOLT T-WAVE ALTERNANS FOR ASSESSMENT OF VENTRICULAR ARRHYTHMIAS	\$105.37	10/01/2017
93040	RHYTHM ECG, ONE TO THREE LEADS; WITH INTERPRETATION AND REPORT	CCR	10/01/2006
93041	RHYTHM ECG, ONE TO THREE LEADS; TRACING ONLY WITHOUT INTERPRETATION AND REPORT	\$45.22	10/01/2017
93042	RHYTHM ECG, ONE TO THREE LEADS; INTERPRETATION AND REPORT ONLY	CCR	10/01/2006
93050	ARTERIAL PRESSURE WAVEFORM ANALYSIS FOR ASSESSMENT OF CENTRAL ARTERIAL PRESSURES	\$23.53	10/01/2017
93224	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING UP TO 48 HOURS BY CONTINUOUS RHYTHM RECO	CCR	10/01/2006

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93225	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING UP TO 48 HOURS BY CONTINUOUS RHYTHM RECO	\$82.92	10/01/2017
93226	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING UP TO 48 HOURS BY CONTINUOUS RHYTHM RECO	\$82.92	10/01/2017
93227	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING UP TO 48 HOURS BY CONTINUOUS RHYTHM RECO	CCR	10/01/2006
93228	EXTERNAL MOBILE CARDIOVASCULAR TELEMETRY WITH ELECTROCARDIOGRAPHIC RECORDING, CO	CCR	01/01/2009
93229	EXTERNAL MOBILE CARDIOVASCULAR TELEMETRY WITH ELECTROCARDIOGRAPHIC RECORDING, CO	\$45.22	10/01/2017
93260	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLA	\$28.02	10/01/2016
93261	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT BY	\$28.02	10/01/2016
93268	EXTERNAL PATIENT AND, WHEN PERFORMED, AUTO ACTIVATED ELECTROCARDIOGRAPHIC RHYTHM	CCR	10/01/2006
93270	EXTERNAL PATIENT AND, WHEN PERFORMED, AUTO ACTIVATED ELECTROCARDIOGRAPHIC RHYTHM	\$28.02	10/01/2016
93271	EXTERNAL PATIENT AND, WHEN PERFORMED, AUTO ACTIVATED ELECTROCARDIOGRAPHIC RHYTHM	\$90.54	10/01/2017
93272	EXTERNAL PATIENT AND, WHEN PERFORMED, AUTO ACTIVATED ELECTROCARDIOGRAPHIC RHYTHM	CCR	10/01/2006
93278	SIGNAL-AVERAGED ELECTROCARDIOGRAPHY (SAECG), WITH OR WITHOUT ECG	\$45.22	10/01/2017
93279	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLA	\$28.02	10/01/2016
93280	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLA	\$28.02	10/01/2016
93281	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLA	\$28.02	10/01/2016
93282	EVALUATION, TESTING AND PROGRAMMING ADJUSTMENT OF DEFIBRILLATOR WITH ANALYSIS, R	\$28.02	10/01/2016
93283	EVALUATION, TESTING AND PROGRAMMING ADJUSTMENT OF DEFIBRILLATOR WITH ANALYSIS, R	\$28.02	10/01/2016
93284	EVALUATION, TESTING AND PROGRAMMING ADJUSTMENT OF DEFIBRILLATOR WITH ANALYSIS, R	\$28.02	10/01/2016
93285	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLA	\$28.02	10/01/2016
93286	PERI-PROCEDURAL DEVICE EVALUATION (IN PERSON) AND PROGRAMMING OF DEVICE SYSTEM P	Bundled	01/01/2009
93287	EVALUATION AND PROGRAMMING ADJUSTMENT OF DEFIBRILLATOR WITH ANALYSIS, REVIEW AND	Bundled	01/01/2009
93288	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT BY	\$28.02	10/01/2016
93289	EVALUATION OF DEFIBRILLATOR INCLUDING CONNECTION, RECORDING AND DISCONNECTION	\$28.02	10/01/2016
93290	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT BY	\$28.02	10/01/2016
93291	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT BY	\$23.53	10/01/2017
93292	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT BY	\$28.02	10/01/2016
93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAKER EVALUATION(S) SINGLE, DUAL, OR MULTIPLE L	\$28.02	10/01/2016
93294	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO 90 DAYS; SINGLE, DUAL, OR MUL	CCR	01/01/2009
93295	REMOTE EVALUATIONS OF DEFIBRILLATOR UP TO 90 DAYS WITH ANALYSIS, REVIEW AND REPO	CCR	01/01/2009
93296	REMOTE EVALUATIONS OF DEFIBRILLATOR TRANSMISSIONS, TECHNICIAN REVIEW, SUPPORT AN	\$28.02	10/01/2016
93297	INTERROGATION DEVICE EVALUATION(S), (REMOTE) UP TO 30 DAYS; IMPLANTABLE CARDIOVA	CCR	01/01/2009

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93298	INTERROGATION DEVICE EVALUATION(S), (REMOTE) UP TO 30 DAYS; IMPLANTABLE LOOP REC	CCR	01/01/2009
93299	INTERROGATION DEVICE EVALUATION(S), (REMOTE) UP TO 30 DAYS: IMPLANTABLE CARDIOVA	\$28.02	10/01/2016
93303	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; COMPLETE	\$372.78	10/01/2017
93304	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; FOLLOW-UP OR	\$372.78	10/01/2017
93306	ECHOCARDIOGRAPHY, TRANSTHORACIC REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDI	\$372.78	10/01/2017
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUD	\$372.78	10/01/2017
93308	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUD	\$187.28	10/01/2017
93312	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCUMENTATION (2D)	\$372.78	10/01/2017
93313	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCUMENTATION (2D)	\$372.78	10/01/2017
93314	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCUMENTATION (2D)	Bundled	10/01/2006
93315	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; INCLUDING	\$372.78	10/01/2017
93316	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; PLACEMENT OF	\$372.78	10/01/2017
93317	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; IMAGE	Bundled	10/01/2006
93318	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (TEE) FOR MONITORING PURPOSES, INCLUDING	\$372.78	10/01/2017
93320	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL	Bundled	01/01/2012
93321	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL	Bundled	01/01/2012
93325	DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY MAPPING (LIST SEPARATELY IN	Bundled	01/01/2012
93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUD	\$372.78	10/01/2017
93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUD	\$372.78	10/01/2017
93352	USE OF ECHOCARDIOGRAPHIC CONTRAST AGENT DURING STRESS ECHOCARDIOGRAPHY (LIST SEP	CCR	01/01/2009
93355	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (TEE) FOR GUIDANCE OF A TRANSCATHETER INTRACAR	Bundled	01/01/2015
93451	RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN SATURATION AND CA	\$2,124.69	10/01/2016
93452	LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTR	\$2,124.69	10/01/2016
93453	COMBINED RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTIO	\$2,124.69	10/01/2016
93454	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INT	\$2,124.69	10/01/2016
93455	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INT	\$2,124.69	10/01/2016
93456	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INT	\$2,124.69	10/01/2016
93457	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INT	\$2,124.69	10/01/2016
93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INT	\$2,124.69	10/01/2016
93459	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INT	\$2,124.69	10/01/2016
93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INT	\$2,124.69	10/01/2016

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93461	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INT	\$2,124.69	10/01/2016
93462	LEFT HEART CATHETERIZATION BY TRANSSEPTAL PUNCTURE THROUGH INTACT SEPTUM OR BY T	Bundled	10/01/2013
93463	PHARMACOLOGIC AGENT ADMINISTRATION (EG, INHALED NITRIC OXIDE, INTRAVENOUS INFUSI	Bundled	01/01/2011
93464	PHYSIOLOGIC EXERCISE STUDY (EG, BICYCLE OR ARM ERGOMETRY) INCLUDING ASSESSING HE	Bundled	01/01/2011
93503	INSERTION AND PLACEMENT OF FLOW DIRECTED CATHETER (EG, SWAN-GANZ) FOR	\$567.14	10/01/2017
93505	ENDOMYOCARDIAL BIOPSY	\$1,956.94	10/01/2017
93530	RIGHT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES	\$2,124.69	10/01/2016
93531	COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART CATHETERIZATION,	\$2,124.69	10/01/2016
93532	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION	\$2,124.69	10/01/2016
93533	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION	\$2,124.69	10/01/2016
93561	INDICATOR DILUTION STUDIES SUCH AS DYE OR THERMODILUTION, INCLUDING ARTERIAL AND	Bundled	10/01/2006
93562	INDICATOR DILUTION STUDIES SUCH AS DYE OR THERMODILUTION, INCLUDING ARTERIAL AND	Bundled	10/01/2006
93563	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION	Bundled	01/01/2011
93564	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION	Bundled	01/01/2011
93565	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION	Bundled	01/01/2011
93566	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION	Bundled	01/01/2011
93567	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION	Bundled	01/01/2011
93568	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION	Bundled	01/01/2011
93571	INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED CORONARY FLOW RESERVE	Bundled	01/01/2012
93572	INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED CORONARY FLOW RESERVE	Bundled	01/01/2012
93580	PERCUTANEOUS TRANSCATHETER CLOSURE OF CONGENITAL INTERATRIAL COMMUNICATION (IE,	\$12,179.24	10/01/2016
93581	PERCUTANEOUS TRANSCATHETER CLOSURE OF A CONGENITAL VENTRICULAR SEPTAL DEFECT	\$12,179.24	10/01/2016
93582	PERCUTANEOUS TRANSCATHETER CLOSURE OF PATENT DUCTUS ARTERIOSUS	\$12,179.24	10/01/2016
93590	PERCUTANEOUS TRANSCATHETER CLOSURE OF PARAVALVULAR LEAK; INITIAL OCCLUSION DEVIC	\$12,179.24	01/01/2017
93591	PERCUTANEOUS TRANSCATHETER CLOSURE OF PARAVALVULAR LEAK; INITIAL OCCLUSION DEVI	\$12,179.24	01/01/2017
93592	PERCUTANEOUS TRANSCATHETER CLOSURE OF PARAVALVULAR LEAK; EACH ADDITIONAL OCCLUSI	Bundled	01/01/2017
93600	BUNDLE OF HIS RECORDING	\$3,915.76	10/01/2016
93602	INTRA-ATRIAL RECORDING	\$3,915.76	10/01/2016
93603	RIGHT VENTRICULAR RECORDING	\$704.34	10/01/2016
93609	INTRAVENTRICULAR AND/OR INTRA-ATRIAL MAPPING OF TACHYCARDIA SITE(S) WITH	Bundled	01/01/2012
93610	INTRA-ATRIAL PACING	\$3,915.76	10/01/2016

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93612	INTRAVENTRICULAR PACING	\$3,915.76	10/01/2016
93613	INTRACARDIAC ELECTROPHYSIOLOGIC 3-DIMENSIONAL MAPPING (LIST SEPARATELY IN	Bundled	01/01/2012
93615	ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM WITH OR WITHOUT VENTRICULAR	\$704.34	10/01/2016
93616	ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM WITH OR WITHOUT VENTRICULAR	\$704.34	10/01/2016
93618	INDUCTION OF ARRHYTHMIA BY ELECTRICAL PACING	\$704.34	10/01/2016
93619	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING AND RECORDI	\$3,915.76	10/01/2016
93620	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND REPOSITIONIN	\$3,915.76	10/01/2016
93621	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND	Bundled	01/01/2012
93622	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND	Bundled	01/01/2012
93623	PROGRAMMED STIMULATION AND PACING AFTER INTRAVENOUS DRUG INFUSION (LIST	Bundled	01/01/2012
93624	ELECTROPHYSIOLOGIC FOLLOW-UP STUDY WITH PACING AND RECORDING TO TEST EFFECTIVENE	\$3,915.76	10/01/2016
93631	INTRA-OPERATIVE EPICARDIAL AND ENDOCARDIAL PACING AND MAPPING TO LOCALIZE THE	Bundled	01/01/2012
93640	ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFI	Bundled	01/01/2012
93641	ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFI	Bundled	01/01/2012
93642	ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFI	\$704.34	10/01/2016
93644	ELECTROPHYSIOLOGIC EVALUATION OF SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR (INCLUDE	Bundled	01/01/2015
93650	INTRACARDIAC CATHETER ABLATION OF ATRIOVENTRICULAR NODE FUNCTION, ATRIOVENTRICUL	\$3,915.76	10/01/2016
93653	EVALUATION AND INSERTION OF CATHETERS FOR CREATION OF COMPLETE HEART BLOCK	\$12,970.19	10/01/2016
93654	EVALUATION AND INSERTION OF CATHETERS FOR RECORDING, PACING, AND ATTEMPTED INDUC	\$12,970.19	10/01/2016
93655	INTRACARDIAC CATHETER ABLATION OF A DISCRETE MECHANISM OF ARRHYTHMIA WHIH IS DIS	Bundled	01/01/2013
93656	EVALUATION AND INSERTION OF CATHETERS FOR RECORDING, PACING, AND TREATMENT OF AB	\$12,970.19	10/01/2016
93657	ADDITIONAL LINEAR OR FOCAL INTRACARDIAC CATHETER ABLATION OF THE LEFT OR RIGHT A	Bundled	01/01/2013
93660	EVALUATION OF CARDIOVASCULAR FUNCTION WITH TILT TABLE EVALUATION, WITH CONTINUOU	\$330.50	10/01/2016
93662	INTRACARDIAC ECHOCARDIOGRAPHY DURING THERAPEUTIC/DIAGNOSTIC INTERVENTION,	Bundled	01/01/2012
93701	BIOIMPEDANCE-DERIVED PHYSIOLOGIC CARDIOVASCULAR ANALYSIS	\$218.53	10/01/2017
93724	ELECTRONIC ANALYSIS OF ANTITACHYCARDIA PACEMAKER SYSTEM (INCLUDES	\$201.02	10/01/2016
93740	TEMPERATURE GRADIENT STUDIES	\$105.37	10/01/2017
93745	INITIAL SET-UP AND PROGRAMMING BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PRO	\$201.02	10/01/2016
93750	INTERROGATION OF VENTRICULAR ASSIST DEVICE (VAD), IN PERSON, WITH PHYSICIAN OR O	\$90.54	10/01/2017
93770	DETERMINATION OF VENOUS PRESSURE	Bundled	10/01/2006
93784	AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM SUCH AS MAGNETIC TAPE	CCR	10/01/2006

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93786	AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM SUCH AS MAGNETIC TAPE	\$82.92	10/01/2017
93788	AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM SUCH AS MAGNETIC TAPE	\$82.92	10/01/2017
93790	AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM SUCH AS MAGNETIC TAPE A	CCR	10/01/2006
93797	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL SERVICES FOR OUTPATIENT CA	\$86.62	10/01/2016
93798	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL SERVICES FOR OUTPATIENT CA	\$86.62	10/01/2016
93799	UNLISTED CARDIOVASCULAR SERVICE OR PROCEDURE	\$105.37	10/01/2017
93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; COMPLETE BILATERAL STUDY	\$187.28	10/01/2017
93882	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; UNILATERAL OR LIMITED STUDY	\$93.45	10/01/2017
93886	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; COMPLETE STUDY	\$187.28	10/01/2017
93888	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; LIMITED STUDY	\$93.45	10/01/2017
93890	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; VASOREACTIVITY STUDY	\$187.28	10/01/2017
93892	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBOLI DETECTION	\$93.45	10/01/2017
93893	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBOLI DETECTION WITH	\$93.45	10/01/2017
93895	QUANTITATIVE CAROTID INTIMA MEDIA THICKNESS AND CAROTID ATHEROMA EVALUATION, BIL	\$49.44	01/01/2015
93922	ULTRASOUND STUDY OF ARTERIES OF BOTH ARMS AND LEGS	\$82.92	10/01/2017
93923	COMPLETE BILATERAL NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY A	\$105.37	10/01/2017
93924	NONINVASIVE PHYSIOLOGIC STUDIES OF LOWER EXTREMITY ARTERIES, AT REST AND FOLLOWI	\$105.37	10/01/2017
93925	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COMPLETE	\$187.28	10/01/2017
93926	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; UNILATERAL	\$93.45	10/01/2017
93930	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COMPLETE	\$187.28	10/01/2017
93931	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; UNILATERAL	\$93.45	10/01/2017
93970	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER	\$187.28	10/01/2017
93971	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER	\$93.45	10/01/2017
93975	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL, PELVIC, AND/OR R	\$187.28	10/01/2017
93976	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL, PELVIC, SCROTAL	\$93.45	10/01/2017
93978	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR BYPASS GRAFTS;	\$187.28	10/01/2017
93979	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR BYPASS GRAFTS;	\$93.45	10/01/2017
93980	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF PENILE VESSELS; COMPLETE	\$93.45	10/01/2017
93981	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF PENILE VESSELS; FOLLOW-UP	\$187.28	10/01/2017
93990	DUPLEX SCAN OF HEMODIALYSIS ACCESS (INCLUDING ARTERIAL INFLOW, BODY OF ACCESS AN	\$93.45	10/01/2017
93998	UNLISTED NONINVASIVE VASCULAR DIAGNOSTIC STUDY	\$10.46	10/01/2017

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94002	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PRESET VENTI	\$381.00	10/01/2016
94003	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PRESET VENTI	\$381.00	10/01/2016
94004	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PRESET VENTI	CCR	01/01/2007
94005	HOME VENTILATOR MANAGEMENT CARE PLAN OVERSIGHT OF A PATIENT (PATIENT NOT PRESENT	CCR	01/01/2007
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACITY, EXPIRATORY	\$105.37	10/01/2017
94011	MEASUREMENT OF SPIROMETRIC FORCED EXPIRATORY FLOWS IN AN INFANT OR CHILD THROUGH	\$105.37	10/01/2017
94012	MEASUREMENT OF SPIROMETRIC FORCED EXPIRATORY FLOWS, BEFORE AND AFTER BRONCHODILA	\$183.66	10/01/2016
94013	MEASUREMENT OF LUNG VOLUMES (IE, FUNCTIONAL RESIDUAL CAPACITY [FRC], FORCED VITA	\$330.50	10/01/2016
94014	PATIENT-INITIATED SPIROMETRIC RECORDING PER 30-DAY PERIOD OF TIME; INCLUDES REIN	\$218.53	10/01/2017
94015	PATIENT-INITIATED SPIROMETRIC RECORDING PER 30-DAY PERIOD OF TIME; RECORDING	\$183.66	10/01/2016
94016	PATIENT-INITIATED SPIROMETRIC RECORDING PER 30-DAY PERIOD OF TIME; REVIEW AND IN	CCR	10/01/2006
94060	MEASUREMENT AND GRAPHIC RECORDING OF THE AMOUNT AND SPEED OF BREATHED AIR, BEFOR	\$183.66	10/01/2016
94070	BRONCHOSPASM PROVOCATION EVALUATION, MULTIPLE SPIROMETRIC DETERMINATIONS AS IN	\$183.66	10/01/2016
94150	VITAL CAPACITY, TOTAL (SEPARATE PROCEDURE)	\$105.37	10/01/2017
94200	MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENTILATION	\$82.92	10/01/2017
94250	EXPIRED GAS COLLECTION, QUANTITATIVE, SINGLE PROCEDURE (SEPARATE PROCEDURE)	\$45.22	10/01/2017
94375	RESPIRATORY FLOW VOLUME LOOP	\$183.66	10/01/2016
94400	BREATHING RESPONSE TO CO2 (CO2 RESPONSE CURVE)	\$105.37	10/01/2017
94450	BREATHING RESPONSE TO HYPOXIA (HYPOXIA RESPONSE CURVE)	\$105.37	10/01/2017
94452	HIGH ALTITUDE SIMULATION TEST (HAST), WITH INTERPRETATION AND REPORT BY A PHYSIC	\$82.92	10/01/2017
94453	HIGH ALTITUDE SIMULATION TEST (HAST), WITH INTERPRETATION AND REPORT BY A PHYSIC	\$82.92	10/01/2017
94610	INTRAPULMONARY SURFACTANT ADMINISTRATION BY A PHYSICIAN OR OTHER QUALIFIED HEALT	\$124.57	10/01/2016
94620	PULMONARY STRESS TESTING; SIMPLE (EG, 6-MINUTE WALK TEST, PROLONGED EXERCISE TES	\$82.92	10/01/2017
94621	PULMONARY STRESS TESTING; COMPLEX (INCLUDING MEASUREMENTS OF CO2 PRODUCTION, O2	\$183.66	10/01/2016
94640	PRESSURIZED OR NONPRESSURIZED INHALATION TREATMENT FOR ACUTE AIRWAY OBSTRUCTION	\$37.17	10/01/2015
94642	AEROSOL INHALATION OF PENTAMIDINE FOR PNEUMOCYSTIS CARINII PNEUMONIA TREATMENT	\$124.57	10/01/2016
94644	CONTINUOUS INHALATION TREATMENT WITH AEROSOL MEDICATION FOR ACUTE AIRWAY OBSTRUC	\$82.92	10/01/2017
94645	CONTINUOUS INHALATION TREATMENT WITH AEROSOL MEDICATION FOR ACUTE AIRWAY OBSTRUC	Bundled	10/01/2013
94660	CONTINUOUS POSITIVE AIRWAY PRESSURE VENTILATION (CPAP), INITIATION AND	\$124.57	10/01/2016
94662	CONTINUOUS NEGATIVE PRESSURE VENTILATION (CNP), INITIATION AND MANAGEMENT	\$381.00	10/01/2016
94664	DEMONSTRATION AND/OR EVALUATION OF PATIENT UTILIZATION OF AN AEROSOL GENERATOR,	\$124.57	10/01/2016

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94667	MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND VIBRATION TO	\$82.92	10/01/2017
94668	MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND VIBRATION TO	\$45.22	10/01/2017
94669	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCTION, PER SESSION	\$124.57	10/01/2016
94680	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST AND EXERCISE, DIRECT, SIMPLE	\$105.37	10/01/2017
94681	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; INCLUDING CO2 OUTPUT, PERCENTAGE OXYGEN	\$183.66	10/01/2016
94690	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST, INDIRECT (SEPARATE PROCEDURE)	\$23.53	10/01/2017
94726	PLETHYSMOGRAPHY FOR DETERMINATION OF LUNG VOLUMES AND, WHEN PERFORMED, AIRWAY RE	\$183.66	10/01/2016
94727	GAS DILUTION OR WASHOUT FOR DETERMINATION OF LUNG VOLUMES AND, WHEN PERFORMED, D	\$105.37	10/01/2017
94728	AIRWAY RESISTANCE BY IMPULSE OSCILLOMETRY	\$183.66	10/01/2016
94729	DIFFUSING CAPACITY (EG, CARBON MONOXIDE, MEMBRANE) (LIST SEPARATELY IN ADDITION	Bundled	10/01/2013
94750	PULMONARY COMPLIANCE STUDY (EG, PLETHYSMOGRAPHY, VOLUME AND PRESSURE	\$105.37	10/01/2017
94760	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; SINGLE DETERMINATION	Bundled	10/01/2006
94761	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; MULTIPLE	Bundled	10/01/2006
94762	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; BY CONTINUOUS	\$105.37	10/01/2017
94770	CARBON DIOXIDE, EXPIRED GAS DETERMINATION BY INFRARED ANALYZER	\$183.66	10/01/2016
94772	CIRCADIAN RESPIRATORY PATTERN RECORDING (PEDIATRIC PNEUMOGRAM), 12 TO 24 HOUR	\$330.50	10/01/2016
94774	PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RESPIRATORY RATE, PATT	CCR	01/01/2007
94775	PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RESPIRATORY RATE, PATT	\$105.37	10/01/2017
94776	PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RESPIRATORY RATE, PATT	\$105.37	10/01/2017
94777	PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RESPIRATORY RATE, PATT	CCR	01/01/2007
94780	CAR SEAT/BED TESTING FOR AIRWAY INTEGRITY, NEONATE, WITH CONTINUAL NURSING OBSER	\$23.53	10/01/2017
94781	CAR SEAT/BED TESTING FOR AIRWAY INTEGRITY, NEONATE, WITH CONTINUAL NURSING OBSER	Bundled	10/01/2013
94799	UNLISTED PULMONARY SERVICE OR PROCEDURE	\$105.37	10/01/2017
95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ALLERGENIC EXTRACTS, IMMEDIAT	\$218.53	10/01/2017
95012	NITRIC OXIDE EXPIRED GAS DETERMINATION	\$23.53	10/01/2017
95017	ALLERGY TESTING, ANY COMBINATION OF PERCUTANEOUS (SCRATCH, PUNCTURE, PRICK), AND	\$23.53	10/01/2017
95018	ALLERGY TESTING, ANY COMBINATION OF PERCUTANEOUS (SCRATCH, PUNCTURE, PRICK), AND	\$23.53	10/01/2017
95024	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, IMMEDIATE TYPE REAC	\$45.22	10/01/2017
95027	INTRACUTANEOUS (INTRADERMAL) TESTS, SEQUENTIAL AND INCREMENTAL, WITH ALLERGENIC	\$23.53	10/01/2017
95028	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, DELAYED TYPE	\$23.53	10/01/2017
95044	PATCH OR APPLICATION TEST(S) (SPECIFY NUMBER OF TESTS)	\$218.53	10/01/2017

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95052	PHOTO PATCH TEST(S) (SPECIFY NUMBER OF TESTS)	\$23.53	10/01/2017
95056	PHOTO TESTS	\$45.22	10/01/2017
95060	OPHTHALMIC MUCOUS MEMBRANE TESTS	\$82.92	10/01/2017
95065	DIRECT NASAL MUCOUS MEMBRANE TEST	\$23.53	10/01/2017
95070	INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING NECESSARY PULMONARY	\$330.50	10/01/2016
95071	INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING NECESSARY PULMONARY	\$183.66	10/01/2016
95076	INGESTION OF TEST ITEMS FOR ALLERGIES, 120 MINUTES"	\$330.50	10/01/2016
95079	INGESTION CHALLENGE TEST (SEQUENTIAL AND INCREMENTAL INGESTION OF TEST ITEMS, EG	Bundled	10/01/2013
95115	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISION OF ALLE	\$28.83	10/01/2017
95117	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISION OF	\$28.83	10/01/2017
95120	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN THE OFFICE OR INSTITUTION OF	CCR	10/01/2006
95125	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN THE OFFICE OR INSTITUTION OF	CCR	10/01/2006
95130	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN THE OFFICE OR INSTITUTION OF	CCR	10/01/2006
95131	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN THE OFFICE OR INSTITUTION OF	CCR	10/01/2006
95132	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN THE OFFICE OR INSTITUTION OF	CCR	10/01/2006
95133	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN THE OFFICE OR INSTITUTION OF	CCR	10/01/2006
95134	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN THE OFFICE OR INSTITUTION OF	CCR	10/01/2006
95144	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	\$28.83	10/01/2017
95145	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	\$28.83	10/01/2017
95146	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	\$28.83	10/01/2017
95147	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	\$44.08	10/01/2017
95148	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	\$44.08	10/01/2017
95149	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	\$44.08	10/01/2017
95165	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	\$28.83	10/01/2017
95170	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	\$28.83	10/01/2017
95180	RAPID DESENSITIZATION PROCEDURE, EACH HOUR (EG, INSULIN, PENICILLIN, EQUINE	\$218.53	10/01/2017
95199	UNLISTED ALLERGY/CLINICAL IMMUNOLOGIC SERVICE OR PROCEDURE	\$10.46	10/01/2017
95250	AMBULATORY CONTINUOUS GLUCOSE MONITORING OF INTERSTITIAL TISSUE FLUID VIA A SUBC	\$85.12	10/01/2016
95251	AMBULATORY CONTINUOUS GLUCOSE MONITORING OF INTERSTITIAL TISSUE FLUID VIA A SUBC	CCR	10/01/2006
95782	POLYSOMNOGRAPHY; YOUNGER THAN 6 YEARS, SLEEP STAGING WITH 4 OR MORE ADDITIONAL P	\$713.84	10/01/2016
95783	POLYSOMNOGRAPHY; YOUNGER THAN 6 YEARS, SLEEP STAGING WITH 4 OR MORE ADDITIONAL P	\$713.84	10/01/2016

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95803	ACTIGRAPHY TESTING, RECORDING ANALYSIS, INTERPRETATION, AND REPORT (MINIMUM OF 7	\$45.22	10/01/2017
95805	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDING, ANALYSI	\$713.84	10/01/2016
95806	SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING OF, HEART RATE, OXYGEN SATURATIO	\$105.37	10/01/2017
95807	SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATORY EFFORT, ECG OR	\$330.50	10/01/2016
95808	POLYSOMNOGRAPHY; ANY AGE, SLEEP STAGING WITH 1-3 ADDITIONAL PARAMETERS OF SLEEP,	\$713.84	10/01/2016
95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL P	\$713.84	10/01/2016
95811	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL P	\$713.84	10/01/2016
95812	ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; 41-60 MINUTES	\$183.66	10/01/2016
95813	ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; GREATER THAN ONE HOUR	\$183.66	10/01/2016
95816	ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AWAKE AND DROWSY	\$183.66	10/01/2016
95819	ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AWAKE AND ASLEEP	\$183.66	10/01/2016
95822	ELECTROENCEPHALOGRAM (EEG); RECORDING IN COMA OR SLEEP ONLY	\$183.66	10/01/2016
95824	ELECTROENCEPHALOGRAM (EEG); CEREBRAL DEATH EVALUATION ONLY	\$330.50	10/01/2016
95827	ELECTROENCEPHALOGRAM (EEG); ALL NIGHT RECORDING	\$330.50	10/01/2016
95829	ELECTROCORTICOGRAM AT SURGERY (SEPARATE PROCEDURE)	Bundled	01/01/2012
95830	INSERTION BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL OF SPHENOIDAL	CCR	10/01/2006
95831	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; EXTREMITY (EXCLUDING HA	CCR	10/01/2006
95832	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; HAND, WITH OR WITHOUT	CCR	10/01/2006
95833	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; TOTAL EVALUATION OF	CCR	10/01/2006
95834	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; TOTAL EVALUATION OF	CCR	10/01/2006
95851	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); EACH EXTREMITY	CCR	10/01/2006
95852	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); HAND, WITH OR	CCR	10/01/2006
95857	CHOLINESTERASE INHIBITOR CHALLENGE TEST FOR MYASTHENIA GRAVIS	\$183.66	10/01/2016
95860	NEEDLE ELECTROMYOGRAPHY, ONE EXTREMITY WITH OR WITHOUT RELATED PARASPINAL AREAS	\$82.92	10/01/2017
95861	NEEDLE ELECTROMYOGRAPHY; TWO EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL	\$82.92	10/01/2017
95863	NEEDLE ELECTROMYOGRAPHY; THREE EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL	\$105.37	10/01/2017
95864	NEEDLE ELECTROMYOGRAPHY; FOUR EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL	\$105.37	10/01/2017
95865	NEEDLE ELECTROMYOGRAPHY; LARYNX	\$82.92	10/01/2017
95866	NEEDLE ELECTROMYOGRAPHY; HEMIDIAPHRAGM	\$105.37	10/01/2017
95867	NEEDLE ELECTROMYOGRAPHY; CRANIAL NERVE SUPPLIED MUSCLE(S), UNILATERAL	\$105.37	10/01/2017
95868	NEEDLE ELECTROMYOGRAPHY; CRANIAL NERVE SUPPLIED MUSCLES, BILATERAL	\$105.37	10/01/2017

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95869	NEEDLE ELECTROMYOGRAPHY; THORACIC PARASPINAL MUSCLES (EXCLUDING T1 OR T12)	\$105.37	10/01/2017
95870	NEEDLE ELECTROMYOGRAPHY; LIMITED STUDY OF MUSCLES IN ONE EXTREMITY OR NON-LIMB	\$45.22	10/01/2017
95872	NEEDLE ELECTROMYOGRAPHY USING SINGLE FIBER ELECTRODE, WITH QUANTITATIVE	\$105.37	10/01/2017
95873	ELECTRICAL STIMULATION FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATION (LIST S	Bundled	01/01/2012
95874	NEEDLE ELECTROMYOGRAPHY FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATION (LIST	Bundled	01/01/2012
95875	ISCHEMIC LIMB EXERCISE TEST WITH SERIAL SPECIMEN(S) ACQUISITION FOR MUSCLE(S)	\$105.37	10/01/2017
95885	NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN PER	Bundled	10/01/2013
95886	NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN PER	Bundled	10/01/2013
95887	NEEDLE ELECTROMYOGRAPHY, NON-EXTREMITY (CRANIAL NERVE SUPPLIED OR AXIAL) MUSCLE(	Bundled	10/01/2013
95905	NEEDLE MEASUREMENT AND RECORDING OF MOVEMENT AND/OR FEELING OF ARM OR LEG WITH I	\$82.92	10/01/2017
95907	NERVE TRANSMISSION STUDIES, 1-2 STUDIES	\$105.37	10/01/2017
95908	NERVE TRANSMISSION STUDIES, 3-4 STUDIES	\$183.66	10/01/2016
95909	NERVE TRANSMISSION STUDIES, 5-6 STUDIES	\$183.66	10/01/2016
95910	NERVE TRANSMISSION STUDIES, 7-8 STUDIES	\$183.66	10/01/2016
95911	NERVE TRANSMISSION STUDIES, 9-10 STUDIES	\$330.50	10/01/2016
95912	NERVE TRANSMISSION STUDIES, 11-12 STUDIES	\$330.50	10/01/2016
95913	NERVE TRANSMISSION STUDIES, 13 OR MORE STUDIES	\$330.50	10/01/2016
95921	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION: CARDIOVAGAL INNERVATION (PARASYMPA	\$105.37	10/01/2017
95922	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; VASOMOTOR ADRENERGIC INNERVATION	\$82.92	10/01/2017
95923	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; SUDOMOTOR, INCLUDING ONE OR MORE	\$45.22	10/01/2017
95924	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; COMBINED PARASYMPATHETIC AND SYMPA	\$105.37	10/01/2017
95925	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIP	\$183.66	10/01/2016
95926	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL	\$183.66	10/01/2016
95927	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL	\$105.37	10/01/2017
95928	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); UPPER	\$713.84	10/01/2016
95929	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); LOWER	\$713.84	10/01/2016
95930	VISUAL EVOKED POTENTIAL (VEP) TESTING CENTRAL NERVOUS SYSTEM, CHECKERBOARD OR	\$105.37	10/01/2017
95933	ORBICULARIS OCULI (BLINK) REFLEX, BY ELECTRODIAGNOSTIC TESTING	\$45.22	10/01/2017
95937	NEUROMUSCULAR JUNCTION TESTING (REPETITIVE STIMULATION, PAIRED STIMULI), EACH	\$105.37	10/01/2017
95938	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIP	\$330.50	10/01/2016
95939	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); IN UPPER	\$713.84	10/01/2016

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95940	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING IN THE OPERATING ROOM, ONE	Bundled	01/01/2013
95941	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING, FROM OUTSIDE THE OPERATING	Bundled	01/01/2013
95943	SIMULTANEOUS, INDEPENDENT, QUANTITATIVE MEASURES OF BOTH PARASYMPATHETIC FUNCT	\$105.37	10/01/2017
95950	MONITORING FOR IDENTIFICATION AND LATERALIZATION OF CEREBRALSEIZURE FOCUS ELECTR	\$330.50	10/01/2016
95951	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADIO, 16 OR	\$713.84	10/01/2016
95953	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY COMPUTERIZED PORTABLE 1	\$330.50	10/01/2016
95954	PHARMACOLOGICAL OR PHYSICAL ACTIVATION REQUIRING PHYSICIAN OR OTHER QUALIFIED HE	\$330.50	10/01/2016
95955	ELECTROENCEPHALOGRAM (EEG) DURING NONINTRACRANIAL SURGERY (EG, CAROTID SURGERY)	Bundled	01/01/2012
95956	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADIO, 16 OR M	\$330.50	10/01/2016
95957	DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EEG) (EG, FOR EPILEPTIC SPIKE	Bundled	01/01/2012
95958	WADA ACTIVATION TEST FOR HEMISPHERIC FUNCTION, INCLUDING	\$713.84	10/01/2016
95961	FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION AND/OR RECORDING OF E	\$713.84	10/01/2016
95962	FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION AND/OR RECORDING OF E	Bundled	10/01/2013
95965	MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR SPONTANEOUS BRAIN	\$713.84	10/01/2016
95966	MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR EVOKED MAGNETIC	\$713.84	10/01/2016
95967	MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR EVOKED MAGNETIC	Bundled	10/01/2013
95970	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RAT	\$82.92	10/01/2017
95971	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RAT	\$90.54	10/01/2017
95972	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RAT	\$90.54	10/01/2017
95974	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RAT	\$90.54	10/01/2017
95975	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RAT	Bundled	10/01/2013
95978	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG,	\$90.54	10/01/2017
95979	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG,	Bundled	10/01/2013
95990	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SP	\$231.66	10/01/2017
95991	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SP	\$191.50	10/01/2017
95992	CANALITH REPOSITIONING PROCEDURE(S) (EG, EPLEY MANEUVER, SEMONT MANEUVER), PER D	CCR	01/01/2009
95999	UNLISTED NEUROLOGICAL OR NEUROMUSCULAR DIAGNOSTIC PROCEDURE	\$105.37	10/01/2017
96000	COMPREHENSIVE COMPUTER-BASED MOTION ANALYSIS BY VIDEO-TAPING AND 3-D KINEMATICS;	\$330.50	10/01/2016
96001	COMPREHENSIVE COMPUTER-BASED MOTION ANALYSIS BY VIDEO-TAPING AND 3-D	\$713.84	10/01/2016
96002	DYNAMIC SURFACE ELECTROMYOGRAPHY, DURING WALKING OR OTHER FUNCTIONAL	\$105.37	10/01/2017
96003	DYNAMIC FINE WIRE ELECTROMYOGRAPHY, DURING WALKING OR OTHER FUNCTIONAL	\$183.66	10/01/2016

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96004	REVIEW AND INTERPRETATION BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSION	CCR	10/01/2006
96020	NEUROFUNCTIONAL TESTING SELECTION AND ADMINISTRATION DURING NONINVASIVE IMAGING	Bundled	01/01/2012
96101	PSYCHOLOGICAL TESTING WITH INTERPRETATION AND REPORT BY PSYCHOLOGIST OR PHYSICIA	\$105.37	10/01/2017
96102	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY, INT	\$183.66	10/01/2016
96103	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY, INT	\$82.92	10/01/2017
96105	ASSESSMENT OF APHASIA (INCLUDES ASSESSMENT OF EXPRESSIVE AND RECEPTIVE SPEECH	CCR	10/01/2006
96110	DEVELOPMENTAL SCREENING, WITH INTERPRETATION AND REPORT, PER STANDARDIZED INSTRU	\$90.03	10/01/2012
96111	DEVELOPMENTAL TESTING, (INCLUDES ASSESSMENT OF MOTOR, LANGUAGE, SOCIAL, ADAPTIVE	\$105.37	10/01/2017
96116	NEUROBEHAVIORAL STATUS EXAMINATION, INTERPRETATION, AND REPORT BY PSYCHOLOGIST O	\$183.66	10/01/2016
96118	NEUROPSYCHOLOGICAL TESTING, INTERPRETATION, AND REPORT BY PSYCHOLOGIST OR PHYSIC	\$183.66	10/01/2016
96119	NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BATTERY, WECH	\$183.66	10/01/2016
96120	NEUROPSYCHOLOGICAL TESTING (EG, WISCONSIN CARD SORTING TEST), ADMINISTERED BY A	\$105.37	10/01/2017
96125	STANDARDIZED THOUGHT PROCESSING TESTING, INTERPRETATION, AND REPORT PER HOUR	CCR	01/01/2008
96150	HEALTH AND BEHAVIOR ASSESSMENT (EG, HEALTH-FOCUSED CLINICAL INTERVIEW, BEHAVIORA	\$58.25	10/01/2017
96151	HEALTH AND BEHAVIOR ASSESSMENT (EG, HEALTH-FOCUSED CLINICAL INTERVIEW,	\$58.25	10/01/2017
96152	HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; INDIVIDUAL	\$58.25	10/01/2017
96153	HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; GROUP (2 OR	\$20.92	10/01/2017
96154	HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; FAMILY (WITH	\$58.25	10/01/2017
96155	HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; FAMILY	CCR	10/01/2006
96160	ADMINISTRATION OF PATIENT-FOCUSED HEALTH RISK ASSESSMENT INSTRUMENT (EG, HEALTH	\$20.92	10/01/2017
96161	ADMINISTRATION OF CAREGIVER-FOCUSED HEALTH RISK ASSESSMENT INSTRUMENT (EG, DEPRE	\$20.92	10/01/2017
96360	INTRAVENOUS INFUSION, HYDRATION; INITIAL 31 MINUTES TO 1 HOUR	\$77.02	10/01/2016
96361	INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITI	\$28.83	10/01/2017
96365	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE	\$149.03	10/01/2017
96366	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE	\$28.83	10/01/2017
96367	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE	\$44.08	10/01/2017
96368	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE	Bundled	01/01/2009
96369	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); IN	\$149.03	10/01/2017
96370	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); EA	\$28.83	10/01/2017
96371	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); AD	\$44.08	10/01/2017
96372	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG);	\$44.08	10/01/2017

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96373	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG);	\$149.03	10/01/2017
96374	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG);	\$77.02	10/01/2016
96375	INJECTION OF DIFFERENT DRUG OR SUBSTANCE INTO A VEIN FOR THERAPY, DIAGNOSIS, OR	\$28.83	10/01/2017
96376	INJECTION OF DRUG OR SUBSTANCE INTO A VEIN FOR THERAPY, DIAGNOSIS, OR PREVENTION	Bundled	01/01/2009
96377	APPLICATION OF ON-BODY INJECTOR (INCLUDES CANNULA INSERTION) FOR TIMED SUBCUTANE	Bundled	01/01/2017
96379	UNLISTED THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INTRAVENOUS OR INTRA-ARTERIAL	\$28.83	10/01/2017
96401	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL ANTI-NE	\$44.08	10/01/2017
96402	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; HORMONAL ANTI-NEOPLA	\$44.08	10/01/2017
96405	CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, UP TO AND INCLUDING 7 LESIONS	\$44.08	10/01/2017
96406	CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, MORE THAN 7 LESIONS	\$149.03	10/01/2017
96409	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, SINGLE OR INITIAL SUBS	\$149.03	10/01/2017
96411	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, EACH ADDITIONAL SUBSTA	\$44.08	10/01/2017
96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGL	\$231.66	10/01/2017
96415	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL HOU	\$44.08	10/01/2017
96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLO	\$231.66	10/01/2017
96417	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL SEQ	\$44.08	10/01/2017
96420	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHNIQUE	\$231.66	10/01/2017
96422	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, UP TO ONE HOUR	\$149.03	10/01/2017
96423	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, EACH ADDITIONAL	\$28.83	10/01/2017
96425	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, INITIATION OF	\$231.66	10/01/2017
96440	CHEMOTHERAPY ADMINISTRATION INTO PLEURAL CAVITY, REQUIRING AND INCLUDING	\$231.66	10/01/2017
96446	CHEMOTHERAPY ADMINISTRATION INTO THE PERITONEAL CAVITY VIA INDWELLING PORT OR CA	\$231.66	10/01/2017
96450	CHEMOTHERAPY ADMINISTRATION, INTO CNS (EG, INTRATHECAL), REQUIRING AND	\$231.66	10/01/2017
96521	REFILLING AND MAINTENANCE OF PORTABLE PUMP	\$149.03	10/01/2017
96522	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SY	\$149.03	10/01/2017
96523	IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE FOR DRUG DELIVERY SYSTEMS	\$45.22	10/01/2017
96542	CHEMOTHERAPY INJECTION, SUBARACHNOID OR INTRAVENTRICULAR VIA SUBCUTANEOUS	\$149.03	10/01/2017
96549	UNLISTED CHEMOTHERAPY PROCEDURE	\$28.83	10/01/2017
96567	PHOTODYNAMIC THERAPY BY EXTERNAL APPLICATION OF LIGHT TO DESTROY PREMALIGNANT AN	\$126.94	10/01/2017
96570	PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT TO ABLATE ABNORMAL TISSU	Bundled	10/01/2013
96571	PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT TO ABLATE ABNORMAL TISSU	Bundled	10/01/2013

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96900	ACTINOTHERAPY (ULTRAVIOLET LIGHT)	\$23.53	10/01/2017
96904	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY, FOR MONITORING OF HIGH RISK PATIENTS WITH	Bundled	01/01/2007
96910	PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOLET B (GOECKERMAN TREATMENT) OR PETROLATUM	\$45.22	10/01/2017
96912	PHOTOCHEMOTHERAPY; PSORALENS AND ULTRAVIOLET A (PUVA)	\$45.22	10/01/2017
96913	PHOTOCHEMOTHERAPY (GOECKERMAN AND/OR PUVA) FOR SEVERE PHOTORESPONSIVE	\$242.58	10/01/2017
96920	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); TOTAL AREA LESS THAN	\$126.94	10/01/2017
96921	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); 250 SQ CM TO 500 SQ	\$126.94	10/01/2017
96922	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); OVER 500 SQ CM	\$126.94	10/01/2017
96931	REFLECTANCE CONFOCAL MICROSCOPY (RCM) FOR CELLULAR AND SUB-CELLULAR IMAGING OF S	CCR	01/01/2016
96932	REFLECTANCE CONFOCAL MICROSCOPY (RCM) FOR CELLULAR AND SUB-CELLULAR IMAGING OF S	\$23.53	10/01/2017
96933	REFLECTANCE CONFOCAL MICROSCOPY (RCM) FOR CELLULAR AND SUB-CELLULAR IMAGING OF S	CCR	01/01/2016
96934	REFLECTANCE CONFOCAL MICROSCOPY (RCM) FOR CELLULAR AND SUB-CELLULAR IMAGING OF S	Bundled	01/01/2016
96935	REFLECTANCE CONFOCAL MICROSCOPY (RCM) FOR CELLULAR AND SUB-CELLULAR IMAGING OF S	Bundled	01/01/2016
96936	REFLECTANCE CONFOCAL MICROSCOPY (RCM) FOR CELLULAR AND SUB-CELLULAR IMAGING OF S	Bundled	01/01/2016
96999	UNLISTED SPECIAL DERMATOLOGICAL SERVICE OR PROCEDURE	\$126.94	10/01/2017
97012	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; TRACTION, MECHANICAL	CCR	01/01/2012
97014	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION	CCR	01/01/2012
97016	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; VASOPNEUMATIC DEVICES	CCR	01/01/2012
97018	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; PARAFFIN BATH	CCR	01/01/2012
97022	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; WHIRLPOOL	CCR	01/01/2012
97024	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; DIATHERMY (EG, MICROWAVE)	CCR	10/01/2006
97026	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; INFRARED	CCR	01/01/2012
97028	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRAVIOLET	CCR	10/01/2006
97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION (MANUAL),	CCR	01/01/2012
97033	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; IONTOPHORESIS, EACH 15 MINUTES	CCR	01/01/2012
97034	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; CONTRAST BATHS, EACH 15 MINUTES	CCR	01/01/2012
97035	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES	CCR	01/01/2012
97036	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HUBBARD TANK, EACH 15 MINUTES	CCR	10/01/2006
97039	UNLISTED MODALITY (SPECIFY TYPE AND TIME IF CONSTANT ATTENDANCE)	CCR	01/01/2012
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES	CCR	01/01/2012
97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR	CCR	01/01/2012

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97113	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; AQUATIC THERAPY WITH	CCR	01/01/2012
97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING	CCR	01/01/2012
97124	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSAGE, INCLUDING	CCR	01/01/2012
97139	UNLISTED THERAPEUTIC PROCEDURE (SPECIFY)	CCR	01/01/2012
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/ MANIPULATION, MANUAL LYMPHATIC	CCR	01/01/2012
97150	THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)	CCR	01/01/2012
97161	PHYSICAL THERAPY EVALUATION: LOW COMPLEXITY, REQUIRING THESE COMPONENTS: A HISTO	CCR	01/01/2017
97162	PHYSICAL THERAPY EVALUATION: MODERATE COMPLEXITY, REQUIRING THESE COMPONENTS: A	CCR	01/01/2017
97163	PHYSICAL THERAPY EVALUATION: HIGH COMPLEXITY, REQUIRING THESE COMPONENTS: A HIST	CCR	01/01/2017
97164	RE-EVALUATION OF PHYSICAL THERAPY ESTABLISHED PLAN OF CARE, REQUIRING THESE COMP	CCR	01/01/2017
97165	OCCUPATIONAL THERAPY EVALUATION, LOW COMPLEXITY, REQUIRING THESE COMPONENTS: AN	CCR	01/01/2017
97166	OCCUPATIONAL THERAPY EVALUATION, MODERATE COMPLEXITY, REQUIRING THESE COMPONENTS	CCR	01/01/2017
97167	OCCUPATIONAL THERAPY EVALUATION, HIGH COMPLEXITY, REQUIRING THESE COMPONENTS: AN	CCR	01/01/2017
97168	RE-EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, REQUIRING THESE	CCR	01/01/2017
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USE OF DYNAMIC ACTI	CCR	01/01/2012
97532	DEVELOPMENT OF COGNITIVE SKILLS TO IMPROVE ATTENTION, MEMORY, PROBLEM SOLVING (I	CCR	01/01/2012
97533	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE ADAPTIV	CCR	01/01/2012
97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COM	CCR	01/01/2012
97537	COMMUNITY/WORK REINTEGRATION TRAINING (EG, SHOPPING, TRANSPORTATION, MONEY MANAG	CCR	10/01/2006
97542	WHEELCHAIR MANAGEMENT (EG, ASSESSMENT, FITTING, TRAINING), EACH 15 MINUTES	CCR	10/01/2006
97545	WORK HARDENING/CONDITIONING; INITIAL 2 HOURS	CCR	10/01/2006
97546	WORK HARDENING/CONDITIONING; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION	CCR	10/01/2006
97597	DEBRIDEMENT (EG, HIGH PRESSURE WATERJET WITH/WITHOUT SUCTION, SHARP SELECTIVE DE	\$126.94	10/01/2017
97598	DEBRIDEMENT (EG, HIGH PRESSURE WATERJET WITH/WITHOUT SUCTION, SHARP SELECTIVE DE	Bundled	10/01/2013
97602	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), NON-SELECTIVE DEBRIDEMENT, WITHOUT	\$126.94	10/01/2017
97605	NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION),	\$126.94	10/01/2017
97606	NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION),	\$242.58	10/01/2017
97607	NEGATIVE PRESSURE WOUND THERAPY, (EG, VACUUM ASSISTED DRAINAGE COLLECTION), UTIL	\$242.58	10/01/2017
97608	NEGATIVE PRESSURE WOUND THERAPY, (EG, VACUUM ASSISTED DRAINAGE COLLECTION), UTIL	\$242.58	10/01/2017
97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL, FUNCTIONAL	CCR	10/01/2006
97755	ASSISTIVE TECHNOLOGY ASSESSMENT (EG, TO RESTORE, AUGMENT OR COMPENSATE FOR EXIST	CCR	10/01/2006

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97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING WHEN NOT O	CCR	10/01/2006
97761	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES	CCR	10/01/2006
97762	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 15 MINUTES	CCR	10/01/2006
97799	UNLISTED PHYSICAL MEDICINE/REHABILITATION SERVICE OR PROCEDURE	CCR	10/01/2006
97802	MEDICAL NUTRITION THERAPY; INITIAL ASSESSMENT AND INTERVENTION, INDIVIDUAL, FACE	CCR	01/01/2012
97803	MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND INTERVENTION, INDIVIDUAL,	CCR	01/01/2012
97804	MEDICAL NUTRITION THERAPY; GROUP (2 OR MORE INDIVIDUAL(S)), EACH 30 MINUTES	CCR	10/01/2006
98925	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); ONE TO TWO BODY REGIONS INVOLVED	\$19.13	10/01/2016
98926	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); THREE TO FOUR BODY REGIONS INVOLVED	\$19.13	10/01/2016
98927	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); FIVE TO SIX BODY REGIONS INVOLVED	\$19.13	10/01/2016
98928	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); SEVEN TO EIGHT BODY REGIONS INVOLVED	\$19.13	10/01/2016
98929	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); NINE TO TEN BODY REGIONS INVOLVED	\$19.13	10/01/2016
98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT) SPINAL, ONE TO TWO REGIONS	\$19.13	10/01/2016
98941	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, THREE TO FOUR REGIONS	\$19.13	10/01/2016
98942	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, FIVE REGIONS	\$19.13	10/01/2016
98943	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); EXTRASPINAL, ONE OR MORE REGIONS	CCR	10/01/2006
98966	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A QUALIFIED NONPHYSICIAN	CCR	01/01/2008
98967	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A QUALIFIED NONPHYSICIAN	CCR	01/01/2008
98968	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A QUALIFIED NONPHYSICIAN	CCR	01/01/2008
99000	HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE OFFICE TO A LABORAT	CCR	10/01/2006
99001	HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PATIENT IN OTHER TH	CCR	01/01/2012
99002	HANDLING, CONVEYANCE, AND/OR ANY OTHER SERVICE IN CONNECTION WITH THE IMPLEMENTA	CCR	10/01/2006
99050	SERVICES PROVIDED IN THE OFFICE AT TIMES OTHER THAN REGULARLY SCHEDULED OFFICE H	CCR	10/01/2006
99051	SERVICE(S) PROVIDED IN THE OFFICE DURING REGULARLY SCHEDULED EVENING, WEEKEND, O	CCR	10/01/2006
99053	SERVICE(S) PROVIDED BETWEEN 10:00 PM AND 8:00 AM AT 24-HOUR FACILITY, IN ADDITIO	CCR	10/01/2006
99058	SERVICE(S) PROVIDED ON AN EMERGENCY BASIS IN THE OFFICE, WHICH DISRUPTS OTHER SC	CCR	10/01/2006
99060	SERVICE(S) PROVIDED ON AN EMERGENCY BASIS, OUT OF THE OFFICE, WHICH DISRUPTS OTH	CCR	10/01/2006
99151	MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICIAN OR OTHER QUALIFIED HEA	Bundled	01/01/2017
99152	MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICIAN OR OTHER QUALIFIED HEA	Bundled	01/01/2017
99153	MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICIAN OR OTHER QUALIFIED HEA	Bundled	01/01/2017
99155	MODERATE SEDATION SERVICES PROVIDED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CAR	Bundled	01/01/2017

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99156	MODERATE SEDATION SERVICES PROVIDED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CAR	Bundled	01/01/2017
99157	MODERATE SEDATION SERVICES PROVIDED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CAR	Bundled	01/01/2017
99170	EXAMINATION OF GENITAL AND ANAL REGION OF CHILD USING AN ENDOSCOPE, SUSPECTED TR	\$117.18	10/01/2016
99173	SCREENING TEST OF VISUAL ACUITY, QUANTITATIVE, BILATERAL	CCR	10/01/2006
99174	INSTRUMENT-BASED OCULAR SCREENING (EG, PHOTOSCREENING, AUTOMATED-REFRACTION), BI	CCR	01/01/2008
99175	IPECAC OR SIMILAR ADMINISTRATION FOR INDIVIDUAL EMESIS AND CONTINUED	Bundled	10/01/2006
99177	INSTRUMENT-BASED OCULAR SCREENING (EG, PHOTOSCREENING, AUTOMATED-REFRACTION), BI	CCR	01/01/2016
99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION	CCR	10/01/2006
99188	APPLICATION OF TOPICAL FLUORIDE VARNISH BY A PHYSICIAN OR OTHER QUALIFIED HEALTH	CCR	01/01/2015
99195	PHLEBOTOMY, THERAPEUTIC (SEPARATE PROCEDURE)	\$45.22	10/01/2017
99199	UNLISTED SPECIAL SERVICE, PROCEDURE OR REPORT	CCR	10/01/2006
99201	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 10 MINUTES	\$54.54	10/01/2015
99202	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 20 MINUTES	\$54.54	10/01/2015
99203	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 30 MINUTES	\$54.54	10/01/2015
99204	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 45 MINUTES	\$54.54	10/01/2015
99205	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 60 MINUTES	\$54.54	10/01/2015
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABL	\$54.54	10/01/2015
99212	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 10 MINUTES	\$54.54	10/01/2015
99213	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 15 MINUTES	\$54.54	10/01/2015
99214	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT, VISIT TYPICALLY 25 MINUTES	\$54.54	10/01/2015
99215	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT, VISIT TYPICALLY 40 MINUTES	\$54.54	10/01/2015
99217	HOSPITAL OBSERVATION CARE DISCHARGE	CCR	10/01/2006
99218	HOSPITAL OBSERVATION CARE TYPICALLY 30 MINUTES	CCR	10/01/2006
99219	HOSPITAL OBSERVATION CARE TYPICALLY 50 MINUTES	CCR	10/01/2006
99220	HOSPITAL OBSERVATION CARE TYPICALLY 70 MINUTES PER DAY	CCR	10/01/2006
99221	INITIAL HOSPITAL INPATIENT CARE, TYPICALLY 30 MINUTES PER DAY	CCR	10/01/2006
99222	INITIAL HOSPITAL INPATIENT CARE, TYPICALLY 50 MINUTES PER DAY	CCR	10/01/2006
99223	INITIAL HOSPITAL INPATIENT CARE, TYPICALLY 70 MINUTES PER DAY	CCR	10/01/2006
99224	SUBSEQUENT OBSERVATION CARE, TYPICALLY 15 MINUTES PER DAY	CCR	01/01/2011
99225	SUBSEQUENT OBSERVATION CARE, TYPICALLY 25 MINUTES PER DAY	CCR	01/01/2011
99226	SUBSEQUENT OBSERVATION CARE, TYPICALLY 35 MINUTES PER DAY	CCR	01/01/2011

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99231	SUBSEQUENT HOSPITAL INPATIENT CARE, TYPICALLY 15 MINUTES PER DAY	CCR	10/01/2006
99232	SUBSEQUENT HOSPITAL INPATIENT CARE, TYPICALLY 25 MINUTES PER DAY	CCR	10/01/2006
99233	SUBSEQUENT HOSPITAL INPATIENT CARE, TYPICALLY 35 MINUTES PER DAY	CCR	10/01/2006
99234	HOSPITAL OBSERVATION OR INPATIENT CARE LOW SEVERITY, 40 MINUTES PER DAY	CCR	10/01/2006
99235	HOSPITAL OBSERVATION OR INPATIENT CARE MODERATE SEVERITY, 50 MINUTES PER DAY	CCR	10/01/2006
99236	HOSPITAL OBSERVATION OR INPATIENT CARE HIGH SEVERITY, 55 MINUTES PER DAY	CCR	10/01/2006
99238	HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	CCR	10/01/2006
99239	HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES	CCR	10/01/2006
99241	PATIENT OFFICE CONSULTATION, TYPICALLY 15 MINUTES	CCR	01/01/2012
99242	PATIENT OFFICE CONSULTATION, TYPICALLY 30 MINUTES	CCR	01/01/2012
99243	PATIENT OFFICE CONSULTATION, TYPICALLY 40 MINUTES	CCR	01/01/2012
99244	PATIENT OFFICE CONSULTATION, TYPICALLY 60 MINUTES	CCR	01/01/2012
99245	PATIENT OFFICE CONSULTATION, TYPICALLY 80 MINUTES	CCR	01/01/2012
99251	INPATIENT HOSPITAL CONSULTATION, TYPICALLY 20 MINUTES	CCR	10/01/2006
99252	INPATIENT HOSPITAL CONSULTATION, TYPICALLY 40 MINUTES	CCR	10/01/2006
99253	INPATIENT HOSPITAL CONSULTATION, TYPICALLY 55 MINUTES	CCR	10/01/2006
99254	INPATIENT HOSPITAL CONSULTATION, TYPICALLY 80 MINUTES	CCR	10/01/2006
99255	INPATIENT HOSPITAL CONSULTATION, TYPICALLY 110 MINUTES	CCR	10/01/2006
99281	EMERGENCY DEPARTMENT VISIT, SELF LIMITED OR MINOR PROBLEM	\$54.54	10/01/2015
99282	EMERGENCY DEPARTMENT VISIT, LOW TO MODERATELY SEVERE PROBLEM	\$88.87	10/01/2015
99283	EMERGENCY DEPARTMENT VISIT, MODERATELY SEVERE PROBLEM	\$138.24	10/01/2015
99284	EMERGENCY DEPARTMENT VISIT, PROBLEM OF HIGH SEVERITY	\$221.18	10/01/2015
99285	EMERGENCY DEPARTMENT VISIT, PROBLEM WITH SIGNIFICANT THREAT TO LIFE OR FUNCTION	\$332.40	10/01/2015
99288	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL DIRECTION OF EMERGENCY MED	CCR	10/01/2006
99291	CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL OR CRITICALLY INJ	\$555.34	10/01/2016
99292	CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL OR CRITICALLY	Bundled	10/01/2006
99304	INITIAL NURSING FACILITY VISIT, TYPICALLY 25 MINUTES PER DAY	CCR	10/01/2006
99305	INITIAL NURSING FACILITY VISIT, TYPICALLY 35 MINUTES PER DAY	CCR	10/01/2006
99306	INITIAL NURSING FACILITY VISIT, TYPICALLY 45 MINUTES PER DAY	CCR	10/01/2006
99307	SUBSEQUENT NURSING FACILITY VISIT, TYPICALLY 10 MINUTES PER DAY	CCR	10/01/2006
99308	SUBSEQUENT NURSING FACILITY VISIT, TYPICALLY 15 MINUTES PER DAY	CCR	10/01/2006

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99309	SUBSEQUENT NURSING FACILITY VISIT, TYPICALLY 25 MINUTES PER DAY	CCR	10/01/2006
99310	SUBSEQUENT NURSING FACILITY VISIT, TYPICALLY 35 MINUTES PER DAY	CCR	10/01/2006
99315	NURSING FACILITY DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	CCR	10/01/2006
99316	NURSING FACILITY DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES	CCR	10/01/2006
99318	NURSING FACILITY ANNUAL ASSESSMENT, TYPICALLY 30 MINUTES	CCR	10/01/2006
99324	NEW PATIENT ASSISTED LIVING VISIT, TYPICALLY 20 MINUTES	CCR	10/01/2006
99325	NEW PATIENT ASSISTED LIVING VISIT, TYPICALLY 30 MINUTES	CCR	10/01/2006
99326	NEW PATIENT ASSISTED LIVING VISIT, TYPICALLY 45 MINUTES	CCR	10/01/2006
99327	NEW PATIENT ASSISTED LIVING VISIT, TYPICALLY 60 MINUTES	CCR	10/01/2006
99328	NEW PATIENT ASSISTED LIVING VISIT, TYPICALLY 75 MINUTES	CCR	10/01/2006
99334	ESTABLISHED PATIENT ASSISTED LIVING VISIT, TYPICALLY 15 MINUTES	CCR	10/01/2006
99335	ESTABLISHED PATIENT ASSISTED LIVING VISIT, TYPICALLY 25 MINUTES	CCR	10/01/2006
99336	ESTABLISHED PATIENT ASSISTED LIVING VISIT, TYPICALLY 40 MINUTES	CCR	10/01/2006
99337	ESTABLISHED PATIENT ASSISTED LIVING VISIT, TYPICALLY 60 MINUTES	CCR	10/01/2006
99339	PHYSICIAN SUPERVISION OF PATIENT CARE AT HOME OR ASSISTED LIVING FACILITY, 15-29	CCR	10/01/2006
99340	PHYSICIAN SUPERVISION OF PATIENT CARE AT HOME OR ASSISTED LIVING FACILITY, 30 MI	CCR	10/01/2006
99341	NEW PATIENT HOME VISIT, TYPICALLY 20 MINUTES	CCR	10/01/2006
99342	NEW PATIENT HOME VISIT, TYPICALLY 30 MINUTES	CCR	10/01/2006
99343	NEW PATIENT HOME VISIT, TYPICALLY 45 MINUTES	CCR	10/01/2006
99344	NEW PATIENT HOME VISIT, TYPICALLY 60 MINUTES	CCR	10/01/2006
99345	NEW PATIENT HOME VISIT, TYPICALLY 75 MINUTES	CCR	10/01/2006
99347	ESTABLISHED PATIENT HOME VISIT, TYPICALLY 15 MINUTES	CCR	10/01/2006
99348	ESTABLISHED PATIENT HOME VISIT, TYPICALLY 25 MINUTES	CCR	10/01/2006
99349	ESTABLISHED PATIENT HOME VISIT, TYPICALLY 40 MINUTES	CCR	10/01/2006
99350	ESTABLISHED PATIENT HOME VISIT, TYPICALLY 60 MINUTES	CCR	10/01/2006
99354	PROLONGED SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUIRING DIRECT PAT	Bundled	10/01/2006
99355	PROLONGED SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUIRING DIRECT PAT	Bundled	10/01/2006
99358	PROLONGED EVALUATION AND MANAGEMENT SERVICE BEFORE AND/ OR AFTER DIRECT PATIENT	Bundled	10/01/2006
99359	PROLONGED EVALUATION AND MANAGEMENT SERVICE BEFORE AND/ OR AFTER DIRECT PATIENT	Bundled	10/01/2006
99360	STANDBY SERVICE, REQUIRING PROLONGED ATTENDANCE, EACH 30 MINUTES (EG, OPERATIVE	CCR	10/01/2006
99363	ANTICOAGULANT MANAGEMENT FOR AN OUTPATIENT TAKING WARFARIN, PHYSICIAN REVIEW AND	CCR	01/01/2007

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99364	ANTICOAGULANT MANAGEMENT FOR AN OUTPATIENT TAKING WARFARIN, PHYSICIAN REVIEW AND	CCR	01/01/2007
99366	MEDICAL TEAM CONFERENCE WITH INTERDISCIPLINARY TEAM OF HEALTH CARE PROFESSIONALS	Bundled	01/01/2008
99367	MEDICAL TEAM CONFERENCE WITH INTERDISCIPLINARY TEAM OF HEALTH CARE PROFESSIONALS	Bundled	01/01/2008
99368	MEDICAL TEAM CONFERENCE WITH INTERDISCIPLINARY TEAM OF HEALTH CARE PROFESSIONALS	Bundled	01/01/2008
99374	PHYSICIAN SUPERVISION OF PATIENT HOME HEALTH AGENCY SERVICES, 15-29 MINUTES PER	CCR	10/01/2006
99375	PHYSICIAN SUPERVISION OF PATIENT HOME HEALTH AGENCY SERVICES, 30 MINUTES OR MORE	CCR	10/01/2006
99377	PHYSICIAN SUPERVISION OF PATIENT HOSPICE SERVICES, 15-29 MINUTES PER MONTH	CCR	10/01/2006
99378	PHYSICIAN SUPERVISION OF PATIENT HOSPICE SERVICES, 30 MINUTES OR MORE PER MONTH	CCR	10/01/2006
99379	SUPERVISION OF NURSING FACILITY PATIENT SERVICES, 15-29 MINUTES PER MONTH	CCR	10/01/2006
99380	SUPERVISION OF NURSING FACILITY PATIENT SERVICES, 30 MINUTES OR MORE PER MONTH	CCR	10/01/2006
99381	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVI	CCR	01/01/2012
99382	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVI	CCR	01/01/2012
99383	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVI	CCR	01/01/2012
99384	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVI	CCR	01/01/2012
99385	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVI	CCR	01/01/2012
99386	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVI	CCR	10/01/2006
99387	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVI	CCR	10/01/2006
99391	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION INFANT YOUNGER THAN	CCR	01/01/2012
99392	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION, AGE 1 THROUGH 4 YE	CCR	01/01/2012
99393	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION, AGE 5 THROUGH 11 Y	CCR	01/01/2012
99394	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION, AGE 12 THROUGH 17	CCR	01/01/2012
99395	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION AGE 18-39 YEARS	CCR	01/01/2012
99396	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION AGE 40-64 YEARS	\$134.07	04/01/2011
99397	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION, AGE 65 YEARS AND O	CCR	10/01/2006
99401	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROV	CCR	10/01/2006
99402	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S)	CCR	10/01/2006
99403	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S)	CCR	10/01/2006
99404	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S)	CCR	10/01/2006
99411	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROV	CCR	10/01/2006
99412	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S)	CCR	10/01/2006
99429	UNLISTED PREVENTIVE MEDICINE SERVICE	CCR	10/01/2006

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99441	TELEPHONE EVALUATION AND MANAGEMENT SERVICE BY A PHYSICIAN OR OTHER QUALIFIED HE	CCR	01/01/2008
99442	TELEPHONE EVALUATION AND MANAGEMENT SERVICE BY A PHYSICIAN OR OTHER QUALIFIED HE	CCR	01/01/2008
99443	TELEPHONE EVALUATION AND MANAGEMENT SERVICE BY A PHYSICIAN OR OTHER QUALIFIED HE	CCR	01/01/2008
99460	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT	\$85.12	10/01/2016
99461	INITIAL CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT SE	CCR	01/01/2009
99463	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT	\$85.12	10/01/2016
99464	ATTENDANCE AT DELIVERY (WHEN REQUESTED BY THE DELIVERING PHYSICIAN OR OTHER QUAL	Bundled	01/01/2009
99465	DELIVERY/BIRTHING ROOM RESUSCITATION, PROVISION OF POSITIVE PRESSURE VENTILATION	\$389.32	10/01/2016
99466	CRITICAL CARE FACE-TO-FACE SERVICES, DURING AN INTERFACILITY TRANSPORT OF CRITIC	Bundled	01/01/2009
99467	CRITICAL CARE FACE-TO-FACE SERVICES, DURING AN INTERFACILITY TRANSPORT OF CRITIC	Bundled	01/01/2009
99485	SUPERVISION OF INTERFACILITY TRANSPORT CARE OF THE CRITICAL PATIENT, 24 MONTHS O	CCR	01/01/2013
99486	SUPERVISION OF INTERFACILITY TRANSPORT CARE OF THE CRITICAL PATIENT, 24 MONTHS O	CCR	01/01/2013
99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	CCR	10/01/2006
99601	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, PER VISIT (UP TO 2 HOURS)	CCR	10/01/2006
99602	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, PER VISIT (UP TO 2 HOURS) EACH	CCR	10/01/2006
A0080	NON-EMERGENCY TRANSPORTATION, PER MILE - VEHICLE PROVIDED BY VOLUNTEER	CCR	10/01/2006
A0090	NON-EMERGENCY TRANSPORTATION, PER MILE - VEHICLE PROVIDED BY INDIVIDUAL (FAMILY	CCR	10/01/2006
A0100	NON-EMERGENCY TRANSPORTATION; TAXI	CCR	10/01/2006
A0110	NON-EMERGENCY TRANSPORTATION AND BUS, INTRA OR INTER STATE CARRIER	CCR	10/01/2006
A0120	NON-EMERGENCY TRANSPORTATION: MINI-BUS, MOUNTAIN AREA TRANSPORTS, OR OTHER	CCR	10/01/2006
A0130	NON-EMERGENCY TRANSPORTATION: WHEEL-CHAIR VAN	CCR	10/01/2006
A0140	NON-EMERGENCY TRANSPORTATION AND AIR TRAVEL (PRIVATE OR COMMERCIAL) INTRA OR	CCR	10/01/2006
A0160	NON-EMERGENCY TRANSPORTATION: PER MILE - CASE WORKER OR SOCIAL WORKER	CCR	10/01/2006
A0170	TRANSPORTATION ANCILLARY: PARKING FEES, TOLLS, OTHER	CCR	10/01/2006
A0180	NON-EMERGENCY TRANSPORTATION: ANCILLARY: LODGING-RECIPIENT	CCR	10/01/2006
A0190	NON-EMERGENCY TRANSPORTATION: ANCILLARY: MEALS-RECIPIENT	CCR	10/01/2006
A0200	NON-EMERGENCY TRANSPORTATION: ANCILLARY: LODGING ESCORT	CCR	10/01/2006
A0210	NON-EMERGENCY TRANSPORTATION: ANCILLARY: MEALS-ESCORT	CCR	10/01/2006
A0225	AMBULANCE SERVICE, NEONATAL TRANSPORT, BASE RATE, EMERGENCY TRANSPORT, ONE WAY	CCR	10/01/2006
A0382	BLS ROUTINE DISPOSABLE SUPPLIES	CCR	10/01/2006
A0398	ALS ROUTINE DISPOSABLE SUPPLIES	CCR	10/01/2006

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A0420	AMBULANCE WAITING TIME (ALS OR BLS), ONE HALF (1/2) HOUR INCREMENTS	CCR	10/01/2006
A0422	AMBULANCE (ALS OR BLS) OXYGEN AND OXYGEN SUPPLIES, LIFE SUSTAINING SITUATION	CCR	10/01/2006
A0425	GROUND MILEAGE, PER STATUTE MILE	CCR	10/01/2006
A0426	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 (ALS	CCR	10/01/2006
A0427	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERGENCY TRANSPORT, LEVEL 1	CCR	10/01/2006
A0428	AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT, (BLS)	CCR	10/01/2006
A0429	AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT (BLS-EMERGENCY)	CCR	10/01/2006
A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)	CCR	10/01/2006
A0431	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (ROTARY WING)	CCR	10/01/2006
A0433	ADVANCED LIFE SUPPORT, LEVEL 2 (ALS 2)	CCR	10/01/2006
A0434	SPECIALTY CARE TRANSPORT (SCT)	CCR	10/01/2006
A0435	FIXED WING AIR MILEAGE, PER STATUTE MILE	CCR	10/01/2006
A0436	ROTARY WING AIR MILEAGE, PER STATUTE MILE	CCR	10/01/2006
A0888	NONCOVERED AMBULANCE MILEAGE, PER MILE (E.G., FOR MILES TRAVELED BEYOND CLOSEST	CCR	10/01/2006
A0998	AMBULANCE RESPONSE AND TREATMENT, NO TRANSPORT	CCR	10/01/2006
A0999	UNLISTED AMBULANCE SERVICE	CCR	10/01/2006
A4206	SYRINGE WITH NEEDLE, STERILE, 1 CC OR LESS, EACH	Bundled	10/01/2011
A4207	SYRINGE WITH NEEDLE, STERILE 2CC, EACH	Bundled	10/01/2011
A4208	SYRINGE WITH NEEDLE, STERILE 3CC, EACH	Bundled	10/01/2011
A4209	SYRINGE WITH NEEDLE, STERILE 5CC OR GREATER, EACH	Bundled	10/01/2011
A4210	NEEDLE-FREE INJECTION DEVICE, EACH	CCR	10/01/2006
A4211	SUPPLIES FOR SELF-ADMINISTERED INJECTIONS	Bundled	10/01/2006
A4212	NON-CORING NEEDLE OR STYLET WITH OR WITHOUT CATHETER	Bundled	10/01/2006
A4213	SYRINGE, STERILE, 20 CC OR GREATER, EACH	Bundled	10/01/2011
A4215	NEEDLE, STERILE, ANY SIZE, EACH	Bundled	10/01/2011
A4216	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	Bundled	10/01/2011
A4217	STERILE WATER/SALINE, 500 ML	Bundled	10/01/2012
A4218	STERILE SALINE OR WATER, METERED DOSE DISPENSER, 10 ML	Bundled	10/01/2006
A4220	REFILL KIT FOR IMPLANTABLE INFUSION PUMP	Bundled	10/01/2006
A4221	SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER, PER WEEK (LIST DRUG	Bundled	10/01/2012
A4222	INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST	Bundled	10/01/2012

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A4223	INFUSION SUPPLIES NOT USED WITH EXTERNAL INFUSION PUMP, PER CASSETTE OR BAG	Bundled	10/01/2006
A4224	SUPPLIES FOR MAINTENANCE OF INSULIN INFUSION CATHETER, PER WEEK	Bundled	01/01/2017
A4225	SUPPLIES FOR EXTERNAL INSULIN INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EA	Bundled	01/01/2017
A4230	INFUSION SET FOR EXTERNAL INSULIN PUMP, NON NEEDLE CANNULA TYPE	Bundled	10/01/2006
A4231	INFUSION SET FOR EXTERNAL INSULIN PUMP, NEEDLE TYPE	Bundled	10/01/2006
A4232	SYRINGE WITH NEEDLE FOR EXTERNAL INSULIN PUMP, STERILE, 3CC	\$0.29	10/01/2011
A4233	REPLACEMENT BATTERY, ALKALINE (OTHER THAN J CELL), FOR USE WITH MEDICALLY NECESS	\$0.72	10/01/2011
A4234	REPLACEMENT BATTERY, ALKALINE, J CELL, FOR USE WITH MEDICALLY NECESSARY HOME BLO	\$3.27	10/01/2011
A4235	REPLACEMENT BATTERY, LITHIUM, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOS	\$2.11	10/01/2011
A4236	REPLACEMENT BATTERY, SILVER OXIDE, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD G	\$1.51	10/01/2011
A4244	ALCOHOL OR PEROXIDE, PER PINT	Bundled	10/01/2011
A4245	ALCOHOL WIPES, PER BOX	Bundled	10/01/2011
A4246	BETADINE OR PHISOHEX SOLUTION, PER PINT	Bundled	10/01/2011
A4247	BETADINE OR IODINE SWABS/WIPES, PER BOX	Bundled	10/01/2011
A4248	CHLORHEXIDINE CONTAINING ANTISEPTIC, 1 ML	Bundled	10/01/2006
A4250	URINE TEST OR REAGENT STRIPS OR TABLETS (100 TABLETS OR STRIPS)	CCR	10/01/2006
A4252	BLOOD KETONE TEST OR REAGENT STRIP, EACH	CCR	01/01/2008
A4253	BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR, PER 50	Bundled	10/01/2012
A4255	PLATFORMS FOR HOME BLOOD GLUCOSE MONITOR, 50 PER BOX	Bundled	10/01/2012
A4256	NORMAL, LOW AND HIGH CALIBRATOR SOLUTION / CHIPS	Bundled	10/01/2012
A4257	REPLACEMENT LENS SHIELD CARTRIDGE FOR USE WITH LASER SKIN PIERCING DEVICE, EACH	\$11.49	10/01/2012
A4258	SPRING-POWERED DEVICE FOR LANCET, EACH	Bundled	10/01/2012
A4259	LANCETS, PER BOX OF 100	Bundled	10/01/2012
A4261	CERVICAL CAP FOR CONTRACEPTIVE USE	CCR	10/01/2006
A4262	TEMPORARY, ABSORBABLE LACRIMAL DUCT IMPLANT, EACH	Bundled	10/01/2006
A4263	PERMANENT, LONG TERM, NON-DISSOLVABLE LACRIMAL DUCT IMPLANT, EACH	Bundled	10/01/2011
A4265	PARAFFIN, PER POUND	Bundled	10/01/2012
A4266	DIAPHRAGM FOR CONTRACEPTIVE USE	CCR	10/01/2006
A4267	CONTRACEPTIVE SUPPLY, CONDOM, MALE, EACH	CCR	10/01/2006
A4268	CONTRACEPTIVE SUPPLY, CONDOM, FEMALE, EACH	CCR	10/01/2006
A4269	CONTRACEPTIVE SUPPLY, SPERMICIDE (E.G., FOAM, GEL), EACH	CCR	10/01/2006

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A4270	DISPOSABLE ENDOSCOPE SHEATH, EACH	Bundled	10/01/2006
A4280	ADHESIVE SKIN SUPPORT ATTACHMENT FOR USE WITH EXTERNAL BREAST PROSTHESIS, EACH	Bundled	10/01/2012
A4281	TUBING FOR BREAST PUMP, REPLACEMENT	CCR	10/01/2006
A4282	ADAPTER FOR BREAST PUMP, REPLACEMENT	CCR	10/01/2006
A4283	CAP FOR BREAST PUMP BOTTLE, REPLACEMENT	CCR	10/01/2006
A4284	BREAST SHIELD AND SPLASH PROTECTOR FOR USE WITH BREAST PUMP, REPLACEMENT	CCR	10/01/2006
A4285	POLYCARBONATE BOTTLE FOR USE WITH BREAST PUMP, REPLACEMENT	CCR	10/01/2006
A4286	LOCKING RING FOR BREAST PUMP, REPLACEMENT	CCR	10/01/2006
A4290	SACRAL NERVE STIMULATION TEST LEAD, EACH	Bundled	10/01/2011
A4300	IMPLANTABLE ACCESS CATHETER, (E.G., VENOUS, ARTERIAL, EPIDURAL SUBARACHNOID, OR	Bundled	10/01/2011
A4301	IMPLANTABLE ACCESS TOTAL CATHETER, PORT/RESERVOIR (E.G., VENOUS, ARTERIAL,	Bundled	10/01/2006
A4305	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF 50 ML OR GREATER PER HOUR	Bundled	10/01/2006
A4306	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF LESS THAN 50 ML PER HOUR	Bundled	10/01/2006
A4310	INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY)	Bundled	10/01/2011
A4311	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE,	Bundled	10/01/2012
A4312	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE,	Bundled	10/01/2012
A4313	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE,	Bundled	10/01/2012
A4314	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY	Bundled	10/01/2012
A4315	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY,	Bundled	10/01/2012
A4316	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE,	Bundled	10/01/2012
A4320	IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE	Bundled	10/01/2012
A4321	THERAPEUTIC AGENT FOR URINARY CATHETER IRRIGATION	Bundled	10/01/2006
A4322	IRRIGATION SYRINGE, BULB OR PISTON, EACH	Bundled	10/01/2011
A4326	MALE EXTERNAL CATHETER WITH INTEGRAL COLLECTION CHAMBER, ANY TYPE, EACH	Bundled	10/01/2012
A4327	FEMALE EXTERNAL URINARY COLLECTION DEVICE; MEATAL CUP, EACH	Bundled	10/01/2012
A4328	FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH, EACH	Bundled	10/01/2012
A4330	PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE, EACH	Bundled	10/01/2012
A4331	EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR/ADAPTOR, FOR	Bundled	10/01/2012
A4332	LUBRICANT, INDIVIDUAL STERILE PACKET, EACH	Bundled	10/01/2011
A4333	URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH	Bundled	10/01/2012
A4334	URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH	Bundled	10/01/2012

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A4335	INCONTINENCE SUPPLY; MISCELLANEOUS	Bundled	10/01/2006
A4336	INCONTINENCE SUPPLY, URETHRAL INSERT, ANY TYPE, EACH	Bundled	10/01/2012
A4337	INCONTINENCE SUPPLY, RECTAL INSERT, ANY TYPE, EACH	Bundled	01/01/2016
A4338	INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE,	Bundled	10/01/2012
A4340	INDWELLING CATHETER; SPECIALTY TYPE, EG; COUDE, MUSHROOM, WING, ETC.), EACH	Bundled	10/01/2012
A4344	INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE, EACH	Bundled	10/01/2012
A4346	INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS IRRIGATION, EACH	Bundled	10/01/2012
A4349	MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH	Bundled	10/01/2011
A4351	INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT COATING (TEFLON,	Bundled	10/01/2012
A4352	INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP, WITH OR WITHOUT COATING	Bundled	10/01/2012
A4353	INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES	Bundled	10/01/2012
A4354	INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER	Bundled	10/01/2012
A4355	IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THROUGH A THREE-WAY	Bundled	10/01/2012
A4356	EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE (NOT TO BE USED FOR CATHETER CLAMP	Bundled	10/01/2012
A4357	BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI-REFLUX DEVICE, WITH OR	Bundled	10/01/2012
A4358	URINARY DRAINAGE BAG, LEG OR ABDOMEN, VINYL, WITH OR WITHOUT TUBE, WITH STRAPS,	Bundled	10/01/2012
A4360	DISPOSABLE EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE, WITH PAD AND/OR	Bundled	10/01/2011
A4361	OSTOMY FACEPLATE, EACH	Bundled	10/01/2012
A4362	SKIN BARRIER; SOLID, 4 X 4 OR EQUIVALENT; EACH	Bundled	10/01/2012
A4363	OSTOMY CLAMP, ANY TYPE, REPLACEMENT ONLY, EACH	\$1.99	10/01/2012
A4364	ADHESIVE, LIQUID OR EQUAL, ANY TYPE, PER OZ	Bundled	10/01/2011
A4366	OSTOMY VENT, ANY TYPE, EACH	Bundled	10/01/2011
A4367	OSTOMY BELT, EACH	Bundled	10/01/2012
A4368	OSTOMY FILTER, ANY TYPE, EACH	Bundled	10/01/2011
A4369	OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC), PER OZ	Bundled	10/01/2011
A4371	OSTOMY SKIN BARRIER, POWDER, PER OZ	Bundled	10/01/2011
A4372	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONV	Bundled	10/01/2012
A4373	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDIAN), WITH BUILT-IN	Bundled	10/01/2012
A4375	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH	Bundled	10/01/2012
A4376	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH	Bundled	10/01/2012
A4377	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC, EACH	Bundled	10/01/2012

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A4378	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, EACH	Bundled	10/01/2012
A4379	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC, EACH	Bundled	10/01/2012
A4380	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER, EACH	Bundled	10/01/2012
A4381	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC, EACH	Bundled	10/01/2012
A4382	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC, EACH	Bundled	10/01/2012
A4383	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, EACH	Bundled	10/01/2012
A4384	OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH	Bundled	10/01/2012
A4385	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN	Bundled	10/01/2011
A4387	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE),	Bundled	10/01/2011
A4388	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, (1 PIECE), EACH	Bundled	10/01/2011
A4389	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1	Bundled	10/01/2012
A4390	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN	Bundled	10/01/2012
A4391	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED (1 PIECE), EACH	Bundled	10/01/2012
A4392	OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN	Bundled	10/01/2012
A4393	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN	Bundled	10/01/2012
A4394	OSTOMY DEODORANT, WITH OR WITHOUT LUBRICANT, FOR USE IN OSTOMY POUCH, PER FLUID	Bundled	10/01/2012
A4395	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, SOLID, PER TABLET	Bundled	10/01/2011
A4396	OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT	Bundled	10/01/2012
A4397	IRRIGATION SUPPLY; SLEEVE, EACH	Bundled	10/01/2011
A4398	OSTOMY IRRIGATION SUPPLY; BAG, EACH	Bundled	10/01/2012
A4399	OSTOMY IRRIGATION SUPPLY; CONE/CATHETER, WITH OR WITHOUT BRUSH	Bundled	10/01/2012
A4400	OSTOMY IRRIGATION SET	Bundled	10/01/2012
A4402	LUBRICANT, PER OUNCE	Bundled	10/01/2011
A4404	OSTOMY RING, EACH	Bundled	10/01/2011
A4405	OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE	Bundled	10/01/2012
A4406	OSTOMY SKIN BARRIER, PECTIN-BASED, PASTE, PER OUNCE	Bundled	10/01/2012
A4407	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION), EXTENDED	Bundled	10/01/2012
A4408	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR,	Bundled	10/01/2012
A4409	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR,	Bundled	10/01/2012
A4410	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR,	Bundled	10/01/2012
A4411	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITH BUILT-IN CONVE	Bundled	10/01/2011

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A4412	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE	Bundled	10/01/2012
A4413	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE	Bundled	10/01/2012
A4414	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT	Bundled	10/01/2012
A4415	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT	Bundled	10/01/2012
A4416	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	Bundled	10/01/2011
A4417	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH	Bundled	10/01/2011
A4418	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	Bundled	10/01/2012
A4419	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER	Bundled	10/01/2011
A4420	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH	Bundled	10/01/2006
A4421	OSTOMY SUPPLY; MISCELLANEOUS	Bundled	10/01/2006
A4422	OSTOMY ABSORBENT MATERIAL (SHEET/PAD/CRYSTAL PACKET) FOR USE IN OSTOMY POUCH TO	Bundled	10/01/2011
A4423	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2	Bundled	10/01/2012
A4424	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	Bundled	10/01/2011
A4425	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH	Bundled	10/01/2012
A4426	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE	Bundled	10/01/2012
A4427	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2	Bundled	10/01/2012
A4428	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FAUCET-TYPE	Bundled	10/01/2011
A4429	OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH	Bundled	10/01/2012
A4430	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN	Bundled	10/01/2012
A4431	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE	Bundled	10/01/2012
A4432	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH	Bundled	10/01/2012
A4433	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH	Bundled	10/01/2011
A4434	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE	Bundled	10/01/2011
A4435	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, WITH EXTENDED WEAR BARRIER (ONE-PIECE SYST	Bundled	01/01/2013
A4450	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES	Bundled	10/01/2011
A4452	TAPE, WATERPROOF, PER 18 SQUARE INCHES	Bundled	10/01/2011
A4455	ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE), PER OUNCE	Bundled	10/01/2011
A4458	ENEMA BAG WITH TUBING, REUSABLE	Bundled	10/01/2006
A4459	MANUAL PUMP-OPERATED ENEMA SYSTEM, INCLUDES BALLOON, CATHETER AND ALL ACCESSORIE	Bundled	01/01/2015
A4461	SURGICAL DRESSING HOLDER, NON-REUSABLE, EACH	Bundled	10/01/2011
A4463	SURGICAL DRESSING HOLDER, REUSABLE, EACH	Bundled	10/01/2012

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A4465	NON-ELASTIC BINDER FOR EXTREMITY	Bundled	10/01/2006
A4467	BELT, STRAP, SLEEVE, GARMENT, OR COVERING, ANY TYPE	CCR	01/01/2017
A4470	GRAVLEE JET WASHER	Bundled	10/01/2006
A4480	VABRA ASPIRATOR	Bundled	10/01/2006
A4481	TRACHEOSTOMA FILTER, ANY TYPE, ANY SIZE, EACH	Bundled	10/01/2011
A4483	MOISTURE EXCHANGER, DISPOSABLE, FOR USE WITH INVASIVE MECHANICAL VENTILATION	Bundled	10/01/2006
A4490	SURGICAL STOCKINGS ABOVE KNEE LENGTH, EACH	CCR	10/01/2006
A4495	SURGICAL STOCKINGS THIGH LENGTH, EACH	CCR	10/01/2006
A4500	SURGICAL STOCKINGS BELOW KNEE LENGTH, EACH	CCR	10/01/2006
A4510	SURGICAL STOCKINGS FULL LENGTH, EACH	CCR	10/01/2006
A4520	INCONTINENCE GARMENT, ANY TYPE, (E.G. BRIEF, DIAPER), EACH	CCR	10/01/2006
A4553	NON-DISPOSABLE UNDERPADS, ALL SIZES	CCR	01/01/2017
A4554	DISPOSABLE UNDERPADS, ALL SIZES, (E.G., CHUX'S)	CCR	01/01/2012
A4556	ELECTRODES, (E.G., APNEA MONITOR), PER PAIR	Bundled	10/01/2012
A4557	LEAD WIRES, (E.G., APNEA MONITOR), PER PAIR	Bundled	10/01/2012
A4558	CONDUCTIVE GEL OR PASTE, FOR USE WITH ELECTRICAL DEVICE (E.G., TENS, NMES), PER	Bundled	10/01/2012
A4559	COUPLING GEL OR PASTE, FOR USE WITH ULTRASOUND DEVICE, PER OZ	Bundled	10/01/2011
A4561	PESSARY, RUBBER, ANY TYPE	Bundled	10/01/2012
A4562	PESSARY, NON RUBBER, ANY TYPE	Bundled	10/01/2012
A4565	SLINGS	Bundled	10/01/2011
A4575	TOPICAL HYPERBARIC OXYGEN CHAMBER, DISPOSABLE	CCR	10/01/2006
A4595	ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH, (E.G. TENS, NMES)	Bundled	10/01/2012
A4600	SLEEVE FOR INTERMITTENT LIMB COMPRESSION DEVICE, REPLACEMENT ONLY, EACH	CCR	01/01/2007
A4601	LITHIUM ION BATTERY, RECHARGEABLE, FOR NON-PROSTHETIC USE, REPLACEMENT	CCR	01/01/2007
A4602	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 1.5 VO	Bundled	01/01/2015
A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEV	Bundled	10/01/2012
A4605	TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH	Bundled	10/01/2012
A4606	OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT	Bundled	10/01/2006
A4608	TRANSTRACHEAL OXYGEN CATHETER, EACH	Bundled	10/01/2012
A4611	BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT OWNED VENTILATOR	\$150.39	10/01/2012
A4612	BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	\$71.99	10/01/2012

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A4613	BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	\$129.88	10/01/2012
A4614	PEAK EXPIRATORY FLOW RATE METER, HAND HELD	Bundled	10/01/2012
A4615	CANNULA, NASAL	Bundled	10/01/2012
A4616	TUBING (OXYGEN), PER FOOT	Bundled	10/01/2011
A4617	MOUTH PIECE	Bundled	10/01/2011
A4618	BREATHING CIRCUITS	Bundled	10/01/2012
A4619	FACE TENT	Bundled	10/01/2012
A4620	VARIABLE CONCENTRATION MASK	Bundled	10/01/2011
A4623	TRACHEOSTOMY, INNER CANNULA	Bundled	10/01/2011
A4624	TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN CLOSED SYSTEM, EACH	Bundled	10/01/2011
A4625	TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY	Bundled	10/01/2012
A4626	TRACHEOSTOMY CLEANING BRUSH, EACH	Bundled	10/01/2012
A4627	SPACER, BAG OR RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE	\$14.25	10/01/2011
A4628	OROPHARYNGEAL SUCTION CATHETER, EACH	Bundled	10/01/2012
A4629	TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY	Bundled	10/01/2012
A4630	REPLACEMENT BATTERIES, MEDICALLY NECESSARY, TRANSCUTANEOUS ELECTRICAL STIMULATO	\$5.58	10/01/2012
A4633	REPLACEMENT BULB/LAMP FOR ULTRAVIOLET LIGHT THERAPY SYSTEM, EACH	\$36.96	10/01/2012
A4634	REPLACEMENT BULB FOR THERAPEUTIC LIGHT BOX, TABLETOP MODEL	Bundled	10/01/2006
A4635	UNDERARM PAD, CRUTCH, REPLACEMENT, EACH	\$3.92	10/01/2012
A4636	REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR WALKER, EACH	\$2.78	10/01/2011
A4637	REPLACEMENT, TIP, CANE, CRUTCH, WALKER, EACH.	\$1.41	10/01/2011
A4638	REPLACEMENT BATTERY FOR PATIENT-OWNED EAR PULSE GENERATOR, EACH	CCR	10/01/2006
A4639	REPLACEMENT PAD FOR INFRARED HEATING PAD SYSTEM, EACH	\$258.68	10/01/2012
A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD	\$48.47	10/01/2012
A4641	RADIOPHARMACEUTICAL, DIAGNOSTIC, NOT OTHERWISE CLASSIFIED	Bundled	10/01/2006
A4642	INDIUM IN-111 SATUMOMAB PENDETIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 6 MILLICURI	Bundled	10/01/2012
A4648	TISSUE MARKER, IMPLANTABLE, ANY TYPE, EACH	Bundled	01/01/2008
A4649	SURGICAL SUPPLY; MISCELLANEOUS	Bundled	01/01/2012
A4650	IMPLANTABLE RADIATION DOSIMETER, EACH	Bundled	01/01/2008
A4651	CALIBRATED MICROCAPILLARY TUBE, EACH	Bundled	10/01/2006
A4652	MICROCAPILLARY TUBE SEALANT	Bundled	10/01/2006

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A4653	PERITONEAL DIALYSIS CATHETER ANCHORING DEVICE, BELT, EACH	Bundled	10/01/2006
A4657	SYRINGE, WITH OR WITHOUT NEEDLE, EACH	Bundled	10/01/2011
A4660	SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH CUFF AND STETHOSCOPE	Bundled	10/01/2006
A4663	BLOOD PRESSURE CUFF ONLY	Bundled	10/01/2006
A4670	AUTOMATIC BLOOD PRESSURE MONITOR	CCR	10/01/2006
A4671	DISPOSABLE CYCLER SET USED WITH CYCLER DIALYSIS MACHINE, EACH	CCR	10/01/2006
A4672	DRAINAGE EXTENSION LINE, STERILE, FOR DIALYSIS, EACH	CCR	10/01/2006
A4673	EXTENSION LINE WITH EASY LOCK CONNECTORS, USED WITH DIALYSIS	CCR	10/01/2006
A4674	CHEMICALS/ANTISEPTICS SOLUTION USED TO CLEAN/STERILIZE DIALYSIS EQUIPMENT, PER	CCR	10/01/2006
A4680	ACTIVATED CARBON FILTER FOR HEMODIALYSIS, EACH	Bundled	10/01/2006
A4690	DIALYZER (ARTIFICIAL KIDNEYS), ALL TYPES, ALL SIZES, FOR HEMODIALYSIS, EACH	Bundled	10/01/2006
A4706	BICARBONATE CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON	Bundled	10/01/2006
A4707	BICARBONATE CONCENTRATE, POWDER, FOR HEMODIALYSIS, PER PACKET	Bundled	10/01/2006
A4708	ACETATE CONCENTRATE SOLUTION, FOR HEMODIALYSIS, PER GALLON	Bundled	10/01/2006
A4709	ACID CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON	Bundled	10/01/2006
A4714	TREATED WATER (DEIONIZED, DISTILLED, OR REVERSE OSMOSIS) FOR PERITONEAL	Bundled	10/01/2006
A4719	"Y SET" TUBING FOR PERITONEAL DIALYSIS	Bundled	10/01/2006
A4720	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN	Bundled	10/01/2006
A4721	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN	Bundled	10/01/2006
A4722	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN	Bundled	10/01/2006
A4723	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN	Bundled	10/01/2006
A4724	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN	Bundled	10/01/2006
A4725	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN	Bundled	10/01/2006
A4726	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN	Bundled	10/01/2006
A4728	DIALYSATE SOLUTION, NON-DEXTROSE CONTAINING, 500 ML	CCR	10/01/2006
A4730	FISTULA CANNULATION SET FOR HEMODIALYSIS, EACH	Bundled	10/01/2006
A4736	TOPICAL ANESTHETIC, FOR DIALYSIS, PER GRAM	Bundled	10/01/2006
A4737	INJECTABLE ANESTHETIC, FOR DIALYSIS, PER 10 ML	Bundled	10/01/2006
A4740	SHUNT ACCESSORY, FOR HEMODIALYSIS, ANY TYPE, EACH	Bundled	10/01/2006
A4750	BLOOD TUBING, ARTERIAL OR VENOUS, FOR HEMODIALYSIS, EACH	Bundled	10/01/2011
A4755	BLOOD TUBING, ARTERIAL AND VENOUS COMBINED, FOR HEMODIALYSIS, EACH	Bundled	10/01/2006

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A4760	DIALYSATE SOLUTION TEST KIT, FOR PERITONEAL DIALYSIS, ANY TYPE, EACH	Bundled	10/01/2006
A4765	DIALYSATE CONCENTRATE, POWDER, ADDITIVE FOR PERITONEAL DIALYSIS, PER PACKET	Bundled	10/01/2006
A4766	DIALYSATE CONCENTRATE, SOLUTION, ADDITIVE FOR PERITONEAL DIALYSIS, PER 10 ML	Bundled	10/01/2006
A4770	BLOOD COLLECTION TUBE, VACUUM, FOR DIALYSIS, PER 50	Bundled	10/01/2011
A4771	SERUM CLOTTING TIME TUBE, FOR DIALYSIS, PER 50	Bundled	10/01/2006
A4772	BLOOD GLUCOSE TEST STRIPS, FOR DIALYSIS, PER 50	Bundled	10/01/2011
A4773	OCCULT BLOOD TEST STRIPS, FOR DIALYSIS, PER 50	Bundled	10/01/2006
A4774	AMMONIA TEST STRIPS, FOR DIALYSIS, PER 50	Bundled	10/01/2006
A4802	PROTAMINE SULFATE, FOR HEMODIALYSIS, PER 50 MG	Bundled	10/01/2006
A4860	DISPOSABLE CATHETER TIPS FOR PERITONEAL DIALYSIS, PER 10	Bundled	10/01/2006
A4870	PLUMBING AND/OR ELECTRICAL WORK FOR HOME HEMODIALYSIS EQUIPMENT	Bundled	10/01/2006
A4890	CONTRACTS, REPAIR AND MAINTENANCE, FOR HEMODIALYSIS EQUIPMENT	Bundled	10/01/2006
A4911	DRAIN BAG/BOTTLE, FOR DIALYSIS, EACH	Bundled	10/01/2006
A4913	MISCELLANEOUS DIALYSIS SUPPLIES, NOT OTHERWISE SPECIFIED	Bundled	10/01/2006
A4918	VENOUS PRESSURE CLAMP, FOR HEMODIALYSIS, EACH	Bundled	10/01/2006
A4927	GLOVES, NON-STERILE, PER 100	Bundled	10/01/2011
A4928	SURGICAL MASK, PER 20	Bundled	10/01/2006
A4929	TOURNIQUET FOR DIALYSIS, EACH	Bundled	10/01/2006
A4930	GLOVES, STERILE, PER PAIR	Bundled	10/01/2006
A4931	ORAL THERMOMETER, REUSABLE, ANY TYPE, EACH	Bundled	10/01/2006
A4932	RECTAL THERMOMETER, REUSABLE, ANY TYPE, EACH	Bundled	10/01/2006
A5051	OSTOMY POUCH, CLOSED; WITH BARRIER ATTACHED (1 PIECE), EACH	Bundled	10/01/2011
A5052	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	Bundled	10/01/2011
A5053	OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE, EACH	Bundled	10/01/2012
A5054	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH	Bundled	10/01/2012
A5055	STOMA CAP	Bundled	10/01/2012
A5056	OSTOMY POUCH, DRAINABLE WITH EXTENDED WEAR BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	Bundled	10/01/2012
A5057	OSTOMY POUCH, DRAINABLE WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT IN CONVE	Bundled	10/01/2012
A5061	OSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED, (1 PIECE), EACH	Bundled	10/01/2012
A5062	OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	Bundled	10/01/2011
A5063	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM), EACH	Bundled	10/01/2012

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A5071	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED (1 PIECE), EACH	Bundled	10/01/2012
A5072	OSTOMY POUCH, URINARY; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	Bundled	10/01/2011
A5073	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH	Bundled	10/01/2011
A5081	STOMA PLUG OR SEAL, ANY TYPE	Bundled	10/01/2011
A5082	CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA	Bundled	10/01/2012
A5083	CONTINENT DEVICE, STOMA ABSORPTIVE COVER FOR CONTINENT STOMA	Bundled	10/01/2011
A5093	OSTOMY ACCESSORY; CONVEX INSERT	Bundled	10/01/2011
A5102	BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBING, RIGID OR EXPANDABLE, EACH	Bundled	10/01/2012
A5105	URINARY SUSPENSORY WITH LEG BAG, WITH OR WITHOUT TUBE, EACH	Bundled	10/01/2012
A5112	URINARY DRAINAGE BAG, LEG OR ABDOMEN, LATEX, WITH OR WITHOUT TUBE, WITH STRAPS,	Bundled	10/01/2012
A5113	LEG STRAP; LATEX, REPLACEMENT ONLY, PER SET	\$4.24	10/01/2011
A5114	LEG STRAP; FOAM OR FABRIC, REPLACEMENT ONLY, PER SET	\$8.06	10/01/2012
A5120	SKIN BARRIER, WIPES OR SWABS, EACH	Bundled	10/01/2011
A5121	SKIN BARRIER; SOLID, 6 X 6 OR EQUIVALENT, EACH	Bundled	10/01/2012
A5122	SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT, EACH	Bundled	10/01/2012
A5126	ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD	Bundled	10/01/2011
A5131	APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ.	Bundled	10/01/2012
A5200	PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT	Bundled	10/01/2012
A5500	FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND SUPPLY	\$57.26	10/01/2012
A5501	FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND	\$171.77	10/01/2012
A5503	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF	\$28.11	10/01/2012
A5504	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF	\$28.11	10/01/2012
A5505	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF	\$28.11	10/01/2012
A5506	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF	\$28.11	10/01/2012
A5507	FOR DIABETICS ONLY, NOT OTHERWISE SPECIFIED MODIFICATION (INCLUDING FITTING) OF	\$28.11	10/01/2012
A5508	FOR DIABETICS ONLY, DELUXE FEATURE OF OFF-THE-SHELF DEPTH-INLAY SHOE OR	CCR	10/01/2006
A5510	FOR DIABETICS ONLY, DIRECT FORMED, COMPRESSION MOLDED TO PATIENT'S FOOT WITHOUT	Bundled	10/01/2006
A5512	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, DIRECT FORMED, MOLDED TO FOOT AFTER	\$23.36	10/01/2012
A5513	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, CUSTOM MOLDED FROM MODEL OF PATIENT	\$34.86	10/01/2012
A6010	COLLAGEN BASED WOUND FILLER, DRY FORM, STERILE, PER GRAM OF COLLAGEN	Bundled	10/01/2012
A6011	COLLAGEN BASED WOUND FILLER, GEL/PASTE, PER GRAM OF COLLAGEN	Bundled	10/01/2011

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A6021	COLLAGEN DRESSING, STERILE, SIZE 16 SQ. IN. OR LESS, EACH	Bundled	10/01/2012
A6022	COLLAGEN DRESSING, STERILE, SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO	Bundled	10/01/2012
A6023	COLLAGEN DRESSING, STERILE, SIZE MORE THAN 48 SQ. IN., EACH	Bundled	10/01/2012
A6024	COLLAGEN DRESSING WOUND FILLER, STERILE, PER 6 INCHES	Bundled	10/01/2012
A6025	GEL SHEET FOR DERMAL OR EPIDERMAL APPLICATION, (E.G., SILICONE, HYDROGEL,	Bundled	10/01/2006
A6154	WOUND POUCH, EACH	Bundled	10/01/2012
A6196	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ.	Bundled	10/01/2012
A6197	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORE TH	Bundled	10/01/2012
A6198	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORE TH	Bundled	10/01/2006
A6199	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER, STERILE, PER 6 INCHES	Bundled	10/01/2011
A6203	COMPOSITE DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE	Bundled	10/01/2011
A6204	COMPOSITE DRESSING, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUA	Bundled	10/01/2012
A6205	COMPOSITE DRESSING, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESI	Bundled	10/01/2006
A6206	CONTACT LAYER, STERILE, 16 SQ. IN. OR LESS, EACH DRESSING	Bundled	10/01/2006
A6207	CONTACT LAYER, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN	Bundled	10/01/2012
A6208	CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING	Bundled	10/01/2006
A6209	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESI	Bundled	10/01/2012
A6210	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN	Bundled	10/01/2012
A6211	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHE	Bundled	10/01/2012
A6212	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE	Bundled	10/01/2012
A6213	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN	Bundled	10/01/2006
A6214	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZ	Bundled	10/01/2012
A6215	FOAM DRESSING, WOUND FILLER, STERILE, PER GRAM	Bundled	10/01/2006
A6216	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT	Bundled	10/01/2011
A6217	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS	Bundled	10/01/2006
A6218	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT	Bundled	10/01/2006
A6219	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHE	Bundled	10/01/2011
A6220	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR	Bundled	10/01/2012
A6221	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE AD	Bundled	10/01/2006
A6222	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, P	Bundled	10/01/2011
A6223	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, P	Bundled	10/01/2011

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A6224	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, P	Bundled	10/01/2011
A6228	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE 16 SQ. IN. OR LESS	Bundled	10/01/2006
A6229	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE MORE THAN 16 SQ. I	Bundled	10/01/2011
A6230	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE MORE THAN 48 SQ. I	Bundled	10/01/2006
A6231	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE 16 SQ.	Bundled	10/01/2012
A6232	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE GREATE	Bundled	10/01/2012
A6233	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE MORE T	Bundled	10/01/2012
A6234	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOU	Bundled	10/01/2012
A6235	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT L	Bundled	10/01/2012
A6236	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH	Bundled	10/01/2012
A6237	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH A	Bundled	10/01/2012
A6238	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT L	Bundled	10/01/2012
A6239	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH	Bundled	10/01/2006
A6240	HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, STERILE, PER OUNCE	Bundled	10/01/2012
A6241	HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, STERILE, PER GRAM	Bundled	10/01/2011
A6242	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT AD	Bundled	10/01/2012
A6243	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS	Bundled	10/01/2012
A6244	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT	Bundled	10/01/2012
A6245	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY S	Bundled	10/01/2012
A6246	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS	Bundled	10/01/2012
A6247	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY	Bundled	10/01/2012
A6248	HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OUNCE	Bundled	10/01/2012
A6250	SKIN SEALANTS, PROTECTANTS, MOISTURIZERS, OINTMENTS, ANY TYPE, ANY SIZE	Bundled	10/01/2006
A6251	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS	Bundled	10/01/2011
A6252	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. I	Bundled	10/01/2012
A6253	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. I	Bundled	10/01/2012
A6254	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS	Bundled	10/01/2011
A6255	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. I	Bundled	10/01/2011
A6256	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. I	Bundled	10/01/2006
A6257	TRANSPARENT FILM, STERILE, 16 SQ. IN. OR LESS, EACH DRESSING	Bundled	10/01/2011
A6258	TRANSPARENT FILM, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ.	Bundled	10/01/2011

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A6259	TRANSPARENT FILM, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING	Bundled	10/01/2012
A6260	WOUND CLEANSERS, ANY TYPE, ANY SIZE	Bundled	10/01/2006
A6261	WOUND FILLER, GEL/PASTE, PER FLUID OUNCE, NOT OTHERWISE SPECIFIED	Bundled	10/01/2006
A6262	WOUND FILLER, DRY FORM, PER GRAM, NOT OTHERWISE SPECIFIED	Bundled	10/01/2006
A6266	GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC PASTE, STERILE, ANY	Bundled	10/01/2012
A6402	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE	Bundled	10/01/2011
A6403	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. LESS THAN OR	Bundled	10/01/2011
A6404	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT	Bundled	10/01/2006
A6407	PACKING STRIPS, NON-IMPREGNATED, STERILE, UP TO 2 INCHES IN WIDTH, PER LINEAR YA	Bundled	10/01/2011
A6410	EYE PAD, STERILE, EACH	Bundled	10/01/2011
A6411	EYE PAD, NON-STERILE, EACH	Bundled	10/01/2006
A6412	EYE PATCH, OCCLUSIVE, EACH	Bundled	10/01/2006
A6413	ADHESIVE BANDAGE, FIRST-AID TYPE, ANY SIZE, EACH	CCR	01/01/2008
A6441	PADDING BANDAGE, NON-ELASTIC, NON-WOVEN/NON-KNITTED, WIDTH GREATER THAN OR	Bundled	10/01/2011
A6442	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH LESS THAN	Bundled	10/01/2011
A6443	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN	Bundled	10/01/2011
A6444	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN	Bundled	10/01/2012
A6445	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH LESS THAN THREE	Bundled	10/01/2011
A6446	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR	Bundled	10/01/2011
A6447	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR	Bundled	10/01/2011
A6448	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH LESS THAN THREE	Bundled	10/01/2011
A6449	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL	Bundled	10/01/2011
A6450	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL	Bundled	10/01/2006
A6451	MODERATE COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE OF 1.25	Bundled	10/01/2006
A6452	HIGH COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE GREATER THAN	Bundled	10/01/2011
A6453	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH LESS THAN THREE	Bundled	10/01/2011
A6454	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR	Bundled	10/01/2012
A6455	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR	Bundled	10/01/2012
A6456	ZINC PASTE IMPREGNATED BANDAGE, NON-ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN	Bundled	10/01/2011
A6457	TUBULAR DRESSING WITH OR WITHOUT ELASTIC, ANY WIDTH, PER LINEAR YARD	Bundled	10/01/2011
A6501	COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED	Bundled	10/01/2006

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A6502	COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED	Bundled	10/01/2006
A6503	COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED	Bundled	10/01/2006
A6504	COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED	Bundled	10/01/2006
A6505	COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED	Bundled	10/01/2006
A6506	COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED	Bundled	10/01/2006
A6507	COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED	Bundled	10/01/2006
A6508	COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED	Bundled	10/01/2006
A6509	COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST),	Bundled	10/01/2006
A6510	COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD),	Bundled	10/01/2006
A6511	COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PANTY), CUSTOM	Bundled	10/01/2006
A6512	COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED	Bundled	10/01/2006
A6513	COMPRESSION BURN MASK, FACE AND/OR NECK, PLASTIC OR EQUAL, CUSTOM FABRICATED	CCR	10/01/2006
A6530	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG, EACH	CCR	10/01/2006
A6531	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG, EACH	Bundled	10/01/2012
A6532	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG, EACH	Bundled	10/01/2012
A6533	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH	CCR	10/01/2006
A6534	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH	CCR	10/01/2006
A6535	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40-50 MMHG, EACH	CCR	10/01/2006
A6536	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 18-30 MMHG, EACH	CCR	10/01/2006
A6537	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 30-40 MMHG, EACH	CCR	10/01/2006
A6538	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 40-50 MMHG, EACH	CCR	10/01/2006
A6539	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 18-30 MMHG, EACH	CCR	10/01/2006
A6540	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 30-40 MMHG, EACH	CCR	10/01/2006
A6541	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 40-50 MMHG, EACH	CCR	10/01/2006
A6544	GRADIENT COMPRESSION STOCKING, GARTER BELT	CCR	10/01/2006
A6545	GRADIENT COMPRESSION WRAP, NON-ELASTIC, BELOW KNEE, 30-50 MM HG, EACH	Bundled	10/01/2012
A6549	GRADIENT COMPRESSION STOCKING/SLEEVE, NOT OTHERWISE SPECIFIED	CCR	10/01/2006
A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES AL	Bundled	10/01/2012
A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	\$7.40	10/01/2012
A7001	CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH	\$29.79	10/01/2012
A7002	TUBING, USED WITH SUCTION PUMP, EACH	\$3.45	10/01/2011

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A7003	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER,	\$2.47	10/01/2011
A7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	\$1.63	10/01/2012
A7005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER,	\$27.77	10/01/2012
A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	\$8.59	10/01/2012
A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	\$4.16	10/01/2012
A7008	LARGE VOLUME NEBULIZER, DISPOSABLE, PREFILLED, USED WITH AEROSOL COMPRESSOR	\$9.91	10/01/2012
A7009	RESERVOIR BOTTLE, NON-DISPOSABLE, USED WITH LARGE VOLUME ULTRASONIC NEBULIZER	\$37.87	10/01/2012
A7010	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET	\$21.25	10/01/2012
A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	\$3.41	10/01/2012
A7013	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	\$0.75	10/01/2011
A7014	FILTER, NONDISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	\$4.04	10/01/2011
A7015	AEROSOL MASK, USED WITH DME NEBULIZER	\$1.69	10/01/2011
A7016	DOME AND MOUTHPIECE, USED WITH SMALL VOLUME ULTRASONIC NEBULIZER	\$6.52	10/01/2011
A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH	\$120.72	10/01/2012
A7018	WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML	\$0.34	10/01/2011
A7020	INTERFACE FOR COUGH STIMULATING DEVICE, INCLUDES ALL COMPONENTS, REPLACEMENT ONL	\$12.56	10/01/2012
A7025	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST, REPLACEMENT FOR USE WITH	Bundled	10/01/2012
A7026	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM HOSE, REPLACEMENT FOR USE WITH	\$25.89	10/01/2012
A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVIC	\$161.54	10/01/2012
A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	\$44.62	10/01/2012
A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	\$18.23	10/01/2012
A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	\$146.44	10/01/2012
A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	\$54.16	10/01/2012
A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	\$31.46	10/01/2012
A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	\$22.05	10/01/2012
A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE	\$91.31	10/01/2012
A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	\$30.85	10/01/2012
A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	\$14.12	10/01/2012
A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	\$31.84	10/01/2012
A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	\$4.19	10/01/2012
A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	\$11.90	10/01/2012

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A7040	ONE WAY CHEST DRAIN VALVE	Bundled	10/01/2012
A7041	WATER SEAL DRAINAGE CONTAINER AND TUBING FOR USE WITH IMPLANTED CHEST TUBE	Bundled	10/01/2012
A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	\$93.85	10/01/2012
A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE	\$15.11	10/01/2012
A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE,	\$15.14	10/01/2012
A7047	ORAL INTERFACE USED WITH RESPIRATORY SUCTION PUMP, EACH	Bundled	01/01/2014
A7048	VACUUM DRAINAGE COLLECTION UNIT AND TUBING KIT, INCLUDING ALL SUPPLIES NEEDED FO	Bundled	01/01/2015
A7501	TRACHEOSTOMA VALVE, INCLUDING DIAPHRAGM, EACH	Bundled	10/01/2012
A7502	REPLACEMENT DIAPHRAGM/FACEPLATE FOR TRACHEOSTOMA VALVE, EACH	Bundled	10/01/2012
A7503	FILTER HOLDER OR FILTER CAP, REUSABLE, FOR USE IN A TRACHEOSTOMA HEAT AND	Bundled	10/01/2012
A7504	FILTER FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	Bundled	10/01/2011
A7505	HOUSING, REUSABLE WITHOUT ADHESIVE, FOR USE IN A HEAT AND MOISTURE EXCHANGE	Bundled	10/01/2012
A7506	ADHESIVE DISC FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH	Bundled	10/01/2011
A7507	FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE, FOR USE IN A TRACHEOSTOMA	Bundled	10/01/2011
A7508	HOUSING AND INTEGRATED ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE	Bundled	10/01/2011
A7509	FILTER HOLDER AND INTEGRATED FILTER HOUSING, AND ADHESIVE, FOR USE AS A	Bundled	10/01/2011
A7520	TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE	Bundled	10/01/2012
A7521	TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR	Bundled	10/01/2012
A7522	TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL (STERILIZABLE AND	Bundled	10/01/2012
A7523	TRACHEOSTOMY SHOWER PROTECTOR, EACH	Bundled	10/01/2006
A7524	TRACHEOSTOMA STENT/STUD/BUTTON, EACH	Bundled	10/01/2012
A7525	TRACHEOSTOMY MASK, EACH	Bundled	10/01/2011
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH	Bundled	10/01/2011
A7527	TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH	Bundled	10/01/2012
A8000	HELMET, PROTECTIVE, SOFT, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	\$138.12	10/01/2012
A8001	HELMET, PROTECTIVE, HARD, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	\$138.12	10/01/2012
A8002	HELMET, PROTECTIVE, SOFT, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSO	CCR	01/01/2007
A8003	HELMET, PROTECTIVE, HARD, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSO	CCR	01/01/2007
A8004	SOFT INTERFACE FOR HELMET, REPLACEMENT ONLY	CCR	01/01/2007
A9155	ARTIFICIAL SALIVA, 30 ML	CCR	01/01/2008
A9272	WOUND SUCTION, DISPOSABLE, INCLUDES DRESSING, ALL ACCESSORIES AND COMPONENTS, AN	CCR	01/01/2012

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A9274	EXTERNAL AMBULATORY INSULIN DELIVERY SYSTEM, DISPOSABLE, EACH, INCLUDES ALL SUPP	CCR	01/01/2008
A9276	SENSOR; INVASIVE (E.G. SUBCUTANEOUS), DISPOSABLE, FOR USE WITH INTERSTITIAL CONT	CCR	01/01/2008
A9277	TRANSMITTER; EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING S	CCR	01/01/2008
A9278	RECEIVER (MONITOR); EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONIT	CCR	01/01/2008
A9281	REACHING/GRABBING DEVICE, ANY TYPE, ANY LENGTH, EACH	CCR	10/01/2006
A9283	FOOT PRESSURE OFF LOADING/SUPPORTIVE DEVICE, ANY TYPE, EACH	CCR	01/01/2008
A9284	SPIROMETER, NON-ELECTRONIC, INCLUDES ALL ACCESSORIES	Bundled	01/01/2009
A9285	INVERSION/EVERSION CORRECTION DEVICE	CCR	01/01/2017
A9286	HYGIENIC ITEM OR DEVICE, DISPOSABLE OR NON-DISPOSABLE, ANY TYPE, EACH	CCR	01/01/2017
A9300	EXERCISE EQUIPMENT	CCR	10/01/2006
A9500	TECHNETIUM TC-99M SESTAMIBI, DIAGNOSTIC, PER STUDY DOSE	Bundled	10/01/2012
A9501	TECHNETIUM TC-99M TEBOROXIME, DIAGNOSTIC, PER STUDY DOSE	Bundled	01/01/2008
A9502	TECHNETIUM TC-99M TETROFOSMIN, DIAGNOSTIC, PER STUDY DOSE	Bundled	10/01/2012
A9503	TECHNETIUM TC-99M MEDRONATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES	Bundled	10/01/2012
A9504	TECHNETIUM TC-99M APCITIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 20 MILLICURIES	Bundled	10/01/2012
A9505	THALLIUM TL-201 THALLOUS CHLORIDE, DIAGNOSTIC, PER MILLICURIE	Bundled	10/01/2012
A9507	INDIUM IN-111 CAPROMAB PENDETIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURI	Bundled	10/01/2012
A9508	IODINE I-131 IOBENGUANE SULFATE, DIAGNOSTIC, PER 0.5 MILLICURIE	Bundled	10/01/2012
A9509	IODINE I-123 SODIUM IODIDE, DIAGNOSTIC, PER MILLICURIE	Bundled	01/01/2008
A9510	TECHNETIUM TC-99M DISOFENIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	Bundled	10/01/2012
A9512	TECHNETIUM TC-99M PERTECHNETATE, DIAGNOSTIC, PER MILLICURIE	Bundled	10/01/2012
A9515	CHOLINE C-11, DIAGNOSTIC, PER STUDY UP TO 20 MILLICURIES	\$4,750.95	01/01/2017
A9516	IODINE I-123 SODIUM IODIDE, DIAGNOSTIC, PER 100 MICROCURIES, UP TO 999 MICROCURI	Bundled	10/01/2012
A9517	IODINE I-131 SODIUM IODIDE CAPSULE(S), THERAPEUTIC, PER MILLICURIE	\$33.92	10/01/2016
A9520	TECHNETIUM TC-99M, TILMANOCEPT, DIAGNOSTIC, UP TO 0.5 MILLICURIES	Bundled	10/01/2015
A9521	TECHNETIUM TC-99M EXAMETAZIME, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	Bundled	10/01/2012
A9524	IODINE I-131 IODINATED SERUM ALBUMIN, DIAGNOSTIC, PER 5 MICROCURIES	Bundled	10/01/2012
A9526	NITROGEN N-13 AMMONIA, DIAGNOSTIC, PER STUDY DOSE, UP TO 40 MILLICURIES	Bundled	01/01/2012
A9527	IODINE I-125, SODIUM IODIDE SOLUTION, THERAPEUTIC, PER MILLICURIE	\$5.95	10/01/2016
A9528	IODINE I-131 SODIUM IODIDE CAPSULE(S), DIAGNOSTIC, PER MILLICURIE	Bundled	01/01/2012
A9529	IODINE I-131 SODIUM IODIDE SOLUTION, DIAGNOSTIC, PER MILLICURIE	Bundled	01/01/2012

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A9530	IODINE I-131 SODIUM IODIDE SOLUTION, THERAPEUTIC, PER MILLICURIE	\$8.57	10/01/2016
A9531	IODINE I-131 SODIUM IODIDE, DIAGNOSTIC, PER MICROCURIE (UP TO 100 MICROCURIES)	Bundled	10/01/2006
A9532	IODINE I-125 SERUM ALBUMIN, DIAGNOSTIC, PER 5 MICROCURIES	Bundled	10/01/2006
A9536	TECHNETIUM TC-99M DEPREOTIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 35 MILLICURIES	Bundled	10/01/2012
A9537	TECHNETIUM TC-99M MEBROFENIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	Bundled	10/01/2012
A9538	TECHNETIUM TC-99M PYROPHOSPHATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIE	Bundled	10/01/2012
A9539	TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	Bundled	10/01/2012
A9540	TECHNETIUM TC-99M MACROAGGREGATED ALBUMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 10	Bundled	10/01/2012
A9541	TECHNETIUM TC-99M SULFUR COLLOID, DIAGNOSTIC, PER STUDY DOSE, UP TO 20 MILLICURI	Bundled	10/01/2006
A9542	INDIUM IN-111 IBRITUMOMAB TIUXETAN, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICUR	Bundled	10/01/2012
A9543	YTTRIUM Y-90 IBRITUMOMAB TIUXETAN, THERAPEUTIC, PER TREATMENT DOSE, UP TO 40 MIL	\$38,943.36	10/01/2016
A9546	COBALT CO-57/58, CYANOCOBALAMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 1 MICROCURIE	Bundled	10/01/2012
A9547	INDIUM IN-111 OXYQUINOLINE, DIAGNOSTIC, PER 0.5 MILLICURIE	Bundled	10/01/2012
A9548	INDIUM IN-111 PENTETATE, DIAGNOSTIC, PER 0.5 MILLICURIE	Bundled	10/01/2012
A9550	TECHNETIUM TC-99M SODIUM GLUCEPTATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLIC	Bundled	10/01/2006
A9551	TECHNETIUM TC-99M SUCCIMER, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIES	Bundled	10/01/2012
A9552	FLUORODEOXYGLUCOSE F-18 FDG, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES	Bundled	01/01/2012
A9553	CHROMIUM CR-51 SODIUM CHROMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 250 MICROCURIE	Bundled	10/01/2012
A9554	IODINE I-125 SODIUM IOTHALAMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MICROCURIE	Bundled	10/01/2012
A9555	RUBIDIUM RB-82, DIAGNOSTIC, PER STUDY DOSE, UP TO 60 MILLICURIES	Bundled	10/01/2012
A9556	GALLIUM GA-67 CITRATE, DIAGNOSTIC, PER MILLICURIE	Bundled	10/01/2012
A9557	TECHNETIUM TC-99M BICISATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	Bundled	10/01/2012
A9558	XENON XE-133 GAS, DIAGNOSTIC, PER 10 MILLICURIES	Bundled	10/01/2012
A9559	COBALT CO-57 CYANOCOBALAMIN, ORAL, DIAGNOSTIC, PER STUDY DOSE, UP TO 1 MICROCURI	Bundled	10/01/2012
A9560	TECHNETIUM TC-99M LABELED RED BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE, UP TO 30	Bundled	10/01/2012
A9561	TECHNETIUM TC-99M OXIDRONATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES	Bundled	10/01/2012
A9562	TECHNETIUM TC-99M MERTIATIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	Bundled	10/01/2012
A9563	SODIUM PHOSPHATE P-32, THERAPEUTIC, PER MILLICURIE	\$178.00	10/01/2016
A9564	CHROMIC PHOSPHATE P-32 SUSPENSION, THERAPEUTIC, PER MILLICURIE	\$755.67	10/01/2016
A9566	TECHNETIUM TC-99M FANOLESOMAB, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	Bundled	01/01/2012
A9567	TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC, AEROSOL, PER STUDY DOSE, UP TO 75 MILLI	Bundled	10/01/2006

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A9568	TECHNETIUM TC-99M ARCITUMOMAB, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES	Bundled	10/01/2012
A9569	TECHNETIUM TC-99M EXAMETAZIME LABELED AUTOLOGOUS WHITE BLOOD CELLS, DIAGNOSTIC,	Bundled	10/01/2012
A9570	INDIUM IN-111 LABELED AUTOLOGOUS WHITE BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE	Bundled	10/01/2012
A9571	INDIUM IN-111 LABELED AUTOLOGOUS PLATELETS, DIAGNOSTIC, PER STUDY DOSE	Bundled	01/01/2008
A9572	INDIUM IN-111 PENTETREOTIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 6 MILLICURIES	Bundled	10/01/2012
A9575	INJECTION, GADOTERATE MEGLUMINE, 0.1 ML	Bundled	01/01/2014
A9576	INJECTION, GADOTERIDOL, (PROHANCE MULTIPACK), PER ML	Bundled	10/01/2012
A9577	INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE), PER ML	Bundled	10/01/2012
A9578	INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE MULTIPACK), PER ML	Bundled	10/01/2012
A9579	INJECTION, GADOLINIUM-BASED MAGNETIC RESONANCE CONTRAST AGENT, NOT OTHERWISE SPE	Bundled	10/01/2012
A9580	SODIUM FLUORIDE F-18, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES	Bundled	01/01/2009
A9581	INJECTION, GADOXETATE DISODIUM, 1 ML	Bundled	10/01/2012
A9582	IODINE I-123 IOBENGUANE, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	Bundled	10/01/2011
A9583	INJECTION, GADOFOSVESET TRISODIUM, 1 ML	Bundled	10/01/2012
A9584	IODINE 1-123 IOFLUPANE, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES	Bundled	10/01/2013
A9585	INJECTION, GADOBUTROL, 0.1 ML	Bundled	10/01/2012
A9586	FLORBETAPIR F18, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURRIES	\$2,297.13	10/01/2016
A9587	GALLIUM GA-68, DOTATATE, DIAGNOSTIC, 0.1 MILLICURIE	\$55.63	01/01/2017
A9588	FLUCICLOVINE F-18, DIAGNOSTIC, 1 MILLICURIE	\$324.69	01/01/2017
A9597	POSITRON EMISSION TOMOGRAPHY RADIOPHARMACEUTICAL, DIAGNOSTIC, FOR TUMOR IDENTIFI	Bundled	01/01/2017
A9598	POSITRON EMISSION TOMOGRAPHY RADIOPHARMACEUTICAL, DIAGNOSTIC, FOR NON-TUMOR IDEN	Bundled	01/01/2017
A9599	RADIOPHARMACEUTICAL, DIAGNOSTIC, FOR BETA-AMYLOID POSITRON EMISSION TOMOGRAPHY (	Bundled	01/01/2014
A9600	STRONTIUM SR-89 CHLORIDE, THERAPEUTIC, PER MILLICURIE	\$982.08	10/01/2016
A9604	SAMARIUM SM-153 LEXIDRONAM, THERAPEUTIC, PER TREATMENT DOSE, UP TO 150	\$9,173.71	10/01/2016
A9606	RADIUM RA-223 DICHLORIDE, THERAPEUTIC, PER MICROCURIE	\$102.61	10/01/2016
A9698	NON-RADIOACTIVE CONTRAST IMAGING MATERIAL, NOT OTHERWISE CLASSIFIED, PER STUDY	Bundled	10/01/2006
A9699	RADIOPHARMACEUTICAL, THERAPEUTIC, NOT OTHERWISE CLASSIFIED	Bundled	10/01/2006
A9700	SUPPLY OF INJECTABLE CONTRAST MATERIAL FOR USE IN ECHOCARDIOGRAPHY, PER STUDY	Bundled	10/01/2006
A9900	MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS C	CCR	10/01/2006
A9901	DME DELIVERY, SET UP, AND/OR DISPENSING SERVICE COMPONENT OF ANOTHER HCPCS CODE	CCR	10/01/2006
A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED	CCR	10/01/2006

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B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FE	\$5.08	10/01/2011
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEED	\$9.69	10/01/2012
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FE	\$6.66	10/01/2012
B4081	NASOGASTRIC TUBING WITH STYLET	\$17.98	10/01/2012
B4082	NASOGASTRIC TUBING WITHOUT STYLET	\$13.37	10/01/2012
B4083	STOMACH TUBE - LEVINE TYPE	\$2.05	10/01/2011
B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH	\$29.67	10/01/2012
B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH	\$29.67	10/01/2012
B4100	FOOD THICKENER, ADMINISTERED ORALLY, PER OUNCE	CCR	10/01/2006
B4102	ENTERAL FORMULA, FOR ADULTS, USED TO REPLACE FLUIDS AND ELECTROLYTES (E.G.	CCR	10/01/2006
B4103	ENTERAL FORMULA, FOR PEDIATRICS, USED TO REPLACE FLUIDS AND ELECTROLYTES (E.G.	CCR	10/01/2006
B4104	ADDITIVE FOR ENTERAL FORMULA (E.G. FIBER)	CCR	10/01/2006
B4149	ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, I	\$1.31	10/01/2012
B4150	ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES	\$0.56	10/01/2011
B4152	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICALLY DENSE (EQUAL TO OR GREATER	\$0.46	10/01/2011
B4153	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS AND	\$1.58	10/01/2012
B4154	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES	\$1.01	10/01/2011
B4155	ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC	\$0.79	10/01/2011
B4157	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS FOR	CCR	10/01/2006
B4158	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS,	CCR	10/01/2006
B4159	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE SOY BASED WITH INTACT	CCR	10/01/2006
B4160	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALORICALLY DENSE	CCR	10/01/2006
B4161	ENTERAL FORMULA, FOR PEDIATRICS, HYDROLYZED/AMINO ACIDS AND PEPTIDE CHAIN	CCR	10/01/2006
B4162	ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE	CCR	10/01/2006
B4164	PARENTERAL NUTRITION SOLUTION: CARBOHYDRATES (DEXTROSE), 50% OR LESS (500 ML =	\$15.89	10/01/2012
B4168	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 3.5%, (500 ML = 1 UNIT) - HOMEMIX	\$23.17	10/01/2012
B4172	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 5.5% THROUGH 7%, (500 ML = 1 UNIT) -	CCR	10/01/2006
B4176	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 7% THROUGH 8.5%, (500 ML = 1 UNIT) -	\$44.83	10/01/2012
B4178	PARENTERAL NUTRITION SOLUTION: AMINO ACID, GREATER THAN 8.5% (500 ML = 1 UNIT)	\$53.81	10/01/2012
B4180	PARENTERAL NUTRITION SOLUTION; CARBOHYDRATES (DEXTROSE), GREATER THAN 50% (500	\$22.81	10/01/2012
B4185	PARENTERAL NUTRITION SOLUTION, PER 10 GRAMS LIPIDS	\$10.51	10/01/2012

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B4189	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH	\$166.24	10/01/2012
B4193	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH	\$214.82	10/01/2012
B4197	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH	\$261.53	10/01/2012
B4199	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH	\$298.84	10/01/2012
B4216	PARENTERAL NUTRITION; ADDITIVES (VITAMINS, TRACE ELEMENTS, HEPARIN,	\$7.22	10/01/2012
B4220	PARENTERAL NUTRITION SUPPLY KIT; PREMIX, PER DAY	\$7.49	10/01/2012
B4222	PARENTERAL NUTRITION SUPPLY KIT; HOME MIX, PER DAY	\$9.23	10/01/2012
B4224	PARENTERAL NUTRITION ADMINISTRATION KIT, PER DAY	\$23.39	10/01/2012
B5000	PARENTERAL NUTRITION SOLUTION COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECT	\$11.12	10/01/2012
B5100	PARENTERAL NUTRITION SOLUTION COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECT	\$4.34	10/01/2011
B5200	PARENTERAL NUTRITION SOLUTION COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECT	CCR	10/01/2006
B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	\$1,019.66	10/01/2012
B9004	PARENTERAL NUTRITION INFUSION PUMP, PORTABLE	\$2,359.81	10/01/2012
B9006	PARENTERAL NUTRITION INFUSION PUMP, STATIONARY	\$2,359.81	10/01/2012
B9998	NOC FOR ENTERAL SUPPLIES	CCR	10/01/2006
B9999	NOC FOR PARENTERAL SUPPLIES	CCR	10/01/2006
C1713	ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-TO-BONE (IMPLANTABLE)	Bundled	10/01/2006
C1714	CATHETER, TRANSLUMINAL ATHERECTOMY, DIRECTIONAL	Bundled	10/01/2006
C1715	BRACHYTHERAPY NEEDLE	Bundled	10/01/2006
C1716	BRACHYTHERAPY SOURCE, NON-STRANDED, GOLD-198, PER SOURCE	\$37.96	10/01/2016
C1717	BRACHYTHERAPY SOURCE, NON-STRANDED, HIGH DOSE RATE IRIIDIUM-192, PER SOURCE	\$245.08	10/01/2016
C1719	BRACHYTHERAPY SOURCE, NON-STRANDED, NON-HIGH DOSE RATE IRIIDIUM-192, PER SOURCE	\$77.61	10/01/2016
C1721	CARDIOVERTER-DEFIBRILLATOR, DUAL CHAMBER (IMPLANTABLE)	Bundled	10/01/2006
C1722	CARDIOVERTER-DEFIBRILLATOR, SINGLE CHAMBER (IMPLANTABLE)	Bundled	10/01/2006
C1724	CATHETER, TRANSLUMINAL ATHERECTOMY, ROTATIONAL	Bundled	10/01/2006
C1725	CATHETER, TRANSLUMINAL ANGIOPLASTY, NON-LASER (MAY INCLUDE GUIDANCE,	Bundled	10/01/2006
C1726	CATHETER, BALLOON DILATATION, NON-VASCULAR	Bundled	10/01/2006
C1727	CATHETER, BALLOON TISSUE DISSECTOR, NON-VASCULAR (INSERTABLE)	Bundled	10/01/2006
C1728	CATHETER, BRACHYTHERAPY SEED ADMINISTRATION	Bundled	10/01/2006
C1729	CATHETER, DRAINAGE	Bundled	10/01/2006
C1730	CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC, OTHER THAN 3D MAPPING (19 OR FEWER	Bundled	10/01/2006

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C1731	CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC, OTHER THAN 3D MAPPING (20 OR MORE	Bundled	10/01/2006
C1732	CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC/ABLATION, 3D OR VECTOR MAPPING	Bundled	10/01/2006
C1733	CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC/ABLATION, OTHER THAN 3D OR VECTOR	Bundled	10/01/2006
C1749	ENDOSCOPE, RETROGRADE IMAGING/ILLUMINATION COLONOSCOPE DEVICE (IMPLANTABLE)	Bundled	10/01/2010
C1750	CATHETER, HEMODIALYSIS/PERITONEAL, LONG-TERM	Bundled	10/01/2006
C1751	CATHETER, INFUSION, INSERTED PERIPHERALLY, CENTRALLY OR MIDLINE (OTHER THAN	Bundled	10/01/2006
C1752	CATHETER, HEMODIALYSIS/PERITONEAL, SHORT-TERM	Bundled	10/01/2006
C1753	CATHETER, INTRAVASCULAR ULTRASOUND	Bundled	10/01/2006
C1754	CATHETER, INTRADISCAL	Bundled	10/01/2006
C1755	CATHETER, INTRASPINAL	Bundled	10/01/2006
C1756	CATHETER, PACING, TRANSESOPHAGEAL	Bundled	10/01/2006
C1757	CATHETER, THROMBECTOMY/EMBOLECTOMY	Bundled	10/01/2006
C1758	CATHETER, URETERAL	Bundled	10/01/2006
C1759	CATHETER, INTRACARDIAC ECHOCARDIOGRAPHY	Bundled	10/01/2006
C1760	CLOSURE DEVICE, VASCULAR (IMPLANTABLE/INSERTABLE)	Bundled	10/01/2006
C1762	CONNECTIVE TISSUE, HUMAN (INCLUDES FASCIA LATA)	Bundled	10/01/2006
C1763	CONNECTIVE TISSUE, NON-HUMAN (INCLUDES SYNTHETIC)	Bundled	10/01/2006
C1764	EVENT RECORDER, CARDIAC (IMPLANTABLE)	Bundled	10/01/2006
C1765	ADHESION BARRIER	Bundled	10/01/2006
C1766	INTRODUCER/SHEATH, GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, STEERABLE, OTHER	Bundled	10/01/2006
C1767	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), NON-RECHARGEABLE	Bundled	10/01/2006
C1768	GRAFT, VASCULAR	Bundled	10/01/2006
C1769	GUIDE WIRE	Bundled	10/01/2006
C1770	IMAGING COIL, MAGNETIC RESONANCE (INSERTABLE)	Bundled	10/01/2006
C1771	REPAIR DEVICE, URINARY, INCONTINENCE, WITH SLING GRAFT	Bundled	10/01/2006
C1772	INFUSION PUMP, PROGRAMMABLE (IMPLANTABLE)	Bundled	10/01/2006
C1773	RETRIEVAL DEVICE, INSERTABLE (USED TO RETRIEVE FRACTURED MEDICAL DEVICES)	Bundled	10/01/2006
C1776	JOINT DEVICE (IMPLANTABLE)	Bundled	10/01/2006
C1777	LEAD, CARDIOVERTER-DEFIBRILLATOR, ENDOCARDIAL SINGLE COIL (IMPLANTABLE)	Bundled	10/01/2006
C1778	LEAD, NEUROSTIMULATOR (IMPLANTABLE)	Bundled	10/01/2006
C1779	LEAD, PACEMAKER, TRANSVENOUS VDD SINGLE PASS	Bundled	10/01/2006

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C1780	LENS, INTRAOCULAR (NEW TECHNOLOGY)	Bundled	10/01/2006
C1781	MESH (IMPLANTABLE)	Bundled	10/01/2006
C1782	MORCELLATOR	Bundled	10/01/2006
C1783	OCULAR IMPLANT, AQUEOUS DRAINAGE ASSIST DEVICE	Bundled	10/01/2006
C1784	OCULAR DEVICE, INTRAOPERATIVE, DETACHED RETINA	Bundled	10/01/2006
C1785	PACEMAKER, DUAL CHAMBER, RATE-RESPONSIVE (IMPLANTABLE)	Bundled	10/01/2006
C1786	PACEMAKER, SINGLE CHAMBER, RATE-RESPONSIVE (IMPLANTABLE)	Bundled	10/01/2006
C1787	PATIENT PROGRAMMER, NEUROSTIMULATOR	Bundled	10/01/2006
C1788	PORT, INDWELLING (IMPLANTABLE)	Bundled	10/01/2006
C1789	PROSTHESIS, BREAST (IMPLANTABLE)	Bundled	10/01/2006
C1813	PROSTHESIS, PENILE, INFLATABLE	Bundled	10/01/2006
C1814	RETINAL TAMPONADE DEVICE, SILICONE OIL	Bundled	10/01/2006
C1815	PROSTHESIS, URINARY SPHINCTER (IMPLANTABLE)	Bundled	10/01/2006
C1816	RECEIVER AND/OR TRANSMITTER, NEUROSTIMULATOR (IMPLANTABLE)	Bundled	10/01/2006
C1817	SEPTAL DEFECT IMPLANT SYSTEM, INTRACARDIAC	Bundled	10/01/2006
C1818	INTEGRATED KERATOPROSTHESIS	Bundled	10/01/2006
C1819	SURGICAL TISSUE LOCALIZATION AND EXCISION DEVICE (IMPLANTABLE)	Bundled	10/01/2006
C1820	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), NON HIGH-FREQUENCY WITH RECHARGEABLE B	Bundled	10/01/2006
C1821	INTERSPINOUS PROCESS DISTRACTION DEVICE (IMPLANTABLE)	Bundled	01/01/2007
C1822	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), HIGH FREQUENCY, WITH RECHARGEABLE BATT	CCR	01/01/2016
C1874	STENT, COATED/COVERED, WITH DELIVERY SYSTEM	Bundled	10/01/2006
C1875	STENT, COATED/COVERED, WITHOUT DELIVERY SYSTEM	Bundled	10/01/2006
C1876	STENT, NON-COATED/NON-COVERED, WITH DELIVERY SYSTEM	Bundled	10/01/2006
C1877	STENT, NON-COATED/NON-COVERED, WITHOUT DELIVERY SYSTEM	Bundled	10/01/2006
C1878	MATERIAL FOR VOCAL CORD MEDIALIZATION, SYNTHETIC (IMPLANTABLE)	Bundled	10/01/2006
C1880	VENA CAVA FILTER	Bundled	10/01/2006
C1881	DIALYSIS ACCESS SYSTEM (IMPLANTABLE)	Bundled	10/01/2006
C1882	CARDIOVERTER-DEFIBRILLATOR, OTHER THAN SINGLE OR DUAL CHAMBER (IMPLANTABLE)	Bundled	10/01/2006
C1883	ADAPTOR/EXTENSION, PACING LEAD OR NEUROSTIMULATOR LEAD (IMPLANTABLE)	Bundled	10/01/2006
C1884	EMBOLIZATION PROTECTIVE SYSTEM	Bundled	10/01/2006
C1885	CATHETER, TRANSLUMINAL ANGIOPLASTY, LASER	Bundled	10/01/2006

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C1886	CATHETER, EXTRAVASCULAR TISSUE ABLATION, ANY MODALITY (INSERTABLE)	Bundled	01/01/2012
C1887	CATHETER, GUIDING (MAY INCLUDE INFUSION/PERFUSION CAPABILITY)	Bundled	10/01/2006
C1888	CATHETER, ABLATION, NON-CARDIAC, ENDOVASCULAR (IMPLANTABLE)	Bundled	10/01/2006
C1889	IMPLANTABLE/INSERTABLE DEVICE, FOR DEVICE INTENSIVE PROCEDURE, NOT OTHERWISE CLA	Bundled	01/01/2017
C1891	INFUSION PUMP, NON-PROGRAMMABLE, PERMANENT (IMPLANTABLE)	Bundled	10/01/2006
C1892	INTRODUCER/SHEATH, GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, FIXED-CURVE,	Bundled	10/01/2006
C1893	INTRODUCER/SHEATH, GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, FIXED-CURVE,	Bundled	10/01/2006
C1894	INTRODUCER/SHEATH, OTHER THAN GUIDING, OTHER THAN INTRACARDIAC ELECTROPHYSIOLOGI	Bundled	10/01/2006
C1895	LEAD, CARDIOVERTER-DEFIBRILLATOR, ENDOCARDIAL DUAL COIL (IMPLANTABLE)	Bundled	10/01/2006
C1897	LEAD, NEUROSTIMULATOR TEST KIT (IMPLANTABLE)	Bundled	10/01/2006
C1898	LEAD, PACEMAKER, OTHER THAN TRANSVENOUS VDD SINGLE PASS	Bundled	10/01/2006
C1899	LEAD, PACEMAKER/CARDIOVERTER-DEFIBRILLATOR COMBINATION (IMPLANTABLE)	Bundled	10/01/2006
C1900	LEAD, LEFT VENTRICULAR CORONARY VENOUS SYSTEM	Bundled	10/01/2006
C2613	LUNG BIOPSY PLUG WITH DELIVERY SYSTEM	CCR	07/01/2015
C2614	PROBE, PERCUTANEOUS LUMBAR DISCECTOMY	Bundled	10/01/2006
C2615	SEALANT, PULMONARY, LIQUID	Bundled	10/01/2006
C2616	BRACHYTHERAPY SOURCE, NON-STRANDED, YTTRIUM-90, PER SOURCE	\$13,354.09	10/01/2016
C2617	STENT, NON-CORONARY, TEMPORARY, WITHOUT DELIVERY SYSTEM	Bundled	10/01/2006
C2618	PROBE/NEEDLE, CRYOABLATION	Bundled	10/01/2006
C2619	PACEMAKER, DUAL CHAMBER, NON RATE-RESPONSIVE (IMPLANTABLE)	Bundled	10/01/2006
C2620	PACEMAKER, SINGLE CHAMBER, NON RATE-RESPONSIVE (IMPLANTABLE)	Bundled	10/01/2006
C2621	PACEMAKER, OTHER THAN SINGLE OR DUAL CHAMBER (IMPLANTABLE)	Bundled	10/01/2006
C2622	PROSTHESIS, PENILE, NON-INFLATABLE	Bundled	10/01/2006
C2625	STENT, NON-CORONARY, TEMPORARY, WITH DELIVERY SYSTEM	Bundled	10/01/2006
C2626	INFUSION PUMP, NON-PROGRAMMABLE, TEMPORARY (IMPLANTABLE)	Bundled	10/01/2006
C2627	CATHETER, SUPRAPUBIC/CYSTOSCOPIC	Bundled	10/01/2006
C2628	CATHETER, OCCLUSION	Bundled	10/01/2006
C2629	INTRODUCER/SHEATH, OTHER THAN GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, LASER	Bundled	10/01/2006
C2630	CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC/ABLATION, OTHER THAN 3D OR VECTOR	Bundled	10/01/2006
C2631	REPAIR DEVICE, URINARY, INCONTINENCE, WITHOUT SLING GRAFT	Bundled	10/01/2006
C2634	BRACHYTHERAPY SOURCE, NON-STRANDED, HIGH ACTIVITY, IODINE-125, GREATER THAN 1.01	\$71.00	10/01/2016

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C2635	BRACHYTHERAPY SOURCE, NON-STRANDED, HIGH ACTIVITY, PALADIUM-103, GREATER THAN 2.	\$29.37	10/01/2016
C2636	BRACHYTHERAPY LINEAR SOURCE, NON-STRANDED, PALADIUM-103, PER 1 MM	\$11.87	10/01/2016
C2637	BRACHYTHERAPY SOURCE, NON-STRANDED, YTTERBIUM-169, PER SOURCE	CCR	10/01/2006
C2638	BRACHYTHERAPY SOURCE, STRANDED, IODINE-125, PER SOURCE	\$31.75	10/01/2016
C2639	BRACHYTHERAPY SOURCE, NON-STRANDED, IODINE-125, PER SOURCE	\$30.54	10/01/2016
C2640	BRACHYTHERAPY SOURCE, STRANDED, PALLADIUM-103. PER SOURCE	\$57.33	10/01/2016
C2641	BRACHYTHERAPY SOURCE, STRANDED, PALLADIUM-103 PER SOURCE	\$55.20	10/01/2016
C2642	BRACHYTHERAPY SOURCE, STRANDED, CESIUM0131, PER SOURCE	\$72.17	10/01/2016
C2643	BRACHYTHERAPY SOURCE, NON-STRANDED CESIUM-131, PER SOURCE	\$43.49	10/01/2016
C2644	BRACHYTHERAPY SOURCE, CESIUM-131 CHLORIDE SOLUTION, PER MILLICURIE	\$10.34	10/01/2016
C2645	BRACHYTHERAPY PLANAR SOURCE, PALLADIUM-103, PER SQUARE MILLIMETER	\$3.91	10/01/2016
C2698	BRACHYTHERAPY SOURCE, STRANDED, NOT OTHERWISE SPECIFIED, PERSOURCE	\$31.75	10/01/2016
C2699	BRACHYTHERAPY SOURCE, NON-STRANDED, NOT OTHERWISE SPECIFIED,PER SOURCE	\$11.87	10/01/2016
C5271	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND	\$375.62	10/01/2017
C5272	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND	Bundled	01/01/2014
C5273	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND	\$1,183.62	10/01/2017
C5274	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND	Bundled	01/01/2014
C5275	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO FACE,SCALP, EYELIDS, MOUTH, NEC	\$375.62	10/01/2017
C5276	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO FACE,SCALP, EYELIDS, MOUTH, NEC	Bundled	01/01/2014
C5277	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO FACE,SCALP, EYELIDS, MOUTH, NEC	\$375.62	10/01/2017
C5278	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO FACE,SCALP, EYELIDS, MOUTH, NEC	Bundled	01/01/2014
C8900	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, ABDOMEN	\$219.70	10/01/2017
C8901	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, ABDOMEN	\$187.28	10/01/2017
C8902	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST,	\$353.59	10/01/2017
C8903	MAGNETIC RESONANCE IMAGING WITH CONTRAST, BREAST; UNILATERAL	\$219.70	10/01/2017
C8904	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST, BREAST; UNILATERAL	\$187.28	10/01/2017
C8905	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, BREAST;	\$353.59	10/01/2017
C8906	MAGNETIC RESONANCE IMAGING WITH CONTRAST, BREAST; BILATERAL	\$353.59	10/01/2017
C8907	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST, BREAST; BILATERAL	\$372.78	10/01/2017
C8908	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, BREAST;	\$353.59	10/01/2017
C8909	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, CHEST (EXCLUDING MYOCARDIUM)	\$219.70	10/01/2017

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C8910	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, CHEST (EXCLUDING MYOCARDIUM)	\$187.28	10/01/2017
C8911	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST,	\$353.59	10/01/2017
C8912	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, LOWER EXTREMITY	\$353.59	10/01/2017
C8913	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, LOWER EXTREMITY	\$187.28	10/01/2017
C8914	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST,	\$353.59	10/01/2017
C8918	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, PELVIS	\$219.70	10/01/2017
C8919	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, PELVIS	\$187.28	10/01/2017
C8920	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST,	\$353.59	10/01/2017
C8921	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WI	\$544.58	10/01/2017
C8922	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WI	\$544.58	10/01/2017
C8923	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WI	\$544.58	10/01/2017
C8924	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WI	\$353.59	10/01/2017
C8925	TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE) WITH CONTRAST, OR WITHOUT CONTRAST FOLLOW	\$544.58	10/01/2017
C8926	TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE) WITH CONTRAST, OR WITHOUT CONTRAST FOLLOW	\$544.58	10/01/2017
C8927	TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE) WITH CONTRAST, OR WITHOUT CONTRAST FOLLOW	\$544.58	10/01/2017
C8928	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WI	\$544.58	10/01/2017
C8929	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WI	\$544.58	10/01/2017
C8930	TRANSTHORACIC ECHOCARDIOGRAPHY, WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY W	\$544.58	10/01/2017
C8931	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, SPINAL CANAL AND CONTENTS	\$353.59	10/01/2017
C8932	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, SPINAL CANAL AND CONTENTS	\$187.28	10/01/2017
C8933	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, SPINA	\$353.59	10/01/2017
C8934	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, UPPER EXTREMITY	\$219.70	10/01/2017
C8935	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, UPPER EXTREMITY	\$187.28	10/01/2017
C8936	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, UPPER	\$353.59	10/01/2017
C8957	IV INFUSION FOR THERAPY/DIAG;INITIATION OF PROLONGED INFUSION >8 HRS./PUMP	\$231.66	10/01/2017
C9113	INJECTION, PANTOPRAZOLE SODIUM, PER VIAL	Bundled	10/01/2006
C9132	PROTHROMBIN COMPLEX CONCENTRATE (HUMAN), KCENTRA, PER I.U. O	\$1.41	10/01/2016
C9140	INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (AFSTYLA), 1 I.U.	\$1.63	01/01/2017
C9248	INJECTION, CLEVIDIPINE BUTYRATE, 1 MG	\$1.98	10/01/2016
C9254	INJECTION, LACOSAMIDE, 1 MG	Bundled	10/01/2012
C9257	INJECTION, BEVACIZUMAB, 0.25 MG	\$1.48	10/01/2016

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C9275	INJECTION, HEXAMINOLEVULINATE HYDROCHLORIDE, 100 MG, PER STUDY DOSE	Bundled	10/01/2012
C9285	LIDOCAINE 70 MG/TETRACAINE 70 MG, PER PATCH	Bundled	10/01/2013
C9290	INJECTION, BUPIVACAINE LIPOSOME, 1 MG	Bundled	10/01/2014
C9293	INJECTION, GLUCARPIDASE, 10 UNITS	\$225.65	10/01/2016
C9352	MICROPOROUS COLLAGEN IMPLANTABLE TUBE (NEURAGEN NERVE GUIDE), PER CENTIMETER LEN	Bundled	01/01/2012
C9353	MICROPOROUS COLLAGEN IMPLANTABLE SLIT TUBE (NEURAWRAP NERVE PROTECTOR), PER CENT	Bundled	01/01/2012
C9359	POROUS PURIFIED COLLAGEN MATRIX BONE VOID FILLER (INTEGRA MOZAIK OSTEOCONDUCTIVE	Bundled	01/01/2012
C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS	CCR	10/01/2006
C9447	INJECTION, PHENYLEPHRINE AND KETOROLAC, 4 ML VIAL	\$406.66	10/01/2016
C9460	INJECTION, CANGRELOR, 1 MG	\$12.94	10/01/2016
C9497	LOXAPINE, INHALATION POWDER, 10 MG	\$120.61	10/01/2016
C9600	PERCUTANEOUS TRANSCATHETER PLACEMENT OF DRUG ELUTING INTRACORONARY STENT(S), WIT	\$7,953.55	10/01/2016
C9601	PERCUTANEOUS TRANSCATHETER PLACEMENT OF DRUG ELUTING INTRACORONARY STENT(S), WIT	Bundled	10/01/2014
C9602	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH DRUG ELUTING INTRACORONARY	\$12,179.24	10/01/2016
C9603	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH DRUG ELUTING INTRACORONARY	Bundled	10/01/2014
C9604	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF OR THROUGH CORONARY ARTERY BYPASS	\$7,953.55	10/01/2016
C9605	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF OR THROUGH CORONARY ARTERY BYPASS	Bundled	10/01/2014
C9606	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF ACUTE TOTAL/ SUBTOTAL OCCLUSION D	\$12,179.24	10/01/2016
C9607	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF CHRONIC TOTAL OCCLUSION, CORONARY	\$12,179.24	10/01/2016
C9608	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF CHRONIC TOTAL OCCLUSION, CORONARY	Bundled	10/01/2014
C9725	PLACEMENT OF ENDORECTAL INTRACAVITARY APPLICATOR FOR HIGH INTENSITY BRACHYTHERAP	\$553.50	10/01/2017
C9726	RXT BREAST APP. PLACE/REMOVE	Bundled	10/01/2013
C9728	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY/SURGERY GUIDANCE (EG,	\$855.85	10/01/2016
C9733	NON-OPHTHALMIC FLUORESCENT VASCULAR ANGIOGRAPHY	\$187.28	10/01/2017
C9734	FOCUSED ULTRASOUND ABLATION/THERAPEUTIC INTERVENTION, OTHER THAN UTERINE LEIOMYO	\$4,328.68	10/01/2017
C9739	CYSTOURETHROSCOPY, WITH INSERTION OF TRANSPROSTATIC IMPLANT;	\$2,888.24	10/01/2017
C9740	CYSTOURETHROSCOPY, WITH INSERTION OF TRANSPROSTATIC IMPLANT;	\$6,178.26	10/01/2017
C9741	RIGHT HEART CATHETERIZATION WITH IMPLANTATION OF WIRELESS PRESSURE SENSOR IN THE	\$2,124.69	10/01/2016
C9744	ULTRASOUND, ABDOMINAL, WITH CONTRAST	\$219.70	10/01/2017
C9898	RADIOLABELED PRODUCT PROVIDED DURING A HOSPITAL INPATIENT STAY	Bundled	10/01/2008
C9899	IMPLANTED PROSTHETIC DEVICE, PAYABLE ONLY FOR INPATIENTS WHO DO NOT HAVE INPATIE	CCR	01/01/2009

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D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	CCR	10/01/2006
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	CCR	10/01/2006
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMA	CCR	01/01/2007
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$309.40	10/01/2016
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED, BY REPORT	CCR	10/01/2006
D0171	RE-EVALUATION - POST-OPERATIVE OFFICE VISIT	CCR	01/01/2015
D0180	COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT	CCR	10/01/2006
D0190	SCREENING OF A PATIENT	CCR	01/01/2013
D0191	ASSESSMENT OF A PATIENT	CCR	01/01/2013
D0210	INTRAORAL - COMPLETE SERIES OF RADIOGRAPHIC IMAGES	CCR	10/01/2006
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	CCR	10/01/2006
D0230	INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE	CCR	10/01/2006
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	\$309.40	10/01/2016
D0250	EXTRA-ORAL - 2D PROJECTION RADIOGRAPHIC IMAGE CREATED USING A STATIONARY RADIATI	\$309.40	10/01/2016
D0251	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE	\$49.62	10/01/2017
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	\$309.40	10/01/2016
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	\$309.40	10/01/2016
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	CCR	01/01/2007
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	\$309.40	10/01/2016
D0277	VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES	\$309.40	10/01/2016
D0310	SIALOGRAPHY	CCR	10/01/2006
D0320	TEMPOROMANDIBULAR JOINT ARTHROGRAM, INCLUDING INJECTION	CCR	10/01/2006
D0321	OTHER TEMPOROMANDIBULAR JOINT RADIOGRAPHIC IMAGES, BY REPORT	CCR	10/01/2006
D0330	PANORAMIC RADIOGRAPHIC IMAGE	CCR	10/01/2006
D0340	2D CEPHALOMETRIC RADIOGRAPHIC IMAGE - ACQUISITION, MEASUREMENT AND ANALYSIS	CCR	10/01/2006
D0350	2D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA-ORALLY	CCR	10/01/2006
D0367	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF BOTH JAWS; WITH OR	CCR	01/01/2013
D0393	TREATMENT SIMULATION USING 3D IMAGE VOLUME	CCR	01/01/2014
D0470	DIAGNOSTIC CASTS	CCR	10/01/2006
D0502	OTHER ORAL PATHOLOGY PROCEDURES, BY REPORT	CCR	10/01/2006
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE, BY REPORT	CCR	10/01/2006

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D1110	PROPHYLAXIS-ADULT	CCR	10/01/2006
D1120	PROPHYLAXIS-CHILD	CCR	10/01/2006
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	CCR	01/01/2007
D1208	TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH	CCR	01/01/2013
D1351	SEALANT-PER TOOTH	CCR	10/01/2006
D1352	PREVENTIVE RESIN RESTORATION IN A MODERATE TO HIGH CARIES RISK PATIENT - PERMANE	CCR	01/01/2011
D1353	SEALANT REPAIR - PER TOOTH	CCR	01/01/2015
D1354	INTERIM CARIES ARRESTING MEDICAMENT APPLICATION	CCR	01/01/2016
D1510	SPACE MAINTAINER-FIXED UNILATERAL	\$309.40	10/01/2016
D1515	SPACE MAINTAINER-FIXED BILATERAL	\$309.40	10/01/2016
D1520	SPACE MAINTAINER-REMOVABLE UNILATERAL	\$309.40	10/01/2016
D1525	SPACE MAINTAINER-REMOVABLE BILATERAL	\$309.40	10/01/2016
D1550	RE-CEMENT OR RE-BOND SPACE MAINTAINER	\$309.40	10/01/2016
D1555	REMOVAL OF FIXED SPACE MAINTAINER	CCR	01/01/2007
D1575	DISTAL SHOE SPACE MAINTAINER - FIXED UNILATERAL	\$309.40	01/01/2017
D1999	UNSPECIFIED PREVENTIVE PROCEDURE, BY REPORT	CCR	01/01/2014
D2140	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT	CCR	10/01/2006
D2150	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT	CCR	10/01/2006
D2160	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT	CCR	10/01/2006
D2161	AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	CCR	10/01/2006
D2330	RESIN-ONE SURFACE, ANTERIOR	CCR	10/01/2006
D2331	RESIN-TWO SURFACES, ANTERIOR	CCR	10/01/2006
D2332	RESIN-THREE SURFACES, ANTERIOR	CCR	10/01/2006
D2335	RESIN-FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	CCR	10/01/2006
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	CCR	10/01/2006
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	CCR	10/01/2006
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	CCR	10/01/2006
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	CCR	10/01/2006
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	CCR	10/01/2006
D2740	CROWN-PORCELAIN/CERAMIC SUBSTRATE	CCR	10/01/2006
D2750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	CCR	10/01/2006

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D2751	CROWN-PROCELAIN FUSED TO PREDOMINANTLY BASE METAL	CCR	10/01/2006
D2752	CROWN-PORCELAIN FUSED TO NOBLE METAL	CCR	10/01/2006
D2790	CROWN-FULL CAST HIGH NOBLE METAL	CCR	10/01/2006
D2791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	CCR	10/01/2006
D2792	CROWN-FULL CAST NOBLE METAL	CCR	10/01/2006
D2794	CROWN-TITANIUM	CCR	10/01/2006
D2910	RE-CEMENT OR RE-BOND INLAY, ONLAY, VENEER OR PARTIAL COVERAGE RESTORATION	CCR	10/01/2006
D2915	RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE	CCR	10/01/2006
D2920	RE-CEMENT OR RE-BOND CROWN	CCR	10/01/2006
D2921	REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP	CCR	01/01/2014
D2929	PREFABRICATED PORCELAIN/CERAMIC CROWN - PRIMARY TOOTH	CCR	01/01/2013
D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH	CCR	10/01/2006
D2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH	CCR	10/01/2006
D2932	PREFABRICATED RESIN CROWN	CCR	10/01/2006
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	CCR	10/01/2006
D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH	CCR	10/01/2006
D2940	PROTECTIVE RESTORATION	CCR	10/01/2006
D2941	INTERIM THERAPEUTIC RESTORATION - PRIMARY DENTITION	CCR	01/01/2014
D2950	CORE BUILD-UP, INCLUDING ANY PINS WHEN REQUIRED	CCR	10/01/2006
D2951	PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION	CCR	10/01/2006
D2952	POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED	CCR	10/01/2006
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	CCR	10/01/2006
D2999	UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT	\$309.40	10/01/2016
D3110	PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)	CCR	10/01/2006
D3120	PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)	CCR	10/01/2006
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) REMOVAL OF PULP CORONAL TO	CCR	10/01/2006
D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	CCR	10/01/2006
D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELO	CCR	01/01/2009
D3230	PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RES	CCR	10/01/2006
D3240	PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL	CCR	10/01/2006
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)	CCR	10/01/2006

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D3320	ENDODONTIC THERAPY, BICUSPID TOOTH (EXCLUDING FINAL RESTORATION)	CCR	10/01/2006
D3330	ENDODONTIC THERAPY, MOLAR (EXCLUDING FINAL RESTORATION)	CCR	10/01/2006
D3331	TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS	CCR	10/01/2006
D3332	INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH	CCR	10/01/2006
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	CCR	10/01/2006
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR	CCR	10/01/2006
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-BICUSPID	CCR	10/01/2006
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-MOLAR	CCR	10/01/2006
D3351	APEXIFICATION/RECALCIFICATION - INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR OF	CCR	10/01/2006
D3352	APEXIFICATION/RECALCIFICATION - INTERIM MEDICATION REPLACEMENT (APICAL CLOSURE/C	CCR	10/01/2006
D3353	APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL	CCR	10/01/2006
D3410	APICOECTOMY - ANTERIOR	CCR	10/01/2006
D3421	APICOECTOMY - BICUSPID (FIRST ROOT)	CCR	10/01/2006
D3425	APICOECTOMY - MOLAR (FIRST ROOT)	CCR	10/01/2006
D3426	APICOECTOMY (EACH ADDITIONAL ROOT)	CCR	10/01/2006
D3430	RETROGRADE FILLING-PER ROOT	CCR	10/01/2006
D3450	ROOT AMPUTATION-PER ROOT	CCR	10/01/2006
D3920	HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCLUDING ROOT CANAL THERAPY	CCR	10/01/2006
D3999	UNSPECIFIED ENDODONTIC PROCEDURE, BY REPORT	\$309.40	10/01/2016
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED S	CCR	10/01/2006
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED S	CCR	10/01/2006
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH	CCR	10/01/2006
D4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - ONE TO THREE CONTIGUOUS TEETH	CCR	10/01/2006
D4249	CLINICAL CROWN LENGTHENING-HARD TISSUE	CCR	10/01/2006
D4260	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP ENTRY AND CLOSURE)	\$309.40	10/01/2016
D4261	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP ENTRY AND CLOSURE)	CCR	10/01/2006
D4263	BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT	\$309.40	10/01/2016
D4264	BONE REPLACEMENT GRAFT - EACH ADDITIONAL SITE IN QUADRANT	\$309.40	10/01/2016
D4265	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION	CCR	10/01/2006
D4266	GUIDED TISSUE REGENERATION - RESORBABLE BARRIER, PER SITE	CCR	10/01/2006
D4267	GUIDED TISSUE REGENERATION - NONRESORBABLE BARRIER, PER SITE, (INCLUDES	CCR	10/01/2006

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D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$309.40	10/01/2016
D4273	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURG	\$309.40	10/01/2016
D4274	DISTAL OR PROXIMAL WEDGE PROCEDURE (WHEN NOT PERFORMED IN CONJUNCTION WITH	CCR	10/01/2006
D4275	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT (INCLUDING RECIPIENT SITE AND DONOR MATER	CCR	10/01/2006
D4276	COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT, PER TOOTH	CCR	10/01/2006
D4320	PROVISIONAL SPLINTING-INTRACORONAL	CCR	10/01/2006
D4321	PROVISIONAL SPLINTING-EXTRACORONAL	CCR	10/01/2006
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	CCR	10/01/2006
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT	CCR	10/01/2006
D4346	SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION - FU	\$309.40	01/01/2017
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS	\$309.40	10/01/2016
D4910	PERIODONTAL MAINTENANCE	CCR	10/01/2006
D4920	UNSCHEDULED DRESSING CHANGE (BY SOMEONE OTHER THAN TREATING DENTIST OR THEIR STA	CCR	10/01/2006
D4999	UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT	CCR	10/01/2006
D5110	COMPLETE DENTURE - MAXILLARY	CCR	10/01/2006
D5120	COMPLETE DENTURE - MANDIBULAR	CCR	10/01/2006
D5130	IMMEDIATE DENTURE - MAXILLARY	CCR	10/01/2006
D5140	IMMEDIATE DENTURE - MANDIBULAR	CCR	10/01/2006
D5211	UPPER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	CCR	10/01/2006
D5212	LOWER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	CCR	10/01/2006
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES	CCR	10/01/2006
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES	CCR	10/01/2006
D5221	IMMEDIATE MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING ANY CONVENTIONAL CLA	CCR	01/01/2016
D5222	IMMEDIATE MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING ANY CONVENTIONAL CL	CCR	01/01/2016
D5223	IMMEDIATE MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BA	CCR	01/01/2016
D5224	IMMEDIATE MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE B	CCR	01/01/2016
D5281	REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE CAST METAL (INCLUDING CLASPS AND	CCR	10/01/2006
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	CCR	10/01/2006
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	CCR	10/01/2006
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	CCR	10/01/2006
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	CCR	10/01/2006

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D5510	REPAIR BROKEN COMPLETE DENTURE BASE	CCR	10/01/2006
D5520	REPLACE MISSING OR BROKEN TEETH-COMPLETE DENTURE (EACH TOOTH)	CCR	10/01/2006
D5610	REPAIR RESIN DENTURE BASE	CCR	10/01/2006
D5620	REPAIR CAST FRAMEWORK	CCR	10/01/2006
D5630	REPAIR OR REPLACE BROKEN CLASP - PER TOOTH	CCR	10/01/2006
D5640	REPLACE BROKEN TEETH-PER TOOTH	CCR	10/01/2006
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	CCR	10/01/2006
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE - PER TOOTH	CCR	10/01/2006
D5710	REBASE COMPLETE MAXILLARY DENTURE	CCR	10/01/2006
D5711	REBASE COMPLETE MANDIBULAR DENTURE	CCR	10/01/2006
D5720	REBASE MAXILLARY PARTIAL DENTURE	CCR	10/01/2006
D5721	REBASE MANDIBULAR PARTIAL DENTURE	CCR	10/01/2006
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	CCR	10/01/2006
D5731	RELINE LOWER COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	CCR	10/01/2006
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	CCR	10/01/2006
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	CCR	10/01/2006
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	CCR	10/01/2006
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	CCR	10/01/2006
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	CCR	10/01/2006
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	CCR	10/01/2006
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	CCR	10/01/2006
D5821	INTERIM PARTIAL DENTURE (MANDIBULAR)	CCR	10/01/2006
D5850	TISSUE CONDITIONING, MAXILLARY	CCR	10/01/2006
D5851	TISSUE CONDITIONING, MANDIBULAR	CCR	10/01/2006
D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT	CCR	10/01/2006
D5911	FACIAL MOULAGE (SECTIONAL)	\$309.40	10/01/2016
D5912	FACIAL MOULAGE (COMPLETE)	\$309.40	10/01/2016
D5913	NASAL PROSTHESIS	CCR	10/01/2006
D5914	AURICULAR PROSTHESIS	CCR	10/01/2006
D5915	ORBITAL PROSTHESIS	CCR	10/01/2006
D5916	OCULAR PROSTHESIS	CCR	10/01/2006

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D5919	FACIAL PROSTHESIS	CCR	10/01/2006
D5922	NASAL SEPTAL PROSTHESIS	CCR	10/01/2006
D5923	OCULAR PROSTHESIS, INTERIM	CCR	10/01/2006
D5924	CRANIAL PROSTHESIS	CCR	10/01/2006
D5925	FACIAL AUGMENTATION IMPLANT PROSTHESIS	CCR	10/01/2006
D5926	NASAL PROSTHESIS, REPLACEMENT	CCR	10/01/2006
D5927	AURICULAR PROSTHESIS, REPLACEMENT	CCR	10/01/2006
D5928	ORBITAL PROSTHESIS, REPLACEMENT	CCR	10/01/2006
D5929	FACIAL PROSTHESIS, REPLACEMENT	CCR	10/01/2006
D5931	OBTURATOR PROSTHESIS, SURGICAL	CCR	10/01/2006
D5932	OBTURATOR PROSTHESIS, DEFINITIVE	CCR	10/01/2006
D5933	OBTURATOR PROSTHESIS, MODIFICATION	CCR	10/01/2006
D5934	MANDIBULAR RESECTION PROSTHESIS WITH GUIDE FLANGE	CCR	10/01/2006
D5935	MANDIBULAR RESECTION PROSTHESIS WITHOUT GUIDE FLANGE	CCR	10/01/2006
D5936	OBTURATOR/PROSTHESIS, INTERIM	CCR	10/01/2006
D5937	TRISMUS APPLIANCE (NOT FOR TM TREATMENT)	CCR	10/01/2006
D5951	FEEDING AID	CCR	10/01/2006
D5952	SPEECH AID PROSTHESIS, PEDIATRIC	CCR	10/01/2006
D5953	SPEECH AID PROSTHESIS, ADULT	CCR	10/01/2006
D5954	PALATAL AUGMENTATION PROSTHESIS	CCR	10/01/2006
D5955	PALATAL LIFT PROSTHESIS, DEFINITIVE	CCR	10/01/2006
D5958	PALATAL LIFT PROSTHESIS, INTERIM	CCR	10/01/2006
D5959	PALATAL LIFT PROSTHESIS, MODIFICATION	CCR	10/01/2006
D5960	SPEECH AID PROSTHESIS, MODIFICATION	CCR	10/01/2006
D5982	SURGICAL STENT	CCR	10/01/2006
D5983	RADIATION CARRIER	\$309.40	10/01/2016
D5984	RADIATION SHIELD	\$309.40	10/01/2016
D5985	RADIATION CONE LOCATOR	\$309.40	10/01/2016
D5986	FLUORIDE GEL CARRIER	CCR	10/01/2006
D5987	COMMISSURE SPLINT	\$309.40	10/01/2016
D5988	SURGICAL SPLINT	CCR	10/01/2006

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D5991	VESICULOBULLOUS DISEASE MEDICAMENT CARRIER	CCR	01/01/2009
D5992	ADJUST MAXILLOFACIAL PROSTHETIC APPLIANCE	CCR	01/01/2011
D5999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT	CCR	10/01/2006
D6081	SCALING AND DEBRIDEMENT IN THE PRESENCE OF INFLAMMATION OR MUCOSITIS OF A SINGLE	\$309.40	01/01/2017
D6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE, BY REPORT	CCR	10/01/2006
D7111	EXTRACTION, CORONAL REMNANTS - DECIDUOUS TOOTH	\$309.40	10/01/2016
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	\$309.40	10/01/2016
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF	\$309.40	10/01/2016
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	\$309.40	10/01/2016
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	\$309.40	10/01/2016
D7240	REMOVAL OF IMPACTED TOOTH-COMpletely BONY	\$309.40	10/01/2016
D7241	REMOVAL OF IMPACTED TOOTH-COMpletely BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	\$309.40	10/01/2016
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	\$309.40	10/01/2016
D7251	CORONECTOMY - INTENTIONAL PARTIAL TOOTH REMOVAL	CCR	01/01/2011
D7260	ORAL ANTRAL FISTULA CLOSURE	\$309.40	10/01/2016
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	\$309.40	10/01/2016
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED	CCR	10/01/2006
D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	CCR	10/01/2006
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION	CCR	10/01/2006
D7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH	CCR	10/01/2006
D7285	INCISIONAL BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH)	CCR	10/01/2006
D7286	INCISIONAL BIOPSY OF ORAL TISSUE - SOFT	CCR	10/01/2006
D7292	SURGICAL PLACEMENT OF TEMPORARY ANCHORAGE DEVICE [SCREW RETAINED PLATE] REQUIRIN	CCR	01/01/2007
D7293	SURGICAL PLACEMENT OF TEMPORARY ANCHORAGE DEVICE REQUIRING FLAP; INCLUDES DEVICE	CCR	01/01/2007
D7294	SURGICAL PLACEMENT OF TEMPORARY ANCHORAGE DEVICE WITHOUT FLAP; INCLUDES DEVICE R	CCR	01/01/2007
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPAC	CCR	10/01/2006
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH	CCR	10/01/2006
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH	CCR	10/01/2006
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH	CCR	10/01/2006
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	CCR	10/01/2006
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	CCR	10/01/2006

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D7412	EXCISION OF BENIGN LESION, COMPLICATED	CCR	10/01/2006
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25 CM	CCR	10/01/2006
D7414	EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM	CCR	10/01/2006
D7415	EXCISION OF MALIGNANT LESION, COMPLICATED	CCR	10/01/2006
D7440	EXCISION OF MALIGNANT TUMOR-LESION DIAMETER UP TO 1.25 CM	CCR	10/01/2006
D7441	EXCISION OF MALIGNANT TUMOR-LESION DIAMETER GREATER THAN 1.25 CM	CCR	10/01/2006
D7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP TO 1.25 CM	CCR	10/01/2006
D7451	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER THAN 1.25 CM	CCR	10/01/2006
D7460	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP TO 1.25 CM	CCR	10/01/2006
D7461	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER THAN	CCR	10/01/2006
D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHODS, BY REPORT	CCR	10/01/2006
D7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)	CCR	10/01/2006
D7472	REMOVAL OF TORUS PALATINUS	CCR	10/01/2006
D7473	REMOVAL OF TORUS MANDIBULARIS	CCR	10/01/2006
D7485	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	CCR	10/01/2006
D7490	RADICAL RESECTION OF MAXILLA OR MANDIBLE	CCR	10/01/2006
D7510	INCISION AND DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE	CCR	10/01/2006
D7511	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE - COMPLICATED	CCR	10/01/2006
D7520	INCISION AND DRAINAGE OF ABSCESS-EXTRAORAL SOFT TISSUE	CCR	10/01/2006
D7521	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE - COMPLICATED	CCR	10/01/2006
D7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS ALVEOLAR TISSUE	CCR	10/01/2006
D7540	REMOVAL OF REACTION-PRODUCING FOREIGN BODIES-MUSCULOSKELETAL SYSTEM	CCR	10/01/2006
D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE	CCR	10/01/2006
D7560	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR FOREIGN BODY	CCR	10/01/2006
D7610	MAXILLA-OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)	CCR	10/01/2006
D7620	MAXILLA-CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)	CCR	10/01/2006
D7630	MANDIBLE-OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)	CCR	10/01/2006
D7640	MANDIBLE-CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)	CCR	10/01/2006
D7650	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION	CCR	10/01/2006
D7660	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION	CCR	10/01/2006
D7670	ALVEOLUS - CLOSED REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	CCR	10/01/2006

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D7671	ALVEOLUS - OPEN REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	CCR	10/01/2006
D7680	FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL	CCR	10/01/2006
D7710	MAXILLA-OPEN REDUCTION	CCR	10/01/2006
D7720	MAXILLA-CLOSED REDUCTION	CCR	10/01/2006
D7730	MANDIBLE-OPEN REDUCTION	CCR	10/01/2006
D7740	MANDIBLE-CLOSED REDUCTION	CCR	10/01/2006
D7750	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION	CCR	10/01/2006
D7760	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION	CCR	10/01/2006
D7770	ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH	CCR	10/01/2006
D7771	ALVEOLUS, CLOSED REDUCTION STABILIZATION OF TEETH	CCR	10/01/2006
D7780	FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL	CCR	10/01/2006
D7810	OPEN REDUCTION OF DISLOCATION	CCR	10/01/2006
D7820	CLOSED REDUCTION OF DISLOCATION	CCR	10/01/2006
D7830	MANIPULATION UNDER ANESTHESIA	CCR	10/01/2006
D7840	CONDYLECTOMY	CCR	10/01/2006
D7850	SURGICAL DISCECTOMY; WITH/WITHOUT IMPLANT	CCR	10/01/2006
D7852	DISC REPAIR	CCR	10/01/2006
D7854	SYNOVECTOMY	CCR	10/01/2006
D7856	MYOTOMY	CCR	10/01/2006
D7858	JOINT RECONSTRUCTION	CCR	10/01/2006
D7860	ARTHROTOMY	CCR	10/01/2006
D7865	ARTHROPLASTY	CCR	10/01/2006
D7870	ARTHROCENTESIS	CCR	10/01/2006
D7871	NON-ARTHROSCOPIC LYSIS AND LAVAGE	CCR	10/01/2006
D7872	ARTHROSCOPY-DIAGNOSIS, WITH OR WITHOUT BIOPSY	CCR	10/01/2006
D7873	ARTHROSCOPY-SURGICAL: LAVAGE AND LYSIS OF ADHESIONS	CCR	10/01/2006
D7874	ARTHROSCOPY-SURGICAL: DISC REPOSITIONING AND STABILIZATION	CCR	10/01/2006
D7875	ARTHROSCOPY-SURGICAL: SYNOVECTOMY	CCR	10/01/2006
D7876	ARTHROSCOPY-SURGICAL: DISCECTOMY	CCR	10/01/2006
D7877	ARTHROSCOPY-SURGICAL: DEBRIDEMENT	CCR	10/01/2006
D7880	OCCLUSAL ORTHOTIC APPLIANCE	CCR	10/01/2006

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D7899	UNSPECIFIED TMD THERAPY, BY REPORT	CCR	10/01/2006
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	CCR	10/01/2006
D7911	COMPLICATED SUTURE-UP TO 5 CM	CCR	10/01/2006
D7912	COMPLICATED SUTURE-GREATER THAN 5 CM	CCR	10/01/2006
D7920	SKIN GRAFT (IDENTIFY DEFECT COVERED, LOCATION, AND TYPE OF GRAFT)	CCR	10/01/2006
D7940	OSTEOPLASTY-FOR ORTHOGNATHIC DEFORMITIES	\$309.40	10/01/2016
D7941	OSTEOTOMY - MANDIBULAR RAMI	CCR	10/01/2006
D7943	OSTEOTOMY - MANDIBULAR RAMI WITH BONE GRAFT; INCLUDES OBTAINING THE GRAFT	CCR	10/01/2006
D7944	OSTEOTOMY-SEGMENTED OR SUBAPICAL	CCR	10/01/2006
D7945	OSTEOTOMY-BODY OF MANDIBLE	CCR	10/01/2006
D7946	LEFORT I (MAXILLA-TOTAL)	CCR	10/01/2006
D7947	LEFORT I (MAXILLA-SEGMENTED)	CCR	10/01/2006
D7948	LEFORT II OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR	CCR	10/01/2006
D7949	LEFORT II OR LEFORT III-WITH BONE GRAFT	CCR	10/01/2006
D7950	OSSEOUS, OSTEOPERIOSTEAL, OR CARTILAGE GRAFT OF THE MANDIBLE OR MAXILLA - AUTOGE	CCR	10/01/2006
D7951	SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES VIA A LATERAL OPEN APPROACH	CCR	01/01/2007
D7953	BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION - PER SITE	CCR	10/01/2006
D7955	REPAIR OF MAXILLOFACIAL SOFT AND/OR HARD TISSUE DEFECT	CCR	10/01/2006
D7960	FRENULECTOMY - ALSO KNOWN AS FRENECTOMY OR FRENOTOMY - SEPARATE PROCEDURE NOT IN	CCR	10/01/2006
D7963	FRENULOPLASTY	CCR	10/01/2006
D7970	EXCISION OF HYPERPLASTIC TISSUE-PER ARCH	CCR	10/01/2006
D7971	EXCISION OF PERICORONAL GINGIVA	CCR	10/01/2006
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	CCR	10/01/2006
D7980	SIALOLITHOTOMY	CCR	10/01/2006
D7981	EXCISION OF SALIVARY GLAND, BY REPORT	CCR	10/01/2006
D7982	SIALODOCHOPLASTY	CCR	10/01/2006
D7983	CLOSURE OF SALIVARY FISTULA	CCR	10/01/2006
D7990	EMERGENCY TRACHEOTOMY	CCR	10/01/2006
D7991	CORONOIDECTOMY	CCR	10/01/2006
D7995	SYNTHETIC GRAFT-MANDIBLE OR FACIAL BONES, BY REPORT	CCR	10/01/2006
D7996	IMPLANT-MANDIBLE FOR AUGMENTATION PURPOSES (EXCLUDING ALVEOLAR RIDGE), BY REPORT	CCR	10/01/2006

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D7997	APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLIANCE), INCLUDES REMOVAL OF	CCR	10/01/2006
D7998	INTRAORAL PLACEMENT OF A FIXATION DEVICE NOT IN CONJUNCTION WITH A FRACTURE	CCR	01/01/2007
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT	CCR	10/01/2006
D8010	LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	CCR	10/01/2006
D8020	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	CCR	10/01/2006
D8030	LIMITED ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	CCR	10/01/2006
D8040	LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITION	CCR	10/01/2006
D8050	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	CCR	10/01/2006
D8060	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	CCR	10/01/2006
D8070	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	CCR	10/01/2006
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	CCR	10/01/2006
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION	CCR	10/01/2006
D8210	REMOVABLE APPLIANCE THERAPY	CCR	10/01/2006
D8220	FIXED APPLIANCE THERAPY	CCR	10/01/2006
D8660	PRE-ORTHODONTIC TREATMENT EXAMINATION TO MONITOR GROWTH AND DEVELOPMENT	CCR	10/01/2006
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT	CCR	10/01/2006
D8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT OF	CCR	10/01/2006
D8690	ORTHODONTIC TREATMENT (ALTERNATIVE BILLING TO A CONTRACT FEE)	CCR	10/01/2006
D8691	REPAIR OF ORTHODONTIC APPLIANCE	CCR	10/01/2006
D8692	REPLACEMENT OF LOST OR BROKEN RETAINER	CCR	10/01/2006
D8693	RE-CEMENT OR RE-BOND FIXED RETAINER	CCR	01/01/2007
D8694	REPAIR OF FIXED RETAINERS, INCLUDES REATTACHMENT	CCR	01/01/2014
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT	CCR	10/01/2006
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN-MINOR PROCEDURES	Bundled	10/01/2006
D9120	FIXED PARTIAL DENTURE SECTIONING	CCR	01/01/2007
D9210	LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	CCR	10/01/2006
D9223	DEEP SEDATION/GENERAL ANESTHESIA - EACH 15 MINUTE INCREMENT	CCR	01/01/2016
D9230	INHALATION OF NITROUS OXIDE/ANXIOLYSIS, ANALGESIA	Bundled	10/01/2006
D9243	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - EACH 15 MINUTE INCREMENT	CCR	01/01/2016
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	Bundled	10/01/2006
D9310	CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN RE	CCR	10/01/2006

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D9410	HOUSE/EXTENDED CARE FACILITY CALL	CCR	10/01/2006
D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	CCR	10/01/2006
D9430	OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED HOURS) NO OTHER	CCR	10/01/2006
D9440	OFFICE VISIT-AFTER REGULARLY SCHEDULED HOURS	CCR	10/01/2006
D9610	THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION	CCR	10/01/2006
D9612	THERAPEUTIC PARENTERAL DRUGS, TWO OR MORE ADMINISTRATIONS, DIFFERENT MEDICATIONS	CCR	01/01/2007
D9930	TREATMENT OF COMPLICATIONS (POSTSURGICAL) - UNUSUAL CIRCUMSTANCES, BY REPORT	\$309.40	10/01/2016
D9940	OCCLUSAL GUARDS, BY REPORT	\$309.40	10/01/2016
D9951	OCCLUSAL ADJUSTMENT-LIMITED	\$309.40	10/01/2016
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT	CCR	10/01/2006
E0100	CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP	\$18.69	10/01/2012
E0105	CANE, QUAD OR THREE PRONG, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR	\$44.24	10/01/2012
E0110	CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED,	\$59.40	10/01/2012
E0111	CRUTCH FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED,	\$40.77	10/01/2012
E0112	CRUTCHES UNDERARM, WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND	\$28.32	10/01/2012
E0113	CRUTCH UNDERARM, WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD, TIP AND HANDGRIP	\$16.18	10/01/2012
E0114	CRUTCHES UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS	\$36.13	10/01/2012
E0116	CRUTCH, UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, WITH PAD, TIP, HANDGRIP,	\$21.24	10/01/2012
E0117	CRUTCH, UNDERARM, ARTICULATING, SPRING ASSISTED, EACH	\$173.57	10/01/2012
E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	\$54.52	10/01/2012
E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	\$65.08	10/01/2012
E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	\$280.01	10/01/2012
E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	\$87.13	10/01/2012
E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	\$93.33	10/01/2012
E0144	WALKER, ENCLOSED, FOUR SIDED FRAMED, RIGID OR FOLDING, WHEELED WITH POSTERIOR	\$247.21	10/01/2012
E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	\$446.21	10/01/2012
E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	\$98.63	10/01/2012
E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	\$173.27	10/01/2012
E0153	PLATFORM ATTACHMENT, FOREARM CRUTCH, EACH	\$59.56	10/01/2012
E0154	PLATFORM ATTACHMENT, WALKER, EACH	\$54.74	10/01/2012
E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	\$20.82	10/01/2012

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E0156	SEAT ATTACHMENT, WALKER	\$20.50	10/01/2012
E0157	CRUTCH ATTACHMENT, WALKER, EACH	\$63.60	10/01/2012
E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	\$21.23	10/01/2012
E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	\$13.87	10/01/2012
E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	\$25.31	10/01/2012
E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH	\$20.07	10/01/2012
E0162	SITZ BATH CHAIR	\$111.55	10/01/2012
E0163	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	\$99.33	10/01/2012
E0165	COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	\$191.16	10/01/2011
E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	\$10.81	10/01/2012
E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR	\$135.93	10/01/2012
E0170	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	CCR	10/01/2006
E0171	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	CCR	10/01/2006
E0172	SEAT LIFT MECHANISM PLACED OVER OR ON TOP OF TOILET, ANY TYPE	CCR	10/01/2006
E0175	FOOT REST, FOR USE WITH COMMODE CHAIR, EACH	\$50.70	10/01/2012
E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES	\$232.31	10/01/2011
E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY	\$269.35	10/01/2011
E0184	DRY PRESSURE MATTRESS	\$149.06	10/01/2012
E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	\$244.87	10/01/2012
E0186	AIR PRESSURE MATTRESS	\$208.86	10/01/2011
E0187	WATER PRESSURE MATTRESS	\$230.57	10/01/2012
E0188	SYNTHETIC SHEEPSKIN PAD	\$23.81	10/01/2012
E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	\$46.81	10/01/2012
E0190	POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZE, INCLUDES ALL COMPONENTS AND	CCR	10/01/2006
E0191	HEEL OR ELBOW PROTECTOR, EACH	\$7.65	10/01/2012
E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	\$8,689.76	10/01/2011
E0194	AIR FLUIDIZED BED	CCR	10/01/2006
E0196	GEL PRESSURE MATTRESS	\$284.17	10/01/2011
E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	\$197.41	10/01/2012
E0198	WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	\$197.41	10/01/2012
E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	\$28.87	10/01/2012

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E0200	HEAT LAMP, WITHOUT STAND (TABLE MODEL), INCLUDES BULB, OR INFRARED ELEMENT	\$60.70	10/01/2012
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	CCR	10/01/2006
E0205	HEAT LAMP, WITH STAND, INCLUDES BULB, OR INFRARED ELEMENT	\$148.57	10/01/2012
E0210	ELECTRIC HEAT PAD, STANDARD	\$24.99	10/01/2012
E0215	ELECTRIC HEAT PAD, MOIST	\$57.76	10/01/2012
E0217	WATER CIRCULATING HEAT PAD WITH PUMP	\$447.15	10/01/2012
E0218	WATER CIRCULATING COLD PAD WITH PUMP	CCR	10/01/2006
E0221	INFRARED HEATING PAD SYSTEM	\$1,812.03	10/01/2011
E0225	HYDROCOLLATOR UNIT, INCLUDES PADS	\$350.03	10/01/2012
E0235	PARAFFIN BATH UNIT, PORTABLE (SEE MEDICAL SUPPLY CODE A4265 FOR PARAFFIN)	\$177.57	10/01/2011
E0236	PUMP FOR WATER CIRCULATING PAD	\$417.92	10/01/2011
E0239	HYDROCOLLATOR UNIT, PORTABLE	\$405.14	10/01/2012
E0240	BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE	CCR	10/01/2006
E0241	BATH TUB WALL RAIL, EACH	CCR	10/01/2006
E0242	BATH TUB RAIL, FLOOR BASE	CCR	10/01/2006
E0243	TOILET RAIL, EACH	CCR	10/01/2006
E0244	RAISED TOILET SEAT	CCR	10/01/2006
E0245	TUB STOOL OR BENCH	CCR	10/01/2006
E0246	TRANSFER TUB RAIL ATTACHMENT	CCR	10/01/2006
E0247	TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING	CCR	10/01/2006
E0248	TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING	CCR	10/01/2006
E0249	PAD FOR WATER CIRCULATING HEAT UNIT, FOR REPLACEMENT ONLY	\$76.25	10/01/2012
E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	\$1,005.80	10/01/2011
E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	\$762.17	10/01/2011
E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	\$1,208.69	10/01/2011
E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	\$853.74	10/01/2011
E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE	\$1,727.75	10/01/2011
E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE	\$1,408.91	10/01/2011
E0265	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE	\$2,056.47	10/01/2012
E0266	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE	\$1,811.29	10/01/2011
E0270	HOSPITAL BED, INSTITUTIONAL TYPE INCLUDES: OSCILLATING, CIRCULATING AND STRYKER	CCR	10/01/2006

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E0271	MATTRESS, INNERSPRING	\$172.37	10/01/2012
E0272	MATTRESS, FOAM RUBBER	\$157.09	10/01/2012
E0273	BED BOARD	CCR	10/01/2006
E0274	OVER-BED TABLE	CCR	10/01/2006
E0275	BED PAN, STANDARD, METAL OR PLASTIC	\$11.72	10/01/2012
E0276	BED PAN, FRACTURE, METAL OR PLASTIC	\$10.20	10/01/2012
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	CCR	10/01/2006
E0280	BED CRADLE, ANY TYPE	\$25.21	10/01/2012
E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	\$768.97	10/01/2011
E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	\$520.09	10/01/2011
E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	\$855.18	10/01/2011
E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	\$735.73	10/01/2011
E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS,	\$1,344.19	10/01/2011
E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS,	\$1,310.24	10/01/2011
E0296	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITHOUT SIDE	\$1,435.96	10/01/2011
E0297	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITHOUT SIDE	\$1,424.54	10/01/2011
E0300	PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED, WITH OR WITHOUT TOP ENCLOSURE	\$2,203.55	10/01/2012
E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350	CCR	10/01/2006
E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN	CCR	10/01/2006
E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350	CCR	10/01/2006
E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN	CCR	10/01/2006
E0305	BED SIDE RAILS, HALF LENGTH	\$181.17	10/01/2011
E0310	BED SIDE RAILS, FULL LENGTH	\$150.70	10/01/2012
E0315	BED ACCESSORY: BOARD, TABLE, OR SUPPORT DEVICE, ANY TYPE	CCR	10/01/2006
E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	CCR	10/01/2006
E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	\$7.74	10/01/2012
E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	\$8.31	10/01/2012
E0328	HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, F	CCR	01/01/2008
E0329	HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES,	CCR	01/01/2008
E0350	CONTROL UNIT FOR ELECTRONIC BOWEL IRRIGATION/EVACUATION SYSTEM	CCR	10/01/2006
E0352	DISPOSABLE PACK (WATER RESERVOIR BAG, SPECULUM, VALVING MECHANISM AND	CCR	10/01/2006

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E0370	AIR PRESSURE ELEVATOR FOR HEEL	\$22.13	10/01/2011
E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS	CCR	10/01/2006
E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	CCR	10/01/2006
E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	CCR	10/01/2006
E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER,	CCR	10/01/2006
E0425	STATIONARY COMPRESSED GAS SYSTEM, PURCHASE; INCLUDES REGULATOR, FLOWMETER,	CCR	10/01/2006
E0430	PORTABLE GASEOUS OXYGEN SYSTEM, PURCHASE; INCLUDES REGULATOR, FLOWMETER,	CCR	10/01/2006
E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR,	CCR	10/01/2006
E0433	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE	CCR	01/01/2010
E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY	CCR	10/01/2006
E0435	PORTABLE LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES PORTABLE CONTAINER, SUPPLY	CCR	10/01/2006
E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS,	CCR	10/01/2006
E0440	STATIONARY LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES USE OF RESERVOIR, CONTENTS	CCR	10/01/2006
E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT	\$64.94	10/01/2012
E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT	\$64.94	10/01/2012
E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT	\$64.94	10/01/2012
E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT	\$64.94	10/01/2012
E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY	Bundled	10/01/2006
E0455	OXYGEN TENT, EXCLUDING CROUP OR PEDIATRIC TENTS	\$77.16	10/01/2011
E0457	CHEST SHELL (CUIRASS)	\$553.46	10/01/2012
E0459	CHEST WRAP	CCR	10/01/2006
E0462	ROCKING BED WITH OR WITHOUT SIDE RAILS	CCR	10/01/2006
E0470	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE	CCR	10/01/2006
E0471	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE	CCR	10/01/2006
E0472	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE	CCR	10/01/2006
E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL	\$452.08	10/01/2011
E0482	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE	CCR	10/01/2006
E0483	HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM, (INCLUDES	CCR	10/01/2006
E0484	OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRIC, ANY TYPE, EACH	\$33.25	10/01/2012
E0485	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR	CCR	10/01/2006
E0486	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR	\$1,106.55	10/01/2011

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E0487	SPIROMETER, ELECTRONIC, INCLUDES ALL ACCESSORIES	Bundled	01/01/2009
E0500	IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL OR AUTOMATIC VALVES	\$1,089.65	10/01/2011
E0550	HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATM	\$515.76	10/01/2011
E0555	HUMIDIFIER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC BOTTLE TYPE, FOR USE WITH	\$17.34	10/01/2011
E0560	HUMIDIFIER, DURABLE FOR SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENT OR	\$133.15	10/01/2012
E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	\$83.06	10/01/2012
E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	\$233.83	10/01/2012
E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF- CONTAINED OR	\$533.56	10/01/2011
E0570	NEBULIZER, WITH COMPRESSOR	\$185.29	10/01/2011
E0572	AEROSOL COMPRESSOR, ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERMITTENT USE	CCR	10/01/2006
E0574	ULTRASONIC/ELECTRONIC AEROSOL GENERATOR WITH SMALL VOLUME NEBULIZER	CCR	10/01/2006
E0575	NEBULIZER, ULTRASONIC, LARGE VOLUME	\$913.52	10/01/2011
E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH	\$104.06	10/01/2012
E0585	NEBULIZER, WITH COMPRESSOR AND HEATER	\$306.70	10/01/2011
E0600	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	\$435.41	10/01/2011
E0601	CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE	\$1,149.33	10/01/2011
E0602	BREAST PUMP, MANUAL, ANY TYPE	\$26.59	10/01/2012
E0603	BREAST PUMP, ELECTRIC (AC AND/OR DC), ANY TYPE	Bundled	10/01/2006
E0604	BREAST PUMP, HOSPITAL GRADE, ELECTRIC (AC AND / OR DC), ANY TYPE	CCR	10/01/2006
E0605	VAPORIZER, ROOM TYPE	\$22.56	10/01/2012
E0606	POSTURAL DRAINAGE BOARD	CCR	10/01/2006
E0607	HOME BLOOD GLUCOSE MONITOR	\$60.18	10/01/2012
E0610	PACEMAKER MONITOR, SELF-CONTAINED, (CHECKS BATTERY DEPLETION, INCLUDES AUDIBLE	\$214.23	10/01/2012
E0615	PACEMAKER MONITOR, SELF CONTAINED, CHECKS BATTERY DEPLETION AND OTHER PACEMAKER	\$426.95	10/01/2012
E0616	IMPLANTABLE CARDIAC EVENT RECORDER WITH MEMORY, ACTIVATOR AND PROGRAMMER	Bundled	10/01/2006
E0617	EXTERNAL DEFIBRILLATOR WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS	CCR	10/01/2006
E0618	APNEA MONITOR, WITHOUT RECORDING FEATURE	CCR	10/01/2006
E0619	APNEA MONITOR, WITH RECORDING FEATURE	CCR	10/01/2006
E0620	SKIN PIERCING DEVICE FOR COLLECTION OF CAPILLARY BLOOD, LASER, EACH	\$787.52	10/01/2012
E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	\$83.45	10/01/2012
E0625	PATIENT LIFT, BATHROOM OR TOILET, NOT OTHERWISE CLASSIFIED	CCR	10/01/2006

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E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	\$297.86	10/01/2012
E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	\$297.86	10/01/2012
E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD	\$1,036.26	10/01/2011
E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	\$1,258.90	10/01/2011
E0636	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT	CCR	10/01/2006
E0637	COMBINATION SIT TO STAND FRAME/TABLE SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH	\$1,804.74	10/01/2011
E0638	STANDING FRAME/TABLE SYSTEM, ONE POSITION (E.G. UPRIGHT, SUPINE OR PRONE STANDER	\$731.83	10/01/2011
E0639	PATIENT LIFT, MOVEABLE FROM ROOM TO ROOM WITH DISASSEMBLY AND REASSEMBLY,	CCR	10/01/2006
E0640	PATIENT LIFT, FIXED SYSTEM, INCLUDES ALL COMPONENTS/ACCESSORIES	CCR	10/01/2006
E0641	STANDING FRAME/TABLE SYSTEM, MULTI-POSITION (E.G. THREE-WAY STANDER), ANY SIZE I	CCR	10/01/2006
E0642	STANDING FRAME/TABLE SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIAT	CCR	10/01/2006
E0650	PNEUMATIC COMPRESSOR, NON-SEGMENTAL HOME MODEL	\$648.66	10/01/2012
E0651	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITHOUT CALIBRATED GRADIENT PRESSURE	\$817.03	10/01/2012
E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE	\$4,774.76	10/01/2012
E0655	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM	\$97.21	10/01/2012
E0656	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, TRUNK	\$520.31	10/01/2012
E0657	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, CHEST	\$488.82	10/01/2012
E0660	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	\$143.79	10/01/2012
E0665	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	\$123.39	10/01/2012
E0666	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	\$124.37	10/01/2012
E0667	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	\$291.61	10/01/2012
E0668	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	\$397.98	10/01/2012
E0669	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	\$165.10	10/01/2012
E0670	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, INTEGRATED, 2 F	\$1,141.22	01/01/2013
E0671	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG	\$374.09	10/01/2012
E0672	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM	\$290.67	10/01/2012
E0673	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALF LEG	\$241.53	10/01/2012
E0675	PNEUMATIC COMPRESSION DEVICE, HIGH PRESSURE, RAPID INFLATION/DEFLATION CYCLE,	CCR	10/01/2006
E0676	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES), NOT OTHERWISE S	CCR	01/01/2007
E0691	ULTRAVIOLET LIGHT THERAPY SYSTEM, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION	\$809.32	10/01/2012
E0692	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE	\$1,016.28	10/01/2012

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E0693	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE	\$1,252.79	10/01/2012
E0694	ULTRAVIOLET MULTIDIRECTIONAL LIGHT THERAPY SYSTEM IN 6 FOOT CABINET, INCLUDES	\$3,987.50	10/01/2012
E0700	SAFETY EQUIPMENT, DEVICE OR ACCESSORY, ANY TYPE	CCR	10/01/2006
E0705	TRANSFER DEVICE, ANY TYPE, EACH	\$49.65	10/01/2012
E0710	RESTRAINTS, ANY TYPE (BODY, CHEST, WRIST OR ANKLE)	CCR	10/01/2006
E0720	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED S	\$294.76	10/01/2012
E0730	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, F	\$297.91	10/01/2012
E0731	FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES (WITH CONDUCTIVE	\$321.25	10/01/2012
E0740	INCONTINENCE TREATMENT SYSTEM, PELVIC FLOOR STIMULATOR, MONITOR, SENSOR AND/OR	\$470.92	10/01/2012
E0744	NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS	\$942.12	10/01/2011
E0745	NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT	\$920.92	10/01/2011
E0746	ELECTROMYOGRAPHY (EMG), BIOFEEDBACK DEVICE	Bundled	10/01/2006
E0747	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL	\$3,527.02	10/01/2012
E0748	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, SPINAL APPLICATIONS	\$3,504.18	10/01/2012
E0749	OSTEOGENESIS STIMULATOR, ELECTRICAL, SURGICALLY IMPLANTED	Bundled	10/01/2006
E0755	ELECTRONIC SALIVARY REFLEX STIMULATOR (INTRA-ORAL/NON-INVASIVE)	CCR	10/01/2006
E0760	OSTOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE	\$2,911.91	10/01/2012
E0765	FDA APPROVED NERVE STIMULATOR, WITH REPLACEABLE BATTERIES, FOR TREATMENT OF	\$75.78	10/01/2012
E0769	ELECTRICAL STIMULATION OR ELECTROMAGNETIC WOUND TREATMENT DEVICE, NOT OTHERWISE	CCR	10/01/2006
E0770	FUNCTIONAL ELECTRICAL STIMULATOR, TRANSCUTANEOUS STIMULATION OF NERVE AND/OR MUS	CCR	01/01/2009
E0776	IV POLE	\$109.59	10/01/2012
E0779	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER	CCR	10/01/2006
E0780	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS	\$9.34	10/01/2012
E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY	\$2,529.22	10/01/2011
E0782	INFUSION PUMP, IMPLANTABLE, NON-PROGRAMMABLE (INCLUDES ALL COMPONENTS, E.G.,	Bundled	10/01/2012
E0783	INFUSION PUMP SYSTEM, IMPLANTABLE, PROGRAMMABLE (INCLUDES ALL COMPONENTS, E.G.,	Bundled	10/01/2012
E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	CCR	10/01/2006
E0785	IMPLANTABLE INTRASPINAL (EPIDURAL/INTRATHECAL) CATHETER USED WITH IMPLANTABLE	Bundled	10/01/2012
E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL	CCR	10/01/2006
E0830	AMBULATORY TRACTION DEVICE, ALL TYPES, EACH	Bundled	10/01/2006
E0840	TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL TRACTION	\$65.99	10/01/2012

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E0849	TRACTION EQUIPMENT, CERVICAL, FREE-STANDING STAND/FRAME, PNEUMATIC, APPLYING	\$464.12	10/01/2012
E0850	TRACTION STAND, FREE STANDING, CERVICAL TRACTION	\$80.42	10/01/2012
E0855	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME	\$445.12	10/01/2012
E0856	CERVICAL TRACTION DEVICE, WITH INFLATABLE AIR BLADDER(S)	\$138.73	10/01/2012
E0860	TRACTION EQUIPMENT, OVERDOOR, CERVICAL	\$34.03	10/01/2012
E0870	TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION, (E.G. BUCK'S)	\$104.76	10/01/2012
E0880	TRACTION STAND, FREE STANDING, EXTREMITY TRACTION, (E.G., BUCK'S)	\$105.73	10/01/2012
E0890	TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION	\$92.18	10/01/2012
E0900	TRACTION STAND, FREE STANDING, PELVIC TRACTION, (E.G., BUCK'S)	\$98.10	10/01/2012
E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	\$205.77	10/01/2011
E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, AT	CCR	10/01/2006
E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FR	CCR	10/01/2006
E0920	FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS	\$474.72	10/01/2011
E0930	FRACTURE FRAME, FREE STANDING, INCLUDES WEIGHTS	\$470.09	10/01/2011
E0935	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE ON KNEE ONLY	\$6,050.18	10/01/2011
E0936	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE OTHER THAN KNEE	CCR	01/01/2007
E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	\$357.73	10/01/2011
E0941	GRAVITY ASSISTED TRACTION DEVICE, ANY TYPE	\$446.62	10/01/2011
E0942	CERVICAL HEAD HARNESS/HALTER	\$15.19	10/01/2012
E0944	PELVIC BELT/HARNESS/BOOT	\$36.11	10/01/2012
E0945	EXTREMITY BELT/HARNESS	\$36.11	10/01/2012
E0946	FRACTURE, FRAME, DUAL WITH CROSS BARS, ATTACHED TO BED, (E.G. BALKEN, 4 POSTER)	\$608.67	10/01/2011
E0947	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX PELVIC TRACTION	\$546.21	10/01/2012
E0948	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX CERVICAL TRACTION	\$528.31	10/01/2012
E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	\$69.49	10/01/2012
E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	\$14.73	10/01/2012
E0952	TOE LOOP/HOLDER, ANY TYPE, EACH	\$13.34	10/01/2012
E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING	\$156.95	10/01/2012
E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED	\$76.52	10/01/2012
E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING	\$107.08	10/01/2012
E0958	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	\$448.88	10/01/2011

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E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	\$33.84	10/01/2012
E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY	\$70.63	10/01/2012
E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	\$26.79	10/01/2012
E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	\$64.29	10/01/2012
E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	\$58.18	10/01/2012
E0968	COMMODE SEAT, WHEELCHAIR	\$184.26	10/01/2011
E0969	NARROWING DEVICE, WHEELCHAIR	\$141.07	10/01/2012
E0970	NO.2 FOOTPLATES, EXCEPT FOR ELEVATING LEG REST	\$40.85	10/01/2011
E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	\$39.07	10/01/2012
E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY,	\$89.25	10/01/2012
E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	\$60.03	10/01/2012
E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	\$30.28	10/01/2012
E0980	SAFETY VEST, WHEELCHAIR	\$25.31	10/01/2012
E0981	WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY, EACH	\$34.32	10/01/2012
E0982	WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY, EACH	\$34.00	10/01/2012
E0983	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO	CCR	10/01/2006
E0984	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO	\$1,720.77	10/01/2012
E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	\$182.70	10/01/2012
E0986	MANUAL WHEELCHAIR ACCESSORY, PUSH-RIM ACTIVATED POWER ASSIST SYSTEM	\$4,380.99	10/01/2012
E0988	MANUAL WHEELCHAIR ACCESSORY, LEVER-ACTIVATED, WHEEL DRIVE, PAIR	\$2,650.75	01/01/2012
E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	\$91.15	10/01/2012
E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	\$85.70	10/01/2012
E0994	ARM REST, EACH	\$15.87	10/01/2012
E0995	WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH	\$23.13	10/01/2012
E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	\$3,146.42	10/01/2012
E1003	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR	\$3,408.87	10/01/2012
E1004	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR	\$3,779.73	10/01/2012
E1005	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR	\$4,091.27	10/01/2012
E1006	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE,	\$5,011.42	10/01/2012
E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH	\$6,785.65	10/01/2012
E1008	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH	\$6,786.27	10/01/2012

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E1009	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG	CCR	10/01/2006
E1010	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION	\$887.90	10/01/2012
E1011	MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE	CCR	10/01/2006
E1012	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, CENTER MOUNT POWER ELEVA	CCR	01/01/2016
E1014	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR	\$328.87	10/01/2012
E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	\$103.31	10/01/2012
E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	\$101.94	10/01/2012
E1017	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WHEELCHAIR,	CCR	10/01/2006
E1018	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR,	CCR	10/01/2006
E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	\$188.96	10/01/2012
E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING	\$160.33	10/01/2012
E1029	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	\$286.87	10/01/2012
E1030	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	\$904.57	10/01/2012
E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	\$517.00	10/01/2011
E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE	CCR	10/01/2006
E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT,	CCR	01/01/2010
E1037	TRANSPORT CHAIR, PEDIATRIC SIZE	CCR	10/01/2006
E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POU	CCR	10/01/2006
E1039	TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 30	CCR	10/01/2006
E1050	FULLY-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVAT	\$1,047.78	10/01/2011
E1060	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY	\$1,297.07	10/01/2011
E1070	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY	\$1,126.90	10/01/2011
E1083	HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG	\$688.61	10/01/2011
E1084	HEMI-WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY	\$1,009.30	10/01/2011
E1085	HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOT RESTS	\$492.28	10/01/2011
E1086	HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE	\$611.31	10/01/2011
E1087	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY	\$1,106.32	10/01/2011
E1088	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH,	\$1,469.81	10/01/2011
E1089	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED LENGTH ARMS, SWING AWAY DETACHABLE	\$768.89	10/01/2011
E1090	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH,	\$781.07	10/01/2011
E1092	WIDE HEAVY DUTY WHEEL CHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH), SWING AWAY	\$1,322.17	10/01/2011

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E1093	WIDE HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING	\$1,137.08	10/01/2011
E1100	SEMI-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATI	\$982.76	10/01/2011
E1110	SEMI-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEG	\$982.76	10/01/2011
E1130	STANDARD WHEELCHAIR, FIXED FULL LENGTH ARMS, FIXED OR SWING AWAY DETACHABLE FOOT	\$328.60	10/01/2011
E1140	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE	\$624.61	10/01/2011
E1150	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE	\$839.33	10/01/2011
E1160	WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	\$643.04	10/01/2011
E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	\$2,131.03	10/01/2012
E1170	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGR	\$918.86	10/01/2011
E1171	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, WITHOUT FOOTRESTS OR LEGREST	\$824.62	10/01/2011
E1172	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) WITHOUT FOOTRESTS OR	\$1,007.76	10/01/2011
E1180	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE	\$1,042.64	10/01/2011
E1190	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE	\$1,204.48	10/01/2011
E1195	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING	\$1,292.54	10/01/2011
E1200	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	\$895.19	10/01/2011
E1220	WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED, (INDICATE BRAND NAME, MODEL NUMBER,	CCR	10/01/2006
E1221	WHEELCHAIR WITH FIXED ARM, FOOTRESTS	\$488.80	10/01/2011
E1222	WHEELCHAIR WITH FIXED ARM, ELEVATING LEGRESTS	\$679.66	10/01/2011
E1223	WHEELCHAIR WITH DETACHABLE ARMS, FOOTRESTS	CCR	10/01/2006
E1224	WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEGRESTS	CCR	10/01/2006
E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15	CCR	10/01/2006
E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80	\$417.73	10/01/2012
E1227	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	\$212.45	10/01/2012
E1228	SPECIAL BACK HEIGHT FOR WHEELCHAIR	CCR	10/01/2006
E1229	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	CCR	10/01/2006
E1230	POWER OPERATED VEHICLE (THREE OR FOUR WHEEL NONHIGHWAY) SPECIFY BRAND NAME AND	\$2,037.09	10/01/2012
E1231	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING	CCR	10/01/2006
E1232	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING	\$1,925.96	10/01/2012
E1233	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING	\$1,995.60	10/01/2012
E1234	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING	\$1,737.31	10/01/2012
E1235	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	\$1,672.90	10/01/2012

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E1236	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	\$1,475.93	10/01/2012
E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	\$1,488.82	10/01/2012
E1238	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	\$1,475.93	10/01/2012
E1239	POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	CCR	10/01/2006
E1240	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS, (DESK OR FULL LENGTH) SWING AWAY DETACH	\$1,015.17	10/01/2011
E1250	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	\$552.02	10/01/2011
E1260	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY	\$768.89	10/01/2011
E1270	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING	\$764.13	10/01/2011
E1280	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEGRESTS	\$1,350.46	10/01/2011
E1285	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	\$1,197.39	10/01/2011
E1290	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY	CCR	10/01/2006
E1295	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, ELEVATING LEGREST	\$1,249.74	10/01/2011
E1296	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	\$376.39	10/01/2012
E1297	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY	\$94.21	10/01/2012
E1298	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH, BY CONSTRUCTION	\$381.57	10/01/2012
E1300	WHIRLPOOL, PORTABLE (OVERTUB TYPE)	CCR	10/01/2006
E1310	WHIRLPOOL, NON-PORTABLE (BUILT-IN TYPE)	\$1,643.95	10/01/2012
E1352	OXYGEN ACCESSORY, FLOW REGULATOR CAPABLE OF POSITIVE INSPIRATORY PRESSURE	CCR	01/01/2014
E1353	REGULATOR	\$25.52	10/01/2012
E1354	OXYGEN ACCESSORY, WHEELED CART FOR PORTABLE CYLINDER OR PORTABLE CONCENTRATOR, A	CCR	01/01/2009
E1355	STAND/RACK	\$19.22	10/01/2012
E1356	OXYGEN ACCESSORY, BATTERY PACK/CARTRIDGE FOR PORTABLE CONCENTRATOR, ANY TYPE, RE	CCR	01/01/2009
E1357	OXYGEN ACCESSORY, BATTERY CHARGER FOR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEME	CCR	01/01/2009
E1358	OXYGEN ACCESSORY, DC POWER ADAPTER FOR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEM	CCR	01/01/2009
E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	\$124.80	10/01/2012
E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR	CCR	10/01/2006
E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR	CCR	10/01/2006
E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	CCR	01/01/2012
E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	CCR	10/01/2006
E1405	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITH HEATED DELIVERY	\$2,307.61	10/01/2011
E1406	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITHOUT HEATED DELIVERY	\$2,186.21	10/01/2011

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E1500	CENTRIFUGE, FOR DIALYSIS	CCR	10/01/2006
E1510	KIDNEY, DIALYSATE DELIVERY SYST. KIDNEY MACHINE, PUMP RECIRCULAT- ING, AIR REMOV	CCR	10/01/2006
E1520	HEPARIN INFUSION PUMP FOR HEMODIALYSIS	CCR	10/01/2006
E1530	AIR BUBBLE DETECTOR FOR HEMODIALYSIS, EACH, REPLACEMENT	CCR	10/01/2006
E1540	PRESSURE ALARM FOR HEMODIALYSIS, EACH, REPLACEMENT	CCR	10/01/2006
E1550	BATH CONDUCTIVITY METER FOR HEMODIALYSIS, EACH	CCR	10/01/2006
E1560	BLOOD LEAK DETECTOR FOR HEMODIALYSIS, EACH, REPLACEMENT	CCR	10/01/2006
E1570	ADJUSTABLE CHAIR, FOR ESRD PATIENTS	CCR	10/01/2006
E1575	TRANSDUCER PROTECTORS/FLUID BARRIERS, FOR HEMODIALYSIS, ANY SIZE, PER 10	CCR	10/01/2006
E1580	UNIPUNCTURE CONTROL SYSTEM FOR HEMODIALYSIS	CCR	10/01/2006
E1590	HEMODIALYSIS MACHINE	CCR	10/01/2006
E1592	AUTOMATIC INTERMITTENT PERITONEAL DIALYSIS SYSTEM	CCR	10/01/2006
E1594	CYCLER DIALYSIS MACHINE FOR PERITONEAL DIALYSIS	CCR	10/01/2006
E1600	DELIVERY AND/OR INSTALLATION CHARGES FOR HEMODIALYSIS EQUIPMENT	CCR	10/01/2006
E1610	REVERSE OSMOSIS WATER PURIFICATION SYSTEM, FOR HEMODIALYSIS	CCR	10/01/2006
E1615	DEIONIZER WATER PURIFICATION SYSTEM, FOR HEMODIALYSIS	CCR	10/01/2006
E1620	BLOOD PUMP FOR HEMODIALYSIS, REPLACEMENT	CCR	10/01/2006
E1625	WATER SOFTENING SYSTEM, FOR HEMODIALYSIS	CCR	10/01/2006
E1630	RECIPROCATING PERITONEAL DIALYSIS SYSTEM	CCR	10/01/2006
E1632	WEARABLE ARTIFICIAL KIDNEY, EACH	CCR	10/01/2006
E1634	PERITONEAL DIALYSIS CLAMPS, EACH	CCR	10/01/2006
E1635	COMPACT (PORTABLE) TRAVEL HEMODIALYZER SYSTEM	CCR	10/01/2006
E1636	SORBENT CARTRIDGES, FOR HEMODIALYSIS, PER 10	CCR	10/01/2006
E1637	HEMOSTATS, EACH	CCR	10/01/2006
E1639	SCALE, EACH	CCR	10/01/2006
E1699	DIALYSIS EQUIPMENT, NOT OTHERWISE SPECIFIED	CCR	10/01/2006
E1700	JAW MOTION REHABILITATION SYSTEM	\$310.58	10/01/2012
E1701	REPLACEMENT CUSHIONS FOR JAW MOTION REHABILITATION SYSTEM, PKG. OF 6	\$9.56	10/01/2012
E1702	REPLACEMENT MEASURING SCALES FOR JAW MOTION REHABILITATION SYSTEM, PKG. OF 200	\$20.33	10/01/2012
E1800	DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATER	CCR	10/01/2006
E1801	STATIC PROGRESSIVE STRETCH ELBOW DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITH	CCR	10/01/2006

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E1802	DYNAMIC ADJUSTABLE FOREARM PRONATION/SUPINATION DEVICE, INCLUDES SOFT INTERFACE	CCR	10/01/2006
E1805	DYNAMIC ADJUSTABLE WRIST EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE	CCR	10/01/2006
E1806	STATIC PROGRESSIVE STRETCH WRIST DEVICE, FLEXION AND/OR EXTENSION, WITH OR WITHO	CCR	10/01/2006
E1810	DYNAMIC ADJUSTABLE KNEE EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE	CCR	10/01/2006
E1811	STATIC PROGRESSIVE STRETCH KNEE DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITHO	CCR	10/01/2006
E1812	DYNAMIC KNEE, EXTENSION/FLEXION DEVICE WITH ACTIVE RESISTANCE CONTROL	CCR	10/01/2006
E1815	DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE	CCR	10/01/2006
E1816	STATIC PROGRESSIVE STRETCH ANKLE DEVICE, FLEXION AND/OR EXTENSION, WITH OR WITHO	CCR	10/01/2006
E1818	STATIC PROGRESSIVE STRETCH FOREARM PRONATION / SUPINATION DEVICE, WITH OR WITHOU	CCR	10/01/2006
E1820	REPLACEMENT SOFT INTERFACE MATERIAL, DYNAMIC ADJUSTABLE EXTENSION/FLEXION DEVICE	\$69.45	10/01/2012
E1821	REPLACEMENT SOFT INTERFACE MATERIAL/CUFFS FOR BI-DIRECTIONAL STATIC PROGRESSIVE	\$94.79	10/01/2012
E1825	DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE	CCR	10/01/2006
E1830	DYNAMIC ADJUSTABLE TOE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE	CCR	10/01/2006
E1831	STATIC PROGRESSIVE STRETCH TOE DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITHOUT	CCR	01/01/2011
E1840	DYNAMIC ADJUSTABLE SHOULDER FLEXION / ABDUCTION / ROTATION DEVICE, INCLUDES	CCR	10/01/2006
E1841	STATIC PROGRESSIVE STRETCH SHOULDER DEVICE, WITH OR WITHOUT RANGE OF MOTION ADJU	CCR	10/01/2006
E1902	COMMUNICATION BOARD, NON-ELECTRONIC AUGMENTATIVE OR ALTERNATIVE COMMUNICATION	CCR	10/01/2006
E2000	GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	CCR	10/01/2006
E2100	BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER	\$579.29	10/01/2012
E2101	BLOOD GLUCOSE MONITOR WITH INTEGRATED LANCING/BLOOD SAMPLE	\$169.83	10/01/2012
E2120	PULSE GENERATOR SYSTEM FOR TYMPANIC TREATMENT OF INNER EAR ENDOLYMPHATIC FLUID	CCR	10/01/2006
E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL	\$336.04	10/01/2012
E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	\$426.89	10/01/2012
E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22	\$431.46	10/01/2012
E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	\$732.60	10/01/2012
E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR	\$28.92	10/01/2012
E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	\$36.04	10/01/2012
E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	\$38.39	10/01/2012
E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	\$90.66	10/01/2012
E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	\$81.81	10/01/2012
E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	\$5.08	10/01/2011

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E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	\$31.33	10/01/2012
E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	\$5.21	10/01/2012
E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), A	\$26.94	10/01/2012
E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	\$27.56	10/01/2012
E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	\$8.51	10/01/2012
E2216	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH	CCR	10/01/2006
E2217	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH	CCR	10/01/2006
E2218	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH	CCR	10/01/2006
E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	\$32.04	10/01/2012
E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, E	\$25.69	10/01/2012
E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY	\$22.62	10/01/2012
E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED	\$18.97	10/01/2012
E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	\$75.07	10/01/2012
E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT O	\$15.67	10/01/2012
E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	\$34.18	10/01/2012
E2227	MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH	\$1,620.02	10/01/2012
E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	\$843.25	10/01/2012
E2230	MANUAL WHEELCHAIR ACCESSORY, MANUAL STANDING SYSTEM	CCR	01/01/2009
E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCL	\$138.41	10/01/2012
E2291	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	CCR	10/01/2006
E2292	SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	CCR	10/01/2006
E2293	BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING	CCR	10/01/2006
E2294	SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING	CCR	10/01/2006
E2295	MANUAL WHEELCHAIR ACCESSORY, FOR PEDIATRIC SIZE WHEELCHAIR, DYNAMIC SEATING FRAM	CCR	01/01/2009
E2300	WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM, ANY TYPE	CCR	10/01/2006
E2301	WHEELCHAIR ACCESSORY, POWER STANDING SYSTEM, ANY TYPE	CCR	10/01/2006
E2310	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER	\$908.43	10/01/2012
E2311	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER	\$1,839.17	10/01/2012
E2312	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL RE	\$1,746.53	10/01/2012
E2313	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUD	\$277.34	10/01/2012
E2321	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK,	\$1,233.58	10/01/2012

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E2322	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL	\$1,094.83	10/01/2012
E2323	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL	\$53.69	10/01/2012
E2324	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE	\$34.02	10/01/2012
E2325	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING	\$1,045.51	10/01/2012
E2326	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE	\$269.48	10/01/2012
E2327	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL,	\$2,027.93	10/01/2012
E2328	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE,	\$3,846.70	10/01/2012
E2329	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM,	\$1,371.01	10/01/2012
E2330	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM,	\$2,656.49	10/01/2012
E2331	POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL	CCR	10/01/2006
E2340	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20-23 INCHES	\$322.76	10/01/2012
E2341	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	\$484.18	10/01/2012
E2342	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES	\$403.48	10/01/2012
E2343	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES	\$645.57	10/01/2012
E2351	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING	\$542.33	10/01/2012
E2358	POWER WHEELCHAIR ACCESSORY, GROUP 34 NON-SEALED LEAD ACID BATTERY, EACH	CCR	01/01/2012
E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E.G. GEL, C	\$150.79	10/01/2012
E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	\$86.00	10/01/2012
E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E.G. GEL	\$106.47	10/01/2012
E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	\$81.46	10/01/2012
E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G. GEL	\$141.97	10/01/2012
E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	\$86.00	10/01/2012
E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL,	\$85.63	10/01/2012
E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE	\$173.95	10/01/2012
E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER	\$325.32	10/01/2012
E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	\$401.00	10/01/2012
E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	\$349.28	10/01/2012
E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATIO	\$623.22	10/01/2012
E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G. GEL CELL, A	\$117.01	10/01/2012
E2372	POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY, EACH	CCR	10/01/2006
E2373	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYST	\$608.78	10/01/2012

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E2374	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE JOYS	\$414.55	10/01/2012
E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELE	\$664.93	10/01/2012
E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRO	\$1,041.97	10/01/2012
E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRO	\$377.05	10/01/2012
E2378	POWER WHEELCHAIR COMPONENT, ACTUATOR, REPLACEMENT ONLY	\$463.97	10/01/2013
E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ON	\$58.14	10/01/2012
E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLA	\$15.84	10/01/2012
E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), A	\$115.92	10/01/2012
E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, E	\$61.77	10/01/2012
E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMEN	\$37.79	10/01/2012
E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT	\$114.87	10/01/2012
E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY,	\$49.56	10/01/2012
E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, E	\$39.11	10/01/2012
E2389	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	\$21.24	10/01/2012
E2390	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, R	\$33.21	10/01/2012
E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY	\$15.91	10/01/2012
E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED W	\$41.82	10/01/2012
E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONL	\$59.58	10/01/2012
E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ON	\$42.34	10/01/2012
E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	\$51.63	10/01/2012
E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	\$373.00	10/01/2012
E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	CCR	10/01/2006
E2500	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, LESS TH	\$352.20	10/01/2012
E2502	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES,	\$1,076.99	10/01/2012
E2504	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES,	\$1,420.70	10/01/2012
E2506	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES,	\$2,083.18	10/01/2012
E2508	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY	\$3,221.28	10/01/2012
E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF	\$6,095.84	10/01/2012
E2511	SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR PERSONAL DIGITAL	CCR	10/01/2006
E2512	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM	CCR	10/01/2006
E2599	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED	CCR	10/01/2006

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E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	\$47.48	10/01/2012
E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	\$92.69	10/01/2012
E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	\$117.68	10/01/2012
E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	\$146.26	10/01/2012
E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	\$208.95	10/01/2012
E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	\$325.98	10/01/2012
E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22	\$225.00	10/01/2012
E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR	\$270.21	10/01/2012
E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE	CCR	10/01/2006
E2610	WHEELCHAIR SEAT CUSHION, POWERED	CCR	10/01/2006
E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT,	\$242.48	10/01/2012
E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT,	\$328.01	10/01/2012
E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY	\$305.10	10/01/2012
E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY	\$422.24	10/01/2012
E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22	\$351.12	10/01/2012
E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR	\$472.43	10/01/2012
E2617	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE	CCR	10/01/2006
E2619	REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH	\$39.83	10/01/2012
E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH	\$425.16	10/01/2012
E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH	\$446.17	10/01/2012
E2622	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES,	\$257.31	10/01/2012
E2623	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER,	\$327.42	10/01/2012
E2624	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS	\$259.42	10/01/2012
E2625	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 IN	\$328.42	10/01/2012
E2626	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR,	\$559.41	10/01/2012
E2627	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR,	\$892.65	10/01/2012
E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR,	\$672.47	10/01/2012
E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR,	\$850.99	10/01/2012
E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND	\$595.10	10/01/2012
E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	\$238.05	10/01/2012
E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER	\$148.78	10/01/2012

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E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	\$128.39	10/01/2012
E8000	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND	CCR	10/01/2006
E8001	GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES AND	CCR	10/01/2006
E8002	GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND	CCR	10/01/2006
G0008	ADMINISTRATION OF INFLUENZA VIRUS VACCINE	\$28.83	10/01/2017
G0009	ADMINISTRATION OF PNEUMOCOCCAL VACCINE	\$28.83	10/01/2017
G0010	ADMINISTRATION OF HEPATITIS B VACCINE	\$28.83	10/01/2017
G0027	SEMEN ANALYSIS; PRESENCE AND/OR MOTILITY OF SPERM EXCLUDING HUHNER	\$8.85	10/01/2015
G0101	CERVICAL OR VAGINAL CANCER SCREENING; PELVIC AND CLINICAL BREAST EXAMINATION	\$58.25	10/01/2017
G0102	PROSTATE CANCER SCREENING; DIGITAL RECTAL EXAMINATION	Bundled	10/01/2006
G0103	PROSTATE CANCER SCREENING; PROSTATE SPECIFIC ANTIGEN TEST (PSA)	\$25.03	10/01/2015
G0104	COLORECTAL CANCER SCREENING; FLEXIBLE SIGMOIDOSCOPY	\$553.50	10/01/2017
G0105	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL AT HIGH RISK	\$553.50	10/01/2017
G0106	COLORECTAL CANCER SCREENING; ALTERNATIVE TO G0104, SCREENING SIGMOIDOSCOPY,	\$187.28	10/01/2017
G0117	GLAUCOMA SCREENING FOR HIGH RISK PATIENTS FURNISHED BY AN OPTOMETRIST OR	\$23.53	10/01/2017
G0118	GLAUCOMA SCREENING FOR HIGH RISK PATIENT FURNISHED UNDER THE DIRECT SUPERVISION	\$23.53	10/01/2017
G0120	COLORECTAL CANCER SCREENING; ALTERNATIVE TO G0105, SCREENING COLONOSCOPY,	\$372.78	10/01/2017
G0121	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL NOT MEETING CRITERIA FOR	\$553.50	10/01/2017
G0122	COLORECTAL CANCER SCREENING; BARIUM ENEMA	CCR	10/01/2006
G0123	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED	\$27.57	10/01/2015
G0124	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED	CCR	01/01/2012
G0127	TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER	\$45.22	10/01/2017
G0130	SINGLE ENERGY X-RAY ABSORPTIOMETRY (SEXA) BONE DENSITY STUDY, ONE OR MORE	\$93.45	10/01/2017
G0141	SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED	CCR	10/01/2006
G0143	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED	\$27.57	10/01/2015
G0144	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED	\$29.08	10/01/2015
G0145	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED	\$36.05	10/01/2015
G0147	SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED	\$15.49	10/01/2015
G0148	SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED	\$20.68	10/01/2015
G0151	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST IN THE HOME HEALTH OR HOSPI	CCR	10/01/2006
G0152	SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST IN THE HOME HEALTH OR H	CCR	10/01/2006

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G0153	SERVICES PERFORMED BY A QUALIFIED SPEECH-LANGUAGE PATHOLOGIST IN THE HOME HEALTH	CCR	10/01/2006
G0166	EXTERNAL COUNTERPULSATION, PER TREATMENT SESSION	\$218.53	10/01/2017
G0168	WOUND CLOSURE UTILIZING TISSUE ADHESIVE(S) ONLY	CCR	10/01/2006
G0175	SCHEDULED INTERDISCIPLINARY TEAM CONFERENCE (MINIMUM OF THREE EXCLUSIVE OF	\$221.18	10/01/2017
G0179	PHYSICIAN RE-CERTIFICATION FOR MEDICARE-COVERED HOME HEALTH SERVICES UNDER A	CCR	10/01/2006
G0180	PHYSICIAN CERTIFICATION FOR MEDICARE-COVERED HOME HEALTH SERVICES UNDER A HOME	CCR	10/01/2006
G0186	DESTRUCTION OF LOCALIZED LESION OF CHOROID (FOR EXAMPLE, CHOROIDAL	\$367.06	10/01/2016
G0202	SCREENING MAMMOGRAPHY, PRODUCING DIRECT DIGITAL IMAGE, BILATERAL, ALL VIEWS	CCR	01/01/2012
G0204	DIAGNOSTIC MAMMOGRAPHY, PRODUCING DIRECT 2-D DIGITAL IMAGE, BILATERAL, ALL VIEWS	CCR	01/01/2012
G0206	DIAGNOSTIC MAMMOGRAPHY, PRODUCING DIRECT 2-D DIGITAL IMAGE, UNILATERAL, ALL VIEW	CCR	01/01/2012
G0219	PET IMAGING WHOLE BODY; MELANOMA FOR NON-COVERED INDICATIONS	CCR	10/01/2006
G0245	INITIAL PHYSICIAN EVALUATION AND MANAGEMENT OF A DIABETIC PATIENT WITH DIABETIC	\$85.12	10/01/2016
G0246	FOLLOW-UP PHYSICIAN EVALUATION AND MANAGEMENT OF A DIABETIC PATIENT WITH	\$85.12	10/01/2016
G0247	ROUTINE FOOT CARE BY A PHYSICIAN OF A DIABETIC PATIENT WITH DIABETIC SENSORY	\$126.94	10/01/2017
G0248	DEMONSTRATION, PRIOR TO INITIAL USE, OF HOME INR MONITORING FOR PATIENT WITH EIT	\$85.12	10/01/2016
G0249	PROVISION OF TEST MATERIALS AND EQUIPMENT FOR HOME INR MONITORING OF PATIENT WIT	\$85.12	10/01/2016
G0250	PHYSICIAN REVIEW, INTERPRETATION, AND PATIENT MANAGEMENT OF HOME INR TESTING FOR	CCR	10/01/2006
G0257	UNSCHEDULED OR EMERGENCY DIALYSIS TREATMENT FOR AN ESRD PATIENT IN A HOSPITAL	\$455.65	10/01/2016
G0259	INJECTION PROCEDURE FOR SACROILIAC JOINT; ARTHROGRAPY	Bundled	10/01/2006
G0260	INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF ANESTHETIC, STEROID	\$420.46	10/01/2017
G0268	REMOVAL OF IMPACTED CERUMEN (ONE OR BOTH EARS) BY PHYSICIAN ON SAME DATE OF	Bundled	01/01/2012
G0269	PLACEMENT OF OCCLUSIVE DEVICE INTO EITHER A VENOUS OR ARTERIAL ACCESS SITE,	Bundled	10/01/2006
G0270	MEDICAL NUTRITION THERAPY; REASSESSMENT AND SUBSEQUENT INTERVENTION(S)	CCR	01/01/2012
G0271	MEDICAL NUTRITION THERAPY, REASSESSMENT AND SUBSEQUENT INTERVENTION(S)	CCR	01/01/2012
G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	\$89.78	10/01/2016
G0278	ILIAC ARTERY ANGIOGRAPHY PERFORMED AT THE SAME TIME OF CARDIAC CATHETERIZATION,	Bundled	10/01/2006
G0279	DIAGNOSTIC DIGITAL BREAST TOMOSYNTHESIS, UNILATERAL OR BILATERAL (LIST SEPARATEL	CCR	01/01/2015
G0281	ELECTRICAL STIMULATION, (UNATTENDED), TO ONE OR MORE AREAS, FOR CHRONIC STAGE	CCR	01/01/2012
G0283	ELECTRICAL STIMULATION (UNATTENDED), TO ONE OR MORE AREAS FOR INDICATION(S)	CCR	01/01/2012
G0289	ARTHROSCOPY, KNEE, SURGICAL, FOR REMOVAL OF LOOSE BODY, FOREIGN BODY,	Bundled	10/01/2006
G0293	NONCOVERED SURGICAL PROCEDURE(S) USING CONSCIOUS SEDATION, REGIONAL, GENERAL OR	\$23.53	10/01/2017

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G0294	NONCOVERED PROCEDURE(S) USING EITHER NO ANESTHESIA OR LOCAL ANESTHESIA ONLY, IN	\$23.53	10/01/2017
G0296	COUNSELING VISIT TO DISCUSS NEED FOR LUNG CANCER SCREENING (LDCT) USING LOW DOSE	\$58.25	10/01/2017
G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	\$49.62	10/01/2017
G0299	DIRECT SKILLED NURSING SERVICES OF A REGISTERED NURSE (RN) IN THE HOME HEALTH OR	CCR	01/01/2016
G0300	DIRECT SKILLED NURSING SERVICES OF A LICENSE PRACTICAL NURSE (LPN) IN THE HOME H	CCR	01/01/2016
G0302	PRE-OPERATIVE PULMONARY SURGERY SERVICES FOR PREPARATION FOR LVRS, COMPLETE	\$713.84	10/01/2016
G0303	PRE-OPERATIVE PULMONARY SURGERY SERVICES FOR PREPARATION FOR LVRS, 10 TO 15	\$105.37	10/01/2017
G0304	PRE-OPERATIVE PULMONARY SURGERY SERVICES FOR PREPARATION FOR LVRS, 1 TO 9 DAYS	\$713.84	10/01/2016
G0305	POST-DISCHARGE PULMONARY SURGERY SERVICES AFTER LVRS, MINIMUM OF 6 DAYS OF	\$713.84	10/01/2016
G0306	COMPLETE CBC, AUTOMATED (HGB, HCT, RBC, WBC, WITHOUT PLATELET COUNT) AND	\$8.73	10/01/2015
G0307	COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC; WITHOUT PLATELET COUNT)	\$8.73	10/01/2015
G0328	COLORECTAL CANCER SCREENING; FECAL OCCULT BLOOD TEST, IMMUNOASSAY, 1-3	\$17.97	10/01/2015
G0329	ELECTROMAGNETIC THERAPY, TO ONE OR MORE AREAS FOR CHRONIC STAGE III AND STAGE	CCR	10/01/2006
G0337	HOSPICE EVALUATION AND COUNSELING SERVICES, PRE-ELECTION	CCR	10/01/2006
G0339	IMAGE-GUIDED ROBOTIC LINEAR ACCELERATOR-BASED STEREOTACTIC RADIOSURGERY,	\$3,182.81	10/01/2013
G0340	IMAGE-GUIDED ROBOTIC LINEAR ACCELERATOR-BASED STEROTACTIC RADIOSURGERY,	\$2,270.72	10/01/2013
G0364	BONE MARROW ASPIRATION PERFORMED WITH BONE MARROW BIOPSY THROUGH THE SAME	Bundled	10/01/2014
G0365	VESSEL MAPPING OF VESSELS FOR HEMODIALYSIS ACCESS (SERVICES FOR PREOPERATIVE	\$93.45	10/01/2017
G0378	HOSPITAL OBSERVATION SERVICE, PER HOUR	Bundled	10/01/2015
G0379	DIRECT ADMISSION OF PATIENT FOR HOSPITAL OBSERVATION CARE	\$30.00	10/01/2015
G0424	PULMONARY REHABILITATION, INCLUDING EXERCISE (INCLUDES MONITORING), ONE HOUR, PE	\$45.22	10/01/2017
G0432	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY (EIA) TECHNIQUE, QUALIT	\$18.66	10/01/2015
G0433	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME-LINKED IMMONOSORBENT ASSAY (ELISA)	\$18.66	10/01/2015
G0435	INFECTIOUS AGENT ANTIGEN DETECTION BY RAPID ANTIBODY TEST ORORAL MUCOSA TRANSUD	\$16.32	10/01/2015
G0455	PREPARATION WITH INSTILLATION OF FECAL MICROBIOTA BY ANY METHOD, INCLUDING ASSES	\$218.53	10/01/2017
G0475	HIV ANTIGEN/ANTIBODY, COMBINATION ASSAY, SCREENING	CCR	01/01/2016
G0476	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HUMAN PAPILLOMAVIRUS (H	CCR	01/01/2016
G0491	DIALYSIS PROCEDURE AT A MEDICARE CERTIFIED ESRD FACILITY FOR ACUTE KIDNEY INJURY	CCR	01/01/2017
G0492	DIALYSIS PROCEDURE WITH A SINGLE EVALUATION BY A PHYSICIAN OR OTHER QUALUFIED HE	CCR	01/01/2017
G0498	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNI	\$231.66	10/01/2017
G0499	HEPATITIS B SCREENING IN NON-PREGNANT, HIGH RISK INDIVID	CCR	01/01/2017

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G0500	MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICIAN OR OTHER QUALIFIED HEA	Bundled	01/01/2017
G0508	Telehealth consultation, critical care, initial , physicians typically spend 60	CCR	01/01/2017
G0509	Telehealth consultation, critical care, subsequent, physicians typically spend 5	CCR	01/01/2017
G6001	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	CCR	01/01/2015
G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY O	CCR	01/01/2015
G6003	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA,SINGLE PORT OR PARALLEL OPPO	CCR	01/01/2015
G6004	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA,SINGLE PORT OR PARALLEL OPPO	CCR	01/01/2015
G6005	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA,SINGLE PORT OR PARALLEL OPPO	CCR	01/01/2015
G6006	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA,SINGLE PORT OR PARALLEL OPPO	CCR	01/01/2015
G6007	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A S	CCR	01/01/2015
G6008	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A S	CCR	01/01/2015
G6009	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A S	CCR	01/01/2015
G6010	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A S	CCR	01/01/2015
G6011	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING	CCR	01/01/2015
G6012	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING	CCR	01/01/2015
G6013	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING	CCR	01/01/2015
G6014	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING	CCR	01/01/2015
G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARRO	CCR	01/01/2015
G6016	COMPENSATOR-BASED BEAM MODULATION TREATMENT DELIVERY OF INVERSE PLANNED TREATMEN	CCR	01/01/2015
G6017	INTRA-FRACTION LOCALIZATION AND TRACKING OF TARGET OR PATIENT MOTION DURING DELI	CCR	01/01/2015
G9156	EVALUATION FOR WHEELCHAIR REQUIRING FACE TO FACE VISIT WITH PHYSICIAN	CCR	01/01/2012
J0120	INJECTION, TETRACYCLINE, UP TO 250 MG	\$81.66	10/01/2016
J0129	INJECTION, ABATACEPT, 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERE	\$34.22	10/01/2016
J0130	INJECTION ABCIXIMAB, 10 MG	\$699.71	10/01/2015
J0131	INJECTION, ACETAMINOPHEN, 10 MG	Bundled	10/01/2013
J0132	INJECTION, ACETYLCYSTEINE, 100 MG	Bundled	10/01/2016
J0133	INJECTION, ACYCLOVIR, 5 MG	Bundled	10/01/2012
J0135	INJECTION, ADALIMUMAB, 20 MG	\$664.02	10/01/2016
J0153	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COM	Bundled	01/01/2015
J0171	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	Bundled	10/01/2012
J0178	INJECTION, AFLIBERCEPT, 1 MG	\$817.25	10/01/2016

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J0180	INJECTION, AGALSIDASE BETA, 1 MG	\$133.08	10/01/2016
J0190	INJECTION, BIPERIDEN LACTATE, PER 5 MG	\$3.00	10/01/2011
J0200	INJECTION, ALATROFLOXACIN MESYLATE, 100 MG	\$34.97	10/01/2015
J0202	INJECTION, ALEMTUZUMAB, 1 MG	\$1,449.20	10/01/2016
J0205	INJECTION, ALGLUCERASE, PER 10 UNITS	\$40.53	10/01/2013
J0207	INJECTION, AMIFOSTINE, 500 MG	\$325.35	10/01/2016
J0210	INJECTION, METHYLDOPATE HCL, UP TO 250 MG	Bundled	10/01/2013
J0215	INJECTION, ALEFACEPT, 0.5 MG	\$34.71	10/01/2016
J0220	INJECTION, ALGLUCOSIDASE ALFA, 10 MG, NOT OTHERWISE SPECIFIED	\$172.28	10/01/2016
J0221	INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG	\$128.88	10/01/2016
J0256	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), NOT OTHERWISE SPECIFIED, 10 MG	\$3.83	10/01/2016
J0257	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA), 10 MG	\$3.56	10/01/2016
J0278	INJECTION, AMIKACIN SULFATE, 100 MG	Bundled	10/01/2012
J0280	INJECTION, AMINOPHYLLIN, UP TO 250 MG	Bundled	10/01/2012
J0282	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	Bundled	10/01/2012
J0285	INJECTION, AMPHOTERICIN B, 50 MG	Bundled	10/01/2012
J0287	INJECTION, AMPHOTERICIN B LIPID COMPLEX, 10 MG	\$11.46	10/01/2016
J0288	INJECTION, AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX, 10 MG	Bundled	10/01/2013
J0289	INJECTION, AMPHOTERICIN B LIPOSOME, 10 MG	\$15.04	10/01/2016
J0290	INJECTION, AMPICILLIN SODIUM, 500 MG	Bundled	10/01/2012
J0295	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	Bundled	10/01/2012
J0300	INJECTION, AMOBARBITAL, UP TO 125 MG	\$161.92	10/01/2016
J0330	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	Bundled	10/01/2012
J0348	INJECTION, ANIDULAFUNGIN, 1 MG	Bundled	10/01/2013
J0350	INJECTION, ANISTREPLASE, PER 30 UNITS	\$2,155.04	10/01/2011
J0360	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	Bundled	10/01/2012
J0364	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	\$30.13	10/01/2012
J0365	INJECTION, APROTONIN, 10,000 KIU	\$3.23	10/01/2014
J0380	INJECTION, METARAMINOL BITARTRATE, PER 10 MG	Bundled	10/01/2011
J0390	INJECTION, CHLOROQUINE HYDROCHLORIDE, UP TO 250 MG	Bundled	10/01/2011
J0395	INJECTION, ARBUTAMINE HCL, 1 MG	\$83.29	10/01/2013

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J0400	INJECTION, ARIPIRAZOLE, INTRAMUSCULAR, 0.25 MG	Bundled	10/01/2012
J0401	INJECTION, ARIPIRAZOLE, EXTENDED RELEASE, 1 MG	\$3.54	10/01/2016
J0456	INJECTION, AZITHROMYCIN, 500 MG	Bundled	10/01/2012
J0461	INJECTION, ATROPINE SULFATE, 0.01 MG	Bundled	10/01/2011
J0470	INJECTION, DIMERCAPROL, PER 100 MG	Bundled	10/01/2012
J0475	INJECTION, BACLOFEN, 10 MG	\$152.33	10/01/2016
J0476	INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL	\$64.48	10/01/2016
J0480	INJECTION, BASILIXIMAB, 20 MG	\$2,533.73	10/01/2016
J0485	INJECTION, BELATACEPT, 1 MG	\$3.17	10/01/2016
J0490	INJECTION, BELIMUMAB, 10 MG	\$34.58	10/01/2016
J0500	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	Bundled	10/01/2012
J0515	INJECTION, BENZTROPINE MESYLATE, PER 1 MG	Bundled	10/01/2012
J0520	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG	Bundled	10/01/2011
J0558	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, 100,000 UNITS	Bundled	10/01/2012
J0561	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS	\$6.98	10/01/2016
J0570	BUPRENORPHINE IMPLANT, 74.5 MG	\$1,093.34	01/01/2017
J0571	BUPRENORPHINE/NALOXONE, ORAL, LESS THAN OR EQUAL TO 3 MG BUPRENORPHINE	\$1.07	01/01/2015
J0572	BUPRENORPHINE/NALOXONE, ORAL, LESS THAN OR EQUAL TO 3 MG BUPRENORPHINE	\$7.06	01/01/2015
J0573	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 3 MG, BUT LESS THAN OR EQUAL TO 3.1 T	\$14.12	01/01/2015
J0574	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 6 MG, BUT LESS THAN OR EQUAL TO 10 MG	\$23.53	01/01/2015
J0575	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 10 MG BUPRENORPHINE	\$23.53	01/01/2015
J0583	INJECTION, BIVALIRUDIN, 1 MG	\$3.26	10/01/2015
J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	\$4.77	10/01/2016
J0586	INJECTION, ABOBOTULINUMTOXINA, 5 UNITS	\$6.48	10/01/2016
J0587	INJECTION, RIMABOTULINUMTOXINB, 100 UNITS	\$9.73	10/01/2016
J0588	INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT	\$4.02	10/01/2016
J0592	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	Bundled	10/01/2012
J0594	INJECTION, BUSULFAN, 1 MG	\$27.64	10/01/2016
J0595	INJECTION, BUTORPHANOL TARTRATE, 1 MG	Bundled	10/01/2012
J0596	INJECTION, C1 ESTERASE INHIBITOR (RECOMBINANT), RUCONEST, 10 UNITS	\$22.30	10/01/2016
J0597	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS	\$38.61	10/01/2016

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J0598	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), CINRYZE, 10 UNITS	\$45.43	10/01/2016
J0600	INJECTION, EDTATE CALCIUM DISODIUM, UP TO 1000 MG	\$4,662.95	10/01/2016
J0610	INJECTION, CALCIUM GLUCONATE, PER 10 ML	Bundled	10/01/2012
J0620	INJECTION, CALCIUM GLYCEROPHOSPHATE AND CALCIUM LACTATE, PER 10 ML	Bundled	10/01/2011
J0630	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS	\$1,974.67	10/01/2016
J0636	INJECTION, CALCITRIOL, 0.1 MCG	Bundled	10/01/2012
J0637	INJECTION, CASPOFUNGIN ACETATE, 5 MG	\$11.05	10/01/2016
J0638	INJECTION, CANAKINUMAB, 1 MG	\$77.02	10/01/2016
J0640	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	Bundled	10/01/2012
J0641	INJECTION, LEVOLEUCOVORIN CALCIUM, 0.5 MG	\$1.18	10/01/2016
J0670	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	Bundled	10/01/2012
J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG	Bundled	10/01/2012
J0692	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	Bundled	10/01/2012
J0694	INJECTION, CEFOXITIN SODIUM, 1 GM	Bundled	10/01/2012
J0695	INJECTION, CEFTOLOZANE 50 MG AND TAZOBACTAM 25 MG	\$3.58	10/01/2016
J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	Bundled	10/01/2012
J0697	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	Bundled	10/01/2012
J0698	INJECTION, CEFOTAXIME SODIUM, PER GM	Bundled	10/01/2012
J0702	INJECTION, BETAMETHASONE ACETATE 3MG AND BETAMETHASONE SODIUM PHOSPHATE 3MG	Bundled	10/01/2012
J0710	INJECTION, CEPHAPIRIN SODIUM, UP TO 1 GM	\$1.33	10/01/2011
J0712	INJECTION, CEFTAROLINE FOSAMIL, 10 MG	\$1.93	10/01/2016
J0713	INJECTION, CEFTAZIDIME, PER 500 MG	Bundled	10/01/2012
J0714	INJECTION, CEFTAZIDIME AND AVIBACTAM, 0.5 G/0.125 G	\$61.60	10/01/2016
J0715	INJECTION, CEFTIZOXIME SODIUM, PER 500 MG	Bundled	10/01/2011
J0716	INJECTION, CENTRUROIDES IMMUNE F(AB)2, UP TO 120 MILLIGRAMS	\$3,272.87	10/01/2016
J0717	INJECTION, CERTOLIZUMAB PEGOL, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADM	\$5.41	10/01/2016
J0720	INJECTION, CHLORAMPHENICOL SODIUM SUCCINATE, UP TO 1 GM	Bundled	10/01/2016
J0725	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	Bundled	10/01/2016
J0735	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	Bundled	10/01/2012
J0740	INJECTION, CIDOFOVIR, 375 MG	\$495.23	10/01/2016
J0743	INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MG	Bundled	10/01/2012

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J0744	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	Bundled	10/01/2012
J0745	INJECTION, CODEINE PHOSPHATE, PER 30 MG	Bundled	10/01/2011
J0770	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	Bundled	10/01/2012
J0775	INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01 MG	\$32.09	10/01/2016
J0780	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	Bundled	10/01/2012
J0795	INJECTION, CORTICORELIN OVINE TRIFLUTATE, 1 MICROGRAM	\$6.43	10/01/2016
J0800	INJECTION, CORTICOTROPIN, UP TO 40 UNITS	\$2,982.72	10/01/2016
J0833	INJECTION, COSYNTROPIN, NOT OTHERWISE SPECIFIED, 0.25 MG	Bundled	10/01/2016
J0834	INJECTION, COSYNTROPIN (CORTROSYN), 0.25 MG	Bundled	10/01/2012
J0840	INJECTION, CROTALIDAE POLYVALENT IMMUNE FAB (OVINE), UP TO 1 GRAM	\$2,225.77	10/01/2016
J0850	INJECTION, CYTOMEGALOVIRUS IMMUNE GLOBULIN INTRAVENOUS (HUMAN), PER VIAL	\$887.49	10/01/2016
J0875	INJECTION, DALBAVANCIN, 5MG	\$12.25	10/01/2016
J0878	INJECTION, DAPTOMYCIN, 1 MG	\$0.69	10/01/2016
J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	\$3.45	10/01/2016
J0882	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (FOR ESRD ON DIALYSIS)	\$3.45	10/01/2016
J0883	INJECTION, ARGATROBAN, 1 MG (FOR NON-ESRD USE)	\$1.78	01/01/2017
J0884	INJECTION, ARGATROBAN, 1 MG (FOR ESRD ON DIALYSIS)	Bundled	01/01/2017
J0885	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	\$10.31	10/01/2016
J0890	INJECTION, PEGINESATIDE, 0.1 MG (FOR ESRD ON DIALYSIS)	\$8.62	01/01/2013
J0894	INJECTION, DECITABINE, 1 MG	\$19.15	10/01/2016
J0895	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	Bundled	10/01/2012
J0897	INJECTION, DENOSUMAB, 1 MG	\$13.01	10/01/2016
J0945	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	Bundled	10/01/2011
J1000	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	Bundled	10/01/2011
J1020	INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG	Bundled	10/01/2012
J1030	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	Bundled	10/01/2012
J1040	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	Bundled	10/01/2012
J1050	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	Bundled	01/01/2013
J1071	INJECTION, TESTOSTERONE CYPIONATE, 1MG	Bundled	01/01/2015
J1094	INJECTION, DEXAMETHASONE ACETATE, 1 MG	Bundled	10/01/2011
J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	Bundled	10/01/2012

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J1110	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	Bundled	10/01/2012
J1120	INJECTION, ACETAZOLAMIDE SODIUM, UP TO 500 MG	Bundled	10/01/2012
J1130	INJECTION, DICLOFENAC SODIUM, 0.5 MG	CCR	01/01/2017
J1160	INJECTION, DIGOXIN, UP TO 0.5 MG	Bundled	10/01/2016
J1162	INJECTION, DIGOXIN IMMUNE FAB (OVINE), PER VIAL	\$2,533.74	10/01/2016
J1165	INJECTION, PHENYTOIN SODIUM, PER 50 MG	Bundled	10/01/2012
J1170	INJECTION, HYDROMORPHONE, UP TO 4 MG	Bundled	10/01/2012
J1180	INJECTION, DYPHYLLINE, UP TO 500 MG	\$4.32	10/01/2012
J1190	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	\$136.24	10/01/2016
J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	Bundled	10/01/2012
J1205	INJECTION, CHLOROTHIAZIDE SODIUM, PER 500 MG	\$90.93	10/01/2016
J1212	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	\$263.01	10/01/2016
J1230	INJECTION, METHADONE HCL, UP TO 10 MG	Bundled	10/01/2012
J1240	INJECTION, DIMENHYDRINATE, UP TO 50 MG	Bundled	10/01/2012
J1245	INJECTION, DIPYRIDAMOLE, PER 10 MG	Bundled	10/01/2011
J1250	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	Bundled	10/01/2012
J1260	INJECTION, DOLASETRON MESYLATE, 10 MG	Bundled	10/01/2012
J1265	INJECTION, DOPAMINE HCL, 40 MG	Bundled	10/01/2012
J1267	INJECTION, DORIPENEM, 10 MG	Bundled	10/01/2012
J1270	INJECTION, DOXERCALCIFEROL, 1 MCG	Bundled	10/01/2012
J1290	INJECTION, ECALLANTIDE, 1 MG	\$333.75	10/01/2016
J1300	INJECTION, ECULIZUMAB, 10 MG	\$179.97	10/01/2016
J1320	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	Bundled	10/01/2011
J1322	INJECTION, ELOSULFASE ALFA, 1MG	\$184.75	10/01/2016
J1324	INJECTION, ENFUVIRTIDE, 1 MG	\$15.53	10/01/2016
J1325	INJECTION, EPOPROSTENOL, 0.5 MG	Bundled	10/01/2012
J1327	INJECTION, EPTIFIBATIDE, 5 MG	\$27.10	10/01/2016
J1330	INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG	Bundled	10/01/2016
J1335	INJECTION, ERTAPENEM SODIUM, 500 MG	Bundled	10/01/2012
J1364	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	\$41.12	10/01/2016
J1380	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	Bundled	10/01/2012

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J1410	INJECTION, ESTROGEN CONJUGATED, PER 25 MG	\$190.35	10/01/2016
J1430	INJECTION, ETHANOLAMINE OLEATE, 100 MG	\$336.81	10/01/2016
J1435	INJECTION, ESTRONE, PER 1 MG	\$1.49	10/01/2013
J1436	INJECTION, ETIDRONATE DISODIUM, PER 300 MG	Bundled	10/01/2011
J1438	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG	\$316.01	10/01/2016
J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	\$0.88	10/01/2016
J1442	INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM	\$0.84	10/01/2016
J1447	INJECTION, TBO-FILGRASTIM, 1 MICROGRAM	\$0.64	10/01/2016
J1450	INJECTION FLUCONAZOLE, 200 MG	Bundled	10/01/2012
J1451	INJECTION, FOMEPIZOLE, 15 MG	\$5.83	10/01/2016
J1452	INJECTION, FOMIVIRSEN SODIUM, INTRAOCULAR, 1.65 MG	Bundled	10/01/2013
J1453	INJECTION, FOSAPREPITANT, 1 MG	\$1.51	10/01/2016
J1455	INJECTION, FOSCARNET SODIUM, PER 1000 MG	\$12.58	10/01/2014
J1457	INJECTION, GALLIUM NITRATE, 1 MG	\$1.98	10/01/2012
J1458	INJECTION, GALSULFASE, 1 MG	\$303.56	10/01/2016
J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID	\$31.89	10/01/2016
J1460	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	\$27.09	10/01/2014
J1556	INJECTION, IMMUNE GLOBULIN (BIVIGAM), 500 MG	\$32.70	10/01/2016
J1557	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUI	\$31.07	10/01/2016
J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	\$7.06	10/01/2016
J1560	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, OVER 10 CC	\$270.86	10/01/2014
J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID),	\$34.86	10/01/2016
J1562	INJECTION, IMMUNE GLOBULIN (VIVAGLOBIN), 100 MG	\$12.27	10/01/2013
J1566	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWIS	\$29.19	10/01/2016
J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID	\$38.22	10/01/2016
J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID),	\$32.36	10/01/2016
J1570	INJECTION, GANCICLOVIR SODIUM, 500 MG	Bundled	10/01/2014
J1571	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAMUSCULAR, 0.5 ML	\$45.82	10/01/2016
J1572	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NON-LYOPHI	\$32.63	10/01/2016
J1573	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML	\$45.82	10/01/2016
J1575	INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN	\$9.56	10/01/2016

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J1580	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	Bundled	10/01/2012
J1599	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), NOT OTHE	Bundled	01/01/2011
J1600	INJECTION, GOLD SODIUM THIOMALATE, UP TO 50 MG	Bundled	10/01/2015
J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	\$20.50	10/01/2016
J1610	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	\$163.84	10/01/2016
J1620	INJECTION, GONADORELIN HYDROCHLORIDE, PER 100 MCG	\$5.84	10/01/2013
J1626	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	Bundled	10/01/2012
J1630	INJECTION, HALOPERIDOL, UP TO 5 MG	Bundled	10/01/2012
J1631	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	Bundled	10/01/2012
J1640	INJECTION, HEMIN, 1 MG	\$18.15	10/01/2016
J1642	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	Bundled	10/01/2012
J1644	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	Bundled	10/01/2012
J1645	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	Bundled	10/01/2012
J1650	INJECTION, ENOXAPARIN SODIUM, 10 MG	Bundled	10/01/2012
J1652	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	Bundled	10/01/2012
J1655	INJECTION, TINZAPARIN SODIUM, 1000 IU	\$4.24	10/01/2012
J1670	INJECTION, TETANUS IMMUNE GLOBULIN, HUMAN, UP TO 250 UNITS	\$336.49	10/01/2016
J1675	INJECTION, HISTRELIN ACETATE, 10 MICROGRAMS	\$3.80	10/01/2011
J1700	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	Bundled	10/01/2011
J1710	INJECTION, HYDROCORTISONE SODIUM PHOSPHATE, UP TO 50 MG	Bundled	10/01/2011
J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	Bundled	10/01/2012
J1725	INJECTION, HYDROXYPROGESTERONE CAPROATE, 1 MG	\$2.13	10/01/2016
J1730	INJECTION, DIAZOXIDE, UP TO 300 MG	\$85.12	10/01/2013
J1740	INJECTION, IBANDRONATE SODIUM, 1 MG	\$86.79	10/01/2016
J1741	INJECTION, IBUPROFEN, 100 MG	Bundled	01/01/2013
J1742	INJECTION, IBUTILIDE FUMARATE, 1 MG	\$90.88	10/01/2016
J1743	INJECTION, IDURSULFASE, 1 MG	\$435.63	10/01/2016
J1744	INJECTION, ICATIBANT, 1 MG	\$261.95	10/01/2016
J1745	INJECTION INFLIXIMAB, 10 MG	\$68.01	10/01/2016
J1750	INJECTION, IRON DEXTRAN, 50 MG	\$10.22	10/01/2016
J1756	INJECTION, IRON SUCROSE, 1 MG	Bundled	10/01/2012

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J1786	INJECTION, IMIGLUCERASE, 10 UNITS	\$34.97	10/01/2016
J1790	INJECTION, DROPERIDOL, UP TO 5 MG	Bundled	10/01/2012
J1800	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	Bundled	10/01/2012
J1810	INJECTION, DROPERIDOL AND FENTANYL CITRATE, UP TO 2 ML AMPULE	\$5.30	10/01/2011
J1815	INJECTION, INSULIN, PER 5 UNITS	Bundled	10/01/2012
J1817	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	Bundled	10/01/2012
J1826	INJECTION, INTERFERON BETA-1A, 30 MCG	\$857.57	10/01/2012
J1830	INJECTION INTERFERON BETA-1B, 0.25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG	\$311.38	10/01/2016
J1833	INJECTION, ISAVUCONAZONIUM, 1 MG	\$0.53	10/01/2016
J1835	INJECTION, ITRACONAZOLE, 50 MG	\$0.27	10/01/2013
J1840	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	Bundled	10/01/2011
J1850	INJECTION, KANAMYCIN SULFATE, UP TO 75 MG	Bundled	10/01/2011
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	Bundled	10/01/2012
J1890	INJECTION, CEPHALOTHIN SODIUM, UP TO 1 GRAM	Bundled	10/01/2011
J1930	INJECTION, LANREOTIDE, 1 MG	\$40.37	10/01/2016
J1931	INJECTION, LARONIDASE, 0.1 MG	\$24.71	10/01/2016
J1940	INJECTION, FUROSEMIDE, UP TO 20 MG	Bundled	10/01/2012
J1942	INJECTION, ARIPIRAZOLE LAUROXIL, 1 MG	\$1.98	01/01/2017
J1945	INJECTION, LEPIRUDIN, 50 MG	\$196.31	10/01/2016
J1950	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	\$778.82	10/01/2016
J1953	INJECTION, LEVETIRACETAM, 10 MG	Bundled	10/01/2012
J1955	INJECTION, LEVOCARNITINE, PER 1 GM	\$7.08	10/01/2012
J1956	INJECTION, LEVOFLOXACIN, 250 MG	Bundled	10/01/2012
J1960	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	Bundled	10/01/2011
J1980	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG	Bundled	10/01/2012
J1990	INJECTION, CHLORDIAZEPOXIDE HCL, UP TO 100 MG	Bundled	10/01/2011
J2001	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	Bundled	10/01/2011
J2010	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	Bundled	10/01/2012
J2020	INJECTION, LINEZOLID, 200MG	Bundled	10/01/2016
J2060	INJECTION, LORAZEPAM, 2 MG	Bundled	10/01/2012
J2150	INJECTION, MANNITOL, 25% IN 50 ML	Bundled	10/01/2012

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J2170	INJECTION, MECASERMIN, 1 MG	Bundled	10/01/2012
J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	Bundled	10/01/2012
J2180	INJECTION, MEPERIDINE AND PROMETHAZINE HCL, UP TO 50 MG	Bundled	10/01/2011
J2182	INJECTION, MEPOLIZUMAB, 1 MG	\$21.61	01/01/2017
J2185	INJECTION, MEROPENEM, 100 MG	Bundled	10/01/2012
J2210	INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG	Bundled	10/01/2012
J2212	INJECTION, METHYLNALTREXONE, 0.1 MG	Bundled	10/01/2014
J2248	INJECTION, MICAFUNGIN SODIUM, 1 MG	Bundled	10/01/2015
J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	Bundled	10/01/2012
J2260	INJECTION, MILRINONE LACTATE, 5 MG	\$5.22	10/01/2012
J2265	INJECTION, MINOCYCLINE HYDROCHLORIDE, 1 MG	\$0.56	10/01/2013
J2270	INJECTION, MORPHINE SULFATE, UP TO 10 MG	Bundled	10/01/2012
J2274	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE,	Bundled	01/01/2015
J2278	INJECTION, ZICONOTIDE, 1 MICROGRAM	\$5.98	10/01/2016
J2280	INJECTION, MOXIFLOXACIN, 100 MG	Bundled	10/01/2012
J2300	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	Bundled	10/01/2012
J2310	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	Bundled	10/01/2012
J2315	INJECTION, NALTREXONE, DEPOT FORM, 1 MG	\$2.67	10/01/2016
J2320	INJECTION, NANDROLONE DECANOATE, UP TO 50 MG	\$102.34	10/01/2016
J2323	INJECTION, NATALIZUMAB, 1 MG	\$14.22	10/01/2016
J2325	INJECTION, NESIRITIDE, 0.1 MG	\$61.02	10/01/2016
J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	\$133.69	10/01/2016
J2354	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS	Bundled	10/01/2012
J2355	INJECTION, OPRELVEKIN, 5 MG	\$366.63	10/01/2016
J2357	INJECTION, OMALIZUMAB, 5 MG	\$25.95	10/01/2016
J2358	INJECTION, OLANZAPINE, LONG-ACTING, 1 MG	\$2.43	10/01/2016
J2360	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	Bundled	10/01/2012
J2370	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	Bundled	10/01/2012
J2400	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	Bundled	10/01/2012
J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	Bundled	10/01/2012
J2407	INJECTION, ORITAVANCIN, 10 MG	\$20.59	10/01/2016

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J2410	INJECTION, OXYMORPHONE HCL, UP TO 1 MG	Bundled	10/01/2011
J2425	INJECTION, PALIFERMIN, 50 MICROGRAMS	\$13.65	10/01/2016
J2426	INJECTION, PALIPERIDONE PALMITATE EXTENDED RELEASE, 1 MG	\$7.23	10/01/2016
J2430	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	Bundled	10/01/2012
J2440	INJECTION, PAPAVERINE HCL, UP TO 60 MG	Bundled	10/01/2012
J2460	INJECTION, OXYTETRACYCLINE HCL, UP TO 50 MG	Bundled	10/01/2012
J2469	INJECTION, PALONOSETRON HCL, 25 MCG	\$18.56	10/01/2016
J2501	INJECTION, PARICALCITOL, 1 MCG	Bundled	10/01/2012
J2502	INJECTION, PASIREOTIDE LONG ACTING, 1 MG	\$199.58	10/01/2016
J2503	INJECTION, PEGAPTANIB SODIUM, 0.3 MG	\$879.09	10/01/2016
J2504	INJECTION, PEGADEMASE BOVINE, 25 IU	\$234.55	10/01/2016
J2505	INJECTION, PEGFILGRASTIM, 6 MG	\$3,249.32	10/01/2016
J2507	INJECTION, PEGLOTICASE, 1 MG	\$1,150.22	10/01/2016
J2510	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS	\$19.16	10/01/2016
J2513	INJECTION, PENTASTARCH, 10% SOLUTION, 100 ML	\$13.06	10/01/2012
J2515	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	\$32.95	10/01/2015
J2540	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	Bundled	10/01/2012
J2543	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125	Bundled	10/01/2012
J2545	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-CO	\$56.85	10/01/2012
J2547	INJECTION, PERAMIVIR, 1 MG	\$1.38	10/01/2016
J2550	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	Bundled	10/01/2012
J2560	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	Bundled	10/01/2012
J2562	INJECTION, PLERIXAFOR, 1 MG	\$256.85	10/01/2016
J2590	INJECTION, OXYTOCIN, UP TO 10 UNITS	Bundled	10/01/2012
J2597	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	\$11.76	10/01/2016
J2650	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	Bundled	10/01/2011
J2670	INJECTION, TOLAZOLINE HCL, UP TO 25 MG	\$1,333.93	10/01/2016
J2675	INJECTION, PROGESTERONE, PER 50 MG	Bundled	10/01/2012
J2680	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	Bundled	10/01/2012
J2690	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	Bundled	10/01/2012
J2700	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	Bundled	10/01/2013

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J2704	INJECTION, PROPOFOL, 10 MG	Bundled	01/01/2015
J2710	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	Bundled	10/01/2011
J2720	INJECTION, PROTAMINE SULFATE, PER 10 MG	Bundled	10/01/2012
J2724	INJECTION, PROTEIN C CONCENTRATE, INTRAVENOUS, HUMAN, 10 IU	\$12.66	10/01/2016
J2725	INJECTION, PROTIRELIN, PER 250 MCG	\$28.68	10/01/2013
J2730	INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM	\$83.49	10/01/2015
J2760	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	\$354.90	10/01/2016
J2765	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	Bundled	10/01/2012
J2770	INJECTION, QUINUPRISTIN/DALFOPRISTIN, 500 MG (150/350)	\$276.84	10/01/2016
J2778	INJECTION, RANIBIZUMAB, 0.1 MG	\$322.01	10/01/2016
J2780	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	Bundled	10/01/2012
J2783	INJECTION, RASBURICASE, 0.5 MG	\$201.67	10/01/2016
J2785	INJECTION, REGADENOSON, 0.1 MG	Bundled	10/01/2013
J2786	INJECTION, RESLIZUMAB, 1 MG	\$7.23	01/01/2017
J2788	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MICROGRAMS (250 I.U.)	Bundled	10/01/2013
J2790	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 I.U.)	Bundled	10/01/2013
J2791	INJECTION, RHO(D) IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC), INTRAMUSCULAR OR INTRAVE	Bundled	10/01/2015
J2792	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	\$16.88	10/01/2016
J2793	INJECTION, RILONACEPT, 1 MG	\$20.08	10/01/2016
J2794	INJECTION, RISPERIDONE, LONG ACTING, 0.5 MG	\$6.10	10/01/2016
J2795	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	Bundled	10/01/2012
J2796	INJECTION, ROMIPLOSTIM, 10 MICROGRAMS	\$49.78	10/01/2016
J2800	INJECTION, METHOCARBAMOL, UP TO 10 ML	Bundled	10/01/2016
J2805	INJECTION, SINCALIDE, 5 MICROGRAMS	Bundled	10/01/2012
J2810	INJECTION, THEOPHYLLINE, PER 40 MG	Bundled	10/01/2012
J2820	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG	\$29.27	10/01/2016
J2840	INJECTION, SEBELIPASE ALFA, 1 MG	\$441.76	01/01/2017
J2850	INJECTION, SECRETIN, SYNTHETIC, HUMAN, 1 MICROGRAM	\$28.99	10/01/2016
J2860	INJECTION, SILTUXIMAB, 10 MG	\$7.50	10/01/2016
J2910	INJECTION, AUROTHIOGLUCOSE, UP TO 50 MG	Bundled	10/01/2011
J2916	INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5 MG	Bundled	10/01/2012

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J2920	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	Bundled	10/01/2012
J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	Bundled	10/01/2012
J2940	INJECTION, SOMATREM, 1 MG	\$40.19	10/01/2011
J2941	INJECTION, SOMATROPIN, 1 MG	\$68.01	10/01/2016
J2950	INJECTION, PROMAZINE HCL, UP TO 25 MG	Bundled	10/01/2011
J2993	INJECTION, RETEPLASE, 18.1 MG	\$1,918.64	10/01/2016
J2995	INJECTION, STREPTOKINASE, PER 250,000 IU	Bundled	10/01/2012
J2997	INJECTION, ALTEPLASE RECOMBINANT, 1 MG	\$62.23	10/01/2016
J3000	INJECTION, STREPTOMYCIN, UP TO 1 GM	Bundled	10/01/2012
J3010	INJECTION, FENTANYL CITRATE, 0.1 MG	Bundled	10/01/2012
J3030	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG	Bundled	10/01/2012
J3060	INJECTION, TALIGLUCERASE ALFA, 10 UNITS	\$32.14	10/01/2016
J3070	INJECTION, PENTAZOCINE, 30 MG	\$104.57	10/01/2016
J3090	INJECTION, TEDIZOLID PHOSPHATE, 1 MG	\$1.01	10/01/2016
J3095	INJECTION, TELEVANCIN, 10 MG	\$4.35	10/01/2016
J3101	INJECTION, TENECTEPLASE, 1 MG	\$78.33	10/01/2016
J3105	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	Bundled	10/01/2012
J3110	INJECTION, TERIPARATIDE, 10 MCG	\$17.67	10/01/2012
J3121	INJECTION, TESTOSTERONE ENANTHATE, 1MG	Bundled	01/01/2015
J3145	INJECTION, TESTOSTERONE UNDECANOATE, 1 MG	Bundled	10/01/2016
J3230	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	Bundled	10/01/2012
J3240	INJECTION, THYROTROPIN ALPHA, 0.9 MG, PROVIDED IN 1.1 MG VIAL	\$1,215.23	10/01/2016
J3243	INJECTION, TIGECYCLINE, 1 MG	\$2.02	10/01/2016
J3246	INJECTION, TIROFIBAN HCL, 0.25MG	\$8.18	10/01/2016
J3250	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	Bundled	10/01/2012
J3260	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	Bundled	10/01/2012
J3262	INJECTION, TOCILIZUMAB, 1 MG	\$3.32	10/01/2016
J3265	INJECTION, TORSEMIDE, 10 MG/ML	Bundled	10/01/2012
J3280	INJECTION, THIETHYLPERAZINE MALEATE, UP TO 10 MG	Bundled	10/01/2011
J3285	INJECTION, TREPROSTINIL, 1 MG	\$51.04	10/01/2016
J3300	INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE FREE, 1 MG	\$3.09	10/01/2016

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J3301	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	Bundled	10/01/2012
J3302	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	Bundled	10/01/2011
J3303	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MG	Bundled	10/01/2012
J3305	INJECTION, TRIMETREXATE GLUCURONATE, PER 25 MG	Bundled	10/01/2011
J3310	INJECTION, PERPHENAZINE, UP TO 5 MG	Bundled	10/01/2012
J3315	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	\$195.84	10/01/2016
J3320	INJECTION, SPECTINOMYCIN DIHYDROCHLORIDE, UP TO 2 GM	\$28.58	10/01/2011
J3350	INJECTION, UREA, UP TO 40 GM	\$115.61	10/01/2015
J3357	INJECTION, USTEKINUMAB, 1 MG	\$141.14	10/01/2016
J3360	INJECTION, DIAZEPAM, UP TO 5 MG	Bundled	10/01/2012
J3364	INJECTION, UROKINASE, 5000 IU VIAL	Bundled	10/01/2012
J3365	INJECTION, IV, UROKINASE, 250,000 I.U. VIAL	\$219.04	10/01/2016
J3370	INJECTION, VANCOMYCIN HCL, 500 MG	Bundled	10/01/2012
J3380	INJECTION, VEDOLIZUMAB, 1 MG	\$14.19	10/01/2016
J3385	INJECTION, VELAGLUCERASE ALFA, 100 UNITS	\$285.30	10/01/2016
J3396	INJECTION, VERTEPORFIN, 0.1 MG	\$9.14	10/01/2016
J3400	INJECTION, TRIFLUPROMAZINE HCL, UP TO 20 MG	\$11.27	10/01/2011
J3410	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	Bundled	10/01/2012
J3411	INJECTION, THIAMINE HCL, 100 MG	Bundled	10/01/2012
J3415	INJECTION, PYRIDOXINE HCL, 100 MG	Bundled	10/01/2012
J3420	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	Bundled	10/01/2012
J3430	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	Bundled	10/01/2011
J3465	INJECTION, VORICONAZOLE, 10 MG	\$3.80	10/01/2016
J3470	INJECTION, HYALURONIDASE, UP TO 150 UNITS	Bundled	10/01/2011
J3471	INJECTION, HYALURONIDASE, OVINE, PRESERVATIVE FREE, PER 1 USP UNIT (UP TO 999 US	Bundled	10/01/2012
J3472	INJECTION, HYALURONIDASE, OVINE, PRESERVATIVE FREE, PER 1000 USP UNITS	Bundled	10/01/2011
J3473	INJECTION, HYALURONIDASE, RECOMBINANT, 1 USP UNIT	Bundled	10/01/2012
J3475	INJECTION, MAGNESIUM SULFATE, PER 500 MG	Bundled	10/01/2012
J3480	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	Bundled	10/01/2012
J3485	INJECTION, ZIDOVUDINE, 10 MG	Bundled	10/01/2015
J3486	INJECTION, ZIPRASIDONE MESYLATE, 10 MG	Bundled	10/01/2012

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J3489	INJECTION, ZOLEDRONIC ACID, 1 MG	Bundled	10/01/2016
J3490	UNCLASSIFIED DRUGS	Bundled	10/01/2006
J3520	EDETATE DISODIUM, PER 150 MG	\$1.21	10/01/2011
J3530	NASAL VACCINE INHALATION	Bundled	01/01/2012
J3535	DRUG ADMINISTERED THROUGH A METERED DOSE INHALER	CCR	01/01/2012
J3590	UNCLASSIFIED BIOLOGICS	Bundled	10/01/2006
J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	Bundled	10/01/2012
J7040	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	Bundled	10/01/2012
J7042	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	Bundled	10/01/2012
J7050	INFUSION, NORMAL SALINE SOLUTION , 250 CC	Bundled	10/01/2012
J7060	5% DEXTROSE/WATER (500 ML = 1 UNIT)	Bundled	10/01/2012
J7070	INFUSION, D5W, 1000 CC	Bundled	10/01/2012
J7100	INFUSION, DEXTRAN 40, 500 ML	Bundled	10/01/2012
J7110	INFUSION, DEXTRAN 75, 500 ML	Bundled	10/01/2012
J7120	RINGERS LACTATE INFUSION, UP TO 1000 CC	Bundled	10/01/2012
J7131	HYPERTONIC SALINE SOLUTION, 1 ML	Bundled	01/01/2012
J7175	INJECTION, FACTOR X (HUMAN), 1 I.U.	\$5.43	01/01/2017
J7178	INJECTION, HUMAN FIBRINOGEN CONCENTRATE, 1 MG	\$0.91	10/01/2015
J7179	INJECTION, VON WILLEBRAND FACTOR, (RECOMBINANT), (VONDENDI), 1 I.U. VWF.RCO	\$1.92	01/01/2017
J7180	INJECTION, FACTOR XIII (ANTIHEMOPHILIC FACTOR, HUMAN), 1 I.U.	\$6.48	10/01/2016
J7181	INJECTION, FACTOR XIII A-SUBUNIT, (RECOMBINANT), PER IU	\$11.48	10/01/2016
J7182	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NOVOEIGHT), PER I	\$1.09	04/01/2017
J7183	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 1 I.U. VWF:RCO	\$0.82	10/01/2016
J7185	INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA), PER I.U.	\$1.00	10/01/2016
J7186	INJECTION, ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX (HUMAN), PER	\$0.81	10/01/2016
J7187	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMATE-P), PER IU VWF:RCO	\$0.83	10/01/2016
J7188	INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (OBIZUR), PER I.U.	\$3.64	10/01/2016
J7189	FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PER 1 MICROGRAM	\$1.58	10/01/2016
J7190	FACTOR VIII (ANTIHEMOPHILIC FACTOR, HUMAN) PER I.U.	\$0.80	10/01/2016
J7191	FACTOR VIII (ANTIHEMOPHILIC FACTOR (PORCINE)), PER I.U.	\$0.17	10/01/2016
J7192	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFI	\$0.98	10/01/2016

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J7193	FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT) PER I.U.	\$0.93	10/01/2016
J7194	FACTOR IX, COMPLEX, PER I.U.	\$1.02	10/01/2016
J7195	INJECTION, FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER IU, NOT OTHERWISE	\$1.21	10/01/2016
J7196	INJECTION, ANTITHROMBIN RECOMBINANT, 50 I.U.	\$86.14	10/01/2016
J7197	ANTITHROMBIN III (HUMAN), PER I.U.	\$3.07	10/01/2016
J7198	ANTI-INHIBITOR, PER I.U.	\$1.58	10/01/2016
J7199	HEMOPHILIA CLOTTING FACTOR, NOT OTHERWISE CLASSIFIED	CCR	10/01/2006
J7200	INJECTION, FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), RIXUBIS, PER IU	\$1.03	10/01/2016
J7201	INJECTION, FACTOR IX, FC FUSION PROTEIN (RECOMBINANT), PER IU	\$2.35	10/01/2016
J7202	INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U.	\$3.48	01/01/2017
J7205	INJECTION, FACTOR VIII FC FUSION (RECOMBINANT), PER IU	\$1.58	10/01/2016
J7207	INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED, 1 I.U.	\$1.29	01/01/2017
J7209	INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (NUWIQ), 1 I.U.	\$1.25	01/01/2017
J7297	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52MG, 3 YEAR DURATIO	CCR	01/01/2016
J7298	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG, 5 YEAR DURATI	CCR	01/01/2016
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	\$579.46	10/01/2012
J7301	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 13.5 MG	CCR	01/01/2014
J7303	CONTRACEPTIVE SUPPLY, HORMONE CONTAINING VAGINAL RING, EACH	CCR	10/01/2006
J7304	CONTRACEPTIVE SUPPLY, HORMONE CONTAINING PATCH, EACH	CCR	10/01/2006
J7307	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES	\$638.97	10/01/2012
J7308	AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 20%, SINGLE UNIT DOSAGE	\$272.90	10/01/2016
J7309	METHYL AMINOLEVULINATE (MAL) FOR TOPICAL ADMINISTRATION, 16.8%, 1 GRAM	\$69.76	10/01/2016
J7310	GANCICLOVIR, 4.5 MG, LONG-ACTING IMPLANT	\$14,136.16	10/01/2016
J7311	FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT	\$16,783.69	10/01/2016
J7312	INJECTION, DEXAMETHASONE, INTRAVITREAL IMPLANT, 0.1 MG	\$167.63	10/01/2016
J7313	INJECTION, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT, 0.01 MG	\$409.21	10/01/2016
J7315	MITOMYCIN, OPHTHALMIC, 0.2 MG	Bundled	10/01/2015
J7316	INJECTION, OCRIPLASMIN, 0.125 MG	\$872.47	10/01/2016
J7320	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg	CCR	01/01/2017
J7321	HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, FOR INTRA-ARTICULAR INJECTION, PER	\$73.81	10/01/2016
J7322	Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg	\$13.68	01/01/2017

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J7323	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE	\$130.74	10/01/2016
J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	\$139.89	10/01/2016
J7325	HYALURONAN OR DERIVATIVE, SYNVISC OR SYNVISC-ONE, FOR INTRA-ARTICULAR INJECTION,	\$10.69	10/01/2016
J7326	HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJECTION, PER DOSE	\$476.73	10/01/2016
J7327	HYALURONAN OR DERIVATIVE, MONOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	\$778.86	10/01/2016
J7328	HYALURONAN OR DERIVATIVE, GEL-SYN, FOR INTRA-ARTICULAR INJECTION, 0.1 MG	CCR	01/01/2016
J7336	CAPSAICIN 8% PATCH, PER SQUARE CENTIMETER	Bundled	10/01/2016
J7340	CARBIDOPA 5 MG/LEVODOPA 20 MG ENTERAL SUSPENSION	\$1.78	10/01/2016
J7342	Installation, ciprofloxacin otic suspension, 6 mg	\$16.63	01/01/2017
J7500	AZATHIOPRINE, ORAL, 50 MG	Bundled	10/01/2012
J7501	AZATHIOPRINE, PARENTERAL, 100 MG	\$181.12	10/01/2016
J7502	CYCLOSPORINE, ORAL, 100 MG	Bundled	10/01/2012
J7503	TACROLIMUS, EXTENDED RELEASE, (ENVARUSUS XR), ORAL, 0.25 MG	\$0.86	10/01/2016
J7504	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, EQUINE, PARENTERAL, 250 MG	\$947.85	10/01/2016
J7505	MUROMONAB-CD3, PARENTERAL, 5 MG	\$6.25	10/01/2014
J7507	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	Bundled	10/01/2012
J7508	TACROLIMUS, EXTENDED RELEASE, (ASTAGRAF XL), ORAL, 0.1 MG	Bundled	10/01/2016
J7509	METHYLPREDNISOLONE ORAL, PER 4 MG	Bundled	10/01/2012
J7510	PREDNISOLONE ORAL, PER 5 MG	Bundled	10/01/2012
J7511	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL, 25MG	\$541.42	10/01/2016
J7513	DACLIZUMAB, PARENTERAL, 25 MG	\$438.70	10/01/2016
J7515	CYCLOSPORINE, ORAL, 25 MG	Bundled	10/01/2012
J7516	CYCLOSPORIN, PARENTERAL, 250 MG	Bundled	10/01/2012
J7517	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	Bundled	10/01/2012
J7518	MYCOPHENOLIC ACID, ORAL, 180 MG	Bundled	10/01/2012
J7520	SIROLIMUS, ORAL, 1 MG	Bundled	10/01/2012
J7525	TACROLIMUS, PARENTERAL, 5 MG	\$136.83	10/01/2016
J7527	EVEROLIMUS, ORAL, 0.25 MG	Bundled	10/01/2013
J7599	IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED	Bundled	10/01/2006
J7604	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DM	\$1.91	10/01/2012
J7605	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, A	\$5.09	10/01/2012

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J7606	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOU	\$4.84	10/01/2012
J7607	LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,	\$1.20	10/01/2012
J7608	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED,	\$2.20	10/01/2012
J7609	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UN	\$0.14	10/01/2011
J7610	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CO	\$0.14	10/01/2011
J7611	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMI	\$0.10	10/01/2012
J7612	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, A	\$0.18	10/01/2012
J7613	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMI	\$0.06	10/01/2012
J7614	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, A	\$0.25	10/01/2012
J7615	LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,	\$0.91	10/01/2011
J7620	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINA	\$0.21	10/01/2012
J7622	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH D	\$0.05	10/01/2011
J7624	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME	\$1.15	10/01/2011
J7626	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADM	\$4.72	10/01/2012
J7627	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, U	\$4.18	10/01/2012
J7628	BITOLTEROL MESYLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THRO	\$0.17	10/01/2011
J7629	BITOLTEROL MESYLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THRO	\$0.17	10/01/2011
J7631	CROMOLYN SODIUM, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED	\$0.50	10/01/2012
J7632	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH D	\$0.66	10/01/2012
J7633	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADM	\$4.34	10/01/2012
J7634	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, C	\$4.34	10/01/2012
J7635	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CON	\$0.40	10/01/2011
J7636	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNI	\$0.11	10/01/2011
J7637	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME	\$0.10	10/01/2011
J7638	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME	\$0.11	10/01/2011
J7639	DORNASE ALFA, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, A	\$29.09	10/01/2012
J7641	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,	\$0.13	10/01/2011
J7642	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DM	\$0.86	10/01/2011
J7643	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DM	\$0.86	10/01/2011
J7644	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOU	\$0.25	10/01/2011
J7645	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROU	\$2.84	10/01/2011

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J7647	ISOETHARINE HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH D	\$0.13	10/01/2011
J7648	ISOETHARINE HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED	\$0.13	10/01/2011
J7649	ISOETHARINE HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED	\$0.14	10/01/2011
J7650	ISOETHARINE HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH D	\$0.14	10/01/2011
J7657	ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	\$7.71	10/01/2011
J7658	ISOPROTERENOL HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUND	\$7.71	10/01/2011
J7659	ISOPROTERENOL HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUND	\$7.71	10/01/2011
J7660	ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	\$7.71	10/01/2011
J7665	MANNITOL, ADMINISTERED THROUGH AN INHALER, 5 MG	Bundled	10/01/2012
J7667	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, CONCENTRATED FO	\$0.20	10/01/2011
J7668	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COM	\$0.20	10/01/2011
J7669	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COM	\$0.24	10/01/2011
J7670	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED TH	\$0.22	10/01/2011
J7674	METHACHOLINE CHLORIDE ADMINISTERED AS INHALATION SOLUTION THROUGH A NEBULIZER,	Bundled	10/01/2012
J7676	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED T	\$99.68	10/01/2012
J7680	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROU	\$0.02	10/01/2011
J7681	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROU	\$0.01	10/01/2011
J7682	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNI	\$87.07	10/01/2012
J7683	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME	\$0.53	10/01/2011
J7684	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME	\$0.53	10/01/2011
J7685	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, U	\$54.80	10/01/2011
J7686	TREPROSTINIL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED,	\$397.25	10/01/2012
J7699	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	CCR	10/01/2006
J7799	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	Bundled	10/01/2006
J8499	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	CCR	10/01/2006
J8501	APREPITANT, ORAL, 5 MG	\$8.36	10/01/2016
J8510	BUSULFAN; ORAL, 2 MG	\$13.35	10/01/2016
J8520	CAPECITABINE, ORAL, 150 MG	Bundled	10/01/2016
J8521	CAPECITABINE, ORAL, 500 MG	Bundled	10/01/2016
J8530	CYCLOPHOSPHAMIDE; ORAL, 25 MG	Bundled	10/01/2012
J8540	DEXAMETHASONE, ORAL, 0.25 MG	Bundled	10/01/2011

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J8560	ETOPOSIDE; ORAL, 50 MG	\$56.09	10/01/2016
J8562	FLUDARABINE PHOSPHATE, ORAL, 10 MG	\$78.85	10/01/2013
J8565	GEFITINIB, ORAL, 250 MG	\$54.97	10/01/2012
J8600	MELPHALAN; ORAL, 2 MG	Bundled	10/01/2012
J8610	METHOTREXATE; ORAL, 2.5 MG	Bundled	10/01/2012
J8650	NABILONE, ORAL, 1 MG	\$31.83	10/01/2016
J8655	NETUPITANT 300 MG AND PALONOSETRON 0.5 MG	\$329.77	10/01/2016
J8670	Rolapitant, oral, 1 mg	\$10.54	01/01/2017
J8700	TEMOZOLOMIDE, ORAL, 5 MG	\$2.98	10/01/2016
J8705	TOPOTECAN, ORAL, 0.25 MG	\$84.22	10/01/2016
J8999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	CCR	10/01/2006
J9000	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	Bundled	10/01/2012
J9015	INJECTION, ALDESLEUKIN, PER SINGLE USE VIAL	\$2,223.37	10/01/2016
J9017	INJECTION, ARSENIC TRIOXIDE, 1 MG	\$49.38	10/01/2016
J9019	INJECTION, ASPARAGINASE (ERWINAZE), 1,000 IU	\$325.91	10/01/2016
J9020	INJECTION, ASPARAGINASE, NOT OTHERWISE SPECIFIED, 10,000 UNITS	Bundled	10/01/2015
J9025	INJECTION, AZACITIDINE, 1 MG	\$2.45	10/01/2016
J9027	INJECTION, CLOFARABINE, 1 MG	\$115.20	10/01/2016
J9031	BCG (INTRAVESICAL) PER INSTILLATION	\$102.51	10/01/2016
J9032	INJECTION, BELINOSTAT, 10 MG	\$27.01	10/01/2016
J9033	INJECTION, BENDAMUSTINE HCL, 1 MG	\$20.53	10/01/2016
J9034	Injection, bendamustine hcl (bendeka), 1 mg	\$23.51	01/01/2017
J9035	INJECTION, BEVACIZUMAB, 10 MG	\$59.15	10/01/2016
J9039	INJECTION, BLINATUMOMAB, 1 MICROGRAM	\$79.27	10/01/2016
J9040	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	Bundled	10/01/2012
J9041	INJECTION, BORTEZOMIB, 0.1 MG	\$39.02	10/01/2016
J9042	INJECTION, BRENTUXIMAB VEDOTIN, 1 MG	\$103.55	10/01/2016
J9043	INJECTION, CABAZITAXEL, 1 MG	\$125.23	10/01/2016
J9045	INJECTION, CARBOPLATIN, 50 MG	Bundled	10/01/2012
J9047	INJECTION, CARFILZOMIB, 1 MG	\$26.75	10/01/2016
J9050	INJECTION, CARMUSTINE, 100 MG	\$3,217.84	10/01/2016

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J9055	INJECTION, CETUXIMAB, 10 MG	\$45.32	10/01/2016
J9060	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	Bundled	10/01/2011
J9065	INJECTION, CLADRIBINE, PER 1 MG	\$18.21	10/01/2016
J9070	CYCLOPHOSPHAMIDE, 100 MG	\$36.27	10/01/2016
J9098	INJECTION, CYTARABINE LIPOSOME, 10 MG	\$480.31	10/01/2016
J9100	INJECTION, CYTARABINE, 100 MG	Bundled	10/01/2012
J9120	INJECTION, DACTINOMYCIN, 0.5 MG	\$967.14	10/01/2016
J9130	DACARBAZINE, 100 MG	Bundled	10/01/2012
J9145	Injection, daratumumab, 10 mg	\$39.05	01/01/2017
J9150	INJECTION, DAUNORUBICIN, 10 MG	\$32.65	10/01/2016
J9151	INJECTION, DAUNORUBICIN CITRATE, LIPOSOMAL FORMULATION, 10 MG	\$199.06	10/01/2016
J9155	INJECTION, DEGARELIX, 1 MG	\$3.07	10/01/2016
J9160	INJECTION, DENILEUKIN DIFTITOX, 300 MICROGRAMS	\$1,554.82	10/01/2014
J9165	INJECTION, DIETHYLSTILBESTROL DIPHOSPHATE, 250 MG	\$12.25	10/01/2011
J9171	INJECTION, DOCETAXEL, 1 MG	\$1.99	10/01/2016
J9175	INJECTION, ELLIOTTS' B SOLUTION, 1 ML	Bundled	10/01/2011
J9176	Injection, elotuzumab, 1 mg	\$5.21	01/01/2017
J9178	INJECTION, EPIRUBICIN HCL, 2 MG	Bundled	10/01/2013
J9179	INJECTION, ERIBULIN MESYLATE, 0.1 MG	\$87.33	10/01/2016
J9181	INJECTION, ETOPOSIDE, 10 MG	Bundled	10/01/2012
J9185	INJECTION, FLUDARABINE PHOSPHATE, 50 MG	Bundled	10/01/2015
J9190	INJECTION, FLUOROURACIL, 500 MG	Bundled	10/01/2012
J9200	INJECTION, FLOXURIDINE, 500 MG	\$39.55	10/01/2016
J9201	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	Bundled	10/01/2013
J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	\$235.80	10/01/2016
J9205	Injection, irinotecan liposome, 1 mg	\$32.96	01/01/2017
J9206	INJECTION, IRINOTECAN, 20 MG	Bundled	10/01/2012
J9207	INJECTION, IXABEPILONE, 1 MG	\$61.55	10/01/2016
J9208	INJECTION, IFOSFAMIDE, 1 GRAM	\$24.82	10/01/2016
J9209	INJECTION, MESNA, 200 MG	Bundled	10/01/2012
J9211	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	\$30.80	10/01/2016

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J9212	INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MICROGRAM	\$16.45	10/01/2013
J9213	INJECTION, INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS	\$611.43	10/01/2016
J9214	INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	\$21.09	10/01/2016
J9215	INJECTION, INTERFERON, ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU	\$30.04	10/01/2014
J9216	INJECTION, INTERFERON, GAMMA 1-B, 3 MILLION UNITS	\$4,784.19	10/01/2016
J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	\$193.20	10/01/2016
J9218	LEUPROLIDE ACETATE, PER 1 MG	\$6.89	10/01/2014
J9219	LEUPROLIDE ACETATE IMPLANT, 65 MG	\$140.43	10/01/2016
J9225	HISTRELIN IMPLANT (VANTAS), 50 MG	\$2,544.64	10/01/2016
J9226	HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG	\$20,061.30	10/01/2016
J9228	INJECTION, IPILIMUMAB, 1 MG	\$117.32	10/01/2016
J9230	INJECTION, MECHLORETHAMINE HYDROCHLORIDE, (NITROGEN MUSTARD), 10 MG	\$201.47	10/01/2016
J9245	INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG	\$1,570.37	10/01/2016
J9250	METHOTREXATE SODIUM, 5 MG	Bundled	10/01/2012
J9260	METHOTREXATE SODIUM, 50 MG	Bundled	10/01/2012
J9261	INJECTION, NELARABINE, 50 MG	\$123.31	10/01/2016
J9262	INJECTION, OMACETAXINE MEPESUCCINATE 0.01 MG	\$2.15	10/01/2016
J9263	INJECTION, OXALIPLATIN, 0.5 MG	\$0.31	10/01/2016
J9264	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG	\$8.34	10/01/2016
J9266	INJECTION, PEGASPARGASE, PER SINGLE DOSE VIAL	\$11,898.38	10/01/2016
J9267	INJECTION, PACLITAXEL, 1 MG	Bundled	01/01/2015
J9268	INJECTION, PENTOSTATIN, 10 MG	\$1,359.40	10/01/2016
J9270	INJECTION, PLICAMYCIN, 2.5 MG	Bundled	10/01/2011
J9271	INJECTION, PEMBROLIZUMAB, 1 MG	\$38.09	10/01/2016
J9280	INJECTION, MITOMYCIN, 5 MG	\$85.44	10/01/2016
J9293	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	\$28.00	10/01/2016
J9295	Injection, necitumumab, 1 mg	\$4.40	01/01/2017
J9299	INJECTION, NIVOLUMAB, 1 MG	\$21.35	10/01/2016
J9300	INJECTION, GEMTUZUMAB OZOGAMICIN, 5 MG	\$2,590.38	10/01/2014
J9301	INJECTION, OBINUTUZUMAB, 10 MG	\$46.01	10/01/2016
J9302	INJECTION, OFATUMUMAB, 10 MG	\$42.18	10/01/2016

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J9303	INJECTION, PANITUMUMAB, 10 MG	\$86.70	10/01/2016
J9305	INJECTION, PEMETREXED, 10 MG	\$51.41	10/01/2016
J9306	INJECTION, PERTUZUMAB, 1 MG	\$8.70	10/01/2016
J9307	INJECTION, PRALATREXATE, 1 MG	\$184.26	10/01/2016
J9308	INJECTION, RAMUCIRUMAB, 5 MG	\$45.01	10/01/2016
J9310	INJECTION, RITUXIMAB, 100 MG	\$641.70	10/01/2016
J9315	INJECTION, ROMIDEPSIN, 1 MG	\$248.56	10/01/2016
J9320	INJECTION, STREPTOZOCIN, 1 GRAM	\$262.21	10/01/2016
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units	\$38.57	01/01/2017
J9328	INJECTION, TEMOZOLOMIDE, 1 MG	\$6.11	10/01/2016
J9330	INJECTION, TEMSIROLIMUS, 1 MG	\$53.13	10/01/2016
J9340	INJECTION, THIOTEPA, 15 MG	\$954.52	10/01/2016
J9351	INJECTION, TOPOTECAN, 0.1 MG	\$1.95	10/01/2015
J9352	Injection, trabectedin, 0.1 mg	\$236.16	01/01/2017
J9354	INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG	\$24.35	10/01/2016
J9355	INJECTION, TRASTUZUMAB, 10 MG	\$74.74	10/01/2016
J9357	INJECTION, VALRUBICIN, INTRAVESICAL, 200 MG	\$945.48	10/01/2016
J9360	INJECTION, VINBLASTINE SULFATE, 1 MG	Bundled	10/01/2012
J9370	VINCRIStINE SULFATE, 1 MG	Bundled	10/01/2012
J9371	INJECTION, VINCRIStINE SULFATE LIPOSOME, 1 MG	\$2,010.79	10/01/2016
J9390	INJECTION, VINOReLBINE TARTRATE, 10 MG	Bundled	10/01/2012
J9395	INJECTION, FULVESTRANT, 25 MG	\$78.37	10/01/2016
J9400	INJECTION, ZIV-AFLIBERCEPT, 1 MG	\$6.72	10/01/2016
J9600	INJECTION, PORFIMER SODIUM, 75 MG	\$17,171.98	10/01/2016
J9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	Bundled	10/01/2006
K0001	STANDARD WHEELCHAIR	\$541.99	10/01/2011
K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	\$841.91	10/01/2011
K0003	LIGHTWEIGHT WHEELCHAIR	\$807.23	10/01/2011
K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	\$1,374.96	10/01/2011
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	\$1,637.24	10/01/2012
K0006	HEAVY DUTY WHEELCHAIR	\$1,290.28	10/01/2011

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K0007	EXTRA HEAVY DUTY WHEELCHAIR	\$1,699.14	10/01/2011
K0008	CUSTOM MANUAL WHEELCHAIR BASE	CCR	07/01/2013
K0009	OTHER MANUAL WHEELCHAIR/BASE	CCR	10/01/2006
K0010	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR	\$3,652.33	10/01/2011
K0011	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROGRAMMABLE CONTROL	\$4,214.68	10/01/2011
K0012	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR	\$2,585.42	10/01/2011
K0013	CUSTOM MOTORIZED/POWER WHEELCHAIR BASE	CCR	07/01/2013
K0014	OTHER MOTORIZED/POWER WHEELCHAIR BASE	CCR	10/01/2006
K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	\$138.70	10/01/2012
K0017	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, REPLACEMENT ONLY, EACH	\$39.01	10/01/2012
K0018	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, REPLACEMENT ONLY, EACH	\$21.80	10/01/2012
K0019	ARM PAD, EACH	\$13.37	10/01/2012
K0020	FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR	\$35.45	10/01/2012
K0037	HIGH MOUNT FLIP-UP FOOTREST, EACH	\$37.38	10/01/2012
K0038	LEG STRAP, EACH	\$18.51	10/01/2012
K0039	LEG STRAP, H STYLE, EACH	\$41.14	10/01/2012
K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	\$56.98	10/01/2012
K0041	LARGE SIZE FOOTPLATE, EACH	\$40.41	10/01/2012
K0042	STANDARD SIZE FOOTPLATE, EACH	\$24.04	10/01/2012
K0043	FOOTREST, LOWER EXTENSION TUBE, EACH	\$14.91	10/01/2012
K0044	FOOTREST, UPPER HANGER BRACKET, EACH	\$12.71	10/01/2012
K0045	FOOTREST, COMPLETE ASSEMBLY	\$43.95	10/01/2012
K0046	ELEVATING LEGREST, LOWER EXTENSION TUBE, EACH	\$14.91	10/01/2012
K0047	ELEVATING LEGREST, UPPER HANGER BRACKET, EACH	\$58.36	10/01/2012
K0050	RATCHET ASSEMBLY	\$24.80	10/01/2012
K0051	CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, EACH	\$40.15	10/01/2012
K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	\$70.56	10/01/2012
K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	\$77.87	10/01/2012
K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH	\$84.22	10/01/2012
K0065	SPOKE PROTECTORS, EACH	\$39.37	10/01/2012
K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	\$88.47	10/01/2012

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K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	\$162.22	10/01/2012
K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	\$96.74	10/01/2012
K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	\$58.23	10/01/2012
K0073	CASTER PIN LOCK,EACH	\$29.64	10/01/2012
K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	\$52.10	10/01/2012
K0105	IV HANGER, EACH	\$88.05	10/01/2012
K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED	CCR	10/01/2006
K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	CCR	10/01/2006
K0455	INFUSION PUMP USED FOR UNINTERRUPTED PARENTERAL ADMINISTRATION OF MEDICATION,	CCR	10/01/2006
K0462	TEMPORARY REPLACEMENT FOR PATIENT OWNED EQUIPMENT BEING REPAIRED, ANY TYPE	CCR	10/01/2006
K0552	SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH	\$2.36	10/01/2012
K0553	COMB. ORAL/NASAL MASK, USED WITH CONTINUOUS POS. AIRWAY PRESSURE, EACH	\$179.35	10/01/2007
K0554	ORAL CUSHION FOR COMB. ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	\$49.54	10/01/2007
K0601	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE,	\$1.00	10/01/2012
K0602	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE,	\$5.73	10/01/2012
K0604	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 3.6	\$5.48	10/01/2012
K0605	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4.5	\$13.15	10/01/2012
K0606	AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS,	CCR	10/01/2006
K0607	REPLACEMENT BATTERY FOR AUTOMATED EXTERNAL DEFIBRILLATOR, GARMENT TYPE ONLY,	\$174.94	10/01/2012
K0608	REPLACEMENT GARMENT FOR USE WITH AUTOMATED EXTERNAL DEFIBRILLATOR, EACH	\$109.16	10/01/2012
K0609	REPLACEMENT ELECTRODES FOR USE WITH AUTOMATED EXTERNAL DEFIBRILLATOR, GARMENT	\$726.00	10/01/2012
K0669	WHEELCHAIR ACCESSORY, WHEELCHAIR SEAT OR BACK CUSHION, DOES NOT MEET SPECIFIC CO	CCR	10/01/2006
K0672	ADDITION TO LOWER EXTREMITY ORTHOSIS, REMOVABLE SOFT INTERFACE, ALL COMPONENTS	\$64.27	10/01/2012
K0730	CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM	\$1,552.74	10/01/2012
K0733	POWER WHEELCHAIR ACCESSORY, 12-14 AMP HOUR SEALED LEAD ACID BATTERY (E.G.GEL CEL	\$23.45	10/01/2012
K0738	PORTABLE GASEOUS OXYTEN SYSTEM, RENTAL, HOME COMPRESSOR USED TO FILL CYLINDERS	CCR	10/01/2006
K0739	REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN REQ	CCR	04/01/2009
K0740	REPAIR OR NONROUTINE SERVICE FOR OXYGEN EQUIPMENT REQUIRING THE SKILL OF A TECHN	CCR	04/01/2009
K0743	SUCTION PUMP, HOME MODEL, PORTABLE, FOR USE ON WOUNDS	CCR	07/01/2011
K0744	ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME MODEL, PORTABLE, PAD S	CCR	07/01/2011
K0745	ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME MODEL, PORTABLE, PAD S	CCR	07/01/2011

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K0746	ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME MODEL, PORTABLE, PAD S	CCR	07/01/2011
K0800	POWERED OPERATED VEHICLE GRP. 1 STD PT WT UP TO AND INCL. 300 LBS	\$1,003.55	10/01/2012
K0801	POWER OPER. VEH. GRP 1 HEAVY DUTY WEIGHT CAPACITY 301 TO 450 LBS	\$1,617.93	10/01/2012
K0802	POWER OPERATED VEHICLE, GRP 1 HVY DUTY, PT. WT. CAPACITY 461TO 600 LBD	\$1,830.98	10/01/2012
K0806	POWER OPERATED VEHICLE, GRP. 2 STD, PATIENT WT CAPACITY UP TO/INCL 300 LBS	\$1,214.02	10/01/2012
K0807	POWER OPERATED VEHICLE GRP 2 PT WT CAP. 301 TO 450 LBS	\$1,842.14	10/01/2012
K0808	POWER VEHICLE GRP. 2 VERY HEAVY DUTY, PT. WEIGHT CAPACITY 451-600 LBS	\$2,850.19	10/01/2012
K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED	CCR	10/01/2007
K0813	POWER WHEELCHAIR GRP 1 STD. PORTABLE SLING/SOLID SEAT & BACKUP TO/INCL 300 LBS	CCR	10/01/2006
K0814	POWER WHEELCHAIR, GRP 1 STANDARD PORTABLE CAPTAINS CHAIR - CAP. UP TO 300 LBS.	CCR	10/01/2007
K0815	POWER WHEELCHAIR GRP 1, STD. SLING/SOLID SEAT & BACK CAP TO & INCL. 300 LBS	CCR	10/01/2007
K0816	POWER WHEELCHAIR, GRP 1 STD. CAPTAINS CHAIR PT. WT CAP. UP TO & INCL. 300 LBS.	CCR	10/01/2007
K0820	POWER WHEELCHAIR, GRP 2 STD, PORTABLE PT. WEIGHT CAP. UP TO & INCL. 300 LBS	CCR	10/01/2007
K0821	POWER WHEELCHAIR, GRP 2 STD. PORTABLE, CAPTAINS CHAIR PT WT.UP TO/INCL. 300 LBS.	CCR	10/01/2007
K0822	POWER WHEELCHAIR, GRP 2 STD, SLING/SOLID SEAT/BACK-PT. WT. UP TO/INCL. 300 LBS.	CCR	10/01/2007
K0823	POWER WHEELCHAIR, GRP 2 STD/ CAPTAINS CHAIR, PT WEIGHT CAP UP TO/INCL 300 LBS	CCR	10/01/2007
K0824	POWER WHEELCHAIR, GRP 2, HEAVY DUTY, SLING/SOLID SEAT/BACK, PT. WT. 301-450 LBS	CCR	10/01/2007
K0825	POWER WHEELCHAIR, GRP. 2 HEAVY DUTY, CAPTAINS CHAIR, PT. WGT CAP. 451-600 LBS.	CCR	10/01/2007
K0826	POWER WHEELCHAIR, GRP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK PT WT CAP 451-600	CCR	10/01/2007
K0827	POWER WHEELCHAIR, GRP 2, VERY HEAVY DUTY, CAPTAINS CHAIR, PTWT. 451-600 LBS.	CCR	10/01/2007
K0828	POWER WHEELCHAIR, GRP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK PT. WT. 600#	CCR	10/01/2007
K0829	POWER WHEELCHAIR, GRP. 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR,PTWT CAP. 601# OR MORE	CCR	10/01/2007
K0830	POWER WHEELCHAIR, GRP 2,STD SEAT ELEVATOR SLING/SOLID SEAT/BACK PT. WT UP TO 300	CCR	10/01/2007
K0831	POWER WHEELCHAIR, GRP 2 STD SEAT ELEVATOR, CAPTAINS CHAIR WTCAP UP TO/INCL 300#	CCR	10/01/2007
K0835	POWER WHEELCHAIR, GRP 2 STD, SINGLE POWER OPTION SLING/SOLIDSEAT/BACK-300# CAP	CCR	10/01/2007
K0836	POWER WHEELCHAIR, GRP 2 STD. SINGLE POWER OPTION, CAPTAINS CHAIR WT CAP 300#	CCR	10/01/2007
K0837	POWER WHEELCHAIR GRP 2 HEAVY DUTY SINGLE POWER OPTION, SLING/SOLD SEAT/BACK 450#	CCR	10/01/2007
K0838	POWER WHEELCHAIR, GRP 2 HVY DUTY SINGLE POWER OPTION, CAPT. CHAIR CAP 301-450#	CCR	10/01/2007
K0839	POWER WHEELCHAIR GRP 2 VERY HEAVY DUTY SINGLE POWER OPTION CAP 451 TO 600 LBS	CCR	10/01/2007
K0840	POWER WHEELCHAIR GRP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTIONPT. WT. 601# OR MORE	CCR	10/01/2007
K0841	POWER WHEELCHAIR GRP 2 STD MULTIPLE POWER OPTION SLING/SOLD SEAT/BACK CAP. 300#	CCR	10/01/2007

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K0842	POWER WHEELCHAIR GRP 2 STD MULTIPLE POWER OPTION CAPT. CHAIRWHT CAP 300 LBS.	CCR	10/01/2007
K0843	POWER WHEELCHAIR GRP 2 HVY DUTY MULTIPLE POWER OPTION SLING/SOLID SEAT/BACK 450#	CCR	10/01/2007
K0848	POWER WHEELCHAIR GRP 3 STD SLING/SOLID SEAT/BACK PT WT. CAP UP TO/INCL. 300 LBS.	CCR	10/01/2007
K0849	POWER WHEELCHAIR, GRP 3 STD, CAPTAINS CHAIR PT WT UP TO AND INCL 300 LBS.	CCR	10/01/2007
K0850	POWER WHEELCHAIR GRP 3 HVY DUTY SLING/DOLID SEAT/BACK PT WT CAP 301 TO 450 LBS.	CCR	10/01/2007
K0851	POWER WHEELCHAIR, GRP 3 HVY DUTY, CAPTAINS CHAIR, PT. WT CAP301 TO 450 LBS.	CCR	10/01/2007
K0852	POWER WHEELCHAIR, GRP 3 VERY HVY DUTY SLING/SOLID SEAT/BACK WT CAP. 451-600 LBS	CCR	10/01/2007
K0853	POWER WHEELCHAIR GRP 3 VERY HVY DUTY CAPTAINS CHAIR PT WT CAP 451-600 LBS	CCR	10/01/2007
K0854	POWER WHEELCHAIR, GRP 3 EX. HVY DUTY SLING/SOLID SEAR/BACK PT WT. 601# OR MORE	CCR	10/01/2007
K0855	POWER WHEELCHAIR, GRP 3, EX. HVY DUTY CAPTAINS CHAIR PT WT CAP 601# OR MORE	CCR	10/01/2007
K0856	POWER WHEELCHAIR, GRP 3 STD. SINGLE POWER OPTION SLING/SOLIDSEAT/BACK-CAP 300#	CCR	10/01/2007
K0857	POWER WHEELCHAIR, GRP 3 STD SINGLE POWER OPTION CAPTAINS CHAIR WT CAP 300 LBS.	CCR	10/01/2007
K0858	POWER WHEELCHAIR GRP 3 HVY DTY SINGLE POWER OPT. SLING/SOLIDSEAT/BACK-301-450#	CCR	10/01/2007
K0859	POWER WHEELCHAIR, GRP 3 HVY DUTY SINGLE POWER OPTION CAPTAINS CHAIR WT 301-450#	CCR	10/01/2007
K0860	POWER WHEELCHAIR, GRP 3 VRY HVY DUTY SINGLE POWER OPTION-SLING/SOLID-CAP 451-600	CCR	10/01/2007
K0861	POWER WHEELCHAIR, GRP 3 STD. MULTI POWER OPT. SLING'SOLID SEAT;BACK - CAP 300#	CCR	10/01/2007
K0862	POWER WHEELCHAIR, GRP 3 HVY DUTY MULTIPLE POWER OPTION SLING/SOLID-301-450 LBS.	CCR	10/01/2007
K0863	POWER ER WHEELCHAIR, GRP 3 VRY HVY DUTY MULTI POWER OPTION - PT. WEIGHT 451-600#	CCR	10/01/2007
K0864	POWER WHEELCHAIR GRP 3 EX. HVY DUTY MULTI POWER OPTION - PT WHT 601# OR MORE	CCR	10/01/2007
K0868	POWER WHEELCHAIR, GRP 4 STD. SLING/SOLID SEAT/BACK - PT WT. UP TO & INCL. 300#	CCR	10/01/2007
K0869	POWER WHEELCHAIR, GRP 4, STD. CAPTAINS CHAIR-PT WHT CAP UP TO & INCL. 300 LBS	CCR	10/01/2007
K0870	POWER WHEELCHAIR GRP 4 HVY DUTY SLING/SOLID SEAT/BACK PT WT CAPACITY 301-450 LBS	CCR	10/01/2007
K0871	POWER WHEELCHAIR, GRP 4 VERY HVY DUTY, SLING/SOLID SEAT/BACKPT WT. CAP 451-600#	CCR	10/01/2007
K0877	POWER WHEELCHAIR, GRP 4 STD. SINGLE POWER OPTION, SLING/SOLID SEAT/BACK-300# CAP	CCR	10/01/2007
K0878	POWER WHEELCHAIR, GRP 4 STD. SINGLE POWER OPTION, CAPT. CHAIR WT. UP TO 300#	CCR	10/01/2007
K0879	POWER WHEELCHAIR, HVY DUTY, SINGLE POWER OPTION SLING/SOLID SEAT BACK 301-450#	CCR	10/01/2007
K0880	POWER WHEELCHAIR GRP 4 VERY HVY DUTY, SINGLE POWER OPTION PT WT. 451-600 LBS.	CCR	10/01/2007
K0884	POWER WHEELCHAIR, GRP 4 STD. MULTIPLE POWER OPTION PT WT CAP UP TO 300 LBS.	CCR	10/01/2007
K0885	POWER WHEELCHAIR, GRP 4 STD MULT. POWER OPTION, CAPT. CHAI R - CAP. TO 300#	CCR	10/01/2007
K0886	POWER WHEELCHAIR GRP 4 HVY DUTY MULTIPLE POWER OPTION - PT WT. CAP 301-450 LBS.	CCR	10/01/2007
K0890	POWER WHEELCHAIR GRP 5 PED. SINGLE POWER OPTION SLING/SOLID SEAT/BACK-WT TO 125#	CCR	10/01/2007

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K0891	POWER WHEELCHAIR GRP 5 PED. MULTIPLE POWER OPTION SLING/SOLID SEAT/BACK 125# CAP	CCR	10/01/2007
K0898	POWER WHEELCHAIR NOT OTHERWISE CLASSIFIED	CCR	10/01/2007
K0899	POWER MOBILITY DEVICE, NOT CODED BY DME PDAC OR DOES NOT MEET CRITERIA	CCR	10/01/2007
K0900	CUSTOMIZED DURABLE MEDICAL EQUIPMENT, OTHER THAN WHEELCHAIR	CCR	07/01/2013
L0112	CRANIAL CERVICAL ORTHOSIS, CONGENITAL TORTICOLLIS TYPE, WITH OR WITHOUT SOFT	\$1,061.00	10/01/2012
L0113	CRANIAL CERVICAL ORTHOSIS, TORTICOLLIS TYPE, WITH OR WITHOUT JOINT, WITH OR WITH	\$216.17	10/01/2012
L0120	CERVICAL, FLEXIBLE, NON-ADJUSTABLE, PREFABRICATED, OFF-THE-SHELF (FOAM COLLAR)	\$25.69	10/01/2012
L0130	CERVICAL, FLEXIBLE, THERMOPLASTIC COLLAR, MOLDED TO PATIENT	\$128.33	10/01/2012
L0140	CERVICAL, SEMI-RIGID, ADJUSTABLE (PLASTIC COLLAR)	\$46.49	10/01/2012
L0150	CERVICAL, SEMI-RIGID, ADJUSTABLE MOLDED CHIN CUP (PLASTIC COLLAR WITH	\$104.64	10/01/2012
L0160	CERVICAL, SEMI-RIGID, WIRE FRAME OCCIPITAL/MANDIBULAR SUPPORT, PREFABRICATED, OF	\$128.37	10/01/2012
L0170	CERVICAL, COLLAR, MOLDED TO PATIENT MODEL	\$619.17	10/01/2012
L0172	CERVICAL, COLLAR, SEMI-RIGID THERMOPLASTIC FOAM, TWO-PIECE, PREFABRICATED, OFF-T	\$115.60	10/01/2012
L0174	CERVICAL, COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE WITH THORACIC EXTENS	\$265.99	10/01/2012
L0180	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE	\$344.84	10/01/2012
L0190	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE	\$479.65	10/01/2012
L0200	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE	\$500.03	10/01/2012
L0220	THORACIC, RIB BELT, CUSTOM FABRICATED	\$88.94	10/01/2012
L0450	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAV	\$168.29	10/01/2012
L0452	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES	\$283.66	10/01/2011
L0454	TLSO FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO A	\$262.91	10/01/2012
L0455	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO	CCR	01/01/2014
L0456	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL A	\$753.95	10/01/2012
L0457	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL A	CCR	01/01/2014
L0458	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC	\$676.06	10/01/2012
L0460	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHEL	\$760.94	10/01/2012
L0462	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC	\$946.51	10/01/2012
L0464	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, FOUR RIGID PLASTIC	\$1,126.79	10/01/2012
L0466	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON W	\$361.76	10/01/2012
L0467	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON W	CCR	01/01/2014
L0468	TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR	\$438.48	10/01/2012

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L0469	TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR	CCR	01/01/2014
L0470	TLSO, TRIPLANAR CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON	\$617.34	10/01/2012
L0472	TLSO, TRIPLANAR CONTROL, HYPEREXTENSION, RIGID ANTERIOR AND LATERAL FRAME	\$391.52	10/01/2012
L0480	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER,	\$1,174.85	10/01/2012
L0482	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER,	\$1,339.81	10/01/2012
L0484	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER,	\$1,507.75	10/01/2012
L0486	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER,	\$1,632.94	10/01/2012
L0488	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER,	\$760.94	10/01/2012
L0490	TLSO, SAGITTAL-CORONAL CONTROL, ONE PIECE RIGID PLASTIC SHELL, WITH OVERLAPPING	\$214.45	10/01/2012
L0491	TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLAST	\$582.19	10/01/2012
L0492	TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLA	\$401.75	10/01/2012
L0621	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION AB	\$89.29	10/01/2012
L0622	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION AB	\$250.15	10/01/2012
L0623	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PA	CCR	01/01/2012
L0624	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PA	CCR	10/01/2006
L0625	LUMBAR ORTHOSIS, FLEXIBLE, PROVIDES LUMBAR SUPPORT, POSTERIOR EXTENDS FROM L-1 T	\$41.75	10/01/2012
L0626	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTE	\$59.08	10/01/2012
L0627	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POS	\$311.60	10/01/2012
L0628	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTEN	\$63.60	10/01/2012
L0629	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTEN	CCR	10/01/2006
L0630	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERI	\$122.77	10/01/2012
L0631	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANE	\$778.20	10/01/2012
L0632	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANE	CCR	10/01/2006
L0633	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PAN	\$217.38	10/01/2012
L0634	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PAN	CCR	10/01/2006
L0635	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIO	\$926.84	10/01/2012
L0636	LUMBAR SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIO	\$1,372.06	10/01/2012
L0637	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTER	\$917.13	10/01/2012
L0638	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTER	\$999.80	10/01/2012
L0639	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTE	\$917.13	10/01/2012
L0640	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTE	\$793.23	10/01/2012

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L0641	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTE	CCR	01/01/2014
L0642	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POS	CCR	01/01/2014
L0643	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERI	CCR	01/01/2014
L0648	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANE	CCR	01/01/2014
L0649	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PAN	CCR	01/01/2014
L0650	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTER	CCR	01/01/2014
L0651	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTE	CCR	01/01/2014
L0700	CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSES (CTL SO), ANTERIOR-POSTERIOR-LATERAL CON	\$1,957.60	10/01/2012
L0710	CTL SO, ANTERIOR-POSTERIOR-LATERAL-CONTROL, MOLDED TO PATIENT MODEL, WITH	\$2,022.28	10/01/2012
L0810	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO JACKET VEST	\$2,497.62	10/01/2012
L0820	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKET	\$1,968.90	10/01/2012
L0830	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO MILWAUKEE TYPE ORTHOSIS	\$3,036.35	10/01/2012
L0859	ADDITION TO HALO PROCEDURE, MAGNETIC RESONANCE IMAGE COMPATIBLE SYSTEMS, RINGS A	\$884.70	10/01/2012
L0861	ADDITION TO HALO PROCEDURE, REPLACEMENT LINER/INTERFACE MATERIAL	\$163.39	10/01/2012
L0970	TL SO, CORSET FRONT	\$110.67	10/01/2012
L0972	LSO, CORSET FRONT	\$99.65	10/01/2012
L0974	TL SO, FULL CORSET	\$167.57	10/01/2012
L0976	LSO, FULL CORSET	\$118.29	10/01/2012
L0978	AXILLARY CRUTCH EXTENSION	\$186.39	10/01/2012
L0980	PERONEAL STRAPS, PREFABRICATED, OFF-THE-SHELF, PAIR	\$12.68	10/01/2012
L0982	STOCKING SUPPORTER GRIPS, PREFABRICATED, OFF-THE-SHELF, SET OF FOUR (4)	\$12.58	10/01/2012
L0984	PROTECTIVE BODY SOCK, PREFABRICATED, OFF-THE-SHELF, EACH	\$49.65	10/01/2012
L0999	ADDITION TO SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	CCR	10/01/2006
L1000	CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTL SO) (MILWAUKEE), INCLUSIVE OF FURNI	\$1,965.85	10/01/2012
L1001	CERVICAL THORACIC LUMBAR SACRAL ORTHOSIS, IMMOBILIZER, INFANT SIZE, PREFABRICATE	CCR	01/01/2007
L1005	TENSION BASED SCOLIOSIS ORTHOSIS AND ACCESSORY PADS, INCLUDES FITTING AND	\$2,426.26	10/01/2012
L1010	ADDITION TO CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTL SO) OR SCOLIOSIS ORTHOS	\$55.16	10/01/2012
L1020	ADDITION TO CTL SO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD	\$83.69	10/01/2012
L1025	ADDITION TO CTL SO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD, FLOATING	\$112.75	10/01/2012
L1030	ADDITION TO CTL SO OR SCOLIOSIS ORTHOSIS, LUMBAR BOLSTER PAD	\$48.39	10/01/2012
L1040	ADDITION TO CTL SO OR SCOLIOSIS ORTHOSIS, LUMBAR OR LUMBAR RIB PAD	\$75.54	10/01/2012

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L1050	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, STERNAL PAD	\$80.62	10/01/2012
L1060	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, THORACIC PAD	\$92.60	10/01/2012
L1070	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, TRAPEZIUS SLING	\$87.13	10/01/2012
L1080	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER	\$46.35	10/01/2012
L1085	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER, BILATERAL WITH VERTICAL	\$149.04	10/01/2012
L1090	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR SLING	\$88.76	10/01/2012
L1100	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER	\$153.98	10/01/2012
L1110	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER,	\$247.30	10/01/2012
L1120	ADDITION TO CTLSO, SCOLIOSIS ORTHOSIS, COVER FOR UPRIGHT, EACH	\$38.45	10/01/2012
L1200	THORACIC-LUMBAR-SACRAL-ORTHOSIS (TLSO), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS	\$1,517.14	10/01/2012
L1210	ADDITION TO TLSO, (LOW PROFILE), LATERAL THORACIC EXTENSION	\$253.36	10/01/2012
L1220	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC EXTENSION	\$214.51	10/01/2012
L1230	ADDITION TO TLSO, (LOW PROFILE), MILWAUKEE TYPE SUPERSTRUCTURE	\$431.06	10/01/2012
L1240	ADDITION TO TLSO, (LOW PROFILE), LUMBAR DEROTATION PAD	\$75.19	10/01/2012
L1250	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR ASIS PAD	\$59.63	10/01/2012
L1260	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC DEROTATION PAD	\$65.21	10/01/2012
L1270	ADDITION TO TLSO, (LOW PROFILE), ABDOMINAL PAD	\$75.02	10/01/2012
L1280	ADDITION TO TLSO, (LOW PROFILE), RIB GUSSET (ELASTIC), EACH	\$83.53	10/01/2012
L1290	ADDITION TO TLSO, (LOW PROFILE), LATERAL TROCHANTERIC PAD	\$76.11	10/01/2012
L1300	OTHER SCOLIOSIS PROCEDURE, BODY JACKET MOLDED TO PATIENT MODEL	\$1,617.47	10/01/2012
L1310	OTHER SCOLIOSIS PROCEDURE, POST-OPERATIVE BODY JACKET	\$1,519.99	10/01/2012
L1499	SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	CCR	10/01/2006
L1600	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, FREJKA TYPE WITH COVER,	\$118.91	10/01/2012
L1610	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (FREJKA COVER ONLY), PR	\$42.51	10/01/2012
L1620	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (PAVLIK HARNESS), PREFAB	\$120.63	10/01/2012
L1630	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, SEMI-FLEXIBLE (VON ROSEN TYPE),	\$133.87	10/01/2012
L1640	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PELVIC BAND OR SPREADER	\$335.10	10/01/2012
L1650	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, ADJUSTABLE, (ILFLED	\$196.18	10/01/2012
L1652	HIP ORTHOSIS, BILATERAL THIGH CUFFS WITH ADJUSTABLE ABDUCTOR SPREADER BAR,	\$270.22	10/01/2012
L1660	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PLASTIC, PREFABRICATED,	\$124.28	10/01/2012
L1680	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, DYNAMIC, PELVIC CONTROL,	\$1,179.79	10/01/2012

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L1685	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE,	\$1,151.76	10/01/2012
L1686	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE,	\$883.27	10/01/2012
L1690	COMBINATION, BILATERAL, LUMBO-SACRAL, HIP, FEMUR ORTHOSIS PROVIDING ADDUCTION	\$1,465.88	10/01/2012
L1700	LEGG PERTHES ORTHOSIS, (TORONTO TYPE), CUSTOM-FABRICATED	\$1,478.69	10/01/2012
L1710	LEGG PERTHES ORTHOSIS, (NEWINGTON TYPE), CUSTOM FABRICATED	\$1,730.97	10/01/2012
L1720	LEGG PERTHES ORTHOSIS, TRILATERAL, (TACHDIJAN TYPE), CUSTOM-FABRICATED	\$1,275.93	10/01/2012
L1730	LEGG PERTHES ORTHOSIS, (SCOTTISH RITE TYPE), CUSTOM-FABRICATED	\$1,095.90	10/01/2012
L1755	LEGG PERTHES ORTHOSIS, (PATTEN BOTTOM TYPE), CUSTOM-FABRICATED	\$1,525.22	10/01/2012
L1810	KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BE	\$94.36	10/01/2012
L1812	KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED, OFF-THE-SHELF	CCR	01/01/2014
L1820	KNEE ORTHOSIS, ELASTIC WITH CONDYLAR PADS AND JOINTS, WITH OR WITHOUT PATELLAR	\$114.88	10/01/2012
L1830	KNEE ORTHOSIS, IMMOBILIZER, CANVAS LONGITUDINAL, PREFABRICATED, OFF-THE-SHELF	\$84.71	10/01/2012
L1831	KNEE ORTHOSIS, LOCKING KNEE JOINT(S), POSITIONAL ORTHOSIS, PREFABRICATED,	\$223.11	10/01/2012
L1832	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL OR	\$527.22	10/01/2012
L1833	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL OR	CCR	01/01/2014
L1834	KNEE ORTHOSIS, WITHOUT KNEE JOINT, RIGID, CUSTOM-FABRICATED	\$710.43	10/01/2012
L1836	KNEE ORTHOSIS, RIGID, WITHOUT JOINT(S), INCLUDES SOFT INTERFACE MATERIAL, PREFAB	\$101.15	10/01/2012
L1840	KNEE ORTHOSIS, DEROTATION, MEDIAL-LATERAL, ANTERIOR CRUCIATE LIGAMENT, CUSTOM	\$890.32	10/01/2012
L1843	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTEN	\$680.17	10/01/2012
L1844	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTEN	\$1,539.65	10/01/2012
L1845	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTEN	\$593.57	10/01/2012
L1846	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTEN	\$1,081.71	10/01/2012
L1847	KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR SUPPORT	\$436.01	10/01/2012
L1848	KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR SUPPORT	CCR	01/01/2014
L1850	KNEE ORTHOSIS, SWEDISH TYPE, PREFABRICATED, OFF-THE-SHELF	\$278.71	10/01/2012
L1851	Knee orthosis (ko), single upright, thigh and calf, with adjustable flexion and	CCR	01/01/2017
L1852	Knee orthosis (ko), double upright, thigh and calf, with adjustable flexion and	CCR	01/01/2017
L1860	KNEE ORTHOSIS, MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET,	\$1,039.03	10/01/2012
L1900	ANKLE FOOT ORTHOSIS, SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, CUSTOM-FABRICAT	\$221.61	10/01/2012
L1902	ANKLE ORTHOSIS, ANKLE GAUNTLET OR SIMILIAR, WITH OR WITHOUT JOINTS, PREFABRICATE	\$66.43	10/01/2012
L1904	ANKLE ORTHOSIS, ANKLE GAUNTLET OR SIMILIAR, WITH OR WITHOUT JOINTS, CUSTOM FABRI	\$455.34	10/01/2012

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L1906	ANKLE FOOT ORTHOSIS, MULTILIGAMENTUS ANKLE SUPPORT, PREFABRICATED, OFF-THE-SHELF	\$116.44	10/01/2012
L1907	ANKLE ORTHOSIS, SUPRAMALLEOLAR WITH STRAPS, WITH OR WITHOUT INTERFACE/PADS, CUST	\$426.54	10/01/2012
L1910	ANKLE FOOT ORTHOSIS, POSTERIOR, SINGLE BAR, CLASP ATTACHMENT TO SHOE COUNTER,	\$258.95	10/01/2012
L1920	ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP (PHELPS OR	\$264.76	10/01/2012
L1930	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING	\$229.06	10/01/2012
L1932	AFO, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER OR EQUAL MATERIAL,	\$676.46	10/01/2012
L1940	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, CUSTOM-FABRICATED	\$478.87	10/01/2012
L1945	ANKLE FOOT ORTHOSIS, PLASTIC, RIGID ANTERIOR TIBIAL SECTION (FLOOR REACTION),	\$896.34	10/01/2012
L1950	ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE),	\$721.23	10/01/2012
L1951	ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE),	\$636.65	10/01/2012
L1960	ANKLE FOOT ORTHOSIS, POSTERIOR SOLID ANKLE, PLASTIC, CUSTOM-FABRICATED	\$536.71	10/01/2012
L1970	ANKLE FOOT ORTHOSIS, PLASTIC WITH ANKLE JOINT, CUSTOM-FABRICATED	\$561.22	10/01/2012
L1971	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL WITH ANKLE JOINT, PREFABRICATED,	\$355.32	10/01/2012
L1980	ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP,	\$355.37	10/01/2012
L1990	ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP,	\$431.62	10/01/2012
L2000	KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP,	\$982.13	10/01/2012
L2005	KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, STANCE CONTROL	\$3,106.31	10/01/2012
L2010	KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND	\$895.30	10/01/2012
L2020	KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND	\$1,130.63	10/01/2012
L2030	KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND	\$980.92	10/01/2012
L2034	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOT	\$1,518.74	10/01/2012
L2035	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, STATIC (PEDIATRIC SIZE), WITHOUT FREE	\$131.31	10/01/2012
L2036	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, WITH OR WITHOUT FREE MOT	\$1,610.96	10/01/2012
L2037	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOT	\$1,612.78	10/01/2012
L2038	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, WITH OR WITHOUT FREE MOTION KNEE, MULTI-	\$1,185.15	10/01/2012
L2040	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL ROTATION STRAPS, PELVIC	\$128.94	10/01/2012
L2050	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES, HIP	\$461.26	10/01/2012
L2060	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES, BALL	\$562.18	10/01/2012
L2070	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL ROTATION STRAPS,	\$107.66	10/01/2012
L2080	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE, HIP	\$348.28	10/01/2012
L2090	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE, BALL	\$424.58	10/01/2012

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L2106	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS,	\$658.36	10/01/2012
L2108	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS,	\$956.80	10/01/2012
L2112	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SOFT,	\$416.81	10/01/2012
L2114	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SEMI-RIGID,	\$562.03	10/01/2012
L2116	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID,	\$689.32	10/01/2012
L2126	KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS,	\$994.89	10/01/2012
L2128	KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS,	\$1,562.74	10/01/2012
L2132	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SOFT, PREFABRICATED,	\$603.74	10/01/2012
L2134	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SEMI-RIGID,	\$936.50	10/01/2012
L2136	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, RIGID, PREFABRICATED,	\$1,145.11	10/01/2012
L2180	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, PLASTIC SHOE INSERT WITH ANKLE JO	\$113.40	10/01/2012
L2182	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, DROP LOCK KNEE JOINT	\$77.63	10/01/2012
L2184	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, LIMITED MOTION KNEE JOINT	\$89.96	10/01/2012
L2186	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, ADJUSTABLE MOTION KNEE JOINT,	\$109.33	10/01/2012
L2188	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, QUADRILATERAL BRIM	\$217.50	10/01/2012
L2190	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, WAIST BELT	\$63.42	10/01/2012
L2192	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, HIP JOINT, PELVIC BAND, THIGH	\$345.25	10/01/2012
L2200	ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, EACH JOINT	\$46.03	10/01/2012
L2210	ADDITION TO LOWER EXTREMITY, DORSIFLEXION ASSIST (PLANTAR FLEXION RESIST), EACH	\$65.08	10/01/2012
L2220	ADDITION TO LOWER EXTREMITY, DORSIFLEXION AND PLANTAR FLEXION ASSIST/RESIST,	\$79.30	10/01/2012
L2230	ADDITION TO LOWER EXTREMITY, SPLIT FLAT CALIPER STIRRUPS AND PLATE ATTACHMENT	\$74.30	10/01/2012
L2232	ADDITION TO LOWER EXTREMITY ORTHOSIS, ROCKER BOTTOM FOR TOTAL CONTACT ANKLE	\$75.44	10/01/2012
L2240	ADDITION TO LOWER EXTREMITY, ROUND CALIPER AND PLATE ATTACHMENT	\$80.97	10/01/2012
L2250	ADDITION TO LOWER EXTREMITY, FOOT PLATE, MOLDED TO PATIENT MODEL, STIRRUP	\$344.07	10/01/2012
L2260	ADDITION TO LOWER EXTREMITY, REINFORCED SOLID STIRRUP (SCOTT-CRAIG TYPE)	\$194.10	10/01/2012
L2265	ADDITION TO LOWER EXTREMITY, LONG TONGUE STIRRUP	\$114.03	10/01/2012
L2270	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION ('T') STRAP, PADDED/LINED	\$52.00	10/01/2012
L2275	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION, PLASTIC MODIFICATION,	\$113.58	10/01/2012
L2280	ADDITION TO LOWER EXTREMITY, MOLDED INNER BOOT	\$438.45	10/01/2012
L2300	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR (BILATERAL HIP INVOLVEMENT),	\$260.71	10/01/2012
L2310	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR-STRAIGHT	\$119.12	10/01/2012

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L2320	ADDITION TO LOWER EXTREMITY, NON-MOLDED LACER, FOR CUSTOM FABRICATED ORTHOSIS	\$199.23	10/01/2012
L2330	ADDITION TO LOWER EXTREMITY, LACER MOLDED TO PATIENT MODEL, FOR CUSTOM	\$380.21	10/01/2012
L2335	ADDITION TO LOWER EXTREMITY, ANTERIOR SWING BAND	\$219.97	10/01/2012
L2340	ADDITION TO LOWER EXTREMITY, PRE-TIBIAL SHELL, MOLDED TO PATIENT MODEL	\$432.76	10/01/2012
L2350	ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE, (BK) SOCKET, MOLDED TO PATIENT	\$862.79	10/01/2012
L2360	ADDITION TO LOWER EXTREMITY, EXTENDED STEEL SHANK	\$49.56	10/01/2012
L2370	ADDITION TO LOWER EXTREMITY, PATTEN BOTTOM	\$248.56	10/01/2012
L2375	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, ANKLE JOINT AND HALF SOLID	\$109.41	10/01/2012
L2380	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, STRAIGHT KNEE JOINT, EACH JOINT	\$119.20	10/01/2012
L2385	ADDITION TO LOWER EXTREMITY, STRAIGHT KNEE JOINT, HEAVY DUTY, EACH JOINT	\$129.70	10/01/2012
L2387	ADDITION TO LOWER EXTREMITY, POLYCENTRIC KNEE JOINT, FOR CUSTOM FABRICATED KNEE	\$160.25	10/01/2012
L2390	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, EACH JOINT	\$105.99	10/01/2012
L2395	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, HEAVY DUTY, EACH JOINT	\$138.86	10/01/2012
L2397	ADDITION TO LOWER EXTREMITY ORTHOSIS, SUSPENSION SLEEVE	\$95.97	10/01/2012
L2405	ADDITION TO KNEE JOINT, DROP LOCK, EACH	\$66.09	10/01/2012
L2415	ADDITION TO KNEE LOCK WITH INTEGRATED RELEASE MECHANISM (BAIL, CABLE, OR	\$92.06	10/01/2012
L2425	ADDITION TO KNEE JOINT, DISC OR DIAL LOCK FOR ADJUSTABLE KNEE FLEXION, EACH	\$108.66	10/01/2012
L2430	ADDITION TO KNEE JOINT, RATCHET LOCK FOR ACTIVE AND PROGRESSIVE KNEE EXTENSION,	\$108.66	10/01/2012
L2492	ADDITION TO KNEE JOINT, LIFT LOOP FOR DROP LOCK RING	\$85.85	10/01/2012
L2500	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, GLUTEAL/ ISCHIAL WEIGHT BEARI	\$305.47	10/01/2012
L2510	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI- LATERAL BRIM, MOLDED	\$703.34	10/01/2012
L2520	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI- LATERAL BRIM,	\$446.07	10/01/2012
L2525	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW	\$1,101.83	10/01/2012
L2526	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW	\$615.02	10/01/2012
L2530	ADDITION TO LOWER EXTREMITY, THIGH-WEIGHT BEARING, LACER, NON-MOLDED	\$227.51	10/01/2012
L2540	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, LACER, MOLDED TO PATIENT	\$409.38	10/01/2012
L2550	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, HIGH ROLL CUFF	\$278.10	10/01/2012
L2570	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE TWO POSITION	\$461.21	10/01/2012
L2580	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PELVIC SLING	\$449.39	10/01/2012
L2600	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE, OR THRUST	\$198.87	10/01/2012
L2610	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS OR THRUST	\$235.15	10/01/2012

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L2620	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, HEAVY DUTY, EACH	\$258.90	10/01/2012
L2622	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EACH	\$296.94	10/01/2012
L2624	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION,	\$320.64	10/01/2012
L2627	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PLASTIC, MOLDED TO PATIENT MODEL,	\$1,244.95	10/01/2012
L2628	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, METAL FRAME, RECIPROCATING HIP	\$1,216.70	10/01/2012
L2630	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, UNILATERAL	\$239.77	10/01/2012
L2640	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, BILATERAL	\$325.40	10/01/2012
L2650	ADDITION TO LOWER EXTREMITY, PELVIC AND THORACIC CONTROL, GLUTEAL PAD, EACH	\$97.10	10/01/2012
L2660	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, THORACIC BAND	\$180.47	10/01/2012
L2670	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, PARASPINAL UPRIGHTS	\$148.10	10/01/2012
L2680	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, LATERAL SUPPORT UPRIGHTS	\$137.49	10/01/2012
L2750	ADDITION TO LOWER EXTREMITY ORTHOSIS, PLATING CHROME OR NICKEL, PER BAR	\$60.70	10/01/2012
L2755	ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL	\$99.06	10/01/2012
L2760	ADDITION TO LOWER EXTREMITY ORTHOSIS, EXTENSION, PER EXTENSION, PER BAR (FOR	\$58.84	10/01/2012
L2768	ORTHOTIC SIDE BAR DISCONNECT DEVICE, PER BAR	\$98.76	10/01/2012
L2780	ADDITION TO LOWER EXTREMITY ORTHOSIS, NON-CORROSIVE FINISH, PER BAR	\$65.53	10/01/2012
L2785	ADDITION TO LOWER EXTREMITY ORTHOSIS, DROP LOCK RETAINER, EACH	\$30.69	10/01/2012
L2795	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL KNEECAP	\$82.27	10/01/2012
L2800	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNEE CAP, MEDIAL OR LATERAL	\$103.28	10/01/2012
L2810	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, CONDYLAR PAD	\$75.62	10/01/2012
L2820	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, BELOW	\$84.08	10/01/2012
L2830	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, ABOVE	\$90.97	10/01/2012
L2840	ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOCK, FRACTURE OR EQUAL,	\$31.73	10/01/2012
L2850	ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SOCK, FRACTURE OR EQUAL,	\$54.36	10/01/2012
L2861	ADDITION TO LOWER EXTREMITY JOINT, KNEE OR ANKLE, CONCENTRIC ADJUSTABLE TORSION	CCR	01/01/2010
L2999	LOWER EXTREMITY ORTHOSES, NOT OTHERWISE SPECIFIED	CCR	10/01/2006
L3000	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, "UCB" TYPE, BERKELEY SHELL, EA	\$238.13	10/01/2012
L3001	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SPENCO, EACH	\$100.26	10/01/2012
L3002	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE OR EQUAL, EACH	\$122.43	10/01/2012
L3003	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SILICONE GEL, EACH	\$132.10	10/01/2012
L3010	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPPORT,	\$132.10	10/01/2012

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L3020	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL/ METATARSAL	\$150.40	10/01/2012
L3030	FOOT, INSERT, REMOVABLE, FORMED TO PATIENT FOOT, EACH	\$57.86	10/01/2012
L3031	FOOT, INSERT/PLATE, REMOVABLE, ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH	CCR	10/01/2006
L3040	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL, EACH	\$35.67	10/01/2012
L3050	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, METATARSAL, EACH	\$35.67	10/01/2012
L3060	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL/ METATARSAL, EACH	\$55.91	10/01/2012
L3070	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, LONGITUDINAL, EACH	\$24.07	10/01/2012
L3080	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, METATARSAL, EACH	\$24.07	10/01/2012
L3090	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, LONGITUDINAL/METATARSAL,	\$30.86	10/01/2012
L3100	HALLUS-VALGUS NIGHT DYNAMIC SPLINT, PREFABRICATED, OFF-THE-SHELF	\$32.78	10/01/2012
L3140	FOOT, ABDUCTION ROTATION BAR, INCLUDING SHOES	\$67.50	10/01/2012
L3150	FOOT, ABDUCTION ROTATATION BAR, WITHOUT SHOES	\$61.71	10/01/2012
L3160	FOOT, ADJUSTABLE SHOE-STYLED POSITIONING DEVICE	\$0.89	10/01/2011
L3170	FOOT, PLASTIC, SILICONE OR EQUAL, HEEL STABILIZER, PRAFABRICATED, OFF-THE-SHELF	\$38.59	10/01/2012
L3201	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, INFANT	CCR	10/01/2006
L3202	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD	CCR	10/01/2006
L3203	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR	CCR	10/01/2006
L3204	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, INFANT	CCR	10/01/2006
L3206	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD	CCR	10/01/2006
L3207	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR	CCR	10/01/2006
L3208	SURGICAL BOOT, EACH, INFANT	CCR	10/01/2006
L3209	SURGICAL BOOT, EACH, CHILD	CCR	10/01/2006
L3211	SURGICAL BOOT, EACH, JUNIOR	CCR	10/01/2006
L3212	BENESCH BOOT, PAIR, INFANT	CCR	10/01/2006
L3213	BENESCH BOOT, PAIR, CHILD	CCR	10/01/2006
L3214	BENESCH BOOT, PAIR, JUNIOR	CCR	10/01/2006
L3215	ORTHOPEDIC FOOTWEAR, LADIES SHOE, OXFORD, EACH	\$93.58	10/01/2012
L3216	ORTHOPEDIC FOOTWEAR, LADIES SHOE, DEPTH INLAY, EACH	CCR	10/01/2006
L3217	ORTHOPEDIC FOOTWEAR, LADIES SHOE, HIGHTOP, DEPTH INLAY, EACH	CCR	10/01/2006
L3219	ORTHOPEDIC FOOTWEAR, MENS SHOE, OXFORD, EACH	\$107.64	10/01/2011
L3221	ORTHOPEDIC FOOTWEAR, MENS SHOE, DEPTH INLAY, EACH	CCR	10/01/2006

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L3222	ORTHOPEDIC FOOTWEAR, MENS SHOE, HIGHTOP, DEPTH INLAY, EACH	CCR	10/01/2006
L3224	ORTHOPEDIC FOOTWEAR, WOMAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE	\$56.94	10/01/2012
L3225	ORTHOPEDIC FOOTWEAR, MAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE	\$65.50	10/01/2012
L3230	ORTHOPEDIC FOOTWEAR, CUSTOM SHOE, DEPTH INLAY, EACH	CCR	10/01/2006
L3250	ORTHOPEDIC FOOTWEAR, CUSTOM MOLDED SHOE, REMOVABLE INNER MOLD, PROSTHETIC SHOE,	CCR	10/01/2006
L3251	FOOT, SHOE MOLDED TO PATIENT MODEL, SILICONE SHOE, EACH	CCR	10/01/2006
L3252	FOOT, SHOE MOLDED TO PATIENT MODEL, PLASTAZOTE (OR SIMILAR), CUSTOM FABRICATED,	CCR	10/01/2006
L3253	FOOT, MOLDED SHOE PLASTAZOTE (OR SIMILAR) CUSTOM FITTED, EACH	CCR	10/01/2006
L3254	NON-STANDARD SIZE OR WIDTH	CCR	10/01/2006
L3255	NON-STANDARD SIZE OR LENGTH	CCR	10/01/2006
L3257	ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE	CCR	10/01/2006
L3260	SURGICAL BOOT/SHOE, EACH	CCR	01/01/2012
L3265	PLASTAZOTE SANDAL, EACH	CCR	10/01/2006
L3300	LIFT, ELEVATION, HEEL, TAPERED TO METATARSALS, PER INCH	\$39.51	10/01/2012
L3310	LIFT, ELEVATION, HEEL AND SOLE, NEOPRENE, PER INCH	\$61.71	10/01/2012
L3320	LIFT, ELEVATION, HEEL AND SOLE, CORK, PER INCH	CCR	10/01/2006
L3330	LIFT, ELEVATION, METAL EXTENSION (SKATE)	\$429.02	10/01/2012
L3332	LIFT, ELEVATION, INSIDE SHOE, TAPERED, UP TO ONE-HALF INCH	\$55.91	10/01/2012
L3334	LIFT, ELEVATION, HEEL, PER INCH	\$28.93	10/01/2012
L3340	HEEL WEDGE, SACH	\$64.61	10/01/2012
L3350	HEEL WEDGE	\$17.37	10/01/2012
L3360	SOLE WEDGE, OUTSIDE SOLE	\$26.99	10/01/2012
L3370	SOLE WEDGE, BETWEEN SOLE	\$37.58	10/01/2012
L3380	CLUBFOOT WEDGE	\$37.58	10/01/2012
L3390	OUTFLARE WEDGE	\$37.58	10/01/2012
L3400	METATARSAL BAR WEDGE, ROCKER	\$30.86	10/01/2012
L3410	METATARSAL BAR WEDGE, BETWEEN SOLE	\$70.38	10/01/2012
L3420	FULL SOLE AND HEEL WEDGE, BETWEEN SOLE	\$41.46	10/01/2012
L3430	HEEL, COUNTER, PLASTIC REINFORCED	\$121.48	10/01/2012
L3440	HEEL, COUNTER, LEATHER REINFORCED	\$57.86	10/01/2012
L3450	HEEL, SACH CUSHION TYPE	\$80.03	10/01/2012

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L3455	HEEL, NEW LEATHER, STANDARD	\$30.86	10/01/2012
L3460	HEEL, NEW RUBBER, STANDARD	\$26.02	10/01/2012
L3465	HEEL, THOMAS WITH WEDGE	\$44.36	10/01/2012
L3470	HEEL, THOMAS EXTENDED TO BALL	\$47.23	10/01/2012
L3480	HEEL, PAD AND DEPRESSION FOR SPUR	\$47.23	10/01/2012
L3485	HEEL, PAD, REMOVABLE FOR SPUR	CCR	10/01/2006
L3500	ORTHOPEDIC SHOE ADDITION, INSOLE, LEATHER	\$22.17	10/01/2012
L3510	ORTHOPEDIC SHOE ADDITION, INSOLE, RUBBER	\$22.17	10/01/2012
L3520	ORTHOPEDIC SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER	\$24.07	10/01/2012
L3530	ORTHOPEDIC SHOE ADDITION, SOLE, HALF	\$24.07	10/01/2012
L3540	ORTHOPEDIC SHOE ADDITION, SOLE, FULL	\$38.59	10/01/2012
L3550	ORTHOPEDIC SHOE ADDITION, TOE TAP STANDARD	\$6.73	10/01/2012
L3560	ORTHOPEDIC SHOE ADDITION, TOE TAP, HORSESHOE	\$17.37	10/01/2012
L3570	ORTHOPEDIC SHOE ADDITION, SPECIAL EXTENSION TO INSTEP (LEATHER WITH EYELETS)	\$64.61	10/01/2012
L3580	ORTHOPEDIC SHOE ADDITION, CONVERT INSTEP TO VELCRO CLOSURE	\$49.16	10/01/2012
L3590	ORTHOPEDIC SHOE ADDITION, CONVERT FIRM SHOE COUNTER TO SOFT COUNTER	\$40.48	10/01/2012
L3595	ORTHOPEDIC SHOE ADDITION, MARCH BAR	\$31.81	10/01/2012
L3600	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, EXISTING	\$57.86	10/01/2012
L3610	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, NEW	\$76.15	10/01/2012
L3620	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, EXISTING	\$57.86	10/01/2012
L3630	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, NEW	\$76.15	10/01/2012
L3640	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, DENNIS BROWNE SPLINT	\$32.78	10/01/2012
L3649	ORTHOPEDIC SHOE, MODIFICATION, ADDITION OR TRANSFER, NOT OTHERWISE SPECIFIED	CCR	10/01/2006
L3650	SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, PREFABRICATED, O	\$56.20	10/01/2012
L3660	SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, CANVAS AND WEBBI	\$86.46	10/01/2012
L3670	SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED,	\$107.14	10/01/2012
L3671	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTER	\$621.66	10/01/2012
L3674	SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT A	\$815.49	10/01/2012
L3675	SHOULDER ORTHOSIS, VEST TYPE ABDUCTION RESTRAINER, CANVAS WEBBING TYPE OR EQUAL,	\$121.06	10/01/2012
L3677	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTER	CCR	10/01/2006
L3678	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTER	CCR	01/01/2014

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L3702	ELBOW ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRI	\$199.21	10/01/2012
L3710	ELBOW ORTHOSIS, ELASTIC WITH METAL JOINTS, PREFABRICATED, OFF-THE-SHELF	\$98.36	10/01/2012
L3720	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, FREE MOTION,	\$619.75	10/01/2012
L3730	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, EXTENSION/ FLEXION	\$854.14	10/01/2012
L3740	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, ADJUSTABLE POSITION LOCK	\$1,012.66	10/01/2012
L3760	ELBOW ORTHOSIS, WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED,	\$345.01	10/01/2012
L3762	ELBOW ORTHOSIS, RIGID, WITHOUT JOINTS, INCLUDES SOFT INTERFACE MATERIAL, PREFABR	\$74.18	10/01/2012
L3763	ELBOW WRIST HAND ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, ST	\$581.82	10/01/2012
L3764	ELBOW WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS	\$669.06	10/01/2012
L3765	ELBOW WRIST HAND FINGER ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERF	\$884.62	10/01/2012
L3766	ELBOW WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTI	\$936.74	10/01/2012
L3806	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLE	\$313.38	10/01/2012
L3807	WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED ITEM THAT HAS BEEN T	\$172.51	10/01/2012
L3808	WRIST HAND FINGER ORTHOSIS, RIGID WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE MAT	\$313.77	10/01/2012
L3809	WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, OFF-THE-SHELF, ANY	CCR	01/01/2014
L3891	ADDITION TO UPPER EXTREMITY JOINT, WRIST OR ELBOW, CONCENTRIC ADJUSTABLE TORSION	CCR	01/01/2010
L3900	WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/	\$1,125.81	10/01/2012
L3901	WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/	\$1,385.76	10/01/2012
L3904	WRIST HAND FINGER ORTHOSIS, EXTERNAL POWERED, ELECTRIC, CUSTOM-FABRICATED	\$2,774.76	10/01/2012
L3905	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURN	\$684.18	10/01/2012
L3906	WRIST HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM	\$374.40	10/01/2012
L3908	WRIST HAND ORTHOSIS, WRIST EXTENSION CONTROL COCK-UP, NON MOLDED, PREFABRICATED,	\$56.77	10/01/2012
L3912	HAND FINGER ORTHOSIS (HFO), FLEXION GLOVE WITH ELASTIC FINGER CONTROL, PREFABRIC	\$89.86	10/01/2012
L3913	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM	\$186.85	10/01/2012
L3915	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TU	\$366.72	10/01/2012
L3916	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TU	CCR	01/01/2014
L3917	HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED ITEM THAT HAS BEEN TR	\$72.89	10/01/2012
L3918	HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED, OFF-THE-SHELF	CCR	01/01/2014
L3919	HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRIC	\$186.85	10/01/2012
L3921	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TUR	\$221.61	10/01/2012
L3923	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFAB	\$61.81	10/01/2012

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L3924	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFAB	CCR	01/01/2014
L3925	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), NO	\$45.32	10/01/2012
L3927	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), WI	\$24.12	10/01/2012
L3929	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELA	\$74.06	10/01/2012
L3930	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELA	CCR	01/01/2014
L3931	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLE	\$165.42	10/01/2012
L3933	FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED,	\$147.20	10/01/2012
L3935	FINGER ORTHOSIS, NONTORSION JOINT, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED	\$152.41	10/01/2012
L3956	ADDITION OF JOINT TO UPPER EXTREMITY ORTHOSIS, ANY MATERIAL; PER JOINT	CCR	10/01/2006
L3960	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, AIRPLANE DESIGN, PREF	\$696.36	10/01/2012
L3961	SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INC	\$1,159.11	10/01/2012
L3962	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, ERBS PALSEY DESIGN,	\$679.84	10/01/2012
L3967	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THO	\$1,368.52	10/01/2012
L3971	SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NO	\$1,299.05	10/01/2012
L3973	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THO	\$1,368.52	10/01/2012
L3975	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS,	\$1,159.11	10/01/2012
L3976	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIG	\$1,159.11	10/01/2012
L3977	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR	\$1,299.05	10/01/2012
L3978	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIG	\$1,368.52	10/01/2012
L3980	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES FITTING AND	\$292.92	10/01/2012
L3981	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES SHOULDER CAP	\$714.59	01/01/2015
L3982	UPPER EXTREMITY FRACTURE ORTHOSIS, RADIUS/ULNAR, PREFABRICATED, INCLUDES	\$353.72	10/01/2012
L3984	UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST, PREFABRICATED, INCLUDES FITTING AND	\$326.13	10/01/2012
L3995	ADDITION TO UPPER EXTREMITY ORTHOSIS, SOCK, FRACTURE OR EQUAL, EACH	\$27.08	10/01/2012
L3999	UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED	CCR	10/01/2006
L4000	REPLACE GIRDLE FOR SPINAL ORTHOSIS (CTL SO OR SO)	\$1,234.62	10/01/2012
L4002	REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY LENGTH, ANY TYPE	CCR	10/01/2006
L4010	REPLACE TRILATERAL SOCKET BRIM	\$649.84	10/01/2012
L4020	REPLACE QUADRILATERAL SOCKET BRIM, MOLDED TO PATIENT MODEL	\$834.01	10/01/2012
L4030	REPLACE QUADRILATERAL SOCKET BRIM, CUSTOM FITTED	\$488.88	10/01/2012
L4040	REPLACE MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	\$395.25	10/01/2012

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L4045	REPLACE NON-MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	\$317.62	10/01/2012
L4050	REPLACE MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	\$399.75	10/01/2012
L4055	REPLACE NON-MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	\$258.85	10/01/2012
L4060	REPLACE HIGH ROLL CUFF	\$307.72	10/01/2012
L4070	REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO	\$272.50	10/01/2012
L4080	REPLACE METAL BANDS KAFO, PROXIMAL THIGH	\$83.93	10/01/2012
L4090	REPLACE METAL BANDS KAFO-AFO, CALF OR DISTAL THIGH	\$79.92	10/01/2012
L4100	REPLACE LEATHER CUFF KAFO, PROXIMAL THIGH	\$101.00	10/01/2012
L4110	REPLACE LEATHER CUFF KAFO-AFO, CALF OR DISTAL THIGH	\$82.11	10/01/2012
L4130	REPLACE PRETIBIAL SHELL	\$480.40	10/01/2012
L4205	REPAIR OF ORTHOTIC DEVICE, LABOR COMPONENT, PER 15 MINUTES	\$17.60	10/01/2011
L4210	REPAIR OF ORTHOTIC DEVICE, REPAIR OR REPLACE MINOR PARTS	CCR	10/01/2006
L4350	ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE (E.G.,	\$86.56	10/01/2012
L4360	WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT I	\$234.60	10/01/2012
L4361	WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT I	CCR	01/01/2014
L4370	PNEUMATIC FULL LEG SPLINT, PREFABRICATED, OFF-THE-SHELF	\$137.10	10/01/2012
L4386	WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE M	\$120.19	10/01/2012
L4387	WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE M	CCR	01/01/2014
L4392	REPLACEMENT, SOFT INTERFACE MATERIAL, STATIC AFO	\$17.54	10/01/2012
L4394	REPLACE SOFT INTERFACE MATERIAL, FOOT DROP SPLINT	\$12.79	10/01/2012
L4396	STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUST	\$125.09	10/01/2012
L4397	STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUST	CCR	01/01/2014
L4398	FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE, PREFABRICATED, OFF-THE-SHELF	\$57.59	10/01/2012
L4631	ANKLE FOOT ORTHOSIS, WALKING BOOT TYPE, VARUS/VALGUS CORRECTION, ROCKER BOTTOM,	\$1,426.73	10/01/2012
L5000	PARTIAL FOOT, SHOE INSERT WITH LONGITUDINAL ARCH, TOE FILLER	\$464.96	10/01/2012
L5010	PARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGHT, WITH TOE FILLER	\$1,043.86	10/01/2012
L5020	PARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBERCLE HEIGHT, WITH TOE FILLER	\$2,044.36	10/01/2012
L5050	ANKLE, SYMES, MOLDED SOCKET, SACH FOOT	\$2,060.08	10/01/2012
L5060	ANKLE, SYMES, METAL FRAME, MOLDED LEATHER SOCKET, ARTICULATED ANKLE/FOOT	\$2,849.26	10/01/2012
L5100	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT	\$2,080.05	10/01/2012
L5105	BELOW KNEE, PLASTIC SOCKET, JOINTS AND THIGH LACER, SACH FOOT	\$3,583.71	10/01/2012

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L5150	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE JOINTS, SHI	\$3,622.63	10/01/2012
L5160	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, BENT KNEE CONFIGURATION,	\$3,940.27	10/01/2012
L5200	ABOVE KNEE, MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	\$3,104.96	10/01/2012
L5210	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ('STUBBIES'), WITH FOOT BLOCKS, NO	\$2,290.89	10/01/2012
L5220	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ('STUBBIES'), WITH ARTICULATED	\$2,845.39	10/01/2012
L5230	ABOVE KNEE, FOR PROXIMAL FEMORAL FOCAL DEFICIENCY, CONSTANT FRICTION KNEE,	\$3,924.36	10/01/2012
L5250	HIP DISARTICULATION, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTA	\$5,352.47	10/01/2012
L5270	HIP DISARTICULATION, TILT TABLE TYPE; MOLDED SOCKET, LOCKING HIP JOINT, SINGLE	\$5,305.58	10/01/2012
L5280	HEMIPELVECTOMY, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FR	\$5,252.53	10/01/2012
L5301	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM	\$2,358.45	10/01/2012
L5312	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, SINGLE AXIS KNEE, PYLON,	\$3,048.64	10/01/2012
L5321	ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE	\$3,390.54	10/01/2012
L5331	HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP	\$4,505.76	10/01/2012
L5341	HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT,	\$5,213.63	10/01/2012
L5400	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING,	\$1,227.70	10/01/2012
L5410	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID	\$323.26	10/01/2012
L5420	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID	\$1,568.05	10/01/2012
L5430	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID	\$437.03	10/01/2012
L5450	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NON-WEIGHT BEARING	\$315.21	10/01/2012
L5460	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NON-WEIGHT BEARING	\$421.88	10/01/2012
L5500	INITIAL, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SA	\$1,319.46	10/01/2012
L5505	INITIAL, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE	\$1,794.26	10/01/2012
L5510	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COV	\$1,361.09	10/01/2012
L5520	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO	\$1,482.58	10/01/2012
L5530	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO	\$1,781.81	10/01/2012
L5535	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, NO COVER, SACH	\$1,749.38	10/01/2012
L5540	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO	\$1,865.92	10/01/2012
L5560	PREPARATORY, ABOVE KNEE- KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET,	\$1,818.85	10/01/2012
L5570	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET,	\$1,994.09	10/01/2012
L5580	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION ISCHIAL LEVEL SOCKET,	\$2,420.30	10/01/2012
L5585	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET,	\$2,143.47	10/01/2012

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L5590	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION ISCHIAL LEVEL SOCKET,	\$2,479.88	10/01/2012
L5595	PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT,	\$4,153.71	10/01/2012
L5600	PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, LAM	\$4,586.94	10/01/2012
L5610	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, HYDRACADENCE	\$1,895.93	10/01/2012
L5611	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE - KNEE	\$1,533.29	10/01/2012
L5613	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE-KNEE	\$2,528.12	10/01/2012
L5614	ADDITION TO LOWER EXTREMITY, EXOSKELETAL SYSTEM, ABOVE KNEE-KNEE	\$1,281.68	10/01/2012
L5616	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, UNIVERSAL	\$1,091.85	10/01/2012
L5617	ADDITION TO LOWER EXTREMITY, QUICK CHANGE SELF-ALIGNING UNIT, ABOVE KNEE OR	\$424.96	10/01/2012
L5618	ADDITION TO LOWER EXTREMITY, TEST SOCKET, SYMES	\$223.41	10/01/2012
L5620	ADDITION TO LOWER EXTREMITY, TEST SOCKET, BELOW KNEE	\$226.30	10/01/2012
L5622	ADDITION TO LOWER EXTREMITY, TEST SOCKET, KNEE DISARTICULATION	\$293.30	10/01/2012
L5624	ADDITION TO LOWER EXTREMITY, TEST SOCKET, ABOVE KNEE	\$321.70	10/01/2012
L5626	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HIP DISARTICULATION	\$422.62	10/01/2012
L5628	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HEMIPELVECTOMY	\$374.00	10/01/2012
L5629	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ACRYLIC SOCKET	\$245.87	10/01/2012
L5630	ADDITION TO LOWER EXTREMITY, SYMES TYPE, EXPANDABLE WALL SOCKET	\$426.29	10/01/2012
L5631	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, ACRYLIC SOCKET	\$339.94	10/01/2012
L5632	ADDITION TO LOWER EXTREMITY, SYMES TYPE, 'PTB' BRIM DESIGN SOCKET	\$182.83	10/01/2012
L5634	ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING (CANADIAN) SOCKET	\$313.80	10/01/2012
L5636	ADDITION TO LOWER EXTREMITY, SYMES TYPE, MEDIAL OPENING SOCKET	\$197.14	10/01/2012
L5637	ADDITION TO LOWER EXTREMITY, BELOW KNEE, TOTAL CONTACT	\$296.84	10/01/2012
L5638	ADDITION TO LOWER EXTREMITY, BELOW KNEE, LEATHER SOCKET	\$502.04	10/01/2012
L5639	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WOOD SOCKET	\$1,156.60	10/01/2012
L5640	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, LEATHER SOCKET	\$600.29	10/01/2012
L5642	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, LEATHER SOCKET	\$479.35	10/01/2012
L5643	ADDITION TO LOWER EXTREMITY, HIP DISARTICULATION, FLEXIBLE INNER SOCKET,	\$1,204.21	10/01/2012
L5644	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, WOOD SOCKET	\$456.97	10/01/2012
L5645	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	\$698.79	10/01/2012
L5646	ADDITION TO LOWER EXTREMITY, BELOW KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION	\$423.91	10/01/2012
L5647	ADDITION TO LOWER EXTREMITY, BELOW KNEE SUCTION SOCKET	\$820.59	10/01/2012

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L5648	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION	\$509.38	10/01/2012
L5649	ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/NARROW M-L SOCKET	\$1,482.65	10/01/2012
L5650	ADDITIONS TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION	\$503.60	10/01/2012
L5651	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	\$929.14	10/01/2012
L5652	ADDITION TO LOWER EXTREMITY, SUCTION SUSPENSION, ABOVE KNEE OR KNEE	\$337.31	10/01/2012
L5653	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, EXPANDABLE WALL SOCKET	\$504.05	10/01/2012
L5654	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, SYMES, (KEMBLO, PELITE, ALIPLAST, P	\$315.24	10/01/2012
L5655	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, BELOW KNEE (KEMBLO, PELITE,	\$273.62	10/01/2012
L5656	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, KNEE DISARTICULATION (KEMBLO,	\$382.67	10/01/2012
L5658	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, ABOVE KNEE (KEMBLO, PELITE,	\$291.24	10/01/2012
L5661	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER SYMES	\$581.96	10/01/2012
L5665	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER, BELOW KNEE	\$528.20	10/01/2012
L5666	ADDITION TO LOWER EXTREMITY, BELOW KNEE, CUFF SUSPENSION	\$72.21	10/01/2012
L5668	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED DISTAL CUSHION	\$104.18	10/01/2012
L5670	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED SUPRACONDYLAR SUSPENSION	\$279.92	10/01/2012
L5671	ADDITION TO LOWER EXTREMITY, BELOW KNEE / ABOVE KNEE SUSPENSION LOCKING	\$513.12	10/01/2012
L5672	ADDITION TO LOWER EXTREMITY, BELOW KNEE, REMOVABLE MEDIAL BRIM SUSPENSION	\$243.87	10/01/2012
L5673	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM	\$606.26	10/01/2012
L5676	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, SINGLE AXIS, PAIR	\$373.82	10/01/2012
L5677	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, POLYCENTRIC, PAIR	\$508.63	10/01/2012
L5678	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, JOINT COVERS, PAIR	\$40.96	10/01/2012
L5679	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM	\$505.21	10/01/2012
L5680	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, NONMOLDED	\$246.74	10/01/2012
L5681	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET	\$999.08	10/01/2012
L5682	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, GLUTEAL/ISCHIAL, MOLDED	\$645.14	10/01/2012
L5683	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET	\$999.08	10/01/2012
L5684	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FORK STRAP	\$49.65	10/01/2012
L5685	ADDITION TO LOWER EXTREMITY PROSTHESIS, BELOW KNEE, SUSPENSION/SEALING SLEEVE,	\$97.28	10/01/2012
L5686	ADDITION TO LOWER EXTREMITY, BELOW KNEE, BACK CHECK (EXTENSION CONTROL)	\$48.03	10/01/2012
L5688	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, WEBBING	\$63.01	10/01/2012
L5690	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, PADDED AND LINED	\$100.94	10/01/2012

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L5692	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, LIGHT	\$137.08	10/01/2012
L5694	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, PADDED AND LINED	\$187.14	10/01/2012
L5695	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL, SLEEVE SUSPENSION,	\$168.24	10/01/2012
L5696	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC JOINT	\$190.87	10/01/2012
L5697	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC BAND	\$82.81	10/01/2012
L5698	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, SILESIA	\$106.15	10/01/2012
L5699	ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS	\$192.34	10/01/2012
L5700	ALL LOWER EXTREMITY PROSTHESES, FOOT, EXTERNAL KEEL, SACH FOOT	\$2,825.07	10/01/2012
L5701	REPLACEMENT, SOCKET, ABOVE KNEE/KNEE DISARTICULATION, INCLUDING ATTACHMENT	\$3,507.55	10/01/2012
L5702	REPLACEMENT, SOCKET, HIP DISARTICULATION, INCLUDING HIP JOINT, MOLDED TO	\$4,481.91	10/01/2012
L5703	ANKLE, SYMES, MOLDED TO PATIENT MODEL, SOCKET WITHOUT SOLID ANKLE CUSHION HEEL (	\$1,862.43	10/01/2012
L5704	CUSTOM SHAPED PROTECTIVE COVER, BELOW KNEE	\$471.81	10/01/2012
L5705	CUSTOM SHAPED PROTECTIVE COVER, ABOVE KNEE	\$774.56	10/01/2012
L5706	CUSTOM SHAPED PROTECTIVE COVER, KNEE DISARTICULATION	\$767.69	10/01/2012
L5707	CUSTOM SHAPED PROTECTIVE COVER, HIP DISARTICULATION	\$1,091.30	10/01/2012
L5710	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	\$371.02	10/01/2012
L5711	ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT	\$538.65	10/01/2012
L5712	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE	\$444.51	10/01/2012
L5714	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING	\$386.32	10/01/2012
L5716	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE	\$751.87	10/01/2012
L5718	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING AND	\$939.75	10/01/2012
L5722	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION	\$839.49	10/01/2012
L5724	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	\$1,492.14	10/01/2012
L5726	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, EXTERNAL JOINTS FLUID	\$1,525.92	10/01/2012
L5728	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE	\$2,454.68	10/01/2012
L5780	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/HYDRA PNEUMATIC	\$1,181.08	10/01/2012
L5781	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT	\$3,039.03	10/01/2012
L5782	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT	\$3,203.82	10/01/2012
L5785	ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON	\$424.99	10/01/2012
L5790	ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM,	\$684.25	10/01/2012
L5795	ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL	\$863.41	10/01/2012

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L5810	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	\$502.24	10/01/2012
L5811	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT	\$752.35	10/01/2012
L5812	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE	\$583.15	10/01/2012
L5814	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, HYDRAULIC SWING PHASE	\$2,820.83	10/01/2012
L5816	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE	\$877.31	10/01/2012
L5818	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING, AND	\$990.66	10/01/2012
L5822	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION	\$1,317.53	10/01/2012
L5824	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	\$1,582.01	10/01/2012
L5826	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, HYDRAULIC SWING PHASE	\$2,371.96	10/01/2012
L5828	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE	\$2,830.21	10/01/2012
L5830	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/ SWING PHASE	\$1,957.49	10/01/2012
L5840	ADDITION, ENDOSKELETAL KNEE/SHIN SYSTEM, 4-BAR LINKAGE OR MULTIAXIAL, PNEUMATIC	\$3,122.78	10/01/2012
L5845	ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM, STANCE FLEXION FEATURE, ADJUSTABLE	\$1,361.36	10/01/2012
L5848	ADDITION TO ENDOSKELETAL KNEE-SHIN SYSTEM, FLUID STANCE EXTENSION, DAMPENING FEA	\$816.75	10/01/2012
L5850	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, KNEE	\$98.98	10/01/2012
L5855	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, MECHANICAL HIP EXTENSION	\$318.59	10/01/2012
L5856	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM,	\$18,233.30	10/01/2012
L5857	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM,	\$6,469.87	10/01/2012
L5858	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE SHIN SYSTEM, MICROPROC	\$14,116.11	10/01/2012
L5910	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SYSTEM	\$280.22	10/01/2012
L5920	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, ALIGNABLE	\$410.51	10/01/2012
L5925	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTICULATION OR HIP	\$337.43	10/01/2012
L5930	ADDITION, ENDOSKELETAL SYSTEM, HIGH ACTIVITY KNEE CONTROL FRAME	\$2,556.54	10/01/2012
L5940	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM,	\$412.47	10/01/2012
L5950	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM,	\$601.94	10/01/2012
L5960	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL	\$745.87	10/01/2012
L5961	ADDITION, ENDOSKELETAL SYSTEM, POLYCENTRIC HIP JOINT, PNEUMATIC OR HYDRAULIC CON	\$3,969.12	10/01/2012
L5962	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE	\$606.36	10/01/2012
L5964	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE	\$872.90	10/01/2012
L5966	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, FLEXIBLE PROTECTIVE OUTER	\$1,131.68	10/01/2012
L5968	ADDITION TO LOWER LIMB PROSTHESIS, MULTIAXIAL ANKLE WITH SWING PHASE ACTIVE	\$2,760.10	10/01/2012

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L5970	ALL LOWER EXTREMITY PROSTHESES, FOOT, EXTERNAL KEEL, SACH FOOT	\$197.68	10/01/2012
L5971	ALL LOWER EXTREMITY PROSTHESIS, SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMEN	\$197.68	10/01/2012
L5972	ALL LOWER EXTREMITY PROSTHESES, FOOT, FLEXIBLE KEEL	\$363.57	10/01/2012
L5974	ALL LOWER EXTREMITY PROSTHESES, FOOT, SINGLE AXIS ANKLE/FOOT	\$240.39	10/01/2012
L5975	ALL LOWER EXTREMITY PROSTHESIS, COMBINATION SINGLE AXIS ANKLE AND FLEXIBLE KEEL	\$352.11	10/01/2012
L5976	ALL LOWER EXTREMITY PROSTHESES, ENERGY STORING FOOT (SEATTLE CARBON COPY II OR	\$577.72	10/01/2012
L5978	ALL LOWER EXTREMITY PROSTHESES, FOOT, MULTIAXIAL ANKLE/FOOT	\$301.06	10/01/2012
L5979	ALL LOWER EXTREMITY PROSTHESIS, MULTI-AXIAL ANKLE, DYNAMIC RESPONSE FOOT, ONE	\$2,332.11	10/01/2012
L5980	ALL LOWER EXTREMITY PROSTHESES, FLEX FOOT SYSTEM	\$3,265.24	10/01/2012
L5981	ALL LOWER EXTREMITY PROSTHESES, FLEX-WALK SYSTEM OR EQUAL	\$2,534.33	10/01/2012
L5982	ALL EXOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTATION UNIT	\$596.37	10/01/2012
L5984	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESIS, AXIAL ROTATION UNIT, WITH OR	\$587.67	10/01/2012
L5985	ALL ENDOSKELETAL LOWER EXTREMITY PROTHESES, DYNAMIC PROSTHETIC PYLON	\$214.49	10/01/2012
L5986	ALL LOWER EXTREMITY PROSTHESES, MULTI-AXIAL ROTATION UNIT ('MCP' OR EQUAL)	\$653.70	10/01/2012
L5987	ALL LOWER EXTREMITY PROSTHESIS, SHANK FOOT SYSTEM WITH VERTICAL LOADING PYLON	\$5,463.90	10/01/2012
L5988	ADDITION TO LOWER LIMB PROSTHESIS, VERTICAL SHOCK REDUCING PYLON FEATURE	\$1,517.33	10/01/2012
L5990	ADDITION TO LOWER EXTREMITY PROSTHESIS, USER ADJUSTABLE HEEL HEIGHT	\$1,377.96	10/01/2012
L5999	LOWER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	CCR	10/01/2006
L6000	PARTIAL HAND, THUMB REMAINING	\$1,370.66	10/01/2012
L6010	PARTIAL HAND, LITTLE AND/OR RING FINGER REMAINING	\$1,525.32	10/01/2012
L6020	PARTIAL HAND, NO FINGER REMAINING	\$1,422.13	10/01/2012
L6026	TRANSCARPAL/METACARPAL OR PARTIAL HAND DISARTICULATION PROSTHESIS, EXTERNAL POWE	\$3,689.80	01/01/2015
L6050	WRIST DISARTICULATION, MOLDED SOCKET, FLEXIBLE ELBOW HINGES, TRICEPS PAD	\$1,953.43	10/01/2012
L6055	WRIST DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, FLEXIBLE ELBOW	\$2,505.19	10/01/2012
L6100	BELOW ELBOW, MOLDED SOCKET, FLEXIBLE ELBOW HINGE, TRICEPS PAD	\$1,625.60	10/01/2012
L6110	BELOW ELBOW, MOLDED SOCKET, (MUENSTER OR NORTHWESTERN SUSPENSION TYPES)	\$2,105.25	10/01/2012
L6120	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STEP-UP HINGES, HALF CUFF	\$2,390.46	10/01/2012
L6130	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED LOCKING HINGE,	\$2,670.51	10/01/2012
L6200	ELBOW DISARTICULATION, MOLDED SOCKET, OUTSIDE LOCKING HINGE, FOREARM	\$2,814.27	10/01/2012
L6205	ELBOW DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, OUTSIDE LOCKING	\$3,435.38	10/01/2012
L6250	ABOVE ELBOW, MOLDED DOUBLE WALL SOCKET, INTERNAL LOCKING ELBOW, FOREARM	\$2,770.19	10/01/2012

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L6300	SHOULDER DISARTICULATION, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INT	\$3,843.33	10/01/2012
L6310	SHOULDER DISARTICULATION, PASSIVE RESTORATION (COMPLETE PROSTHESIS)	\$3,130.47	10/01/2012
L6320	SHOULDER DISARTICULATION, PASSIVE RESTORATION (SHOULDER CAP ONLY)	\$1,762.93	10/01/2012
L6350	INTERSCAPULAR THORACIC, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTER	\$4,010.21	10/01/2012
L6360	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (COMPLETE PROSTHESIS)	\$3,285.80	10/01/2012
L6370	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (SHOULDER CAP ONLY)	\$2,095.24	10/01/2012
L6380	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING,	\$1,000.80	10/01/2012
L6382	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING	\$1,259.02	10/01/2012
L6384	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING	\$1,632.59	10/01/2012
L6386	IMMEDIATE POST SURGICAL OR EARLY FITTING, EACH ADDITIONAL CAST CHANGE AND	\$414.28	10/01/2012
L6388	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF RIGID DRESSING ONLY	\$422.96	10/01/2012
L6400	BELOW ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSU	\$2,393.71	10/01/2012
L6450	ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTH	\$2,917.81	10/01/2012
L6500	ABOVE ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSU	\$2,652.55	10/01/2012
L6550	SHOULDER DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PRO	\$3,933.72	10/01/2012
L6570	INTERSCAPULAR THORACIC, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROST	\$4,515.15	10/01/2012
L6580	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL PLASTIC SOCKET,	\$1,382.70	10/01/2012
L6582	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL SOCKET, FRICTION	\$1,064.84	10/01/2012
L6584	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL PLASTIC SOCKET,	\$1,728.76	10/01/2012
L6586	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL SOCKET, FRICTION	\$1,470.56	10/01/2012
L6588	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL	\$2,501.84	10/01/2012
L6590	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL	\$2,198.06	10/01/2012
L6600	UPPER EXTREMITY ADDITIONS, POLYCENTRIC HINGE, PAIR	\$193.50	10/01/2012
L6605	UPPER EXTREMITY ADDITIONS, SINGLE PIVOT HINGE, PAIR	\$191.07	10/01/2012
L6610	UPPER EXTREMITY ADDITIONS, FLEXIBLE METAL HINGE, PAIR	\$171.75	10/01/2012
L6611	ADDITION TO UPPER EXTREMITY PROSTHESIS, EXTERNAL POWERED, ADDITIONAL SWITCH, ANY	\$312.73	10/01/2012
L6615	UPPER EXTREMITY ADDITION, DISCONNECT LOCKING WRIST UNIT	\$141.75	10/01/2012
L6616	UPPER EXTREMITY ADDITION, ADDITIONAL DISCONNECT INSERT FOR LOCKING WRIST UNIT,	\$50.18	10/01/2012
L6620	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION WRIST UNIT, WITH OR WITHOUT	\$295.66	10/01/2012
L6621	UPPER EXTREMITY PROSTHESIS ADDITION, FLEXION/EXTENSION WRIST WITH OR WITHOUT FRI	\$1,737.29	10/01/2012
L6623	UPPER EXTREMITY ADDITION, SPRING ASSISTED ROTATIONAL WRIST UNIT WITH LATCH	\$496.30	10/01/2012

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L6624	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION AND ROTATION WRIST UNIT	\$2,860.49	10/01/2012
L6625	UPPER EXTREMITY ADDITION, ROTATION WRIST UNIT WITH CABLE LOCK	\$548.66	10/01/2012
L6628	UPPER EXTREMITY ADDITION, QUICK DISCONNECT HOOK ADAPTER, OTTO BOCK OR EQUAL	\$370.63	10/01/2012
L6629	UPPER EXTREMITY ADDITION, QUICK DISCONNECT LAMINATION COLLAR WITH COUPLING	\$135.48	10/01/2012
L6630	UPPER EXTREMITY ADDITION, STAINLESS STEEL, ANY WRIST	\$166.74	10/01/2012
L6632	UPPER EXTREMITY ADDITION, LATEX SUSPENSION SLEEVE, EACH	\$50.27	10/01/2012
L6635	UPPER EXTREMITY ADDITION, LIFT ASSIST FOR ELBOW	\$181.69	10/01/2012
L6637	UPPER EXTREMITY ADDITION, NUDGE CONTROL ELBOW LOCK	\$331.76	10/01/2012
L6638	UPPER EXTREMITY ADDITION TO PROSTHESIS, ELECTRIC LOCKING FEATURE, ONLY FOR USE	\$1,899.40	10/01/2012
L6640	UPPER EXTREMITY ADDITIONS, SHOULDER ABDUCTION JOINT, PAIR	\$216.72	10/01/2012
L6641	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, PULLEY TYPE	\$155.43	10/01/2012
L6642	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, LEVER TYPE	\$201.58	10/01/2012
L6645	UPPER EXTREMITY ADDITION, SHOULDER FLEXION-ABDUCTION JOINT, EACH	\$329.31	10/01/2012
L6646	UPPER EXTREMITY ADDITION, SHOULDER JOINT, MULTIPOSITIONAL LOCKING, FLEXION,	\$2,395.57	10/01/2012
L6647	UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, BODY POWERED ACTUATOR	\$394.37	10/01/2012
L6648	UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, EXTERNAL POWERED ACTUATOR	\$2,470.69	10/01/2012
L6650	UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH	\$349.18	10/01/2012
L6655	UPPER EXTREMITY ADDITION, STANDARD CONTROL CABLE, EXTRA	\$77.49	10/01/2012
L6660	UPPER EXTREMITY ADDITION, HEAVY DUTY CONTROL CABLE	\$94.69	10/01/2012
L6665	UPPER EXTREMITY ADDITION, TEFLON, OR EQUAL, CABLE LINING	\$38.37	10/01/2012
L6670	UPPER EXTREMITY ADDITION, HOOK TO HAND, CABLE ADAPTER	\$49.47	10/01/2012
L6672	UPPER EXTREMITY ADDITION, HARNESS, CHEST OR SHOULDER, SADDLE TYPE	\$173.95	10/01/2012
L6675	UPPER EXTREMITY ADDITION, HARNESS, (E.G. FIGURE OF EIGHT TYPE), SINGLE CABLE	\$118.10	10/01/2012
L6676	UPPER EXTREMITY ADDITION, HARNESS, (E.G. FIGURE OF EIGHT TYPE), DUAL CABLE	\$125.10	10/01/2012
L6677	UPPER EXTREMITY ADDITION, HARNESS, TRIPLE CONTROL, SIMULTANEOUS OPERATION OF TER	\$225.31	10/01/2012
L6680	UPPER EXTREMITY ADDITION, TEST SOCKET, WRIST DISARTICULATION OR BELOW ELBOW	\$239.34	10/01/2012
L6682	UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR ABOVE ELBOW	\$238.32	10/01/2012
L6684	UPPER EXTREMITY ADDITION, TEST SOCKET, SHOULDER DISARTICULATION OR	\$359.58	10/01/2012
L6686	UPPER EXTREMITY ADDITION, SUCTION SOCKET	\$609.02	10/01/2012
L6687	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, BELOW ELBOW OR WRIST	\$451.38	10/01/2012
L6688	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, ABOVE ELBOW OR ELBOW	\$488.97	10/01/2012

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L6689	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, SHOULDER DISARTICULATION	\$557.60	10/01/2012
L6690	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, INTERSCAPULAR-THORACIC	\$645.93	10/01/2012
L6691	UPPER EXTREMITY ADDITION, REMOVABLE INSERT, EACH	\$355.41	10/01/2012
L6692	UPPER EXTREMITY ADDITION, SILICONE GEL INSERT OR EQUAL, EACH	\$576.90	10/01/2012
L6693	UPPER EXTREMITY ADDITION, LOCKING ELBOW, FOREARM COUNTERBALANCE	\$2,156.33	10/01/2012
L6694	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM	\$606.26	10/01/2012
L6695	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM	\$505.21	10/01/2012
L6696	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM	\$999.08	10/01/2012
L6697	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM	\$999.08	10/01/2012
L6698	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, LOCK	\$513.12	10/01/2012
L6703	TERMINAL DEVICE, PASSIVE HAND/MITT, ANY MATERIAL, ANY SIZE	\$278.07	10/01/2012
L6704	TERMINAL DEVICE, SPORT/RECREATIONAL/WORK ATTACHMENT, ANY MATERIAL, ANY SIZE	\$604.14	10/01/2012
L6706	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LI	\$333.91	10/01/2012
L6707	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LI	\$1,274.98	10/01/2012
L6708	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE	\$862.89	10/01/2012
L6709	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE	\$1,249.81	10/01/2012
L6711	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LI	\$510.65	10/01/2012
L6712	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LI	\$940.19	10/01/2012
L6713	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, PE	\$1,186.64	10/01/2012
L6714	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PE	\$1,005.08	10/01/2012
L6721	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY OPENING, ANY MA	\$1,786.40	10/01/2012
L6722	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY CLOSING, ANY MA	\$1,540.01	10/01/2012
L6805	ADDITION TO TERMINAL DEVICE, MODIFIER WRIST UNIT	\$327.60	10/01/2012
L6810	ADDITION TO TERMINAL DEVICE, PRECISION PINCH DEVICE	\$168.40	10/01/2012
L6881	AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB ELECTRIC PROSTHETIC TERMINAL DEV	\$3,105.17	10/01/2012
L6882	MICROPROCESSOR CONTROL FEATURE, ADDITION TO UPPER LIMB PROSTHETIC TERMINAL	\$2,355.41	10/01/2012
L6883	REPLACEMENT SOCKET, BELOW ELBOW/WRIST DISARTICULATION, MOLDED TO PATIENT MODEL,	\$1,329.99	10/01/2012
L6884	REPLACEMENT SOCKET, ABOVE ELBOW/ELBOW DISARTICULATION, MOLDED TO PATIENT MODEL,	\$2,303.04	10/01/2012
L6885	REPLACEMENT SOCKET, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, MOLDED TO P	\$3,285.80	10/01/2012
L6890	ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANY MATERIAL,	\$175.46	10/01/2012
L6895	ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANY	\$432.02	10/01/2012

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L6900	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH	\$1,552.11	10/01/2012
L6905	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH	\$1,514.60	10/01/2012
L6910	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH	\$1,475.53	10/01/2012
L6915	HAND RESTORATION (SHADING, AND MEASUREMENTS INCLUDED), REPLACEMENT GLOVE FOR	\$624.68	10/01/2012
L6920	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FO	\$5,768.40	10/01/2012
L6925	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE	\$6,583.37	10/01/2012
L6930	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM	\$5,368.92	10/01/2012
L6935	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM	\$6,235.66	10/01/2012
L6940	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL	\$6,795.46	10/01/2012
L6945	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL	\$7,897.27	10/01/2012
L6950	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL,	\$7,715.73	10/01/2012
L6955	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL,	\$9,240.65	10/01/2012
L6960	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE	\$9,886.79	10/01/2012
L6965	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE	\$11,479.32	10/01/2012
L6970	INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER	\$12,157.49	10/01/2012
L6975	INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER	\$14,375.73	10/01/2012
L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	\$2,662.34	10/01/2012
L7008	ELECTRIC HAND, SWITCH OR MYOELECTRIC, CONTROLLED, PEDIATRIC	\$4,475.67	10/01/2012
L7009	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	\$2,716.42	10/01/2012
L7040	PREHENSILE ACTUATOR, SWITCH CONTROLLED	\$2,181.18	10/01/2012
L7045	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, PEDIATRIC	\$1,250.55	10/01/2012
L7170	ELECTRONIC ELBOW, HOSMER OR EQUAL, SWITCH CONTROLLED	\$4,536.57	10/01/2012
L7180	ELECTRONIC ELBOW, MICROPROCESSOR SEQUENTIAL CONTROL OF ELBOW AND TERMINAL DEVICE	\$28,032.50	10/01/2012
L7181	ELECTRONIC ELBOW, MICROPROCESSOR SIMULTANEOUS CONTROL OF ELBOW AND TERMINAL	\$30,433.14	10/01/2012
L7185	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED	\$4,631.91	10/01/2012
L7186	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED	\$6,843.76	10/01/2012
L7190	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY	\$6,067.14	10/01/2012
L7191	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED	\$7,151.32	10/01/2012
L7259	ELECTRONIC WRIST ROTATOR, ANY TYPE	\$3,212.12	01/01/2015
L7360	SIX VOLT BATTERY, EACH	\$187.95	10/01/2012
L7362	BATTERY CHARGER, SIX VOLT, EACH	\$199.73	10/01/2012

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L7364	TWELVE VOLT BATTERY, EACH	\$367.49	10/01/2012
L7366	BATTERY CHARGER, TWELVE VOLT, EACH	\$474.81	10/01/2012
L7367	LITHIUM ION BATTERY, RECHARGEABLE, REPLACEMENT	\$295.71	10/01/2012
L7368	LITHIUM ION BATTERY CHARGER, REPLACEMENT ONLY	\$383.33	10/01/2012
L7400	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ULTRA	\$232.79	10/01/2012
L7401	ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ULTRALIGHT	\$260.61	10/01/2012
L7402	ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAPULAR T	\$281.43	10/01/2012
L7403	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ACRYL	\$279.71	10/01/2012
L7404	ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ACRYLIC MAT	\$422.16	10/01/2012
L7405	ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAPULAR T	\$552.13	10/01/2012
L7499	UPPER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	CCR	10/01/2006
L7510	REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPLACE MINOR PARTS	CCR	10/01/2006
L7520	REPAIR PROSTHETIC DEVICE, LABOR COMPONENT, PER 15 MINUTES	\$21.71	10/01/2011
L7600	PROSTHETIC DORNING SLEEVE, ANY MATERIAL, EACH	CCR	10/01/2006
L8000	BREAST PROSTHESIS, MASTECTOMY BRA, WITHOUT INTEGRATED BREAST PROSTHESIS FORM, AN	\$37.67	10/01/2012
L8001	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, UNILA	\$95.26	10/01/2012
L8002	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, BILAT	\$125.30	10/01/2012
L8010	BREAST PROSTHESIS, MASTECTOMY SLEEVE	\$40.85	10/01/2011
L8015	EXTERNAL BREAST PROSTHESIS GARMENT, WITH MASTECTOMY FORM, POST MASTECTOMY	\$45.53	10/01/2012
L8020	BREAST PROSTHESIS, MASTECTOMY FORM	\$161.73	10/01/2012
L8030	BREAST PROSTHESIS, SILICONE OR EQUAL, WITHOUT INTEGRAL ADHESIVE	\$295.49	10/01/2012
L8031	BREAST PROSTHESIS, SILICONE OR EQUAL, WITH INTEGRAL ADHESIVE	\$295.49	10/01/2012
L8032	NIPPLE PROSTHESIS, REUSABLE, ANY TYPE, EACH	\$29.76	10/01/2012
L8035	CUSTOM BREAST PROSTHESIS, POST MASTECTOMY, MOLDED TO PATIENT MODEL	\$2,782.67	10/01/2012
L8039	BREAST PROSTHESIS, NOT OTHERWISE SPECIFIED	CCR	10/01/2006
L8040	NASAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	\$1,989.58	10/01/2012
L8041	MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	\$2,398.22	10/01/2012
L8042	ORBITAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	\$2,694.64	10/01/2012
L8043	UPPER FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	\$3,018.01	10/01/2012
L8044	HEMI-FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	\$3,341.35	10/01/2012
L8045	AURICULAR PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	\$2,100.10	10/01/2012

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L8046	PARTIAL FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	\$2,155.72	10/01/2012
L8047	NASAL SEPTAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	\$1,104.78	10/01/2012
L8048	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT, PROVIDED BY A NON-PHYSICIAN	CCR	10/01/2006
L8049	REPAIR OR MODIFICATION OF MAXILLOFACIAL PROSTHESIS, LABOR COMPONENT, 15 MINUTE	\$17.13	10/01/2011
L8300	TRUSS, SINGLE WITH STANDARD PAD	\$87.02	10/01/2012
L8310	TRUSS, DOUBLE WITH STANDARD PADS	\$137.39	10/01/2012
L8320	TRUSS, ADDITION TO STANDARD PAD, WATER PAD	\$55.14	10/01/2012
L8330	TRUSS, ADDITION TO STANDARD PAD, SCROTAL PAD	\$50.93	10/01/2012
L8400	PROSTHETIC SHEATH, BELOW KNEE, EACH	\$16.23	10/01/2012
L8410	PROSTHETIC SHEATH, ABOVE KNEE, EACH	\$20.95	10/01/2012
L8415	PROSTHETIC SHEATH, UPPER LIMB, EACH	\$18.53	10/01/2012
L8417	PROSTHETIC SHEATH/SOCK, INCLUDING A GEL CUSHION LAYER, BELOW KNEE OR ABOVE	\$57.12	10/01/2012
L8420	PROSTHETIC SOCK, MULTIPLE PLY, BELOW KNEE, EACH	\$20.07	10/01/2012
L8430	PROSTHETIC SOCK, MULTIPLE PLY, ABOVE KNEE, EACH	\$21.53	10/01/2012
L8435	PROSTHETIC SOCK, MULTIPLE PLY, UPPER LIMB, EACH	\$19.99	10/01/2012
L8440	PROSTHETIC SHRINKER, BELOW KNEE, EACH	\$43.14	10/01/2012
L8460	PROSTHETIC SHRINKER, ABOVE KNEE, EACH	\$68.75	10/01/2012
L8465	PROSTHETIC SHRINKER, UPPER LIMB, EACH	\$37.74	10/01/2012
L8470	PROSTHETIC SOCK, SINGLE PLY, FITTING, BELOW KNEE, EACH	\$6.88	10/01/2011
L8480	PROSTHETIC SOCK, SINGLE PLY, FITTING, ABOVE KNEE, EACH	\$8.22	10/01/2012
L8485	PROSTHETIC SOCK, SINGLE PLY, FITTING, UPPER LIMB, EACH	\$11.13	10/01/2012
L8499	UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES	CCR	10/01/2006
L8500	ARTIFICIAL LARYNX, ANY TYPE	\$510.60	10/01/2012
L8501	TRACHEOSTOMY SPEAKING VALVE	\$93.46	10/01/2012
L8505	ARTIFICIAL LARYNX REPLACEMENT BATTERY / ACCESSORY, ANY TYPE	CCR	10/01/2006
L8507	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, PATIENT INSERTED, ANY TYPE, EACH	\$31.82	10/01/2012
L8509	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, INSERTED BY A LICENSED HEALTH CARE	\$82.95	10/01/2012
L8510	VOICE AMPLIFIER	\$191.92	10/01/2012
L8511	INSERT FOR INDWELLING TRACHEOESOPHAGEAL PROSTHESIS, WITH OR WITHOUT VALVE,	\$55.24	10/01/2012
L8512	GELATIN CAPSULES OR EQUIVALENT, FOR USE WITH TRACHEOESOPHAGEAL VOICE	\$1.64	10/01/2011
L8513	CLEANING DEVICE USED WITH TRACHEOESOPHAGEAL VOICE PROSTHESIS, PIPET, BRUSH, OR	\$3.95	10/01/2012

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L8514	TRACHEOESOPHAGEAL PUNCTURE DILATOR, REPLACEMENT ONLY, EACH	\$71.62	10/01/2012
L8515	GELATIN CAPSULE, APPLICATION DEVICE FOR USE WITH TRACHEOESOPHAGEAL VOICE	\$47.94	10/01/2012
L8600	IMPLANTABLE BREAST PROSTHESIS, SILICONE OR EQUAL	Bundled	10/01/2012
L8603	INJECTABLE BULKING AGENT, COLLAGEN IMPLANT, URINARY TRACT, 2.5 ML SYRINGE,	Bundled	10/01/2012
L8604	INJECTABLE BULKING AGENT, DEXTRANOMER/HYALURONIC ACID COPOLYMER IMPLANT, URINARY	Bundled	01/01/2009
L8605	INJECTABLE BULKING AGENT, DEXTRANOMER/HYALURONIC ACID COPOLYMER IMPLANT, ANAL CA	Bundled	01/01/2013
L8606	INJECTABLE BULKING AGENT, SYNTHETIC IMPLANT, URINARY TRACT, 1 ML SYRINGE,	Bundled	10/01/2012
L8609	ARTIFICIAL CORNEA	Bundled	10/01/2012
L8610	OCULAR IMPLANT	Bundled	10/01/2012
L8612	AQUEOUS SHUNT	Bundled	10/01/2012
L8613	OSSICULA IMPLANT	Bundled	10/01/2012
L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	Bundled	10/01/2012
L8615	HEADSET/HEADPIECE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	\$342.56	10/01/2012
L8616	MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	\$79.79	10/01/2012
L8617	TRANSMITTING COIL FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	\$69.69	10/01/2012
L8618	TRANSMITTER CABLE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	\$19.92	10/01/2012
L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, R	\$6,551.73	10/01/2012
L8621	ZINC AIR BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE AND AUDITORY OSSEOINTEGRAT	\$0.47	10/01/2011
L8622	ALKALINE BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, ANY SIZE, REPLACEMENT,	\$0.25	10/01/2011
L8623	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, OTHER	\$49.13	10/01/2012
L8624	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, EAR L	\$122.49	10/01/2012
L8627	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR, COMPONENT, REPLACEMENT	\$5,565.09	10/01/2012
L8628	COCHLEAR IMPLANT, EXTERNAL CONTROLLER COMPONENT, REPLACEMENT	\$986.61	10/01/2012
L8629	TRANSMITTING COIL AND CABLE, INTEGRATED, FOR USE WITH COCHLEAR IMPLANT DEVICE, R	\$136.00	10/01/2012
L8630	METACARPOPHALANGEAL JOINT IMPLANT	Bundled	10/01/2012
L8631	METACARPAL PHALANGEAL JOINT REPLACEMENT, TWO OR MORE PIECES, METAL (E.G.,	Bundled	10/01/2012
L8641	METATARSAL JOINT IMPLANT	Bundled	10/01/2012
L8642	HALLUX IMPLANT	Bundled	10/01/2012
L8658	INTERPHALANGEAL JOINT SPACER, SILICONE OR EQUAL, EACH	Bundled	10/01/2012
L8659	INTERPHALANGEAL FINGER JOINT REPLACEMENT, 2 OR MORE PIECES, METAL (E.G.,	Bundled	10/01/2012
L8670	VASCULAR GRAFT MATERIAL, SYNTHETIC, IMPLANT	Bundled	10/01/2012

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L8679	IMPLANTABLE NEUROSTIMULATOR, PULSE GENERATOR, ANY TYPE	Bundled	01/01/2014
L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE (WITH ANY NUMBER OF CONTACT POINTS), EACH	\$91.59	10/01/2012
L8681	PATIENT PROGRAMMER (EXTERNAL) FOR USE WITH IMPLANTABLE PROGRAMMABLE NEUROSTIMULA	\$834.66	10/01/2012
L8682	IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER	Bundled	10/01/2012
L8683	RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR R	\$4,185.15	10/01/2012
L8684	RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE SACRAL ROOT NEURO	\$609.37	10/01/2012
L8685	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, RECHARGEABLE, INCLUDE	\$10,429.17	10/01/2012
L8686	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, NON-RECHARGEABLE, INC	\$6,654.66	10/01/2012
L8687	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, RECHARGEABLE, INCLUDES	\$13,572.51	10/01/2012
L8688	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, NON-RECHARGEABLE, INCLU	\$8,660.36	10/01/2012
L8689	EXTERNAL RECHARGING SYSTEM FOR BATTERY (INTERNAL) FOR USE WITH IMPLANTABLE NEURO	\$1,310.16	10/01/2012
L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	Bundled	10/01/2012
L8691	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, REPLACEMENT	\$2,025.34	10/01/2012
L8692	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USED WITHOUT OSSEOINT	CCR	01/01/2010
L8693	AUDITORY OSSEOINTEGRATED DEVICE ABUTMENT, ANY LENGTH, REPLACEMENT ONLY	\$1,151.70	10/01/2012
L8695	EXTERNAL RECHARGING SYSTEM FOR BATTERY (EXTERNAL) FOR USE WITH IMPLANTABLE NEURO	\$12.64	10/01/2012
L8696	ANTENNA (EXTERNAL) FOR USE WITH IMPLANTABLE DIAPHRAGMATIC/PHRENIC NERVE STIMULAT	\$169.41	01/01/2015
L8699	PROSTHETIC IMPLANT, NOT OTHERWISE SPECIFIED	Bundled	10/01/2006
L9900	ORTHOTIC AND PROSTHETIC SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER	Bundled	10/01/2006
M0076	PROLOTHERAPY	CCR	10/01/2006
M0100	INTRAGASTRIC HYPOTHERMIA USING GASTRIC FREEZING	CCR	10/01/2006
P2028	CEPHALIN FLOCCULATION, BLOOD	CCR	10/01/2006
P2029	CONGO RED, BLOOD	CCR	10/01/2006
P2033	THYMOL TURBIDITY, BLOOD	CCR	10/01/2006
P2038	MUCOPROTEIN, BLOOD (SEROMUCOID) (MEDICAL NECESSITY PROCEDURE)	\$6.85	10/01/2015
P3000	SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO THREE SMEARS, BY TECHNI	\$14.38	10/01/2015
P3001	SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO THREE SMEARS,	CCR	01/01/2012
P7001	CULTURE, BACTERIAL, URINE; QUANTITATIVE, SENSITIVITY STUDY	CCR	01/01/2012
P9010	BLOOD (WHOLE), FOR TRANSFUSION, PER UNIT	\$184.72	10/01/2016
P9011	BLOOD, SPLIT UNIT	\$85.43	10/01/2016
P9012	CRYOPRECIPITATE, EACH UNIT	\$49.71	10/01/2016

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P9016	RED BLOOD CELLS, LEUKOCYTES REDUCED, EACH UNIT	\$153.65	10/01/2016
P9017	FRESH FROZEN PLASMA (SINGLE DONOR), FROZEN WITHIN 8 HOURS OF COLLECTION, EACH	\$60.48	10/01/2016
P9019	PLATELET CONCENTRATE	\$98.38	10/01/2016
P9020	PLATELET RICH PLASMA, EACH UNIT	\$100.15	10/01/2016
P9021	RED BLOOD CELLS, EACH UNIT	\$121.52	10/01/2016
P9022	RED BLOOD CELLS, WASHED, EACH UNIT	\$256.27	10/01/2016
P9023	PLASMA, POOLED MULTIPLE DONOR, SOLVENT/DETERGENT TREATED, FROZEN, EACH UNIT	\$63.26	10/01/2016
P9031	PLATELETS, LEUKOCYTES REDUCED, EACH UNIT	\$96.95	10/01/2016
P9032	PLATELETS, IRRADIATED, EACH UNIT	\$132.60	10/01/2016
P9033	PLATELETS, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	\$135.09	10/01/2016
P9034	PLATELETS, PHERESIS, EACH UNIT	\$354.36	10/01/2016
P9035	PLATELETS, PHERESIS, LEUKOCYTES REDUCED, EACH UNIT	\$406.99	10/01/2016
P9036	PLATELETS, PHERESIS, IRRADIATED, EACH UNIT	\$440.18	10/01/2016
P9037	PLATELETS, PHERESIS, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	\$534.98	10/01/2016
P9038	RED BLOOD CELLS, IRRADIATED, EACH UNIT	\$171.55	10/01/2016
P9039	RED BLOOD CELLS, DEGLYCEROLIZED, EACH UNIT	\$317.00	10/01/2016
P9040	RED BLOOD CELLS, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	\$223.07	10/01/2016
P9041	INFUSION, ALBUMIN (HUMAN), 5%, 50 ML	\$9.44	10/01/2016
P9043	INFUSION, PLASMA PROTEIN FRACTION (HUMAN), 5%, 50 ML	\$23.57	10/01/2016
P9044	PLASMA, CRYOPRECIPITATE REDUCED, EACH UNIT	\$42.61	10/01/2016
P9045	INFUSION, ALBUMIN (HUMAN), 5%, 250 ML	\$45.61	10/01/2016
P9046	INFUSION, ALBUMIN (HUMAN), 25%, 20 ML	\$18.75	10/01/2016
P9047	INFUSION, ALBUMIN (HUMAN), 25%, 50 ML	\$44.54	10/01/2016
P9048	INFUSION, PLASMA PROTEIN FRACTION (HUMAN), 5%	\$33.62	10/01/2016
P9050	GRANULOCYTES, PHERESIS, EACH UNIT	\$1,265.65	10/01/2016
P9051	WHOLE BLOOD OR RED BLOOD CELLS, LEUKOCYTES REDUCED, CMV-NEGATIVE, EACH UNIT	\$167.08	10/01/2016
P9052	PLATELETS, HLA-MATCHED LEUKOCYTES REDUCED, Apheresis/pheresis, EACH UNIT	\$587.60	10/01/2016
P9053	PLATELETS, PHERESIS, LEUKOCYTES REDUCED, CMV-NEGATIVE, IRRADIATED, EACH UNIT	\$492.57	10/01/2016
P9054	WHOLE BLOOD OR RED BLOOD CELLS, LEUKOCYTES REDUCED, FROZEN, DEGLYCEROL, WASHED,	\$267.79	10/01/2016
P9055	PLATELETS, LEUKOCYTES REDUCED, CMV-NEGATIVE, Apheresis/pheresis, EACH UNIT	\$385.48	10/01/2016
P9056	WHOLE BLOOD, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	\$106.20	10/01/2016

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P9057	RED BLOOD CELLS, FROZEN/DEGLYCEROLIZED/WASHED, LEUKOCYTES REDUCED, IRRADIATED,	\$169.49	10/01/2016
P9058	RED BLOOD CELLS, LEUKOCYTES REDUCED, CMV-NEGATIVE, IRRADIATED, EACH UNIT	\$207.73	10/01/2016
P9059	FRESH FROZEN PLASMA BETWEEN 8-24 HOURS OF COLLECTION, EACH UNIT	\$60.91	10/01/2016
P9060	FRESH FROZEN PLASMA, DONOR RETESTED, EACH UNIT	\$42.86	10/01/2016
P9070	PLASMA, POOLED MULTIPLE DONOR, PATHOGEN REDUCED, FROZEN, EACH UNIT	\$60.91	10/01/2016
P9071	PLASMA (SINGLE DONOR), PATHOGEN REDUCED, FROZEN, EACH UNIT	\$60.48	10/01/2016
P9072	PLATELETS, PHERESIS, PATHOGEN REDUCED, EACH UNIT	\$534.98	10/01/2016
P9603	TRAVEL ALLOWANCE ONE WAY IN CONNECTION WITH MEDICALLY NECESSARY LABORATORY SPECI	CCR	10/01/2006
P9604	TRAVEL ALLOWANCE ONE WAY IN CONNECTION WITH MEDICALLY NECESSARY LABORATORY	CCR	10/01/2006
P9612	CATHETERIZATION FOR COLLECTION OF SPECIMEN, SINGLE PATIENT, ALL PLACES OF	\$2.94	10/01/2012
Q0035	CARDIOKYMOGRAPHY	\$23.53	10/01/2017
Q0081	INFUSION THERAPY, USING OTHER THAN CHEMOTHERAPEUTIC DRUGS, PER VISIT	CCR	01/01/2012
Q0083	CHEMOTHERAPY ADMINISTRATION BY OTHER THAN INFUSION TECHNIQUE ONLY (EG	CCR	10/01/2006
Q0084	CHEMOTHERAPY ADMINISTRATION BY INFUSION TECHNIQUE ONLY, PER VISIT	CCR	10/01/2006
Q0085	CHEMOTHERAPY ADMINISTRATION BY BOTH INFUSION TECHNIQUE AND OTHER TECHIQUE(S)	CCR	10/01/2006
Q0091	SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL	\$10.46	10/01/2017
Q0092	SET-UP PORTABLE X-RAY EQUIPMENT	Bundled	01/01/2012
Q0111	WET MOUNTS, INCLUDING PREPARATIONS OF VAGINAL, CERVICAL OR SKIN SPECIMENS	\$5.81	10/01/2015
Q0112	ALL POTASSIUM HYDROXIDE (KOH) PREPARATIONS	\$5.81	10/01/2015
Q0113	PINWORM EXAMINATIONS	\$7.21	10/01/2015
Q0114	FERN TEST	\$9.74	10/01/2015
Q0115	POST-COITAL DIRECT, QUALITATIVE EXAMINATIONS OF VAGINAL OR CERVICAL MUCOUS	\$13.46	10/01/2015
Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD	\$0.70	10/01/2016
Q0139	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (FOR ESRD	\$0.70	10/01/2016
Q0144	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	\$9.82	10/01/2012
Q0161	CHLORPROMAZINE HYDROCHLORIDE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC,	Bundled	01/01/2014
Q0162	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMP	Bundled	10/01/2012
Q0163	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION	Bundled	10/01/2011
Q0164	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC,	Bundled	10/01/2012
Q0166	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC,	Bundled	10/01/2012
Q0167	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A	Bundled	10/01/2012

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Q0169	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION	Bundled	10/01/2012
Q0173	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION	Bundled	10/01/2012
Q0174	THIETHYLPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC,	\$0.77	10/01/2012
Q0175	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A	Bundled	10/01/2012
Q0177	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR	Bundled	10/01/2012
Q0180	DOLASETRON MESYLATE, 100 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR	Bundled	10/01/2012
Q0181	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS	Bundled	10/01/2006
Q0478	POWER ADAPTER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEV	\$139.58	10/01/2012
Q0479	POWER MODULE FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVI	\$9,173.45	10/01/2012
Q0480	DRIVER FOR USE WITH PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$68,407.23	10/01/2012
Q0481	MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEV.-REPLAC	\$11,036.70	10/01/2012
Q0482	MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC/PNEUMATIC COMB. VENTRICULAR AS	\$3,456.91	10/01/2012
Q0483	MONITOR/DISPLAY MODULE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEM	\$14,240.90	10/01/2012
Q0484	MONITOR/DISPLAY MODULE FOR USE WITH ELEC. OR ELEC/PNEUMATIC VENTRICULAR ASSIST	\$2,765.54	10/01/2012
Q0485	MONITOR CONTROL CABLE FOR USE WITH ELEC. VENTRICULAR ASSIST DEVICE, REPLACEMENT	\$267.00	10/01/2012
Q0486	MONITOR CONTROL CABLE FOR USE WITH ELEC/PNEUMATIC VENTRICULAR ASSIST DEV. REPLAC	\$222.24	10/01/2012
Q0487	LEADS (PNEUMTIC/ELEC) FOR USE WITH ANY TYPE ELEC/PNEUMATIC VENTRICULAR DEVICE	\$259.27	10/01/2012
Q0488	POWER PACK BASE FOR USE WITH ELEC. VENTRICULAR ASSIST DEVICEREPLACEMENT ONLY	CCR	10/01/2006
Q0489	POWER PACK BASE FOR USE WITH ELEC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEME	\$12,346.09	10/01/2012
Q0490	EMERG POWER SOURCE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT	\$534.03	10/01/2012
Q0491	EMERG. POWER SOURCE FOR USE WITH ELEC/PNEUMATIC VENTRICULAR ASSIST DEVICE	\$839.56	10/01/2012
Q0492	EMERG. POWER SUPPLY CABLE FOR USE WITH ELEC VENTRICULAR ASSIST DEVICE-REPLACEMEN	\$67.63	10/01/2012
Q0493	EMERG. POWER SUPPLY CABLE FOR USE WITH ELEC/PNEUMONIC VENTRICULAR ASSIST DEVICE	\$192.60	10/01/2012
Q0494	EMERG. HAND PUMP FOR USE WITH ELEC/PNEUMATIC VENTRICULAR ASSIST DEVICE	\$162.98	10/01/2012
Q0495	BATTERY/POWER PACK CHARGER FOR USE WITH ELEC. OR ELEC/PNEUMATIC VENTRICULAR ASST	\$3,172.62	10/01/2012
Q0496	BATTERY, OTHER THAN LITHIUM-ION, FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VEN	\$1,138.71	10/01/2012
Q0497	BATTERY CLIPS FOR USE WITH ELEC. OR ELEC./PNEUMATIC VENTRICULAR ASSIST DEVICE	\$355.57	10/01/2012
Q0498	HOLSTER FOR USE WITH ELEC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT	\$390.15	10/01/2012
Q0499	BELT/VEST/BAG FOR USE TO CARRY EXTERNAL PERIPHERAL COMPONENTS OF ANY TYPE VENTRI	\$126.76	10/01/2012
Q0500	FILTERS FOR USE WITH ELEC. OR ELEC/PNEUMATIC VENTRICULAR ASSIST DEV. REPLACEMENT	\$23.19	10/01/2012
Q0501	SHOWER COVER FOR USE WITH ELEC. OR ELEC/PNEUMATIC VENTRICUL AR ASSIST DEV-REPLAC	\$387.89	10/01/2012

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Q0502	MOBILITY CART FOR PNEUMATIC VENTRICULAR ASSIST DEVICE-REPLACEMENT ONLY	\$493.83	10/01/2012
Q0503	BATTERY FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY, EACH	\$987.69	10/01/2012
Q0504	POWER ADAPTER FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY, VEHICLE	\$521.18	10/01/2012
Q0506	BATTERY, LITHIUM-ION, FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR AS	\$648.75	10/01/2012
Q0507	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH AN EXTERNAL VENTRICULAR ASSIST D	CCR	04/01/2013
Q0508	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH AN IMPLANTED VENTRICULAR ASSIST D	CCR	04/01/2013
Q0509	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE ANY IMPLANTED VENTRICULAR ASSIST DEVIC	CCR	04/01/2013
Q0515	INJECTION, SERMORELIN ACETATE, 1 MICROGRAM	\$1.74	10/01/2013
Q1004	NEW TECHNOLOGY INTRAOCULAR LENS CATEGORY 4 AS DEFINED IN FEDERAL REGISTER NOTICE	CCR	10/01/2006
Q1005	NEW TECHNOLOGY INTRAOCULAR LENS CATEGORY 5 AS DEFINED IN FEDERAL REGISTER NOTICE	CCR	10/01/2006
Q2004	IRRIGATION SOLUTION FOR TREATMENT OF BLADDER CALCULI, FOR EXAMPLE RENACIDIN,	Bundled	10/01/2011
Q2009	INJECTION, FOSPHENYTOIN, 50 MG PHENYTOIN EQUIVALENT	Bundled	10/01/2012
Q2017	INJECTION, TENIPOSIDE, 50 MG	\$1,688.39	10/01/2016
Q2034	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, FOR INTRAMUSCULAR USE (AGRIFLU)	\$17.93	07/01/2012
Q2043	SIPULEUCEL-T, MINIMUM OF 50 MILLION AUTOLOGOUS CD54+ CELLS ACTIVATED WITH PAP-GM	\$31,962.48	10/01/2016
Q2049	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, IMPORTED LIPOSOMAL, IMPORTED, 1	\$423.78	10/01/2016
Q2050	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE	\$363.35	10/01/2016
Q2052	SERVICES, SUPPLIES AND ACCESSORIES USED IN THE HOME UNDER THE MEDICARE INTRAVENOUS	CCR	01/01/2014
Q3001	RADIOELEMENTS FOR BRACHYTHERAPY, ANY TYPE, EACH	CCR	10/01/2006
Q3027	INJECTION, INTERFERON BETA-1A, 1 MCG FOR INTRAMUSCULAR USE	\$36.24	10/01/2016
Q3028	INJECTION, INTERFERON BETA-1A, 1 MCG FOR SUBCUTANEOUS USE	CCR	01/01/2014
Q3031	COLLAGEN SKIN TEST	Bundled	10/01/2011
Q4001	CASTING SUPPLIES, BODY CAST ADULT, WITH OR WITHOUT HEAD, PLASTER	\$38.24	10/01/2011
Q4002	CAST SUPPLIES, BODY CAST ADULT, WITH OR WITHOUT HEAD, FIBERGLASS	\$144.54	10/01/2011
Q4003	CAST SUPPLIES, SHOULDER CAST, ADULT (11 YEARS +), PLASTER	\$27.47	10/01/2011
Q4004	CAST SUPPLIES, SHOULDER CAST, ADULT (11 YEARS +), FIBERGLASS	\$95.10	10/01/2011
Q4005	CAST SUPPLIES, LONG ARM CAST, ADULT (11 YEARS +), PLASTER	\$10.13	10/01/2011
Q4006	CAST SUPPLIES, LONG ARM CAST, ADULT (11 YEARS +), FIBERGLASS	\$22.82	10/01/2011
Q4007	CAST SUPPLIES, LONG ARM CAST, PEDIATRIC (0-10 YEARS), PLASTER	\$5.08	10/01/2011
Q4008	CAST SUPPLIES, LONG ARM CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$11.41	10/01/2011
Q4009	CAST SUPPLIES, SHORT ARM CAST, ADULT (11 YEARS +), PLASTER	\$6.76	10/01/2011

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Q4010	CAST SUPPLIES, SHORT ARM CAST, ADULT (11 YEARS +), FIBERGLASS	\$15.22	10/01/2011
Q4011	CAST SUPPLIES, SHORT ARM CAST, PEDIATRIC (0-10 YEARS), PLASTER	\$3.38	10/01/2011
Q4012	CAST SUPPLIES, SHORT ARM CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$7.61	10/01/2011
Q4013	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), ADULT (11 YEARS	\$12.31	10/01/2011
Q4014	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), ADULT (11 YEARS	\$20.76	10/01/2011
Q4015	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), PEDIATRIC (0-10	\$6.16	10/01/2011
Q4016	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), PEDIATRIC (0-10	\$10.37	10/01/2011
Q4017	CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +), PLASTER	\$7.12	10/01/2011
Q4018	CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +), FIBERGLASS	\$11.34	10/01/2011
Q4019	CAST SUPPLIES, LONG ARM SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	\$3.57	10/01/2011
Q4020	CAST SUPPLIES, LONG ARM SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$5.68	10/01/2011
Q4021	CAST SUPPLIES, SHORT ARM SPLINT, ADULT (11 YEARS +), PLASTER	\$5.26	10/01/2011
Q4022	CAST SUPPLIES, SHORT ARM SPLINT, ADULT (11 YEARS +), FIBERGLASS	\$9.50	10/01/2011
Q4023	CAST SUPPLIES, SHORT ARM SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	\$2.65	10/01/2011
Q4024	CAST SUPPLIES, SHORT ARM SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$4.75	10/01/2011
Q4025	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), ADULT (11 YEARS +), PLASTER	\$29.53	10/01/2011
Q4026	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), ADULT (11 YEARS +), FIBERGLASS	\$92.20	10/01/2011
Q4027	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), PEDIATRIC (0-10 YEARS), PLASTER	\$14.77	10/01/2011
Q4028	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), PEDIATRIC (0-10 YEARS), FIBERGLASS	\$46.11	10/01/2011
Q4029	CAST SUPPLIES, LONG LEG CAST, ADULT (11 YEARS +), PLASTER	\$22.58	10/01/2011
Q4030	CAST SUPPLIES, LONG LEG CAST, ADULT (11 YEARS +), FIBERGLASS	\$59.44	10/01/2011
Q4031	CAST SUPPLIES, LONG LEG CAST, PEDIATRIC (0-10 YEARS), PLASTER	\$11.29	10/01/2011
Q4032	CAST SUPPLIES, LONG LEG CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$29.72	10/01/2011
Q4033	CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT (11 YEARS +), PLASTER	\$21.07	10/01/2011
Q4034	CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT (11 YEARS +), FIBERGLASS	\$52.39	10/01/2011
Q4035	CAST SUPPLIES, LONG LEG CYLINDER CAST, PEDIATRIC (0-10 YEARS), PLASTER	\$10.53	10/01/2011
Q4036	CAST SUPPLIES, LONG LEG CYLINDER CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$26.20	10/01/2011
Q4037	CAST SUPPLIES, SHORT LEG CAST, ADULT (11 YEARS +), PLASTER	\$12.85	10/01/2011
Q4038	CAST SUPPLIES, SHORT LEG CAST, ADULT (11 YEARS +), FIBERGLASS	\$32.19	10/01/2011
Q4039	CAST SUPPLIES, SHORT LEG CAST, PEDIATRIC (0-10 YEARS), PLASTER	\$6.44	10/01/2011
Q4040	CAST SUPPLIES, SHORT LEG CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$16.08	10/01/2011

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Q4041	CAST SUPPLIES, LONG LEG SPLINT, ADULT (11 YEARS +), PLASTER	\$15.62	10/01/2011
Q4042	CAST SUPPLIES, LONG LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS	\$26.67	10/01/2011
Q4043	CAST SUPPLIES, LONG LEG SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	\$7.82	10/01/2011
Q4044	CAST SUPPLIES, LONG LEG SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$13.34	10/01/2011
Q4045	CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), PLASTER	\$9.07	10/01/2011
Q4046	CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS	\$14.59	10/01/2011
Q4047	CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	\$4.53	10/01/2011
Q4048	CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$7.30	10/01/2011
Q4049	FINGER SPLINT, STATIC	\$1.65	10/01/2011
Q4050	CAST SUPPLIES, FOR UNLISTED TYPES AND MATERIALS OF CASTS	CCR	10/01/2006
Q4051	SPLINT SUPPLIES, MISCELLANEOUS (INCLUDES THERMOPLASTICS, STRAPPING, FASTENERS,	CCR	10/01/2006
Q4074	ILOPROST, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMIN	\$67.54	10/01/2012
Q4081	INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)	Bundled	10/01/2011
Q4082	DRUG OR BIOLOGICAL, NOT OTHERWISE CLASSIFIED, PART B DRUG COMPETITIVE ACQUISITIO	CCR	01/01/2007
Q4100	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	Bundled	01/01/2009
Q4101	APLIGRAF, PER SQUARE CENTIMETER	Bundled	10/01/2013
Q4102	OASIS WOUND MATRIX, PER SQUARE CENTIMETER	Bundled	10/01/2013
Q4103	OASIS BURN MATRIX, PER SQUARE CENTIMETER	Bundled	10/01/2013
Q4104	INTEGRA BILAYER MATRIX WOUND DRESSING (BMW), PER SQUARE CENTIMETER	Bundled	10/01/2013
Q4105	INTEGRA DERMAL REGENERATION TEMPLATE (DRT), PER SQUARE CENTIMETER	Bundled	10/01/2013
Q4106	DERMAGRAFT, PER SQUARE CENTIMETER	Bundled	10/01/2013
Q4107	GRAFTJACKET, PER SQUARE CENTIMETER	Bundled	10/01/2013
Q4108	INTEGRA MATRIX, PER SQUARE CENTIMETER	Bundled	10/01/2013
Q4109	SKIN SUBSTITUTE, TISSUEMEND, PER SQUARE CENTIMETER	\$71.24	04/01/2011
Q4110	PRIMATRIX, PER SQUARE CENTIMETER	Bundled	10/01/2013
Q4111	GAMMAGRAFT, PER SQUARE CENTIMETER	Bundled	10/01/2013
Q4112	CYMETRA, INJECTABLE, 1CC	Bundled	10/01/2013
Q4113	GRAFTJACKET XPRESS, INJECTABLE, 1CC	Bundled	10/01/2013
Q4114	INTEGRA FLOWABLE WOUND MATRIX, INJECTABLE, 1CC	Bundled	10/01/2013
Q4115	ALLOSKIN, PER SQUARE CENTIMETER	Bundled	10/01/2013
Q4116	ALLODERM, PER SQUARE CENTIMETER	Bundled	10/01/2013

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Q4117	HYALOMATRIX, PER SQUARE CENTIMETER	Bundled	01/01/2011
Q4118	MATRISTEM MICROMATRIX, 1 MG	Bundled	10/01/2013
Q4119	MATRISTEM WOUND MATRIX, PER SQUARE CENTIMETER	\$12.29	10/01/2013
Q4120	MATRISTEM BURN MATRIX, PER SQUARE CENTIMETER	\$4.15	10/01/2012
Q4121	THERASKIN, PER SQUARE CENTIMETER	Bundled	10/01/2016
Q4122	DERMACELL, PER SQUARE CENTIMETER	Bundled	10/01/2015
Q4123	ALLOSKIN RT, PER SQUARE CENTIMETER	Bundled	10/01/2013
Q4124	OASIS ULTRA TRI-LAYER WOUND MATRIX, PER SQUARE CENTIMETER	Bundled	10/01/2013
Q4125	ARTHROFLEX, PER SQUARE CENTIMETER	Bundled	10/01/2013
Q4126	MEMODERM, DERMASPERM, TRANZGRAFT OR INTEGUPLY, PER SQUARE CENTIMETER	Bundled	10/01/2013
Q4127	TALYMED, PER SQUARE CENTIMETER	Bundled	10/01/2015
Q4128	FLEX HD, ALLOPATCH HD, OR MATRIX HD, PER SQUARE CENTIMETER	Bundled	10/01/2013
Q4129	UNITE BIOMATRIX, PER SQUARE CENTIMETER	\$36.05	10/01/2012
Q4130	STRATTICE TM, PER SQUARE CENTIMETER	Bundled	01/01/2012
Q4131	EPIFLIX, PER SQUARE CENTIMETER	Bundled	10/01/2014
Q4132	GRAFIX CORE, PER SQUARE CENTIMETER	Bundled	10/01/2014
Q4133	GRAFIX PRIME, PER SQUARE CENTIMETER	Bundled	10/01/2014
Q4134	HMATRIX, PER SQUARE CENTIMER	Bundled	10/01/2013
Q4135	MEDISKIN, PER SQUARE CENTIMETER	Bundled	01/01/2013
Q4136	EZ-DERM, PER SQUARE CENTIMETER	Bundled	01/01/2013
Q4137	AMNIOEXCEL OR BIODExcel, PER SQ CM	Bundled	01/01/2014
Q4138	BIODFENCE DRYFLEX, PER SQ CM	Bundled	01/01/2014
Q4139	AMNIOMATRIX OR BIODMATRIX, INJECTABLE, 1CC	Bundled	01/01/2014
Q4140	BIODFENCE, PER SQ CM	Bundled	01/01/2014
Q4141	ALLOSKIN AC, PER SQ CM	Bundled	01/01/2014
Q4142	XCM BIOLOGIC TISSUE MATRIX, PER SQUARE CENTIMETER	Bundled	01/01/2014
Q4143	REPRIZA, PER SQUARE CENTIMETER	Bundled	01/01/2014
Q4145	EPIFIX, INJECTABLE, 1 MG	Bundled	01/01/2014
Q4146	TENSIXTM ACELLULAR DERMAL MATRIX, PER SQ CM	Bundled	01/01/2014
Q4147	ARCHITECT, ARCHITECT PX, OR ARCHITECT FX, EXTRACELLULAR MATRIX, PER SQUARE CENTI	Bundled	01/01/2014
Q4148	NEOX 1K, PER SQUARE CENTIMETER	Bundled	01/01/2014

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Q4149	EXCELLAGEN, 0.1 CC	Bundled	01/01/2014
Q4150	ALLOWRAP DS OR DRY, PER SQUARE CENTIMETER	Bundled	01/01/2015
Q4151	AMNIOBAND OR GUARDIAN, PER SQUARE CENTIMETER	Bundled	01/01/2015
Q4152	DERMAPURE, PER SQUARE CENTIMETER	Bundled	01/01/2015
Q4153	DERMAVEST AND PLURIVEST, PER SQUARE CENTIMETER	Bundled	01/01/2015
Q4154	BIOVANCE, PER SQUARE CENTIMETER	Bundled	01/01/2015
Q4155	NEOXFLO OR CLARIXFLO, 1 MG	Bundled	01/01/2015
Q4156	NEOX 100, PER SQUARE CENTIMETER	Bundled	01/01/2015
Q4157	REVITALON, PER SQUARE CENTIMETER	Bundled	01/01/2015
Q4158	MARIGEN, PER SQUARE CENTIMETER	Bundled	01/01/2015
Q4159	AFFINITY, PER SQUARE CENTIMETER	Bundled	01/01/2015
Q4160	NUSHIELD, PER SQUARE CENTIMETER	Bundled	01/01/2015
Q5101	INJECTION, FILGRASTIM (G-CSF) BIOSIMILAR, 1 MICROGRAM	\$0.81	10/01/2016
Q9950	INJECTION, SULFUR HEXAFLUORIDE LIPID MICROSPHERES, PER ML	\$20.14	10/01/2016
Q9951	LOW OSMOLAR CONTRAST MATERIAL, 400 OR GREATER MG/ML IODINE CONCENTRATION PER ML	Bundled	01/01/2012
Q9953	INJECTION, IRON-BASED MAGNETIC RESONANCE CONTRAST AGENT PER ML	Bundled	10/01/2011
Q9954	ORAL MAGNETIC RESONANCE CONTRAST AGENT, PER ML	Bundled	10/01/2012
Q9955	INJECTION PERFLEXANE LIPID MICROSPHERES, PER ML (ULTRASOUND CONTRAST AGENT)	Bundled	10/01/2011
Q9956	INJECTION, OCTAFLOUROPROPANE MICROSPHERES, PER ML	Bundled	10/01/2012
Q9957	INJECTION, PERFLUTREN LIPID MICROSPHERES, PER ML	Bundled	10/01/2012
Q9958	HIGH OSMOLAR CONTRAST MATERIAL UP TO 149 MG/ML IODINE CONCENTRATION, PER ML	Bundled	10/01/2012
Q9959	HIGH OSMOLAR CONTRAST MATERIAL, 150-199 MG/ML IODINE CONC.	Bundled	10/01/2006
Q9960	HIGH OSMOLAR CONTRAST METERIAL, 200-249 MG/ML IODINE CONCECENTRATION PER ML	Bundled	10/01/2012
Q9961	HIGH OSMOLAR CONTRAST MATERIAL, 250-299 MG/ML IODINE CONCENTRATION, PER ML	Bundled	10/01/2012
Q9962	HIGH OSMOLAR CONTRAST METERIAL, 300-349 MG/ML IODINE CONCENTRATIONM PER ML	Bundled	10/01/2011
Q9963	HIGH OSMOLAR CONTRAST METERIAL, 350-399 MG/ML IODINE CONCENTRATION, PER ML	Bundled	10/01/2012
Q9964	HIGH OLMOLAR CONTRAST METERIAL, 400 OR GREATER MG/ML IODINE CONCENTRATION PER ML	Bundled	10/01/2011
Q9965	LOW OSMOLAR CONTRAST MATERIAL, 100-199 MG/ML IODINE CONCENTRATION, PER ML	Bundled	10/01/2012
Q9966	LOW OSMOLAR CONTRAST MATERIAL, 200-299 MG/ML IODINE CONCENTRATION, PER ML	Bundled	10/01/2012
Q9967	LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CONCENTRATION, PER ML	Bundled	10/01/2012
Q9968	INJECTION, NON-RADIOACTIVE, NON-CONTRAST, VISUALIZATION ADJUNCT (E.G., METHYLENE	\$9.51	10/01/2016

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Q9982	LUTEMETAMOL F18, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES	\$2,613.02	01/01/2017
Q9983	LORBETABEN F18, DIAGNOSTIC, PER STUDY DOSE, UP TO 8.1 MILLICURIE	\$2,473.83	01/01/2017
R0070	TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PERSONNEL TO HOME OR NURSING HOME	CCR	10/01/2006
R0075	TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PERSONNEL TO HOME OR NURSING	CCR	10/01/2006
R0076	TRANSPORTATION OF PORTABLE EKG TO FACILITY OR LOCATION, PER PATIENT	CCR	10/01/2006
S0020	INJECTION, BUPIVICAINE HYDROCHLORIDE, 30 ML	\$2.06	10/01/2012
S0023	INJECTION, CIMETIDINE HYDROCHLORIDE, 300 MG	\$0.50	10/01/2011
S0028	INJECTION, FAMOTIDINE, 20 MG	\$0.56	10/01/2012
S0077	INJECTION, CLINDAMYCIN PHOSPHATE, 300 MG	\$2.88	10/01/2012
S0119	ONDANSETRON, ORAL, 4 MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, U	\$1.08	01/01/2012
S0190	MIFEPRISTONE, ORAL, 200 MG	\$85.50	10/01/2011
S0191	MISOPROSTOL, ORAL, 200 MCG	\$2.31	10/01/2012
S4989	CONTRACEPTIVE INTRAUTERINE DEVICE (E.G. PROGESTACERT IUD), INCLUDING IMPLANTS	\$109.29	10/01/2011
V2020	FRAMES, PURCHASES	\$64.68	10/01/2012
V2100	SPHERE, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00, PER LENS	\$30.30	10/01/2012
V2101	SPHERE, SINGLE VISION, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	\$40.63	10/01/2012
V2102	SPHERE, SINGLE VISION, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS	\$49.27	10/01/2012
V2103	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO	\$28.94	10/01/2012
V2104	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO	\$30.61	10/01/2012
V2105	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO	\$33.57	10/01/2012
V2106	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D	\$40.17	10/01/2012
V2107	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00 SPHERE,	\$43.23	10/01/2012
V2108	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D	\$41.10	10/01/2012
V2109	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D	\$46.19	10/01/2012
V2110	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO 7.00D SPHERE, OVER 6.00D	\$39.56	10/01/2012
V2111	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D	\$46.65	10/01/2012
V2112	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D	\$48.94	10/01/2012
V2113	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D	\$48.54	10/01/2012
V2114	SPHEROCYLINDER, SINGLE VISION, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	\$52.58	10/01/2012
V2115	LENTICULAR, (MYODISC), PER LENS, SINGLE VISION	\$73.28	10/01/2012
V2118	ANISEIKONIC LENS, SINGLE VISION	\$73.15	10/01/2012

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V2121	LENTICULAR LENS, PER LENS, SINGLE	\$78.11	10/01/2012
V2199	NOT OTHERWISE CLASSIFIED, SINGLE VISION LENS	CCR	10/01/2006
V2200	SPHERE, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS	\$45.30	10/01/2012
V2201	SPHERE, BIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	\$55.13	10/01/2012
V2202	SPHERE, BIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS	\$50.87	10/01/2012
V2203	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D	\$49.27	10/01/2012
V2204	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO 4.00D	\$50.00	10/01/2012
V2205	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00D	\$49.37	10/01/2012
V2206	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D	\$55.47	10/01/2012
V2207	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, .12	\$53.87	10/01/2012
V2208	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 2.12	\$59.32	10/01/2012
V2209	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25	\$55.67	10/01/2012
V2210	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, OVER	\$59.37	10/01/2012
V2211	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25	\$72.11	10/01/2012
V2212	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE,	\$67.69	10/01/2012
V2213	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE,	\$63.05	10/01/2012
V2214	SPHEROCYLINDER, BIFOCAL, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	\$71.31	10/01/2012
V2215	LENTICULAR (MYODISC), PER LENS, BIFOCAL	\$87.69	10/01/2012
V2218	ANISEIKONIC, PER LENS, BIFOCAL	\$84.18	10/01/2012
V2219	BIFOCAL SEG WIDTH OVER 28MM	\$34.45	10/01/2012
V2220	BIFOCAL ADD OVER 3.25D	\$32.56	10/01/2012
V2221	LENTICULAR LENS, PER LENS, BIFOCAL	\$91.12	10/01/2012
V2299	SPECIALTY BIFOCAL (BY REPORT)	CCR	10/01/2006
V2300	SPHERE, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00.D, PER LENS	\$56.05	10/01/2012
V2301	SPHERE, TRIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	\$68.98	10/01/2012
V2302	SPHERE, TRIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00, PER LENS	\$63.45	10/01/2012
V2303	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12-2.00D	\$60.44	10/01/2012
V2304	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.25-4.00D	\$62.72	10/01/2012
V2305	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00	\$62.90	10/01/2012
V2306	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D	\$63.42	10/01/2012
V2307	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, .12	\$67.92	10/01/2012

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V2308	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE,	\$66.25	10/01/2012
V2309	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE,	\$80.21	10/01/2012
V2310	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE,	\$67.75	10/01/2012
V2311	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE,	\$82.95	10/01/2012
V2312	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE,	\$92.44	10/01/2012
V2313	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE,	\$103.24	10/01/2012
V2314	SPHEROCYLINDER, TRIFOCAL, SPHERE OVER PLUS OR MINUS 12 .00D, PER LENS	\$95.83	10/01/2012
V2315	LENTICULAR, (MYODISC), PER LENS, TRIFOCAL	\$118.88	10/01/2012
V2318	ANISEIKONIC LENS, TRIFOCAL	\$151.32	10/01/2012
V2319	TRIFOCAL SEG WIDTH OVER 28 MM	\$38.42	10/01/2012
V2320	TRIFOCAL ADD OVER 3.25D	\$40.53	10/01/2012
V2321	LENTICULAR LENS, PER LENS, TRIFOCAL	\$112.80	10/01/2012
V2399	SPECIALTY TRIFOCAL (BY REPORT)	CCR	10/01/2006
V2410	VARIABLE ASPHERICITY LENS, SINGLE VISION, FULL FIELD, GLASS OR PLASTIC, PER LENS	\$92.50	10/01/2012
V2430	VARIABLE ASPHERICITY LENS, BIFOCAL, FULL FIELD, GLASS OR PLASTIC, PER LENS	\$111.48	10/01/2012
V2499	VARIABLE SPHERICITY LENS, OTHER TYPE	CCR	10/01/2006
V2500	CONTACT LENS, PMMA, SPHERICAL, PER LENS	\$68.04	10/01/2012
V2501	CONTACT LENS, PMMA, TORIC OR PRISM BALLAST, PER LENS	\$107.00	10/01/2012
V2502	CONTACT LENS PMMA, BIFOCAL, PER LENS	\$156.56	10/01/2012
V2503	CONTACT LENS, PMMA, COLOR VISION DEFICIENCY, PER LENS	\$108.68	10/01/2012
V2510	CONTACT LENS, GAS PERMEABLE, SPHERICAL, PER LENS	\$91.46	10/01/2012
V2511	CONTACT LENS, GAS PERMEABLE, TORIC, PRISM BALLAST, PER LENS	\$147.82	10/01/2012
V2512	CONTACT LENS, GAS PERMEABLE, BIFOCAL, PER LENS	\$171.62	10/01/2012
V2513	CONTACT LENS, GAS PERMEABLE, EXTENDED WEAR, PER LENS	\$157.45	10/01/2012
V2520	CONTACT LENS, HYDROPHILIC, SPHERICAL, PER LENS	\$80.69	10/01/2012
V2521	CONTACT LENS, HYDROPHILIC, TORIC, OR PRISM BALLAST, PER LENS	\$140.48	10/01/2012
V2522	CONTACT LENS, HYDROPHILIC, BIFOCAL, PER LENS	\$182.28	10/01/2012
V2523	CONTACT LENS, HYDROPHILIC, EXTENDED WEAR, PER LENS	\$116.50	10/01/2012
V2530	CONTACT LENS, SCLERAL, GAS IMPERMEABLE, PER LENS (FOR CONTACT LENS	\$172.56	10/01/2012
V2531	CONTACT LENS, SCLERAL, GAS PERMEABLE, PER LENS (FOR CONTACT LENS MODIFICATION,	\$411.28	10/01/2012
V2599	CONTACT LENS, OTHER TYPE	CCR	10/01/2006

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V2600	HAND HELD LOW VISION AIDS AND OTHER NONSPECTACLE MOUNTED AIDS	CCR	10/01/2006
V2610	SINGLE LENS SPECTACLE MOUNTED LOW VISION AIDS	CCR	10/01/2006
V2615	TELESCOPIC AND OTHER COMPOUND LENS SYSTEM, INCLUDING DISTANCE VISION	CCR	10/01/2006
V2623	PROSTHETIC EYE, PLASTIC, CUSTOM	\$926.00	10/01/2012
V2624	POLISHING/RESURFACING OF OCULAR PROSTHESIS	\$47.10	10/01/2012
V2625	ENLARGEMENT OF OCULAR PROSTHESIS	\$333.95	10/01/2012
V2626	REDUCTION OF OCULAR PROSTHESIS	\$205.81	10/01/2012
V2627	SCLERAL COVER SHELL	\$996.93	10/01/2012
V2628	FABRICATION AND FITTING OF OCULAR CONFORMER	\$235.40	10/01/2012
V2629	PROSTHETIC EYE, OTHER TYPE	CCR	10/01/2006
V2630	ANTERIOR CHAMBER INTRAOCULAR LENS	Bundled	10/01/2006
V2631	IRIS SUPPORTED INTRAOCULAR LENS	Bundled	10/01/2006
V2632	POSTERIOR CHAMBER INTRAOCULAR LENS	Bundled	10/01/2006
V2700	BALANCE LENS, PER LENS	\$45.20	10/01/2012
V2710	SLAB OFF PRISM, GLASS OR PLASTIC, PER LENS	\$62.64	10/01/2012
V2715	PRISM, PER LENS	\$11.99	10/01/2012
V2718	PRESS-ON LENS, FRESNELL PRISM, PER LENS	\$29.46	10/01/2012
V2730	SPECIAL BASE CURVE, GLASS OR PLASTIC, PER LENS	\$21.14	10/01/2012
V2744	TINT, PHOTOCHROMATIC, PER LENS	\$12.69	10/01/2012
V2750	ANTI-REFLECTIVE COATING, PER LENS	\$18.49	10/01/2012
V2755	U-V LENS, PER LENS	\$12.85	10/01/2012
V2760	SCRATCH RESISTANT COATING, PER LENS	\$16.52	10/01/2012
V2770	OCCLUDER LENS, PER LENS	\$20.13	10/01/2012
V2780	OVERSIZE LENS, PER LENS	\$12.93	10/01/2012
V2781	PROGRESSIVE LENS, PER LENS	CCR	10/01/2006
V2782	LENS, INDEX 1.54 TO 1.65 PLASTIC OR 1.60 TO 1.79 GLASS, EXCLUDES POLYCARBONATE,	\$48.89	10/01/2012
V2783	LENS, INDEX GREATER THAN OR EQUAL TO 1.66 PLASTIC OR GREATER THAN OR EQUAL TO	\$55.13	10/01/2012
V2784	LENS, POLYCARBONATE OR EQUAL, ANY INDEX, PER LENS	\$35.85	10/01/2012
V2785	PROCESSING, PRESERVING AND TRANSPORTING CORNEAL TISSUE	CCR	10/01/2006
V2787	ASTIGMATISM CORRECTING FUNCTION OF INTRAOCULAR LENS	CCR	01/01/2008
V2790	AMNIOTIC MEMBRANE FOR SURGICAL RECONSTRUCTION, PER PROCEDURE	Bundled	10/01/2006

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V2799	VISION ITEM OR SERVICE, MISCELLANEOUS	CCR	10/01/2006
V5008	HEARING SCREENING	CCR	10/01/2006
V5010	ASSESSMENT FOR HEARING AID	CCR	10/01/2006
V5011	FITTING/ORIENTATION/CHECKING OF HEARING AID	CCR	10/01/2006
V5014	REPAIR/MODIFICATION OF A HEARING AID	CCR	10/01/2006
V5020	CONFORMITY EVALUATION	CCR	10/01/2006
V5030	HEARING AID, MONAURAL, BODY WORN, AIR CONDUCTION	CCR	10/01/2006
V5040	HEARING AID, MONAURAL, BODY WORN, BONE CONDUCTION	CCR	10/01/2006
V5050	HEARING AID, MONAURAL, IN THE EAR	CCR	10/01/2006
V5060	HEARING AID, MONAURAL, BEHIND THE EAR	CCR	10/01/2006
V5070	GLASSES, AIR CONDUCTION	CCR	10/01/2006
V5080	GLASSES, BONE CONDUCTION	CCR	10/01/2006
V5090	DISPENSING FEE, UNSPECIFIED HEARING AID	CCR	10/01/2006
V5095	SEMI-IMPLANTABLE MIDDLE EAR HEARING PROSTHESIS	CCR	10/01/2006
V5100	HEARING AID, BILATERAL, BODY WORN	CCR	10/01/2006
V5110	DISPENSING FEE, BILATERAL	CCR	10/01/2006
V5120	BINAURAL, BODY	CCR	10/01/2006
V5130	BINAURAL, IN THE EAR	CCR	10/01/2006
V5140	BINAURAL, BEHIND THE EAR	CCR	10/01/2006
V5150	BINAURAL, GLASSES	CCR	10/01/2006
V5160	DISPENSING FEE, BINAURAL	CCR	10/01/2006
V5170	HEARING AID, CROS, IN THE EAR	CCR	10/01/2006
V5180	HEARING AID, CROS, BEHIND THE EAR	CCR	10/01/2006
V5190	HEARING AID, CROS, GLASSES	CCR	10/01/2006
V5200	DISPENSING FEE, CROS	CCR	10/01/2006
V5210	HEARING AID, BICROS, IN THE EAR	CCR	10/01/2006
V5220	HEARING AID, BICROS, BEHIND THE EAR	CCR	10/01/2006
V5230	HEARING AID, BICROS, GLASSES	CCR	10/01/2006
V5240	DISPENSING FEE, BICROS	CCR	10/01/2006
V5241	DISPENSING FEE, MONAURAL HEARING AID, ANY TYPE	CCR	10/01/2006
V5242	HEARING AID, ANALOG, MONAURAL, CIC (COMPLETELY IN THE EAR CANAL)	CCR	10/01/2006

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V5243	HEARING AID, ANALOG, MONAURAL, ITC (IN THE CANAL)	CCR	10/01/2006
V5244	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, CIC	CCR	10/01/2006
V5245	HEARING AID, DIGITALLY PROGRAMMABLE, ANALOG, MONAURAL, ITC	CCR	10/01/2006
V5246	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, ITE (IN THE EAR)	CCR	10/01/2006
V5247	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, BTE (BEHIND THE EAR)	CCR	10/01/2006
V5248	HEARING AID, ANALOG, BINAURAL, CIC	CCR	10/01/2006
V5249	HEARING AID, ANALOG, BINAURAL, ITC	CCR	10/01/2006
V5250	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, BINAURAL, CIC	CCR	10/01/2006
V5251	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, BINAURAL, ITC	CCR	10/01/2006
V5252	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, ITE	CCR	10/01/2006
V5253	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, BTE	CCR	10/01/2006
V5254	HEARING AID, DIGITAL, MONAURAL, CIC	CCR	10/01/2006
V5255	HEARING AID, DIGITAL, MONAURAL, ITC	CCR	10/01/2006
V5256	HEARING AID, DIGITAL, MONAURAL, ITE	CCR	10/01/2006
V5257	HEARING AID, DIGITAL, MONAURAL, BTE	CCR	10/01/2006
V5258	HEARING AID, DIGITAL, BINAURAL, CIC	CCR	10/01/2006
V5259	HEARING AID, DIGITAL, BINAURAL, ITC	CCR	10/01/2006
V5260	HEARING AID, DIGITAL, BINAURAL, ITE	CCR	10/01/2006
V5261	HEARING AID, DIGITAL, BINAURAL, BTE	CCR	10/01/2006
V5262	HEARING AID, DISPOSABLE, ANY TYPE, MONAURAL	CCR	10/01/2006
V5263	HEARING AID, DISPOSABLE, ANY TYPE, BINAURAL	CCR	10/01/2006
V5264	EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE	CCR	10/01/2006
V5265	EAR MOLD/INSERT, DISPOSABLE, ANY TYPE	CCR	10/01/2006
V5266	BATTERY FOR USE IN HEARING DEVICE	CCR	10/01/2006
V5267	HEARING AID OR ASSISTIVE LISTENING DEVICE/SUPPLIES/ACCESSORIES, NOT OTHERWISE SP	CCR	10/01/2006
V5275	EAR IMPRESSION, EACH	CCR	10/01/2006
V5298	HEARING AID, NOT OTHERWISE CLASSIFIED	CCR	10/01/2006
V5299	HEARING SERVICE, MISCELLANEOUS	CCR	10/01/2006
V5336	REPAIR/MODIFICATION OF AUGMENTATIVE COMMUNICATIVE SYSTEM OR DEVICE (EXCLUDES	CCR	10/01/2006
V5362	SPEECH SCREENING	CCR	10/01/2006
V5363	LANGUAGE SCREENING	CCR	10/01/2006

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V5364	DYSPHAGIA SCREENING	CCR	10/01/2006