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
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
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
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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	07/01/2004	$3.00	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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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	

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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	09/01/2005	$903.18	0.0%	0.0%	Y	Referral Required
69715	OSSEOINTEGRATED IMPLANT	09/01/2005	$1,145.05	0.0%	0.0%	Y	Referral Required
69717	OSSEOINTEGRATED IMPLANT	09/01/2005	$937.43	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
69718	OSSEOINTEGRATED IMPLANT	09/01/2005	$1,159.38	0.0%	0.0%	Y	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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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	
76083	SCREENING MAMMOGRAPHY	07/01/2005	$16.19	82.0%	18.0%	N	
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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	

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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	$16.28	0.0%	0.0%	N	Referral Required
8769	DIGESTIVE TRACT 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
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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	

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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	
90649	HUMAN PAPOLLOMA VACCINE	01/01/2006	$0.00	0.0%	0.0%	N	Referral Required
9065	TOXICOLOGY-SPLEEN/MARROW	11/01/1989	$0.00	0.0%	0.0%	N	Referral Required
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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 INACTIVIATED	07/01/2005	$0.00	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	POLIOVIRUS VACCINE	07/01/2005	$21.65	0.0%	0.0%	N	
90714	TETANUS & DIPTHERIA TOXOIDS	07/01/2005	$0.00	0.0%	0.0%	N	
90715	TETANUS & DIPTHERIA TOXOIDS	07/01/2005	$0.00	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	
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	
90736	ZOSTER (SHINGLES) VACCINE	01/01/2006	$0.00	0.0%	0.0%	N	Referral Required
9074	PARASITOLOGY-LYMPH SYS	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
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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	81.0%	19.0%	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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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	
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	

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
B4162	ENTERAL FORMULA,	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	
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
J0180	INJECTION, AGALSIDASE BETA, 1 MG	01/01/2005	$121.12	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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
J1931	INJECTION, LARONIDASE, 0.1 MG	01/01/2005	$22.74	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
J2185	INJECTION, MEROPENEM, 100MG	01/01/2005	$3.40	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
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
J2710	INJECTION, PROSTIGMIN METHYLSULFATE	01/01/2005	$0.06	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
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
J3260	INJECTION, TOBRAMYCIN, SULFATE, NEB	01/01/2005	$1.98	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
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
J7070	INFUSION, D5W, 1000 CC	01/01/2005	$2.73	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
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
J7626	BUDESONIDE INHALATION SOLUTION	01/01/2005	$4.03	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
J9045	CARBOPLATIN, PER 50 MG	01/01/2005	$125.47	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
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
J9215	INTERFERON ALFA-N3, 250 ML. UNIT (A	01/01/2005	$8.60	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
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
J9305	INJECTION, PEMETREXED 10MG	01/01/2005	$40.54	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
T2040	FINANCIAL MANAGEMENT	11/01/2005	$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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
T4539	INCONTINENCE PRODUCT	01/01/2005	$8.20	0.0%	0.0%	N	Referral Required
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
V2214	SPHEROCYLI, BIFOC, SPHERE OVER PL O	01/15/2004	$12.19	0.0%	0.0%	N	Referral Required
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
V2730	SPECIAL BASE CURVE, GLASS OR PLASTI	01/15/2004	$1.16	0.0%	0.0%	N	Referral Required
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

Procedure Code	Procedure Code Description	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
V5299	HEARING SERVICE, MISCELLANEOUS	04/01/1986	$0.00	0.0%	0.0%	N	Referral Required
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