| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 0001 | THERAPEUTIC ULTRASOUND OF VESSELS | 10/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0002 | THERAPEUTIC ULTRASOUND OF HEART | 10/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0003 | THERAPEUTIC ULTRA SOUND OF | 10/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0009 | OTHER THERAPEUTIC ULTRASOUND | 10/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0010 | IMPLANTATION OF CHEMOTHERAPEUTIC | 10/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0011 | INFUSION OF DROTRECOGIN ALFA | 10/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0012 | ADMINISTRATION OF INHALED NITRIC | 10/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0013 | INJECTION OR INFUSION OF NESIRITIDE | 10/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0014 | INJECTION OR INFUSION OF | 10/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0015 | HIGH DOSE INFUSION INTERLEUKIN-2 IL | 10/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0016 | PRESSURIZED TREAT GRAFT | 10/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0017 | INFUSION OF VASOPRESSOR | 10/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0018 | INFUSION OF IMMUNOSUPPRESIVE | 10/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0021 | IVUS EXTRACRAN CEREB VES | 10/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0022 | IVUS INTRATHORACIC VES | 10/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0023 | IVUS PERIPHERAL VESSELS | 10/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0024 | IVUS CORONARY VESSELS | 10/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0025 | IVUS RENAL VESSELS | 10/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0028 | INTRAVASCUL IMAGING NEC | 10/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0029 | INTRAVASCUL IMAGING NOS | 10/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0031 | COMPUTER ASSIST SURGERY W CT/CTA | 10/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0032 | COMPUTER ASSIST SURGERY W MR/MRA | 10/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0033 | COMPUTER ASSIST SURGERY W FLUROSC | 10/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0034 | IMAGELESS COMPUT ASSIST SURGERY | 10/01/2000 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0035 | COMPUTER ASSISTED SURGERY W MULT D | 10/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0039 | OTHER COMPUTER ASSIST SURGERY | 10/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0040 | PROCEDURE ON SINGLE VESSEL | 10/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0041 | PROCEDURE ON TWO VESSELS | 10/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0042 | PROCEDURE ON THREE VESSELS | 10/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0043 | FOUR OR MORE VESSELS | 10/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0045 | INSERTION OF ONE VASCULAR STENT | 10/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0046 | INSERTION OF TWO VASCULAR STENT | 10/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0047 | INSERTION OF THREE VASCULAR STENTS | 10/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0048 | INSERTION OF FOUR OR MORE | 10/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0050 | IMPLANTATION OF CARDIAC | 10/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0051 | IMPLANTATION OF CARDIAC | 10/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0052 | IMPLANTATION OR REPLACEMENT OF | 10/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0053 | IMPLANTATION OR REPLACEMENT OF | 10/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0054 | IMPLANTATION OR REPLACEMENT | 10/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0055 | INSERTION OF ARTERY STENTS | 10/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 0061 | PERC ANGIO PRECEREB VESS | 10/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0062 | PERC ANGIO INTRACRAN VES | 10/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0063 | PERC INS CAROTID STENT | 10/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0064 | PERC INS PRECEREB STENT | 10/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0065 | PERC INS INTRACRAN STENT | 10/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0066 | PERCUTANEOUS TRANSLUMINAL | 10/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0070 | REVISION OF HIP REPLACEMENT | 10/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 0071 | REVISION OF HIP REPLACEMENT | 10/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 0072 | REVISION OF HIP REPLACEMEN | 10/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 0073 | REVISION OF HIP REPLACEMENT, | 10/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 0074 | HIP REPLACEMENT | 10/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 0075 | HIP REPLACE.METAL/METAL | 10/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 0076 | HIP REPL CERAMIC/CERAMIC | 10/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 0080 | REVISION OF KNEE REPLACEMEN | 10/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 0081 | KNEE REPLACEMENT, TIBIAL | 10/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 0082 | KNEE REPLACEMENT, FEMORAL | 10/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 0083 | KNEE REPLACEMENT, PATELLAR | 10/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 0084 | KNEE REPLACEMENT, TIBIAL INSERT | 10/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 0101 | CISTERNAL PUNCTURE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0102 | VENTRICL SHUNT TUBE PUNC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0109 | CRANIAL PUNCTURE NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0111 | PERCUTAN MENINGEAL BX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0112 | OPEN BX CEREBRL MENINGES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0113 | PERCUTANEOUS BRAIN BX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0114 | OPEN BIOPSY OF BRAIN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0115 | SKULL BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0118 | OTHER BRAIN DX PROCEDURE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0119 | OTHER SKULL DX PROCEDURE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0121 | CRANIAL SINUS I & D | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0122 | REMOV INTRACRAN STIMULAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0123 | REOPEN CRANIOTOMY SITE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0124 | OTHER CRANIOTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0125 | OTHER CRANIECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0126 | INSERT CATH/CRANIAL CAV | 10/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0127 | REMOVAL OF CATHETER | 10/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0131 | INCISE CEREBRAL MENINGES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0132 | LOBOTOMY & TRACTOTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0139 | OTHER BRAIN INCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0141 | THALAMUS OPERATIONS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0142 | GLOBUS PALLIDUS OPS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 0151 | EX CEREB MENINGEAL LES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0152 | HEMISPHERECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0153 | BRAIN LOBECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0159 | OTHER BRAIN EXCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 016 | EXCISE SKULL LESION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 01996 | DAILY MGT OF EPIDURAL OR SUBARCHNOI | 07/01/1999 | $46.13 | 0.0% | 0.0% | N | Referral Required |
| 0201 | LINEAR CRANIECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0202 | ELEVATE SKULL FX FRAGMNT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0203 | SKULL FLAP FORMATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0204 | BONE GRAFT TO SKULL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0205 | SKULL PLATE INSERTION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0206 | CRANIAL OSTEOPLASTY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0207 | SKULL PLATE REMOVAL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0211 | SIMPLE SUTURE OF DURA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0212 | BRAIN MENINGE REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0213 | MENINGE VESSEL LIGATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0214 | CHOROID PLEXECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 022 | VENTRICULOSTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0231 | VENTRICL SHUNT-HEAD/NECK | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0232 | VENTRI SHUNT-CIRCULA SYS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0233 | VENTRICL SHUNT-THORAX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0234 | VENTRICL SHUNT-ABDOMEN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0235 | VENTRI SHUNT-URINARY SYS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0239 | OTHER VENTRICULAR SHUNT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0241 | IRRIGATE VENTRICLE SHUNT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0242 | REPLACE VENTRICLE SHUNT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0243 | REMOVE VENTRICLE SHUNT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0291 | LYSIS CORTICAL ADHESION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0292 | BRAIN REPAIR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0293 | IMPLANT OF INTRACRANIAL NEUROSTFMU | 09/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 0294 | INSERT/REPLAC SKULL TONG | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0295 | REMOVE SKULL TONGS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0296 | INSERTION OF SPHENIODAL ELECTRODES | 10/01/1992 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0299 | SKULL & BRAIN OP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0301 | REMOVAL FB SPINAL CANAL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0302 | REOPEN LAMINECTOMY SITE | 09/01/1998 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 0309 | SPINAL CANAL EXPLOR NEC | 09/01/1998 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 031 | INTRASPIN NERVE ROOT DIV | 09/01/1998 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 0321 | PERCUTANEOUS CHORDOTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0329 | OTHER CHORDOTOMY | 09/01/1998 | $0.00 | 0.0% | 0.0% | Y | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 0331 | SPINAL TAP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0332 | SPINAL CORD/MENINGES BX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0339 | OTHER SPINAL DX PROC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 034 | EXCIS SPINAL CORD LESION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0351 | SPINE MENINGOCELE REPAIR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0352 | MYELOMENINGOCEL REPAIR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0353 | VERTEBRAL FX REPAIR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0359 | SPINAL STRUCT REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 036 | SPINAL CORD ADHESIOLYSIS | 09/01/1998 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 0371 | SUBARACH-PERITON SHUNT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0372 | SUBARACH-URETERAL SHUNT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0379 | OTH SPINAL THECAL SHUNT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 038 | DESTR INJECT-SPINE CANAL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0390 | INSERT SPINAL CANAL CATH | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0391 | ANESTH INJECT-SPIN CANAL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0392 | SPINAL CANAL INJECT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0393 | INSERT SPINAL STIMULATOR | 09/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 0394 | REMOVE SPINAL STIMULATOR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0395 | SPINAL PATCH | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0396 | PERCUTAN FACET DENERVAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0397 | REVISE SPINE THECA SHUNT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0398 | REMOVE SPINE THECA SHUNT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0399 | SPINE CANAL STRUC OP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0401 | EXCISION OF ACOUSTIC NEUROMA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0402 | TRIGEMINAL NERV DIVISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0403 | PERIPH NERVE DIV NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0404 | PERIPH NERVE INCIS NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0405 | GASSERIAN GANGLIONECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0406 | PERIPH GANGLIONECT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0407 | PERIPH NERV EXCISION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0411 | PERCUTAN BX-PERIPH NERVE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0412 | OPEN BX PERIPHERAL NERVE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0419 | PERIPH NERVE DX PROC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 042 | PERIPH NERVE DESTRUCTION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 043 | PERIPHERAL NERVE SUTURE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0441 | DECOMPRESS TRIGEM ROOT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0442 | CRAN NERV ROOT DECOM NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0443 | CARPAL TUNNEL RELEASE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0444 | TARSAL TUNNEL RELEASE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0449 | PER NERVE ADHESIOLYS NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 045 | PERIPHERAL NERVE GRAFT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 046 | PERIPH NERVE TRANSPOSIT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0471 | HYPOGLOSS-FACIAL ANASTOM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0472 | ACCESSORY-FACIAL ANASTOM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0473 | ACCESS-HYPOGLOSS ANASTOM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0474 | PERIPH NERV ANASTOM NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0475 | POSTOP REVIS PER NERV OP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0476 | LATE REPAIR PER NERV INJ | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0479 | OTHER NEUROPLASTY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0480 | PERIPH NERVE INJECT NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0481 | ANESTH INJEC PERIPH NERV | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0489 | PERIPH NERVE INJECT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0491 | NEURECTASIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0492 | IMPLANT PERIPH STIMULAT | 09/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 0493 | REMOVE PERIPH STIMULATOR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0499 | PERIPHERAL NERVE OPS NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 050 | SYMPATH NERVE DIVISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0511 | SYMPATHETIC NERVE BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0519 | SYMPATH NRV DX PROC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0521 | SPHENOPALATIN GANGLIONEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0522 | CERVICAL SYMPATHECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0523 | LUMBAR SYMPATHECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0524 | PRESACRAL SYMPATHECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0525 | PERIARTERIAL SYMPATHECTOMY | 10/01/1995 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0529 | OTHER SYMPATHECTOMY | 09/01/1998 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 0531 | ANESTH INJECT SYMP NERVE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0532 | NEUROLYT INJEC-SYMP NRV | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0539 | SYMPATH NERVE INJECT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0581 | SYMPATHETIC NERVE REPAIR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0589 | SYMPATHETIC NERVE OP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 059 | OTHER NERVOUS SYSTEM OPS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0601 | THYROID FIELD ASPIRATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0602 | REOPEN THYROID FIELD WND | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0609 | INCIS THYROID FIELD NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0611 | THYROID NEEDLE BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0612 | OPEN BX THYROID GLAND | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0613 | PARATHYROID BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0619 | THYR/PARATHY DX PROC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 062 | UNILAT THYROID LOBECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0631 | EXCISION THYROID LESION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 0639 | PART THYROIDECTOMY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 064 | COMPLETE THYROIDECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0650 | SUBSTERN THYROIDECT NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0651 | PART SUBSTERN THYROIDECT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0652 | TOT SUBSTERN THYROIDECT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 066 | LINGUAL THYROID EXCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 067 | THYROGLOSS DUCT EXCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0681 | TOTAL PARATHYROIDECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0689 | OTHER PARATHYROIDECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0691 | THYROID ISTHMUS DIVISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0692 | THYROID VESSEL LIGATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0693 | THYROID SUTURE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0694 | THYROID REIMPLANTATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0695 | PARATHYROID REIMPLANT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0698 | OTHER THYROID OPERATIONS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0699 | OTHER PARATHYROID OPS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0700 | ADRENAL EXPLORATION NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0701 | UNILAT ADRENAL EXPLORAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0702 | BILAT ADRENAL EXPLORAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0711 | ADRENAL NEEDLE BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0712 | OPEN BX ADRENAL GLAND | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0713 | TRANSFRONT PITUITARY BX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0714 | TRANSPHEN PITUITARY BX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0715 | PITUITARY BIOPSY NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0716 | THYMUS BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0717 | PINEAL BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0719 | ENDOCRINE DX PROC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0721 | ADRENAL LESION EXCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0722 | UNILATERAL ADRENALECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0729 | PART ADRENALECTOMY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 073 | BILATERAL ADRENALECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0741 | ADRENAL INCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0742 | ADRENAL NERVE DIVISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0743 | ADRENAL VESSEL LIGATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0744 | ADRENAL REPAIR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0745 | ADRENAL REIMPLANTATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0749 | ADRENAL OPERATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0751 | PINEAL FIELD EXPLORATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0752 | PINEAL GLAND INCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0753 | PARTIAL PINEALECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 0754 | TOTAL PINEALECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0759 | PINEAL OPERATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0761 | EXC PITUIT LES-TRANSFRON | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0762 | EXC PITUIT LES-TRANSPHEN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0763 | PART EXCIS PITUITARY NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0764 | TOT EXC PITUIT-TRANSFRON | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0765 | TOT EXC PITUIT-TRANSPHEN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0768 | TOTAL EXC PITUITARY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0769 | TOTAL EXC PITUITARY NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0771 | PITUITARY FOSSA EXPLORAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0772 | PITUITARY GLAND INCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0779 | PITUITARY OPERATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0780 | THYMECTOMY NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0781 | PART EXCISION OF THYMUS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0782 | TOTAL EXCISION OF THYMUS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0791 | THYMUS FIELD EXPLORATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0792 | INCISION OF THYMUS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0793 | REPAIR OF THYMUS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0794 | THYMUS TRANSPLANTATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0799 | THYMUS OPERATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0801 | INCISION OF LID MARGIN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0802 | BLEPHARORRHAPHY SEVERING | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0809 | OTHER EYELID INCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0811 | EYELID BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0819 | EYELID DX PROCEDURE NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0820 | REMOVE EYELID LESION NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0821 | CHALAZION EXCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0822 | EXCISE MINOR LES LID NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0823 | EXC MAJ LES LID PRT-THIC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0824 | EXC MAJ LES LID FUL-THIC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0825 | DESTRUCTION LID LESION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0831 | PTOSIS REP-FRONT MUS SUT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0832 | PTOSIS REP-FRON MUS SLNG | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0833 | PTOSIS REP-LEVAT MUS ADV | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0834 | PTOSIS REP-LEVAT MUS NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0835 | PTOS REP-TARSAL TECHNIQ | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0836 | BLEPHAROPTOS REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0837 | REDUC OVERCORRECT PTOSIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0838 | CORRECT LID RETRACTION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0841 | THERMOCAUT/ENTROPION REP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 0842 | SUTURE ENTROPION REPAIR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0843 | WEDG RESEC ENTROPION REP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0844 | LID RECONS ENTROPION REP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0849 | ENTROPION/ECTROP REP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0851 | CANTHOTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0852 | BLEPHARORRHAPHY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0859 | ADJUST LID POSITION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0861 | LID RECONST W SKIN GRAFT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0862 | LID RECONST W MUC GRAFT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0863 | LID RECONST W HAIR GRAFT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0864 | LID RECON-TARSOCONJ FLAP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0869 | LID RECONSTR W GRAFT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0870 | LID RECONSTRUCTION NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0871 | LID MARG RECON-PART THIC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0872 | LID RECONS-PART THIC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0873 | LID MARG RECONS FUL THIC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0874 | LID RECONST-FUL THIC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0881 | LINEAR REP LID LACER | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0882 | LID MARG LAC RX-PART TH | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0883 | LID LACER RX-PRT TH NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0884 | LID MARG LAC RX-FUL THIC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0885 | LID LAC RX-FUL THIC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0886 | LOWER LID RHYTIDECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0887 | UPPER LID RHYTIDECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0889 | EYELID REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0891 | ELECTROSURG LID EPILAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0892 | CRYOSURG LID EPILATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0893 | EYELID EPILATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0899 | EYELID OPERATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 090 | LACRIMAL GLAND INCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0911 | LACRIMAL GLAND BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0912 | LACRIMAL SAC BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0919 | LACRIMAL SYS DX PROC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0920 | EXC LACRIMAL GLAND NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0921 | EXCIS LES LACRIMAL GLAND | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0922 | PART DACRYOADENECT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0923 | TOTAL DACRYOADENECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 093 | OTHER LACRIMAL GLAND OPS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0941 | LACRIMAL PUNCTUM PROBE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0942 | LAC CANALICULI PROBE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 0943 | NASOLACRIMAL DUCT PROBE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0944 | NASOLAC DUCT INTUBAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0949 | LAC PASSAGE MANIP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0951 | LAC PUNCTUM INCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0952 | LAC CANALICULI INCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0953 | LACRIMAL SAC INCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0959 | LACRIM PASSAGE INCIS NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 096 | LACRIM SAC/PASSAGE EXCIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0971 | CORRECT EVERTED PUNCTUM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0972 | PUNCTUM REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0973 | CANALICULUS REPAIR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0981 | DACRYOCYSTORHINOSTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0982 | CONJUNCTIVOCYSTORHINOST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0983 | CONJUNCTIVORHINOS W TUBE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0991 | LAC PUNCTUM OBLITERATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 0999 | LACRIMAL SYSTEM OP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 100 | INCISE/REMOV CONJUNCT FB | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 10021 | FINE NEEDLE ASPIRATIONS | 07/01/2003 | $78.46 | 0.0% | 0.0% | N | Referral Required |
| 10022 | FINE NEEDLE ASPIRATION | 07/01/2003 | $80.97 | 0.0% | 0.0% | N | Referral Required |
| 10040 | ACNE SURGERY* (OPENING/REMOV | 07/01/2005 | $76.40 | 0.0% | 0.0% | N | Referral Required |
| 10060 | INCISION AND DRAINAGE OF ABSCESS | 07/01/2005 | $93.44 | 0.0% | 0.0% | N | Referral Required |
| 10061 | INCISION AND DRAINAGE OF ABSCESS | 07/01/2005 | $151.59 | 0.0% | 0.0% | N | Referral Required |
| 10080 | INCISION AND DRAINAGE | 07/01/2005 | $115.75 | 0.0% | 0.0% | N | Referral Required |
| 10081 | INCISION AND DRAINAGE | 07/01/2005 | $191.40 | 0.0% | 0.0% | N | Referral Required |
| 101 | CONJUNCTIVA INCISION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 10120 | INCISION/REMOVAL OF FOREIGN BODY | 07/01/2005 | $95.94 | 0.0% | 0.0% | N | Referral Required |
| 10121 | INCISION/REMOVAL OF FORIEGN BODY | 07/01/2005 | $200.15 | 0.0% | 0.0% | N | Referral Required |
| 10140 | INCISION AND DRAINAGE | 07/01/2005 | $108.68 | 0.0% | 0.0% | N | Referral Required |
| 10160 | PUNCTURE ASPIRATION | 07/01/2005 | $69.65 | 0.0% | 0.0% | N | Referral Required |
| 10180 | INCISION AND DRAINAGE | 07/01/2005 | $135.46 | 0.0% | 0.0% | N | Referral Required |
| 1021 | CONJUNCTIVAL BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1029 | CONJUNCTIVA DX PROC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1031 | EXCISE CONJUNCTIV LESION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1032 | DESTRUCT CONJUNC LES NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1033 | OTH CONJUNC DESTRUC PROC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1041 | SYMBLEPH REP W FREE GRFT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1042 | GRAFT CONJUNC CUL-DE-SAC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1043 | CONJUN CUL-DE-SAC RX NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1044 | CONJUNC FREE GRAFT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1049 | CONJUNCTIVOPLASTY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 105 | CONJUNC/LID ADHESIOLYSIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 106 | REPAIR CONJUNCT LACERAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1091 | SUBCONJUNCTIVAL INJECT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1099 | CONJUNCTIVAL OP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 110 | MAGNET REMOVAL CORNEA FB | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 11000 | DEBRIDE INFECTED SKIN, UP-TO | 07/01/2005 | $44.31 | 0.0% | 0.0% | N | Referral Required |
| 11001 | DEBRIDE INFECTED SKIN; EA AD | 07/01/2005 | $23.39 | 0.0% | 0.0% | N | Referral Required |
| 11004 | DEBRIDEMENT OF SKIN, SUBCU TISSUE | 07/01/2005 | $538.47 | 0.0% | 0.0% | N | Referral Required |
| 11005 | DEBRIDEMENT OF SKIN, SUBCU TISSUE | 07/01/2005 | $731.34 | 0.0% | 0.0% | N | Referral Required |
| 11006 | DEBRIDEMENT OF SKIN, SUBCU TISSUE | 07/01/2005 | $669.39 | 0.0% | 0.0% | N | Referral Required |
| 11008 | REMOVAL OF PROSTHETIC MATERIAL | 07/01/2005 | $270.48 | 0.0% | 0.0% | N | Referral Required |
| 11010 | DEBRIDEMENT INCLUDING REMOVAL OF | 07/01/2005 | $243.02 | 0.0% | 0.0% | N | Referral Required |
| 11011 | DEBRIDEMENT INCLUDING REMOVAL OF | 07/01/2005 | $316.72 | 0.0% | 0.0% | N | Referral Required |
| 11012 | DEBRIDEMENT INCLDING REMOVAL OF | 07/01/2005 | $446.36 | 0.0% | 0.0% | N | Referral Required |
| 11040 | DEBRIDEMENT | 07/01/2005 | $37.09 | 0.0% | 0.0% | N | Referral Required |
| 11041 | DEBRIDEMENT | 07/01/2005 | $53.77 | 0.0% | 0.0% | N | Referral Required |
| 11042 | DEBRIDEMENT | 07/01/2005 | $76.68 | 0.0% | 0.0% | N | Referral Required |
| 11043 | DEBRIDEMENT | 07/01/2005 | $179.90 | 0.0% | 0.0% | N | Referral Required |
| 11044 | DEBRIDEMENT | 07/01/2005 | $225.38 | 0.0% | 0.0% | N | Referral Required |
| 11055 | PARING BENIGN HYPERKERATOTIC | 07/01/2005 | $33.01 | 0.0% | 0.0% | N | Referral Required |
| 11056 | PARING BENIGN HYPERKERATOTIC | 07/01/2005 | $41.98 | 0.0% | 0.0% | N | Referral Required |
| 11057 | PARING BENIGN HYPERKAERATOTIC | 07/01/2005 | $50.95 | 0.0% | 0.0% | N | Referral Required |
| 111 | CORNEAL INCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 11100 | BIOPSY OF SKIN | 07/01/2005 | $79.08 | 0.0% | 0.0% | N | Referral Required |
| 11101 | BIOPSY OF SKIN | 07/01/2005 | $38.56 | 0.0% | 0.0% | N | Referral Required |
| 11200 | REMOVAL OF SKIN TAGS | 07/01/2005 | $68.07 | 0.0% | 0.0% | N | Referral Required |
| 11201 | REMOVAL OF SKIN TAGS | 07/01/2005 | $28.30 | 0.0% | 0.0% | N | Referral Required |
| 1121 | CORNEAL SCRAPE FOR SMEAR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1122 | CORNEAL BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1129 | CORNEAL DX PROC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 11300 | SHAVING EPIDERMAL OR DERMAL LESION | 07/01/2005 | $53.58 | 0.0% | 0.0% | N | Referral Required |
| 11301 | SHAVING EPIDERMAL OR DERMAL LESION | 07/01/2005 | $68.31 | 0.0% | 0.0% | N | Referral Required |
| 11302 | SHAVING EPIDERMAL OR DERMAL LESION | 07/01/2005 | $78.66 | 0.0% | 0.0% | N | Referral Required |
| 11303 | SHAVING EPIDERMAL OR DERMAL LESION | 07/01/2005 | $90.63 | 0.0% | 0.0% | N | Referral Required |
| 11305 | SHAVING EPIDERMAL OR DERMAL LESION | 07/01/2005 | $50.28 | 0.0% | 0.0% | N | Referral Required |
| 11306 | SHAVING EPIDERMAL OR DERMAL LESION | 07/01/2005 | $70.22 | 0.0% | 0.0% | N | Referral Required |
| 11307 | SHAVING EPIDERMAL OR DERMAL LESION | 07/01/2005 | $79.92 | 0.0% | 0.0% | N | Referral Required |
| 11308 | SHAVING EPIDERMAL OR DERMAL LESION | 07/01/2005 | $94.62 | 0.0% | 0.0% | N | Referral Required |
| 1131 | PTERYGIUM TRANSPOSITION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 11310 | SHAVING EPIDERMAL OR DERMAL LESION | 07/01/2005 | $64.97 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 11311 | SHAVING EPIDERMAL OR DERMAL LESION | 07/01/2005 | $79.64 | 0.0% | 0.0% | N | Referral Required |
| 11312 | SHAVING EPIDERMAL OR DERMAL LESION | 07/01/2005 | $87.88 | 0.0% | 0.0% | N | Referral Required |
| 11313 | SHAVING EPIDERMAL OR DERMAL LESION | 07/01/2005 | $113.78 | 0.0% | 0.0% | N | Referral Required |
| 1132 | PTERYG EXC W CORNEA GRFT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1139 | PTERYGIUM EXCISION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 11400 | EXCISION BENIGN LESION | 07/01/2005 | $89.33 | 0.0% | 0.0% | N | Referral Required |
| 11401 | EXCISION BENIGN LESION | 07/01/2005 | $109.59 | 0.0% | 0.0% | N | Referral Required |
| 11402 | EXCISION, LESION, SKIN | 07/01/2005 | $146.34 | 0.0% | 0.0% | N | Referral Required |
| 11403 | EXCISION BENIGN LESION | 07/01/2005 | $165.82 | 0.0% | 0.0% | N | Referral Required |
| 11404 | EXCISION BENIGN LESION | 07/01/2005 | $182.21 | 0.0% | 0.0% | N | Referral Required |
| 11406 | EXCISION BENIGN LESION | 07/01/2005 | $213.91 | 0.0% | 0.0% | N | Referral Required |
| 1141 | MECH REMOV CORNEA EPITH | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1142 | THERMOCAUT CORNEA LESION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 11420 | EXCISION BENIGN LESION | 07/01/2005 | $89.81 | 0.0% | 0.0% | N | Referral Required |
| 11421 | EXCISION BENIGN LESION | 07/01/2005 | $117.84 | 0.0% | 0.0% | N | Referral Required |
| 11422 | EXCISION BENIGN LESION | 07/01/2005 | $151.78 | 0.0% | 0.0% | N | Referral Required |
| 11423 | EXCISION BENIGN LESION | 07/01/2005 | $180.95 | 0.0% | 0.0% | N | Referral Required |
| 11424 | EXCSION BENIGN LESION | 07/01/2005 | $203.83 | 0.0% | 0.0% | N | Referral Required |
| 11426 | EXCISION BENIGN LESION | 07/01/2005 | $268.12 | 0.0% | 0.0% | N | Referral Required |
| 1143 | CRYOTHERAP CORNEA LESION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 11440 | EXCISION OTHER BENIGN LESION | 07/01/2005 | $117.49 | 0.0% | 0.0% | N | Referral Required |
| 11441 | EXCISION OTHER BENIGN LESION | 07/01/2005 | $141.85 | 0.0% | 0.0% | N | Referral Required |
| 11442 | EXCISION OTHER BENIGN LESION | 07/01/2005 | $165.97 | 0.0% | 0.0% | N | Referral Required |
| 11443 | EXCISION OTHER BENIGN LESION | 07/01/2005 | $205.53 | 0.0% | 0.0% | N | Referral Required |
| 11444 | EXCISION OTHER BENIGN LESION | 07/01/2005 | $257.12 | 0.0% | 0.0% | N | Referral Required |
| 11446 | EXCISION OTHER BENIGN LESION | 07/01/2005 | $311.42 | 0.0% | 0.0% | N | Referral Required |
| 11450 | EXCISION SKIN & SUBCUTANEOUS TISSUE | 07/01/2005 | $241.73 | 0.0% | 0.0% | N | Referral Required |
| 11451 | EXCISION SKIN & SUBCUTANEOUS TISSUE | 07/01/2005 | $322.05 | 0.0% | 0.0% | N | Referral Required |
| 11462 | EXCISION SKIN & SUBCUTANEOUS TISSUE | 07/01/2005 | $237.21 | 0.0% | 0.0% | N | Referral Required |
| 11463 | EXCISION SKIN & SUBCUTANEOUS TISSUE | 07/01/2005 | $336.77 | 0.0% | 0.0% | N | Referral Required |
| 11470 | EXCISION SKIN & SUBCUTANEOUS TISSUE | 07/01/2005 | $286.61 | 0.0% | 0.0% | N | Referral Required |
| 11471 | EXCISION SKIN & SUBCUTANEOUS TISSUE | 07/01/2005 | $349.03 | 0.0% | 0.0% | N | Referral Required |
| 1149 | DESTRUCT CORNEA LES NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1151 | SUTURE CORNEA LACERATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1152 | REP CORNEA POSTOP DEHISC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1153 | RX CORNEA LAC W CONJ FLP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1159 | CORNEAL REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1160 | CORNEAL TRANSPLANT NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 11600 | EXCISION MALIGNANT LESION | 07/01/2005 | $134.28 | 0.0% | 0.0% | N | Referral Required |
| 11601 | EXCISION MALIGNANT LESION | 07/01/2005 | $154.88 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 11602 | EXCISION MALIGNANT LESION | 07/01/2005 | $165.44 | 0.0% | 0.0% | N | Referral Required |
| 11603 | EXCISION MALIGNANT LESION | 07/01/2005 | $184.27 | 0.0% | 0.0% | N | Referral Required |
| 11604 | EXCISION MALIGNANT LESION | 07/01/2005 | $204.14 | 0.0% | 0.0% | N | Referral Required |
| 11606 | EXCISION MALIGNANT LESION | 07/01/2005 | $256.72 | 0.0% | 0.0% | N | Referral Required |
| 1161 | LAM KERATPLAST W AUTGRFT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1162 | LAMELLAR KERATOPLAST NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 11620 | EXCISION MALIGNANT LESION | 07/01/2005 | $131.44 | 0.0% | 0.0% | N | Referral Required |
| 11621 | EXCISION MALIGNANT LESION | 07/01/2005 | $157.63 | 0.0% | 0.0% | N | Referral Required |
| 11622 | EXCISION MALIGNANT LESION | 07/01/2005 | $181.74 | 0.0% | 0.0% | N | Referral Required |
| 11623 | EXCISION MALIGNANT LESION | 07/01/2005 | $218.09 | 0.0% | 0.0% | N | Referral Required |
| 11624 | EXCISION MALIGNANT LESION | 07/01/2005 | $250.88 | 0.0% | 0.0% | N | Referral Required |
| 11626 | EXCISION MALIGNANT LESION | 07/01/2005 | $309.14 | 0.0% | 0.0% | N | Referral Required |
| 1163 | PERF KERATOPL W AUTOGRFT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1164 | PERFORAT KERATOPLAST NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 11640 | EXCISION MALIGNANT LESION | 07/01/2005 | $139.78 | 0.0% | 0.0% | N | Referral Required |
| 11641 | EXCISION MALIGNANT LESION | 07/01/2005 | $187.65 | 0.0% | 0.0% | N | Referral Required |
| 11642 | EXCISION MALIGNANT LESION | 07/01/2005 | $220.03 | 0.0% | 0.0% | N | Referral Required |
| 11643 | EXCISION MALIGNANT LESION | 07/01/2005 | $256.85 | 0.0% | 0.0% | N | Referral Required |
| 11644 | EXCISION MALIGNANT LESION | 07/01/2005 | $328.65 | 0.0% | 0.0% | N | Referral Required |
| 11646 | EXCISION MALIGNANT LESION | 07/01/2005 | $410.17 | 0.0% | 0.0% | N | Referral Required |
| 1169 | CORNEAL TRANSPLANT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1171 | KERATOMILEUSIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 11719 | TRIMMING NONDYSTROPHIC NAILS | 07/01/2005 | $14.56 | 0.0% | 0.0% | N | Referral Required |
| 1172 | KERATOPHAKIA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 11720 | DEBRIDEMENT OF NAIL(S) | 07/01/2005 | $23.11 | 0.0% | 0.0% | N | Referral Required |
| 11721 | DEBRIDEMENT OF NAIL(S) | 07/01/2005 | $34.71 | 0.0% | 0.0% | N | Referral Required |
| 1173 | KERATOPROSTHESIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 11730 | AVULSION OF NAIL PLATE | 07/01/2005 | $69.73 | 0.0% | 0.0% | N | Referral Required |
| 11732 | AVULSION OF NAIL PLATE | 07/01/2005 | $31.35 | 0.0% | 0.0% | N | Referral Required |
| 1174 | THERMOKERATOPLASTY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 11740 | EVACUATION SUBUNGUAL HEMATOMA | 07/01/2005 | $40.61 | 0.0% | 0.0% | N | Referral Required |
| 1175 | RADIAL KERATOTOMY | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 11750 | EXCISION OF NAIL/NAIL MATRIX | 07/01/2005 | $127.68 | 0.0% | 0.0% | N | Referral Required |
| 11752 | EXCISION OF NAIL/NAIL MATRIX | 07/01/2005 | $174.84 | 0.0% | 0.0% | N | Referral Required |
| 11755 | BIOPSY OF NAIL UNIT, ANY METHOD | 07/01/2005 | $84.57 | 0.0% | 0.0% | N | Referral Required |
| 11758 | FREE FASCIAL FLAP W/MICROVASCULAR A | 07/01/2005 | $1,819.95 | 0.0% | 0.0% | N | Referral Required |
| 1176 | EPIKERATOPHAKIA | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 11760 | REPAIR OF NAIL BED | 07/01/2005 | $119.44 | 0.0% | 0.0% | N | Referral Required |
| 11762 | RECONSTRUCTION, NAIL BED | 07/01/2005 | $185.22 | 0.0% | 0.0% | N | Referral Required |
| 11765 | WEDGE EXCISION OF SKIN OF NAIL FOLD | 07/01/2005 | $63.39 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 11770 | EXCISION PILONIDAL CYST OR SINUS | 07/01/2005 | $201.05 | 0.0% | 0.0% | N | Referral Required |
| 11771 | EXCISION PILONIDAL CYST OR SINUS | 07/01/2005 | $408.44 | 0.0% | 0.0% | N | Referral Required |
| 11772 | EXCISION PILONIDAL CYST OR SINUS | 07/01/2005 | $493.25 | 0.0% | 0.0% | N | Referral Required |
| 1179 | CORNEA RECONSTRUCT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 11900 | INJECTION, INTRALESIONAL | 07/01/2005 | $44.51 | 0.0% | 0.0% | N | Referral Required |
| 11901 | INJECTION, INTRALESIONAL | 07/01/2005 | $58.72 | 0.0% | 0.0% | N | Referral Required |
| 1191 | CORNEAL TATTOOING | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1192 | REMOVE CORNEAL IMPLANT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 11960 | INSERTION OF TISSUE EXPANDERS | 07/01/2005 | $724.08 | 0.0% | 0.0% | N | Referral Required |
| 11970 | REPLACEMENT OF TISSUE EXPANDER | 07/01/2005 | $438.39 | 0.0% | 0.0% | Y | Referral Required |
| 11971 | REMOVAL OF TISSUE EXPANDER(S) | 07/01/2005 | $281.95 | 0.0% | 0.0% | N | Referral Required |
| 11975 | INSERTION OF CONTRACEPTIVE | 07/01/2005 | $60.25 | 0.0% | 0.0% | N | |
| 11976 | REMOVAL OF CONTRACEPTIVE | 07/01/2005 | $123.99 | 0.0% | 0.0% | N | |
| 11977 | REMOVAL W/REINSERTION CONTRACEPTIV | 07/01/2005 | $85.29 | 0.0% | 0.0% | N | |
| 11980 | SUBCUTANEOUS HORMONE PELLET IMPL | 07/01/2005 | $92.75 | 0.0% | 0.0% | N | Referral Required |
| 11981 | INSERTION, NON-BIODEGRADABLE | 07/01/2005 | $108.03 | 0.0% | 0.0% | N | Referral Required |
| 11982 | REMOVABLE, NON BIODEGRADABLE | 07/01/2005 | $123.33 | 0.0% | 0.0% | N | Referral Required |
| 11983 | REMOVAL W/REINSERTION | 07/01/2005 | $200.78 | 0.0% | 0.0% | N | Referral Required |
| 1199 | CORNEAL OPERATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1200 | REMOV ANT SEGMNT FB NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 12001 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS | 07/01/2005 | $133.91 | 0.0% | 0.0% | N | Referral Required |
| 12002 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS | 07/01/2005 | $142.68 | 0.0% | 0.0% | N | Referral Required |
| 12004 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS | 07/01/2005 | $165.30 | 0.0% | 0.0% | N | Referral Required |
| 12005 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS | 07/01/2005 | $207.55 | 0.0% | 0.0% | N | Referral Required |
| 12006 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS | 07/01/2005 | $256.34 | 0.0% | 0.0% | N | Referral Required |
| 12007 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS | 07/01/2005 | $295.78 | 0.0% | 0.0% | N | Referral Required |
| 1201 | MAGNET REMOV ANT SEG FB | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 12011 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS | 07/01/2005 | $141.86 | 0.0% | 0.0% | N | Referral Required |
| 12013 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS | 07/01/2005 | $155.47 | 0.0% | 0.0% | N | Referral Required |
| 12014 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS | 07/01/2005 | $181.66 | 0.0% | 0.0% | N | Referral Required |
| 12015 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS | 07/01/2005 | $230.84 | 0.0% | 0.0% | N | Referral Required |
| 12016 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS | 07/01/2005 | $275.79 | 0.0% | 0.0% | N | Referral Required |
| 12017 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS | 07/01/2005 | $240.45 | 0.0% | 0.0% | N | Referral Required |
| 12018 | SIMPLE REPAIR OF SUPERFICIAL WOUNDS | 07/01/2005 | $279.50 | 0.0% | 0.0% | N | Referral Required |
| 1202 | NONMAG REMOV ANT SEG FB | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 12020 | TREATMENT SUPERFICIAL WOUND | 07/01/2005 | $181.60 | 0.0% | 0.0% | N | Referral Required |
| 12021 | TREAT SUPERFICIAL WOUND SIMP | 07/01/2005 | $124.21 | 0.0% | 0.0% | N | Referral Required |
| 12031 | LAYER CLOSURE OF WOUNDS | 07/01/2005 | $153.10 | 0.0% | 0.0% | N | Referral Required |
| 12032 | LAYER CLOSURE OF WOUNDS | 07/01/2005 | $185.43 | 0.0% | 0.0% | N | Referral Required |
| 12034 | LAYER CLOSURE OF WOUNDS | 07/01/2005 | $211.97 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 12035 | LAYER CLOSURE OF WOUNDS | 07/01/2005 | $234.65 | 0.0% | 0.0% | N | Referral Required |
| 12036 | LAYER CLOSURE OF WOUNDS | 07/01/2005 | $329.33 | 0.0% | 0.0% | N | Referral Required |
| 12037 | LAYER CLOSURE OF WOUNDS | 07/01/2005 | $361.04 | 0.0% | 0.0% | N | Referral Required |
| 12041 | LAYER CLOSURE OF WOUNDS | 07/01/2005 | $168.01 | 0.0% | 0.0% | N | Referral Required |
| 12042 | LAYER CLOSURE OF WOUNDS | 07/01/2005 | $201.79 | 0.0% | 0.0% | N | Referral Required |
| 12044 | LAYER CLOSURE OF WOUNDS | 07/01/2005 | $223.75 | 0.0% | 0.0% | N | Referral Required |
| 12045 | LAYER CLOSURE OF WOUNDS | 07/01/2005 | $254.17 | 0.0% | 0.0% | N | Referral Required |
| 12046 | LAYER CLOSURE OF WOUNDS | 07/01/2005 | $366.38 | 0.0% | 0.0% | N | Referral Required |
| 12047 | LAYER CLOSURE OF WOUNDS | 07/01/2005 | $412.99 | 0.0% | 0.0% | N | Referral Required |
| 12051 | LAYER CLOSURE OF WOUNDS | 07/01/2005 | $194.53 | 0.0% | 0.0% | N | Referral Required |
| 12052 | LAYER CLOSURE OF WOUNDS | 07/01/2005 | $201.87 | 0.0% | 0.0% | N | Referral Required |
| 12053 | LAYER CLOSURE OF WOUNDS | 07/01/2005 | $221.62 | 0.0% | 0.0% | N | Referral Required |
| 12054 | LAYER CLOSURE OF WOUNDS | 07/01/2005 | $245.36 | 0.0% | 0.0% | N | Referral Required |
| 12055 | LAYER CLOSURE OF WOUNDS | 07/01/2005 | $314.15 | 0.0% | 0.0% | N | Referral Required |
| 12056 | LAYER CLOSURE OF WOUNDS | 07/01/2005 | $437.89 | 0.0% | 0.0% | N | Referral Required |
| 12057 | LAYER CLOSURE OF WOUNDS | 07/01/2005 | $432.07 | 0.0% | 0.0% | N | Referral Required |
| 1211 | IRIDOTOMY W TRANSFIXION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1212 | IRIDOTOMY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1213 | PROLAPSED IRIS EXCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1214 | IRIDECTOMY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1221 | DX ASPIRAT-ANT CHAMBER | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1222 | IRIS BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1229 | ANT SEGMENT DX PROC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1231 | GONIOSYNECHIAE LYSIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1232 | ANT SYNECHIA LYSIS NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1233 | POST SYNECHIAE LYSIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1234 | CORNEOVITREAL ADHESIOLYS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1235 | COREOPLASTY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1239 | IRIDOPLASTY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1240 | REMOV ANT SEGMNT LES NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1241 | NONEXC DESTRUC IRIS LES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1242 | EXCISION OF IRIS LESION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1243 | NONEXC DESTR CIL BOD LES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1244 | EXCISE CILIARY BODY LES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1251 | GONIOPUNCTURE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1252 | GONIOTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1253 | GONIOTOMY W GONIOPUNCTUR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1254 | TRABECULOTOMY AB EXTERNO | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1255 | CYCLODIALYSIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1259 | FACILIT INTRAOC CIRC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 1261 | TREPHIN SCLERA W IRIDECT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1262 | THERMCAUT SCLER W IRIDEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1263 | IRIDENCLEISIS/IRIDOTASIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1264 | TRABECULECTOM AB EXTERNO | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1265 | SCLER FISTULIZ W IRIDECT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1266 | POSTOP REVIS SCL FISTUL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1269 | SCLER FISTULIZING OP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1271 | CYCLODIATHERMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1272 | CYCLOCRYOTHERAPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1273 | CYCLOPHOTOCOAGULATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1274 | CIL BODY DIMINUTION NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1279 | GLAUCOMA PROCEDURE NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1281 | SUTURE SCLERAL LACER | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1282 | SCLERAL FISTULA REPAIR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1283 | REVIS ANT SEG OP WND NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1284 | DESTRUCT SCLERAL LESION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1285 | REPAIR STAPHYLOM W GRAFT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1286 | REP SCLER STAPHYLOMA NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1287 | GRAFT REINFORCE SCLERA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1288 | SCLERA REINFORCEMENT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1289 | SCLERAL OPERATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1291 | THERAPEUT EVAC ANT CHAMB | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1292 | ANTERIOR CHAMBER INJECT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1293 | REMOV EPITHEL DOWNGROWTH | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1297 | IRIS OPERATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1298 | CILIARY BODY OP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1299 | ANTERIOR CHAMBER OP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1300 | REMOVE FB LENS NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1301 | MAGNET REMOVE FB LENS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1302 | NONMAGNET REMOVE FB LENS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 13100 | RECONSTRUCTIVE REPAIR, COMPLEX | 07/01/2005 | $228.09 | 0.0% | 0.0% | N | Referral Required |
| 13101 | RECONSTRUCTIVE REPAIR, COMPLEX | 07/01/2005 | $263.65 | 0.0% | 0.0% | N | Referral Required |
| 13102 | REPAIR COMPLEX | 07/01/2005 | $71.23 | 0.0% | 0.0% | N | Referral Required |
| 1311 | TEMP-INF INTRCAP LENS EX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 13120 | RECONSTRUCTIVE REPAIR, COMPLEX | 07/01/2005 | $237.91 | 0.0% | 0.0% | N | Referral Required |
| 13121 | RECONSTRUCTIVE REPAIR, COMPLEX | 07/01/2005 | $287.22 | 0.0% | 0.0% | N | Referral Required |
| 13122 | REPAIR, COMPLEX | 07/01/2005 | $83.42 | 0.0% | 0.0% | N | Referral Required |
| 13131 | RECONSTRUCTIVE REPAIR, COMPLEX | 07/01/2005 | $264.83 | 0.0% | 0.0% | N | Referral Required |
| 13132 | RECONSTRUCTIVE REPAIR, COMPLEX | 07/01/2005 | $370.91 | 0.0% | 0.0% | N | Referral Required |
| 13133 | REPAIR, COMPLEX-ADD ON | 07/01/2005 | $122.56 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 13150 | RECONSTRUCTIVE REPAIR, COMPLEX | 07/01/2005 | $313.84 | 0.0% | 0.0% | N | Referral Required |
| 13151 | RECONSTRUCTIVE REPAIR, COMPLEX | 07/01/2005 | $332.71 | 0.0% | 0.0% | N | Referral Required |
| 13152 | RECONSTRUCTIVE REPAIR, COMPLEX | 07/01/2005 | $425.65 | 0.0% | 0.0% | N | Referral Required |
| 13153 | REPAIR, COMPLEX-ADD ON | 07/01/2005 | $134.55 | 0.0% | 0.0% | N | Referral Required |
| 13160 | SECONDARY CLOSURE | 07/01/2005 | $612.82 | 0.0% | 0.0% | N | Referral Required |
| 1319 | INTRACAPSUL LENS EXT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 132 | LINEAR EXTRACAP LENS EXT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 133 | SIMPL ASPIR LENS EXTRACT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1341 | CATARAC PHACOEMULS/ASPIR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1342 | POST CATARAC FRAG/ASPIR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1343 | CATARACT FRAG/ASPIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1351 | TEMP-INF XTRACAP LENS EX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1359 | EXTRACAP LENS EXTRAC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1361 | PRIM MEM CATAR DISCISS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1362 | PRIM MEMBRN CATAR EXCIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1363 | PRIM MEM CATAR FRAGMEN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1364 | AFTER-CATAR DISCISSION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1365 | AFTER-CATARACT EXCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1366 | AFTER CATAR FRAGMNTATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1369 | CATARACT EXTRACTION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1370 | INSERT PSEUDOPHAKOS NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1371 | INSERT LENS AT CATAR EXT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1372 | SECONDARY INSERT LENS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 138 | IMPLANTED LENS REMOVAL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 139 | OTHER OPERATIONS ON LENS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1400 | REMOV POST SEGMNT FB NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 14000 | ADJACENT TISSUE TRANSFER/REARRANG | 07/01/2005 | $470.74 | 0.0% | 0.0% | N | Referral Required |
| 14001 | ADJACENT TISSUE TRANSFER/REARRANG | 07/01/2005 | $604.74 | 0.0% | 0.0% | N | Referral Required |
| 1401 | MAGNET REMOV POST SEG FB | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1402 | NONMAG REMOV POST SEG FB | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 14020 | ADACENT TISSUE TRANSFER/REARRANGE | 07/01/2005 | $512.18 | 0.0% | 0.0% | N | Referral Required |
| 14021 | ADJACENT TISSUE TRANSFER/REARRANG | 07/01/2005 | $681.51 | 0.0% | 0.0% | N | Referral Required |
| 14040 | ADJACENT TISSUE TRANSFER/REARRANG | 07/01/2005 | $563.42 | 0.0% | 0.0% | N | Referral Required |
| 14041 | ADJACENT TISSUE TRANSFER/REARRANG | 07/01/2005 | $752.91 | 0.0% | 0.0% | N | Referral Required |
| 14060 | ADJACENT TISSUE TRANSFER/REARRANG | 07/01/2005 | $602.06 | 0.0% | 0.0% | N | Referral Required |
| 14061 | ADJACENT TISSUE TRANSFER/REARRANG | 07/01/2005 | $814.37 | 0.0% | 0.0% | N | Referral Required |
| 1411 | DIAGNOST VITREOUS ASPIR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1419 | DX PROC POST SEG NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1421 | CHORIORET LES DIATHERMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1422 | CHORIORETIN LES CRYOTHER | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 1423 | CHORIORET LES XENON COAG | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1424 | CHORIORET LES LASER COAG | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1425 | CHORIORET LES P/COAG NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1426 | CHORIORET LES RADIOTHER | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1427 | CHORIORET LES RAD IMPLAN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1429 | CHORIORET LES DESTR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 14300 | ADJACENT TISSUE TRANSFER/REARRANG | 07/01/2005 | $773.28 | 0.0% | 0.0% | N | Referral Required |
| 1431 | RETINAL TEAR DIATHERMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1432 | RETINAL TEAR CRYOTHERAPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1433 | RETINAL TEAR XENON COAG | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1434 | RETINAL TEAR LASER COAG | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1435 | RETINA TEAR PHOTOCOA NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 14350 | FILLETED FINGER OR TOE FLAP | 07/01/2005 | $580.00 | 0.0% | 0.0% | N | Referral Required |
| 1439 | RETINAL TEAR REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1441 | SCLERAL BUCKLE W IMPLANT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1449 | SCLERAL BUCKLING NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1451 | DETACH RETINA-DIATHERMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1452 | DETACH RETINA-CRYOTHERAP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1453 | DETACH RETINA XENON COAG | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1454 | DETACH RETINA LASER COAG | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1455 | DETACH RET PHOTOCOAG NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1459 | REPAIR RETINA DETACH NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 146 | REMOV PROS MAT POST SEG | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1471 | ANTERIOR REMOV VITREOUS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1472 | VITREOUS REMOVAL NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1473 | ANTERIOR MECHAN VITRECT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1474 | MECH VITRECTOMY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1475 | VITREOUS SUBSTITUT INJEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1479 | VITREOUS OPERATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 149 | OTHER POST SEGMENT OPS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 15000 | SKIN GRAFTS/PREPARATION OR CREATION | 07/01/2005 | $233.68 | 0.0% | 0.0% | N | Referral Required |
| 15001 | SKIN GRAFTS/PREPARATION OR CREATION | 07/01/2005 | $59.16 | 0.0% | 0.0% | N | Referral Required |
| 1501 | EXTRAOC MUSC-TEND BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 15050 | PINCH GRAFT/SINGLE OR MULTIPLE | 07/01/2005 | $327.70 | 0.0% | 0.0% | N | Referral Required |
| 1509 | EXTRAOC MUSC DX PROC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 15100 | SPLIT GRAFT/TRUNK,ARMS,LEGS | 07/01/2005 | $550.12 | 0.0% | 0.0% | N | Referral Required |
| 15101 | SPLIT SKIN GRAFT | 07/01/2005 | $111.46 | 0.0% | 0.0% | N | Referral Required |
| 1511 | ONE EXTRAOC MUS RECESS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1512 | 1 EXTRAOC MUSCL ADVANCE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 15120 | SPLIT SKIN GRAFT-FACE,SCALP,EYELIDS | 07/01/2005 | $654.47 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 15121 | SPLIT GRAFT/FACE,SCALP,EYELIDS, | 07/01/2005 | $161.50 | 0.0% | 0.0% | N | Referral Required |
| 1513 | 1 EXTRAOC MUSCL RESECT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1519 | XTRAOC MUS OP/DETACH NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 15200 | FULL THICKNESS GRAFT | 07/01/2005 | $629.36 | 0.0% | 0.0% | N | Referral Required |
| 15201 | FULL THICKNESS GRAFT | 07/01/2005 | $83.12 | 0.0% | 0.0% | N | Referral Required |
| 1521 | LENGTHEN 1 EXTRAOC MUSC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1522 | SHORTEN 1 EXTRAOC MUSC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 15220 | FULL THICKNESS GRAFT,FREE INCLUDING | 07/01/2005 | $605.51 | 0.0% | 0.0% | N | Referral Required |
| 15221 | FULL THICKNESS GRAFT,FREE INCLUDING | 07/01/2005 | $75.42 | 0.0% | 0.0% | N | Referral Required |
| 15240 | FULL THICKNESS GRAFT,FREE,INCLUDING | 07/01/2005 | $637.07 | 0.0% | 0.0% | N | Referral Required |
| 15241 | FULL THICKNESS GRAFT,FREE,INCLUDING | 07/01/2005 | $118.62 | 0.0% | 0.0% | N | Referral Required |
| 15260 | FULL THICKNESS GRAFT,FREE,INCLUDING | 07/01/2005 | $671.14 | 0.0% | 0.0% | N | Referral Required |
| 15261 | FULL THICKNESS GRAFT,FREE,INCLUDING | 07/01/2005 | $135.89 | 0.0% | 0.0% | N | Referral Required |
| 1529 | OP ON 1 EXTRAOC MUSC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 153 | TEMP DETACH >1 XTROC MUS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 15342 | APP OF BILAMINATE SKIN SUBSTITUTE | 07/01/2005 | $109.63 | 0.0% | 0.0% | N | Referral Required |
| 15343 | APP OF BILAMINATE SKIN SUBSTITUTE | 07/01/2005 | $23.23 | 0.0% | 0.0% | N | Referral Required |
| 15350 | APPLICATION OF ALLOGRAFT, SKIN | 07/01/2005 | $408.60 | 0.0% | 0.0% | N | Referral Required |
| 15351 | APPLICATION OF ALLOGRAFT, SKIN | 07/01/2005 | $66.09 | 0.0% | 0.0% | N | Referral Required |
| 154 | OTH OP ON >L EXTRAOC MUS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 15400 | APPLICATION OF SENOGRAFT,SKIN | 07/01/2005 | $312.81 | 0.0% | 0.0% | N | Referral Required |
| 15401 | APPLICATION OF XENOGRAFT, SKIN | 07/01/2005 | $90.52 | 0.0% | 0.0% | N | Referral Required |
| 155 | EXTRAOCUL MUS TRANSPOSIT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 15570 | FORM OF DIRECT OR TUBED PEDICLE | 07/01/2005 | $606.76 | 0.0% | 0.0% | N | Referral Required |
| 15572 | FORM OF DIRECT OR TUBED PEDICLE | 07/01/2005 | $617.61 | 0.0% | 0.0% | N | Referral Required |
| 15574 | FORM OF DIRECT OR TUBED PEDICLE | 07/01/2005 | $656.87 | 0.0% | 0.0% | N | Referral Required |
| 15576 | FORM OF DIRECT OR TUBED PEDICLE | 07/01/2005 | $619.58 | 0.0% | 0.0% | N | Referral Required |
| 156 | REVIS EXTRAOC MUSC SURG | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 15600 | DELAY OF FLAP OR SECTIONING FLAP | 07/01/2005 | $292.15 | 0.0% | 0.0% | N | Referral Required |
| 15610 | DELAY OF FLAP OR SECTIONING FLAP | 07/01/2005 | $286.53 | 0.0% | 0.0% | N | Referral Required |
| 15620 | DELAY OF LAP OR SECTIONING OF FLAP | 07/01/2005 | $343.43 | 0.0% | 0.0% | N | Referral Required |
| 15630 | DELAY OF FLAP OR SECTIONING OF FLAP | 07/01/2005 | $323.93 | 0.0% | 0.0% | N | Referral Required |
| 15650 | TRANSFER OF ANY PEDICLE FLAP | 07/01/2005 | $337.40 | 0.0% | 0.0% | N | Referral Required |
| 157 | EXTRAOC MUSC INJ REPAIR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 15732 | MUSCLE | 07/01/2005 | $1,053.76 | 0.0% | 0.0% | N | Referral Required |
| 15734 | MUSCLE | 07/01/2005 | $1,054.98 | 0.0% | 0.0% | N | Referral Required |
| 15736 | MUSCLE | 07/01/2005 | $986.32 | 0.0% | 0.0% | N | Referral Required |
| 15738 | MUSCLE | 07/01/2005 | $1,059.74 | 0.0% | 0.0% | N | Referral Required |
| 15740 | FLAP; ISLAND PEDICLE | 07/01/2005 | $668.88 | 0.0% | 0.0% | N | Referral Required |
| 15750 | FLAP; NEUROVASCULAR PEDICLE | 07/01/2005 | $710.36 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 15756 | FREE MUSCLE FLAP | 07/01/2005 | $2,068.29 | 0.0% | 0.0% | N | Referral Required |
| 15757 | FREE SKIN FLAP | 07/01/2005 | $2,074.45 | 0.0% | 0.0% | N | Referral Required |
| 15758 | FREE FASCIAL FLAP | 07/01/2005 | $2,079.51 | 0.0% | 0.0% | N | Referral Required |
| 15760 | GRAFT; COMPOSITE | 07/01/2005 | $633.92 | 0.0% | 0.0% | N | Referral Required |
| 15770 | GRAFT; COMPOSITE | 07/01/2005 | $487.81 | 0.0% | 0.0% | N | Referral Required |
| 15820 | BLEPHAROPLASTY | 07/01/2005 | $532.26 | 0.0% | 0.0% | N | Referral Required |
| 15821 | BLEPHAROPLASTY | 07/01/2005 | $603.47 | 0.0% | 0.0% | N | Referral Required |
| 15822 | BLEPHAROPLASTY | 07/01/2005 | $513.51 | 0.0% | 0.0% | N | Referral Required |
| 15823 | BLEPHAROPLASTY | 07/01/2005 | $635.33 | 0.0% | 0.0% | N | Referral Required |
| 15829 | RHYTIDECTOMY | 07/01/2005 | $498.08 | 0.0% | 0.0% | Y | Referral Required |
| 15831 | EXCISION | 07/01/2005 | $739.09 | 0.0% | 0.0% | Y | Referral Required |
| 15833 | EXCISION | 07/01/2005 | $708.20 | 0.0% | 0.0% | Y | Referral Required |
| 15840 | GRAFT FOR FACIAL NERVE PARALYSIS | 07/01/2005 | $831.96 | 0.0% | 0.0% | N | Referral Required |
| 15841 | GRAFT FOR FACIAL NERVE PARALYSIS | 07/01/2005 | $1,370.88 | 0.0% | 0.0% | N | Referral Required |
| 15842 | GRAFT FOR FACIAL NERVE PARALYSIS | 07/01/2005 | $2,193.13 | 0.0% | 0.0% | N | Referral Required |
| 15845 | GRAFT FOR FACIAL NERVE PARALYSIS | 07/01/2005 | $758.02 | 0.0% | 0.0% | N | Referral Required |
| 15850 | REMOVAL OF SUTURES | 07/01/2005 | $50.12 | 0.0% | 0.0% | N | Referral Required |
| 15851 | REMOVAL OF SUTURES | 07/01/2005 | $86.02 | 0.0% | 0.0% | N | Referral Required |
| 15852 | DRESSING CHANGE | 07/01/2005 | $95.97 | 0.0% | 0.0% | N | Referral Required |
| 15860 | INTRAVENOUS INJECTION OF AGENT | 07/01/2005 | $117.15 | 0.0% | 0.0% | N | Referral Required |
| 15877 | SUCTION ASSISTED LIPECTOMY; | 10/01/2000 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 159 | OTH EXTRAOC MUS-TEND OP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 15920 | EXCISION | 07/01/2005 | $496.28 | 0.0% | 0.0% | N | Referral Required |
| 15922 | EXCISION | 07/01/2005 | $632.79 | 0.0% | 0.0% | N | Referral Required |
| 15931 | EXCISION, SACRAL PRESSURE ULCER | 07/01/2005 | $544.59 | 0.0% | 0.0% | N | Referral Required |
| 15933 | EXCISION, SACRAL PRESSURE ULCER | 07/01/2005 | $686.29 | 0.0% | 0.0% | N | Referral Required |
| 15934 | EXCISION, SACRAL PRESSURE ULCER | 07/01/2005 | $761.68 | 0.0% | 0.0% | N | Referral Required |
| 15935 | EXCISION, SACRAL PRESSURE ULCER | 07/01/2005 | $887.38 | 0.0% | 0.0% | N | Referral Required |
| 15936 | EXCISION, SACRAL PRESSURE ULCER | 07/01/2005 | $760.86 | 0.0% | 0.0% | N | Referral Required |
| 15937 | EXCISION, SACRAL PRESSURE ULCER | 07/01/2005 | $894.29 | 0.0% | 0.0% | N | Referral Required |
| 15940 | EXCISION, ISCHIAL PRESSURE ULCER | 07/01/2005 | $558.00 | 0.0% | 0.0% | N | Referral Required |
| 15941 | EXCISION, ISCHIAL PRESSURE ULCER | 07/01/2005 | $778.82 | 0.0% | 0.0% | N | Referral Required |
| 15944 | EXCISION, ISCHIAL PRESSURE ULCER | 07/01/2005 | $724.40 | 0.0% | 0.0% | N | Referral Required |
| 15945 | EXCISION, ISCHIAL PRESSURE ULCER | 07/01/2005 | $803.50 | 0.0% | 0.0% | N | Referral Required |
| 15946 | EXCISION, ISCHIAL PRESSURE ULCER | 07/01/2005 | $1,302.94 | 0.0% | 0.0% | N | Referral Required |
| 15950 | EXCIS.TROCHANTERIC PRESSURE ULCER | 07/01/2005 | $465.45 | 0.0% | 0.0% | N | Referral Required |
| 15951 | EXCIS. TROCHANTERIC PRESSURE ULCER | 07/01/2005 | $673.36 | 0.0% | 0.0% | N | Referral Required |
| 15952 | EXCIS. TROCHANTERIC PRESSURE ULCER | 07/01/2005 | $691.45 | 0.0% | 0.0% | N | Referral Required |
| 15953 | EXCIS. TROCHANTERIC PRESSURE ULCER | 07/01/2005 | $785.17 | 0.0% | 0.0% | N | Referral Required |
| 15956 | EXCIS. TROCHANTERIC PRESSURE ULCER | 07/01/2005 | $942.53 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 15958 | EXCIS. TROCHANTERIC PRESSURE ULCER | 07/01/2005 | $957.64 | 0.0% | 0.0% | N | Referral Required |
| 15999 | UNLISTED PROCEDURE FOR; | 09/01/1982 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 16000 | INITIAL TREATMENT FIRST DEGREE BURN | 07/01/2005 | $69.13 | 0.0% | 0.0% | N | Referral Required |
| 1601 | ORBITOTOMY W BONE FLAP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 16010 | DRESSINGS AND OR DEBRIDEMENT | 07/01/2005 | $72.55 | 0.0% | 0.0% | N | Referral Required |
| 16015 | DRESSINGS AND OR DEBRIDEMENT | 07/01/2005 | $155.01 | 0.0% | 0.0% | N | Referral Required |
| 1602 | ORBITOTOMY W IMPLANT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 16020 | DRESSINGS AND OR DEBRIDEMENT | 07/01/2005 | $69.52 | 0.0% | 0.0% | N | Referral Required |
| 16025 | DRESSINGS AND OR DEBRIDEMENT | 07/01/2005 | $133.59 | 0.0% | 0.0% | N | Referral Required |
| 16030 | DRESSINGS AND OR DEBRIDEMENT | 07/01/2005 | $189.13 | 0.0% | 0.0% | N | Referral Required |
| 16035 | ESCHAROTOMY | 07/01/2005 | $193.12 | 0.0% | 0.0% | N | Referral Required |
| 16036 | ESCHAROTOMY | 07/01/2005 | $76.49 | 0.0% | 0.0% | N | Referral Required |
| 1609 | ORBITOTOMY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 161 | REMOVE PENETRAT FB EYE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1621 | OPHTHALMOSCOPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1622 | DIAGNOSTIC ASP OF ORBIT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1623 | EYEBALL & ORBIT BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1629 | EYEBAL/ORBIT DX PROC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1631 | EYE EVISC W SYNCH IMPLAN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1639 | EYEBALL EVISCERATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1641 | EYE ENUC/IMPLAN/MUSC ATT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1642 | EYE ENUC W IMPLANT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1649 | EYEBALL ENUCLEATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1651 | RADICAL ORBITOMAXILLECT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1652 | ORBIT EXENT W BONE REMOV | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1659 | ORBITAL EXENTERATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1661 | 2NDRY OCULAR IMP INSERT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1662 | REVIS/REINSERT OCUL IMP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1663 | REVIS ENUC SOCKET W GRFT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1664 | ENUC SOCKET REVIS NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1665 | 2NDRY EXENT CAVITY GRAFT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1666 | REVIS EXENTER CAVITY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1669 | 2ND OP POST EYE REM NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1671 | REMOVE OCULAR IMPLANT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1672 | REMOVE ORBITAL IMPLANT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1681 | REPAIR OF ORBITAL WOUND | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1682 | REPAIR EYEBALL RUPTURE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1689 | EYE/ORBIT INJ REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1691 | RETROBULBAR INJECTION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1692 | EXCISION ORBITAL LESION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 1693 | EXCISION EYE LESION NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1698 | OPERATION ON ORBIT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1699 | OPERATION ON EYEBALL NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 17000 | DESTRUCTION BY ANY METHOD,INCLUDIN | 07/01/2005 | $58.46 | 0.0% | 0.0% | N | Referral Required |
| 17003 | DESTRUCTION BY ANY METHOD-ADD ON | 07/01/2005 | $13.51 | 0.0% | 0.0% | N | Referral Required |
| 17004 | DESTRUCTION BY ANY METHOD,INCLUDIN | 07/01/2005 | $187.14 | 0.0% | 0.0% | N | Referral Required |
| 17106 | DESTRUCTION | 07/01/2005 | $331.47 | 0.0% | 0.0% | Y | Referral Required |
| 17107 | DESTRUCTION | 07/01/2005 | $567.91 | 0.0% | 0.0% | Y | Referral Required |
| 17108 | DESTRUCTION | 07/01/2005 | $784.35 | 0.0% | 0.0% | Y | Referral Required |
| 17110 | DESTRUCTION BY ANY METHOD | 07/01/2005 | $60.78 | 0.0% | 0.0% | N | Referral Required |
| 17111 | DESTRUCTION BY ANY METHOD | 07/01/2005 | $71.15 | 0.0% | 0.0% | N | Referral Required |
| 17250 | CHEMICAL CAUTERIZATION OF | 07/01/2005 | $43.82 | 0.0% | 0.0% | N | Referral Required |
| 17260 | DESTRUCT MALIG LESION TRUNK- | 07/01/2005 | $78.71 | 0.0% | 0.0% | N | Referral Required |
| 17261 | DESTRUCT MALIG LESION TRUNK- | 07/01/2005 | $91.89 | 0.0% | 0.0% | N | Referral Required |
| 17262 | DESTRUCT MALIG LESION TRUNK- | 07/01/2005 | $113.94 | 0.0% | 0.0% | N | Referral Required |
| 17263 | DESTRUCT MALIG LESION TRUNK- | 07/01/2005 | $125.32 | 0.0% | 0.0% | N | Referral Required |
| 17264 | DESTRUCT MALIG LESION TRUNK- | 07/01/2005 | $133.03 | 0.0% | 0.0% | N | Referral Required |
| 17266 | DESTRUCT MALIG LESION TRUNK- | 07/01/2005 | $154.91 | 0.0% | 0.0% | N | Referral Required |
| 17270 | DESTRUCT MALIG LESION SCALP- | 07/01/2005 | $100.44 | 0.0% | 0.0% | N | Referral Required |
| 17271 | DESTRUCT MALIG LESION SCALP- | 07/01/2005 | $109.20 | 0.0% | 0.0% | N | Referral Required |
| 17272 | DESTRUCT MALIG LESION SCALP- | 07/01/2005 | $124.08 | 0.0% | 0.0% | N | Referral Required |
| 17273 | DESTRUCT MALIG LESION SCALP- | 07/01/2005 | $139.16 | 0.0% | 0.0% | N | Referral Required |
| 17274 | DESTRUCT MALIG LESION SCALP- | 07/01/2005 | $168.19 | 0.0% | 0.0% | N | Referral Required |
| 17276 | DESTRUCT MALIG LESION SCALP- | 07/01/2005 | $201.12 | 0.0% | 0.0% | N | Referral Required |
| 17280 | DESTRUCT MALIG LESION FACE-E | 07/01/2005 | $89.58 | 0.0% | 0.0% | N | Referral Required |
| 17281 | DESTRUCT MALIG LESION FACE-E | 07/01/2005 | $121.62 | 0.0% | 0.0% | N | Referral Required |
| 17282 | DESTRUCT MALIG LESION FACE-E | 07/01/2005 | $138.79 | 0.0% | 0.0% | N | Referral Required |
| 17283 | DESTRUCT MALIG LESION FACE-E | 07/01/2005 | $170.66 | 0.0% | 0.0% | N | Referral Required |
| 17284 | DESTRUCT MALIG LESION FACE-E | 07/01/2005 | $201.30 | 0.0% | 0.0% | N | Referral Required |
| 17286 | DESTRUCT MALIG LESION FACE-E | 07/01/2005 | $270.48 | 0.0% | 0.0% | N | Referral Required |
| 17304 | CHEMOSURG, 1ST STAGE | 07/01/2005 | $535.41 | 0.0% | 0.0% | N | Referral Required |
| 17305 | CHEMOSURG, 2ND STAGE, UP TO | 07/01/2005 | $223.63 | 0.0% | 0.0% | N | Referral Required |
| 17306 | CHEMOSURGERY 3RD STAGE FRESH | 07/01/2005 | $224.95 | 0.0% | 0.0% | N | Referral Required |
| 17307 | ADD STAGES UP TO 5 SPECIMENS | 07/01/2005 | $224.30 | 0.0% | 0.0% | N | Referral Required |
| 17310 | MORE THAN 5 SPECIMENS-MOH'S | 07/01/2005 | $85.96 | 0.0% | 0.0% | N | Referral Required |
| 1801 | PIERCING OF EAR LOBE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1802 | EXT AUDITORY CANAL INCIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1809 | EXTERNAL EAR INCIS NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1811 | OTOSCOPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1812 | EXTERNAL EAR BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 1819 | EXT EAR DIAGNOS PROC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1821 | PREAURICULAR SINUS EXCIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1829 | DESTRUCT EXT EAR LES NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1831 | RAD EXCIS EXT EAR LES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1839 | EXCIS EXTERNAL EAR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 184 | SUTURE EXT EAR LAC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 185 | CORRECTION PROMINENT EAR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 186 | EXT AUDIT CANAL RECONSTR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1871 | CONSTRUCTION EAR AURICLE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1872 | REATTACH AMPUTATED EAR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1879 | PLASTIC REP EXT EAR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 189 | OTHER EXT EAR OPERATIONS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 190 | STAPES MOBILIZATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 19000 | ASPIRATION, CYST, BREAST | 07/01/2005 | $73.45 | 0.0% | 0.0% | N | Referral Required |
| 19001 | ASPIRATION, CYST, BREAST | 07/01/2005 | $44.07 | 0.0% | 0.0% | N | Referral Required |
| 19020 | MASTOTOMY | 07/01/2005 | $370.37 | 0.0% | 0.0% | N | Referral Required |
| 19030 | INJ PROCEDURE ONLY FOR MAMMA | 07/01/2005 | $178.51 | 0.0% | 0.0% | N | Referral Required |
| 19100 | BREAST BIOPSY | 07/01/2005 | $97.08 | 0.0% | 0.0% | N | Referral Required |
| 19101 | BREAST BIOPSY | 07/01/2005 | $292.14 | 0.0% | 0.0% | N | Referral Required |
| 19102 | BIOPSY OF BREAST | 07/01/2005 | $243.75 | 0.0% | 0.0% | N | Referral Required |
| 19103 | BIOPSY OF BREAST | 07/01/2005 | $556.40 | 0.0% | 0.0% | N | Referral Required |
| 1911 | STAPEDECT W REPLAC INCUS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 19110 | NIPPLE EXPLORATION W/ OR W/O E | 07/01/2005 | $486.13 | 0.0% | 0.0% | N | Referral Required |
| 19112 | EXCISION OF LACTIFEROUS DUCT | 07/01/2005 | $499.33 | 0.0% | 0.0% | N | Referral Required |
| 19120 | EXCISION, CYST, BREAST | 07/01/2005 | $381.50 | 0.0% | 0.0% | N | Referral Required |
| 19125 | EXCISION BREAST LESION IDENT | 07/01/2005 | $406.36 | 0.0% | 0.0% | N | Referral Required |
| 19126 | EA ADDITIONAL LESION SEPARATELY IDE | 07/01/2005 | $145.99 | 0.0% | 0.0% | N | Referral Required |
| 19140 | MASTECTOMY FOR GYNECOMASTIA | 07/01/2005 | $533.35 | 0.0% | 0.0% | N | Referral Required |
| 19160 | MASTECTOMY, PARTIAL | 07/01/2005 | $379.40 | 0.0% | 0.0% | N | Referral Required |
| 19162 | MASTECTOMY PART W/AXILLARY L | 07/01/2005 | $778.93 | 0.0% | 0.0% | N | Referral Required |
| 19180 | MASTECTOMY, UNILATERAL | 07/01/2005 | $533.73 | 0.0% | 0.0% | N | Referral Required |
| 19182 | MASTECTOMY, UNILATERAL | 07/01/2005 | $459.88 | 0.0% | 0.0% | N | Referral Required |
| 1919 | STAPEDECTOMY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 19200 | RADICAL MASTECOMY | 07/01/2005 | $893.47 | 0.0% | 0.0% | N | Referral Required |
| 1921 | REV STAPDEC W INCUS REPL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 19220 | RADICAL MASTECOMY | 07/01/2005 | $908.94 | 0.0% | 0.0% | N | Referral Required |
| 19240 | MASTECTOMY, UNILATERAL | 07/01/2005 | $900.99 | 0.0% | 0.0% | N | Referral Required |
| 19260 | EXCISION, TUMOR, CHEST WALL | 07/01/2005 | $887.14 | 0.0% | 0.0% | N | Referral Required |
| 19271 | EXCISION CHEST WALL TUMOR W/ | 07/01/2005 | $1,089.73 | 0.0% | 0.0% | N | Referral Required |
| 19272 | EXCISION CHEST WALL TUMOR W/ | 07/01/2005 | $1,230.71 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 1929 | STAPEDECTOMY REVIS NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 19290 | PRE-OPERATIVE PLACEMENT NEED | 07/01/2005 | $144.20 | 0.0% | 0.0% | N | Referral Required |
| 19291 | PREOP PLACE NEEDLE WIRE BREAST EA A | 07/01/2005 | $80.67 | 0.0% | 0.0% | N | Referral Required |
| 19295 | IMAGE GUIDED PLACEMENT | 07/01/2005 | $93.62 | 0.0% | 0.0% | N | Referral Required |
| 19296 | PLACEMENT OF RADIOTHERAPY | 07/01/2005 | $4,352.91 | 0.0% | 0.0% | N | Referral Required |
| 19297 | PLACEMENT OF RADIOTHERAPY | 07/01/2005 | $90.50 | 0.0% | 0.0% | N | Referral Required |
| 19298 | PLACEMENT OF RADIOTHERAPY | 07/01/2005 | $1,652.52 | 0.0% | 0.0% | N | Referral Required |
| 193 | OSSICULAR CHAIN OP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 19318 | REDUCTION MAMMAPLASTY | 07/01/2005 | $944.74 | 0.0% | 0.0% | Y | Referral Required |
| 19324 | MAMMAPLASTY,AUGMENTATION W/O | 07/01/2005 | $367.81 | 0.0% | 0.0% | Y | Referral Required |
| 19325 | MAMMAPLASTY WITH PROSTHETIC | 07/01/2005 | $551.89 | 0.0% | 0.0% | Y | Referral Required |
| 19328 | REMOVAL OF INTACT MAMMARYIMP | 07/01/2005 | $371.88 | 0.0% | 0.0% | Y | Referral Required |
| 19330 | REMOVAL, BREAST IMPLANT | 07/01/2005 | $466.78 | 0.0% | 0.0% | Y | Referral Required |
| 19340 | IMMEDIATE INSERTION OF BREAS | 07/01/2005 | $349.35 | 0.0% | 0.0% | Y | Referral Required |
| 19342 | DELAYED INSERTION OF BREAST | 07/01/2005 | $694.57 | 0.0% | 0.0% | Y | Referral Required |
| 19350 | RECONSTRUCTION, NIPPLE | 07/01/2005 | $819.00 | 0.0% | 0.0% | Y | Referral Required |
| 19357 | BREAST RECONSTRUCT W/TISSUE | 07/01/2005 | $1,165.29 | 0.0% | 0.0% | Y | Referral Required |
| 19361 | BREAST RECONSTRUST W/LATISSI | 07/01/2005 | $1,142.72 | 0.0% | 0.0% | Y | Referral Required |
| 19364 | BREAST RECONSTRUCTION WITH F | 07/01/2005 | $2,388.18 | 0.0% | 0.0% | Y | Referral Required |
| 19366 | BREAST RECONSTRUCTION W/OTHE | 07/01/2005 | $1,204.74 | 0.0% | 0.0% | Y | Referral Required |
| 19367 | BREAST RECONSTRUCTION W/TRAM | 07/01/2005 | $1,498.16 | 0.0% | 0.0% | Y | Referral Required |
| 19368 | BREAST RECONSTRUCTION W/MINC | 07/01/2005 | $1,860.40 | 0.0% | 0.0% | Y | Referral Required |
| 19369 | BREAST RECONSTRUCTION W/TRAM | 07/01/2005 | $1,737.07 | 0.0% | 0.0% | Y | Referral Required |
| 19370 | OPEN PERIPROSTHETIC CAPULOTO | 07/01/2005 | $516.62 | 0.0% | 0.0% | Y | Referral Required |
| 19371 | PERIPROSTHETIC CAPSULECTOMY | 07/01/2005 | $601.51 | 0.0% | 0.0% | Y | Referral Required |
| 19380 | REVISION OF RECONSTRUCTED BR | 07/01/2005 | $589.76 | 0.0% | 0.0% | Y | Referral Required |
| 194 | MYRINGOPLASTY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 19499 | UNLISTED PROCEDURE, BREAST | 01/01/1976 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 1952 | TYPE 2 TYMPANOPLASTY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1953 | TYPE 3 TYMPANOPLASTY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1954 | TYPE 4 TYMPANOPLASTY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 1955 | TYPE 5 TYMPANOPLASTY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 196 | TYMPANOPLASTY REVISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 199 | MIDDLE EAR REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 20000 | INCISION, ABCESS, SOFT TISSU | 07/01/2005 | $153.06 | 0.0% | 0.0% | N | Referral Required |
| 20005 | INCISION OF SOFT TISSUE ABSC | 07/01/2005 | $230.73 | 0.0% | 0.0% | N | Referral Required |
| 2001 | MYRINGOTOMY W INTUBATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2009 | MYRINGOTOMY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 201 | TYMPANOSTOMY TUBE REMOVE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 20100 | EXPLORATION OF PENETRATING W | 07/01/2005 | $595.37 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 20101 | EXPLORATION OF PENETRATING W | 07/01/2005 | $220.36 | 0.0% | 0.0% | N | Referral Required |
| 20102 | EXPLORATION OF PENETRATING W | 07/01/2005 | $261.52 | 0.0% | 0.0% | N | Referral Required |
| 20103 | EXPLORATION OF PENETRATING W | 07/01/2005 | $346.90 | 0.0% | 0.0% | N | Referral Required |
| 20150 | EXCISION EPIPHYSEAL BAR W/WO | 07/01/2005 | $831.34 | 0.0% | 0.0% | N | Referral Required |
| 20200 | BIOPSY, MUSCLE | 07/01/2005 | $112.48 | 0.0% | 0.0% | N | Referral Required |
| 20205 | BIOPSY, MUSCLE | 07/01/2005 | $222.21 | 0.0% | 0.0% | N | Referral Required |
| 20206 | BIOPSY MUSCLE PERCUTANEOUS N | 07/01/2005 | $144.70 | 0.0% | 0.0% | N | Referral Required |
| 2021 | MASTOID INCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2022 | PETRUS PYRAM AIR CEL INC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 20220 | BIOPSY, BONE | 07/01/2005 | $210.57 | 0.0% | 0.0% | N | Referral Required |
| 20225 | BIOPSY, BONE | 07/01/2005 | $216.91 | 0.0% | 0.0% | N | Referral Required |
| 2023 | MIDDLE EAR INCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 20240 | BIOPSY, BONE | 07/01/2005 | $259.37 | 0.0% | 0.0% | N | Referral Required |
| 20245 | BIOPSY, BONE | 07/01/2005 | $516.25 | 0.0% | 0.0% | N | Referral Required |
| 20250 | BIOPSY VERTEBRAL BODY OPEN T | 07/01/2005 | $334.56 | 0.0% | 0.0% | N | Referral Required |
| 20251 | BIOPSY VERTEBRAL BODY OPEN L | 07/01/2005 | $375.21 | 0.0% | 0.0% | N | Referral Required |
| 2031 | ELECTROCOCHLEOGRAPHY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2032 | MID & INNER EAR BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2039 | MID/IN EAR DX PROC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2041 | SIMPLE MASTOIDECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2042 | RADICAL MASTOIDECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2049 | MASTOIDECTOMY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 20500 | INJECTION, SINUS TRACT | 07/01/2005 | $222.42 | 0.0% | 0.0% | N | Referral Required |
| 20501 | INJECTION, SINUS TRACT | 07/01/2005 | $137.51 | 0.0% | 0.0% | N | Referral Required |
| 2051 | EXCISE MIDDLE EAR LESION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 20520 | REMOVAL, FOREIGN BODY, MUSCL | 07/01/2005 | $255.28 | 0.0% | 0.0% | N | Referral Required |
| 20525 | REMOVAL FB IN MUSCLE DEEP OR | 07/01/2005 | $373.08 | 0.0% | 0.0% | N | Referral Required |
| 20526 | INJECTION, THERAPEUTIC | 07/01/2005 | $57.81 | 0.0% | 0.0% | N | Referral Required |
| 20550 | INJECTION, LIGAMENT | 07/01/2005 | $60.12 | 0.0% | 0.0% | N | Referral Required |
| 20551 | INJECTION | 07/01/2005 | $57.81 | 0.0% | 0.0% | N | Referral Required |
| 20552 | INJECTION | 07/01/2005 | $57.81 | 0.0% | 0.0% | N | Referral Required |
| 20553 | INJECTION | 07/01/2005 | $57.81 | 0.0% | 0.0% | N | Referral Required |
| 2059 | MIDDLE EAR EXCISION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 20600 | ARTHROCENTESIS | 07/01/2005 | $46.98 | 0.0% | 0.0% | N | Referral Required |
| 20605 | ARTHROCENTESIS | 07/01/2005 | $51.34 | 0.0% | 0.0% | N | Referral Required |
| 2061 | INNER EAR FENESTRATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 20610 | ARTHROCENTESIS | 07/01/2005 | $61.61 | 0.0% | 0.0% | N | Referral Required |
| 20612 | ASPIRATION &/OR INJECTION GANGLION | 07/01/2005 | $33.97 | 0.0% | 0.0% | N | Referral Required |
| 20615 | ASPIRATIOFN AND INJECTION FO | 07/01/2005 | $247.02 | 0.0% | 0.0% | N | Referral Required |
| 2062 | REVIS INNER EAR FENESTRA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 20650 | INSERTION, PIN, SKELETAL TRA | 07/01/2005 | $252.51 | 0.0% | 0.0% | N | Referral Required |
| 20660 | APPLICATION, CALIPER | 07/01/2005 | $148.43 | 0.0% | 0.0% | N | Referral Required |
| 20661 | APPLICATION OF HALO INC REMO | 07/01/2005 | $415.59 | 0.0% | 0.0% | N | Referral Required |
| 20662 | APPLICATION OF HALO INC REMO | 07/01/2005 | $402.52 | 0.0% | 0.0% | N | Referral Required |
| 20663 | APPLICATION OF HALO INC REMO | 07/01/2005 | $372.80 | 0.0% | 0.0% | N | Referral Required |
| 20664 | APPLICATION OF HALO, 6 OR MORE PINS | 07/01/2005 | $600.02 | 0.0% | 0.0% | N | Referral Required |
| 20665 | REMOVAL, CALIPER | 07/01/2005 | $127.22 | 0.0% | 0.0% | N | Referral Required |
| 20670 | REMOVAL, PIN OR OTHER | 07/01/2005 | $256.07 | 0.0% | 0.0% | N | Referral Required |
| 20680 | REMOVAL, PIN OR OTHER | 07/01/2005 | $295.50 | 0.0% | 0.0% | N | Referral Required |
| 20690 | APP OF A UNIPLANE UNILATERAL | 07/01/2005 | $198.46 | 0.0% | 0.0% | N | Referral Required |
| 20692 | APP OF MULTIPLANE (PINS OR W | 07/01/2005 | $359.66 | 0.0% | 0.0% | N | Referral Required |
| 20693 | ADJ/REVISION OF EXTERNAL FIX | 07/01/2005 | $655.22 | 0.0% | 0.0% | N | Referral Required |
| 20694 | REMOVAL,UNDER ANESTHESIA OF | 07/01/2005 | $456.11 | 0.0% | 0.0% | N | Referral Required |
| 2071 | ENDOLYMPHATIC SHUNT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2072 | INNER EAR INJECTION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2079 | INC/EXC/DESTR IN EAR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 208 | EUSTACHIAN TUBE OPS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 20802 | REPLANTATION, ARM, COMP AMPUTATION | 07/01/2005 | $2,544.52 | 0.0% | 0.0% | N | Referral Required |
| 20805 | REPLANTATION, FOREARM; COMPL | 07/01/2005 | $3,150.86 | 0.0% | 0.0% | N | Referral Required |
| 20808 | REPLANTATION HAND; COMPLETE | 07/01/2005 | $4,201.37 | 0.0% | 0.0% | N | Referral Required |
| 20816 | REPLANTATION DIGIT COMPLETE | 07/01/2005 | $2,803.55 | 0.0% | 0.0% | N | Referral Required |
| 20822 | REPLANTATION,DIGIT,EXCLUDING | 07/01/2005 | $2,495.63 | 0.0% | 0.0% | N | Referral Required |
| 20824 | REPLANTATION, THUMB; COMPLET | 07/01/2005 | $2,799.08 | 0.0% | 0.0% | N | Referral Required |
| 20827 | REPLANTATION, THUMB;DISTAL T | 07/01/2005 | $2,517.17 | 0.0% | 0.0% | N | Referral Required |
| 20838 | REPLANTATION, FOOT, COMP AMPUTATION | 07/01/2005 | $2,451.28 | 0.0% | 0.0% | N | Referral Required |
| 20900 | BONE GRAFT | 07/01/2005 | $412.21 | 0.0% | 0.0% | N | Referral Required |
| 20902 | BONE GRAFT | 07/01/2005 | $585.55 | 0.0% | 0.0% | N | Referral Required |
| 2091 | TYMPANOSYMPATHECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 20910 | GRAFT, CARTILAGE | 07/01/2005 | $501.56 | 0.0% | 0.0% | N | Referral Required |
| 20912 | CARTILAGE GRAFT, NASAL SEPTU | 07/01/2005 | $492.27 | 0.0% | 0.0% | N | Referral Required |
| 2092 | MASTOIDECTOMY REVISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 20920 | GRAFT, FASCIA LATA | 07/01/2005 | $380.71 | 0.0% | 0.0% | N | Referral Required |
| 20922 | GRAFT, FASCIA LATA | 07/01/2005 | $534.85 | 0.0% | 0.0% | N | Referral Required |
| 20924 | TENDON GRAFT | 07/01/2005 | $480.52 | 0.0% | 0.0% | N | Referral Required |
| 20926 | TISSUE GRAFTS, OTHER | 07/01/2005 | $428.49 | 0.0% | 0.0% | N | Referral Required |
| 2093 | REPAIR OVAL/ROUND WINDOW | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 20930 | ALLOGRAFT FOR SPINE SURGERY | 07/01/2005 | $159.22 | 0.0% | 0.0% | N | Referral Required |
| 20931 | ALLOGRAFT FOR SPINE SURGERY | 07/01/2005 | $103.81 | 0.0% | 0.0% | N | Referral Required |
| 20936 | AUTOGRAFT FOR SPINE SURGERY | 01/01/1996 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 20937 | AUTOGRAFT SPINE SURGERY ONLY | 07/01/2005 | $159.22 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 20938 | AUTOGRAFT SPINE SURGERY;STRU | 07/01/2005 | $172.49 | 0.0% | 0.0% | N | Referral Required |
| 2094 | TYMPANIC INJECTION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2095 | ELECMAG HEAR DEV IMPLANT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 20950 | MONITOR INTERSTITIAL FLUID P | 07/01/2005 | $119.30 | 0.0% | 0.0% | N | Referral Required |
| 20955 | FIBULA GRAFT WITH MICROVASCU | 07/01/2005 | $2,499.37 | 0.0% | 0.0% | N | Referral Required |
| 20956 | BONE GRAFT W/MICROVASCULAR A | 07/01/2005 | $2,450.72 | 0.0% | 0.0% | N | Referral Required |
| 20957 | BONE GRAFT W/MICROVASCULAR A | 07/01/2005 | $2,286.19 | 0.0% | 0.0% | N | Referral Required |
| 2096 | COCHLEAR PROSTHESIS NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 20962 | BONE GRAFT W/MICROVASCULAR O | 07/01/2005 | $2,451.80 | 0.0% | 0.0% | N | Referral Required |
| 20969 | FREE OSTEOCUTANEOUS FLAP W/M | 07/01/2005 | $2,760.76 | 0.0% | 0.0% | N | Referral Required |
| 2097 | COCHL PRSTHESIS SGL CHAN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 20970 | FREE OSTEOCUTANEOUS FLAP W/M | 07/01/2005 | $2,628.76 | 0.0% | 0.0% | N | Referral Required |
| 20972 | FREE OSTEOCUTANEOUS FLAP W/M | 07/01/2005 | $2,261.62 | 0.0% | 0.0% | N | Referral Required |
| 20973 | FREE OSTEOCUTANEOUS FLAP, GR | 07/01/2005 | $2,740.61 | 0.0% | 0.0% | N | Referral Required |
| 20974 | ELECTRICAL STIMULATION TO AI | 07/01/2005 | $39.50 | 0.0% | 0.0% | N | Referral Required |
| 20975 | ELECTRIC STIMULATION TO AID | 07/01/2005 | $148.25 | 0.0% | 0.0% | N | Referral Required |
| 20979 | LOW INTENSITY ULTRASOUND | 07/01/2005 | $42.20 | 0.0% | 0.0% | N | Referral Required |
| 2098 | COCHL PRSTHESIS MLT CHAN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 20982 | ABLATION, BONE TUMOR(S) | 07/01/2005 | $47.51 | 0.0% | 0.0% | N | Referral Required |
| 2099 | MID-INNER EAR OPS NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 20999 | REPAIR, MUSCLE WOUND | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2100 | CONTROL OF EPISTAXIS NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2101 | ANT NASAL PACK FOR EPIST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 21010 | ARTHROTOMY,TEMPOROMANDIBULAR | 07/01/2005 | $613.92 | 0.0% | 0.0% | N | Referral Required |
| 21015 | RADICAL RESECTION TUMOR FACE | 07/01/2005 | $443.67 | 0.0% | 0.0% | N | Referral Required |
| 2102 | POST NASAL PAC FOR EPIST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 21025 | EXCISION OF BONE, MANDIBLE | 07/01/2005 | $620.98 | 0.0% | 0.0% | N | Referral Required |
| 21026 | EXCISION OF FACIAL BONES | 07/01/2005 | $354.62 | 0.0% | 0.0% | N | Referral Required |
| 21029 | REMOVAL BY CONTOURING BENIGN | 07/01/2005 | $528.24 | 0.0% | 0.0% | N | Referral Required |
| 2103 | CAUTERY TO STOP EPISTAX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 21030 | EXCISION, TUMOR, FACIAL BONE | 07/01/2005 | $424.18 | 0.0% | 0.0% | N | Referral Required |
| 21031 | EXCISION TORUS MANDIBULARIS | 07/01/2005 | $233.71 | 0.0% | 0.0% | N | Referral Required |
| 21032 | EXCISION TORUS PALATINUS | 07/01/2005 | $233.19 | 0.0% | 0.0% | N | Referral Required |
| 21034 | EXCISION MALIGNANT TUMOR OF | 07/01/2005 | $956.92 | 0.0% | 0.0% | N | Referral Required |
| 2104 | ETHMOID ART LIGAT-EPIST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 21040 | EXCISION, TUMOR, MANDIBLE | 07/01/2005 | $179.48 | 0.0% | 0.0% | N | Referral Required |
| 21044 | EXCISION OF MALIGNANT TUMOR | 07/01/2005 | $717.93 | 0.0% | 0.0% | N | Referral Required |
| 21045 | EXCISION OF MALIGNANT TUMOR | 07/01/2005 | $955.08 | 0.0% | 0.0% | N | Referral Required |
| 21046 | EXCISION OF BEGNIGN TUMOR OR CYST | 07/01/2005 | $793.69 | 0.0% | 0.0% | N | Referral Required |
| 21047 | EXCISION OF BENIGN TUMOR OR CYST | 07/01/2005 | $983.26 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 21048 | EXCISION OF BENIGN TUMOR OR CYST | 07/01/2005 | $817.49 | 0.0% | 0.0% | N | Referral Required |
| 21049 | EXCISION OF BENIGN TUMOR OR CYST | 07/01/2005 | $938.14 | 0.0% | 0.0% | N | Referral Required |
| 2105 | MAX ART LIG FOR EPISTAX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 21050 | ARTHRECTOMY, TEMP-MANDBLR JN | 07/01/2005 | $797.02 | 0.0% | 0.0% | N | Referral Required |
| 2106 | EXT CAROT ART LIG-EPIST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 21060 | MENISCECTOMY | 07/01/2005 | $739.31 | 0.0% | 0.0% | N | Referral Required |
| 2107 | NASAL SEPT GRFT-EPISTAX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 21070 | CORONOIDECTOMY | 07/01/2005 | $517.48 | 0.0% | 0.0% | N | Referral Required |
| 21076 | IMPRESSION/CUSTOM PREP; SURG | 07/01/2005 | $834.02 | 0.0% | 0.0% | N | Referral Required |
| 21079 | IMPRESSION/CUSTOM PREP INTER | 07/01/2005 | $1,412.79 | 0.0% | 0.0% | N | Referral Required |
| 21080 | DEFINITIVE OBTURATOR PROTHES | 07/01/2005 | $1,601.61 | 0.0% | 0.0% | N | Referral Required |
| 21081 | MANDIBULAR RESECTION PROSTHESIS | 07/01/2005 | $1,266.29 | 0.0% | 0.0% | Y | Referral Required |
| 21082 | PALATAL AUGMENTATION PROSTHESIS | 07/01/2005 | $1,133.78 | 0.0% | 0.0% | Y | Referral Required |
| 21083 | PALATAL LIFT PROSTHESIS | 07/01/2005 | $1,231.41 | 0.0% | 0.0% | N | Referral Required |
| 21084 | SPEECH AID PROSTHESIS | 07/01/2005 | $1,240.69 | 0.0% | 0.0% | Y | Referral Required |
| 21085 | IMPRESSION & CUSTOM PREPARAT | 07/01/2005 | $554.48 | 0.0% | 0.0% | N | Referral Required |
| 21086 | AURICULAR PROSTHESIS | 07/01/2005 | $1,376.04 | 0.0% | 0.0% | Y | Referral Required |
| 21087 | NASAL PROSTHESIS (DESIGNED P | 07/01/2005 | $1,543.10 | 0.0% | 0.0% | N | Referral Required |
| 21088 | FACIAL PROSTHESIS (DESIGNED | 07/01/1996 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 21089 | UNLISTED MAXILLOFACIAL PROSTHETIC | 01/01/1997 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2109 | EPISTAXIS CONTROL NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 211 | INCISION OF NOSE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 21100 | APPLICATION, HALO | 07/01/2005 | $342.05 | 0.0% | 0.0% | N | Referral Required |
| 21110 | APPL, INTERDENTAL FIX APPLNC | 07/01/2005 | $366.00 | 0.0% | 0.0% | N | Referral Required |
| 21116 | INJECTION PROCEDURE FOR TEMP | 07/01/2005 | $290.24 | 0.0% | 0.0% | N | Referral Required |
| 21120 | GENIOPLASTY; AUGMENTATION AU | 07/01/2005 | $445.59 | 0.0% | 0.0% | N | Referral Required |
| 21121 | SLIDING OSTEOTOMY, SINGLE PI | 07/01/2005 | $538.87 | 0.0% | 0.0% | N | Referral Required |
| 21122 | SLIDING OSTEOTOMIES TWO OR M | 07/01/2005 | $580.00 | 0.0% | 0.0% | N | Referral Required |
| 21123 | GENIOPLASTY, AUGMENTATION SL | 07/01/2005 | $676.68 | 0.0% | 0.0% | N | Referral Required |
| 21125 | AUGMENTATION MANDIBULAR BODY | 07/01/2005 | $711.13 | 0.0% | 0.0% | N | Referral Required |
| 21127 | AUGMENTATION,MANDIBULAR BODY | 07/01/2005 | $766.18 | 0.0% | 0.0% | N | Referral Required |
| 21138 | REDUCTION FOREHEAD CONTOURIN | 07/01/2005 | $757.16 | 0.0% | 0.0% | Y | Referral Required |
| 21141 | RECONSTRUCT MIDFACE,LEFORT 1 | 07/01/2005 | $1,034.50 | 0.0% | 0.0% | N | Referral Required |
| 21142 | RECONSTRUCT MIDFACE,LEFORT 1 | 07/01/2005 | $1,153.97 | 0.0% | 0.0% | N | Referral Required |
| 21143 | RECONSTRUCT MIDFACE LEFORT 1 | 07/01/2005 | $1,091.32 | 0.0% | 0.0% | N | Referral Required |
| 21145 | RECONSTRUCT MIDFACE SINGLE P | 07/01/2005 | $1,142.28 | 0.0% | 0.0% | N | Referral Required |
| 21146 | RECONSTRUCT MIDFACE 2 PIECES | 07/01/2005 | $1,168.09 | 0.0% | 0.0% | N | Referral Required |
| 21147 | RECONSTRUCT MIDFACE 3 OR MOR | 07/01/2005 | $1,210.05 | 0.0% | 0.0% | N | Referral Required |
| 21150 | RECONSTRUCT MIDFACE LEFORT I | 07/01/2005 | $1,496.27 | 0.0% | 0.0% | N | Referral Required |
| 21151 | RECONSTRUCT MIDFACE LEFORT I | 07/01/2005 | $1,759.96 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 21154 | RECONSTRUCT MIDFACE LEFORT I | 07/01/2005 | $1,882.89 | 0.0% | 0.0% | N | Referral Required |
| 21155 | RECONSTRUCT MIDFACE, LEFORT | 07/01/2005 | $2,107.48 | 0.0% | 0.0% | N | Referral Required |
| 21159 | RECONSTRUCT MIDFACE LEFORT I | 07/01/2005 | $2,367.39 | 0.0% | 0.0% | Y | Referral Required |
| 21160 | RECONSTRUCT MIDFACE LEFORT I | 07/01/2005 | $2,755.94 | 0.0% | 0.0% | N | Referral Required |
| 21172 | RECONSTRUCT SUPERIOR-LATERAL | 07/01/2005 | $1,576.90 | 0.0% | 0.0% | N | Referral Required |
| 21175 | RECONSTRUCT,BIFRONTAL,SUP-LA | 07/01/2005 | $1,942.88 | 0.0% | 0.0% | N | Referral Required |
| 21179 | RECONSTRUCT ENTIRE OR MAJORI | 07/01/2005 | $1,472.03 | 0.0% | 0.0% | N | Referral Required |
| 21180 | RECONSTRUCT FOREHEAD/SUPRAOR | 07/01/2005 | $1,551.52 | 0.0% | 0.0% | N | Referral Required |
| 21181 | REMOVAL CONTOURING BENIGN TU | 07/01/2005 | $653.57 | 0.0% | 0.0% | N | Referral Required |
| 21182 | RECONSTRUCT ORBITAL WALLS RI | 07/01/2005 | $1,930.63 | 0.0% | 0.0% | N | Referral Required |
| 21183 | RECONST. ORBITAL WALLS RIMS | 07/01/2005 | $2,078.66 | 0.0% | 0.0% | N | Referral Required |
| 21184 | RECONSTRUCT ORBIT WALL TOTAL | 07/01/2005 | $2,097.67 | 0.0% | 0.0% | N | Referral Required |
| 21188 | RECONST. MIDFACE OSTEOTOMIES | 07/01/2005 | $1,366.16 | 0.0% | 0.0% | N | Referral Required |
| 21193 | RECONSTRUCTION OF MANDIBULAR | 07/01/2005 | $1,001.10 | 0.0% | 0.0% | N | Referral Required |
| 21194 | RECONSTRUCTION AND BONE GRAF | 07/01/2005 | $1,150.41 | 0.0% | 0.0% | N | Referral Required |
| 21195 | RECONSTRUCT OF MANDIBULARRAM | 07/01/2005 | $1,050.69 | 0.0% | 0.0% | N | Referral Required |
| 21196 | RECONSTRUCT MANDIBULAR RAMUS | 07/01/2005 | $1,134.11 | 0.0% | 0.0% | N | Referral Required |
| 21198 | OSTEOTOMY, MANDIBLE, SEGMENT | 07/01/2005 | $935.10 | 0.0% | 0.0% | N | Referral Required |
| 21199 | OSTEOTOMY,MANDIBLE,SEGMENTAL | 07/01/2005 | $957.34 | 0.0% | 0.0% | N | Referral Required |
| 21206 | OSTEOPLASY, MAXILLA, SEGMENT | 07/01/2005 | $836.12 | 0.0% | 0.0% | N | Referral Required |
| 21208 | OSTEOPLASTY FACIAL BONES AUG | 07/01/2005 | $680.69 | 0.0% | 0.0% | N | Referral Required |
| 21209 | OSTEOPLASTY, FACIAL BONES AU | 07/01/2005 | $518.73 | 0.0% | 0.0% | N | Referral Required |
| 2121 | RHINOSCOPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 21210 | GRAFT, FACIAL BONE | 07/01/2005 | $675.65 | 0.0% | 0.0% | N | Referral Required |
| 21215 | BONE GRAFT, MANDIBLE | 07/01/2005 | $702.34 | 0.0% | 0.0% | N | Referral Required |
| 2122 | NASAL BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 21230 | GRAFT, CARTILAGE | 07/01/2005 | $763.59 | 0.0% | 0.0% | N | Referral Required |
| 21235 | GRAFT, CARTILAGE | 07/01/2005 | $644.35 | 0.0% | 0.0% | N | Referral Required |
| 21240 | ARTHROPLASTY, TEMP-MANDBL JN | 07/01/2005 | $916.18 | 0.0% | 0.0% | N | Referral Required |
| 21242 | TEMP MAND JOINT ARTHROPLASTY | 07/01/2005 | $850.22 | 0.0% | 0.0% | N | Referral Required |
| 21243 | ARTHROPLASTY TMJ W/PROSTHETI | 07/01/2005 | $1,243.68 | 0.0% | 0.0% | N | Referral Required |
| 21244 | RECONSTRUCT MANDIBLE EXTRAOR | 07/01/2005 | $760.02 | 0.0% | 0.0% | N | Referral Required |
| 21245 | RECONSTRUCTION OF MANDIBLE O | 07/01/2005 | $1,263.56 | 0.0% | 0.0% | N | Referral Required |
| 21246 | RECONSTRUCT MANDIBLE/MAXILLA | 07/01/2005 | $807.95 | 0.0% | 0.0% | N | Referral Required |
| 21247 | RECONSTRUCT MANDIBULAR CONDY | 07/01/2005 | $1,521.28 | 0.0% | 0.0% | N | Referral Required |
| 21248 | RECONSTRUCT MAXILLA/MANDIBLE | 07/01/2005 | $726.02 | 0.0% | 0.0% | N | Referral Required |
| 21249 | RECONSTRUCT MANDIBLE/MAXILLA | 07/01/2005 | $1,033.93 | 0.0% | 0.0% | N | Referral Required |
| 21255 | RECONSTRUCT ZYGOMATIC ARCH & | 07/01/2005 | $1,057.09 | 0.0% | 0.0% | N | Referral Required |
| 21256 | RECONSTRUCT ORBIT W/OSTEOTOM | 07/01/2005 | $1,059.79 | 0.0% | 0.0% | N | Referral Required |
| 21260 | PERIORBITAL OSTEOTOMY FOR OR | 07/01/2005 | $1,064.67 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 21261 | PERIORBITAL OSTEOTOMIES W/BO | 07/01/2005 | $1,835.57 | 0.0% | 0.0% | N | Referral Required |
| 21263 | PERIORBITAL OSTEOTOMIES W/FO | 07/01/2005 | $1,560.93 | 0.0% | 0.0% | N | Referral Required |
| 21267 | ORBITAL REPOSITION, PERIORBI | 07/01/2005 | $1,192.12 | 0.0% | 0.0% | N | Referral Required |
| 21268 | ORBITAL REPOSITIONING, PERIO | 07/01/2005 | $1,395.65 | 0.0% | 0.0% | N | Referral Required |
| 21270 | MALAR AUGMENTATION PROSTHETI | 07/01/2005 | $724.69 | 0.0% | 0.0% | N | Referral Required |
| 21275 | SECONDARY REVISION FOR ORBIT | 07/01/2005 | $787.42 | 0.0% | 0.0% | N | Referral Required |
| 21280 | MEDIAL CANTHOPEXY | 07/01/2005 | $429.00 | 0.0% | 0.0% | N | Referral Required |
| 21282 | LATERAL CANTHOPEXY | 07/01/2005 | $307.11 | 0.0% | 0.0% | N | Referral Required |
| 2129 | NASAL DX PROC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 21295 | REDUCTION OF MASSETER MUSCLE & BON | 07/01/2005 | $200.77 | 0.0% | 0.0% | N | Referral Required |
| 21296 | REDUCTION OF MASSETER MUSCLE & BON | 07/01/2005 | $293.54 | 0.0% | 0.0% | N | Referral Required |
| 21299 | UNLISTED CRANIOFACIAL AND MA | 01/01/2003 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 2130 | NASAL LESION EXCIS NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 21300 | CLOSED SKULL FX WO/OPERATION | 07/01/2005 | $119.04 | 0.0% | 0.0% | N | Referral Required |
| 2131 | INTRANAS LES DESTRUCTION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 21310 | TREAT CLOSED/OPEN NASAL FX W | 07/01/2005 | $110.94 | 0.0% | 0.0% | N | Referral Required |
| 21315 | FRACTURE, NASAL | 07/01/2005 | $171.78 | 0.0% | 0.0% | N | Referral Required |
| 2132 | NASAL LES DESTRUCT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 21320 | FRACTURE, NASAL | 07/01/2005 | $233.11 | 0.0% | 0.0% | N | Referral Required |
| 21325 | FRACTURE, NASAL | 07/01/2005 | $264.56 | 0.0% | 0.0% | N | Referral Required |
| 21330 | FRACTURE, NASAL | 07/01/2005 | $389.70 | 0.0% | 0.0% | N | Referral Required |
| 21335 | FRACTURE, NASAL | 07/01/2005 | $564.04 | 0.0% | 0.0% | N | Referral Required |
| 21336 | OPEN TX NASAL SEPTAL FX W/WO | 07/01/2005 | $403.69 | 0.0% | 0.0% | N | Referral Required |
| 21337 | TREATMENT OF CLOSED NASAL SE | 07/01/2005 | $274.25 | 0.0% | 0.0% | N | Referral Required |
| 21338 | OPEN TREATMENT NASOETHMOID F | 07/01/2005 | $432.13 | 0.0% | 0.0% | N | Referral Required |
| 21339 | TREATMENT OF NASOETHMOID FRA | 07/01/2005 | $535.34 | 0.0% | 0.0% | N | Referral Required |
| 21340 | TREAT CLOSED/OPEN NASOETHMOI | 07/01/2005 | $693.20 | 0.0% | 0.0% | N | Referral Required |
| 21343 | OPEN TREAT DEPRESSED FRONTAL | 07/01/2005 | $798.65 | 0.0% | 0.0% | N | Referral Required |
| 21344 | OPEN TREAT COMPLICATED FRONT | 07/01/2005 | $1,197.80 | 0.0% | 0.0% | N | Referral Required |
| 21345 | FRACTURE, NASO-MAXILLARY | 07/01/2005 | $646.80 | 0.0% | 0.0% | N | Referral Required |
| 21346 | FRACTURE, NASO-MAXILLARY | 07/01/2005 | $731.68 | 0.0% | 0.0% | N | Referral Required |
| 21347 | FRACTURE, NASO-MAXILLARY | 07/01/2005 | $797.38 | 0.0% | 0.0% | N | Referral Required |
| 21348 | OPEN TREATMENT NASOMAXILLARY | 07/01/2005 | $1,010.41 | 0.0% | 0.0% | N | Referral Required |
| 21355 | FRACTURE, MALAR AREA | 07/01/2005 | $269.48 | 0.0% | 0.0% | N | Referral Required |
| 21356 | OPEN TREAT DEPRESSED ZYGOMAT | 07/01/2005 | $265.30 | 0.0% | 0.0% | N | Referral Required |
| 21360 | FRACTURE, MALAR AREA | 07/01/2005 | $431.62 | 0.0% | 0.0% | N | Referral Required |
| 21365 | FRACTURE, MALAR AREA | 07/01/2005 | $949.04 | 0.0% | 0.0% | N | Referral Required |
| 21366 | OPEN TREAT COMPLICATED FX MA | 07/01/2005 | $1,137.06 | 0.0% | 0.0% | N | Referral Required |
| 21385 | ORBITAL FLOOR FRACTURE | 07/01/2005 | $606.93 | 0.0% | 0.0% | N | Referral Required |
| 21386 | OPEN TREAT ORBITAL FLOOR FX | 07/01/2005 | $622.04 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 21387 | OPEN TREAT ORBITAL FLOOR FX | 07/01/2005 | $645.80 | 0.0% | 0.0% | N | Referral Required |
| 21390 | ORBITAL FLOOR FRACTURE | 07/01/2005 | $665.73 | 0.0% | 0.0% | N | Referral Required |
| 21395 | ORBITAL FLOOR FRACTURE | 07/01/2005 | $781.57 | 0.0% | 0.0% | N | Referral Required |
| 214 | RESECTION OF NOSE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 21400 | FRACTURE, ORBIT | 07/01/2005 | $161.23 | 0.0% | 0.0% | N | Referral Required |
| 21401 | FRACTURE, ORBIT | 07/01/2005 | $266.92 | 0.0% | 0.0% | N | Referral Required |
| 21406 | FRACTURE, ORBIT | 07/01/2005 | $500.91 | 0.0% | 0.0% | N | Referral Required |
| 21407 | FRACTURE, ORBIT | 07/01/2005 | $586.05 | 0.0% | 0.0% | N | Referral Required |
| 21408 | OPEN TREAT FX ORBIT W/BONE G | 07/01/2005 | $808.24 | 0.0% | 0.0% | N | Referral Required |
| 21421 | FRACTURE, PALATAL RIDGE | 07/01/2005 | $431.46 | 0.0% | 0.0% | N | Referral Required |
| 21422 | OPEN TREAT PATATAL OR MAXILL | 07/01/2005 | $574.01 | 0.0% | 0.0% | N | Referral Required |
| 21423 | OPEN TREAT PALATAL MAXILLARY | 07/01/2005 | $676.80 | 0.0% | 0.0% | N | Referral Required |
| 21431 | CRANIO-FACIAL SEPARATION | 07/01/2005 | $543.11 | 0.0% | 0.0% | N | Referral Required |
| 21432 | OPEN TREAT CRANIOFACIAL SEPA | 07/01/2005 | $586.13 | 0.0% | 0.0% | N | Referral Required |
| 21433 | OPEN TREAT CRANIOFACIAL SEPA | 07/01/2005 | $1,528.72 | 0.0% | 0.0% | N | Referral Required |
| 21435 | COMPLICATED UTILIZING INTERN | 07/01/2005 | $1,079.77 | 0.0% | 0.0% | N | Referral Required |
| 21436 | COMPLICATED MULTIPLE SURGICA | 07/01/2005 | $1,580.96 | 0.0% | 0.0% | N | Referral Required |
| 21440 | MANIPULATIVE TREATMENT OF AL | 07/01/2005 | $280.85 | 0.0% | 0.0% | N | Referral Required |
| 21445 | OPEN TREAT MANDIBULAR-MAXILL | 07/01/2005 | $439.54 | 0.0% | 0.0% | N | Referral Required |
| 21450 | CLOSED TREAT MANDIBULAR FX W | 07/01/2005 | $324.10 | 0.0% | 0.0% | N | Referral Required |
| 21451 | CLOSED TREAT MANDIBULAR FX W | 07/01/2005 | $395.76 | 0.0% | 0.0% | N | Referral Required |
| 21452 | PERCUTANEOUS TREAT MANDIBULA | 07/01/2005 | $517.59 | 0.0% | 0.0% | N | Referral Required |
| 21453 | TREATMENT OF OP MANDIBULAR F | 07/01/2005 | $450.13 | 0.0% | 0.0% | N | Referral Required |
| 21454 | OPEN TRTMNT CLCS/OPN MANDIBU | 07/01/2005 | $431.52 | 0.0% | 0.0% | N | Referral Required |
| 21461 | FRACTURE, MANDIBULAR | 07/01/2005 | $582.00 | 0.0% | 0.0% | N | Referral Required |
| 21462 | FRACTURE, MANDIBULAR | 07/01/2005 | $699.27 | 0.0% | 0.0% | N | Referral Required |
| 21465 | OPEN TREAT MANDIBULAR CONDYL | 07/01/2005 | $722.15 | 0.0% | 0.0% | N | Referral Required |
| 21470 | OPEN TREAT COMPLICATED MANDI | 07/01/2005 | $917.63 | 0.0% | 0.0% | N | Referral Required |
| 21480 | DISLOCATN, TEMPORO-MANDIBULA | 07/01/2005 | $76.36 | 0.0% | 0.0% | N | Referral Required |
| 21485 | CLOSED TREAT TEMPOROMANDIBUL | 07/01/2005 | $275.44 | 0.0% | 0.0% | N | Referral Required |
| 21490 | OPEN TREAT TEMPORMANDIBULAR | 07/01/2005 | $704.99 | 0.0% | 0.0% | N | Referral Required |
| 21493 | CLOSED TREAT HYOID FX WO/MAN | 07/01/2005 | $169.05 | 0.0% | 0.0% | N | Referral Required |
| 21494 | CLOSED TREAT HYOID FX W/MANI | 07/01/2005 | $373.14 | 0.0% | 0.0% | N | Referral Required |
| 21495 | OPEN TREAT HYOID FX | 07/01/2005 | $386.68 | 0.0% | 0.0% | N | Referral Required |
| 21497 | INTERDENATAL WIRING FOR COND | 07/01/2005 | $299.17 | 0.0% | 0.0% | N | Referral Required |
| 21499 | UNLISTED MUSCULOSKELETAL PROCEDUR | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 215 | SUBMUC NASAL SEPT RESECT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 21501 | INCISN & DRNGE, ABSCESS, NEC | 07/01/2005 | $292.35 | 0.0% | 0.0% | N | Referral Required |
| 21502 | INCISN & DRNGE, ABSCESS, NEC | 07/01/2005 | $503.64 | 0.0% | 0.0% | N | Referral Required |
| 21510 | INCISION DEEP W/OPENING OF B | 07/01/2005 | $465.63 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 21550 | EXCISIONAL BIOPSY, SOFT TISS | 07/01/2005 | $153.13 | 0.0% | 0.0% | N | Referral Required |
| 21555 | EXCISION TUMOR SOFT TISSUE O | 07/01/2005 | $304.46 | 0.0% | 0.0% | N | Referral Required |
| 21556 | EXCISN, TUMR, SUBFASCIAL, NE | 07/01/2005 | $318.52 | 0.0% | 0.0% | N | Referral Required |
| 21557 | RADICAL RESECTION OF TUMOR S | 07/01/2005 | $595.16 | 0.0% | 0.0% | N | Referral Required |
| 21600 | EXCISION, RIB | 07/01/2005 | $520.50 | 0.0% | 0.0% | N | Referral Required |
| 2161 | DIATHER/CRYO TURBINECTOM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 21610 | COSTOTRANSVERSECTOMY | 07/01/2005 | $931.86 | 0.0% | 0.0% | N | Referral Required |
| 21615 | BIOPSY, RIB | 07/01/2005 | $638.28 | 0.0% | 0.0% | N | Referral Required |
| 21616 | EXCISION FIRST AND/OR CERVIC | 07/01/2005 | $752.74 | 0.0% | 0.0% | N | Referral Required |
| 2162 | TURBINATE FRACTURE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 21620 | OSTECTOMY OF STERNUM PARTIAL | 07/01/2005 | $527.05 | 0.0% | 0.0% | N | Referral Required |
| 21627 | EXCISION, STERNAL DEBRIDEMENT | 07/01/2005 | $661.76 | 0.0% | 0.0% | N | Referral Required |
| 21630 | RADICAL RESECTION OF STERNUM | 07/01/2005 | $1,124.84 | 0.0% | 0.0% | N | Referral Required |
| 21632 | EXCISION WITH MEDIASTINAL LY | 07/01/2005 | $1,100.62 | 0.0% | 0.0% | N | Referral Required |
| 21685 | HYOID MYOTOMY AND SUSPENSION | 07/01/2005 | $417.94 | 0.0% | 0.0% | N | Referral Required |
| 2169 | TURBINECTOMY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 21700 | DIVISION, SCALENUS ANTICUS | 07/01/2005 | $513.41 | 0.0% | 0.0% | N | Referral Required |
| 21705 | DIVISION, SCALENUS ANTICUS | 07/01/2005 | $622.37 | 0.0% | 0.0% | N | Referral Required |
| 2171 | CLOS REDUCTION NASAL FX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2172 | OPEN REDUCTION NASAL FX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 21720 | DIVISION, STERNOCLEIDOMASTOI | 07/01/2005 | $506.82 | 0.0% | 0.0% | N | Referral Required |
| 21725 | DIVISION, STERNOCLEIDOMASTOI | 07/01/2005 | $508.61 | 0.0% | 0.0% | N | Referral Required |
| 21740 | PECTUS EXCAVATUM OR CARINATU | 07/01/2005 | $1,055.70 | 0.0% | 0.0% | N | Referral Required |
| 21742 | RECONSTRUCTIVE REPAIR OF PECTUS | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 21743 | RECONSTRUCTIVE REPAIR OF PECTUS | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 21750 | CLOSE STERNOTOMY SEPARATION | 07/01/2005 | $723.31 | 0.0% | 0.0% | N | Referral Required |
| 21800 | FRACTURE, RIB | 07/01/2005 | $112.48 | 0.0% | 0.0% | N | Referral Required |
| 21805 | RIB FX OPEN OR COMPLICATED | 07/01/2005 | $239.05 | 0.0% | 0.0% | N | Referral Required |
| 2181 | NASAL LACERATION SUTURE | 03/01/1994 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 21810 | RIB FX OPEN/CLOSED REQUIRING | 07/01/2005 | $505.28 | 0.0% | 0.0% | N | Referral Required |
| 2182 | NASAL FISTULA CLOSURE | 03/01/1994 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 21820 | STERNUM FX CLOSED | 07/01/2005 | $141.29 | 0.0% | 0.0% | N | Referral Required |
| 21825 | STERNUM FX OPEX | 07/01/2005 | $609.10 | 0.0% | 0.0% | N | Referral Required |
| 2183 | TOT NASAL RECONSTRUCTION | 09/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2184 | REVISION RHINOPLASTY | 09/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2185 | AUGMENTATION RHINOPLASTY | 03/01/1994 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2186 | LIMITED RHINOPLASTY | 09/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2187 | RHINOPLASTY NEC | 03/01/1994 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2188 | SEPTOPLASTY NEC | 09/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2189 | NASAL REPAIR NEC | 03/01/1994 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 21899 | UNLISTED PROC, NECK, THORAX | 04/01/2004 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 2191 | LYSIS OF NASAL ADHESIONS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 21920 | BIOPSY SOFT TISSUE BACK/FLAN | 07/01/2005 | $155.60 | 0.0% | 0.0% | N | Referral Required |
| 21925 | BIOPSY SOFT TISSUE BACK/FLAN | 07/01/2005 | $506.18 | 0.0% | 0.0% | N | Referral Required |
| 21930 | EXCISION TUMOR SOFT TISSUE B | 07/01/2005 | $339.24 | 0.0% | 0.0% | N | Referral Required |
| 21935 | RADICAL RESECTION OF TUMOR, | 07/01/2005 | $1,127.70 | 0.0% | 0.0% | N | Referral Required |
| 2199 | NASAL OPERATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2200 | SINUS ASPIRAT/LAVAGE NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2201 | SINUS PUNCT FOR LAVAGE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2202 | SINUS LAVAGE THRU OSTIUM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 22100 | RESECTION, VERTEBRAL COMPONE | 07/01/2005 | $654.96 | 0.0% | 0.0% | N | Referral Required |
| 22101 | RESECTION, VERTEBRAL COMPONE | 07/01/2005 | $679.54 | 0.0% | 0.0% | N | Referral Required |
| 22102 | RESECTION, VERTEBRAL COMPONE | 07/01/2005 | $683.23 | 0.0% | 0.0% | N | Referral Required |
| 22103 | EXCISE POST VERTERAL COMPONE | 07/01/2005 | $133.02 | 0.0% | 0.0% | N | Referral Required |
| 2211 | CLOSED NASAL SINUS BIOPS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 22110 | EXCISION, PRTL, VERTEBRAL BD | 07/01/2005 | $864.49 | 0.0% | 0.0% | N | Referral Required |
| 22112 | PARTIAL EXCISION VERTEBRAE T | 07/01/2005 | $858.91 | 0.0% | 0.0% | N | Referral Required |
| 22114 | PARTIAL EXCISION OF VERTEBRA LUMBAR | 07/01/2005 | $851.36 | 0.0% | 0.0% | N | Referral Required |
| 22116 | EXCISE VERTEBRAL BODY/BONY L | 07/01/2005 | $132.52 | 0.0% | 0.0% | N | Referral Required |
| 2212 | OPEN NASAL SINUS BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2219 | NASAL SINUS DX PROC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 222 | INTRANASAL ANTROTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 22210 | OSTEOTOMY SPINE POSTERIOR AP | 07/01/2005 | $1,510.93 | 0.0% | 0.0% | N | Referral Required |
| 22212 | OSTEOTOMY OF SPINE; THORACIC | 07/01/2005 | $1,232.51 | 0.0% | 0.0% | N | Referral Required |
| 22214 | OSTEOTOMY OF SPINE; LUMBAR | 07/01/2005 | $1,257.36 | 0.0% | 0.0% | N | Referral Required |
| 22216 | OSTEOTOMY SPINE,ONE SEGMENT; EA AD | 07/01/2005 | $344.85 | 0.0% | 0.0% | N | Referral Required |
| 22220 | OSTEOTOMY OF SPINE; CERVICAL | 07/01/2005 | $1,352.21 | 0.0% | 0.0% | N | Referral Required |
| 22222 | OSTEOTOMY OF SPINE; THORCIC | 07/01/2005 | $1,329.49 | 0.0% | 0.0% | N | Referral Required |
| 22224 | OSTEOTOMY OF SPINE; LUMBAR | 07/01/2005 | $1,352.19 | 0.0% | 0.0% | N | Referral Required |
| 22226 | OSTEOTOMY SPINE/DISKECTOMY,SINGLE;E | 07/01/2005 | $342.43 | 0.0% | 0.0% | N | Referral Required |
| 22305 | CLOSED TREAT VERTEBRAL PROCE | 07/01/2005 | $186.45 | 0.0% | 0.0% | N | Referral Required |
| 2231 | RADICAL MAXILLARY ANTROT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 22310 | CLOSED TREAT VERTEBRAL BODY | 07/01/2005 | $258.28 | 0.0% | 0.0% | N | Referral Required |
| 22315 | CLOSED TREATMENT OF VERTEBRA | 07/01/2005 | $651.28 | 0.0% | 0.0% | N | Referral Required |
| 22318 | OPEN TREATMENT, ODONTOID FRACTURE | 07/01/2005 | $1,348.77 | 0.0% | 0.0% | N | Referral Required |
| 22319 | OPEN TREATMENT, ODONTOID FRACTURE | 07/01/2005 | $1,527.27 | 0.0% | 0.0% | N | Referral Required |
| 22325 | FRACTURE, VERTEBRAL BODY | 07/01/2005 | $1,200.27 | 0.0% | 0.0% | N | Referral Required |
| 22326 | VERTEBRAL FRACTURE; CERVICAL | 07/01/2005 | $1,288.10 | 0.0% | 0.0% | N | Referral Required |
| 22327 | FRACTURE AND/OR DISLOCATION | 07/01/2005 | $1,251.43 | 0.0% | 0.0% | N | Referral Required |
| 22328 | TX/REDUCTION VERTEBRAL FRACTURE;EA | 07/01/2005 | $258.38 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 2239 | EXT MAXILLARY ANTROT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2241 | FRONTAL SINUSOTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2242 | FRONTAL SINUSECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2250 | SINUSOTOMY NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 22505 | SPINAL MANIPULATION | 07/01/2005 | $223.53 | 0.0% | 0.0% | N | Referral Required |
| 2251 | ETHMOIDOTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2252 | SPHENOIDOTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 22520 | PERCUTANEOUS VERTEBROPLASTY | 07/01/2005 | $476.02 | 0.0% | 0.0% | N | Referral Required |
| 22521 | PERCUTANEOUS VERTEBROPLASTY | 07/01/2005 | $446.79 | 0.0% | 0.0% | N | Referral Required |
| 22522 | PERCUTANEOUS VERTEBROPLASTY | 07/01/2005 | $218.98 | 0.0% | 0.0% | N | Referral Required |
| 2253 | MULTIPLE SINUS INCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 22532 | ARTHRODESIS, LATERAL EXTRACAVITARY | 07/01/2005 | $1,390.04 | 0.0% | 0.0% | Y | Referral Required |
| 22533 | ARTHRODESIS, LATERAL EXTRACAVITARY | 07/01/2005 | $1,304.84 | 0.0% | 0.0% | Y | Referral Required |
| 22534 | ARTHRODESIS, LATERAL EXTRACAVITARY | 07/01/2005 | $218.98 | 0.0% | 0.0% | Y | Referral Required |
| 22548 | ARTHRODESIS, CLIVUS-C1-C2 | 07/01/2005 | $1,618.64 | 0.0% | 0.0% | Y | Referral Required |
| 22554 | ARTHRODESIS | 07/01/2005 | $1,195.53 | 0.0% | 0.0% | Y | Referral Required |
| 22556 | ARTHRODESIS, ANTERIOR INTERB | 07/01/2005 | $1,469.12 | 0.0% | 0.0% | Y | Referral Required |
| 22558 | ARTHRODESIS ANTERIOR INTERBO | 07/01/2005 | $1,364.98 | 0.0% | 0.0% | Y | Referral Required |
| 22585 | ARTHRODESIS ANTERIOR OR ANTE | 07/01/2005 | $314.28 | 0.0% | 0.0% | Y | Referral Required |
| 22590 | ARTHRODESIS, POSTERIOR TECHN | 07/01/2005 | $1,322.61 | 0.0% | 0.0% | Y | Referral Required |
| 22595 | ARTHRODESIS POSTERIOR TECHNI | 07/01/2005 | $1,246.42 | 0.0% | 0.0% | Y | Referral Required |
| 2260 | SINUSECTOMY NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 22600 | ARTHRODESIS, CERVICAL | 07/01/2005 | $1,052.51 | 0.0% | 0.0% | Y | Referral Required |
| 2261 | C-LUC EXC MAX SINUS LES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 22610 | ARTHRODESIS LOCAL BONE ALLOG | 07/01/2005 | $1,054.46 | 0.0% | 0.0% | Y | Referral Required |
| 22612 | ARTHRODESIS | 07/01/2005 | $1,336.63 | 0.0% | 0.0% | Y | Referral Required |
| 22614 | ARTHRODESIS, SINGLE LEVEL; E | 07/01/2005 | $367.94 | 0.0% | 0.0% | Y | Referral Required |
| 2262 | EXC MAX SINUS LESION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2263 | ETHMOIDECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 22630 | ARTHRODESIS, POSTERIOR INTER | 07/01/2005 | $1,348.96 | 0.0% | 0.0% | Y | Referral Required |
| 22632 | ARTHRODESIS INTERBODY, SINGL | 07/01/2005 | $295.71 | 0.0% | 0.0% | Y | Referral Required |
| 2264 | SPHENOIDECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2271 | NASAL SINUS FISTULA CLOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2279 | NASAL SINUS REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 22800 | SCOLIOSIS CORRECTION | 07/01/2005 | $1,179.20 | 0.0% | 0.0% | Y | Referral Required |
| 22802 | SCOLIOSIS CORRECTION | 07/01/2005 | $1,915.71 | 0.0% | 0.0% | Y | Referral Required |
| 22804 | ARTHRODESIS,POST,SPINAL DEFO | 07/01/2005 | $2,210.56 | 0.0% | 0.0% | Y | Referral Required |
| 22808 | ARTHRODESIS,ANT,SPINAL DEFOR | 07/01/2005 | $1,629.55 | 0.0% | 0.0% | Y | Referral Required |
| 22810 | ARTHRODESIS ANTERIOR-SPINAL | 07/01/2005 | $1,820.79 | 0.0% | 0.0% | Y | Referral Required |
| 22812 | ARTHRODESIS POSTERIOR FOR SP | 07/01/2005 | $1,986.19 | 0.0% | 0.0% | Y | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 22818 | KYPHECTOMY,EXPOSURE OF SPINE,1-2 SE | 07/01/2005 | $1,954.61 | 0.0% | 0.0% | N | Referral Required |
| 22819 | KYPHECTOMY, EXPOSE SPINE, 3 OR MORE | 07/01/2005 | $2,140.52 | 0.0% | 0.0% | N | Referral Required |
| 22830 | EXPLORATION OF SPINAL FUSION | 07/01/2005 | $754.39 | 0.0% | 0.0% | Y | Referral Required |
| 22840 | POSTERIOR INSTRUMENTATION WO | 07/01/2005 | $714.80 | 0.0% | 0.0% | Y | Referral Required |
| 22841 | INTERNAL SPINAL FIX BY WIRIN | 09/01/1998 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 22842 | POSTERIOR INSTRUMENTATION; S | 07/01/2005 | $716.10 | 0.0% | 0.0% | Y | Referral Required |
| 22843 | POST SEGMENTAL INSTRUMENTATI | 07/01/2005 | $767.37 | 0.0% | 0.0% | Y | Referral Required |
| 22844 | POST SEGMENTAL INSTRUMENTATI | 07/01/2005 | $942.27 | 0.0% | 0.0% | Y | Referral Required |
| 22845 | ANTERIOR INSTRUMENTATION | 07/01/2005 | $682.29 | 0.0% | 0.0% | Y | Referral Required |
| 22846 | ANTERIOR INSTRUMENTATION; 4- | 07/01/2005 | $710.14 | 0.0% | 0.0% | Y | Referral Required |
| 22847 | ANTERIOR INSTRUMENTATION; 8 | 07/01/2005 | $774.21 | 0.0% | 0.0% | Y | Referral Required |
| 22848 | PELVIC FIXATION OTHER THAN S | 07/01/2005 | $343.85 | 0.0% | 0.0% | Y | Referral Required |
| 22849 | REINSERTION OF SPINAL FIXATI | 07/01/2005 | $1,188.90 | 0.0% | 0.0% | Y | Referral Required |
| 22850 | HARRINGTON ROD REMOVAL | 07/01/2005 | $664.14 | 0.0% | 0.0% | N | Referral Required |
| 22851 | APPLY PROSTHETIC DEVICE VERT | 07/01/2005 | $378.96 | 0.0% | 0.0% | Y | Referral Required |
| 22852 | REMOVAL OF POSTERIOR SEGMENT | 07/01/2005 | $634.18 | 0.0% | 0.0% | N | Referral Required |
| 22855 | REMOVAL OF ANTERIOR INSTRUME | 07/01/2005 | $980.69 | 0.0% | 0.0% | N | Referral Required |
| 22899 | UNLISTED PROCEDURE, SPINE | 04/01/2004 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 229 | OTHER NASAL SINUS OPS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 22900 | EXCISION, TUMOR, ABDOMINL WA | 07/01/2005 | $365.40 | 0.0% | 0.0% | N | Referral Required |
| 22999 | UNLISTED PROCEDURE, ABDOMEN | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 23000 | REMOVAL SUBDELTOID CALCAREOU | 07/01/2005 | $464.64 | 0.0% | 0.0% | N | Referral Required |
| 2301 | DECIDUOUS TOOTH EXTRACT | 01/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 23020 | CAPSULAR CONTRACTURE RELEASE | 07/01/2005 | $691.85 | 0.0% | 0.0% | N | Referral Required |
| 23030 | DRAINAGE, ABSCESS, SHOULDER | 07/01/2005 | $342.54 | 0.0% | 0.0% | N | Referral Required |
| 23031 | DRAINAGE, BURSA, INFECTED | 07/01/2005 | $296.22 | 0.0% | 0.0% | N | Referral Required |
| 23035 | INCISION, SHOULDER | 07/01/2005 | $864.49 | 0.0% | 0.0% | N | Referral Required |
| 23040 | ARTHROTOMY, GLENOHUMERAL | 07/01/2005 | $741.47 | 0.0% | 0.0% | N | Referral Required |
| 23044 | ARTHROTOMY, ACROMIOCAVICULAR | 07/01/2005 | $628.51 | 0.0% | 0.0% | N | Referral Required |
| 23065 | BIOPSY, SOFT TISSUE OF SHOUL | 07/01/2005 | $170.45 | 0.0% | 0.0% | N | Referral Required |
| 23066 | BIOPSY, SOFT TISSUE OF SHOUL | 07/01/2005 | $434.34 | 0.0% | 0.0% | N | Referral Required |
| 23075 | EXCISION TUMOR SHOULDER AREA | 07/01/2005 | $268.93 | 0.0% | 0.0% | N | Referral Required |
| 23076 | EXCISION, TUMOR, SHOULDER | 07/01/2005 | $566.73 | 0.0% | 0.0% | N | Referral Required |
| 23077 | RADICAL RESECTION OF TUMOR, | 07/01/2005 | $1,088.37 | 0.0% | 0.0% | N | Referral Required |
| 2309 | TOOTH EXTRACTION NEC | 01/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 23100 | ARTHROTOMY, GLENOHUMERAL | 07/01/2005 | $520.28 | 0.0% | 0.0% | N | Referral Required |
| 23101 | ARTHROTOMY FOR BX OR EXC TOR | 07/01/2005 | $500.04 | 0.0% | 0.0% | N | Referral Required |
| 23105 | SYNOVECTOMY, GLENOHUMERAL | 07/01/2005 | $653.25 | 0.0% | 0.0% | N | Referral Required |
| 23106 | ARTHROTOMY, ACROMIOCAVICULAR | 07/01/2005 | $535.77 | 0.0% | 0.0% | N | Referral Required |
| 23107 | ARTHROTOMY, GLENOHUMERAL JOI | 07/01/2005 | $676.01 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 2311 | RESIDUAL ROOT REMOVAL | 01/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 23120 | CLAVICULECTOMY | 07/01/2005 | $589.56 | 0.0% | 0.0% | N | Referral Required |
| 23125 | CLAVICULECTOMY | 07/01/2005 | $717.40 | 0.0% | 0.0% | N | Referral Required |
| 23130 | ACROMIOPLASTY-ACROMIONECTOMY | 07/01/2005 | $615.60 | 0.0% | 0.0% | N | Referral Required |
| 23140 | EXCISION, CYST, CLAVICLE | 07/01/2005 | $537.53 | 0.0% | 0.0% | N | Referral Required |
| 23145 | EXCISION, CYST, CLAVICLE | 07/01/2005 | $709.03 | 0.0% | 0.0% | N | Referral Required |
| 23146 | EXCISION, CYST, CLAVICLE | 07/01/2005 | $655.65 | 0.0% | 0.0% | N | Referral Required |
| 23150 | EXCISION, CYST, HUMERAL HEAD | 07/01/2005 | $661.11 | 0.0% | 0.0% | N | Referral Required |
| 23155 | EXCISION, CYST, HUMERAL HEAD | 07/01/2005 | $801.82 | 0.0% | 0.0% | N | Referral Required |
| 23156 | EXCISION, CYST, HUMERAL HEAD | 07/01/2005 | $679.30 | 0.0% | 0.0% | N | Referral Required |
| 23170 | SEQUESTRECTOMY, CLAVICLE | 07/01/2005 | $636.54 | 0.0% | 0.0% | N | Referral Required |
| 23172 | SEQUESTRECTOMY, SCAPULA | 07/01/2005 | $582.57 | 0.0% | 0.0% | N | Referral Required |
| 23174 | SEQUESTRECTOMY, HUMERAL HEAD | 07/01/2005 | $753.98 | 0.0% | 0.0% | N | Referral Required |
| 23180 | EXCISION, PARTIAL, CLAVICLE | 07/01/2005 | $862.42 | 0.0% | 0.0% | N | Referral Required |
| 23182 | EXCISION, PARTIAL, SCAPULA | 07/01/2005 | $847.55 | 0.0% | 0.0% | N | Referral Required |
| 23184 | EXCISN, PTL, PROXIMAL HUMERU | 07/01/2005 | $903.03 | 0.0% | 0.0% | N | Referral Required |
| 2319 | SURG TOOTH EXTRACT NEC | 01/01/1995 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 23190 | OSTECTOMY, SCAPULA | 07/01/2005 | $567.11 | 0.0% | 0.0% | N | Referral Required |
| 23195 | RESECTION, HUMERAL HEAD | 07/01/2005 | $709.80 | 0.0% | 0.0% | N | Referral Required |
| 232 | TOOTH RESTOR BY FILLING | 01/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 23200 | RESECTION, CLAVICLE | 07/01/2005 | $937.29 | 0.0% | 0.0% | N | Referral Required |
| 23210 | RESECTION, SCAPULA | 07/01/2005 | $940.26 | 0.0% | 0.0% | N | Referral Required |
| 23220 | RESECTION, PROXIMAL HUMERUS | 07/01/2005 | $1,075.71 | 0.0% | 0.0% | N | Referral Required |
| 23221 | RADICAL RESECTION FOR TUMOR, | 07/01/2005 | $1,243.96 | 0.0% | 0.0% | N | Referral Required |
| 23222 | RESECTION, PROXIMAL HUMERUS | 07/01/2005 | $1,605.48 | 0.0% | 0.0% | N | Referral Required |
| 233 | TOOTH RESTORAT BY INLAY | 01/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 23330 | REMOVAL OF FEREIGN BODY; SUB | 07/01/2005 | $272.96 | 0.0% | 0.0% | N | Referral Required |
| 23331 | REMOVAL, FGN BODY, SHOULDER | 07/01/2005 | $604.77 | 0.0% | 0.0% | N | Referral Required |
| 23332 | REMOVAL, IMPLANT, SHOULDER J | 07/01/2005 | $848.40 | 0.0% | 0.0% | N | Referral Required |
| 23350 | ARTHROGRAPHY, SHLDR, INJ PRO | 07/01/2005 | $275.29 | 0.0% | 0.0% | N | Referral Required |
| 23395 | TRANSFER, MUSCLE, SHOULDER | 07/01/2005 | $1,114.08 | 0.0% | 0.0% | N | Referral Required |
| 23397 | TRANSFER, MUSCLE, SHOULDER | 07/01/2005 | $1,079.65 | 0.0% | 0.0% | N | Referral Required |
| 23400 | SCAPULOPEXY | 07/01/2005 | $1,002.12 | 0.0% | 0.0% | N | Referral Required |
| 23405 | TENOMYOTOMY, SHOULDER | 07/01/2005 | $640.94 | 0.0% | 0.0% | N | Referral Required |
| 23406 | TENOMYOTOMY, SHOULDER | 07/01/2005 | $797.11 | 0.0% | 0.0% | N | Referral Required |
| 2341 | CROWN APPLICATION | 01/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 23410 | REPAIR, MUSCULOTENDINOUS CUF | 07/01/2005 | $894.32 | 0.0% | 0.0% | N | Referral Required |
| 23412 | REPAIR, MUSCULOTENDINOUS CUFF | 07/01/2005 | $944.38 | 0.0% | 0.0% | N | Referral Required |
| 23415 | CORACOACROMIAL LIGAMNT RELEA | 07/01/2005 | $722.02 | 0.0% | 0.0% | N | Referral Required |
| 2342 | FIXED BRIDGE INSERTION | 01/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 23420 | REPAIR, SHOULDER CUFF AVULSI | 07/01/2005 | $973.39 | 0.0% | 0.0% | N | Referral Required |
| 2343 | INSERT REMOVABLE BRIDGE | 01/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 23430 | TENODESIS, BICEPS | 07/01/2005 | $753.27 | 0.0% | 0.0% | N | Referral Required |
| 23440 | RESECTION, LONG TENDON, BICE | 07/01/2005 | $785.44 | 0.0% | 0.0% | N | Referral Required |
| 23450 | CAPSULORRHAPHY, SHOULDER JOI | 07/01/2005 | $946.63 | 0.0% | 0.0% | N | Referral Required |
| 23455 | CAPSULORRHAPHY, SHOULDER JOI | 07/01/2005 | $1,004.13 | 0.0% | 0.0% | N | Referral Required |
| 23460 | CAPSULORRHAPHY, SHOULDER JOI | 07/01/2005 | $1,062.57 | 0.0% | 0.0% | N | Referral Required |
| 23462 | CAPSULORRHAPHY, SHOULDER JOI | 07/01/2005 | $1,042.36 | 0.0% | 0.0% | N | Referral Required |
| 23465 | CAPSULORRHAPHY, SHOULDER JOI | 07/01/2005 | $1,077.98 | 0.0% | 0.0% | N | Referral Required |
| 23466 | CAPSULORRHAPHY ANY TYPE MULT | 07/01/2005 | $998.88 | 0.0% | 0.0% | N | Referral Required |
| 23470 | ARTHROPLASTY, HUMERAL IMPLAN | 07/01/2005 | $1,162.26 | 0.0% | 0.0% | N | Referral Required |
| 23472 | ARTHROPLASTY W/GLENOID AND P | 07/01/2005 | $1,377.76 | 0.0% | 0.0% | N | Referral Required |
| 23480 | OSTEOTOMY, CLAVICLE | 07/01/2005 | $825.50 | 0.0% | 0.0% | N | Referral Required |
| 23485 | OSTEOTOMY, CLAVICLE | 07/01/2005 | $949.97 | 0.0% | 0.0% | N | Referral Required |
| 2349 | DENTAL RESTORATION NEC | 01/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 23490 | PROPHYLACTIC TREATMENT; CLAV | 07/01/2005 | $901.02 | 0.0% | 0.0% | N | Referral Required |
| 23491 | PROPHYLACTIC TREATMENT;PROXI | 07/01/2005 | $995.55 | 0.0% | 0.0% | N | Referral Required |
| 235 | TOOTH IMPLANTATION | 01/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 23500 | FRACTURE CLAVICLE | 07/01/2005 | $207.45 | 0.0% | 0.0% | N | Referral Required |
| 23505 | FRACTURE, CLAVICLE | 07/01/2005 | $339.51 | 0.0% | 0.0% | N | Referral Required |
| 23515 | FRACTURE, CLAVICLE | 07/01/2005 | $557.83 | 0.0% | 0.0% | N | Referral Required |
| 23520 | DISLOCATION, STERNOCLAVICULA | 07/01/2005 | $211.66 | 0.0% | 0.0% | N | Referral Required |
| 23525 | DISLOCATION, STERNOCLAVICULA | 07/01/2005 | $374.11 | 0.0% | 0.0% | N | Referral Required |
| 23530 | DISLOCATION, STERNOCLAVICULA | 07/01/2005 | $540.98 | 0.0% | 0.0% | N | Referral Required |
| 23532 | DISLOCATION, STERNOCLAVICULA | 07/01/2005 | $595.48 | 0.0% | 0.0% | N | Referral Required |
| 23540 | DISLOCATION, ACROMIOCLAVICUL | 07/01/2005 | $235.26 | 0.0% | 0.0% | N | Referral Required |
| 23545 | TREATMENT CLOSED ACROMIOCLAV | 07/01/2005 | $288.95 | 0.0% | 0.0% | N | Referral Required |
| 23550 | DISLOCATION, ACROMIOCLAVICUL | 07/01/2005 | $551.69 | 0.0% | 0.0% | N | Referral Required |
| 23552 | DISLOCATION, ACROMIOCLAVICUL | 07/01/2005 | $617.20 | 0.0% | 0.0% | N | Referral Required |
| 23570 | CLOSED TX SCAPULAR FRACTURE; | 07/01/2005 | $212.42 | 0.0% | 0.0% | N | Referral Required |
| 23575 | FRACTURE, SCAPULAR | 07/01/2005 | $361.31 | 0.0% | 0.0% | N | Referral Required |
| 23585 | FRACTURE, SCAPULAR | 07/01/2005 | $653.03 | 0.0% | 0.0% | N | Referral Required |
| 236 | PROSTHET DENTAL IMPLANT | 01/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 23600 | FRACTURE, HUMERAL NECK | 07/01/2005 | $299.22 | 0.0% | 0.0% | N | Referral Required |
| 23605 | FRACTURE, HUMERAL NECK | 07/01/2005 | $462.39 | 0.0% | 0.0% | N | Referral Required |
| 23615 | FRACTURE, HUMERAL NECK | 07/01/2005 | $697.24 | 0.0% | 0.0% | N | Referral Required |
| 23616 | OPEN TREAT W/PROXIMAL HUMERA | 07/01/2005 | $1,357.60 | 0.0% | 0.0% | N | Referral Required |
| 23620 | FRACTURE, HUMERAL NECK | 07/01/2005 | $268.95 | 0.0% | 0.0% | N | Referral Required |
| 23625 | FRACTURE, HUMERAL NECK | 07/01/2005 | $393.94 | 0.0% | 0.0% | N | Referral Required |
| 23630 | FRACTURE, HUMERAL NECK | 07/01/2005 | $554.35 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 23650 | DISLOCATION, SHOULDER | 07/01/2005 | $311.97 | 0.0% | 0.0% | N | Referral Required |
| 23655 | DISLOCATION, SHOULDER | 07/01/2005 | $319.04 | 0.0% | 0.0% | N | Referral Required |
| 23660 | DISLOCATION, SHOULDER | 07/01/2005 | $561.33 | 0.0% | 0.0% | N | Referral Required |
| 23665 | DISLOCATION, SHOULDER | 07/01/2005 | $425.56 | 0.0% | 0.0% | N | Referral Required |
| 23670 | DISLOCATION, SHOULDER | 07/01/2005 | $592.62 | 0.0% | 0.0% | N | Referral Required |
| 23675 | DISLOCATION, SHOULDER | 07/01/2005 | $504.52 | 0.0% | 0.0% | N | Referral Required |
| 23680 | DISLOCATION, SHOULDER | 07/01/2005 | $714.36 | 0.0% | 0.0% | N | Referral Required |
| 2370 | ROOT CANAL NOS | 01/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 23700 | MANIPULATION, SHOULDER | 07/01/2005 | $212.08 | 0.0% | 0.0% | N | Referral Required |
| 2371 | ROOT CANAL W IRRIGATION | 01/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2372 | ROOT CANAL W APICOECTOMY | 01/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2373 | APICOECTOMY | 01/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 23800 | FUSION, SHOULDER JOINT | 07/01/2005 | $1,017.61 | 0.0% | 0.0% | N | Referral Required |
| 23802 | FUSION, SHOULDER JOINT | 07/01/2005 | $1,163.46 | 0.0% | 0.0% | N | Referral Required |
| 23900 | AMPUTATION, FOREQUARTER | 07/01/2005 | $1,295.31 | 0.0% | 0.0% | N | Referral Required |
| 23920 | DISARTICULATION, SHOULDER | 07/01/2005 | $1,013.72 | 0.0% | 0.0% | N | Referral Required |
| 23921 | DISARTICULATION, SHOULDER | 07/01/2005 | $432.27 | 0.0% | 0.0% | N | Referral Required |
| 23929 | UNLISTED PROCEDURE, SHOULDER | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 23930 | DRAINAGE, ABSCESS, HUMERUS | 07/01/2005 | $313.13 | 0.0% | 0.0% | N | Referral Required |
| 23931 | DRAINAGE ABSCESS ELBOW INFEC | 07/01/2005 | $258.49 | 0.0% | 0.0% | N | Referral Required |
| 23935 | INCISION DEEP OPENING BONE C | 07/01/2005 | $660.67 | 0.0% | 0.0% | N | Referral Required |
| 240 | GUM OR ALVEOLAR INCISION | 07/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 24000 | ARTHROTOMY, ELBOW | 07/01/2005 | $423.82 | 0.0% | 0.0% | N | Referral Required |
| 24006 | ARTHROTOMY ELBOW W/CAPSULAR | 07/01/2005 | $643.87 | 0.0% | 0.0% | N | Referral Required |
| 24065 | BIOPSY SOFT TISSUE UPPER ARM | 07/01/2005 | $259.02 | 0.0% | 0.0% | N | Referral Required |
| 24066 | BIOPSY,SOFT TISSUE UPPER ARM | 07/01/2005 | $478.78 | 0.0% | 0.0% | N | Referral Required |
| 24075 | EXCISION,TUMOR,UPPER ARM OR | 07/01/2005 | $406.57 | 0.0% | 0.0% | N | Referral Required |
| 24076 | EXCISION, TUMOR, HUMERUS | 07/01/2005 | $483.69 | 0.0% | 0.0% | N | Referral Required |
| 24077 | RADICAL RESECTION OF TUMOR; | 07/01/2005 | $917.51 | 0.0% | 0.0% | N | Referral Required |
| 24100 | ARTHROTOMY, ELBOW | 07/01/2005 | $381.41 | 0.0% | 0.0% | N | Referral Required |
| 24101 | ARTHROTOMY W/JOINT EXPLORE W | 07/01/2005 | $461.36 | 0.0% | 0.0% | N | Referral Required |
| 24102 | ARTHROTOMY, ELBOW | 07/01/2005 | $567.07 | 0.0% | 0.0% | N | Referral Required |
| 24105 | EXCISION, BURSA, OLECRANON | 07/01/2005 | $312.67 | 0.0% | 0.0% | N | Referral Required |
| 2411 | GUM BIOPSY | 01/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 24110 | EXCISION, CYST, HUMERUS | 07/01/2005 | $606.22 | 0.0% | 0.0% | N | Referral Required |
| 24115 | EXCISION, CYST, HUMERUS | 07/01/2005 | $724.46 | 0.0% | 0.0% | N | Referral Required |
| 24116 | EXCISION, CYST, HUMERUS | 07/01/2005 | $858.62 | 0.0% | 0.0% | N | Referral Required |
| 2412 | ALVEOLUS BIOPSY | 01/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 24120 | EXCISION, CYST, HUMERUS | 07/01/2005 | $485.25 | 0.0% | 0.0% | N | Referral Required |
| 24125 | EXCISION, CYST, HUMERUS | 07/01/2005 | $520.48 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 24126 | EXCISION, CYST, HUMERUS | 07/01/2005 | $572.93 | 0.0% | 0.0% | N | Referral Required |
| 24130 | EXCISION, RADIAL HEAD | 07/01/2005 | $469.21 | 0.0% | 0.0% | N | Referral Required |
| 24134 | SEQUESTRECTOMY, HUMERUS | 07/01/2005 | $919.24 | 0.0% | 0.0% | N | Referral Required |
| 24136 | SEQUESTRECTOMY, RADIAL HEAD | 07/01/2005 | $537.39 | 0.0% | 0.0% | N | Referral Required |
| 24138 | SEQUESTRECTOMY, OLECRANON PR | 07/01/2005 | $576.59 | 0.0% | 0.0% | N | Referral Required |
| 24140 | EXCISION, PARTIAL, HUMERUS | 07/01/2005 | $903.58 | 0.0% | 0.0% | N | Referral Required |
| 24145 | EXCISION, PARTIAL, RADIAL HE | 07/01/2005 | $668.90 | 0.0% | 0.0% | N | Referral Required |
| 24147 | EXCISION, PTL, OLECRANON PRC | 07/01/2005 | $667.03 | 0.0% | 0.0% | N | Referral Required |
| 24149 | RADICAL RESECTION-CAPSULE, S | 07/01/2005 | $918.70 | 0.0% | 0.0% | N | Referral Required |
| 24150 | RESECTION, HUMERUS | 07/01/2005 | $1,003.74 | 0.0% | 0.0% | N | Referral Required |
| 24151 | RADICAL RESECTION FOR TUMOR | 07/01/2005 | $1,150.72 | 0.0% | 0.0% | N | Referral Required |
| 24152 | RADICAL RESECTION FOR TUMOR | 07/01/2005 | $712.95 | 0.0% | 0.0% | N | Referral Required |
| 24153 | RADICAL RESECTION TUMOR RADI | 07/01/2005 | $676.37 | 0.0% | 0.0% | N | Referral Required |
| 24155 | RESECTION, ELBOW JOINT | 07/01/2005 | $767.41 | 0.0% | 0.0% | N | Referral Required |
| 24160 | REMOVAL, IMPLANT, ELBOW JOIN | 07/01/2005 | $558.17 | 0.0% | 0.0% | N | Referral Required |
| 24164 | REMOVAL, IMPLANT, RADIAL JOI | 07/01/2005 | $468.59 | 0.0% | 0.0% | N | Referral Required |
| 2419 | TOOTH & GUM DX PROC NEC | 01/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 242 | GINGIVOPLASTY | 01/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 24200 | REMOVAL FOREIGN BODY,UPPER A | 07/01/2005 | $257.61 | 0.0% | 0.0% | N | Referral Required |
| 24201 | REMOVAL FB UPPER ARM/ELBOW D | 07/01/2005 | $452.50 | 0.0% | 0.0% | N | Referral Required |
| 24220 | ARTHROGRAPHY, ELBOW, INJ PRC | 07/01/2005 | $416.90 | 0.0% | 0.0% | N | Referral Required |
| 24300 | MANIPULATION | 07/01/2005 | $324.87 | 0.0% | 0.0% | N | Referral Required |
| 24301 | TRANSFER, TENDON, ARM | 07/01/2005 | $691.96 | 0.0% | 0.0% | N | Referral Required |
| 24305 | LENGTHENING, TENDON, UPPER A | 07/01/2005 | $540.52 | 0.0% | 0.0% | N | Referral Required |
| 2431 | GUM LESION EXCISION | 01/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 24310 | TENOTOMY, UPPER ARM | 07/01/2005 | $507.26 | 0.0% | 0.0% | N | Referral Required |
| 2432 | SUTURE OF GUM LACERATION | 01/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 24320 | TENOPLASTY, UPPER ARM | 07/01/2005 | $771.31 | 0.0% | 0.0% | N | Referral Required |
| 24330 | FLEXOR-PLASTY, ELBOW | 07/01/2005 | $658.15 | 0.0% | 0.0% | N | Referral Required |
| 24331 | FLEXOR-PLASTY, ELBOW | 07/01/2005 | $714.82 | 0.0% | 0.0% | N | Referral Required |
| 24332 | TENOLSIS | 07/01/2005 | $455.05 | 0.0% | 0.0% | N | Referral Required |
| 24340 | TENODESIS, ELBOW | 07/01/2005 | $559.53 | 0.0% | 0.0% | N | Referral Required |
| 24341 | REPAIR TENDON/MUSCLE, UPPER | 07/01/2005 | $563.51 | 0.0% | 0.0% | N | Referral Required |
| 24342 | REINSERTION, TENDON, UPPER A | 07/01/2005 | $719.02 | 0.0% | 0.0% | N | Referral Required |
| 24343 | REPAIR LATERAL COLLATERAL | 07/01/2005 | $594.90 | 0.0% | 0.0% | N | Referral Required |
| 24344 | RECONSTRUCTION LATERAL COLLATERAL | 07/01/2005 | $898.90 | 0.0% | 0.0% | N | Referral Required |
| 24345 | REPAIR MEDIAL COLLATERAL | 07/01/2005 | $594.90 | 0.0% | 0.0% | N | Referral Required |
| 24346 | RECONSTRUCTION LIGAMENT, ELBOW | 07/01/2005 | $898.90 | 0.0% | 0.0% | N | Referral Required |
| 24350 | FASCIOTOMY, UPPER ARM | 07/01/2005 | $408.64 | 0.0% | 0.0% | N | Referral Required |
| 24351 | FASCIOTOMY, UPPER ARM | 07/01/2005 | $449.77 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 24352 | FASCIOTOMY, UPPER ARM | 07/01/2005 | $479.54 | 0.0% | 0.0% | N | Referral Required |
| 24354 | FASCIOTOMY LATERAL OR MEDIAL | 07/01/2005 | $475.69 | 0.0% | 0.0% | N | Referral Required |
| 24356 | FASCIOTOMY LATERAL/MEDIAL W/ | 07/01/2005 | $495.14 | 0.0% | 0.0% | N | Referral Required |
| 24360 | ARTHROPLASTY, ELBOW | 07/01/2005 | $814.19 | 0.0% | 0.0% | N | Referral Required |
| 24361 | ARTHROPLASTY ELBOW W/DISTAL | 07/01/2005 | $915.96 | 0.0% | 0.0% | N | Referral Required |
| 24362 | ARTHROPLASTY ELBOW W/IMPLANT | 07/01/2005 | $948.16 | 0.0% | 0.0% | N | Referral Required |
| 24363 | ARTHROPLASTY ELBOW W/IMPLANT | 07/01/2005 | $1,167.80 | 0.0% | 0.0% | N | Referral Required |
| 24365 | ARTHROPLASTY, RADIAL HEAD | 07/01/2005 | $585.34 | 0.0% | 0.0% | N | Referral Required |
| 24366 | ARTHROPLASTY, RADIAL HEAD | 07/01/2005 | $632.30 | 0.0% | 0.0% | N | Referral Required |
| 2439 | GUM OPERATION NEC | 01/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 244 | EXC OF DENTAL LES OF JAW | 01/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 24400 | OSTEOTOMY, HUMERUS | 07/01/2005 | $838.46 | 0.0% | 0.0% | N | Referral Required |
| 24410 | OSTEOTOMY, HUMERUS | 07/01/2005 | $1,022.37 | 0.0% | 0.0% | N | Referral Required |
| 24420 | OSTEOPLASTY, HUMERUS | 07/01/2005 | $1,048.35 | 0.0% | 0.0% | N | Referral Required |
| 24430 | REPAIR, MALUNION, HUMERUS | 07/01/2005 | $919.65 | 0.0% | 0.0% | N | Referral Required |
| 24435 | REPAIR, MALUNION, HUMERUS | 07/01/2005 | $969.67 | 0.0% | 0.0% | N | Referral Required |
| 24470 | HEMI-EPIPHYSEAL ARREST, HUME | 07/01/2005 | $554.93 | 0.0% | 0.0% | N | Referral Required |
| 24495 | DECOMPRESSION FASCIOTOMY FOR | 07/01/2005 | $650.34 | 0.0% | 0.0% | N | Referral Required |
| 24498 | PROPHYLACTIC TREATMENT; HUME | 07/01/2005 | $866.39 | 0.0% | 0.0% | N | Referral Required |
| 245 | ALVEOLOPLASTY | 01/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 24500 | FRACTURE, HUMERAL SHAFT | 07/01/2005 | $291.19 | 0.0% | 0.0% | N | Referral Required |
| 24505 | FRACTURE, HUMERAL SHAFT | 07/01/2005 | $492.60 | 0.0% | 0.0% | N | Referral Required |
| 24515 | FRACTURE, HUMERAL SHAFT | 07/01/2005 | $825.89 | 0.0% | 0.0% | N | Referral Required |
| 24516 | OPEN TREAT HUMERAL SHAFT FX | 07/01/2005 | $840.75 | 0.0% | 0.0% | N | Referral Required |
| 24530 | FRACTURE, TRANSCONDYLAR | 07/01/2005 | $339.04 | 0.0% | 0.0% | N | Referral Required |
| 24535 | FRACTURE, TRANSCONDYLAR | 07/01/2005 | $555.92 | 0.0% | 0.0% | N | Referral Required |
| 24538 | FRACTURE, TRANSCONDYLAR | 07/01/2005 | $712.86 | 0.0% | 0.0% | N | Referral Required |
| 24545 | FRACTURE, TRANSCONDYLAR | 07/01/2005 | $739.81 | 0.0% | 0.0% | N | Referral Required |
| 24546 | CLOSED TREAT HUMERAL CONDYLA | 07/01/2005 | $1,057.09 | 0.0% | 0.0% | N | Referral Required |
| 24560 | FRACTURE, EPICONDYLAR | 07/01/2005 | $268.05 | 0.0% | 0.0% | N | Referral Required |
| 24565 | FRACTURE, EPICONDYLAR | 07/01/2005 | $480.92 | 0.0% | 0.0% | N | Referral Required |
| 24566 | PERCUTANEOUS SKELETAL FIXATI | 07/01/2005 | $629.60 | 0.0% | 0.0% | N | Referral Required |
| 24575 | FRACTURE, EPICONDYLAR | 07/01/2005 | $690.65 | 0.0% | 0.0% | N | Referral Required |
| 24576 | FRACTURE, CONDYLAR | 07/01/2005 | $262.51 | 0.0% | 0.0% | N | Referral Required |
| 24577 | FRACTURE, CONDYLAR | 07/01/2005 | $494.79 | 0.0% | 0.0% | N | Referral Required |
| 24579 | FRACTURE, CONDYLAR | 07/01/2005 | $821.26 | 0.0% | 0.0% | N | Referral Required |
| 24582 | PERCUTANEOUS SKELETAL FIXATI | 07/01/2005 | $675.32 | 0.0% | 0.0% | N | Referral Required |
| 24586 | OPEN TREAT C/O ELBOW FX W/EL | 07/01/2005 | $957.49 | 0.0% | 0.0% | N | Referral Required |
| 24587 | OPEN TREAT CLOSED/OPEN ELBOW | 07/01/2005 | $952.76 | 0.0% | 0.0% | N | Referral Required |
| 246 | EXPOSURE OF TOOTH | 01/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 24600 | DISLOCATION, ELBOW | 07/01/2005 | $386.48 | 0.0% | 0.0% | N | Referral Required |
| 24605 | DISLOCATION, ELBOW | 07/01/2005 | $374.15 | 0.0% | 0.0% | N | Referral Required |
| 24615 | DISLOCATION, ELBOW | 07/01/2005 | $625.46 | 0.0% | 0.0% | N | Referral Required |
| 24620 | FRACTURE-DISLOCATION, ELBOW | 07/01/2005 | $486.79 | 0.0% | 0.0% | N | Referral Required |
| 24635 | FRACTURE-DISLOCATION, ELBOW | 07/01/2005 | $1,055.24 | 0.0% | 0.0% | N | Referral Required |
| 24640 | SUBLUXATION, RADIAL HEAD | 07/01/2005 | $155.83 | 0.0% | 0.0% | N | Referral Required |
| 24650 | FRACTURE, RADIAL HEAD | 07/01/2005 | $233.15 | 0.0% | 0.0% | N | Referral Required |
| 24655 | FRACTURE, RADIAL HEAD | 07/01/2005 | $411.12 | 0.0% | 0.0% | N | Referral Required |
| 24665 | FRACTURE, RADIAL HEAD | 07/01/2005 | $624.26 | 0.0% | 0.0% | N | Referral Required |
| 24666 | FRACTURE, RADIAL HEAD | 07/01/2005 | $702.12 | 0.0% | 0.0% | N | Referral Required |
| 24670 | FRACTURE, ULNAR | 07/01/2005 | $245.77 | 0.0% | 0.0% | N | Referral Required |
| 24675 | FRACTURE, ULNAR | 07/01/2005 | $431.19 | 0.0% | 0.0% | N | Referral Required |
| 24685 | FRACTURE, ULNAR | 07/01/2005 | $662.75 | 0.0% | 0.0% | N | Referral Required |
| 247 | ORTHODON APPLIANC APPLIC | 01/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 248 | OTHER ORTHODONTIC OPERAT | 01/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 24800 | FUSION, ELBOW JOINT | 07/01/2005 | $756.08 | 0.0% | 0.0% | N | Referral Required |
| 24802 | FUSION, ELBOW JOINT | 07/01/2005 | $907.43 | 0.0% | 0.0% | N | Referral Required |
| 24900 | AMPUTATION, ARM | 07/01/2005 | $742.76 | 0.0% | 0.0% | N | Referral Required |
| 2491 | EXTEN BUCCOLABIAL/SULCUS | 01/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 24920 | AMPUTATION, ARM | 07/01/2005 | $826.86 | 0.0% | 0.0% | N | Referral Required |
| 24925 | AMPUTATION, ARM | 07/01/2005 | $590.34 | 0.0% | 0.0% | N | Referral Required |
| 24930 | AMPUTATION, ARM | 07/01/2005 | $750.24 | 0.0% | 0.0% | N | Referral Required |
| 24931 | AMPUTATION, ARM | 07/01/2005 | $870.67 | 0.0% | 0.0% | N | Referral Required |
| 24935 | STUMP ELONGATION UPPER EXTRE | 07/01/2005 | $1,025.72 | 0.0% | 0.0% | N | Referral Required |
| 24940 | CINEPLASTY, ARM | 07/01/2005 | $926.22 | 0.0% | 0.0% | N | Referral Required |
| 2499 | DENTAL OPERATION NEC | 01/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 24999 | UNLISTED PROCEDURE | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 25000 | TENOVAGINOTOMY, WRIST | 07/01/2005 | $377.28 | 0.0% | 0.0% | N | Referral Required |
| 25001 | INCLUSION FLEXOR TENDON | 07/01/2005 | $271.96 | 0.0% | 0.0% | N | Referral Required |
| 2501 | NEEDLE BIOPSY OF TONGUE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2502 | OPEN BIOPSY OF TONGUE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 25020 | DECOMPRESSION FASCIOTOMY WRI | 07/01/2005 | $606.31 | 0.0% | 0.0% | N | Referral Required |
| 25023 | DECOMP FASCIOTOMY W/DEBRIDEM | 07/01/2005 | $1,072.00 | 0.0% | 0.0% | N | Referral Required |
| 25024 | DECOMPRESSION FASCIOTOMY | 07/01/2005 | $633.88 | 0.0% | 0.0% | N | Referral Required |
| 25025 | DECOMPRESSION FASCIOTOMY | 07/01/2005 | $1,028.50 | 0.0% | 0.0% | N | Referral Required |
| 25028 | INCISION DRAIN FOREARM/WRIST | 07/01/2005 | $537.01 | 0.0% | 0.0% | N | Referral Required |
| 25031 | INFECTED BURSA | 07/01/2005 | $496.35 | 0.0% | 0.0% | N | Referral Required |
| 25035 | INCISION DEEP W/OPENING BONE | 07/01/2005 | $817.26 | 0.0% | 0.0% | N | Referral Required |
| 25040 | ARTHROTOMY, WRIST JOINT | 07/01/2005 | $586.56 | 0.0% | 0.0% | N | Referral Required |
| 25065 | EXCISION BIOPSY SOFT TISSUE | 07/01/2005 | $157.36 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 25066 | BIOPSY, SOFT TISSUES, DEEP | 07/01/2005 | $435.06 | 0.0% | 0.0% | N | Referral Required |
| 25075 | EXCISION, BENIGN TUMOR, SUBC | 07/01/2005 | $377.41 | 0.0% | 0.0% | N | Referral Required |
| 25076 | EXCISION TUMOR FOREARM/WRIST | 07/01/2005 | $606.65 | 0.0% | 0.0% | N | Referral Required |
| 25077 | RADICAL RESECTION TUMOR, SOF | 07/01/2005 | $888.66 | 0.0% | 0.0% | N | Referral Required |
| 25085 | CAPSULECTOMY, WRIST | 07/01/2005 | $583.86 | 0.0% | 0.0% | N | Referral Required |
| 2509 | TONGUE DX PROCEDURE NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 251 | DESTRUCTION TONGUE LES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 25100 | ARTHROTOMY, WRIST JOINT | 07/01/2005 | $413.44 | 0.0% | 0.0% | N | Referral Required |
| 25101 | ARTHROTOMY WRIST JOINT,BIOPS | 07/01/2005 | $435.79 | 0.0% | 0.0% | N | Referral Required |
| 25105 | ARTHROTOMY, WRIST JOINT | 07/01/2005 | $595.26 | 0.0% | 0.0% | N | Referral Required |
| 25107 | ARTHROTOMY, DSTL RDO-ULNR JN | 07/01/2005 | $623.34 | 0.0% | 0.0% | N | Referral Required |
| 25110 | EXCSN, LSN, TENDN SHEATH, WR | 07/01/2005 | $445.14 | 0.0% | 0.0% | N | Referral Required |
| 25111 | EXCISION, GANGLION, WRIST | 07/01/2005 | $351.00 | 0.0% | 0.0% | N | Referral Required |
| 25112 | EXCISION, GANGLION, WRIST | 07/01/2005 | $418.35 | 0.0% | 0.0% | N | Referral Required |
| 25115 | TENOSYNOVECTOMY, FOREARM | 07/01/2005 | $905.55 | 0.0% | 0.0% | N | Referral Required |
| 25116 | TENOSYNOVECTOMY, FOREARM | 07/01/2005 | $807.44 | 0.0% | 0.0% | N | Referral Required |
| 25118 | SYNOVECTOMY, EXTENSOR TENDON | 07/01/2005 | $429.29 | 0.0% | 0.0% | N | Referral Required |
| 25119 | SYNOVECTOMY,DSTL RDO-ULNR JN | 07/01/2005 | $610.25 | 0.0% | 0.0% | N | Referral Required |
| 25120 | EXCISION, CYST, ULNA | 07/01/2005 | $725.51 | 0.0% | 0.0% | N | Referral Required |
| 25125 | EXCISION, CYST, ULNA | 07/01/2005 | $820.01 | 0.0% | 0.0% | N | Referral Required |
| 25126 | EXCISION, CYST, ULNA | 07/01/2005 | $810.60 | 0.0% | 0.0% | N | Referral Required |
| 25130 | EXCISION, CYST, CARPAL BONES | 07/01/2005 | $476.57 | 0.0% | 0.0% | N | Referral Required |
| 25135 | EXCISION, CYST, CARPAL BONES | 07/01/2005 | $561.61 | 0.0% | 0.0% | N | Referral Required |
| 25136 | EXCISION, CYST, CARPAL BONES | 07/01/2005 | $531.32 | 0.0% | 0.0% | N | Referral Required |
| 25145 | SEQUESTRECTOMY, FOREARM | 07/01/2005 | $753.89 | 0.0% | 0.0% | N | Referral Required |
| 25150 | EXCISION, PARTIAL, ULNA | 07/01/2005 | $669.17 | 0.0% | 0.0% | N | Referral Required |
| 25151 | EXCISION, PARTIAL, RADIUS | 07/01/2005 | $818.73 | 0.0% | 0.0% | N | Referral Required |
| 25170 | RESECTION, TUMOR, FOREARM | 07/01/2005 | $1,007.07 | 0.0% | 0.0% | N | Referral Required |
| 252 | PARTIAL GLOSSECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 25210 | CARPECTOMY | 07/01/2005 | $515.24 | 0.0% | 0.0% | N | Referral Required |
| 25215 | CARPECTOMY | 07/01/2005 | $707.98 | 0.0% | 0.0% | N | Referral Required |
| 25230 | RADIAL STYLOIDECTOMY | 07/01/2005 | $472.18 | 0.0% | 0.0% | N | Referral Required |
| 25240 | EXCISION, DISTAL ULNA | 07/01/2005 | $554.78 | 0.0% | 0.0% | N | Referral Required |
| 25246 | ARTHROGRAPHY, WRIST, INJECTI | 07/01/2005 | $390.24 | 0.0% | 0.0% | N | Referral Required |
| 25248 | EXPLORATION REMOVAL DEEP FB | 07/01/2005 | $546.94 | 0.0% | 0.0% | N | Referral Required |
| 25250 | REMOVAL OF WRIST PROSTHESIS | 07/01/2005 | $547.27 | 0.0% | 0.0% | N | Referral Required |
| 25251 | REMOVAL OF WRIST PROSTHESIS; | 07/01/2005 | $779.10 | 0.0% | 0.0% | N | Referral Required |
| 25259 | MANIPULATION, WRIST | 07/01/2005 | $321.24 | 0.0% | 0.0% | N | Referral Required |
| 25260 | REPAIR, MUSCLE, FOREARM | 07/01/2005 | $863.60 | 0.0% | 0.0% | N | Referral Required |
| 25263 | REPAIR, MUSCLE, FOREARM | 07/01/2005 | $815.57 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 25265 | REPAIR TENDON-MUSCLE FOREARM | 07/01/2005 | $942.54 | 0.0% | 0.0% | N | Referral Required |
| 25270 | AMB SURG CTR-REPAIR,MUSCLE,F | 07/01/2005 | $759.61 | 0.0% | 0.0% | N | Referral Required |
| 25272 | REPAIR, MUSCLE, FOREARM | 07/01/2005 | $814.63 | 0.0% | 0.0% | N | Referral Required |
| 25274 | REPAIR, MUSCLE, FOREARM | 07/01/2005 | $908.65 | 0.0% | 0.0% | N | Referral Required |
| 25275 | REPAIR OF TENDON SHEATH | 07/01/2005 | $575.10 | 0.0% | 0.0% | N | Referral Required |
| 25280 | LENGTHENING, TENDON, FOREARM | 07/01/2005 | $798.38 | 0.0% | 0.0% | N | Referral Required |
| 25290 | TENOTOMY, FOREARM | 07/01/2005 | $802.53 | 0.0% | 0.0% | N | Referral Required |
| 25295 | TENOLYSIS, FOREARM | 07/01/2005 | $751.84 | 0.0% | 0.0% | N | Referral Required |
| 253 | COMPLETE GLOSSECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 25300 | TENODESIS, DGT FLEXRS, AT WR | 07/01/2005 | $667.35 | 0.0% | 0.0% | N | Referral Required |
| 25301 | TENODESIS, DGT FLEXRS, AT WR | 07/01/2005 | $657.45 | 0.0% | 0.0% | N | Referral Required |
| 25310 | TRANSPLANT, TENDON, WRIST | 07/01/2005 | $855.46 | 0.0% | 0.0% | N | Referral Required |
| 25312 | TRANSPLANT, TENDON, WRIST | 07/01/2005 | $936.24 | 0.0% | 0.0% | N | Referral Required |
| 25315 | FLEXOR ORIGIN SLIDE | 07/01/2005 | $1,004.22 | 0.0% | 0.0% | N | Referral Required |
| 25316 | REPAIR WITH TENDON TRANSFER | 07/01/2005 | $1,083.51 | 0.0% | 0.0% | N | Referral Required |
| 25320 | CAPSULORRHAPHY/RECONST CAPSU | 07/01/2005 | $792.75 | 0.0% | 0.0% | N | Referral Required |
| 25332 | ARTHROPLASTY WRIST;PSEUDOART | 07/01/2005 | $830.26 | 0.0% | 0.0% | N | Referral Required |
| 25335 | CENTRALIZATION WRIST ON ULNA | 07/01/2005 | $943.35 | 0.0% | 0.0% | N | Referral Required |
| 25337 | RECONSTRUCT FOR STABILIZATIO | 07/01/2005 | $845.93 | 0.0% | 0.0% | N | Referral Required |
| 25350 | OSTEOTOMY, RADIUS | 07/01/2005 | $888.40 | 0.0% | 0.0% | N | Referral Required |
| 25355 | OSTEOTOMY, RADIUS | 07/01/2005 | $959.60 | 0.0% | 0.0% | N | Referral Required |
| 25360 | OSTEOTOMY, ULNA | 07/01/2005 | $881.75 | 0.0% | 0.0% | N | Referral Required |
| 25365 | OSTEOTOMY, RADIUS & ULNA | 07/01/2005 | $1,095.96 | 0.0% | 0.0% | N | Referral Required |
| 25370 | MULTIPLE OSTEOTOMIES W/REALI | 07/01/2005 | $1,104.69 | 0.0% | 0.0% | N | Referral Required |
| 25375 | OSTEOTOMY, RADIUS AND/OR ULN | 07/01/2005 | $1,046.22 | 0.0% | 0.0% | N | Referral Required |
| 25390 | OSTEOPLASTY, RADIUS/ULNA | 07/01/2005 | $973.70 | 0.0% | 0.0% | N | Referral Required |
| 25391 | OSTEOPLASTY, RADIUS/ULNA | 07/01/2005 | $1,150.97 | 0.0% | 0.0% | N | Referral Required |
| 25392 | OSTEOPLASTY, RADIUS/ULNA | 07/01/2005 | $1,048.84 | 0.0% | 0.0% | N | Referral Required |
| 25393 | OSTEOPLASTY, RADIUS/ULNA | 07/01/2005 | $1,322.92 | 0.0% | 0.0% | N | Referral Required |
| 25394 | OSTEOPLASTY | 07/01/2005 | $673.92 | 0.0% | 0.0% | N | Referral Required |
| 254 | RADICAL GLOSSECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 25400 | REPAIR, MALUNION, RADIUS/ULN | 07/01/2005 | $1,014.46 | 0.0% | 0.0% | N | Referral Required |
| 25405 | REPAIR, MALUNION, RADIUS/ULN | 07/01/2005 | $1,226.55 | 0.0% | 0.0% | N | Referral Required |
| 25415 | REPAIR, MALUNION, RADIUS/ULN | 07/01/2005 | $1,147.08 | 0.0% | 0.0% | N | Referral Required |
| 25420 | REPAIR, MALUNION, RADIUS/ULN | 07/01/2005 | $1,345.61 | 0.0% | 0.0% | N | Referral Required |
| 25425 | REPAIR, BONE DEFICIT, FOREAR | 07/01/2005 | $1,322.41 | 0.0% | 0.0% | N | Referral Required |
| 25426 | REPAIR, BONE DEFICIT, FOREAR | 07/01/2005 | $1,209.96 | 0.0% | 0.0% | N | Referral Required |
| 25430 | INSERTION OF VASCULAR | 07/01/2005 | $601.42 | 0.0% | 0.0% | N | Referral Required |
| 25431 | REPAIR OF NONUNION OF CARPAL | 07/01/2005 | $598.00 | 0.0% | 0.0% | N | Referral Required |
| 25440 | REPAIR, NON-UNION, NAVICULAR | 07/01/2005 | $766.70 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 25441 | REPLACEMENT, IMPLANT, WRIST | 07/01/2005 | $902.32 | 0.0% | 0.0% | N | Referral Required |
| 25442 | REPLACEMENT, IMPLANT, WRIST | 07/01/2005 | $791.83 | 0.0% | 0.0% | N | Referral Required |
| 25443 | REPLACEMENT, IMPLANT, WRIST | 07/01/2005 | $836.81 | 0.0% | 0.0% | N | Referral Required |
| 25444 | REPLACEMENT, IMPLANT, WRIST | 07/01/2005 | $899.59 | 0.0% | 0.0% | N | Referral Required |
| 25445 | REPLACEMENT, IMPLANT, WRIST | 07/01/2005 | $817.82 | 0.0% | 0.0% | N | Referral Required |
| 25446 | TOTAL WRIST REPLACEMENT | 07/01/2005 | $1,113.50 | 0.0% | 0.0% | N | Referral Required |
| 25447 | INTERPOSITION ARTHROPLASTY,I | 07/01/2005 | $770.15 | 0.0% | 0.0% | N | Referral Required |
| 25449 | REVISION ARTHROPLASTY INC RE | 07/01/2005 | $1,089.15 | 0.0% | 0.0% | N | Referral Required |
| 25450 | EPIPHYSEAL ARREST, FOREARM | 07/01/2005 | $758.79 | 0.0% | 0.0% | N | Referral Required |
| 25455 | EPIPHYSEAL ARREST, FOREARM | 07/01/2005 | $863.88 | 0.0% | 0.0% | N | Referral Required |
| 25490 | PROPHYLACTIC TREATMENT; RADI | 07/01/2005 | $916.77 | 0.0% | 0.0% | N | Referral Required |
| 25491 | PROPHYLACTIC TREATMENT; ULNA | 07/01/2005 | $945.23 | 0.0% | 0.0% | N | Referral Required |
| 25492 | PROPHYLACTIC TREATMENT; RADI | 07/01/2005 | $1,005.02 | 0.0% | 0.0% | N | Referral Required |
| 25500 | TREAT CLOSED RADIAL SHAFT FX | 07/01/2005 | $234.34 | 0.0% | 0.0% | N | Referral Required |
| 25505 | FRACTURE, RADIAL SHAFT | 07/01/2005 | $460.14 | 0.0% | 0.0% | N | Referral Required |
| 2551 | SUTURE OF TONGUE LACERAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 25515 | FRACTURE, RADIAL SHAFT | 07/01/2005 | $683.17 | 0.0% | 0.0% | N | Referral Required |
| 25520 | CLOSED TREAT RADIAL SHAFT FX | 07/01/2005 | $505.19 | 0.0% | 0.0% | N | Referral Required |
| 25525 | OPEN TREAT RADIAL SHAFT FX W | 07/01/2005 | $856.31 | 0.0% | 0.0% | N | Referral Required |
| 25526 | OPEN TREAT RADIAL SHAFT FX O | 07/01/2005 | $996.10 | 0.0% | 0.0% | N | Referral Required |
| 25530 | FRACTURE, ULNAR SHAFT | 07/01/2005 | $219.22 | 0.0% | 0.0% | N | Referral Required |
| 25535 | FRACTURE, ULNAR SHAFT | 07/01/2005 | $453.15 | 0.0% | 0.0% | N | Referral Required |
| 25545 | FRACTURE, ULNAR SHAFT | 07/01/2005 | $669.31 | 0.0% | 0.0% | N | Referral Required |
| 25560 | FRACTURE, RADIAL & ULNAR SHA | 07/01/2005 | $234.13 | 0.0% | 0.0% | N | Referral Required |
| 25565 | TREAT CLOSED RADIAL/ULNAR SH | 07/01/2005 | $481.50 | 0.0% | 0.0% | N | Referral Required |
| 25574 | OPEN TREAT RADIAL/ULNAR SHAF | 07/01/2005 | $557.99 | 0.0% | 0.0% | N | Referral Required |
| 25575 | FRACTURE, RADIAL & ULNAR SHA | 07/01/2005 | $757.75 | 0.0% | 0.0% | N | Referral Required |
| 2559 | REPAIR OF TONGUE NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 25600 | TREAT CLOSED DITAL RADIAL FX | 07/01/2005 | $250.51 | 0.0% | 0.0% | N | Referral Required |
| 25605 | COLLES FRACTURE | 07/01/2005 | $494.19 | 0.0% | 0.0% | N | Referral Required |
| 25611 | COLLES FRACTURE | 07/01/2005 | $631.15 | 0.0% | 0.0% | N | Referral Required |
| 25620 | COLLES FRACTURE | 07/01/2005 | $648.66 | 0.0% | 0.0% | N | Referral Required |
| 25622 | TRMT CLOSED CARPAL SCAPOID F | 07/01/2005 | $247.96 | 0.0% | 0.0% | N | Referral Required |
| 25624 | TREAT CLOSED CARPAL SCOPHOID | 07/01/2005 | $418.66 | 0.0% | 0.0% | N | Referral Required |
| 25626 | TREAT OPEN CARPAL SCAPHOID FX W/UM | 07/01/2005 | $626.53 | 0.0% | 0.0% | N | Referral Required |
| 25628 | OPEN TREATMENT OF CARPAL SCA | 07/01/2005 | $644.13 | 0.0% | 0.0% | N | Referral Required |
| 25630 | TREAT CLOSED CARPAL BONE FX | 07/01/2005 | $264.36 | 0.0% | 0.0% | N | Referral Required |
| 25635 | TX CLOSED CARPAL BONE FRACTU | 07/01/2005 | $411.19 | 0.0% | 0.0% | N | Referral Required |
| 25645 | FRACTURE, CARPAL BONE | 07/01/2005 | $593.80 | 0.0% | 0.0% | N | Referral Required |
| 25650 | TREATMENT OF CLOSED ULNAR ST | 07/01/2005 | $273.45 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 25651 | PERCUTANEOUS SKELETAL | 07/01/2005 | $351.38 | 0.0% | 0.0% | N | Referral Required |
| 25652 | OPEN TREATMENT | 07/01/2005 | $519.31 | 0.0% | 0.0% | N | Referral Required |
| 25660 | TREAT RADIOCARPAL DISLOC 1-M | 07/01/2005 | $362.19 | 0.0% | 0.0% | N | Referral Required |
| 25670 | DISLOCATION, INTERCARPAL | 07/01/2005 | $619.84 | 0.0% | 0.0% | N | Referral Required |
| 25671 | PERCUTANEOUS SKELETAL FIXATION | 07/01/2005 | $428.60 | 0.0% | 0.0% | N | Referral Required |
| 25675 | DISLOCATN, DISTAL RADIO-ULNA | 07/01/2005 | $428.57 | 0.0% | 0.0% | N | Referral Required |
| 25676 | DISLOCATN, DISTAL RADIO-ULNA | 07/01/2005 | $624.07 | 0.0% | 0.0% | N | Referral Required |
| 25680 | FRACTURE, TRANS-SCAPHO-PERIL | 07/01/2005 | $439.82 | 0.0% | 0.0% | N | Referral Required |
| 25685 | FRACTURE, TRANS-SCAPHO-PERIL | 07/01/2005 | $711.92 | 0.0% | 0.0% | N | Referral Required |
| 25690 | DISLOCATION, LUNATE | 07/01/2005 | $443.53 | 0.0% | 0.0% | N | Referral Required |
| 25695 | DISLOCATION, LUNATE | 07/01/2005 | $639.59 | 0.0% | 0.0% | N | Referral Required |
| 25800 | ARTHRODESIS, WRIST JOINT | 07/01/2005 | $734.24 | 0.0% | 0.0% | N | Referral Required |
| 25805 | ARTHRODESIS, WRIST JOINT WIT | 07/01/2005 | $817.28 | 0.0% | 0.0% | N | Referral Required |
| 25810 | ARTHRODESIS, WRIST JOINT | 07/01/2005 | $779.88 | 0.0% | 0.0% | N | Referral Required |
| 25820 | INTERCARPAL FUSION; WITHOUT | 07/01/2005 | $600.89 | 0.0% | 0.0% | N | Referral Required |
| 25825 | INTERCARPAL FUSION & AUTOGEN | 07/01/2005 | $702.87 | 0.0% | 0.0% | N | Referral Required |
| 25830 | RESECTION ULNA W/W/O BONE GR | 07/01/2005 | $946.54 | 0.0% | 0.0% | N | Referral Required |
| 25900 | AMPUTATION, FOREARM | 07/01/2005 | $840.85 | 0.0% | 0.0% | N | Referral Required |
| 25905 | AMPUTATION, FOREARM THRU ULN | 07/01/2005 | $818.35 | 0.0% | 0.0% | N | Referral Required |
| 25907 | AMPUTATION, FOREARM | 07/01/2005 | $803.27 | 0.0% | 0.0% | N | Referral Required |
| 25909 | AMPUTATION, FOREARM | 07/01/2005 | $821.36 | 0.0% | 0.0% | N | Referral Required |
| 2591 | LINGUAL FRENOTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2592 | LINGUAL FRENECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 25920 | AMPUTATION, WRIST | 07/01/2005 | $666.16 | 0.0% | 0.0% | N | Referral Required |
| 25922 | AMPUTATION, WRIST | 07/01/2005 | $534.54 | 0.0% | 0.0% | N | Referral Required |
| 25924 | AMPUTATION, WRIST | 07/01/2005 | $660.74 | 0.0% | 0.0% | N | Referral Required |
| 25927 | AMPUTATION, TRANSMETACARPAL | 07/01/2005 | $801.47 | 0.0% | 0.0% | N | Referral Required |
| 25929 | AMPUTATION, TRANSMETACARPAL | 07/01/2005 | $534.63 | 0.0% | 0.0% | N | Referral Required |
| 2593 | LYSIS OF TONGUE ADHESION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 25931 | AMPUTATION, TRANSMETACARPAL | 07/01/2005 | $818.72 | 0.0% | 0.0% | N | Referral Required |
| 2594 | OTHER GLOSSOTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2599 | TONGUE OPERATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 25999 | UNLISTED PROCEDURE, FOREARM/ | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 260 | INCIS SALIVARY GLND/DUCT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 26010 | DRAINAGE, ABSCESS, FINGER TI | 07/01/2005 | $231.02 | 0.0% | 0.0% | N | Referral Required |
| 26011 | DRAINAGE, ABSCESS, FINGER TI | 07/01/2005 | $330.41 | 0.0% | 0.0% | N | Referral Required |
| 26020 | DRAINAGE, TENDON SHEATH, HAN | 07/01/2005 | $611.52 | 0.0% | 0.0% | N | Referral Required |
| 26025 | DRAINAGE, BURSA, PALMAR | 07/01/2005 | $622.40 | 0.0% | 0.0% | N | Referral Required |
| 26030 | DRAIN PALMAR BURSA MULTIPLE | 07/01/2005 | $689.66 | 0.0% | 0.0% | N | Referral Required |
| 26034 | INCISION, HAND | 07/01/2005 | $728.82 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 26035 | DECOMPRESSION FINGER/HAND IN | 07/01/2005 | $863.88 | 0.0% | 0.0% | N | Referral Required |
| 26037 | DECOMPRESS FASCIOTOMY HAND | 07/01/2005 | $695.36 | 0.0% | 0.0% | N | Referral Required |
| 26040 | FASCIOTOMY, PALMAR | 07/01/2005 | $553.11 | 0.0% | 0.0% | N | Referral Required |
| 26045 | FASCIOTOMY, PALMAR | 07/01/2005 | $681.67 | 0.0% | 0.0% | N | Referral Required |
| 26055 | TENDON SHEATH INCISION | 07/01/2005 | $371.59 | 0.0% | 0.0% | N | Referral Required |
| 26060 | TENOTOMY, FINGER | 07/01/2005 | $357.56 | 0.0% | 0.0% | N | Referral Required |
| 26070 | ARTHROTOMY, HAND JOINTS | 07/01/2005 | $525.24 | 0.0% | 0.0% | N | Referral Required |
| 26075 | ARTHROTOMY, HAND JOINTS | 07/01/2005 | $555.53 | 0.0% | 0.0% | N | Referral Required |
| 26080 | ARTHROTOMY, HAND JOINTS | 07/01/2005 | $594.42 | 0.0% | 0.0% | N | Referral Required |
| 26100 | BIOPSY, SYNOVIAL, HAND JOINT | 07/01/2005 | $418.75 | 0.0% | 0.0% | N | Referral Required |
| 26105 | BIOPSY, SYNOVIAL, HAND JOINT | 07/01/2005 | $569.43 | 0.0% | 0.0% | N | Referral Required |
| 2611 | CLOSED SALIVARY BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 26110 | BIOPSY, SYNOVIAL, HAND JOINT | 07/01/2005 | $546.59 | 0.0% | 0.0% | N | Referral Required |
| 26115 | EXCISION OF BENIGN TUMOR | 07/01/2005 | $400.72 | 0.0% | 0.0% | N | Referral Required |
| 26116 | EXCISION OF BENIGN TUMOR, DE | 07/01/2005 | $671.07 | 0.0% | 0.0% | N | Referral Required |
| 26117 | RADICAL RESECTION/TUMOR,SOFT | 07/01/2005 | $835.21 | 0.0% | 0.0% | N | Referral Required |
| 2612 | OPEN SALIVARY BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 26121 | FASCIECTOMY PALMAR WITH OR W | 07/01/2005 | $810.44 | 0.0% | 0.0% | N | Referral Required |
| 26123 | FACIECTOMY PARTIAL PALMAR EX | 07/01/2005 | $908.39 | 0.0% | 0.0% | N | Referral Required |
| 26125 | PARTIAL EXCISION RELEASE EAC | 07/01/2005 | $262.32 | 0.0% | 0.0% | N | Referral Required |
| 26130 | SYNOVECTOMY, HAND JOINTS | 07/01/2005 | $722.83 | 0.0% | 0.0% | N | Referral Required |
| 26135 | SYNOVECTOMY, HAND JOINTS | 07/01/2005 | $829.21 | 0.0% | 0.0% | N | Referral Required |
| 26140 | SYNOVECTOMY, FINGER JOINTS | 07/01/2005 | $775.31 | 0.0% | 0.0% | N | Referral Required |
| 26145 | SYNOVECTOMY, TNDN SHEATH, HA | 07/01/2005 | $798.39 | 0.0% | 0.0% | N | Referral Required |
| 26160 | EXCISN LSN,TNDN SHEATH HAND | 07/01/2005 | $382.42 | 0.0% | 0.0% | N | Referral Required |
| 26170 | EXCISION, TENDON, HAND | 07/01/2005 | $464.42 | 0.0% | 0.0% | N | Referral Required |
| 26180 | EXCISION, TENDON, HAND | 07/01/2005 | $501.71 | 0.0% | 0.0% | N | Referral Required |
| 26185 | SESAMOIDECTOMY, THUMB OR FIN | 07/01/2005 | $490.60 | 0.0% | 0.0% | N | Referral Required |
| 2619 | SALIV GLND DX PROC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 26200 | EXCISION, CYST, METACARPAL | 07/01/2005 | $672.71 | 0.0% | 0.0% | N | Referral Required |
| 26205 | EXCISION, CYST, METACARPAL | 07/01/2005 | $801.53 | 0.0% | 0.0% | N | Referral Required |
| 2621 | SALIVARY CYST MARSUPIAL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 26210 | EXCISION, CYST, PHALANX, FNG | 07/01/2005 | $670.01 | 0.0% | 0.0% | N | Referral Required |
| 26215 | EXCISION, CYST, PHALANX, FNG | 07/01/2005 | $761.40 | 0.0% | 0.0% | N | Referral Required |
| 26230 | EXCISION, PARTIAL, METACARPA | 07/01/2005 | $668.31 | 0.0% | 0.0% | N | Referral Required |
| 26235 | EXCISION, PARTL, PHALANX, FN | 07/01/2005 | $651.92 | 0.0% | 0.0% | N | Referral Required |
| 26236 | EXCISION, PARTL, PHALANX, FN | 07/01/2005 | $620.36 | 0.0% | 0.0% | N | Referral Required |
| 26250 | OSTECTOMY, METACARPAL | 07/01/2005 | $860.95 | 0.0% | 0.0% | N | Referral Required |
| 26255 | OSTECTOMY, METACARPAL | 07/01/2005 | $1,085.49 | 0.0% | 0.0% | N | Referral Required |
| 26260 | OSTECTOMY, PHALANX, FINGER | 07/01/2005 | $809.53 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 26261 | OSTECTOMY, PHALANX, FINGER | 07/01/2005 | $874.25 | 0.0% | 0.0% | N | Referral Required |
| 26262 | RADICAL RESECTION FOR TUMOR | 07/01/2005 | $706.01 | 0.0% | 0.0% | N | Referral Required |
| 2629 | SALIV LESION EXCIS NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2630 | SIALOADENECTOMY NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2631 | PARTIAL SIALOADENECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2632 | COMPLETE SIALOADENECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 26320 | REMOVAL, IMPLANT, HAND | 07/01/2005 | $584.18 | 0.0% | 0.0% | N | Referral Required |
| 26340 | MANIPULATION, FINGER JOINT | 07/01/2005 | $245.47 | 0.0% | 0.0% | N | Referral Required |
| 26350 | REPAIR, TENDON, FINGER | 07/01/2005 | $897.37 | 0.0% | 0.0% | N | Referral Required |
| 26352 | REPAIR, TENDON, FINGER | 07/01/2005 | $945.38 | 0.0% | 0.0% | N | Referral Required |
| 26356 | FLEXOR TENDON REPAIR OR ADVA | 07/01/2005 | $1,020.29 | 0.0% | 0.0% | N | Referral Required |
| 26357 | FLEXOR TENDON REPAIR/ADVANCE | 07/01/2005 | $1,030.95 | 0.0% | 0.0% | N | Referral Required |
| 26358 | FLEXOR TENDON REPAIR SECOUNDARY W/ | 07/01/2005 | $1,089.33 | 0.0% | 0.0% | N | Referral Required |
| 26370 | PROFUNDUS TENDN REPR OR ADVA | 07/01/2005 | $953.04 | 0.0% | 0.0% | N | Referral Required |
| 26372 | PROFUNDUS TENDON REPAIR SECO | 07/01/2005 | $1,010.43 | 0.0% | 0.0% | N | Referral Required |
| 26373 | PROFUNDUS TENDON REPAIR/ADVA | 07/01/2005 | $1,058.34 | 0.0% | 0.0% | N | Referral Required |
| 26390 | EXCISION, FLEXOR TENDON, FIN | 07/01/2005 | $909.92 | 0.0% | 0.0% | N | Referral Required |
| 26392 | GRAFT, TENDON, FINGER | 07/01/2005 | $1,153.63 | 0.0% | 0.0% | N | Referral Required |
| 2641 | SUTURE OF SALIV GLND LAC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 26410 | REPAIR, TENDON, DORSUM | 07/01/2005 | $714.04 | 0.0% | 0.0% | N | Referral Required |
| 26412 | REPAIR, TENDON, DORSUM | 07/01/2005 | $797.60 | 0.0% | 0.0% | N | Referral Required |
| 26415 | EXTENSOR TENDON EXCISION IMP | 07/01/2005 | $913.32 | 0.0% | 0.0% | N | Referral Required |
| 26416 | REMOVAL TUBE/ROD INSERT OF E | 07/01/2005 | $985.12 | 0.0% | 0.0% | N | Referral Required |
| 26418 | REPAIR, TENDON, DORSUM | 07/01/2005 | $701.72 | 0.0% | 0.0% | N | Referral Required |
| 2642 | SALIVARY FISTULA CLOSURE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 26420 | REPAIR, TENDON, DORSUM | 07/01/2005 | $850.69 | 0.0% | 0.0% | N | Referral Required |
| 26426 | REPAIR, CENTRAL SLIP | 07/01/2005 | $798.54 | 0.0% | 0.0% | N | Referral Required |
| 26428 | REPAIR, CENTRAL SLIP | 07/01/2005 | $804.97 | 0.0% | 0.0% | N | Referral Required |
| 26432 | MALLET FINGER OPERATION | 07/01/2005 | $598.97 | 0.0% | 0.0% | N | Referral Required |
| 26433 | EXSTENSOR TENDON REPAIR, DIS | 07/01/2005 | $650.60 | 0.0% | 0.0% | N | Referral Required |
| 26434 | MALLET FINGER OPERATION | 07/01/2005 | $738.80 | 0.0% | 0.0% | N | Referral Required |
| 26437 | EXTENSOR TENDON REALIGNMENT, | 07/01/2005 | $690.69 | 0.0% | 0.0% | N | Referral Required |
| 26440 | TENOLYSIS, PALM | 07/01/2005 | $802.31 | 0.0% | 0.0% | N | Referral Required |
| 26442 | TENOLYSIS, PALM | 07/01/2005 | $951.61 | 0.0% | 0.0% | N | Referral Required |
| 26445 | TENOLYSIS, FINGER | 07/01/2005 | $768.34 | 0.0% | 0.0% | N | Referral Required |
| 26449 | TENOLYSIS, FINGER | 07/01/2005 | $933.10 | 0.0% | 0.0% | N | Referral Required |
| 26450 | TENOTOMY, PALM | 07/01/2005 | $428.18 | 0.0% | 0.0% | N | Referral Required |
| 26455 | TENOTOMY, PALM | 07/01/2005 | $416.39 | 0.0% | 0.0% | N | Referral Required |
| 26460 | TENOTOMY, PALM | 07/01/2005 | $398.79 | 0.0% | 0.0% | N | Referral Required |
| 26471 | TENODESIS, FINGER JOINT | 07/01/2005 | $679.67 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 26474 | TENODESIS, FINGER JOINT | 07/01/2005 | $643.38 | 0.0% | 0.0% | N | Referral Required |
| 26476 | TENDON LENGTHENING EXTENSOR HAND/ | 07/01/2005 | $617.89 | 0.0% | 0.0% | N | Referral Required |
| 26477 | TENDON SHORTENING EXTENSOR HAND/ | 07/01/2005 | $649.78 | 0.0% | 0.0% | N | Referral Required |
| 26478 | TENDON LENGTHENING FLEXOR HAND/FIN | 07/01/2005 | $709.34 | 0.0% | 0.0% | N | Referral Required |
| 26479 | TENDON SHORTENING FLEXOR HAND/FIN | 07/01/2005 | $673.33 | 0.0% | 0.0% | N | Referral Required |
| 26480 | TRANSPLANT, TENDON, HAND | 07/01/2005 | $904.46 | 0.0% | 0.0% | N | Referral Required |
| 26483 | TRANSPLANT, TENDON, HAND | 07/01/2005 | $970.84 | 0.0% | 0.0% | N | Referral Required |
| 26485 | TRANSPLANT, TENDON, HAND | 07/01/2005 | $957.52 | 0.0% | 0.0% | N | Referral Required |
| 26489 | TRANSPLANT, TENDON, HAND | 07/01/2005 | $934.35 | 0.0% | 0.0% | N | Referral Required |
| 2649 | SALIVARY REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 26490 | OPPONENS PLASTY, HAND | 07/01/2005 | $813.08 | 0.0% | 0.0% | N | Referral Required |
| 26492 | OPPONENS PLASTY, HAND | 07/01/2005 | $891.26 | 0.0% | 0.0% | N | Referral Required |
| 26494 | OPPONENS PLASTY, HAND | 07/01/2005 | $772.17 | 0.0% | 0.0% | N | Referral Required |
| 26496 | OPPONENS PLASTY; OTHER METHO | 07/01/2005 | $879.57 | 0.0% | 0.0% | N | Referral Required |
| 26497 | TENDON TRANSFER RESTORE INTR | 07/01/2005 | $908.24 | 0.0% | 0.0% | N | Referral Required |
| 26498 | TENDON TRANSFER TO RESTORE I | 07/01/2005 | $1,136.67 | 0.0% | 0.0% | N | Referral Required |
| 26499 | CORRECTION CLAW FINGER, OTHE | 07/01/2005 | $822.96 | 0.0% | 0.0% | N | Referral Required |
| 26500 | TENDON PULLEY RECNSTRCTN, HN | 07/01/2005 | $727.25 | 0.0% | 0.0% | N | Referral Required |
| 26502 | TENDON PULLEY RECNSTRCTN, HN | 07/01/2005 | $772.96 | 0.0% | 0.0% | N | Referral Required |
| 26504 | TENDON PULLEY RECONST W/TEND | 07/01/2005 | $756.86 | 0.0% | 0.0% | N | Referral Required |
| 26508 | THENAR MUSCLE RELEASE | 07/01/2005 | $696.26 | 0.0% | 0.0% | N | Referral Required |
| 26510 | CROSS INTRINSIC TRANSFER | 07/01/2005 | $676.75 | 0.0% | 0.0% | N | Referral Required |
| 26516 | CAPSULODESIS M-P JOINT STABI | 07/01/2005 | $771.24 | 0.0% | 0.0% | N | Referral Required |
| 26517 | CAPSULODESIS, FINGER JOINT | 07/01/2005 | $860.20 | 0.0% | 0.0% | N | Referral Required |
| 26518 | CAPSULODESIS, FINGER JOINT | 07/01/2005 | $870.87 | 0.0% | 0.0% | N | Referral Required |
| 26520 | CAPSULECTOMY, FINGER JOINT | 07/01/2005 | $816.57 | 0.0% | 0.0% | N | Referral Required |
| 26525 | CAPSULECTOMY, FINGER JOINT | 07/01/2005 | $820.48 | 0.0% | 0.0% | N | Referral Required |
| 26530 | ARTHROPLASTY, FINGER JOINT | 07/01/2005 | $895.58 | 0.0% | 0.0% | N | Referral Required |
| 26531 | ARTHROPLASTY, FINGER JOINT | 07/01/2005 | $944.26 | 0.0% | 0.0% | N | Referral Required |
| 26535 | ARTHROPLASTY, FINGER JOINT | 07/01/2005 | $567.31 | 0.0% | 0.0% | N | Referral Required |
| 26536 | ARTHROPLASTY, FINGER JOINT | 07/01/2005 | $837.39 | 0.0% | 0.0% | N | Referral Required |
| 26540 | RECNSTRCTN, LIGAMENT, FGR JN | 07/01/2005 | $726.49 | 0.0% | 0.0% | N | Referral Required |
| 26541 | RECNSTRCTN, LIGAMENT, FGR JN | 07/01/2005 | $871.14 | 0.0% | 0.0% | N | Referral Required |
| 26542 | REPAIR OF CALLATELAL LIGAMEN | 07/01/2005 | $739.21 | 0.0% | 0.0% | N | Referral Required |
| 26545 | RECNSTRCTN, LIGAMENT, FGR JNT | 07/01/2005 | $797.23 | 0.0% | 0.0% | N | Referral Required |
| 26546 | REPAIR NON-UNION, METACARPAL | 07/01/2005 | $868.77 | 0.0% | 0.0% | N | Referral Required |
| 26548 | REPAIR/RECONSTRUCT, FINGER,V | 07/01/2005 | $839.71 | 0.0% | 0.0% | N | Referral Required |
| 26550 | POLLICIZATION, FINGER | 07/01/2005 | $1,800.08 | 0.0% | 0.0% | N | Referral Required |
| 26551 | TOE-TO-HAND TRANSFER; GREAT | 07/01/2005 | $2,767.24 | 0.0% | 0.0% | N | Referral Required |
| 26553 | TOE-TO-HAND TRANSFER; OTHER | 07/01/2005 | $2,666.82 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 26554 | TOE-TO-HAND TRANSFER; OTHER | 07/01/2005 | $3,200.82 | 0.0% | 0.0% | N | Referral Required |
| 26555 | POSITIONAL CHANGE, FINGER | 07/01/2005 | $1,430.39 | 0.0% | 0.0% | N | Referral Required |
| 26556 | FREE TOE JOINT TRANSFER W/MI | 07/01/2005 | $2,802.48 | 0.0% | 0.0% | N | Referral Required |
| 26560 | REPAIR, SYNDACTLY, FINGERS | 07/01/2005 | $619.09 | 0.0% | 0.0% | N | Referral Required |
| 26561 | REPAIR, SYNDACTLY, FINGERS | 07/01/2005 | $1,020.17 | 0.0% | 0.0% | N | Referral Required |
| 26562 | REPAIR SYNDACTYLY EA WEB SPA | 07/01/2005 | $1,001.66 | 0.0% | 0.0% | N | Referral Required |
| 26565 | OSTEOTOMY, FINGER | 07/01/2005 | $745.79 | 0.0% | 0.0% | N | Referral Required |
| 26567 | OSTEOTOMY, FINGER | 07/01/2005 | $759.57 | 0.0% | 0.0% | N | Referral Required |
| 26568 | OSTEOPLASTY TO LENGTHEN META | 07/01/2005 | $990.33 | 0.0% | 0.0% | N | Referral Required |
| 26580 | REPAIR, CLEFT HAND | 07/01/2005 | $1,249.82 | 0.0% | 0.0% | N | Referral Required |
| 26587 | RECONSTRUCTION SUPERNUMERARY | 07/01/2005 | $679.79 | 0.0% | 0.0% | N | Referral Required |
| 26590 | REPAIR, MACRODACTLY | 07/01/2005 | $1,153.44 | 0.0% | 0.0% | N | Referral Required |
| 26591 | REPAIR INTRINSIC MUSCLES OF | 07/01/2005 | $593.32 | 0.0% | 0.0% | N | Referral Required |
| 26593 | RELEASE, INTRINSIC MUSCLES O | 07/01/2005 | $643.08 | 0.0% | 0.0% | N | Referral Required |
| 26596 | EXCISION CONSTRICTING RING O | 07/01/2005 | $676.96 | 0.0% | 0.0% | N | Referral Required |
| 26600 | FRACTURE, METACARPAL | 07/01/2005 | $212.19 | 0.0% | 0.0% | N | Referral Required |
| 26605 | FRACTURE, METACARPAL | 07/01/2005 | $309.36 | 0.0% | 0.0% | N | Referral Required |
| 26607 | TREATMENT CLOSED METACARPAL FRACT | 07/01/2005 | $480.91 | 0.0% | 0.0% | N | Referral Required |
| 26608 | PERCUTANEOUS SKELETAL FIXATION MET | 07/01/2005 | $498.64 | 0.0% | 0.0% | N | Referral Required |
| 26615 | FRACTURE, METACARPAL | 07/01/2005 | $483.13 | 0.0% | 0.0% | N | Referral Required |
| 26641 | TREATMENT OF CARPOMETACARPAL | 07/01/2005 | $366.83 | 0.0% | 0.0% | N | Referral Required |
| 26645 | FCTRE/DISLOC, CARPOMETACARPA | 07/01/2005 | $410.73 | 0.0% | 0.0% | N | Referral Required |
| 26650 | FCTRE/DISLOC, CARPOMETACARPA | 07/01/2005 | $517.95 | 0.0% | 0.0% | N | Referral Required |
| 26665 | FCTRE/DISLOC, CARPOMETACARPA | 07/01/2005 | $596.58 | 0.0% | 0.0% | N | Referral Required |
| 26670 | FCTRE/DISLOC, CARPOMETACARPA | 07/01/2005 | $352.76 | 0.0% | 0.0% | N | Referral Required |
| 26675 | FCTRE/DISLOC, CARPOMETACARPA | 07/01/2005 | $402.54 | 0.0% | 0.0% | N | Referral Required |
| 26676 | TREAT CLOSED CARPOMETACARPAL | 07/01/2005 | $521.79 | 0.0% | 0.0% | N | Referral Required |
| 26685 | FCTRE/DISLOC, CARPOMETACARPA | 07/01/2005 | $562.00 | 0.0% | 0.0% | N | Referral Required |
| 26686 | OPEN TREAT OF C/O CARPOMETAC | 07/01/2005 | $630.11 | 0.0% | 0.0% | N | Referral Required |
| 26700 | DISLOC, METACARPO-PHALANGEAL | 07/01/2005 | $304.69 | 0.0% | 0.0% | N | Referral Required |
| 26705 | DISLOC, METACARPO-PHALANGEAL | 07/01/2005 | $366.74 | 0.0% | 0.0% | N | Referral Required |
| 26706 | TREAT CLOSED METACARPOPHALAN | 07/01/2005 | $389.93 | 0.0% | 0.0% | N | Referral Required |
| 26715 | DISLOC, METACARPO-PHALANGEAL | 07/01/2005 | $505.08 | 0.0% | 0.0% | N | Referral Required |
| 26720 | FRACTURE, PHALANX, FINGER | 07/01/2005 | $164.48 | 0.0% | 0.0% | N | Referral Required |
| 26725 | FRACTURE, PHALANX, FINGER | 07/01/2005 | $301.81 | 0.0% | 0.0% | N | Referral Required |
| 26727 | TRTMT UNSTABLE PHALANGEAL SHAFT F | 07/01/2005 | $494.20 | 0.0% | 0.0% | N | Referral Required |
| 26735 | FRACTURE, PHALANX, FINGER | 07/01/2005 | $526.30 | 0.0% | 0.0% | N | Referral Required |
| 26740 | TREAT OF CLOSED ARTICULAR FX INVOLV | 07/01/2005 | $201.72 | 0.0% | 0.0% | N | Referral Required |
| 26742 | TREATMENT CLOSED ARTICULAR FRACTU | 07/01/2005 | $385.70 | 0.0% | 0.0% | N | Referral Required |
| 26746 | OPEN TX/ARTICULAR FX,METACARPAL-PHA | 07/01/2005 | $517.65 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 26750 | FRACTURE, PHALANX, FINGER | 07/01/2005 | $185.54 | 0.0% | 0.0% | N | Referral Required |
| 26755 | FRACTURE, PHALANX, FINGER | 07/01/2005 | $286.14 | 0.0% | 0.0% | N | Referral Required |
| 26756 | OPEN TREAT CLOSED/OPEN DISTAL PHALA | 07/01/2005 | $456.93 | 0.0% | 0.0% | N | Referral Required |
| 26765 | FRACTURE, PHALANX, FINGER | 07/01/2005 | $424.33 | 0.0% | 0.0% | N | Referral Required |
| 26770 | DISLC, INTPHALANGEAL JNT, FG | 07/01/2005 | $274.47 | 0.0% | 0.0% | N | Referral Required |
| 26775 | TREATMT CLOSED INTERPHALANGE | 07/01/2005 | $341.90 | 0.0% | 0.0% | N | Referral Required |
| 26776 | WITH PERCUTANEOUS PINNING | 07/01/2005 | $468.70 | 0.0% | 0.0% | N | Referral Required |
| 26785 | DISLC, INTPHALANGEAL JNT, FG | 07/01/2005 | $424.01 | 0.0% | 0.0% | N | Referral Required |
| 26806 | ARTHROSCOPY SHOULDER | 07/01/2005 | $831.96 | 0.0% | 0.0% | N | Referral Required |
| 26820 | FUSION IN OPPOSITION, THUMB | 07/01/2005 | $839.51 | 0.0% | 0.0% | N | Referral Required |
| 26841 | ARTHRODESIS, CARPOMTCRPL JNT | 07/01/2005 | $782.06 | 0.0% | 0.0% | N | Referral Required |
| 26842 | ARTHRODESIS, CARPOMTCRPL JNT | 07/01/2005 | $828.37 | 0.0% | 0.0% | N | Referral Required |
| 26843 | ARTHRODESIS, CARPOMTCRPL JNT | 07/01/2005 | $751.49 | 0.0% | 0.0% | N | Referral Required |
| 26844 | ARTHRODESIS, CARPOMTCRPL JNT | 07/01/2005 | $850.99 | 0.0% | 0.0% | N | Referral Required |
| 26850 | ARTHRODESIS, METCRPOPHALNGL | 07/01/2005 | $750.38 | 0.0% | 0.0% | N | Referral Required |
| 26852 | ARTHRODESIS, METCRPOPHALNGL JT | 07/01/2005 | $825.45 | 0.0% | 0.0% | N | Referral Required |
| 26860 | ARTHRODESIS, ITRPHLNGL JT, F | 07/01/2005 | $623.99 | 0.0% | 0.0% | N | Referral Required |
| 26861 | ARTHRODESIS INTERPHALANGEAL JNT W/ | 07/01/2005 | $99.39 | 0.0% | 0.0% | N | Referral Required |
| 26862 | ARTHRODESIS, ITRPHLNGL JT, F | 07/01/2005 | $783.48 | 0.0% | 0.0% | N | Referral Required |
| 26863 | ARTHRODESIS W/AUTOGRAFT, EACH ADDI | 07/01/2005 | $224.10 | 0.0% | 0.0% | N | Referral Required |
| 2691 | SALIVARY DUCT PROBING | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 26910 | AMPUTATION, METACARPAL | 07/01/2005 | $751.77 | 0.0% | 0.0% | N | Referral Required |
| 26951 | AMPUTATION, FINGER/THUMB | 07/01/2005 | $606.77 | 0.0% | 0.0% | N | Referral Required |
| 26952 | AMPUTATION, FINGER/THUMB | 07/01/2005 | $718.55 | 0.0% | 0.0% | N | Referral Required |
| 26989 | DERMODESIS | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2699 | SALIVARY OPERATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 26990 | DRAINAGE, ABSCESS, PELVIS | 07/01/2005 | $811.87 | 0.0% | 0.0% | N | Referral Required |
| 26991 | DRAINAGE, BURSA, HIP JOINT | 07/01/2005 | $629.91 | 0.0% | 0.0% | N | Referral Required |
| 26992 | INCISION, PELVIS | 07/01/2005 | $1,159.70 | 0.0% | 0.0% | N | Referral Required |
| 270 | DRAIN FACE & MOUTH FLOOR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 27000 | TENOTOMY,ADDUCTOR | 07/01/2005 | $463.32 | 0.0% | 0.0% | N | Referral Required |
| 27001 | TENOTOMY ABDUCTOR SUBCUTAN,O | 07/01/2005 | $545.38 | 0.0% | 0.0% | N | Referral Required |
| 27003 | TENOTOMY, ADDUCTOR, SUBCUTAN | 07/01/2005 | $578.88 | 0.0% | 0.0% | N | Referral Required |
| 27005 | TENOTOMY, ILIOPSOAS | 07/01/2005 | $719.55 | 0.0% | 0.0% | N | Referral Required |
| 27006 | TENOTOMY, ABDUCTORS | 07/01/2005 | $722.68 | 0.0% | 0.0% | N | Referral Required |
| 27025 | OBER-YOUNG FASCIOTOMY-SPICA- | 07/01/2005 | $774.88 | 0.0% | 0.0% | N | Referral Required |
| 27030 | ARTHROTOMY, HIP | 07/01/2005 | $912.84 | 0.0% | 0.0% | N | Referral Required |
| 27033 | ARTHROTOMY, HIP | 07/01/2005 | $933.24 | 0.0% | 0.0% | N | Referral Required |
| 27035 | DENERVATION, HIP JOINT | 07/01/2005 | $1,281.57 | 0.0% | 0.0% | N | Referral Required |
| 27036 | CAPSULECTOMY/OTOMY HIP, W/WO | 07/01/2005 | $960.14 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 27040 | BIOPSY, SOFT TISSUE OF PELVI | 07/01/2005 | $312.87 | 0.0% | 0.0% | N | Referral Required |
| 27041 | BIOPSY, SOFT TISSUES, DEEP | 07/01/2005 | $658.57 | 0.0% | 0.0% | N | Referral Required |
| 27047 | EXCISION OF TUMOR PELVIS, HI | 07/01/2005 | $588.48 | 0.0% | 0.0% | N | Referral Required |
| 27048 | EXCISION, TUMOR, HIP | 07/01/2005 | $500.61 | 0.0% | 0.0% | N | Referral Required |
| 27049 | RADICAL RESECTION TUMOR,SOFT | 07/01/2005 | $975.89 | 0.0% | 0.0% | N | Referral Required |
| 27050 | BIOPSY, SACROILIAC JOINT | 07/01/2005 | $415.02 | 0.0% | 0.0% | N | Referral Required |
| 27052 | BIOPSY, HIP JOINT | 07/01/2005 | $512.03 | 0.0% | 0.0% | N | Referral Required |
| 27054 | BIOPSY, HIP JOINT | 07/01/2005 | $681.33 | 0.0% | 0.0% | N | Referral Required |
| 27060 | EXCISION, ISCHIAL BURSA | 07/01/2005 | $444.59 | 0.0% | 0.0% | N | Referral Required |
| 27062 | EXCISION, TROCHANTERIC BURSA | 07/01/2005 | $448.66 | 0.0% | 0.0% | N | Referral Required |
| 27065 | EXCISION, CYST, PELVIS | 07/01/2005 | $512.02 | 0.0% | 0.0% | N | Referral Required |
| 27066 | EXCISION, CYST, PELVIS | 07/01/2005 | $811.80 | 0.0% | 0.0% | N | Referral Required |
| 27067 | EXCISION OF BONE CYST/BENIGN | 07/01/2005 | $1,013.95 | 0.0% | 0.0% | N | Referral Required |
| 27070 | EXCISION, PARTIAL, ILIUM WIN | 07/01/2005 | $995.74 | 0.0% | 0.0% | N | Referral Required |
| 27071 | EXCISION, PARTIAL, ILIUM WIN | 07/01/2005 | $1,056.85 | 0.0% | 0.0% | N | Referral Required |
| 27075 | RESECTION, HIP | 07/01/2005 | $2,150.74 | 0.0% | 0.0% | N | Referral Required |
| 27076 | ILIUM,INCLUDE ACETABULUM,PUB | 07/01/2005 | $1,512.06 | 0.0% | 0.0% | N | Referral Required |
| 27077 | INNOMINATE BONE, TOTAL | 07/01/2005 | $2,506.99 | 0.0% | 0.0% | N | Referral Required |
| 27078 | RAD RESECT TUMOR/ISCHIAL TUB | 07/01/2005 | $1,052.81 | 0.0% | 0.0% | N | Referral Required |
| 27079 | RADICAL RESECTION FOR TUMOR | 07/01/2005 | $972.75 | 0.0% | 0.0% | N | Referral Required |
| 27080 | COCCYGECTOMY-PRIMARY | 07/01/2005 | $497.04 | 0.0% | 0.0% | N | Referral Required |
| 27086 | REMOVAL FB PELVIS OR HIP SUB | 07/01/2005 | $263.59 | 0.0% | 0.0% | N | Referral Required |
| 27087 | REMOVAL, FOREIGN BODY, HIP | 07/01/2005 | $626.01 | 0.0% | 0.0% | N | Referral Required |
| 27090 | REMOVAL, HIP IMPLANT | 07/01/2005 | $805.43 | 0.0% | 0.0% | N | Referral Required |
| 27091 | REMOVAL HIP PROSTHESIS COMPL | 07/01/2005 | $1,354.34 | 0.0% | 0.0% | N | Referral Required |
| 27093 | INJ PROCEDURE HIP ARTHROGRAP | 07/01/2005 | $497.14 | 0.0% | 0.0% | N | Referral Required |
| 27095 | ARTHROGRAPHY HIP INJ PROCEDU | 07/01/2005 | $419.01 | 0.0% | 0.0% | N | Referral Required |
| 27096 | INJECTION FOR SACROILIAC JOINT | 07/01/2005 | $344.39 | 0.0% | 0.0% | N | Referral Required |
| 27097 | HAMSTRING RECESSION | 07/01/2005 | $607.75 | 0.0% | 0.0% | N | Referral Required |
| 27098 | ADDUCTOR TRANSFER | 07/01/2005 | $643.87 | 0.0% | 0.0% | N | Referral Required |
| 271 | INCISION OF PALATE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 27100 | TRANSFER, MUSCLE, OBLIQUE | 07/01/2005 | $858.08 | 0.0% | 0.0% | N | Referral Required |
| 27105 | TRANSFER, MUSCLE, PARASPINAL | 07/01/2005 | $855.19 | 0.0% | 0.0% | N | Referral Required |
| 27110 | TRANSFER, ILIOPSOAS | 07/01/2005 | $931.66 | 0.0% | 0.0% | N | Referral Required |
| 27111 | TRANSFER,ILIOPSOAS | 07/01/2005 | $853.30 | 0.0% | 0.0% | N | Referral Required |
| 27120 | ACETABULOPLASTY | 07/01/2005 | $1,165.07 | 0.0% | 0.0% | N | Referral Required |
| 27122 | ACETABULOPLASTY | 07/01/2005 | $1,055.77 | 0.0% | 0.0% | N | Referral Required |
| 27125 | ARTHROPLASTY, PROSTHESIS | 07/01/2005 | $1,029.59 | 0.0% | 0.0% | Y | Referral Required |
| 27130 | TOTAL HIP REPLACEMENT | 07/01/2005 | $1,343.62 | 0.0% | 0.0% | Y | Referral Required |
| 27132 | CONVERSION OF PREV HIP SURG | 07/01/2005 | $1,526.31 | 0.0% | 0.0% | Y | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 27134 | REVISION TOTAL HIP ARTHROPLA | 07/01/2005 | $1,820.44 | 0.0% | 0.0% | Y | Referral Required |
| 27137 | REVISION TOTAL HIP ACETABULA | 07/01/2005 | $1,396.08 | 0.0% | 0.0% | Y | Referral Required |
| 27138 | REVISION TOTAL HIP ARTHROPLA | 07/01/2005 | $1,447.87 | 0.0% | 0.0% | Y | Referral Required |
| 27140 | OSTEOTOMY, GREATER TROCHANTE | 07/01/2005 | $867.01 | 0.0% | 0.0% | N | Referral Required |
| 27146 | OSTEOTOMY, ILIAC/ACETABULAR | 07/01/2005 | $1,193.34 | 0.0% | 0.0% | N | Referral Required |
| 27147 | OSTEOTOMY, ILIAC/ACETABULAR | 07/01/2005 | $1,379.04 | 0.0% | 0.0% | N | Referral Required |
| 27151 | OSTEOTOMY ILIAC ACETABULAR W | 07/01/2005 | $1,494.29 | 0.0% | 0.0% | N | Referral Required |
| 27156 | OSTEOTOMY ILIAC W/FEMORAL OS | 07/01/2005 | $1,606.00 | 0.0% | 0.0% | N | Referral Required |
| 27158 | OSTEOTOMY, PELVIS | 07/01/2005 | $1,273.03 | 0.0% | 0.0% | N | Referral Required |
| 27161 | OSTEOTOMY, FEMORAL NECK | 07/01/2005 | $1,122.15 | 0.0% | 0.0% | N | Referral Required |
| 27165 | OSTEOTOMY, INTERTROCHANTERIC | 07/01/2005 | $1,183.71 | 0.0% | 0.0% | N | Referral Required |
| 27170 | GRAFT, FEMORAL/TROCHANTERIC | 07/01/2005 | $1,086.66 | 0.0% | 0.0% | N | Referral Required |
| 27175 | SLIPPED EPIPHYSIS, FEMORAL | 07/01/2005 | $566.24 | 0.0% | 0.0% | N | Referral Required |
| 27176 | SLIPPED EPIPHYSIS, FEMORAL | 07/01/2005 | $802.59 | 0.0% | 0.0% | N | Referral Required |
| 27177 | REDUCTION, SLIPPED EPIPHYSIS | 07/01/2005 | $985.30 | 0.0% | 0.0% | N | Referral Required |
| 27178 | REDUCTION, SLIPPED EPIPHYSIS | 07/01/2005 | $797.12 | 0.0% | 0.0% | N | Referral Required |
| 27179 | HEYMAN PROCEDURE | 07/01/2005 | $861.14 | 0.0% | 0.0% | N | Referral Required |
| 27181 | SLIPPED EPIPHYSIS, FEMORAL | 07/01/2005 | $954.12 | 0.0% | 0.0% | N | Referral Required |
| 27185 | EPIPHYSEAL ARREST, TROCHANTE | 07/01/2005 | $685.79 | 0.0% | 0.0% | N | Referral Required |
| 27187 | PROPHYLACTIC TREATMENT, FEMO | 07/01/2005 | $969.06 | 0.0% | 0.0% | N | Referral Required |
| 27193 | CLOSED TRTMENT OF PELVIC RIN | 07/01/2005 | $450.13 | 0.0% | 0.0% | N | Referral Required |
| 27194 | CLOSED TREAT PELVIC RING FX | 07/01/2005 | $675.53 | 0.0% | 0.0% | N | Referral Required |
| 27200 | FRACTURE, COCCYX | 07/01/2005 | $173.64 | 0.0% | 0.0% | N | Referral Required |
| 27202 | OPEN TREATMENT OF CLOSED/OPE | 07/01/2005 | $979.96 | 0.0% | 0.0% | N | Referral Required |
| 2721 | BONY PALATE BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 27215 | OPEN TREAT ILIAC SPINES TUBE | 07/01/2005 | $737.07 | 0.0% | 0.0% | N | Referral Required |
| 27216 | PERCUTANEOUS SKELETAL FIXATI | 07/01/2005 | $1,098.64 | 0.0% | 0.0% | N | Referral Required |
| 27217 | OPEN TREAT ANTERIOR RING FX | 07/01/2005 | $967.57 | 0.0% | 0.0% | N | Referral Required |
| 27218 | OPEN TREAT POSTERIOR RING FX | 07/01/2005 | $1,328.75 | 0.0% | 0.0% | N | Referral Required |
| 2722 | BX UVULA AND SOFT PALATE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 27220 | FRACTURE, ACETABULUM | 07/01/2005 | $485.14 | 0.0% | 0.0% | N | Referral Required |
| 27222 | FRACTURE, ACETABULUM | 07/01/2005 | $832.27 | 0.0% | 0.0% | N | Referral Required |
| 27226 | OPEN TREAT ACETABULAR WALL F | 07/01/2005 | $917.04 | 0.0% | 0.0% | N | Referral Required |
| 27227 | OPEN TREATMENT ACETABULAR FX | 07/01/2005 | $1,472.57 | 0.0% | 0.0% | N | Referral Required |
| 27228 | OPEN TREAT ACETABULAR FX 2 C | 07/01/2005 | $1,696.82 | 0.0% | 0.0% | N | Referral Required |
| 2723 | LIP BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 27230 | FRACTURE, FEMUR | 07/01/2005 | $463.06 | 0.0% | 0.0% | N | Referral Required |
| 27232 | FRACTURE, FEMUR | 07/01/2005 | $718.63 | 0.0% | 0.0% | N | Referral Required |
| 27235 | FRACTURE, FEMUR | 07/01/2005 | $840.45 | 0.0% | 0.0% | N | Referral Required |
| 27236 | FRACTURE, FEMUR | 07/01/2005 | $1,030.74 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 27238 | FRACTURE, INTERTROCHANTERIC | 07/01/2005 | $422.74 | 0.0% | 0.0% | N | Referral Required |
| 2724 | MOUTH BIOPSY NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 27240 | FRACTURE, INTERTROCHANTERIC | 07/01/2005 | $823.91 | 0.0% | 0.0% | N | Referral Required |
| 27244 | FRACTURE, INTERTROCHANTERIC | 07/01/2005 | $1,052.50 | 0.0% | 0.0% | N | Referral Required |
| 27245 | OPEN TREAT FEMORAL FX W/INTR | 07/01/2005 | $1,299.18 | 0.0% | 0.0% | N | Referral Required |
| 27246 | FRACTURE, GREATER TROCHANTER | 07/01/2005 | $423.10 | 0.0% | 0.0% | N | Referral Required |
| 27248 | FRACTURE, GREATER TROCHANTER | 07/01/2005 | $739.74 | 0.0% | 0.0% | N | Referral Required |
| 27250 | DISLOCATION, HIP | 07/01/2005 | $478.97 | 0.0% | 0.0% | N | Referral Required |
| 27252 | DISLOCATION, HIP | 07/01/2005 | $673.70 | 0.0% | 0.0% | N | Referral Required |
| 27253 | DISLOCATION, HIP | 07/01/2005 | $865.03 | 0.0% | 0.0% | N | Referral Required |
| 27254 | DISLOCATION, HIP | 07/01/2005 | $1,175.69 | 0.0% | 0.0% | N | Referral Required |
| 27256 | DISLOCATION, HIP | 07/01/2005 | $299.66 | 0.0% | 0.0% | N | Referral Required |
| 27257 | DISLOCATION, HIP | 07/01/2005 | $349.78 | 0.0% | 0.0% | N | Referral Required |
| 27258 | DISLOCATION, HIP | 07/01/2005 | $1,053.43 | 0.0% | 0.0% | N | Referral Required |
| 27259 | OPEN TREAT CONGENITAL HIP W/ | 07/01/2005 | $1,425.97 | 0.0% | 0.0% | N | Referral Required |
| 27265 | TREATMENT ATRAUMATIC HIP DIS | 07/01/2005 | $394.87 | 0.0% | 0.0% | N | Referral Required |
| 27266 | TREATMENT OF ATRAUMATIC HIP | 07/01/2005 | $536.46 | 0.0% | 0.0% | N | Referral Required |
| 27275 | MANIPULATION, HIP JOINTS | 07/01/2005 | $206.97 | 0.0% | 0.0% | N | Referral Required |
| 27280 | ARTHRODESIS, SACRO-ILIAC JOI | 07/01/2005 | $979.21 | 0.0% | 0.0% | Y | Referral Required |
| 27282 | ARTHRODESIS, SYMPHYSIS PUBIS | 07/01/2005 | $836.31 | 0.0% | 0.0% | N | Referral Required |
| 27284 | ARTHRODESIS, HIP JOINT | 07/01/2005 | $1,510.32 | 0.0% | 0.0% | N | Referral Required |
| 27286 | ARTHRODESIS, HIP JOINT | 07/01/2005 | $1,519.43 | 0.0% | 0.0% | N | Referral Required |
| 2729 | ORAL CAVITY DX PROC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 27290 | INTERPELVIABDOMINAL AMPUTATI | 07/01/2005 | $1,465.82 | 0.0% | 0.0% | N | Referral Required |
| 27295 | DISARTICULATION, HIP | 07/01/2005 | $1,198.45 | 0.0% | 0.0% | N | Referral Required |
| 27299 | UNLISTED PROCEDURE, PELVIS O | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 27301 | INCISION/DRAINAGE DEEP ABSCE | 07/01/2005 | $753.55 | 0.0% | 0.0% | N | Referral Required |
| 27303 | INCISION DEEP W/OPENING BONE | 07/01/2005 | $802.16 | 0.0% | 0.0% | N | Referral Required |
| 27305 | FASCIOTOMY, ILIO-TIBIAL | 07/01/2005 | $520.52 | 0.0% | 0.0% | N | Referral Required |
| 27306 | TENOTOMY, DISTAL HAMSTRING | 07/01/2005 | $426.72 | 0.0% | 0.0% | N | Referral Required |
| 27307 | TENOTOMY, DISTAL HAMSTRING | 07/01/2005 | $492.29 | 0.0% | 0.0% | N | Referral Required |
| 2731 | LOC EXC BONY PALATE LES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 27310 | ARTHROTOMY, KNEE | 07/01/2005 | $692.32 | 0.0% | 0.0% | N | Referral Required |
| 27315 | NEURECTOMY, HAMSTRING MUSCLE | 07/01/2005 | $398.87 | 0.0% | 0.0% | N | Referral Required |
| 2732 | WIDE EXC BONY PALATE LES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 27320 | NEURECTOMY, POPLITEAL | 07/01/2005 | $408.58 | 0.0% | 0.0% | N | Referral Required |
| 27323 | BIOPSY, SOFT TISSUE THIGH OR | 07/01/2005 | $269.10 | 0.0% | 0.0% | N | Referral Required |
| 27324 | BIOPSY SOFT TISSUE DEEP THIG | 07/01/2005 | $411.46 | 0.0% | 0.0% | N | Referral Required |
| 27327 | EXCISION TUMOR THIGH OR KNEE | 07/01/2005 | $449.78 | 0.0% | 0.0% | N | Referral Required |
| 27328 | EXCISION TUMOR THIGH OR KNEE | 07/01/2005 | $450.08 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 27329 | RADICAL RESECTION OF TUMOR/S | 07/01/2005 | $1,035.92 | 0.0% | 0.0% | N | Referral Required |
| 27330 | ARTHROTOMY, KNEE | 07/01/2005 | $403.07 | 0.0% | 0.0% | N | Referral Required |
| 27331 | ARTHROTOMY, KNEE | 07/01/2005 | $476.24 | 0.0% | 0.0% | N | Referral Required |
| 27332 | ARTHROTOMY, KNEE | 07/01/2005 | $610.82 | 0.0% | 0.0% | N | Referral Required |
| 27333 | ARTHROTOMY, KNEE | 07/01/2005 | $562.13 | 0.0% | 0.0% | N | Referral Required |
| 27334 | ARTHROTOMY, KNEE | 07/01/2005 | $659.11 | 0.0% | 0.0% | N | Referral Required |
| 27335 | ARTHROTOMY, KNEE | 07/01/2005 | $735.36 | 0.0% | 0.0% | N | Referral Required |
| 27340 | EXCISION, BURSA, PREPATELLAR | 07/01/2005 | $360.28 | 0.0% | 0.0% | N | Referral Required |
| 27345 | EXCISION, CYST, POPLITEAL | 07/01/2005 | $475.37 | 0.0% | 0.0% | N | Referral Required |
| 27347 | EXCISION OF LESION OF MEN. OR CAP. | 07/01/2005 | $309.27 | 0.0% | 0.0% | N | Referral Required |
| 27350 | PATELLECTOMY | 07/01/2005 | $610.86 | 0.0% | 0.0% | N | Referral Required |
| 27355 | EXCISION, CYST, FEMUR | 07/01/2005 | $637.21 | 0.0% | 0.0% | N | Referral Required |
| 27356 | EXCISION BONE CYST BENIGN TU | 07/01/2005 | $738.84 | 0.0% | 0.0% | N | Referral Required |
| 27357 | EXCISION, CYST, FEMUR | 07/01/2005 | $794.35 | 0.0% | 0.0% | N | Referral Required |
| 27358 | EXCISION/CURETTAGE BONE CYST | 07/01/2005 | $271.83 | 0.0% | 0.0% | N | Referral Required |
| 27360 | EXCISION, PARTIAL, FEMUR | 07/01/2005 | $1,012.72 | 0.0% | 0.0% | N | Referral Required |
| 27365 | RESECTION, FEMUR | 07/01/2005 | $1,112.47 | 0.0% | 0.0% | N | Referral Required |
| 27370 | ARTHROGRAPHY, KNEE, INJECTIO | 07/01/2005 | $402.15 | 0.0% | 0.0% | N | Referral Required |
| 27372 | REMOVAL FB DEEP THIGH/KNEE | 07/01/2005 | $479.88 | 0.0% | 0.0% | N | Referral Required |
| 27380 | SUTURE, TENDON, INFRAPATELLA | 07/01/2005 | $559.18 | 0.0% | 0.0% | N | Referral Required |
| 27381 | SUTURE INFRAPATELLAR TENDON | 07/01/2005 | $740.22 | 0.0% | 0.0% | N | Referral Required |
| 27385 | SUTURE, MUSCLE, QUADRICEPS | 07/01/2005 | $594.33 | 0.0% | 0.0% | N | Referral Required |
| 27386 | SUTURE, MUSCLE, QUADRICEPS | 07/01/2005 | $774.81 | 0.0% | 0.0% | N | Referral Required |
| 27390 | TENOTOMY, HAMSTRING | 07/01/2005 | $476.02 | 0.0% | 0.0% | N | Referral Required |
| 27391 | TENOTOMY, HAMSTRING | 07/01/2005 | $577.27 | 0.0% | 0.0% | N | Referral Required |
| 27392 | TENOTOMY, HAMSTRING,KNEE-HIP | 07/01/2005 | $722.04 | 0.0% | 0.0% | N | Referral Required |
| 27393 | LENGTHENING, TENDON, HAMSTRI | 07/01/2005 | $525.66 | 0.0% | 0.0% | N | Referral Required |
| 27394 | LENGTHENING, TENDON, HAMSTRI | 07/01/2005 | $674.61 | 0.0% | 0.0% | N | Referral Required |
| 27395 | LENGTHENING OF HAMSTRING TEN | 07/01/2005 | $887.87 | 0.0% | 0.0% | N | Referral Required |
| 27396 | TRANSPLANT, TENDON, HAMSTRIN | 07/01/2005 | $622.07 | 0.0% | 0.0% | N | Referral Required |
| 27397 | TRANSPLANT, TENDON, HAMSTRIN | 07/01/2005 | $821.89 | 0.0% | 0.0% | N | Referral Required |
| 27400 | TRANSFER, MUSCLE, HAMSTRING | 07/01/2005 | $698.79 | 0.0% | 0.0% | N | Referral Required |
| 27403 | ARTHROTOMY W/OPEN MENISCUS R | 07/01/2005 | $614.49 | 0.0% | 0.0% | N | Referral Required |
| 27405 | REPAIR, LIGAMENT, KNEE | 07/01/2005 | $657.63 | 0.0% | 0.0% | N | Referral Required |
| 27407 | REPAIR, LIGAMENT, KNEE | 07/01/2005 | $747.84 | 0.0% | 0.0% | N | Referral Required |
| 27409 | REPAIR, LIGAMENT, KNEE | 07/01/2005 | $896.54 | 0.0% | 0.0% | N | Referral Required |
| 2741 | LABIAL FRENUMECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 27415 | OSTEOCHONDRAL ALLOGRAFT, KNEE | 07/01/2005 | $1,207.22 | 0.0% | 0.0% | N | Referral Required |
| 27418 | ANTERIOR TIBIAL TUBERCLEPLAS | 07/01/2005 | $781.33 | 0.0% | 0.0% | N | Referral Required |
| 2742 | WIDE EXCISION OF LIP LES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 27420 | RECONSTRUCTION, PATELLA | 07/01/2005 | $705.24 | 0.0% | 0.0% | N | Referral Required |
| 27422 | RECONSTRUCTION, PATELLA | 07/01/2005 | $701.94 | 0.0% | 0.0% | N | Referral Required |
| 27424 | RECONSTRUCTION, PATELLA | 07/01/2005 | $700.56 | 0.0% | 0.0% | N | Referral Required |
| 27425 | LATERAL RETINACULAR RELEASE | 07/01/2005 | $442.08 | 0.0% | 0.0% | N | Referral Required |
| 27427 | LIGAMENT RECONSTRUCTION KNEE | 07/01/2005 | $676.74 | 0.0% | 0.0% | N | Referral Required |
| 27428 | RECONSTRUCTION KNEE INTRAART | 07/01/2005 | $964.27 | 0.0% | 0.0% | N | Referral Required |
| 27429 | RECONSTRUCTION KNEE INTRA AN | 07/01/2005 | $1,050.97 | 0.0% | 0.0% | N | Referral Required |
| 2743 | EXCISION OF LIP LES NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 27430 | QUADRICEPSPLASTY | 07/01/2005 | $699.91 | 0.0% | 0.0% | N | Referral Required |
| 27435 | CAPSULOTOMY, KNEE | 07/01/2005 | $685.80 | 0.0% | 0.0% | N | Referral Required |
| 27437 | ARTHROPLASTY PATELLA | 07/01/2005 | $658.49 | 0.0% | 0.0% | N | Referral Required |
| 27438 | ARTHROPLASTY PATELLA W/PROST | 07/01/2005 | $807.49 | 0.0% | 0.0% | N | Referral Required |
| 27440 | ARTHROPLASTY, KNEE, TIBIAL P | 07/01/2005 | $762.24 | 0.0% | 0.0% | N | Referral Required |
| 27441 | ARTHROPLASTY W/DEBRIDEMENT A | 07/01/2005 | $788.14 | 0.0% | 0.0% | N | Referral Required |
| 27442 | ARTHROPLASTY, KNEE, FEMORAL | 07/01/2005 | $847.67 | 0.0% | 0.0% | N | Referral Required |
| 27443 | ARTHROPLASTY W/DEBRIDEMENT & | 07/01/2005 | $803.22 | 0.0% | 0.0% | N | Referral Required |
| 27445 | ARTHROPLASTY KNEE CONSTRAINE | 07/01/2005 | $1,177.05 | 0.0% | 0.0% | Y | Referral Required |
| 27446 | ARTHROPLASTY KNEE CONDYLE/PL | 07/01/2005 | $1,082.05 | 0.0% | 0.0% | Y | Referral Required |
| 27447 | TOTAL KNEE REPLACEMENT | 07/01/2005 | $1,401.52 | 0.0% | 0.0% | Y | Referral Required |
| 27448 | OSTEOTOMY, FEMUR | 07/01/2005 | $821.58 | 0.0% | 0.0% | N | Referral Required |
| 27450 | OSTEOTOMY, FEMUR | 07/01/2005 | $996.09 | 0.0% | 0.0% | N | Referral Required |
| 27454 | OSTEOTOMY, FEMUR | 07/01/2005 | $1,200.24 | 0.0% | 0.0% | N | Referral Required |
| 27455 | OSTEOTOMY, PROXIMAL TIBIA | 07/01/2005 | $909.40 | 0.0% | 0.0% | N | Referral Required |
| 27457 | OSTEOTOMY, PROXIMAL TIBIA | 07/01/2005 | $906.20 | 0.0% | 0.0% | N | Referral Required |
| 27465 | OSTEOPLASTY, FEMORAL | 07/01/2005 | $998.86 | 0.0% | 0.0% | N | Referral Required |
| 27466 | OSTEOPLASTY, FEMORAL | 07/01/2005 | $1,157.81 | 0.0% | 0.0% | N | Referral Required |
| 27468 | OSTEOPLASTY, FEMORAL | 07/01/2005 | $1,213.47 | 0.0% | 0.0% | N | Referral Required |
| 27470 | REPAIR, MALUNION, FEMUR | 07/01/2005 | $1,150.46 | 0.0% | 0.0% | N | Referral Required |
| 27472 | REPAIR, MALUNION, FEMUR | 07/01/2005 | $1,244.53 | 0.0% | 0.0% | N | Referral Required |
| 27475 | EPIPHYSEAL ARREST, FEMUR | 07/01/2005 | $645.89 | 0.0% | 0.0% | N | Referral Required |
| 27477 | EPIPHYSEAL ARST, TIBIA & FIB | 07/01/2005 | $712.25 | 0.0% | 0.0% | N | Referral Required |
| 27479 | EPIPHYSEAL ARREST, KNEE | 07/01/2005 | $893.40 | 0.0% | 0.0% | N | Referral Required |
| 27485 | HEMI-EPIPHYSEAL ARREST, LEG | 07/01/2005 | $651.49 | 0.0% | 0.0% | N | Referral Required |
| 27486 | RIVISION TOTAL KNEE ARTHROPL | 07/01/2005 | $1,276.14 | 0.0% | 0.0% | Y | Referral Required |
| 27487 | REVISION TOTAL KNEE W/WO ALL | 07/01/2005 | $1,610.98 | 0.0% | 0.0% | Y | Referral Required |
| 27488 | REMOVAL KNEE PROSTHESIS INCL | 07/01/2005 | $1,076.62 | 0.0% | 0.0% | N | Referral Required |
| 2749 | EXCISION OF MOUTH NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 27495 | PROPHYLACTIC TREATMENT W OR | 07/01/2005 | $1,121.06 | 0.0% | 0.0% | N | Referral Required |
| 27496 | DECOMPRESSION FASCIOTOMY THI | 07/01/2005 | $496.98 | 0.0% | 0.0% | N | Referral Required |
| 27497 | DECOMPRESS FASCIOTOMY THIGH | 07/01/2005 | $543.02 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 27498 | DECOMPRESSION FASCIOTOMY HIG | 07/01/2005 | $581.89 | 0.0% | 0.0% | N | Referral Required |
| 27499 | DECOMPRESS FASCIOTOMY THIGH | 07/01/2005 | $656.80 | 0.0% | 0.0% | N | Referral Required |
| 27500 | FRACTURE, FEMUR | 07/01/2005 | $552.77 | 0.0% | 0.0% | N | Referral Required |
| 27501 | CLOSED TREAT SUPRACONDYLAR F | 07/01/2005 | $588.99 | 0.0% | 0.0% | N | Referral Required |
| 27502 | FRACTURE, FEMUR | 07/01/2005 | $780.50 | 0.0% | 0.0% | N | Referral Required |
| 27503 | CLOSED TREAT SUPRACONDYLAR F | 07/01/2005 | $780.16 | 0.0% | 0.0% | N | Referral Required |
| 27506 | FRACTURE, FEMUR | 07/01/2005 | $1,152.27 | 0.0% | 0.0% | N | Referral Required |
| 27507 | OPEN TREAT FEMORAL SHAFT FX | 07/01/2005 | $955.00 | 0.0% | 0.0% | N | Referral Required |
| 27508 | FRACTURE, FEMUR | 07/01/2005 | $461.37 | 0.0% | 0.0% | N | Referral Required |
| 27509 | PERCUTANEOUS SKELETAL FIXATI | 07/01/2005 | $609.19 | 0.0% | 0.0% | N | Referral Required |
| 2751 | SUTURE OF LIP LACERATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 27510 | FRACTURE, FEMUR | 07/01/2005 | $595.28 | 0.0% | 0.0% | N | Referral Required |
| 27511 | OPEN TREAT FEMORAL SUPRACOND | 07/01/2005 | $968.07 | 0.0% | 0.0% | N | Referral Required |
| 27513 | OPEN TREAT FEMORAL SUPRACOND | 07/01/2005 | $1,213.14 | 0.0% | 0.0% | N | Referral Required |
| 27514 | FRACTURE, FEMUR | 07/01/2005 | $1,147.70 | 0.0% | 0.0% | N | Referral Required |
| 27516 | FRACTURE, FEMUR | 07/01/2005 | $470.46 | 0.0% | 0.0% | N | Referral Required |
| 27517 | FRACTURE, FEMUR | 07/01/2005 | $666.80 | 0.0% | 0.0% | N | Referral Required |
| 27519 | FRACTURE, FEMUR | 07/01/2005 | $1,012.16 | 0.0% | 0.0% | N | Referral Required |
| 2752 | SUTURE OF MOUTH LAC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 27520 | FRACTURE, PATELLA | 07/01/2005 | $290.90 | 0.0% | 0.0% | N | Referral Required |
| 27524 | FRACTURE, PATELLA | 07/01/2005 | $682.35 | 0.0% | 0.0% | N | Referral Required |
| 2753 | CLOSURE OF MOUTH FISTULA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 27530 | FRACTURE, TIBIA | 07/01/2005 | $343.59 | 0.0% | 0.0% | N | Referral Required |
| 27532 | FRACTURE, TIBIA | 07/01/2005 | $534.21 | 0.0% | 0.0% | N | Referral Required |
| 27535 | OPEN TREAT TIBIAL FX PROXIMA | 07/01/2005 | $844.88 | 0.0% | 0.0% | N | Referral Required |
| 27536 | FRACTURE, TIBIA | 07/01/2005 | $1,005.32 | 0.0% | 0.0% | N | Referral Required |
| 27538 | FRACTURE, TIBIA | 07/01/2005 | $439.94 | 0.0% | 0.0% | N | Referral Required |
| 2754 | REPAIR OF CLEFT LIP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 27540 | FRACTURE, TIBIA | 07/01/2005 | $859.76 | 0.0% | 0.0% | N | Referral Required |
| 2755 | FULL-THICK GRFT TO MOUTH | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 27550 | DISLOCATION, KNEE | 07/01/2005 | $470.83 | 0.0% | 0.0% | N | Referral Required |
| 27552 | DISLOCATION, KNEE | 07/01/2005 | $570.17 | 0.0% | 0.0% | N | Referral Required |
| 27556 | DISLOCATION, KNEE | 07/01/2005 | $1,032.97 | 0.0% | 0.0% | N | Referral Required |
| 27557 | OPEN TREAT KNEE DISLOC W/PRI | 07/01/2005 | $1,168.49 | 0.0% | 0.0% | N | Referral Required |
| 27558 | O TREAT KNEE DISLOC W/PRIME | 07/01/2005 | $1,209.56 | 0.0% | 0.0% | N | Referral Required |
| 2756 | SKIN GRAFT TO MOUTH NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 27560 | TREAT CLOSED PATELLAR DISLOC | 07/01/2005 | $339.36 | 0.0% | 0.0% | N | Referral Required |
| 27562 | DISLOCATION, PATELLA | 07/01/2005 | $408.37 | 0.0% | 0.0% | N | Referral Required |
| 27566 | DISLOCATION, PATELLA | 07/01/2005 | $805.37 | 0.0% | 0.0% | N | Referral Required |
| 2757 | PEDICLE ATTACH TO MOUTH | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 27570 | MANIPULATION, KNEE JOINT | 07/01/2005 | $174.04 | 0.0% | 0.0% | N | Referral Required |
| 27580 | FUSION, KNEE | 07/01/2005 | $1,296.24 | 0.0% | 0.0% | N | Referral Required |
| 2759 | MOUTH REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 27590 | AMPUTATION, THIGH | 07/01/2005 | $876.28 | 0.0% | 0.0% | N | Referral Required |
| 27591 | AMPUTATION THIGH IMM FITTING | 07/01/2005 | $949.12 | 0.0% | 0.0% | N | Referral Required |
| 27592 | AMPUTATION, THIGH | 07/01/2005 | $796.65 | 0.0% | 0.0% | N | Referral Required |
| 27594 | AMPUTATION, THIGH | 07/01/2005 | $563.04 | 0.0% | 0.0% | N | Referral Required |
| 27596 | AMPUTATION, THIGH | 07/01/2005 | $821.79 | 0.0% | 0.0% | N | Referral Required |
| 27598 | DISARTICULATION, KNEE | 07/01/2005 | $787.90 | 0.0% | 0.0% | N | Referral Required |
| 27599 | UNLISTED PROCEDURE, FEMUR OR KNEE | 01/01/1982 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 27600 | DECOMPRESSION FASCIOTOMY LEG | 07/01/2005 | $469.18 | 0.0% | 0.0% | N | Referral Required |
| 27601 | DECOMPRESSION FASCIOTOMY,LEG | 07/01/2005 | $469.33 | 0.0% | 0.0% | N | Referral Required |
| 27602 | FASCIOTOMY, LEG | 07/01/2005 | $547.04 | 0.0% | 0.0% | N | Referral Required |
| 27603 | INCISION/DRAIN LEG/ANKLE DEE | 07/01/2005 | $717.43 | 0.0% | 0.0% | N | Referral Required |
| 27604 | INCISION/DRAIONAGE LEG/ANKLE | 07/01/2005 | $534.40 | 0.0% | 0.0% | N | Referral Required |
| 27605 | TENOTOMY, ACHILLES TENDON | 07/01/2005 | $434.23 | 0.0% | 0.0% | N | Referral Required |
| 27606 | TENOTOMY, ACHILLES TENDON | 07/01/2005 | $595.05 | 0.0% | 0.0% | N | Referral Required |
| 27607 | INCISION DEEP W/OPENING BONE | 07/01/2005 | $728.81 | 0.0% | 0.0% | N | Referral Required |
| 2761 | SUTURE OF PALATE LACERAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 27610 | ARTHROTOMY, ANKLE | 07/01/2005 | $665.83 | 0.0% | 0.0% | N | Referral Required |
| 27612 | ARTHROTOMY, ANKLE | 07/01/2005 | $557.22 | 0.0% | 0.0% | N | Referral Required |
| 27613 | BIOPSY,SOFT TISSUE OF LEG/AN | 07/01/2005 | $258.68 | 0.0% | 0.0% | N | Referral Required |
| 27614 | BX SOFT TISSUES, DEEP | 07/01/2005 | $574.41 | 0.0% | 0.0% | N | Referral Required |
| 27615 | RADICAL RECESTION OF TUMOR,S | 07/01/2005 | $1,041.36 | 0.0% | 0.0% | N | Referral Required |
| 27618 | EXCISION, BENIGN TUMOR, SUBC | 07/01/2005 | $580.15 | 0.0% | 0.0% | N | Referral Required |
| 27619 | EXCISION, TUMOR, LEG OR ANKL | 07/01/2005 | $738.02 | 0.0% | 0.0% | N | Referral Required |
| 2762 | CLEFT PALATE CORRECTION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 27620 | ARTHROTOMY, ANKLE | 07/01/2005 | $501.34 | 0.0% | 0.0% | N | Referral Required |
| 27625 | ARTHROTOMY, ANKLE | 07/01/2005 | $636.19 | 0.0% | 0.0% | N | Referral Required |
| 27626 | ARTHROTOMY, INCLUDING TENOSY | 07/01/2005 | $686.52 | 0.0% | 0.0% | N | Referral Required |
| 2763 | REVIS CLEFT PALAT REPAIR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 27630 | EXCISION, LESION, LEG | 07/01/2005 | $537.14 | 0.0% | 0.0% | N | Referral Required |
| 27635 | EXCISION, CYST, TIBIA/FIBULA | 07/01/2005 | $667.13 | 0.0% | 0.0% | N | Referral Required |
| 27637 | EXCISION, CYST, TIBIA/FIBULA | 07/01/2005 | $788.17 | 0.0% | 0.0% | N | Referral Required |
| 27638 | EXCISION/CURETTAGE BONE CYST | 07/01/2005 | $822.03 | 0.0% | 0.0% | N | Referral Required |
| 2764 | INSERTION OF PALATAL IMPLANT | 10/01/2004 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 27640 | EXCISION, PARTIAL, TIBIA | 07/01/2005 | $1,047.23 | 0.0% | 0.0% | N | Referral Required |
| 27641 | EXCISION, PARTIAL, FIBULA | 07/01/2005 | $900.60 | 0.0% | 0.0% | N | Referral Required |
| 27645 | RESECTION, TIBIA | 07/01/2005 | $1,166.73 | 0.0% | 0.0% | N | Referral Required |
| 27646 | RESECTION, FIBULA | 07/01/2005 | $1,095.15 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 27647 | RESECTION, ASTRAGALUS | 07/01/2005 | $844.33 | 0.0% | 0.0% | N | Referral Required |
| 27648 | ARTHROGRAPHY, ANKLE, INJ PCD | 07/01/2005 | $348.80 | 0.0% | 0.0% | N | Referral Required |
| 27650 | REPAIR, ACHILLES TENDON | 07/01/2005 | $690.73 | 0.0% | 0.0% | N | Referral Required |
| 27652 | REPAIR RUPTURED ACHILLES TEN | 07/01/2005 | $725.52 | 0.0% | 0.0% | N | Referral Required |
| 27654 | REPAIR, ACHILLES TENDON | 07/01/2005 | $728.14 | 0.0% | 0.0% | N | Referral Required |
| 27656 | REPAIR, FASCIAL DEFECT, LEG | 07/01/2005 | $549.09 | 0.0% | 0.0% | N | Referral Required |
| 27658 | REPAIR, TENDON, LEG | 07/01/2005 | $542.80 | 0.0% | 0.0% | N | Referral Required |
| 27659 | REPAIR, TENDON, LEG | 07/01/2005 | $684.51 | 0.0% | 0.0% | N | Referral Required |
| 27664 | REPAIR OF EXTENSOR TENDON OF LEG PR | 07/01/2005 | $766.22 | 0.0% | 0.0% | N | Referral Required |
| 27665 | SECONDARY WITH OR W/O GRAFT, SINGLE | 07/01/2005 | $503.74 | 0.0% | 0.0% | N | Referral Required |
| 27675 | REPAIR DISLOCATING PERONAL T | 07/01/2005 | $557.11 | 0.0% | 0.0% | N | Referral Required |
| 27676 | REPAIR, TENDON, LEG | 07/01/2005 | $645.27 | 0.0% | 0.0% | N | Referral Required |
| 27680 | TENOLYSIS, LEG | 07/01/2005 | $494.47 | 0.0% | 0.0% | N | Referral Required |
| 27681 | TENOLYSIS, LEG | 07/01/2005 | $555.69 | 0.0% | 0.0% | N | Referral Required |
| 27685 | LENGTHEN/SHORTEN TENDON, LEG | 07/01/2005 | $593.19 | 0.0% | 0.0% | N | Referral Required |
| 27686 | LENGTHEN/SHORTEN TENDON, LEG | 07/01/2005 | $793.10 | 0.0% | 0.0% | N | Referral Required |
| 27687 | GASTROCNEMIUS RECESSION | 07/01/2005 | $528.14 | 0.0% | 0.0% | N | Referral Required |
| 2769 | OTH PLASTIC REPAIR PALAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 27690 | TRANSFER, TENDON, LEG | 07/01/2005 | $653.37 | 0.0% | 0.0% | N | Referral Required |
| 27691 | TRANSFER, TENDON, LEG | 07/01/2005 | $750.91 | 0.0% | 0.0% | N | Referral Required |
| 27692 | TRANSFER, TENDON, LEG | 07/01/2005 | $104.82 | 0.0% | 0.0% | N | Referral Required |
| 27695 | REPAIR, LIGAMENT, ANKLE | 07/01/2005 | $554.73 | 0.0% | 0.0% | N | Referral Required |
| 27696 | REPAIR, LIGAMENT, ANKLE | 07/01/2005 | $634.13 | 0.0% | 0.0% | N | Referral Required |
| 27698 | REPAIR, LIGAMENT, ANKLE | 07/01/2005 | $682.07 | 0.0% | 0.0% | N | Referral Required |
| 27700 | ARTHROPLASTY, ANKLE | 07/01/2005 | $619.81 | 0.0% | 0.0% | N | Referral Required |
| 27702 | ARTHROPLASTY, ANKLE; WITH IM | 07/01/2005 | $957.46 | 0.0% | 0.0% | N | Referral Required |
| 27703 | ARTHROPLASTY, ANKLE-SECONDAR | 07/01/2005 | $1,052.14 | 0.0% | 0.0% | N | Referral Required |
| 27704 | REMOVAL OF ANKLE IMPLANT | 07/01/2005 | $595.87 | 0.0% | 0.0% | N | Referral Required |
| 27705 | OSTEOTOMY, TIBIA | 07/01/2005 | $781.61 | 0.0% | 0.0% | N | Referral Required |
| 27707 | OSTEOTOMY, FIBULA | 07/01/2005 | $448.38 | 0.0% | 0.0% | N | Referral Required |
| 27709 | OSTEOTOMY, TIBIA/FIBULA | 07/01/2005 | $762.90 | 0.0% | 0.0% | N | Referral Required |
| 2771 | INCISION OF UVULA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 27712 | OSTEOTOMY, TIBIA | 07/01/2005 | $1,009.53 | 0.0% | 0.0% | N | Referral Required |
| 27715 | OSTEOPLASTY, TIBIA/FIBULA | 07/01/2005 | $1,057.48 | 0.0% | 0.0% | N | Referral Required |
| 2772 | EXCISION OF UVULA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 27720 | REPAIR, MALUNION, TIBIA | 07/01/2005 | $906.43 | 0.0% | 0.0% | N | Referral Required |
| 27722 | REPAIR, MALUNION, TIBIA | 07/01/2005 | $900.38 | 0.0% | 0.0% | N | Referral Required |
| 27724 | REPAIR, MALUNION, TIBIA | 07/01/2005 | $1,264.44 | 0.0% | 0.0% | N | Referral Required |
| 27725 | REPAIR, MALUNION, TIBIA | 07/01/2005 | $1,117.59 | 0.0% | 0.0% | N | Referral Required |
| 27727 | REPAIR, PSEUDARTHROSIS, TIBI | 07/01/2005 | $1,014.74 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 2773 | REPAIR OF UVULA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 27730 | EPIPHYSEAL ARREST, LOWER LEG | 07/01/2005 | $991.74 | 0.0% | 0.0% | N | Referral Required |
| 27732 | EPIPHYSEAL ARREST, LOWER LEG | 07/01/2005 | $680.22 | 0.0% | 0.0% | N | Referral Required |
| 27734 | EPIPHYSEAL ARREST, LOWER LEG | 07/01/2005 | $678.83 | 0.0% | 0.0% | N | Referral Required |
| 27740 | EPIPHYSEAL ARREST, LOWER LEG | 07/01/2005 | $888.57 | 0.0% | 0.0% | N | Referral Required |
| 27742 | EPIPHYSEAL ARREST, LOWER LEG | 07/01/2005 | $942.23 | 0.0% | 0.0% | N | Referral Required |
| 27745 | PROPHYLACTIC TREATMENT, TIBI | 07/01/2005 | $770.98 | 0.0% | 0.0% | N | Referral Required |
| 27750 | FRACTURE, TIBIA | 07/01/2005 | $309.32 | 0.0% | 0.0% | N | Referral Required |
| 27752 | FRACTURE, TIBIA | 07/01/2005 | $496.12 | 0.0% | 0.0% | N | Referral Required |
| 27756 | FRACTURE, TIBIA | 07/01/2005 | $619.34 | 0.0% | 0.0% | N | Referral Required |
| 27758 | OPEN CLOSED TRIMENT TIBIAL S | 07/01/2005 | $851.64 | 0.0% | 0.0% | N | Referral Required |
| 27759 | OPEN TREAT TIBIAL SHAFT FX B | 07/01/2005 | $975.41 | 0.0% | 0.0% | N | Referral Required |
| 27760 | FRACTURE MEDIAL MALLEOLUS | 07/01/2005 | $294.51 | 0.0% | 0.0% | N | Referral Required |
| 27762 | FRACTURE, TIBIA | 07/01/2005 | $452.05 | 0.0% | 0.0% | N | Referral Required |
| 27766 | FRACTURE, TIBIA | 07/01/2005 | $595.28 | 0.0% | 0.0% | N | Referral Required |
| 27780 | FRACTURE, FIBULA | 07/01/2005 | $278.79 | 0.0% | 0.0% | N | Referral Required |
| 27781 | FRACTURE, FIBULA; WITH MANIP | 07/01/2005 | $379.57 | 0.0% | 0.0% | N | Referral Required |
| 27784 | FRACTURE, FIBULA | 07/01/2005 | $558.99 | 0.0% | 0.0% | N | Referral Required |
| 27786 | FRACTURE, FIBULA | 07/01/2005 | $286.70 | 0.0% | 0.0% | N | Referral Required |
| 27788 | FRACTURE, FIBULA | 07/01/2005 | $391.03 | 0.0% | 0.0% | N | Referral Required |
| 2779 | OTHER UVULA OPERATIONS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 27792 | OPEN TREATMENT DISTAL FIBULA | 07/01/2005 | $565.60 | 0.0% | 0.0% | N | Referral Required |
| 27808 | FRACTURE, TIBIA AND FIBULA | 07/01/2005 | $321.52 | 0.0% | 0.0% | N | Referral Required |
| 27810 | FRACTURE, TIBIA AND FIBULA | 07/01/2005 | $454.32 | 0.0% | 0.0% | N | Referral Required |
| 27814 | FRACTURE, TIBIA AND FIBULA | 07/01/2005 | $773.05 | 0.0% | 0.0% | N | Referral Required |
| 27816 | TREAT CLOSED TRIMALLEOLAR AN | 07/01/2005 | $307.97 | 0.0% | 0.0% | N | Referral Required |
| 27818 | FRACTURE, TIBIA AND FIBULA | 07/01/2005 | $472.16 | 0.0% | 0.0% | N | Referral Required |
| 27822 | FRACTURE, TIBIA AND FIBULA | 07/01/2005 | $854.94 | 0.0% | 0.0% | N | Referral Required |
| 27823 | FRACTURE, TIBIA AND FIBULA | 07/01/2005 | $973.55 | 0.0% | 0.0% | N | Referral Required |
| 27824 | CLOSED TREAT WEIGHT BEARING | 07/01/2005 | $323.54 | 0.0% | 0.0% | N | Referral Required |
| 27825 | W/SKELETAL TRACTION OR REQUI | 07/01/2005 | $512.57 | 0.0% | 0.0% | N | Referral Required |
| 27826 | OPEN TREAT FX WT BEARING ART | 07/01/2005 | $721.66 | 0.0% | 0.0% | N | Referral Required |
| 27827 | FRACTURE/DISLOCATION OF TIBIA ONLY | 07/01/2005 | $1,037.61 | 0.0% | 0.0% | N | Referral Required |
| 27828 | OF BOTH TIBIA AND FIBULA | 07/01/2005 | $1,122.43 | 0.0% | 0.0% | N | Referral Required |
| 27829 | OPEN TREAT DISTAL TIBIOFIBUL | 07/01/2005 | $498.12 | 0.0% | 0.0% | N | Referral Required |
| 27830 | DISLOCATION, TIBIO-FIBULAR J | 07/01/2005 | $336.71 | 0.0% | 0.0% | N | Referral Required |
| 27831 | TREATMENT PROXIAML TIBIOFIBU | 07/01/2005 | $338.51 | 0.0% | 0.0% | N | Referral Required |
| 27832 | DISLOCATION, TIBIO-FIBULAR J | 07/01/2005 | $516.56 | 0.0% | 0.0% | N | Referral Required |
| 27840 | DISLOCATION, ANKLE | 07/01/2005 | $378.56 | 0.0% | 0.0% | N | Referral Required |
| 27842 | DISLOCATION, ANKLE | 07/01/2005 | $410.91 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 27846 | DISLOCATION, ANKLE | 07/01/2005 | $722.91 | 0.0% | 0.0% | N | Referral Required |
| 27848 | DISLOCATION, TIBIO-FIBULAR J | 07/01/2005 | $818.12 | 0.0% | 0.0% | N | Referral Required |
| 27860 | MANIPULATION, ANKLE | 07/01/2005 | $214.76 | 0.0% | 0.0% | N | Referral Required |
| 27870 | ARTHRODESIS, ANKLE | 07/01/2005 | $991.08 | 0.0% | 0.0% | N | Referral Required |
| 27871 | ARTHRODESIS TIBIOFIBULAR JOI | 07/01/2005 | $718.12 | 0.0% | 0.0% | N | Referral Required |
| 27880 | AMPUTATION, LEG | 07/01/2005 | $846.58 | 0.0% | 0.0% | N | Referral Required |
| 27881 | AMPUTATE LEG W/FITTING INCL. | 07/01/2005 | $917.32 | 0.0% | 0.0% | N | Referral Required |
| 27882 | AMPUTATION LEG THRU TIBIA & | 07/01/2005 | $774.33 | 0.0% | 0.0% | N | Referral Required |
| 27884 | AMPUTATION, LEG | 07/01/2005 | $669.00 | 0.0% | 0.0% | N | Referral Required |
| 27886 | AMPUTATION, LEG | 07/01/2005 | $728.12 | 0.0% | 0.0% | N | Referral Required |
| 27888 | AMPUTATION, ANKLE | 07/01/2005 | $738.19 | 0.0% | 0.0% | N | Referral Required |
| 27889 | DISARTICULATION, ANKLE | 07/01/2005 | $726.24 | 0.0% | 0.0% | N | Referral Required |
| 27892 | DECOMPRESSION FASCIOTOMY LEG | 07/01/2005 | $559.56 | 0.0% | 0.0% | N | Referral Required |
| 27893 | POSTERIOR COMPARTMENTS ONLY | 07/01/2005 | $564.48 | 0.0% | 0.0% | N | Referral Required |
| 27894 | ANTERIOR AND LATERAL COMPART | 07/01/2005 | $733.82 | 0.0% | 0.0% | N | Referral Required |
| 27899 | UNLISTED PROCEDURE, LEG/ANKL | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2791 | LABIAL FRENOTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2792 | MOUTH INCISION NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2799 | ORAL CAVITY OPS NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 280 | PERITONSILLAR I & D | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 28001 | DRAINAGE, BURSA, FOOT | 07/01/2005 | $289.55 | 0.0% | 0.0% | N | Referral Required |
| 28002 | DEEP DISSECTION BELOW FASCIA | 07/01/2005 | $400.50 | 0.0% | 0.0% | N | Referral Required |
| 28003 | DEEP DISSECTION BELOW FASCIA | 07/01/2005 | $698.15 | 0.0% | 0.0% | N | Referral Required |
| 28005 | INCISION, DEEP, W/OPENING OF BONE C | 07/01/2005 | $672.28 | 0.0% | 0.0% | N | Referral Required |
| 28008 | FASCIOTOMY FOOT-TOE | 07/01/2005 | $440.28 | 0.0% | 0.0% | N | Referral Required |
| 28010 | TENOTOMY, TOE | 07/01/2005 | $361.69 | 0.0% | 0.0% | N | Referral Required |
| 28011 | TENOTOMY, TOE | 07/01/2005 | $468.79 | 0.0% | 0.0% | N | Referral Required |
| 28020 | ARTHROTOMY, TOE JOINTS | 07/01/2005 | $460.27 | 0.0% | 0.0% | N | Referral Required |
| 28022 | ARTHROTOMY, TOE JOINTS | 07/01/2005 | $440.40 | 0.0% | 0.0% | N | Referral Required |
| 28024 | ARTHROTOMY, TOE JOINTS | 07/01/2005 | $449.19 | 0.0% | 0.0% | N | Referral Required |
| 28030 | DENERVATION, FOOT | 07/01/2005 | $352.65 | 0.0% | 0.0% | N | Referral Required |
| 28035 | TARSAL TUNNEL RELEASE | 07/01/2005 | $486.90 | 0.0% | 0.0% | N | Referral Required |
| 28043 | EXCISION TUMOR FOOT SUBCUTAN | 07/01/2005 | $382.38 | 0.0% | 0.0% | N | Referral Required |
| 28045 | EXCISION, TUMOR, FOOT | 07/01/2005 | $451.43 | 0.0% | 0.0% | N | Referral Required |
| 28046 | RADICAL RESECTION OF TUMOR, | 07/01/2005 | $835.66 | 0.0% | 0.0% | N | Referral Required |
| 28050 | ARTHROTOMY, FOOT JOINT | 07/01/2005 | $477.47 | 0.0% | 0.0% | N | Referral Required |
| 28052 | ARTHROTOMY, FOOT JOINT | 07/01/2005 | $415.71 | 0.0% | 0.0% | N | Referral Required |
| 28054 | ARTHROTOMY, FOOT JOINT | 07/01/2005 | $386.73 | 0.0% | 0.0% | N | Referral Required |
| 28060 | FASCIECTOMY, PLANTAR | 07/01/2005 | $488.92 | 0.0% | 0.0% | N | Referral Required |
| 28062 | FASCIECTOMY EXCISION OF PLAN | 07/01/2005 | $556.47 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 28070 | SYNOVECTOMY, FOOT JOINTS | 07/01/2005 | $459.63 | 0.0% | 0.0% | N | Referral Required |
| 28072 | SYNOVECTOMY, FOOT JOINTS | 07/01/2005 | $468.57 | 0.0% | 0.0% | N | Referral Required |
| 28080 | EXCISION, MORTONS NEUROMA | 07/01/2005 | $396.31 | 0.0% | 0.0% | N | Referral Required |
| 28086 | SYNOVECTOMY, FOOT TENDONS | 07/01/2005 | $576.17 | 0.0% | 0.0% | N | Referral Required |
| 28088 | SYNOVECTOMY, FOOT TENDONS | 07/01/2005 | $477.73 | 0.0% | 0.0% | N | Referral Required |
| 28090 | EXCISION, LESION, FOOT | 07/01/2005 | $437.37 | 0.0% | 0.0% | N | Referral Required |
| 28092 | EXCISION LESION OF TENDON OR | 07/01/2005 | $409.27 | 0.0% | 0.0% | N | Referral Required |
| 28100 | EXCISION, TUMOR, FOOT BONES | 07/01/2005 | $649.32 | 0.0% | 0.0% | N | Referral Required |
| 28102 | EXCISION, TUMOR, FOOT BONES | 07/01/2005 | $593.32 | 0.0% | 0.0% | N | Referral Required |
| 28103 | EXCISION OF BONE CYST/BENIGN | 07/01/2005 | $539.66 | 0.0% | 0.0% | N | Referral Required |
| 28104 | EXCISION, TUMOR, FOOT BONES | 07/01/2005 | $477.37 | 0.0% | 0.0% | N | Referral Required |
| 28106 | EXCISION, TUMOR, FOOT BONES | 07/01/2005 | $506.53 | 0.0% | 0.0% | N | Referral Required |
| 28107 | EXCISION BONE CYST TARSAL/ME | 07/01/2005 | $542.66 | 0.0% | 0.0% | N | Referral Required |
| 28108 | EXCISION, TUMOR, FOOT BONES | 07/01/2005 | $406.65 | 0.0% | 0.0% | N | Referral Required |
| 2811 | TONSIL ADENOID BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 28110 | OSTECTOMY PARTIAL EXCISION F | 07/01/2005 | $446.47 | 0.0% | 0.0% | N | Referral Required |
| 28111 | OSTECTOMY, METATARSAL | 07/01/2005 | $492.11 | 0.0% | 0.0% | N | Referral Required |
| 28112 | OSTECTOMY, METATARSAL | 07/01/2005 | $466.23 | 0.0% | 0.0% | N | Referral Required |
| 28113 | OSTECTOMY COMPLETE 5TH METAT | 07/01/2005 | $478.57 | 0.0% | 0.0% | N | Referral Required |
| 28114 | OSTECTOMY, METATARSAL | 07/01/2005 | $785.63 | 0.0% | 0.0% | N | Referral Required |
| 28116 | EXCISION, TARSAL COALITION | 07/01/2005 | $604.08 | 0.0% | 0.0% | N | Referral Required |
| 28118 | EXCISION, OS CALCIS | 07/01/2005 | $538.50 | 0.0% | 0.0% | N | Referral Required |
| 28119 | EXCISION, OS CALCIS | 07/01/2005 | $490.98 | 0.0% | 0.0% | N | Referral Required |
| 28120 | EXCISION, PARTIAL, FOOT BONE | 07/01/2005 | $579.57 | 0.0% | 0.0% | N | Referral Required |
| 28122 | EXCISION, PARTIAL, FOOT BONE | 07/01/2005 | $641.36 | 0.0% | 0.0% | N | Referral Required |
| 28124 | EXCISION, PARTL, PHALANX, TO | 07/01/2005 | $502.45 | 0.0% | 0.0% | N | Referral Required |
| 28126 | CONDYLECTOMY, PHALANGEAL BAS | 07/01/2005 | $412.12 | 0.0% | 0.0% | N | Referral Required |
| 28130 | ASTRAGALECTOMY | 07/01/2005 | $602.01 | 0.0% | 0.0% | N | Referral Required |
| 28140 | METATARSECTOMY, FOOT | 07/01/2005 | $607.63 | 0.0% | 0.0% | N | Referral Required |
| 28150 | PHALANGECTOMY, FOOT | 07/01/2005 | $445.73 | 0.0% | 0.0% | N | Referral Required |
| 28153 | RESECTION, HEAD OF PHALANX, | 07/01/2005 | $417.81 | 0.0% | 0.0% | N | Referral Required |
| 28160 | HEMIPHALANGECTOMY, FOOT | 07/01/2005 | $426.35 | 0.0% | 0.0% | N | Referral Required |
| 28171 | RADICAL RESECTION FOR TUMOR | 07/01/2005 | $639.48 | 0.0% | 0.0% | N | Referral Required |
| 28173 | RADICAL RESECTION FOR TUMOR | 07/01/2005 | $693.55 | 0.0% | 0.0% | N | Referral Required |
| 28175 | RADICAL RESECTION FOR TUMOR | 07/01/2005 | $546.61 | 0.0% | 0.0% | N | Referral Required |
| 2819 | TONSIL ADENOID DX OP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 28190 | REMOVE FOREIGN BODY; SUBCUTA | 07/01/2005 | $289.42 | 0.0% | 0.0% | N | Referral Required |
| 28192 | REMOVAL FB FOOT DEEP | 07/01/2005 | $447.36 | 0.0% | 0.0% | N | Referral Required |
| 28193 | REMOVAL FB FOOT COMPLICATED | 07/01/2005 | $513.05 | 0.0% | 0.0% | N | Referral Required |
| 282 | TONSILLECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 28200 | REPAIR, TENDON, FOOT | 07/01/2005 | $456.13 | 0.0% | 0.0% | N | Referral Required |
| 28202 | REPAIR, TENDON, FOOT | 07/01/2005 | $679.11 | 0.0% | 0.0% | N | Referral Required |
| 28208 | REPAIR, TENDON, FOOT | 07/01/2005 | $437.96 | 0.0% | 0.0% | N | Referral Required |
| 28210 | REPAIR, TENDON, FOOT | 07/01/2005 | $567.36 | 0.0% | 0.0% | N | Referral Required |
| 28220 | TENOLYSIS, FOOT | 07/01/2005 | $442.81 | 0.0% | 0.0% | N | Referral Required |
| 28222 | TENOLYSIS, FOOT | 07/01/2005 | $493.87 | 0.0% | 0.0% | N | Referral Required |
| 28225 | TENOLYSIS, FOOT | 07/01/2005 | $397.20 | 0.0% | 0.0% | N | Referral Required |
| 28226 | TENOLYSIS, EXTENSOR, FOOT, MULTIPLE | 07/01/2005 | $448.57 | 0.0% | 0.0% | N | Referral Required |
| 28230 | TENOTOMY, FOOT | 07/01/2005 | $436.25 | 0.0% | 0.0% | N | Referral Required |
| 28232 | TENOTOMY, FOOT | 07/01/2005 | $399.00 | 0.0% | 0.0% | N | Referral Required |
| 28234 | TENOTOMY, FOOT | 07/01/2005 | $393.29 | 0.0% | 0.0% | N | Referral Required |
| 28238 | ADVANCEMENT, TENDON, FOOT | 07/01/2005 | $620.80 | 0.0% | 0.0% | N | Referral Required |
| 28240 | TENOTOMY, ABDUCTR HALLCS MSL | 07/01/2005 | $437.97 | 0.0% | 0.0% | N | Referral Required |
| 28250 | DIVISION, PLANTAR FASCIA | 07/01/2005 | $526.88 | 0.0% | 0.0% | N | Referral Required |
| 28260 | CAPSULOTOMY, FOOT | 07/01/2005 | $671.00 | 0.0% | 0.0% | N | Referral Required |
| 28261 | CAPSULOTOMY, FOOT | 07/01/2005 | $821.40 | 0.0% | 0.0% | N | Referral Required |
| 28262 | CAPSULOTOMY, FOOT | 07/01/2005 | $1,127.91 | 0.0% | 0.0% | N | Referral Required |
| 28264 | CAPSULOTOMY, FOOT | 07/01/2005 | $762.08 | 0.0% | 0.0% | N | Referral Required |
| 28270 | CAPSULOTOMY, FOOT | 07/01/2005 | $472.63 | 0.0% | 0.0% | N | Referral Required |
| 28272 | CAPSULATOMY INTERPHALANGEAL JOINT, | 07/01/2005 | $400.62 | 0.0% | 0.0% | N | Referral Required |
| 28280 | WEBBING OPERATION, TOES | 07/01/2005 | $477.14 | 0.0% | 0.0% | N | Referral Required |
| 28285 | ARTHRODESIS, INTRPHNGL JT, T | 07/01/2005 | $467.28 | 0.0% | 0.0% | N | Referral Required |
| 28286 | PLASTIC PROCEDURE, FIFTH TOE | 07/01/2005 | $465.87 | 0.0% | 0.0% | N | Referral Required |
| 28288 | EXOSTECTOMY, METATARSAL | 07/01/2005 | $479.80 | 0.0% | 0.0% | N | Referral Required |
| 28289 | HALLUX RIGIDUS CORRECT DEBRIDMENT | 07/01/2005 | $619.17 | 0.0% | 0.0% | N | Referral Required |
| 28290 | HALLUX VALGUS CORRECTION | 07/01/2005 | $533.66 | 0.0% | 0.0% | N | Referral Required |
| 28292 | HALLUX VALGUS CORRECTION | 07/01/2005 | $595.76 | 0.0% | 0.0% | N | Referral Required |
| 28293 | HALLUX VALGUS CORRECTION | 07/01/2005 | $705.32 | 0.0% | 0.0% | N | Referral Required |
| 28294 | HALLUX VALGUS CORRECTION | 07/01/2005 | $676.91 | 0.0% | 0.0% | N | Referral Required |
| 28296 | HALLUX VALGUS CORRECTION | 07/01/2005 | $712.02 | 0.0% | 0.0% | N | Referral Required |
| 28297 | LAPIDUS PIPE PROCEDURE, BUNI | 07/01/2005 | $777.30 | 0.0% | 0.0% | N | Referral Required |
| 28298 | HALLUX VALGUS CORRECTION | 07/01/2005 | $639.99 | 0.0% | 0.0% | N | Referral Required |
| 28299 | OSTEOMY-HALLUS VALGUS | 07/01/2005 | $785.08 | 0.0% | 0.0% | N | Referral Required |
| 283 | TONSILLECTOMY/ADENOIDEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 28300 | OSTEOTOMY, FOOT BONES | 07/01/2005 | $834.81 | 0.0% | 0.0% | N | Referral Required |
| 28302 | OSTEOTOMY, FOOT BONES | 07/01/2005 | $680.32 | 0.0% | 0.0% | N | Referral Required |
| 28304 | OSTEOTOMY, FOOT BONES | 07/01/2005 | $662.84 | 0.0% | 0.0% | N | Referral Required |
| 28305 | OSTEOTOMY, FOOT BONES | 07/01/2005 | $867.41 | 0.0% | 0.0% | N | Referral Required |
| 28306 | OSTEOTOMY, FOOT BONES | 07/01/2005 | $517.78 | 0.0% | 0.0% | N | Referral Required |
| 28307 | OSTEOTOMY FIRST METATARSAL W | 07/01/2005 | $693.29 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 28308 | OSTEOTOMY, FOOT BONES | 07/01/2005 | $467.25 | 0.0% | 0.0% | N | Referral Required |
| 28309 | OSTEOTOMY METATARSALS MULTIP | 07/01/2005 | $856.16 | 0.0% | 0.0% | N | Referral Required |
| 28310 | OSTEOTOMY, FOOT BONES | 07/01/2005 | $506.67 | 0.0% | 0.0% | N | Referral Required |
| 28312 | OSTEOTOMY, FOOT BONES | 07/01/2005 | $461.17 | 0.0% | 0.0% | N | Referral Required |
| 28313 | RECONSTRUCT ANGULAR DEFORMIT | 07/01/2005 | $492.04 | 0.0% | 0.0% | N | Referral Required |
| 28315 | SESAMOIDECTOMY, FIRST TOE | 07/01/2005 | $449.62 | 0.0% | 0.0% | N | Referral Required |
| 28320 | REPAIR, NON-UNION, FOOT BONE | 07/01/2005 | $651.74 | 0.0% | 0.0% | N | Referral Required |
| 28322 | REPAIR, NON-UNION, FOOT BONE | 07/01/2005 | $708.47 | 0.0% | 0.0% | N | Referral Required |
| 28340 | RECONSTRUCTION,TOE MACRODACT | 07/01/2005 | $565.20 | 0.0% | 0.0% | N | Referral Required |
| 28341 | RECONSTRUCTION,TOE,MACRODACT | 07/01/2005 | $639.86 | 0.0% | 0.0% | N | Referral Required |
| 28344 | RECONSTRUCTION, TOE, MACRODA | 07/01/2005 | $408.10 | 0.0% | 0.0% | N | Referral Required |
| 28345 | RECONSTRUCTION, TOES; SYNDAC | 07/01/2005 | $541.63 | 0.0% | 0.0% | N | Referral Required |
| 284 | EXCISION OF TONSIL TAG | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 28400 | FRACTURE, OS CALCIS | 07/01/2005 | $273.30 | 0.0% | 0.0% | N | Referral Required |
| 28405 | FRACTURE, OS CALCIS | 07/01/2005 | $396.04 | 0.0% | 0.0% | N | Referral Required |
| 28406 | FRACTURE, OS CALCIS | 07/01/2005 | $530.14 | 0.0% | 0.0% | N | Referral Required |
| 28415 | FRACTURE, OS CALCIS | 07/01/2005 | $1,135.31 | 0.0% | 0.0% | N | Referral Required |
| 28420 | FRACTURE, OS CALCIS | 07/01/2005 | $1,167.94 | 0.0% | 0.0% | N | Referral Required |
| 28430 | FRACTURE, ASTRAGALUS | 07/01/2005 | $253.56 | 0.0% | 0.0% | N | Referral Required |
| 28435 | FRACTURE, ASTRAGALUS | 07/01/2005 | $309.69 | 0.0% | 0.0% | N | Referral Required |
| 28436 | TREAT CLOSED TALUS FX W/MANI | 07/01/2005 | $441.26 | 0.0% | 0.0% | N | Referral Required |
| 28445 | FRACTURE, ASTRAGALUS | 07/01/2005 | $1,046.25 | 0.0% | 0.0% | N | Referral Required |
| 28450 | FRACTURE, TARSAL BONES | 07/01/2005 | $247.34 | 0.0% | 0.0% | N | Referral Required |
| 28455 | FRACTURE, TARSAL BONES | 07/01/2005 | $301.10 | 0.0% | 0.0% | N | Referral Required |
| 28456 | TREAT CLOSED TARSAL BONE FX | 07/01/2005 | $310.14 | 0.0% | 0.0% | N | Referral Required |
| 28465 | FRACTURE, TARSAL BONES | 07/01/2005 | $540.79 | 0.0% | 0.0% | N | Referral Required |
| 28470 | FRACTURE, METATARSAL | 07/01/2005 | $225.68 | 0.0% | 0.0% | N | Referral Required |
| 28475 | FRACTURE, METATARSAL | 07/01/2005 | $285.52 | 0.0% | 0.0% | N | Referral Required |
| 28476 | TREATMENT OF CLOSED METATARS | 07/01/2005 | $351.71 | 0.0% | 0.0% | N | Referral Required |
| 28485 | FRACTURE, METATARSAL | 07/01/2005 | $489.76 | 0.0% | 0.0% | N | Referral Required |
| 28490 | FRACTURE, PHALANX, TOE | 07/01/2005 | $132.76 | 0.0% | 0.0% | N | Referral Required |
| 28495 | FRACTURE, PHALANX, TOE | 07/01/2005 | $153.49 | 0.0% | 0.0% | N | Referral Required |
| 28496 | CLOSED FX GT TOE W/MANIP AND | 07/01/2005 | $456.28 | 0.0% | 0.0% | N | Referral Required |
| 285 | EXCISION LINGUAL TONSIL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 28505 | FRACTURE, PHALANX, TOE | 07/01/2005 | $524.75 | 0.0% | 0.0% | N | Referral Required |
| 28510 | FRACTURE, PHALANX, TOE | 07/01/2005 | $124.52 | 0.0% | 0.0% | N | Referral Required |
| 28515 | FRACTURE, PHALANX, TOE | 07/01/2005 | $149.13 | 0.0% | 0.0% | N | Referral Required |
| 28525 | FRACTURE, PHALANX, TOE | 07/01/2005 | $484.88 | 0.0% | 0.0% | N | Referral Required |
| 28530 | TREATMENT OF CLOSED SESAMOID | 07/01/2005 | $136.63 | 0.0% | 0.0% | N | Referral Required |
| 28531 | OPEN TREAT SESAMOID FX W/WO | 07/01/2005 | $483.92 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 28540 | DISLOCATION, TARSAL BONE | 07/01/2005 | $201.68 | 0.0% | 0.0% | N | Referral Required |
| 28545 | DISLOCATION, TARSAL BONE | 07/01/2005 | $251.45 | 0.0% | 0.0% | N | Referral Required |
| 28546 | DISLOCATION, TARSAL BONE | 07/01/2005 | $538.05 | 0.0% | 0.0% | N | Referral Required |
| 28555 | DISLOCATION, TARSAL BONE | 07/01/2005 | $688.44 | 0.0% | 0.0% | N | Referral Required |
| 28570 | DISLOC, ASTRAGALO-TARSAL JOI | 07/01/2005 | $184.99 | 0.0% | 0.0% | N | Referral Required |
| 28575 | DISLOC, ASTRAGALO-TARSAL JOI | 07/01/2005 | $298.82 | 0.0% | 0.0% | N | Referral Required |
| 28576 | PERCUTANEOUS SKELETAL FIXATI | 07/01/2005 | $558.64 | 0.0% | 0.0% | N | Referral Required |
| 28585 | DISLOC, ASTRAGALO-TARSAL JOI | 07/01/2005 | $597.40 | 0.0% | 0.0% | N | Referral Required |
| 286 | ADENOIDECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 28600 | DISLOC, TARSO-METATARSAL JOI | 07/01/2005 | $215.10 | 0.0% | 0.0% | N | Referral Required |
| 28605 | DISLOC, TARSO-METATARSAL JOI | 07/01/2005 | $249.30 | 0.0% | 0.0% | N | Referral Required |
| 28606 | DISLOC, TARSO-METATARSAL JOI | 07/01/2005 | $721.84 | 0.0% | 0.0% | N | Referral Required |
| 28615 | DISLOC, TARSO-METATARSAL JOI | 07/01/2005 | $611.85 | 0.0% | 0.0% | N | Referral Required |
| 28630 | DISLOC, METATARSO-PHLNGL JNT | 07/01/2005 | $141.92 | 0.0% | 0.0% | N | Referral Required |
| 28635 | DISLOC, METATARSO-PHLNGL JNT | 07/01/2005 | $155.39 | 0.0% | 0.0% | N | Referral Required |
| 28636 | PERCUTANEOUS SKELETAL FIXATI | 07/01/2005 | $265.74 | 0.0% | 0.0% | N | Referral Required |
| 28645 | DISLOC, METATARSO-PHLNGL JNT | 07/01/2005 | $383.51 | 0.0% | 0.0% | N | Referral Required |
| 28660 | DISLOC, INTERPHLNGL JNT, TOE | 07/01/2005 | $148.99 | 0.0% | 0.0% | N | Referral Required |
| 28665 | CLOSED INTERPHALANGEAL JOINT | 07/01/2005 | $155.10 | 0.0% | 0.0% | N | Referral Required |
| 28666 | PERCUTANEOUS SKELETAL FIXATI | 07/01/2005 | $541.90 | 0.0% | 0.0% | N | Referral Required |
| 28675 | DISLOC, INTERPHLNGL JNT, TOE | 07/01/2005 | $425.69 | 0.0% | 0.0% | N | Referral Required |
| 287 | HEMORR CONTRL POST T & A | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 28705 | ARTHRODESIS, PANTALAR | 07/01/2005 | $1,233.42 | 0.0% | 0.0% | N | Referral Required |
| 28715 | TRIPLE ARTHRODESIS | 07/01/2005 | $920.59 | 0.0% | 0.0% | N | Referral Required |
| 28725 | ARTHRODESIS, SUBTALAR | 07/01/2005 | $827.09 | 0.0% | 0.0% | N | Referral Required |
| 28730 | ARTHRODESIS, MIDTARSAL | 07/01/2005 | $770.50 | 0.0% | 0.0% | N | Referral Required |
| 28735 | FLATFOOT CORRECTION | 07/01/2005 | $763.50 | 0.0% | 0.0% | N | Referral Required |
| 28737 | ARTHRODESIS, MIDTARSAL | 07/01/2005 | $670.63 | 0.0% | 0.0% | N | Referral Required |
| 28740 | ARTHRODESIS, MIDTARSAL OR TA | 07/01/2005 | $739.79 | 0.0% | 0.0% | N | Referral Required |
| 28750 | ARTHRODESIS, GREAT TOE | 07/01/2005 | $693.86 | 0.0% | 0.0% | N | Referral Required |
| 28755 | ARTHRODESIS, GREAT TOE, INTE | 07/01/2005 | $464.13 | 0.0% | 0.0% | N | Referral Required |
| 28760 | ARTHRODESIS, INTERPHALANGEAL | 07/01/2005 | $641.81 | 0.0% | 0.0% | N | Referral Required |
| 28800 | AMPUTATION, FOOT | 07/01/2005 | $607.48 | 0.0% | 0.0% | N | Referral Required |
| 28805 | AMPUTATION, FOOT | 07/01/2005 | $617.07 | 0.0% | 0.0% | N | Referral Required |
| 28810 | AMPUTATION, METATARSAL | 07/01/2005 | $499.60 | 0.0% | 0.0% | N | Referral Required |
| 28820 | AMPUTATION, TOE | 07/01/2005 | $495.36 | 0.0% | 0.0% | N | Referral Required |
| 28825 | AMPUTATION, TOE | 07/01/2005 | $471.30 | 0.0% | 0.0% | N | Referral Required |
| 28899 | UNLISTED PROCEDURE, FOOT OR | 09/01/1982 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2891 | INCIS TO REMOV TONSIL FB | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2892 | EXCIS TONSIL/ADENOID LES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 2899 | TONSIL/ADENOID OPS NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 290 | PHARYNGOTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 29000 | APPLICATION OF HALO TYPE BOD | 07/01/2005 | $176.01 | 0.0% | 0.0% | N | Referral Required |
| 29010 | RISSER JACKET | 07/01/2005 | $177.53 | 0.0% | 0.0% | N | Referral Required |
| 29015 | RISSER JACKET | 07/01/2005 | $195.28 | 0.0% | 0.0% | N | Referral Required |
| 29020 | TURNBUCKLE JACKET | 07/01/2005 | $188.83 | 0.0% | 0.0% | N | Referral Required |
| 29025 | TURNBUCKLE JACKET | 07/01/2005 | $200.81 | 0.0% | 0.0% | N | Referral Required |
| 29035 | BODY CAST | 07/01/2005 | $168.86 | 0.0% | 0.0% | N | Referral Required |
| 29040 | MINERVA CAST | 07/01/2005 | $170.25 | 0.0% | 0.0% | N | Referral Required |
| 29044 | BODY CAST | 07/01/2005 | $187.32 | 0.0% | 0.0% | N | Referral Required |
| 29046 | BODY CAST | 07/01/2005 | $202.33 | 0.0% | 0.0% | N | Referral Required |
| 29049 | PLASTER FIGURE OF 8 | 07/01/2005 | $69.58 | 0.0% | 0.0% | N | Referral Required |
| 29055 | SHOULDER SPICA | 07/01/2005 | $147.75 | 0.0% | 0.0% | N | Referral Required |
| 29058 | VELPEAU CAST | 07/01/2005 | $93.65 | 0.0% | 0.0% | N | Referral Required |
| 29065 | LONG ARM CAST | 07/01/2005 | $69.85 | 0.0% | 0.0% | N | Referral Required |
| 29075 | SHORT ARM CAST | 07/01/2005 | $64.42 | 0.0% | 0.0% | N | Referral Required |
| 29085 | GAUNTLET CAST | 07/01/2005 | $69.66 | 0.0% | 0.0% | N | Referral Required |
| 29086 | FINGER, APPLICATION, CAST | 07/01/2005 | $50.36 | 0.0% | 0.0% | N | Referral Required |
| 29105 | SPLINTS, UPPER EXTREMITY | 07/01/2005 | $68.02 | 0.0% | 0.0% | N | Referral Required |
| 2911 | PHARYNGOSCOPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2912 | PHARYNGEAL BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 29125 | SPLINTS, UPPER EXTREMITY | 07/01/2005 | $51.40 | 0.0% | 0.0% | N | Referral Required |
| 29126 | APPLICATION OF SHORT ARM SPL | 07/01/2005 | $68.77 | 0.0% | 0.0% | N | Referral Required |
| 29130 | APPLICATION OF FINGER SPLINT | 07/01/2005 | $33.45 | 0.0% | 0.0% | N | Referral Required |
| 29131 | APPLICATION OF FINGER SPLINT | 07/01/2005 | $43.79 | 0.0% | 0.0% | N | Referral Required |
| 2919 | PHARYNGEAL DX PROC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 292 | EXC BRANCHIAL CLEFT CYST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 29200 | STRAPPING, THORAX | 07/01/2005 | $52.20 | 0.0% | 0.0% | N | Referral Required |
| 29220 | STRAPPING, LOW BACK | 07/01/2005 | $56.03 | 0.0% | 0.0% | N | Referral Required |
| 29240 | STRAPPING, SHOULDER (E.G. VE | 07/01/2005 | $56.85 | 0.0% | 0.0% | N | Referral Required |
| 29260 | STRAPPING, ELBOW OR WRIST | 07/01/2005 | $48.59 | 0.0% | 0.0% | N | Referral Required |
| 29280 | STRAPPING, HAND OR FINGER | 07/01/2005 | $49.13 | 0.0% | 0.0% | N | Referral Required |
| 293 | DESTRUCT PHARYNGEAL LES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 29305 | HIP SPICA | 07/01/2005 | $168.91 | 0.0% | 0.0% | N | Referral Required |
| 2931 | CRICOPHARYNGEAL MYOTOMY | 10/01/1996 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2932 | PHARYNGEAL DIVERTICULECTOMY | 10/01/1996 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 29325 | HIP SPICA | 07/01/2005 | $189.95 | 0.0% | 0.0% | N | Referral Required |
| 2933 | PHARYNGECTOMY (PARTIAL) | 10/01/1996 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 29345 | LONG LEG CAST | 07/01/2005 | $103.77 | 0.0% | 0.0% | N | Referral Required |
| 29355 | LONG LEG CAST | 07/01/2005 | $107.31 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 29358 | LONG LEG CAST BRACE | 07/01/2005 | $111.78 | 0.0% | 0.0% | N | Referral Required |
| 29365 | CYLINDER CAST | 07/01/2005 | $91.19 | 0.0% | 0.0% | N | Referral Required |
| 2939 | OTHER EXCISION LESION-PHARYNX | 10/01/1996 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 294 | PLASTIC OP ON PHARYNX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 29405 | SHORT LEG CAST | 07/01/2005 | $67.18 | 0.0% | 0.0% | N | Referral Required |
| 29425 | SHORT LEG CAST | 07/01/2005 | $73.60 | 0.0% | 0.0% | N | Referral Required |
| 29435 | PTB CAST | 07/01/2005 | $90.20 | 0.0% | 0.0% | N | Referral Required |
| 29440 | CAST WALKER | 07/01/2005 | $41.95 | 0.0% | 0.0% | N | Referral Required |
| 29445 | APPLICATION OF RIGID TOTAL C | 07/01/2005 | $120.67 | 0.0% | 0.0% | N | Referral Required |
| 29450 | CLUB FOOT CAST | 07/01/2005 | $123.47 | 0.0% | 0.0% | N | Referral Required |
| 29505 | SPLINTS, LOWER EXTREMITY | 07/01/2005 | $62.26 | 0.0% | 0.0% | N | Referral Required |
| 2951 | SUTURE OF PHARYNGEAL LAC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 29515 | SPLINTS, LOWER EXTREMITY | 07/01/2005 | $53.31 | 0.0% | 0.0% | N | Referral Required |
| 2952 | CLOS BRANCH CLEFT FISTUL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 29520 | STRAPPING HIP | 07/01/2005 | $50.50 | 0.0% | 0.0% | N | Referral Required |
| 2953 | CLOS PHARYNX FISTULA NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 29530 | STRAPPING KNEE | 07/01/2005 | $48.65 | 0.0% | 0.0% | N | Referral Required |
| 2954 | LYSIS PHARYNGEAL ADHES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 29540 | STRAPPING ANKLE - ANY AGE | 07/01/2005 | $32.30 | 0.0% | 0.0% | N | Referral Required |
| 29550 | STRAPPING TOES | 07/01/2005 | $31.05 | 0.0% | 0.0% | N | Referral Required |
| 29580 | UNNA BOOT | 07/01/2005 | $41.57 | 0.0% | 0.0% | N | Referral Required |
| 2959 | PHARYNGEAL REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 29590 | DENIS-BROWNE SPLINT STRAPPIN | 07/01/2005 | $44.98 | 0.0% | 0.0% | N | Referral Required |
| 29700 | CAST REPAIR OR REMOVAL | 07/01/2005 | $48.55 | 0.0% | 0.0% | N | Referral Required |
| 29705 | REMOVAL OR BIVALVING FULL AR | 07/01/2005 | $53.30 | 0.0% | 0.0% | N | Referral Required |
| 29710 | CAST REPAIR OR REMOVAL | 07/01/2005 | $100.89 | 0.0% | 0.0% | N | Referral Required |
| 29715 | CAST REPAIR OR REMOVAL | 07/01/2005 | $67.67 | 0.0% | 0.0% | N | Referral Required |
| 29720 | CAST REPAIR OR REMOVAL | 07/01/2005 | $57.70 | 0.0% | 0.0% | N | Referral Required |
| 29730 | CAST REPAIR OR REMOVAL | 07/01/2005 | $52.29 | 0.0% | 0.0% | N | Referral Required |
| 29740 | CAST REPAIR OR REMOVAL | 07/01/2005 | $76.77 | 0.0% | 0.0% | N | Referral Required |
| 29750 | CAST REPAIR OR REMOVAL | 07/01/2005 | $85.62 | 0.0% | 0.0% | N | Referral Required |
| 29799 | BODY STRAPPING | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 29800 | ARTHROSCOPY,TMJ,DIAGNOSTIC W | 07/01/2005 | $549.09 | 0.0% | 0.0% | N | Referral Required |
| 29804 | ARTHROSCOPY, TMJ, SURGICAL | 07/01/2005 | $593.39 | 0.0% | 0.0% | N | Referral Required |
| 29805 | ARTHROSCOPY SHOULDER | 07/01/2005 | $334.02 | 0.0% | 0.0% | N | Referral Required |
| 29806 | ARTHROSCOPY SHOULDER | 07/01/2005 | $928.52 | 0.0% | 0.0% | N | Referral Required |
| 29807 | ARTHROSCOPY, SHOULDER | 07/01/2005 | $902.68 | 0.0% | 0.0% | N | Referral Required |
| 29819 | ARTHROSCOPY SHOULDER SURG W/ | 07/01/2005 | $618.30 | 0.0% | 0.0% | N | Referral Required |
| 29820 | ARTHROSCOPY, SYNOVECTOMY, PA | 07/01/2005 | $588.12 | 0.0% | 0.0% | N | Referral Required |
| 29821 | SYNOVECTOMY COMPLETE | 07/01/2005 | $622.74 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 29822 | ARTHROSCOPY SHOULDER DEBRIDE | 07/01/2005 | $608.59 | 0.0% | 0.0% | N | Referral Required |
| 29823 | ARTHROSCOPY SHOULDER SURGICA | 07/01/2005 | $650.15 | 0.0% | 0.0% | N | Referral Required |
| 29824 | ARTHROSCOPY, SHOULDER | 07/01/2005 | $565.39 | 0.0% | 0.0% | N | Referral Required |
| 29825 | ARTHROSCOPY,SHOULDER W/LYSIS | 07/01/2005 | $617.45 | 0.0% | 0.0% | N | Referral Required |
| 29826 | ARTHROSCOPY SHOULDER DECOMPR | 07/01/2005 | $698.53 | 0.0% | 0.0% | N | Referral Required |
| 29827 | ARTHROSCOPY- SHOULDER | 07/01/2005 | $925.60 | 0.0% | 0.0% | N | Referral Required |
| 29830 | ARTHROSCOPY ELBOW DIAGNOSTIC | 07/01/2005 | $424.66 | 0.0% | 0.0% | N | Referral Required |
| 29834 | ARTHROSCOPY,ELBOW,SURGICAL;R | 07/01/2005 | $471.10 | 0.0% | 0.0% | N | Referral Required |
| 29835 | ARTHROSCOPY ELBOW SURG SYNOV | 07/01/2005 | $479.00 | 0.0% | 0.0% | N | Referral Required |
| 29836 | ARTHROSCOPY,ELBOW,SURGICAL;S | 07/01/2005 | $542.97 | 0.0% | 0.0% | N | Referral Required |
| 29837 | ARTHROSCOPY,ELBOW,SURGICAL;D | 07/01/2005 | $506.06 | 0.0% | 0.0% | N | Referral Required |
| 29838 | DEBRIDEMENT EXTENSIVE | 07/01/2005 | $552.53 | 0.0% | 0.0% | N | Referral Required |
| 29840 | ARTHROSCOPY WRIST DIAGNOSTIC | 07/01/2005 | $488.85 | 0.0% | 0.0% | N | Referral Required |
| 29843 | ARTHROSCOPY WRIST SURG FOR I | 07/01/2005 | $518.74 | 0.0% | 0.0% | N | Referral Required |
| 29844 | ARTHROSCOPY, SNYOVECTOMY, PA | 07/01/2005 | $541.03 | 0.0% | 0.0% | N | Referral Required |
| 29845 | SYNOVECTOMY COMPLETE | 07/01/2005 | $601.83 | 0.0% | 0.0% | N | Referral Required |
| 29846 | ARTHROSCOPY, WRIST, EXCISION | 07/01/2005 | $644.73 | 0.0% | 0.0% | N | Referral Required |
| 29847 | ARTHROSCOPY,WRIST,SURGICAL;I | 07/01/2005 | $662.92 | 0.0% | 0.0% | N | Referral Required |
| 29848 | ARTHROSCOPY WRIST SURG/W/REL | 07/01/2005 | $488.45 | 0.0% | 0.0% | N | Referral Required |
| 29850 | ARTHROSCOPICALLY AIDED TREAT | 07/01/2005 | $555.73 | 0.0% | 0.0% | N | Referral Required |
| 29851 | ARTHROSCOPICALLY AID TREAT W | 07/01/2005 | $901.22 | 0.0% | 0.0% | N | Referral Required |
| 29855 | ARTHROSCOPICALLY AIDED TXOF | 07/01/2005 | $758.35 | 0.0% | 0.0% | N | Referral Required |
| 29856 | BICONDYLAR,W/WO INTERNAL OR | 07/01/2005 | $958.36 | 0.0% | 0.0% | N | Referral Required |
| 29860 | ARTHROSCOPY, HIP, DIAGNOSTIC | 07/01/2005 | $576.63 | 0.0% | 0.0% | N | Referral Required |
| 29861 | ARTHOSCOPY, HIP, SURGICAL,REM F/B | 07/01/2005 | $640.80 | 0.0% | 0.0% | N | Referral Required |
| 29862 | ARTHOSCOPY, HIP, SURGICAL,DEBRIDMEN | 07/01/2005 | $703.98 | 0.0% | 0.0% | N | Referral Required |
| 29863 | ARTHROSCOPY, HIP, SURGICAL;W/SYNOV | 07/01/2005 | $722.66 | 0.0% | 0.0% | N | Referral Required |
| 29866 | ARTHROSCOPY, KNEE, SURGICAL | 07/01/2005 | $955.62 | 0.0% | 0.0% | N | Referral Required |
| 29867 | ARTHROSCOPY, KNEE, SURGICAL | 07/01/2005 | $1,144.84 | 0.0% | 0.0% | N | Referral Required |
| 29868 | ARTHROSCOPY, KNEE, SURGICAL | 07/01/2005 | $1,545.28 | 0.0% | 0.0% | N | Referral Required |
| 29870 | ARTHROSCOPY KNEE DIAGNOSTIC | 07/01/2005 | $401.90 | 0.0% | 0.0% | N | Referral Required |
| 29871 | ARTHROSCOPY, KNEE SURGICAL F | 07/01/2005 | $528.73 | 0.0% | 0.0% | N | Referral Required |
| 29873 | ARTHROSCOPY - KNEE | 07/01/2005 | $426.25 | 0.0% | 0.0% | N | Referral Required |
| 29874 | ARTHROSCOPY KNEE FOR REMOVAL | 07/01/2005 | $538.93 | 0.0% | 0.0% | N | Referral Required |
| 29875 | ARTHROSCOPY KNEE SYNOVECTOMY | 07/01/2005 | $497.31 | 0.0% | 0.0% | N | Referral Required |
| 29876 | ARTHROSCOPY KNEE SYNOVECTOMY | 07/01/2005 | $609.04 | 0.0% | 0.0% | N | Referral Required |
| 29877 | ARTHROSCOPY KNEE DEBRIDEMENT | 07/01/2005 | $557.32 | 0.0% | 0.0% | N | Referral Required |
| 29879 | ARTHROSCOPY KNEE ABRASION AR | 07/01/2005 | $596.89 | 0.0% | 0.0% | N | Referral Required |
| 29880 | ARTHROSCOPY KNEE SURGICAL WI | 07/01/2005 | $623.47 | 0.0% | 0.0% | N | Referral Required |
| 29881 | ARTHROSCOPY KNEE W/MENISCECT | 07/01/2005 | $581.12 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 29882 | ARTHROSCOPY KNEE MENISCUS RE | 07/01/2005 | $628.99 | 0.0% | 0.0% | N | Referral Required |
| 29883 | ARTHROSCOPY WITH MENISCUS RE | 07/01/2005 | $766.03 | 0.0% | 0.0% | N | Referral Required |
| 29884 | ARTHROSCOPY KNEE W/LYSIS OF | 07/01/2005 | $575.75 | 0.0% | 0.0% | N | Referral Required |
| 29885 | DRILLING FOR OSTEOCONDRITIS | 07/01/2005 | $675.90 | 0.0% | 0.0% | N | Referral Required |
| 29886 | ARTHROSCOPY KNEE DRILLING FO | 07/01/2005 | $587.83 | 0.0% | 0.0% | N | Referral Required |
| 29887 | ARTHROSCOPY KNEE DRILLING IN | 07/01/2005 | $673.44 | 0.0% | 0.0% | N | Referral Required |
| 29888 | ARTHROSCOPICALLY AIDED ANTER | 07/01/2005 | $949.12 | 0.0% | 0.0% | N | Referral Required |
| 29889 | ARTHROSCOPICALLY AIDED POSTE | 07/01/2005 | $1,067.60 | 0.0% | 0.0% | N | Referral Required |
| 29891 | ARTHROSCOPY, ANKLE, SURGICAL | 07/01/2005 | $618.51 | 0.0% | 0.0% | N | Referral Required |
| 29892 | ARTHROSCOPICALLY AIDED REPAI | 07/01/2005 | $645.74 | 0.0% | 0.0% | N | Referral Required |
| 29893 | ENDOSCOPIC PLANTAR FASCIOTOM | 07/01/2005 | $385.15 | 0.0% | 0.0% | N | Referral Required |
| 29894 | ARTHROSCOPY ANKLE TIBIOTALAR | 07/01/2005 | $543.66 | 0.0% | 0.0% | N | Referral Required |
| 29895 | ARTHROSCOPY ANKLE SYNOVECTOM | 07/01/2005 | $534.01 | 0.0% | 0.0% | N | Referral Required |
| 29897 | ARTHROSCOPY DEBRIDEMENT LIMI | 07/01/2005 | $565.37 | 0.0% | 0.0% | N | Referral Required |
| 29898 | ARTHROSCOPY ANKLE TIB/FIB JO | 07/01/2005 | $610.79 | 0.0% | 0.0% | N | Referral Required |
| 29899 | ARTHROSCOPY - ANKLE | 07/01/2005 | $981.38 | 0.0% | 0.0% | N | Referral Required |
| 29900 | ARTHROSCOPY, METACARPOPHALANGEAL | 07/01/2005 | $401.99 | 0.0% | 0.0% | N | Referral Required |
| 29901 | ARTHROSCOPY, METACARPOPHALANGEAL | 07/01/2005 | $442.97 | 0.0% | 0.0% | N | Referral Required |
| 29902 | ARTHROSCOPY, METACARPOPHALANGEAL | 07/01/2005 | $475.54 | 0.0% | 0.0% | N | Referral Required |
| 2991 | PHARYNGEAL DILATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2992 | DIVIS GLOSSOPHARYNG NERV | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 2999 | PHARYNGEAL OPERATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 29999 | UNLISTED PROCEDURE, ARTHROSCOPY | 01/01/2002 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 30000 | DRAINAGE, ABSCESS, NOSE | 07/01/2005 | $136.85 | 0.0% | 0.0% | N | Referral Required |
| 3001 | LARYNX CYST MARSUPIALIZ | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 30020 | DRAINAGE, ABSCESS, NASAL SEP | 07/01/2005 | $140.11 | 0.0% | 0.0% | N | Referral Required |
| 3009 | DESTRUCT LARYNX LES NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 301 | HEMILARYNGECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 30100 | BIOPSY, INTRANASAL SOFT TISS | 07/01/2005 | $79.18 | 0.0% | 0.0% | N | Referral Required |
| 30110 | NASAL POLYP EXCISION | 07/01/2005 | $153.33 | 0.0% | 0.0% | N | Referral Required |
| 30115 | NASAL POLYP EXCISION | 07/01/2005 | $312.17 | 0.0% | 0.0% | N | Referral Required |
| 30117 | EXCISION/DESTRUCTION ANY MET | 07/01/2005 | $281.22 | 0.0% | 0.0% | N | Referral Required |
| 30118 | EXCISION/DESTRUCTION ANY MET | 07/01/2005 | $643.21 | 0.0% | 0.0% | N | Referral Required |
| 30120 | EXCISION, SKIN NOSE | 07/01/2005 | $385.77 | 0.0% | 0.0% | N | Referral Required |
| 30124 | EXCISION, DERMOID CYST | 07/01/2005 | $224.54 | 0.0% | 0.0% | N | Referral Required |
| 30125 | EXCISION DERMOID CYST COMPLE | 07/01/2005 | $485.91 | 0.0% | 0.0% | N | Referral Required |
| 30130 | EXCISION, TURBINATE | 07/01/2005 | $257.43 | 0.0% | 0.0% | N | Referral Required |
| 30140 | RESECTION, TURBINATE | 07/01/2005 | $280.07 | 0.0% | 0.0% | N | Referral Required |
| 30150 | RHINECTOMY; PARTIAL | 07/01/2005 | $634.52 | 0.0% | 0.0% | N | Referral Required |
| 30160 | RHINECTOMY; TOTAL | 07/01/2005 | $649.41 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 30200 | INJECTION, TURBINATE | 07/01/2005 | $69.79 | 0.0% | 0.0% | N | Referral Required |
| 3021 | EPIGLOTTIDECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 30210 | DISPLACEMENT THERAPY, NOSE | 07/01/2005 | $111.34 | 0.0% | 0.0% | N | Referral Required |
| 3022 | VOCAL CORDECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 30220 | INSERT NASAL SEPTAL PROSTHES | 07/01/2005 | $140.66 | 0.0% | 0.0% | N | Referral Required |
| 3029 | OTHER PART LARYNGECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 303 | COMPLETE LARYNGECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 30300 | REMOVAL FOREIGN BODY INTRANA | 07/01/2005 | $125.23 | 0.0% | 0.0% | N | Referral Required |
| 30310 | REMOVAL FOREIGN BODY INTRANA | 07/01/2005 | $136.51 | 0.0% | 0.0% | N | Referral Required |
| 30320 | REMOVAL FOREIGN BODY INTRANA | 07/01/2005 | $342.99 | 0.0% | 0.0% | N | Referral Required |
| 304 | RADICAL LARYNGECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 30400 | RHINOPLASTY | 07/01/2005 | $664.06 | 0.0% | 0.0% | N | Referral Required |
| 30410 | RHINOPLASTY | 07/01/2005 | $832.13 | 0.0% | 0.0% | N | Referral Required |
| 30420 | RHINOPLASTY | 07/01/2005 | $1,007.12 | 0.0% | 0.0% | N | Referral Required |
| 30430 | RHINOPLASTY | 07/01/2005 | $515.27 | 0.0% | 0.0% | N | Referral Required |
| 30435 | RHINOPLASTY, SECONDARY INTER | 07/01/2005 | $794.40 | 0.0% | 0.0% | N | Referral Required |
| 30450 | RHINOPLASTY, MAJOR REVISION | 07/01/2005 | $1,173.94 | 0.0% | 0.0% | N | Referral Required |
| 30460 | RHINOPLASTY FOR NASAL DEFORM | 07/01/2005 | $676.60 | 0.0% | 0.0% | N | Referral Required |
| 30462 | TIP, SEPTUM, OSTEOTOMIES | 07/01/2005 | $1,211.97 | 0.0% | 0.0% | Y | Referral Required |
| 30465 | REPAIR OF NASAL VESTIBULAR STENOSIS | 07/01/2005 | $753.15 | 0.0% | 0.0% | N | Referral Required |
| 30520 | SEPTOPLASTY | 07/01/2005 | $408.49 | 0.0% | 0.0% | N | Referral Required |
| 30540 | REPAIR, CHOANAL ATRESIA | 07/01/2005 | $510.24 | 0.0% | 0.0% | N | Referral Required |
| 30545 | REPAIR, CHOANAL ATRESIA | 07/01/2005 | $727.74 | 0.0% | 0.0% | N | Referral Required |
| 30560 | LYSIS, SYNECHIA, INTRANASAL | 07/01/2005 | $125.26 | 0.0% | 0.0% | N | Referral Required |
| 30580 | REPAIR, FISTULA, OROMAXILLAR | 07/01/2005 | $415.09 | 0.0% | 0.0% | N | Referral Required |
| 30600 | REPAIR, FISTULA, ORONASAL | 07/01/2005 | $391.40 | 0.0% | 0.0% | N | Referral Required |
| 30620 | RECONSTRUCTION, INTERNAL NOS | 07/01/2005 | $444.05 | 0.0% | 0.0% | N | Referral Required |
| 30630 | REPAIR NASAL SEPTAL PERFORAT | 07/01/2005 | $504.37 | 0.0% | 0.0% | N | Referral Required |
| 30801 | CAUTERIZATION MUCOSA OF TURB | 07/01/2005 | $125.56 | 0.0% | 0.0% | N | Referral Required |
| 30802 | CAUTERIZATION MUCOSA OF TURB | 07/01/2005 | $179.49 | 0.0% | 0.0% | N | Referral Required |
| 30901 | SIMPLE CAUTERIZATION TO CONTROL NAS | 07/01/2005 | $92.42 | 0.0% | 0.0% | N | Referral Required |
| 30903 | CONTROL NASAL HEMORRHAGE ANTERIO | 07/01/2005 | $163.30 | 0.0% | 0.0% | N | Referral Required |
| 30905 | NASAL HEMORRHAGE CONTROL | 07/01/2005 | $200.79 | 0.0% | 0.0% | N | Referral Required |
| 30906 | NASAL HEMORHAGE CONTROL, SUBSEQUE | 07/01/2005 | $232.30 | 0.0% | 0.0% | N | Referral Required |
| 30915 | LIGATION, ETHMOIDAL ARTERIES | 07/01/2005 | $503.75 | 0.0% | 0.0% | N | Referral Required |
| 30920 | LIGATION ARTERIES INTERNAL M | 07/01/2005 | $651.77 | 0.0% | 0.0% | N | Referral Required |
| 30930 | FRACTURE NASAL TRUBINATES TH | 07/01/2005 | $118.65 | 0.0% | 0.0% | N | Referral Required |
| 30999 | UNLISTED PROCEDURE, NOSE | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 310 | INJECTION OF LARYNX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 31000 | SINUS LAVAGE | 07/01/2005 | $123.10 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 31002 | SINUS LAVAGE | 07/01/2005 | $139.67 | 0.0% | 0.0% | N | Referral Required |
| 31020 | ANTROTOMY | 07/01/2005 | $248.16 | 0.0% | 0.0% | N | Referral Required |
| 31030 | ANTROTOMY | 07/01/2005 | $380.95 | 0.0% | 0.0% | N | Referral Required |
| 31032 | SINUSOTOMY RADICAL UNILAT W/ | 07/01/2005 | $448.51 | 0.0% | 0.0% | N | Referral Required |
| 31040 | PTERYGOMAXILLARY FOSSA SURGE | 07/01/2005 | $594.47 | 0.0% | 0.0% | N | Referral Required |
| 31050 | SINUSOTOMY | 07/01/2005 | $366.27 | 0.0% | 0.0% | N | Referral Required |
| 31051 | SINUSOTOMY,SPHENOID,BIOPSY; | 07/01/2005 | $485.94 | 0.0% | 0.0% | N | Referral Required |
| 31070 | SINUSOTOMY | 07/01/2005 | $325.98 | 0.0% | 0.0% | N | Referral Required |
| 31075 | SINUSOTOMY | 07/01/2005 | $618.16 | 0.0% | 0.0% | N | Referral Required |
| 31080 | SINUSOTOMY | 07/01/2005 | $726.84 | 0.0% | 0.0% | N | Referral Required |
| 31081 | SINUSOTOMY | 07/01/2005 | $822.16 | 0.0% | 0.0% | N | Referral Required |
| 31084 | SINUSOTOMY | 07/01/2005 | $859.20 | 0.0% | 0.0% | N | Referral Required |
| 31085 | SINUSOTOMY | 07/01/2005 | $900.01 | 0.0% | 0.0% | N | Referral Required |
| 31086 | SINUSOTOMY;NONOBLITERATIVE,W | 07/01/2005 | $826.10 | 0.0% | 0.0% | N | Referral Required |
| 31087 | SINUSOTOMY;NONOBLITERATIVE,W | 07/01/2005 | $833.46 | 0.0% | 0.0% | N | Referral Required |
| 31090 | SINUSOTOMY | 07/01/2005 | $653.96 | 0.0% | 0.0% | N | Referral Required |
| 311 | TEMPORARY TRACHEOSTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 31200 | ETHMOIDECTOMY | 07/01/2005 | $376.95 | 0.0% | 0.0% | N | Referral Required |
| 31201 | ETHMOIDECTOMY | 07/01/2005 | $573.09 | 0.0% | 0.0% | N | Referral Required |
| 31205 | ETHMOIDECTOMY | 07/01/2005 | $665.14 | 0.0% | 0.0% | N | Referral Required |
| 3121 | MEDIASTINAL TRACHEOSTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 31225 | MAXILLECTOMY | 07/01/2005 | $1,226.67 | 0.0% | 0.0% | N | Referral Required |
| 31230 | MAXILLECTOMY | 07/01/2005 | $1,386.81 | 0.0% | 0.0% | N | Referral Required |
| 31231 | NASAL ENDOSCOPY, DIAGNOSTIC | 07/01/2005 | $107.43 | 0.0% | 0.0% | N | Referral Required |
| 31233 | NASAL/SINUS ENDOSCOPY,DIAGNO | 07/01/2005 | $169.24 | 0.0% | 0.0% | N | Referral Required |
| 31235 | NASAL/SINUS ENDOSCOPY,DIAGNO | 07/01/2005 | $195.07 | 0.0% | 0.0% | N | Referral Required |
| 31237 | NASAL/SINUS ENDOSCOPY W/BIOP | 07/01/2005 | $217.44 | 0.0% | 0.0% | N | Referral Required |
| 31238 | WITH CONTROL OF EPISTAXIS | 07/01/2005 | $245.38 | 0.0% | 0.0% | N | Referral Required |
| 31239 | WITH DACRYOCYSTORHINOSTOMY | 07/01/2005 | $543.44 | 0.0% | 0.0% | N | Referral Required |
| 31240 | WITH CONCHA BULLOSA RESECTIO | 07/01/2005 | $150.73 | 0.0% | 0.0% | N | Referral Required |
| 31254 | NASAL ENDOSCOPY W/ETHMOIDECT | 07/01/2005 | $265.38 | 0.0% | 0.0% | N | Referral Required |
| 31255 | NASAL ENDOSCOPY & ETHMOIDECT | 07/01/2005 | $396.21 | 0.0% | 0.0% | N | Referral Required |
| 31256 | NASAL ENDOSCOPY WITH MAXILLA | 07/01/2005 | $189.02 | 0.0% | 0.0% | N | Referral Required |
| 31260 | MAXILLARY SINUS ENDOSCOPY DIAGNOSTI | 07/01/2005 | $197.92 | 0.0% | 0.0% | N | Referral Required |
| 31263 | MAXILLARY SINUS ENDOSCOPY,SURGICAL; | 07/01/2005 | $306.79 | 0.0% | 0.0% | N | Referral Required |
| 31267 | MAXILLARY ENDOSCOPY SURG W/R | 07/01/2005 | $311.48 | 0.0% | 0.0% | N | Referral Required |
| 31270 | SPHENOID ENDOSCOPY, DIAGNOSTIC, W/ | 07/01/2005 | $108.87 | 0.0% | 0.0% | N | Referral Required |
| 31275 | SPHENOID ENDOSCOPY, SURGICAL | 07/01/2005 | $296.88 | 0.0% | 0.0% | N | Referral Required |
| 31276 | NASAL/SINUS ENDOSCOPY W/FRON | 07/01/2005 | $502.95 | 0.0% | 0.0% | N | Referral Required |
| 31287 | NASAL/SINUS ENDOSCOPY,SURGIC | 07/01/2005 | $224.32 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 31288 | WITH REMOVAL OF TISSUE FROM | 07/01/2005 | $261.54 | 0.0% | 0.0% | N | Referral Required |
| 3129 | OTHER PERM TRACHEOSTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 31290 | NASAL/SINUS ENDOSCOPY,SURGIC | 07/01/2005 | $1,034.18 | 0.0% | 0.0% | N | Referral Required |
| 31291 | SPHENOID REGION | 07/01/2005 | $1,092.11 | 0.0% | 0.0% | N | Referral Required |
| 31292 | NASAL/SINUS ENDOSCOPY,SURGIC | 07/01/2005 | $891.53 | 0.0% | 0.0% | N | Referral Required |
| 31293 | W/MEDIAL ORBITAL WALL & INFE | 07/01/2005 | $969.73 | 0.0% | 0.0% | N | Referral Required |
| 31294 | WITH OPTIC NERVE DECOMPRESSI | 07/01/2005 | $1,116.50 | 0.0% | 0.0% | N | Referral Required |
| 31299 | UNLISTED SINUS PROCEDURE | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 313 | INCIS LARYNX TRACHEA NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 31300 | LARYNGOTOMY | 07/01/2005 | $1,109.03 | 0.0% | 0.0% | N | Referral Required |
| 31320 | LARYNGOTOMY | 07/01/2005 | $610.73 | 0.0% | 0.0% | N | Referral Required |
| 31360 | LARYNGECTOMY | 07/01/2005 | $1,272.08 | 0.0% | 0.0% | N | Referral Required |
| 31365 | LARYNGECTOMY | 07/01/2005 | $1,667.25 | 0.0% | 0.0% | N | Referral Required |
| 31367 | LARYNGECTOMY | 07/01/2005 | $1,605.47 | 0.0% | 0.0% | N | Referral Required |
| 31368 | LARYNGECTOMY | 07/01/2005 | $1,955.63 | 0.0% | 0.0% | N | Referral Required |
| 31370 | HEMILARYNGECTOMY | 07/01/2005 | $1,571.89 | 0.0% | 0.0% | N | Referral Required |
| 31375 | HEMILARYNGECTOMY | 07/01/2005 | $1,452.37 | 0.0% | 0.0% | N | Referral Required |
| 31380 | HEMILARYNGECTOMY | 07/01/2005 | $1,460.08 | 0.0% | 0.0% | N | Referral Required |
| 31382 | HEMILARYNGECTOMY | 07/01/2005 | $1,526.45 | 0.0% | 0.0% | N | Referral Required |
| 31390 | PHARYNGOLARYNGECTOMY W/RADIC | 07/01/2005 | $1,980.97 | 0.0% | 0.0% | N | Referral Required |
| 31395 | PHARYNGOLARYNGECTOMY,W/RADIC | 07/01/2005 | $2,317.08 | 0.0% | 0.0% | N | Referral Required |
| 31400 | ARYTENOIDECTOMY | 07/01/2005 | $904.36 | 0.0% | 0.0% | N | Referral Required |
| 3141 | TRACHEOSCOPY THRU STOMA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3142 | LARYNGOSCOPY/TRACHEOSCOP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 31420 | EPIGLOTTIDECTOMY | 07/01/2005 | $895.98 | 0.0% | 0.0% | N | Referral Required |
| 3143 | CLOSED LARYNGEAL BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3144 | CLOSED TRACHEAL BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3145 | OPEN LARYNX OR TRACH BX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3148 | OTH LARYNX DX PROCEDURE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3149 | OTH TRACHEA DX PROCEDURE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 315 | LOCAL DESTRUC LARYNX LES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 31500 | ENDOTRACHEAL INTUBATION | 07/01/2005 | $109.39 | 0.0% | 0.0% | N | Referral Required |
| 31502 | TRACHEOTOMI TUBE CHANGE | 07/01/2005 | $89.16 | 0.0% | 0.0% | N | Referral Required |
| 31505 | LARYNGOSCOPY | 07/01/2005 | $83.78 | 0.0% | 0.0% | N | Referral Required |
| 31510 | LARYNGOSCOPY | 07/01/2005 | $166.29 | 0.0% | 0.0% | N | Referral Required |
| 31511 | LARYNGOSCOPY, W/REMOVAL OF F | 07/01/2005 | $184.69 | 0.0% | 0.0% | N | Referral Required |
| 31512 | LARYNGOSCOPY, W/REMOVAL OF L | 07/01/2005 | $176.51 | 0.0% | 0.0% | N | Referral Required |
| 31513 | AMB SURG CTR -LARYNGOSCOPY I | 07/01/2005 | $121.92 | 0.0% | 0.0% | N | Referral Required |
| 31515 | LARYNGOSCOPY | 07/01/2005 | $142.93 | 0.0% | 0.0% | N | Referral Required |
| 31520 | LARYNGOSCOPY | 07/01/2005 | $141.82 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 31525 | LARYNGOSCOPY | 07/01/2005 | $195.04 | 0.0% | 0.0% | N | Referral Required |
| 31526 | LARYNGOSCOPY-DIAGNOSTIC W/OP | 07/01/2005 | $148.31 | 0.0% | 0.0% | N | Referral Required |
| 31527 | AMB SURG CTR -LARYNGOSCOPY | 07/01/2005 | $179.99 | 0.0% | 0.0% | N | Referral Required |
| 31528 | LARYNGOSCOPY, WITH DILATATIO | 07/01/2005 | $129.19 | 0.0% | 0.0% | N | Referral Required |
| 31529 | LARYNGOSCOPY DIRECT, W/DILAT | 07/01/2005 | $153.27 | 0.0% | 0.0% | N | Referral Required |
| 31530 | LARYNGOSCOPY | 07/01/2005 | $188.83 | 0.0% | 0.0% | N | Referral Required |
| 31531 | LARYNGOSCOPY DIRECT;W/OPERAT | 07/01/2005 | $205.79 | 0.0% | 0.0% | N | Referral Required |
| 31535 | LARYNGOSCOPY | 07/01/2005 | $179.86 | 0.0% | 0.0% | N | Referral Required |
| 31536 | LARYNGOSCOPY DIRECT OPERATIV | 07/01/2005 | $204.06 | 0.0% | 0.0% | N | Referral Required |
| 31540 | LARYNGOSCOPY | 07/01/2005 | $235.87 | 0.0% | 0.0% | N | Referral Required |
| 31541 | LARYNGOSCOPY | 07/01/2005 | $258.75 | 0.0% | 0.0% | N | Referral Required |
| 31545 | LARYNGOSCOPY, DIRECT, OPERATIVE | 07/01/2005 | $364.81 | 0.0% | 0.0% | N | Referral Required |
| 31546 | LARYNGOSCOPY, DIRECT, OPERATIVE | 07/01/2005 | $554.04 | 0.0% | 0.0% | N | Referral Required |
| 31560 | LARYNGOSCOPY | 07/01/2005 | $306.20 | 0.0% | 0.0% | N | Referral Required |
| 31561 | LARYNGOSCOPY W/ARYTENOIDECTO | 07/01/2005 | $321.41 | 0.0% | 0.0% | N | Referral Required |
| 31570 | LARYNGOSCOPY | 07/01/2005 | $274.78 | 0.0% | 0.0% | N | Referral Required |
| 31571 | LARYNGOSCOPY W/INJECTION VOC | 07/01/2005 | $240.44 | 0.0% | 0.0% | N | Referral Required |
| 31575 | LARYNGOSCOPY, FLEXIBLE FIBER | 07/01/2005 | $109.74 | 0.0% | 0.0% | N | Referral Required |
| 31576 | LARYNGOSCOPY FLEXIBLE FIBERS | 07/01/2005 | $147.91 | 0.0% | 0.0% | N | Referral Required |
| 31577 | LARYNGOSCOPY W/REMOVAL OF FO | 07/01/2005 | $187.78 | 0.0% | 0.0% | N | Referral Required |
| 31578 | LARYNGOSCOPY, WITH REMOVALL | 07/01/2005 | $209.25 | 0.0% | 0.0% | N | Referral Required |
| 31579 | LARNGOSCOY WITH STROBOSCOPY | 07/01/2005 | $182.34 | 0.0% | 0.0% | N | Referral Required |
| 31580 | LARYNGOPLASTY-2 STAGE, W/KEE | 07/01/2005 | $1,017.93 | 0.0% | 0.0% | N | Referral Required |
| 31582 | LARYNGOPLASTY-FOR STENOSIS, | 07/01/2005 | $1,534.49 | 0.0% | 0.0% | N | Referral Required |
| 31584 | LARYNGOPLASTY; W/OPEN REDUCT | 07/01/2005 | $1,362.01 | 0.0% | 0.0% | N | Referral Required |
| 31585 | TREATMENT CLOSED LARYNGEAL F | 07/01/2005 | $467.03 | 0.0% | 0.0% | N | Referral Required |
| 31586 | TX CLOSED LARYNGEAL FRACTURE | 07/01/2005 | $718.98 | 0.0% | 0.0% | N | Referral Required |
| 31587 | LARYNGOPLASTY, CRICOID SPLIT | 07/01/2005 | $935.42 | 0.0% | 0.0% | N | Referral Required |
| 31588 | LARYNGOPLASTY, NOT OTHERWISE | 07/01/2005 | $1,057.01 | 0.0% | 0.0% | N | Referral Required |
| 31590 | LARYNGEAL REINNERVATION NEUR | 07/01/2005 | $677.08 | 0.0% | 0.0% | N | Referral Required |
| 31595 | SECTION RECURRENT LARYNGEAL | 07/01/2005 | $704.50 | 0.0% | 0.0% | N | Referral Required |
| 31599 | UNLISTED PROC, LARYNX | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 31600 | TRACHEOSTOMY (SP) | 07/01/2005 | $368.65 | 0.0% | 0.0% | N | Referral Required |
| 31601 | TRACHEOSTOMY | 07/01/2005 | $240.00 | 0.0% | 0.0% | N | Referral Required |
| 31603 | TRACHEOSTOMY, EMERGENCY PROC | 07/01/2005 | $217.90 | 0.0% | 0.0% | N | Referral Required |
| 31605 | TRACHEOSTOMY ER CRICOTHYROID | 07/01/2005 | $175.89 | 0.0% | 0.0% | N | Referral Required |
| 3161 | SUTURE OF LARYNGEAL LAC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 31610 | TRACHEOSTOMY FENESTRATION PR | 07/01/2005 | $690.53 | 0.0% | 0.0% | N | Referral Required |
| 31611 | CONSTR. OF T-E FISTULA&SUBSE | 07/01/2005 | $549.78 | 0.0% | 0.0% | N | Referral Required |
| 31612 | TRACHEAL PUNCTURE | 07/01/2005 | $84.37 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 31613 | TRACHEOSTROMA REV SIMPLE W/O | 07/01/2005 | $467.20 | 0.0% | 0.0% | N | Referral Required |
| 31614 | TRACHEOSTOMA REVISION;COMPLE | 07/01/2005 | $677.37 | 0.0% | 0.0% | N | Referral Required |
| 31615 | TRACHEOBRONCHOSCOPY | 07/01/2005 | $201.94 | 0.0% | 0.0% | N | Referral Required |
| 3162 | LARYNGEAL FISTULA CLOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 31620 | ENDOBRONCHIAL UNTRASOUND (EBUS) | 07/01/2005 | $244.92 | 0.0% | 0.0% | N | Referral Required |
| 31622 | BRONCHOSCOPY,DIAGNOSTIC W/WO | 07/01/2005 | $224.46 | 0.0% | 0.0% | N | Referral Required |
| 31623 | BRONCHOSCOPY W/ BRUSHING OR PROTE | 07/01/2005 | $204.28 | 0.0% | 0.0% | N | Referral Required |
| 31624 | BRONCHOSCOPY W/BRONCHIAL LAVAGE | 07/01/2005 | $196.83 | 0.0% | 0.0% | N | Referral Required |
| 31625 | BRONCHOSCOPY | 07/01/2005 | $221.96 | 0.0% | 0.0% | N | Referral Required |
| 31628 | BRONCHOSCOPY WITH TRANSBRONC | 07/01/2005 | $251.27 | 0.0% | 0.0% | N | Referral Required |
| 31629 | BRONCHOSCOPY,DIAGNOSTIC W/TR | 07/01/2005 | $167.25 | 0.0% | 0.0% | N | Referral Required |
| 3163 | LARYNGOSTOMY REVISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 31630 | BRONCHOSCOPY W TRANCHEAL | 07/01/2005 | $208.73 | 0.0% | 0.0% | N | Referral Required |
| 31631 | BRONCHOSCOPY W/PLACEMENT | 07/01/2005 | $230.36 | 0.0% | 0.0% | N | Referral Required |
| 31632 | BRONCHOSCOPY, RIGID OR FLEXIBLE W/ | 07/01/2005 | $62.93 | 0.0% | 0.0% | N | Referral Required |
| 31633 | BRONCHOSCOPY, RIGID OR FLEXIBLE W/ | 07/01/2005 | $78.18 | 0.0% | 0.0% | N | Referral Required |
| 31635 | BRONCHOSCOPY | 07/01/2005 | $192.44 | 0.0% | 0.0% | N | Referral Required |
| 31636 | BRONCHOSCOPY, RIGID OR FLEXIBLE | 07/01/2005 | $229.60 | 0.0% | 0.0% | N | Referral Required |
| 31637 | BRONCHOSCOPY, RIGID OR FLEXIBLE | 07/01/2005 | $81.74 | 0.0% | 0.0% | N | Referral Required |
| 31638 | BRONCHOSCOPY, RIGID OR FLEXIBLE | 07/01/2005 | $257.32 | 0.0% | 0.0% | N | Referral Required |
| 3164 | LARYNGEAL FX REPAIR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 31640 | BRONCHOSCOPY | 07/01/2005 | $262.54 | 0.0% | 0.0% | N | Referral Required |
| 31641 | W/DESTRUCTION TUMOR OR RELIE | 07/01/2005 | $259.20 | 0.0% | 0.0% | N | Referral Required |
| 31643 | BRONCHOSCOPY W/CATHETER PLACEME | 07/01/2005 | $167.35 | 0.0% | 0.0% | N | Referral Required |
| 31645 | BRONCHOSCOPY | 07/01/2005 | $158.04 | 0.0% | 0.0% | N | Referral Required |
| 31646 | BRONCHOSCOPY W/THERAPEUTIC ASPIR | 07/01/2005 | $137.07 | 0.0% | 0.0% | N | Referral Required |
| 31656 | BRONCHOSCOPY WITH INJECTION | 07/01/2005 | $114.61 | 0.0% | 0.0% | N | Referral Required |
| 3169 | OTHER LARYNGEAL REPAIR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 31700 | BRONCHOSPIROMETRY, CTHETERIZ | 07/01/2005 | $163.09 | 0.0% | 0.0% | N | Referral Required |
| 31708 | LARYNGOGRAPHY CONTRAST MATRI | 07/01/2005 | $72.98 | 0.0% | 0.0% | N | Referral Required |
| 3171 | SUTURE OF TRACHEAL LACER | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 31710 | BRONCHOGRAPHY, CATHETERIZATI | 07/01/2005 | $72.64 | 0.0% | 0.0% | N | Referral Required |
| 31715 | BRONCHOGRAPHY INJECTION | 07/01/2005 | $65.15 | 0.0% | 0.0% | N | Referral Required |
| 31717 | BRONCHIAL BRUSH BIOPSY | 07/01/2005 | $185.26 | 0.0% | 0.0% | N | Referral Required |
| 3172 | CLOSURE OF TRACHEOSTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 31720 | ASPIRATION, NASOTRACHEOBRONCHIAL | 07/01/2005 | $101.99 | 0.0% | 0.0% | N | Referral Required |
| 31725 | ASPIRATION, TRACHEOBRONCHIAL | 07/01/2005 | $92.53 | 0.0% | 0.0% | N | Referral Required |
| 3173 | TRACHEA FISTULA CLOS NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 31730 | TRANSTRACHEAL INTRODUCTION N | 07/01/2005 | $189.19 | 0.0% | 0.0% | N | Referral Required |
| 3174 | REVISION OF TRACHEOSTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 3175 | TRACHEAL RECONSTRUCTION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 31750 | TRACHEOPLASTY | 07/01/2005 | $1,022.96 | 0.0% | 0.0% | N | Referral Required |
| 31755 | TRACHEOPHARYNGEAL FISTULIZAT | 07/01/2005 | $1,230.77 | 0.0% | 0.0% | N | Referral Required |
| 31760 | TRACHEOPLASTY | 07/01/2005 | $1,253.95 | 0.0% | 0.0% | N | Referral Required |
| 31766 | CARINAL RECONSTRUCTION | 07/01/2005 | $1,649.89 | 0.0% | 0.0% | N | Referral Required |
| 31770 | BRONCHOPLASTY | 07/01/2005 | $1,369.51 | 0.0% | 0.0% | N | Referral Required |
| 31775 | BRONCHOPLASTY EXCISION STENO | 07/01/2005 | $1,400.99 | 0.0% | 0.0% | N | Referral Required |
| 31780 | TRACHEAL STENOSIS EXCISION | 07/01/2005 | $1,094.62 | 0.0% | 0.0% | N | Referral Required |
| 31781 | TRACHEAL STENOSIS EXCISION | 07/01/2005 | $1,395.97 | 0.0% | 0.0% | N | Referral Required |
| 31785 | EXCISION TRACHEAL TUMOR CANC | 07/01/2005 | $1,076.10 | 0.0% | 0.0% | N | Referral Required |
| 31786 | EXCISION TRACHEAL TUMOR CANC | 07/01/2005 | $1,379.48 | 0.0% | 0.0% | N | Referral Required |
| 3179 | OTHER TRACHEAL REPAIR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 31800 | SUTURE TRACHEAL WOUND/INJURY | 07/01/2005 | $504.64 | 0.0% | 0.0% | N | Referral Required |
| 31805 | SUTURE TRACHEAL WOUND/INJURY | 07/01/2005 | $853.33 | 0.0% | 0.0% | N | Referral Required |
| 31820 | SURG CLOSE TRACHEOSTOMY/FIST | 07/01/2005 | $440.12 | 0.0% | 0.0% | N | Referral Required |
| 31825 | TRACHEOSTOMY CLOSURE | 07/01/2005 | $612.88 | 0.0% | 0.0% | N | Referral Required |
| 31830 | REVISION, TRACHEOSTOMY SCAR | 07/01/2005 | $426.80 | 0.0% | 0.0% | N | Referral Required |
| 31899 | UNLISTED PROC TRACHEA/BRONCH | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3191 | LARYNGEAL NERV DIVISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3192 | LYSIS TRACH/LARYNX ADHES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3193 | REPLACE TRAC/LARYN STENT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3194 | TRACHEAL INJECTION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3195 | TRACHEOESOPHAGEAL FISTULIZATION | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3198 | OTH LARYNGEAL OPERATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3199 | OTHER TRACHEAL OPERATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 32000 | THORACENTESIS | 07/01/2005 | $159.06 | 0.0% | 0.0% | N | Referral Required |
| 32002 | THORACENTESIS WITH INSERTION | 07/01/2005 | $109.57 | 0.0% | 0.0% | N | Referral Required |
| 32005 | CHEMICAL PLEURODESIS EG FOR | 07/01/2005 | $111.01 | 0.0% | 0.0% | N | Referral Required |
| 3201 | ENDOSCOPIC ESCISION OR DESTRUCTION | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 32019 | INSERTION OF INDWELLING CATHETER | 07/01/2005 | $837.20 | 0.0% | 0.0% | N | Referral Required |
| 32020 | TUBE THORACOSTOMY | 07/01/2005 | $198.76 | 0.0% | 0.0% | N | Referral Required |
| 32035 | THORACOSTOMY | 07/01/2005 | $589.44 | 0.0% | 0.0% | N | Referral Required |
| 32036 | THORACOSTOMY | 07/01/2005 | $647.62 | 0.0% | 0.0% | N | Referral Required |
| 3209 | OTHER LOCAL EXCISION OR DESTRUCTION | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 32095 | THORACOTOMY | 07/01/2005 | $585.00 | 0.0% | 0.0% | N | Referral Required |
| 321 | OTHER BRONCHIAL EXCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 32100 | THORACOTOMY | 07/01/2005 | $915.38 | 0.0% | 0.0% | N | Referral Required |
| 32110 | THORACOTOMY | 07/01/2005 | $1,277.81 | 0.0% | 0.0% | N | Referral Required |
| 32120 | THORACOTOMY | 07/01/2005 | $750.00 | 0.0% | 0.0% | N | Referral Required |
| 32124 | THORACOTOMY; MAJOR WITH OPEN | 07/01/2005 | $800.41 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 32140 | THORACOTOMY, MAJOR,WITH CYST | 07/01/2005 | $855.69 | 0.0% | 0.0% | N | Referral Required |
| 32141 | THORACOTOMY | 07/01/2005 | $865.23 | 0.0% | 0.0% | N | Referral Required |
| 32150 | THORACOTOMY | 07/01/2005 | $859.15 | 0.0% | 0.0% | N | Referral Required |
| 32151 | THORACOTOMYW/REMOVAL INTRAPU | 07/01/2005 | $875.76 | 0.0% | 0.0% | N | Referral Required |
| 32160 | THORACOTOMYW/CARDIAC MASSAGE | 07/01/2005 | $562.73 | 0.0% | 0.0% | N | Referral Required |
| 32200 | PNEUMONOSTOMY | 07/01/2005 | $910.10 | 0.0% | 0.0% | N | Referral Required |
| 32201 | PNEUMONOSTOMY;W/DRAINAGE CYST | 07/01/2005 | $334.47 | 0.0% | 0.0% | N | Referral Required |
| 3221 | EMPHYSEMA BLEB PLICATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 32215 | PLEURAL SCARIFICATION FOR RE | 07/01/2005 | $735.02 | 0.0% | 0.0% | N | Referral Required |
| 3222 | LUNG VOLUME REDUCTION SURGERY | 10/01/1995 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 32220 | PULMONARY DECORTICATION | 07/01/2005 | $1,355.69 | 0.0% | 0.0% | N | Referral Required |
| 32225 | DECORTICATION PULMONARY, SEP | 07/01/2005 | $862.43 | 0.0% | 0.0% | N | Referral Required |
| 3228 | ENDOSCOPIC ESCISION OR DESTRUCTION | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3229 | DESTROY LOC LUNG LES NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 323 | SEGMENTAL LUNG RESECTION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 32310 | PARIETAL PLEURECTOMY | 07/01/2005 | $839.82 | 0.0% | 0.0% | N | Referral Required |
| 32320 | DECORTICATION/PLEURECTOMY | 07/01/2005 | $1,346.18 | 0.0% | 0.0% | N | Referral Required |
| 324 | LOBECTOMY OF LUNG | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 32400 | BIOPSY, PLEURA, NEEDLE | 07/01/2005 | $127.03 | 0.0% | 0.0% | N | Referral Required |
| 32402 | BIOPSY PLEURA OPEN | 07/01/2005 | $545.15 | 0.0% | 0.0% | N | Referral Required |
| 32405 | BIOPSY, LUNG/PLEURA | 07/01/2005 | $148.05 | 0.0% | 0.0% | N | Referral Required |
| 32420 | PNEUMONOCENTESIS, PUNCTURE O | 07/01/2005 | $109.54 | 0.0% | 0.0% | N | Referral Required |
| 32440 | TOTAL PNEUMONECTOMY | 07/01/2005 | $1,395.16 | 0.0% | 0.0% | N | Referral Required |
| 32442 | W/RESECTION OF SEGMENT OF TR | 07/01/2005 | $1,475.95 | 0.0% | 0.0% | N | Referral Required |
| 32445 | PNEUMONECTOMY EXTRAPLEURAL W | 07/01/2005 | $1,417.23 | 0.0% | 0.0% | N | Referral Required |
| 32480 | LOBECTOMY, LUNG | 07/01/2005 | $1,318.14 | 0.0% | 0.0% | N | Referral Required |
| 32482 | TWO LOBES | 07/01/2005 | $1,385.31 | 0.0% | 0.0% | N | Referral Required |
| 32484 | SINGLE SEGMENT | 07/01/2005 | $1,186.89 | 0.0% | 0.0% | N | Referral Required |
| 32486 | W/CIRCUMFERENTIAL RESECTION | 07/01/2005 | $1,356.24 | 0.0% | 0.0% | N | Referral Required |
| 32488 | ALL REMAINING LUNG FOLLOWING | 07/01/2005 | $1,442.82 | 0.0% | 0.0% | N | Referral Required |
| 325 | COMPLETE PNEUMONECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 32500 | WEDGE RESECTION, SINGLE OR M | 07/01/2005 | $1,243.78 | 0.0% | 0.0% | N | Referral Required |
| 32501 | RESECTION/REPAIR PORTION OF | 07/01/2005 | $231.66 | 0.0% | 0.0% | N | Referral Required |
| 32520 | RESECTION LUNG W/RESECTION O | 07/01/2005 | $1,245.16 | 0.0% | 0.0% | N | Referral Required |
| 32522 | PULMONARY RESECTION | 07/01/2005 | $1,373.58 | 0.0% | 0.0% | N | Referral Required |
| 32525 | RESECT LUNG W/MAJOR RESECT C | 07/01/2005 | $1,483.44 | 0.0% | 0.0% | N | Referral Required |
| 32540 | EXTRAPLEUAL ENUCLEATION | 07/01/2005 | $890.82 | 0.0% | 0.0% | N | Referral Required |
| 326 | RAD DISSEC THORAC STRUCT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 32601 | THORACOSCOPY,DIAGNOSTIC | 07/01/2005 | $327.04 | 0.0% | 0.0% | N | Referral Required |
| 32602 | LUNGS AND PLEURAL SPACE WITH | 07/01/2005 | $350.29 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 32603 | PERICARDIAL SAC, WITHOUT BIO | 07/01/2005 | $438.10 | 0.0% | 0.0% | N | Referral Required |
| 32604 | PERICARDIAL SAC, WITH BIOPSY | 07/01/2005 | $492.11 | 0.0% | 0.0% | N | Referral Required |
| 32605 | MEDIASTINAL SPACE, WITH BIOP | 07/01/2005 | $403.68 | 0.0% | 0.0% | N | Referral Required |
| 32606 | MEDIASTINAL SPACE, WITHOUT B | 07/01/2005 | $470.88 | 0.0% | 0.0% | N | Referral Required |
| 32650 | THOROSCOPY,SURGICAL;WITH PLE | 07/01/2005 | $689.70 | 0.0% | 0.0% | N | Referral Required |
| 32651 | WITH PARTIAL PULMONARY DECOR | 07/01/2005 | $784.28 | 0.0% | 0.0% | N | Referral Required |
| 32652 | WITH TOTAL PULMONARYT DECORT | 07/01/2005 | $1,082.65 | 0.0% | 0.0% | N | Referral Required |
| 32653 | WITH REMOVAL OF INTRAPLEURAL | 07/01/2005 | $794.00 | 0.0% | 0.0% | N | Referral Required |
| 32654 | WITH CONTROL OF TRAUMATIC HE | 07/01/2005 | $724.30 | 0.0% | 0.0% | N | Referral Required |
| 32655 | W/EXCISION-PLICATION OF BULL | 07/01/2005 | $792.34 | 0.0% | 0.0% | N | Referral Required |
| 32656 | WITH PARIETAL PLEURECTOMY | 07/01/2005 | $809.10 | 0.0% | 0.0% | N | Referral Required |
| 32657 | W/WEDGE RESECTION OF LUNG,SI | 07/01/2005 | $830.67 | 0.0% | 0.0% | N | Referral Required |
| 32658 | W/REMOVAL OF CLOT OF FOREIGN | 07/01/2005 | $744.60 | 0.0% | 0.0% | N | Referral Required |
| 32659 | W/CREATION OF PERICARDIAL WI | 07/01/2005 | $743.33 | 0.0% | 0.0% | N | Referral Required |
| 32660 | WITH TOTAL PERICARDECTOMY | 07/01/2005 | $1,013.68 | 0.0% | 0.0% | N | Referral Required |
| 32661 | WITH EXCISION OF PERICARDIAL | 07/01/2005 | $809.73 | 0.0% | 0.0% | N | Referral Required |
| 32662 | WITH EXCISION OF MEDIASTINAL | 07/01/2005 | $978.55 | 0.0% | 0.0% | N | Referral Required |
| 32663 | WITH LOBECTOMY, TOTAL OR SEG | 07/01/2005 | $1,077.43 | 0.0% | 0.0% | N | Referral Required |
| 32664 | WITH THORACIC SYMPATHECTOMY | 07/01/2005 | $853.90 | 0.0% | 0.0% | N | Referral Required |
| 32665 | WITH ESOPHAGOMYOTOMY | 07/01/2005 | $895.52 | 0.0% | 0.0% | N | Referral Required |
| 32800 | REPAIR, HERNIA, LUNG | 07/01/2005 | $852.48 | 0.0% | 0.0% | N | Referral Required |
| 32810 | CLOSE CHEST WALL FOLLOWING O | 07/01/2005 | $830.19 | 0.0% | 0.0% | N | Referral Required |
| 32815 | OPEN CLOSURE OF MAJOR BRONCH | 07/01/2005 | $1,325.56 | 0.0% | 0.0% | N | Referral Required |
| 32820 | MAJOR RECONSTRUCTION CHEST W | 07/01/2005 | $1,277.73 | 0.0% | 0.0% | N | Referral Required |
| 329 | OTHER EXCISION OF LUNG | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 32900 | RESECTION, RIBS, EXTRAPLEURA | 07/01/2005 | $1,179.45 | 0.0% | 0.0% | N | Referral Required |
| 32905 | THORACOPLASTY SCHEDE TYPE OR | 07/01/2005 | $1,215.47 | 0.0% | 0.0% | N | Referral Required |
| 32906 | THORACOPLASTY W/CLOSURE BRON | 07/01/2005 | $1,490.78 | 0.0% | 0.0% | N | Referral Required |
| 32940 | PNEUMONOLYSIS | 07/01/2005 | $1,139.93 | 0.0% | 0.0% | N | Referral Required |
| 32960 | PNEUMOTHORAX | 07/01/2005 | $139.75 | 0.0% | 0.0% | N | Referral Required |
| 32997 | TOTAL LUNG LAVAGE, UNILATERAL | 07/01/2005 | $292.15 | 0.0% | 0.0% | N | Referral Required |
| 32999 | UNLISTED PROCEDURE, LUNGS AN | 09/01/1982 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 330 | INCISION OF BRONCHUS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 33010 | PERICARDIOCENTESIS | 07/01/2005 | $116.35 | 0.0% | 0.0% | N | Referral Required |
| 33011 | PERICARDIOCENTESIS | 07/01/2005 | $117.68 | 0.0% | 0.0% | N | Referral Required |
| 33015 | TUBE PERICARDIOSTOMY | 07/01/2005 | $402.17 | 0.0% | 0.0% | N | Referral Required |
| 33020 | PERICARDIOTOMY | 07/01/2005 | $742.77 | 0.0% | 0.0% | N | Referral Required |
| 33025 | PERICARDIAL WINDOW RESECTION | 07/01/2005 | $719.45 | 0.0% | 0.0% | N | Referral Required |
| 33030 | RESECTION, PERICARDIUM | 07/01/2005 | $1,118.01 | 0.0% | 0.0% | N | Referral Required |
| 33031 | PERICARDIECTOMY SUBTOTAL COM | 07/01/2005 | $1,271.55 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 33050 | EXCISION, CYST, PERICARDIAL | 07/01/2005 | $886.95 | 0.0% | 0.0% | N | Referral Required |
| 331 | INCISION OF LUNG | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 33120 | CARDIAC TUMOR RESECTION | 07/01/2005 | $1,458.30 | 0.0% | 0.0% | N | Referral Required |
| 33130 | CARDIAC TUMOR RESECTION | 07/01/2005 | $1,225.72 | 0.0% | 0.0% | N | Referral Required |
| 33140 | TRANSMYOCARDIAL LASER REVASCULRZ | 07/01/2005 | $1,110.83 | 0.0% | 0.0% | N | Referral Required |
| 33141 | TRANSMYOCARDIAL REVASCULARIZATION | 07/01/2005 | $238.19 | 0.0% | 0.0% | N | Referral Required |
| 33200 | INSERT PERM PACEMKR W/IPICAR | 07/01/2005 | $787.42 | 0.0% | 0.0% | N | Referral Required |
| 33201 | INSERTION, PACEMAKER | 07/01/2005 | $698.82 | 0.0% | 0.0% | N | Referral Required |
| 33206 | INSERTION OF PERMANENT W/TRA | 07/01/2005 | $425.93 | 0.0% | 0.0% | N | Referral Required |
| 33207 | INSERTION OF PERMANENT PACEM | 07/01/2005 | $497.97 | 0.0% | 0.0% | N | Referral Required |
| 33208 | ARTIAL AND VENTRICULAR | 07/01/2005 | $505.28 | 0.0% | 0.0% | N | Referral Required |
| 3321 | BRONCHOSCOPY THRU STOMA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 33210 | INSERTION, PACEMAKER ELECTRO | 07/01/2005 | $166.13 | 0.0% | 0.0% | N | Referral Required |
| 33211 | INSERTION OR REPLACEMENT TEM | 07/01/2005 | $172.05 | 0.0% | 0.0% | N | Referral Required |
| 33212 | INSERTION, PULSE GENERATOR | 07/01/2005 | $353.39 | 0.0% | 0.0% | N | Referral Required |
| 33213 | DUAL CHAMBER | 07/01/2005 | $397.87 | 0.0% | 0.0% | N | Referral Required |
| 33214 | UPGRADE IMPLANT PACEMAKER SY | 07/01/2005 | $484.96 | 0.0% | 0.0% | N | Referral Required |
| 33215 | REPOSITIONING OF PACEMAKER | 07/01/2005 | $269.45 | 0.0% | 0.0% | N | Referral Required |
| 33216 | INSERT REPLCMNT/REPOST.PERM. | 07/01/2005 | $364.06 | 0.0% | 0.0% | N | Referral Required |
| 33217 | DUAL CHAMBER | 07/01/2005 | $387.25 | 0.0% | 0.0% | N | Referral Required |
| 33218 | REPAIR, PACEMAKER ELECTRODES | 07/01/2005 | $352.07 | 0.0% | 0.0% | N | Referral Required |
| 3322 | FIBER-OPTIC BRONCHOSCOPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 33220 | DUAL CHAMBER | 07/01/2005 | $352.79 | 0.0% | 0.0% | N | Referral Required |
| 33222 | REVISION OR RELOCATION OF SK | 07/01/2005 | $315.47 | 0.0% | 0.0% | N | Referral Required |
| 33223 | REVISION OR RELOCATION OF SK | 07/01/2005 | $407.67 | 0.0% | 0.0% | N | Referral Required |
| 33224 | INSERTION OF PACING ELECTRODE | 07/01/2005 | $441.23 | 0.0% | 0.0% | N | Referral Required |
| 33225 | INSERTION OF PACING ELECTRODE | 07/01/2005 | $391.26 | 0.0% | 0.0% | N | Referral Required |
| 33226 | REPOSITIONING OF CARDIAC ELECTRODE | 07/01/2005 | $424.75 | 0.0% | 0.0% | N | Referral Required |
| 3323 | OTHER BRONCHOSCOPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 33233 | REMOVAL OF PERMANENT PACEMAK | 07/01/2005 | $247.93 | 0.0% | 0.0% | N | Referral Required |
| 33234 | AND TRANSVENOUS ELECTRODES, | 07/01/2005 | $457.85 | 0.0% | 0.0% | N | Referral Required |
| 33235 | WITH TRANVENOUS ELECTRODES, | 07/01/2005 | $557.55 | 0.0% | 0.0% | N | Referral Required |
| 33236 | REMOVAL OF PERMANENT EPICARD | 07/01/2005 | $789.78 | 0.0% | 0.0% | N | Referral Required |
| 33237 | DUAL LEAD SYSTEM | 07/01/2005 | $836.48 | 0.0% | 0.0% | N | Referral Required |
| 33238 | REMOVAL OF PERM TRAN US PACE | 07/01/2005 | $881.72 | 0.0% | 0.0% | N | Referral Required |
| 3324 | CLOSED BIOPSY BRONCHUS/BRONCHOSCOP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 33240 | INSERT/REPLACE IMPLANTABLE C | 07/01/2005 | $464.56 | 0.0% | 0.0% | N | Referral Required |
| 33241 | REMOVE IMPLANT CARDIOVERTER | 07/01/2005 | $232.40 | 0.0% | 0.0% | N | Referral Required |
| 33243 | REMOVE IMPLANT CARDIO PULSE | 07/01/2005 | $1,220.87 | 0.0% | 0.0% | N | Referral Required |
| 33244 | BY OTHER THAN THORACOTOMY | 07/01/2005 | $786.01 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 33245 | IMPLANT OR REPLCMNT IMPLANTA | 07/01/2005 | $894.57 | 0.0% | 0.0% | N | Referral Required |
| 33246 | WITH INSERTION/AUTO IMPLANTA | 07/01/2005 | $1,253.96 | 0.0% | 0.0% | N | Referral Required |
| 33249 | W/INSERTION OF CARDIO-DEFIBR | 07/01/2005 | $823.36 | 0.0% | 0.0% | N | Referral Required |
| 3325 | OPEN BIOPSY OF BRONCHUS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 33250 | OPERATIVE ABLATION OF SUPRAV | 07/01/2005 | $1,255.59 | 0.0% | 0.0% | N | Referral Required |
| 33251 | OP ABLATION OF SUPRAVENTRICU | 07/01/2005 | $1,404.22 | 0.0% | 0.0% | N | Referral Required |
| 33253 | OPERATIVE INCISION/RECONSTRU | 07/01/2005 | $1,733.43 | 0.0% | 0.0% | N | Referral Required |
| 3326 | PERCUTANEOUS LUNG BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 33261 | OP ABLATION OF ARRHYTHMOGENI | 07/01/2005 | $1,425.40 | 0.0% | 0.0% | N | Referral Required |
| 3327 | CLOSED ENDOSCOPIC BIOPSY OF LUNG | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3328 | OPEN BIOPSY OF LUNG | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 33282 | IMPLANTATION OF PT-ACTIVATED RECRDR | 07/01/2005 | $303.22 | 0.0% | 0.0% | N | Referral Required |
| 33284 | REMOVAL OF IMPLANTABLE PT-ACTIVATED | 07/01/2005 | $224.32 | 0.0% | 0.0% | N | Referral Required |
| 3329 | BRONCH/LUNG DX PROC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 33300 | CARDIAC WOUND REPAIR | 07/01/2005 | $1,061.97 | 0.0% | 0.0% | N | Referral Required |
| 33305 | CARDIAC WOUND REPAIR | 07/01/2005 | $1,258.42 | 0.0% | 0.0% | N | Referral Required |
| 3331 | DESTR PHREN-LUNG COLLAPS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 33310 | CARDIOTOMY | 07/01/2005 | $1,099.29 | 0.0% | 0.0% | N | Referral Required |
| 33315 | CARDIOTOMY | 07/01/2005 | $1,302.24 | 0.0% | 0.0% | N | Referral Required |
| 3332 | PNEMOTHORAX-LUNG COLLAPS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 33320 | REPAIR, AORTA | 07/01/2005 | $1,000.15 | 0.0% | 0.0% | N | Referral Required |
| 33321 | SUTURE REPAIR AORTA; WITH SH | 07/01/2005 | $1,211.20 | 0.0% | 0.0% | N | Referral Required |
| 33322 | REPAIR, AORTA | 07/01/2005 | $1,218.49 | 0.0% | 0.0% | N | Referral Required |
| 3333 | PNEUMOPERIT-LUNG COLLAPS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 33330 | GRAFT INSERTION, CARDIAC | 07/01/2005 | $1,225.13 | 0.0% | 0.0% | N | Referral Required |
| 33332 | GRAFT INSERTION AORTA; W/SHU | 07/01/2005 | $1,334.89 | 0.0% | 0.0% | N | Referral Required |
| 33335 | GRAFT INSERTION, CARDIAC | 07/01/2005 | $1,683.49 | 0.0% | 0.0% | N | Referral Required |
| 3334 | THORACOPLASTY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3339 | SURG COLLAPS OF LUNG NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 33400 | VALVULOPLASTY, AORTA | 07/01/2005 | $1,645.52 | 0.0% | 0.0% | N | Referral Required |
| 33401 | OPEN, WITH INFLOW OCCLUSTON | 07/01/2005 | $1,401.00 | 0.0% | 0.0% | N | Referral Required |
| 33403 | USING TRANSVENTRICULAR DILAT | 07/01/2005 | $1,469.61 | 0.0% | 0.0% | N | Referral Required |
| 33404 | CONSTRUCTION OF APICAL-AORTI | 07/01/2005 | $1,656.99 | 0.0% | 0.0% | N | Referral Required |
| 33405 | REPLACEMENT, AORTIC VALVE | 07/01/2005 | $1,915.18 | 0.0% | 0.0% | N | Referral Required |
| 33406 | WITH HOMOGRAFT | 07/01/2005 | $2,036.76 | 0.0% | 0.0% | N | Referral Required |
| 3341 | BRONCHIAL LACERAT SUTURE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 33410 | AORTIC VALVE REPLACEMENT | 07/01/2005 | $1,803.35 | 0.0% | 0.0% | N | Referral Required |
| 33411 | REPLACE AORTIC VALVE | 07/01/2005 | $1,978.28 | 0.0% | 0.0% | N | Referral Required |
| 33412 | REPLACE AORTIC VALVE W/TRANS | 07/01/2005 | $2,320.91 | 0.0% | 0.0% | N | Referral Required |
| 33413 | BY TRANSLOCATION OF AUTOLOGO | 07/01/2005 | $2,405.41 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 33414 | REPAIR OF LEFT VENTRICULAR O | 07/01/2005 | $1,745.92 | 0.0% | 0.0% | N | Referral Required |
| 33415 | RESECTION, SUBVALVULR STENOS | 07/01/2005 | $1,583.09 | 0.0% | 0.0% | N | Referral Required |
| 33416 | VENTRICULOMYOTOMY FOR INDIOP | 07/01/2005 | $1,693.88 | 0.0% | 0.0% | N | Referral Required |
| 33417 | AORTOPLASTY | 07/01/2005 | $1,657.38 | 0.0% | 0.0% | N | Referral Required |
| 3342 | BRONCHIAL FISTULA CLOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 33420 | VALVOTOMY; MITRAL VALVE; CLO | 07/01/2005 | $1,232.86 | 0.0% | 0.0% | N | Referral Required |
| 33422 | VALVOTOMY; OPEN HEART W/BYPA | 07/01/2005 | $1,481.39 | 0.0% | 0.0% | N | Referral Required |
| 33425 | VALVULOPLASTY, MITRAL VALVE | 07/01/2005 | $1,521.86 | 0.0% | 0.0% | N | Referral Required |
| 33426 | VULVULOPLASTY, MITRAL VALVE | 07/01/2005 | $1,825.25 | 0.0% | 0.0% | N | Referral Required |
| 33427 | VALVULOPLASTY; RADICAL RECON | 07/01/2005 | $2,160.37 | 0.0% | 0.0% | N | Referral Required |
| 3343 | LUNG LACERATION CLOSURE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 33430 | REPLACEMENT, MITRAL VALVE | 07/01/2005 | $1,848.69 | 0.0% | 0.0% | N | Referral Required |
| 33460 | VALVULOPLASTY, TRICUSPID VAL | 07/01/2005 | $1,361.94 | 0.0% | 0.0% | N | Referral Required |
| 33463 | VALULOPLASTY TRICUSPID VALVE | 07/01/2005 | $1,462.83 | 0.0% | 0.0% | N | Referral Required |
| 33464 | WITH RING INSERTION | 07/01/2005 | $1,550.42 | 0.0% | 0.0% | N | Referral Required |
| 33465 | REPLACEMENT, TRICUSPID VALVE | 07/01/2005 | $1,620.40 | 0.0% | 0.0% | N | Referral Required |
| 33468 | REPOSITIONING, TRICUSPID VAL | 07/01/2005 | $1,787.44 | 0.0% | 0.0% | N | Referral Required |
| 33470 | VALVOTOMY PULMONARY VALVE CL | 07/01/2005 | $1,269.87 | 0.0% | 0.0% | N | Referral Required |
| 33471 | VALVOTOMY,PULMONARY VALVE;VI | 07/01/2005 | $1,289.88 | 0.0% | 0.0% | N | Referral Required |
| 33472 | VALVOTOMY PULMONARY VALVE OP | 07/01/2005 | $1,288.39 | 0.0% | 0.0% | N | Referral Required |
| 33474 | VALVOTOMY-PULMONARY VALVE OP | 07/01/2005 | $1,325.90 | 0.0% | 0.0% | N | Referral Required |
| 33475 | REPLACEMENT PULMONARY VALVE | 07/01/2005 | $1,839.97 | 0.0% | 0.0% | N | Referral Required |
| 33476 | INFUNDIBULAR STENOSIS RESECT | 07/01/2005 | $1,441.67 | 0.0% | 0.0% | N | Referral Required |
| 33478 | AUGMENTATION, OUTFLOW TRACT | 07/01/2005 | $1,504.78 | 0.0% | 0.0% | N | Referral Required |
| 3348 | BRONCHIAL REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3349 | LUNG REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 33496 | REPAIR NON-STRUCTURAL PROSTH. VALV | 07/01/2005 | $1,600.46 | 0.0% | 0.0% | N | Referral Required |
| 335 | LUNG TRANSPLANT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3350 | LUNG TRANSPLANTATION,NOT OTHERWIS | 10/01/1995 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 33500 | REP CORON A-V OR ARTERIO-CAR | 07/01/2005 | $1,433.28 | 0.0% | 0.0% | N | Referral Required |
| 33501 | REPAIR CORONARY ARTERIOVENOU | 07/01/2005 | $1,015.96 | 0.0% | 0.0% | N | Referral Required |
| 33502 | REPAIR ANOMALOUS CORONARY AR | 07/01/2005 | $1,353.11 | 0.0% | 0.0% | N | Referral Required |
| 33503 | LIGATION, CORONARY ARTERY | 07/01/2005 | $1,268.97 | 0.0% | 0.0% | N | Referral Required |
| 33504 | LIGATION, CORONARY ARTERY | 07/01/2005 | $1,490.25 | 0.0% | 0.0% | N | Referral Required |
| 33505 | WITH CONSTRUCTION OF INTRO P | 07/01/2005 | $1,593.53 | 0.0% | 0.0% | N | Referral Required |
| 33506 | BY TRANSLOCATION FROM PULMON | 07/01/2005 | $1,972.85 | 0.0% | 0.0% | N | Referral Required |
| 33508 | ENDOSCOPY FOR CORONARY BYPASS | 07/01/2005 | $14.66 | 0.0% | 0.0% | N | Referral Required |
| 3351 | UNILATERAL LUNG TRANSPLANTATION | 10/01/1995 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 33510 | CORONARY ARTERY BYPASS, VEIN | 07/01/2005 | $1,614.40 | 0.0% | 0.0% | N | Referral Required |
| 33511 | CORONARY ARTERY BYPASS | 07/01/2005 | $1,671.46 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 33512 | CORONARY ARTERY BYPASS | 07/01/2005 | $1,762.73 | 0.0% | 0.0% | N | Referral Required |
| 33513 | CORONARY ARTERY BYPASS, AUTO | 07/01/2005 | $1,779.28 | 0.0% | 0.0% | N | Referral Required |
| 33514 | CORONARY ARTERY BYPASS, FIVE | 07/01/2005 | $1,820.95 | 0.0% | 0.0% | N | Referral Required |
| 33516 | CORONARY ARTERY BYPASS AUTOG | 07/01/2005 | $1,930.98 | 0.0% | 0.0% | N | Referral Required |
| 33517 | CORONARY BYPASS USING VENOUS | 07/01/2005 | $126.81 | 0.0% | 0.0% | N | Referral Required |
| 33518 | CORONARY ARTERY BYPASS 2 VEN | 07/01/2005 | $239.34 | 0.0% | 0.0% | N | Referral Required |
| 33519 | CORONARY ARTERY BYPASS 3 VEN | 07/01/2005 | $351.32 | 0.0% | 0.0% | N | Referral Required |
| 3352 | BILATERAL LUNG TRANSPLANTATION | 10/01/1995 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 33521 | CORONARY ARTERY BYPASS 4 VEN | 07/01/2005 | $464.17 | 0.0% | 0.0% | N | Referral Required |
| 33522 | CORONARY ARTERY BYPASS 5 VEN | 07/01/2005 | $576.52 | 0.0% | 0.0% | N | Referral Required |
| 33523 | CORONARY ARTERY BYPASS 6 OR | 07/01/2005 | $687.91 | 0.0% | 0.0% | N | Referral Required |
| 33530 | REOPERATION CORONARY ARTERY | 07/01/2005 | $289.13 | 0.0% | 0.0% | N | Referral Required |
| 33533 | CORONARY ARTERY BYPASS USING | 07/01/2005 | $1,708.88 | 0.0% | 0.0% | N | Referral Required |
| 33534 | CORONARY ARTERY BYPASS USING | 07/01/2005 | $1,802.23 | 0.0% | 0.0% | N | Referral Required |
| 33535 | CORONARY ARTERY BYPASS 3 ART | 07/01/2005 | $1,901.88 | 0.0% | 0.0% | N | Referral Required |
| 33536 | CORONARY ARTERY BYPASS 4 OR | 07/01/2005 | $2,046.67 | 0.0% | 0.0% | N | Referral Required |
| 33542 | RESECTION, MYOCARDIAL | 07/01/2005 | $1,668.13 | 0.0% | 0.0% | N | Referral Required |
| 33545 | VENTRICULAR SEPTAL DEFECT | 07/01/2005 | $2,058.61 | 0.0% | 0.0% | N | Referral Required |
| 33572 | CORONARY ENDARTERECTOMY, EAC | 07/01/2005 | $219.21 | 0.0% | 0.0% | N | Referral Required |
| 33600 | CLOSURE OF ATRIOVENTRICULAR | 07/01/2005 | $1,691.90 | 0.0% | 0.0% | N | Referral Required |
| 33602 | CLOSURE OF SEMILUNAR VALVE B | 07/01/2005 | $1,630.55 | 0.0% | 0.0% | N | Referral Required |
| 33606 | ANASTOMOSIS OF PULMONARY ART | 07/01/2005 | $1,751.60 | 0.0% | 0.0% | N | Referral Required |
| 33608 | REPAIR COMPLEX CARDIAC ANORM | 07/01/2005 | $1,737.02 | 0.0% | 0.0% | N | Referral Required |
| 33610 | REPAIR COMPLEX CARDIAC ANORM | 07/01/2005 | $1,799.84 | 0.0% | 0.0% | N | Referral Required |
| 33611 | REPAIR DOUBLE OUTLET RT VENT | 07/01/2005 | $1,914.29 | 0.0% | 0.0% | N | Referral Required |
| 33612 | WITH REPAIR OF RIGHT VENTRIC | 07/01/2005 | $2,007.86 | 0.0% | 0.0% | N | Referral Required |
| 33615 | REPAIR COMPLEX CARDIAC ANORM | 07/01/2005 | $1,920.12 | 0.0% | 0.0% | N | Referral Required |
| 33617 | REPAIR OF COMPLEX CARDIACANO | 07/01/2005 | $2,108.95 | 0.0% | 0.0% | N | Referral Required |
| 33619 | REPAIR SINGLE VENTRICLE W/AO | 07/01/2005 | $2,581.33 | 0.0% | 0.0% | N | Referral Required |
| 33641 | CLOSURE, ARTIAL DEFECT | 07/01/2005 | $1,209.54 | 0.0% | 0.0% | N | Referral Required |
| 33645 | CLOSURE, SINUS VENOSUS DEFEC | 07/01/2005 | $1,413.47 | 0.0% | 0.0% | N | Referral Required |
| 33647 | REPAIR OR ATRIAL AND VENTRIC | 07/01/2005 | $1,660.33 | 0.0% | 0.0% | N | Referral Required |
| 33660 | REPAIR ATRIOVENTRICULAR CANA | 07/01/2005 | $1,696.11 | 0.0% | 0.0% | N | Referral Required |
| 33665 | REPAIR INT/TRANSITIONAL ATRI | 07/01/2005 | $1,656.91 | 0.0% | 0.0% | N | Referral Required |
| 33670 | ATRIO-VENTRICULAR CANAL | 07/01/2005 | $1,850.53 | 0.0% | 0.0% | N | Referral Required |
| 33681 | VENTRICULAR SEPTAL DEFECT | 07/01/2005 | $1,755.71 | 0.0% | 0.0% | N | Referral Required |
| 33684 | VENTRICULAR SEPTAL DEFECT | 07/01/2005 | $1,725.31 | 0.0% | 0.0% | N | Referral Required |
| 33688 | VENTRICULAR SEPTAL DEFECT | 07/01/2005 | $1,725.47 | 0.0% | 0.0% | N | Referral Required |
| 33690 | PULMONARY ARTERY BANDING | 07/01/2005 | $1,198.42 | 0.0% | 0.0% | N | Referral Required |
| 33692 | TETRALOGY OF FALLOT | 07/01/2005 | $1,754.98 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 33694 | TETRALOGY OF FALLOT | 07/01/2005 | $1,891.13 | 0.0% | 0.0% | N | Referral Required |
| 33697 | COMPLETE REPAIR OF TETROLOGY | 07/01/2005 | $1,994.52 | 0.0% | 0.0% | N | Referral Required |
| 33702 | SINUS OF VALSALVA | 07/01/2005 | $1,564.86 | 0.0% | 0.0% | N | Referral Required |
| 33710 | REPAIR SINUS OF VALSALVA + V | 07/01/2005 | $1,695.94 | 0.0% | 0.0% | N | Referral Required |
| 33720 | SINUS OF VALSALVA | 07/01/2005 | $1,560.46 | 0.0% | 0.0% | N | Referral Required |
| 33722 | CLOSURE AORTICO-LEFT VENTRIC | 07/01/2005 | $1,655.84 | 0.0% | 0.0% | N | Referral Required |
| 33730 | REPAIR, PULMONARY VEIN | 07/01/2005 | $1,891.17 | 0.0% | 0.0% | N | Referral Required |
| 33732 | REPAIR COR TRIATRIATUM ORSUP | 07/01/2005 | $1,657.55 | 0.0% | 0.0% | N | Referral Required |
| 33735 | ATRIAL SEPTECTOMY | 07/01/2005 | $1,219.64 | 0.0% | 0.0% | N | Referral Required |
| 33736 | OPEN HEART WITH CARDIOPULMON | 07/01/2005 | $1,360.69 | 0.0% | 0.0% | N | Referral Required |
| 33737 | OPEN HEART WITH INFLOW OCCLU | 07/01/2005 | $1,339.96 | 0.0% | 0.0% | N | Referral Required |
| 33750 | BLALOCK-TAUSSIG PROCEDURE | 07/01/2005 | $1,226.30 | 0.0% | 0.0% | N | Referral Required |
| 33755 | WATERSON PROCEDURE | 07/01/2005 | $1,265.76 | 0.0% | 0.0% | N | Referral Required |
| 33762 | POTTS-SMITH PROCEDURE | 07/01/2005 | $1,253.34 | 0.0% | 0.0% | N | Referral Required |
| 33764 | SHUNT WITH PROSTHETIC GRAFT | 07/01/2005 | $1,289.40 | 0.0% | 0.0% | N | Referral Required |
| 33766 | GLENN PROCEDURE | 07/01/2005 | $1,376.01 | 0.0% | 0.0% | N | Referral Required |
| 33767 | SUPERIOR VENA CAVR TO PULMON | 07/01/2005 | $1,432.54 | 0.0% | 0.0% | N | Referral Required |
| 33770 | REPAIR OF TRANSPOSITION OF G | 07/01/2005 | $2,042.44 | 0.0% | 0.0% | N | Referral Required |
| 33771 | REPAIR OF GREAT ARTERY WITH | 07/01/2005 | $1,930.55 | 0.0% | 0.0% | N | Referral Required |
| 33774 | REPAIR TRANS GREAT ART. MUST | 07/01/2005 | $1,740.84 | 0.0% | 0.0% | N | Referral Required |
| 33775 | REPAIR TRANSPOSITION OF GREA | 07/01/2005 | $1,803.90 | 0.0% | 0.0% | N | Referral Required |
| 33776 | REPAIR TRANSPOS GREAT VESSEL | 07/01/2005 | $1,898.68 | 0.0% | 0.0% | N | Referral Required |
| 33777 | REPAIR TRANSPOSITION GREAT V | 07/01/2005 | $1,868.90 | 0.0% | 0.0% | N | Referral Required |
| 33778 | REPAIR TRANS. GREAT ART. AO- | 07/01/2005 | $2,196.33 | 0.0% | 0.0% | N | Referral Required |
| 33779 | REPAIR TRANS. GREAT ARTS. AO | 07/01/2005 | $1,939.44 | 0.0% | 0.0% | N | Referral Required |
| 33780 | REPAIR TRANSPOS GREAT ARTS A | 07/01/2005 | $2,291.79 | 0.0% | 0.0% | N | Referral Required |
| 33781 | REPAIR TRANSPOS GREAT ARS AO | 07/01/2005 | $2,023.55 | 0.0% | 0.0% | N | Referral Required |
| 33786 | REPAIR, TRUNCUS ARTERIOSUS | 07/01/2005 | $2,144.54 | 0.0% | 0.0% | N | Referral Required |
| 33788 | PULMONARY ARTERY REPLANT | 07/01/2005 | $1,510.51 | 0.0% | 0.0% | N | Referral Required |
| 33800 | AORTIC SUSPENSION FOR TRACHE | 07/01/2005 | $1,038.13 | 0.0% | 0.0% | N | Referral Required |
| 33802 | DIVISION, ABERRANT VESSEL | 07/01/2005 | $1,067.88 | 0.0% | 0.0% | N | Referral Required |
| 33803 | DIVISION, ABERRANT VESSEL | 07/01/2005 | $1,200.86 | 0.0% | 0.0% | N | Referral Required |
| 33813 | OBLITERATION OF AORTOPULMONA | 07/01/2005 | $1,260.91 | 0.0% | 0.0% | N | Referral Required |
| 33814 | OBLITERATION OF AORTOPULMONA | 07/01/2005 | $1,489.46 | 0.0% | 0.0% | N | Referral Required |
| 33820 | DUCTUS ARTERIOSUS | 07/01/2005 | $986.72 | 0.0% | 0.0% | N | Referral Required |
| 33822 | DUCTUS ARTERIOSUS | 07/01/2005 | $1,034.99 | 0.0% | 0.0% | N | Referral Required |
| 33824 | DUCTUS ARTERIOSUS | 07/01/2005 | $1,146.10 | 0.0% | 0.0% | N | Referral Required |
| 33840 | EXCISION, COARCTATION | 07/01/2005 | $1,252.05 | 0.0% | 0.0% | N | Referral Required |
| 33845 | EXCISION, COARCTATION | 07/01/2005 | $1,340.14 | 0.0% | 0.0% | N | Referral Required |
| 33851 | REPAIR USE L SUBCLAVIAN ARTE | 07/01/2005 | $1,247.06 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 33852 | REPAIR HYPOPLASTIC INTERRUPT | 07/01/2005 | $1,379.30 | 0.0% | 0.0% | N | Referral Required |
| 33853 | WITH CARDIOPULMONARY BYPASS | 07/01/2005 | $1,822.55 | 0.0% | 0.0% | N | Referral Required |
| 33860 | GRAFT, ASCENDING ARCH | 07/01/2005 | $2,065.96 | 0.0% | 0.0% | N | Referral Required |
| 33861 | WITH CORONARY RECONSTRUCTION | 07/01/2005 | $2,255.32 | 0.0% | 0.0% | N | Referral Required |
| 33863 | W/AORTIC ROOT REPLACEMENT US | 07/01/2005 | $2,401.32 | 0.0% | 0.0% | N | Referral Required |
| 33870 | GRAFT, TRANSVERSE ARCH | 07/01/2005 | $2,360.93 | 0.0% | 0.0% | N | Referral Required |
| 33875 | GRAFT, DESCNDNG THORACIC AOR | 07/01/2005 | $1,827.02 | 0.0% | 0.0% | N | Referral Required |
| 33877 | REPAIR THORACOABDOMINAL.AORT | 07/01/2005 | $2,286.09 | 0.0% | 0.0% | N | Referral Required |
| 3391 | BRONCHIAL DILATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 33910 | PULMONARY EMBOLECTOMY | 07/01/2005 | $1,409.20 | 0.0% | 0.0% | N | Referral Required |
| 33915 | PULMONARY EMBOLECTOMY | 07/01/2005 | $1,185.03 | 0.0% | 0.0% | N | Referral Required |
| 33916 | PULMONARY ENDARTERECTOMY W/W | 07/01/2005 | $1,497.36 | 0.0% | 0.0% | N | Referral Required |
| 33917 | REPAIR OF PULMONARY ARTERY S | 07/01/2005 | $1,447.63 | 0.0% | 0.0% | N | Referral Required |
| 33918 | REPAIR OF PULMONARY ATRESIA | 07/01/2005 | $1,503.95 | 0.0% | 0.0% | N | Referral Required |
| 33919 | WITH CARDIOPULMONARY BYPASS | 07/01/2005 | $2,197.94 | 0.0% | 0.0% | N | Referral Required |
| 3392 | BRONCHIAL LIGATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 33920 | REPAIR OF PULMONARY ATRESIA | 07/01/2005 | $1,787.25 | 0.0% | 0.0% | N | Referral Required |
| 33922 | TRANSECTION PULMONARY ARTERY | 07/01/2005 | $1,344.33 | 0.0% | 0.0% | N | Referral Required |
| 33924 | LIGATION/TAKEDOWN ARTERY SHU | 07/01/2005 | $279.34 | 0.0% | 0.0% | N | Referral Required |
| 3393 | PUNCTURE OF LUNG | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 33940 | DONOR CARDIECTOMY | 07/01/2005 | $1,531.82 | 0.0% | 0.0% | N | Referral Required |
| 33944 | BACKBENCH STANDARD PREP | 01/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 33945 | HEART TRANSPLANT W/WO RECIPI | 07/01/2005 | $2,331.09 | 0.0% | 0.0% | Y | Referral Required |
| 33960 | PROLONGED EXTRACORPOREAL CIR | 07/01/2005 | $936.47 | 0.0% | 0.0% | N | Referral Required |
| 33961 | EACH ADDITIONAL 24HOUR | 07/01/2005 | $545.75 | 0.0% | 0.0% | N | Referral Required |
| 33967 | INSERTION OF INTRA-AORTIC BALLOON | 07/01/2005 | $245.89 | 0.0% | 0.0% | N | Referral Required |
| 33968 | REMOVAL OF INTRA-AORTIC ASST DEVICE | 07/01/2005 | $32.25 | 0.0% | 0.0% | N | Referral Required |
| 33970 | INTRA-AORTIC BALLOON | 07/01/2005 | $334.14 | 0.0% | 0.0% | N | Referral Required |
| 33971 | REMOVAL OF INTRA-AORTIC BALL | 07/01/2005 | $624.88 | 0.0% | 0.0% | N | Referral Required |
| 33973 | INSERTION OF INTRA-AORTIC BA | 07/01/2005 | $483.54 | 0.0% | 0.0% | N | Referral Required |
| 33974 | REMOVAL OF INTRA-AORTIC BALL | 07/01/2005 | $898.95 | 0.0% | 0.0% | N | Referral Required |
| 33975 | IMPLANT VENTRICULAR ASSIST D | 07/01/2005 | $1,020.01 | 0.0% | 0.0% | N | Referral Required |
| 33976 | BIVENTRICULAR SUPPORT | 07/01/2005 | $1,136.88 | 0.0% | 0.0% | N | Referral Required |
| 33977 | REMOVAL OF VENTRICULAR ASSIS | 07/01/2005 | $1,084.80 | 0.0% | 0.0% | N | Referral Required |
| 33978 | BIVENTRICULAR SUPPORT | 07/01/2005 | $1,203.43 | 0.0% | 0.0% | N | Referral Required |
| 33979 | INSERTION OF VENTRICULAR ASSIST | 01/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3398 | BRONCHIAL OPERATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 33980 | REMOVAL OF VENTRICULAR ASSIST | 01/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3399 | LUNG OPERATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 33999 | UNLISTED CARDIAC PROCEDURE | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 34001 | CAROTID EMBOLECTOMY | 07/01/2005 | $688.78 | 0.0% | 0.0% | N | Referral Required |
| 3401 | INCISION OF CHEST WALL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3402 | EXPLORATORY THORACOTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3403 | REOPEN THORACOTOMY SITE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3404 | INSERT INTERCOSTAL CATH | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3405 | CREATION OF PLEUROPERITONEAL SHUNT | 10/01/1994 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 34051 | SUBCLAVIAN EMBOLECTOMY | 07/01/2005 | $816.03 | 0.0% | 0.0% | N | Referral Required |
| 3409 | OTHER PLEURAL INCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 341 | INCISION OF MEDIASTINUM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 34101 | AXILLARY-BRACHIAL EMBOLECTOMY | 07/01/2005 | $540.25 | 0.0% | 0.0% | N | Referral Required |
| 34111 | EMBOLECTOMY/THROMBECTOMY RADIAL | 07/01/2005 | $536.74 | 0.0% | 0.0% | N | Referral Required |
| 34151 | RENAL EMBOLECTOMY | 07/01/2005 | $1,281.71 | 0.0% | 0.0% | N | Referral Required |
| 34201 | FEMORAL-POPLITEAL EMBOLECTOMY | 07/01/2005 | $548.89 | 0.0% | 0.0% | N | Referral Required |
| 34203 | EMBOLECTOMY OR THROMBECTOMY POP | 07/01/2005 | $871.72 | 0.0% | 0.0% | N | Referral Required |
| 3421 | TRANSPLEURA THORACOSCOPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3422 | MEDIASTINOSCOPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3423 | CHEST WALL BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3424 | PLEURAL BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3425 | PERCUTAN MEDIASTINAL BX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 34256 | UPPER GI ENDOSCOPY | 07/01/2005 | $226.98 | 0.0% | 0.0% | N | Referral Required |
| 3426 | OPEN MEDIASTINAL BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3427 | BIOPSY OF DIAPHRAGM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3428 | DX PROCEDURE THORAX NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3429 | DX PROC MEDIASTINUM NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 343 | DESTRUCT MEDIASTIN LES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 344 | DESTRUCT CHEST WALL LES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 34401 | THROMBECTOMY, ILIO-FEMORAL | 07/01/2005 | $1,267.47 | 0.0% | 0.0% | N | Referral Required |
| 34421 | VENA CAVA ILIAC FEMOROPOPLITEAL VIE | 07/01/2005 | $647.85 | 0.0% | 0.0% | N | Referral Required |
| 34451 | VENA CAVA ILIAC FEMOROPOPILITEAL VE | 07/01/2005 | $1,366.84 | 0.0% | 0.0% | N | Referral Required |
| 34471 | THROMBECTOMY,SUBCLAVIAN VEIN BY NE | 07/01/2005 | $554.04 | 0.0% | 0.0% | N | Referral Required |
| 34490 | AXILALARY AND SUBCLAVIAN VEIN BY AR | 07/01/2005 | $575.02 | 0.0% | 0.0% | N | Referral Required |
| 34501 | VALVULOPLASTY, FEMORAL VEIN | 07/01/2005 | $897.65 | 0.0% | 0.0% | N | Referral Required |
| 34502 | RECONSTRUCTION OF VENA CAVA | 07/01/2005 | $1,399.69 | 0.0% | 0.0% | N | Referral Required |
| 3451 | DECORTICATION OF LUNG | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 34510 | VENOUS VALVE TRANSPOSITION, | 07/01/2005 | $1,049.34 | 0.0% | 0.0% | N | Referral Required |
| 34520 | CROSS-OVER VEIN GRAFT TO VEN | 07/01/2005 | $988.69 | 0.0% | 0.0% | N | Referral Required |
| 34530 | SAPHENOPOPLITEAL VEIN ANASTO | 07/01/2005 | $917.02 | 0.0% | 0.0% | N | Referral Required |
| 3459 | OTHER PLEURAL EXCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 346 | SCARIFICATION OF PLEURA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3471 | SUTURE CHEST WALL LACER | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 3472 | THORACOSTOMY CLOSURE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3473 | CLOS THORACIC FISTUL NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3474 | PECTUS DEFORMITY REPAIR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3479 | OTHER CHEST WALL REPAIR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 34800 | ENDOVASCULAR REPAIR | 07/01/2005 | $1,097.51 | 0.0% | 0.0% | N | Referral Required |
| 34802 | ENDOVASCULAR REPAIR | 07/01/2005 | $1,211.16 | 0.0% | 0.0% | N | Referral Required |
| 34803 | ENDOVASCULAR REPAIR OF INFRARENAL | 07/01/2005 | $1,249.62 | 0.0% | 0.0% | Y | Referral Required |
| 34804 | ENDOVASCULAR PLACEMENT | 07/01/2005 | $1,211.16 | 0.0% | 0.0% | N | Referral Required |
| 34805 | ENDOCASCULAR REPAIR OF INFRARENAL | 07/01/2005 | $1,099.00 | 0.0% | 0.0% | N | Referral Required |
| 34808 | ENDOVASCULAR PLACEMENT | 07/01/2005 | $208.47 | 0.0% | 0.0% | N | Referral Required |
| 3481 | EXCISE DIAPHRAGM LESION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 34812 | OPEN FEMORAL ARTERY EXPOSURE | 07/01/2005 | $340.78 | 0.0% | 0.0% | N | Referral Required |
| 34813 | PLACEMENT FEMORAL-FEMORAL GRAFT | 07/01/2005 | $242.41 | 0.0% | 0.0% | N | Referral Required |
| 3482 | SUTURE DIAPHRAGM LACERAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 34820 | OPEN ILIAC ARTERY EXPOSURE | 07/01/2005 | $492.26 | 0.0% | 0.0% | N | Referral Required |
| 34825 | PLACEMENT PROXIMAL/DISTAL EXTENSION | 07/01/2005 | $655.75 | 0.0% | 0.0% | N | Referral Required |
| 34826 | PLACEMENT PROXIMAL/DISTAL EXTENSION | 07/01/2005 | $208.47 | 0.0% | 0.0% | N | Referral Required |
| 3483 | CLOSE DIAPHRAGM FISTULA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 34830 | OPEN REPAIR INFRARENAL ANEURYSM | 07/01/2005 | $1,707.72 | 0.0% | 0.0% | N | Referral Required |
| 34831 | REPAIR INFRARENAL ANEURYSM | 07/01/2005 | $1,846.51 | 0.0% | 0.0% | N | Referral Required |
| 34832 | REPAIR INFRARENAL ANEURYSM | 07/01/2005 | $1,846.51 | 0.0% | 0.0% | N | Referral Required |
| 34833 | OPEN ILIAC ARTERY EXPOSURE | 07/01/2005 | $582.14 | 0.0% | 0.0% | N | Referral Required |
| 34834 | OPEN BRACHIAL ARTERY EXPOSURE | 07/01/2005 | $270.91 | 0.0% | 0.0% | N | Referral Required |
| 3484 | OTHER DIAPHRAGM REPAIR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3485 | IMPLANT DIAPHRA PACEMAKE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3489 | DIAPHRAGM OPERATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 34900 | ENDOVASCULAR GRAFT REPLACEMENT | 07/01/2005 | $849.65 | 0.0% | 0.0% | N | Referral Required |
| 3491 | THORACENTESIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3492 | INJECT INTO THORAX CAVIT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3493 | REPAIR OF PLEURA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3499 | THORACIC OPERATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3500 | CLOSED VALVOTOMY NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 35001 | CAROTID-EXCISION/GRAFT | 07/01/2005 | $1,029.71 | 0.0% | 0.0% | N | Referral Required |
| 35002 | REPAIR RUPTURED ANEURYSM CAR | 07/01/2005 | $1,090.54 | 0.0% | 0.0% | N | Referral Required |
| 35005 | REPAIR ANEURYSM,FALSE ANEURY | 07/01/2005 | $942.52 | 0.0% | 0.0% | N | Referral Required |
| 3501 | CLOSED AORTIC VALVOTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 35011 | BRACHIAL EXCISION/GRAFT | 07/01/2005 | $922.41 | 0.0% | 0.0% | N | Referral Required |
| 35013 | REPAIR RUPTURED ANEURYSM AXI | 07/01/2005 | $1,123.58 | 0.0% | 0.0% | N | Referral Required |
| 3502 | CLOSED MITRAL VALVOTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 35021 | SUBCLAVIAN EXCISION/GRAFT | 07/01/2005 | $1,028.17 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 35022 | REPAIR RUPTURED ANEURYSM INN | 07/01/2005 | $1,186.99 | 0.0% | 0.0% | N | Referral Required |
| 3503 | CLOSED PULMON VALVOTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3504 | CLOSED TRICUSP VALVOTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 35045 | REPAIR ANEURYSM FALSE ANEURY | 07/01/2005 | $919.21 | 0.0% | 0.0% | N | Referral Required |
| 35081 | ABDOMINAL AORTIC ANEURYSM | 07/01/2005 | $1,453.29 | 0.0% | 0.0% | N | Referral Required |
| 35082 | DIRECT REPAIR OF ANEURYSM FO | 07/01/2005 | $1,958.84 | 0.0% | 0.0% | N | Referral Required |
| 35091 | ABDOMINAL AORTIC ANEURYSM | 07/01/2005 | $1,819.28 | 0.0% | 0.0% | N | Referral Required |
| 35092 | REPAIR RUPTURE ANEURYSM ABD | 07/01/2005 | $2,272.10 | 0.0% | 0.0% | N | Referral Required |
| 3510 | OPEN VALVULOPLASTY NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 35102 | REPAIR OF ANEURYSM,ABDOMINAL | 07/01/2005 | $1,589.06 | 0.0% | 0.0% | N | Referral Required |
| 35103 | FOR RUPTURED ANEURYSM, ABDOM | 07/01/2005 | $2,049.68 | 0.0% | 0.0% | N | Referral Required |
| 3511 | OPN AORTIC VALVULOPLASTY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 35111 | REPAIR ANEURYSM FALSE ANEURY | 07/01/2005 | $1,277.51 | 0.0% | 0.0% | N | Referral Required |
| 35112 | RUPTURE ANEURYSM SPLENIC ART | 07/01/2005 | $1,513.83 | 0.0% | 0.0% | N | Referral Required |
| 3512 | OPN MITRAL VALVULOPLASTY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 35121 | REPAIR ANEURYSM FALSE ANEURY | 07/01/2005 | $1,542.98 | 0.0% | 0.0% | N | Referral Required |
| 35122 | REPAIR FOR ANEURYSM OR OCCLU | 07/01/2005 | $1,778.46 | 0.0% | 0.0% | N | Referral Required |
| 3513 | OPN PULMON VALVULOPLASTY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 35131 | REPAIR ANEURYSM, FALSE ANEUR | 07/01/2005 | $1,290.04 | 0.0% | 0.0% | N | Referral Required |
| 35132 | DIRECT REPAIR RUPUTRED ANEUR | 07/01/2005 | $1,526.34 | 0.0% | 0.0% | N | Referral Required |
| 3514 | OPN TRICUS VALVULOPLASTY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 35141 | REPAIR ANEURYSM, FALSE ANEUR | 07/01/2005 | $1,036.21 | 0.0% | 0.0% | N | Referral Required |
| 35142 | DIRECT REPAIR OF RUPTURED AN | 07/01/2005 | $1,193.11 | 0.0% | 0.0% | N | Referral Required |
| 35151 | REPAIR ANEURYSM, FALSE ANEUR | 07/01/2005 | $1,171.40 | 0.0% | 0.0% | N | Referral Required |
| 35152 | RUPTURED ANEURYSM POPLITEAL | 07/01/2005 | $1,304.37 | 0.0% | 0.0% | N | Referral Required |
| 35180 | REPAIR CONGENITAL AV FISTULA | 07/01/2005 | $731.11 | 0.0% | 0.0% | N | Referral Required |
| 35182 | REPAIR CONGENITAL AV FISTULA | 07/01/2005 | $1,523.42 | 0.0% | 0.0% | N | Referral Required |
| 35184 | REPAIR AV FISTULA-EXTREMITIE | 07/01/2005 | $934.05 | 0.0% | 0.0% | N | Referral Required |
| 35188 | REPAIR ACQUIRED TRAMATIC FIS | 07/01/2005 | $763.47 | 0.0% | 0.0% | N | Referral Required |
| 35189 | REPAIR ACQUIRED ARTERIOVENOU | 07/01/2005 | $1,433.48 | 0.0% | 0.0% | N | Referral Required |
| 35190 | REPAIR ARTERIOVENOUS FISTUAL | 07/01/2005 | $682.57 | 0.0% | 0.0% | N | Referral Required |
| 3520 | REPLACE HEART VALVE NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 35201 | REPAIR BLOOD VESSEL, DIRECT, | 07/01/2005 | $839.53 | 0.0% | 0.0% | N | Referral Required |
| 35206 | REPAIR BLOOD VESSEL, DIRECT, | 07/01/2005 | $747.00 | 0.0% | 0.0% | N | Referral Required |
| 35207 | REPAIR BLOOD VESSEL HAND | 07/01/2005 | $713.79 | 0.0% | 0.0% | N | Referral Required |
| 3521 | REPLACE AORT VALV-TISSUE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 35211 | REPAIR BLOOD VESSEL INTRATHO | 07/01/2005 | $1,295.91 | 0.0% | 0.0% | N | Referral Required |
| 35216 | REPAIR BLOOD VESSEL DIRECT,I | 07/01/2005 | $1,105.58 | 0.0% | 0.0% | N | Referral Required |
| 3522 | REPLACE AORTIC VALVE NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 35221 | REPAIR BLOOD VESSEL DIRECT, | 07/01/2005 | $1,251.24 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 35226 | REPAIR BLOOD VESSEL DIRECT, | 07/01/2005 | $819.28 | 0.0% | 0.0% | N | Referral Required |
| 3523 | REPLACE MITR VALV-TISSUE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 35231 | REPAIR BLOOD VESSEL W/VEIN G | 07/01/2005 | $1,056.14 | 0.0% | 0.0% | N | Referral Required |
| 35236 | REPAIR BLOOD VESSEL W/VEIN G | 07/01/2005 | $933.90 | 0.0% | 0.0% | N | Referral Required |
| 3524 | REPLACE MITRAL VALVE NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 35241 | REPAIR BLOOD VESSEL W/VEIN G | 07/01/2005 | $1,351.02 | 0.0% | 0.0% | N | Referral Required |
| 35246 | RAPAIR BLOOD VESSEL W/VEIN G | 07/01/2005 | $1,465.76 | 0.0% | 0.0% | N | Referral Required |
| 3525 | REPLACE PULM VALV-TISSUE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 35251 | REPAIR BLOOD VESSEL W/VEIN G | 07/01/2005 | $1,530.43 | 0.0% | 0.0% | N | Referral Required |
| 35256 | REPAIR BLOOD VESSEL W/VEIN G | 07/01/2005 | $1,003.09 | 0.0% | 0.0% | N | Referral Required |
| 3526 | REPLACE PULMON VALVE NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 35261 | REPAIR BLOOD VESSEL W/GRAFT | 07/01/2005 | $914.96 | 0.0% | 0.0% | N | Referral Required |
| 35266 | REPAIR BLOOD VESSEL W/GRAFT | 07/01/2005 | $826.13 | 0.0% | 0.0% | N | Referral Required |
| 3527 | REPLACE TRIC VALV-TISSUE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 35271 | REPAIR BLOOD VESSEL, INTRATH | 07/01/2005 | $1,290.84 | 0.0% | 0.0% | N | Referral Required |
| 35276 | REPAIR BLOOD VESSEL W/GRAFT | 07/01/2005 | $1,364.30 | 0.0% | 0.0% | N | Referral Required |
| 3528 | REPLACE TRICUSP VALV NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 35281 | REPAIR BLOOD VESSEL WITH GRA | 07/01/2005 | $1,426.24 | 0.0% | 0.0% | N | Referral Required |
| 35286 | REPAIR BLOOD VESSEL W/GRAFT | 07/01/2005 | $899.91 | 0.0% | 0.0% | N | Referral Required |
| 35301 | THROMBOENDARTERECTOMY | 07/01/2005 | $991.33 | 0.0% | 0.0% | N | Referral Required |
| 3531 | PAPILLARY MUSCLE OPS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 35311 | THROMBOENDARTERECTOMY | 07/01/2005 | $1,389.10 | 0.0% | 0.0% | N | Referral Required |
| 3532 | CHORDAE TENDINEAE OPS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 35321 | THROMBOENARTERECTOMY | 07/01/2005 | $827.79 | 0.0% | 0.0% | N | Referral Required |
| 3533 | ANNULOPLASTY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 35331 | THROMBOENDARTERECTOMY | 07/01/2005 | $1,359.90 | 0.0% | 0.0% | N | Referral Required |
| 3534 | INFUNDIBULECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 35341 | THROMBOENDARTERECTOMY | 07/01/2005 | $1,310.13 | 0.0% | 0.0% | N | Referral Required |
| 3535 | TRABECUL CARNEAE CORD OP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 35351 | THROMBOENDARTERECTOMY | 07/01/2005 | $1,195.02 | 0.0% | 0.0% | N | Referral Required |
| 35355 | THROMBOENDARTERECTOMY, ILIOF | 07/01/2005 | $974.14 | 0.0% | 0.0% | N | Referral Required |
| 35361 | THROMBOENDARTERECTOMY | 07/01/2005 | $1,447.10 | 0.0% | 0.0% | N | Referral Required |
| 35363 | THROMBOENDARTERECTOMY COMBIN | 07/01/2005 | $1,552.14 | 0.0% | 0.0% | N | Referral Required |
| 35371 | THROMBOENDARTERECTOMY | 07/01/2005 | $777.03 | 0.0% | 0.0% | N | Referral Required |
| 35372 | THROMBOENDARTERECTOMY, DEEP | 07/01/2005 | $937.26 | 0.0% | 0.0% | N | Referral Required |
| 35381 | THROMBOENDARTERECTOMY | 07/01/2005 | $845.00 | 0.0% | 0.0% | N | Referral Required |
| 3539 | TISS ADJ TO VALV OPS NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 35390 | REOPERATION,CAROTID,THROMBOE | 07/01/2005 | $158.49 | 0.0% | 0.0% | N | Referral Required |
| 35400 | ANGIOSCOPY DURING THERAPY INTERVE | 07/01/2005 | $148.93 | 0.0% | 0.0% | N | Referral Required |
| 3541 | ENLARGE EXISTING SEP DEF | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 3542 | CREATE SEPTAL DEFECT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 35450 | TRANSLIMINAL ANGIOPLASTY OPE | 07/01/2005 | $517.27 | 0.0% | 0.0% | N | Referral Required |
| 35452 | TRANSLUMINAL ANGIOPLASTY OPE | 07/01/2005 | $365.45 | 0.0% | 0.0% | N | Referral Required |
| 35454 | ANGIOPLASTY OPEN ILIAC | 07/01/2005 | $323.22 | 0.0% | 0.0% | N | Referral Required |
| 35456 | TRANSLUMINAL ANGIOPLASTY OPE | 07/01/2005 | $387.68 | 0.0% | 0.0% | N | Referral Required |
| 35458 | ANGIOPLASTY OPEN BRACHIOCEPH | 07/01/2005 | $494.78 | 0.0% | 0.0% | N | Referral Required |
| 35459 | TRANSLUMINAL ANGIOPLASTY OPE | 07/01/2005 | $450.20 | 0.0% | 0.0% | N | Referral Required |
| 35460 | TRANSLUMINAL ANGIOPLASTY OPE | 07/01/2005 | $318.74 | 0.0% | 0.0% | N | Referral Required |
| 35470 | ANGIOPLASTY PERCUTANEOUS TIB | 07/01/2005 | $451.21 | 0.0% | 0.0% | N | Referral Required |
| 35471 | PERCUTANEOUS ANGIOPLASTY REN | 07/01/2005 | $525.79 | 0.0% | 0.0% | N | Referral Required |
| 35472 | PERCUTANEOUS ANGIOPLASTY AOR | 07/01/2005 | $365.49 | 0.0% | 0.0% | N | Referral Required |
| 35473 | PERCUTANEOUS ANGIOPLASTY ILI | 07/01/2005 | $323.02 | 0.0% | 0.0% | N | Referral Required |
| 35474 | PERCUTANEOUS ANGIOPLASTY FEM | 07/01/2005 | $388.46 | 0.0% | 0.0% | N | Referral Required |
| 35475 | PERCUTANEOUS ANGIOPLASTY BRA | 07/01/2005 | $489.85 | 0.0% | 0.0% | N | Referral Required |
| 35476 | PERCUTANEOUS ANGIOPLASTYVENO | 07/01/2005 | $319.41 | 0.0% | 0.0% | N | Referral Required |
| 35480 | TRANSLUMINAL PERIPHERAL ATHE | 07/01/2005 | $570.90 | 0.0% | 0.0% | N | Referral Required |
| 35481 | TRANSLUMINAL PERIPHERAL ATHE | 07/01/2005 | $406.31 | 0.0% | 0.0% | N | Referral Required |
| 35482 | TRANSLUMINAL PERIPHERAL ATHE | 07/01/2005 | $357.56 | 0.0% | 0.0% | N | Referral Required |
| 35483 | TRANSLUMINAL PERIPHERAL ATHE | 07/01/2005 | $422.72 | 0.0% | 0.0% | N | Referral Required |
| 35484 | TRANSLUMINAL PERIPHERAL ATHE | 07/01/2005 | $535.65 | 0.0% | 0.0% | N | Referral Required |
| 35485 | TRANSLUMINAL PERIPHERAL ATHE | 07/01/2005 | $494.89 | 0.0% | 0.0% | N | Referral Required |
| 35490 | TRANSLUMINAL PERIPHERAL ATHE | 07/01/2005 | $568.34 | 0.0% | 0.0% | N | Referral Required |
| 35491 | AORTIC | 07/01/2005 | $401.44 | 0.0% | 0.0% | N | Referral Required |
| 35492 | TRANSLUMINAL PERIPHERAL ATHE | 07/01/2005 | $353.57 | 0.0% | 0.0% | N | Referral Required |
| 35493 | TRANSLUMINAL PERIPHERAL ATHE | 07/01/2005 | $428.94 | 0.0% | 0.0% | N | Referral Required |
| 35494 | TRANSLUMINAL PERIPHERAL ATHE | 07/01/2005 | $535.43 | 0.0% | 0.0% | N | Referral Required |
| 35495 | TRANSLUMINAL PERIPHERAL ATHE | 07/01/2005 | $500.16 | 0.0% | 0.0% | N | Referral Required |
| 3550 | PROSTH REP HRT SEPTA NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 35500 | HARVEST OF UPPER EXTREMITY VEIN | 07/01/2005 | $318.08 | 0.0% | 0.0% | N | Referral Required |
| 35501 | BYPASS GRAFT W/VEIN CAROTID | 07/01/2005 | $1,002.56 | 0.0% | 0.0% | N | Referral Required |
| 35506 | CAROTID-SUBCLAVIAN BYPASS | 07/01/2005 | $1,025.77 | 0.0% | 0.0% | N | Referral Required |
| 35507 | BYPASS GRAFT-VEING, SUBCLAVI | 07/01/2005 | $1,023.67 | 0.0% | 0.0% | N | Referral Required |
| 35508 | BYPASS GRAFT W/VEIN CAROTID- | 07/01/2005 | $975.72 | 0.0% | 0.0% | N | Referral Required |
| 35509 | BYPASS GRAFT W/VEIN CAROTID- | 07/01/2005 | $943.83 | 0.0% | 0.0% | N | Referral Required |
| 3551 | PROS REP ATRIAL DEF-OPN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 35511 | SUBCLAVIAN-SUBCLAVIAN BYPASS | 07/01/2005 | $1,085.68 | 0.0% | 0.0% | N | Referral Required |
| 35515 | BYPASS GRAFT W/VEIN SUBCLAVI | 07/01/2005 | $970.61 | 0.0% | 0.0% | N | Referral Required |
| 35516 | SUBCLAVIAN-AXILLARY BYPASS | 07/01/2005 | $785.28 | 0.0% | 0.0% | N | Referral Required |
| 35518 | VEIN BYPASS AXILLARY-AXILLAR | 07/01/2005 | $1,086.43 | 0.0% | 0.0% | N | Referral Required |
| 3552 | PROS REPAIR ATRIA DEF-CL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 35521 | AXILLARY-FEMORAL-FEMORAL BYP | 07/01/2005 | $1,147.25 | 0.0% | 0.0% | N | Referral Required |
| 35522 | BYPASS GRAFT, WITH VEIN | 07/01/2005 | $1,184.49 | 0.0% | 0.0% | N | Referral Required |
| 35525 | BYPASS GRAFT, WITH VEIN | 07/01/2005 | $1,128.67 | 0.0% | 0.0% | N | Referral Required |
| 35526 | AORTO-SUBCLAVIAN BYPASS | 07/01/2005 | $1,520.60 | 0.0% | 0.0% | N | Referral Required |
| 3553 | PROST REPAIR VENTRIC DEF | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 35531 | AORTO-CELIAC BYPASS | 07/01/2005 | $1,836.32 | 0.0% | 0.0% | N | Referral Required |
| 35533 | VEIN BYPASS AXILLARY-FEMORAL | 07/01/2005 | $1,438.75 | 0.0% | 0.0% | N | Referral Required |
| 35536 | SPLENO-RENAL BYPASS | 07/01/2005 | $1,613.56 | 0.0% | 0.0% | N | Referral Required |
| 3554 | PROS REP ENDOCAR CUSHION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 35541 | AORTOILIAC OR BI-ILIAC BYPAS | 07/01/2005 | $1,341.78 | 0.0% | 0.0% | N | Referral Required |
| 35546 | AORTO-FEMORAL BYPASS | 07/01/2005 | $1,326.69 | 0.0% | 0.0% | N | Referral Required |
| 35548 | BYPASS GRAFT W/VEIN ARTOILIO | 07/01/2005 | $1,133.68 | 0.0% | 0.0% | N | Referral Required |
| 35549 | BYPASS GRAFT W/VIEW AORTOILI | 07/01/2005 | $1,217.87 | 0.0% | 0.0% | N | Referral Required |
| 35551 | AORTO-FEMORAL POPLITEAL BYPA | 07/01/2005 | $1,388.72 | 0.0% | 0.0% | N | Referral Required |
| 35556 | FEMORAL-POPLITEAL BYPASS | 07/01/2005 | $1,141.07 | 0.0% | 0.0% | N | Referral Required |
| 35558 | FEMORAL-FEMORAL BYPASS | 07/01/2005 | $1,092.94 | 0.0% | 0.0% | N | Referral Required |
| 35560 | VEIN BYPASS AORTORENAL | 07/01/2005 | $1,635.31 | 0.0% | 0.0% | N | Referral Required |
| 35563 | VEIN BYPASS ILIOILIAC | 07/01/2005 | $1,245.98 | 0.0% | 0.0% | N | Referral Required |
| 35565 | BYPASS GRAFT, VEIN, ILIOFEMO | 07/01/2005 | $1,196.36 | 0.0% | 0.0% | N | Referral Required |
| 35566 | FEMORAL-TIBIAL BYPASS | 07/01/2005 | $1,413.37 | 0.0% | 0.0% | N | Referral Required |
| 35571 | BYPASS GRAFT-VEIN POPLITEAL- | 07/01/2005 | $1,305.97 | 0.0% | 0.0% | N | Referral Required |
| 35572 | HARVEST OF FEMOROPOPLITEAL VEIN | 07/01/2005 | $326.76 | 0.0% | 0.0% | N | Referral Required |
| 35583 | IN SITU VEIN BYPASS, FEMORAL | 07/01/2005 | $1,202.57 | 0.0% | 0.0% | N | Referral Required |
| 35585 | IN-SITU VEIN BYPASS, FEMORAL | 07/01/2005 | $1,560.92 | 0.0% | 0.0% | N | Referral Required |
| 35587 | POPLITEAL TIBIAL PERCONEAL ( | 07/01/2005 | $1,353.15 | 0.0% | 0.0% | N | Referral Required |
| 3560 | GRFT REPAIR HRT SEPT NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 35600 | HARVEST UPPER EXTREMITY ARTERY | 07/01/2005 | $254.64 | 0.0% | 0.0% | N | Referral Required |
| 35601 | BYPASS GRAFT, OTHER THAN VEI | 07/01/2005 | $915.65 | 0.0% | 0.0% | N | Referral Required |
| 35606 | CAROTID-SUBCLAVIAN BYPASS | 07/01/2005 | $975.39 | 0.0% | 0.0% | N | Referral Required |
| 3561 | GRART REPAIR ATRIAL DEF | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 35612 | SUBCLAVIAN-SUBCLAVIAN BYPASS | 07/01/2005 | $820.26 | 0.0% | 0.0% | N | Referral Required |
| 35616 | SUBCLAVIAN-AXILLARY BYPASS | 07/01/2005 | $831.89 | 0.0% | 0.0% | N | Referral Required |
| 3562 | GRAFT REPAIR VENTRIC DEF | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 35621 | AXILLARY-FEMORAL BYPASS | 07/01/2005 | $1,041.06 | 0.0% | 0.0% | N | Referral Required |
| 35623 | AXILLARY-POPLITEAL OR TIBIAL | 07/01/2005 | $1,236.46 | 0.0% | 0.0% | N | Referral Required |
| 35626 | AORTO-SUBCLAVIAN BYPASS | 07/01/2005 | $1,418.03 | 0.0% | 0.0% | N | Referral Required |
| 3563 | GRFT REP ENDOCAR CUSHION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 35631 | AORTO-CELIAC BYPASS | 07/01/2005 | $1,729.60 | 0.0% | 0.0% | N | Referral Required |
| 35636 | BYPASS W/OTHER-THAN VEIN SPL | 07/01/2005 | $1,510.26 | 0.0% | 0.0% | N | Referral Required |
| 35641 | BYPASS GRAFT WITH OTHER THAN | 07/01/2005 | $1,282.37 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 35642 | BYPASS GRAFT-OTHER THAN VEIN | 07/01/2005 | $942.64 | 0.0% | 0.0% | N | Referral Required |
| 35645 | BYPASS GRAFT OTHER THAN VEIN | 07/01/2005 | $940.12 | 0.0% | 0.0% | N | Referral Required |
| 35646 | BYPASS GRAFT - AORTOFEMORAL | 07/01/2005 | $1,608.60 | 0.0% | 0.0% | N | Referral Required |
| 35647 | BYPASS GRAFT W/OTHER THAN VEIN | 07/01/2005 | $1,458.08 | 0.0% | 0.0% | N | Referral Required |
| 35650 | BYPASS GRAFT-OTHER THAN VEIN | 07/01/2005 | $975.94 | 0.0% | 0.0% | N | Referral Required |
| 35651 | BYPASS GRAFT-OTHER THAN VEIN | 07/01/2005 | $1,301.28 | 0.0% | 0.0% | N | Referral Required |
| 35654 | BYPASS GRAFT OTHER THAN VEIN | 07/01/2005 | $1,288.53 | 0.0% | 0.0% | N | Referral Required |
| 35656 | FEMORAL-POPLITEAL BYPASS | 07/01/2005 | $1,022.47 | 0.0% | 0.0% | N | Referral Required |
| 35661 | FEMORAL-FEMORAL BYPASS | 07/01/2005 | $984.22 | 0.0% | 0.0% | N | Referral Required |
| 35663 | BYPASS GRAFT OTHER THAN VEIN | 07/01/2005 | $1,138.99 | 0.0% | 0.0% | N | Referral Required |
| 35665 | BYPASS GRAFT WITH OTHER THAN | 07/01/2005 | $1,091.40 | 0.0% | 0.0% | N | Referral Required |
| 35666 | FEMORAL-TIBIAL BYPASS | 07/01/2005 | $1,233.02 | 0.0% | 0.0% | N | Referral Required |
| 35671 | BYPASS GRAFT OTHER THAN VEIN | 07/01/2005 | $1,074.40 | 0.0% | 0.0% | N | Referral Required |
| 35681 | BYPASS GRAFT COMPOSITE | 07/01/2005 | $79.41 | 0.0% | 0.0% | N | Referral Required |
| 35682 | BYPASS GRAFT AUTOGENOUS COMPOSITE | 07/01/2005 | $357.37 | 0.0% | 0.0% | N | Referral Required |
| 35683 | BYPASS GRAFT AUTOGENOUS COMPOS | 07/01/2005 | $422.78 | 0.0% | 0.0% | N | Referral Required |
| 35685 | BYPASS GRAFT PATENCY/VEIN | 07/01/2005 | $202.87 | 0.0% | 0.0% | N | Referral Required |
| 35686 | BYPASS GRAFT PATENCY/AV FISTULA | 07/01/2005 | $167.80 | 0.0% | 0.0% | N | Referral Required |
| 35691 | TRANSPOSITION AND/OR REIMPLA | 07/01/2005 | $940.34 | 0.0% | 0.0% | N | Referral Required |
| 35693 | VERTEBRAL TO SUBCLAVIAN ARTE | 07/01/2005 | $806.03 | 0.0% | 0.0% | N | Referral Required |
| 35694 | SUBCLAVIAN TO CAROTID ARTERY | 07/01/2005 | $993.79 | 0.0% | 0.0% | N | Referral Required |
| 35695 | CAROTID TO SUBCLAVIAN ARTERY | 07/01/2005 | $991.61 | 0.0% | 0.0% | N | Referral Required |
| 3570 | HEART SEPTA REPAIR NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 35700 | REOPERATION,FEMORAL-POPLITEA | 07/01/2005 | $152.84 | 0.0% | 0.0% | N | Referral Required |
| 35701 | EXPLORATION, CAROTID ARTERY | 07/01/2005 | $472.91 | 0.0% | 0.0% | N | Referral Required |
| 3571 | ATRIA SEPTA DEF REP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3572 | VENTR SEPTA DEF REP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 35721 | EXPLORATION, FEMORAL ARTERY | 07/01/2005 | $437.70 | 0.0% | 0.0% | N | Referral Required |
| 3573 | ENDOCAR CUSHION REP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 35741 | EXPLORATION, POPLITEAL ARTER | 07/01/2005 | $479.59 | 0.0% | 0.0% | N | Referral Required |
| 35761 | EXPLORATION W/WO LYSIS OF AR | 07/01/2005 | $351.96 | 0.0% | 0.0% | N | Referral Required |
| 35800 | EXPLORATION FOR POSTOP HEMOR | 07/01/2005 | $397.69 | 0.0% | 0.0% | N | Referral Required |
| 3581 | TOT REPAIR TETRAL FALLOT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3582 | TOTAL REPAIR OF TAPVC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 35820 | EXPLORATION FOR POSTOP HEMOR | 07/01/2005 | $636.01 | 0.0% | 0.0% | N | Referral Required |
| 3583 | TOT REP TRUNCUS ARTERIOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3584 | TOT RX GRT VESSL TRNSPOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 35840 | EXPLORATION FOR POSTOP HEMOR | 07/01/2005 | $543.25 | 0.0% | 0.0% | N | Referral Required |
| 35860 | EXPLORATION FOR POSTOP HEMOR | 07/01/2005 | $330.93 | 0.0% | 0.0% | N | Referral Required |
| 35870 | REPAIR OF GRAFT-ENTERIC FIST | 07/01/2005 | $1,180.72 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 35875 | THROMBECTOMY AND/OR REPAIR A | 07/01/2005 | $601.42 | 0.0% | 0.0% | N | Referral Required |
| 35876 | WITH REVISION OF ARTERIAL OR | 07/01/2005 | $949.07 | 0.0% | 0.0% | N | Referral Required |
| 35879 | REVISION OF LOWER EXTREMITY | 07/01/2005 | $857.32 | 0.0% | 0.0% | N | Referral Required |
| 35881 | REVISION OF LOWER EXTREMITY | 07/01/2005 | $960.01 | 0.0% | 0.0% | N | Referral Required |
| 35901 | EXCISION OF INFECTED GRAFT, | 07/01/2005 | $504.57 | 0.0% | 0.0% | N | Referral Required |
| 35903 | EXTREMITY | 07/01/2005 | $627.76 | 0.0% | 0.0% | N | Referral Required |
| 35905 | THORAX | 07/01/2005 | $1,672.47 | 0.0% | 0.0% | N | Referral Required |
| 35907 | ABDOMEN | 07/01/2005 | $1,793.89 | 0.0% | 0.0% | N | Referral Required |
| 3591 | INTERAT VEN RETRN TRANSP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3592 | CONDUIT RT VENT-PUL ART | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3593 | CONDUIT LEFT VENTR-AORTA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3594 | CONDUIT ARTIUM-PULM ART | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3595 | HEART REPAIR REVISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3596 | PERCUTAN VALVULOPLASTY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3598 | OTHER HEART SEPTA OPS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3599 | OTHER HEART VALVE OPS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3600 | REMOV COR ART OBSTR NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 36000 | VENOGRAPHY INJECTION PROCEDU | 07/01/2005 | $28.12 | 0.0% | 0.0% | N | Referral Required |
| 36002 | INJECTION PROCEDURES | 07/01/2005 | $169.40 | 0.0% | 0.0% | N | Referral Required |
| 36005 | INJ PROCEDURE CONTRAST VENOGRAPHY | 07/01/2005 | $275.62 | 0.0% | 0.0% | N | Referral Required |
| 3601 | PTCA-1 VESSEL NO LYSIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 36010 | VENACAVA INJECTION PROCEDURE | 07/01/2005 | $118.14 | 0.0% | 0.0% | N | Referral Required |
| 36011 | SELECT CATHETER PLACE, VENOUS SYST | 07/01/2005 | $152.46 | 0.0% | 0.0% | N | Referral Required |
| 36012 | SELECT CATHETER PLACE, VENOUE SYST | 07/01/2005 | $170.42 | 0.0% | 0.0% | N | Referral Required |
| 36013 | INTRO CATHETER R-HEART/MIIN PULMON | 07/01/2005 | $113.97 | 0.0% | 0.0% | N | Referral Required |
| 36014 | SELECT CATHETER PLACE L/R PULMONAR | 07/01/2005 | $146.26 | 0.0% | 0.0% | N | Referral Required |
| 36015 | SELECT CATHETER PLACE, EA SEGMENTA | 07/01/2005 | $170.56 | 0.0% | 0.0% | N | Referral Required |
| 3602 | PTCA-1 VESSEL WITH LYSIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3603 | OPEN CORONARY ANGIOPLAST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3604 | INTRACORON THROMBOLYSIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3605 | PTCA-MULTIPLE VESSELS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3606 | INSERTION OF CORONARY ARTERY STENT( | 10/01/1995 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3607 | INSERTION OF DRUG-ELUTING CORONARY | 10/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3609 | REMOV COR ART OBSTR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3610 | AORTOCORONARY BYPASS NOS | 06/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 36100 | ARTERIAL INJECTION PROCEDURE | 07/01/2005 | $150.30 | 0.0% | 0.0% | N | Referral Required |
| 3611 | AORTOCOR BYPAS-1 COR ART | 06/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3612 | AORTOCOR BYPAS-2 COR ART | 06/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 36120 | ARTERIAL INJECTION PROCEDURE | 07/01/2005 | $97.14 | 0.0% | 0.0% | N | Referral Required |
| 3613 | AORTOCOR BYPAS-3 COR ART | 06/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 3614 | AORTCOR BYPAS-4+ COR ART | 06/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 36140 | EXTRMTY ARTERIOGRAPHY INJ PROC | 07/01/2005 | $97.33 | 0.0% | 0.0% | N | Referral Required |
| 36145 | ARTERIOVENOUS SHUNT INJ PROC | 07/01/2005 | $97.29 | 0.0% | 0.0% | N | Referral Required |
| 3615 | 1 INT MAM-COR ART BYPASS | 06/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3616 | 2 INT MAM-COR ART BYPASS | 06/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 36160 | TRANSLUMBAR AORTIC INJECTION | 07/01/2005 | $124.10 | 0.0% | 0.0% | N | Referral Required |
| 3617 | ABDOMINAL CORONARY ARTERY BYPASS | 06/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3619 | HRT REVAS BYPS ANAS NEC | 06/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 362 | ARTERIAL IMPLANT REVASC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 36200 | AORTOGRAPHY INJECTION PROCEDRE | 07/01/2005 | $147.43 | 0.0% | 0.0% | N | Referral Required |
| 36215 | SELECTIVE CATHETER PLACEMENT, ARTE | 07/01/2005 | $227.94 | 0.0% | 0.0% | N | Referral Required |
| 36216 | SELECT CATHETER PLACE, ARTERIAL 2ND | 07/01/2005 | $256.84 | 0.0% | 0.0% | N | Referral Required |
| 36217 | SELECT CATHETER PLACE ARTERIAL 3RD | 07/01/2005 | $308.23 | 0.0% | 0.0% | N | Referral Required |
| 36218 | SELECT CATHETER PLACE ARTERIAL ADDI | 07/01/2005 | $49.49 | 0.0% | 0.0% | N | Referral Required |
| 36245 | SELECTIVE CATHETER PLACEMENT, ATERI | 07/01/2005 | $231.43 | 0.0% | 0.0% | N | Referral Required |
| 36246 | SELECT CATHETER PLACE, ARTERIAL 2ND | 07/01/2005 | $257.87 | 0.0% | 0.0% | N | Referral Required |
| 36247 | SELECT CATHETER PLACE, ARTERIAL 3RD | 07/01/2005 | $306.91 | 0.0% | 0.0% | N | Referral Required |
| 36248 | SELECT CATHETER PLACE ARTERIAL ADDI | 07/01/2005 | $49.68 | 0.0% | 0.0% | N | Referral Required |
| 36260 | INSERTION IMPLANTABLE INTRAVENOUS I | 07/01/2005 | $553.85 | 0.0% | 0.0% | N | Referral Required |
| 36261 | REVISION IMPLANTED INTRA-ARTERIAL I | 07/01/2005 | $319.96 | 0.0% | 0.0% | N | Referral Required |
| 36262 | REMOVAL IMPLANTED INTRA-ARTERIAL IN | 07/01/2005 | $238.16 | 0.0% | 0.0% | N | Referral Required |
| 36299 | UNLISTED VASCULAR INJECTION | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 363 | HEART REVASCULARIZAT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3631 | OPEN CHEST TRANSMYOCARDIAL REVASC | 10/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3632 | OTHER TRANSMYOCARDIAL REVASULARIZ | 10/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3639 | OTHER HEART REVASCULARIZATION | 10/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 36400 | VENIPUNCTURE | 07/01/2005 | $37.63 | 0.0% | 0.0% | N | Referral Required |
| 36405 | VENIPUNCTURE | 07/01/2005 | $30.49 | 0.0% | 0.0% | N | Referral Required |
| 36406 | VENIPUNCTURE UNDER 3 YRS OTH | 07/01/2005 | $37.69 | 0.0% | 0.0% | N | Referral Required |
| 36410 | VENIPUNCTURE | 07/01/2005 | $23.17 | 0.0% | 0.0% | N | Referral Required |
| 36415 | ROUTINE VENIPUNCTURE FOR COL | 07/01/2005 | $3.11 | 0.0% | 0.0% | N | |
| 36416 | COLLECTION OF CAPPILARY BLOOD SPEC | 01/01/2003 | $3.00 | 0.0% | 0.0% | N | |
| 36420 | VENIPUNCTURE | 07/01/2005 | $48.91 | 0.0% | 0.0% | N | Referral Required |
| 36425 | VENIPUNCTURE | 07/01/2005 | $141.85 | 0.0% | 0.0% | N | Referral Required |
| 36430 | TRANSFUSION BLOOD OR BLOOD COMPON | 07/01/2005 | $32.30 | 0.0% | 0.0% | N | Referral Required |
| 36440 | TRANSFUSION, BLOOD | 07/01/2005 | $48.79 | 0.0% | 0.0% | N | Referral Required |
| 36450 | EXCHANGE TRANSFUSION | 07/01/2005 | $106.66 | 0.0% | 0.0% | N | Referral Required |
| 36455 | EXCHANGE TRANSFUSION OTHER T | 07/01/2005 | $121.32 | 0.0% | 0.0% | N | Referral Required |
| 36460 | FETAL TRANSFUSION | 07/01/2005 | $331.72 | 0.0% | 0.0% | N | Referral Required |
| 36468 | SINGLE OR MULT INJECT OF SCL | 07/01/2005 | $25.05 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 36469 | SINGLE OR MULT INJECT OF SCL | 07/01/2005 | $50.12 | 0.0% | 0.0% | N | Referral Required |
| 36475 | ENDOVENOUS ABLATION THERAPY OF VEI | 07/01/2005 | $1,988.79 | 0.0% | 0.0% | Y | Referral Required |
| 36476 | ENDOVENOUS ABLATION THERAPY OF VEI | 07/01/2005 | $349.39 | 0.0% | 0.0% | Y | Referral Required |
| 36478 | ENDOVENOUS ABLATION THERAPY OF VEI | 07/01/2005 | $1,833.77 | 0.0% | 0.0% | Y | Referral Required |
| 36479 | ENDOVENOUS ABLATION THERAPY OF | 07/01/2005 | $401.02 | 0.0% | 0.0% | Y | Referral Required |
| 36481 | PERCUTANEOUS PORTAL VEIN CAT | 07/01/2005 | $353.36 | 0.0% | 0.0% | N | Referral Required |
| 36500 | ABDOMINAL VENOGRAPHY INJECTI | 07/01/2005 | $172.50 | 0.0% | 0.0% | N | Referral Required |
| 36510 | UMBILICAL VEIN CATHETERIZATI | 07/01/2005 | $64.44 | 0.0% | 0.0% | N | Referral Required |
| 36511 | THERAPEUTIC APHERESIS | 07/01/2005 | $82.97 | 0.0% | 0.0% | N | Referral Required |
| 36512 | THERAPEUTIC APHERESIS | 07/01/2005 | $82.97 | 0.0% | 0.0% | N | Referral Required |
| 36513 | THERAPEUTIC APHERESIS | 07/01/2005 | $82.97 | 0.0% | 0.0% | N | Referral Required |
| 36514 | THERAPEUTIC APHERESIS | 07/01/2005 | $82.97 | 0.0% | 0.0% | N | Referral Required |
| 36515 | THERAPEUTIC APHERESIS | 07/01/2005 | $82.97 | 0.0% | 0.0% | N | Referral Required |
| 36516 | THERAPEUTIC APHERESIS | 07/01/2005 | $82.97 | 0.0% | 0.0% | N | Referral Required |
| 36522 | PHOTOPHERESIS EXTRA CORPOREA | 07/01/2005 | $260.48 | 0.0% | 0.0% | N | Referral Required |
| 36540 | COLLECT BLOOD | 07/01/2005 | $26.07 | 0.0% | 0.0% | N | Referral Required |
| 36550 | VASCULAR ACCESS DEVICE DECLOTTING | 07/01/2005 | $18.33 | 0.0% | 0.0% | N | Referral Required |
| 36555 | INSERTION OF CENTRAL VENOUS CATH | 07/01/2005 | $290.55 | 0.0% | 0.0% | N | Referral Required |
| 36556 | INSERTION OF CENTRLY INSRTD CATH | 07/01/2005 | $250.84 | 0.0% | 0.0% | N | Referral Required |
| 36557 | INSRTN OF TUNLD CNTRL CATH | 07/01/2005 | $624.39 | 0.0% | 0.0% | N | Referral Required |
| 36558 | INSERTION OF CENTRLY INSRTD CATH | 07/01/2005 | $610.72 | 0.0% | 0.0% | N | Referral Required |
| 36560 | INSRTN OF TUNLD CNTRL CATH | 07/01/2005 | $1,168.59 | 0.0% | 0.0% | N | Referral Required |
| 36561 | INSRTN OF CNTRL VENUS CATH | 07/01/2005 | $1,157.32 | 0.0% | 0.0% | N | Referral Required |
| 36563 | INSRTION OF TUNLED CNTRLY LOC CATH | 07/01/2005 | $1,083.95 | 0.0% | 0.0% | N | Referral Required |
| 36565 | INSRTN OF CNTRL VENUS CATH | 07/01/2005 | $933.33 | 0.0% | 0.0% | N | Referral Required |
| 36566 | INSERTION OF VENUS CATHINSRTN OF T | 07/01/2005 | $976.40 | 0.0% | 0.0% | N | Referral Required |
| 36568 | INSRTN OF PERIPHERAL CATH | 07/01/2005 | $335.83 | 0.0% | 0.0% | N | Referral Required |
| 36569 | INSERTION OF PICC W/O PORT OR PUMP | 07/01/2005 | $282.93 | 0.0% | 0.0% | N | Referral Required |
| 36570 | INSERTION OF PICC | 07/01/2005 | $1,493.77 | 0.0% | 0.0% | N | Referral Required |
| 36571 | INSERTION OF PICC W SUBCU PORT | 07/01/2005 | $1,343.42 | 0.0% | 0.0% | N | Referral Required |
| 36575 | REPAIR OF TUNLD OR NON-TUNLD CATH | 07/01/2005 | $141.01 | 0.0% | 0.0% | N | Referral Required |
| 36576 | REPAIR OF CNTRL VNUS CATH | 07/01/2005 | $368.65 | 0.0% | 0.0% | N | Referral Required |
| 36578 | REPLCMNT CATH ONLY | 07/01/2005 | $470.50 | 0.0% | 0.0% | N | Referral Required |
| 36580 | RPLCMNT COMPLT, NON-TNLD CATH | 07/01/2005 | $236.61 | 0.0% | 0.0% | N | Referral Required |
| 36581 | RPLCMNT COMP, TUNLD CATH | 07/01/2005 | $555.87 | 0.0% | 0.0% | N | Referral Required |
| 36582 | RPLCMNT COMP TUNLD CATH | 07/01/2005 | $1,046.07 | 0.0% | 0.0% | N | Referral Required |
| 36583 | RPLCMNT OF TUNLD CATH | 07/01/2005 | $614.57 | 0.0% | 0.0% | N | Referral Required |
| 36584 | RPLCMNT COMP PERI CATH | 07/01/2005 | $247.18 | 0.0% | 0.0% | N | Referral Required |
| 36585 | RPLCMNT COMP PICC | 07/01/2005 | $1,315.07 | 0.0% | 0.0% | N | Referral Required |
| 36589 | REMOVAL OF TUNLD CNTRL CATH | 07/01/2005 | $151.51 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 36590 | REMOVAL OF TUNLD CNTRL CATH | 07/01/2005 | $324.83 | 0.0% | 0.0% | N | Referral Required |
| 36595 | MECHANICAL REMOVAL OF PICC MATRL | 07/01/2005 | $736.82 | 0.0% | 0.0% | N | Referral Required |
| 36596 | INSRTN OF NON-TUNLD CATH | 07/01/2005 | $169.02 | 0.0% | 0.0% | N | Referral Required |
| 36597 | REPOSITIONING OF PREV CATH | 07/01/2005 | $145.02 | 0.0% | 0.0% | N | Referral Required |
| 36600 | ARTERIAL PUNCTURE | 07/01/2005 | $26.07 | 0.0% | 0.0% | N | Referral Required |
| 36620 | ARTERIAL CATHETERIZATION | 07/01/2005 | $50.75 | 0.0% | 0.0% | N | Referral Required |
| 36625 | ARTERIAL CATHETERIZATION | 07/01/2005 | $99.03 | 0.0% | 0.0% | N | Referral Required |
| 36640 | ARTERIAL CATHETERIZATION PRO | 07/01/2005 | $103.66 | 0.0% | 0.0% | N | Referral Required |
| 36660 | ARTERIAL CATHETERIZATION | 07/01/2005 | $64.41 | 0.0% | 0.0% | N | Referral Required |
| 36680 | PLACEMENT OF NEEDLE FOR INTR | 07/01/2005 | $66.45 | 0.0% | 0.0% | N | Referral Required |
| 36800 | INSERT CANNULA FOR HEMODIALY | 07/01/2005 | $143.09 | 0.0% | 0.0% | N | Referral Required |
| 36810 | ARTERIOVENOUS CANNULIZATION | 07/01/2005 | $223.58 | 0.0% | 0.0% | N | Referral Required |
| 36815 | ARTERIOVENOUS EXTERNAL REVIS | 07/01/2005 | $141.36 | 0.0% | 0.0% | N | Referral Required |
| 36818 | ARTERIOVENOUS ANASTOMOSIS, OPEN | 07/01/2005 | $677.71 | 0.0% | 0.0% | N | Referral Required |
| 36819 | ARTERIOVENOUS ANASTOMOSIS, OPEN | 07/01/2005 | $748.77 | 0.0% | 0.0% | N | Referral Required |
| 36820 | ANASTOMOSIS, FOREARM VEIN TRANSPO | 07/01/2005 | $748.77 | 0.0% | 0.0% | N | Referral Required |
| 36821 | ARTERIOVENOUS ANASTOMOSIS | 07/01/2005 | $505.42 | 0.0% | 0.0% | N | Referral Required |
| 36822 | INSERT CANNULA PROLONGED EXT | 07/01/2005 | $431.58 | 0.0% | 0.0% | N | Referral Required |
| 36823 | INSERTION OF ARTERIAL & VENOUS CAN | 07/01/2005 | $1,122.40 | 0.0% | 0.0% | N | Referral Required |
| 36825 | ARTERIOVENOUS FISTULA | 07/01/2005 | $558.56 | 0.0% | 0.0% | N | Referral Required |
| 36830 | ARTERIOVENOUS FISTULA | 07/01/2005 | $659.04 | 0.0% | 0.0% | N | Referral Required |
| 36831 | THROMBECTOMY ARTERIOVENOUS FIST | 07/01/2005 | $434.27 | 0.0% | 0.0% | N | Referral Required |
| 36832 | REVISION OF ART FISTULA WITH | 07/01/2005 | $583.38 | 0.0% | 0.0% | N | Referral Required |
| 36833 | REVISION ARTHERIOVENOUS FISTULA | 07/01/2005 | $655.68 | 0.0% | 0.0% | N | Referral Required |
| 36834 | PLASTIC REPAIR OF ARTERIOVEN | 07/01/2005 | $506.75 | 0.0% | 0.0% | N | Referral Required |
| 36835 | THOMAS SHUNT | 07/01/2005 | $420.72 | 0.0% | 0.0% | N | Referral Required |
| 36860 | CANNULA DECLOTTING WO/BALLOO | 07/01/2005 | $157.38 | 0.0% | 0.0% | N | Referral Required |
| 36861 | CANNULA DECLOTTING W/BALLOON | 07/01/2005 | $142.79 | 0.0% | 0.0% | N | Referral Required |
| 36870 | THROMBECTOMY | 07/01/2005 | $1,564.42 | 0.0% | 0.0% | N | Referral Required |
| 3691 | CORON VESS ANEURYSM REP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3699 | HEART VESSEL OP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 370 | PERICARDIOCENTESIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3710 | INCISION OF HEART NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3711 | CARDIOTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3712 | PERICARDIOTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 37140 | PORTO-CAVAL ANASTOMOSIS | 07/01/2005 | $1,220.26 | 0.0% | 0.0% | N | Referral Required |
| 37145 | ANASTOMOSIS RENOPORTAL | 07/01/2005 | $1,359.83 | 0.0% | 0.0% | N | Referral Required |
| 37160 | CAVAL-MESENTERIC ANASTOMOSIS | 07/01/2005 | $1,128.68 | 0.0% | 0.0% | N | Referral Required |
| 37180 | SPLENO-RENAL ANASTOMOSIS | 07/01/2005 | $1,286.36 | 0.0% | 0.0% | N | Referral Required |
| 37181 | ANASTOMOSIS; SPLENORENAL,DIS | 07/01/2005 | $1,373.46 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 37182 | INSERTION OF TRANSVENOUS INTRAHEPA | 07/01/2005 | $811.96 | 0.0% | 0.0% | N | Referral Required |
| 37183 | REVISION OF TRANSVENOUS INTRAHEPATI | 07/01/2005 | $381.13 | 0.0% | 0.0% | N | Referral Required |
| 37195 | THROMBOLYSIS; CEREBRAL, INTRAVENO | 07/01/2005 | $259.66 | 0.0% | 0.0% | N | Referral Required |
| 37200 | TRANSCATHETER BIOPSY | 07/01/2005 | $220.42 | 0.0% | 0.0% | N | Referral Required |
| 37201 | TRANSCATHETER THERAPY, INFUS | 07/01/2005 | $269.86 | 0.0% | 0.0% | N | Referral Required |
| 37202 | TRANSCATHETER THERAPY INFUSI | 07/01/2005 | $321.37 | 0.0% | 0.0% | N | Referral Required |
| 37203 | TRANSCATHETER RETRIEVAL INTR | 07/01/2005 | $271.75 | 0.0% | 0.0% | N | Referral Required |
| 37204 | EMBOLIZATION, NONCENTRAL NER | 07/01/2005 | $878.45 | 0.0% | 0.0% | N | Referral Required |
| 37205 | TRANSCATHETER PLACE INTRAVAS | 07/01/2005 | $434.67 | 0.0% | 0.0% | N | Referral Required |
| 37206 | TRANSCATHETER PLACE INTRAVAS | 07/01/2005 | $203.52 | 0.0% | 0.0% | N | Referral Required |
| 37207 | TRANSCATH PLACE INTRAVASCULA | 07/01/2005 | $433.67 | 0.0% | 0.0% | N | Referral Required |
| 37208 | TRANSCATA PLACE INTRAVASCULA | 07/01/2005 | $204.66 | 0.0% | 0.0% | N | Referral Required |
| 37209 | EXCHANGE ARTERIAL CATHETER D | 07/01/2005 | $110.13 | 0.0% | 0.0% | N | Referral Required |
| 3721 | RT HEART CARDIAC CATH | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 37215 | TRANSCATHETER PLACEMENT OF STENT(S | 07/01/2005 | $1,042.49 | 0.0% | 0.0% | N | Referral Required |
| 37216 | TRANSCATHETER PLACEMENT OF STENT(S | 07/01/2005 | $1,004.69 | 0.0% | 0.0% | N | Referral Required |
| 3722 | LEFT HEART CARDIAC CATH | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3723 | RT/LEFT HEART CARD CATH | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3724 | PERICARDIAL BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3725 | CARDIAC BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 37250 | INTRAVASCULAR ULTRASOUND DUR | 07/01/2005 | $104.80 | 0.0% | 0.0% | N | Referral Required |
| 37251 | INTRAVASCULAR ULTRASOUND DUR | 07/01/2005 | $79.33 | 0.0% | 0.0% | N | Referral Required |
| 3726 | CARDIAC ELECTRPHYS STUDY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3727 | CARDIAC MAPPING | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3728 | INTRACARDIAC ECHO CARDIOGRAPHY | 10/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3729 | HRT/PERICAR DX PROC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3731 | PERICARDIECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3732 | HEART ANEURYSM EXCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3733 | EXCISION OR DESTRUCTION LESION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3734 | EXCISION OR DESTRUCT OF LESION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3735 | PARTIAL VENTRICULECTOMY | 10/01/1997 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 374 | HEART & PERICARD REPAIR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3741 | PROSTHETIC CARDIAC SUPPORT | 10/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3749 | OTHER REPAIR OF HEART | 10/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 375 | HEART TRANSPLANTATION | 10/01/1991 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 37500 | VASCULAR ENDOSCOPY | 07/01/2005 | $659.80 | 0.0% | 0.0% | N | Referral Required |
| 37501 | UNLISTED VASCULAR ENDOSCOPY | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3751 | HEART TRANSPLANTATION | 10/01/2003 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 3752 | IMPLANTATION OF TOTAL REPLACEMENT | 10/01/2003 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 3753 | REPLACEMENT OR REPAIR THORACIC | 10/01/2003 | $0.00 | 0.0% | 0.0% | Y | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 3754 | REPLACEMENT OR REPAIR IMPLANT | 10/01/2003 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 37565 | LIGATION OF INTERNAL JUGULAR | 07/01/2005 | $576.12 | 0.0% | 0.0% | N | Referral Required |
| 37600 | LIGATION, CAROTID | 07/01/2005 | $627.14 | 0.0% | 0.0% | N | Referral Required |
| 37605 | LIGATION, CAROTID | 07/01/2005 | $704.91 | 0.0% | 0.0% | N | Referral Required |
| 37606 | LIGATION INTERNAL CAROTID AR | 07/01/2005 | $367.77 | 0.0% | 0.0% | N | Referral Required |
| 37607 | LIGATION OR BANDING OF ANGIO | 07/01/2005 | $356.60 | 0.0% | 0.0% | N | Referral Required |
| 37609 | LIGATION OR BIOPSY TEMPORAL | 07/01/2005 | $351.22 | 0.0% | 0.0% | N | Referral Required |
| 3761 | PULSATION BALLOON IMPLAN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 37615 | LIGATION MAJOR ARTERY; NECK | 07/01/2005 | $335.96 | 0.0% | 0.0% | N | Referral Required |
| 37616 | LIGATION MAJOR ARTERY; CHEST | 07/01/2005 | $977.22 | 0.0% | 0.0% | N | Referral Required |
| 37617 | LIGATION MAJOR ARTERY; ABDOM | 07/01/2005 | $1,149.04 | 0.0% | 0.0% | N | Referral Required |
| 37618 | LIGATION MAJOR ARTERY; EXTRE | 07/01/2005 | $301.72 | 0.0% | 0.0% | N | Referral Required |
| 3762 | IMPLANT HRT ASST SYS NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 37620 | INTERRUPTION OF INFERIOR VENA CAVA | 07/01/2005 | $576.48 | 0.0% | 0.0% | N | Referral Required |
| 3763 | REPLACE HRT ASSIST SYST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3764 | REMOVE HEART ASSIST SYS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3765 | IMPLANT OF EXTERNAL PULSATILE HEART | 10/01/1995 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 37650 | INTERRUPTION PART/COMP OF FE | 07/01/2005 | $444.25 | 0.0% | 0.0% | N | Referral Required |
| 3766 | IMPLANT OF IMPLANTABLE PULSATILE HE | 10/01/1995 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 37660 | INTERRUPTION, PARTIAL OR COM | 07/01/2005 | $1,089.00 | 0.0% | 0.0% | N | Referral Required |
| 3767 | IMPLANTATION OF CARDIOMYOSTIMULATI | 10/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3768 | PERCUTAN HRT ASSIST SYST | 10/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3770 | INSERT PACEMAKR LEAD NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 37700 | LIGATION & DIVISION, VEINS | 07/01/2005 | $247.30 | 0.0% | 0.0% | Y | Referral Required |
| 3771 | INSERT IV LEAD-VENTRICLE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3772 | INSERT IV LEAD-ATR&VENT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 37720 | LIGATION & DIVISION, VEINS | 07/01/2005 | $337.82 | 0.0% | 0.0% | Y | Referral Required |
| 3773 | INSERT IV LEAD-ATRIUM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 37730 | LIGATION & DIVISION, VEINS | 07/01/2005 | $429.60 | 0.0% | 0.0% | Y | Referral Required |
| 37735 | UNILATERAL LIGATION DIVISION | 07/01/2005 | $596.76 | 0.0% | 0.0% | Y | Referral Required |
| 3774 | INSERT EPICARDIAL LEAD | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3775 | REVISION PACEMAKER LEAD | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3776 | REPLACE TRANSVENOUS LEAD | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 37760 | STRIPPING, SUBFASCIAL, RADIC | 07/01/2005 | $588.20 | 0.0% | 0.0% | Y | Referral Required |
| 37765 | STAB PHLEBECTOMY OF VARICOSE VEINS | 07/01/2005 | $437.91 | 0.0% | 0.0% | N | Referral Required |
| 37766 | STAB PHLEBECTOMY OF VARICOSE VEINS | 07/01/2005 | $535.32 | 0.0% | 0.0% | N | Referral Required |
| 3777 | REMOVAL PACEMAKER LEAD | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3778 | INSERT TEMP PACEMAKR SYS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 37780 | LIGATION & DIVISION, VEINS | 07/01/2005 | $241.22 | 0.0% | 0.0% | Y | Referral Required |
| 37785 | VARICOSE VEINS, LIGTN & EXCS | 07/01/2005 | $382.85 | 0.0% | 0.0% | Y | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 3779 | REVISION OR RELOCATION CARDIAC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 37790 | PENILE VENOUS OCCLUSIVE PROC | 07/01/2005 | $535.63 | 0.0% | 0.0% | N | Referral Required |
| 37799 | UNLISTED PROCEDURE, VASCULAR | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3780 | INSERT PACEMAKER DEV NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3781 | INSERT SINGL CHAMBER DEV | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3782 | INSRT RATE-RESPONSIV DEV | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3783 | INSERT DUAL CHAMBER DEV | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3785 | REPLACE W 1-CHAMBER DEV | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3786 | REPLACE W RATE-RESP DEV | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3787 | REPLACE W DUAL-CHAMB DEV | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3789 | REVISE/REMOVE PACEMAKER | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3790 | INS LEFT ATR APPEND DEV | 10/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3791 | OPN CHEST CARDIAC MASSAG | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3792 | INJECTION INTO HEART | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3793 | INJECTION INTO PERICARD | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3794 | CARDIOVERT/DEFIB-TOT SYS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3795 | IMPLNT CARDVRT/DFIB LEAD | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3796 | INSRT CRDVRT/DFIB PLS GN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3797 | REPL CARDIVERT/DFIB LEAD | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3798 | REPL CRDVRT/DFIB PULS GN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3799 | OTHER HEART/PERICARD OPS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3800 | INCISION OF VESSEL NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3801 | INTRACRAN VESSEL INCIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3802 | HEAD/NECK VES INCIS NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3803 | UPPER LIMB VESSEL INCIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3804 | INCISION OF AORTA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3805 | THORACIC VESSEL INC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3806 | ABDOMEN ARTERY INCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3807 | ABDOMINAL VEIN INCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3808 | LOWER LIMB ARTERY INCIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3809 | LOWER LIMB VEIN INCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3810 | ENDARTERECTOMY NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 38100 | SPLENECTOMY | 07/01/2005 | $768.09 | 0.0% | 0.0% | N | Referral Required |
| 38101 | SPLENECTOMY, PARTIAL | 07/01/2005 | $816.55 | 0.0% | 0.0% | N | Referral Required |
| 38102 | TOTAL, EN BLOC FOR EXTENSIVE | 07/01/2005 | $238.94 | 0.0% | 0.0% | N | Referral Required |
| 3811 | INTRACRAN ENDARTERECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 38115 | REPAIR OF RUPTURED SPLEEN W/ | 07/01/2005 | $833.95 | 0.0% | 0.0% | N | Referral Required |
| 3812 | HEAD & NECK ENDARTER NEC | 03/01/1994 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 38120 | LAPAROSCOPY, SURGICAL, SPLENECTOMY | 07/01/2005 | $894.10 | 0.0% | 0.0% | N | Referral Required |
| 38129 | UNLISTED LAPAROSCOPY | 01/01/2000 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 3813 | UPPER LIMB ENDARTERECTOM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3814 | ENDARTERECTOMY OF AORTA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3815 | THORACIC ENDARTERECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3816 | ABDOMINAL ENDARTERECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3818 | LOWER LIMB ENDARTERECT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 38200 | SPLENOPORTOGRAPHY, INJ PRO | 07/01/2005 | $127.92 | 0.0% | 0.0% | N | Referral Required |
| 38204 | MANAGEMENT OF RECIPIENT CELL DONOR | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 38205 | BLOOD DERIVED HEMOTOPOIETIC CELL | 07/01/2005 | $71.70 | 0.0% | 0.0% | N | Referral Required |
| 38206 | BLOOD-DERIVED HEMATOPOIETIC CELL | 07/01/2005 | $71.70 | 0.0% | 0.0% | N | Referral Required |
| 3821 | BLOOD VESSEL BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3822 | PERCUTANEOUS ANGIOSCOPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 38220 | BONE MARROW ASPIRATION | 07/01/2005 | $192.61 | 0.0% | 0.0% | N | Referral Required |
| 38221 | BONE MARROW BIOPSY | 07/01/2005 | $206.53 | 0.0% | 0.0% | N | Referral Required |
| 38230 | BONE MARROW HARVESTING FOR T | 07/01/2005 | $248.88 | 0.0% | 0.0% | N | Referral Required |
| 38240 | BONE MARROW TRANSPLANTATION; | 07/01/2005 | $111.14 | 0.0% | 0.0% | Y | Referral Required |
| 38241 | BONE MARROW TRANSPLANTATION; | 07/01/2005 | $110.48 | 0.0% | 0.0% | Y | Referral Required |
| 38242 | BONE MARROW/STEM CELL TRANSPLANT | 07/01/2005 | $81.77 | 0.0% | 0.0% | Y | Referral Required |
| 3829 | BLOOD VESSEL DX PROC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3830 | VESSEL RESECT/ANAST NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 38300 | DRAINAGE, LYMPHADENITIS | 07/01/2005 | $235.50 | 0.0% | 0.0% | N | Referral Required |
| 38305 | DRAINAGE LYMPHADENITIS EXTEN | 07/01/2005 | $486.38 | 0.0% | 0.0% | N | Referral Required |
| 38308 | LYMPHANGIOTOMY OR OTHER OPER | 07/01/2005 | $419.84 | 0.0% | 0.0% | N | Referral Required |
| 3831 | INTRACRAN VES RESEC-ANAS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3832 | HEAD/NECK VES RESEC-ANAS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3833 | ARM VESSEL RESECT/ANAST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3834 | AORTA RESECTION & ANAST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3835 | THOR VESSEL RESECT/ANAST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3836 | ABD VESSEL RESECT/ANAST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3837 | ABD VEIN RESECT & ANAST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3838 | LEG ARTERY RESECT/ANAST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 38380 | LIGATION, THORACIC DUCT | 07/01/2005 | $532.31 | 0.0% | 0.0% | N | Referral Required |
| 38381 | LIGATION, THORACIC DUCT | 07/01/2005 | $813.74 | 0.0% | 0.0% | N | Referral Required |
| 38382 | SUTURE/LIGATION THORACIC DUC | 07/01/2005 | $673.66 | 0.0% | 0.0% | N | Referral Required |
| 3839 | LEG VEIN RESECT/ANASTOM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3840 | VESSEL RESECT/REPLAC NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3841 | INTRACRAN VES RESEC-REPL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3842 | HEAD/NECK VES RESEC-REPL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3843 | ARM VES RESECT W REPLACE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3844 | ABD AORTA RESECT W REPL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3845 | THOR VES RESECT W REPLAC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 3846 | ABD ARTERY RESEC W REPLA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3847 | ABD VEIN RESECT W REPLAC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 38474 | PERCUTANEOUS ANGIOPLASTY FEMORAL | 07/01/2005 | $591.43 | 0.0% | 0.0% | N | Referral Required |
| 3848 | LEG ARTERY RESEC W REPLA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3849 | LEG VEIN RESECT W REPLAC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3850 | VARICOSE V LIG-STRIP NOS | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 38500 | BIOPSY, LYMPH NODE | 07/01/2005 | $244.13 | 0.0% | 0.0% | N | Referral Required |
| 38505 | BX OR EXC LYMPH NODE BY NEED | 07/01/2005 | $148.68 | 0.0% | 0.0% | N | Referral Required |
| 3851 | INTCRAN VAR V LIG-STRIP | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 38510 | BIOPSY, LYMPH NODE | 07/01/2005 | $421.65 | 0.0% | 0.0% | N | Referral Required |
| 3852 | HEAD/NECK VAR V LIG-STR | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 38520 | BIOPSY, LYMPH NODE | 07/01/2005 | $436.86 | 0.0% | 0.0% | N | Referral Required |
| 38525 | DEEP AXILLARY NODE | 07/01/2005 | $376.24 | 0.0% | 0.0% | N | Referral Required |
| 3853 | ARM VARICOSE V LIG-STRIP | 03/01/1994 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 38530 | BIOPSY, LYMPH NODE | 07/01/2005 | $489.67 | 0.0% | 0.0% | N | Referral Required |
| 38542 | DISSECTION DEEP JUGULAR NODE | 07/01/2005 | $423.01 | 0.0% | 0.0% | N | Referral Required |
| 3855 | THORAC VAR V LIG-STRIP | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 38550 | EXCISION, CYSTIC HYGROMA | 07/01/2005 | $427.23 | 0.0% | 0.0% | N | Referral Required |
| 38555 | EXCISION, CYSTIC HYGROMA | 07/01/2005 | $848.58 | 0.0% | 0.0% | N | Referral Required |
| 38562 | LIMITED LYMPHADENECTOMY FOR | 07/01/2005 | $619.65 | 0.0% | 0.0% | N | Referral Required |
| 38564 | LIMITED LYMPHADENECTOMY FOR | 07/01/2005 | $625.31 | 0.0% | 0.0% | N | Referral Required |
| 3857 | ABD VARICOSE VEIN LIGA-STRIP | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 38570 | LAPAROSCOPY RETROPERITONEAL | 07/01/2005 | $502.24 | 0.0% | 0.0% | N | Referral Required |
| 38571 | LAPAROSCOPY PELVIC LYPMHADENECTOM | 07/01/2005 | $757.66 | 0.0% | 0.0% | N | Referral Required |
| 38572 | LAPAROSCOPY PELVIC LYMPHADENECTOM | 07/01/2005 | $876.01 | 0.0% | 0.0% | N | Referral Required |
| 38589 | LAPAROSCOPY | 01/01/2000 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3859 | LEG VARICOS V LIGA-STRIP | 01/01/2003 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 3860 | EXCISION OF VESSEL NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3861 | INTRACRAN VESSEL EXCIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3862 | HEAD/NECK VESSEL EXCIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3863 | ARM VESSEL EXCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3864 | EXCISION OF AORTA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3865 | THORACIC VESSEL EXCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3866 | ABDOMINAL ARTERY EXCIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3867 | ABDOMINAL VEIN EXCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3868 | LEG ARTERY EXCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3869 | LEG VEIN EXCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 387 | PLICATION OF VENA CAVA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 38700 | LYMPHADENECTOMY | 07/01/2005 | $756.99 | 0.0% | 0.0% | N | Referral Required |
| 38720 | LYMPHADENECTOMY | 07/01/2005 | $1,045.36 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 38724 | CERVIAL LYMPHADENECTOMY MODI | 07/01/2005 | $1,098.94 | 0.0% | 0.0% | N | Referral Required |
| 38740 | AXILLARY LYMPHADENECTOMY, SU | 07/01/2005 | $568.17 | 0.0% | 0.0% | N | Referral Required |
| 38745 | LYMPHADENECTOMY | 07/01/2005 | $767.71 | 0.0% | 0.0% | N | Referral Required |
| 38746 | THORACIC LYMPHADENECTOMY,REG | 07/01/2005 | $240.65 | 0.0% | 0.0% | N | Referral Required |
| 38747 | ABDOMINAL LYMPHADENECTOMY, R | 07/01/2005 | $243.02 | 0.0% | 0.0% | N | Referral Required |
| 38760 | LYMPHADENECTOMY | 07/01/2005 | $725.30 | 0.0% | 0.0% | N | Referral Required |
| 38765 | LYMPHADENECTOMY | 07/01/2005 | $1,128.78 | 0.0% | 0.0% | N | Referral Required |
| 38770 | LYMPHADENECTOMY | 07/01/2005 | $730.55 | 0.0% | 0.0% | N | Referral Required |
| 38780 | LYMPHADENECTOMY | 07/01/2005 | $945.94 | 0.0% | 0.0% | N | Referral Required |
| 38790 | LYMPHANGIOGRAPHY, INJ PRO | 07/01/2005 | $535.75 | 0.0% | 0.0% | N | Referral Required |
| 38792 | INJECTION FOR ID OF SENTINEL NODE | 07/01/2005 | $25.73 | 0.0% | 0.0% | N | Referral Required |
| 38794 | CANNULATION, THORACIC DUCT | 07/01/2005 | $215.10 | 0.0% | 0.0% | N | Referral Required |
| 3880 | SURG VESSEL OCCLUS NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3881 | OCCLUS INTRACRAN VES NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3882 | OCCLUS HEAD/NECK VES NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3883 | OCCLUDE ARM VESSEL NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3884 | OCCLUDE AORTA NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3885 | OCCLUDE THORACIC VES NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3886 | OCCLUDE ABD ARTERY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3887 | OCCLUDE ABD VEIN NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3888 | OCCLUDE LEG ARTERY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3889 | OCCLUDE LEG VEIN NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3891 | ARTERIAL CATHETERIZATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3892 | UMBILICAL VEIN CATH | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3893 | VENOUS CATHETER NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3894 | VENOUS CUTDOWN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3895 | VENOUS CATHETERIZATION FOR RENAL DI | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3898 | ARTERIAL PUNCTURE NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3899 | VENOUS PUNCTURE NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 38999 | UNLISTED PROCEDURE, HEMIC OR | 09/01/1982 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 390 | SYSTEMIC-PULM ART SHUNT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 39000 | MEDTASTINOTOMY W/EXPLORATION | 07/01/2005 | $477.71 | 0.0% | 0.0% | N | Referral Required |
| 39010 | MEDIASTINOTOMY | 07/01/2005 | $758.75 | 0.0% | 0.0% | N | Referral Required |
| 391 | INTRA-ABD VENOUS SHUNT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 39200 | EXCISION, CYST, MEDIASTINAL | 07/01/2005 | $854.21 | 0.0% | 0.0% | N | Referral Required |
| 3921 | CAVAL-PULMON ART ANASTOM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3922 | AORTA-SUBCLV-CAROT BYPAS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 39220 | EXCISION, TUMOR, MEDIASTINAL | 07/01/2005 | $1,038.60 | 0.0% | 0.0% | N | Referral Required |
| 3923 | INTRATHORACIC SHUNT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3924 | AORTA-RENAL BYPASS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 3925 | AORTA-ILIAC-FEMOR BYPASS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3926 | INTRA-ABDOMIN SHUNT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3927 | DIALYSIS ARTERIOVENOSTOM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3928 | EXTRACRANIAL-INTRACRANIAL VAS BYPAS | 10/01/1996 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3929 | VASC SHUNT & BYPASS NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3930 | SUTURE OF VESSEL NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3931 | SUTURE OF ARTERY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3932 | SUTURE OF VEIN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 39400 | MEDIASTINOSCOPY | 07/01/2005 | $446.14 | 0.0% | 0.0% | N | Referral Required |
| 3941 | POSTOP VASC OP HEM CONTR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3942 | REVIS REN DIALYSIS SHUNT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3943 | REMOV REN DIALYSIS SHUNT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3949 | VASC PROC REVISION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 39499 | UNLISTED MEDIASTINUM PROC | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3950 | ANGIOPLASTY/ARTHERECTOMY NONCORON | 10/01/1995 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 39501 | REPAIR LACERATION OF DIAPHRA | 07/01/2005 | $758.44 | 0.0% | 0.0% | N | Referral Required |
| 39502 | REPAIR PARAESOPHAGEAL HIATUS | 07/01/2005 | $896.47 | 0.0% | 0.0% | N | Referral Required |
| 39503 | REPAIR NEONATAL DIAPHRAGMATI | 07/01/2005 | $4,712.96 | 0.0% | 0.0% | N | Referral Required |
| 3951 | CLIPPING OF ANEURYSM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3952 | ANEURYSM REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 39520 | REPAIR, ESOPHAGEAL HERNIA | 07/01/2005 | $929.95 | 0.0% | 0.0% | N | Referral Required |
| 3953 | ARTERIOVEN FISTULA REP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 39530 | REPAIR, ESOPHAGEAL HERNIA | 07/01/2005 | $872.25 | 0.0% | 0.0% | N | Referral Required |
| 39531 | COMBINED, THORACOABDOMINAC,/ | 07/01/2005 | $903.83 | 0.0% | 0.0% | N | Referral Required |
| 3954 | RE-ENTRY OPERATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 39540 | REPAIR DIAPHRAGMATIC HERNIA | 07/01/2005 | $762.13 | 0.0% | 0.0% | N | Referral Required |
| 39541 | REPAIR DIAPHRAGMATIC HERNIA | 07/01/2005 | $809.89 | 0.0% | 0.0% | N | Referral Required |
| 39545 | IMBRICATION DIAPHRAGM | 07/01/2005 | $817.60 | 0.0% | 0.0% | N | Referral Required |
| 3955 | REIMPLAN ABERR RENAL VES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3956 | REPAIR VESS W TIS PATCH | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 39560 | RESECTION, DIAPHRAGM | 07/01/2005 | $708.47 | 0.0% | 0.0% | N | Referral Required |
| 39561 | RESECTION, DIAPHRAGM | 07/01/2005 | $991.18 | 0.0% | 0.0% | N | Referral Required |
| 3957 | REP VESS W SYNTH PATCH | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3958 | REPAIR VESS W PATCH NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3959 | REPAIR OF VESSEL NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 39599 | UNLISTED DIAPHRAGM PROC | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3961 | EXTRACORPOREAL CIRCULAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3962 | HYPOTHERMIA W OPEN HEART | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3963 | CARDIOPLEGIA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3964 | INTRAOP CARDIAC PACEMAK | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 3965 | ECMO | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3966 | PERCUTANEOUS CARDIOPULMONARY BYP | 10/01/1995 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 397 | PERIARTER SYMPATHECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3971 | ENDOVASCULAR IMPLANTATION OF GRAFT | 10/01/2000 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3972 | ENDOVASCULAR REPAIR OR OCCLUSION O | 10/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3973 | ENDOVASCULAR IMPLANTATION | 10/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3979 | OTHER ENDOVASCULAR REPAIR | 10/01/2000 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 398 | VASCULAR BODY OPERATIONS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3990 | INSERTION OF NON-CORONARY ARTERY S | 01/01/1997 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3991 | FREEING OF VESSEL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3992 | VEIN INJECT-SCLEROS AGNT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3993 | INSERT VES-TO-VES CANNUL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3994 | REPLAC VES-TO-VES CANNUL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3995 | HEMODIALYSIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3996 | TOTAL BODY PERFUSION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3997 | OTHER PERFUSION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3998 | HEMORRHAGE CONTROL NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 3999 | VESSEL OPERATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 400 | INCIS LYMPHATIC STRUCTUR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4011 | LYMPHATIC STRUCT BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4019 | LYMPHATIC DIAG PROC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4021 | EXCIS DEEP CERVICAL NODE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4022 | EXCISE INT MAMMARY NODE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4023 | EXCISE AXILLARY NODE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4024 | EXCISE INGUINAL NODE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4029 | SIMP EXC LYMPH STRUC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 403 | REGIONAL LYMPH NODE EXC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4040 | RAD NECK DISSECTION NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4041 | UNILAT RAD NECK DISSECT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4042 | BILAT RAD NECK DISSECT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 40490 | BIOPSY, LIP | 07/01/2005 | $98.83 | 0.0% | 0.0% | N | Referral Required |
| 4050 | RAD NODE DISSECTION NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 40500 | VERMILIONECTOMY | 07/01/2005 | $348.61 | 0.0% | 0.0% | N | Referral Required |
| 4051 | RAD DISSEC AXILLARY NODE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 40510 | RESECTION, LIP | 07/01/2005 | $399.03 | 0.0% | 0.0% | N | Referral Required |
| 4052 | RAD DISSEC PERIAORT NODE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 40520 | EXCISION, LIP | 07/01/2005 | $438.98 | 0.0% | 0.0% | N | Referral Required |
| 40525 | LIP FULL-THICKNESS RECONSTRU | 07/01/2005 | $576.16 | 0.0% | 0.0% | N | Referral Required |
| 40527 | LIP-FULL THICKNESS RECONSTRU | 07/01/2005 | $660.71 | 0.0% | 0.0% | N | Referral Required |
| 4053 | RAD DISSECT ILIAC NODES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 40530 | RESECTION, LIP | 07/01/2005 | $445.70 | 0.0% | 0.0% | N | Referral Required |
| 4054 | RADICAL GROIN DISSECTION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4059 | RAD NODE DISSECTION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4061 | THORAC DUCT CANNULATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4062 | THORACIC DUCT FISTULIZAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4063 | CLOSE THORACIC DUCT FIST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4064 | LIGATE THORACIC DUCT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 40650 | LIP REPAIR-FULL THICKNESS VE | 07/01/2005 | $327.56 | 0.0% | 0.0% | N | Referral Required |
| 40652 | REPAIR LIP UP TO HALF VERTIC | 07/01/2005 | $394.29 | 0.0% | 0.0% | N | Referral Required |
| 40654 | REPAIR LIP OVER 1/2 VERTICAL | 07/01/2005 | $462.46 | 0.0% | 0.0% | N | Referral Required |
| 4069 | THORACIC DUCT OP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 40700 | PLASTIC REPAIR, LIP | 07/01/2005 | $836.70 | 0.0% | 0.0% | N | Referral Required |
| 40701 | PLASTIC REPAIR, LIP | 07/01/2005 | $1,079.59 | 0.0% | 0.0% | N | Referral Required |
| 40702 | PLASTIC REPAIR, LIP | 07/01/2005 | $784.78 | 0.0% | 0.0% | N | Referral Required |
| 40720 | PLASTIC REPAIR, LIP | 07/01/2005 | $937.48 | 0.0% | 0.0% | N | Referral Required |
| 40761 | PLASTIC REPAIR CLEFT LIP-W/C | 07/01/2005 | $977.14 | 0.0% | 0.0% | N | Referral Required |
| 40799 | UNLISTED PROCEDURE, LIP | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 40800 | DRAINAGE, CYST, MOUTH | 07/01/2005 | $110.13 | 0.0% | 0.0% | N | Referral Required |
| 40801 | DRAIN ABSCESS,CYST,HEMATOMA | 07/01/2005 | $177.58 | 0.0% | 0.0% | N | Referral Required |
| 40804 | REMOVAL, FOREIGN BODY, MOUTH | 07/01/2005 | $131.80 | 0.0% | 0.0% | N | Referral Required |
| 40805 | REMOVAL EMBEDDED FB VESTIBUL | 07/01/2005 | $207.91 | 0.0% | 0.0% | N | Referral Required |
| 40806 | INCISION, LABIAL FRENUM | 07/01/2005 | $40.92 | 0.0% | 0.0% | N | Referral Required |
| 40808 | BIOPSY, VESTIBULE OF MOUTH | 07/01/2005 | $105.50 | 0.0% | 0.0% | N | Referral Required |
| 40810 | EXCISION, LESION, MOUTH | 07/01/2005 | $137.95 | 0.0% | 0.0% | N | Referral Required |
| 40812 | EXCISION, LESION, MOUTH | 07/01/2005 | $183.67 | 0.0% | 0.0% | N | Referral Required |
| 40814 | EXCISION LESION MUCOSA-SUBMU | 07/01/2005 | $262.59 | 0.0% | 0.0% | N | Referral Required |
| 40816 | COMPLEX,WITH EXCISION OF UND | 07/01/2005 | $279.70 | 0.0% | 0.0% | N | Referral Required |
| 40818 | EXCISION MUCOSA OF VESTIBULE | 07/01/2005 | $223.03 | 0.0% | 0.0% | N | Referral Required |
| 40819 | EXCISION OF FRENUM, LABIAL O | 07/01/2005 | $211.04 | 0.0% | 0.0% | N | Referral Required |
| 40820 | DESTRUCTION, LESION, MOUTH | 07/01/2005 | $126.12 | 0.0% | 0.0% | N | Referral Required |
| 40830 | CLOSURE, LACERATION, MOUTH | 07/01/2005 | $147.81 | 0.0% | 0.0% | N | Referral Required |
| 40831 | CLOSURE LACERATION MOUTH OVE | 07/01/2005 | $182.22 | 0.0% | 0.0% | N | Referral Required |
| 40840 | VESTIBULOPLASTY; ANTERIOR | 07/01/2005 | $524.59 | 0.0% | 0.0% | N | Referral Required |
| 40842 | VESTIBULOPLASTY, POSTERIOR, | 07/01/2005 | $520.99 | 0.0% | 0.0% | N | Referral Required |
| 40843 | VESTIBULOPLASTY, POSTERIOR B | 07/01/2005 | $693.64 | 0.0% | 0.0% | N | Referral Required |
| 40844 | VESTIBULOPLASTY, ENTIRE ARCH | 07/01/2005 | $903.84 | 0.0% | 0.0% | N | Referral Required |
| 40845 | VESTIBULOPLASTY, COMPLEX (IN | 07/01/2005 | $1,100.30 | 0.0% | 0.0% | N | Referral Required |
| 40899 | UNLISTED PROCEDURE, MOUTH | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 409 | LYMPH STRUCTURE OP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4100 | BONE MARROW TRNSPLNT NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | Y | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 41000 | DRAINAGE, ABSCESS, TONGUE | 07/01/2005 | $127.69 | 0.0% | 0.0% | N | Referral Required |
| 41005 | DRAINAGE, ABSCESS, SUBLINGUA | 07/01/2005 | $123.93 | 0.0% | 0.0% | N | Referral Required |
| 41006 | INTRAORAL INCISION SUBLINGUA | 07/01/2005 | $239.42 | 0.0% | 0.0% | N | Referral Required |
| 41007 | INTRAORAL I&D ABSCESS,CYST/H | 07/01/2005 | $240.44 | 0.0% | 0.0% | N | Referral Required |
| 41008 | DRAIN ABCESS, CYST, HEMATOMA | 07/01/2005 | $247.55 | 0.0% | 0.0% | N | Referral Required |
| 41009 | INTRAORAL INCISION DRAIN ABS | 07/01/2005 | $254.32 | 0.0% | 0.0% | N | Referral Required |
| 4101 | AUTOLOGOUS MARROW TRNSPL | 11/01/1989 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 41010 | INCISION, LINGUAL FRENUM | 07/01/2005 | $157.13 | 0.0% | 0.0% | N | Referral Required |
| 41015 | EX RAORAL INCISION & DRAINAG | 07/01/2005 | $281.58 | 0.0% | 0.0% | N | Referral Required |
| 41016 | EXTRORAL I&D ABSCESS,CYST/HE | 07/01/2005 | $293.95 | 0.0% | 0.0% | N | Referral Required |
| 41017 | EXTRAORAL INCISSION AND DRAI | 07/01/2005 | $293.04 | 0.0% | 0.0% | N | Referral Required |
| 41018 | EXTRAORAL I & D OF ABSCESS E | 07/01/2005 | $334.95 | 0.0% | 0.0% | N | Referral Required |
| 4102 | MARROW TRANSPLANT W PURG | 11/01/1989 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 4103 | MARROW TRANSPLANT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 4104 | AUTOLOGOUS HEMATOPOIETICSTEM | 10/01/1997 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 4105 | ALLOGENIC HEMOTOPOIETIC STEM | 10/01/1997 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 4106 | CORD BLOOD STEM CELL TRANSPL | 10/01/1997 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 4107 | AUTOLOGOUS HEMATOPOIETIC STEM CEL | 10/01/2000 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 4108 | ALLOGENEIC HEMATOPOIETIC STEM CELL | 10/01/2000 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 4109 | AUTOLOGOUS BONE MARROW TRANSPLA | 10/01/2000 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 411 | PUNCTURE OF SPLEEN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 41100 | BIOPSY, TONGUE | 07/01/2005 | $149.03 | 0.0% | 0.0% | N | Referral Required |
| 41105 | BIOPSY, TONGUE | 07/01/2005 | $132.84 | 0.0% | 0.0% | N | Referral Required |
| 41108 | BIOPSY, FLOOR OF MOUTH | 07/01/2005 | $117.84 | 0.0% | 0.0% | N | Referral Required |
| 41110 | EXCISION, LESION, TONGUE | 07/01/2005 | $161.71 | 0.0% | 0.0% | N | Referral Required |
| 41112 | EXCISION, LESION, TONGUE | 07/01/2005 | $219.48 | 0.0% | 0.0% | N | Referral Required |
| 41113 | EXCISION LESION TONGUE W/CLO | 07/01/2005 | $234.61 | 0.0% | 0.0% | N | Referral Required |
| 41114 | EXCISION LESSION TONGUE W/LO | 07/01/2005 | $534.23 | 0.0% | 0.0% | N | Referral Required |
| 41115 | EXCISION OF LINGUAL FRENUM ( | 07/01/2005 | $153.83 | 0.0% | 0.0% | N | Referral Required |
| 41116 | EXCISION LESION FLOOR OF MOU | 07/01/2005 | $202.23 | 0.0% | 0.0% | N | Referral Required |
| 41120 | GLOSSECTOMY | 07/01/2005 | $665.65 | 0.0% | 0.0% | N | Referral Required |
| 41130 | HEMIGLOSSECTOMY | 07/01/2005 | $738.48 | 0.0% | 0.0% | N | Referral Required |
| 41135 | GLOSSECTOMY | 07/01/2005 | $1,410.71 | 0.0% | 0.0% | N | Referral Required |
| 41140 | GLOSSECTOMY | 07/01/2005 | $1,526.04 | 0.0% | 0.0% | N | Referral Required |
| 41145 | GLOSSECTOMY | 07/01/2005 | $1,826.02 | 0.0% | 0.0% | N | Referral Required |
| 41150 | COMPOSITE PROCEDURE W/RESECT | 07/01/2005 | $1,442.44 | 0.0% | 0.0% | N | Referral Required |
| 41153 | COMPOSITE PROCEDURE W/RESECT | 07/01/2005 | $1,482.66 | 0.0% | 0.0% | N | Referral Required |
| 41155 | COMPOSITE PROCEDURE W/RESECT | 07/01/2005 | $1,709.78 | 0.0% | 0.0% | N | Referral Required |
| 412 | SPLENOTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 41250 | REPAIR, LACERATION, TONGUE | 07/01/2005 | $169.90 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 41251 | REPAIR, LACERATION, TONGUE | 07/01/2005 | $188.04 | 0.0% | 0.0% | N | Referral Required |
| 41252 | REPAIR LACERATION TONGUE OVE | 07/01/2005 | $217.78 | 0.0% | 0.0% | N | Referral Required |
| 4131 | BONE MARROW BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4132 | ASPIRAT BIOPSY OF SPLEEN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4133 | OPEN BIOPSY OF SPLEEN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4138 | MARROW DIAGNOST PROC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4139 | SPLEEN DIAGNOST PROC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4141 | SPLENIC CYST MARSUPIAL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4142 | EXC SPLENIC LESION/TISS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4143 | PARTIAL SPLENECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 415 | TOTAL SPLENECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 41500 | FIXATION, TONGUE | 07/01/2005 | $284.58 | 0.0% | 0.0% | N | Referral Required |
| 41510 | SUTURE, TONGUE TO LIP | 07/01/2005 | $305.47 | 0.0% | 0.0% | N | Referral Required |
| 41520 | FRENOPLASTY | 07/01/2005 | $202.79 | 0.0% | 0.0% | N | Referral Required |
| 41599 | UNLISTED PROCEDURE, TONGUE | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 41800 | DRNGE, CYST, DENTO ALVEOLAR | 07/01/2005 | $108.49 | 0.0% | 0.0% | N | Referral Required |
| 41805 | REMOVAL FB DENTO-ALVEOLAR SO | 07/01/2005 | $114.97 | 0.0% | 0.0% | N | Referral Required |
| 41806 | REMOVAL FB DENTO-ALVEOLAR BO | 07/01/2005 | $184.74 | 0.0% | 0.0% | N | Referral Required |
| 41820 | GINGIVECTOMY | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 41821 | OPERCULECTOMY | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 41822 | EXCISION FIBROUS TUBEROSITIE | 07/01/2005 | $180.69 | 0.0% | 0.0% | N | Referral Required |
| 41823 | EXCISION OSSEOUS TUBEROSITIE | 07/01/2005 | $241.00 | 0.0% | 0.0% | N | Referral Required |
| 41825 | EXCSN, LESION, DENTO ALVEOLA | 07/01/2005 | $129.23 | 0.0% | 0.0% | N | Referral Required |
| 41826 | EXCISION LSEION DENTO ALVEOL | 07/01/2005 | $174.10 | 0.0% | 0.0% | N | Referral Required |
| 41827 | EXCISION LESION/TUMOR,DENTOA | 07/01/2005 | $247.55 | 0.0% | 0.0% | N | Referral Required |
| 41828 | EXC HYPERPLASTIC ALVEOLAR MU | 07/01/2005 | $216.63 | 0.0% | 0.0% | N | Referral Required |
| 41830 | ALVEOLECTOMY W/CURETTAGE OF | 07/01/2005 | $236.74 | 0.0% | 0.0% | N | Referral Required |
| 41850 | DSTRCTN, LESN, DENTO-ALVEOLA | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 41870 | PERIODONTAL MUCOSAL GRAFTING | 07/01/2005 | $320.52 | 0.0% | 0.0% | N | Referral Required |
| 41872 | GINGIVOPLASTY - EACH QUADRAN | 07/01/2005 | $193.28 | 0.0% | 0.0% | N | Referral Required |
| 41874 | ALVEOLOPLASTY EACH QUADRANT | 07/01/2005 | $209.88 | 0.0% | 0.0% | N | Referral Required |
| 41899 | UNLISTED PROC, DENTOALVEOLAR | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4191 | DONOR MARROW ASPIRATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4192 | INJECTION INTO MARROW | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4193 | EXC OF ACCESSORY SPLEEN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4194 | SPLEEN TRANSPLANTATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4195 | REPAIR OF SPLEEN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4198 | BONE MARROW OPS NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4199 | SPLEEN OPERATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 42000 | DRAINAGE, ABSCESS, PALATE | 07/01/2005 | $129.32 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 4201 | ESOPHAGEAL WEB INCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4209 | ESOPHAGEAL INCISION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4210 | ESOPHAGOSTOMY NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 42100 | BIOPSY, PALATE/UVULA | 07/01/2005 | $130.55 | 0.0% | 0.0% | N | Referral Required |
| 42104 | EXCISION, LESION, PALATE | 07/01/2005 | $146.42 | 0.0% | 0.0% | N | Referral Required |
| 42106 | EXCISION, LESION, PALATE | 07/01/2005 | $166.36 | 0.0% | 0.0% | N | Referral Required |
| 42107 | EXCISION LESION OF PALATE, U | 07/01/2005 | $306.35 | 0.0% | 0.0% | N | Referral Required |
| 4211 | CERVICAL ESOPHAGOSTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4212 | ESOPH POUCH EXTERIORIZAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 42120 | RESECTION, PALATE | 07/01/2005 | $434.55 | 0.0% | 0.0% | N | Referral Required |
| 42140 | EXCISION, UVULA | 07/01/2005 | $189.61 | 0.0% | 0.0% | N | Referral Required |
| 42145 | PALATOPHARVNGOPLASTY | 07/01/2005 | $550.65 | 0.0% | 0.0% | N | Referral Required |
| 42160 | DESTRUCTION, LESION, PALATE | 07/01/2005 | $174.49 | 0.0% | 0.0% | N | Referral Required |
| 42180 | REPAIR, LACERATION, PALATE | 07/01/2005 | $202.10 | 0.0% | 0.0% | N | Referral Required |
| 42182 | REPAIR, LACERATION, PALATE | 07/01/2005 | $245.18 | 0.0% | 0.0% | N | Referral Required |
| 4219 | EXT FISTULIZAT ESOPH NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 42200 | CLEFT PALATE REPAIR | 07/01/2005 | $772.70 | 0.0% | 0.0% | N | Referral Required |
| 42205 | CLEFT PALATE REPAIR | 07/01/2005 | $815.66 | 0.0% | 0.0% | N | Referral Required |
| 4221 | ESOPHAGOSCOPY BY INCIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 42210 | CLEFT PALATE REPAIR | 07/01/2005 | $923.47 | 0.0% | 0.0% | N | Referral Required |
| 42215 | CLEFT PALATE REPAIR | 07/01/2005 | $656.12 | 0.0% | 0.0% | N | Referral Required |
| 4222 | ESOPHAGOSCOPY THRU STOMA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 42220 | CLEFT PALATE REPAIR | 07/01/2005 | $486.37 | 0.0% | 0.0% | N | Referral Required |
| 42225 | CLEFT PALATE REPAIR | 07/01/2005 | $659.64 | 0.0% | 0.0% | N | Referral Required |
| 42226 | LENGTHENING OF PALATE & PHAR | 07/01/2005 | $702.58 | 0.0% | 0.0% | N | Referral Required |
| 42227 | LENGTHENING OF PALATE WITH I | 07/01/2005 | $655.66 | 0.0% | 0.0% | N | Referral Required |
| 4223 | ESOPHAGOSCOPY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 42235 | REPAIR, PALATE, ANTERIOR | 07/01/2005 | $488.05 | 0.0% | 0.0% | N | Referral Required |
| 4224 | CLOSED ESOPHAGEAL BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4225 | OPEN ESOPHAGEAL BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 42260 | REPAIR, FISTULA, NASOLABIAL | 07/01/2005 | $580.71 | 0.0% | 0.0% | N | Referral Required |
| 42280 | MAXILLARY IMPRESSION FOR PAL | 07/01/2005 | $105.19 | 0.0% | 0.0% | N | Referral Required |
| 42281 | INSERTION OF PIN-RETAINED PA | 07/01/2005 | $123.88 | 0.0% | 0.0% | N | Referral Required |
| 4229 | ESOPHAGEAL DX PROC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 42299 | UNLISTED PROC, PALATE | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 42300 | DRAINAGE, ABSCESS, PAROTID | 07/01/2005 | $159.72 | 0.0% | 0.0% | N | Referral Required |
| 42305 | DRAINAGE ABCESS PAROTID COMP | 07/01/2005 | $404.58 | 0.0% | 0.0% | N | Referral Required |
| 4231 | LOC EXCIS ESOPH DIVERTIC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 42310 | DRNG, ABSCESS, SUBMAXILLARY | 07/01/2005 | $134.77 | 0.0% | 0.0% | N | Referral Required |
| 4232 | LOCAL EXCIS ESOPHAG NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 42320 | DRNG, ABSCESS, SUBMAXILLARY | 07/01/2005 | $179.83 | 0.0% | 0.0% | N | Referral Required |
| 42325 | FISTULIZATION OF SUBLINGUAL | 07/01/2005 | $229.22 | 0.0% | 0.0% | N | Referral Required |
| 42326 | FISTULIZATION SUBLINGUAL SAL | 07/01/2005 | $252.28 | 0.0% | 0.0% | N | Referral Required |
| 4233 | ENDOSCOPIC ESCISION OR DEST OF LESI | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 42330 | SIALOLITHOTOMY | 07/01/2005 | $175.26 | 0.0% | 0.0% | N | Referral Required |
| 42335 | SIALOLITHOTOMY | 07/01/2005 | $245.86 | 0.0% | 0.0% | N | Referral Required |
| 42340 | SIALOLITHOTOMY | 07/01/2005 | $339.22 | 0.0% | 0.0% | N | Referral Required |
| 4239 | DESTRUCT ESOPHAG LES NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4240 | ESOPHAGECTOMY NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 42400 | BIOPSY, SALIVARY GLAND | 07/01/2005 | $112.38 | 0.0% | 0.0% | N | Referral Required |
| 42405 | BIOPSY, SALIVARY GLAND | 07/01/2005 | $236.41 | 0.0% | 0.0% | N | Referral Required |
| 42408 | EXCISION SUBLINGUAL SALIVARY | 07/01/2005 | $325.18 | 0.0% | 0.0% | N | Referral Required |
| 42409 | MARSUPIALIZATION SUBLINGIAL | 07/01/2005 | $215.10 | 0.0% | 0.0% | N | Referral Required |
| 4241 | PARTIAL ESOPHAGECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 42410 | EXCISION, PAROTID GLAND | 07/01/2005 | $621.11 | 0.0% | 0.0% | N | Referral Required |
| 42415 | EXCISION, PAROTID GLAND | 07/01/2005 | $1,054.41 | 0.0% | 0.0% | N | Referral Required |
| 4242 | TOTAL ESOPHAGECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 42420 | EXCISION, PAROTID GLAND | 07/01/2005 | $1,209.23 | 0.0% | 0.0% | N | Referral Required |
| 42425 | EXCISION, PAROTID GLAND | 07/01/2005 | $839.96 | 0.0% | 0.0% | N | Referral Required |
| 42426 | EXCISION, PAROTID GLAND | 07/01/2005 | $1,303.90 | 0.0% | 0.0% | N | Referral Required |
| 42440 | EXCISION, SUBMANDIBULAR GLAN | 07/01/2005 | $462.66 | 0.0% | 0.0% | N | Referral Required |
| 42450 | EXCISION, SUBLINGUAL GLAND | 07/01/2005 | $317.16 | 0.0% | 0.0% | N | Referral Required |
| 42500 | SIALODOCHOPLASTY | 07/01/2005 | $329.99 | 0.0% | 0.0% | N | Referral Required |
| 42505 | SIALODOCHOPLASTY SECOUNDARY | 07/01/2005 | $429.30 | 0.0% | 0.0% | N | Referral Required |
| 42507 | PAROTID DUCT DIVERSION BILAT | 07/01/2005 | $411.72 | 0.0% | 0.0% | N | Referral Required |
| 42508 | PAROTID DUCT DIVERSION W/EXC | 07/01/2005 | $616.65 | 0.0% | 0.0% | N | Referral Required |
| 42509 | PAROTID DUCT DIVERSION W/EXC | 07/01/2005 | $743.67 | 0.0% | 0.0% | N | Referral Required |
| 4251 | THORAC ESOPHAGOESOPHAGOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 42510 | PAROTID DUCT DIVERSION W/LIG | 07/01/2005 | $543.87 | 0.0% | 0.0% | N | Referral Required |
| 4252 | THORAC ESOPHAGOGASTROST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4253 | THORAC SM BOWEL INTERPOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4254 | THORAC ESOPHAGOENTER NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4255 | THORAC LG BOWEL INTERPOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 42550 | SIALOGRAPHY, INJECTION PROCD | 07/01/2005 | $457.15 | 0.0% | 0.0% | N | Referral Required |
| 4256 | THORAC ESOPHAGOCOLOS NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4258 | THORAC INTERPOSITION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4259 | THORAC ESOPHAG ANAST NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 42600 | CLOSURE, FISTULA, SALIVARY | 07/01/2005 | $440.25 | 0.0% | 0.0% | N | Referral Required |
| 4261 | STERN ESOPHAGOESOPHAGOST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4262 | STERN ESOPHAGOGASTROSTOM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 4263 | STERN SM BOWEL INTERPOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4264 | STERN ESOPHAGOENTER NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4265 | STERN LG BOWEL INTERPOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 42650 | DILATION, SALIVARY DUCT | 07/01/2005 | $66.14 | 0.0% | 0.0% | N | Referral Required |
| 4266 | STERN ESOPHAGOCOLOS NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 42660 | DILATION, SALIVARY DUCT | 07/01/2005 | $79.93 | 0.0% | 0.0% | N | Referral Required |
| 42665 | LIGATION, SALIVARY DUCT | 07/01/2005 | $194.23 | 0.0% | 0.0% | N | Referral Required |
| 4268 | STERN INTERPOSITION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4269 | STERN ESOPHAG ANAST NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 42699 | UNLISTED PROC SALIVARY | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 427 | ESOPHAGOMYOTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 42700 | INCISION & DRAINAGE ABSCESS; | 07/01/2005 | $169.47 | 0.0% | 0.0% | N | Referral Required |
| 42720 | INCISION DRAIN ABSCESS, RETR | 07/01/2005 | $359.75 | 0.0% | 0.0% | N | Referral Required |
| 42725 | INCISION DRAIN ABSCESS, RETR | 07/01/2005 | $687.83 | 0.0% | 0.0% | N | Referral Required |
| 42800 | BIOPSY, PHARYNX | 07/01/2005 | $153.89 | 0.0% | 0.0% | N | Referral Required |
| 42802 | BIOPSY, PHARYNX | 07/01/2005 | $164.42 | 0.0% | 0.0% | N | Referral Required |
| 42804 | BIOPSY, PHARYNX | 07/01/2005 | $146.66 | 0.0% | 0.0% | N | Referral Required |
| 42806 | BIOPSY; NASOPHARYNX SURVEEY | 07/01/2005 | $175.62 | 0.0% | 0.0% | N | Referral Required |
| 42808 | EXCISION OF LESION OF PHARNY | 07/01/2005 | $250.99 | 0.0% | 0.0% | N | Referral Required |
| 42809 | REMOVAL OF FOREIGN BODY FROM | 07/01/2005 | $182.44 | 0.0% | 0.0% | N | Referral Required |
| 4281 | INSERT PERM TUBE ESOPHAG | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 42810 | EXCISION, BRACHIAL CLEFT CYS | 07/01/2005 | $308.46 | 0.0% | 0.0% | N | Referral Required |
| 42815 | EXCISION, BRACHIAL CLEFT CYS | 07/01/2005 | $484.45 | 0.0% | 0.0% | N | Referral Required |
| 4282 | SUTURE ESOPHAGEAL LACER | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 42820 | TONSILLECTOMY AND ADENOIDECTOMY | 07/01/2005 | $278.62 | 0.0% | 0.0% | N | Referral Required |
| 42821 | TONSILLECTOMY & ADENOIDECTOMY | 07/01/2005 | $301.90 | 0.0% | 0.0% | N | Referral Required |
| 42825 | TONSILLECTOMY PRI OR SEC UND | 07/01/2005 | $250.99 | 0.0% | 0.0% | N | Referral Required |
| 42826 | TONSILLECTOMY PRIMARY AND SE | 07/01/2005 | $251.68 | 0.0% | 0.0% | N | Referral Required |
| 4283 | ESOPHAGOSTOMY CLOSURE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 42830 | ADENOIDECTOMY, PRIMARY UNDER | 07/01/2005 | $178.69 | 0.0% | 0.0% | N | Referral Required |
| 42831 | ADENOIDECTOMY, PRIMARY, AGE | 07/01/2005 | $186.54 | 0.0% | 0.0% | N | Referral Required |
| 42835 | ADENOIDECTOMY | 07/01/2005 | $191.57 | 0.0% | 0.0% | N | Referral Required |
| 42836 | ADENOIDECTOMY, SECONDARY, AG | 07/01/2005 | $240.34 | 0.0% | 0.0% | N | Referral Required |
| 4284 | ESOPH FISTULA REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 42842 | RADICAL RESECTION TONSIL,TON | 07/01/2005 | $589.33 | 0.0% | 0.0% | N | Referral Required |
| 42844 | RADICAL RESECTION TONSIL, CL | 07/01/2005 | $916.22 | 0.0% | 0.0% | N | Referral Required |
| 42845 | RADICAL RESECTION TONSIL, CL | 07/01/2005 | $1,500.98 | 0.0% | 0.0% | N | Referral Required |
| 4285 | ESOPHAG STRICTURE REPAIR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4286 | PROD SUBQ TUNNEL NO ANAS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 42860 | EXCISION, TONSIL TAGS | 07/01/2005 | $184.54 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 4287 | ESOPHAGEAL GRAFT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 42870 | EXCISION, LINGUAL TONSIL | 07/01/2005 | $405.39 | 0.0% | 0.0% | N | Referral Required |
| 4289 | ESOPHAGEAL REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 42890 | LIMITED PHARYNGECTOMY | 07/01/2005 | $846.68 | 0.0% | 0.0% | N | Referral Required |
| 42892 | RESECTION LATERAL PHARYNGEAL | 07/01/2005 | $1,009.41 | 0.0% | 0.0% | N | Referral Required |
| 42894 | RESECTION PHARYNGEAL WALL RE | 07/01/2005 | $1,427.55 | 0.0% | 0.0% | N | Referral Required |
| 42900 | SUTURE, PHARYNX | 07/01/2005 | $325.90 | 0.0% | 0.0% | N | Referral Required |
| 4291 | INJECT/LIGAT ESOPH VARIX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4292 | ESOPHAGEAL DILATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 42950 | PHARYNGOPLASTY | 07/01/2005 | $553.15 | 0.0% | 0.0% | N | Referral Required |
| 42953 | PHARYNGOESOPHAGEAL REPAIR | 07/01/2005 | $637.72 | 0.0% | 0.0% | N | Referral Required |
| 42955 | PHARYNGOSTOMY | 07/01/2005 | $493.87 | 0.0% | 0.0% | N | Referral Required |
| 42960 | CNTRL OROPHARYNGEAL HEMORRHA | 07/01/2005 | $157.32 | 0.0% | 0.0% | N | Referral Required |
| 42961 | CONTROL OROPHARYNGEAL HEMORR | 07/01/2005 | $383.55 | 0.0% | 0.0% | N | Referral Required |
| 42962 | CONTROL OROPHARYNGEAL HEMORR | 07/01/2005 | $476.04 | 0.0% | 0.0% | N | Referral Required |
| 42970 | CTRL NASOPHARYNGEAL HEMORRHA | 07/01/2005 | $333.99 | 0.0% | 0.0% | N | Referral Required |
| 42971 | CTRL.NASOPHARYNGEAL HEMORRHA | 07/01/2005 | $429.57 | 0.0% | 0.0% | N | Referral Required |
| 42972 | CONTROL NASOPHARYNGEAL HEMOR | 07/01/2005 | $458.28 | 0.0% | 0.0% | N | Referral Required |
| 4299 | ESOPHAGEAL OPERATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 42999 | UNLISTED PROC, T/A OR PHARYN | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 430 | GASTROTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 43020 | ESOPHAGOTOMY | 07/01/2005 | $527.62 | 0.0% | 0.0% | N | Referral Required |
| 43030 | CRICOPHARYNGEAL MYOTOMY | 07/01/2005 | $518.96 | 0.0% | 0.0% | N | Referral Required |
| 43045 | ESOPHAGOTOMY | 07/01/2005 | $1,131.72 | 0.0% | 0.0% | N | Referral Required |
| 43100 | EXCISION, LESION, ESOPHAGUS | 07/01/2005 | $595.61 | 0.0% | 0.0% | N | Referral Required |
| 43101 | EXCISION, LESION, ESOPHAGUS | 07/01/2005 | $909.85 | 0.0% | 0.0% | N | Referral Required |
| 43107 | TOTAL ESOPHAGECTOMY W/W/O PY | 07/01/2005 | $2,110.86 | 0.0% | 0.0% | N | Referral Required |
| 43108 | TOTAL ESOPHAGECTOMY W/INTTER | 07/01/2005 | $1,841.61 | 0.0% | 0.0% | N | Referral Required |
| 4311 | PERCUTANEOUS ENDOSCOPIC GASTROST | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 43112 | TOTAL ESOPHAGECTOMY W/THORAC | 07/01/2005 | $2,295.69 | 0.0% | 0.0% | N | Referral Required |
| 43113 | ESOPHAGECTOMY W/THORACOTOMY | 07/01/2005 | $1,890.39 | 0.0% | 0.0% | N | Referral Required |
| 43116 | PARTIAL ESOPHAGECTOMY,GRAFT/ | 07/01/2005 | $1,782.50 | 0.0% | 0.0% | N | Referral Required |
| 43117 | PARTIAL ESOPHAGECTOMY W/W/O | 07/01/2005 | $2,115.62 | 0.0% | 0.0% | N | Referral Required |
| 43118 | PARTIAL ESOPHAGECTOMY W/INTE | 07/01/2005 | $1,781.11 | 0.0% | 0.0% | N | Referral Required |
| 43121 | PARTIAL ESOPHAGECTOMY W/THOR | 07/01/2005 | $1,612.15 | 0.0% | 0.0% | N | Referral Required |
| 43122 | PARTIAL ESOPHAGECTOMY W/ESOP | 07/01/2005 | $2,095.96 | 0.0% | 0.0% | N | Referral Required |
| 43123 | PARTIAL ESOPHAGECTOMY W/INTE | 07/01/2005 | $1,782.61 | 0.0% | 0.0% | N | Referral Required |
| 43124 | TOTAL OR PARTIAL ESOPHAGECTO | 07/01/2005 | $1,538.05 | 0.0% | 0.0% | N | Referral Required |
| 43130 | DIVERTICULECTOMY | 07/01/2005 | $741.28 | 0.0% | 0.0% | N | Referral Required |
| 43135 | DIVERTICULECTOMY | 07/01/2005 | $946.83 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 4319 | OTHER GASTROSTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 43200 | ESOPHAGOSCOPY | 07/01/2005 | $320.75 | 0.0% | 0.0% | N | Referral Required |
| 43201 | ESOPHAGOSCOPY, RIGID OR FLEXIBLE; | 07/01/2005 | $214.08 | 0.0% | 0.0% | N | Referral Required |
| 43202 | ESOPHAGOSCOPY | 07/01/2005 | $283.52 | 0.0% | 0.0% | N | Referral Required |
| 43204 | ESOPHAGOSCOPY, RIGID OR FIBE | 07/01/2005 | $195.44 | 0.0% | 0.0% | N | Referral Required |
| 43205 | WITH BAND LIGATION OF ESOPHA | 07/01/2005 | $195.97 | 0.0% | 0.0% | N | Referral Required |
| 43215 | ESOPHAGOSCOPY | 07/01/2005 | $138.30 | 0.0% | 0.0% | N | Referral Required |
| 43216 | W/REMOVAL TUMORS,POLYPS,OR O | 07/01/2005 | $128.76 | 0.0% | 0.0% | N | Referral Required |
| 43217 | ESOPHAGOSCOPY FOR REMOVAL OF | 07/01/2005 | $152.07 | 0.0% | 0.0% | N | Referral Required |
| 43219 | ESPOHAGOSCOPY FOR INSSERTION | 07/01/2005 | $150.94 | 0.0% | 0.0% | N | Referral Required |
| 43220 | ESOPHAGOSCOPY, RIGID OR FLEXIBLE | 07/01/2005 | $115.42 | 0.0% | 0.0% | N | Referral Required |
| 43226 | ESOPHAGOSCOPY FOR INSERTION | 07/01/2005 | $126.38 | 0.0% | 0.0% | N | Referral Required |
| 43227 | ESOPHAGOSCOPY FOR CONTROL OF | 07/01/2005 | $187.01 | 0.0% | 0.0% | N | Referral Required |
| 43228 | FOR ABLATION OF TUMORS, POLY | 07/01/2005 | $198.73 | 0.0% | 0.0% | N | Referral Required |
| 43231 | ESOPHAGOSCOPY | 07/01/2005 | $171.32 | 0.0% | 0.0% | N | Referral Required |
| 43232 | ESOPHAGOSCOPY | 07/01/2005 | $237.01 | 0.0% | 0.0% | N | Referral Required |
| 43234 | UPPER GI ENDOSCOPY SIMPLE PR | 07/01/2005 | $225.95 | 0.0% | 0.0% | N | Referral Required |
| 43235 | ESOPHAGOGASTRODUODENOSCOPY | 07/01/2005 | $299.05 | 0.0% | 0.0% | N | Referral Required |
| 43236 | UPPER GI ENDOSCOPY INC ESOPHAGUS, | 07/01/2005 | $251.17 | 0.0% | 0.0% | N | Referral Required |
| 43237 | WITH ENDOSCOPIC ULTRASOUND EXAM | 07/01/2005 | $209.06 | 0.0% | 0.0% | N | Referral Required |
| 43238 | WITH TRANSENDOSCOPIC ULTRASOUND | 07/01/2005 | $260.39 | 0.0% | 0.0% | N | Referral Required |
| 43239 | ESOPHAGOGASTROSCOPY | 07/01/2005 | $330.05 | 0.0% | 0.0% | N | Referral Required |
| 43240 | UPPER GI ENDOSCOPY | 07/01/2005 | $351.57 | 0.0% | 0.0% | N | Referral Required |
| 43241 | UPPER GASTROINTESTINAL ENDOS | 07/01/2005 | $137.73 | 0.0% | 0.0% | N | Referral Required |
| 43242 | UPPER GI ENDOSCOPY | 07/01/2005 | $355.56 | 0.0% | 0.0% | N | Referral Required |
| 43243 | UPPER GASTROINTESTINAL ENDOS | 07/01/2005 | $234.36 | 0.0% | 0.0% | N | Referral Required |
| 43244 | UPPER GASTRO ENDOSCOPY W/BAN | 07/01/2005 | $257.58 | 0.0% | 0.0% | N | Referral Required |
| 43245 | UPPER GI ENDOSCOPY FOR DIL G | 07/01/2005 | $176.49 | 0.0% | 0.0% | N | Referral Required |
| 43246 | UPPER GL ENDOSCOPY FOR PLACE | 07/01/2005 | $221.01 | 0.0% | 0.0% | N | Referral Required |
| 43247 | ESOPHAGOGASTRODUODENOSCOPY | 07/01/2005 | $176.64 | 0.0% | 0.0% | N | Referral Required |
| 43248 | W/INSERT OF GUIDE WIRE FOLLO | 07/01/2005 | $165.31 | 0.0% | 0.0% | N | Referral Required |
| 43249 | GASTROINTESTINAL ENDOSCOPY W | 07/01/2005 | $153.02 | 0.0% | 0.0% | N | Referral Required |
| 43250 | W/REMOVAL OF TUMORS,POLYPS,O | 07/01/2005 | $167.16 | 0.0% | 0.0% | N | Referral Required |
| 43251 | REMOVAL POLYPOID LESION | 07/01/2005 | $191.80 | 0.0% | 0.0% | N | Referral Required |
| 43255 | UPPER GASTROINTESTINAL ENDOS | 07/01/2005 | $242.19 | 0.0% | 0.0% | N | Referral Required |
| 43256 | UPPER GI ENDOSCOPY W/STENT PLCMNT | 07/01/2005 | $224.58 | 0.0% | 0.0% | N | Referral Required |
| 43257 | UPPER GASTROINTESTINAL ENDOSCOPY | 07/01/2005 | $291.31 | 0.0% | 0.0% | N | Referral Required |
| 43258 | UPPER GASTRO ENDOSCOPY W/FUL | 07/01/2005 | $233.50 | 0.0% | 0.0% | N | Referral Required |
| 43259 | W/ ENDOSCOPIC ULTRASOUND EXA | 07/01/2005 | $253.32 | 0.0% | 0.0% | N | Referral Required |
| 43260 | ENDSCPIC RTRGRD CHOLANGIOPAN | 07/01/2005 | $302.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 43261 | WITH BIOPSY, SINGLE OR MULTI | 07/01/2005 | $317.48 | 0.0% | 0.0% | N | Referral Required |
| 43262 | ENDOSCOPIC RETROGRADE CHOLAN | 07/01/2005 | $372.25 | 0.0% | 0.0% | N | Referral Required |
| 43263 | ERCP FOR PRESSURE MESURE OF | 07/01/2005 | $366.54 | 0.0% | 0.0% | N | Referral Required |
| 43264 | UPPER GASTRO ENDOSCOPY INCL | 07/01/2005 | $446.03 | 0.0% | 0.0% | N | Referral Required |
| 43265 | ERCP FOR DESTRUCT LITHOTRIPS | 07/01/2005 | $500.06 | 0.0% | 0.0% | N | Referral Required |
| 43267 | ERCP FOR INSERTION OF NASOBI | 07/01/2005 | $372.58 | 0.0% | 0.0% | N | Referral Required |
| 43268 | ENDOSCOPIC RETROGRADE CHOLAN | 07/01/2005 | $372.25 | 0.0% | 0.0% | N | Referral Required |
| 43269 | ERCP, FOR REMOVAL OR CHANGE | 07/01/2005 | $410.53 | 0.0% | 0.0% | N | Referral Required |
| 43271 | ERCP FOR BALLOON DILATION OF | 07/01/2005 | $371.91 | 0.0% | 0.0% | N | Referral Required |
| 43272 | ERCP FOR ABLATION OF TUMOR/M | 07/01/2005 | $372.58 | 0.0% | 0.0% | N | Referral Required |
| 43280 | LAPAROSCOPY | 07/01/2005 | $931.73 | 0.0% | 0.0% | N | Referral Required |
| 43289 | LAPAROSCOPY UNLISTED ESOPHAGUS | 01/01/2000 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 433 | PYLOROMYOTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 43300 | ESLPNAGOPLASTY, CERVICAL APP | 07/01/2005 | $586.02 | 0.0% | 0.0% | N | Referral Required |
| 43305 | ESOPHAGOPLASTY | 07/01/2005 | $1,074.91 | 0.0% | 0.0% | N | Referral Required |
| 43310 | ESOPHAGOPLASTY | 07/01/2005 | $1,451.77 | 0.0% | 0.0% | N | Referral Required |
| 43312 | ESOPHAGOPLASTY | 07/01/2005 | $1,661.58 | 0.0% | 0.0% | N | Referral Required |
| 43313 | ESOPHAGOPLASTY | 07/01/2005 | $2,456.90 | 0.0% | 0.0% | N | Referral Required |
| 43314 | ESOPHAGOPLASTY | 07/01/2005 | $2,706.30 | 0.0% | 0.0% | N | Referral Required |
| 43320 | ESOPHAGOGASTROSTOMY | 07/01/2005 | $1,098.93 | 0.0% | 0.0% | N | Referral Required |
| 43324 | FUNDOPLASTY, ESOPHAGOGASTRIC | 07/01/2005 | $1,095.34 | 0.0% | 0.0% | N | Referral Required |
| 43325 | ESOPHAGOGASTRIC FUNDOPLASTY | 07/01/2005 | $1,085.25 | 0.0% | 0.0% | N | Referral Required |
| 43326 | ESOPHAGOGASTRIC FUNDOPLASTY | 07/01/2005 | $1,085.53 | 0.0% | 0.0% | N | Referral Required |
| 43330 | ESOPHAGOMYOTOMY W/OR W/O HIA | 07/01/2005 | $1,062.50 | 0.0% | 0.0% | N | Referral Required |
| 43331 | HELLER PROCEDURE | 07/01/2005 | $1,136.90 | 0.0% | 0.0% | N | Referral Required |
| 43340 | ESOPHAGOJEJUNOSTOMY | 07/01/2005 | $1,074.42 | 0.0% | 0.0% | N | Referral Required |
| 43341 | ESOPHAGEJEJUNOSTOMYTHORACIC | 07/01/2005 | $1,158.78 | 0.0% | 0.0% | N | Referral Required |
| 43350 | ESOPHAGOSTOMY | 07/01/2005 | $935.82 | 0.0% | 0.0% | N | Referral Required |
| 43351 | ESOPHAGOSTOMY | 07/01/2005 | $1,048.53 | 0.0% | 0.0% | N | Referral Required |
| 43352 | ESOPHAGOSTOMY FISTULIZATION | 07/01/2005 | $889.48 | 0.0% | 0.0% | N | Referral Required |
| 43360 | GASTROINTESTIONAL RECONSTRUC | 07/01/2005 | $1,915.76 | 0.0% | 0.0% | N | Referral Required |
| 43361 | GASTROINTESTINAL RECONSTRUCT | 07/01/2005 | $2,114.65 | 0.0% | 0.0% | N | Referral Required |
| 43400 | LIGATION, ESOPHAGEAL VARICES | 07/01/2005 | $1,126.52 | 0.0% | 0.0% | N | Referral Required |
| 43401 | TRANSECTION OF ESOPHAGUS REP | 07/01/2005 | $1,168.36 | 0.0% | 0.0% | N | Referral Required |
| 43405 | LIGATION/STAPLING GASTROESOP | 07/01/2005 | $1,062.27 | 0.0% | 0.0% | N | Referral Required |
| 4341 | GASTRIC POLYPECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 43410 | SUTURE, ESOPHAGEAL WOUND | 07/01/2005 | $814.74 | 0.0% | 0.0% | N | Referral Required |
| 43415 | SUTURE, ESOPHAGEAL WOUND | 07/01/2005 | $1,347.91 | 0.0% | 0.0% | N | Referral Required |
| 4342 | LOCAL GASTR EXCISION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 43420 | ESOPHAGOSTOMY CLOSURE | 07/01/2005 | $834.40 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 43425 | CLOSE ESOPHAGOSTOMY OR FISTU | 07/01/2005 | $1,157.61 | 0.0% | 0.0% | N | Referral Required |
| 43450 | DILATION, ESOPHAGUS | 07/01/2005 | $99.49 | 0.0% | 0.0% | N | Referral Required |
| 43453 | DILATION OF ESOPHAGUS OVER G | 07/01/2005 | $78.26 | 0.0% | 0.0% | N | Referral Required |
| 43456 | DILATION ESOPHAGUS BY BALLOO | 07/01/2005 | $130.39 | 0.0% | 0.0% | N | Referral Required |
| 43458 | DILATION ESOPHAGUS W/BALLOON | 07/01/2005 | $154.86 | 0.0% | 0.0% | N | Referral Required |
| 43460 | ESOPHAGOGASTRIC TAMPONADE W/ | 07/01/2005 | $191.48 | 0.0% | 0.0% | N | Referral Required |
| 4349 | LOCAL GASTR DESTRUCT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 43496 | FREE JEJUNUM TRANSFER W/MICR | 01/01/1997 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 43499 | MULTIPLE ENDOSCOPIC PROCS | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 435 | PROXIMAL GASTRECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 43500 | GASTROTOMY | 07/01/2005 | $585.88 | 0.0% | 0.0% | N | Referral Required |
| 43501 | GASTROTOMY,W/SUTURE REPAIR B | 07/01/2005 | $1,042.39 | 0.0% | 0.0% | N | Referral Required |
| 43502 | GASTROTOMY;W/REPAIR ESOPHAGO | 07/01/2005 | $1,201.70 | 0.0% | 0.0% | N | Referral Required |
| 43510 | GASTROTOMY W/ESOPHAGEAL DILA | 07/01/2005 | $734.97 | 0.0% | 0.0% | N | Referral Required |
| 43520 | PYLOROMYOTOMY | 07/01/2005 | $564.25 | 0.0% | 0.0% | N | Referral Required |
| 436 | DISTAL GASTRECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 43600 | GASTRIC BIOPSY | 07/01/2005 | $105.43 | 0.0% | 0.0% | N | Referral Required |
| 43605 | GASTRIC BIOPSY | 07/01/2005 | $631.58 | 0.0% | 0.0% | N | Referral Required |
| 43610 | EXCISION, ULCER, STOMACH | 07/01/2005 | $772.67 | 0.0% | 0.0% | N | Referral Required |
| 43611 | MALIGNANT TUMOR OF STOMACH | 07/01/2005 | $935.64 | 0.0% | 0.0% | N | Referral Required |
| 43620 | GASTRECTOMY | 07/01/2005 | $1,549.01 | 0.0% | 0.0% | N | Referral Required |
| 43621 | WITH ROUX-EN-Y RECONSTRUCTIO | 07/01/2005 | $1,585.70 | 0.0% | 0.0% | N | Referral Required |
| 43622 | WITH FORMATION OF INTESTINAL | 07/01/2005 | $1,671.85 | 0.0% | 0.0% | N | Referral Required |
| 43631 | GASTRECTOMY,PARTIAL,DISTAL,W | 07/01/2005 | $1,170.72 | 0.0% | 0.0% | N | Referral Required |
| 43632 | WITH GASTROJEJUNOSTOMY | 07/01/2005 | $1,171.24 | 0.0% | 0.0% | N | Referral Required |
| 43633 | WITH ROUX-EN-Y RECONTRUCTION | 07/01/2005 | $1,195.14 | 0.0% | 0.0% | N | Referral Required |
| 43634 | WITH FORMATION OF INTESTINAL | 07/01/2005 | $1,302.26 | 0.0% | 0.0% | N | Referral Required |
| 43635 | VAGOTOMY WITH PARTIAL DISTAL | 07/01/2005 | $102.46 | 0.0% | 0.0% | N | Referral Required |
| 43638 | GASTRECTOMY,PARTIAL,PROXIMAL | 07/01/2005 | $1,485.56 | 0.0% | 0.0% | N | Referral Required |
| 43639 | WITH PYLOROPLASTY OR PYLOROM | 07/01/2005 | $1,515.86 | 0.0% | 0.0% | N | Referral Required |
| 43640 | VAGOTOMY AND PYLOROPLASTY | 07/01/2005 | $895.35 | 0.0% | 0.0% | N | Referral Required |
| 43641 | EXCISION PARIETAL CELL | 07/01/2005 | $908.02 | 0.0% | 0.0% | N | Referral Required |
| 43644 | LAPAROSCOPY, SURGICAL, | 07/01/2005 | $1,499.69 | 0.0% | 0.0% | Y | Referral Required |
| 43645 | LAPARASCOPY W GASTRIC | 07/01/2005 | $1,615.00 | 0.0% | 0.0% | Y | Referral Required |
| 43651 | LAPAROSCOPY | 07/01/2005 | $539.86 | 0.0% | 0.0% | N | Referral Required |
| 43652 | LAPAROSCOPY | 07/01/2005 | $642.99 | 0.0% | 0.0% | N | Referral Required |
| 43653 | LAPAROSCOPY GASTROSTOMY | 07/01/2005 | $436.92 | 0.0% | 0.0% | N | Referral Required |
| 43659 | LAPAROSCOPY | 04/01/2004 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 437 | PART GASTREC W JEJ ANAST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 43750 | PERCUTANEOUS PLACEMENT OF GA | 07/01/2005 | $257.48 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 43752 | NASO/ORO-GASTRIC TUBE PLACEMENT | 07/01/2005 | $40.84 | 0.0% | 0.0% | N | Referral Required |
| 43760 | CHANGE OF GASTROSTOMY TUBE; | 07/01/2005 | $89.42 | 0.0% | 0.0% | N | Referral Required |
| 43761 | REPOSITION GASTRIC FEEDING T | 07/01/2005 | $101.58 | 0.0% | 0.0% | N | Referral Required |
| 43800 | PYLOROPLASTY | 07/01/2005 | $730.37 | 0.0% | 0.0% | N | Referral Required |
| 4381 | PART GAST W JEJ TRANSPOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 43810 | GASTRODUODENOSTOMY | 07/01/2005 | $776.69 | 0.0% | 0.0% | N | Referral Required |
| 43820 | GASTROJEJUNOSTOMY | 07/01/2005 | $811.02 | 0.0% | 0.0% | N | Referral Required |
| 43825 | GASTROJEJUNOSTOMY | 07/01/2005 | $1,002.05 | 0.0% | 0.0% | N | Referral Required |
| 43830 | GASTROSTOMY | 07/01/2005 | $522.78 | 0.0% | 0.0% | N | Referral Required |
| 43831 | GASTROSTOMY | 07/01/2005 | $451.34 | 0.0% | 0.0% | N | Referral Required |
| 43832 | GASTROSTOMY | 07/01/2005 | $835.21 | 0.0% | 0.0% | N | Referral Required |
| 43840 | GASTRORRHAPHY | 07/01/2005 | $820.22 | 0.0% | 0.0% | N | Referral Required |
| 43842 | GASTRIC RESTRICTIVE PROCEDUR | 07/01/2005 | $1,063.73 | 0.0% | 0.0% | Y | Referral Required |
| 43843 | GASTROPLASTY, OTHER THAN VER | 07/01/2005 | $1,070.92 | 0.0% | 0.0% | Y | Referral Required |
| 43845 | GASTRIC RESTRICTIVE PROCEDURE WITH | 07/01/2005 | $1,615.00 | 0.0% | 0.0% | Y | Referral Required |
| 43846 | GASTRIC BYPASS, WITH ROUX-EN | 07/01/2005 | $1,353.44 | 0.0% | 0.0% | Y | Referral Required |
| 43847 | GASTRIC PROCEDURE; W/BOWEL R | 07/01/2005 | $1,512.87 | 0.0% | 0.0% | Y | Referral Required |
| 43848 | REVISION OF GASTRIC PROCEDUR | 07/01/2005 | $1,647.99 | 0.0% | 0.0% | Y | Referral Required |
| 43850 | REVISION OF GASTRODUODENAL A | 07/01/2005 | $1,270.09 | 0.0% | 0.0% | Y | Referral Required |
| 43855 | RVSN GASTROENTERIC ANASTOMOS | 07/01/2005 | $1,345.76 | 0.0% | 0.0% | N | Referral Required |
| 43860 | REVISION OF GASTROJEJUNOSTOM | 07/01/2005 | $1,286.56 | 0.0% | 0.0% | N | Referral Required |
| 43865 | REVISION OF GASTROJEJUNAL AN | 07/01/2005 | $1,364.29 | 0.0% | 0.0% | N | Referral Required |
| 43870 | GASTROSTOMY CLOSURE | 07/01/2005 | $534.20 | 0.0% | 0.0% | N | Referral Required |
| 43880 | CLOSURE, FISTULA, GASTROCOLI | 07/01/2005 | $1,281.87 | 0.0% | 0.0% | N | Referral Required |
| 4389 | PARTIAL GASTRECTOMY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4391 | TOT GAST W INTES INTERPO | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4399 | TOTAL GASTRECTOMY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 43999 | UNLISTED PROCEDURE, STOMACH | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 440 | VAGOTOMY | 01/01/1993 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4400 | VAGOTOMY NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 44005 | ENTEROLYSIS | 07/01/2005 | $854.13 | 0.0% | 0.0% | N | Referral Required |
| 4401 | TRUNCAL VAGOTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 44010 | DUODENOTOMY | 07/01/2005 | $683.94 | 0.0% | 0.0% | N | Referral Required |
| 44015 | NEEDLE CATH JEJUNOSTOMY FOR | 07/01/2005 | $129.62 | 0.0% | 0.0% | N | Referral Required |
| 4402 | HIGHLY SELECT VAGOTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 44020 | ENTEROTOMY | 07/01/2005 | $742.27 | 0.0% | 0.0% | N | Referral Required |
| 44021 | ENTEROTOMY; SMALL BOWEL OTHE | 07/01/2005 | $760.33 | 0.0% | 0.0% | N | Referral Required |
| 44025 | ENTEROTOMY | 07/01/2005 | $755.86 | 0.0% | 0.0% | N | Referral Required |
| 4403 | SELECTIVE VAGOTOMY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 44050 | REDUCTION, VOLVULUS | 07/01/2005 | $744.09 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 44055 | CORR OF MALROTATION BY LYSIS | 07/01/2005 | $1,130.07 | 0.0% | 0.0% | N | Referral Required |
| 44100 | BIOPSY, INTESTINES | 07/01/2005 | $110.54 | 0.0% | 0.0% | N | Referral Required |
| 4411 | TRANSABDOMIN GASTROSCOPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 44110 | EXCISION, LESION, BOWEL | 07/01/2005 | $636.34 | 0.0% | 0.0% | N | Referral Required |
| 44111 | EXCISION, LESION, BOWEL | 07/01/2005 | $771.26 | 0.0% | 0.0% | N | Referral Required |
| 4412 | GASTROSCOPY THRU STOMA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 44120 | ENTERECTOMY | 07/01/2005 | $892.06 | 0.0% | 0.0% | N | Referral Required |
| 44121 | ENTERECTOMY; EACH ADDITIONAL | 07/01/2005 | $221.31 | 0.0% | 0.0% | N | Referral Required |
| 44125 | ENTERECTOMY | 07/01/2005 | $918.30 | 0.0% | 0.0% | N | Referral Required |
| 44126 | ENTERECTOMY OF SMALL INTESTINE | 07/01/2005 | $1,879.20 | 0.0% | 0.0% | N | Referral Required |
| 44127 | ENTERECTOMY OF SMALL INTESTINE | 07/01/2005 | $2,161.54 | 0.0% | 0.0% | N | Referral Required |
| 44128 | ENTERECTOMY OF SMALL INTESTINE | 07/01/2005 | $227.26 | 0.0% | 0.0% | N | Referral Required |
| 4413 | GASTROSCOPY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 44130 | ENTEROENTEROSTOMY | 07/01/2005 | $768.08 | 0.0% | 0.0% | N | Referral Required |
| 44132 | DONOR ENTERECTOMY COLD PRESERVAT | 01/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 44133 | DONOR ENTERECTOMY PARTIAL | 01/01/2001 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 44135 | INTESTINAL ALLOTRANSPLANTATION | 07/01/2005 | $5,127.33 | 0.0% | 0.0% | Y | Referral Required |
| 44136 | INTESTINAL ALLOTRANSPLANTATION | 07/01/2005 | $5,540.05 | 0.0% | 0.0% | Y | Referral Required |
| 44137 | REMOVAL OF TRANSPLANTED | 07/01/2005 | $1,104.27 | 0.0% | 0.0% | Y | Referral Required |
| 44139 | MOBILIZATION SPLENIC FLEXURE | 07/01/2005 | $110.56 | 0.0% | 0.0% | N | Referral Required |
| 4414 | ENDOSCOPIC GASTRIC BX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 44140 | COLECTOMY | 07/01/2005 | $1,104.27 | 0.0% | 0.0% | N | Referral Required |
| 44141 | COLECTOMY | 07/01/2005 | $1,132.13 | 0.0% | 0.0% | N | Referral Required |
| 44143 | HARTMANN PROCEDURE | 07/01/2005 | $1,298.60 | 0.0% | 0.0% | N | Referral Required |
| 44144 | COLECTOMY | 07/01/2005 | $1,197.74 | 0.0% | 0.0% | N | Referral Required |
| 44145 | COLECTOMY | 07/01/2005 | $1,384.78 | 0.0% | 0.0% | N | Referral Required |
| 44146 | COLECTOMY | 07/01/2005 | $1,540.59 | 0.0% | 0.0% | N | Referral Required |
| 44147 | COLECTOMY, PARTIAL, WITH ANA | 07/01/2005 | $1,112.62 | 0.0% | 0.0% | N | Referral Required |
| 4415 | OPEN BIOPSY OF STOMACH | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 44150 | COLECTOMY;W/O PROCTECTOMY W/ | 07/01/2005 | $1,364.72 | 0.0% | 0.0% | N | Referral Required |
| 44151 | COLECTOMY TOTAL W/CONTINENT | 07/01/2005 | $1,523.45 | 0.0% | 0.0% | N | Referral Required |
| 44152 | COLECTOMY TOTAL W/RECTAL MUC | 07/01/2005 | $1,606.83 | 0.0% | 0.0% | N | Referral Required |
| 44153 | COLECTOMY W/RECTAL MUCOSECTO | 07/01/2005 | $1,693.34 | 0.0% | 0.0% | N | Referral Required |
| 44155 | COLECTOMY | 07/01/2005 | $1,548.92 | 0.0% | 0.0% | N | Referral Required |
| 44156 | COLECTOMY,TOTAL,ABDOMINAL W/ | 07/01/2005 | $1,738.22 | 0.0% | 0.0% | N | Referral Required |
| 44160 | COLECTOMY WITH REMOVAL OF TE | 07/01/2005 | $984.37 | 0.0% | 0.0% | N | Referral Required |
| 4419 | GASTRIC DIAGNOS PROC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 44200 | LAPAROSCOPY ENTEROLYSIS | 07/01/2005 | $770.89 | 0.0% | 0.0% | N | Referral Required |
| 44201 | LAPAROSCOPY JEJUNOSTOMY | 07/01/2005 | $540.29 | 0.0% | 0.0% | N | Referral Required |
| 44202 | LAPAROSCOPY JEJUNOSTOMY | 07/01/2005 | $1,157.39 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 44203 | LAPAROSCOPY EACH ADDITIONAL | 07/01/2005 | $221.31 | 0.0% | 0.0% | N | Referral Required |
| 44204 | LAPAROSCOPY, COLECTOMY | 07/01/2005 | $1,281.76 | 0.0% | 0.0% | N | Referral Required |
| 44205 | LAPAROSCOPY, COLECTOMY | 07/01/2005 | $1,136.04 | 0.0% | 0.0% | N | Referral Required |
| 44206 | LAPAROSCOPY; COLECTOMY, PARTIAL, | 07/01/2005 | $1,318.22 | 0.0% | 0.0% | N | Referral Required |
| 44207 | LAPAROSCOPY; COLECTOMY, PARTIAL, | 07/01/2005 | $1,443.85 | 0.0% | 0.0% | N | Referral Required |
| 44208 | LAPAROSCOPY; COLECTOMY, PARTIAL, | 07/01/2005 | $1,562.73 | 0.0% | 0.0% | N | Referral Required |
| 4421 | DILAT PYLORUS BY INCIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 44210 | LAPAROSCOPY; COLECTOMY, TOTAL, | 07/01/2005 | $1,381.22 | 0.0% | 0.0% | N | Referral Required |
| 44211 | LAPAROSCOPY; COLECTOMY, TOTAL | 07/01/2005 | $1,718.67 | 0.0% | 0.0% | N | Referral Required |
| 44212 | LAPAROSCOPY; COLECTOMY, TOTAL, | 07/01/2005 | $1,604.34 | 0.0% | 0.0% | N | Referral Required |
| 4422 | ENDOSCOPIC DILAT PYLORUS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 44238 | UNLISTED LAPAROSCOPY PROCEDURE, I | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 44239 | UNLISTED LAPAROSCOPY PROCEDURE, R | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4429 | OTHER PYLOROPLASTY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 44300 | TUBE CECOSTOMY/ENTEROSTOMY | 07/01/2005 | $676.26 | 0.0% | 0.0% | N | Referral Required |
| 4431 | HIGH GASTRIC BYPASS | 01/01/1997 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 44310 | ILEOSTOMY | 07/01/2005 | $941.56 | 0.0% | 0.0% | N | Referral Required |
| 44312 | ILEOSTOMY | 07/01/2005 | $471.94 | 0.0% | 0.0% | N | Referral Required |
| 44314 | ILEOSTOMY | 07/01/2005 | $902.28 | 0.0% | 0.0% | N | Referral Required |
| 44316 | CONTINENT ILEOSTOMY | 07/01/2005 | $1,239.67 | 0.0% | 0.0% | N | Referral Required |
| 4432 | PERCUTANEOUS (ENDOSCOPIC) | 08/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 44320 | COLOSTOMY | 07/01/2005 | $1,058.97 | 0.0% | 0.0% | N | Referral Required |
| 44322 | COLOSTOMY W/MULTIPLE BIOPSIE | 07/01/2005 | $796.69 | 0.0% | 0.0% | N | Referral Required |
| 44340 | COLOSTOMY | 07/01/2005 | $448.64 | 0.0% | 0.0% | N | Referral Required |
| 44345 | COLOSTOMY | 07/01/2005 | $851.17 | 0.0% | 0.0% | N | Referral Required |
| 44346 | REV COLOSTOMY W/REPAIR PARAC | 07/01/2005 | $927.80 | 0.0% | 0.0% | N | Referral Required |
| 44360 | SM INTESTINAL ENDOSCOPY, BY | 07/01/2005 | $141.68 | 0.0% | 0.0% | N | Referral Required |
| 44361 | SM. INTESTINAL ENDOSCOPY W/O | 07/01/2005 | $155.58 | 0.0% | 0.0% | N | Referral Required |
| 44363 | S INTESTINAL ENDOSCOPY W/FB | 07/01/2005 | $185.92 | 0.0% | 0.0% | N | Referral Required |
| 44364 | W/REMOVAL OF TUMORS,POLYPS,O | 07/01/2005 | $197.90 | 0.0% | 0.0% | N | Referral Required |
| 44365 | W/REMOVAL TUMORS,POLYPS,OR O | 07/01/2005 | $177.90 | 0.0% | 0.0% | N | Referral Required |
| 44366 | WITH CONTROL OF BLEEDING, AN | 07/01/2005 | $230.45 | 0.0% | 0.0% | N | Referral Required |
| 44369 | W/ABLATION OF TUMORS,POLYPS, | 07/01/2005 | $234.58 | 0.0% | 0.0% | N | Referral Required |
| 44370 | SMALL INTESTINAL ENDOSCOPY | 07/01/2005 | $234.05 | 0.0% | 0.0% | N | Referral Required |
| 44372 | W/PLACEMENT PERCUTANEOUS JEJ | 07/01/2005 | $231.05 | 0.0% | 0.0% | N | Referral Required |
| 44373 | W/CONVERSION PERCUTANEOUS GA | 07/01/2005 | $188.88 | 0.0% | 0.0% | N | Referral Required |
| 44376 | SM INTESTINAL ENDOSCOPY, ENT | 07/01/2005 | $272.56 | 0.0% | 0.0% | N | Referral Required |
| 44377 | WITH BIOPSY, SINGLE OR MULTI | 07/01/2005 | $285.72 | 0.0% | 0.0% | N | Referral Required |
| 44378 | WITH CONTROL OF BLEEDING, AN | 07/01/2005 | $364.44 | 0.0% | 0.0% | N | Referral Required |
| 44379 | SMALL INTESTINAL ENDOSCOPY | 07/01/2005 | $363.98 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 4438 | LAP GASTROENTEROSTOMY | 10/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 44380 | ILEOSCOPY,THRU STOMA;DIAGNOS | 07/01/2005 | $65.35 | 0.0% | 0.0% | N | Referral Required |
| 44382 | FIBEROPTJC ILEOSCOPY W/BIOPS | 07/01/2005 | $77.09 | 0.0% | 0.0% | N | Referral Required |
| 44383 | ILEOSCOPY W/STENT | 07/01/2005 | $158.01 | 0.0% | 0.0% | N | Referral Required |
| 44385 | ENDOSCOPE EVALUATION OF SMAL | 07/01/2005 | $241.39 | 0.0% | 0.0% | N | Referral Required |
| 44386 | WITH BIOPSY, SINGLE OR MULTI | 07/01/2005 | $309.52 | 0.0% | 0.0% | N | Referral Required |
| 44388 | COLONOSCOPY THRU STOMA;DIAGN | 07/01/2005 | $332.96 | 0.0% | 0.0% | N | Referral Required |
| 44389 | WITH BIOPSY, SINGLE OR MULTI | 07/01/2005 | $367.55 | 0.0% | 0.0% | N | Referral Required |
| 4439 | GASTROENTEROSTOMY NEC | 01/01/1997 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 44390 | WITH REMOVAL OF FOREIGN BODY | 07/01/2005 | $362.44 | 0.0% | 0.0% | N | Referral Required |
| 44391 | WITH CONTROL OF BLEEDING ANY | 07/01/2005 | $359.13 | 0.0% | 0.0% | N | Referral Required |
| 44392 | W/REMOVAL OF FOREIGN BODY | 07/01/2005 | $412.79 | 0.0% | 0.0% | N | Referral Required |
| 44393 | W/ABLATION OF TUMORS,POLYPS, | 07/01/2005 | $458.16 | 0.0% | 0.0% | N | Referral Required |
| 44394 | COLONOSCOPY THROUGH STOMA; B | 07/01/2005 | $418.78 | 0.0% | 0.0% | N | Referral Required |
| 44397 | COLONOSCOPY | 07/01/2005 | $244.01 | 0.0% | 0.0% | N | Referral Required |
| 4440 | SUTURE PEPTIC ULCER NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4441 | SUT GASTRIC ULCER SITE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4442 | SUTURE DUODEN ULCER SITE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4443 | ENDOSCOPIC CONTROL OF GASTRIC OR D | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4444 | TRANSCATHETER EMBOLIZATION FOR GAS | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4449 | OTHER CONTROL OF HEMORRHAGE OF ST | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 445 | REVISION GASTRIC ANASTOM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 44500 | INTRODUCTION OF GASTROINTEST | 07/01/2005 | $30.22 | 0.0% | 0.0% | N | Referral Required |
| 44602 | SUTURE SMALL INTESTINE, SINGLE PERF | 07/01/2005 | $839.00 | 0.0% | 0.0% | N | Referral Required |
| 44603 | MULTIPLE PERFORATIONS | 07/01/2005 | $969.61 | 0.0% | 0.0% | N | Referral Required |
| 44604 | SUTURE LARGE INTESTINE FOR P | 07/01/2005 | $845.83 | 0.0% | 0.0% | N | Referral Required |
| 44605 | ENTERORRHAPHY | 07/01/2005 | $1,026.49 | 0.0% | 0.0% | N | Referral Required |
| 4461 | SUTURE GASTRIC LACERAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 44615 | INTESTINAL STRICTUROPLASTY W | 07/01/2005 | $840.69 | 0.0% | 0.0% | N | Referral Required |
| 4462 | GASTROSTOMY CLOSURE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 44620 | CLOSURE, ENTEROSTOMY | 07/01/2005 | $650.32 | 0.0% | 0.0% | N | Referral Required |
| 44625 | CLOSURE, ENTEROSTOMY | 07/01/2005 | $792.17 | 0.0% | 0.0% | N | Referral Required |
| 44626 | CLOSURE ENTEROSTOMY W/RESECTION | 07/01/2005 | $1,303.15 | 0.0% | 0.0% | N | Referral Required |
| 4463 | CLOSE GASTRIC FISTUL NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4464 | GASTROPEXY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 44640 | CLOSURE, FISTULA, INTESTINAL | 07/01/2005 | $1,126.38 | 0.0% | 0.0% | N | Referral Required |
| 4465 | ESOPHAGOGASTROPLASTY | 09/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 44650 | CLOSURE, FISTULA, ENTEROCOLI | 07/01/2005 | $1,170.27 | 0.0% | 0.0% | N | Referral Required |
| 4466 | CREAT ESOPHAGASTR SPHINC | 09/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 44660 | CLOSURE, FISTULA ENTEROVESIC | 07/01/2005 | $1,103.69 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 44661 | CLOSURE ENTEROVESICAL FISTUL | 07/01/2005 | $1,275.37 | 0.0% | 0.0% | N | Referral Required |
| 4467 | LAP CREAT ESOPH SPHINCT | 10/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4468 | LAPAROSCOPIC GASTROPLASTY | 10/01/2004 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 44680 | SUTURE, PLICATION, INTESTINA | 07/01/2005 | $826.21 | 0.0% | 0.0% | N | Referral Required |
| 4469 | GASTRIC REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 44700 | EXCLUSION SMALL BOWEL/PELVIS | 07/01/2005 | $852.07 | 0.0% | 0.0% | N | Referral Required |
| 44701 | INTRAOPERATIVE COLONIC LAVAGE | 07/01/2005 | $144.07 | 0.0% | 0.0% | N | Referral Required |
| 44715 | BACKBENCH STANDARD PREPARATION OF | 07/01/2005 | $852.07 | 0.0% | 0.0% | Y | Referral Required |
| 44720 | BACKBENCH RECONSTRUCTION OF | 07/01/2005 | $255.84 | 0.0% | 0.0% | Y | Referral Required |
| 44721 | BACKBENCH RECONSTRUCTION OF | 07/01/2005 | $366.02 | 0.0% | 0.0% | Y | Referral Required |
| 44799 | UNLISTED PROC, INTESTINE | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 44800 | DIVERTICULECTOMY | 07/01/2005 | $609.93 | 0.0% | 0.0% | N | Referral Required |
| 44820 | EXCISION, LESION, MESENTERY | 07/01/2005 | $651.59 | 0.0% | 0.0% | N | Referral Required |
| 44850 | SUTURE, MESENTERY | 07/01/2005 | $583.46 | 0.0% | 0.0% | N | Referral Required |
| 44899 | UNLISTED PROC, MESENTERY | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 44900 | DRAINAGE, ABSCESS, APPENDICI | 07/01/2005 | $577.24 | 0.0% | 0.0% | N | Referral Required |
| 44901 | I & D OF APPENDICEAL ABSCESS | 07/01/2005 | $290.18 | 0.0% | 0.0% | N | Referral Required |
| 4491 | LIGATE GASTRIC VARICES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4492 | INTRAOP GASTRIC MANIPUL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4493 | INSERT GASTRIC BALLOON | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4494 | REMOVAL GASTRIC BALLOON | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4495 | LAPAROSCOPIC GASTRIC REST PROC | 10/01/2004 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 44950 | APPENDECTOMY | 07/01/2005 | $551.49 | 0.0% | 0.0% | N | Referral Required |
| 44955 | APPENDECTOMY WHEN DONE W/OTH | 07/01/2005 | $76.85 | 0.0% | 0.0% | N | Referral Required |
| 4496 | LAPAROSCOPIC REV OF GASTRIC | 10/01/2004 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 44960 | APPENDECTOMY FOR RUPTURED AP | 07/01/2005 | $678.88 | 0.0% | 0.0% | N | Referral Required |
| 44970 | LAPAROSCOPY APPENDECTOMY | 07/01/2005 | $468.39 | 0.0% | 0.0% | N | Referral Required |
| 44979 | LAPAROSCOPY | 01/01/2000 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4499 | GASTRIC OPERATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4500 | INTESTINAL INCISION NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 45000 | DRAINAGE, ABSCESS, PELVIC | 07/01/2005 | $294.98 | 0.0% | 0.0% | N | Referral Required |
| 45005 | INCISION & DRAINAGE OF SUBMU | 07/01/2005 | $226.17 | 0.0% | 0.0% | N | Referral Required |
| 4501 | DUODENAL INCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4502 | SMALL BOWEL INCISION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 45020 | DRAINAGE, ABSCESS, PELVIRECT | 07/01/2005 | $316.45 | 0.0% | 0.0% | N | Referral Required |
| 4503 | LARGE BOWEL INCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 45100 | BIOPSY, ANO-RECTAL WALL | 07/01/2005 | $299.00 | 0.0% | 0.0% | N | Referral Required |
| 45108 | MYOMECTOMY, ANORECTAL | 07/01/2005 | $391.13 | 0.0% | 0.0% | N | Referral Required |
| 4511 | TRANSAB SM BOWEL ENDOSC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 45110 | PROCTECTOMY | 07/01/2005 | $1,487.27 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 45111 | PROTECTOMY, PARTIAL RESECTIO | 07/01/2005 | $912.59 | 0.0% | 0.0% | N | Referral Required |
| 45112 | PROCTECTOMY | 07/01/2005 | $1,594.85 | 0.0% | 0.0% | N | Referral Required |
| 45113 | PROCTECTOMY,PARTIAL W/MUCOSE | 07/01/2005 | $1,581.96 | 0.0% | 0.0% | N | Referral Required |
| 45114 | PROCTECTMY PARTIAL W ANASTOM | 07/01/2005 | $1,441.71 | 0.0% | 0.0% | N | Referral Required |
| 45116 | PROCTECTOMY PARTIAL TRANSACR | 07/01/2005 | $1,303.91 | 0.0% | 0.0% | N | Referral Required |
| 45119 | PROCTECTOMY,COLO-ANAL ANASTOMOSIS | 07/01/2005 | $1,586.69 | 0.0% | 0.0% | N | Referral Required |
| 4512 | ENDOSC SM BOWEL THRU ST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 45120 | PROCTECTOMY | 07/01/2005 | $1,311.50 | 0.0% | 0.0% | N | Referral Required |
| 45121 | PROTECTOMY COMPLETE W SUBTOT | 07/01/2005 | $1,436.08 | 0.0% | 0.0% | N | Referral Required |
| 45123 | PROCTECTOMY PARTIAL W/O ANAS | 07/01/2005 | $891.62 | 0.0% | 0.0% | N | Referral Required |
| 45126 | PELVIC EXENTERATION COLORECTAL MAL | 07/01/2005 | $2,316.18 | 0.0% | 0.0% | N | Referral Required |
| 4513 | SM BOWEL ENDOSCOPY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 45130 | EXCISION, RECTAL PROCIDENTIA | 07/01/2005 | $869.85 | 0.0% | 0.0% | N | Referral Required |
| 45135 | EXCISION, RECTAL PROCIDENTIA | 07/01/2005 | $1,022.41 | 0.0% | 0.0% | N | Referral Required |
| 45136 | EXCISION OF ILEOANAL | 07/01/2005 | $1,440.97 | 0.0% | 0.0% | N | Referral Required |
| 4514 | ENDOSCOPIC SM BOWEL BX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4515 | OPEN BIOPSY SMALL BOWEL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 45150 | DIVISION, STRICTURE, RECTUM | 07/01/2005 | $407.03 | 0.0% | 0.0% | N | Referral Required |
| 4516 | EGD WITH CLOSED BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 45160 | EXCISION RECTAL TUMOR BY PRO | 07/01/2005 | $806.84 | 0.0% | 0.0% | N | Referral Required |
| 45170 | EXCISION RECTAL TUMOR TRASAN | 07/01/2005 | $624.42 | 0.0% | 0.0% | N | Referral Required |
| 4519 | SM BOWEL DX PROC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 45190 | DESTRUCTION RECTAL TUMOR, TR | 07/01/2005 | $540.56 | 0.0% | 0.0% | N | Referral Required |
| 4521 | TRANSAB LG BOWEL ENDOSC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4522 | ENDOSC LG BOWEL THRU ST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4523 | COLONOSCOPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4524 | FLEXIBLE SIGMOIDOSCOPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4525 | ENDOSCOPIC LG BOWEL BX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4526 | OPEN BIOPSY LARGE BOWEL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4527 | INTESTINAL BIOPSY NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4528 | LG BOWEL DX PROCED NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4529 | BOWEL DIAGNOST PROC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4530 | ENDOSCOPIC EXCSISION OR FEST OF LES | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 45300 | PROCTOSIGMOIDOSCOPY | 07/01/2005 | $58.85 | 0.0% | 0.0% | N | Referral Required |
| 45303 | PROCTOSIGMOIDOSCOPY WITH DIL | 07/01/2005 | $68.12 | 0.0% | 0.0% | N | Referral Required |
| 45305 | PROSCTOSIGMOIDOSCOPY WITH BI | 07/01/2005 | $92.16 | 0.0% | 0.0% | N | Referral Required |
| 45307 | PROCTOSIGMOIDOSCOPY | 07/01/2005 | $125.10 | 0.0% | 0.0% | N | Referral Required |
| 45308 | W/REMOVAL OF SINGLE TUMOR,PO | 07/01/2005 | $84.78 | 0.0% | 0.0% | N | Referral Required |
| 45309 | W/REMOVAL OF SINGLE TUMOR,PO | 07/01/2005 | $155.71 | 0.0% | 0.0% | N | Referral Required |
| 4531 | LOCAL EXCISION DUODENUM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 45315 | PROCTOSIGMOIDOSCOPY-REMOVE M | 07/01/2005 | $147.86 | 0.0% | 0.0% | N | Referral Required |
| 45317 | PROCTOSIGMOIDOSCOPY | 07/01/2005 | $121.74 | 0.0% | 0.0% | N | Referral Required |
| 4532 | DESTRUCT DUODEN LES NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 45320 | PROCTOSIGMOIDOSCOPY W/ABLATI | 07/01/2005 | $122.64 | 0.0% | 0.0% | N | Referral Required |
| 45321 | PORSTOSIGMOIDOSCOPY FOR DECO | 07/01/2005 | $62.43 | 0.0% | 0.0% | N | Referral Required |
| 45327 | PROCTOSIGMOIDOSCOPY | 07/01/2005 | $90.61 | 0.0% | 0.0% | N | Referral Required |
| 4533 | LOCAL EXCIS SM BOWEL NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 45330 | SIGMIDOSCOPY, FLEXIBLE FIBER | 07/01/2005 | $98.86 | 0.0% | 0.0% | N | Referral Required |
| 45331 | SIGMOIDOSCOPY, FLEX FIBEROPT | 07/01/2005 | $121.27 | 0.0% | 0.0% | N | Referral Required |
| 45332 | SIGMOIDOSCOPY, FLEXIBLE FIBE | 07/01/2005 | $210.40 | 0.0% | 0.0% | N | Referral Required |
| 45333 | SIGMOIDOSCOPY, FLEX FIBEROPT | 07/01/2005 | $196.39 | 0.0% | 0.0% | N | Referral Required |
| 45334 | WITH CONTROL OF BLEEDING, AN | 07/01/2005 | $138.18 | 0.0% | 0.0% | N | Referral Required |
| 45335 | SIGMOIDOSCOPY, FLEXIBLE; W/DIRECTED | 07/01/2005 | $126.25 | 0.0% | 0.0% | N | Referral Required |
| 45337 | WITH DECOMPRESSION OF VOLVUL | 07/01/2005 | $119.73 | 0.0% | 0.0% | N | Referral Required |
| 45338 | W/REMOVAL OF TUMORS,POLYPS, | 07/01/2005 | $243.81 | 0.0% | 0.0% | N | Referral Required |
| 45339 | W/ABLATION OF TUMORS,POLYPS, | 07/01/2005 | $235.65 | 0.0% | 0.0% | N | Referral Required |
| 4534 | DESTR SM BOWEL LES NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 45340 | SIGMOIDOSCOPY, FLEXIBLE; W/DILATION | 07/01/2005 | $285.17 | 0.0% | 0.0% | N | Referral Required |
| 45341 | SIGMOIDOSCOPY | 07/01/2005 | $143.49 | 0.0% | 0.0% | N | Referral Required |
| 45342 | SIGMOIDOSCOPY W/ULTRASOUND | 07/01/2005 | $211.43 | 0.0% | 0.0% | N | Referral Required |
| 45345 | SIGMOIDOSCOPY | 07/01/2005 | $155.39 | 0.0% | 0.0% | N | Referral Required |
| 45355 | COLONOSCOPY,RIGID OR FLEXIBL | 07/01/2005 | $173.74 | 0.0% | 0.0% | N | Referral Required |
| 45360 | COLONOSCOPY | 07/01/2005 | $290.52 | 0.0% | 0.0% | N | Referral Required |
| 45365 | COLONOSCOPY | 07/01/2005 | $310.56 | 0.0% | 0.0% | N | Referral Required |
| 45378 | COLONOSCOPY | 07/01/2005 | $427.06 | 0.0% | 0.0% | N | Referral Required |
| 45379 | COLONOSCOPY DIAGNOSTIC W/REM | 07/01/2005 | $445.78 | 0.0% | 0.0% | N | Referral Required |
| 45380 | COLONOSCOPY | 07/01/2005 | $470.05 | 0.0% | 0.0% | N | Referral Required |
| 45381 | COLONOSCOPY, FLEXIBLE; PROXIMAL TO | 07/01/2005 | $342.17 | 0.0% | 0.0% | N | Referral Required |
| 45382 | COLONSCOPY W/CONTROL OF HEMO | 07/01/2005 | $550.47 | 0.0% | 0.0% | N | Referral Required |
| 45383 | W/ABLATION OF TUMORS,POLYPS, | 07/01/2005 | $547.65 | 0.0% | 0.0% | N | Referral Required |
| 45384 | COLONOSCOPY WITH REMOVAL OF | 07/01/2005 | $495.14 | 0.0% | 0.0% | N | Referral Required |
| 45385 | COLONSCOPY W/REMVL OF TUMOR, | 07/01/2005 | $532.70 | 0.0% | 0.0% | N | Referral Required |
| 45386 | COLONOSCOPY, FLEXIBLE, PROXIMAL | 07/01/2005 | $643.62 | 0.0% | 0.0% | N | Referral Required |
| 45387 | COLONOSCOPY W/STENT | 07/01/2005 | $303.63 | 0.0% | 0.0% | N | Referral Required |
| 45391 | COLONOSCOPY, FLEXIBLE, PROXIMAL TO | 07/01/2005 | $268.91 | 0.0% | 0.0% | N | Referral Required |
| 45392 | COLONOSCOPY, FLEXIBLE, PROXIMAL TO | 07/01/2005 | $341.68 | 0.0% | 0.0% | N | Referral Required |
| 4541 | LOCAL EXCISION LG BOWEL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4542 | ENDOSC COLON POLYPECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4543 | ENDOSCOPIC DESTRUCTION OF LESION O | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4549 | DESTRUC LG BOWEL LES NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 4550 | INTEST SEG ISOLAT NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 45500 | PROCTOPLASTY | 07/01/2005 | $412.70 | 0.0% | 0.0% | N | Referral Required |
| 45505 | PROCTOPLASTY | 07/01/2005 | $409.46 | 0.0% | 0.0% | N | Referral Required |
| 4551 | SM BOWEL SEGMENT ISOLAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4552 | LG BOWEL SEGMENT ISOLAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 45520 | SCLEROSING SOLUTION, RECTAL | 07/01/2005 | $45.96 | 0.0% | 0.0% | N | Referral Required |
| 45540 | PROCTOPEXY | 07/01/2005 | $877.22 | 0.0% | 0.0% | N | Referral Required |
| 45541 | PROCTOPEXY | 07/01/2005 | $730.61 | 0.0% | 0.0% | N | Referral Required |
| 45550 | PROCTOPEXY | 07/01/2005 | $1,200.29 | 0.0% | 0.0% | N | Referral Required |
| 45560 | REPAIR OF RECTOCELE (SEPARAT | 07/01/2005 | $596.30 | 0.0% | 0.0% | N | Referral Required |
| 45562 | EXPLORATION, REPAIR, DRAINAG | 07/01/2005 | $823.04 | 0.0% | 0.0% | N | Referral Required |
| 45563 | EXPLORATION,REPAIR,DRAINAGE | 07/01/2005 | $1,253.07 | 0.0% | 0.0% | N | Referral Required |
| 4561 | MULT SEG SM BOWEL EXCIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4562 | PART SM BOWEL RESECT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4563 | TOTAL REMOVAL SM BOWEL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4571 | MULT SEG LG BOWEL EXCIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4572 | CECECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4573 | RIGHT HEMICOLECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4574 | TRANSVERSE COLON RESECT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4575 | LEFT HEMICOLECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4576 | SIGMOIDECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4579 | PART LG BOWEL EXCIS NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 458 | TOT INTRA-ABD COLECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 45800 | CLOSURE, FISTULA, RECTOVESIC | 07/01/2005 | $932.28 | 0.0% | 0.0% | N | Referral Required |
| 45805 | CLOSURE, FISTULA, RECTOVESIC | 07/01/2005 | $1,128.93 | 0.0% | 0.0% | N | Referral Required |
| 45811 | EXT DRAINAGE, PSEUDOCYS OF PANCREA | 07/01/2005 | $290.68 | 0.0% | 0.0% | N | Referral Required |
| 45820 | CLOSURE, FISTULA RECTOURETHR | 07/01/2005 | $968.94 | 0.0% | 0.0% | N | Referral Required |
| 45825 | CLOSURE, FISTULA RECTOURETHR | 07/01/2005 | $1,131.58 | 0.0% | 0.0% | N | Referral Required |
| 4590 | INTESTINAL ANASTOM NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 45900 | REDUCTION, PROCIDENTIA | 07/01/2005 | $131.41 | 0.0% | 0.0% | N | Referral Required |
| 45905 | DILATION OF ANAL SPHINCTER U | 07/01/2005 | $487.83 | 0.0% | 0.0% | N | Referral Required |
| 4591 | SM-TO-SM BOWEL ANASTOM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 45910 | DILATION OF RECTAL STRICTURE | 07/01/2005 | $685.10 | 0.0% | 0.0% | N | Referral Required |
| 45915 | REMOVAL OF FECAL IMPACTION O | 07/01/2005 | $277.59 | 0.0% | 0.0% | N | Referral Required |
| 4592 | SM BOWEL-RECT STUMP ANAS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4593 | SMALL-TO-LARGE BOWEL NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4594 | LG-TO-LG BOWEL ANASTOM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4595 | SM BOWEL-ANUS ANASTOMOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 45999 | UNLISTED PROCEDURE, RECTUM | 09/01/1982 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4601 | SM BOWEL EXTERIORIZATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 4602 | RESECT EXT SEG SM BOWEL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 46020 | PLACEMENT OF SETON | 07/01/2005 | $210.45 | 0.0% | 0.0% | N | Referral Required |
| 4603 | LG BOWEL EXTERIORIZATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 46030 | REMOVAL, SETON | 07/01/2005 | $142.05 | 0.0% | 0.0% | N | Referral Required |
| 4604 | RESECT EXT SEG LG BOWEL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 46040 | DRAINAGE, ABSCESS, PERIRECTA | 07/01/2005 | $371.29 | 0.0% | 0.0% | N | Referral Required |
| 46045 | DRAINAGE, ABSCESS, TRANSANAL | 07/01/2005 | $257.96 | 0.0% | 0.0% | N | Referral Required |
| 46050 | DRAINAGE, ABSCESS, PERIANAL | 07/01/2005 | $166.36 | 0.0% | 0.0% | N | Referral Required |
| 46060 | DRAINAGE, ABSCESS, INTRAMURA | 07/01/2005 | $340.84 | 0.0% | 0.0% | N | Referral Required |
| 46070 | INCISION, ANAL SEPTUM | 07/01/2005 | $186.39 | 0.0% | 0.0% | N | Referral Required |
| 46080 | SPHINCTEROTOMY | 07/01/2005 | $219.67 | 0.0% | 0.0% | N | Referral Required |
| 46083 | INCISION OF THROMBOSE HEMORR | 07/01/2005 | $210.42 | 0.0% | 0.0% | N | Referral Required |
| 4610 | COLOSTOMY NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4611 | TEMPORARY COLOSTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4613 | PERMANENT COLOSTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4614 | DELAY OPENING COLOSTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4620 | ILEOSTOMY NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 46200 | FISSURECTOMY | 07/01/2005 | $261.03 | 0.0% | 0.0% | N | Referral Required |
| 4621 | TEMPORARY ILEOSTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 46210 | CRYPTECTOMY | 07/01/2005 | $269.95 | 0.0% | 0.0% | N | Referral Required |
| 46211 | CRYPTECTOMY | 07/01/2005 | $323.89 | 0.0% | 0.0% | N | Referral Required |
| 4622 | CONTINENT ILEOSTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 46220 | PAPILLECTOMY | 07/01/2005 | $102.31 | 0.0% | 0.0% | N | Referral Required |
| 46221 | HEMORRHOIDECTOMY | 07/01/2005 | $135.06 | 0.0% | 0.0% | N | Referral Required |
| 4623 | PERMANENT ILEOSTOMY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 46230 | EXCISION, HEMORRHOID TAGS | 07/01/2005 | $241.16 | 0.0% | 0.0% | N | Referral Required |
| 4624 | DELAY OPENING ILEOSTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 46250 | HEMORRHOIDECTOMY | 07/01/2005 | $332.53 | 0.0% | 0.0% | N | Referral Required |
| 46255 | HEMORRHOIDECTOMY | 07/01/2005 | $387.95 | 0.0% | 0.0% | N | Referral Required |
| 46257 | HEMORRHOIDECTOMY W/FISSURECT | 07/01/2005 | $308.28 | 0.0% | 0.0% | N | Referral Required |
| 46258 | HEMORRHOIDECTOMY W/FISTULECT | 07/01/2005 | $327.03 | 0.0% | 0.0% | N | Referral Required |
| 46260 | HEMORRHOIDECTOMY | 07/01/2005 | $375.23 | 0.0% | 0.0% | N | Referral Required |
| 46261 | HEMORRHOIDECTOMY INTERNAL/EX | 07/01/2005 | $406.10 | 0.0% | 0.0% | N | Referral Required |
| 46262 | HEMORRHOIDECTOMY COMPLEX W/F | 07/01/2005 | $427.62 | 0.0% | 0.0% | N | Referral Required |
| 46270 | FISTULECTOMY | 07/01/2005 | $313.22 | 0.0% | 0.0% | N | Referral Required |
| 46275 | FISTULECTOMY | 07/01/2005 | $325.04 | 0.0% | 0.0% | N | Referral Required |
| 46280 | FISTULECTOMY | 07/01/2005 | $350.91 | 0.0% | 0.0% | N | Referral Required |
| 46285 | FISTULECTOMY | 07/01/2005 | $294.79 | 0.0% | 0.0% | N | Referral Required |
| 46288 | CLOSURE ANAL FISTULA W/ADVAN | 07/01/2005 | $408.02 | 0.0% | 0.0% | N | Referral Required |
| 4631 | DELAY OPENING ENTEROSTOM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 4632 | PERCUTANEOUS ENDOSCOPIC IEJUNOST | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 46320 | ENUCLEATION, HEMORRHOID | 07/01/2005 | $192.59 | 0.0% | 0.0% | N | Referral Required |
| 4639 | ENTEROSTOMY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4640 | INTEST STOMA REVIS NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4641 | SM BOWEL STOMA REVISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4642 | PERICOLOST HERNIA REPAIR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4643 | LG BOWEL STOMA REVIS NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4650 | INTEST STOMA CLOSURE NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 46500 | SCLEROSING HEMORRHOIDS | 07/01/2005 | $155.58 | 0.0% | 0.0% | N | Referral Required |
| 4651 | SM BOWEL STOMA CLOSURE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4652 | LG BOWEL STOMA CLOSURE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4660 | INTESTINAL FIXATION NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 46600 | ANOSCOPY W-W/O COLLECTION OF | 07/01/2005 | $45.81 | 0.0% | 0.0% | N | Referral Required |
| 46604 | ANOSCOPY FOR DILATION DIRECT | 07/01/2005 | $81.50 | 0.0% | 0.0% | N | Referral Required |
| 46606 | ANOSCOPY FOR BIOPSY | 07/01/2005 | $59.17 | 0.0% | 0.0% | N | Referral Required |
| 46608 | ANOSCOPY FOR REMOVAL OF FB | 07/01/2005 | $116.52 | 0.0% | 0.0% | N | Referral Required |
| 4661 | SM BOWEL-ABD WALL FIXAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 46610 | ANOSCOPU FOR REMOVAL OF POLY | 07/01/2005 | $97.93 | 0.0% | 0.0% | N | Referral Required |
| 46611 | W/REMOVAL OF SINGLE TUMOR,PO | 07/01/2005 | $136.26 | 0.0% | 0.0% | N | Referral Required |
| 46612 | ANOSCOPY FOR MULTI POLYP REM | 07/01/2005 | $175.04 | 0.0% | 0.0% | N | Referral Required |
| 46614 | ANOSCOPY W/COAGULATION FOR C | 07/01/2005 | $137.66 | 0.0% | 0.0% | N | Referral Required |
| 46615 | W/ABLATION OF TUMORS,POLYPS, | 07/01/2005 | $158.81 | 0.0% | 0.0% | N | Referral Required |
| 4662 | SMALL BOWEL FIXATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4663 | LG BOWEL-ABD WALL FIXAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4664 | LARGE BOWEL FIXATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 46700 | ANOPLASTY | 07/01/2005 | $496.73 | 0.0% | 0.0% | N | Referral Required |
| 46705 | ANOPLASTY INFANT | 07/01/2005 | $411.41 | 0.0% | 0.0% | N | Referral Required |
| 46706 | REPAIR OF ANAL FISTULA W/ FIBRIN | 07/01/2005 | $124.32 | 0.0% | 0.0% | N | Referral Required |
| 4671 | DUODENAL LACERAT SUTURE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 46715 | REPAIR CONGENTIAL ANO-VAGINA | 07/01/2005 | $420.45 | 0.0% | 0.0% | N | Referral Required |
| 46716 | W/TRANSPOSITION OF ANOPERINE | 07/01/2005 | $832.18 | 0.0% | 0.0% | N | Referral Required |
| 4672 | DUODENAL FISTULA CLOSURE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4673 | SMALL BOWEL SUTURE NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 46730 | REPAIR OF HIGH IMPERFORATE A | 07/01/2005 | $1,404.67 | 0.0% | 0.0% | N | Referral Required |
| 46735 | COMBINED TRANSABDOMINAL AND | 07/01/2005 | $1,718.00 | 0.0% | 0.0% | N | Referral Required |
| 4674 | CLOSE SM BOWEL FIST NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 46740 | ANORECTOPLASTY | 07/01/2005 | $1,598.76 | 0.0% | 0.0% | N | Referral Required |
| 46742 | COMBINED TRANSABODMINAL AND | 07/01/2005 | $1,941.52 | 0.0% | 0.0% | N | Referral Required |
| 46744 | REPAIR OF CLOACAL ANOMALY BY | 07/01/2005 | $2,687.90 | 0.0% | 0.0% | N | Referral Required |
| 46746 | REPAIR CLOACAL ANOMALY BY AN | 07/01/2005 | $3,039.08 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 46748 | W/VAGINAL LENGTHENING BY INT | 07/01/2005 | $3,338.34 | 0.0% | 0.0% | N | Referral Required |
| 4675 | SUTURE LG BOWEL LACERAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 46750 | SPHINCTEROPLASTY | 07/01/2005 | $572.79 | 0.0% | 0.0% | N | Referral Required |
| 46751 | SPHINCTEROPLASTY | 07/01/2005 | $532.78 | 0.0% | 0.0% | N | Referral Required |
| 46753 | GRAFT FOR RECTAL INCONTINENC | 07/01/2005 | $445.42 | 0.0% | 0.0% | N | Referral Required |
| 46754 | REMOVAL THIERSCH WIRE OR SUT | 07/01/2005 | $258.36 | 0.0% | 0.0% | N | Referral Required |
| 4676 | CLOSE LG BOWEL FISTULA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 46760 | SPHINCTEROPLASTY | 07/01/2005 | $768.60 | 0.0% | 0.0% | N | Referral Required |
| 46761 | LEVATOR MUSCLE IMBRICATION | 07/01/2005 | $740.39 | 0.0% | 0.0% | N | Referral Required |
| 46762 | IMPLANTATION ARTIFICIAL SPHI | 07/01/2005 | $671.23 | 0.0% | 0.0% | N | Referral Required |
| 4679 | REPAIR OF INTESTINE NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4680 | INTRA-AB BOWEL MANIP NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4681 | INTRA-ABD SM BOWEL MANIP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4682 | INTRA-ABD LG BOWEL MANIP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 46820 | COMPLEX OR MULTIPLE | 07/01/2005 | $115.47 | 0.0% | 0.0% | N | Referral Required |
| 4685 | DILATION OF COLON | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 46900 | CONDYLOMATA DESTRUCTION | 07/01/2005 | $187.35 | 0.0% | 0.0% | N | Referral Required |
| 4691 | MYOTOMY OF SIGMOID COLON | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 46910 | CONDYLOMATA DESTRUCTION | 07/01/2005 | $195.32 | 0.0% | 0.0% | N | Referral Required |
| 46916 | DESCTRUCTION OF LESION(S) AN | 07/01/2005 | $175.56 | 0.0% | 0.0% | N | Referral Required |
| 46917 | DESTRUCTION OF LESIONS ANUS | 07/01/2005 | $245.55 | 0.0% | 0.0% | N | Referral Required |
| 4692 | MYOTOMY OF COLON NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 46920 | CONDYLOMATA DESTRUCTION | 07/01/2005 | $55.11 | 0.0% | 0.0% | N | Referral Required |
| 46922 | DESTRUCTION OF LESION, SURGI | 07/01/2005 | $200.84 | 0.0% | 0.0% | N | Referral Required |
| 46924 | DESTRUCTION LESION,ANUS, EXT | 07/01/2005 | $261.83 | 0.0% | 0.0% | N | Referral Required |
| 4693 | REVISE SM BOWEL ANASTOM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 46934 | CRYOSURGERY OF HEMORRHOIDS, | 07/01/2005 | $349.70 | 0.0% | 0.0% | N | Referral Required |
| 46935 | DESTRUCTION OF HEMORRHOIDS A | 07/01/2005 | $242.46 | 0.0% | 0.0% | N | Referral Required |
| 46936 | DESTRUCTION OF INTERNAL/EXTE | 07/01/2005 | $358.57 | 0.0% | 0.0% | N | Referral Required |
| 46937 | CRYOSURGERY OF RECTAL TUMOR; | 07/01/2005 | $247.92 | 0.0% | 0.0% | N | Referral Required |
| 46938 | CRYOSURGERY OF RECTAL TUMOR; | 07/01/2005 | $380.47 | 0.0% | 0.0% | N | Referral Required |
| 4694 | REVISE LG BOWEL ANASTOM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 46940 | CURETTAGE/CAUTERIZATION OF A | 07/01/2005 | $201.20 | 0.0% | 0.0% | N | Referral Required |
| 46942 | CURETTAGE/CAUTERIZATION ANAL | 07/01/2005 | $169.77 | 0.0% | 0.0% | N | Referral Required |
| 46945 | LIGATION OF INTERNAL HEMORRH | 07/01/2005 | $202.75 | 0.0% | 0.0% | N | Referral Required |
| 46946 | LIGATION OF INTERNAL HEMORRH | 07/01/2005 | $275.21 | 0.0% | 0.0% | N | Referral Required |
| 46947 | HEMORRHOIDOPEXY BY STAPLING | 07/01/2005 | $303.77 | 0.0% | 0.0% | N | Referral Required |
| 4695 | LOCAL SM BOWEL PERFUSION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4696 | LOCAL LG BOWEL PERFUSION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4697 | TRANSPLANT OF INTESTINE | 04/01/2001 | $0.00 | 0.0% | 0.0% | Y | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 4699 | INTESTINAL OP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 46999 | UNLISTED PROCEDURE ANUS | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 470 | APPENDECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 47000 | BIOPSY, LIVER | 07/01/2005 | $346.05 | 0.0% | 0.0% | N | Referral Required |
| 47001 | BIOPSY LIVER PERC NEEDLE DON | 07/01/2005 | $94.16 | 0.0% | 0.0% | N | Referral Required |
| 4701 | LAPAROSCOPIC APPENDECTOMY | 01/01/1997 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 47010 | HEPATOTOMY FOR DRAINAGE ABSC | 07/01/2005 | $905.06 | 0.0% | 0.0% | N | Referral Required |
| 47011 | HEPATOTOMY;DRAINAGE CYST,1-2 | 07/01/2005 | $288.49 | 0.0% | 0.0% | N | Referral Required |
| 47015 | LAPAROTOMY W/HEPATIC PARASIT | 07/01/2005 | $831.37 | 0.0% | 0.0% | N | Referral Required |
| 4709 | OTHER APPENDECTOMY | 01/01/1997 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 471 | LAPAROSCOPIC INCIDENTAL APPENDECTO | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 47100 | BIOPSY, LIVER | 07/01/2005 | $648.43 | 0.0% | 0.0% | N | Referral Required |
| 4711 | LAPAROSCOPIC INCIDENTAL APPENDECTO | 01/01/1997 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 47120 | HEPATECTOMY | 07/01/2005 | $1,881.80 | 0.0% | 0.0% | N | Referral Required |
| 47122 | HEPATECTOMY TRISEGMENTECTOMY | 07/01/2005 | $2,846.53 | 0.0% | 0.0% | N | Referral Required |
| 47125 | HEPATECTOMY RESECTION OF LIV | 07/01/2005 | $2,559.29 | 0.0% | 0.0% | N | Referral Required |
| 47130 | HEPATECTOMY RESECTION OF LIV | 07/01/2005 | $2,759.59 | 0.0% | 0.0% | N | Referral Required |
| 47133 | DONOR HEPATECTOMY COLD PRESERVAT | 10/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 47135 | LIVER ALLOTRANSPLANTATION | 07/01/2005 | $4,513.28 | 0.0% | 0.0% | Y | Referral Required |
| 47136 | LIVER ALLOTRANSPLANTATION; H | 07/01/2005 | $4,148.92 | 0.0% | 0.0% | Y | Referral Required |
| 47140 | DONOR HEPATECTOMY, COLD PRESERVAT | 07/01/2005 | $2,729.03 | 0.0% | 0.0% | N | Referral Required |
| 47141 | TOTAL LEFT LOBECTOMY | 07/01/2005 | $3,314.32 | 0.0% | 0.0% | N | Referral Required |
| 47142 | TOTAL RT LOBECTOMY | 07/01/2005 | $3,657.47 | 0.0% | 0.0% | N | Referral Required |
| 47143 | BACKBENCH STANDARD PREPARATION OF | 07/01/2005 | $4,513.28 | 0.0% | 0.0% | Y | Referral Required |
| 47144 | BACKBENCH STANDARD PREPARATION OF | 07/01/2005 | $3,314.32 | 0.0% | 0.0% | Y | Referral Required |
| 47145 | BACKBENCH STANDARD PREPARATION OF | 07/01/2005 | $3,657.47 | 0.0% | 0.0% | Y | Referral Required |
| 47146 | BACKBENCH RECONSTRUCTION OF | 07/01/2005 | $313.75 | 0.0% | 0.0% | Y | Referral Required |
| 47147 | BENCHMARK RECONSTRUCTION OF | 07/01/2005 | $366.02 | 0.0% | 0.0% | Y | Referral Required |
| 4719 | OTHER INCIDENTAL APPENDECTOMY | 01/01/1997 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 472 | DRAIN APPENDICEAL ABSC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 47300 | MARSUPIALIZATION, CYST, LIVE | 07/01/2005 | $816.49 | 0.0% | 0.0% | N | Referral Required |
| 47350 | HEPATORRHAPHY | 07/01/2005 | $1,039.01 | 0.0% | 0.0% | N | Referral Required |
| 47360 | HEPATORRAPHY COMPLEX W/WO HE | 07/01/2005 | $1,428.26 | 0.0% | 0.0% | N | Referral Required |
| 47361 | MGMT LIVER HEMORRHAGE;EXPLOR | 07/01/2005 | $2,411.55 | 0.0% | 0.0% | N | Referral Required |
| 47362 | MGMT LIVER HEMORRHAGE;RE-EXP | 07/01/2005 | $1,011.24 | 0.0% | 0.0% | N | Referral Required |
| 47370 | LAPAROSCOPY, SURGICAL | 07/01/2005 | $900.81 | 0.0% | 0.0% | N | Referral Required |
| 47371 | LAPAROSCOPY, SURGICAL | 07/01/2005 | $848.48 | 0.0% | 0.0% | N | Referral Required |
| 47379 | UNLISTED LIVER | 01/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 47380 | ABLATION OPEN ONE OR MORE | 07/01/2005 | $1,060.34 | 0.0% | 0.0% | N | Referral Required |
| 47381 | ABLATION OPEN ONE OR MORE | 07/01/2005 | $1,048.04 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 47382 | ABULATION, ONE OR MORE LIVER | 07/01/2005 | $624.86 | 0.0% | 0.0% | N | Referral Required |
| 47399 | UNLISTED PROC, LIVER | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 47400 | HEPATICOTOMY/HEPATICOSTOMY | 07/01/2005 | $1,697.73 | 0.0% | 0.0% | N | Referral Required |
| 47420 | CHOLEDOCHOTOMY/CHOLEDOCHOSTO | 07/01/2005 | $1,059.23 | 0.0% | 0.0% | N | Referral Required |
| 47425 | CHOLEDOCHOTOMY/CHOLEDOCHOSTO | 07/01/2005 | $1,052.92 | 0.0% | 0.0% | N | Referral Required |
| 47460 | SPHINCTEROTOMY | 07/01/2005 | $977.87 | 0.0% | 0.0% | N | Referral Required |
| 47480 | CHOLECYSTOTOMY/CHOLECYSTOSTO | 07/01/2005 | $629.62 | 0.0% | 0.0% | N | Referral Required |
| 47490 | PERCUTANEOUS CHOLECYSTOSTOMY | 07/01/2005 | $519.51 | 0.0% | 0.0% | N | Referral Required |
| 47500 | CHOLANGIOGRAPHY INJ PROC | 07/01/2005 | $94.64 | 0.0% | 0.0% | N | Referral Required |
| 47505 | CHOLANGIOGRAPHY INJ PROCEDUR | 07/01/2005 | $122.99 | 0.0% | 0.0% | N | Referral Required |
| 47510 | INTRO OF PERCUTANEOUS TRANSH | 07/01/2005 | $600.75 | 0.0% | 0.0% | N | Referral Required |
| 47511 | INTRO TRANSHEPATIC STENT INT | 07/01/2005 | $735.51 | 0.0% | 0.0% | N | Referral Required |
| 47525 | CHANGE OF PERCUTANEOUS BILIA | 07/01/2005 | $314.41 | 0.0% | 0.0% | N | Referral Required |
| 47530 | REVISION AND/OR REINSERTION | 07/01/2005 | $383.26 | 0.0% | 0.0% | N | Referral Required |
| 47550 | BILIARY ENDOSCOPY, INTRAOPER | 07/01/2005 | $149.90 | 0.0% | 0.0% | N | Referral Required |
| 47552 | BILIARY ENDOSCOPY PERCUTANEO | 07/01/2005 | $308.33 | 0.0% | 0.0% | N | Referral Required |
| 47553 | BILIARY ENDOSCOPY FOR BIOPSY | 07/01/2005 | $323.19 | 0.0% | 0.0% | N | Referral Required |
| 47554 | ENDOSCOPY W/REMOVAL OF STONE | 07/01/2005 | $456.94 | 0.0% | 0.0% | N | Referral Required |
| 47555 | BILIARY ENDOSCOPY FOR DILATI | 07/01/2005 | $382.51 | 0.0% | 0.0% | N | Referral Required |
| 47556 | BILIARY ENDOSCOPY,DILATIOBIL | 07/01/2005 | $430.27 | 0.0% | 0.0% | N | Referral Required |
| 47560 | LAPAROSCOPY CHOLANGIOGRAPHY | 07/01/2005 | $247.46 | 0.0% | 0.0% | N | Referral Required |
| 47561 | LAPAROSCOPY CHOLANGIOGRAPHY | 07/01/2005 | $267.80 | 0.0% | 0.0% | N | Referral Required |
| 47562 | LAPAROSCOPY CHOLECYSTECTOMY | 07/01/2005 | $590.07 | 0.0% | 0.0% | N | Referral Required |
| 47563 | LAPAROSCOPY CHOLECSTECTOMY | 07/01/2005 | $631.39 | 0.0% | 0.0% | N | Referral Required |
| 47564 | LAPAROSCOPY CHOLECYSTECTOMY | 07/01/2005 | $745.47 | 0.0% | 0.0% | N | Referral Required |
| 47570 | LAPAROSCOPY CHOLECYSTENTEROSTOM | 07/01/2005 | $663.64 | 0.0% | 0.0% | N | Referral Required |
| 47579 | LAPAROSCOPY | 01/01/2000 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 47600 | CHOLECYSTECTOMY | 07/01/2005 | $736.67 | 0.0% | 0.0% | N | Referral Required |
| 47605 | CHOLECYSTECTOMY | 07/01/2005 | $790.50 | 0.0% | 0.0% | N | Referral Required |
| 47610 | CHOLECYSTECTOMY | 07/01/2005 | $997.63 | 0.0% | 0.0% | N | Referral Required |
| 47611 | CHOLECYSTECTOMY | 07/01/2005 | $1,031.81 | 0.0% | 0.0% | N | Referral Required |
| 47612 | CHOLECYSTECTOMY W/CHOLEDOCHO | 07/01/2005 | $992.71 | 0.0% | 0.0% | N | Referral Required |
| 47620 | CHOLECYSTECTOMY | 07/01/2005 | $1,084.24 | 0.0% | 0.0% | N | Referral Required |
| 47630 | STONE EXTRACTION, BILIARY DU | 07/01/2005 | $441.97 | 0.0% | 0.0% | N | Referral Required |
| 47700 | EXPLORATION, BILE DUCT | 07/01/2005 | $878.26 | 0.0% | 0.0% | N | Referral Required |
| 47701 | PORTOENTEROSTOMY | 07/01/2005 | $1,505.44 | 0.0% | 0.0% | N | Referral Required |
| 47711 | EXCISION BILE DUCT TUMOR W/W | 07/01/2005 | $1,239.85 | 0.0% | 0.0% | N | Referral Required |
| 47712 | EXCISION BILE DUCT TUMOR W/W | 07/01/2005 | $1,599.92 | 0.0% | 0.0% | N | Referral Required |
| 47715 | EXCISION OF CHOLEDOCHAL CYST | 07/01/2005 | $1,001.49 | 0.0% | 0.0% | N | Referral Required |
| 47716 | ANASTOMOSIS,CHALEDOCHAL CYST | 07/01/2005 | $888.14 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 47720 | ANASTOMOSIS, GALL BLADDER | 07/01/2005 | $883.84 | 0.0% | 0.0% | N | Referral Required |
| 47721 | ANASTOMOSIS, GALL BLADDER | 07/01/2005 | $1,045.11 | 0.0% | 0.0% | N | Referral Required |
| 47740 | ROUX-EN-Y PROCEDURE | 07/01/2005 | $1,012.76 | 0.0% | 0.0% | N | Referral Required |
| 47741 | ROUX-EN-Y WITH GASTROENTEROS | 07/01/2005 | $1,152.30 | 0.0% | 0.0% | N | Referral Required |
| 47760 | ANASTOMOSIS, BILIARY DUCT | 07/01/2005 | $1,376.63 | 0.0% | 0.0% | N | Referral Required |
| 47765 | ANASTOMOSIS DIRECT OF INTRAH | 07/01/2005 | $1,356.03 | 0.0% | 0.0% | N | Referral Required |
| 47780 | ROUX-EN-Y PROCEDURE | 07/01/2005 | $1,408.06 | 0.0% | 0.0% | N | Referral Required |
| 47785 | ANASTOMOSIS, ROUX-EN-Y OF DU | 07/01/2005 | $1,666.14 | 0.0% | 0.0% | N | Referral Required |
| 47800 | RECONSTRUCTION, BILIARY DUCT | 07/01/2005 | $1,256.60 | 0.0% | 0.0% | N | Referral Required |
| 47801 | PLACEMENT OF CHOLEDOCHAL STE | 07/01/2005 | $895.72 | 0.0% | 0.0% | N | Referral Required |
| 47802 | U-TUBE LEPATICOENTEROSTOMY | 07/01/2005 | $1,192.57 | 0.0% | 0.0% | N | Referral Required |
| 47900 | SUTURE EXTRAHEPATIC BILIARY | 07/01/2005 | $1,085.11 | 0.0% | 0.0% | N | Referral Required |
| 4791 | APPENDICOSTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4792 | CLOSE APPENDICEAL FISTUL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4799 | APPENDICEAL OPS NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 47999 | UNLISTED BILIARY TRACT PROC | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 480 | PROCTOTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 48000 | DRAINAGE, PANCRRAS | 07/01/2005 | $1,450.16 | 0.0% | 0.0% | N | Referral Required |
| 48001 | WITH CHOLECYSTOSTOMY,GASTROS | 07/01/2005 | $1,807.36 | 0.0% | 0.0% | N | Referral Required |
| 48005 | RESECTION OR DEBRIDEMENT OF | 07/01/2005 | $2,133.43 | 0.0% | 0.0% | N | Referral Required |
| 48020 | REMOVAL, CALCULUS, PANCREAS | 07/01/2005 | $835.82 | 0.0% | 0.0% | N | Referral Required |
| 481 | PROCTOSTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 48100 | BIOPSY OF PANCREAS, OPEN, AN | 07/01/2005 | $692.23 | 0.0% | 0.0% | N | Referral Required |
| 48102 | BIOPSY OF PANCREAS | 07/01/2005 | $467.92 | 0.0% | 0.0% | N | Referral Required |
| 48120 | EXCISION, LESION, PANCREAS | 07/01/2005 | $849.29 | 0.0% | 0.0% | N | Referral Required |
| 48140 | PANCREATECTOMY | 07/01/2005 | $1,220.73 | 0.0% | 0.0% | N | Referral Required |
| 48145 | PANCREATECTOMY | 07/01/2005 | $1,285.12 | 0.0% | 0.0% | N | Referral Required |
| 48146 | PANCREATECTOMY,DISTAL,NEAR-T | 07/01/2005 | $1,455.98 | 0.0% | 0.0% | N | Referral Required |
| 48148 | EXCISION OF AMPULLA OF VATER | 07/01/2005 | $955.94 | 0.0% | 0.0% | N | Referral Required |
| 48150 | PANCREATECTOMY | 07/01/2005 | $2,512.36 | 0.0% | 0.0% | N | Referral Required |
| 48152 | WITHOUT PANCREATOJEJUNOSTOMY | 07/01/2005 | $2,334.59 | 0.0% | 0.0% | N | Referral Required |
| 48153 | PANCREATECTOMY,PROXIMAL NEAR | 07/01/2005 | $2,537.23 | 0.0% | 0.0% | N | Referral Required |
| 48154 | WITHOUT PANCREATOJEJUNOSTOMY | 07/01/2005 | $2,350.38 | 0.0% | 0.0% | N | Referral Required |
| 48155 | PANCREATECTOMY TOTAL | 07/01/2005 | $1,387.92 | 0.0% | 0.0% | N | Referral Required |
| 48160 | PANCREATECTOMY | 07/01/2005 | $1,690.14 | 0.0% | 0.0% | Y | Referral Required |
| 48180 | PANCREATICOJEJUNOSTOMY,SIDE | 07/01/2005 | $1,299.56 | 0.0% | 0.0% | N | Referral Required |
| 4821 | TRANSAB PROCTOSIGMOIDOSC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4822 | PROCTOSIGMOIDOSC THRU ST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4823 | RIGID PROCTSIGMOIDOSCOPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4824 | ENDOSCOPIC RECTAL BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 4825 | OPEN BIOPSY OF RECTUM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4826 | PERIRECTAL TISSUE BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4829 | RECT/PERIRECT DX OP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4831 | RAD ELECTROCOAG-RECT LES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4832 | ELECTROCOAG RECT LES NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4833 | LASER DESTRUC RECTAL LES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4834 | CRYOSURG DESTR RECT LES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4835 | LOCAL EXCIS RECTAL LES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4836 | ENDOSCOPIC POLYPECTOMY OF RECTUM | 10/01/1995 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 48400 | INJECTION PROCEDURE FOR INTR | 07/01/2005 | $94.80 | 0.0% | 0.0% | N | Referral Required |
| 4841 | SOAVE SUBMUC RECT RESECT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4849 | PULL-THRU RECT RESEC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 48495 | REPAIR INITIAL INGUINAL HERNIA,UNDE | 07/01/2005 | $551.36 | 0.0% | 0.0% | N | Referral Required |
| 485 | ABD-PERINEAL RECT RESECT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 48500 | MARSUPIALIZATION CYST PANCRE | 07/01/2005 | $830.44 | 0.0% | 0.0% | N | Referral Required |
| 48510 | EXTERNAL DRAINAGE, PSEUDOCYS | 07/01/2005 | $780.74 | 0.0% | 0.0% | N | Referral Required |
| 48511 | EXTERNAL DRAINAGE OF PANCREAS | 07/01/2005 | $277.49 | 0.0% | 0.0% | N | Referral Required |
| 48520 | ANASTOMOSIS, PANCREATIC CYST | 07/01/2005 | $834.45 | 0.0% | 0.0% | N | Referral Required |
| 48540 | ROUX-EN-Y PROCEDURE | 07/01/2005 | $1,035.25 | 0.0% | 0.0% | N | Referral Required |
| 48545 | PANCREATORRHAPHY FOR TRAUMA | 07/01/2005 | $977.25 | 0.0% | 0.0% | N | Referral Required |
| 48547 | DUODENAL EXCLUSION W/GASTROJ | 07/01/2005 | $1,336.64 | 0.0% | 0.0% | N | Referral Required |
| 4861 | TRANSSAC RECTOSIGMOIDECT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4862 | ANT RECT RESECT W COLOST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4863 | ANTERIOR RECT RESECT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4864 | POSTERIOR RECT RESECTION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4865 | DUHAMEL RECTAL RESECTION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4869 | RECTAL RESECTION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4871 | SUTURE OF RECTAL LACER | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4872 | CLOSURE OF PROCTOSTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4873 | CLOSE RECTAL FIST NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4874 | RECTORECTOSTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4875 | ABDOMINAL PROCTOPEXY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4876 | PROCTOPEXY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4879 | REPAIR OF RECTUM NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4881 | PERIRECTAL INCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4882 | PERIRECTAL EXCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4891 | INCIS RECTAL STRICTURE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4892 | ANORECTAL MYOMECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4893 | REPAIR PERIRECT FISTULA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4899 | RECTAL PERIRECT OP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 48999 | UNLISTED PANCREAS PROCEDURE | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 49000 | LAPAROTOMY | 07/01/2005 | $647.38 | 0.0% | 0.0% | N | Referral Required |
| 49002 | REOPENING OF RECENT LAPAROTO | 07/01/2005 | $598.55 | 0.0% | 0.0% | N | Referral Required |
| 4901 | INCIS PERIANAL ABSCESS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 49010 | RETROPERITONEAL EXPLORATION | 07/01/2005 | $697.30 | 0.0% | 0.0% | N | Referral Required |
| 4902 | PERIANAL INCISION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 49020 | DRAINAGE, PERITONITIS | 07/01/2005 | $1,222.85 | 0.0% | 0.0% | N | Referral Required |
| 49021 | DRAINAGE PERITONEAL ABSCESS; | 07/01/2005 | $317.39 | 0.0% | 0.0% | N | Referral Required |
| 4903 | EXCIS PERIANAL SKIN TAG | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4904 | PERIANAL EXCISION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 49040 | DRAINAGE, ABSCESS, SUBPHRENI | 07/01/2005 | $766.86 | 0.0% | 0.0% | N | Referral Required |
| 49041 | DRAINAGE ABSCESS; PERCUTANEOUS | 07/01/2005 | $347.67 | 0.0% | 0.0% | N | Referral Required |
| 49060 | DRNG, ABSCESS, RETROPERITONE | 07/01/2005 | $902.56 | 0.0% | 0.0% | N | Referral Required |
| 49061 | DRAINAGE RETROPERITONEAL ABS | 07/01/2005 | $334.06 | 0.0% | 0.0% | N | Referral Required |
| 49062 | DRAINAGE LYMPHOCELE TO PERIT | 07/01/2005 | $661.92 | 0.0% | 0.0% | N | Referral Required |
| 49080 | PERITONEOCENTESIS | 07/01/2005 | $200.43 | 0.0% | 0.0% | N | Referral Required |
| 49081 | PERITONEOCENTESIS | 07/01/2005 | $150.13 | 0.0% | 0.0% | N | Referral Required |
| 49085 | REMOVAL OF PERITONEAL FOREIG | 07/01/2005 | $675.02 | 0.0% | 0.0% | N | Referral Required |
| 4911 | ANAL FISTULOTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4912 | ANAL FISTULECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 49180 | BIOPSY, ABDOMINAL/RETROPERIT | 07/01/2005 | $344.38 | 0.0% | 0.0% | N | Referral Required |
| 49200 | EXCISION, CYST, INTRA-ABDOMI | 07/01/2005 | $602.93 | 0.0% | 0.0% | N | Referral Required |
| 49201 | EXCISION, CYST, INTRA-ABDOMI | 07/01/2005 | $854.58 | 0.0% | 0.0% | N | Referral Required |
| 4921 | ANOSCOPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 49215 | EXCISION OF PRESACRAL OR SAC | 07/01/2005 | $1,763.86 | 0.0% | 0.0% | N | Referral Required |
| 4922 | PERIANAL BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 49220 | STAGING CELIOTOMY (LAPAROTOM | 07/01/2005 | $825.62 | 0.0% | 0.0% | N | Referral Required |
| 4923 | ANAL BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 49250 | UMBILECTOMY, OMPHALECTOMY, E | 07/01/2005 | $489.72 | 0.0% | 0.0% | N | Referral Required |
| 49255 | EXCISION, GREATER OMENTUM | 07/01/2005 | $641.54 | 0.0% | 0.0% | N | Referral Required |
| 4929 | ANAL/PERIAN DX PROC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4931 | ENDOSCOPIC EXCISION OR DESTR OF LES | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 49320 | LAPAROSCOPY/PERITONEOSCOPY | 07/01/2005 | $294.49 | 0.0% | 0.0% | N | Referral Required |
| 49321 | LAPAROSCOPY/PERITONEOSCOPY | 07/01/2005 | $305.51 | 0.0% | 0.0% | N | Referral Required |
| 49322 | LAPAROSCOPY/PERITONEOSCOPY | 07/01/2005 | $332.23 | 0.0% | 0.0% | N | Referral Required |
| 49323 | LAPAROSCOPY/PERITONEOSCOPY | 07/01/2005 | $495.47 | 0.0% | 0.0% | N | Referral Required |
| 49329 | LAPAROSCOPY/PERITONEOSCOPY | 01/01/2000 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4939 | OTHER LOCAL EXCISION OR DESTR OF LE | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 49400 | PNEUMOPERITONEUM | 07/01/2005 | $96.76 | 0.0% | 0.0% | N | Referral Required |
| 4941 | HEMORRHOID REDUCTION | 03/01/1994 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 49419 | INSERTION INTRAPERITONEAL CANNULA/ | 07/01/2005 | $358.62 | 0.0% | 0.0% | N | Referral Required |
| 4942 | HEMORRHOID INJECTION | 03/01/1994 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 49420 | INTRAPERITONEAL CANNULA | 07/01/2005 | $114.65 | 0.0% | 0.0% | N | Referral Required |
| 49421 | INSERT INTRAPERITONEAL CANNU | 07/01/2005 | $344.27 | 0.0% | 0.0% | N | Referral Required |
| 49422 | REMOVE PERMANENT INTRAPERITO | 07/01/2005 | $335.97 | 0.0% | 0.0% | N | Referral Required |
| 49423 | EXCH ABSCESS, DRAIN CATHETER W/GUID | 07/01/2005 | $76.95 | 0.0% | 0.0% | N | Referral Required |
| 49424 | CONTRAST INJ/ASESSMENT CYST | 07/01/2005 | $42.76 | 0.0% | 0.0% | N | Referral Required |
| 49425 | PERITONEAL VENOUS SHUNT | 07/01/2005 | $655.79 | 0.0% | 0.0% | N | Referral Required |
| 49426 | REVISION OF PERITONEAL VENOU | 07/01/2005 | $567.50 | 0.0% | 0.0% | N | Referral Required |
| 49427 | INJ PROCEDURE FOR EVALUATION | 07/01/2005 | $49.45 | 0.0% | 0.0% | N | Referral Required |
| 49428 | LIGATION OF PERITONEAL-VENOU | 07/01/2005 | $329.11 | 0.0% | 0.0% | N | Referral Required |
| 49429 | REMOVAL OF PERITONEAL-VENOUS | 07/01/2005 | $398.53 | 0.0% | 0.0% | N | Referral Required |
| 4943 | HEMORRHOID CAUTERIZAT | 03/01/1994 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 49430 | PNEUMOGRAPHY INJECTION PROC | 07/01/2005 | $61.75 | 0.0% | 0.0% | N | Referral Required |
| 4944 | HEMORRHOID CRYOTHERAPY | 03/01/1994 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 49440 | PNEUMOGRAPHY INJECTION PROC | 07/01/2005 | $49.38 | 0.0% | 0.0% | N | Referral Required |
| 4945 | HEMORRHOID LIGATION | 03/01/1994 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4946 | HEMORRHOIDECTOMY | 03/01/1994 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4947 | HEMORRHOID EVACUATION | 03/01/1994 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4949 | HEMORRHOID PROCEDURE NEC | 03/01/1994 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 49491 | INGUINAL HERNIA REPAIR | 07/01/2005 | $605.60 | 0.0% | 0.0% | N | Referral Required |
| 49492 | INGUINAL HERNIA REPAIR | 07/01/2005 | $742.52 | 0.0% | 0.0% | N | Referral Required |
| 49495 | HERNIA REPAIR-INITIAL INGUIN | 07/01/2005 | $344.98 | 0.0% | 0.0% | N | Referral Required |
| 49496 | INCARCERATED OR STRANGULATED | 07/01/2005 | $528.94 | 0.0% | 0.0% | N | Referral Required |
| 49500 | REPAIR INITIAL INGUINAL HERN | 07/01/2005 | $320.62 | 0.0% | 0.0% | N | Referral Required |
| 49501 | HERNIA REPAIR DIGESTIVE SYST | 07/01/2005 | $486.17 | 0.0% | 0.0% | N | Referral Required |
| 49505 | REPAIR INITIAL INGUINAL HERN | 07/01/2005 | $436.75 | 0.0% | 0.0% | N | Referral Required |
| 49506 | HERNIA REPAIR DIGESTIVE SYSTEM | 07/01/2005 | $601.07 | 0.0% | 0.0% | N | Referral Required |
| 49507 | INCARCERATED OR STRANGULATED | 07/01/2005 | $563.47 | 0.0% | 0.0% | N | Referral Required |
| 4951 | LEFT LAT SPHINCTEROTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4952 | POST SPHINCTEROTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 49520 | REPAIR RECURRENT INGUINAL HE | 07/01/2005 | $543.37 | 0.0% | 0.0% | N | Referral Required |
| 49521 | INCARCERATED OR STRANGULATED | 07/01/2005 | $643.17 | 0.0% | 0.0% | N | Referral Required |
| 49525 | REPAIR INGUINAL HERNIA | 07/01/2005 | $486.20 | 0.0% | 0.0% | N | Referral Required |
| 49540 | HERNIA REPAIR DIGESTIVE SYST | 07/01/2005 | $577.11 | 0.0% | 0.0% | N | Referral Required |
| 49550 | REPAIR INITIAL FEMORAL HERNI | 07/01/2005 | $474.68 | 0.0% | 0.0% | N | Referral Required |
| 49551 | HERNIA REPAIR DIGESTIVE SYSTEM | 07/01/2005 | $831.48 | 0.0% | 0.0% | N | Referral Required |
| 49553 | HERNIA REPAIR DIGESTIVE SYST | 07/01/2005 | $518.52 | 0.0% | 0.0% | N | Referral Required |
| 49555 | REPAIR RECURRENT FEMORAL HER | 07/01/2005 | $514.57 | 0.0% | 0.0% | N | Referral Required |
| 49557 | INCARCERATED OR STRANGULATED | 07/01/2005 | $603.78 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 49560 | REPAIR INITIAL INC ISIONAL H | 07/01/2005 | $636.62 | 0.0% | 0.0% | N | Referral Required |
| 49561 | INCARCERATED OR STRANGULATED | 07/01/2005 | $757.14 | 0.0% | 0.0% | N | Referral Required |
| 49565 | REPAIR RECURRENT INCISIONAL | 07/01/2005 | $641.90 | 0.0% | 0.0% | N | Referral Required |
| 49566 | INCARCERATED OR STRANGULATED | 07/01/2005 | $765.35 | 0.0% | 0.0% | N | Referral Required |
| 49568 | IPLANTATION OF MESH OR OTHER | 07/01/2005 | $243.35 | 0.0% | 0.0% | N | Referral Required |
| 49570 | REPAIR EPIGASTRIC HERNIA | 07/01/2005 | $330.91 | 0.0% | 0.0% | N | Referral Required |
| 49572 | INCARCERATED OR STRANGULATED | 07/01/2005 | $385.00 | 0.0% | 0.0% | N | Referral Required |
| 49580 | REPAIR UMBILICAL HERNIA-UNDE | 07/01/2005 | $254.24 | 0.0% | 0.0% | N | Referral Required |
| 49582 | INCARCERATED OR STRANGULATED | 07/01/2005 | $415.61 | 0.0% | 0.0% | N | Referral Required |
| 49585 | REPAIR UMBILICAL HERNIA, AGE | 07/01/2005 | $371.03 | 0.0% | 0.0% | N | Referral Required |
| 49587 | INCARCERATED OR STRANGULATED | 07/01/2005 | $425.08 | 0.0% | 0.0% | N | Referral Required |
| 4959 | ANAL SPHINCTEROTOMY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 49590 | HERNIA REPAIR DIGESTIVE SYST | 07/01/2005 | $484.79 | 0.0% | 0.0% | N | Referral Required |
| 496 | EXCISION OF ANUS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 49600 | REPAIR OF SM OMPHALOCELE,WIT | 07/01/2005 | $623.37 | 0.0% | 0.0% | N | Referral Required |
| 49605 | REPAIR OF LG OMPHALOCELE OR | 07/01/2005 | $3,798.74 | 0.0% | 0.0% | N | Referral Required |
| 49606 | W/REMOVAL OF PROSTHESIS,FINA | 07/01/2005 | $1,027.82 | 0.0% | 0.0% | N | Referral Required |
| 49610 | REPAIR, OMPHALOCELE | 07/01/2005 | $618.93 | 0.0% | 0.0% | N | Referral Required |
| 49611 | REPAIR OMPHALOLELE SECOUND S | 07/01/2005 | $549.61 | 0.0% | 0.0% | N | Referral Required |
| 49650 | LAPAROSCOPY INGUINAL HERNIA | 07/01/2005 | $347.44 | 0.0% | 0.0% | N | Referral Required |
| 49651 | LAPAROSCOPY INGUINAL HERNIA | 07/01/2005 | $457.38 | 0.0% | 0.0% | N | Referral Required |
| 49659 | LAPAROSCOPY | 01/01/2000 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4971 | SUTURE ANAL LACERATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4972 | ANAL CERCLAGE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4973 | CLOSURE OF ANAL FISTULA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4974 | GRACILIS MUSC TRANSPLAN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4975 | IMPLANTATION OR REVISION OF | 10/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4976 | REMOVAL OF ARTIFICIAL SPHINCTER | 10/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4979 | ANAL SPHINCT REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 49900 | SUTURE, ABDOMINAL WALL | 07/01/2005 | $689.24 | 0.0% | 0.0% | N | Referral Required |
| 49904 | OMENTAL FLAP, EXTRA-ABDOMINAL | 07/01/2005 | $1,225.78 | 0.0% | 0.0% | N | Referral Required |
| 49905 | OMENTAL FLAP (LIST SEPARATEL | 07/01/2005 | $327.57 | 0.0% | 0.0% | N | Referral Required |
| 49906 | FREE OMENTAL FLAP W/MICROVAS | 01/01/1997 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4991 | INCISION OF ANAL SEPTUM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4992 | INSERT SUBQ ANAL STIMUL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4993 | ANAL INCISION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4994 | REDUCTION ANAL PROLAPSE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4995 | CONTROL ANAL HEMORRHAGE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 4999 | ANAL OPERATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 49999 | UNLISTED PROC, ABDOMEN ETC. | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 500 | HEPATOTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 50010 | RENAL EXPLORATION | 07/01/2005 | $643.17 | 0.0% | 0.0% | N | Referral Required |
| 50020 | DRAINAGE, ABSCESS, RENAL | 07/01/2005 | $995.32 | 0.0% | 0.0% | N | Referral Required |
| 50021 | DRAIN PERIRENAL/RENAL ABSCESS | 07/01/2005 | $469.75 | 0.0% | 0.0% | N | Referral Required |
| 50040 | NEPHROSTOMY | 07/01/2005 | $934.45 | 0.0% | 0.0% | N | Referral Required |
| 50045 | NEPHROTOMY | 07/01/2005 | $858.25 | 0.0% | 0.0% | N | Referral Required |
| 50060 | NEPHROLITHOTOMY | 07/01/2005 | $1,046.75 | 0.0% | 0.0% | N | Referral Required |
| 50065 | NEPHROLITHOTOMY | 07/01/2005 | $1,117.67 | 0.0% | 0.0% | N | Referral Required |
| 50070 | NEPHROLITHOTOMY | 07/01/2005 | $1,106.69 | 0.0% | 0.0% | N | Referral Required |
| 50075 | NEPHROLITHOTOMY | 07/01/2005 | $1,357.46 | 0.0% | 0.0% | N | Referral Required |
| 50080 | PERCUTANEOUS NEPHROSTOLITHOT | 07/01/2005 | $909.43 | 0.0% | 0.0% | N | Referral Required |
| 50081 | PERCUTANEOUS NEPHROSTOLITHOT | 07/01/2005 | $1,246.66 | 0.0% | 0.0% | N | Referral Required |
| 50100 | TRANSECTION RENAL VESSELS | 07/01/2005 | $917.80 | 0.0% | 0.0% | N | Referral Required |
| 5011 | PERCUTAN LIVER BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5012 | OPEN BIOPSY OF LIVER | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 50120 | PYELOTOMY | 07/01/2005 | $886.61 | 0.0% | 0.0% | N | Referral Required |
| 50125 | PYELOSTOMY | 07/01/2005 | $927.27 | 0.0% | 0.0% | N | Referral Required |
| 50130 | PYELOLITHOTOMY | 07/01/2005 | $946.50 | 0.0% | 0.0% | N | Referral Required |
| 50135 | PYELOTOMY | 07/01/2005 | $1,039.89 | 0.0% | 0.0% | N | Referral Required |
| 50180 | AERSOL MASK, USED W/DME NEBULIZER | 07/01/2005 | $2.05 | 0.0% | 0.0% | Y | Referral Required |
| 50182 | WATER,DISTILLED,USE W/LG VOL NEB 10 | 07/01/2005 | $0.43 | 0.0% | 0.0% | Y | Referral Required |
| 50186 | CHIN STRAP, USE W/CPAP | 07/01/2005 | $18.25 | 0.0% | 0.0% | Y | Referral Required |
| 5019 | HEPATIC DX PROC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 50200 | BIOPSY, RENAL | 07/01/2005 | $128.55 | 0.0% | 0.0% | N | Referral Required |
| 50205 | BIOPSY, RENAL | 07/01/2005 | $639.68 | 0.0% | 0.0% | N | Referral Required |
| 5021 | MARSUPIALIZAT LIVER LES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5022 | PARTIAL HEPATECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 50220 | NEPHRECTOMY | 07/01/2005 | $945.35 | 0.0% | 0.0% | N | Referral Required |
| 50225 | NEPHRECTOMY | 07/01/2005 | $1,091.37 | 0.0% | 0.0% | N | Referral Required |
| 50230 | NEPHRECTOMY | 07/01/2005 | $1,179.71 | 0.0% | 0.0% | N | Referral Required |
| 50234 | NEPHRECTOMY | 07/01/2005 | $1,196.25 | 0.0% | 0.0% | N | Referral Required |
| 50236 | NEPHRECTOMY | 07/01/2005 | $1,393.48 | 0.0% | 0.0% | N | Referral Required |
| 50240 | NEPHRECTOMY | 07/01/2005 | $1,256.62 | 0.0% | 0.0% | N | Referral Required |
| 50280 | EXCISION, CYST, KIDNEY | 07/01/2005 | $869.12 | 0.0% | 0.0% | N | Referral Required |
| 5029 | DESTRUC HEPATIC LES NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 50290 | EXCISION, CYST, PERINEPHRIC | 07/01/2005 | $830.93 | 0.0% | 0.0% | N | Referral Required |
| 503 | HEPATIC LOBECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 50300 | DONOR NEPHRECTOMY FROMN CADAVER | 07/01/2005 | $621.53 | 0.0% | 0.0% | N | Referral Required |
| 50320 | OPEN FROM LIVING DONOR | 07/01/2005 | $1,194.74 | 0.0% | 0.0% | N | Referral Required |
| 50323 | BACKBENCH STANDARD PRESENTATION O | 07/01/2005 | $621.53 | 0.0% | 0.0% | Y | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 50325 | BACKBENCH STANDARD PREPARATION OF | 07/01/2005 | $1,194.74 | 0.0% | 0.0% | Y | Referral Required |
| 50327 | BACKBENCH RECONSTRUCTION OF | 07/01/2005 | $203.99 | 0.0% | 0.0% | Y | Referral Required |
| 50328 | BACKBENCH RECONSTRUCTION OF | 07/01/2005 | $178.54 | 0.0% | 0.0% | Y | Referral Required |
| 50329 | BACKBENCH RECON OF CADAVER | 07/01/2005 | $170.54 | 0.0% | 0.0% | Y | Referral Required |
| 50340 | RECIPIENT NEPHRECTOMY | 07/01/2005 | $765.94 | 0.0% | 0.0% | N | Referral Required |
| 50360 | RENAL HOMOTRANSPLANTATION WO | 07/01/2005 | $1,779.70 | 0.0% | 0.0% | Y | Referral Required |
| 50365 | RENAL HOMOTRANSPLANTATION W/ | 07/01/2005 | $2,092.64 | 0.0% | 0.0% | Y | Referral Required |
| 50370 | REMOVAL OF TRANSPLANTED HOMO | 07/01/2005 | $843.28 | 0.0% | 0.0% | N | Referral Required |
| 50380 | RENAL AUTOTRANSPLANTATION RE | 07/01/2005 | $1,226.80 | 0.0% | 0.0% | Y | Referral Required |
| 50390 | ASPIRATION, RENAL CYST | 07/01/2005 | $94.64 | 0.0% | 0.0% | N | Referral Required |
| 50391 | INSTALLATION OF THERAPEUTIC AGENT | 07/01/2005 | $130.73 | 0.0% | 0.0% | N | Referral Required |
| 50392 | CATHETER, RENAL PELVIS | 07/01/2005 | $163.36 | 0.0% | 0.0% | N | Referral Required |
| 50393 | INTRO URETERAL CATH OR STENT | 07/01/2005 | $200.56 | 0.0% | 0.0% | N | Referral Required |
| 50394 | PYELOGRAPHY INJECTION PROC | 07/01/2005 | $113.93 | 0.0% | 0.0% | N | Referral Required |
| 50395 | INTRO OF GUIDE INTO RENAL PE | 07/01/2005 | $163.21 | 0.0% | 0.0% | N | Referral Required |
| 50396 | MANOMETRIC STUDIES, KINDEY | 07/01/2005 | $106.44 | 0.0% | 0.0% | N | Referral Required |
| 50398 | CHANGE NEPHROSTOMY TUBE | 07/01/2005 | $88.83 | 0.0% | 0.0% | N | Referral Required |
| 504 | TOTAL HEPATECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 50400 | PYELOPLASTY | 07/01/2005 | $1,056.26 | 0.0% | 0.0% | N | Referral Required |
| 50405 | PYELOPLASTY | 07/01/2005 | $1,278.87 | 0.0% | 0.0% | N | Referral Required |
| 50420 | NEPHROPEXY | 07/01/2005 | $921.62 | 0.0% | 0.0% | N | Referral Required |
| 50500 | NEPHRORRHAPHY | 07/01/2005 | $1,106.48 | 0.0% | 0.0% | N | Referral Required |
| 5051 | AUXILIARY LIVER TRANSPL | 10/01/1991 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 50520 | CLSR, FISTULA NEPHROCUTANEOU | 07/01/2005 | $1,032.96 | 0.0% | 0.0% | N | Referral Required |
| 50525 | CLSR, FISTULA NEPHROVISCERAL | 07/01/2005 | $1,268.47 | 0.0% | 0.0% | N | Referral Required |
| 50526 | CLSR, FISTULA NEPHROVISCERAL | 07/01/2005 | $1,384.98 | 0.0% | 0.0% | N | Referral Required |
| 50540 | SYMPHYSIOTOMY | 07/01/2005 | $1,084.90 | 0.0% | 0.0% | N | Referral Required |
| 50541 | LAPAROSCOPY ABLATION OF RENAL | 07/01/2005 | $818.26 | 0.0% | 0.0% | N | Referral Required |
| 50542 | LAPAROSCOPY, SURGICAL; ABLATION OF | 07/01/2005 | $974.94 | 0.0% | 0.0% | N | Referral Required |
| 50543 | LAPAROSCOPY, SURGICAL; PARTIAL NEPH | 07/01/2005 | $1,231.55 | 0.0% | 0.0% | N | Referral Required |
| 50544 | LAPAROSCOPY PYELOPLASTY | 07/01/2005 | $1,130.63 | 0.0% | 0.0% | N | Referral Required |
| 50545 | LAPAROSCOPIC RADICAL | 07/01/2005 | $1,210.57 | 0.0% | 0.0% | N | Referral Required |
| 50546 | LAPAROSCOPY NEPHRECTOMY | 07/01/2005 | $1,039.67 | 0.0% | 0.0% | N | Referral Required |
| 50547 | DONOR NEPHRECTOMY LIVING DONOR | 07/01/2005 | $1,327.53 | 0.0% | 0.0% | N | Referral Required |
| 50548 | LAPAROSCOPY, NEPHROURETEROECTOM | 07/01/2005 | $1,225.86 | 0.0% | 0.0% | N | Referral Required |
| 50549 | LAPAROSCOPY | 01/01/2000 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 50551 | ENDOSCOPY, RENAL | 07/01/2005 | $370.39 | 0.0% | 0.0% | N | Referral Required |
| 50553 | ENDOSCOPY, RENAL | 07/01/2005 | $758.54 | 0.0% | 0.0% | N | Referral Required |
| 50555 | ENDOSCOPY, RENAL | 07/01/2005 | $905.98 | 0.0% | 0.0% | N | Referral Required |
| 50557 | ENDOSCOPY, RENAL | 07/01/2005 | $913.36 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 50561 | ENDOSCOPY, RENAL | 07/01/2005 | $885.80 | 0.0% | 0.0% | N | Referral Required |
| 50562 | RENAL ENDOSCOPY; WITH RESECTION OF | 07/01/2005 | $517.22 | 0.0% | 0.0% | N | Referral Required |
| 50570 | ENDOSCOPY, RENAL | 07/01/2005 | $460.63 | 0.0% | 0.0% | N | Referral Required |
| 50572 | ENDOSCOPY, RENAL | 07/01/2005 | $500.51 | 0.0% | 0.0% | N | Referral Required |
| 50574 | ENDOSCOPY, RENAL | 07/01/2005 | $536.35 | 0.0% | 0.0% | N | Referral Required |
| 50575 | RENAL ENDOSCOPY WITH ENDOPYE | 07/01/2005 | $674.78 | 0.0% | 0.0% | N | Referral Required |
| 50576 | ENDOSCOPY, RENAL | 07/01/2005 | $531.17 | 0.0% | 0.0% | N | Referral Required |
| 50580 | ENDOSCOPY, RENAL | 07/01/2005 | $572.79 | 0.0% | 0.0% | N | Referral Required |
| 5059 | LIVER TRANSPLANT NEC | 10/01/1991 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 50590 | LITHOTRIPSY,EXTRACORPOREAL S | 07/01/2005 | $693.01 | 0.0% | 0.0% | N | Referral Required |
| 50600 | URETEROTOMY | 07/01/2005 | $887.79 | 0.0% | 0.0% | N | Referral Required |
| 50605 | URETEROTOMY FOR INSERTION OF | 07/01/2005 | $870.45 | 0.0% | 0.0% | N | Referral Required |
| 5061 | CLOSURE LIVER LACERAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 50610 | URETEROLITHOTOMY | 07/01/2005 | $893.00 | 0.0% | 0.0% | N | Referral Required |
| 50620 | URETEROLITHOTOMY | 07/01/2005 | $844.66 | 0.0% | 0.0% | N | Referral Required |
| 50630 | URETEROLITHOTOMY | 07/01/2005 | $834.26 | 0.0% | 0.0% | N | Referral Required |
| 50650 | URETERECTOMY | 07/01/2005 | $966.90 | 0.0% | 0.0% | N | Referral Required |
| 50660 | URETERECTOMY | 07/01/2005 | $1,069.89 | 0.0% | 0.0% | N | Referral Required |
| 50684 | URETEROGRAPHY INJECTION | 07/01/2005 | $524.00 | 0.0% | 0.0% | N | Referral Required |
| 50686 | MANOMETRIC STUDIES, URETER | 07/01/2005 | $223.72 | 0.0% | 0.0% | N | Referral Required |
| 50688 | URETEROSTOMY TUBE CHANGE | 07/01/2005 | $101.32 | 0.0% | 0.0% | N | Referral Required |
| 5069 | LIVER REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 50690 | URETEROPYELOGRAPHY INJ PROC | 07/01/2005 | $551.32 | 0.0% | 0.0% | N | Referral Required |
| 50700 | URETEROPLASTY | 07/01/2005 | $863.36 | 0.0% | 0.0% | N | Referral Required |
| 50715 | URETEROLYSIS | 07/01/2005 | $1,119.68 | 0.0% | 0.0% | N | Referral Required |
| 50722 | URETEROLYSIS | 07/01/2005 | $958.53 | 0.0% | 0.0% | N | Referral Required |
| 50725 | URETEROLYSIS | 07/01/2005 | $1,042.36 | 0.0% | 0.0% | N | Referral Required |
| 50727 | REVISION URINARY-CUTANEOUS A | 07/01/2005 | $519.72 | 0.0% | 0.0% | N | Referral Required |
| 50728 | REVISION URINARY-CUTANEOUS A | 07/01/2005 | $718.92 | 0.0% | 0.0% | N | Referral Required |
| 50740 | URETEROPYELOSTOMY | 07/01/2005 | $1,009.40 | 0.0% | 0.0% | N | Referral Required |
| 50750 | URETEROCALYCOSTOMY | 07/01/2005 | $1,071.03 | 0.0% | 0.0% | N | Referral Required |
| 50760 | URETEROURETEROSTOMY | 07/01/2005 | $1,019.79 | 0.0% | 0.0% | N | Referral Required |
| 50770 | TRANSURETEROURETEROSTOMY | 07/01/2005 | $1,069.57 | 0.0% | 0.0% | N | Referral Required |
| 50780 | URETERONEOCYSTOSTOMY | 07/01/2005 | $1,013.40 | 0.0% | 0.0% | N | Referral Required |
| 50782 | ANASTOMOSIS OF DUPLICATED UR | 07/01/2005 | $1,117.28 | 0.0% | 0.0% | N | Referral Required |
| 50783 | WITH EXTENSIVE URETERAL TAIL | 07/01/2005 | $1,134.93 | 0.0% | 0.0% | N | Referral Required |
| 50785 | URETERONEOCYSTOSTOMY | 07/01/2005 | $1,120.04 | 0.0% | 0.0% | N | Referral Required |
| 50800 | URETEROENTEROSTOMY | 07/01/2005 | $870.36 | 0.0% | 0.0% | N | Referral Required |
| 50810 | URETEROSIGMOIDOSTOMY | 07/01/2005 | $1,158.29 | 0.0% | 0.0% | N | Referral Required |
| 50815 | URETEROCOLON CONDUIT, INCLUD | 07/01/2005 | $1,128.06 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 50820 | URETEROILEAL CONDUIT | 07/01/2005 | $1,222.00 | 0.0% | 0.0% | N | Referral Required |
| 50825 | CONTINENT DIV,INC BOWEL ANAS | 07/01/2005 | $1,552.72 | 0.0% | 0.0% | N | Referral Required |
| 50830 | URINARY UNDIVERSION | 07/01/2005 | $1,693.30 | 0.0% | 0.0% | N | Referral Required |
| 50840 | REPLACEMENT, URETER | 07/01/2005 | $1,133.61 | 0.0% | 0.0% | N | Referral Required |
| 50845 | CUTANEOUS APPENDICO VESICOSTOMY | 07/01/2005 | $1,111.82 | 0.0% | 0.0% | N | Referral Required |
| 50860 | URETEROSTOMY | 07/01/2005 | $866.27 | 0.0% | 0.0% | N | Referral Required |
| 50900 | URETERORRHAPHY | 07/01/2005 | $775.05 | 0.0% | 0.0% | N | Referral Required |
| 5091 | PERCUTAN LIVER ASPIRAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5092 | EXTRACORPOR HEPAT ASSIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 50920 | CLSR, FISTULA URETEROCUTANOU | 07/01/2005 | $807.55 | 0.0% | 0.0% | N | Referral Required |
| 5093 | LOCAL PERFUSION LIVER | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 50930 | CLSR, FISTULA URETEROVISCERA | 07/01/2005 | $1,059.32 | 0.0% | 0.0% | N | Referral Required |
| 5094 | HEPATIC INJECTION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 50940 | DELIGATION, URETER | 07/01/2005 | $820.07 | 0.0% | 0.0% | N | Referral Required |
| 50945 | LAPAROSCOPY | 07/01/2005 | $878.03 | 0.0% | 0.0% | N | Referral Required |
| 50947 | LAPAROSCOPIC URETERONECYSTOSTOMY | 07/01/2005 | $1,306.13 | 0.0% | 0.0% | N | Referral Required |
| 50948 | LAPAROSCOPIC URETERONEOCYSTOSTOM | 07/01/2005 | $1,193.89 | 0.0% | 0.0% | N | Referral Required |
| 50949 | UNLISTED LAPAROSCOPY | 01/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 50950 | URETERAL ENDOSCOPY | 07/01/2005 | $130.24 | 0.0% | 0.0% | N | Referral Required |
| 50951 | URETERAL ENDOSCOPY | 07/01/2005 | $390.96 | 0.0% | 0.0% | N | Referral Required |
| 50952 | URETERAL ENDOSCOPY | 07/01/2005 | $150.25 | 0.0% | 0.0% | N | Referral Required |
| 50953 | URETERAL ENDOSCOPY | 07/01/2005 | $777.82 | 0.0% | 0.0% | N | Referral Required |
| 50954 | URETERAL ENDOSCOPY | 07/01/2005 | $150.25 | 0.0% | 0.0% | N | Referral Required |
| 50955 | URETERAL ENDOSCOPY | 07/01/2005 | $946.91 | 0.0% | 0.0% | N | Referral Required |
| 50956 | URETERAL ENDOSCOPY | 07/01/2005 | $160.30 | 0.0% | 0.0% | N | Referral Required |
| 50957 | URETERAL ENDOSCOPY | 07/01/2005 | $900.19 | 0.0% | 0.0% | N | Referral Required |
| 50958 | URETERAL ENDOSCOPY | 07/01/2005 | $180.33 | 0.0% | 0.0% | N | Referral Required |
| 50960 | URETERAL ENDOSCOPY | 07/01/2005 | $160.30 | 0.0% | 0.0% | N | Referral Required |
| 50961 | URETERAL ENDOSCOPY | 07/01/2005 | $996.11 | 0.0% | 0.0% | N | Referral Required |
| 50970 | URETERAL ENDOSCOPY | 07/01/2005 | $345.12 | 0.0% | 0.0% | N | Referral Required |
| 50972 | URETERAL ENDOSCOPY | 07/01/2005 | $338.35 | 0.0% | 0.0% | N | Referral Required |
| 50974 | URETERAL ENDOSCOPY | 07/01/2005 | $444.12 | 0.0% | 0.0% | N | Referral Required |
| 50976 | URETERAL ENDOSCOPY | 07/01/2005 | $437.13 | 0.0% | 0.0% | N | Referral Required |
| 50980 | URETERAL ENDOSCOPY | 07/01/2005 | $331.34 | 0.0% | 0.0% | N | Referral Required |
| 5099 | LIVER OPERATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 51000 | ASPIRATION, BLADDER | 07/01/2005 | $96.02 | 0.0% | 0.0% | N | Referral Required |
| 51005 | ASPIRATION, BLADDER | 07/01/2005 | $149.46 | 0.0% | 0.0% | N | Referral Required |
| 5101 | PERCUTAN ASPIRATION GB | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 51010 | ASPIRATION, BLADDER | 07/01/2005 | $277.22 | 0.0% | 0.0% | N | Referral Required |
| 5102 | TROCAR CHOLECYSTOSTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 51020 | CYSTOTOMY/CYSTOSTOMY | 07/01/2005 | $438.09 | 0.0% | 0.0% | N | Referral Required |
| 5103 | CHOLECYSTOSTOMY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 51030 | CYSTOTOMY/CYSTOSTOMY | 07/01/2005 | $449.82 | 0.0% | 0.0% | N | Referral Required |
| 5104 | CHOLECYSTOTOMY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 51040 | CYSTOTOMY/CYSTOSTOMY | 07/01/2005 | $310.92 | 0.0% | 0.0% | N | Referral Required |
| 51045 | CYSTOTOMY/CYSTOSTOMY | 07/01/2005 | $450.75 | 0.0% | 0.0% | N | Referral Required |
| 51050 | CYSTOLITHOTOMY | 07/01/2005 | $430.78 | 0.0% | 0.0% | N | Referral Required |
| 51060 | TRANSVESICAL URETEROLITHOTOM | 07/01/2005 | $544.06 | 0.0% | 0.0% | N | Referral Required |
| 51065 | CYSTOTOMY | 07/01/2005 | $528.36 | 0.0% | 0.0% | N | Referral Required |
| 51080 | DRAINAGE, ABSCESS, PERIVESIC | 07/01/2005 | $408.15 | 0.0% | 0.0% | N | Referral Required |
| 5110 | ENDOSCOPIC RETROGRADE CHOLANGIOPA | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5111 | BILIARY TRACT ENDOSCOPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5112 | PERCUT BILIARY TRACT BX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5113 | BILIARY TRACT BX NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5114 | OTHER CLOSED ENDOSCOPIC BIOPSY OF B | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5115 | PRESSURE MEASUREMENT OF SPHINCTER | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5119 | BILIARY TR DX PROC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5121 | PARTIAL CHOLECYSTECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5122 | TOTAL CHOLECYSTECTOMY | 06/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5123 | LAPAROSCOPIC CHOLECYSTECTOMY | 06/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5124 | LAPAROSCOPIC PARTIAL CHOLECYSTECTO | 01/01/1997 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5131 | GB-TO-HEPAT DUCT ANAST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5132 | GB-TO-INTESTINE ANASTOM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5133 | GB-TO-PANCREAS ANASTOM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5134 | GB-TO-STOMACH ANASTOMOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5135 | GALLBLADDER ANASTOM NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5136 | CHOLEDOCHOENTEROSTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5137 | HEPATIC DUCT-GI ANASTOM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5139 | BILE DUCT ANASTOMOS NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5141 | CDE FOR CALCULUS REMOV | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5142 | CDE FOR OBSTRUCTION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5143 | CHOLEDOCHOHEPAT INTUBAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5149 | INCIS OBSTR BILE DUC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 51500 | EXCISION, CYST, URACHAL | 07/01/2005 | $583.59 | 0.0% | 0.0% | N | Referral Required |
| 5151 | COMMON DUCT EXPLORATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 51520 | CYSTOTOMY | 07/01/2005 | $564.92 | 0.0% | 0.0% | N | Referral Required |
| 51525 | CYSTOTOMY | 07/01/2005 | $787.52 | 0.0% | 0.0% | N | Referral Required |
| 51530 | CYSTOTOMY | 07/01/2005 | $718.54 | 0.0% | 0.0% | N | Referral Required |
| 51535 | CYSTOTOMY | 07/01/2005 | $740.73 | 0.0% | 0.0% | N | Referral Required |
| 51550 | CYSTECTOMY | 07/01/2005 | $869.55 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 51555 | CYSTECTOMY | 07/01/2005 | $1,152.50 | 0.0% | 0.0% | N | Referral Required |
| 51565 | URETERONEOCYSTOSTOMY | 07/01/2005 | $1,187.57 | 0.0% | 0.0% | N | Referral Required |
| 51570 | CYSTECTOMY | 07/01/2005 | $1,317.72 | 0.0% | 0.0% | N | Referral Required |
| 51575 | CYSTECTOMY | 07/01/2005 | $1,637.33 | 0.0% | 0.0% | N | Referral Required |
| 51580 | CYSTECTOMY | 07/01/2005 | $1,682.91 | 0.0% | 0.0% | N | Referral Required |
| 51585 | CYSTECTOMY | 07/01/2005 | $1,880.59 | 0.0% | 0.0% | N | Referral Required |
| 5159 | BILE DUCT INCISION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 51590 | CYSTECTOMY | 07/01/2005 | $1,741.06 | 0.0% | 0.0% | N | Referral Required |
| 51595 | CYSTECTOMY | 07/01/2005 | $1,957.19 | 0.0% | 0.0% | N | Referral Required |
| 51596 | CYSTECTOMY;U SEG SM/LG BOWEL | 07/01/2005 | $2,091.68 | 0.0% | 0.0% | N | Referral Required |
| 51597 | PELVIC EXENTERATION COMPLETE | 07/01/2005 | $2,022.40 | 0.0% | 0.0% | N | Referral Required |
| 51600 | CYSTOGRAPHY, INJECTION PROC | 07/01/2005 | $214.32 | 0.0% | 0.0% | N | Referral Required |
| 51605 | URETHROCYSTOGRAPHY, INJ PROC | 07/01/2005 | $576.14 | 0.0% | 0.0% | N | Referral Required |
| 5161 | EXCIS CYST DUCT REMNANT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 51610 | URETHROCYSTOGRAPHY, INJ PROC | 07/01/2005 | $573.58 | 0.0% | 0.0% | N | Referral Required |
| 5162 | EXCIS AMPULLA OF VATER | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5163 | COMMON DUCT EXCIS NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5164 | ENDOSCOPIT EXCISION OF LESION OF BI | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5169 | BILE DUCT EXCISION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 51700 | BLADDER IRRIGATION | 07/01/2005 | $76.18 | 0.0% | 0.0% | N | Referral Required |
| 51701 | INSERTION NON-INDWELLING BLADDER | 07/01/2005 | $51.17 | 0.0% | 0.0% | N | Referral Required |
| 51702 | INSERTION OF TEMPORARY INDWELLING | 07/01/2005 | $79.89 | 0.0% | 0.0% | N | Referral Required |
| 51703 | INSERTION TEMP. INDWELLING BLADDER | 07/01/2005 | $112.40 | 0.0% | 0.0% | N | Referral Required |
| 51705 | CYSTOSTOMY TUBE CHANGE | 07/01/2005 | $108.80 | 0.0% | 0.0% | N | Referral Required |
| 5171 | SIMPLE SUT-COMMON DUCT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 51710 | CYSTOSTOMY TUBE CHANGE | 07/01/2005 | $223.99 | 0.0% | 0.0% | N | Referral Required |
| 51715 | ENDOSCOPIC INJECTION OF IMPL | 07/01/2005 | $285.63 | 0.0% | 0.0% | N | Referral Required |
| 5172 | CHOLEDOCHOPLASTY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 51720 | BLADDER INSTILLATION | 07/01/2005 | $128.22 | 0.0% | 0.0% | N | Referral Required |
| 51725 | CYSTOMETROGRAM | 07/01/2005 | $252.21 | 15.0% | 85.0% | N | Referral Required |
| 51726 | COMPLEX CYSTOMETROGRAM | 07/01/2005 | $217.85 | 17.0% | 83.0% | N | Referral Required |
| 51736 | UROFLOWMETRIC EVALUATION | 07/01/2005 | $58.21 | 12.0% | 88.0% | N | Referral Required |
| 51741 | COMPLEX UROFLOWMETRY | 07/01/2005 | $106.42 | 10.0% | 90.0% | N | Referral Required |
| 51772 | URETHRAL PRESSURE PROFILE ST | 07/01/2005 | $217.07 | 17.0% | 83.0% | N | Referral Required |
| 51784 | ELECTROMYOGRAPHY ANAL/URETHR | 07/01/2005 | $168.40 | 16.0% | 84.0% | N | Referral Required |
| 51785 | NEEDLE ELECTROMYOGRAPHY STD | 07/01/2005 | $171.51 | 19.0% | 81.0% | N | Referral Required |
| 5179 | BILE DUCT REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 51792 | STIMULUS EVOKED RESPONSE | 07/01/2005 | $153.25 | 46.0% | 54.0% | N | Referral Required |
| 51795 | VOIDING PRESSURE STUDIES;BLA | 07/01/2005 | $218.20 | 31.0% | 69.0% | N | Referral Required |
| 51797 | VOIDING PRESSURE STUDIES,INT | 07/01/2005 | $220.97 | 19.0% | 81.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 51798 | MEASUREMENT POST-VOIDING RESIDUAL | 07/01/2005 | $16.39 | 0.0% | 0.0% | N | Referral Required |
| 51800 | CYSTOPLASTY | 07/01/2005 | $965.16 | 0.0% | 0.0% | N | Referral Required |
| 5181 | SPHINCTER OF ODDI DILAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5182 | PANCREAT SPHINCTEROTOM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 51820 | CYSTOURETHROPLASTY | 07/01/2005 | $1,030.86 | 0.0% | 0.0% | N | Referral Required |
| 5183 | PANCREAT SPHINCTEROPLAS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5184 | ENDOSCOPIC DILATION OF AMPULLA & BI | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 51840 | URETHROPEXY/VESICOURETHROPEX | 07/01/2005 | $628.68 | 0.0% | 0.0% | N | Referral Required |
| 51841 | URETHROPEXY/VESICOURETHROPEX | 07/01/2005 | $771.12 | 0.0% | 0.0% | N | Referral Required |
| 51845 | ABDOMINO-VAGINAL VESICAL NEC | 07/01/2005 | $589.43 | 0.0% | 0.0% | N | Referral Required |
| 5185 | ENDOSCOPIC SPHINCTEROTOMY & PAPIL | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5186 | ENDOSCOPIC INSERTION OF NASOBILIARY | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 51860 | CYSTORRHAPHY | 07/01/2005 | $709.85 | 0.0% | 0.0% | N | Referral Required |
| 51865 | CYSTORRHAPHY | 07/01/2005 | $854.75 | 0.0% | 0.0% | N | Referral Required |
| 5187 | ENDOSCOPIC INSERTION OF STENT TUBE | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5188 | ENDOSCOPIC REMOVAL OF STONES FROM | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 51880 | CLOSURE, CYSTOSTOMY | 07/01/2005 | $483.09 | 0.0% | 0.0% | N | Referral Required |
| 5189 | SPHINCT OF ODDI OP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 51900 | VESICOVAGINAL FISTULA CLOSUR | 07/01/2005 | $756.55 | 0.0% | 0.0% | N | Referral Required |
| 5191 | REPAIR GB LACERATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5192 | CLOSURE CHOLECYSTOSTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 51920 | CLOSURE OF VESICOUTERINE FIS | 07/01/2005 | $693.49 | 0.0% | 0.0% | N | Referral Required |
| 51925 | CLOSURE VESICOUTERINE FISTUL | 07/01/2005 | $906.71 | 0.0% | 0.0% | N | Referral Required |
| 5193 | CLOS BILIARY FISTUL NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5194 | REVIS BILE TRACT ANASTOM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 51940 | CLOSURE OF BLADDER EXTROPHY | 07/01/2005 | $1,601.34 | 0.0% | 0.0% | N | Referral Required |
| 5195 | REMOVE BILE DUCT PROSTH | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5196 | PERC EXTRAC COM DUC CALC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 51960 | ENTEROCYSTOPLASTY, INCLUDE B | 07/01/2005 | $1,296.19 | 0.0% | 0.0% | N | Referral Required |
| 5198 | PERCUT OP BILIARY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 51980 | CUTANEOUS VESICOSTOMY | 07/01/2005 | $663.52 | 0.0% | 0.0% | N | Referral Required |
| 5199 | BILIARY TRACT OP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 51990 | LAPAROSCOPY URETHRAL | 07/01/2005 | $692.89 | 0.0% | 0.0% | N | Referral Required |
| 51992 | LAPAROSCOPY SLING OPERATION | 07/01/2005 | $746.22 | 0.0% | 0.0% | N | Referral Required |
| 52000 | CYSTOSCOPY/URETHROSCOPY | 07/01/2005 | $188.45 | 0.0% | 0.0% | N | Referral Required |
| 52001 | CYSTOURETHROSCOPY W/ IRRIGATION | 07/01/2005 | $123.59 | 0.0% | 0.0% | N | Referral Required |
| 52005 | CYSTOSCOPY/URETHROSCOPY | 07/01/2005 | $530.49 | 0.0% | 0.0% | N | Referral Required |
| 52007 | CYSTOURETHROSCOPY W/URETER C | 07/01/2005 | $145.69 | 0.0% | 0.0% | N | Referral Required |
| 5201 | CATH DRAIN-PANCREAT CYST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 52010 | CYSTOSCOPY/URETHROSCOPY | 07/01/2005 | $307.14 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 5209 | PANCREATOTOMY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5211 | PANCREATIC NEEDLE BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5212 | PANCREATIC BIOPSY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5213 | ENDOSCOPIC RETROGRADE PANCREATOGR | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5214 | CLOSED EDOSCOPIC BIOPSY OF PANCREA | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5219 | PANCREATIC DX PROC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 52204 | CYSTOSCOPY/URETHROSCOPY | 07/01/2005 | $291.77 | 0.0% | 0.0% | N | Referral Required |
| 5221 | ENDOSCOPIC EXCISION OF LESION OF PA | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 52212 | CYSTOSCOPY/URETHROSCOPY | 07/01/2005 | $160.30 | 0.0% | 0.0% | N | Referral Required |
| 52214 | CYSTOSCOPY/URETHROSCOPY | 07/01/2005 | $353.18 | 0.0% | 0.0% | N | Referral Required |
| 5222 | OTHER EXCISION OF LESION OF PANCREA | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 52222 | CYSTOSCOPY/URETHROSCOPY | 07/01/2005 | $160.30 | 0.0% | 0.0% | N | Referral Required |
| 52224 | CYSTOSCOPY/URETHROSCOPY | 07/01/2005 | $327.96 | 0.0% | 0.0% | N | Referral Required |
| 52234 | CYSTOSCOPY/URETHROSCOPY | 07/01/2005 | $227.07 | 0.0% | 0.0% | N | Referral Required |
| 52235 | CYSTOSCOPY/URETHROSCOPY | 07/01/2005 | $267.09 | 0.0% | 0.0% | N | Referral Required |
| 52240 | CYSTOSCOPY/URETHROSCOPY | 07/01/2005 | $473.75 | 0.0% | 0.0% | N | Referral Required |
| 52250 | CYSTOSCOPY/URETHROSCOPY | 07/01/2005 | $217.44 | 0.0% | 0.0% | N | Referral Required |
| 52260 | CYSTOSCOPY/URETHROSCOPY | 07/01/2005 | $189.56 | 0.0% | 0.0% | N | Referral Required |
| 52265 | CYSTOSCOPY/URETHROSCOPY | 07/01/2005 | $233.60 | 0.0% | 0.0% | N | Referral Required |
| 52270 | CYSTOSCOPY/URETHROSCOPY | 07/01/2005 | $352.12 | 0.0% | 0.0% | N | Referral Required |
| 52275 | CYSTOSCOPY/URETHROSCOPY | 07/01/2005 | $419.29 | 0.0% | 0.0% | N | Referral Required |
| 52276 | CYSTOURETHROSCOPY WITH DIREC | 07/01/2005 | $434.75 | 0.0% | 0.0% | N | Referral Required |
| 52277 | CYSTOSCOPY/URETHROSCOPY | 07/01/2005 | $299.05 | 0.0% | 0.0% | N | Referral Required |
| 52281 | CYSTOSCOPY/URETHROSCOPY | 07/01/2005 | $583.96 | 0.0% | 0.0% | N | Referral Required |
| 52282 | CYSTOURETHROSCOPY, W/INSERT | 07/01/2005 | $744.47 | 0.0% | 0.0% | N | Referral Required |
| 52283 | CYSTOSCOPY/URETHROSCOPY | 07/01/2005 | $355.90 | 0.0% | 0.0% | N | Referral Required |
| 52285 | CYSTOSCOPY/URETHROSCOPY | 07/01/2005 | $367.07 | 0.0% | 0.0% | N | Referral Required |
| 52290 | CYSTOSCOPY/URETHROSCOPY | 07/01/2005 | $221.67 | 0.0% | 0.0% | N | Referral Required |
| 523 | PANCREAT CYST MARSUPIALI | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 52300 | CYSTOSCOPY/URETHROSCOPY | 07/01/2005 | $256.43 | 0.0% | 0.0% | N | Referral Required |
| 52301 | CYSTOURETHROSCOPY W/RESECTIO | 07/01/2005 | $265.59 | 0.0% | 0.0% | N | Referral Required |
| 52305 | CYSTOSCOPY/URETHROSCOPY | 07/01/2005 | $256.25 | 0.0% | 0.0% | N | Referral Required |
| 52310 | CYSTOSCOPY/URETHROSCOPY | 07/01/2005 | $231.38 | 0.0% | 0.0% | N | Referral Required |
| 52315 | CYSTOURETHROSCOPY W/REMOVAL | 07/01/2005 | $735.68 | 0.0% | 0.0% | N | Referral Required |
| 52317 | LITHOLAPAXY-CRUSHING OR FRAG | 07/01/2005 | $1,110.62 | 0.0% | 0.0% | N | Referral Required |
| 52318 | LITHOLAPAXY, COMPLICATED | 07/01/2005 | $443.37 | 0.0% | 0.0% | N | Referral Required |
| 52320 | CYSTOSCOPY/URETHROSCOPY | 07/01/2005 | $226.81 | 0.0% | 0.0% | N | Referral Required |
| 52325 | CYSTOURETHROSCOPYC/WFRAGMENT | 07/01/2005 | $297.19 | 0.0% | 0.0% | N | Referral Required |
| 52327 | CYSTOURETHROSCOPY; W/SUBURET | 07/01/2005 | $251.12 | 0.0% | 0.0% | N | Referral Required |
| 52330 | CYSTOSCOPY/URETHROSCOPY | 07/01/2005 | $873.34 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 52332 | CYSTOURETHROSCOPY, W/INSERT | 07/01/2005 | $727.02 | 0.0% | 0.0% | N | Referral Required |
| 52334 | CYSTOURETHROSCOPY W/INSERT U | 07/01/2005 | $232.81 | 0.0% | 0.0% | N | Referral Required |
| 52341 | CYSTOURETHROSCOPY | 07/01/2005 | $302.00 | 0.0% | 0.0% | N | Referral Required |
| 52342 | CYSTOURETHROSCOPY | 07/01/2005 | $326.81 | 0.0% | 0.0% | N | Referral Required |
| 52343 | CYSTOURETHROSCOPY | 07/01/2005 | $361.99 | 0.0% | 0.0% | N | Referral Required |
| 52344 | CYSTOURETHROSCOPY | 07/01/2005 | $387.15 | 0.0% | 0.0% | N | Referral Required |
| 52345 | CYSTOURETHROSCOPY | 07/01/2005 | $412.29 | 0.0% | 0.0% | N | Referral Required |
| 52346 | CYSTOURETHROSCOPY | 07/01/2005 | $464.19 | 0.0% | 0.0% | N | Referral Required |
| 52351 | CYSTOURETHROSCOPY | 07/01/2005 | $283.23 | 0.0% | 0.0% | N | Referral Required |
| 52352 | CYSTOURETHROSCOPY | 07/01/2005 | $332.27 | 0.0% | 0.0% | N | Referral Required |
| 52353 | CYSTOURETHROSCOPY | 07/01/2005 | $384.68 | 0.0% | 0.0% | N | Referral Required |
| 52354 | CYSTOURETHROSCOPY | 07/01/2005 | $354.67 | 0.0% | 0.0% | N | Referral Required |
| 52355 | CYSTOURETHROSCOPY | 07/01/2005 | $426.29 | 0.0% | 0.0% | N | Referral Required |
| 524 | INT DRAIN PANCREAT CYST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 52400 | CYSTOURETHROSCOPY | 07/01/2005 | $549.28 | 0.0% | 0.0% | N | Referral Required |
| 52402 | CYSTOURETHROSCOPY WITH | 07/01/2005 | $266.41 | 0.0% | 0.0% | N | Referral Required |
| 52450 | TRANSURETHRAL INCISION OF PR | 07/01/2005 | $500.03 | 0.0% | 0.0% | N | Referral Required |
| 52500 | RESECTION, VESICAL NECK | 07/01/2005 | $538.89 | 0.0% | 0.0% | N | Referral Required |
| 5251 | PROXIMAL PANCREATECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 52510 | TRANSURETHRAL BALLOON DILATI | 07/01/2005 | $440.73 | 0.0% | 0.0% | N | Referral Required |
| 5252 | DISTAL PANCREATECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5253 | RAD SUBTOT PANCREATECTOM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5259 | PARTIAL PANCREATECT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 526 | TOTAL PANCREATECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 52601 | RESECTION, PROSTATE | 07/01/2005 | $728.25 | 0.0% | 0.0% | N | Referral Required |
| 52605 | FULGURATION, TRANSURETHRAL | 07/01/2005 | $210.38 | 0.0% | 0.0% | N | Referral Required |
| 52606 | FULGURATION, TRANSURETHRAL | 07/01/2005 | $508.64 | 0.0% | 0.0% | N | Referral Required |
| 52612 | RESECTION, PROSTATE | 07/01/2005 | $517.92 | 0.0% | 0.0% | N | Referral Required |
| 52614 | RESECTION, PROSTATE | 07/01/2005 | $461.73 | 0.0% | 0.0% | N | Referral Required |
| 52620 | RESECTION, PROSTATE | 07/01/2005 | $450.44 | 0.0% | 0.0% | N | Referral Required |
| 52630 | RESECTION, PROSTATE | 07/01/2005 | $481.83 | 0.0% | 0.0% | N | Referral Required |
| 52640 | RESECTION, PROSTATE | 07/01/2005 | $434.63 | 0.0% | 0.0% | Y | Referral Required |
| 52647 | NON-CONTACT LASER COAGULATIO | 07/01/2005 | $2,342.98 | 0.0% | 0.0% | N | Referral Required |
| 52648 | CONTACT LASER VAPORIZATION, | 07/01/2005 | $667.52 | 0.0% | 0.0% | N | Referral Required |
| 527 | RAD PANCREATICODUODENECT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 52700 | DRAINAGE, ABSCESS, PROSTATE | 07/01/2005 | $460.96 | 0.0% | 0.0% | N | Referral Required |
| 5280 | PANCREAT TRANSPLANT NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 52800 | LITHOLAPAXY | 07/01/2005 | $581.03 | 0.0% | 0.0% | N | Referral Required |
| 52805 | LITHOLAPAXY | 07/01/2005 | $801.41 | 0.0% | 0.0% | N | Referral Required |
| 5281 | REIMPLANT PANCREATIC TIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 5282 | PANCREATIC HOMOTRANSPLAN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5283 | PANCREATIC HETEROTRANSPL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5284 | AUTORANSPLANTATION OF CELLS | 01/01/1997 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5285 | ALLOTRANSPLANTATION OF CELLS-ISLETS | 01/01/1997 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5286 | TRANSPLANTATION OF CELLS- LETS-LANG | 01/01/1997 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5292 | OTH CANNULATION-PANC DCT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5293 | DILATION-WIRSUNG'S DUCT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5294 | WIRSUNG'S DUCT REPAIR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5295 | PANCREATIC REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5296 | PANCREATIC ANASTOMOSIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5297 | ENDOSCOPIC INSERTION OF NASOPANCRE | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5298 | ENDOSCOPIC DELATION OF PANCREATIC D | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5299 | PANCREATIC OPERATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5300 | UNILAT ING HERN REP NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 53000 | URETHROTOMY/URETHROSTOMY | 07/01/2005 | $331.09 | 0.0% | 0.0% | N | Referral Required |
| 5301 | REPAIR DIRECT ING HERNIA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 53010 | URETHROTOMY/URETHROSTOMY | 07/01/2005 | $270.71 | 0.0% | 0.0% | N | Referral Required |
| 5302 | REPAIR INDIR ING HERNIA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 53020 | MEATOTOMY | 07/01/2005 | $211.99 | 0.0% | 0.0% | N | Referral Required |
| 53025 | MEATOTOMY | 07/01/2005 | $200.78 | 0.0% | 0.0% | N | Referral Required |
| 5303 | DIR ING HERNIA REP-GRAFT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5304 | IND ING HERNIA REP-GRAFT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 53040 | CYSTOSCOPY/URETHROSCOPY | 07/01/2005 | $724.56 | 0.0% | 0.0% | N | Referral Required |
| 5305 | ING HERNIA REP-GRAFT NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 53060 | DRAINAGE, CYST, SKENES GLAND | 07/01/2005 | $303.94 | 0.0% | 0.0% | N | Referral Required |
| 53080 | DRAINAGE URINARY EXTRAVASATI | 07/01/2005 | $510.47 | 0.0% | 0.0% | N | Referral Required |
| 53085 | DRAINAGE URINARY EXTRAVASATI | 07/01/2005 | $721.71 | 0.0% | 0.0% | N | Referral Required |
| 5310 | BILAT ING HERNIA REP NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5311 | BILAT DIR ING HERN REP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5312 | BILAT IND ING HERN REP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5313 | BIL DIR/IND ING HRN REP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5314 | BIL DIR ING HRN REP-GRFT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5315 | BIL IND ING HRN REP-GRFT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5316 | BIL DIR/IND ING HERN-PRO | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5317 | BIL ING HRN REP-GRFT NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 53200 | BIOPSY, URETHRA | 07/01/2005 | $282.23 | 0.0% | 0.0% | N | Referral Required |
| 5321 | UNIL FEMOR HRN REP-GRFT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 53210 | URETHRECTOMY | 07/01/2005 | $731.46 | 0.0% | 0.0% | N | Referral Required |
| 53215 | URETHRECTOMY | 07/01/2005 | $868.73 | 0.0% | 0.0% | N | Referral Required |
| 53220 | EXCISION, CARCINOMA, URETHRA | 07/01/2005 | $448.57 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 53230 | EXCISION URETHRAL DIVERTICUL | 07/01/2005 | $565.82 | 0.0% | 0.0% | N | Referral Required |
| 53235 | EXCISION URETHRAL DIVERTICUL | 07/01/2005 | $590.26 | 0.0% | 0.0% | N | Referral Required |
| 53240 | MARSUP, URETHRAL DIVERTICULU | 07/01/2005 | $415.52 | 0.0% | 0.0% | N | Referral Required |
| 53250 | EXCISION, BULBOURETHRAL GLAN | 07/01/2005 | $374.93 | 0.0% | 0.0% | N | Referral Required |
| 53260 | EXCISION, URETHRAL POLYP | 07/01/2005 | $313.23 | 0.0% | 0.0% | N | Referral Required |
| 53265 | FULGURATION, URETHRAL CARUNC | 07/01/2005 | $333.89 | 0.0% | 0.0% | N | Referral Required |
| 53270 | EXCISION, SKENES GLANDS | 07/01/2005 | $347.20 | 0.0% | 0.0% | N | Referral Required |
| 53275 | CYSTOSCOPY/URETHROSCOPY | 07/01/2005 | $281.44 | 0.0% | 0.0% | N | Referral Required |
| 5329 | UNIL FEMOR HERN REP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5331 | BIL FEM HERN REPAIR-GRFT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5339 | BIL FEM HERN REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 53400 | URETHROPLASTY | 07/01/2005 | $749.63 | 0.0% | 0.0% | N | Referral Required |
| 53405 | URETHROPLASTY | 07/01/2005 | $822.18 | 0.0% | 0.0% | N | Referral Required |
| 5341 | UMBIL HERNIA REPAIR-GRFT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 53410 | URETHROPLASTY | 07/01/2005 | $913.99 | 0.0% | 0.0% | N | Referral Required |
| 53415 | URETHROPLASTY, TRANSPUBIC OR | 07/01/2005 | $1,055.38 | 0.0% | 0.0% | N | Referral Required |
| 53420 | URETHROPLASTY | 07/01/2005 | $814.53 | 0.0% | 0.0% | N | Referral Required |
| 53425 | URETHROPLASTY | 07/01/2005 | $890.80 | 0.0% | 0.0% | N | Referral Required |
| 53430 | URETHROPLASTY | 07/01/2005 | $915.06 | 0.0% | 0.0% | N | Referral Required |
| 53431 | URETHROPLASTY FOR INCONTINENCE | 07/01/2005 | $1,001.03 | 0.0% | 0.0% | N | Referral Required |
| 53440 | URINARY INCONTINENCE CORRECT | 07/01/2005 | $724.67 | 0.0% | 0.0% | N | Referral Required |
| 53442 | REMOVAL OF PERINEAL PROSTHES | 07/01/2005 | $508.53 | 0.0% | 0.0% | N | Referral Required |
| 53444 | INSERTION OF TANDEM CUFF | 07/01/2005 | $716.71 | 0.0% | 0.0% | N | Referral Required |
| 53445 | PLACEMENT OF INFLATABLE SPHI | 07/01/2005 | $809.40 | 0.0% | 0.0% | N | Referral Required |
| 53446 | REMOVAL INFLATABLE URETHRAL | 07/01/2005 | $658.73 | 0.0% | 0.0% | N | Referral Required |
| 53447 | REMOVAL, REPAIR, REPLACE INF | 07/01/2005 | $760.88 | 0.0% | 0.0% | N | Referral Required |
| 53448 | REMOVAL/REPLACEMENT OF URETHRAL | 07/01/2005 | $1,192.34 | 0.0% | 0.0% | N | Referral Required |
| 53449 | SURG CORRECT HYDRAULIC ABNOR | 07/01/2005 | $581.80 | 0.0% | 0.0% | N | Referral Required |
| 53450 | URETHRAL MEATOPLASTY | 07/01/2005 | $398.16 | 0.0% | 0.0% | N | Referral Required |
| 53460 | CYSTOSCOPY/URETHROSCOPY | 07/01/2005 | $445.76 | 0.0% | 0.0% | N | Referral Required |
| 5349 | UMBIL HERNIA REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 53500 | URETHROLYSIS, TRANSVAGINAL | 07/01/2005 | $640.32 | 0.0% | 0.0% | N | Referral Required |
| 53502 | URETHRORRHAPHY SUTURE URETHR | 07/01/2005 | $475.32 | 0.0% | 0.0% | N | Referral Required |
| 53505 | URETHRORRHAPHY | 07/01/2005 | $468.63 | 0.0% | 0.0% | N | Referral Required |
| 5351 | INCISIONAL HERNIA REPAIR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 53510 | URETHRORRHAPHY | 07/01/2005 | $592.16 | 0.0% | 0.0% | N | Referral Required |
| 53515 | URETHRORRHAPHY | 07/01/2005 | $752.17 | 0.0% | 0.0% | N | Referral Required |
| 53520 | URETHROSTOMY CLOSURE | 07/01/2005 | $524.22 | 0.0% | 0.0% | N | Referral Required |
| 5359 | ABD WALL HERN REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 53600 | DILATION, URETHRAL STRICTURE | 07/01/2005 | $84.13 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 53601 | DILATION, URETHRAL STRICTURE | 07/01/2005 | $79.62 | 0.0% | 0.0% | N | Referral Required |
| 53605 | DILATION, URETHRAL STRICTURE | 07/01/2005 | $62.07 | 0.0% | 0.0% | N | Referral Required |
| 5361 | INCIS HERNIA REPAIR-GRFT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 53620 | DILATION, URETHRAL STRICTURE | 07/01/2005 | $123.21 | 0.0% | 0.0% | N | Referral Required |
| 53621 | DILATION, URETHRAL STRICTURE | 07/01/2005 | $116.10 | 0.0% | 0.0% | N | Referral Required |
| 53660 | DILATION, URETHRA, FEMALE | 07/01/2005 | $66.56 | 0.0% | 0.0% | N | Referral Required |
| 53661 | DILATION, URETHRA, FEMALE | 07/01/2005 | $66.60 | 0.0% | 0.0% | N | Referral Required |
| 53665 | DILATION, URETHRA, FEMALE | 07/01/2005 | $37.19 | 0.0% | 0.0% | N | Referral Required |
| 5369 | ABD HERN REPAIR-GRFT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 537 | ABD REPAIR-DIAPHR HERNIA | 09/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5380 | THOR REP-DIAPH HERN NOS | 09/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5381 | DIAPHRAGMATIC PLICATION | 09/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5382 | PARASTERN HERNIA REPAIR | 09/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 53850 | TRANSURETHRAL DESTRUCT PROSTATE | 07/01/2005 | $3,240.72 | 0.0% | 0.0% | N | Referral Required |
| 53852 | TRANSURETHRAL DESTRUCT PROSTRATE | 07/01/2005 | $2,860.02 | 0.0% | 0.0% | N | Referral Required |
| 53853 | WATER-INDUCED THERMOTHERAPY | 07/01/2005 | $1,897.66 | 0.0% | 0.0% | N | Referral Required |
| 53899 | UNLISTED PROC, URINARY SYST | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 539 | OTHER HERNIA REPAIR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 54000 | DORSAL SLIT | 07/01/2005 | $244.14 | 0.0% | 0.0% | N | Referral Required |
| 54001 | DORSAL SLIT | 07/01/2005 | $297.98 | 0.0% | 0.0% | N | Referral Required |
| 54015 | INCISION & DRAINAGE, PENIS | 07/01/2005 | $460.03 | 0.0% | 0.0% | N | Referral Required |
| 54050 | CONDYLOMATA DESTRUCTION | 07/01/2005 | $140.02 | 0.0% | 0.0% | N | Referral Required |
| 54055 | CONDYLOMATA DESTRUCTION | 07/01/2005 | $264.43 | 0.0% | 0.0% | N | Referral Required |
| 54056 | CRYOSURGERY | 07/01/2005 | $143.46 | 0.0% | 0.0% | N | Referral Required |
| 54057 | DESTRUCTION OF LESION(S), PE | 07/01/2005 | $144.16 | 0.0% | 0.0% | N | Referral Required |
| 54060 | CONDYLOMATA DESTRUCTION | 07/01/2005 | $258.22 | 0.0% | 0.0% | N | Referral Required |
| 54065 | CONDYLOMATA DESTRUCTION | 07/01/2005 | $267.12 | 0.0% | 0.0% | N | Referral Required |
| 54100 | BIOPSY, PENIS | 07/01/2005 | $187.10 | 0.0% | 0.0% | N | Referral Required |
| 54105 | BIOPSY, PENIS | 07/01/2005 | $352.70 | 0.0% | 0.0% | N | Referral Required |
| 5411 | EXPLORATORY LAPAROTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 54110 | EXCISION, PENILE PLAQUE | 07/01/2005 | $646.36 | 0.0% | 0.0% | N | Referral Required |
| 54111 | EXCISION PENILE PLAQUE W/GRA | 07/01/2005 | $812.29 | 0.0% | 0.0% | N | Referral Required |
| 54112 | BIOPSY PENIS W/GRAFT GREATER | 07/01/2005 | $920.92 | 0.0% | 0.0% | N | Referral Required |
| 54115 | REMOVAL, FOREIGN BODY, PENIS | 07/01/2005 | $612.51 | 0.0% | 0.0% | N | Referral Required |
| 5412 | REOPEN RECENT LAP SITE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 54120 | AMPUTATION, PENIS | 07/01/2005 | $638.63 | 0.0% | 0.0% | N | Referral Required |
| 54125 | AMPUTATION, PENIS | 07/01/2005 | $811.23 | 0.0% | 0.0% | N | Referral Required |
| 54130 | AMPUTATION, PENIS | 07/01/2005 | $1,142.96 | 0.0% | 0.0% | N | Referral Required |
| 54135 | AMPUTATION, PENIS | 07/01/2005 | $1,462.49 | 0.0% | 0.0% | N | Referral Required |
| 54150 | CIRCUMCISION | 07/01/2005 | $267.71 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 54152 | CIRCUMCISION | 07/01/2005 | $144.19 | 0.0% | 0.0% | N | Referral Required |
| 54160 | CIRCUMCISION | 07/01/2005 | $258.61 | 0.0% | 0.0% | N | Referral Required |
| 54161 | CIRCUMCISION | 07/01/2005 | $190.71 | 0.0% | 0.0% | N | Referral Required |
| 54162 | LYSIS/EXCISION PENILE | 07/01/2005 | $207.37 | 0.0% | 0.0% | N | Referral Required |
| 54163 | REPAIR INCOMPLETE CIRCUMCISION | 07/01/2005 | $195.15 | 0.0% | 0.0% | N | Referral Required |
| 54164 | FRENULOTOMY OF PENIS | 07/01/2005 | $170.98 | 0.0% | 0.0% | N | Referral Required |
| 5419 | LAPAROTOMY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 54200 | INJECTION, PEYRONIES DISEASE | 07/01/2005 | $134.01 | 0.0% | 0.0% | N | Referral Required |
| 54205 | INJECTION, PEYRONIES DISEASE | 07/01/2005 | $541.68 | 0.0% | 0.0% | N | Referral Required |
| 5421 | LAPAROSCOPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5422 | ABDOMINAL WALL BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 54220 | IRRIGATION, CORPORA CAVERNOS | 07/01/2005 | $158.53 | 0.0% | 0.0% | N | Referral Required |
| 5423 | PERITONEAL BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5424 | NEEDLE BX INTRA-ABD MASS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5425 | PERITONEAL LAVAGE | 01/01/1994 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5429 | ABD REGION DX PROC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 543 | DESTRUCT ABD WALL LESION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 54300 | STRAIGHTENING OF CHORDEE | 07/01/2005 | $679.97 | 0.0% | 0.0% | N | Referral Required |
| 54304 | PLASTIC OPERATION ON PENIS/C | 07/01/2005 | $794.64 | 0.0% | 0.0% | N | Referral Required |
| 54305 | STRAIGHTENING OF CHORDEE | 07/01/2005 | $801.41 | 0.0% | 0.0% | N | Referral Required |
| 54308 | URETHROPLASTY FOR SECOND STA | 07/01/2005 | $766.84 | 0.0% | 0.0% | N | Referral Required |
| 54312 | URETHROPLASTY 2ND STAGE HYPO | 07/01/2005 | $857.57 | 0.0% | 0.0% | N | Referral Required |
| 54316 | URETHROPLASTY 2ND STG HYPOSP | 07/01/2005 | $1,009.07 | 0.0% | 0.0% | N | Referral Required |
| 54318 | URETHROPLASTY 3RD STAGE REPA | 07/01/2005 | $758.31 | 0.0% | 0.0% | N | Referral Required |
| 54320 | URETHROPLASTY | 07/01/2005 | $801.41 | 0.0% | 0.0% | N | Referral Required |
| 54322 | ONE STAGE DISTAL HYPOSPADIAS | 07/01/2005 | $798.05 | 0.0% | 0.0% | N | Referral Required |
| 54324 | HYPOSPADIAS REPAIR WITH URET | 07/01/2005 | $1,002.84 | 0.0% | 0.0% | N | Referral Required |
| 54325 | URETHROPLASTY | 07/01/2005 | $1,051.87 | 0.0% | 0.0% | N | Referral Required |
| 54326 | ONE STAGE DISTAL HYPOSPADIAS | 07/01/2005 | $951.68 | 0.0% | 0.0% | N | Referral Required |
| 54328 | ONE STAGE DISTAL HYPOSPADIAS | 07/01/2005 | $962.85 | 0.0% | 0.0% | N | Referral Required |
| 54330 | URETHROPLASTY | 07/01/2005 | $1,152.03 | 0.0% | 0.0% | N | Referral Required |
| 54332 | ONE STAGE PROXIMAL PENILE/PE | 07/01/2005 | $1,025.22 | 0.0% | 0.0% | N | Referral Required |
| 54336 | 1-STG PERINEAL HYPOSPADIAS R | 07/01/2005 | $1,205.07 | 0.0% | 0.0% | N | Referral Required |
| 54340 | REPAIR HYPOSPADIAS COMPLFIST | 07/01/2005 | $657.53 | 0.0% | 0.0% | N | Referral Required |
| 54344 | REPAIR HYPOSPADIAS COMPLICAT | 07/01/2005 | $954.19 | 0.0% | 0.0% | N | Referral Required |
| 54348 | HYPO COMP REQUIRING MOBILIZA | 07/01/2005 | $1,035.51 | 0.0% | 0.0% | N | Referral Required |
| 54352 | REPAIR HYPOSPADIAS CRIPPLE R | 07/01/2005 | $1,466.02 | 0.0% | 0.0% | N | Referral Required |
| 54360 | PLASTIC OPERATION ON PENIS T | 07/01/2005 | $733.83 | 0.0% | 0.0% | N | Referral Required |
| 54380 | EPISPADIAS | 07/01/2005 | $852.04 | 0.0% | 0.0% | N | Referral Required |
| 54385 | PLASTIC OPERATION PENIS FOR | 07/01/2005 | $969.72 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 54390 | PLASTIC REPAIR PENIS W/EXSTR | 07/01/2005 | $1,286.33 | 0.0% | 0.0% | N | Referral Required |
| 544 | DESTRUCT PERITONEAL TISS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 54420 | PRIAPISM OPERATION | 07/01/2005 | $711.52 | 0.0% | 0.0% | N | Referral Required |
| 54430 | PRIAPISM OPERATION | 07/01/2005 | $646.09 | 0.0% | 0.0% | N | Referral Required |
| 54435 | CORPORA CAVERNOSA-GLANS PENI | 07/01/2005 | $434.89 | 0.0% | 0.0% | N | Referral Required |
| 54440 | REPAIR, PENILE INJURY | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 54450 | FORESKIN MANIPULATION INC LY | 07/01/2005 | $77.92 | 0.0% | 0.0% | N | Referral Required |
| 545 | PERITONEAL ADHESIOLYSIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 54500 | BIOPSY, TESTIS | 07/01/2005 | $255.31 | 0.0% | 0.0% | N | Referral Required |
| 54505 | BIOPSY, TESTIS | 07/01/2005 | $219.19 | 0.0% | 0.0% | N | Referral Required |
| 5451 | LAPAROSCOPIC LYSIS OF PERITONEAL AD | 01/01/1997 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 54512 | EXCISION OF TESTIS | 07/01/2005 | $490.47 | 0.0% | 0.0% | N | Referral Required |
| 54520 | ORCHIECTOMY | 07/01/2005 | $318.12 | 0.0% | 0.0% | N | Referral Required |
| 54522 | PARTIAL ORCHIECTOMY | 07/01/2005 | $556.38 | 0.0% | 0.0% | N | Referral Required |
| 54530 | ORCHIECTOMY | 07/01/2005 | $498.83 | 0.0% | 0.0% | N | Referral Required |
| 54535 | ORCHIECTOMY | 07/01/2005 | $704.53 | 0.0% | 0.0% | N | Referral Required |
| 54550 | EXPLORATION UNDESCENDED TEST | 07/01/2005 | $453.13 | 0.0% | 0.0% | N | Referral Required |
| 54560 | EXPLORATION UNDESCENDED TEST | 07/01/2005 | $649.56 | 0.0% | 0.0% | N | Referral Required |
| 5459 | OTHER LYSIS OF PERITONEAL ADHESIONS | 01/01/1997 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 54600 | REDUCTION, TORSION OF TESTIS | 07/01/2005 | $405.20 | 0.0% | 0.0% | N | Referral Required |
| 5461 | RECLOSE POST OP DISRUPT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5462 | DELAYED CLOS ABD WOUND | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 54620 | FIXATION, CONTRALATERAL TEST | 07/01/2005 | $289.70 | 0.0% | 0.0% | N | Referral Required |
| 5463 | ABD WALL SUTURE NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5464 | PERITONEAL SUTURE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 54640 | ORCHIOPEXY | 07/01/2005 | $402.65 | 0.0% | 0.0% | N | Referral Required |
| 54650 | ORCHIPEXY, ABDOMINAL APPROAC | 07/01/2005 | $667.72 | 0.0% | 0.0% | N | Referral Required |
| 54670 | REPAIR, TESTICULAR INJURY | 07/01/2005 | $380.23 | 0.0% | 0.0% | N | Referral Required |
| 54680 | TRANSPLANTATION, TESTIS | 07/01/2005 | $725.20 | 0.0% | 0.0% | N | Referral Required |
| 54690 | LAPAROSCOPY ORCHIECTOMY | 07/01/2005 | $646.52 | 0.0% | 0.0% | N | Referral Required |
| 54692 | LAPAROSCOPY ORCHIOPEXY | 07/01/2005 | $672.41 | 0.0% | 0.0% | N | Referral Required |
| 54699 | LAPAROSCOPY | 01/01/2000 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 54700 | DRAINAGE, TESTIS/EPIDIDYMIS | 07/01/2005 | $418.24 | 0.0% | 0.0% | N | Referral Required |
| 5471 | REPAIR OF GASTROSCHISIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5472 | ABDOMEN WALL REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5473 | PERITONEAL REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5474 | OMENTAL REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5475 | MESENTERIC REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 54800 | BIOPSY, EPIDIDYMIS | 07/01/2005 | $299.39 | 0.0% | 0.0% | N | Referral Required |
| 54820 | EXPLORATION, EPIDIDYMIS | 07/01/2005 | $310.26 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 54830 | EXCISION, LESION, EPIDIDYMIS | 07/01/2005 | $327.01 | 0.0% | 0.0% | N | Referral Required |
| 54840 | EXCISION SPERMATOCELE W/WO E | 07/01/2005 | $317.99 | 0.0% | 0.0% | N | Referral Required |
| 54860 | EPIDIDYMECTOMY UNILATERAL | 07/01/2005 | $379.73 | 0.0% | 0.0% | N | Referral Required |
| 54861 | EPIDIDYMECTOMY BILATERAL | 07/01/2005 | $504.21 | 0.0% | 0.0% | N | Referral Required |
| 5491 | ABDOMINAL PARACENTESIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5492 | REMOVE FB FROM PERITON | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5493 | CREATE CUTANPERITON FIST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5494 | CREAT PERITONEOVAS SHUNT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5495 | PERITONEAL INCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5496 | INJEC AIR-PERITON CAVITY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5497 | INJ THERAP SUBST PERITON | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5498 | PERITONEAL DIALYSIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5499 | ABDOMEN REGION OPS NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 55000 | ASPIR HYDROCELE TUNICA VAGIN | 07/01/2005 | $127.26 | 0.0% | 0.0% | N | Referral Required |
| 5501 | NEPHROTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5502 | NEPHROSTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5503 | PERCUT NEPHROST-NO FRAG | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5504 | PERCUT NEPHROST W FRAGMN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 55040 | HYDROCELECTOMY | 07/01/2005 | $316.90 | 0.0% | 0.0% | N | Referral Required |
| 55041 | HYDROCELECTOMY | 07/01/2005 | $440.64 | 0.0% | 0.0% | N | Referral Required |
| 55060 | RPR HYDROCELE TUNICA VAGINAL | 07/01/2005 | $325.67 | 0.0% | 0.0% | N | Referral Required |
| 55100 | DRAIN SCROTAL WALL ABSCESS | 07/01/2005 | $411.58 | 0.0% | 0.0% | N | Referral Required |
| 5511 | PYELOTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 55110 | SCROTAL EXPLORATION | 07/01/2005 | $334.27 | 0.0% | 0.0% | N | Referral Required |
| 5512 | PYELOSTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 55120 | REMOVAL, FOREIGN BODY, SCROT | 07/01/2005 | $305.49 | 0.0% | 0.0% | N | Referral Required |
| 55150 | RESECTION, SCROTUM | 07/01/2005 | $425.67 | 0.0% | 0.0% | N | Referral Required |
| 55175 | SCROTOPLASTY, SIMPLE | 07/01/2005 | $322.77 | 0.0% | 0.0% | N | Referral Required |
| 55180 | SCROTOPLASTY; COMPLICATED | 07/01/2005 | $609.73 | 0.0% | 0.0% | N | Referral Required |
| 55200 | VASOTOMY | 07/01/2005 | $259.56 | 0.0% | 0.0% | N | Referral Required |
| 5521 | NEPHROSCOPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5522 | PYELOSCOPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5523 | PERCUTAN RENAL BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5524 | OPEN BIOPSY OF KIDNEY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 55250 | VASECTOMY | 07/01/2005 | $443.20 | 0.0% | 0.0% | N | |
| 5529 | RENAL DIAGNOST PROC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 55300 | VASOGRAPHY INJECTION PROCEDU | 07/01/2005 | $181.52 | 0.0% | 0.0% | N | Referral Required |
| 5531 | RENAL LES MARSUPIALIZAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5539 | LOC DESTR RENAL LES NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 554 | PARTIAL NEPHRECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 55401 | VASOVASOSTOMY | 07/01/2005 | $578.82 | 0.0% | 0.0% | N | Referral Required |
| 55450 | LIGATION, VAS DEFERENS | 07/01/2005 | $419.47 | 0.0% | 0.0% | N | |
| 55500 | HYDROCELECTOMY, SPERMATIC CO | 07/01/2005 | $333.27 | 0.0% | 0.0% | N | Referral Required |
| 5551 | NEPHROURETERECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5552 | SOLITARY KIDNEY NEPHRECT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 55520 | EXCISION LESION SPERMATIC CO | 07/01/2005 | $353.50 | 0.0% | 0.0% | N | Referral Required |
| 5553 | REJECTED KIDNEY NEPHRECT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 55530 | EXCISION, VARICOCELE | 07/01/2005 | $339.76 | 0.0% | 0.0% | N | Referral Required |
| 55535 | EXCISION, VARICOCELE | 07/01/2005 | $383.50 | 0.0% | 0.0% | N | Referral Required |
| 5554 | BILATERAL NEPHRECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 55540 | EXCISION, VARICOCELE | 07/01/2005 | $434.01 | 0.0% | 0.0% | N | Referral Required |
| 55550 | LAPAROSCOPY LIGATION OF SPERMATIC | 07/01/2005 | $366.29 | 0.0% | 0.0% | N | Referral Required |
| 55559 | LAPAROSCOPY UNLISTED SPERMATIC COR | 01/01/2000 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5561 | RENAL AUTOTRANSPLANT | 10/01/1991 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 55650 | VESICULECTOMY, ANY APPROACH; | 07/01/2005 | $650.57 | 0.0% | 0.0% | N | Referral Required |
| 55680 | EXCISION, CYST, MULLERIAN DU | 07/01/2005 | $316.98 | 0.0% | 0.0% | N | Referral Required |
| 5569 | KIDNEY TRANSPLANT NEC | 10/01/1991 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 557 | NEPHROPEXY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 55700 | BIOPSY, PROSTATE | 07/01/2005 | $212.86 | 0.0% | 0.0% | N | Referral Required |
| 55705 | BIOPSY, PROSTATE | 07/01/2005 | $298.69 | 0.0% | 0.0% | N | Referral Required |
| 55720 | PROSTATOTOMY | 07/01/2005 | $477.20 | 0.0% | 0.0% | N | Referral Required |
| 55725 | PROSTATOTOMY | 07/01/2005 | $539.03 | 0.0% | 0.0% | N | Referral Required |
| 55801 | PROSTATECTOMY | 07/01/2005 | $983.42 | 0.0% | 0.0% | N | Referral Required |
| 5581 | SUTURE KIDNEY LACERATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 55810 | PROSTATECTOMY | 07/01/2005 | $1,228.76 | 0.0% | 0.0% | N | Referral Required |
| 55812 | PROSTATECTOMY W/LYMPHNODE BI | 07/01/2005 | $1,480.48 | 0.0% | 0.0% | N | Referral Required |
| 55815 | PROSTATECTOMY W/BILATERAL PE | 07/01/2005 | $1,625.73 | 0.0% | 0.0% | N | Referral Required |
| 5582 | CLOSE NEPHROST & PYELOST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 55821 | PROSTATECTOMY | 07/01/2005 | $799.25 | 0.0% | 0.0% | N | Referral Required |
| 5583 | CLOSE RENAL FISTULA NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 55831 | PROSTATECTOMY | 07/01/2005 | $865.74 | 0.0% | 0.0% | N | Referral Required |
| 5584 | REDUCE RENAL PEDICL TORS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 55840 | PROSTATECTOMY | 07/01/2005 | $1,248.61 | 0.0% | 0.0% | N | Referral Required |
| 55842 | PROSTATECTOMY W/LYMPH NODE B | 07/01/2005 | $1,329.30 | 0.0% | 0.0% | N | Referral Required |
| 55845 | PROSTATECTOMY | 07/01/2005 | $1,529.83 | 0.0% | 0.0% | N | Referral Required |
| 5585 | SYMPHYSIOTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 55859 | TRANSPERINEAL PLACEMENT NEED | 07/01/2005 | $718.77 | 0.0% | 0.0% | N | Referral Required |
| 5586 | RENAL ANASTOMOSIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 55860 | EXPOSURE OF PROSTATE INSERTI | 07/01/2005 | $796.98 | 0.0% | 0.0% | N | Referral Required |
| 55862 | EXPOSURE PROSTATE W/LYMPH NO | 07/01/2005 | $1,002.79 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 55865 | EXPOSURE PROSTATE W/BILAT PE | 07/01/2005 | $1,227.69 | 0.0% | 0.0% | N | Referral Required |
| 55866 | LAPAROSCOPY, SURGICAL PROSTATECTOM | 07/01/2005 | $1,453.21 | 0.0% | 0.0% | N | Referral Required |
| 5587 | CORRECT URETEROPELV JUNC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 55873 | CRYOSURGICAL ABLATION OF PROSTATE | 07/01/2005 | $1,071.11 | 0.0% | 0.0% | N | Referral Required |
| 5589 | RENAL REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 55899 | UNLISTED MALE GEN PROC | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5591 | RENAL DECAPSULATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5592 | PERCUTAN RENAL ASPIRAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5593 | REPLACE NEPHROSTOMY TUBE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5594 | REPLACE PYELOSTOMY TUBE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5595 | LOCAL RENAL PERFUSION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5596 | RENAL INJECTION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5597 | IMPLANT MECHANIC KIDNEY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 55970 | INTERSEX SURGERY | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5598 | REMOV MECHANICAL KIDNEY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 55980 | INTERSEX SURGERY | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5599 | RENAL OPERATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 560 | TU REMOV URETER OBSTRUCT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 561 | URETERAL MEATOTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 562 | URETEROTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5631 | URETEROSCOPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5632 | PERCUTAN URETERAL BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5633 | ENDOSCOPIC URETER BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5634 | OPEN BIOPSY OF URETER | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5635 | ILEAL CONDUIT ENDOSCOPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5639 | URETERAL DX PROCEDUR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5640 | URETERECTOMY NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 56405 | INCISION AND DRAIN OF VULVA | 07/01/2005 | $136.96 | 0.0% | 0.0% | N | Referral Required |
| 5641 | PARTIAL URETERECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5642 | TOTAL URETERECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 56420 | DRAIN ABSCESS, BARTHOLINS GL | 07/01/2005 | $134.30 | 0.0% | 0.0% | N | Referral Required |
| 56440 | MARSUP, CYST, BARTHOLINS GLA | 07/01/2005 | $233.85 | 0.0% | 0.0% | N | Referral Required |
| 56441 | LYSIS OF LABIAL ADHESIONS | 07/01/2005 | $164.51 | 0.0% | 0.0% | N | Referral Required |
| 56501 | DESTRUCTION OF LESIONS VULVA | 07/01/2005 | $137.75 | 0.0% | 0.0% | N | Referral Required |
| 5651 | FORM CUTAN ILEOURETEROST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 56515 | CONDYLOMATA DESTRUCTION | 07/01/2005 | $208.30 | 0.0% | 0.0% | N | Referral Required |
| 5652 | REVIS CUTAN ILEOURETEROS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 56605 | BIOPSY OF VULVA OR PERINEUM | 07/01/2005 | $104.36 | 0.0% | 0.0% | N | Referral Required |
| 56606 | BIOPSY OF VULVA OR PERINEUM | 07/01/2005 | $76.70 | 0.0% | 0.0% | N | Referral Required |
| 5661 | FORM CUTAN URETEROSTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 5662 | REVIS CUTAN URETEROS NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 56620 | VULVECTOMY SIMPL; PARTIAL | 07/01/2005 | $452.28 | 0.0% | 0.0% | N | Referral Required |
| 56625 | VULVECTOMY SIMPLE; COMPLETE | 07/01/2005 | $522.56 | 0.0% | 0.0% | N | Referral Required |
| 56630 | VULVECTOMY RADICAL, PARTIAL | 07/01/2005 | $729.41 | 0.0% | 0.0% | N | Referral Required |
| 56631 | VULVECTOMY W/UNILATERAL INGU | 07/01/2005 | $969.78 | 0.0% | 0.0% | N | Referral Required |
| 56632 | WITH BILATERAL INGUINOFEMORA | 07/01/2005 | $1,177.87 | 0.0% | 0.0% | N | Referral Required |
| 56633 | VULVECTOMY RADICAL, COMPLETE | 07/01/2005 | $943.73 | 0.0% | 0.0% | N | Referral Required |
| 56634 | VULVECTOMY W/UNILATERAL INGU | 07/01/2005 | $1,047.88 | 0.0% | 0.0% | N | Referral Required |
| 56637 | VULVECTOMY W/BILATERAL INGUI | 07/01/2005 | $1,265.53 | 0.0% | 0.0% | N | Referral Required |
| 56640 | VULVECTOMY RADICAL COMPLETE | 07/01/2005 | $1,255.07 | 0.0% | 0.0% | N | Referral Required |
| 56700 | HYMENECTOMY | 07/01/2005 | $200.13 | 0.0% | 0.0% | N | Referral Required |
| 5671 | URIN DIVERSION TO BOWEL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5672 | REVIS URETEROENTEROSTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 56720 | HYMENOTOMY | 07/01/2005 | $84.87 | 0.0% | 0.0% | N | Referral Required |
| 5673 | NEPHROCYSTANASTOMOSI NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5674 | URETERONEOCYSTOSTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 56740 | EXCISION, CYST, BARTHOLINS G | 07/01/2005 | $306.02 | 0.0% | 0.0% | N | Referral Required |
| 5675 | TRANSURETEROURETEROSTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5679 | URETERAL ANASTOMOSIS NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 56800 | REPAIR, VULVA | 07/01/2005 | $241.28 | 0.0% | 0.0% | N | Referral Required |
| 56805 | CLITOROPLASTY FOR ADRENOGENI | 07/01/2005 | $1,032.37 | 0.0% | 0.0% | N | Referral Required |
| 5681 | INTRALUM URETE ADHESIOLY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 56810 | PERINEOPLASTY REPAIR OF PERI | 07/01/2005 | $252.30 | 0.0% | 0.0% | N | Referral Required |
| 5682 | SUTURE URETERAL LACERAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 56820 | COLPOSCOPY OF THE VULVA | 07/01/2005 | $105.09 | 0.0% | 0.0% | N | Referral Required |
| 56821 | COLPOSCOPY VULVA; W/BIOPSY | 07/01/2005 | $136.52 | 0.0% | 0.0% | N | Referral Required |
| 5683 | URETEROSTOMY CLOSURE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5684 | CLOSE URETER FISTULA NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5685 | URETEROPEXY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5686 | REMOVE URETERAL LIGATURE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5689 | REPAIR OF URETER NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5691 | URETERAL MEATUS DILATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5692 | IMPLANT URETERAL STIMUL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5693 | REPLACE URETERAL STIMUL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5694 | REMOVE URETERAL STIMULAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5695 | LIGATION OF URETER | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5699 | URETERAL OPERATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 570 | TU BLADDER CLEARANCE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 57000 | COLPOTOMY | 07/01/2005 | $194.28 | 0.0% | 0.0% | N | Referral Required |
| 57010 | COLPOTOMY W/DRAINAGE OF PELV | 07/01/2005 | $362.27 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 57020 | COLPOCENTESIS/CULDOCENTIS | 07/01/2005 | $110.58 | 0.0% | 0.0% | N | Referral Required |
| 57022 | I & D OF VAGINAL HEMATOMA | 07/01/2005 | $167.23 | 0.0% | 0.0% | N | Referral Required |
| 57023 | I & D OF VAGINAL HEMATOMA | 07/01/2005 | $274.75 | 0.0% | 0.0% | N | Referral Required |
| 57061 | DESTRUCTION VAG LESION SIMPL | 07/01/2005 | $125.64 | 0.0% | 0.0% | N | Referral Required |
| 57063 | CHEMICAL CAUTERY OF VAGINA | 07/01/2005 | $20.04 | 0.0% | 0.0% | N | Referral Required |
| 57065 | DESTRUCTION EXTENSIVE ANY ME | 07/01/2005 | $200.77 | 0.0% | 0.0% | N | Referral Required |
| 57100 | BIOPSY, VAGINAL MUCOSA | 07/01/2005 | $99.18 | 0.0% | 0.0% | N | Referral Required |
| 57105 | BIOPSY, VAGINAL MUCOSA | 07/01/2005 | $141.56 | 0.0% | 0.0% | N | Referral Required |
| 57106 | VAGINECTOMY | 07/01/2005 | $327.78 | 0.0% | 0.0% | N | Referral Required |
| 57107 | VAGINECTOMY | 07/01/2005 | $1,219.53 | 0.0% | 0.0% | N | Referral Required |
| 57109 | VAGINECTOMY | 07/01/2005 | $1,466.69 | 0.0% | 0.0% | N | Referral Required |
| 5711 | PERCUTAN BLADDER ASPIRAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 57110 | COLPECTOMY | 07/01/2005 | $790.36 | 0.0% | 0.0% | N | Referral Required |
| 57111 | VAGINECTOMY | 07/01/2005 | $1,446.13 | 0.0% | 0.0% | N | Referral Required |
| 57112 | VAGINECTOMY | 07/01/2005 | $1,558.93 | 0.0% | 0.0% | N | Referral Required |
| 5712 | CYSTOTOMY & ADHESIOLYSIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 57120 | COLPOCLEISIS | 07/01/2005 | $440.69 | 0.0% | 0.0% | N | Referral Required |
| 57130 | EXCISION, VAGINAL SEPTUM | 07/01/2005 | $166.00 | 0.0% | 0.0% | N | Referral Required |
| 57135 | EXCISION, CYST, VAGINAL | 07/01/2005 | $202.92 | 0.0% | 0.0% | N | Referral Required |
| 57150 | IRRIGATION, VAGINA | 07/01/2005 | $55.24 | 0.0% | 0.0% | N | Referral Required |
| 57155 | INSERTION UTERINE TANDEMS | 07/01/2005 | $358.49 | 0.0% | 0.0% | N | Referral Required |
| 57160 | FITTING & INSERTION OF PESSA | 07/01/2005 | $70.68 | 0.0% | 0.0% | N | Referral Required |
| 5717 | PERCUTANEOUS CYSTOSTOMP | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 57170 | DIAPHRAGM FITTING | 07/01/2005 | $82.62 | 0.0% | 0.0% | N | |
| 5718 | OTHER SUPRAPUBIC CYSTOSTOMY | 01/01/1980 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 57180 | INTRO ANY HEMOSTATIC AGENT/P | 07/01/2005 | $138.07 | 0.0% | 0.0% | N | Referral Required |
| 5719 | CYSTOTOMY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 57200 | SUTURE, INJURY, VAGINA | 07/01/2005 | $252.51 | 0.0% | 0.0% | N | Referral Required |
| 5721 | FORMATION OF CYSTOSTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 57210 | COLPOPERINEORRHAPHY | 07/01/2005 | $317.15 | 0.0% | 0.0% | N | Referral Required |
| 5722 | REVISION OF CYSTOSTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 57220 | PLASTIC RPR URETHRAL SPHINCT | 07/01/2005 | $279.10 | 0.0% | 0.0% | N | Referral Required |
| 57230 | PLASTIC REPAIR, URETHROCELE | 07/01/2005 | $360.48 | 0.0% | 0.0% | N | Referral Required |
| 57240 | ANTERIOR COLPORRHAPHY | 07/01/2005 | $380.79 | 0.0% | 0.0% | N | Referral Required |
| 57250 | POSTERIOR COLPORRHAPHY | 07/01/2005 | $341.40 | 0.0% | 0.0% | N | Referral Required |
| 57260 | COLPORRHAPHY COMBINED | 07/01/2005 | $483.69 | 0.0% | 0.0% | N | Referral Required |
| 57265 | COLPORRHAPHY COMBINED | 07/01/2005 | $667.61 | 0.0% | 0.0% | N | Referral Required |
| 57267 | INSERTION OF MESH OR OTHER | 07/01/2005 | $264.72 | 0.0% | 0.0% | N | Referral Required |
| 57268 | ENTEROCELE REPAIR | 07/01/2005 | $405.39 | 0.0% | 0.0% | N | Referral Required |
| 57270 | REPAIR, ENTEROCELE | 07/01/2005 | $674.73 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 57280 | COLPOPEXY | 07/01/2005 | $823.48 | 0.0% | 0.0% | N | Referral Required |
| 57282 | COLPOPXY VAGINAL EXTRA-PERIT | 07/01/2005 | $514.39 | 0.0% | 0.0% | N | Referral Required |
| 57283 | COLPOPEXY, VAGINAL; | 07/01/2005 | $632.43 | 0.0% | 0.0% | N | Referral Required |
| 57284 | PARAVAGINAL DEFECT REPAIR | 07/01/2005 | $724.68 | 0.0% | 0.0% | N | Referral Required |
| 57287 | REMOVAL/REVISION OF SLING | 07/01/2005 | $645.74 | 0.0% | 0.0% | N | Referral Required |
| 57288 | SLING OPERATION | 07/01/2005 | $723.48 | 0.0% | 0.0% | N | Referral Required |
| 57289 | PEREYRA PROCEDURE | 07/01/2005 | $669.39 | 0.0% | 0.0% | N | Referral Required |
| 57300 | CLOSURE, FISTULA, RECTOVAGIN | 07/01/2005 | $445.97 | 0.0% | 0.0% | N | Referral Required |
| 57305 | CLOSURE,FISTULA,RECTOVAGINAL | 07/01/2005 | $751.30 | 0.0% | 0.0% | N | Referral Required |
| 57307 | CLOSURE RECTOVAGINAL FISTULA | 07/01/2005 | $857.63 | 0.0% | 0.0% | N | Referral Required |
| 57308 | CLOSURE RECTOVAGINAL FISTULA | 07/01/2005 | $571.34 | 0.0% | 0.0% | N | Referral Required |
| 5731 | CYSTOSCOPY THRU STOMA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 57310 | CLOSURE FISTULA URETHROVAGIN | 07/01/2005 | $415.74 | 0.0% | 0.0% | N | Referral Required |
| 57311 | CLOSURE URETHROVAGINAL FISTU | 07/01/2005 | $476.55 | 0.0% | 0.0% | N | Referral Required |
| 5732 | CYSTOSCOPY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 57320 | CLOSURE, FISTULA VESICOVAGIN | 07/01/2005 | $486.90 | 0.0% | 0.0% | N | Referral Required |
| 5733 | TRANSURETH BLADD BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 57330 | CLOSURE, FISTULA VESICOVAGIN | 07/01/2005 | $690.14 | 0.0% | 0.0% | N | Referral Required |
| 57335 | VAGINOPLASTY FOR INTERSEX ST | 07/01/2005 | $1,029.66 | 0.0% | 0.0% | N | Referral Required |
| 5734 | OPEN BIOPSY OF BLADDER | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5739 | BLADDER DIAGNOS PROC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 57400 | DILATION, VAGINA | 07/01/2005 | $124.73 | 0.0% | 0.0% | N | Referral Required |
| 5741 | TU ADHESIOLYSIS BLADDER | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 57410 | PELVIC EXAM ANESTHESIA | 07/01/2005 | $156.37 | 0.0% | 0.0% | N | Referral Required |
| 57415 | REMOVAL IMPACTED VAGINAL FB | 07/01/2005 | $204.11 | 0.0% | 0.0% | N | Referral Required |
| 57420 | COLPOSCOPY OF ENTIRE VAGINA W/ CERV | 07/01/2005 | $109.79 | 0.0% | 0.0% | N | Referral Required |
| 57421 | COLPOSCOPY OF ENTIRE VAGINA; WITH | 07/01/2005 | $143.55 | 0.0% | 0.0% | N | Referral Required |
| 57425 | LAPAROSCOPY, SURGICAL | 07/01/2005 | $793.52 | 0.0% | 0.0% | N | Referral Required |
| 57452 | COLPOSCOPY | 07/01/2005 | $93.28 | 0.0% | 0.0% | N | Referral Required |
| 57454 | COLPOSCOPY WITH BIOPSIES OR | 07/01/2005 | $110.18 | 0.0% | 0.0% | N | Referral Required |
| 57455 | COLPOSCOPY CERVIX INC. UPPER VAGINA | 07/01/2005 | $131.93 | 0.0% | 0.0% | N | Referral Required |
| 57456 | COLPOSCOPY CERVIX INC. UPPER VAGINA | 07/01/2005 | $124.60 | 0.0% | 0.0% | N | Referral Required |
| 57460 | COLPOSCOPY W/LOOP ELECTROSUR | 07/01/2005 | $178.68 | 0.0% | 0.0% | N | Referral Required |
| 57461 | COLPOSCOPY CERVIX INC. UPPER VAGINA | 07/01/2005 | $291.11 | 0.0% | 0.0% | N | Referral Required |
| 5749 | TU DESTRUC BLADD LES NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 57500 | BIOPSY, CERVIX | 07/01/2005 | $112.37 | 0.0% | 0.0% | N | Referral Required |
| 57505 | ENDOCERVICAL CURRETTAGE (NOT | 07/01/2005 | $110.93 | 0.0% | 0.0% | N | Referral Required |
| 5751 | EXCISION OF URACHUS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 57510 | CAUTHERIZATION, CERVIX | 07/01/2005 | $183.64 | 0.0% | 0.0% | N | Referral Required |
| 57511 | CRYOCAUTERY, CERVIX | 07/01/2005 | $155.58 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 57513 | LASAR CAUTERY OF CERVIX | 07/01/2005 | $161.71 | 0.0% | 0.0% | N | Referral Required |
| 57520 | CONIZATION OF CERVIX W/WO FU | 07/01/2005 | $299.25 | 0.0% | 0.0% | N | Referral Required |
| 57522 | CONIZATION OF CERVIX; LOOP | 07/01/2005 | $259.94 | 0.0% | 0.0% | N | Referral Required |
| 57530 | TRACHELECTOMY | 07/01/2005 | $306.07 | 0.0% | 0.0% | N | Referral Required |
| 57531 | RADICAL TRACHELECTOMY | 07/01/2005 | $1,529.95 | 0.0% | 0.0% | N | Referral Required |
| 57540 | EXCISION, CERVICAL STUMP | 07/01/2005 | $676.45 | 0.0% | 0.0% | N | Referral Required |
| 57545 | EXCISION CERVICAL STUMP W/PE | 07/01/2005 | $722.46 | 0.0% | 0.0% | N | Referral Required |
| 57550 | EXCISION, CERVICAL STUMP | 07/01/2005 | $340.61 | 0.0% | 0.0% | N | Referral Required |
| 57555 | EXCISION, CERVICAL STUMP | 07/01/2005 | $533.37 | 0.0% | 0.0% | N | Referral Required |
| 57556 | EXCISION, CERVICAL STUMP | 07/01/2005 | $485.73 | 0.0% | 0.0% | N | Referral Required |
| 5759 | BLADDER LES DESTRUCT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 576 | PARTIAL CYSTECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 57600 | INSERTION, HEMOSTATIC AGENT | 07/01/2005 | $45.08 | 0.0% | 0.0% | N | Referral Required |
| 57700 | CERCLAGE OF UTERINE CERVIX, | 07/01/2005 | $223.35 | 0.0% | 0.0% | N | Referral Required |
| 5771 | RADICAL CYSTECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 57720 | TRACHELORRHAPHY | 07/01/2005 | $268.81 | 0.0% | 0.0% | N | Referral Required |
| 5779 | TOTAL CYSTECTOMY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 57800 | DILATION, CERVICAL CANAL | 07/01/2005 | $69.48 | 0.0% | 0.0% | N | Referral Required |
| 5781 | SUTURE BLADDER LACERAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5782 | CYSTOSTOMY CLOSURE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 57820 | D & C, CERVICAL STUMP | 07/01/2005 | $152.40 | 0.0% | 0.0% | N | Referral Required |
| 5783 | ENTEROVESICO FIST REPAIR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5784 | VESIC FISTULA REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5785 | CYSTOURETHROPLASTY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5786 | BLADDER EXSTROPHY REPAIR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5787 | BLADDER RECONSTRUCTION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5788 | BLADDER ANASTOMOSIS NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5789 | BLADDER REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5791 | BLADDER SPHINCTEROTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5792 | BLADDER NECK DILATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5793 | CONTROL BLADD HEMORRHAGE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5794 | INSERT INDWELLING CATH | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5795 | REPLACE INDWELLING CATH | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5796 | IMPLANT BLADDER STIMULAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5797 | REPLACE BLADDER STIMULAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5798 | REMOVE BLADDER STIMULAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5799 | BLADDER OPERATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 580 | URETHROTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 581 | URETHRAL MEATOTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 58100 | ENDOMETRIAL BIOPSY SUCTION | 07/01/2005 | $107.85 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 58120 | DILATION AND CURETTAGE DIAGN | 07/01/2005 | $256.19 | 0.0% | 0.0% | N | Referral Required |
| 58140 | MYOMECTOMY, UTERINE | 07/01/2005 | $796.13 | 0.0% | 0.0% | N | Referral Required |
| 58145 | MYOMECTOMY, UTERINE | 07/01/2005 | $472.88 | 0.0% | 0.0% | N | Referral Required |
| 58146 | MYOMECTOMY, EXCISION FIBROID TUMOR | 07/01/2005 | $967.90 | 0.0% | 0.0% | N | Referral Required |
| 58150 | HYSTERECTOMY | 07/01/2005 | $837.63 | 0.0% | 0.0% | Y | Referral Required |
| 58152 | TOTAL ABDOMINAL HYSTERECTOMY | 07/01/2005 | $1,105.23 | 0.0% | 0.0% | Y | Referral Required |
| 58180 | HYSTERECTOMY | 07/01/2005 | $839.61 | 0.0% | 0.0% | Y | Referral Required |
| 58200 | HYSTERECTOMY | 07/01/2005 | $1,200.46 | 0.0% | 0.0% | Y | Referral Required |
| 5821 | PERINEAL URETHROSCOPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 58210 | HYSTERECTOMY | 07/01/2005 | $1,576.51 | 0.0% | 0.0% | Y | Referral Required |
| 5822 | URETHROSCOPY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5823 | URETHRAL BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5824 | PERIURETHRAL BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 58240 | PELVIC EXENTERATION FOR GYNE | 07/01/2005 | $2,101.98 | 0.0% | 0.0% | N | Referral Required |
| 58260 | HYSTERECTOMY | 07/01/2005 | $717.71 | 0.0% | 0.0% | Y | Referral Required |
| 58262 | VAG HYSTERECTOMY W/REMOVAL T | 07/01/2005 | $810.74 | 0.0% | 0.0% | Y | Referral Required |
| 58263 | VAG HYST W/REMOV TUBES AND/O | 07/01/2005 | $878.07 | 0.0% | 0.0% | Y | Referral Required |
| 58267 | HYSTERECTOMY | 07/01/2005 | $932.06 | 0.0% | 0.0% | Y | Referral Required |
| 58270 | HYSTERECTOMY | 07/01/2005 | $783.87 | 0.0% | 0.0% | Y | Referral Required |
| 58275 | HYSTERECTOMY | 07/01/2005 | $857.28 | 0.0% | 0.0% | Y | Referral Required |
| 58280 | HYSTERECTOMY | 07/01/2005 | $919.99 | 0.0% | 0.0% | Y | Referral Required |
| 58285 | HYSTERECTOMY | 07/01/2005 | $1,204.02 | 0.0% | 0.0% | Y | Referral Required |
| 5829 | URETHRAL DX PROC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 58290 | VAGINAL HYSTERECTOMY, FOR UTERUS > | 07/01/2005 | $970.75 | 0.0% | 0.0% | Y | Referral Required |
| 58291 | VAGINAL HYSTERECTOMY, UTERUS >250 | 07/01/2005 | $1,066.27 | 0.0% | 0.0% | Y | Referral Required |
| 58292 | VAGINAL HYSTERECTOMY, UTERUS >250 | 07/01/2005 | $1,129.03 | 0.0% | 0.0% | Y | Referral Required |
| 58293 | VAGINAL HYSTERECTOMY, UTERUS >250 | 07/01/2005 | $1,174.62 | 0.0% | 0.0% | Y | Referral Required |
| 58294 | VAGINAL HYSTERECTOMY, UTERUS >250 | 07/01/2005 | $1,040.28 | 0.0% | 0.0% | Y | Referral Required |
| 583 | URETHRAL LES DESTRUCTION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 58300 | IUD INSERTION | 07/01/2005 | $55.11 | 0.0% | 0.0% | N | |
| 58301 | IUD REMOVAL | 07/01/2005 | $101.60 | 0.0% | 0.0% | N | |
| 5831 | ENDOSCOPIC EXCISION/DESTRUCT LESIO | 10/01/1992 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 58340 | HYSTEROSALPINGOGRAPHY INJ PR | 07/01/2005 | $443.22 | 0.0% | 0.0% | N | Referral Required |
| 58346 | INSERTION HEYMAN CAPSULES | 07/01/2005 | $382.30 | 0.0% | 0.0% | N | Referral Required |
| 58353 | ENDOMETRIAL THERMAL ABLATION | 07/01/2005 | $210.25 | 0.0% | 0.0% | N | Referral Required |
| 58356 | EDOMETRIAL CRYOBLATION WITH | 07/01/2005 | $488.11 | 0.0% | 0.0% | N | Referral Required |
| 5839 | OTHER LOCAL DESTRUCTION LESION OF U | 10/01/1992 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 58400 | UTERINE SUSPENSION | 07/01/2005 | $378.04 | 0.0% | 0.0% | N | Referral Required |
| 5841 | SUTURE URETHRAL LACERAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 58410 | UTERINE SUSPENSION | 07/01/2005 | $704.13 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 5842 | URETHROSTOMY CLOSURE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5843 | CLOSE URETH FISTULA NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 58430 | INTERPOSITION OPERATION | 07/01/2005 | $911.60 | 0.0% | 0.0% | N | Referral Required |
| 5844 | URETHRAL REANASTOMOSIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5845 | HYPO-EPISPADIAS REPAIR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5846 | URETH RECONSTRUCTION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5847 | URETHRAL MEATOPLASTY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5849 | URETHRAL REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 585 | URETH STRICTURE RELEASE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 58500 | HYSTEROSALPINGOSTOMY | 07/01/2005 | $911.60 | 0.0% | 0.0% | N | Referral Required |
| 58520 | HYSTERORRHAPHY | 07/01/2005 | $656.67 | 0.0% | 0.0% | N | Referral Required |
| 58540 | HYSTEROPLASTY | 07/01/2005 | $780.34 | 0.0% | 0.0% | N | Referral Required |
| 58545 | LAPAROSCOPY, MYOMECTOMY, EXCISION; | 07/01/2005 | $772.59 | 0.0% | 0.0% | N | Referral Required |
| 58546 | LAPAROSCOPY, MYOMECTOMY, EXCISION; | 07/01/2005 | $980.34 | 0.0% | 0.0% | N | Referral Required |
| 58550 | LAPAROSCOPY HYSTERECTOMY | 07/01/2005 | $772.10 | 0.0% | 0.0% | Y | Referral Required |
| 58552 | LAPAROSCOPY W/VAGINAL HYSTERECTOM | 07/01/2005 | $752.01 | 0.0% | 0.0% | Y | Referral Required |
| 58553 | LAPAROSCOPY VAGINAL HYSTERECTOMY, | 07/01/2005 | $977.06 | 0.0% | 0.0% | Y | Referral Required |
| 58554 | LAPAROSCOPY W/VAGINAL HYSTERECTOM | 07/01/2005 | $967.27 | 0.0% | 0.0% | Y | Referral Required |
| 58555 | HYSTEROSCOPY DIAGNOSTIC | 07/01/2005 | $223.54 | 0.0% | 0.0% | N | Referral Required |
| 58558 | HYSTEROSCOPY, BIOPSY | 07/01/2005 | $297.23 | 0.0% | 0.0% | N | Referral Required |
| 58559 | HYSTEROSCOPY LYSIS OF ADHESIONS | 07/01/2005 | $319.04 | 0.0% | 0.0% | N | Referral Required |
| 58560 | HYSTEROSCOPY RESECT INTRAUTERINE | 07/01/2005 | $364.45 | 0.0% | 0.0% | N | Referral Required |
| 58561 | HYSTEROSCOPY LEIMYOMATA REMOVAL | 07/01/2005 | $503.57 | 0.0% | 0.0% | N | Referral Required |
| 58562 | HYSTEROSCOPY FOREIGN BODY REMOVAL | 07/01/2005 | $274.39 | 0.0% | 0.0% | N | Referral Required |
| 58563 | HYSTEROSCOPY ENDOMETRIAL ABLATION | 07/01/2005 | $320.04 | 0.0% | 0.0% | N | Referral Required |
| 58565 | HYSTEROSCOPY, SURGICAL; | 07/01/2005 | $1,953.36 | 0.0% | 0.0% | N | Referral Required |
| 58578 | LAPAROSCOPY UNLISTED UTERUS PROC | 01/01/2000 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 58579 | HYSTEROSCOPY UNLISTED UTERUS PROC | 01/01/2000 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 586 | URETHRAL DILATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 58600 | TRANSECTION, FALLOPIAN TUBE | 07/01/2005 | $324.63 | 0.0% | 0.0% | N | |
| 58605 | TRANSECTION, FALLOPIAN TUBE | 07/01/2005 | $295.64 | 0.0% | 0.0% | N | |
| 58611 | TUBAL LIGATION WITH C-SECTIO | 07/01/2005 | $73.60 | 0.0% | 0.0% | N | |
| 58615 | OCCLUSION OF FALLOPIAN TUBE( | 07/01/2005 | $258.37 | 0.0% | 0.0% | N | |
| 58660 | LAPAROSCOPY LYSIS OF ADHESIONS | 07/01/2005 | $618.25 | 0.0% | 0.0% | N | Referral Required |
| 58661 | LAPAROSCOPY OOPHORECTOMY | 07/01/2005 | $599.02 | 0.0% | 0.0% | N | Referral Required |
| 58662 | LAPAROSCOPY FULGURATION | 07/01/2005 | $636.00 | 0.0% | 0.0% | N | Referral Required |
| 58670 | LAPAROSCOPY FULGURATION | 07/01/2005 | $334.88 | 0.0% | 0.0% | N | Referral Required |
| 58671 | LAPAROSCOPY OCCLUSION | 07/01/2005 | $335.39 | 0.0% | 0.0% | N | Referral Required |
| 58672 | LAPAROSCOPY FIMBRIOPLASTY | 07/01/2005 | $710.96 | 0.0% | 0.0% | N | Referral Required |
| 58673 | LAPAROSCOPY SALPINGOSTOMY | 07/01/2005 | $756.80 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 58679 | LAPAROSCOPY UNLISTED OVIDUCT | 01/01/2000 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 58700 | SALPINGECTOMY | 07/01/2005 | $645.20 | 0.0% | 0.0% | N | |
| 58720 | SALPINGO-OOPHORECTOMY | 07/01/2005 | $629.69 | 0.0% | 0.0% | N | Referral Required |
| 58740 | LYSIS OF ADHESIONS | 07/01/2005 | $757.03 | 0.0% | 0.0% | N | Referral Required |
| 58770 | SALPINGOSTOMY | 07/01/2005 | $768.10 | 0.0% | 0.0% | N | Referral Required |
| 58800 | DRAINAGE, CYST, OVARY | 07/01/2005 | $301.92 | 0.0% | 0.0% | N | Referral Required |
| 58805 | DRAIN OVARIAN CYST ABDOMINAL | 07/01/2005 | $342.83 | 0.0% | 0.0% | N | Referral Required |
| 58820 | DRAINAGE, ABSCESS, OVARY | 07/01/2005 | $268.82 | 0.0% | 0.0% | N | Referral Required |
| 58822 | DRAINAGE OVARIAN ABSCESS, AB | 07/01/2005 | $553.28 | 0.0% | 0.0% | N | Referral Required |
| 58823 | DRAIN PELVIC ABCESS | 07/01/2005 | $203.54 | 0.0% | 0.0% | N | Referral Required |
| 58825 | TRANSPOSITION, OVARY(S) | 07/01/2005 | $603.03 | 0.0% | 0.0% | N | Referral Required |
| 58900 | BIOPSY OF OVARY | 07/01/2005 | $346.12 | 0.0% | 0.0% | N | Referral Required |
| 5891 | PERIURETHRAL INCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5892 | PERIURETHRAL EXCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 58920 | RESECTION, OVARY | 07/01/2005 | $614.52 | 0.0% | 0.0% | N | Referral Required |
| 58925 | OVARIAN CYSTECTOMY, UNILATER | 07/01/2005 | $621.11 | 0.0% | 0.0% | N | Referral Required |
| 5893 | IMPLANTATION OF AUS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 58940 | OOPHORECTOMY | 07/01/2005 | $413.89 | 0.0% | 0.0% | N | Referral Required |
| 58943 | OOPHORECTOMY PARTIAL OR TOTA | 07/01/2005 | $1,025.24 | 0.0% | 0.0% | N | Referral Required |
| 58945 | OOPHORECTOMY | 07/01/2005 | $831.48 | 0.0% | 0.0% | N | Referral Required |
| 58950 | RESECTION OVARIAN MALIG W/BI | 07/01/2005 | $948.65 | 0.0% | 0.0% | N | Referral Required |
| 58951 | RESECTION OVARIAN MALIGNANCY | 07/01/2005 | $1,236.08 | 0.0% | 0.0% | Y | Referral Required |
| 58952 | RESECTION OVARIAN MALIGNANCY | 07/01/2005 | $1,375.25 | 0.0% | 0.0% | N | Referral Required |
| 58953 | HYSTERECTOMY RADICAL FOR DEBULKING | 07/01/2005 | $1,725.62 | 0.0% | 0.0% | Y | Referral Required |
| 58954 | HYSTERECTOMY/REMOVAL OF TUBES | 07/01/2005 | $1,876.12 | 0.0% | 0.0% | Y | Referral Required |
| 58956 | BILATERAL SALPINGO-OOPHORECTOMY | 07/01/2005 | $1,213.81 | 0.0% | 0.0% | Y | Referral Required |
| 58960 | LAPAROTOMY OF OVARIAN MALIGN | 07/01/2005 | $835.76 | 0.0% | 0.0% | N | Referral Required |
| 5899 | URETH/PERIURETH OP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 58999 | UNLISTED PROCEDURE, FEMALE G | 01/01/1982 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5900 | RETROPERIT DISSECT NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 59000 | AMNIOCENTESIS, ANY METHOD | 07/01/2005 | $118.73 | 0.0% | 0.0% | N | Referral Required |
| 59001 | AMNIOCENTESIS; THERAPEUTIC | 07/01/2005 | $157.45 | 0.0% | 0.0% | N | Referral Required |
| 59012 | CORDOCENTESIS INTRAUTERINE | 07/01/2005 | $192.13 | 0.0% | 0.0% | N | Referral Required |
| 59015 | CHORIONIC VILLUS SAMPLING AN | 07/01/2005 | $140.75 | 0.0% | 0.0% | N | Referral Required |
| 5902 | PERIREN ADHESIOLYS NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 59020 | FETAL OXYTOCIN STRESS TEST | 07/01/2005 | $56.85 | 26.0% | 74.0% | N | Referral Required |
| 59025 | FETAL NON-STRESS TEST | 07/01/2005 | $38.40 | 20.0% | 80.0% | N | Referral Required |
| 5903 | LAPAROSCOPIC LYSIS OF PERIRENAL/PER | 01/01/1997 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 59030 | FETAL BLOOD SAMPLING | 07/01/2005 | $115.94 | 0.0% | 0.0% | N | Referral Required |
| 59050 | INITIATION SUPERVISION FETAL | 07/01/2005 | $47.55 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 59051 | FETAL MONITORING DURING LABO | 07/01/2005 | $39.47 | 0.0% | 0.0% | N | Referral Required |
| 59070 | TRANSABDOMINAL AMNIOINFUSION | 07/01/2005 | $353.46 | 0.0% | 0.0% | N | Referral Required |
| 59072 | FETAL UMBILICAN CORD OCCLUSION | 07/01/2005 | $425.75 | 0.0% | 0.0% | N | Referral Required |
| 59074 | FETAL FLUID DRAINAGE | 07/01/2005 | $336.48 | 0.0% | 0.0% | N | Referral Required |
| 59076 | FETAL SHUNT PLACEMENT | 07/01/2005 | $425.75 | 0.0% | 0.0% | N | Referral Required |
| 5909 | PERIREN/URETER INCIS NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 59100 | HYSTEROTOMY | 07/01/2005 | $703.72 | 0.0% | 0.0% | N | Referral Required |
| 5911 | PERIVESICAL ADHESIOLYSIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5912 | LAPAROSCOPIC LYSIS OF PERIVESICAL A | 01/01/1997 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 59120 | SALPINGECTOMY/SALPINGOSTOMY | 07/01/2005 | $661.40 | 0.0% | 0.0% | N | Referral Required |
| 59121 | TUBAL W/O SALPINGECTOMY &/OR | 07/01/2005 | $669.76 | 0.0% | 0.0% | N | Referral Required |
| 59130 | SALPINGECTOMY/SALPINGOSTOMY | 07/01/2005 | $795.31 | 0.0% | 0.0% | N | Referral Required |
| 59135 | SALPINGECTOMY/SALPINGOSTOMY | 07/01/2005 | $785.78 | 0.0% | 0.0% | Y | Referral Required |
| 59136 | SURG TREAT ESTOPIC PREGNANCY | 07/01/2005 | $728.12 | 0.0% | 0.0% | N | Referral Required |
| 59140 | SURG FOR ECTOPIC PREGNANCY C | 07/01/2005 | $336.85 | 0.0% | 0.0% | N | Referral Required |
| 59150 | LAPAROSCOPIC TREATMENT ECTOP | 07/01/2005 | $663.65 | 0.0% | 0.0% | N | Referral Required |
| 59151 | LAPAROSCOPIC TX ECTOPIC PREG | 07/01/2005 | $641.71 | 0.0% | 0.0% | N | Referral Required |
| 59160 | CURETTAGE POSTPARTUM | 07/01/2005 | $229.78 | 0.0% | 0.0% | N | Referral Required |
| 5919 | PERIVESICAL INCISION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 59200 | INSERTION HYGROSCOPIC CERVIC | 07/01/2005 | $77.77 | 0.0% | 0.0% | N | Referral Required |
| 5921 | PERIREN/URETERAL BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5929 | PERIREN/URET DX PROC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 593 | URETHROVES JUNCT PLICAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 59300 | EPISIOT OR VAG REPAIR BY OTH | 07/01/2005 | $161.08 | 0.0% | 0.0% | N | Referral Required |
| 59320 | CERCLAGE CX VAGINAL | 07/01/2005 | $140.86 | 0.0% | 0.0% | N | Referral Required |
| 59325 | CERCLAGE CX ABDOMEN | 07/01/2005 | $225.07 | 0.0% | 0.0% | N | Referral Required |
| 59350 | HYSTERORRHAPHY OF RUPTURED U | 07/01/2005 | $266.78 | 0.0% | 0.0% | N | Referral Required |
| 594 | SUPRAPUBIC SLING OP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 59400 | VAGINAL DELIVERY W/7 OR MORE | 07/01/2005 | $1,415.54 | 0.0% | 0.0% | N | Referral Required |
| 59409 | VAGINAL DELIVERY ONLY | 07/01/2005 | $714.68 | 0.0% | 0.0% | N | |
| 59410 | VAGINAL DELIVERY; INCLUDING POST. | 07/01/2005 | $811.56 | 0.0% | 0.0% | N | Referral Required |
| 59412 | EXTERNAL CEPHALIC VERSIONW/W | 07/01/2005 | $112.86 | 0.0% | 0.0% | N | Referral Required |
| 59414 | DELIVERY PLACENTA FOLLOWING | 07/01/2005 | $107.57 | 0.0% | 0.0% | N | Referral Required |
| 59425 | ANTEPARTUM CARE ONLY; 4-6 VI | 07/01/2005 | $366.04 | 0.0% | 0.0% | N | Referral Required |
| 59426 | ANTEPARTUM CARE ONLY; 7 OR M | 07/01/2005 | $627.42 | 0.0% | 0.0% | N | Referral Required |
| 59430 | POST-PARTUM CARE | 07/01/2005 | $126.30 | 0.0% | 0.0% | N | Referral Required |
| 595 | RETROPUBIC URETH SUSPENS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 59510 | CESAREAN DELIVERY W/7 OR MOR | 07/01/2005 | $1,612.29 | 0.0% | 0.0% | N | Referral Required |
| 59514 | CAESAREAN DELIVERY ONLY | 07/01/2005 | $844.75 | 0.0% | 0.0% | N | |
| 59515 | CESAREAN DEL ONLY INCL. POST | 07/01/2005 | $964.35 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 59525 | SUBTOTAL OR TOTAL HYSERECTOM | 07/01/2005 | $451.96 | 0.0% | 0.0% | Y | Referral Required |
| 596 | PARAURETHRAL SUSPENSION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 59610 | ROUTINE OB CARE | 07/01/2005 | $1,505.75 | 0.0% | 0.0% | N | Referral Required |
| 59612 | VAGINAL DELIVERY ONLY, AFTER | 07/01/2005 | $804.40 | 0.0% | 0.0% | N | |
| 59614 | VAGINAL DEL. ONLY AFTER CESA | 07/01/2005 | $896.67 | 0.0% | 0.0% | N | Referral Required |
| 59618 | OB CARE INC. ANTEPARTUM,CESA | 07/01/2005 | $1,699.06 | 0.0% | 0.0% | N | Referral Required |
| 59620 | CESAREAN AFTER ATT. VAGINAL | 07/01/2005 | $916.19 | 0.0% | 0.0% | N | |
| 59622 | CESAREAN AFTER ATT.VAGINAL A | 07/01/2005 | $1,038.38 | 0.0% | 0.0% | N | Referral Required |
| 5971 | LEVATOR MUSC SUSPENSION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5972 | INJ INPLANT URETHRA AND/OR BLADDER | 10/01/1995 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5979 | URIN INCONTIN REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 598 | URETERAL CATHETERIZATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 59812 | TREATMENT OF SPONT ABORTION | 07/01/2005 | $278.89 | 0.0% | 0.0% | N | Referral Required |
| 59820 | TREAT MISSED ABORTION COMPLE | 07/01/2005 | $282.81 | 0.0% | 0.0% | N | Referral Required |
| 59821 | TREATMENT OF MISSED AB TREAT | 07/01/2005 | $300.85 | 0.0% | 0.0% | N | Referral Required |
| 59830 | ABORTION - SEPTIC | 07/01/2005 | $367.43 | 0.0% | 0.0% | N | Referral Required |
| 59840 | ABORTION INDUCED BY DILATIO | 07/01/2005 | $250.75 | 0.0% | 0.0% | N | Referral Required |
| 59841 | LEGAL(THERAPEUTIC) ABORTION | 07/01/2005 | $396.86 | 0.0% | 0.0% | N | Referral Required |
| 59850 | INDUCTION OF LABOR | 07/01/2005 | $323.17 | 0.0% | 0.0% | N | Referral Required |
| 59851 | ABORTION INDUCED COMPLETED | 07/01/2005 | $339.41 | 0.0% | 0.0% | N | Referral Required |
| 59852 | ABORTION INDUCED BY HYSTERO | 07/01/2005 | $475.24 | 0.0% | 0.0% | N | Referral Required |
| 59855 | INDUCED ABORTION, DELIVERY O | 07/01/2005 | $352.27 | 0.0% | 0.0% | N | Referral Required |
| 59856 | INDUCED ABORTION, DELIVERY; | 07/01/2005 | $417.55 | 0.0% | 0.0% | N | Referral Required |
| 59857 | INDUCED ABORTION, DELIVERY; | 07/01/2005 | $512.41 | 0.0% | 0.0% | N | Referral Required |
| 59866 | MULTIFETAL PREGNANCY REDUCTI | 07/01/2005 | $210.15 | 0.0% | 0.0% | Y | Referral Required |
| 59870 | UTERINE EVAC + CURETTAGE FOR | 07/01/2005 | $357.02 | 0.0% | 0.0% | N | Referral Required |
| 59871 | REMOVAL CERCLAGE SUTURE W/ANTETHE | 07/01/2005 | $156.02 | 0.0% | 0.0% | N | Referral Required |
| 59897 | UNLISTED ULTRASOUND PROC | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 59898 | LAPAROSCOPY UNLISTED OB | 01/01/2000 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 59899 | UNLISTED MATERNITY PROCEDURE | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5991 | PERIREN/VESICAL EXCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5992 | PERIREN/VESICAL OP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5993 | REPLACE URETEROST TUBE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5994 | REPLACE CYSTOSTOMY TUBE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5995 | ULTRASON FRAGMENT-STONE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5999 | URINARY SYSTEM OP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 5999I | INDIAN HEALTH SERVICE OFC VI | 01/01/2005 | $223.00 | 0.0% | 0.0% | N | |
| 600 | INCISION OF PROSTATE | 03/01/1994 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 60000 | DRAINAGE, CYST, THYROGLOSSAL | 07/01/2005 | $145.16 | 0.0% | 0.0% | N | Referral Required |
| 60001 | ASPIRATION AND/OR INJECTION, | 07/01/2005 | $94.46 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 60100 | BIOPSY, THYROID | 07/01/2005 | $146.21 | 0.0% | 0.0% | N | Referral Required |
| 6011 | PROSTATIC NEEDLE BIOPSY | 03/01/1994 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6012 | OPEN BIOPSY OF PROSTATE | 03/01/1994 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6013 | PERCUT SEMINAL VES BIOPS | 03/01/1994 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6014 | OPEN SEMINAL VESICLE BX | 03/01/1994 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6015 | PERIPROSTATIC BIOPSY | 03/01/1994 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6018 | PROSTATIC DX PROCED NEC | 03/01/1994 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6019 | SEMIN VES DX PROCED NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 602 | TRANSURETHRAL PROSTATECT | 03/01/1994 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 60200 | EXCISION, CYST, THYROID | 07/01/2005 | $586.39 | 0.0% | 0.0% | N | Referral Required |
| 6021 | TRANSURETHRAL GUIDED LASER INDUCED | 10/01/1995 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 60210 | PARTIAL THYROID LOBECTOMY, U | 07/01/2005 | $629.14 | 0.0% | 0.0% | N | Referral Required |
| 60212 | PARTIAL THYROID LOBECTOMY;W/ | 07/01/2005 | $889.44 | 0.0% | 0.0% | N | Referral Required |
| 60220 | TOTAL THYROID LOBECTOMY, UNI | 07/01/2005 | $686.23 | 0.0% | 0.0% | N | Referral Required |
| 60225 | THYROID LOBECTOMY | 07/01/2005 | $800.70 | 0.0% | 0.0% | N | Referral Required |
| 60240 | THYROIDECTOMY | 07/01/2005 | $913.45 | 0.0% | 0.0% | N | Referral Required |
| 60252 | THYROIDECTOMY | 07/01/2005 | $1,154.74 | 0.0% | 0.0% | N | Referral Required |
| 60254 | THYROIDECTOMY | 07/01/2005 | $1,548.68 | 0.0% | 0.0% | N | Referral Required |
| 60260 | THYROIDECTOMY | 07/01/2005 | $1,006.38 | 0.0% | 0.0% | N | Referral Required |
| 60270 | THYROIDECTOMY | 07/01/2005 | $1,143.43 | 0.0% | 0.0% | N | Referral Required |
| 60271 | THYROIDECTOMY, THYROID GLAND | 07/01/2005 | $967.42 | 0.0% | 0.0% | N | Referral Required |
| 60280 | EXCSN, CYST, THYROGLOSSAL DU | 07/01/2005 | $394.23 | 0.0% | 0.0% | N | Referral Required |
| 60281 | EXCISION THYROGLOSSAL DUCT C | 07/01/2005 | $526.39 | 0.0% | 0.0% | N | Referral Required |
| 6029 | OTHER TRANSURETHRAL PROSTATECTOM | 10/01/1995 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 603 | SUPRAPUBIC PROSTATECTOMY | 03/01/1994 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 604 | RETROPUBIC PROSTATECTOMY | 03/01/1994 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 605 | RADICAL PROSTATECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 60500 | PARATHYROIDECTOMY | 07/01/2005 | $877.70 | 0.0% | 0.0% | N | Referral Required |
| 60502 | PARATHYROIDECTOMY-RE-EXPLORA | 07/01/2005 | $1,098.57 | 0.0% | 0.0% | N | Referral Required |
| 60505 | PARATHYROIDECTOMY | 07/01/2005 | $1,193.70 | 0.0% | 0.0% | N | Referral Required |
| 60512 | PARATHYROID AUTOTRANSPLANTAT | 07/01/2005 | $225.08 | 0.0% | 0.0% | N | Referral Required |
| 60520 | THYMECTOMY | 07/01/2005 | $954.37 | 0.0% | 0.0% | N | Referral Required |
| 60521 | THYMECTOMY W/O RADICAL MEDIA | 07/01/2005 | $1,104.48 | 0.0% | 0.0% | N | Referral Required |
| 60522 | THYMECTOMY; W/RADICAL MEDIAS | 07/01/2005 | $1,308.68 | 0.0% | 0.0% | N | Referral Required |
| 60540 | ADRENALECTOMY | 07/01/2005 | $906.25 | 0.0% | 0.0% | N | Referral Required |
| 60545 | ADRENALECTOMY | 07/01/2005 | $1,069.08 | 0.0% | 0.0% | N | Referral Required |
| 60600 | EXCISION, TUMOR, CAROTID BOD | 07/01/2005 | $1,123.33 | 0.0% | 0.0% | N | Referral Required |
| 60605 | EXCISION, TUMOR, CAROTID BOD | 07/01/2005 | $1,368.92 | 0.0% | 0.0% | N | Referral Required |
| 6061 | LOS EXCIS PROSTATIC LES | 03/01/1994 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6062 | PERINEAL PROSTATECTOMY | 03/01/1994 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 60650 | LAPAROSCOPY ADRENALECTOMY | 07/01/2005 | $1,031.79 | 0.0% | 0.0% | N | Referral Required |
| 60659 | LAPAROSCOPY UNLISTED ENDOCRINE | 01/01/2000 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6069 | PROSTATECTOMY NEC | 03/01/1994 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 60699 | UNLISTED ENDOCRINE PROCEDURE | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6071 | PERCUT SEMIN VES ASPIRAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6072 | SEMINAL VESICLE INCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6073 | SEMINAL VESICLE EXCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6079 | SEMINAL VESICLE OP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6081 | PERIPROSTATIC INCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6082 | PERIPROSTATIC EXCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6091 | PERCUT PROSTATIC ASPIRAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6092 | INJECTION INTO PROSTATE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6093 | REPAIR OF PROSTATE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6094 | CONTROL POSTOP PROST HEM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6096 | TRANSURETHRAL DESTRCTN OF PROSTAT | 10/01/2000 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6097 | OTHER TRANSURETHAL DESTRUCTION | 10/01/2000 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6099 | PROSTATIC OPERATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 610 | SCROTUM & TUNICA I & D | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 61000 | SUBDURAL TAP | 07/01/2005 | $118.37 | 0.0% | 0.0% | N | Referral Required |
| 61001 | SUBDURAL TAP | 07/01/2005 | $125.08 | 0.0% | 0.0% | N | Referral Required |
| 61020 | VENTRICULAR PUNCTURE | 07/01/2005 | $142.38 | 0.0% | 0.0% | N | Referral Required |
| 61026 | WITH INJECTION OF DRUG OR OT | 07/01/2005 | $139.99 | 0.0% | 0.0% | N | Referral Required |
| 61050 | CISTERNAL PUNCTURES | 07/01/2005 | $108.25 | 0.0% | 0.0% | N | Referral Required |
| 61055 | INJECTION OF DRUG OR OTHER SUBSTAN | 07/01/2005 | $137.40 | 0.0% | 0.0% | N | Referral Required |
| 61070 | PUNCTURE, SHUNT TUBING | 07/01/2005 | $275.71 | 0.0% | 0.0% | N | Referral Required |
| 61105 | TWIST DRILL HOLE FOR SUBDURA | 07/01/2005 | $325.65 | 0.0% | 0.0% | N | Referral Required |
| 61107 | TWIST DRILL HOLE FOR IMPLANT | 07/01/2005 | $301.90 | 0.0% | 0.0% | N | Referral Required |
| 61108 | TWIST DRILL HOLE FOR PUNCTUR | 07/01/2005 | $638.70 | 0.0% | 0.0% | N | Referral Required |
| 6111 | SCROTUM & TUNICA BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 61120 | BURR HOLES | 07/01/2005 | $543.02 | 0.0% | 0.0% | N | Referral Required |
| 61140 | BURR HOLES | 07/01/2005 | $960.88 | 0.0% | 0.0% | N | Referral Required |
| 61150 | BURR HOLES | 07/01/2005 | $1,052.28 | 0.0% | 0.0% | N | Referral Required |
| 61151 | BURR HOLES | 07/01/2005 | $761.89 | 0.0% | 0.0% | N | Referral Required |
| 61154 | BURR HOLES | 07/01/2005 | $907.46 | 0.0% | 0.0% | N | Referral Required |
| 61156 | BURR HOLES | 07/01/2005 | $990.93 | 0.0% | 0.0% | N | Referral Required |
| 6119 | SCROT/TUNICA DX PROC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 612 | EXCISION OF HYDROCELE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 61210 | BURR HOLES | 07/01/2005 | $348.26 | 0.0% | 0.0% | N | Referral Required |
| 61215 | INSERTION OF SUB & RESERVOIR | 07/01/2005 | $334.36 | 0.0% | 0.0% | N | Referral Required |
| 61250 | BURR HOLES | 07/01/2005 | $634.72 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 61253 | BURR HOLES | 07/01/2005 | $739.35 | 0.0% | 0.0% | N | Referral Required |
| 613 | SCROTAL LES DESTRUCTION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 61304 | CRANIECTOMY | 07/01/2005 | $1,294.98 | 0.0% | 0.0% | N | Referral Required |
| 61305 | CRANIECTOMY | 07/01/2005 | $1,560.63 | 0.0% | 0.0% | N | Referral Required |
| 61310 | EVACUATION, HEMATOMA, CRANIAL | 07/01/2005 | $1,602.84 | 0.0% | 0.0% | N | Referral Required |
| 61312 | CRANIECTOMY OR CRANIOTOMY FO | 07/01/2005 | $1,457.96 | 0.0% | 0.0% | N | Referral Required |
| 61313 | CRANIECTOMY OR CRANIOTOMY EV | 07/01/2005 | $1,478.68 | 0.0% | 0.0% | N | Referral Required |
| 61314 | CRANIECTOMY OR CRANIOTOMY FO | 07/01/2005 | $1,327.58 | 0.0% | 0.0% | N | Referral Required |
| 61315 | ECTOMY/OTOMY FOR EVACUATION | 07/01/2005 | $1,636.07 | 0.0% | 0.0% | N | Referral Required |
| 61316 | INCISION SUBCUTANEOUS PLACEMENT | 07/01/2005 | $73.42 | 0.0% | 0.0% | N | Referral Required |
| 61320 | DRAINAGE, ABSCESS INTRACRANI | 07/01/2005 | $1,520.45 | 0.0% | 0.0% | N | Referral Required |
| 61321 | DRAINAGE, ABSCESS INTRACRANI | 07/01/2005 | $1,656.26 | 0.0% | 0.0% | N | Referral Required |
| 61322 | CRANIECTOMY/CRANIOTOMY, TX INTRACR | 07/01/2005 | $1,540.97 | 0.0% | 0.0% | N | Referral Required |
| 61323 | CRANIECTOMY/CRANIOTOMY, TX INTRACR | 07/01/2005 | $1,598.84 | 0.0% | 0.0% | N | Referral Required |
| 61330 | EXPLORATION, ORBIT | 07/01/2005 | $1,528.57 | 0.0% | 0.0% | N | Referral Required |
| 61332 | EXPLORATION, ORBIT | 07/01/2005 | $1,733.29 | 0.0% | 0.0% | N | Referral Required |
| 61333 | EXPLORATION, ORBIT | 07/01/2005 | $1,590.42 | 0.0% | 0.0% | N | Referral Required |
| 61334 | EXPLORATION, ORBIT | 07/01/2005 | $1,046.37 | 0.0% | 0.0% | N | Referral Required |
| 61340 | CRANIAL DECOMPRESSION | 07/01/2005 | $1,127.46 | 0.0% | 0.0% | N | Referral Required |
| 61343 | CRANIECTOMY SUBOCCIPITAL W/C | 07/01/2005 | $1,776.53 | 0.0% | 0.0% | N | Referral Required |
| 61345 | CRANIAL DECOMPRESSION | 07/01/2005 | $1,609.88 | 0.0% | 0.0% | N | Referral Required |
| 6141 | SUTURE SCROTAL LACERAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6142 | SCROTAL FISTULA REPAIR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 61440 | CRANIOTOMY SECTION OF TENTOR | 07/01/2005 | $1,462.65 | 0.0% | 0.0% | N | Referral Required |
| 61450 | SENSORY ROOT SURGERY | 07/01/2005 | $1,506.22 | 0.0% | 0.0% | N | Referral Required |
| 61458 | CRANIECTOMY, SUBOCCIPITAL | 07/01/2005 | $1,604.80 | 0.0% | 0.0% | N | Referral Required |
| 61460 | SUBOCCIPITAL INCISION | 07/01/2005 | $1,670.64 | 0.0% | 0.0% | N | Referral Required |
| 61470 | SUBOCCIPITAL INCISION | 07/01/2005 | $1,477.83 | 0.0% | 0.0% | N | Referral Required |
| 61480 | CRANIECTOMY FOR MESENCEPHALI | 07/01/2005 | $1,463.65 | 0.0% | 0.0% | N | Referral Required |
| 6149 | SCROTUM/TUNIC REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 61490 | LOBOTOMY, CRANIAL | 07/01/2005 | $1,524.39 | 0.0% | 0.0% | N | Referral Required |
| 61500 | CRANIECTOMY | 07/01/2005 | $1,069.62 | 0.0% | 0.0% | N | Referral Required |
| 61501 | CRANIECTOMY W/EXCISION OF TU | 07/01/2005 | $900.52 | 0.0% | 0.0% | N | Referral Required |
| 61510 | EXCISION, TUMOR, BRAIN | 07/01/2005 | $1,679.11 | 0.0% | 0.0% | N | Referral Required |
| 61512 | EXCISION, MENINGIOMA | 07/01/2005 | $2,061.72 | 0.0% | 0.0% | N | Referral Required |
| 61514 | CRANIECTOMY EXCISION OF BRAI | 07/01/2005 | $1,496.43 | 0.0% | 0.0% | N | Referral Required |
| 61516 | EXCISION, CYST, SUPRATENTORI | 07/01/2005 | $1,472.99 | 0.0% | 0.0% | N | Referral Required |
| 61517 | IMPLANT BRAIN INTRACAVITY CHEMOTHER | 07/01/2005 | $66.53 | 0.0% | 0.0% | N | Referral Required |
| 61518 | EXCISION, TUMOR, BRAIN | 07/01/2005 | $2,220.53 | 0.0% | 0.0% | N | Referral Required |
| 61519 | EXCISION, MENINGIOMA | 07/01/2005 | $2,447.18 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 61520 | EXCISION CEREBELLOPONTINE ANGLE TU | 07/01/2005 | $3,215.35 | 0.0% | 0.0% | N | Referral Required |
| 61521 | CRANIECTOMY EXCISION OF MIDL | 07/01/2005 | $2,630.82 | 0.0% | 0.0% | N | Referral Required |
| 61522 | EXCISION, ABSCESS, BRAIN | 07/01/2005 | $1,726.14 | 0.0% | 0.0% | N | Referral Required |
| 61524 | EXCISION, CYST, BRAIN | 07/01/2005 | $1,651.32 | 0.0% | 0.0% | N | Referral Required |
| 61526 | EXCISION, TUMOR, TRANSTEMPOR | 07/01/2005 | $3,043.79 | 0.0% | 0.0% | N | Referral Required |
| 61530 | EXCISION, TUMOR, TRANSTEMPOR | 07/01/2005 | $2,598.55 | 0.0% | 0.0% | N | Referral Required |
| 61531 | SUBDURAL IMPLANT STRIP ELECT | 07/01/2005 | $894.89 | 0.0% | 0.0% | N | Referral Required |
| 61533 | CRANIOTOMY W/ELEVATION OF BO | 07/01/2005 | $1,183.03 | 0.0% | 0.0% | N | Referral Required |
| 61534 | EXSN CEREBRAL CORTICAL SCAR | 07/01/2005 | $1,270.87 | 0.0% | 0.0% | N | Referral Required |
| 61535 | CRANIECTOMY FOR REMOVAL OF E | 07/01/2005 | $730.48 | 0.0% | 0.0% | N | Referral Required |
| 61536 | CRANIOTOMY; EXCISION-CEREBRA | 07/01/2005 | $2,101.64 | 0.0% | 0.0% | N | Referral Required |
| 61537 | CRAINOTOMY W/ELEVATION OF BONE FLA | 07/01/2005 | $1,449.04 | 0.0% | 0.0% | N | Referral Required |
| 61538 | TEMPORAL LOBECTOMY | 07/01/2005 | $1,602.93 | 0.0% | 0.0% | N | Referral Required |
| 61539 | LOBECTOMY, OTHER THAN TEMPOR | 07/01/2005 | $1,901.81 | 0.0% | 0.0% | N | Referral Required |
| 61540 | CRAINIOTOMY W/ELEVATION OF BONE | 07/01/2005 | $1,746.38 | 0.0% | 0.0% | N | Referral Required |
| 61541 | CRANIECTOMY FOR TRANSECTION | 07/01/2005 | $1,698.04 | 0.0% | 0.0% | N | Referral Required |
| 61542 | HEMISPHERECTOMY | 07/01/2005 | $1,831.20 | 0.0% | 0.0% | N | Referral Required |
| 61543 | CRANIECTOMY FOR PARTIAL OR S | 07/01/2005 | $1,740.22 | 0.0% | 0.0% | N | Referral Required |
| 61544 | COAGULATION, CHOROID PLEXUS | 07/01/2005 | $1,511.06 | 0.0% | 0.0% | N | Referral Required |
| 61545 | CRANIECTOMY FOR EXCISION OF | 07/01/2005 | $2,569.60 | 0.0% | 0.0% | N | Referral Required |
| 61546 | HYPOPHYSECTOMY | 07/01/2005 | $1,857.71 | 0.0% | 0.0% | N | Referral Required |
| 61548 | HYPOPHYSECTOMY | 07/01/2005 | $1,295.86 | 0.0% | 0.0% | N | Referral Required |
| 61550 | CRANIECTOMY | 07/01/2005 | $709.75 | 0.0% | 0.0% | N | Referral Required |
| 61552 | CRANIECTOMY | 07/01/2005 | $1,045.99 | 0.0% | 0.0% | N | Referral Required |
| 61556 | CRANIOTOMY FOR CRANIOSYNOSTO | 07/01/2005 | $1,254.98 | 0.0% | 0.0% | N | Referral Required |
| 61557 | CRANIOTOMY FOR CRANIO-SYNOST | 07/01/2005 | $1,335.10 | 0.0% | 0.0% | N | Referral Required |
| 61558 | EXTENSIVE CRANIECTOMY NOT RE | 07/01/2005 | $1,387.24 | 0.0% | 0.0% | N | Referral Required |
| 61559 | EXTENSIVE CRANIECTOMY RECOUN | 07/01/2005 | $1,931.16 | 0.0% | 0.0% | N | Referral Required |
| 61563 | EXCISION INTRA & EXTRACRANIE | 07/01/2005 | $1,584.87 | 0.0% | 0.0% | N | Referral Required |
| 61564 | EXCISION INTRA & EXTRACRANIE | 07/01/2005 | $1,967.40 | 0.0% | 0.0% | N | Referral Required |
| 61566 | CRANIOTOMY W/ELEVATION OF BONE FLA | 07/01/2005 | $1,752.98 | 0.0% | 0.0% | N | Referral Required |
| 61567 | CRAINOTOMY W/ELEVATION OF BONE FLA | 07/01/2005 | $2,017.08 | 0.0% | 0.0% | N | Referral Required |
| 61570 | EXCISION, FOREIGN BODY, BRAI | 07/01/2005 | $1,426.35 | 0.0% | 0.0% | N | Referral Required |
| 61571 | CRANIECTOMY W/TREATMENT OF P | 07/01/2005 | $1,556.30 | 0.0% | 0.0% | N | Referral Required |
| 61575 | TRANSORAL APPROACH TO SKULL | 07/01/2005 | $2,035.59 | 0.0% | 0.0% | N | Referral Required |
| 61576 | TRANSORAL APP TO SKULL BASE | 07/01/2005 | $2,927.33 | 0.0% | 0.0% | N | Referral Required |
| 61580 | CRANIOFACIAL APPROACH TO ANT | 07/01/2005 | $1,802.16 | 0.0% | 0.0% | N | Referral Required |
| 61581 | EXTRADURAL,INCLUDING LATERAL | 07/01/2005 | $2,052.77 | 0.0% | 0.0% | N | Referral Required |
| 61582 | EXTRADURAL CRANIOFACIAL APPR | 07/01/2005 | $1,902.19 | 0.0% | 0.0% | N | Referral Required |
| 61583 | INTRADURAL CRANIOFACIAL APPR | 07/01/2005 | $2,181.82 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 61584 | ORBITOCRANIAL APPROACH CRANI | 07/01/2005 | $2,061.26 | 0.0% | 0.0% | N | Referral Required |
| 61585 | WITH ORBITAL EXENTERATION | 07/01/2005 | $2,237.69 | 0.0% | 0.0% | N | Referral Required |
| 61586 | BICORONAL-OSTEOTOMY APPROACH | 07/01/2005 | $1,509.74 | 0.0% | 0.0% | N | Referral Required |
| 61590 | INFRATEMPORAL PRE-AURICULAR | 07/01/2005 | $2,445.25 | 0.0% | 0.0% | N | Referral Required |
| 61591 | INFRATEMPORAL POST-AURICULAR | 07/01/2005 | $2,557.29 | 0.0% | 0.0% | N | Referral Required |
| 61592 | ORBITOCRANIAL ZYGOMATIC APPR | 07/01/2005 | $2,345.64 | 0.0% | 0.0% | N | Referral Required |
| 61595 | TRANSTEMPORAL APPROACH CRANI | 07/01/2005 | $1,772.41 | 0.0% | 0.0% | N | Referral Required |
| 61596 | TRANSCOCHLEAR APPROACH POSTE | 07/01/2005 | $2,083.44 | 0.0% | 0.0% | N | Referral Required |
| 61597 | TRANSCONDYLAR(FAR LATERAL) A | 07/01/2005 | $2,229.48 | 0.0% | 0.0% | N | Referral Required |
| 61598 | TRANSPETROSAL APPROACH TO PO | 07/01/2005 | $1,978.40 | 0.0% | 0.0% | N | Referral Required |
| 61600 | RESECTION NEOPLASTIC LESION | 07/01/2005 | $1,483.71 | 0.0% | 0.0% | N | Referral Required |
| 61601 | RESECT NEOPLASTIC LESION CRA | 07/01/2005 | $1,674.45 | 0.0% | 0.0% | N | Referral Required |
| 61605 | RESECT NEOPLASTIC LESION INF | 07/01/2005 | $1,728.30 | 0.0% | 0.0% | N | Referral Required |
| 61606 | RESECT NEOPLASTIC LESION INF | 07/01/2005 | $2,288.85 | 0.0% | 0.0% | N | Referral Required |
| 61607 | RESECT NEOPLASTIC LESION PAR | 07/01/2005 | $2,142.87 | 0.0% | 0.0% | N | Referral Required |
| 61608 | RESECT NEOPLASTIC LESION PAR | 07/01/2005 | $2,491.22 | 0.0% | 0.0% | N | Referral Required |
| 61609 | TRANSECTION CAROTID ARTERY I | 07/01/2005 | $563.10 | 0.0% | 0.0% | N | Referral Required |
| 61610 | TRANSECTION CAROTID ARTERY I | 07/01/2005 | $1,607.80 | 0.0% | 0.0% | N | Referral Required |
| 61611 | TRANSECTION CAROTID ARTERY P | 07/01/2005 | $393.55 | 0.0% | 0.0% | N | Referral Required |
| 61612 | TRANSECTION CAROTID ARTERY P | 07/01/2005 | $1,541.31 | 0.0% | 0.0% | N | Referral Required |
| 61613 | OBLITERATION CAROTID ANEURYS | 07/01/2005 | $2,395.62 | 0.0% | 0.0% | N | Referral Required |
| 61615 | RESECT NEOPLASTIC LESION CRA | 07/01/2005 | $1,927.30 | 0.0% | 0.0% | N | Referral Required |
| 61616 | RESECT NEOPLASTIC LESION CRA | 07/01/2005 | $2,580.12 | 0.0% | 0.0% | N | Referral Required |
| 61618 | SECONDARY REPAIR FOR CSF LEA | 07/01/2005 | $1,043.03 | 0.0% | 0.0% | N | Referral Required |
| 61619 | SECONDARY REPAIR CSF LEAK BY | 07/01/2005 | $1,260.13 | 0.0% | 0.0% | N | Referral Required |
| 61623 | ENDOVASCULAR TEMP. BALLOON ARTERI | 07/01/2005 | $484.78 | 0.0% | 0.0% | N | Referral Required |
| 61624 | TRANSCATHETER OCCLUSION/EMBO | 07/01/2005 | $992.67 | 0.0% | 0.0% | N | Referral Required |
| 61626 | TRANSCATHETER OCCLUSION NON- | 07/01/2005 | $807.73 | 0.0% | 0.0% | N | Referral Required |
| 61680 | INTERCRANIAL ARTERIOVENOUS M | 07/01/2005 | $1,824.21 | 0.0% | 0.0% | N | Referral Required |
| 61682 | INTRACRANIAL ANTERIOVENOUS S | 07/01/2005 | $3,595.53 | 0.0% | 0.0% | N | Referral Required |
| 61684 | INTRACRANIAL ARTERIOVENOUS M | 07/01/2005 | $2,325.03 | 0.0% | 0.0% | N | Referral Required |
| 61686 | INTRACRANIAL ARTERIOVENOUS M | 07/01/2005 | $3,777.77 | 0.0% | 0.0% | N | Referral Required |
| 61690 | INTRACRANIAL ARTERIOVENOUS M | 07/01/2005 | $1,739.55 | 0.0% | 0.0% | N | Referral Required |
| 61692 | INTRACRANIAL ARTERIOVENOUS M | 07/01/2005 | $3,029.90 | 0.0% | 0.0% | N | Referral Required |
| 61697 | SURGERY OF INTRACRANIAL ANEURYSM | 07/01/2005 | $2,947.95 | 0.0% | 0.0% | N | Referral Required |
| 61698 | SURGERY OF INTRACRANIAL ANEURYSM | 07/01/2005 | $2,829.43 | 0.0% | 0.0% | N | Referral Required |
| 61700 | INTRA-CRANIAL ANEURYSM SURGE | 07/01/2005 | $2,945.53 | 0.0% | 0.0% | N | Referral Required |
| 61702 | INTRA-CRANIAL ANEURYSM SURGE | 07/01/2005 | $2,824.96 | 0.0% | 0.0% | N | Referral Required |
| 61703 | SURGERY INTRA-CRANIAL ANEURY | 07/01/2005 | $1,063.43 | 0.0% | 0.0% | N | Referral Required |
| 61705 | ANEURYSM SURGERY | 07/01/2005 | $2,083.33 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 61708 | SURGERY ANEURYSM BY INTRACRA | 07/01/2005 | $1,856.05 | 0.0% | 0.0% | N | Referral Required |
| 61710 | SURG ANEURYSM BY INTRA-ARTER | 07/01/2005 | $1,597.21 | 0.0% | 0.0% | N | Referral Required |
| 61711 | ANASTOMOSIS CRBRL/CORTICL AR | 07/01/2005 | $2,127.49 | 0.0% | 0.0% | N | Referral Required |
| 61720 | STEREOTAXIC LESION | 07/01/2005 | $1,028.60 | 0.0% | 0.0% | N | Referral Required |
| 61735 | STEREOTAXIC LESION | 07/01/2005 | $1,234.13 | 0.0% | 0.0% | N | Referral Required |
| 61750 | SURGERY OF ANEURYSM VASCULAR | 07/01/2005 | $1,089.72 | 0.0% | 0.0% | N | Referral Required |
| 61751 | STEREOTACTIC BX, ASPIRATE OR | 07/01/2005 | $1,060.97 | 0.0% | 0.0% | N | Referral Required |
| 61760 | STEREOTACTIC IMPLANT OF DEPT | 07/01/2005 | $1,310.97 | 0.0% | 0.0% | N | Referral Required |
| 61770 | STEREOTACTIC LOCALIZATION AN | 07/01/2005 | $1,285.33 | 0.0% | 0.0% | N | Referral Required |
| 61790 | STEREOTAXIC LESION | 07/01/2005 | $653.09 | 0.0% | 0.0% | N | Referral Required |
| 61791 | CREATION LESION STEREOTACTIC | 07/01/2005 | $892.10 | 0.0% | 0.0% | N | Referral Required |
| 61793 | STEREOTACTIC FOCUSED PROTON | 07/01/2005 | $1,051.13 | 0.0% | 0.0% | N | Referral Required |
| 61795 | STEREOTACTIC COMPUTER ASSIST | 07/01/2005 | $231.10 | 0.0% | 0.0% | N | Referral Required |
| 61850 | TWIST DRILL OR BURR HOLES FO | 07/01/2005 | $755.73 | 0.0% | 0.0% | N | Referral Required |
| 61860 | ECTOMY/OTOMY IMPLANT NEUROST | 07/01/2005 | $1,241.79 | 0.0% | 0.0% | N | Referral Required |
| 61863 | TWIST DRILL OR BURR HOLES | 07/01/2005 | $865.33 | 0.0% | 0.0% | N | Referral Required |
| 61864 | EACH ADDITIONAL ARRAY | 07/01/2005 | $249.77 | 0.0% | 0.0% | N | Referral Required |
| 61867 | TWIST DRILL OR BURR HOLES | 07/01/2005 | $1,327.94 | 0.0% | 0.0% | N | Referral Required |
| 61868 | EACH ADDITIONAL ARRAY | 07/01/2005 | $426.10 | 0.0% | 0.0% | N | Referral Required |
| 61870 | IMPLANT NEUROSTIMULATOR ELEC | 07/01/2005 | $898.35 | 0.0% | 0.0% | N | Referral Required |
| 61875 | IMPLANT NEUROSTIMULATOR ELEC | 07/01/2005 | $830.89 | 0.0% | 0.0% | N | Referral Required |
| 61880 | REVISION/REMOVAL INTERCRANIE | 07/01/2005 | $424.37 | 0.0% | 0.0% | N | Referral Required |
| 61885 | INSERTION OR REPLACEMENT OF | 07/01/2005 | $377.14 | 0.0% | 0.0% | Y | Referral Required |
| 61886 | PLACEMENT OF CRANIAL NEUROST | 07/01/2005 | $520.76 | 0.0% | 0.0% | N | Referral Required |
| 61888 | REVISION/REMOVAL CRANIAL NEU | 07/01/2005 | $330.54 | 0.0% | 0.0% | N | Referral Required |
| 6191 | PERCUT TUNICA ASPIRATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6192 | EXCISION TUNICA LES NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6199 | SCROTUM & TUNICA OP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 620 | INCISION OF TESTES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 62000 | REPAIR, SKULL FRACTURES | 07/01/2005 | $671.38 | 0.0% | 0.0% | N | Referral Required |
| 62005 | REPAIR, SKULL FRACTURES | 07/01/2005 | $933.85 | 0.0% | 0.0% | N | Referral Required |
| 62010 | REPAIR, SKULL FRACTURES | 07/01/2005 | $1,178.74 | 0.0% | 0.0% | N | Referral Required |
| 62100 | REPAIR, DURAL/CSF LEAK | 07/01/2005 | $1,329.63 | 0.0% | 0.0% | N | Referral Required |
| 6211 | PERCUT TESTICULAR BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 62115 | REDUCTION CRANIOMEGALIC SKUL | 07/01/2005 | $1,227.82 | 0.0% | 0.0% | N | Referral Required |
| 62116 | REDUCTION CRANIOMGEALIC SKUL | 07/01/2005 | $1,402.60 | 0.0% | 0.0% | N | Referral Required |
| 62117 | REDUCTION CRANIOMEGALIC SKUL | 07/01/2005 | $1,479.21 | 0.0% | 0.0% | N | Referral Required |
| 6212 | OPEN BIOPSY OF TESTIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 62120 | REPAIR, ENCEPHALOCELE | 07/01/2005 | $1,397.13 | 0.0% | 0.0% | N | Referral Required |
| 62121 | CRANIOTOMY W/REPAIR OF ENCEP | 07/01/2005 | $1,268.78 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 62140 | CRANIOPLASTY | 07/01/2005 | $822.39 | 0.0% | 0.0% | N | Referral Required |
| 62141 | CRANIOPLASTY | 07/01/2005 | $916.05 | 0.0% | 0.0% | N | Referral Required |
| 62142 | REMOVAL BONE FLAP OR PROSTHE | 07/01/2005 | $668.66 | 0.0% | 0.0% | N | Referral Required |
| 62143 | REPLACE OF BONE FLAP OR PROS | 07/01/2005 | $807.88 | 0.0% | 0.0% | N | Referral Required |
| 62145 | CRANIOPLASTY | 07/01/2005 | $1,136.67 | 0.0% | 0.0% | N | Referral Required |
| 62146 | CRANIOPLASTY WITH AUTOGRAFT | 07/01/2005 | $985.69 | 0.0% | 0.0% | N | Referral Required |
| 62147 | CRANIOPLASTY WITH AUTOGRAFT | 07/01/2005 | $1,172.34 | 0.0% | 0.0% | N | Referral Required |
| 62148 | INCISION/RETRIEVAL SUBCUTANEOUS | 07/01/2005 | $102.28 | 0.0% | 0.0% | N | Referral Required |
| 62160 | NEUROENDOSCOPY, INTRACRANIAL PLAC | 07/01/2005 | $149.00 | 0.0% | 0.0% | N | Referral Required |
| 62161 | NEUROENDOSCOPY, INTRACRANIAL W/ | 07/01/2005 | $1,059.82 | 0.0% | 0.0% | N | Referral Required |
| 62162 | NEUROENDOSCOPY, INTRACRANIAL W/ | 07/01/2005 | $1,345.93 | 0.0% | 0.0% | N | Referral Required |
| 62163 | NEUROENDOSCOPY INTRACRANIAL W/ | 07/01/2005 | $850.21 | 0.0% | 0.0% | N | Referral Required |
| 62164 | NEUROENDOSCOPY, INTRACRANIAL W/ | 07/01/2005 | $1,462.10 | 0.0% | 0.0% | N | Referral Required |
| 62165 | NEUROENDOSCOPY INTRACRANIAL W/ | 07/01/2005 | $1,157.94 | 0.0% | 0.0% | N | Referral Required |
| 62180 | VENTRICULOCISTERNOSTOMY | 07/01/2005 | $1,270.01 | 0.0% | 0.0% | N | Referral Required |
| 6219 | TESTES DX PROCEDURE NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 62190 | SUBDURAL SHUNT | 07/01/2005 | $695.41 | 0.0% | 0.0% | N | Referral Required |
| 62192 | SUBDURAL SHUNT | 07/01/2005 | $758.94 | 0.0% | 0.0% | N | Referral Required |
| 62194 | IRRIGATION, SUBDURAL CATHETE | 07/01/2005 | $264.57 | 0.0% | 0.0% | N | Referral Required |
| 622 | TESTICULAR LES DESTRUCT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 62200 | VENTRICULOCISTERNOSTOMY | 07/01/2005 | $1,114.98 | 0.0% | 0.0% | N | Referral Required |
| 62201 | VENTRICULOCISTERNOSTOMY, 3RD | 07/01/2005 | $903.81 | 0.0% | 0.0% | N | Referral Required |
| 62220 | VENTRICULAR SHUNT | 07/01/2005 | $798.77 | 0.0% | 0.0% | N | Referral Required |
| 62223 | VENTRICULAR SHUNT | 07/01/2005 | $793.05 | 0.0% | 0.0% | N | Referral Required |
| 62225 | IRRIGATN VENTRICULAR CATHETE | 07/01/2005 | $350.64 | 0.0% | 0.0% | N | Referral Required |
| 62230 | REVISION, OBSTRUCTED VALVE | 07/01/2005 | $630.28 | 0.0% | 0.0% | N | Referral Required |
| 62252 | REPROGRAMMING OF CSF | 07/01/2005 | $74.55 | 0.0% | 0.0% | N | Referral Required |
| 62256 | SHUNT REMOVAL | 07/01/2005 | $440.70 | 0.0% | 0.0% | N | Referral Required |
| 62258 | SHUNT REMOVAL | 07/01/2005 | $868.53 | 0.0% | 0.0% | N | Referral Required |
| 62263 | LYSIS OF EPIDURAL ADHESIONS | 07/01/2005 | $398.76 | 0.0% | 0.0% | N | Referral Required |
| 62264 | LYSIS OF EPIDURAL ADHESIONS; 1 DAY | 07/01/2005 | $516.69 | 0.0% | 0.0% | N | Referral Required |
| 62268 | PERCUTANEOUS ASPIRATION, SPI | 07/01/2005 | $266.40 | 0.0% | 0.0% | N | Referral Required |
| 62269 | BIOPSY OF SPINAL CORD, PERCU | 07/01/2005 | $265.25 | 0.0% | 0.0% | N | Referral Required |
| 62270 | SPINAL PUNCTURE, LUMBAR DIAG | 07/01/2005 | $176.48 | 0.0% | 0.0% | N | Referral Required |
| 62272 | SPINAL PUNCTURE THERAPEUTIC | 07/01/2005 | $162.60 | 0.0% | 0.0% | N | Referral Required |
| 62273 | INJECTION, BLOOD/CLOT PATCH | 07/01/2005 | $131.79 | 0.0% | 0.0% | N | Referral Required |
| 62280 | INJECTION NEUROLYTIC SUBSTAN | 07/01/2005 | $222.92 | 0.0% | 0.0% | N | Referral Required |
| 62281 | NJ NEUROLYTIC SUBSTANCE EPID | 07/01/2005 | $247.25 | 0.0% | 0.0% | N | Referral Required |
| 62282 | INJECTION NEUROLYTIC SUBSTAN | 07/01/2005 | $270.33 | 0.0% | 0.0% | N | Referral Required |
| 62284 | MYELOGRAPHY INJECTION PROC | 07/01/2005 | $239.86 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 62287 | ASPIRATION, PERCUTANEOUS, AN | 07/01/2005 | $469.73 | 0.0% | 0.0% | N | Referral Required |
| 62290 | DISCOGRAPHY INJECTION PROC | 07/01/2005 | $299.20 | 0.0% | 0.0% | N | Referral Required |
| 62291 | DISCOGRAPHY INJECTION PROC | 07/01/2005 | $313.89 | 0.0% | 0.0% | N | Referral Required |
| 62292 | CHEMONEUCLEOLYSIS | 07/01/2005 | $471.20 | 0.0% | 0.0% | N | Referral Required |
| 62294 | ARTERIAL INJECTION PROCEDURE | 07/01/2005 | $684.78 | 0.0% | 0.0% | N | Referral Required |
| 623 | UNILATERAL ORCHIECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 62310 | EPIDURAL OR SUBARACHNOID INJECTION | 07/01/2005 | $193.26 | 0.0% | 0.0% | N | Referral Required |
| 62311 | EPIDURAL OR SUBARACHNOID INJECTION | 07/01/2005 | $196.41 | 0.0% | 0.0% | N | Referral Required |
| 62318 | EPIDURAL OR SUBARACHNOID INJECTION | 07/01/2005 | $202.08 | 0.0% | 0.0% | N | Referral Required |
| 62319 | EPIDURAL OR SUBARACHNOID INJECTION | 07/01/2005 | $190.50 | 0.0% | 0.0% | N | Referral Required |
| 62350 | IMPLANTATION CATHETER,RESERV | 07/01/2005 | $384.21 | 0.0% | 0.0% | N | Referral Required |
| 62351 | IMPLANTATION CATHETER,RESERV | 07/01/2005 | $620.93 | 0.0% | 0.0% | N | Referral Required |
| 62355 | REMOVAL IMPLANTED INTRATHECA | 07/01/2005 | $304.54 | 0.0% | 0.0% | N | Referral Required |
| 62360 | IMPLANT/REPLACE DEVICE FOR D | 07/01/2005 | $179.39 | 0.0% | 0.0% | N | Referral Required |
| 62361 | IMPLANT/REPLACE DEVICE,DRUG | 07/01/2005 | $325.49 | 0.0% | 0.0% | N | Referral Required |
| 62362 | IMPLANT/REPLACE DEVICE,DRUG | 07/01/2005 | $403.35 | 0.0% | 0.0% | N | Referral Required |
| 62365 | REMOVAL SUBCUTANEOUS RESERVO | 07/01/2005 | $337.53 | 0.0% | 0.0% | N | Referral Required |
| 62367 | ELECTRONIC ANALYSIS IMPLANTE | 07/01/2005 | $38.94 | 45.0% | 55.0% | N | Referral Required |
| 62368 | ELECTRONIC ANALYSIS IMPLANTE | 07/01/2005 | $63.37 | 45.0% | 55.0% | N | Referral Required |
| 624 | BILATERAL ORCHIECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6241 | REMOVE BOTH TESTES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6242 | REMOVE SOLITARY TESTIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 625 | ORCHIOPEXY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6261 | SUTURE TESTICULAR LACER | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6269 | TESTICULAR REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 627 | INSERT TESTICULAR PROSTH | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6291 | ASPIRATION OF TESTES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6292 | INJECTION INTO TESTES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6299 | TESTICULAR OPERATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 63001 | LAMINECTOMY | 07/01/2005 | $1,011.24 | 0.0% | 0.0% | Y | Referral Required |
| 63003 | LAMINECTOMY | 07/01/2005 | $1,023.90 | 0.0% | 0.0% | Y | Referral Required |
| 63005 | LAMINECTOMY | 07/01/2005 | $964.95 | 0.0% | 0.0% | Y | Referral Required |
| 6301 | SPERMATIC CORD/VAS BIOPS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 63011 | LAMINECTOMY W/EXPLOR/DELOMPR | 07/01/2005 | $921.79 | 0.0% | 0.0% | Y | Referral Required |
| 63012 | LAMINECTOMY W/E PLOR AND/OR | 07/01/2005 | $945.92 | 0.0% | 0.0% | Y | Referral Required |
| 63015 | LAMINECTOMY | 07/01/2005 | $1,219.36 | 0.0% | 0.0% | Y | Referral Required |
| 63016 | LAMINECTOMY | 07/01/2005 | $1,209.21 | 0.0% | 0.0% | Y | Referral Required |
| 63017 | LAMINECTOMY | 07/01/2005 | $1,023.89 | 0.0% | 0.0% | Y | Referral Required |
| 63020 | LAMINOTOMY | 07/01/2005 | $960.74 | 0.0% | 0.0% | Y | Referral Required |
| 63030 | LAMINOTOMY | 07/01/2005 | $800.42 | 0.0% | 0.0% | Y | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 63035 | LAMINOTOMY | 07/01/2005 | $179.09 | 0.0% | 0.0% | Y | Referral Required |
| 63040 | LAMINOTOMY | 07/01/2005 | $1,181.42 | 0.0% | 0.0% | Y | Referral Required |
| 63042 | LAMINOTOMY | 07/01/2005 | $1,114.02 | 0.0% | 0.0% | Y | Referral Required |
| 63043 | LAMINOTOMY | 01/01/2001 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 63044 | LAMINOTOMY | 07/01/2005 | $247.73 | 0.0% | 0.0% | Y | Referral Required |
| 63045 | LAMINECTOMY,INCLUDING UNILAT | 07/01/2005 | $1,056.51 | 0.0% | 0.0% | Y | Referral Required |
| 63046 | LAMINECTOMY, THORACIC | 07/01/2005 | $1,019.14 | 0.0% | 0.0% | Y | Referral Required |
| 63047 | LAMINECTOMY INCLUDING UNILAT | 07/01/2005 | $951.30 | 0.0% | 0.0% | Y | Referral Required |
| 63048 | LAMINECTOMY, EACH ADDITONAL | 07/01/2005 | $185.87 | 0.0% | 0.0% | Y | Referral Required |
| 63050 | LAMINOPLASTY, CERVICAL | 07/01/2005 | $1,275.63 | 0.0% | 0.0% | Y | Referral Required |
| 63051 | LAMINOPLASTY, CERVICAL WITH | 07/01/2005 | $1,464.69 | 0.0% | 0.0% | Y | Referral Required |
| 63055 | TRANSPEDICULAR APPROACH W/DE | 07/01/2005 | $1,366.20 | 0.0% | 0.0% | Y | Referral Required |
| 63056 | DECOMPRESSION SPINAL CORD LU | 07/01/2005 | $1,271.48 | 0.0% | 0.0% | Y | Referral Required |
| 63057 | DECOMPRESSION SPINAL CORD EA | 07/01/2005 | $297.44 | 0.0% | 0.0% | Y | Referral Required |
| 63060 | LAMINOTOMY | 07/01/2005 | $1,803.22 | 0.0% | 0.0% | N | Referral Required |
| 63064 | LAMINOTOMY | 07/01/2005 | $1,538.56 | 0.0% | 0.0% | Y | Referral Required |
| 63066 | COSTOVERTEBAL APP W/DECOMPRE | 07/01/2005 | $187.13 | 0.0% | 0.0% | Y | Referral Required |
| 63075 | DISCECTOMY | 07/01/2005 | $1,224.42 | 0.0% | 0.0% | Y | Referral Required |
| 63076 | DISCECTOMY | 07/01/2005 | $231.55 | 0.0% | 0.0% | Y | Referral Required |
| 63077 | DISKECTOMY; THORACIC, SINGLE | 07/01/2005 | $1,346.21 | 0.0% | 0.0% | Y | Referral Required |
| 63078 | DISKECTOMY THORACIC EA ADD I | 07/01/2005 | $184.10 | 0.0% | 0.0% | Y | Referral Required |
| 63081 | VERTEBRAL CORPECTOMY, PARTIA | 07/01/2005 | $1,487.54 | 0.0% | 0.0% | N | Referral Required |
| 63082 | CERVICAL; EACH ADDITIONAL SEGMENT | 07/01/2005 | $249.76 | 0.0% | 0.0% | N | Referral Required |
| 63085 | VERTEBRAL CORPECTOMY | 07/01/2005 | $1,646.72 | 0.0% | 0.0% | N | Referral Required |
| 63086 | VERTEBRAL CORPECTOMY THORACIC GA A | 07/01/2005 | $179.82 | 0.0% | 0.0% | N | Referral Required |
| 63087 | VERTEBRAL CORPECTOMY,PARTIAL | 07/01/2005 | $2,130.28 | 0.0% | 0.0% | N | Referral Required |
| 63088 | VERTEBRAL CORPECTOMY, EACH ADDITI | 07/01/2005 | $246.07 | 0.0% | 0.0% | N | Referral Required |
| 6309 | SPERMAT CORD/VAS DX NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 63090 | VERTEBRAL CORPECTOMY PARTIAL | 07/01/2005 | $1,690.92 | 0.0% | 0.0% | N | Referral Required |
| 63091 | VERTEBRAL CORPECTOMY PARTIAL OR CO | 07/01/2005 | $166.25 | 0.0% | 0.0% | N | Referral Required |
| 631 | EXC SPERMATIC VARICOCELE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 63101 | VERTEBRAL CORPECTOMY | 07/01/2005 | $1,836.65 | 0.0% | 0.0% | N | Referral Required |
| 63102 | LUMBAR, SINGLE SEGMENT | 07/01/2005 | $1,836.65 | 0.0% | 0.0% | N | Referral Required |
| 63103 | THORACIC OR LUMBAR, EACH | 07/01/2005 | $213.74 | 0.0% | 0.0% | N | Referral Required |
| 63170 | LAMINECTOMY FOR MYEOLOTOMY | 07/01/2005 | $1,232.93 | 0.0% | 0.0% | N | Referral Required |
| 63172 | LAMINECTOMY FOR DRAINAGE INT | 07/01/2005 | $1,141.24 | 0.0% | 0.0% | Y | Referral Required |
| 63173 | LAMINECTOMY DRAINAGE OF CYST | 07/01/2005 | $1,381.34 | 0.0% | 0.0% | Y | Referral Required |
| 63180 | LAMINECTOMY | 07/01/2005 | $1,159.19 | 0.0% | 0.0% | Y | Referral Required |
| 63182 | LAMINECTOMY | 07/01/2005 | $1,251.71 | 0.0% | 0.0% | Y | Referral Required |
| 63185 | RHIZOTOMY | 07/01/2005 | $900.11 | 0.0% | 0.0% | Y | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 63190 | LAMINECTOMY W/RHIZOTOMY MORE | 07/01/2005 | $1,067.09 | 0.0% | 0.0% | Y | Referral Required |
| 63191 | LAMINECTOMY FOR SECTION OF S | 07/01/2005 | $1,047.87 | 0.0% | 0.0% | Y | Referral Required |
| 63194 | CORDOTOMY | 07/01/2005 | $1,210.17 | 0.0% | 0.0% | Y | Referral Required |
| 63195 | CORDOTOMY | 07/01/2005 | $1,171.77 | 0.0% | 0.0% | Y | Referral Required |
| 63196 | CORDOTOMY | 07/01/2005 | $1,352.32 | 0.0% | 0.0% | Y | Referral Required |
| 63197 | CORDOTOMY | 07/01/2005 | $1,287.21 | 0.0% | 0.0% | Y | Referral Required |
| 63198 | CORDOTOMY | 07/01/2005 | $1,431.33 | 0.0% | 0.0% | Y | Referral Required |
| 63199 | CORDOTOMY | 07/01/2005 | $1,546.89 | 0.0% | 0.0% | Y | Referral Required |
| 632 | EXCISE EPIDIDYMIS CYST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 63200 | LAMINECTOMY FOR RELEASE OF T | 07/01/2005 | $1,200.37 | 0.0% | 0.0% | Y | Referral Required |
| 63250 | LAMINECTOMY CERVICAL | 07/01/2005 | $2,373.27 | 0.0% | 0.0% | N | Referral Required |
| 63251 | LAMINECTOMY THORACIC | 07/01/2005 | $2,407.13 | 0.0% | 0.0% | N | Referral Required |
| 63252 | THORACOLUMBAR LAMINECTOMY | 07/01/2005 | $2,397.54 | 0.0% | 0.0% | N | Referral Required |
| 63265 | LAMINECTOMY FOR EXCISION OF | 07/01/2005 | $1,291.73 | 0.0% | 0.0% | N | Referral Required |
| 63266 | LAMINECTOMY FOR EXCISION INT | 07/01/2005 | $1,337.89 | 0.0% | 0.0% | N | Referral Required |
| 63267 | LAMINECTOMY FOR INTRASPINAL | 07/01/2005 | $1,090.02 | 0.0% | 0.0% | N | Referral Required |
| 63268 | LAMINECTOMY EXCISION INTRASP | 07/01/2005 | $1,087.72 | 0.0% | 0.0% | N | Referral Required |
| 63270 | LAMINECTOMY EXCISION INTRASP | 07/01/2005 | $1,596.54 | 0.0% | 0.0% | N | Referral Required |
| 63271 | LAMINECTOMY FOR EXCISION INT | 07/01/2005 | $1,605.96 | 0.0% | 0.0% | N | Referral Required |
| 63272 | LAMINECTOMY; LUMBAR | 07/01/2005 | $1,510.87 | 0.0% | 0.0% | N | Referral Required |
| 63273 | LAMINECTOMY; SACRAL | 07/01/2005 | $1,458.48 | 0.0% | 0.0% | N | Referral Required |
| 63275 | LAMINECTOMY-BIOPSY/EXCISION | 07/01/2005 | $1,416.87 | 0.0% | 0.0% | N | Referral Required |
| 63276 | LAMINECTOMY | 07/01/2005 | $1,401.06 | 0.0% | 0.0% | N | Referral Required |
| 63277 | EXTRADURAL, LUMBAR | 07/01/2005 | $1,253.35 | 0.0% | 0.0% | N | Referral Required |
| 63278 | LAMINECTOMY, EXTRADURAL SACR | 07/01/2005 | $1,246.44 | 0.0% | 0.0% | N | Referral Required |
| 63280 | INTRADURAL, EXTRAMEDULLARY, | 07/01/2005 | $1,681.36 | 0.0% | 0.0% | N | Referral Required |
| 63281 | INTRADURAL, EXTRAMEDULLARY, | 07/01/2005 | $1,667.15 | 0.0% | 0.0% | N | Referral Required |
| 63282 | LAMINECTOMY, INTRADURAL,EXTR | 07/01/2005 | $1,570.05 | 0.0% | 0.0% | N | Referral Required |
| 63283 | LAMINECTOMY FOR BIOPSY/EXCIS | 07/01/2005 | $1,492.36 | 0.0% | 0.0% | N | Referral Required |
| 63285 | LAMINECTOMY BIOPSY/INTRADURA | 07/01/2005 | $2,118.75 | 0.0% | 0.0% | N | Referral Required |
| 63286 | LAMINECTOMY FOR BIOPSY/EXCIS | 07/01/2005 | $2,090.74 | 0.0% | 0.0% | N | Referral Required |
| 63287 | LAMINECTOMY INTRADURAL INTRA | 07/01/2005 | $2,154.03 | 0.0% | 0.0% | N | Referral Required |
| 63290 | COMBINED EXTRADURAL/INTRADUR | 07/01/2005 | $2,199.83 | 0.0% | 0.0% | N | Referral Required |
| 63295 | OSTEOPLASTIC RECON OF DORSAL SPINA | 07/01/2005 | $291.50 | 0.0% | 0.0% | N | Referral Required |
| 633 | EXCISE CORD/EPID LES NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 63300 | VERTEBRAL CORPECTOMY SINGLE | 07/01/2005 | $1,450.99 | 0.0% | 0.0% | N | Referral Required |
| 63301 | VERTEBRAL CORPECTOMY EXTRADU | 07/01/2005 | $1,603.38 | 0.0% | 0.0% | N | Referral Required |
| 63302 | EXTRADURAL, THORACIC BY THOR | 07/01/2005 | $1,641.44 | 0.0% | 0.0% | N | Referral Required |
| 63303 | EXTRADURAL, LUMBAR/SACRAL TR | 07/01/2005 | $1,779.08 | 0.0% | 0.0% | N | Referral Required |
| 63304 | INTRADURAL, CERVICAL | 07/01/2005 | $1,766.80 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 63305 | INTRADURAL, THORACIC BY TRAN | 07/01/2005 | $1,888.00 | 0.0% | 0.0% | N | Referral Required |
| 63306 | INTRADURAL, THORACIC BY THOR | 07/01/2005 | $1,804.28 | 0.0% | 0.0% | N | Referral Required |
| 63307 | VERTEBRAL CORPECTOMY INTRADU | 07/01/2005 | $1,787.62 | 0.0% | 0.0% | N | Referral Required |
| 63308 | VERTEBRAL CORPECTOMY EACH ADDITI | 07/01/2005 | $298.17 | 0.0% | 0.0% | N | Referral Required |
| 634 | EPIDIDYMECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6351 | SUTURE CORD & EPID LACER | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6352 | REDUCTION TORSION TESTES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6353 | TRANSPLANT SPERMAT CORD | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6359 | CORD & EPIDID REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 636 | VASOTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 63600 | STEREOTAXIC LESION SPINAL CO | 07/01/2005 | $737.78 | 0.0% | 0.0% | N | Referral Required |
| 63610 | STEREOTAXIC LESION SPINAL CO | 07/01/2005 | $450.86 | 0.0% | 0.0% | N | Referral Required |
| 63615 | STEREOTACTIC BIOPSY, ASPIRAT | 07/01/2005 | $952.45 | 0.0% | 0.0% | N | Referral Required |
| 63650 | PERCUTANEOUS IMPLANT NEUROST | 07/01/2005 | $349.50 | 0.0% | 0.0% | N | Referral Required |
| 63655 | LAMINECTOMY IMPLANT NEUROSTI | 07/01/2005 | $644.37 | 0.0% | 0.0% | N | Referral Required |
| 63660 | DORSAL COLUMN STIMULATOR IMP | 07/01/2005 | $354.89 | 0.0% | 0.0% | N | Referral Required |
| 63685 | INSERTION OR REPLACEMENT OF | 07/01/2005 | $408.18 | 0.0% | 0.0% | N | Referral Required |
| 63688 | REVISION/REMOVAL SPINAL NEUR | 07/01/2005 | $328.79 | 0.0% | 0.0% | N | Referral Required |
| 637 | VASECTOMY AND LIGATION OF VA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6370 | MALE STERILIZATION NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 63700 | REPAIR, MENINGOCELE | 07/01/2005 | $990.50 | 0.0% | 0.0% | N | Referral Required |
| 63702 | MENINGOCELE LARGER THAN 5CM | 07/01/2005 | $1,017.06 | 0.0% | 0.0% | N | Referral Required |
| 63704 | REPAIR, MYELOMENINGOCELE | 07/01/2005 | $1,241.94 | 0.0% | 0.0% | N | Referral Required |
| 63706 | REPAIR, MYELOMENINGOCELE | 07/01/2005 | $1,404.54 | 0.0% | 0.0% | N | Referral Required |
| 63707 | REPAIR OF DURAL/CSF LEAK NOT | 07/01/2005 | $707.73 | 0.0% | 0.0% | N | Referral Required |
| 63709 | REPAIR OF DURAL/CSF LEAK | 07/01/2005 | $884.80 | 0.0% | 0.0% | N | Referral Required |
| 6371 | LIGATION OF VAS DEFERENS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 63710 | DURAL GRAFT | 07/01/2005 | $869.79 | 0.0% | 0.0% | N | Referral Required |
| 6372 | SPERMATIC CORD LIGATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6373 | VASECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 63740 | SHUNT, LUMBAR | 07/01/2005 | $705.95 | 0.0% | 0.0% | N | Referral Required |
| 63741 | CREATION OF SHUNT PERCUTANEO | 07/01/2005 | $472.21 | 0.0% | 0.0% | N | Referral Required |
| 63744 | SHUNT, LUMBAR | 07/01/2005 | $508.39 | 0.0% | 0.0% | N | Referral Required |
| 63746 | SHUNT, LUMBAR | 07/01/2005 | $416.52 | 0.0% | 0.0% | N | Referral Required |
| 6381 | SUTURE VAS & EPIDID LAC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6382 | POSTOP VAS RECONSTRUCT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6383 | EPIDIDYMOVASOSTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6384 | REMOVAL VAS LIGATURE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6385 | REMOV VAS DEFERENS VALVE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6389 | VAS & EPIDIDY REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 6391 | SPERMATOCELE ASPIRATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6392 | EPIDIDYMOTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6393 | SPERMATIC CORD INCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6394 | SPERM CORD ADHESIOLYSIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6395 | INSERT VALVE IN VAS DEF | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6399 | CORD/EPID/VAS OPS NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 640 | CIRCUMCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6411 | PENILE BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6419 | PENILE DIAGNOST PROC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 642 | LOCAL EXCIS PENILE LES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 643 | AMPUTATION OF PENIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 64400 | SOMATIC NERVE BLOCK | 07/01/2005 | $130.20 | 0.0% | 0.0% | N | Referral Required |
| 64402 | SOMATIC NERVE BLOCK | 07/01/2005 | $190.89 | 0.0% | 0.0% | N | Referral Required |
| 64405 | SOMATIC NERVE BLOCK | 07/01/2005 | $93.23 | 0.0% | 0.0% | N | Referral Required |
| 64408 | SOMATIC NERVE BLOCK | 07/01/2005 | $149.80 | 0.0% | 0.0% | N | Referral Required |
| 6441 | SUTURE PENILE LACERATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 64410 | SOMATIC NERVE BLOCK | 07/01/2005 | $160.90 | 0.0% | 0.0% | N | Referral Required |
| 64412 | SOMATIC NERVE BLOCK | 07/01/2005 | $126.16 | 0.0% | 0.0% | N | Referral Required |
| 64413 | SOMATIC NERVES-CERVICAL PLEX | 07/01/2005 | $144.83 | 0.0% | 0.0% | N | Referral Required |
| 64415 | SOMATIC NERVE BLOCK | 07/01/2005 | $142.23 | 0.0% | 0.0% | N | Referral Required |
| 64416 | INJ. ANES. AGENT; BRACHIAL PLEXUS, | 07/01/2005 | $145.42 | 0.0% | 0.0% | N | Referral Required |
| 64417 | SOMATIC NERVE BLOCK | 07/01/2005 | $159.47 | 0.0% | 0.0% | N | Referral Required |
| 64418 | SUPRASCAPULAR NERVE | 07/01/2005 | $131.00 | 0.0% | 0.0% | N | Referral Required |
| 6442 | RELEASE OF CHORDEE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 64420 | SOMATIC NERVE BLOCK | 07/01/2005 | $122.01 | 0.0% | 0.0% | N | Referral Required |
| 64421 | SOMATIC NERVE BLOCK | 07/01/2005 | $158.39 | 0.0% | 0.0% | N | Referral Required |
| 64425 | SOMATIC NERVE BLOCK | 07/01/2005 | $141.94 | 0.0% | 0.0% | N | Referral Required |
| 6443 | CONSTRUCTION OF PENIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 64430 | SOMATIC NERVE BLOCK | 07/01/2005 | $149.99 | 0.0% | 0.0% | N | Referral Required |
| 64435 | SOMATIC NERVE BLOCK | 07/01/2005 | $152.69 | 0.0% | 0.0% | N | Referral Required |
| 6444 | RECONSTRUCTION OF PENIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 64445 | SOMATIC NERVE BLOCK | 07/01/2005 | $107.57 | 0.0% | 0.0% | N | Referral Required |
| 64446 | INJ. ANES. AGENT; SCIATIC NERVE, | 07/01/2005 | $149.45 | 0.0% | 0.0% | N | Referral Required |
| 64447 | INJ. ANES. AGENT; FEMORAL NERVE | 07/01/2005 | $69.40 | 0.0% | 0.0% | N | Referral Required |
| 64448 | INJ. ANES. AGENT; FEMORAL NERVE, | 07/01/2005 | $137.37 | 0.0% | 0.0% | N | Referral Required |
| 64449 | LUMBAR PLEXUS, POSTERIOR APPROACH | 07/01/2005 | $137.20 | 0.0% | 0.0% | N | Referral Required |
| 6445 | REPLANTATION OF PENIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 64450 | SOMATIC NERVE BLOCK | 07/01/2005 | $106.28 | 0.0% | 0.0% | N | Referral Required |
| 64470 | PARAVERTEBRAL CERVICAL OR THORACIC | 07/01/2005 | $201.52 | 0.0% | 0.0% | N | Referral Required |
| 64472 | PARAVERTEBRAL CERVICAL OR THORACIC | 07/01/2005 | $176.86 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 64475 | PARAVERTEBRAL LUMBAR OR SACRAL | 07/01/2005 | $178.52 | 0.0% | 0.0% | N | Referral Required |
| 64476 | PARAVERTEBRAL LUMBAR | 07/01/2005 | $163.82 | 0.0% | 0.0% | N | Referral Required |
| 64479 | TRANSFORAMINAL CERVICAL | 07/01/2005 | $227.02 | 0.0% | 0.0% | N | Referral Required |
| 64480 | TRANSFORAMINAL CERVICAL | 07/01/2005 | $191.46 | 0.0% | 0.0% | N | Referral Required |
| 64483 | TRANSFORAMINAL LUMBAR OR SACRAL | 07/01/2005 | $217.19 | 0.0% | 0.0% | N | Referral Required |
| 64484 | TRANSFORAMINAL LUMBAR OR SACRAL | 07/01/2005 | $183.06 | 0.0% | 0.0% | N | Referral Required |
| 6449 | PENILE REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 645 | SEX TRANSFORMAT OP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 64505 | SYMPATHETIC NERVE BLOCK | 07/01/2005 | $129.99 | 0.0% | 0.0% | N | Referral Required |
| 64508 | SYMPATHETIC NERVE BLOCK | 07/01/2005 | $118.01 | 0.0% | 0.0% | N | Referral Required |
| 64510 | SYMPATHETIC NERVE BLOCK | 07/01/2005 | $128.73 | 0.0% | 0.0% | N | Referral Required |
| 64517 | SUPERIOR HYPOGASTRIC PLEXUS | 07/01/2005 | $107.26 | 0.0% | 0.0% | N | Referral Required |
| 64520 | SYMPATHETIC NERVE BLOCK | 07/01/2005 | $165.28 | 0.0% | 0.0% | N | Referral Required |
| 64530 | INJECTION CELIAC PLEXUS W/WO | 07/01/2005 | $159.88 | 0.0% | 0.0% | N | Referral Required |
| 64550 | APPLICATION OF SURFACE (TRAN | 07/01/2005 | $25.14 | 0.0% | 0.0% | N | Referral Required |
| 64553 | PURCUTANEOUS IMPLANT OF NEUB | 09/01/2005 | $226.60 | 0.0% | 0.0% | Y | Referral Required |
| 64555 | PURCUTANEOUS IMPLANT OF NEUR | 09/01/2005 | $162.30 | 0.0% | 0.0% | Y | Referral Required |
| 64560 | AUTONOMIC NERVE | 09/01/2005 | $164.01 | 0.0% | 0.0% | Y | Referral Required |
| 64561 | PERCUTANEOUS IMPLANTAION | 09/01/2005 | $749.03 | 0.0% | 0.0% | Y | Referral Required |
| 64565 | NEUROMUSCULAR | 09/01/2005 | $177.40 | 0.0% | 0.0% | Y | Referral Required |
| 64573 | INCISE FOR IMPLANT OF NEURO | 07/01/2005 | $475.68 | 0.0% | 0.0% | Y | Referral Required |
| 64575 | IMPLANTATION NEUROSTIMULATOR | 09/01/2005 | $263.44 | 0.0% | 0.0% | Y | Referral Required |
| 64577 | AUTONOMIC NERVE | 09/01/2005 | $289.10 | 0.0% | 0.0% | Y | Referral Required |
| 64580 | NEUROMUSCULAR | 09/01/2005 | $282.23 | 0.0% | 0.0% | Y | Referral Required |
| 64581 | INCISION NEUROSTIMULATOR | 07/01/2005 | $714.46 | 0.0% | 0.0% | N | Referral Required |
| 64585 | REVISE/REMOVE PERIPHERAL NEU | 09/01/2005 | $172.63 | 0.0% | 0.0% | Y | Referral Required |
| 64590 | INSERTION OR REPLACEMENT OF | 09/01/2005 | $165.44 | 0.0% | 0.0% | Y | Referral Required |
| 64595 | REVISE/REMOVE PERIPHERAL NEU | 09/01/2005 | $135.01 | 0.0% | 0.0% | Y | Referral Required |
| 64600 | DESTRUCTION, SOMATIC NERVE | 07/01/2005 | $227.73 | 0.0% | 0.0% | N | Referral Required |
| 64605 | DESTRUCTION, SOMATIC NERVE | 07/01/2005 | $331.23 | 0.0% | 0.0% | N | Referral Required |
| 64610 | DESTRUCTION, SOMATIC NERVE | 07/01/2005 | $416.47 | 0.0% | 0.0% | N | Referral Required |
| 64612 | DESTRUCTION BY NEUROLYTIC AG | 07/01/2005 | $171.25 | 0.0% | 0.0% | N | Referral Required |
| 64613 | DESTRUCTION NEUROLYTIC AGENT | 07/01/2005 | $132.46 | 0.0% | 0.0% | N | Referral Required |
| 64614 | CHEMODENERVATION OF MUSCLES | 07/01/2005 | $187.47 | 0.0% | 0.0% | N | Referral Required |
| 64620 | DESTRUCTION, SOMATIC NERVE | 07/01/2005 | $203.73 | 0.0% | 0.0% | N | Referral Required |
| 64622 | DESTRUCTION-PARAVERTEBRALFAC | 07/01/2005 | $268.59 | 0.0% | 0.0% | N | Referral Required |
| 64623 | DESTRUCT NEUROLYTIC AGENT;JO | 07/01/2005 | $163.85 | 0.0% | 0.0% | N | Referral Required |
| 64626 | PARAVERTEBRAL FACETJOINT | 07/01/2005 | $265.40 | 0.0% | 0.0% | N | Referral Required |
| 64627 | PARAVERTEBRAL FACET JOINT | 07/01/2005 | $166.70 | 0.0% | 0.0% | N | Referral Required |
| 64630 | DESTRUCTION BY NEUROLYTIC AG | 07/01/2005 | $231.75 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 64640 | DESTRUCTION, SOMATIC NERVE | 07/01/2005 | $222.52 | 0.0% | 0.0% | N | Referral Required |
| 64680 | DESTRUCTION, SYMPATHETIC NER | 07/01/2005 | $192.47 | 0.0% | 0.0% | N | Referral Required |
| 64681 | SUPERIOR HYPOGASTRIC PLEXUS | 07/01/2005 | $408.72 | 0.0% | 0.0% | N | Referral Required |
| 64702 | NEUROLYSIS | 07/01/2005 | $295.40 | 0.0% | 0.0% | N | Referral Required |
| 64704 | NEUROLYSIS | 07/01/2005 | $282.05 | 0.0% | 0.0% | N | Referral Required |
| 64708 | NEUROLYSIS | 07/01/2005 | $406.81 | 0.0% | 0.0% | N | Referral Required |
| 64712 | NEUROLYSIS | 07/01/2005 | $474.10 | 0.0% | 0.0% | N | Referral Required |
| 64713 | NEUROLYSIS | 07/01/2005 | $634.45 | 0.0% | 0.0% | N | Referral Required |
| 64714 | NEUROLYSIS | 07/01/2005 | $523.88 | 0.0% | 0.0% | N | Referral Required |
| 64716 | NEUROLYSIS AND/OR TRANSPOSIT | 07/01/2005 | $409.03 | 0.0% | 0.0% | N | Referral Required |
| 64718 | NEUROPLASTY &/OR TRANSPOSE: | 07/01/2005 | $406.38 | 0.0% | 0.0% | N | Referral Required |
| 64719 | NEUROPLASTY &/OR TRANSPOSE: | 07/01/2005 | $344.05 | 0.0% | 0.0% | N | Referral Required |
| 64721 | NEUROPLASTY &/OR TRANSPOSE: | 07/01/2005 | $382.91 | 0.0% | 0.0% | N | Referral Required |
| 64722 | NERVE DECOMPRESSION | 07/01/2005 | $290.29 | 0.0% | 0.0% | N | Referral Required |
| 64726 | NERVE DECOMPRESSION | 07/01/2005 | $264.67 | 0.0% | 0.0% | N | Referral Required |
| 64727 | INTERNAL NEUROLYSIS; REQUIRE | 07/01/2005 | $174.45 | 0.0% | 0.0% | N | Referral Required |
| 64732 | TRANSECTION, NERVE | 07/01/2005 | $294.84 | 0.0% | 0.0% | N | Referral Required |
| 64734 | TRANSECTION, NERVE | 07/01/2005 | $317.94 | 0.0% | 0.0% | N | Referral Required |
| 64736 | TRANSECTION, NERVE | 07/01/2005 | $277.12 | 0.0% | 0.0% | N | Referral Required |
| 64738 | TRANSECTION, NERVE | 07/01/2005 | $351.22 | 0.0% | 0.0% | N | Referral Required |
| 64740 | TRANSECTION OR AVULSION LING | 07/01/2005 | $344.83 | 0.0% | 0.0% | N | Referral Required |
| 64742 | TRANSECTION, NERVE | 07/01/2005 | $400.40 | 0.0% | 0.0% | N | Referral Required |
| 64744 | TRANSECTION, NERVE | 07/01/2005 | $336.86 | 0.0% | 0.0% | N | Referral Required |
| 64746 | TRANSECTION, NERVE | 07/01/2005 | $378.53 | 0.0% | 0.0% | N | Referral Required |
| 6475 | LAPARASCOPIC REIMPLANTATION OF OVA | 01/01/1997 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 64752 | TRANSECTION, NERVE | 07/01/2005 | $433.23 | 0.0% | 0.0% | N | Referral Required |
| 64755 | SELECTIVE VAGOTOMY | 07/01/2005 | $719.33 | 0.0% | 0.0% | N | Referral Required |
| 6476 | LAPAROSCOPIC SALPINGO-OOPHORDPLAS | 01/01/1997 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 64760 | TRANSECTION, NERVE | 07/01/2005 | $393.61 | 0.0% | 0.0% | N | Referral Required |
| 64761 | TRANSECTION, NERVE | 07/01/2005 | $350.37 | 0.0% | 0.0% | N | Referral Required |
| 64763 | TRANSECTION, NERVE | 07/01/2005 | $468.70 | 0.0% | 0.0% | N | Referral Required |
| 64766 | TRANSECTION, NERVE | 07/01/2005 | $486.53 | 0.0% | 0.0% | N | Referral Required |
| 64771 | TRANSECTION/AVULSION OF OTHE | 07/01/2005 | $468.63 | 0.0% | 0.0% | N | Referral Required |
| 64772 | TRANSECTION OF OTHER SPINAL | 07/01/2005 | $442.87 | 0.0% | 0.0% | N | Referral Required |
| 64774 | EXCISION, NEUROMA | 07/01/2005 | $326.60 | 0.0% | 0.0% | N | Referral Required |
| 64776 | EXCISION, NEUROMA, DIGITAL N | 07/01/2005 | $324.37 | 0.0% | 0.0% | N | Referral Required |
| 64778 | EXCISION, NEUROMA | 07/01/2005 | $173.11 | 0.0% | 0.0% | N | Referral Required |
| 64782 | EXCISION, NEUROMA | 07/01/2005 | $368.61 | 0.0% | 0.0% | N | Referral Required |
| 64783 | EXCISION, NEUROMA | 07/01/2005 | $207.16 | 0.0% | 0.0% | N | Referral Required |
| 64784 | EXCISION, NEUROMA | 07/01/2005 | $605.89 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 64786 | EXCISION, NEUROMA | 07/01/2005 | $941.26 | 0.0% | 0.0% | N | Referral Required |
| 64787 | IMPLANTATION OF NERVE END IN | 07/01/2005 | $240.42 | 0.0% | 0.0% | N | Referral Required |
| 64788 | EXCISION, NEUROFIBROMA | 07/01/2005 | $291.47 | 0.0% | 0.0% | N | Referral Required |
| 64790 | EXCISION, NEUROFIBROMA | 07/01/2005 | $686.80 | 0.0% | 0.0% | N | Referral Required |
| 64792 | EXCISION, NEUROFIBROMA | 07/01/2005 | $873.25 | 0.0% | 0.0% | N | Referral Required |
| 64795 | BIOPSY, NERVE | 07/01/2005 | $175.50 | 0.0% | 0.0% | N | Referral Required |
| 64802 | EXCISION, NERVES, SYMPATHETI | 07/01/2005 | $516.09 | 0.0% | 0.0% | N | Referral Required |
| 64804 | EXCISION, NERVES, SYMPATHETI | 07/01/2005 | $785.55 | 0.0% | 0.0% | N | Referral Required |
| 64809 | EXCISION, NERVES, SYMPATHETI | 07/01/2005 | $709.12 | 0.0% | 0.0% | N | Referral Required |
| 64814 | NEURECTOMY, HYPOGASTRIC | 07/01/2005 | $791.39 | 0.0% | 0.0% | N | Referral Required |
| 64818 | EXCISION, NERVES, SYMPATHETI | 07/01/2005 | $580.85 | 0.0% | 0.0% | N | Referral Required |
| 64820 | SYMPATHECTOMY,DIGITAL ARTERI | 07/01/2005 | $608.83 | 0.0% | 0.0% | N | Referral Required |
| 64821 | SYMPATHECTOMY; RADIAL ARTERY | 07/01/2005 | $567.34 | 0.0% | 0.0% | N | Referral Required |
| 64822 | SYMPATHECTOMY; ULNAR ARTERY | 07/01/2005 | $567.34 | 0.0% | 0.0% | N | Referral Required |
| 64823 | SYMPATHECTOMY; SUPERFACIAL | 07/01/2005 | $655.38 | 0.0% | 0.0% | N | Referral Required |
| 64831 | SUTURE DIGITAL NERVE HAND/FO | 07/01/2005 | $606.50 | 0.0% | 0.0% | N | Referral Required |
| 64832 | SUTURE, NERVE | 07/01/2005 | $318.98 | 0.0% | 0.0% | N | Referral Required |
| 64834 | SUTURE, NERVE | 07/01/2005 | $633.84 | 0.0% | 0.0% | N | Referral Required |
| 64835 | SUTURE, NERVE | 07/01/2005 | $685.04 | 0.0% | 0.0% | N | Referral Required |
| 64836 | SUTURE, NERVE | 07/01/2005 | $680.34 | 0.0% | 0.0% | N | Referral Required |
| 64837 | SUTURE EACH ADDITIONAL NERVE HAND O | 07/01/2005 | $354.69 | 0.0% | 0.0% | N | Referral Required |
| 64840 | SUTURE POST TIBIAL NERVE | 07/01/2005 | $741.65 | 0.0% | 0.0% | N | Referral Required |
| 64856 | SUTURE, NERVE | 07/01/2005 | $847.27 | 0.0% | 0.0% | N | Referral Required |
| 64857 | SUTURE MAJOR PERIPHERAL NERV | 07/01/2005 | $891.20 | 0.0% | 0.0% | N | Referral Required |
| 64858 | SUTURE OF SCIATIC NERVE | 07/01/2005 | $1,009.55 | 0.0% | 0.0% | N | Referral Required |
| 64859 | SUTURE EACH ADDITIONAL MAJOR PERIPH | 07/01/2005 | $236.54 | 0.0% | 0.0% | N | Referral Required |
| 64861 | SUTURE, NERVE | 07/01/2005 | $1,167.72 | 0.0% | 0.0% | N | Referral Required |
| 64862 | SUTURE LUMBAR PLEXUS | 07/01/2005 | $1,151.18 | 0.0% | 0.0% | N | Referral Required |
| 64864 | SUTURE FACIAL NERVE | 07/01/2005 | $757.50 | 0.0% | 0.0% | N | Referral Required |
| 64865 | SUTURE, NERVE | 07/01/2005 | $919.17 | 0.0% | 0.0% | N | Referral Required |
| 64866 | SUTURE, NERVE | 07/01/2005 | $910.92 | 0.0% | 0.0% | N | Referral Required |
| 64868 | SUTURE, NERVE | 07/01/2005 | $847.17 | 0.0% | 0.0% | N | Referral Required |
| 64870 | SUTURE, NERVE | 07/01/2005 | $914.01 | 0.0% | 0.0% | N | Referral Required |
| 64872 | SUTURE, NERVE | 07/01/2005 | $111.72 | 0.0% | 0.0% | N | Referral Required |
| 64874 | SUTURE NERVE REQUIRING EXTEN | 07/01/2005 | $167.69 | 0.0% | 0.0% | N | Referral Required |
| 64876 | SUTURE NERVE; REQUIRING SHOR | 07/01/2005 | $173.45 | 0.0% | 0.0% | N | Referral Required |
| 64885 | NERVE GRAFT HEAD OR NECK UP | 07/01/2005 | $1,043.79 | 0.0% | 0.0% | N | Referral Required |
| 64886 | NERVE GRAFT HEAD OR NECK MOR | 07/01/2005 | $1,227.79 | 0.0% | 0.0% | N | Referral Required |
| 64890 | NERVE GRAFT | 07/01/2005 | $916.55 | 0.0% | 0.0% | N | Referral Required |
| 64891 | NERVE GRAFT | 07/01/2005 | $796.23 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 64892 | NERVE GRAFT | 07/01/2005 | $853.63 | 0.0% | 0.0% | N | Referral Required |
| 64893 | NERVE GRAFT | 07/01/2005 | $949.15 | 0.0% | 0.0% | N | Referral Required |
| 64895 | NERVE GRAFT | 07/01/2005 | $1,015.17 | 0.0% | 0.0% | N | Referral Required |
| 64896 | NERVE GRAFT | 07/01/2005 | $1,159.58 | 0.0% | 0.0% | N | Referral Required |
| 64897 | NERVE GRAFT ARM OR LEG UP TO | 07/01/2005 | $1,065.94 | 0.0% | 0.0% | N | Referral Required |
| 64898 | NERVE GRAFT MORE THAN 4 CM | 07/01/2005 | $1,106.97 | 0.0% | 0.0% | N | Referral Required |
| 64901 | NERVE GRAFT EA ADDITIONAL NERVE | 07/01/2005 | $575.97 | 0.0% | 0.0% | N | Referral Required |
| 64902 | NERVE GRAFT; MULTIPLE STRAND | 07/01/2005 | $654.76 | 0.0% | 0.0% | N | Referral Required |
| 64905 | NERVE PEDICLE TRANSFER | 07/01/2005 | $827.56 | 0.0% | 0.0% | N | Referral Required |
| 64907 | NERVE PEDICLE TRANSFER | 07/01/2005 | $1,109.31 | 0.0% | 0.0% | N | Referral Required |
| 6491 | DORSAL/LAT SLIT PREPUCE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6492 | INCISION OF PENIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6493 | DIVISION OF PENILE ADHES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6494 | FIT EXT PENILE PROSTHES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6495 | INSRT INT PENIS PROS NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6496 | REMOVE INT PENILE PROSTH | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6497 | INSRT INFLTBL PENIS PROS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6498 | PENILE OPERATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6499 | MALE GENITAL OP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 64999 | UNLISTED PROCEDURE, NERVOUS | 03/01/2002 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 650 | OOPHOROTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6501 | LAPAROSCOPIC OOPHOROTOMY | 01/01/1997 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6509 | OTHER OOPHOROTOMY | 01/01/1997 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 65091 | EVISCERATION, OCULAR CONTENT | 07/01/2005 | $619.92 | 0.0% | 0.0% | N | Referral Required |
| 65093 | EVISCERATION, OCULAR CONTENT | 07/01/2005 | $642.96 | 0.0% | 0.0% | N | Referral Required |
| 65101 | ENUCLEATION, EYE | 07/01/2005 | $655.65 | 0.0% | 0.0% | N | Referral Required |
| 65103 | ENUCLEATION, EYE | 07/01/2005 | $679.74 | 0.0% | 0.0% | N | Referral Required |
| 65105 | ENUCLEATION, EYE | 07/01/2005 | $730.10 | 0.0% | 0.0% | N | Referral Required |
| 6511 | OVARIAN ASPIRAT BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 65110 | EXENTERATION, ORBIT | 07/01/2005 | $1,039.52 | 0.0% | 0.0% | N | Referral Required |
| 65112 | EXTENTERATION-ORBIT; W/THERA | 07/01/2005 | $1,177.06 | 0.0% | 0.0% | N | Referral Required |
| 65114 | EXENTERATION, ORBIT | 07/01/2005 | $1,260.32 | 0.0% | 0.0% | N | Referral Required |
| 6512 | OVARIAN BIOPSY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 65125 | MODIFICATION OF OCULAR IMPLANT | 07/01/2005 | $152.33 | 0.0% | 0.0% | N | Referral Required |
| 6513 | LAPAROSCOPIC BIOPSY OF OVARY | 01/01/1997 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 65130 | INSERTION, OCULAR IMPLANT | 07/01/2005 | $640.83 | 0.0% | 0.0% | N | Referral Required |
| 65135 | INSERTION, OCULAR IMPLANT | 07/01/2005 | $677.53 | 0.0% | 0.0% | N | Referral Required |
| 6514 | OTHER LAPAROSCOPIC DX PROCEDURES O | 01/01/1997 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 65140 | INSERTION, OCULAR IMPLANT | 07/01/2005 | $702.40 | 0.0% | 0.0% | N | Referral Required |
| 65150 | REINSERTION, OCULAR IMPLANT | 07/01/2005 | $591.08 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 65155 | REINSERTION OF OCULAR IMPLAN | 07/01/2005 | $734.70 | 0.0% | 0.0% | N | Referral Required |
| 65175 | REMOVAL, OCULAR IMPLANT | 07/01/2005 | $605.52 | 0.0% | 0.0% | N | Referral Required |
| 6519 | OVARIAN DX PROCEDURE NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 65205 | FOREIGN BODY, EYEBALL | 07/01/2005 | $46.90 | 0.0% | 0.0% | N | Referral Required |
| 6521 | OVARIAN CYST MARSUPIALIZ | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 65210 | FOREIGN BODY, EYEBALL | 07/01/2005 | $56.54 | 0.0% | 0.0% | N | Referral Required |
| 6522 | OVARIAN WEDGE RESECTION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 65220 | FOREIGN BODY, EYEBALL | 07/01/2005 | $298.21 | 0.0% | 0.0% | N | Referral Required |
| 65222 | FOREIGN BODY, EYEBALL | 07/01/2005 | $60.62 | 0.0% | 0.0% | N | Referral Required |
| 6523 | LAPAROSCOPIC MARSUPIALIZATION OF OV | 01/01/1997 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 65235 | FOREIGN BODY, EYEBALL | 07/01/2005 | $510.38 | 0.0% | 0.0% | N | Referral Required |
| 6524 | LAPARASCOPIC WEDGE RESECTION OF OV | 01/01/1997 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6525 | OTHER LAPAROSCOPIC LOCAL EXCISION/D | 01/01/1997 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 65260 | FOREIGN BODY, EYEBALL | 07/01/2005 | $820.32 | 0.0% | 0.0% | N | Referral Required |
| 65265 | FOREIGN BODY, EYEBALL | 07/01/2005 | $937.05 | 0.0% | 0.0% | N | Referral Required |
| 65270 | REPAIR, LACERATION, EYEBALL | 07/01/2005 | $204.23 | 0.0% | 0.0% | N | Referral Required |
| 65272 | REPAIR LACERATION CONJUNCTIV | 07/01/2005 | $330.59 | 0.0% | 0.0% | N | Referral Required |
| 65273 | REPAIR LACERATION BY MOBILIZ | 07/01/2005 | $330.07 | 0.0% | 0.0% | N | Referral Required |
| 65275 | REPAIR LACERATION CORNEA W/W | 07/01/2005 | $378.74 | 0.0% | 0.0% | N | Referral Required |
| 65280 | REPAIR LACERATION CORNEA PER | 07/01/2005 | $541.35 | 0.0% | 0.0% | N | Referral Required |
| 65285 | REPAIR LACERATION CORNEA W/R | 07/01/2005 | $931.22 | 0.0% | 0.0% | N | Referral Required |
| 65286 | APP OF TISSUE GLUE, WOUNDS O | 07/01/2005 | $503.26 | 0.0% | 0.0% | N | Referral Required |
| 6529 | LOCAL DESTR OVA LES NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 65290 | REPAIR, WOUND, EXTRAOCULAR | 07/01/2005 | $417.40 | 0.0% | 0.0% | N | Referral Required |
| 653 | UNILATERAL OOPHORECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6531 | LAPAROSCOPIC UNILATERAL OOPH | 01/01/1997 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6539 | OTHER UNILATERAL OOPHORECTOM | 01/01/1997 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 654 | UNILAT SALPINGO-OOPHOREC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 65400 | EXCISION, LESION, CORNEA | 07/01/2005 | $506.77 | 0.0% | 0.0% | N | Referral Required |
| 6541 | LAPARASCOPIC UNILATERAL SALP | 01/01/1997 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 65410 | BIOPSY, CORNEA | 07/01/2005 | $112.11 | 0.0% | 0.0% | N | Referral Required |
| 65420 | TRANSPOSITION, PTERYGIUM | 07/01/2005 | $429.21 | 0.0% | 0.0% | N | Referral Required |
| 65426 | EXICSION TRANSPOSITION OF PT | 07/01/2005 | $457.07 | 0.0% | 0.0% | N | Referral Required |
| 65430 | CORNEAL SCRAPING | 07/01/2005 | $340.59 | 0.0% | 0.0% | N | Referral Required |
| 65435 | REMOVAL, CORNEAL EPITHELIUM | 07/01/2005 | $79.07 | 0.0% | 0.0% | N | Referral Required |
| 65436 | REMOVAL CORNEAL EPITHELIUM W | 07/01/2005 | $352.67 | 0.0% | 0.0% | N | Referral Required |
| 65445 | THERMOCAUTERIZATION, CORNEA | 07/01/2005 | $80.15 | 0.0% | 0.0% | N | Referral Required |
| 65450 | DESTRUCTION LESION CORNEA BY | 07/01/2005 | $383.21 | 0.0% | 0.0% | N | Referral Required |
| 65455 | CRYOTHERAPY, CORNEA | 07/01/2005 | $80.15 | 0.0% | 0.0% | N | Referral Required |
| 6549 | OTHER UNILATERAL SALPINGO-OO | 01/01/1997 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 655 | BILATERAL OOPHORECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6551 | OTHER REMOVAL OF BOTH OVARIE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6552 | OTHER REMOVAL OF REMAINING O | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6553 | LAPAROSCOPIC REMOVAL OF BOTH | 01/01/1997 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6554 | LAPAROSCOPIC REMOVAL OF REMA | 01/01/1997 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 656 | BILATERAL SALPINGO-OOPHORECT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 65600 | MULTIPLE PUNCTURES OF ANTERI | 07/01/2005 | $307.84 | 0.0% | 0.0% | N | Referral Required |
| 6561 | REMOVE BOTH TUBES & OVAR | 01/02/2000 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6562 | REMOVE SOLITARY TUBE/OVA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6563 | LAPAROSCOPIC REMOVAL OF BOTH | 01/01/1997 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6564 | LAPARASCOPIC REMOVAL OF REMA | 01/01/1997 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6571 | SIMPLE SUTURE OF OVARY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 65710 | KERATOPLASTY | 07/01/2005 | $890.92 | 0.0% | 0.0% | N | Referral Required |
| 6572 | OVARIAN REIMPLANTATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 65720 | KERATOPLASTY | 07/01/2005 | $1,452.56 | 0.0% | 0.0% | N | Referral Required |
| 6573 | SALPINGO-OOPHOROPLASTY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 65730 | KERATOPLASTY | 07/01/2005 | $924.60 | 0.0% | 0.0% | N | Referral Required |
| 6574 | LAPAROSCOPIC SIMPLE SUTURE OF OVAR | 01/01/1997 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 65750 | KERATOPLASTY | 07/01/2005 | $1,030.72 | 0.0% | 0.0% | N | Referral Required |
| 65755 | KERATOPLASTY; PENETRATING (I | 07/01/2005 | $1,024.59 | 0.0% | 0.0% | N | Referral Required |
| 65760 | KERATOMELEUSIS | 07/01/2005 | $1,703.02 | 0.0% | 0.0% | N | Referral Required |
| 65765 | KERATOPHAKIA | 07/01/2005 | $1,704.06 | 0.0% | 0.0% | N | Referral Required |
| 65767 | EPIKERATOPLASTY | 01/01/1993 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 65770 | KERATOPROSTHESIS | 07/01/2005 | $1,155.72 | 0.0% | 0.0% | N | Referral Required |
| 65771 | RADICAL KERATOTOMY | 07/01/2005 | $861.23 | 0.0% | 0.0% | N | Referral Required |
| 65772 | CORNEAL RELAXING INCISION | 07/01/2005 | $405.47 | 0.0% | 0.0% | N | Referral Required |
| 65775 | CORNEAL WEDGE RESECTION NO A | 07/01/2005 | $497.34 | 0.0% | 0.0% | N | Referral Required |
| 65780 | OCULAR SURFACE RECONSTRUCTION | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 65781 | LIMBAL STEM CELL ALLOGRAFT | 07/01/2005 | $890.92 | 0.0% | 0.0% | N | Referral Required |
| 65782 | LIMBAL CONJUNCTIVAL AUTOGRAFT | 07/01/2005 | $904.54 | 0.0% | 0.0% | N | Referral Required |
| 6579 | REPAIR OF OVARY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 658 | TUBO-OVARIAN ADHESIOLYS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 65800 | PARACENTESIS EYE ANTE CHAMBE | 07/01/2005 | $147.14 | 0.0% | 0.0% | N | Referral Required |
| 65805 | PARACENTESIS EYE ANTE CHAMBE | 07/01/2005 | $147.46 | 0.0% | 0.0% | N | Referral Required |
| 6581 | LAPAROSCOPIC LYSIS OF ADHESIONS-OVA | 01/01/1997 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 65810 | PARACENTESIS EYE ANTE CHAMBE | 07/01/2005 | $474.26 | 0.0% | 0.0% | N | Referral Required |
| 65815 | PARACENTESIS EYE ANTE CHAMBE | 07/01/2005 | $495.77 | 0.0% | 0.0% | N | Referral Required |
| 65820 | GONIOTOMY | 07/01/2005 | $661.31 | 0.0% | 0.0% | N | Referral Required |
| 65850 | TRABECULOTOMY AB EXTERNO | 07/01/2005 | $727.85 | 0.0% | 0.0% | N | Referral Required |
| 65855 | TRABECULOPLASTY BY LASAR SUR | 07/01/2005 | $312.38 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 65860 | SEVERING ADHESIONS ANTERIOR | 07/01/2005 | $267.35 | 0.0% | 0.0% | N | Referral Required |
| 65865 | LYSIS, ADHESIONS, EYE | 07/01/2005 | $434.04 | 0.0% | 0.0% | N | Referral Required |
| 65870 | LYSIS, ADHESIONS, EYE | 07/01/2005 | $469.42 | 0.0% | 0.0% | N | Referral Required |
| 65875 | LYSIS, ADHESIONS, EYE | 07/01/2005 | $483.28 | 0.0% | 0.0% | N | Referral Required |
| 65880 | LYSIS, ADHESIONS, EYE | 07/01/2005 | $512.54 | 0.0% | 0.0% | N | Referral Required |
| 6589 | OTHER LYSIS OF ADHESIONS-OVARY/FALL | 01/01/1997 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 65900 | REMOVAL EPITHELIAL DOWNGROWT | 07/01/2005 | $822.76 | 0.0% | 0.0% | N | Referral Required |
| 6591 | ASPIRATION OF OVARY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6592 | TRANSPLANTATION OF OVARY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 65920 | REMOVAL IMPLANT MATERIAL, AN | 07/01/2005 | $581.08 | 0.0% | 0.0% | N | Referral Required |
| 6593 | MANUAL RUPT OVARIAN CYST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 65930 | REMOVAL, BLOOD CLOT, EYE | 07/01/2005 | $564.62 | 0.0% | 0.0% | N | Referral Required |
| 6594 | OVARIAN DENERVATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6595 | OVARIAN TORSION RELEASE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6599 | OVARIAN OPERATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 660 | SALPINGOTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6601 | SALPINGOTOMY | 10/01/1992 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6602 | SALPINGOSTOMY | 10/01/1992 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 66020 | INJECTION, EYE, ANTE CHAMBER | 07/01/2005 | $138.74 | 0.0% | 0.0% | N | Referral Required |
| 66030 | INJECTION, EYE, ANTE CHAMBER | 07/01/2005 | $120.18 | 0.0% | 0.0% | N | Referral Required |
| 6611 | FALLOPIAN TUBE BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 66130 | EXCISION, LESION, SCLERA | 07/01/2005 | $534.37 | 0.0% | 0.0% | N | Referral Required |
| 66150 | FISTULIZATION, SCLERA | 07/01/2005 | $667.28 | 0.0% | 0.0% | N | Referral Required |
| 66155 | THERMOCAUTERY, SCLERA | 07/01/2005 | $665.42 | 0.0% | 0.0% | N | Referral Required |
| 66160 | THERMOCAUTERY, SCLERA | 07/01/2005 | $764.44 | 0.0% | 0.0% | N | Referral Required |
| 66165 | IRIDENCLEISIS/IRIDOTASIS | 07/01/2005 | $647.89 | 0.0% | 0.0% | N | Referral Required |
| 66170 | TRABECULECTOMY AB EXTERNO | 07/01/2005 | $1,011.34 | 0.0% | 0.0% | N | Referral Required |
| 66172 | TRABECULECTOMY AB EXTERNO W/ | 07/01/2005 | $1,069.46 | 0.0% | 0.0% | N | Referral Required |
| 66180 | AQUEOUS SHUNT TO EXTRAOCULAR | 07/01/2005 | $944.83 | 0.0% | 0.0% | N | Referral Required |
| 66185 | REVISION AQUEOUS SHUNT EXTRA | 07/01/2005 | $578.46 | 0.0% | 0.0% | N | Referral Required |
| 6619 | FALLOP TUBE DX PROC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 662 | BILATERAL ENDOSCOPIC DESTRUC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6621 | BILAT ENDOSC CRUSH TUBE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6622 | BILAT ENDOSC DIVIS TUBE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 66220 | REPAIR, SCLERAL STAPHYLOMA | 07/01/2005 | $615.35 | 0.0% | 0.0% | N | Referral Required |
| 66225 | REPAIR, SCLERAL STAPHYLOMA | 07/01/2005 | $724.36 | 0.0% | 0.0% | N | Referral Required |
| 66250 | REVISION, OPERATIVE WOUND, E | 07/01/2005 | $486.20 | 0.0% | 0.0% | N | Referral Required |
| 6629 | BILAT ENDOS OCC TUBE NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6631 | BILAT TUBAL CRUSHING NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6632 | BILAT TUBAL DIVISION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 6639 | BILAT TUBAL DESTRUCT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 664 | TOTAL UNILAT SALPINGECT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 665 | TOTAL BILATERAL SALPINGECTOM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 66500 | IRIDOTOMY | 07/01/2005 | $295.41 | 0.0% | 0.0% | N | Referral Required |
| 66505 | TRANSFIXION IRIDOTOMY | 07/01/2005 | $315.37 | 0.0% | 0.0% | N | Referral Required |
| 6651 | REMOVE BOTH FALLOP TUBES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6652 | REMOVE SOLITARY FAL TUBE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 666 | OTHER SALPINGECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 66600 | IRIDECTOMY | 07/01/2005 | $612.47 | 0.0% | 0.0% | N | Referral Required |
| 66605 | IRIDECTOMY | 07/01/2005 | $885.54 | 0.0% | 0.0% | N | Referral Required |
| 6661 | DESTROY FALLOP TUBE LES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6662 | REMOV TUBE & ECTOP PREG | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 66625 | IRIDECTOMY | 07/01/2005 | $449.11 | 0.0% | 0.0% | N | Referral Required |
| 6663 | BILAT PART SALPINGEC NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 66630 | IRIDECTOMY | 07/01/2005 | $482.30 | 0.0% | 0.0% | N | Referral Required |
| 66635 | IRIDECTOMY | 07/01/2005 | $448.89 | 0.0% | 0.0% | N | Referral Required |
| 66680 | REPAIR, IRIS/CILIARY BODY | 07/01/2005 | $407.63 | 0.0% | 0.0% | N | Referral Required |
| 66682 | SUTURE OF IRIS, CILIARY BODY | 07/01/2005 | $483.77 | 0.0% | 0.0% | N | Referral Required |
| 6669 | PARTIAL SALPINGECTOM NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 66700 | CILIARY BODY DESTRUCTION; DI | 07/01/2005 | $412.24 | 0.0% | 0.0% | N | Referral Required |
| 6671 | SIMPL SUTURE FALLOP TUBE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 66710 | CYCLOPHOTOAGULATION TRANS | 07/01/2005 | $469.83 | 0.0% | 0.0% | N | Referral Required |
| 66711 | CILIARY BODY DESTRUCTION | 07/01/2005 | $475.75 | 0.0% | 0.0% | N | Referral Required |
| 6672 | SALPINGO-OOPHOROSTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 66720 | CILIARY BODY DESTRUCION; CRY | 07/01/2005 | $452.85 | 0.0% | 0.0% | N | Referral Required |
| 6673 | SALPINGO-SALPINGOSTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6674 | SALPINGO-UTEROSTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 66740 | CILIARY BODY DESTRUCTION; CY | 07/01/2005 | $390.93 | 0.0% | 0.0% | N | Referral Required |
| 66761 | IRIDOTOMY | 07/01/2005 | $336.29 | 0.0% | 0.0% | N | Referral Required |
| 66762 | COREOPLASTY | 07/01/2005 | $354.68 | 0.0% | 0.0% | N | Referral Required |
| 66770 | DESTRUCTION, LESION, IRIS | 07/01/2005 | $386.22 | 0.0% | 0.0% | N | Referral Required |
| 6679 | FALLOP TUBE REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 668 | FALLOPIAN TUBE INSUFFLAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 66820 | DISCISSION, AFTERCATARACT | 07/01/2005 | $423.58 | 0.0% | 0.0% | N | Referral Required |
| 66821 | DISCISSION SECONDARY MEMBRAN | 07/01/2005 | $214.85 | 0.0% | 0.0% | N | Referral Required |
| 66825 | REPOSITION INTRAOCULAR LENS | 07/01/2005 | $650.71 | 0.0% | 0.0% | N | Referral Required |
| 66830 | REMOVAL SECONDARY MEMBRANOUS CA | 07/01/2005 | $534.07 | 0.0% | 0.0% | N | Referral Required |
| 66840 | LENS MATERIAL REMOVAL | 07/01/2005 | $518.84 | 0.0% | 0.0% | N | Referral Required |
| 66850 | PHACOFRAGMENTATION, LENS | 07/01/2005 | $582.74 | 0.0% | 0.0% | N | Referral Required |
| 66852 | REMOVAL LENS MATERIAL, PARS | 07/01/2005 | $629.76 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 6691 | FALLOPIAN TUBE ASPIRAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6692 | UNILAT FALLOP TUBE DESTR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 66920 | EXTRACTION LENS (CATARACT) I | 07/01/2005 | $570.27 | 0.0% | 0.0% | N | Referral Required |
| 6693 | IMPL FALLOP TUBE PROSTH | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 66930 | EXTRACTION LENS (CATARACT) I | 07/01/2005 | $669.06 | 0.0% | 0.0% | N | Referral Required |
| 6694 | REMOV FALLOP TUBE PROSTH | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 66940 | EXTRACTION LENS (CATARACT) E | 07/01/2005 | $604.80 | 0.0% | 0.0% | N | Referral Required |
| 66945 | EXTRACTION, LENS | 07/01/2005 | $1,252.23 | 0.0% | 0.0% | N | Referral Required |
| 6695 | BLOW THERAPEUT INTO TUBE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6696 | FALLOPIAN TUBE DILATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6697 | BURY FIMBRIAE IN UTERUS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 66982 | EXTRACAPSULAR CATARACT | 07/01/2005 | $803.51 | 0.0% | 0.0% | N | Referral Required |
| 66983 | INTRACAPSULAR CATARACT EXTRA | 07/01/2005 | $539.66 | 0.0% | 0.0% | N | Referral Required |
| 66984 | EXTRA CAPSULAR CATARACT REMO | 07/01/2005 | $634.87 | 0.0% | 0.0% | N | Referral Required |
| 66985 | INSERTION LENS PROSTHESIS SE | 07/01/2005 | $540.76 | 0.0% | 0.0% | N | Referral Required |
| 66986 | EXCHANGE OF INTRAOCULAR LENS | 07/01/2005 | $743.46 | 0.0% | 0.0% | N | Referral Required |
| 6699 | FALLOPIAN TUBE OP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 66990 | OPHTHALMIC ENDOSCOPE, ADD-ON CODE | 07/01/2005 | $75.07 | 0.0% | 0.0% | N | Referral Required |
| 66999 | UNLISTED ANTERIOR SEG PROC | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 670 | CERVICAL CANAL DILATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 67005 | REMOVAL VITREOUS ANTERIOR AP | 07/01/2005 | $299.96 | 0.0% | 0.0% | N | Referral Required |
| 67010 | REMOVAL VITREOUS, SUBTOTAL R | 07/01/2005 | $361.81 | 0.0% | 0.0% | N | Referral Required |
| 67015 | ASPIRATION, VITREOUS | 07/01/2005 | $530.68 | 0.0% | 0.0% | N | Referral Required |
| 67025 | INJECTION, VITREOUS SUBSTITU | 07/01/2005 | $853.02 | 0.0% | 0.0% | N | Referral Required |
| 67027 | IMPLANT/REPLACE INTRAVITREAL DRUG | 07/01/2005 | $898.15 | 0.0% | 0.0% | N | Referral Required |
| 67028 | INTRAVITREAL INJ OF A PHARMA | 07/01/2005 | $486.27 | 0.0% | 0.0% | N | Referral Required |
| 67030 | DISCISSION, VITREOUS STRANDS | 07/01/2005 | $407.47 | 0.0% | 0.0% | N | Referral Required |
| 67031 | SEVERING VITREOUS STRANDS ON | 07/01/2005 | $274.17 | 0.0% | 0.0% | N | Referral Required |
| 67036 | VITRECTOMY, MECHANICAL, PARS | 07/01/2005 | $743.58 | 0.0% | 0.0% | N | Referral Required |
| 67038 | VITRECTOMY W/EPIRETINAL MEMB | 07/01/2005 | $1,308.40 | 0.0% | 0.0% | N | Referral Required |
| 67039 | VITRECTOMY W/FOCAL ENDOLASER | 07/01/2005 | $953.65 | 0.0% | 0.0% | N | Referral Required |
| 67040 | VITRECTOMY W/ANDOLASAR PANRE | 07/01/2005 | $1,097.43 | 0.0% | 0.0% | N | Referral Required |
| 67101 | REPAIR RETINAL DETACHMENT 1 | 07/01/2005 | $649.07 | 0.0% | 0.0% | N | Referral Required |
| 67102 | REPAIR, RETINAL DETACHMENT | 07/01/2005 | $1,252.23 | 0.0% | 0.0% | N | Referral Required |
| 67103 | REPAIR, RETINAL DETACHMENT | 07/01/2005 | $1,252.23 | 0.0% | 0.0% | N | Referral Required |
| 67104 | REPAIR, RETINAL DETACHMENT | 07/01/2005 | $1,252.23 | 0.0% | 0.0% | N | Referral Required |
| 67105 | REPAIR RETINAL DETACHMENT BY | 07/01/2005 | $529.53 | 0.0% | 0.0% | N | Referral Required |
| 67106 | REPAIR, RETINAL DETACHMENT | 07/01/2005 | $1,252.23 | 0.0% | 0.0% | N | Referral Required |
| 67107 | REPAIR, RETINAL DETACHMENT | 07/01/2005 | $994.73 | 0.0% | 0.0% | N | Referral Required |
| 67108 | REPAIR, RETINAL DETACHMENT | 07/01/2005 | $1,368.53 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 6711 | ENDOCERVICAL BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 67110 | RETINAL DETACH BY INJ OF AIR | 07/01/2005 | $1,041.27 | 0.0% | 0.0% | N | Referral Required |
| 67112 | REPAIR, RETINAL DETACHMENT | 07/01/2005 | $1,135.92 | 0.0% | 0.0% | N | Referral Required |
| 67115 | RELEASE OF ENCIRCLING MATERI | 07/01/2005 | $414.85 | 0.0% | 0.0% | N | Referral Required |
| 6712 | CERVICAL BIOPSY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 67120 | REMOVAL IMPLANTED MATERIAL P | 07/01/2005 | $799.53 | 0.0% | 0.0% | N | Referral Required |
| 67121 | REMOVAL IMPLANTED MATERIAL P | 07/01/2005 | $803.42 | 0.0% | 0.0% | N | Referral Required |
| 67141 | PROPHYLAXIS RETINAL DETACHME | 07/01/2005 | $464.52 | 0.0% | 0.0% | N | Referral Required |
| 67142 | PROPHYLAXIS RETINAL DETACHMENT | 07/01/2005 | $581.03 | 0.0% | 0.0% | N | Referral Required |
| 67143 | PROPHYLAXIS RETINAL DETACHMENT | 07/01/2005 | $581.03 | 0.0% | 0.0% | N | Referral Required |
| 67144 | PROPHYLAXIS RETINAL DETACHMENT | 07/01/2005 | $581.03 | 0.0% | 0.0% | N | Referral Required |
| 67145 | PROPHYLAXIS, PHOTOCOAGULATIO | 07/01/2005 | $376.39 | 0.0% | 0.0% | N | Referral Required |
| 67146 | PROPHYLAXIS RETINAL DETACHMENT | 07/01/2005 | $581.03 | 0.0% | 0.0% | N | Referral Required |
| 6719 | CERVICAL DX PROCEDUR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 672 | CONIZATION OF CERVIX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 67208 | DESTRUCT LOCALIZED LESION RE | 07/01/2005 | $530.50 | 0.0% | 0.0% | N | Referral Required |
| 67210 | DESTRUCTION OF LOCALIZED LES | 07/01/2005 | $571.14 | 0.0% | 0.0% | N | Referral Required |
| 67212 | DESTRUCTION, LESION, RETINA | 07/01/2005 | $701.22 | 0.0% | 0.0% | N | Referral Required |
| 67213 | DESTRUCTION, LESION, RETINA | 07/01/2005 | $701.22 | 0.0% | 0.0% | N | Referral Required |
| 67214 | DESTRUCTION, LESION, RETINA | 07/01/2005 | $701.22 | 0.0% | 0.0% | N | Referral Required |
| 67216 | DESTRUCTION, LESION, RETINA | 07/01/2005 | $701.22 | 0.0% | 0.0% | N | Referral Required |
| 67218 | DESTRUCITON-RADIATION BY IMP | 07/01/2005 | $1,216.68 | 0.0% | 0.0% | N | Referral Required |
| 67220 | DESTRUCTION LOCALIZED LESION | 07/01/2005 | $851.01 | 0.0% | 0.0% | N | Referral Required |
| 67221 | OCULAR PHOTODYNAMIC | 07/01/2005 | $305.73 | 0.0% | 0.0% | Y | Referral Required |
| 67222 | DESTRUCTION, RETINOPATHIES | 07/01/2005 | $801.41 | 0.0% | 0.0% | N | Referral Required |
| 67223 | DESTRUCTION, RETINOPATHIES | 07/01/2005 | $801.41 | 0.0% | 0.0% | N | Referral Required |
| 67224 | DESTRUCTION, RETINOPATHIES | 07/01/2005 | $801.41 | 0.0% | 0.0% | N | Referral Required |
| 67225 | OCULAR PHOTODYNAMIC THERAPY | 07/01/2005 | $34.15 | 0.0% | 0.0% | N | Referral Required |
| 67226 | DESTRUCTION, RETINOPATHIES | 07/01/2005 | $801.41 | 0.0% | 0.0% | N | Referral Required |
| 67227 | DESTRUCTION EXTENSIVE RETINO | 07/01/2005 | $548.30 | 0.0% | 0.0% | N | Referral Required |
| 67228 | DESTRUCTION RETINOPATHY 1 OR | 07/01/2005 | $803.44 | 0.0% | 0.0% | N | Referral Required |
| 67250 | SCLERAL REINFORCEMENT | 07/01/2005 | $717.77 | 0.0% | 0.0% | N | Referral Required |
| 67255 | SCLERAL REINFORCEMENT | 07/01/2005 | $726.55 | 0.0% | 0.0% | N | Referral Required |
| 67299 | UNLISTED PROCEDURE | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6731 | CERVICAL CYST MARSUPIAL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 67311 | STRABISMUS SURGERY | 07/01/2005 | $454.26 | 0.0% | 0.0% | N | Referral Required |
| 67312 | STRABISMUS SURGERY | 07/01/2005 | $560.07 | 0.0% | 0.0% | N | Referral Required |
| 67314 | ONE VERTICAL MUSCLE/EXCLUDIN | 07/01/2005 | $505.27 | 0.0% | 0.0% | N | Referral Required |
| 67316 | OCULAR ADNEXA TWO OR MORE VE | 07/01/2005 | $618.80 | 0.0% | 0.0% | N | Referral Required |
| 67318 | STRABISMUS | 07/01/2005 | $531.52 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 6732 | CERVICAL LES CAUTERIZAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 67320 | TRANSPOSITION, EYE MUSCLES | 07/01/2005 | $227.95 | 0.0% | 0.0% | N | Referral Required |
| 6733 | CERVICAL LES CRYOTHERAPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 67331 | STRABISMUS SURGERY | 07/01/2005 | $215.93 | 0.0% | 0.0% | N | Referral Required |
| 67332 | STRABISMUS SURGERY | 07/01/2005 | $236.21 | 0.0% | 0.0% | N | Referral Required |
| 67334 | STRABISMUS SURG BY POSTERIOR | 07/01/2005 | $208.90 | 0.0% | 0.0% | N | Referral Required |
| 67335 | OCULAR ADNEXA ADJ SUTURO TEC | 07/01/2005 | $131.07 | 0.0% | 0.0% | N | Referral Required |
| 67340 | STRABISMUS SURG W/EXPLOR AND | 07/01/2005 | $260.48 | 0.0% | 0.0% | N | Referral Required |
| 67343 | RELEASE EXTENSIVE SCAR TISSU | 07/01/2005 | $509.72 | 0.0% | 0.0% | N | Referral Required |
| 67345 | CHEMODENERVATION OF EXTRA OC | 07/01/2005 | $256.17 | 0.0% | 0.0% | N | Referral Required |
| 67350 | BIOPSY, EXTRAOCULAR MUSCLE | 07/01/2005 | $171.38 | 0.0% | 0.0% | N | Referral Required |
| 6739 | CERVICAL LES DESTRUC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 67399 | UNLISTED EYE MUSCLE PROC | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 674 | AMPUTATION OF CERVIX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 67400 | ORBITOTOMY | 07/01/2005 | $816.44 | 0.0% | 0.0% | N | Referral Required |
| 67405 | ORBITOTOMY | 07/01/2005 | $706.70 | 0.0% | 0.0% | N | Referral Required |
| 67412 | ORBITOTOMY | 07/01/2005 | $878.34 | 0.0% | 0.0% | N | Referral Required |
| 67413 | ORBITOTOMY | 07/01/2005 | $823.42 | 0.0% | 0.0% | N | Referral Required |
| 67414 | ORBITOTOMY WO/BONE FLAP W/RE | 07/01/2005 | $967.35 | 0.0% | 0.0% | N | Referral Required |
| 67415 | BIOPSY, ORBIT | 07/01/2005 | $91.40 | 0.0% | 0.0% | N | Referral Required |
| 67420 | ORBITOTOMY | 07/01/2005 | $1,423.78 | 0.0% | 0.0% | N | Referral Required |
| 67430 | ORBITOTOMY | 07/01/2005 | $1,106.66 | 0.0% | 0.0% | N | Referral Required |
| 67440 | ORBITOTOMY | 07/01/2005 | $1,090.25 | 0.0% | 0.0% | N | Referral Required |
| 67445 | ORBITOTOMY W/REMOVAL OF BONE | 07/01/2005 | $1,131.11 | 0.0% | 0.0% | N | Referral Required |
| 67450 | ORBITOTOMY | 07/01/2005 | $1,074.61 | 0.0% | 0.0% | N | Referral Required |
| 675 | INT CERVICAL OS REPAIR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 67500 | INJECTION, ORBIT | 07/01/2005 | $60.54 | 0.0% | 0.0% | N | Referral Required |
| 67505 | INJECTION, ORBIT | 07/01/2005 | $61.61 | 0.0% | 0.0% | N | Referral Required |
| 6751 | TRANABDOMINAL CERCLAGE OF CERVIX | 10/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 67510 | ORBITOGRAPHY INJECTION PROC | 07/01/2005 | $55.11 | 0.0% | 0.0% | N | Referral Required |
| 67515 | INJECTION, TENONS CAPSULE | 07/01/2005 | $50.71 | 0.0% | 0.0% | N | Referral Required |
| 67550 | INSERTION, ORBITAL IMPLANT | 07/01/2005 | $823.96 | 0.0% | 0.0% | N | Referral Required |
| 67560 | REVISION, ORBITAL IMPLANT | 07/01/2005 | $835.84 | 0.0% | 0.0% | N | Referral Required |
| 67570 | OPTIC NERVE DECOMPRESSION | 07/01/2005 | $1,084.51 | 0.0% | 0.0% | N | Referral Required |
| 6759 | OTHER REPAIR OF CERVICAL OS | 10/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 67599 | UNLISTED ORBIT PROC | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6761 | SUTURE CERVICAL LACERAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6762 | CERVICAL FISTULA REPAIR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6769 | CERVICAL REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 67700 | BLEPHAROTOMY | 07/01/2005 | $307.22 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 67710 | SEVERING TARSORRHAPHY | 07/01/2005 | $298.94 | 0.0% | 0.0% | N | Referral Required |
| 67715 | CANTHOTOMY | 07/01/2005 | $64.31 | 0.0% | 0.0% | N | Referral Required |
| 67800 | EXCISION, CHALAZION | 07/01/2005 | $138.92 | 0.0% | 0.0% | N | Referral Required |
| 67801 | EXCISION, CHALAZION | 07/01/2005 | $340.85 | 0.0% | 0.0% | N | Referral Required |
| 67805 | EXCISION, CHALAZION | 07/01/2005 | $359.21 | 0.0% | 0.0% | N | Referral Required |
| 67808 | EXCISION, CHALAZION | 07/01/2005 | $283.17 | 0.0% | 0.0% | N | Referral Required |
| 67810 | BIOPSY, EYELID | 07/01/2005 | $228.04 | 0.0% | 0.0% | N | Referral Required |
| 67820 | TRICHIASIS CORRECTION | 07/01/2005 | $99.46 | 0.0% | 0.0% | N | Referral Required |
| 67825 | TRICHIASIS CORRECTION | 07/01/2005 | $238.97 | 0.0% | 0.0% | N | Referral Required |
| 67830 | TRICHIASIS CORRECTION | 07/01/2005 | $443.81 | 0.0% | 0.0% | N | Referral Required |
| 67835 | TRICHIASIS CORRECTION | 07/01/2005 | $365.92 | 0.0% | 0.0% | N | Referral Required |
| 67840 | EXCISION, LESION, LID MARGIN | 07/01/2005 | $345.29 | 0.0% | 0.0% | N | Referral Required |
| 67850 | DESTRUCTION LESION, LID MARG | 07/01/2005 | $352.33 | 0.0% | 0.0% | N | Referral Required |
| 67875 | TEMPORARY CLOSURE OF EYELIDS | 07/01/2005 | $433.34 | 0.0% | 0.0% | N | Referral Required |
| 67880 | TARSORRHAPHY | 07/01/2005 | $561.32 | 0.0% | 0.0% | N | Referral Required |
| 67882 | TARSORRHAPHY | 07/01/2005 | $695.43 | 0.0% | 0.0% | N | Referral Required |
| 67900 | REPAIR OF BROW PTOSIS | 07/01/2005 | $599.24 | 0.0% | 0.0% | N | Referral Required |
| 67901 | REPAIR, BLEPHAROPTOSIS | 07/01/2005 | $495.10 | 0.0% | 0.0% | N | Referral Required |
| 67902 | REPAIR, BLEPHAROPTOSIS | 07/01/2005 | $495.99 | 0.0% | 0.0% | N | Referral Required |
| 67903 | REPAIR, BLEPHAROPTOSIS | 07/01/2005 | $590.39 | 0.0% | 0.0% | N | Referral Required |
| 67904 | REPAIR, BLEPHAROPTOSIS | 07/01/2005 | $724.33 | 0.0% | 0.0% | N | Referral Required |
| 67906 | REPAIR, BLEPHAROPTOSIS | 07/01/2005 | $579.30 | 0.0% | 0.0% | N | Referral Required |
| 67908 | REPAIR, BLEPHAROPTOSIS | 07/01/2005 | $506.90 | 0.0% | 0.0% | N | Referral Required |
| 67909 | REDUCTION OVERCORRECTED PTOS | 07/01/2005 | $535.70 | 0.0% | 0.0% | N | Referral Required |
| 67911 | CORRECTION, LID RETRACTION | 07/01/2005 | $422.37 | 0.0% | 0.0% | N | Referral Required |
| 67912 | CORRECTION LID RETRACTION | 07/01/2005 | $861.97 | 0.0% | 0.0% | N | Referral Required |
| 67914 | ECTROPION REPAIR | 07/01/2005 | $571.86 | 0.0% | 0.0% | N | Referral Required |
| 67915 | ECTROPION REPAIR | 07/01/2005 | $504.11 | 0.0% | 0.0% | N | Referral Required |
| 67916 | ECTROPION REPAIR | 07/01/2005 | $765.01 | 0.0% | 0.0% | N | Referral Required |
| 67917 | ECTROPION REPAIR | 07/01/2005 | $572.21 | 0.0% | 0.0% | N | Referral Required |
| 67921 | ENTROPION REPAIR | 07/01/2005 | $552.17 | 0.0% | 0.0% | N | Referral Required |
| 67922 | THERMO COUTERIZATION | 07/01/2005 | $499.79 | 0.0% | 0.0% | N | Referral Required |
| 67923 | ENTROPION REPAIR | 07/01/2005 | $755.18 | 0.0% | 0.0% | N | Referral Required |
| 67924 | ENTROPION REPAIR | 07/01/2005 | $541.77 | 0.0% | 0.0% | N | Referral Required |
| 67930 | SUTURE, EYELID WOUND | 07/01/2005 | $545.75 | 0.0% | 0.0% | N | Referral Required |
| 67935 | SUTURE, EYELID WOUND | 07/01/2005 | $761.41 | 0.0% | 0.0% | N | Referral Required |
| 67938 | REMOVAL, FOREIGN BODY, EYELI | 07/01/2005 | $367.58 | 0.0% | 0.0% | N | Referral Required |
| 67950 | CANTHOPLASTY | 07/01/2005 | $512.46 | 0.0% | 0.0% | N | Referral Required |
| 67961 | EXCISION & REPAIR, EYELID | 07/01/2005 | $519.58 | 0.0% | 0.0% | N | Referral Required |
| 67966 | EXCISION & REPAIR, EYELID | 07/01/2005 | $540.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 67971 | RECONSTRUCTION, EYELID | 07/01/2005 | $619.23 | 0.0% | 0.0% | N | Referral Required |
| 67973 | RECONSTRUCTION, EYELID | 07/01/2005 | $802.53 | 0.0% | 0.0% | N | Referral Required |
| 67974 | RECONSTRUCTION, EYELID | 07/01/2005 | $797.89 | 0.0% | 0.0% | N | Referral Required |
| 67975 | RECONSTRUCTION, EYELID | 07/01/2005 | $583.51 | 0.0% | 0.0% | N | Referral Required |
| 67999 | UNLISTED EYELID PROCEDURE | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 680 | HYSTEROTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 68020 | DRAINAGE, CYST, CONJUNCTIVA | 07/01/2005 | $307.61 | 0.0% | 0.0% | N | Referral Required |
| 68040 | EXPRESSN FOLLICLES CONJUNCTI | 07/01/2005 | $284.70 | 0.0% | 0.0% | N | Referral Required |
| 68100 | BIOPSY, CONJUNCTIVA | 07/01/2005 | $311.51 | 0.0% | 0.0% | N | Referral Required |
| 6811 | DIGITAL EXAM OF UTERUS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 68110 | EXCISION, LESION, CONJUNCTIV | 07/01/2005 | $361.47 | 0.0% | 0.0% | N | Referral Required |
| 68115 | EXCISION, LESION, CONJUNCTIV | 07/01/2005 | $366.42 | 0.0% | 0.0% | N | Referral Required |
| 6812 | HYSTEROSCOPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6813 | OPEN BIOPSY OF UTERUS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 68130 | EXCISION, LESION, CONJUNCTIV | 07/01/2005 | $259.48 | 0.0% | 0.0% | N | Referral Required |
| 68135 | DESTRUCTION LESION CONJUNCTI | 07/01/2005 | $339.23 | 0.0% | 0.0% | N | Referral Required |
| 6814 | OPEN UTERINE LIGAMENT BX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6815 | ENDOSCOPIC UTERIN LIG BX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6816 | ENDOSCOPIC UTERIN BX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6819 | UTERUS/ADNEX DX PROC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 68200 | INJECTION, SUBCONJUNCTIVA | 07/01/2005 | $43.10 | 0.0% | 0.0% | N | Referral Required |
| 6821 | ENDOMET SYNECHIAE DIVIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6822 | INCISION UTERINE SEPTUM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6823 | ENDOMETRIAL ABLATION | 01/01/1997 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6829 | UTERINE LES DESTRUCT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 683 | SUBTOTAL ABDOMINAL HYSTERECT | 11/01/1989 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 6831 | LAPAROSCOPIC SUPRACERVICAL HYST | 10/01/2003 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 68320 | CONJUNCTIVOPLASTY | 07/01/2005 | $386.96 | 0.0% | 0.0% | N | Referral Required |
| 68325 | CONJUNCTIVOPLASTY | 07/01/2005 | $479.38 | 0.0% | 0.0% | N | Referral Required |
| 68326 | CONJUNCTIVOPLASTY | 07/01/2005 | $469.52 | 0.0% | 0.0% | N | Referral Required |
| 68328 | CONJUNCTIVOPLASTY | 07/01/2005 | $535.17 | 0.0% | 0.0% | N | Referral Required |
| 68330 | CONJUNCTIVOPLASTY | 07/01/2005 | $419.66 | 0.0% | 0.0% | N | Referral Required |
| 68335 | CONJUNCTIVOPLASTY | 07/01/2005 | $451.62 | 0.0% | 0.0% | N | Referral Required |
| 68340 | DIVISION SYMBLEPHARON W/WO I | 07/01/2005 | $677.17 | 0.0% | 0.0% | N | Referral Required |
| 68360 | CONJUNCTIVAL FLAP | 07/01/2005 | $383.92 | 0.0% | 0.0% | N | Referral Required |
| 68362 | CONJUNCTIVAL FLAP | 07/01/2005 | $534.27 | 0.0% | 0.0% | N | Referral Required |
| 68371 | HARVESTING CONJUNCTIVAL ALLOGRAFT | 07/01/2005 | $322.86 | 0.0% | 0.0% | N | Referral Required |
| 6839 | OTHER SUBTOTAL ABDOMINAL HYSTERECT | 10/01/2003 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 68399 | UNLISTED CONJUNCTIVA PROC | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 684 | TOTAL ABD HYSTERECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | Y | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 68400 | DRAINAGE, LACRIMAL GLAND | 07/01/2005 | $441.13 | 0.0% | 0.0% | N | Referral Required |
| 68420 | DACRYOCYSTOSTOMY | 07/01/2005 | $477.18 | 0.0% | 0.0% | N | Referral Required |
| 68440 | INCISION, LACRIMAL PUNCTUM | 07/01/2005 | $294.07 | 0.0% | 0.0% | N | Referral Required |
| 68500 | EXCISION, LACRIMAL GLAND | 07/01/2005 | $709.09 | 0.0% | 0.0% | N | Referral Required |
| 68505 | EXCISION, LACRIMAL GLAND | 07/01/2005 | $744.61 | 0.0% | 0.0% | N | Referral Required |
| 6851 | LAPAROSCOPICALLY ASSISTED VA | 01/01/1997 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 68510 | BIOPSY, LACRIMAL GLAND | 07/01/2005 | $601.58 | 0.0% | 0.0% | N | Referral Required |
| 68520 | EXCISION, LACRIMAL SAC | 07/01/2005 | $522.97 | 0.0% | 0.0% | N | Referral Required |
| 68525 | BIOPSY, LACRIMAL SAC | 07/01/2005 | $233.72 | 0.0% | 0.0% | N | Referral Required |
| 68530 | REMOVAL FB/DACRYOLITHA, LACR | 07/01/2005 | $640.80 | 0.0% | 0.0% | N | Referral Required |
| 68540 | EXCISION, TUMOR LACRIMAL GLA | 07/01/2005 | $711.18 | 0.0% | 0.0% | N | Referral Required |
| 68550 | EXCISION, TUMOR LACRIMAL GLA | 07/01/2005 | $836.04 | 0.0% | 0.0% | N | Referral Required |
| 6859 | OTHER VAGINAL HYSTERECTOMY | 01/01/1997 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 686 | RADICAL ABD HYSTERECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 687 | RADICAL VAG HYSTERECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 68700 | PLASTIC REPAIR, CANALICULI | 07/01/2005 | $469.30 | 0.0% | 0.0% | N | Referral Required |
| 68705 | CORRECTION, EVERTED PUNCTUM | 07/01/2005 | $350.63 | 0.0% | 0.0% | N | Referral Required |
| 68720 | DACRYOCYSTORHINOSTOMY | 07/01/2005 | $594.89 | 0.0% | 0.0% | N | Referral Required |
| 68745 | CONJUNCTIVO-RHINOSTOMY | 07/01/2005 | $575.75 | 0.0% | 0.0% | N | Referral Required |
| 68750 | CONJUNCTIVO-RHINOSTOMY | 07/01/2005 | $597.77 | 0.0% | 0.0% | N | Referral Required |
| 68760 | CLOSURE, LACRIMAL PUNCTUM | 07/01/2005 | $287.06 | 0.0% | 0.0% | N | Referral Required |
| 68761 | CLOSURE LACRIMAL PUNCTUM BY | 07/01/2005 | $152.07 | 0.0% | 0.0% | N | Referral Required |
| 68770 | CLOSURE, FISTULA, LACRIMAL S | 07/01/2005 | $843.49 | 0.0% | 0.0% | N | Referral Required |
| 688 | PELVIC EVISCERATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 68801 | DIALATION OF LACRIMAL PUNCTU | 07/01/2005 | $63.62 | 0.0% | 0.0% | N | Referral Required |
| 68810 | PROBING OF NASOLACRINAL DUCT | 07/01/2005 | $151.73 | 0.0% | 0.0% | N | Referral Required |
| 68811 | PROBING-NASOLACRIMAL DUCT RE | 07/01/2005 | $167.63 | 0.0% | 0.0% | N | Referral Required |
| 68815 | PROBING-NASOLACRIMAL DUCT W/ | 07/01/2005 | $582.61 | 0.0% | 0.0% | N | Referral Required |
| 68840 | PROBING, CANALICULI | 07/01/2005 | $99.39 | 0.0% | 0.0% | N | Referral Required |
| 68850 | DACRYOCYSTOGRAPHY, INJ PROC | 07/01/2005 | $534.17 | 0.0% | 0.0% | N | Referral Required |
| 68899 | UNLISTED LACRIMAL PROC | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 689 | OTHER UNSPECIFIED HYSTERECTO | 10/01/1992 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 6890 | OTHER AND UNSPECIFIED HYSTERECTOM | 10/01/1992 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 690 | DILATION AND CURETTAGE OF UT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 69000 | DRAINAGE, ABSCESS, EAR | 07/01/2005 | $124.69 | 0.0% | 0.0% | N | Referral Required |
| 69005 | DRAINAGE, ABSCESS, EAR | 07/01/2005 | $163.09 | 0.0% | 0.0% | N | Referral Required |
| 6901 | D & C FOR PREG TERMINAT | 03/01/1994 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6902 | D & C POST DELIVERY | 03/01/1994 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 69020 | ABSCESS, AUDITORY CANAL | 07/01/2005 | $129.58 | 0.0% | 0.0% | N | Referral Required |
| 6909 | D & C NEC | 03/01/1994 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 69100 | BIOPSY, EAR | 07/01/2005 | $77.43 | 0.0% | 0.0% | N | Referral Required |
| 69105 | BIOPSY, AUDITORY CANAL | 07/01/2005 | $81.55 | 0.0% | 0.0% | N | Referral Required |
| 69110 | EXCISION, EAR | 07/01/2005 | $243.13 | 0.0% | 0.0% | N | Referral Required |
| 69120 | EXCISION, EAR | 07/01/2005 | $306.00 | 0.0% | 0.0% | N | Referral Required |
| 69140 | EXOSTOSIS, AUDITORY CANAL | 07/01/2005 | $569.24 | 0.0% | 0.0% | N | Referral Required |
| 69145 | EXCISION LESION AUDITORY CAN | 07/01/2005 | $210.21 | 0.0% | 0.0% | N | Referral Required |
| 69150 | EXCISION LESION AUDITORY CAN | 07/01/2005 | $878.84 | 0.0% | 0.0% | N | Referral Required |
| 69155 | EXCISION LESION AUDITORY CAN | 07/01/2005 | $1,313.31 | 0.0% | 0.0% | N | Referral Required |
| 6919 | DESTRUC UTER SUPPORT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 69200 | FOREIGN BODY, AUDITORY CANAL | 07/01/2005 | $76.51 | 0.0% | 0.0% | N | Referral Required |
| 69205 | FOREIGN BODY, AUDITORY CANAL | 07/01/2005 | $97.02 | 0.0% | 0.0% | N | Referral Required |
| 6921 | INTERPOSIT OP UTERIN LIG | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 69210 | REMOVAL, CERUMEN, IMPACTED | 07/01/2005 | $42.17 | 0.0% | 0.0% | N | Referral Required |
| 6922 | UTERINE SUSPENSION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 69220 | DEBRIDEMENT, MASTOIDECTOMY C | 07/01/2005 | $81.50 | 0.0% | 0.0% | N | Referral Required |
| 69222 | DEBRIDEMENT, MASTOIDECTOMY C | 07/01/2005 | $126.19 | 0.0% | 0.0% | N | Referral Required |
| 6923 | VAG REPAIR INVERS UTERUS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6929 | UTERUS/ADNEXA REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 693 | PARACERV UTERINE DENERV | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 69300 | OTOPLASTY | 07/01/2005 | $398.06 | 0.0% | 0.0% | Y | Referral Required |
| 69310 | RECONSTRUCTION OF EXTERNAL A | 07/01/2005 | $728.08 | 0.0% | 0.0% | N | Referral Required |
| 69320 | RECONSTRUCTION, AUDITORY CAN | 07/01/2005 | $1,086.61 | 0.0% | 0.0% | N | Referral Required |
| 69399 | UNLISTED EXT EAR PROC | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 69400 | EUSTACHIAN TUBE INFLATION | 07/01/2005 | $80.84 | 0.0% | 0.0% | N | Referral Required |
| 69401 | EUSTACHIAN TUBE INFLATION | 07/01/2005 | $69.97 | 0.0% | 0.0% | N | Referral Required |
| 69405 | EUSTACHIAN TUBE CATHETERIZAT | 07/01/2005 | $200.00 | 0.0% | 0.0% | N | Referral Required |
| 6941 | SUTURE UTERINE LACERAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 69410 | FOCAL APPLICATION MIDDLE EAR | 07/01/2005 | $58.15 | 0.0% | 0.0% | N | Referral Required |
| 6942 | CLOSURE UTERINE FISTULA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 69420 | MYRINGOTOMY | 07/01/2005 | $127.30 | 0.0% | 0.0% | N | Referral Required |
| 69421 | MYRINGOTOMY INCLUDING ASPIRA | 07/01/2005 | $149.84 | 0.0% | 0.0% | N | Referral Required |
| 69424 | VENTILATING TUBE REMOVAL UNI | 07/01/2005 | $87.17 | 0.0% | 0.0% | N | Referral Required |
| 69433 | TYMPANOSTOMY | 07/01/2005 | $133.33 | 0.0% | 0.0% | N | Referral Required |
| 69436 | TYMPANOSTOMY GENERAL ANESTHE | 07/01/2005 | $140.81 | 0.0% | 0.0% | N | Referral Required |
| 69440 | EXPLORATION, MIDDLE EAR | 07/01/2005 | $526.88 | 0.0% | 0.0% | N | Referral Required |
| 69450 | TYMPANALYSIS, TRANSCANAL | 07/01/2005 | $411.70 | 0.0% | 0.0% | N | Referral Required |
| 69480 | REVISION FENESTRATION OPERATION | 07/01/2005 | $114.99 | 0.0% | 0.0% | N | Referral Required |
| 6949 | UTERINE REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 695 | ASPIRATION CURETTAGE OF UTER | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 69501 | TRANSMASTOID ANTROTOMY | 07/01/2005 | $609.83 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 69502 | MASTOIDECTOMY | 07/01/2005 | $818.00 | 0.0% | 0.0% | N | Referral Required |
| 69505 | MASTOIDECTOMY | 07/01/2005 | $845.68 | 0.0% | 0.0% | N | Referral Required |
| 6951 | ASPIRAT CURET-PREG TERMI | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 69511 | MASTOIDECTOMY | 07/01/2005 | $882.34 | 0.0% | 0.0% | N | Referral Required |
| 6952 | ASPIRAT CURET-POST DELIV | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 69530 | PETROUS APICECTOMY | 07/01/2005 | $1,212.23 | 0.0% | 0.0% | N | Referral Required |
| 69535 | RESECTION, TEMPORAL BONE | 07/01/2005 | $2,178.18 | 0.0% | 0.0% | N | Referral Required |
| 69540 | EXCISION, AURAL POLYP | 07/01/2005 | $119.80 | 0.0% | 0.0% | N | Referral Required |
| 69550 | EXCISION, AURAL GLOMUS TUMOR | 07/01/2005 | $739.47 | 0.0% | 0.0% | N | Referral Required |
| 69552 | EXCISION, AURAL GLOMUS TUMOR | 07/01/2005 | $1,214.44 | 0.0% | 0.0% | N | Referral Required |
| 69554 | EXCISION, AURAL GLOMUS TUMOR | 07/01/2005 | $1,955.67 | 0.0% | 0.0% | N | Referral Required |
| 6959 | ASPIR CURETT UTERUS NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 696 | MENSTRUAL EXTRACTION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 69601 | REVISION MASTOIDECTOMY | 07/01/2005 | $888.68 | 0.0% | 0.0% | N | Referral Required |
| 69602 | REVISION MASTOIDECTOMY | 07/01/2005 | $887.43 | 0.0% | 0.0% | N | Referral Required |
| 69603 | REVISION MASTOIDECTOMY | 07/01/2005 | $912.62 | 0.0% | 0.0% | N | Referral Required |
| 69604 | REVISION MASTOIDECTOMY, RESU | 07/01/2005 | $910.94 | 0.0% | 0.0% | N | Referral Required |
| 69605 | REVISION MASTOIDECTOMY | 07/01/2005 | $1,163.70 | 0.0% | 0.0% | N | Referral Required |
| 69610 | REPAIR OF EARDRUM | 07/01/2005 | $306.14 | 0.0% | 0.0% | N | Referral Required |
| 69620 | MYRINGOPLASTY | 07/01/2005 | $447.17 | 0.0% | 0.0% | N | Referral Required |
| 69631 | TYMPANOPLASTY | 07/01/2005 | $677.28 | 0.0% | 0.0% | N | Referral Required |
| 69632 | TYMPANOPLASTY | 07/01/2005 | $862.58 | 0.0% | 0.0% | N | Referral Required |
| 69633 | TYMPANOPLASTY W/OSSICULAR RE | 07/01/2005 | $826.04 | 0.0% | 0.0% | N | Referral Required |
| 69635 | TYMPANOPLASTY | 07/01/2005 | $872.51 | 0.0% | 0.0% | N | Referral Required |
| 69636 | TYMPANOPLASTY | 07/01/2005 | $1,004.32 | 0.0% | 0.0% | N | Referral Required |
| 69637 | TYMPANOPLASTY WITH OSSICULAR | 07/01/2005 | $997.86 | 0.0% | 0.0% | N | Referral Required |
| 69641 | TYMPANOPLASTY | 07/01/2005 | $839.02 | 0.0% | 0.0% | N | Referral Required |
| 69642 | TYMPANOPLASTY | 07/01/2005 | $1,095.36 | 0.0% | 0.0% | N | Referral Required |
| 69643 | TYMPANOPLASTY | 07/01/2005 | $1,008.43 | 0.0% | 0.0% | N | Referral Required |
| 69644 | TYMPANOPLASTY | 07/01/2005 | $1,102.19 | 0.0% | 0.0% | N | Referral Required |
| 69645 | TYMPANOPLASTY | 07/01/2005 | $1,065.55 | 0.0% | 0.0% | N | Referral Required |
| 69646 | TYMPANOPLASTY | 07/01/2005 | $1,160.34 | 0.0% | 0.0% | N | Referral Required |
| 69650 | STAPES MOBILIZATION | 07/01/2005 | $641.85 | 0.0% | 0.0% | N | Referral Required |
| 69660 | STAPEDECTOMY | 07/01/2005 | $769.32 | 0.0% | 0.0% | N | Referral Required |
| 69661 | STAPEDECTOMY/OTOMY W/FOOTPLA | 07/01/2005 | $1,003.77 | 0.0% | 0.0% | N | Referral Required |
| 69662 | REVISION OF STAPEDECTOMY OR | 07/01/2005 | $990.30 | 0.0% | 0.0% | N | Referral Required |
| 69666 | REPAIR, FISTULA, OVAL WINDOW | 07/01/2005 | $649.04 | 0.0% | 0.0% | N | Referral Required |
| 69667 | REPAIR, FISTULA, ROUND WINDO | 07/01/2005 | $647.83 | 0.0% | 0.0% | N | Referral Required |
| 69670 | MASTOID OBLITERATION | 07/01/2005 | $770.69 | 0.0% | 0.0% | N | Referral Required |
| 69676 | TYMPANIC NEURECTOMY | 07/01/2005 | $657.12 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 697 | INSERTION OF IUD | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 69700 | CLOSURE, POST AURICULAR | 07/01/2005 | $496.85 | 0.0% | 0.0% | N | Referral Required |
| 69710 | IMPLANTATION/REPLACEMENT HEA | 01/01/1994 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 69711 | REMOVAL/REPAIR ELECTROMAGNET | 07/01/2005 | $704.77 | 0.0% | 0.0% | N | Referral Required |
| 69714 | OSSEOINTEGRATED INPLANT | 07/01/2005 | $903.18 | 0.0% | 0.0% | N | Referral Required |
| 69715 | OSSEOINTEGRATED IMPLANT | 07/01/2005 | $1,145.05 | 0.0% | 0.0% | N | Referral Required |
| 69717 | OSSEOINTEGRATED IMPLANT | 07/01/2005 | $937.43 | 0.0% | 0.0% | N | Referral Required |
| 69718 | OSSEOINTEGRATED IMPLANT | 07/01/2005 | $1,159.38 | 0.0% | 0.0% | N | Referral Required |
| 69720 | DECOMPRESSION, FACIAL NERVE | 07/01/2005 | $960.81 | 0.0% | 0.0% | N | Referral Required |
| 69725 | DECOMPRESS FACIAL NERVE INC | 07/01/2005 | $1,539.58 | 0.0% | 0.0% | N | Referral Required |
| 69740 | SUTURE, FACIAL NERVE | 07/01/2005 | $955.14 | 0.0% | 0.0% | N | Referral Required |
| 69745 | SUTURE FACIAL NERVE INC MEDI | 07/01/2005 | $1,041.71 | 0.0% | 0.0% | N | Referral Required |
| 69799 | UNLISTED MID EAR PROC | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 69801 | LABYRINTHOTOMY | 07/01/2005 | $581.96 | 0.0% | 0.0% | N | Referral Required |
| 69802 | LABYRINTHOTOMY | 07/01/2005 | $863.65 | 0.0% | 0.0% | N | Referral Required |
| 69805 | ENDOLYMPHATIC SAC OPERATION | 07/01/2005 | $875.49 | 0.0% | 0.0% | N | Referral Required |
| 69806 | ENDOLYMPHATIC SAC OPERATION | 07/01/2005 | $817.58 | 0.0% | 0.0% | N | Referral Required |
| 69820 | FENESTRATION SEMICIRCULAR CN | 07/01/2005 | $674.19 | 0.0% | 0.0% | N | Referral Required |
| 69840 | REV, FENESTRATION, INNER EAR | 07/01/2005 | $678.20 | 0.0% | 0.0% | N | Referral Required |
| 69905 | LABYRINTHECTOMY | 07/01/2005 | $741.88 | 0.0% | 0.0% | N | Referral Required |
| 6991 | INSERT UTERINE DEVICE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 69910 | LABYRINTHECTOMY | 07/01/2005 | $884.93 | 0.0% | 0.0% | N | Referral Required |
| 69915 | VESTIBULAR NERVE SECTION | 07/01/2005 | $1,316.79 | 0.0% | 0.0% | N | Referral Required |
| 6992 | ARTIFICIAL INSEMINATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6993 | INSERTION OF LAMINARIA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 69930 | COCHLEAR DEVICE IMPLANT; W/W | 07/01/2005 | $1,054.18 | 0.0% | 0.0% | Y | Referral Required |
| 6994 | MAN REPLACE INVERT UTER | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 69949 | UNLISTED PROCEDURE, INNER EA | 07/01/2005 | $90.16 | 0.0% | 0.0% | N | Referral Required |
| 6995 | INCISION OF CERVIX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 69950 | TRANSECTION, VESTIBULAR NERV | 07/01/2005 | $1,528.18 | 0.0% | 0.0% | N | Referral Required |
| 69955 | FACIAL NERVE DECOMPRESSION | 07/01/2005 | $1,615.21 | 0.0% | 0.0% | N | Referral Required |
| 6996 | REMOVE CERVICAL CERCLAGE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 69960 | DECOMPRESSION, AUDITORY CANA | 07/01/2005 | $1,625.59 | 0.0% | 0.0% | N | Referral Required |
| 6997 | REMOVE PENETRAT CERV FB | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 69970 | REMOVAL, TUMOR, TEMPORAL BON | 07/01/2005 | $1,755.63 | 0.0% | 0.0% | N | Referral Required |
| 69979 | UNLISTED TEMPORAL BONE PROC | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6998 | UTERINE SUPPORT OP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 6999 | UTERINE OPERATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 69990 | USE OF OPERATING MICROSCOPE | 07/01/2005 | $197.02 | 0.0% | 0.0% | N | Referral Required |
| 700 | CULDOCENTESIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 70010 | MYELOGRAPHY,POSTERIOR FOSSA, | 07/01/2005 | $192.61 | 71.0% | 29.0% | N | Referral Required |
| 70015 | CISTERNOGRAPHY POSITIVE CONT | 07/01/2005 | $99.32 | 43.0% | 57.0% | N | Referral Required |
| 70030 | RADIOLOGICAL EYE EXAM-FOREIG | 07/01/2005 | $21.07 | 62.0% | 38.0% | N | Referral Required |
| 70100 | MANDIBLE X-RAYS | 07/01/2005 | $24.97 | 66.0% | 34.0% | N | Referral Required |
| 7011 | HYMENOTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 70110 | MANDIBLE X-RAYS | 07/01/2005 | $31.49 | 62.0% | 38.0% | N | Referral Required |
| 7012 | CULDOTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 70120 | MASTOID X-RAY EXAM, LESS THA | 07/01/2005 | $28.06 | 70.0% | 30.0% | N | Referral Required |
| 7013 | INTRALUM VAG ADHESIOLYS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 70130 | MASTOID X-RAY EXAM COMPLETE, | 07/01/2005 | $40.66 | 61.0% | 39.0% | N | Referral Required |
| 70134 | AUDITORY MEATUSES X-RAY | 07/01/2005 | $39.38 | 60.0% | 40.0% | N | Referral Required |
| 7014 | VAGINOTOMY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 70140 | FACIAL BONE X-RAY | 07/01/2005 | $28.74 | 69.0% | 31.0% | N | Referral Required |
| 70150 | FACIAL BONE X-RAY | 07/01/2005 | $36.87 | 67.0% | 33.0% | N | Referral Required |
| 70160 | NASAL BONE X-RAY | 07/01/2005 | $24.63 | 68.0% | 32.0% | N | Referral Required |
| 70170 | DACRYOCYSTOGRAPHY NASOLOCRIM | 07/01/2005 | $44.29 | 68.0% | 32.0% | N | Referral Required |
| 70190 | X-RAY EXAM, OPTIC FORAMINA; | 07/01/2005 | $29.45 | 67.0% | 33.0% | N | Referral Required |
| 70200 | RADIOLOGIC EXAMINATION, ORBI | 07/01/2005 | $37.91 | 65.0% | 35.0% | N | Referral Required |
| 7021 | VAGINOSCOPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 70210 | PARANASAL SINUS X-RAY | 07/01/2005 | $27.72 | 71.0% | 29.0% | N | Referral Required |
| 7022 | CULDOSCOPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 70220 | PARANASAL SINUS X-RAY | 07/01/2005 | $36.53 | 68.0% | 32.0% | N | Referral Required |
| 7023 | CUL-DE-SAC BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7024 | VAGINAL BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 70240 | SELLA TURCICA X-RAY | 07/01/2005 | $22.09 | 60.0% | 40.0% | N | Referral Required |
| 70250 | SKULL X-RAY | 07/01/2005 | $30.83 | 64.0% | 36.0% | N | Referral Required |
| 70260 | SKULL X-RAY | 07/01/2005 | $44.08 | 64.0% | 36.0% | N | Referral Required |
| 7029 | VAGIN/CUL-DE-SAC DX NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 70300 | DENTAL X-RAYS | 07/01/2005 | $13.43 | 63.0% | 37.0% | N | Referral Required |
| 7031 | HYMENECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 70310 | DENTAL X-RAYS | 07/01/2005 | $21.04 | 65.0% | 35.0% | N | Referral Required |
| 7032 | EXCIS CUL-DE-SAC LESION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 70320 | DENTAL X-RAYS | 07/01/2005 | $35.15 | 70.0% | 30.0% | N | Referral Required |
| 70328 | X-RAY, TMJ, OPEN AND CLOSED | 07/01/2005 | $24.01 | 65.0% | 35.0% | N | Referral Required |
| 7033 | EXCISION VAGINAL LESION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 70330 | TEMPORAMANDIBULAR JOINTS X-R | 07/01/2005 | $37.78 | 70.0% | 30.0% | N | Referral Required |
| 70332 | TMJ ARTHROGRAPHY, S&I; UNILA | 07/01/2005 | $91.63 | 67.0% | 33.0% | N | Referral Required |
| 70336 | MRI, TMJ; UNILATERAL | 07/01/2005 | $422.85 | 89.0% | 11.0% | N | Referral Required |
| 70350 | ORTHODONTIC X-RAY | 07/01/2005 | $20.10 | 59.0% | 41.0% | N | Referral Required |
| 70355 | PALATE X-RAY | 07/01/2005 | $27.47 | 66.0% | 34.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 70360 | NECK/SOFT TISSUE/ X-RAY | 07/01/2005 | $21.07 | 62.0% | 38.0% | N | Referral Required |
| 70370 | X-RAY LARYNX OR PHARYNX | 07/01/2005 | $56.15 | 73.0% | 27.0% | N | Referral Required |
| 70371 | COMPLEX DYNAMIC SPEECH EVALU | 07/01/2005 | $106.10 | 62.0% | 38.0% | N | Referral Required |
| 70373 | LARYNGOGRAPHY,CONTRAST, SUPE | 07/01/2005 | $76.94 | 73.0% | 27.0% | N | Referral Required |
| 70380 | SALIVARY GLAND X-RAY | 07/01/2005 | $29.00 | 73.0% | 27.0% | N | Referral Required |
| 70390 | SIALOGRAPHY, SUPERIVISION AN | 07/01/2005 | $74.18 | 76.0% | 24.0% | N | Referral Required |
| 704 | VAGINAL OBLITERATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 70450 | COMPUTORIZED AXIAL TOMOGRAPH | 07/01/2005 | $188.90 | 79.0% | 21.0% | N | Referral Required |
| 70460 | WITH CONTRAST MATERIAL(S) | 07/01/2005 | $231.65 | 79.0% | 21.0% | N | Referral Required |
| 70470 | WITHOUT IV CONTRAST FOLLOWED | 07/01/2005 | $282.76 | 79.0% | 21.0% | N | Referral Required |
| 70480 | COMPUTERIZED AXIAL TOMOGRAPH | 07/01/2005 | $209.25 | 71.0% | 29.0% | N | Referral Required |
| 70481 | WIHT CONTRAST MATERIAL(S) | 07/01/2005 | $243.22 | 73.0% | 27.0% | N | Referral Required |
| 70482 | WITHOUT CONTRAST MATERIAL FO | 07/01/2005 | $291.03 | 76.0% | 24.0% | N | Referral Required |
| 70486 | COMPUTERIZED AXIAL TOMOGRAPH | 07/01/2005 | $202.52 | 73.0% | 27.0% | N | Referral Required |
| 70487 | WITH CONTRAST MATERIAL(S) | 07/01/2005 | $239.76 | 74.0% | 26.0% | N | Referral Required |
| 70488 | WITHOUT CONTRAST MATERIAL FO | 07/01/2005 | $289.66 | 77.0% | 23.0% | N | Referral Required |
| 70490 | COMPUTERIZED AXIAL TOMOGRAPH | 07/01/2005 | $209.25 | 71.0% | 29.0% | N | Referral Required |
| 70491 | WITH CONTRAST MATERIAL(S) | 07/01/2005 | $243.22 | 73.0% | 27.0% | N | Referral Required |
| 70492 | WITHOUT CONTRAST MATERIAL FO | 07/01/2005 | $291.03 | 76.0% | 24.0% | N | Referral Required |
| 70496 | CT ANGIOGRAPHY HEAD | 07/01/2005 | $311.20 | 75.0% | 25.0% | N | Referral Required |
| 70498 | CT ANGIOGRAPHY NECK | 07/01/2005 | $311.20 | 75.0% | 25.0% | N | Referral Required |
| 7050 | CYSTOCEL/RECTOCEL REPAIR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7051 | CYSTOCELE REPAIR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7052 | RECTOCELE REPAIR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 70540 | MRI;ORBIT, FACE, AND NECK | 07/01/2005 | $413.01 | 83.0% | 17.0% | N | Referral Required |
| 70542 | MRI ORBIT FACE AND NECK | 07/01/2005 | $495.69 | 89.0% | 11.0% | N | Referral Required |
| 70543 | MRI ORBIT FACE AND NECK | 07/01/2005 | $877.66 | 92.0% | 8.0% | N | Referral Required |
| 70544 | MRA HEAD W/O CONTRAST MATERIAL(S) | 07/01/2005 | $409.39 | 87.0% | 13.0% | N | Referral Required |
| 70545 | MRA HEAD WITH CONTRAST MATERIAL(S) | 07/01/2005 | $409.39 | 87.0% | 13.0% | N | Referral Required |
| 70546 | MRA HEAD CODE W/O CONTRAST | 07/01/2005 | $781.90 | 90.0% | 10.0% | N | Referral Required |
| 70547 | MRA NECK W/O CONTRAST MATERIAL(S) | 07/01/2005 | $409.39 | 87.0% | 13.0% | N | Referral Required |
| 70548 | MRA NECK WITH CONTRAST MATERIAL(S) | 07/01/2005 | $409.39 | 87.0% | 13.0% | N | Referral Required |
| 70549 | MRA NECK W/O CONTRAST MATERIAL(S) | 07/01/2005 | $781.90 | 90.0% | 10.0% | N | Referral Required |
| 70551 | MRI, BRAIN | 07/01/2005 | $422.85 | 83.0% | 17.0% | N | Referral Required |
| 70552 | MRI BRAIN WITH CONTRAST MATE | 07/01/2005 | $507.59 | 83.0% | 17.0% | N | Referral Required |
| 70553 | MRI BRAIN W/O CONTRAST FOLLO | 07/01/2005 | $895.30 | 82.0% | 18.0% | N | Referral Required |
| 70557 | MRA BRAIN INCL BRAIN STEM & SKULL | 07/01/2005 | $926.95 | 86.0% | 14.0% | N | Referral Required |
| 70558 | MRA W/CONTRAST MATERIAL(S) | 07/01/2005 | $144.52 | 0.0% | 100.0% | N | Referral Required |
| 70559 | MRA NECK W/O CONTRAST MATERIALS | 07/01/2005 | $144.87 | 0.0% | 100.0% | N | Referral Required |
| 7061 | VAGINAL CONSTRUCTION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 7062 | VAGINAL RECONSTRUCTION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7071 | SUTURE VAGINA LACERATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7072 | REPAIR COLOVAGIN FISTULA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7073 | REPAIR RECTOVAG FISTULA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7074 | REP VAGINOENT FISTUL NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7075 | REPAIR VAG FISTULA NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7076 | HYMENORRHAPHY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7077 | VAGINAL SUSPENS & FIXAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7079 | VAGINAL REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 708 | VAGINAL VAULT OBLITERAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7091 | VAGINAL OPERATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7092 | CUL-DE-SAC OPERATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7101 | VULVAR ADHESIOLYSIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 71010 | CHEST X-RAYS | 07/01/2005 | $23.36 | 64.0% | 36.0% | N | Referral Required |
| 71015 | X-RAY CHEST,STEREO, POSTEROA | 07/01/2005 | $26.36 | 63.0% | 37.0% | N | Referral Required |
| 71020 | CHEST X-RAYS | 07/01/2005 | $30.12 | 66.0% | 34.0% | N | Referral Required |
| 71021 | CHEST X-RAYS | 07/01/2005 | $35.94 | 65.0% | 35.0% | N | Referral Required |
| 71022 | X-RAY CHEST OBLIQUE PROJECTI | 07/01/2005 | $38.17 | 62.0% | 38.0% | N | Referral Required |
| 71023 | RAD EXAM CHEST W/FLUOROSCOPY | 07/01/2005 | $42.90 | 58.0% | 42.0% | N | Referral Required |
| 71030 | CHEST X-RAYS | 07/01/2005 | $39.28 | 63.0% | 37.0% | N | Referral Required |
| 71034 | CHEST X-RAYS | 07/01/2005 | $67.59 | 67.0% | 33.0% | N | Referral Required |
| 71035 | X-RAY CHEST, SPECIAL STUDIES | 07/01/2005 | $24.97 | 66.0% | 34.0% | N | Referral Required |
| 71040 | BRONCHOGRAPHY UNILATERAL S&I | 07/01/2005 | $73.60 | 62.0% | 38.0% | N | Referral Required |
| 71060 | BRONCHOGRAPHY BILATERAL, S & | 07/01/2005 | $104.52 | 66.0% | 34.0% | N | Referral Required |
| 7109 | INCIS VULVA/PERINEUM NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 71090 | PACEMAKER INSERT/FLURO S&I | 07/01/2005 | $79.81 | 67.0% | 33.0% | N | Referral Required |
| 71100 | RIB X-RAYS | 07/01/2005 | $28.51 | 64.0% | 36.0% | N | Referral Required |
| 71101 | XRAY,RIBS,UNILATERAL,INCLUDE | 07/01/2005 | $33.49 | 62.0% | 38.0% | N | Referral Required |
| 7111 | VULVAR BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 71110 | RIB X-RAYS | 07/01/2005 | $37.23 | 66.0% | 34.0% | N | Referral Required |
| 71111 | XRAY RIBS BILATERAL | 07/01/2005 | $43.05 | 65.0% | 35.0% | N | Referral Required |
| 71120 | STERNUM X-RAYS | 07/01/2005 | $30.07 | 69.0% | 31.0% | N | Referral Required |
| 71130 | STERNOCLAVICULAR JOINT X-RAY | 07/01/2005 | $32.70 | 69.0% | 31.0% | N | Referral Required |
| 7119 | VULVAR DIAGNOS PROC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7121 | PERCUTAN BARTHOLIN ASPIR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7122 | INCISE BARTHOLIN'S GLAND | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7123 | BARTHOLIN GLAND MARSUP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7124 | DESTRUC BARTHOLIN GLAND | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 71250 | COMPUTERIZED AXIAL TOMOGRAPH | 07/01/2005 | $240.97 | 77.0% | 23.0% | N | Referral Required |
| 71260 | WITH CONTRAST MATERIAL(S) | 07/01/2005 | $280.87 | 78.0% | 22.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 71270 | WITHOUT CONTRAST MATERIAL FO | 07/01/2005 | $343.48 | 81.0% | 19.0% | N | Referral Required |
| 71275 | CT ANGIOGRAPHY OF CHEST | 07/01/2005 | $370.76 | 84.0% | 16.0% | N | Referral Required |
| 7129 | BARTHOLIN'S GLAND OP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 713 | LOCAL VULVAR EXCIS NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 714 | OPERATIONS ON CLITORIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 715 | RADICAL VULVECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 71550 | MAGNETIC RESONANCE IMAGING, | 07/01/2005 | $419.08 | 82.0% | 18.0% | N | Referral Required |
| 71551 | MRI CHEST WITH CONTRAST MATERIALS | 07/01/2005 | $501.45 | 84.0% | 16.0% | N | Referral Required |
| 71552 | MRI CHEST W/O CONTRAST MATERIAL(S) | 07/01/2005 | $880.46 | 91.0% | 9.0% | N | Referral Required |
| 71555 | MAGNETIC RESONANCE ANGIOGRAP | 07/01/2005 | $438.52 | 81.0% | 19.0% | N | Referral Required |
| 7161 | UNILATERAL VULVECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7162 | BILATERAL VULVECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7171 | SUTURE VULVAR LACERATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7172 | REPAIR VULVAR FISTULA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7179 | VULVAR/PERIN REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 718 | OTHER VULVAR OPERATIONS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 719 | OTHER FEMALE GENITAL OPS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 720 | LOW FORCEPS OPERATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 72010 | SPINE X-RAYS | 07/01/2005 | $53.80 | 60.0% | 40.0% | N | Referral Required |
| 72020 | SPINE X-RAYS | 07/01/2005 | $20.04 | 65.0% | 35.0% | N | Referral Required |
| 72040 | CERVICAL X-RAYS | 07/01/2005 | $29.47 | 65.0% | 35.0% | N | Referral Required |
| 72050 | CERVICAL X-RAYS | 07/01/2005 | $42.88 | 66.0% | 34.0% | N | Referral Required |
| 72052 | CERVICAL X-RAYS | 07/01/2005 | $52.72 | 68.0% | 32.0% | N | Referral Required |
| 72069 | RADIOLOGIC EXAM, SPINE, THOR | 07/01/2005 | $26.56 | 61.0% | 39.0% | N | Referral Required |
| 72070 | THORACIC X-RAYS | 07/01/2005 | $31.09 | 67.0% | 33.0% | N | Referral Required |
| 72072 | X-RAY SPINE,THORACIC,AP AND | 07/01/2005 | $33.85 | 70.0% | 30.0% | N | Referral Required |
| 72074 | XRYA THORACIC COMPLETE INCLU | 07/01/2005 | $39.20 | 74.0% | 26.0% | N | Referral Required |
| 72080 | THORACO-LUMBAR X-RAYS | 07/01/2005 | $31.60 | 68.0% | 32.0% | N | Referral Required |
| 72090 | SCOLIOSIS STUDY | 07/01/2005 | $34.35 | 62.0% | 38.0% | N | Referral Required |
| 721 | LOW FORCEPS W EPISIOTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 72100 | LUMBAR X-RAYS | 07/01/2005 | $31.60 | 68.0% | 32.0% | N | Referral Required |
| 72110 | LUMBOSACRAL X-RAYS | 07/01/2005 | $43.53 | 67.0% | 33.0% | N | Referral Required |
| 72114 | LUMBOSACRAL X-RAYS | 07/01/2005 | $54.83 | 69.0% | 31.0% | N | Referral Required |
| 72120 | SPINE X-RAYS | 07/01/2005 | $38.74 | 74.0% | 26.0% | N | Referral Required |
| 72125 | COMPUTERIZED AXIAL TOMOGRAPH | 07/01/2005 | $240.97 | 79.0% | 21.0% | N | Referral Required |
| 72126 | WITH CONTRAST MATERIAL | 07/01/2005 | $280.18 | 79.0% | 21.0% | N | Referral Required |
| 72127 | COMPUTERIZED AXIAL TOMOGRAPH | 07/01/2005 | $338.64 | 82.0% | 18.0% | N | Referral Required |
| 72128 | COMPUTERIZED AXIAL TOMOGRAPH | 07/01/2005 | $240.97 | 77.0% | 23.0% | N | Referral Required |
| 72129 | COMPUTED TOMOGRAPHY, THORACIC | 07/01/2005 | $280.18 | 79.0% | 21.0% | N | Referral Required |
| 72130 | CAT, THORACIC SPINE W/O CONT | 07/01/2005 | $338.64 | 82.0% | 18.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 72131 | COMPUTERIZED AXIAL TOMOGRAPH | 07/01/2005 | $240.97 | 77.0% | 23.0% | N | Referral Required |
| 72132 | WITH CONTRAST MATERIAL | 07/01/2005 | $280.36 | 79.0% | 21.0% | N | Referral Required |
| 72133 | W/O CONTRAST MATERIAL | 07/01/2005 | $338.64 | 82.0% | 18.0% | N | Referral Required |
| 72141 | MRI SPINAL CANAL & CONTENTS, | 07/01/2005 | $428.36 | 82.0% | 18.0% | N | Referral Required |
| 72142 | WITH CONTRAST MATERIALS | 07/01/2005 | $514.32 | 82.0% | 18.0% | N | Referral Required |
| 72146 | MAGNETIC RESONANCE IMAGING,S | 07/01/2005 | $467.21 | 84.0% | 16.0% | N | Referral Required |
| 72147 | WITH CONTRAST MATERIALS | 07/01/2005 | $514.00 | 82.0% | 18.0% | N | Referral Required |
| 72148 | MAGNETIC RESONANCE IMAGING,S | 07/01/2005 | $461.69 | 85.0% | 15.0% | N | Referral Required |
| 72149 | WITH CONTRAST MATERIALS | 07/01/2005 | $507.78 | 83.0% | 17.0% | N | Referral Required |
| 72156 | MRI,SPINAL CANAL & CONTENTS | 07/01/2005 | $905.46 | 86.0% | 14.0% | N | Referral Required |
| 72157 | THORACIC | 07/01/2005 | $905.14 | 86.0% | 14.0% | N | Referral Required |
| 72158 | LUMBAR | 07/01/2005 | $895.48 | 87.0% | 13.0% | N | Referral Required |
| 72159 | MRI ANGIOGRAPHY,SPINAL CANAL | 07/01/2005 | $393.83 | 83.0% | 17.0% | N | Referral Required |
| 72170 | PELVIS X-RAYS | 07/01/2005 | $24.63 | 69.0% | 31.0% | N | Referral Required |
| 72190 | PELVIS X-RAYS | 07/01/2005 | $30.73 | 68.0% | 32.0% | N | Referral Required |
| 72191 | CT ANGIOGRAPHY OF PELVIS | 07/01/2005 | $354.29 | 83.0% | 17.0% | N | Referral Required |
| 72192 | COMPUTERIZED AXIAL TOMOGRAPH | 07/01/2005 | $237.54 | 78.0% | 22.0% | N | Referral Required |
| 72193 | WITH CONTRAST MATERIAL(S) | 07/01/2005 | $270.45 | 80.0% | 20.0% | N | Referral Required |
| 72194 | WITHOUT CONTRAST MATERIAL FO | 07/01/2005 | $324.70 | 82.0% | 18.0% | N | Referral Required |
| 72195 | MRI PELVIS W/O CONTRAST MATERIALS | 07/01/2005 | $419.26 | 84.0% | 16.0% | N | Referral Required |
| 72196 | MAGNETIC RESONANCE OF PELVIS | 07/01/2005 | $501.26 | 71.0% | 29.0% | N | Referral Required |
| 72197 | MRI PELVIS W/O CONTRAST MATERIALS | 07/01/2005 | $884.11 | 91.0% | 9.0% | N | Referral Required |
| 72198 | MRI ANGIOGRAPHY, PELVIS W/OR | 07/01/2005 | $454.98 | 84.0% | 16.0% | N | Referral Required |
| 72200 | XRAY SACROILIAC JOINTS LESS | 07/01/2005 | $24.63 | 68.0% | 32.0% | N | Referral Required |
| 72202 | SACRO-ILIAC JOINT X-RAY | 07/01/2005 | $28.74 | 69.0% | 31.0% | N | Referral Required |
| 7221 | MID FORCEPS W EPISIOTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 72220 | SACRUM AND COCCYX X-RAY | 07/01/2005 | $26.09 | 70.0% | 30.0% | N | Referral Required |
| 72240 | MYELOGRAPHY, CERVICAL, SUPER | 07/01/2005 | $192.31 | 77.0% | 23.0% | N | Referral Required |
| 72255 | MYELOGRAPHYTHORACIC SUPERVIS | 07/01/2005 | $178.51 | 75.0% | 25.0% | N | Referral Required |
| 72265 | MYELOGRAPHY,LUMBO SUPER AND | 07/01/2005 | $167.30 | 76.0% | 24.0% | N | Referral Required |
| 72270 | MYELOGRAPHY ENTIRE SPINAL CA | 07/01/2005 | $254.93 | 75.0% | 25.0% | N | Referral Required |
| 72275 | EPIDUROGRAPHY RADIOLOGICAL | 07/01/2005 | $101.65 | 75.9% | 24.1% | N | Referral Required |
| 72285 | DISKOGRAPHY CERVICAL,SUPERVI | 07/01/2005 | $318.24 | 87.0% | 13.0% | N | Referral Required |
| 7229 | MID FORCEPS OP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 72295 | DISKOGRAPHY,LUMBAR,SUPER AND | 07/01/2005 | $286.66 | 86.0% | 14.0% | N | Referral Required |
| 7231 | HIGH FORCEPS W EPISIOT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7239 | HIGH FORCEPS OP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 724 | FORCEPS ROTAT FETAL HEAD | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7251 | PART BRCH EXTRAC W FORCP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7252 | PART BREECH EXTRACT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 7253 | TOT BRCH EXTRAC W FORCEP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7254 | TOT BREECH EXTRAC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 726 | FORCEPS-AFTERCOMING HEAD | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7271 | VACUUM EXT DEL W EPISIOT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7279 | VACUUM EXTRACT DEL NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 728 | INSTRUMENT DELIVERY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 729 | INSTRUMENT DELIVERY NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 73000 | CLAVICLE X-RAYS | 07/01/2005 | $24.27 | 70.0% | 30.0% | N | Referral Required |
| 7301 | INDUCT LABOR-RUPT MEMB | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 73010 | SCAPULA X-RAYS | 07/01/2005 | $24.63 | 67.0% | 33.0% | N | Referral Required |
| 73020 | RADIOLOGIC EXAM SHOULDER 1 V | 07/01/2005 | $21.98 | 69.0% | 31.0% | N | Referral Required |
| 73030 | RADIOLOGIC EXAM SHOULDER MIN | 07/01/2005 | $26.45 | 68.0% | 32.0% | N | Referral Required |
| 73040 | X-RAY SHOULDER ARTHROGRAPHY | 07/01/2005 | $91.81 | 72.0% | 28.0% | N | Referral Required |
| 73050 | ACROMIO-CLAVICULAR JOINT X-RAY | 07/01/2005 | $30.56 | 70.0% | 30.0% | N | Referral Required |
| 73060 | HUMERUS X-RAY | 07/01/2005 | $26.09 | 70.0% | 30.0% | N | Referral Required |
| 73070 | ELBOW X-RAYS | 07/01/2005 | $23.59 | 70.0% | 30.0% | N | Referral Required |
| 73080 | ELBOW X-RAYS | 07/01/2005 | $26.09 | 70.0% | 30.0% | N | Referral Required |
| 73085 | ELBOW ARTHROGRAPHY S&I | 07/01/2005 | $92.13 | 72.0% | 28.0% | N | Referral Required |
| 7309 | ARTIF RUPT MEMBRANES NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 73090 | FOREARM X-RAY | 07/01/2005 | $24.27 | 69.0% | 31.0% | N | Referral Required |
| 73092 | RADIOLOGIC EXAMINATION:FOREA | 07/01/2005 | $23.30 | 68.0% | 32.0% | N | Referral Required |
| 731 | SURG INDUCT LABOR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 73100 | WRIST X-RAYS | 07/01/2005 | $23.48 | 68.0% | 32.0% | N | Referral Required |
| 73110 | WRIST X-RAYS | 07/01/2005 | $24.95 | 68.0% | 32.0% | N | Referral Required |
| 73115 | WRIST ARTHOGRAPHY S&I | 07/01/2005 | $75.93 | 66.0% | 34.0% | N | Referral Required |
| 73120 | HAND X-RAY | 07/01/2005 | $23.30 | 68.0% | 32.0% | N | Referral Required |
| 73130 | HAND X-RAY | 07/01/2005 | $24.95 | 68.0% | 32.0% | N | Referral Required |
| 73140 | FINGER X-RAYS | 07/01/2005 | $19.34 | 69.0% | 31.0% | N | Referral Required |
| 73200 | COMPUTERIZED AXIAL TOMOGRAPH | 07/01/2005 | $207.54 | 75.0% | 25.0% | N | Referral Required |
| 73201 | WITH CONTRAST MATERIAL(S) | 07/01/2005 | $240.97 | 77.0% | 23.0% | N | Referral Required |
| 73202 | WITHOUT CONTRAST MATERIAL FO | 07/01/2005 | $291.52 | 80.0% | 20.0% | N | Referral Required |
| 73206 | CT ANGIOGRAPHY OF UPPER EXTREMITY | 07/01/2005 | $321.66 | 82.0% | 18.0% | N | Referral Required |
| 7321 | INT/COMB VERSION NO EXTR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 73218 | MRI UPPER EXTREMITIES | 07/01/2005 | $413.01 | 89.0% | 11.0% | N | Referral Required |
| 73219 | MRI UPPER EXTREMITIES | 07/01/2005 | $495.69 | 89.0% | 11.0% | N | Referral Required |
| 7322 | INT/COMB VERSION W EXTR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 73220 | MRI, UPPER EXTREMITY, OTHER | 07/01/2005 | $877.85 | 83.0% | 17.0% | N | Referral Required |
| 73221 | MRI, ANY JOINT UPPER EXTREMITY | 07/01/2005 | $413.01 | 89.0% | 11.0% | N | Referral Required |
| 73222 | MRI JOINT UPPER EXTREMITY | 07/01/2005 | $495.69 | 89.0% | 11.0% | N | Referral Required |
| 73223 | MRI JOINT UPPER EXTREMITY W/0 | 07/01/2005 | $877.66 | 92.0% | 8.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 73225 | MRI,ANGIOGRAPHY,UPPER EXTREM | 07/01/2005 | $433.23 | 82.0% | 18.0% | N | Referral Required |
| 733 | FAILED FORCEPS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 734 | MEDICAL INDUCTION LABOR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 73500 | HIP X-RAYS | 07/01/2005 | $23.01 | 66.0% | 34.0% | N | Referral Required |
| 7351 | MANUAL ROTAT FETAL HEAD | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 73510 | HIP X-RAYS | 07/01/2005 | $28.01 | 65.0% | 35.0% | N | Referral Required |
| 73520 | HIP X-RAYS | 07/01/2005 | $33.33 | 63.0% | 37.0% | N | Referral Required |
| 73525 | X-RAY EXAM, HIP ARTHROGRAPHY | 07/01/2005 | $92.13 | 71.0% | 29.0% | N | Referral Required |
| 73530 | X-RAY EXAM, HIP DURING OPERA | 07/01/2005 | $30.14 | 55.0% | 45.0% | N | Referral Required |
| 73540 | HIP X-RAYS | 07/01/2005 | $27.65 | 66.0% | 34.0% | N | Referral Required |
| 73542 | SACROILIAC JOINT ARTHROGRAPH | 07/01/2005 | $92.92 | 71.0% | 29.0% | N | Referral Required |
| 73550 | X-RAY EXAM,FEMUR ANTEPOSTERI | 07/01/2005 | $26.09 | 70.0% | 30.0% | N | Referral Required |
| 73560 | X-RAY EXAM KNEE ANTEPOSTERIO | 07/01/2005 | $24.81 | 69.0% | 31.0% | N | Referral Required |
| 73562 | XRAY KNEE ANTEPOS/LATERAL W/ | 07/01/2005 | $26.63 | 68.0% | 32.0% | N | Referral Required |
| 73564 | X-RAY KNEE COMPLETE W/OBLIQU | 07/01/2005 | $30.30 | 65.0% | 35.0% | N | Referral Required |
| 73565 | RADIOLOGIC EXAM KNEE, BOTH | 07/01/2005 | $24.16 | 67.0% | 33.0% | N | Referral Required |
| 73580 | X-RAY EXAM KNEE ARTHROGRAPHY | 07/01/2005 | $108.32 | 76.0% | 24.0% | N | Referral Required |
| 7359 | MANUAL ASSIST DELIV NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 73590 | X-RAY EXAM TIBULA & FIBULA | 07/01/2005 | $24.63 | 69.0% | 31.0% | N | Referral Required |
| 73592 | X-RAY EXAM.TIBULA & FIBULA L | 07/01/2005 | $23.30 | 69.0% | 31.0% | N | Referral Required |
| 736 | EPISIOTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 73600 | X-RAY EXAM ANKLE ANTERO/LATE | 07/01/2005 | $23.30 | 68.0% | 32.0% | N | Referral Required |
| 73610 | X-RAY EXAM ANKLE COMPLETE MI | 07/01/2005 | $24.95 | 68.0% | 32.0% | N | Referral Required |
| 73615 | X-RAY EXAM ANKLE ARTHROGRAPH | 07/01/2005 | $91.81 | 72.0% | 28.0% | N | Referral Required |
| 73620 | X-RAY FOOT ANTERO/LATERAL VI | 07/01/2005 | $23.30 | 68.0% | 32.0% | N | Referral Required |
| 73630 | X-RAY FOOT COMPLETE MIN 3 VI | 07/01/2005 | $24.95 | 68.0% | 32.0% | N | Referral Required |
| 73650 | OS CALCIS X-RAY | 07/01/2005 | $22.65 | 67.0% | 33.0% | N | Referral Required |
| 73660 | TOE X-RAYS | 07/01/2005 | $19.34 | 69.0% | 31.0% | N | Referral Required |
| 73700 | COMPUTERIZED AXIAL TOMOGRAPHY | 07/01/2005 | $207.54 | 75.0% | 25.0% | N | Referral Required |
| 73701 | WITH CONTRAST MATERIAL(S) | 07/01/2005 | $240.97 | 77.0% | 23.0% | N | Referral Required |
| 73702 | WITHOUT CONTRAST MATERIAL | 07/01/2005 | $291.34 | 80.0% | 20.0% | N | Referral Required |
| 73706 | CT ANGIOGRAPHY OF LOWER EXTREMITY | 07/01/2005 | $326.13 | 82.0% | 18.0% | N | Referral Required |
| 73718 | MRI LOWER EXTREMITY | 07/01/2005 | $413.01 | 89.0% | 11.0% | N | Referral Required |
| 73719 | MRI LOWER EXTREMITY | 07/01/2005 | $495.37 | 89.0% | 11.0% | N | Referral Required |
| 73720 | MRI, LOWER EXTREMITY | 07/01/2005 | $877.85 | 83.0% | 17.0% | N | Referral Required |
| 73721 | MRI, ANY JOINT OF LOWER EXTREMITY | 07/01/2005 | $413.01 | 89.0% | 11.0% | N | Referral Required |
| 73722 | MRI JOINT LOWER EXTREMITY | 07/01/2005 | $495.87 | 89.0% | 11.0% | N | Referral Required |
| 73723 | MRI JOINT LOWER EXTREMITY W/O | 07/01/2005 | $877.66 | 92.0% | 8.0% | N | Referral Required |
| 73725 | MRI ANGIOGRAPHY,LOWER EXTREM | 07/01/2005 | $438.87 | 82.0% | 18.0% | N | Referral Required |
| 738 | FETAL OPS-FACILITATE DEL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 7391 | EXT VERSION-ASSIST DELIV | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7392 | REPLACE PROLAPSED CORD | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7393 | INCIS CX TO ASSIST DELIV | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7394 | PUBIOTOMY TO ASSIST DEL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7399 | OPS ASSISTING DELIV NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 740 | CLASSICAL C-SECTION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 74000 | ABDOMEN X-RAYS | 07/01/2005 | $24.97 | 66.0% | 34.0% | N | Referral Required |
| 74010 | ABDOMEN X-RAYS | 07/01/2005 | $28.86 | 62.0% | 38.0% | N | Referral Required |
| 74020 | ABDOMEN X-RAYS | 07/01/2005 | $32.20 | 61.0% | 39.0% | N | Referral Required |
| 74022 | COMPLETEACUTE ABDONEM SERIES | 07/01/2005 | $38.34 | 61.0% | 39.0% | N | Referral Required |
| 741 | LOW CERVICAL C-SECTION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 74150 | COMPUTERIZED AXIAL TOMOGRAPH | 07/01/2005 | $234.41 | 76.0% | 24.0% | N | Referral Required |
| 74160 | WITH CONTRAST MATERIAL(S) | 07/01/2005 | $275.48 | 78.0% | 22.0% | N | Referral Required |
| 74170 | WITHOUT CONTRAST MATERIAL FO | 07/01/2005 | $333.16 | 80.0% | 20.0% | N | Referral Required |
| 74175 | CT ANGIOGRAPHY OF ABDOMEN | 07/01/2005 | $358.75 | 83.0% | 17.0% | N | Referral Required |
| 74181 | MRI, ABDOMEN | 07/01/2005 | $419.08 | 82.0% | 18.0% | N | Referral Required |
| 74182 | MRI ABDOMEN W/ CONTRAST MATERIALS | 07/01/2005 | $501.45 | 88.0% | 12.0% | N | Referral Required |
| 74183 | MRI ABDOMEN W/O CONTRAST MATERIALS | 07/01/2005 | $884.11 | 91.0% | 9.0% | N | Referral Required |
| 74185 | MAGNETIC RESONANCE ANGIOGRPH | 07/01/2005 | $437.84 | 81.0% | 19.0% | N | Referral Required |
| 74190 | PERITONEOGRAM,RADIOLOGICAL S | 07/01/2005 | $63.91 | 74.0% | 26.0% | N | Referral Required |
| 742 | EXTRAPERITONEAL C-SECT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 74210 | PHARYNX X-RAYS | 07/01/2005 | $54.65 | 69.0% | 31.0% | N | Referral Required |
| 74220 | ESOPHAGUS X-RAYS | 07/01/2005 | $59.14 | 63.0% | 37.0% | N | Referral Required |
| 74230 | PHARYNX/ESOPHAGS CINERADIOGR | 07/01/2005 | $66.31 | 61.0% | 39.0% | N | Referral Required |
| 74235 | REMOVAL FB ESOPH/W CATH S&I | 07/01/2005 | $138.68 | 60.0% | 40.0% | N | Referral Required |
| 74240 | RADIOLOGICALEXAM GASTROINTES | 07/01/2005 | $78.77 | 59.0% | 41.0% | N | Referral Required |
| 74241 | UPPER GI SERIES | 07/01/2005 | $79.42 | 59.0% | 41.0% | N | Referral Required |
| 74245 | UPPER GI SERIES | 07/01/2005 | $118.12 | 64.0% | 36.0% | N | Referral Required |
| 74246 | GASTROINTESTINAL TRACT UP | 07/01/2005 | $84.44 | 61.0% | 39.0% | N | Referral Required |
| 74247 | WITH KUB | 07/01/2005 | $85.92 | 62.0% | 38.0% | N | Referral Required |
| 74249 | RADIOLOGICAL EXAM GASTROINTE | 07/01/2005 | $124.11 | 65.0% | 35.0% | N | Referral Required |
| 74250 | SMALL BOWEL X-RAYS | 07/01/2005 | $63.23 | 65.0% | 35.0% | N | Referral Required |
| 74251 | VIA ENTEROCLYSIS TUBE | 07/01/2005 | $73.75 | 65.0% | 35.0% | N | Referral Required |
| 74260 | DUODENOGRAPHY | 07/01/2005 | $70.28 | 66.0% | 34.0% | N | Referral Required |
| 74270 | BARIUM ENEMA X-RAYS | 07/01/2005 | $86.57 | 62.0% | 38.0% | N | Referral Required |
| 74280 | BARIUM ENEMA X-RAYS | 07/01/2005 | $117.38 | 60.0% | 40.0% | N | Referral Required |
| 74283 | BARIUM ENEMA,THERAPEUTIC,FOR | 07/01/2005 | $176.37 | 46.0% | 54.0% | N | Referral Required |
| 74290 | CHOLECYSTOGRAPHY | 07/01/2005 | $38.34 | 61.0% | 39.0% | N | Referral Required |
| 74291 | CHOLECYSTOGRAPHY | 07/01/2005 | $22.45 | 59.0% | 41.0% | N | Referral Required |
| 743 | REMOV INTRAPERIT FETUS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 7430 | REMOVAL OF EXTRATUIBAL EXTOPIC PRE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 74300 | CHOLANGIOGRAPHY | 07/01/2005 | $17.24 | 62.0% | 38.0% | N | Referral Required |
| 74301 | ADDITIONAL SET DURING SURGER | 07/01/2005 | $9.84 | 48.0% | 52.0% | N | Referral Required |
| 74305 | CHOLANGIOGRAPHY, POSTOPERATI | 07/01/2005 | $44.63 | 56.0% | 44.0% | N | Referral Required |
| 74320 | CHOLANGIOGRAPHY,PERCUTANEOUS | 07/01/2005 | $124.66 | 78.0% | 22.0% | N | Referral Required |
| 74327 | POST-OP BILIARY DUCT STONE R | 07/01/2005 | $88.54 | 62.0% | 38.0% | N | Referral Required |
| 74328 | ENDOSCOPIC CATH OF BILARYDUC | 07/01/2005 | $132.41 | 75.0% | 25.0% | N | Referral Required |
| 74329 | ENDOSCOPIC CATHETERIZATION O | 07/01/2005 | $132.41 | 75.0% | 25.0% | N | Referral Required |
| 74330 | COMBINED ENDOSCOPIC CATH/BIL | 07/01/2005 | $141.90 | 75.0% | 25.0% | N | Referral Required |
| 74340 | MILLER-ABBOT TUBE | 07/01/2005 | $108.14 | 76.0% | 24.0% | N | Referral Required |
| 74350 | PERCUTANEOUS PLCMENT GASTROS | 07/01/2005 | $135.17 | 73.0% | 27.0% | N | Referral Required |
| 74355 | PERCUTANEOUS PLACEMENT OF EN | 07/01/2005 | $118.33 | 69.0% | 31.0% | N | Referral Required |
| 74360 | X-RAY GUIDE 2 DILATION | 07/01/2005 | $124.66 | 79.0% | 21.0% | N | Referral Required |
| 74363 | PERCUTANEOUS TRANSHEPATICDIL | 07/01/2005 | $233.70 | 70.0% | 30.0% | N | Referral Required |
| 744 | CESAREAN SECTION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 74400 | UROGRAPHY (PYELOGRAPHY) IV W | 07/01/2005 | $76.44 | 70.0% | 30.0% | N | Referral Required |
| 74410 | UROGRAPHY INFUSION DRIP TECH | 07/01/2005 | $84.51 | 73.0% | 27.0% | N | Referral Required |
| 74415 | NEPHROTOMOGRAPHY | 07/01/2005 | $89.86 | 74.0% | 26.0% | N | Referral Required |
| 74420 | URETEROPYELOGRAPHY | 07/01/2005 | $99.86 | 83.0% | 17.0% | N | Referral Required |
| 74425 | UROGRAPHY, ANTEGRADE, SUPERV | 07/01/2005 | $58.39 | 72.0% | 28.0% | N | Referral Required |
| 74430 | CYSTOGRAPHY,MIMIMUN 3VIEWS, | 07/01/2005 | $48.40 | 69.0% | 31.0% | N | Referral Required |
| 74440 | EXAM MALE GENITAL TRACT | 07/01/2005 | $53.42 | 67.0% | 33.0% | N | Referral Required |
| 74450 | URETHROCYSTOGRAPHY,RETROGRAD | 07/01/2005 | $62.04 | 75.0% | 25.0% | N | Referral Required |
| 74455 | URELHROCYSTOGRAPHY, VOIDING, | 07/01/2005 | $65.45 | 76.0% | 24.0% | N | Referral Required |
| 74461 | RETROPERITONEAL PNEUMOGRAPHY | 07/01/2005 | $70.07 | 55.0% | 45.0% | N | Referral Required |
| 74470 | X-RAY RENAL CYST, TRANSLUMBA | 07/01/2005 | $64.73 | 60.0% | 40.0% | N | Referral Required |
| 74475 | INTRO INTRACATH OR CATH INTO | 07/01/2005 | $153.81 | 83.0% | 17.0% | N | Referral Required |
| 74480 | INTRO OF URETERAL CATH THROU | 07/01/2005 | $153.81 | 83.0% | 17.0% | N | Referral Required |
| 74485 | DILATION, NEPHROSTOMY, URETE | 07/01/2005 | $124.84 | 79.0% | 21.0% | N | Referral Required |
| 74710 | PELVIMETRY | 07/01/2005 | $49.42 | 68.0% | 32.0% | N | Referral Required |
| 74740 | HYSTEROSALPINGOGRAPHY,SUPER | 07/01/2005 | $59.10 | 70.0% | 30.0% | N | Referral Required |
| 74742 | TRANSCERVICAL CATHETERIZATIO | 07/01/2005 | $128.74 | 78.0% | 22.0% | N | Referral Required |
| 74761 | PELVIC PNEUMOGRAPHY | 07/01/2005 | $61.46 | 55.0% | 45.0% | N | Referral Required |
| 74775 | PERINEOGRAM | 07/01/2005 | $75.99 | 61.0% | 39.0% | N | Referral Required |
| 7491 | HYSTEROTOMY TO TERMIN PG | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7499 | CESAREAN SECTION NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 750 | INTRA-AMNION INJ FOR AB | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 751 | DIAGNOSTIC AMNIOCENTESIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 752 | INTRAUTERINE TRANSFUSION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7531 | AMNIOSCOPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 7532 | FETAL EKG | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7533 | FETAL BLOOD SAMPLE/BX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7534 | FETAL MONITORING NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7535 | DX PROC FETUS/AMNION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7536 | CORRECTION FETAL DEFECT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7537 | AMNIOINFUSION | 10/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 754 | MANUAL REMOVAL-PLACENTA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7550 | REPAIR OB LAC UTERUS NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7551 | REPAIR OB LACERAT CERVIX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7552 | REPAIR OB LAC CORP UTERI | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 75552 | MAGNETIC RESONANCE (EG, PROT | 07/01/2005 | $428.36 | 82.0% | 18.0% | N | Referral Required |
| 75553 | WITH CONTRAST MEDIA | 07/01/2005 | $447.65 | 79.0% | 21.0% | N | Referral Required |
| 75554 | CARDIAC MRI FOR FUNCTION | 07/01/2005 | $440.66 | 81.0% | 19.0% | N | Referral Required |
| 75555 | LIMITED STUDY (EG, SINGLE CH | 07/01/2005 | $437.16 | 82.0% | 18.0% | N | Referral Required |
| 75556 | CARDIAC MRI FOR VELOCITY FLO | 01/01/1994 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 75600 | AORTOGRAPHY, THORACIC, WITHO | 07/01/2005 | $420.29 | 94.0% | 6.0% | N | Referral Required |
| 75605 | AORTOGRAPHY, THORACIC, SERIA | 07/01/2005 | $451.16 | 88.0% | 12.0% | N | Referral Required |
| 7561 | REPAIR OB LAC BLAD/URETH | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7562 | REPAIR OB LAC RECT/ANUS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 75625 | AORTOGRAPHY, ABDOMINAL, SERI | 07/01/2005 | $450.51 | 88.0% | 12.0% | N | Referral Required |
| 75630 | AORTOGRAPHY ABDOM PLUS BILAT | 07/01/2005 | $499.36 | 87.0% | 13.0% | N | Referral Required |
| 75635 | CT ANGIOGRAPHY OF ABDOMINAL AORTA | 07/01/2005 | $383.36 | 76.0% | 24.0% | N | Referral Required |
| 75650 | ANGIOGRAPHY CERVICOCEREBRAL | 07/01/2005 | $467.07 | 85.0% | 15.0% | N | Referral Required |
| 75658 | ANGIOGRAPHY,BRACHIAL,RETROGR | 07/01/2005 | $458.94 | 86.0% | 14.0% | N | Referral Required |
| 75660 | ANGIO, EXT CAROTID, UNILAT, | 07/01/2005 | $458.94 | 86.0% | 14.0% | N | Referral Required |
| 75662 | ANGIO, EXT CAROTID, BILAT, S | 07/01/2005 | $476.79 | 83.0% | 17.0% | N | Referral Required |
| 75665 | ANGIOGRAPHY, CAROTID, CEREBR | 07/01/2005 | $458.80 | 86.0% | 14.0% | N | Referral Required |
| 75671 | ANGIOGRAPHY, CAROTID, CEREBR | 07/01/2005 | $475.18 | 83.0% | 17.0% | N | Referral Required |
| 75676 | ANGIOGRAPHY CAROTID CERVICAL | 07/01/2005 | $458.80 | 86.0% | 14.0% | N | Referral Required |
| 75680 | ANGIOGRAPHY CAROTID CERVICAL | 07/01/2005 | $475.18 | 83.0% | 17.0% | N | Referral Required |
| 75685 | AIGIO, VERTEBRAL, CERVICAL, | 07/01/2005 | $458.62 | 86.0% | 14.0% | N | Referral Required |
| 7569 | REPAIR OB LACERATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 757 | MANUAL EXPLOR UTERUS P/P | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 75705 | ANGIOGRAPHY SPINAL SELECT SU | 07/01/2005 | $500.49 | 79.0% | 21.0% | N | Referral Required |
| 75710 | ANGIOGRAPHY, EXTREMITY, UNIL | 07/01/2005 | $451.02 | 88.0% | 12.0% | N | Referral Required |
| 75716 | ANGIOGRAPHY EXTREMITY BILAT | 07/01/2005 | $458.62 | 86.0% | 14.0% | N | Referral Required |
| 75722 | ANGIO, RENAL, UNILAT, AORTA, | 07/01/2005 | $451.16 | 88.0% | 12.0% | N | Referral Required |
| 75724 | ANGIO, RENAL, BILAT SELECT, | 07/01/2005 | $468.97 | 85.0% | 15.0% | N | Referral Required |
| 75726 | ANGIO VESCERAL SELECT OR SUP | 07/01/2005 | $450.19 | 88.0% | 12.0% | N | Referral Required |
| 75731 | ANGIOGRAPHY,ADRENAL,UNILATER | 07/01/2005 | $450.19 | 88.0% | 12.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 75733 | ANGIOGRAPHY, ADRENAL, BILAT, | 07/01/2005 | $458.62 | 86.0% | 14.0% | N | Referral Required |
| 75736 | ANGIOGRAPHY, PELVIC, SELECT/ | 07/01/2005 | $450.51 | 88.0% | 12.0% | N | Referral Required |
| 75741 | ANGIOGRAPHY, PULMONARY, UNIL | 07/01/2005 | $458.29 | 86.0% | 14.0% | N | Referral Required |
| 75743 | ANGIOGRAPHY PULMONARY BILAT | 07/01/2005 | $474.67 | 83.0% | 17.0% | N | Referral Required |
| 75746 | ANGIOGRAPHY PULMONARY NONSEL | 07/01/2005 | $450.19 | 88.0% | 12.0% | N | Referral Required |
| 75756 | ANGIOGRAPHY INTERNAL MAMMARY | 07/01/2005 | $452.59 | 88.0% | 12.0% | N | Referral Required |
| 75774 | ANGIO SELECTIVE EA ADDITIONA | 07/01/2005 | $413.46 | 96.0% | 4.0% | N | Referral Required |
| 75790 | ANGIO, ARTERIOVENOUS SHUNT, | 07/01/2005 | $130.04 | 33.0% | 67.0% | N | Referral Required |
| 758 | OB TAMPONADE UTERUS/VAG | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 75801 | LYMPHANGIOGRAPHY EXTREMITY O | 07/01/2005 | $208.90 | 81.0% | 19.0% | N | Referral Required |
| 75803 | LYMPHANGIOGRAPHY,EXTREMITY O | 07/01/2005 | $225.77 | 75.0% | 25.0% | N | Referral Required |
| 75805 | LYMPHANGIOGRAPHY,PELVIC/ABDO | 07/01/2005 | $230.59 | 83.0% | 17.0% | N | Referral Required |
| 75807 | LYMPHANGIOGRAPHY, PELVIC/ABD | 07/01/2005 | $247.31 | 77.0% | 23.0% | N | Referral Required |
| 75809 | SHUNTOGRAM FOR INVESTIGATION | 07/01/2005 | $47.03 | 54.0% | 46.0% | N | Referral Required |
| 75810 | SPLENOPORTOGRAPHY, RADIOLOGI | 07/01/2005 | $450.37 | 88.0% | 12.0% | N | Referral Required |
| 75820 | VENOGRAPHY, EXTREMITY, UNILA | 07/01/2005 | $63.25 | 47.0% | 53.0% | N | Referral Required |
| 75822 | VENOGRAPHY | 07/01/2005 | $96.68 | 48.0% | 52.0% | N | Referral Required |
| 75825 | VENOGRAPHY - INTERPRETATION | 07/01/2005 | $450.37 | 88.0% | 12.0% | N | Referral Required |
| 75827 | VENOGRAPHY, CAVAL, SUPERIOR | 07/01/2005 | $450.19 | 88.0% | 12.0% | N | Referral Required |
| 75831 | VENOGRAPHY RENAL,UNILAT,SELE | 07/01/2005 | $450.19 | 88.0% | 12.0% | N | Referral Required |
| 75833 | VENOGRAPHY, RENAL,BILATERAL, | 07/01/2005 | $467.07 | 85.0% | 15.0% | N | Referral Required |
| 75840 | VENOGRAPHY, ADRENAL, UNILATE | 07/01/2005 | $451.20 | 88.0% | 12.0% | N | Referral Required |
| 75842 | VENOGRAPHY, ADRENAL, BILATER | 07/01/2005 | $466.75 | 85.0% | 15.0% | N | Referral Required |
| 75860 | VENOGRAPHY,SINUS OR JUGULAR, | 07/01/2005 | $451.34 | 88.0% | 12.0% | N | Referral Required |
| 75870 | VENOGRAPHY, SUPERIOR SAGITTA | 07/01/2005 | $451.02 | 88.0% | 12.0% | N | Referral Required |
| 75872 | VEIN X-RAY SKULL | 07/01/2005 | $450.19 | 88.0% | 12.0% | N | Referral Required |
| 75880 | VEIN X-RAY EYE SOCKET | 07/01/2005 | $63.90 | 47.0% | 53.0% | N | Referral Required |
| 75885 | PERCUTANEOUS TRANSHEPATIC PO | 07/01/2005 | $464.16 | 85.0% | 15.0% | N | Referral Required |
| 75887 | VEIN X-RAY LIVER | 07/01/2005 | $464.16 | 85.0% | 15.0% | N | Referral Required |
| 75889 | HEPATIC VENOGRAPHY WEDGED OR | 07/01/2005 | $450.19 | 88.0% | 12.0% | N | Referral Required |
| 75891 | HEPATIC VENOGRAPHY WEDGED OR | 07/01/2005 | $450.19 | 88.0% | 12.0% | N | Referral Required |
| 75893 | VENOUS SAMPLING THROUGH A CA | 07/01/2005 | $421.73 | 94.0% | 6.0% | N | Referral Required |
| 75894 | TRANSCATHETER THERAPY | 07/01/2005 | $821.85 | 92.0% | 8.0% | N | Referral Required |
| 75896 | TRANSCATHETER THERAPY INFUSI | 07/01/2005 | $723.48 | 91.0% | 9.0% | N | Referral Required |
| 75898 | ANGIOGRAM FOLLOW UP FOR TRAN | 07/01/2005 | $111.96 | 30.0% | 70.0% | N | Referral Required |
| 75900 | EXCHANGE ARTERIAL CATHETER-S | 07/01/2005 | $683.41 | 97.0% | 3.0% | N | Referral Required |
| 75901 | MECHANICAL REMOVAL CENTRAL VENOUS | 07/01/2005 | $74.23 | 70.0% | 30.0% | N | Referral Required |
| 75902 | REMOVAL OF INRALUMINAL MATERIAL | 07/01/2005 | $69.63 | 75.0% | 25.0% | N | Referral Required |
| 7591 | EVAC OB INC HEMAT PERIN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7592 | EVAC OB HEMAT VULVA/VAG | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 7593 | SURG CORR INVERT UTERUS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7594 | MAN REPLAC INVERT UTERUS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 75940 | PERUTANEOUS PLACEMENT IVC F | 07/01/2005 | $421.91 | 93.0% | 7.0% | N | Referral Required |
| 75945 | INTRAVASCULAR ULTRASOUND, RA | 07/01/2005 | $163.00 | 90.0% | 10.0% | N | Referral Required |
| 75946 | INTRAVASCULAR ULTRASOUND, RA | 07/01/2005 | $91.59 | 81.0% | 19.0% | N | Referral Required |
| 75952 | RADIOLOGICAL S & I | 07/01/2005 | $207.87 | 0.0% | 100.0% | N | Referral Required |
| 75953 | RADIOLOGICAL S & I | 07/01/2005 | $79.37 | 0.0% | 0.0% | N | Referral Required |
| 75954 | ENDOVASCULAR REPAIR ILIAC ARTERY | 07/01/2005 | $72.41 | 0.0% | 100.0% | N | Referral Required |
| 75960 | TRANSCATHETER INTRODUCTION O | 07/01/2005 | $508.08 | 92.0% | 8.0% | N | Referral Required |
| 75961 | TRANSCATHETER RETRIEVAL PERC | 07/01/2005 | $531.50 | 62.0% | 38.0% | N | Referral Required |
| 75962 | PERCUTANEOUS TRANSLUMINALANG | 07/01/2005 | $521.57 | 95.0% | 5.0% | N | Referral Required |
| 75964 | PERCUTANEOUS TRANSLUMINALANG | 07/01/2005 | $281.28 | 94.0% | 6.0% | N | Referral Required |
| 75966 | PERCUTANEOUS TRANSLUMINAL AN | 07/01/2005 | $558.91 | 89.0% | 11.0% | N | Referral Required |
| 75968 | REPAIR ARTERY BLOCKAGE EACH | 07/01/2005 | $281.42 | 94.0% | 6.0% | N | Referral Required |
| 75970 | TRANSCATHETER BIOPSY SUPER V | 07/01/2005 | $402.83 | 90.0% | 10.0% | N | Referral Required |
| 75978 | TRANSLUMINAL BALLOON ANGIOPL | 07/01/2005 | $521.07 | 90.0% | 10.0% | N | Referral Required |
| 75980 | PERCUTNS TRANSHEPT BILRY DRA | 07/01/2005 | $238.37 | 71.0% | 29.0% | N | Referral Required |
| 75982 | PERCUTANEOUS PLACEMENT OF DR | 07/01/2005 | $259.92 | 73.0% | 27.0% | N | Referral Required |
| 75984 | CHG PERCUTANEOUS DRAIN CATH | 07/01/2005 | $95.37 | 64.0% | 36.0% | N | Referral Required |
| 75989 | RADIOLOGICAL GUIDANCE FOR DR | 07/01/2005 | $155.52 | 64.0% | 36.0% | N | Referral Required |
| 7599 | OBSTETRIC OPERATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 75992 | TRANSLUMINAL ATHERECTOMY PER | 07/01/2005 | $521.39 | 95.0% | 5.0% | N | Referral Required |
| 75993 | TRANSLUMINAL ARTHERECTOMY EA | 07/01/2005 | $281.42 | 94.0% | 6.0% | N | Referral Required |
| 75994 | RENAL RADIOLOGICAL SUPERVISI | 07/01/2005 | $558.91 | 89.0% | 11.0% | N | Referral Required |
| 75995 | VISION RADIOLOGIC SUPERVISIO | 07/01/2005 | $557.94 | 89.0% | 11.0% | N | Referral Required |
| 75996 | TRANSLUMINAL ATHERECTOMY SUP | 07/01/2005 | $280.77 | 94.0% | 6.0% | N | Referral Required |
| 75998 | FLUOROSCOPIC GUIDANCE | 07/01/2005 | $60.06 | 70.0% | 30.0% | N | Referral Required |
| 76000 | FLUOROSCOPY | 07/01/2005 | $49.58 | 84.0% | 16.0% | N | Referral Required |
| 76001 | FLUROSCOPY PHYSICIAN TIME MO | 07/01/2005 | $114.52 | 72.0% | 28.0% | N | Referral Required |
| 76003 | FLUOROSCOPIC LOCALIZATION FO | 07/01/2005 | $66.85 | 61.0% | 39.0% | N | Referral Required |
| 76005 | FLUOROSCOPIC GUIDANCE | 07/01/2005 | $68.32 | 63.1% | 36.9% | N | Referral Required |
| 76006 | RADIOLOGIC EXAM STRESS VIEW | 07/01/2005 | $21.63 | 0.0% | 0.0% | N | Referral Required |
| 7601 | FACIAL BONE SEQUESTRECT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 76010 | RADIOLOGIC EXAMINATION FROM | 07/01/2005 | $24.97 | 67.0% | 33.0% | N | Referral Required |
| 76012 | RADIOLOGICAL S & I FOR PERCUTANEOUS | 07/01/2005 | $67.10 | 1.0% | 99.0% | N | Referral Required |
| 76013 | RADIOLOGICAL S & I FOR PERCUTANEOUS | 07/01/2005 | $75.49 | 0.0% | 0.0% | N | Referral Required |
| 76020 | BONE AGE STUDIES | 07/01/2005 | $25.65 | 65.0% | 35.0% | N | Referral Required |
| 76040 | ORTHOROENTGENOGRAM | 07/01/2005 | $37.92 | 66.0% | 34.0% | N | Referral Required |
| 76061 | RADIOLOGIC EXAM, OSSEOUS SUR | 07/01/2005 | $52.98 | 60.0% | 40.0% | N | Referral Required |
| 76062 | BONE SURVEY | 07/01/2005 | $71.05 | 64.0% | 36.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 76065 | BONE SURVEY | 07/01/2005 | $56.24 | 64.0% | 36.0% | N | Referral Required |
| 76066 | JOINT SURVEY, SINGLE VIEW ON | 07/01/2005 | $49.99 | 71.0% | 29.0% | N | Referral Required |
| 76070 | COMPUTERIZED TOMOGRAPHY, BON | 07/01/2005 | $131.00 | 88.0% | 12.0% | N | Referral Required |
| 76071 | CT-BONE MINERALDENSITY STUDY | 07/01/2005 | $101.20 | 0.0% | 0.0% | N | Referral Required |
| 76075 | DUAL ENERGY XRAY ABSORPTIOME | 07/01/2005 | $111.83 | 80.0% | 20.0% | N | Referral Required |
| 76076 | DEXA, BONE DENSITY STUDY | 07/01/2005 | $34.50 | 82.0% | 18.0% | N | Referral Required |
| 76077 | DUAL ENERGY X-RAY (DXA) | 07/01/2005 | $34.77 | 75.0% | 25.0% | N | Referral Required |
| 76078 | RADIOGRAPHIC ABSORPTIOMETRY | 07/01/2005 | $33.79 | 71.0% | 29.0% | N | Referral Required |
| 76080 | FISTULA/SINUS TRACT STUDY, S | 07/01/2005 | $58.73 | 56.0% | 44.0% | N | Referral Required |
| 76082 | RADIOLOGIC CONSULTION | 07/01/2005 | $16.19 | 82.0% | 18.0% | N | Referral Required |
| 76083 | SCREENING MAMMOGRAPHY | 07/01/2005 | $16.19 | 82.0% | 18.0% | N | Referral Required |
| 76086 | X-RAY MAMMARY DUCT | 07/01/2005 | $99.86 | 83.0% | 17.0% | N | Referral Required |
| 76088 | X-RAY MAMMARY DUCTS | 07/01/2005 | $136.71 | 84.0% | 16.0% | N | Referral Required |
| 7609 | FACIAL BONE INCISION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 76090 | MAMMOGRAPHY | 07/01/2005 | $66.48 | 73.0% | 27.0% | N | |
| 76091 | MAMMOGRAPHY | 07/01/2005 | $82.02 | 68.0% | 32.0% | N | |
| 76092 | SCREENING MAMMOGRAPHY, BILAT | 07/01/2005 | $72.80 | 68.0% | 32.0% | N | |
| 76093 | MRI, BREAST W/O AND/OR W/CON | 07/01/2005 | $631.73 | 88.0% | 12.0% | N | Referral Required |
| 76094 | MRI,BREAST, W/O AND/OR W/CON | 07/01/2005 | $829.52 | 91.0% | 9.0% | N | Referral Required |
| 76095 | STEREOTACTIC LOCALIZATION FO | 07/01/2005 | $301.03 | 80.0% | 20.0% | N | Referral Required |
| 76096 | LOCALIZATION OF BREAST NODUL | 07/01/2005 | $67.87 | 60.0% | 40.0% | N | Referral Required |
| 76098 | RADIOLOGICAL EXAM, BREAST SU | 07/01/2005 | $20.72 | 65.0% | 35.0% | N | Referral Required |
| 76100 | RADIOLOGIC EXAM,SINGLE BODY | 07/01/2005 | $66.65 | 59.0% | 41.0% | N | Referral Required |
| 76101 | RADIOLOGIC EXAM COMPLEX MOTI | 07/01/2005 | $72.32 | 62.0% | 38.0% | N | Referral Required |
| 76102 | RAD EXAM/COMPLEX MOTION BODY | 07/01/2005 | $82.04 | 66.0% | 34.0% | N | Referral Required |
| 7611 | FACIAL BONE BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 76120 | CINERADIOGRAPHY | 07/01/2005 | $51.48 | 65.0% | 35.0% | N | Referral Required |
| 76125 | CINERADIOGRAPHY | 07/01/2005 | $37.55 | 66.0% | 34.0% | N | Referral Required |
| 76140 | RADIOLOGIC CONSULTATION | 07/01/2005 | $30.49 | 0.0% | 0.0% | N | Referral Required |
| 76150 | MAMMOGRAPHY BY XERORADIOGRAP | 07/01/2005 | $12.97 | 0.0% | 0.0% | N | Referral Required |
| 7619 | FACIAL BONE DX PROC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 762 | DESTRUCT FACIAL BONE LES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 763 | PARTIAL OSTECTOMY OF FACIAL BONE | 07/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7631 | PARTIAL MANDIBULECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 76350 | SUBTRACTION STUDIES | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 76355 | COMPUTERIZED TOMOGRAPHY GUID | 07/01/2005 | $317.57 | 82.0% | 18.0% | N | Referral Required |
| 76360 | COMPUTERIZED TOMOGRAPHY GUID | 07/01/2005 | $314.32 | 83.0% | 17.0% | N | Referral Required |
| 76362 | CAT GUIDANCE FOR TISSUE ABLATION | 07/01/2005 | $464.47 | 67.0% | 33.0% | N | Referral Required |
| 76370 | COMPUTERIZED TOMOGRAPHY GUID | 07/01/2005 | $133.17 | 70.0% | 30.0% | N | Referral Required |
| 76375 | COMPUTERIZED TOMOGRAPHY, COR | 07/01/2005 | $119.04 | 94.0% | 6.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 76380 | COMPUTERIZED TOMOGRAPHY LIMI | 07/01/2005 | $156.20 | 70.0% | 30.0% | N | Referral Required |
| 7639 | PART FACIAL OSTECTOM NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 76390 | MAGNETIC RESONANCE SPECTROSC | 07/01/2005 | $419.20 | 84.0% | 16.0% | N | Referral Required |
| 76393 | RADIOLOGICAL S & I FOR MR NDL PLCMN | 07/01/2005 | $423.00 | 85.0% | 15.0% | N | Referral Required |
| 76394 | MAGNETIC RESONANCE GUIDANCE | 07/01/2005 | $567.54 | 67.0% | 33.0% | N | Referral Required |
| 76400 | MRI BONE MARROW | 07/01/2005 | $428.36 | 82.0% | 18.0% | N | Referral Required |
| 7641 | TOT MANDIBULEC W RECONST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7642 | TOTAL MANDIBULECTOMY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7643 | MANDIBULAR RECONST NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7644 | TOT FACE OSTECT W RECONS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7645 | TOT FACE BONE OSTECT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7646 | FACIAL BONE RECONSTR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 76496 | UNLISTED FLUOROSCOPIC PROCEDURE | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 76497 | UNLISTED COMPUTED TOMOGRAPHY | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 76498 | UNLISTED MAGNETIC RESONANCE | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 76499 | UNLISTED RADIOLOGY PROCEDURE | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 765 | TEMPOROMAND ARTHROPLASTY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 76506 | ECHOGRAPHY | 07/01/2005 | $76.02 | 60.0% | 40.0% | N | Referral Required |
| 76510 | OPTHALMIC ULTRASOUND, DIAGNOSTIC; | 07/01/2005 | $157.23 | 0.0% | 0.0% | N | Referral Required |
| 76511 | QUANTITATIVE A-SCAN ONLY | 07/01/2005 | $111.12 | 51.0% | 49.0% | N | Referral Required |
| 76512 | QUANTITATIVE B-SCAN | 07/01/2005 | $105.31 | 60.0% | 40.0% | N | Referral Required |
| 76513 | OPTHALMIC ULTRASOUND,IMMERSI | 07/01/2005 | $118.56 | 60.0% | 40.0% | N | Referral Required |
| 76514 | CORNEAL PACHYMETRY | 07/01/2005 | $10.54 | 80.0% | 20.0% | N | Referral Required |
| 76516 | OPHTHALMIC BIOMETRY BY ULTRASOUND | 07/01/2005 | $86.19 | 60.0% | 40.0% | N | Referral Required |
| 76519 | WITH INTRAOCULAR LENS POWER | 07/01/2005 | $81.99 | 60.0% | 40.0% | N | Referral Required |
| 76529 | OPTHALMIC ULTRASOUND FOREIGN | 07/01/2005 | $108.75 | 61.0% | 39.0% | N | Referral Required |
| 76536 | ECHOGRAPHY SOFT TISSUES HEAD | 07/01/2005 | $71.43 | 62.0% | 38.0% | N | Referral Required |
| 76604 | B SCAN | 07/01/2005 | $67.02 | 60.0% | 40.0% | N | Referral Required |
| 7661 | CL OSTEOPLASTY MAND RAMI | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7662 | OPEN OSTEOPLAS MAND RAMI | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7663 | OSTEOPLASTY MANDIBLE BDY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7664 | MAND ORTHOGNATHIC OP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 76645 | B SCAN | 07/01/2005 | $58.92 | 56.0% | 44.0% | N | Referral Required |
| 7665 | SEG OSTEOPLASTY MAXILLA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7666 | TOT OSTEOPLASTY MAXILLA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7667 | REDUCTION GENIOPLASTY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7668 | AUGMENTATION GENIOPLASTY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7669 | FACIAL BONE REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7670 | REDUCTION FACIAL FX NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 76700 | ABDOMEN SURVEY-B SCAN | 07/01/2005 | $100.34 | 62.0% | 38.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 76705 | ABDOMEN SURVEY-B SCAN | 07/01/2005 | $72.99 | 61.0% | 39.0% | N | Referral Required |
| 7671 | CL REDUCT MALAR/ZYGO FX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7672 | OPN REDUCT MALAR/ZYGO FX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7673 | CL REDUCT MAXILLARY FX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7674 | OPEN REDUCT MAXILLARY FX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7675 | CL REDUCT MANDIBLE FX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7676 | OPEN REDUCT MANDIBLE FX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7677 | OPEN REDUCT ALVEOLAR FX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 76770 | KIDNEY SONOGRAM | 07/01/2005 | $97.05 | 64.0% | 36.0% | N | Referral Required |
| 76775 | ABDOMEN/RETROPERITONEUM ULTRASOU | 07/01/2005 | $72.32 | 61.0% | 39.0% | N | Referral Required |
| 76778 | ECHOGRAPHY,TRANSPLANTED KIDN | 07/01/2005 | $97.05 | 64.0% | 36.0% | N | Referral Required |
| 7678 | CL REDUCT FACIAL FX NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7679 | OPEN REDUCT FACE FX NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 76800 | ECHOGRAPHY, SPINAL CANAL AND | 07/01/2005 | $97.67 | 46.0% | 54.0% | N | Referral Required |
| 76801 | ULTRASOUND, PREGNANT UTERUS 1ST TRI | 07/01/2005 | $122.16 | 33.0% | 67.0% | N | Referral Required |
| 76802 | ULTRASOUND, PREGNANT UTERUS, EACH | 07/01/2005 | $79.45 | 38.0% | 62.0% | N | Referral Required |
| 76805 | FETAL AGE DETERMINATION | 07/01/2005 | $122.16 | 59.0% | 41.0% | N | Referral Required |
| 76810 | ECHOGRAPH OB COMPLETE | 07/01/2005 | $89.48 | 59.0% | 41.0% | N | Referral Required |
| 76811 | ULTRASOUND, PREGNANT UTERUS, FETAL | 07/01/2005 | $222.84 | 56.0% | 44.0% | N | Referral Required |
| 76812 | ULTRASOUND PREGNANT UTERUS, FETAL & | 07/01/2005 | $133.58 | 32.0% | 68.0% | N | Referral Required |
| 76815 | FETAL AGE MEASUREMENT | 07/01/2005 | $81.71 | 59.0% | 41.0% | N | Referral Required |
| 76816 | ULTRASOUND, PREGNANT UTERUS | 07/01/2005 | $81.58 | 56.0% | 44.0% | N | Referral Required |
| 76817 | ULTRASOUND PREGNANT UTERUS, REAL | 07/01/2005 | $89.79 | 58.0% | 42.0% | N | Referral Required |
| 76818 | FETAL BIOPHYSICAL PROFILE | 07/01/2005 | $109.07 | 59.0% | 41.0% | N | Referral Required |
| 76819 | FETAL BIOPHYSICAL PROFILE | 07/01/2005 | $94.60 | 65.0% | 35.0% | N | Referral Required |
| 76820 | DOPPLER VELOCIMETRY, FETAL | 07/01/2005 | $82.24 | 69.0% | 31.0% | N | Referral Required |
| 76821 | DOPPLER VELOCIMETRY, FETAL | 07/01/2005 | $92.60 | 61.0% | 39.0% | N | Referral Required |
| 76825 | ECHOCARDIOGRAPHY FETAL HEART | 07/01/2005 | $142.29 | 63.0% | 37.0% | N | Referral Required |
| 76826 | ECHOCARDIOGRAPHY FETAL HEART | 07/01/2005 | $61.83 | 32.0% | 68.0% | N | Referral Required |
| 76827 | DOPPLER ECHOCARDIOGRAPHY FET | 07/01/2005 | $82.37 | 59.0% | 41.0% | N | Referral Required |
| 76828 | DOPPLER ECHOCARDIOGRAPHY FET | 07/01/2005 | $63.03 | 18.0% | 82.0% | N | Referral Required |
| 76830 | ECHOGRAPHY, TRANSVAGINAL | 07/01/2005 | $80.57 | 59.0% | 41.0% | N | Referral Required |
| 76831 | HYSTEROSONOGRAPHY | 07/01/2005 | $82.41 | 59.0% | 41.0% | N | Referral Required |
| 76856 | ECHOGRAPHY PELVIC REAL TIME | 07/01/2005 | $80.57 | 59.0% | 41.0% | N | Referral Required |
| 76857 | ECHOGRAPHY PELVIC (NON-OBSTE | 07/01/2005 | $51.16 | 65.0% | 35.0% | N | Referral Required |
| 76870 | ECHOGRAPHY SCROTUM AND CONTE | 07/01/2005 | $78.16 | 61.0% | 39.0% | N | Referral Required |
| 76872 | ECHOGRAPHY, PROSTATE, TRANSR | 07/01/2005 | $80.75 | 59.0% | 41.0% | N | Referral Required |
| 76873 | PROSTATE VOLUME STUDY | 07/01/2005 | $140.13 | 54.4% | 45.6% | N | Referral Required |
| 76880 | ECHOGRAPHY EXTREMITY B SCANS | 07/01/2005 | $72.99 | 61.0% | 39.0% | N | Referral Required |
| 76885 | ECHOGRAPHY OF INFANT HIPS | 07/01/2005 | $82.97 | 58.0% | 42.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 76886 | ECHOGRAPHY OF INFANT HIPS,RE | 07/01/2005 | $74.36 | 61.0% | 39.0% | N | Referral Required |
| 7691 | BONE GRAFT TO FACE BONE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7692 | SYN IMPLANT TO FACE BONE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7693 | CLOS REDUCT TM DISLOCAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 76930 | PERICARDIOCENTESIS SUPERVISI | 07/01/2005 | $80.66 | 60.0% | 40.0% | N | Referral Required |
| 76932 | ULTRASONIC GUIDANCE FOR ENDO | 07/01/2005 | $80.66 | 60.0% | 40.0% | N | Referral Required |
| 76936 | ULTRASOUND REPAIR ARTERIAL P | 07/01/2005 | $292.97 | 74.0% | 26.0% | N | Referral Required |
| 76937 | ULTRASOUND GUIDANCE FOR VASCULAR A | 07/01/2005 | $27.86 | 51.0% | 49.0% | N | Referral Required |
| 7694 | OPEN REDUCT TM DISLOCAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 76940 | ULTRASOUND GUIDANCE | 07/01/2005 | $142.86 | 36.0% | 64.0% | N | Referral Required |
| 76941 | ULTRASOUND INTRAUTERINE FETA | 07/01/2005 | $113.51 | 43.0% | 57.0% | N | Referral Required |
| 76942 | ULTRASONIC GUIDANCE FOR NEED | 07/01/2005 | $79.72 | 60.0% | 40.0% | N | Referral Required |
| 76945 | ULTRASONIC GUIDANCE CHORIONI | 07/01/2005 | $80.01 | 0.0% | 0.0% | N | Referral Required |
| 76946 | ULTRASONIC GUIDANCE FOR AMNI | 07/01/2005 | $66.38 | 73.0% | 27.0% | N | Referral Required |
| 76948 | ULTRASONIC GUIDANCE/ASPIRATI | 07/01/2005 | $65.92 | 73.0% | 27.0% | N | Referral Required |
| 7695 | TM MANIPULATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 76950 | MAPPING STUDIES, ULTRASOUND | 07/01/2005 | $68.90 | 59.0% | 41.0% | N | Referral Required |
| 7696 | INJEC THERAP SBST TM JNT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 76965 | ULTRASONIC GUIDANCE INTERSTI | 07/01/2005 | $238.58 | 61.0% | 39.0% | N | Referral Required |
| 7697 | REMOVE INT FIX FACE BONE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 76970 | ULTRASOUND STUDY FOLLOW-UP ( | 07/01/2005 | $52.19 | 63.0% | 37.0% | N | Referral Required |
| 76975 | GASTROINTESTINAL ENDOSCOPIC | 07/01/2005 | $86.41 | 56.0% | 44.0% | N | Referral Required |
| 76977 | ULTRASOUND BONE DENSITY INTERPRET | 07/01/2005 | $28.52 | 74.0% | 26.0% | N | Referral Required |
| 76986 | ECHOGRAPHY INTRAOPERATIVE | 07/01/2005 | $139.71 | 59.0% | 41.0% | N | Referral Required |
| 7699 | FACIAL BONE/JNT OP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 76999 | UNLISTED ULTRASOUND PROC | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7700 | SEQUESTRECTOMY NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7701 | CHEST CAGE SEQUESTREC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7702 | HUMERUS SEQUESTRECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7703 | RADIUS & ULNA SEQUESTREC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7704 | METACARP/CARP SEQUESTREC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7705 | FEMORAL SEQUESTRECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7706 | PATELLAR SEQUESTRECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7707 | TIBIA/FIBULA SEQUESTREC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7708 | METATAR/TAR SEQUESTREC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7709 | SEQUESTRECTOMY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7710 | OTHER BONE INCISION NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7711 | OTHER CHEST CAGE INCIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7712 | OTHER HUMERUS INCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7713 | OTHER RADIUS/ULNA INCIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 7714 | OTH METACARP/CARP INCIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7715 | OTHER FEMORAL INCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7716 | OTHER PATELLAR INCISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7717 | OTHER TIBIA/FIBULA INCIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7718 | OTH METATARS/TARS INCIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7719 | BONE INCIS W/O DIV NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7720 | WEDGE OSTEOTOMY NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7721 | CHEST CAGE WEDG OSTEOTOM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7722 | HUMERUS WEDGE OSTEOTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7723 | RADIUS/ULNA WEDG OSTEOTO | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7724 | METACAR/CAR WEDG OSTEOTO | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7725 | FEMORAL WEDGE OSTEOTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7726 | PATELLAR WEDGE OSTEOTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 77261 | THERAPEUTIC RADIOLOGY TREATM | 07/01/2005 | $68.11 | 0.0% | 0.0% | N | Referral Required |
| 77262 | THERAPEUTIC RADIOLOGY TREATM | 07/01/2005 | $102.41 | 0.0% | 0.0% | N | Referral Required |
| 77263 | THERAPEUTIC RADIOLOGY TREATM | 07/01/2005 | $152.64 | 0.0% | 100.0% | N | Referral Required |
| 7727 | TIBIA/FIBUL WEDG OSTEOT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7728 | METATAR/TAR WEDG OSTEOT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 77280 | THE RAPEUTIC RADIOLOGY FIELD | 07/01/2005 | $142.61 | 77.0% | 23.0% | N | Referral Required |
| 77285 | THERAPTEUTIC RADIOLOGY FIELD | 07/01/2005 | $225.42 | 78.0% | 22.0% | N | Referral Required |
| 7729 | WEDGE OSTEOTOMY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 77290 | THERAPEUTIC RADIOLOGY FIELD | 07/01/2005 | $279.04 | 73.0% | 27.0% | N | Referral Required |
| 77295 | BY THREE-DIMENSIONAL RECONST | 07/01/2005 | $1,096.96 | 80.0% | 20.0% | N | Referral Required |
| 77299 | UNLISTED PROCEDURE, THERAPEU | 09/01/1982 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7730 | OTHER BONE DIVISION NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 77300 | BASIC RADIATION DOSIMETRY CA | 07/01/2005 | $71.92 | 59.0% | 41.0% | N | Referral Required |
| 77301 | INTENSITY MODULATED RADIOTHERAPY | 07/01/2005 | $1,267.46 | 71.0% | 29.0% | N | Referral Required |
| 77305 | ISODOSE DISTRIBUTIONS | 07/01/2005 | $91.77 | 64.0% | 36.0% | N | Referral Required |
| 7731 | CHEST CAGE BONE DIV NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 77310 | TELETHERAPY INTERMEIDATE | 07/01/2005 | $123.37 | 60.0% | 40.0% | N | Referral Required |
| 77315 | ISODOSE DISTRIBUTIONS | 07/01/2005 | $158.03 | 53.0% | 47.0% | N | Referral Required |
| 7732 | HUMERUS DIVISION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 77321 | SPECIAL TELETHERAPY PORT PLA | 07/01/2005 | $172.31 | 74.0% | 26.0% | N | Referral Required |
| 77326 | ISODOSE DISTRIBUTIONS | 07/01/2005 | $118.82 | 63.0% | 37.0% | N | Referral Required |
| 77327 | ISODOSE DISTRIBUTIONS | 07/01/2005 | $175.52 | 62.0% | 38.0% | N | Referral Required |
| 77328 | COMPLEX MULTIPLANE ISODOSE P | 07/01/2005 | $255.43 | 61.0% | 39.0% | N | Referral Required |
| 7733 | RADIUS/ULNA DIVISION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 77331 | IN VIVO DOSIMETRY | 07/01/2005 | $57.24 | 28.0% | 72.0% | N | Referral Required |
| 77332 | BEAM SHAPING DEVICE DESIGN | 07/01/2005 | $67.96 | 62.0% | 38.0% | N | Referral Required |
| 77333 | TREATMENT DEVICES, DESIGN AN | 07/01/2005 | $99.78 | 60.0% | 40.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 77334 | TREATMENT DEVICES COMPLEX | 07/01/2005 | $161.48 | 63.0% | 37.0% | N | Referral Required |
| 77336 | RADIOLOGICAL PHYSICS SPT SVC | 07/01/2005 | $93.79 | 0.0% | 0.0% | N | Referral Required |
| 7734 | METACAR/CAR DIVISION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7735 | FEMORAL DIVISION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7736 | PATELLAR DIVISION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7737 | TIBIA/FIBULA DIV NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 77370 | SPECIAL MEDICAL RADIATION PH | 07/01/2005 | $109.67 | 0.0% | 0.0% | N | Referral Required |
| 7738 | METATAR/TAR DIVISION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7739 | BONE DIVISION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 77399 | UNLISTED ADJUNCT PHYSICS SV | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7740 | BONE BIOPSY NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 77401 | RADIATION TREATMENT DELIVERY | 07/01/2005 | $55.92 | 0.0% | 0.0% | N | Referral Required |
| 77402 | RADIATION TREATMENT DELIVERY | 07/01/2005 | $55.92 | 0.0% | 0.0% | N | Referral Required |
| 77403 | RADIATION TREAT SINGLE TREAT | 07/01/2005 | $55.92 | 0.0% | 0.0% | N | Referral Required |
| 77404 | RADIATION TX DELIVERY,SINGLE | 07/01/2005 | $55.92 | 0.0% | 0.0% | N | Referral Required |
| 77406 | RADIATION TREATMENT SINGLE A | 07/01/2005 | $55.92 | 0.0% | 0.0% | N | Referral Required |
| 77407 | RADIATION TREATMENT TWO AREA | 07/01/2005 | $65.78 | 0.0% | 0.0% | N | Referral Required |
| 77408 | RADIATION TX DELIVERY,2 SEPA | 07/01/2005 | $65.78 | 0.0% | 0.0% | N | Referral Required |
| 77409 | RADIATION TX DELIVERY,2 SEPA | 07/01/2005 | $65.78 | 0.0% | 0.0% | N | Referral Required |
| 7741 | CHEST CAGE BONE BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 77411 | RADIATION TREATMENT TWO AREA | 07/01/2005 | $65.78 | 0.0% | 0.0% | N | Referral Required |
| 77412 | RADIATION TREATMENT THREE AR | 07/01/2005 | $73.40 | 0.0% | 0.0% | N | Referral Required |
| 77413 | RADIATION TREATMENT DELIVERY | 07/01/2005 | $73.40 | 0.0% | 0.0% | N | Referral Required |
| 77414 | RADIATION TX DELIVERY,3 0R M | 07/01/2005 | $73.40 | 0.0% | 0.0% | N | Referral Required |
| 77416 | RADIATION TREATMENT THREE AR | 07/01/2005 | $73.40 | 0.0% | 0.0% | N | Referral Required |
| 77417 | THERAPEUTIC RADIOLOGY PORT F | 07/01/2005 | $18.64 | 0.0% | 0.0% | N | Referral Required |
| 77418 | INTENSITY MODULATED TREATMENT | 07/01/2005 | $521.17 | 0.0% | 0.0% | N | Referral Required |
| 7742 | HUMERUS BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 77427 | RADIATION TREATMENT MANAGEMENT | 07/01/2005 | $157.52 | 0.0% | 0.0% | N | Referral Required |
| 7743 | RADIUS & ULNA BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 77431 | RADIATION THERAPY MANAGEMENT | 07/01/2005 | $88.58 | 0.0% | 0.0% | N | Referral Required |
| 77432 | STEREOTACTIC RADIATION TREAT | 07/01/2005 | $390.17 | 0.0% | 0.0% | N | Referral Required |
| 7744 | METACARPAL/CARPAL BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7745 | FEMORAL BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7746 | PATELLAR BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7747 | TIBIA & FIBULA BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 77470 | SPECIAL TREATMET PROCEDURE | 07/01/2005 | $450.49 | 78.0% | 22.0% | N | Referral Required |
| 7748 | METATARSAL/TARSAL BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7749 | BONE BIOPSY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 77499 | UNLISTED THERAPEUTIC RADIOLO | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 7751 | BUNIONECT/SFT/OSTEOTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7752 | BUNIONECT/SFT/ARTHRODES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 77520 | PROTON BEAM DELIVERY | 01/01/2000 | $0.00 | 100.0% | 0.0% | N | Referral Required |
| 77522 | PROTON TREATMENT DELIVERY SIMPLE | 01/01/2001 | $0.00 | 100.0% | 0.0% | N | Referral Required |
| 77523 | PROTON BEAM DELIVERY | 01/01/2000 | $0.00 | 100.0% | 0.0% | N | Referral Required |
| 77525 | PROTON TREATMENT DELIVERY COMPLEX | 01/01/2001 | $0.00 | 100.0% | 0.0% | N | Referral Required |
| 7753 | OTH BUNIONECT W SFT CORR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7754 | EXCISION OF BUNIONETTE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7756 | REPAIR OF HAMMER TOE | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7757 | REPAIR OF CLAW TOE | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7758 | OTHER EXCISION FASION & REPAIR OF T | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7759 | BUNIONECTOMY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7760 | LOC EXC BONE LESION NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 77600 | HYPERTHERMIA EXTERNALLY GENE | 07/01/2005 | $169.88 | 56.0% | 44.0% | N | Referral Required |
| 77605 | HYPERTHERMIA,EXTERNALLY GENE | 07/01/2005 | $228.48 | 56.0% | 44.0% | N | Referral Required |
| 7761 | EXC CHEST CAGE BONE LES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 77610 | HYPERTHERMIA TREATMENT 5 OR | 07/01/2005 | $169.70 | 56.0% | 44.0% | N | Referral Required |
| 77615 | HYPERTHERMIA TREATMENTS 5 OR | 07/01/2005 | $227.10 | 56.0% | 44.0% | N | Referral Required |
| 7762 | LOC EXC BONE LES HUMERUS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 77620 | HYPERTHERMIA GENERATED BY IN | 07/01/2005 | $170.48 | 56.0% | 44.0% | N | Referral Required |
| 7763 | LOC EXC LES RADIUS/ULNA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7764 | LOC EXC LES METACAR/CAR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7765 | LOC EXC BONE LES FEMUR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7766 | LOC EXC BONE LES PATELLA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7767 | LOC EXC LES TIBIA/FIBULA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7768 | LOC EXC LES METATAR/TAR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7769 | LOC EXC BONE LESION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7770 | EXCISE BONE FOR GRFT NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7771 | EX CHEST CAGE BONE-GFT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7772 | EXCISE HUMERUS FOR GRAFT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7773 | EXCIS RADIUS/ULNA-GRAFT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7774 | EXCIS METACAR/CAR-GRAFT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7775 | EXCISE FEMUR FOR GRAFT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 77750 | INFUSION OR INSTILLATION OF | 07/01/2005 | $275.25 | 16.0% | 84.0% | N | Referral Required |
| 7776 | EXCISE PATELLA FOR GRAFT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 77761 | INTRACAVITARY RADIOELEMENT A | 07/01/2005 | $252.62 | 32.0% | 68.0% | N | Referral Required |
| 77762 | INTRACAVITARY RADIOELEMENT A | 07/01/2005 | $383.39 | 31.0% | 69.0% | N | Referral Required |
| 77763 | BRACHYTHERAPY, INTRACAVITARY | 07/01/2005 | $549.77 | 27.0% | 73.0% | N | Referral Required |
| 7777 | EXCISE TIB/FIB FOR GRAFT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 77776 | BRACHYTHERAPY, INTERSTITIAL | 07/01/2005 | $290.60 | 24.0% | 76.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 77777 | INTERSTITIAL RADIOELEMENT AP | 07/01/2005 | $478.22 | 29.0% | 71.0% | N | Referral Required |
| 77778 | BRACHYTHERAPY, INTERSTITIAL | 07/01/2005 | $694.02 | 24.0% | 76.0% | N | Referral Required |
| 7778 | EXCIS METATAR/TAR-GRAFT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 77781 | HIGH INTENSITY BRACHYTHERAPY | 07/01/2005 | $717.99 | 90.0% | 10.0% | N | Referral Required |
| 77782 | HIGH INTENSITY BRACHYTHERAPY | 07/01/2005 | $757.45 | 85.0% | 15.0% | N | Referral Required |
| 77783 | HIGH INTENSITY BRACHYTHERAPY | 07/01/2005 | $816.23 | 79.0% | 21.0% | N | Referral Required |
| 77784 | HIGH INTENSITY BRACHYTHERAPY | 07/01/2005 | $905.65 | 72.0% | 28.0% | N | Referral Required |
| 77789 | BRACHYTHERAPY, SURFACE | 07/01/2005 | $67.48 | 22.0% | 78.0% | N | Referral Required |
| 7779 | EXCISE BONE FOR GFT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 77790 | SUPERIVISION, HANDLING, LOAD | 07/01/2005 | $65.83 | 25.0% | 75.0% | N | Referral Required |
| 77799 | UNLISTED BRACHYTHERAPY | 09/01/1982 | $0.00 | 55.0% | 45.0% | N | Referral Required |
| 7780 | OTH PART OSTECTOMY NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7781 | OTH CHEST CAGE OSTECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7782 | PARTIAL HUMERECTOMY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7783 | PART OSTECT-RADIUS/ULNA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7784 | PART OSTECT-METACAR/CAR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7785 | PART OSTECTOMY-FEMUR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7786 | PARTIAL PATELLECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7787 | PART OSTECT-TIBIA/FIBULA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7788 | PART OSTECT-METATAR/TAR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7789 | PARTIAL OSTECTOMY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7790 | TOTAL OSTECTOMY NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7791 | TOT CHEST CAGE OSTECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7792 | TOTAL OSTECTOMY-HUMERUS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7793 | TOT OSTECT-RADIUS/ULNA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7794 | TOT OSTECT-METACARP/CARP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7795 | TOT OSTECTOMY-FEMUR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7796 | TOTAL PATELLECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7797 | TOT OSTECT-TIBIA/FIBULA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7798 | TOT OSTECT-METATARS/TARS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7799 | TOTAL OSTECTOMY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7800 | BONE GRAFT NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78000 | THYROID UPTAKE | 07/01/2005 | $39.76 | 77.0% | 23.0% | N | Referral Required |
| 78001 | THYROID UPTAKE | 07/01/2005 | $53.40 | 77.0% | 23.0% | N | Referral Required |
| 78003 | THYROID STIMULATION | 07/01/2005 | $46.30 | 67.0% | 33.0% | N | Referral Required |
| 78006 | THYROID IMAGING | 07/01/2005 | $98.44 | 66.0% | 34.0% | N | Referral Required |
| 78007 | THYROID IMAGING | 07/01/2005 | $104.79 | 77.0% | 23.0% | N | Referral Required |
| 7801 | BONE GRAFT TO CHEST CAGE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78010 | THYROID IMAGING | 07/01/2005 | $76.15 | 75.0% | 25.0% | N | Referral Required |
| 78011 | THYROID IMAGING; WITH VASCUL | 07/01/2005 | $97.36 | 78.0% | 22.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 78015 | THYROID CARCINOMA METASTASES | 07/01/2005 | $112.90 | 72.0% | 28.0% | N | Referral Required |
| 78016 | THYROID CARCINOMA METASTASES | 07/01/2005 | $149.09 | 74.0% | 26.0% | N | Referral Required |
| 78018 | WHOLE BODY | 07/01/2005 | $211.91 | 79.0% | 21.0% | N | Referral Required |
| 7802 | BONE GRAFT TO HUMERUS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78020 | THYROID CARCINOMA METATASES UPTAK | 07/01/2005 | $71.16 | 0.0% | 0.0% | N | Referral Required |
| 7803 | BONE GRAFT-RADIUS/ULNA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7804 | BONE GRFT TO METACAR/CAR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7805 | BONE GRAFT TO FEMUR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7806 | BONE GRAFT TO PATELLA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7807 | BONE GRAFT-TIBIA/FIBULA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78070 | PARATHYROID, IMAGING | 07/01/2005 | $96.63 | 70.0% | 30.0% | N | Referral Required |
| 78075 | ADRENAL, IMAGING | 07/01/2005 | $206.71 | 83.0% | 17.0% | N | Referral Required |
| 7808 | BONE GRAFT-METATAR/TAR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7809 | BONE GRAFT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78099 | UNLISTED ENDOCRINE SYST TEST | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7810 | APPLICATION OF EXTERNAL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78102 | BONE MARROW, IMAGING | 07/01/2005 | $91.01 | 71.0% | 29.0% | N | Referral Required |
| 78103 | BONE MARROW, IMAGING | 07/01/2005 | $135.47 | 74.0% | 26.0% | N | Referral Required |
| 78104 | BONE MARROW, IMAGING | 07/01/2005 | $166.39 | 77.0% | 23.0% | N | Referral Required |
| 7811 | APPLICATION OF EXTERNAL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78110 | BLOOD VOLUME | 07/01/2005 | $39.12 | 77.0% | 23.0% | N | Referral Required |
| 78111 | BLOOD VOLUME | 07/01/2005 | $91.52 | 89.0% | 11.0% | N | Referral Required |
| 7812 | EXTERNAL FIXATOR DEVICE, HUMERU | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78120 | RED CELL MASS DETERMINATION | 07/01/2005 | $65.80 | 83.0% | 17.0% | N | Referral Required |
| 78121 | RED CELL MASS DETERMINATION | 07/01/2005 | $106.68 | 86.0% | 14.0% | N | Referral Required |
| 78122 | NUCLEAR EXAM BLOOD VOLUME | 07/01/2005 | $166.52 | 87.0% | 13.0% | N | Referral Required |
| 7813 | FIXATOR DEVICE, RADIUS AND ULNA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78130 | RED CELL SURVIVAL STUDY | 07/01/2005 | $118.87 | 76.0% | 24.0% | N | Referral Required |
| 78135 | RED CELL SURVIVAL STUDY | 07/01/2005 | $183.91 | 83.0% | 17.0% | N | Referral Required |
| 7814 | APPLICATION OF EXTERNAL FIXATOR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78140 | RED CELL SEQUESTRATION | 07/01/2005 | $152.73 | 81.0% | 19.0% | N | Referral Required |
| 7815 | FIXATOR DEVICE, FEMUR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7816 | FIXATOR DEVICE, PATELLA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78160 | PLASMA RADIO-IRON DSPPRNCE R | 07/01/2005 | $131.39 | 88.0% | 12.0% | N | Referral Required |
| 78162 | RADIOIRON ORAL ABSORPTION | 07/01/2005 | $122.60 | 83.0% | 17.0% | N | Referral Required |
| 7817 | TIBIA AND FIBULA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78170 | RADIO-IRON RED CELL UTILIZAT | 07/01/2005 | $187.02 | 90.0% | 10.0% | N | Referral Required |
| 7818 | TARSALS AND METATARSALS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78185 | SPLEEN IMAGING | 07/01/2005 | $93.66 | 80.0% | 20.0% | N | Referral Required |
| 7819 | FIXATOR DEVICE, OTHER | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 78190 | NUCLEAR EXAM OF PLATELETS | 07/01/2005 | $232.36 | 0.0% | 0.0% | N | Referral Required |
| 78191 | PLATELET SURVIVAL | 07/01/2005 | $259.96 | 89.0% | 11.0% | N | Referral Required |
| 78195 | LYMPH GLANDS IMAGING | 07/01/2005 | $185.67 | 79.0% | 21.0% | N | Referral Required |
| 78199 | UNLISTED NUCLEAR MED TEST | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7820 | EPIPHYSEAL STAPLING NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78201 | LIVER IMAGING | 07/01/2005 | $95.39 | 78.0% | 22.0% | N | Referral Required |
| 78202 | LIVER IMAGING | 07/01/2005 | $115.16 | 78.0% | 22.0% | N | Referral Required |
| 78205 | LIVER IMAGING (SPECT) | 07/01/2005 | $219.91 | 84.0% | 16.0% | N | Referral Required |
| 78206 | LIVER IMAGING | 07/01/2005 | $228.71 | 83.0% | 17.0% | N | Referral Required |
| 78215 | LIVER & SPLEEN IMAGING | 07/01/2005 | $115.75 | 80.0% | 20.0% | N | Referral Required |
| 78216 | LIVER & SPLEEN IMAGING | 07/01/2005 | $136.88 | 80.0% | 20.0% | N | Referral Required |
| 7822 | EPIPHYS STAPLE-HUMERUS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78220 | LIVER FUNCTION STUDIES | 07/01/2005 | $140.71 | 83.0% | 17.0% | N | Referral Required |
| 78223 | HEPATOBILIARY DUCTAL SYSTEM | 07/01/2005 | $155.33 | 74.0% | 26.0% | N | Referral Required |
| 7823 | EPIPHYS STAPLE-RAD/ULNA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78230 | SALIVARY GLAND IMAGING | 07/01/2005 | $90.25 | 76.0% | 24.0% | N | Referral Required |
| 78231 | SALIVARY GLAND IMAGING | 07/01/2005 | $124.92 | 80.0% | 20.0% | N | Referral Required |
| 78232 | SALIVARY GLAND FUNCTION STUD | 07/01/2005 | $133.83 | 83.0% | 17.0% | N | Referral Required |
| 7824 | EPIPHYSEAL STAPLING- CARPALS & META | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7825 | EPIPHYSEAL STAPLE-FEMUR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78258 | ESOPHAGEAL MOTILITY | 07/01/2005 | $126.03 | 72.0% | 28.0% | N | Referral Required |
| 78261 | GASTRIC MUCOSA IMAGING | 07/01/2005 | $162.19 | 80.0% | 20.0% | N | Referral Required |
| 78262 | GASTROESOPHAGEAL REFLUX STUD | 07/01/2005 | $166.35 | 80.0% | 20.0% | N | Referral Required |
| 78264 | GASTRIC EMPYTING STUDY | 07/01/2005 | $166.97 | 78.0% | 22.0% | N | Referral Required |
| 78267 | UREA BREATH TEST C-14 ISOTOP | 01/01/2002 | $10.86 | 0.0% | 0.0% | N | Referral Required |
| 78268 | UREA BREATH TEST | 01/01/2002 | $93.09 | 0.0% | 0.0% | N | Referral Required |
| 7827 | EPIPHYS STAPLE-TIB/FIBUL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78270 | VITAMIN B12 ABSORPTION | 07/01/2005 | $58.43 | 83.0% | 17.0% | N | Referral Required |
| 78271 | VITAMIN B12 ABSORPTION | 07/01/2005 | $61.34 | 84.0% | 16.0% | N | Referral Required |
| 78272 | VITAMIN B-12 ABSORPTION STUD | 07/01/2005 | $85.99 | 85.0% | 15.0% | N | Referral Required |
| 78278 | ACUTE GASTROINTESTINAL BLOOD | 07/01/2005 | $200.29 | 76.0% | 24.0% | N | Referral Required |
| 7828 | EPIPHYSEAL STAPLING- TARSALS AND ME | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78282 | GASTROINTESTINAL STD/NCLR ME | 07/01/2005 | $17.94 | 0.0% | 0.0% | N | Referral Required |
| 7829 | EPIPHYSEAL STAPLING NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78290 | BOWEL IMAGING | 07/01/2005 | $127.97 | 75.0% | 25.0% | N | Referral Required |
| 78291 | TEST VENOUS DRAIN ABDOMEN | 07/01/2005 | $138.43 | 70.0% | 30.0% | N | Referral Required |
| 78299 | GASTROINTESTINAL STD/NCLR ME | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78300 | BONE IMAGING | 07/01/2005 | $107.90 | 73.0% | 27.0% | N | Referral Required |
| 78305 | BONE IMAGING | 07/01/2005 | $154.80 | 74.0% | 26.0% | N | Referral Required |
| 78306 | BONE IMAGING | 07/01/2005 | $175.46 | 77.0% | 23.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 7831 | BONE LNGTH CHNGE-THORAX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78315 | BONE IMAGING,BY THREE PHASE | 07/01/2005 | $199.08 | 76.0% | 24.0% | N | Referral Required |
| 7832 | HUMERUS LENGTH CHANGE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78320 | TOMOGRAPHIC (SPECT) | 07/01/2005 | $235.92 | 79.0% | 21.0% | N | Referral Required |
| 7834 | CARPAL LENGTH CHANGE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78350 | BONE DENSITY STUDY(BONE MINE | 07/01/2005 | $34.50 | 70.0% | 30.0% | N | Referral Required |
| 78351 | DUAL PHTON ABSORPTIOMETRY | 07/01/2005 | $17.31 | 0.0% | 0.0% | N | Referral Required |
| 7838 | TARSAL LENGTH CHANGE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7839 | OTH BONE LNGTH CHNGE NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78399 | UNLISTED M-S NUC MED TEST | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7840 | OTHER BONE REPAIR NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7841 | OTHER CHEST CAGE REPAIR | 04/01/2004 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 78414 | DETERMINATION OF VENTRICULAR | 07/01/2005 | $21.37 | 0.0% | 0.0% | N | Referral Required |
| 7842 | OTHER HUMERUS REPAIR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78428 | CARDIAC SHUNT DETECTION | 07/01/2005 | $109.49 | 66.0% | 34.0% | N | Referral Required |
| 7843 | OTHER RADIUS/ULNA REPAIR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7844 | OTHER METACAR/CAR REPAIR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78445 | VASCULAR FLOW STUDY | 07/01/2005 | $81.93 | 72.0% | 28.0% | N | Referral Required |
| 7845 | OTHER REPAIR-FEMUR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78455 | VENOUS THROMBOSIS STUDIES | 07/01/2005 | $159.86 | 78.0% | 22.0% | N | Referral Required |
| 78456 | ACUTE VENOUS THROMBOSIS | 07/01/2005 | $174.38 | 75.9% | 24.1% | N | Referral Required |
| 78457 | VENOUS THROMBOSIS IMAGING UN | 07/01/2005 | $120.62 | 70.0% | 30.0% | N | Referral Required |
| 78458 | BILATERAL | 07/01/2005 | $170.04 | 75.0% | 25.0% | N | Referral Required |
| 78459 | MYOCARDIAL IMAGING, PET, MET | 01/01/2001 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 7846 | OTHER PATELLAR REPAIR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78460 | MYOCARDIAL IMAGE SINGLE STUD | 07/01/2005 | $115.21 | 64.0% | 36.0% | N | Referral Required |
| 78461 | REGIONAL MYOCARDIAL PERFUSPO | 07/01/2005 | $207.63 | 72.0% | 28.0% | N | Referral Required |
| 78464 | MYOCARDIAL PERFUSION IMAGING | 07/01/2005 | $274.77 | 81.0% | 19.0% | N | Referral Required |
| 78465 | TOMOGRAPHIC SPECT AT RESTPLU | 07/01/2005 | $441.53 | 84.0% | 16.0% | N | Referral Required |
| 78466 | MYOCARDIAL IMAGING INFARCT A | 07/01/2005 | $115.87 | 72.0% | 28.0% | N | Referral Required |
| 78468 | NUCLEAR SCAN HEART MUSCLE W/ | 07/01/2005 | $153.74 | 75.0% | 25.0% | N | Referral Required |
| 78469 | NUCLEAR SCAN HEART MUSCLE TO | 07/01/2005 | $208.67 | 79.0% | 21.0% | N | Referral Required |
| 7847 | OTH TIBIA/FIBULA REPAIR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78472 | CARDIAC BLOOD POOL IMAGING,G | 07/01/2005 | $220.70 | 79.0% | 21.0% | N | Referral Required |
| 78473 | RESTING $ STRESS W/ OR W/O A | 07/01/2005 | $330.41 | 79.0% | 21.0% | N | Referral Required |
| 78478 | MYOCARDIAL PERFUSION STUDY W | 07/01/2005 | $79.22 | 62.0% | 38.0% | N | Referral Required |
| 7848 | OTHER METATAR/TAR REPAIR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78480 | MYOCARDIAL PERFUSION STUDY W | 07/01/2005 | $79.22 | 63.0% | 37.0% | N | Referral Required |
| 78481 | CARDIAC BLOOD POOL IMAGING | 07/01/2005 | $212.07 | 78.0% | 22.0% | N | Referral Required |
| 78483 | CARDIAC BLOOD POOL MULTI RES | 07/01/2005 | $318.92 | 78.0% | 22.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 7849 | OTHER BONE REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78491 | MYOCARDIAL IMAGING, SINGEL S | 01/01/2001 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 78492 | MYOCARDIAL IMAGING | 01/01/2001 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 78494 | CARDIAC BLOOD POOL IMAG GATED | 07/01/2005 | $278.17 | 79.0% | 21.0% | N | Referral Required |
| 78496 | CARDIC BLOOD POOL IMAGING GATED | 07/01/2005 | $245.75 | 72.0% | 28.0% | N | Referral Required |
| 78499 | UNLISTED C-V NUC MED TEST | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7850 | INT FIX W/O FX REDUC NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7851 | INT FIXATION-CHEST CAGE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7852 | INT FIXATION-HUMERUS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7853 | INT FIXATION-RADIUS/ULNA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7854 | INT FIXATION-METACAR/CAR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7855 | INTERNAL FIXATION-FEMUR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7856 | INTERNAL FIX-PATELLA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7857 | INT FIXATION-TIBIA/FIBUL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7858 | INT FIXATION-METATAR/TAR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78580 | PULMONARY PERFUSION IMAGING | 07/01/2005 | $143.37 | 75.0% | 25.0% | N | Referral Required |
| 78584 | PULMONARY PERGUSION IMAGING | 07/01/2005 | $147.64 | 68.0% | 32.0% | N | Referral Required |
| 78585 | REBREATHING AND WASHOUT | 07/01/2005 | $229.27 | 77.0% | 23.0% | N | Referral Required |
| 78586 | PULMONARY VENTILATION IMAGIN | 07/01/2005 | $100.63 | 81.0% | 19.0% | N | Referral Required |
| 78587 | MULTIPLE PROJECTIONS | 07/01/2005 | $111.55 | 79.0% | 21.0% | N | Referral Required |
| 78588 | PULMONARY PERFUSION IMAGING | 07/01/2005 | $152.82 | 72.0% | 28.0% | N | Referral Required |
| 7859 | INT FIX-NO FX REDUCT NEC | 09/01/1998 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 78591 | PULMONARY VENTILATION IMAGIN | 07/01/2005 | $109.03 | 82.0% | 18.0% | N | Referral Required |
| 78593 | PULMONARY VENTILATION IMAGIN | 07/01/2005 | $132.13 | 82.0% | 18.0% | N | Referral Required |
| 78594 | PULMONARY VENTILATION IMAGIN | 07/01/2005 | $181.79 | 85.0% | 15.0% | N | Referral Required |
| 78596 | PULMONARY QUANTITATIVE DIFFE | 07/01/2005 | $282.90 | 78.0% | 22.0% | N | Referral Required |
| 78599 | PULMONARY VENTILATION IMAGIN | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7860 | REMOVE INT FIX DEVIC NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78600 | BRAIN IMAGING | 07/01/2005 | $111.72 | 81.0% | 19.0% | N | Referral Required |
| 78601 | BRAIN IMAGING | 07/01/2005 | $131.21 | 81.0% | 19.0% | N | Referral Required |
| 78605 | BRAIN IMAGING | 07/01/2005 | $132.25 | 80.0% | 20.0% | N | Referral Required |
| 78606 | BRAIN IMAGING | 07/01/2005 | $152.17 | 80.0% | 20.0% | N | Referral Required |
| 78607 | BRAIN IMAGING, COMPLETE STUD | 07/01/2005 | $265.94 | 78.0% | 22.0% | N | Referral Required |
| 78608 | BRAIN IMAGING,POSITRON EMISS | 01/01/2001 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 78609 | PERFUSION EVALUATION | 01/01/2001 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 7861 | REMOV INT FIX-CHEST CAGE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78610 | BRAIN IMAGING | 07/01/2005 | $64.21 | 78.0% | 22.0% | N | Referral Required |
| 78615 | CEREBRAL BLOOD FLOW | 07/01/2005 | $141.33 | 86.0% | 14.0% | N | Referral Required |
| 7862 | REMOVE INT FIX-HUMERUS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7863 | REMOV INT FIX-RADIUS/ULN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 78630 | CEREBROSPINAL FLUID FLW IMGN | 07/01/2005 | $190.67 | 83.0% | 17.0% | N | Referral Required |
| 78635 | CEREBROSPINAL FLUID FLW IMGN | 07/01/2005 | $110.29 | 73.0% | 27.0% | N | Referral Required |
| 7864 | REMOV INT FIX-METAC/CARP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78645 | CEREBROSPINAL FLUID FLW IMGN | 07/01/2005 | $135.27 | 80.0% | 20.0% | N | Referral Required |
| 78647 | CEREBROSPINAL FLUID FLOW,IMA | 07/01/2005 | $187.02 | 82.0% | 18.0% | N | Referral Required |
| 7865 | REMOVE INT FIX DEV-FEMUR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78650 | CEREBROSPINAL FLUID FLW IMGN | 07/01/2005 | $175.06 | 83.0% | 17.0% | N | Referral Required |
| 7866 | REMOVE INT FIX-PATELLA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78660 | DACTYOCYSTOGRAPHY | 07/01/2005 | $91.92 | 72.0% | 28.0% | N | Referral Required |
| 7867 | REMOV INT FIX-TIB/FIBULA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7868 | REMOV INT FIX-METAT/TAR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7869 | REMOVE INT FIX DEVIC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78699 | UNLISTED NERVOUS SYST TEST | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7870 | OSTEOCLASIS NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78700 | KIDNEY IMAGING | 07/01/2005 | $117.11 | 82.0% | 18.0% | N | Referral Required |
| 78701 | KIDNEY IMAGING | 07/01/2005 | $135.03 | 83.0% | 17.0% | N | Referral Required |
| 78704 | KIDNEY IMAGING | 07/01/2005 | $159.89 | 78.0% | 22.0% | N | Referral Required |
| 78707 | KIDNEY IMAGING | 07/01/2005 | $186.27 | 76.0% | 24.0% | N | Referral Required |
| 78708 | KIDNEY IMAGING W/VASCULAR FL | 07/01/2005 | $198.16 | 73.0% | 27.0% | N | Referral Required |
| 78709 | KIDNEY IMAGING W/VASCULAR FL | 07/01/2005 | $207.64 | 71.0% | 29.0% | N | Referral Required |
| 7871 | OSTEOCLASIS-CHEST CAGE | 04/01/2004 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 78710 | KIDNEY IMAGING | 07/01/2005 | $217.19 | 85.0% | 15.0% | N | Referral Required |
| 78715 | KIDNEY VASCULAR FLOW STUDIES | 07/01/2005 | $64.21 | 78.0% | 22.0% | N | Referral Required |
| 7872 | OSTEOCLASIS-HUMERUS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78725 | KIDNEY FUNCTION STUDY | 07/01/2005 | $74.32 | 76.0% | 24.0% | N | Referral Required |
| 7873 | OSTEOCLASIS-RADIUS/ULNA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78730 | URINARY BLADDER RESIDUAL STU | 07/01/2005 | $63.41 | 74.0% | 26.0% | N | Referral Required |
| 7874 | OSTEOCLASIS-METACAR/CAR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78740 | URETERAL REFLUX STUDY | 07/01/2005 | $93.98 | 71.0% | 29.0% | N | Referral Required |
| 7875 | OSTEOCLASIS-FEMUR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7876 | OSTEOCLASIS-PATELLA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78760 | TESTICULAR IMAGING | 07/01/2005 | $115.45 | 73.0% | 27.0% | N | Referral Required |
| 78761 | TESTICULAR IMAGING WITH VASC | 07/01/2005 | $134.70 | 75.0% | 25.0% | N | Referral Required |
| 7877 | OSTEOCLASIS-TIBIA/FIBULA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7878 | OSTEOCLASIS-METATAR/TAR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7879 | OSTEOCLASIS NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78799 | UNLISTED G-U NUC MED TEST | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7880 | OTHER BONE DX PROC NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78800 | TUMOR LOCALIZATION | 07/01/2005 | $138.29 | 78.0% | 22.0% | N | Referral Required |
| 78801 | TUMOR LOCALIZATION | 07/01/2005 | $170.56 | 78.0% | 22.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 78802 | TUMOR LOCALIZATION | 07/01/2005 | $215.32 | 81.0% | 19.0% | N | Referral Required |
| 78803 | TUMOR LOCALIZATION (SPECT) | 07/01/2005 | $258.90 | 80.0% | 20.0% | N | Referral Required |
| 78804 | WHOLE BODY, REQUIRING TWO OR MORE | 07/01/2005 | $186.86 | 74.0% | 26.0% | N | Referral Required |
| 78805 | ABCESS LOCALIZATION LIMITED | 07/01/2005 | $142.05 | 77.0% | 23.0% | N | Referral Required |
| 78806 | WHOLE BODY | 07/01/2005 | $243.84 | 81.0% | 19.0% | N | Referral Required |
| 78807 | RADIONUCLIDE LOCALIZATION OF | 07/01/2005 | $259.54 | 80.0% | 20.0% | N | Referral Required |
| 7881 | OTH DX PROCED-CHEST CAGE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78811 | TUMOR IMAGING PET SCAN | 01/01/2005 | $0.00 | 96.0% | 4.0% | N | Referral Required |
| 78812 | TUMOR IMAGING (PET) | 01/01/2005 | $0.00 | 96.0% | 4.0% | N | Referral Required |
| 78813 | TUMOR IMAGING (PET) | 01/01/2005 | $0.00 | 96.0% | 4.0% | N | Referral Required |
| 78814 | TUMOR IMAGING (PET) LIMITED AREA | 01/01/2005 | $0.00 | 96.0% | 4.0% | N | Referral Required |
| 78815 | TUMORE IMAGING (PET) | 01/01/2005 | $0.00 | 96.0% | 4.0% | N | Referral Required |
| 78816 | TUMOR IMAGING (PET) | 01/01/2005 | $0.00 | 96.0% | 4.0% | N | Referral Required |
| 7882 | OTH DX PROCED-HUMERUS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7883 | OTH DX PROC-RADIUS/ULNA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7884 | OTH DX PROC-METACAR/CAR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7885 | OTH DX PROCED-FEMUR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7886 | OTH DX PROCED-PATELLA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7887 | OTH DX PROC-TIBIA/FIBULA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7888 | OTH DX PROC-METATAR/TAR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7889 | OTHER BONE DX PROC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78890 | GENERALIZATION OF AUTOMATED | 07/01/2005 | $45.14 | 95.0% | 5.0% | N | Referral Required |
| 78891 | COMPLEX MANIPULATIONS AND IN | 07/01/2005 | $91.29 | 94.0% | 6.0% | N | Referral Required |
| 7890 | INSERT BONE STIMULAT NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7891 | INSERT BONE STIMUL-CHEST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7892 | INSERT BONE STIM-HUMERUS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7893 | INSRT BONE STIM-RAD/ULNA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7894 | INSERT BONE STIM-WRIST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7895 | INSERT BONE STIM-FEMUR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7896 | INSERT BONE STIM-PATELLA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7897 | INSERT BONE STIM-LOW LEG | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7898 | INSERT BONE STIM-FOOT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7899 | INSERT BONE STIMULAT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 78999 | UNLISTED NUC MED TEST | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7900 | CLOSED FX REDUCTION NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 79005 | RADIOPHARMACEUTICAL THERAPY | 07/01/2005 | $181.02 | 80.0% | 20.0% | N | Referral Required |
| 7901 | CLOSED FX REDUCT HUMERUS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7902 | CL FX REDUC-RADIUS/ULNA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7903 | CL FX REDUC-METACAR/CAR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7904 | CL FX REDUC-FINGER | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 7905 | CL FX REDUC-FEMUR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7906 | CL FX REDUC-TIBIA/FIBULA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7907 | CL FX REDUC-METATAR/TAR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7908 | CL FX REDUC-TOE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7909 | CLOSED FX REDUCTION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7910 | CL FX REDUC-INT FIX NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 79101 | RADIOPHARMACEUTICAL THERAPY | 07/01/2005 | $189.51 | 80.0% | 20.0% | N | Referral Required |
| 7911 | CLOS RED-INT FIX HUMERUS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7912 | CL RED-INT FIX RAD/ULNA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7913 | CL RED-INT FIX METAC/CAR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7914 | CLOSE RED-INT FIX FINGER | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7915 | CLOSED RED-INT FIX FEMUR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7916 | CL RED-INT FIX TIB/FIBU | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7917 | CL RED-INT FIX METAT/TAR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7918 | CLOSE RED-INT FIX TOE FX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7919 | CL FX REDUC-INT FIX NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7920 | OPEN FX REDUCTION NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 79200 | RADIOPHARMACEUTICAL THERAPY | 07/01/2005 | $177.86 | 47.0% | 53.0% | N | Referral Required |
| 7921 | OPEN REDUC-HUMERUS FX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7922 | OPEN REDUC-RADIUS/ULN FX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7923 | OPEN REDUC-METAC/CAR FX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7924 | OPEN REDUCTION-FINGER FX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7925 | OPEN REDUCTION-FEMUR FX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7926 | OPEN REDUC-TIBIA/FIB FX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7927 | OPEN REDUC-METAT/TARS FX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7928 | OPEN REDUCTION-TOE FX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7929 | OPEN FX REDUCTION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7930 | OPN FX RED W INT FIX NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 79300 | RADIOPHARMACEUTICAL THERAPY | 07/01/2005 | $344.44 | 0.0% | 100.0% | N | Referral Required |
| 7931 | OPEN RED-INT FIX HUMERUS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7932 | OP RED-INT FIX RAD/ULNA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7933 | OP RED-INT FIX METAC/CAR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7934 | OPEN RED-INT FIX FINGER | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7935 | OPEN REDUC-INT FIX FEMUR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7936 | OP RED-INT FIX TIB/FIBUL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7937 | OP RED-INT FIX METAT/TAR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7938 | OPEN REDUCT-INT FIX TOE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7939 | OPN FX RED W INT FIX NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7940 | CLS REDUC-SEP EPIPHY NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7941 | CLOSE RED-HUMERUS EPIPHY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 7942 | CLS RED-RADIUS/UL EPIPHY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 79440 | RADIOPHARMACEUTICAL THERAPY | 07/01/2005 | $179.99 | 47.0% | 53.0% | N | Referral Required |
| 79445 | RADIOPHARMACEUTICAL THERAPY | 07/01/2005 | $212.50 | 80.0% | 20.0% | N | Referral Required |
| 7945 | CLOSE REDUC-FEMUR EPIPHY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7946 | CLS RED-TIBIA/FIB EPIPHY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7947 | CLOSED REDUCTION SEPARATED EPIPHYS | 01/01/1992 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7949 | CLS REDUC-SEP EPIPHY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7950 | OPEN RED-SEP EPIPHY NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7951 | OPN RED-SEP EPIPHY-HUMER | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7952 | OP RED-RADIUS/ULN EPIPHY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7955 | OPN RED-SEP EPIPHY-FEMUR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7956 | OP RED-TIBIA/FIB EPIPHYS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7959 | OPEN RED-SEP EPIPHY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7960 | OPEN FX SITE DEBRIDE NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7961 | DEBRID OPEN FX-HUMERUS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7962 | DEBRID OPN FX-RADIUS/ULN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7963 | DEBRID OPN FX-METAC/CAR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7964 | DEBRID OPN FX-FINGER | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7965 | DEBRID OPN FX-FEMUR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7966 | DEBRID OPN FX-TIBIA/FIB | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7967 | DEBRID OPN FX-METAT/TAR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7968 | DEBRID OPN FX-TOE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7969 | OPEN FX SITE DEBRIDE NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7970 | CL REDUC DISLOC NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7971 | CL REDUC DISLOC-SHOULDER | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7972 | CL REDUC DISLOC-ELBOW | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7973 | CL REDUC DISLOC-WRIST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7974 | CL REDUC DISLOC-HAND/FNG | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7975 | CL REDUC DISLOC-HIP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7976 | CL REDUC DISLOC-KNEE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7977 | CL REDUC DISLOC-ANKLE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7978 | CL REDUC DISLOC-FOOT/TOE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7979 | CL REDUC DISLOCATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7980 | OPEN REDUC-DISLOCAT NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7981 | OPN REDUC DISLOC-SHOULDR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7982 | OPEN REDUC-ELBOW DISLOC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7983 | OPEN REDUC-WRIST DISLOC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7984 | OPN REDUC DISLOC-HAND | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7985 | OPEN REDUC-HIP DISLOCAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7986 | OPEN REDUC-KNEE DISLOCAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 7987 | OPEN REDUC-ANKLE DISLOC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7988 | OPN REDUC DISLOC-FT/TOE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7989 | OPEN REDUC-DISLOCAT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7990 | UNSPEC OP BONE INJ NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7991 | HUMERUS INJURY OP NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7992 | RADIUS/ULNA INJ OP NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7993 | METACARP/CARP INJ OP NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7994 | FINGER INJURY OP NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7995 | FEMUR INJURY OP NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7996 | TIBIA/FIBULA INJ OP NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7997 | METATARS/TARS INJ OP NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7998 | TOE INJURY OPERATION NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 7999 | UNSPEC OP-BONE INJ NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 79999 | RADIOPHARMACEUTICAL THERAPY | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8000 | ARTHROT & PROS REMOV NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8001 | ARTHROT/PROS REMOV-SHLDR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8002 | ARTHROT/PROS REMOV-ELBOW | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8003 | ARTHROT/PROS REMOV-WRIST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8004 | ARTHROT/PROS REMOV-HAND | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 80048 | BASIC METABOLIC PANEL | 07/01/2001 | $11.70 | 0.0% | 0.0% | N | Referral Required |
| 8005 | ARTHROT/PROS REMOV-HIP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 80050 | GENERAL HEALTH SCREEN PANEL | 07/01/2001 | $49.53 | 0.0% | 0.0% | N | Referral Required |
| 80051 | ELECTROLYTE PANEL | 07/01/2001 | $9.69 | 0.0% | 0.0% | N | Referral Required |
| 80053 | COMPREHENSIVE METABOLIC PANEL | 07/01/2001 | $14.61 | 0.0% | 0.0% | N | Referral Required |
| 80055 | OBSTETRIC PROFILE | 07/01/2001 | $30.57 | 0.0% | 0.0% | N | Referral Required |
| 8006 | ARTHROT/PROS REMOV-KNEE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 80061 | LIPID PROFILE | 07/01/2001 | $15.67 | 0.0% | 0.0% | N | Referral Required |
| 80069 | RENAL FUNCTION PANEL | 07/01/2001 | $12.00 | 0.0% | 0.0% | N | Referral Required |
| 8007 | ARTHROT/PROS REMOV-ANKLE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 80074 | ACUTE HEPATITIS PANEL | 07/01/2001 | $45.41 | 0.0% | 0.0% | N | Referral Required |
| 80076 | HEPATIC FUNCTION PANEL | 07/01/2001 | $11.29 | 0.0% | 0.0% | N | Referral Required |
| 8008 | ARTHROT/PROS REMOV-FOOT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8009 | ARTHROT & PROS REMOV NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8010 | OTH ARTHROTOMY-NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 80100 | DRUG SCREEN; MULTI DRUG CLAS | 07/01/2001 | $20.10 | 0.0% | 0.0% | N | Referral Required |
| 80101 | DRUG SCREEN SINGLE DRUG CLAS | 07/01/2001 | $19.03 | 0.0% | 0.0% | N | Referral Required |
| 80102 | DRUG, CONFIRMATION, EACH PRO | 07/01/2001 | $18.31 | 0.0% | 0.0% | N | Referral Required |
| 80103 | TISSUE PREPARATION FOR DRUG | 01/01/1993 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8011 | OTH ARTHROTOMY-SHOULDER | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8012 | OTH ARTHROTOMY-ELBOW | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 8013 | OTH ARTHROTOMY-WRIST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8014 | OTH ARTHROTOMY-HAND/FNGR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8015 | OTH ARTHROTOMY-HIP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 80150 | AMIKACIN | 07/01/2001 | $20.83 | 0.0% | 0.0% | N | Referral Required |
| 80152 | AMITRIPTYLINE | 07/01/2001 | $24.74 | 0.0% | 0.0% | N | Referral Required |
| 80154 | BENZODIAZEPINES | 07/01/2001 | $25.56 | 0.0% | 0.0% | N | Referral Required |
| 80156 | CARBAMAZEPINE | 07/01/2001 | $20.12 | 0.0% | 0.0% | N | Referral Required |
| 80157 | CARBAMAZEPINE ASSAY | 07/01/2001 | $13.74 | 0.0% | 0.0% | N | Referral Required |
| 80158 | CYCLOSPORINE | 07/01/2001 | $24.95 | 0.0% | 0.0% | N | Referral Required |
| 8016 | OTH ARTHROTOMY-KNEE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 80160 | DESIPRAMINE | 07/01/2001 | $23.79 | 0.0% | 0.0% | N | Referral Required |
| 80162 | DIGOXIN | 07/01/2001 | $18.35 | 0.0% | 0.0% | N | Referral Required |
| 80164 | DIPROPYLACETIC ACID (VALPROI | 07/01/2001 | $18.72 | 0.0% | 0.0% | N | Referral Required |
| 80166 | DOXEPIN | 07/01/2001 | $21.42 | 0.0% | 0.0% | N | Referral Required |
| 80168 | ETHOSUPIMIDE | 07/01/2001 | $22.58 | 0.0% | 0.0% | N | Referral Required |
| 8017 | OTH ARTHROTOMY-ANKLE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 80170 | GENTAMICIN | 07/01/2001 | $22.65 | 0.0% | 0.0% | N | Referral Required |
| 80172 | GOLD | 07/01/2001 | $22.52 | 0.0% | 0.0% | N | Referral Required |
| 80173 | HALOPERIDOL ASSAY | 07/01/2001 | $20.12 | 0.0% | 0.0% | N | Referral Required |
| 80174 | IMIPRAMINE | 07/01/2001 | $23.79 | 0.0% | 0.0% | N | Referral Required |
| 80176 | LIDOCAINE | 07/01/2001 | $20.30 | 0.0% | 0.0% | N | Referral Required |
| 80178 | LITHIUM | 07/01/2001 | $9.13 | 0.0% | 0.0% | N | Referral Required |
| 8018 | OTH ARTHROTOMY-FOOT/TOE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 80182 | NORTRIPTYLINE | 07/01/2001 | $18.72 | 0.0% | 0.0% | N | Referral Required |
| 80184 | PHENOBARBITAL | 07/01/2001 | $15.83 | 0.0% | 0.0% | N | Referral Required |
| 80185 | PHENYTOIN TOTAL | 07/01/2001 | $18.32 | 0.0% | 0.0% | N | Referral Required |
| 80186 | PHNEYTOIN; FREE | 07/01/2001 | $19.03 | 0.0% | 0.0% | N | Referral Required |
| 80188 | PRIMIDONE | 07/01/2001 | $22.93 | 0.0% | 0.0% | N | Referral Required |
| 8019 | OTHER ARTHROTOMY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 80190 | PROCAINAMIDE | 07/01/2001 | $23.15 | 0.0% | 0.0% | N | Referral Required |
| 80192 | PROCAINAMIDE WITH METABOLITE | 07/01/2001 | $23.15 | 0.0% | 0.0% | N | Referral Required |
| 80194 | QUINIDINE | 07/01/2002 | $20.17 | 0.0% | 0.0% | N | Referral Required |
| 80196 | DRUG SCREEN, SALICYLATE | 07/01/2001 | $9.81 | 0.0% | 0.0% | N | Referral Required |
| 80197 | DRUG SCREEN, TACROLIMUS | 07/01/2001 | $18.97 | 0.0% | 0.0% | N | Referral Required |
| 80198 | THEOPHYLLINE | 07/01/2001 | $19.56 | 0.0% | 0.0% | N | Referral Required |
| 8020 | ARTHROSCOPY NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 80200 | TOBRAMYCIN | 07/01/2001 | $22.27 | 0.0% | 0.0% | N | Referral Required |
| 80201 | TOPIRAMATE | 07/01/2001 | $16.48 | 0.0% | 0.0% | N | Referral Required |
| 80202 | VANCOMYCIN | 07/01/2001 | $18.72 | 0.0% | 0.0% | N | Referral Required |
| 8021 | SHOULDER ARTHROSCOPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 8022 | ELBOW ARTHROSCOPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8023 | WRIST ARTHROSCOPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8024 | HAND & FINGER ARTHROSCOP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8025 | HIP ARTHROSCOPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8026 | KNEE ARTHROSCOPY | 04/01/1992 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8027 | ANKLE ARTHROSCOPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8028 | FOOT & TOE ARTHROSCOPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8029 | ARTHROSCOPY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 80299 | QUANITATION OF DRUG NOT ELSE | 07/01/2001 | $18.92 | 0.0% | 0.0% | N | Referral Required |
| 8030 | JOINT BIOPSY NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8031 | SHOULDER JOINT BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8032 | ELBOW JOINT BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8033 | WRIST JOINT BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8034 | HAND/FINGER JOINT BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8035 | HIP JOINT BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8036 | KNEE JOINT BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8037 | ANKLE JOINT BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8038 | FOOT & TOE JOINT BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8039 | JOINT BIOPSY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8040 | JT STRUCTUR DIVISION NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 80400 | ACTH STIMULATION PANEL; ADRE | 07/01/2001 | $40.10 | 0.0% | 0.0% | N | Referral Required |
| 80402 | ACTH STIMULATION PANEL; 21 H | 07/01/2001 | $115.18 | 0.0% | 0.0% | N | Referral Required |
| 80406 | ACTH STIMULATION PANEL; 3 BE | 07/01/2001 | $103.18 | 0.0% | 0.0% | N | Referral Required |
| 80408 | ALDOSTERONE SUPPRESSION EVAL | 07/01/2001 | $173.44 | 0.0% | 0.0% | N | Referral Required |
| 8041 | SHOULDER STRUCT DIVISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 80410 | CALCIUM-PENTAGASTRIN STIMULA | 07/01/2001 | $111.03 | 0.0% | 0.0% | N | Referral Required |
| 80412 | CORTICOTROPIC RELEASING HORM | 07/01/2001 | $440.58 | 0.0% | 0.0% | N | Referral Required |
| 80414 | CHORIONIC GONADOTROPHIN PANE | 07/01/2001 | $64.92 | 0.0% | 0.0% | N | Referral Required |
| 80415 | CHORIONIC GONADOTROPHIN PANE | 07/01/2001 | $77.24 | 0.0% | 0.0% | N | Referral Required |
| 80416 | RENAL VEIN RENIN STIMULATION | 07/01/2001 | $182.40 | 0.0% | 0.0% | N | Referral Required |
| 80417 | PERIPHERAL VEIN RENIN STIMUL | 07/01/2001 | $60.80 | 0.0% | 0.0% | N | Referral Required |
| 80418 | COMBINED RAPID ANTERIOR PITU | 07/01/2001 | $758.32 | 0.0% | 0.0% | N | Referral Required |
| 8042 | ELBOW STRUCTURE DIVISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 80420 | DEXAMETHASONE SUPPRESSION PA | 07/01/2001 | $94.58 | 0.0% | 0.0% | N | Referral Required |
| 80422 | GLUCAGON TOLERANCE PANEL; FO | 07/01/2001 | $63.69 | 0.0% | 0.0% | N | Referral Required |
| 80424 | GLUCAGON TOLERANCE PANEL; FO | 07/01/2001 | $69.80 | 0.0% | 0.0% | N | Referral Required |
| 80426 | GONADOTROPIN RELASING HORMON | 07/01/2001 | $178.36 | 0.0% | 0.0% | N | Referral Required |
| 80428 | GROWTH HORMONE STIMULATION P | 07/01/2001 | $92.16 | 0.0% | 0.0% | N | Referral Required |
| 8043 | WRIST STRUCTURE DIVISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 80430 | GROWTH HORMONE SUPPRESSION P | 07/01/2001 | $108.42 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 80432 | INSULIN-INDUCED C-PEPTIDE SU | 07/01/2001 | $186.66 | 0.0% | 0.0% | N | Referral Required |
| 80434 | INSULIN TOLERANCE PANEL;FOR | 07/01/2001 | $127.35 | 0.0% | 0.0% | N | Referral Required |
| 80435 | INSULIN TOLERANCE PANEL;FOR | 07/01/2001 | $142.30 | 0.0% | 0.0% | N | Referral Required |
| 80436 | METYRAPONE PANEL | 07/01/2001 | $121.02 | 0.0% | 0.0% | N | Referral Required |
| 80438 | THYROTROPIN RELEASING HORMON | 07/01/2001 | $65.22 | 0.0% | 0.0% | N | Referral Required |
| 80439 | TRH STIMULATION PANEL; TWO H | 07/01/2001 | $86.96 | 0.0% | 0.0% | N | Referral Required |
| 8044 | HAND JOINT STRUCT DIVIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 80440 | TRH STIMULATION PANEL; FOR H | 07/01/2001 | $80.34 | 0.0% | 0.0% | N | Referral Required |
| 8045 | HIP STRUCTURE DIVISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8046 | KNEE STRUCTURE DIVISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8047 | ANKLE STRUCTURE DIVISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8048 | FOOT JOINT STRUCT DIVIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8049 | JT STRUCTUR DIVISION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8050 | IV DISC EXCS/DSTRUCT NOS | 09/01/1998 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 80500 | CLINICAL PATHOLOGY CONSULTAT | 02/03/2002 | $19.74 | 0.0% | 0.0% | N | Referral Required |
| 80502 | CLINICAL PATHOLOGY CONSULTAT | 07/01/2002 | $67.21 | 0.0% | 0.0% | N | Referral Required |
| 8051 | IV DISC EXCISION | 09/01/1998 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 8052 | CHEMONUCLEOLYSIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8059 | IV DISC DESTRUCTION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 806 | EXCIS KNEE SEMILUN CARTL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8070 | SYNOVECTOMY-SITE NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8071 | SHOULDER SYNOVECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8072 | ELBOW SYNOVECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8073 | WRIST SYNOVECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8074 | HAND SYNOVECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8075 | HIP SYNOVECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8076 | KNEE SYNOVECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8077 | ANKLE SYNOVECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8078 | FOOT SYNOVECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8079 | SYNOVECTOMY-SITE NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8080 | DESTRUCT JOINT LES NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8081 | DESTRUC-SHOULDER LES NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8082 | DESTRUC-ELBOW LESION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8083 | DESTRUC-WRIST LESION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8084 | DESTRUC-HAND JT LES NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8085 | DESTRUCT-HIP LESION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8086 | DESTRUCT-KNEE LESION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8087 | DESTRUC-ANKLE LESION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8088 | DESTRUC-FOOT JT LES NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8089 | DESTRUCT JOINT LES NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 8090 | EXCISION OF JOINT NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8091 | EXCISION OF SHOULDER NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8092 | EXCISION OF ELBOW NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8093 | EXCISION OF WRIST NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8094 | EXCISION HAND JOINT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8095 | EXCISION OF HIP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8096 | EXCISION OF KNEE NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8097 | EXCISION OF ANKLE NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8098 | EXCISION FOOT JOINT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8099 | EXCISION OF JOINT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8100 | SPINAL FUSION NOS | 09/01/1998 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 81000 | URINALYSIS | 07/01/2001 | $4.37 | 0.0% | 0.0% | N | Referral Required |
| 81001 | URINALYSIS, DIPSTICK/TABLET; | 07/01/2001 | $4.37 | 0.0% | 0.0% | N | Referral Required |
| 81002 | URINALISIS, ROUTINE, WITHOUT | 07/01/2002 | $3.54 | 0.0% | 0.0% | N | Referral Required |
| 81003 | UA WO/MICROSCOPY AUTOMATED | 07/01/2001 | $3.10 | 0.0% | 0.0% | N | Referral Required |
| 81005 | URINALYSIS | 07/01/2001 | $3.00 | 0.0% | 0.0% | N | Referral Required |
| 81007 | URINALYSIS BACTERIURIA SCREE | 07/01/2002 | $3.55 | 0.0% | 0.0% | N | Referral Required |
| 8101 | ATLAS-AXIS FUSION | 09/01/1998 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 81015 | URINALYSIS | 07/01/2001 | $4.20 | 0.0% | 0.0% | N | Referral Required |
| 8102 | OTHER CERVICAL FUSION | 09/01/1998 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 81020 | URINALYSIS; TWO OR THREE GLA | 07/01/2002 | $5.09 | 0.0% | 0.0% | N | Referral Required |
| 81025 | URINE PREGNANCY TEST BY VISU | 07/01/2001 | $8.74 | 0.0% | 0.0% | N | Referral Required |
| 8103 | DORSAL SPINAL FUSION | 09/01/1998 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 8104 | DORSOLUMBAR FUSION W ROD | 09/01/1998 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 8105 | OTHER DORSOLUMBAR FUSION | 09/01/1998 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 81050 | VOLUME MEASUREMENT FOR TIMED | 07/01/2001 | $4.14 | 0.0% | 0.0% | N | Referral Required |
| 8106 | LUMBAR SPINAL FUSION | 09/01/1998 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 8107 | LUMBOSACRAL FUSION | 09/01/1998 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 8108 | REFUSION OF SPINE | 09/01/1998 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 81099 | URINALYSIS | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8111 | ANKLE FUSION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8112 | TRIPLE ARTHRODESIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8113 | SUBTALAR FUSION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8114 | MIDTARSAL FUSION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8115 | TARSOMETATARSAL FUSION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8116 | METATARSOPHALANGEAL FUS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8117 | OTHER FUSION OF FOOT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8120 | ARTHRODESIS NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8121 | ARTHRODESIS OF HIP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8122 | ARTHRODESIS OF KNEE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 8123 | ARTHRODESIS OF SHOULDER | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8124 | ARTHRODESIS OF ELBOW | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8125 | CARPORADIAL FUSION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8126 | METACARPOCARPAL FUSION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8127 | METACARPOPHALANGEAL FUS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8128 | INTERPHALANGEAL FUSION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8129 | ARTHRODESIS NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8130 | REFUSION OF SPINE NOC | 10/01/2001 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 8131 | REFUSION OF ATLAS-AXIS SPINE | 10/01/2001 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 8132 | REFUSION OF OTHER CERVICAL SPINE | 10/01/2001 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 8133 | REFUSION OF OTHER CERVICAL SPINE | 10/01/2001 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 8134 | REFUSION OF DORSAL & DORSO LMBR SP | 10/01/2001 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 8135 | REFUSION OF DORSAL & DORSO LMBR SP | 10/01/2001 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 8136 | REFUSION OF LMBR & LMBO SACRAL SPN | 10/01/2001 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 8137 | REFUSION OF LMBR & LMBO SACRAL SPN | 10/01/2001 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 8138 | REFUSION OF LMBR & LUMBOSACRAL SPN | 10/01/2001 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 8139 | REFUSION OF SPINE NEC | 10/01/2001 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 8140 | REPAIR OF HIP NOT ELSEWHERE CLASSIF | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8142 | FIVE-IN-ONE KNEE REPAIR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8143 | TRIAD KNEE REPAIR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8144 | PATELLAR STABILIZATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8145 | CRUCIATE LIG REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8146 | COLLATERL LIG REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8147 | OTHER REPAIR OF KNEE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8149 | OTHER REPAIR OF ANKLE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8151 | TOT HIP REPLACE-METHACRY | 09/01/1998 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 8152 | REPLACEMENT OF HEAD OF FEMUR | 09/01/1998 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 8153 | REVISION OF HIP REPLACEMENT | 09/01/1998 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 8154 | OTHER REPLACEMENT OF ACETABULUM | 01/01/2003 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 8155 | REVISION OF KNEE REPLACEMENT | 01/01/2003 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 8156 | TOTAL ANKLE REPLACEMENT | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8157 | REPLACEMENT OF JOINT OF FOOT & TOE | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8159 | REVISION OF JOINT REPLACEMENT LOWE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8161 | 360 DEGREE SPINAL FUSION SINGLE | 10/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8162 | FUSION OR REFUSION OF 2-3 VERTEBRA | 10/01/2003 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 8163 | FUSION OR REFUSION OF 4-8 VERTEBRA | 10/01/2003 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 8164 | FUSION OR REFUSION OF 9 OR MORE VE | 10/01/2003 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 8171 | HAND ARTHROPLAS W PROSTH | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8172 | ARTHROPLASTY METACARPOPHALANGEAL | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8173 | TOTAL WRIST REPLACEMENT | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 8174 | ARTHROPLASTY OF CARPOCARPAL OR CA | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8175 | ARTH CARPOCARPAL &CARPOMETACARPA | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8179 | HAND ARTHROPLASTY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8180 | TOTAL SHOULDER REPLACEMENT | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8181 | SHOULDER ARTHROPL-PROSTH | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8182 | REP RECUR SHLDER DISLOC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8183 | SHOULDER ARTHROPLAST NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8184 | ELBOW ARTHROPLAST-PROSTH | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8185 | ELBOW ARTHROPLASTY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8191 | ARTHROCENTESIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8192 | INJECTION INTO JOINT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8193 | SUTUR CAPSUL/LIGAMEN ARM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8194 | SUTURE CAPSUL/LIG ANK/FT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8195 | SUTUR CAPSUL/LIG LEG NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8196 | OTHER REPAIR OF JOINT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8197 | REVISION OF JOINT REPLACEMENT UPPER | 10/01/1992 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8198 | OTHER JOINT DX PROCEDURE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8199 | JOINT STRUCTURE OP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 82000 | ACETALDEHYDE BLOOD | 07/01/2001 | $17.12 | 0.0% | 0.0% | N | Referral Required |
| 82003 | ACETAMINOPHEN TEST | 07/01/2001 | $27.96 | 0.0% | 0.0% | N | Referral Required |
| 82009 | ACETONE TESTING | 07/01/2001 | $6.25 | 0.0% | 0.0% | N | Referral Required |
| 8201 | EXPLOR TEND SHEATH-HAND | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 82010 | ACETONE TESTING | 07/01/2001 | $11.29 | 0.0% | 0.0% | N | Referral Required |
| 82013 | ACETYLCHOLINESTERASE | 07/01/2001 | $15.44 | 0.0% | 0.0% | N | Referral Required |
| 82016 | ACYLCARNITINES QUALITATIVE | 07/01/2001 | $19.16 | 0.0% | 0.0% | N | Referral Required |
| 82017 | ACYLCARNITINES QUANTITATIVE | 07/01/2001 | $19.00 | 0.0% | 0.0% | N | Referral Required |
| 8202 | MYOTOMY OF HAND | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 82024 | ACTH TESTING | 07/01/2001 | $53.38 | 0.0% | 0.0% | N | Referral Required |
| 8203 | BURSOTOMY OF HAND | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 82030 | ADENOSINE MONOPHOSPHATE TEST | 07/01/2001 | $35.65 | 0.0% | 0.0% | N | Referral Required |
| 8204 | I & D PALMAR/THENAR SPAC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 82040 | SERUM ALBUMIN TEST | 07/01/2002 | $6.85 | 0.0% | 0.0% | N | Referral Required |
| 82042 | URINE QUNTITATIVE (SPECIFY M | 07/01/2001 | $7.15 | 0.0% | 0.0% | N | Referral Required |
| 82043 | ALBUMIN; URINE MICROALBUMIN, | 07/01/2001 | $8.00 | 0.0% | 0.0% | N | Referral Required |
| 82044 | ALBUMIN;URINE MICROALBUMIN,S | 07/01/2001 | $4.78 | 0.0% | 0.0% | N | Referral Required |
| 82045 | ALBUMIN; ISCHEMIA MODIFIED | 01/01/2005 | $47.43 | 0.0% | 0.0% | N | Referral Required |
| 82055 | ALCOHOL TESTING | 07/01/2001 | $14.93 | 0.0% | 0.0% | N | Referral Required |
| 82075 | ALCOHOL TESTING | 07/01/2001 | $16.66 | 0.0% | 0.0% | N | Referral Required |
| 82085 | ALDOLASE TEST | 07/01/2001 | $13.42 | 0.0% | 0.0% | N | Referral Required |
| 82088 | ALDOSTERONE TESTING | 07/01/2001 | $56.32 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 8209 | INC SOFT TISSUE HAND NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 82101 | QUANTITATIVE | 07/01/2001 | $41.48 | 0.0% | 0.0% | N | Referral Required |
| 82103 | ALPHA-1 ANTITRYPSIN; TOTAL | 07/01/2001 | $18.56 | 0.0% | 0.0% | N | Referral Required |
| 82104 | ALPHA-1-1ANTITRYPSIN; PHENOT | 07/01/2001 | $19.98 | 0.0% | 0.0% | N | Referral Required |
| 82105 | ALPHA-FETOPROTEIN SERUM | 07/01/2001 | $23.18 | 0.0% | 0.0% | N | Referral Required |
| 82106 | ALPHA FETAPROTEIN; AMNIOTIC | 07/01/2001 | $23.18 | 0.0% | 0.0% | N | Referral Required |
| 82108 | ALUMINUM, BLOOD (SERUM) | 07/01/2001 | $27.82 | 0.0% | 0.0% | N | Referral Required |
| 8211 | TENOTOMY OF HAND | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8212 | FASCIOTOMY OF HAND | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 82120 | AMINES, VAGINAL FLUID | 07/01/2001 | $5.19 | 0.0% | 0.0% | N | Referral Required |
| 82127 | AMINO ACIDS SINGLE QUALITATIVE; EA | 07/01/2001 | $19.16 | 0.0% | 0.0% | N | Referral Required |
| 82128 | AMINO ACID TESTING | 07/01/2001 | $19.16 | 0.0% | 0.0% | N | Referral Required |
| 82131 | AMINO ACIDS,FRACTIONATION AN | 07/01/2002 | $23.31 | 0.0% | 0.0% | N | Referral Required |
| 82135 | AMINOLEVULINIC ACID TEST | 07/01/2001 | $22.75 | 0.0% | 0.0% | N | Referral Required |
| 82136 | AMINO ACIDS 2 TO 5 AMINO ACIDS | 07/01/2001 | $19.00 | 0.0% | 0.0% | N | Referral Required |
| 82139 | AMINO ACIDS 6 OR MORE QUANTITATIVE | 07/01/2001 | $19.00 | 0.0% | 0.0% | N | Referral Required |
| 82140 | AMMONIA TESTING | 07/01/2002 | $20.14 | 0.0% | 0.0% | N | Referral Required |
| 82143 | AMNIOTIC FLUID SCAN | 07/01/2001 | $9.50 | 0.0% | 0.0% | N | Referral Required |
| 82145 | AMPHETAMINE TEST | 07/01/2001 | $21.48 | 0.0% | 0.0% | N | Referral Required |
| 82150 | AMYLASE TESTING | 07/01/2001 | $8.96 | 0.0% | 0.0% | N | Referral Required |
| 82154 | ANDROSTANEDIOL GLUCURONIDE | 07/01/2001 | $39.85 | 0.0% | 0.0% | N | Referral Required |
| 82157 | ANDROSTENEDIONE RIA TEST | 07/01/2001 | $40.46 | 0.0% | 0.0% | N | Referral Required |
| 82160 | RIA | 07/01/2001 | $34.57 | 0.0% | 0.0% | N | Referral Required |
| 82163 | ANGIOTENSIN II RIA TEST | 07/01/2001 | $28.37 | 0.0% | 0.0% | N | Referral Required |
| 82164 | ANGIOTENSIN CONVERTING ENZYM | 07/01/2001 | $20.17 | 0.0% | 0.0% | N | Referral Required |
| 82172 | APOLIPOPROTEIN,IMMUNOASSAY | 07/01/2001 | $21.41 | 0.0% | 0.0% | N | Referral Required |
| 82175 | ARSENIC TESTING | 07/01/2001 | $26.22 | 0.0% | 0.0% | N | Referral Required |
| 82180 | ASCORBIC ACID TEST | 07/01/2001 | $13.66 | 0.0% | 0.0% | N | Referral Required |
| 8219 | DIV SOFT TISSUE HAND NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 82190 | ATOMIC ABSORPTION SPECTROSCO | 07/01/2001 | $17.42 | 0.0% | 0.0% | N | Referral Required |
| 82205 | BARBITURATE TESTING | 07/01/2001 | $15.83 | 0.0% | 0.0% | N | Referral Required |
| 8221 | EXC LES TEND SHEATH HAND | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8222 | EXCISION HAND MUSCLE LES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 82232 | BETA-2 MICROGLOBULIN | 07/01/2001 | $22.36 | 0.0% | 0.0% | N | Referral Required |
| 82239 | BILE ACIDS; TOTAL | 07/01/2001 | $23.67 | 0.0% | 0.0% | N | Referral Required |
| 82240 | BILE ACID TEST | 07/01/2001 | $36.73 | 0.0% | 0.0% | N | Referral Required |
| 82247 | BILIRUBIN TOTAL | 07/01/2001 | $6.94 | 0.0% | 0.0% | N | Referral Required |
| 82248 | BILIRUBIN DIRECT | 07/01/2001 | $6.94 | 0.0% | 0.0% | N | Referral Required |
| 82252 | BILIRUBIN, FECES, QUALITATIV | 07/01/2001 | $6.28 | 0.0% | 0.0% | N | Referral Required |
| 82261 | BIOTINIDASE; EACH SPECIMEN | 07/01/2001 | $19.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 82270 | OCCULT BLOOD TEST | 07/01/2002 | $4.49 | 0.0% | 0.0% | N | Referral Required |
| 82273 | DUODENAL GASTRIC CONTENTS QU | 07/01/2001 | $4.49 | 0.0% | 0.0% | N | Referral Required |
| 82274 | FECAL HEMOGLOBIN IMMUNOASSAY TEST | 07/01/2004 | $18.09 | 0.0% | 0.0% | N | Referral Required |
| 82286 | BRADYKININ TEST | 07/01/2001 | $9.52 | 0.0% | 0.0% | N | Referral Required |
| 8229 | EXC LES SFT TISS HND NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 82300 | CADMIUM TEST | 07/01/2001 | $31.98 | 0.0% | 0.0% | N | Referral Required |
| 82306 | CALCIFEDIOL (25-OH VITAMIN D | 07/01/2001 | $40.91 | 0.0% | 0.0% | N | Referral Required |
| 82307 | CALCIFEROL (VITAMIN D) RIA | 07/01/2001 | $44.53 | 0.0% | 0.0% | N | Referral Required |
| 82308 | CALCITONIN TEST | 07/01/2001 | $37.01 | 0.0% | 0.0% | N | Referral Required |
| 8231 | BURSECTOMY OF HAND | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 82310 | CALCIUM TEST | 07/01/2001 | $7.12 | 0.0% | 0.0% | N | Referral Required |
| 8232 | EXCIS HAND TEND FOR GRFT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8233 | HAND TENONECTOMY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 82330 | CALCIUM TEST | 07/01/2001 | $18.88 | 0.0% | 0.0% | N | Referral Required |
| 82331 | AFTER CALCIUM INFUSION TEST | 07/01/2001 | $7.15 | 0.0% | 0.0% | N | Referral Required |
| 8234 | EXC HND MUS/FAS FOR GRFT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 82340 | CALCIUM TEST | 07/01/2001 | $8.34 | 0.0% | 0.0% | N | Referral Required |
| 8235 | HAND FASCIECTOMY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 82355 | CALCULUS TESTING | 07/01/2001 | $15.99 | 0.0% | 0.0% | N | Referral Required |
| 8236 | OTHER MYECTOMY OF HAND | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 82360 | CALCULUS TESTING | 07/01/2001 | $17.80 | 0.0% | 0.0% | N | Referral Required |
| 82365 | CALCULUS TESTING | 07/01/2001 | $17.82 | 0.0% | 0.0% | N | Referral Required |
| 82370 | CALCULUS TESTING | 07/01/2001 | $17.32 | 0.0% | 0.0% | N | Referral Required |
| 82373 | CARBOHYDRATE DEFICIENT TRANS. ASSA | 07/01/2002 | $24.96 | 0.0% | 0.0% | N | Referral Required |
| 82374 | CARBON DIOXIDE TESTING | 07/01/2001 | $6.76 | 0.0% | 0.0% | N | Referral Required |
| 82375 | CARBON MONOXIDE TESTING | 07/01/2001 | $17.03 | 0.0% | 0.0% | N | Referral Required |
| 82376 | CARBON MONOXIDE TESTING | 07/01/2002 | $8.28 | 0.0% | 0.0% | N | Referral Required |
| 82378 | CARCINOEMBRYONIC ANTIGEN (CE | 07/01/2001 | $26.22 | 0.0% | 0.0% | N | Referral Required |
| 82379 | CARNITINE QUANTITATIVE; | 07/01/2001 | $19.00 | 0.0% | 0.0% | N | Referral Required |
| 82380 | CAROTENE TEST | 07/01/2001 | $12.75 | 0.0% | 0.0% | N | Referral Required |
| 82382 | CATECHOLAMINES TESTING | 07/01/2001 | $23.76 | 0.0% | 0.0% | N | Referral Required |
| 82383 | CATECHOLAMINES TESTING | 07/01/2001 | $34.63 | 0.0% | 0.0% | N | Referral Required |
| 82384 | CATECHOLAMINES TESTING | 07/01/2001 | $34.90 | 0.0% | 0.0% | N | Referral Required |
| 82387 | CATHEPSIN-D | 07/01/2001 | $28.75 | 0.0% | 0.0% | N | Referral Required |
| 8239 | HAND SOFT TISSUE EXC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 82390 | CERULOPLASMIN TEST | 07/01/2001 | $14.84 | 0.0% | 0.0% | N | Referral Required |
| 82397 | CHEMILUMINESCENT ASSAY | 07/01/2001 | $19.53 | 0.0% | 0.0% | N | Referral Required |
| 8241 | SUTURE TENDN SHEATH HAND | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 82415 | CHLORAMPHENICOL TEST | 07/01/2001 | $17.51 | 0.0% | 0.0% | N | Referral Required |
| 8242 | DELAY SUT FLEX TEND HAND | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 8243 | DELAY SUT HAND TEND NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 82435 | CHLORIDE TESTING | 07/01/2001 | $6.35 | 0.0% | 0.0% | N | Referral Required |
| 82436 | URINE (SPECIFY CHEMICAL ELEC | 07/01/2001 | $6.95 | 0.0% | 0.0% | N | Referral Required |
| 82438 | SPINAL FLUID | 07/01/2002 | $6.76 | 0.0% | 0.0% | N | Referral Required |
| 8244 | SUTUR FLEX TEND HAND NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 82441 | CHLORINATED HYDROCARBON SCRE | 07/01/2001 | $8.30 | 0.0% | 0.0% | N | Referral Required |
| 8245 | SUTURE HAND TENDON NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8246 | SUTURE HAND MUSCLE/FASC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 82465 | CHOLESTEROL TESTING | 07/01/2001 | $6.02 | 0.0% | 0.0% | N | Referral Required |
| 82480 | CHOLINESTERASE TESTING | 07/01/2001 | $10.89 | 0.0% | 0.0% | N | Referral Required |
| 82482 | CHOLINESTERASE TESTING | 07/01/2001 | $10.62 | 0.0% | 0.0% | N | Referral Required |
| 82485 | CHONDROITIN B SULFATE TEST | 07/01/2001 | $28.54 | 0.0% | 0.0% | N | Referral Required |
| 82486 | CHROMATOGRAPHY TESTS | 07/01/2001 | $24.96 | 0.0% | 0.0% | N | Referral Required |
| 82487 | CHROMATOGRAPHY TESTS | 07/01/2001 | $22.06 | 0.0% | 0.0% | N | Referral Required |
| 82488 | CHROMATOGRAPHY TESTS | 07/01/2001 | $29.53 | 0.0% | 0.0% | N | Referral Required |
| 82489 | CHROMATOGRAPHY TESTS | 07/01/2001 | $20.45 | 0.0% | 0.0% | N | Referral Required |
| 82491 | CHROMOTOGRAPHY, QUANTITATIVE | 07/01/2001 | $24.96 | 0.0% | 0.0% | N | Referral Required |
| 82492 | CHROMATOGRAPHY QUANTITATIVE; COLU | 07/01/2001 | $24.96 | 0.0% | 0.0% | N | Referral Required |
| 82495 | URINE | 07/01/2001 | $28.03 | 0.0% | 0.0% | N | Referral Required |
| 82507 | CITRIC ACID TEST | 07/01/2001 | $38.43 | 0.0% | 0.0% | N | Referral Required |
| 8251 | HAND TENDON ADVANCEMENT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8252 | HAND TENDON RECESSION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 82520 | COCAINE QUANTITATIVE | 07/01/2001 | $20.94 | 0.0% | 0.0% | N | Referral Required |
| 82523 | COLLAGEN CROSS LINKS; ANY ME | 07/01/2001 | $20.26 | 0.0% | 0.0% | N | Referral Required |
| 82525 | COPPER TEST | 07/01/2001 | $17.15 | 0.0% | 0.0% | N | Referral Required |
| 82528 | CORTICOSTERONE TEST | 07/01/2001 | $31.11 | 0.0% | 0.0% | N | Referral Required |
| 8253 | HAND TENDON REATTACHMENT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 82530 | CORTISOL;FREE | 07/01/2001 | $23.10 | 0.0% | 0.0% | N | Referral Required |
| 82533 | CORTISOL TESTING | 07/01/2001 | $20.05 | 0.0% | 0.0% | N | Referral Required |
| 8254 | HAND MUSCLE REATTACHMENT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 82540 | CREATINE TEST | 07/01/2001 | $6.40 | 0.0% | 0.0% | N | Referral Required |
| 82541 | COLUMN CHROMATOGRAPHY/MASS SPEC | 07/01/2001 | $24.96 | 0.0% | 0.0% | N | Referral Required |
| 82542 | COLUMN CHROMATOGRAPHY/MASS SPEC | 07/01/2001 | $24.96 | 0.0% | 0.0% | N | Referral Required |
| 82543 | COLUMN CHROMATOGRAPHY/MASS SPEC | 07/01/2001 | $24.96 | 0.0% | 0.0% | N | Referral Required |
| 82544 | COLUMN CHROMATOGRAPHY/MASS SPEC | 07/01/2001 | $24.96 | 0.0% | 0.0% | N | Referral Required |
| 8255 | CHNG HND MUS/TEN LNG NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 82550 | CPK TESTING | 07/01/2001 | $9.01 | 0.0% | 0.0% | N | Referral Required |
| 82552 | CPK TESTING | 07/01/2001 | $18.51 | 0.0% | 0.0% | N | Referral Required |
| 82553 | CREATINE KINASE (CK),(CPK), | 07/01/2001 | $15.95 | 0.0% | 0.0% | N | Referral Required |
| 82554 | CREATINE KINASE (CK), (CPK); | 07/01/2001 | $16.40 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 8256 | TRANSPLANT HAND TEND NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 82565 | GREATININE TESTING | 07/01/2002 | $7.07 | 0.0% | 0.0% | N | Referral Required |
| 8257 | TRANSPOSIT HAND TEND NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 82570 | URINE | 07/01/2001 | $7.15 | 0.0% | 0.0% | N | Referral Required |
| 82575 | CREATININE CLEARANCE TEST | 07/01/2001 | $13.06 | 0.0% | 0.0% | N | Referral Required |
| 8258 | TRANSPLANT HAND MUSC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 82585 | CRYOFIBRINOGEN TEST | 07/01/2001 | $11.85 | 0.0% | 0.0% | N | Referral Required |
| 8259 | TRANSPOSIT HAND MUSC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 82595 | CRYOGLOBULIN TEST | 07/01/2002 | $8.95 | 0.0% | 0.0% | N | Referral Required |
| 82600 | CYANIDE TEST | 07/01/2001 | $26.81 | 0.0% | 0.0% | N | Referral Required |
| 82607 | CYANOCOBALAMIN TESTING | 07/01/2001 | $20.83 | 0.0% | 0.0% | N | Referral Required |
| 82608 | UNSATURATED BINDING CAPACITY | 07/01/2001 | $19.80 | 0.0% | 0.0% | N | Referral Required |
| 8261 | POLLICIZATION OPERATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 82615 | CYSTINE & HOMOCYSTINE TEST | 07/01/2001 | $11.29 | 0.0% | 0.0% | N | Referral Required |
| 82626 | DEHYDROEPIANDROSTERONE TEST | 07/01/2001 | $34.93 | 0.0% | 0.0% | N | Referral Required |
| 82627 | DEHYDROEPIANDROSTERONE-SULFA | 07/01/2001 | $25.34 | 0.0% | 0.0% | N | Referral Required |
| 82633 | DESOXYCORTICOSTERONE, 11 TES | 07/01/2002 | $42.81 | 0.0% | 0.0% | N | Referral Required |
| 82634 | DESOXYCORTISOL, 11 TEST | 07/01/2001 | $40.46 | 0.0% | 0.0% | N | Referral Required |
| 82638 | DIBUCCAINE NUMBER | 07/01/2001 | $16.92 | 0.0% | 0.0% | N | Referral Required |
| 82646 | DIHYDROCODINONE TEST | 07/01/2001 | $28.54 | 0.0% | 0.0% | N | Referral Required |
| 82649 | DIHYDROMORPHINONE TEST | 07/01/2001 | $35.52 | 0.0% | 0.0% | N | Referral Required |
| 82651 | DIHYDROTESTOSTERONE TEST | 07/01/2001 | $35.68 | 0.0% | 0.0% | N | Referral Required |
| 82652 | DIHYDROXYVITAMIN D, 1,25- | 07/01/2001 | $53.19 | 0.0% | 0.0% | N | Referral Required |
| 82654 | DIMETHADIONE | 07/01/2001 | $19.14 | 0.0% | 0.0% | N | Referral Required |
| 82656 | ELASTASE, PANCREATIC (EL-1) | 01/01/2005 | $14.94 | 0.0% | 0.0% | N | Referral Required |
| 82657 | ENZYME ACTIVE BL CELLS CULT. OR TIS | 07/01/2001 | $24.96 | 0.0% | 0.0% | N | Referral Required |
| 82658 | ENZYME ACTIVE BL CELLS CULTURE OR | 07/01/2001 | $24.96 | 0.0% | 0.0% | N | Referral Required |
| 82664 | ELECTROPHORETIC TESTING | 07/01/2002 | $47.48 | 0.0% | 0.0% | N | Referral Required |
| 82666 | EPIANDROSTERONE TEST | 07/01/2001 | $29.69 | 0.0% | 0.0% | N | Referral Required |
| 82668 | ERYTHROPOIETIN, BIOASSAY | 07/01/2001 | $25.97 | 0.0% | 0.0% | N | Referral Required |
| 82670 | ESTRADIOL TEST | 07/01/2001 | $38.62 | 0.0% | 0.0% | N | Referral Required |
| 82671 | ESTROGEN TESTING | 07/01/2001 | $44.64 | 0.0% | 0.0% | N | Referral Required |
| 82672 | ESTROGEN TESTING | 07/01/2001 | $29.97 | 0.0% | 0.0% | N | Referral Required |
| 82677 | ESTRIOL TESTING | 07/01/2001 | $33.43 | 0.0% | 0.0% | N | Referral Required |
| 82679 | ESTRONE TESTING | 07/01/2001 | $34.50 | 0.0% | 0.0% | N | Referral Required |
| 8269 | THUMB RECONSTRUCTION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 82690 | ETHCHLORVYNOL TEST | 07/01/2001 | $23.89 | 0.0% | 0.0% | N | Referral Required |
| 82693 | ETHYLENE GLYCOL | 07/01/2001 | $20.59 | 0.0% | 0.0% | N | Referral Required |
| 82696 | ETIOCHOLANOLONE RIA | 07/01/2001 | $32.60 | 0.0% | 0.0% | N | Referral Required |
| 82705 | FAT OR LIPIDS FECES SCREENIN | 07/01/2001 | $7.04 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 8271 | HAND TEND PULLEY RECONST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 82710 | FECES, FAT, TESTING | 07/01/2001 | $23.21 | 0.0% | 0.0% | N | Referral Required |
| 82715 | FECES, FAT, TESTING | 07/01/2001 | $23.79 | 0.0% | 0.0% | N | Referral Required |
| 8272 | PLAST OP HND-MUS/FAS GRF | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 82725 | FATTY ACID TESTING | 07/01/2001 | $18.40 | 0.0% | 0.0% | N | Referral Required |
| 82726 | VERY LONG CHAIN; FATTY ACIDS | 07/01/2001 | $24.96 | 0.0% | 0.0% | N | Referral Required |
| 82728 | FERRITIN SPECIFY METHOD | 07/01/2001 | $18.83 | 0.0% | 0.0% | N | Referral Required |
| 82731 | FETAL FIBRONECTIN CERVICOVAGINAL | 01/01/2001 | $89.01 | 0.0% | 0.0% | N | Referral Required |
| 82735 | FLUORIDE TEST | 07/01/2001 | $25.63 | 0.0% | 0.0% | N | Referral Required |
| 82742 | FLURAZEPAM TEST | 07/01/2001 | $27.36 | 0.0% | 0.0% | N | Referral Required |
| 82746 | FOLIC ACID TESTING | 07/01/2001 | $20.32 | 0.0% | 0.0% | N | Referral Required |
| 82747 | FOLIC ACID; RBC | 07/01/2001 | $23.93 | 0.0% | 0.0% | N | Referral Required |
| 82757 | FRUCTOSE SEMEN | 07/01/2001 | $23.97 | 0.0% | 0.0% | N | Referral Required |
| 82759 | GALACTOKINASE RBC | 07/01/2001 | $29.69 | 0.0% | 0.0% | N | Referral Required |
| 82760 | GALACTOSE TESTING | 07/01/2001 | $11.55 | 0.0% | 0.0% | N | Referral Required |
| 82775 | GALACTOSE TESTING | 07/01/2001 | $29.11 | 0.0% | 0.0% | N | Referral Required |
| 82776 | GALACTOSE TESTING | 07/01/2001 | $11.59 | 0.0% | 0.0% | N | Referral Required |
| 82784 | GAMMA GLOBULIN TESTING | 07/01/2002 | $12.85 | 0.0% | 0.0% | N | Referral Required |
| 82785 | GAMMA GLOBULIN TESTING | 07/01/2001 | $22.76 | 0.0% | 0.0% | N | Referral Required |
| 82787 | GAMMAGLUBULIN; IMMUNOGLOBULI | 07/01/2001 | $3.41 | 0.0% | 0.0% | N | Referral Required |
| 8279 | PLAST OP HAND W GRFT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 82800 | BLOOD GAS TESTING | 07/01/2001 | $11.19 | 0.0% | 0.0% | N | Referral Required |
| 82803 | BLOOD GAS TESTING | 07/01/2001 | $26.74 | 0.0% | 0.0% | N | Referral Required |
| 82805 | GASES,BLOOD,ANYCOMB W/O2 SAT | 07/01/2001 | $39.21 | 0.0% | 0.0% | N | Referral Required |
| 8281 | TRANSFER OF FINGER | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 82810 | GASES, BLOOD, O2 SATURATION | 07/01/2001 | $12.06 | 0.0% | 0.0% | N | Referral Required |
| 8282 | REPAIR OF CLEFT HAND | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 82820 | HEMOGLOBIN-OXYGEN AFFINITY P | 07/01/2001 | $13.82 | 0.0% | 0.0% | N | Referral Required |
| 8283 | REPAIR OF MACRODACTYLY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8284 | REPAIR OF MALLET FINGER | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8285 | OTHER TENODESIS OF HAND | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8286 | OTHER TENOPLASTY OF HAND | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8289 | HAND PLASTIC OP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8291 | LYSIS OF HAND ADHESIONS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8292 | ASPIRATION BURSA OF HAND | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 82926 | GASTRIC ACID TESTING | 07/01/2002 | $7.53 | 0.0% | 0.0% | N | Referral Required |
| 82928 | GASTRIC ACID TESTING | 07/01/2002 | $9.05 | 0.0% | 0.0% | N | Referral Required |
| 8293 | ASPIR SOFT TISS HAND NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 82938 | GASTRIN SERUM AFTER SECRETIO | 07/01/2001 | $24.46 | 0.0% | 0.0% | N | Referral Required |
| 8294 | INJECT BURSA OF HAND | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 82941 | GASTRIN TEST | 07/01/2001 | $24.38 | 0.0% | 0.0% | N | Referral Required |
| 82943 | GLUCAGON TEST | 07/01/2001 | $19.75 | 0.0% | 0.0% | N | Referral Required |
| 82945 | GLUCOSE BODY FLUID | 07/01/2001 | $5.42 | 0.0% | 0.0% | N | Referral Required |
| 82946 | GLOBULIM SERUM | 07/01/2001 | $20.83 | 0.0% | 0.0% | N | Referral Required |
| 82947 | GLUCOSE TESTING | 07/01/2001 | $5.42 | 0.0% | 0.0% | N | Referral Required |
| 82948 | GLUCOSE TESTING | 07/01/2001 | $3.68 | 0.0% | 0.0% | N | Referral Required |
| 8295 | INJECT TENDON OF HAND | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 82950 | GLUCOSE TESTING | 07/01/2001 | $6.56 | 0.0% | 0.0% | N | Referral Required |
| 82951 | GLUCOSE TESTING | 07/01/2001 | $17.80 | 0.0% | 0.0% | N | Referral Required |
| 82952 | GLUCOSE TESTING | 07/01/2001 | $5.42 | 0.0% | 0.0% | N | Referral Required |
| 82953 | TOLBUTAMIDE TOLERANCE TEST | 07/01/2002 | $20.93 | 0.0% | 0.0% | N | Referral Required |
| 82955 | GLUCSE-6-PHOSPHTE DEHYDROGEN | 07/01/2001 | $13.40 | 0.0% | 0.0% | N | Referral Required |
| 8296 | HAND SFT TISSU INJEC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 82960 | GLUCSE-6-PHOSPHTE DEHYDROGEN | 07/01/2001 | $8.38 | 0.0% | 0.0% | N | Referral Required |
| 82962 | GLUCOSE, BLOOD, BYGLUCOSE MO | 07/01/2002 | $3.23 | 0.0% | 0.0% | N | Referral Required |
| 82963 | GLUCOSIDASE BETA | 07/01/2001 | $29.69 | 0.0% | 0.0% | N | Referral Required |
| 82965 | GLUTAMATE DEHYDROGENASE TEST | 07/01/2001 | $10.68 | 0.0% | 0.0% | N | Referral Required |
| 82975 | GLUTAMINE TEST | 07/01/2001 | $21.88 | 0.0% | 0.0% | N | Referral Required |
| 82977 | GGT TEST | 07/01/2001 | $9.95 | 0.0% | 0.0% | N | Referral Required |
| 82978 | GLUTHATHIONE TEST | 07/01/2001 | $19.70 | 0.0% | 0.0% | N | Referral Required |
| 82979 | GLUTHATHIONE REDUCTASE RBC | 07/01/2001 | $9.52 | 0.0% | 0.0% | N | Referral Required |
| 82980 | GLUTETHIMIDE TEST | 07/01/2001 | $25.32 | 0.0% | 0.0% | N | Referral Required |
| 82985 | GLYCOPROTEIN TEST | 07/01/2001 | $20.83 | 0.0% | 0.0% | N | Referral Required |
| 8299 | HAND MUS/TEN/FAS/OPS NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 83001 | GONADOTROPIN TESTING | 07/01/2001 | $25.69 | 0.0% | 0.0% | N | Referral Required |
| 83002 | GONADOTROPIN TESTING | 07/01/2001 | $18.90 | 0.0% | 0.0% | N | Referral Required |
| 83003 | GROWTH HORMONE TEST | 07/01/2001 | $23.04 | 0.0% | 0.0% | N | Referral Required |
| 83008 | GUANOSINE MONOPHOSPHATE TEST | 07/01/2001 | $23.20 | 0.0% | 0.0% | N | Referral Required |
| 83009 | HELICOBACTER PYLORI, BLOOD TEST AN | 01/01/2005 | $94.11 | 0.0% | 0.0% | N | Referral Required |
| 8301 | TENDON SHEATH EXPLORAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 83010 | HAPTOGLOBIN TESTING | 07/01/2001 | $17.38 | 0.0% | 0.0% | N | Referral Required |
| 83012 | HAPTOGLOBIN TESTING | 07/01/2001 | $23.76 | 0.0% | 0.0% | N | Referral Required |
| 83013 | HELIOCOBACTER PYLORI BREATH TEST | 07/01/2001 | $93.09 | 0.0% | 0.0% | N | Referral Required |
| 83014 | HELICOBACTER PYLORI DRUG | 07/01/2001 | $10.86 | 0.0% | 0.0% | N | Referral Required |
| 83015 | HEAVY METAL TESTING | 07/01/2001 | $12.09 | 0.0% | 0.0% | N | Referral Required |
| 83018 | HEAVY METAL TESTING | 07/01/2001 | $30.35 | 0.0% | 0.0% | N | Referral Required |
| 83019 | HELICOBACTER PYLORI, BREATH TEST | 07/01/2001 | $94.03 | 0.0% | 0.0% | N | Referral Required |
| 8302 | MYOTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 83020 | HEMOGLOBIN TESTING | 07/01/2001 | $17.80 | 0.0% | 100.0% | N | Referral Required |
| 83021 | HEMOGLOBIN FRACTIONATION AND QUAN | 07/01/2001 | $24.96 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 83026 | HEMOGLOBIN BY COPPER SULFATE | 07/01/2001 | $3.26 | 0.0% | 0.0% | N | Referral Required |
| 8303 | BURSOTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 83030 | HEMOGLOBIN TESTING | 07/01/2001 | $11.43 | 0.0% | 0.0% | N | Referral Required |
| 83033 | HEMOGLOBIN TESTING | 07/01/2001 | $6.43 | 0.0% | 0.0% | N | Referral Required |
| 83036 | GLYCOSYLATED (AIC) | 07/01/2001 | $9.66 | 0.0% | 0.0% | N | Referral Required |
| 83045 | METHEMOGLOBIN TESTING | 07/01/2001 | $6.85 | 0.0% | 0.0% | N | Referral Required |
| 83050 | METHEMOGLOBIN TESTING | 07/01/2001 | $10.12 | 0.0% | 0.0% | N | Referral Required |
| 83051 | HEMOGLOBIN TESTING | 07/01/2001 | $10.10 | 0.0% | 0.0% | N | Referral Required |
| 83055 | SULFHEMOGLOBIN TESTING | 07/01/2001 | $6.80 | 0.0% | 0.0% | N | Referral Required |
| 83060 | SULFHEMOGLOBIN TESTING | 07/01/2001 | $11.43 | 0.0% | 0.0% | N | Referral Required |
| 83065 | HEMOGLOBIN TESTING | 07/01/2001 | $9.52 | 0.0% | 0.0% | N | Referral Required |
| 83068 | HEMOGLOBIN TESTING | 07/01/2001 | $11.71 | 0.0% | 0.0% | N | Referral Required |
| 83069 | URINE | 07/01/2001 | $5.45 | 0.0% | 0.0% | N | Referral Required |
| 83070 | HEMOSIDERIN TEST | 07/01/2001 | $6.56 | 0.0% | 0.0% | N | Referral Required |
| 83071 | HEMOSIDERIN RIA | 07/01/2001 | $9.50 | 0.0% | 0.0% | N | Referral Required |
| 83080 | B-HEXOSAMINIDASE EACH ASSAY | 07/01/2001 | $19.00 | 0.0% | 0.0% | N | Referral Required |
| 83088 | HISTAMINE TEST | 07/01/2001 | $40.81 | 0.0% | 0.0% | N | Referral Required |
| 8309 | SOFT TISSUE INCISION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 83090 | HOMOCYSTINE ASSAY | 07/01/2002 | $23.31 | 0.0% | 0.0% | N | Referral Required |
| 8311 | ACHILLOTENOTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8312 | ADDUCTOR TENOTOMY OF HIP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8313 | OTHER TENOTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8314 | FASCIOTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 83150 | HOMOVANILLIC ACID TEST | 07/01/2002 | $26.74 | 0.0% | 0.0% | N | Referral Required |
| 8319 | SOFT TISSUE DIVISION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8321 | SOFT TISSUE BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8329 | SOFT TISSUE DX PROC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8331 | EXCIS LES TENDON SHEATH | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8332 | EXCIS LESION OF MUSCLE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8339 | EXC LES SOFT TISSUE NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8341 | TENDON EXCISION FOR GRFT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8342 | OTHER TENONECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8343 | MUSC/FASC EXCIS FOR GRFT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8344 | OTHER FASCIECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8345 | OTHER MYECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8349 | OTHER SOFT TISSUE EXCIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 83491 | HYDROXYCORTICOSTEROIDS 17-(1 | 07/01/2001 | $24.21 | 0.0% | 0.0% | N | Referral Required |
| 83497 | HIAA TEST | 07/01/2001 | $17.82 | 0.0% | 0.0% | N | Referral Required |
| 83498 | HYDROXYPROGESTERONE TESTING | 07/01/2001 | $37.54 | 0.0% | 0.0% | N | Referral Required |
| 83499 | HYDROXYPROGESTERONE TESTING | 07/01/2001 | $34.83 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 835 | BURSECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 83500 | HYDROXYPROLINE TESTING | 07/01/2001 | $31.30 | 0.0% | 0.0% | N | Referral Required |
| 83505 | HYDROXYPROLINE TESTING | 07/01/2001 | $33.59 | 0.0% | 0.0% | N | Referral Required |
| 83516 | IMMUNOASSAY,FOR ANALYTE OTHE | 07/01/2001 | $14.94 | 0.0% | 0.0% | N | Referral Required |
| 83518 | IMMUNOASSAY, FOR ANALYTE OTH | 07/01/2001 | $9.45 | 0.0% | 0.0% | N | Referral Required |
| 83519 | IMMUNOASSAY, ANALYTE; BY RAD | 07/01/2001 | $18.67 | 0.0% | 0.0% | N | Referral Required |
| 83520 | IMMUNOASSAY, ANALYTE; NOT OT | 07/01/2001 | $17.89 | 0.0% | 0.0% | N | Referral Required |
| 83525 | INSULIN, TOTAL | 07/01/2001 | $15.81 | 0.0% | 0.0% | N | Referral Required |
| 83527 | INSULIN; FREE | 07/01/2001 | $17.90 | 0.0% | 0.0% | N | Referral Required |
| 83528 | INTRINSIC FACTOR LEVEL | 07/01/2001 | $21.98 | 0.0% | 0.0% | N | Referral Required |
| 83540 | IRON TEST | 07/01/2001 | $8.95 | 0.0% | 0.0% | N | Referral Required |
| 83550 | IRON BINDING CAPACITY TEST | 07/01/2001 | $12.08 | 0.0% | 0.0% | N | Referral Required |
| 83570 | ISOCITRIC DEHYDROGENASE TEST | 07/01/2001 | $12.22 | 0.0% | 0.0% | N | Referral Required |
| 83582 | KETOGENIC STEROID TESTING | 07/01/2001 | $16.46 | 0.0% | 0.0% | N | Referral Required |
| 83586 | KETOSTEROID TESTING | 07/01/2001 | $17.69 | 0.0% | 0.0% | N | Referral Required |
| 83593 | KETOSTEROID TESTING | 07/01/2001 | $36.35 | 0.0% | 0.0% | N | Referral Required |
| 83605 | LACTATE TEST | 07/01/2001 | $12.99 | 0.0% | 0.0% | N | Referral Required |
| 8361 | TENDON SHEATH SUTURE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 83615 | LDH TEST | 07/01/2001 | $8.35 | 0.0% | 0.0% | N | Referral Required |
| 8362 | DELAYED TENDON SUTURE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 83625 | LDH TEST | 07/01/2001 | $17.69 | 0.0% | 0.0% | N | Referral Required |
| 83626 | ISOENZYMES CHEMICAL SEPARATION | 07/01/2001 | $17.94 | 0.0% | 0.0% | N | Referral Required |
| 8363 | ROTATOR CUFF REPAIR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 83630 | LACTOBERRIN, FECAL, QUALITATIVE | 07/01/2005 | $15.10 | 0.0% | 0.0% | N | Referral Required |
| 83632 | PLACENTAL LACTOGEN TEST | 07/01/2001 | $27.93 | 0.0% | 0.0% | N | Referral Required |
| 83633 | LACTOSE URINE QUALITATIVE | 07/01/2001 | $7.61 | 0.0% | 0.0% | N | Referral Required |
| 83634 | LACTOSE TEST | 07/01/2001 | $15.92 | 0.0% | 0.0% | N | Referral Required |
| 8364 | OTHER SUTURE OF TENDON | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8365 | OTHER MUSCLE/FASC SUTURE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 83655 | LEAD TESTING | 07/01/2004 | $16.91 | 0.0% | 0.0% | N | |
| 83661 | L/S RATIO | 07/01/2001 | $30.38 | 0.0% | 0.0% | N | Referral Required |
| 83662 | L/S RATIO; FOAM STABILITY TE | 07/01/2001 | $26.14 | 0.0% | 0.0% | N | Referral Required |
| 83663 | FETAL LUNG MATURITY ASSESSMENT | 07/01/2001 | $13.07 | 0.0% | 0.0% | N | Referral Required |
| 83664 | FETAL LUNG MATURITY ASSESSMENT | 07/01/2001 | $6.53 | 0.0% | 0.0% | N | Referral Required |
| 83670 | LAP TEST | 07/01/2001 | $12.66 | 0.0% | 0.0% | N | Referral Required |
| 83690 | LIPASE TEST | 07/01/2001 | $9.52 | 0.0% | 0.0% | N | Referral Required |
| 8371 | TENDON ADVANCEMENT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 83715 | LIPOPROTEIN TESTING | 07/01/2001 | $15.56 | 0.0% | 0.0% | N | Referral Required |
| 83716 | LIPOPROTEIN BLOOD HIGH RESOLUTION | 07/01/2001 | $34.30 | 0.0% | 0.0% | N | Referral Required |
| 83718 | LIPOPROTEIN HIGH DENSITY CHO | 07/01/2001 | $11.31 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 83719 | LIPOPROTEN VERY LOW DNSITY ( | 07/01/2001 | $16.08 | 0.0% | 0.0% | N | Referral Required |
| 8372 | TENDON RECESSION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 83721 | LDL CHOLESTEROL | 07/01/2002 | $13.18 | 0.0% | 0.0% | N | Referral Required |
| 83727 | LUTEINIZING RELEASING FASTOR | 07/01/2001 | $23.76 | 0.0% | 0.0% | N | Referral Required |
| 8373 | TENDON REATTACHMENT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 83735 | MAGNESIUM TEST | 07/01/2001 | $9.26 | 0.0% | 0.0% | N | Referral Required |
| 8374 | MUSCLE REATTACHMENT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8375 | TENDON TRNSFR/TRANSPLANT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8376 | OTHER TENDON TRANSPOSIT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8377 | MUSCLE TRNSFR/TRANSPLANT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 83775 | MALATE DEHYDROGENASE TEST | 07/01/2001 | $10.19 | 0.0% | 0.0% | N | Referral Required |
| 83785 | MANGANESE TEST | 07/01/2001 | $33.98 | 0.0% | 0.0% | N | Referral Required |
| 83788 | MASS SPECTROMETRY & TANDEM MASS A | 07/01/2001 | $24.96 | 0.0% | 0.0% | N | Referral Required |
| 83789 | MASS SPECTROMETRY & TANDEM MASS | 07/01/2001 | $24.96 | 0.0% | 0.0% | N | Referral Required |
| 8379 | OTHER MUSCLE TRANSPOSIT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 83805 | MEPROBAMATE TEST | 07/01/2001 | $24.36 | 0.0% | 0.0% | N | Referral Required |
| 8381 | TENDON GRAFT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8382 | MUSCLE OR FASCIA GRAFT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 83825 | MERCURY TESTING | 07/01/2001 | $22.47 | 0.0% | 0.0% | N | Referral Required |
| 8383 | TENDON PULLEY RECONSTRUC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 83835 | METANEPHRINES TEST | 07/01/2001 | $23.41 | 0.0% | 0.0% | N | Referral Required |
| 8384 | CLUBFOOT RELEASE NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 83840 | METHADONE TEST | 07/01/2001 | $22.56 | 0.0% | 0.0% | N | Referral Required |
| 8385 | MUSC/TEND LNG CHANGE NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 83857 | METHEMALBUMIM TEST | 07/01/2001 | $14.84 | 0.0% | 0.0% | N | Referral Required |
| 83858 | METHSUXIMIDE SERUM | 07/01/2001 | $20.48 | 0.0% | 0.0% | N | Referral Required |
| 8386 | QUADRICEPSPLASTY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 83864 | MUCOPOLYSACCHARIDES ACID BLO | 07/01/2001 | $27.51 | 0.0% | 0.0% | N | Referral Required |
| 83866 | MUCOPOLYSACCHARIDES TESTING | 07/01/2001 | $13.62 | 0.0% | 0.0% | N | Referral Required |
| 8387 | OTHER PLASTIC OPS MUSCLE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 83872 | MUCIN-SYNOVIAL FLUID TEST | 07/01/2002 | $7.70 | 0.0% | 0.0% | N | Referral Required |
| 83873 | MYELIN BASIC PROTEIN CSF RIA | 07/01/2001 | $23.78 | 0.0% | 0.0% | N | Referral Required |
| 83874 | MYOGLOBIN ELECTROPHORESIS | 07/01/2001 | $17.84 | 0.0% | 0.0% | N | Referral Required |
| 8388 | OTHER PLASTIC OPS TENDON | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 83880 | NATRIURETIC PEPTIDE | 01/01/2003 | $47.43 | 0.0% | 0.0% | N | Referral Required |
| 83883 | NEPHELOMETRY,EACH ANALYTE NO | 07/01/2001 | $12.67 | 0.0% | 0.0% | N | Referral Required |
| 83885 | NICKEL TEST | 07/01/2001 | $33.86 | 0.0% | 0.0% | N | Referral Required |
| 83887 | NICOTINE TEST | 07/01/2001 | $32.73 | 0.0% | 0.0% | N | Referral Required |
| 8389 | OTHER PLASTIC OPS FASCIA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 83890 | NUCLEAR MOLECULAR DIAG. MOLE | 07/01/2001 | $5.54 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 83891 | MOLECULAR DIAGNOSTICS ISOLATION OR | 07/01/2001 | $5.54 | 0.0% | 0.0% | N | Referral Required |
| 83892 | NUCLEAR MOLECULAR DIAGNOSTIC | 07/01/2001 | $5.54 | 0.0% | 0.0% | N | Referral Required |
| 83893 | MOLECULAR DIAGNOSTICS DOT/SLOT BLO | 07/01/2001 | $5.54 | 0.0% | 0.0% | N | Referral Required |
| 83894 | NUCLEAR MOLECULAR DIAGNOSTIC | 07/01/2001 | $5.54 | 0.0% | 0.0% | N | Referral Required |
| 83896 | NUCLEAR MOLECULAR DIAGNOSTIC | 07/01/2001 | $5.54 | 0.0% | 0.0% | N | Referral Required |
| 83897 | MOLECULAR DIAGNOSTICS NUCLEIC ACID | 07/01/2001 | $5.54 | 0.0% | 0.0% | N | Referral Required |
| 83898 | NUCLEAR MOLECULAR DIAG NUCLE | 07/01/2001 | $5.69 | 0.0% | 0.0% | N | Referral Required |
| 83901 | MOLECULAR DIAGNOSTICS AMPLIFICATION | 07/01/2001 | $5.69 | 0.0% | 0.0% | N | Referral Required |
| 83902 | MOLECUALR DX; REVERSE TRANSC | 07/01/2001 | $5.69 | 0.0% | 0.0% | N | Referral Required |
| 83903 | MOLECULAR DIAGNOSTICS MUTATION SCA | 07/01/2001 | $5.69 | 0.0% | 0.0% | N | Referral Required |
| 83904 | MOLECULAR DIAGNOSTICS MUTATION IDE | 07/01/2001 | $5.69 | 0.0% | 0.0% | N | Referral Required |
| 83905 | MOLECULAR DIAGNOSTICS MUTATION ID | 07/01/2001 | $5.69 | 0.0% | 0.0% | N | Referral Required |
| 83906 | MOLECULAR DIAG MUTATION ID BY ALLEG | 07/01/2001 | $5.69 | 0.0% | 0.0% | N | Referral Required |
| 8391 | ADHESIOLYSIS MUS/TEN/FAS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 83912 | NUCLEAR MOLECLULAR DIAGNOSTI | 07/01/2004 | $5.60 | 0.0% | 100.0% | N | Referral Required |
| 83915 | NUCLEOTIDASE 5 - TEST | 07/01/2001 | $15.41 | 0.0% | 0.0% | N | Referral Required |
| 83916 | OLIGOCLONAL IMMUNE GLOBULIN | 07/01/2001 | $27.79 | 0.0% | 0.0% | N | Referral Required |
| 83918 | ORGANIC ACIDS, QUANTITATIVE | 07/01/2001 | $22.75 | 0.0% | 0.0% | N | Referral Required |
| 83919 | ORGANIC ACIDS QUALITATIVE EA SPECI | 07/01/2001 | $22.75 | 0.0% | 0.0% | N | Referral Required |
| 8392 | INSERT SKEL MUSC STIMULA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 83921 | ORGANIC ACID | 07/01/2001 | $22.75 | 0.0% | 0.0% | N | Referral Required |
| 83925 | OPIATES, (EG, MORPHINE, MEPE | 07/01/2001 | $26.89 | 0.0% | 0.0% | N | Referral Required |
| 8393 | REMOV SKEL MUSC STIMULAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 83930 | OSMOLALITY TEST | 07/01/2001 | $9.13 | 0.0% | 0.0% | N | Referral Required |
| 83935 | URINE | 07/01/2001 | $9.42 | 0.0% | 0.0% | N | Referral Required |
| 83937 | OSTEOCALCIN (BONE G1A PROTEI | 07/01/2001 | $41.26 | 0.0% | 0.0% | N | Referral Required |
| 8394 | ASPIRATION OF BURSA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 83945 | OXALATE TEST | 07/01/2001 | $17.80 | 0.0% | 0.0% | N | Referral Required |
| 8395 | SOFT TISSUE ASPIRAT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 83950 | ONCOPROTEIN, HER-2/NEU | 01/01/2002 | $89.01 | 0.0% | 0.0% | N | Referral Required |
| 8396 | INJECTION INTO BURSA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8397 | INJECTION INTO TENDON | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 83970 | PARATHORMONE RIA | 07/01/2001 | $57.04 | 0.0% | 0.0% | N | Referral Required |
| 83974 | GASTRIC PEPSIN TESTING | 07/01/2001 | $14.68 | 0.0% | 0.0% | N | Referral Required |
| 8398 | SOFT TISSUE INJECT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 83986 | PH TESTING | 07/01/2001 | $4.95 | 0.0% | 0.0% | N | Referral Required |
| 8399 | MUS/TEN/FAS/BUR OP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 83992 | PHENCYCLIDINE TEST | 07/01/2001 | $20.31 | 0.0% | 0.0% | N | Referral Required |
| 8400 | UPPER LIMB AMPUTAT NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8401 | FINGER AMPUTATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 8402 | THUMB AMPUTATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 84022 | PHENOTHIAZINE TESTING | 07/01/2001 | $21.53 | 0.0% | 0.0% | N | Referral Required |
| 8403 | AMPUTATION THROUGH HAND | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 84030 | PKU TESTING | 07/01/2002 | $7.61 | 0.0% | 0.0% | N | Referral Required |
| 84035 | PHENYLKETONES BLOOD QUALITAT | 07/01/2001 | $5.05 | 0.0% | 0.0% | N | Referral Required |
| 8404 | DISARTICULATION OF WRIST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8405 | AMPUTATION THRU FOREARM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8406 | DISARTICULATION OF ELBOW | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 84060 | PHOSPHATASE TESTING | 07/01/2002 | $10.20 | 0.0% | 0.0% | N | Referral Required |
| 84061 | PHOSPHATSE, ACID; FORENSIC E | 07/01/2001 | $10.94 | 0.0% | 0.0% | N | Referral Required |
| 84066 | PHOSPHATASE, PROSTATIC FRACT | 07/01/2001 | $13.35 | 0.0% | 0.0% | N | Referral Required |
| 8407 | AMPUTATION THRU HUMERUS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 84075 | PHOSPHATASE TESTING | 07/01/2001 | $7.15 | 0.0% | 0.0% | N | Referral Required |
| 84078 | PHOSPHATASE TESTING | 07/01/2002 | $10.09 | 0.0% | 0.0% | N | Referral Required |
| 8408 | SHOULDER DISARTICULATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 84080 | PHOSPHATASE TESTING | 07/01/2001 | $20.44 | 0.0% | 0.0% | N | Referral Required |
| 84081 | PHOSPHATYOYLGLYCEROL | 07/01/2001 | $22.84 | 0.0% | 0.0% | N | Referral Required |
| 84085 | PHOSPHOGLUCONATE, 6-TEST | 07/01/2001 | $9.32 | 0.0% | 0.0% | N | Referral Required |
| 84087 | PHOSPHOHEXOSE ISOMERASE TEST | 07/01/2001 | $14.27 | 0.0% | 0.0% | N | Referral Required |
| 8409 | FOREQUARTER AMPUTATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8410 | LOWER LIMB AMPUTAT NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 84100 | PHOSPHORUS TEST | 07/01/2001 | $6.56 | 0.0% | 0.0% | N | Referral Required |
| 84105 | URINE | 07/01/2001 | $6.81 | 0.0% | 0.0% | N | Referral Required |
| 84106 | PORPHOBILINOGEN TESTING | 07/01/2001 | $5.92 | 0.0% | 0.0% | N | Referral Required |
| 8411 | TOE AMPUTATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 84110 | PORPHOBILINOGEN TESTING | 07/01/2001 | $11.68 | 0.0% | 0.0% | N | Referral Required |
| 84119 | PORPHYRIN TESTING | 07/01/2001 | $11.90 | 0.0% | 0.0% | N | Referral Required |
| 8412 | AMPUTATION THROUGH FOOT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 84120 | PORPHYRIN TESTING | 07/01/2001 | $20.33 | 0.0% | 0.0% | N | Referral Required |
| 84126 | PORPHYRIN TESTING | 07/01/2001 | $35.20 | 0.0% | 0.0% | N | Referral Required |
| 84127 | PORPHYRINS, FECES; QUALITATI | 07/01/2001 | $16.10 | 0.0% | 0.0% | N | Referral Required |
| 8413 | DISARTICULATION OF ANKLE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 84132 | POTASSIUM TEST | 07/01/2001 | $6.35 | 0.0% | 0.0% | N | Referral Required |
| 84133 | URINE | 07/01/2001 | $5.94 | 0.0% | 0.0% | N | Referral Required |
| 84134 | PREALBUMIN | 07/01/2001 | $18.74 | 0.0% | 0.0% | N | Referral Required |
| 84135 | PREGNANEDIOL RIA | 07/01/2001 | $26.44 | 0.0% | 0.0% | N | Referral Required |
| 84138 | PREGNANETRIOL RIA | 07/01/2001 | $26.16 | 0.0% | 0.0% | N | Referral Required |
| 8414 | AMPUTAT THROUGH MALLEOLI | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 84140 | PREGNENOLONE | 07/01/2001 | $28.58 | 0.0% | 0.0% | N | Referral Required |
| 84143 | 17-HYDROXYPREGNENOLONE | 07/01/2001 | $31.54 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 84144 | PROGESTERONE TEST | 07/01/2001 | $28.83 | 0.0% | 0.0% | N | Referral Required |
| 84146 | PROLACTIN TEST | 07/01/2001 | $26.78 | 0.0% | 0.0% | N | Referral Required |
| 8415 | BELOW KNEE AMPUTAT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 84150 | PROSTAGLANDIN ANY ONE RIA | 07/01/2001 | $34.50 | 0.0% | 0.0% | N | Referral Required |
| 84152 | PROSTATE SPECIFIC ANTIGEN | 07/01/2001 | $25.42 | 0.0% | 0.0% | N | Referral Required |
| 84153 | PROSTATE SPECIFIC ANTIGENS ( | 07/01/2001 | $25.42 | 0.0% | 0.0% | N | Referral Required |
| 84154 | PROSTATE SPECIFIC ANTIGEN (PSA) | 07/01/2001 | $25.42 | 0.0% | 0.0% | N | Referral Required |
| 84155 | PROTEIN, TOTAL; SERUM | 07/01/2001 | $5.06 | 0.0% | 0.0% | N | Referral Required |
| 84156 | PROTEIN, TOTAL, EXCEPT BY REFRACT | 01/01/2004 | $5.06 | 0.0% | 0.0% | N | Referral Required |
| 84157 | PROTEIN-OTHER SOURCE | 01/01/2004 | $5.06 | 0.0% | 0.0% | N | Referral Required |
| 8416 | DISARTICULATION OF KNEE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 84160 | PROTEIN TESTING | 07/01/2001 | $3.98 | 0.0% | 0.0% | N | Referral Required |
| 84163 | PREGNANCY-ASSOC PAPP-A | 01/01/2005 | $6.25 | 0.0% | 0.0% | N | Referral Required |
| 84165 | PROTEIN ELECTROPHORETIC FRATIONA | 07/01/2004 | $15.01 | 0.0% | 100.0% | N | Referral Required |
| 84166 | PROTEIN; ELECTROPHORETIC | 07/01/2005 | $24.92 | 0.0% | 0.0% | N | Referral Required |
| 8417 | ABOVE KNEE AMPUTATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8418 | DISARTICULATION OF HIP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 84181 | PROTEIN;WESTERN BLOT,INTERP | 07/01/2003 | $17.82 | 0.0% | 100.0% | N | Referral Required |
| 84182 | PROTEIN;WESTERN BLOT,INTERP | 07/01/2003 | $17.82 | 0.0% | 100.0% | N | Referral Required |
| 8419 | HINDQUARTER AMPUTATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 84202 | PROTOPORPHYRIN TEST | 07/01/2001 | $19.83 | 0.0% | 0.0% | N | Referral Required |
| 84203 | PROTOPORPHYRIN TEST | 07/01/2002 | $11.89 | 0.0% | 0.0% | N | Referral Required |
| 84206 | INSULIN TESTING | 07/01/2001 | $24.62 | 0.0% | 0.0% | N | Referral Required |
| 84207 | PYRIDOXINE TEST | 07/01/2001 | $38.82 | 0.0% | 0.0% | N | Referral Required |
| 8421 | THUMB REATTACHMENT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 84210 | PYRUVATE TEST | 07/01/2001 | $15.01 | 0.0% | 0.0% | N | Referral Required |
| 8422 | FINGER REATTACHMENT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 84220 | PYRUVIC-KINASE TEST | 07/01/2001 | $13.04 | 0.0% | 0.0% | N | Referral Required |
| 84228 | QUININE | 07/01/2001 | $16.08 | 0.0% | 0.0% | N | Referral Required |
| 8423 | FOREARM/WRIST/HAND REATT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 84233 | RECEPTOR ASSAY ESTROGEN (EST | 07/01/2001 | $89.01 | 0.0% | 0.0% | N | Referral Required |
| 84234 | PROGESTERONE | 07/01/2002 | $89.64 | 0.0% | 0.0% | N | Referral Required |
| 84235 | ENDOCRINE OTHER THAN ESTROGE | 07/01/2001 | $72.31 | 0.0% | 0.0% | N | Referral Required |
| 84238 | RECEPTOR ASSAY; NONENDOCRINE | 07/01/2001 | $50.53 | 0.0% | 0.0% | N | Referral Required |
| 8424 | UPPER ARM REATTACHMENT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 84244 | RENIN TEST | 07/01/2001 | $30.40 | 0.0% | 0.0% | N | Referral Required |
| 8425 | TOE REATTACHMENT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 84252 | RIBOFLAVIN TEST | 07/01/2001 | $27.96 | 0.0% | 0.0% | N | Referral Required |
| 84255 | SELENIUM TEST | 07/01/2001 | $35.28 | 0.0% | 0.0% | N | Referral Required |
| 8426 | FOOT REATTACHMENT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 84260 | SEROTONIN TEST | 07/01/2001 | $42.81 | 0.0% | 0.0% | N | Referral Required |
| 8427 | LOWER LEG/ANKLE REATTACH | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 84270 | SEX HORMONE BINDING GLOBNYLI | 07/01/2001 | $30.03 | 0.0% | 0.0% | N | Referral Required |
| 84275 | SIALIC ACID BLOOD | 07/01/2001 | $18.56 | 0.0% | 0.0% | N | Referral Required |
| 8428 | THIGH REATTACHMENT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 84285 | SILICA TEST | 07/01/2001 | $32.55 | 0.0% | 0.0% | N | Referral Required |
| 8429 | REATTACHMENT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 84295 | SODIUM TEST | 07/01/2001 | $6.65 | 0.0% | 0.0% | N | Referral Required |
| 843 | AMPUTATION STUMP REVIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 84300 | URINE | 07/01/2001 | $6.72 | 0.0% | 0.0% | N | Referral Required |
| 84302 | SODIUM; OTHER SOURCE | 01/01/2003 | $6.79 | 0.0% | 0.0% | N | Referral Required |
| 84305 | SOMATOMEDIN | 07/01/2001 | $29.38 | 0.0% | 0.0% | N | Referral Required |
| 84307 | SOMATOSTATIN | 07/01/2001 | $25.27 | 0.0% | 0.0% | N | Referral Required |
| 84311 | SPECTROPHOTOMETRY, ANALYTE N | 07/01/2001 | $9.66 | 0.0% | 0.0% | N | Referral Required |
| 84315 | SPECIFIC GRAVITY TEST | 07/01/2001 | $3.46 | 0.0% | 0.0% | N | Referral Required |
| 84375 | CHROMATOGRAPHIC SUGARS | 07/01/2001 | $27.09 | 0.0% | 0.0% | N | Referral Required |
| 84376 | SUGARS SNGL QUALITATIVE EA | 07/01/2001 | $7.61 | 0.0% | 0.0% | N | Referral Required |
| 84377 | SUGARS MULTIPLE QUALITATIVE EA SPEC | 07/01/2001 | $7.61 | 0.0% | 0.0% | N | Referral Required |
| 84378 | SUGARS SNGL QUANTITATIVE EACH SPEC | 07/01/2001 | $15.92 | 0.0% | 0.0% | N | Referral Required |
| 84379 | SUGARS MULTI QUANTITATIVE EA SPEC | 07/01/2001 | $15.92 | 0.0% | 0.0% | N | Referral Required |
| 84392 | SULFATE, URINE | 07/01/2001 | $6.56 | 0.0% | 0.0% | N | Referral Required |
| 8440 | IMPLNT/FIT PROS LIMB NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 84402 | TESTOSTERONE; FREE | 07/01/2001 | $32.40 | 0.0% | 0.0% | N | Referral Required |
| 84403 | TESTOSTERONE TESTING | 07/01/2001 | $32.46 | 0.0% | 0.0% | N | Referral Required |
| 8441 | FIT UP ARM/SHOULD PROSTH | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8442 | FIT LO ARM/HAND PROSTHES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 84425 | THIAMIN TEST | 07/01/2001 | $29.35 | 0.0% | 0.0% | N | Referral Required |
| 8443 | FIT ARM PROSTHESIS NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 84430 | THIOCYANATE TEST | 07/01/2001 | $16.08 | 0.0% | 0.0% | N | Referral Required |
| 84432 | THYROGLOBULIN | 07/01/2001 | $20.06 | 0.0% | 0.0% | N | Referral Required |
| 84436 | T4 TEST | 07/01/2001 | $9.50 | 0.0% | 0.0% | N | Referral Required |
| 84437 | THYROXINE (T4) NEONATAL | 07/01/2001 | $8.95 | 0.0% | 0.0% | N | Referral Required |
| 84439 | T4 TEST | 07/01/2001 | $12.46 | 0.0% | 0.0% | N | Referral Required |
| 8444 | IMPLANT ARM PROSTHESIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 84442 | TBG TEST | 07/01/2001 | $20.44 | 0.0% | 0.0% | N | Referral Required |
| 84443 | TSH TEST | 07/01/2001 | $21.74 | 0.0% | 0.0% | N | Referral Required |
| 84445 | THYROTROPIN RELEASING FACTOR | 07/01/2001 | $70.28 | 0.0% | 0.0% | N | Referral Required |
| 84446 | TOCOPHEROL ALPHA TEST | 07/01/2001 | $19.60 | 0.0% | 0.0% | N | Referral Required |
| 84449 | TRANSCORTIN (CORTISOL BINDIN | 07/01/2001 | $24.87 | 0.0% | 0.0% | N | Referral Required |
| 8445 | FIT ABOVE KNEE PROSTHES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 84450 | SGOT TEST | 07/01/2001 | $7.14 | 0.0% | 0.0% | N | Referral Required |
| 8446 | FIT BELOW KNEE PROSTHES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 84460 | SGPT TEST | 07/01/2001 | $7.32 | 0.0% | 0.0% | N | Referral Required |
| 84466 | TRANSFERRIN | 07/01/2001 | $17.65 | 0.0% | 0.0% | N | Referral Required |
| 8447 | FIT LEG PROSTHESIS NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 84478 | TRIGLYCERIDE TESTING | 07/01/2001 | $7.95 | 0.0% | 0.0% | N | Referral Required |
| 84479 | THYROID HORMONE (T-3/T-4) OR | 07/01/2001 | $8.95 | 0.0% | 0.0% | N | Referral Required |
| 8448 | IMPLANT LEG PROSTHESIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 84480 | TRIIODOTHYRONINE T3: TOTAL ( | 07/01/2001 | $19.60 | 0.0% | 0.0% | N | Referral Required |
| 84481 | TRIIODOTHYRONINE FREE (FT-3) | 07/01/2001 | $23.41 | 0.0% | 0.0% | N | Referral Required |
| 84482 | TRIDOTHYRONINE (T-3); REVERS | 07/01/2001 | $21.78 | 0.0% | 0.0% | N | Referral Required |
| 84484 | TROPONIN | 07/01/2001 | $13.60 | 0.0% | 0.0% | N | Referral Required |
| 84485 | TRYPSIN TESTS | 07/01/2001 | $10.37 | 0.0% | 0.0% | N | Referral Required |
| 84488 | TRYPSIN TESTS | 07/01/2001 | $6.43 | 0.0% | 0.0% | N | Referral Required |
| 84490 | QUANTITATIVE | 07/01/2001 | $10.52 | 0.0% | 0.0% | N | Referral Required |
| 8451 | INSERTION OF INTERBODY SPINAL | 10/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 84510 | TYROSINE TEST | 07/01/2001 | $14.38 | 0.0% | 0.0% | N | Referral Required |
| 84512 | TROPONIN, QUALITATIVE | 07/01/2001 | $8.60 | 0.0% | 0.0% | N | Referral Required |
| 8452 | INSERTION OF RECOMBINANT BONE | 10/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 84520 | UREA NITROGEN; QUANTITATIVE | 07/01/2001 | $5.45 | 0.0% | 0.0% | N | Referral Required |
| 84525 | BUN | 07/01/2001 | $5.19 | 0.0% | 0.0% | N | Referral Required |
| 84540 | UREA NITROGEN URINE | 07/01/2001 | $6.56 | 0.0% | 0.0% | N | Referral Required |
| 84545 | BUN | 07/01/2001 | $9.12 | 0.0% | 0.0% | N | Referral Required |
| 84550 | URIC ACID TESTING | 07/01/2001 | $6.25 | 0.0% | 0.0% | N | Referral Required |
| 8456 | INSERTION OF (CEMENT) SPACER | 10/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 84560 | URIC ACID, OTHER SOURCE | 07/01/2001 | $6.56 | 0.0% | 0.0% | N | Referral Required |
| 8457 | REMOVAL OF (CEMENT) SPACER | 10/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 84577 | UROBILINOGEN FECES QUANTITAT | 07/01/2001 | $17.24 | 0.0% | 0.0% | N | Referral Required |
| 84578 | UROBILINOGEN URINE QUALITATI | 07/01/2001 | $4.48 | 0.0% | 0.0% | N | Referral Required |
| 8458 | IMPLANTATION OF INTERSPINOUS | 10/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 84580 | UROBILINOGEN TESTING | 07/01/2001 | $9.81 | 0.0% | 0.0% | N | Referral Required |
| 84583 | UROBILINOGEN TESTING | 07/01/2001 | $6.95 | 0.0% | 0.0% | N | Referral Required |
| 84585 | VMA TEST | 07/01/2001 | $21.42 | 0.0% | 0.0% | N | Referral Required |
| 84586 | VASOACTIVE INTESTINAL PEPTID | 07/01/2001 | $48.83 | 0.0% | 0.0% | N | Referral Required |
| 84588 | VASOPRESSIN TESTING | 07/01/2001 | $46.91 | 0.0% | 0.0% | N | Referral Required |
| 84590 | VITAMIN A TESTING | 07/01/2001 | $16.02 | 0.0% | 0.0% | N | Referral Required |
| 84591 | VITAMIN ASSAY | 07/01/2001 | $16.02 | 0.0% | 0.0% | N | Referral Required |
| 84597 | VITAMIN K TEST | 07/01/2001 | $18.94 | 0.0% | 0.0% | N | Referral Required |
| 84600 | VOLATILES TESTING | 07/01/2001 | $22.21 | 0.0% | 0.0% | N | Referral Required |
| 84620 | XYLOSE TOLERANCE TEST | 07/01/2001 | $16.37 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 84630 | ZINC TEST | 07/01/2001 | $15.74 | 0.0% | 0.0% | N | Referral Required |
| 84645 | ZINC SULPHATE TURBIDITY TEST | 07/01/2001 | $7.85 | 0.0% | 0.0% | N | Referral Required |
| 84681 | C-PEPTIDE, ANY METHOD | 07/01/2001 | $28.75 | 0.0% | 0.0% | N | Referral Required |
| 84702 | GONADOTRROPIN CHORIONIC QUAN | 07/01/2001 | $20.80 | 0.0% | 0.0% | N | Referral Required |
| 84703 | QUALITATIVE | 07/01/2001 | $10.38 | 0.0% | 0.0% | N | Referral Required |
| 8471 | APPLICATION OF EXTERNAL FIXATOR | 10/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8472 | FIXATOR DEVICE, RING SYSTEM | 10/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8473 | HYBRID EXTERNAL FIXATOR | 10/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 84830 | OVULATION TESTS BY COLOR COM | 07/01/2001 | $13.87 | 0.0% | 0.0% | N | Referral Required |
| 8491 | AMPUTATION NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8492 | SEPARAT EQUAL JOIN TWIN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8493 | SEPARAT UNEQUL JOIN TWIN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8499 | MUSCULOSKELETAL OP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 84999 | UNLISTED CHEMISTRY/TOXICOLOG | 09/01/1982 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 850 | MASTOTOMY | 09/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 85002 | IVY TEST | 07/01/2001 | $6.22 | 0.0% | 0.0% | N | Referral Required |
| 85004 | BLOOD COUNT | 01/01/2003 | $8.58 | 0.0% | 0.0% | N | Referral Required |
| 85007 | BLOOD COUNT | 07/01/2001 | $4.76 | 0.0% | 0.0% | N | Referral Required |
| 85008 | BLOOD COUNT,MANUAL BLOOD SME | 07/01/2001 | $4.76 | 0.0% | 0.0% | N | Referral Required |
| 85009 | BLOOD COUNT | 07/01/2001 | $3.98 | 0.0% | 0.0% | N | Referral Required |
| 85013 | BLOOD COUNT; SPUN MICROGEMAT | 07/01/2001 | $3.27 | 0.0% | 0.0% | N | Referral Required |
| 85014 | HEMATOCRIT TEST | 07/01/2001 | $3.27 | 0.0% | 0.0% | N | Referral Required |
| 85018 | HEMOGLOBIN TESTING | 07/01/2001 | $3.27 | 0.0% | 0.0% | N | Referral Required |
| 85025 | HEMOGRAM AND PLATELET COUNT AUTO | 07/01/2001 | $10.74 | 0.0% | 0.0% | N | Referral Required |
| 85027 | HEMOGRAM AUTOMATED WITH PLATELET C | 07/01/2001 | $8.49 | 0.0% | 0.0% | N | Referral Required |
| 85032 | MANUAL CELL COUNT | 01/01/2003 | $6.01 | 0.0% | 0.0% | N | Referral Required |
| 85041 | RED BLOOD CELL COUNT | 07/01/2001 | $4.16 | 0.0% | 0.0% | N | Referral Required |
| 85044 | RETICULOCYTE COUNT | 07/01/2001 | $5.94 | 0.0% | 0.0% | N | Referral Required |
| 85045 | RETICULOCYTE COUNT FLOW CYTOMOETR | 07/01/2001 | $5.54 | 0.0% | 0.0% | N | Referral Required |
| 85046 | BLOOD COUNT RETICULOCYTES | 07/01/2001 | $7.72 | 0.0% | 0.0% | N | Referral Required |
| 85048 | WHITE BLOOD CELL COUNT | 07/01/2001 | $3.52 | 0.0% | 0.0% | N | Referral Required |
| 85049 | PLATELET AUTOMATED | 01/01/2003 | $6.25 | 0.0% | 0.0% | N | Referral Required |
| 85060 | BLOOD SMEAR, PERIPHERAL BY P | 07/01/2003 | $22.06 | 0.0% | 0.0% | N | Referral Required |
| 85097 | SMEAR, INTERP ONLY | 07/01/2003 | $89.02 | 0.0% | 0.0% | N | Referral Required |
| 8511 | PERCUTAN BREAST BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8512 | OPEN BIOPSY OF BREAST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 85130 | CHROMOGENIC SUBSTRATE ASSAY | 07/01/2001 | $16.44 | 0.0% | 0.0% | N | Referral Required |
| 85170 | CLOT RETRACTION TESTING | 07/01/2001 | $5.00 | 0.0% | 0.0% | N | Referral Required |
| 85175 | CLOT LYSIS TIME WHOLE BLOOD | 07/01/2001 | $6.28 | 0.0% | 0.0% | N | Referral Required |
| 8519 | BREAST DX PROCEDURE NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 8520 | BREAST TISSU DESTRUC NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8521 | LOCAL EXCIS BREAST LES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 85210 | BLOOD CLOTTING FACTORS II | 07/01/2001 | $17.95 | 0.0% | 0.0% | N | Referral Required |
| 8522 | QUADRANT RESECT BREAST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 85220 | ACG TEST | 07/01/2001 | $24.39 | 0.0% | 0.0% | N | Referral Required |
| 8523 | SUBTOTAL MASTECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 85230 | PROCONVERTIN TEST | 07/01/2001 | $24.75 | 0.0% | 0.0% | N | Referral Required |
| 8524 | EXC ECTOPIC BREAST TISSU | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 85240 | AHG TEST | 07/01/2001 | $14.40 | 0.0% | 0.0% | N | Referral Required |
| 85244 | FACTOR VIII RELATED ANTIGEN, | 07/01/2001 | $28.22 | 0.0% | 0.0% | N | Referral Required |
| 85245 | CLOTTING;FACTOR VIII,VW FACT | 07/01/2001 | $31.72 | 0.0% | 0.0% | N | Referral Required |
| 85246 | CLOTTING; FACTOR VIII, VW FA | 07/01/2001 | $31.72 | 0.0% | 0.0% | N | Referral Required |
| 85247 | CLOTTING; FACTOR VIII, VON W | 07/01/2001 | $31.72 | 0.0% | 0.0% | N | Referral Required |
| 8525 | EXCISION OF NIPPLE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 85250 | PTC TEST | 07/01/2001 | $26.31 | 0.0% | 0.0% | N | Referral Required |
| 85260 | STUART-PROWER TEST | 07/01/2001 | $24.75 | 0.0% | 0.0% | N | Referral Required |
| 85270 | PTA TEST | 07/01/2001 | $24.75 | 0.0% | 0.0% | N | Referral Required |
| 85280 | HAGEMANN TEST | 07/01/2001 | $26.74 | 0.0% | 0.0% | N | Referral Required |
| 85290 | PROTHROMBIN TESTING | 07/01/2001 | $22.58 | 0.0% | 0.0% | N | Referral Required |
| 85291 | PROTHROMBIN TESTING | 07/01/2001 | $12.28 | 0.0% | 0.0% | N | Referral Required |
| 85292 | CLOTTING PREKALLIKREIN ASSAY | 07/01/2001 | $26.17 | 0.0% | 0.0% | N | Referral Required |
| 85293 | CLOTTING;HIGH MOLECULAR WEIG | 07/01/2001 | $26.17 | 0.0% | 0.0% | N | Referral Required |
| 85300 | CLOTTING INHIBITOR TESTING | 07/01/2001 | $16.38 | 0.0% | 0.0% | N | Referral Required |
| 85301 | ANTITHROMBIN III, ANTIGEN AS | 07/01/2001 | $14.95 | 0.0% | 0.0% | N | Referral Required |
| 85302 | PROTEIN "C" ASSAY | 07/01/2001 | $16.61 | 0.0% | 0.0% | N | Referral Required |
| 85303 | CLOTTING INHIBITORS; PROTEIN | 07/01/2001 | $19.11 | 0.0% | 0.0% | N | Referral Required |
| 85305 | CLOTTING INHIBITORS PROTERIN | 07/01/2001 | $16.02 | 0.0% | 0.0% | N | Referral Required |
| 85306 | CLOTTING INHIBITORS; PROTEIN | 07/01/2001 | $21.18 | 0.0% | 0.0% | N | Referral Required |
| 85307 | ACTIVATED PROTEIN C ASSAY | 07/01/2001 | $21.18 | 0.0% | 0.0% | N | Referral Required |
| 8531 | UNILAT REDUCT MAMMOPLAST | 11/01/1989 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 8532 | BILAT REDUCT MAMMOPLASTY | 11/01/1989 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 85320 | ANTIPOTHROMBOPLASTIN | 01/01/2003 | $14.22 | 0.0% | 0.0% | N | Referral Required |
| 8533 | UNIL SUBQ MAMMECT-IMPLNT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 85335 | FACTOR INHIBITOR TEST | 07/01/2001 | $17.80 | 0.0% | 0.0% | N | Referral Required |
| 85337 | THROMBOMODULIN | 07/01/2001 | $14.41 | 0.0% | 0.0% | N | Referral Required |
| 8534 | UNILAT SUBQ MAMMECT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 85345 | COAGULATION TIME TESTING | 07/01/2001 | $5.94 | 0.0% | 0.0% | N | Referral Required |
| 85347 | ACT TEST | 07/01/2001 | $5.88 | 0.0% | 0.0% | N | Referral Required |
| 85348 | OTHER METHODS | 07/01/2001 | $5.14 | 0.0% | 0.0% | N | Referral Required |
| 8535 | BIL SUBQ MAMMECT-IMPLANT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 8536 | BILAT SUBQ MAMMECTOM NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 85360 | EUGLOBULIN LYSIS TEST | 07/01/2001 | $11.19 | 0.0% | 0.0% | N | Referral Required |
| 85362 | FIBRIN DEGRADATN/SPLIT/PRODC | 07/01/2002 | $9.52 | 0.0% | 0.0% | N | Referral Required |
| 85366 | PARACOAGULATION | 07/01/2001 | $8.87 | 0.0% | 0.0% | N | Referral Required |
| 85370 | FIBRIN/DEGRADATION/PRODUCTS; | 07/01/2001 | $15.70 | 0.0% | 0.0% | N | Referral Required |
| 85378 | FIBRIN DEGRADATION PRODUCTS, | 07/01/2001 | $9.86 | 0.0% | 0.0% | N | Referral Required |
| 85379 | FIBRIN DEGRADATION PRODUCTS, | 07/01/2001 | $14.06 | 0.0% | 0.0% | N | Referral Required |
| 85380 | ULTRASENSITIVE QUALITATIVE OR SEMI | 01/01/2003 | $14.22 | 0.0% | 0.0% | N | Referral Required |
| 85384 | FIBRINOGEN; ACTIVITY | 07/01/2001 | $11.74 | 0.0% | 0.0% | N | Referral Required |
| 85385 | FIBRINOGEN; ANTIGEN | 07/01/2001 | $11.74 | 0.0% | 0.0% | N | Referral Required |
| 85390 | FIBRINOLYSIN TESTING | 07/01/2004 | $7.22 | 0.0% | 100.0% | N | Referral Required |
| 85400 | PLASMIN TEST | 07/01/2001 | $12.22 | 0.0% | 0.0% | N | Referral Required |
| 8541 | UNILAT SIMPLE MASTECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 85410 | ANTI PLASMIN TEST | 07/01/2001 | $10.66 | 0.0% | 0.0% | N | Referral Required |
| 85415 | FIBRINOLYTIC FACTORS; PLASMI | 07/01/2001 | $23.76 | 0.0% | 0.0% | N | Referral Required |
| 8542 | BILAT SIMPLE MASTECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 85420 | PLASMINOGEN TEST | 07/01/2001 | $9.04 | 0.0% | 0.0% | N | Referral Required |
| 85421 | FIBRINOLYTIC FACOTRS;PLASINO | 07/01/2001 | $14.07 | 0.0% | 0.0% | N | Referral Required |
| 8543 | UNILAT EXTEN SIMP MASTEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8544 | BILAT EXTEND SIMP MASTEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 85441 | HEINZ BODIES TESTING | 07/01/2001 | $5.81 | 0.0% | 0.0% | N | Referral Required |
| 85445 | HEINZ BODIES TESTING | 07/01/2001 | $9.42 | 0.0% | 0.0% | N | Referral Required |
| 8545 | UNILAT RADICAL MASTECTOM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8546 | BILAT RADICAL MASTECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 85460 | FETAL HEMOGLOBIN TEST | 07/01/2001 | $10.69 | 0.0% | 0.0% | N | Referral Required |
| 85461 | FETAL HEMOGLOBIN TEST; ROSET | 07/01/2001 | $9.17 | 0.0% | 0.0% | N | Referral Required |
| 8547 | UNIL EXT RAD MASTECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 85475 | HEMOLYSIN, ACID | 07/01/2001 | $12.26 | 0.0% | 0.0% | N | Referral Required |
| 8548 | BIL EXTEN RAD MASTECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8550 | AUGMENT MAMMOPLASTY NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8551 | UNIL BREAST INJEC-AUGMEN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8552 | BIL BREAST INJEC-AUGMENT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 85520 | HEPARIN ASSAY | 07/01/2001 | $18.09 | 0.0% | 0.0% | N | Referral Required |
| 85525 | HEPARIN NEUTRALIZATION | 07/01/2001 | $8.98 | 0.0% | 0.0% | N | Referral Required |
| 8553 | UNILAT BREAST IMPLANT | 11/01/1989 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 85530 | HEPARIN-PROTAMINE TOLERANCE | 07/01/2001 | $19.60 | 0.0% | 0.0% | N | Referral Required |
| 85536 | IRON STAIN | 07/01/2001 | $7.97 | 0.0% | 0.0% | N | Referral Required |
| 8554 | BILATERAL BREAST IMPLANT | 11/01/1989 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 85540 | LEUCOCYTE ALKALINE PHOSPHATA | 07/01/2001 | $11.88 | 0.0% | 0.0% | N | Referral Required |
| 85547 | MECHANICAL FRAGILITY, RBC | 07/01/2001 | $11.88 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 85549 | MURAMIDASE TEST | 07/01/2001 | $25.92 | 0.0% | 0.0% | N | Referral Required |
| 85555 | OSMOTIC FRAGILITY TESTING | 07/01/2001 | $9.24 | 0.0% | 0.0% | N | Referral Required |
| 85557 | OSMOTIC FRAGILITY TESTING | 07/01/2001 | $18.46 | 0.0% | 0.0% | N | Referral Required |
| 85576 | ACGREGATION (IN VITRO); ANY | 07/01/2001 | $29.69 | 0.0% | 100.0% | N | Referral Required |
| 85597 | PLATELET NEUTRALIZATION | 07/01/2001 | $24.84 | 0.0% | 0.0% | N | Referral Required |
| 856 | MASTOPEXY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 85610 | PROTHROMBIN TIME | 07/01/2001 | $5.43 | 0.0% | 0.0% | N | Referral Required |
| 85611 | PROTHROMBIN TIME SUBSTITUTIO | 07/01/2001 | $5.45 | 0.0% | 0.0% | N | Referral Required |
| 85612 | RUSSELL VIPER VENOM TEST | 07/01/2001 | $9.66 | 0.0% | 0.0% | N | Referral Required |
| 85613 | RUSSELL VIPER VENOM TIME, DI | 07/01/2001 | $9.66 | 0.0% | 0.0% | N | Referral Required |
| 85635 | REPTILASE TEST | 07/01/2001 | $10.42 | 0.0% | 0.0% | N | Referral Required |
| 85651 | SEDIMENTATION RATE | 07/01/2001 | $4.91 | 0.0% | 0.0% | N | Referral Required |
| 85652 | SEDIMENTATION RATE, ERTHROCY | 07/01/2001 | $3.73 | 0.0% | 0.0% | N | Referral Required |
| 85660 | SICKLING OF RBC | 07/01/2001 | $7.63 | 0.0% | 0.0% | N | Referral Required |
| 85670 | THROMBIN TIME TESTING | 07/01/2001 | $7.98 | 0.0% | 0.0% | N | Referral Required |
| 85675 | THROMBIN TIME TESTING | 07/01/2001 | $9.47 | 0.0% | 0.0% | N | Referral Required |
| 857 | TOTAL BREAST RECONSTRUCT | 11/01/1989 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 85705 | THROMBOPLASTIN INHIBITION; T | 07/01/2001 | $13.31 | 0.0% | 0.0% | N | Referral Required |
| 85730 | THROMBOPLASTIN TIME TEST | 07/01/2001 | $8.30 | 0.0% | 0.0% | N | Referral Required |
| 85732 | THROMBOPLASTIN TIME, PARTIAL | 07/01/2001 | $8.95 | 0.0% | 0.0% | N | Referral Required |
| 8581 | SUTURE BREAST LACERATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 85810 | BLOOD VISCOSITY TEST | 07/01/2001 | $16.14 | 0.0% | 0.0% | N | Referral Required |
| 8582 | BREAST SPLIT-THICK GRAFT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8583 | BREAST FULL-THICK GRAFT | 11/01/1989 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 8584 | BREAST PEDICLE GRAFT | 11/01/1989 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 8585 | BREAST MUSCLE FLAP GRAFT | 11/01/1989 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 8586 | TRANSPOSITION OF NIPPLE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8587 | NIPPLE REPAIR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 8589 | MAMMOPLASTY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8591 | ASPIRATION OF BREAST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8592 | BREAST INJECTION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8593 | BREAST IMPLANT REVISION | 11/01/1989 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 8594 | BREAST IMPLANT REMOVAL | 11/01/1989 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 8595 | INSRT BREAST TISS EXPAND | 11/01/1989 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 8596 | REMOV BREAST TISS EXPAND | 06/01/2001 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 8599 | BREAST OPERATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 85999 | UNLISTED HEMATOLOGY TEST | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 86000 | AGGLUTININ TESTING | 07/01/2002 | $8.87 | 0.0% | 0.0% | N | Referral Required |
| 86001 | ALLERGEN SPECIFIC EACH | 07/01/2001 | $5.72 | 0.0% | 0.0% | N | Referral Required |
| 86003 | ALLERGEN SPECIFIC IGE; QUANT | 07/01/2001 | $5.72 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 86005 | ALLE%GEN SPECIFIC IGE QUALIT | 07/01/2001 | $3.90 | 0.0% | 0.0% | N | Referral Required |
| 8601 | ASPIRATION SKIN & SUBQ | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8602 | SKIN DEFECT TATTOOING | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 86021 | ANTIBODY TESTING | 07/01/2001 | $16.67 | 0.0% | 0.0% | N | Referral Required |
| 86022 | ANTIBODY TESTING | 07/01/2001 | $25.38 | 0.0% | 0.0% | N | Referral Required |
| 86023 | ANTIBODY IDENTIFICATION; PLA | 07/01/2001 | $17.21 | 0.0% | 0.0% | N | Referral Required |
| 8603 | INCISION PILONIDAL SINUS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 86038 | ANTINUCLEAR ANTIBODEIS (ANA) | 07/01/2001 | $13.63 | 0.0% | 0.0% | N | Referral Required |
| 86039 | ANTINUCLEAR ANTIBODIES (ANA) | 07/01/2001 | $15.43 | 0.0% | 0.0% | N | Referral Required |
| 8604 | OTHER SKIN & SUBQ I & D | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8605 | SKIN INCIS & FB REMOVAL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8606 | INSERTION INFUSION PUMP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 86060 | ANTI STREPTOLYSIN O TITRE TE | 07/01/2001 | $10.09 | 0.0% | 0.0% | N | Referral Required |
| 86063 | ANTI STREPTOLYSIN O TITRE TE | 07/01/2001 | $7.98 | 0.0% | 0.0% | N | Referral Required |
| 86064 | B CELLS, TOTAL COUNT | 01/01/2005 | $52.13 | 0.0% | 0.0% | N | Referral Required |
| 8607 | INCISION OF SKIN | 01/01/1990 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 86077 | BLOOD BANK PHYSICIAN SERVICE | 07/01/2002 | $48.51 | 0.0% | 0.0% | N | Referral Required |
| 86078 | BLOOD BANK PHYSICIAN SERVICE | 02/03/2002 | $49.47 | 0.0% | 0.0% | N | Referral Required |
| 86079 | BLOOD BANK PHY SERV-AUTH FOR | 07/01/2002 | $49.15 | 0.0% | 0.0% | N | Referral Required |
| 8609 | SKIN & SUBQ INCISION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8611 | SKIN & SUBQ BIOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 86140 | C-REACTIVE PROTEIN | 07/01/2001 | $7.15 | 0.0% | 0.0% | N | Referral Required |
| 86141 | C-REACTIVE PROTEIN | 07/01/2002 | $17.89 | 0.0% | 0.0% | N | Referral Required |
| 86146 | BETA 2 GLYCOPROTEIN | 07/01/2001 | $35.16 | 0.0% | 0.0% | N | Referral Required |
| 86147 | CARDIOLIPIN (PHOSPHOLIPID) A | 07/01/2001 | $35.16 | 0.0% | 0.0% | N | Referral Required |
| 86148 | ANTI-PHOSPHATIDYLSERINE ANTIBODY | 07/01/2001 | $20.63 | 0.0% | 0.0% | N | Referral Required |
| 86155 | CHEMOTAXIS ASSAY SPECIFY MET | 07/01/2002 | $22.08 | 0.0% | 0.0% | N | Referral Required |
| 86156 | COLD AGGLUTININ SCREEN | 07/01/2001 | $9.26 | 0.0% | 0.0% | N | Referral Required |
| 86157 | COLD AGGLUTININ; TITER | 07/01/2001 | $11.14 | 0.0% | 0.0% | N | Referral Required |
| 86160 | COMPLEMENT; ANTIGEN, EACH CO | 07/01/2001 | $16.59 | 0.0% | 0.0% | N | Referral Required |
| 86161 | COMPLEMENT; FUNCTIONAL ACTIV | 07/01/2001 | $16.59 | 0.0% | 0.0% | N | Referral Required |
| 86162 | COMPLEMENT C2 ESTERASE TEST | 07/01/2001 | $28.08 | 0.0% | 0.0% | N | Referral Required |
| 86171 | COMPLEMENT FIXATION TESTS | 07/01/2002 | $13.85 | 0.0% | 0.0% | N | Referral Required |
| 86185 | COUNTER ELECTROPHORESIS | 07/01/2001 | $12.37 | 0.0% | 0.0% | N | Referral Required |
| 8619 | SKIN & SUBQ DX PROC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8621 | EXCISION OF PILONID CYST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 86215 | DESOXYRIBONUCLEASE TEST | 07/01/2001 | $18.32 | 0.0% | 0.0% | N | Referral Required |
| 8622 | EXCIS DEBRIDEMENT WOUND | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 86225 | DNA TEST | 07/01/2001 | $18.99 | 0.0% | 0.0% | N | Referral Required |
| 86226 | DEOXYRIBONUCLEIC ACID ANTIBO | 07/01/2001 | $16.73 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 8623 | NAIL REMOVAL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 86235 | ENA TEST | 07/01/2002 | $24.78 | 0.0% | 0.0% | N | Referral Required |
| 8624 | SKIN CHEMOSURGERY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 86243 | FC RECEPTOR ASSAY SPECIFY ME | 07/01/2002 | $28.36 | 0.0% | 0.0% | N | Referral Required |
| 8625 | DERMABRASION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 86255 | FLUORESCENT ANTIBODY TESTING | 07/01/2004 | $16.84 | 0.0% | 100.0% | N | Referral Required |
| 86256 | FLUORESCENT ANTIBODY TESTING | 07/01/2004 | $16.84 | 0.0% | 100.0% | N | Referral Required |
| 8626 | LIGATION DERMAL APPENDAG | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8627 | DEBRIDEMENT OF NAIL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 86277 | GROWTH HORMONE HUMAN (HGH) A | 07/01/2001 | $21.75 | 0.0% | 0.0% | N | Referral Required |
| 8628 | NONEXCIS DBRIDEMNT WOUND | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 86280 | HEMAGGLUTINATION INHIBITION | 07/01/2001 | $11.31 | 0.0% | 0.0% | N | Referral Required |
| 86294 | IMMUNOASSAY TUMOR ANTIGEN | 07/01/2002 | $27.11 | 0.0% | 0.0% | N | Referral Required |
| 86299 | IGM ANTIBODY | 07/01/2001 | $16.74 | 0.0% | 0.0% | N | Referral Required |
| 863 | OTHER LOCAL DESTRUC SKIN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 86300 | IMMUNOASSAY TUMOR ANTIGEN | 07/01/2001 | $28.76 | 0.0% | 0.0% | N | Referral Required |
| 86301 | IMMUNOASSAY TUMOR QUANTITIVE | 07/01/2001 | $28.76 | 0.0% | 0.0% | N | Referral Required |
| 86304 | IMMUNOASSAY TUMOR ANTIGEN | 07/01/2001 | $28.76 | 0.0% | 0.0% | N | Referral Required |
| 86308 | HETERAPHILE ANTIBODIES SCREE | 07/01/2001 | $7.15 | 0.0% | 0.0% | N | Referral Required |
| 86309 | HETEROPHILE ANTIBODIES; TITE | 07/01/2002 | $8.95 | 0.0% | 0.0% | N | Referral Required |
| 86310 | HETEROPHILE ANTIBODIES TEST | 07/01/2001 | $10.19 | 0.0% | 0.0% | N | Referral Required |
| 86316 | IMMUNOASSAY FOR TUMOR ANTIGE | 07/01/2001 | $28.76 | 0.0% | 0.0% | N | Referral Required |
| 86317 | IMMUNOASSAY FOR INFECTIOUS A | 07/01/2001 | $11.19 | 0.0% | 0.0% | N | Referral Required |
| 86318 | IMMUNOASSAY FOR CHEMICAL CON | 07/01/2001 | $17.89 | 0.0% | 0.0% | N | Referral Required |
| 86320 | IMMUNO-ELECTROPHORESIS | 07/01/2001 | $30.98 | 0.0% | 100.0% | N | Referral Required |
| 86325 | IMMUNO-ELECTROPHORESIS | 07/01/2001 | $30.90 | 0.0% | 100.0% | N | Referral Required |
| 86327 | IMMUNOELECTROPHORESIS; CROSS | 07/01/2001 | $31.35 | 0.0% | 100.0% | N | Referral Required |
| 86329 | IMMUNO-DIFFUSION TESTING | 07/01/2001 | $13.63 | 0.0% | 0.0% | N | Referral Required |
| 86331 | IMMUNO-DIFFUSION TESTING | 07/01/2002 | $16.56 | 0.0% | 0.0% | N | Referral Required |
| 86332 | IMMUNE COMPLEX ASSAY; C1Q BI | 07/01/2002 | $33.48 | 0.0% | 0.0% | N | Referral Required |
| 86334 | IMMUNOFIXATION ELECTROPHORES | 07/01/2001 | $30.87 | 0.0% | 100.0% | N | Referral Required |
| 86335 | IMMUNOFIXATIONI ELECTROPHORESIS | 07/01/2005 | $41.00 | 0.0% | 0.0% | N | Referral Required |
| 86336 | INHIBIN A | 07/01/2004 | $20.95 | 0.0% | 0.0% | N | Referral Required |
| 86337 | INSULIN ANTIBODIES | 07/01/2001 | $29.59 | 0.0% | 0.0% | N | Referral Required |
| 86340 | INTRINSIC FACTOR ANTIBODIES | 07/01/2002 | $20.83 | 0.0% | 0.0% | N | Referral Required |
| 86341 | ISLET CELL ANTIBODY | 07/01/2001 | $27.34 | 0.0% | 0.0% | N | Referral Required |
| 86343 | LEUKOCYTE HISTAMINE RELEASE | 07/01/2002 | $17.22 | 0.0% | 0.0% | N | Referral Required |
| 86344 | LEUKOCYTE PHAGOCYTOSIS | 07/01/2002 | $11.04 | 0.0% | 0.0% | N | Referral Required |
| 86353 | LYMPHOCYTE TRANSFORMATION | 07/01/2001 | $67.75 | 0.0% | 0.0% | N | Referral Required |
| 86359 | T CELLS; TOTAL COUNT | 07/01/2001 | $52.13 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 86360 | CD4 & CD8 INCLUDING RATIO | 07/01/2001 | $64.93 | 0.0% | 0.0% | N | Referral Required |
| 86361 | T CELLS; ABSOLUTE CD4 COUNT | 07/01/2001 | $37.00 | 0.0% | 0.0% | N | Referral Required |
| 86376 | MICROSOMAL ANTIBODY (THYROID | 07/01/2001 | $20.11 | 0.0% | 0.0% | N | Referral Required |
| 86378 | MIGRATION INHIBITION FACTOR | 07/01/2001 | $27.22 | 0.0% | 0.0% | N | Referral Required |
| 86379 | NATURAL KILLER CELLS, TOTAL COUNT | 01/01/2005 | $52.13 | 0.0% | 0.0% | N | Referral Required |
| 86382 | NEUTRALIZATION TEST, VIRAL | 07/01/2001 | $23.36 | 0.0% | 0.0% | N | Referral Required |
| 86384 | NITRO-BLUE TETRAZOLIUM TEST | 07/01/2001 | $15.74 | 0.0% | 0.0% | N | Referral Required |
| 864 | RADICAL EXCIS SKIN LES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 86403 | PARTICLE AGGLUTINATION, ANTI | 07/01/2002 | $14.08 | 0.0% | 0.0% | N | Referral Required |
| 86406 | PARTICLE AGGLUTINATION; TITE | 07/01/2001 | $14.70 | 0.0% | 0.0% | N | Referral Required |
| 86430 | RHEUMATOID FACTOR LATEX FIXA | 07/01/2001 | $7.85 | 0.0% | 0.0% | N | Referral Required |
| 86431 | RHEUMATOID FACTOR QUANTITATI | 07/01/2001 | $7.85 | 0.0% | 0.0% | N | Referral Required |
| 86485 | SKIN TEST; CANDIDA | 07/01/2002 | $8.60 | 0.0% | 0.0% | N | Referral Required |
| 86490 | COCCIDIOIDOMYCOSTS TEST | 07/01/2002 | $9.29 | 0.0% | 0.0% | N | Referral Required |
| 8651 | REPLANTATION OF SCALP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 86510 | HISTOPLASMOSIS TEST | 07/01/2003 | $9.93 | 0.0% | 0.0% | N | Referral Required |
| 86580 | TUBERCULOSIS TESTING | 07/01/2003 | $8.01 | 0.0% | 0.0% | N | Referral Required |
| 86585 | TUBERCULOSIS TESTING | 07/01/2003 | $6.24 | 0.0% | 0.0% | N | |
| 86586 | SKIN TEST UNLISTED ANTIGEN E | 07/01/2002 | $8.60 | 0.0% | 0.0% | N | Referral Required |
| 86587 | STEM CELLS (IE, CD34), TOTAL COUNT | 01/01/2005 | $52.13 | 0.0% | 0.0% | N | Referral Required |
| 8659 | CLOSURE OF SKIN & SUBCUTANEOUS TISS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 86590 | STREPTOKINASE ANTIBODY TEST | 07/01/2001 | $15.24 | 0.0% | 0.0% | N | Referral Required |
| 86592 | SYPHILIS TESTS | 07/01/2001 | $5.90 | 0.0% | 0.0% | N | |
| 86593 | SYPHILIS TESTS | 07/01/2001 | $6.09 | 0.0% | 0.0% | N | Referral Required |
| 8660 | FREE SKIN GRAFT NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 86602 | ANTIBOYD; ACTINOMYCES | 07/01/2001 | $14.06 | 0.0% | 0.0% | N | Referral Required |
| 86603 | ADENOVIRUS | 07/01/2001 | $17.79 | 0.0% | 0.0% | N | Referral Required |
| 86606 | ANTIBODY; ASPIRGILLUS | 07/01/2001 | $17.42 | 0.0% | 0.0% | N | Referral Required |
| 86609 | ANTIBODY; BACTERIUM, NOT ELS | 07/01/2001 | $17.81 | 0.0% | 0.0% | N | Referral Required |
| 8661 | FULL-THICK HAND SKIN GRF | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 86611 | BARTONELLA ANTIBODY | 07/01/2001 | $14.06 | 0.0% | 0.0% | N | Referral Required |
| 86612 | ANTIBODY; BLASTOMYCES | 07/01/2001 | $17.42 | 0.0% | 0.0% | N | Referral Required |
| 86615 | ANTIBODY; BORDETELLA | 07/01/2001 | $18.23 | 0.0% | 0.0% | N | Referral Required |
| 86617 | BORRELIA BURGDORFERI CONFIRM | 07/01/2001 | $21.40 | 0.0% | 0.0% | N | Referral Required |
| 86618 | BORRELIA BURGDORFERI (LYME D | 07/01/2001 | $23.54 | 0.0% | 0.0% | N | Referral Required |
| 86619 | ANTIBODY; BORRELIA (RELAPSIN | 07/01/2001 | $18.49 | 0.0% | 0.0% | N | Referral Required |
| 8662 | HAND SKIN GRAFT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 86622 | ANTIBODY; BRUCELLA | 07/01/2001 | $11.62 | 0.0% | 0.0% | N | Referral Required |
| 86625 | ANTIBODY; CAMPYLOBACTER | 07/01/2001 | $18.13 | 0.0% | 0.0% | N | Referral Required |
| 86628 | ANTIBODY; CANDIDA | 07/01/2001 | $16.60 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 8663 | FULL-THICK SKIN GRFT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 86631 | CHLAMYDIA | 07/01/2001 | $16.35 | 0.0% | 0.0% | N | Referral Required |
| 86632 | CHLAMYDIA IGM | 07/01/2001 | $17.55 | 0.0% | 0.0% | N | Referral Required |
| 86635 | COCCIDIOIDES - ANTIBODY | 07/01/2001 | $14.78 | 0.0% | 0.0% | N | Referral Required |
| 86638 | ANTIBODY; COXIELLA BRUNET11 | 07/01/2001 | $16.75 | 0.0% | 0.0% | N | Referral Required |
| 8664 | HAIR TRANSPLANT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 86641 | ANTIBODY; CRYPTOCOCCUS | 07/01/2001 | $19.92 | 0.0% | 0.0% | N | Referral Required |
| 86644 | CYTOMEGALOVIRUS (CMV) - ANTI | 07/01/2002 | $13.57 | 0.0% | 0.0% | N | Referral Required |
| 86645 | ANTIBODY CYTOMEGALOVIRUS CMV | 07/01/2001 | $15.84 | 0.0% | 0.0% | N | Referral Required |
| 86648 | ANTIBODY, DIPTHERIA | 07/01/2001 | $20.06 | 0.0% | 0.0% | N | Referral Required |
| 8665 | HETEROGRAFT TO SKIN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 86651 | ANTIBODY; ENCEPHALITIS, CALI | 07/01/2001 | $18.23 | 0.0% | 0.0% | N | Referral Required |
| 86652 | ANTIBODY; ENCEPHALITIS, EAST | 07/01/2001 | $18.23 | 0.0% | 0.0% | N | Referral Required |
| 86653 | ANTIBODY; ENCEPHALITIS, ST. | 07/01/2001 | $18.23 | 0.0% | 0.0% | N | Referral Required |
| 86654 | ANTIBODY; ENCEPHALITIS, WEST | 07/01/2001 | $18.23 | 0.0% | 0.0% | N | Referral Required |
| 86658 | ANTIBODY; ENTEROVIRUS (EG,CO | 07/01/2001 | $18.01 | 0.0% | 0.0% | N | Referral Required |
| 8666 | HOMOGRAFT TO SKIN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 86663 | EPSTEIN BARR VIRUS EARLY ANT | 07/01/2001 | $18.13 | 0.0% | 0.0% | N | Referral Required |
| 86664 | EPSTEIN BARR(EB)VIRUS,NUCLEA | 07/01/2001 | $21.14 | 0.0% | 0.0% | N | Referral Required |
| 86665 | EPSTEIN BARR(EB)VIRUS,VIRAL | 07/01/2001 | $24.28 | 0.0% | 0.0% | N | Referral Required |
| 86666 | ANTIBODY EHRLICHIA | 07/01/2001 | $14.06 | 0.0% | 0.0% | N | Referral Required |
| 86668 | ANTIBODY; FRANCISELLA TULARE | 07/01/2001 | $10.56 | 0.0% | 0.0% | N | Referral Required |
| 8667 | DERMAL REGENERATIVE GRAFT | 10/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 86671 | ANTIBODY; FUNGUS, NOT ELSEWH | 07/01/2001 | $16.95 | 0.0% | 0.0% | N | Referral Required |
| 86674 | GIARDIA LAMBLIA | 07/01/2001 | $20.34 | 0.0% | 0.0% | N | Referral Required |
| 86677 | ANTIBODY HELICOBACTER PYLORI | 07/01/2001 | $20.05 | 0.0% | 0.0% | N | Referral Required |
| 86682 | ANTIBODY; HELMINTH, NOTE ELS | 07/01/2001 | $17.97 | 0.0% | 0.0% | N | Referral Required |
| 86683 | ANTIBODY HEMOGLOBIN FECAL | 07/01/2001 | $3.61 | 0.0% | 0.0% | N | Referral Required |
| 86684 | ANTIBODY; HEMOPHILUS INFLUEN | 07/01/2002 | $21.90 | 0.0% | 0.0% | N | Referral Required |
| 86687 | HTLV 1 ANTIBODY DETECTION IM | 07/01/2001 | $11.60 | 0.0% | 0.0% | N | Referral Required |
| 86688 | ANTIBOYD; HTLV-11 | 07/01/2001 | $19.37 | 0.0% | 0.0% | N | Referral Required |
| 86689 | CONFIRMATORY TEST | 07/01/2001 | $26.75 | 0.0% | 0.0% | N | Referral Required |
| 8669 | FREE SKIN GRAFT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 86692 | ANTIBODY; HEPATITIS, DELTA A | 07/01/2001 | $17.68 | 0.0% | 0.0% | N | Referral Required |
| 86694 | ANTIBODY; HERPES SIMPLEX, NO | 07/01/2002 | $13.57 | 0.0% | 0.0% | N | Referral Required |
| 86695 | ANTIBODY; HERPES SIMPLEX, TY | 07/01/2001 | $8.44 | 0.0% | 0.0% | N | Referral Required |
| 86696 | ANTIBODY HERPES SIMPLEX 2 | 07/01/2001 | $26.75 | 0.0% | 0.0% | N | Referral Required |
| 86698 | ANTIBODY; HISTOPLASMA | 07/01/2001 | $17.28 | 0.0% | 0.0% | N | Referral Required |
| 8670 | PEDICLE GRAFT/FLAP NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 86701 | HIV-1 | 07/01/2001 | $12.28 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 86702 | ANTIBODY; HIV-2 | 07/01/2001 | $16.89 | 0.0% | 0.0% | N | Referral Required |
| 86703 | HIV-1 AND HIV-2 SINGLE ASSAY | 07/01/2001 | $18.96 | 0.0% | 0.0% | N | |
| 86704 | HEPATITIS B CORE ANTIBODY 1G | 07/01/2001 | $16.66 | 0.0% | 0.0% | N | Referral Required |
| 86705 | HEPATITIS B CORE ANTIBODY 1G | 07/01/2001 | $16.27 | 0.0% | 0.0% | N | Referral Required |
| 86706 | HEPATITIS B SURFACE ANTIBODY | 07/01/2001 | $14.84 | 0.0% | 0.0% | N | Referral Required |
| 86707 | HEPATITIS BE ANTIBODY (HBEAB | 07/01/2001 | $15.98 | 0.0% | 0.0% | N | Referral Required |
| 86708 | HEPATITUS A ANTIBODY; IGG-IGM | 07/01/2001 | $17.12 | 0.0% | 0.0% | N | Referral Required |
| 86709 | HEPATITIS A ANTIBODY IGM ANT | 07/01/2001 | $15.55 | 0.0% | 0.0% | N | Referral Required |
| 8671 | CUT & PREP PEDICLE GRAFT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 86710 | ANTIBODY; INFLUENZA VIRUS | 07/01/2001 | $13.72 | 0.0% | 0.0% | N | Referral Required |
| 86713 | ANTIBODY; LEGIONELLA | 07/01/2001 | $12.14 | 0.0% | 0.0% | N | Referral Required |
| 86717 | ANTIBODY; LEISHMANIA | 07/01/2001 | $16.93 | 0.0% | 0.0% | N | Referral Required |
| 8672 | PEDICLE GRAFT ADVANCEMEN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 86720 | ANTIBODY; LEPTOSPIRA | 07/01/2001 | $12.14 | 0.0% | 0.0% | N | Referral Required |
| 86723 | ANTIBODY; LISTERIA MONOCYTOG | 07/01/2001 | $18.23 | 0.0% | 0.0% | N | Referral Required |
| 86727 | ANTIBODY; LYMPHOCYTIC CHORIO | 07/01/2001 | $17.79 | 0.0% | 0.0% | N | Referral Required |
| 86729 | ANTIBODY; LYMPHOGRANULOMA VE | 07/01/2001 | $16.51 | 0.0% | 0.0% | N | Referral Required |
| 8673 | ATTACH PEDICLE TO HAND | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 86732 | ANTIBODY; MUCORMYCOSIS | 07/01/2001 | $18.23 | 0.0% | 0.0% | N | Referral Required |
| 86735 | ANTIBODY; MUMPS | 07/01/2001 | $18.03 | 0.0% | 0.0% | N | Referral Required |
| 86738 | ANTIBODY; MYUCOPLASMA | 07/01/2001 | $18.31 | 0.0% | 0.0% | N | Referral Required |
| 8674 | ATTACH PEDICLE GRAFT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 86741 | ANTIBODY; NEISSERIA MENINGIT | 07/01/2001 | $18.23 | 0.0% | 0.0% | N | Referral Required |
| 86744 | ANTIBODY; NOCARDIA | 07/01/2001 | $18.23 | 0.0% | 0.0% | N | Referral Required |
| 86747 | ANTIBODY; PARVOVIRUS | 07/01/2001 | $20.77 | 0.0% | 0.0% | N | Referral Required |
| 8675 | REVISION OF PEDICLE GRFT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 86750 | ANTIBODY; PLASMODIUM (MALARI | 07/01/2001 | $18.23 | 0.0% | 0.0% | N | Referral Required |
| 86753 | ANTIBODY; PROTOZOA, NOT ELSE | 07/01/2001 | $17.12 | 0.0% | 0.0% | N | Referral Required |
| 86756 | ANTIBODY; RESPIRATORY SYNCYT | 07/01/2001 | $17.81 | 0.0% | 0.0% | N | Referral Required |
| 86757 | ANTIBODY RICKETTSIA | 07/01/2001 | $26.75 | 0.0% | 0.0% | N | Referral Required |
| 86759 | ROTAVIRUS | 07/01/2001 | $18.23 | 0.0% | 0.0% | N | Referral Required |
| 86762 | RUBELLA | 07/01/2001 | $13.57 | 0.0% | 0.0% | N | Referral Required |
| 86765 | ANTIBODY; RUBEOLA | 07/01/2001 | $17.81 | 0.0% | 0.0% | N | Referral Required |
| 86768 | ANTIBODY; SALMONELLA | 07/01/2001 | $18.23 | 0.0% | 0.0% | N | Referral Required |
| 86771 | ANTIBODY; SHIGELLA | 07/01/2001 | $18.23 | 0.0% | 0.0% | N | Referral Required |
| 86774 | ANTIBODY; TETANUS | 07/01/2001 | $20.45 | 0.0% | 0.0% | N | Referral Required |
| 86777 | ANTIBODY; TOXOPLASMA | 07/01/2002 | $13.57 | 0.0% | 0.0% | N | Referral Required |
| 86778 | ANTIBODY; TOXOPLASMA, LGM | 07/01/2001 | $14.78 | 0.0% | 0.0% | N | Referral Required |
| 86781 | TREPONEMA PALLIDUM, CONTIRMA | 07/01/2001 | $18.30 | 0.0% | 0.0% | N | Referral Required |
| 86784 | ANTIBODY; TRICHINELLA | 07/01/2001 | $15.84 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 86787 | ANTIBODY; VARICELLA-ZOSTER | 07/01/2001 | $17.81 | 0.0% | 0.0% | N | Referral Required |
| 86790 | ANTIBODY; VIRUS, NOT ELSEWHE | 07/01/2001 | $17.81 | 0.0% | 0.0% | N | Referral Required |
| 86793 | ANTIBODY; YERSINIA | 07/01/2001 | $18.23 | 0.0% | 0.0% | N | Referral Required |
| 86800 | THYROGLOBULIN ANTIBODY RIA | 07/01/2001 | $21.98 | 0.0% | 0.0% | N | Referral Required |
| 86803 | HEPATITIS C ANTIOBODY | 07/01/2001 | $19.73 | 0.0% | 0.0% | N | Referral Required |
| 86804 | HEPATITIS C ANTIOBODY; TEST | 07/01/2001 | $21.40 | 0.0% | 0.0% | N | Referral Required |
| 86805 | LYMPHOCYTOTOSICITY ASSAY VIS | 07/01/2001 | $60.99 | 55.0% | 45.0% | N | Referral Required |
| 86806 | LYMPHOCYTOTOXICITY ASSAY,VIS | 07/01/2001 | $30.50 | 0.0% | 0.0% | N | Referral Required |
| 86807 | SERUM SCREENING FOR CYTOTOXI | 07/01/2001 | $54.69 | 0.0% | 0.0% | N | Referral Required |
| 86808 | SERUM SCREEN FO CYTOTOXIC PR | 07/01/2001 | $41.02 | 0.0% | 0.0% | N | Referral Required |
| 8681 | REPAIR FACIAL WEAKNESS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 86812 | TISSUE TYPING, HLA TYPING, A | 07/01/2001 | $35.66 | 0.0% | 0.0% | N | Referral Required |
| 86813 | TISSUE TYPING FOR TRANSPLANT | 07/01/2002 | $80.13 | 0.0% | 0.0% | N | Referral Required |
| 86816 | HLA TYPING, DR, SINGLE ANTIG | 07/01/2001 | $38.49 | 0.0% | 0.0% | N | Referral Required |
| 86817 | HLA TYPING, DR, MULTIPLE ANT | 07/01/2001 | $88.98 | 0.0% | 0.0% | N | Referral Required |
| 8682 | FACIAL RHYTIDECTOMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 86821 | LYMPHOCYTE CULTURE, MIXED (M | 07/01/2001 | $78.03 | 0.0% | 0.0% | N | Referral Required |
| 86822 | TISSUE TYPING/LYMPHOCYTE (PL | 07/01/2001 | $50.52 | 0.0% | 0.0% | N | Referral Required |
| 8683 | SIZE REDUCT PLASTIC OP | 09/01/1998 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 8684 | RELAXATION OF SCAR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 86849 | UNLISTED IMMUNOLOGY PROCEDUR | 01/01/1993 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8685 | SYNDACTYLY CORRECTION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 86850 | ANTIBODY SCREEN RBC EACH SERUM TEC | 07/01/2001 | $10.81 | 0.0% | 0.0% | N | Referral Required |
| 8686 | ONYCHOPLASTY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 86860 | ANTIBODY ELUTION (RBC) EACH ELUTION | 07/01/2004 | $18.99 | 0.0% | 0.0% | N | Referral Required |
| 86870 | ANTIBODY ID, RBC ANTIBODIES, EA PAN | 07/01/2004 | $11.43 | 0.0% | 0.0% | N | Referral Required |
| 86880 | ANTIHUMAN GLOBULIN TEST (COOMB) DIR | 07/01/2001 | $7.42 | 0.0% | 0.0% | N | Referral Required |
| 86885 | INDIRECT; QUALITATIVE, EACH ANTISER | 07/01/2001 | $5.67 | 0.0% | 0.0% | N | Referral Required |
| 86886 | ANTIHUMAN G BULIN TEST INDIRECT TIT | 07/01/2001 | $7.15 | 0.0% | 0.0% | N | Referral Required |
| 8689 | SKIN REPAIR & PLASTY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 86890 | AUTLOGOUS BLOOD OR COMPONENT; PRE | 07/01/2001 | $38.57 | 0.0% | 0.0% | N | Referral Required |
| 86891 | AUTOLOGOUS BLOOD/COMPONENT; INTRA | 07/01/2001 | $24.24 | 0.0% | 0.0% | N | Referral Required |
| 86900 | BLOOD TYPING ABO | 07/01/2001 | $4.12 | 0.0% | 0.0% | N | Referral Required |
| 86901 | BLOOD TYPING RH (D) | 07/01/2004 | $6.48 | 0.0% | 0.0% | N | Referral Required |
| 86903 | ANTIGEN SCREENING FOR COMPATIBLE U | 07/01/2001 | $13.05 | 0.0% | 0.0% | N | Referral Required |
| 86904 | BLOOD TYPING;ANTIGEN USING PATIENT | 07/01/2001 | $13.14 | 0.0% | 0.0% | N | Referral Required |
| 86905 | BLOOD TYPING;RBC ANTIGENS,OTHER THA | 07/01/2001 | $5.28 | 0.0% | 0.0% | N | Referral Required |
| 86906 | BLOOD TYPING, RH PHENOTYPING, COMPL | 07/01/2001 | $10.71 | 0.0% | 0.0% | N | Referral Required |
| 8691 | SKIN EXCISION FOR GRAFT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 86910 | BLOOD TYPING; PATERNITY TEST | 07/01/2001 | $24.46 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 86911 | BLOOD TYPING;PATERNITY TEST, | 07/01/2001 | $7.98 | 0.0% | 0.0% | N | Referral Required |
| 8692 | EPILATION OF SKIN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 86920 | COMPATIBILITY TEST EA UNIT;I | 07/01/2004 | $18.59 | 0.0% | 0.0% | N | Referral Required |
| 86921 | COMPATIBILITY TEST; EACH INC | 07/01/2001 | $20.93 | 0.0% | 0.0% | N | Referral Required |
| 86922 | COMPATABILITY TEST,(EACH) AN | 07/01/2004 | $21.90 | 0.0% | 0.0% | N | Referral Required |
| 86927 | FRESH FROZEN PLASMA, THAWING, EACH | 07/01/2001 | $16.53 | 0.0% | 0.0% | N | Referral Required |
| 8693 | INSRT SKIN TISS EXPANDER | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 86930 | FROZEN BLOOD, PREPARATION FOR FREE | 07/01/2001 | $24.24 | 0.0% | 0.0% | N | Referral Required |
| 86931 | FROZEN BLOOD,PREPARATION FOR FREE | 07/01/2001 | $24.24 | 0.0% | 0.0% | N | Referral Required |
| 86932 | FROZEN BLOOD PREP FOR FREEZ, W/FREE | 07/01/2001 | $24.24 | 0.0% | 0.0% | N | Referral Required |
| 8694 | INSERT OR REPLACE PULSE GENERATOR | 09/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 86940 | HEMOLYSINS AND AGGLUTININS, AUTO, S | 07/01/2001 | $9.60 | 0.0% | 0.0% | N | Referral Required |
| 86941 | HEMOLYSINS AND AGGLUTININS, EACH; I | 07/01/2001 | $16.73 | 0.0% | 0.0% | N | Referral Required |
| 86945 | IRRADIATION OF BLOOD PRODUCT | 01/01/1993 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8695 | INSERT OR REPLACE OF DUAL NEUROSTI | 10/01/2004 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 86950 | LEUKOCYTE TRANSFUSION | 01/01/1993 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8696 | INSERT OR REPLACE OF OTHER NEUROST | 10/01/2004 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 86965 | POOLING OF PLATELETS OR OTHER BLOO | 07/01/2001 | $4.53 | 0.0% | 0.0% | N | Referral Required |
| 8697 | INSERT OR REPLACE | 10/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 86970 | PRETREAT RBC'S FOR USE INANT | 01/01/1992 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 86971 | INCUBATION WITH ENZYMES, EAC | 01/01/1992 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 86972 | BY DENSITY RADIENT SEPARATIO | 01/01/1992 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 86975 | PRETREAT SERUM TO USE IN RBC | 01/01/1992 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 86976 | BY DILUTION | 01/01/1992 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 86977 | INCUBATION WITH INHIBITORS, | 01/01/1992 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 86978 | BY DIFFERNTIAL RED CELL ABSO | 01/01/1993 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8698 | INSERT OR REPLACE OF DUA | 10/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 86985 | SPLITTING OF BLOOD OR BLOOD | 01/01/1993 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8699 | SKIN & SUBQ OP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 86999 | UNLISTED TRANSFUSION MEDICIN | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 87001 | ANIMAL INOCULATION | 07/01/2001 | $6.43 | 0.0% | 0.0% | N | Referral Required |
| 87003 | ANIMAL INOCULATION | 07/01/2001 | $23.26 | 0.0% | 0.0% | N | Referral Required |
| 8701 | PNEUMOENCEPHALOGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 87015 | CONCENTRATN FOR PARASITES ET | 07/01/2001 | $9.23 | 0.0% | 0.0% | N | Referral Required |
| 8702 | BRAIN/SKULL CONTRST XRAY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8703 | C.A.T. SCAN OF HEAD | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8704 | HEAD TOMOGRAPHY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 87040 | CULTURE, BACTERIAL | 07/01/2001 | $14.27 | 0.0% | 0.0% | N | Referral Required |
| 87045 | CULTURE, BACTERIAL | 07/01/2001 | $13.04 | 0.0% | 0.0% | N | Referral Required |
| 87046 | CULTURE BACTERIAL STOOL AERO | 07/01/2001 | $3.26 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 8705 | CONTRAST DACRYOCYSTOGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8706 | NASOPHARY CONTRAST X-RAY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8707 | CONTRAST LARYNGOGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 87070 | CULTURE, BACTERIAL | 07/01/2001 | $11.90 | 0.0% | 0.0% | N | Referral Required |
| 87071 | CULTURE QUANTITIVE | 07/01/2001 | $6.52 | 0.0% | 0.0% | N | Referral Required |
| 87073 | CULTURE QUANTITIVE ANAEROBIC | 07/01/2001 | $6.52 | 0.0% | 0.0% | N | Referral Required |
| 87075 | CULTURE, BACTERIAL | 07/01/2001 | $13.08 | 0.0% | 0.0% | N | Referral Required |
| 87076 | CULTURE, BACTERIAL | 07/01/2001 | $11.16 | 0.0% | 0.0% | N | Referral Required |
| 87077 | CULTURE AEROBIC ADDITIONAL | 07/01/2001 | $11.16 | 0.0% | 0.0% | N | Referral Required |
| 8708 | CERVICAL LYMPHANGIOGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 87081 | CULTURE, BACTERIAL | 07/01/2001 | $6.81 | 0.0% | 0.0% | N | |
| 87084 | WITH COLONY ESTIMATION FROM | 07/01/2001 | $9.66 | 0.0% | 0.0% | N | Referral Required |
| 87086 | CULTURE, BACTERIAL | 07/01/2002 | $11.16 | 0.0% | 0.0% | N | Referral Required |
| 87088 | CULTURE, BACTERIAL | 07/01/2001 | $11.18 | 0.0% | 0.0% | N | Referral Required |
| 8709 | HEAD SOFT TISS X-RAY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 87101 | CULTURE, FUNGI | 07/01/2002 | $10.66 | 0.0% | 0.0% | N | Referral Required |
| 87102 | CULTURE, FUNGI | 07/01/2001 | $10.28 | 0.0% | 0.0% | N | Referral Required |
| 87103 | CULTURE-BLOOD | 07/01/2001 | $12.46 | 0.0% | 0.0% | N | Referral Required |
| 87106 | CULTURE, FUNGI | 07/01/2001 | $14.27 | 0.0% | 0.0% | N | Referral Required |
| 87107 | CULTURE MOLD | 07/01/2001 | $14.27 | 0.0% | 0.0% | N | Referral Required |
| 87109 | CULTURE, MYCOPLASMA | 07/01/2001 | $10.28 | 0.0% | 0.0% | N | Referral Required |
| 8711 | FULL-MOUTH X-RAY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 87110 | CULTURE, CHLAMYDIA | 07/01/2001 | $27.08 | 0.0% | 0.0% | N | |
| 87116 | CULTURE, TUBERCLE BACILLI | 07/01/2002 | $14.93 | 0.0% | 0.0% | N | Referral Required |
| 87118 | CULTURE, TUBERCLE BACILLI | 07/01/2001 | $15.13 | 0.0% | 0.0% | N | Referral Required |
| 8712 | DENTAL X-RAY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8713 | TM CONTRAST ARTHROGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8714 | CONTRAST X-RAY OF ORBIT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 87140 | CULTURE, TYPING | 07/01/2001 | $5.67 | 0.0% | 0.0% | N | Referral Required |
| 87143 | CULTURE, TYPING | 07/01/2001 | $17.32 | 0.0% | 0.0% | N | Referral Required |
| 87147 | CULTURE, TYPING | 07/01/2002 | $7.15 | 0.0% | 0.0% | N | Referral Required |
| 87149 | CULTURE ID NUCLEIC ACID | 07/01/2001 | $27.71 | 0.0% | 0.0% | N | Referral Required |
| 8715 | CONTRAST X-RAY OF SINUS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 87152 | CULTURE ID PULSE FIELD GEL TYPING | 07/01/2001 | $7.23 | 0.0% | 0.0% | N | Referral Required |
| 87158 | CULTURE, TYPING | 07/01/2002 | $7.23 | 0.0% | 0.0% | N | Referral Required |
| 8716 | FACIAL BONE X-RAY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 87164 | DARK FIELD EXAMINATION ANY S | 07/01/2004 | $15.01 | 0.0% | 100.0% | N | Referral Required |
| 87166 | DARK FIELD EXAMINATION | 07/01/2001 | $15.61 | 0.0% | 0.0% | N | Referral Required |
| 87168 | MACROSCOPIC EXAM ANTHROPOD | 07/01/2001 | $5.90 | 0.0% | 0.0% | N | Referral Required |
| 87169 | MACROSCOPIC EXAMINATION | 07/01/2001 | $5.90 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 8717 | SKULL X-RAY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 87172 | PINWORM EXAM | 07/01/2001 | $5.90 | 0.0% | 0.0% | N | Referral Required |
| 87176 | ENDOTOXIN TESTING | 07/01/2001 | $8.13 | 0.0% | 0.0% | N | Referral Required |
| 87177 | OVA AND PARASITES SMEARS | 07/01/2001 | $12.30 | 0.0% | 0.0% | N | Referral Required |
| 87181 | SENSITIVITY STUDIES | 07/01/2002 | $6.56 | 0.0% | 0.0% | N | Referral Required |
| 87184 | SENSITIVITY STUDIES | 07/01/2001 | $9.53 | 0.0% | 0.0% | N | Referral Required |
| 87185 | SUSCEPTIBILITY STUDIES | 07/01/2001 | $6.56 | 0.0% | 0.0% | N | Referral Required |
| 87186 | SENSITIVITY STUDIES | 07/01/2001 | $11.94 | 0.0% | 0.0% | N | Referral Required |
| 87187 | MINIMUM BACTERICIDAL CONCENT | 07/01/2001 | $12.20 | 0.0% | 0.0% | N | Referral Required |
| 87188 | SENSITIVITY STUDIES | 07/01/2001 | $9.17 | 0.0% | 0.0% | N | Referral Required |
| 87190 | SENSITIVITY STUDIES | 07/01/2002 | $7.81 | 0.0% | 0.0% | N | Referral Required |
| 87197 | SERUM BACTERICIDAL TITER | 07/01/2001 | $20.76 | 0.0% | 0.0% | N | Referral Required |
| 87205 | STAINS/SMEARS | 07/01/2001 | $5.90 | 0.0% | 0.0% | N | Referral Required |
| 87206 | STAINS/SMEARS | 07/01/2001 | $7.42 | 0.0% | 0.0% | N | Referral Required |
| 87207 | STAINS/SMEARS | 07/01/2004 | $8.37 | 0.0% | 100.0% | N | Referral Required |
| 8721 | CONTRAST MYELOGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 87210 | WET MOUNT | 07/01/2001 | $5.90 | 0.0% | 0.0% | N | Referral Required |
| 8722 | CERVICAL SPINE X-RAY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 87220 | TISSUE EXAMINATION FOR FUNGI | 07/01/2001 | $5.90 | 0.0% | 0.0% | N | Referral Required |
| 8723 | THORACIC SPINE X-RAY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 87230 | TOXIN OR ANTITOXIN ASSAY,TIS | 07/01/2001 | $16.08 | 0.0% | 0.0% | N | Referral Required |
| 8724 | LUMBOSAC SPINE X-RAY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 87250 | VIRUS, INOCULATION | 07/01/2001 | $27.02 | 0.0% | 0.0% | N | Referral Required |
| 87252 | VIRUS IDENTIFICATION | 07/01/2001 | $21.96 | 0.0% | 0.0% | N | |
| 87253 | TISSUE CULTURE ADDITIONAL ST | 07/01/2001 | $27.91 | 0.0% | 0.0% | N | Referral Required |
| 87254 | VIRUS ISOLATION SHELL VIAL | 07/01/2001 | $6.76 | 0.0% | 0.0% | N | Referral Required |
| 87255 | INCLUDING IDENTIFICATION | 01/01/2003 | $37.02 | 0.0% | 0.0% | N | Referral Required |
| 87260 | ADENOVIRUS AG, DFA | 07/01/2001 | $16.10 | 0.0% | 0.0% | N | Referral Required |
| 87265 | PERTUSIS AG, DFA | 07/01/2001 | $16.10 | 0.0% | 0.0% | N | Referral Required |
| 87269 | INFECTIOUS AGENT ANTIGEN GIARDIA | 01/01/2004 | $16.28 | 0.0% | 0.0% | N | Referral Required |
| 87270 | CHLAMYDIA TRACHOMATIS AG, DF | 07/01/2001 | $16.10 | 0.0% | 0.0% | N | |
| 87271 | CYTOMEGALOVIRUS DIRECT FLUORESCEN | 01/01/2003 | $16.28 | 0.0% | 0.0% | N | |
| 87272 | CRYPTOSPORIDUM/GIARDIA AGDFA | 07/01/2001 | $16.10 | 0.0% | 0.0% | N | Referral Required |
| 87273 | INFECTIOUS AGENT HERPES | 07/01/2001 | $16.10 | 0.0% | 0.0% | N | |
| 87274 | HERPES SIMPLEX VIRUS AG, DFA | 07/01/2001 | $16.10 | 0.0% | 0.0% | N | |
| 87275 | INFECTIOUS AGENT INFLUENZA B | 07/01/2001 | $16.10 | 0.0% | 0.0% | N | Referral Required |
| 87276 | INFLUENZA A VIRUS AG, DFA | 07/01/2001 | $16.10 | 0.0% | 0.0% | N | Referral Required |
| 87277 | INFECTIOUS ANTIGEN LEGIONELL | 07/01/2001 | $16.10 | 0.0% | 0.0% | N | Referral Required |
| 87278 | LEGIONELLA PNEUMOPHILA, AGDFA | 07/01/2001 | $16.10 | 0.0% | 0.0% | N | Referral Required |
| 87279 | INFECTIOUS AGENT ANTIGEN | 07/01/2001 | $16.10 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 87280 | RESP SYNCYTIAL AG, DFA | 07/01/2001 | $16.10 | 0.0% | 0.0% | N | Referral Required |
| 87281 | ANTIGEN DETECTION BY I.F. | 07/01/2001 | $16.10 | 0.0% | 0.0% | N | Referral Required |
| 87283 | ANTIGEN DETECTION BY I.F. RUBEOLA | 07/01/2001 | $16.10 | 0.0% | 0.0% | N | Referral Required |
| 87285 | TREPONEMA PALLIDUM AG, DFA | 07/01/2001 | $16.10 | 0.0% | 0.0% | N | Referral Required |
| 8729 | SPINAL X-RAY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 87290 | VARICELLA ZOSTER VIRUS, AGDFA | 07/01/2001 | $16.10 | 0.0% | 0.0% | N | Referral Required |
| 87299 | AG DETECTION NOS, DFA | 07/01/2001 | $16.10 | 0.0% | 0.0% | N | Referral Required |
| 87300 | ANTIGEN DETECTION BY I.F.POLYVALENT | 07/01/2001 | $8.05 | 0.0% | 0.0% | N | Referral Required |
| 87301 | ADENOVIRUS AG, EIA | 07/01/2001 | $16.10 | 0.0% | 0.0% | N | Referral Required |
| 8731 | ENDOTRACHEAL BRONCHOGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8732 | CONTRAST BRONCHOGRAM NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 87320 | CHLAMYDIA TRACHOMATIC AG, EIA | 07/01/2001 | $16.10 | 0.0% | 0.0% | N | |
| 87324 | CLOSTRIDIUM AG, EIA | 07/01/2001 | $16.10 | 0.0% | 0.0% | N | Referral Required |
| 87327 | ANTIGEN DETECTION | 07/01/2001 | $16.10 | 0.0% | 0.0% | N | Referral Required |
| 87328 | CRYPTOSPORIDUM/GIARDIA,AGEIA | 07/01/2001 | $16.10 | 0.0% | 0.0% | N | Referral Required |
| 87329 | INFECTIOUS AGENT ANTIGEN DETECTION | 07/01/2004 | $16.28 | 0.0% | 0.0% | N | Referral Required |
| 8733 | MEDIASTINAL PNEUMOGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 87332 | CYTOMEGALOVIRUS, AG, EIA | 07/01/2001 | $16.10 | 0.0% | 0.0% | N | |
| 87335 | E COLI 0157 AG, EIA | 07/01/2001 | $16.10 | 0.0% | 0.0% | N | Referral Required |
| 87336 | ANTIGEN DETECTION | 07/01/2001 | $16.10 | 0.0% | 0.0% | N | Referral Required |
| 87337 | ANTIGEN DETECTION | 07/01/2001 | $16.10 | 0.0% | 0.0% | N | Referral Required |
| 87338 | HELICOBACTER PYLORI | 01/01/2002 | $19.88 | 0.0% | 0.0% | N | Referral Required |
| 87339 | ANTIGEN DETECTION | 07/01/2001 | $16.10 | 0.0% | 0.0% | N | Referral Required |
| 8734 | INTRATHOR LYMPHANGIOGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 87340 | HEPATITUS B SURFACE, AG,EIA | 07/01/2001 | $14.27 | 0.0% | 0.0% | N | Referral Required |
| 87341 | ANTIGEN DETECTION | 07/01/2001 | $14.27 | 0.0% | 0.0% | N | Referral Required |
| 8735 | CONTR MAMMARY DUCTOGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 87350 | HEPATITUS BE ANTIGEN (HBEAG) | 07/01/2001 | $15.92 | 0.0% | 0.0% | N | Referral Required |
| 8736 | BREAST XEROGRAPHY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8737 | MAMMOGRAPHY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8738 | CHEST WALL SINOGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 87380 | HEPATITUS DELTA AGENT | 07/01/2001 | $22.69 | 0.0% | 0.0% | N | Referral Required |
| 87385 | HISTOPLASMA CAPSULATUM-AGEIA | 07/01/2001 | $16.10 | 0.0% | 0.0% | N | Referral Required |
| 8739 | THORAX SFT TISS XRAY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 87390 | HIV-1 AG, EIA | 07/01/2001 | $24.38 | 0.0% | 0.0% | N | |
| 87391 | HIV-2, AG, EIA | 07/01/2001 | $24.38 | 0.0% | 0.0% | N | |
| 87400 | INFLUENZA, A OR B, EACH | 07/01/2002 | $16.10 | 0.0% | 0.0% | N | Referral Required |
| 8741 | C.A.T. SCAN OF THORAX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8742 | THORACIC TOMOGRAPHY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 87420 | RESP SYNCYTIAL AG, EIA | 07/01/2001 | $16.10 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 87425 | ROTAVIRUS AG, EIA | 07/01/2001 | $16.10 | 0.0% | 0.0% | N | Referral Required |
| 87427 | SHIGA-LIKE TOXIN | 07/01/2001 | $16.10 | 0.0% | 0.0% | N | Referral Required |
| 8743 | RIB/STERNUM/CLAVIC X-RAY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 87430 | STREPTOCOCCUS, GROUP A AGEIA | 07/01/2001 | $16.10 | 0.0% | 0.0% | N | Referral Required |
| 8744 | ROUTINE CHEST X-RAY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 87449 | AG DETECT NOS EIA MULTIPLE | 07/01/2001 | $16.10 | 0.0% | 0.0% | N | Referral Required |
| 87450 | AG DETECT NOS EIA SINGLE | 07/01/2001 | $9.77 | 0.0% | 0.0% | N | Referral Required |
| 87451 | INFECTIOUS AGENT ANTIGEN | 07/01/2001 | $9.77 | 0.0% | 0.0% | N | Referral Required |
| 87470 | BARTONELLA DNA DIRECT PROBE | 07/01/2001 | $27.71 | 0.0% | 0.0% | N | Referral Required |
| 87471 | BARTONELL DNA, AMPLIFIED PROBE | 07/01/2001 | $48.50 | 0.0% | 0.0% | N | Referral Required |
| 87472 | BARTONELLA, DNA QUANTIFIECAT | 07/01/2001 | $59.20 | 0.0% | 0.0% | N | Referral Required |
| 87475 | LYME DIS, DNA DIRECT PROBE | 07/01/2001 | $27.71 | 0.0% | 0.0% | N | Referral Required |
| 87476 | LYME DIS,DNA AMPLIFIED PROBE | 07/01/2001 | $48.50 | 0.0% | 0.0% | N | Referral Required |
| 87477 | LYME DIS, DNA, QUANTIFICATION | 07/01/2001 | $59.20 | 0.0% | 0.0% | N | Referral Required |
| 87480 | CANDIDA, DNA, DIRECT PROBE | 07/01/2001 | $27.71 | 0.0% | 0.0% | N | Referral Required |
| 87481 | CANDIDA, DNA, AMPLIFIED PROBE | 07/01/2001 | $48.50 | 0.0% | 0.0% | N | Referral Required |
| 87482 | CANDIDA, DNA, QUANTIFICATION | 07/01/2001 | $57.69 | 0.0% | 0.0% | N | Referral Required |
| 87485 | CHLAMYDIA PNEM.DNA DIRECT PR | 07/01/2001 | $27.71 | 0.0% | 0.0% | N | |
| 87486 | CHLAMYDIA PNEUN,DNA,AMP.PRO. | 07/01/2001 | $48.50 | 0.0% | 0.0% | N | |
| 87487 | CHLAMYDIA PNEUM.DNA, QUANT. | 07/01/2001 | $59.20 | 0.0% | 0.0% | N | |
| 8749 | CHEST X-RAY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 87490 | CHLAMYDIA TRACH.DNA,DIR.PROB | 07/01/2001 | $27.71 | 0.0% | 0.0% | N | |
| 87491 | CHLAMYDIA TRACH.DNA,AMP.PR | 07/01/2001 | $48.50 | 0.0% | 0.0% | N | |
| 87492 | CHLAMYDIA TRACH.DNA,QUANT. | 07/01/2001 | $48.31 | 0.0% | 0.0% | N | |
| 87495 | CYTOMEG.DNA,DIRECT PROBE | 07/01/2001 | $27.71 | 0.0% | 0.0% | N | |
| 87496 | CYTOMEG.DNA,AMPLIFIED PROBE | 07/01/2001 | $48.50 | 0.0% | 0.0% | N | |
| 87497 | CYTOMEG. DNA, QUANTIFICATION | 07/01/2001 | $59.20 | 0.0% | 0.0% | N | |
| 8751 | PERC HEPAT CHOLANGIOGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 87510 | GARDNER. VAG. DNA, DIR.PROBE | 07/01/2001 | $27.71 | 0.0% | 0.0% | N | |
| 87511 | GARDNER.VAG.DNA, AMP.PROBE | 07/01/2001 | $48.50 | 0.0% | 0.0% | N | |
| 87512 | GARDNER.VAG.DNA, QUANTIFICA. | 07/01/2001 | $57.69 | 0.0% | 0.0% | N | |
| 87515 | HEPATITUS B,DNA, DIR.PROBE | 07/01/2001 | $27.71 | 0.0% | 0.0% | N | Referral Required |
| 87516 | HEPATITUS B,DNA, AMP.PROBE | 07/01/2001 | $48.50 | 0.0% | 0.0% | N | Referral Required |
| 87517 | HEPATITUS B, DNA, QUANT. | 07/01/2001 | $59.20 | 0.0% | 0.0% | N | Referral Required |
| 8752 | INTRAVEN CHOLANGIOGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 87520 | HEPATITUS C, RNA, DIR.PROBE | 07/01/2001 | $27.71 | 0.0% | 0.0% | N | Referral Required |
| 87521 | HEPATITIS C, RNA, AMP.PROBE | 07/01/2001 | $48.50 | 0.0% | 0.0% | N | Referral Required |
| 87522 | HEPATITUS C, RNA, QUANT. | 07/01/2001 | $59.20 | 0.0% | 0.0% | N | Referral Required |
| 87525 | HEPATITUS G, DNA, DIR.PROBE | 07/01/2001 | $27.71 | 0.0% | 0.0% | N | Referral Required |
| 87526 | HEPATITUS G, DNA, AMP.PROBE | 07/01/2001 | $48.50 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 87527 | HEPATITUS G, DNA, QUANT. | 07/01/2001 | $57.69 | 0.0% | 0.0% | N | Referral Required |
| 87528 | HERPES SIMPLEX, DIRECT PROBE | 07/01/2001 | $27.71 | 0.0% | 0.0% | N | |
| 87529 | HERPES SIMPLEX,DNA, AMP.PR. | 07/01/2001 | $48.50 | 0.0% | 0.0% | N | |
| 8753 | INTRAOPER CHOLANGIOGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 87530 | HERPES SIMPLEX,DNA, QUANT. | 07/01/2001 | $59.20 | 0.0% | 0.0% | N | |
| 87531 | HERPES VIRUS-6,DNA, DIR.PR. | 07/01/2001 | $27.71 | 0.0% | 0.0% | N | |
| 87532 | HERPES VIRUS-6,DNA, AMP.PR. | 07/01/2001 | $48.50 | 0.0% | 0.0% | N | |
| 87533 | HERPES VIRUS-6, DNA, QUANT. | 07/01/2001 | $57.69 | 0.0% | 0.0% | N | |
| 87534 | HIV-1, DNA, DIRECT PROBE TECHNIQUE | 07/01/2001 | $27.71 | 0.0% | 0.0% | N | |
| 87535 | HIV-1,DNA AMPLIFIED PROBE TECHNIQUE | 07/01/2001 | $48.50 | 0.0% | 0.0% | N | |
| 87536 | HIV-1, QUANTIFICATION | 07/01/2001 | $117.59 | 0.0% | 0.0% | N | |
| 87537 | HIV-2, DNA, DIRECT PROBE TEC | 07/01/2001 | $27.71 | 0.0% | 0.0% | N | |
| 87538 | HIV-2,DNA,AMPLIFIED PROBE TE | 07/01/2001 | $48.50 | 0.0% | 0.0% | N | |
| 87539 | HIV-2, DNA, QUANTIFICATION | 07/01/2001 | $59.20 | 0.0% | 0.0% | N | |
| 8754 | CHOLANGIOGRAM NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 87540 | LEGION PNEUMO, DNA, DIR-PROBE | 07/01/2001 | $27.71 | 0.0% | 0.0% | N | Referral Required |
| 87541 | LEGION.PNEUMO.DNA,AMP.PROBE | 07/01/2001 | $48.50 | 0.0% | 0.0% | N | Referral Required |
| 87542 | LEGION PNEUMO,DNA,QUANTIF | 07/01/2001 | $57.69 | 0.0% | 0.0% | N | Referral Required |
| 87550 | MYCOBACTERIA SPECIES, DNA,DIR PROBE | 07/01/2001 | $27.71 | 0.0% | 0.0% | N | Referral Required |
| 87551 | MYCOBACTERIA SPECIES AMP PROB TECH | 07/01/2001 | $48.50 | 0.0% | 0.0% | N | Referral Required |
| 87552 | MYCOBACTERIA SPECIES, DNA QUANT | 07/01/2001 | $59.20 | 0.0% | 0.0% | N | Referral Required |
| 87555 | M.TUBERCULOSIS, DNA,DIR.PROBE | 07/01/2001 | $27.71 | 0.0% | 0.0% | N | Referral Required |
| 87556 | M.TUBERCULOSIS, DNA, AMP.PROB | 07/01/2001 | $48.50 | 0.0% | 0.0% | N | Referral Required |
| 87557 | M.TUBERCULOSIS, DNA,QUANT. | 07/01/2001 | $59.20 | 0.0% | 0.0% | N | Referral Required |
| 87560 | M.AVIUM-INTRA,DNA,DIR.PROBE | 07/01/2001 | $27.71 | 0.0% | 0.0% | N | Referral Required |
| 87561 | M.AVIUM INTRA,DNA, AMP.PROBE | 07/01/2001 | $48.50 | 0.0% | 0.0% | N | Referral Required |
| 87562 | M.AVIUM-INTRA,DNA,QUANTI. | 07/01/2001 | $59.20 | 0.0% | 0.0% | N | Referral Required |
| 87580 | M.PNEUMIAE,DNA, DIRECT PROBE | 07/01/2001 | $27.71 | 0.0% | 0.0% | N | Referral Required |
| 87581 | M.PNEUMONIAE,DNA, AMP.PROBE | 07/01/2001 | $48.50 | 0.0% | 0.0% | N | Referral Required |
| 87582 | M.PNEUMONIAE, DNA, QUANT. | 07/01/2001 | $57.69 | 0.0% | 0.0% | N | Referral Required |
| 8759 | BILIARY TRACT X-RAY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 87590 | N.GONORRHOEAE,DNA,DIR.PROBE | 07/01/2001 | $27.71 | 0.0% | 0.0% | N | |
| 87591 | N.GONORRHOEAE,DNA,AMP.PROBE | 07/01/2001 | $48.50 | 0.0% | 0.0% | N | |
| 87592 | N.GONORRHOEAE, DNA, QUANT. | 07/01/2001 | $59.20 | 0.0% | 0.0% | N | |
| 8761 | BARIUM SWALLOW | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8762 | UPPER GI SERIES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 87620 | HPV, DNA, DIRECT PROBE | 07/01/2001 | $27.71 | 0.0% | 0.0% | N | |
| 87621 | HPV, DNA, AMPLIFIED PROBE | 07/01/2001 | $48.50 | 0.0% | 0.0% | N | |
| 87622 | HPV, DNA, QUANTIFICATION | 07/01/2001 | $57.69 | 0.0% | 0.0% | N | |
| 8763 | SMALL BOWEL SERIES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 8764 | LOWER GI SERIES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8765 | INTESTINAL X-RAY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 87650 | STREP.A, DNA, DIRECT PROBE | 07/01/2001 | $27.71 | 0.0% | 0.0% | N | Referral Required |
| 87651 | STREP.A, DNA, AMP.PROBE TECH | 07/01/2001 | $48.50 | 0.0% | 0.0% | N | Referral Required |
| 87652 | STREP.A, DNA, QUANTIFICATION | 07/01/2001 | $57.69 | 0.0% | 0.0% | N | Referral Required |
| 8766 | CONTRAST PANCREATOGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 87660 | INFECTIOUS AGENT DET BY NUCLEIC AC | 01/01/2005 | $28.02 | 0.0% | 0.0% | N | Referral Required |
| 8769 | DIGESTIVE TRACT XRAY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8771 | C.A.T. SCAN OF KIDNEY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8772 | NEPHROTOMOGRAM NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8773 | INTRAVENOUS PYELOGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8774 | RETROGRADE PYELOGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8775 | PERCUTANEOUS PYELOGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8776 | RETROGR CYSTOURETHROGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8777 | CYSTOGRAM NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8778 | ILEAL CONDUITOGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8779 | URINARY SYSTEM X-RAY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 87797 | DETECT.AG, NOS,DNA,DIR.PROBE | 07/01/2001 | $27.71 | 0.0% | 0.0% | N | Referral Required |
| 87798 | DETECT.AG.NOS, DNA,AMP.PROBE | 07/01/2001 | $48.50 | 0.0% | 0.0% | N | Referral Required |
| 87799 | DETECT.AG.NOS, QUANTIFICATION | 07/01/2001 | $59.20 | 0.0% | 0.0% | N | Referral Required |
| 87800 | INFECTIOUS AGENT DETECTION | 07/01/2001 | $27.71 | 0.0% | 0.0% | N | Referral Required |
| 87801 | INFECTIOUS AGENT DETECTION | 07/01/2001 | $48.50 | 0.0% | 0.0% | N | Referral Required |
| 87802 | STREP DETECTION | 01/01/2002 | $16.10 | 0.0% | 0.0% | N | Referral Required |
| 87803 | CLOSTRIDIUM DIFFICILE TOXIN | 01/01/2002 | $16.10 | 0.0% | 0.0% | N | Referral Required |
| 87804 | INFLUENZA IMMUNOASSAY DETECTION | 01/01/2002 | $16.10 | 0.0% | 0.0% | N | Referral Required |
| 87807 | INFECTIOUS AGENT ANTIGEN DETECTION | 01/01/2005 | $16.10 | 0.0% | 0.0% | N | Referral Required |
| 8781 | X-RAY OF GRAVID UTERUS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 87810 | CHLAMYDIA TRACH ASSAY W/OPTICAL | 07/01/2001 | $16.10 | 0.0% | 0.0% | N | |
| 8782 | GAS HYSTEROSALPINGOGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8783 | DYE HYSTEROSALPINGOGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8784 | PERCUTANEOUS HYSTEROGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8785 | TUBE & UTERUS X-RAY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 87850 | NEISSERIA GONORRHOEAE W/OPTICAL OB | 07/01/2001 | $16.10 | 0.0% | 0.0% | N | |
| 87880 | STREPTOCOCCUS A W/OPTICAL OBSERVA | 07/01/2001 | $16.10 | 0.0% | 0.0% | N | Referral Required |
| 8789 | FEMALE GENITAL X-RAY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 87899 | INFECT.AG.DETECT,NOS,W/OPTIC | 07/01/2001 | $16.10 | 0.0% | 0.0% | N | Referral Required |
| 87901 | INFECTIOUS AGENT GENOTYPE ANALYSIS | 07/01/2001 | $192.26 | 0.0% | 0.0% | N | |
| 87902 | HEPATITIS C VIRUS | 01/01/2002 | $192.26 | 0.0% | 0.0% | N | Referral Required |
| 87903 | PHENOTYPE BY DNA/RNA, HIV 1 | 07/01/2001 | $538.75 | 0.0% | 0.0% | Y | |
| 87904 | PHENOTYPE BY DNA/RNA, HIV 1 | 07/01/2001 | $21.96 | 0.0% | 0.0% | Y | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 8791 | CONTR SEMIN VESICULOGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8792 | PROSTAT/SEM VES XRAY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8793 | CONTRAST EPIDIDYMOGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8794 | CONTRAST VASOGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8795 | EPIDIDYMIS/VAS X-RAY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8799 | MALE GENITAL X-RAY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 87999 | UNLISTED MICROBIOLOGY TEST | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8801 | C.A.T. SCAN OF ABDOMEN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8802 | ABDOMINAL TOMOGRAPHY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8803 | ABDOMINAL WALL SINOGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8804 | ABDOMINAL LYMPHANGIOGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8809 | ABDOMINAL WALL X-RAY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 88104 | CYTOPATHOLOGY | 07/01/2003 | $43.14 | 13.0% | 87.0% | N | Referral Required |
| 88106 | CYTOPATHOLOGY | 07/01/2003 | $43.14 | 12.0% | 88.0% | N | Referral Required |
| 88107 | CYTOPATHOLOGY | 07/01/2003 | $59.52 | 11.0% | 89.0% | N | Referral Required |
| 88108 | CYTOPATHOLOGY, CONCENTRATION | 07/01/2003 | $50.16 | 14.0% | 86.0% | N | Referral Required |
| 8811 | PELVIC DYE CONTRAST XRAY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 88112 | CYTOPATHOLOGY, SELECTIVE CELLULAR | 01/01/2004 | $50.16 | 49.0% | 51.0% | N | Referral Required |
| 8812 | PELVIC GAS CONTRAST XRAY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 88125 | CYTOPATHOLOGY | 02/03/2002 | $18.96 | 6.0% | 94.0% | N | Referral Required |
| 8813 | PERITON PNEUMOGRAM NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 88130 | BARR BODIES TEST | 07/01/2001 | $20.79 | 0.0% | 0.0% | N | Referral Required |
| 8814 | RETROPERITON FISTULOGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 88140 | DRUMSTICKS TEST | 07/01/2001 | $11.05 | 0.0% | 0.0% | N | Referral Required |
| 88141 | CYTOPATHOLOGY, CERVICAL OR V | 02/03/2002 | $20.83 | 0.0% | 100.0% | N | Referral Required |
| 88142 | CYTOPATH CER/VAG. THIN LAYER | 07/01/2001 | $28.00 | 0.0% | 0.0% | N | Referral Required |
| 88143 | CYTOPATHOLOGY CERVIC VAGINAL | 07/01/2001 | $28.00 | 0.0% | 0.0% | N | Referral Required |
| 88147 | CYTOPATHOLOGY SMEARS | 07/01/2001 | $14.60 | 0.0% | 0.0% | N | Referral Required |
| 88148 | CYTOPATHOLOGY SMEARS | 07/01/2001 | $14.60 | 0.0% | 0.0% | N | Referral Required |
| 8815 | RETROPERITON PNEUMOGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 88150 | PAPANICOLAOU SMEAR | 07/01/2001 | $14.60 | 0.0% | 0.0% | N | Referral Required |
| 88152 | CYTOPATH.CER/VAG AUTO RESCRE | 07/01/2001 | $14.60 | 0.0% | 0.0% | N | Referral Required |
| 88153 | CYTOPATHOLOGY SLIDES | 07/01/2001 | $14.60 | 0.0% | 0.0% | N | Referral Required |
| 88154 | CYTOPATHOLOGY SLIDES | 07/01/2001 | $14.60 | 0.0% | 0.0% | N | Referral Required |
| 88155 | SMEARS | 07/01/2001 | $8.28 | 0.0% | 0.0% | N | Referral Required |
| 8816 | RETROPERITONEAL XRAY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 88160 | SMEARS | 07/01/2003 | $50.31 | 11.0% | 89.0% | N | Referral Required |
| 88161 | CYTOPATHOGY, ANY OTHER SOURC | 07/01/2003 | $57.00 | 13.0% | 87.0% | N | Referral Required |
| 88162 | EXTENDED STUDY INVOLVING OVE | 07/01/2003 | $50.59 | 25.0% | 75.0% | N | Referral Required |
| 88164 | CYTOPATHOLOGY SLIDES | 07/01/2001 | $14.60 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 88165 | CYTOPATHOLOGY SLIDES | 07/01/2001 | $14.60 | 0.0% | 0.0% | N | Referral Required |
| 88166 | CYTOPATHOLOGY SLIDES | 07/01/2001 | $14.60 | 0.0% | 0.0% | N | Referral Required |
| 88167 | CYTOPATHOLOGY SLIDES | 07/01/2001 | $14.60 | 0.0% | 0.0% | N | Referral Required |
| 88172 | EVALUATION NEEDLE ASPIRATE W | 07/01/2003 | $43.26 | 15.0% | 85.0% | N | Referral Required |
| 88173 | INTERP & REPORT | 07/01/2003 | $106.97 | 12.0% | 88.0% | N | Referral Required |
| 88174 | CYTOPATHOLOGY, CERVICAL OR VAGINAL | 01/01/2003 | $29.85 | 0.0% | 0.0% | N | Referral Required |
| 88175 | WITH SCREENING BY AUTOMATED SYSTEM | 01/01/2003 | $36.31 | 0.0% | 0.0% | N | Referral Required |
| 88180 | FLOW CYTOMETRY, EACH CELL SU | 07/01/2003 | $32.19 | 19.0% | 81.0% | N | Referral Required |
| 88182 | FLOW CYTOMETRY; CELL CYCLE O | 07/01/2003 | $85.56 | 16.0% | 84.0% | N | Referral Required |
| 88184 | FLOW CYTOMETRY | 01/01/2005 | $44.07 | 0.0% | 0.0% | N | Referral Required |
| 88185 | FLOW CYTOMETRY, CELL SURFACE | 01/01/2005 | $21.55 | 0.0% | 0.0% | N | Referral Required |
| 88187 | FLOW CYTOMETRY, INTERP; 2-8 MARKER | 01/01/2005 | $66.62 | 0.0% | 0.0% | N | Referral Required |
| 88188 | FLOW CYTOMETRY, INTERP; 9-15 MARKE | 01/01/2005 | $83.10 | 0.0% | 0.0% | N | Referral Required |
| 88189 | FLOW CYTOMETRY, INTERP, 16 OR MORE | 01/01/2005 | $109.53 | 0.0% | 0.0% | N | Referral Required |
| 8819 | ABDOMINAL X-RAY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 88199 | UNLISTED CYTOPATHOLOGY TEST | 01/01/1976 | $0.00 | 55.0% | 45.0% | N | Referral Required |
| 8821 | SKL XRAY-SHOULDER/UP ARM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8822 | SKEL XRAY-ELBOW/FOREARM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8823 | SKEL XRAY-WRIST & HAND | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 88230 | TISSUE CULTURE FOR CHROMOSOM | 07/01/2001 | $161.00 | 0.0% | 0.0% | N | Referral Required |
| 88233 | TISSUE CULTURE CHROMOSOME AN | 07/01/2001 | $194.49 | 0.0% | 0.0% | N | Referral Required |
| 88235 | 'ISSUE CULTURE FOR CHROMOSOME | 01/01/2004 | $203.50 | 0.0% | 0.0% | N | Referral Required |
| 88237 | BONE MARROW (MYLOID) CELLS | 07/01/2001 | $174.55 | 0.0% | 0.0% | N | Referral Required |
| 88239 | TISSUE CULTURE FOR CHROMOSOM | 07/01/2001 | $203.88 | 0.0% | 0.0% | N | Referral Required |
| 8824 | SKEL XRAY-UPPER LIMB NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 88240 | CRYOPRESERVATION FREEZING STRG CE | 07/01/2001 | $13.96 | 0.0% | 0.0% | N | Referral Required |
| 88241 | THAWING & EXPANSION OF FRZN CELLS | 07/01/2001 | $13.96 | 0.0% | 0.0% | N | Referral Required |
| 88245 | CHROMOSOME ANALYSIS FOR BREA | 07/01/2001 | $205.72 | 0.0% | 0.0% | N | Referral Required |
| 88248 | CHROMOSONE ANALYSIS SCORE 10 | 07/01/2001 | $239.32 | 0.0% | 0.0% | N | Referral Required |
| 88249 | CHROMOSOME ANALYSIS FOR BREAKAGE | 07/01/2001 | $239.32 | 0.0% | 0.0% | N | Referral Required |
| 8825 | PELVIMETRY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8826 | SKEL XRAY-PELVIS/HIP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 88261 | CHROMOSOME ANALYSIS | 07/01/2002 | $244.24 | 0.0% | 0.0% | N | Referral Required |
| 88262 | CHROMOSOME ANALYSIS | 07/01/2001 | $172.25 | 0.0% | 0.0% | N | Referral Required |
| 88263 | CHROMOSOME ANALYSIS;COUNT 45 | 07/01/2001 | $129.03 | 0.0% | 0.0% | N | Referral Required |
| 88264 | CHROMOSOME ANALYSIS ANALYZE 20-25 C | 07/01/2001 | $172.25 | 0.0% | 0.0% | N | Referral Required |
| 88267 | CHROMOSOME ANALYSIS | 01/01/2004 | $248.44 | 0.0% | 0.0% | N | Referral Required |
| 88269 | CHROMOSOME ANALYSIS IN SITU | 07/01/2001 | $94.00 | 0.0% | 0.0% | N | Referral Required |
| 8827 | SKEL XRAY-THIGH/KNEE/LEG | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 88271 | MOLECULAR CYTOGENETICS | 07/01/2001 | $20.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 88272 | MOLECULAR CYTOGENETICS | 07/01/2001 | $25.00 | 0.0% | 0.0% | N | Referral Required |
| 88273 | MOLECULAR CYTOGENETICS | 07/01/2001 | $35.00 | 0.0% | 0.0% | N | Referral Required |
| 88274 | MOLECULAR CYTOGENETICS | 07/01/2001 | $45.00 | 0.0% | 0.0% | N | Referral Required |
| 88275 | MOLECULAR CYTOGENETICS | 07/01/2001 | $55.50 | 0.0% | 0.0% | N | Referral Required |
| 8828 | SKEL XRAY-ANKLE & FOOT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 88280 | CHROMOSOME ANALYSIS | 01/01/2004 | $34.69 | 0.0% | 0.0% | N | Referral Required |
| 88283 | CHROMOSOME ANALYSIS ADD SPEC | 07/01/2002 | $94.79 | 0.0% | 0.0% | N | Referral Required |
| 88285 | CHROMOSOME ANALYSIS | 07/01/2002 | $26.26 | 0.0% | 0.0% | N | Referral Required |
| 88289 | CHROMOSOME ANALYSIS ADDITION | 01/01/2004 | $47.58 | 0.0% | 0.0% | N | Referral Required |
| 8829 | SKEL XRAY-LOWER LIMB NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 88291 | CYTOGENETICS & MOLECULAR CYTOGENE | 07/01/2003 | $25.77 | 0.0% | 0.0% | N | Referral Required |
| 88299 | UNLISTED CYTOGENIC TEST | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 88300 | GROSS EXAMINATION | 07/01/2003 | $13.98 | 33.0% | 67.0% | N | Referral Required |
| 88302 | GROSS/MICROSCOPIC EXAM | 07/01/2003 | $28.34 | 39.0% | 61.0% | N | Referral Required |
| 88304 | GROSS/MICROSCOPIC EXAM | 07/01/2003 | $38.48 | 38.0% | 62.0% | N | Referral Required |
| 88305 | GROSS/MICROSCOPIC EXAM | 07/01/2003 | $83.73 | 29.0% | 71.0% | N | Referral Required |
| 88307 | GROSS/MICROSCOPIC EXAM | 07/01/2003 | $143.66 | 25.0% | 75.0% | N | Referral Required |
| 88309 | GROSS/MICROSCOPIC EXAM | 07/01/2003 | $190.00 | 23.0% | 77.0% | N | Referral Required |
| 8831 | SKELETAL SERIES X-RAY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 88311 | GROSS/MICROSCOPIC EXAM | 07/01/2003 | $15.40 | 22.0% | 78.0% | N | Referral Required |
| 88312 | STAINS, SPECIAL | 07/01/2003 | $73.20 | 14.0% | 86.0% | N | Referral Required |
| 88313 | STAINS, SPECIAL | 07/01/2003 | $55.58 | 22.0% | 78.0% | N | Referral Required |
| 88314 | HISTOCHEMICAL STAINING WITH | 07/01/2003 | $43.78 | 26.0% | 74.0% | N | Referral Required |
| 88318 | DETERMINATIVE HISTOCHEMISTRY | 07/01/2003 | $33.77 | 18.0% | 82.0% | N | Referral Required |
| 88319 | DETERMINATIVE HISTOCHEMISTRY | 07/01/2003 | $97.27 | 23.0% | 77.0% | N | Referral Required |
| 8832 | CONTRAST ARTHROGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 88321 | CONSULTATION, PATHOLOGY | 02/03/2002 | $65.67 | 0.0% | 0.0% | N | Referral Required |
| 88323 | CONSULTATION, PATHOLOGY | 02/03/2002 | $91.86 | 16.0% | 84.0% | N | Referral Required |
| 88325 | CONSULTATION, PATHOLOGY | 02/03/2002 | $109.84 | 0.0% | 0.0% | N | Referral Required |
| 88329 | CONSULTATION, PATHOLOGY | 02/03/2002 | $36.08 | 25.0% | 75.0% | N | Referral Required |
| 8833 | OTHER SKELETAL X-RAY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 88331 | PATHOLOGY CONSULTATION DURING SUR | 07/01/2003 | $70.36 | 25.0% | 75.0% | N | Referral Required |
| 88332 | CONSULTATION, PATHOLOGY | 07/01/2003 | $36.21 | 24.0% | 76.0% | N | Referral Required |
| 8834 | UPPER LIMB LYMPHANGIOGRM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 88342 | IMMUNOCYTHOCHEMISTRY, EACH A | 07/01/2003 | $76.04 | 21.0% | 79.0% | N | Referral Required |
| 88346 | IMMUNOFLUOR STUDY EACH ANTIB | 07/01/2003 | $69.06 | 19.0% | 81.0% | N | Referral Required |
| 88347 | IMMUNOFLUORESCENT STUDY | 07/01/2003 | $91.38 | 22.0% | 78.0% | N | Referral Required |
| 88348 | ELECTRON MICROSCOPY | 07/01/2003 | $276.42 | 29.0% | 71.0% | N | Referral Required |
| 88349 | ELECTRON MICROSCOPY | 07/01/2002 | $299.25 | 34.0% | 66.0% | N | Referral Required |
| 8835 | UP LIMB SFT TIS XRAY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 88355 | MORPHOMETRIC ANALYSIS SKELAT | 07/01/2002 | $143.31 | 23.0% | 77.0% | N | Referral Required |
| 88356 | MORPHOMETRIC ANYALYSIS; NERV | 07/01/2002 | $266.01 | 23.0% | 77.0% | N | Referral Required |
| 88358 | ANALYSIS TUMOR | 02/03/2002 | $157.01 | 23.0% | 77.0% | N | Referral Required |
| 8836 | LOWER LIMB LYMPHANGIOGRM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 88360 | MORPHOMETRIC ANALYSIS | 01/01/2005 | $100.38 | 0.0% | 0.0% | N | Referral Required |
| 88361 | MORPHOMETRIC ANALYSIS | 01/01/2004 | $123.68 | 59.0% | 41.0% | N | Referral Required |
| 88362 | NERVE TEASING PREPARATIONS | 02/03/2002 | $184.72 | 24.0% | 76.0% | N | Referral Required |
| 88365 | IN SITU HYBRIDIZATION | 02/03/2002 | $97.96 | 22.0% | 78.0% | N | Referral Required |
| 88367 | MORPHOMETRIC ANALYSIS | 01/01/2005 | $187.49 | 0.0% | 0.0% | N | Referral Required |
| 88368 | MORPHOMETRIC ANALYSIS | 01/01/2005 | $171.07 | 0.0% | 0.0% | N | Referral Required |
| 8837 | LO LIMB SFT TIS XRAY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 88371 | PROTEIN ANALYSIS BY WESTERN | 07/01/2003 | $17.82 | 0.0% | 100.0% | N | Referral Required |
| 88372 | PROTEIN ANALYSIS,INTERP & RP | 07/01/2001 | $31.44 | 0.0% | 100.0% | N | Referral Required |
| 8838 | OTHER C.A.T. SCAN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 88380 | MICRODISSECTION | 01/01/2002 | $0.00 | 55.0% | 45.0% | N | Referral Required |
| 8839 | X-RAY NEC AND NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 88399 | UNLISTED SURGICAL PATH TEST | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8840 | CONTRAST ARTERIOGRAM NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 88400 | BILIRUBIN, TOTAL | 01/01/2001 | $3.47 | 0.0% | 0.0% | N | Referral Required |
| 8841 | CONTR CEREBR ARTERIOGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8842 | CONTRAST AORTOGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8843 | CONTR PULMON ARTERIOGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8844 | CONTR THOR ARTERIOGR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8845 | CONTRAST RENAL ARTERIOGR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8846 | CONTRAST PLACENTOGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8847 | CONTR ABD ARTERIOGRM NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8848 | CONTRAST ARTERIOGRAM-LEG | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8849 | CONTRAST ARTERIOGRAM NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8850 | ANGIOCARDIOGRAPHY NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8851 | VENA CAV ANGIOCARDIOGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8852 | RT HEART ANGIOCARDIOGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8853 | LT HEART ANGIOCARDIOGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8854 | RT & LT HEART ANGIOCARD | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8855 | CORONAR ARTERIOGR-1 CATH | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8856 | CORONAR ARTERIOGR-2 CATH | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8857 | CORONARY ARTERIOGRAM NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8858 | NEGATVE-CONTR CARDIOGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8860 | CONTRAST PHLEBOGRAM NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8861 | CONTR PHLEBOGRAM-HD/NECK | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8862 | CONTR PHLEBOGRAM-PULMON | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 8863 | THORAC CONTR PHLEBOG NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8864 | PORTAL CONTR PHLEBOGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8865 | ABD CONTR PHLEBOGRAM NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8866 | CONTRAST PHLEBOGRAM-LEG | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8867 | CONTRAST PHLEBOGRAM NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8868 | IMPEDANCE PHLEBOGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8871 | DX ULTRASOUND-HEAD/NECK | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8872 | DX ULTRASOUND-HEART | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8873 | DX ULTRASOUND-THORAX NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8874 | DX ULTRASOUND-DIGESTIVE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8875 | DX ULTRASOUND-URINARY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8876 | DX ULTRASOUND-ABDOMEN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8877 | DX ULTRASOUND-VASCULAR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8878 | DX ULTRASOUND-GRAV UTER | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8879 | DX ULTRASOUND NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8881 | CEREBRAL THERMOGRAPHY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8882 | OCULAR THERMOGRAPHY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8883 | BONE THERMOGRAPHY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8884 | MUSCLE THERMOGRAPHY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8885 | BREAST THERMOGRAPHY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8886 | BLOOD VESSEL THERMOGRAPH | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8889 | THERMOGRAPHY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8890 | DIAGNOSTIC IMAGING NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8891 | MRI, BRAIN & BRAIN STEM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8892 | MRI, CHEST & MYOCARDIUM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8893 | MRI, SPIN CANAL & CONTNT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8894 | MRI, MUSCULOSKELETAL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8895 | MRI, PELVIS/PRSTATE/BLAD | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8896 | OTHER INTRAOPERATIVE MAGNETIC | 10/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8897 | MRI OF OTHER & UNSPECIFIED S | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8898 | BONE MINER DENSITY STUDIES | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8901 | BRIEF INTERVIEW & EVALUA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8902 | LIMITED INTERVIEW/EVALUA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8903 | COMPREHEN INTERVIEW/EVAL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8904 | INTERVIEW & EVALUAT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8905 | INTERVIEW & EVALUAT NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 89050 | CELL COUNT, OTHER THAN BLOOD | 07/01/2001 | $6.53 | 0.0% | 0.0% | N | Referral Required |
| 89051 | CELL COUNT, OTHER THAN BLOOD | 07/01/2001 | $7.61 | 0.0% | 0.0% | N | Referral Required |
| 89055 | LEUKOCYTE COUNT, FECAL | 01/01/2003 | $5.96 | 0.0% | 0.0% | N | Referral Required |
| 8906 | LIMITED CONSULTATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 89060 | CRYSTAL ID BY COMPENSATING P | 07/01/2004 | $9.99 | 0.0% | 100.0% | N | Referral Required |
| 8907 | COMPREHENSIVE CONSULTAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8908 | CONSULTATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8909 | CONSULTATION NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8910 | INTRACAROTID AMOBARBITAL TES | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 89100 | DUODENAL INTUBATION/ASPIRATI | 07/01/2002 | $94.24 | 0.0% | 0.0% | N | Referral Required |
| 89105 | DUODENAL INTUBATION/ASPIRATI | 07/01/2002 | $89.49 | 0.0% | 0.0% | N | Referral Required |
| 8911 | TONOMETRY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8912 | NASAL FUNCTION STUDY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 89125 | STAINS | 07/01/2001 | $5.96 | 0.0% | 0.0% | N | Referral Required |
| 8913 | NEUROLOGIC EXAMINATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 89130 | GASTRIC INTUBATION/ASPIRATIO | 07/01/2002 | $86.48 | 0.0% | 0.0% | N | Referral Required |
| 89132 | GASTRIC INTUBATION/ASPIRATIO | 07/01/2002 | $43.46 | 0.0% | 0.0% | N | Referral Required |
| 89135 | GASTRIC INTUBATION/ASPIRATIO | 07/01/2002 | $108.68 | 0.0% | 0.0% | N | Referral Required |
| 89136 | GASTRIC INTUBATION/ASPIRATIO | 07/01/2002 | $72.86 | 0.0% | 0.0% | N | Referral Required |
| 8914 | ELECTROENCEPHALOGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 89140 | GASTRIC INTUBATION, ASPIRATI | 07/01/2002 | $108.47 | 0.0% | 0.0% | N | Referral Required |
| 89141 | GASTRIC INTUBATION/ASPIRATIO | 07/01/2002 | $130.22 | 0.0% | 0.0% | N | Referral Required |
| 8915 | NEUROLOGIC FUNC TEST NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8916 | SKULL TRANSILLUMINAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 89160 | MEAT FIBERS TEST, FECES | 07/01/2001 | $5.09 | 0.0% | 0.0% | N | Referral Required |
| 8917 | POLYSOMNOGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8918 | SLEEP FUNCTION TEST NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8919 | VIDEO & RADIO TELEMETERED EL | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 89190 | EOSINOPHILS, NASAL SECRETION | 07/01/2001 | $6.56 | 0.0% | 0.0% | N | Referral Required |
| 8921 | URINARY MANOMETRY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8922 | CYSTOMETROGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8923 | URETHRAL SPHINCTER EMG | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8924 | UROFLOWMETRY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8925 | URETHRAL PRESSURE PROFIL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8926 | GYNECOLOGIC EXAMINATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8929 | OTHER GU SYSTEM EXAMS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8931 | DENTAL EXAMINATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8932 | ESOPHAGEAL MANOMETRY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 89321 | SEMEN ANALYSIS | 07/01/2004 | $16.26 | 0.0% | 0.0% | N | Referral Required |
| 8933 | DIGITAL ENTEROSTOMY EXAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8934 | DIGITAL RECTAL EXAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8935 | NASAL SINUS TRANSILLUMIN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8936 | MANUAL EXAM OF BREAST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8937 | VITAL CAPACITY DETERMIN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 8938 | RESPIRATORY MEASURE NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8939 | NONOPERATIVE EXAMS NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8941 | TREADMILL STRESS TEST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8942 | MASTERS' 2-STEP TEST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8943 | BICYCLE ERGOMETER TEST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8944 | CARDIAC STRESS TEST NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8945 | PACEMAKER RATE CHECK | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8946 | PACEMAKER WAVE FORM CHCK | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8947 | PACEMAKER IMPEDANCE CHCK | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8948 | PACEMAKER VOLT THRESHOLD | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8949 | PACEMAKER SLEW RATE CHCK | 10/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8950 | AMBULATORY CARDIAC MONITORING | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8951 | RHYTHM ELECTROCARDIOGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8952 | ELECTROCARDIOGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8953 | VECTORCARDIOGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8954 | ELECTROCARDIOGRAPH MONIT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8955 | PHONOCARDIOGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8956 | CAROTID PULSE TRACING | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8957 | APEXCARDIOGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8958 | PLETHYSMOGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8959 | NONOP CARDIOVAS EXAM NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8960 | CONTINUOUS INTRA-ARTERIAL BLOOD GAS | 10/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8961 | ARTERIAL PRESSURE MONIT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8962 | CVP MONITORING | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8963 | PULMON ART PRESS MONITOR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8964 | PULMON ART WEDGE MONITOR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8965 | ARTERIAL BLD GAS MEASURE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8966 | MIX VENOUS BLD GAS MEAS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8967 | OXYGEN CONSUMPTION MONIT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8968 | CARDIAC OUTPUT-THERMODIL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 8969 | CORONARY BLD FLOW MONIT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 897 | GENERAL PHYSICAL EXAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 898 | AUTOPSY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9001 | BACT SMEAR-NERVOUS SYST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9002 | CULTURE-NERVOUS SYST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9003 | C & S-NERVOUS SYST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9004 | PARASITOLOGY-NERV SYST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9005 | TOXICOLOGY-NERVOUS SYST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9006 | CELL BLK/PAP-NERVOUS SYS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9009 | MICRO EXAM-NERVOUS NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 9011 | BACT SMEAR-ENDOCRINE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9012 | CULTURE-ENDOCRINE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9013 | C & S-ENDOCRINE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9014 | PARASITOLOGY-ENDOCRINE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9015 | TOXICOLOGY-ENDOCRINE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9016 | CELL BLOCK/PAP-ENDOCRINE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9019 | MICRO EXAM-ENDOCRINE NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9021 | BACT SMEAR-EYE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9022 | CULTURE-EYE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9023 | C & S-EYE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9024 | PARASITOLOGY-EYE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9025 | TOXICOLOGY-EYE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9026 | CELL BLOCK/PAP-EYE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 90281 | IMMUNE GLOBULIN HUMAN | 01/01/2001 | $28.00 | 0.0% | 0.0% | N | Referral Required |
| 90283 | IMMUNE GLOBULIN IGIV HUMAN | 01/01/1999 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 90287 | BOTULINUM ANTITOXIN EQUINE | 01/01/1999 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 90288 | BOTULISM IMMUNE GLOBULIN | 01/01/1999 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9029 | MICRO EXAM-EYE NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 90291 | CYTOMEGALOVIRUS IMMUNE GLOBULIN | 01/01/1999 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 90296 | DIPHTHERIA ANTITOXIN, EQUINE | 01/01/1999 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9031 | BACT SMEAR-ENT/LARYNX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9032 | CULTURE-ENT/LARYNX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9033 | C & S-ENT/LARYNX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9034 | PARASITOLOGY-ENT/LARYNX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9035 | TOXICOLOGY-ENT/LARYNX | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9036 | CELL BLOCK/PAP-ENT/LARYN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 90371 | HEPATITIS B IMMUNE GLOBULIN, HUMAN | 01/01/1999 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 90375 | RABIES IMMUNE GLOBULIN, HUMAN | 01/01/1999 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 90376 | RABIES IMMUNE GLOBULIN, HEAT-TREATE | 01/01/1999 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 90378 | SYNAGIS 50 MG | 11/01/2003 | $616.00 | 0.0% | 0.0% | N | Referral Required |
| 90379 | RESPIRATORY SYNCYTIAL VIRUS | 01/01/1999 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 90384 | RHO IMMUNE GLOBULIN, HUMAN | 01/01/1999 | $113.05 | 0.0% | 0.0% | N | Referral Required |
| 90385 | RHO IMMUNE GLOBULIN, HUMAN | 01/01/1999 | $41.33 | 0.0% | 0.0% | N | Referral Required |
| 90386 | RHO IMMUNE GLOBULIN, HUMAN | 01/01/1999 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 90389 | TETANUS IMMUNE GLOBULIN, HUMAN | 01/01/1999 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9039 | MICRO EXAM-ENT/LARYN NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 90393 | VACCINIA IMMUNE GLOBULIN, HUMAN | 01/01/1999 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 90396 | VARICELLA ZOSTER IMMUNE GLOBULIN | 01/01/1999 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 90399 | UNLISTED IMMUNE GLOBULIN | 01/01/1999 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9041 | BACT SMEAR-LOWER RESP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 9042 | CULTURE-LOWER RESP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9043 | C & S-LOWER RESP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9044 | PARASITOLOGY-LOWER RESP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9045 | TOXICOLOGY-LOWER RESP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9046 | CELL BLOCK/PAP-LOWR RESP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 90465 | IMMUNIZATION ADMINISTRATION | 01/01/2005 | $16.88 | 0.0% | 0.0% | N | Referral Required |
| 90466 | IMMUNIZATION ADMINISTRATION | 01/01/2005 | $10.16 | 0.0% | 0.0% | N | |
| 90467 | IMMUNIZATION ADMINISTRATION | 01/01/2005 | $16.88 | 0.0% | 0.0% | N | |
| 90468 | IMMUNIZATION ADMINISTRATION | 01/01/2005 | $10.16 | 0.0% | 0.0% | N | |
| 90471 | IMMUNIZATION ADMINISTRATION | 02/03/2002 | $3.37 | 0.0% | 0.0% | N | |
| 90472 | IMMUNIZATION ADMIN, 2 OR MORE | 07/01/2003 | $3.37 | 0.0% | 0.0% | N | |
| 90473 | ONE VACCINE ADMINISTRATION | 11/01/2002 | $3.37 | 0.0% | 0.0% | N | |
| 90474 | IMMUNIZATION ADMINISTRATION | 01/01/2002 | $2.00 | 0.0% | 0.0% | N | |
| 90476 | ADENOVIRUS VACCINE TYPE 4 | 01/01/1999 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 90477 | ADENOVIRUS VACCINE TYPE 7, LIVE | 01/01/1999 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9049 | MICRO EXAM-LOWR RESP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9051 | BACT SMEAR-BLOOD | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9052 | CULTURE-BLOOD | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 90524 | INTRACUTANEOUS TESTS W/ALLERGENIC E | 01/01/1993 | $1.92 | 0.0% | 0.0% | N | Referral Required |
| 9053 | C & S-BLOOD | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9054 | PARASITOLOGY-BLOOD | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9055 | TOXICOLOGY-BLOOD | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9056 | CELL BLOCK/PAP-BLOOD | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 90581 | ANTHRAX VACCINE, SUBCUTANEOUS USE | 01/01/1999 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 90585 | BACILLUS CALMETTE-GUERIN VACCINE | 01/01/1999 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 90586 | BACILLUS CALMETTE-GUERIN VACCINE | 01/01/1999 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9059 | MICRO EXAM-BLOOD NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9061 | BACT SMEAR-SPLEEN/MARROW | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9062 | CULTURE-SPLEEN/MARROW | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9063 | C & S-SPLEEN/MARROW | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 90632 | HEPATITIS A VACCINE, ADULT DOSAGE | 01/01/1999 | $50.50 | 0.0% | 0.0% | N | |
| 90633 | HEPATITIS A VACCINE, PEDIATRIC | 01/01/1999 | $25.25 | 0.0% | 0.0% | N | |
| 90634 | HEPATITIS A VACCINE, PEDIATRIC | 01/01/1999 | $25.25 | 0.0% | 0.0% | N | |
| 90636 | HEPATITIS A HEPATITIS B VACCINE | 05/21/2001 | $85.00 | 0.0% | 0.0% | N | |
| 9064 | PARASITOL-SPLEEN/MARROW | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 90645 | HEMOPHILUS INFLUENZA B VACCINE | 01/01/1999 | $24.00 | 0.0% | 0.0% | N | |
| 90646 | HEMOPHILUS INFLUENZA B VACCINE | 01/01/1999 | $24.00 | 0.0% | 0.0% | N | |
| 90647 | HEMOPHILUS INFLUENZA B VACCINE | 01/01/1999 | $19.00 | 0.0% | 0.0% | N | |
| 90648 | HEMOPHILUS INFLUENZA B VACCINE | 01/01/1999 | $19.00 | 0.0% | 0.0% | N | |
| 9065 | TOXICOLOGY-SPLEEN/MARROW | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 90655 | INFLUENZA VIRUS VACCINE | 04/01/2004 | $8.31 | 0.0% | 0.0% | N | |
| 90656 | INFLUENZA VIRUS VACCINE | 01/01/2005 | $10.10 | 0.0% | 0.0% | N | |
| 90657 | INFLUENZA VIRUS VACCINE SPLIT VIRUS | 12/01/2004 | $10.10 | 0.0% | 0.0% | N | |
| 90658 | INFLUENZA VIRUS VACCINE SPLIT VIRUS | 12/01/2004 | $10.10 | 0.0% | 0.0% | N | |
| 9066 | CELL BLK/PAP-SPLEEN/MARR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 90660 | INFLUENZA VIRUS VACCINE, LIVE | 01/01/1999 | $4.81 | 0.0% | 0.0% | N | |
| 90665 | LYME DISEASE VACCINE, ADULT DOSAGE | 03/17/1999 | $63.70 | 0.0% | 0.0% | N | Referral Required |
| 90669 | PNEUMOCOCCAL CONJUGATE VACCINE | 03/10/2000 | $58.75 | 0.0% | 0.0% | N | |
| 90675 | RABIES VACCINE, INTRAMUSCULAR USE | 01/01/1999 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 90676 | RABIES VACCINE, INTRADERMAL USE | 01/01/1999 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 90680 | ROTAVIRUS VACCINE TETRAVALENT LIVE | 01/01/1999 | $41.00 | 0.0% | 0.0% | N | Referral Required |
| 9069 | MICRO EXAM-SPLN/MARR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 90690 | TYPHOID VACCINE, LIVE, ORAL | 05/01/2001 | $30.00 | 0.0% | 0.0% | N | Referral Required |
| 90691 | TYPHOID VACCINE VI CAPSULAR | 07/01/2000 | $40.00 | 0.0% | 0.0% | N | Referral Required |
| 90692 | TYPHOID VACCINE | 01/01/1999 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 90693 | TYPHOID VACCINE ACETON-KILLED | 01/01/1999 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 90700 | D.P. AND ACELLULAR PERTUSIS | 02/01/1994 | $23.00 | 0.0% | 0.0% | N | |
| 90701 | DPT OR DTP VACCINE | 07/01/1994 | $17.23 | 0.0% | 0.0% | N | |
| 90702 | DT TOXOID INJ | 07/01/1994 | $6.33 | 0.0% | 0.0% | N | |
| 90703 | TETANUS TOXOID | 01/01/1982 | $4.00 | 0.0% | 0.0% | N | |
| 90704 | MUMPS VACCINE | 07/01/1994 | $18.25 | 0.0% | 0.0% | N | |
| 90705 | MEASLES VACCINE | 07/01/1994 | $17.55 | 0.0% | 0.0% | N | |
| 90706 | RUBELLA VACCINE | 07/01/1994 | $17.55 | 0.0% | 0.0% | N | |
| 90707 | MMR VACCINE | 07/01/1998 | $30.00 | 0.0% | 0.0% | N | |
| 90708 | MEASLES AND RUBELLA VACCINE | 07/01/1994 | $22.30 | 0.0% | 0.0% | N | |
| 9071 | BACT SMEAR-LYMPH SYSTEM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 90712 | ORAL POLIO VACCINE | 07/01/1994 | $16.22 | 0.0% | 0.0% | N | |
| 90713 | POLIOMYELITIS VACCINE | 12/01/1993 | $18.00 | 0.0% | 0.0% | N | |
| 90716 | IMMUNIZATION, ACTIVE; VARICE | 05/08/1995 | $46.00 | 0.0% | 0.0% | N | |
| 90717 | YELLOW FEVER VACCINE | 05/01/1989 | $38.00 | 0.0% | 0.0% | N | |
| 90718 | TETANUS AND DIPHTHERIA TOXOI | 07/01/2001 | $5.00 | 0.0% | 0.0% | N | |
| 90719 | DIPHTHERIA TOXOID | 01/02/1988 | $5.00 | 0.0% | 0.0% | N | |
| 9072 | CULTURE-LYMPH SYSTEM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 90720 | D.T.P. AND HIB VACCINE | 04/04/1994 | $38.00 | 0.0% | 0.0% | N | |
| 90721 | IMMUNIZATION, ACTIVE; DTAP A | 01/01/1996 | $45.00 | 0.0% | 0.0% | N | |
| 90723 | HEPB-IPU INTRAMUSCULAR USE | 01/01/2002 | $75.53 | 0.0% | 0.0% | N | |
| 90725 | CHOLERA VACCINE | 05/01/1989 | $5.00 | 0.0% | 0.0% | N | |
| 90727 | PLAGUE VACCINE | 01/01/1982 | $4.00 | 0.0% | 0.0% | N | |
| 9073 | C & S-LYMPH SYSTEM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 90732 | PNEUMOCOCCAL POLYVALENT PNEUMOV | 12/01/2004 | $23.28 | 0.0% | 0.0% | N | |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 90733 | MENINGOCOCCAL POLYSACCHARDE | 05/01/2001 | $55.00 | 0.0% | 0.0% | N | |
| 90734 | MENINGOCOCCAL CONJUGATE VACCINE | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | |
| 90735 | ENCEPHALITIS VACCINE | 01/01/1995 | $0.00 | 0.0% | 0.0% | N | |
| 9074 | PARASITOLOGY-LYMPH SYS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 90740 | HEPATITIS B VACCINE | 01/01/2001 | $175.00 | 0.0% | 0.0% | N | |
| 90743 | HEPATITIS B VACCINE ADOLESENT | 01/01/2001 | $23.50 | 0.0% | 0.0% | N | |
| 90744 | IMMUNIZATION,ACTIVE, HEPATIT | 07/01/2000 | $23.50 | 0.0% | 0.0% | N | |
| 90746 | IMMUNIZATION,ACTIVE-HEPATITU | 07/01/2000 | $52.50 | 0.0% | 0.0% | N | |
| 90747 | IMMUNIZATION ACTIVE HEPATITU | 01/01/2001 | $100.00 | 0.0% | 0.0% | N | |
| 90748 | IMMUN, ACTIVE, HEPATITIS B & HEMOPH | 01/01/1999 | $39.75 | 0.0% | 0.0% | N | |
| 90749 | UNLISTED IMMUNIZATION PROCED | 01/01/1982 | $0.00 | 0.0% | 0.0% | N | |
| 9075 | TOXICOLOGY-LYMPH SYSTEM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9076 | CELL BLK/PAP-LYMPH SYS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 90780 | IV INFUSION THERAPY ADMINIST | 07/01/2005 | $36.11 | 0.0% | 0.0% | N | Referral Required |
| 90781 | IV INFUSION THERAPY EACH ADD HOUR U | 07/01/2005 | $18.05 | 0.0% | 0.0% | N | Referral Required |
| 90782 | INJECTION THERAPEUTIC OR DIA | 07/01/2005 | $3.48 | 0.0% | 0.0% | N | |
| 90783 | INJECTION, THERAPEUTIC OR DI | 07/01/2005 | $13.25 | 0.0% | 0.0% | N | Referral Required |
| 90784 | INJECTION THERAPEUTIC OR DIA | 07/01/2005 | $15.42 | 0.0% | 0.0% | N | Referral Required |
| 90788 | INTRAMUSCULAR INJECTION OF A | 07/01/2005 | $3.82 | 0.0% | 0.0% | N | |
| 9079 | MICRO EXAM-LYMPH SYS NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 90799 | INJECTION THERAPETUIC OR DIA | 01/01/1979 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 90801 | PSYCHIATRIC DIAGNOSTIC INTER | 07/01/2005 | $139.49 | 0.0% | 0.0% | N | Referral Required |
| 90802 | INTER PSYCH DIAG INTERVIEW EXAM | 07/01/2005 | $148.22 | 0.0% | 0.0% | N | Referral Required |
| 90804 | IND PSYCH, INSIGHT ORIENT 20 | 07/01/2005 | $37.47 | 0.0% | 0.0% | N | Referral Required |
| 90805 | IND PSYCH INSIGHT ORIENT WITH E/M | 07/01/2005 | $69.32 | 0.0% | 0.0% | N | Referral Required |
| 90806 | IND PSYCH INSIGHT ORIENT 45- | 07/01/2005 | $56.22 | 0.0% | 0.0% | N | Referral Required |
| 90807 | IND PSYCH INSIGHT ORIENT 45-50 MIN | 07/01/2005 | $99.69 | 0.0% | 0.0% | N | Referral Required |
| 90808 | IND PSYCH INSIGHT 75-80 MINU | 07/01/2005 | $83.85 | 0.0% | 0.0% | N | Referral Required |
| 90809 | IND PSYCH INSIGHT 75-80 MIN E/M SVS | 07/01/2005 | $144.09 | 0.0% | 0.0% | N | Referral Required |
| 9081 | BACT SMEAR-UPPER GI | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 90810 | IND PSYCH/PLAY EQUIP, 20-30 MINUTES | 07/01/2005 | $40.56 | 0.0% | 0.0% | N | Referral Required |
| 90811 | IND PSYCH/PLAY EQUIP/E/M SVS/20-30 | 07/01/2005 | $74.61 | 0.0% | 0.0% | N | Referral Required |
| 90812 | IND PSYCH/PLAY EQUIP/45-50 MIN | 07/01/2005 | $59.88 | 0.0% | 0.0% | N | Referral Required |
| 90813 | IND PSYCH/PLAY EQUIP/E/M SVS/45-50 | 07/01/2005 | $106.29 | 0.0% | 0.0% | N | Referral Required |
| 90814 | IND PSYCH/PLAY EQUIP/75-80 MINUTES | 07/01/2005 | $87.54 | 0.0% | 0.0% | N | Referral Required |
| 90815 | IND PSYCH/PLAY EQUIP/E/M SVS/75-80 | 07/01/2005 | $149.36 | 0.0% | 0.0% | N | Referral Required |
| 90816 | IND PSYCH INSIGHT 20-30 MINU | 07/01/2005 | $64.36 | 0.0% | 0.0% | N | Referral Required |
| 90817 | IND PSYCH INSIGHT/E/M SVS/20 | 07/01/2005 | $71.75 | 0.0% | 0.0% | N | Referral Required |
| 90818 | IND PSYCH INSIGHT, 45-50 MIN | 07/01/2005 | $95.15 | 0.0% | 0.0% | N | Referral Required |
| 90819 | IND PSYH INSIGHT/E/M SVS/45- | 07/01/2005 | $102.09 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 9082 | CULTURE-UPPER GI | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 90821 | IND PSYCH INSIGHT, 75-80 MINUTES | 07/01/2005 | $139.59 | 0.0% | 0.0% | N | Referral Required |
| 90822 | IND PSYCH INSIGHT/E/M SVS/75-80 MIN | 07/01/2005 | $151.80 | 0.0% | 0.0% | N | Referral Required |
| 90823 | IND PSYCH/PLAY EQUIP/20-30 MINUTES | 07/01/2005 | $70.95 | 0.0% | 0.0% | N | Referral Required |
| 90824 | IND PSYCH/PLAY EQUIP/E/M SVC/20-30 | 07/01/2005 | $78.37 | 0.0% | 0.0% | N | Referral Required |
| 90826 | IND PSYCH/PLAY EQUIP/45-50 MINUTES | 07/01/2005 | $102.44 | 0.0% | 0.0% | N | Referral Required |
| 90827 | IND PSYCH/PLAY EQUIP/EM SVS/45-50 M | 07/01/2005 | $108.68 | 0.0% | 0.0% | N | Referral Required |
| 90828 | IND PSYCH/PLAY EQUIP/75-80 MINUTES | 07/01/2005 | $169.81 | 0.0% | 0.0% | N | Referral Required |
| 90829 | IND PSYCH/PLAY EQUIP/EM SVS/75-80 M | 07/01/2005 | $153.44 | 0.0% | 0.0% | N | Referral Required |
| 9083 | C & S-UPPER GI | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9084 | PARASITOLOGY-UPPER GI | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 90845 | MEDICAL PSYCHOANALYSIS | 07/01/2005 | $88.59 | 0.0% | 0.0% | N | Referral Required |
| 90846 | FAMILY MEDICAL PSYCHOTHERAPY | 07/01/2005 | $90.69 | 0.0% | 0.0% | N | Referral Required |
| 90847 | FAMILY PSYCHOTHERAPY | 07/01/2005 | $66.38 | 0.0% | 0.0% | N | Referral Required |
| 90849 | MULTIPLE-FAMILY GROUP MEDICA | 07/01/2005 | $31.65 | 0.0% | 0.0% | N | Referral Required |
| 9085 | TOXICOLOGY-UPPER GI | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 90853 | GROUP MEDICAL PSYCHOTHERAPY | 07/01/2005 | $20.13 | 0.0% | 0.0% | N | Referral Required |
| 90857 | INTERACTIVE GP MEDICAL PSYCH | 07/01/2005 | $34.80 | 0.0% | 0.0% | N | Referral Required |
| 9086 | CELL BLK/PAP-UPPER GI | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 90862 | PHARMACOLOGIC MANAGEMENT | 07/01/2005 | $49.08 | 0.0% | 0.0% | N | Referral Required |
| 90865 | NARCOSYNTHESIS/PSYCH DIAG & THERAP | 07/01/2005 | $159.61 | 0.0% | 0.0% | N | Referral Required |
| 90870 | ELECTROCONVULSIVE THERAPY | 07/01/2005 | $92.81 | 0.0% | 0.0% | N | Referral Required |
| 90871 | ELECTROCONVULSIVE THERAPY MULTIPLE | 07/01/2005 | $133.31 | 0.0% | 0.0% | N | Referral Required |
| 90880 | HYPNOTHERAPY - 25-30 MINUTES | 07/01/2005 | $109.77 | 0.0% | 0.0% | N | Referral Required |
| 90885 | PSYCH EVAL OF HOSP RECORDS | 07/01/2005 | $32.00 | 0.0% | 0.0% | N | Referral Required |
| 90887 | INTERP OR EXPLAIN RESULTS OF | 07/01/2005 | $45.08 | 0.0% | 0.0% | N | Referral Required |
| 90889 | PREP OF REPORT OF PT'S PSYCH | 07/01/2005 | $45.04 | 0.0% | 0.0% | N | Referral Required |
| 9089 | MICRO EXAM-UPPER GI NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 90899 | UNLISTED PSYCHIATRIC SERVICE | 11/05/1990 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 9091 | BACT SMEAR-LOWER GI | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 90918 | ESRD RELATED SERVICES PER FU | 07/01/2005 | $590.41 | 0.0% | 0.0% | N | Referral Required |
| 90919 | ESRD RELATED SERVICES PER FU | 07/01/2005 | $461.28 | 0.0% | 0.0% | N | Referral Required |
| 9092 | CULTURE-LOWER GI | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 90920 | ESRD RELATED SERVICES PER MO | 07/01/2005 | $397.82 | 0.0% | 0.0% | N | Referral Required |
| 90921 | ESRD RELATED SERVICES PER FU | 07/01/2005 | $260.79 | 0.0% | 0.0% | N | Referral Required |
| 90922 | ESRD RELATED SERVICES PER DA | 07/01/2005 | $19.12 | 0.0% | 0.0% | N | Referral Required |
| 90923 | ESRD SERVICES,PER DAY; TWO T | 07/01/2005 | $15.21 | 0.0% | 0.0% | N | Referral Required |
| 90924 | ESRD SERVICES,PER DAY; 12-19 | 07/01/2005 | $13.12 | 0.0% | 0.0% | N | Referral Required |
| 90925 | ESRD,SERVICES,PER DAY; 20 YE | 07/01/2005 | $8.88 | 0.0% | 0.0% | N | Referral Required |
| 9093 | C & S-LOWER GI | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 90935 | HEMODIALYSIS PROCEDURE | 07/01/2005 | $72.84 | 0.0% | 0.0% | N | Referral Required |
| 90937 | HEMODIALYSIS REPEAT EVALS | 07/01/2005 | $116.65 | 0.0% | 0.0% | N | Referral Required |
| 90939 | HEMODIALYSIS ACCESS FLOW STUDY | 01/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9094 | PARASITOLOGY-LOWER GI | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 90940 | HEMODIALYSIS ACCESS FLOW | 01/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 90945 | DIALYSIS PROCEDURE OTHER THA | 07/01/2005 | $76.18 | 0.0% | 0.0% | N | Referral Required |
| 90947 | DIALYSIS OTHER THAN HEMODIAL | 07/01/2005 | $119.78 | 0.0% | 0.0% | N | Referral Required |
| 9095 | TOXICOLOGY-LOWER GI | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9096 | CELL BLK/PAP-LOWER GI | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 90989 | DIALYSIS TRAINING,. PATIENT | 07/01/2005 | $480.79 | 0.0% | 0.0% | N | Referral Required |
| 9099 | MICRO EXAM-LOWER GI NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 90993 | DIALYSIS TRAINING PATIENT PE | 07/01/2005 | $19.24 | 0.0% | 0.0% | N | Referral Required |
| 90999 | UNLISTED DIALYSIS PROCEDURE | 07/01/2005 | $140.25 | 0.0% | 0.0% | N | Referral Required |
| 91000 | ESOPHAGEAL INTUBATION | 07/01/2005 | $37.57 | 4.0% | 96.0% | N | Referral Required |
| 9101 | BACT SMEAR-BILI/PANCREAS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 91010 | ESOPHAGEAL MOTILITY STUDY | 07/01/2005 | $132.68 | 20.0% | 80.0% | N | Referral Required |
| 91011 | ESOPHAGEAL MOTILITY STUDY | 07/01/2005 | $145.30 | 21.0% | 79.0% | N | Referral Required |
| 91012 | ESOPHAGEAL MOTILITY STUDY | 07/01/2005 | $132.35 | 22.0% | 78.0% | N | Referral Required |
| 9102 | CULTURE-BILI/PANCREAS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 91020 | ESOPHAGOGASTRIC MONOMETRIC S | 07/01/2005 | $151.59 | 17.0% | 83.0% | N | Referral Required |
| 9103 | C & S-BILI/PANCREAS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 91030 | ESOPHAGUS ACID TEST | 07/01/2005 | $108.62 | 12.0% | 88.0% | N | Referral Required |
| 91034 | ESOPHAGUS, GASTROESOPHAGEAL REFL | 07/01/2005 | $215.17 | 67.0% | 33.0% | N | Referral Required |
| 91035 | ESOPHAGUS, GASTROESOPHAGEAL REFL | 07/01/2005 | $425.53 | 0.0% | 0.0% | N | Referral Required |
| 91037 | ESOPHAGEAL FUNCTION TEST | 07/01/2005 | $137.67 | 0.0% | 0.0% | N | Referral Required |
| 91038 | ESOPHAGEAL FUNCTION TEST | 07/01/2005 | $118.84 | 0.0% | 0.0% | N | Referral Required |
| 9104 | PARASITOLOGY-BILI/PANCR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 91040 | ESOPHAGEAL BALLOON STUDY | 07/01/2005 | $412.80 | 0.0% | 0.0% | N | Referral Required |
| 9105 | TOXICOLOGY-BILI/PANCREAS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 91052 | GASTRIC ANALYSIS | 07/01/2005 | $101.66 | 13.0% | 87.0% | N | Referral Required |
| 91055 | GASTRIC ANALYSIS | 07/01/2005 | $108.23 | 14.0% | 86.0% | N | Referral Required |
| 9106 | CELL BLK/PAP-BILI/PANCRE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 91060 | GASTRIC ANALYSIS | 07/01/2005 | $26.19 | 18.0% | 82.0% | N | Referral Required |
| 91065 | BREATH HYDROGEN TEST | 07/01/2005 | $157.99 | 26.0% | 74.0% | N | Referral Required |
| 9109 | MICRO EXAM-BILI/PANC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 91100 | INTESTINAL BLEEDING TUBE PSG | 07/01/2005 | $55.83 | 0.0% | 0.0% | N | Referral Required |
| 91105 | GASTRIC INTUBATION | 07/01/2005 | $20.61 | 0.0% | 0.0% | N | Referral Required |
| 9111 | BACT SMEAR-PERITONEUM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 91110 | GASTROINTERSINAL TRACT IMAGING | 07/01/2005 | $747.37 | 86.0% | 14.0% | N | Referral Required |
| 9112 | CULTURE-PERITONEUM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 91120 | RECTAL SENSATION TEST | 07/01/2005 | $407.59 | 0.0% | 0.0% | N | Referral Required |
| 91122 | ANORECTAL MANOMETRY | 07/01/2005 | $158.30 | 21.0% | 79.0% | N | Referral Required |
| 91123 | PULSED IRRIGATION OF FECAL IMPACTN | 01/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9113 | C & S-PERITONEUM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 91132 | ELECTROGASTROGRAPHY | 07/01/2005 | $26.21 | 0.0% | 0.0% | N | Referral Required |
| 91133 | ELECTROGASTROGRAPHY | 07/01/2005 | $32.89 | 0.0% | 0.0% | N | Referral Required |
| 9114 | PARASITOLOGY-PERITONEUM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9115 | TOXICOLOGY-PERITONEUM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9116 | CELL BLK/PAP-PERITONEUM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9119 | MICRO EXAM-PERITON NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9121 | BACT SMEAR-UPPER URINARY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9122 | CULTURE-UPPER URINARY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9123 | C & S-UPPER URINARY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9124 | PARASITOLOGY-UPPER URIN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9125 | TOXICOLOGY-UPPER URINARY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9126 | CELL BLK/PAP-UPPER URIN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9129 | MICRO EXAM-UPPR URIN NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 91299 | UNLISTED DX GASTROENTEROLOGY | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9131 | BACT SMEAR-LOWER URINARY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9132 | CULTURE-LOWER URINARY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9133 | C & S-LOWER URINARY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9134 | PARASITOLOGY-LOWER URIN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9135 | TOXICOLOGY-LOWER URINARY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9136 | CELL BLK/PAP-LOWER URIN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9139 | MICRO EXAM-LOW URIN NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9141 | BACT SMEAR-FEMALE GENIT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9142 | CULTURE-FEMALE GENITAL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9143 | C & S-FEMALE GENITAL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9144 | PARASITOLOGY-FEMALE GEN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9145 | TOXICOLOGY-FEMALE GENIT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9146 | CELL BLK/PAP-FEMALE GEN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9149 | MICRO EXAM-FEMAL GEN NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9151 | BACT SMEAR-MUSCULOSKEL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9152 | CULTURE-MUSCULOSKELETAL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9153 | C & S-MUSCULOSKELETAL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9154 | PARASITOLOGY-MUSCULOSKEL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9155 | TOXICOLOGY-MUSCULOSKEL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9156 | CELL BLK/PAP-MUSCULOSKEL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9159 | MICRO EXAM-MUSCULOSK NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9161 | BACT SMEAR-INTEGUMENT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 9162 | CULTURE-INTEGUMENT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9163 | C & S-INTEGUMENT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9164 | PARASITOLOGY-INTEGUMENT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9165 | TOXICOLOGY-INTEGUMENT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9166 | CELL BLK/PAP-INTEGUMENT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9169 | MICRO EXAM-INTEGUMEN NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9171 | BACT SMEAR-OP WOUND | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9172 | CULTURE-OP WOUND | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9173 | C & S-OP WOUND | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9174 | PARASITOLOGY-OP WOUND | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9175 | TOXICOLOGY-OP WOUND | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9176 | CELL BLK/PAP-OP WOUND | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9179 | MICRO EXAM-OP WOUND NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9181 | BACT SMEAR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9182 | CULTURE NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9183 | C & S NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9184 | PARASITOLOGY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9185 | TOXICOLOGY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9186 | CELL BLK/PAP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9189 | MICRO EXAM NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9191 | BACT SMEAR NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9192 | CULTURE NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9193 | C & S NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9194 | PARASITOLOGY NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9195 | TOXICOLOGY NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9196 | CELL BLK/PAP NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9199 | OTHER & UNSPEC SUPERFICIAL I | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 92002 | OPTHALMOLOGICAL SERVICES:MEDICAL E | 07/01/2005 | $63.73 | 0.0% | 0.0% | N | |
| 92004 | OPTHALMOLOGICAL SERVICES;COMPREHE | 07/01/2005 | $117.10 | 0.0% | 0.0% | N | |
| 9201 | THYROID SCAN/ISOTOP FUNC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 92012 | OPTHALMOLOGICAL SERVICES:MEDICAL E | 07/01/2005 | $57.63 | 0.0% | 0.0% | N | |
| 92014 | OPTHALMOLOGICAL SERVICES;COMPREHE | 07/01/2005 | $86.17 | 0.0% | 0.0% | N | |
| 92015 | DETERMINATION OF REFRACTIVE | 07/01/2005 | $16.51 | 0.0% | 0.0% | N | |
| 92018 | OPTHALMOLOGICAL EXAM/EVAL UNDER G | 07/01/2005 | $128.13 | 0.0% | 0.0% | N | |
| 92019 | OPTHALMOLOGICAL EXAM/EVAL UNDER G | 07/01/2005 | $67.83 | 0.0% | 0.0% | N | |
| 9202 | LIVER SCAN/ISOTOPE FUNCT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 92020 | GONIOSCOPY (SP) | 07/01/2005 | $44.86 | 0.0% | 0.0% | N | Referral Required |
| 9203 | RENAL SCAN/ISOTOPE FUNCT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9204 | GI SCAN & ISOTOPE FUNCT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9205 | C-VASC SCAN/ISOTOP FUNCT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 92060 | SENSORIMOTOR EXAM W/MULTIPLE MEAS | 07/01/2005 | $49.63 | 20.0% | 80.0% | N | |
| 92065 | ORTHOPTIC/PLEOPTIC TRAINING W/CONTI | 07/01/2005 | $52.98 | 22.0% | 78.0% | Y | Referral Required |
| 92070 | FITTING CONTACT LENS, TX OF | 07/01/2005 | $62.34 | 0.0% | 0.0% | N | |
| 92081 | VISUAL FIELD EXAMINATION | 07/01/2005 | $74.07 | 22.0% | 78.0% | N | Referral Required |
| 92082 | VISUAL FIELD EXAMINATION | 07/01/2005 | $44.27 | 21.0% | 79.0% | N | Referral Required |
| 92083 | VISUAL FIELD EXAMINATION | 07/01/2005 | $68.22 | 20.0% | 80.0% | N | Referral Required |
| 9209 | OTHER ISOTOPE FUNCTION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 92100 | SERIAL TONOMETRY W/INTERPRET | 07/01/2005 | $58.24 | 0.0% | 0.0% | N | |
| 9211 | CEREBRAL SCAN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9212 | HEAD SCAN NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 92120 | TONOGRAPHY W/INTERP.&REPORT;RECOR | 07/01/2005 | $56.26 | 0.0% | 0.0% | N | Referral Required |
| 9213 | PARATHYROID SCAN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 92130 | TONOGRAPHY W/WATER PROVOCATION | 07/01/2005 | $59.89 | 0.0% | 0.0% | N | Referral Required |
| 92135 | SCANNING COMPUTERIZED OPHTHALMIC | 07/01/2005 | $61.82 | 37.0% | 63.0% | N | Referral Required |
| 92136 | OPTHALMIC BIOMETRY BY PARTIAL | 07/01/2005 | $70.92 | 37.0% | 63.0% | N | Referral Required |
| 9214 | BONE SCAN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 92140 | GLAUCOMA, PROVOCATIVE TEST, W/O TON | 07/01/2005 | $51.52 | 0.0% | 0.0% | N | Referral Required |
| 9215 | PULMONARY SCAN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9216 | LYMPHATIC SYSTEM SCAN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9217 | PLACENTAL SCAN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9218 | TOTAL BODY SCAN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9219 | SCAN OF OTHER SITES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9220 | INFUSION OF LIQUID BRACHYTHERAPY R | 10/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9221 | SUPERFICIAL RADIATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9222 | ORTHOVOLTAGE RADIATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 92225 | OPHTHALMOSCOPY, EXT.W/RETINA | 07/01/2005 | $21.46 | 0.0% | 0.0% | N | Referral Required |
| 92226 | OPTHALMOSCOPY, EXT.W/RETINA | 07/01/2005 | $19.32 | 0.0% | 0.0% | N | Referral Required |
| 9223 | RADIOISOT TELERADIOTHER | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 92230 | FLOURECEIN ANGIOSCOPY W/INTE | 07/01/2005 | $79.07 | 0.0% | 0.0% | N | Referral Required |
| 92235 | FLOURESCEIN ANGIOGRAPHY (MUL | 07/01/2005 | $116.95 | 42.0% | 58.0% | N | Referral Required |
| 9224 | TELERADIOTH/1-25 MEV PRO | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 92240 | INDOCYANINE-GREEN ANGIOGRAPH | 07/01/2005 | $213.89 | 63.0% | 37.0% | N | Referral Required |
| 9225 | ELECTRON TELERADIOTHERAP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 92250 | FUNDUS PHOTOGRAPHY | 07/01/2005 | $61.44 | 20.0% | 80.0% | N | Referral Required |
| 9226 | PARTICUL TELERADIOTH NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 92260 | OPTHALMODYNAMOMETRY | 07/01/2005 | $15.31 | 0.0% | 0.0% | N | Referral Required |
| 92265 | OCULOELECTROMYOGRAPHY | 07/01/2005 | $70.49 | 21.0% | 79.0% | N | Referral Required |
| 9227 | RADIOACTIVE ELEM IMPLANT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 92270 | ELECTROOCULOGRAPHY | 07/01/2005 | $68.04 | 20.0% | 80.0% | N | Referral Required |
| 92275 | ELECTRORETINOGRAPHY | 07/01/2005 | $78.35 | 21.0% | 79.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 9228 | ISOTOPE INJECT/INSTILL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 92283 | COLOR VISION EXAMINATION, EXTENDED | 07/01/2005 | $30.93 | 21.0% | 79.0% | N | Referral Required |
| 92284 | DARK ADAPTATION EXAMINATION | 07/01/2005 | $66.79 | 21.0% | 79.0% | N | Referral Required |
| 92285 | EXTERNAL OCULAR PHOTOGRAPHY | 07/01/2005 | $33.98 | 22.0% | 78.0% | N | Referral Required |
| 92286 | SPECIAL ANTERIOR SEGMENT PHOTOGRAP | 07/01/2005 | $123.35 | 21.0% | 79.0% | N | Referral Required |
| 92287 | ANTERIOR SEGMENT PHOTOGRAPHY | 07/01/2005 | $133.85 | 0.0% | 0.0% | N | Referral Required |
| 9229 | RADIOTHERAPEUT PROC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 923 | STEREOTACTIC RADIOSURGERY | 10/01/1995 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9230 | STEREOTACTIC RADIOSURGERY | 10/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9231 | SINGLE SOURCE PHOTON RADIOSURGERY | 10/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 92310 | CONTACT LENSES, PERSCRIPTION & FITT | 07/01/2005 | $75.65 | 0.0% | 0.0% | N | |
| 92311 | CONTACT LENSES, PERSCRIPTION & FITT | 07/01/2005 | $78.04 | 0.0% | 0.0% | N | Referral Required |
| 92312 | CONTACT LENS: RX AND FITTING | 07/01/2005 | $84.52 | 0.0% | 0.0% | N | |
| 92313 | CONTACT LENSES, RX & FITTING;W/MED | 07/01/2005 | $73.42 | 0.0% | 0.0% | N | |
| 92314 | CONTACT LENSES, FITTING BY TECH; CO | 07/01/2005 | $75.65 | 0.0% | 0.0% | N | |
| 92315 | CONTACT LENSES, FITTING BY TECH;COR | 07/01/2005 | $47.73 | 0.0% | 0.0% | N | |
| 92316 | CONTACT LENS: FITTING BY TECH;CORNE | 07/01/2005 | $58.66 | 0.0% | 0.0% | N | |
| 92317 | CONTACT LENSES, FITTING BY TECH | 07/01/2005 | $48.40 | 0.0% | 0.0% | N | |
| 9232 | MULTI-SOURCE PHOTON RADIOSURGERY | 10/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9233 | PARTICULATE RADIOSURGERY | 10/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 92340 | FITTING OF SPECTACLES;EXCEPT | 07/01/2005 | $21.91 | 0.0% | 0.0% | N | |
| 92341 | FITTING OF SPECTACLES;EXCEPT | 07/01/2005 | $21.91 | 0.0% | 0.0% | N | |
| 92342 | SPECTACLES FITTING;EXCEPT FOR APHA | 07/01/2005 | $21.91 | 0.0% | 0.0% | N | |
| 92352 | FITTING OF SPECTACLE PROSTHESIS FOR | 07/01/2005 | $19.38 | 0.0% | 0.0% | N | |
| 92353 | FITTING OF SPECTACLE PROSTHESIS FOR | 07/01/2005 | $26.14 | 0.0% | 0.0% | N | |
| 92354 | FITTING OF SPECTACLE MOUNTED LOW VI | 07/01/2005 | $245.51 | 0.0% | 0.0% | N | Referral Required |
| 92355 | FITTING OF SPECTACLE MOUNTED LOW VI | 07/01/2005 | $118.93 | 0.0% | 0.0% | N | Referral Required |
| 92358 | PROSTHESIS SERVICE FOR APHAKIA, TEM | 07/01/2005 | $27.93 | 0.0% | 0.0% | N | |
| 92370 | REPAIR/REFIT SPECTACLES;EXCE | 07/01/2005 | $4.05 | 0.0% | 0.0% | N | |
| 92371 | SPECTACLE PROSHESIS FOR APHA | 07/01/2005 | $17.58 | 0.0% | 0.0% | N | |
| 9239 | STEREOTACTIC RADIOSURGERY | 10/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 92391 | SUPPLY CONTACT LENSES, EXCEP | 07/01/2005 | $18.74 | 0.0% | 0.0% | Y | Referral Required |
| 92392 | SUPPLY OF LOW VISION AIDS | 07/01/2005 | $111.27 | 0.0% | 0.0% | N | Referral Required |
| 92499 | UNLISTED OPHTHALMOLOGICAL SERVICE O | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 92502 | OTOSCOPY | 07/01/2005 | $97.70 | 0.0% | 0.0% | N | Referral Required |
| 92504 | BINOCULAR MICROSCOPY | 07/01/2005 | $42.98 | 0.0% | 0.0% | N | Referral Required |
| 92506 | MEDICAL EVALUATION SPEECH LA | 07/01/2005 | $88.48 | 0.0% | 0.0% | N | Referral Required |
| 92507 | LANGUAGE THERAPY | 07/01/2005 | $69.93 | 0.0% | 0.0% | N | Referral Required |
| 92510 | AURAL REHAB W/W/O SPEECH PRO | 07/01/2005 | $124.75 | 0.0% | 0.0% | N | Referral Required |
| 92511 | NASOPHARYNGOSCOPY | 07/01/2005 | $75.68 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 92512 | NASAL FUNCTION STUDIES | 07/01/2005 | $57.47 | 0.0% | 0.0% | N | Referral Required |
| 92516 | FACIAL NERVE FUNCTION STUDY | 07/01/2005 | $46.88 | 0.0% | 0.0% | N | Referral Required |
| 92520 | LARYNGEAL FUNCTION STUDIES | 07/01/2005 | $45.07 | 0.0% | 0.0% | N | Referral Required |
| 92526 | TX SWALLOWING DYSFUNCTION AN | 07/01/2005 | $71.34 | 0.0% | 0.0% | N | Referral Required |
| 92531 | NYSTIGMUS TESTS | 07/01/2005 | $32.42 | 0.0% | 0.0% | N | Referral Required |
| 92532 | NYSTIGMUS TESTS | 07/01/2005 | $50.02 | 0.0% | 0.0% | N | Referral Required |
| 92533 | NYSTIGMUS TESTS | 07/01/2005 | $11.27 | 100.0% | 0.0% | N | Referral Required |
| 92534 | NYSTIGMUS TESTS | 07/01/2005 | $32.42 | 0.0% | 0.0% | N | Referral Required |
| 92541 | SPONTANEOUS NYSTAGMUS TEST I | 07/01/2005 | $63.01 | 20.0% | 80.0% | N | Referral Required |
| 92542 | POSITIONAL NUSTAGMUS TEST MI | 07/01/2005 | $58.33 | 28.0% | 72.0% | N | Referral Required |
| 92543 | CALORIC VESTIBULAR TEST EACH | 07/01/2005 | $16.85 | 34.0% | 66.0% | N | Referral Required |
| 92544 | OPTOKINETIC NYSTAGMUS TEST B | 07/01/2005 | $54.49 | 28.0% | 72.0% | N | Referral Required |
| 92545 | OSCILLATING TRACKING TEST WI | 07/01/2005 | $52.41 | 33.0% | 67.0% | N | Referral Required |
| 92546 | SINUSOIDAL VERTICAL AXIS ROT | 07/01/2005 | $84.29 | 29.0% | 71.0% | N | Referral Required |
| 92547 | USE OF VERTICAL ELECTRODES I | 07/01/2005 | $40.88 | 100.0% | 0.0% | N | Referral Required |
| 92548 | COMPUTERIZED DYNAMIC POSTURO | 07/01/2005 | $89.42 | 60.0% | 40.0% | N | Referral Required |
| 92551 | AUDIOMETRY, SCREENING TEST, | 07/01/2005 | $13.54 | 0.0% | 0.0% | N | Referral Required |
| 92552 | PURE TONE AUDIOMETRY (THRESH | 07/01/2005 | $14.43 | 100.0% | 0.0% | N | Referral Required |
| 92553 | PURE TONE AUDIOMETRY (THRESH | 07/01/2005 | $21.39 | 100.0% | 0.0% | N | Referral Required |
| 92555 | SPEECH AUDIOMETRY, THRESHOLD | 07/01/2005 | $12.44 | 100.0% | 0.0% | N | Referral Required |
| 92556 | SPEECH AUDIOMETRY, THRESHOLD | 07/01/2005 | $18.76 | 100.0% | 0.0% | N | Referral Required |
| 92557 | BASIC COMPREHENSIVE AUDIOMET | 07/01/2005 | $39.17 | 100.0% | 0.0% | N | Referral Required |
| 92560 | BEKESY AUDIOMETRY, SCREENING | 07/01/2005 | $20.27 | 0.0% | 0.0% | N | Referral Required |
| 92561 | BEKESY AUDIOMETRY, DIAGNOSTI | 07/01/2005 | $23.39 | 100.0% | 0.0% | N | Referral Required |
| 92562 | LOUDNESS BALANCE TEST, ALTER | 07/01/2005 | $13.44 | 100.0% | 0.0% | N | Referral Required |
| 92563 | TONE DECAY TEST | 07/01/2005 | $12.44 | 100.0% | 0.0% | N | Referral Required |
| 92564 | SHORT INCREMENT SENSITIVITY | 07/01/2005 | $15.60 | 100.0% | 0.0% | N | Referral Required |
| 92565 | STENGER TEST, PURE TONE | 07/01/2005 | $13.11 | 100.0% | 0.0% | N | Referral Required |
| 92566 | INPEDANCE TESTING | 07/01/2005 | $23.48 | 0.0% | 0.0% | N | Referral Required |
| 92567 | TYMPANOMETRY | 07/01/2005 | $17.44 | 100.0% | 0.0% | N | Referral Required |
| 92568 | ACOUSTIC REFLEX TESTING | 07/01/2005 | $12.44 | 100.0% | 0.0% | N | Referral Required |
| 92569 | ACOUSTIC REFLEX DECAY TEST | 07/01/2005 | $13.44 | 100.0% | 0.0% | N | Referral Required |
| 92571 | FILTERED SPEECH TEST | 07/01/2005 | $12.77 | 100.0% | 0.0% | N | Referral Required |
| 92572 | STAGGERED SPONDIAC WORD TEST | 07/01/2005 | $2.83 | 100.0% | 0.0% | N | Referral Required |
| 92573 | LOMBARD TEST | 07/01/2005 | $11.45 | 100.0% | 0.0% | N | Referral Required |
| 92575 | SENSORINEURAL ACUITY LEVEL T | 07/01/2005 | $9.61 | 100.0% | 0.0% | N | Referral Required |
| 92576 | SYNTHETIC SENTENCE IDENTIFIC | 07/01/2005 | $14.61 | 100.0% | 0.0% | N | Referral Required |
| 92577 | STENGER TEST | 07/01/2005 | $23.57 | 100.0% | 0.0% | N | Referral Required |
| 92579 | VISUAL REINFORCEMENT AUDIOME | 07/01/2005 | $23.70 | 100.0% | 0.0% | N | Referral Required |
| 92582 | CONDITIONING PLAY AUDIOMETRY | 07/01/2005 | $23.70 | 100.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 92583 | SELECT PICTURE AUDIOMETRY | 07/01/2005 | $29.04 | 100.0% | 0.0% | N | Referral Required |
| 92584 | ELECTROCOCHLEOGRAPHY | 07/01/2005 | $80.76 | 100.0% | 0.0% | N | Referral Required |
| 92585 | BRAINSTEM EVOKED RESPONSE RE | 07/01/2005 | $85.97 | 47.0% | 53.0% | N | Referral Required |
| 92586 | AUDITORY EVOKED POTENTIALS | 07/01/2005 | $60.02 | 100.0% | 0.0% | N | Referral Required |
| 92587 | EVOKED OTOACOUSTIC EMISSIONS | 07/01/2005 | $49.79 | 84.0% | 16.0% | N | Referral Required |
| 92588 | EVOKED OTOACOUSTIC EMISSIONS | 07/01/2005 | $67.35 | 69.0% | 31.0% | N | Referral Required |
| 92589 | CENTRAL AUDITORY FUNCTION TE | 07/01/2005 | $17.77 | 100.0% | 0.0% | N | Referral Required |
| 92590 | HEARING AID EXAM AND SELECTI | 07/01/2005 | $45.07 | 0.0% | 0.0% | N | Referral Required |
| 92591 | HEARING AID EXAMINATION AND | 07/01/2005 | $90.13 | 0.0% | 0.0% | N | Referral Required |
| 92592 | HEARING AID CHECK MONAURAL | 07/01/2005 | $22.51 | 0.0% | 0.0% | N | Referral Required |
| 92593 | HEARING AID CHECK BINAURAL | 07/01/2005 | $45.07 | 0.0% | 0.0% | N | Referral Required |
| 92594 | ELECTROACOUSTIC EVAL FOR HEA | 07/01/2005 | $16.44 | 0.0% | 0.0% | N | Referral Required |
| 92595 | ELECTRACOUSTIC EVALUATION FO | 09/01/1982 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 92596 | EAR PROTECTOR ATTENUATION ME | 07/01/2005 | $19.42 | 100.0% | 0.0% | N | Referral Required |
| 92597 | EVAL FOR USE PROSTHETIC/AUGM | 07/01/2005 | $95.48 | 0.0% | 0.0% | N | Referral Required |
| 92601 | DIAGNOSTIC ANALYSIS OF COCHLEAR | 07/01/2005 | $112.09 | 0.0% | 0.0% | N | Referral Required |
| 92602 | SUBSEQUENT REPROGRAMMING | 07/01/2005 | $77.80 | 0.0% | 0.0% | N | Referral Required |
| 92603 | DIAGNOSTIC ANALYSIS OF COCHLEAR | 07/01/2005 | $73.63 | 0.0% | 0.0% | N | Referral Required |
| 92604 | SUBSEQUENT PROGRAMMING | 07/01/2005 | $48.97 | 0.0% | 0.0% | N | Referral Required |
| 92607 | EVALUATION FOR PRESCRIPTION | 07/01/2005 | $105.02 | 0.0% | 0.0% | N | Referral Required |
| 92608 | EACH ADDITIONAL 30 MINUTES | 07/01/2005 | $22.34 | 0.0% | 0.0% | N | Referral Required |
| 92609 | THERAPEUTIC SERVICES FOR THE USE OF | 07/01/2005 | $52.62 | 0.0% | 0.0% | N | Referral Required |
| 92610 | EVALUATION OF ORAL | 07/01/2005 | $110.34 | 0.0% | 0.0% | N | Referral Required |
| 92611 | MOTION FLUOROSCOPIC EVALUATION | 07/01/2005 | $110.34 | 0.0% | 0.0% | N | Referral Required |
| 92612 | FLEXIBLE FIBEROPTIC ENDOSCOPIC | 07/01/2005 | $133.19 | 0.0% | 0.0% | N | Referral Required |
| 92614 | FLEXIBLE FIBEROPTIC ENDOSCOPIC EVAL | 07/01/2005 | $123.26 | 0.0% | 0.0% | N | Referral Required |
| 92616 | FIBEROPTIC ENDOSCOPIC EVAL | 07/01/2005 | $172.76 | 0.0% | 0.0% | N | Referral Required |
| 92620 | EVAL OF CENTRAL AUDITORY FUNCTION | 07/01/2005 | $39.30 | 0.0% | 0.0% | N | Referral Required |
| 92621 | EVAL OF CENTRAL AUDITORY FUNCTION | 07/01/2005 | $9.44 | 0.0% | 0.0% | N | Referral Required |
| 92625 | ASSESSMENT OF TINNITUS | 07/01/2005 | $38.64 | 0.0% | 0.0% | N | Referral Required |
| 9269 | REDUCTION OF INTUSSUSCEPTION | 10/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 92950 | CARDIOPULMONARY RESUSCITATIO | 07/01/2005 | $193.12 | 0.0% | 0.0% | N | Referral Required |
| 92953 | TEMP. TRANSCUTANEOUS PACING | 07/01/2005 | $16.06 | 0.0% | 0.0% | N | Referral Required |
| 92960 | ARRHYTHMIA CONVERSN ELECTRIC | 07/01/2005 | $156.07 | 0.0% | 0.0% | N | Referral Required |
| 92961 | INTERNAL CARDIOVERSION | 07/01/2005 | $229.74 | 0.0% | 0.0% | N | Referral Required |
| 92970 | CARDIO ASSIST METHOD OF CIRC | 07/01/2005 | $171.74 | 0.0% | 0.0% | N | Referral Required |
| 92971 | CARDIOASSIST EXTERNAL | 07/01/2005 | $93.20 | 0.0% | 0.0% | N | Referral Required |
| 92973 | PERCUTANEOUS TRANSLUMINAL COR THR | 07/01/2005 | $166.41 | 0.0% | 0.0% | N | Referral Required |
| 92974 | PLACEMENT OF RADIATION DLVRY DEVICE | 07/01/2005 | $171.51 | 0.0% | 0.0% | N | Referral Required |
| 92975 | THROMBOLYSIS CORONARY BY INT | 07/01/2005 | $364.32 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 92977 | THROMBOLYSIS,BY INTRAVENOUS | 07/01/2005 | $259.66 | 0.0% | 0.0% | N | Referral Required |
| 92978 | INTRAVASCULAR ULTRASOUND,IMA | 07/01/2005 | $237.66 | 62.0% | 38.0% | N | Referral Required |
| 92979 | INTRAVASCULAR ULTRASOUND,IMA | 07/01/2005 | $145.73 | 50.0% | 50.0% | N | Referral Required |
| 92980 | TRANSCATHETER PLACEMENT STEN | 07/01/2005 | $753.80 | 0.0% | 0.0% | N | Referral Required |
| 92981 | TRANSCATHETER PLACEMENT-STEN | 07/01/2005 | $211.72 | 0.0% | 0.0% | N | Referral Required |
| 92982 | PERCUTANEOUS TRANSLUMINAL CO | 07/01/2005 | $557.20 | 0.0% | 0.0% | N | Referral Required |
| 92984 | PERCUTANEOUS TRANSLUMINAL CO | 07/01/2005 | $150.77 | 0.0% | 0.0% | N | Referral Required |
| 92986 | PERCUTANEOUS BALLOON VALVULO | 07/01/2005 | $1,149.91 | 0.0% | 0.0% | N | Referral Required |
| 92987 | PERCUATANEOUS BALLOON VALVUL | 07/01/2005 | $1,196.90 | 0.0% | 0.0% | N | Referral Required |
| 92990 | PERCUTANEOUS BALLOON VALVULO | 07/01/2005 | $918.28 | 0.0% | 0.0% | N | Referral Required |
| 92992 | ATRIAL SEPTECTOMY OR SEPTOST | 01/01/1994 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 92993 | BLADE METHOD | 01/01/1994 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 92995 | PERCUTANEOUS TRANSLUMINAL CO | 07/01/2005 | $613.77 | 0.0% | 0.0% | N | Referral Required |
| 92996 | EACH ADDITIONAL VESSEL | 07/01/2005 | $165.69 | 0.0% | 0.0% | N | Referral Required |
| 92997 | BALLOON ANGIOPLASY, SINGLE VESSEL | 07/01/2005 | $593.70 | 0.0% | 0.0% | N | Referral Required |
| 92998 | ARTERY BALLOON ANGIOPLASTY, ADD VES | 07/01/2005 | $289.66 | 0.0% | 0.0% | N | Referral Required |
| 93000 | ELECTROCARDIOGRAPHY | 07/01/2005 | $23.18 | 0.0% | 0.0% | N | Referral Required |
| 93005 | PHONOCARDIOGRAM; TRACING W/O | 07/01/2005 | $14.57 | 100.0% | 0.0% | N | Referral Required |
| 9301 | FUNCTIONAL PT EVALUATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 93010 | ELECTROCARDIOGRAPHY | 07/01/2005 | $8.61 | 100.0% | 0.0% | N | Referral Required |
| 93012 | TELEPHONIC OR TELEMETRIC TRA | 07/01/2005 | $76.76 | 100.0% | 0.0% | N | Referral Required |
| 93014 | TELEPHONIC TRANSMISSION ECG; | 07/01/2005 | $25.36 | 100.0% | 0.0% | N | Referral Required |
| 93015 | CARDIOVASCULAR STRESS TEST | 07/01/2005 | $91.77 | 0.0% | 0.0% | N | Referral Required |
| 93016 | PHYSICIAN SUPERVISION ONLY,W | 07/01/2005 | $22.32 | 100.0% | 0.0% | N | Referral Required |
| 93017 | CARDIOVASCULAR STRESS TEST | 07/01/2005 | $54.51 | 100.0% | 0.0% | N | Referral Required |
| 93018 | CARDIOVASCULAR STRESS TEST | 07/01/2005 | $14.94 | 100.0% | 0.0% | N | Referral Required |
| 9302 | ORTHOTIC EVALUATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 93024 | ERGONOVINE PROVOCATION TEST | 07/01/2005 | $95.32 | 28.0% | 72.0% | N | Referral Required |
| 93025 | MICROVOLT T-WAVE ALTERNANS | 07/01/2005 | $241.00 | 0.0% | 0.0% | N | Referral Required |
| 9303 | PROSTHETIC EVALUATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9304 | MANUAL MUSCLE FUNCT TEST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 93040 | RHYTHM ECG, 1-3 LEADS, W/INT | 07/01/2005 | $12.40 | 0.0% | 0.0% | N | Referral Required |
| 93041 | RHYTHM ECG | 07/01/2005 | $4.80 | 100.0% | 0.0% | N | Referral Required |
| 93042 | RHYTHM ECG | 07/01/2005 | $7.59 | 100.0% | 0.0% | N | Referral Required |
| 9305 | RANGE OF MOTION TESTING | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9306 | LIMB LENGTH MEASUREMENT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9307 | BODY MEASUREMENT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9308 | ELECTROMYOGRAPHY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9309 | OTHER DX PT PROCEDURE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9311 | ASSISTING EXERCISE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 9312 | ACTIV MUSCULOSK EXER NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9313 | RESISTIVE EXERCISE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9314 | JOINT MOVEMENT TRAINING | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9315 | MOBILIZATION OF SPINE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9316 | OTHER JOINT MOBILIZATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9317 | PASS MUSCULOSK EXER NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9318 | PT BREATHING EXERCISE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9319 | PT EXERCISE NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9321 | MANUAL & MECHAN TRACTION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9322 | AMBULAT & GAIT TRAINING | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 93224 | ECG MONITORING, 24 HR REPORT | 07/01/2005 | $137.19 | 0.0% | 0.0% | N | Referral Required |
| 93225 | RECORDING | 07/01/2005 | $40.27 | 100.0% | 0.0% | N | Referral Required |
| 93226 | SCANNING ANALYSIS WITH REPOR | 07/01/2005 | $70.91 | 100.0% | 0.0% | N | Referral Required |
| 93227 | PHYSICIAN REVIEW AND INTERPR | 07/01/2005 | $26.01 | 100.0% | 0.0% | N | Referral Required |
| 9323 | ORTHOTIC DEVICE FITTING | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 93230 | ECG MONITORING, 24 HR W/O SC | 07/01/2005 | $145.63 | 0.0% | 0.0% | N | Referral Required |
| 93231 | RECORDING | 07/01/2005 | $49.22 | 100.0% | 0.0% | N | Referral Required |
| 93232 | MICRO BASED ANALYSIS, REPORT | 07/01/2005 | $70.39 | 100.0% | 0.0% | N | Referral Required |
| 93233 | PHYSICIAN REVIEW & INTERPRET | 07/01/2005 | $26.01 | 100.0% | 0.0% | N | Referral Required |
| 93235 | ECG MONITOR 24HR COMPUTERIZE | 07/01/2005 | $106.44 | 0.0% | 0.0% | N | Referral Required |
| 93236 | MONITOR DATE ANALYSIS REPORT | 07/01/2005 | $84.44 | 100.0% | 0.0% | N | Referral Required |
| 93237 | PHYSICIAN REVIEW AND INTERPR | 07/01/2005 | $21.99 | 100.0% | 0.0% | N | Referral Required |
| 9324 | PROSTHET/ORTHOT TRAINING | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9325 | FORCED LIMB EXTENSION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9326 | MANUAL RUPT JOINT ADHES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 93268 | PATIENT DEMAND SGL OR MULTI | 07/01/2005 | $142.70 | 39.0% | 61.0% | N | Referral Required |
| 9327 | MUSC OR TEND STRETCHING | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 93270 | PATIENT DEMAND RECORDING W/M | 07/01/2005 | $40.27 | 100.0% | 0.0% | N | Referral Required |
| 93271 | DEMAND RECORDING;MONITORING/ | 07/01/2005 | $76.76 | 100.0% | 0.0% | N | Referral Required |
| 93272 | PATIENT DEMAND RECORDING PHY | 07/01/2005 | $25.69 | 100.0% | 0.0% | N | Referral Required |
| 93278 | SIGNAL-AVERAGED ELECTROCARDI | 07/01/2005 | $50.15 | 51.0% | 49.0% | N | Referral Required |
| 9328 | STRETCHING OF FASCIA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9329 | FORCIB CORRECT DEFOR NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 93303 | TRANSTHORACIC ECHOCARDIOGRAP | 07/01/2005 | $188.40 | 63.0% | 37.0% | N | Referral Required |
| 93304 | TRANSTHORACIC ECG; FU OR LIM | 07/01/2005 | $100.39 | 58.0% | 42.0% | N | Referral Required |
| 93307 | ECHOCARDIOGRPHY, REAL TIME S | 07/01/2005 | $170.58 | 65.0% | 35.0% | N | Referral Required |
| 93308 | ECHOCARDIOGRAPHY, REAL TIME | 07/01/2005 | $89.83 | 61.0% | 39.0% | N | Referral Required |
| 9331 | ASSISTED POOL EXERCISE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 93312 | ECHOCARDIOGRAPHY, REAL TIME | 07/01/2005 | $232.04 | 56.0% | 44.0% | N | Referral Required |
| 93313 | ECHOCARDIOGRAPHY PLACEMENT O | 07/01/2005 | $209.77 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 93314 | ECHOCARDIOGRAPHY IMAGE ACQUI | 07/01/2005 | $185.55 | 70.0% | 30.0% | N | Referral Required |
| 93315 | TRANSESOPHAGEAL ECG; INCL PR | 07/01/2005 | $261.54 | 49.0% | 51.0% | N | Referral Required |
| 93316 | TRANSESOPHAGEAL ECG; PLACEME | 07/01/2005 | $246.09 | 0.0% | 0.0% | N | Referral Required |
| 93317 | TRANSESOPHAGEAL ECG; IMAGE A | 07/01/2005 | $213.72 | 61.0% | 39.0% | N | Referral Required |
| 93318 | ECHOCARDIOGRAPHY | 07/01/2005 | $109.32 | 60.0% | 40.0% | N | Referral Required |
| 9332 | WHIRLPOOL TREATMENT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 93320 | DOPPLE ECHOCARDIOGRAPHY | 07/01/2005 | $74.82 | 61.0% | 39.0% | N | Referral Required |
| 93321 | FOLLOW UP OR LIMITED | 07/01/2005 | $43.86 | 72.0% | 28.0% | N | Referral Required |
| 93325 | DOPPLER COLOR FLOW VEL MAPPI | 07/01/2005 | $97.66 | 48.0% | 52.0% | N | Referral Required |
| 9333 | OTHER HYDROTHERAPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9334 | DIATHERMY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9335 | OTHER HEAT THERAPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 93350 | ECHOCARDIOGRAPHY, TRANSTHORA | 07/01/2005 | $130.94 | 48.0% | 52.0% | N | Referral Required |
| 9336 | CARDIAC RETRAINING | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9337 | PRENATAL TRAINING | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9338 | COMBINED PT NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9339 | PHYSICAL THERAPY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9341 | SPINE TRACT W SKULL DEV | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9342 | OTHER SPINAL TRACTION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9343 | INTERMITT SKEL TRACTION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9344 | OTHER SKELETAL TRACTION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9345 | THOMAS' SPLINT TRACTION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9346 | LIMB SKIN TRACTION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 93501 | RIGHT HEART CATHETERIZATION | 07/01/2005 | $696.72 | 71.0% | 29.0% | N | Referral Required |
| 93503 | INSERT&PLACE FLOW DIRECTED C | 07/01/2005 | $131.12 | 0.0% | 0.0% | N | Referral Required |
| 93505 | ENDOMYOCARDIAL BIOPSY | 07/01/2005 | $285.46 | 21.0% | 79.0% | N | Referral Required |
| 93508 | CATHETER PLACEMENT CORONARY ARTE | 07/01/2005 | $611.82 | 67.0% | 33.0% | N | Referral Required |
| 9351 | PLASTER JACKET APPLICAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 93510 | LEFT HEART CATHETERIZATION | 07/01/2005 | $1,409.48 | 81.0% | 19.0% | N | Referral Required |
| 93511 | LEFT HEART CATHERTERIZATION | 07/01/2005 | $1,412.83 | 82.0% | 18.0% | N | Referral Required |
| 93514 | LEFT HEART CATHERTERIZATION | 07/01/2005 | $1,509.67 | 75.0% | 25.0% | N | Referral Required |
| 9352 | NECK SUPPORT APPLICATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 93524 | COMBINED CATHETERIZATION | 07/01/2005 | $1,864.37 | 80.0% | 20.0% | N | Referral Required |
| 93526 | COMBINED CATHETERIZATION | 07/01/2005 | $1,858.60 | 79.0% | 21.0% | N | Referral Required |
| 93527 | COMBINED CATHETERIZATION | 07/01/2005 | $1,882.22 | 76.0% | 24.0% | N | Referral Required |
| 93528 | COMBINED CATHETERIZATION | 07/01/2005 | $1,971.54 | 78.0% | 22.0% | N | Referral Required |
| 93529 | COMBINED RIGHT & LEFT HEART | 07/01/2005 | $1,756.57 | 86.0% | 14.0% | N | Referral Required |
| 9353 | OTHER CAST APPLICATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 93530 | R HEART CATH/ L. THRU EXIST SEPTAL | 07/01/2005 | $753.62 | 67.0% | 33.0% | N | Referral Required |
| 93531 | COMP R/L RETROGRADE HEART CATH | 07/01/2005 | $1,970.73 | 77.0% | 23.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 93532 | COMB R AND TRANS L HEART CATHER | 07/01/2005 | $2,018.68 | 73.0% | 27.0% | N | Referral Required |
| 93533 | R AND TRANS L HEART CATH | 07/01/2005 | $1,846.45 | 83.0% | 17.0% | N | Referral Required |
| 93539 | INJECTION PROCEDURE DURING C | 07/01/2005 | $42.31 | 0.0% | 0.0% | N | Referral Required |
| 9354 | APPLICATION OF SPLINT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 93540 | FOR SELECTIVE OPACIFICATION | 07/01/2005 | $44.06 | 0.0% | 0.0% | N | Referral Required |
| 93541 | ANGIOGRAPHY INJECTION | 07/01/2005 | $14.58 | 0.0% | 0.0% | N | Referral Required |
| 93542 | ANGIOGRAPHY INJECTION | 07/01/2005 | $14.58 | 0.0% | 0.0% | N | Referral Required |
| 93543 | ANGIOGRAPHY INJECTION | 07/01/2005 | $28.78 | 0.0% | 0.0% | N | Referral Required |
| 93544 | ANGIOGRAPHY INJECTION | 07/01/2005 | $26.68 | 0.0% | 0.0% | N | Referral Required |
| 93545 | ANGIOGRAPHY INJECTION | 07/01/2005 | $42.65 | 0.0% | 0.0% | N | Referral Required |
| 9355 | DENTAL WIRING | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 93555 | IMAGING SUPERVISION,INTERPRE | 07/01/2005 | $241.93 | 85.0% | 15.0% | N | Referral Required |
| 93556 | PULMONARY ANGIOGRAPHY,AORTOG | 07/01/2005 | $358.85 | 88.0% | 12.0% | N | Referral Required |
| 9356 | PRESSURE DRESSING APPLIC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 93561 | INDICATOR DILUTION STUDIES | 07/01/2005 | $41.41 | 22.0% | 78.0% | N | Referral Required |
| 93562 | INDICATOR DILUTION STUDIES | 07/01/2005 | $17.73 | 27.0% | 73.0% | N | Referral Required |
| 9357 | DRESSING OF WOUND NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 93571 | INTRAVASCULAR DOPPLER VELOCITY | 07/01/2005 | $237.60 | 66.0% | 34.0% | N | Referral Required |
| 93572 | INTRAVASCULAR DOPPLER VELOCITY | 07/01/2005 | $146.18 | 70.0% | 30.0% | N | Referral Required |
| 9358 | PRESSURE TROUSER APPLICA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 93580 | PERCUTANEOUS TRANSCATHETER | 07/01/2005 | $925.93 | 0.0% | 0.0% | N | Referral Required |
| 9359 | IMMOBILIZ/WOUND ATTN NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 93600 | BUNDLE OF HIS RECORDING | 07/01/2005 | $170.83 | 26.0% | 74.0% | N | Referral Required |
| 93602 | INTRA-ATRIAL RECORDING | 07/01/2005 | $143.67 | 22.0% | 78.0% | N | Referral Required |
| 93603 | RIGHT VENTRICULAR RECORDING | 07/01/2005 | $161.22 | 27.0% | 73.0% | N | Referral Required |
| 93609 | INTRAVENTRICULAR AND/OR INTR | 07/01/2005 | $336.89 | 16.0% | 84.0% | N | Referral Required |
| 9361 | OMT FOR GEN'L MOBILIZAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 93610 | INTRA-ATRIAL PACING | 07/01/2005 | $196.51 | 20.0% | 80.0% | N | Referral Required |
| 93612 | INTRAVENTRICULAR PACING | 07/01/2005 | $204.63 | 23.0% | 77.0% | N | Referral Required |
| 93613 | INTRACARDIAC ELECTROPHYSIOLOGIC | 07/01/2005 | $353.64 | 23.0% | 77.0% | N | Referral Required |
| 93615 | ESOPHAGEAL RECORDING OF ATRI | 07/01/2005 | $58.34 | 19.0% | 81.0% | N | Referral Required |
| 93616 | ESOPHAGEAL RECORDING OF ATRI | 07/01/2005 | $81.51 | 11.0% | 89.0% | N | Referral Required |
| 93618 | INDUCTION OF ARRHYTHMIA BY E | 07/01/2005 | $344.00 | 27.0% | 73.0% | N | Referral Required |
| 93619 | COMPREHENSIVE ELECTROPHYSIOL | 07/01/2005 | $618.43 | 29.0% | 71.0% | N | Referral Required |
| 9362 | OMT WITH HI-VEL,LO-AMPLI | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 93620 | WITH INDUCTION OF ARRHYTHMIA | 07/01/2005 | $876.47 | 26.0% | 74.0% | N | Referral Required |
| 93621 | COMPREHENSIVE ELECTROPHYSIOL | 07/01/2005 | $1,613.95 | 26.0% | 74.0% | N | Referral Required |
| 93622 | W/LEFT VENTRICULAR RECORDING | 07/01/2005 | $943.15 | 0.0% | 0.0% | N | Referral Required |
| 93623 | PROGRAMMED STIMULATION AND P | 07/01/2005 | $429.14 | 0.0% | 100.0% | N | Referral Required |
| 93624 | ELECTRPHYSIOLOGIC FOLLOW-UP | 07/01/2005 | $307.54 | 20.0% | 80.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 9363 | OMT WITH LO-VEL,HI-AMPLI | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 93631 | INTRA-OPERATIVE CARDIAC PACI | 07/01/2005 | $580.81 | 32.0% | 68.0% | N | Referral Required |
| 9364 | OMT WITH ISOTON,ISOMETRI | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 93640 | ELECTROPHYSIOLOGIC EVAL CARD | 07/01/2005 | $409.56 | 40.0% | 60.0% | N | Referral Required |
| 93641 | WITH TESTING CARDIOVERTER-DE | 07/01/2005 | $532.04 | 36.0% | 64.0% | N | Referral Required |
| 93642 | ELECTROPHYSIOLOGIC EVALUATIO | 07/01/2005 | $477.63 | 36.0% | 64.0% | N | Referral Required |
| 9365 | OMT WITH INDIRECT FORCES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 93650 | INTRACARDIAC CATH ABLATION | 07/01/2005 | $530.99 | 26.0% | 74.0% | N | Referral Required |
| 93651 | INTRACARDIAC CATHETER ABLATI | 07/01/2005 | $824.32 | 0.0% | 0.0% | N | Referral Required |
| 93652 | FOR TREATMENT OF VENTRICULAR | 07/01/2005 | $896.21 | 0.0% | 0.0% | N | Referral Required |
| 9366 | OMT TO MOVE TISSUE FLUID | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 93660 | AUTONOMIC NERVOUS SYSTEM EVA | 07/01/2005 | $148.39 | 48.0% | 52.0% | N | Referral Required |
| 93662 | INTRACARDIAC ECHOCARDIOGRAPHY | 07/01/2005 | $276.78 | 49.0% | 51.0% | N | Referral Required |
| 9367 | OSTEOPATH MANIPULAT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 93701 | BIOIMPEDANCE, THORACIC, ELECTRICAL | 07/01/2005 | $32.24 | 73.0% | 27.0% | N | Referral Required |
| 9371 | DYSLEXIA TRAINING | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9372 | DYSPHASIA TRAINING | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 93720 | PLETHYSMOGRAPHY | 07/01/2005 | $31.34 | 0.0% | 0.0% | N | Referral Required |
| 93721 | PLETHYSMOGRAPHY, TRACING ONL | 07/01/2005 | $23.06 | 100.0% | 0.0% | N | Referral Required |
| 93722 | PLETHYSMOGRAPHY, INTERPRETAT | 07/01/2005 | $8.29 | 100.0% | 0.0% | N | Referral Required |
| 93724 | ELECTRONIC ANALYSIS OF ANTIT | 07/01/2005 | $374.51 | 33.0% | 67.0% | N | Referral Required |
| 93727 | IMPLANTABLE LOOP RECORDER ANALYSIS | 07/01/2005 | $26.57 | 100.0% | 0.0% | N | Referral Required |
| 9373 | ESOPHAG SPEECH TRAINING | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 93731 | ELECTRONIC ANALYSIS OF DUAL- | 07/01/2005 | $38.92 | 39.0% | 61.0% | N | Referral Required |
| 93732 | ELECTRONIC ANALY DUAL-CHM IN | 07/01/2005 | $62.95 | 29.0% | 71.0% | N | Referral Required |
| 93733 | ELECTRNC ANALYSIS SNGLE CHAM | 07/01/2005 | $32.32 | 50.0% | 50.0% | N | Referral Required |
| 93734 | ELECTRONIC ANALYSIS SNGL CHM | 07/01/2005 | $30.41 | 33.0% | 67.0% | N | Referral Required |
| 93735 | ELECTRONIC ANALYSIS SNGL CHM | 07/01/2005 | $51.51 | 32.0% | 68.0% | N | Referral Required |
| 93736 | TELEPHONIC ANALYSIS | 07/01/2005 | $28.30 | 59.0% | 41.0% | N | Referral Required |
| 9374 | SPEECH DEFECT TRAINING | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 93740 | TEMPERATURE GRADIENT STUDIES | 07/01/2005 | $18.46 | 24.0% | 76.0% | N | Referral Required |
| 93741 | CARDIAC PAGING DEVICE ANALYSIS | 07/01/2005 | $61.42 | 51.3% | 48.7% | N | Referral Required |
| 93742 | CARDIAC PAGING DEVICE ANALYSIS | 07/01/2005 | $67.01 | 56.0% | 44.0% | N | Referral Required |
| 93743 | CARDIAC PAGING DEVICE ANALYSIS | 07/01/2005 | $75.48 | 45.0% | 55.0% | N | Referral Required |
| 93744 | CARDIAC PACING DEVICE ANALYSIS | 07/01/2005 | $80.54 | 49.4% | 50.6% | N | Referral Required |
| 93745 | INITIAL SET UP & PROGRAM CARDIO-DE | 07/01/2005 | $67.01 | 0.0% | 0.0% | N | Referral Required |
| 9375 | OTHER SPEECH THERAPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9376 | TRAINING IN LEAD DOG USE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 93760 | THERMOGRAM CEPHALIC | 07/01/2005 | $22.51 | 62.0% | 38.0% | N | Referral Required |
| 93762 | PERIPHERAL | 07/01/2005 | $41.45 | 67.0% | 33.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 9377 | BRAILLE OR MOON TRAINING | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 93770 | DETERMINATION OF VENOUS PRES | 07/01/2005 | $17.41 | 8.0% | 92.0% | N | Referral Required |
| 9378 | REHAB FOR THE BLIND NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 93784 | AMBULATORY BLOOD PRESSURE MO | 07/01/2005 | $48.69 | 0.0% | 0.0% | N | Referral Required |
| 93786 | AMBULATORY BP MONITORING; RE | 07/01/2005 | $22.51 | 0.0% | 0.0% | N | Referral Required |
| 93788 | AMBULATORY BP MONITORING; AN | 07/01/2005 | $67.58 | 0.0% | 0.0% | N | Referral Required |
| 93790 | BLOOD PRESSURE MONITORING PH | 07/01/2005 | $49.57 | 0.0% | 0.0% | N | Referral Required |
| 93797 | PHYSICIAN SERVICES OUTPT CAR | 07/01/2005 | $17.56 | 0.0% | 0.0% | N | Referral Required |
| 93798 | PHYSICIAN SERVICE OP CARDIAC | 07/01/2005 | $24.79 | 0.0% | 0.0% | N | Referral Required |
| 93799 | UNLISTED CARDIOVASCULAR SERV | 09/01/1982 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9381 | RECREATIONAL THERAPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9382 | EDUCATIONAL THERAPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9383 | OCCUPATIONAL THERAPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9384 | MUSIC THERAPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9385 | VOCATIONAL REHABILITAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 93875 | NON-INVASIVE PSYC STUDIES OF | 07/01/2005 | $47.08 | 58.0% | 42.0% | N | Referral Required |
| 93880 | DUPLEX SCAN EXTRACRANIAL ART | 07/01/2005 | $151.88 | 77.0% | 23.0% | N | Referral Required |
| 93882 | DUPLEX SCAN OF EXTRACRANIAL | 07/01/2005 | $101.04 | 87.0% | 13.0% | N | Referral Required |
| 93886 | TRANSCRANIAL DOPPLER STUDY I | 07/01/2005 | $185.99 | 69.0% | 31.0% | N | Referral Required |
| 93888 | TRANSCRANIAL DOPPLER STUDY I | 07/01/2005 | $123.23 | 77.0% | 23.0% | N | Referral Required |
| 9389 | REHABILITATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 93890 | TRANSCRANIAL DOPPLER STUDY | 07/01/2005 | $210.73 | 80.0% | 20.0% | N | Referral Required |
| 93892 | TRANSCRANIAL DOPPLER STUDY | 07/01/2005 | $225.21 | 0.0% | 0.0% | N | Referral Required |
| 93893 | TRANSCRANIAL DOPPLER STUDY | 07/01/2005 | $220.85 | 0.0% | 0.0% | N | Referral Required |
| 9390 | CPAP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9391 | IPPB | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9392 | MECHANICL VENTILAT'N NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 93922 | NONINVASIVE PHYSIOLOGIC STUD | 07/01/2005 | $50.38 | 67.0% | 33.0% | N | Referral Required |
| 93923 | NONINVASIVE PHYSIOLOGIC STUD | 07/01/2005 | $94.24 | 67.0% | 33.0% | N | Referral Required |
| 93924 | NONINVASIVE PHYSILOGIC STUDI | 07/01/2005 | $103.06 | 67.0% | 33.0% | N | Referral Required |
| 93925 | DUPLEX SCAN LOWER EXTREMITY | 07/01/2005 | $151.15 | 77.0% | 23.0% | N | Referral Required |
| 93926 | DUPLEX SCAN UPPER EXTREMITY | 07/01/2005 | $101.01 | 87.0% | 13.0% | N | Referral Required |
| 9393 | NONMECHAN RESUSCITATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 93930 | DUPLEX SCAN UPPER EXTREMITY | 07/01/2005 | $152.64 | 80.0% | 20.0% | N | Referral Required |
| 93931 | DUPLEX SCAN UPPER EXTREMITY | 07/01/2005 | $101.76 | 89.0% | 11.0% | N | Referral Required |
| 9394 | NEBULIZER THERAPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9395 | HYPERBARIC OXYGENATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9396 | OXYGEN ENRICHMENT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 93965 | NON-INVASIVE PHYSC STUDIES E | 07/01/2005 | $53.46 | 57.0% | 43.0% | N | Referral Required |
| 9397 | DECOMPRESSION CHAMBER | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 93970 | DUPLEX SCAN EXTREMITY VEINS | 07/01/2005 | $168.90 | 74.0% | 26.0% | N | Referral Required |
| 93971 | DUPLEX SCAN - FOLLOW-UP - EX | 07/01/2005 | $112.31 | 85.0% | 15.0% | N | Referral Required |
| 93975 | DUPLEX SCAN ARTERIAL INFLOW/ | 07/01/2005 | $241.89 | 57.0% | 43.0% | N | Referral Required |
| 93976 | DUPLEX SCAN ARTERIAL FLOW FO | 07/01/2005 | $161.90 | 73.0% | 27.0% | N | Referral Required |
| 93978 | DUPLEX SCAN OF AORTA INFERIO | 07/01/2005 | $158.19 | 75.0% | 25.0% | N | Referral Required |
| 93979 | FOLLOW UP LIMITED | 07/01/2005 | $105.82 | 86.0% | 14.0% | N | Referral Required |
| 9398 | ATMOS PRESS/COMPOS CONTR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 93980 | DUPLEX SCAN ARTERIAL INFLOW/ | 07/01/2005 | $175.31 | 53.0% | 47.0% | N | Referral Required |
| 93981 | DUPLEX SCAN PENILE VESSLES F | 07/01/2005 | $127.03 | 83.0% | 17.0% | N | Referral Required |
| 9399 | OTHER RESP PROCEDURES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 93990 | DUPLEX SCAN OF HEMODIALYSIS | 07/01/2005 | $94.13 | 85.0% | 15.0% | N | Referral Required |
| 9401 | INTELLIGENCE TEST ADMIN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 94010 | SPIROMETRY | 07/01/2005 | $33.75 | 48.0% | 52.0% | N | Referral Required |
| 94014 | PATIENT INITIAT SPIROMETRIC RECORD | 07/01/2005 | $34.45 | 38.0% | 62.0% | N | Referral Required |
| 94015 | PATIENT INITIATED SPIROMETRIC | 07/01/2005 | $9.77 | 0.0% | 0.0% | N | Referral Required |
| 94016 | PATIENT INITIAT SPIROMETRIC RECORD | 07/01/2005 | $24.69 | 100.0% | 0.0% | N | Referral Required |
| 9402 | PSYCHOLOGIC TEST ADMINIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9403 | CHARACTER ANALYSIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 94060 | BRONCHODILATION RESPONSIVENE | 07/01/2005 | $57.16 | 57.0% | 43.0% | N | Referral Required |
| 94070 | BRONCHOSPASM PROVOCATION EVA | 07/01/2005 | $135.04 | 60.0% | 40.0% | N | Referral Required |
| 9408 | PSYCHOL EVAL & TEST NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9409 | PSYCHOL MENTAL STAT NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9411 | PSYCHIAT MENTAL DETERMIN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9412 | ROUTINE PSYCHIAT VISIT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9413 | PSYCHIA COMMITMENT EVAL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 94150 | VITAL CAPACITY | 07/01/2005 | $9.01 | 27.0% | 73.0% | N | Referral Required |
| 9419 | PSYCHIA INTERV/EVAL NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 94200 | MAXIMUM BREATHING CAPACITY M | 07/01/2005 | $15.42 | 47.0% | 53.0% | N | Referral Required |
| 9421 | NARCOANALYSIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9422 | LITHIUM THERAPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9423 | NEUROLEPTIC THERAPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9424 | CHEMICAL SHOCK THERAPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 94240 | FUNCTIONAL RESIDUAL CAPACITY | 07/01/2005 | $51.89 | 58.0% | 42.0% | N | Referral Required |
| 9425 | PSYCHIAT DRUG THERAP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 94250 | EXPIRED GAS ANALYSIS | 07/01/2005 | $24.47 | 34.0% | 66.0% | N | Referral Required |
| 9426 | SUBCONVULSIVE EST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 94260 | THORACIC GAS VOLUME | 07/01/2005 | $17.97 | 59.0% | 41.0% | N | Referral Required |
| 9427 | ELECTROSHOCK THERAPY NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9429 | PSYCHIATR SOMATOTHER NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9431 | PSYCHOANALYSIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 9432 | HYPNOTHERAPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9433 | BEHAVIOR THERAPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9434 | IND THERAP PSYCHSEX DYSF | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9435 | CRISIS INTERVENTION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 94350 | VENTILATION DIST STUDIES | 07/01/2005 | $43.45 | 55.0% | 45.0% | N | Referral Required |
| 9436 | PLAY PSYCHOTHERAPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 94360 | PULM MECHANICS STUDIES | 07/01/2005 | $26.98 | 68.0% | 32.0% | N | Referral Required |
| 9437 | EXPLOR VERBAL PSYCHOTHER | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 94370 | VENTILATION DIST STUDIES | 07/01/2005 | $76.93 | 41.0% | 59.0% | N | Referral Required |
| 94375 | RESPIRATORY FLOW VOLUMN LOOP | 07/01/2005 | $26.90 | 49.0% | 51.0% | N | Referral Required |
| 9438 | SUPPOR VERBAL PSYCHOTHER | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9439 | INDIVID PSYCHOTHERAP NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 94400 | BREATHING RESPONSE TO COZ | 07/01/2005 | $38.62 | 26.0% | 74.0% | N | Referral Required |
| 9441 | GRP THERAP PSYCHSEX DYSF | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9442 | FAMILY THERAPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9443 | PSYCHODRAMA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9444 | OTHER GROUP THERAPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9445 | DRUG ADDICT COUNSELING | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 94450 | BREATHING RESPONSE TO HYPOXI | 07/01/2005 | $43.20 | 37.0% | 63.0% | N | Referral Required |
| 9446 | ALCOHOLISM COUNSELLING | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9449 | OTHER COUNSELLING | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9451 | REFERRAL FOR PSYCHOTHER | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9452 | REFERRAL PSYCH AFTERCARE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9453 | REFERRAL ALCOHOL REHAB | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9454 | REFERRAL FOR DRUG REHAB | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9455 | REFERRAL VOCATION REHAB | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9459 | REFERRAL PSYCH REHAB NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9461 | ALCOHOL REHABILITATION | 11/05/1990 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 9462 | ALCOHOL DETOXIFICATION | 11/05/1990 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 94620 | PULMONARY STRESS TESTING | 07/01/2005 | $79.69 | 47.0% | 53.0% | N | Referral Required |
| 94621 | PULMONARY STRESS TESTING COMPLEX | 07/01/2005 | $94.78 | 57.0% | 43.0% | N | Referral Required |
| 9463 | ALCOHOL REHAB & DETOX | 11/05/1990 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 9464 | DRUG REHAB | 11/05/1990 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 94640 | NONPRESSURED INHALATION TREA | 07/01/2005 | $24.81 | 0.0% | 0.0% | N | Referral Required |
| 94642 | AEROSOL INHALATION OF PENTAM | 07/01/2005 | $34.67 | 0.0% | 0.0% | N | Referral Required |
| 9465 | DRUG DETOX | 11/05/1990 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 94656 | VENTILATION ASSIST AND MANAG | 07/01/2005 | $55.91 | 0.0% | 0.0% | N | Referral Required |
| 94657 | SUBSEQUENT DAYS | 07/01/2005 | $39.01 | 0.0% | 0.0% | N | Referral Required |
| 9466 | DRUG REHAB & DETOX | 11/05/1990 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 94660 | CONTINUOUS POSITIVE AIRWAY P | 07/01/2005 | $50.02 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 94662 | CONTINUOUS NEGATIVE PRESSURE | 07/01/2005 | $35.64 | 0.0% | 0.0% | N | Referral Required |
| 94664 | AEROSOL OR VAPOR INHALATIONS | 07/01/2005 | $18.05 | 0.0% | 0.0% | N | Referral Required |
| 94667 | MANIPULATION CHEST WALL SUCH | 07/01/2005 | $34.09 | 0.0% | 0.0% | N | Referral Required |
| 94668 | MANIPULATION OF THE CHEST WA | 07/01/2005 | $25.13 | 0.0% | 0.0% | N | Referral Required |
| 9467 | COMBINED ALCOHOL & DRUG REHA | 11/05/1990 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 9468 | COMBINED ALCOHOL & DRUG DETO | 11/05/1990 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 94680 | GAS ANALYSIS | 07/01/2005 | $49.10 | 48.0% | 52.0% | N | Referral Required |
| 94681 | EXPIRED GAS ANALYSIS | 07/01/2005 | $52.83 | 68.0% | 32.0% | N | Referral Required |
| 9469 | COMBINED ALCOHOL & DRUG REHA | 11/05/1990 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 94690 | OXYGEN UPTAKE, REST INDIRECT | 07/01/2005 | $55.76 | 83.0% | 17.0% | N | Referral Required |
| 94720 | PULM DIFFUSION STUDIES | 07/01/2005 | $54.05 | 63.0% | 37.0% | N | Referral Required |
| 94725 | PULM DIFFUSION STUDIES | 07/01/2005 | $34.85 | 80.0% | 20.0% | N | Referral Required |
| 94750 | PULM MECHANICS STUDIES | 07/01/2005 | $44.02 | 53.0% | 47.0% | N | Referral Required |
| 94760 | NONINVASIVE EAR/PULSE OXIMET | 07/01/2005 | $3.68 | 100.0% | 0.0% | N | Referral Required |
| 94761 | NONINVASIVE EAR/PULSE OXIMET | 07/01/2005 | $5.55 | 100.0% | 0.0% | N | Referral Required |
| 94762 | NONINVASIVE EAR OR PULSE OXI | 07/01/2005 | $25.92 | 100.0% | 0.0% | N | Referral Required |
| 94770 | GAS ANALYSIS | 07/01/2005 | $36.74 | 52.0% | 48.0% | N | Referral Required |
| 94772 | CIRCADIAN RESPIRATORY PATTER | 07/01/2005 | $190.26 | 48.0% | 52.0% | N | Referral Required |
| 94799 | UNLISTED PULMONARY SERVICE O | 01/01/1976 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 95004 | PERCUTANEOUS TESTS SCRATCH-P | 07/01/2005 | $3.16 | 0.0% | 0.0% | N | Referral Required |
| 9501 | LIMITED EYE EXAMINATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 95010 | PERCUTANEOUS TESTS SEQUENTIA | 07/01/2005 | $20.43 | 0.0% | 0.0% | N | Referral Required |
| 95015 | INTRACUTANEOUS TESTS SEQUENT | 07/01/2005 | $18.46 | 0.0% | 0.0% | N | Referral Required |
| 9502 | COMPREHENSIVE EYE EXAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 95024 | INTRACUTANEOUS TESTS W/ALLER | 07/01/2005 | $4.80 | 0.0% | 0.0% | N | Referral Required |
| 95027 | SKIN END POINT TITRATION | 07/01/2005 | $4.80 | 100.0% | 0.0% | N | Referral Required |
| 95028 | INTRACUTANEOUS TESTS DELAYED | 07/01/2005 | $7.46 | 100.0% | 0.0% | N | Referral Required |
| 9503 | EXTENDED OPHTHAL WORK-UP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9504 | ANESTHETIZED EYE EXAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 95044 | PATCH OR APPLICATION TESTS, | 07/01/2005 | $6.46 | 0.0% | 0.0% | N | Referral Required |
| 9505 | VISUAL FIELD STUDY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 95052 | PHOTO PATCH TEST(S)(SPECIFY | 07/01/2005 | $8.10 | 0.0% | 0.0% | N | Referral Required |
| 95056 | PHOTO TEST | 07/01/2005 | $5.79 | 0.0% | 0.0% | N | Referral Required |
| 9506 | COLOR VISION STUDY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 95060 | OPTHALMIC MUCOUS MEMBRANE TE | 07/01/2005 | $11.26 | 100.0% | 0.0% | N | Referral Required |
| 95065 | DIRECT NASAL MUCOUS MEMBRANE | 07/01/2005 | $6.46 | 100.0% | 0.0% | N | Referral Required |
| 9507 | DARK ADAPTATION STUDY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 95070 | INHALATION BRONCHIAL CHALLEN | 07/01/2005 | $72.01 | 100.0% | 0.0% | N | Referral Required |
| 95071 | INHALATION BRONCHIAL CHALLEN | 07/01/2005 | $91.83 | 100.0% | 0.0% | N | Referral Required |
| 95075 | INGESTION CHALLENGE TEST | 07/01/2005 | $61.15 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 95078 | PROVOCATIVE TESTING | 07/01/2005 | $8.30 | 100.0% | 0.0% | N | Referral Required |
| 9509 | EYE EXAMINATION NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9511 | FUNDUS PHOTOGRAPHY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 95115 | PRO SERVICE ALLERGEN IMMUNO | 07/01/2005 | $12.59 | 0.0% | 0.0% | N | Referral Required |
| 95117 | ALLERGEN IMMUNOTHER NOT INCL | 07/01/2005 | $16.22 | 0.0% | 0.0% | N | Referral Required |
| 9512 | EYE FLUORESCEIN ANGIOGRA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 95120 | IMMUNOTHERAPY IN PRESCRIBING | 07/01/2005 | $16.73 | 0.0% | 0.0% | N | Referral Required |
| 95125 | ALLERGEN IMMUNOTHERAPY, MULT | 07/01/2005 | $22.30 | 0.0% | 0.0% | N | Referral Required |
| 9513 | ULTRASOUND STUDY OF EYE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 95130 | ALLERGEN IMMUNOTHERAPY, STIN | 07/01/2005 | $16.73 | 0.0% | 0.0% | N | Referral Required |
| 95131 | ALLERGEN IMMUNOTHERAPY, TWO | 07/01/2005 | $22.30 | 0.0% | 0.0% | N | Referral Required |
| 95132 | IMMUNOTHERAPY-3 STINGING INS | 07/01/2005 | $27.87 | 0.0% | 0.0% | N | Referral Required |
| 95133 | IMMUNOTHERAPY-4 STINGING INS | 07/01/2005 | $33.44 | 0.0% | 0.0% | N | Referral Required |
| 95134 | IMMUNOTHERAPHY-5 STINGING IN | 07/01/2005 | $39.03 | 0.0% | 0.0% | N | Referral Required |
| 9514 | X-RAY STUDY OF EYE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 95144 | PROFESSIONAL SVC FOR SUPERVI | 07/01/2005 | $10.61 | 0.0% | 0.0% | N | Referral Required |
| 95145 | STINGING INSECT ANTIGENS SIN | 07/01/2005 | $17.86 | 0.0% | 0.0% | N | Referral Required |
| 95146 | STINGING INSECT ANTIGENS TWO | 07/01/2005 | $22.81 | 0.0% | 0.0% | N | Referral Required |
| 95147 | THREE SINGLE STINGING INSECT | 07/01/2005 | $32.40 | 0.0% | 0.0% | N | Referral Required |
| 95148 | ANTIGENS FOUR SINGLE STINGIN | 07/01/2005 | $29.09 | 0.0% | 0.0% | N | Referral Required |
| 95149 | STINGING INSECT ANTIGENS FIV | 07/01/2005 | $36.68 | 0.0% | 0.0% | N | Referral Required |
| 9515 | OCULAR MOTILITY STUDY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9516 | P32 & EYE TRACER NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 95165 | PROF SERVICE FOR SUPERVISION | 07/01/2005 | $9.28 | 0.0% | 0.0% | N | Referral Required |
| 95170 | :WHOLE BODY EXTRACT OF BITIN | 07/01/2005 | $10.93 | 0.0% | 0.0% | N | Referral Required |
| 95180 | DESENSITIZATION | 07/01/2005 | $127.87 | 0.0% | 0.0% | N | Referral Required |
| 95199 | UNLISTED ALLERGY/CLINICAL IM | 09/01/1982 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9521 | ELECTRORETINOGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9522 | ELECTRO-OCULOGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9523 | VISUAL EVOKED POTENTIAL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9524 | ELECTRONYSTAGMOGRAM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9525 | ELECTROMYOGRAM OF EYE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 95250 | GLUCOSE CONTINUOUS MONITORING | 07/01/2005 | $47.72 | 0.0% | 0.0% | N | Referral Required |
| 9526 | GLAUCOMA TESTING | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9531 | SPECTACLE FIT & DISPENSE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9532 | PRESCR/FIT/DISP CONTACTS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9533 | OTH LO VISION AID DISPEN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9534 | OCULAR PROSTHETICS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9535 | ORTHOPTIC TRAINING | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9536 | OPHTH COUNSEL & INSTRUCT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 9541 | AUDIOMETRY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9542 | CLINICAL HEARING TEST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9543 | AUDIOLOGICAL EVALUATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9544 | CLIN VESTIBUL FUNCT TEST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9545 | ROTATION TESTS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9546 | AUDIT & VESTIB TEST NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9547 | HEARING EXAMINATION NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9548 | FITTING OF HEARING AID | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9549 | NON-OP HEARING PROC NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 95504 | ORTHOTICS FITTING & TRAINING, EACH | 07/01/2005 | $11.59 | 0.0% | 0.0% | N | Referral Required |
| 95805 | MULTIPLE SLEEP LATENCY TESTI | 07/01/2005 | $268.43 | 68.0% | 32.0% | N | Referral Required |
| 95806 | SLEEP STUDY RECORD | 07/01/2005 | $207.99 | 54.0% | 46.0% | N | Referral Required |
| 95807 | SLEEP STUDY, 3 OR MORE PARAM | 07/01/2005 | $420.45 | 59.0% | 41.0% | N | Referral Required |
| 95808 | POLYSOMNOGRAPHY;SLEEP STAGIN | 07/01/2005 | $418.51 | 53.0% | 47.0% | N | Referral Required |
| 95810 | POLYSOMNOGRAPHY; SLEEP STAGI | 07/01/2005 | $694.40 | 53.0% | 47.0% | N | Referral Required |
| 95811 | POLYSOMNOGRAPHY; 4 OR MORE | 07/01/2005 | $713.41 | 52.0% | 48.0% | N | Referral Required |
| 95812 | EEG EXTENDED MONITORING; UP | 07/01/2005 | $172.03 | 47.0% | 53.0% | N | Referral Required |
| 95813 | EEG, EXTENDED MONITORING; GR | 07/01/2005 | $247.62 | 39.0% | 61.0% | N | Referral Required |
| 95816 | EEG AWAKE/DROWSY W/HYPERVENT | 07/01/2005 | $154.01 | 49.0% | 51.0% | N | Referral Required |
| 95819 | EEG-RECORDING AWAKE&ASLEEP W | 07/01/2005 | $184.39 | 45.0% | 55.0% | N | Referral Required |
| 95822 | ELECTROENCEPHALOGRAM (EEG); | 07/01/2005 | $100.42 | 52.0% | 48.0% | N | Referral Required |
| 95824 | EEG CEREBRAL DEATH EVALUATIO | 07/01/2005 | $54.67 | 31.0% | 69.0% | N | Referral Required |
| 95827 | ELECTROENCEPHALOGRAPHY | 07/01/2005 | $128.81 | 53.0% | 47.0% | N | Referral Required |
| 95829 | ELECTROCORTICOGRAM AT SURGER | 07/01/2005 | $1,265.97 | 2.0% | 98.0% | N | Referral Required |
| 95830 | INSERTION BY PHYSICIAN OF SP | 07/01/2005 | $186.61 | 0.0% | 0.0% | N | Referral Required |
| 95831 | MUSCLE TESTING | 07/01/2005 | $27.42 | 0.0% | 0.0% | N | Referral Required |
| 95832 | MUSCLE TESTING | 07/01/2005 | $26.47 | 0.0% | 0.0% | N | Referral Required |
| 95833 | MUSCLE TESTING | 07/01/2005 | $34.92 | 0.0% | 0.0% | N | Referral Required |
| 95834 | MUSCLE TESTING | 07/01/2005 | $41.44 | 0.0% | 0.0% | N | Referral Required |
| 95851 | RANGE OF MOTION MEASUREMENTS | 07/01/2005 | $24.10 | 0.0% | 0.0% | N | Referral Required |
| 95852 | RANGE OF MOTION MEASUREMENTS | 07/01/2005 | $20.32 | 0.0% | 0.0% | N | Referral Required |
| 95857 | TENSILON TEST | 07/01/2005 | $41.24 | 0.0% | 0.0% | N | Referral Required |
| 95858 | TENSILON TEST W/ELECTROMYOGR | 07/01/2005 | $93.74 | 16.0% | 84.0% | N | Referral Required |
| 95860 | ELECTROMYOGRAPHY | 07/01/2005 | $74.43 | 18.0% | 82.0% | N | Referral Required |
| 95861 | ELECTROMYOGRAPHY | 07/01/2005 | $104.15 | 21.0% | 79.0% | N | Referral Required |
| 95863 | ELECTROMYOGRAPHY | 07/01/2005 | $127.44 | 22.0% | 78.0% | N | Referral Required |
| 95864 | ELECTROMYOGRAPHY | 07/01/2005 | $161.08 | 32.0% | 68.0% | N | Referral Required |
| 95867 | ELECTROMYOGRAPHY, CRANIAL NE | 07/01/2005 | $59.91 | 32.0% | 68.0% | N | Referral Required |
| 95868 | ELECTROMYOGRAPHY, BILATERAL | 07/01/2005 | $84.56 | 20.0% | 80.0% | N | Referral Required |
| 95869 | ELECTROMYOGRAPHY | 07/01/2005 | $26.08 | 23.0% | 77.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 95870 | NEEDLE ELECTROMYOGRAPHY | 07/01/2005 | $26.08 | 23.0% | 77.0% | N | Referral Required |
| 95872 | ELECTROMYOGRAPHY, SINGLE FIB | 07/01/2005 | $96.73 | 22.0% | 78.0% | N | Referral Required |
| 95875 | ISCHEMIC LIMB EXERCISE W/EMG | 07/01/2005 | $86.81 | 21.0% | 79.0% | N | Referral Required |
| 95900 | NERVE CONDUCTION TESTS | 07/01/2005 | $39.78 | 27.0% | 73.0% | N | Referral Required |
| 95903 | NERVE CONDUCTION, EA NERVE, | 07/01/2005 | $39.17 | 21.0% | 79.0% | N | Referral Required |
| 95904 | NERVE CONDUCTION SENSORY, EA | 07/01/2005 | $33.93 | 24.0% | 76.0% | N | Referral Required |
| 95920 | INTRAOPERATIVE NERVE TESTING | 07/01/2005 | $153.27 | 26.0% | 74.0% | N | Referral Required |
| 95925 | SOMATOSENSORY TESTING, ONE O | 07/01/2005 | $57.05 | 43.0% | 57.0% | N | Referral Required |
| 95926 | SHORT-LATENCY SOMATOSENSORY | 07/01/2005 | $57.38 | 44.0% | 56.0% | N | Referral Required |
| 95927 | SHORT-LATENCY SOMATOSENSORY | 07/01/2005 | $58.23 | 44.0% | 56.0% | N | Referral Required |
| 95928 | CENTRAL MOTOR EVOKED POTENTIAL STU | 07/01/2005 | $160.50 | 50.0% | 50.0% | N | Referral Required |
| 95929 | CENTRAL MOTOR EVOKED POTENTIAL STU | 07/01/2005 | $166.87 | 0.0% | 0.0% | N | Referral Required |
| 95930 | VEP TESTING CENTRAL NERVOUS | 07/01/2005 | $40.69 | 22.0% | 78.0% | N | Referral Required |
| 95933 | ORBICULARIS OCULI REFLEX | 07/01/2005 | $55.88 | 41.0% | 59.0% | N | Referral Required |
| 95934 | H-REFLEX STUDY; GASTROCNEMIU | 07/01/2005 | $33.62 | 20.0% | 80.0% | N | Referral Required |
| 95936 | H-REFLEX STUDY;MUSCLE OTHER | 07/01/2005 | $35.38 | 20.0% | 80.0% | N | Referral Required |
| 95937 | NEUROMUSC JUNCTION TEST | 07/01/2005 | $43.93 | 24.0% | 76.0% | N | Referral Required |
| 95950 | MONITOR FOR LOCALIZATION OF | 07/01/2005 | $225.29 | 70.0% | 30.0% | N | Referral Required |
| 95951 | MONITORING LOCALIZ CEREBRAL | 07/01/2005 | $767.48 | 59.0% | 41.0% | N | Referral Required |
| 95953 | MONITORING LOCALIZED CEREBRA | 07/01/2005 | $363.37 | 60.0% | 40.0% | N | Referral Required |
| 95954 | PHARMACOLOGICAL ACTIVATION D | 07/01/2005 | $237.20 | 10.0% | 90.0% | N | Referral Required |
| 95955 | EEG DURING NONINTRACRANIAL S | 07/01/2005 | $114.49 | 49.0% | 51.0% | N | Referral Required |
| 95956 | MONITORING LOCAL CEREBRALSEI | 07/01/2005 | $528.64 | 63.0% | 37.0% | N | Referral Required |
| 95957 | DIGITAL ANALYSIS OF EEG | 07/01/2005 | $157.60 | 39.0% | 61.0% | N | Referral Required |
| 95958 | WADA ACTIVATION LIST FOR HEM | 07/01/2005 | $274.20 | 18.0% | 82.0% | N | Referral Required |
| 95961 | FUNCTIONAL CORTICAL MAPPING | 07/01/2005 | $199.48 | 22.0% | 78.0% | N | Referral Required |
| 95962 | ELECTRODE STIMULATION BRAIN | 07/01/2005 | $209.57 | 21.0% | 79.0% | N | Referral Required |
| 95965 | MAGNETOENCEPHALOGRAPHY | 07/01/2005 | $396.86 | 22.0% | 78.0% | N | Referral Required |
| 95966 | MAGNETOENCEPHALOGRAPHY | 07/01/2005 | $200.09 | 22.0% | 78.0% | N | Referral Required |
| 95967 | MAGNETOENCEPHALOGRAPHY | 07/01/2005 | $175.32 | 22.0% | 78.0% | N | Referral Required |
| 95970 | ELECTRONIC ANALYSIS | 07/01/2005 | $22.69 | 0.0% | 0.0% | N | Referral Required |
| 95971 | ELECTRONIC ANALYSIS | 07/01/2005 | $38.43 | 0.0% | 0.0% | N | Referral Required |
| 95972 | ELECTRONIC ANALY IMPLANTED | 07/01/2005 | $77.61 | 0.0% | 0.0% | N | Referral Required |
| 95973 | ELECTRONIC ANALY IMPLANTED | 07/01/2005 | $48.27 | 0.0% | 0.0% | N | Referral Required |
| 95974 | ELECTRONIC ANALYSIS | 07/01/2005 | $155.95 | 0.0% | 0.0% | N | Referral Required |
| 95975 | ELECTRONIC ANALYSIS | 07/01/2005 | $88.21 | 0.0% | 0.0% | N | Referral Required |
| 95978 | ELECTRONIC ANALYSIS OF IMPLNT NEUR | 07/01/2005 | $202.30 | 0.0% | 0.0% | N | Referral Required |
| 95979 | ELECTRONIC ANALYSIS OF IMPLNT NEUR | 07/01/2005 | $93.56 | 0.0% | 0.0% | N | Referral Required |
| 95990 | REFILLING AND MAINTENANCE OF IMPLAN | 07/01/2005 | $47.93 | 0.0% | 0.0% | N | Referral Required |
| 95991 | REFILLING AND MAINTENANCE OF IMPLA | 07/01/2005 | $47.93 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 95999 | UNLISTED NEUROLOGICAL OR NEU | 09/01/1982 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 96000 | MOTION ANALYSIS | 07/01/2005 | $88.90 | 0.0% | 0.0% | N | Referral Required |
| 96001 | MOTION ANALYSIS | 07/01/2005 | $106.12 | 0.0% | 0.0% | N | Referral Required |
| 96002 | MOTION ANALYSIS | 07/01/2005 | $20.40 | 0.0% | 0.0% | N | Referral Required |
| 96003 | MOTION ANALYSIS | 07/01/2005 | $18.82 | 0.0% | 0.0% | N | Referral Required |
| 96004 | MOTION ANALYSIS | 07/01/2005 | $90.02 | 0.0% | 0.0% | N | Referral Required |
| 9601 | INSERT NASOPHARYN AIRWAY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9602 | INSERT OROPHARYN AIRWAY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9603 | INSERT ESOPH OBTU AIRWAY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9604 | INSERT ENDOTRACHEAL TUBE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9605 | RESP TRACT INTUBAT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9606 | INSERT SENGSTAKEN TUBE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9607 | INSERT GASTRIC TUBE NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9608 | INSERT INTESTINAL TUBE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9609 | INSERT RECTAL TUBE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 96100 | PSYCHOLOGICAL TESTING W/INTE | 07/01/2005 | $57.93 | 0.0% | 0.0% | N | Referral Required |
| 96105 | ASSESS APHASIA,W/INTERPRETAT | 07/01/2005 | $57.93 | 0.0% | 0.0% | N | Referral Required |
| 9611 | PACK EXT AUDITORY CANAL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 96110 | DEVELOPMENTAL TESTING; LIMIT | 07/01/2005 | $27.45 | 0.0% | 0.0% | N | Referral Required |
| 96111 | DEVELOPMENTAL TESTING;EXTEND | 07/01/2005 | $57.93 | 0.0% | 0.0% | N | Referral Required |
| 96115 | NEUROBEHAVORIAL STATUS EXAM | 07/01/2005 | $57.93 | 0.0% | 0.0% | N | Referral Required |
| 96117 | NEUROPSYCHOLOGICAL TESTING B | 07/01/2005 | $57.93 | 0.0% | 0.0% | N | Referral Required |
| 9614 | VAGINAL PACKING | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9615 | VAGINAL MOLD INSERTION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 96150 | HEALTH/BEHAVIOR ASSESSMENT | 07/01/2005 | $25.29 | 0.0% | 0.0% | N | Referral Required |
| 96151 | HEALTH/BEHAVIOR ASSESSMENT | 07/01/2005 | $24.58 | 0.0% | 0.0% | N | Referral Required |
| 96152 | HEALTH/BEHAVIOR INTERVENTION | 07/01/2005 | $23.52 | 0.0% | 0.0% | N | Referral Required |
| 96153 | HEALTH/BEHAVIOR INTERVENTION | 07/01/2005 | $5.11 | 0.0% | 0.0% | N | Referral Required |
| 96154 | HEALTH/BEHAVIOR INTERVENTION | 07/01/2005 | $22.84 | 0.0% | 0.0% | N | Referral Required |
| 96155 | HEALTH/BEHAVIOR INTERVENTION | 07/01/2005 | $22.14 | 0.0% | 0.0% | N | Referral Required |
| 9616 | OTHER VAGINAL DILATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9617 | VAG DIAPHRAGM INSERTION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9618 | OTH VAGIN PESSARY INSERT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9619 | RECTAL PACKING | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9621 | DILAT FRONTONASAL DUCT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9622 | DILATION OF RECTUM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9623 | DILATION ANAL SPHINCTER | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9624 | DILAT ENTEROSTOMY STOMA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9625 | THERAPEUT DISTENT BLADD | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9626 | MANUAL REDUC RECT PROLAP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 9627 | MANUAL REDUCTION HERNIA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9628 | MANL REDUCT STOMA PROLAP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9629 | REDUCTION OF INTUSSUSCEPTION OF ALI | 10/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9631 | GASTRIC COOLING | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9632 | GASTRIC FREEZING | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9633 | GASTRIC LAVAGE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9634 | GASTRIC TUBE IRRIGAT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9635 | GASTRIC GAVAGE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9636 | GI OSTOMY IRRIGATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9637 | PROCTOCLYSIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9638 | IMPACTED FECES REMOVAL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9639 | OTHER TRANSANAL ENEMA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 96400 | CHEMOTHERAPY INJ SUBQUE OR I | 07/01/2005 | $4.49 | 0.0% | 0.0% | N | Referral Required |
| 96405 | CHEMOTHERAPY ADMIN,INTRALESI | 07/01/2005 | $81.15 | 0.0% | 0.0% | N | Referral Required |
| 96406 | MORE THAN 7 LESIONS | 07/01/2005 | $126.22 | 0.0% | 0.0% | N | Referral Required |
| 96408 | CHEMOTHERAPY IV PUSH | 07/01/2005 | $31.31 | 0.0% | 0.0% | N | Referral Required |
| 9641 | BILIARY TUBE IRRIGATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 96410 | CHEMOTHERAPY, IV, BY INFUSIO | 07/01/2005 | $49.84 | 0.0% | 0.0% | N | Referral Required |
| 96412 | CHEMOTHERAPY, IV; BY INFUSIO | 07/01/2005 | $37.11 | 0.0% | 0.0% | N | Referral Required |
| 96414 | CHEMOTHERAPY, IV; INIATE PRO | 07/01/2005 | $43.23 | 0.0% | 0.0% | N | Referral Required |
| 9642 | PANCREATIC TUBE IRRIGAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 96420 | CHEMOTHERAPY INTRA-ARTERIAL | 07/01/2005 | $40.27 | 0.0% | 0.0% | N | Referral Required |
| 96422 | CHEMOTHERAPY, INTRA-ARTERIAL | 07/01/2005 | $39.93 | 0.0% | 0.0% | N | Referral Required |
| 96423 | CHEMOTHERAPY, INTRA-ARTERIAL | 07/01/2005 | $15.56 | 0.0% | 0.0% | N | Referral Required |
| 96425 | CHEMOTHERAPY; INTRA-ARTERIAL | 07/01/2005 | $46.20 | 0.0% | 0.0% | N | Referral Required |
| 9643 | GI TRACT INSTILLAT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9644 | VAGINAL DOUCHE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 96440 | CHEMOTHERAPY PLEURAL CAVITY | 07/01/2005 | $351.31 | 0.0% | 0.0% | N | Referral Required |
| 96445 | CHEMOTHERAPY PERITONEAL CAVI | 07/01/2005 | $369.02 | 0.0% | 0.0% | N | Referral Required |
| 9645 | NEPHROST/PYELOST IRRIGAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 96450 | CHEMOTHERAPY CNS LUMBAR PUNC | 07/01/2005 | $293.29 | 0.0% | 0.0% | N | Referral Required |
| 9646 | URTEROST/URETE CTH IRRIG | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9647 | CYSTOSTOMY IRRIGATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9648 | INDWELL CATH IRRIG NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9649 | OTHER GU INSTILLATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9651 | IRRIGATION OF EYE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9652 | IRRIGATION OF EAR | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 96520 | PORTABLE PUMP REFILLING AND | 07/01/2005 | $28.67 | 0.0% | 0.0% | N | Referral Required |
| 9653 | IRRIGATION OF NASAL PASS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 96530 | PUMP FILLING AND MAINTENANCE | 07/01/2005 | $34.28 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 9654 | DENTAL SCALING & DEBRIDE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 96542 | CHEMOTHERAPY INJECTION, SUBA | 07/01/2005 | $207.20 | 0.0% | 0.0% | N | Referral Required |
| 96545 | PROVISION OF CHEMOTHERAPY AG | 09/01/1982 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 96549 | UNLISTED CHEMOTHERAPY PROCED | 09/01/1982 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9655 | TRACHEOSTOMY TOILETTE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9656 | BRONCH/TRACH LAVAGE NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 96567 | PHOTODYNAMIC THERAPY OF SKIN | 07/01/2005 | $54.38 | 0.0% | 0.0% | N | Referral Required |
| 9657 | VASCULAR CATH IRRIGATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 96570 | PHOTODYNAMIC THERAPY | 07/01/2005 | $55.51 | 0.0% | 0.0% | N | Referral Required |
| 96571 | PHOTODYNAMIC THERAPY | 07/01/2005 | $27.42 | 0.0% | 0.0% | N | Referral Required |
| 9658 | WOUND CATHETER IRRIGAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9659 | WOUND IRRIGATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 966 | ENTERAL NUTRITION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9670 | CONTINUOUS MECHANICAL VENTILATION | 10/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9671 | CONTINUOUS MECHANICAL VENTIL | 10/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9672 | CONTINUOUS MECHANICAL VENTIL | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 96900 | ACTINOTHERAPY | 07/01/2005 | $15.23 | 0.0% | 0.0% | N | Referral Required |
| 96902 | MICRO EXAM OF HAIRS | 07/01/2005 | $9.01 | 0.0% | 0.0% | N | Referral Required |
| 96910 | PHOTOCHEMOTHERAPY, TAR AND U | 07/01/2005 | $45.79 | 0.0% | 0.0% | N | Referral Required |
| 96912 | PHOTOCHEMOTHERAPY; PSORALENS | 07/01/2005 | $51.59 | 0.0% | 0.0% | N | Referral Required |
| 96913 | PHOTOCHEMOTHERAPY BETWEEN 4& | 07/01/2005 | $76.11 | 0.0% | 0.0% | N | Referral Required |
| 96920 | LASER TREATMENT FOR INFLAMMATORY | 07/01/2005 | $132.01 | 0.0% | 0.0% | N | Referral Required |
| 96921 | LASER TREATMENT INFLAMMATORY SKIN | 07/01/2005 | $135.22 | 0.0% | 0.0% | N | Referral Required |
| 96922 | LASER TREATMENT FOR INFLAMMATORY | 07/01/2005 | $187.36 | 0.0% | 0.0% | N | Referral Required |
| 96999 | UNLISTED DERMATOLOGICAL SERV | 01/01/1982 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 97001 | PHYSICAL THERAPY EVALUATION | 07/01/2005 | $63.53 | 0.0% | 0.0% | N | Referral Required |
| 97002 | PHYSICAL THERAPY RE-EVALUATION | 07/01/2005 | $33.88 | 0.0% | 0.0% | N | Referral Required |
| 9701 | REPLACE GAST/ESOPH TUBE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 97010 | APPLICATION OF A MODALITY | 07/01/2005 | $18.02 | 0.0% | 0.0% | N | Referral Required |
| 97012 | APPLICATION OF A MODALITY | 07/01/2005 | $12.81 | 0.0% | 0.0% | N | Referral Required |
| 97014 | APPLICATION OF A MODALITY | 07/01/2005 | $12.93 | 0.0% | 0.0% | N | Referral Required |
| 97016 | APPLICATION OF A MODALITY | 07/01/2005 | $11.28 | 0.0% | 0.0% | N | Referral Required |
| 97018 | APPLICATION OF A MODALITY | 07/01/2005 | $6.30 | 0.0% | 0.0% | N | Referral Required |
| 9702 | REPLACE GASTROSTOMY TUBE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 97020 | APPLICATION OF A MODALITY | 07/01/2005 | $3.99 | 0.0% | 0.0% | N | Referral Required |
| 97022 | APPLICATION OF A MODALITY | 07/01/2005 | $14.89 | 0.0% | 0.0% | N | Referral Required |
| 97024 | APPLICATION OF A MODALITY | 07/01/2005 | $3.99 | 0.0% | 0.0% | N | Referral Required |
| 97026 | APPLICATION OF A MODALITY | 07/01/2005 | $3.99 | 0.0% | 0.0% | N | Referral Required |
| 97028 | APPLICATION OF A MODALITY | 07/01/2005 | $5.04 | 0.0% | 0.0% | N | Referral Required |
| 9703 | REPLACE SMALL BOWEL TUBE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 97032 | APPLICATION OF A MODALITY | 07/01/2005 | $16.11 | 0.0% | 0.0% | N | Referral Required |
| 97033 | APPLICATION OF A MODALITY | 07/01/2005 | $13.69 | 0.0% | 0.0% | N | Referral Required |
| 97034 | APPLICATION OF A MODALITY | 07/01/2005 | $12.36 | 0.0% | 0.0% | N | Referral Required |
| 97035 | APPLICATION OF A MODALITY | 07/01/2005 | $10.38 | 0.0% | 0.0% | N | Referral Required |
| 97036 | APPLICATION OF A MODALITY | 07/01/2005 | $21.49 | 0.0% | 0.0% | N | Referral Required |
| 97039 | UNLISTED MODALITY | 07/01/2005 | $9.69 | 0.0% | 0.0% | N | Referral Required |
| 9704 | REPLACE LARGE BOWEL TUBE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9705 | REPLACEMENT OF STENT TUBE IN | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9711 | REPLACE UPPER LIMB CAST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 97110 | PHYSICAL MEDICINE TREATMENT | 07/01/2005 | $25.00 | 0.0% | 0.0% | N | Referral Required |
| 97112 | PHYSICAL MEDICINE TREATMENT NEUROM | 07/01/2005 | $26.15 | 0.0% | 0.0% | N | Referral Required |
| 97113 | THERAPUTIC AQUATIC THERAPY W/EXER; | 07/01/2005 | $27.28 | 0.0% | 0.0% | N | Referral Required |
| 97116 | PHYSICAL MEDICINE TREATMENT | 07/01/2005 | $21.70 | 0.0% | 0.0% | N | Referral Required |
| 9712 | REPLACE LOWER LIMB CAST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9713 | REPLACE CAST NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 97139 | PHYSICAL MEDICINE TREATMENT UNLISTE | 07/01/2005 | $14.67 | 0.0% | 0.0% | N | Referral Required |
| 9714 | REPLAC M/S IMMOB DEV NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 97140 | MANUAL THERAPY TECHNIQUES | 07/01/2005 | $23.44 | 0.0% | 0.0% | N | Referral Required |
| 9715 | REPLACE WOUND CATHETER | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9716 | REPLACE WOUND PACK/DRAIN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9721 | REPLACE NASAL PACKING | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9722 | REPLACE DENTAL PACKING | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9723 | REPLACE TRACH TUBE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9724 | REPLACE VAG DIAPHRAGM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9725 | REPLACE VAGINAL PESSARY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9726 | REPLACE VAG/VULV PACKING | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9729 | NON-OP REPLACEMENT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9731 | REMOVE EYE PROSTHESIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9732 | REMOVE NASAL PACKING | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9733 | REMOVE DENTAL WIRING | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9734 | REMOVE DENTAL PACKING | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9735 | REMOVE DENTAL PROSTHESIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9736 | REMOVE EXT MAND FIX DEV | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9737 | REMOVE TRACHEOSTOMY TUBE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9738 | REMOVE HEAD/NECK SUTURES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9739 | REMOVE HEAD/NECK DEV NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9741 | REMOV THORACOTOMY TUBE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9742 | REMOV MEDIASTINAL DRAIN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9743 | REMOV THORAX SUTURES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9744 | NONOPERATIVE REMOVAL OF HEARTSYST | 10/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 9749 | REMOV THOR THER DEV NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 97504 | ORTHOTICS FITTING/TRAINING, | 07/01/2005 | $25.00 | 0.0% | 0.0% | N | Referral Required |
| 9751 | REMOV GASTROSTOMY TUBE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9752 | REMOV SMALL BOWEL TUBE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 97520 | PROSTHETIC TRAINING | 07/01/2005 | $23.50 | 0.0% | 0.0% | N | Referral Required |
| 9753 | REMOV LARGE BOWEL TUBE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 97530 | THERAPEUTIC ACTIVITIES ON ON ONE | 07/01/2005 | $31.06 | 0.0% | 0.0% | N | Referral Required |
| 97535 | SELF CARE/HOME MGMT TRAINING | 07/01/2005 | $28.12 | 0.0% | 0.0% | N | Referral Required |
| 97537 | COMMUNITY/WORK REINTEGRATION | 07/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 9754 | REMOV CHOLECYSTOST TUBE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 97542 | WHEELCHAIR MGMT/PROPULSION T | 07/01/2005 | $23.63 | 0.0% | 0.0% | N | Referral Required |
| 9755 | REMOV BILIARY/LIVER TUBE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9756 | REMOV PANCREATIC TUBE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9759 | REMOV OTHER GI DEVICE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 97597 | REMOVAL OF DEVITALIZED TISSUE | 07/01/2005 | $45.29 | 0.0% | 0.0% | N | Referral Required |
| 97598 | REMOVAL OF DEVITALIZED TISSUE | 07/01/2005 | $58.10 | 0.0% | 0.0% | N | Referral Required |
| 97602 | NON SELECTIVE DEBRIDE, W/O ANES. | 01/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 97605 | NEGATIVE PRESSURE WOUND THERAPY | 01/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 97606 | NEGATIVE PRESSURE WOUND THERAPY | 01/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9761 | REMOV PYELOS/NEPHROS TUB | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9762 | REMOV URETERAL DRAIN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9763 | REMOV CYSTOSTOMY TUBE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9764 | REMOV URIN DRAINAGE NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9765 | REMOV URETHRAL STENT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9769 | REMOV OTHER URIN DEVICE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 97703 | CHECKOUT ORTHOTIC/PROSTHETIC | 07/01/2005 | $23.90 | 0.0% | 0.0% | N | Referral Required |
| 9771 | REMOVAL IUD | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9772 | REMOV INTRAUTERINE PACK | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9773 | REMOV VAGINAL DIAPHRAGM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9774 | REMOVAL OTH VAG PESSARY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9775 | REMOV VAG/VULV PACKING | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 97750 | PHYSICAL TEST/MEASURE,W/WRIT | 07/01/2005 | $24.48 | 0.0% | 0.0% | N | Referral Required |
| 9779 | REMOV OTHER GENIT DEVICE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 97799 | UNLISTED PHYSICAL MEDICINE SERVICE | 01/01/1976 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| 9781 | REMOV RETROPERITON DRAIN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9782 | REMOV PERITONEAL DRAIN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9783 | REMOV ABDOM WALL SUTURE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9784 | REMOV TRUNK SUTURE NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9785 | REMOV TRUNK PACKING NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9786 | REMOV ABDOMEN DEVICE NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 9787 | REMOV TRUNK DEVICE NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9788 | REMOV EXT IMMOBILIZATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9789 | REMOV THERAPEUT DEV NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 97957 | REMOVAL OF DEVITALIZED TISSUE | 07/01/2005 | $45.29 | 0.0% | 0.0% | N | Referral Required |
| 9801 | REMOV INTRALUM MOUTH FB | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9802 | REMOV INTRALUM ESOPH FB | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9803 | REMOV INTRALUM GASTR FB | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9804 | REMOV INTRALUM COLON FB | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9805 | REMOV INTRALUM RECT FB | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9811 | REMOV INTRALUM EAR FB | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9812 | REMOV INTRALUM NOSE FB | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9813 | REMOV INTRALUM PHARYN FB | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9814 | REMOV INTRALUM LARYN FB | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9815 | REMOV INTRALUM TRACH FB | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9816 | REMOV INTRALUM UTER FB | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9817 | REMOV INTRALUM VAG FB | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9818 | REMOV INTRALUM STOMA FB | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9819 | REMOVE INTRALUM URETH FB | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9820 | REMOVAL OF FB NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9821 | REMOVAL SUPERFIC FB EYE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9822 | REMOVAL HEAD/NECK FB | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9823 | REMOVAL VULVAR FB | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9824 | REMOVAL SCROTAL/PENIS FB | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9825 | REMOVAL TRUNK FB NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9826 | REMOVAL FB FROM HAND | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9827 | REMOVAL FB FROM ARM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9828 | REMOVAL FB FROM FOOT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9829 | REMOVAL FB FROM LEG | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9851 | EXTRACORPOREAL SHOCKWAVE LIT | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9852 | EXTRACOPOREAL SHOCKWAVE LITH | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9859 | EXTRACORPOREAL SHOCKWAVE LIT | 10/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 98925 | OSTEOPATHIC MANIPULATIVE TRE | 07/01/2005 | $28.92 | 0.0% | 0.0% | N | Referral Required |
| 98926 | OSTEOPATHIC MANIPULATIVE TRE | 07/01/2005 | $38.28 | 0.0% | 0.0% | N | Referral Required |
| 98927 | OSTEOPATHIC MANIPULATIVE TRE | 07/01/2005 | $49.03 | 0.0% | 0.0% | N | Referral Required |
| 98928 | OSTEOPATHIC MANIPULATIVE TRE | 07/01/2005 | $57.09 | 0.0% | 0.0% | N | Referral Required |
| 98929 | OSTEOPATHIC MANIPULATIVE NIN | 07/01/2005 | $65.01 | 0.0% | 0.0% | N | Referral Required |
| 98940 | CHIROPRACTIC MANIPULATIVE TX | 07/01/2005 | $13.43 | 0.0% | 0.0% | N | Referral Required |
| 98941 | CHIROPRACTIC MANIUPULATIVE T | 07/01/2005 | $17.15 | 0.0% | 0.0% | N | Referral Required |
| 98942 | CHIROPRACTIC MANIPULATIVE TX | 07/01/2005 | $21.58 | 0.0% | 0.0% | N | Referral Required |
| 9900 | PERIOPERATIVE AUTOLOGOUS TRA | 10/01/1995 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 99001 | HANDLING AND/OR CONVEYANCE O | 07/01/2005 | $7.51 | 0.0% | 0.0% | N | Referral Required |
| 9901 | EXCHANGE TRANSFUSION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9902 | WHOLE BLOOD AUTOTRANSFUS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9903 | WHOLE BLOOD TRANSFUS NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9904 | PACKED CELL TRANSFUSION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9905 | PLATELET TRANSFUSION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 99050 | SERVICES PROIR TO 10PM BUT A | 07/01/2005 | $12.61 | 0.0% | 0.0% | N | Referral Required |
| 99052 | NIGHT CALLS SERVICES BETWEEN | 07/01/2005 | $18.02 | 0.0% | 0.0% | N | Referral Required |
| 99054 | SUNDAY AND HOLIDAY CALLS | 07/01/2005 | $12.61 | 0.0% | 0.0% | N | Referral Required |
| 99058 | OFFICE SERVICES PROVIDED ON | 07/01/2005 | $5.87 | 0.0% | 0.0% | N | Referral Required |
| 9906 | COAG FACTOR TRANSFUSION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9907 | SERUM TRANSFUSION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9908 | BLOOD EXPANDER TRANSFUS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 99080 | SPECIAL REPORTS | 07/01/2005 | $10.14 | 0.0% | 0.0% | N | Referral Required |
| 9909 | TRANSFUSION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 99091 | COLLECT & INTERP OF PT TRNSMTD DATA | 01/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9910 | INJ OF INFUSION OF THROMBOLYTIC AG | 10/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9911 | INJECT RH IMMUNE GLOBUL | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9912 | ALLERGY IMMUNIZATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9913 | AUTOIMMUNE DIS IMMUNIZAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9914 | INJECT GAMMA GLOBULIN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 99141 | SEDATION W/W/O ANALGESIA | 07/01/2005 | $40.54 | 0.0% | 0.0% | N | Referral Required |
| 99142 | SEDATION W/W/O ANALGESIA | 07/01/2005 | $30.64 | 0.0% | 0.0% | N | Referral Required |
| 9915 | PARENTERAL NUTRITION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9916 | INJECT ANTIDOTE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9917 | INJECT INSULIN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 99170 | ANOGENITAL EXAM | 07/01/2005 | $130.95 | 0.0% | 0.0% | N | Referral Required |
| 99172 | OCCULAR FUNCTION SCREENING | 01/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 99173 | VISION SCREENING | 01/01/2000 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 99175 | IPECAC OR SIMILAR ADMINISTRA | 07/01/2005 | $45.08 | 0.0% | 0.0% | N | Referral Required |
| 9918 | INJECT/INFUSE ELECTROLYT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 99183 | PHYSICIAN ATTENDANCE AND SUP | 07/01/2005 | $111.85 | 0.0% | 0.0% | N | Referral Required |
| 99185 | HYPOTHERMIA, REGIONAL | 07/01/2005 | $20.70 | 0.0% | 0.0% | N | Referral Required |
| 99186 | HYPOTHERMIA, TOTAL BODY | 07/01/2005 | $62.68 | 0.0% | 0.0% | N | Referral Required |
| 9919 | INJECT ANTICOAGULANT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 99190 | PUMP ASSEMBLY & OPERATION | 07/01/2005 | $90.13 | 0.0% | 0.0% | N | Referral Required |
| 99191 | 3/4 HOUR ASSEMBLY & OPERATIO | 07/01/2005 | $67.58 | 0.0% | 0.0% | N | Referral Required |
| 99192 | ASSEMBLY & OPERATION OF PUMP | 07/01/2005 | $45.07 | 0.0% | 0.0% | N | Referral Required |
| 99195 | PHLEBOTOMY | 07/01/2005 | $14.23 | 0.0% | 0.0% | N | Referral Required |
| 9920 | INJECTION OF INFUSION OF PLATELET | 10/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 99201 | OV OR OP EVALUATION NEW PATI | 07/01/2005 | $32.08 | 0.0% | 0.0% | N | Referral Required |
| 99202 | OV OR OP EVALUATION NEW PATI | 07/01/2005 | $58.01 | 0.0% | 0.0% | N | Referral Required |
| 99203 | OV OR OP EVALUATION NEW PATI | 07/01/2005 | $86.67 | 0.0% | 0.0% | N | Referral Required |
| 99204 | OV OR OP EVALUATION NEW PATI | 07/01/2005 | $123.68 | 0.0% | 0.0% | N | Referral Required |
| 99205 | OV OR OP EVALUATION NEW PATI | 07/01/2005 | $157.72 | 0.0% | 0.0% | N | Referral Required |
| 9921 | INJECT ANTIBIOTIC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 99211 | OV OR OP EVALUATION ESTABLIS | 07/01/2005 | $18.85 | 0.0% | 0.0% | N | Referral Required |
| 99212 | OV OR OP EVALUATION ESTABLIS | 07/01/2005 | $34.06 | 0.0% | 0.0% | N | Referral Required |
| 99213 | OV OR OP EVALUATION ESTABLIS | 07/01/2005 | $47.45 | 0.0% | 0.0% | N | Referral Required |
| 99214 | OV OR OP EVALUATION ESTABLIS | 07/01/2005 | $74.66 | 0.0% | 0.0% | N | Referral Required |
| 99215 | OV OR OP EVALUATION ESTABLIS | 07/01/2005 | $109.89 | 0.0% | 0.0% | N | Referral Required |
| 99217 | OBSERVATION CARE DISCHARGE D | 07/01/2005 | $61.83 | 0.0% | 0.0% | N | Referral Required |
| 99218 | INITIAL HOSP OBSERVATION PER | 07/01/2005 | $61.83 | 0.0% | 0.0% | N | Referral Required |
| 99219 | INITIAL HOSP OBSERVATION PER | 07/01/2005 | $103.24 | 0.0% | 0.0% | N | Referral Required |
| 9922 | INJECT ANTI-INFECT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 99220 | INITIAL HOSP OBSERVATION PER | 07/01/2005 | $144.62 | 0.0% | 0.0% | N | Referral Required |
| 99221 | INITIAL HOSP CARE PER DAY LO | 07/01/2005 | $62.50 | 0.0% | 0.0% | N | Referral Required |
| 99222 | INITIAL HOSP CARE PER DAY MO | 07/01/2005 | $103.90 | 0.0% | 0.0% | N | Referral Required |
| 99223 | INITIAL HOSP CARE PER DAY HI | 07/01/2005 | $145.09 | 0.0% | 0.0% | N | Referral Required |
| 9923 | INJECT STEROID | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 99231 | SUBSEQUENT HOSP DAY LOW COMP | 07/01/2005 | $31.32 | 0.0% | 0.0% | N | Referral Required |
| 99232 | SUBSEQUENT HOSP DAY MODERATE | 07/01/2005 | $51.57 | 0.0% | 0.0% | N | Referral Required |
| 99233 | SUBSEQUENT HOSP DAY HIGH COM | 07/01/2005 | $73.41 | 0.0% | 0.0% | N | Referral Required |
| 99234 | OBSERVE OR INPATIENT HOSPITAL CARE | 07/01/2005 | $124.85 | 0.0% | 0.0% | N | Referral Required |
| 99235 | OBSERVE OR INPATIENT HOSPITAL CARE | 07/01/2005 | $165.42 | 0.0% | 0.0% | N | Referral Required |
| 99236 | OBSERVE OR INPATIENT HOSPITAL CARE | 07/01/2005 | $205.98 | 0.0% | 0.0% | N | Referral Required |
| 99238 | HOSPITAL DISCHARGE DAY MANAG | 07/01/2005 | $63.64 | 0.0% | 0.0% | N | Referral Required |
| 99239 | HOSP. DISCHARGE MGMT; MORE T | 07/01/2005 | $87.34 | 0.0% | 0.0% | N | Referral Required |
| 9924 | INJECT HORMONE NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 99241 | OFFICE CONSULT NEW/ESTABLISH | 07/01/2005 | $44.24 | 0.0% | 0.0% | N | Referral Required |
| 99242 | OFFICE CONSULT NEW/ESTABLISH | 07/01/2005 | $82.09 | 0.0% | 0.0% | N | Referral Required |
| 99243 | OFFICE CONSULT NEW/ESTABLISH | 07/01/2005 | $109.30 | 0.0% | 0.0% | N | Referral Required |
| 99244 | OFFICE CONSULT NEW/ESTABLISH | 07/01/2005 | $155.67 | 0.0% | 0.0% | N | Referral Required |
| 99245 | OFFICE CONSULT NEW/ESTABLISH | 07/01/2005 | $201.99 | 0.0% | 0.0% | N | Referral Required |
| 9925 | INJECT CA CHEMOTHER AGNT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 99251 | INITIAL IP CONSULT NEW/ESTAB | 07/01/2005 | $33.07 | 0.0% | 0.0% | N | Referral Required |
| 99252 | INITIAL IP CONSULT NEW/ESTAB | 07/01/2005 | $66.47 | 0.0% | 0.0% | N | Referral Required |
| 99253 | INITIAL IP CONSULT NEW/ESTAB | 07/01/2005 | $90.93 | 0.0% | 0.0% | N | Referral Required |
| 99254 | INITIAL IP CONSULT NEW/ESTAB | 07/01/2005 | $131.03 | 0.0% | 0.0% | N | Referral Required |
| 99255 | INITIAL IP CONSULT NEW/ESTAB | 07/01/2005 | $180.67 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 9926 | INJECT TRANQUILIZER | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 99261 | FOLLOW UP IP CONSULT EST PT | 07/01/2005 | $20.77 | 0.0% | 0.0% | N | Referral Required |
| 99262 | FOLLOW UP IP CONSULT EST PT | 07/01/2005 | $41.71 | 0.0% | 0.0% | N | Referral Required |
| 99263 | FOLLOW UP IP CONSULT EST PT | 07/01/2005 | $62.28 | 0.0% | 0.0% | N | Referral Required |
| 9927 | IONTOPHORESIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 99271 | CONFIRMATORY CONSULT NEW/EST | 07/01/2005 | $38.88 | 0.0% | 0.0% | N | Referral Required |
| 99272 | CONFIRMATORY CONSULT NEW/EST | 07/01/2005 | $60.72 | 0.0% | 0.0% | N | Referral Required |
| 99273 | CONFIRMATORY CONSULT NEW/EST | 07/01/2005 | $81.42 | 0.0% | 0.0% | N | Referral Required |
| 99274 | CONFIRMATORY CONSULT NEW/EST | 07/01/2005 | $110.48 | 0.0% | 0.0% | N | Referral Required |
| 99275 | CONFIRMATORY CONSULT NEW/EST | 07/01/2005 | $140.43 | 0.0% | 0.0% | N | Referral Required |
| 9928 | INJECT/INFUSE BRM AS ANTINEO | 10/01/1994 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 99281 | ER VISIT NEW/EST PT/A PROBLE | 07/01/2005 | $15.22 | 0.0% | 0.0% | N | Referral Required |
| 99282 | ER VISIT NEW/EST PT/A PROBLE | 07/01/2005 | $25.30 | 0.0% | 0.0% | N | Referral Required |
| 99283 | ER VISIT NEW/EST PT/EXPANDED | 07/01/2005 | $56.67 | 0.0% | 0.0% | N | Referral Required |
| 99284 | ER VISIT NEW/EST PT/DETAILED | 07/01/2005 | $88.57 | 0.0% | 0.0% | N | Referral Required |
| 99285 | ER VISIT NEW/EST PT COMPREHE | 07/01/2005 | $138.40 | 0.0% | 0.0% | N | Referral Required |
| 99288 | PHY DIRECT EMS/ER CARE ADVAN | 07/01/2005 | $53.43 | 0.0% | 0.0% | N | Referral Required |
| 99289 | PHYSCN CONSTN ATTEN WHL TRNSPRTNG | 07/01/2005 | $223.36 | 0.0% | 0.0% | N | Referral Required |
| 9929 | INJECT/INFUSE NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 99290 | PHYSCN CNSTNT ATTEN WHL TRNSPRTNG | 07/01/2005 | $111.45 | 0.0% | 0.0% | N | Referral Required |
| 99291 | CRITICAL CARE | 07/01/2005 | $200.34 | 0.0% | 0.0% | N | Referral Required |
| 99292 | CRITICAL CARE/PROLONGED PRES | 07/01/2005 | $103.63 | 0.0% | 0.0% | N | Referral Required |
| 99293 | INITIAL PEDIATRIC CARE | 07/01/2005 | $724.40 | 0.0% | 0.0% | N | Referral Required |
| 99294 | SUBSEQUENT PEDIATRIC CRITICAL CARE | 07/01/2005 | $360.21 | 0.0% | 0.0% | N | Referral Required |
| 99295 | INITIAL NICU CARE PER DAY FO | 07/01/2005 | $738.24 | 0.0% | 0.0% | N | Referral Required |
| 99296 | SUBSEQUENT NICU CARE PER DAY | 07/01/2005 | $377.29 | 0.0% | 0.0% | N | Referral Required |
| 99298 | SUBSEQUENT NEONATAL INTENSIVE CARE | 07/01/2005 | $132.82 | 0.0% | 0.0% | N | Referral Required |
| 99299 | SUBSEQUENT INTENSIVE CARE PER DAY | 07/01/2005 | $118.65 | 0.0% | 0.0% | N | Referral Required |
| 99301 | NF EVALUATION NEW/EST PT/PT | 07/01/2005 | $67.03 | 0.0% | 0.0% | N | Referral Required |
| 99302 | NF EVALUATION NEW/EST PT/PT | 07/01/2005 | $91.21 | 0.0% | 0.0% | N | Referral Required |
| 99303 | NF EVALUATION NEW/EST PT/COU | 07/01/2005 | $113.39 | 0.0% | 0.0% | N | Referral Required |
| 9931 | CHOLERA VACCINATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 99311 | NF SUBSEQUENT EST/NEW PT/A P | 07/01/2005 | $38.14 | 0.0% | 0.0% | N | Referral Required |
| 99312 | NF SUBSEQUENT EST/NEW PT/EXP | 07/01/2005 | $58.99 | 0.0% | 0.0% | N | Referral Required |
| 99313 | NF SUBSEQUENT EST/NEW PT/DET | 07/01/2005 | $80.55 | 0.0% | 0.0% | N | Referral Required |
| 99315 | NURSING FACILITY DISCHARGE DAY MAN. | 07/01/2005 | $65.83 | 0.0% | 0.0% | N | Referral Required |
| 99316 | NURSING FACILITY DISCHARGE DAY MAN. | 07/01/2005 | $86.26 | 0.0% | 0.0% | N | Referral Required |
| 9932 | TYPHOID/PARATYPHOID VACC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 99321 | DOMICILIARY VISIT NEW PT/A P | 07/01/2005 | $42.09 | 0.0% | 0.0% | N | Referral Required |
| 99322 | DOMICILIARY VISIT NEW PT/EXP | 07/01/2005 | $58.56 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 99323 | DOMICILIARY VISIT NEW PT/DET | 07/01/2005 | $77.50 | 0.0% | 0.0% | N | Referral Required |
| 9933 | TUBERCULOSIS VACCINATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 99331 | DOMICILIARY VISIT EST PT/A P | 07/01/2005 | $37.48 | 0.0% | 0.0% | N | Referral Required |
| 99332 | DOMICILIARY VISIT EST PT/EXP | 07/01/2005 | $48.83 | 0.0% | 0.0% | N | Referral Required |
| 99333 | DOMICILIARY VISIT EST PT/DET | 07/01/2005 | $60.64 | 0.0% | 0.0% | N | Referral Required |
| 9934 | PLAGUE VACCINATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 99341 | HOME VISIT NEW PT/A PROBLEM | 07/01/2005 | $55.76 | 0.0% | 0.0% | N | Referral Required |
| 99342 | HOME VISIT NEW PT/EXPANDED ( | 07/01/2005 | $84.34 | 0.0% | 0.0% | N | Referral Required |
| 99343 | HOME VISIT NEW PT/DETAILED ( | 07/01/2005 | $125.56 | 0.0% | 0.0% | N | Referral Required |
| 99344 | HOME VISIT FOR E/M NEW PATIENT COMP | 07/01/2005 | $162.71 | 0.0% | 0.0% | N | Referral Required |
| 99345 | HOME VISIT FOR E/M OF NEW PATIENT | 07/01/2005 | $200.00 | 0.0% | 0.0% | N | Referral Required |
| 99347 | HOME VISIT E/M ESTABLISHED | 07/01/2005 | $44.09 | 0.0% | 0.0% | N | Referral Required |
| 99348 | HOME VISIT E/M ESTABLISHED | 07/01/2005 | $70.51 | 0.0% | 0.0% | N | Referral Required |
| 99349 | HOME VISIT FOR E/M ESTABLISHED PATI | 07/01/2005 | $109.45 | 0.0% | 0.0% | N | Referral Required |
| 9935 | TULAREMIA VACCINATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 99350 | HOME VISIT FOR E/M OF ESTABLISHED | 07/01/2005 | $159.42 | 0.0% | 0.0% | N | Referral Required |
| 99354 | PROLONGED PHY SVCS BEYOND US | 07/01/2005 | $113.00 | 0.0% | 0.0% | N | Referral Required |
| 99355 | PROLONGED PHY SVCS - EACH ADDITIONA | 07/01/2005 | $105.74 | 0.0% | 0.0% | N | Referral Required |
| 99356 | PROLONGED PHYSICIAN SERVICEW | 07/01/2005 | $82.78 | 0.0% | 0.0% | N | Referral Required |
| 99357 | EACH ADDITION 30 MINUTES | 07/01/2005 | $83.44 | 0.0% | 0.0% | N | Referral Required |
| 9936 | DIPHTHERIA TOXOID ADMIN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 99360 | PHYSICIAN STANDBY SERVICE | 07/01/2005 | $36.06 | 0.0% | 0.0% | N | Referral Required |
| 9937 | PERTUSSIS VACCINATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9938 | TETANUS TOXOID ADMINIST | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 99381 | INITIAL EVALUATION NEW PT/UN | 07/01/2005 | $95.26 | 0.0% | 0.0% | N | Referral Required |
| 99382 | INITIAL EVALUATION NEW PT/1 | 07/01/2005 | $102.83 | 0.0% | 0.0% | N | Referral Required |
| 99383 | INITIAL EVALUATION NEW PT/5 | 07/01/2005 | $100.81 | 0.0% | 0.0% | N | Referral Required |
| 99384 | INITIAL EVALUATION NEW PT/12 | 07/01/2005 | $109.56 | 0.0% | 0.0% | N | Referral Required |
| 99385 | INITIAL EVALUATION NEW PT/18 | 07/01/2005 | $109.56 | 0.0% | 0.0% | N | Referral Required |
| 9939 | DPT ADMINISTRATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 99391 | RE-EVALUATION EST PT/UNDER 1 | 07/01/2005 | $72.42 | 0.0% | 0.0% | N | Referral Required |
| 99392 | RE-EVALUATION EST PT/1 THROU | 07/01/2005 | $81.17 | 0.0% | 0.0% | N | Referral Required |
| 99393 | RE-EVALUATION EST PT/5 THROU | 07/01/2005 | $80.16 | 0.0% | 0.0% | N | Referral Required |
| 99394 | RE-EVALUATION EST PT/12 THRO | 07/01/2005 | $89.07 | 0.0% | 0.0% | N | Referral Required |
| 99395 | RE-EVALUATION EST PATIENT 18 | 07/01/2005 | $90.07 | 0.0% | 0.0% | N | Referral Required |
| 99401 | COUNSELING HEALTHY INDIVIDUA | 07/01/2005 | $38.87 | 0.0% | 0.0% | N | Referral Required |
| 99402 | COUNSELING HEALTHY INDIVIDUA | 07/01/2005 | $65.73 | 0.0% | 0.0% | N | Referral Required |
| 99403 | COUNSELING HEALTHY INDIVIDUA | 07/01/2005 | $90.86 | 0.0% | 0.0% | N | Referral Required |
| 99404 | COUNSELING HEALTHY INDIVIDUA | 07/01/2005 | $117.01 | 0.0% | 0.0% | N | Referral Required |
| 9941 | POLIO VACCINE ADMINISTRA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 9942 | SMALLPOX VACCINATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 99429 | UNLISTED PREVENTIVE MEDICINE | 01/01/1992 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9943 | YELLOW FEVER VACCINATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 99431 | NEWBORN HISTORY/EXAM INITIAT | 07/01/2005 | $55.72 | 0.0% | 0.0% | N | Referral Required |
| 99432 | NORMAL NEWBORN CARE OTHER TH | 07/01/2005 | $83.42 | 0.0% | 0.0% | N | Referral Required |
| 99433 | NEWBORN SUBSEQUENT CARE PER | 07/01/2005 | $29.61 | 0.0% | 0.0% | N | Referral Required |
| 99435 | HISTORY AND EXAM OF NORMAL N | 07/01/2005 | $72.73 | 0.0% | 0.0% | N | Referral Required |
| 99436 | ATTEND AT DELIVER: STABLE N | 07/01/2005 | $71.41 | 0.0% | 0.0% | N | Referral Required |
| 9944 | RABIES VACCINATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 99440 | NEWBORN RESUSCITATION CARE H | 07/01/2005 | $146.08 | 0.0% | 0.0% | N | Referral Required |
| 9945 | MEASLES VACCINATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 99450 | BASIC LIFE AND/OR DISABILITY EXAM | 07/01/2005 | $44.07 | 0.0% | 0.0% | N | Referral Required |
| 9946 | MUMPS VACCINATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9947 | RUBELLA VACCINATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9948 | MMR ADMINISTRATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 99499 | UNLISTED EVALUATION AND MANA | 01/01/1992 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9951 | COMMON COLD VACCINATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 99512 | HOME VISIT FOR HEMODIALYSIS | 01/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9952 | INFLUENZA VACCINATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9953 | ARBOVIRUS ENCEPH VACCIN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9954 | ARBOVIRUS VACCINAT NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9955 | VACCINATION NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9956 | TETANUS ANTITOXIN ADMINI | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9957 | BOTULISM ANTITOXIN ADMIN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9958 | ANTITOXIN ADMINISTRA NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9959 | VACCINATION/INNOCULA NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9960 | CARDIOPULM RESUSCITA NOS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9961 | ATRIAL CARDIOVERSION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9962 | HEART COUNTERSHOCK NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9963 | CLOSED CHEST CARD MASSAG | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9964 | CAROTID SINUS STIUMLAT | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9969 | CARDIAC RHYTHM CONV NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9971 | THERAPEUTIC PLASMAPHERES | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9972 | THERAPEUTC LEUKOPHERESIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9973 | THERA ERYTHROCYTAPHRESIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9974 | THERAPU PLATELETPHERESIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9975 | ADMINISTRATION OF NEUROPROTEC. AGN | 10/01/2000 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9976 | EXTRA CORPOREAL IMMUNOADSORPTION | 10/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9977 | APPLICATION OR ADMINISTRATION OF | 10/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9979 | THERAPEUTC APHERESIS NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| 9981 | HYPOTHERMIA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9982 | ULTRAVIOLET LIGHT THERAP | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9983 | OTHER PHOTOTHERAPY | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9984 | ISOLATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9985 | LOCALIZED HYPERTHERMIA | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9986 | PLACED EXT BONE STIM | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9988 | THERAPEUTC PHOTOPHERESIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9991 | ANESTHESIA ACUPUNCTURE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9992 | OTHER ACUPUNCTURE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9993 | RECTAL MASSAGE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9994 | PROSTATIC MASSAGE | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9995 | STRETCHING OF FORESKIN | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9996 | SPERM COLLECTION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9997 | DENTURE FITTING | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9998 | MILK EXTRACTION | 11/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| 9999 | NON-OP PROCEDURE NEC | 11/01/1989 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| A0100 | NON-EMERGENCY TRSNP; TAXI | 04/01/1993 | $0.00 | 0.0% | 0.0% | Y | |
| A0110 | BUS OR VAN TRAVEL | 09/01/2000 | $0.00 | 0.0% | 0.0% | Y | |
| A0130 | NON-EMERG TRANS WHEEL CHAIR VAN | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A0140 | AIRLINE-TRAVEL NON-EMERGENCY | 02/01/1999 | $0.00 | 0.0% | 0.0% | Y | |
| A0170 | PARKING FEES/TOLLS | 01/01/1989 | $0.00 | 0.0% | 0.0% | N | |
| A0180 | LODGING-CLIENT | 04/01/1993 | $0.00 | 0.0% | 0.0% | Y | |
| A0190 | MEALS-CLIENT-OUT OF STATE | 01/01/2002 | $21.00 | 0.0% | 0.0% | Y | |
| A0200 | LODGING - ATTENDANT | 04/01/1993 | $0.00 | 0.0% | 0.0% | Y | |
| A0210 | MEALS-ATTENDANT-OUT OF STATE | 01/01/2002 | $21.00 | 0.0% | 0.0% | Y | |
| A0225 | AMBUL SERV, NEONT TRANS, BAS | 01/01/2001 | $146.47 | 0.0% | 0.0% | Y | |
| A0380 | BASIC LIFE SUPPORT MILEAGE ( | 07/01/1999 | $1.47 | 0.0% | 0.0% | Y | |
| A0390 | ALS MILEAGE (PER MILE) | 07/01/1999 | $1.47 | 0.0% | 0.0% | Y | |
| A0392 | ALS DISPOSABLE SUPPLIES; DEF | 07/01/1999 | $5.97 | 0.0% | 0.0% | N | |
| A0396 | ALS DISPOSABLE SUPPLIES; ESP | 07/01/1999 | $6.81 | 0.0% | 0.0% | N | |
| A0398 | ALS ROUTINE DISPOSABLE SUPPLIES | 02/12/1996 | $0.00 | 0.0% | 0.0% | N | |
| A0420 | AMBULANCE WAITING TIME - ALS | 07/01/1999 | $4.42 | 0.0% | 0.0% | Y | |
| A0422 | ALS/BLS OXYGEN AND SUPPLIES, | 07/01/1999 | $17.81 | 0.0% | 0.0% | Y | |
| A0424 | EXTRA AMBULANCE ATTENDANT, A | 04/01/2003 | $145.21 | 0.0% | 0.0% | Y | |
| A0425 | GROUND MILEAGE | 03/01/2003 | $4.24 | 0.0% | 0.0% | Y | |
| A0426 | AMBULANCE SERVICE | 04/01/2003 | $102.50 | 0.0% | 0.0% | Y | |
| A0427 | ADVANCED LIFE SUPPORT | 04/01/2003 | $162.30 | 0.0% | 0.0% | Y | |
| A0428 | AMBULANCE SERVICE BASIC LIFE | 04/01/2003 | $85.42 | 0.0% | 0.0% | Y | |
| A0429 | AMBULANCE SERVICE BASIC LIFE | 04/01/2003 | $136.67 | 0.0% | 0.0% | Y | |
| A0430 | AMBULANCE SERVICE | 05/01/2003 | $773.33 | 0.0% | 0.0% | Y | |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| A0431 | AMBULANCE SERVICE | 05/01/2003 | $899.11 | 0.0% | 0.0% | Y | |
| A0433 | ADVANCED LIFE SUPPORT LEVEL 2 | 04/01/2003 | $234.91 | 0.0% | 0.0% | Y | |
| A0434 | SPECIALTY CARE TRANSPORT | 04/01/2003 | $397.21 | 0.0% | 0.0% | Y | |
| A0435 | FIXED WING AIR MILEAGE | 05/01/2003 | $6.57 | 0.0% | 0.0% | Y | |
| A0436 | ROTARY WING AIR MILEAGE | 05/01/2003 | $17.51 | 0.0% | 0.0% | Y | |
| A0999 | UNLISTED AMBULANCE SERVICE | 04/01/2003 | $0.00 | 0.0% | 0.0% | Y | |
| A4206 | SYRINGE W/NEEDLE STERILE 1CC | 01/01/1994 | $0.21 | 0.0% | 0.0% | N | Referral Required |
| A4207 | SYRINGE W/NEEDLE STERILE 2CC | 01/01/1994 | $0.14 | 0.0% | 0.0% | N | Referral Required |
| A4208 | SYRINGE W/NEEDLE, STERILE 3C | 01/01/1997 | $0.14 | 0.0% | 0.0% | N | Referral Required |
| A4209 | SYRINGE W/NEEDLE | 01/01/1997 | $0.28 | 0.0% | 0.0% | N | Referral Required |
| A4211 | SUPPLIES FOR SELF-ADMINISTERED INJE | 03/01/1997 | $38.40 | 0.0% | 0.0% | N | Referral Required |
| A4212 | HUBER-TYPE NEEDLE, EACH | 07/01/1998 | $12.50 | 0.0% | 0.0% | N | Referral Required |
| A4213 | SYRINGE, STERILE 20CC OR GREATER | 03/01/1997 | $0.60 | 0.0% | 0.0% | N | Referral Required |
| A4215 | NEEDLES ONLY, STERILE, ANY SIZE | 03/01/1997 | $0.25 | 0.0% | 0.0% | N | Referral Required |
| A4216 | STERILE WATER/SALINE 10ML | 04/01/2004 | $0.45 | 0.0% | 0.0% | N | Referral Required |
| A4217 | STERILE WATER/SALINE 500 ML | 04/01/2004 | $3.13 | 0.0% | 0.0% | N | Referral Required |
| A4220 | REFILL KIT FOR INFUSION PUMP | 01/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A4221 | SUPPLIES FOR MAINTENANCE DRU | 01/02/1997 | $21.23 | 0.0% | 0.0% | N | Referral Required |
| A4222 | SUPPLIES EXT.DRUG INFUSION P | 01/02/1997 | $42.13 | 0.0% | 0.0% | N | Referral Required |
| A4223 | INFUSION SUPPLIES NOT USED W EXT | 01/01/2005 | $42.13 | 0.0% | 0.0% | N | Referral Required |
| A4232 | SYRINGE W/NEEDLE EXTERNAL IN | 04/01/2000 | $2.49 | 0.0% | 0.0% | Y | Referral Required |
| A4244 | ALCOHOL OR PEROXIDE, PER PINT | 03/01/1997 | $0.86 | 0.0% | 0.0% | N | Referral Required |
| A4245 | ALCOHOL WIPES, PER BOX | 01/01/1995 | $1.65 | 0.0% | 0.0% | N | Referral Required |
| A4246 | BETADINE OR PHISOHEX SOLUTION PER P | 03/01/1997 | $10.91 | 0.0% | 0.0% | N | Referral Required |
| A4247 | BETADINE OR IODINE SWABS/WIPES, PER | 03/01/1997 | $10.98 | 0.0% | 0.0% | N | Referral Required |
| A4248 | CHLORHEXIDINE CONTAINING ANTISEPTI | 01/01/2004 | $1.73 | 0.0% | 0.0% | N | Referral Required |
| A4250 | URINE TES OR REAGENT STRIPS OR TABL | 01/01/2000 | $33.00 | 0.0% | 0.0% | N | Referral Required |
| A4253 | BLOOD GLUCOSE TEST STRIPS/HO | 11/01/2004 | $34.70 | 0.0% | 0.0% | N | Referral Required |
| A4254 | REPLACEMENT BATTERY,ANY TYPE GLUCO | 07/01/1999 | $6.28 | 0.0% | 0.0% | N | Referral Required |
| A4255 | PLATFORMS FOR HOME GLUCOSE MONITO | 01/02/1997 | $3.92 | 0.0% | 0.0% | N | Referral Required |
| A4256 | NORMAL, LOW AND HIGH CALIBRATOR SOL | 03/02/1997 | $10.92 | 0.0% | 0.0% | N | Referral Required |
| A4257 | REPLACEMENT LENS SHEILD CARTRIDGE | 01/01/2002 | $12.69 | 0.0% | 0.0% | Y | Referral Required |
| A4258 | SPRING-POWERED DEVICE FOR LA | 01/01/1997 | $16.93 | 0.0% | 0.0% | N | Referral Required |
| A4259 | LANCETS, BOX 100 = 1 UNIT | 01/01/1997 | $10.38 | 0.0% | 0.0% | N | Referral Required |
| A4260 | NORPLANT CONTRACEPTIVE | 01/01/1993 | $402.00 | 0.0% | 0.0% | N | |
| A4261 | CERVICAL CAP FOR CONTRACEPTI | 01/01/1999 | $0.00 | 0.0% | 0.0% | N | |
| A4262 | TEMP ABSORBABLE LACRIMALDUCT | 01/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A4263 | PERM. NON DISSOLUABLE LACRIMAL DUCT | 07/01/1995 | $31.59 | 0.0% | 0.0% | N | Referral Required |
| A4266 | DIAPHRAGM FOR CONTRACEPTIVE USE | 10/20/2003 | $25.07 | 0.0% | 0.0% | N | |
| A4280 | ADHESIVE SKIN ATTACHMENT | 01/01/2000 | $4.57 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| A4281 | TUBING FOR BREAST PUMP REPLACEMENT | 01/01/2003 | $7.50 | 0.0% | 0.0% | Y | Referral Required |
| A4283 | CAP FOR BREAST PUMP BOTTLE | 01/01/2003 | $1.12 | 0.0% | 0.0% | Y | Referral Required |
| A4284 | BREAST SHIELD AND SPLASH PROTECTOR | 01/01/2003 | $17.25 | 0.0% | 0.0% | Y | Referral Required |
| A4285 | POLYCARBONATE BOTTLE FOR USE WITH | 01/01/2003 | $3.50 | 0.0% | 0.0% | Y | Referral Required |
| A4286 | LOCKING RING FOR BREAST PUMP | 01/01/2003 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| A4290 | SACRAL NERVE STIMULATION TEST | 01/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A4300 | IMPLANTABLE ACCESS CATHETER, EXT. A | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A4301 | IMPLANTABLE ACCESS TOTAL SYSTEM; CA | 01/01/1997 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A4305 | DISPOSABLE DRUG DELIVERY SYS | 04/01/2004 | $8.80 | 0.0% | 0.0% | N | Referral Required |
| A4306 | DISPOSABLE DRUG DELIVERY SYS | 04/01/2004 | $8.80 | 0.0% | 0.0% | N | Referral Required |
| A4310 | INSERTION TRAY W/O DRAINAGE BAG | 01/01/1997 | $6.26 | 0.0% | 0.0% | N | Referral Required |
| A4311 | INSERTION TRAY WO/DRAINAGE BAG W/CA | 01/01/1997 | $12.04 | 0.0% | 0.0% | N | Referral Required |
| A4312 | INSERT TRAY, INDWEL CATH, W/O BAG, | 01/01/1997 | $14.62 | 0.0% | 0.0% | N | Referral Required |
| A4313 | INSERTION TRAY W/O BAG, W/CATH, 3-W | 01/01/1997 | $15.02 | 0.0% | 0.0% | N | Referral Required |
| A4314 | INSERTION TRAY W//DRAINAGE W | 01/01/1997 | $20.50 | 0.0% | 0.0% | N | Referral Required |
| A4315 | INSERT TRAY SILICONE W/DRAINAGE BAG | 01/01/1997 | $21.39 | 0.0% | 0.0% | N | Referral Required |
| A4316 | INSERT TRAY,W/BAG & INDWEL CATH, 3- | 01/01/1997 | $23.03 | 0.0% | 0.0% | N | Referral Required |
| A4319 | STERILE WATER IRRIGATION | 01/01/2001 | $6.04 | 0.0% | 0.0% | N | Referral Required |
| A4320 | IRRIGATION TRAY FOR BLADDER | 01/01/1997 | $5.08 | 0.0% | 0.0% | N | Referral Required |
| A4321 | THERAPEUTC AGENT FOR URINARY CATHE | 01/01/1997 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A4322 | IRRIGATION SYRINGE,BULB OR PISTON | 01/01/1997 | $2.53 | 0.0% | 0.0% | N | Referral Required |
| A4323 | STERILE SALINE IRR SOLUTION 1000 ML | 01/01/1997 | $8.37 | 0.0% | 0.0% | N | Referral Required |
| A4326 | MALE EXTERNAL CATHETER SPECIALTY TY | 01/01/1997 | $10.29 | 0.0% | 0.0% | N | Referral Required |
| A4327 | FEMALE EXTERNAL URINARY COLLECTION | 01/01/1997 | $42.56 | 0.0% | 0.0% | N | Referral Required |
| A4328 | FEMALE EXT URINARY COLLECTION DEVIC | 01/01/1997 | $9.42 | 0.0% | 0.0% | N | Referral Required |
| A4331 | EXTENSION DRAINAGE TUBING | 01/01/2001 | $3.04 | 0.0% | 0.0% | N | Referral Required |
| A4332 | LUBRICANT IND. STERILE PACKET | 01/01/2001 | $0.12 | 0.0% | 0.0% | N | Referral Required |
| A4333 | URINARY ANCHORING DEVICE | 01/01/2001 | $2.10 | 0.0% | 0.0% | N | Referral Required |
| A4334 | URINARY CATHETER ANCHORING DEVICE | 01/01/2001 | $4.71 | 0.0% | 0.0% | N | Referral Required |
| A4335 | INCONTINENCE SUPPLY, MISCELLANEOUS | 01/01/1994 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A4338 | FOLEY CATHETER | 01/01/1997 | $11.70 | 0.0% | 0.0% | N | Referral Required |
| A4340 | INDWELLING CATHETER SPECIALITY TYPE | 01/01/1997 | $30.28 | 0.0% | 0.0% | N | Referral Required |
| A4344 | INDWELLING CATHETER, FOLEY TYPE, TW | 01/01/1997 | $12.99 | 0.0% | 0.0% | N | Referral Required |
| A4346 | INDWEL CATH,FOLEY,3-WAY,CONTINUOUS | 01/01/1997 | $15.89 | 0.0% | 0.0% | N | Referral Required |
| A4348 | MALE EXTERNAL CATHETER | 01/01/2001 | $26.55 | 0.0% | 0.0% | N | Referral Required |
| A4349 | MALE EXTERNAL CATHETER, W OR W/O A | 01/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A4351 | INTERMITTANT URINARY CATHETER | 01/01/1997 | $1.47 | 0.0% | 0.0% | N | Referral Required |
| A4352 | INTERMITTENT URINARY CATHETER | 01/01/1997 | $6.12 | 0.0% | 0.0% | N | Referral Required |
| A4353 | INTERMITTENT URINARY CATHETER,W/INS | 07/01/1999 | $6.67 | 0.0% | 0.0% | N | Referral Required |
| A4354 | CATHETER INSERTION | 01/01/1997 | $10.58 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| A4355 | CONTINUOS IRRIG TUBING SET F | 01/01/1997 | $7.23 | 0.0% | 0.0% | N | Referral Required |
| A4356 | INCONTINENCE CLAMP | 01/01/1997 | $36.99 | 0.0% | 0.0% | N | Referral Required |
| A4357 | URINARY DRAINING BAG | 01/01/1997 | $7.86 | 0.0% | 0.0% | N | Referral Required |
| A4358 | URINARY DRAINAGE BAG | 01/01/1997 | $5.38 | 0.0% | 0.0% | N | Referral Required |
| A4361 | OSTOMY FACE PLATE - EACH | 01/01/1997 | $17.52 | 0.0% | 0.0% | N | Referral Required |
| A4362 | SKIN BARRIER, 4X4 OR EQUIVOLENT EAC | 01/01/1997 | $3.30 | 0.0% | 0.0% | N | Referral Required |
| A4364 | OSTOMYSKIN BOND OR CEMET (PER OZ) | 01/01/1997 | $2.80 | 0.0% | 0.0% | N | Referral Required |
| A4365 | OSTOMY ADHESIVE REMOVE WIPES; 50 PE | 01/01/1997 | $10.80 | 0.0% | 0.0% | N | Referral Required |
| A4366 | OSTOMY VENT, ANY TYPE | 01/01/2004 | $2.81 | 0.0% | 0.0% | N | Referral Required |
| A4367 | OSTOMY BELT | 01/01/1997 | $6.58 | 0.0% | 0.0% | N | Referral Required |
| A4368 | OSTOMY FILTER ANY TYPE, EACH | 07/01/1999 | $0.25 | 0.0% | 0.0% | N | Referral Required |
| A4369 | OSTOMY SKIN BARRIER | 01/01/2000 | $1.96 | 0.0% | 0.0% | N | Referral Required |
| A4370 | OSTOMY SKIN BARRIER | 01/01/2000 | $3.22 | 0.0% | 0.0% | N | Referral Required |
| A4371 | OSTOMY SKIN BARRIER | 01/01/2000 | $3.43 | 0.0% | 0.0% | N | Referral Required |
| A4372 | OSTOMY SKIN BARRIER | 01/01/2000 | $3.98 | 0.0% | 0.0% | N | Referral Required |
| A4373 | OSTOMY SKIN BARRIER | 01/01/2000 | $5.99 | 0.0% | 0.0% | N | Referral Required |
| A4374 | OSTOMY SKIN BARRIER | 01/01/2000 | $8.05 | 0.0% | 0.0% | N | Referral Required |
| A4375 | OSTOMY POUCH, DRAINABLE | 01/01/2000 | $16.38 | 0.0% | 0.0% | N | Referral Required |
| A4376 | OSTOMY POUCH, DRAINABLE | 01/01/2000 | $45.38 | 0.0% | 0.0% | N | Referral Required |
| A4377 | OSTOMY POUCH, DRAINABLE | 01/01/2000 | $4.09 | 0.0% | 0.0% | N | Referral Required |
| A4378 | OSTOMY POUCH, DRAINABLE | 01/01/2000 | $29.33 | 0.0% | 0.0% | N | Referral Required |
| A4379 | OSTOMY POUCH, URINARY | 01/01/2000 | $14.33 | 0.0% | 0.0% | N | Referral Required |
| A4380 | OSTOMY POUCH, URINARY | 01/01/2000 | $35.60 | 0.0% | 0.0% | N | Referral Required |
| A4381 | OSTOMY POUCH, URINARY | 01/01/2000 | $4.40 | 0.0% | 0.0% | N | Referral Required |
| A4382 | OSTOMY POUCH, URINARY | 01/01/2000 | $23.48 | 0.0% | 0.0% | N | Referral Required |
| A4383 | OSTOMY POUCH | 01/01/2000 | $26.89 | 0.0% | 0.0% | N | Referral Required |
| A4384 | OSTOMY FACEPLATE | 01/01/2000 | $9.18 | 0.0% | 0.0% | N | Referral Required |
| A4385 | OSTOMY SKIN BARRIER | 01/01/2000 | $4.86 | 0.0% | 0.0% | N | Referral Required |
| A4386 | OSTOMY SKIN BARRIER | 01/01/2000 | $6.41 | 0.0% | 0.0% | N | Referral Required |
| A4387 | OSTOMY POUCH CLOSED, | 01/01/2000 | $3.83 | 0.0% | 0.0% | N | Referral Required |
| A4388 | OSTOMY POUCH, DRAINABLE | 01/01/2000 | $4.16 | 0.0% | 0.0% | N | Referral Required |
| A4389 | OSTOMY POUCH, DRAINABLE | 01/01/2000 | $5.93 | 0.0% | 0.0% | N | Referral Required |
| A4390 | OSTOMY POUCH, DRAINABLE | 01/01/2000 | $9.17 | 0.0% | 0.0% | N | Referral Required |
| A4391 | OSTOMY POUCH, URINARY | 01/01/2000 | $6.74 | 0.0% | 0.0% | N | Referral Required |
| A4392 | OSTOMY POUCH, URINARY | 01/01/2000 | $6.34 | 0.0% | 0.0% | N | Referral Required |
| A4393 | OSTOMY POUCH, URINARY | 01/01/2000 | $8.75 | 0.0% | 0.0% | N | Referral Required |
| A4394 | OSTOMY DEODORANT | 01/01/2000 | $2.46 | 0.0% | 0.0% | N | Referral Required |
| A4395 | OSTOMY DEODORANT | 01/01/2000 | $0.05 | 0.0% | 0.0% | N | Referral Required |
| A4396 | OSTOMY BELT | 01/01/2001 | $38.61 | 0.0% | 0.0% | N | Referral Required |
| A4397 | IRRIGATION SUPPLY | 01/01/1997 | $4.57 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| A4398 | OSTOMY IRRIGATION SUPPLY; BAG, EACH | 01/01/1997 | $13.17 | 0.0% | 0.0% | N | Referral Required |
| A4399 | OSTOMY IRRIGATION SUPPLY; CO | 01/01/1997 | $9.95 | 0.0% | 0.0% | N | Referral Required |
| A4402 | OSTOMY LUBRICANT/KY JELLY (PER OZ) | 01/01/1997 | $1.32 | 0.0% | 0.0% | N | Referral Required |
| A4404 | OSTOMY RINGS | 01/01/1997 | $1.61 | 0.0% | 0.0% | N | Referral Required |
| A4405 | OSTOMY SKIN BARRIER NONPECTIN BASE | 01/01/2003 | $3.36 | 0.0% | 0.0% | N | Referral Required |
| A4406 | OSTOMY SKIN BARRIER PECTIN-BASED | 01/01/2003 | $5.68 | 0.0% | 0.0% | N | Referral Required |
| A4407 | OSTOMY SKIN BARRIER WITH FLANGE | 01/01/2003 | $8.91 | 0.0% | 0.0% | N | Referral Required |
| A4408 | OSTOMY SKIN BARRIER WITH FLANGE | 01/01/2003 | $6.13 | 0.0% | 0.0% | N | Referral Required |
| A4409 | OSTOMY SKIN BARRIER W/FLANGE W/O | 01/01/2003 | $6.15 | 0.0% | 0.0% | N | Referral Required |
| A4410 | OSTOMY SKIN BARRIER W/ FLANGE | 01/01/2003 | $8.94 | 0.0% | 0.0% | N | Referral Required |
| A4413 | OSTOMY POUCH DRAINABLE HIGH OUTPUT | 01/01/2003 | $5.44 | 0.0% | 0.0% | N | Referral Required |
| A4414 | OSTOMY SKIN BARRIER W/ FLANGE | 01/01/2003 | $4.89 | 0.0% | 0.0% | N | Referral Required |
| A4415 | OSTOMY SKIN BARRIER WITH FLANGE | 01/01/2003 | $5.93 | 0.0% | 0.0% | N | Referral Required |
| A4416 | OSTOMY POUCH, CLOSED W/BARRIER | 01/01/2004 | $2.81 | 0.0% | 0.0% | N | Referral Required |
| A4417 | OSTOMY POUCH, CLOSED, W/BARRIER | 01/01/2004 | $3.80 | 0.0% | 0.0% | N | Referral Required |
| A4418 | OSTOMY POUCH, CLOSED, W/BARRIER | 01/01/2004 | $1.85 | 0.0% | 0.0% | N | Referral Required |
| A4419 | OSTOMY POUCH, CLOSED; FOR USE ON B | 01/01/2004 | $1.78 | 0.0% | 0.0% | N | Referral Required |
| A4420 | OSTOMY POUCH, CLOSED | 01/01/2004 | $4.16 | 0.0% | 0.0% | N | Referral Required |
| A4421 | OSTOMY SUPPLIES MISC. URETEROSTOMY | 01/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A4422 | OSTOMY ABSORBENT MATERIAL | 01/01/2003 | $0.12 | 0.0% | 0.0% | N | Referral Required |
| A4423 | OSTOMY POUCH, CLOSED | 01/01/2004 | $4.16 | 0.0% | 0.0% | N | Referral Required |
| A4424 | OSTOMY POUCH, DRAINABLE | 01/01/2004 | $4.85 | 0.0% | 0.0% | N | Referral Required |
| A4425 | OSTOMY POUCH, DRAINABLE | 01/01/2004 | $3.66 | 0.0% | 0.0% | N | Referral Required |
| A4426 | OSTOMY POUCH, DRAINABLE | 01/01/2004 | $2.41 | 0.0% | 0.0% | N | Referral Required |
| A4427 | OSTOMY POUCH, DRAINABLE | 01/01/2004 | $3.66 | 0.0% | 0.0% | N | Referral Required |
| A4428 | OSTOMY POUCH, URINARY | 01/01/2004 | $6.65 | 0.0% | 0.0% | N | Referral Required |
| A4429 | OSTOMY POUCH, W/BARRIER | 01/01/2004 | $8.42 | 0.0% | 0.0% | N | Referral Required |
| A4430 | OSTOMY POUCH | 01/01/2004 | $8.70 | 0.0% | 0.0% | N | Referral Required |
| A4431 | OSTOMY POUCH, URINARY W/BARRIER AT | 01/01/2004 | $6.35 | 0.0% | 0.0% | N | Referral Required |
| A4432 | OSTOMY POUCH, URINARY, FOR USE ON | 01/01/2004 | $3.67 | 0.0% | 0.0% | N | Referral Required |
| A4433 | OSTOMY POUCH, URINARY | 01/01/2004 | $3.41 | 0.0% | 0.0% | N | Referral Required |
| A4434 | OSTOMY POUCH, URINARY | 01/01/2004 | $3.84 | 0.0% | 0.0% | N | Referral Required |
| A4450 | TAPE, NON-WATERPROOF, PER 18 SQUAR | 01/01/2003 | $0.09 | 0.0% | 0.0% | N | Referral Required |
| A4452 | TAPE, WATERPROOF, PER 18 SQUARE | 01/01/2003 | $0.36 | 0.0% | 0.0% | N | Referral Required |
| A4454 | TAPE ALL SIZES AND TYPES | 07/01/1999 | $2.12 | 0.0% | 0.0% | N | Referral Required |
| A4455 | SOLVENT REMOVER (PER OZ) | 01/01/1997 | $1.36 | 0.0% | 0.0% | N | Referral Required |
| A4458 | ENEMA BAG WITH TUBING, REUSEABLE | 01/01/2003 | $9.00 | 0.0% | 0.0% | N | Referral Required |
| A4460 | ELASTIC BANDAGE, PER ROLL (A | 03/02/1997 | $1.14 | 0.0% | 0.0% | N | Referral Required |
| A4462 | ABDOMINAL DRESSING HOLDER EA | 01/01/1998 | $3.13 | 0.0% | 0.0% | N | Referral Required |
| A4464 | JOINT SUPPORT DEVICE | 01/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| A4465 | NON-ELASTIC BINDER FOR EXTREMITY | 03/01/2002 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| A4470 | GRAVLEE JET WASHER | 03/01/1997 | $24.41 | 0.0% | 0.0% | N | Referral Required |
| A4480 | VABRA ASPIRATOR | 03/01/1997 | $112.50 | 0.0% | 0.0% | N | Referral Required |
| A4481 | THRACHEOSTOMA FILTER, ANY SIZE/TYPE | 01/01/1997 | $0.37 | 0.0% | 0.0% | N | Referral Required |
| A4483 | MOISTURE EXCHANGER DISPOSABLE | 01/01/1999 | $8.18 | 0.0% | 0.0% | N | Referral Required |
| A4490 | SURGICAL STOCKINGS ABOVE KNEE LENG | 06/01/2002 | $8.27 | 0.0% | 0.0% | N | Referral Required |
| A4495 | SURGICAL STOCKINGS THIGH LENGTH, EA | 06/01/2002 | $12.80 | 0.0% | 0.0% | N | Referral Required |
| A4500 | SURGICAL STOCKINGS, BELOW KN | 06/01/2002 | $8.27 | 0.0% | 0.0% | N | Referral Required |
| A4510 | SURGICAL STOCKINGS FULL LENGTH, EAC | 06/01/2002 | $13.80 | 0.0% | 0.0% | N | Referral Required |
| A4534 | YOUTH-SIZED INCONTINENCE PRODUCT, | 01/01/2003 | $0.64 | 0.0% | 0.0% | N | Referral Required |
| A4550 | SURGICAL TRAYS | 05/01/2004 | $16.98 | 0.0% | 0.0% | N | Referral Required |
| A4554 | DISPOSABLE UNDERPADS | 08/09/1991 | $0.56 | 0.0% | 0.0% | N | Referral Required |
| A4556 | ELECTRODES | 01/01/1997 | $9.84 | 0.0% | 0.0% | N | Referral Required |
| A4557 | LEAD WIRES - E.G. APNEA MONITER | 01/01/1997 | $20.13 | 0.0% | 0.0% | N | Referral Required |
| A4558 | CONDUCTIVE PASTE OR GEL | 01/01/1997 | $5.20 | 0.0% | 0.0% | N | Referral Required |
| A4561 | PESSARY RUBBER, ANY TYPE | 01/01/2001 | $17.78 | 0.0% | 0.0% | N | Referral Required |
| A4562 | PESSARY NON-RUBBER ANY TYPE | 01/01/2001 | $44.25 | 0.0% | 0.0% | N | Referral Required |
| A4565 | SLINGS | 03/01/1997 | $9.73 | 0.0% | 0.0% | N | Referral Required |
| A4570 | SPLINT | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A4572 | RIB BELT | 01/01/1992 | $14.91 | 0.0% | 0.0% | N | Referral Required |
| A4590 | SPEC CAST MAT,HEXCELITE & LI | 01/01/1995 | $36.30 | 0.0% | 0.0% | N | Referral Required |
| A4595 | TENS SUPPLIES, 2 LEAD, PER M | 01/01/1997 | $27.04 | 0.0% | 0.0% | N | Referral Required |
| A4605 | TRACHEAL SUCTION CATHETER | 01/01/2005 | $14.30 | 0.0% | 0.0% | N | Referral Required |
| A4606 | OXYGEN PROBE FOR USE WITH OXIMETER | 01/01/2003 | $190.00 | 0.0% | 0.0% | Y | Referral Required |
| A4608 | TRANSTRACHEAL OXYGEN CATHETER, EA | 01/01/2001 | $58.32 | 0.0% | 0.0% | N | Referral Required |
| A4611 | BATTERY REPLACEMENT-VENTILATOR | 07/01/1999 | $159.27 | 0.0% | 0.0% | N | Referral Required |
| A4612 | BATTERY CABLES-VENTILATOR REPLACEM | 07/01/1999 | $76.24 | 0.0% | 0.0% | N | Referral Required |
| A4613 | BATTERY CHARGER FOR VENTILATOR | 03/01/1997 | $137.55 | 0.0% | 0.0% | N | Referral Required |
| A4614 | PEAK EXPIRATORY FLOW RATE | 01/01/1999 | $27.00 | 0.0% | 0.0% | N | Referral Required |
| A4615 | NASAL CANNULA | 04/03/1993 | $2.59 | 0.0% | 0.0% | N | Referral Required |
| A4616 | TUBING, OCXYGEN, PER FOOT | 04/01/1995 | $0.18 | 0.0% | 0.0% | N | Referral Required |
| A4617 | MOUTH PIECE | 04/01/1993 | $0.95 | 0.0% | 0.0% | N | Referral Required |
| A4618 | BREATHING CIRCUITS | 03/01/1997 | $7.21 | 0.0% | 0.0% | N | Referral Required |
| A4619 | FACE TENT | 07/01/1999 | $1.21 | 0.0% | 0.0% | N | Referral Required |
| A4620 | VARIABLE CONCENTRATION MASK | 04/01/1993 | $2.75 | 0.0% | 0.0% | N | Referral Required |
| A4623 | TRACHEOSTOMY; INNER CANNULA (REPL | 01/01/1997 | $5.31 | 0.0% | 0.0% | N | Referral Required |
| A4624 | TRACHEAL SUCTION CATHETER ANY TYPE, | 01/01/1997 | $2.51 | 0.0% | 0.0% | N | Referral Required |
| A4625 | TRACHEOSTOMY CARE OR CLEANING STA | 01/01/1997 | $5.62 | 0.0% | 0.0% | N | Referral Required |
| A4626 | TRACHEOSTOMY CLEANING BRUSH; EACH | 01/01/1997 | $2.59 | 0.0% | 0.0% | N | Referral Required |
| A4628 | OROPHARANGEAL SUCTION CATHET | 03/01/1997 | $3.48 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| A4629 | TRACHEOSTOMY CARE KIT FOR ESTABLI | 01/01/1997 | $4.40 | 0.0% | 0.0% | N | Referral Required |
| A4630 | REPLACE BATTERIES FOR TENOWN | 03/01/1997 | $5.96 | 0.0% | 0.0% | N | Referral Required |
| A4632 | REPLACEMENT BATTERY FOR EXTERNAL | 01/01/2003 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| A4633 | REPLACEMENT BULB/LAMP FOR | 01/01/2003 | $41.04 | 0.0% | 0.0% | Y | Referral Required |
| A4634 | REPLACEMENT BULB FOR THERAPEUTIC | 01/01/2003 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| A4635 | UNDERARM PAD, CRUTCH, REPLACEMENT L | 03/01/1997 | $4.15 | 0.0% | 0.0% | N | Referral Required |
| A4636 | REPLACEMENT HANDGRIP,CANE CRUTCH O | 03/01/1997 | $4.01 | 0.0% | 0.0% | N | Referral Required |
| A4637 | REPLACEMENT TIP, CANE, CRUTCH, WALK | 03/01/1997 | $1.73 | 0.0% | 0.0% | N | Referral Required |
| A4638 | REPLACEMENT BATTERY FOR | 01/01/2004 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| A4640 | REPLACE PAD FOR MN ALTERNATING PRE | 03/01/1997 | $51.34 | 0.0% | 0.0% | N | Referral Required |
| A4641 | PROVISION OF DIAGNOSTIC RADIONUCLID | 01/01/1994 | $0.00 | 100.0% | 0.0% | N | Referral Required |
| A4642 | DIAGNOSTIC IMAGING, SATUMOMA | 01/01/1997 | $0.00 | 100.0% | 0.0% | N | Referral Required |
| A4643 | ADD.HI-DOSE CONTRAST - W/MRI | 01/01/1997 | $190.00 | 100.0% | 0.0% | N | Referral Required |
| A4644 | LOCM 100-199 MG IO | 10/01/1996 | $38.94 | 0.0% | 0.0% | N | Referral Required |
| A4645 | L.O.C.M. 200-299 MG IO. | 10/01/1996 | $45.65 | 100.0% | 0.0% | N | Referral Required |
| A4646 | L.O.C.M. 300-399 MG IO. | 10/01/1996 | $50.75 | 100.0% | 0.0% | N | Referral Required |
| A4647 | SUPPLY,PARAMAGNETIC CONTRAST | 01/01/1989 | $104.00 | 100.0% | 0.0% | N | Referral Required |
| A4649 | SURGICAL SUPPLIES NEC | 07/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A4651 | CALIBRATED MICROCAPILLARY TUBE EACH | 04/01/2002 | $2.07 | 0.0% | 0.0% | N | Referral Required |
| A4652 | MICROCAPILLARY TUBE SEALANT | 04/01/2002 | $1.65 | 0.0% | 0.0% | N | Referral Required |
| A4653 | PERITONEAL DIALYSIS CATHETER | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A4656 | NEEDLE, ANY SIZE FOR DIALYSIS | 04/01/2002 | $0.85 | 0.0% | 0.0% | N | Referral Required |
| A4657 | SYRINGE W/WO NEEDLE FOR DIALYSIS | 04/01/2002 | $0.48 | 0.0% | 0.0% | N | Referral Required |
| A4660 | SPHYGMOMANOMETER/BLOOD PRESS | 04/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A4663 | BLOOD PRESSURE CUFF ONLY FOR DIAL | 04/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A4670 | AUTOMATIC BLOOD PRESSURE MON | 04/01/2002 | $56.28 | 0.0% | 0.0% | N | Referral Required |
| A4671 | DISPOSABLE CYCLER | 01/01/2004 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| A4672 | DRAINABE EXTENSION | 01/01/2004 | $3.05 | 0.0% | 0.0% | N | Referral Required |
| A4673 | EXTENSION LINE W/EASY LOCK CONNECT | 01/01/2004 | $2.96 | 0.0% | 0.0% | N | Referral Required |
| A4674 | CHEMICALS/ANTISEPTICS SOLUTION | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A4680 | ACITVATED CARBON FILTERS FOR DIALYS | 04/01/2002 | $110.25 | 0.0% | 0.0% | N | Referral Required |
| A4690 | DIALYZER'S (ART KIDNEY'S) AL | 04/01/2002 | $103.92 | 0.0% | 0.0% | N | Referral Required |
| A4706 | BICARBONATE CONCENTRATE SOLUTION | 04/01/2002 | $11.99 | 0.0% | 0.0% | N | Referral Required |
| A4707 | BICARBONATE CONCENTRATE POWDER | 04/01/2002 | $4.27 | 0.0% | 0.0% | N | Referral Required |
| A4708 | ACETATE CONCENTRATE SOLUTION | 04/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A4709 | ACID CONCENTRATE SOLUTION | 04/01/2002 | $9.23 | 0.0% | 0.0% | N | Referral Required |
| A4714 | TREAT WATER (DEION, DISTILL, REVER | 09/01/2000 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A4719 | Y SET TUBING FOR PERITONEAL DIALYSI | 04/01/2002 | $7.12 | 0.0% | 0.0% | N | Referral Required |
| A4720 | DIALYSATE SOLUTION; PERITONEAL | 04/01/2002 | $14.73 | 0.0% | 0.0% | N | Referral Required |
| A4721 | DIALYSATE SOLUTION > 999 CC | 04/01/2002 | $20.38 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| A4722 | DIALYSATE SOLUTION > 1999 CC | 01/01/2002 | $18.79 | 0.0% | 0.0% | N | Referral Required |
| A4723 | DIALYSATE SOLUTION > 3999 CC | 04/01/2002 | $28.19 | 0.0% | 0.0% | N | Referral Required |
| A4724 | DIALYSATE SOLUTION < 3999 CC > 4999 | 04/01/2002 | $28.45 | 0.0% | 0.0% | N | Referral Required |
| A4725 | DIALYSATE SOLUTION <4999 CC > 5999 | 01/01/2002 | $27.90 | 0.0% | 0.0% | N | Referral Required |
| A4726 | DIALYSATE SOLUTION < 5999 CC | 04/01/2002 | $33.48 | 0.0% | 0.0% | N | Referral Required |
| A4728 | DIALYSIS SOLUTION, NON-DEXTROSE | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A4730 | FISTULA CANNULA SET FOR DIALYSIS ON | 04/01/2002 | $1.37 | 0.0% | 0.0% | N | Referral Required |
| A4736 | TOPICAL ANESTHESIA FOR DIALYSIS | 04/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A4737 | INJECTABLE ANESTHETIC PER 10 ML | 04/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A4740 | SHUNT ACC FOR DIALY ONLY | 09/01/2000 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A4750 | BLOOD TUBING, ARTERIAL OR VENOUS, E | 04/01/2002 | $7.35 | 0.0% | 0.0% | N | Referral Required |
| A4755 | BLOOD TUBING ARTER AND VENOUS COMB | 04/01/2002 | $9.37 | 0.0% | 0.0% | N | Referral Required |
| A4760 | DIALYSATE STAND TEST SOLUTI | 09/01/2000 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A4765 | DIALYSATE CONCENTRATE ADDITIVES, EA | 04/01/2002 | $4.49 | 0.0% | 0.0% | N | Referral Required |
| A4766 | DIALYSATE CONCENTRATE SOLUTION | 04/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A4770 | BLOOD TEST SUP (E.G. VACUTAI | 04/01/2002 | $22.06 | 0.0% | 0.0% | N | Referral Required |
| A4771 | SERUM CLOTT TINE TUBE, PER BOX | 04/01/2002 | $71.70 | 0.0% | 0.0% | N | Referral Required |
| A4772 | DEXTROSTICK OR GLU COSI TEST STRIPS | 04/01/2002 | $57.44 | 0.0% | 0.0% | N | Referral Required |
| A4773 | HEMAOSTIX, PER BOTTLE | 04/01/2002 | $26.68 | 0.0% | 0.0% | N | Referral Required |
| A4774 | AMMONIA TEST PAPER, PER BOX | 09/01/2000 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A4801 | HEPARIN ANY TYPE PER 1000 UNITS | 04/01/2002 | $0.42 | 0.0% | 0.0% | N | Referral Required |
| A4802 | PROTAMINE SULFATE PER 50 MG | 04/01/2002 | $5.64 | 0.0% | 0.0% | N | Referral Required |
| A4860 | DISPOSABLE CATHETER TIPS | 04/01/2002 | $30.61 | 0.0% | 0.0% | N | Referral Required |
| A4870 | PLUMBING AND/OR ELECTRIC WOR | 09/01/2000 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A4890 | CONTR, REPR AND MAINT, FOR H | 09/01/2000 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A4911 | DRAIN BAG/BOTTLE FOR DIALYSIS | 04/01/2002 | $12.53 | 0.0% | 0.0% | N | Referral Required |
| A4913 | MISC DIALYSIS SUPPLIES, NOS | 09/01/2000 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A4918 | VENOUS PRESS CLAMPS, EACH | 09/01/2000 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A4927 | GLOVES, BOX OF 100 | 04/01/2002 | $6.65 | 0.0% | 0.0% | N | Referral Required |
| A4928 | SURGICAL MASK FOR DIALYSIS PER 20 | 04/01/2002 | $7.64 | 0.0% | 0.0% | N | Referral Required |
| A4929 | TOURNIQUET FOR DIALYSIS, EACH | 04/01/2002 | $0.20 | 0.0% | 0.0% | N | Referral Required |
| A4930 | GLOVES, STERILE, PER PAIR | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A5051 | POUCH,CLOSED; W/BARRIER ATTACHED (O | 01/01/1997 | $2.00 | 0.0% | 0.0% | N | Referral Required |
| A5052 | POUCH, CLOSED W/O BARRIER ATTACHED | 01/01/1997 | $1.59 | 0.0% | 0.0% | N | Referral Required |
| A5053 | POUCH CLOSED, FOR FACEPLATE | 01/01/1997 | $1.66 | 0.0% | 0.0% | N | Referral Required |
| A5054 | POUCH CLOSED FOR USE ON BARRIER W/ | 01/01/1997 | $1.61 | 0.0% | 0.0% | N | Referral Required |
| A5055 | STOMA CAP | 01/01/1997 | $1.32 | 0.0% | 0.0% | N | Referral Required |
| A5061 | POUCH DRAINABLE W/BARRIER ATTACHED | 01/01/1997 | $2.45 | 0.0% | 0.0% | N | Referral Required |
| A5062 | POUCH,DRAINAGE;WITHOUT BARRI | 01/01/1997 | $2.00 | 0.0% | 0.0% | N | Referral Required |
| A5063 | POUCH DRAINABLE USE ON BARRIER W/FL | 01/01/1997 | $2.07 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| A5071 | POOUCH-URINARY BARRIER UNIT | 01/01/1997 | $4.07 | 0.0% | 0.0% | N | Referral Required |
| A5072 | POUCH,URINARY,WITHOUT BARRIER ATTA | 01/01/1997 | $2.86 | 0.0% | 0.0% | N | Referral Required |
| A5073 | POUCH URINARY FOR USE ON BARRIER W/ | 01/01/1997 | $2.77 | 0.0% | 0.0% | N | Referral Required |
| A5081 | CONTINGENT DEVICE; PLUG CONTINENT S | 01/01/1997 | $2.67 | 0.0% | 0.0% | N | Referral Required |
| A5082 | CONTINENT DEVICE; CATHETER FOR CONT | 01/01/1997 | $9.68 | 0.0% | 0.0% | N | Referral Required |
| A5093 | OSTOMY ACCESSORY, CONVEX INSERT AD | 01/01/1997 | $1.60 | 0.0% | 0.0% | N | Referral Required |
| A5102 | BEDSIDE DRAINAGE BOTTLE, RIGID OR E | 01/01/1997 | $21.39 | 0.0% | 0.0% | N | Referral Required |
| A5105 | URINARY SUSPENSORY W/LEG BAG | 01/01/1997 | $38.88 | 0.0% | 0.0% | N | Referral Required |
| A5112 | URINARY LEG BAG LATEX | 01/01/1997 | $33.02 | 0.0% | 0.0% | N | Referral Required |
| A5113 | LEG STRAP, LATEX, PER SET | 01/01/1997 | $3.81 | 0.0% | 0.0% | N | Referral Required |
| A5114 | LEG STRAP FOAM OR FABRIC PER SET | 01/01/1997 | $7.24 | 0.0% | 0.0% | N | Referral Required |
| A5119 | SKIN BARRIER WIPES 50 PER BO | 01/01/1997 | $10.35 | 0.0% | 0.0% | N | Referral Required |
| A5121 | SKIN BARRIER, SOLID 6X6 OR EQUIVALE | 01/01/1997 | $6.05 | 0.0% | 0.0% | N | Referral Required |
| A5122 | SKIN BARRIER; SOLID 8X8 OR EQUIVALE | 01/01/1997 | $10.42 | 0.0% | 0.0% | N | Referral Required |
| A5123 | SKIN BARRIER WITH FLANGE (EACH) | 01/01/1997 | $4.60 | 0.0% | 0.0% | N | Referral Required |
| A5126 | FOAM PAD OR ADHESIVE DISC | 01/01/1997 | $1.07 | 0.0% | 0.0% | N | Referral Required |
| A5131 | APPLIANCE CLEANER 16OZ FOR INCONTIN | 01/01/1997 | $12.86 | 0.0% | 0.0% | N | Referral Required |
| A5500 | OFF THE SHELF DEPTH INLAYSHOE MULT | 01/01/1999 | $92.50 | 0.0% | 0.0% | N | Referral Required |
| A5501 | DIABETICS ONLY, SUPPLY OF SHOE FROM | 01/01/1999 | $210.00 | 0.0% | 0.0% | N | Referral Required |
| A5503 | DIABETICS ONLY,OFF-SHELF DEPTH-INLA | 01/01/1999 | $93.00 | 0.0% | 0.0% | N | Referral Required |
| A5504 | DIABETICS ONLY,OFF-SHELF DEPTH-INLA | 01/01/1999 | $46.00 | 0.0% | 0.0% | N | Referral Required |
| A5505 | DIABETICS ONLY,OFF-SHELF DEPTH-INLA | 01/01/1999 | $41.00 | 0.0% | 0.0% | N | Referral Required |
| A5506 | DIABETICS ONLY,OFF-SHELF DEPTH-INLA | 01/01/1999 | $30.00 | 0.0% | 0.0% | N | Referral Required |
| A5507 | DIABETICS ONLY-NOT OTHERWISE SPEC M | 04/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A5508 | DIABETICS DLX FEATURE OFF-THE-SHELF | 01/01/2000 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A5510 | DIABETIC ONLY; | 01/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A6010 | COLLEGEN-BASED WOUND FILLER - DRY | 01/01/2002 | $30.62 | 0.0% | 0.0% | N | Referral Required |
| A6011 | COLLAGEN BASED WOUND FILLER | 01/01/2003 | $2.28 | 0.0% | 0.0% | N | Referral Required |
| A6021 | COLLAGEN DRESSING PAD | 01/01/2001 | $21.04 | 0.0% | 0.0% | N | Referral Required |
| A6022 | COLLAGEN DRESSING PAD | 01/01/2001 | $20.50 | 0.0% | 0.0% | N | Referral Required |
| A6023 | COLLAGEN DRESSING PAD | 01/01/2001 | $181.05 | 0.0% | 0.0% | N | Referral Required |
| A6024 | COLLAGEN DRESSING WOUND FILLER | 01/01/2001 | $5.90 | 0.0% | 0.0% | N | Referral Required |
| A6025 | SILICON GEL SHEET, EACH | 01/01/1997 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A6154 | WOUND POUCH, EACH | 01/01/1997 | $13.69 | 0.0% | 0.0% | N | Referral Required |
| A6196 | ALGINATE DRESSING, WOUND COVER PAD | 03/02/1997 | $7.01 | 0.0% | 0.0% | N | Referral Required |
| A6197 | ALGINATE DRESSING, MORE THAN 16, LE | 01/02/1997 | $15.68 | 0.0% | 0.0% | N | Referral Required |
| A6198 | ALGINATE DRESSING, MORE THAN | 01/01/1997 | $112.50 | 0.0% | 0.0% | N | Referral Required |
| A6199 | ALGINATE DRESSING, WOUND FILLER, PE | 01/02/1997 | $5.04 | 0.0% | 0.0% | N | Referral Required |
| A6200 | COMPOSITE DRESSING 16 SQ INCH | 01/01/1999 | $9.06 | 0.0% | 0.0% | N | Referral Required |
| A6201 | COMPOSITE DRESSING > 16 SQ INCH | 01/01/1999 | $19.84 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| A6202 | COMPOSITE DRESSING PAD SIZE | 01/01/1999 | $33.27 | 0.0% | 0.0% | N | Referral Required |
| A6203 | COMPOSITE DRESSING, 16 SQ.IN.OR LES | 01/02/1997 | $3.19 | 0.0% | 0.0% | N | Referral Required |
| A6204 | COMPOSITE DRESSING,MORE THAN 16 LES | 01/02/1997 | $5.94 | 0.0% | 0.0% | N | Referral Required |
| A6205 | COMPOSITE DRESSING,MORE THAN 48 SQ. | 01/01/1997 | $4.57 | 0.0% | 0.0% | N | Referral Required |
| A6206 | CONTACT LAYER, 16 SQ.IN. OR LESS, E | 01/01/1997 | $0.97 | 0.0% | 0.0% | N | Referral Required |
| A6207 | CONTACT LAYER,MORE THAN 16 & LESS T | 01/02/1997 | $7.00 | 0.0% | 0.0% | N | Referral Required |
| A6208 | CONTACT LAYER, MORE THAN 48 SQ.IN., | 01/01/1997 | $3.42 | 0.0% | 0.0% | N | Referral Required |
| A6209 | FOAM DRESSING,16 SQ.IN. OR LESS W/O | 01/02/1997 | $7.14 | 0.0% | 0.0% | N | Referral Required |
| A6210 | FOAM DRESSING,MORE THAN 16 LESS THA | 01/02/1997 | $19.00 | 0.0% | 0.0% | N | Referral Required |
| A6211 | FOAM DRESSING,MORE THAN 48 SQ.IN. W | 01/02/1997 | $28.01 | 0.0% | 0.0% | N | Referral Required |
| A6212 | FOAM DRESSING, 16 SQ.IN. OR LESS W/ | 01/02/1997 | $9.25 | 0.0% | 0.0% | N | Referral Required |
| A6213 | FOAM DRESSING,MORE THAN 16 LESS THA | 01/01/1997 | $14.63 | 0.0% | 0.0% | N | Referral Required |
| A6214 | FOAM DRESSING,MORE THAN 48 SQ.IN. W | 01/02/1997 | $9.82 | 0.0% | 0.0% | N | Referral Required |
| A6215 | FOAM DRESSING, WOUND FILLER, PER GR | 01/01/1997 | $2.33 | 0.0% | 0.0% | N | Referral Required |
| A6216 | GAUZE,NON-IMPREGNATED 16 SQ.IN. OR | 01/01/1997 | $0.05 | 0.0% | 0.0% | N | Referral Required |
| A6217 | GAUZE,NON-IMPREGNATED >16<48 SQ.IN. | 01/01/1997 | $0.40 | 0.0% | 0.0% | N | Referral Required |
| A6218 | GAUZE,NON-IMPREGNATED >48 SQ.IN. W/ | 01/01/1997 | $0.58 | 0.0% | 0.0% | N | Referral Required |
| A6219 | GAUZE,NON-IMPREGNATED 16 SQ.IN. OR | 01/02/1997 | $0.91 | 0.0% | 0.0% | N | Referral Required |
| A6220 | GAUZE,NON-IMPREGNATED >16<48 SQ.IN. | 01/02/1997 | $2.46 | 0.0% | 0.0% | N | Referral Required |
| A6221 | GAUZE,NON-IMPREGNATED >48 SQ.IN. W/ | 01/01/1997 | $1.09 | 0.0% | 0.0% | N | Referral Required |
| A6222 | GAUZE,IMPRGENATED 16 SQ.IN. OR LESS | 01/02/1997 | $2.03 | 0.0% | 0.0% | N | Referral Required |
| A6223 | GAUZE,IMPREGNATED, >16<48 SQ.IN. W/ | 01/02/1997 | $2.30 | 0.0% | 0.0% | N | Referral Required |
| A6224 | GAUZE,IMPREGNATED >48 SQ.IN. W/O AD | 01/02/1997 | $3.44 | 0.0% | 0.0% | N | Referral Required |
| A6228 | GAUZE,IMPREGNATED,SALINE 16 SQ.IN.O | 01/01/1997 | $1.31 | 0.0% | 0.0% | N | Referral Required |
| A6229 | GAUZE,IMPREGNATED,SALINE>16<48 SQ.I | 01/02/1997 | $3.44 | 0.0% | 0.0% | N | Referral Required |
| A6230 | GAUZE,IMPREGNATED,SALINE>48 SQ.IN. | 01/01/1997 | $1.46 | 0.0% | 0.0% | N | Referral Required |
| A6231 | GAUZE IMPREGNATED HYDROGEL | 01/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A6232 | GAUZE IMPREGNATED HYDROGEL | 01/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A6233 | GAUZE IMPREGNATED HYDROGEL | 01/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A6234 | HYDROCOLLOID DRESSING,16 SQ.IN.OR L | 01/02/1997 | $6.24 | 0.0% | 0.0% | N | Referral Required |
| A6235 | HYDROCOLLOID DRESSING >16<48 | 01/01/1997 | $16.05 | 0.0% | 0.0% | N | Referral Required |
| A6236 | HYDROCOLLOID DRESSING,>16<48 SQ.IN. | 01/02/1997 | $25.99 | 0.0% | 0.0% | N | Referral Required |
| A6237 | HYDROCOLLOID DRESSING,16 SQ.IN.OR L | 01/02/1997 | $7.54 | 0.0% | 0.0% | N | Referral Required |
| A6238 | HYDROCOLLOID DRESSING,>16<48 SQ.IN. | 01/02/1997 | $21.74 | 0.0% | 0.0% | N | Referral Required |
| A6239 | HYDROCOLLOID DRESSING,>48 SQ.IN. W/ | 01/01/1997 | $18.24 | 0.0% | 0.0% | N | Referral Required |
| A6240 | HYDROCOLLOID DRESSING,WOUND FILL | 01/02/1997 | $11.68 | 0.0% | 0.0% | N | Referral Required |
| A6241 | HYDROCOLLOID DRESSING, WOUND FILL | 01/02/1997 | $2.45 | 0.0% | 0.0% | N | Referral Required |
| A6242 | HYDROGEL DRESSING,16 SQ.IN.OR LESS | 01/02/1997 | $5.79 | 0.0% | 0.0% | N | Referral Required |
| A6243 | HYDROGEL DRESSING,>16<48 SQ.IN. W/O | 01/02/1997 | $11.75 | 0.0% | 0.0% | N | Referral Required |
| A6244 | HYDROGEL DRESSING,>48 SQ.IN. W/O AD | 01/02/1997 | $37.46 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| A6245 | HYDROGEL DRESSING,16 SQ.IN. OR LESS | 01/02/1997 | $6.93 | 0.0% | 0.0% | N | Referral Required |
| A6246 | HYDROGEL DRESSING,>16<48 SQ.IN. W/A | 01/02/1997 | $9.46 | 0.0% | 0.0% | N | Referral Required |
| A6247 | HYDROGEL DRESSING,>48 SQ.IN. W/ADHE | 01/02/1997 | $22.68 | 0.0% | 0.0% | N | Referral Required |
| A6248 | HYDROGEL DRESSING,WOUND FILLER,G | 01/02/1997 | $15.49 | 0.0% | 0.0% | N | Referral Required |
| A6250 | SKIN SEALANTS,PROTECTANTS,MOISTURIZ | 01/01/1997 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A6251 | ABSORPTIVE DRESSING,16 SQ.IN.OR LES | 01/02/1997 | $1.90 | 0.0% | 0.0% | N | Referral Required |
| A6252 | ABSORPTIVE DRESSING,>16<48 SQ.IN. W | 01/02/1997 | $3.10 | 0.0% | 0.0% | N | Referral Required |
| A6253 | ABSORPTIVE DRESSING,>48 SQ.IN. W/O | 01/02/1997 | $6.05 | 0.0% | 0.0% | N | Referral Required |
| A6254 | ABSORPTIVE DRESSING,16 SQ.IN.OR LES | 01/02/1997 | $1.16 | 0.0% | 0.0% | N | Referral Required |
| A6255 | ABSORPTIVE DRESSING,>16<48 SQ.IN. W | 01/02/1997 | $2.89 | 0.0% | 0.0% | N | Referral Required |
| A6256 | ABSORPTIVE DRESSING, >48 SQ.IN. W/A | 01/01/1997 | $4.45 | 0.0% | 0.0% | N | Referral Required |
| A6257 | TRANSPARENT FILM, 16 SQ.IN. OR LESS | 01/02/1997 | $1.46 | 0.0% | 0.0% | N | Referral Required |
| A6258 | TRANSPARENT FILM, >16<48 SQ.IN., EA | 01/02/1997 | $4.10 | 0.0% | 0.0% | N | Referral Required |
| A6259 | TRANSPARENT FILM,MORE THAN 48 SQ.IN | 01/02/1997 | $10.43 | 0.0% | 0.0% | N | Referral Required |
| A6260 | WOUND CLEANSERS, ANY TYPE, ANY SIZE | 04/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A6261 | WOUND FILLER, GEL/PASTE, PER FLUID | 03/01/1997 | $2.58 | 0.0% | 0.0% | N | Referral Required |
| A6262 | WOUND FILLER, UNCLASSIFIED, DRY FOR | 01/01/1997 | $0.99 | 0.0% | 0.0% | N | Referral Required |
| A6263 | GAUZE, ELASTIC, ALL TYPES, PER LINE | 01/02/1997 | $0.28 | 0.0% | 0.0% | N | Referral Required |
| A6264 | GAUZE, NON-ELASTIC, STERILE, PER LI | 01/02/1997 | $0.46 | 0.0% | 0.0% | N | Referral Required |
| A6265 | TAPE, ALL TYPES, ONE UNIT=18 SQUARE | 01/01/1997 | $0.12 | 0.0% | 0.0% | N | Referral Required |
| A6266 | GAUZE IMPREGNATED OTHER THAN WATE | 01/01/1997 | $1.83 | 0.0% | 0.0% | N | Referral Required |
| A6402 | GAUZE,NON-IMPREG/STERILE PAD <16 SQ | 04/01/1997 | $0.12 | 0.0% | 0.0% | N | Referral Required |
| A6403 | GAUZE,NON-IMPREG/STERILE PAD | 04/01/1997 | $0.41 | 0.0% | 0.0% | N | Referral Required |
| A6404 | GAUZE NON-IMPREG/STERILE>48 SQ.IN.W | 04/01/1997 | $0.58 | 0.0% | 0.0% | N | Referral Required |
| A6405 | GAUZE,ELASTIC,STERILE, ALL TYPES, P | 04/01/1997 | $0.32 | 0.0% | 0.0% | N | Referral Required |
| A6406 | GAUZE.NON-ELASTIC,STERILE ALL TYPES | 04/01/1997 | $0.76 | 0.0% | 0.0% | N | Referral Required |
| A6407 | PACKING STRIPS, NON-IMPREGNATED | 01/01/2004 | $1.88 | 0.0% | 0.0% | N | Referral Required |
| A6410 | EYE PAD, STERILE, EACH | 01/01/2003 | $0.39 | 0.0% | 0.0% | N | Referral Required |
| A6411 | EYE PAD, NON-STERILE, EACH | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A6412 | EYE PATCH, OCCLUSIVE, EACH | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A6441 | PADDING BANDAGE, NON-ELASTIC | 01/01/2004 | $0.67 | 0.0% | 0.0% | N | Referral Required |
| A6442 | CONFORMING BANDAGE | 01/01/2004 | $0.17 | 0.0% | 0.0% | N | Referral Required |
| A6443 | CONFORMING BANDAGE, NON-ELASTIC, K | 01/01/2004 | $0.29 | 0.0% | 0.0% | N | Referral Required |
| A6444 | CONFORMING BANDAGE | 01/01/2004 | $0.56 | 0.0% | 0.0% | N | Referral Required |
| A6445 | CONFORMING BANDAGE | 01/01/2004 | $0.32 | 0.0% | 0.0% | N | Referral Required |
| A6446 | CONFORMING BANDAGE | 01/01/2004 | $0.41 | 0.0% | 0.0% | N | Referral Required |
| A6447 | CONFORMING BANDAGE | 01/01/2004 | $0.67 | 0.0% | 0.0% | N | Referral Required |
| A6448 | LIGHT COMPRESSION BANDAGE | 01/01/2004 | $1.16 | 0.0% | 0.0% | N | Referral Required |
| A6449 | LIGHT COMPRESSION | 01/01/2004 | $1.75 | 0.0% | 0.0% | N | Referral Required |
| A6450 | LIGHT COMPRESSION BANDAGE | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| A6451 | MODERATE COMPRESSION BANDAGE, EL | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A6452 | HIGH COMP BANDAGE, ELASTIC KNIT/WO | 01/01/2004 | $5.91 | 0.0% | 0.0% | N | Referral Required |
| A6453 | SELF-ADHERENT BANDAGE | 01/01/2004 | $0.61 | 0.0% | 0.0% | N | Referral Required |
| A6454 | SELF-ADHERENT BANDAGE | 01/01/2004 | $0.77 | 0.0% | 0.0% | N | Referral Required |
| A6455 | SELF-ADHERENT BANDAGE, ELAS, NON/K | 01/01/2004 | $1.39 | 0.0% | 0.0% | N | Referral Required |
| A6456 | ZINC PAST IMPREGNATED BANDAGE | 01/01/2004 | $1.28 | 0.0% | 0.0% | N | Referral Required |
| A6501 | COMPRESSION BURN GARMENT BODYSUIT | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A6502 | COMPRESSION BODY GARMENT CAID STR | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A6503 | COMPRESSION BODY GARMENT FACIAL | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A6504 | COMPRESSION BODY GARMENT GLOVE TO | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A6505 | COMPRESSION BODY GARMENT GLOVE TO | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A6506 | COMPRESSION BODY GARMENT GLOVE TO | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A6507 | COMPRESSION BODY GARMENT FOOT TO | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A6508 | COMPRESSION BODY GARMENT FOOT TO | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A6509 | COMPRESSION BODY GARMENT UPPER | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A6510 | COMPRESSION BODY GARMENT TRUNK | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A6511 | COMPRESSION BODY GARMENT LOWER | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A6512 | COMPRESSION BODY GARMENT NOT | 01/01/2003 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| A6550 | DRESSING SET FOR NEGATIVE PRESSURE | 01/01/2004 | $26.23 | 0.0% | 0.0% | N | Referral Required |
| A6551 | CANISTER SET FOR NEGATIVE PRESSURE | 01/01/2004 | $23.46 | 0.0% | 0.0% | N | Referral Required |
| A7000 | CANISTER, DISPOSABLE | 01/01/2000 | $9.10 | 0.0% | 0.0% | N | Referral Required |
| A7001 | CANISTER, NON-DISPOSABLE | 01/01/2000 | $31.55 | 0.0% | 0.0% | N | Referral Required |
| A7002 | TUBING | 01/01/2000 | $3.65 | 0.0% | 0.0% | N | Referral Required |
| A7003 | ADMINISTRATION SET | 01/01/2000 | $2.61 | 0.0% | 0.0% | N | Referral Required |
| A7004 | SM.VOLUME NON-FLTRD PNEUMATIC NEB. | 01/01/2000 | $1.72 | 0.0% | 0.0% | N | Referral Required |
| A7005 | ADMINISTRATION SET | 01/01/2000 | $29.40 | 0.0% | 0.0% | N | Referral Required |
| A7006 | ADMINISTRATION SET | 01/01/2000 | $9.10 | 0.0% | 0.0% | N | Referral Required |
| A7007 | LARGE VOLUME NEBULIZER | 01/01/2000 | $4.40 | 0.0% | 0.0% | N | Referral Required |
| A7008 | LARGE VOLUME NEBULIZER, DISPOSABLE | 01/01/2000 | $10.49 | 0.0% | 0.0% | N | Referral Required |
| A7009 | RESERVOIR BOTTLE | 01/01/2000 | $40.10 | 0.0% | 0.0% | N | Referral Required |
| A7010 | CORRUGATED TUBING | 01/01/2000 | $22.50 | 0.0% | 0.0% | N | Referral Required |
| A7011 | CORRUGATED TUBING | 01/01/2000 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A7012 | WATER COLLECTION DEVICE | 01/01/2000 | $3.61 | 0.0% | 0.0% | N | Referral Required |
| A7013 | FILTER, DISPOSABLE | 01/01/2000 | $0.79 | 0.0% | 0.0% | N | Referral Required |
| A7014 | FILTER, NON-DISPOSABLE | 01/01/2000 | $4.28 | 0.0% | 0.0% | N | Referral Required |
| A7015 | AEROSOL MASK | 01/01/2000 | $1.79 | 0.0% | 0.0% | N | Referral Required |
| A7016 | DOME AND MOUTHPIECE, USED | 01/01/2000 | $6.91 | 0.0% | 0.0% | N | Referral Required |
| A7017 | NEBULIZER, DURABLE, GLASS OR AUTOCL | 01/01/2000 | $127.85 | 0.0% | 0.0% | N | Referral Required |
| A7018 | WATER DISTILLED | 01/01/2001 | $0.37 | 0.0% | 0.0% | N | Referral Required |
| A7025 | HIGH FREQUENCY CHEST WALL | 01/01/2003 | $434.94 | 0.0% | 0.0% | Y | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| A7026 | HIGH FREQ CHEST WALL OSCILLATION | 01/01/2003 | $28.75 | 0.0% | 0.0% | Y | Referral Required |
| A7030 | FULL FACE MASK | 01/01/2003 | $188.64 | 0.0% | 0.0% | N | Referral Required |
| A7031 | FACE MASK INTERFACE REPLACEMENT | 01/01/2003 | $69.77 | 0.0% | 0.0% | N | Referral Required |
| A7032 | REPLACEMENT CUSHION FOR NASAL APP | 01/01/2003 | $40.53 | 0.0% | 0.0% | N | Referral Required |
| A7033 | REPLACEMENT PILLOWS FOR NASAL APP | 01/01/2003 | $23.49 | 0.0% | 0.0% | N | Referral Required |
| A7034 | NASAL INTERFACE (MASK OR CANNULA) | 01/01/2003 | $76.66 | 0.0% | 0.0% | N | Referral Required |
| A7035 | HEADGEAR USED WITH POS AIRWAY PRES | 01/01/2003 | $37.92 | 0.0% | 0.0% | N | Referral Required |
| A7036 | CHINSTRAP | 01/01/2003 | $17.36 | 0.0% | 0.0% | N | Referral Required |
| A7037 | TUBING W/ POSITIVE AIRWAY PRESSURE | 01/01/2003 | $39.12 | 0.0% | 0.0% | N | Referral Required |
| A7038 | FILTER;DISPOSABLE W/POS AIRWAY PRES | 01/01/2003 | $5.39 | 0.0% | 0.0% | N | Referral Required |
| A7039 | FILTER;NON-DISPOSABLE | 01/01/2003 | $14.62 | 0.0% | 0.0% | N | Referral Required |
| A7040 | ONE WAY CHEST DRAIN VALVE | 01/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A7041 | WATER SEAL DRAINAGE CONTAINER | 01/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A7042 | IMPLANTED PLEURAL CATHETER | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A7043 | VACUUM DRAINAGE BOTTLE AND TUBING | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A7044 | ORAL INTERFACE;EACH | 01/01/2003 | $120.91 | 0.0% | 0.0% | N | Referral Required |
| A7045 | EXHALATION PORT W OR W/O SWIVEL | 01/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A7046 | WATER CHAMBER FOR HUMIDIFIER | 01/01/2004 | $19.51 | 0.0% | 0.0% | N | Referral Required |
| A7501 | TRACHEOSTOMA VALVE | 01/01/2001 | $100.18 | 0.0% | 0.0% | N | Referral Required |
| A7502 | REPLACEMENT DIAPHRAGM/FACEPLATE | 01/01/2001 | $10.81 | 0.0% | 0.0% | N | Referral Required |
| A7503 | FILTER HOLDER OR CAP | 01/01/2001 | $10.81 | 0.0% | 0.0% | N | Referral Required |
| A7504 | FILTER FOR USE IN A TRACHEOSTOMA | 01/01/2001 | $0.64 | 0.0% | 0.0% | N | Referral Required |
| A7505 | HOUSING REUSABLE W/O ADHESIVE | 01/01/2001 | $4.46 | 0.0% | 0.0% | N | Referral Required |
| A7506 | ADHESIVE DISC | 01/01/2001 | $0.32 | 0.0% | 0.0% | N | Referral Required |
| A7507 | FILTER HOLDER & INTEGRATED FILTER | 01/01/2001 | $2.37 | 0.0% | 0.0% | N | Referral Required |
| A7508 | HOUSING & INTEGRATED ADHESIVE | 01/01/2001 | $2.74 | 0.0% | 0.0% | N | Referral Required |
| A7509 | FILTER HOLDER & INTEGRATED FILTER | 01/01/2001 | $1.34 | 0.0% | 0.0% | N | Referral Required |
| A7520 | TRACHEOSTOMY/LARYNGECTOMY TUBE, N | 01/01/2004 | $50.67 | 0.0% | 0.0% | N | Referral Required |
| A7521 | TRACHEOSTOMY/LARYNGECTOMY | 01/01/2004 | $47.05 | 0.0% | 0.0% | N | Referral Required |
| A7522 | TRACHEOSTOMY/LARYNGECTOMY TUBE | 01/01/2004 | $45.16 | 0.0% | 0.0% | N | Referral Required |
| A7525 | TRACHEOSTOMY MASK, EACH | 01/01/2004 | $1.39 | 0.0% | 0.0% | N | Referral Required |
| A7526 | TRACHEOSTOMY TUBE COLLAR/HOLDER, E | 01/01/2004 | $3.37 | 0.0% | 0.0% | N | Referral Required |
| A7527 | TRACHEOSTOMY/LARYNECTOMY TUBE PL | 01/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A8534 | SUPPLY OF RADIOPHARMECEUTICAL | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A9152 | MULTIPLE VITAMINS, W/ OR W/O MINER | 01/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| A9153 | MULTIPLE VITAMINS | 01/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| A9180 | PEDICULOSIS TREATMENT | 01/01/2005 | $4.65 | 0.0% | 0.0% | N | Referral Required |
| A9500 | DIAGNOSTIC IMAGING, TECHNETI | 01/01/2004 | $64.28 | 0.0% | 0.0% | N | Referral Required |
| A9502 | DX RADIONUCLIDE-TC99M TETROF | 01/01/2004 | $58.06 | 0.0% | 0.0% | N | Referral Required |
| A9503 | SUPPLY-TECHNETIUM TC 99M, MEDRONAT | 07/01/2001 | $50.65 | 100.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| A9504 | SUPPLY-TECHNETIUM TC-99M APCITIDE | 01/01/2000 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A9505 | DIAGNOSTIC IMAGING, THALLOUS | 01/01/2004 | $19.89 | 0.0% | 0.0% | N | Referral Required |
| A9507 | INDIUM IN III CAPROMAB | 01/01/2004 | $687.71 | 0.0% | 0.0% | N | Referral Required |
| A9508 | SUPPLY OF RADIOPHARMACEUTICAL DIAG. | 01/01/2004 | $165.82 | 0.0% | 0.0% | N | Referral Required |
| A9510 | SUPPLY RADIOPHARMACEUTICAL DIAG. | 01/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A9511 | SUPPLY OF RADIOPHARMACEUTICAL DIAG | 01/01/2004 | $37.87 | 0.0% | 0.0% | N | Referral Required |
| A9512 | SUPPLY OF RADIOPHARMAC DIAGNOSTIC | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A9513 | SUPPLY OF RADIOPHARM DIAGNOSTIC | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A9514 | SUPPLY OF RADIOPHARMACEUTICAL DIAG | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A9515 | SUPPLY OF RADIOPHARMACEUTICAL | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A9516 | SUPPLY OF RADIOPHARMACEUTICAL | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A9517 | SUPPLY OF RADIOPHARM | 01/01/2004 | $5.48 | 0.0% | 0.0% | N | Referral Required |
| A9519 | SUPPLY OF RADIOPHARMACEUTICAL | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A9520 | SUPPLY OF RADIOPHARMACEUTICAL DIAG | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A9521 | SUPPLY OF RADIOPHARMACEUTICAL DIAG | 01/01/2004 | $210.65 | 0.0% | 0.0% | N | Referral Required |
| A9522 | SUPPLY OF RADIOPHARMACEUTICAL DIA | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A9523 | SUPPLY OF RADIOPHARMACEUTICAL AGEN | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A9524 | SUPPLY OF RADIOPHARM AGENT | 01/01/2004 | $0.36 | 0.0% | 0.0% | N | Referral Required |
| A9525 | SUPPLY OF LOW OR ISO-OSMLAR CONTRA | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A9526 | SUPPLY OF RADIOPHARMACEUTICAL | 01/01/2004 | $143.89 | 0.0% | 0.0% | N | Referral Required |
| A9528 | SUPPLY OF RADIOPHARMACEUTICAL | 01/01/2004 | $5.48 | 0.0% | 0.0% | N | Referral Required |
| A9529 | SUPPLY OF RADIOPHARMACEUTICAL | 01/01/2004 | $6.49 | 0.0% | 0.0% | N | Referral Required |
| A9530 | SUPPLY OF RADIOPHARM THERAP AGENT | 01/01/2004 | $6.49 | 0.0% | 0.0% | N | Referral Required |
| A9531 | SUPPLY OF RADIOPHARMACEUTICAL | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A9532 | SUPPLY OF RADIOPHARMACEUTICAL | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A9533 | SUPPLY OF RADIOPHARMECEUTICAL | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A9534 | I-131 TOSITUMOMAB, PER MILLICURIE | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A9600 | DX RADIONUCLIDE-STRONTIUM-89 | 01/01/2004 | $402.85 | 0.0% | 0.0% | N | Referral Required |
| A9605 | SAMARIUM SM 153 LEXIDRONAMN | 01/01/2004 | $874.44 | 0.0% | 0.0% | N | |
| A9699 | SUPPLY OF RADIOPHARM AGNT, NOC | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| A9700 | SUPPLY INJECTABLE CONTRAST | 01/01/2004 | $118.60 | 0.0% | 0.0% | N | Referral Required |
| A9900 | MISC DME SUPPLY ACCESSORY/SERVICE | 01/01/2001 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| A9999 | MISC DME SUPPLY OR ACCESSORY | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| B4034 | ENTERAL FEEDING SUPPLYKIT-SY | 03/01/1997 | $5.93 | 0.0% | 0.0% | N | Referral Required |
| B4035 | ENTERAL FEEDING SUPPLY KIT,P | 03/01/1997 | $11.30 | 0.0% | 0.0% | N | Referral Required |
| B4036 | ENTERAL FEEDING SUPPLY KIT G | 03/01/1997 | $7.74 | 0.0% | 0.0% | N | Referral Required |
| B4081 | NASOGASTRIC TUBING WITH STYL | 03/01/1997 | $20.00 | 0.0% | 0.0% | N | Referral Required |
| B4082 | NASOGASTRIC TUBING WITHOUT S | 03/01/1997 | $15.59 | 0.0% | 0.0% | N | Referral Required |
| B4083 | STOMACH TUBE - LEVINE TYPE | 03/01/1997 | $2.38 | 0.0% | 0.0% | N | Referral Required |
| B4086 | GASTROSTOMY/JEJUNOSTOMY TUBE | 01/01/2002 | $32.66 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| B4100 | FOOD THICKENER-ORAL ADMINISTRATION | 01/01/2003 | $0.55 | 0.0% | 0.0% | N | Referral Required |
| B4103 | ENTERAL FORMULA FOR PEDIATRICS | 01/01/2005 | $2.45 | 0.0% | 0.0% | Y | Referral Required |
| B4104 | ADDITIVE FOR ENTERAL FORMULA | 01/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| B4149 | ENTERAL FORMULA, BLENDERIZED | 01/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| B4150 | ENTERAL FORMULA,CATEGORY I; | 07/01/1999 | $0.61 | 0.0% | 0.0% | N | Referral Required |
| B4152 | ENT FORM CAT II INTACT PROT/ | 07/01/1999 | $0.51 | 0.0% | 0.0% | N | Referral Required |
| B4153 | ENTERAL FORM.CAT 3- HYDROPRO | 07/01/1999 | $1.74 | 0.0% | 0.0% | N | Referral Required |
| B4154 | ENT FOR CAT 4 DEF FORM FOR S | 07/01/1999 | $1.12 | 0.0% | 0.0% | N | Referral Required |
| B4155 | ENTERNAL FORMULA CATAGORY V | 07/01/1999 | $0.87 | 0.0% | 0.0% | N | Referral Required |
| B4157 | ENT FORM, NUTRITIONALLY COMPLETE | 01/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| B4158 | ENTERAL FORMULA, FOR PEDIATRICS | 01/01/2005 | $0.61 | 0.0% | 0.0% | N | Referral Required |
| B4159 | ENTERAL FORMULA, FOR PEDIATRICS | 01/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| B4160 | ENTERAL FORMULA, FOR PEDIATRICS | 01/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| B4161 | ENTERAL FORMULA, FOR PEDIATRIC | 01/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| B4164 | TPN HOMEMIX DEXTROSE 50% OR LESS-50 | 03/01/1997 | $15.96 | 0.0% | 0.0% | N | Referral Required |
| B4168 | PARENTERAL NUTR.SOL.AMINO AC | 03/01/1997 | $21.96 | 0.0% | 0.0% | N | Referral Required |
| B4172 | PARENTERAL NUTR SOLU, AMINO | 03/01/1997 | $47.78 | 0.0% | 0.0% | N | Referral Required |
| B4176 | PARENTERAL NUTR SOL AMINOACI | 03/01/1997 | $37.43 | 0.0% | 0.0% | N | Referral Required |
| B4178 | TPN HOMEMIX AMINOACID 8.5% OR MORE | 03/01/1997 | $52.47 | 0.0% | 0.0% | N | Referral Required |
| B4180 | TPN HOMEMIX,CARBOHYDRATE(DEX | 03/01/1997 | $22.88 | 0.0% | 0.0% | N | Referral Required |
| B4184 | PARENTERAL NUT SOL, LIPIDS, | 03/01/1997 | $75.03 | 0.0% | 0.0% | N | Referral Required |
| B4186 | TPN LIPIDS 20% W/ADMIN SET 5 | 03/01/1997 | $100.03 | 0.0% | 0.0% | N | Referral Required |
| B4189 | TPN 10-51 GMS PROTEIN-PREMIX | 03/01/1997 | $166.94 | 0.0% | 0.0% | N | Referral Required |
| B4193 | TPN PREMIX 52-73 GMS PROTEIN | 03/01/1997 | $215.72 | 0.0% | 0.0% | N | Referral Required |
| B4197 | TPN 74-100 GMS PROTEIN PREMIX | 03/01/1997 | $254.94 | 0.0% | 0.0% | N | Referral Required |
| B4199 | TPN OVER 100 GMS PROTEIN-PRE MIX | 03/01/1997 | $283.73 | 0.0% | 0.0% | N | Referral Required |
| B4216 | PARENTERAL NUTRITION ADDITIV | 03/01/1997 | $7.04 | 0.0% | 0.0% | N | Referral Required |
| B4220 | PARENTERAL NUT SUP KIT FOR 1 | 03/01/1997 | $7.51 | 0.0% | 0.0% | N | Referral Required |
| B4222 | PARENTAL NUTR SUPPLY KIT HOME MIX P | 03/01/1997 | $7.71 | 0.0% | 0.0% | N | Referral Required |
| B4224 | PARENTERAL NUTRITION ADMIN K | 03/01/1997 | $23.50 | 0.0% | 0.0% | N | Referral Required |
| B5000 | TPN PREMIX W/PREP ANY STRENGTH PER | 03/01/1997 | $10.84 | 0.0% | 0.0% | N | Referral Required |
| B5100 | TPN PREMIX W/PREP ANY STRENGTH PER | 03/01/1997 | $4.36 | 0.0% | 0.0% | N | Referral Required |
| B5200 | TPN PREMIX W/PREP ANY STRENGTH PER | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| B9000 | ENTERAL NUTRITION INFUSION PUMP W/O | 03/01/1997 | $1,090.00 | 0.0% | 0.0% | N | Referral Required |
| B9002 | ENTERAL NUTRITION INFUSION P | 03/01/1998 | $1,150.50 | 0.0% | 0.0% | N | Referral Required |
| B9004 | PARENTERAL NUTRITION INFUSION PUMP, | 03/01/1997 | $3,751.50 | 0.0% | 0.0% | N | Referral Required |
| B9006 | STATIONARY PARENTERAL PUMP | 03/01/1997 | $3,751.50 | 0.0% | 0.0% | N | Referral Required |
| B9998 | NOC FOR ENTERAL SUPPLIES | 04/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| B9999 | NOC FOR PARENTERAL SUPPLIES | 04/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| C1300 | HYPERBARIC OXYGEN UNDER PRESSURE | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| C1765 | ADHESIVE BARRIER | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| C1783 | OCCULAR IMPLANT, AQUEOUS DRAINAGE | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| C1814 | RETINAL TAMPONADE DEVICE | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| C1818 | INTEGRATED KERATOPROSTHESIS | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| C1900 | LEAD, LEFT VENTRICULAR CORONARY VE | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| C2614 | PROBE, PERCUTANEOUS LUMBAR DISCEC | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| C2616 | BRACHYTHERAPY SOURCE, YTTRIUM-90 | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| C2618 | PROBE, CRYOABLATION | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| C2632 | BRACHYTHERAPY SOLUTION, IODINE 125 | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| C8900 | MAGNETIC RESONANCE ANGIOGRAPHY | 01/01/2004 | $0.00 | 81.0% | 19.0% | N | Referral Required |
| C8901 | MAGNETIC RESONANCE ANGIOGRAPHY | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| C8902 | MAGNETIC RESONANCE IMAGING W/O CON | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| C8903 | MAGNETIC RESONANCE IMAGING W CON | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| C8904 | MAGNETIC RESONANCE IMAGING W/O CON | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| C8905 | MAGNETIC RESONANCE IMAGING W/O CON | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| C8906 | MAGNETIC RESONANCE IMAGING | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| C8907 | MAGNETIC RESONANCE IMAGING | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| C8908 | MAGNETIC RESONANCE IMAGING | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| C8909 | MAGNETIC RESONANCE ANGIOGRAPHY W C | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| C8910 | MAGNETIC RESONANCE ANGIOGRAPHY | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| C8911 | MAGNETIC RESONANCE ANGIOGRAPHY | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| C8912 | MAGNETIC RESONANCE ANGIOGRAPHY | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| C8913 | MAGNETIC RESONANCE ANGIOGRAPHY | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| C8914 | MAGNETIC RESONANCE ANGIOGRAPHY | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| C8918 | MAGNETIC RESONANCE ANGIOGRAPHY | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| C8919 | MAGNETIC RESONANCE | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| C8920 | MAGNETIC RESONANCE ANGIOGRAPHY | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| C9704 | INJECT OR INSERT OF INERT SUBSTANC | 01/01/2004 | $1,750.00 | 0.0% | 0.0% | N | Referral Required |
| E0100 | CANE, ALL MATERIAL, FIXED OR | 03/01/1997 | $17.09 | 0.0% | 0.0% | N | Referral Required |
| E0105 | CANE, QUAD OR THREE PRONG | 03/01/1997 | $44.28 | 0.0% | 0.0% | N | Referral Required |
| E0110 | CRUTCHES,FOREARM,INCLUDES AD | 03/01/1997 | $66.09 | 0.0% | 0.0% | N | Referral Required |
| E0111 | CRUTCH FOREARM ADJUST OR FIX | 03/01/1997 | $43.18 | 0.0% | 0.0% | N | Referral Required |
| E0112 | CRUTCHES, UNDERARM, WOOD, AD | 03/01/1997 | $35.29 | 0.0% | 0.0% | N | Referral Required |
| E0113 | CRUTCH,UNDER ARM WOOD,ADJUST | 03/01/1997 | $20.15 | 0.0% | 0.0% | N | Referral Required |
| E0114 | CRUTCH AALUM. ADJ. OR FIX, PAIR W/P | 03/01/1997 | $41.00 | 0.0% | 0.0% | N | Referral Required |
| E0116 | CRUTCH UNDERARM PAD ALUMINUM | 03/01/1997 | $26.46 | 0.0% | 0.0% | N | Referral Required |
| E0118 | CRUTCH SUBSTITUTE | 01/01/2004 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E0130 | WALKER, RIGID, (PICKUP), ADJ | 03/01/1997 | $66.99 | 0.0% | 0.0% | N | Referral Required |
| E0135 | WALKER FOLDING ADJUSTABLE OR | 03/01/1997 | $77.48 | 0.0% | 0.0% | N | Referral Required |
| E0140 | WALKER, WITH TRUNK SUPPORT | 01/01/2004 | $0.00 | 0.0% | 0.0% | Y | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| E0141 | RIGID WALKER, WHEELED W/O SEAT | 03/01/1997 | $109.97 | 0.0% | 0.0% | N | Referral Required |
| E0143 | FOLDING WALKER WHEELED WITHOUT SE | 03/01/1997 | $101.58 | 0.0% | 0.0% | N | Referral Required |
| E0144 | ENCLOSED, FRAMED FOLDING WALKER | 01/01/2000 | $303.75 | 0.0% | 0.0% | N | Referral Required |
| E0147 | HEAVY DUTY, MULTIPLE BREAK SYS, VAR | 04/01/2002 | $548.27 | 0.0% | 0.0% | Y | Referral Required |
| E0148 | WALKER; HEAVY DUTY WITHOUT WHEELS | 04/01/2002 | $121.55 | 0.0% | 0.0% | N | Referral Required |
| E0149 | WALKER HEAVY DUTY WHEELED | 01/01/2003 | $222.09 | 0.0% | 0.0% | N | Referral Required |
| E0153 | PLATFORM ATTACHMENT, FOREARM CRUT | 03/01/1997 | $66.18 | 0.0% | 0.0% | N | Referral Required |
| E0154 | PLATFORM ATTACHMENT, WALKER, EACH | 03/01/1997 | $67.25 | 0.0% | 0.0% | N | Referral Required |
| E0155 | WHEEL ATTACH, RIGID PICK-UP WALKER | 03/01/1997 | $25.59 | 0.0% | 0.0% | N | Referral Required |
| E0156 | SEAT ATTACH, WALKER | 03/01/1997 | $25.21 | 0.0% | 0.0% | N | Referral Required |
| E0157 | CRUTCH ATTACH, WALKER, EACH | 03/01/1997 | $78.14 | 0.0% | 0.0% | N | Referral Required |
| E0158 | LEG EXTENSIONS FOR A WALKER (SET) | 04/01/2002 | $30.69 | 0.0% | 0.0% | Y | Referral Required |
| E0159 | BRAKE ATTACHMENT FOR WHEELED | 01/01/1997 | $17.05 | 0.0% | 0.0% | N | Referral Required |
| E0160 | SITZ TYPE BATH,PORTABLE, FITS OVER | 01/01/2003 | $31.53 | 0.0% | 0.0% | N | Referral Required |
| E0161 | SITZ BATH PORTABLE, FITS OVER COMMO | 01/01/2003 | $25.01 | 0.0% | 0.0% | N | Referral Required |
| E0163 | COMMODE CHAIR STATIONARY WITH FIX | 03/01/1997 | $105.20 | 0.0% | 0.0% | N | Referral Required |
| E0164 | COMMODE CHAIR MOBILE W/FIXED ARMS | 04/01/1998 | $173.03 | 0.0% | 0.0% | N | Referral Required |
| E0165 | COMMODE CHAIR STATIONARY DETACH A | 01/01/1998 | $177.20 | 0.0% | 0.0% | N | Referral Required |
| E0166 | COMMODE CHAIR, MOBILE W/DETACH ARM | 04/01/1998 | $297.00 | 0.0% | 0.0% | N | Referral Required |
| E0167 | PAIL OR PAN FOR USE W/COMMOD | 03/01/1997 | $11.45 | 0.0% | 0.0% | N | Referral Required |
| E0168 | COMODE CHAIR | 01/01/2001 | $144.38 | 0.0% | 0.0% | N | Referral Required |
| E0169 | COMMODE WITH SEAT LIFT MECHANISM | 01/01/2002 | $502.60 | 0.0% | 0.0% | Y | Referral Required |
| E0175 | FOOT REST, FOR USE WITH COMM | 03/01/1997 | $63.17 | 0.0% | 0.0% | N | Referral Required |
| E0180 | PRESSURE PAD, ALTERN WITH PUMP | 03/01/1997 | $207.20 | 0.0% | 0.0% | N | Referral Required |
| E0181 | PRESSURE PAD, ALTERN WITH PUMP, HEA | 03/01/1997 | $229.70 | 0.0% | 0.0% | N | Referral Required |
| E0182 | PUMP FOR ALTERN PRESSURE PAD | 03/01/1997 | $249.80 | 0.0% | 0.0% | N | Referral Required |
| E0184 | DRY PRESSURE MATTRESS EG EGGCRATE | 03/01/1997 | $185.71 | 0.0% | 0.0% | N | Referral Required |
| E0185 | GEL MATT.PRESSURE PAD-STD.LW | 03/01/1997 | $305.09 | 0.0% | 0.0% | N | Referral Required |
| E0186 | AIR PRESSURE MATTRESS | 03/01/1997 | $193.60 | 0.0% | 0.0% | N | Referral Required |
| E0187 | WATER PRESSURE MATTRESS-PURCHASE P | 01/01/1997 | $221.14 | 0.0% | 0.0% | N | Referral Required |
| E0188 | SYNTHETIC SHEEPSKIN PAD | 01/01/1993 | $23.19 | 0.0% | 0.0% | N | Referral Required |
| E0189 | LAMBSWOOL SHEEPSKIN PAD, ANDY SIZE | 01/01/1993 | $55.40 | 0.0% | 0.0% | N | Referral Required |
| E0190 | POSITIONING CUSHION | 01/01/2004 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E0191 | HEEL OR ELBOW PROTECTOR | 03/01/1997 | $9.53 | 0.0% | 0.0% | N | Referral Required |
| E0193 | POWERED AIR FLOTATION BED-LOW AIR L | 03/01/1997 | $8,617.50 | 0.0% | 0.0% | Y | Referral Required |
| E0194 | AIR FLUIDIZED BED | 01/01/2003 | $31,133.90 | 0.0% | 0.0% | Y | Referral Required |
| E0196 | GEL PRESSURE MATTRESS | 01/01/1999 | $263.40 | 0.0% | 0.0% | N | Referral Required |
| E0197 | AIR PRESSURE PAD FOR MATTRES | 03/01/1997 | $211.35 | 0.0% | 0.0% | N | Referral Required |
| E0198 | WATER PRESSURE PAD FOR MATTR | 03/01/1997 | $211.35 | 0.0% | 0.0% | N | Referral Required |
| E0199 | DRY PRESSURE PAD FOR MATTRES | 03/01/1997 | $30.57 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| E0200 | HEAT LAMP,WITHOUT STAND (TAB | 03/01/1997 | $75.62 | 0.0% | 0.0% | Y | Referral Required |
| E0202 | PHOTOTHERAPY (BILIRUBIN) LIGHT(DLY) | 07/01/1998 | $50.76 | 0.0% | 0.0% | N | Referral Required |
| E0203 | THERAPEUTIC LIGHTBOX | 01/01/2003 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E0205 | HEAT LAMP, WITH STAND INC BU | 03/01/1997 | $157.34 | 0.0% | 0.0% | Y | Referral Required |
| E0210 | ELECTRIC HEAT PAD, STANDARD | 03/01/1997 | $26.46 | 0.0% | 0.0% | Y | Referral Required |
| E0215 | ELECTRIC HEAT PAD, MOIST | 03/01/1997 | $67.57 | 0.0% | 0.0% | Y | Referral Required |
| E0217 | WATER CIRCULATING HEAT PAD W/PUMP | 01/01/2002 | $496.47 | 0.0% | 0.0% | Y | Referral Required |
| E0220 | HOT WATER BOTTLE | 03/01/1997 | $8.08 | 0.0% | 0.0% | Y | Referral Required |
| E0225 | HYDROCOLLATOR W/ PADS | 03/01/1997 | $370.70 | 0.0% | 0.0% | Y | Referral Required |
| E0230 | ICE CAP OR COLLAR | 03/01/1997 | $8.09 | 0.0% | 0.0% | Y | Referral Required |
| E0238 | NON-ELECTRIC HEAT PAD, MOIST | 03/01/1997 | $25.79 | 0.0% | 0.0% | Y | Referral Required |
| E0239 | HYDROCOLLATOR UNIT, PORTABLE | 03/01/1997 | $364.70 | 0.0% | 0.0% | Y | Referral Required |
| E0240 | BATH/SHOWER CHAIR, WITH OR W/O WHE | 01/01/2004 | $66.70 | 0.0% | 0.0% | N | Referral Required |
| E0241 | BATHTUB RAIL-WALL, EACH | 05/01/2003 | $19.99 | 0.0% | 0.0% | N | Referral Required |
| E0242 | BATH TUB RAIL, FLOOR BASE | 01/01/1997 | $63.50 | 0.0% | 0.0% | N | Referral Required |
| E0243 | TOILET RAIL, EACH | 05/01/2003 | $16.62 | 0.0% | 0.0% | N | Referral Required |
| E0244 | RAISED TOILET SEAT | 01/01/1997 | $27.43 | 0.0% | 0.0% | N | Referral Required |
| E0245 | TUB STOOL OR BENCH | 06/01/2002 | $66.70 | 0.0% | 0.0% | N | Referral Required |
| E0246 | TRANSFER TUB RAIL ATTACHMENT | 05/01/2003 | $39.79 | 0.0% | 0.0% | N | Referral Required |
| E0247 | TRANSFER BENCH FOR TUB | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| E0248 | TRANSFER BENCH, HEAVY DUTY | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| E0249 | PAD FOR WATER CIRCULATING HE | 03/01/1997 | $95.00 | 0.0% | 0.0% | Y | Referral Required |
| E0250 | HP BED W/SIDE RAILS FIXED HGHT W/MA | 03/01/1997 | $877.90 | 0.0% | 0.0% | N | Referral Required |
| E0251 | HOSPITAL BED, WITH SIDE RAILS, FIXE | 03/01/1997 | $671.70 | 0.0% | 0.0% | Y | Referral Required |
| E0255 | HOSP BED, WITH SIDE RAILS VARI HEIG | 03/01/1997 | $952.40 | 0.0% | 0.0% | N | Referral Required |
| E0256 | HOSP BED VARIABLE HEIGHT HI/LOW SID | 03/01/1997 | $726.46 | 0.0% | 0.0% | Y | Referral Required |
| E0260 | HOSPITAL BED, W/SIDE RAILS,SEMI-ELE | 03/01/1997 | $1,601.70 | 0.0% | 0.0% | Y | Referral Required |
| E0261 | HOSP BED SEMIELECTRIC W/SIDE RAIL W | 03/01/1997 | $1,306.20 | 0.0% | 0.0% | Y | Referral Required |
| E0265 | HP BED TOTAL ELECTRIC W/SIDERAILS | 03/01/1997 | $1,906.60 | 0.0% | 0.0% | Y | Referral Required |
| E0266 | HOSP BED SIDE RAILS TOT ELEC HEAD, | 03/01/1997 | $1,598.70 | 0.0% | 0.0% | Y | Referral Required |
| E0271 | MATTRESS, INNERSPRING | 03/01/1997 | $211.78 | 0.0% | 0.0% | N | Referral Required |
| E0272 | MATTRESS, FOAM RUBBER | 03/01/1997 | $164.08 | 0.0% | 0.0% | N | Referral Required |
| E0273 | BED BOARD | 03/01/1997 | $25.19 | 0.0% | 0.0% | N | Referral Required |
| E0275 | BED PAN STANDARD | 04/01/2001 | $14.60 | 0.0% | 0.0% | N | Referral Required |
| E0276 | BED PAN, FRACTURE, METAL OR PLASTIC | 04/01/2001 | $10.85 | 0.0% | 0.0% | N | Referral Required |
| E0277 | POWERED PRES-REDUCING MATT | 03/01/1997 | $7,243.00 | 0.0% | 0.0% | Y | Referral Required |
| E0280 | BED CRADLE ANY TYPE | 03/01/1997 | $34.18 | 0.0% | 0.0% | N | Referral Required |
| E0290 | HOSP BED,FIXED HEIGHT,W/O SIDE RAIL | 03/01/1997 | $662.90 | 0.0% | 0.0% | N | Referral Required |
| E0291 | HOSP BED, FIXED HGHT, W/OSIDE RAILS | 03/01/1997 | $473.70 | 0.0% | 0.0% | N | Referral Required |
| E0292 | HOSPITAL BED W/O SIDE RAILS W/MATTR | 03/01/1997 | $734.60 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| E0293 | HOSP BED,VAR HGHT HI-LO, W/O | 03/01/1997 | $592.80 | 0.0% | 0.0% | N | Referral Required |
| E0294 | HOSPITAL BED W/O RAILS | 03/01/1997 | $1,246.20 | 0.0% | 0.0% | Y | Referral Required |
| E0295 | SEMI-ELECTRIC HOSPITAL BED W | 03/01/1997 | $1,214.70 | 0.0% | 0.0% | Y | Referral Required |
| E0296 | HOSP BED, TOTAL ELECTRIC U/O SIDERA | 03/01/1997 | $1,566.20 | 0.0% | 0.0% | Y | Referral Required |
| E0297 | HOSP BED,TOTAL ELECT: NO SIDERAILS, | 03/01/1997 | $1,331.80 | 0.0% | 0.0% | Y | Referral Required |
| E0300 | PEDIATRIC CRIB | 01/01/2004 | $2,838.62 | 0.0% | 0.0% | N | Referral Required |
| E0301 | HOSPITAL BED, HEAVY DUTY | 01/01/2004 | $2,707.20 | 0.0% | 0.0% | N | Referral Required |
| E0302 | HOSPITAL BED, HEAVY DUTY | 01/01/2004 | $7,154.40 | 0.0% | 0.0% | N | Referral Required |
| E0303 | HOSPITAL BED, HEAVY DUTY | 01/01/2004 | $3,024.70 | 0.0% | 0.0% | N | Referral Required |
| E0304 | HOSPITAL BED, HVY DUTY | 01/01/2004 | $770.67 | 0.0% | 0.0% | N | Referral Required |
| E0305 | BED SIDE RAILS, HALF LENGTH | 03/01/1997 | $161.90 | 0.0% | 0.0% | Y | Referral Required |
| E0310 | BED SIDE RAILS, FULL LENGTH | 03/01/1997 | $165.24 | 0.0% | 0.0% | Y | Referral Required |
| E0316 | SAFETY ENCLOSURE FRAME CANOPY | 01/01/2001 | $2,002.70 | 0.0% | 0.0% | Y | Referral Required |
| E0325 | URINAL MALE ANY MATERIAL | 03/01/1997 | $9.64 | 0.0% | 0.0% | N | Referral Required |
| E0326 | URINAL FEMALE ANY MATERIAL | 01/01/2000 | $9.15 | 0.0% | 0.0% | N | Referral Required |
| E0352 | DISPOSABLE PACK | 01/01/2004 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E0371 | NONPOWERED PRESS.MAT.OVR; PP | 01/01/1998 | $4,239.50 | 0.0% | 0.0% | Y | Referral Required |
| E0372 | POWER AIR OVERLAY-MATTRESS-PP | 01/01/1998 | $5,144.40 | 0.0% | 0.0% | Y | Referral Required |
| E0373 | NONPOWER.PRESSURE MATTRES-P.P. | 01/01/1998 | $5,860.90 | 0.0% | 0.0% | Y | Referral Required |
| E0424 | STATIONARY COMPRESSED 02 SYS | 06/01/2002 | $2,186.40 | 0.0% | 0.0% | N | Referral Required |
| E0431 | 02 PORTABLE GASEOUS SYSTEM | 06/01/2002 | $354.30 | 0.0% | 0.0% | N | Referral Required |
| E0434 | 02 PORTABLE LIQUID SYSTEM | 06/01/2002 | $354.30 | 0.0% | 0.0% | N | Referral Required |
| E0435 | O2 SYSTEM, LIQUID, PORTABLE | 10/01/1985 | $67.25 | 0.0% | 0.0% | Y | Referral Required |
| E0439 | STATIONARY LIQUID 02 SYSTEM | 06/01/2002 | $2,186.40 | 0.0% | 0.0% | N | Referral Required |
| E0441 | 02 CONTENTS GASEOUS 1 UNIT=5 | 06/01/2002 | $1,639.60 | 0.0% | 0.0% | N | Referral Required |
| E0442 | 02 CONTENTS LIQUID OWNED SYS | 06/01/2002 | $1,693.60 | 0.0% | 0.0% | N | Referral Required |
| E0443 | PORTABLE OXYGEN CONTENTS, GASEOUS | 06/01/2002 | $215.40 | 0.0% | 0.0% | N | Referral Required |
| E0444 | PORTABLE 02 CONTENTS LIQUID | 06/01/2002 | $215.40 | 0.0% | 0.0% | N | Referral Required |
| E0445 | OXIMETER DEVICE FOR MEASURING BLOO | 01/01/2003 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E0450 | VOLUME CONTROL VENTILATOR | 04/01/2000 | $6,506.80 | 0.0% | 0.0% | Y | Referral Required |
| E0455 | OXYGEN TENT, EXCLUDING CROUP OR PE | 04/01/1986 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E0457 | CHEST SHELL (CUIRASS) | 07/01/1999 | $586.13 | 0.0% | 0.0% | N | Referral Required |
| E0459 | CHEST WRAP | 03/01/1997 | $485.40 | 0.0% | 0.0% | N | Referral Required |
| E0460 | NEG PRESSURE VENTILATOR;PORTABLE, R | 06/01/2002 | $6,997.00 | 0.0% | 0.0% | Y | Referral Required |
| E0461 | VOLUME VENT, STATIONARY/ PORTABLE | 01/01/2003 | $10,020.50 | 0.0% | 0.0% | Y | Referral Required |
| E0462 | ROCKING BED W/WO SIDE RAILS | 03/01/1997 | $2,779.50 | 0.0% | 0.0% | Y | Referral Required |
| E0463 | PRESSURE SUPPORT VENTILATOR | 01/01/2005 | $14,001.40 | 0.0% | 0.0% | Y | Referral Required |
| E0464 | PRESSURE SUPPORT VENTILATOR | 01/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E0470 | RESPIRATORY ASSIST DEVICE | 01/01/2004 | $2,619.90 | 0.0% | 0.0% | Y | Referral Required |
| E0471 | RESPIRATORY ASSIST DEVICE | 01/01/2004 | $6,556.60 | 0.0% | 0.0% | Y | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| E0472 | RESPIRATORY ASSIST DEVICE | 01/01/2004 | $6,556.60 | 0.0% | 0.0% | Y | Referral Required |
| E0480 | PERCUSSOR, ELECTRIC OR PNEUMATIC,H | 03/01/1997 | $419.10 | 0.0% | 0.0% | N | Referral Required |
| E0482 | COUGH STIMULATING DEVICE | 01/01/2003 | $4,278.90 | 0.0% | 0.0% | Y | Referral Required |
| E0483 | HIGH FREQUENCY CHEST WALL | 01/01/2003 | $10,631.30 | 0.0% | 0.0% | Y | Referral Required |
| E0484 | OSCILLATORY POSITIVE EXPIRATORY | 01/01/2003 | $36.92 | 0.0% | 0.0% | Y | Referral Required |
| E0500 | IPPB MACHINE, ALL TYPES W/NEBULIZER | 06/01/2002 | $961.70 | 0.0% | 0.0% | Y | Referral Required |
| E0550 | HUMIDIFIER EXTNSIVE SUPP HUMID FOR | 04/01/1998 | $478.10 | 0.0% | 0.0% | N | Referral Required |
| E0555 | HUMIDIFER DURABLE GLASS/PLASTIC BOT | 01/01/1993 | $4.04 | 0.0% | 0.0% | N | Referral Required |
| E0560 | HUMIDIFIER FOR SUPPLEMENTAL DURING | 03/01/1997 | $152.74 | 0.0% | 0.0% | Y | Referral Required |
| E0561 | HUMIDIFIER NON-HEATED | 01/01/2004 | $102.06 | 0.0% | 0.0% | N | Referral Required |
| E0562 | HUMIDIFIER, HEATED | 01/01/2004 | $287.31 | 0.0% | 0.0% | N | Referral Required |
| E0565 | COMPRESSOR-AIR FOR DME NOT S | 03/01/1998 | $560.05 | 0.0% | 0.0% | N | Referral Required |
| E0570 | NEBULIZER WITH COMPRESSOR EG | 11/24/1997 | $188.20 | 0.0% | 0.0% | N | Referral Required |
| E0571 | AEROSOL COMPRESSOR | 01/01/2004 | $286.70 | 0.0% | 0.0% | Y | Referral Required |
| E0572 | AEROSOL COMPRESSOR | 01/01/2001 | $36.45 | 0.0% | 0.0% | N | Referral Required |
| E0574 | ULTRASONIC GENERATOR | 01/01/2001 | $38.53 | 0.0% | 0.0% | N | Referral Required |
| E0575 | NEBULIZER, SELF-CONTAINED ULTRASONI | 03/01/1998 | $953.50 | 0.0% | 0.0% | Y | Referral Required |
| E0580 | NEBULIZER DURABLE BOTTLE TYPE | 07/01/1999 | $127.85 | 0.0% | 0.0% | N | Referral Required |
| E0585 | NEBULIZER, W/COMPRESSOR AND HEATER | 03/01/1997 | $284.30 | 0.0% | 0.0% | N | Referral Required |
| E0600 | SUCTION PUMG HOME MODLE PORTABLE | 03/01/1997 | $436.70 | 0.0% | 0.0% | N | Referral Required |
| E0601 | NASAL CONTINUOUS AIRWAY PRESSURE ( | 03/01/1997 | $1,065.50 | 0.0% | 0.0% | Y | Referral Required |
| E0602 | BREAST PUMP ALL TYPES | 01/01/2003 | $22.83 | 0.0% | 0.0% | N | Referral Required |
| E0603 | BREAST PUMP | 01/01/2002 | $394.34 | 0.0% | 0.0% | N | Referral Required |
| E0605 | VAPORIZER, ROOM TYPE | 03/01/1997 | $25.21 | 0.0% | 0.0% | Y | Referral Required |
| E0606 | POSTURAL DRAINAGE BOARD MONITORIN | 03/01/1997 | $218.80 | 0.0% | 0.0% | Y | Referral Required |
| E0607 | HOME BLOOD GLUCOSE MONITOR | 03/01/1997 | $63.73 | 0.0% | 0.0% | N | Referral Required |
| E0610 | PACEMAKER MON,SELF CONT CHEC BATT D | 03/01/1997 | $214.30 | 0.0% | 0.0% | Y | Referral Required |
| E0615 | PACEMAKER MONITOR | 03/01/1997 | $456.71 | 0.0% | 0.0% | Y | Referral Required |
| E0617 | EXTERNAL DEFIBRILLATOR | 01/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| E0619 | APNEA MONITOR, WITH RECORDING | 01/01/2003 | $2,228.40 | 0.0% | 0.0% | Y | Referral Required |
| E0620 | SKIN PIERCING DEVICE | 01/01/2002 | $870.07 | 0.0% | 0.0% | Y | Referral Required |
| E0621 | SLING OR SEAT CANVAS OR NYLON | 03/01/1997 | $83.58 | 0.0% | 0.0% | N | Referral Required |
| E0625 | PATIENT LIFT, KARATOP, BATHROOM OR | 01/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| E0627 | SEAT LIFT MECHANISM INCORP INTO LIF | 01/01/2003 | $321.75 | 0.0% | 0.0% | N | Referral Required |
| E0628 | SEPERATE SEAT LIFT MECHANISM W/PATI | 03/01/1997 | $321.75 | 0.0% | 0.0% | N | Referral Required |
| E0629 | SEPERATE SEAT LIFT MECHANISM W/PATI | 03/01/1997 | $315.44 | 0.0% | 0.0% | N | Referral Required |
| E0630 | HYDRAULIC PT LIFT W/SEAT OR SLING | 03/01/1997 | $947.90 | 0.0% | 0.0% | N | Referral Required |
| E0635 | PT LIFT ELECTRIC W/SEAT OR SLING | 04/01/1998 | $1,167.10 | 0.0% | 0.0% | N | Referral Required |
| E0636 | MULTIPOSITIONAL PATIENT SUPPORT | 01/01/2003 | $10,545.60 | 0.0% | 0.0% | Y | Referral Required |
| E0637 | COMBINATION SIT TO STAND SYSTEM | 01/01/2004 | $0.00 | 0.0% | 0.0% | Y | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| E0638 | STANDING FRAME SYSTEM, | 01/01/2004 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E0639 | PATIENT LIFT, MOVEABLE | 01/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E0640 | PATIENT LIFT, FIXED SYSTEM, INCL | 01/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E0650 | PNEUMATIC COMPRESSOR HOME MODEL ( | 03/01/1997 | $686.96 | 0.0% | 0.0% | N | Referral Required |
| E0651 | PNEUMATIC COMPRESSOR SEGMENTAL H | 03/01/1997 | $876.02 | 0.0% | 0.0% | Y | Referral Required |
| E0652 | PNEU COMP SEG HOME MOD(LYMP PUMP)W | 01/01/2001 | $4,311.06 | 0.0% | 0.0% | Y | Referral Required |
| E0655 | PNEUMATIC APPL FOR USE WITH PNEUMA | 03/01/1997 | $102.94 | 0.0% | 0.0% | Y | Referral Required |
| E0660 | PNEUMATIC APPL USE WITH PNEUMATIC C | 03/01/1997 | $152.37 | 0.0% | 0.0% | Y | Referral Required |
| E0665 | PNEUMATIC APPL USE WITH PNEUMATIC C | 03/01/1997 | $130.67 | 0.0% | 0.0% | Y | Referral Required |
| E0666 | PNEUMATIC APPLFOR USE WITH PNEUMAT | 03/01/1997 | $131.71 | 0.0% | 0.0% | Y | Referral Required |
| E0667 | PNEUM APPL FOR USE W/ SEGM PNEUM C | 03/01/1997 | $308.82 | 0.0% | 0.0% | N | Referral Required |
| E0668 | PNEUM APPL FOR USE W/ SEGM PNEUM C | 03/01/1997 | $358.26 | 0.0% | 0.0% | N | Referral Required |
| E0691 | UV LIGHT THERAPY PANEL, INC. BULBS, | 01/01/2003 | $898.59 | 0.0% | 0.0% | Y | Referral Required |
| E0692 | UV LIGHT THERAPY PANEL, INC. BULBS, | 01/01/2003 | $1,128.37 | 0.0% | 0.0% | Y | Referral Required |
| E0693 | UV LIGHT THERAPY PANEL, INC. BULBS, | 01/01/2003 | $1,390.98 | 0.0% | 0.0% | Y | Referral Required |
| E0694 | UV MULTIDIRECTIONAL LIGHT THERAPY | 01/01/2003 | $4,427.34 | 0.0% | 0.0% | Y | Referral Required |
| E0700 | SAFETY EQUIP (EG BELT HARNESS OR VE | 05/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| E0701 | HELMET WITH FACE GUARD AND SOFT | 01/01/2003 | $141.75 | 0.0% | 0.0% | N | Referral Required |
| E0710 | RESTRAINT, ANY TYPE | 03/01/1997 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E0720 | TENS TWO LEAD LOCALIZED STIMULATION | 03/01/1997 | $350.61 | 0.0% | 0.0% | Y | Referral Required |
| E0730 | TENS FOUR LAED LG AREA/MLTPL NERVE | 03/01/1997 | $353.45 | 0.0% | 0.0% | Y | Referral Required |
| E0731 | FORM FITTING CONDUCTIVE GARMET FOR | 03/01/1997 | $297.45 | 0.0% | 0.0% | Y | Referral Required |
| E0740 | INCONTINENCE TX SYSTEM | 01/01/1998 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E0744 | NEUROMUSCULAR STIMULATOR FOR | 03/01/1997 | $870.34 | 0.0% | 0.0% | Y | Referral Required |
| E0745 | NEUROMUSCUL STIMUL, ELECTRON | 03/01/1997 | $873.40 | 0.0% | 0.0% | Y | Referral Required |
| E0746 | ELECTROMYOGRAPHY (EMG) FEEDBACK D | 11/01/1993 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| E0747 | OSTEOGENESIS STIMULATOR (NON-INVASI | 03/01/1997 | $3,364.35 | 0.0% | 0.0% | Y | Referral Required |
| E0748 | OSTEOGENIC STIMULATOR, ELECTRICAL | 04/01/1997 | $3,342.55 | 0.0% | 0.0% | Y | Referral Required |
| E0749 | OSTEOGENESIS STIMULATOR (SURGICAL | 03/01/1997 | $2,443.00 | 0.0% | 0.0% | Y | Referral Required |
| E0756 | IMPLANTABLE NEUROSTIMULATOR | 09/01/2005 | $4,840.04 | 0.0% | 0.0% | Y | Referral Required |
| E0757 | IMPLANTABLE NEUROSTIMULATOR | 09/01/2005 | $2,470.95 | 0.0% | 0.0% | Y | |
| E0758 | RADIOFREQUENCY TRANSMITTER | 01/01/2001 | $2,350.24 | 0.0% | 0.0% | N | Referral Required |
| E0760 | OSTEOGENESIS STIMULATOR,LOW INTEN | 01/01/2003 | $2,778.50 | 0.0% | 0.0% | Y | Referral Required |
| E0765 | FDA APPROVED NEUROSTIMULATOR | 01/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| E0769 | ELECTRICAL STIMULATION OR ELECTROM | 01/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E0776 | IV POLE | 03/01/1997 | $250.00 | 0.0% | 0.0% | N | Referral Required |
| E0779 | AMBULATORY INFUSION PUMP | 01/01/2000 | $16.01 | 0.0% | 0.0% | N | Referral Required |
| E0780 | AMBULATORY INFUSION PUMP | 01/01/2000 | $9.92 | 0.0% | 0.0% | N | Referral Required |
| E0781 | EXTERNAL AMB INFUSION PUMP W/ADMIN | 06/01/1999 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| E0782 | PARENTERAL INFUSION PUMP, IM | 04/01/1997 | $3,688.52 | 0.0% | 0.0% | Y | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| E0783 | INFUSION PUMP, IMPLANTABLE, | 04/01/1997 | $6,811.54 | 0.0% | 0.0% | Y | Referral Required |
| E0784 | EXTERNAL AMBULATORY INFUSION | 11/01/1997 | $4,495.00 | 0.0% | 0.0% | Y | Referral Required |
| E0786 | IMPLANTABLE PROGRAMMABLE INFU. PUM | 01/01/2001 | $6,831.39 | 0.0% | 0.0% | N | Referral Required |
| E0791 | PARENTERAL INFUSION PUMP,STA | 03/01/1998 | $3,016.00 | 0.0% | 0.0% | N | Referral Required |
| E0830 | AMBULATORY TRACTION DEVICE | 01/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| E0840 | TRACTION FRAME ATTACH TO HEADBOARD | 03/01/1997 | $69.89 | 0.0% | 0.0% | N | Referral Required |
| E0849 | TRACTION EQUIPMENT CERVICAL | 01/01/2005 | $515.31 | 0.0% | 0.0% | N | Referral Required |
| E0850 | TRACTION STAND,FREE STANDING,CERVIC | 03/01/1997 | $88.99 | 0.0% | 0.0% | N | Referral Required |
| E0855 | CERVICAL TRACTION EQUIPMENT | 07/01/1998 | $471.40 | 0.0% | 0.0% | N | Referral Required |
| E0860 | OVERDOOR CERVICAL TRACTION PER EXT | 03/01/1997 | $36.75 | 0.0% | 0.0% | N | Referral Required |
| E0870 | TRAC FRAME,ATT TO FOOTBOARD SIMP EX | 03/01/1997 | $110.94 | 0.0% | 0.0% | N | Referral Required |
| E0880 | TRAC STAND-FREE STAND-SIMPLE EXTRE | 03/01/1997 | $119.74 | 0.0% | 0.0% | N | Referral Required |
| E0890 | TRAC FRAME ATTACH TO FOOTBOARD,SIM | 03/01/1997 | $114.85 | 0.0% | 0.0% | N | Referral Required |
| E0900 | TRAC STA FREE STAND SIMPL PELVIC TR | 03/01/1997 | $122.21 | 0.0% | 0.0% | N | Referral Required |
| E0910 | TRAPEZE BARS ATT TO BED W/GRAB BAR | 03/01/1997 | $177.20 | 0.0% | 0.0% | N | Referral Required |
| E0920 | FRAC FRAME, ATT TO BED INC WEIGHTS | 03/01/1997 | $374.10 | 0.0% | 0.0% | N | Referral Required |
| E0930 | FRAC FRAME, FREE STAND, INC | 03/01/1997 | $435.80 | 0.0% | 0.0% | N | Referral Required |
| E0935 | PASSIVE MOTION EXERCISE DEVI | 07/01/1997 | $184.30 | 0.0% | 0.0% | Y | Referral Required |
| E0940 | TRAPEZE BAR FREE STANDING W/GRAB BA | 04/01/1998 | $331.60 | 0.0% | 0.0% | N | Referral Required |
| E0941 | GRAVITY ASSISTED TRACT DEVICE, ANY | 03/01/1997 | $352.00 | 0.0% | 0.0% | N | Referral Required |
| E0942 | CERVICAL HEAD HARNESS/HALTER | 03/01/1997 | $18.93 | 0.0% | 0.0% | N | Referral Required |
| E0944 | PELVIC BELT/HARNESS/BOOT(PROSTHETIC | 03/01/1997 | $43.36 | 0.0% | 0.0% | N | Referral Required |
| E0945 | EXTREMITY BELT/HARNESS | 03/01/1997 | $38.74 | 0.0% | 0.0% | Y | Referral Required |
| E0946 | FRAC FRAMDUAL WI CROSS BAR ATT TO B | 03/01/1997 | $564.30 | 0.0% | 0.0% | Y | Referral Required |
| E0947 | FRAC FRAME ATT FOR COMPLEX PELVIC T | 03/01/1997 | $491.69 | 0.0% | 0.0% | Y | Referral Required |
| E0948 | FRAC FRAME ATT FOR COMPLEX CERVICA | 03/01/1997 | $559.51 | 0.0% | 0.0% | Y | Referral Required |
| E0950 | TRAY WHEELCHAIR | 03/01/1997 | $99.15 | 0.0% | 0.0% | Y | Referral Required |
| E0951 | HEEL LOOP/HOLDER, ANY TYPE, | 01/01/2005 | $17.97 | 0.0% | 0.0% | Y | Referral Required |
| E0952 | TOE LOOP HOLDER, WHEELCHAIR | 03/01/1997 | $17.97 | 0.0% | 0.0% | Y | Referral Required |
| E0953 | PNEUMATIC TIRE WHEELCHAIR | 03/01/1997 | $33.17 | 0.0% | 0.0% | Y | Referral Required |
| E0954 | SEMI-PNEUMATIC CASTER,EA WHE | 03/01/1997 | $39.91 | 0.0% | 0.0% | Y | Referral Required |
| E0955 | WHEELCHAIR ACCESSORY HEADREST | 01/01/2004 | $202.18 | 0.0% | 0.0% | Y | Referral Required |
| E0956 | WHEELCHAIR ACCESSORY, LATERAL TRUN | 01/01/2004 | $98.58 | 0.0% | 0.0% | Y | Referral Required |
| E0957 | WHEELCHAIR ACCESS MEDIAL THIGH SUP | 01/01/2004 | $137.93 | 0.0% | 0.0% | Y | Referral Required |
| E0958 | WHEELCHR ATT TO CONV ANY WHE | 03/01/1997 | $416.20 | 0.0% | 0.0% | Y | Referral Required |
| E0959 | AMPUTEE ADAP DEV TO COMPEN T | 03/01/1997 | $84.34 | 0.0% | 0.0% | Y | Referral Required |
| E0960 | WHEELCHAIR ACCESSORY SHOULDER | 01/01/2004 | $63.80 | 0.0% | 0.0% | Y | Referral Required |
| E0961 | BRAKE EXTENSION FOR WHEELCHA | 03/01/1997 | $24.11 | 0.0% | 0.0% | Y | Referral Required |
| E0966 | HOOK ON HEAD REST EXTENSION | 03/01/1997 | $68.07 | 0.0% | 0.0% | Y | Referral Required |
| E0967 | WHEELCHA HAND RIMS WITH OVER | 01/01/2004 | $64.59 | 0.0% | 0.0% | Y | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| E0968 | COMMODE SEAT, WHEELCHAIR | 03/01/1997 | $145.40 | 0.0% | 0.0% | Y | Referral Required |
| E0969 | NARROWING DEVICE WHEELCHAIR | 03/01/1997 | $149.40 | 0.0% | 0.0% | Y | Referral Required |
| E0970 | NO 2 FOOTPLATES EXCEPT FOR E | 03/01/1997 | $39.05 | 0.0% | 0.0% | Y | Referral Required |
| E0971 | ANTI-TIPPING DEVICE WHEELCHA | 03/01/1997 | $53.30 | 0.0% | 0.0% | Y | Referral Required |
| E0972 | TRANSFER BOARD, WHEELCHAIR | 07/01/2000 | $48.34 | 0.0% | 0.0% | N | Referral Required |
| E0973 | WHEELCHAIR ADJUST HGHT DETAC | 03/01/1997 | $109.66 | 0.0% | 0.0% | Y | Referral Required |
| E0974 | "GRAD-AID" FOR WHEELCAHIR | 03/01/1997 | $75.36 | 0.0% | 0.0% | Y | Referral Required |
| E0977 | WEDGE CUSHION WHEELCHAIR | 03/01/1997 | $55.09 | 0.0% | 0.0% | Y | Referral Required |
| E0978 | WHEELCHAIR ACCESSORY POSITIONING | 03/01/1997 | $41.61 | 0.0% | 0.0% | Y | Referral Required |
| E0980 | SAFETY VEST, WHEELCHAIR | 03/01/1997 | $31.53 | 0.0% | 0.0% | Y | Referral Required |
| E0981 | WHEELCHAIR ACCESS SEAT UPHOLSTRY | 01/01/2004 | $47.15 | 0.0% | 0.0% | Y | Referral Required |
| E0982 | WHEELCHAIR ACCESS BACK UPHOLSTRY | 01/01/2004 | $51.53 | 0.0% | 0.0% | Y | Referral Required |
| E0983 | MANUAL WHEELCHAIR ACCESSORY | 01/01/2004 | $2,383.90 | 0.0% | 0.0% | Y | Referral Required |
| E0984 | MANUAL WHEELCHAIR ACCESS | 01/01/2004 | $1,628.99 | 0.0% | 0.0% | Y | Referral Required |
| E0985 | WHEELCHAIR ACCESS, SEAT LIFT | 01/01/2004 | $202.85 | 0.0% | 0.0% | Y | Referral Required |
| E0986 | MANUAL WHEELCHAIR ACCESS | 01/01/2004 | $4,864.24 | 0.0% | 0.0% | Y | Referral Required |
| E0990 | ELEVATING LEG REST | 03/01/1997 | $112.01 | 0.0% | 0.0% | Y | Referral Required |
| E0992 | SOLID SEAT INSERT | 03/01/1997 | $90.75 | 0.0% | 0.0% | Y | Referral Required |
| E0994 | ARM REST, EACH | 03/01/1997 | $16.82 | 0.0% | 0.0% | Y | Referral Required |
| E0995 | CALF REST, EACH | 01/01/2004 | $202.18 | 0.0% | 0.0% | Y | Referral Required |
| E0996 | TIRE | 03/01/1997 | $27.20 | 0.0% | 0.0% | Y | Referral Required |
| E0997 | CASTER WITH A FORK | 03/01/1997 | $60.68 | 0.0% | 0.0% | Y | Referral Required |
| E0998 | CASTER W/OUT FORK | 03/01/1997 | $31.03 | 0.0% | 0.0% | Y | Referral Required |
| E0999 | PNEUMATIC TIRE W/WHEEL | 03/01/1997 | $93.21 | 0.0% | 0.0% | Y | Referral Required |
| E1000 | TIRE, PNEUMATIC CASTER | 03/01/1997 | $34.34 | 0.0% | 0.0% | Y | Referral Required |
| E1001 | WHEEL, SINGLE | 03/01/1997 | $88.19 | 0.0% | 0.0% | Y | Referral Required |
| E1002 | WHEELCHAIR ACCESS, POWER SEAT | 01/01/2004 | $4,113.02 | 0.0% | 0.0% | Y | Referral Required |
| E1003 | WHEELCHAIR ACCESS, P[OWER SEAT | 01/01/2004 | $4,391.30 | 0.0% | 0.0% | Y | Referral Required |
| E1004 | WHEELCHAIR ACCESS, POWER SEAT | 01/01/2004 | $4,869.05 | 0.0% | 0.0% | Y | Referral Required |
| E1005 | WHEELCHAIR ACCESS POWER SEAT | 01/01/2004 | $5,270.36 | 0.0% | 0.0% | Y | Referral Required |
| E1006 | WHEELCHAIR ACCESS, POWER SEAT | 01/01/2004 | $6,455.70 | 0.0% | 0.0% | Y | Referral Required |
| E1007 | WHEELCHAIR ACCESS, POWER SEATING | 01/01/2004 | $8,741.27 | 0.0% | 0.0% | Y | Referral Required |
| E1008 | WHEELCHAIR ACCESS POWER SEAT | 01/01/2004 | $8,742.05 | 0.0% | 0.0% | Y | Referral Required |
| E1009 | WHEELCHAIR ACCESS, POWER SEAT | 01/01/2004 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E1010 | WHEELCHAIR ACCESS SEAT | 01/01/2004 | $863.51 | 0.0% | 0.0% | Y | Referral Required |
| E1011 | MODIFY PED.SIZE WHEELCHAIR, WIDTH | 01/01/2003 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E1014 | RECLINING BACK, ADDITION TO | 01/01/2003 | $365.14 | 0.0% | 0.0% | Y | Referral Required |
| E1015 | SHOCK ABSORBER FOR MANUAL | 01/01/2003 | $114.70 | 0.0% | 0.0% | Y | Referral Required |
| E1016 | SHOCK ABSORBER FOR POWER | 01/01/2003 | $131.31 | 0.0% | 0.0% | Y | Referral Required |
| E1017 | HEAVY DUTY SHOCK ABSORBER FOR HEA | 01/01/2003 | $0.00 | 0.0% | 0.0% | Y | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| E1018 | HEAVY DUTY SHOCK ABSORBER FOR HD/ | 01/01/2003 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E1019 | WHEELCHAIR ACCESS POWER SEAT | 01/01/2004 | $447.26 | 0.0% | 0.0% | Y | Referral Required |
| E1020 | RESIDUAL LIMB SUPPORT SYSTEM FOR | 01/01/2003 | $243.41 | 0.0% | 0.0% | Y | Referral Required |
| E1021 | WHEELCHAIR ACCESS POWER SEAT | 01/01/2004 | $324.16 | 0.0% | 0.0% | Y | Referral Required |
| E1028 | WHEELCHAIR ACC POWER SEAT | 01/01/2004 | $206.54 | 0.0% | 0.0% | Y | Referral Required |
| E1029 | WHEELCHAIR ACCESS VENTILATOR TRAY | 01/01/2004 | $369.54 | 0.0% | 0.0% | Y | Referral Required |
| E1030 | WHEELCHAIR ACCESSORY VENTILATOR T | 01/01/2004 | $1,165.27 | 0.0% | 0.0% | Y | Referral Required |
| E1037 | TRANSPORT CHAIR, PEDIATRIC SIZE | 01/01/2003 | $1,084.90 | 0.0% | 0.0% | Y | Referral Required |
| E1038 | TRANSPORT CHAIR, ADULT SIZE, PT WE | 01/01/2003 | $400.10 | 0.0% | 0.0% | Y | Referral Required |
| E1039 | TRANSPORT CHAIR, ADULT SIZE | 01/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E1050 | FUL-RECLIN WHEELCHR FIX FULL | 03/01/1997 | $825.70 | 0.0% | 0.0% | Y | Referral Required |
| E1060 | FUL-RECL WHEELCHR DETAC ARMS | 03/01/1997 | $1,173.30 | 0.0% | 0.0% | Y | Referral Required |
| E1065 | POW ATTACH (TO CONV ANY WHEE | 03/01/1997 | $2,773.02 | 0.0% | 0.0% | Y | Referral Required |
| E1070 | FUL-REC WHEELCHR DETACH ARMS | 03/01/1997 | $1,044.70 | 0.0% | 0.0% | Y | Referral Required |
| E1083 | HEMI-WHEELCHR, FIX FULL LEN | 03/01/1997 | $751.00 | 0.0% | 0.0% | Y | Referral Required |
| E1084 | HEMI WHEELCHR DETACH ARM DEC | 03/01/1997 | $795.30 | 0.0% | 0.0% | Y | Referral Required |
| E1085 | HEMI-WHEELCHR, FIX FULL LEN | 03/01/1997 | $561.10 | 0.0% | 0.0% | Y | Referral Required |
| E1086 | HEMI-WHEELCHR DETACH ARM DES | 03/01/1997 | $681.14 | 0.0% | 0.0% | Y | Referral Required |
| E1087 | HIGH STREN LIGHTWEI WHEELCH | 03/01/1997 | $1,206.70 | 0.0% | 0.0% | Y | Referral Required |
| E1088 | HIGH STREN LIGHTWEI WHEELCHR | 03/01/1997 | $1,438.81 | 0.0% | 0.0% | Y | Referral Required |
| E1089 | LTWGHT WHEELCAHIR FIX ARMS D | 03/01/1997 | $1,146.50 | 0.0% | 0.0% | Y | Referral Required |
| E1090 | HIGH STREN LIGHTWEI WHEELCHR | 03/01/1997 | $1,298.80 | 0.0% | 0.0% | Y | Referral Required |
| E1091 | YOUTH WHEELCAHIR | 03/01/1997 | $795.20 | 0.0% | 0.0% | Y | Referral Required |
| E1092 | WIDE HEAVY DUTY WHEELCHAIR D | 03/01/1997 | $1,225.70 | 0.0% | 0.0% | Y | Referral Required |
| E1093 | WIDE HEAVY DU WHEELCHR DETAC | 03/01/1997 | $1,054.20 | 0.0% | 0.0% | Y | Referral Required |
| E1100 | SEMI-REC WHEELCHR FIX FULL L | 03/01/1997 | $990.20 | 0.0% | 0.0% | Y | Referral Required |
| E1110 | SEMI-REC WHEELCHR DETAC ARM | 03/01/1997 | $969.60 | 0.0% | 0.0% | Y | Referral Required |
| E1130 | STANDARD WHEELCHAIR, FIXED A | 03/01/1997 | $381.20 | 0.0% | 0.0% | Y | Referral Required |
| E1140 | WHLCHR DETACH ARM DETACH RES | 03/01/1997 | $665.20 | 0.0% | 0.0% | Y | Referral Required |
| E1150 | WHEELCHAIR DETACHABLE ARM | 03/01/1997 | $720.10 | 0.0% | 0.0% | Y | Referral Required |
| E1160 | WHLCHR FIX ARM DETACH EL LEG | 03/01/1997 | $549.50 | 0.0% | 0.0% | Y | Referral Required |
| E1161 | MANUAL ADULT SIZE WHEELCHAIR, | 01/01/2003 | $2,366.09 | 0.0% | 0.0% | Y | Referral Required |
| E1170 | AMPU WHEELCHR FIX FULL LEN A | 03/01/1997 | $851.90 | 0.0% | 0.0% | Y | Referral Required |
| E1171 | AMPU WHEELCHR FIX FULL LEN A | 03/01/1997 | $764.50 | 0.0% | 0.0% | Y | Referral Required |
| E1172 | AMPU WHEELCHR DETACH ARMS (D | 03/01/1997 | $934.20 | 0.0% | 0.0% | Y | Referral Required |
| E1180 | AMPU WHEELCHR DETAC ARMS (DE | 03/01/1997 | $966.60 | 0.0% | 0.0% | Y | Referral Required |
| E1190 | AMPU WHEELCHR DET ARM (DESK | 03/01/1997 | $1,116.70 | 0.0% | 0.0% | Y | Referral Required |
| E1195 | AMPU WHEELCHR FIX FULL LEN A | 03/01/1997 | $1,198.30 | 0.0% | 0.0% | Y | Referral Required |
| E1200 | AMPUTEE WHEELCHAIR FIXED ARM | 03/01/1997 | $829.90 | 0.0% | 0.0% | Y | Referral Required |
| E1210 | MOTORIZED W/C FIXED FULL LEN | 03/01/1997 | $3,918.90 | 0.0% | 0.0% | Y | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| E1211 | MOTORIZED W/C FIXED ARMS SWI | 03/01/1997 | $3,991.90 | 0.0% | 0.0% | Y | Referral Required |
| E1212 | MOTORIZED WHEELCHAIR FIXED F | 03/01/1997 | $3,868.90 | 0.0% | 0.0% | Y | Referral Required |
| E1213 | MOTORIZED WHEELCHAIR DETACHA | 03/01/1997 | $4,160.80 | 0.0% | 0.0% | Y | Referral Required |
| E1220 | SPECIAL SIZED WHEELCHAIR | 03/01/1997 | $446.42 | 0.0% | 0.0% | Y | Referral Required |
| E1221 | WHEELCHAIR FIX ARM FOOTRESTS | 03/01/1997 | $385.10 | 0.0% | 0.0% | Y | Referral Required |
| E1222 | WHEELCH W/FIXED ARM EL LEG R | 03/01/1997 | $646.60 | 0.0% | 0.0% | Y | Referral Required |
| E1223 | WHEELCHAIR W/DETACH ARM FOOT | 03/01/1997 | $706.00 | 0.0% | 0.0% | Y | Referral Required |
| E1224 | WHEELCHR WITH DETACH ARMS, E | 03/01/1997 | $662.50 | 0.0% | 0.0% | Y | Referral Required |
| E1225 | WHEELCHAIR ACCESSORY MANUAL | 03/01/1997 | $431.10 | 0.0% | 0.0% | Y | Referral Required |
| E1226 | WHEELCHAIR ACCESSORY, MANUAL | 03/01/1997 | $520.45 | 0.0% | 0.0% | Y | Referral Required |
| E1227 | SPEC HEIGH ARMS FOR WHEELCHR | 03/01/1997 | $254.80 | 0.0% | 0.0% | Y | Referral Required |
| E1228 | SPECIAL BACH HEIGHT FOR WHEE | 03/01/1997 | $267.30 | 0.0% | 0.0% | Y | Referral Required |
| E1229 | WHEELCHAIR, PEDIATRIC SIZE, NEC | 01/01/2004 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E1230 | POW OPER VEH (3WH NON-HIGHW) IND BR | 04/01/2001 | $1,833.76 | 0.0% | 0.0% | Y | Referral Required |
| E1231 | WHEELCHAIR, PED. SIZE,TILT-IN-SPACE | 01/01/2003 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E1232 | WHEELCHAIR, PED. SIZE,TILT-IN-SPACE | 01/01/2003 | $2,134.20 | 0.0% | 0.0% | Y | Referral Required |
| E1233 | WHEELCHAIR PED. SIZE,TILT-IN-SPACE, | 01/01/2003 | $2,208.50 | 0.0% | 0.0% | Y | Referral Required |
| E1234 | WHEELCHAIR PEDIATRIC,TILT-IN-SPACE, | 01/01/2003 | $1,923.20 | 0.0% | 0.0% | Y | Referral Required |
| E1235 | WHEELCHAIR, PED. SIZE, RIGID, | 01/01/2003 | $1,851.90 | 0.0% | 0.0% | Y | Referral Required |
| E1236 | WHEELCHAIR, PED. SIZE, FOLDING, ADJ | 01/01/2003 | $1,633.40 | 0.0% | 0.0% | Y | Referral Required |
| E1237 | WHEELCHAIR, PED. SIZE, RIGID, ADJ. | 01/01/2003 | $1,648.10 | 0.0% | 0.0% | Y | Referral Required |
| E1238 | WHEELCHAIR, PED. SIZE, FOLDING, ADJ | 01/01/2003 | $1,718.60 | 0.0% | 0.0% | Y | Referral Required |
| E1239 | POWER CHAIR, PEDIATRIC SIZE, NEC | 01/01/2004 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E1240 | LIGHTWEIGHT WHEELCHAIR DETAC | 03/01/1997 | $982.60 | 0.0% | 0.0% | Y | Referral Required |
| E1250 | LGTWGHT WHEELCHAIR FIX ARM S | 03/01/1997 | $616.20 | 0.0% | 0.0% | Y | Referral Required |
| E1260 | LTWGHT WHEELCHAIR DETACH ARM | 07/01/1999 | $755.70 | 0.0% | 0.0% | Y | Referral Required |
| E1270 | LTWGHT WHEELCH FIX ARM DETAC | 03/01/1997 | $752.90 | 0.0% | 0.0% | Y | Referral Required |
| E1280 | HEAVY DUTY WHEELCHR DETAC AR | 03/01/1997 | $125.20 | 0.0% | 0.0% | Y | Referral Required |
| E1285 | HEAVY DUTY WHEELCHR FIX FULL | 03/01/1997 | $1,150.30 | 0.0% | 0.0% | Y | Referral Required |
| E1290 | HEAVY DUTY WHEELCHR DETACH A | 03/01/1997 | $1,014.60 | 0.0% | 0.0% | Y | Referral Required |
| E1295 | HEAVY DUTY WHEELCHR FIX FULL | 03/01/1997 | $1,158.60 | 0.0% | 0.0% | Y | Referral Required |
| E1296 | SPEC WHEELCHR SEAT HEIGHT FR | 03/01/1997 | $411.68 | 0.0% | 0.0% | Y | Referral Required |
| E1297 | SPEC WHEELCHR SEAT DEPTH, BY | 03/01/1997 | $99.78 | 0.0% | 0.0% | Y | Referral Required |
| E1298 | SPEC WHEELCHR SEAT DEPTH AND | 03/01/1997 | $343.48 | 0.0% | 0.0% | Y | Referral Required |
| E1340 | REPAIR/NONROUTINE SERVICE FOR DME; | 04/01/1997 | $7.00 | 0.0% | 0.0% | N | Referral Required |
| E1353 | REGULATOR RENTAL | 07/01/1980 | $10.00 | 0.0% | 0.0% | N | Referral Required |
| E1355 | STAND/RACK | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| E1372 | IMMERSION EXTERNAL HEATER FO | 03/01/1997 | $155.51 | 0.0% | 0.0% | N | Referral Required |
| E1377 | OXYGEN CONCEN HI HUMID SYS E | 07/01/1999 | $3,104.70 | 0.0% | 0.0% | N | Referral Required |
| E1378 | OXYGEN CONCEN HI HUMID SYS E | 07/01/1999 | $3,104.70 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| E1379 | OXYGEN CONCEN HI HUMID SYS E | 07/01/1999 | $3,104.70 | 0.0% | 0.0% | N | Referral Required |
| E1380 | OXYGEN CONCEN HI HUMID SYS E | 07/01/1999 | $3,104.70 | 0.0% | 0.0% | N | Referral Required |
| E1381 | OXYGEN CONCEN HI HUMID SYS E | 07/01/1999 | $3,104.70 | 0.0% | 0.0% | N | Referral Required |
| E1382 | OXYGEN CONCEN HI HUMID SYS E | 07/01/1999 | $3,104.70 | 0.0% | 0.0% | N | Referral Required |
| E1383 | OXYGEN CONCEN HI HUMID SYS E | 07/01/1999 | $3,104.70 | 0.0% | 0.0% | N | Referral Required |
| E1384 | OXYGEN CONCEN HI HUMID SYS E | 07/01/1999 | $3,104.70 | 0.0% | 0.0% | N | Referral Required |
| E1385 | OXYGE CONCEN HI HUMID SYS EQ | 07/01/1999 | $3,104.70 | 0.0% | 0.0% | N | Referral Required |
| E1390 | OXYGEN CONCENTRATOR | 01/01/2000 | $2,173.40 | 0.0% | 0.0% | N | Referral Required |
| E1391 | OXYGEN CONCENTRATOR DUEL DELIVERY | 01/01/2004 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E1399 | OTHER DME, SEE COMMENTS | 03/01/1998 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E1405 | OXYGEN/H20 VAPOR SYSTEM W/HE | 06/01/2002 | $2,483.10 | 0.0% | 0.0% | N | Referral Required |
| E1406 | OXYGEN/H20 VAPOR SYSTEM WO H | 06/01/2002 | $2,382.80 | 0.0% | 0.0% | N | Referral Required |
| E1500 | CENTRIFUGE FOR DIALYSIS | 04/01/2002 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E1510 | KIDN DIAL DEL SYS KID MACH P | 04/01/2002 | $1,984.50 | 0.0% | 0.0% | Y | Referral Required |
| E1520 | HEPARIN INFUSION PUMP FOR DI | 11/01/1989 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E1530 | AIR BUBBLE DETECTOR FOR DIAL | 11/01/1989 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E1540 | PRESSURE ALARM FOR DIALYSIS | 11/01/1989 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E1550 | BATH CONDUCTIVITY METER FOR | 11/01/1989 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E1560 | BLOOD LEAK DETECTOR FOR DIAL | 11/01/1989 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E1570 | ADJUSTABLE CHAIR, FOR ESRD P | 04/01/2002 | $100.49 | 0.0% | 0.0% | Y | Referral Required |
| E1575 | TRANSDUCER PROTECTOR/FLUID B | 04/01/2002 | $26.87 | 0.0% | 0.0% | Y | Referral Required |
| E1580 | UNIPUNCTURE CONTROL SYSTEM F | 11/01/1989 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E1590 | HEMODIALYSIS MACHINE, UNIT O | 04/01/2002 | $1,721.69 | 0.0% | 0.0% | Y | Referral Required |
| E1592 | AUTO INTERMITTENT PERITIONEA | 11/01/1989 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E1594 | CYCLER DIALYSIS MACHINE | 03/01/2002 | $3,640.00 | 0.0% | 0.0% | N | Referral Required |
| E1600 | DEL AND/OR INSTALL CHARGES F | 04/01/2002 | $461.86 | 0.0% | 0.0% | Y | Referral Required |
| E1610 | REV OSMOSIS WAT PURIFIC SYS | 04/01/2002 | $614.64 | 0.0% | 0.0% | Y | Referral Required |
| E1615 | DEIONIZER WATER PURIFICATION | 11/01/1989 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E1620 | BLOODPUMP FOR DIALYSIS | 03/01/1997 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E1625 | WATER SOFTENING SYSTEM | 11/01/1989 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E1630 | RECIPROCATING PERITONEAL DIA | 11/01/1989 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E1632 | WEARABLE ARTIFICAL KIDNEY | 11/01/1989 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E1634 | PERITONEAL DIALYSIS CLAMPS, EACH | 01/01/2004 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E1635 | COMPACT (PORTABLE) TRAVEL HE | 11/01/1989 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E1636 | SORBENT CARTRIDGES, PER CASE | 11/01/1989 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E1637 | HEMOSTAT FOR DIALYSIS | 04/01/2002 | $3.99 | 0.0% | 0.0% | N | Referral Required |
| E1638 | HEATING PAD FOR PERITONEAL DIALYSIS | 04/01/2002 | $36.12 | 0.0% | 0.0% | N | Referral Required |
| E1639 | SCALE FOR DIALYSIS, EACH | 04/01/2002 | $223.34 | 0.0% | 0.0% | N | Referral Required |
| E1699 | DIALYSIS EQUIPMENT, NOS | 03/01/1997 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E1700 | JAW MOTION ON REHAB SYSTEM | 03/01/1997 | $328.92 | 0.0% | 0.0% | Y | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| E1701 | REPLACEMENT CUSHIONS-JAW MOTION R | 01/01/1997 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E1702 | REPLACEMENT MEASURING SCALES-JAW M | 01/01/1997 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E1800 | DYNAMIC ADJUSTABLE ELBOW EXTENSION | 03/01/1997 | $1,111.70 | 0.0% | 0.0% | Y | Referral Required |
| E1801 | BI-DIRECTIONAL STRETCH DEVICE | 01/01/2001 | $1,283.70 | 0.0% | 0.0% | Y | Referral Required |
| E1802 | DYNAMIC ADJ. FOREARM PRONATION/ | 01/01/2003 | $326.80 | 0.0% | 0.0% | N | Referral Required |
| E1805 | DYNAMIC ADJUSTABLE WRIST EXTENSION/ | 01/02/1997 | $1,140.90 | 0.0% | 0.0% | Y | Referral Required |
| E1806 | BI-DIRECTIONAL STRETCH DEVICE | 01/01/2002 | $1,053.90 | 0.0% | 0.0% | Y | Referral Required |
| E1810 | DYNAMIC ADJUSTABLE KNEE EXTENSION/F | 01/01/2003 | $1,272.00 | 0.0% | 0.0% | Y | Referral Required |
| E1811 | BI-DIRECTIONAL STRETCH DEVICE | 01/01/2002 | $1,334.60 | 0.0% | 0.0% | Y | Referral Required |
| E1815 | DYNAMIC ADJUSTABLE ANKLE EXTENSION/ | 03/01/1997 | $1,140.90 | 0.0% | 0.0% | Y | Referral Required |
| E1816 | BI-DIRECTIONAL STRETCH DEVISE | 01/01/2002 | $1,355.70 | 0.0% | 0.0% | Y | Referral Required |
| E1818 | BI-DIRECTIONAL STRETCH DEVICE | 01/01/2002 | $1,384.10 | 0.0% | 0.0% | Y | Referral Required |
| E1820 | SOFT INTERFACE MATERIAL, DYNAMIC AD | 01/01/1997 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E1821 | REPLACEMENT SOFT INTERFACE | 01/01/2002 | $104.72 | 0.0% | 0.0% | Y | Referral Required |
| E1825 | DYNAMIC ADJUSTABLE FINGER EXTENSIO | 03/01/1997 | $1,140.90 | 0.0% | 0.0% | Y | Referral Required |
| E1830 | DYNAMIC ADJUSTABEL TOE EXTENSION/FL | 03/01/1997 | $1,140.90 | 0.0% | 0.0% | Y | Referral Required |
| E1840 | DYNAMIC ADJUSTABLE SHOULDER DEVICE | 01/01/2002 | $3,808.20 | 0.0% | 0.0% | Y | Referral Required |
| E1902 | COMMUNICATION BOARD | 01/01/2002 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E2000 | GASTRIC SUCTION PUMP, HOME MODEL | 01/01/2002 | $515.80 | 0.0% | 0.0% | N | Referral Required |
| E2100 | BLOOD GLUCOSE MONITOR | 01/01/2002 | $544.01 | 0.0% | 0.0% | Y | Referral Required |
| E2101 | BLOOD GLUCOSE MONITOR | 01/01/2002 | $187.63 | 0.0% | 0.0% | Y | Referral Required |
| E2120 | PULSE GENERATOR SYSTEM | 01/01/2004 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E2201 | MANUAL WHEELCHAIR ACCESSORY | 01/01/2004 | $373.10 | 0.0% | 0.0% | Y | Referral Required |
| E2202 | MANUAL WHEELCHAIR ACCESS | 01/01/2004 | $473.98 | 0.0% | 0.0% | Y | Referral Required |
| E2203 | MANUAL WHEELCHAIR ACCESS | 01/01/2004 | $479.05 | 0.0% | 0.0% | Y | Referral Required |
| E2204 | MANUAL WHEELCHAIR ACCESS | 01/01/2004 | $813.40 | 0.0% | 0.0% | Y | Referral Required |
| E2205 | MANUAL WHEELCHAIR ACCESSORY | 01/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E2206 | MANUAL WHEELCHAIR ACCESSORY | 01/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E2291 | BACK, PLANAR, FOR PEDIATRIC SIZE W | 01/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E2292 | SEAT, PLANAR, FOR PEDIATRIC SIZE W | 01/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E2293 | BACK CONTOURED, FOR PED SIZE WHLCH | 01/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E2294 | SEAT CONTOURED, PED SIZE | 01/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E2300 | POWER WHEELCHAIR ACCESS | 01/01/2004 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E2301 | POWER WHEELCHAIR | 01/01/2004 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E2310 | POWER WHEELCHAIR ACCESS | 01/01/2004 | $1,170.02 | 0.0% | 0.0% | Y | Referral Required |
| E2311 | POWER WHEELCHAIR ACCESS | 01/01/2004 | $2,369.20 | 0.0% | 0.0% | Y | Referral Required |
| E2320 | POWER WHEELCHAIR ACCESSORY | 01/01/2004 | $998.38 | 0.0% | 0.0% | Y | Referral Required |
| E2321 | POWER WHEELCHAIR ACCESSORY | 01/01/2004 | $1,532.90 | 0.0% | 0.0% | Y | Referral Required |
| E2322 | POWER WHEELCHAIR ACCESSORY | 01/01/2004 | $1,410.36 | 0.0% | 0.0% | Y | Referral Required |
| E2323 | POWER WHEELCHAIR ACCESSORY | 01/01/2004 | $1,057.78 | 0.0% | 0.0% | Y | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| E2324 | POWER WHEELCHAIR ACCESSORY | 01/01/2004 | $44.49 | 0.0% | 0.0% | Y | Referral Required |
| E2325 | POWER WHEELCHAIR ACCESSORY | 01/01/2004 | $1,346.83 | 0.0% | 0.0% | Y | Referral Required |
| E2326 | POWER WHEELCHAIR ACCESSORY | 01/01/2004 | $319.60 | 0.0% | 0.0% | Y | Referral Required |
| E2327 | POWER WHEELCHAIR ACCESSORY | 01/01/2004 | $2,306.14 | 0.0% | 0.0% | Y | Referral Required |
| E2328 | POWER WHEELCHAIR ACCESSORY | 01/01/2004 | $3,877.33 | 0.0% | 0.0% | Y | Referral Required |
| E2329 | POWER WHEELCHAIR ACCESSORY | 01/01/2004 | $1,730.31 | 0.0% | 0.0% | Y | Referral Required |
| E2330 | POWER WHEELCHAIR ACCESSORY | 01/01/2004 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E2331 | POWER WHEELCHAIR ACCESSORY | 01/01/2004 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E2340 | POWER WHEELCHAIR ACCESS | 01/01/2004 | $314.22 | 0.0% | 0.0% | Y | Referral Required |
| E2341 | POWER WHEELCHAIR ACCESSORY | 01/01/2004 | $462.97 | 0.0% | 0.0% | Y | Referral Required |
| E2342 | POWER WHEELCHAIR ACCESSORY | 01/01/2004 | $448.03 | 0.0% | 0.0% | Y | Referral Required |
| E2343 | POWER WHEELCHAIR ACCESSORY | 01/01/2004 | $259.27 | 0.0% | 0.0% | Y | Referral Required |
| E2351 | POWER WHEELCHAIR ACCESSORY | 01/01/2004 | $698.63 | 0.0% | 0.0% | Y | Referral Required |
| E2360 | POWER WHEELCHAIR ACCESSORY | 01/01/2004 | $107.16 | 0.0% | 0.0% | Y | Referral Required |
| E2361 | POWER WHEELCHAIR ACCESSORY | 01/01/2004 | $130.82 | 0.0% | 0.0% | Y | Referral Required |
| E2362 | POWER WHEELCHAIR ACCESSORY | 01/01/2004 | $86.27 | 0.0% | 0.0% | Y | Referral Required |
| E2363 | POWER WHEELCHAIR ACCESSORY | 01/01/2004 | $174.45 | 0.0% | 0.0% | Y | Referral Required |
| E2364 | POWER WHEELCHAIR ACCESS | 01/01/2004 | $112.34 | 0.0% | 0.0% | Y | Referral Required |
| E2365 | POWER WHEELCHAIR ACCESS | 01/01/2004 | $110.31 | 0.0% | 0.0% | Y | Referral Required |
| E2366 | POWER WHEELCHAIR ACCESSORY | 01/01/2004 | $228.79 | 0.0% | 0.0% | Y | Referral Required |
| E2367 | POWER WHEELCHAIR ACCESSORY | 01/01/2004 | $419.08 | 0.0% | 0.0% | Y | Referral Required |
| E2368 | POWER WHEELCHAIR COMPONENT | 01/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E2369 | POWER WHEELCHAIR COMPONENT | 01/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E2370 | POWER WHEELCHAIR COMPONENT | 01/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E2399 | POWER WHEELCHAIR ACCESSORY | 01/01/2004 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E2402 | NEGATIVE PRESSURE WOUND THERAPY | 01/01/2004 | $1,752.51 | 0.0% | 0.0% | Y | Referral Required |
| E2500 | SPEECH GENERATING DEVICE | 01/01/2004 | $374.13 | 0.0% | 0.0% | Y | Referral Required |
| E2502 | SPEECH GENERATING DEVICE | 01/01/2004 | $1,195.80 | 0.0% | 0.0% | Y | Referral Required |
| E2504 | SPEECH GENERATING DEVICE | 01/01/2004 | $1,577.42 | 0.0% | 0.0% | Y | Referral Required |
| E2506 | SPEECH GENERATING DEVICE | 01/01/2004 | $2,312.96 | 0.0% | 0.0% | Y | Referral Required |
| E2508 | SPEECH GENERATING DEVICE | 04/01/2004 | $3,576.61 | 0.0% | 0.0% | N | Referral Required |
| E2510 | SPEECH GENERATING DEVICE | 01/01/2004 | $6,475.12 | 0.0% | 0.0% | Y | Referral Required |
| E2511 | SPEECH GENERATING SOFTWARE | 01/01/2004 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E2512 | ACCESSORY FOR SPEECH DEVICE | 01/01/2004 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E2599 | ACCESSORY FOR SPEECH DEVICE | 01/01/2004 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E2601 | GENERAL USE WHEELCHAIR SEAT CUSHIO | 01/01/2005 | $87.42 | 0.0% | 0.0% | Y | Referral Required |
| E2602 | GENERAL USE WHEELCHAIR SEAT CUSHIO | 01/01/2005 | $188.41 | 0.0% | 0.0% | Y | Referral Required |
| E2603 | SKIN PROTECTION WHEELCHAIR SEAT CU | 01/01/2005 | $288.23 | 0.0% | 0.0% | Y | Referral Required |
| E2604 | SKIN PROTECTION WHEELCHAIR SEAT CU | 01/01/2005 | $450.04 | 0.0% | 0.0% | Y | Referral Required |
| E2605 | POSITIONING WHEELCHAIR SEAT CUSHIO | 01/01/2005 | $291.38 | 0.0% | 0.0% | Y | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| E2606 | POSITIONING WHEELCHAIR SEAT CUSHIO | 01/01/2005 | $323.74 | 0.0% | 0.0% | Y | Referral Required |
| E2607 | SKIN PROTECTION/POSITIONING WHEELC | 01/01/2005 | $323.74 | 0.0% | 0.0% | Y | Referral Required |
| E2608 | SKIN PROTECTION/POSITIONING WHEELC | 01/01/2005 | $438.07 | 0.0% | 0.0% | Y | Referral Required |
| E2609 | CUSTOM FABRICATED WHEELCHAIR SEAT | 01/01/2005 | $799.47 | 0.0% | 0.0% | Y | Referral Required |
| E2610 | WHEELCHAIR SEAT CUSHION, POWERED | 01/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E2611 | GENERAL USE WHEELCHAIR BACK CUSHIO | 01/01/2005 | $308.01 | 0.0% | 0.0% | Y | Referral Required |
| E2612 | GENERAL USE WHEELCHAIR BACK CUSHIO | 01/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E2613 | POSITIONING WHEELCHAIR BACK CUSHIO | 01/01/2005 | $393.04 | 0.0% | 0.0% | Y | Referral Required |
| E2614 | POSITIONING WHEELCHAIR BACK CUSHIO | 01/01/2005 | $543.93 | 0.0% | 0.0% | Y | Referral Required |
| E2615 | POSITIONING WHEELCHAIR BACK CUSHIO | 01/01/2005 | $447.03 | 0.0% | 0.0% | Y | Referral Required |
| E2616 | POSITIONING WHEELCHAIR BACK CUSHIO | 01/01/2005 | $576.84 | 0.0% | 0.0% | Y | Referral Required |
| E2617 | CUSTOM FABRICATED WHEELCHAIR BACK | 01/01/2005 | $791.41 | 0.0% | 0.0% | Y | Referral Required |
| E2618 | WHEELCHAIR ACCESSORY, SOLID SEAT S | 01/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E2619 | REPLACEMENT COVER FOR WHEELCHAIR S | 01/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E2620 | POSITIONING WHEELCHAIR BACK CUSHIO | 01/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E2621 | POSITIONING WHEELCHAIR BACK CUSHIO | 01/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E8000 | GAIT TRAINER, PEDIATRIC SIZE, POST | 01/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E8001 | GAIT TRAINER, PEDIATRIC SIZE | 01/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| E8002 | GAIT TRAINER, PEDIATRIC SIZE, | 01/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| G0008 | ADMIN OF INFLUENZA VIRUS VAC | 07/01/2001 | $3.94 | 0.0% | 0.0% | N | |
| G0009 | MEDICARE CROSSOVER-ADMIN PNEUMONOC | 07/01/2001 | $3.94 | 0.0% | 0.0% | N | Referral Required |
| G0010 | ADMINISTRATION HEPATITIS B VACCINE- | 07/01/2001 | $3.94 | 0.0% | 0.0% | N | Referral Required |
| G0026 | AUTOMATED TESTING; STAINS AND SMEAR | 01/01/1998 | $5.90 | 0.0% | 0.0% | N | Referral Required |
| G0030 | PET MYOCARDIAL PERFUSION IMAGING | 07/01/2004 | $1,041.50 | 93.0% | 7.0% | Y | Referral Required |
| G0031 | PET MYOCARDIAL PERFUSION IMAGING | 07/01/2004 | $1,061.19 | 92.0% | 8.0% | Y | Referral Required |
| G0032 | PET MYOCARDIAL PERFUSION IMAGING | 07/01/2004 | $1,041.50 | 93.0% | 7.0% | Y | Referral Required |
| G0033 | PET MYOCARDIAL PERFUSION IMAGING | 07/01/2004 | $1,061.19 | 92.0% | 8.0% | Y | Referral Required |
| G0034 | PET MYOCARDIAL PERFUSION IMAGING | 07/01/2004 | $1,041.50 | 93.0% | 7.0% | Y | Referral Required |
| G0035 | PET MYOCARDIAL PERFUSION IMAGING | 07/01/2004 | $1,061.19 | 92.0% | 8.0% | Y | Referral Required |
| G0036 | PET MYOCARDIAL PERFUSION IMAGING | 07/01/2004 | $1,041.50 | 93.0% | 7.0% | Y | Referral Required |
| G0037 | PET MYOCARDIAL PERFUSION IMAGING | 07/01/2004 | $1,061.19 | 92.0% | 8.0% | Y | Referral Required |
| G0038 | PET MYOCARDIAL PERFUSION IMAGING | 07/01/2004 | $1,041.50 | 93.0% | 7.0% | Y | Referral Required |
| G0039 | PET MYOCARDIAL PERFUSION IMAGING | 07/01/2004 | $1,061.19 | 92.0% | 8.0% | Y | Referral Required |
| G0040 | PET MYOCARDIAL PERFUSION IMAGING | 07/01/2004 | $1,041.50 | 93.0% | 7.0% | Y | Referral Required |
| G0041 | PET MYOCARDIAL PERFUSION IMAGING | 07/01/2004 | $1,061.19 | 92.0% | 8.0% | Y | Referral Required |
| G0042 | PET MYOCARDIAL PERFUSION IMAGING | 07/01/2004 | $1,041.50 | 93.0% | 7.0% | Y | Referral Required |
| G0043 | PET MYOCARDIAL PERFUSION IMAGING | 07/01/2004 | $1,061.19 | 92.0% | 8.0% | Y | Referral Required |
| G0044 | PET MYOCARDIAL PERFUSION IMAGING | 07/01/2004 | $1,041.50 | 93.0% | 7.0% | Y | Referral Required |
| G0045 | PET MYOCARDIAL PERFUSION IMAGING | 07/01/2004 | $1,061.19 | 92.0% | 8.0% | Y | Referral Required |
| G0046 | PET MYOCARDIAL PERFUSION IMAGING | 07/01/2004 | $1,041.50 | 93.0% | 7.0% | Y | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| G0047 | PET MYOCARDIAL PERFUSION IMAGING | 07/01/2004 | $1,061.19 | 92.0% | 8.0% | Y | Referral Required |
| G0050 | BLADDER ULTRASOUND | 07/01/2004 | $27.13 | 0.0% | 0.0% | N | Referral Required |
| G0105 | COLORECTAL CANCER SCREENING | 07/01/2004 | $379.19 | 0.0% | 0.0% | N | Referral Required |
| G0121 | COLORECTAL CANCER SCREENING | 01/01/2003 | $371.03 | 0.0% | 0.0% | N | Referral Required |
| G0123 | SCREENING CYTOPATHOLOGY | 01/01/2004 | $28.00 | 0.0% | 0.0% | N | Referral Required |
| G0125 | PET IMAGING REGIONAL OR WHOLE BODY | 07/01/2004 | $1,918.52 | 96.0% | 4.0% | Y | Referral Required |
| G0127 | TRIMMING OF DYSTROPHIC NAILS | 04/01/1998 | $26.19 | 0.0% | 0.0% | N | Referral Required |
| G0166 | EXTERNAL COUNTERPULSATION PER | 01/01/2003 | $172.25 | 0.0% | 0.0% | N | Referral Required |
| G0168 | WOUND CLOSURE UTILIZING TISSUE | 07/01/2004 | $92.11 | 0.0% | 0.0% | N | Referral Required |
| G0179 | PHYS. RECERT. FOR MEDICARE COVERED | 07/01/2004 | $55.61 | 0.0% | 0.0% | N | Referral Required |
| G0180 | PHYSICIAN CERTIFIED SERVICES | 07/01/2004 | $66.21 | 0.0% | 0.0% | N | Referral Required |
| G0182 | PHYSICIAN SUPERVISION OF | 07/01/2004 | $126.76 | 0.0% | 0.0% | N | Referral Required |
| G0202 | SCREENING MAMMOGRAPHY | 07/01/2004 | $102.61 | 68.0% | 32.0% | N | Referral Required |
| G0204 | DIAGNOSTIC MAMMOGRAPHY | 07/01/2004 | $108.90 | 65.0% | 35.0% | N | Referral Required |
| G0206 | DIAGNOSTIC MAMMOGRAPHY | 07/01/2004 | $87.85 | 65.0% | 35.0% | N | Referral Required |
| G0210 | IMAGING WHOLE BODY | 07/01/2004 | $1,981.45 | 96.0% | 4.0% | Y | Referral Required |
| G0211 | PET IMAGING WHOLE BODY | 07/01/2004 | $1,981.45 | 96.0% | 4.0% | Y | Referral Required |
| G0212 | PET IMAGING WHOLE BODY | 07/01/2004 | $1,981.45 | 96.0% | 4.0% | Y | Referral Required |
| G0213 | PET IMAGING WHOLE BODY | 07/01/2004 | $1,981.45 | 96.0% | 4.0% | Y | Referral Required |
| G0214 | PET IMAGING WHOLE BODY | 07/01/2004 | $1,981.45 | 96.0% | 4.0% | Y | Referral Required |
| G0215 | PET IMAGING WHOLE BODY | 07/01/2004 | $1,981.45 | 96.0% | 4.0% | Y | Referral Required |
| G0216 | PET IMAGING WHOLE BODY | 07/01/2004 | $1,981.45 | 96.0% | 4.0% | Y | Referral Required |
| G0217 | PET IMAGING WHOLE BODY | 07/01/2004 | $1,981.45 | 96.0% | 4.0% | Y | Referral Required |
| G0218 | PET IMAGING WHOLE BODY | 07/01/2004 | $1,981.45 | 96.0% | 4.0% | Y | Referral Required |
| G0219 | PET IMAGING WHOLE BODY | 07/01/2004 | $1,981.45 | 96.0% | 4.0% | Y | Referral Required |
| G0220 | PET IMAGING WHOLE BODY | 07/01/2004 | $1,981.45 | 96.0% | 4.0% | Y | Referral Required |
| G0221 | PET IMAGING | 07/01/2004 | $1,981.45 | 95.0% | 5.0% | Y | Referral Required |
| G0222 | PET IMAGING WHOLE BODY | 07/01/2004 | $1,981.45 | 96.0% | 4.0% | Y | Referral Required |
| G0223 | PET IMAGE WHOLE BODY | 07/01/2004 | $1,981.45 | 96.0% | 4.0% | Y | Referral Required |
| G0224 | PET IMAGE WHOLE BODY | 07/01/2004 | $1,981.45 | 96.0% | 4.0% | Y | Referral Required |
| G0225 | PET IMAGE WHOLE BODY | 07/01/2004 | $1,981.45 | 96.0% | 4.0% | Y | Referral Required |
| G0226 | PET IMAGING WHOLE BODY | 07/01/2004 | $1,981.45 | 96.0% | 4.0% | Y | Referral Required |
| G0227 | PET IMAGE WHOLE BODY | 07/01/2004 | $1,981.45 | 96.0% | 4.0% | Y | Referral Required |
| G0228 | PET IMAGING WHOLE BODY | 07/01/2004 | $1,981.45 | 96.0% | 4.0% | Y | Referral Required |
| G0229 | PET IMAGING METABOLIC BRAIN | 07/01/2004 | $981.58 | 93.0% | 7.0% | Y | Referral Required |
| G0230 | PET SCAN METABOLIC ASSESSMENT | 07/01/2004 | $981.58 | 96.0% | 4.0% | Y | Referral Required |
| G0246 | FOLLOW UP PHYS. EVAL. & MANAGEMENT | 07/01/2004 | $31.81 | 0.0% | 0.0% | N | Referral Required |
| G0252 | PET IMAGE FULL & PARTIAL RING | 07/01/2004 | $1,981.45 | 96.0% | 4.0% | Y | Referral Required |
| G0253 | PET IMAGE BREAST CANCER FULL/PART | 07/01/2004 | $1,981.45 | 96.0% | 4.0% | Y | Referral Required |
| G0254 | PET IMAGE BREAST CANCER FULL | 07/01/2004 | $1,907.89 | 96.0% | 4.0% | Y | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| G0256 | PROSTATE BRACHYTHERAPY | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| G0261 | PROSTATE BRACHYTHERAPY | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| G0270 | MEDICAL NUTRITION THERAPY | 07/01/2004 | $15.04 | 0.0% | 0.0% | N | Referral Required |
| G0281 | ELECTRICAL STIMULATION | 07/01/2004 | $9.85 | 0.0% | 0.0% | N | Referral Required |
| G0283 | ELECTRICAL STIMULATION UNATTENDED | 07/01/2004 | $17.19 | 0.0% | 0.0% | N | Referral Required |
| G0289 | ARTHROSCOPY, KNEE, REMOVAL | 07/01/2004 | $74.20 | 0.0% | 0.0% | N | Referral Required |
| G0296 | PET IMAGING, FULL OR PARTIAL | 01/01/2004 | $86.06 | 0.0% | 100.0% | Y | Referral Required |
| G0297 | INSERTION OF SINGLE CHAMBER PACING | 07/01/2004 | $1,006.92 | 0.0% | 0.0% | N | Referral Required |
| G0298 | INSERTION OF DUAL CHAMBER PACING | 07/01/2004 | $1,006.92 | 0.0% | 0.0% | N | Referral Required |
| G0299 | INSERTION OF RESPOSITIONING | 07/01/2004 | $1,006.92 | 0.0% | 0.0% | N | Referral Required |
| G0300 | INSERTION OF REPOSITIONING | 07/01/2004 | $1,006.92 | 0.0% | 0.0% | N | Referral Required |
| G0306 | COMPLETE CBC | 01/01/2004 | $10.74 | 0.0% | 0.0% | N | Referral Required |
| G0307 | COMPLETE CBC | 01/01/2004 | $8.46 | 0.0% | 0.0% | N | Referral Required |
| G0308 | ESRD RELATED SERVICES | 07/01/2004 | $780.90 | 0.0% | 0.0% | N | Referral Required |
| G0309 | END STAGE RENAL DISEASE | 07/01/2004 | $650.12 | 0.0% | 0.0% | N | Referral Required |
| G0310 | END STAGE RENAL DISEASE (ESRD) | 07/01/2004 | $520.02 | 0.0% | 0.0% | N | Referral Required |
| G0311 | END STAGE RENAL DISEASE | 07/01/2004 | $536.16 | 0.0% | 0.0% | N | Referral Required |
| G0312 | END STAGE RENAL DISEASE | 07/01/2004 | $446.54 | 0.0% | 0.0% | N | Referral Required |
| G0313 | END STAGE RENAL DISEASE | 07/01/2004 | $357.22 | 0.0% | 0.0% | N | Referral Required |
| G0314 | END STAGE RENAL DISEASE | 07/01/2004 | $469.50 | 0.0% | 0.0% | N | Referral Required |
| G0315 | END STAGE RENAL DISEASE | 07/01/2004 | $390.86 | 0.0% | 0.0% | N | Referral Required |
| G0316 | END STAGE RENAL DISEASE | 07/01/2004 | $312.58 | 0.0% | 0.0% | N | Referral Required |
| G0317 | END STAGE RENAL DISEASE | 07/01/2004 | $395.68 | 0.0% | 0.0% | N | Referral Required |
| G0318 | END STAGE RENAL DISEASE | 07/01/2004 | $244.36 | 0.0% | 0.0% | N | Referral Required |
| G0319 | END STAGE RENAL DISEASE | 07/01/2004 | $195.24 | 0.0% | 0.0% | N | Referral Required |
| G0320 | END STAGE RENAL DISEASE | 07/01/2004 | $650.12 | 0.0% | 0.0% | N | Referral Required |
| G0321 | END STAGE RENAL DISEASE | 07/01/2004 | $390.86 | 0.0% | 0.0% | N | Referral Required |
| G0322 | END STAGE RENAL DISEASE | 07/01/2004 | $446.57 | 0.0% | 0.0% | N | Referral Required |
| G0323 | END STAGE RENAL DISEASE | 07/01/2004 | $244.36 | 0.0% | 0.0% | N | Referral Required |
| G0324 | END STAGE RENAL DISEASE | 07/01/2004 | $21.61 | 0.0% | 0.0% | N | Referral Required |
| G0325 | END STAGE RENAL DISEASE | 07/01/2004 | $12.99 | 0.0% | 0.0% | N | Referral Required |
| G0326 | END STAGE RENAL DISEASE | 07/01/2004 | $14.86 | 0.0% | 0.0% | N | Referral Required |
| G0327 | END STAGE RENAL DISEASE | 07/01/2004 | $8.22 | 0.0% | 0.0% | N | Referral Required |
| G0328 | FECAL BLOOD SCREEN | 01/01/2004 | $9.45 | 0.0% | 0.0% | N | Referral Required |
| G0329 | ELECTROMAGNETIC THERAPY | 01/01/2005 | $7.08 | 0.0% | 0.0% | N | Referral Required |
| G0336 | PET IMAGING BRAIN IMAGING | 01/01/2005 | $73.95 | 70.0% | 30.0% | N | Referral Required |
| G0338 | L.A.B.S.R. PLAN | 01/01/2004 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| G0339 | IMAGE GUIDED ROBOTIC RADIOSRGRY | 01/01/2004 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| G0340 | IMAGE GUIDED ROBOTIC RADIOSRGRY | 01/01/2004 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| G0341 | PERCUTANEOUS ISLET CELL TRANSPLANT | 01/01/2005 | $462.67 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| G0342 | LAPAROSCOPY FOR ISLET CELL TRANSPL | 01/01/2005 | $652.35 | 0.0% | 0.0% | N | Referral Required |
| G0343 | LAPAROTOMY FOR ISLET CELL TRANSPLA | 01/01/2005 | $1,077.75 | 0.0% | 0.0% | N | Referral Required |
| G0345 | INTRAVENOUS INFUSION, HYDRATION | 01/01/2005 | $56.33 | 0.0% | 0.0% | N | Referral Required |
| G0346 | EACH ADDTL HOUR, UP TO 8 | 01/01/2005 | $17.88 | 0.0% | 0.0% | N | Referral Required |
| G0347 | INTRAVENOUS INFUSION | 01/01/2005 | $69.15 | 0.0% | 0.0% | N | Referral Required |
| G0348 | EACH ADDITIONAL HOUR, UP TO 8 | 01/01/2005 | $23.43 | 0.0% | 0.0% | N | Referral Required |
| G0349 | ADDTL SEQUENTIAL INFUSION | 01/01/2005 | $38.50 | 0.0% | 0.0% | N | Referral Required |
| G0350 | CONCURRENT INFUSION REPORT | 01/01/2005 | $22.36 | 0.0% | 0.0% | N | Referral Required |
| G0351 | THERAPEUTIC OR DIAGNOSTIC INJECTIO | 01/01/2005 | $17.39 | 0.0% | 0.0% | N | Referral Required |
| G0353 | THERAPEUTIC/DIAGNOSTIC INJECTION | 01/01/2005 | $51.76 | 0.0% | 0.0% | N | Referral Required |
| G0354 | THERAPEUTIC OR DIAGNOSTIC INJECTIO | 01/01/2005 | $24.07 | 0.0% | 0.0% | N | Referral Required |
| G0355 | CHEMOYHERAPY ADMINISTRATION | 01/01/2005 | $47.27 | 0.0% | 0.0% | N | Referral Required |
| G0356 | HORMONAL ANTINEOPLASTIC | 01/01/2005 | $32.85 | 0.0% | 0.0% | N | Referral Required |
| G0357 | INTRAVENOUS, PUSH TECHNIQUE | 01/01/2005 | $110.07 | 0.0% | 0.0% | N | Referral Required |
| G0358 | INTRAVENOUS, PUSH TECHNIQUE | 01/01/2005 | $63.81 | 0.0% | 0.0% | N | Referral Required |
| G0359 | CHEMOTHERAPY ADMINISTRATION | 01/01/2005 | $155.31 | 0.0% | 0.0% | N | Referral Required |
| G0360 | CHEMO ADMIN, EA ADDTL HOUR | 01/01/2005 | $34.94 | 0.0% | 0.0% | N | Referral Required |
| G0361 | INITIATION OF PROLONGED CHEMO | 01/01/2005 | $166.56 | 0.0% | 0.0% | N | Referral Required |
| G0362 | EACH ADDITIONAL SEQUENTIAL INFUSIO | 01/01/2005 | $75.63 | 0.0% | 0.0% | N | Referral Required |
| G0363 | IRRIGATION OF IMPLANTED VENOUS ACC | 01/01/2005 | $25.28 | 0.0% | 0.0% | N | Referral Required |
| G0364 | BONE MARROW ASPIRATION | 01/01/2005 | $11.40 | 0.0% | 0.0% | N | Referral Required |
| G0365 | VESSEL MAPPING OF VESSELS FOR HEMO | 01/01/2005 | $145.98 | 0.0% | 0.0% | N | Referral Required |
| G0366 | VESSEL MAPPING OF VESSELS | 01/01/2005 | $23.86 | 0.0% | 0.0% | N | Referral Required |
| G0367 | TRACING ONLY W/O INTERP & REPORT | 01/01/2005 | $15.25 | 0.0% | 0.0% | N | Referral Required |
| G0368 | INTERP & REPORT ONLY PERFORMED AS | 01/01/2005 | $8.60 | 0.0% | 0.0% | N | Referral Required |
| G3001 | ADMINISTRATION OF TOSITUMOMAB | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| G9001 | COORDINATED CARE FEE - INITIAL | 10/20/2003 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| G9002 | COORDINATED CARE FEE-MAINT. RATE | 10/20/2003 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| G9007 | COORDINATED CARE FEE | 11/01/2003 | $10.00 | 0.0% | 0.0% | Y | Referral Required |
| G9012 | COORDINATED CARE FEE | 11/01/2003 | $10.00 | 0.0% | 0.0% | Y | Referral Required |
| H0004 | BEHAVORIAL HEALTH COUNSELING | 10/20/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| H0024 | BEHAVORIAL HEALTH PREVENTION INFO | 10/20/2003 | $0.00 | 0.0% | 0.0% | Y | |
| H0031 | MENTAL HEALTH ASSESS, NON-PHYSICIAN | 10/20/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| H0032 | MENTAL HEALTH SERVICE PLAN DEVELOP | 10/20/2003 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| H2000 | COMPREHENSIVE, MULTIDISCIPLIN EVAL | 10/20/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| H2011 | CRISIS INTERVENTION, PER 15 MINUTES | 10/20/2003 | $11.02 | 0.0% | 0.0% | Y | |
| H2014 | SKILLS TRAINING/DEVELOPMENT 15 MIN | 10/20/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| H2015 | COMPREHENSIVE COMMUNITY SUPPORT | 10/20/2003 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| H2016 | COMPREHENSIVE COMM SUPPORT | 10/20/2003 | $0.00 | 0.0% | 0.0% | Y | |
| H2017 | PSYCHOSOCIAL REHABILITATION | 10/20/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| H2019 | THERAPEUTIC BEHAVIORAL SERVICES | 10/20/2003 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| H2020 | THERAPEUTIC BEHAVORIAL SERVICES | 10/20/2003 | $0.00 | 0.0% | 0.0% | Y | |
| H2021 | COMMUNITY-BASED WRAP-AROUND SVC | 10/20/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| H2022 | COMMUNITY BASED SERVICES | 10/01/2004 | $221.12 | 0.0% | 0.0% | Y | Referral Required |
| H2023 | SUPPORTED EMPLOYMENT, PER 15 MINUT | 10/20/2003 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| H2032 | ACTIVITY THERAPY, 15 MINUTES | 10/20/2003 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| H5020 | GROUP PSYCHOTHERAPY | 07/01/2005 | $3.80 | 0.0% | 0.0% | Y | Referral Required |
| H5200 | NURSING SERVICE (OFFICE VISIT | 07/01/1999 | $9.38 | 0.0% | 0.0% | N | Referral Required |
| H5300 | OCCUPATIONAL THERAPY-INDIVID | 07/01/1999 | $5.93 | 0.0% | 0.0% | N | Referral Required |
| J0120 | INJ TETRAYCLINE UP TO 250 MG | 06/01/1987 | $13.00 | 0.0% | 0.0% | N | Referral Required |
| J0130 | ABCIXIMAB REOPRO | 01/01/2005 | $431.24 | 0.0% | 0.0% | N | Referral Required |
| J0150 | INJECTION ADENOSINE | 01/01/2005 | $31.07 | 0.0% | 0.0% | N | Referral Required |
| J0152 | INJECTION ADENOSINE 30 MG | 01/01/2005 | $70.00 | 0.0% | 0.0% | N | Referral Required |
| J0170 | INJECTION, ADRENALIN, EPINEP | 01/01/2005 | $0.29 | 0.0% | 0.0% | N | Referral Required |
| J0190 | INJECTION BIPERIDEN AKINETON 2 MG | 01/02/1992 | $6.00 | 0.0% | 0.0% | N | Referral Required |
| J0205 | INJECTION, ALGLUCERASE, UP T | 01/01/2005 | $39.22 | 0.0% | 0.0% | N | Referral Required |
| J0207 | INJECTION AMIFOSTINE, 500 MG. | 01/01/2005 | $417.56 | 0.0% | 0.0% | N | Referral Required |
| J0210 | INJECTION, ALDOMET ESTER HCL, UP TO | 01/01/2005 | $9.03 | 0.0% | 0.0% | N | Referral Required |
| J0215 | AMEVIVE 15 MG EA | 01/01/2005 | $26.65 | 0.0% | 0.0% | N | Referral Required |
| J0256 | ALPHA-1-PROTEINOSE INHIBITOR,HUMAN, | 01/01/2005 | $3.28 | 0.0% | 0.0% | N | Referral Required |
| J0280 | INJECTION, AMINOPHYLLIN, UP TO 250 | 01/01/2005 | $0.50 | 0.0% | 0.0% | N | Referral Required |
| J0282 | INJECTION AMIODARONE HYDROCHLORID | 01/01/2005 | $0.38 | 0.0% | 0.0% | N | |
| J0285 | AMPHOTERICIN B | 01/01/2005 | $29.84 | 0.0% | 0.0% | N | Referral Required |
| J0287 | INJECTION AMPHOTERICIN B LIPID | 01/01/2005 | $11.94 | 0.0% | 0.0% | N | Referral Required |
| J0288 | INJECTION AMPHOTERICIN B | 01/01/2003 | $15.20 | 0.0% | 0.0% | N | Referral Required |
| J0289 | AMPHOTERICIN B LIPOSOME, 10 MG | 01/01/2005 | $20.38 | 0.0% | 0.0% | N | Referral Required |
| J0290 | INJECTION, AMPICILLIN, UP TO 500 MG | 01/01/2005 | $0.21 | 0.0% | 0.0% | N | Referral Required |
| J0295 | AMPICIL/SULBAC 1.5 GRAMS (UNASYN) | 01/01/2005 | $6.67 | 0.0% | 0.0% | N | Referral Required |
| J0300 | INJECTION AMOBARBITAL UP TO 125 MG | 01/01/2005 | $2.47 | 0.0% | 0.0% | N | Referral Required |
| J0330 | INJ SUCCINYLCHOLINE CHLORIDE UP TO | 01/01/2005 | $0.10 | 0.0% | 0.0% | N | Referral Required |
| J0350 | ANISTREPLASE (EMINASE) I.V., PER 30 | 01/01/1995 | $2,458.00 | 0.0% | 0.0% | N | Referral Required |
| J0360 | INJ HYDRALAZINE HCL UP TO 20 MG | 01/01/2005 | $7.13 | 0.0% | 0.0% | N | Referral Required |
| J0380 | INJECTION, ARAMINE, UP TO 10 MG | 01/01/2005 | $1.07 | 0.0% | 0.0% | N | Referral Required |
| J0390 | INJECTION, ARALEN HCL, UP TO 50 MG | 01/01/2005 | $17.27 | 0.0% | 0.0% | N | Referral Required |
| J0395 | ARBUTAMINE HCL | 01/01/2005 | $160.00 | 0.0% | 0.0% | N | Referral Required |
| J0456 | INJECTION AZITHROMYCIN 500 MG | 01/01/2005 | $23.56 | 0.0% | 0.0% | N | Referral Required |
| J0460 | INJECTION, ATROPINE SULFATE, | 01/01/2005 | $0.26 | 0.0% | 0.0% | N | Referral Required |
| J0470 | INJECTION, BAL IN OIL, UP TO 100 MG | 01/01/2005 | $18.62 | 0.0% | 0.0% | N | Referral Required |
| J0475 | INJECTION, BACLOFEN, 10 MG | 01/01/2005 | $180.49 | 0.0% | 0.0% | N | Referral Required |
| J0476 | BACLOFEN FOR INTRATHECAL TRIAL | 01/01/2005 | $67.55 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| J0500 | INJECTION, BENTYL, UP TO 20 MG | 01/01/2005 | $13.03 | 0.0% | 0.0% | N | Referral Required |
| J0515 | INJECTION, BENZTROPINE | 01/01/2005 | $3.40 | 0.0% | 0.0% | N | Referral Required |
| J0520 | BETHANECHOL MYOTONACHOL OR URECH | 01/01/2005 | $4.49 | 0.0% | 0.0% | N | Referral Required |
| J0530 | INJECTION, BICILLIN C-R, UP TO 600, | 01/01/2005 | $11.37 | 0.0% | 0.0% | N | Referral Required |
| J0540 | INJECTION, BICILLIN C-R, UP TO 1,20 | 01/01/2005 | $23.02 | 0.0% | 0.0% | N | Referral Required |
| J0550 | INJECTION, BICILLIN C-R, UP TO 2,40 | 01/01/2005 | $29.91 | 0.0% | 0.0% | N | Referral Required |
| J0560 | INJECTION, BICILLIN LONG-ACTING, UP | 01/01/2005 | $17.29 | 0.0% | 0.0% | N | Referral Required |
| J0570 | INJECTION, BICILLIN LONG-ACTING, UP | 01/01/2005 | $30.41 | 0.0% | 0.0% | N | Referral Required |
| J0580 | INJ, BICILLIN LONG-ACTING, UP TO 2, | 01/01/2005 | $60.28 | 0.0% | 0.0% | N | Referral Required |
| J0583 | INJECTION, BIVALIRUDIN 1MG | 01/01/2005 | $0.15 | 0.0% | 0.0% | N | Referral Required |
| J0585 | BOTULINUM TOXIN TYPE A, PER UNIT | 01/01/2005 | $4.71 | 0.0% | 0.0% | N | Referral Required |
| J0587 | BOTULINUM TOXIN TYPE B | 01/01/2005 | $7.76 | 0.0% | 0.0% | N | Referral Required |
| J0592 | BUPRENORPHINE HYDROCHLORIDE | 01/01/2005 | $0.82 | 0.0% | 0.0% | N | Referral Required |
| J0595 | INJECTION, BUTORPHANOL | 01/01/2005 | $1.82 | 0.0% | 0.0% | N | Referral Required |
| J0600 | INJ, CALCIUM DISODIUM VERSENATE, UP | 01/01/2005 | $39.74 | 0.0% | 0.0% | N | Referral Required |
| J0610 | INJECTION, CALCIUM GLUCONATE, UP TO | 01/01/2005 | $0.05 | 0.0% | 0.0% | N | Referral Required |
| J0620 | INJECT CALCIUM GLYCEROPHOSHATE/LAC | 01/01/2005 | $8.53 | 0.0% | 0.0% | N | Referral Required |
| J0630 | INJ, CALCIMAR, CALCITONINSALMON, UP | 01/01/2005 | $35.03 | 0.0% | 0.0% | N | Referral Required |
| J0636 | CALCITRIOL, 0.1 MCG | 01/01/2005 | $0.71 | 0.0% | 0.0% | N | Referral Required |
| J0637 | CASPOFUNGIN ACETATE, 5 MG | 01/01/2005 | $31.88 | 0.0% | 0.0% | N | Referral Required |
| J0640 | INJECTION LEUCOVORIN CALCIUM PER 50 | 01/01/2005 | $1.30 | 0.0% | 0.0% | N | Referral Required |
| J0670 | INJECTION, CARBOCAINE | 01/01/2005 | $1.60 | 0.0% | 0.0% | N | Referral Required |
| J0690 | INJ, CEFZAOLIN SODIUM, ANCEF, KEFZO | 01/01/2005 | $0.28 | 0.0% | 0.0% | N | Referral Required |
| J0692 | INJECTION CEFEPIME HYDROCHLORIDE | 01/01/2005 | $6.89 | 0.0% | 0.0% | N | Referral Required |
| J0694 | INJ CEFOXITIN SODIUM MEFOXIN 1 GM | 01/01/2005 | $11.90 | 0.0% | 0.0% | N | Referral Required |
| J0696 | CEFTRIAXONE SODIUM 250MG | 01/01/2005 | $6.57 | 0.0% | 0.0% | N | Referral Required |
| J0697 | CEFUROXIME SODIUM STERILE 750MG | 01/01/2005 | $4.35 | 0.0% | 0.0% | N | Referral Required |
| J0698 | CEFOTAXIME SOD INJ PER/GM | 01/01/2005 | $5.02 | 0.0% | 0.0% | N | Referral Required |
| J0702 | BETAMETHASONE ACETATEAND SOD. PHO | 01/01/2005 | $4.51 | 0.0% | 0.0% | N | Referral Required |
| J0704 | BETAMETHASONE SODIUM PHOSPHATE PE | 01/01/2005 | $0.90 | 0.0% | 0.0% | N | Referral Required |
| J0706 | INJECTION, CAFFEINE CITRATE | 01/01/2005 | $3.27 | 0.0% | 0.0% | N | Referral Required |
| J0710 | INJECTION, CEPHAPRIN SODIUM, CEFADY | 02/01/1989 | $7.00 | 0.0% | 0.0% | N | Referral Required |
| J0713 | INJ CEFTAZIDIME PER 500 MG (FORTAZ, | 01/01/2005 | $3.74 | 0.0% | 0.0% | N | Referral Required |
| J0715 | CEFTIZOXIME (CEFIZOX) PER 500 MG | 01/01/2005 | $2.70 | 0.0% | 0.0% | N | Referral Required |
| J0720 | INJ, CHOLORMYCETIN SODIUM SUCCINATE | 01/01/2005 | $6.10 | 0.0% | 0.0% | N | Referral Required |
| J0725 | INJECTION, CHORIONIC GONADOTROPIN,P | 01/01/2005 | $2.58 | 0.0% | 0.0% | N | Referral Required |
| J0735 | CLONIDINE HYDROCHLORIDE, 1 MG. | 01/01/2005 | $56.37 | 0.0% | 0.0% | N | Referral Required |
| J0740 | INJECTION, CIDOFOVIR, 375 MG | 01/01/2005 | $762.50 | 0.0% | 0.0% | N | Referral Required |
| J0743 | INJECTION CILASTIN SODIUM IMIPENEM | 01/01/2005 | $11.72 | 0.0% | 0.0% | N | Referral Required |
| J0744 | INJECTION CIPROFLOXACIN | 01/01/2005 | $8.57 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| J0745 | INJECTION, CODEINE PHOSPHATE, PER 3 | 01/01/2005 | $0.49 | 0.0% | 0.0% | N | Referral Required |
| J0760 | INJECTION, COLCHICINE, UP TO 2 MG | 01/01/2005 | $4.07 | 0.0% | 0.0% | N | Referral Required |
| J0770 | INJECTION, COLY-MYCIN M, UP TO 150 | 01/01/2005 | $45.09 | 0.0% | 0.0% | N | Referral Required |
| J0780 | INJECTION, COMPAZINE, UP TO 10 MG | 01/01/2005 | $3.01 | 0.0% | 0.0% | N | Referral Required |
| J0800 | INJECTION, CORTICOTROPIN, UP TO 40 | 01/01/2005 | $93.71 | 0.0% | 0.0% | N | Referral Required |
| J0835 | COSYNTROPIN (CORTROSYN) 0.25 MG | 01/01/2005 | $15.36 | 0.0% | 0.0% | N | Referral Required |
| J0850 | CYTOMEGALOVIRUS IMMUNE GLOB. PER VI | 01/01/2005 | $672.61 | 0.0% | 0.0% | N | Referral Required |
| J0880 | DARBEPOETIN ALFA, 5 MCG | 01/01/2005 | $17.72 | 0.0% | 0.0% | N | Referral Required |
| J0895 | INJECTION, DEFEROXNMINE MESYLATE, 5 | 01/01/2005 | $15.67 | 0.0% | 0.0% | N | Referral Required |
| J0900 | INJECTION, DELADUMONE, UP TO 1CC | 01/01/2005 | $1.38 | 0.0% | 0.0% | N | Referral Required |
| J0945 | INJECTION, DEHIST | 01/01/2005 | $0.73 | 0.0% | 0.0% | N | Referral Required |
| J0970 | INJECTION, DELESTROGEN, UP TO 40 MG | 01/01/2005 | $29.67 | 0.0% | 0.0% | N | Referral Required |
| J1000 | INJECTION, DEPO-ESTRADIOL CY | 01/01/2005 | $5.02 | 0.0% | 0.0% | N | Referral Required |
| J1020 | INJECTION, DEPO-MEDROL, 20 MG | 01/01/2005 | $2.67 | 0.0% | 0.0% | N | Referral Required |
| J1030 | INJECTION, DEPO-MEDROL, 40 MG | 01/01/2005 | $5.36 | 0.0% | 0.0% | N | Referral Required |
| J1040 | INJECTION, DEPO-MEDROL, 80 MG | 01/01/2005 | $9.75 | 0.0% | 0.0% | N | Referral Required |
| J1051 | MEDROXYPROGESTERONE ACETATE | 01/01/2005 | $4.89 | 0.0% | 0.0% | N | Referral Required |
| J1055 | MEDROXYPROGESTERONE ACETATE-150 | 01/01/2004 | $51.62 | 0.0% | 0.0% | N | |
| J1056 | INJECTION 5 MG/25 MG | 01/01/2005 | $21.59 | 0.0% | 0.0% | N | |
| J1060 | INJECTION, DEPO-TESTADIOL, UP TO 1 | 01/01/2005 | $3.91 | 0.0% | 0.0% | N | Referral Required |
| J1070 | INJ, DEPO-TESTOSTERONE CYPIONATE, U | 01/01/2005 | $4.91 | 0.0% | 0.0% | N | Referral Required |
| J1080 | INJ, DEPO-TESTOSTERONE CYPIO | 01/01/2005 | $12.62 | 0.0% | 0.0% | N | Referral Required |
| J1094 | DEXAMETHASONE ACETATE, 1MG | 01/01/2005 | $0.25 | 0.0% | 0.0% | N | Referral Required |
| J1100 | INJECTION, DEXAMETHOSONE, UP | 01/01/2005 | $0.14 | 0.0% | 0.0% | N | Referral Required |
| J1110 | INJECTION, D.H.E.45, UP TO 1 MG | 01/01/2005 | $28.75 | 0.0% | 0.0% | N | Referral Required |
| J1120 | INJECTION, DIAMOX SODIUM, UP TO 500 | 01/01/2005 | $12.70 | 0.0% | 0.0% | N | Referral Required |
| J1160 | INJECTION, DIGOXIN, UP TO 0.5MG | 01/01/2005 | $3.04 | 0.0% | 0.0% | N | Referral Required |
| J1165 | INJECTION, DILANTIN | 01/01/2005 | $0.61 | 0.0% | 0.0% | N | Referral Required |
| J1170 | INJECTION HYDROMORDHONE HCL UO TO 4 | 01/01/2005 | $1.71 | 0.0% | 0.0% | N | Referral Required |
| J1180 | INJECTION, DILOR, UP TO 500 MG | 01/01/2005 | $4.00 | 0.0% | 0.0% | N | Referral Required |
| J1190 | INJ. DEXRAZOXANE HCL, 250MG (ZINECA | 01/01/2005 | $211.38 | 0.0% | 0.0% | N | Referral Required |
| J1200 | INJ, DIPHENHYDRAMINE HCL, BENADRYL, | 01/01/2005 | $0.94 | 0.0% | 0.0% | N | Referral Required |
| J1205 | CHLOROTHIAZIDE SODIUM/500 MG (DIURI | 01/01/2005 | $9.13 | 0.0% | 0.0% | N | Referral Required |
| J1212 | INJECTION, DMSO, DIMENTHYL S | 01/01/2005 | $36.79 | 0.0% | 0.0% | N | Referral Required |
| J1230 | INJ, DOLOPHINE HCL, METHODONE HCI, | 01/01/2005 | $3.28 | 0.0% | 0.0% | N | Referral Required |
| J1240 | INJECTION, DRAMAMINE, UP TO 50 MG | 01/01/2005 | $4.73 | 0.0% | 0.0% | N | Referral Required |
| J1245 | INJECTION DIPYRIDAMOLE PER 10 MG | 01/01/2005 | $1.93 | 0.0% | 0.0% | N | Referral Required |
| J1250 | INJECTION, DOBUTAMINE HCI 250 | 01/01/2005 | $5.11 | 0.0% | 0.0% | N | Referral Required |
| J1260 | INJECTION DOLASETRON MESYTATE-10 M | 01/01/2005 | $6.61 | 0.0% | 0.0% | N | Referral Required |
| J1270 | INJECTION, DOXERCALCIFEROL | 01/01/2005 | $2.80 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| J1320 | AMITRIPTYLINE HCL/20 MG (ELAVIL) 00 | 01/01/2005 | $1.79 | 0.0% | 0.0% | N | Referral Required |
| J1325 | INJECTION, EPOPROSTENOL, .5MG | 01/01/2005 | $12.16 | 0.0% | 0.0% | N | Referral Required |
| J1330 | INJ, ERGONOVINE MALEATE, ERGOTRATE | 01/01/1997 | $4.75 | 0.0% | 0.0% | N | Referral Required |
| J1335 | INJECTION, ERTAPENAM SODIUM 500 MG | 01/01/2005 | $21.30 | 0.0% | 0.0% | N | Referral Required |
| J1364 | ERYTHROMICIN LACTOBIONATE PER 500 M | 01/01/2005 | $2.94 | 0.0% | 0.0% | N | Referral Required |
| J1380 | ESTRADIOL VALERATE/10 MG-0022376051 | 01/01/2005 | $11.36 | 0.0% | 0.0% | N | Referral Required |
| J1390 | ESTRADIOL VALERATE/20 MG - 00223760 | 01/01/2005 | $14.83 | 0.0% | 0.0% | N | Referral Required |
| J1410 | INJECTION, ESTROGEN CONJUGATED, PER | 01/01/2005 | $56.71 | 0.0% | 0.0% | N | Referral Required |
| J1435 | INJECTION, ESTRONE, PER 1 MG | 01/01/2005 | $0.17 | 0.0% | 0.0% | N | Referral Required |
| J1436 | EXIDRONATE DISODIUM 300MG/6ML | 01/01/2005 | $67.37 | 0.0% | 0.0% | N | Referral Required |
| J1438 | INJECTION ETANERCEPT 25 MG. | 01/01/2005 | $147.16 | 0.0% | 0.0% | N | |
| J1440 | FILGRASTIM, 300MCG VIALS | 01/01/2005 | $178.94 | 0.0% | 0.0% | N | Referral Required |
| J1441 | FILGRASTIM (NEUPOGEN) | 01/01/2005 | $282.41 | 0.0% | 0.0% | N | Referral Required |
| J1452 | INJECTION FOMIVERSEN SODIUM | 01/01/2005 | $200.00 | 0.0% | 0.0% | N | Referral Required |
| J1455 | INJECTION FOSCARNET SODIUM PER 1000 | 01/01/2005 | $10.63 | 0.0% | 0.0% | N | Referral Required |
| J1460 | INJ GAMMA GLOBULIN IM 1CC | 01/01/2005 | $10.00 | 0.0% | 0.0% | N | Referral Required |
| J1470 | INJECTION, GAMMA GLOBULIN 2 CC | 01/01/2005 | $20.00 | 0.0% | 0.0% | N | Referral Required |
| J1480 | INJECTION, GAMMA GLOBULIN, 3 CC | 01/01/2005 | $30.00 | 0.0% | 0.0% | N | Referral Required |
| J1490 | INJECTION, GAMMA GLOBULIN, 4 CC | 01/01/2005 | $40.01 | 0.0% | 0.0% | N | Referral Required |
| J1500 | INJECTION, GAMMA GLOBULIN, 5 CC | 01/01/2005 | $50.01 | 0.0% | 0.0% | N | Referral Required |
| J1510 | INJECTION, GAMMA GLOBULIN, 6 CC | 01/01/2005 | $60.05 | 0.0% | 0.0% | N | Referral Required |
| J1520 | INJECTION, GAMMA GLOBULIN, 7 CC | 01/01/2005 | $69.96 | 0.0% | 0.0% | N | Referral Required |
| J1530 | INJECTION, GAMMA GLOBULIN, 8 CC | 01/01/2005 | $80.02 | 0.0% | 0.0% | N | Referral Required |
| J1540 | INJECTION, GAMMA GLOBULIN, 9 CC | 01/01/2005 | $90.08 | 0.0% | 0.0% | N | Referral Required |
| J1550 | INJECTION, GAMMA GLOBULIN, 10 CC | 01/01/2005 | $100.02 | 0.0% | 0.0% | N | Referral Required |
| J1560 | INJ GAMMA GLOBULIN IM OVER 10 CC | 01/01/2005 | $100.02 | 0.0% | 0.0% | N | Referral Required |
| J1563 | INJECTION IMMUNE GLOBULIN | 01/01/2005 | $40.02 | 0.0% | 0.0% | N | Referral Required |
| J1564 | IMMUNE GLOBULIN, 10 MG | 01/01/2005 | $3.93 | 0.0% | 0.0% | N | Referral Required |
| J1565 | RESPIRATORY SYNCYTAL VIRUS | 01/01/2005 | $15.26 | 0.0% | 0.0% | N | Referral Required |
| J1570 | INJECTION, GANCICLOUIR SODIUM 500 M | 01/01/2005 | $33.93 | 0.0% | 0.0% | N | Referral Required |
| J1580 | INJECTION, GARAMYCIN, GENTAMICIN, U | 01/01/2005 | $1.44 | 0.0% | 0.0% | N | Referral Required |
| J1590 | INJECTION, GATIFLOXACIN | 01/01/2005 | $0.44 | 0.0% | 0.0% | N | Referral Required |
| J1595 | INJECTION, FLATIRAMER ACETATE | 01/01/2005 | $34.85 | 0.0% | 0.0% | N | Referral Required |
| J1600 | INJECTION, GOLD SODIUM THIOSULFATE, | 01/01/2005 | $11.30 | 0.0% | 0.0% | N | Referral Required |
| J1610 | GLUCAGON HYDROCHLORIDE, PER 1 MG | 01/01/2005 | $55.17 | 0.0% | 0.0% | N | Referral Required |
| J1626 | GRANISETRON HYDROCHLORIDE | 01/01/2005 | $7.09 | 0.0% | 0.0% | N | Referral Required |
| J1630 | INJECTION HALOPERIDOL HALDOL LACT U | 01/01/2005 | $2.56 | 0.0% | 0.0% | N | Referral Required |
| J1631 | INJECTION HALOPERIDOL DECANOATE HA | 01/01/2005 | $5.80 | 0.0% | 0.0% | N | Referral Required |
| J1642 | HEPARIN LOCK FLUSH,10 UTS (NO ADMIN | 01/01/2005 | $0.07 | 0.0% | 0.0% | N | Referral Required |
| J1644 | HEPARIN SODIUM, PER 1000 UNITS | 01/01/2005 | $0.10 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| J1645 | INJ-DALTEPARIN SODIUM, PER 2500 MG/ | 01/01/2005 | $9.92 | 0.0% | 0.0% | N | Referral Required |
| J1650 | INJECTION, ENOXAPARIN SODIUM | 01/01/2005 | $5.15 | 0.0% | 0.0% | N | Referral Required |
| J1652 | FONDAPARINUX SODIUM, 0.5 MG | 01/01/2005 | $6.74 | 0.0% | 0.0% | N | Referral Required |
| J1655 | INJECTION TINZAPARIN SODIUM | 01/01/2005 | $1.76 | 0.0% | 0.0% | N | Referral Required |
| J1670 | TETANUS IMMUNE GLOBULIN, 250 MG,BAY | 01/01/2005 | $68.47 | 0.0% | 0.0% | N | Referral Required |
| J1700 | HYDROCORTISONE ACETATE BIOSONE CO | 01/01/2005 | $0.66 | 0.0% | 0.0% | N | Referral Required |
| J1710 | HYDROCORTISONE SODIUM PHOSPHATE/ | 01/01/2005 | $4.69 | 0.0% | 0.0% | N | Referral Required |
| J1720 | HYDROCORTISONE SODIUM SUCCINATE 1 | 01/01/2005 | $1.81 | 0.0% | 0.0% | N | Referral Required |
| J1730 | INJECTION, HYPERSTAT, UP TO 300 MG | 01/01/2005 | $112.01 | 0.0% | 0.0% | N | Referral Required |
| J1742 | IBUTILIDE FUMARATE, 1 MG | 01/01/2005 | $223.65 | 0.0% | 0.0% | N | Referral Required |
| J1745 | INFLIXIMAB 10 MGM REMICADE | 01/01/2005 | $53.08 | 0.0% | 0.0% | N | Referral Required |
| J1750 | INJECTION, IRON DEXTRAN (INFED), 50 | 01/01/2005 | $11.06 | 0.0% | 0.0% | N | Referral Required |
| J1756 | IRON SUCROSE, 1 MG | 01/01/2005 | $0.36 | 0.0% | 0.0% | N | Referral Required |
| J1785 | IMIGLUCERASE, PER UNIT, 1.V. (CEREZ | 01/01/2005 | $3.91 | 0.0% | 0.0% | N | Referral Required |
| J1790 | INJ DROPERIDOL UP TO 5 MG | 01/01/2005 | $1.02 | 0.0% | 0.0% | N | Referral Required |
| J1800 | INJECTION, INDERAL, UP TO 1 MG | 01/01/2005 | $5.10 | 0.0% | 0.0% | N | Referral Required |
| J1810 | INJ DROPERIDOL-FENTANYL CITRATE UP | 01/01/2005 | $5.92 | 0.0% | 0.0% | N | Referral Required |
| J1815 | INSULIN, PER 5 UNITS | 01/01/2005 | $0.22 | 0.0% | 0.0% | N | Referral Required |
| J1817 | INSULIN FOR ADMINISTRATION THROUGH | 01/01/2005 | $2.18 | 0.0% | 0.0% | N | Referral Required |
| J1825 | INTERFERON BETA-IA KIT | 01/01/1998 | $852.00 | 0.0% | 0.0% | N | Referral Required |
| J1830 | INTERFERON BETA-1B, PER 0.25 MG | 01/01/2005 | $80.53 | 0.0% | 0.0% | N | Referral Required |
| J1835 | INJECTION, ITRACONAZOLE | 01/01/2005 | $36.23 | 0.0% | 0.0% | N | Referral Required |
| J1840 | KANAMYCIN SULFATE/500 MG (KANTREX) | 01/01/2005 | $0.23 | 0.0% | 0.0% | N | Referral Required |
| J1850 | INJECTION, KANTREX PEDIATRIC, UP TO | 01/01/2005 | $0.42 | 0.0% | 0.0% | N | Referral Required |
| J1885 | INJ KETOROLAC TROMETHAMINE P | 01/01/2005 | $0.64 | 0.0% | 0.0% | N | Referral Required |
| J1890 | INJECTION, KEFLIN, UP TO 1 GRAM | 01/01/2005 | $8.64 | 0.0% | 0.0% | N | Referral Required |
| J1940 | INJECTION, LAXIX, UP TO 20 M | 01/01/2005 | $0.49 | 0.0% | 0.0% | N | Referral Required |
| J1950 | LEUPROLIDE ACETATE (LUPRON) DEPOT S | 01/01/2005 | $445.11 | 0.0% | 0.0% | N | Referral Required |
| J1955 | LEVOCARNITINE PER 1 GRAM | 01/01/2005 | $14.65 | 0.0% | 0.0% | N | Referral Required |
| J1956 | LEVOFLOXACIN 250 MG | 01/01/2005 | $7.64 | 0.0% | 0.0% | N | Referral Required |
| J1960 | INJECTION, LEVO-DROMORAN, UP TO 2 M | 01/01/2005 | $3.63 | 0.0% | 0.0% | N | Referral Required |
| J1980 | INJECTION, LEVSIN, UP TO 0.25 MG | 01/01/2005 | $4.71 | 0.0% | 0.0% | N | Referral Required |
| J1990 | INJECTION, LIBRIUM, UP TO 100 MG | 01/01/2005 | $21.05 | 0.0% | 0.0% | N | Referral Required |
| J2010 | INJECTION, LINCOCIN, LINCOMYCIN, UP | 01/01/2005 | $3.48 | 0.0% | 0.0% | N | Referral Required |
| J2015 | INJECTION, ALEFACEPT 0.5 MG | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| J2020 | INJECTION, LINEZOLID | 01/01/2005 | $23.76 | 0.0% | 0.0% | N | Referral Required |
| J2060 | INJECTION-LORAZEPAM 2MG OR LESS (AT | 01/01/2005 | $1.27 | 0.0% | 0.0% | N | Referral Required |
| J2150 | INJECTION, MANNITOL, 25% IN 50 ML | 01/01/2005 | $1.02 | 0.0% | 0.0% | N | Referral Required |
| J2175 | INJECTION, MEPERIDINE HYDROCHLORIDE | 01/01/2005 | $1.37 | 0.0% | 0.0% | N | Referral Required |
| J2180 | INJ MEPERDINE-PROMETHAZINE HCL UP T | 01/01/2005 | $3.79 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| J2185 | INJECTION, MEROPENEM, 100MG | 01/01/2005 | $3.40 | 0.0% | 0.0% | N | Referral Required |
| J2210 | METHYLERGONOVINE MALEATE 0.2 | 01/01/2005 | $4.30 | 0.0% | 0.0% | N | Referral Required |
| J2250 | INJECTION, MIDAZOLAM HCL 1 MG | 01/01/2005 | $0.48 | 0.0% | 0.0% | N | Referral Required |
| J2260 | MILRINONE LACTATE (PRIMACOR) I.V. P | 01/01/2005 | $4.77 | 0.0% | 0.0% | N | Referral Required |
| J2270 | MORPHINE SULFATE 10 MG | 01/01/2005 | $1.86 | 0.0% | 0.0% | N | Referral Required |
| J2271 | MORPHINE SULFATE 100 MG | 01/01/2005 | $5.07 | 0.0% | 0.0% | N | Referral Required |
| J2275 | INJ MORPHINE SULFATE PRESERVATIVE-F | 01/01/2005 | $11.75 | 0.0% | 0.0% | N | Referral Required |
| J2280 | INJECTION, MOMYCHEL-S, UP TO 250MG | 01/01/2005 | $3.77 | 0.0% | 0.0% | N | Referral Required |
| J2300 | INJECTION, NALBUPHINE HCL 10 MG-NUB | 01/01/2005 | $1.33 | 0.0% | 0.0% | N | Referral Required |
| J2310 | NALOXONE HC1 PER 1 MG. | 01/01/2005 | $3.00 | 0.0% | 0.0% | N | Referral Required |
| J2320 | NANDROLONE DECANOATE, UP TO 50 MG. | 01/01/2005 | $3.41 | 0.0% | 0.0% | N | Referral Required |
| J2321 | NANDROLONE DECANOATE, UP TO 100 MG | 01/01/2005 | $6.56 | 0.0% | 0.0% | N | Referral Required |
| J2322 | NANDROLONE DECANOATE, UP TO 200 MG. | 01/01/2005 | $13.86 | 0.0% | 0.0% | N | Referral Required |
| J2324 | NESIRITIDE, 0.5 MG | 01/01/2005 | $146.67 | 0.0% | 0.0% | N | Referral Required |
| J2353 | INJECTION, OCTREOTIDE | 01/01/2005 | $85.39 | 0.0% | 0.0% | N | Referral Required |
| J2354 | INJECTION, OCTREOTIDE, NON-DEPOT F | 01/01/2005 | $4.67 | 0.0% | 0.0% | N | Referral Required |
| J2355 | OPRELVEKIN NEUMEGA UP TO 100 MG | 01/01/2005 | $243.35 | 0.0% | 0.0% | N | Referral Required |
| J2360 | INJECTION, NORFLEX, UP TO 60 MG | 01/01/2005 | $15.95 | 0.0% | 0.0% | N | Referral Required |
| J2370 | INJECTION, NEO-SYNEPHRINE, UP TO 1 | 01/01/2005 | $0.63 | 0.0% | 0.0% | N | Referral Required |
| J2400 | INJECTION, NESACAINE AND NESACAINE- | 01/01/2005 | $16.52 | 0.0% | 0.0% | N | Referral Required |
| J2405 | INJECTION, ONDANSETRON HCL PER IMG | 01/01/2005 | $3.73 | 0.0% | 0.0% | N | Referral Required |
| J2410 | OXYMORPHONE HCL/1 MG NUMORPHAN - 0 | 01/01/2005 | $2.29 | 0.0% | 0.0% | N | Referral Required |
| J2430 | PAMIDRONATE (QUEDRA) I.V. PER 30 MG | 01/01/2005 | $59.06 | 0.0% | 0.0% | N | Referral Required |
| J2440 | INJECTION, PAPAVERINE HCL, UP TO 60 | 01/01/2005 | $0.76 | 0.0% | 0.0% | N | Referral Required |
| J2460 | INJECTION, OXYTETRACYCLINE, UP TO 5 | 01/01/2005 | $0.88 | 0.0% | 0.0% | N | Referral Required |
| J2501 | PARICALCITOL, 1 MCG | 01/01/2005 | $4.02 | 0.0% | 0.0% | N | Referral Required |
| J2505 | INJECTION, PEGFILGRASTIM 6MG | 01/01/2005 | $2,273.93 | 0.0% | 0.0% | N | Referral Required |
| J2510 | INJ, PENICILLIN, PROCAINE AQUEOUS, | 01/01/2005 | $8.28 | 0.0% | 0.0% | N | Referral Required |
| J2515 | INJECTION, PENTOBARBRTAL SODIUM | 01/01/2005 | $1.85 | 0.0% | 0.0% | N | Referral Required |
| J2540 | INJECTION, PFIZERPEN, UP TO 600,000 | 01/01/2005 | $1.00 | 0.0% | 0.0% | N | Referral Required |
| J2550 | INJECTION, PHENERGAN, UP TO 50 MG | 01/01/2005 | $2.15 | 0.0% | 0.0% | N | Referral Required |
| J2560 | INJECTION, PHENOBARBITAL, UP TO 120 | 01/01/2005 | $3.17 | 0.0% | 0.0% | N | Referral Required |
| J2590 | OXYTOCIN 10 UNITS (PITOCIN, SYNTOCI | 01/01/2005 | $1.04 | 0.0% | 0.0% | N | Referral Required |
| J2597 | DESMOPRESSIN INJECTION, 1 MIGROGRAM | 01/01/2005 | $2.47 | 0.0% | 0.0% | N | Referral Required |
| J2650 | PREDNISOLONE ACETATE, DUA-PRED, PAN | 01/01/2005 | $0.21 | 0.0% | 0.0% | N | Referral Required |
| J2670 | TOLAZOLINE HCL 25 MG (PRISCOLINE HC | 01/01/2005 | $3.44 | 0.0% | 0.0% | N | Referral Required |
| J2675 | INJECTION, PROGESTERONE, PER 50 MG | 01/01/2005 | $1.93 | 0.0% | 0.0% | N | Referral Required |
| J2680 | INJECTION, PROLIXIN DECANOATE, UP T | 01/01/2005 | $1.14 | 0.0% | 0.0% | N | Referral Required |
| J2690 | INJECTION, PROCAINAMIDE | 01/01/2005 | $0.90 | 0.0% | 0.0% | N | Referral Required |
| J2700 | INJECTION, PROSTAPHLIN, UP TO 250 M | 01/01/2005 | $1.61 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| J2710 | INJECTION, PROSTIGMIN METHYLSULFATE | 01/01/2005 | $0.06 | 0.0% | 0.0% | N | Referral Required |
| J2720 | INJECTION, PROTAMINE SULFATE, PER 1 | 01/01/2005 | $0.36 | 0.0% | 0.0% | N | Referral Required |
| J2725 | PROTIRELIN INJ. DIAGNOSTIC (RELEFAC | 01/01/2005 | $20.55 | 0.0% | 0.0% | N | Referral Required |
| J2730 | INJECTION, PROTOPAM CHLORIDE, UP TO | 01/01/2005 | $85.79 | 0.0% | 0.0% | N | Referral Required |
| J2760 | PHENTOLAMINE MESYLATE 5 MG (REGITIN | 01/01/2005 | $22.47 | 0.0% | 0.0% | N | Referral Required |
| J2765 | INJECTION, REGLAN, UP TO 10 MG | 01/01/2005 | $0.45 | 0.0% | 0.0% | N | Referral Required |
| J2770 | INJECTION, QUINUPRISTIN | 01/01/2005 | $103.25 | 0.0% | 0.0% | N | Referral Required |
| J2783 | INJECTION, RASBURICASE, 0.5 MG | 01/01/2005 | $107.01 | 0.0% | 0.0% | N | Referral Required |
| J2788 | RHO D IMMUNE GLOBULIN, HUMAN, | 01/01/2005 | $24.47 | 0.0% | 0.0% | N | Referral Required |
| J2790 | RHOGAM,RHO D IMMUNE GLOBULIN | 01/01/2005 | $102.36 | 0.0% | 0.0% | N | Referral Required |
| J2792 | RHO IMMUNE GLOBULIN IV HUMAN SOLVNT | 01/01/2005 | $13.40 | 0.0% | 0.0% | N | Referral Required |
| J2795 | INJECTION ROPIVACINE HYDROCHLORIDE | 01/01/2005 | $0.08 | 0.0% | 0.0% | N | Referral Required |
| J2800 | INJECTION, ROBAXIN, UP TO 10 ML | 01/01/2005 | $3.20 | 0.0% | 0.0% | N | Referral Required |
| J2810 | INJECTION, THEOPHYLLINE, PER 40 MG | 01/01/2005 | $0.38 | 0.0% | 0.0% | N | Referral Required |
| J2820 | INJECTION SARGARMOSTIM, 250 MCG (LE | 01/01/2005 | $21.67 | 0.0% | 0.0% | N | Referral Required |
| J2910 | INJECTION, SOLGANAL, UP TO 50 MG | 01/01/2005 | $14.62 | 0.0% | 0.0% | N | Referral Required |
| J2912 | INJECTION, SODIUM CHLORIDE | 01/01/2005 | $0.15 | 0.0% | 0.0% | N | Referral Required |
| J2916 | SODIUM FERRIC GLUCONATE COMPLEX | 01/01/2005 | $4.83 | 0.0% | 0.0% | N | Referral Required |
| J2920 | INJECTION, SOLU-MEDROL, UP TO 40 MG | 01/01/2005 | $1.92 | 0.0% | 0.0% | N | Referral Required |
| J2930 | INJECTION, SOLU-MEDROL, UP TO 125 M | 01/01/2005 | $2.62 | 0.0% | 0.0% | N | Referral Required |
| J2940 | INJECTION, SOMATREM | 01/01/2005 | $40.16 | 0.0% | 0.0% | N | Referral Required |
| J2941 | INJECTION, SOMATROPIN | 01/01/2005 | $42.38 | 0.0% | 0.0% | N | Referral Required |
| J2950 | INJECTION, SPARINE, UP TO 25 MG | 01/01/2005 | $0.38 | 0.0% | 0.0% | N | Referral Required |
| J2993 | INJECTION RETEPLASE 18.8 MG | 01/01/2005 | $877.12 | 0.0% | 0.0% | N | Referral Required |
| J2995 | INJECTION, STREPTOKINASE, PER 250,0 | 01/01/2005 | $76.32 | 0.0% | 0.0% | N | Referral Required |
| J2996 | INJECTION, ALTEPLASE RELOMBI | 08/01/1997 | $275.00 | 0.0% | 0.0% | N | Referral Required |
| J2997 | INJECTION ALTEPLASE RECOMBINANT | 01/01/2005 | $30.15 | 0.0% | 0.0% | N | Referral Required |
| J3000 | INJECTION, STREPTOMYCIN, UP TO 1 GM | 01/01/2005 | $5.34 | 0.0% | 0.0% | N | Referral Required |
| J3010 | INJECTION, SUBLIMAZE, UP TO 2 ML | 01/01/2005 | $0.27 | 0.0% | 0.0% | N | Referral Required |
| J3030 | INJECTION, SUMATRIPTAN SUCCINATE, 6 | 01/01/2005 | $49.03 | 0.0% | 0.0% | N | Referral Required |
| J3070 | INJECTION, TALWIN, UP TO 30 MG | 01/01/2005 | $3.50 | 0.0% | 0.0% | N | Referral Required |
| J3100 | INJECTION, TENECTEPLASE | 01/01/2005 | $2,040.05 | 0.0% | 0.0% | N | Referral Required |
| J3105 | TERBUTALINE SULFATE, UP TO 1 MG | 01/01/2005 | $12.66 | 0.0% | 0.0% | N | Referral Required |
| J3120 | INJECTION, TESTOSTERONE ENANTHATE, | 01/01/2005 | $7.49 | 0.0% | 0.0% | N | Referral Required |
| J3130 | INJECTION, TESTOSTERONE ENAN | 01/01/2005 | $14.99 | 0.0% | 0.0% | N | Referral Required |
| J3140 | INJECTION, TESTOSTERONE, AQUEOUS, U | 01/01/2005 | $0.56 | 0.0% | 0.0% | N | Referral Required |
| J3150 | INJECTION, TESTOSTERONE PROPIONATE, | 01/01/2005 | $0.79 | 0.0% | 0.0% | N | Referral Required |
| J3230 | INJECTION, THORAZINE, CHLORPROMA ZI | 01/01/2005 | $2.39 | 0.0% | 0.0% | N | Referral Required |
| J3240 | INJECTION, THYROTROPIN, UP TO 10 I. | 01/01/2005 | $699.60 | 0.0% | 0.0% | N | Referral Required |
| J3250 | INJECTION, TIGAN, UP TO 200 MG | 01/01/2005 | $4.12 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| J3260 | INJECTION, TOBRAMYCIN, SULFATE, NEB | 01/01/2005 | $1.98 | 0.0% | 0.0% | N | Referral Required |
| J3265 | TORSEMIDE 200 MG | 01/01/2005 | $2.28 | 0.0% | 0.0% | N | Referral Required |
| J3280 | INJECTION, TORECAN, UP TO 10 MG | 01/01/2005 | $4.76 | 0.0% | 0.0% | N | Referral Required |
| J3301 | TRIAMCINOLONE ACET 10MG | 01/01/2005 | $1.32 | 0.0% | 0.0% | N | Referral Required |
| J3302 | INJECTION OF TRIAMCINOLONE DIACETAT | 01/01/2005 | $0.23 | 0.0% | 0.0% | N | Referral Required |
| J3303 | INJECT TRIAMCINOLONE HEXACETONIDE P | 01/01/2005 | $1.76 | 0.0% | 0.0% | N | Referral Required |
| J3305 | TRIMETREXATE GLUCORONATE | 01/01/2005 | $136.93 | 0.0% | 0.0% | N | Referral Required |
| J3310 | PERPHENAZINE/5 MG (TRILAFON) - 0008 | 06/01/1997 | $5.96 | 0.0% | 0.0% | N | Referral Required |
| J3315 | TRIPTORELIN PAMOATE, 3.75 MG | 01/01/2005 | $134.56 | 0.0% | 0.0% | N | Referral Required |
| J3320 | SPECTINOMYCIN HCL 2 G (TROBICIN) - | 01/01/2005 | $28.65 | 0.0% | 0.0% | N | Referral Required |
| J3350 | UREA 40 G (UREAPHIL) -00074159202 | 06/01/1997 | $73.77 | 0.0% | 0.0% | N | Referral Required |
| J3360 | INJECTION, VALIUM, UP TO 5 M | 01/01/2005 | $0.56 | 0.0% | 0.0% | N | Referral Required |
| J3364 | UROKINASE, 5000 IU VIAL, I.V. | 01/01/2005 | $8.15 | 0.0% | 0.0% | N | Referral Required |
| J3365 | INJECTION IV, UROKIANSE 250,000 IU/ | 01/01/2005 | $407.54 | 0.0% | 0.0% | N | Referral Required |
| J3370 | INJECTION, VANCOCIN HCI, UP TO 500 | 01/01/2005 | $2.42 | 0.0% | 0.0% | N | Referral Required |
| J3396 | INJECTION, VERTEPORFIN, 0.1 MG | 01/01/2005 | $8.99 | 0.0% | 0.0% | N | Referral Required |
| J3400 | INJECTION, VESPRIN, UP TO 20 MG | 06/01/1987 | $9.00 | 0.0% | 0.0% | N | Referral Required |
| J3410 | INJECTION, VISTARIL, UP TO 25 MG | 01/01/2005 | $0.35 | 0.0% | 0.0% | N | Referral Required |
| J3411 | INJECTION, THIAMINE HCL, 100MG | 01/01/2005 | $0.58 | 0.0% | 0.0% | N | Referral Required |
| J3415 | INJECTION, PYRIDOXINEHCL 100MG | 01/01/2005 | $2.36 | 0.0% | 0.0% | N | Referral Required |
| J3420 | INJECTION, VITAMIN B-12, UP | 01/01/2005 | $0.47 | 0.0% | 0.0% | N | Referral Required |
| J3430 | INJECTION, VITAMIN K, PER 1 MG | 01/01/2005 | $0.47 | 0.0% | 0.0% | N | Referral Required |
| J3450 | INJECTION, WYAMINE, UP TO 30 MG | 06/01/1987 | $4.00 | 0.0% | 0.0% | N | Referral Required |
| J3465 | INJECTION, VORIXONAZOLE, 10MG | 01/01/2005 | $4.55 | 0.0% | 0.0% | N | Referral Required |
| J3470 | HYALURONIDASE 150 UNITS (WYDASE) - | 06/01/1997 | $6.39 | 0.0% | 0.0% | N | Referral Required |
| J3475 | INJECT MAGNESIUM SULFATE,500 | 01/01/2005 | $0.01 | 0.0% | 0.0% | N | Referral Required |
| J3480 | INJECTION, POTASSIUM CHLORIDE | 01/01/2005 | $0.08 | 0.0% | 0.0% | N | Referral Required |
| J3485 | INJECTION ZIDOVUDINE 10 MG | 01/01/2005 | $0.96 | 0.0% | 0.0% | N | Referral Required |
| J3486 | INJECTION, ZIPRASIDONE MESYLATE, 1 | 01/01/2005 | $18.74 | 0.0% | 0.0% | N | Referral Required |
| J3487 | ZOLEDRONIC ACID, 1 MG | 01/01/2005 | $198.39 | 0.0% | 0.0% | N | Referral Required |
| J3490 | UNCLASSIFIED DRUGS | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | |
| J3520 | ENDRATE ETHYLENEDIAMINE-TETRA-ACETI | 06/01/1997 | $29.43 | 0.0% | 0.0% | N | Referral Required |
| J3530 | NASAL VACCINE INHALATION | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| J3590 | UNCLASSIFIED BIOLOGICS | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| J7030 | INFUSION, NORMAL SALINE SOLU | 01/01/2005 | $1.23 | 0.0% | 0.0% | N | Referral Required |
| J7040 | INFUSION, NORMAL SALINE SOLUTION, ( | 01/01/2005 | $0.05 | 0.0% | 0.0% | N | Referral Required |
| J7042 | 5% DEXTROSE/NORMAL SALINE (500 ML = | 01/01/2005 | $0.14 | 0.0% | 0.0% | N | Referral Required |
| J7050 | INFUSION, NORMAL SALINE SOLUTION, 2 | 01/01/2005 | $0.02 | 0.0% | 0.0% | N | Referral Required |
| J7051 | STERILE SALINE OR WATER UP TO 5CC | 01/01/2005 | $0.01 | 0.0% | 0.0% | N | Referral Required |
| J7060 | 5% DEXTROSE/WATER (500 ML = 1 UNIT) | 01/01/2005 | $0.79 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| J7070 | INFUSION, D5W, 1000 CC | 01/01/2005 | $2.73 | 0.0% | 0.0% | N | Referral Required |
| J7100 | INFUSION, DEXTRAN 40, 500 ML | 01/01/2005 | $14.05 | 0.0% | 0.0% | N | Referral Required |
| J7110 | INFUSION, DEXTRAN 75, 500 ML | 01/01/2005 | $10.71 | 0.0% | 0.0% | N | Referral Required |
| J7120 | RINGERS LACTATE INFUSION UP | 01/01/2005 | $0.76 | 0.0% | 0.0% | N | Referral Required |
| J7130 | HYPERTONIC SALINE SOL 50 OR 100, ME | 01/01/2005 | $1.25 | 0.0% | 0.0% | N | Referral Required |
| J7190 | FACTOR VIII, ANTIHEMOPHILIAC | 01/01/2005 | $0.52 | 0.0% | 0.0% | N | Referral Required |
| J7191 | FACTOR VIII ANTI-HEMOPHILIAC | 01/01/2005 | $1.72 | 0.0% | 0.0% | N | Referral Required |
| J7192 | FACTOR VIII, RECOMBINANT, PER IU | 01/01/2005 | $0.92 | 0.0% | 0.0% | N | Referral Required |
| J7193 | FACTOR IX ANTIHEMOPHILIAC FACTOR | 01/01/2005 | $0.75 | 0.0% | 0.0% | N | Referral Required |
| J7194 | FACTOR IX, COMPLEX, HEAT TREATED, P | 01/01/2005 | $0.49 | 0.0% | 0.0% | N | Referral Required |
| J7195 | FAXTOR IX ANTIHEMOPHICIAC FACTOR | 01/01/2005 | $0.84 | 0.0% | 0.0% | N | Referral Required |
| J7197 | ANITHROMBIN 3 (HUMAN) PER I U (SOOI | 01/01/2005 | $1.58 | 0.0% | 0.0% | N | Referral Required |
| J7198 | ANTI-INHIBITOR; PER I.U. | 01/01/2005 | $1.09 | 0.0% | 0.0% | N | Referral Required |
| J7199 | HEMOPHILIA CLOTTING FACTOR | 01/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| J7300 | INTRAUTERINE COPPER CONTRACE | 01/01/2004 | $344.00 | 0.0% | 0.0% | N | |
| J7302 | LEVONORGESTREL CONTRACEPTIVE SYST | 03/01/2004 | $415.25 | 0.0% | 0.0% | N | |
| J7303 | CONTRACEPTIVE SUPPLY | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| J7304 | CONTRACEPTIVE SUPPLY | 01/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| J7308 | AMINOLEVULINIC ACID HC - TOPICAL | 01/01/2005 | $87.65 | 0.0% | 0.0% | N | Referral Required |
| J7310 | INJ-GANCILLOVOR 4.5MG LONG ACTING I | 01/01/2005 | $4,240.00 | 0.0% | 0.0% | N | Referral Required |
| J7317 | SODIUM HYALURONATE PER 20-25 MG | 01/01/2005 | $110.27 | 0.0% | 0.0% | N | Referral Required |
| J7320 | HYLAN G-F 20 16 MG. | 01/01/2005 | $200.15 | 0.0% | 0.0% | N | Referral Required |
| J7330 | AUTOLOGUS CULTURED CHONDROCYTES I | 01/01/2005 | $16,284.90 | 0.0% | 0.0% | N | Referral Required |
| J7340 | DERMAL AND EPIDERMAL TISSUE / HUMAN | 01/01/2005 | $26.51 | 0.0% | 0.0% | N | Referral Required |
| J7342 | DERMAL TISSUE | 01/01/2005 | $15.32 | 0.0% | 0.0% | N | Referral Required |
| J7343 | DERMAL & EPIDERMAL | 01/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| J7501 | AZATHIOPRINE PAR 100MG/20ML EA | 01/01/2005 | $46.88 | 0.0% | 0.0% | N | Referral Required |
| J7504 | LYMPHOCYTE IMM GLOBULIN ANTILYMPH | 01/01/2005 | $283.59 | 0.0% | 0.0% | N | Referral Required |
| J7505 | MONOCLONAL ANTIBODIES PAR/AMP 5MG | 01/01/2005 | $830.01 | 0.0% | 0.0% | N | Referral Required |
| J7511 | LYMPHOCTYE IMMUNE GLOBULIN | 01/01/2005 | $297.78 | 0.0% | 0.0% | N | Referral Required |
| J7520 | SIROLIMUS ORAL 1 MG | 01/01/2005 | $6.73 | 0.0% | 0.0% | N | Referral Required |
| J7525 | TACROLIMUS PARENTERAL 5 MG | 01/01/2005 | $124.27 | 0.0% | 0.0% | N | Referral Required |
| J7599 | METHYLPREDNISOLONE SODIUM SU | 01/01/1996 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| J7608 | ACETYCSTEINE INHALATION | 01/01/2005 | $2.30 | 0.0% | 0.0% | N | Referral Required |
| J7611 | ALBUTEROL, INHALATION SOLUTION | 01/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| J7613 | ALBUTEROL, INHALATION SOLUTION | 01/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| J7614 | LEVALBUTEROL INHALATION SOL | 01/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| J7616 | ALBUTEROL, UP TO 5 MG | 01/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| J7622 | BETHAMETHASONE, INHALATION SOLUTIO | 01/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| J7624 | BETHAMETHASONE INHALATION SOLUTION | 01/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| J7626 | BUDESONIDE INHALATION SOLUTION | 01/01/2005 | $4.03 | 0.0% | 0.0% | N | Referral Required |
| J7628 | BITOLTEROL MESYLATE INHAL. SOLUTION | 01/01/2000 | $0.25 | 0.0% | 0.0% | N | Referral Required |
| J7629 | BITOLTEROL INHALATION SOLUTION | 01/01/2000 | $0.33 | 0.0% | 0.0% | N | Referral Required |
| J7630 | CROMOLYN SODIUM,PER 20 MG,INHALATIO | 01/01/1994 | $1.00 | 0.0% | 0.0% | N | Referral Required |
| J7631 | CROMOLYN SODIUM INHAL. SOLUTION | 01/01/2005 | $0.10 | 0.0% | 0.0% | N | Referral Required |
| J7633 | BUDESONIDE INHALATION SOLUTION | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| J7635 | ATROPINE INHALATION SOLUTION | 01/01/2000 | $0.13 | 0.0% | 0.0% | N | Referral Required |
| J7636 | ATROPINE INHALATION SOLUTION | 01/01/2000 | $0.34 | 0.0% | 0.0% | N | Referral Required |
| J7637 | DEXAMETHASONE INHALATION SOLUTION | 01/01/2000 | $0.33 | 0.0% | 0.0% | N | Referral Required |
| J7638 | DEXAMETHASONE INHALATION SOLUTION | 01/01/2000 | $0.21 | 0.0% | 0.0% | N | Referral Required |
| J7639 | DORNASE ALPHA INHALATION SOLUTION | 01/01/2005 | $16.93 | 0.0% | 0.0% | N | Referral Required |
| J7641 | FLUNISOLIDE, INHALATION SOLUTION | 01/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| J7642 | GLYCOPYRROLATE INHALATION SOLUTION | 01/01/2000 | $0.31 | 0.0% | 0.0% | N | Referral Required |
| J7643 | GLYCOPYRROLATE INHALATION SOLUTION | 01/01/2000 | $0.84 | 0.0% | 0.0% | N | Referral Required |
| J7644 | IPRATROPIUM BROMIDE | 01/01/2005 | $0.29 | 0.0% | 0.0% | N | Referral Required |
| J7648 | ISOETHARINE HC1 INHALATION SOLUTION | 01/01/2000 | $0.17 | 0.0% | 0.0% | N | Referral Required |
| J7649 | ISOETHARINE HC1 INHAL. SOLUTION | 01/01/2000 | $0.17 | 0.0% | 0.0% | N | Referral Required |
| J7658 | ISOPROTERENOL HC1 INHALATION SOLU. | 01/01/2000 | $0.31 | 0.0% | 0.0% | N | Referral Required |
| J7659 | ISOPROTERENOL HC1 INHALATION SOLU. | 01/01/2000 | $0.40 | 0.0% | 0.0% | N | Referral Required |
| J7668 | METAPROTERENOL SULFATE | 01/01/2000 | $0.25 | 0.0% | 0.0% | N | Referral Required |
| J7669 | METAPROTERENOL SULFATE | 01/01/2005 | $0.26 | 0.0% | 0.0% | N | Referral Required |
| J7670 | METAPROTERENOL SULF INH SOLN | 06/01/1996 | $1.00 | 0.0% | 0.0% | N | Referral Required |
| J7675 | METAPROTERENOL SULFATE,5.0%,PER ML, | 01/01/1994 | $1.00 | 0.0% | 0.0% | N | Referral Required |
| J7680 | TERBUTALINE SULFATE INHAL SOLUTION | 01/01/2000 | $1.86 | 0.0% | 0.0% | N | Referral Required |
| J7681 | TERBUTALINE SULFATE INHAL SOLUTION | 01/01/2000 | $2.07 | 0.0% | 0.0% | N | Referral Required |
| J7682 | TOBRAMYCIN UNIT DOSE FORM | 01/01/2005 | $46.98 | 0.0% | 0.0% | N | Referral Required |
| J7683 | TRIAMCINOLONE INHALATION SOLUTION | 01/01/2000 | $0.04 | 0.0% | 0.0% | N | Referral Required |
| J7684 | TRIAMCINOLONE INHALATION SOLUTION | 01/01/2000 | $0.14 | 0.0% | 0.0% | N | Referral Required |
| J7799 | NOC DRUGS,OTHER THAN INHALAT | 01/01/1993 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| J8521 | CAPECITABINE ORAL 500 MQ | 01/01/2005 | $10.76 | 0.0% | 0.0% | N | Referral Required |
| J8700 | TEMZOLMIDE ORAL 5 MG | 01/01/2005 | $7.17 | 0.0% | 0.0% | N | Referral Required |
| J9000 | DOXO RUBICIN HCL, 10 MG VIAL | 01/01/2005 | $4.25 | 0.0% | 0.0% | N | Referral Required |
| J9001 | DOXORUBICIN HYDROCHLORIDE | 01/01/2005 | $356.35 | 0.0% | 0.0% | N | Referral Required |
| J9010 | ALEMTUZUMAB, 10 MG | 01/01/2005 | $511.48 | 0.0% | 0.0% | N | Referral Required |
| J9015 | ALDESLIUKIN | 01/01/2005 | $672.06 | 0.0% | 0.0% | N | Referral Required |
| J9017 | ARSENIC TRIOXIDE | 01/01/2005 | $33.30 | 0.0% | 0.0% | N | Referral Required |
| J9020 | ASPARAGINASE 10,000 UNITS (ELSPAR) | 01/01/2005 | $54.52 | 0.0% | 0.0% | N | Referral Required |
| J9031 | BACILLI CALMETTE-GUERIN BCG LIVE IV | 01/01/2005 | $118.41 | 0.0% | 0.0% | N | Referral Required |
| J9035 | INJECTION, BEVACIZUMAB, 10MG | 01/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| J9040 | BLEOMYCIN SULFATE 15 UNITS (BLENOXA | 01/01/2005 | $55.01 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| J9045 | CARBOPLATIN, PER 50 MG | 01/01/2005 | $125.47 | 0.0% | 0.0% | N | Referral Required |
| J9050 | CARMUSTINE 100 MG (BICNU) - 0001530 | 01/01/2005 | $139.10 | 0.0% | 0.0% | N | Referral Required |
| J9060 | CISPLATIN, PLATINOL, 10 MG V | 01/01/2005 | $4.96 | 0.0% | 0.0% | N | Referral Required |
| J9062 | CISPLATIN, PLATINAL, 50 MG VIAL | 01/01/2005 | $18.37 | 0.0% | 0.0% | N | Referral Required |
| J9065 | CLADRIBINE (LEUSTATIN) IV, PER 1 MG | 01/01/2005 | $43.29 | 0.0% | 0.0% | N | Referral Required |
| J9070 | CYCLOPHOSPHAMIDE, CYTOXAN, 10 CC OR | 01/01/2005 | $2.34 | 0.0% | 0.0% | N | Referral Required |
| J9080 | CYCLOPHOSPHAMIDE, CYTOXAN, 20 CC OR | 01/01/2005 | $4.69 | 0.0% | 0.0% | N | Referral Required |
| J9090 | CYCLOPHOSPHAMIDE, CYTOXAN, 30 CC OR | 01/01/2005 | $13.91 | 0.0% | 0.0% | N | Referral Required |
| J9091 | CYCLOPHOSPHAMIDE 1 G (CYTOXAN) 0001 | 01/01/2005 | $23.43 | 0.0% | 0.0% | N | Referral Required |
| J9092 | CYCLOPHOSPHAMIDE 2 G (CYTOXAN) 0001 | 01/01/2005 | $46.86 | 0.0% | 0.0% | N | Referral Required |
| J9093 | CYCLOPHOSPHAMIDE, LYOPHILIZED 100 M | 01/01/2005 | $0.60 | 0.0% | 0.0% | N | Referral Required |
| J9094 | LYOPHILIZED CYTOXAN 200MG | 01/01/2005 | $1.21 | 0.0% | 0.0% | N | Referral Required |
| J9095 | LYOPHILIZED CYTOXAN 500MG | 01/01/2005 | $3.02 | 0.0% | 0.0% | N | Referral Required |
| J9096 | LYOPHILIZED CYCLOPHOSPHAMIDE IV 1.0 | 01/01/2005 | $6.04 | 0.0% | 0.0% | N | Referral Required |
| J9097 | LYOPHILIZED CYCLOPHOSPHAMIDE IV 2.0 | 01/01/2005 | $12.08 | 0.0% | 0.0% | N | Referral Required |
| J9098 | CYTARABINE LIPOSOME, 10MG | 01/01/2005 | $350.45 | 0.0% | 0.0% | N | Referral Required |
| J9100 | CYTARBINE 100 MG (CYTOSAR-U) 553900 | 01/01/2005 | $1.68 | 0.0% | 0.0% | N | Referral Required |
| J9110 | CYTARBINE 500 MG (CYTOSAR-U) 553900 | 01/01/2005 | $8.38 | 0.0% | 0.0% | N | Referral Required |
| J9120 | DACTINOMYCIN 0.5 MG (COSMEGEN) 0000 | 01/01/2005 | $12.07 | 0.0% | 0.0% | N | Referral Required |
| J9130 | DACARBAZINE 100 MG (DTIC-DOME) 0002 | 01/01/2005 | $5.29 | 0.0% | 0.0% | N | Referral Required |
| J9140 | DACARBAZINE 200 MG (DTIC-DOME) 0002 | 01/01/2005 | $11.25 | 0.0% | 0.0% | N | Referral Required |
| J9150 | DAUNDRUBICIN HCL/10 MG (CERUBIDINE) | 01/01/2005 | $27.42 | 0.0% | 0.0% | N | Referral Required |
| J9151 | DAUNORUBICIN CITRATE | 01/01/2005 | $55.99 | 0.0% | 0.0% | N | Referral Required |
| J9160 | DENILEUKIN DIFITOX 300 MCG | 01/01/2005 | $1,205.53 | 0.0% | 0.0% | N | Referral Required |
| J9165 | DIETHYLSTILBESTROL DIPHOSPHATE IV/I | 01/01/1991 | $13.00 | 0.0% | 0.0% | N | Referral Required |
| J9170 | DOCETAXEL, 20 MG. | 01/01/2005 | $297.58 | 0.0% | 0.0% | N | Referral Required |
| J9181 | ETOPOSIDE, PER 10 MG. | 01/01/2005 | $0.45 | 0.0% | 0.0% | N | Referral Required |
| J9182 | ETOPOSIDE, UP TO 100 MG. | 01/01/2005 | $4.51 | 0.0% | 0.0% | N | Referral Required |
| J9185 | FLUDARABINE PHOS. 50 MG | 01/01/2005 | $415.48 | 0.0% | 0.0% | N | Referral Required |
| J9190 | FLUOROURACIL, 500 MGM AMP | 01/01/2005 | $1.68 | 0.0% | 0.0% | N | Referral Required |
| J9200 | FLOXURIDINE 500 MG (FUDR) - 0000419 | 01/01/2005 | $71.39 | 0.0% | 0.0% | N | Referral Required |
| J9201 | GEMCITABINE HC1, 200 MG. GEMZAR | 01/01/2005 | $115.34 | 0.0% | 0.0% | N | Referral Required |
| J9202 | GOSERELIN ACETATE IMPLANT PER 3.6 M | 01/01/2005 | $189.79 | 0.0% | 0.0% | N | Referral Required |
| J9206 | IRINOTECAN, 20 MG. - CAMPTOSAR | 01/01/2005 | $125.58 | 0.0% | 0.0% | N | Referral Required |
| J9208 | IFOSFAMIDE IV IGM/VIAL | 01/01/2005 | $62.04 | 0.0% | 0.0% | N | Referral Required |
| J9209 | MENSA INJ 100 MG/ML 2ML EA | 01/01/2005 | $16.69 | 0.0% | 0.0% | N | Referral Required |
| J9211 | INDARUBICIN HCL, 5 MG (IDAMY | 01/01/2005 | $317.27 | 0.0% | 0.0% | N | Referral Required |
| J9212 | INJECTION, INTERFERON ALFACON | 01/01/2005 | $3.59 | 0.0% | 0.0% | N | Referral Required |
| J9213 | INTERFERON, ALFA-2A RECOMBINANT, 3 | 01/01/2005 | $30.84 | 0.0% | 0.0% | N | Referral Required |
| J9214 | INTERFERON, ALFA-2B RECOMBIN | 01/01/2005 | $12.75 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| J9215 | INTERFERON ALFA-N3, 250 ML. UNIT (A | 01/01/2005 | $8.60 | 0.0% | 0.0% | N | Referral Required |
| J9216 | INTERFERON,GAMMA 1-B, 3MM UNITS (AC | 01/01/2005 | $292.24 | 0.0% | 0.0% | N | Referral Required |
| J9217 | LEUPROLIDE ACETATE FOR DEPOT SUSPE | 01/01/2005 | $253.13 | 0.0% | 0.0% | N | Referral Required |
| J9218 | INJECTION OF LEUPROLIDE ACETATE (LU | 01/01/2005 | $13.49 | 0.0% | 0.0% | N | Referral Required |
| J9219 | LEUPROLIDE ACETATE IMPLANT 65 MG | 01/01/2005 | $2,206.27 | 0.0% | 0.0% | N | Referral Required |
| J9230 | MECHLORETHAMINE, NITROGEN MUSTARD | 01/01/2005 | $10.45 | 0.0% | 0.0% | N | Referral Required |
| J9245 | MELPHALAN (ALKERAN) INJ., 50 MG I.V | 01/01/2005 | $388.73 | 0.0% | 0.0% | N | Referral Required |
| J9250 | METHOTREXATE SODIUM MIX, 2CC OR 5MG | 01/01/2005 | $0.20 | 0.0% | 0.0% | N | Referral Required |
| J9260 | METHOTREXATE SODIUM MIX, 2CC | 01/01/2005 | $2.16 | 0.0% | 0.0% | N | Referral Required |
| J9263 | INJECTION, OXALIPLATIN, .5 MG | 01/01/2005 | $8.24 | 0.0% | 0.0% | N | Referral Required |
| J9265 | PACLITAXEL (TAXOL) 30MG | 01/01/2005 | $15.85 | 0.0% | 0.0% | N | Referral Required |
| J9266 | PEGASPARGASE (ONCASPAR) 750/1ML VIA | 01/01/2005 | $1,459.51 | 0.0% | 0.0% | N | Referral Required |
| J9268 | PENTOSTATIN, PER 10 MG | 01/01/2005 | $1,870.88 | 0.0% | 0.0% | N | Referral Required |
| J9270 | METHRACIN, MITHRAMYCIN, 2500 MCG | 01/01/2005 | $78.99 | 0.0% | 0.0% | N | Referral Required |
| J9280 | MUTAMYCIN, MITOMYCIN, 5 MG | 01/01/2005 | $23.38 | 0.0% | 0.0% | N | Referral Required |
| J9290 | MUTAMYCIN, 20 MG | 01/01/2005 | $65.91 | 0.0% | 0.0% | N | Referral Required |
| J9291 | MITOMYCIN IV 40 MG | 01/01/2005 | $141.14 | 0.0% | 0.0% | N | Referral Required |
| J9293 | INJECTION, MITOXANTRONE HYDROCHLOR | 01/01/2005 | $321.80 | 0.0% | 0.0% | N | Referral Required |
| J9300 | GEMTUZUMAB OZOGAMICIN | 01/01/2005 | $2,203.67 | 0.0% | 0.0% | N | Referral Required |
| J9310 | RITUXIMAB, 100 MG | 01/01/2005 | $442.01 | 0.0% | 0.0% | N | Referral Required |
| J9320 | STREPOZOCIN | 01/01/2005 | $153.82 | 0.0% | 0.0% | N | Referral Required |
| J9340 | THIO TEPA, TRIETHYLENETHOSPHORAMID | 01/01/2005 | $43.57 | 0.0% | 0.0% | N | Referral Required |
| J9350 | TOPOTECAN, 4 MG | 01/01/2005 | $739.69 | 0.0% | 0.0% | N | Referral Required |
| J9355 | TRASTUZUMAB, 10 MG | 01/01/2005 | $52.99 | 0.0% | 0.0% | N | Referral Required |
| J9360 | VINBLASTINE SULFATE 1 MG (VELBAN) 4 | 01/01/2005 | $0.96 | 0.0% | 0.0% | N | Referral Required |
| J9370 | VINCRISTINE SULFATE 1 MG (ONCOVIN) | 01/01/2005 | $3.50 | 0.0% | 0.0% | N | Referral Required |
| J9375 | VINCRISTINE SULFATE 2 MG (ONCOVIN) | 01/01/2005 | $7.00 | 0.0% | 0.0% | N | Referral Required |
| J9380 | VINCRISTINE SULFATE 5 MG (ONOCOVIN) | 01/01/2005 | $17.50 | 0.0% | 0.0% | N | Referral Required |
| J9390 | VINORELBINE TARTRATE, 10 MG, IV, 1 | 01/01/2005 | $69.09 | 0.0% | 0.0% | N | Referral Required |
| J9395 | INJECTION, FULVESTRANT, 25 MG | 01/01/2005 | $80.51 | 0.0% | 0.0% | N | Referral Required |
| J9600 | PORFIMER SODIUM, 75 MG. | 01/01/2005 | $2,285.15 | 0.0% | 0.0% | N | Referral Required |
| J9999 | NOT OTHERWISE CLASSIFIED, ANTINEOPL | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| K0001 | STANDARD WHEELCHAIR | 03/01/1997 | $461.17 | 0.0% | 0.0% | Y | Referral Required |
| K0002 | STANDARD HEMI W/C (LOW SEAT) | 03/01/1997 | $663.40 | 0.0% | 0.0% | Y | Referral Required |
| K0003 | LIGHTWEIGHT WHEELCHAIR | 03/01/1997 | $720.64 | 0.0% | 0.0% | Y | Referral Required |
| K0004 | HIGH STRENGTH LIGHTWEIGHT WH | 03/01/1997 | $1,274.70 | 0.0% | 0.0% | Y | Referral Required |
| K0005 | ULTRALIGHT WHEELCHAIR | 03/02/1997 | $1,733.91 | 0.0% | 0.0% | Y | Referral Required |
| K0006 | HEAVY DUTY WHEELCHAIR | 03/01/1997 | $1,107.40 | 0.0% | 0.0% | Y | Referral Required |
| K0007 | EXTRA HEAVY DUTY WHEELCHAIR | 03/01/1997 | $1,695.50 | 0.0% | 0.0% | Y | Referral Required |
| K0009 | OTHER MANUAL WHEELCHAIR BASE | 11/01/1993 | $0.00 | 0.0% | 0.0% | Y | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| K0010 | STANDARD-WEIGHT FRAME MOTORI | 03/02/1997 | $4,063.30 | 0.0% | 0.0% | Y | Referral Required |
| K0011 | STD-WGHT FRAME W/C-PROGRAMAB | 03/01/1997 | $5,024.90 | 0.0% | 0.0% | Y | Referral Required |
| K0012 | LIGHTWEIGHT PORTABLE WHEELCH | 03/01/1997 | $3,082.30 | 0.0% | 0.0% | Y | Referral Required |
| K0014 | OTHER MOTORIZED/POWER WHEELC | 04/01/2000 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| K0015 | DET, NON-ADJ A/R EA | 01/01/1997 | $170.42 | 0.0% | 0.0% | Y | Referral Required |
| K0017 | DET, ADJ-HT A/R BASE EA | 03/01/1997 | $47.93 | 0.0% | 0.0% | Y | Referral Required |
| K0018 | DET ADJ HT A/R UPPER EA | 03/01/1997 | $26.79 | 0.0% | 0.0% | Y | Referral Required |
| K0019 | ARM PAD EA | 03/01/1997 | $16.44 | 0.0% | 0.0% | Y | Referral Required |
| K0020 | FIXED, ADJ HT A/R PAIR | 03/01/1997 | $43.56 | 0.0% | 0.0% | Y | Referral Required |
| K0021 | ANTI TIPPING DEVICE EA | 03/01/1997 | $53.30 | 0.0% | 0.0% | Y | Referral Required |
| K0034 | HEEL LOOP, EACH | 03/01/1997 | $17.97 | 0.0% | 0.0% | Y | Referral Required |
| K0037 | HIGH MOUNT FLIP-UP F/R EACH | 03/01/1997 | $39.05 | 0.0% | 0.0% | Y | Referral Required |
| K0038 | LEG STRAP EACH | 03/01/1997 | $22.74 | 0.0% | 0.0% | Y | Referral Required |
| K0039 | LEG STRAP, EACH | 03/01/1997 | $50.54 | 0.0% | 0.0% | Y | Referral Required |
| K0040 | ADJUSTABLE ANGLE FOOTPLATES | 01/01/2001 | $70.23 | 0.0% | 0.0% | Y | Referral Required |
| K0041 | LARGE SIZE FOOTPLATE, EACH | 03/01/1997 | $49.64 | 0.0% | 0.0% | Y | Referral Required |
| K0042 | STD SIZE FOOTPLATE, EACH | 03/01/1997 | $29.53 | 0.0% | 0.0% | Y | Referral Required |
| K0043 | FOOTREST, LOWER EXT TUBE EAC | 03/01/1997 | $18.31 | 0.0% | 0.0% | Y | Referral Required |
| K0044 | FOOTREST, UPPER BRKT, EACH | 03/01/1997 | $15.61 | 0.0% | 0.0% | Y | Referral Required |
| K0045 | FOOTREST, COMPLETE | 03/01/1997 | $45.90 | 0.0% | 0.0% | Y | Referral Required |
| K0046 | ELV LEGREST LOW EXT TUB EACH | 03/01/1997 | $18.31 | 0.0% | 0.0% | Y | Referral Required |
| K0047 | ELV LEGREST, UPPER BRKT EACH | 03/01/1997 | $71.71 | 0.0% | 0.0% | Y | Referral Required |
| K0050 | RATCHET ASSEMBLY | 03/01/1997 | $30.48 | 0.0% | 0.0% | Y | Referral Required |
| K0051 | CAM RELEASE F/R OR L/R EA | 03/01/1997 | $49.33 | 0.0% | 0.0% | Y | Referral Required |
| K0052 | S/A DETACH FOOTRESTS, EA | 03/01/1997 | $86.70 | 0.0% | 0.0% | Y | Referral Required |
| K0053 | ELEV FOOTRESTS, TELESC. EACH | 03/01/1997 | $95.68 | 0.0% | 0.0% | Y | Referral Required |
| K0056 | SEAT HT <17" OR < OR = TO 21 | 03/01/1997 | $89.19 | 0.0% | 0.0% | Y | Referral Required |
| K0064 | ZERO PRESSURE TUBE (FLAT FRE | 03/01/1997 | $28.52 | 0.0% | 0.0% | Y | Referral Required |
| K0065 | SPOKE PROTECTORS, EACH | 03/01/1997 | $41.69 | 0.0% | 0.0% | Y | Referral Required |
| K0066 | SOLID TIRE, ANY SIZE, EA | 03/01/1997 | $27.20 | 0.0% | 0.0% | Y | Referral Required |
| K0067 | PNEUMATIC TIRE, ANY SIZE, EA | 03/01/1997 | $33.17 | 0.0% | 0.0% | Y | Referral Required |
| K0068 | PNEUMATIC TIRE TUBE, EACH | 03/01/1997 | $5.52 | 0.0% | 0.0% | Y | Referral Required |
| K0069 | REAR WHEEL ASSMB, COMP-W/SOL | 03/01/1997 | $93.69 | 0.0% | 0.0% | Y | Referral Required |
| K0070 | REAR WHEEL ASSMB,COMP W/PNEU | 03/01/1997 | $171.79 | 0.0% | 0.0% | Y | Referral Required |
| K0071 | FRONT CASTER ASSMB, COMP W/P | 03/01/1997 | $102.45 | 0.0% | 0.0% | Y | Referral Required |
| K0072 | FRONT CASTER ASSMB, COMP W/S | 03/01/1997 | $57.96 | 0.0% | 0.0% | Y | Referral Required |
| K0073 | CASTER PIN LOCK, EACH | 03/01/1997 | $31.38 | 0.0% | 0.0% | Y | Referral Required |
| K0074 | PNEUMATIC CASTER TIRE, ANY S | 03/01/1997 | $34.34 | 0.0% | 0.0% | Y | Referral Required |
| K0075 | SIMI-PNEUMATIC CASTER TIRE, | 03/01/1997 | $39.91 | 0.0% | 0.0% | Y | Referral Required |
| K0076 | SOLID CASTER TIRE, ANY SIZE, | 03/01/1997 | $23.96 | 0.0% | 0.0% | Y | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| K0077 | FRONT CASTER ASSEMBLY, COMP. | 03/01/1997 | $55.17 | 0.0% | 0.0% | Y | Referral Required |
| K0078 | PNEUM CASTER TIRE TUBE, EACH | 03/01/1997 | $9.02 | 0.0% | 0.0% | Y | Referral Required |
| K0090 | REAR WHEEL TIRE FOR POWER W/ | 03/01/1997 | $71.45 | 0.0% | 0.0% | Y | Referral Required |
| K0091 | REAR WHEEL TIRE TUBE NOT ZER | 03/01/1997 | $19.47 | 0.0% | 0.0% | Y | Referral Required |
| K0092 | REAR WHEEL ASSEMBLY FOR POWE | 03/01/1997 | $228.02 | 0.0% | 0.0% | Y | Referral Required |
| K0093 | REAR WHEEL,ZERO PRES.TIRETUB | 03/01/1997 | $142.45 | 0.0% | 0.0% | Y | Referral Required |
| K0094 | WHEEL TIRE FOR POWER BASE, A | 03/01/1997 | $46.42 | 0.0% | 0.0% | Y | Referral Required |
| K0095 | WHEEL TIRE TUBE NOT ZERO PRE | 03/01/1997 | $46.42 | 0.0% | 0.0% | Y | Referral Required |
| K0096 | WHEEL ASSEMBLY FOR POWER BAS | 03/01/1997 | $257.25 | 0.0% | 0.0% | Y | Referral Required |
| K0097 | WHEEL ZERO PRES. TIRE TUBE(F | 03/01/1997 | $56.89 | 0.0% | 0.0% | Y | Referral Required |
| K0098 | DRIVE BELT FOR POWER W/C | 03/01/1997 | $24.76 | 0.0% | 0.0% | Y | Referral Required |
| K0099 | FRONT CASTER FOR POWER W/C | 03/01/1997 | $75.89 | 0.0% | 0.0% | Y | Referral Required |
| K0102 | CRUTCH AND CANE HOLDER | 03/01/1997 | $40.66 | 0.0% | 0.0% | Y | Referral Required |
| K0104 | CYLINDER TANK CARRIER | 03/01/1997 | $111.41 | 0.0% | 0.0% | Y | Referral Required |
| K0105 | IV HANGER | 03/01/1997 | $93.25 | 0.0% | 0.0% | Y | Referral Required |
| K0106 | ARM TROUGH, EACH | 03/01/1997 | $100.52 | 0.0% | 0.0% | Y | Referral Required |
| K0108 | OTHER W/C ACCESSORIES | 11/01/1993 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| K0155 | NON POWER ADJ ZONE PRESSURE | 11/01/1993 | $211.20 | 0.0% | 0.0% | N | Referral Required |
| K0183 | NASAL APPLICATION DEVICE USE W/CPAP | 03/01/1998 | $76.66 | 0.0% | 0.0% | N | Referral Required |
| K0184 | NASAL PILLOWS/SEAL REPLACEMENT FOR | 03/01/1998 | $23.49 | 0.0% | 0.0% | N | Referral Required |
| K0185 | HEAD GEAR, USE W/CPAP | 03/01/1998 | $37.92 | 0.0% | 0.0% | N | Referral Required |
| K0186 | CHIN STRAP, USE W/CPAP | 03/01/1998 | $17.36 | 0.0% | 0.0% | N | Referral Required |
| K0187 | TUBING, USED WITH/CPAP | 03/01/1998 | $39.12 | 0.0% | 0.0% | N | Referral Required |
| K0188 | FILTER, DISPOS,USE W/CPAP | 03/01/1998 | $5.14 | 0.0% | 0.0% | N | Referral Required |
| K0189 | FILTER, NON-DISPOS-USE W/CPAP | 03/01/1998 | $14.62 | 0.0% | 0.0% | N | Referral Required |
| K0195 | ELEVATING LEG REST, PAIR (US | 01/01/1997 | $181.40 | 0.0% | 0.0% | Y | Referral Required |
| K0452 | WHEELCHAIR BEARINGS, ANY TYPE | 07/01/1999 | $6.25 | 0.0% | 0.0% | Y | Referral Required |
| K0455 | INFUSION PUMP/UNINTERRUPTED ADMIN | 01/01/2000 | $2,526.40 | 0.0% | 0.0% | N | Referral Required |
| K0462 | TEMPORARY REPLACEMENT OF PT OWNE | 01/01/2003 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| K0548 | INJECTION OF INSULIN LISPRO | 01/01/2002 | $2.57 | 0.0% | 0.0% | N | Referral Required |
| K0552 | SUPPLIES EXT PUMP | 07/01/2003 | $2.61 | 0.0% | 0.0% | N | Referral Required |
| K0561 | OSTOMY SKIN BARRIER, NON-PECTIN | 04/01/2002 | $3.36 | 0.0% | 0.0% | N | Referral Required |
| K0562 | OSTOMY BARRIER, PECTIN BASED | 04/01/2002 | $5.68 | 0.0% | 0.0% | N | Referral Required |
| K0563 | OSTOMY SKIN BARRIER W/FLANGE EXTEN | 04/01/2002 | $8.91 | 0.0% | 0.0% | N | Referral Required |
| K0564 | OSTOMY SKIN BARRIER | 04/01/2002 | $6.13 | 0.0% | 0.0% | N | Referral Required |
| K0565 | OSTOMY SKIN BARRIER W/FLANGE | 04/01/2002 | $6.15 | 0.0% | 0.0% | N | Referral Required |
| K0566 | OSTOMY SKIN BARRIER W/FLANGE | 04/01/2002 | $8.94 | 0.0% | 0.0% | N | Referral Required |
| K0567 | OSTOMY POUCH, DRAINABLE | 04/01/2002 | $2.57 | 0.0% | 0.0% | N | Referral Required |
| K0568 | OSTOMY POUCH; DRAINABLE, EACH | 04/01/2002 | $3.74 | 0.0% | 0.0% | N | Referral Required |
| K0569 | OSTOMY POUCH; DRAINABLE, EACH | 04/01/2002 | $5.44 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| K0570 | OSTOMY SKIN BARRIER | 04/01/2002 | $4.89 | 0.0% | 0.0% | N | Referral Required |
| K0571 | OSTOMY SKIN BARRIER W/FLANGE | 04/01/2002 | $5.93 | 0.0% | 0.0% | N | Referral Required |
| K0572 | TAPE NON WATER-PROOF | 04/01/2002 | $0.09 | 0.0% | 0.0% | N | Referral Required |
| K0573 | TAPE, WATER-PROOF | 04/01/2002 | $0.36 | 0.0% | 0.0% | N | Referral Required |
| K0574 | ADDITION TO OSTOMY POUCH FILTER | 04/01/2002 | $0.46 | 0.0% | 0.0% | N | Referral Required |
| K0575 | ADDITION TO OSTOMY POUCH | 04/01/2002 | $0.28 | 0.0% | 0.0% | N | Referral Required |
| K0576 | ADDITION TO OSTOMY POUCH | 04/01/2002 | $0.28 | 0.0% | 0.0% | N | Referral Required |
| K0577 | ADDITION TO OSTOMY POUCH | 04/01/2002 | $0.28 | 0.0% | 0.0% | N | Referral Required |
| K0578 | ADDITION TO OSTOMY POUCH | 04/01/2002 | $0.53 | 0.0% | 0.0% | N | Referral Required |
| K0579 | ADDITION TO OSTOMY POUCH | 04/01/2002 | $0.12 | 0.0% | 0.0% | N | Referral Required |
| K0580 | ADDITION TO OSTOMY POUCH | 04/01/2002 | $0.35 | 0.0% | 0.0% | N | Referral Required |
| K0601 | REPLACEMENT BATTERY | 07/01/2003 | $1.10 | 0.0% | 0.0% | N | Referral Required |
| K0602 | REPLACEMENT BATTERY | 07/01/2003 | $6.36 | 0.0% | 0.0% | N | Referral Required |
| K0603 | REPLACEMENT BATTERY | 07/01/2003 | $0.57 | 0.0% | 0.0% | N | Referral Required |
| K0604 | REPLACEMENT BATTERY | 07/01/2003 | $6.09 | 0.0% | 0.0% | N | Referral Required |
| K0605 | REPLACEMENT BATTERY | 07/01/2003 | $14.60 | 0.0% | 0.0% | N | Referral Required |
| K0606 | AUTOMATIC EXTERN DEFRIBRILLATOR | 07/01/2003 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| K0607 | REPLACE BATTERY FOR AUTO DEFIBRILAT | 07/01/2003 | $194.23 | 0.0% | 0.0% | N | Referral Required |
| K0608 | REPLACE GARMENT FOR DEFIBRILATOR | 07/01/2003 | $121.21 | 0.0% | 0.0% | N | Referral Required |
| K0609 | REPLACEMENT ELECTRODES FOR DEFIB | 07/01/2003 | $806.09 | 0.0% | 0.0% | N | Referral Required |
| K0618 | TLSO PREFAB SAG-CORONAL CONTROL | 07/01/2003 | $603.47 | 0.0% | 0.0% | N | Referral Required |
| K0619 | TLSO PREFAB SAG-CORONAL RIGID SHELL | 07/01/2003 | $396.93 | 0.0% | 0.0% | N | Referral Required |
| K0620 | TUBULAR ELASTIC DRESSINGS ANY WIDTH | 07/01/2003 | $1.14 | 0.0% | 0.0% | N | Referral Required |
| K0628 | FOOT INSERT | 04/01/2004 | $70.00 | 0.0% | 0.0% | N | Referral Required |
| K0629 | FOR DIABETES ONLY, MULTIPLE DENSIT | 01/01/2005 | $36.14 | 0.0% | 0.0% | N | Referral Required |
| K0630 | SACROILLIAC ORTHOSIS, FLEXIBLE | 04/01/2004 | $27.08 | 0.0% | 0.0% | N | Referral Required |
| K0631 | SACROILIAC ORTHOSIS, FLEXIBLE | 10/01/2004 | $241.43 | 0.0% | 0.0% | N | Referral Required |
| K0632 | SACROILIAC ORTHOSIS, PROVIDES PELV | 04/01/2004 | $57.23 | 0.0% | 0.0% | N | Referral Required |
| K0633 | SACROILIAT ORTHOSIS, PROVIDES PELV | 04/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| K0634 | LUMBAR ORTHOSIS, FLEXIBLE, PROVIDE | 10/01/2004 | $43.27 | 0.0% | 0.0% | N | Referral Required |
| K0635 | LUMBAR ORTHOSIS, SAGITAL CONTROL | 04/01/2004 | $66.09 | 0.0% | 0.0% | N | Referral Required |
| K0636 | LUMBAR ORTHOSIS, SAGITAL CONTROL | 04/01/2004 | $355.52 | 0.0% | 0.0% | N | Referral Required |
| K0637 | LUMBAR-SACRAL ORTHOSIS, FLEXIBLE | 04/01/2004 | $62.60 | 0.0% | 0.0% | N | Referral Required |
| K0638 | LUMBAR-SACRAL ORTHOSIS | 04/01/2004 | $239.31 | 0.0% | 0.0% | N | Referral Required |
| K0639 | LUMBAR-SACRAL, SAGITTAL CONTROL | 10/01/2004 | $127.26 | 0.0% | 0.0% | N | Referral Required |
| K0640 | LUMBAR-SACRAL ORTHOSIS | 04/01/2004 | $696.67 | 0.0% | 0.0% | N | Referral Required |
| K0641 | LUMBAR-SACRAL ORTHOSIS, SAGITAL CO | 04/01/2004 | $987.67 | 0.0% | 0.0% | N | Referral Required |
| K0642 | LUMBAR-SACRAL ORTHOSIS | 04/01/2004 | $217.86 | 0.0% | 0.0% | N | Referral Required |
| K0643 | LUMBAR-SACRAL ORTHOSIS | 04/01/2004 | $347.23 | 0.0% | 0.0% | N | Referral Required |
| K0644 | LUMBAR-SACRAL ORTHOSIS | 10/01/2004 | $830.31 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| K0645 | LUMBAR-SACRAL ORTHOSIS, SAGITTAL-C | 10/01/2004 | $1,082.60 | 0.0% | 0.0% | N | Referral Required |
| K0646 | LUMBAR-SACRAL ORTHOSIS | 04/01/2004 | $419.89 | 0.0% | 0.0% | N | Referral Required |
| K0647 | LUMBAR-SACRAL ORTHOSIS, SAGITTAL-C | 04/01/2004 | $1,036.35 | 0.0% | 0.0% | N | Referral Required |
| K0648 | LUMBAR-SACRAL ORTHOSIS | 04/01/2004 | $630.01 | 0.0% | 0.0% | N | Referral Required |
| K0649 | LUMBAR-SACRAL ORTHOSIS, SAGITTAL-C | 04/01/2004 | $822.21 | 0.0% | 0.0% | N | Referral Required |
| K6219 | GAUZE,NON-IMPREGNATED 16 SQ.IN. OR | 01/01/1997 | $0.89 | 0.0% | 0.0% | N | Referral Required |
| L0100 | CERVICAL CRANIOSTENOSIS HELMET | 07/01/1999 | $407.39 | 0.0% | 0.0% | N | Referral Required |
| L0110 | CERVICAL CRANIOSTENOSIS | 07/01/1999 | $109.65 | 0.0% | 0.0% | N | Referral Required |
| L0112 | CRANIAL CERVICAL ORTHOSIS | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L0120 | CERVICAL FLEXIBLE NON-ADJUST | 07/01/1999 | $24.90 | 0.0% | 0.0% | N | Referral Required |
| L0130 | FLEXIBLE, THERMOPLASTIC COLLAR, MOL | 07/01/1999 | $138.55 | 0.0% | 0.0% | N | Referral Required |
| L0140 | CERVICAL SEMI RIGID ADJUSTABLE PLAS | 07/01/1999 | $60.08 | 0.0% | 0.0% | N | Referral Required |
| L0150 | SEMI-RIGID, ADJUSTABLE MOLDED CIN C | 07/01/1999 | $80.01 | 0.0% | 0.0% | N | Referral Required |
| L0160 | SEMI-RIGID, WIRE FRAME OCCIPITAL/MA | 07/01/1999 | $110.24 | 0.0% | 0.0% | N | Referral Required |
| L0170 | CERVICAL, COLLAR, MOLDED TO PATIENT | 07/01/1999 | $534.73 | 0.0% | 0.0% | N | Referral Required |
| L0172 | COLLAR, SEMI-RIGID, THERMOPLASTIC F | 07/01/1999 | $96.50 | 0.0% | 0.0% | N | Referral Required |
| L0174 | COLLAR, SEMI-RIGID, THERMOPLASTIC F | 07/01/1999 | $203.19 | 0.0% | 0.0% | N | Referral Required |
| L0180 | MULTIPLE POST COLLAR, OCCIPITAL/MAN | 07/01/1999 | $296.26 | 0.0% | 0.0% | N | Referral Required |
| L0190 | MULTIPLE POST COLLAR, W/ADJ BARS, ( | 07/01/1999 | $416.79 | 0.0% | 0.0% | N | Referral Required |
| L0200 | MULTIPLE POST COLLAR, ADJ CERVICAL | 07/01/1999 | $465.41 | 0.0% | 0.0% | N | Referral Required |
| L0210 | THORACIC, RIB | 07/01/1999 | $31.16 | 0.0% | 0.0% | N | Referral Required |
| L0220 | RIB BELT, CUSTOM FABRICATED | 07/01/1999 | $92.73 | 0.0% | 0.0% | N | Referral Required |
| L0300 | THORACIC LUMBAR SACRAL OR THOSIS, F | 07/01/1999 | $161.54 | 0.0% | 0.0% | N | Referral Required |
| L0310 | TLSO, FLEXIBLE, CUSTOM FABRICATED | 07/01/1999 | $268.54 | 0.0% | 0.0% | N | Referral Required |
| L0315 | TLSO, FLEXIBLE ELASTIC RIGID POSTER | 07/01/1999 | $224.89 | 0.0% | 0.0% | N | Referral Required |
| L0317 | TLSO, FLEXIBLE, HYPERTENSION, ELAST | 07/01/1999 | $334.80 | 0.0% | 0.0% | N | Referral Required |
| L0320 | TLSO, ANTERIOR-POSTERIOR CONTROL (T | 07/01/1999 | $332.08 | 0.0% | 0.0% | N | Referral Required |
| L0321 | THORACIC-LUMBAR-SACRAL ORTHOSIS | 01/01/2002 | $317.81 | 0.0% | 0.0% | N | Referral Required |
| L0330 | TLSO, (KNIGHT TAYLOR TYPE) APRON FR | 07/01/1999 | $398.59 | 0.0% | 0.0% | N | Referral Required |
| L0331 | THORACIC-LUMBAR-SACRAL ORTHOSIS | 01/01/2002 | $370.52 | 0.0% | 0.0% | N | Referral Required |
| L0340 | TLSO,ARNOLD MAGNUSON STEINDLER TYP | 07/01/1999 | $477.31 | 0.0% | 0.0% | N | Referral Required |
| L0350 | FLEXION COMPRESSION JACKET CUSTOM F | 07/01/1999 | $776.38 | 0.0% | 0.0% | N | Referral Required |
| L0360 | TLSO, FLEXION COMPRESSION JACKET, M | 07/01/1999 | $1,012.27 | 0.0% | 0.0% | N | Referral Required |
| L0370 | TLSO, ANTER/POST/LATER ROTARY CONTR | 07/01/1999 | $339.74 | 0.0% | 0.0% | N | Referral Required |
| L0380 | TLSO, ANTERIOR-POSTERIOR-LATERAL-RO | 07/01/1999 | $479.53 | 0.0% | 0.0% | N | Referral Required |
| L0390 | TLSO, BODY-JACKET, MOLDED | 07/01/1999 | $1,171.47 | 0.0% | 0.0% | N | Referral Required |
| L0391 | THORACIC-LUMBAR-SACRAL ORTHOSIS | 01/01/2002 | $482.96 | 0.0% | 0.0% | N | Referral Required |
| L0400 | TLSO, BODY JACKET MOLDED, INTERFACE | 07/01/1999 | $1,193.91 | 0.0% | 0.0% | N | Referral Required |
| L0410 | TLSO, BODY JACKET, TWO-PIECE | 07/01/1999 | $1,250.84 | 0.0% | 0.0% | N | Referral Required |
| L0420 | TLSO, BODY JACKET, 2-PIECE, MOLDED, | 07/01/1999 | $1,327.07 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| L0430 | TLSO, BODY JACKET, W/INTERFACE MATE | 07/01/1999 | $943.12 | 0.0% | 0.0% | N | Referral Required |
| L0440 | TLSO,BDY JKT,OVERLAP FRNT,SPRING ST | 07/01/1999 | $788.54 | 0.0% | 0.0% | N | Referral Required |
| L0450 | TLSO PREFAB FLEXIBLE UPPER | 01/01/2003 | $172.77 | 0.0% | 0.0% | N | Referral Required |
| L0452 | TLSO CUSTOM FAB FLEXIBLE UPPER | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L0454 | TLSO PREFAB FLEXIBLE SACRO JUNC | 01/01/2003 | $272.52 | 0.0% | 0.0% | N | Referral Required |
| L0456 | TLSO PROFEAB FLEXIBLE SACRO JUNC TO | 01/01/2003 | $781.51 | 0.0% | 0.0% | N | Referral Required |
| L0458 | TLSO PREFAB TRIPLANAR ANT SYMPH PUB | 01/01/2003 | $700.77 | 0.0% | 0.0% | N | Referral Required |
| L0460 | TLSO PREFAB TRIPLANAR ANT SYMP PUBI | 01/01/2003 | $788.75 | 0.0% | 0.0% | N | Referral Required |
| L0462 | TLSO PREFAB TRIPLANAR 3 RIGID SHELL | 01/01/2003 | $307.58 | 0.0% | 0.0% | N | Referral Required |
| L0464 | TLSO PREFAB TRIPLANAR 4 RIGID SHELL | 01/01/2003 | $1,167.97 | 0.0% | 0.0% | N | Referral Required |
| L0466 | TLSO PREFAB SAGGITAL CONTROL RIGID | 01/01/2003 | $355.15 | 0.0% | 0.0% | N | Referral Required |
| L0468 | TLSO PREFAB SAG-CORONAL CONTROL | 01/01/2003 | $426.29 | 0.0% | 0.0% | N | Referral Required |
| L0470 | PREFAB TRIPLANAR RIGID POST FRAME | 01/01/2003 | $511.66 | 0.0% | 0.0% | N | Referral Required |
| L0472 | TLSO PREFAB TRIPLANER HYPEREXTENSI | 01/01/2003 | $363.35 | 0.0% | 0.0% | N | Referral Required |
| L0480 | TLSO CUSTOM FAB SAG CORONAL FLEXIO | 01/01/2003 | $1,252.86 | 0.0% | 0.0% | N | Referral Required |
| L0482 | TLSO, TRIPLANER CONTROL, ONE PIECE, | 01/01/2003 | $1,276.86 | 0.0% | 0.0% | N | Referral Required |
| L0484 | TLSO, TRIPLANER CONTROL, TWO PIECE | 01/01/2003 | $1,337.75 | 0.0% | 0.0% | N | Referral Required |
| L0486 | TLSO, TRIPLANER CONTROL, TWO PIECE | 01/01/2003 | $912.96 | 0.0% | 0.0% | N | Referral Required |
| L0488 | TLSO, TRIPLANER CONTROL, ONE PIECE, | 01/01/2003 | $788.75 | 0.0% | 0.0% | N | Referral Required |
| L0490 | TLSO, SAGITTAL-CORONAL CONTROL, | 01/01/2003 | $222.28 | 0.0% | 0.0% | N | Referral Required |
| L0700 | CTLSO, MOLDED (MINERVA TYPE) | 07/01/1999 | $1,422.98 | 0.0% | 0.0% | N | Referral Required |
| L0710 | CTLSO, MOLDED W/INTERFACE MATERIAL | 07/01/1999 | $1,607.24 | 0.0% | 0.0% | N | Referral Required |
| L0810 | CERVICAL HALO INCORPORATED INTO JAC | 07/01/1999 | $1,935.23 | 0.0% | 0.0% | N | Referral Required |
| L0820 | CERVICAL HALO INCORPORATED INTO PLA | 07/01/1999 | $1,900.54 | 0.0% | 0.0% | N | Referral Required |
| L0830 | CERVICAL HALO INCORPORATED INTO MIL | 07/01/1999 | $2,665.78 | 0.0% | 0.0% | N | Referral Required |
| L0839 | BREAST PROSTHESIS, NOS | 01/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L0860 | ADDN. TO HALO PROCEDURES, MRI COMP | 07/01/1999 | $857.45 | 0.0% | 0.0% | N | Referral Required |
| L0861 | ADDITION TO HALO PROCEDURE | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L0900 | TORSO SUPPORT, PTOSIS SUPPORT, CUST | 07/01/1999 | $133.08 | 0.0% | 0.0% | N | Referral Required |
| L0910 | TORSO SUPPORT, PTOSIS SUPPORT, CUST | 07/01/1999 | $260.06 | 0.0% | 0.0% | N | Referral Required |
| L0920 | TORSO SUPPORT, PEODULOUS ABDOMEN S | 07/01/1999 | $132.08 | 0.0% | 0.0% | Y | Referral Required |
| L0930 | TORSO SUPPORT, PENDULOUS ABDOMEN S | 07/01/1999 | $293.37 | 0.0% | 0.0% | Y | Referral Required |
| L0940 | TORSO SUPPORT, POST SURGICAL SUPPO | 07/01/1999 | $127.18 | 0.0% | 0.0% | N | Referral Required |
| L0950 | TORSO SUPPORT, POST-SURGICAL SUPPO | 07/01/1999 | $254.41 | 0.0% | 0.0% | N | Referral Required |
| L0970 | TLSO, CORSET FRONT | 07/01/1999 | $80.44 | 0.0% | 0.0% | N | Referral Required |
| L0972 | LSO CORSET FRONT | 07/01/1999 | $72.44 | 0.0% | 0.0% | N | Referral Required |
| L0974 | TLSO, FULL CORSET | 07/01/1999 | $130.38 | 0.0% | 0.0% | N | Referral Required |
| L0976 | LSO, FULL CORSET | 07/01/1999 | $137.79 | 0.0% | 0.0% | N | Referral Required |
| L0978 | AXILLARY CRUTCH EXTENSION | 07/01/1999 | $144.43 | 0.0% | 0.0% | N | Referral Required |
| L0980 | PERONEAL STRAPS, PAIR | 07/01/1999 | $13.07 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| L0982 | STOCKING SUPPORTER GRIPS (4) | 07/01/1999 | $12.19 | 0.0% | 0.0% | N | Referral Required |
| L0984 | PROTECTIVE BODY SOCK, EACH | 07/01/1999 | $48.12 | 0.0% | 0.0% | N | Referral Required |
| L0986 | ADDITION TO SPINAL ORTHOSIS | 01/01/2002 | $107.93 | 0.0% | 0.0% | N | Referral Required |
| L0999 | ADD.TO SPINAL ORTHOSIS-NOS | 01/01/1998 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| L1000 | CTLSO, (MILWAUKEE) INCLUDING INITIA | 07/01/1999 | $1,711.48 | 0.0% | 0.0% | N | Referral Required |
| L1005 | TENSION BASED SCOLIOSIS ORTHOSIS | 01/01/2002 | $2,487.57 | 0.0% | 0.0% | N | Referral Required |
| L1010 | ADDN TO CTLSO, SCHOLIOSIS ORTHO, AX | 07/01/1999 | $49.00 | 0.0% | 0.0% | N | Referral Required |
| L1020 | ADDN TO CTLSO, SCOLIOSIS ORTHO, KYP | 07/01/1999 | $71.84 | 0.0% | 0.0% | N | Referral Required |
| L1025 | ADDN TO CTLSO, SCOLIOSIS ORTH, KYPH | 07/01/1999 | $87.77 | 0.0% | 0.0% | N | Referral Required |
| L1030 | ADDN TO CTLSO, SCOLIOSIS ORTHO, LUM | 07/01/1999 | $45.99 | 0.0% | 0.0% | N | Referral Required |
| L1040 | ADDN TO CTLSO, SCOLIOSIS ORTHO, LUM | 07/01/1999 | $67.92 | 0.0% | 0.0% | N | Referral Required |
| L1050 | ADDN TO CTSLO, SCOLIOSIS ORTHO, STE | 07/01/1999 | $72.13 | 0.0% | 0.0% | N | Referral Required |
| L1060 | ADDN TO CTLSO, SCOLIOSIS ORTHO, THO | 07/01/1999 | $79.33 | 0.0% | 0.0% | N | Referral Required |
| L1070 | ADDN TO CTLSO, SCOLIOSIS ORTHO, TRA | 07/01/1999 | $71.68 | 0.0% | 0.0% | N | Referral Required |
| L1080 | ADDITION TO CTLSO OR SCOLIOSIS ORTH | 07/01/1999 | $44.31 | 0.0% | 0.0% | N | Referral Required |
| L1085 | ADD. TO CTLSO, OUTRIGGER, BILATERAL | 07/01/1999 | $115.67 | 0.0% | 0.0% | N | Referral Required |
| L1090 | ADDITION TO CTLSO, LUMBAR SLING | 07/01/1999 | $69.96 | 0.0% | 0.0% | N | Referral Required |
| L1100 | ADDITION TO CTLSO, RING FLANGE PLAS | 07/01/1999 | $127.13 | 0.0% | 0.0% | N | Referral Required |
| L1110 | ADDN. TO CTLSO, RING FLANGE, PLASTI | 07/01/1999 | $210.38 | 0.0% | 0.0% | N | Referral Required |
| L1120 | ADDITION TO CTLSO, COVER FOR UPRIGH | 07/01/1999 | $34.60 | 0.0% | 0.0% | N | Referral Required |
| L1200 | TLSO, INCLUDES FURNISHING INITIAL O | 07/01/1999 | $1,470.42 | 0.0% | 0.0% | N | Referral Required |
| L1210 | TLS ORTHOSIS, LATERAL THORACIC EXTE | 07/01/1999 | $184.17 | 0.0% | 0.0% | N | Referral Required |
| L1220 | ADDITION TO TLSO, ANTERIOR THORECIC | 07/01/1999 | $190.75 | 0.0% | 0.0% | N | Referral Required |
| L1230 | TLSO, MILWAUKEE TYPE SYPERSTRUCTUR | 07/01/1999 | $400.11 | 0.0% | 0.0% | N | Referral Required |
| L1240 | TLSO, LUMBAR SEROTATION PAD | 07/01/1999 | $58.42 | 0.0% | 0.0% | N | Referral Required |
| L1250 | TLSO, ANTERIOR ASIS PAD | 07/01/1999 | $53.43 | 0.0% | 0.0% | N | Referral Required |
| L1260 | TLSO, ANTERIOR THORACIC DEROTATION | 07/01/1999 | $56.40 | 0.0% | 0.0% | N | Referral Required |
| L1270 | ADDITION TO TLSO ABDOMINAL PAD | 07/01/1999 | $54.54 | 0.0% | 0.0% | N | Referral Required |
| L1280 | TLSO, RIB GUSSETT (ELASTIC) EACH | 07/01/1999 | $63.17 | 0.0% | 0.0% | N | Referral Required |
| L1290 | TLSO LATERAL TROCHANTERIC PAD | 07/01/1999 | $56.51 | 0.0% | 0.0% | N | Referral Required |
| L1300 | BODY JACKETN MOLDED | 07/01/1999 | $1,189.01 | 0.0% | 0.0% | N | Referral Required |
| L1310 | POST-OPERATIVE BODY JACKET | 07/01/1999 | $1,331.77 | 0.0% | 0.0% | N | Referral Required |
| L1499 | UNLISTED PROCEDURE FOR SPINAL ORTH | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L1500 | THKAO, MOBILITY FRAME (NEWINGTON, P | 07/01/1999 | $1,561.67 | 0.0% | 0.0% | N | Referral Required |
| L1510 | THKAO, STANDING FRAME | 07/01/1999 | $994.81 | 0.0% | 0.0% | N | Referral Required |
| L1520 | THKAO, SWIVEL WALKER | 07/01/1999 | $1,942.02 | 0.0% | 0.0% | N | Referral Required |
| L1600 | HO,ABDUCTION, FLEXIBLE, FRESKA W/CO | 07/01/1999 | $90.70 | 0.0% | 0.0% | N | Referral Required |
| L1610 | HO,ABDUCTION, FLEXIBLE, FRESKA COVE | 07/01/1999 | $30.90 | 0.0% | 0.0% | N | Referral Required |
| L1620 | HO, ABDUCTION, FLEXIBLE, PAVLIK HAR | 07/01/1999 | $99.36 | 0.0% | 0.0% | N | Referral Required |
| L1630 | HO,ABDUCTION,SEMI/FLEX (VON-ROSEN T | 07/01/1999 | $128.82 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| L1640 | HIP ORTHOSIS, PELVIC BAND/SPREADER | 07/01/1999 | $339.76 | 0.0% | 0.0% | N | Referral Required |
| L1650 | HO,ABDUCTION,STATIC,ADJUST,CUSTOM F | 07/01/1999 | $162.96 | 0.0% | 0.0% | N | Referral Required |
| L1652 | HIP ORTHOSIS, BILATERAL CUFFS, | 01/01/2003 | $280.10 | 0.0% | 0.0% | N | Referral Required |
| L1660 | HO,ABDUCTION, STATIC, PLASTIC, CUST | 07/01/1999 | $130.53 | 0.0% | 0.0% | N | Referral Required |
| L1670 | HO,ABDUCTION,DUNAMIC,ATTCH TO SHOE, | 03/24/1997 | $56.21 | 0.0% | 0.0% | N | Referral Required |
| L1680 | HO, ABDUCT,ADJ HIP MOTION CONTRO,TH | 07/01/1999 | $1,143.46 | 0.0% | 0.0% | N | Referral Required |
| L1685 | HO, ABDUCTION, POST-OP, CUSTOM FABR | 07/01/1999 | $837.22 | 0.0% | 0.0% | N | Referral Required |
| L1686 | HO,ABDUCTION,POST-OP,CUSTOM FIT | 07/01/1999 | $651.05 | 0.0% | 0.0% | N | Referral Required |
| L1690 | COMBINATION BILATERAL L/S | 01/01/1999 | $1,420.74 | 0.0% | 0.0% | N | Referral Required |
| L1700 | LEGG PERTHES ORTHOSIS, TORONTO TYP | 07/01/1999 | $1,156.00 | 0.0% | 0.0% | N | Referral Required |
| L1710 | LEGG PERTHES ORTHOSIS, NEWINGTON T | 07/01/1999 | $1,398.64 | 0.0% | 0.0% | N | Referral Required |
| L1720 | LEGG PERTHES ORTHOSIS, TRILATERAL ( | 07/01/1999 | $975.68 | 0.0% | 0.0% | N | Referral Required |
| L1730 | LEGG, PERTHES ORTHOSIS, SCOTTISA RI | 07/01/1999 | $832.47 | 0.0% | 0.0% | N | Referral Required |
| L1750 | LEGG, PERTHES ORTHOSIS, SLING (SAM | 07/01/1999 | $138.48 | 0.0% | 0.0% | N | Referral Required |
| L1755 | LEGG PERTHES ORTHOSIS, (PATTEN BOTT | 07/01/1999 | $1,114.37 | 0.0% | 0.0% | N | Referral Required |
| L1800 | KNEE ORTHOSES ELASTIC W/STAY | 07/01/1999 | $47.52 | 0.0% | 0.0% | N | Referral Required |
| L1810 | KO ELASTIC WITH JOINTS | 07/01/1999 | $80.25 | 0.0% | 0.0% | N | Referral Required |
| L1815 | KO ELASTIC WITH CONDYLAR PAD | 07/01/1999 | $82.73 | 0.0% | 0.0% | N | Referral Required |
| L1820 | KNEE ORTHOSES, ELASTIC W/CONDYLE PA | 07/01/1999 | $101.53 | 0.0% | 0.0% | N | Referral Required |
| L1825 | KO, ELASTIC KNEE CAP | 07/01/1999 | $45.21 | 0.0% | 0.0% | N | Referral Required |
| L1830 | KO, IMMOBILIZER, CANVAS LONG | 07/01/1999 | $78.69 | 0.0% | 0.0% | N | Referral Required |
| L1831 | KNEE ORTHOSIS, LOCKING KNEE JOINT | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L1832 | KO, ADJUSTABLE, POSITIONAL, | 07/01/1999 | $427.92 | 0.0% | 0.0% | N | Referral Required |
| L1834 | KO, WITHOUT KNEE JOINT, RIGID, MOLD | 07/01/1999 | $546.37 | 0.0% | 0.0% | N | Referral Required |
| L1836 | KNEE ORTHOSIS, RIGID W/O JOINTS, | 01/01/2003 | $104.84 | 0.0% | 0.0% | N | Referral Required |
| L1840 | KO, CUSTOM, MED/LAT, ANTERIOR CRUCI | 07/01/1999 | $748.62 | 0.0% | 0.0% | N | Referral Required |
| L1843 | KO,SINGLE UPRIGHT-THIGH-CUST | 04/01/1999 | $659.23 | 0.0% | 0.0% | N | Referral Required |
| L1844 | KO SINGLE UPRIGHT THIGH/CALF W/ADJ | 07/01/1999 | $1,480.85 | 0.0% | 0.0% | N | Referral Required |
| L1845 | KO, DBL UPRIGHT, ADJ FLEX/EXT JOINT | 07/01/1999 | $597.47 | 0.0% | 0.0% | N | Referral Required |
| L1846 | KO, DBL. UPRIGHT ADJ. FLEX/EXT. JOI | 07/01/1999 | $928.14 | 0.0% | 0.0% | N | Referral Required |
| L1847 | KNEE ORTHOSIS DOUBLE UPRIGHT | 01/01/1999 | $422.57 | 0.0% | 0.0% | N | Referral Required |
| L1850 | KO, SWEDISH TYPE | 07/01/1999 | $226.25 | 0.0% | 0.0% | N | Referral Required |
| L1855 | MOLDED PLASTIC THIGH AND CALFG SECT | 07/01/1999 | $807.92 | 0.0% | 0.0% | N | Referral Required |
| L1858 | KO, POLYCENTRIC KNEE JOINTS, PNEUMA | 07/01/1999 | $934.65 | 0.0% | 0.0% | N | Referral Required |
| L1860 | KO, MODIFIED SUPRACONDYLAR PROSTH. | 07/01/1999 | $923.43 | 0.0% | 0.0% | N | Referral Required |
| L1870 | KO, DBL. UPRIGHT LACERS, WITH KNEE | 07/01/1999 | $819.35 | 0.0% | 0.0% | N | Referral Required |
| L1880 | KO, DBL UPRIGHT, NONMOLDED, LACERS | 07/01/1999 | $664.25 | 0.0% | 0.0% | N | Referral Required |
| L1900 | ANKLE-FOOT ORTHOSIS | 07/01/1999 | $209.34 | 0.0% | 0.0% | N | Referral Required |
| L1901 | ANKLE ORTHOSIS, ELASTIC, | 01/01/2003 | $13.91 | 0.0% | 0.0% | N | Referral Required |
| L1902 | AFO, ANKLE GAUNTLET, CUSTOM | 07/01/1999 | $68.90 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| L1904 | AFO, MOLDED ANKLE GAUNTLET | 07/01/1999 | $330.99 | 0.0% | 0.0% | N | Referral Required |
| L1906 | AFO, MULTILAGEMNTUS ANKLE SUPPORT | 07/01/1999 | $84.65 | 0.0% | 0.0% | N | Referral Required |
| L1907 | AFO, SUPRAMALLEOLAR W/STRAPS | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L1910 | AFO POST. SINGLE BAR, CLASP ATTACH | 07/01/1999 | $238.09 | 0.0% | 0.0% | N | Referral Required |
| L1920 | AFO, S UPRIGHT STATIC/ADJ STOP (PHE | 07/01/1999 | $315.39 | 0.0% | 0.0% | N | Referral Required |
| L1930 | AFO, CUSTOM FITTED, PLASTIC | 07/01/1999 | $194.46 | 0.0% | 0.0% | N | Referral Required |
| L1932 | AFO RIGID ANTERIOR TIBIAL SECTION | 01/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L1940 | AFO MOLDED TO PATIENT MODEL PLASTIC | 07/01/1999 | $373.93 | 0.0% | 0.0% | N | Referral Required |
| L1945 | AFO, MOLDED PLASTIC, RIGID ANTERIOR | 07/01/1999 | $735.22 | 0.0% | 0.0% | N | Referral Required |
| L1950 | ACO, SPIRAL, MOLDED (IRM TYPE) PLAS | 07/01/1999 | $699.02 | 0.0% | 0.0% | N | Referral Required |
| L1951 | AFO, SPIRAL(INSTITUTE OF REHAB | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L1960 | AFO POST SOLID ANKLE MOLDED TO PT M | 07/01/1999 | $390.14 | 0.0% | 0.0% | N | Referral Required |
| L1970 | AFO PLASTIC MOLDED TO PATIEN | 07/01/1999 | $520.64 | 0.0% | 0.0% | N | Referral Required |
| L1971 | AFO, PLASTIC OR OTHER MATERIAL | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L1980 | AFO, S UPRIGHT, STIRRUP CALF | 07/01/1999 | $330.38 | 0.0% | 0.0% | N | Referral Required |
| L1990 | AFO, DBL UPRIGHT FREE PLANTAR DORSF | 07/01/1999 | $399.20 | 0.0% | 0.0% | N | Referral Required |
| L2000 | KAFO, S UPRIGHT, STIRRUP, THIGH & C | 07/01/1999 | $951.87 | 0.0% | 0.0% | N | Referral Required |
| L2005 | KNEE ANKLE FOOT ORTHOSIS | 01/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L2010 | KAFO, SINGLE UPRIGHT, STIRRUP, NO K | 07/01/1999 | $859.27 | 0.0% | 0.0% | N | Referral Required |
| L2020 | KAFO DBL UPRIGHT FREE KNEE & ANKLE | 07/01/1999 | $1,095.80 | 0.0% | 0.0% | N | Referral Required |
| L2030 | KAFO D UPRIGHT, FREE ANKLE, STIRRUP | 07/01/1999 | $943.72 | 0.0% | 0.0% | N | Referral Required |
| L2035 | KAFO, FULL PLASTIC-PEDIATRIC | 01/01/2002 | $134.88 | 0.0% | 0.0% | N | Referral Required |
| L2036 | KAFO, FULL PLASTIC, DBL UPRIGHT, FR | 07/01/1999 | $1,684.65 | 0.0% | 0.0% | N | Referral Required |
| L2037 | KAFO, PLASTIC SINGLE UPRIGHT, FREE | 07/01/1999 | $1,389.81 | 0.0% | 0.0% | N | Referral Required |
| L2038 | KAFO, PLASTIC, NO KNEE JOINT, MULTI | 07/01/1999 | $1,170.79 | 0.0% | 0.0% | N | Referral Required |
| L2039 | KAFO, FULL PLASTIC, SINGLE UP.POLY- | 01/01/1997 | $1,600.63 | 0.0% | 0.0% | N | Referral Required |
| L2040 | HKAFO, BILATERAL ROTATION STRAPS, P | 07/01/1999 | $160.82 | 0.0% | 0.0% | N | Referral Required |
| L2050 | HKAFO TORSION CONTROL BILATERAL CA | 07/01/1999 | $340.04 | 0.0% | 0.0% | N | Referral Required |
| L2060 | HKAFO, BILATERAL ROTATION STRAPS, P | 07/01/1999 | $481.46 | 0.0% | 0.0% | N | Referral Required |
| L2070 | HKAFO, UNILATERAL ROTATION STRAPS, | 07/01/1999 | $94.66 | 0.0% | 0.0% | N | Referral Required |
| L2080 | HKAFO, UNI TORSION CABLE, HIP JOINT | 07/01/1999 | $291.83 | 0.0% | 0.0% | N | Referral Required |
| L2090 | HKAFO UNI TORSION CABLE BALLBEARING | 07/01/1999 | $411.51 | 0.0% | 0.0% | N | Referral Required |
| L2106 | AFO, TIBIAL FRACTURE CAST, THERMOPL | 07/01/1999 | $493.28 | 0.0% | 0.0% | N | Referral Required |
| L2108 | AFO, TIBIAL FRACTURE CAST, MOLDED | 07/01/1999 | $843.48 | 0.0% | 0.0% | N | Referral Required |
| L2112 | AFO, TIBIAL FRACTURE ORTHOSI | 07/01/1999 | $340.48 | 0.0% | 0.0% | N | Referral Required |
| L2114 | AFO FX ORTHOSIS-TIBIAL FX OR | 07/01/1999 | $417.80 | 0.0% | 0.0% | N | Referral Required |
| L2116 | AFO TIBIAL FRACTURE ORTHOSIS, RIGID | 07/01/1999 | $501.08 | 0.0% | 0.0% | N | Referral Required |
| L2126 | KAFO FEMORAL FRACTURE CAST, THERMO | 07/01/1999 | $842.84 | 0.0% | 0.0% | N | Referral Required |
| L2128 | KAFO FEMORAL FRACTURE CAST, MOLDED | 07/01/1999 | $1,609.22 | 0.0% | 0.0% | N | Referral Required |
| L2132 | KAFO FEMORAL FRACTURE CAST, SOFT, C | 07/01/1999 | $567.78 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| L2134 | KAFO FEMORAL FRACTURE CAST, SEMI-RI | 07/01/1999 | $711.89 | 0.0% | 0.0% | N | Referral Required |
| L2136 | KAFO FX ORTHOSIS FEMOR FXCAST ORTH | 07/01/1999 | $832.37 | 0.0% | 0.0% | N | Referral Required |
| L2180 | PLASTIC SHOE INSERT W/ ANKLE JOINTS | 07/01/1999 | $82.43 | 0.0% | 0.0% | N | Referral Required |
| L2182 | ADDN TO LOWER EXTREMITY DROP LOCK K | 07/01/1999 | $75.86 | 0.0% | 0.0% | N | Referral Required |
| L2184 | LIMITED MOTION KNEE JOINT | 07/01/1999 | $87.19 | 0.0% | 0.0% | N | Referral Required |
| L2186 | ADJUSTABLE MOTION KNEE JOINT GERMA | 07/01/1999 | $122.00 | 0.0% | 0.0% | N | Referral Required |
| L2188 | ADDITION TO LOWER EXTREMITY, QUADRI | 07/01/1999 | $228.41 | 0.0% | 0.0% | N | Referral Required |
| L2190 | ADDITION TO LOWER EXTREMITY, WAIST | 07/01/1999 | $61.47 | 0.0% | 0.0% | N | Referral Required |
| L2192 | HIP JOINT, PELVIC BAND, THIGH FLANG | 07/01/1999 | $250.97 | 0.0% | 0.0% | N | Referral Required |
| L2200 | ADDN TO LOWER EXTREMITY, THIGH/WGH | 07/01/1999 | $44.62 | 0.0% | 0.0% | N | Referral Required |
| L2210 | ADDITIONS TO LOWER EXTREMITY DORSIF | 07/01/1999 | $49.59 | 0.0% | 0.0% | N | Referral Required |
| L2220 | ADD. LOWER EXTREMITY DORSIFLEXION & | 07/01/1999 | $68.13 | 0.0% | 0.0% | N | Referral Required |
| L2230 | SPLIT FLAT CALIPER STIRRUPS & PLATE | 07/01/1999 | $66.31 | 0.0% | 0.0% | N | Referral Required |
| L2232 | ADDITION TO LOWER EXTREMITY ORTHO | 01/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L2240 | ROUND CALIPER & PLATE ATTACHMENT | 07/01/1999 | $59.43 | 0.0% | 0.0% | N | Referral Required |
| L2250 | ADD TO LOWER EXTREMITY, FOOT PLATE- | 07/01/1999 | $333.47 | 0.0% | 0.0% | N | Referral Required |
| L2260 | REINFORCED STIRRUP (SCOTTCRAIG TYPE | 07/01/1999 | $141.09 | 0.0% | 0.0% | N | Referral Required |
| L2265 | ADDN LOWER EXTREMITY, LONG-TONGUE S | 07/01/1999 | $82.89 | 0.0% | 0.0% | N | Referral Required |
| L2270 | ADD,VARUS/VALGUS T STRAP OR MALLEOI | 07/01/1999 | $50.40 | 0.0% | 0.0% | N | Referral Required |
| L2275 | ADD TO LOWER EXTREM,VARUS/VULGUS C | 07/01/1999 | $110.09 | 0.0% | 0.0% | N | Referral Required |
| L2280 | ADDITIONS TO LOWER EXTREMITY, MOLDE | 07/01/1999 | $319.20 | 0.0% | 0.0% | N | Referral Required |
| L2300 | ABDUCTION BAR, BILATERAL HIP, JOINT | 07/01/1999 | $236.28 | 0.0% | 0.0% | N | Referral Required |
| L2310 | ABDUCTION BAR-STRAIGHT (ADDN TO LOW | 07/01/1999 | $115.45 | 0.0% | 0.0% | N | Referral Required |
| L2320 | ALL. LOWER EXTREMITY NONMOLD | 07/01/1999 | $185.00 | 0.0% | 0.0% | N | Referral Required |
| L2330 | LACER, MOLDED MODEL (ADDN TO LOWER | 07/01/1999 | $326.97 | 0.0% | 0.0% | N | Referral Required |
| L2335 | ANTERIOR SWING BAND (ADDN TO LOWER | 07/01/1999 | $175.06 | 0.0% | 0.0% | N | Referral Required |
| L2340 | ADDITION TO LOWER EXTREMITY PRE-TIB | 07/01/1999 | $388.46 | 0.0% | 0.0% | N | Referral Required |
| L2350 | ADDITION TO LOWER EXTREMITY, PROSTH | 07/01/1999 | $707.55 | 0.0% | 0.0% | N | Referral Required |
| L2360 | EXTENDED STEEL SHANK (ADDN TO LOWE | 07/01/1999 | $48.56 | 0.0% | 0.0% | N | Referral Required |
| L2370 | PATTEN BOTTOM (ADDN TO LOWER EXTRE | 07/01/1999 | $193.07 | 0.0% | 0.0% | N | Referral Required |
| L2375 | TORSION CONTROL, ANKLE-JOINT AND HA | 07/01/1999 | $79.53 | 0.0% | 0.0% | N | Referral Required |
| L2380 | ADD TO LOWER EXT TORSION CONTROL S | 07/01/1999 | $88.22 | 0.0% | 0.0% | N | Referral Required |
| L2385 | SHORT KNEE JOINT HEAVY DUTY | 07/01/1999 | $94.27 | 0.0% | 0.0% | N | Referral Required |
| L2390 | ADD. TO LOWER EXTREMITY OFFSET KNEE | 07/01/1999 | $77.04 | 0.0% | 0.0% | N | Referral Required |
| L2395 | ADD TOLWR EXTRM,OFFSET KNEE JOINT,H | 07/01/1999 | $110.12 | 0.0% | 0.0% | N | Referral Required |
| L2397 | ADD TO LOWER EXTREM ORTHOSIS,SUSPE | 07/01/1999 | $93.02 | 0.0% | 0.0% | N | Referral Required |
| L2405 | DROP LOCK JOINTS | 07/01/1999 | $38.80 | 0.0% | 0.0% | N | Referral Required |
| L2415 | ADD TO KNEE JOINT, CAM LOCK | 07/01/1999 | $129.26 | 0.0% | 0.0% | N | Referral Required |
| L2425 | ADDN TO KNEE JOINT, DROP LOCK, EACH | 07/01/1999 | $128.13 | 0.0% | 0.0% | N | Referral Required |
| L2430 | ADDITION TO KNEE JOINT,RATCHET LOCK | 07/01/1999 | $72.23 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| L2492 | ADDN TO KNEE JOINT, LEFT LOOP FOR D | 07/01/1999 | $74.43 | 0.0% | 0.0% | N | Referral Required |
| L2500 | ADDN TO LOW EXTREM, THIGH/WGT BEARI | 07/01/1999 | $238.41 | 0.0% | 0.0% | N | Referral Required |
| L2510 | ADDITION TO LOWER EXTREMITY, THIGH, | 07/01/1999 | $581.57 | 0.0% | 0.0% | N | Referral Required |
| L2520 | THIGH/WEIGHT BEARING QUADRILATERAL | 07/01/1999 | $342.62 | 0.0% | 0.0% | N | Referral Required |
| L2525 | THIGH/WT BEARING ISCHIAL CONTAINMEN | 07/01/1999 | $913.33 | 0.0% | 0.0% | N | Referral Required |
| L2526 | THIGH/WT BEARING, ISCHIALCONTAINMEN | 07/01/1999 | $642.80 | 0.0% | 0.0% | N | Referral Required |
| L2530 | THIGH WEIGHT BEARING LACER NON-MOL | 07/01/1999 | $172.68 | 0.0% | 0.0% | N | Referral Required |
| L2540 | THIGH/WEIGHT BEARING LACER MOLDED | 07/01/1999 | $375.35 | 0.0% | 0.0% | N | Referral Required |
| L2550 | THIGH, WEIGHT BEARING, HIGH ROLL CU | 07/01/1999 | $220.57 | 0.0% | 0.0% | N | Referral Required |
| L2570 | HIP JOINT CLEVIS TYPE 2-POSITION JO | 07/01/1999 | $345.37 | 0.0% | 0.0% | N | Referral Required |
| L2580 | PELVIC CONTROL, PELVIC SLING | 07/01/1999 | $386.07 | 0.0% | 0.0% | N | Referral Required |
| L2600 | HIP JOINT CLEVIS OR THRUST BEARING, | 07/01/1999 | $167.44 | 0.0% | 0.0% | N | Referral Required |
| L2610 | HIP JOINT,CLEVIS / THRUST BEARING,L | 07/01/1999 | $201.79 | 0.0% | 0.0% | N | Referral Required |
| L2620 | ADDITION TO LOWER EXTREMITY, PELVIC | 07/01/1999 | $221.37 | 0.0% | 0.0% | N | Referral Required |
| L2622 | HIP JOINT, ADJUSTABLE FLEXION, EACH | 07/01/1999 | $215.84 | 0.0% | 0.0% | N | Referral Required |
| L2624 | ADD LOWER EXT PELVIC CONTROL HIP JO | 07/01/1999 | $233.08 | 0.0% | 0.0% | N | Referral Required |
| L2627 | PLASTIC MOLDED RECIPROCATING HIP JO | 07/01/1999 | $1,206.61 | 0.0% | 0.0% | N | Referral Required |
| L2628 | METAL FRAME, RECIPROCATING HIP JOIN | 07/01/1999 | $1,572.30 | 0.0% | 0.0% | N | Referral Required |
| L2630 | PELVIC CNTRL, BAND & BELT, UNILATER | 07/01/1999 | $184.11 | 0.0% | 0.0% | N | Referral Required |
| L2640 | ADD TOP LOWER EXTREMITY PELVIC CONT | 07/01/1999 | $286.93 | 0.0% | 0.0% | N | Referral Required |
| L2650 | PELVIC & THORACIC CONTROL | 07/01/1999 | $112.63 | 0.0% | 0.0% | N | Referral Required |
| L2660 | THORACIC BAND, ADDN TO LOWER EXTRE | 07/01/1999 | $131.18 | 0.0% | 0.0% | N | Referral Required |
| L2670 | PARASPINAL UPRIGHTS ADDN TO LOWER E | 07/01/1999 | $124.13 | 0.0% | 0.0% | N | Referral Required |
| L2680 | THORACIC CONTROL LATERAL SUPPORT O | 07/01/1999 | $110.14 | 0.0% | 0.0% | N | Referral Required |
| L2750 | LOWER EXTREM PLATING, CHROME OR NI | 07/01/1999 | $69.13 | 0.0% | 0.0% | N | Referral Required |
| L2755 | ADD. LOWER EXTREMITY ORTHOSIS;CARB | 01/01/1997 | $94.11 | 0.0% | 0.0% | N | Referral Required |
| L2760 | EXTENSION PER EXTENSION PER BAR (FO | 07/01/1999 | $43.66 | 0.0% | 0.0% | N | Referral Required |
| L2768 | ORTHOTIC SIDE BAR DISCONNECT DEVICE | 01/01/2002 | $101.27 | 0.0% | 0.0% | N | Referral Required |
| L2770 | LOWER EXTREMITY STAINLESS STEEL PER | 07/01/1999 | $43.46 | 0.0% | 0.0% | N | Referral Required |
| L2780 | ADD TOP LOWER EXTREMITY OR THOSIS N | 07/01/1999 | $63.51 | 0.0% | 0.0% | N | Referral Required |
| L2785 | ORTHOSIS DROP LOCK RETAINER | 07/01/1999 | $24.62 | 0.0% | 0.0% | N | Referral Required |
| L2795 | ADD TO LOWER EXTREMITY OR THOSIS KN | 07/01/1999 | $74.14 | 0.0% | 0.0% | N | Referral Required |
| L2800 | ADDITION TO LOWER EXTREMITY ORTHOSI | 07/01/1999 | $86.06 | 0.0% | 0.0% | N | Referral Required |
| L2810 | LOWER EXTREMITY, KNEE CONTROL, CON | 07/01/1999 | $54.97 | 0.0% | 0.0% | N | Referral Required |
| L2820 | ADD TO LOWER EXTREMITY. ORTHOSIS BE | 07/01/1999 | $61.12 | 0.0% | 0.0% | N | Referral Required |
| L2830 | ADDZ TO LOWER EXTREMITY, ORTHOSIS A | 07/01/1999 | $66.13 | 0.0% | 0.0% | N | Referral Required |
| L2840 | 12 CAST SOCKS | 07/01/1999 | $30.75 | 0.0% | 0.0% | N | Referral Required |
| L2850 | ADD TO LOWER EXTREMITY OR THOSIS FE | 07/01/1999 | $43.58 | 0.0% | 0.0% | N | Referral Required |
| L2860 | ADD TO LOWER EXT JT, KNEE,ANKLE,CON | 01/01/1997 | $264.56 | 0.0% | 0.0% | N | Referral Required |
| L2999 | UNLISTED PROCEDURES FOR LOWER EXTR | 04/01/1986 | $0.00 | 0.0% | 0.0% | Y | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| L3000 | FOOT,INSERT,REMOVABLE,MOLDED | 01/01/1995 | $220.18 | 0.0% | 0.0% | N | Referral Required |
| L3001 | FOOT INSERT, REMOVABLE, MOLD | 03/24/1997 | $10.50 | 0.0% | 0.0% | N | Referral Required |
| L3002 | FOOT INSERT REMOVABLE MOLDED | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3003 | FOOT INSERT REMOVABLE MOLDED | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3010 | FOOT INSERT REMOVABLE MOLDED | 01/01/1995 | $122.12 | 0.0% | 0.0% | N | Referral Required |
| L3020 | FOOT INSERT REMOVABLE MOLDED | 01/01/1995 | $139.06 | 0.0% | 0.0% | N | Referral Required |
| L3030 | FOOT INSERT REMOVABLE FOR ME | 07/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3031 | FOOT, INSERT.PLATE, REMOVABLE | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3040 | ARCH SUPPORT REMOVABLE PRE-M | 01/01/1995 | $32.98 | 0.0% | 0.0% | N | Referral Required |
| L3050 | ARCH SUPPORT REMOVABLE PRE-M | 01/01/1995 | $32.98 | 0.0% | 0.0% | N | Referral Required |
| L3060 | ARCH SUPPORT REMOVABLE PREMO | 01/01/1995 | $51.70 | 0.0% | 0.0% | N | Referral Required |
| L3070 | ARCH SUPP NONREMOVABLE ATTAC | 01/01/1995 | $22.29 | 0.0% | 0.0% | N | Referral Required |
| L3080 | ARCH SUPP NON-REMOVABLE ATTA | 01/01/1995 | $22.29 | 0.0% | 0.0% | N | Referral Required |
| L3090 | ARCH SUPP NONREMOVABLE ATT T | 01/01/1995 | $28.53 | 0.0% | 0.0% | N | Referral Required |
| L3100 | HALLUS-VALGUS NIGHT SPLINT ABDUCT & | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3140 | FOOT ABDUCT ROTATION BARS ATTCH TO | 11/17/1993 | $25.00 | 0.0% | 0.0% | N | Referral Required |
| L3150 | ABDUCT ROTATION BARS(DENNIS BROWN) | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3160 | FOOT, ADJ. SHOE STYLED POSITIONING | 01/01/1995 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3170 | FOOT PLASTIC HEEL STABILIZER | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3201 | STRAIGHT LAST SHOES,INFANT | 01/01/1997 | $55.00 | 0.0% | 0.0% | N | Referral Required |
| L3202 | SHOE OXFORD W/SUPINATOR OR P | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3203 | SHOE OXFORD W/SUPINATOR OR P | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3204 | SHOE HIGHTOP W/WUPINATOR OR | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3206 | SHOE HIGHTOP W/SUPINATOR OR | 04/01/1997 | $50.00 | 0.0% | 0.0% | N | Referral Required |
| L3207 | SHOE HIGHTOP W/SUPINATOR OR | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3208 | SURGICAL BOOT EA. INFANT | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3209 | SURGICAL BOOT EA. CHILD | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3211 | SURGICAL BOOT EA JR | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3212 | BENESCH BOOT PAIR INFANT | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3213 | BENESCH BOOT PAIR CHILD | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3214 | BENESCH BOOT PAIR JR | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3215 | LADIES SHOES OXFORD | 03/01/1996 | $78.94 | 0.0% | 0.0% | N | Referral Required |
| L3216 | LADIES SHOES DEPTH INLAY | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3217 | LADIES SHOES HIGHTOP DEPTH I | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3218 | LADIES SURGICAL BOOT EA | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3219 | MENS SHOES OXFORD | 03/01/1996 | $90.80 | 0.0% | 0.0% | N | Referral Required |
| L3221 | MENS SHOES DEPTH INLAY | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3222 | ORTHOPEDIC FOOTWEAR MENS SHO | 01/01/1989 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3223 | MENS SURGICAL BOOT EA | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3224 | ORTH. FOOTWEAR WOMANS SHOE,PART O | 07/01/1999 | $41.39 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| L3225 | ORTH. FOOTWEAR MANS SHOE, PART OF B | 07/01/1999 | $47.61 | 0.0% | 0.0% | N | Referral Required |
| L3230 | ORTHOPEDIC FOOTWEAR, CUSTOM SHOE | 11/01/1993 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3250 | ORTHO FOOTWEAR,CUSTOM MOLDED SHO | 11/01/1993 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3251 | SHOE MOLDED SILICONE EA | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3252 | SHOE MOLDED PLASTIZOTE OR SI | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3253 | SHOE MOLDED PLASTIZOTE OR SI | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3254 | NON-STANDARD SIZE OR WIDTH | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3255 | NON-STANDARD SIZE OR LENGTH | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3257 | FOOTWEAR ADDITIONAL CHARGE F | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3260 | AMBULATORY SURG BOOT | 04/01/1998 | $50.00 | 0.0% | 0.0% | N | Referral Required |
| L3265 | SANDAL PLASTIZOTE EA | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3300 | LIFT,ELEVATION,HEEL,TAPERED TO META | 11/01/1993 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3310 | LIFT, ELEVATION HEEL & SOLE NEOPREN | 01/01/1997 | $10.20 | 0.0% | 0.0% | N | Referral Required |
| L3320 | LIFT, ELEVATION, HEEL & SOLE CORK, | 11/01/1993 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3330 | LIFT METAL EXTENSION (SKATE) | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3332 | LIFT INSIDE SHOE TAPERED TO | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3334 | LIFT HEEL PER INCH | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3340 | HEEL WEDGE SACH | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3350 | HEEL WEDGE | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3360 | SHOE WEDGE OUTSIDE SOLE | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3370 | SOLE WEDGE BETWEEN SOLE | 04/01/1997 | $10.20 | 0.0% | 0.0% | N | Referral Required |
| L3380 | CLUBFOOT WEDGE | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3390 | OUTFLARE WEDGE | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3400 | METATARSAL BAR WEDGE ROCKER | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3410 | METATARSAL BAR WEDGE, BETWEEN SOL | 11/01/1993 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3420 | FULL SOLE & HEEL WEDGE BETWE | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3430 | HEEL COUNTER PLASTIC REINFOR | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3440 | HEEL COUNTER LEATHER REINFOR | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3450 | HEEL SACH CUSTOM TYPE | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3455 | HEEL NEW LEATHER STANDARD | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3460 | HEEL NEW RUBBER STANDARD | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3465 | HEEL THOMAS WITH WEDGE | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3470 | HEEL THOMAS EXTENDED TO BALL | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3480 | HEEL PAD & DEPRESSION FOR SPUR | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3482 | HEEL PAD REMOVABLE FOR SPUR | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3485 | HEEL PAD REMOVABLE FOR SPUR | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3500 | MISC SHOE ADDN INSOLE LEATHER | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3510 | MISC SHOE ADDN INSOLE RUBBER | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3520 | MISC SHOE ADDN INSOLE FELT C | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3530 | MISC, SHOE ADDITION, SOLE, HALF | 11/01/1993 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| L3540 | MISC SHOE ADDN SOLE FULL | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3550 | MISC SHOE ADDN TOE TAP STAND | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3560 | MISC SHOE ADDNITOE TAPI HORS | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3570 | MISC SHOE ADDN EXTENSION TO | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3580 | MISC SHOE ADDN CONVERT INSTE | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3590 | CONVERT FIRM SHOE COUNTER TO SOFT C | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3595 | MISC SHOE ADDN MARCH BAR | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3600 | TRANSFER OF ORTHOSIS | 01/01/1992 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3610 | TRANSFER NEW ORTHOSIS TO OTHER SHO | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3620 | TRANS. ORTHOSIS FROM 1 SHOE TO ANOT | 11/01/1993 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3630 | TRANSFER ORTHOSIS TO OTHER SHOE SO | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3640 | TRANSFER,SHOE TO SHOE,DENNIS BROWN | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3649 | UNLISTED PROCEDURES FOR FOOT ORTHO | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3650 | SHOULD ORTHO, (SO), FIGURE OF "8" D | 07/01/1999 | $43.52 | 0.0% | 0.0% | N | Referral Required |
| L3651 | SHOULDER ORTHOSIS, SINGLE, ELASTIC, | 01/01/2003 | $47.09 | 0.0% | 0.0% | N | Referral Required |
| L3652 | SHOULDER ORTHOSIS, DOUBLE, ELASTIC, | 01/01/2003 | $141.90 | 0.0% | 0.0% | N | Referral Required |
| L3660 | SO FIGURE 8 ABDUCTION RESTRAINER CA | 07/01/1999 | $70.79 | 0.0% | 0.0% | N | Referral Required |
| L3670 | SO, ACROMIO CLAVICULAR/CANVAS AND W | 07/01/1999 | $80.95 | 0.0% | 0.0% | N | Referral Required |
| L3677 | SHOULDER ORTHOSIS HARD PLASTIC | 01/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3700 | ELBOW ORTHO ELASTIC W STAYS | 07/01/1999 | $54.29 | 0.0% | 0.0% | N | Referral Required |
| L3701 | ELBOW ORTHOSIS, ELASTIC, | 01/01/2003 | $14.56 | 0.0% | 0.0% | N | Referral Required |
| L3710 | ELBOW ORTHO ELASTIC W METAL JOINTS | 07/01/1999 | $85.14 | 0.0% | 0.0% | N | Referral Required |
| L3720 | EO, DBL UPRIGHT.W FOREARM/ARM CUFF, | 07/01/1999 | $538.09 | 0.0% | 0.0% | N | Referral Required |
| L3730 | EO, DBL UPRIGHT W/FOREARM/ARM CUFF, | 07/01/1999 | $723.95 | 0.0% | 0.0% | N | Referral Required |
| L3740 | EO DBL UPRIGHT W FOREARM/ARM CUFFS | 07/01/1999 | $739.01 | 0.0% | 0.0% | N | Referral Required |
| L3760 | ELBOW ORTHOSIS | 01/01/2001 | $341.11 | 0.0% | 0.0% | N | Referral Required |
| L3762 | ELBOW ORTHOSIS, RIGID, W/O JOINTS, | 01/01/2003 | $76.89 | 0.0% | 0.0% | N | Referral Required |
| L3800 | WRIST HAND FINGER ORTHOSES WHFO S | 07/01/1999 | $183.11 | 0.0% | 0.0% | N | Referral Required |
| L3805 | WHFO LONG OPPONENS NO ATTACHMENT | 07/01/1999 | $225.83 | 0.0% | 0.0% | N | Referral Required |
| L3807 | WHFO W/OUT JOINT REFAB | 01/01/2000 | $168.86 | 0.0% | 0.0% | N | Referral Required |
| L3810 | WHFO ADDN THUMB ABDUCTION "C | 07/01/1999 | $44.63 | 0.0% | 0.0% | N | Referral Required |
| L3815 | WHFO ADDN SECOND MP ABDUCTION ASS | 07/01/1999 | $41.44 | 0.0% | 0.0% | N | Referral Required |
| L3820 | WHFO I.P. EXTENSION ASSIST W M.P. E | 07/01/1999 | $71.17 | 0.0% | 0.0% | N | Referral Required |
| L3825 | WHFO M.P. EXTENSION STOP | 07/01/1999 | $46.21 | 0.0% | 0.0% | N | Referral Required |
| L3830 | WHFO M.P. EXTENSION ASSIST | 07/01/1999 | $59.65 | 0.0% | 0.0% | N | Referral Required |
| L3835 | WHFO M.P. SPRING | 07/01/1999 | $84.28 | 0.0% | 0.0% | N | Referral Required |
| L3840 | WHFO SPRING SWIVEL THUMB | 07/01/1999 | $43.29 | 0.0% | 0.0% | N | Referral Required |
| L3845 | WHFO THUMB I.P. EXTENSION ASSIST WM | 07/01/1999 | $63.56 | 0.0% | 0.0% | N | Referral Required |
| L3850 | WHFO ACTION WRIST WITH DORSIFLEXION | 07/01/1999 | $79.87 | 0.0% | 0.0% | N | Referral Required |
| L3855 | WHFO ADJUSTABLE M.P. FLEXION CONTRO | 07/01/1999 | $80.51 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| L3860 | WHFO ADJUSTABLE M.P. FLEXION CONTRO | 07/01/1999 | $110.20 | 0.0% | 0.0% | N | Referral Required |
| L3890 | ADD TO UPPER EXT. JT. WRIST,ELBOW,C | 01/01/1997 | $264.56 | 0.0% | 0.0% | N | Referral Required |
| L3900 | WHFO FLEXOR HINGE WRIST OR FINGER E | 07/01/1999 | $1,003.05 | 0.0% | 0.0% | N | Referral Required |
| L3901 | WHFO FLEXOR HINGE CABLE DRIVEN | 07/01/1999 | $1,240.07 | 0.0% | 0.0% | N | Referral Required |
| L3902 | WHFO EXTERNAL POWERED COMPRESSE | 07/01/1999 | $1,731.12 | 0.0% | 0.0% | N | Referral Required |
| L3904 | WHFO EXTERNAL POWERED ELECTRIC | 07/01/1999 | $2,016.98 | 0.0% | 0.0% | N | Referral Required |
| L3906 | WHFO, WRIST GAUNTLET MOLDED | 07/01/1999 | $285.43 | 0.0% | 0.0% | N | Referral Required |
| L3907 | WHFO, WRIST GAUNTLED W/THUMB SPICA, | 07/01/1999 | $349.87 | 0.0% | 0.0% | N | Referral Required |
| L3908 | WHFO, WRIST EXTENTION CONTRL | 07/01/1999 | $55.02 | 0.0% | 0.0% | N | Referral Required |
| L3909 | WRIST ORTHOSIS, ELASTIC, PREFABRICA | 01/01/2003 | $10.09 | 0.0% | 0.0% | N | Referral Required |
| L3910 | WHFO SWANSON DESIGN | 07/01/1999 | $258.35 | 0.0% | 0.0% | N | Referral Required |
| L3911 | WRIST HAND FINGER ORTHOSIS, ELASTIC | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3912 | WHFO FLEXION GLOVE ELASTIC FINGER C | 07/01/1999 | $87.09 | 0.0% | 0.0% | N | Referral Required |
| L3914 | WHFO,WRIST EXTENSION COCK-UP | 07/01/1999 | $68.46 | 0.0% | 0.0% | N | Referral Required |
| L3916 | WHFO, WRIST EXTENSION COCK-UP, WITH | 07/01/1999 | $92.75 | 0.0% | 0.0% | N | Referral Required |
| L3917 | HAND ORTHOSIS, METACARPAL FRACTURE | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3918 | WHFO KNUCKLE BENDER | 07/01/1999 | $58.67 | 0.0% | 0.0% | N | Referral Required |
| L3920 | WHFO KNUCKLE BENDER WITH OUTRIGGE | 07/01/1999 | $77.02 | 0.0% | 0.0% | N | Referral Required |
| L3922 | WHFO KNUCKLE BENDER 2 SEGMENT TO F | 07/01/1999 | $89.80 | 0.0% | 0.0% | N | Referral Required |
| L3923 | HAND FINGER ORTHOSIS | 01/01/2001 | $26.54 | 0.0% | 0.0% | N | Referral Required |
| L3924 | WRIST HAND FINGER ORTHOSIS OPPENHE | 07/01/1999 | $97.92 | 0.0% | 0.0% | N | Referral Required |
| L3926 | WHFO THOMAS SUSPENSION | 07/01/1999 | $68.00 | 0.0% | 0.0% | N | Referral Required |
| L3928 | WHFO FINGER EXTENSION WITH CLOCK S | 07/01/1999 | $43.71 | 0.0% | 0.0% | N | Referral Required |
| L3930 | WHFO FINGER EXTENSION WRIST SUPPOR | 07/01/1999 | $42.38 | 0.0% | 0.0% | N | Referral Required |
| L3932 | WHFO SAFETY PIN SPRING WIRE | 07/01/1999 | $37.46 | 0.0% | 0.0% | N | Referral Required |
| L3934 | WHFO SAFETY PIN MODIFIED | 07/01/1999 | $44.25 | 0.0% | 0.0% | N | Referral Required |
| L3936 | WHFO PALMER | 07/01/1999 | $81.80 | 0.0% | 0.0% | N | Referral Required |
| L3938 | WHFO DORSAL WRIST | 07/01/1999 | $84.19 | 0.0% | 0.0% | N | Referral Required |
| L3940 | WHFO DORSAL WRIST WITH OUTRIGGER | 07/01/1999 | $98.72 | 0.0% | 0.0% | N | Referral Required |
| L3942 | WHFO REVERSE KNUCKLE BENDER | 07/01/1999 | $53.52 | 0.0% | 0.0% | N | Referral Required |
| L3944 | WHFO REVERSE KNUCKLE BENDER WITH O | 07/01/1999 | $72.42 | 0.0% | 0.0% | N | Referral Required |
| L3946 | WHFO COMPOSITE ELASTIC | 07/01/1999 | $81.39 | 0.0% | 0.0% | N | Referral Required |
| L3948 | WHFO FINGER KNUCKLE BENDER | 07/01/1999 | $38.29 | 0.0% | 0.0% | N | Referral Required |
| L3950 | WHFO OPPENHEIMER W/KNUCKLE BENDE | 07/01/1999 | $121.22 | 0.0% | 0.0% | N | Referral Required |
| L3952 | WHFO OPPENHEIMER W/REVERSE KNUCK | 07/01/1999 | $152.84 | 0.0% | 0.0% | N | Referral Required |
| L3954 | WHFO SPREADING HAND | 07/01/1999 | $83.64 | 0.0% | 0.0% | N | Referral Required |
| L3956 | ADD.JOINT-UPPER EXTREMITY ORTHOSIS; | 01/01/1997 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L3960 | SEWHO ABDUCTION AIRPLANE DESIGN | 07/01/1999 | $569.18 | 0.0% | 0.0% | N | Referral Required |
| L3962 | SEWHO ABDUCTION ERBS PALSEY DESIGN | 07/01/1999 | $615.07 | 0.0% | 0.0% | N | Referral Required |
| L3963 | SEWHO MOLDED SHOULDER ARMFOREAR | 07/01/1999 | $1,149.06 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| L3964 | SEWHO MOBILE ARM SUPPORT ATTCH TO W | 07/01/1999 | $592.43 | 0.0% | 0.0% | N | Referral Required |
| L3965 | SEWHO RADIAL ARM SUPP ATCH TO W/CH | 07/01/1999 | $945.35 | 0.0% | 0.0% | N | Referral Required |
| L3966 | SEWHO MOBILE ARM SUPP ATTACH TO W/ | 07/01/1999 | $712.17 | 0.0% | 0.0% | N | Referral Required |
| L3968 | SEWHO MOBILE ARM SUPP ATTACH TO W/ | 07/01/1999 | $901.23 | 0.0% | 0.0% | N | Referral Required |
| L3969 | SEWHO MOBILE ARM SUPP MONO SUPP SL | 07/01/1999 | $630.23 | 0.0% | 0.0% | N | Referral Required |
| L3970 | SEWHO ADDN TO MOBILE ARM SUPP ELE | 07/01/1999 | $214.29 | 0.0% | 0.0% | N | Referral Required |
| L3972 | SEWHO ADDN MOBILE ARM SUPP OFFSET | 07/01/1999 | $136.26 | 0.0% | 0.0% | N | Referral Required |
| L3974 | SEWHO ADDN TO MOBILE ARM SUPP SUP | 07/01/1999 | $135.97 | 0.0% | 0.0% | N | Referral Required |
| L3980 | UP EXTREM FX ORTHO HUMERAL | 07/01/1999 | $212.93 | 0.0% | 0.0% | N | Referral Required |
| L3982 | UP EXTREM ORTHO RADIUS/ULNAR | 07/01/1999 | $257.12 | 0.0% | 0.0% | N | Referral Required |
| L3984 | UP EXTREM FX ORTHO WRIST | 07/01/1999 | $247.43 | 0.0% | 0.0% | N | Referral Required |
| L3985 | UP EXTREM FX ORTHO FOREARM HAND W/ | 07/01/1999 | $438.62 | 0.0% | 0.0% | N | Referral Required |
| L3986 | UP EXTREM FX ORTHO COMBINATION (COL | 07/01/1999 | $424.28 | 0.0% | 0.0% | N | Referral Required |
| L3995 | ADDN TO UPPER EXTREMITY SOCK FRACT | 07/01/1999 | $25.01 | 0.0% | 0.0% | N | Referral Required |
| L3999 | UNLISTED PROC FOR UPPER LIMB ORTHOS | 04/01/1986 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| L4000 | REPLACE GIRDLE FOR MILWAUKEE ORTHO | 07/01/1999 | $1,019.55 | 0.0% | 0.0% | N | Referral Required |
| L4002 | REPLACEMENT STRAP, ANY ORTHOSIS | 01/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L4010 | REPLACE THRILATERAL SOCKET BRIM | 07/01/1999 | $563.33 | 0.0% | 0.0% | N | Referral Required |
| L4020 | REPLACE QUADRIOLATERAL SOCKET BRIM | 07/01/1999 | $674.47 | 0.0% | 0.0% | N | Referral Required |
| L4030 | REPLACE QUADRILATERAL SOCKET BRIM C | 07/01/1999 | $465.07 | 0.0% | 0.0% | N | Referral Required |
| L4040 | REPLACE MOLDED THIGH LACER | 07/01/1999 | $383.08 | 0.0% | 0.0% | N | Referral Required |
| L4045 | REPLACE NON-MOLDED THIGH LACER | 07/01/1999 | $232.91 | 0.0% | 0.0% | N | Referral Required |
| L4050 | REPLACE MOLDED CALF LEATHER | 07/01/1999 | $350.11 | 0.0% | 0.0% | N | Referral Required |
| L4055 | REPLACE NON-MOLDED CALF LACER | 07/01/1999 | $190.88 | 0.0% | 0.0% | N | Referral Required |
| L4060 | REPLACE HIGH ROLL CUFF | 07/01/1999 | $284.40 | 0.0% | 0.0% | N | Referral Required |
| L4070 | REPLACE PROXIMAL & DISTAL UPRIGHT F | 07/01/1999 | $234.46 | 0.0% | 0.0% | N | Referral Required |
| L4080 | REPLACE METAL BANDS KAFOPROXIMAL T | 07/01/1999 | $84.32 | 0.0% | 0.0% | N | Referral Required |
| L4090 | REPLACE METAL BANDS KAFO-AFO CALF/D | 07/01/1999 | $84.67 | 0.0% | 0.0% | N | Referral Required |
| L4100 | REPLACE LEATHER CUFF,KAFO-PROXIMAL | 07/01/1999 | $97.88 | 0.0% | 0.0% | N | Referral Required |
| L4110 | REPLACE LEATHER CUFF KAFO-AFO CALF | 07/01/1999 | $79.59 | 0.0% | 0.0% | N | Referral Required |
| L4130 | REPLACE PRETIBIAL SHELL | 07/01/1999 | $465.61 | 0.0% | 0.0% | N | Referral Required |
| L4205 | REPAIR ORTHOTIC DEVICE, LABO | 01/01/1997 | $8.99 | 0.0% | 0.0% | N | Referral Required |
| L4210 | REPAIR ORTHO, REPLACE MINOR PARTS | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L4350 | PNEUMATIC ANKLE CONTROL SPLI | 07/01/1999 | $69.28 | 0.0% | 0.0% | N | Referral Required |
| L4360 | PNEUMATIC WALKING SPLINT AIR | 07/01/1999 | $259.85 | 0.0% | 0.0% | N | Referral Required |
| L4370 | PNEUMATIC FULL LEG SPLINT AIRCAST O | 07/01/1999 | $177.17 | 0.0% | 0.0% | N | Referral Required |
| L4380 | PNEUMATIC KNEE SPLINT AIR CAST OR E | 07/01/1999 | $96.96 | 0.0% | 0.0% | N | Referral Required |
| L4386 | NON-PNEUMATIC WALKING SPLINT | 01/01/2003 | $124.58 | 0.0% | 0.0% | N | Referral Required |
| L4392 | REPLACE SOFT INTERFACE M'TRL. SPLIN | 07/01/1999 | $17.00 | 0.0% | 0.0% | N | Referral Required |
| L4394 | REPLACE SOFT INTERFACE M'TRL. SPLIN | 07/01/1999 | $12.40 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| L4396 | ANKLE CONTRACTURE SPLINT | 07/01/1999 | $121.24 | 0.0% | 0.0% | N | Referral Required |
| L4398 | FOOT DROP SPLINT, RECUMBANT POSITIO | 07/01/1999 | $55.81 | 0.0% | 0.0% | N | Referral Required |
| L5000 | PARTIAL FOOT,SHOE INSERT W/LONGITUD | 07/01/1999 | $378.88 | 0.0% | 0.0% | N | Referral Required |
| L5010 | PARTIAL FOOT MOLDED SOCKET ANKLE HT | 07/01/1999 | $912.92 | 0.0% | 0.0% | N | Referral Required |
| L5020 | PARTIAL FOOT MOLDED SOCKET TIBIAL T | 07/01/1999 | $1,693.02 | 0.0% | 0.0% | N | Referral Required |
| L5050 | ANKLE,SYMES,MOLDED SOCKET,SACH FOO | 07/01/1999 | $2,021.36 | 0.0% | 0.0% | N | Referral Required |
| L5060 | ANKLE SYMES METAL FR MOLDED LEATHE | 07/01/1999 | $2,682.30 | 0.0% | 0.0% | N | Referral Required |
| L5100 | BELOW KNEE,MOLDED SOCKET,SHIN,SACH | 07/01/1999 | $2,095.16 | 0.0% | 0.0% | N | Referral Required |
| L5105 | BELOW KNEE PLASTIC SOCKET JOINTS/TH | 07/01/1999 | $2,956.97 | 0.0% | 0.0% | N | Referral Required |
| L5150 | EXTERNAL KNEE JOINT MOLDED SOCKET S | 07/01/1999 | $3,057.48 | 0.0% | 0.0% | N | Referral Required |
| L5160 | EXT KNEE JOINT MOLDED SOCKET BENT-K | 07/01/1999 | $3,730.21 | 0.0% | 0.0% | N | Referral Required |
| L5200 | ABOVE KNEE,SNGLE AXIS CONT FRX KNEE | 07/01/1999 | $3,054.55 | 0.0% | 0.0% | N | Referral Required |
| L5210 | ABOVE KNEE,SHORT,W/O JNT,W FT BLOCK | 07/01/1999 | $2,426.15 | 0.0% | 0.0% | N | Referral Required |
| L5220 | ABOVE KNEE,SHORT,NO JNT,W/ARTICUL A | 07/01/1999 | $2,757.76 | 0.0% | 0.0% | N | Referral Required |
| L5230 | ABOVE KNEE,PROX FEMORAL,CONT FRX K | 07/01/1999 | $3,688.34 | 0.0% | 0.0% | N | Referral Required |
| L5250 | HIP JNT,CANADIAN TYPE,MOLDED SOCKET | 07/01/1999 | $4,799.63 | 0.0% | 0.0% | N | Referral Required |
| L5270 | LOCKING HIPJOINT SINGLE AXIS KNEE,S | 07/01/1999 | $5,142.19 | 0.0% | 0.0% | Y | Referral Required |
| L5280 | HEMIPELVECTOMY,HIP JOINT,SINGLEAXIS | 07/01/1999 | $5,090.77 | 0.0% | 0.0% | N | Referral Required |
| L5301 | PROSTHETIC, ENDOSKELETAL BELOW KNE | 01/01/2002 | $2,222.33 | 0.0% | 0.0% | N | Referral Required |
| L5311 | PROSTHETIC; ENDOSKELETAL KNEE | 01/01/2002 | $3,488.67 | 0.0% | 0.0% | N | Referral Required |
| L5321 | PROSTHETIC; ENDOSKELETAL ABOVE KNE | 01/01/2002 | $3,433.13 | 0.0% | 0.0% | N | Referral Required |
| L5331 | PROSTHETIC; ENDOSKELETAL, HIP | 01/01/2002 | $4,871.30 | 0.0% | 0.0% | N | Referral Required |
| L5341 | PROSTHETIC, ENDOSKELETAL | 01/01/2002 | $5,084.20 | 0.0% | 0.0% | Y | Referral Required |
| L5400 | BELOW KNEE,RIGID DRSG,W/FIT,ALIGN,S | 07/01/1999 | $1,002.80 | 0.0% | 0.0% | N | Referral Required |
| L5410 | BELOW KNEE RIGID DRSG EA ADDTL CAST | 07/01/1999 | $385.47 | 0.0% | 0.0% | N | Referral Required |
| L5420 | AK RIGID DSG INCL FIT, ALIGN & ONE | 07/01/1999 | $1,211.24 | 0.0% | 0.0% | N | Referral Required |
| L5430 | AK RIGID DSG EA ADDTL CAST CHG & RE | 07/01/1999 | $378.06 | 0.0% | 0.0% | N | Referral Required |
| L5450 | BELOW KNEE,RIGID DRSG,NON-WEIGHT B | 07/01/1999 | $330.85 | 0.0% | 0.0% | N | Referral Required |
| L5460 | ABOVE KNEE,RIGID DRGS.NON-WEIGHT BE | 07/01/1999 | $438.07 | 0.0% | 0.0% | N | Referral Required |
| L5500 | BELOW KNEE,PTB SOCKET,USMC PYLON, | 07/01/1999 | $963.08 | 0.0% | 0.0% | N | Referral Required |
| L5505 | ABOVE KNEE,ISCHIAL LEVEL SOCKET,USM | 07/01/1999 | $1,304.26 | 0.0% | 0.0% | N | Referral Required |
| L5510 | BELOW KNEE,PREP,PTB SOCKET,USMC PY | 07/01/1999 | $1,182.94 | 0.0% | 0.0% | N | Referral Required |
| L5520 | BELOW KNEE,PREP,PTB SOCKET,THERMOP | 07/01/1999 | $1,078.35 | 0.0% | 0.0% | N | Referral Required |
| L5530 | BELOW KNEE,PREP,PTB SOCKET,THERMOP | 07/01/1999 | $1,504.85 | 0.0% | 0.0% | N | Referral Required |
| L5535 | BELOW KNEE,PREP,PTB SOCKET,PREFAB, | 07/01/1999 | $1,554.40 | 0.0% | 0.0% | N | Referral Required |
| L5540 | BELOW KNEE,PREP,PTB SOCKET,LAMINAT | 07/01/1999 | $1,659.11 | 0.0% | 0.0% | N | Referral Required |
| L5560 | ABOVE KNEE,PREP,ISCHIAL LEVEL,PLAST | 07/01/1999 | $1,620.87 | 0.0% | 0.0% | N | Referral Required |
| L5570 | ABOVE KNEE,PREP,ISCHIAL LEVEL,THERM | 07/01/1999 | $1,704.83 | 0.0% | 0.0% | N | Referral Required |
| L5580 | ABOVE KNEE,PREP,ISCHIAL SOCKET,THER | 07/01/1999 | $1,953.01 | 0.0% | 0.0% | N | Referral Required |
| L5585 | AK,ADJ OPEN END SOCKET, USMC SACH F | 07/01/1999 | $2,164.59 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| L5590 | ABOVE KNEE,PREP,ISCHIAL SOCKET,LAMI | 07/01/1999 | $1,895.01 | 0.0% | 0.0% | N | Referral Required |
| L5595 | HIP PREP.HEMIPELVECTOMY,THERMOPLAS | 07/01/1999 | $3,385.07 | 0.0% | 0.0% | N | Referral Required |
| L5600 | HIP PREP.HEMIPELVECTOMY,LAMINATED,M | 07/01/1999 | $4,266.63 | 0.0% | 0.0% | N | Referral Required |
| L5610 | ABOVE KNEE, HYDRACADONCE SYSTEM | 07/01/1999 | $1,991.76 | 0.0% | 0.0% | N | Referral Required |
| L5611 | ABOVE KNEE-DISARTICULATE OCH4-BAR,F | 07/01/1999 | $1,322.98 | 0.0% | 0.0% | N | Referral Required |
| L5613 | ABOVE KNEE-DISARTICULATE OHC4-BAR,H | 07/01/1999 | $1,837.70 | 0.0% | 0.0% | N | Referral Required |
| L5614 | ADD LOWER EXT-AK-KNEE* DISORTIC,4-B | 07/01/1999 | $1,242.21 | 0.0% | 0.0% | N | Referral Required |
| L5616 | ABOVE KNEE,UNIVERSAL MULTIPLEX,FRX | 07/01/1999 | $1,018.44 | 0.0% | 0.0% | N | Referral Required |
| L5617 | ADD. TO LOWER EXTREMITY, QUI | 07/01/1999 | $411.89 | 0.0% | 0.0% | N | Referral Required |
| L5618 | ADDN TO LOWER EXTREMITY TEST SOCKE | 07/01/1999 | $234.25 | 0.0% | 0.0% | N | Referral Required |
| L5620 | ADD TO LWR EXTR, TEST SOCKET, BELOW | 07/01/1999 | $222.44 | 0.0% | 0.0% | N | Referral Required |
| L5622 | ADD TO LWR EXTRM, TEST SOCKET,KNEE | 07/01/1999 | $313.70 | 0.0% | 0.0% | N | Referral Required |
| L5624 | ADD TO LWR EXTREMITY, TEST SOCKET, | 07/01/1999 | $282.43 | 0.0% | 0.0% | N | Referral Required |
| L5626 | ADD TO LWR EXTRM TEST SOCKET,HIP DI | 07/01/1999 | $410.04 | 0.0% | 0.0% | N | Referral Required |
| L5628 | ADD TO LWR EXTRM,TEST SOCKET,HEMIPE | 07/01/1999 | $453.38 | 0.0% | 0.0% | N | Referral Required |
| L5629 | ADD TO LWR EXTRMIBELOW KNEE, ACRYLI | 07/01/1999 | $238.31 | 0.0% | 0.0% | N | Referral Required |
| L5630 | ADD TO LWR EXTRM,SYMES,EXPANDABLE W | 07/01/1999 | $379.77 | 0.0% | 0.0% | N | Referral Required |
| L5631 | ADD TO LWR EXTRM,ABOVE KNEE/DISARTI | 07/01/1999 | $329.48 | 0.0% | 0.0% | N | Referral Required |
| L5632 | ADD TO LWR EXTRMISYMES,TPB BRIM SOC | 07/01/1999 | $222.00 | 0.0% | 0.0% | N | Referral Required |
| L5634 | ADD TO LWR EXTRM,SYMES,POSTERIOR O | 07/01/1999 | $264.48 | 0.0% | 0.0% | N | Referral Required |
| L5636 | ADD TO LWR EXTRMISYMES,MEDIAL OPENI | 07/01/1999 | $235.71 | 0.0% | 0.0% | N | Referral Required |
| L5637 | ADD TO LWR EXTREMITY,BELOW KNEE, TO | 07/01/1999 | $223.25 | 0.0% | 0.0% | N | Referral Required |
| L5638 | ADD TO LWR EXTREMITY,BELOW KNEE, LE | 07/01/1999 | $413.69 | 0.0% | 0.0% | N | Referral Required |
| L5639 | ADD TO LWR EXTREMITY,BELOW KNEE,WO | 07/01/1999 | $947.57 | 0.0% | 0.0% | N | Referral Required |
| L5640 | ADD TO LWR EXTRM,KNEE DISARTIC,LEAT | 07/01/1999 | $627.58 | 0.0% | 0.0% | N | Referral Required |
| L5642 | ADD TO LWR EXTRM,ABOVE KNEE,LEATHE | 07/01/1999 | $619.45 | 0.0% | 0.0% | N | Referral Required |
| L5643 | ADD TO LWR EXTR,HIP DISARTIC,FLEX S | 07/01/1999 | $1,339.83 | 0.0% | 0.0% | N | Referral Required |
| L5644 | ADD TO LWR EXTRM,ABOVE KNEE,WOOD S | 07/01/1999 | $494.51 | 0.0% | 0.0% | N | Referral Required |
| L5645 | ADD TO LWR EXTRM,BELOW KNEE,FLEX S | 07/01/1999 | $598.31 | 0.0% | 0.0% | N | Referral Required |
| L5646 | ADD TO LWR EXTRM,BELOW KNEE, AIR CU | 07/01/1999 | $439.80 | 0.0% | 0.0% | N | Referral Required |
| L5647 | ADD TO LWR EXTRM,BELOW KNEE,SUCTIO | 07/01/1999 | $596.49 | 0.0% | 0.0% | N | Referral Required |
| L5648 | ADD TO LWR EXTRM,ABOVE KNEE,AIR CUS | 07/01/1999 | $493.69 | 0.0% | 0.0% | N | Referral Required |
| L5649 | ADD TO LWR EXTRM,ISCHIAL CONTAIN/NA | 07/01/1999 | $1,509.15 | 0.0% | 0.0% | N | Referral Required |
| L5650 | ABOVE KNEE/DISARTICULATION SOCKET,T | 07/01/1999 | $430.34 | 0.0% | 0.0% | N | Referral Required |
| L5651 | ABOVE KNEE, FLEX INNER SOCKET, EXTE | 07/01/1999 | $900.53 | 0.0% | 0.0% | N | Referral Required |
| L5652 | ABOVE KNEE/DISARTICULATION SOCKET,S | 07/01/1999 | $326.93 | 0.0% | 0.0% | N | Referral Required |
| L5653 | KNEE DISARTICULATION, EXPANDABLE WA | 07/01/1999 | $536.39 | 0.0% | 0.0% | N | Referral Required |
| L5654 | SOCKET INSERT,LOWR EXTR,SYMES | 07/01/1999 | $290.51 | 0.0% | 0.0% | N | Referral Required |
| L5655 | ADDN TO LOW EXTREM, SOCKET INSERT, | 07/01/1999 | $260.31 | 0.0% | 0.0% | N | Referral Required |
| L5656 | ADD TO LWR EXTRM,SOCKET INSERT,KNE | 07/01/1999 | $370.88 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| L5658 | ADD TO LWR EXTRM,SOCKET INSERT, ABO | 07/01/1999 | $363.53 | 0.0% | 0.0% | N | Referral Required |
| L5661 | ADD TO LWR EXTRM,SOCKET INSERT,MULT | 07/01/1999 | $456.32 | 0.0% | 0.0% | N | Referral Required |
| L5665 | LWR EXTRM,SOCKET INSERT,BELOW KNEE | 07/01/1999 | $383.95 | 0.0% | 0.0% | N | Referral Required |
| L5666 | ADD TO LWR EXTR,BELOW KNEE,CUFF SU | 07/01/1999 | $53.27 | 0.0% | 0.0% | N | Referral Required |
| L5668 | ADD TO LWR EXTRM,BELOW KNEE,MOLDE | 07/01/1999 | $84.14 | 0.0% | 0.0% | N | Referral Required |
| L5670 | BELOW KNEE,MOLDED SUPROCONDYLAR S | 07/01/1999 | $222.10 | 0.0% | 0.0% | N | Referral Required |
| L5671 | ADDITION TO LOWER EXTREMITY | 01/01/2001 | $526.09 | 0.0% | 0.0% | N | Referral Required |
| L5672 | REMOVABLE MEDIAL BRIM SUSPENSION,B | 07/01/1999 | $241.97 | 0.0% | 0.0% | N | Referral Required |
| L5673 | ADD TO LOWER EXTREMITY | 01/01/2004 | $574.46 | 0.0% | 0.0% | N | Referral Required |
| L5676 | BELOW KNEE,KNEE JOINTS,SINGLE AXIS, | 07/01/1999 | $316.54 | 0.0% | 0.0% | N | Referral Required |
| L5677 | BELOW KNEE JOINTS,POLYCENTRIC,PAIR | 07/01/1999 | $402.96 | 0.0% | 0.0% | N | Referral Required |
| L5678 | BELOW KNEE,JOINT COVERS,PAIR | 07/01/1999 | $35.49 | 0.0% | 0.0% | N | Referral Required |
| L5679 | ADDIT TO LOWER EXTREMITY | 01/01/2004 | $478.72 | 0.0% | 0.0% | N | Referral Required |
| L5680 | BELOW KNEE,THIGH LACER,NON-MOLDED | 07/01/1999 | $265.86 | 0.0% | 0.0% | N | Referral Required |
| L5681 | ADDITIONAL TO LOWER EXTREMITY | 01/01/2004 | $1,035.59 | 0.0% | 0.0% | N | Referral Required |
| L5682 | BELOW KNEE,THIGH LACER,GLUTEAL/ISCH | 07/01/1999 | $474.11 | 0.0% | 0.0% | N | Referral Required |
| L5683 | ADDIT TO LOWER EXTREMITY | 01/01/2004 | $1,057.34 | 0.0% | 0.0% | N | Referral Required |
| L5684 | BELOW KNEE,FORK STRAP | 07/01/1999 | $48.12 | 0.0% | 0.0% | N | Referral Required |
| L5685 | ADDITION TO LOWER EXTREMITY PROSTH | 01/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L5686 | BELOW KNEE,BACK CHECK,EXTENSION CO | 07/01/1999 | $47.79 | 0.0% | 0.0% | N | Referral Required |
| L5688 | BELOW KNEE,WAIST BELT,WEBBING | 07/01/1999 | $52.32 | 0.0% | 0.0% | N | Referral Required |
| L5690 | BELOW KNEE,WAIST BELT,PADDED/LINED | 07/01/1999 | $79.58 | 0.0% | 0.0% | N | Referral Required |
| L5692 | ABOVE KNEE,PELVIC CONTROL BELT, LIG | 07/01/1999 | $116.94 | 0.0% | 0.0% | N | Referral Required |
| L5694 | ABOVE KNEE,PELVIC CONTROL BELT, PAD | 07/01/1999 | $180.68 | 0.0% | 0.0% | N | Referral Required |
| L5695 | ABOVE KNEE,PELVIC CONTRL,SLEEVE SUS | 07/01/1999 | $122.29 | 0.0% | 0.0% | N | Referral Required |
| L5696 | ABOVE KNEE/DISARTICULATION,PELVIC J | 07/01/1999 | $184.99 | 0.0% | 0.0% | N | Referral Required |
| L5697 | ABOVE KNEE/DISARTICULATION,PELVIC B | 07/01/1999 | $80.26 | 0.0% | 0.0% | N | Referral Required |
| L5698 | ABOVE KNEE/DISARTICULATION,SILESIAN | 07/01/1999 | $93.78 | 0.0% | 0.0% | N | Referral Required |
| L5699 | ALL LOWER EXTREMITY PROSTHESES, SH | 07/01/1999 | $184.33 | 0.0% | 0.0% | N | Referral Required |
| L5700 | REPLACE,SOCKET,BK,MOLDED TO PT MOD | 07/01/1999 | $2,738.06 | 0.0% | 0.0% | N | Referral Required |
| L5701 | REPLACE,SOCKET,AK/K DISORTIC,INCL A | 07/01/1999 | $3,327.32 | 0.0% | 0.0% | N | Referral Required |
| L5702 | REPLACE,SOCKET,HIP DISORTIC,INCL HI | 07/01/1999 | $3,984.18 | 0.0% | 0.0% | N | Referral Required |
| L5704 | REPLACE,CUSTOM SHAPED PROTECTIVE C | 07/01/1999 | $457.28 | 0.0% | 0.0% | N | Referral Required |
| L5705 | REPLACEMENT,CUSTOM SHAPED PROTEC | 07/01/1999 | $750.70 | 0.0% | 0.0% | N | Referral Required |
| L5706 | REPLACE,CUSTOM SHAPED PROTECTIVE C | 07/01/1999 | $744.04 | 0.0% | 0.0% | N | Referral Required |
| L5707 | REPLACE,CUSTOM SHAPED PROTECTIVE C | 07/01/1999 | $1,057.68 | 0.0% | 0.0% | N | Referral Required |
| L5710 | EXOSKEL KNEE-SHIN SYST,SINGLE AXIS, | 07/01/1999 | $341.20 | 0.0% | 0.0% | N | Referral Required |
| L5711 | EXOSKEL KNEE-SHIN SYST,ONE AXIS,MAN | 07/01/1999 | $461.90 | 0.0% | 0.0% | N | Referral Required |
| L5712 | EXOSKEL KNEE-SHIN SYST,SINGLE AXIS, | 07/01/1999 | $414.65 | 0.0% | 0.0% | N | Referral Required |
| L5714 | EXOSKEL KNEE-SHIN SYST,ONE AXIS,VAR | 07/01/1999 | $313.65 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| L5716 | EXOSKEL KNEE-SHIN SYST POLYCENTRIC, | 07/01/1999 | $546.53 | 0.0% | 0.0% | N | Referral Required |
| L5718 | EXOSKEL KNEE-SHIN SYST,POLY,FRX SWN | 07/01/1999 | $683.10 | 0.0% | 0.0% | N | Referral Required |
| L5722 | EXOSKEL KNEE-SHIN SYST,ONE AXISNPNE | 07/01/1999 | $795.38 | 0.0% | 0.0% | N | Referral Required |
| L5724 | EXOSKEL KNEE-SHIN,ONE AXIS,FLUID SW | 07/01/1999 | $1,204.38 | 0.0% | 0.0% | N | Referral Required |
| L5726 | EXOSKEL KNEE-SHIN,ONE AXIS,EXTRN JN | 07/01/1999 | $1,457.55 | 0.0% | 0.0% | N | Referral Required |
| L5728 | EXOSKEL KNEE-SHIN,ONE AXIS, FLUID S | 07/01/1999 | $1,939.82 | 0.0% | 0.0% | N | Referral Required |
| L5780 | EXOSKEL KNEE-SHIN,ONE AXIS,PNEUM/HY | 07/01/1999 | $858.53 | 0.0% | 0.0% | N | Referral Required |
| L5781 | ADD. TO LOWER LIMB PROSTHESIS, | 01/01/2003 | $3,150.08 | 0.0% | 0.0% | N | Referral Required |
| L5782 | ADD. TO LOWER LIMB PROSTHESIS, | 01/01/2003 | $3,320.90 | 0.0% | 0.0% | N | Referral Required |
| L5785 | EXESKEL,BELOW KNEE,ULTRA-LIGHT | 07/01/1999 | $465.42 | 0.0% | 0.0% | N | Referral Required |
| L5790 | EXOSKEL,ABOVE KNEE,ULTRA-LIGHT | 07/01/1999 | $560.38 | 0.0% | 0.0% | N | Referral Required |
| L5795 | EXOSKEL,HIP DISARTICULATION,ULTRA-L | 07/01/1999 | $805.13 | 0.0% | 0.0% | N | Referral Required |
| L5810 | ENDOSKEL KNEE-SHIN,ONE AXIS,MANUAL | 07/01/1999 | $416.91 | 0.0% | 0.0% | N | Referral Required |
| L5811 | ADDITION ENDOSKELETAL KNEE SHIN SYS | 07/01/1999 | $546.89 | 0.0% | 0.0% | N | Referral Required |
| L5812 | ENDOSKEL KNEE-SHIN,ONE AXIS,FRX SWG | 07/01/1999 | $473.30 | 0.0% | 0.0% | N | Referral Required |
| L5814 | PROSTHETICS OR ORTHOTICS | 07/01/1999 | $2,733.96 | 0.0% | 0.0% | N | Referral Required |
| L5816 | ENDOSKEL KNEE-SHIN,POLY,MECHANICAL | 07/01/1999 | $637.72 | 0.0% | 0.0% | N | Referral Required |
| L5818 | ENDOSKEL KNEE-SHIN,POLY,FRX SWG,STA | 07/01/1999 | $720.12 | 0.0% | 0.0% | N | Referral Required |
| L5822 | ENDOSKEL KNEE-SHIN,ONE AXIS,PHEUM S | 07/01/1999 | $1,276.95 | 0.0% | 0.0% | N | Referral Required |
| L5824 | ENDOSKEL KNEE-SHIN,ONE AXIS,FLUID S | 07/01/1999 | $1,149.97 | 0.0% | 0.0% | N | Referral Required |
| L5826 | ADD:KNEE-SHIN ENDOSKELET.SYS | 01/01/1998 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L5828 | ENDOSKEL KNEE-SHIN,ONE AXIS,FLUID S | 07/01/1999 | $2,117.58 | 0.0% | 0.0% | N | Referral Required |
| L5830 | ENDOSKEL KNEE-SHIN,ONE AXIS,PNEUM/S | 07/01/1999 | $1,846.36 | 0.0% | 0.0% | N | Referral Required |
| L5840 | ADD ENDOSKELETAL KNEE/SHIN SYSTEM, | 07/01/1999 | $3,026.60 | 0.0% | 0.0% | N | Referral Required |
| L5845 | ADD ENDOSKELETAL KNEE/SHIN-S | 07/01/1999 | $1,319.44 | 0.0% | 0.0% | N | Referral Required |
| L5848 | ADDITION ENDOSKELETAL, KNEE-SHIN, | 01/01/2003 | $846.60 | 0.0% | 0.0% | N | Referral Required |
| L5850 | ENDOSKEL ABOVE KNEE/HIP DISARTIC KN | 07/01/1999 | $95.93 | 0.0% | 0.0% | N | Referral Required |
| L5855 | ADD ENDOSKELETAL SYSTEM,HIP DISORTI | 07/01/1999 | $308.77 | 0.0% | 0.0% | N | Referral Required |
| L5910 | ENDOSKEL BELOW KNEE, ALIGNABLE SYS | 07/01/1999 | $271.58 | 0.0% | 0.0% | N | Referral Required |
| L5920 | ENDOSKEL,ABOVE KNEE/HIP DISARTICULA | 07/01/1999 | $397.87 | 0.0% | 0.0% | N | Referral Required |
| L5925 | ADD ENDOSKELETAL SYSTEM,AK,KNEE OR | 07/01/1999 | $327.03 | 0.0% | 0.0% | N | Referral Required |
| L5930 | ADD ENDOSKELETAL HIGH ACTIVI | 07/01/1999 | $2,477.79 | 0.0% | 0.0% | N | Referral Required |
| L5940 | ENDOSKEL,BELOW KNEE,ULTRA-LIGHT | 07/01/1999 | $467.65 | 0.0% | 0.0% | N | Referral Required |
| L5950 | ENDOSKEL,ABOVE KNEE,ULTRA-LIGHT | 07/01/1999 | $672.21 | 0.0% | 0.0% | N | Referral Required |
| L5960 | ENDOSKEL,HIP DISARTICULATION, ULTRA | 07/01/1999 | $768.30 | 0.0% | 0.0% | N | Referral Required |
| L5962 | ADD ENDOSKELETAL SYS,BK,FLEX PROTE | 07/01/1999 | $587.69 | 0.0% | 0.0% | N | Referral Required |
| L5964 | ADD ENDOSKEL SYS,AK,FLEX PROTECT OU | 07/01/1999 | $846.02 | 0.0% | 0.0% | N | Referral Required |
| L5966 | ADD ENDOSKEL SYST,HIP DISORT,FLEX P | 07/01/1999 | $1,096.83 | 0.0% | 0.0% | N | Referral Required |
| L5968 | MULTIAXIL SHOCK ABSORBING | 01/01/1999 | $2,675.09 | 0.0% | 0.0% | N | Referral Required |
| L5970 | ALL LWR EXTRM PROSTH,FOOT,EXTRN KN | 07/01/1999 | $183.94 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| L5972 | ALL LOWER EXTREMITY PROSTHESIS,FLEX | 07/01/1999 | $294.00 | 0.0% | 0.0% | N | Referral Required |
| L5974 | ALL LOWER EXTREMITY PROSTHESIS,FOO | 07/01/1999 | $232.99 | 0.0% | 0.0% | N | Referral Required |
| L5975 | SINGLE AXIS ANKLE/KEEL FOOT | 01/01/1999 | $341.28 | 0.0% | 0.0% | N | |
| L5976 | ALL LOWER EXTREMITY PROSTHESIS,ENE | 07/01/1999 | $469.45 | 0.0% | 0.0% | N | Referral Required |
| L5978 | ALL LWR EXTREMITY PROSTH,FOOT,MULTI | 07/01/1999 | $265.32 | 0.0% | 0.0% | N | Referral Required |
| L5979 | ALL LOWER EXTREM PROTHESIS MULTI AN | 07/01/1999 | $2,260.29 | 0.0% | 0.0% | N | Referral Required |
| L5980 | ALL LWR EXTRM PROSTHESIS,FLEX FOOT | 07/01/1999 | $3,039.97 | 0.0% | 0.0% | N | Referral Required |
| L5981 | ALL LOWER EXTREM PROTHESIS,FLEX-WA | 07/01/1999 | $2,456.28 | 0.0% | 0.0% | N | Referral Required |
| L5982 | ALL EXOSKEL LWR EXTRM PROSTH,AXIAL | 07/01/1999 | $573.02 | 0.0% | 0.0% | N | Referral Required |
| L5984 | ALL ENDOSKEL LWR EXTRM PROSTH,AXIAL | 07/01/1999 | $541.73 | 0.0% | 0.0% | N | Referral Required |
| L5985 | ALL ENDOSKELETAL LOWER EXT. | 07/01/1999 | $207.87 | 0.0% | 0.0% | N | Referral Required |
| L5986 | ALL LWR EXTRM PROSTHIMULTIAXIAL ROT | 07/01/1999 | $573.36 | 0.0% | 0.0% | N | Referral Required |
| L5987 | ALL LOWER EXTR.PROSTHESIS SHANK FO | 07/01/1999 | $5,295.63 | 0.0% | 0.0% | Y | Referral Required |
| L5988 | MULTIAXIAL/ROTATION/TORSION | 01/01/1999 | $1,470.60 | 0.0% | 0.0% | N | Referral Required |
| L5990 | ADDITION TO LOWER EXTREMITY | 01/01/2002 | $1,412.77 | 0.0% | 0.0% | N | Referral Required |
| L5995 | ADDITION LOWER EXTREMITY PROTHESIS, | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L5999 | UNLISTED PROCEDURE, LOWER EXTREMIT | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L6000 | PARTIAL HAND,ROBIN-AIDS,THUMB REMAI | 07/01/1999 | $1,328.45 | 0.0% | 0.0% | N | Referral Required |
| L6010 | PART HAND,ROBIN-AIDS,LITTLE &/OR RI | 07/01/1999 | $1,478.35 | 0.0% | 0.0% | N | Referral Required |
| L6020 | PART HAND,ROBIN-AIDS,NO FINGER REMA | 07/01/1999 | $1,378.33 | 0.0% | 0.0% | N | Referral Required |
| L6050 | WRIST DISARTIC,MOLDED SOCKET,FLEX E | 07/01/1999 | $1,628.04 | 0.0% | 0.0% | N | Referral Required |
| L6055 | WRIST DISAR MOLD SOCKET,EXPAN INTER | 07/01/1999 | $2,430.90 | 0.0% | 0.0% | N | Referral Required |
| L6100 | BELOW ELBOW,MOLDED,FLEX ELBOW,TRI | 07/01/1999 | $1,753.60 | 0.0% | 0.0% | N | Referral Required |
| L6110 | BELOW ELBOW,MOLDED,(MUENSTER/NW S | 07/01/1999 | $1,788.55 | 0.0% | 0.0% | N | Referral Required |
| L6120 | BELOW ELBOW,MOLDED DBL WALL SPLIT S | 07/01/1999 | $2,249.05 | 0.0% | 0.0% | N | Referral Required |
| L6130 | BEL ELBOW,MOLD DLB WALL SPLIT SOCKE | 07/01/1999 | $2,588.26 | 0.0% | 0.0% | N | Referral Required |
| L6200 | ELBOW DISARTICULATION,MOLDED,OUTS | 07/01/1999 | $2,656.26 | 0.0% | 0.0% | N | Referral Required |
| L6205 | ELBOW DISARTIC,MLD SOCKET,EXPAND IN | 07/01/1999 | $3,327.89 | 0.0% | 0.0% | N | Referral Required |
| L6250 | ABOVE ELBOW,MLD DBL-WALL SOCKET.LO | 07/01/1999 | $2,477.14 | 0.0% | 0.0% | N | Referral Required |
| L6300 | SHOULDER DISARTIC,MLD SOCKET,HUMER | 07/01/1999 | $3,484.42 | 0.0% | 0.0% | N | Referral Required |
| L6310 | SHOULDER DISARTIC,PASSIVE RESTORATI | 07/01/1999 | $2,892.35 | 0.0% | 0.0% | N | Referral Required |
| L6320 | SHOULDER DISARTIC,PASSIVE REST(SHOU | 07/01/1999 | $1,281.48 | 0.0% | 0.0% | N | Referral Required |
| L6350 | INTERSCAPULAR THORACIC MLD SOCKET, | 07/01/1999 | $3,916.23 | 0.0% | 0.0% | N | Referral Required |
| L6360 | INTERSCAPULAR THORACIC,PASSIVE RES | 07/01/1999 | $3,184.62 | 0.0% | 0.0% | N | Referral Required |
| L6370 | INTRASCAPULAR THORACIC,PASSIVE RES | 07/01/1999 | $1,523.04 | 0.0% | 0.0% | N | Referral Required |
| L6380 | WRIST/BELOW ELBOW,RIGID DRSG,W/FITT | 07/01/1999 | $1,025.42 | 0.0% | 0.0% | N | Referral Required |
| L6382 | ELBOW/ABOVE ELBOW,RIGID DRSG,W/FITT | 07/01/1999 | $1,207.16 | 0.0% | 0.0% | N | Referral Required |
| L6384 | SHOULDER/INTRASCAPULAR THORACIC,RI | 07/01/1999 | $1,528.26 | 0.0% | 0.0% | N | Referral Required |
| L6386 | CAST CHANGE, REALIGNMENT | 07/01/1999 | $346.14 | 0.0% | 0.0% | N | Referral Required |
| L6388 | RIGID DRESSING ONLY | 07/01/1999 | $380.46 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| L6400 | BELOW ELBOW,MLD SOCKET,ENDOSKEL,S | 07/01/1999 | $1,941.40 | 0.0% | 0.0% | N | Referral Required |
| L6450 | ELBOW DISARTIC.MLD SOCKET ENDOSKEL | 07/01/1999 | $2,635.41 | 0.0% | 0.0% | N | Referral Required |
| L6500 | ABOVE ELBOW,MLD SOCKET,ENDOSKEL,S | 07/01/1999 | $2,665.52 | 0.0% | 0.0% | N | Referral Required |
| L6550 | SHLDER DISARTIC,MLD SOCKET,ENDO,SFT | 07/01/1999 | $3,565.72 | 0.0% | 0.0% | N | Referral Required |
| L6570 | INTERSCAPULAR THORACIC,MLD SOCKET E | 07/01/1999 | $3,974.74 | 0.0% | 0.0% | N | Referral Required |
| L6580 | PREPARATORY,WRIST OR BELOW ELBOW, M | 07/01/1999 | $1,350.76 | 0.0% | 0.0% | N | Referral Required |
| L6582 | PREPARATORY,WRIST OR BELOW ELBOW, D | 07/01/1999 | $1,073.43 | 0.0% | 0.0% | N | Referral Required |
| L6584 | PREPARATORY,WRIST OR BELOW ELBOW, L | 07/01/1999 | $1,823.80 | 0.0% | 0.0% | N | Referral Required |
| L6586 | PREPARATORY,ELBOW OR ABOVE,DIRECT F | 07/01/1999 | $1,558.71 | 0.0% | 0.0% | N | Referral Required |
| L6588 | PREPARATORY,SHOULDER/INTERSCAPULA | 07/01/1999 | $2,639.22 | 0.0% | 0.0% | N | Referral Required |
| L6590 | PREPARATORY,SHOULDER/INTERSCAPULA | 07/01/1999 | $2,431.83 | 0.0% | 0.0% | N | Referral Required |
| L6600 | UPPER EXTREMITY ADDN,POLYCENTRIC HI | 07/01/1999 | $152.40 | 0.0% | 0.0% | N | Referral Required |
| L6605 | UPPER EXTREMITY ADDN.SINGLE PIVOT H | 07/01/1999 | $143.78 | 0.0% | 0.0% | N | Referral Required |
| L6610 | UPPER EXTREMITY ADDN.FLEXIBLE METAL | 07/01/1999 | $131.14 | 0.0% | 0.0% | N | Referral Required |
| L6615 | UPPER EXTREMITY ADDN.DISCONNECT LO | 07/01/1999 | $160.26 | 0.0% | 0.0% | N | Referral Required |
| L6616 | UPPER EXTREM ADDN.ADDNL DISCONNEC | 07/01/1999 | $58.41 | 0.0% | 0.0% | N | Referral Required |
| L6620 | UPPER EXTRM ADDN.FLEXION-FRICTION W | 07/01/1999 | $251.01 | 0.0% | 0.0% | N | Referral Required |
| L6623 | UPPER EXTRM ADDN.SPRING ASSIST ROTA | 07/01/1999 | $539.98 | 0.0% | 0.0% | N | Referral Required |
| L6625 | UPPER EXTRM ADDN. ROTATION WRIST UN | 07/01/1999 | $461.80 | 0.0% | 0.0% | N | Referral Required |
| L6628 | UPPER EXTRM,QUICK DISCONNECT HOOK A | 07/01/1999 | $433.68 | 0.0% | 0.0% | N | Referral Required |
| L6629 | QUICK DISCONNECT LAMINATION COLLAR | 07/01/1999 | $109.91 | 0.0% | 0.0% | N | Referral Required |
| L6630 | UPPER EXTREMITY ADDN. STAINLESS STE | 07/01/1999 | $161.61 | 0.0% | 0.0% | N | Referral Required |
| L6632 | UPPER EXTREMITY ADDN.LATEX SUSPENSI | 07/01/1999 | $48.72 | 0.0% | 0.0% | N | Referral Required |
| L6635 | UPPER EXTREMITY ADDN.LIFT ASSIST.EL | 07/01/1999 | $141.68 | 0.0% | 0.0% | N | Referral Required |
| L6637 | UPPER EXTREMITY ADDN.NUDGE CONTRO | 07/01/1999 | $325.82 | 0.0% | 0.0% | N | Referral Required |
| L6640 | UPPER EXTREMITY ADDN.SHOULDER ABDU | 07/01/1999 | $258.34 | 0.0% | 0.0% | N | Referral Required |
| L6641 | UPPER EXTREMITY ADDN,EXCURSION AMP | 07/01/1999 | $128.76 | 0.0% | 0.0% | N | Referral Required |
| L6642 | UPPER EXTREMITY ADDN, EXCURSION AM | 07/01/1999 | $174.16 | 0.0% | 0.0% | N | Referral Required |
| L6645 | SHOULDER FLEXION-ABDUCTION JOINT, E | 07/01/1999 | $297.28 | 0.0% | 0.0% | N | Referral Required |
| L6650 | SHOULDER UNIVERSAL JOINT, EACH | 07/01/1999 | $256.39 | 0.0% | 0.0% | N | Referral Required |
| L6655 | UPPER EXTREMITY ADDN. STANDARD CON | 07/01/1999 | $74.10 | 0.0% | 0.0% | N | Referral Required |
| L6660 | UPPER EXTREMITY ADDN.HEAVY DUTY CO | 07/01/1999 | $79.51 | 0.0% | 0.0% | N | Referral Required |
| L6665 | UPPER EXTREMITY ADDN. TEFLON OR EQU | 07/01/1999 | $36.97 | 0.0% | 0.0% | N | Referral Required |
| L6670 | UPPER EXTREMITY ADDN.HOOK TO HAND C | 07/01/1999 | $38.24 | 0.0% | 0.0% | N | Referral Required |
| L6672 | HARNESS,CHEST OR SHOULDER,SADDLE T | 07/01/1999 | $145.16 | 0.0% | 0.0% | N | Referral Required |
| L6675 | UPPER EXTREMIHARNESS FIG EIGHT TYPE | 07/01/1999 | $90.05 | 0.0% | 0.0% | N | Referral Required |
| L6676 | UPPER EXTREMI,HARNESS,FIG EIGHT TYP | 07/01/1999 | $110.71 | 0.0% | 0.0% | N | Referral Required |
| L6680 | WRIST OR BELOW ELBOW, TEST SOCKET | 07/01/1999 | $178.39 | 0.0% | 0.0% | N | Referral Required |
| L6682 | ELBOW OR ABOVE, TEST SOCKET | 07/01/1999 | $226.95 | 0.0% | 0.0% | N | Referral Required |
| L6684 | TEST SOCKET, SHOULDER OR INTERSCAP | 07/01/1999 | $347.76 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| L6686 | UPPER EXTREMITY ADDN, SUCTION SOCKE | 07/01/1999 | $498.55 | 0.0% | 0.0% | N | Referral Required |
| L6687 | FRAME TYPE SOCKET, BELOW ELBOW OR W | 07/01/1999 | $432.53 | 0.0% | 0.0% | N | Referral Required |
| L6688 | FRAME TYPE SOCKET,ABOVE ELBOW OR E | 07/01/1999 | $529.65 | 0.0% | 0.0% | N | Referral Required |
| L6689 | FRAME TYPE SOCKET, SHOULDER DISARTI | 07/01/1999 | $648.26 | 0.0% | 0.0% | N | Referral Required |
| L6690 | FRAME TYPE SOCKET, INTERSCAPULAR TH | 07/01/1999 | $687.49 | 0.0% | 0.0% | N | Referral Required |
| L6691 | UPPER EXTREMITY ADDN, REMOVABLE INS | 07/01/1999 | $297.42 | 0.0% | 0.0% | N | Referral Required |
| L6692 | UPPER EXTREMITY ADDNLSILICONE GEL I | 07/01/1999 | $419.35 | 0.0% | 0.0% | N | Referral Required |
| L6693 | EXTERNAL LOCKING ELBOW/FOREARM | 01/01/1999 | $2,089.92 | 0.0% | 0.0% | N | Referral Required |
| L6694 | ADDITION TO UPPER EXTREMITY PROSTH | 01/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L6695 | ADDITION TO UPPER EXTREMITY PROSTH | 01/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L6696 | ADDITION TO UPPER EXTREMITY PROSTH | 01/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L6697 | ADDITION TO UPPER EXTREMITY PROSTH | 01/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L6698 | ADDITION TO UPPER EXTREMITY PROSTH | 01/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L6700 | TERMINAL DEVICE,HOOK,DORRANCE OR E | 07/01/1999 | $443.02 | 0.0% | 0.0% | N | Referral Required |
| L6705 | TERMINAL DEVICE,HOOK,DORRANCE OR E | 07/01/1999 | $248.31 | 0.0% | 0.0% | N | Referral Required |
| L6710 | TERMINAL DEVICE,HOOK,DORRANCE OR E | 07/01/1999 | $297.89 | 0.0% | 0.0% | N | Referral Required |
| L6715 | TERMINAL DEVICE,HOOK,DORRANCE OR E | 07/01/1999 | $294.68 | 0.0% | 0.0% | N | Referral Required |
| L6720 | TERMINAL DEVICE,HOOK,DORRANCE OR E | 07/01/1999 | $639.72 | 0.0% | 0.0% | N | Referral Required |
| L6725 | TERMINAL DEVICE,HOOK,DORRANCE OR E | 07/01/1999 | $328.24 | 0.0% | 0.0% | N | Referral Required |
| L6730 | TERMINAL DEVICE,HOOK,DORRANCE OR E | 07/01/1999 | $527.01 | 0.0% | 0.0% | N | Referral Required |
| L6735 | TERMINAL DEVICE,HOOK.DORRANCE OR E | 07/01/1999 | $279.17 | 0.0% | 0.0% | N | Referral Required |
| L6740 | TERMINAL DEVICE.HOOK.DORRANCE OR E | 07/01/1999 | $330.79 | 0.0% | 0.0% | N | Referral Required |
| L6745 | TERMINAL DEVICE,HOOK.DORRANCE OR E | 07/01/1999 | $302.94 | 0.0% | 0.0% | N | Referral Required |
| L6750 | TERMINAL DEVICE,HOOK.DORRANCE OR E | 07/01/1999 | $314.47 | 0.0% | 0.0% | N | Referral Required |
| L6755 | TERMINAL DEVGICE,HOOK.DORRANCE OR E | 07/01/1999 | $314.40 | 0.0% | 0.0% | N | Referral Required |
| L6765 | TERMINAL DEVICE,HOOK,DORRANCE OR E | 07/01/1999 | $322.04 | 0.0% | 0.0% | N | Referral Required |
| L6770 | TERMINAL DEVICE,HOOK,DORRANCE OR E | 07/01/1999 | $314.81 | 0.0% | 0.0% | N | Referral Required |
| L6775 | TERMINAL DEVICE,HOOK,DORRANCE OR E | 07/01/1999 | $342.03 | 0.0% | 0.0% | N | Referral Required |
| L6780 | TERMINAL DEVICE,HOOK,DORRANCE OR E | 07/01/1999 | $379.88 | 0.0% | 0.0% | N | Referral Required |
| L6790 | TERMINAL DEVICE, HOOK-ACCU HOOK, OR | 07/01/1999 | $338.84 | 0.0% | 0.0% | N | Referral Required |
| L6795 | TERMINL DEVICE, HOOK-2 LOAD. OR EQU | 07/01/1999 | $1,067.47 | 0.0% | 0.0% | N | Referral Required |
| L6800 | TERMINAL DEVICE HOOK-APRL VC, OR EQ | 07/01/1999 | $843.35 | 0.0% | 0.0% | N | Referral Required |
| L6805 | TERMINAL DEVICE, MODIFIER WRIST FLE | 07/01/1999 | $317.16 | 0.0% | 0.0% | N | Referral Required |
| L6806 | TERMINAL DEVICE, HOOK , TRS GRIP, V | 07/01/1999 | $1,190.58 | 0.0% | 0.0% | N | Referral Required |
| L6807 | TERMINAL DEVICE,HOOK,TRS,ADEPT,CHIL | 07/01/1999 | $1,065.41 | 0.0% | 0.0% | N | Referral Required |
| L6808 | TERMINAL DEVICE,HOOK,TRS,ADEPT,INFA | 07/01/1999 | $917.65 | 0.0% | 0.0% | N | Referral Required |
| L6809 | TERMINAL DEVICE, HOOK, TRS, SUPER S | 07/01/1999 | $278.23 | 0.0% | 0.0% | N | Referral Required |
| L6810 | TERMINAL DEVICE, PINCHER TOOL, OTTO | 07/01/1999 | $150.07 | 0.0% | 0.0% | N | Referral Required |
| L6825 | TERMINAL DEVICE, HANDS, DORRANCE, V | 07/01/1999 | $914.40 | 0.0% | 0.0% | N | Referral Required |
| L6830 | TERMINAL DEVICE, HAND, APRL, VC | 07/01/1999 | $1,170.96 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| L6835 | TERMINAL DEVICE, HAND, SIERRA, VO | 07/01/1999 | $1,062.22 | 0.0% | 0.0% | N | Referral Required |
| L6840 | TERMINAL DEVICE, HAND, BECKER IMPER | 07/01/1999 | $700.89 | 0.0% | 0.0% | N | Referral Required |
| L6845 | TERMINAL DEVICE, HAND, BECKER, LOCK | 07/01/1999 | $663.62 | 0.0% | 0.0% | N | Referral Required |
| L6850 | TERMNAL DEVICE, HAND, BECKER DLYLIT | 07/01/1999 | $585.47 | 0.0% | 0.0% | N | Referral Required |
| L6855 | TERMINAL DEVICE, HAND, ROBINAIDS, V | 07/01/1999 | $680.87 | 0.0% | 0.0% | N | Referral Required |
| L6860 | TERMINAL DEVICE, HAND, ROBINAIDS, V | 07/01/1999 | $556.90 | 0.0% | 0.0% | N | Referral Required |
| L6865 | TERMINAL DEVICE, HAND, PASSIVE HAND | 07/01/1999 | $247.84 | 0.0% | 0.0% | N | Referral Required |
| L6867 | TERMINAL DEVICE,HAND,DETROIT INFANT | 07/01/1999 | $921.26 | 0.0% | 0.0% | N | Referral Required |
| L6868 | TERMINAL DEVICE,HAND,PASSIVE INFANT | 07/01/1999 | $207.66 | 0.0% | 0.0% | N | Referral Required |
| L6870 | TERMINAL DEVICE, HAND, CHILD MITT | 07/01/1999 | $201.38 | 0.0% | 0.0% | N | Referral Required |
| L6872 | TERMINAL DEVICE, HAND, NVU, CHILD H | 07/01/1999 | $766.03 | 0.0% | 0.0% | N | Referral Required |
| L6873 | TERMINAL DEVICE,HAND,MECHANICAL INF | 07/01/1999 | $350.78 | 0.0% | 0.0% | N | Referral Required |
| L6875 | TERMINAL DEVICE, HAND, BOCK, VC | 07/01/1999 | $702.95 | 0.0% | 0.0% | N | Referral Required |
| L6880 | TERMINAL DEVICE, HAND, BOCK, VO | 07/01/1999 | $444.53 | 0.0% | 0.0% | N | Referral Required |
| L6881 | AUTOMATIC GRASP FEATURE ADDITION | 01/01/2002 | $3,183.63 | 0.0% | 0.0% | N | Referral Required |
| L6882 | MICRO PROCESSOR CONTROL FEATURE | 01/01/2002 | $2,414.93 | 0.0% | 0.0% | N | Referral Required |
| L6890 | TERMINAL DEVICE,GLOVE FOR ABOVE HAN | 07/01/1999 | $139.25 | 0.0% | 0.0% | N | Referral Required |
| L6895 | TERMINAL DEVICE,GLOVE FOR ABOVE HAN | 07/01/1999 | $464.88 | 0.0% | 0.0% | N | Referral Required |
| L6900 | PARTIAL HAND, W/GLOVE THUMB OR ONE | 07/01/1999 | $1,456.05 | 0.0% | 0.0% | N | Referral Required |
| L6905 | PARTIAL HAND, W/GLOVE, MULTIPLE FIN | 07/01/1999 | $1,467.95 | 0.0% | 0.0% | N | Referral Required |
| L6910 | PARTIAL HAND, W/GLOVE, NO FINGERS R | 07/01/1999 | $1,204.80 | 0.0% | 0.0% | N | Referral Required |
| L6915 | HAND RESTORATION, GLOVE | 07/01/1999 | $544.49 | 0.0% | 0.0% | N | Referral Required |
| L7500 | REPAIR PROSTHETIC DEVICE HRLY RATE | 10/01/1991 | $46.02 | 0.0% | 0.0% | N | Referral Required |
| L7510 | REPAIR PROSTHETIC DEVICE | 10/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L7520 | REPAIR PROSTHETIC DEVICE, LA | 01/01/1997 | $8.99 | 0.0% | 0.0% | N | Referral Required |
| L8000 | BREAST PROSTHESES MASTERCTOMY BR | 07/01/1999 | $30.98 | 0.0% | 0.0% | N | Referral Required |
| L8001 | BREAST PROSTHESIS MASTECTOMY BRA | 01/01/2002 | $97.67 | 0.0% | 0.0% | N | Referral Required |
| L8002 | BREAST PROSTHESIS MASTECTOMY BRA | 01/01/2002 | $128.47 | 0.0% | 0.0% | N | Referral Required |
| L8010 | BREAST PROSTHESES MASTECTOMY SLEE | 07/01/1999 | $54.80 | 0.0% | 0.0% | N | Referral Required |
| L8015 | BREAST PROSTHESIS GARMENT | 01/01/1999 | $41.75 | 0.0% | 0.0% | N | Referral Required |
| L8020 | BREAST PROSTHESES MASTECTOMY FOR | 07/01/1999 | $180.67 | 0.0% | 0.0% | N | Referral Required |
| L8030 | BREAST PROTHESIS, SILICONE OR EQUAL | 07/01/1999 | $236.57 | 0.0% | 0.0% | N | Referral Required |
| L8035 | CUSTOM BREAST PROSTHESIS | 01/01/1999 | $2,696.96 | 0.0% | 0.0% | N | Referral Required |
| L8039 | BREAST PROSTHESIS, NOT CLASSIFIED | 01/01/1998 | $0.00 | 0.0% | 0.0% | N | |
| L8040 | NASAL PROSTHESIS | 01/01/2001 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| L8041 | MIDFACIAL PROSTHESIS | 01/01/2001 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| L8042 | ORBITAL PROSTHESIS | 01/01/2001 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| L8043 | UPPER FACIAL PROSTHESIS | 01/01/2001 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| L8044 | HEMI FACIAL PROSTHESIS | 01/01/2001 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| L8045 | AURICULAR PROSTHESIS | 01/01/2001 | $0.00 | 0.0% | 0.0% | Y | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| L8046 | PARTIAL FACIAL PROSTHESIS | 01/01/2001 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| L8047 | NASAL SEPTAL PROSTHESIS | 01/01/2001 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| L8048 | UNSPECIFIED MAXILLOFACIAL PROSTHE. | 01/01/2001 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| L8100 | ELASTIC SUPPORT STOCKING, BELOW KNE | 01/01/1997 | $5.97 | 0.0% | 0.0% | N | Referral Required |
| L8110 | GRADIENT COMP STOCKING BELOW KNEE | 01/01/1997 | $10.88 | 0.0% | 0.0% | N | Referral Required |
| L8120 | GRADIENT COMP STOCKING, BELOW KNEE | 01/01/1997 | $25.50 | 0.0% | 0.0% | N | Referral Required |
| L8130 | ELASTIC SUPPORT,ELASTIC STOCKING,AB | 01/01/1997 | $34.87 | 0.0% | 0.0% | N | Referral Required |
| L8140 | ELASTIC STOCKING ABOVE KNEE HEAVY W | 01/01/1997 | $41.54 | 0.0% | 0.0% | N | Referral Required |
| L8150 | ELASTIC SUPPORT ELASTIC STOCKNG ABO | 01/01/1997 | $48.75 | 0.0% | 0.0% | N | Referral Required |
| L8160 | ELASTIC SUPPORT STOCKING FULL LENGT | 01/01/1997 | $72.37 | 0.0% | 0.0% | N | Referral Required |
| L8170 | ELASTIC SUPPORT STOCKING FULL LENGT | 01/01/1997 | $117.00 | 0.0% | 0.0% | N | Referral Required |
| L8180 | SUPPORT STKG FULL HEAVY WEIGHT (LIN | 01/01/1997 | $136.00 | 0.0% | 0.0% | N | Referral Required |
| L8190 | ELASTIC STOCKING LEOTARD MED WT EA | 01/01/1997 | $35.90 | 0.0% | 0.0% | N | Referral Required |
| L8195 | GRADIENT COMPRESSION STOCKING | 01/01/1999 | $63.80 | 0.0% | 0.0% | N | Referral Required |
| L8200 | ELASTIC SUPPORT STOCKING, LEOTARDS | 01/01/1997 | $136.00 | 0.0% | 0.0% | N | Referral Required |
| L8210 | ELASTIC SUPPORT STOCKING, CUSTOM MA | 10/01/2004 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| L8220 | ELASTIC SUPPORT STOCKING, LYMPHEDE | 01/01/1997 | $36.18 | 0.0% | 0.0% | N | Referral Required |
| L8230 | ELASTIC SUPPORT STOCKING, GARTER BE | 01/01/1997 | $25.00 | 0.0% | 0.0% | N | Referral Required |
| L8239 | GRADIENT COMPRESSION | 01/01/1998 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| L8300 | TRUSS, SINGLE WITH STANDARD PAD | 07/01/1999 | $78.59 | 0.0% | 0.0% | N | Referral Required |
| L8310 | TRUSS, DOUBLE W/STANDARD PADS | 07/01/1999 | $110.08 | 0.0% | 0.0% | N | Referral Required |
| L8320 | TRUSS, ADDN TO STANDARD PAD, WATER | 07/01/1999 | $41.90 | 0.0% | 0.0% | N | Referral Required |
| L8330 | TRUSS, ADDN TO STANDARD PAD, SCROTA | 07/01/1999 | $37.02 | 0.0% | 0.0% | N | Referral Required |
| L8400 | PROSTHETIC SHEATH, BELOW KNEE, EACH | 07/01/1999 | $13.91 | 0.0% | 0.0% | N | Referral Required |
| L8410 | PROSTHETIC SHEATH, ABOVE KNEE, EA. | 07/01/1999 | $19.82 | 0.0% | 0.0% | N | Referral Required |
| L8415 | PROSTHETIC SHEATH, UPPER LIMB, EA. | 07/01/1999 | $20.36 | 0.0% | 0.0% | N | Referral Required |
| L8417 | PROSTHETIC SHEATH/SOCK W/GEL CUSHI | 01/01/1997 | $54.27 | 0.0% | 0.0% | N | Referral Required |
| L8420 | PROSTHETIC SOCK, BELOW KNEE | 07/01/1999 | $15.05 | 0.0% | 0.0% | N | Referral Required |
| L8430 | PROSTHETIC SOCK, ABOVE KNEE | 07/01/1999 | $17.19 | 0.0% | 0.0% | N | Referral Required |
| L8435 | PROSTHETIC SOCK. WOOL, UPPER LIMB, | 07/01/1999 | $21.02 | 0.0% | 0.0% | N | Referral Required |
| L8440 | PROSTHETIC SHRINKER, BELOW KNEE, EA | 07/01/1999 | $31.36 | 0.0% | 0.0% | N | Referral Required |
| L8460 | PROSTHETIC SHRINKER, ABOVE KNEE, EA | 07/01/1999 | $65.44 | 0.0% | 0.0% | N | Referral Required |
| L8465 | PROSTHETIC SHRINKER, UPPER LIMB, EA | 07/01/1999 | $36.58 | 0.0% | 0.0% | N | Referral Required |
| L8470 | STUMP SOCK, SINGLE PLY, BELOW KNEE, | 07/01/1999 | $5.01 | 0.0% | 0.0% | N | Referral Required |
| L8480 | STUMP SOCK, SINGLE PLY, ABOVE KNEE, | 07/01/1999 | $9.20 | 0.0% | 0.0% | N | Referral Required |
| L8485 | STUMP SOCK, SINGLE PLY,FITTING,UPPE | 07/01/1999 | $10.78 | 0.0% | 0.0% | N | Referral Required |
| L8499 | UNLISTED PROCEDURE, PROSTHET | 11/01/1989 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| L8500 | ARTIFICIAL LARYNX, ANY TYPE | 07/01/1999 | $585.44 | 0.0% | 0.0% | N | Referral Required |
| L8501 | TRACHEOSTOMY SPEAKING VALVE | 07/01/1999 | $90.58 | 0.0% | 0.0% | N | Referral Required |
| L8505 | ARTIFICIAL LARYNX | 01/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| L8507 | TRACHEO-ESOPHAGEAL VOICE PROSTHES | 01/01/2002 | $32.62 | 0.0% | 0.0% | N | Referral Required |
| L8509 | TRACHEO-ESOPHAGEAL VOICE PROSTHES | 01/01/2002 | $82.04 | 0.0% | 0.0% | N | Referral Required |
| L8510 | VOICE AMPLIFIER | 01/01/2002 | $196.78 | 0.0% | 0.0% | N | Referral Required |
| L8511 | INSERT FOR INDWELLING TRACHEOSOPHA | 01/01/2004 | $57.26 | 0.0% | 0.0% | N | Referral Required |
| L8512 | GELATIN CAPSULES OR EQUIV | 01/01/2004 | $1.70 | 0.0% | 0.0% | N | Referral Required |
| L8513 | CLEANING DEVICE USED W/TRACHEOESO | 01/01/2004 | $4.08 | 0.0% | 0.0% | N | Referral Required |
| L8514 | TRACHEOSOPHAGEAL PUNCTURE | 01/01/2004 | $74.24 | 0.0% | 0.0% | N | Referral Required |
| L8515 | GELATIN CAPSULE, APPLICATION DEVIC | 01/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L8600 | IMPLANTABLE BREAST PROSTHESI | 07/01/1999 | $546.87 | 0.0% | 0.0% | Y | Referral Required |
| L8603 | COLLAGEN IMPLANT, URINARY TRACT, PE | 07/01/1999 | $330.32 | 0.0% | 0.0% | N | Referral Required |
| L8606 | INJECTABLE BULKING AGENT | 01/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| L8610 | OCULAR IMPLANT | 07/01/1999 | $497.45 | 0.0% | 0.0% | N | Referral Required |
| L8612 | AQUEOUS SHUNT - IMPLANT | 07/01/1999 | $543.07 | 0.0% | 0.0% | N | Referral Required |
| L8613 | OSSICULA - IMPLANT | 07/01/1999 | $225.71 | 0.0% | 0.0% | N | Referral Required |
| L8614 | COCHLEAR DEVICE/SYSTEM | 12/01/2000 | $14,086.90 | 0.0% | 0.0% | N | Referral Required |
| L8615 | HEADSET/HEAD PIECE FOR USE WITH CO | 01/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| L8616 | MICROPHONE FOR USE W COCHLEAR IMPL | 01/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| L8617 | TRANSMITTING COIL FOR COCHLEAR | 01/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| L8618 | TRANSMITTER CABLE FOR COCHLEAR | 01/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| L8619 | COCHLEAR IMPLANT EXTERNAL SPEECH P | 12/01/2000 | $6,047.40 | 0.0% | 0.0% | N | Referral Required |
| L8620 | LITHIUM ION BATTERY | 01/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| L8621 | ZINC AIR BATTERY FOR COCHLEAR | 01/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| L8622 | ALKALINE BATTERY FOR COCHLEAR IMPN | 01/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| L8630 | METACARPOPHALANGEAL JOINT, I | 07/01/1999 | $252.64 | 0.0% | 0.0% | Y | Referral Required |
| L8641 | METATARSAL JOINT | 07/01/1999 | $349.98 | 0.0% | 0.0% | Y | Referral Required |
| L8642 | HALLUX, IMPLANT | 07/01/1999 | $230.32 | 0.0% | 0.0% | Y | Referral Required |
| L8658 | INTERPHALANGEAL JOINT, IMPLA | 07/01/1999 | $305.15 | 0.0% | 0.0% | Y | Referral Required |
| L8670 | VASCULAR GRAFT MATERIAL, SYN | 07/01/1999 | $417.41 | 0.0% | 0.0% | Y | Referral Required |
| L8699 | PROSTHETIC IMPLANT, NOS | 01/01/1998 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| L9900 | OPRTHOTIC AND PROSTHETIC SUPPLY | 01/01/1998 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| M0001 | PHYSICAL EXAM, NEW PATIENT, AGE 18 | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| M0002 | PERIODIC ROUTINE/ANNUAL PHYS EX 18 | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| M0009 | NOT OTHERWISE CLASS, OFFICE VISITS | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| M0010 | NOC, HOME VISITS | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| M0019 | NOT OTHERWISE CLASSIFIED, HOME VISI | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| M0020 | HOSPITAL VISIT, TOTAL RESPIRATORY C | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| M0021 | PER DIEM INPAT HOSP CARE WHEN ONE O | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| M0022 | ICU CARE FOLOW-UP WHN ONE OR MOR VI | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| M0023 | ROUTINE NEWBOWN CARE, INHOSPITAL, I | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| M0025 | EMERGENCY FIRST AID (SURG)(TREAT OF | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| M0029 | NOT OTHERWISE CLASS, HOSPITAL VISIT | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| M0030 | BRIEF EXAM, TWO OR MORE PAT SEEN IN | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| M0039 | NOT OTHERW CLASS, SNF, ECF, OR ICF | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| M0040 | BRIEF EXAM 2 OR MORE PATIENTS,NURSI | 09/01/1982 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| M0045 | NOT OTHERWISE CLASS, NURSING HOME | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| M0049 | NOT OTHERW CLASS, NH, BOARD HOME, D | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| M0059 | NOT OTHERW CLASS, EMERG ROOM SERV | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| M0061 | CLINICAL LAB CONSULTATION | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| M0064 | BRIEF OV SOLEY FOR MONITORING/CHANG | 07/01/2004 | $20.44 | 0.0% | 0.0% | N | Referral Required |
| M0070 | INS SHOCK THRPY HYPOGLYC SUBCOMA P | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| M0071 | ORTHOMOLECULAR THERAPY | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| M0072 | IMMUNOTX FOR MALIGNANCY | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| M0075 | CELLULAR THERAPY | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| M0076 | PROLOTHERAPY | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| M0300 | IV CHELATION THERAPY (CHEMICAL ENDA | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| M0301 | FABRIC WRAPPING OF ABDOMINAL ANEUR | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| M0399 | NOT OTHERW CLASS, CARDIOVASCULAR S | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| P2038 | MUCOPROTEIN, BLOOD (SEROMUCOID) (M | 01/01/1998 | $6.95 | 0.0% | 0.0% | N | Referral Required |
| P6120 | HEPATITIS A VISUR ANTIBODY (HAVAB), | 01/01/1992 | $14.49 | 0.0% | 0.0% | N | Referral Required |
| P7000 | CULTURE AND SENSITIVITY ANY SOURCE | 01/01/1992 | $12.66 | 0.0% | 0.0% | N | Referral Required |
| P7001 | CULTURE, BACTERIAL, URINE; QUANTITA | 01/01/1996 | $13.04 | 0.0% | 0.0% | N | Referral Required |
| P9019 | PLATELET CONCENTRATE, EACH UNIT | 01/01/1994 | $47.80 | 0.0% | 0.0% | N | Referral Required |
| P9021 | RED BLOOD CELLS, EACH UNIT | 01/01/1994 | $72.10 | 0.0% | 0.0% | N | Referral Required |
| P9033 | PLATELETS LEUKOCYTES REDUCED | 01/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| P9034 | PLATELETS PHERESIS EACH UNIT | 01/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| P9035 | PLATELETS PHERESIS LEUKOCYTE | 01/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| P9036 | PLATELETS PHERESIS IRRADIATED | 01/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| P9037 | PLATELETS PHERESIS LEUKOCYTE | 01/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| P9038 | RED BLOOD CELLS IRRADIATED EA UNIT | 01/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| P9039 | RED BLOOD CELLS DEGLYCEROLYZED | 01/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| P9040 | RED BLOOD CELLS LEUKOCYTES | 01/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| P9041 | INFUSION ALBUMIN (HUMAN) 5% 50 ML | 01/01/2005 | $14.54 | 0.0% | 0.0% | N | Referral Required |
| P9042 | INFUSION ALBUMIN (HUMAN) 25% 10 ML | 01/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| P9043 | INFUSION PLASMA PROTEIN FRACTION | 01/01/2005 | $14.54 | 0.0% | 0.0% | N | Referral Required |
| P9044 | PLASMA CRYOPRECIPTATE REDUCED | 01/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| P9051 | WHOLE BLOOD OR RED BLOOD CELLS | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| P9052 | PLATELETS, HLA-MATCHED LEUKOCYTES | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| P9053 | PLATELETS, PHERESIS LEUKOCYTES | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| P9054 | WHOLE BLOOD OR RED BLOOD CELLS | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| P9055 | PLATELETS, LEUKOCYTES REDUCED | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| P9056 | WHOLE BLOOD, LEUKOCYTES | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| P9057 | RED BLOOD CELLS, FROZEN/DEGLYCEROL | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| P9058 | RED BLOOD CELLS, | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| P9059 | FRESH FROZEN PLASMA | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| P9060 | FRESH FROZEN PLASMA | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| P9612 | CATHETERIZATION FOR COLLECTION | 01/01/2002 | $3.00 | 0.0% | 0.0% | N | Referral Required |
| Q0060 | SCREENING FOR PAP SMEAR | 07/01/1990 | $7.49 | 0.0% | 0.0% | N | Referral Required |
| Q0098 | BLOOD GLUCOSE MONITER - IDAHO MEDIC | 07/01/1993 | $3.48 | 0.0% | 0.0% | N | Referral Required |
| Q0111 | WET MOUNTS | 01/01/1998 | $5.90 | 0.0% | 0.0% | N | Referral Required |
| Q0112 | TISSUE EXAM FOR FUNGI (EG, KOH SLID | 01/01/1998 | $5.90 | 0.0% | 0.0% | N | Referral Required |
| Q0113 | PINWORM EXAM | 01/01/2000 | $7.47 | 0.0% | 0.0% | N | Referral Required |
| Q0114 | FERN TEST | 01/01/1998 | $9.88 | 0.0% | 0.0% | N | Referral Required |
| Q0136 | EPO FOR NON-ESRD | 01/01/2005 | $10.18 | 0.0% | 0.0% | N | Referral Required |
| Q0137 | INJECTION, DARBEPOETIN ALFA, 1MCG | 01/01/2005 | $3.54 | 0.0% | 0.0% | N | Referral Required |
| Q0166 | GRANISETRON HYDROCHLORIDE, KYTRIL | 01/01/2005 | $32.54 | 0.0% | 0.0% | N | Referral Required |
| Q3000 | SUPPLY OF RADIOPHARMEUTICAL AGNT | 01/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| Q3001 | RADIOELEMENTS FOR BRACHYTHERAPY | 01/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| Q3002 | RADIOPHARMACEUTICAL | 01/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| Q3003 | RADIOPHARMACEUTICAL | 01/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| Q3004 | RADIOPHARMACEUTICAL | 01/01/2001 | $19.70 | 0.0% | 0.0% | N | Referral Required |
| Q3005 | RADIOPHARMACEUTICAL | 01/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| Q3006 | RADIOPHARMACEUTICAL | 01/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| Q3007 | RADIOPHARMACEUTICAL | 01/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| Q3008 | RADIOPHARMACEUTICAL | 01/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| Q3009 | RADIOPHARMACEUTICAL | 01/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| Q3010 | RADIOPHARMACEUTICAL | 01/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| Q3011 | RADIOPHARMACEUTICAL | 01/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| Q3012 | ORAL RADIOPHARMACEUTICAL | 01/01/2001 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| Q3019 | ALS VEHICLE USED EMERGENCY TRANSPO | 04/01/2002 | $58.87 | 0.0% | 0.0% | Y | Referral Required |
| Q3020 | ALS VEHICLE USED NON-EMERGENCY | 04/01/2002 | $58.87 | 0.0% | 0.0% | Y | Referral Required |
| Q3021 | INJECTION, HEPATITIS B VACCINE | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| Q3022 | INJECTION, HEPATITIS B VACCINE, | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| Q3023 | INJ. HEP. B VACCINE, | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| Q3025 | INJECTION, INTERFERON BETA-1A | 01/01/2005 | $85.18 | 0.0% | 0.0% | N | Referral Required |
| Q3026 | INJ., INTERFERON BETA-1A, 11 MCG | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| Q3030 | SODIUM HYALURONATE PER 20 - 25 MG | 01/01/2002 | $142.27 | 0.0% | 0.0% | N | Referral Required |
| Q3031 | COLLAGEN SKIN TEST | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| Q4001 | CASTING SUPPLIES BODY CAST ADULT | 01/01/2002 | $34.78 | 0.0% | 0.0% | N | Referral Required |
| Q4002 | CAST SUPPLIES BODY CAST ADULT WITH | 01/01/2002 | $131.44 | 0.0% | 0.0% | N | Referral Required |
| Q4003 | CAST SUPPLIES SHOULDER CAST ADULT | 01/01/2002 | $24.98 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| Q4004 | CAST SUPPLIES SHOULDER CAST ADULT | 01/01/2002 | $86.48 | 0.0% | 0.0% | N | Referral Required |
| Q4005 | CAST SUPPLIES LONG ARM CAST ADULT | 01/01/2002 | $9.21 | 0.0% | 0.0% | N | Referral Required |
| Q4006 | CAST SUPPLIES LONG ARM CAST ADULT | 01/01/2002 | $20.76 | 0.0% | 0.0% | N | Referral Required |
| Q4007 | CAST SUPPLIES LONG ARM CAST | 01/01/2002 | $4.61 | 0.0% | 0.0% | N | Referral Required |
| Q4008 | CAST SUPPLIES LONG ARM CAST | 01/01/2002 | $10.38 | 0.0% | 0.0% | N | Referral Required |
| Q4009 | CAST SUPPLIES SHORT ARM CAST ADULT | 01/01/2002 | $6.14 | 0.0% | 0.0% | N | Referral Required |
| Q4010 | CAST SUPPLIES SHORT ARM CAST ADULT | 01/01/2002 | $13.84 | 0.0% | 0.0% | N | Referral Required |
| Q4011 | CAST SUPPLIES SHORT ARM CAST | 01/01/2002 | $3.07 | 0.0% | 0.0% | N | Referral Required |
| Q4012 | CAST SUPPLIES SHORT ARM CAST | 01/01/2002 | $6.92 | 0.0% | 0.0% | N | Referral Required |
| Q4013 | CAST SUPPLIES GAUNTLET CAST ADULT | 01/01/2002 | $11.18 | 0.0% | 0.0% | N | Referral Required |
| Q4014 | CAST SUPPLIES GAUNTLET CAST ADULT | 01/01/2002 | $18.88 | 0.0% | 0.0% | N | Referral Required |
| Q4015 | CAST SUPPLIES GAUNTLET CAST | 01/01/2002 | $5.59 | 0.0% | 0.0% | N | Referral Required |
| Q4016 | CAST SUPPLIES GAUNTLET CAST | 01/01/2002 | $9.44 | 0.0% | 0.0% | N | Referral Required |
| Q4017 | CAST SUPPLIES LONG ARM SPLINT ADULT | 01/01/2002 | $6.47 | 0.0% | 0.0% | N | Referral Required |
| Q4018 | CAST SUPPLIES LONG ARM SPLINT ADULT | 01/01/2002 | $10.32 | 0.0% | 0.0% | N | Referral Required |
| Q4019 | CAST SUPPLIES LONG ARM SPLINT | 01/01/2002 | $3.24 | 0.0% | 0.0% | N | Referral Required |
| Q4020 | CAST SUPPLIES LONG ARM SPLINT | 01/01/2002 | $5.16 | 0.0% | 0.0% | N | Referral Required |
| Q4021 | CAST SUPPLIES SHORT ARM SPLINT | 01/01/2002 | $4.79 | 0.0% | 0.0% | N | Referral Required |
| Q4022 | CAST SUPPLIES SHORT ARM SPLINT | 01/01/2002 | $8.64 | 0.0% | 0.0% | N | Referral Required |
| Q4023 | CAST SUPPLIES SHORT ARM SPLINT | 01/01/2002 | $2.40 | 0.0% | 0.0% | N | Referral Required |
| Q4024 | CAST SUPPLIES SHORT ARM SPLINT | 01/01/2002 | $4.32 | 0.0% | 0.0% | N | Referral Required |
| Q4025 | CAST SUPPLIES HIP SPICA ADULT | 01/01/2002 | $26.86 | 0.0% | 0.0% | N | Referral Required |
| Q4026 | CAST SUPPLIES HIP SPICA ADULT | 01/01/2002 | $83.85 | 0.0% | 0.0% | N | Referral Required |
| Q4027 | CAST SUPPLIES HIP SPICA PEDIATRIC | 01/01/2002 | $13.43 | 0.0% | 0.0% | N | Referral Required |
| Q4028 | CAST SUPPLIES HIP SPICA PEDIATRIC | 01/01/2002 | $41.93 | 0.0% | 0.0% | N | Referral Required |
| Q4029 | CAST SUPPLIES LONG LEG CAST ADULT | 01/01/2002 | $20.53 | 0.0% | 0.0% | N | Referral Required |
| Q4030 | CAST SUPPLIES LONG LEG CAST ADULT | 01/01/2002 | $54.05 | 0.0% | 0.0% | N | Referral Required |
| Q4031 | CAST SUPPLY LONG LEG CAST PEDIATRIC | 01/01/2002 | $10.27 | 0.0% | 0.0% | N | Referral Required |
| Q4032 | CAST SUPPLIES LONG LEG CAST | 01/01/2002 | $27.03 | 0.0% | 0.0% | N | Referral Required |
| Q4033 | CAST SUPPLIES LONG LEG CYLINDER | 01/01/2002 | $19.15 | 0.0% | 0.0% | N | Referral Required |
| Q4034 | CAST SUPPLIES LONG LEG CYLINDER | 01/01/2002 | $47.65 | 0.0% | 0.0% | N | Referral Required |
| Q4035 | CAST SUPPLIES LONG LEG CYLINDER | 01/01/2002 | $9.58 | 0.0% | 0.0% | N | Referral Required |
| Q4036 | CAST SUPPLIES LONG LEG CYLINDER | 01/01/2002 | $23.83 | 0.0% | 0.0% | N | Referral Required |
| Q4037 | CAST SUPPLIES SHORT LEG CAST ADULT | 01/01/2002 | $11.69 | 0.0% | 0.0% | N | Referral Required |
| Q4038 | CAST SUPPLIES SHORT LEG CAST ADULT | 01/01/2002 | $29.27 | 0.0% | 0.0% | N | Referral Required |
| Q4039 | CAST SUPPLIES SHORT LEG CAST | 01/01/2002 | $5.85 | 0.0% | 0.0% | N | Referral Required |
| Q4040 | CAST SUPPLIES SHORT LEG CAST | 01/01/2002 | $14.64 | 0.0% | 0.0% | N | Referral Required |
| Q4041 | CAST SUPPLIES LONG LEG SPLINT ADULT | 01/01/2002 | $14.21 | 0.0% | 0.0% | N | Referral Required |
| Q4042 | CAST SUPPLIES LONG LEG SPLINT ADULT | 01/01/2002 | $24.25 | 0.0% | 0.0% | N | Referral Required |
| Q4043 | CAST SUPPLIES LONG LEG SPLINT | 01/01/2002 | $7.10 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| Q4044 | CAST SUPPLIES LONG LEG SPLINT | 01/01/2002 | $12.13 | 0.0% | 0.0% | N | Referral Required |
| Q4045 | CAST SUPPLIES SHORT LEG SPLINT | 01/01/2002 | $8.25 | 0.0% | 0.0% | N | Referral Required |
| Q4046 | CAST SUPPLIES SHORT LEG SPLINT | 01/01/2002 | $13.27 | 0.0% | 0.0% | N | Referral Required |
| Q4047 | CAST SUPPLIES SHORT LEG SPLINT | 01/01/2002 | $4.12 | 0.0% | 0.0% | N | Referral Required |
| Q4048 | CAST SUPPLIES SHORT LEG SPLINT | 01/01/2002 | $6.64 | 0.0% | 0.0% | N | Referral Required |
| Q4049 | FINGER SPLINT STATIC | 01/01/2002 | $1.50 | 0.0% | 0.0% | N | Referral Required |
| Q4050 | CAST SUPPLIES FOR UNLISTED TYPES | 01/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| Q4051 | SPLINT SUPPLIES MISC. | 01/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| Q4054 | INJECTION, DARBEPOETIN ALFA, 1MCG | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| Q4055 | INJECTION, EPOETIN ALFA | 01/01/2004 | $12.00 | 0.0% | 0.0% | N | Referral Required |
| Q4075 | INJECTION, ACYCLOVIR | 01/01/2005 | $0.03 | 0.0% | 0.0% | N | Referral Required |
| Q4076 | INJECTION, DOPAMINE HCL, 40 MG | 01/01/2005 | $0.72 | 0.0% | 0.0% | N | Referral Required |
| Q4077 | INJECTION, TREPROSTINIL, 1MG | 01/01/2005 | $54.02 | 0.0% | 0.0% | N | Referral Required |
| Q9945 | LOCM<=149MG/ IODINE, 1 | 01/01/2000 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| Q9949 | LOCM 300-349MG/ML IODINE | 01/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| Q9950 | LOCM 350-399MG/ML IODINE | 01/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| Q9952 | INJ GAD-BASE MR CONTRAST, ML | 01/01/2005 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| R0070 | TRANSPORATION OF PORTABLE X- | 09/01/1982 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| R0075 | TRANS PORT X-RAY EQUIP AND P | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| S0009 | INJECTION, BUTORPHANAL TARTRATE | 01/01/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| S0010 | INJECTION SOMATREM/PROTROPIN | 07/01/1999 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| S0215 | NON-EMERGENCY TRANSPORTATION | 10/20/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| S0580 | POLYCARBONATE LENS | 05/01/2003 | $6.00 | 0.0% | 0.0% | N | Referral Required |
| S0581 | NON-STANDARD LENS | 05/01/2003 | $7.50 | 0.0% | 0.0% | Y | Referral Required |
| S3620 | NEWBORN METABOLIC SCREENING | 07/01/2003 | $19.00 | 0.0% | 0.0% | N | Referral Required |
| S4993 | CONTRACEPTIVE PILLS FOR BIRTH CONTR | 10/20/2003 | $6.61 | 0.0% | 0.0% | N | |
| S5100 | DAY CARE SERVICES, ADULT | 10/20/2003 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| S5115 | HOME CARE TRAINING, NON-FAMILY | 10/20/2003 | $0.00 | 0.0% | 0.0% | Y | |
| S5120 | CHORE SERVICES, PER 15 MINUTES | 10/20/2003 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| S5121 | CHORE SERVICES; PER DIEM | 10/20/2003 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| S5125 | ATTENDANT CARE SERVICES; PER 15 MIN | 10/20/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| S5130 | HOMEMAKER SERVICE, NOS; PER 15 MIN | 10/20/2003 | $0.00 | 0.0% | 0.0% | Y | |
| S5135 | COMPANION CARE ADULT (E.G IADL.ADL) | 10/20/2003 | $0.00 | 0.0% | 0.0% | Y | |
| S5140 | FOSTER CARE, ADULT; PER DIEM | 10/20/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| S5145 | FOSTER CARE, THERAPEUTIC, CHILD | 10/20/2003 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| S5160 | EMERGENCY RESPONSE SYSTEM | 10/20/2003 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| S5161 | EMERGENCY RESPONSE SYSTEM | 10/20/2003 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| S5165 | HOME MODIFICATIONS; PER SERVICE | 10/20/2003 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| S5170 | HOME DELIVERED MEALS | 10/20/2003 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| S8100 | HOLDING CHAMBER OR SPACER | 11/01/2003 | $31.05 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| S8101 | HOLDING CHAMBER OR SPACER | 11/01/2003 | $41.87 | 0.0% | 0.0% | N | Referral Required |
| S8105 | OXIMETER FOR MEASURING BLOOD OXYGE | 06/01/2002 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| S8200 | CHEST COMPRESSION VEST | 01/01/2000 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| S8205 | CHEST COMPRESSION GENERATOR | 01/01/2000 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| S9123 | NURSING CARE IN THE HOME | 10/20/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| S9125 | RESPITE CARE, IN THE HOME, PER DIEM | 10/20/2003 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| S9127 | SOCIAL WORK VISIT, IN THE HOME | 10/20/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| S9470 | NUTRITIONAL COUNSELING | 06/01/2003 | $26.65 | 0.0% | 0.0% | N | Referral Required |
| T1001 | NURSING ASSESSMENT/EVALUATION | 10/20/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| T1002 | RN SERVICES, UP TO 15 MINUTES | 10/20/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| T1003 | LPN/LVN SERVICES, UP TO 15 MINUTES | 10/20/2003 | $0.00 | 0.0% | 0.0% | N | |
| T1004 | SERVICES OF A QUALIFIED NURSING AID | 10/20/2003 | $0.00 | 0.0% | 0.0% | N | |
| T1005 | RESPITE CARE SERVICES, UP TO 15 MIN | 10/20/2003 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| T1017 | TARGETED CASE MANAGEMENT, EACH 15 M | 10/20/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| T1019 | PERSON CARE NOT FOR INPT, NH NOT HH | 10/20/2003 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| T1023 | SCREEN FOR INDIV PART IN SPEC PRGM | 10/20/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| T1028 | ASSESS OF HOME, PHYSCL/FAM ENVRNMT | 10/20/2003 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| T2001 | NON-EMERGENCY TRANSPORTATION | 10/20/2003 | $1.91 | 0.0% | 0.0% | Y | |
| T2003 | NON-EMERGENCY TRANSPORTATION | 10/20/2003 | $0.00 | 0.0% | 0.0% | Y | |
| T2004 | NON-EMERGENCY TRANSPORT; COMM | 10/20/2003 | $27.00 | 0.0% | 0.0% | Y | Referral Required |
| T2006 | AMBULANCE RESPONSE & TREATMENT | 01/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| T2021 | DAY HABILITATION, WAIVER | 10/20/2003 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| T4521 | ADULT SIZED BRIEF/DIAPER | 01/01/2005 | $0.64 | 0.0% | 0.0% | N | Referral Required |
| T4522 | ADULT SIZED DISPOSABLE INCON PROD | 01/01/2005 | $0.78 | 0.0% | 0.0% | N | Referral Required |
| T4523 | ADULT SIZED BRIEF/DIAPER | 01/01/2005 | $1.05 | 0.0% | 0.0% | N | Referral Required |
| T4524 | ADULT SIZED BRIEF/DIAPER | 01/01/2005 | $1.12 | 0.0% | 0.0% | N | Referral Required |
| T4525 | ADULT SIZED BRIEF/DIAPER | 01/01/2005 | $0.64 | 0.0% | 0.0% | N | Referral Required |
| T4526 | ADULT SIZED PULL ON | 01/01/2005 | $0.78 | 0.0% | 0.0% | N | Referral Required |
| T4527 | ADULT SIZED INCON PRODUCT | 01/01/2005 | $1.05 | 0.0% | 0.0% | N | Referral Required |
| T4528 | ADULT SIZED INCONT. PRODUCT | 01/01/2005 | $1.12 | 0.0% | 0.0% | N | Referral Required |
| T4529 | ADULT SIZED INCON PRODUCT | 01/01/2005 | $0.33 | 0.0% | 0.0% | N | Referral Required |
| T4530 | PEDIATRIC SIZED DISPOSABLE INCON | 01/01/2005 | $0.42 | 0.0% | 0.0% | N | Referral Required |
| T4531 | PEDIATRIC SIZED INCONT PRODUCT | 01/01/2005 | $0.33 | 0.0% | 0.0% | N | Referral Required |
| T4532 | PEDIATRIC SIZED INCONT PRODUCT | 01/01/2005 | $0.78 | 0.0% | 0.0% | N | Referral Required |
| T4533 | YOUTH SIZED INCONT PRODUCT | 01/01/2005 | $0.64 | 0.0% | 0.0% | N | Referral Required |
| T4534 | YOUTH SIZED INCONT PRODUCT | 01/01/2005 | $0.64 | 0.0% | 0.0% | N | Referral Required |
| T4535 | DISPOSABLE UNDERGARMENT | 01/01/2005 | $0.37 | 0.0% | 0.0% | N | Referral Required |
| T4536 | INCONTINENCE PRODUCT, UNDERWEAR | 01/01/2005 | $8.20 | 0.0% | 0.0% | N | Referral Required |
| T4537 | INCONTINENCE PRODUCT | 01/01/2005 | $13.84 | 0.0% | 0.0% | N | Referral Required |
| T4539 | INCONTINENCE PRODUCT | 01/01/2005 | $8.20 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| T4540 | INCONTINENCE PRODUCT | 01/01/2005 | $8.45 | 0.0% | 0.0% | N | Referral Required |
| T4541 | INCONTINENCE PRODUCT | 01/01/2005 | $0.56 | 0.0% | 0.0% | N | Referral Required |
| T4542 | INCONTINENCE PRODUCT | 01/01/2005 | $0.30 | 0.0% | 0.0% | N | Referral Required |
| T5001 | THERAPEUTIC POSITIONING SEAT | 10/20/2003 | $520.71 | 0.0% | 0.0% | N | Referral Required |
| T9999 | OTHER MISC SERVICES - MEDICARE CROS | 07/01/1990 | $1.08 | 0.0% | 0.0% | N | Referral Required |
| V0390 | SINGLE LENS (ALL POWERS SINGLE VISI | 01/01/1988 | $11.50 | 0.0% | 0.0% | N | Referral Required |
| V2020 | FRAMES, PURCHASE | 01/15/2004 | $19.97 | 0.0% | 0.0% | N | Referral Required |
| V2100 | SPHERE SIN VIS PLANO TO PLUS | 01/15/2004 | $8.13 | 0.0% | 0.0% | N | Referral Required |
| V2101 | SPHERE, SIN VIS, + OR - 4.12 TO + O | 01/15/2004 | $9.83 | 0.0% | 0.0% | N | Referral Required |
| V2102 | SPHERE, SIN VIS, + OR - 7.12 TO + O | 01/15/2004 | $15.02 | 0.0% | 0.0% | N | Referral Required |
| V2103 | SPHEROCYL, SIN VIS, PL TO + | 01/15/2004 | $8.13 | 0.0% | 0.0% | N | Referral Required |
| V2104 | SPHEROCYL, SIN VIS, PL TO + | 01/15/2004 | $9.63 | 0.0% | 0.0% | N | Referral Required |
| V2105 | SPHEROCYL, SIN VIS, PL TO + OR -4.0 | 01/15/2004 | $12.94 | 0.0% | 0.0% | N | Referral Required |
| V2106 | SPHEROCYLIN, SIN VIS, PL TO | 01/15/2004 | $15.94 | 0.0% | 0.0% | N | Referral Required |
| V2107 | SPHEROCYL, SIN VIS, + OR -4.25- + O | 01/15/2004 | $9.86 | 0.0% | 0.0% | N | Referral Required |
| V2108 | SPHEROCYL, SIN VIS, + OR - 4 | 01/15/2004 | $11.52 | 0.0% | 0.0% | N | Referral Required |
| V2109 | SPHEROCYL, SIN VIS, + OR - 4.25 TO | 01/15/2004 | $14.51 | 0.0% | 0.0% | N | Referral Required |
| V2110 | SPEROCYL, SIN VIS, + OR - 4.25-7.00 | 01/15/2004 | $17.51 | 0.0% | 0.0% | N | Referral Required |
| V2111 | SPHEROCYL, SIN VIS, + OR - 7.25 TO | 01/15/2004 | $17.08 | 0.0% | 0.0% | N | Referral Required |
| V2112 | SPEROCYL, SIN VIS, + OR - 7.25 TO + | 01/15/2004 | $17.71 | 0.0% | 0.0% | N | Referral Required |
| V2113 | SPHEROCYL SIN VIS + OR 7.25 TO + OR | 01/15/2004 | $20.60 | 0.0% | 0.0% | N | Referral Required |
| V2114 | SPHEROCYL, SIN VIS, SPH OV + OR - 1 | 01/15/2004 | $27.08 | 0.0% | 0.0% | N | Referral Required |
| V2115 | LENTICULAR, (MYODISC), PER LENS, SI | 01/15/2004 | $22.90 | 0.0% | 0.0% | N | Referral Required |
| V2118 | ANISEIKONIC LENS SIN VIS | 01/15/2000 | $5.00 | 0.0% | 0.0% | N | Referral Required |
| V2199 | NOT OTHERWISE CLASS,SIN VIS LEN BIF | 01/01/1998 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| V2200 | SPHERE, BIFOC, PLANO TO PLUS | 01/15/2004 | $10.52 | 0.0% | 0.0% | N | Referral Required |
| V2201 | SPEHER, BIFOC, PL OR MIN 4.12- PL O | 01/15/2004 | $12.62 | 0.0% | 0.0% | N | Referral Required |
| V2202 | SPHERE, BIFOC, PL OR MI 7.12 TO PL | 01/15/2004 | $17.48 | 0.0% | 0.0% | N | Referral Required |
| V2203 | SPHEROCYL, BIFOC, PLANO TO P | 01/15/2004 | $10.60 | 0.0% | 0.0% | N | Referral Required |
| V2204 | SPHEROCYL, BIFOC, PLAN TO PL OR MI | 01/15/2004 | $12.10 | 0.0% | 0.0% | N | Referral Required |
| V2205 | SPHEROCYL, BIFOC, PLAN TO PL OR MI | 01/15/2004 | $15.10 | 0.0% | 0.0% | N | Referral Required |
| V2206 | SPHEROCYL, BIFOC, PLAN TO PL OR MI | 01/15/2004 | $18.29 | 0.0% | 0.0% | N | Referral Required |
| V2207 | SPHEROCYL, BIFOC, PL OR MI 4.25 PL | 01/15/2004 | $12.19 | 0.0% | 0.0% | N | Referral Required |
| V2208 | SPHEROCYL, BIFOC, PL OR MI 4.25 TO | 01/15/2004 | $13.69 | 0.0% | 0.0% | N | Referral Required |
| V2209 | SPHEORCYL, BIFOC, PL OR MI 4.25 TO | 01/15/2004 | $16.89 | 0.0% | 0.0% | N | Referral Required |
| V2210 | SPHEROCYL, BIFOC, PL OR MI 4.25 TO | 01/15/2004 | $19.92 | 0.0% | 0.0% | N | Referral Required |
| V2211 | SPHEROCYL, BIFOC, PL OR MI 7 | 01/15/2004 | $12.84 | 0.0% | 0.0% | N | Referral Required |
| V2212 | SPHEROCYL BIFOC PL OR MI 7.25 TO + | 01/15/2004 | $14.34 | 0.0% | 0.0% | N | Referral Required |
| V2213 | SPHEROCYL, BIFOC, PL OR MI 7.25 TO | 01/15/2004 | $17.34 | 0.0% | 0.0% | N | Referral Required |
| V2214 | SPHEROCYLI, BIFOC, SPHERE OVER PL O | 01/15/2004 | $12.19 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| V2215 | LENTICULAR (MYODISC), PER LENS, BIF | 01/15/2004 | $27.63 | 0.0% | 0.0% | Y | Referral Required |
| V2218 | ANISELKONIC, PER LENS, BIFOC | 01/15/2004 | $7.00 | 0.0% | 0.0% | N | Referral Required |
| V2219 | BIFOC, SEG WIDTH OVER 28MM | 01/15/2004 | $10.00 | 0.0% | 0.0% | N | Referral Required |
| V2220 | BIFOC ADD OVER 3.25D | 01/15/2004 | $5.25 | 0.0% | 0.0% | N | Referral Required |
| V2299 | SPEC BIFOC (BY REP) TRIFOC, | 04/15/1997 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| V2410 | VAR ASPHERIC LENS, SIN VIS, FULL FI | 01/15/2004 | $22.40 | 0.0% | 0.0% | Y | Referral Required |
| V2430 | VAR ASPHERIC LENS,BIFOC,FULL FIELD, | 01/15/2004 | $27.40 | 0.0% | 0.0% | N | Referral Required |
| V2499 | NOT OTHERWISE CLASSIFIED, VAR SPHER | 01/01/1998 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| V2500 | CONTACT LENS | 01/01/1998 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| V2501 | CONTACT LENS | 01/01/1998 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| V2502 | CONTACT LENS | 01/01/1998 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| V2503 | CONTACT LENS | 01/01/1998 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| V2510 | CONTACT LENS | 04/15/1997 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| V2511 | CONTACT LENS | 01/01/1998 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| V2512 | CONTACT LENS | 01/01/1998 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| V2513 | CONTACT LENS | 01/01/1998 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| V2520 | CONTACT LENS | 04/15/1997 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| V2521 | CONTACT LENS | 04/15/1997 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| V2522 | CONTACT LENS | 01/01/1998 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| V2523 | CONTACT LENS | 01/01/1998 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| V2530 | CONTACT LENS | 01/01/1998 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| V2599 | NOT OTHERWISE CLASSIFIED, CO | 04/15/1997 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| V2610 | SIN LENS SPECT MOUNT LOW VIS AIDS | 01/01/1998 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| V2615 | TELESCOP AND OTHER COMP LENS SYS, I | 01/01/1998 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| V2623 | PROSTHETIC EYE, PLASTIC, CUSTOM | 07/01/1999 | $806.74 | 0.0% | 0.0% | N | Referral Required |
| V2624 | POLISHING/RESURFACING OCULAR | 03/01/1997 | $59.66 | 0.0% | 0.0% | N | Referral Required |
| V2625 | ENGLARGEMENT OF OCULAR PROTHESIS | 03/01/1997 | $362.76 | 0.0% | 0.0% | N | Referral Required |
| V2626 | REDUCTION OF OCULAR PROSTHESIS | 03/01/1997 | $195.55 | 0.0% | 0.0% | N | Referral Required |
| V2627 | SCLERAL COVER SHELL | 03/01/1997 | $1,215.51 | 0.0% | 0.0% | N | Referral Required |
| V2628 | FABRICATION & FITTING OF OCULAR CON | 03/01/1997 | $298.20 | 0.0% | 0.0% | N | Referral Required |
| V2629 | NOT OTHERWISE CLASSIFIED, PROSTHETI | 01/01/1998 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| V2630 | ANTERIOR CHAMBER INTRAOCULAR LENS | 01/01/1998 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| V2631 | IRIS SUYPPORTED INTRAOCULAR LENS | 01/01/1998 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| V2632 | POSTERIOR CHAMBER INTRA-OCULAR LEN | 01/01/1998 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| V2700 | BALANCE LENS, PER LENS | 01/15/2004 | $11.19 | 0.0% | 0.0% | N | Referral Required |
| V2702 | DELUXE LENS FEATURE | 01/01/2005 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| V2710 | SLAB OFF PRISM, GLASS OR PLASTIC, P | 01/15/2004 | $36.00 | 0.0% | 0.0% | N | Referral Required |
| V2715 | PRISM, PER LENS | 01/15/2004 | $1.50 | 0.0% | 0.0% | N | Referral Required |
| V2718 | PRESS-ON LENS, FRESNELL PRISM, PER | 01/15/2004 | $18.65 | 0.0% | 0.0% | N | Referral Required |
| V2730 | SPECIAL BASE CURVE, GLASS OR PLASTI | 01/15/2004 | $1.16 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| V2744 | TINT,PHOTOCHROMATIC, PER LEN | 01/15/2004 | $10.00 | 0.0% | 0.0% | Y | Referral Required |
| V2760 | SCRATCH RESISTANT COATING, P | 01/15/2000 | $3.00 | 0.0% | 0.0% | N | Referral Required |
| V2770 | OCCLUDER LENS, PER LENS | 01/01/1988 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| V2780 | OVERSIZE LENS, PER LENS (SWEEP OPTI | 01/15/2004 | $5.00 | 0.0% | 0.0% | N | Referral Required |
| V2781 | PROGRESSIVE LENS, PER LENS | 01/15/2003 | $15.00 | 0.0% | 0.0% | Y | Referral Required |
| V2785 | CORNEAL TISSUE; PROCESSING, PRESERV | 01/01/2002 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| V2790 | AMNIOTIC MEMBRANE FOR SURG RECON | 01/01/2004 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| V2799 | VISION SERVICE MISCELLANEOUS | 04/15/1997 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| V5000 | AUDIOMET EXAM-HEAR EXAM INC MEAS O | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| V5008 | HEARING SCREENING | 10/20/2003 | $12.57 | 0.0% | 0.0% | N | |
| V5010 | ASSESSMENT FOR HEARING AID | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| V5014 | REPAIR/MODIFICATION OF HEARING AID | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| V5020 | CONFORMITY EVALUATION | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| V5030 | HEARING AID, MONAURAL, BODY | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| V5040 | HEARING AID, MONAURAL, BODY | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| V5050 | HEARING AID, MONAURAL, IN TH | 01/01/1993 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| V5060 | HEARING AID, MONAURAL, BEHIN | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| V5070 | GLASSES,AIR CONDUCTION | 01/01/1988 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| V5080 | GLASSES, BONE CONDUCTION | 01/01/1988 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| V5090 | DISPENSING FEE | 01/01/1988 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| V5100 | HEARING AID, BILAT, BODY WOR | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| V5110 | DISPEN FEE, BILAT | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| V5120 | BINAURAL, BODY | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| V5130 | BINAURAL, IN THE EAR | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| V5140 | BINAURAL, BEHIND THE EAR | 01/01/1992 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| V5150 | BINAURAL, GLASSES | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| V5160 | DISPEN FEE, BINAURAL | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| V5170 | HEARING AID, CROS, IN THE EA | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| V5180 | HEARING AID, CROS, BEHIND TH | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| V5190 | HEARING AID, CROS, GLASSES | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| V5200 | DISPEN FEE, CROS | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| V5210 | HEARING AID, BICROS, IN THE | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| V5220 | HEARING AID, BICROS, BEHIND | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| V5230 | HEARING AID, BICROS, GLASSES | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| V5240 | DISPEN FEE, BICROS | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| V5264 | EAR MOLD/INSERT | 01/01/2002 | $19.80 | 0.0% | 0.0% | N | Referral Required |
| V5265 | EAR MOLD/INSERT, DISPOSABLE, | 09/01/2003 | $19.80 | 0.0% | 0.0% | N | Referral Required |
| V5266 | BATTERY FOR USE IN HEARING DEVICE | 06/01/2002 | $5.00 | 0.0% | 0.0% | N | Referral Required |
| V5298 | HEARING AID | 04/01/2003 | $0.00 | 0.0% | 0.0% | Y | Referral Required |
| V5299 | HEARING SERVICE, MISCELLANEOUS | 04/01/1986 | $0.00 | 0.0% | 0.0% | N | Referral Required |

| Procedure Code | Procedure Code Description | Price Effective Date | Allowed Amount | Technical Component | Professional Component | PA Indicator | HC Referral |
|---|---|---|---|---|---|---|---|
| W0350 | INSERTION OF PORTA CATH INFUSION PU | 07/01/1990 | $349.38 | 0.0% | 0.0% | N | Referral Required |
| W0400 | MEDICARE CROSSOVER FROM WISCONSIN | 01/01/1992 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| W0610 | MEDICARE CROSSOVER FROM WISCONSIN | 01/01/1992 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| W2591 | PEAK FLOW METER | 01/01/1988 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| W2640 | MASK FOR PULMOALDE | 01/01/1988 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| W5050 | MEDICARE CROSSOVER | 01/01/1991 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| W7000 | SURGICAL FIELD AVOIDANCE C RO POSIT | 01/01/1987 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| W7004 | OCCUPATIONAL THERAPY BY OT EMERGEN | 01/01/1987 | $0.00 | 0.0% | 0.0% | N | Referral Required |
| X1400 | INJECTION VELOREF 250 MG | 07/01/1989 | $5.00 | 0.0% | 0.0% | N | Referral Required |
| XX001 | STERILE SALINE UNIT DOSE UP TO 5ML | 04/01/1995 | $0.21 | 0.0% | 0.0% | N | Referral Required |
| XX002 | BLOOD GLUCOSE STRIP FOR MONITOR PE | 04/01/1995 | $17.63 | 0.0% | 0.0% | N | Referral Required |
| XX006 | OSTOMY DEODORANT ALL TYPE PER OZ | 04/01/1995 | $3.03 | 0.0% | 0.0% | N | Referral Required |
| XX009 | DOBUTAMINE, 250 MG | 04/01/1995 | $45.26 | 0.0% | 0.0% | N | Referral Required |
| Y8246 | VITAMIN B-12 & FOLATE, RIA | 01/01/1992 | $31.90 | 0.0% | 0.0% | N | Referral Required |
| Y8257 | CYCLOSPORIN LEVEL | 01/01/1992 | $71.64 | 0.0% | 0.0% | N | Referral Required |