Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
01996	DAILY MGT OF EPIDURAL OR SUBARCHNOID DRUG ADM.	07/01/1999	$46.13	0.0%	0.0%	N	
01999	ANESTHESIA-UNLISTED ANESTHESIA	01/01/2008	$0.00	0.0%	0.0%	N	
10021	FINE NEEDLE APSIRATIONS; WITHOUT IMAGING GUIDANCE	07/01/2008	$116.96	0.0%	0.0%	N	Referral Requirec
10022	FINE NEEDLE ASPIRATION WITH IMAGING GUIDANCE	07/01/2008	$122.59	0.0%	0.0%	N	Referral Requirec
10040	OPENING OR REMOVAL OF MULTIPLE MILIA, COMEDONES, CYSTS, PUSTULES	07/01/2008	$79.98	0.0%	0.0%	N	Referral Requirec
10060	INCISION AND DRAINAGE OF ABSCESS (SIMPLE OR SINGLE)	07/01/2008	$87.65	0.0%	0.0%	N	Referral Requirec
10061	INCISION AND DRAINAGE OF ABSCESS (COMPLICATED OR MULTIPLE)	07/01/2008	$151.14	0.0%	0.0%	N	Referral Requirec
10080	(OF PILONIDAL CYST) SIMPLE	07/01/2008	$138.51	0.0%	0.0%	N	Referral Requirec
10081	(OF PILONIDAL CYST) COMPLICATED	07/01/2008	$213.72	0.0%	0.0%	N	Referral Requirec
10120	(SUBCUTANEOUS TISSUES) SIMPLE	07/01/2008	$112.15	0.0%	0.0%	N	Referral Requirec
10121	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; COMPLICATED	07/01/2008	$214.42	0.0%	0.0%	N	Referral Requirec
10140	OF HEMATOMA, SEROMA OR FLUID COLLECTION (SKIN)	07/01/2008	$122.81	0.0%	0.0%	N	Referral Requirec
10160	OF ABSCESS, HEMATOMA, BULLA OR CYST (SKIN)	07/01/2008	$100.81	0.0%	0.0%	N	Referral Requirec
10180	INCISION & DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTION	07/01/2008	$186.94	0.0%	0.0%	N	Referral Requirec
11000	DEBRIDE INFECTED SKIN, UP-TO 10% OF BODY SURFACE	07/01/2008	$43.21	0.0%	0.0%	N	Referral Requirec
11001	EA ADD 10% OF BODY SURFACE (LIST SEP IN ADD TO CODE FOR PRIMARY PROCEDURE)-ADDON	07/01/2008	$18.34	0.0%	0.0%	N	Referral Requirec
11004	DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE & FASCIA FOR NECROTIZING INFEC	07/01/2008	$493.41	0.0%	0.0%	N	Referral Requirec
11005	DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE & FASCIA FOR NECROTIZING INFEC	07/01/2008	$651.70	0.0%	0.0%	N	Referral Requirec
11006	DEBRIDEMENT OF SKIN, SUBCU TISSUE, MUSCLE & FASCIA FOR NECROTIZING TISSUE INFEC	07/01/2008	$610.70	0.0%	0.0%	N	Referral Requirec
11008	REMOVAL OF PROSTHETIC MAT OR MESH, ABDOMINAL WALL FOR NECROTIZING INFEC (ADD-ON)	07/01/2008	$234.58	0.0%	0.0%	N	Referral Requirec
11010	FOREIGN MATERIAL ASSOC W/OPEN FRACTURE, AND/OR DISLOCATION; SKIN & SUB TISSUE	07/01/2008	$381.32	0.0%	0.0%	N	Referral Requirec
11011	SKIN, SUBCUTANEOUS TISSUE, MUSCLE FASCIA, AND MUSCLE	07/01/2008	$433.34	0.0%	0.0%	N	Referral Requirec
11012	SKIN, SUBCUTANEOUS TISSUE, MUSCLE FASCIA, MUSCLE AND BONE	07/01/2008	$604.84	0.0%	0.0%	N	Referral Requirec
11040	DEBRIDEMENT OF SKIN, PARTIAL THICKNESS	07/01/2008	$37.92	0.0%	0.0%	N	Referral Requirec
11041	DEBRIDEMENT SKIN, FULL THICKNESS	07/01/2008	$45.11	0.0%	0.0%	N	Referral Requirec
11042	SKIN AND SUBCUTANEOUS TISSUE	07/01/2008	$61.17	0.0%	0.0%	N	Referral Requirec
11043	SKIN, SUBCUTANEOUS TISSUE AND MUSCLE	07/01/2008	$222.94	0.0%	0.0%	N	Referral Requirec
11044	SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND BONE	07/01/2008	$301.21	0.0%	0.0%	N	Referral Requirec
11055	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION; SINGLE LESION	07/01/2008	$38.11	0.0%	0.0%	N	Referral Requirec
11056	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION; TWO TO FOUR LESIONS	07/01/2008	$47.26	0.0%	0.0%	N	Referral Requirec
11057	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION; MORE THAN FOUR LESIONS	07/01/2008	$57.26	0.0%	0.0%	N	Referral Requirec
11100	SUBCUTANEOUS TISSUE OR MUSCOUS MEMBRANE; SINGLE LESION	07/01/2008	$79.66	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
11101	EA SEPARATE/ADD LESION; LIST SEPARATELY IN ADDITN TO CD FOR PRIM PROC (ADD-ON)	07/01/2008	$26.44	0.0%	0.0%	N	Referral Required
11200	MULTIPLE FIBROCUTANEOUS TAGS ANY AREA UP TO & INCLUDING 15 LESIONS	07/01/2008	$65.12	0.0%	0.0%	N	Referral Required
11201	EA ADDITIONAL TEN LESIONS; LIST SEP IN ADD TO CODE FOR PRIMARY PROC (ADD-ON)	07/01/2008	$15.62	0.0%	0.0%	N	Referral Required
11300	SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.5 CM OR LESS	07/01/2008	$54.08	0.0%	0.0%	N	Referral Required
11301	LESION DIAMETER 0.6 TO 1.0 CM	07/01/2008	$73.03	0.0%	0.0%	N	Referral Required
11302	LESION DIAMTER 1.1 TO 2.0 CM	07/01/2008	$87.04	0.0%	0.0%	N	Referral Required
11303	LESION DIAMTER OVER 2.0 CM	07/01/2008	$103.24	0.0%	0.0%	N	Referral Required
11305	SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA (DIAMETER 0.5 CM OR LESS)	07/01/2008	$55.83	0.0%	0.0%	N	Referral Required
11306	LESION DIAMTER 0.6 TO 1.0 CM	07/01/2008	$76.51	0.0%	0.0%	N	Referral Required
11307	LESION DIAMETER 1.1 TO 2.0 CM	07/01/2008	$89.13	0.0%	0.0%	N	Referral Required
11308	LESION DIAMETER OVER 2.0 CM	07/01/2008	$102.42	0.0%	0.0%	N	Referral Required
11310	SINGLE LESION,FACE,EARS,EYELIDS,NOSE,LIPS,MUCOUS MEMBRANE; DIAMETER 0.5 CM LESS	07/01/2008	$66.84	0.0%	0.0%	N	Referral Required
11311	SHAVING EPIDERMAL/DERMAL LESION DIAMETER 0.6 TO 1.0 CM	07/01/2008	$83.70	0.0%	0.0%	N	Referral Required
11312	LESION DIAMETER 1.1 TO 2.0 CM	07/01/2008	$97.23	0.0%	0.0%	N	Referral Required
11313	LESION DIAMETER OVER 2.0 CM	07/01/2008	$123.10	0.0%	0.0%	N	Referral Required
11400	(EXCEPT SKIN TAG) TRUNK ARMS OR LEGS; LESION DIAMETER 0.5 CM OR LESS	07/01/2008	$95.20	0.0%	0.0%	N	Referral Required
11401	(EXCEPT SKIN TAG) LESION DIAMETER 0.6 TO 1.0 CM	07/01/2008	$114.53	0.0%	0.0%	N	Referral Required
11402	EXCISION, LESION, SKIN	07/01/2008	$127.16	0.0%	0.0%	N	Referral Required
11403	(EXCEPT SKIN TAGS) LESION DIAMETER 2.1 TO 3.0 CM	07/01/2008	$146.54	0.0%	0.0%	N	Referral Required
11404	(EXCEPT SKIN TAGS) LESION DIAMETER 3.1 TO 4.0 CM	07/01/2008	$166.45	0.0%	0.0%	N	Referral Required
11406	(EXCEPT SKIN TAGS) LESION DIAMETER OVER 4.0 CM	07/01/2008	$232.74	0.0%	0.0%	N	Referral Required
11420	(EXCEPT SKIN TAGS) SCALP,NECK,HANDS,FEET,GENITALIA; LESION DIAMETER 0.5 CM LESS	07/01/2008	$95.29	0.0%	0.0%	N	Referral Required
11421	(EXCEPT SKIN TAGS) LESION DIAMETER 0.6 TO 1.0 CM	07/01/2008	$122.25	0.0%	0.0%	N	Referral Required
11422	(EXCEPT SKIN TAGS) LESION DIAMETER 1.1 TO 2.0 CM	07/01/2008	$136.68	0.0%	0.0%	N	Referral Required
11423	(EXCEPT SKIN TAGS) LESION DIAMETER 2.1 TO 3.0 CM	07/01/2008	$159.73	0.0%	0.0%	N	Referral Required
11424	(EXCEPT SKIN TAGS) LESION DIAMETER 3.1 TO 4.0 CM	07/01/2008	$183.45	0.0%	0.0%	N	Referral Required
11426	(EXCEPT SKIN TAGS) LESION DIAMETER OVER 4.0 CM	07/01/2008	$262.08	0.0%	0.0%	N	Referral Required
11440	FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE LESION DIAMETER 0.5 CM OR LESS	07/01/2008	$105.87	0.0%	0.0%	N	Referral Required
11441	LESION DIAMETER 0.6 TO 1.0 CM	07/01/2008	$131.49	0.0%	0.0%	N	Referral Required
11442	LESION DIAMETER 1.1 TO 2.0 CM	07/01/2008	$147.73	0.0%	0.0%	N	Referral Required
11443	LESION DIAMETER 2.1 TO 3.0 CM	07/01/2008	$178.26	0.0%	0.0%	N	Referral Required
11444	LESION DIAMETER 3.1 TO 4.0 CM	07/01/2008	$225.03	0.0%	0.0%	N	Referral Required
11446	LESION DIAMETER OVER 4.0 CM	07/01/2008	$303.18	0.0%	0.0%	N	Referral Required
11450	FOR HIDRADENITIS, AXILLARY; WITH SIMPLE OR INTERMEDIATE REPAIR	07/01/2008	$281.47	0.0%	0.0%	N	Referral Required
11451	FOR HIDRADENITIS, AXILLARY WITH COMPLEX REPAIR	07/01/2008	$372.50	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
11462	FOR HIDRADENITIS, INGUINAL; WITH SIMPLE OR INTERMEDIATE REPAIR	07/01/2008	$278.14	0.0%	0.0%	N	Referral Requirec
11463	FOR HIDRADENITIS, INGUINAL; WITH COMPLEX REPAIR	07/01/2008	$379.03	0.0%	0.0%	N	Referral Requirec
11470	FOR HIDRADENITIS, PERIANAL, PERNEAL, OR UMBILICAL; W/SIMPLE OR INTEMED. REPAIR	07/01/2008	$306.09	0.0%	0.0%	N	Referral Requirec
11471	FOR HIDRADENITIS, PERIANAL, PERINEAL OR UMBILICAL; WITH COMPLEX REPAIR	07/01/2008	$393.07	0.0%	0.0%	N	Referral Requirec
11600	TRUNK, ARMS OR LEGS; LESION DIAMETER 0.5 CM OR LESS	07/01/2008	$144.60	0.0%	0.0%	N	Referral Requirec
11601	TRUNK ARMS OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM	07/01/2008	$172.51	0.0%	0.0%	N	Referral Requirec
11602	TRUNK ARMS OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM	07/01/2008	$187.99	0.0%	0.0%	N	Referral Requirec
11603	TRUNK ARMS OR LEGS; LESION DIAMETER 2.1 TO 3.0 CM	07/01/2008	$214.76	0.0%	0.0%	N	Referral Requirec
11604	TRUNK ARMS OR LEGS; LESION DIAMETER 3.1 TO 4.0 CM	07/01/2008	$237.33	0.0%	0.0%	N	Referral Requirec
11606	TRUNK, ARMS OR LEGS; LESION DIAMETER OVER 4.0 CM	07/01/2008	$333.16	0.0%	0.0%	N	Referral Requirec
11620	SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.5 CM OR LESS	07/01/2008	$145.79	0.0%	0.0%	N	Referral Requirec
11621	SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.6 TO 1.0 CM	07/01/2008	$173.89	0.0%	0.0%	N	Referral Requirec
11622	SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 1.1 TO 2.0 CM	07/01/2008	$196.33	0.0%	0.0%	N	Referral Requirec
11623	SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 2.1 TO 3.0 CM	07/01/2008	$230.71	0.0%	0.0%	N	Referral Requirec
11624	SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 3.1 TO 4.0	07/01/2008	$261.19	0.0%	0.0%	N	Referral Requirec
11626	SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVER 4.0	07/01/2008	$321.83	0.0%	0.0%	N	Referral Requirec
11640	FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 0.5 CM OR LESS	07/01/2008	$151.98	0.0%	0.0%	N	Referral Requirec
11641	FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 0.6 TO 1.0 CM	07/01/2008	$185.37	0.0%	0.0%	N	Referral Requirec
11642	FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 1.1 TO 2.0 CM	07/01/2008	$213.81	0.0%	0.0%	N	Referral Requirec
11643	FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 2.1 TO 3.0 CM	07/01/2008	$252.86	0.0%	0.0%	N	Referral Requirec
11644	FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 3.1 TO 4.0 CM	07/01/2008	$313.83	0.0%	0.0%	N	Referral Requirec
11646	FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER OVER 4.0 CM	07/01/2008	$414.47	0.0%	0.0%	N	Referral Requirec
11719	TRIMMING NONDYSTROPHIC NAILS; ANY NUMBER	07/01/2008	$16.44	0.0%	0.0%	N	Referral Requirec
11720	DEBRIDEMENT OF NAILS, BY ANY METHOD; ONE TO FIVE	07/01/2008	$24.77	0.0%	0.0%	N	Referral Requirec
11721	DEBRIDEMENT OF NAIL(S) BY ANY METHOD; SIX OR MORE	07/01/2008	$35.96	0.0%	0.0%	N	Referral Requirec
11730	AVULSION OF NAIL PLATE - PARTIAL OR COMPLETE, SIMPLE; SINGLE	07/01/2008	$78.98	0.0%	0.0%	N	Referral Requirec
11732	EACH ADDITIONAL NAIL PLATE (LIST SEP. IN ADD TO CODE FOR PRIMARY PROC) (ADD-ON)	07/01/2008	$36.73	0.0%	0.0%	N	Referral Requirec
11740	EVACUATION OF SUBUNGUAL HEMATOMA	07/01/2008	$35.68	0.0%	0.0%	N	Referral Requirec
11750	PARTIAL OR COMPLETE(EG, INGROWN OR DEFORMED NAIL) FOR PERMANENT REMOVAL	07/01/2008	$169.97	0.0%	0.0%	N	Referral Requirec
11752	WITH AMPUTATION OF TUFT OF DISTAL PHALANX	07/01/2008	$240.99	0.0%	0.0%	N	Referral Requirec
11755	BIOPSY OF NAIL UNIT(PLATE, BED, MATRIX, HYPON, PROXIMAL AND LAT NAIL FOLD(SP)	07/01/2008	$106.52	0.0%	0.0%	N	Referral Requirec
11758	FREE FASCIAL FLAP W/MICROVASCULAR ANASTOMOSIS	07/01/2008	$1,961.73	0.0%	0.0%	N	Referral Requirec
11760	REPAIR OF NAIL BED	07/01/2008	$158.13	0.0%	0.0%	N	Referral Requirec
11762	RECONSTRUCTION OF NAIL BED WITH GRAFT	07/01/2008	$214.13	0.0%	0.0%	N	Referral Requirec
11765	WEDGE EXCISON OF SKIN OF NAIL FOLD (EG, FOR INGROWN TOENAIL)	07/01/2008	$99.92	0.0%	0.0%	N	Referral Requirec
11770	EXCISION OF PILONIDAL CYST OR SINUS; SIMPLE	07/01/2008	$210.42	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
11771	EXCISION OF PILONIDAL CYST OR SINUS; EXTENSIVE	07/01/2008	$419.67	0.0%	0.0%	N	Referral Required
11772	EXCISION OF PILONIDAL CYST OR SINUS; COMPLICATED	07/01/2008	$518.80	0.0%	0.0%	N	Referral Required
11900	INJECTION, INTRALESIONAL, UP TO AND INCLUDING SEVEN LESIONS	07/01/2008	$43.92	0.0%	0.0%	N	Referral Required
11901	MORE THAN SEVEN LESIONS	07/01/2008	$54.92	0.0%	0.0%	N	Referral Required
11920	TATTOOING, INTRADERMAL OPAQUE PIGMNTS/CORRECT COLOR DEFECT/SKIN, 6.0 SQ CM/LESS	01/01/2009	$148.46	0.0%	0.0%	Y	Referral Required
11921	6.1 TO 20.0 SQ CM	01/01/2009	$169.59	0.0%	0.0%	Y	Referral Required
11960	FOR OTHER THAN BREAST, INCLUDING SUBSEQUENT EXPANSION	07/01/2008	$744.38	0.0%	0.0%	N	Referral Required
11970	WITH PERMANENT PROSTHESIS	07/01/2008	$488.75	0.0%	0.0%	Y	Referral Required
11971	WITHOUT INSERTION OF PROSTHESIS	07/01/2008	$389.47	0.0%	0.0%	N	Referral Required
11975	INSERTION IMPLANTABLE CONTRACEPTIVE CAPSULES	07/01/2008	$64.94	0.0%	0.0%	N	
11976	REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	07/01/2008	$121.18	0.0%	0.0%	N	
11977	REMOVAL WITH REINSERTION IMPLANTABLE CONTRACEPTIVE CAPSULES	07/01/2008	$91.94	0.0%	0.0%	N	
11980	SUBCUTANEOUS HORMONE PELLET IMPLANATION	07/01/2008	$88.02	0.0%	0.0%	N	Referral Required
11981	INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	07/01/2008	$111.85	0.0%	0.0%	N	Referral Required
11982	REMOVABLE, NON BIODEGRADABLE DRUG DELIVERY IMPLANT	07/01/2008	$129.10	0.0%	0.0%	N	Referral Required
11983	REMOVAL W/REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	07/01/2008	$197.29	0.0%	0.0%	N	Referral Required
12001	SCALP,NECK,AXILLAE,EXTERNAL GENITALIA,TRUNK AND/OR EXTREMITIES; 2.5 CM OR LESS	07/01/2008	$122.43	0.0%	0.0%	N	Referral Required
12002	SCALP,NECK,AXILLAE,GENITALIA,TRUNK,HANDS,FEET; 2.6 CM TO 7.5	07/01/2008	$130.52	0.0%	0.0%	N	Referral Required
12004	SCALP,NECK,AXILLAE,GENITALIA,TRUNK,HANDS,FEET; 7.6 CM TO 12.5 CM	07/01/2008	$153.19	0.0%	0.0%	N	Referral Required
12005	SCALP,NECK,AXILLAE,GENITALIA,TRUNK,HANDS,FEET; 12.6 CM 20.0 CM	07/01/2008	$190.97	0.0%	0.0%	N	Referral Required
12006	SCALP,NECK,AXILLAE,GENITALIA,TRUNK,HANDS,FEET; 20.1 CM TO 30.0 CM	07/01/2008	$237.83	0.0%	0.0%	N	Referral Required
12007	SCALP,NECK,AXILLAE,GENITALIA,TRUNK,HANDS,FEET; OVER 30.0 CM	07/01/2008	$266.98	0.0%	0.0%	N	Referral Required
12011	FACE,EARS,EYELIDS,NOSE,LIPS AND OR MUCOUS MEMBRANES; 2.5 CM OR LESS	07/01/2008	$130.24	0.0%	0.0%	N	Referral Required
12013	FACE,EARS,EYELIDS,NOSE,LIPS AND OR MUCOUS MEMBRANES; 2.6 CM TO 5.0 CM	07/01/2008	$143.24	0.0%	0.0%	N	Referral Required
12014	FACE,EARS,EYELIDS,NOSSE, LIPS AND OR MUCOUS MEMBRANES; 5.1 CM TO 7.5 CM	07/01/2008	$168.48	0.0%	0.0%	N	Referral Required
12015	FACE,EARS,EYELIDS,NOSE,LIPS AND OR MUCOUS MEMBRANES; 7.6 CM TO 12.5 CM	07/01/2008	$212.07	0.0%	0.0%	N	Referral Required
12016	FACE,EARS,EYELIDS,NOSE,LIPS AND OR MUCOUS MEMBRANES; 12.6 CM 20.0 CM	07/01/2008	$251.31	0.0%	0.0%	N	Referral Required
12017	FACE,EARS,EYELIDS,NOSE,LIPS AND OR MUCOUS MEMBRANES; 20.1 CM TO 30.0 CM	07/01/2008	$224.45	0.0%	0.0%	N	Referral Required
12018	FACE,EARS,EYELIDS,NOSE,LIPS AND OR MUCOUS MEMBRANES; OVER 30.0 CM	07/01/2008	$267.78	0.0%	0.0%	N	Referral Required
12020	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; SIMPLE CLOSURE	07/01/2008	$219.52	0.0%	0.0%	N	Referral Required
12021	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; WITH PACKING	07/01/2008	$128.42	0.0%	0.0%	N	Referral Required
12031	WOUND CLOSURE - SCALP,AXILLAE,TRUNK,EXTREMI(EXCLUD HANDS & FEET); 2.5 CM OR LESS	07/01/2008	$179.08	0.0%	0.0%	N	Referral Required
12032	SCALP,AXILLAE,TRUNK AND EXTREMITIES(EXCLUDING HANDS & FEET); 2.6 CM TO 7.5 CM	07/01/2008	$237.60	0.0%	0.0%	N	Referral Required
12034	SCALP,AXILLAE,TRUNK,EXTREMITIES(EXCLUDING HANDS & FEET); 7.6 CM TO 12.5 CM	07/01/2008	$233.53	0.0%	0.0%	N	Referral Required
12035	SCALP,AXILLAE,TRUNK,EXTREMITIES(EXCLUDING HANDS & FEET); 12.6 CM TO 20.0 CM	07/01/2008	$297.99	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
12036	SCALP,AXILLAE,TRUNK,EXTREMITIES(EXCLUDING HANDS & FEET); 20.1 CM TO 30.0 CM	07/01/2008	$329.66	0.0%	0.0%	N	Referral Required
12037	SCALP,AXILLAE,TRUNK,EXTREMITIES(EXCLUDING HANDS & FEET); OVER 30.0 CM	07/01/2008	$371.01	0.0%	0.0%	N	Referral Required
12041	NECK, HANDS, FEET AND EXTERNAL GENITALIA; 2.5 CM OR LESS	07/01/2008	$190.70	0.0%	0.0%	N	Referral Required
12042	NECK, HANDS, FEET AND EXTERNAL GENITALIA; 2.6 CM TO 7.5 CM	07/01/2008	$225.24	0.0%	0.0%	N	Referral Required
12044	NECK, HANDS, FEET AND OR EXTERNAL GENITALIA; 7.6 CM TO 12.5 CM	07/01/2008	$254.82	0.0%	0.0%	N	Referral Required
12045	NECK, HANDS, FEET AND EXTERNAL GENITALIA; 12.6 CM TO 20.0 CM	07/01/2008	$301.89	0.0%	0.0%	N	Referral Required
12046	NECK, HANDS, FEET AND EXTERNAL GENITALIA; 20.1 CM TO 30.0 CM	07/01/2008	$355.96	0.0%	0.0%	N	Referral Required
12047	NECK, HANDS, FEET AND EXTERNAL GENITALIA; OVER 30.0 CM	07/01/2008	$381.40	0.0%	0.0%	N	Referral Required
12051	FACE, EARS, EYELIDS, NOSE, LIPS AND MUCOUS MEMBRANES; 2.5 CM OR LESS	07/01/2008	$210.33	0.0%	0.0%	N	Referral Required
12052	FACE, EARS, EYELIDS, NOSE, LIPS AND MUCOUS MEMBRANES; 2.6 CM TO 5.0 CM	07/01/2008	$232.10	0.0%	0.0%	N	Referral Required
12053	FACE, EARS, EYELIDS, NOSE, LIPS AND MUCOUS MEMBRANES; 5.1 CM TO 7.5 CM	07/01/2008	$254.01	0.0%	0.0%	N	Referral Required
12054	FACE, EARS, EYELIDS, NOSE, LIPS AND MUCOUS MEMBRANES; 7.6 CM TO 12.5 CM	07/01/2008	$272.40	0.0%	0.0%	N	Referral Required
12055	FACE, EARS, EYELIDS, NOSE, LIPS AND MUCOUS MEMBRANES; 12.6 CM TO 20.0 CM	07/01/2008	$332.65	0.0%	0.0%	N	Referral Required
12056	FACE, EARS, EYELIDS, NOSE, LIPS AND MUCOUS MEMBRANES; 20.1 CM TO 30.0 CM	07/01/2008	$409.40	0.0%	0.0%	N	Referral Required
12057	FACE, EARS, EYELIDS, NOSE, LIPS AND MUCOUS MEMBRANES; OVER 30.0 CM	07/01/2008	$442.88	0.0%	0.0%	N	Referral Required
13100	TRUNK; 1.1 CM TO 2.5 CM	07/01/2008	$251.92	0.0%	0.0%	N	Referral Required
13101	TRUNK; 2.6 CM TO 7.5 CM	07/01/2008	$313.56	0.0%	0.0%	N	Referral Required
13102	REPAIR COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS-ADD ON	07/01/2008	$86.03	0.0%	0.0%	N	Referral Required
13120	SCALP, ARMS AND OR LEGS; 1.1 CM TO 2.5 CM	07/01/2008	$261.63	0.0%	0.0%	N	Referral Required
13121	SCALP, ARMS AND OR LEGS; 2.6 CM TO 7.5 CM	07/01/2008	$343.86	0.0%	0.0%	N	Referral Required
13122	REPAIR, COMPLEX; SCALP, ARMS AND/OR LEGS; 1.1 CM TO 2.5 CM-ADD ON	07/01/2008	$99.27	0.0%	0.0%	N	Referral Required
13131	FOREHEAD,CHEEKS,CHIN,MOUTH,NECK,AXILLAE,GENITALIA,HANDS,FEET; 1.1 CM TO 2.5 CM	07/01/2008	$289.02	0.0%	0.0%	N	Referral Required
13132	FOREHEAD,CHEEKS,CHIN,MOUTH,NECK,AXILLAE,GENITALIA,HANDS,FEET; 2.6 CM TO 7.5 CM	07/01/2008	$453.78	0.0%	0.0%	N	Referral Required
13133	REPAIR,COMPLEX,FACE,NECK,AXILLAE,GENITALIA,HANDS AND/OR FEET;EA ADDTL 5 CM/LESS	07/01/2008	$135.99	0.0%	0.0%	N	Referral Required
13150	EYELIDS, NOSE, EARS AND LIPS; 1.0 CM OR LESS	07/01/2008	$294.60	0.0%	0.0%	N	Referral Required
13151	EYELIDS, NOSE, EARS AND LIPS; 1.1 CM TO 2.5 CM	07/01/2008	$327.74	0.0%	0.0%	N	Referral Required
13152	EYELIDS, NOSE, EARS AND LIPS; 2.6 CM TO 7.5 CM	07/01/2008	$446.69	0.0%	0.0%	N	Referral Required
13153	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; EACH ADDITIONAL 5 CM OR LESS	07/01/2008	$150.95	0.0%	0.0%	N	Referral Required
13160	SECONDARY CLOSURE OF SURGICAL WOUND OR DEHISCENCE, EXTENSIVE OR COMPLICATED	07/01/2008	$663.13	0.0%	0.0%	N	Referral Required
14000	TRUNK; DEFECT 10 SQ CM OR LESS	07/01/2008	$520.40	0.0%	0.0%	N	Referral Required
14001	TRUNK; DEFECT 10.1 SQ CM TO 30.0 SQ CM	07/01/2008	$678.43	0.0%	0.0%	N	Referral Required
14020	SCALP,ARMS AND/OR LEGS; DEFECT 10 SQ CM OR LESS	07/01/2008	$580.23	0.0%	0.0%	N	Referral Required
14021	SCALP,ARMS AND OR LEGS; DEFECT 10.1 SQ CM TO 30.0 SQ CM	07/01/2008	$765.26	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
14040	FOREHEAD,CHEEKS,CHIN,MOUTH,NECK,AXILLAE,GENITALIA,HANDS/FEET DEFECT 10 SQ CM	07/01/2008	$611.75	0.0%	0.0%	N	Referral Required
14041	4 HEAD,CHEEKS,CHIN,MOUTH,NECK,AXIL.,GEN.,HANDS/FEET 10.1 SQ CM TO 30.0 SQ CM	07/01/2008	$842.33	0.0%	0.0%	N	Referral Required
14060	EYELIDS,NOSE,EARS AND LIPS; DEFECT 10 SQ CM OR LESS	07/01/2008	$625.55	0.0%	0.0%	N	Referral Required
14061	EYELIDS,NOSE,EARS AND LIPS; DEFECT 10.1 SQ CM TO 30.0 SQ CM	07/01/2008	$914.12	0.0%	0.0%	N	Referral Required
14350	INCLUDING PREPARATION OF RECIPIENT SITE	07/01/2008	$622.70	0.0%	0.0%	N	Referral Required
15002	SURGICAL PREP/CREATION/RECIPIENT SITE BY EXCISION/OPEN WNDS 1ST 100 SQ CM (SP)	07/01/2008	$272.39	0.0%	0.0%	N	Referral Required
15003	SURGICAL PREPARATION/CREATION OF RECIPIENT SITE/ EXCISION OF OPEN WOUNDS ADD ON	07/01/2008	$58.78	0.0%	0.0%	N	Referral Required
15004	SURGICAL PREP/CREATION OF SITE/EXCISION OF OPEN WOUNDS, FACE, FEET, HANDS (SP)	07/01/2008	$328.11	0.0%	0.0%	N	Referral Required
15005	SURGICAL PREPARATION OR CREATION/SITE BY EXCISION OF OPEN WOUNDS (ADD-ON)	07/01/2008	$99.26	0.0%	0.0%	N	Referral Required
15040	HARVEST OF SKIN FOR TISSUE CULTURED SKIN AUTOGRAFT, 100SQ CM OR LESS	07/01/2008	$213.40	0.0%	0.0%	N	Referral Required
15050	COVER SMALL ULCER,TIP OF DIGIT OR MINIMAL OPEN AREA; UP TO 2 CM DIAMETER	07/01/2008	$433.56	0.0%	0.0%	N	Referral Required
15100	FIRST 100 SQ CM OR LESS OR 1% OF BODY AREA;INFANTS AND CHILDREN	07/01/2008	$724.17	0.0%	0.0%	N	Referral Required
15101	SPLIT SKIN GRAFT-ADD ON	07/01/2008	$165.51	0.0%	0.0%	N	Referral Required
15110	EPIDERMAL AUTOGRAFT TRUNK, ARMS, LEGS 1ST 100 SQ CM OR LESS OR 1% OF BODY AREA	07/01/2008	$713.79	0.0%	0.0%	N	Referral Required
15111	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS, EA ADD 100 SQ CM OR EA ADD 1% OF BODY	07/01/2008	$103.07	0.0%	0.0%	N	Referral Required
15115	EPIDERMAL AUTOGRAFT, FACE/HEAD, NECK, HANDS, FEET, GENITALIA, 1ST 100 SQ CM<	07/01/2008	$705.01	0.0%	0.0%	N	Referral Required
15116	EPIDERMAL AUTOGRFT, FACE/HEAD, NECK, HANDS, FEET, GENITALIA, EA ADD 100SQ CM	07/01/2008	$136.45	0.0%	0.0%	N	Referral Required
15120	MOUTH,NECK,EARS,ORBITS,GENITALIA,HANDS,FEET;1ST 100 SQ CM OR LESS/INFANT,CHILD	07/01/2008	$757.97	0.0%	0.0%	N	Referral Required
15121	MOUTH,NECK,EAR,ORBITS/GENITALIA,HANDS,FEET;EACH ADD.100 SQ CM-INFANT/CHILD-(A0)	07/01/2008	$228.82	0.0%	0.0%	N	Referral Required
15130	DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS, 1ST 100 SQ CM OR LESS OR 1% OF BODY AREA	07/01/2008	$564.46	0.0%	0.0%	N	Referral Required
15131	DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS, EA ADD 100SQ CM OR 1% OF BODY AREA	07/01/2008	$82.97	0.0%	0.0%	N	Referral Required
15135	DERMAL AUTOGRAFT, FACE, HEAD, NECK, EARS, GENITAL, HAND, FEET, 1ST 100 SQ CM<	07/01/2008	$712.41	0.0%	0.0%	N	Referral Required
15136	DERMAL AUTOGRAFT, FACE, HEAD, NECK, EARS, GENITAL, HAND, FEET, EA ADD 100 SQ CM	07/01/2008	$79.77	0.0%	0.0%	N	Referral Required
15150	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS 1ST 25SQ CM OR <	07/01/2008	$592.21	0.0%	0.0%	N	Referral Required
15151	TISSUE CULTUR EPIDERMAL AUTOGRAFT TRUNK, ARMS, LEGS ADDITIONAL 1SQ CM TO 75SQ CM	07/01/2008	$108.73	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
15152	TISSUE CULTUR EPIDERMAL AUTOGRAFT TRUNK, ARMS, LEGS EA ADD 100SQ CM/1% BODY	07/01/2008	$133.83	0.0%	0.0%	N	Referral Required
15155	TISSUE CULT EPIDERMAL AUTOGRFT, FACE, HEAD GENITAL, HAND, FEET 1ST 25SQ CM/LESS	07/01/2008	$615.30	0.0%	0.0%	N	Referral Required
15156	TISSUE CULT EPIDERMAL AUTOGRFT, HEAD, GENITAL, HAND, FEET 1ST 25 CM/LESS75 SQ CM	07/01/2008	$144.07	0.0%	0.0%	N	Referral Required
15157	TISSUE CULTUR EPIDERMAL AUTOGRFT,HEAD,HANDS,FEET,GENITAL EA ADD 100SQ CM/1% BODY	07/01/2008	$160.02	0.0%	0.0%	N	Referral Required
15170	ACELLULAR DERMAL REPLACEMENT, TRUNK, ARMS, LEGS; 1ST 100 SQ CM/LESS, OR 1% BODY	07/01/2008	$341.98	0.0%	0.0%	N	Referral Required
15171	ACELLULAR DERMAL REPLACE,TRUNK,ARMS,LEGS EA ADD 100SQ CM OR 1% BODY AREA(SP)	07/01/2008	$76.77	0.0%	0.0%	N	Referral Required
15175	ACELLULAR DERMAL REPLACEMENT,TRUNK,ARMS,LEGS 1ST 100SQ CM OR <OR 1% BODY AREA	07/01/2008	$448.90	0.0%	0.0%	N	Referral Required
15176	ACELLULAR DERMAL REPLACEMENT,TRUNK,ARMS,LEGS 1ST 100SQ CM OR <OR 1% BODY AREA	07/01/2008	$123.49	0.0%	0.0%	N	Referral Required
15200	FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; 20 SQ CM OR LESS	07/01/2008	$641.85	0.0%	0.0%	N	Referral Required
15201	FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE,TRUNK;EACH ADD.20 SQ CM-ADD ON	07/01/2008	$124.20	0.0%	0.0%	N	Referral Required
15220	DIRECT CLOSURE OF DONOR SITE,SCALP,ARMS AND LEGS; 20 SQ CM OR LESS	07/01/2008	$610.58	0.0%	0.0%	N	Referral Required
15221	CLOSURE OF DONOR SITE,SCALP,ARMS AND LEGS; EA ADDITIONAL 20 SQ CM-ADD ON	07/01/2008	$115.11	0.0%	0.0%	N	Referral Required
15240	FORHEAD,CHEEKS,CHIN,MOUTH,NECK,AXIL.GENITALIA,HANDS/FEET;20 SQ CM OR LESS	07/01/2008	$729.03	0.0%	0.0%	N	Referral Required
15241	FOREHEAD,CHEEKS,CHIN,MOUTH,NECK,AXIL.,GENITALIA,HANDS,FEET;EA ADD.20 SQ CM-ADDON	07/01/2008	$149.92	0.0%	0.0%	N	Referral Required
15260	CLOSURE OF DONOR SITE,NOSE,EARS,EYELIDS/LIPS;20 SQ CM OR LESS	07/01/2008	$782.84	0.0%	0.0%	N	Referral Required
15261	CLOSURE OF DONOR SITE,NOSE,EARS,EYELIDS/LIPS; EA ADD. 20 SQ CM-ADD ON	07/01/2008	$173.40	0.0%	0.0%	N	Referral Required
15300	ALLOGRAFT SKIN/TEMPORARY WOUND CLOSURE TRUNK, ARMS, LEGS 1ST 100SQ CM OR <	07/01/2008	$275.88	0.0%	0.0%	N	Referral Required
15301	ALLOGRAFT SKIN/TEMPORARY WOUND CLOSURE TRUNK, ARMS, LEGS EA ADD 100SQ CM OR 1%	07/01/2008	$51.53	0.0%	0.0%	N	Referral Required
15320	ALLOGRAFT SKIN/TEMP WOUND CLOSURE HEAD, HANDS, FEET, GENITAL 1ST 100SQ CM OR <	07/01/2008	$314.26	0.0%	0.0%	N	Referral Required
15321	ALLOGRAFT SKIN/TEMP WOUND CLOSURE HEAD, HANDS, FEET, GENITAL EACH ADD 100SQ CM	07/01/2008	$77.30	0.0%	0.0%	N	Referral Required
15330	ACELLULAR DERMAL ALLOGRAFT, TRUNK, ARMS,LEGS 1ST 100 SQ CM OR LESS	07/01/2008	$254.45	0.0%	0.0%	N	Referral Required
15331	ACELLULAR DERMAL ALLOGRAFT, TRUNK, ARMS,LEGS EA ADD 1ST 100 SQ CM OR 1% BODY	07/01/2008	$51.86	0.0%	0.0%	N	Referral Required
15335	ACELLULAR DERMAL ALLOGRAFT, FACE, HEAD, GENITAL, HANDS, FEET 1ST 100 SQ CM OR <	07/01/2008	$274.74	0.0%	0.0%	N	Referral Required
15336	ACELLULAR DERMAL ALLOGRAFT, FACE, HEAD, GENITAL, HANDS, FEET 1ST 100 SQ CM OR <	07/01/2008	$75.49	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
15340	TISSUE CULTURED ALLOGENIC DERMAL SUBSTITUTE; EACH ADDITIONAL 25 SQ CM OR <	07/01/2008	$261.99	0.0%	0.0%	N	Referral Required
15341	TISSUE CULTURED ALLOGENIC DERMAL SUBSTITUTE; EACH ADDITIONAL 25 SQ CM	07/01/2008	$38.59	0.0%	0.0%	N	Referral Required
15360	TISSUE CULTURED ALLOGENIC DERMAL SUBSTITUTE, TRUNK, ARMS, LEGS 1ST 100SQ CM OR <	07/01/2008	$295.45	0.0%	0.0%	N	Referral Required
15361	TISSUE CULTURED ALLOGENIC DERMAL SUBSTITUTE, EACH ADD 100 SQ CM OR 1% OF BODY	07/01/2008	$59.15	0.0%	0.0%	N	Referral Required
15365	TISSUE CULT ALLOGENIC DERMAL SUBSTITUTE, HEAD, HANDS, FEET, GENITAL 1ST 100SQ CM	07/01/2008	$296.20	0.0%	0.0%	N	Referral Required
15366	TISSUE CULT ALLOGEN DERMAL SUBSTITUT HEAD, HANDS, FEET, GENITAL EA ADD 100SQ CM	07/01/2008	$74.68	0.0%	0.0%	N	Referral Required
15400	100 SQ CM OR LESS	07/01/2008	$306.11	0.0%	0.0%	N	Referral Required
15401	EA ADD. 100 SQ CM (LIST SEP. IN ADD. TO CODE FOR PRIMARY PROCEDURE)	07/01/2008	$84.56	0.0%	0.0%	N	Referral Required
15420	XENOGRAFT SKIN FOR TEMP WOUND CLOSURE, HEAD, HANDS, FEET, GENITAL 100 SQ CM OR <	07/01/2008	$344.55	0.0%	0.0%	N	Referral Required
15421	XENOGRAFT SKIN FOR TEMP WOUND CLOSURE, HEAD/ HAND/ FEET/ GENITAL EA ADD/100SQ CM	07/01/2008	$95.65	0.0%	0.0%	N	Referral Required
15430	ACELLULAR XENOGRAFT IMPLANT, FIRST 100 SQ CM OR LESS, OR 1% OF BODY AREA	07/01/2008	$436.92	0.0%	0.0%	N	Referral Required
15431	ACELLULAR XENOGRAFT IMPLANT, EA ADDITIONAL 100 SQ CM OR EA ADD 1% OF BODY AREA	01/01/2006	$0.00	0.0%	0.0%	N	Referral Required
15570	WITH OR WITHOUT TRANSFER; TRUNK	07/01/2008	$718.06	0.0%	0.0%	N	Referral Required
15572	WITH WITHOUT TRANSFER; SCALP, ARMS, OR LEGS	07/01/2008	$677.74	0.0%	0.0%	N	Referral Required
15574	FOREHEAD,CHEEKS,CHIN,MOUTH,NECK,AXILLAE,GENITALIA, HANDS OR FEET	07/01/2008	$729.87	0.0%	0.0%	N	Referral Required
15576	W/WITHOUT TRANSFER; EYELIDS, NOSE, EARS, LIPS, OR INTRAORAL	07/01/2008	$650.90	0.0%	0.0%	N	Referral Required
15600	(DIVISION AND INSET); AT TRUNK	07/01/2008	$286.18	0.0%	0.0%	N	Referral Required
15610	AT SCALP, ARMS OR LEGS	07/01/2008	$260.47	0.0%	0.0%	N	Referral Required
15620	FOREHEAD, CHEEKS, CHIN, NECK, AXILLAE, GENITALIA, HANDS OR FEET	07/01/2008	$366.05	0.0%	0.0%	N	Referral Required
15630	AT EYELIDS, NOSE, EARS, OR LIPS	07/01/2008	$374.57	0.0%	0.0%	N	Referral Required
15650	(EG, ABDOMEN TO WRIST, "WALKING" TUBE) ANY LOCATION	07/01/2008	$404.33	0.0%	0.0%	N	Referral Required
15731	FOREHEAD FLAP WITH PRESERVATION OF VASCULAR PEDICLE	07/01/2008	$894.83	0.0%	0.0%	N	Referral Required
15732	MYOCUTANEOUS OR FASCIOCUTANEOUS FLAP; HEAD AND NECK	07/01/2008	$1,244.73	0.0%	0.0%	N	Referral Required
15734	MYOCUTANEOUS OR FASCIOCUTANEOUS FLAP; TRUNK	07/01/2008	$1,272.23	0.0%	0.0%	N	Referral Required
15736	MYOCUTANEOUS OR FASCIOCUTANEOUS FLAP; UPPER EXTREMITY	07/01/2008	$1,142.17	0.0%	0.0%	N	Referral Required
15738	MYOCUTANEOUS OR FASCIOCUTANEOUS FLAP; LOWER EXTREMITY	07/01/2008	$1,215.01	0.0%	0.0%	N	Referral Required
15740	FLAP; ISLAND PEDICLE	07/01/2008	$795.80	0.0%	0.0%	N	Referral Required
15750	FLAP; NEUROVASCULAR PEDICLE	07/01/2008	$752.61	0.0%	0.0%	N	Referral Required
15756	WITH OR WITHOUT SKIN WITH MICROVASCULAR ANASTOMOSIS	07/01/2008	$1,973.03	0.0%	0.0%	N	Referral Required
15757	WITH MICROVASCULAR ANASTOMOSIS S	07/01/2008	$1,972.23	0.0%	0.0%	N	Referral Required
15758	WITH MICROVASCULAR ANASTOMOSIS	07/01/2008	$1,964.99	0.0%	0.0%	N	Referral Required
15760	INCLUDING PRIMARY CLOSURE, DONOR AREA	07/01/2008	$682.00	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
15770	DERMA-FAT-FASCIA	07/01/2008	$535.09	0.0%	0.0%	N	Referral Requirec
15820	LOWER EYELID	07/01/2008	$434.64	0.0%	0.0%	N	Referral Requirec
15821	LOWER EYELID; WITH EXTENSIVE HERNIATED FAT PAD	07/01/2008	$463.97	0.0%	0.0%	N	Referral Requirec
15822	UPPER EYELID	07/01/2008	$342.76	0.0%	0.0%	N	Referral Requirec
15823	BLEPHAROPLASTY UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	07/01/2008	$536.08	0.0%	0.0%	N	Referral Requirec
15829	SUPERFICIAL MUSCULOAPONEUROTIC SYSTEM (SMAS) FLAP	07/01/2008	$536.88	0.0%	0.0%	Y	Referral Requirec
15830	EXCISION, EXCESSIVE SKIN/SUBCUTANEOUS TISSUE ABDOMEN, UMBILICAL PANNICULECTOMY	07/01/2008	$950.17	0.0%	0.0%	Y	Referral Requirec
15833	EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE; LEG	07/01/2008	$682.91	0.0%	0.0%	Y	Referral Requirec
15836	EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE; ARM	10/01/2008	$528.02	0.0%	0.0%	Y	Referral Requirec
15840	FREE FASCIA GRAFT (INCLUDING OBATINING FASCIA)	07/01/2008	$835.56	0.0%	0.0%	N	Referral Requirec
15841	FREE MUSCLE GRAFT (INCLUDING OBTAINING GRAFT)	07/01/2008	$1,386.20	0.0%	0.0%	N	Referral Requirec
15842	FREE MUSCLE GRAFT BY MICROSURGICAL TECHNIQUE	07/01/2008	$2,189.36	0.0%	0.0%	N	Referral Requirec
15845	REGIONAL MUSCLE TRANSFER	07/01/2008	$781.12	0.0%	0.0%	N	Referral Requirec
15847	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (ADD-ON)	07/01/2008	$796.67	0.0%	0.0%	Y	Referral Requirec
15850	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), SAME SURGEON	07/01/2008	$54.03	0.0%	0.0%	N	Referral Requirec
15851	UNDER ANESTHESIA (OTHER THAN LOCAL), OTHER SURGEON	07/01/2008	$80.47	0.0%	0.0%	N	Referral Requirec
15852	UNDER ANESTHESIA (OTHER THAN LOCAL)	07/01/2008	$40.34	0.0%	0.0%	N	Referral Requirec
15860	TO TEST BLOOD FLOW IN FLAP OR GRAFT	07/01/2008	$94.34	0.0%	0.0%	N	Referral Requirec
15877	SUCTION ASSISTED LIPECTOMY; TRUNK	10/01/2000	$0.00	0.0%	0.0%	Y	Referral Requirec
15920	COCCYGEAL PRESSURE ULCER WITH COCCYGECTOMY; WITH PRIMARY SUTURE	07/01/2008	$475.10	0.0%	0.0%	N	Referral Requirec
15922	COCCYGEAL PRESSURE ULCER WITH COCCYGECTOMY; WITH FLAP CLOSURE	07/01/2008	$610.09	0.0%	0.0%	N	Referral Requirec
15931	WITH PRIMARY SUTURE	07/01/2008	$545.67	0.0%	0.0%	N	Referral Requirec
15933	WITH PRIMARY SUTURE; WITH OSTECTOMY	07/01/2008	$670.72	0.0%	0.0%	N	Referral Requirec
15934	WITH SKIN FLAP CLOSURE	07/01/2008	$750.99	0.0%	0.0%	N	Referral Requirec
15935	WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	07/01/2008	$887.85	0.0%	0.0%	N	Referral Requirec
15936	IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP OR SKIN GRAFT CLOSURE;	07/01/2008	$731.85	0.0%	0.0%	N	Referral Requirec
15937	PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP OR SKIN GRAFT CLOSURE; W/OSTECTOMY	07/01/2008	$855.51	0.0%	0.0%	N	Referral Requirec
15940	WITH PRIMARY SUTURE;	07/01/2008	$563.77	0.0%	0.0%	N	Referral Requirec
15941	WITH PRIMARY SUTURE; WITH OSTECTOMY (ISCHIECTOMY)	07/01/2008	$740.47	0.0%	0.0%	N	Referral Requirec
15944	WITH SKIN FLAP CLOSURE;	07/01/2008	$722.02	0.0%	0.0%	N	Referral Requirec
15945	WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	07/01/2008	$798.32	0.0%	0.0%	N	Referral Requirec
15946	W/OSTECTOMY IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP OR SKIN GRAFT CLOSE	07/01/2008	$1,327.10	0.0%	0.0%	N	Referral Requirec
15950	WITH PRIMARY SUTURE;	07/01/2008	$465.77	0.0%	0.0%	N	Referral Requirec
15951	WITH PRIMARY SUTURE; WITH OSTECTOMY	07/01/2008	$664.72	0.0%	0.0%	N	Referral Requirec
15952	WITH SKIN FLAP CLOSURE;	07/01/2008	$691.52	0.0%	0.0%	N	Referral Requirec
15953	WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	07/01/2008	$770.92	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
15956	PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP OR SKIN GRAFT CLOSURE;	07/01/2008	$937.71	0.0%	0.0%	N	Referral Required
15958	PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP OR SKIN GRAFT CLOSURE; W/OSTECTOMY	07/01/2008	$956.30	0.0%	0.0%	N	Referral Required
15999	EXCISION PRESSURE ULCER	09/01/1982	$0.00	0.0%	0.0%	N	Referral Required
16000	WHEN NO MORE THAN LOCAL TREATMENT IS REQUIRED	07/01/2008	$57.59	0.0%	0.0%	N	Referral Required
16020	DRESSINGS AND OR DEBRIDEMENT WITHOUT ANESTHESIA, OFFICE OR HOSPITAL, SMALL	07/01/2008	$68.22	0.0%	0.0%	N	Referral Required
16025	WITHOUT ANESTHESIA, MEDIUM (EG, WHOLE FACE OR WHOLE EXTREMITY)	07/01/2008	$121.42	0.0%	0.0%	N	Referral Required
16030	WITHOUT ANESTHESIA, LARGE (EG, MORE THAN ONE EXTREMITY)	07/01/2008	$145.34	0.0%	0.0%	N	Referral Required
16035	ESCHAROTOMY	07/01/2008	$180.78	0.0%	0.0%	N	Referral Required
16036	ESCHAROTOMY; EACH ADDITIONAL INCISION (ADD-ON)	07/01/2008	$71.77	0.0%	0.0%	N	Referral Required
17000	ALL BENIGN OR PREMALIGNANT LESIONS;INCLUDING LOCAL ANESTHESIA; FIRST LESION	07/01/2008	$61.22	0.0%	0.0%	N	Referral Required
17003	ALL BENIGN OR PREMALIGNANT LESIONS;INCL LOCAL ANESTH;2ND-14 LESIONS, EACH ADD-ON	07/01/2008	$6.15	0.0%	0.0%	N	Referral Required
17004	BENIGN OR PREMALIGNANT LESIONS;INCLUDING LOCAL ANESTH.;15 OR MORE LESIONS-(SP)	07/01/2008	$142.11	0.0%	0.0%	N	Referral Required
17106	OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS; LESS THAN 10 SQ CM	07/01/2008	$316.82	0.0%	0.0%	Y	Referral Required
17107	DESTRUCTION OF CUTANEOUS VASCULAR PROLIF LESIONS; 10.0 - 50.0 SQ CM	07/01/2008	$556.67	0.0%	0.0%	Y	Referral Required
17108	OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS; OVER 50.0 SQ CM	07/01/2008	$756.23	0.0%	0.0%	Y	Referral Required
17110	DESTRUCTION OF FLAT WARTS, MOLLUSCUM CONTAGIOSUM, OR MILIA; UP TO 14 LESIONS	07/01/2008	$80.14	0.0%	0.0%	N	Referral Required
17111	OF FLAT WARTS, MOLLUSCUM CONTAGIOSUM, OR MILIA; 15 OR MORE LESIONS	07/01/2008	$97.96	0.0%	0.0%	N	Referral Required
17250	GRANULATION TISSUE (PROUD FLESH, SINUS OR FISTULA)	07/01/2008	$60.27	0.0%	0.0%	N	Referral Required
17260	DESTRUCT MALIG LESION TRUNK-ARM-LEG 0.5 CM OR LESS	07/01/2008	$76.70	0.0%	0.0%	N	Referral Required
17261	DESTRUCT MALIG LESION TRUNK-ARM-LEG 0.6 TO 1.0 CM	07/01/2008	$109.34	0.0%	0.0%	N	Referral Required
17262	DESTRUCT MALIG LESION TRUNK-ARM-LEG 1.1 TO 2.0 CM	07/01/2008	$133.58	0.0%	0.0%	N	Referral Required
17263	DESTRUCT MALIG LESION TRUNK-ARM-LEG 2.1 TO 3.0 CM	07/01/2008	$147.30	0.0%	0.0%	N	Referral Required
17264	DESTRUCT MALIG LESION TRUNK-ARM-LEG 3.1 TO 4.0 CM	07/01/2008	$159.17	0.0%	0.0%	N	Referral Required
17266	DESTRUCT MALIG LESION TRUNK-ARM-LEG OVER 4.0 CM	07/01/2008	$181.03	0.0%	0.0%	N	Referral Required
17270	DESTRUCT MALIG LESION SCALP-NECK-HAND 0.5 CM LESS	07/01/2008	$114.96	0.0%	0.0%	N	Referral Required
17271	DESTRUCT MALIG LESION SCALP-NECK-HAND 0.6-1.0 CM	07/01/2008	$125.87	0.0%	0.0%	N	Referral Required
17272	DESTRUCT MALIG LESION SCALP-NECK-HAND 1.1-2.0 CM	07/01/2008	$144.59	0.0%	0.0%	N	Referral Required
17273	DESTRUCT MALIG LESION SCALP-NECK-HAND 2.1-3.0 CM	07/01/2008	$161.26	0.0%	0.0%	N	Referral Required
17274	DESTRUCT MALIG LESION SCALP-NECK-HAND 3.1-4.0 CM	07/01/2008	$192.60	0.0%	0.0%	N	Referral Required
17276	DESTRUCT MALIG LESION SCALP-NECK-HAND 4.0 CM OVE	07/01/2008	$225.32	0.0%	0.0%	N	Referral Required
17280	DESTRUCT MALIG LESION FACE-EARS-NOSE 0.5 OR LESS	07/01/2008	$107.34	0.0%	0.0%	N	Referral Required
17281	DESTRUCT MALIG LESION FACE-EARS-NOSE 0.6-1.0 CM	07/01/2008	$137.01	0.0%	0.0%	N	Referral Required
17282	DESTRUCT MALIG LESION FACE-EARS-NOSE 1.1-2.0 CM	07/01/2008	$158.88	0.0%	0.0%	N	Referral Required
17283	DESTRUCT MALIG LESION FACE-EARS-NOSE 2.1-3.0 CM	07/01/2008	$192.98	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
17284	DESTRUCT MALIG LESION FACE-EARS-NOSE 3.1-4.0 CM	07/01/2008	$225.75	0.0%	0.0%	N	Referral Requirec
17286	DESTRUCT MALIG LESION FACE-EARS-NOSE OVER 4.0 CM	07/01/2008	$289.14	0.0%	0.0%	N	Referral Requirec
17311	MOHS MICROGRAPHIC TECHNIQUE, INCL REMOVAL OF GROSS TUMOR, SURG EXCISION/TISSUE	07/01/2008	$569.86	0.0%	0.0%	N	Referral Requirec
17312	MOHS MICROGRAPHIC TECHNIQUE, EA ADD STAGE AFTER 1ST , UP TO 5 TISSUE BLOCKS (SP)	07/01/2008	$343.19	0.0%	0.0%	N	Referral Requirec
17313	MOHS MICROGRAPHIC TECHNIQUE/TRUNK, ARMS, LEGS; 1ST STAGE, UP TO 5 TISSUE BLOCKS	07/01/2008	$520.45	0.0%	0.0%	N	Referral Requirec
17314	MOHS MICROGRAPHIC TECHNIQUE, EA ADD AFTER 1st STAGE, UP TO 5 TISSUE BLOCKS (SP)	07/01/2008	$317.27	0.0%	0.0%	N	Referral Requirec
17315	MOHS MICROGRAPHIC TECHNIQUE, EA ADDITIONAL BLOCK AFTER 1st 5 TISSUE BLOCKS, (SP)	07/01/2008	$67.93	0.0%	0.0%	N	Referral Requirec
17999	UNLISTED PROCEDURE, SKIN	04/16/2006	$0.00	0.0%	0.0%	Y	Referral Requirec
19000	ASPIRATION, CYST, BREAST	07/01/2008	$94.77	0.0%	0.0%	N	Referral Requirec
19001	ASPIRATION, CYST, BREAST-ADD ON	07/01/2008	$23.19	0.0%	0.0%	N	Referral Requirec
19020	MASTOTOMY	07/01/2008	$350.08	0.0%	0.0%	N	Referral Requirec
19030	INJ PROCEDURE ONLY FOR MAMMARY DUCTOGRAM OR GALACT	07/01/2008	$145.55	0.0%	0.0%	N	Referral Requirec
19100	BREAST BIOPSY	07/01/2008	$115.10	0.0%	0.0%	N	Referral Requirec
19101	BREAST BIOPSY	07/01/2008	$262.97	0.0%	0.0%	N	Referral Requirec
19102	BIOPSY OF BREAST; PERCUTANEOUS NEEDLE CORE, USING IMAGING GUIDANCE	07/01/2008	$191.48	0.0%	0.0%	N	Referral Requirec
19103	BIOPSY OF BREAST;PERCUTANEOUS,AUTO VACUUM ASSISTED/ROTATING DEVICE,IMAGING	07/01/2008	$489.83	0.0%	0.0%	N	Referral Requirec
19105	ABLATION, CRYOSURGICAL, OF FIBROADENOMA, INCL ULTRASOUND GUIDANCE, EA	07/01/2008	$1,681.27	0.0%	0.0%	N	Referral Requirec
19110	NIPPLE EXPLORATION W/ OR W/O EXCISION	07/01/2008	$354.58	0.0%	0.0%	N	Referral Requirec
19112	EXCISION OF LACTIFEROUS DUCT	07/01/2008	$339.26	0.0%	0.0%	N	Referral Requirec
19120	EXCISION, CYST, BREAST	07/01/2008	$370.15	0.0%	0.0%	N	Referral Requirec
19125	EXCISION BREAST LESION IDENTIFIED BY PRE-OP PLACEM	07/01/2008	$408.63	0.0%	0.0%	N	Referral Requirec
19126	EA ADDITIONAL LESION SEPARATELY IDENTIFIED BY RADI-ADD ON	07/01/2008	$134.53	0.0%	0.0%	N	Referral Requirec
19260	EXCISION, TUMOR, CHEST WALL	07/01/2008	$986.43	0.0%	0.0%	N	Referral Requirec
19271	EXCISION CHEST WALL TUMOR W/PLASTIC RECONSTRUCTION	07/01/2008	$1,347.11	0.0%	0.0%	N	Referral Requirec
19272	EXCISION CHEST WALL TUMOR W/MEDIASTINAL LYMPHADENE	07/01/2008	$1,488.60	0.0%	0.0%	N	Referral Requirec
19290	PRE-OPERATIVE PLACEMENT NEEDLE LOCAL WIRE BREAST	07/01/2008	$139.75	0.0%	0.0%	N	Referral Requirec
19291	PREOP PLACE NEEDLE WIRE BREAST EA ADD LESION-ADD ON	07/01/2008	$60.75	0.0%	0.0%	N	Referral Requirec
19295	IMAGE GUIDED PLCMNT, METALLIC LOCALIZATION CLIP, DURING BREAST BIOPSY-ADD ON	07/01/2008	$83.27	0.0%	0.0%	N	Referral Requirec
19296	AFTER LOADING CATHETER INTO BREAST; ON DATE OTHER THAN PARTIAL MASTECTOMY	07/01/2008	$3,657.00	0.0%	0.0%	N	Referral Requirec
19297	PLACEMENT OF RADIOTHERAPY AFTER LOADING BALLOON CATH INTO THE BREAST (ADD-ON)	07/01/2008	$78.77	0.0%	0.0%	N	Referral Requirec
19298	PLACEMENT OF RADIOTHERAPY AFTERLOADING BRACHYTHERAPY CATHETERS	07/01/2008	$1,280.28	0.0%	0.0%	N	Referral Requirec
19300	MASTECTOMY FOR GYNECOMASTIA	11/01/2009	$405.27	0.0%	0.0%	Y	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY);	07/01/2008	$484.71	0.0%	0.0%	N	Referral Required
19302	MASTECTOMY, PARTIAL ; W/ AXILLARY LYMPHADENECTOMY	07/01/2008	$707.89	0.0%	0.0%	N	Referral Required
19303	MASTECTOMY, SIMPLE, COMPLETE	07/01/2008	$748.59	0.0%	0.0%	N	Referral Required
19304	MASTECTOMY, SUBCUTANEOUS	07/01/2008	$443.66	0.0%	0.0%	N	Referral Required
19305	MASTECTOMY, RADICAL, INCL PECTORAL MUSCLES, AXILLARY LYMPH NODES	07/01/2008	$882.78	0.0%	0.0%	N	Referral Required
19306	MASTECTOMY, RADICAL, INCL PECTORAL MUSCLES, (URBAN TYPE OPERATION)	07/01/2008	$921.27	0.0%	0.0%	N	Referral Required
19307	MASTECTOMY, MODIFIED RADICAL	07/01/2008	$925.98	0.0%	0.0%	N	Referral Required
19316	MASTOPEXY	07/01/2008	$640.76	0.0%	0.0%	Y	Referral Required
19318	REDUCTION MAMMAPLASTY	07/01/2008	$941.06	0.0%	0.0%	Y	Referral Required
19324	MAMMAPLASTY,AUGMENTATION W/O PROSTHETIC IMPLANT	07/01/2008	$395.33	0.0%	0.0%	Y	Referral Required
19325	MAMMAPLASTY WITH PROSTHETIC IMPLANT	07/01/2008	$526.85	0.0%	0.0%	Y	Referral Required
19328	REMOVAL OF INTACT MAMMARYIMPLANT	07/01/2008	$397.39	0.0%	0.0%	Y	Referral Required
19330	REMOVAL, BREAST IMPLANT	07/01/2008	$505.64	0.0%	0.0%	Y	Referral Required
19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS	07/01/2008	$331.09	0.0%	0.0%	Y	Referral Required
19342	DELAYED INSERTION OF BREAST PROSTHESIS	07/01/2008	$748.89	0.0%	0.0%	Y	Referral Required
19350	RECONSTRUCTION, NIPPLE	07/01/2008	$724.53	0.0%	0.0%	Y	Referral Required
19357	BREAST RECONSTRUCT W/TISSUE UXPANDER INCLUDE SUBSE	07/01/2008	$1,263.22	0.0%	0.0%	Y	Referral Required
19361	BREAST RECONSTRUST W/LATISSIMUS DORSI FLAP, W/WO M	07/01/2008	$1,320.56	0.0%	0.0%	Y	Referral Required
19364	BREAST RECONSTRUCTION WITH FREE FLAP	07/01/2008	$2,304.04	0.0%	0.0%	Y	Referral Required
19366	BREAST RECONSTRUCTION W/OTHER TECHNIQUE	07/01/2008	$1,148.40	0.0%	0.0%	Y	Referral Required
19367	BREAST RECONSTRUCTION W/TRAM SINGLE PEDICLE	07/01/2008	$1,501.09	0.0%	0.0%	Y	Referral Required
19368	BREAST RECONSTRUCTION W/MINCROVASCULAR ANASTOMOSIS	07/01/2008	$1,849.45	0.0%	0.0%	Y	Referral Required
19369	BREAST RECONSTRUCTION W/TRAM, DOUBLE PEDICLE	07/01/2008	$1,705.96	0.0%	0.0%	Y	Referral Required
19370	OPEN PERIPROSTHETIC CAPULOTOMY BREAST	07/01/2008	$554.76	0.0%	0.0%	Y	Referral Required
19371	PERIPROSTHETIC CAPSULECTOMY BREAST	07/01/2008	$639.40	0.0%	0.0%	Y	Referral Required
19380	REVISION OF RECONSTRUCTED BREAST	07/01/2008	$625.39	0.0%	0.0%	Y	Referral Required
19499	UNLISTED PROCEDURE, BREAST	01/01/1976	$0.00	0.0%	0.0%	Y	Referral Required
20000	INCISION, ABCESS, SOFT TISSUE	07/01/2008	$167.78	0.0%	0.0%	N	Referral Required
20005	INCISION OF SOFT TISSUE ABSCESS, DEEP/COMPLICATED	07/01/2008	$247.42	0.0%	0.0%	N	Referral Required
20100	EXPLORATION OF PENETRATING WOUND; NECK	07/01/2008	$503.76	0.0%	0.0%	N	Referral Required
20101	EXPLORATION OF PENETRATING WOUND; CHEST	07/01/2008	$325.41	0.0%	0.0%	N	Referral Required
20102	EXPLORATION OF PENETRATING WOUND; ABDOMEN/FLANK/BK	07/01/2008	$382.43	0.0%	0.0%	N	Referral Required
20103	EXPLORATION OF PENETRATING WOUND; EXTREMITY	07/01/2008	$466.12	0.0%	0.0%	N	Referral Required
20150	EXCISION EPIPHYSEAL BAR W/WO AUTOGENOUS SOFT TISSU	07/01/2008	$773.54	0.0%	0.0%	N	Referral Required
20200	BIOPSY, MUSCLE	07/01/2008	$155.61	0.0%	0.0%	N	Referral Required
20205	BIOPSY, MUSCLE	07/01/2008	$213.91	0.0%	0.0%	N	Referral Required
20206	BIOPSY MUSCLE PERCUTANEOUS NEEDLE	07/01/2008	$229.98	0.0%	0.0%	N	Referral Required
20220	BIOPSY, BONE	07/01/2008	$165.29	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
20225	BIOPSY, BONE	07/01/2008	$675.26	0.0%	0.0%	N	Referral Requirec
20240	BIOPSY, BONE	07/01/2008	$193.71	0.0%	0.0%	N	Referral Requirec
20245	BIOPSY, BONE	07/01/2008	$524.50	0.0%	0.0%	N	Referral Requirec
20250	BIOPSY VERTEBRAL BODY OPEN THORACIC	07/01/2008	$311.45	0.0%	0.0%	N	Referral Requirec
20251	BIOPSY VERTEBRAL BODY OPEN LUMBAR OF CERVICAL	07/01/2008	$346.17	0.0%	0.0%	N	Referral Requirec
20500	INJECTION, SINUS TRACT	07/01/2008	$104.24	0.0%	0.0%	N	Referral Requirec
20501	INJECTION, SINUS TRACT	07/01/2008	$114.36	0.0%	0.0%	N	Referral Requirec
20520	REMOVAL, FOREIGN BODY, MUSCLE	07/01/2008	$158.93	0.0%	0.0%	N	Referral Requirec
20525	REMOVAL FB IN MUSCLE DEEP OR COMPLICATED	07/01/2008	$398.65	0.0%	0.0%	N	Referral Requirec
20526	INJECTION, THERAPEUTIC (LOCAL) CARPAL TUNNEL	07/01/2008	$63.78	0.0%	0.0%	N	Referral Requirec
20550	INJECTION, LIGAMENT	07/01/2008	$49.21	0.0%	0.0%	N	Referral Requirec
20551	INJECTIONS; TENDON ORIGINAL/INSERTION	07/01/2008	$48.68	0.0%	0.0%	N	Referral Requirec
20552	INJECTION; SINGLE/MULTIPLE TRIGGER POINTS, ONE OR TWO MUSCLE GROUPS	07/01/2008	$44.73	0.0%	0.0%	N	Referral Requirec
20553	INJECTION; SINGLE/MULTIPLE TRIGGER POINTS 3 OR MORE MUSCLE GROUPS	07/01/2008	$50.26	0.0%	0.0%	N	Referral Requirec
20555	PLACEMENT OF NEEDLES/CATHETERS INTO MUSCLE &/OR SOFT TISSUE	01/01/2008	$282.02	0.0%	0.0%	N	Referral Requirec
20600	ARTHROCENTESIS	07/01/2008	$45.63	0.0%	0.0%	N	Referral Requirec
20605	ARTHROCENTESIS	07/01/2008	$49.40	0.0%	0.0%	N	Referral Requirec
20610	ARTHROCENTESIS	07/01/2008	$62.45	0.0%	0.0%	N	Referral Requirec
20612	ASPIRATION AND/OR INJECTION OF GANGLION CYSTS; ANY LOCATION	07/01/2008	$48.87	0.0%	0.0%	N	Referral Requirec
20615	ASPIRATIOFN AND INJECTION FOR BONE CYST	07/01/2008	$184.89	0.0%	0.0%	N	Referral Requirec
20650	INSERTION, PIN, SKELETAL TRACT	07/01/2008	$161.72	0.0%	0.0%	N	Referral Requirec
20660	APPLICATION OF CRANIAL TONGS, CALIPER, OR STEREOTACTIC FRAME, INC REMOVAL	07/01/2008	$221.37	0.0%	0.0%	N	Referral Requirec
20661	APPLICATION OF HALO INC REMOVAL CRANIAL	07/01/2008	$377.08	0.0%	0.0%	N	Referral Requirec
20662	APPLICATION OF HALO INC REMOVAL PELVDC	07/01/2008	$393.02	0.0%	0.0%	N	Referral Requirec
20663	APPLICATION OF HALO INC REMOVAL FEMORAL	07/01/2008	$367.91	0.0%	0.0%	N	Referral Requirec
20664	APPLICATION OF HALO, INCLUDING REMOVAL,CRANIAL,6 OR MORE PINS FOR THIN SKULL	07/01/2008	$611.82	0.0%	0.0%	N	Referral Requirec
20665	REMOVAL, CALIPER	07/01/2008	$106.90	0.0%	0.0%	N	Referral Requirec
20670	REMOVAL, PIN OR OTHER	07/01/2008	$367.31	0.0%	0.0%	N	Referral Requirec
20680	REMOVAL, PIN OR OTHER	07/01/2008	$491.31	0.0%	0.0%	N	Referral Requirec
20690	APP OF A UNIPLANE UNILATERAL, EXTERNAL FIXATION SYSTEM	07/01/2008	$425.24	0.0%	0.0%	N	Referral Requirec
20692	APP OF MULTIPLANE (PINS OR WIRES MORE THAN 1 PLANE), UNILATERAL	07/01/2008	$783.18	0.0%	0.0%	N	Referral Requirec
20693	ADJ/REVISION OF EXTERNAL FIXATION SYSTEM REQUIRING	07/01/2008	$384.82	0.0%	0.0%	N	Referral Requirec
20694	REMOVAL,UNDER ANESTHESIA OF EXTERNAL FIXATION SYS	07/01/2008	$362.30	0.0%	0.0%	N	Referral Requirec
20696	APPL OF MULTIPL PINS/WIRES >1PLN UNI EXTRNL FIXTN W/STEREOTACTIC COMP-ASSIST	01/01/2009	$934.49	0.0%	0.0%	N	Referral Requirec
20697	EXCHANGE (IE, REMOVAL AND REPLACEMENT) OF STRUT, EACH	01/01/2009	$1,053.69	0.0%	0.0%	N	Referral Requirec
20802	REPLANTATION, ARM, COMPLETE AMPUTATION	07/01/2008	$2,062.01	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
20805	REPLANTATION, FOREARM; COMPLETE AMPUTATION	07/01/2008	$2,680.23	0.0%	0.0%	N	Referral Required
20808	REPLANTATION HAND; COMPLETE AMPUTATION	07/01/2008	$3,447.26	0.0%	0.0%	N	Referral Required
20816	REPLANTATION DIGIT COMPLETE	07/01/2008	$2,054.64	0.0%	0.0%	N	Referral Required
20822	REPLANTATION,DIGIT,EXCLUDING THUMB;COMPLETE AMPUTA	07/01/2008	$1,794.84	0.0%	0.0%	N	Referral Required
20824	REPLANTATION, THUMB; COMPLETE AMPUTATION	07/01/2008	$2,032.99	0.0%	0.0%	N	Referral Required
20827	REPLANTATION, THUMB;DISTAL TIP TO MP JOINT;COMPLET	07/01/2008	$1,838.39	0.0%	0.0%	N	Referral Required
20838	REPLANTATION, FOOT, COMPLETE AMPUTATION	07/01/2008	$2,054.72	0.0%	0.0%	N	Referral Required
20900	BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL	07/01/2008	$505.99	0.0%	0.0%	N	Referral Required
20902	BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE	07/01/2008	$507.04	0.0%	0.0%	N	Referral Required
20910	CARTILAGE GRAFT; COSTOCHONDRAL	07/01/2008	$357.63	0.0%	0.0%	N	Referral Required
20912	CARTILAGE GRAFT, NASAL SEPTUM	07/01/2008	$407.50	0.0%	0.0%	N	Referral Required
20920	FASCIA LATA GRAFT; BY STRIPPER	07/01/2008	$337.04	0.0%	0.0%	N	Referral Required
20922	FASCIA LATA GRAFT; BY INCISION & AREA EXPOSURE, COMPLEX OR SHEET	07/01/2008	$494.51	0.0%	0.0%	N	Referral Required
20924	TENDON GRAFT, FROM A DISTANCE	07/01/2008	$421.88	0.0%	0.0%	N	Referral Required
20926	TISSUE GRAFTS, OTHER	07/01/2008	$361.91	0.0%	0.0%	N	Referral Required
20930	ALLOGRAFT FOR SPINE SURGERY ONLY; MORSELIZED-(SP)	07/01/2008	$171.62	0.0%	0.0%	N	Referral Required
20931	ALLOGRAFT FOR SPINE SURGERY ONLY; STRUCTURAL-(SP)	07/01/2008	$95.44	0.0%	0.0%	N	Referral Required
20936	AUTOGRAFT FOR SPINE SURGERY ONLY; (INCL HARVEST) LOCAL FROM SAME INCISION-(SP)	01/01/1996	$0.00	0.0%	0.0%	N	Referral Required
20937	AUTOGRAFT SPINE SURGERY ONLY; MORSELIZED-(SP)	07/01/2008	$146.02	0.0%	0.0%	N	Referral Required
20938	AUTOGRAFT SPINE SURGERY; STRUCTURAL, BICORTAL/TRICORTICAL-(SP)	07/01/2008	$158.54	0.0%	0.0%	N	Referral Required
20950	MONITOR INTERSTITIAL FLUID PRESSURE DETECT MCS	07/01/2008	$230.92	0.0%	0.0%	N	Referral Required
20955	FIBULA GRAFT WITH MICROVASCULAR ANASTOMOSIS	07/01/2008	$2,150.16	0.0%	0.0%	N	Referral Required
20956	BONE GRAFT W/MICROVASCULAR ANASTOMOSIS-ILIAC CREST	07/01/2008	$2,258.89	0.0%	0.0%	N	Referral Required
20957	BONE GRAFT W/MICROVASCULAR ANASTOMOSIS-METATARSAL	07/01/2008	$2,135.73	0.0%	0.0%	N	Referral Required
20962	BONE GRAFT W/MICROVASCULAR OR ANASTOMOSIS; OTHER B	07/01/2008	$2,238.67	0.0%	0.0%	N	Referral Required
20969	FREE OSTEOCUTANEOUS FLAP W/MICROVASCULAR ANASTOMOS	07/01/2008	$2,400.96	0.0%	0.0%	N	Referral Required
20970	FREE OSTEOCUTANEOUS FLAP W/MICROVASCU.-ILIAC CREST	07/01/2008	$2,383.41	0.0%	0.0%	N	Referral Required
20972	FREE OSTEOCUTANEOUS FLAP W/MICROVASCULA-METATARSAL	07/01/2008	$2,175.82	0.0%	0.0%	N	Referral Required
20973	FREE OSTEOCUTANEOUS FLAP, GREAT TOE W/WEB SPACE	07/01/2008	$2,336.67	0.0%	0.0%	N	Referral Required
20974	ELECTRICAL STIMULATION TO AID BONE HEALING; NONINVASIVE-(SP)	07/01/2008	$50.73	0.0%	0.0%	N	Referral Required
20975	ELECTRIC STIMULATION TO AID BONE HEALING; INVASIVE-(SP)	07/01/2008	$149.65	0.0%	0.0%	N	Referral Required
20979	LOW INTENSITY ULTRASOUND TO AID BONE HEALING; NONINVASIVE	07/01/2008	$46.35	0.0%	0.0%	N	Referral Required
20982	ABLATION, BONE TUMOR(S) (EG OSTEIOD OSTEOMA, METASTASIS) RADIOFREQUENCY, PERCUT.	07/01/2008	$3,421.49	0.0%	0.0%	N	Referral Required
20985	COMPUTER-ASSISTED SURGICAL NAVIGATIONAL PROC FOR MUSCULOSKELETAL PROC (SP)	01/01/2008	$125.96	0.0%	0.0%	N	Referral Required
20999	REPAIR, MUSCLE WOUND	01/01/1976	$0.00	0.0%	0.0%	N	Referral Required
21010	ARTHROTOMY,TEMPOROMANDIBULAR JOINT;UNILATERAL	07/01/2008	$609.98	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
21015	RADICAL RESECTION TUMOR FACE OR SCALP	07/01/2008	$356.20	0.0%	0.0%	N	Referral Required
21025	EXCISION OF BONE, MANDIBLE	07/01/2008	$810.20	0.0%	0.0%	N	Referral Required
21026	EXCISION OF FACIAL BONES	07/01/2008	$475.88	0.0%	0.0%	N	Referral Required
21029	REMOVAL BY CONTOURING BENIGN TUMOR OF FACIAL BONE	07/01/2008	$610.75	0.0%	0.0%	N	Referral Required
21030	EXCISION, TUMOR, FACIAL BONE	07/01/2008	$396.93	0.0%	0.0%	N	Referral Required
21031	EXCISION TORUS MANDIBULARIS	07/01/2008	$303.29	0.0%	0.0%	N	Referral Required
21032	EXCISION TORUS PALATINUS	07/01/2008	$309.20	0.0%	0.0%	N	Referral Required
21034	EXCISION MALIGNANT TUMOR OF FACIAL BONE	07/01/2008	$1,107.09	0.0%	0.0%	N	Referral Required
21040	EXCISION, TUMOR, MANDIBLE	07/01/2008	$398.27	0.0%	0.0%	N	Referral Required
21044	EXCISION OF MALIGNANT TUMOR OF MANDIBLE	07/01/2008	$735.70	0.0%	0.0%	N	Referral Required
21045	EXCISION OF MALIGNANT TUMOR	07/01/2008	$1,023.55	0.0%	0.0%	N	Referral Required
21046	EXCISION OF BEGNIGN TUMOR OR CYST OF MANDIBLE REQUIRING INTRA-ORAL OSTEOTOMY	07/01/2008	$894.25	0.0%	0.0%	N	Referral Required
21047	EXCISION OF BENIGN TUMOR/CYST OF MANDIBLE, EXTRA-ORAL OSTEOTOMY PART MANDIBULECT	07/01/2008	$1,100.26	0.0%	0.0%	N	Referral Required
21048	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA REQUIRING INTRA-ORAL OSTEOTOMY	07/01/2008	$911.63	0.0%	0.0%	N	Referral Required
21049	EXCISION BENIGH TUMOR/CYST REQUIRING EXTRA-ORAL OSTEOTOMY/PARTIAL MAXILLECTOMY	07/01/2008	$1,059.17	0.0%	0.0%	N	Referral Required
21050	ARTHRECTOMY, TEMP-MANDBLR JNT	07/01/2008	$709.56	0.0%	0.0%	N	Referral Required
21060	MENISCECTOMY	07/01/2008	$655.87	0.0%	0.0%	N	Referral Required
21070	CORONOIDECTOMY	07/01/2008	$532.66	0.0%	0.0%	N	Referral Required
21073	MANIPULATION OF TEMPOROMANDIBULAR JOINT(S)	01/01/2008	$303.29	0.0%	0.0%	N	Referral Required
21076	IMPRESSION/CUSTOM PREP; SURGICAL OBTURATOR PROSTHE	07/01/2008	$827.49	0.0%	0.0%	N	Referral Required
21079	IMPRESSION/CUSTOM PREP INTERIM OBTURATOR PROTHESIS	07/01/2008	$1,400.47	0.0%	0.0%	N	Referral Required
21080	DEFINITIVE OBTURATOR PROTHESIS	07/01/2008	$1,590.29	0.0%	0.0%	N	Referral Required
21081	MANDIBULAR RESECTION PROSTHESIS	07/01/2008	$1,450.35	0.0%	0.0%	Y	Referral Required
21082	PALATAL AUGMENTATION PROSTHESIS	07/01/2008	$1,329.84	0.0%	0.0%	Y	Referral Required
21083	PALATAL LIFT PROSTHESIS	07/01/2008	$1,263.89	0.0%	0.0%	N	Referral Required
21084	SPEECH AID PROSTHESIS	07/01/2008	$1,451.43	0.0%	0.0%	Y	Referral Required
21085	IMPRESSION & CUSTOM PREPARATION ORAL SURGICAL SPLINT	07/01/2008	$579.74	0.0%	0.0%	N	Referral Required
21086	AURICULAR PROSTHESIS	07/01/2008	$1,517.23	0.0%	0.0%	Y	Referral Required
21087	NASAL PROSTHESIS (DESIGNED PREPARED BY PHYSICIAN)	07/01/2008	$1,506.41	0.0%	0.0%	N	Referral Required
21088	FACIAL PROSTHESIS (DESIGNED PREPARED BY PHYSICIAN)	07/01/1996	$0.00	0.0%	0.0%	N	Referral Required
21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	01/01/1997	$0.00	0.0%	0.0%	N	Referral Required
21100	APPLICATION, HALO	07/01/2008	$599.99	0.0%	0.0%	N	Referral Required
21110	APPL, INTERDENTAL FIX APPLNCE	07/01/2008	$585.69	0.0%	0.0%	N	Referral Required
21116	INJECTION PROCEDURE FOR TEMPOROMANDIBULAR ARTHROTO	07/01/2008	$142.29	0.0%	0.0%	N	Referral Required
21120	GENIOPLASTY; AUGMENTATION AUTO/ALLOGRAFT,PROST MTL	07/01/2008	$516.27	0.0%	0.0%	N	Referral Required
21121	SLIDING OSTEOTOMY, SINGLE PIECE	07/01/2008	$615.35	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
21122	SLIDING OSTEOTOMIES TWO OR MORE	07/01/2008	$593.24	0.0%	0.0%	N	Referral Required
21123	GENIOPLASTY, AUGMENTATION SLIDING W BONE GRAFTS	07/01/2008	$700.57	0.0%	0.0%	N	Referral Required
21125	AUGMENTATION MANDIBULAR BODY OR ANGLE, PROSTHETIC	07/01/2008	$2,362.57	0.0%	0.0%	N	Referral Required
21127	AUGMENTATION,MANDIBULAR BODY OR ANGLE W BONE GRAFT	07/01/2008	$2,572.50	0.0%	0.0%	N	Referral Required
21138	REDUCTION FOREHEAD CONTOURING & PROSTHETIC MATERL.	07/01/2008	$749.22	0.0%	0.0%	Y	Referral Required
21141	RECONSTRUCT MIDFACE,LEFORT 1;SINGLE W/O BONE GRAFT	07/01/2008	$1,117.01	0.0%	0.0%	N	Referral Required
21142	RECONSTRUCT MIDFACE,LEFORT 1; TWO W/O BONE GRAFT	07/01/2008	$1,097.82	0.0%	0.0%	N	Referral Required
21143	RECONSTRUCT MIDFACE LEFORT 1; THREE/MORE W/O GRAFT	07/01/2008	$1,163.20	0.0%	0.0%	N	Referral Required
21145	RECONSTRUCT MIDFACE SINGLE PIECE ANY DIRECTION REQ	07/01/2008	$1,295.66	0.0%	0.0%	N	Referral Required
21146	RECONSTRUCT MIDFACE 2 PIECES ANY DIRECTION REQUIRE	07/01/2008	$1,291.14	0.0%	0.0%	N	Referral Required
21147	RECONSTRUCT MIDFACE 3 OR MORE PIECES ANY DIRECTION	07/01/2008	$1,401.78	0.0%	0.0%	N	Referral Required
21150	RECONSTRUCT MIDFACE LEFORT II ANTERIOR INTRUSION	07/01/2008	$1,475.51	0.0%	0.0%	N	Referral Required
21151	RECONSTRUCT MIDFACE LEFORT II, ANY DIRECTION	07/01/2008	$1,588.27	0.0%	0.0%	N	Referral Required
21154	RECONSTRUCT MIDFACE LEFORT III ANY TYPE W/OLEFORTI	07/01/2008	$1,773.35	0.0%	0.0%	N	Referral Required
21155	RECONSTRUCT MIDFACE, LEFORT III W/ LEFORT I ANY TY	07/01/2008	$2,001.89	0.0%	0.0%	N	Referral Required
21159	RECONSTRUCT MIDFACE LEFORT III W/FOREHEAD ADVANCE.	07/01/2008	$2,333.10	0.0%	0.0%	Y	Referral Required
21160	RECONSTRUCT MIDFACE LEFORT III W/LEFORT I	07/01/2008	$2,499.81	0.0%	0.0%	N	Referral Required
21172	RECONSTRUCT SUPERIOR-LATERAL ORBITAL RIM & FOREHEA	07/01/2008	$1,468.06	0.0%	0.0%	N	Referral Required
21175	RECONSTRUCT,BIFRONTAL,SUP-LATERAL ORBITAL RIMS	07/01/2008	$1,736.27	0.0%	0.0%	N	Referral Required
21179	RECONSTRUCT ENTIRE OR MAJORITY OF FOREHEAD	07/01/2008	$1,232.22	0.0%	0.0%	N	Referral Required
21180	RECONSTRUCT FOREHEAD/SUPRAORBITAL RIMS W/AUTOGRAFT	07/01/2008	$1,393.81	0.0%	0.0%	N	Referral Required
21181	REMOVAL CONTOURING BENIGN TUMOR OF CRANIAL BONES L	07/01/2008	$604.95	0.0%	0.0%	N	Referral Required
21182	RECONSTRUCT ORBITAL WALLS RIMS FOREHEAD & NASOETHM	07/01/2008	$1,715.90	0.0%	0.0%	N	Referral Required
21183	RECONST. ORBITAL WALLS RIMS FORE, BETWEEN 40&80CM2	07/01/2008	$1,946.48	0.0%	0.0%	N	Referral Required
21184	RECONSTRUCT ORBIT WALL TOTAL AREA BONE GRAFT 80 CM	07/01/2008	$2,026.61	0.0%	0.0%	N	Referral Required
21188	RECONST. MIDFACE OSTEOTOMIES AND BONE GRAFTS	07/01/2008	$1,379.07	0.0%	0.0%	N	Referral Required
21193	RECONSTRUCTION OF MANDIBULAR RAMUS WO BONE GRAFT	07/01/2008	$1,043.06	0.0%	0.0%	N	Referral Required
21194	RECONSTRUCTION AND BONE GRAFT	07/01/2008	$1,193.24	0.0%	0.0%	N	Referral Required
21195	RECONSTRUCT OF MANDIBULARRAMUS WO INTERNAL FIXATIO	07/01/2008	$1,130.05	0.0%	0.0%	N	Referral Required
21196	RECONSTRUCT MANDIBULAR RAMUS W/INTERNAL FIXATION	07/01/2008	$1,223.78	0.0%	0.0%	N	Referral Required
21198	OSTEOTOMY, MANDIBLE, SEGMENTAL	07/01/2008	$956.93	0.0%	0.0%	N	Referral Required
21199	OSTEOTOMY, MANDIBLE, SEGMENTAL; W/ GENIOGLOSSUS ADVANCEMENT	07/01/2008	$862.66	0.0%	0.0%	N	Referral Required
21206	OSTEOPLASY, MAXILLA, SEGMENTAL	07/01/2008	$933.34	0.0%	0.0%	N	Referral Required
21208	OSTEOPLASTY FACIAL BONES AUGMENTATION	07/01/2008	$1,320.96	0.0%	0.0%	N	Referral Required
21209	OSTEOPLASTY, FACIAL BONES AUGMENTATION; REDUCTION	07/01/2008	$654.87	0.0%	0.0%	N	Referral Required
21210	GRAFT, FACIAL BONE	07/01/2008	$1,547.87	0.0%	0.0%	N	Referral Required
21215	BONE GRAFT, MANDIBLE	07/01/2008	$2,565.41	0.0%	0.0%	N	Referral Required
21230	GRAFT, CARTILAGE	07/01/2008	$646.77	0.0%	0.0%	N	Referral Required
21235	GRAFT, CARTILAGE	07/01/2008	$589.87	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
21240	ARTHROPLASTY, TEMP-MANDBL JNT	07/01/2008	$930.54	0.0%	0.0%	N	Referral Required
21242	TEMP MAND JOINT ARTHROPLASTY W/ALLOPLASTIC IMPLANT	07/01/2008	$857.02	0.0%	0.0%	N	Referral Required
21243	ARTHROPLASTY TMJ W/PROSTHETIC JOINT REPLACEMENT	07/01/2008	$1,395.16	0.0%	0.0%	N	Referral Required
21244	RECONSTRUCT MANDIBLE EXTRAORAL W/TRANSOSTEAL BONE	07/01/2008	$865.74	0.0%	0.0%	N	Referral Required
21245	RECONSTRUCTION OF MANDIBLE OR MAXILLA	07/01/2008	$932.01	0.0%	0.0%	N	Referral Required
21246	RECONSTRUCT MANDIBLE/MAXILLA SUBPERIOSTEAL IMPLANT	07/01/2008	$729.11	0.0%	0.0%	N	Referral Required
21247	RECONSTRUCT MANDIBULAR CONDYLE W/BONE & CARTILAGE	07/01/2008	$1,362.23	0.0%	0.0%	N	Referral Required
21248	RECONSTRUCT MAXILLA/MANDIBLE ENDOSTEAL IMPLANT PAR	07/01/2008	$863.05	0.0%	0.0%	N	Referral Required
21249	RECONSTRUCT MANDIBLE/MAXILLA, ENDOSTEAL IMPLANT CO	07/01/2008	$1,211.98	0.0%	0.0%	N	Referral Required
21255	RECONSTRUCT ZYGOMATIC ARCH & GLENOID FOSSA	07/01/2008	$1,157.56	0.0%	0.0%	N	Referral Required
21256	RECONSTRUCT ORBIT W/OSTEOTOMIES (EXTRACRANIAL)	07/01/2008	$969.82	0.0%	0.0%	N	Referral Required
21260	PERIORBITAL OSTEOTOMY FOR ORBITAL HYPERTELORISM	07/01/2008	$1,042.79	0.0%	0.0%	N	Referral Required
21261	PERIORBITAL OSTEOTOMIES W/BONE GRAFTS COMBINED INT	07/01/2008	$1,849.01	0.0%	0.0%	N	Referral Required
21263	PERIORBITAL OSTEOTOMIES W/FOREHEAD ADVANCEMENT	07/01/2008	$1,633.18	0.0%	0.0%	N	Referral Required
21267	ORBITAL REPOSITION, PERIORBITAL OSTEOTOMIES UNILAT	07/01/2008	$1,316.40	0.0%	0.0%	N	Referral Required
21268	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES BIL	07/01/2008	$1,524.31	0.0%	0.0%	N	Referral Required
21270	MALAR AUGMENTATION PROSTHETIC MATERIAL	07/01/2008	$747.08	0.0%	0.0%	N	Referral Required
21275	SECONDARY REVISION FOR ORBITOCRANIOFACIAL RECONSTR	07/01/2008	$670.91	0.0%	0.0%	N	Referral Required
21280	MEDIAL CANTHOPEXY	07/01/2008	$433.13	0.0%	0.0%	N	Referral Required
21282	LATERAL CANTHOPEXY	07/01/2008	$286.96	0.0%	0.0%	N	Referral Required
21295	REDUCTIN OF MASSETER MUSCLE AND BONE; EXTRAORAL APPROACH	07/01/2008	$143.39	0.0%	0.0%	N	Referral Required
21296	REDUCTION OF MASSETER MUSCLE & BONE; INTRAORAL APPROACH	07/01/2008	$335.51	0.0%	0.0%	N	Referral Required
21299	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE	01/01/2003	$0.00	0.0%	0.0%	Y	Referral Required
21310	TREAT CLOSED/OPEN NASAL FX WO/MANIPULATION	07/01/2008	$91.78	0.0%	0.0%	N	Referral Required
21315	FRACTURE, NASAL	07/01/2008	$211.93	0.0%	0.0%	N	Referral Required
21320	FRACTURE, NASAL	07/01/2008	$203.02	0.0%	0.0%	N	Referral Required
21325	FRACTURE, NASAL	07/01/2008	$402.50	0.0%	0.0%	N	Referral Required
21330	FRACTURE, NASAL	07/01/2008	$490.37	0.0%	0.0%	N	Referral Required
21335	FRACTURE, NASAL	07/01/2008	$615.02	0.0%	0.0%	N	Referral Required
21336	OPEN TX NASAL SEPTAL FX W/WO STABILIZATION	07/01/2008	$535.57	0.0%	0.0%	N	Referral Required
21337	TREATMENT OF CLOSED NASAL SEPTAL FX	07/01/2008	$319.50	0.0%	0.0%	N	Referral Required
21338	OPEN TREATMENT NASOETHMOID FRACTURE	07/01/2008	$641.94	0.0%	0.0%	N	Referral Required
21339	TREATMENT OF NASOETHMOID FRACTURE W/INT FIXATION	07/01/2008	$695.78	0.0%	0.0%	N	Referral Required
21340	TREAT CLOSED/OPEN NASOETHMOID COMPLEX FX, W/SPLINT	07/01/2008	$663.25	0.0%	0.0%	N	Referral Required
21343	OPEN TREAT DEPRESSED FRONTAL SINUS FX	07/01/2008	$973.19	0.0%	0.0%	N	Referral Required
21344	OPEN TREAT COMPLICATED FRONT SINUS FX VIA CORONAL	07/01/2008	$1,256.34	0.0%	0.0%	N	Referral Required
21345	FRACTURE, NASO-MAXILLARY	07/01/2008	$654.29	0.0%	0.0%	N	Referral Required
21346	FRACTURE, NASO-MAXILLARY	07/01/2008	$785.98	0.0%	0.0%	N	Referral Required
21347	FRACTURE, NASO-MAXILLARY	07/01/2008	$942.38	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
21348	OPEN TREATMENT NASOMAXILLARY W/BONE GRAFTING	07/01/2008	$998.78	0.0%	0.0%	N	Referral Required
21355	FRACTURE, MALAR AREA	07/01/2008	$353.73	0.0%	0.0%	N	Referral Required
21356	OPEN TREAT DEPRESSED ZYGOMATIC ARCH FX (GILLES APP	07/01/2008	$401.66	0.0%	0.0%	N	Referral Required
21360	FRACTURE, MALAR AREA	07/01/2008	$439.03	0.0%	0.0%	N	Referral Required
21365	FRACTURE, MALAR AREA	07/01/2008	$919.18	0.0%	0.0%	N	Referral Required
21366	OPEN TREAT COMPLICATED FX MALLAR W/BONE GRAFT	07/01/2008	$1,030.48	0.0%	0.0%	N	Referral Required
21385	ORBITAL FLOOR FRACTURE	07/01/2008	$592.97	0.0%	0.0%	N	Referral Required
21386	OPEN TREAT ORBITAL FLOOR FX PERIORBITAL APPROACH	07/01/2008	$553.94	0.0%	0.0%	N	Referral Required
21387	OPEN TREAT ORBITAL FLOOR FX COMBINED APPROACH	07/01/2008	$630.03	0.0%	0.0%	N	Referral Required
21390	ORBITAL FLOOR FRACTURE	07/01/2008	$635.72	0.0%	0.0%	N	Referral Required
21395	ORBITAL FLOOR FRACTURE	07/01/2008	$807.54	0.0%	0.0%	N	Referral Required
21400	FRACTURE, ORBIT	07/01/2008	$139.98	0.0%	0.0%	N	Referral Required
21401	FRACTURE, ORBIT	07/01/2008	$377.73	0.0%	0.0%	N	Referral Required
21406	FRACTURE, ORBIT	07/01/2008	$449.02	0.0%	0.0%	N	Referral Required
21407	FRACTURE, ORBIT	07/01/2008	$530.08	0.0%	0.0%	N	Referral Required
21408	OPEN TREAT FX ORBIT W/BONE GRAFTING	07/01/2008	$725.06	0.0%	0.0%	N	Referral Required
21421	FRACTURE, PALATAL RIDGE	07/01/2008	$572.20	0.0%	0.0%	N	Referral Required
21422	OPEN TREAT PATATAL OR MAXILLARY FX	07/01/2008	$560.17	0.0%	0.0%	N	Referral Required
21423	OPEN TREAT PALATAL MAXILLARY FX COMPLICATED	07/01/2008	$662.60	0.0%	0.0%	N	Referral Required
21431	CRANIO-FACIAL SEPARATION	07/01/2008	$613.07	0.0%	0.0%	N	Referral Required
21432	OPEN TREAT CRANIOFACIAL SEPARATION W/WIRING/INT FI	07/01/2008	$557.31	0.0%	0.0%	N	Referral Required
21433	OPEN TREAT CRANIOFACIAL SEPARATION COMPLICATED MUL	07/01/2008	$1,405.95	0.0%	0.0%	N	Referral Required
21435	COMPLICATED UTILIZING INTERNAL AND/OR EXTERNAL FIX	07/01/2008	$1,106.40	0.0%	0.0%	N	Referral Required
21436	COMPLICATED MULTIPLE SURGICAL APPROACHES INTERNAL	07/01/2008	$1,589.16	0.0%	0.0%	N	Referral Required
21440	MANIPULATIVE TREATMENT OF ALEOLAR RIDGE FRACTURE	07/01/2008	$403.91	0.0%	0.0%	N	Referral Required
21445	OPEN TREAT MANDIBULAR-MAXILLARY ALVEOLAR RIDGE FX	07/01/2008	$585.15	0.0%	0.0%	N	Referral Required
21450	CLOSED TREAT MANDIBULAR FX WO/MANIPULATION	07/01/2008	$424.11	0.0%	0.0%	N	Referral Required
21451	CLOSED TREAT MANDIBULAR FX W/MANIPULATION	07/01/2008	$567.87	0.0%	0.0%	N	Referral Required
21452	PERCUTANEOUS TREAT MANDIBULAR FX W0EXTERNAL FIXATI	07/01/2008	$500.46	0.0%	0.0%	N	Referral Required
21453	TREATMENT OF OP MANDIBULAR FRACTURE	07/01/2008	$655.30	0.0%	0.0%	N	Referral Required
21454	OPEN TRTMNT CLCS/OPN MANDIBULAR FRACT W/EXT FIXATN	07/01/2008	$456.13	0.0%	0.0%	N	Referral Required
21461	FRACTURE, MANDIBULAR	07/01/2008	$1,427.33	0.0%	0.0%	N	Referral Required
21462	FRACTURE, MANDIBULAR	07/01/2008	$1,563.67	0.0%	0.0%	N	Referral Required
21465	OPEN TREAT MANDIBULAR CONDYLAR FX	07/01/2008	$759.75	0.0%	0.0%	N	Referral Required
21470	OPEN TREAT COMPLICATED MANDIBULAR FX MULTI APPROAC	07/01/2008	$986.02	0.0%	0.0%	N	Referral Required
21480	DISLOCATN, TEMPORO-MANDIBULAR	07/01/2008	$76.76	0.0%	0.0%	N	Referral Required
21485	CLOSED TREAT TEMPOROMANDIBULAR DISLOC COMPLICATED	07/01/2008	$502.18	0.0%	0.0%	N	Referral Required
21490	OPEN TREAT TEMPORMANDIBULAR DISLOCATION	07/01/2008	$760.98	0.0%	0.0%	N	Referral Required
21495	OPEN TREAT HYOID FX	07/01/2008	$543.81	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
21497	INTERDENATAL WIRING FOR CONDITION OTHER THAN FX	07/01/2008	$503.81	0.0%	0.0%	N	Referral Requirec
21499	UNLISTED MUSCULOSKELETAL PROCEDURE, HEAD	01/01/1976	$0.00	0.0%	0.0%	N	Referral Requirec
21501	INCISN & DRNGE, ABSCESS, NECK	07/01/2008	$354.60	0.0%	0.0%	N	Referral Requirec
21502	INCISN & DRNGE, ABSCESS, NECK	07/01/2008	$437.72	0.0%	0.0%	N	Referral Requirec
21510	INCISION DEEP W/OPENING OF BONE CORTEX THORAX	07/01/2008	$393.45	0.0%	0.0%	N	Referral Requirec
21550	EXCISIONAL BIOPSY, SOFT TISSUES	07/01/2008	$205.20	0.0%	0.0%	N	Referral Requirec
21555	EXCISION TUMOR SOFT TISSUE OF NECK OR THORAX	07/01/2008	$346.57	0.0%	0.0%	N	Referral Requirec
21556	EXCISN, TUMR, SUBFASCIAL, NECK	07/01/2008	$338.75	0.0%	0.0%	N	Referral Requirec
21557	RADICAL RESECTION OF TUMOR SOFT TISSUE NECK OR THO	07/01/2008	$484.37	0.0%	0.0%	N	Referral Requirec
21600	EXCISION, RIB	07/01/2008	$453.60	0.0%	0.0%	N	Referral Requirec
21610	COSTOTRANSVERSECTOMY	07/01/2008	$883.91	0.0%	0.0%	N	Referral Requirec
21615	BIOPSY, RIB	07/01/2008	$571.29	0.0%	0.0%	N	Referral Requirec
21616	EXCISION FIRST AND/OR CERVICAL RIB W/SYMPATHECTOMY	07/01/2008	$698.65	0.0%	0.0%	N	Referral Requirec
21620	OSTECTOMY OF STERNUM PARTIAL	07/01/2008	$438.16	0.0%	0.0%	N	Referral Requirec
21627	EXCISION, STERNAL DEBRIDEMENT	07/01/2008	$457.98	0.0%	0.0%	N	Referral Requirec
21630	RADICAL RESECTION OF STERNUM	07/01/2008	$1,057.24	0.0%	0.0%	N	Referral Requirec
21632	EXCISION WITH MEDIASTINAL LYMPHADENECTOMY	07/01/2008	$1,047.64	0.0%	0.0%	N	Referral Requirec
21685	HYOID MYOTOMY AND SUSPENSION	07/01/2008	$832.13	0.0%	0.0%	N	Referral Requirec
21700	DIVISION, SCALENUS ANTICUS	07/01/2008	$362.66	0.0%	0.0%	N	Referral Requirec
21705	DIVISION, SCALENUS ANTICUS	07/01/2008	$522.89	0.0%	0.0%	N	Referral Requirec
21720	DIVISION, STERNOCLEIDOMASTOID	07/01/2008	$319.06	0.0%	0.0%	N	Referral Requirec
21725	DIVISION, STERNOCLEIDOMASTOID	07/01/2008	$437.92	0.0%	0.0%	N	Referral Requirec
21740	PECTUS EXCAVATUM OR CARINATUM	07/01/2008	$909.84	0.0%	0.0%	N	Referral Requirec
21742	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MIN. INVASIVE APPROACH	01/01/2003	$0.00	0.0%	0.0%	N	Referral Requirec
21743	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM/CARINATUM MINIMAL INVASIVE APPROACH	01/01/2003	$0.00	0.0%	0.0%	N	Referral Requirec
21750	CLOSE STERNOTOMY SEPARATION W/WO DEBRIDEMENT	07/01/2008	$602.37	0.0%	0.0%	N	Referral Requirec
21800	FRACTURE, RIB	07/01/2008	$79.51	0.0%	0.0%	N	Referral Requirec
21805	RIB FX OPEN OR COMPLICATED	07/01/2008	$209.41	0.0%	0.0%	N	Referral Requirec
21810	RIB FX OPEN/CLOSED REQUIRING EXTERNAL FIXATION	07/01/2008	$422.34	0.0%	0.0%	N	Referral Requirec
21820	STERNUM FX CLOSED	07/01/2008	$107.90	0.0%	0.0%	N	Referral Requirec
21825	STERNUM FX OPEX	07/01/2008	$474.36	0.0%	0.0%	N	Referral Requirec
21899	UNLISTED PROC, NECK, THORAX	04/01/2004	$0.00	0.0%	0.0%	Y	Referral Requirec
21920	BIOPSY SOFT TISSUE BACK/FLANK SUPERFICIAL	07/01/2008	$201.15	0.0%	0.0%	N	Referral Requirec
21925	BIOPSY SOFT TISSUE BACK/FLANK DEEP	07/01/2008	$339.27	0.0%	0.0%	N	Referral Requirec
21930	EXCISION TUMOR SOFT TISSUE BACK OR FLANK	07/01/2008	$378.62	0.0%	0.0%	N	Referral Requirec
21935	RADICAL RESECTION OF TUMOR, SOFT TISSUE BACK/FIAN	07/01/2008	$965.47	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
22010	INCISION AND DRAINAGE, OPEN, OF DEEP ABSCESS POSTERIOR SPINE, CERVICAL, THORACIC	07/01/2008	$742.36	0.0%	0.0%	N	Referral Required
22015	INCISION AND DRAINAGE, OPEN, OF DEEP ABSCESS POSTERIOR SPINE, CERVICAL, THORACIC	07/01/2008	$737.17	0.0%	0.0%	N	Referral Required
22100	RESECTION, VERTEBRAL COMPONENT	07/01/2008	$665.54	0.0%	0.0%	N	Referral Required
22101	RESECTION, VERTEBRAL COMPONENT	07/01/2008	$666.16	0.0%	0.0%	N	Referral Required
22102	RESECTION, VERTEBRAL COMPONENT	07/01/2008	$668.26	0.0%	0.0%	N	Referral Required
22103	PARTIAL EXCISION POST VERTEBRAL COMPONENT,SINGLE; EA ADDITION-ADD ON	07/01/2008	$121.87	0.0%	0.0%	N	Referral Required
22110	EXCISION, PRTL, VERTEBRAL BODY	07/01/2008	$820.79	0.0%	0.0%	N	Referral Required
22112	PARTIAL EXCISION VERTEBRAE THORACIC	07/01/2008	$818.84	0.0%	0.0%	N	Referral Required
22114	PARTIAL EXCISION OF VERTEBRA LUMBAR	07/01/2008	$820.27	0.0%	0.0%	N	Referral Required
22116	EXCISE VERTEBRAL BODY/BONY LESION,SINGLE; EA ADDIT-ADD ON	07/01/2008	$121.58	0.0%	0.0%	N	Referral Required
22206	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THORACIC	01/01/2008	$1,951.06	0.0%	0.0%	N	Referral Required
22207	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH; THORACIC	01/01/2008	$1,927.25	0.0%	0.0%	N	Referral Required
22208	OSTEOTOMY OF SPINE, POSTERIOR/POSTEROLATERAL APPR, EA ADD VERTEBRAL SEGMENT (SP)	01/01/2008	$487.99	0.0%	0.0%	N	Referral Required
22210	OSTEOTOMY SPINE POSTERIOR APPROACH CORR DEFORM CER	07/01/2008	$1,446.97	0.0%	0.0%	N	Referral Required
22212	OSTEOTOMY OF SPINE; THORACIC	07/01/2008	$1,199.33	0.0%	0.0%	N	Referral Required
22214	OSTEOTOMY OF SPINE; LUMBAR	07/01/2008	$1,211.00	0.0%	0.0%	N	Referral Required
22216	OSTEOTOMY SPINE,ONE SEGMENT; EA ADDITIONAL SEGMENT-ADD ON	07/01/2008	$317.89	0.0%	0.0%	N	Referral Required
22220	OSTEOTOMY OF SPINE; CERVICAL	07/01/2008	$1,308.14	0.0%	0.0%	N	Referral Required
22222	OSTEOTOMY OF SPINE; THORCIC	07/01/2008	$1,204.91	0.0%	0.0%	N	Referral Required
22224	OSTEOTOMY OF SPINE; LUMBAR	07/01/2008	$1,298.47	0.0%	0.0%	N	Referral Required
22226	OSTEOTOMY SPINE/DISKECTOMY,SINGLE;EA ADD SEG-ADD ON	07/01/2008	$316.56	0.0%	0.0%	N	Referral Required
22305	CLOSED TREAT VERTEBRAL PROCESS FX	07/01/2008	$151.53	0.0%	0.0%	N	Referral Required
22310	CLOSED TREAT VERTEBRAL BODY FX WO/MANIPULATION	07/01/2008	$230.06	0.0%	0.0%	N	Referral Required
22315	CLOSED TREATMENT OF VERTEBRAL FRACTURE	07/01/2008	$694.56	0.0%	0.0%	N	Referral Required
22318	OPEN TREATMENT, ODONTOID FRACTURE; WITHOUT GRAFTING	07/01/2008	$1,301.70	0.0%	0.0%	N	Referral Required
22319	OPEN TREATMENT, ODONTOID FRACTURE; WITH GRAFTING	07/01/2008	$1,428.94	0.0%	0.0%	N	Referral Required
22325	FRACTURE, VERTEBRAL BODY	07/01/2008	$1,136.41	0.0%	0.0%	N	Referral Required
22326	VERTEBRAL FRACTURE; CERVICAL EACH	07/01/2008	$1,189.50	0.0%	0.0%	N	Referral Required
22327	FRACTURE AND/OR DISLOCATION THORACIC,EACH	07/01/2008	$1,176.60	0.0%	0.0%	N	Referral Required
22328	TX/REDUCTION VERTEBRAL FRACTURE;EA ADDITIONAL SEGM-ADD ON	07/01/2008	$239.22	0.0%	0.0%	N	Referral Required
22505	SPINAL MANIPULATION	07/01/2008	$103.73	0.0%	0.0%	N	Referral Required
22520	PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY UNILATERAL/BILATERAL;THORACIC	07/01/2008	$2,101.13	0.0%	0.0%	N	Referral Required
22521	PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY UNILATERAL/BILATERAL; LUMBAR	07/01/2008	$2,004.01	0.0%	0.0%	N	Referral Required
22522	PERCUTANEOUS VERTEBROPLASTY, VERTEBRAL UNILATERAL/BILATERAL; EACH ADDITIONAL	07/01/2008	$213.01	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
22523	PERCUTANEOUS VERTEBRAL AUGMENTATION, 1 VERTEBRAL BODY, THORACIC	07/01/2008	$518.14	0.0%	0.0%	N	Referral Required
22524	PERCUTANEOUS VERTEBRAL AUGMENTATION, 1 VERTEBRAL BODY, UNIL/BILAT, LUMBAR	07/01/2008	$496.52	0.0%	0.0%	N	Referral Required
22525	PERCUTANEOUS VERTEBRAL AUGMENTATION, EA ADD THORACIC/ LUMBAR ADD-ON	07/01/2008	$231.74	0.0%	0.0%	N	Referral Required
22532	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCL MINIMAL DISKECTOMY	07/01/2008	$1,426.00	0.0%	0.0%	Y	Referral Required
22533	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCL MINIMAL DISKETOMY	07/01/2008	$1,338.94	0.0%	0.0%	Y	Referral Required
22534	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCL MINIMAL DISKECTOMY (ADD-ON)	07/01/2008	$313.27	0.0%	0.0%	Y	Referral Required
22548	ARTHRODESIS, CLIVUS-C1-C2	07/01/2008	$1,520.73	0.0%	0.0%	Y	Referral Required
22554	ARTHRODESIS	07/01/2008	$1,057.07	0.0%	0.0%	Y	Referral Required
22556	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE	07/01/2008	$1,366.47	0.0%	0.0%	Y	Referral Required
22558	ARTHRODESIS ANTERIOR INTERBODY TECHNIQUE, LUMBAR	07/01/2008	$1,255.20	0.0%	0.0%	Y	Referral Required
22585	ARTHRODESIS ANTERIOR OR ANTEROLATERAL EA ADDITION-ADD ON	07/01/2008	$289.98	0.0%	0.0%	Y	Referral Required
22590	ARTHRODESIS, POSTERIOR TECHNIQUE, CRANIOCERVICAL	07/01/2008	$1,255.23	0.0%	0.0%	Y	Referral Required
22595	ARTHRODESIS POSTERIOR TECHNIQUE	07/01/2008	$1,194.94	0.0%	0.0%	Y	Referral Required
22600	ARTHRODESIS, CERVICAL	07/01/2008	$1,021.73	0.0%	0.0%	Y	Referral Required
22610	ARTHRODESIS LOCAL BONE ALLOGRAFT	07/01/2008	$1,011.06	0.0%	0.0%	Y	Referral Required
22612	ARTHRODESIS	07/01/2008	$1,315.08	0.0%	0.0%	Y	Referral Required
22614	ARTHRODESIS, SINGLE LEVEL; EA ADDITIONAL SEGMENT-ADD ON	07/01/2008	$338.61	0.0%	0.0%	Y	Referral Required
22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE LUMBAR	07/01/2008	$1,260.80	0.0%	0.0%	Y	Referral Required
22632	ARTHRODESIS INTERBODY, SINGLE INTERSPACE;EA ADDITI-ADD ON	07/01/2008	$275.03	0.0%	0.0%	Y	Referral Required
22800	SCOLIOSIS CORRECTION	07/01/2008	$1,118.45	0.0%	0.0%	Y	Referral Required
22802	SCOLIOSIS CORRECTION	07/01/2008	$1,781.63	0.0%	0.0%	Y	Referral Required
22804	ARTHRODESIS,POST,SPINAL DEFORMITY W/W/O CAST; 13 +	07/01/2008	$2,065.76	0.0%	0.0%	Y	Referral Required
22808	ARTHRODESIS,ANT,SPINAL DEFORMITY W/W/O CAST;2 OR 3	07/01/2008	$1,516.68	0.0%	0.0%	Y	Referral Required
22810	ARTHRODESIS ANTERIOR-SPINAL DEFORMITY W/WO CAST W/	07/01/2008	$1,702.93	0.0%	0.0%	Y	Referral Required
22812	ARTHRODESIS POSTERIOR FOR SPINAL DEFORM 8 OR MORE	07/01/2008	$1,866.17	0.0%	0.0%	Y	Referral Required
22818	KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE & RESECTION; SINGLE OR 2 SEGMENTS	07/01/2008	$1,861.84	0.0%	0.0%	N	Referral Required
22819	KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE & RESECTION; 3 OR MORE SEGMENTS	07/01/2008	$2,109.67	0.0%	0.0%	N	Referral Required
22830	EXPLORATION OF SPINAL FUSION	07/01/2008	$667.62	0.0%	0.0%	Y	Referral Required
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION-(SP)	07/01/2008	$661.41	0.0%	0.0%	Y	Referral Required
22841	INTERNAL SPINAL FIXATION BY WIRING OF SPINOUS PROCESSES-(SP)	09/01/1998	$0.00	0.0%	0.0%	Y	Referral Required
22842	POSTERIOR SEGMEMTAL INSTRUMENTATION; 3 TO 6 VERTEBRAL SEGMENTS-(SP)	07/01/2008	$662.12	0.0%	0.0%	Y	Referral Required
22843	POSTERIOR SEGMENTAL INSTRUMENTATION; 7-12 VERTEBRAL SEGMENTS-(SP)	07/01/2008	$701.60	0.0%	0.0%	Y	Referral Required
22844	POSTERIOR SEGMENTAL INSTRUMENTATION; 13 OR MORE VERTEBRAL SEGMENTS-(SP)	07/01/2008	$864.39	0.0%	0.0%	Y	Referral Required
22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS-(SP)	07/01/2008	$630.92	0.0%	0.0%	Y	Referral Required
22846	ANTERIOR INSTRUMENTATION; 4-7 VERTEBRAL SEGMENTS-(SP)	07/01/2008	$655.78	0.0%	0.0%	Y	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
22847	ANTERIOR INSTRUMENTATION; 8 OR MORE VERTEBRAL SEGMENTS-(SP)	07/01/2008	$722.98	0.0%	0.0%	Y	Referral Requirec
22848	PELVIC FIXATION OTHER THAN SACRUM-(SP)	07/01/2008	$314.70	0.0%	0.0%	Y	Referral Requirec
22849	REINSERTION OF SPINAL FIXATION DEVICE	07/01/2008	$1,079.47	0.0%	0.0%	Y	Referral Requirec
22850	HARRINGTON ROD REMOVAL	07/01/2008	$589.37	0.0%	0.0%	N	Referral Requirec
22851	APPLY PROSTHETIC DEVICE VERTEBRAL DEFECT OR INTERSPACE-(SP)	07/01/2008	$351.51	0.0%	0.0%	Y	Referral Requirec
22852	REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION	07/01/2008	$564.27	0.0%	0.0%	N	Referral Requirec
22855	REMOVAL OF ANTERIOR INSTRUMENTATION	07/01/2008	$910.69	0.0%	0.0%	N	Referral Requirec
22856	TOTL DISC ARTHROPLSTY ARTIF DISC INCL DISCECTOMY/ OSTEOPHYTECTOMY	05/01/2009	$1,406.73	0.0%	0.0%	N	Referral Requirec
22861	REVI/ REPL. OF TOTL DISC ARTHROPLSTY ARTIF DISC ANTER APPRCH 1 INTRSPACE; CERV	05/01/2009	$1,737.09	0.0%	0.0%	N	Referral Requirec
22864	REMVL TOTL DISC ARTHROPLASTY ARTIFICIAL DISC ANTER APPRCH, 1 INTRSPC;CERV	01/01/2009	$1,582.75	0.0%	0.0%	N	Referral Requirec
22899	UNLISTED PROCEDURE, SPINE	04/01/2004	$0.00	0.0%	0.0%	Y	Referral Requirec
22900	EXCISION, TUMOR, ABDOMINL WALL	07/01/2008	$333.29	0.0%	0.0%	N	Referral Requirec
22999	UNLISTED PROCEDURE, ABDOMEN	01/01/1976	$0.00	0.0%	0.0%	N	Referral Requirec
23000	REMOVAL SUBDELTOID CALCAREOUS DEPOSTIS OPEN METHOD	07/01/2008	$434.27	0.0%	0.0%	N	Referral Requirec
23020	CAPSULAR CONTRACTURE RELEASE	07/01/2008	$573.57	0.0%	0.0%	N	Referral Requirec
23030	DRAINAGE, ABSCESS, SHOULDER	07/01/2008	$354.47	0.0%	0.0%	N	Referral Requirec
23031	DRAINAGE, BURSA, INFECTED	07/01/2008	$341.20	0.0%	0.0%	N	Referral Requirec
23035	INCISION, SHOULDER	07/01/2008	$576.73	0.0%	0.0%	N	Referral Requirec
23040	ARTHROTOMY, GLENOHUMERAL	07/01/2008	$597.34	0.0%	0.0%	N	Referral Requirec
23044	ARTHROTOMY, ACROMIOCAVICULAR	07/01/2008	$474.13	0.0%	0.0%	N	Referral Requirec
23065	BIOPSY, SOFT TISSUE OF SHOULDER AREA; SUPERFICIAL	07/01/2008	$171.11	0.0%	0.0%	N	Referral Requirec
23066	BIOPSY, SOFT TISSUE OF SHOULDER AREA,DEEP	07/01/2008	$410.87	0.0%	0.0%	N	Referral Requirec
23075	EXCISION TUMOR SHOULDER AREA, SUBCUTANEOUS	07/01/2008	$210.00	0.0%	0.0%	N	Referral Requirec
23076	EXCISION, TUMOR, SHOULDER	07/01/2008	$463.54	0.0%	0.0%	N	Referral Requirec
23077	RADICAL RESECTION OF TUMOR, SHOULDER AREA	07/01/2008	$981.88	0.0%	0.0%	N	Referral Requirec
23100	ARTHROTOMY, GLENOHUMERAL	07/01/2008	$401.78	0.0%	0.0%	N	Referral Requirec
23101	ARTHROTOMY FOR BX OR EXC TORN CART ACROCLAN/STERNC	07/01/2008	$372.01	0.0%	0.0%	N	Referral Requirec
23105	SYNOVECTOMY, GLENOHUMERAL	07/01/2008	$527.90	0.0%	0.0%	N	Referral Requirec
23106	ARTHROTOMY, ACROMIOCAVICULAR	07/01/2008	$395.88	0.0%	0.0%	N	Referral Requirec
23107	ARTHROTOMY, GLENOHUMERAL JOINT	07/01/2008	$549.90	0.0%	0.0%	N	Referral Requirec
23120	CLAVICULECTOMY	07/01/2008	$465.22	0.0%	0.0%	N	Referral Requirec
23125	CLAVICULECTOMY	07/01/2008	$582.90	0.0%	0.0%	N	Referral Requirec
23130	ACROMIOPLASTY-ACROMIONECTOMY,PARTIAL	07/01/2008	$501.24	0.0%	0.0%	N	Referral Requirec
23140	EXCISION, CYST, CLAVICLE	07/01/2008	$424.72	0.0%	0.0%	N	Referral Requirec
23145	EXCISION, CYST, CLAVICLE	07/01/2008	$572.09	0.0%	0.0%	N	Referral Requirec
23146	EXCISION, CYST, CLAVICLE	07/01/2008	$510.23	0.0%	0.0%	N	Referral Requirec
23150	EXCISION, CYST, HUMERAL HEAD	07/01/2008	$539.80	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
23155	EXCISION, CYST, HUMERAL HEAD	07/01/2008	$653.92	0.0%	0.0%	N	Referral Requirec
23156	EXCISION, CYST, HUMERAL HEAD	07/01/2008	$558.43	0.0%	0.0%	N	Referral Requirec
23170	SEQUESTRECTOMY, CLAVICLE	07/01/2008	$443.21	0.0%	0.0%	N	Referral Requirec
23172	SEQUESTRECTOMY, SCAPULA	07/01/2008	$457.55	0.0%	0.0%	N	Referral Requirec
23174	SEQUESTRECTOMY, HUMERAL HEAD	07/01/2008	$622.78	0.0%	0.0%	N	Referral Requirec
23180	EXCISION, PARTIAL, CLAVICLE	07/01/2008	$581.93	0.0%	0.0%	N	Referral Requirec
23182	EXCISION, PARTIAL, SCAPULA	07/01/2008	$560.12	0.0%	0.0%	N	Referral Requirec
23184	EXCISN, PTL, PROXIMAL HUMERUS	07/01/2008	$629.13	0.0%	0.0%	N	Referral Requirec
23190	OSTECTOMY, SCAPULA	07/01/2008	$460.60	0.0%	0.0%	N	Referral Requirec
23195	RESECTION, HUMERAL HEAD	07/01/2008	$620.67	0.0%	0.0%	N	Referral Requirec
23200	RESECTION, CLAVICLE	07/01/2008	$726.62	0.0%	0.0%	N	Referral Requirec
23210	RESECTION, SCAPULA	07/01/2008	$760.68	0.0%	0.0%	N	Referral Requirec
23220	RESECTION, PROXIMAL HUMERUS	07/01/2008	$896.04	0.0%	0.0%	N	Referral Requirec
23330	REMOVAL OF FEREIGN BODY; SUBCUTANEOUS	07/01/2008	$184.86	0.0%	0.0%	N	Referral Requirec
23331	REMOVAL, FGN BODY, SHOULDER	07/01/2008	$486.80	0.0%	0.0%	N	Referral Requirec
23332	REMOVAL, IMPLANT, SHOULDER JNT	07/01/2008	$737.46	0.0%	0.0%	N	Referral Requirec
23350	ARTHROGRAPHY, SHLDR, INJ PROCD	07/01/2008	$138.09	0.0%	0.0%	N	Referral Requirec
23395	TRANSFER, MUSCLE, SHOULDER	07/01/2008	$1,071.27	0.0%	0.0%	N	Referral Requirec
23397	TRANSFER, MUSCLE, SHOULDER	07/01/2008	$959.10	0.0%	0.0%	N	Referral Requirec
23400	SCAPULOPEXY	07/01/2008	$814.89	0.0%	0.0%	N	Referral Requirec
23405	TENOMYOTOMY, SHOULDER	07/01/2008	$524.42	0.0%	0.0%	N	Referral Requirec
23406	TENOMYOTOMY, SHOULDER	07/01/2008	$656.01	0.0%	0.0%	N	Referral Requirec
23410	REPAIR, MUSCULOTENDINOUS CUFF	07/01/2008	$751.78	0.0%	0.0%	N	Referral Requirec
23412	REPAIR, MUSCULOTENDINOUS CUFF	07/01/2008	$799.84	0.0%	0.0%	N	Referral Requirec
23415	CORACOACROMIAL LIGAMNT RELEASE	07/01/2008	$614.95	0.0%	0.0%	N	Referral Requirec
23420	REPAIR, SHOULDER CUFF AVULSION	07/01/2008	$881.92	0.0%	0.0%	N	Referral Requirec
23430	TENODESIS, BICEPS	07/01/2008	$618.44	0.0%	0.0%	N	Referral Requirec
23440	RESECTION, LONG TENDON, BICEPS	07/01/2008	$638.81	0.0%	0.0%	N	Referral Requirec
23450	CAPSULORRHAPHY, SHOULDER JOINT	07/01/2008	$800.84	0.0%	0.0%	N	Referral Requirec
23455	CAPSULORRHAPHY, SHOULDER JOINT	07/01/2008	$852.46	0.0%	0.0%	N	Referral Requirec
23460	CAPSULORRHAPHY, SHOULDER JOINT	07/01/2008	$922.81	0.0%	0.0%	N	Referral Requirec
23462	CAPSULORRHAPHY, SHOULDER JOINT	07/01/2008	$903.80	0.0%	0.0%	N	Referral Requirec
23465	CAPSULORRHAPHY, SHOULDER JOINT	07/01/2008	$939.71	0.0%	0.0%	N	Referral Requirec
23466	CAPSULORRHAPHY ANY TYPE MULTIDIRECTIONAL INSTABILI	07/01/2008	$925.11	0.0%	0.0%	N	Referral Requirec
23470	ARTHROPLASTY, HUMERAL IMPLANT	07/01/2008	$1,025.59	0.0%	0.0%	N	Referral Requirec
23472	ARTHROPLASTY W/GLENOID AND PROXIMAL HUMERAL REPLAC	07/01/2008	$1,266.71	0.0%	0.0%	N	Referral Requirec
23480	OSTEOTOMY, CLAVICLE	07/01/2008	$688.54	0.0%	0.0%	N	Referral Requirec
23485	OSTEOTOMY, CLAVICLE	07/01/2008	$808.88	0.0%	0.0%	N	Referral Requirec
23490	PROPHYLACTIC TREATMENT; CLAVICLE	07/01/2008	$689.62	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
23491	PROPHYLACTIC TREATMENT;PROXIMAL HUMERUS/HUMERAL HD	07/01/2008	$854.28	0.0%	0.0%	N	Referral Required
23500	FRACTURE CLAVICLE	07/01/2008	$169.40	0.0%	0.0%	N	Referral Required
23505	FRACTURE, CLAVICLE	07/01/2008	$277.39	0.0%	0.0%	N	Referral Required
23515	FRACTURE, CLAVICLE	07/01/2008	$570.13	0.0%	0.0%	N	Referral Required
23520	DISLOCATION, STERNOCLAVICULAR	07/01/2008	$174.50	0.0%	0.0%	N	Referral Required
23525	DISLOCATION, STERNOCLAVICULAR	07/01/2008	$276.92	0.0%	0.0%	N	Referral Required
23530	DISLOCATION, STERNOCLAVICULAR	07/01/2008	$457.54	0.0%	0.0%	N	Referral Required
23532	DISLOCATION, STERNOCLAVICULAR	07/01/2008	$514.33	0.0%	0.0%	N	Referral Required
23540	DISLOCATION, ACROMIOCLAVICULAR	07/01/2008	$174.50	0.0%	0.0%	N	Referral Required
23545	TREATMENT CLOSED ACROMIOCLAVICULAR DISLOC. W/MANI.	07/01/2008	$250.34	0.0%	0.0%	N	Referral Required
23550	DISLOCATION, ACROMIOCLAVICULAR	07/01/2008	$473.65	0.0%	0.0%	N	Referral Required
23552	DISLOCATION, ACROMIOCLAVICULAR	07/01/2008	$546.09	0.0%	0.0%	N	Referral Required
23570	CLOSED TX SCAPULAR FRACTURE;WITHOUT MANIPULATION	07/01/2008	$180.17	0.0%	0.0%	N	Referral Required
23575	FRACTURE, SCAPULAR	07/01/2008	$307.64	0.0%	0.0%	N	Referral Required
23585	FRACTURE, SCAPULAR	07/01/2008	$770.81	0.0%	0.0%	N	Referral Required
23600	FRACTURE, HUMERAL NECK	07/01/2008	$253.49	0.0%	0.0%	N	Referral Required
23605	FRACTURE, HUMERAL NECK	07/01/2008	$374.19	0.0%	0.0%	N	Referral Required
23615	FRACTURE, HUMERAL NECK	07/01/2008	$719.17	0.0%	0.0%	N	Referral Required
23616	OPEN TREAT W/PROXIMAL HUMERAL PROSTHETIC REPLACEME	07/01/2008	$1,090.99	0.0%	0.0%	N	Referral Required
23620	FRACTURE, HUMERAL NECK	07/01/2008	$207.37	0.0%	0.0%	N	Referral Required
23625	FRACTURE, HUMERAL NECK	07/01/2008	$302.92	0.0%	0.0%	N	Referral Required
23630	FRACTURE, HUMERAL NECK	07/01/2008	$606.23	0.0%	0.0%	N	Referral Required
23650	DISLOCATION, SHOULDER	07/01/2008	$238.89	0.0%	0.0%	N	Referral Required
23655	DISLOCATION, SHOULDER	07/01/2008	$307.71	0.0%	0.0%	N	Referral Required
23660	DISLOCATION, SHOULDER	07/01/2008	$479.36	0.0%	0.0%	N	Referral Required
23665	DISLOCATION, SHOULDER	07/01/2008	$335.69	0.0%	0.0%	N	Referral Required
23670	DISLOCATION, SHOULDER	07/01/2008	$678.52	0.0%	0.0%	N	Referral Required
23675	DISLOCATION, SHOULDER	07/01/2008	$441.10	0.0%	0.0%	N	Referral Required
23680	DISLOCATION, SHOULDER	07/01/2008	$741.82	0.0%	0.0%	N	Referral Required
23700	MANIPULATION, SHOULDER	07/01/2008	$161.76	0.0%	0.0%	N	Referral Required
23800	FUSION, SHOULDER JOINT	07/01/2008	$855.99	0.0%	0.0%	N	Referral Required
23802	FUSION, SHOULDER JOINT	07/01/2008	$1,018.00	0.0%	0.0%	N	Referral Required
23900	AMPUTATION, FOREQUARTER	07/01/2008	$1,119.85	0.0%	0.0%	N	Referral Required
23920	DISARTICULATION, SHOULDER	07/01/2008	$904.46	0.0%	0.0%	N	Referral Required
23921	DISARTICULATION, SHOULDER	07/01/2008	$368.82	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	07/01/2008	$296.10	0.0%	0.0%	N	Referral Required
23931	DRAINAGE ABSCESS ELBOW INFECTED BURSA	07/01/2008	$237.38	0.0%	0.0%	N	Referral Required
23935	INCISION DEEP OPENING BONE CORTEX	07/01/2008	$414.07	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
24000	ARTHROTOMY, ELBOW	07/01/2008	$388.68	0.0%	0.0%	N	Referral Required
24006	ARTHROTOMY ELBOW W/CAPSULAR EXCISION FOR RELEASE	07/01/2008	$590.72	0.0%	0.0%	N	Referral Required
24065	BIOPSY SOFT TISSUE UPPER ARM	07/01/2008	$196.48	0.0%	0.0%	N	Referral Required
24066	BIOPSY,SOFT TISSUE UPPER ARM/ELBOW AREA; DEEP	07/01/2008	$478.84	0.0%	0.0%	N	Referral Required
24075	EXCISION,TUMOR,UPPER ARM OR ELBOW AREA,SUBCUTANEOU	07/01/2008	$386.15	0.0%	0.0%	N	Referral Required
24076	EXCISION, TUMOR, HUMERUS	07/01/2008	$388.86	0.0%	0.0%	N	Referral Required
24077	RADICAL RESECTION OF TUMOR; UPPER ARM/ELBOW AREA	07/01/2008	$677.18	0.0%	0.0%	N	Referral Required
24100	ARTHROTOMY, ELBOW	07/01/2008	$327.19	0.0%	0.0%	N	Referral Required
24101	ARTHROTOMY W/JOINT EXPLORE W/WO BX/REMOVE FOREIGN	07/01/2008	$410.36	0.0%	0.0%	N	Referral Required
24102	ARTHROTOMY, ELBOW	07/01/2008	$510.32	0.0%	0.0%	N	Referral Required
24105	EXCISION, BURSA, OLECRANON	07/01/2008	$275.10	0.0%	0.0%	N	Referral Required
24110	EXCISION, CYST, HUMERUS	07/01/2008	$480.13	0.0%	0.0%	N	Referral Required
24115	EXCISION, CYST, HUMERUS	07/01/2008	$560.05	0.0%	0.0%	N	Referral Required
24116	EXCISION, CYST, HUMERUS	07/01/2008	$724.83	0.0%	0.0%	N	Referral Required
24120	EXCISION, CYST, HUMERUS	07/01/2008	$431.21	0.0%	0.0%	N	Referral Required
24125	EXCISION, CYST, HUMERUS	07/01/2008	$491.93	0.0%	0.0%	N	Referral Required
24126	EXCISION, CYST, HUMERUS	07/01/2008	$524.90	0.0%	0.0%	N	Referral Required
24130	EXCISION, RADIAL HEAD	07/01/2008	$417.74	0.0%	0.0%	N	Referral Required
24134	SEQUESTRECTOMY, HUMERUS	07/01/2008	$632.73	0.0%	0.0%	N	Referral Required
24136	SEQUESTRECTOMY, RADIAL HEAD	07/01/2008	$521.18	0.0%	0.0%	N	Referral Required
24138	SEQUESTRECTOMY, OLECRANON PRCS	07/01/2008	$543.30	0.0%	0.0%	N	Referral Required
24140	EXCISION, PARTIAL, HUMERUS	07/01/2008	$606.45	0.0%	0.0%	N	Referral Required
24145	EXCISION, PARTIAL, RADIAL HEAD	07/01/2008	$510.58	0.0%	0.0%	N	Referral Required
24147	EXCISION, PTL, OLECRANON PRCS	07/01/2008	$530.84	0.0%	0.0%	N	Referral Required
24149	RADICAL RESECTION-CAPSULE, SOFT TISSUE-BONE-ELBOW	07/01/2008	$952.41	0.0%	0.0%	N	Referral Required
24150	RESECTION, HUMERUS	07/01/2008	$812.32	0.0%	0.0%	N	Referral Required
24152	RADICAL RESECTION FOR TUMOR RADIAL HEAD OR NECK	07/01/2008	$603.61	0.0%	0.0%	N	Referral Required
24155	RESECTION, ELBOW JOINT	07/01/2008	$702.10	0.0%	0.0%	N	Referral Required
24160	REMOVAL, IMPLANT, ELBOW JOINT	07/01/2008	$501.66	0.0%	0.0%	N	Referral Required
24164	REMOVAL, IMPLANT, RADIAL JOINT	07/01/2008	$410.31	0.0%	0.0%	N	Referral Required
24200	REMOVAL FOREIGN BODY,UPPER ARM/ELGOW,SUBCUTANEOUS	07/01/2008	$166.37	0.0%	0.0%	N	Referral Required
24201	REMOVAL FB UPPER ARM/ELBOW DEEP	07/01/2008	$462.28	0.0%	0.0%	N	Referral Required
24220	ARTHROGRAPHY, ELBOW, INJ PRCDR	07/01/2008	$150.42	0.0%	0.0%	N	Referral Required
24300	MANIPULATION, ELBOW, UNDER ANESTHESIA	07/01/2008	$323.38	0.0%	0.0%	N	Referral Required
24301	TRANSFER, TENDON, ARM	07/01/2008	$626.10	0.0%	0.0%	N	Referral Required
24305	LENGTHENING, TENDON, UPPER ARM	07/01/2008	$480.18	0.0%	0.0%	N	Referral Required
24310	TENOTOMY, UPPER ARM	07/01/2008	$392.68	0.0%	0.0%	N	Referral Required
24320	TENOPLASTY, UPPER ARM	07/01/2008	$636.33	0.0%	0.0%	N	Referral Required
24330	FLEXOR-PLASTY, ELBOW	07/01/2008	$597.20	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
24331	FLEXOR-PLASTY, ELBOW	07/01/2008	$658.16	0.0%	0.0%	N	Referral Required
24332	TENOLSIS, TRICEPS	07/01/2008	$495.80	0.0%	0.0%	N	Referral Required
24340	TENODESIS, ELBOW	07/01/2008	$508.76	0.0%	0.0%	N	Referral Required
24341	REPAIR TENDON/MUSCLE, UPPER ARM/ELBOW, EA.-EX.CUFF	07/01/2008	$593.50	0.0%	0.0%	N	Referral Required
24342	REINSERTION, TENDON, UPPER ARM	07/01/2008	$655.63	0.0%	0.0%	N	Referral Required
24343	REPAIR LATERAL COLLATERAL LIGAMENT, ELBOW, W/ LOCAL TISSUE	07/01/2008	$581.45	0.0%	0.0%	N	Referral Required
24344	RECONSTRUCTION LATERAL COLLATERAL LIGAMENT, ELBOW W/ TENDON GRAFT	07/01/2008	$905.45	0.0%	0.0%	N	Referral Required
24345	REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, W/ LOCAL TISSUE	07/01/2008	$578.64	0.0%	0.0%	N	Referral Required
24346	RECONSTRUCTION, MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFTS	07/01/2008	$903.21	0.0%	0.0%	N	Referral Required
24357	TENOTOMY, ELBOW, LATERAL OR MEDIAL	01/01/2008	$366.64	0.0%	0.0%	N	Referral Required
24358	TENOTOMY, ELBOW, LATERAL/MEDIAL EG, EPICONDYLITIS, TENNIS ELBOW, GOLFER'S ELBOW	01/01/2008	$430.93	0.0%	0.0%	N	Referral Required
24359	TENOTOMY, ELBOW, LATERAL OR MEDIAL, OPEN W/TENDON REPAIR/REATTACHMENT	01/01/2008	$530.79	0.0%	0.0%	N	Referral Required
24360	ARTHROPLASTY, ELBOW	07/01/2008	$748.26	0.0%	0.0%	N	Referral Required
24361	ARTHROPLASTY ELBOW W/DISTAL HUMERAL PROSTHETIC REP	07/01/2008	$843.09	0.0%	0.0%	N	Referral Required
24362	ARTHROPLASTY ELBOW W/IMPLANT FASCIA LATA LIG RECON	07/01/2008	$822.17	0.0%	0.0%	N	Referral Required
24363	ARTHROPLASTY ELBOW W/IMPLANT FASCIA LATA LIG RECON	07/01/2008	$1,243.32	0.0%	0.0%	N	Referral Required
24365	ARTHROPLASTY, RADIAL HEAD	07/01/2008	$531.99	0.0%	0.0%	N	Referral Required
24366	ARTHROPLASTY, RADIAL HEAD	07/01/2008	$570.57	0.0%	0.0%	N	Referral Required
24400	OSTEOTOMY, HUMERUS	07/01/2008	$684.83	0.0%	0.0%	N	Referral Required
24410	OSTEOTOMY, HUMERUS	07/01/2008	$877.04	0.0%	0.0%	N	Referral Required
24420	OSTEOPLASTY, HUMERUS	07/01/2008	$815.00	0.0%	0.0%	N	Referral Required
24430	REPAIR, MALUNION, HUMERUS	07/01/2008	$864.32	0.0%	0.0%	N	Referral Required
24435	REPAIR, MALUNION, HUMERUS	07/01/2008	$883.11	0.0%	0.0%	N	Referral Required
24470	HEMI-EPIPHYSEAL ARREST, HUMERS	07/01/2008	$546.95	0.0%	0.0%	N	Referral Required
24495	DECOMPRESSION FASCIOTOMY FOREARM W/BRACH ARTERY EX	07/01/2008	$553.79	0.0%	0.0%	N	Referral Required
24498	PROPHYLACTIC TREATMENT; HUMEROUS	07/01/2008	$729.93	0.0%	0.0%	N	Referral Required
24500	FRACTURE, HUMERAL SHAFT	07/01/2008	$275.12	0.0%	0.0%	N	Referral Required
24505	FRACTURE, HUMERAL SHAFT	07/01/2008	$400.44	0.0%	0.0%	N	Referral Required
24515	FRACTURE, HUMERAL SHAFT	07/01/2008	$731.03	0.0%	0.0%	N	Referral Required
24516	OPEN TREAT HUMERAL SHAFT FX W/INSERT INTRAMEDULLAR	07/01/2008	$723.12	0.0%	0.0%	N	Referral Required
24530	FRACTURE, TRANSCONDYLAR	07/01/2008	$296.27	0.0%	0.0%	N	Referral Required
24535	FRACTURE, TRANSCONDYLAR	07/01/2008	$500.50	0.0%	0.0%	N	Referral Required
24538	FRACTURE, TRANSCONDYLAR	07/01/2008	$619.45	0.0%	0.0%	N	Referral Required
24545	FRACTURE, TRANSCONDYLAR	07/01/2008	$749.82	0.0%	0.0%	N	Referral Required
24546	CLOSED TREAT HUMERAL CONDYLAR FX WO/MANIPULATION	07/01/2008	$887.15	0.0%	0.0%	N	Referral Required
24560	FRACTURE, EPICONDYLAR	07/01/2008	$248.21	0.0%	0.0%	N	Referral Required
24565	FRACTURE, EPICONDYLAR	07/01/2008	$416.53	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
24566	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL EPICONDY	07/01/2008	$571.40	0.0%	0.0%	N	Referral Required
24575	FRACTURE, EPICONDYLAR	07/01/2008	$611.73	0.0%	0.0%	N	Referral Required
24576	FRACTURE, CONDYLAR	07/01/2008	$260.55	0.0%	0.0%	N	Referral Required
24577	FRACTURE, CONDYLAR	07/01/2008	$431.53	0.0%	0.0%	N	Referral Required
24579	FRACTURE, CONDYLAR	07/01/2008	$693.07	0.0%	0.0%	N	Referral Required
24582	PERCUTANEOUS SKELETAL FIXATION HUMERAL CONDYLAR FX	07/01/2008	$648.52	0.0%	0.0%	N	Referral Required
24586	OPEN TREAT C/O ELBOW FX W/ELBOW RESECTION	07/01/2008	$917.91	0.0%	0.0%	N	Referral Required
24587	OPEN TREAT CLOSED/OPEN ELBOW FX W/IMPLANT	07/01/2008	$912.33	0.0%	0.0%	N	Referral Required
24600	DISLOCATION, ELBOW	07/01/2008	$298.58	0.0%	0.0%	N	Referral Required
24605	DISLOCATION, ELBOW	07/01/2008	$372.78	0.0%	0.0%	N	Referral Required
24615	DISLOCATION, ELBOW	07/01/2008	$596.38	0.0%	0.0%	N	Referral Required
24620	FRACTURE-DISLOCATION, ELBOW	07/01/2008	$453.51	0.0%	0.0%	N	Referral Required
24635	FRACTURE-DISLOCATION, ELBOW	07/01/2008	$677.44	0.0%	0.0%	N	Referral Required
24640	SUBLUXATION, RADIAL HEAD	07/01/2008	$99.42	0.0%	0.0%	N	Referral Required
24650	FRACTURE, RADIAL HEAD	07/01/2008	$201.05	0.0%	0.0%	N	Referral Required
24655	FRACTURE, RADIAL HEAD	07/01/2008	$349.61	0.0%	0.0%	N	Referral Required
24665	FRACTURE, RADIAL HEAD	07/01/2008	$536.48	0.0%	0.0%	N	Referral Required
24666	FRACTURE, RADIAL HEAD	07/01/2008	$608.20	0.0%	0.0%	N	Referral Required
24670	FRACTURE, ULNAR	07/01/2008	$225.81	0.0%	0.0%	N	Referral Required
24675	FRACTURE, ULNAR	07/01/2008	$365.99	0.0%	0.0%	N	Referral Required
24685	FRACTURE, ULNAR	07/01/2008	$538.53	0.0%	0.0%	N	Referral Required
24800	FUSION, ELBOW JOINT	07/01/2008	$669.77	0.0%	0.0%	N	Referral Required
24802	FUSION, ELBOW JOINT	07/01/2008	$828.31	0.0%	0.0%	N	Referral Required
24900	AMPUTATION, ARM	07/01/2008	$590.70	0.0%	0.0%	N	Referral Required
24920	AMPUTATION, ARM	07/01/2008	$583.12	0.0%	0.0%	N	Referral Required
24925	AMPUTATION, ARM	07/01/2008	$446.97	0.0%	0.0%	N	Referral Required
24930	AMPUTATION, ARM	07/01/2008	$615.74	0.0%	0.0%	N	Referral Required
24931	AMPUTATION, ARM	07/01/2008	$663.11	0.0%	0.0%	N	Referral Required
24935	STUMP ELONGATION UPPER EXTREMITY	07/01/2008	$895.92	0.0%	0.0%	N	Referral Required
24940	CINEPLASTY, ARM	07/01/2008	$998.38	0.0%	0.0%	N	Referral Required
24999	UNLISTED PROCEDURE, HUMERUS OR ELBOW	01/01/1976	$0.00	0.0%	0.0%	N	Referral Required
25000	TENOVAGINOTOMY, WRIST	07/01/2008	$307.05	0.0%	0.0%	N	Referral Required
25001	INCLUSION FLEXOR TENDON SHEATH, WRIST	07/01/2008	$270.34	0.0%	0.0%	N	Referral Required
25020	DECOMPRESSION FASCIOTOMY WRIST FLEXOR/EXTENSOR COM	07/01/2008	$493.64	0.0%	0.0%	N	Referral Required
25023	DECOMP FASCIOTOMY W/DEBRIDEMENT NONVIABLE MUSCLE/N	07/01/2008	$936.58	0.0%	0.0%	N	Referral Required
25024	DECOMPRESSION FASCIOTOMY FOREARM/WRIST W/O DEBRIDEMENT OF MUSCLE/NERVE	07/01/2008	$624.90	0.0%	0.0%	N	Referral Required
25025	DECOMPRESSION FASCIOTOMY FOREARM/WRIST W/ DEBRIDEMENT OF MUSCLE/NERVE	07/01/2008	$959.22	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
25028	INCISION DRAIN FOREARM/WRIST DEEP ABCESS OR HEMAT	07/01/2008	$432.85	0.0%	0.0%	N	Referral Required
25031	INFECTED BURSA	07/01/2008	$342.67	0.0%	0.0%	N	Referral Required
25035	INCISION DEEP W/OPENING BONE CORTEX FOREARM/WRIST	07/01/2008	$597.14	0.0%	0.0%	N	Referral Required
25040	ARTHROTOMY, WRIST JOINT	07/01/2008	$482.47	0.0%	0.0%	N	Referral Required
25065	EXCISION BIOPSY SOFT TISSUE FOREARM/WRIST	07/01/2008	$196.39	0.0%	0.0%	N	Referral Required
25066	BIOPSY, SOFT TISSUES, DEEP	07/01/2008	$334.18	0.0%	0.0%	N	Referral Required
25075	EXCISION, BENIGN TUMOR, SUBCUTANEOUS	07/01/2008	$290.78	0.0%	0.0%	N	Referral Required
25076	EXCISION TUMOR FOREARM/WRIST DEEP SUBFASCIAL/INTRA	07/01/2008	$408.79	0.0%	0.0%	N	Referral Required
25077	RADICAL RESECTION TUMOR, SOFT TISSUE FOREARM0WRIST	07/01/2008	$664.11	0.0%	0.0%	N	Referral Required
25085	CAPSULECTOMY, WRIST	07/01/2008	$398.28	0.0%	0.0%	N	Referral Required
25100	ARTHROTOMY, WRIST JOINT	07/01/2008	$294.54	0.0%	0.0%	N	Referral Required
25101	ARTHROTOMY WRIST JOINT,BIOPSY W/JOINT EXPLORATION	07/01/2008	$343.93	0.0%	0.0%	N	Referral Required
25105	ARTHROTOMY, WRIST JOINT	07/01/2008	$420.43	0.0%	0.0%	N	Referral Required
25107	ARTHROTOMY, DSTL RDO-ULNR JNT	07/01/2008	$513.45	0.0%	0.0%	N	Referral Required
25109	EXCISION OF TENDON, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR, EACH	07/01/2008	$421.63	0.0%	0.0%	N	Referral Required
25110	EXCSN, LSN, TENDN SHEATH, WRST	07/01/2008	$322.90	0.0%	0.0%	N	Referral Required
25111	EXCISION, GANGLION, WRIST	07/01/2008	$264.29	0.0%	0.0%	N	Referral Required
25112	EXCISION, GANGLION, WRIST	07/01/2008	$322.63	0.0%	0.0%	N	Referral Required
25115	TENOSYNOVECTOMY, FOREARM	07/01/2008	$713.35	0.0%	0.0%	N	Referral Required
25116	TENOSYNOVECTOMY, FOREARM	07/01/2008	$591.34	0.0%	0.0%	N	Referral Required
25118	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE	07/01/2008	$326.26	0.0%	0.0%	N	Referral Required
25119	SYNOVECTOMY,DSTL RDO-ULNR JNT	07/01/2008	$434.00	0.0%	0.0%	N	Referral Required
25120	EXCISION, CYST, ULNA	07/01/2008	$512.41	0.0%	0.0%	N	Referral Required
25125	EXCISION, CYST, ULNA	07/01/2008	$582.75	0.0%	0.0%	N	Referral Required
25126	EXCISION, CYST, ULNA	07/01/2008	$594.71	0.0%	0.0%	N	Referral Required
25130	EXCISION, CYST, CARPAL BONES	07/01/2008	$379.65	0.0%	0.0%	N	Referral Required
25135	EXCISION, CYST, CARPAL BONES	07/01/2008	$472.10	0.0%	0.0%	N	Referral Required
25136	EXCISION, CYST, CARPAL BONES	07/01/2008	$417.04	0.0%	0.0%	N	Referral Required
25145	SEQUESTRECTOMY, FOREARM	07/01/2008	$523.07	0.0%	0.0%	N	Referral Required
25150	EXCISION, PARTIAL, ULNA	07/01/2008	$494.68	0.0%	0.0%	N	Referral Required
25151	EXCISION, PARTIAL, RADIUS	07/01/2008	$583.13	0.0%	0.0%	N	Referral Required
25170	RESECTION, TUMOR, FOREARM	07/01/2008	$790.07	0.0%	0.0%	N	Referral Required
25210	CARPECTOMY	07/01/2008	$415.75	0.0%	0.0%	N	Referral Required
25215	CARPECTOMY	07/01/2008	$538.45	0.0%	0.0%	N	Referral Required
25230	RADIAL STYLOIDECTOMY	07/01/2008	$369.65	0.0%	0.0%	N	Referral Required
25240	EXCISION, DISTAL ULNA	07/01/2008	$381.14	0.0%	0.0%	N	Referral Required
25246	ARTHROGRAPHY, WRIST, INJECTION	07/01/2008	$153.56	0.0%	0.0%	N	Referral Required
25248	EXPLORATION REMOVAL DEEP FB FOREARM/WRIST	07/01/2008	$398.01	0.0%	0.0%	N	Referral Required
25250	REMOVAL OF WRIST PROSTHESIS	07/01/2008	$432.27	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
25251	REMOVAL OF WRIST PROSTHESIS; COMPLICATED	07/01/2008	$593.82	0.0%	0.0%	N	Referral Required
25259	MANIPULATION, WRIST UNDER ANESTHESIA	07/01/2008	$322.80	0.0%	0.0%	N	Referral Required
25260	REPAIR, MUSCLE, FOREARM	07/01/2008	$616.00	0.0%	0.0%	N	Referral Required
25263	REPAIR, MUSCLE, FOREARM	07/01/2008	$610.52	0.0%	0.0%	N	Referral Required
25265	REPAIR TENDON-MUSCLE FOREARM/WRIST SECOUNDARY W/FR	07/01/2008	$719.35	0.0%	0.0%	N	Referral Required
25270	AMB SURG CTR-REPAIR,MUSCLE,FOREARM	07/01/2008	$505.07	0.0%	0.0%	N	Referral Required
25272	REPAIR, MUSCLE, FOREARM	07/01/2008	$564.13	0.0%	0.0%	N	Referral Required
25274	REPAIR, MUSCLE, FOREARM	07/01/2008	$655.48	0.0%	0.0%	N	Referral Required
25275	REPAIR OF TENDON SHEATH, FOREARM/WRIST	07/01/2008	$555.43	0.0%	0.0%	N	Referral Required
25280	LENGTHENING, TENDON, FOREARM	07/01/2008	$568.32	0.0%	0.0%	N	Referral Required
25290	TENOTOMY, EACH, FOREARM	07/01/2008	$519.93	0.0%	0.0%	N	Referral Required
25295	TENOLYSIS, EACH, FOREARM	07/01/2008	$531.98	0.0%	0.0%	N	Referral Required
25300	TENODESIS, DGT FLEXRS, AT WRST	07/01/2008	$574.07	0.0%	0.0%	N	Referral Required
25301	TENODESIS, DGT FLEXRS, AT WRST	07/01/2008	$546.58	0.0%	0.0%	N	Referral Required
25310	TRANSPLANT, TENDON, WRIST	07/01/2008	$616.56	0.0%	0.0%	N	Referral Required
25312	TRANSPLANT, TENDON, WRIST	07/01/2008	$696.77	0.0%	0.0%	N	Referral Required
25315	FLEXOR ORIGIN SLIDE	07/01/2008	$743.30	0.0%	0.0%	N	Referral Required
25316	REPAIR WITH TENDON TRANSFER	07/01/2008	$862.80	0.0%	0.0%	N	Referral Required
25320	CAPSULORRHAPHY/RECONST CAPSULECTOMY WRIST	07/01/2008	$800.47	0.0%	0.0%	N	Referral Required
25332	ARTHROPLASTY WRIST;PSEUDOARTHROSIS W/INTERNAL FIXA	07/01/2008	$704.17	0.0%	0.0%	N	Referral Required
25335	CENTRALIZATION WRIST ON ULNA (EG RADIAL CLUB HAND)	07/01/2008	$813.20	0.0%	0.0%	N	Referral Required
25337	RECONSTRUCT FOR STABILIZATION ULNA/RADIOULNAR JT	07/01/2008	$743.17	0.0%	0.0%	N	Referral Required
25350	OSTEOTOMY, RADIUS	07/01/2008	$668.00	0.0%	0.0%	N	Referral Required
25355	OSTEOTOMY, RADIUS	07/01/2008	$738.72	0.0%	0.0%	N	Referral Required
25360	OSTEOTOMY, ULNA	07/01/2008	$651.58	0.0%	0.0%	N	Referral Required
25365	OSTEOTOMY, RADIUS & ULNA	07/01/2008	$867.31	0.0%	0.0%	N	Referral Required
25370	MULTIPLE OSTEOTOMIES W/REALIGNMENT ON INTRAMEDULLA	07/01/2008	$929.66	0.0%	0.0%	N	Referral Required
25375	OSTEOTOMY, RADIUS AND/OR ULNA	07/01/2008	$906.75	0.0%	0.0%	N	Referral Required
25390	OSTEOPLASTY, RADIUS/ULNA	07/01/2008	$747.73	0.0%	0.0%	N	Referral Required
25391	OSTEOPLASTY, RADIUS/ULNA	07/01/2008	$937.52	0.0%	0.0%	N	Referral Required
25392	OSTEOPLASTY, RADIUS/ULNA	07/01/2008	$939.70	0.0%	0.0%	N	Referral Required
25393	OSTEOPLASTY, RADIUS/ULNA	07/01/2008	$1,056.57	0.0%	0.0%	N	Referral Required
25394	OSTEOPLASTY CARPAL BONE SHORTENING	07/01/2008	$640.00	0.0%	0.0%	N	Referral Required
25400	REPAIR, MALUNION, RADIUS/ULNA	07/01/2008	$783.92	0.0%	0.0%	N	Referral Required
25405	REPAIR, MALUNION, RADIUS/ULNA	07/01/2008	$980.34	0.0%	0.0%	N	Referral Required
25415	REPAIR, MALUNION, RADIUS/ULNA	07/01/2008	$922.09	0.0%	0.0%	N	Referral Required
25420	REPAIR, MALUNION, RADIUS/ULNA	07/01/2008	$1,087.02	0.0%	0.0%	N	Referral Required
25425	REPAIR, BONE DEFICIT, FOREARM	07/01/2008	$993.78	0.0%	0.0%	N	Referral Required
25426	REPAIR, BONE DEFICIT, FOREARM	07/01/2008	$1,025.22	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
25430	INSERTION OF VASCULAR PEDICLE INTO CARPAL BONE	07/01/2008	$585.15	0.0%	0.0%	N	Referral Required
25431	REPAIR OF NONUNION OF CARPAL BONE, EACH BONE	07/01/2008	$656.63	0.0%	0.0%	N	Referral Required
25440	REPAIR, NON-UNION, NAVICULAR	07/01/2008	$657.17	0.0%	0.0%	N	Referral Required
25441	REPLACEMENT, IMPLANT, WRIST	07/01/2008	$782.94	0.0%	0.0%	N	Referral Required
25442	REPLACEMENT, IMPLANT, WRIST	07/01/2008	$671.02	0.0%	0.0%	N	Referral Required
25443	REPLACEMENT, IMPLANT, WRIST	07/01/2008	$645.69	0.0%	0.0%	N	Referral Required
25444	REPLACEMENT, IMPLANT, WRIST	07/01/2008	$685.88	0.0%	0.0%	N	Referral Required
25445	REPLACEMENT, IMPLANT, WRIST	07/01/2008	$601.91	0.0%	0.0%	N	Referral Required
25446	TOTAL WRIST REPLACEMENT	07/01/2008	$988.39	0.0%	0.0%	N	Referral Required
25447	INTERPOSITION ARTHROPLASTY,INTERCARPAL OR CARPOMEN	07/01/2008	$673.74	0.0%	0.0%	N	Referral Required
25449	REVISION ARTHROPLASTY INC REMOV IMPLANT WRIST JOIN	07/01/2008	$866.19	0.0%	0.0%	N	Referral Required
25450	EPIPHYSEAL ARREST, FOREARM	07/01/2008	$526.34	0.0%	0.0%	N	Referral Required
25455	EPIPHYSEAL ARREST, FOREARM	07/01/2008	$634.96	0.0%	0.0%	N	Referral Required
25490	PROPHYLACTIC TREATMENT; RADIUS	07/01/2008	$688.43	0.0%	0.0%	N	Referral Required
25491	PROPHYLACTIC TREATMENT; ULNA	07/01/2008	$721.44	0.0%	0.0%	N	Referral Required
25492	PROPHYLACTIC TREATMENT; RADIUS AND ULNA	07/01/2008	$855.41	0.0%	0.0%	N	Referral Required
25500	TREAT CLOSED RADIAL SHAFT FX WO MANIPULATION	07/01/2008	$205.61	0.0%	0.0%	N	Referral Required
25505	FRACTURE, RADIAL SHAFT	07/01/2008	$401.53	0.0%	0.0%	N	Referral Required
25515	FRACTURE, RADIAL SHAFT	07/01/2008	$552.67	0.0%	0.0%	N	Referral Required
25520	CLOSED TREAT RADIAL SHAFT FX W/DISLOCATION DISTAL	07/01/2008	$443.00	0.0%	0.0%	N	Referral Required
25525	OPEN TREAT RADIAL SHAFT FX W/INTERNAL OR EXTERNAL	07/01/2008	$678.90	0.0%	0.0%	N	Referral Required
25526	OPEN TREAT RADIAL SHAFT FX OPEN TREAT INTERNAL/EXT	07/01/2008	$846.81	0.0%	0.0%	N	Referral Required
25530	FRACTURE, ULNAR SHAFT	07/01/2008	$199.24	0.0%	0.0%	N	Referral Required
25535	FRACTURE, ULNAR SHAFT	07/01/2008	$385.33	0.0%	0.0%	N	Referral Required
25545	FRACTURE, ULNAR SHAFT	07/01/2008	$521.91	0.0%	0.0%	N	Referral Required
25560	FRACTURE, RADIAL & ULNAR SHAFT	07/01/2008	$208.23	0.0%	0.0%	N	Referral Required
25565	TREAT CLOSED RADIAL/ULNAR SHAFT FX W/MANIPULATION	07/01/2008	$419.82	0.0%	0.0%	N	Referral Required
25574	OPEN TREAT RADIAL/ULNAR SHAFT FX W/INTER-EXTER FIX	07/01/2008	$542.43	0.0%	0.0%	N	Referral Required
25575	FRACTURE, RADIAL & ULNAR SHAFT	07/01/2008	$738.94	0.0%	0.0%	N	Referral Required
25600	TREAT CLOSED DITAL RADIAL FX WO/MANIPULATION	07/01/2008	$228.05	0.0%	0.0%	N	Referral Required
25605	COLLES FRACTURE W MANIPULATION	07/01/2008	$489.64	0.0%	0.0%	N	Referral Required
25606	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIAL FRACTURE OR EPIPHYSEAL SEP	07/01/2008	$556.80	0.0%	0.0%	N	Referral Required
25607	OPEN TREATMENT/DISTAL RAD EXTRA-ARTICULAR FX/EPIPHYSEAL SEP W/INTERNAL FIXATION	07/01/2008	$579.58	0.0%	0.0%	N	Referral Required
25608	OPEN TREATMENT DIST/RAD INTRA-ARTICULAR FX OR EPIPHYSEAL SEP	07/01/2008	$659.39	0.0%	0.0%	N	Referral Required
25609	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE; 3 OR MORE FRAGMENTS	07/01/2008	$841.04	0.0%	0.0%	N	Referral Required
25622	TRMT CLOSED CARPAL SCAPOID FRACTURE W/O MANIPULATI	07/01/2008	$234.15	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
25624	TREAT CLOSED CARPAL SCOPHOID FX W/MANIPULATION	07/01/2008	$368.67	0.0%	0.0%	N	Referral Requirec
25626	TREAT OPEN CARPAL SCAPHOID FX W/UMCOMP SOFT TISSUE	07/01/2008	$675.34	0.0%	0.0%	N	Referral Requirec
25628	OPEN TREATMENT OF CARPAL SCAPHOID FRACTURE W/WO FI	07/01/2008	$589.77	0.0%	0.0%	N	Referral Requirec
25630	TREAT CLOSED CARPAL BONE FX EXCLUDING CARPAL SCAPHOID WO MANIPULATION	07/01/2008	$239.67	0.0%	0.0%	N	Referral Requirec
25635	TX CLOSED CARPAL BONE FRACTURE W/MANIPULATION, EA.	07/01/2008	$348.66	0.0%	0.0%	N	Referral Requirec
25645	FRACTURE, CARPAL BONE	07/01/2008	$471.65	0.0%	0.0%	N	Referral Requirec
25650	TREATMENT OF CLOSED ULNAR STYLOID FX	07/01/2008	$249.43	0.0%	0.0%	N	Referral Requirec
25651	PERCUTANEOUS SKELETAL FIXATION OF ULNAR STYLOID FRACTURE	07/01/2008	$384.31	0.0%	0.0%	N	Referral Requirec
25652	OPEN TREATMENT OF ULNAR STYLOID FRACTURE	07/01/2008	$508.05	0.0%	0.0%	N	Referral Requirec
25660	TREAT RADIOCARPAL DISLOC 1-MORE BONES W/MAINPULATI	07/01/2008	$324.10	0.0%	0.0%	N	Referral Requirec
25670	DISLOCATION, INTERCARPAL	07/01/2008	$505.99	0.0%	0.0%	N	Referral Requirec
25671	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR	07/01/2008	$426.37	0.0%	0.0%	N	Referral Requirec
25675	DISLOCATN, DISTAL RADIO-ULNAR	07/01/2008	$344.17	0.0%	0.0%	N	Referral Requirec
25676	DISLOCATN, DISTAL RADIO-ULNAR	07/01/2008	$523.57	0.0%	0.0%	N	Referral Requirec
25680	FRACTURE, TRANS-SCAPHO-PERILNR	07/01/2008	$370.76	0.0%	0.0%	N	Referral Requirec
25685	FRACTURE, TRANS-SCAPHO-PERILNR	07/01/2008	$605.43	0.0%	0.0%	N	Referral Requirec
25690	DISLOCATION, LUNATE	07/01/2008	$376.59	0.0%	0.0%	N	Referral Requirec
25695	DISLOCATION, LUNATE	07/01/2008	$525.52	0.0%	0.0%	N	Referral Requirec
25800	ARTHRODESIS, WRIST JOINT	07/01/2008	$628.79	0.0%	0.0%	N	Referral Requirec
25805	ARTHRODESIS, WRIST JOINT WITH SLIDING GRAFT	07/01/2008	$722.61	0.0%	0.0%	N	Referral Requirec
25810	ARTHRODESIS, WRIST JOINT	07/01/2008	$725.80	0.0%	0.0%	N	Referral Requirec
25820	INTERCARPAL FUSION; WITHOUT GRAFT	07/01/2008	$513.26	0.0%	0.0%	N	Referral Requirec
25825	INTERCARPAL FUSION & AUTOGENOUS BONE GRAFT	07/01/2008	$628.71	0.0%	0.0%	N	Referral Requirec
25830	RESECTION ULNA W/W/O BONE GRAFT	07/01/2008	$804.97	0.0%	0.0%	N	Referral Requirec
25900	AMPUTATION, FOREARM	07/01/2008	$664.32	0.0%	0.0%	N	Referral Requirec
25905	AMPUTATION, FOREARM THRU ULNA; OPEN AND CIRCULAR	07/01/2008	$651.30	0.0%	0.0%	N	Referral Requirec
25907	AMPUTATION, FOREARM	07/01/2008	$581.30	0.0%	0.0%	N	Referral Requirec
25909	AMPUTATION, FOREARM	07/01/2008	$646.55	0.0%	0.0%	N	Referral Requirec
25920	AMPUTATION, WRIST	07/01/2008	$565.58	0.0%	0.0%	N	Referral Requirec
25922	AMPUTATION, WRIST	07/01/2008	$496.77	0.0%	0.0%	N	Referral Requirec
25924	AMPUTATION, WRIST	07/01/2008	$554.10	0.0%	0.0%	N	Referral Requirec
25927	AMPUTATION, TRANSMETACARPAL	07/01/2008	$664.77	0.0%	0.0%	N	Referral Requirec
25929	AMPUTATION, TRANSMETACARPAL	07/01/2008	$472.83	0.0%	0.0%	N	Referral Requirec
25931	AMPUTATION, TRANSMETACARPAL	07/01/2008	$618.05	0.0%	0.0%	N	Referral Requirec
25999	UNLISTED PROCEDURE, FOREARM/WRIST	01/01/1976	$0.00	0.0%	0.0%	N	Referral Requirec
26010	DRAINAGE, ABSCESS, FINGER TIP	07/01/2008	$216.09	0.0%	0.0%	N	Referral Requirec
26011	DRAINAGE, ABSCESS, FINGER TIP	07/01/2008	$332.12	0.0%	0.0%	N	Referral Requirec
26020	DRAINAGE, TENDON SHEATH, HAND	07/01/2008	$349.21	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
26025	DRAINAGE, BURSA, PALMAR	07/01/2008	$341.49	0.0%	0.0%	N	Referral Requirec
26030	DRAIN PALMAR BURSA MULTIPLE OR COMPLICATED	07/01/2008	$402.78	0.0%	0.0%	N	Referral Requirec
26034	INCISION, HAND	07/01/2008	$436.28	0.0%	0.0%	N	Referral Requirec
26035	DECOMPRESSION FINGER/HAND INJECTION INJURY	07/01/2008	$668.54	0.0%	0.0%	N	Referral Requirec
26037	DECOMPRESS FASCIOTOMY HAND	07/01/2008	$469.69	0.0%	0.0%	N	Referral Requirec
26040	FASCIOTOMY, PALMAR	07/01/2008	$251.38	0.0%	0.0%	N	Referral Requirec
26045	FASCIOTOMY, PALMAR	07/01/2008	$382.07	0.0%	0.0%	N	Referral Requirec
26055	TENDON SHEATH INCISION (EG, TRIGGER FINGER)	07/01/2008	$499.10	0.0%	0.0%	N	Referral Requirec
26060	TENOTOMY, FINGER	07/01/2008	$213.60	0.0%	0.0%	N	Referral Requirec
26070	ARTHROTOMY, HAND JOINTS	07/01/2008	$241.17	0.0%	0.0%	N	Referral Requirec
26075	ARTHROTOMY, HAND JOINTS	07/01/2008	$257.89	0.0%	0.0%	N	Referral Requirec
26080	ARTHROTOMY, HAND JOINTS	07/01/2008	$311.96	0.0%	0.0%	N	Referral Requirec
26100	BIOPSY, SYNOVIAL, HAND JOINTS	07/01/2008	$264.95	0.0%	0.0%	N	Referral Requirec
26105	BIOPSY, SYNOVIAL, HAND JOINTS	07/01/2008	$269.05	0.0%	0.0%	N	Referral Requirec
26110	BIOPSY, SYNOVIAL, HAND JOINTS	07/01/2008	$257.47	0.0%	0.0%	N	Referral Requirec
26115	EXCISION OF BENIGN TUMOR	07/01/2008	$525.32	0.0%	0.0%	N	Referral Requirec
26116	EXCISION OF BENIGN TUMOR, DEEP, SUBFASCIAL, INTRMU	07/01/2008	$392.99	0.0%	0.0%	N	Referral Requirec
26117	RADICAL RESECTION/TUMOR,SOFT TISSUE HAND OR FINGER	07/01/2008	$534.28	0.0%	0.0%	N	Referral Requirec
26121	FASCIECTOMY PALMAR WITH OR WITHOUT Z PLASTY	07/01/2008	$492.66	0.0%	0.0%	N	Referral Requirec
26123	FACIECTOMY PARTIAL PALMAR EXCISION W/REALEASE SING	07/01/2008	$668.66	0.0%	0.0%	N	Referral Requirec
26125	PARTIAL EXCISION RELEASE EACH ADD. DIGIT-ADD ON	07/01/2008	$239.65	0.0%	0.0%	N	Referral Requirec
26130	SYNOVECTOMY, HAND JOINTS	07/01/2008	$372.69	0.0%	0.0%	N	Referral Requirec
26135	SYNOVECTOMY, HAND JOINTS	07/01/2008	$454.94	0.0%	0.0%	N	Referral Requirec
26140	SYNOVECTOMY, FINGER JOINTS	07/01/2008	$413.79	0.0%	0.0%	N	Referral Requirec
26145	SYNOVECTOMY, TNDN SHEATH, HAND	07/01/2008	$420.03	0.0%	0.0%	N	Referral Requirec
26160	EXCISN LSN,TNDN SHEATH HAND	07/01/2008	$482.83	0.0%	0.0%	N	Referral Requirec
26170	EXCISION, TENDON, HAND	07/01/2008	$330.11	0.0%	0.0%	N	Referral Requirec
26180	EXCISION, TENDON, HAND	07/01/2008	$359.26	0.0%	0.0%	N	Referral Requirec
26185	SESAMOIDECTOMY, THUMB OR FINGER (SEPARATE PROCEDUR	07/01/2008	$424.09	0.0%	0.0%	N	Referral Requirec
26200	EXCISION, CYST, METACARPAL	07/01/2008	$368.87	0.0%	0.0%	N	Referral Requirec
26205	EXCISION, CYST, METACARPAL	07/01/2008	$497.80	0.0%	0.0%	N	Referral Requirec
26210	EXCISION, CYST, PHALANX, FNGR	07/01/2008	$359.35	0.0%	0.0%	N	Referral Requirec
26215	EXCISION, CYST, PHALANX, FNGR	07/01/2008	$456.84	0.0%	0.0%	N	Referral Requirec
26230	EXCISION, PARTIAL, METACARPAL	07/01/2008	$414.45	0.0%	0.0%	N	Referral Requirec
26235	EXCISION, PARTL, PHALANX, FNGR	07/01/2008	$406.69	0.0%	0.0%	N	Referral Requirec
26236	EXCISION, PARTL, PHALANX, FNGR	07/01/2008	$360.73	0.0%	0.0%	N	Referral Requirec
26250	OSTECTOMY, METACARPAL	07/01/2008	$478.41	0.0%	0.0%	N	Referral Requirec
26260	OSTECTOMY, PHALANX, FINGER	07/01/2008	$451.41	0.0%	0.0%	N	Referral Requirec
26262	RADICAL RESECTION FOR TUMOR DISTAL PHALANX OF FING	07/01/2008	$376.87	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
26320	REMOVAL, IMPLANT, HAND	07/01/2008	$281.19	0.0%	0.0%	N	Referral Requirec
26340	MANIPULATION, FINGER JOINT UNDER ANESTHESIA, EACH JOINT	07/01/2008	$253.55	0.0%	0.0%	N	Referral Requirec
26350	REPAIR, TENDON, FINGER	07/01/2008	$624.52	0.0%	0.0%	N	Referral Requirec
26352	REPAIR, TENDON, FINGER	07/01/2008	$705.67	0.0%	0.0%	N	Referral Requirec
26356	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE PRIMA	07/01/2008	$901.32	0.0%	0.0%	N	Referral Requirec
26357	FLEXOR TENDON REPAIR/ADVANCEMENT, SINGLE, SECOUND	07/01/2008	$749.29	0.0%	0.0%	N	Referral Requirec
26358	FLEXOR TENDON REPAIR SECOUNDARY W/FREE GRAFT EA TE	07/01/2008	$796.31	0.0%	0.0%	N	Referral Requirec
26370	PROFUNDUS TENDN REPR OR ADVANCEMNT W/INTACT SUBLIM	07/01/2008	$672.37	0.0%	0.0%	N	Referral Requirec
26372	PROFUNDUS TENDON REPAIR SECOUNDARY W/FREE GRAFT	07/01/2008	$776.63	0.0%	0.0%	N	Referral Requirec
26373	PROFUNDUS TENDON REPAIR/ADVANCEMENT W/SUBLIMIS SEC	07/01/2008	$738.86	0.0%	0.0%	N	Referral Requirec
26390	EXCISION, FLEXOR TENDON, FINGR	07/01/2008	$714.32	0.0%	0.0%	N	Referral Requirec
26392	GRAFT, TENDON, FINGER	07/01/2008	$843.44	0.0%	0.0%	N	Referral Requirec
26410	REPAIR, TENDON, DORSUM	07/01/2008	$497.46	0.0%	0.0%	N	Referral Requirec
26412	REPAIR, TENDON, DORSUM	07/01/2008	$597.48	0.0%	0.0%	N	Referral Requirec
26415	EXTENSOR TENDON EXCISION IMPLANT PLASTIC TUBE/ROD	07/01/2008	$621.80	0.0%	0.0%	N	Referral Requirec
26416	REMOVAL TUBE/ROD INSERT OF EXTENSOR TENDON GRAFT	07/01/2008	$726.25	0.0%	0.0%	N	Referral Requirec
26418	REPAIR, TENDON, DORSUM	07/01/2008	$499.52	0.0%	0.0%	N	Referral Requirec
26420	REPAIR, TENDON, DORSUM	07/01/2008	$623.63	0.0%	0.0%	N	Referral Requirec
26426	REPAIR, CENTRAL SLIP	07/01/2008	$531.38	0.0%	0.0%	N	Referral Requirec
26428	REPAIR, CENTRAL SLIP	07/01/2008	$650.92	0.0%	0.0%	N	Referral Requirec
26432	MALLET FINGER OPERATION	07/01/2008	$433.14	0.0%	0.0%	N	Referral Requirec
26433	EXSTENSOR TENDON REPAIR, DISTAL INSERTON (MALLET F	07/01/2008	$465.62	0.0%	0.0%	N	Referral Requirec
26434	MALLET FINGER OPERATION	07/01/2008	$549.11	0.0%	0.0%	N	Referral Requirec
26437	EXTENSOR TENDON REALIGNMENT, HAND	07/01/2008	$537.54	0.0%	0.0%	N	Referral Requirec
26440	TENOLYSIS, PALM	07/01/2008	$550.16	0.0%	0.0%	N	Referral Requirec
26442	TENOLYSIS, PALM	07/01/2008	$805.07	0.0%	0.0%	N	Referral Requirec
26445	TENOLYSIS, FINGER	07/01/2008	$515.30	0.0%	0.0%	N	Referral Requirec
26449	TENOLYSIS, FINGER	07/01/2008	$684.43	0.0%	0.0%	N	Referral Requirec
26450	TENOTOMY, PALM	07/01/2008	$344.64	0.0%	0.0%	N	Referral Requirec
26455	TENOTOMY, PALM	07/01/2008	$341.97	0.0%	0.0%	N	Referral Requirec
26460	TENOTOMY, PALM	07/01/2008	$332.30	0.0%	0.0%	N	Referral Requirec
26471	TENODESIS, FINGER JOINT	07/01/2008	$528.63	0.0%	0.0%	N	Referral Requirec
26474	TENODESIS, FINGER JOINT	07/01/2008	$511.97	0.0%	0.0%	N	Referral Requirec
26476	TENDON LENGTHENING EXTENSOR HAND/FINGER SINGLE EA	07/01/2008	$495.91	0.0%	0.0%	N	Referral Requirec
26477	TENDON SHORTENING EXTENSOR HAND/FINGER SINGLE EA	07/01/2008	$501.20	0.0%	0.0%	N	Referral Requirec
26478	TENDON LENGTHENING FLEXOR HAND/FINGER SINGLE EACH	07/01/2008	$540.97	0.0%	0.0%	N	Referral Requirec
26479	TENDON SHORTENING FLEXOR HAND/FINGER SINGLE EACH	07/01/2008	$534.11	0.0%	0.0%	N	Referral Requirec
26480	TRANSPLANT, TENDON, HAND	07/01/2008	$658.42	0.0%	0.0%	N	Referral Requirec
26483	TRANSPLANT, TENDON, HAND	07/01/2008	$733.71	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
26485	TRANSPLANT, TENDON, HAND	07/01/2008	$707.14	0.0%	0.0%	N	Referral Required
26489	TRANSPLANT, TENDON, HAND	07/01/2008	$732.80	0.0%	0.0%	N	Referral Required
26490	OPPONENS PLASTY, HAND	07/01/2008	$669.89	0.0%	0.0%	N	Referral Required
26492	OPPONENS PLASTY, HAND	07/01/2008	$742.95	0.0%	0.0%	N	Referral Required
26494	OPPONENS PLASTY, HAND	07/01/2008	$681.47	0.0%	0.0%	N	Referral Required
26496	OPPONENS PLASTY; OTHER METHODS	07/01/2008	$732.42	0.0%	0.0%	N	Referral Required
26497	TENDON TRANSFER RESTORE INTRINSIC FUNCTION 4&5 FIN	07/01/2008	$735.90	0.0%	0.0%	N	Referral Required
26498	TENDON TRANSFER TO RESTORE INTRINSIC FUNCTION 4 FI	07/01/2008	$976.51	0.0%	0.0%	N	Referral Required
26499	CORRECTION CLAW FINGER, OTHER METHODS	07/01/2008	$694.60	0.0%	0.0%	N	Referral Required
26500	TENDON PULLEY RECNSTRCTN, HND	07/01/2008	$539.30	0.0%	0.0%	N	Referral Required
26502	TENDON PULLEY RECNSTRCTN, HND	07/01/2008	$602.64	0.0%	0.0%	N	Referral Required
26508	THENAR MUSCLE RELEASE	07/01/2008	$547.40	0.0%	0.0%	N	Referral Required
26510	CROSS INTRINSIC TRANSFER	07/01/2008	$515.63	0.0%	0.0%	N	Referral Required
26516	CAPSULODESIS M-P JOINT STABILIZATION SINGLE DIGIT	07/01/2008	$605.78	0.0%	0.0%	N	Referral Required
26517	CAPSULODESIS, FINGER JOINT	07/01/2008	$703.04	0.0%	0.0%	N	Referral Required
26518	CAPSULODESIS, FINGER JOINT	07/01/2008	$705.70	0.0%	0.0%	N	Referral Required
26520	CAPSULECTOMY, FINGER JOINT	07/01/2008	$575.02	0.0%	0.0%	N	Referral Required
26525	CAPSULECTOMY, FINGER JOINT	07/01/2008	$578.03	0.0%	0.0%	N	Referral Required
26530	ARTHROPLASTY, FINGER JOINT	07/01/2008	$439.27	0.0%	0.0%	N	Referral Required
26531	ARTHROPLASTY, FINGER JOINT	07/01/2008	$512.29	0.0%	0.0%	N	Referral Required
26535	ARTHROPLASTY, FINGER JOINT	07/01/2008	$322.17	0.0%	0.0%	N	Referral Required
26536	ARTHROPLASTY, FINGER JOINT	07/01/2008	$549.53	0.0%	0.0%	N	Referral Required
26540	RECNSTRCTN, LIGAMENT, FGR JNT	07/01/2008	$569.35	0.0%	0.0%	N	Referral Required
26541	RECNSTRCTN, LIGAMENT, FGR JNT	07/01/2008	$691.42	0.0%	0.0%	N	Referral Required
26542	REPAIR OF CALLATELAL LIGAMENT METACARPO-PHALANGEAL	07/01/2008	$586.35	0.0%	0.0%	N	Referral Required
26545	RECNSTRCTN, LIGAMENT, FGR JNT	07/01/2008	$598.26	0.0%	0.0%	N	Referral Required
26546	REPAIR NON-UNION, METACARPAL/PHALANX (IN.BONE GRAF	07/01/2008	$822.23	0.0%	0.0%	N	Referral Required
26548	REPAIR/RECONSTRUCT, FINGER,VOLAR PLATE,INTERPHALAN	07/01/2008	$655.75	0.0%	0.0%	N	Referral Required
26550	POLLICIZATION, FINGER	07/01/2008	$1,305.52	0.0%	0.0%	N	Referral Required
26551	TOE-TO-HAND TRANSFER; GREAT TOE WRAP-AROUND W/BONE	07/01/2008	$2,597.62	0.0%	0.0%	N	Referral Required
26553	TOE-TO-HAND TRANSFER; OTHER THAN GREAT TOE, SINGLE	07/01/2008	$2,488.80	0.0%	0.0%	N	Referral Required
26554	TOE-TO-HAND TRANSFER; OTHER THAN GREAT TOE, DOUBLE	07/01/2008	$3,306.73	0.0%	0.0%	N	Referral Required
26555	POSITIONAL CHANGE, FINGER	07/01/2008	$1,152.84	0.0%	0.0%	N	Referral Required
26556	FREE TOE JOINT TRANSFER W/MICROVASCULAR ANASTOMOSI	07/01/2008	$2,564.52	0.0%	0.0%	N	Referral Required
26560	REPAIR, SYNDACTLY, FINGERS	07/01/2008	$472.83	0.0%	0.0%	N	Referral Required
26561	REPAIR, SYNDACTLY, FINGERS	07/01/2008	$760.59	0.0%	0.0%	N	Referral Required
26562	REPAIR SYNDACTYLY EA WEB SPACE COMPLEX	07/01/2008	$1,025.03	0.0%	0.0%	N	Referral Required
26565	OSTEOTOMY, FINGER	07/01/2008	$583.50	0.0%	0.0%	N	Referral Required
26567	OSTEOTOMY, FINGER	07/01/2008	$585.59	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
26568	OSTEOPLASTY TO LENGTHEN METACARPAL OR PHALANX	07/01/2008	$771.43	0.0%	0.0%	N	Referral Requirec
26580	REPAIR, CLEFT HAND	07/01/2008	$1,087.92	0.0%	0.0%	N	Referral Requirec
26587	RECONSTRUCTION SUPERNUMERARY DIGIT	07/01/2008	$798.54	0.0%	0.0%	N	Referral Requirec
26590	REPAIR, MACRODACTLY	07/01/2008	$1,113.83	0.0%	0.0%	N	Referral Requirec
26591	REPAIR INTRINSIC MUSCLES OF HAND	07/01/2008	$384.22	0.0%	0.0%	N	Referral Requirec
26593	RELEASE, INTRINSIC MUSCLES OF HAND	07/01/2008	$511.35	0.0%	0.0%	N	Referral Requirec
26596	EXCISION CONSTRICTING RING OF FINGER;MULT ZPLASTIE	07/01/2008	$601.89	0.0%	0.0%	N	Referral Requirec
26600	FRACTURE, METACARPAL	07/01/2008	$213.19	0.0%	0.0%	N	Referral Requirec
26605	FRACTURE, METACARPAL	07/01/2008	$251.35	0.0%	0.0%	N	Referral Requirec
26607	TREATMENT CLOSED METACARPAL FRACTURE & MANIP & FIX	07/01/2008	$384.03	0.0%	0.0%	N	Referral Requirec
26608	PERCUTANEOUS SKELETAL FIXATION METACARPAL FX EA BO	07/01/2008	$390.32	0.0%	0.0%	N	Referral Requirec
26615	FRACTURE, METACARPAL	07/01/2008	$436.79	0.0%	0.0%	N	Referral Requirec
26641	TREATMENT OF CARPOMETACARPAL DISLOCATION W/MANIPUL	07/01/2008	$285.34	0.0%	0.0%	N	Referral Requirec
26645	FCTRE/DISLOC, CARPOMETACARPAL	07/01/2008	$325.97	0.0%	0.0%	N	Referral Requirec
26650	FCTRE/DISLOC, CARPOMETACARPAL	07/01/2008	$385.14	0.0%	0.0%	N	Referral Requirec
26665	FCTRE/DISLOC, CARPOMETACARPAL	07/01/2008	$493.90	0.0%	0.0%	N	Referral Requirec
26670	FCTRE/DISLOC, CARPOMETACARPAL	07/01/2008	$264.19	0.0%	0.0%	N	Referral Requirec
26675	FCTRE/DISLOC, CARPOMETACARPAL	07/01/2008	$351.89	0.0%	0.0%	N	Referral Requirec
26676	TREAT CLOSED CARPOMETACARPAL DISLOC W/PURCUTANEOUS	07/01/2008	$409.62	0.0%	0.0%	N	Referral Requirec
26685	FCTRE/DISLOC, CARPOMETACARPAL	07/01/2008	$454.51	0.0%	0.0%	N	Referral Requirec
26686	OPEN TREAT OF C/O CARPOMETACARPAL DISLOC COMPLEX M	07/01/2008	$510.57	0.0%	0.0%	N	Referral Requirec
26700	DISLOC, METACARPO-PHALANGEAL	07/01/2008	$249.75	0.0%	0.0%	N	Referral Requirec
26705	DISLOC, METACARPO-PHALANGEAL	07/01/2008	$323.55	0.0%	0.0%	N	Referral Requirec
26706	TREAT CLOSED METACARPOPHALANGEAL DISLOC, W/PINNING	07/01/2008	$352.97	0.0%	0.0%	N	Referral Requirec
26715	DISLOC, METACARPO-PHALANGEAL	07/01/2008	$439.93	0.0%	0.0%	N	Referral Requirec
26720	FRACTURE, PHALANX, FINGER	07/01/2008	$151.12	0.0%	0.0%	N	Referral Requirec
26725	FRACTURE, PHALANX, FINGER	07/01/2008	$271.78	0.0%	0.0%	N	Referral Requirec
26727	TRTMT OF UNSTABLE PHALANGEAL SHAFT FRACTURE, EACH	07/01/2008	$384.37	0.0%	0.0%	N	Referral Requirec
26735	FRACTURE, PHALANX, FINGER	07/01/2008	$456.31	0.0%	0.0%	N	Referral Requirec
26740	TREAT OF CLOSED ARTICULAR FX INVOLVING METACARPOPH	07/01/2008	$174.98	0.0%	0.0%	N	Referral Requirec
26742	TREATMENT CLOSED ARTICULAR FRACTURE	07/01/2008	$296.16	0.0%	0.0%	N	Referral Requirec
26746	OPEN TX/ARTICULAR FX,METACARPAL-PHALANGEAL OR IP J	07/01/2008	$551.65	0.0%	0.0%	N	Referral Requirec
26750	FRACTURE, PHALANX, FINGER	07/01/2008	$141.54	0.0%	0.0%	N	Referral Requirec
26755	FRACTURE, PHALANX, FINGER	07/01/2008	$249.63	0.0%	0.0%	N	Referral Requirec
26756	OPEN TREAT CLOSED/OPEN DISTAL PHALANGEAL FX EACH	07/01/2008	$339.70	0.0%	0.0%	N	Referral Requirec
26765	FRACTURE, PHALANX, FINGER	07/01/2008	$368.25	0.0%	0.0%	N	Referral Requirec
26770	DISLC, INTPHALANGEAL JNT, FGR	07/01/2008	$214.07	0.0%	0.0%	N	Referral Requirec
26775	TREATMT CLOSED INTERPHALANGEAL JT DISLOC W/ANESTHE	07/01/2008	$300.93	0.0%	0.0%	N	Referral Requirec
26776	WITH PERCUTANEOUS PINNING	07/01/2008	$361.56	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
26785	DISLC, INTPHALANGEAL JNT, FGR	07/01/2008	$400.73	0.0%	0.0%	N	Referral Requirec
26806	ARTHROSCOPY SHOULDER, SURGICAL; CAPSULORRHAPHY	07/01/2008	$896.78	0.0%	0.0%	N	Referral Requirec
26820	FUSION IN OPPOSITION, THUMB	07/01/2008	$674.99	0.0%	0.0%	N	Referral Requirec
26841	ARTHRODESIS, CARPOMTCRPL JNT	07/01/2008	$631.33	0.0%	0.0%	N	Referral Requirec
26842	ARTHRODESIS, CARPOMTCRPL JNT	07/01/2008	$679.52	0.0%	0.0%	N	Referral Requirec
26843	ARTHRODESIS, CARPOMTCRPL JNT	07/01/2008	$627.98	0.0%	0.0%	N	Referral Requirec
26844	ARTHRODESIS, CARPOMTCRPL JNT	07/01/2008	$698.42	0.0%	0.0%	N	Referral Requirec
26850	ARTHRODESIS, METCRPOPHALNGL JT	07/01/2008	$597.59	0.0%	0.0%	N	Referral Requirec
26852	ARTHRODESIS, METCRPOPHALNGL JT	07/01/2008	$678.84	0.0%	0.0%	N	Referral Requirec
26860	ARTHRODESIS, ITRPHLNGL JT, FGR	07/01/2008	$486.11	0.0%	0.0%	N	Referral Requirec
26861	ARTHRODESIS INTERPHALANGEAL JNT W/WO INT FIX EA AD-ADD ON	07/01/2008	$90.77	0.0%	0.0%	N	Referral Requirec
26862	ARTHRODESIS, ITRPHLNGL JT, FGR	07/01/2008	$621.08	0.0%	0.0%	N	Referral Requirec
26863	ARTHRODESIS W/AUTOGRAFT, EACH ADDITIONAL JOINT-ADD ON	07/01/2008	$203.03	0.0%	0.0%	N	Referral Requirec
26910	AMPUTATION, METACARPAL	07/01/2008	$604.48	0.0%	0.0%	N	Referral Requirec
26951	AMPUTATION, FINGER/THUMB	07/01/2008	$519.29	0.0%	0.0%	N	Referral Requirec
26952	AMPUTATION, FINGER/THUMB	07/01/2008	$558.40	0.0%	0.0%	N	Referral Requirec
26989	DERMODESIS	01/01/1976	$0.00	0.0%	0.0%	N	Referral Requirec
26990	DRAINAGE, ABSCESS, PELVIS	07/01/2008	$509.91	0.0%	0.0%	N	Referral Requirec
26991	DRAINAGE, BURSA, HIP JOINT	07/01/2008	$584.96	0.0%	0.0%	N	Referral Requirec
26992	INCISION, PELVIS	07/01/2008	$803.23	0.0%	0.0%	N	Referral Requirec
27000	TENOTOMY,ADDUCTOR	07/01/2008	$371.82	0.0%	0.0%	N	Referral Requirec
27001	TENOTOMY ABDUCTOR SUBCUTAN,OPEN	07/01/2008	$448.98	0.0%	0.0%	N	Referral Requirec
27003	TENOTOMY, ADDUCTOR, SUBCUTANEOUS, OPEN	07/01/2008	$483.41	0.0%	0.0%	N	Referral Requirec
27005	TENOTOMY, ILIOPSOAS	07/01/2008	$605.52	0.0%	0.0%	N	Referral Requirec
27006	TENOTOMY, ABDUCTORS	07/01/2008	$613.43	0.0%	0.0%	N	Referral Requirec
27025	OBER-YOUNG FASCIOTOMY-SPICA-PINS-WEDGINA	07/01/2008	$739.49	0.0%	0.0%	N	Referral Requirec
27027	DECOMP FASCIOTOMY(IES), PELVIC (BUTTOCK) COMPARTMENT(S) (EG,GLUTEUS MIN/ MAX	01/01/2009	$743.56	0.0%	0.0%	N	Referral Requirec
27030	ARTHROTOMY, HIP	07/01/2008	$792.17	0.0%	0.0%	N	Referral Requirec
27033	ARTHROTOMY, HIP	07/01/2008	$819.22	0.0%	0.0%	N	Referral Requirec
27035	DENERVATION, HIP JOINT	07/01/2008	$948.55	0.0%	0.0%	N	Referral Requirec
27036	CAPSULECTOMY/OTOMY HIP, W/WO EXCISION OF BONE, W/R	07/01/2008	$834.89	0.0%	0.0%	N	Referral Requirec
27040	BIOPSY, SOFT TISSUE OF PELVIS/HIP AREA;SUPERFICIAL	07/01/2008	$276.04	0.0%	0.0%	N	Referral Requirec
27041	BIOPSY, SOFT TISSUES, DEEP	07/01/2008	$570.06	0.0%	0.0%	N	Referral Requirec
27047	EXCISION OF TUMOR PELVIS, HIP AREA SUBQ	07/01/2008	$507.25	0.0%	0.0%	N	Referral Requirec
27048	EXCISION, TUMOR, HIP	07/01/2008	$390.29	0.0%	0.0%	N	Referral Requirec
27049	RADICAL RESECTION TUMOR,SOFT TISSUE PELVIS/HIP	07/01/2008	$825.99	0.0%	0.0%	N	Referral Requirec
27050	BIOPSY, SACROILIAC JOINT	07/01/2008	$291.32	0.0%	0.0%	N	Referral Requirec
27052	BIOPSY, HIP JOINT	07/01/2008	$456.84	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
27054	BIOPSY, HIP JOINT	07/01/2008	$563.57	0.0%	0.0%	N	Referral Required
27057	DECOMP FASCIOTOMY/PELVIC COMPRTMNT GLUTEUS MIN/MAX, ILIOPSOAS, UNILAT	01/01/2009	$827.60	0.0%	0.0%	N	Referral Required
27060	EXCISION, ISCHIAL BURSA	07/01/2008	$354.90	0.0%	0.0%	N	Referral Required
27062	EXCISION, TROCHANTERIC BURSA	07/01/2008	$370.87	0.0%	0.0%	N	Referral Required
27065	EXCISION, CYST, PELVIS	07/01/2008	$409.35	0.0%	0.0%	N	Referral Required
27066	EXCISION, CYST, PELVIS	07/01/2008	$670.16	0.0%	0.0%	N	Referral Required
27067	EXCISION OF BONE CYST/BENIGN TUMOR W/AUTOGRAFT	07/01/2008	$849.52	0.0%	0.0%	N	Referral Required
27070	EXCISION, PARTIAL, ILIUM WING	07/01/2008	$703.46	0.0%	0.0%	N	Referral Required
27071	EXCISION, PARTIAL, ILIUM WING	07/01/2008	$758.33	0.0%	0.0%	N	Referral Required
27075	RESECTION, HIP	07/01/2008	$1,930.92	0.0%	0.0%	N	Referral Required
27076	ILIUM,INCLUDE ACETABULUM,PUBIC RAMI,ISCHIUM,ACETA.	07/01/2008	$1,340.23	0.0%	0.0%	N	Referral Required
27077	INNOMINATE BONE, TOTAL	07/01/2008	$2,254.66	0.0%	0.0%	N	Referral Required
27078	RAD RESECT TUMOR/ISCHIAL TUBEROSITY-GREAT TROCHANT	07/01/2008	$842.94	0.0%	0.0%	N	Referral Required
27080	COCCYGECTOMY-PRIMARY	07/01/2008	$403.00	0.0%	0.0%	N	Referral Required
27086	REMOVAL FB PELVIS OR HIP SUBCUTANEOUS TISSUE	07/01/2008	$205.11	0.0%	0.0%	N	Referral Required
27087	REMOVAL, FOREIGN BODY, HIP	07/01/2008	$523.74	0.0%	0.0%	N	Referral Required
27090	REMOVAL, HIP IMPLANT	07/01/2008	$695.49	0.0%	0.0%	N	Referral Required
27091	REMOVAL HIP PROSTHESIS COMPLICATED INC TOTAL HIP	07/01/2008	$1,332.51	0.0%	0.0%	N	Referral Required
27093	INJ PROCEDURE HIP ARTHROGRAPHY WO/ANESTHESIA	07/01/2008	$173.01	0.0%	0.0%	N	Referral Required
27095	ARTHROGRAPHY HIP INJ PROCEDURE W/ANESTHESIA	07/01/2008	$210.42	0.0%	0.0%	N	Referral Required
27096	INJECTION FOR SACROILIAC JOINT ARTHROGRAPHY	07/01/2008	$163.14	0.0%	0.0%	N	Referral Required
27097	HAMSTRING RECESSION	07/01/2008	$550.12	0.0%	0.0%	N	Referral Required
27098	ADDUCTOR TRANSFER	07/01/2008	$525.78	0.0%	0.0%	N	Referral Required
27100	TRANSFER, MUSCLE, OBLIQUE	07/01/2008	$679.59	0.0%	0.0%	N	Referral Required
27105	TRANSFER, MUSCLE, PARASPINAL	07/01/2008	$707.69	0.0%	0.0%	N	Referral Required
27110	TRANSFER, ILIOPSOAS	07/01/2008	$789.02	0.0%	0.0%	N	Referral Required
27111	TRANSFER,ILIOPSOAS	07/01/2008	$742.22	0.0%	0.0%	N	Referral Required
27120	ACETABULOPLASTY	07/01/2008	$1,077.48	0.0%	0.0%	N	Referral Required
27122	ACETABULOPLASTY	07/01/2008	$926.67	0.0%	0.0%	N	Referral Required
27125	ARTHROPLASTY, PROSTHESIS	07/01/2008	$937.75	0.0%	0.0%	Y	Referral Required
27130	TOTAL HIP REPLACEMENT	07/01/2008	$1,210.03	0.0%	0.0%	Y	Referral Required
27132	CONVERSION OF PREV HIP SURG TO TOTAL HIP REPLCMT	07/01/2008	$1,417.29	0.0%	0.0%	Y	Referral Required
27134	REVISION TOTAL HIP ARTHROPLASTY, BOTH COMPONENTS	07/01/2008	$1,646.88	0.0%	0.0%	Y	Referral Required
27137	REVISION TOTAL HIP ACETABULAR COMPONENT ONLY	07/01/2008	$1,254.88	0.0%	0.0%	Y	Referral Required
27138	REVISION TOTAL HIP ARTHROPLASTY,FEMORAL COMPONENT	07/01/2008	$1,305.65	0.0%	0.0%	Y	Referral Required
27140	OSTEOTOMY, GREATER TROCHANTER	07/01/2008	$753.64	0.0%	0.0%	N	Referral Required
27146	OSTEOTOMY, ILIAC/ACETABULAR	07/01/2008	$1,065.25	0.0%	0.0%	N	Referral Required
27147	OSTEOTOMY, ILIAC/ACETABULAR	07/01/2008	$1,223.45	0.0%	0.0%	N	Referral Required
27151	OSTEOTOMY ILIAC ACETABULAR W/FEMORAL OSTEOTOMY	07/01/2008	$1,224.42	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
27156	OSTEOTOMY ILIAC W/FEMORAL OSTEOTOMY W/OPEN RED HIP	07/01/2008	$1,450.44	0.0%	0.0%	N	Referral Required
27158	OSTEOTOMY, PELVIS	07/01/2008	$1,136.52	0.0%	0.0%	N	Referral Required
27161	OSTEOTOMY, FEMORAL NECK	07/01/2008	$1,026.11	0.0%	0.0%	N	Referral Required
27165	OSTEOTOMY, INTERTROCHANTERIC	07/01/2008	$1,140.55	0.0%	0.0%	N	Referral Required
27170	GRAFT, FEMORAL/TROCHANTERIC	07/01/2008	$990.81	0.0%	0.0%	N	Referral Required
27175	SLIPPED EPIPHYSIS, FEMORAL	07/01/2008	$536.87	0.0%	0.0%	N	Referral Required
27176	SLIPPED EPIPHYSIS, FEMORAL	07/01/2008	$757.88	0.0%	0.0%	N	Referral Required
27177	REDUCTION, SLIPPED EPIPHYSIS	07/01/2008	$927.29	0.0%	0.0%	N	Referral Required
27178	REDUCTION, SLIPPED EPIPHYSIS	07/01/2008	$741.87	0.0%	0.0%	N	Referral Required
27179	HEYMAN PROCEDURE	07/01/2008	$816.89	0.0%	0.0%	N	Referral Required
27181	SLIPPED EPIPHYSIS, FEMORAL	07/01/2008	$898.76	0.0%	0.0%	N	Referral Required
27185	EPIPHYSEAL ARREST, TROCHANTER	07/01/2008	$606.42	0.0%	0.0%	N	Referral Required
27187	PROPHYLACTIC TREATMENT, FEMORAL NECK/PROX. FEMUR	07/01/2008	$835.28	0.0%	0.0%	N	Referral Required
27193	CLOSED TRTMENT OF PELVIC RING FRACTURE W/OUT MANIN	07/01/2008	$381.15	0.0%	0.0%	N	Referral Required
27194	CLOSED TREAT PELVIC RING FX W/MANIP REQUIRING ANES	07/01/2008	$607.52	0.0%	0.0%	N	Referral Required
27200	FRACTURE, COCCYX	07/01/2008	$139.91	0.0%	0.0%	N	Referral Required
27202	OPEN TREATMENT OF CLOSED/OPEN COCCYGEAL FRACTURE	07/01/2008	$626.52	0.0%	0.0%	N	Referral Required
27215	OPEN TREAT ILIAC SPINES TUBEROSITY AVULSION-WING	07/01/2008	$615.65	0.0%	0.0%	N	Referral Required
27216	PERCUTANEOUS SKELETAL FIXATION/POSTERIOR PELVIC RI	07/01/2008	$890.40	0.0%	0.0%	N	Referral Required
27217	OPEN TREAT ANTERIOR RING FX DISLOC W/INTERNAL FIXA	07/01/2008	$850.70	0.0%	0.0%	N	Referral Required
27218	OPEN TREAT POSTERIOR RING FX W/INTERNAL FIXATION	07/01/2008	$1,147.76	0.0%	0.0%	N	Referral Required
27220	FRACTURE, ACETABULUM	07/01/2008	$429.02	0.0%	0.0%	N	Referral Required
27222	FRACTURE, ACETABULUM	07/01/2008	$818.98	0.0%	0.0%	N	Referral Required
27226	OPEN TREAT ACETABULAR WALL FX W/INTERNAL FIXATION	07/01/2008	$845.04	0.0%	0.0%	N	Referral Required
27227	OPEN TREATMENT ACETABULAR FX W/INTERNAL FIXATION	07/01/2008	$1,402.96	0.0%	0.0%	N	Referral Required
27228	OPEN TREAT ACETABULAR FX 2 COLUMNS W/INTERNAL FIXA	07/01/2008	$1,607.70	0.0%	0.0%	N	Referral Required
27230	FRACTURE, FEMUR	07/01/2008	$383.40	0.0%	0.0%	N	Referral Required
27232	FRACTURE, FEMUR	07/01/2008	$648.11	0.0%	0.0%	N	Referral Required
27235	FRACTURE, FEMUR	07/01/2008	$763.21	0.0%	0.0%	N	Referral Required
27236	FRACTURE, FEMUR	07/01/2008	$990.09	0.0%	0.0%	N	Referral Required
27238	FRACTURE, INTERTROCHANTERIC	07/01/2008	$369.73	0.0%	0.0%	N	Referral Required
27240	FRACTURE, INTERTROCHANTERIC	07/01/2008	$794.45	0.0%	0.0%	N	Referral Required
27244	FRACTURE, INTERTROCHANTERIC	07/01/2008	$974.76	0.0%	0.0%	N	Referral Required
27245	OPEN TREAT FEMORAL FX W/INTRAMEDULLARY IMPLANT	07/01/2008	$1,193.22	0.0%	0.0%	N	Referral Required
27246	FRACTURE, GREATER TROCHANTER	07/01/2008	$314.09	0.0%	0.0%	N	Referral Required
27248	FRACTURE, GREATER TROCHANTER	07/01/2008	$635.09	0.0%	0.0%	N	Referral Required
27250	DISLOCATION, HIP	07/01/2008	$402.46	0.0%	0.0%	N	Referral Required
27252	DISLOCATION, HIP	07/01/2008	$630.22	0.0%	0.0%	N	Referral Required
27253	DISLOCATION, HIP	07/01/2008	$793.79	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
27254	DISLOCATION, HIP	07/01/2008	$1,067.63	0.0%	0.0%	N	Referral Requirec
27256	DISLOCATION, HIP	07/01/2008	$251.97	0.0%	0.0%	N	Referral Requirec
27257	DISLOCATION, HIP	07/01/2008	$281.95	0.0%	0.0%	N	Referral Requirec
27258	DISLOCATION, HIP	07/01/2008	$927.90	0.0%	0.0%	N	Referral Requirec
27259	OPEN TREAT CONGENITAL HIP W/FEMORAL SHAFT SHORTENI	07/01/2008	$1,292.57	0.0%	0.0%	N	Referral Requirec
27265	TREATMENT ATRAUMATIC HIP DISLOCATION W/O ANETHESIA	07/01/2008	$329.57	0.0%	0.0%	N	Referral Requirec
27266	TREATMENT OF ATRAUMATIC HIP DISLOCATION	07/01/2008	$479.50	0.0%	0.0%	N	Referral Requirec
27267	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; W/O MANIPULATION	01/01/2008	$344.28	0.0%	0.0%	N	Referral Requirec
27268	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; W/MANIPULATION	01/01/2008	$424.19	0.0%	0.0%	N	Referral Requirec
27269	OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD, INCL INTERNAL FIXATION	01/01/2008	$1,014.59	0.0%	0.0%	N	Referral Requirec
27275	MANIPULATION, HIP JOINTS	07/01/2008	$150.42	0.0%	0.0%	N	Referral Requirec
27280	ARTHRODESIS, SACRO-ILIAC JOINT	07/01/2008	$853.99	0.0%	0.0%	Y	Referral Requirec
27282	ARTHRODESIS, SYMPHYSIS PUBIS	07/01/2008	$691.53	0.0%	0.0%	N	Referral Requirec
27284	ARTHRODESIS, HIP JOINT	07/01/2008	$1,357.22	0.0%	0.0%	N	Referral Requirec
27286	ARTHRODESIS, HIP JOINT	07/01/2008	$1,371.24	0.0%	0.0%	N	Referral Requirec
27290	INTERPELVIABDOMINAL AMPUTATION (HINDQUARTER)	07/01/2008	$1,319.98	0.0%	0.0%	N	Referral Requirec
27295	DISARTICULATION, HIP	07/01/2008	$1,060.50	0.0%	0.0%	N	Referral Requirec
27299	UNLISTED PROCEDURE, PELVIS OR HIP JOINT	01/01/1976	$0.00	0.0%	0.0%	N	Referral Requirec
27301	INCISION/DRAINAGE DEEP ABSCESS KNEE/THIGH	07/01/2008	$548.32	0.0%	0.0%	N	Referral Requirec
27303	INCISION DEEP W/OPENING BONE CORTEX FEMUR OR KNEE	07/01/2008	$529.42	0.0%	0.0%	N	Referral Requirec
27305	FASCIOTOMY, ILIO-TIBIAL	07/01/2008	$387.87	0.0%	0.0%	N	Referral Requirec
27306	TENOTOMY, DISTAL HAMSTRING	07/01/2008	$319.15	0.0%	0.0%	N	Referral Requirec
27307	TENOTOMY, DISTAL HAMSTRING	07/01/2008	$388.97	0.0%	0.0%	N	Referral Requirec
27310	ARTHROTOMY, KNEE	07/01/2008	$601.57	0.0%	0.0%	N	Referral Requirec
27323	BIOPSY, SOFT TISSUE THIGH OR KNEE AREA; SUPERFICIAL	07/01/2008	$210.67	0.0%	0.0%	N	Referral Requirec
27324	BIOPSY SOFT TISSUE DEEP THIGH OR KNEE	07/01/2008	$313.80	0.0%	0.0%	N	Referral Requirec
27325	NEURECTOMY, HAMSTRING MUSCLE	07/01/2008	$424.24	0.0%	0.0%	N	Referral Requirec
27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS)	07/01/2008	$406.30	0.0%	0.0%	N	Referral Requirec
27327	EXCISION TUMOR THIGH OR KNEE SUBCUTANEOUS	07/01/2008	$364.63	0.0%	0.0%	N	Referral Requirec
27328	EXCISION TUMOR THIGH OR KNEE DEEP SUBFASCIAL	07/01/2008	$345.32	0.0%	0.0%	N	Referral Requirec
27329	RADICAL RESECTION OF TUMOR/SOFT TISSUE THIGH OR KN	07/01/2008	$858.86	0.0%	0.0%	N	Referral Requirec
27330	ARTHROTOMY, KNEE	07/01/2008	$332.19	0.0%	0.0%	N	Referral Requirec
27331	ARTHROTOMY, KNEE	07/01/2008	$390.40	0.0%	0.0%	N	Referral Requirec
27332	ARTHROTOMY, KNEE	07/01/2008	$527.66	0.0%	0.0%	N	Referral Requirec
27333	ARTHROTOMY, KNEE	07/01/2008	$479.27	0.0%	0.0%	N	Referral Requirec
27334	ARTHROTOMY, KNEE	07/01/2008	$563.95	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
27335	ARTHROTOMY, KNEE	07/01/2008	$637.20	0.0%	0.0%	N	Referral Required
27340	EXCISION, BURSA, PREPATELLAR	07/01/2008	$298.86	0.0%	0.0%	N	Referral Required
27345	EXCISION, CYST, POPLITEAL	07/01/2008	$395.26	0.0%	0.0%	N	Referral Required
27347	EXCISION OF LESION OF MENISCUS OR CAPSULE, KNEE	07/01/2008	$417.35	0.0%	0.0%	N	Referral Required
27350	PATELLECTOMY	07/01/2008	$538.47	0.0%	0.0%	N	Referral Required
27355	EXCISION, CYST, FEMUR	07/01/2008	$499.70	0.0%	0.0%	N	Referral Required
27356	EXCISION BONE CYST BENIGN TUMOR FEMUR W/ALLOGRAFT	07/01/2008	$610.72	0.0%	0.0%	N	Referral Required
27357	EXCISION, CYST, FEMUR	07/01/2008	$676.69	0.0%	0.0%	N	Referral Required
27358	EXCISION/CURETTAGE BONE CYST/BENIGN TUMOR OF FEMUR-ADD ON	07/01/2008	$246.84	0.0%	0.0%	N	Referral Required
27360	EXCISION, PARTIAL, FEMUR	07/01/2008	$709.47	0.0%	0.0%	N	Referral Required
27365	RESECTION, FEMUR	07/01/2008	$1,023.39	0.0%	0.0%	N	Referral Required
27370	ARTHROGRAPHY, KNEE, INJECTION	07/01/2008	$146.00	0.0%	0.0%	N	Referral Required
27372	REMOVAL FB DEEP THIGH/KNEE	07/01/2008	$494.05	0.0%	0.0%	N	Referral Required
27380	SUTURE, TENDON, INFRAPATELLAR	07/01/2008	$492.20	0.0%	0.0%	N	Referral Required
27381	SUTURE INFRAPATELLAR TENDON SECOUNDARY INC TENDON	07/01/2008	$669.08	0.0%	0.0%	N	Referral Required
27385	SUTURE, MUSCLE, QUADRICEPS	07/01/2008	$526.58	0.0%	0.0%	N	Referral Required
27386	SUTURE, MUSCLE, QUADRICEPS	07/01/2008	$695.04	0.0%	0.0%	N	Referral Required
27390	TENOTOMY, HAMSTRING	07/01/2008	$359.77	0.0%	0.0%	N	Referral Required
27391	TENOTOMY, HAMSTRING	07/01/2008	$473.18	0.0%	0.0%	N	Referral Required
27392	TENOTOMY, HAMSTRING,KNEE-HIP,MULTIPLE, BILATERAL	07/01/2008	$586.57	0.0%	0.0%	N	Referral Required
27393	LENGTHENING, TENDON, HAMSTRING	07/01/2008	$418.97	0.0%	0.0%	N	Referral Required
27394	LENGTHENING, TENDON, HAMSTRING	07/01/2008	$542.19	0.0%	0.0%	N	Referral Required
27395	LENGTHENING OF HAMSTRING TENDON MULT. BILATERAL	07/01/2008	$732.98	0.0%	0.0%	N	Referral Required
27396	TRANSPLANT, TENDON, HAMSTRING	07/01/2008	$509.37	0.0%	0.0%	N	Referral Required
27397	TRANSPLANT, TENDON, HAMSTRING	07/01/2008	$742.93	0.0%	0.0%	N	Referral Required
27400	TRANSFER, MUSCLE, HAMSTRING	07/01/2008	$563.38	0.0%	0.0%	N	Referral Required
27403	ARTHROTOMY W/OPEN MENISCUS REPAIR	07/01/2008	$533.23	0.0%	0.0%	N	Referral Required
27405	REPAIR, LIGAMENT, KNEE	07/01/2008	$560.81	0.0%	0.0%	N	Referral Required
27407	REPAIR, LIGAMENT, KNEE	07/01/2008	$646.15	0.0%	0.0%	N	Referral Required
27409	REPAIR, LIGAMENT, KNEE	07/01/2008	$801.94	0.0%	0.0%	N	Referral Required
27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	05/01/2009	$1,152.93	0.0%	0.0%	N	Referral Required
27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OPEN (INCL HARVESTING OF AUTOGRAFT[S])	05/01/2009	$793.72	0.0%	0.0%	N	Referral Required
27418	ANTERIOR TIBIAL TUBERCLEPLASTY-CRONDROMALICIA PAT	07/01/2008	$695.21	0.0%	0.0%	N	Referral Required
27420	RECONSTRUCTION, PATELLA	07/01/2008	$623.44	0.0%	0.0%	N	Referral Required
27422	RECONSTRUCTION, PATELLA	07/01/2008	$621.39	0.0%	0.0%	N	Referral Required
27424	RECONSTRUCTION, PATELLA	07/01/2008	$622.15	0.0%	0.0%	N	Referral Required
27425	LATERAL RETINACULAR RELEASE (ANY METHOD)	07/01/2008	$365.07	0.0%	0.0%	N	Referral Required
27427	LIGAMENT RECONSTRUCTION KNEE EXTRA ARTICULAR	07/01/2008	$597.43	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
27428	RECONSTRUCTION KNEE INTRAARTICULAR (OPEN)	07/01/2008	$915.78	0.0%	0.0%	N	Referral Requirec
27429	RECONSTRUCTION KNEE INTRA AND EXTRA ARTICULAR	07/01/2008	$1,024.80	0.0%	0.0%	N	Referral Requirec
27430	QUADRICEPSPLASTY	07/01/2008	$616.63	0.0%	0.0%	N	Referral Requirec
27435	CAPSULOTOMY, KNEE	07/01/2008	$658.64	0.0%	0.0%	N	Referral Requirec
27437	ARTHROPLASTY PATELLA	07/01/2008	$548.52	0.0%	0.0%	N	Referral Requirec
27438	ARTHROPLASTY PATELLA W/PROSTHESIS	07/01/2008	$699.49	0.0%	0.0%	N	Referral Requirec
27440	ARTHROPLASTY, KNEE, TIBIAL PLATEAU	07/01/2008	$619.45	0.0%	0.0%	N	Referral Requirec
27441	ARTHROPLASTY W/DEBRIDEMENT AND PARTIAL SYNOVECTOMY	07/01/2008	$654.03	0.0%	0.0%	N	Referral Requirec
27442	ARTHROPLASTY, KNEE, FEMORAL CONDYLES OR TIBIAL PLA	07/01/2008	$727.21	0.0%	0.0%	N	Referral Requirec
27443	ARTHROPLASTY W/DEBRIDEMENT & PARTIAL SYNOVECTOMY	07/01/2008	$683.21	0.0%	0.0%	N	Referral Requirec
27445	ARTHROPLASTY KNEE CONSTRAINED PROSTHESIS	07/01/2008	$1,060.06	0.0%	0.0%	Y	Referral Requirec
27446	ARTHROPLASTY KNEE CONDYLE/PLATEAU MEDIAL/LATERAL C	07/01/2008	$941.90	0.0%	0.0%	Y	Referral Requirec
27447	TOTAL KNEE REPLACEMENT	07/01/2008	$1,298.57	0.0%	0.0%	Y	Referral Requirec
27448	OSTEOTOMY, FEMUR	07/01/2008	$687.77	0.0%	0.0%	N	Referral Requirec
27450	OSTEOTOMY, FEMUR	07/01/2008	$855.47	0.0%	0.0%	N	Referral Requirec
27454	OSTEOTOMY, FEMUR	07/01/2008	$1,083.35	0.0%	0.0%	N	Referral Requirec
27455	OSTEOTOMY, PROXIMAL TIBIA	07/01/2008	$790.56	0.0%	0.0%	N	Referral Requirec
27457	OSTEOTOMY, PROXIMAL TIBIA	07/01/2008	$814.65	0.0%	0.0%	N	Referral Requirec
27465	OSTEOPLASTY, FEMORAL	07/01/2008	$1,008.08	0.0%	0.0%	N	Referral Requirec
27466	OSTEOPLASTY, FEMORAL	07/01/2008	$992.63	0.0%	0.0%	N	Referral Requirec
27468	OSTEOPLASTY, FEMORAL	07/01/2008	$1,120.35	0.0%	0.0%	N	Referral Requirec
27470	REPAIR, MALUNION, FEMUR	07/01/2008	$988.68	0.0%	0.0%	N	Referral Requirec
27472	REPAIR, MALUNION, FEMUR	07/01/2008	$1,070.74	0.0%	0.0%	N	Referral Requirec
27475	EPIPHYSEAL ARREST, FEMUR	07/01/2008	$545.71	0.0%	0.0%	N	Referral Requirec
27477	EPIPHYSEAL ARST, TIBIA & FIBLA	07/01/2008	$608.67	0.0%	0.0%	N	Referral Requirec
27479	EPIPHYSEAL ARREST, KNEE	07/01/2008	$798.99	0.0%	0.0%	N	Referral Requirec
27485	HEMI-EPIPHYSEAL ARREST, LEG	07/01/2008	$558.76	0.0%	0.0%	N	Referral Requirec
27486	RIVISION TOTAL KNEE ARTHROPLASTY	07/01/2008	$1,185.13	0.0%	0.0%	Y	Referral Requirec
27487	REVISION TOTAL KNEE W/WO ALLOGRAFT ALL COMPONENTS	07/01/2008	$1,495.92	0.0%	0.0%	Y	Referral Requirec
27488	REMOVAL KNEE PROSTHESIS INCL TOTAL KNEE	07/01/2008	$1,002.20	0.0%	0.0%	N	Referral Requirec
27495	PROPHYLACTIC TREATMENT W OR W/O METHYL METHACRYLAT	07/01/2008	$952.43	0.0%	0.0%	N	Referral Requirec
27496	DECOMPRESSION FASCIOTOMY THIGH/KNEE ONE COMPARTMEN	07/01/2008	$418.54	0.0%	0.0%	N	Referral Requirec
27497	DECOMPRESS FASCIOTOMY THIGH W/DEBRIDEMENT NONVIABL	07/01/2008	$453.96	0.0%	0.0%	N	Referral Requirec
27498	DECOMPRESSION FASCIOTOMY HIGH MULIT COMPARTMENTS	07/01/2008	$495.87	0.0%	0.0%	N	Referral Requirec
27499	DECOMPRESS FASCIOTOMY THIGH W/DEBRIDE NONVIABLE NE	07/01/2008	$553.84	0.0%	0.0%	N	Referral Requirec
27500	FRACTURE, FEMUR	07/01/2008	$419.60	0.0%	0.0%	N	Referral Requirec
27501	CLOSED TREAT SUPRACONDYLAR FEMORAL FX WO/MANIPULAT	07/01/2008	$412.31	0.0%	0.0%	N	Referral Requirec
27502	FRACTURE, FEMUR	07/01/2008	$661.05	0.0%	0.0%	N	Referral Requirec
27503	CLOSED TREAT SUPRACONDYLAR FEMORAL FX W/WO INTERCO	07/01/2008	$667.06	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
27506	FRACTURE, FEMUR	07/01/2008	$1,112.22	0.0%	0.0%	N	Referral Requirec
27507	OPEN TREAT FEMORAL SHAFT FX W/PLATE SCREWS W/WO CE	07/01/2008	$828.78	0.0%	0.0%	N	Referral Requirec
27508	FRACTURE, FEMUR	07/01/2008	$425.09	0.0%	0.0%	N	Referral Requirec
27509	PERCUTANEOUS SKELETAL FIXATION SUPRACONDYLAR FEMOR	07/01/2008	$536.30	0.0%	0.0%	N	Referral Requirec
27510	FRACTURE, FEMUR	07/01/2008	$580.51	0.0%	0.0%	N	Referral Requirec
27511	OPEN TREAT FEMORAL SUPRACONDYLAR/TRANSCONDYLAR FX	07/01/2008	$869.61	0.0%	0.0%	N	Referral Requirec
27513	OPEN TREAT FEMORAL SUPRACONDYLAR FX W/INT FIXATION	07/01/2008	$1,094.98	0.0%	0.0%	N	Referral Requirec
27514	FRACTURE, FEMUR	07/01/2008	$896.50	0.0%	0.0%	N	Referral Requirec
27516	FRACTURE, FEMUR	07/01/2008	$399.76	0.0%	0.0%	N	Referral Requirec
27517	FRACTURE, FEMUR	07/01/2008	$556.05	0.0%	0.0%	N	Referral Requirec
27519	FRACTURE, FEMUR	07/01/2008	$804.90	0.0%	0.0%	N	Referral Requirec
27520	FRACTURE, PATELLA	07/01/2008	$251.35	0.0%	0.0%	N	Referral Requirec
27524	FRACTURE, PATELLA	07/01/2008	$630.49	0.0%	0.0%	N	Referral Requirec
27530	CLOSED FRACTURE, TIBIA W/O MANIPULATION	07/01/2008	$314.84	0.0%	0.0%	N	Referral Requirec
27532	FRACTURE, TIBIA	07/01/2008	$502.63	0.0%	0.0%	N	Referral Requirec
27535	OPEN TREAT TIBIAL FX PROXIMAL UNICONDYLAR	07/01/2008	$776.45	0.0%	0.0%	N	Referral Requirec
27536	FRACTURE, TIBIA	07/01/2008	$992.82	0.0%	0.0%	N	Referral Requirec
27538	FRACTURE, TIBIA	07/01/2008	$376.57	0.0%	0.0%	N	Referral Requirec
27540	FRACTURE, TIBIA	07/01/2008	$699.74	0.0%	0.0%	N	Referral Requirec
27550	DISLOCATION, KNEE	07/01/2008	$397.75	0.0%	0.0%	N	Referral Requirec
27552	DISLOCATION, KNEE	07/01/2008	$513.09	0.0%	0.0%	N	Referral Requirec
27556	DISLOCATION, KNEE	07/01/2008	$794.57	0.0%	0.0%	N	Referral Requirec
27557	OPEN TREAT KNEE DISLOC W/PRIMARY LIGAMENTOUS REPAI	07/01/2008	$945.40	0.0%	0.0%	N	Referral Requirec
27558	O TREAT KNEE DISLOC W/PRIME LIGAMENT REPAIR W/AUGM	07/01/2008	$1,043.58	0.0%	0.0%	N	Referral Requirec
27560	TREAT CLOSED PATELLAR DISLOCATION WO/ANESTHESIA	07/01/2008	$289.35	0.0%	0.0%	N	Referral Requirec
27562	DISLOCATION, PATELLA	07/01/2008	$370.91	0.0%	0.0%	N	Referral Requirec
27566	DISLOCATION, PATELLA	07/01/2008	$750.21	0.0%	0.0%	N	Referral Requirec
27570	MANIPULATION, KNEE JOINT	07/01/2008	$121.47	0.0%	0.0%	N	Referral Requirec
27580	FUSION, KNEE	07/01/2008	$1,215.58	0.0%	0.0%	N	Referral Requirec
27590	AMPUTATION, THIGH	07/01/2008	$693.09	0.0%	0.0%	N	Referral Requirec
27591	AMPUTATION THIGH IMM FITTING TECHNIQUE INC 1ST CAS	07/01/2008	$769.09	0.0%	0.0%	N	Referral Requirec
27592	AMPUTATION, THIGH	07/01/2008	$585.57	0.0%	0.0%	N	Referral Requirec
27594	AMPUTATION, THIGH	07/01/2008	$424.91	0.0%	0.0%	N	Referral Requirec
27596	AMPUTATION, THIGH	07/01/2008	$617.44	0.0%	0.0%	N	Referral Requirec
27598	DISARTICULATION, KNEE	07/01/2008	$623.69	0.0%	0.0%	N	Referral Requirec
27599	UNLISTED PROCEDURE, FEMUR OR KNEE	01/01/1982	$0.00	0.0%	0.0%	N	Referral Requirec
27600	DECOMPRESSION FASCIOTOMY LEG	07/01/2008	$354.37	0.0%	0.0%	N	Referral Requirec
27601	DECOMPRESSION FASCIOTOMY,LEG; POSTERIOR COMP. ONLY	07/01/2008	$364.90	0.0%	0.0%	N	Referral Requirec
27602	FASCIOTOMY, LEG	07/01/2008	$436.70	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
27603	INCISION/DRAIN LEG/ANKLE DEEP ABSCESS OR HEMATOMA	07/01/2008	$428.42	0.0%	0.0%	N	Referral Required
27604	INCISION/DRAIONAGE LEG/ANKLE DEEP INFECTED BURSA	07/01/2008	$374.21	0.0%	0.0%	N	Referral Required
27605	TENOTOMY, ACHILLES TENDON	07/01/2008	$318.75	0.0%	0.0%	N	Referral Required
27606	TENOTOMY, ACHILLES TENDON	07/01/2008	$251.92	0.0%	0.0%	N	Referral Required
27607	INCISION DEEP W/OPENING BONE CORTEX LEG/ANKLE	07/01/2008	$508.40	0.0%	0.0%	N	Referral Required
27610	ARTHROTOMY, ANKLE	07/01/2008	$547.56	0.0%	0.0%	N	Referral Required
27612	ARTHROTOMY, ANKLE	07/01/2008	$478.21	0.0%	0.0%	N	Referral Required
27613	BIOPSY,SOFT TISSUE OF LEG/ANKLE AREA, SUPERFICIAL	07/01/2008	$196.43	0.0%	0.0%	N	Referral Required
27614	BX SOFT TISSUES, DEEP	07/01/2008	$454.99	0.0%	0.0%	N	Referral Required
27615	RADICAL RECESTION OF TUMOR,SOFT TISSUE LEG/ANKLE	07/01/2008	$747.11	0.0%	0.0%	N	Referral Required
27618	EXCISION, BENIGN TUMOR, SUBCUTANEOUS	07/01/2008	$394.10	0.0%	0.0%	N	Referral Required
27619	EXCISION, TUMOR, LEG OR ANKLE AREA; SUBCUTANEOUS	07/01/2008	$633.57	0.0%	0.0%	N	Referral Required
27620	ARTHROTOMY, ANKLE	07/01/2008	$388.58	0.0%	0.0%	N	Referral Required
27625	ARTHROTOMY, ANKLE	07/01/2008	$504.59	0.0%	0.0%	N	Referral Required
27626	ARTHROTOMY, INCLUDING TENOSYNOVECTOMY	07/01/2008	$541.32	0.0%	0.0%	N	Referral Required
27630	EXCISION, LESION, LEG	07/01/2008	$435.96	0.0%	0.0%	N	Referral Required
27635	EXCISION, CYST, TIBIA/FIBULA	07/01/2008	$496.94	0.0%	0.0%	N	Referral Required
27637	EXCISION, CYST, TIBIA/FIBULA	07/01/2008	$626.44	0.0%	0.0%	N	Referral Required
27638	EXCISION/CURETTAGE BONE CYST/BENIGN TUMOR W/GRAFT	07/01/2008	$655.63	0.0%	0.0%	N	Referral Required
27640	EXCISION, PARTIAL, TIBIA	07/01/2008	$738.61	0.0%	0.0%	N	Referral Required
27641	EXCISION, PARTIAL, FIBULA	07/01/2008	$595.10	0.0%	0.0%	N	Referral Required
27645	RESECTION, TIBIA	07/01/2008	$888.97	0.0%	0.0%	N	Referral Required
27646	RESECTION, FIBULA	07/01/2008	$793.80	0.0%	0.0%	N	Referral Required
27647	RESECTION, ASTRAGALUS	07/01/2008	$700.88	0.0%	0.0%	N	Referral Required
27648	ARTHROGRAPHY, ANKLE, INJ PCDRE	07/01/2008	$140.66	0.0%	0.0%	N	Referral Required
27650	REPAIR, ACHILLES TENDON	07/01/2008	$591.75	0.0%	0.0%	N	Referral Required
27652	REPAIR RUPTURED ACHILLES TENDON; WITH GRAFT	07/01/2008	$631.19	0.0%	0.0%	N	Referral Required
27654	REPAIR, ACHILLES TENDON	07/01/2008	$595.50	0.0%	0.0%	N	Referral Required
27656	REPAIR, FASCIAL DEFECT, LEG	07/01/2008	$443.41	0.0%	0.0%	N	Referral Required
27658	REPAIR, TENDON, LEG	07/01/2008	$324.57	0.0%	0.0%	N	Referral Required
27659	REPAIR, TENDON, LEG	07/01/2008	$427.53	0.0%	0.0%	N	Referral Required
27664	REPAIR OF EXTENSOR TENDON OF LEG PRIM W/O GRAFT EA	07/01/2008	$311.05	0.0%	0.0%	N	Referral Required
27665	SECONDARY WITH OR W/O GRAFT, SINGLE TENDON, EACH	07/01/2008	$355.29	0.0%	0.0%	N	Referral Required
27675	REPAIR DISLOCATING PERONAL TENDON W/OUT FIB OSTE	07/01/2008	$437.96	0.0%	0.0%	N	Referral Required
27676	REPAIR, TENDON, LEG	07/01/2008	$522.98	0.0%	0.0%	N	Referral Required
27680	TENOLYSIS, LEG	07/01/2008	$366.76	0.0%	0.0%	N	Referral Required
27681	TENOLYSIS, LEG	07/01/2008	$438.45	0.0%	0.0%	N	Referral Required
27685	LENGTHEN/SHORTEN TENDON, LEG OR ANKLE; SINGLE	07/01/2008	$507.24	0.0%	0.0%	N	Referral Required
27686	LENGTHEN/SHORTEN TENDON, LEG	07/01/2008	$476.45	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
27687	GASTROCNEMIUS RECESSION	07/01/2008	$393.91	0.0%	0.0%	N	Referral Required
27690	TRANSFER, TENDON, LEG	07/01/2008	$521.35	0.0%	0.0%	N	Referral Required
27691	TRANSFER, TENDON, LEG	07/01/2008	$616.47	0.0%	0.0%	N	Referral Required
27692	TRANSFER, TENDON, LEG-ADD ON	07/01/2008	$96.30	0.0%	0.0%	N	Referral Required
27695	REPAIR, LIGAMENT, ANKLE	07/01/2008	$420.02	0.0%	0.0%	N	Referral Required
27696	REPAIR, LIGAMENT, ANKLE	07/01/2008	$503.30	0.0%	0.0%	N	Referral Required
27698	REPAIR, LIGAMENT, ANKLE	07/01/2008	$560.27	0.0%	0.0%	N	Referral Required
27700	ARTHROPLASTY, ANKLE	07/01/2008	$526.52	0.0%	0.0%	N	Referral Required
27702	ARTHROPLASTY, ANKLE; WITH IMPLANT	07/01/2008	$843.04	0.0%	0.0%	N	Referral Required
27703	ARTHROPLASTY, ANKLE-SECONDARY RECONSTRUCTION	07/01/2008	$966.72	0.0%	0.0%	N	Referral Required
27704	REMOVAL OF ANKLE IMPLANT	07/01/2008	$469.21	0.0%	0.0%	N	Referral Required
27705	OSTEOTOMY, TIBIA	07/01/2008	$647.34	0.0%	0.0%	N	Referral Required
27707	OSTEOTOMY, FIBULA	07/01/2008	$328.16	0.0%	0.0%	N	Referral Required
27709	OSTEOTOMY, TIBIA/FIBULA	07/01/2008	$915.91	0.0%	0.0%	N	Referral Required
27712	OSTEOTOMY, TIBIA	07/01/2008	$909.81	0.0%	0.0%	N	Referral Required
27715	OSTEOPLASTY, TIBIA/FIBULA	07/01/2008	$893.57	0.0%	0.0%	N	Referral Required
27720	REPAIR, MALUNION, TIBIA	07/01/2008	$738.12	0.0%	0.0%	N	Referral Required
27722	REPAIR, MALUNION, TIBIA	07/01/2008	$736.02	0.0%	0.0%	N	Referral Required
27724	REPAIR, MALUNION, TIBIA	07/01/2008	$1,081.67	0.0%	0.0%	N	Referral Required
27725	REPAIR, MALUNION, TIBIA	07/01/2008	$1,002.26	0.0%	0.0%	N	Referral Required
27726	REPAIR OF FIBULA NONUNION AND/OR MALUNION WITH INTERNAL FIXATION	01/01/2008	$759.56	0.0%	0.0%	N	Referral Required
27727	REPAIR, PSEUDARTHROSIS, TIBIA	07/01/2008	$863.28	0.0%	0.0%	N	Referral Required
27730	EPIPHYSEAL ARREST, LOWER LEG	07/01/2008	$483.21	0.0%	0.0%	N	Referral Required
27732	EPIPHYSEAL ARREST, LOWER LEG	07/01/2008	$346.62	0.0%	0.0%	N	Referral Required
27734	EPIPHYSEAL ARREST, LOWER LEG	07/01/2008	$526.08	0.0%	0.0%	N	Referral Required
27740	EPIPHYSEAL ARREST, LOWER LEG	07/01/2008	$592.82	0.0%	0.0%	N	Referral Required
27742	EPIPHYSEAL ARREST, LOWER LEG	07/01/2008	$555.69	0.0%	0.0%	N	Referral Required
27745	PROPHYLACTIC TREATMENT, TIBIA	07/01/2008	$634.15	0.0%	0.0%	N	Referral Required
27750	FRACTURE, TIBIA	07/01/2008	$271.26	0.0%	0.0%	N	Referral Required
27752	FRACTURE, TIBIA	07/01/2008	$435.86	0.0%	0.0%	N	Referral Required
27756	FRACTURE, TIBIA	07/01/2008	$471.80	0.0%	0.0%	N	Referral Required
27758	OPEN CLOSED TRIMENT TIBIAL SHAFT EX	07/01/2008	$742.02	0.0%	0.0%	N	Referral Required
27759	OPEN TREAT TIBIAL SHAFT FX BY INTRAMEDULLARY	07/01/2008	$842.37	0.0%	0.0%	N	Referral Required
27760	CLOSED FRACTURE MEDIAL MALLEOLUS FRACTURE, W/O MANIPULATION	07/01/2008	$262.21	0.0%	0.0%	N	Referral Required
27762	FRACTURE, TIBIA	07/01/2008	$392.00	0.0%	0.0%	N	Referral Required
27766	FRACTURE, TIBIA	07/01/2008	$509.67	0.0%	0.0%	N	Referral Required
27767	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITHOUT MANIPULATION	01/01/2008	$210.28	0.0%	0.0%	N	Referral Required
27768	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; W/MANIPULATION	01/01/2008	$326.09	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
27769	OPEN TREATMENT OF POSTERIOR MALLEOLUS FRACTURE, INCL INTERNAL FIXATION	01/01/2008	$566.01	0.0%	0.0%	N	Referral Required
27780	FRACTURE, FIBULA	07/01/2008	$233.34	0.0%	0.0%	N	Referral Required
27781	FRACTURE, FIBULA; WITH MANIPULATION	07/01/2008	$337.12	0.0%	0.0%	N	Referral Required
27784	FRACTURE, FIBULA	07/01/2008	$564.42	0.0%	0.0%	N	Referral Required
27786	FRACTURE, FIBULA	07/01/2008	$248.39	0.0%	0.0%	N	Referral Required
27788	FRACTURE, FIBULA	07/01/2008	$342.84	0.0%	0.0%	N	Referral Required
27792	OPEN TREATMENT DISTAL FIBULAR FRACTURE W/WO FIX.	07/01/2008	$575.33	0.0%	0.0%	N	Referral Required
27808	FRACTURE, TIBIA AND FIBULA	07/01/2008	$259.74	0.0%	0.0%	N	Referral Required
27810	FRACTURE, TIBIA AND FIBULA	07/01/2008	$384.57	0.0%	0.0%	N	Referral Required
27814	FRACTURE, TIBIA AND FIBULA	07/01/2008	$649.78	0.0%	0.0%	N	Referral Required
27816	TREAT CLOSED TRIMALLEOLAR ANKLE WO/MANIPULATION	07/01/2008	$247.39	0.0%	0.0%	N	Referral Required
27818	FRACTURE, TIBIA AND FIBULA	07/01/2008	$398.76	0.0%	0.0%	N	Referral Required
27822	FRACTURE, TIBIA AND FIBULA	07/01/2008	$721.01	0.0%	0.0%	N	Referral Required
27823	FRACTURE, TIBIA AND FIBULA	07/01/2008	$819.02	0.0%	0.0%	N	Referral Required
27824	CLOSED TREAT WEIGHT BEARING ARTICULAR PORTION DIST	07/01/2008	$244.76	0.0%	0.0%	N	Referral Required
27825	W/SKELETAL TRACTION OR REQUIRING MANIPULATION	07/01/2008	$447.23	0.0%	0.0%	N	Referral Required
27826	OPEN TREAT FX WT BEARING ARTICULAR SURFACE PORTION	07/01/2008	$678.65	0.0%	0.0%	N	Referral Required
27827	FRACTURE AND/OR DISLOCATION OF TIBIA ONLY	07/01/2008	$917.76	0.0%	0.0%	N	Referral Required
27828	OF BOTH TIBIA AND FIBULA	07/01/2008	$1,089.96	0.0%	0.0%	N	Referral Required
27829	OPEN TREAT DISTAL TIBIOFIBULAR JOINT	07/01/2008	$537.48	0.0%	0.0%	N	Referral Required
27830	DISLOCATION, TIBIO-FIBULAR JNT	07/01/2008	$280.86	0.0%	0.0%	N	Referral Required
27831	TREATMENT PROXIAML TIBIOFIBULAR JOINT DISLOC W/ANE	07/01/2008	$311.05	0.0%	0.0%	N	Referral Required
27832	DISLOCATION, TIBIO-FIBULAR JNT	07/01/2008	$572.03	0.0%	0.0%	N	Referral Required
27840	DISLOCATION, ANKLE	07/01/2008	$288.32	0.0%	0.0%	N	Referral Required
27842	DISLOCATION, ANKLE	07/01/2008	$397.72	0.0%	0.0%	N	Referral Required
27846	DISLOCATION, ANKLE	07/01/2008	$618.67	0.0%	0.0%	N	Referral Required
27848	DISLOCATION, TIBIO-FIBULAR JNT	07/01/2008	$709.12	0.0%	0.0%	N	Referral Required
27860	MANIPULATION, ANKLE	07/01/2008	$148.04	0.0%	0.0%	N	Referral Required
27870	ARTHRODESIS, ANKLE	07/01/2008	$882.42	0.0%	0.0%	N	Referral Required
27871	ARTHRODESIS TIBIOFIBULAR JOINT PROXIMAL OR DISTAL	07/01/2008	$581.95	0.0%	0.0%	N	Referral Required
27880	AMPUTATION, LEG	07/01/2008	$774.52	0.0%	0.0%	N	Referral Required
27881	AMPUTATE LEG W/FITTING INCL. APP. OF 1ST CAST	07/01/2008	$755.57	0.0%	0.0%	N	Referral Required
27882	AMPUTATION LEG THRU TIBIA & FIBULA OPEN CIRCULAR	07/01/2008	$539.24	0.0%	0.0%	N	Referral Required
27884	AMPUTATION, LEG	07/01/2008	$494.24	0.0%	0.0%	N	Referral Required
27886	AMPUTATION, LEG	07/01/2008	$560.87	0.0%	0.0%	N	Referral Required
27888	AMPUTATION, ANKLE	07/01/2008	$597.46	0.0%	0.0%	N	Referral Required
27889	DISARTICULATION, ANKLE	07/01/2008	$586.20	0.0%	0.0%	N	Referral Required
27892	DECOMPRESSION FASCIOTOMY LEG ANTERIOR LATERAL COMP	07/01/2008	$461.87	0.0%	0.0%	N	Referral Required
27893	POSTERIOR COMPARTMENTS ONLY W/DEBRIDEMENT NONVIABL	07/01/2008	$458.67	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
27894	ANTERIOR AND LATERAL COMPARTMENTS	07/01/2008	$700.33	0.0%	0.0%	N	Referral Required
27899	UNLISTED PROCEDURE, LEG/ANKLE	01/01/1976	$0.00	0.0%	0.0%	N	Referral Required
28001	DRAINAGE, BURSA, FOOT	07/01/2008	$214.90	0.0%	0.0%	N	Referral Required
28002	DEEP DISSECTION BELOW FASCIA FOR DEEP INFECTION FO	07/01/2008	$399.99	0.0%	0.0%	N	Referral Required
28003	DEEP DISSECTION BELOW FASCIA DEEP FOOT MULTIPLE AR	07/01/2008	$555.34	0.0%	0.0%	N	Referral Required
28005	INCISION, DEEP, W/OPENING OF BONE CORTEX	07/01/2008	$527.20	0.0%	0.0%	N	Referral Required
28008	FASCIOTOMY FOOT-TOE	07/01/2008	$340.51	0.0%	0.0%	N	Referral Required
28010	TENOTOMY, TOE	07/01/2008	$191.01	0.0%	0.0%	N	Referral Required
28011	TENOTOMY, TOE	07/01/2008	$270.22	0.0%	0.0%	N	Referral Required
28020	ARTHROTOMY, TOE JOINTS	07/01/2008	$406.79	0.0%	0.0%	N	Referral Required
28022	ARTHROTOMY, TOE JOINTS	07/01/2008	$372.44	0.0%	0.0%	N	Referral Required
28024	ARTHROTOMY, TOE JOINTS	07/01/2008	$356.10	0.0%	0.0%	N	Referral Required
28035	TARSAL TUNNEL RELEASE	07/01/2008	$405.07	0.0%	0.0%	N	Referral Required
28043	EXCISION TUMOR FOOT SUBCUTANEOUS	07/01/2008	$272.20	0.0%	0.0%	N	Referral Required
28045	EXCISION, TUMOR, FOOT	07/01/2008	$378.82	0.0%	0.0%	N	Referral Required
28046	RADICAL RESECTION OF TUMOR, SOFT TISSUE OF FOOT	07/01/2008	$699.02	0.0%	0.0%	N	Referral Required
28050	ARTHROTOMY, FOOT JOINT	07/01/2008	$353.29	0.0%	0.0%	N	Referral Required
28052	ARTHROTOMY, FOOT JOINT	07/01/2008	$330.57	0.0%	0.0%	N	Referral Required
28054	ARTHROTOMY, FOOT JOINT	07/01/2008	$308.86	0.0%	0.0%	N	Referral Required
28055	NEURECTOMY, INTRINSIC MUSCULATURE OF FOOT	07/01/2008	$340.49	0.0%	0.0%	N	Referral Required
28060	FASCIECTOMY, PLANTAR	07/01/2008	$400.34	0.0%	0.0%	N	Referral Required
28062	FASCIECTOMY EXCISION OF PLANTAR FASCIA RADICAL	07/01/2008	$475.55	0.0%	0.0%	N	Referral Required
28070	SYNOVECTOMY, FOOT JOINTS	07/01/2008	$396.68	0.0%	0.0%	N	Referral Required
28072	SYNOVECTOMY, FOOT JOINTS	07/01/2008	$386.88	0.0%	0.0%	N	Referral Required
28080	EXCISION, MORTONS NEUROMA	07/01/2008	$377.92	0.0%	0.0%	N	Referral Required
28086	SYNOVECTOMY, FOOT TENDONS	07/01/2008	$440.92	0.0%	0.0%	N	Referral Required
28088	SYNOVECTOMY, FOOT TENDONS	07/01/2008	$355.12	0.0%	0.0%	N	Referral Required
28090	EXCISION, LESION, FOOT	07/01/2008	$359.77	0.0%	0.0%	N	Referral Required
28092	EXCISION LESION OF TENDON OR FIBROUS SHEATA TOES	07/01/2008	$327.96	0.0%	0.0%	N	Referral Required
28100	EXCISION, TUMOR, FOOT BONES	07/01/2008	$475.49	0.0%	0.0%	N	Referral Required
28102	EXCISION, TUMOR, FOOT BONES	07/01/2008	$463.53	0.0%	0.0%	N	Referral Required
28103	EXCISION OF BONE CYST/BENIGN TUMOR W/ALLOGRAFT	07/01/2008	$381.61	0.0%	0.0%	N	Referral Required
28104	EXCISION, TUMOR, FOOT BONES	07/01/2008	$398.82	0.0%	0.0%	N	Referral Required
28106	EXCISION, TUMOR, FOOT BONES	07/01/2008	$405.55	0.0%	0.0%	N	Referral Required
28107	EXCISION BONE CYST TARSAL/METATARSAL W/ALLOGRAFT	07/01/2008	$439.84	0.0%	0.0%	N	Referral Required
28108	EXCISION, TUMOR, FOOT BONES	07/01/2008	$333.90	0.0%	0.0%	N	Referral Required
28110	OSTECTOMY PARTIAL EXCISION FIFTH METATARSAL HEAD	07/01/2008	$351.44	0.0%	0.0%	N	Referral Required
28111	OSTECTOMY, METATARSAL	07/01/2008	$405.83	0.0%	0.0%	N	Referral Required
28112	OSTECTOMY, METATARSAL	07/01/2008	$380.83	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
28113	OSTECTOMY COMPLETE 5TH METATARSAL HEAD	07/01/2008	$449.84	0.0%	0.0%	N	Referral Required
28114	OSTECTOMY, METATARSAL	07/01/2008	$833.68	0.0%	0.0%	N	Referral Required
28116	EXCISION, TARSAL COALITION	07/01/2008	$590.28	0.0%	0.0%	N	Referral Required
28118	EXCISION, OS CALCIS	07/01/2008	$454.41	0.0%	0.0%	N	Referral Required
28119	EXCISION, OS CALCIS	07/01/2008	$407.01	0.0%	0.0%	N	Referral Required
28120	EXCISION, PARTIAL, FOOT BONES	07/01/2008	$460.53	0.0%	0.0%	N	Referral Required
28122	EXCISION, PARTIAL, FOOT BONES	07/01/2008	$527.56	0.0%	0.0%	N	Referral Required
28124	EXCISION, PARTL, PHALANX, TOE	07/01/2008	$371.38	0.0%	0.0%	N	Referral Required
28126	CONDYLECTOMY, PHALANGEAL BASE, SINGLE TOE, EACH	07/01/2008	$297.61	0.0%	0.0%	N	Referral Required
28130	ASTRAGALECTOMY	07/01/2008	$550.79	0.0%	0.0%	N	Referral Required
28140	METATARSECTOMY, FOOT	07/01/2008	$504.18	0.0%	0.0%	N	Referral Required
28150	PHALANGECTOMY, FOOT	07/01/2008	$335.95	0.0%	0.0%	N	Referral Required
28153	RESECTION, HEAD OF PHALANX, TOE	07/01/2008	$308.99	0.0%	0.0%	N	Referral Required
28160	HEMIPHALANGECTOMY, FOOT	07/01/2008	$318.04	0.0%	0.0%	N	Referral Required
28171	RADICAL RESECTION FOR TUMOR TARSAL	07/01/2008	$533.71	0.0%	0.0%	N	Referral Required
28173	RADICAL RESECTION FOR TUMOR METATARSAL	07/01/2008	$597.13	0.0%	0.0%	N	Referral Required
28175	RADICAL RESECTION FOR TUMOR PHALANX OF TOE	07/01/2008	$435.25	0.0%	0.0%	N	Referral Required
28190	REMOVE FOREIGN BODY; SUBCUTANEOUS	07/01/2008	$193.91	0.0%	0.0%	N	Referral Required
28192	REMOVAL FB FOOT DEEP	07/01/2008	$372.44	0.0%	0.0%	N	Referral Required
28193	REMOVAL FB FOOT COMPLICATED	07/01/2008	$424.01	0.0%	0.0%	N	Referral Required
28200	REPAIR, TENDON, FOOT	07/01/2008	$367.24	0.0%	0.0%	N	Referral Required
28202	REPAIR, TENDON, FOOT	07/01/2008	$500.70	0.0%	0.0%	N	Referral Required
28208	REPAIR, TENDON, FOOT	07/01/2008	$351.05	0.0%	0.0%	N	Referral Required
28210	REPAIR, TENDON, FOOT	07/01/2008	$461.12	0.0%	0.0%	N	Referral Required
28220	TENOLYSIS, FOOT	07/01/2008	$349.18	0.0%	0.0%	N	Referral Required
28222	TENOLYSIS, FOOT	07/01/2008	$406.38	0.0%	0.0%	N	Referral Required
28225	TENOLYSIS, FOOT	07/01/2008	$304.75	0.0%	0.0%	N	Referral Required
28226	TENOLYSIS, EXTENSOR, FOOT, MULTIPLE	07/01/2008	$359.38	0.0%	0.0%	N	Referral Required
28230	TENOTOMY, FOOT	07/01/2008	$336.56	0.0%	0.0%	N	Referral Required
28232	TENOTOMY, FOOT	07/01/2008	$297.90	0.0%	0.0%	N	Referral Required
28234	TENOTOMY, FOOT	07/01/2008	$306.24	0.0%	0.0%	N	Referral Required
28238	ADVANCEMENT, TENDON, FOOT	07/01/2008	$544.28	0.0%	0.0%	N	Referral Required
28240	TENOTOMY, ABDUCTR HALLCS MSLE	07/01/2008	$341.61	0.0%	0.0%	N	Referral Required
28250	DIVISION, PLANTAR FASCIA	07/01/2008	$435.82	0.0%	0.0%	N	Referral Required
28260	CAPSULOTOMY, FOOT	07/01/2008	$539.45	0.0%	0.0%	N	Referral Required
28261	CAPSULOTOMY, FOOT	07/01/2008	$784.58	0.0%	0.0%	N	Referral Required
28262	CAPSULOTOMY, FOOT	07/01/2008	$1,105.51	0.0%	0.0%	N	Referral Required
28264	CAPSULOTOMY, FOOT	07/01/2008	$683.67	0.0%	0.0%	N	Referral Required
28270	CAPSULOTOMY, FOOT	07/01/2008	$370.14	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
28272	CAPSULATOMY INTERPHALANGEAL JOINT, SINGLE, EACH	07/01/2008	$304.65	0.0%	0.0%	N	Referral Required
28280	WEBBING OPERATION, TOES	07/01/2008	$415.36	0.0%	0.0%	N	Referral Required
28285	ARTHRODESIS, INTRPHNGL JT, TOE	07/01/2008	$360.19	0.0%	0.0%	N	Referral Required
28286	PLASTIC PROCEDURE, FIFTH TOE	07/01/2008	$354.33	0.0%	0.0%	N	Referral Required
28288	EXOSTECTOMY, METATARSAL	07/01/2008	$449.94	0.0%	0.0%	N	Referral Required
28289	HALLUX RIGIDUS CORRECT DEBRIDMENT CAPSULAR RELEASE; 1ST METATARSOPHALANGEAL JNT	07/01/2008	$581.97	0.0%	0.0%	N	Referral Required
28290	HALLUX VALGUS CORRECTION	07/01/2008	$448.46	0.0%	0.0%	N	Referral Required
28292	HALLUX VALGUS CORRECTION	07/01/2008	$607.11	0.0%	0.0%	N	Referral Required
28293	HALLUX VALGUS CORRECTION	07/01/2008	$814.35	0.0%	0.0%	N	Referral Required
28294	HALLUX VALGUS CORRECTION	07/01/2008	$592.15	0.0%	0.0%	N	Referral Required
28296	HALLUX VALGUS CORRECTION	07/01/2008	$630.92	0.0%	0.0%	N	Referral Required
28297	LAPIDUS PIPE PROCEDURE, BUNION CORRECTION	07/01/2008	$661.42	0.0%	0.0%	N	Referral Required
28298	HALLUX VALGUS CORRECTION	07/01/2008	$564.10	0.0%	0.0%	N	Referral Required
28299	OSTEOTOMY-HALLUS VALGUS	07/01/2008	$730.40	0.0%	0.0%	N	Referral Required
28300	OSTEOTOMY, FOOT BONES	07/01/2008	$569.74	0.0%	0.0%	N	Referral Required
28302	OSTEOTOMY, FOOT BONES	07/01/2008	$568.17	0.0%	0.0%	N	Referral Required
28304	OSTEOTOMY, FOOT BONES	07/01/2008	$627.67	0.0%	0.0%	N	Referral Required
28305	OSTEOTOMY, FOOT BONES	07/01/2008	$589.54	0.0%	0.0%	N	Referral Required
28306	OSTEOTOMY, FOOT BONES	07/01/2008	$468.62	0.0%	0.0%	N	Referral Required
28307	OSTEOTOMY FIRST METATARSAL W/AUTOGRAFT	07/01/2008	$570.22	0.0%	0.0%	N	Referral Required
28308	OSTEOTOMY, FOOT BONES	07/01/2008	$420.98	0.0%	0.0%	N	Referral Required
28309	OSTEOTOMY METATARSALS MULTIPLE	07/01/2008	$768.04	0.0%	0.0%	N	Referral Required
28310	OSTEOTOMY, FOOT BONES	07/01/2008	$419.16	0.0%	0.0%	N	Referral Required
28312	OSTEOTOMY, FOOT BONES	07/01/2008	$380.11	0.0%	0.0%	N	Referral Required
28313	RECONSTRUCT ANGULAR DEFORMITY TOE (SOFT TISSUE)	07/01/2008	$393.30	0.0%	0.0%	N	Referral Required
28315	SESAMOIDECTOMY, FIRST TOE	07/01/2008	$369.71	0.0%	0.0%	N	Referral Required
28320	REPAIR, NON-UNION, FOOT BONES	07/01/2008	$544.50	0.0%	0.0%	N	Referral Required
28322	REPAIR, NON-UNION, FOOT BONES	07/01/2008	$622.04	0.0%	0.0%	N	Referral Required
28340	RECONSTRUCTION,TOE MACRODACTYLY;SOFT TISSUE RESECT	07/01/2008	$494.69	0.0%	0.0%	N	Referral Required
28341	RECONSTRUCTION,TOE,MACRODACTYLY; W/BONE RESECTION	07/01/2008	$566.79	0.0%	0.0%	N	Referral Required
28344	RECONSTRUCTION, TOE, MACRODACTYLY;SOFT TISSUE	07/01/2008	$357.30	0.0%	0.0%	N	Referral Required
28345	RECONSTRUCTION, TOES; SYNDACTYLY	07/01/2008	$446.50	0.0%	0.0%	N	Referral Required
28400	FRACTURE, OS CALCIS	07/01/2008	$197.71	0.0%	0.0%	N	Referral Required
28405	FRACTURE, OS CALCIS	07/01/2008	$323.77	0.0%	0.0%	N	Referral Required
28406	FRACTURE, OS CALCIS	07/01/2008	$443.28	0.0%	0.0%	N	Referral Required
28415	FRACTURE, OS CALCIS	07/01/2008	$978.67	0.0%	0.0%	N	Referral Required
28420	FRACTURE, OS CALCIS	07/01/2008	$1,020.60	0.0%	0.0%	N	Referral Required
28430	FRACTURE, ASTRAGALUS	07/01/2008	$186.27	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
28435	FRACTURE, ASTRAGALUS	07/01/2008	$257.38	0.0%	0.0%	N	Referral Requirec
28436	TREAT CLOSED TALUS FX W/MANIP AND PERCUTANEOUS PIN	07/01/2008	$353.60	0.0%	0.0%	N	Referral Requirec
28445	FRACTURE, ASTRAGALUS	07/01/2008	$912.67	0.0%	0.0%	N	Referral Requirec
28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS (INCLUDES OBTAINING GRAFT[S])	05/01/2009	$979.23	0.0%	0.0%	N	Referral Requirec
28450	FRACTURE, TARSAL BONES	07/01/2008	$171.60	0.0%	0.0%	N	Referral Requirec
28455	FRACTURE, TARSAL BONES	07/01/2008	$233.32	0.0%	0.0%	N	Referral Requirec
28456	TREAT CLOSED TARSAL BONE FX W/MANIP AND PERCUT PIN	07/01/2008	$232.00	0.0%	0.0%	N	Referral Requirec
28465	FRACTURE, TARSAL BONES	07/01/2008	$517.31	0.0%	0.0%	N	Referral Requirec
28470	FRACTURE, METATARSAL	07/01/2008	$171.12	0.0%	0.0%	N	Referral Requirec
28475	FRACTURE, METATARSAL	07/01/2008	$215.93	0.0%	0.0%	N	Referral Requirec
28476	TREATMENT OF CLOSED METATARSAL FRACTURE, EACH	07/01/2008	$281.59	0.0%	0.0%	N	Referral Requirec
28485	FRACTURE, METATARSAL	07/01/2008	$443.78	0.0%	0.0%	N	Referral Requirec
28490	FRACTURE, PHALANX, TOE	07/01/2008	$108.77	0.0%	0.0%	N	Referral Requirec
28495	FRACTURE, PHALANX, TOE	07/01/2008	$135.68	0.0%	0.0%	N	Referral Requirec
28496	CLOSED FX GT TOE W/MANIP AND PERCUTANEOUS PINNING	07/01/2008	$348.08	0.0%	0.0%	N	Referral Requirec
28505	FRACTURE, PHALANX, TOE	07/01/2008	$531.06	0.0%	0.0%	N	Referral Requirec
28510	FRACTURE, PHALANX, TOE	07/01/2008	$94.09	0.0%	0.0%	N	Referral Requirec
28515	FRACTURE, PHALANX, TOE	07/01/2008	$122.43	0.0%	0.0%	N	Referral Requirec
28525	FRACTURE, PHALANX, TOE	07/01/2008	$453.44	0.0%	0.0%	N	Referral Requirec
28530	TREATMENT OF CLOSED SESAMOID FRACTURE	07/01/2008	$89.90	0.0%	0.0%	N	Referral Requirec
28531	OPEN TREAT SESAMOID FX W/WO INTERNAL FIXATION	07/01/2008	$321.19	0.0%	0.0%	N	Referral Requirec
28540	DISLOCATION, TARSAL BONE	07/01/2008	$161.49	0.0%	0.0%	N	Referral Requirec
28545	DISLOCATION, TARSAL BONE	07/01/2008	$187.64	0.0%	0.0%	N	Referral Requirec
28546	DISLOCATION, TARSAL BONE	07/01/2008	$369.87	0.0%	0.0%	N	Referral Requirec
28555	DISLOCATION, TARSAL BONE	07/01/2008	$683.87	0.0%	0.0%	N	Referral Requirec
28570	DISLOC, ASTRAGALO-TARSAL JOINT	07/01/2008	$143.59	0.0%	0.0%	N	Referral Requirec
28575	DISLOC, ASTRAGALO-TARSAL JOINT	07/01/2008	$259.96	0.0%	0.0%	N	Referral Requirec
28576	PERCUTANEOUS SKELETAL FIXATION TALOTARSAL JOINT DI	07/01/2008	$301.04	0.0%	0.0%	N	Referral Requirec
28585	DISLOC, ASTRAGALO-TARSAL JOINT	07/01/2008	$705.49	0.0%	0.0%	N	Referral Requirec
28600	DISLOC, TARSO-METATARSAL JOINT	07/01/2008	$167.69	0.0%	0.0%	N	Referral Requirec
28605	DISLOC, TARSO-METATARSAL JOINT	07/01/2008	$218.04	0.0%	0.0%	N	Referral Requirec
28606	DISLOC, TARSO-METATARSAL JOINT	07/01/2008	$329.24	0.0%	0.0%	N	Referral Requirec
28615	DISLOC, TARSO-METATARSAL JOINT	07/01/2008	$645.45	0.0%	0.0%	N	Referral Requirec
28630	DISLOC, METATARSO-PHLNGL JNT	07/01/2008	$118.37	0.0%	0.0%	N	Referral Requirec
28635	DISLOC, METATARSO-PHLNGL JNT	07/01/2008	$141.43	0.0%	0.0%	N	Referral Requirec
28636	PERCUTANEOUS SKELETAL FIXATION METATARSOPHALANGEAL	07/01/2008	$238.92	0.0%	0.0%	N	Referral Requirec
28645	DISLOC, METATARSO-PHLNGL JNT	07/01/2008	$476.86	0.0%	0.0%	N	Referral Requirec
28660	DISLOC, INTERPHLNGL JNT, TOE	07/01/2008	$87.08	0.0%	0.0%	N	Referral Requirec
28665	CLOSED INTERPHALANGEAL JOINT DISLOCATION WITH ANES	07/01/2008	$124.46	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
28666	PERCUTANEOUS SKELETAL FIXATION INTERPHALANGEAL JOI	07/01/2008	$171.05	0.0%	0.0%	N	Referral Required
28675	DISLOC, INTERPHLNGL JNT, TOE	07/01/2008	$448.34	0.0%	0.0%	N	Referral Required
28705	ARTHRODESIS, PANTALAR	07/01/2008	$1,119.10	0.0%	0.0%	N	Referral Required
28715	TRIPLE ARTHRODESIS	07/01/2008	$828.55	0.0%	0.0%	N	Referral Required
28725	ARTHRODESIS, SUBTALAR	07/01/2008	$688.28	0.0%	0.0%	N	Referral Required
28730	ARTHRODESIS, MIDTARSAL	07/01/2008	$712.92	0.0%	0.0%	N	Referral Required
28735	FLATFOOT CORRECTION	07/01/2008	$682.42	0.0%	0.0%	N	Referral Required
28737	ARTHRODESIS, MIDTARSAL	07/01/2008	$606.21	0.0%	0.0%	N	Referral Required
28740	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE	07/01/2008	$690.60	0.0%	0.0%	N	Referral Required
28750	ARTHRODESIS, GREAT TOE	07/01/2008	$680.57	0.0%	0.0%	N	Referral Required
28755	ARTHRODESIS, GREAT TOE, INTERPHALAGEAL JOINT	07/01/2008	$395.98	0.0%	0.0%	N	Referral Required
28760	ARTHRODESIS, INTERPHALANGEAL JOINT, W/TENDON TRANS	07/01/2008	$617.35	0.0%	0.0%	N	Referral Required
28800	AMPUTATION, FOOT	07/01/2008	$492.29	0.0%	0.0%	N	Referral Required
28805	AMPUTATION, FOOT	07/01/2008	$635.84	0.0%	0.0%	N	Referral Required
28810	AMPUTATION, METATARSAL	07/01/2008	$377.46	0.0%	0.0%	N	Referral Required
28820	AMPUTATION, TOE	07/01/2008	$429.34	0.0%	0.0%	N	Referral Required
28825	AMPUTATION, TOE	07/01/2008	$369.62	0.0%	0.0%	N	Referral Required
28890	EXTRACORPOREAL SHOCK WAVE, REQ ANESTHESIA, OTHER THAN LOCAL, PLANTAR FASCIA	07/01/2008	$292.04	0.0%	0.0%	N	Referral Required
28899	UNLISTED PROCEDURE, FOOT OR TOES	09/01/1982	$0.00	0.0%	0.0%	N	Referral Required
29000	APPLICATION OF HALO TYPE BODY CAST	07/01/2008	$199.66	0.0%	0.0%	N	Referral Required
29010	RISSER JACKET	07/01/2008	$205.29	0.0%	0.0%	N	Referral Required
29015	RISSER JACKET	07/01/2008	$195.84	0.0%	0.0%	N	Referral Required
29020	TURNBUCKLE JACKET	07/01/2008	$192.95	0.0%	0.0%	N	Referral Required
29025	TURNBUCKLE JACKET	07/01/2008	$208.52	0.0%	0.0%	N	Referral Required
29035	BODY CAST	07/01/2008	$186.86	0.0%	0.0%	N	Referral Required
29040	MINERVA CAST	07/01/2008	$176.88	0.0%	0.0%	N	Referral Required
29044	BODY CAST	07/01/2008	$203.67	0.0%	0.0%	N	Referral Required
29046	BODY CAST	07/01/2008	$217.53	0.0%	0.0%	N	Referral Required
29049	PLASTER FIGURE OF 8	07/01/2008	$72.55	0.0%	0.0%	N	Referral Required
29055	SHOULDER SPICA	07/01/2008	$162.27	0.0%	0.0%	N	Referral Required
29058	VELPEAU CAST	07/01/2008	$94.08	0.0%	0.0%	N	Referral Required
29065	LONG ARM CAST	07/01/2008	$75.56	0.0%	0.0%	N	Referral Required
29075	SHORT ARM CAST	07/01/2008	$70.08	0.0%	0.0%	N	Referral Required
29085	GAUNTLET CAST	07/01/2008	$74.37	0.0%	0.0%	N	Referral Required
29086	FINGER, APPLICATION, CAST	07/01/2008	$56.31	0.0%	0.0%	N	Referral Required
29105	SPLINTS,LONG ARM	07/01/2008	$70.31	0.0%	0.0%	N	Referral Required
29125	SPLINTS, SHORT ARM	07/01/2008	$54.17	0.0%	0.0%	N	Referral Required
29126	APPLICATION OF SHORT ARM SPLINT (FOREARM), DYNAMIC	07/01/2008	$64.27	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
29130	APPLICATION OF FINGER SPLINT; STATIC	07/01/2008	$32.91	0.0%	0.0%	N	Referral Required
29131	APPLICATION OF FINGER SPLINT; DYNAMIC	07/01/2008	$40.87	0.0%	0.0%	N	Referral Required
29200	STRAPPING, THORAX	07/01/2008	$44.49	0.0%	0.0%	N	Referral Required
29240	STRAPPING, SHOULDER (E.G. VELPEAU)	07/01/2008	$50.49	0.0%	0.0%	N	Referral Required
29260	STRAPPING, ELBOW OR WRIST	07/01/2008	$42.92	0.0%	0.0%	N	Referral Required
29280	STRAPPING, HAND OR FINGER	07/01/2008	$42.07	0.0%	0.0%	N	Referral Required
29305	HIP SPICA	07/01/2008	$185.28	0.0%	0.0%	N	Referral Required
29325	HIP SPICA	07/01/2008	$199.75	0.0%	0.0%	N	Referral Required
29345	LONG LEG CAST	07/01/2008	$108.80	0.0%	0.0%	N	Referral Required
29355	LONG LEG CAST	07/01/2008	$111.75	0.0%	0.0%	N	Referral Required
29358	LONG LEG CAST BRACE	07/01/2008	$120.81	0.0%	0.0%	N	Referral Required
29365	CYLINDER CAST	07/01/2008	$97.47	0.0%	0.0%	N	Referral Required
29405	SHORT LEG CAST	07/01/2008	$71.98	0.0%	0.0%	N	Referral Required
29425	SHORT LEG CAST	07/01/2008	$77.79	0.0%	0.0%	N	Referral Required
29435	PTB CAST	07/01/2008	$94.80	0.0%	0.0%	N	Referral Required
29440	CAST WALKER	07/01/2008	$42.92	0.0%	0.0%	N	Referral Required
29445	APPLICATION OF RIGID TOTAL CONTACT LEG CAST	07/01/2008	$120.99	0.0%	0.0%	N	Referral Required
29450	CLUB FOOT CAST	07/01/2008	$125.89	0.0%	0.0%	N	Referral Required
29505	SPLINTS, LOWER EXTREMITY	07/01/2008	$62.46	0.0%	0.0%	N	Referral Required
29515	SPLINTS, LOWER EXTREMITY	07/01/2008	$56.45	0.0%	0.0%	N	Referral Required
29520	STRAPPING HIP	07/01/2008	$43.88	0.0%	0.0%	N	Referral Required
29530	STRAPPING KNEE	07/01/2008	$44.02	0.0%	0.0%	N	Referral Required
29540	STRAPPING ANKLE - ANY AGE	07/01/2008	$34.30	0.0%	0.0%	N	Referral Required
29550	STRAPPING TOES	07/01/2008	$33.11	0.0%	0.0%	N	Referral Required
29580	UNNA BOOT	07/01/2008	$42.30	0.0%	0.0%	N	Referral Required
29590	DENIS-BROWNE SPLINT STRAPPING	07/01/2008	$45.58	0.0%	0.0%	N	Referral Required
29700	CAST REPAIR OR REMOVAL	07/01/2008	$51.26	0.0%	0.0%	N	Referral Required
29705	REMOVAL OR BIVALVING FULL ARM OR FULL LEG CAST	07/01/2008	$54.35	0.0%	0.0%	N	Referral Required
29710	CAST REPAIR OR REMOVAL	07/01/2008	$96.46	0.0%	0.0%	N	Referral Required
29715	CAST REPAIR OR REMOVAL	07/01/2008	$73.03	0.0%	0.0%	N	Referral Required
29720	CAST REPAIR OR REMOVAL	07/01/2008	$63.84	0.0%	0.0%	N	Referral Required
29730	CAST REPAIR OR REMOVAL	07/01/2008	$53.11	0.0%	0.0%	N	Referral Required
29740	CAST REPAIR OR REMOVAL	07/01/2008	$77.50	0.0%	0.0%	N	Referral Required
29750	CAST REPAIR OR REMOVAL	07/01/2008	$81.64	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-W/O SYNOVIAL BIOPSY	07/01/2008	$438.22	0.0%	0.0%	N	Referral Required
29804	ARTHROSCOPY, TMJ, SURGICAL	07/01/2008	$540.61	0.0%	0.0%	N	Referral Required
29805	ARTHROSCOPY SHOULDER, DIAGNOSTIC, W/-W/O SYNOVIAL BIOPSY	07/01/2008	$391.78	0.0%	0.0%	N	Referral Required
29806	ARTHROSCOPY SHOULDER/SURGICAL/CAPSULORRHAPHY	07/01/2008	$891.15	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
29807	ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION	07/01/2008	$868.67	0.0%	0.0%	N	Referral Required
29819	ARTHROSCOPY SHOULDER SURG W/REMOVAL LOOSE BODY	07/01/2008	$489.80	0.0%	0.0%	N	Referral Required
29820	ARTHROSCOPY, SYNOVECTOMY, PARTIAL	07/01/2008	$452.21	0.0%	0.0%	N	Referral Required
29821	SYNOVECTOMY COMPLETE	07/01/2008	$494.08	0.0%	0.0%	N	Referral Required
29822	ARTHROSCOPY SHOULDER DEBRIDEMENT LIMITED	07/01/2008	$480.61	0.0%	0.0%	N	Referral Required
29823	ARTHROSCOPY SHOULDER SURGICAL DEBRIDEMENT EXTENSIV	07/01/2008	$524.90	0.0%	0.0%	N	Referral Required
29824	ARTHROSCOPY, SHOULDER SURGICAL; DISTAL CLAVICULECTOMY INC. DISTAL ARTICULAR	07/01/2008	$557.53	0.0%	0.0%	N	Referral Required
29825	ARTHROSCOPY,SHOULDER W/LYSIS & RESECT W/W/O MANIPU	07/01/2008	$489.46	0.0%	0.0%	N	Referral Required
29826	ARTHROSCOPY SHOULDER DECOMPRESSION	07/01/2008	$561.95	0.0%	0.0%	N	Referral Required
29827	ARTHROSCOPY - SHOULDER, SURGICAL WITH ROTATOR CUFF REPAIR	07/01/2008	$916.82	0.0%	0.0%	N	Referral Required
29828	ARTHROSCOPY, SHOULDER, SURGICAL; BICEPS TENODESIS	01/01/2008	$750.34	0.0%	0.0%	N	Referral Required
29830	ARTHROSCOPY ELBOW DIAGNOSTIC	07/01/2008	$377.63	0.0%	0.0%	N	Referral Required
29834	ARTHROSCOPY,ELBOW,SURGICAL;REMOVE FOREIGN BODY	07/01/2008	$411.21	0.0%	0.0%	N	Referral Required
29835	ARTHROSCOPY ELBOW SURG SYNOVECTOMY PARTIAL	07/01/2008	$421.69	0.0%	0.0%	N	Referral Required
29836	ARTHROSCOPY,ELBOW,SURGICAL;SYNOVECTOMY,COMPLETE	07/01/2008	$484.27	0.0%	0.0%	N	Referral Required
29837	ARTHROSCOPY,ELBOW,SURGICAL;DEBRIDEMENT, LIMITED	07/01/2008	$441.45	0.0%	0.0%	N	Referral Required
29838	DEBRIDEMENT EXTENSIVE	07/01/2008	$494.80	0.0%	0.0%	N	Referral Required
29840	ARTHROSCOPY WRIST DIAGNOSTIC	07/01/2008	$369.54	0.0%	0.0%	N	Referral Required
29843	ARTHROSCOPY WRIST SURG FOR INFECTION	07/01/2008	$395.07	0.0%	0.0%	N	Referral Required
29844	ARTHROSCOPY, SNYOVECTOMY, PARTIAL	07/01/2008	$413.50	0.0%	0.0%	N	Referral Required
29845	SYNOVECTOMY COMPLETE	07/01/2008	$474.41	0.0%	0.0%	N	Referral Required
29846	ARTHROSCOPY, WRIST, EXCISION FIBROCARTILAGE/JOINT	07/01/2008	$435.02	0.0%	0.0%	N	Referral Required
29847	ARTHROSCOPY,WRIST,SURGICAL;INTERNAL FIXATION FX	07/01/2008	$451.26	0.0%	0.0%	N	Referral Required
29848	ARTHROSCOPY WRIST SURG/W/RELEASE TRANSVERSE CARPAL	07/01/2008	$406.98	0.0%	0.0%	N	Referral Required
29850	ARTHROSCOPICALLY AIDED TREAT INTERCONDYLAR SPINES	07/01/2008	$460.85	0.0%	0.0%	N	Referral Required
29851	ARTHROSCOPICALLY AID TREAT W/INTERNAL/EXTERNAL FIX	07/01/2008	$784.13	0.0%	0.0%	N	Referral Required
29855	ARTHROSCOPICALLY AIDED TXOF TIBIAL FX,PROXIMAL;UNI	07/01/2008	$658.50	0.0%	0.0%	N	Referral Required
29856	BICONDYLAR,W/WO INTERNAL OR EXTERNAL FIXATION	07/01/2008	$842.43	0.0%	0.0%	N	Referral Required
29860	ARTHROSCOPY, HIP, DIAGNOSTIC W/W/O SYNOVIAL BIOPSY (SEPERATE PROCEDURE)	07/01/2008	$542.80	0.0%	0.0%	N	Referral Required
29861	ARTHOSCOPY, HIP, SURGICAL WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	07/01/2008	$593.13	0.0%	0.0%	N	Referral Required
29862	ARTHOSCOPY,HIP,SURGICAL; W/DEBRIDEMENT/SHAVING CARTILAGE,ABRASION ARTHROPLASTY	07/01/2008	$668.02	0.0%	0.0%	N	Referral Required
29863	ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY	07/01/2008	$661.88	0.0%	0.0%	N	Referral Required
29866	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL AUTOGRAFT(S) (EG, MOSAICPLASTY)	05/01/2009	$878.64	0.0%	0.0%	N	Referral Required
29867	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL ALLOGRAFT (EG, MOSAICPLASTY)	05/01/2009	$1,067.61	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
29868	ARTHROSCOPY, KNEE, SURGICAL; MENISCAL TRANSPLANTATION, MEDIAL OR LATERAL	05/01/2009	$1,428.37	0.0%	0.0%	N	Referral Required
29870	ARTHROSCOPY KNEE DIAGNOSTIC W/WO SYNOVIAL BIOPSY	07/01/2008	$338.72	0.0%	0.0%	N	Referral Required
29871	ARTHROSCOPY, KNEE SURGICAL FOR INFECTION, LAVAGE	07/01/2008	$425.50	0.0%	0.0%	N	Referral Required
29873	ARTHROSCOPY - KNEE, SURGICAL WITH LATERAL RELEASE	07/01/2008	$427.14	0.0%	0.0%	N	Referral Required
29874	ARTHROSCOPY KNEE FOR REMOVAL LOOSE & FOREIGN BODY	07/01/2008	$445.35	0.0%	0.0%	N	Referral Required
29875	ARTHROSCOPY KNEE SYNOVECTOMY LTD PLICA/SHELF RESEC	07/01/2008	$413.21	0.0%	0.0%	N	Referral Required
29876	ARTHROSCOPY KNEE SYNOVECTOMY MAJOR	07/01/2008	$539.14	0.0%	0.0%	N	Referral Required
29877	ARTHROSCOPY KNEE DEBRIDEMENT/SHAVING ARTICULAR CAR	07/01/2008	$510.04	0.0%	0.0%	N	Referral Required
29879	ARTHROSCOPY KNEE ABRASION ARTHROPLASTY MULT DRILL	07/01/2008	$545.66	0.0%	0.0%	N	Referral Required
29880	ARTHROSCOPY KNEE SURGICAL WITH MENISCECTOMY MEDICA	07/01/2008	$570.14	0.0%	0.0%	N	Referral Required
29881	ARTHROSCOPY KNEE W/MENISCECTOMY MEDIAL OR LATERAL	07/01/2008	$531.23	0.0%	0.0%	N	Referral Required
29882	ARTHROSCOPY KNEE MENISCUS REPAIR MEDIAL OR LATERAL	07/01/2008	$573.99	0.0%	0.0%	N	Referral Required
29883	ARTHROSCOPY WITH MENISCUS REPAIR	07/01/2008	$703.93	0.0%	0.0%	N	Referral Required
29884	ARTHROSCOPY KNEE W/LYSIS OF ADHESIONS W/WO MANIPUL	07/01/2008	$508.08	0.0%	0.0%	N	Referral Required
29885	DRILLING FOR OSTEOCONDRITIS DISSECANS	07/01/2008	$616.63	0.0%	0.0%	N	Referral Required
29886	ARTHROSCOPY KNEE DRILLING FOR INTACT OSTEOCHRONDIT	07/01/2008	$519.51	0.0%	0.0%	N	Referral Required
29887	ARTHROSCOPY KNEE DRILLING INTACT OSTEOCHONDRITIS	07/01/2008	$613.25	0.0%	0.0%	N	Referral Required
29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR OF KNEE	07/01/2008	$828.55	0.0%	0.0%	N	Referral Required
29889	ARTHROSCOPICALLY AIDED POSTERIOR LIGAMENT REPAIR	07/01/2008	$1,012.93	0.0%	0.0%	N	Referral Required
29891	ARTHROSCOPY,ANKLE,SURGICAL; EXCISION DEFECT OF TALUS AND/OR TIBIA,INC. DRILLING	07/01/2008	$580.33	0.0%	0.0%	N	Referral Required
29892	ARTHROSCOPICALLY AIDED REPAIR OF LARGE LESION, TALAR DOME, OR TIBIAL FRACTURE	07/01/2008	$600.57	0.0%	0.0%	N	Referral Required
29893	ENDOSCOPIC PLANTAR FASCIOTOMY	07/01/2008	$468.00	0.0%	0.0%	N	Referral Required
29894	ARTHROSCOPY ANKLE TIBIOTALAR&FIBULOTALAR JOINTS	07/01/2008	$435.43	0.0%	0.0%	N	Referral Required
29895	ARTHROSCOPY ANKLE SYNOVECTOMY PARTIAL	07/01/2008	$424.10	0.0%	0.0%	N	Referral Required
29897	ARTHROSCOPY DEBRIDEMENT LIMITED	07/01/2008	$443.39	0.0%	0.0%	N	Referral Required
29898	ARTHROSCOPY ANKLE TIB/FIB JOINT EXTENSIVE DEBRIDEM	07/01/2008	$496.30	0.0%	0.0%	N	Referral Required
29899	ARTHROSCOPY - ANKLE, TIBIOTALAR JOINTS/ SURGICAL WIH ANKLE ARTHRODESIS	07/01/2008	$885.52	0.0%	0.0%	N	Referral Required
29900	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, DIAGNOSTIC INC. SYNOVIAL BIOPSY	07/01/2008	$386.07	0.0%	0.0%	N	Referral Required
29901	ARTHROSCOPY, METACARPOPHALANGEAL JOINT SURGICAL W/ DEBRIDEMENT	07/01/2008	$426.03	0.0%	0.0%	N	Referral Required
29902	ARTHROSCOPY, METACARPOPHALANGEAL W/REDUCTION ULNAR COLLATERAL LIGAMENT	07/01/2008	$444.55	0.0%	0.0%	N	Referral Required
29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; W/REMOVAL OF LOOSE BODY/FOREIGN BODY	01/01/2008	$505.59	0.0%	0.0%	N	Referral Required
29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; W/SYNOVECTOMY	01/01/2008	$544.70	0.0%	0.0%	N	Referral Required
29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH DEBRIDEMENT	01/01/2008	$573.66	0.0%	0.0%	N	Referral Required
29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; W/SUBTALAR ARTHRODESIS	01/01/2008	$701.34	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
29999	UNLISTED PROCEDURE, ARTHROSCOPY	01/01/2002	$0.00	0.0%	0.0%	Y	Referral Required
30000	DRAINAGE, ABSCESS, NOSE	07/01/2008	$185.83	0.0%	0.0%	N	Referral Required
30020	DRAINAGE, ABSCESS, NASAL SEPTM	07/01/2008	$175.15	0.0%	0.0%	N	Referral Required
30100	BIOPSY, INTRANASAL SOFT TISSUE	07/01/2008	$109.02	0.0%	0.0%	N	Referral Required
30110	NASAL POLYP EXCISION	07/01/2008	$177.00	0.0%	0.0%	N	Referral Required
30115	NASAL POLYP EXCISION	07/01/2008	$351.01	0.0%	0.0%	N	Referral Required
30117	EXCISION/DESTRUCTION ANY METHOD INTERNAL APPROACH	07/01/2008	$634.84	0.0%	0.0%	N	Referral Required
30118	EXCISION/DESTRUCTION ANY METHOD EXTERNAL APPROACH	07/01/2008	$640.20	0.0%	0.0%	N	Referral Required
30120	EXCISION, SKIN NOSE	07/01/2008	$414.69	0.0%	0.0%	N	Referral Required
30124	EXCISION, DERMOID CYST	07/01/2008	$232.04	0.0%	0.0%	N	Referral Required
30125	EXCISION DERMOID CYST COMPLEX UNDER BONE/CARTILAGE	07/01/2008	$516.43	0.0%	0.0%	N	Referral Required
30130	EXCISION, TURBINATE	07/01/2008	$307.67	0.0%	0.0%	N	Referral Required
30140	RESECTION, TURBINATE	07/01/2008	$345.08	0.0%	0.0%	N	Referral Required
30150	RHINECTOMY; PARTIAL	07/01/2008	$668.86	0.0%	0.0%	N	Referral Required
30160	RHINECTOMY; TOTAL	07/01/2008	$666.74	0.0%	0.0%	N	Referral Required
30200	INJECTION, TURBINATE	07/01/2008	$88.15	0.0%	0.0%	N	Referral Required
30210	DISPLACEMENT THERAPY, NOSE	07/01/2008	$115.73	0.0%	0.0%	N	Referral Required
30220	INSERT NASAL SEPTAL PROSTHESIS	07/01/2008	$222.29	0.0%	0.0%	N	Referral Required
30300	REMOVAL FOREIGN BODY INTRANASL	07/01/2008	$185.75	0.0%	0.0%	N	Referral Required
30310	REMOVAL FOREIGN BODY INTRANASL	07/01/2008	$169.74	0.0%	0.0%	N	Referral Required
30320	REMOVAL FOREIGN BODY INTRANASL	07/01/2008	$384.08	0.0%	0.0%	N	Referral Required
30400	RHINOPLASTY	03/01/2009	$865.56	0.0%	0.0%	Y	Referral Required
30410	RHINOPLASTY	03/01/2009	$1,049.65	0.0%	0.0%	Y	Referral Required
30420	RHINOPLASTY	03/01/2009	$1,148.59	0.0%	0.0%	Y	Referral Required
30430	RHINOPLASTY	03/01/2009	$770.11	0.0%	0.0%	Y	Referral Required
30435	RHINOPLASTY, SECONDARY INTERMEDIATE REVISION	03/01/2009	$1,021.20	0.0%	0.0%	Y	Referral Required
30450	RHINOPLASTY, MAJOR REVISION (NASAL TIP/OSTEOTOMY)	03/01/2009	$1,334.93	0.0%	0.0%	Y	Referral Required
30460	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGE	03/01/2009	$654.10	0.0%	0.0%	Y	Referral Required
30462	TIP, SEPTUM, OSTEOTOMIES	07/01/2008	$1,305.81	0.0%	0.0%	Y	Referral Required
30465	REPAIR OF NASAL VESTIBULAR STENOSIS	03/01/2009	$813.93	0.0%	0.0%	Y	Referral Required
30520	SEPTOPLASTY	03/01/2009	$483.99	0.0%	0.0%	Y	Referral Required
30540	REPAIR, CHOANAL ATRESIA	07/01/2008	$572.41	0.0%	0.0%	N	Referral Required
30545	REPAIR, CHOANAL ATRESIA	07/01/2008	$802.07	0.0%	0.0%	N	Referral Required
30560	LYSIS, SYNECHIA, INTRANASAL	07/01/2008	$212.76	0.0%	0.0%	N	Referral Required
30580	REPAIR, FISTULA, OROMAXILLARY	07/01/2008	$509.15	0.0%	0.0%	N	Referral Required
30600	REPAIR, FISTULA, ORONASAL	07/01/2008	$470.66	0.0%	0.0%	N	Referral Required
30620	RECONSTRUCTION, INTERNAL NOSE	07/01/2008	$505.75	0.0%	0.0%	N	Referral Required
30630	REPAIR NASAL SEPTAL PERFORATIONS	07/01/2008	$513.90	0.0%	0.0%	N	Referral Required
30801	CAUTERIZATION MUCOSA OF TURBINATES ANY METHOD SUPE	07/01/2008	$179.84	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
30802	CAUTERIZATION MUCOSA OF TURBINATES ANY METHOD INTR	07/01/2008	$231.80	0.0%	0.0%	N	Referral Required
30901	SIMPLE CAUTERIZATION TO CONTROL NASAL HEMOR ANT UN	07/01/2008	$86.89	0.0%	0.0%	N	Referral Required
30903	CONTROL NASAL HEMORRHAGE ANTERIOR, COMPLEX UNILAT	07/01/2008	$154.37	0.0%	0.0%	N	Referral Required
30905	NASAL HEMORRHAGE CONTROL	07/01/2008	$193.58	0.0%	0.0%	N	Referral Required
30906	NASAL HEMORHAGE CONTROL, SUBSEQUENT	07/01/2008	$222.54	0.0%	0.0%	N	Referral Required
30915	LIGATION, ETHMOIDAL ARTERIES	07/01/2008	$477.39	0.0%	0.0%	N	Referral Required
30920	LIGATION ARTERIES INTERNAL MAXILLARY ARTERY TRANSA	07/01/2008	$684.34	0.0%	0.0%	N	Referral Required
30930	FRACTURE NASAL TRUBINATES THERAPEUTIC	07/01/2008	$99.71	0.0%	0.0%	N	Referral Required
30999	UNLISTED PROCEDURE, NOSE	01/01/1976	$0.00	0.0%	0.0%	N	Referral Required
31000	SINUS LAVAGE	07/01/2008	$142.04	0.0%	0.0%	N	Referral Required
31002	SINUS LAVAGE	07/01/2008	$166.70	0.0%	0.0%	N	Referral Required
31020	ANTROTOMY	07/01/2008	$391.62	0.0%	0.0%	N	Referral Required
31030	ANTROTOMY	07/01/2008	$576.67	0.0%	0.0%	N	Referral Required
31032	SINUSOTOMY RADICAL UNILAT W/REMOVAL ANTRACH POLYPS	07/01/2008	$470.46	0.0%	0.0%	N	Referral Required
31040	PTERYGOMAXILLARY FOSSA SURGERY	07/01/2008	$627.62	0.0%	0.0%	N	Referral Required
31050	SINUSOTOMY	07/01/2008	$402.11	0.0%	0.0%	N	Referral Required
31051	SINUSOTOMY,SPHENOID,BIOPSY; W/MUCOSAL STRIP POLYPS	07/01/2008	$529.39	0.0%	0.0%	N	Referral Required
31070	SINUSOTOMY	07/01/2008	$354.15	0.0%	0.0%	N	Referral Required
31075	SINUSOTOMY	07/01/2008	$647.60	0.0%	0.0%	N	Referral Required
31080	SINUSOTOMY	07/01/2008	$846.94	0.0%	0.0%	N	Referral Required
31081	SINUSOTOMY	07/01/2008	$1,006.39	0.0%	0.0%	N	Referral Required
31084	SINUSOTOMY	07/01/2008	$957.82	0.0%	0.0%	N	Referral Required
31085	SINUSOTOMY	07/01/2008	$1,024.70	0.0%	0.0%	N	Referral Required
31086	SINUSOTOMY;NONOBLITERATIVE,W/FLAPP,BROW INCISION	07/01/2008	$930.39	0.0%	0.0%	N	Referral Required
31087	SINUSOTOMY;NONOBLITERATIVE,W/FLAP,CORONAL INCISION	07/01/2008	$913.69	0.0%	0.0%	N	Referral Required
31090	SINUSOTOMY	07/01/2008	$816.18	0.0%	0.0%	N	Referral Required
31200	ETHMOIDECTOMY	07/01/2008	$452.17	0.0%	0.0%	N	Referral Required
31201	ETHMOIDECTOMY	07/01/2008	$603.79	0.0%	0.0%	N	Referral Required
31205	ETHMOIDECTOMY	07/01/2008	$720.92	0.0%	0.0%	N	Referral Required
31225	MAXILLECTOMY	07/01/2008	$1,513.16	0.0%	0.0%	N	Referral Required
31230	MAXILLECTOMY	07/01/2008	$1,707.42	0.0%	0.0%	N	Referral Required
31231	NASAL ENDOSCOPY, DIAGNOSTIC	07/01/2008	$155.10	0.0%	0.0%	N	Referral Required
31233	NASAL/SINUS ENDOSCOPY,DIAGNOSTIC W/MAXILLARY SINUS	07/01/2008	$219.73	0.0%	0.0%	N	Referral Required
31235	NASAL/SINUS ENDOSCOPY,DIAGNOSTIC W/SPHENOID SINUSO	07/01/2008	$252.79	0.0%	0.0%	N	Referral Required
31237	NASAL/SINUS ENDOSCOPY W/BIOPSY,POLYPECTOMY OR DEBR	07/01/2008	$273.61	0.0%	0.0%	N	Referral Required
31238	WITH CONTROL OF EPISTAXIS	07/01/2008	$282.27	0.0%	0.0%	N	Referral Required
31239	WITH DACRYOCYSTORHINOSTOMY	07/01/2008	$562.01	0.0%	0.0%	N	Referral Required
31240	WITH CONCHA BULLOSA RESECTION	07/01/2008	$142.22	0.0%	0.0%	N	Referral Required
31254	NASAL ENDOSCOPY W/ETHMOIDECTOMY PARTIAL	07/01/2008	$244.09	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
31255	NASAL ENDOSCOPY & ETHMOIDECTOMY	07/01/2008	$360.43	0.0%	0.0%	N	Referral Required
31256	NASAL ENDOSCOPY WITH MAXILLARY ANTROSTOMY	07/01/2008	$176.79	0.0%	0.0%	N	Referral Required
31260	MAXILLARY SINUS ENDOSCOPY DIAGNOSTIC OR BIOPSY	07/01/2008	$213.34	0.0%	0.0%	N	Referral Required
31263	MAXILLARY SINUS ENDOSCOPY,SURGICAL;W/FOREIGN BODY	07/01/2008	$330.68	0.0%	0.0%	N	Referral Required
31267	MAXILLARY ENDOSCOPY SURG W/REMOVAL OF MUCOUS MEMBR	07/01/2008	$285.04	0.0%	0.0%	N	Referral Required
31270	SPHENOID ENDOSCOPY, DIAGNOSTIC, W/ W/O BIOPSY	07/01/2008	$117.35	0.0%	0.0%	N	Referral Required
31275	SPHENOID ENDOSCOPY, SURGICAL	07/01/2008	$320.01	0.0%	0.0%	N	Referral Required
31276	NASAL/SINUS ENDOSCOPY W/FRONTAL SINUS EXPLORATION	07/01/2008	$454.30	0.0%	0.0%	N	Referral Required
31287	NASAL/SINUS ENDOSCOPY,SURGICAL WITH SPHENOIDOTOMY	07/01/2008	$207.51	0.0%	0.0%	N	Referral Required
31288	WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	07/01/2008	$240.61	0.0%	0.0%	N	Referral Required
31290	NASAL/SINUS ENDOSCOPY,SURGICAL W/REPAIR OF CEREBRA	07/01/2008	$999.09	0.0%	0.0%	N	Referral Required
31291	SPHENOID REGION	07/01/2008	$1,051.95	0.0%	0.0%	N	Referral Required
31292	NASAL/SINUS ENDOSCOPY,SURGICAL,W/MEDIAL OR INFERIO	07/01/2008	$864.07	0.0%	0.0%	N	Referral Required
31293	W/MEDIAL ORBITAL WALL & INFERIOR ORBITAL WALL DECO	07/01/2008	$941.70	0.0%	0.0%	N	Referral Required
31294	WITH OPTIC NERVE DECOMPRESSION	07/01/2008	$1,083.05	0.0%	0.0%	N	Referral Required
31299	UNLISTED SINUS PROCEDURE	01/01/1976	$0.00	0.0%	0.0%	N	Referral Required
31300	LARYNGOTOMY	07/01/2008	$1,042.48	0.0%	0.0%	N	Referral Required
31320	LARYNGOTOMY	07/01/2008	$538.61	0.0%	0.0%	N	Referral Required
31360	LARYNGECTOMY	07/01/2008	$1,632.30	0.0%	0.0%	N	Referral Required
31365	LARYNGECTOMY	07/01/2008	$2,051.76	0.0%	0.0%	N	Referral Required
31367	LARYNGECTOMY	07/01/2008	$1,788.98	0.0%	0.0%	N	Referral Required
31368	LARYNGECTOMY	07/01/2008	$2,013.57	0.0%	0.0%	N	Referral Required
31370	HEMILARYNGECTOMY	07/01/2008	$1,688.01	0.0%	0.0%	N	Referral Required
31375	HEMILARYNGECTOMY	07/01/2008	$1,587.40	0.0%	0.0%	N	Referral Required
31380	HEMILARYNGECTOMY	07/01/2008	$1,569.83	0.0%	0.0%	N	Referral Required
31382	HEMILARYNGECTOMY	07/01/2008	$1,718.52	0.0%	0.0%	N	Referral Required
31390	PHARYNGOLARYNGECTOMY W/RADICAL NECK DISSECTION	07/01/2008	$2,297.27	0.0%	0.0%	N	Referral Required
31395	PHARYNGOLARYNGECTOMY,W/RADICAL NECK DISSECTION/REC	07/01/2008	$2,453.22	0.0%	0.0%	N	Referral Required
31400	ARYTENOIDECTOMY	07/01/2008	$839.27	0.0%	0.0%	N	Referral Required
31420	EPIGLOTTIDECTOMY	07/01/2008	$698.15	0.0%	0.0%	N	Referral Required
31500	INTUBATION, ENDOTRACHEAL, EMERGENCY PROCEDURE-(SP)	07/01/2008	$97.33	0.0%	0.0%	N	Referral Required
31502	TRACHEOTOMI TUBE CHANGE	07/01/2008	$31.00	0.0%	0.0%	N	Referral Required
31505	LARYNGOSCOPY	07/01/2008	$69.56	0.0%	0.0%	N	Referral Required
31510	LARYNGOSCOPY	07/01/2008	$176.18	0.0%	0.0%	N	Referral Required
31511	LARYNGOSCOPY, W/REMOVAL OF FOREIGN BODY	07/01/2008	$177.08	0.0%	0.0%	N	Referral Required
31512	LARYNGOSCOPY, W/REMOVAL OF LESION	07/01/2008	$175.84	0.0%	0.0%	N	Referral Required
31513	AMB SURG CTR -LARYNGOSCOPY INDIRECT SEP PROC DIAG	07/01/2008	$116.07	0.0%	0.0%	N	Referral Required
31515	LARYNGOSCOPY	07/01/2008	$175.66	0.0%	0.0%	N	Referral Required
31520	LARYNGOSCOPY	07/01/2008	$135.55	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
31525	LARYNGOSCOPY	07/01/2008	$210.80	0.0%	0.0%	N	Referral Requirec
31526	LARYNGOSCOPY-DIAGNOSTIC W/OPERATING MICROSCOPE	07/01/2008	$139.45	0.0%	0.0%	N	Referral Requirec
31527	AMB SURG CTR -LARYNGOSCOPY	07/01/2008	$169.36	0.0%	0.0%	N	Referral Requirec
31528	LARYNGOSCOPY, WITH DILATATION,INITIAL	07/01/2008	$125.59	0.0%	0.0%	N	Referral Requirec
31529	LARYNGOSCOPY DIRECT, W/DILATION, SUBSEQUENT	07/01/2008	$143.45	0.0%	0.0%	N	Referral Requirec
31530	LARYNGOSCOPY	07/01/2008	$175.74	0.0%	0.0%	N	Referral Requirec
31531	LARYNGOSCOPY DIRECT;W/OPERATING MICROSCOPE	07/01/2008	$189.89	0.0%	0.0%	N	Referral Requirec
31535	LARYNGOSCOPY	07/01/2008	$168.22	0.0%	0.0%	N	Referral Requirec
31536	LARYNGOSCOPY DIRECT OPERATIVE W/BIOPSY&MICROSCOPE	07/01/2008	$188.46	0.0%	0.0%	N	Referral Requirec
31540	LARYNGOSCOPY	07/01/2008	$216.27	0.0%	0.0%	N	Referral Requirec
31541	LARYNGOSCOPY	07/01/2008	$236.70	0.0%	0.0%	N	Referral Requirec
31545	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPY OR TELESCOPE	07/01/2008	$318.19	0.0%	0.0%	N	Referral Requirec
31546	LARYNGOSCOPY, DIRECT, OPERATIVE, W/ OPERATING MICRO/TELESCOPE; RECON W/ GRAFTS	07/01/2008	$481.39	0.0%	0.0%	N	Referral Requirec
31560	LARYNGOSCOPY	07/01/2008	$279.42	0.0%	0.0%	N	Referral Requirec
31561	LARYNGOSCOPY W/ARYTENOIDECTOMY W/MICROSCOPE	07/01/2008	$305.14	0.0%	0.0%	N	Referral Requirec
31570	LARYNGOSCOPY	07/01/2008	$301.22	0.0%	0.0%	N	Referral Requirec
31571	LARYNGOSCOPY W/INJECTION VOCAL CORDS & MICROSCOPE	07/01/2008	$223.23	0.0%	0.0%	N	Referral Requirec
31575	LARYNGOSCOPY, FLEXIBLE FIBERSCOPIC, DIAGNOSTIC	07/01/2008	$98.71	0.0%	0.0%	N	Referral Requirec
31576	LARYNGOSCOPY FLEXIBLE FIBERSCOPE DX WITH BIOPSY	07/01/2008	$188.33	0.0%	0.0%	N	Referral Requirec
31577	LARYNGOSCOPY W/REMOVAL OF FOREIGN BODY	07/01/2008	$206.14	0.0%	0.0%	N	Referral Requirec
31578	LARYNGOSCOPY, WITH REMOVALL OF LESION	07/01/2008	$237.73	0.0%	0.0%	N	Referral Requirec
31579	LARNGOSCOY WITH STROBOSCOPY	07/01/2008	$189.99	0.0%	0.0%	N	Referral Requirec
31580	LARYNGOPLASTY-2 STAGE, W/KEEL INSERTION & REMOVAL	07/01/2008	$1,000.35	0.0%	0.0%	N	Referral Requirec
31582	LARYNGOPLASTY-FOR STENOSIS, W/GRAFT,MOLD,TRACHEOST	07/01/2008	$1,607.67	0.0%	0.0%	N	Referral Requirec
31584	LARYNGOPLASTY; W/OPEN REDUCTION OF FRACTURE	07/01/2008	$1,273.12	0.0%	0.0%	N	Referral Requirec
31587	LARYNGOPLASTY, CRICOID SPLIT	07/01/2008	$824.35	0.0%	0.0%	N	Referral Requirec
31588	LARYNGOPLASTY, NOT OTHERWISE SPECIFIED	07/01/2008	$946.44	0.0%	0.0%	N	Referral Requirec
31590	LARYNGEAL REINNERVATION NEUROMUSCULAR PEDICLE	07/01/2008	$744.71	0.0%	0.0%	N	Referral Requirec
31595	SECTION RECURRENT LARYNGEAL NERVE, UNILATERAL	07/01/2008	$643.58	0.0%	0.0%	N	Referral Requirec
31599	UNLISTED PROC, LARYNX	01/01/1976	$0.00	0.0%	0.0%	N	Referral Requirec
31600	TRACHEOSTOMY	07/01/2008	$346.98	0.0%	0.0%	N	Referral Requirec
31601	TRACHEOSTOMY	07/01/2008	$225.60	0.0%	0.0%	N	Referral Requirec
31603	TRACHEOSTOMY, EMERGENCY PROCEDURE, TRANSTRACHEAL	07/01/2008	$195.77	0.0%	0.0%	N	Referral Requirec
31605	TRACHEOSTOMY ER CRICOTHYROID MEMBRANE	07/01/2008	$160.57	0.0%	0.0%	N	Referral Requirec
31610	TRACHEOSTOMY FENESTRATION PROCEDURE-SKIN FLAPS	07/01/2008	$593.51	0.0%	0.0%	N	Referral Requirec
31611	CONSTR. OF T-E FISTULA&SUBSEQUENT PROSTHESIS	07/01/2008	$443.08	0.0%	0.0%	N	Referral Requirec
31612	TRACHEAL PUNCTURE	07/01/2008	$68.36	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
31613	TRACHEOSTROMA REV SIMPLE W/OUT FLAP ROTATION	07/01/2008	$365.91	0.0%	0.0%	N	Referral Requirec
31614	TRACHEOSTOMA REVISION;COMPLEX, WITH FLAP ROTATION	07/01/2008	$600.46	0.0%	0.0%	N	Referral Requirec
31615	TRACHEOBRONCHOSCOPY	07/01/2008	$156.20	0.0%	0.0%	N	Referral Requirec
31620	ENDOBRONCHIAL UNTRASOUND (EBUS) DURING BRONCHO DIAG OR THERA INTERVEN (ADD-ON)	07/01/2008	$243.46	0.0%	0.0%	N	Referral Requirec
31622	BRONCHOSCOPY,DIAGNOSTIC W/WO CELL WASHING OR BRUSH	07/01/2008	$278.58	0.0%	0.0%	N	Referral Requirec
31623	BRONCHOSCOPY WITH BRUSHING OR PROTECTED BRUSHINGS	07/01/2008	$306.07	0.0%	0.0%	N	Referral Requirec
31624	BRONCHOSCOPY WITH BRONCHIAL ALVEOLAR LAVAGE	07/01/2008	$284.72	0.0%	0.0%	N	Referral Requirec
31625	BRONCHOSCOPY	07/01/2008	$304.67	0.0%	0.0%	N	Referral Requirec
31628	BRONCHOSCOPY WITH TRANSBRONCHIAL LUNG BX FIBEROPTI	07/01/2008	$364.24	0.0%	0.0%	N	Referral Requirec
31629	BRONCHOSCOPY,DIAGNOSTIC W/TRANSBRONCHAIL BIOPSY	07/01/2008	$578.57	0.0%	0.0%	N	Referral Requirec
31630	BRONCHOSCOPY W TRACHEAL/BRONCHIAL DILATION OR CLOSED REDUCTION OF FRACTURE	07/01/2008	$183.78	0.0%	0.0%	N	Referral Requirec
31631	BRONCHOSCOPY W/PLACEMENT OF TRACHEAL STENTS INCLUDES TRACHEAL/BRONCHIAL DILATION	07/01/2008	$205.78	0.0%	0.0%	N	Referral Requirec
31632	BRONCHOSCOPY, RIGID OR FLEXIBLE W/OR W/O FLUROSCOPIC GUIDANCE, (ADD-ON)	07/01/2008	$65.78	0.0%	0.0%	N	Referral Requirec
31633	BRONCHOSCOPY, RIGID OR FLEX W/OR W/O FLUROS GUIDANCE; W/ NEEDLE ASPIR (ADD-ON)	07/01/2008	$78.92	0.0%	0.0%	N	Referral Requirec
31635	BRONCHOSCOPY	07/01/2008	$316.43	0.0%	0.0%	N	Referral Requirec
31636	BRONCHOSCOPY, RIGID OR FLEXIBLE, W/ PLACEMENT OF BRONCHIAL STENTS, INITIAL	07/01/2008	$201.97	0.0%	0.0%	N	Referral Requirec
31637	BRONCHOSCOPY, RIGID OR FLEXIBLE, W/ PLACEMENT OF BRONCHIAL STENTS, EA ADDTL	07/01/2008	$71.43	0.0%	0.0%	N	Referral Requirec
31638	BRONCHOSCOPY, RIGID OR FLEXIBLE, W/ PLACEMENT OF BRONCHIAL STENTS, W/ REVISION	07/01/2008	$226.68	0.0%	0.0%	N	Referral Requirec
31640	BRONCHOSCOPY	07/01/2008	$234.11	0.0%	0.0%	N	Referral Requirec
31641	W/DESTRUCTION TUMOR OR RELIEF STENOSIS ANY METHOD	07/01/2008	$231.40	0.0%	0.0%	N	Referral Requirec
31643	BRONCHOSCOPY W/PLACEMENT OF CATHETERS FOR INTRACAVITARY RADIOELEMENT APPLICATION	07/01/2008	$158.44	0.0%	0.0%	N	Referral Requirec
31645	BRONCHOSCOPY	07/01/2008	$273.41	0.0%	0.0%	N	Referral Requirec
31646	BRONCHOSCOPY W/THERAPEUTIC ASPIRATION OF TREE, SUB	07/01/2008	$248.88	0.0%	0.0%	N	Referral Requirec
31656	BRONCHOSCOPY WITH INJECTION OF CONTRAST MATERIL	07/01/2008	$292.14	0.0%	0.0%	N	Referral Requirec
31715	BRONCHOGRAPHY INJECTION	07/01/2008	$48.67	0.0%	0.0%	N	Referral Requirec
31717	BRONCHIAL BRUSH BIOPSY	07/01/2008	$309.11	0.0%	0.0%	N	Referral Requirec
31720	ASPIRATION, NASOTRACHEOBRONCHIAL	07/01/2008	$46.76	0.0%	0.0%	N	Referral Requirec
31725	ASPIRATION, TRACHEOBRONCHIAL	07/01/2008	$84.91	0.0%	0.0%	N	Referral Requirec
31730	TRANSTRACHEAL INTRODUCTION NEEDLE WIRE DILATOR/STE	07/01/2008	$565.70	0.0%	0.0%	N	Referral Requirec
31750	TRACHEOPLASTY	07/01/2008	$1,113.81	0.0%	0.0%	N	Referral Requirec
31755	TRACHEOPHARYNGEAL FISTULIZATION, EACH STAGE	07/01/2008	$1,410.95	0.0%	0.0%	N	Referral Requirec
31760	TRACHEOPLASTY	07/01/2008	$1,181.61	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
31766	CARINAL RECONSTRUCTION	07/01/2008	$1,568.52	0.0%	0.0%	N	Referral Requirec
31770	BRONCHOPLASTY	07/01/2008	$1,155.01	0.0%	0.0%	N	Referral Requirec
31775	BRONCHOPLASTY EXCISION STENOSIS AND ANASTOMOSIS	07/01/2008	$1,235.09	0.0%	0.0%	N	Referral Requirec
31780	TRACHEAL STENOSIS EXCISION	07/01/2008	$1,023.54	0.0%	0.0%	N	Referral Requirec
31781	TRACHEAL STENOSIS EXCISION	07/01/2008	$1,237.20	0.0%	0.0%	N	Referral Requirec
31785	EXCISION TRACHEAL TUMOR CANCER CERVICAL	07/01/2008	$941.80	0.0%	0.0%	N	Referral Requirec
31786	EXCISION TRACHEAL TUMOR CANCER THORACIC	07/01/2008	$1,291.58	0.0%	0.0%	N	Referral Requirec
31800	SUTURE TRACHEAL WOUND/INJURY; CERVICAL	07/01/2008	$585.88	0.0%	0.0%	N	Referral Requirec
31805	SUTURE TRACHEAL WOUND/INJURY; INTRTHORACIC	07/01/2008	$706.58	0.0%	0.0%	N	Referral Requirec
31820	SURG CLOSE TRACHEOSTOMY/FISTULA WO/PLASTIC REPAIR	07/01/2008	$352.91	0.0%	0.0%	N	Referral Requirec
31825	TRACHEOSTOMY CLOSURE	07/01/2008	$496.56	0.0%	0.0%	N	Referral Requirec
31830	REVISION, TRACHEOSTOMY SCAR	07/01/2008	$355.91	0.0%	0.0%	N	Referral Requirec
31899	UNLISTED PROC TRACHEA/BRONCHI	01/01/1976	$0.00	0.0%	0.0%	N	Referral Requirec
32035	THORACOSTOMY	07/01/2008	$598.72	0.0%	0.0%	N	Referral Requirec
32036	THORACOSTOMY	07/01/2008	$649.20	0.0%	0.0%	N	Referral Requirec
32095	THORACOTOMY	07/01/2008	$535.51	0.0%	0.0%	N	Referral Requirec
32100	THORACOTOMY	07/01/2008	$829.53	0.0%	0.0%	N	Referral Requirec
32110	THORACOTOMY	07/01/2008	$1,248.93	0.0%	0.0%	N	Referral Requirec
32120	THORACOTOMY	07/01/2008	$741.01	0.0%	0.0%	N	Referral Requirec
32124	THORACOTOMY; MAJOR WITH OPEN INTRAPLEURAL PNEUMONO	07/01/2008	$786.91	0.0%	0.0%	N	Referral Requirec
32140	THORACOTOMY, MAJOR,WITH CYST REMOVAL W/WO PROCEDUR	07/01/2008	$844.01	0.0%	0.0%	N	Referral Requirec
32141	THORACOTOMY	07/01/2008	$1,242.97	0.0%	0.0%	N	Referral Requirec
32150	THORACOTOMY	07/01/2008	$850.77	0.0%	0.0%	N	Referral Requirec
32151	THORACOTOMYW/REMOVAL INTRAPULMONARY FB	07/01/2008	$868.50	0.0%	0.0%	N	Referral Requirec
32160	THORACOTOMYW/CARDIAC MASSAGE	07/01/2008	$647.31	0.0%	0.0%	N	Referral Requirec
32200	PNEUMONOSTOMY	07/01/2008	$950.36	0.0%	0.0%	N	Referral Requirec
32201	PNEUMONOSTOMY; W/PERCUTANEOUS DRAINAGE OF ABSCESS OR CYST	07/01/2008	$815.22	0.0%	0.0%	N	Referral Requirec
32215	PLEURAL SCARIFICATION FOR REPEAT PNEUMOTHORAX	07/01/2008	$685.20	0.0%	0.0%	N	Referral Requirec
32220	PULMONARY DECORTICATION	07/01/2008	$1,368.94	0.0%	0.0%	N	Referral Requirec
32225	DECORTICATION PULMONARY, SEPARATE PROCEDURE/PARTIA	07/01/2008	$849.25	0.0%	0.0%	N	Referral Requirec
32250	INSERTION OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	07/01/2008	$670.17	0.0%	0.0%	N	Referral Requirec
32251	TUBE THORACOSTOMY, INCLUDES WATER SEAL WHEN PERFORMED (SEPARATE PROCEDURE)	07/01/2008	$141.84	0.0%	0.0%	N	Referral Requirec
32310	PARIETAL PLEURECTOMY	07/01/2008	$785.44	0.0%	0.0%	N	Referral Requirec
32320	DECORTICATION/PLEURECTOMY	07/01/2008	$1,367.92	0.0%	0.0%	N	Referral Requirec
32400	BIOPSY, PLEURA, NEEDLE	07/01/2008	$132.34	0.0%	0.0%	N	Referral Requirec
32402	BIOPSY PLEURA OPEN	07/01/2008	$482.08	0.0%	0.0%	N	Referral Requirec
32405	BIOPSY, LUNG/PLEURA	07/01/2008	$89.53	0.0%	0.0%	N	Referral Requirec
32420	PNEUMONOCENTESIS, PUNCTURE OF LUNG FOR ASPIRATION	07/01/2008	$98.77	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
32421	THORACENTESIS, PUNCTURE OF PLEURAL CAVITY FOR ASPIRATION	01/01/2008	$144.41	0.0%	0.0%	N	Referral Required
32422	THORACENTESIS WITH INSERTION OF TUBE, INCLUDES WATER SEAL	01/01/2008	$177.55	0.0%	0.0%	N	Referral Required
32440	TOTAL PNEUMONECTOMY	07/01/2008	$1,379.06	0.0%	0.0%	N	Referral Required
32442	W/RESECTION OF SEGMENT OF TRACHEA FOLLOWED BY BRON	07/01/2008	$2,522.81	0.0%	0.0%	N	Referral Required
32445	PNEUMONECTOMY EXTRAPLEURAL WO/EMPYEMECTOMY	07/01/2008	$2,819.00	0.0%	0.0%	N	Referral Required
32480	LOBECTOMY, LUNG	07/01/2008	$1,300.29	0.0%	0.0%	N	Referral Required
32482	TWO LOBES	07/01/2008	$1,385.44	0.0%	0.0%	N	Referral Required
32484	SINGLE SEGMENT	07/01/2008	$1,256.13	0.0%	0.0%	N	Referral Required
32486	W/CIRCUMFERENTIAL RESECTION OF SEGMENT OF BRONCHUS	07/01/2008	$1,967.63	0.0%	0.0%	N	Referral Required
32488	ALL REMAINING LUNG FOLLOWING PREVIOUS REMOVAL OF A	07/01/2008	$1,998.98	0.0%	0.0%	N	Referral Required
32500	WEDGE RESECTION, SINGLE OR MULTIPLE OF LUNG	07/01/2008	$1,260.92	0.0%	0.0%	N	Referral Required
32501	RESECTION/REPAIR PORTION OF BRONCHUS, ADD TO PRIMA-ADD ON	07/01/2008	$217.34	0.0%	0.0%	N	Referral Required
32503	RESECTION/APICAL LUNG TUMOR INCL CHEST WALL W/O CHEST WALL RECONSTRUCTION	07/01/2008	$1,596.84	0.0%	0.0%	N	Referral Required
32504	RESECTION/APICAL LUNG TUMOR INCL CHEST WALL WITH CHEST WALL RECONSTRUCTION	07/01/2008	$1,821.13	0.0%	0.0%	N	Referral Required
32540	EXTRAPLEUAL ENUCLEATION	07/01/2008	$1,405.43	0.0%	0.0%	N	Referral Required
32550	INSERTION OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	01/01/2008	$730.65	0.0%	0.0%	N	Referral Required
32551	TUBE THORACOSTOMY, INCL WATER SEAL WHEN PERFORMED	01/01/2008	$157.34	0.0%	0.0%	N	Referral Required
32560	CHEMICAL PLEURODESIS (EG, FOR RECURRENT OR PERSISTENT PNEUMOTHORAX)	01/01/2008	$270.07	0.0%	0.0%	N	Referral Required
32601	THORACOSCOPY,DIAGNOSTIC	07/01/2008	$271.79	0.0%	0.0%	N	Referral Required
32602	LUNGS AND PLEURAL SPACE WITH BIOPSY	07/01/2008	$295.22	0.0%	0.0%	N	Referral Required
32603	PERICARDIAL SAC, WITHOUT BIOPSY	07/01/2008	$379.79	0.0%	0.0%	N	Referral Required
32604	PERICARDIAL SAC, WITH BIOPSY	07/01/2008	$426.27	0.0%	0.0%	N	Referral Required
32605	MEDIASTINAL SPACE, WITH BIOPSY	07/01/2008	$342.41	0.0%	0.0%	N	Referral Required
32606	MEDIASTINAL SPACE, WITHOUT BIOPSY	07/01/2008	$409.79	0.0%	0.0%	N	Referral Required
32650	THOROSCOPY,SURGICAL;WITH PLEURODESIS,ANY METHOD	07/01/2008	$591.34	0.0%	0.0%	N	Referral Required
32651	WITH PARTIAL PULMONARY DECORTCATION	07/01/2008	$912.13	0.0%	0.0%	N	Referral Required
32652	WITH TOTAL PULMONARYT DECORTICATION	07/01/2008	$1,379.73	0.0%	0.0%	N	Referral Required
32653	WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR FIBRI	07/01/2008	$883.61	0.0%	0.0%	N	Referral Required
32654	WITH CONTROL OF TRAUMATIC HEMORRHAGE	07/01/2008	$975.18	0.0%	0.0%	N	Referral Required
32655	W/EXCISION-PLICATION OF BULLAE,INCLUDING ANY PLEUR	07/01/2008	$811.43	0.0%	0.0%	N	Referral Required
32656	WITH PARIETAL PLEURECTOMY	07/01/2008	$710.25	0.0%	0.0%	N	Referral Required
32657	W/WEDGE RESECTION OF LUNG,SINGLE OR MULTIPLE	07/01/2008	$697.11	0.0%	0.0%	N	Referral Required
32658	W/REMOVAL OF CLOT OF FOREIGN BODY FROM PERICARDIAC	07/01/2008	$637.68	0.0%	0.0%	N	Referral Required
32659	W/CREATION OF PERICARDIAL WINDOW	07/01/2008	$649.68	0.0%	0.0%	N	Referral Required
32660	WITH TOTAL PERICARDECTOMY	07/01/2008	$918.13	0.0%	0.0%	N	Referral Required
32661	WITH EXCISION OF PERICARDIAL CYST,TUMOR, OR MASS	07/01/2008	$712.87	0.0%	0.0%	N	Referral Required
32662	WITH EXCISION OF MEDIASTINAL CYST,TUMOR, OR MASS	07/01/2008	$799.84	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
32663	WITH LOBECTOMY, TOTAL OR SEGMENTAL	07/01/2008	$1,212.12	0.0%	0.0%	N	Referral Requirec
32664	WITH THORACIC SYMPATHECTOMY	07/01/2008	$742.09	0.0%	0.0%	N	Referral Requirec
32665	WITH ESOPHAGOMYOTOMY	07/01/2008	$1,039.19	0.0%	0.0%	N	Referral Requirec
32800	REPAIR, HERNIA, LUNG	07/01/2008	$800.05	0.0%	0.0%	N	Referral Requirec
32810	CLOSE CHEST WALL FOLLOWING OPEN FLAP DRAIN EMPYEMA	07/01/2008	$776.25	0.0%	0.0%	N	Referral Requirec
32815	OPEN CLOSURE OF MAJOR BRONCHIAL FISTULA	07/01/2008	$2,226.03	0.0%	0.0%	N	Referral Requirec
32820	MAJOR RECONSTRUCTION CHEST WALL (POSTTRAUMATIC)	07/01/2008	$1,176.32	0.0%	0.0%	N	Referral Requirec
32850	DONOR PNEUMONECTOMY (INCLUDING COLD PRESERVATION) FROM CADAVER DONER	07/01/2008	$0.00	0.0%	0.0%	Y	Referral Requirec
32851	LUNG TRANSPLANT, SINGLE; WITHOUT CARDIOPULMONARY BYPASS	07/01/2008	$2,322.75	0.0%	0.0%	Y	Referral Requirec
32852	LUNG TRANSPLANT, SINGLE; WITH CARDIOPULMONARY BYPASS	07/01/2008	$2,569.04	0.0%	0.0%	Y	Referral Requirec
32853	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC) W/O CARDIOPULM BYPASS	07/01/2008	$2,779.32	0.0%	0.0%	Y	Referral Requirec
32854	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC) WITH CARDIOPULM BYPASS	07/01/2008	$3,024.93	0.0%	0.0%	Y	Referral Requirec
32855	BACKBENCH STANDARD PREP OF CADAVER DONOR LUNG ALLOGRAFT PRIOR TO TRANSPLANT	07/01/2008	$164.95	0.0%	0.0%	Y	Referral Requirec
32856	BACKBENCH STANDARD PREP OF CADAVER DONOR LUNG ALLOGRAFT; BILATERAL	07/01/2008	$164.95	0.0%	0.0%	Y	Referral Requirec
32900	RESECTION, RIBS, EXTRAPLEURAL	07/01/2008	$1,175.12	0.0%	0.0%	N	Referral Requirec
32905	THORACOPLASTY SCHEDE TYPE OR EXTRAPLEURAL ALL STAG	07/01/2008	$1,165.46	0.0%	0.0%	N	Referral Requirec
32906	THORACOPLASTY W/CLOSURE BRONCHOPLEURAL FISTULA	07/01/2008	$1,439.99	0.0%	0.0%	N	Referral Requirec
32940	PNEUMONOLYSIS	07/01/2008	$1,066.83	0.0%	0.0%	N	Referral Requirec
32960	PNEUMOTHORAX	07/01/2008	$120.80	0.0%	0.0%	N	Referral Requirec
32997	TOTAL LUNG LAVAGE, UNILATERAL	07/01/2008	$318.48	0.0%	0.0%	N	Referral Requirec
32998	ABLATION THERAPY FOR REDUCTION/ERADICATION OF 1/MORE PULMONARY TUMOR(S), UNILAT	07/01/2008	$2,541.46	0.0%	0.0%	N	Referral Requirec
32999	UNLISTED PROCEDURE, LUNGS AND PLEURA	09/01/1982	$0.00	0.0%	0.0%	N	Referral Requirec
33010	PERICARDIOCENTESIS	07/01/2008	$108.06	0.0%	0.0%	N	Referral Requirec
33011	PERICARDIOCENTESIS	07/01/2008	$110.25	0.0%	0.0%	N	Referral Requirec
33015	TUBE PERICARDIOSTOMY	07/01/2008	$463.85	0.0%	0.0%	N	Referral Requirec
33020	PERICARDIOTOMY	07/01/2008	$752.37	0.0%	0.0%	N	Referral Requirec
33025	PERICARDIAL WINDOW RESECTION	07/01/2008	$695.80	0.0%	0.0%	N	Referral Requirec
33030	RESECTION, PERICARDIUM	07/01/2008	$1,112.26	0.0%	0.0%	N	Referral Requirec
33031	PERICARDIECTOMY SUBTOTAL COMPLETE WITH BYPASS	07/01/2008	$1,235.68	0.0%	0.0%	N	Referral Requirec
33050	EXCISION, CYST, PERICARDIAL	07/01/2008	$860.06	0.0%	0.0%	N	Referral Requirec
33120	CARDIAC TUMOR RESECTION	07/01/2008	$1,356.89	0.0%	0.0%	N	Referral Requirec
33130	CARDIAC TUMOR RESECTION	07/01/2008	$1,189.30	0.0%	0.0%	N	Referral Requirec
33140	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY	07/01/2008	$1,356.11	0.0%	0.0%	N	Referral Requirec
33141	TRANSMYOCARDIAL REVASCULARIZATION AT TIME OF OPEN CARDIAC PROCEDURE (ADD-ON)	07/01/2008	$137.82	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
33202	INSERTION OF EPICARDIAL ELECTRODE(S); OPEN INCISION	07/01/2008	$676.47	0.0%	0.0%	N	Referral Requirec
33203	INSERTION OF EPICARDIAL ELECTRODE(S); ENDOSCOPIC APPROACH	07/01/2008	$697.94	0.0%	0.0%	N	Referral Requirec
33206	INSERTION OF PERMANENT W/TRANSVENOUS ELECTRODES,AT	07/01/2008	$415.00	0.0%	0.0%	N	Referral Requirec
33207	INSERTION OF PERMANENT PACEMAKER W/TRANS VEN ELECT	07/01/2008	$444.19	0.0%	0.0%	N	Referral Requirec
33208	ARTIAL AND VENTRICULAR	07/01/2008	$477.00	0.0%	0.0%	N	Referral Requirec
33210	INSERTION, PACEMAKER ELECTRODE	07/01/2008	$162.97	0.0%	0.0%	N	Referral Requirec
33211	INSERTION OR REPLACEMENT TEMPORARY TRANSVENOUS DUA	07/01/2008	$166.26	0.0%	0.0%	N	Referral Requirec
33212	INSERTION, PULSE GENERATOR	07/01/2008	$310.69	0.0%	0.0%	N	Referral Requirec
33213	DUAL CHAMBER	07/01/2008	$354.31	0.0%	0.0%	N	Referral Requirec
33214	UPGRADE IMPLANT PACEMAKER SYSTEM,CONVERSION OF SIN	07/01/2008	$443.10	0.0%	0.0%	N	Referral Requirec
33215	REPOSITIONING OF PREVIOUSLY IMPLANTED TRANSVENOUS PACEMAKER/PACING CARDIOVERTER	07/01/2008	$282.30	0.0%	0.0%	N	Referral Requirec
33216	INSERT REPLCMNT/REPOST.PERM.TRANSVENOUS ELECTRODES	07/01/2008	$347.66	0.0%	0.0%	N	Referral Requirec
33217	DUAL CHAMBER	07/01/2008	$345.76	0.0%	0.0%	N	Referral Requirec
33218	REPAIR, PACEMAKER ELECTRODES	07/01/2008	$359.52	0.0%	0.0%	N	Referral Requirec
33220	DUAL CHAMBER	07/01/2008	$361.19	0.0%	0.0%	N	Referral Requirec
33222	REVISION OR RELOCATION OF SKIN POCKET FOR PACEMAKE	07/01/2008	$319.43	0.0%	0.0%	N	Referral Requirec
33223	REVISION OR RELOCATION OF SKIN POCKET FOR IMPLANTA	07/01/2008	$384.57	0.0%	0.0%	N	Referral Requirec
33224	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM FOR LEFT VENTRICULAR PACING	07/01/2008	$461.93	0.0%	0.0%	N	Referral Requirec
33225	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, LEFT VENT PACING (ADD-ON)	07/01/2008	$414.91	0.0%	0.0%	N	Referral Requirec
33226	REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM ELECTRODE	07/01/2008	$445.02	0.0%	0.0%	N	Referral Requirec
33233	REMOVAL OF PERMANENT PACEMAKER;PULSE GENERATOR ONL	07/01/2008	$224.89	0.0%	0.0%	N	Referral Requirec
33234	AND TRANSVENOUS ELECTRODES, SINGLE LEAD SYSTE	07/01/2008	$447.34	0.0%	0.0%	N	Referral Requirec
33235	WITH TRANVENOUS ELECTRODES, DUAL LEAD SYSTEM	07/01/2008	$581.33	0.0%	0.0%	N	Referral Requirec
33236	REMOVAL OF PERMANENT EPICARDIAL PACEMAKER & ELECTR	07/01/2008	$686.64	0.0%	0.0%	N	Referral Requirec
33237	DUAL LEAD SYSTEM	07/01/2008	$755.09	0.0%	0.0%	N	Referral Requirec
33238	REMOVAL OF PERM TRAN US PACEMAKER BY THO	07/01/2008	$822.56	0.0%	0.0%	N	Referral Requirec
33240	INSERT/REPLACE IMPLANTABLE CARDIOVERTER DEFIBRILLA	07/01/2008	$427.14	0.0%	0.0%	N	Referral Requirec
33241	REMOVE IMPLANT CARDIOVERTER DEFIBRILLATOR GEN ONLY	07/01/2008	$212.16	0.0%	0.0%	N	Referral Requirec
33243	REMOVE IMPLANT CARDIO PULSE GEN &/OR LEAD SYSTEM B	07/01/2008	$1,199.02	0.0%	0.0%	N	Referral Requirec
33244	REMOVAL OF PACING CARDIOVERTER-DEFIBRILLATOR BY OTHER THAN THORACOTOMY	07/01/2008	$789.08	0.0%	0.0%	N	Referral Requirec
33249	W/INSERTION OF CARDIO-DEFIBRILLATOR PULSE GENERATO	07/01/2008	$827.51	0.0%	0.0%	N	Referral Requirec
33250	OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGE	07/01/2008	$1,291.00	0.0%	0.0%	N	Referral Requirec
33251	OP ABLATION OF SUPRAVENTRICULAR-W/CARDIO BYPASS	07/01/2008	$1,412.13	0.0%	0.0%	N	Referral Requirec
33254	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, LIMITED	07/01/2008	$1,180.45	0.0%	0.0%	N	Referral Requirec
33255	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE	07/01/2008	$1,424.08	0.0%	0.0%	N	Referral Requirec
33256	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE	07/01/2008	$1,698.23	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
33257	OPERATIVE TISSUE ABLATION AND RECO OF ATRIA, PERF AT THE TIME OF OT CARDIAC PROC	01/01/2008	$522.43	0.0%	0.0%	N	Referral Required
33258	OPERATIVE TISSUE ABLATION AND RECO OF ATRIA, PERF AT THE TIME OF OT CARDIAC PROC	01/01/2008	$589.67	0.0%	0.0%	N	Referral Required
33259	OPERATIVE TISSUE ABLATION AND RECO OF ATRIA, PERF AT THE TIME OF OT CARDIAC PROC	01/01/2008	$768.32	0.0%	0.0%	N	Referral Required
33261	OP ABLATION OF ARRHYTHMOGENIC W/CARDIOPULM BYPASS	07/01/2008	$1,423.14	0.0%	0.0%	N	Referral Required
33265	ENDOSCOPY, SURG; OPERATIVE TISSUE ABLATION & RECONST/ATRIA, W/O CARDIO BYPASS	07/01/2008	$1,180.45	0.0%	0.0%	N	Referral Required
33266	ENDOSCOPY, SURGICAL; OPERATIVE TISSUE ABLATION & RECONST OF ATRIA, EXTENSIVE	07/01/2008	$1,614.56	0.0%	0.0%	N	Referral Required
33282	IMPLANTATION OF PATIENT-ACTIVATED CARDIAC EVENT RECORDER	07/01/2008	$299.85	0.0%	0.0%	N	Referral Required
33284	REMOVAL OF IMPLANTABLE PATIENT-ACTIVATED CARDIAC EVENT RECORDER	07/01/2008	$219.85	0.0%	0.0%	N	Referral Required
33300	CARDIAC WOUND REPAIR	07/01/2008	$1,961.61	0.0%	0.0%	N	Referral Required
33305	CARDIAC WOUND REPAIR	07/01/2008	$3,233.51	0.0%	0.0%	N	Referral Required
33310	CARDIOTOMY	07/01/2008	$1,026.93	0.0%	0.0%	N	Referral Required
33315	CARDIOTOMY	07/01/2008	$1,290.51	0.0%	0.0%	N	Referral Required
33320	REPAIR, AORTA	07/01/2008	$929.49	0.0%	0.0%	N	Referral Required
33321	SUTURE REPAIR AORTA; WITH SHUNT BYPASS	07/01/2008	$1,053.07	0.0%	0.0%	N	Referral Required
33322	REPAIR, AORTA	07/01/2008	$1,201.83	0.0%	0.0%	N	Referral Required
33330	GRAFT INSERTION, CARDIAC	07/01/2008	$1,227.68	0.0%	0.0%	N	Referral Required
33332	GRAFT INSERTION AORTA; W/SHUNT BYPASS	07/01/2008	$1,211.40	0.0%	0.0%	N	Referral Required
33335	GRAFT INSERTION, CARDIAC	07/01/2008	$1,646.04	0.0%	0.0%	N	Referral Required
33400	VALVULOPLASTY, AORTA	07/01/2008	$1,970.58	0.0%	0.0%	N	Referral Required
33401	OPEN, WITH INFLOW OCCLUSTON	07/01/2008	$1,283.56	0.0%	0.0%	N	Referral Required
33403	USING TRANSVENTRICULAR DILATION,W/CARDIOPULMO BYPA	07/01/2008	$1,366.98	0.0%	0.0%	N	Referral Required
33404	CONSTRUCTION OF APICAL-AORTIC CONDUIT	07/01/2008	$1,573.69	0.0%	0.0%	N	Referral Required
33405	REPLACEMENT, AORTIC VALVE	07/01/2008	$2,040.43	0.0%	0.0%	N	Referral Required
33406	WITH HOMOGRAFT	07/01/2008	$2,492.37	0.0%	0.0%	N	Referral Required
33410	AORTIC VALVE REPLACEMENT; WITH STENTLESS TISSUE VALVE	07/01/2008	$2,193.87	0.0%	0.0%	N	Referral Required
33411	REPLACE AORTIC VALVE	07/01/2008	$2,846.57	0.0%	0.0%	N	Referral Required
33412	REPLACE AORTIC VALVE W/TRANSVENTRICULAR ENLARGEMNT	07/01/2008	$2,200.79	0.0%	0.0%	N	Referral Required
33413	BY TRANSLOCATION OF AUTOLOGOUS PULMONARY VALVE W/H	07/01/2008	$2,868.46	0.0%	0.0%	N	Referral Required
33414	REPAIR OF LEFT VENTRICULAR OUTFLOW TRACT BY PATCH	07/01/2008	$1,878.94	0.0%	0.0%	N	Referral Required
33415	RESECTION, SUBVALVULR STENOSIS	07/01/2008	$1,746.24	0.0%	0.0%	N	Referral Required
33416	VENTRICULOMYOTOMY FOR INDIOPATHIC HYPERTOPHIC SUBA	07/01/2008	$1,755.27	0.0%	0.0%	N	Referral Required
33417	AORTOPLASTY	07/01/2008	$1,478.92	0.0%	0.0%	N	Referral Required
33420	VALVOTOMY; MITRAL VALVE; CLOSED HEART	07/01/2008	$1,213.77	0.0%	0.0%	N	Referral Required
33422	VALVOTOMY; OPEN HEART W/BYPASS	07/01/2008	$1,485.35	0.0%	0.0%	N	Referral Required
33425	VALVULOPLASTY, MITRAL VALVE	07/01/2008	$2,260.57	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
33426	VULVULOPLASTY, MITRAL VALVE W/PROSTHETIC RING	07/01/2008	$2,091.94	0.0%	0.0%	N	Referral Required
33427	VALVULOPLASTY; RADICAL RECONSTRUC, W/W/O RING	07/01/2008	$2,200.29	0.0%	0.0%	N	Referral Required
33430	REPLACEMENT, MITRAL VALVE	07/01/2008	$2,397.45	0.0%	0.0%	N	Referral Required
33460	VALVULOPLASTY, TRICUSPID VALVE	07/01/2008	$1,996.21	0.0%	0.0%	N	Referral Required
33463	VALULOPLASTY TRICUSPID VALVE W/O RING INSERT	07/01/2008	$2,528.60	0.0%	0.0%	N	Referral Required
33464	WITH RING INSERTION	07/01/2008	$2,061.40	0.0%	0.0%	N	Referral Required
33465	REPLACEMENT, TRICUSPID VALVE	07/01/2008	$2,291.18	0.0%	0.0%	N	Referral Required
33468	REPOSITIONING, TRICUSPID VALVE	07/01/2008	$1,660.33	0.0%	0.0%	N	Referral Required
33470	VALVOTOMY PULMONARY VALVE CLOSED HEART; TRANSVENTR	07/01/2008	$1,045.13	0.0%	0.0%	N	Referral Required
33471	VALVOTOMY,PULMONARY VALVE;VIA PULMONARY ARTERY	07/01/2008	$1,186.44	0.0%	0.0%	N	Referral Required
33472	VALVOTOMY PULMONARY VALVE OPEN HEART W/INFLOW OCCL	07/01/2008	$1,180.47	0.0%	0.0%	N	Referral Required
33474	VALVOTOMY-PULMONARY VALVE OPEN HEART; W/BYPASS	07/01/2008	$1,776.07	0.0%	0.0%	N	Referral Required
33475	REPLACEMENT PULMONARY VALVE	07/01/2008	$2,019.29	0.0%	0.0%	N	Referral Required
33476	INFUNDIBULAR STENOSIS RESECTN	07/01/2008	$1,304.67	0.0%	0.0%	N	Referral Required
33478	AUGMENTATION, OUTFLOW TRACT	07/01/2008	$1,394.06	0.0%	0.0%	N	Referral Required
33496	REPAIR OF NON-STRUCTURAL PROSTHETIC VALVE DYSFUNCTION W/CARDIOPULMONARY BYPASS	07/01/2008	$1,473.04	0.0%	0.0%	N	Referral Required
33500	REP CORON A-V OR ARTERIO-CARDIAC CHAMBER FISTULA	07/01/2008	$1,382.18	0.0%	0.0%	N	Referral Required
33501	REPAIR CORONARY ARTERIOVENOUS FISTULA WO/CARDIO-PU	07/01/2008	$959.63	0.0%	0.0%	N	Referral Required
33502	REPAIR ANOMALOUS CORONARY ARTERY BY LIGATION	07/01/2008	$1,125.24	0.0%	0.0%	N	Referral Required
33503	LIGATION, CORONARY ARTERY	07/01/2008	$1,149.55	0.0%	0.0%	N	Referral Required
33504	LIGATION, CORONARY ARTERY	07/01/2008	$1,286.24	0.0%	0.0%	N	Referral Required
33505	WITH CONSTRUCTION OF INTRO PULMONARY TUNNEL	07/01/2008	$1,796.00	0.0%	0.0%	N	Referral Required
33506	BY TRANSLOCATION FROM PULMONARY ARTERY TO AORTA	07/01/2008	$1,811.75	0.0%	0.0%	N	Referral Required
33507	REPAIR OF ANOMALOUS AORTIC ORIGIN ARTERY BY UNROOFING OR TRANSLOCATION	07/01/2008	$1,541.61	0.0%	0.0%	N	Referral Required
33508	ENDOSCOPY SURGICAL W/ VIDEO ASSISTED HARVEST OF VEINS FOR CORON BYPASS (ADD-ON)	07/01/2008	$14.38	0.0%	0.0%	N	Referral Required
33510	CORONARY ARTERY BYPASS, VEIN ONLY, SINGLE GRAFT	07/01/2008	$1,741.75	0.0%	0.0%	N	Referral Required
33511	CORONARY ARTERY BYPASS	07/01/2008	$1,893.80	0.0%	0.0%	N	Referral Required
33512	CORONARY ARTERY BYPASS	07/01/2008	$2,120.09	0.0%	0.0%	N	Referral Required
33513	CORONARY ARTERY BYPASS, AUTOGENOUS GRAFT4 ARTERIES	07/01/2008	$2,181.27	0.0%	0.0%	N	Referral Required
33514	CORONARY ARTERY BYPASS, FIVE CORONARY ARTERIES	07/01/2008	$2,290.51	0.0%	0.0%	N	Referral Required
33516	CORONARY ARTERY BYPASS AUTOGENOUS GRAFT 6 OR MORE	07/01/2008	$2,376.42	0.0%	0.0%	N	Referral Required
33517	CORONARY ARTERY BYPASS, USING VENOUS & ARTERIAL GRAFT; SINGLE VEIN-(SP)	07/01/2008	$160.57	0.0%	0.0%	N	Referral Required
33518	CORONARY ARTERY BYPASS, USING VENOUS & ARTERIAL GRAFT(S)-2 VENOUS GRAFTS-(SP)	07/01/2008	$345.48	0.0%	0.0%	N	Referral Required
33519	CORONARY ARTERY BYPASS, USING VENOUS & ARTERIAL GRAFT(S); 3 VENOUS GRAFTS-(SP)	07/01/2008	$462.81	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
33521	CORONARY ARTERY BYPASS, USING VENOUS & ARTERIAL GRAFT(S); 4 VENOUS GRAFTS-(SP) S	07/01/2008	$562.58	0.0%	0.0%	N	Referral Required
33522	CORONARY ARTERY BYPASS, USING VENOUS & ARTERIAL GRAFT(S); 5 VENOUS GRAFTS-(SP) S	07/01/2008	$642.20	0.0%	0.0%	N	Referral Required
33523	CORONARY ARTERY BYPASS, USING VENOUS & ARTERIAL GRAFT(S); 6 OR MORE GRAFTS-(SP)	07/01/2008	$735.35	0.0%	0.0%	N	Referral Required
33530	REOPERATION CORONARY ARTERY BYPASS PROCEDURE MORET-ADD ON	07/01/2008	$437.57	0.0%	0.0%	N	Referral Required
33533	CORONARY ARTERY BYPASS USING ARTERIAL GRAFTS SINGL	07/01/2008	$1,699.42	0.0%	0.0%	N	Referral Required
33534	CORONARY ARTERY BYPASS USING ARTERIAL GRAFTS 2 GRA	07/01/2008	$1,965.15	0.0%	0.0%	N	Referral Required
33535	CORONARY ARTERY BYPASS 3 ARTERIAL GRAFTS	07/01/2008	$2,167.52	0.0%	0.0%	N	Referral Required
33536	CORONARY ARTERY BYPASS 4 OR MORE ARTERIAL GRAFTS	07/01/2008	$2,318.75	0.0%	0.0%	N	Referral Required
33542	RESECTION, MYOCARDIAL	07/01/2008	$2,194.81	0.0%	0.0%	N	Referral Required
33545	VENTRICULAR SEPTAL DEFECT	07/01/2008	$2,605.74	0.0%	0.0%	N	Referral Required
33548	SURGICAL VENTRICULAR RESTORATION PROC, INCL PROSTHETIC PATCH WHEN PERFORMED	07/01/2008	$2,560.14	0.0%	0.0%	N	Referral Required
33572	CORONARY ENDARTERECTOMY, EACH VESSEL-ADD ON	07/01/2008	$207.34	0.0%	0.0%	N	Referral Required
33600	CLOSURE OF ATRIOVENTRICULAR VALVE	07/01/2008	$1,507.10	0.0%	0.0%	N	Referral Required
33602	CLOSURE OF SEMILUNAR VALVE BY SUTURE OR PATCH	07/01/2008	$1,445.61	0.0%	0.0%	N	Referral Required
33606	ANASTOMOSIS OF PULMONARY ARTERY TO AORTA	07/01/2008	$1,563.01	0.0%	0.0%	N	Referral Required
33608	REPAIR COMPLEX CARDIAC ANORMALY OTHER THAN PULMONA	07/01/2008	$1,604.12	0.0%	0.0%	N	Referral Required
33610	REPAIR COMPLEX CARDIAC ANORMALY BY SURGICAL ENLARG	07/01/2008	$1,587.70	0.0%	0.0%	N	Referral Required
33611	REPAIR DOUBLE OUTLET RT VENTRICLE W/INTRAVENTRICUL	07/01/2008	$1,715.85	0.0%	0.0%	N	Referral Required
33612	WITH REPAIR OF RIGHT VENTRICULAR OUTFLOW TRACT OBS	07/01/2008	$1,816.45	0.0%	0.0%	N	Referral Required
33615	REPAIR COMPLEX CARDIAC ANORMALY (TRICUSPID ATRESIA	07/01/2008	$1,731.38	0.0%	0.0%	N	Referral Required
33617	REPAIR OF COMPLEX CARDIACANORMALY	07/01/2008	$1,914.35	0.0%	0.0%	N	Referral Required
33619	REPAIR SINGLE VENTRICLE W/AORTIC OUTFLOW OBSTRUCTI	07/01/2008	$2,400.41	0.0%	0.0%	N	Referral Required
33641	CLOSURE, ARTIAL DEFECT	07/01/2008	$1,392.66	0.0%	0.0%	N	Referral Required
33645	CLOSURE, SINUS VENOSUS DEFECT	07/01/2008	$1,385.32	0.0%	0.0%	N	Referral Required
33647	REPAIR OF ATRIAL AND VENTRICULAR SEPTAL DEFECTS	07/01/2008	$1,490.23	0.0%	0.0%	N	Referral Required
33660	REPAIR ATRIOVENTRICULAR CANAL W/,W/O A-V VALVE REP	07/01/2008	$1,572.81	0.0%	0.0%	N	Referral Required
33665	REPAIR INT/TRANSITIONAL ATRIOVENTRICULAR CANAL	07/01/2008	$1,676.47	0.0%	0.0%	N	Referral Required
33670	ATRIO-VENTRICULAR CANAL	07/01/2008	$1,796.11	0.0%	0.0%	N	Referral Required
33675	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS;	07/01/2008	$1,823.25	0.0%	0.0%	N	Referral Required
33676	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH PULMONARY VALVOTOMY OR	07/01/2008	$1,876.11	0.0%	0.0%	N	Referral Required
33677	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; W/REMOVAL/PULMONARY ARTERY BAND	07/01/2008	$1,949.97	0.0%	0.0%	N	Referral Required
33681	VENTRICULAR SEPTAL DEFECT	07/01/2008	$1,623.46	0.0%	0.0%	N	Referral Required
33684	VENTRICULAR SEPTAL DEFECT	07/01/2008	$1,663.87	0.0%	0.0%	N	Referral Required
33688	VENTRICULAR SEPTAL DEFECT	07/01/2008	$1,621.55	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
33690	PULMONARY ARTERY BANDING	07/01/2008	$1,028.71	0.0%	0.0%	N	Referral Required
33692	TETRALOGY OF FALLOT	07/01/2008	$1,698.75	0.0%	0.0%	N	Referral Required
33694	TETRALOGY OF FALLOT	07/01/2008	$1,695.81	0.0%	0.0%	N	Referral Required
33697	COMPLETE REPAIR OF TETROLOGY OF FALLET W/PULMONARY	07/01/2008	$1,865.96	0.0%	0.0%	N	Referral Required
33702	SINUS OF VALSALVA	07/01/2008	$1,364.57	0.0%	0.0%	N	Referral Required
33710	REPAIR SINUS OF VALSALVA + VENTRICULAR SEPTAL	07/01/2008	$1,520.82	0.0%	0.0%	N	Referral Required
33720	SINUS OF VALSALVA	07/01/2008	$1,366.38	0.0%	0.0%	N	Referral Required
33722	CLOSURE AORTICO-LEFT VENTRICULAR TUNNEL	07/01/2008	$1,407.40	0.0%	0.0%	N	Referral Required
33724	REPAIR OF ISOLATED PARTIAL ANOMALOUS PULMONARY VENOUS RETURN	07/01/2008	$1,346.49	0.0%	0.0%	N	Referral Required
33726	REPAIR OF PULMONARY VENOUS STENOSIS	07/01/2008	$1,779.60	0.0%	0.0%	N	Referral Required
33730	REPAIR, PULMONARY VEIN	07/01/2008	$1,753.94	0.0%	0.0%	N	Referral Required
33732	REPAIR COR TRIATRIATUM ORSUPRAVALVULAR MITRAL RING	07/01/2008	$1,470.70	0.0%	0.0%	N	Referral Required
33735	ATRIAL SEPTECTOMY	07/01/2008	$1,109.47	0.0%	0.0%	N	Referral Required
33736	OPEN HEART WITH CARDIOPULMONARY BYPASS	07/01/2008	$1,268.37	0.0%	0.0%	N	Referral Required
33737	OPEN HEART WITH INFLOW OCCLUSION	07/01/2008	$1,145.71	0.0%	0.0%	N	Referral Required
33750	BLALOCK-TAUSSIG PROCEDURE	07/01/2008	$1,089.76	0.0%	0.0%	N	Referral Required
33755	WATERSON PROCEDURE	07/01/2008	$1,091.60	0.0%	0.0%	N	Referral Required
33762	POTTS-SMITH PROCEDURE	07/01/2008	$1,127.02	0.0%	0.0%	N	Referral Required
33764	SHUNT WITH PROSTHETIC GRAFT	07/01/2008	$1,129.88	0.0%	0.0%	N	Referral Required
33766	GLENN PROCEDURE	07/01/2008	$1,191.75	0.0%	0.0%	N	Referral Required
33767	SUPERIOR VENA CAVR TO PULMONARY ARTERY FLOW TO BOT	07/01/2008	$1,253.64	0.0%	0.0%	N	Referral Required
33768	ANASTOMOSIS CAVOPULMONARY 2ND SUPERIOR VENA CAVA (SP)	07/01/2008	$365.86	0.0%	0.0%	N	Referral Required
33770	REPAIR OF TRANSPOSITION OF GREAT ARTERY W/ DEFECT	07/01/2008	$1,861.72	0.0%	0.0%	N	Referral Required
33771	REPAIR OF GREAT ARTERY WITH SURGICAL ENLARGEMENT	07/01/2008	$1,894.08	0.0%	0.0%	N	Referral Required
33774	REPAIR TRANS GREAT ART. MUST-SENNING TYPE W/BYPASS	07/01/2008	$1,597.69	0.0%	0.0%	N	Referral Required
33775	REPAIR TRANSPOSITION OF GREAT NESSELS PULM, BAND	07/01/2008	$1,614.84	0.0%	0.0%	N	Referral Required
33776	REPAIR TRANSPOS GREAT VESSELS WITH CLOSURE VSD	07/01/2008	$1,689.89	0.0%	0.0%	N	Referral Required
33777	REPAIR TRANSPOSITION GREAT VESSELS SUBPULM. OBSTR.	07/01/2008	$1,669.74	0.0%	0.0%	N	Referral Required
33778	REPAIR TRANS. GREAT ART. AO-PULM. EG-JATENE TYPE	07/01/2008	$2,078.63	0.0%	0.0%	N	Referral Required
33779	REPAIR TRANS. GREAT ARTS. AO-PULM REM. PULM. BAND	07/01/2008	$1,967.34	0.0%	0.0%	N	Referral Required
33780	REPAIR TRANSPOS GREAT ARTS AO-PULM CLOSURE VSD	07/01/2008	$2,078.45	0.0%	0.0%	N	Referral Required
33781	REPAIR TRANSPOS GREAT ARS AO-PULM REP SUBPULM OBS	07/01/2008	$1,969.42	0.0%	0.0%	N	Referral Required
33786	REPAIR, TRUNCUS ARTERIOSUS	07/01/2008	$2,022.96	0.0%	0.0%	N	Referral Required
33788	PULMONARY ARTERY REPLANT	07/01/2008	$1,328.19	0.0%	0.0%	N	Referral Required
33800	AORTIC SUSPENSION FOR TRACHEAL DECOMPRESSION	07/01/2008	$873.86	0.0%	0.0%	N	Referral Required
33802	DIVISION, ABERRANT VESSEL	07/01/2008	$941.50	0.0%	0.0%	N	Referral Required
33803	DIVISION, ABERRANT VESSEL	07/01/2008	$1,007.33	0.0%	0.0%	N	Referral Required
33813	OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT; WO/C	07/01/2008	$1,101.14	0.0%	0.0%	N	Referral Required
33814	OBLITERATION OF AORTOPULMONARY W/CARDIOPULMONARY B	07/01/2008	$1,343.91	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
33820	DUCTUS ARTERIOSUS	07/01/2008	$857.53	0.0%	0.0%	N	Referral Required
33822	DUCTUS ARTERIOSUS	07/01/2008	$890.71	0.0%	0.0%	N	Referral Required
33824	DUCTUS ARTERIOSUS	07/01/2008	$1,036.79	0.0%	0.0%	N	Referral Required
33840	EXCISION, COARCTATION	07/01/2008	$1,080.24	0.0%	0.0%	N	Referral Required
33845	EXCISION, COARCTATION	07/01/2008	$1,170.95	0.0%	0.0%	N	Referral Required
33851	REPAIR USE L SUBCLAVIAN ARTERY OR PROSTHETIC MATER	07/01/2008	$1,119.65	0.0%	0.0%	N	Referral Required
33852	REPAIR HYPOPLASTIC INTERRUPTED AORTIC ARCH USE AUT	07/01/2008	$1,291.50	0.0%	0.0%	N	Referral Required
33853	WITH CARDIOPULMONARY BYPASS	07/01/2008	$1,622.16	0.0%	0.0%	N	Referral Required
33860	GRAFT, ASCENDING ARCH	07/01/2008	$2,711.64	0.0%	0.0%	N	Referral Required
33861	WITH CORONARY RECONSTRUCTION	07/01/2008	$2,152.41	0.0%	0.0%	N	Referral Required
33863	W/AORTIC ROOT REPLACEMENT USING COMPOSITE PROSTHES	07/01/2008	$2,733.52	0.0%	0.0%	N	Referral Required
33864	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS WITH VALVE SUSPENSION	01/01/2008	$2,811.63	0.0%	0.0%	N	Referral Required
33870	GRAFT, TRANSVERSE ARCH	07/01/2008	$2,245.22	0.0%	0.0%	N	Referral Required
33875	GRAFT, DESCNDNG THORACIC AORTA	07/01/2008	$1,740.57	0.0%	0.0%	N	Referral Required
33877	REPAIR THORACOABDOMINAL.AORTIC ANEURYSM W/GRAFT W/	07/01/2008	$3,045.58	0.0%	0.0%	N	Referral Required
33880	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA, INVOLVING ARTERY ORIGIN	07/01/2008	$1,615.73	0.0%	0.0%	N	Referral Required
33881	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA, NOT INVOLVING ARTERY ORIGIN	07/01/2008	$1,394.11	0.0%	0.0%	N	Referral Required
33883	PLACEMENT/PROXIMAL EXT PROSTHESIS/ENDOVASCULAR REPAIR/DESCENDING,INITIAL	07/01/2008	$1,017.95	0.0%	0.0%	N	Referral Required
33884	PLACEMENT OF PROXIMAL PROSTHESIS FOR VASCULAR REPAIR THORACIC AORTA ADD-ON	07/01/2008	$369.10	0.0%	0.0%	N	Referral Required
33886	PLACEMENT OF DISTAL EXTENSION PROSTHESIS DELAYED AFTER REPAIR/THORACIC AORTA	07/01/2008	$880.80	0.0%	0.0%	N	Referral Required
33889	OPEN SUBCLAVICAL TO CAROTID ARTERY, BY NECK INCISION, UNILATERAL	07/01/2008	$728.30	0.0%	0.0%	N	Referral Required
33891	BYPASS GRAFT W/OTHER THAN VEIN, PERFORMED IN CONJUNCTION W/ENDOVASCULAR REPAIR	07/01/2008	$935.90	0.0%	0.0%	N	Referral Required
33910	PULMONARY EMBOLECTOMY	07/01/2008	$1,443.03	0.0%	0.0%	N	Referral Required
33915	PULMONARY EMBOLECTOMY	07/01/2008	$1,173.34	0.0%	0.0%	N	Referral Required
33916	PULMONARY ENDARTERECTOMY W/WO EMBOLECTOMY W/CARDIO	07/01/2008	$1,389.03	0.0%	0.0%	N	Referral Required
33917	REPAIR OF PULMONARY ARTERY STENOSIS	07/01/2008	$1,284.72	0.0%	0.0%	N	Referral Required
33920	REPAIR OF PULMONARY ATRESIA W/VENTRICULAR	07/01/2008	$1,564.82	0.0%	0.0%	N	Referral Required
33922	TRANSECTION PULMONARY ARTERY W/CARDIOPULMONARY BYP	07/01/2008	$1,219.85	0.0%	0.0%	N	Referral Required
33924	LIGATION/TAKEDOWN ARTERY SHUNT,ADD TO PRIMARY PROC	07/01/2008	$256.96	0.0%	0.0%	N	Referral Required
33925	REPAIR OF PULMONARY ARTERY W/O CARDIOPULMONARY BYPASS	07/01/2008	$1,655.09	0.0%	0.0%	N	Referral Required
33926	REPAIR OF PULMONARY ARTERY WITH CARDIOPULMONARY BYPASS	07/01/2008	$2,159.34	0.0%	0.0%	N	Referral Required
33935	HEART-LUNG TRANSPLANT WITH RECIPIENT CARDIECTOMY PNEUMONECTOMY	07/01/2008	$3,200.44	0.0%	0.0%	Y	Referral Required
33940	DONOR CARDIECTOMY INCLUDING COLD PRESERVATIONS	07/01/2008	$1,651.15	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
33944	BACKBENCH STANDARD PREP OF CADAVER DONOR HEART ALLOGRAFT PRIOR TO TRANSPLANT	01/01/2005	$0.00	0.0%	0.0%	Y	Referral Required
33945	HEART TRANSPLANT W/WO RECIPIENT CARDIECTOMY	07/01/2008	$3,970.89	0.0%	0.0%	Y	Referral Required
33960	PROLONGED EXTRACORPOREAL CIRCULATION FOR CARDFOPUC	07/01/2008	$868.58	0.0%	0.0%	N	Referral Required
33961	EACH ADDITIONAL 24HOUR-ADD ON	07/01/2008	$492.88	0.0%	0.0%	N	Referral Required
33967	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOUS	07/01/2008	$239.98	0.0%	0.0%	N	Referral Required
33968	REMOVAL OF INTRA-AORTIC ASSIST DEVICE, PERCUTANEOUS	07/01/2008	$30.67	0.0%	0.0%	N	Referral Required
33970	INTRA-AORTIC BALLOON	07/01/2008	$322.26	0.0%	0.0%	N	Referral Required
33971	REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE	07/01/2008	$623.86	0.0%	0.0%	N	Referral Required
33973	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE TH	07/01/2008	$472.27	0.0%	0.0%	N	Referral Required
33974	REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE FROM	07/01/2008	$794.55	0.0%	0.0%	N	Referral Required
33975	IMPLANT VENTRICULAR ASSIST DEVICE;SINGLE VENTRICLE	07/01/2008	$971.79	0.0%	0.0%	N	Referral Required
33976	BIVENTRICULAR SUPPORT	07/01/2008	$1,086.48	0.0%	0.0%	N	Referral Required
33977	REMOVAL OF VENTRICULAR ASSIST DEVICE,SINGLE VENTRI	07/01/2008	$1,068.49	0.0%	0.0%	N	Referral Required
33978	BIVENTRICULAR SUPPORT	07/01/2008	$1,187.93	0.0%	0.0%	N	Referral Required
33979	INSERTION OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SINGLE VENT	07/01/2008	$2,144.12	0.0%	0.0%	N	Referral Required
33980	REMOVAL OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SINGLE VENTRIC	07/01/2008	$3,145.53	0.0%	0.0%	N	Referral Required
33999	UNLISTED CARDIAC PROCEDURE	01/01/1976	$0.00	0.0%	0.0%	N	Referral Required
34001	CAROTID EMBOLECTOMY	07/01/2008	$849.87	0.0%	0.0%	N	Referral Required
34051	SUBCLAVIAN EMBOLECTOMY	07/01/2008	$863.10	0.0%	0.0%	N	Referral Required
34101	AXILLARY-BRACHIAL EMBOLECTOMY	07/01/2008	$551.73	0.0%	0.0%	N	Referral Required
34111	EMBOLECTOMY/THROMBECTOMY RADIAL/ULNAR ARTERY ARM I	07/01/2008	$551.21	0.0%	0.0%	N	Referral Required
34151	RENAL EMBOLECTOMY	07/01/2008	$1,271.66	0.0%	0.0%	N	Referral Required
34201	FEMORAL-POPLITEAL EMBOLECTOMY	07/01/2008	$877.28	0.0%	0.0%	N	Referral Required
34203	EMBOLECTOMY OR THROMBECTOMY POPLITEAL-TIBIO-PERONE	07/01/2008	$880.37	0.0%	0.0%	N	Referral Required
34256	UPPER GI ENDOSCOPY WITH STENT PLACEMENT	07/01/2008	$244.67	0.0%	0.0%	N	Referral Required
34401	THROMBECTOMY, ILIO-FEMORAL	07/01/2008	$1,277.58	0.0%	0.0%	N	Referral Required
34421	VENA CAVA ILIAC FEMOROPOPLITEAL VIEN LEG INCISION	07/01/2008	$666.98	0.0%	0.0%	N	Referral Required
34451	VENA CAVA ILIAC FEMOROPOPILITEAL VEIN BY ABDOMINAL	07/01/2008	$1,373.72	0.0%	0.0%	N	Referral Required
34471	THROMBECTOMY,SUBCLAVIAN VEIN BY NECK INCISION	07/01/2008	$946.57	0.0%	0.0%	N	Referral Required
34490	AXILALARY AND SUBCLAVIAN VEIN BY ARM INCISION	07/01/2008	$553.35	0.0%	0.0%	N	Referral Required
34501	VALVULOPLASTY, FEMORAL VEIN	07/01/2008	$855.05	0.0%	0.0%	N	Referral Required
34502	RECONSTRUCTION OF VENA CAVA	07/01/2008	$1,383.42	0.0%	0.0%	N	Referral Required
34510	VENOUS VALVE TRANSPOSITION, ANY VEIN DONOR	07/01/2008	$991.20	0.0%	0.0%	N	Referral Required
34520	CROSS-OVER VEIN GRAFT TO VENOUS SYSTEM	07/01/2008	$940.95	0.0%	0.0%	N	Referral Required
34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	07/01/2008	$885.77	0.0%	0.0%	N	Referral Required
34800	ENDOVASCULAR REPAIR ANEURYSM/DISSECTION; AORTO-AORTIC TUBE PROSTHESIS	07/01/2008	$1,040.61	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
34802	ENDOVASCULAR REPAIR ANEURYSM/DISSECTION; MODULAR BIFURCATED PROSTHESIS	07/01/2008	$1,139.57	0.0%	0.0%	N	Referral Required
34803	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM; USING 2 DOCK LIMBS	07/01/2008	$1,172.47	0.0%	0.0%	Y	Referral Required
34804	ENDOVASCULAR PLACEMENT OF ILIAC UNIBODY BIFURCATED PROSTHESIS	07/01/2008	$1,137.33	0.0%	0.0%	N	Referral Required
34805	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL SORTIC ANEURYSM OR DISSECTION	07/01/2008	$1,078.09	0.0%	0.0%	N	Referral Required
34806	TRANSCATHETER PLACEMENT OF WIRELESS PHYSIOLOGIC SENSOR IN ANEURYSMAL SAC	05/01/2009	$91.67	0.0%	0.0%	N	Referral Required
34808	ENDOVASCULAR PLACEMENT OF ILIAC ARTERY OCCLUSION DEVICE (ADD-ON)	07/01/2008	$189.86	0.0%	0.0%	N	Referral Required
34812	OPEN FEMORAL ARTERY EXPOSURE BY GROIN INCISION, UNILATERAL	07/01/2008	$313.77	0.0%	0.0%	N	Referral Required
34813	PLACEMENT FEMORAL-FEMORAL GRAFT DURING ENDOVASCULAR REPAIR (ADD-ON)	07/01/2008	$218.86	0.0%	0.0%	N	Referral Required
34820	OPEN ILIAC ARTERY EXPOSURE BY ABDOMINAL/RETROPERITONEAL INCISION, UNILATERAL	07/01/2008	$450.11	0.0%	0.0%	N	Referral Required
34825	PLACEMENT PROXIMAL/DISTAL EXTENSION PROSTHESIS; INITIAL VESSEL	07/01/2008	$639.46	0.0%	0.0%	N	Referral Required
34826	PLACEMENT PROXIMAL/DISTAL EXTENSION PROSTHESIS; EACH ADDITIONAL VESSEL	07/01/2008	$188.34	0.0%	0.0%	N	Referral Required
34830	OPEN REPAIR INFRARENAL ANEURYSM/DISSECTION & REPAIR ARTERIAL TRAUMA;TUBE PROSTH.	07/01/2008	$1,664.95	0.0%	0.0%	N	Referral Required
34831	REPAIR INFRARENAL ANEURYSM/DISSECTION & ARTERIAL TRAUMA; AORTO-BI-ILIAC PROSTHES	07/01/2008	$1,746.58	0.0%	0.0%	N	Referral Required
34832	REPAIR INFRARENAL ANEURYSM/DISSECTION & ARTERIAL TRAUMA;AORTO-BIFEMORAL PROSTHE.	07/01/2008	$1,802.88	0.0%	0.0%	N	Referral Required
34833	OPEN ILIAC ARTERY EXPOSURE W/CREATION OF CONDUIT FOR DELIVERY OF INFRARENAL AORT	07/01/2008	$562.98	0.0%	0.0%	N	Referral Required
34834	OPEN BRACHIAL ARTERY EXPOSURE TO ASSIST/ENDOVASCULAR PROSTHESIS BY ARM INCISION	07/01/2008	$256.21	0.0%	0.0%	N	Referral Required
34900	ENDOVASCULAR GRAFT REPLACEMENT FOR REPAIR OF ILIAC ARTERY	07/01/2008	$828.18	0.0%	0.0%	N	Referral Required
35001	CAROTID-EXCISION/GRAFT	07/01/2008	$1,035.77	0.0%	0.0%	N	Referral Required
35002	REPAIR RUPTURED ANEURYSM CARTOID, SUBCLAVIAN ARTER	07/01/2008	$1,086.33	0.0%	0.0%	N	Referral Required
35005	REPAIR ANEURYSM,FALSE ANEURYSM OR OCCCUSIVE DISEAS	07/01/2008	$966.93	0.0%	0.0%	N	Referral Required
35011	BRACHIAL EXCISION/GRAFT	07/01/2008	$907.22	0.0%	0.0%	N	Referral Required
35013	REPAIR RUPTURED ANEURYSM AXILLARY-BRACHIAL ARTERY	07/01/2008	$1,124.66	0.0%	0.0%	N	Referral Required
35021	SUBCLAVIAN EXCISION/GRAFT	07/01/2008	$1,093.72	0.0%	0.0%	N	Referral Required
35022	REPAIR RUPTURED ANEURYSM INNOMINATE SUBCLAVIAN ART	07/01/2008	$1,260.59	0.0%	0.0%	N	Referral Required
35045	REPAIR ANEURYSM FALSE ANEURYSM,OCCLUSIVE DISEASE R	07/01/2008	$878.31	0.0%	0.0%	N	Referral Required
35081	ABDOMINAL AORTIC ANEURYSM	07/01/2008	$1,565.75	0.0%	0.0%	N	Referral Required
35082	DIRECT REPAIR OF ANEURYSM FOR RUPTURE ABDOM AORTA	07/01/2008	$1,978.20	0.0%	0.0%	N	Referral Required
35091	ABDOMINAL AORTIC ANEURYSM	07/01/2008	$1,676.90	0.0%	0.0%	N	Referral Required
35092	REPAIR RUPTURE ANEURYSM ABD AORTA INVOLV VISCERAL	07/01/2008	$2,362.39	0.0%	0.0%	N	Referral Required
35102	REPAIR OF ANEURYSM,ABDOMINAL AORTA INVOLV ILIAC	07/01/2008	$1,699.94	0.0%	0.0%	N	Referral Required
35103	FOR RUPTURED ANEURYSM, ABDOMINAL AORTA INV ILIAC V	07/01/2008	$2,043.86	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
35111	REPAIR ANEURYSM FALSE ANEURYSM SPLENIC ARTERY	07/01/2008	$1,260.61	0.0%	0.0%	N	Referral Required
35112	RUPTURE ANEURYSM SPLENIC ARTERY	07/01/2008	$1,533.52	0.0%	0.0%	N	Referral Required
35121	REPAIR ANEURYSM FALSE ANEURYSM, HEPATIC, CELIAC, R	07/01/2008	$1,508.05	0.0%	0.0%	N	Referral Required
35122	REPAIR FOR ANEURYSM OR OCCLUSIVE DISEASE, ILIAC	07/01/2008	$1,779.24	0.0%	0.0%	N	Referral Required
35131	REPAIR ANEURYSM, FALSE ANEURYSM ILIAC ARTERY	07/01/2008	$1,277.38	0.0%	0.0%	N	Referral Required
35132	DIRECT REPAIR RUPUTRED ANEURYSM ILIAC ARTERY	07/01/2008	$1,548.38	0.0%	0.0%	N	Referral Required
35141	REPAIR ANEURYSM, FALSE ANEURYSM, FEMORAL ARTERY	07/01/2008	$1,018.32	0.0%	0.0%	N	Referral Required
35142	DIRECT REPAIR OF RUPTURED ANEURYSM	07/01/2008	$1,214.04	0.0%	0.0%	N	Referral Required
35151	REPAIR ANEURYSM, FALSE ANEURYSM POPLITEAL ARTERY	07/01/2008	$1,147.80	0.0%	0.0%	N	Referral Required
35152	RUPTURED ANEURYSM POPLITEAL ARTERY	07/01/2008	$1,333.96	0.0%	0.0%	N	Referral Required
35180	REPAIR CONGENITAL AV FISTULA HEAD-NECK	07/01/2008	$742.76	0.0%	0.0%	N	Referral Required
35182	REPAIR CONGENITAL AV FISTULA THORAX-ABDOMEN	07/01/2008	$1,536.59	0.0%	0.0%	N	Referral Required
35184	REPAIR AV FISTULA-EXTREMITIES	07/01/2008	$922.75	0.0%	0.0%	N	Referral Required
35188	REPAIR ACQUIRED TRAMATIC FISTULA HEAD-NECK	07/01/2008	$778.00	0.0%	0.0%	N	Referral Required
35189	REPAIR ACQUIRED ARTERIOVENOUS-FISTULA THORAX-ABDOM	07/01/2008	$1,455.35	0.0%	0.0%	N	Referral Required
35190	REPAIR ARTERIOVENOUS FISTULA	07/01/2008	$676.93	0.0%	0.0%	N	Referral Required
35201	REPAIR BLOOD VESSEL, DIRECT, NECK	07/01/2008	$848.28	0.0%	0.0%	N	Referral Required
35206	REPAIR BLOOD VESSEL, DIRECT, UPPER EXTREMITY	07/01/2008	$695.08	0.0%	0.0%	N	Referral Required
35207	REPAIR BLOOD VESSEL DIRECT, HAND FINGER	07/01/2008	$625.46	0.0%	0.0%	N	Referral Required
35211	REPAIR BLOOD VESSEL INTRATHORACIC WITH BYBASS	07/01/2008	$1,221.79	0.0%	0.0%	N	Referral Required
35216	REPAIR BLOOD VESSEL DIRECT,INTRA THORACIC WO/BYPAS	07/01/2008	$1,650.17	0.0%	0.0%	N	Referral Required
35221	REPAIR BLOOD VESSEL DIRECT, INTRA-ABDOMINAL	07/01/2008	$1,259.22	0.0%	0.0%	N	Referral Required
35226	REPAIR BLOOD VESSEL DIRECT, LOWER EXTREMITY	07/01/2008	$769.70	0.0%	0.0%	N	Referral Required
35231	REPAIR BLOOD VESSEL W/VEIN GRAFT NECK	07/01/2008	$1,053.87	0.0%	0.0%	N	Referral Required
35236	REPAIR BLOOD VESSEL W/VEIN GRAFT, UPPER EXTREMITY	07/01/2008	$884.60	0.0%	0.0%	N	Referral Required
35241	REPAIR BLOOD VESSEL W/VEIN GRAFT INTERTHORACIC W/B	07/01/2008	$1,275.65	0.0%	0.0%	N	Referral Required
35246	RAPAIR BLOOD VESSEL W/VEIN GRAFT, INTERTHORACIC WO	07/01/2008	$1,377.02	0.0%	0.0%	N	Referral Required
35251	REPAIR BLOOD VESSEL W/VEIN GRAFT, INTRA ABDOMINAL	07/01/2008	$1,500.89	0.0%	0.0%	N	Referral Required
35256	REPAIR BLOOD VESSEL W/VEIN GRAFTS LOWER EXTREMITY	07/01/2008	$932.08	0.0%	0.0%	N	Referral Required
35261	REPAIR BLOOD VESSEL W/GRAFT OTHER THAN VEIN NECK	07/01/2008	$933.32	0.0%	0.0%	N	Referral Required
35266	REPAIR BLOOD VESSEL W/GRAFT OTHER THAN VEIN UP EXT	07/01/2008	$776.45	0.0%	0.0%	N	Referral Required
35271	REPAIR BLOOD VESSEL, INTRATHORACIC, WITH BYPASS	07/01/2008	$1,218.69	0.0%	0.0%	N	Referral Required
35276	REPAIR BLOOD VESSEL W/GRAFT OTHER THAN VEIN, INTER	07/01/2008	$1,279.46	0.0%	0.0%	N	Referral Required
35281	REPAIR BLOOD VESSEL WITH GRAFT INTRA-ABDOMINAL	07/01/2008	$1,429.90	0.0%	0.0%	N	Referral Required
35286	REPAIR BLOOD VESSEL W/GRAFT OTHER THAN VEIN LOWER	07/01/2008	$856.37	0.0%	0.0%	N	Referral Required
35301	THROMBOENDARTERECTOMY	07/01/2008	$958.37	0.0%	0.0%	N	Referral Required
35302	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; SUPERFICIAL FEMORAL	07/01/2008	$1,000.67	0.0%	0.0%	N	Referral Required
35303	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; POPLITEAL	07/01/2008	$1,099.76	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
35304	THROMBOENDARTERECTOMY, INCL PATCH GRAFT, IF PERF; TIBIOPERONEAL TRUNK ARTERY	07/01/2008	$1,144.47	0.0%	0.0%	N	Referral Required
35305	THROMBOENDARTERECTOMY, INCL PATCH GRAFT, IF PERF; INITIAL VESSEL	07/01/2008	$1,099.76	0.0%	0.0%	N	Referral Required
35306	THROMBOENDARTERECTOMY, INCL PATCH GRAFT, EA ADDITIONAL (SP)	07/01/2008	$412.00	0.0%	0.0%	N	Referral Required
35311	THROMBOENDARTERECTOMY	07/01/2008	$1,378.16	0.0%	0.0%	N	Referral Required
35321	THROMBOENARTERECTOMY	07/01/2008	$816.17	0.0%	0.0%	N	Referral Required
35331	THROMBOENDARTERECTOMY	07/01/2008	$1,333.47	0.0%	0.0%	N	Referral Required
35341	THROMBOENDARTERECTOMY	07/01/2008	$1,266.19	0.0%	0.0%	N	Referral Required
35351	THROMBOENDARTERECTOMY	07/01/2008	$1,174.07	0.0%	0.0%	N	Referral Required
35355	THROMBOENDARTERECTOMY, ILIOFEMORAL	07/01/2008	$955.21	0.0%	0.0%	N	Referral Required
35361	THROMBOENDARTERECTOMY	07/01/2008	$1,444.05	0.0%	0.0%	N	Referral Required
35363	THROMBOENDARTERECTOMY COMBINED AIF	07/01/2008	$1,547.34	0.0%	0.0%	N	Referral Required
35371	THROMBOENDARTERECTOMY	07/01/2008	$756.36	0.0%	0.0%	N	Referral Required
35372	THROMBOENDARTERECTOMY, DEEP (PROFUNDA) FEMORAL	07/01/2008	$907.07	0.0%	0.0%	N	Referral Required
35390	REOPERATION,CAROTID,THROMBOENDARTERECTOMY-ADD ON	07/01/2008	$147.15	0.0%	0.0%	N	Referral Required
35400	ANGIOSCOPY DURING THERAPEUTIC INTERVENTION-ADD ON	07/01/2008	$139.10	0.0%	0.0%	N	Referral Required
35450	TRANSLIMINAL ANGIOPLASTY OPEN RENAL OTHER VISCERAL	07/01/2008	$469.98	0.0%	0.0%	N	Referral Required
35452	TRANSLUMINAL ANGIOPLASTY OPEN AORTIC	07/01/2008	$327.21	0.0%	0.0%	N	Referral Required
35454	ANGIOPLASTY OPEN ILIAC	07/01/2008	$286.87	0.0%	0.0%	N	Referral Required
35456	TRANSLUMINAL ANGIOPLASTY OPEN FEMORAL-POPLITEAL	07/01/2008	$347.26	0.0%	0.0%	N	Referral Required
35458	ANGIOPLASTY OPEN BRACHIOCEPHALIC	07/01/2008	$446.78	0.0%	0.0%	N	Referral Required
35459	TRANSLUMINAL ANGIOPLASTY OPEN/TIBIOPERONEAL TRUNK	07/01/2008	$409.21	0.0%	0.0%	N	Referral Required
35460	TRANSLUMINAL ANGIOPLASTY OPEN VENOUS	07/01/2008	$285.11	0.0%	0.0%	N	Referral Required
35470	ANGIOPLASTY PERCUTANEOUS TIBIOPERONEAL TRUNK	07/01/2008	$2,806.54	0.0%	0.0%	N	Referral Required
35471	PERCUTANEOUS ANGIOPLASTY RENAL OR VISCERAL ARTERY	07/01/2008	$3,125.40	0.0%	0.0%	N	Referral Required
35472	PERCUTANEOUS ANGIOPLASTY AORTIC	07/01/2008	$2,110.01	0.0%	0.0%	N	Referral Required
35473	PERCUTANEOUS ANGIOPLASTY ILIAC	07/01/2008	$1,987.60	0.0%	0.0%	N	Referral Required
35474	PERCUTANEOUS ANGIOPLASTY FEMORAL-POPLITEAL	07/01/2008	$2,729.90	0.0%	0.0%	N	Referral Required
35475	PERCUTANEOUS ANGIOPLASTY BRACHIOCEPHALIC	07/01/2008	$2,078.45	0.0%	0.0%	N	Referral Required
35476	PERCUTANEOUS ANGIOPLASTYVENOUS	07/01/2008	$1,575.31	0.0%	0.0%	N	Referral Required
35480	TRANSLUMINAL PERIPHERAL ATHERECTOMY OPEN RENAL OTH	07/01/2008	$530.13	0.0%	0.0%	N	Referral Required
35481	TRANSLUMINAL PERIPHERAL ATHERECTOMY OPEN AORTIC	07/01/2008	$367.07	0.0%	0.0%	N	Referral Required
35482	TRANSLUMINAL PERIPHERAL ATHERECTOMY OPEN ILIAC	07/01/2008	$316.16	0.0%	0.0%	N	Referral Required
35483	TRANSLUMINAL PERIPHERAL ATHERECTOMY FEMORAL-POPLIT	07/01/2008	$386.17	0.0%	0.0%	N	Referral Required
35484	TRANSLUMINAL PERIPHERAL ATHERECTOMY BRACHIOCEPHALI	07/01/2008	$485.26	0.0%	0.0%	N	Referral Required
35485	TRANSLUMINAL PERIPHERAL ATHERECTOMY TIBIOPERONEAL	07/01/2008	$450.50	0.0%	0.0%	N	Referral Required
35490	TRANSLUMINAL PERIPHERAL ATHERECTOMY PERCUTAN RENAL	07/01/2008	$549.31	0.0%	0.0%	N	Referral Required
35491	AORTIC	07/01/2008	$388.00	0.0%	0.0%	N	Referral Required
35492	TRANSLUMINAL PERIPHERAL ATHERECTOMY ILIAC	07/01/2008	$342.43	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
35493	TRANSLUMINAL PERIPHERAL ATHERECTOMY FEMORAL-POPLIT	07/01/2008	$411.30	0.0%	0.0%	N	Referral Required
35494	TRANSLUMINAL PERIPHERAL ATHERECTOMY BRACHIOCOPHALI	07/01/2008	$521.36	0.0%	0.0%	N	Referral Required
35495	TRANSLUMINAL PERIPHERAL ATHERECTOMY PERCUTAN TRUNK	07/01/2008	$478.64	0.0%	0.0%	N	Referral Required
35500	HARVEST OF UPPER EXTREMITY VEIN; 1 SEG.FOR LOWER EXTREMITY BYPASS PROC.-ADDON	07/01/2008	$294.05	0.0%	0.0%	N	Referral Required
35501	BYPASS GRAFT W/VEIN CAROTID	07/01/2008	$1,376.41	0.0%	0.0%	N	Referral Required
35506	CAROTID-SUBCLAVIAN BYPASS	07/01/2008	$1,197.56	0.0%	0.0%	N	Referral Required
35508	BYPASS GRAFT W/VEIN CAROTID-VERTEBRAL	07/01/2008	$1,228.70	0.0%	0.0%	N	Referral Required
35509	BYPASS GRAFT W/VEIN CAROTID-CAROTID	07/01/2008	$1,339.80	0.0%	0.0%	N	Referral Required
35511	SUBCLAVIAN-SUBCLAVIAN BYPASS	07/01/2008	$1,081.28	0.0%	0.0%	N	Referral Required
35512	BYPASS GRAFT W/ VEIN; COMMON CAROTIS-IPSILAT INTERNAL CAROTID SUBCLAV-BRACH	01/01/2004	$1,167.92	0.0%	0.0%	N	Referral Required
35515	BYPASS GRAFT W/VEIN SUBCLAVIAN-VERTEBRAL	07/01/2008	$1,231.37	0.0%	0.0%	N	Referral Required
35516	SUBCLAVIAN-AXILLARY BYPASS	07/01/2008	$1,091.04	0.0%	0.0%	N	Referral Required
35518	VEIN BYPASS AXILLARY-AXILLARY	07/01/2008	$1,086.79	0.0%	0.0%	N	Referral Required
35521	AXILLARY-FEMORAL-FEMORAL BYPAS	07/01/2008	$1,160.99	0.0%	0.0%	N	Referral Required
35522	BYPASS GRAFT, WITH VEIN; AXILLARY-BRACHIAL	07/01/2008	$1,099.80	0.0%	0.0%	N	Referral Required
35523	BYPASS GRAFT, WITH VEIN; BRACHIAL-ULNAR OR -RADIAL	01/01/2008	$1,153.15	0.0%	0.0%	N	Referral Required
35525	BYPASS GRAFT, WITH VEIN; BRACHIAL-BRACHIAL.	07/01/2008	$1,038.33	0.0%	0.0%	N	Referral Required
35526	AORTO-SUBCLAVIAN BYPASS	07/01/2008	$1,567.60	0.0%	0.0%	N	Referral Required
35531	AORTO-CELIAC BYPASS	07/01/2008	$1,839.24	0.0%	0.0%	N	Referral Required
35533	VEIN BYPASS AXILLARY-FEMORAL-FEMORAL	07/01/2008	$1,426.33	0.0%	0.0%	N	Referral Required
35535	HEPATORENAL	01/01/2009	$1,906.00	0.0%	0.0%	N	Referral Required
35536	SPLENO-RENAL BYPASS	07/01/2008	$1,589.66	0.0%	0.0%	N	Referral Required
35537	BYPASS GRAFT, WITH VEIN; AORTOILIAC	07/01/2008	$1,946.46	0.0%	0.0%	N	Referral Required
35538	BYPASS GRAFT, WITH VEIN; AORTOBI-ILIAC	07/01/2008	$2,174.13	0.0%	0.0%	N	Referral Required
35539	BYPASS GRAFT, WITH VEIN; AORTOFEMORAL	07/01/2008	$2,039.17	0.0%	0.0%	N	Referral Required
35540	BYPASS GRAFT, WITH VEIN; AORTOBIFEMORAL	07/01/2008	$2,273.50	0.0%	0.0%	N	Referral Required
35548	BYPASS GRAFT W/VEIN ARTOILIOFEMORAL, UNILATERAL	07/01/2008	$1,100.18	0.0%	0.0%	N	Referral Required
35549	BYPASS GRAFT W/VIEW AORTOILIOFEMORAL, BILATERAL	07/01/2008	$1,198.01	0.0%	0.0%	N	Referral Required
35551	AORTO-FEMORAL POPLITEAL BYPASS	07/01/2008	$1,349.44	0.0%	0.0%	N	Referral Required
35556	FEMORAL-POPLITEAL BYPASS	07/01/2008	$1,258.08	0.0%	0.0%	N	Referral Required
35558	FEMORAL-FEMORAL BYPASS	07/01/2008	$1,118.99	0.0%	0.0%	N	Referral Required
35560	VEIN BYPASS AORTORENAL	07/01/2008	$1,626.72	0.0%	0.0%	N	Referral Required
35563	VEIN BYPASS ILIOILIAC	07/01/2008	$1,262.48	0.0%	0.0%	N	Referral Required
35565	BYPASS GRAFT, VEIN, ILIOFEMORAL	07/01/2008	$1,206.80	0.0%	0.0%	N	Referral Required
35566	FEMORAL-TIBIAL BYPASS	07/01/2008	$1,507.79	0.0%	0.0%	N	Referral Required
35570	TIBIAL-TIBIAL, PERONEAL-TIBIAL, OR TIBIAL/PERONEAL TRUNK-TIBIAL	01/01/2009	$1,471.65	0.0%	0.0%	N	Referral Required
35571	BYPASS GRAFT-VEIN POPLITEAL-TIBAL/PERONEAL ARTERY	07/01/2008	$1,232.90	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
35572	HARVEST OF FEMOROPOPLITEAL VEIN ONE SEGMENT FOR VASCULAR RECON PROC (ADD-ON)	07/01/2008	$316.77	0.0%	0.0%	N	Referral Required
35583	IN SITU VEIN BYPASS, FEMORAL-POPLITEAL	07/01/2008	$1,300.27	0.0%	0.0%	N	Referral Required
35585	IN-SITU VEIN BYPASS, FEMORAL ANTERIOR/POSTE TIBIAL	07/01/2008	$1,529.76	0.0%	0.0%	N	Referral Required
35587	POPLITEAL TIBIAL PERCONEAL (IN-SITU)	07/01/2008	$1,274.87	0.0%	0.0%	N	Referral Required
35600	HARVEST UPPER EXTREMITY ARTERY, ONE SEGMENT FOR CORONARY ARTERY BYPASS	07/01/2008	$231.96	0.0%	0.0%	N	Referral Required
35601	BYPASS GRAFT, OTHER THAN VEIN	07/01/2008	$1,294.13	0.0%	0.0%	N	Referral Required
35606	CAROTID-SUBCLAVIAN BYPASS	07/01/2008	$1,073.60	0.0%	0.0%	N	Referral Required
35612	SUBCLAVIAN-SUBCLAVIAN BYPASS	07/01/2008	$836.95	0.0%	0.0%	N	Referral Required
35616	SUBCLAVIAN-AXILLARY BYPASS	07/01/2008	$1,025.12	0.0%	0.0%	N	Referral Required
35621	AXILLARY-FEMORAL BYPASS	07/01/2008	$1,016.22	0.0%	0.0%	N	Referral Required
35623	AXILLARY-POPLITEAL OR TIBIAL	07/01/2008	$1,246.81	0.0%	0.0%	N	Referral Required
35626	AORTO-SUBCLAVIAN BYPASS	07/01/2008	$1,423.69	0.0%	0.0%	N	Referral Required
35631	AORTO-CELIAC BYPASS	07/01/2008	$1,705.43	0.0%	0.0%	N	Referral Required
35632	ILIO-CELIAC	01/01/2009	$1,809.32	0.0%	0.0%	N	Referral Required
35633	ILIO-MESENTERIC	01/01/2009	$1,954.05	0.0%	0.0%	N	Referral Required
35634	ILIORENAL	01/01/2009	$1,770.66	0.0%	0.0%	N	Referral Required
35636	BYPASS W/OTHER-THAN VEIN SPLENORENAL	07/01/2008	$1,505.76	0.0%	0.0%	N	Referral Required
35637	BYPASS GRAFT OTHER-THAN VEIN-VERTEBRAL-CAROTID TRA	07/01/2008	$1,544.02	0.0%	0.0%	N	Referral Required
35638	BYPASS GRAFT OTHER-THAN VEIN VERTEBAL-SUBCLAVIAN T	07/01/2008	$1,568.50	0.0%	0.0%	N	Referral Required
35642	BYPASS GRAFT-OTHER THAN VEIN CAROTID-VERTEBRAL	07/01/2008	$924.23	0.0%	0.0%	N	Referral Required
35645	BYPASS GRAFT OTHER THAN VEIN SUBCLAVIAN-VERTEBRAL	07/01/2008	$933.96	0.0%	0.0%	N	Referral Required
35646	BYPASS GRAFT - AORTOFEMORAL	07/01/2008	$1,579.06	0.0%	0.0%	N	Referral Required
35647	BYPASS GRAFT W/OTHER THAN VEIN; AORTOFEMORAL	07/01/2008	$1,426.96	0.0%	0.0%	N	Referral Required
35650	BYPASS GRAFT-OTHER THAN VEIN AXILLARY-AXILLARY	07/01/2008	$980.41	0.0%	0.0%	N	Referral Required
35651	BYPASS GRAFT-OTHER THAN VEIN AORTOFEMORAL-POPLITEA	07/01/2008	$1,259.34	0.0%	0.0%	N	Referral Required
35654	BYPASS GRAFT OTHER THAN VEIN-AXILLARY-FEMORAL-FEMO	07/01/2008	$1,262.42	0.0%	0.0%	N	Referral Required
35656	FEMORAL-POPLITEAL BYPASS	07/01/2008	$994.94	0.0%	0.0%	N	Referral Required
35661	FEMORAL-FEMORAL BYPASS	07/01/2008	$996.71	0.0%	0.0%	N	Referral Required
35663	BYPASS GRAFT OTHER THAN VEIN-ILIOILIAC	07/01/2008	$1,155.80	0.0%	0.0%	N	Referral Required
35665	BYPASS GRAFT WITH OTHER THAN VEIN; ILIOFEMORAL	07/01/2008	$1,083.28	0.0%	0.0%	N	Referral Required
35666	FEMORAL-TIBIAL BYPASS	07/01/2008	$1,168.97	0.0%	0.0%	N	Referral Required
35671	BYPASS GRAFT OTHER THAN VEIN POPLITEAL-TIBIAL-PERO	07/01/2008	$1,028.96	0.0%	0.0%	N	Referral Required
35681	BYPASS GRAFT COMPOSITE-ADD ON	07/01/2008	$73.76	0.0%	0.0%	N	Referral Required
35682	BYPASS GRAFT AUTOGENOUS COMPOSITE; 2 SEG. OF VEINS FROM 2 LOC-ADD ON	07/01/2008	$328.77	0.0%	0.0%	N	Referral Required
35683	BYPASS GRAFT AUTOGENOUS COMPOS;3 MORE SEG VEIN FROM 2 OR MORE LOC-ADD ON	07/01/2008	$387.48	0.0%	0.0%	N	Referral Required
35685	BYPASS GRAFT PATENCY/VEIN PATCH, SYNTHETIC CONDUIT (ADD-ON)	07/01/2008	$185.00	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
35686	BYPASS GRAFT PATENCY/AV FISTULA, LOWER EXTREMITY (ADD-ON)	07/01/2008	$153.96	0.0%	0.0%	N	Referral Required
35691	TRANSPOSITION AND/OR REIMPLANTATION,VERTEBRAL CARO	07/01/2008	$903.22	0.0%	0.0%	N	Referral Required
35693	VERTEBRAL TO SUBCLAVIAN ARTERY	07/01/2008	$797.61	0.0%	0.0%	N	Referral Required
35694	SUBCLAVIAN TO CAROTID ARTERY	07/01/2008	$943.98	0.0%	0.0%	N	Referral Required
35695	CAROTID TO SUBCLAVIAN ARTERY	07/01/2008	$976.70	0.0%	0.0%	N	Referral Required
35697	REIMPLANTATION, VISCERAL ARTERY TO INFRARENAL AORTIC PROSTH, EA ARTERY	01/01/2008	$137.72	0.0%	0.0%	N	Referral Required
35700	REOPERATION,FEMORAL-POPLITEAL MORE THAN 1 MO AFTER-ADD ON	07/01/2008	$141.29	0.0%	0.0%	N	Referral Required
35701	EXPLORATION, CAROTID ARTERY	07/01/2008	$484.60	0.0%	0.0%	N	Referral Required
35721	EXPLORATION, FEMORAL ARTERY	07/01/2008	$414.50	0.0%	0.0%	N	Referral Required
35741	EXPLORATION, POPLITEAL ARTERY	07/01/2008	$452.16	0.0%	0.0%	N	Referral Required
35761	EXPLORATION W/WO LYSIS OF ARTERY; OTHER VESSELS	07/01/2008	$334.16	0.0%	0.0%	N	Referral Required
35800	EXPLORATION FOR POSTOP HEMORRAGE/THROMBOSIS, NECK	07/01/2008	$429.69	0.0%	0.0%	N	Referral Required
35820	EXPLORATION FOR POSTOP HEMORRAGE/THROMBOSIS, CHEST	07/01/2008	$1,607.18	0.0%	0.0%	N	Referral Required
35840	EXPLORATION FOR POSTOP HEMORRAGE/THROMBOSIS, ABDOM	07/01/2008	$558.50	0.0%	0.0%	N	Referral Required
35860	EXPLORATION FOR POSTOP HEMORRAGE/THROMBOSIS, EXTRE	07/01/2008	$364.11	0.0%	0.0%	N	Referral Required
35870	REPAIR OF GRAFT-ENTERIC FISTULA	07/01/2008	$1,170.70	0.0%	0.0%	N	Referral Required
35875	THROMBECTOMY AND/OR REPAIR ARTERIAL/VENOUS GRAFT.	07/01/2008	$541.87	0.0%	0.0%	N	Referral Required
35876	WITH REVISION OF ARTERIAL OR VENOUS GRAFT	07/01/2008	$865.16	0.0%	0.0%	N	Referral Required
35879	REVISION OF LOWER EXTREMITY ARTERIAL BYPASS GRAFT; W/ VEIN PATCH ANGIOPLASTY	07/01/2008	$850.98	0.0%	0.0%	N	Referral Required
35881	REVISION OF LOWER EXTREMITY ARTERIAL BYPASS GRAFT;W/SEGMENTAL VEIN INTERPOSITN	07/01/2008	$946.13	0.0%	0.0%	N	Referral Required
35883	REVISION, FEMORAL ANASTOMOSIS OF SYNTHETIC ARTERIAL BYPASS GRAFT IN GROIN, OPEN	07/01/2008	$1,118.27	0.0%	0.0%	N	Referral Required
35884	REVISION, FEMORAL ANASTOMOSIS OF SYNTHETIC ARTERIAL BYPASS GRAFT IN GROIN, OPEN	07/01/2008	$1,187.42	0.0%	0.0%	N	Referral Required
35901	EXCISION OF INFECTED GRAFT, NECK	07/01/2008	$457.94	0.0%	0.0%	N	Referral Required
35903	EXTREMITY	07/01/2008	$520.76	0.0%	0.0%	N	Referral Required
35905	THORAX	07/01/2008	$1,602.01	0.0%	0.0%	N	Referral Required
35907	ABDOMEN	07/01/2008	$1,757.57	0.0%	0.0%	N	Referral Required
36000	VENOGRAPHY INJECTION PROCEDURE	07/01/2008	$23.30	0.0%	0.0%	N	Referral Required
36002	INJECTION PROCEDURES PERCUTANEOUS TX OF EXTREMITY PSEUDOANEURYSM	07/01/2008	$154.21	0.0%	0.0%	N	Referral Required
36005	INJ PROCEDURE CONTRAST VENOGRAPHY INC INTRO OF NEE	07/01/2008	$301.86	0.0%	0.0%	N	Referral Required
36010	VENACAVA INJECTION PROCEDURE	07/01/2008	$592.78	0.0%	0.0%	N	Referral Required
36011	SELECT CATHETER PLACE, VENOUS SYSTEM 1ST ORDER BRA	07/01/2008	$902.38	0.0%	0.0%	N	Referral Required
36012	SELECT CATHETER PLACE, VENOUE SYSTEM 2ND ORDER SEL	07/01/2008	$776.34	0.0%	0.0%	N	Referral Required
36013	INTRO CATHETER R-HEART/MAIN PULMONARY ARTERY	07/01/2008	$759.27	0.0%	0.0%	N	Referral Required
36014	SELECT CATHETER PLACE L/R PULMONARY ARTERY	07/01/2008	$757.20	0.0%	0.0%	N	Referral Required
36015	SELECT CATHETER PLACE, EA SEGMENTAL OR SUBSEGMENTA	07/01/2008	$826.34	0.0%	0.0%	N	Referral Required
36100	ARTERIAL INJECTION PROCEDURE	07/01/2008	$495.29	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
36120	ARTERIAL INJECTION PROCEDURE	07/01/2008	$402.39	0.0%	0.0%	N	Referral Requirec
36140	EXTRMTY ARTERIOGRAPHY INJ PROC	07/01/2008	$458.49	0.0%	0.0%	N	Referral Requirec
36160	TRANSLUMBAR AORTIC INJECTION	07/01/2008	$507.22	0.0%	0.0%	N	Referral Requirec
36200	AORTOGRAPHY INJECTION PROCEDRE	07/01/2008	$609.68	0.0%	0.0%	N	Referral Requirec
36215	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM EA F	07/01/2008	$1,046.16	0.0%	0.0%	N	Referral Requirec
36216	SELECT CATHETER PLACE, ARTERIAL 2ND ORDER THORACIC	07/01/2008	$1,136.18	0.0%	0.0%	N	Referral Requirec
36217	SELECT CATHETER PLACE ARTERIAL 3RD ORDER THORACIC	07/01/2008	$1,910.61	0.0%	0.0%	N	Referral Requirec
36218	SELECT CATHETER PLACE ARTERIAL ADDITIONAL 2ND/3RD THORA-ADD ON	07/01/2008	$183.03	0.0%	0.0%	N	Referral Requirec
36245	SELECTIVE CATHETER PLACEMENT, ATERIAL SYSTEM; EACH	07/01/2008	$1,178.71	0.0%	0.0%	N	Referral Requirec
36246	SELECT CATHETER PLACE, ARTERIAL 2ND ORDER ABDOMINA	07/01/2008	$1,142.18	0.0%	0.0%	N	Referral Requirec
36247	SELECT CATHETER PLACE, ARTERIAL 3RD ORDER ABDOMINA	07/01/2008	$1,800.42	0.0%	0.0%	N	Referral Requirec
36248	SELECT CATHETER PLACE ARTERIAL ADDIT 2ND/3RD ABDOM-ADD ON	07/01/2008	$155.68	0.0%	0.0%	N	Referral Requirec
36260	INSERTION IMPLANTABLE INTRAVENOUS INFUSION PUMP	07/01/2008	$512.83	0.0%	0.0%	N	Referral Requirec
36261	REVISION IMPLANTED INTRA-ARTERIAL INFUSTION PUMP	07/01/2008	$311.68	0.0%	0.0%	N	Referral Requirec
36262	REMOVAL IMPLANTED INTRA-ARTERIAL INFUSION PUMP	07/01/2008	$237.34	0.0%	0.0%	N	Referral Requirec
36299	UNLISTED VASCULAR INJECTION	01/01/1976	$0.00	0.0%	0.0%	N	Referral Requirec
36400	VENIPUNCTURE	07/01/2008	$22.48	0.0%	0.0%	N	Referral Requirec
36405	VENIPUNCTURE	07/01/2008	$19.86	0.0%	0.0%	N	Referral Requirec
36406	VENIPUNCTURE UNDER 3 YRS OTHER VEIN	07/01/2008	$14.96	0.0%	0.0%	N	Referral Requirec
36410	VENIPUNCTURE	07/01/2008	$16.29	0.0%	0.0%	N	Referral Requirec
36415	ROUTINE VENIPUNCTURE FOR COLLECTION OF SPECIMEN(S)	01/01/2008	$3.00	0.0%	0.0%	N	
36416	COLLECTION OF CAPPILARY BLOOD SPECIMEN	07/01/2008	$3.00	0.0%	0.0%	N	
36420	VENIPUNCTURE	07/01/2008	$43.24	0.0%	0.0%	N	Referral Requirec
36425	VENIPUNCTURE	07/01/2008	$33.67	0.0%	0.0%	N	Referral Requirec
36430	TRANSFUSION BLOOD OR BLOOD COMPONENT	07/01/2008	$33.51	0.0%	0.0%	N	Referral Requirec
36440	TRANSFUSION, BLOOD	07/01/2008	$45.57	0.0%	0.0%	N	Referral Requirec
36450	EXCHANGE TRANSFUSION	07/01/2008	$103.34	0.0%	0.0%	N	Referral Requirec
36455	EXCHANGE TRANSFUSION OTHER THAN NEWBORN	07/01/2008	$112.39	0.0%	0.0%	N	Referral Requirec
36460	FETAL TRANSFUSION	07/01/2008	$303.30	0.0%	0.0%	N	Referral Requirec
36468	SINGLE OR MULT INJECT OF SCLEROS SOL TELANGIECTASI	07/01/2008	$27.00	0.0%	0.0%	N	Referral Requirec
36469	SINGLE OR MULT INJECT OF SCLEROS SOL TELANGIECTASI	07/01/2008	$54.03	0.0%	0.0%	N	Referral Requirec
36470	SCLEROSING SOLUTION, SINGLE VEIN	07/01/2008	$123.93	0.0%	0.0%	Y	Referral Requirec
36471	MULTIPLE VEINS, SAME LEG	07/01/2008	$151.41	0.0%	0.0%	Y	Referral Requirec
36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCL IMAG GUIDANCE	07/01/2008	$1,687.20	0.0%	0.0%	Y	Referral Requirec
36476	ENDOVENOUS ABLATION THERAPY INCOMP VEIN, EXTREM, 2ND & SUBSEQUENT (ADD-ON)	07/01/2008	$350.81	0.0%	0.0%	Y	Referral Requirec
36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY; 1ST VEIN	07/01/2008	$1,463.66	0.0%	0.0%	Y	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
36479	INCOMPENTENT VEIN, EXTREMITY, INCL OF ALL IMAGING GUIDANCE AND MONITORING, EACH	07/01/2008	$356.48	0.0%	0.0%	Y	Referral Required
36481	PERCUTANEOUS PORTAL VEIN CATHETERIZATION ANY METHO	07/01/2008	$327.45	0.0%	0.0%	N	Referral Required
36500	ABDOMINAL VENOGRAPHY INJECTION	07/01/2008	$165.20	0.0%	0.0%	N	Referral Required
36510	UMBILICAL VEIN CATHETERIZATION	07/01/2008	$121.21	0.0%	0.0%	N	Referral Required
36511	THERAPEUTIC APHERESIS FOR WHITE BLOOD CELLS	07/01/2008	$81.48	0.0%	0.0%	N	Referral Required
36512	THERAPEUTIC APHERESIS FOR RED BLOOD CELLS	07/01/2008	$82.15	0.0%	0.0%	N	Referral Required
36513	THERAPEUTIC APHERESIS FOR PLATELETS	07/01/2008	$82.86	0.0%	0.0%	N	Referral Required
36514	THERAPEUTIC APHERESIS FOR PLASMA PHRESIS	07/01/2008	$518.22	0.0%	0.0%	N	Referral Required
36515	THERAPEUTIC APHERESIS WITH EXTRACORPREAL IMMUNOADSORPTION / PLASMA REINFUSION	07/01/2008	$1,925.86	0.0%	0.0%	N	Referral Required
36516	THERAPEUTIC APHERESIS WITH EXTRACORPOREAL SELECTIVE ABSORPTION OR FILTRATION	07/01/2008	$2,272.67	0.0%	0.0%	N	Referral Required
36522	PHOTOPHERESIS EXTRA CORPOREAL	07/01/2008	$1,223.54	0.0%	0.0%	N	Referral Required
36555	INSERTION/NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATH; UNDER 5 YRS-(SP)	07/01/2008	$251.46	0.0%	0.0%	N	Referral Required
36556	INSERTION OF NON TUNNELED CNTRLY INSRTD VENOUS CATH; 5 YRS OF AGE OR OLDER-(SP)	07/01/2008	$228.87	0.0%	0.0%	N	Referral Required
36557	INSRTN OF TUNNELED CNTRLY INSRTD VENUS CATH; W/O SUBCU PORT OR PUMP; UNDER 5 YRS	07/01/2008	$787.14	0.0%	0.0%	N	Referral Required
36558	INSRTN OF TUNLD CNTRLY INSRTD VEN CATH; W/O SUB PORT OR PUMP; 5 YRS OR OLDER	07/01/2008	$771.23	0.0%	0.0%	N	Referral Required
36560	INSERTION OF TUNLD CNTRLY INSRTD VENUS CATH; W/ SUBCU PORT; UNDER 5 YRS	07/01/2008	$1,071.84	0.0%	0.0%	N	Referral Required
36561	INSRTN OF TUNNELED CNTRLY INSRTD VENOUS CATH; W/ SUBCU PORT; 5 YRS OR OLDER	07/01/2008	$1,077.80	0.0%	0.0%	N	Referral Required
36563	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAK ACCESS DEVISE W/ SUBCU PUMP	07/01/2008	$1,056.44	0.0%	0.0%	N	Referral Required
36565	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL ACCESS DEVICE	07/01/2008	$916.99	0.0%	0.0%	N	Referral Required
36566	INSRTN OF TUNNLD CNTRLY INSRTD ACCESS DEVICE, REQ 2 CATH VIA 2 SEP SITES	07/01/2008	$2,522.22	0.0%	0.0%	N	Referral Required
36568	INSERTION OF PICC W/O SUBCUTANEOUS PORT OR PUMP; UNDER 5 YRS-(SP)	07/01/2008	$290.00	0.0%	0.0%	N	Referral Required
36569	INSERTION OF PICC W/O SUBCUTANEOUS PORT OF PUMP; 5 YRS OR OLDER- (SP)	07/01/2008	$261.74	0.0%	0.0%	N	Referral Required
36570	INSERTION OF PICC WITH SUBCUTANEOUS PORT; UNDER 5 YRS OF AGE	07/01/2008	$1,097.66	0.0%	0.0%	N	Referral Required
36571	INSERTION OF PICC WITH SUBCUTANEOUS PORT; 5 YEARS OF AGE OR OLDER	07/01/2008	$1,153.33	0.0%	0.0%	N	Referral Required
36575	REPAIR OF TUNLD OR NON TUNLD CNTRL VENUS ACESS CATH W/O SUBCU PRT OR PUMP	07/01/2008	$149.06	0.0%	0.0%	N	Referral Required
36576	REPAIR OF CNTRL VENUS CATH W/ SUBCU PORT OR PUMP CNTRL OR PERIPHRL INSRTN SITE	07/01/2008	$325.94	0.0%	0.0%	N	Referral Required
36578	REPLACEMENT CATH ONLY, OF CNTRL VENUS DEVICE W SUBCU PORT, PUMP OR PERI SITE	07/01/2008	$460.29	0.0%	0.0%	N	Referral Required
36580	REPLACEMENT COMPLETE/NON TUNLD CNTRLY INSRTD VENUS CATH W/O SUBCU PORT-(SP)	07/01/2008	$229.25	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
36581	REPLACEMENT COMPLETE, OF TUNLD CNTRLY INSRT VEN CATH W/O SUBCU PORT OR PUMP	07/01/2008	$703.61	0.0%	0.0%	N	Referral Required
36582	REPLACEMENT COMPLT, TUNNELED CNTRLY INSRTD VENUS ACCESS DEVICE W/O SUBCU PORT	07/01/2008	$972.17	0.0%	0.0%	N	Referral Required
36583	REPLACEMNT COMPLT TUNNELED CNTRLY INSRTD CNTRL VNUS ACCESS DEVICE W/O SUBCU	07/01/2008	$974.70	0.0%	0.0%	N	Referral Required
36584	REPLCMNT COMPLT, PICC W/O SUBCUTANEOUS PORT OR PUMP THRU SM VENUS ACCESS-(SP)	07/01/2008	$226.49	0.0%	0.0%	N	Referral Required
36585	REPLACEMENT COMPLETE, PICC W/ SUBCUTANEOUS PORT THRU SAME VENOUS ACCESS	07/01/2008	$1,005.89	0.0%	0.0%	N	Referral Required
36589	REMOVAL OF TUNNELED CNTRL VENOUS CATH W/O SUBCUTANEOUS PORT OR PUMP	07/01/2008	$149.14	0.0%	0.0%	N	Referral Required
36590	REMOVAL OF TUNLD CNTRL VENOUS ACCESS DEVICE W/ SUBCU PORT OR PUMP OR PERI INSR	07/01/2008	$236.37	0.0%	0.0%	N	Referral Required
36591	COLLECTION OF BLOOD SPECIMEN FROM A COMPLY IMPLANTABLE VENOUS ACC DEVICE- (SP)	01/01/2008	$18.21	0.0%	0.0%	N	Referral Required
36592	COLLECTION OF BLOOD SPECIMEN USING ESTABL CENT/PERIPHERAL CATHETER, VENOUS-(SP)	01/01/2008	$22.54	0.0%	0.0%	N	Referral Required
36593	DECLOTTING BY THROMBOLYTIC AGENT OF IMPL VASCULAR ACCESS DEVICE/CATHETER-(SP)	01/01/2008	$27.06	0.0%	0.0%	N	Referral Required
36595	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL	07/01/2008	$593.12	0.0%	0.0%	N	Referral Required
36596	INSERTION OF NON TUNNELED CNTRLY INSERTED CNTRL VENOUS CATH; UNDER 5 YRS OF AGE	07/01/2008	$130.52	0.0%	0.0%	N	Referral Required
36597	REPOSITIONING OF PREV PLACED CNTRL VENOUS CATH UNDER FLOROSCOPIC GUIDANCE	07/01/2008	$116.15	0.0%	0.0%	N	Referral Required
36598	CONTRAST INJECTIONS FOR RADIOLOGICAL EVAL, INCL FLUOROSCOPY DOCO AND REPORT	07/01/2008	$106.78	0.0%	0.0%	N	Referral Required
36600	ARTERIAL PUNCTURE	07/01/2008	$27.39	0.0%	0.0%	N	Referral Required
36620	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITOR OR TRANS.-(SP)	07/01/2008	$46.14	0.0%	0.0%	N	Referral Required
36625	ARTERIAL CATHETERIZATION SEPARATE PROCEDURE (SP)	07/01/2008	$93.14	0.0%	0.0%	N	Referral Required
36640	ARTERIAL CATHETERIZATION PROLONGED INFUSION THERAP	07/01/2008	$106.82	0.0%	0.0%	N	Referral Required
36660	CATHETERIZATION, UMBILICAL ARTERY, NEWBORN, FOR DIAGNOSIS OR THERAPY	07/01/2008	$63.53	0.0%	0.0%	N	Referral Required
36680	PLACEMENT OF NEEDLE FOR INTRASSEOUS INFUSION	07/01/2008	$55.48	0.0%	0.0%	N	Referral Required
36800	INSERT CANNULA FOR HEMODIALYSIS, VEIN TO VEIN	07/01/2008	$141.99	0.0%	0.0%	N	Referral Required
36810	ARTERIOVENOUS CANNULIZATION	07/01/2008	$191.54	0.0%	0.0%	N	Referral Required
36815	ARTERIOVENOUS EXTERNAL REVISION OR CLOSURE	07/01/2008	$131.35	0.0%	0.0%	N	Referral Required
36818	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRANSPOSITION	07/01/2008	$607.78	0.0%	0.0%	N	Referral Required
36819	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY BASILIC VEIN TRANSPOSITION	07/01/2008	$711.73	0.0%	0.0%	N	Referral Required
36820	ANASTOMOSIS, FOREARM VEIN TRANSPOSITION	07/01/2008	$713.88	0.0%	0.0%	N	Referral Required
36821	ARTERIOVENOUS ANASTOMOSIS	07/01/2008	$473.87	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
36822	INSERT CANNULA PROLONGED EXTRACORPOREAL CIRCULATIO	07/01/2008	$335.23	0.0%	0.0%	N	Referral Required
36823	INSERTION OF ARTERIAL & VENOUS CANNULA(S) WITH REMOVAL AND REPAIR	07/01/2008	$1,121.20	0.0%	0.0%	N	Referral Required
36825	ARTERIOVENOUS FISTULA	07/01/2008	$516.07	0.0%	0.0%	N	Referral Required
36830	ARTERIOVENOUS FISTULA	07/01/2008	$590.34	0.0%	0.0%	N	Referral Required
36831	THROMBECTOMY ARTERIOVERNOUS FISTULA WITHOUT REVISION	07/01/2008	$408.38	0.0%	0.0%	N	Referral Required
36832	REVISION OF ART FISTULA WITH OR W/O AUTOG GRAFT	07/01/2008	$520.86	0.0%	0.0%	N	Referral Required
36833	REVISION ARTERIOVENOUS FISTULA WITH THROMBECTOMY	07/01/2008	$587.57	0.0%	0.0%	N	Referral Required
36835	THOMAS SHUNT	07/01/2008	$402.21	0.0%	0.0%	N	Referral Required
36838	DISTAL REVASCULARIZATION & INTERVAL LIGATION , UPPER EXTREMITY HEMODIALYSIS ACC	01/01/2008	$1,087.83	0.0%	0.0%	N	Referral Required
36860	CANNULA DECLOTTING WO/BALLOON CATHETER	07/01/2008	$155.25	0.0%	0.0%	N	Referral Required
36861	CANNULA DECLOTTING W/BALLOON CATHETER	07/01/2008	$134.74	0.0%	0.0%	N	Referral Required
36870	THROMBECTOMY, PERCUTANEOUS, ARTERIOVENOUS FISTULA, AUTO/NONAUTO GRAFT	07/01/2008	$1,744.93	0.0%	0.0%	N	Referral Required
37140	PORTO-CAVAL ANASTOMOSIS	07/01/2008	$1,204.92	0.0%	0.0%	N	Referral Required
37145	ANASTOMOSIS RENOPORTAL	07/01/2008	$1,294.13	0.0%	0.0%	N	Referral Required
37160	CAVAL-MESENTERIC ANASTOMOSIS	07/01/2008	$1,116.47	0.0%	0.0%	N	Referral Required
37180	SPLENO-RENAL ANASTOMOSIS	07/01/2008	$1,266.81	0.0%	0.0%	N	Referral Required
37181	ANASTOMOSIS; SPLENORENAL,DISTAL(SELECTIVE DECOMP.)	07/01/2008	$1,343.90	0.0%	0.0%	N	Referral Required
37182	INSERTION OF TRANSVENOUS INTRAHEPATIC	07/01/2008	$794.92	0.0%	0.0%	N	Referral Required
37183	REVISION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT	07/01/2008	$378.84	0.0%	0.0%	N	Referral Required
37184	PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, INITIAL VESSEL	07/01/2008	$2,331.62	0.0%	0.0%	N	Referral Required
37185	PRIM PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY,2ND/SUBSEQ, ADD-ON	07/01/2008	$769.68	0.0%	0.0%	N	Referral Required
37186	SECONDARY PERCUTANEOUS TRANSLUMINAL THROMBECTOMY,ADD-ON	07/01/2008	$1,578.31	0.0%	0.0%	N	Referral Required
37187	PERCUTANEOUS TRANSLUMINAL MECHANICALTHROMBECTOMY, INCL FLUOROSCOPIC GUIDANCE	07/01/2008	$2,255.82	0.0%	0.0%	N	Referral Required
37188	PERCUTANEOUS TRANSLUMINAL MECHANICALTHROMBECTOMY, REPEAT TREATMENT/SAME DAY	07/01/2008	$1,938.23	0.0%	0.0%	N	Referral Required
37195	THROMBOLYSIS; CEREBRAL, BY INTRAVENOUS INFUSION	07/01/2008	$279.89	0.0%	0.0%	N	Referral Required
37200	TRANSCATHETER BIOPSY	07/01/2008	$210.59	0.0%	0.0%	N	Referral Required
37201	TRANSCATHETER THERAPY, INFUSION FOR THROMBOLYSIS	07/01/2008	$254.89	0.0%	0.0%	N	Referral Required
37202	TRANSCATHETER THERAPY INFUSION OTHER THAN THROMBOL	07/01/2008	$304.67	0.0%	0.0%	N	Referral Required
37203	TRANSCATHETER RETRIEVAL INTRAVASULAR FOREIGN BOD	07/01/2008	$1,225.51	0.0%	0.0%	N	Referral Required
37204	EMBOLIZATION, NONCENTRAL NERV SYS, NON HEAD OR NEC	07/01/2008	$838.19	0.0%	0.0%	N	Referral Required
37205	TRANSCATHETER PLACEMENT INTRAVASCULAR STENTS EXCEPT CORONARY CAROTID VERTEBRAL	07/01/2008	$2,165.77	0.0%	0.0%	N	Referral Required
37206	TRANSCATHETER PLACE INTRAVASCULAR STENT EA ADD VES-ADD ON	07/01/2008	$1,277.88	0.0%	0.0%	N	Referral Required
37207	TRANSCATH PLACE INTRAVASCULAR STENT OPEN INIT VESS	07/01/2008	$391.97	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
37208	TRANSCATA PLACE INTRAVASCULAR STENT OPEN EA ADD VE-ADD ON	07/01/2008	$189.19	0.0%	0.0%	N	Referral Requirec
37209	EXCHANGE ARTERIAL CATHETER DURING THERAPY	07/01/2008	$104.05	0.0%	0.0%	N	Referral Requirec
37210	UTERINE FIBROID EMBOLIZATION (TO TREAT UTERINE FIBROIDS, LEIOMYOMATA)	07/01/2008	$3,146.35	0.0%	0.0%	N	Referral Requirec
37215	INTRAVASCULAR STENTS(S), CERVICAL CAROTID ARTERY, PERC; WITH DISTAL EMBOLIC	07/01/2008	$995.00	0.0%	0.0%	N	Referral Requirec
37216	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVIAL CAROTID ARTERY	07/01/2008	$1,082.96	0.0%	0.0%	N	Referral Requirec
37250	INTRAVASCULAR ULTRASOUND DURING TX; INITIAL VESSEL-ADD ON	07/01/2008	$99.82	0.0%	0.0%	N	Referral Requirec
37251	INTRAVASCULAR ULTRASOUND DURING TX-EA.ADD.VESSEL-ADD ON	07/01/2008	$74.67	0.0%	0.0%	N	Referral Requirec
37500	VASCULAR ENDOSCOPY SURGICAL WITH LIGATION OF PERFORATOR VEINS SUBFASCIAL	07/01/2008	$619.81	0.0%	0.0%	N	Referral Requirec
37501	UNLISTED VASCULAR ENDOSCOPY PROCEDURE	01/01/2003	$0.00	0.0%	0.0%	N	Referral Requirec
37565	LIGATION OF INTERNAL JUGULAR VEIN	07/01/2008	$606.26	0.0%	0.0%	N	Referral Requirec
37600	LIGATION, CAROTID	07/01/2008	$633.70	0.0%	0.0%	N	Referral Requirec
37605	LIGATION, CAROTID	07/01/2008	$720.17	0.0%	0.0%	N	Referral Requirec
37606	LIGATION INTERNAL CAROTID ARTERY W/GRADUAL OCCLUSI	07/01/2008	$473.08	0.0%	0.0%	N	Referral Requirec
37607	LIGATION OR BANDING OF ANGIOACCESS ARTERIOVENOUS FISTULA	07/01/2008	$333.53	0.0%	0.0%	N	Referral Requirec
37609	LIGATION OR BIOPSY TEMPORAL ARTERY	07/01/2008	$253.30	0.0%	0.0%	N	Referral Requirec
37615	LIGATION MAJOR ARTERY; NECK	07/01/2008	$408.73	0.0%	0.0%	N	Referral Requirec
37616	LIGATION MAJOR ARTERY; CHEST	07/01/2008	$945.01	0.0%	0.0%	N	Referral Requirec
37617	LIGATION MAJOR ARTERY; ABDOMEN	07/01/2008	$1,136.60	0.0%	0.0%	N	Referral Requirec
37618	LIGATION MAJOR ARTERY; EXTREMITY	07/01/2008	$328.78	0.0%	0.0%	N	Referral Requirec
37620	INTERRUPTION PARTIAL/COMPLETE OF INFERIOR VENA CAVA BY SUTURE/LIGATION/PLACATION	07/01/2008	$588.94	0.0%	0.0%	N	Referral Requirec
37650	INTERRUPTION PART/COMP OF FEMORAL VEIN BY LIGATURE	07/01/2008	$450.26	0.0%	0.0%	N	Referral Requirec
37660	INTERRUPTION, PARTIAL OR COMPLETE OF ILIAC VEIN	07/01/2008	$1,069.94	0.0%	0.0%	N	Referral Requirec
37700	LIGATION & DIVISION, VEINS	07/01/2008	$222.57	0.0%	0.0%	Y	Referral Requirec
37718	LIGATION, DIVISION, AND STRIPPING, SHORT SAPHENOUS VEIN	07/01/2008	$364.97	0.0%	0.0%	Y	Referral Requirec
37722	LIGATION, DIVIDE/STRIP SAPHENOUS VEINS. SAPHENOFEMORAL JUNCTION TO KNEE OR BELOW	07/01/2008	$422.68	0.0%	0.0%	Y	Referral Requirec
37726	REPAIR OF PULMONARY VENOUS STENOSIS	07/01/2008	$1,886.13	0.0%	0.0%	N	Referral Requirec
37735	UNILATERAL LIGATION DIVISION & COMPLETE STRIPPING	07/01/2008	$560.93	0.0%	0.0%	Y	Referral Requirec
37760	STRIPPING, SUBFASCIAL, RADICAL	07/01/2008	$549.64	0.0%	0.0%	Y	Referral Requirec
37765	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISIONS	07/01/2008	$401.55	0.0%	0.0%	N	Referral Requirec
37766	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISIONS	07/01/2008	$488.41	0.0%	0.0%	N	Referral Requirec
37780	LIGATION & DIVISION, VEINS	07/01/2008	$227.38	0.0%	0.0%	Y	Referral Requirec
37785	VARICOSE VEINS, LIGTN & EXCSN	07/01/2008	$308.98	0.0%	0.0%	Y	Referral Requirec
37790	PENILE VENOUS OCCLUSIVE PROCEEDURE	07/01/2008	$450.75	0.0%	0.0%	N	Referral Requirec
37799	UNLISTED PROCEDURE, VASCULAR SURGERY	01/01/1976	$0.00	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
38100	SPLENECTOMY	07/01/2008	$906.96	0.0%	0.0%	N	Referral Requirec
38101	SPLENECTOMY, PARTIAL	07/01/2008	$916.44	0.0%	0.0%	N	Referral Requirec
38102	TOTAL, EN BLOC FOR EXTENSIVE DISEASE-ADD ON	07/01/2008	$220.44	0.0%	0.0%	N	Referral Requirec
38115	REPAIR OF RUPTURED SPLEEN W/WO PARTIAL SPLENECTOMY	07/01/2008	$1,005.96	0.0%	0.0%	N	Referral Requirec
38120	LAPAROSCOPY, SURGICAL, SPLENECTOMY	07/01/2008	$850.76	0.0%	0.0%	N	Referral Requirec
38129	UNLISTED LAPAROSCOPY PROCEDURE, SPLEEN	01/01/2000	$0.00	0.0%	0.0%	N	Referral Requirec
38200	SPLENOPORTOGRAPHY, INJ PRO	07/01/2008	$124.06	0.0%	0.0%	N	Referral Requirec
38204	MANAGEMENT OF RECIPIENT HEMATOPOIETIC PROGENITOR CELL DONOR SEARCH & CELL ACQUIS	01/01/2003	$0.00	0.0%	0.0%	N	Referral Requirec
38205	BLOOD DERIVED HEMOTOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION	07/01/2008	$71.63	0.0%	0.0%	N	Referral Requirec
38206	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANT; AUTOLOGOU	07/01/2008	$71.96	0.0%	0.0%	N	Referral Requirec
38220	BONE MARROW ASPIRATION	07/01/2008	$143.90	0.0%	0.0%	N	Referral Requirec
38221	BONE MARROW BIOPSY NEEDLE OF TROCARE	07/01/2008	$159.52	0.0%	0.0%	N	Referral Requirec
38230	BONE MARROW HARVESTING FOR TRANSPLANATATION	07/01/2008	$276.35	0.0%	0.0%	N	Referral Requirec
38240	BONE MARROW TRANSPLANTATION; ALLOGENIC	07/01/2008	$109.82	0.0%	0.0%	Y	Referral Requirec
38241	BONE MARROW TRANSPLANTATION; AUTOLOGUS	07/01/2008	$110.16	0.0%	0.0%	Y	Referral Requirec
38242	BONE MARROW/STEM CELL TRANSPLANTATION; ALLOGENIC DONOR LYMPHOCYTE INFUSIONS	07/01/2008	$83.39	0.0%	0.0%	Y	Referral Requirec
38300	DRAINAGE, LYMPHADENITIS	07/01/2008	$223.45	0.0%	0.0%	N	Referral Requirec
38305	DRAINAGE LYMPHADENITIS EXTENSIVE	07/01/2008	$380.65	0.0%	0.0%	N	Referral Requirec
38308	LYMPHANGIOTOMY OR OTHER OPERATIONS ON LYMPHATIC	07/01/2008	$363.49	0.0%	0.0%	N	Referral Requirec
38380	LIGATION, THORACIC DUCT	07/01/2008	$472.82	0.0%	0.0%	N	Referral Requirec
38381	LIGATION, THORACIC DUCT	07/01/2008	$698.19	0.0%	0.0%	N	Referral Requirec
38382	SUTURE/LIGATION THORACIC DUCT ABDOMINAL APPROACH	07/01/2008	$565.61	0.0%	0.0%	N	Referral Requirec
38474	PERCUTANEOUS ANGIOPLASTY FEMORAL-POPLITEAL	07/01/2008	$637.50	0.0%	0.0%	N	Referral Requirec
38500	BIOPSY, LYMPH NODE	07/01/2008	$259.51	0.0%	0.0%	N	Referral Requirec
38505	BX OR EXC LYMPH NODE BY NEEDLE SUPERFICIAL	07/01/2008	$109.20	0.0%	0.0%	N	Referral Requirec
38510	BIOPSY, LYMPH NODE	07/01/2008	$420.55	0.0%	0.0%	N	Referral Requirec
38520	BIOPSY, LYMPH NODE	07/01/2008	$379.21	0.0%	0.0%	N	Referral Requirec
38525	DEEP AXILLARY NODE	07/01/2008	$340.91	0.0%	0.0%	N	Referral Requirec
38530	BIOPSY, LYMPH NODE	07/01/2008	$440.35	0.0%	0.0%	N	Referral Requirec
38542	DISSECTION DEEP JUGULAR NODES	07/01/2008	$355.99	0.0%	0.0%	N	Referral Requirec
38550	EXCISION, CYSTIC HYGROMA	07/01/2008	$388.17	0.0%	0.0%	N	Referral Requirec
38555	EXCISION, CYSTIC HYGROMA	07/01/2008	$817.32	0.0%	0.0%	N	Referral Requirec
38562	LIMITED LYMPHADENECTOMY FOR STAGING-PELVIC	07/01/2008	$581.76	0.0%	0.0%	N	Referral Requirec
38564	LIMITED LYMPHADENECTOMY FOR STAGING RETROPERITONEA	07/01/2008	$578.22	0.0%	0.0%	N	Referral Requirec
38570	LAPAROSCOPY RETROPERITONEAL LYMPH NODE BIOPSY; SINGLE OR MULTIPLE	07/01/2008	$466.15	0.0%	0.0%	N	Referral Requirec
38571	LAPAROSCOPY PELVIC LYPMHADENECTOMY	07/01/2008	$722.27	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
38572	LAPAROSCOPY PELVIC LYMPHADENECTOMY WITH BIOPSY	07/01/2008	$819.17	0.0%	0.0%	N	Referral Required
38589	LAPAROSCOPY UNLISTED LYMPHATIC PROCEDURE	01/01/2000	$0.00	0.0%	0.0%	N	Referral Required
38700	LYMPHADENECTOMY	07/01/2008	$652.01	0.0%	0.0%	N	Referral Required
38720	LYMPHADENECTOMY	07/01/2008	$1,077.42	0.0%	0.0%	N	Referral Required
38724	CERVIAL LYMPHADENECTOMY MODIFIED RADICAL NECK	07/01/2008	$1,166.33	0.0%	0.0%	N	Referral Required
38740	AXILLARY LYMPHADENECTOMY, SUPERFICIAL	07/01/2008	$545.55	0.0%	0.0%	N	Referral Required
38745	LYMPHADENECTOMY	07/01/2008	$695.03	0.0%	0.0%	N	Referral Required
38746	THORACIC LYMPHADENECTOMY,REGIONAL,INCLUD MEDIASTIN-ADD ON	07/01/2008	$227.87	0.0%	0.0%	N	Referral Required
38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL-ADD ON	07/01/2008	$225.01	0.0%	0.0%	N	Referral Required
38760	LYMPHADENECTOMY	07/01/2008	$686.08	0.0%	0.0%	N	Referral Required
38765	LYMPHADENECTOMY	07/01/2008	$1,064.00	0.0%	0.0%	N	Referral Required
38770	LYMPHADENECTOMY	07/01/2008	$703.37	0.0%	0.0%	N	Referral Required
38780	LYMPHADENECTOMY	07/01/2008	$894.73	0.0%	0.0%	N	Referral Required
38790	LYMPHANGIOGRAPHY, INJ PRO	07/01/2008	$70.92	0.0%	0.0%	N	Referral Required
38792	INJECTION PROCEDURE FOR IDENTIFICATION OF SENTINEL NODE	07/01/2008	$34.01	0.0%	0.0%	N	Referral Required
38794	CANNULATION, THORACIC DUCT	07/01/2008	$267.73	0.0%	0.0%	N	Referral Required
38999	UNLISTED PROCEDURE, HEMIC OR LYMPHATIC SYSTEM	09/01/1982	$0.00	0.0%	0.0%	N	Referral Required
39000	MEDTASTINOTOMY W/EXPLORATION DRAINAGE REMOVAL FB	07/01/2008	$417.13	0.0%	0.0%	N	Referral Required
39010	MEDIASTINOTOMY	07/01/2008	$704.59	0.0%	0.0%	N	Referral Required
39200	EXCISION, CYST, MEDIASTINAL	07/01/2008	$772.14	0.0%	0.0%	N	Referral Required
39220	EXCISION, TUMOR, MEDIASTINAL	07/01/2008	$989.64	0.0%	0.0%	N	Referral Required
39400	MEDIASTINOSCOPY	07/01/2008	$433.89	0.0%	0.0%	N	Referral Required
39499	UNLISTED MEDIASTINUM PROC	01/01/1976	$0.00	0.0%	0.0%	N	Referral Required
39501	REPAIR LACERATION OF DIAPHRAGM	07/01/2008	$704.56	0.0%	0.0%	N	Referral Required
39502	REPAIR PARAESOPHAGEAL HIATUS HERNIA TRANSABDOMINAL	07/01/2008	$843.75	0.0%	0.0%	N	Referral Required
39503	REPAIR NEONATAL DIAPHRAGMATIC HERNIA,INCL CHEST TU	07/01/2008	$4,867.91	0.0%	0.0%	N	Referral Required
39520	REPAIR, ESOPHAGEAL HERNIA	07/01/2008	$847.81	0.0%	0.0%	N	Referral Required
39530	REPAIR, ESOPHAGEAL HERNIA	07/01/2008	$806.94	0.0%	0.0%	N	Referral Required
39531	COMBINED, THORACOABDOMINAC,/W DILATION STRICTURE	07/01/2008	$852.94	0.0%	0.0%	N	Referral Required
39540	REPAIR DIAPHRAGMATIC HERNIA TRAMATIC ACUTE	07/01/2008	$719.88	0.0%	0.0%	N	Referral Required
39541	REPAIR DIAPHRAGMATIC HERNIA CHRONIC	07/01/2008	$773.55	0.0%	0.0%	N	Referral Required
39545	IMBRICATION DIAPHRAGM	07/01/2008	$765.63	0.0%	0.0%	N	Referral Required
39560	RESECTION, DIAPHRAGM; WITH SIMPLE REPAIR	07/01/2008	$662.08	0.0%	0.0%	N	Referral Required
39561	RESECTION, DIAPHRAGM; WITH COMPLEX REPAIR	07/01/2008	$1,020.28	0.0%	0.0%	N	Referral Required
39599	UNLISTED DIAPHRAGM PROC	01/01/1976	$0.00	0.0%	0.0%	N	Referral Required
40490	BIOPSY, LIP	07/01/2008	$103.43	0.0%	0.0%	N	Referral Required
40500	VERMILIONECTOMY	07/01/2008	$400.00	0.0%	0.0%	N	Referral Required
40510	RESECTION, LIP	07/01/2008	$391.03	0.0%	0.0%	N	Referral Required
40520	EXCISION, LIP	07/01/2008	$410.52	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
40525	LIP FULL-THICKNESS RECONSTRUCTION W/LOCAL FLAP	07/01/2008	$465.55	0.0%	0.0%	N	Referral Requirec
40527	LIP-FULL THICKNESS RECONSTRUCT W/CROSS LIP FLAP	07/01/2008	$552.19	0.0%	0.0%	N	Referral Requirec
40530	RESECTION, LIP	07/01/2008	$450.20	0.0%	0.0%	N	Referral Requirec
40650	LIP REPAIR-FULL THICKNESS VERMILION ONLY	07/01/2008	$344.22	0.0%	0.0%	N	Referral Requirec
40652	REPAIR LIP UP TO HALF VERTICAL HEIGHT	07/01/2008	$404.86	0.0%	0.0%	N	Referral Requirec
40654	REPAIR LIP OVER 1/2 VERTICAL HEIGHT COMPLEX	07/01/2008	$470.17	0.0%	0.0%	N	Referral Requirec
40700	PLASTIC REPAIR, LIP	07/01/2008	$782.50	0.0%	0.0%	N	Referral Requirec
40701	PLASTIC REPAIR, LIP	07/01/2008	$922.36	0.0%	0.0%	N	Referral Requirec
40702	PLASTIC REPAIR, LIP	07/01/2008	$730.63	0.0%	0.0%	N	Referral Requirec
40720	PLASTIC REPAIR, LIP	07/01/2008	$845.76	0.0%	0.0%	N	Referral Requirec
40761	PLASTIC REPAIR CLEFT LIP-W/CROSS LIP PEDICLE FLAP	07/01/2008	$889.94	0.0%	0.0%	N	Referral Requirec
40799	UNLISTED PROCEDURE, LIP	01/01/1976	$0.00	0.0%	0.0%	N	Referral Requirec
40800	DRAINAGE, CYST, MOUTH	07/01/2008	$155.91	0.0%	0.0%	N	Referral Requirec
40801	DRAIN ABSCESS,CYST,HEMATOMA VESTIBULE MOUTH COMPLI	07/01/2008	$240.45	0.0%	0.0%	N	Referral Requirec
40804	REMOVAL, FOREIGN BODY, MOUTH	07/01/2008	$164.15	0.0%	0.0%	N	Referral Requirec
40805	REMOVAL EMBEDDED FB VESTIBULE OF MOUTH COMPLICATED	07/01/2008	$257.98	0.0%	0.0%	N	Referral Requirec
40806	INCISION, LABIAL FRENUM	07/01/2008	$82.11	0.0%	0.0%	N	Referral Requirec
40808	BIOPSY, VESTIBULE OF MOUTH	07/01/2008	$139.09	0.0%	0.0%	N	Referral Requirec
40810	EXCISION, LESION, MOUTH	07/01/2008	$156.81	0.0%	0.0%	N	Referral Requirec
40812	EXCISION, LESION, MOUTH	07/01/2008	$221.20	0.0%	0.0%	N	Referral Requirec
40814	EXCISION LESION MUCOSA-SUBMUCOSA (MOUTH) W/COMPLEX	07/01/2008	$301.09	0.0%	0.0%	N	Referral Requirec
40816	COMPLEX,WITH EXCISION OF UNDERLYING MUSCLE	07/01/2008	$316.62	0.0%	0.0%	N	Referral Requirec
40818	EXCISION MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRA	07/01/2008	$278.91	0.0%	0.0%	N	Referral Requirec
40819	EXCISION OF FRENUM, LABIAL OR BUCCAL	07/01/2008	$238.26	0.0%	0.0%	N	Referral Requirec
40820	DESTRUCTION, LESION, MOUTH	07/01/2008	$199.66	0.0%	0.0%	N	Referral Requirec
40830	CLOSURE, LACERATION, MOUTH	07/01/2008	$192.87	0.0%	0.0%	N	Referral Requirec
40831	CLOSURE LACERATION MOUTH OVER 2 1/2 CM COMPLEX	07/01/2008	$254.66	0.0%	0.0%	N	Referral Requirec
40840	VESTIBULOPLASTY; ANTERIOR	07/01/2008	$654.00	0.0%	0.0%	N	Referral Requirec
40842	VESTIBULOPLASTY, POSTERIOR, UNILATERAL	07/01/2008	$661.67	0.0%	0.0%	N	Referral Requirec
40843	VESTIBULOPLASTY, POSTERIOR BILATERAL	07/01/2008	$838.31	0.0%	0.0%	N	Referral Requirec
40844	VESTIBULOPLASTY, ENTIRE ARCH	07/01/2008	$1,110.92	0.0%	0.0%	N	Referral Requirec
40845	VESTIBULOPLASTY, COMPLEX (INCL. RIDGE EXT.& MUSCLE	07/01/2008	$1,232.22	0.0%	0.0%	N	Referral Requirec
40899	UNLISTED PROCEDURE, MOUTH	01/01/1976	$0.00	0.0%	0.0%	N	Referral Requirec
41000	DRAINAGE, ABSCESS, TONGUE	07/01/2008	$127.87	0.0%	0.0%	N	Referral Requirec
41005	DRAINAGE, ABSCESS, SUBLINGUAL	07/01/2008	$173.11	0.0%	0.0%	N	Referral Requirec
41006	INTRAORAL INCISION SUBLINGUAL, DEEP, SUPRAMYLOHYOI	07/01/2008	$287.23	0.0%	0.0%	N	Referral Requirec
41007	INTRAORAL I&D ABSCESS,CYST/HEMATOMA,SUBMENTAL SPAC	07/01/2008	$286.23	0.0%	0.0%	N	Referral Requirec
41008	DRAIN ABCESS, CYST, HEMATOMA SUBMANDIBULAR SPACE	07/01/2008	$292.04	0.0%	0.0%	N	Referral Requirec
41009	INTRAORAL INCISION DRAIN ABSCESS;MASTICATOR SPACE	07/01/2008	$311.00	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
41010	INCISION, LINGUAL FRENUM	07/01/2008	$159.63	0.0%	0.0%	N	Referral Requirec
41015	EX RAORAL INCISION & DRAINAGE OF ABCESS	07/01/2008	$338.01	0.0%	0.0%	N	Referral Requirec
41016	EXTRORAL I&D ABSCESS,CYST/HEMATOMA, SUBMENTAL	07/01/2008	$345.48	0.0%	0.0%	N	Referral Requirec
41017	EXTRAORAL INCISSION AND DRAIN ABSCESS,CYST,HEMATOM	07/01/2008	$348.49	0.0%	0.0%	N	Referral Requirec
41018	EXTRAORAL I & D OF ABSCESS ETC MASTICATOR SPACE	07/01/2008	$400.68	0.0%	0.0%	N	Referral Requirec
41019	PLACEMENT OF NEEDLES, CATHETERS, OR OTHER DEVICE(S) INTO THE HEAD AND/OR NECK	01/01/2008	$416.99	0.0%	0.0%	N	Referral Requirec
41100	BIOPSY, TONGUE	07/01/2008	$134.40	0.0%	0.0%	N	Referral Requirec
41105	BIOPSY, TONGUE	07/01/2008	$133.92	0.0%	0.0%	N	Referral Requirec
41108	BIOPSY, FLOOR OF MOUTH	07/01/2008	$114.44	0.0%	0.0%	N	Referral Requirec
41110	EXCISION, LESION, TONGUE	07/01/2008	$164.66	0.0%	0.0%	N	Referral Requirec
41112	EXCISION, LESION, TONGUE	07/01/2008	$260.75	0.0%	0.0%	N	Referral Requirec
41113	EXCISION LESION TONGUE W/CLOSURE POSTERIOR 1/3	07/01/2008	$285.80	0.0%	0.0%	N	Referral Requirec
41114	EXCISION LESSION TONGUE W/LOCAL TONGUE FLAP	07/01/2008	$533.14	0.0%	0.0%	N	Referral Requirec
41115	EXCISION OF LINGUAL FRENUM (FRENECTOMY)	07/01/2008	$187.24	0.0%	0.0%	N	Referral Requirec
41116	EXCISION LESION FLOOR OF MOUTH	07/01/2008	$252.90	0.0%	0.0%	N	Referral Requirec
41120	GLOSSECTOMY	07/01/2008	$875.85	0.0%	0.0%	N	Referral Requirec
41130	HEMIGLOSSECTOMY	07/01/2008	$1,073.47	0.0%	0.0%	N	Referral Requirec
41135	GLOSSECTOMY	07/01/2008	$1,788.90	0.0%	0.0%	N	Referral Requirec
41140	GLOSSECTOMY	07/01/2008	$1,848.27	0.0%	0.0%	N	Referral Requirec
41145	GLOSSECTOMY	07/01/2008	$2,300.16	0.0%	0.0%	N	Referral Requirec
41150	COMPOSITE PROCEDURE W/RESECTFON FLOOR MOUTH-MANDIR	07/01/2008	$1,824.47	0.0%	0.0%	N	Referral Requirec
41153	COMPOSITE PROCEDURE W/RESECTION W/SUPRAHYOID NECK	07/01/2008	$1,971.70	0.0%	0.0%	N	Referral Requirec
41155	COMPOSITE PROCEDURE W/RESECTION-MANDIBULAR RESECTI	07/01/2008	$2,427.08	0.0%	0.0%	N	Referral Requirec
41250	REPAIR, LACERATION, TONGUE	07/01/2008	$178.28	0.0%	0.0%	N	Referral Requirec
41251	REPAIR, LACERATION, TONGUE	07/01/2008	$193.90	0.0%	0.0%	N	Referral Requirec
41252	REPAIR LACERATION TONGUE OVER 2-6 CM COMPLEX	07/01/2008	$247.16	0.0%	0.0%	N	Referral Requirec
41500	FIXATION, TONGUE	07/01/2008	$380.92	0.0%	0.0%	N	Referral Requirec
41510	SUTURE, TONGUE TO LIP	07/01/2008	$360.15	0.0%	0.0%	N	Referral Requirec
41512	TONGUE BASE SUSPENSION, PERMANENT SUTURE TECHNIQUE	01/01/2009	$521.74	0.0%	0.0%	N	Referral Requirec
41520	FRENOPLASTY	07/01/2008	$272.24	0.0%	0.0%	N	Referral Requirec
41599	UNLISTED PROCEDURE, TONGUE	01/01/1976	$0.00	0.0%	0.0%	N	Referral Requirec
41800	DRNGE, CYST, DENTO ALVEOLAR ST	07/01/2008	$166.49	0.0%	0.0%	N	Referral Requirec
41805	REMOVAL FB DENTO-ALVEOLAR SOFT-TISSUE	07/01/2008	$167.63	0.0%	0.0%	N	Referral Requirec
41806	REMOVAL FB DENTO-ALVEOLAR BONE	07/01/2008	$255.60	0.0%	0.0%	N	Referral Requirec
41820	GINGIVECTOMY	01/01/1976	$0.00	0.0%	0.0%	N	Referral Requirec
41821	OPERCULECTOMY, EXCISION PERICORONAL TISSUE	01/01/2004	$0.00	0.0%	0.0%	N	Referral Requirec
41822	EXCISION FIBROUS TUBEROSITIES, DENTOALVEOLAR STRUC	07/01/2008	$229.88	0.0%	0.0%	N	Referral Requirec
41823	EXCISION OSSEOUS TUBEROSITIES, DENTOALVEOLAR STRUC	07/01/2008	$331.35	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
41825	EXCSN, LESION, DENTO ALVEOLAR	07/01/2008	$160.95	0.0%	0.0%	N	Referral Required
41826	EXCISION LSEION DENTO ALVEOLAR SIMPLE REPAIR	07/01/2008	$210.00	0.0%	0.0%	N	Referral Required
41827	EXCISION LESION/TUMOR,DENTOALVEOLAR,W/COMPLEX REPA	07/01/2008	$334.44	0.0%	0.0%	N	Referral Required
41828	EXC HYPERPLASTIC ALVEOLAR MUCOSA EA SEXTANT OR QUA	07/01/2008	$244.53	0.0%	0.0%	N	Referral Required
41830	ALVEOLECTOMY W/CURETTAGE OF OSTEITUS-SEQUESTRECTMY	07/01/2008	$304.38	0.0%	0.0%	N	Referral Required
41850	DSTRCTN, LESN, DENTO-ALVEOLAR	01/01/1976	$0.00	0.0%	0.0%	N	Referral Required
41870	PERIODONTAL MUCOSAL GRAFTING	07/01/2008	$345.48	0.0%	0.0%	N	Referral Required
41872	GINGIVOPLASTY - EACH QUADRANT (SPECIFY)	07/01/2008	$287.34	0.0%	0.0%	N	Referral Required
41874	ALVEOLOPLASTY EACH QUADRANT (SPECIFY)	07/01/2008	$288.85	0.0%	0.0%	N	Referral Required
41899	UNLISTED PROC, DENTOALVEOLAR	01/01/1976	$0.00	0.0%	0.0%	N	
42000	DRAINAGE, ABSCESS, PALATE	07/01/2008	$128.26	0.0%	0.0%	N	Referral Required
42100	BIOPSY, PALATE/UVULA	07/01/2008	$119.77	0.0%	0.0%	N	Referral Required
42104	EXCISION, LESION, PALATE	07/01/2008	$160.75	0.0%	0.0%	N	Referral Required
42106	EXCISION, LESION, PALATE	07/01/2008	$204.10	0.0%	0.0%	N	Referral Required
42107	EXCISION LESION OF PALATE, UVULA W/LOCAL FLAP CLOS	07/01/2008	$363.35	0.0%	0.0%	N	Referral Required
42120	RESECTION, PALATE	07/01/2008	$803.57	0.0%	0.0%	N	Referral Required
42140	EXCISION, UVULA	07/01/2008	$196.16	0.0%	0.0%	N	Referral Required
42145	PALATOPHARYNGOPLASTY (LESION OF PALATE OR UVULA)	07/01/2008	$585.25	0.0%	0.0%	N	Referral Required
42160	DESTRUCTION, LESION, PALATE	07/01/2008	$197.97	0.0%	0.0%	N	Referral Required
42180	REPAIR, LACERATION, PALATE	07/01/2008	$195.99	0.0%	0.0%	N	Referral Required
42182	REPAIR, LACERATION, PALATE	07/01/2008	$267.47	0.0%	0.0%	N	Referral Required
42200	CLEFT PALATE REPAIR	07/01/2008	$754.77	0.0%	0.0%	N	Referral Required
42205	CLEFT PALATE REPAIR	07/01/2008	$776.16	0.0%	0.0%	N	Referral Required
42210	CLEFT PALATE REPAIR	07/01/2008	$903.74	0.0%	0.0%	N	Referral Required
42215	CLEFT PALATE REPAIR	07/01/2008	$598.04	0.0%	0.0%	N	Referral Required
42220	CLEFT PALATE REPAIR	07/01/2008	$484.73	0.0%	0.0%	N	Referral Required
42225	CLEFT PALATE REPAIR	07/01/2008	$829.62	0.0%	0.0%	N	Referral Required
42226	LENGTHENING OF PALATE & PHARYNGEAL FLAP	07/01/2008	$806.86	0.0%	0.0%	N	Referral Required
42227	LENGTHENING OF PALATE WITH ISLAND FLAP	07/01/2008	$794.48	0.0%	0.0%	N	Referral Required
42235	REPAIR, PALATE, ANTERIOR	07/01/2008	$649.85	0.0%	0.0%	N	Referral Required
42260	REPAIR, FISTULA, NASOLABIAL	07/01/2008	$695.23	0.0%	0.0%	N	Referral Required
42280	MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS	07/01/2008	$125.86	0.0%	0.0%	N	Referral Required
42281	INSERTION OF PIN-RETAINED PALATAL PROSTHESIS	07/01/2008	$163.17	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	07/01/2008	$167.98	0.0%	0.0%	N	Referral Required
42305	DRAINAGE ABCESS PAROTID COMPLICATED	07/01/2008	$364.28	0.0%	0.0%	N	Referral Required
42310	DRNG, ABSCESS, SUBMAXILLARY	07/01/2008	$131.49	0.0%	0.0%	N	Referral Required
42320	DRNG, ABSCESS, SUBMAXILLARY	07/01/2008	$200.71	0.0%	0.0%	N	Referral Required
42330	SIALOLITHOTOMY	07/01/2008	$187.70	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
42335	SIALOLITHOTOMY	07/01/2008	$296.04	0.0%	0.0%	N	Referral Requirec
42340	SIALOLITHOTOMY	07/01/2008	$376.64	0.0%	0.0%	N	Referral Requirec
42400	BIOPSY, SALIVARY GLAND	07/01/2008	$88.15	0.0%	0.0%	N	Referral Requirec
42405	BIOPSY, SALIVARY GLAND	07/01/2008	$248.95	0.0%	0.0%	N	Referral Requirec
42408	EXCISION SUBLINGUAL SALIVARY GLAND	07/01/2008	$367.92	0.0%	0.0%	N	Referral Requirec
42409	MARSUPIALIZATION SUBLINGIAL SALIVARY CYST	07/01/2008	$264.89	0.0%	0.0%	N	Referral Requirec
42410	EXCISION, PAROTID GLAND	07/01/2008	$528.11	0.0%	0.0%	N	Referral Requirec
42415	EXCISION, PAROTID GLAND	07/01/2008	$955.83	0.0%	0.0%	N	Referral Requirec
42420	EXCISION, PAROTID GLAND	07/01/2008	$1,097.80	0.0%	0.0%	N	Referral Requirec
42425	EXCISION, PAROTID GLAND	07/01/2008	$723.95	0.0%	0.0%	N	Referral Requirec
42426	EXCISION, PAROTID GLAND	07/01/2008	$1,174.85	0.0%	0.0%	N	Referral Requirec
42440	EXCISION, SUBMANDIBULAR GLAND	07/01/2008	$392.22	0.0%	0.0%	N	Referral Requirec
42450	EXCISION, SUBLINGUAL GLAND	07/01/2008	$369.01	0.0%	0.0%	N	Referral Requirec
42500	SIALODOCHOPLASTY	07/01/2008	$350.15	0.0%	0.0%	N	Referral Requirec
42505	SIALODOCHOPLASTY SECOUNDARY OR COMPLICATED	07/01/2008	$459.79	0.0%	0.0%	N	Referral Requirec
42507	PAROTID DUCT DIVERSION BILATERAL (WILKE TYPE)	07/01/2008	$430.63	0.0%	0.0%	N	Referral Requirec
42508	PAROTID DUCT DIVERSION W/EXCISION ONE SUBMANDIBULA	07/01/2008	$602.99	0.0%	0.0%	N	Referral Requirec
42509	PAROTID DUCT DIVERSION W/EXCISION BOTH SUBMANDIBUL	07/01/2008	$727.44	0.0%	0.0%	N	Referral Requirec
42510	PAROTID DUCT DIVERSION W/LIGATION BOTH SUBMANDIBUL	07/01/2008	$534.69	0.0%	0.0%	N	Referral Requirec
42550	SIALOGRAPHY, INJECTION PROCDRE	07/01/2008	$134.98	0.0%	0.0%	N	Referral Requirec
42600	CLOSURE, FISTULA, SALIVARY	07/01/2008	$390.74	0.0%	0.0%	N	Referral Requirec
42650	DILATION, SALIVARY DUCT	07/01/2008	$66.94	0.0%	0.0%	N	Referral Requirec
42660	DILATION, SALIVARY DUCT	07/01/2008	$86.51	0.0%	0.0%	N	Referral Requirec
42665	LIGATION, SALIVARY DUCT	07/01/2008	$243.60	0.0%	0.0%	N	Referral Requirec
42699	UNLISTED PROC SALIVARY	01/01/1976	$0.00	0.0%	0.0%	N	Referral Requirec
42700	INCISION & DRAINAGE ABSCESS; PERITONSILLAR	07/01/2008	$151.07	0.0%	0.0%	N	Referral Requirec
42720	INCISION DRAIN ABSCESS, RETROPHARYNGEAL INTRAORAL	07/01/2008	$378.96	0.0%	0.0%	N	Referral Requirec
42725	INCISION DRAIN ABSCESS, RETROPHARYNGEAL EXTERNAL A	07/01/2008	$684.29	0.0%	0.0%	N	Referral Requirec
42800	BIOPSY, PHARYNX	07/01/2008	$127.06	0.0%	0.0%	N	Referral Requirec
42802	BIOPSY, PHARYNX	07/01/2008	$202.94	0.0%	0.0%	N	Referral Requirec
42804	BIOPSY, PHARYNX	07/01/2008	$166.29	0.0%	0.0%	N	Referral Requirec
42806	BIOPSY; NASOPHARYNX SURVEEY UNKNOWN PRIMARY LESION	07/01/2008	$187.97	0.0%	0.0%	N	Referral Requirec
42808	EXCISION OF LESION OF PHARNYX	07/01/2008	$186.75	0.0%	0.0%	N	Referral Requirec
42809	REMOVAL OF FOREIGN BODY FROM PHARNYX.	07/01/2008	$140.44	0.0%	0.0%	N	Referral Requirec
42810	EXCISION, BRACHIAL CLEFT CYST	07/01/2008	$315.54	0.0%	0.0%	N	Referral Requirec
42815	EXCISION, BRACHIAL CLEFT CYST	07/01/2008	$465.76	0.0%	0.0%	N	Referral Requirec
42820	TONSILLECTOMY AND ADENOIDECTOMY	07/01/2008	$248.11	0.0%	0.0%	N	Referral Requirec
42821	TONSILLECTOMY & ADENOIDECTOMY	07/01/2008	$259.83	0.0%	0.0%	N	Referral Requirec
42825	TONSILLECTOMY PRI OR SEC UNDER AGE 12	07/01/2008	$221.97	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
42826	TONSILLECTOMY PRIMARY AND SECONDARY AGE 12 OR OVER	07/01/2008	$214.44	0.0%	0.0%	N	Referral Required
42830	ADENOIDECTOMY, PRIMARY UNDER AGE 12	07/01/2008	$174.44	0.0%	0.0%	N	Referral Required
42831	ADENOIDECTOMY, PRIMARY, AGE 12 OR OVER	07/01/2008	$188.11	0.0%	0.0%	N	Referral Required
42835	ADENOIDECTOMY	07/01/2008	$152.81	0.0%	0.0%	N	Referral Required
42836	ADENOIDECTOMY, SECONDARY, AGE 12 OR OVER	07/01/2008	$206.49	0.0%	0.0%	N	Referral Required
42842	RADICAL RESECTION TONSIL,TONSILLAR PILLARS,WO/CLOS	07/01/2008	$800.84	0.0%	0.0%	N	Referral Required
42844	RADICAL RESECTION TONSIL, CLOSURE W/LOCAL FLAP	07/01/2008	$1,140.45	0.0%	0.0%	N	Referral Required
42845	RADICAL RESECTION TONSIL, CLOSURE W/OTHER FLAP	07/01/2008	$1,863.01	0.0%	0.0%	N	Referral Required
42860	EXCISION, TONSIL TAGS	07/01/2008	$157.25	0.0%	0.0%	N	Referral Required
42870	EXCISION, LINGUAL TONSIL	07/01/2008	$479.08	0.0%	0.0%	N	Referral Required
42890	LIMITED PHARYNGECTOMY	07/01/2008	$1,145.31	0.0%	0.0%	N	Referral Required
42892	RESECTION LATERAL PHARYNGEAL WALL DIRECT CLOSURE A	07/01/2008	$1,495.80	0.0%	0.0%	N	Referral Required
42894	RESECTION PHARYNGEAL WALL REQUIRING CLOSEURE W/MYO	07/01/2008	$1,923.36	0.0%	0.0%	N	Referral Required
42900	SUTURE, PHARYNX	07/01/2008	$296.30	0.0%	0.0%	N	Referral Required
42950	PHARYNGOPLASTY	07/01/2008	$670.24	0.0%	0.0%	N	Referral Required
42953	PHARYNGOESOPHAGEAL REPAIR	07/01/2008	$848.98	0.0%	0.0%	N	Referral Required
42955	PHARYNGOSTOMY	07/01/2008	$627.36	0.0%	0.0%	N	Referral Required
42960	CNTRL OROPHARYNGEAL HEMORRHAGE	07/01/2008	$143.85	0.0%	0.0%	N	Referral Required
42961	CONTROL OROPHARYNGEAL HEMORRHAGE COMPLICATED	07/01/2008	$356.86	0.0%	0.0%	N	Referral Required
42962	CONTROL OROPHARYNGEAL HEMORRHAGE W/SECOUND SURG IN	07/01/2008	$441.50	0.0%	0.0%	N	Referral Required
42970	CTRL NASOPHARYNGEAL HEMORRHAGE	07/01/2008	$329.98	0.0%	0.0%	N	Referral Required
42971	CTRL.NASOPHARYNGEAL HEMORRHAGE, COMPLICATED	07/01/2008	$389.58	0.0%	0.0%	N	Referral Required
42972	CONTROL NASOPHARYNGEAL HEMORRHAGE W/SECOUND SURG I	07/01/2008	$442.82	0.0%	0.0%	N	Referral Required
42999	UNLISTED PROC, T/A OR PHARYNX	01/01/1976	$0.00	0.0%	0.0%	N	Referral Required
43020	ESOPHAGOTOMY	07/01/2008	$456.47	0.0%	0.0%	N	Referral Required
43030	CRICOPHARYNGEAL MYOTOMY	07/01/2008	$445.95	0.0%	0.0%	N	Referral Required
43045	ESOPHAGOTOMY	07/01/2008	$1,111.14	0.0%	0.0%	N	Referral Required
43100	EXCISION, LESION, ESOPHAGUS	07/01/2008	$528.87	0.0%	0.0%	N	Referral Required
43101	EXCISION, LESION, ESOPHAGUS	07/01/2008	$865.19	0.0%	0.0%	N	Referral Required
43107	TOTAL ESOPHAGECTOMY W/W/O PYLOROPLASTY TRANSHIATAL	07/01/2008	$2,150.72	0.0%	0.0%	N	Referral Required
43108	TOTAL ESOPHAGECTOMY W/INTTERPOSTION/RECONSTRUCT	07/01/2008	$3,495.65	0.0%	0.0%	N	Referral Required
43112	TOTAL ESOPHAGECTOMY W/THORACOTOMY W/W/O PYLOROPLAS	07/01/2008	$2,303.43	0.0%	0.0%	N	Referral Required
43113	ESOPHAGECTOMY W/THORACOTOMY W/INTERPOSITION/RECONS	07/01/2008	$3,437.93	0.0%	0.0%	N	Referral Required
43116	PARTIAL ESOPHAGECTOMY,GRAFT/INTESTINAL RECONSTRUCT	07/01/2008	$3,954.71	0.0%	0.0%	N	Referral Required
43117	PARTIAL ESOPHAGECTOMY W/W/O PYLOROPLASTY	07/01/2008	$2,099.50	0.0%	0.0%	N	Referral Required
43118	PARTIAL ESOPHAGECTOMY W/INTERPOSITION/RECONSTRUCT	07/01/2008	$2,910.04	0.0%	0.0%	N	Referral Required
43121	PARTIAL ESOPHAGECTOMY W/THORACOTOMY ONLY	07/01/2008	$2,325.34	0.0%	0.0%	N	Referral Required
43122	PARTIAL ESOPHAGECTOMY W/ESOPHAGOGASTROSTOMY	07/01/2008	$2,128.79	0.0%	0.0%	N	Referral Required
43123	PARTIAL ESOPHAGECTOMY W/INTERPOSITION/RECONSTRUCT	07/01/2008	$3,525.57	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
43124	TOTAL OR PARTIAL ESOPHAGECTOMY W/O RECONTRUCTION	07/01/2008	$3,004.59	0.0%	0.0%	N	Referral Requirec
43130	DIVERTICULECTOMY	07/01/2008	$670.93	0.0%	0.0%	N	Referral Requirec
43135	DIVERTICULECTOMY	07/01/2008	$1,220.03	0.0%	0.0%	N	Referral Requirec
43200	ESOPHAGOSCOPY	07/01/2008	$186.92	0.0%	0.0%	N	Referral Requirec
43201	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; W/DIRECTED SUBMUCOSAL INJECTION ANY SUBSTANCE	07/01/2008	$244.10	0.0%	0.0%	N	Referral Requirec
43202	ESOPHAGOSCOPY	07/01/2008	$244.91	0.0%	0.0%	N	Referral Requirec
43204	ESOPHAGOSCOPY, RIGID OR FIBEROPTIC WITH INJECTION	07/01/2008	$190.50	0.0%	0.0%	N	Referral Requirec
43205	WITH BAND LIGATION OF ESOPHAGEAL VARICES	07/01/2008	$191.88	0.0%	0.0%	N	Referral Requirec
43215	ESOPHAGOSCOPY	07/01/2008	$132.78	0.0%	0.0%	N	Referral Requirec
43216	W/REMOVAL TUMORS,POLYPS,OR OTHER LESIONS BY HOT BI	07/01/2008	$153.24	0.0%	0.0%	N	Referral Requirec
43217	ESOPHAGOSCOPY FOR REMOVAL OF POLYPOIA LESION	07/01/2008	$327.95	0.0%	0.0%	N	Referral Requirec
43219	ESPOHAGOSCOPY FOR INSSERTION OF PLASTIC TUBE OR ST	07/01/2008	$147.02	0.0%	0.0%	N	Referral Requirec
43220	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH BALLOON DILATION	07/01/2008	$108.73	0.0%	0.0%	N	Referral Requirec
43226	ESOPHAGOSCOPY FOR INSERTION OF WIRE GUIDE DILATION	07/01/2008	$120.78	0.0%	0.0%	N	Referral Requirec
43227	ESOPHAGOSCOPY FOR CONTROL OF HEMORRHAGE	07/01/2008	$179.40	0.0%	0.0%	N	Referral Requirec
43228	FOR ABLATION OF TUMORS, POLYPS OR OTHER LESIONS	07/01/2008	$189.93	0.0%	0.0%	N	Referral Requirec
43231	ESOPHAGOSCOPY WITH ENDOSCOPIC ULTRASOUND EXAM	07/01/2008	$162.45	0.0%	0.0%	N	Referral Requirec
43232	ESOPHAGOSCOPY W/ TRANSENDOSCOPIC FINE NEEDLE ASPIRATION/BIOPSY	07/01/2008	$226.60	0.0%	0.0%	N	Referral Requirec
43234	UPPER GI ENDOSCOPY SIMPLE PRIM EXAM	07/01/2008	$242.81	0.0%	0.0%	N	Referral Requirec
43235	ESOPHAGOGASTRODUODENOSCOPY	07/01/2008	$258.10	0.0%	0.0%	N	Referral Requirec
43236	UPPER GI ENDOSCOPY INC ESOPHAGUS, STOMACH, DUODENUM, JEJUNUM; W/ SUBMUCOSAL INJ.	07/01/2008	$320.75	0.0%	0.0%	N	Referral Requirec
43237	WITH ENDOSCOPIC ULTRASOUND EXAMINATION LIMITED TO ESOPHAGUS	07/01/2008	$204.22	0.0%	0.0%	N	Referral Requirec
43238	WITH TRANSENDOSCOPIC ULTRASOUND GUIDED ASPIRATION/BIOPSY	07/01/2008	$252.27	0.0%	0.0%	N	Referral Requirec
43239	ESOPHAGOGASTROSCOPY	07/01/2008	$297.06	0.0%	0.0%	N	Referral Requirec
43240	UPPER GI ENDOSCOPY FOR PSEUDOCYST DRAINAGE	07/01/2008	$338.75	0.0%	0.0%	N	Referral Requirec
43241	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAG	07/01/2008	$132.54	0.0%	0.0%	N	Referral Requirec
43242	UPPER GI ENDOSCOPY WITH ULTRASOUND FNA/BIOPSY	07/01/2008	$362.09	0.0%	0.0%	N	Referral Requirec
43243	UPPER GASTROINTESTINAL ENDOSCOPY	07/01/2008	$228.79	0.0%	0.0%	N	Referral Requirec
43244	UPPER GASTRO ENDOSCOPY W/BAND LIGATION OF ESOPHAGE	07/01/2008	$253.22	0.0%	0.0%	N	Referral Requirec
43245	UPPER GI ENDOSCOPY FOR DIL GASTRIC OUTLET OBSTRUCT	07/01/2008	$160.31	0.0%	0.0%	N	Referral Requirec
43246	UPPER GL ENDOSCOPY FOR PLACE OF G-TUBE	07/01/2008	$214.60	0.0%	0.0%	N	Referral Requirec
43247	ESOPHAGOGASTRODUODENOSCOPY	07/01/2008	$171.36	0.0%	0.0%	N	Referral Requirec
43248	W/INSERT OF GUIDE WIRE FOLLOWED BY DILATION OF ESO	07/01/2008	$161.26	0.0%	0.0%	N	Referral Requirec
43249	GASTROINTESTINAL ENDOSCOPY W/BALLOON DILATION <30	07/01/2008	$148.35	0.0%	0.0%	N	Referral Requirec
43250	W/REMOVAL OF TUMORS,POLYPS,OR OTHER LESIONS BY HOT	07/01/2008	$161.07	0.0%	0.0%	N	Referral Requirec
43251	REMOVAL POLYPOID LESION	07/01/2008	$186.02	0.0%	0.0%	N	Referral Requirec
43255	UPPER GASTROINTESTINAL ENDOSCOPY FOR HEMORHAGE CON	07/01/2008	$241.89	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
43256	UPPER GI ENDOSCOPY WITH STENT PLACEMENT	07/01/2008	$217.65	0.0%	0.0%	N	Referral Required
43257	INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM	07/01/2008	$263.60	0.0%	0.0%	N	Referral Required
43258	UPPER GASTRO ENDOSCOPY W/FULGURATION MUCOSAL LESIO	07/01/2008	$228.03	0.0%	0.0%	N	Referral Required
43259	W/ ENDOSCOPIC ULTRASOUND EXAMINATION	07/01/2008	$258.80	0.0%	0.0%	N	Referral Required
43260	ENDSCPIC RTRGRD CHOLANGIOPANCREATOGRAPHY, DIAGNSTC	07/01/2008	$296.85	0.0%	0.0%	N	Referral Required
43261	WITH BIOPSY, SINGLE OR MULTIPLE	07/01/2008	$312.04	0.0%	0.0%	N	Referral Required
43262	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY	07/01/2008	$366.62	0.0%	0.0%	N	Referral Required
43263	ERCP FOR PRESSURE MESURE OF SPHINCTER OF ODDI	07/01/2008	$361.19	0.0%	0.0%	N	Referral Required
43264	UPPER GASTRO ENDOSCOPY INCL ESOPH W/REMOVAL STONE	07/01/2008	$440.05	0.0%	0.0%	N	Referral Required
43265	ERCP FOR DESTRUCT LITHOTRIPSY OF STONE ANY METHOD	07/01/2008	$494.25	0.0%	0.0%	N	Referral Required
43267	ERCP FOR INSERTION OF NASOBILIARY/NASOPANCREATIC D	07/01/2008	$360.94	0.0%	0.0%	N	Referral Required
43268	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRPHY	07/01/2008	$370.95	0.0%	0.0%	N	Referral Required
43269	ERCP, FOR REMOVAL OR CHANGE OF TUBE	07/01/2008	$406.19	0.0%	0.0%	N	Referral Required
43271	ERCP FOR BALLOON DILATION OF AMPULLA, BILARY/PANCR	07/01/2008	$366.28	0.0%	0.0%	N	Referral Required
43272	ERCP FOR ABLATION OF TUMOR/MUCOSAL LESION (LASER H	07/01/2008	$367.28	0.0%	0.0%	N	Referral Required
43273	ENDO ANNULTN OF PAPILLA W/DIRECT VISUL OF COMMONBILE DUCT & OR PANCRTIC DUCT	01/01/2009	$118.33	0.0%	0.0%	N	Referral Required
43279	LAPAROSCOPY, SURGICAL, ESOPHAGOMYOTOMY (HELLER TYPE), WITH FUNDOPLASTY	01/01/2009	$1,102.06	0.0%	0.0%	N	Referral Required
43280	LAPAROSCOPY ESOPHAGOGASTRIC FUNDOPLASTY	07/01/2008	$879.31	0.0%	0.0%	N	Referral Required
43289	LAPAROSCOPY UNLISTED ESOPHAGUS PROCEDURE	01/01/2000	$0.00	0.0%	0.0%	N	Referral Required
43300	ESLPNAGOPLASTY, CERVICAL APPROACH; W/O REPAIR FIST	07/01/2008	$527.06	0.0%	0.0%	N	Referral Required
43305	ESOPHAGOPLASTY	07/01/2008	$949.87	0.0%	0.0%	N	Referral Required
43310	ESOPHAGOPLASTY	07/01/2008	$1,294.97	0.0%	0.0%	N	Referral Required
43312	ESOPHAGOPLASTY	07/01/2008	$1,426.73	0.0%	0.0%	N	Referral Required
43313	ESOPHAGOPLASTY FOR CONGENITAL DEFECT THORACIC APPROACH W/O FISTULA REPAIR	07/01/2008	$2,325.38	0.0%	0.0%	N	Referral Required
43314	ESOPHAGOPLASTY FOR CONGENITAL DEFECT THORACIC APPROACH W/FISTULA REPAIR	07/01/2008	$2,481.31	0.0%	0.0%	N	Referral Required
43320	ESOPHAGOGASTROSTOMY	07/01/2008	$1,126.81	0.0%	0.0%	N	Referral Required
43324	FUNDOPLASTY, ESOPHAGOGASTRIC	07/01/2008	$1,104.85	0.0%	0.0%	N	Referral Required
43325	ESOPHAGOGASTRIC FUNDOPLASTY W/FUNDIC PATCH	07/01/2008	$1,089.85	0.0%	0.0%	N	Referral Required
43326	ESOPHAGOGASTRIC FUNDOPLASTY W/GASTROPLASTY	07/01/2008	$1,105.97	0.0%	0.0%	N	Referral Required
43330	ESOPHAGOMYOTOMY W/OR W/O HIATAL HERNIA REPAIR ABOD	07/01/2008	$1,067.71	0.0%	0.0%	N	Referral Required
43331	HELLER PROCEDURE	07/01/2008	$1,152.27	0.0%	0.0%	N	Referral Required
43340	ESOPHAGOJEJUNOSTOMY	07/01/2008	$1,118.15	0.0%	0.0%	N	Referral Required
43341	ESOPHAGEJEJUNOSTOMYTHORACIC APPROACH	07/01/2008	$1,192.12	0.0%	0.0%	N	Referral Required
43350	ESOPHAGOSTOMY	07/01/2008	$961.45	0.0%	0.0%	N	Referral Required
43351	ESOPHAGOSTOMY	07/01/2008	$1,125.25	0.0%	0.0%	N	Referral Required
43352	ESOPHAGOSTOMY FISTULIZATION ESOPHAGUS EXT/CERVICAL	07/01/2008	$904.83	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
43360	GASTROINTESTIONAL RECONSTRUCTION W/STOMACH	07/01/2008	$1,933.15	0.0%	0.0%	N	Referral Required
43361	GASTROINTESTINAL RECONSTRUCT W/INTERPOSITION	07/01/2008	$2,196.38	0.0%	0.0%	N	Referral Required
43400	LIGATION, ESOPHAGEAL VARICES	07/01/2008	$1,275.97	0.0%	0.0%	N	Referral Required
43401	TRANSECTION OF ESOPHAGUS REPAIR VARIOUS	07/01/2008	$1,259.71	0.0%	0.0%	N	Referral Required
43405	LIGATION/STAPLING GASTROESOPHAGEAL JUNCTION	07/01/2008	$1,215.50	0.0%	0.0%	N	Referral Required
43410	SUTURE, ESOPHAGEAL WOUND	07/01/2008	$834.16	0.0%	0.0%	N	Referral Required
43415	SUTURE, ESOPHAGEAL WOUND	07/01/2008	$1,423.05	0.0%	0.0%	N	Referral Required
43420	ESOPHAGOSTOMY CLOSURE	07/01/2008	$833.82	0.0%	0.0%	N	Referral Required
43425	CLOSE ESOPHAGOSTOMY OR FISTULA; THORACIC APPROACH	07/01/2008	$1,234.31	0.0%	0.0%	N	Referral Required
43450	DILATION, ESOPHAGUS	07/01/2008	$137.31	0.0%	0.0%	N	Referral Required
43453	DILATION OF ESOPHAGUS OVER GUIDE WIRE	07/01/2008	$259.27	0.0%	0.0%	N	Referral Required
43456	DILATION ESOPHAGUS BY BALLOON OR DILATOR RETROGRAD	07/01/2008	$536.63	0.0%	0.0%	N	Referral Required
43458	DILATION ESOPHAGUS W/BALLOON 30MM OR < FOR ACHALAS	07/01/2008	$333.57	0.0%	0.0%	N	Referral Required
43460	ESOPHAGOGASTRIC TAMPONADE W/BALLOON	07/01/2008	$187.16	0.0%	0.0%	N	Referral Required
43496	FREE JEJUNUM TRANSFER W/MICROVASCULAR ANASTOMOSIS	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
43500	GASTROTOMY	07/01/2008	$624.97	0.0%	0.0%	N	Referral Required
43501	GASTROTOMY,W/SUTURE REPAIR BLEEDING ULVER OR ESOPH	07/01/2008	$1,077.79	0.0%	0.0%	N	Referral Required
43502	GASTROTOMY;W/REPAIR ESOPHAGOGASTRIC LACERATION	07/01/2008	$1,223.99	0.0%	0.0%	N	Referral Required
43510	GASTROTOMY W/ESOPHAGEAL DILATION AND INSERT PLASTI	07/01/2008	$793.94	0.0%	0.0%	N	Referral Required
43520	PYLOROMYOTOMY	07/01/2008	$569.97	0.0%	0.0%	N	Referral Required
43600	GASTRIC BIOPSY	07/01/2008	$90.34	0.0%	0.0%	N	Referral Required
43605	GASTRIC BIOPSY	07/01/2008	$665.01	0.0%	0.0%	N	Referral Required
43610	EXCISION, ULCER, STOMACH	07/01/2008	$785.54	0.0%	0.0%	N	Referral Required
43611	MALIGNANT TUMOR OF STOMACH	07/01/2008	$975.27	0.0%	0.0%	N	Referral Required
43620	GASTRECTOMY	07/01/2008	$1,594.71	0.0%	0.0%	N	Referral Required
43621	WITH ROUX-EN-Y RECONSTRUCTION	07/01/2008	$1,805.26	0.0%	0.0%	N	Referral Required
43622	WITH FORMATION OF INTESTINAL POUCH	07/01/2008	$1,838.99	0.0%	0.0%	N	Referral Required
43631	GASTRECTOMY,PARTIAL,DISTAL,WITH GASTRODUODENOSTOMY	07/01/2008	$1,170.94	0.0%	0.0%	N	Referral Required
43632	WITH GASTROJEJUNOSTOMY	07/01/2008	$1,572.14	0.0%	0.0%	N	Referral Required
43633	GASTRECTOMY WITH ROUX-EN-Y RECONTRUCTION	07/01/2008	$1,500.44	0.0%	0.0%	N	Referral Required
43634	WITH FORMATION OF INTESTINAL POUCH	07/01/2008	$1,652.92	0.0%	0.0%	N	Referral Required
43635	VAGOTOMY WITH PARTIAL DISTAL GASTRECTOMY-ADD ON	07/01/2008	$94.43	0.0%	0.0%	N	Referral Required
43640	VAGOTOMY AND PYLOROPLASTY	07/01/2008	$938.27	0.0%	0.0%	N	Referral Required
43641	EXCISION PARIETAL CELL	07/01/2008	$953.13	0.0%	0.0%	N	Referral Required
43644	LAPARASCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE: WITH GASTRIC BYPASS	07/01/2008	$1,396.58	0.0%	0.0%	Y	Referral Required
43645	LAPARASCOPY, WITH GASTRIC BYPASS AND SMALL INTESTINE RECONSTRUCTION TO LIMIT ABS	07/01/2008	$1,494.72	0.0%	0.0%	Y	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
43647	LAPAROSCOPY, SURGICAL; IMPLANT/REPLACEMENT/GASTRIC NEUROSTIMULATOR	01/01/2007	$0.00	0.0%	0.0%	Y	Referral Required
43648	REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM	01/01/2007	$0.00	0.0%	0.0%	Y	Referral Required
43651	LAPAROSCOPY TRANSECTION OF VAGUS NERVES, TRUNCAL	07/01/2008	$521.54	0.0%	0.0%	N	Referral Required
43652	LAPAROSCOPY TRANSECTION OF VAGUS NERVES, SELECTIVE	07/01/2008	$619.46	0.0%	0.0%	N	Referral Required
43653	LAPAROSCOPY GASTROSTOMY	07/01/2008	$444.45	0.0%	0.0%	N	Referral Required
43659	LAPAROSCOPY UNLISTED STOMACH PROCEDURE	04/01/2004	$0.00	0.0%	0.0%	Y	Referral Required
43752	NASO/ORO-GASTRIC TUBE PLACEMENT	07/01/2008	$36.10	0.0%	0.0%	N	Referral Required
43760	CHANGE OF GASTROSTOMY TUBE; SIMPLE	07/01/2008	$166.59	0.0%	0.0%	N	Referral Required
43761	REPOSITION GASTRIC FEEDING TUBE THRU DUODENUM OFEN	07/01/2008	$106.59	0.0%	0.0%	N	Referral Required
43770	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE	07/01/2008	$892.67	0.0%	0.0%	Y	Referral Required
43771	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE, REVISION OF ADJUSTABLE	07/01/2008	$1,019.91	0.0%	0.0%	Y	Referral Required
43772	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE, REMOVAL OF ADJUSTABLE	07/01/2008	$767.64	0.0%	0.0%	Y	Referral Required
43773	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE, REMOVAL & REPLACE	07/01/2008	$1,019.76	0.0%	0.0%	Y	Referral Required
43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE, REMOVAL OF ADJUSTABLE	07/01/2008	$772.98	0.0%	0.0%	Y	Referral Required
43800	PYLOROPLASTY	07/01/2008	$745.11	0.0%	0.0%	N	Referral Required
43810	GASTRODUODENOSTOMY	07/01/2008	$805.77	0.0%	0.0%	N	Referral Required
43820	GASTROJEJUNOSTOMY	07/01/2008	$1,031.86	0.0%	0.0%	N	Referral Required
43825	GASTROJEJUNOSTOMY	07/01/2008	$1,039.51	0.0%	0.0%	N	Referral Required
43830	GASTROSTOMY	07/01/2008	$551.64	0.0%	0.0%	N	Referral Required
43831	GASTROSTOMY	07/01/2008	$458.18	0.0%	0.0%	N	Referral Required
43832	GASTROSTOMY	07/01/2008	$848.84	0.0%	0.0%	N	Referral Required
43840	GASTRORRHAPHY	07/01/2008	$1,049.49	0.0%	0.0%	N	Referral Required
43842	GASTRIC RESTRICTIVE PROC,W/O GASTRIC BYPASS FOR MORBID OBESITY VERTICAL BANDING	07/01/2008	$1,146.60	0.0%	0.0%	Y	Referral Required
43843	GASTROPLASTY, OTHER THAN VERT-BANDED, W/O BYPASS	07/01/2008	$1,013.98	0.0%	0.0%	Y	Referral Required
43845	PARTIAL GASTRECTOMY, PYLORUS-PRESERVING DUODENOILEOSTOMY & ILEOILEOSTOMY	07/01/2008	$1,583.01	0.0%	0.0%	Y	Referral Required
43846	GASTRIC BYPASS, WITH ROUX-EN-Y GASTROENTEROSTOMY	07/01/2008	$1,308.05	0.0%	0.0%	Y	Referral Required
43847	GASTRIC PROCEDURE; W/BOWEL RECONSTRUCTION	07/01/2008	$1,434.81	0.0%	0.0%	Y	Referral Required
43848	REVISION OF GASTRIC PROCEDURE-MORBID OBESITY	07/01/2008	$1,551.91	0.0%	0.0%	Y	Referral Required
43850	REVISION OF GASTRODUODENAL ANSATOMOSIS W/RECONSTRU	07/01/2008	$1,305.32	0.0%	0.0%	Y	Referral Required
43855	RVSN GASTROENTERIC ANASTOMOSIS	07/01/2008	$1,358.28	0.0%	0.0%	N	Referral Required
43860	REVISION OF GASTROJEJUNOSTOMY W/RECONSTRUCTION	07/01/2008	$1,318.89	0.0%	0.0%	N	Referral Required
43865	REVISION OF GASTROJEJUNAL ANASTOMOSIS W/RECONSTRUC	07/01/2008	$1,374.56	0.0%	0.0%	N	Referral Required
43870	GASTROSTOMY CLOSURE	07/01/2008	$562.87	0.0%	0.0%	N	Referral Required
43880	CLOSURE, FISTULA, GASTROCOLIC	07/01/2008	$1,289.47	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
43881	IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM, OPEN	01/01/2007	$0.00	0.0%	0.0%	Y	Referral Requirec
43882	REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM, OPEN	01/01/2007	$0.00	0.0%	0.0%	Y	Referral Requirec
43999	UNLISTED PROCEDURE, STOMACH	01/01/1976	$0.00	0.0%	0.0%	N	Referral Requirec
44005	ENTEROLYSIS	07/01/2008	$879.44	0.0%	0.0%	N	Referral Requirec
44010	DUODENOTOMY	07/01/2008	$690.11	0.0%	0.0%	N	Referral Requirec
44015	NEEDLE CATH JEJUNOSTOMY FOR ENTERAL HYPERALIMENTAT-ADD ON	07/01/2008	$120.67	0.0%	0.0%	N	Referral Requirec
44020	ENTEROTOMY SMALL INTESTINE FOR EXPLORATION	07/01/2008	$775.82	0.0%	0.0%	N	Referral Requirec
44021	ENTEROTOMY; SMALL BOWEL OTHER THAN DUODENUM	07/01/2008	$782.06	0.0%	0.0%	N	Referral Requirec
44025	ENTEROTOMY	07/01/2008	$788.82	0.0%	0.0%	N	Referral Requirec
44050	REDUCTION, VOLVULUS	07/01/2008	$749.92	0.0%	0.0%	N	Referral Requirec
44055	CORR OF MALROTATION BY LYSIS	07/01/2008	$1,198.88	0.0%	0.0%	N	Referral Requirec
44100	BIOPSY, INTESTINES	07/01/2008	$97.68	0.0%	0.0%	N	Referral Requirec
44110	EXCISION, LESION, BOWEL	07/01/2008	$676.77	0.0%	0.0%	N	Referral Requirec
44111	EXCISION, LESION, BOWEL	07/01/2008	$790.63	0.0%	0.0%	N	Referral Requirec
44120	ENTERECTOMY	07/01/2008	$975.54	0.0%	0.0%	N	Referral Requirec
44121	ENTERECTOMY; EACH ADDITIONAL RESECTION/ANASTOMOSIS-ADD ON	07/01/2008	$204.01	0.0%	0.0%	N	Referral Requirec
44125	ENTERECTOMY	07/01/2008	$949.88	0.0%	0.0%	N	Referral Requirec
44126	ENTERECTOMY OF SMALL INTESTINE FOR CONGENITAL ATRESIA W/O TAPEERING	07/01/2008	$1,960.96	0.0%	0.0%	N	Referral Requirec
44127	ENTERECTOMY OF SMALL INTESTINE FOR CONGENITAL ATRESIA W/TAPERING	07/01/2008	$2,279.87	0.0%	0.0%	N	Referral Requirec
44128	ENTERECTOMY OF SMALL INTESTINE FOR CONGENITAL ATRESIA EACH ADDITIONSL RESECTION	07/01/2008	$206.25	0.0%	0.0%	N	Referral Requirec
44130	ENTEROENTEROSTOMY	07/01/2008	$1,010.05	0.0%	0.0%	N	Referral Requirec
44132	DONOR ENTERECTOMY INCLUDING COLD PRESERVATION OPEN FROM CADAVER DONOR	01/01/2001	$0.00	0.0%	0.0%	N	Referral Requirec
44133	DONOR ENTERECTOMY PARTIAL, FROM LIVING DONOR	01/01/2001	$0.00	0.0%	0.0%	Y	Referral Requirec
44135	INTESTINAL ALLOTRANSPLANTATION; FROM CADAVER DONOR	07/01/2008	$5,526.77	0.0%	0.0%	Y	Referral Requirec
44136	INTESTINAL ALLOTRANSPLANATION; FROM LIVING DONOR	07/01/2008	$5,971.64	0.0%	0.0%	Y	Referral Requirec
44137	REMOVAL OF TRANSPLANTED INTESTINAL ALLOGRAFT, COMPLETE	07/01/2008	$1,190.30	0.0%	0.0%	Y	Referral Requirec
44139	MOBILIZATION SPLENIC FLEXURE W/PARTIAL COLECTOMY-ADD ON	07/01/2008	$102.00	0.0%	0.0%	N	Referral Requirec
44140	COLECTOMY	07/01/2008	$1,083.89	0.0%	0.0%	N	Referral Requirec
44141	COLECTOMY	07/01/2008	$1,411.40	0.0%	0.0%	N	Referral Requirec
44143	HARTMANN PROCEDURE	07/01/2008	$1,334.73	0.0%	0.0%	N	Referral Requirec
44144	COLECTOMY	07/01/2008	$1,389.99	0.0%	0.0%	N	Referral Requirec
44145	COLECTOMY	07/01/2008	$1,355.38	0.0%	0.0%	N	Referral Requirec
44146	COLECTOMY	07/01/2008	$1,681.09	0.0%	0.0%	N	Referral Requirec
44147	COLECTOMY, PARTIAL, WITH ANASTOMOSIS	07/01/2008	$1,499.19	0.0%	0.0%	N	Referral Requirec
44150	COLECTOMY;W/O PROCTECTOMY W/ILEOSTOMY OR ILEOPROCT	07/01/2008	$1,474.82	0.0%	0.0%	N	Referral Requirec
44151	COLECTOMY TOTAL W/CONTINENT ILEOSTOMY	07/01/2008	$1,687.25	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
44155	COLECTOMY	07/01/2008	$1,656.82	0.0%	0.0%	N	Referral Required
44156	COLECTOMY,TOTAL,ABDOMINAL W/PROCTECTOMY& CONTINENT	07/01/2008	$1,816.17	0.0%	0.0%	N	Referral Required
44157	COLECTOMY, TOTAL, ABD, W/PROCTECTOMY	07/01/2008	$1,835.59	0.0%	0.0%	N	Referral Required
44158	COLECTOMY, TOTAL, ABDOMINAL, W/ PROCTECTOMY; W/ ILEOANAL	07/01/2008	$1,882.92	0.0%	0.0%	N	Referral Required
44160	COLECTOMY WITH REMOVAL OF TER ILEUM & ILEOCOLOSTOM	07/01/2008	$996.69	0.0%	0.0%	N	Referral Required
44180	LAPAROSCOPY, SURGICAL ENTEROLYSIS (SP)	07/01/2008	$745.88	0.0%	0.0%	N	Referral Required
44186	LAPAROSCOPY, SURGICAL JEJUNOSTOMY, FOR DECOMPRESSION OR FEEDING	07/01/2008	$526.11	0.0%	0.0%	N	Referral Required
44187	LAPAROSCOPY, SURGICAL ILEOSTOMY OR JEJUNOSTOMY,NON TUBE	07/01/2008	$890.22	0.0%	0.0%	N	Referral Required
44188	LAPAROSCOPY, SURGICAL COLOSTOMY OR SKIN LEVEL CECOSTOMY	07/01/2008	$978.98	0.0%	0.0%	N	Referral Required
44202	LAPAROSCOPY JEJUNOSTOMY, INTESTINAL RESECTION	07/01/2008	$1,121.90	0.0%	0.0%	N	Referral Required
44203	LAPAROSCOPY EACH ADD SMALL INTESTINE RESECTION & ANASTOMOSIS (ADD-ON)	07/01/2008	$203.48	0.0%	0.0%	N	Referral Required
44204	LAPAROSCOPY, COLECTOMY PARTIAL WITH ANASTOMOSIS	07/01/2008	$1,255.23	0.0%	0.0%	N	Referral Required
44205	LAPAROSCOPY, COLECTOMY PARTIAL W/REMOVAL TERMINAL ILEUM W/ ILEOCOLOSTOMY	07/01/2008	$1,096.98	0.0%	0.0%	N	Referral Required
44206	LAPAROSCOPY; COLECTOMY, PARTIAL, W/END COLOSTOMY & CLOSURE OF DISTAL SEGMENT	07/01/2008	$1,422.25	0.0%	0.0%	N	Referral Required
44207	LAPAROSCOPY; COLECTOMY, PARTIAL, W/ANASTOMOSIS, W/COLOPROCTOSTOMY	07/01/2008	$1,496.28	0.0%	0.0%	N	Referral Required
44208	LAPAROSCOPY; COLECTOMY, PARTIAL, W/ANASTOMOSIS, W/ COLOPROCTOSTOMY W/ COLOSTOMY	07/01/2008	$1,629.36	0.0%	0.0%	N	Referral Required
44210	LAPAROSCOPY; COLECTOMY, TOTAL, ABDOMINAL,W/O PROCTECTOMY, W/ ILEOSTOMY/ILEOPROCT	07/01/2008	$1,451.89	0.0%	0.0%	N	Referral Required
44211	LAPAROSCOPY; COLECTOMY, TOTAL W/PROCTECTOMY, W/ILEDANAL, ILEAL RESERVIOR, W/LOOP	07/01/2008	$1,787.87	0.0%	0.0%	N	Referral Required
44212	LAPAROSCOPY; COLECTOMY, TOTAL, ABDOMINAL, W/PROCTECTOMY, W/ILEOSTOMY	07/01/2008	$1,670.96	0.0%	0.0%	N	Referral Required
44213	LAPAROSCOPY, SURGICAL MOBILIZATION/SPLENIC FLEXURE ADD-ON	07/01/2008	$160.39	0.0%	0.0%	N	Referral Required
44227	LAPAROSCOPY, SURG CLOSURE/ENTEROSTOMY, LG/SML INTESTINE W/RESECTION/ANASTOMOSIS	07/01/2008	$1,355.61	0.0%	0.0%	N	Referral Required
44238	UNLISTED LAPAROSCOPY PROCEDURE, INTESTINE (EXCEPT RECTUM)	01/01/2003	$0.00	0.0%	0.0%	N	Referral Required
44300	TUBE CECOSTOMY/ENTEROSTOMY	07/01/2008	$672.45	0.0%	0.0%	N	Referral Required
44310	ILEOSTOMY	07/01/2008	$842.97	0.0%	0.0%	N	Referral Required
44312	ILEOSTOMY	07/01/2008	$474.73	0.0%	0.0%	N	Referral Required
44314	ILEOSTOMY	07/01/2008	$813.08	0.0%	0.0%	N	Referral Required
44316	CONTINENT ILEOSTOMY	07/01/2008	$1,122.80	0.0%	0.0%	N	Referral Required
44320	COLOSTOMY	07/01/2008	$959.94	0.0%	0.0%	N	Referral Required
44322	COLOSTOMY W/MULTIPLE BIOPSIES	07/01/2008	$765.31	0.0%	0.0%	N	Referral Required
44340	COLOSTOMY	07/01/2008	$478.17	0.0%	0.0%	N	Referral Required
44345	COLOSTOMY	07/01/2008	$839.80	0.0%	0.0%	N	Referral Required
44346	REV COLOSTOMY W/REPAIR PARACOLOSTOMY HERNIA	07/01/2008	$942.65	0.0%	0.0%	N	Referral Required
44360	SM INTESTINAL ENDOSCOPY, BY SECOND PORTION OF DUOD	07/01/2008	$133.83	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
44361	SM. INTESTINAL ENDOSCOPY W/OBIOPSY,SINGLE/MULTIPLE	07/01/2008	$147.40	0.0%	0.0%	N	Referral Required
44363	S INTESTINAL ENDOSCOPY W/FB REMOVAL	07/01/2008	$175.79	0.0%	0.0%	N	Referral Required
44364	W/REMOVAL OF TUMORS,POLYPS,OR OTHER LESIONS BY SNA	07/01/2008	$187.79	0.0%	0.0%	N	Referral Required
44365	W/REMOVAL TUMORS,POLYPS,OR OTHER LESION,HOT BIOPSY	07/01/2008	$167.12	0.0%	0.0%	N	Referral Required
44366	WITH CONTROL OF BLEEDING, ANYMETHOD	07/01/2008	$221.89	0.0%	0.0%	N	Referral Required
44369	W/ABLATION OF TUMORS,POLYPS,OR OTHER LESIONS NOT A	07/01/2008	$225.89	0.0%	0.0%	N	Referral Required
44370	SMALL INTESTINAL ENDOSCOPY WITH STENT PLACEMENT	07/01/2008	$243.51	0.0%	0.0%	N	Referral Required
44372	W/PLACEMENT PERCUTANEOUS JEJUNOSTOMY TUBE	07/01/2008	$218.45	0.0%	0.0%	N	Referral Required
44373	W/CONVERSION PERCUTANEOUS GASTROSTOMY TUBE TO PERC	07/01/2008	$175.12	0.0%	0.0%	N	Referral Required
44376	SM INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND	07/01/2008	$259.03	0.0%	0.0%	N	Referral Required
44377	WITH BIOPSY, SINGLE OR MULTIPLE	07/01/2008	$274.46	0.0%	0.0%	N	Referral Required
44378	WITH CONTROL OF BLEEDING, ANY METHOD	07/01/2008	$353.47	0.0%	0.0%	N	Referral Required
44379	SMALL INTESTINAL ENDOSCOPY WITH STENT PLACEMENT	07/01/2008	$376.14	0.0%	0.0%	N	Referral Required
44380	ILEOSCOPY,THRU STOMA;DIAGNOSTIC W/OR W/O COLLECTIO	07/01/2008	$58.25	0.0%	0.0%	N	Referral Required
44382	FIBEROPTIC ILEOSCOPY W/BIOPSY-COLLECT BRUSHING/WAS	07/01/2008	$69.30	0.0%	0.0%	N	Referral Required
44383	ILEOSCOPY W/STENT PLACEMENT	07/01/2008	$150.69	0.0%	0.0%	N	Referral Required
44385	ENDOSCOPE EVALUATION OF SMALL INTESTINAL POUCH,DIA	07/01/2008	$201.59	0.0%	0.0%	N	Referral Required
44386	WITH BIOPSY, SINGLE OR MULTIPLE	07/01/2008	$296.90	0.0%	0.0%	N	Referral Required
44388	COLONOSCOPY THRU STOMA;DIAGNOSTICE,W/OR W/O COLLEC	07/01/2008	$286.25	0.0%	0.0%	N	Referral Required
44389	WITH BIOPSY, SINGLE OR MULTIPLE	07/01/2008	$339.47	0.0%	0.0%	N	Referral Required
44390	WITH REMOVAL OF FOREIGN BODY	07/01/2008	$391.97	0.0%	0.0%	N	Referral Required
44391	WITH CONTROL OF BLEEDING ANY METHOD	07/01/2008	$446.15	0.0%	0.0%	N	Referral Required
44392	W/REMOVAL OF FOREIGN BODY	07/01/2008	$367.33	0.0%	0.0%	N	Referral Required
44393	W/ABLATION OF TUMORS,POLYPS,OR OTHER LESION NOT AM	07/01/2008	$419.10	0.0%	0.0%	N	Referral Required
44394	COLONOSCOPY THROUGH STOMA; BY SNARE TECHNIQUE	07/01/2008	$427.65	0.0%	0.0%	N	Referral Required
44397	COLONOSCOPY W/ STENT PLACEMENT	07/01/2008	$231.17	0.0%	0.0%	N	Referral Required
44500	INTRODUCTION OF LONG GASTROINTESTINAL TUBE-(SP)	07/01/2008	$22.62	0.0%	0.0%	N	Referral Required
44602	SUTURE SMALL INTESTINE FOR PERFORATED ULCER, DIVERTICULUM, WOUND, INJURY OR RUP	07/01/2008	$1,100.74	0.0%	0.0%	N	Referral Required
44603	MULTIPLE PERFORATIONS	07/01/2008	$1,256.99	0.0%	0.0%	N	Referral Required
44604	SUTURE LARGE INTESTINE FOR PERFORATED ULCER,DIVERT	07/01/2008	$854.82	0.0%	0.0%	N	Referral Required
44605	ENTERORRHAPHY	07/01/2008	$1,056.32	0.0%	0.0%	N	Referral Required
44615	INTESTINAL STRICTUROPLASTY W/OR W/O DILATION FOR I	07/01/2008	$866.30	0.0%	0.0%	N	Referral Required
44620	CLOSURE, ENTEROSTOMY	07/01/2008	$691.01	0.0%	0.0%	N	Referral Required
44625	CLOSURE, ENTEROSTOMY	07/01/2008	$820.30	0.0%	0.0%	N	Referral Required
44626	CLOSURE ENTEROSTOMY; WITH RESECTION AND COLORECTAL ANATOMOSIS	07/01/2008	$1,307.36	0.0%	0.0%	N	Referral Required
44640	CLOSURE, FISTULA, INTESTINAL	07/01/2008	$1,138.83	0.0%	0.0%	N	Referral Required
44650	CLOSURE, FISTULA, ENTEROCOLIC	07/01/2008	$1,182.55	0.0%	0.0%	N	Referral Required
44660	CLOSURE, FISTULA ENTEROVESICAL	07/01/2008	$1,141.76	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
44661	CLOSURE ENTEROVESICAL FISTULA W/BOWEL AND BLADDER	07/01/2008	$1,284.27	0.0%	0.0%	N	Referral Requirec
44680	SUTURE, PLICATION, INTESTINAL	07/01/2008	$857.16	0.0%	0.0%	N	Referral Requirec
44700	EXCLUSION OF SMALL BOWEL FROM PELVIS BY MESH/OTHER PROSTHESIS,OR NATIVE TISSUE	07/01/2008	$832.40	0.0%	0.0%	N	Referral Requirec
44701	INTRAOPERATIVE COLONIC LAVAGE (ADD-ON)	07/01/2008	$141.39	0.0%	0.0%	N	Referral Requirec
44715	CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT > TRANSPLANT INCLUDING MOBILIZATION	07/01/2008	$918.45	0.0%	0.0%	Y	Referral Requirec
44720	CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT > TRANSPLANT VENOUS ANASTAMOSIS; EA	07/01/2008	$224.34	0.0%	0.0%	Y	Referral Requirec
44721	CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT PRIOR TO TRANSPLANT; ARTERIAL ANAST	07/01/2008	$322.82	0.0%	0.0%	Y	Referral Requirec
44799	UNLISTED PROC, INTESTINE	01/01/1976	$0.00	0.0%	0.0%	N	Referral Requirec
44800	DIVERTICULECTOMY	07/01/2008	$609.79	0.0%	0.0%	N	Referral Requirec
44820	EXCISION, LESION, MESENTERY	07/01/2008	$671.83	0.0%	0.0%	N	Referral Requirec
44850	SUTURE, MESENTERY	07/01/2008	$596.97	0.0%	0.0%	N	Referral Requirec
44899	UNLISTED PROC, MESENTERY	01/01/1976	$0.00	0.0%	0.0%	N	Referral Requirec
44900	DRAINAGE, ABSCESS, APPENDICIAL	07/01/2008	$604.53	0.0%	0.0%	N	Referral Requirec
44901	INCISION AND DRAINAGE OF APPENDICEAL ABSCESS; PERCUTANEOUS	07/01/2008	$913.38	0.0%	0.0%	N	Referral Requirec
44950	APPENDECTOMY	07/01/2008	$517.10	0.0%	0.0%	N	Referral Requirec
44955	APPENDECTOMY WHEN DONE W.OTHER MAJOR PROCEDURE-ADD ON	07/01/2008	$70.91	0.0%	0.0%	N	Referral Requirec
44960	APPENDECTOMY FOR RUPTURED APPENDIX W/ABSCESS	07/01/2008	$692.77	0.0%	0.0%	N	Referral Requirec
44970	LAPAROSCOPY APPENDECTOMY	07/01/2008	$473.29	0.0%	0.0%	N	Referral Requirec
44979	LAPAROSCOPY UNLISTED APPENDIX PROCEDURE	01/01/2000	$0.00	0.0%	0.0%	N	Referral Requirec
45000	DRAINAGE, ABSCESS, PELVIC	07/01/2008	$326.96	0.0%	0.0%	N	Referral Requirec
45005	INCISION & DRAINAGE OF SUBMUCOUS ABSCESS, RECTUM	07/01/2008	$205.92	0.0%	0.0%	N	Referral Requirec
45020	DRAINAGE, ABSCESS, PELVIRECTAL	07/01/2008	$423.53	0.0%	0.0%	N	Referral Requirec
45100	BIOPSY, ANO-RECTAL WALL	07/01/2008	$227.72	0.0%	0.0%	N	Referral Requirec
45108	MYOMECTOMY, ANORECTAL	07/01/2008	$278.43	0.0%	0.0%	N	Referral Requirec
45110	PROCTECTOMY	07/01/2008	$1,494.00	0.0%	0.0%	N	Referral Requirec
45111	PROTECTOMY, PARTIAL RESECTION	07/01/2008	$875.51	0.0%	0.0%	N	Referral Requirec
45112	PROCTECTOMY	07/01/2008	$1,541.99	0.0%	0.0%	N	Referral Requirec
45113	PROCTECTOMY,PARTIAL W/MUCOSECTOMY W/W/O ILEOSTOMY	07/01/2008	$1,579.69	0.0%	0.0%	N	Referral Requirec
45114	PROCTECTMY PARTIAL W ANASTOMOSIS ABDOMINAL & TRNSC	07/01/2008	$1,444.52	0.0%	0.0%	N	Referral Requirec
45116	PROCTECTOMY PARTIAL TRANSACRAL APPROACH ONLY KRSKE	07/01/2008	$1,307.52	0.0%	0.0%	N	Referral Requirec
45119	PROCTECTOMY,COLO-ANAL ANASTOMOSIS,W/COLONIC RESERVOIR,W/W/O DIVERTING OSTOMY	07/01/2008	$1,582.97	0.0%	0.0%	N	Referral Requirec
45120	PROCTECTOMY	07/01/2008	$1,259.43	0.0%	0.0%	N	Referral Requirec
45121	PROTECTOMY COMPLETE W SUBTOTAL OR TOTAL COLECTOMY	07/01/2008	$1,385.01	0.0%	0.0%	N	Referral Requirec
45123	PROCTECTOMY PARTIAL W/O ANASTOMOSIS, PERINEAL	07/01/2008	$892.93	0.0%	0.0%	N	Referral Requirec
45126	PELVIC EXENTERATION COLORECTAL MALIGNA WITH PROCTECTOMY	07/01/2008	$2,341.01	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
45130	EXCISION, RECTAL PROCIDENTIA	07/01/2008	$874.73	0.0%	0.0%	N	Referral Requirec
45135	EXCISION, RECTAL PROCIDENTIA	07/01/2008	$1,071.95	0.0%	0.0%	N	Referral Requirec
45136	EXCISION OF ILEOANAL RESERVOIR W/ ILEOSTOMY	07/01/2008	$1,489.29	0.0%	0.0%	N	Referral Requirec
45150	DIVISION, STRICTURE, RECTUM	07/01/2008	$310.20	0.0%	0.0%	N	Referral Requirec
45160	EXCISION RECTAL TUMOR BY PROCTOTOMY TRANSANAL APPR	07/01/2008	$792.55	0.0%	0.0%	N	Referral Requirec
45190	DESTRUCTION RECTAL TUMOR, TRANSANAL APPROACH	07/01/2008	$535.74	0.0%	0.0%	N	Referral Requirec
45300	PROCTOSIGMOIDOSCOPY	07/01/2008	$85.48	0.0%	0.0%	N	Referral Requirec
45303	PROCTOSIGMOIDOSCOPY WITH DILATION, ANY METHOD	07/01/2008	$695.49	0.0%	0.0%	N	Referral Requirec
45305	PROSCTOSIGMOIDOSCOPY WITH BIOPSY	07/01/2008	$141.08	0.0%	0.0%	N	Referral Requirec
45307	PROCTOSIGMOIDOSCOPY	07/01/2008	$163.99	0.0%	0.0%	N	Referral Requirec
45308	W/REMOVAL OF SINGLE TUMOR,POLYP,BY HOT BIOPSY FORC	07/01/2008	$138.64	0.0%	0.0%	N	Referral Requirec
45309	W/REMOVAL OF SINGLE TUMOR,POLYP,BY HOT BIOPSY FORC	07/01/2008	$160.23	0.0%	0.0%	N	Referral Requirec
45315	PROCTOSIGMOIDOSCOPY-REMOVE MULTIPLE TUMORS,POLYPE	07/01/2008	$174.85	0.0%	0.0%	N	Referral Requirec
45317	PROCTOSIGMOIDOSCOPY	07/01/2008	$166.65	0.0%	0.0%	N	Referral Requirec
45320	PROCTOSIGMOIDOSCOPY W/ABLATION OF TUMOR	07/01/2008	$168.27	0.0%	0.0%	N	Referral Requirec
45321	PORSTOSIGMOIDOSCOPY FOR DECOMPRESSION OF VOLVULUS	07/01/2008	$84.82	0.0%	0.0%	N	Referral Requirec
45327	PROCTOSIGMOIDOSCOPY W/STENT PLACEMENT	07/01/2008	$96.77	0.0%	0.0%	N	Referral Requirec
45330	SIGMIDOSCOPY, FLEXIBLE FIBEROPTIC, DIAGNOSITC	07/01/2008	$113.97	0.0%	0.0%	N	Referral Requirec
45331	SIGMOIDOSCOPY, FLEX FIBEROPTIC DIAGNOSTIC W/BIOPSY	07/01/2008	$146.28	0.0%	0.0%	N	Referral Requirec
45332	SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC W/REMOVAL OF FB	07/01/2008	$239.05	0.0%	0.0%	N	Referral Requirec
45333	SIGMOIDOSCOPY, FLEX FIBEROPTIC, W/REMOVAL POLYPOID	07/01/2008	$238.86	0.0%	0.0%	N	Referral Requirec
45334	WITH CONTROL OF BLEEDING, ANY METHOD	07/01/2008	$139.93	0.0%	0.0%	N	Referral Requirec
45335	SIGMOIDOSCOPY, FLEXIBLE; W/DIRECTED SUBMUCOSAL INJ. ANY SUBSTANCE	07/01/2008	$194.03	0.0%	0.0%	N	Referral Requirec
45337	WITH DECOMPRESSION OF VOLVULUS, ANY METHOD	07/01/2008	$120.59	0.0%	0.0%	N	Referral Requirec
45338	W/REMOVAL OF TUMORS,POLYPS, OR OTHER LESION BY SNA	07/01/2008	$267.92	0.0%	0.0%	N	Referral Requirec
45339	W/ABLATION OF TUMORS,POLYPS, OR OTHER LESIONS NOT	07/01/2008	$263.93	0.0%	0.0%	N	Referral Requirec
45340	SIGMOIDOSCOPY, FLEXIBLE; W/DILATION BY BALLOON, 1 OR MORE STRICTURES	07/01/2008	$340.33	0.0%	0.0%	N	Referral Requirec
45341	SIGMOIDOSCOPY W/ENDOSCOPIC ULTRASOUND	07/01/2008	$133.21	0.0%	0.0%	N	Referral Requirec
45342	SIGMOIDOSCOPY CODE W/ULTRASOUND FNA/BIOPSY	07/01/2008	$203.41	0.0%	0.0%	N	Referral Requirec
45345	SIGMOIDOSCOPY W/STENT PLACEMENT	07/01/2008	$146.64	0.0%	0.0%	N	Referral Requirec
45355	COLONOSCOPY,RIGID OR FLEXIBLE,TRANSABDOMINAL VIA C	07/01/2008	$173.92	0.0%	0.0%	N	Referral Requirec
45360	COLONOSCOPY	07/01/2008	$313.15	0.0%	0.0%	N	Referral Requirec
45365	COLONOSCOPY	07/01/2008	$334.75	0.0%	0.0%	N	Referral Requirec
45378	COLONOSCOPY	07/01/2008	$338.69	0.0%	0.0%	N	Referral Requirec
45379	COLONOSCOPY DIAGNOSTIC W/REMOVAL OF FB	07/01/2008	$426.92	0.0%	0.0%	N	Referral Requirec
45380	COLONOSCOPY	07/01/2008	$404.77	0.0%	0.0%	N	Referral Requirec
45381	COLONOSCOPY, FLEXIBLE; PROXIMAL TO FLEXURE; W/DIRECTED SUBMUCOSAL INJ. ANY SUBST	07/01/2008	$393.82	0.0%	0.0%	N	Referral Requirec
45382	COLONOSCOPY W/CONTROL OF HEMORRHAGE(EG ELECTROCOAGU	07/01/2008	$536.89	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
45383	W/ABLATION OF TUMORS,POLYPS,OR OTHER LESIONS NOT A	07/01/2008	$480.59	0.0%	0.0%	N	Referral Required
45384	COLONOSCOPY WITH REMOVAL OF TUMORS	07/01/2008	$398.09	0.0%	0.0%	N	Referral Required
45385	COLONSCOPY W/REMVL OF TUMOR,POLYPIC BY SNARE TECHN	07/01/2008	$455.78	0.0%	0.0%	N	Referral Required
45386	COLONOSCOPY, FLEXIBLE, PROXIMAL FLEXURE; W/DILATION BY BALLOON, 1 OR MORE STRICT	07/01/2008	$573.92	0.0%	0.0%	N	Referral Required
45387	COLONOSCOPY W/STENT PLACEMNET	07/01/2008	$292.94	0.0%	0.0%	N	Referral Required
45391	SPLENIC FLEXURE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION	07/01/2008	$255.03	0.0%	0.0%	N	Referral Required
45392	SPLENIC FLEXURE; TRANSENDOSCOPIC ULTRASOUND WITH NEEDLE ASPIRATIONS/BIOPSIES	07/01/2008	$322.47	0.0%	0.0%	N	Referral Required
45395	LAPAROSCOPY, SURG PROTECTOMY COMBINED W/ABDOMINOPERINEALW/COLOSTOMY	07/01/2008	$1,613.11	0.0%	0.0%	N	Referral Required
45397	LAPAROSCOPY, SURG PROTECTOMY COMBINED W/ABDOMINOPERINEAL PULL THRU PROC	07/01/2008	$1,748.58	0.0%	0.0%	N	Referral Required
45400	LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE)	07/01/2008	$935.03	0.0%	0.0%	N	Referral Required
45402	LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE) WITH SIGMOID RESECTION	07/01/2008	$1,251.09	0.0%	0.0%	N	Referral Required
45499	UNLISTED LAPAROSCOPY PROCEDURE, RECTUM	01/01/2006	$0.00	0.0%	0.0%	N	Referral Required
45500	PROCTOPLASTY	07/01/2008	$404.06	0.0%	0.0%	N	Referral Required
45505	PROCTOPLASTY	07/01/2008	$439.84	0.0%	0.0%	N	Referral Required
45520	SCLEROSING SOLUTION, RECTAL	07/01/2008	$94.30	0.0%	0.0%	N	Referral Required
45540	PROCTOPEXY	07/01/2008	$850.53	0.0%	0.0%	N	Referral Required
45541	PROCTOPEXY	07/01/2008	$732.32	0.0%	0.0%	N	Referral Required
45550	PROCTOPEXY	07/01/2008	$1,180.42	0.0%	0.0%	N	Referral Required
45560	REPAIR OF RECTOCELE (SEPARATE PROCEDURE)	07/01/2008	$581.17	0.0%	0.0%	N	Referral Required
45562	EXPLORATION, REPAIR, DRAINAGE FOR RECTAL INJURY	07/01/2008	$884.52	0.0%	0.0%	N	Referral Required
45563	EXPLORATION,REPAIR,DRAINAGE FOR INJURY W/COLOSTOMY	07/01/2008	$1,293.65	0.0%	0.0%	N	Referral Required
45800	CLOSURE, FISTULA, RECTOVESICAL	07/01/2008	$988.82	0.0%	0.0%	N	Referral Required
45805	CLOSURE, FISTULA, RECTOVESICAL	07/01/2008	$1,140.69	0.0%	0.0%	N	Referral Required
45811	EXTRNAL DRAINAGE, PSEUDOCYST OF PANCREAS; PERCUTANEOUS	07/01/2008	$313.33	0.0%	0.0%	N	Referral Required
45820	CLOSURE, FISTULA RECTOURETHRAL	07/01/2008	$987.72	0.0%	0.0%	N	Referral Required
45825	CLOSURE, FISTULA RECTOURETHRAL	07/01/2008	$1,170.97	0.0%	0.0%	N	Referral Required
45900	REDUCTION, PROCIDENTIA	07/01/2008	$157.84	0.0%	0.0%	N	Referral Required
45905	DILATION OF ANAL SPHINCTER UNDER ANESTHESIA	07/01/2008	$133.22	0.0%	0.0%	N	Referral Required
45910	DILATION OF RECTAL STRICTURE	07/01/2008	$158.56	0.0%	0.0%	N	Referral Required
45915	REMOVAL OF FECAL IMPACTION OR FOREIGN BODY W/ANES	07/01/2008	$253.73	0.0%	0.0%	N	Referral Required
45990	ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA(GEN SPINAL/EPIDURAL DIAGNOSTIC)	07/01/2008	$89.15	0.0%	0.0%	N	Referral Required
45999	UNLISTED PROCEDURE, RECTUM	09/01/1982	$0.00	0.0%	0.0%	N	Referral Required
46020	PLACEMENT OF SETON	07/01/2008	$197.97	0.0%	0.0%	N	Referral Required
46030	REMOVAL, SETON	07/01/2008	$98.23	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
46040	DRAINAGE, ABSCESS, PERIRECTAL	07/01/2008	$389.00	0.0%	0.0%	N	Referral Requirec
46045	DRAINAGE, ABSCESS, TRANSANAL	07/01/2008	$318.63	0.0%	0.0%	N	Referral Requirec
46050	DRAINAGE, ABSCESS, PERIANAL	07/01/2008	$139.17	0.0%	0.0%	N	Referral Requirec
46060	DRAINAGE, ABSCESS, INTRAMURAL	07/01/2008	$349.64	0.0%	0.0%	N	Referral Requirec
46070	INCISION, ANAL SEPTUM	07/01/2008	$168.38	0.0%	0.0%	N	Referral Requirec
46080	SPHINCTEROTOMY	07/01/2008	$180.26	0.0%	0.0%	N	Referral Requirec
46083	INCISION OF THROMBOSE HEMORRHOID, EXTERNAL	07/01/2008	$131.87	0.0%	0.0%	N	Referral Requirec
46200	FISSURECTOMY, INCLUDING SPHINCTEROTOMY	07/01/2008	$293.13	0.0%	0.0%	N	Referral Requirec
46220	EXCISION OF SINGLE EXTERNAL PAPILLA OR TAG, ANUS	07/01/2008	$144.93	0.0%	0.0%	N	Referral Requirec
46221	HEMORRHOIDECTOMY, INTERNAL BY RUBBER BAND LIGATION(S)	07/01/2008	$188.13	0.0%	0.0%	N	Referral Requirec
46230	EXCISION, MULTIPLE EXTERNAL PAPILLAE OR TAGS, ANUS	07/01/2008	$202.32	0.0%	0.0%	N	Referral Requirec
46250	HEMORRHOIDECTOMY, EXTERNAL	07/01/2008	$336.76	0.0%	0.0%	N	Referral Requirec
46255	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL	07/01/2008	$378.01	0.0%	0.0%	N	Referral Requirec
46257	HEMORRHOIDECTOMY W/FISSURECTOMY	07/01/2008	$314.73	0.0%	0.0%	N	Referral Requirec
46258	HEMORRHOIDECTOMY W/FISTULECTOMY, INCLUDING FISSURECTOMY	07/01/2008	$344.02	0.0%	0.0%	N	Referral Requirec
46260	HEMORRHOIDECTOMY	07/01/2008	$358.77	0.0%	0.0%	N	Referral Requirec
46261	HEMORRHOIDECTOMY INTERNAL/EXTERNAL W/FISSURECTOMY	07/01/2008	$402.78	0.0%	0.0%	N	Referral Requirec
46262	HEMORRHOIDECTOMY COMPLEX W/FISTULECTOMY W/WO FISSU	07/01/2008	$417.59	0.0%	0.0%	N	Referral Requirec
46270	FISTULECTOMY	07/01/2008	$360.09	0.0%	0.0%	N	Referral Requirec
46275	HEMORRHOIDECTOMY, INTERSPHINCTERIC	07/01/2008	$375.99	0.0%	0.0%	N	Referral Requirec
46280	HEMORRHOIDECTOMY, TRANS-SUPRA-EXTRA SPHINCTERIC	07/01/2008	$348.64	0.0%	0.0%	N	Referral Requirec
46285	FISTULECTOMY	07/01/2008	$358.45	0.0%	0.0%	N	Referral Requirec
46288	CLOSURE ANAL FISTULA W/ADVANCEMENT FLAP	07/01/2008	$411.64	0.0%	0.0%	N	Referral Requirec
46320	EXCISION OF THROMBOSED HEMORRHOID, EXTERNAL	07/01/2008	$133.63	0.0%	0.0%	N	Referral Requirec
46500	SCLEROSING HEMORRHOIDS	07/01/2008	$153.31	0.0%	0.0%	N	Referral Requirec
46505	CHEMODENERVATION OF INTERNAL ANAL SPHINCTER	07/01/2008	$213.22	0.0%	0.0%	N	Referral Requirec
46600	ANOSCOPY W-W/O COLLECTION OF SPECIMEN.	07/01/2008	$68.28	0.0%	0.0%	N	Referral Requirec
46604	ANOSCOPY FOR DILATION DIRECT INSTRUMENTAL	07/01/2008	$398.28	0.0%	0.0%	N	Referral Requirec
46606	ANOSCOPY FOR BIOPSY	07/01/2008	$169.87	0.0%	0.0%	N	Referral Requirec
46608	ANOSCOPY FOR REMOVAL OF FB	07/01/2008	$182.59	0.0%	0.0%	N	Referral Requirec
46610	ANOSCOPU FOR REMOVAL OF POLYP	07/01/2008	$176.35	0.0%	0.0%	N	Referral Requirec
46611	W/REMOVAL OF SINGLE TUMOR,POLYP,OR OTHER LESION BY	07/01/2008	$144.79	0.0%	0.0%	N	Referral Requirec
46612	ANOSCOPY FOR MULTI POLYP REMOVAL	07/01/2008	$220.43	0.0%	0.0%	N	Referral Requirec
46614	ANOSCOPY W/COAGULATION FOR CONTROL HEMORRHAGE AND	07/01/2008	$108.39	0.0%	0.0%	N	Referral Requirec
46615	W/ABLATION OF TUMORS,POLYPS,OR OTHER LESIONS NOT A	07/01/2008	$126.96	0.0%	0.0%	N	Referral Requirec
46700	ANOPLASTY	07/01/2008	$498.55	0.0%	0.0%	N	Referral Requirec
46705	ANOPLASTY INFANT	07/01/2008	$392.11	0.0%	0.0%	N	Referral Requirec
46706	REPAIR OF ANAL FISTULA W/ FIBRIN GLUE	07/01/2008	$131.79	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
46710	REPAIR OF ILEOANAL POUCH FISTULA/SINUS POUCH ADVANCE, TRANSPERINEAL APPROACH	07/01/2008	$852.06	0.0%	0.0%	N	Referral Required
46712	REPAIR/ILEOANAL POUCH FISTULA/SINUS POUCH COMBINE, TRANSPERINEAL /TRANSABDOMENAL	07/01/2008	$1,772.69	0.0%	0.0%	N	Referral Required
46715	REPAIR CONGENTIAL ANO-VAGINAL FISTULA	07/01/2008	$392.53	0.0%	0.0%	N	Referral Required
46716	W/TRANSPOSITION OF ANOPERINEAL OR ANOVESTIBULAR FI	07/01/2008	$898.09	0.0%	0.0%	N	Referral Required
46730	REPAIR OF HIGH IMPERFORATE ANUS WITHOUT FISTULA	07/01/2008	$1,468.05	0.0%	0.0%	N	Referral Required
46735	COMBINED TRANSABDOMINAL AND SACROPERINEAL APPROACH	07/01/2008	$1,733.50	0.0%	0.0%	N	Referral Required
46740	ANORECTOPLASTY	07/01/2008	$1,642.76	0.0%	0.0%	N	Referral Required
46742	COMBINED TRANSABODMINAL AND SACROPERINEAL APPROACH	07/01/2008	$1,910.75	0.0%	0.0%	N	Referral Required
46744	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY	07/01/2008	$2,737.87	0.0%	0.0%	N	Referral Required
46746	REPAIR CLOACAL ANOMALY BY ANORECTOVAGINALOPLASTY &	07/01/2008	$3,072.48	0.0%	0.0%	N	Referral Required
46748	W/VAGINAL LENGTHENING BY INTESTINAL GRAFT & PEDICL	07/01/2008	$3,188.02	0.0%	0.0%	N	Referral Required
46750	SPHINCTEROPLASTY	07/01/2008	$604.41	0.0%	0.0%	N	Referral Required
46751	SPHINCTEROPLASTY	07/01/2008	$500.19	0.0%	0.0%	N	Referral Required
46753	GRAFT FOR RECTAL INCONTINENCE AND/OR PROLAPSE	07/01/2008	$454.25	0.0%	0.0%	N	Referral Required
46754	REMOVAL THIERSCH WIRE OR SUTURE ANAL CANAL	07/01/2008	$220.80	0.0%	0.0%	N	Referral Required
46760	SPHINCTEROPLASTY	07/01/2008	$860.25	0.0%	0.0%	N	Referral Required
46761	LEVATOR MUSCLE IMBRICATION	07/01/2008	$743.89	0.0%	0.0%	N	Referral Required
46762	IMPLANTATION ARTIFICIAL SPHINCTER	07/01/2008	$725.51	0.0%	0.0%	N	Referral Required
46820	COMPLEX OR MULTIPLE	07/01/2008	$124.46	0.0%	0.0%	N	Referral Required
46900	CONDYLOMATA DESTRUCTION	07/01/2008	$171.32	0.0%	0.0%	N	Referral Required
46910	CONDYLOMATA DESTRUCTION	07/01/2008	$179.95	0.0%	0.0%	N	Referral Required
46916	DESCTRUCTION OF LESION(S) ANUS SIMPLE CRYOSURGERY	07/01/2008	$180.76	0.0%	0.0%	N	Referral Required
46917	DESTRUCTION OF LESIONS ANUS LASAR SURGERY SIMPLE	07/01/2008	$366.17	0.0%	0.0%	N	Referral Required
46920	CONDYLOMATA DESTRUCTION	07/01/2008	$59.40	0.0%	0.0%	N	Referral Required
46922	DESTRUCTION OF LESION, SURGICAL EXCISION	07/01/2008	$191.20	0.0%	0.0%	N	Referral Required
46924	DESTRUCTION LESION,ANUS, EXTENSIVE, ANY METHOD	07/01/2008	$403.21	0.0%	0.0%	N	Referral Required
46930	DESTRV OF INTNL HEMORRHOID BY THRMAL ENRGY INFRARED COAG, CAUTERY, RADIOFREQ	01/01/2009	$172.15	0.0%	0.0%	N	Referral Required
46936	DESTRUCTION OF INTERNAL/EXTERNAL HEMORRHOIDS	07/01/2008	$316.14	0.0%	0.0%	N	Referral Required
46940	CURETTAGE/CAUTERIZATION OF ANAL FISSURE; INITIAL	07/01/2008	$163.20	0.0%	0.0%	N	Referral Required
46942	CURETTAGE/CAUTERIZATION ANAL FISSURE; SUBSEQUENT	07/01/2008	$149.96	0.0%	0.0%	N	Referral Required
46945	HEMORRHOIDECTOMY, INTERNAL LIGATION OTHER THAN RUBBER BAND	07/01/2008	$209.68	0.0%	0.0%	N	Referral Required
46946	HEMORRHOIDECTOMY, 2 OR MORE COLUMNS/GROUPS	07/01/2008	$231.82	0.0%	0.0%	N	Referral Required
46947	HEMORRHOIDOPEXY (EG, FOR PROLAPSING INTERNAL HEMORRHOIDS) BY STAPLING	07/01/2008	$295.33	0.0%	0.0%	N	Referral Required
46999	UNLISTED PROCEDURE ANUS	01/01/1976	$0.00	0.0%	0.0%	N	Referral Required
47000	BIOPSY, LIVER	07/01/2008	$245.06	0.0%	0.0%	N	Referral Required
47001	BIOPSY LIVER PERC NEEDLE DONE @ TIME OF MAJ PROCED (ADD-ON)	07/01/2008	$87.38	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
47010	HEPATOTOMY FOR DRAINAGE ABSCESS ONE OR TWO STAGES	07/01/2008	$959.73	0.0%	0.0%	N	Referral Required
47011	HEPATOTOMY; FOR PERCUTANEOUS DRAINAGE OF ABSCESS OR CYST, ONE OR TWO STAGES	07/01/2008	$170.01	0.0%	0.0%	N	Referral Required
47015	LAPAROTOMY W/HEPATIC PARASITIC CYST OR ABSCESS(ES)	07/01/2008	$912.53	0.0%	0.0%	N	Referral Required
47100	BIOPSY, LIVER	07/01/2008	$663.81	0.0%	0.0%	N	Referral Required
47120	HEPATECTOMY	07/01/2008	$1,878.01	0.0%	0.0%	N	Referral Required
47122	HEPATECTOMY TRISEGMENTECTOMY	07/01/2008	$2,798.68	0.0%	0.0%	N	Referral Required
47125	HEPATECTOMY RESECTION OF LIVER TOTAL L LOBECTOMY	07/01/2008	$2,509.92	0.0%	0.0%	N	Referral Required
47130	HEPATECTOMY RESECTION OF LIVER TOTAL R LOBECTOMY	07/01/2008	$2,698.68	0.0%	0.0%	N	Referral Required
47133	DONOR HEPATECTOMY COLD PRESERVATION FROM CADAVER DONOR	10/01/1991	$0.00	0.0%	0.0%	N	Referral Required
47135	LIVER ALLOTRANSPLANT; ORTHOTOPIC, PARTIAL OR WHOLE, FROM CADAVER OR DONOR	07/01/2008	$3,972.27	0.0%	0.0%	Y	Referral Required
47136	LIVER ALLOTRANSPLANTATION; HETEROTOPIC, ANY AGE	07/01/2008	$3,382.54	0.0%	0.0%	Y	Referral Required
47143	CADAVER DONOR WHOLE LIVER GRAFT > ALLOTRANSPLANT INCLUDING CHOLECYSTECTOMY, ETC.	07/01/2008	$4,864.88	0.0%	0.0%	Y	Referral Required
47144	CADAVER DONOR WHOLE LIVER GRAFT > ALLOTRANSPLANT INCLUDING CHOLECYSTECTOMY, ETC.	07/01/2008	$3,572.52	0.0%	0.0%	Y	Referral Required
47145	CADAVER DONOR WHOLE LIVER GRAFT > ALLOTRANSPLANT INCLUDING CHOLECYSTECTOMY, ETC.	07/01/2008	$3,942.41	0.0%	0.0%	Y	Referral Required
47146	CADAVER OR LIVING DONOR LIVER GRAFT > ALLOTRANSPLANT; VENOUS ANASTAMOSIS; EA	07/01/2008	$276.63	0.0%	0.0%	Y	Referral Required
47147	CADAVER OR LIVING DONOR LIVER GRAFT > ALLOTRANSPLANT;ARTERIAL ANASTAMOSIS; EA	07/01/2008	$322.49	0.0%	0.0%	Y	Referral Required
47300	MARSUPIALIZATION, CYST, LIVER	07/01/2008	$891.85	0.0%	0.0%	N	Referral Required
47350	HEPATORRHAPHY	07/01/2008	$1,093.53	0.0%	0.0%	N	Referral Required
47360	HEPATORRAPHY COMPLEX W/WO HEPATIC ARTERY LIGATION	07/01/2008	$1,490.92	0.0%	0.0%	N	Referral Required
47361	MGMT LIVER HEMORRHAGE;EXPLORE HEPATIC WOUND, DEBRI	07/01/2008	$2,471.01	0.0%	0.0%	N	Referral Required
47362	MGMT LIVER HEMORRHAGE;RE-EXPLORE HEPATIC WOUND	07/01/2008	$1,133.38	0.0%	0.0%	N	Referral Required
47370	LAPAROSCOPY, SURGICAL ABLATION OF ONE OR MORE TUMORS RADIOFREQUENCY	07/01/2008	$1,005.85	0.0%	0.0%	N	Referral Required
47371	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE TUMORS, CRYOSURGICAL	07/01/2008	$1,010.47	0.0%	0.0%	N	Referral Required
47379	UNLISTED LIVER LAPAROSCOPY	01/01/2001	$0.00	0.0%	0.0%	N	Referral Required
47380	ABLATION OPEN ONE OR MORE LIVER TUMORS RADIOFREQUENCY	07/01/2008	$1,173.52	0.0%	0.0%	N	Referral Required
47381	ABLATION OPEN ONE OR MORE LIVER TUMORS, CRYOSURGICAL	07/01/2008	$1,199.05	0.0%	0.0%	N	Referral Required
47382	ABULATION, ONE OR MORE LIVER TUMORS, PERCUTANEOUS, RADIOFREQUENCY	07/01/2008	$732.74	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	07/01/2008	$1,715.04	0.0%	0.0%	N	Referral Required
47420	CHOLEDOCHOTOMY/CHOLEDOCHOSTOMY	07/01/2008	$1,074.10	0.0%	0.0%	N	Referral Required
47425	CHOLEDOCHOTOMY/CHOLEDOCHOSTOMY	07/01/2008	$1,085.76	0.0%	0.0%	N	Referral Required
47460	SPHINCTEROTOMY	07/01/2008	$1,018.45	0.0%	0.0%	N	Referral Required
47480	CHOLECYSTOTOMY/CHOLECYSTOSTOMY	07/01/2008	$676.47	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
47490	PERCUTANEOUS CHOLECYSTOSTOMY	07/01/2008	$459.39	0.0%	0.0%	N	Referral Required
47500	CHOLANGIOGRAPHY INJ PROC	07/01/2008	$90.53	0.0%	0.0%	N	Referral Required
47505	CHOLANGIOGRAPHY INJ PROCEDURE THRU EXISTING CATH	07/01/2008	$34.95	0.0%	0.0%	N	Referral Required
47510	INTRO OF PERCUTANEOUS TRANSHEPATIC CATHETER	07/01/2008	$435.80	0.0%	0.0%	N	Referral Required
47511	INTRO TRANSHEPATIC STENT INTERNAL/EXTERNAL DRAINAG	07/01/2008	$540.93	0.0%	0.0%	N	Referral Required
47525	CHANGE OF PERCUTANEOUS BILIARY DRAINAGE CATHETER	07/01/2008	$692.33	0.0%	0.0%	N	Referral Required
47530	REVISION AND/OR REINSERTION OF TRANSHEPATIC T-TUBE	07/01/2008	$1,281.33	0.0%	0.0%	N	Referral Required
47550	BILIARY ENDOSCOPY, INTRAOPERATIVE -CHOLEDOCHOSCOPY-ADD ON	07/01/2008	$138.96	0.0%	0.0%	N	Referral Required
47552	BILIARY ENDOSCOPY PERCUTANEOUS VIA T-TUBE DIAGNOST	07/01/2008	$291.32	0.0%	0.0%	N	Referral Required
47553	BILIARY ENDOSCOPY FOR BIOPSY AND/OR COLLECTION SPE	07/01/2008	$291.64	0.0%	0.0%	N	Referral Required
47554	ENDOSCOPY W/REMOVAL OF STONES	07/01/2008	$432.60	0.0%	0.0%	N	Referral Required
47555	BILIARY ENDOSCOPY FOR DILATION BILIARY DUCT STRICT	07/01/2008	$348.93	0.0%	0.0%	N	Referral Required
47556	BILIARY ENDOSCOPY,DILATIOBILAIARY DUCT STRICTURE (	07/01/2008	$394.41	0.0%	0.0%	N	Referral Required
47560	LAPAROSCOPY CHOLANGIOGRAPHY	07/01/2008	$224.53	0.0%	0.0%	N	Referral Required
47561	LAPAROSCOPY CHOLANGIOGRAPHY WITH BIOPSY	07/01/2008	$244.25	0.0%	0.0%	N	Referral Required
47562	LAPAROSCOPY CHOLECYSTECTOMY	07/01/2008	$588.97	0.0%	0.0%	N	Referral Required
47563	LAPAROSCOPY CHOLECYSTECTOMY WITH CHOLANGIOGRAPHY	07/01/2008	$606.26	0.0%	0.0%	N	Referral Required
47564	LAPAROSCOPY CHOLECYSTECTOMY WITH EXPLORATION	07/01/2008	$701.97	0.0%	0.0%	N	Referral Required
47570	LAPAROSCOPY CHOLECYSTENTEROSTOMY	07/01/2008	$625.16	0.0%	0.0%	N	Referral Required
47579	LAPAROSCOPY UNLISTED BILIARY TRACT PROCEDURE	01/01/2000	$0.00	0.0%	0.0%	N	Referral Required
47600	CHOLECYSTECTOMY	07/01/2008	$839.12	0.0%	0.0%	N	Referral Required
47605	CHOLECYSTECTOMY	07/01/2008	$785.22	0.0%	0.0%	N	Referral Required
47610	CHOLECYSTECTOMY	07/01/2008	$1,006.22	0.0%	0.0%	N	Referral Required
47611	CHOLECYSTECTOMY	07/01/2008	$1,112.19	0.0%	0.0%	N	Referral Required
47612	CHOLECYSTECTOMY W/CHOLEDOCHOENTEROSTOMY	07/01/2008	$1,015.60	0.0%	0.0%	N	Referral Required
47620	CHOLECYSTECTOMY	07/01/2008	$1,101.32	0.0%	0.0%	N	Referral Required
47630	STONE EXTRACTION, BILIARY DUCT	07/01/2008	$493.93	0.0%	0.0%	N	Referral Required
47700	EXPLORATION, BILE DUCT	07/01/2008	$834.58	0.0%	0.0%	N	Referral Required
47701	PORTOENTEROSTOMY-ADD ON	07/01/2008	$1,398.88	0.0%	0.0%	N	Referral Required
47711	EXCISION BILE DUCT TUMOR W/W/O REPAIR;EXTRAHEPATIC	07/01/2008	$1,248.58	0.0%	0.0%	N	Referral Required
47712	EXCISION BILE DUCT TUMOR W/W/O REPAIR;INTRAHEPATIC	07/01/2008	$1,603.16	0.0%	0.0%	N	Referral Required
47715	EXCISION OF CHOLEDOCHAL CYST	07/01/2008	$1,050.00	0.0%	0.0%	N	Referral Required
47720	ANASTOMOSIS, GALL BLADDER	07/01/2008	$904.33	0.0%	0.0%	N	Referral Required
47721	ANASTOMOSIS, GALL BLADDER	07/01/2008	$1,066.62	0.0%	0.0%	N	Referral Required
47740	ROUX-EN-Y PROCEDURE	07/01/2008	$1,032.33	0.0%	0.0%	N	Referral Required
47741	ROUX-EN-Y WITH GASTROENTEROSTOMY	07/01/2008	$1,170.62	0.0%	0.0%	N	Referral Required
47760	ANASTOMOSIS, BILIARY DUCT	07/01/2008	$1,742.84	0.0%	0.0%	N	Referral Required
47765	ANASTOMOSIS DIRECT OF INTRAHEPATIC DUCTS GASTROINT	07/01/2008	$2,269.99	0.0%	0.0%	N	Referral Required
47780	ROUX-EN-Y PROCEDURE	07/01/2008	$1,902.45	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
47785	ANASTOMOSIS, ROUX-EN-Y OF DUCTS AND TRACT	07/01/2008	$2,469.67	0.0%	0.0%	N	Referral Required
47800	RECONSTRUCTION, BILIARY DUCTS	07/01/2008	$1,262.63	0.0%	0.0%	N	Referral Required
47801	PLACEMENT OF CHOLEDOCHAL STENT	07/01/2008	$884.46	0.0%	0.0%	N	Referral Required
47802	U-TUBE LEPATICOENTEROSTOMY	07/01/2008	$1,209.25	0.0%	0.0%	N	Referral Required
47900	SUTURE EXTRAHEPATIC BILIARY DUCT FOR PRE INJURY	07/01/2008	$1,094.48	0.0%	0.0%	N	Referral Required
47999	UNLISTED BILIARY TRACT PROC	01/01/1976	$0.00	0.0%	0.0%	N	Referral Required
48000	DRAINAGE, PANCRRAS	07/01/2008	$1,506.48	0.0%	0.0%	N	Referral Required
48001	WITH CHOLECYSTOSTOMY,GASTROSTOMY,AND JEJUNOSTOMY	07/01/2008	$1,860.68	0.0%	0.0%	N	Referral Required
48020	REMOVAL, CALCULUS, PANCREAS	07/01/2008	$925.18	0.0%	0.0%	N	Referral Required
48100	BIOPSY OF PANCREAS, OPEN, ANY MEHTOD	07/01/2008	$705.54	0.0%	0.0%	N	Referral Required
48102	BIOPSY OF PANCREAS	07/01/2008	$455.19	0.0%	0.0%	N	Referral Required
48105	RESECTION OR DEBRIDEMENT/PANCREAS & PERIPANCREATIC	07/01/2008	$2,290.36	0.0%	0.0%	N	Referral Required
48120	EXCISION, LESION, PANCREAS	07/01/2008	$883.26	0.0%	0.0%	N	Referral Required
48140	PANCREATECTOMY	07/01/2008	$1,251.61	0.0%	0.0%	N	Referral Required
48145	PANCREATECTOMY	07/01/2008	$1,298.33	0.0%	0.0%	N	Referral Required
48146	PANCREATECTOMY,DISTAL,NEAR-TOTAL W/PRESERVATION OR	07/01/2008	$1,486.04	0.0%	0.0%	N	Referral Required
48148	EXCISION OF AMPULLA OF VATER	07/01/2008	$986.85	0.0%	0.0%	N	Referral Required
48150	PANCREATECTOMY	07/01/2008	$2,511.93	0.0%	0.0%	N	Referral Required
48152	WITHOUT PANCREATOJEJUNOSTOMY	07/01/2008	$2,320.55	0.0%	0.0%	N	Referral Required
48153	PANCREATECTOMY,PROXIMAL NEAR TOTAL DUODENECTOMY,CH	07/01/2008	$2,509.65	0.0%	0.0%	N	Referral Required
48154	WITHOUT PANCREATOJEJUNOSTOMY	07/01/2008	$2,333.31	0.0%	0.0%	N	Referral Required
48155	PANCREATECTOMY TOTAL	07/01/2008	$1,438.19	0.0%	0.0%	N	Referral Required
48160	PANCREATECTOMY	07/01/2008	$1,821.80	0.0%	0.0%	Y	Referral Required
48400	INJECTION PROCEDURE FOR INTRAOPERATIVE PANCREATOGR-ADD ON	07/01/2008	$90.05	0.0%	0.0%	N	Referral Required
48495	REPAIR INITIAL INGUINAL HERNIA,UNDER AGE 6 MO	07/01/2008	$594.31	0.0%	0.0%	N	Referral Required
48500	MARSUPIALIZATION CYST PANCREAS	07/01/2008	$893.71	0.0%	0.0%	N	Referral Required
48510	EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS	07/01/2008	$857.82	0.0%	0.0%	N	Referral Required
48511	EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS; PERCUTANEOUS	07/01/2008	$823.89	0.0%	0.0%	N	Referral Required
48520	ANASTOMOSIS, PANCREATIC CYST	07/01/2008	$870.74	0.0%	0.0%	N	Referral Required
48540	ROUX-EN-Y PROCEDURE	07/01/2008	$1,048.12	0.0%	0.0%	N	Referral Required
48545	PANCREATORRHAPHY FOR TRAUMA	07/01/2008	$1,060.08	0.0%	0.0%	N	Referral Required
48547	DUODENAL EXCLUSION W/GASTROJEJUNOSTOMY FOR PANCREA	07/01/2008	$1,426.09	0.0%	0.0%	N	Referral Required
48548	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE ANASTOMOSIS (PUESTOW-TYPE OPERATION)	07/01/2008	$1,334.47	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	07/01/2008	$622.50	0.0%	0.0%	N	Referral Required
49002	REOPENING OF RECENT LAPAROTOMY INCISION FOR EXPLOR	07/01/2008	$804.71	0.0%	0.0%	N	Referral Required
49010	RETROPERITONEAL EXPLORATION	07/01/2008	$766.49	0.0%	0.0%	N	Referral Required
49020	DRAINAGE, PERITONITIS	07/01/2008	$1,276.68	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
49021	DRAINAGE PERITONEAL ABSCESS; PERCUTANEOUS	07/01/2008	$796.22	0.0%	0.0%	N	Referral Required
49040	DRAINAGE, ABSCESS, SUBPHRENIC	07/01/2008	$798.60	0.0%	0.0%	N	Referral Required
49041	DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS; PERCUTANEOUS	07/01/2008	$796.53	0.0%	0.0%	N	Referral Required
49060	DRNG, ABSCESS, RETROPERITONEAL	07/01/2008	$895.99	0.0%	0.0%	N	Referral Required
49061	DRAINAGE OF RETROPERITONEAL ABSCESS; PERCUTANEOUS	07/01/2008	$785.25	0.0%	0.0%	N	Referral Required
49062	DRAINAGE OF EXTRAPERITONEAL LYMPHOCELE TO PERITONAEAL CAVITY, OPEN	07/01/2008	$608.69	0.0%	0.0%	N	Referral Required
49080	PERITONEOCENTESIS	07/01/2008	$158.95	0.0%	0.0%	N	Referral Required
49081	PERITONEOCENTESIS	07/01/2008	$136.08	0.0%	0.0%	N	Referral Required
49180	BIOPSY, ABDOMINAL/RETROPERITONEAL, PERCUTANEOUS NEEDLE	07/01/2008	$152.88	0.0%	0.0%	N	Referral Required
49203	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS	01/01/2008	$969.51	0.0%	0.0%	N	Referral Required
49204	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS	01/01/2008	$1,237.47	0.0%	0.0%	N	Referral Required
49205	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS	01/01/2008	$1,416.33	0.0%	0.0%	N	Referral Required
49215	EXCISION OF PRESACRAL OR SACROCOCCYGEAL TUMOR	07/01/2008	$1,792.45	0.0%	0.0%	N	Referral Required
49220	STAGING CELIOTOMY (LAPAROTOMY) FOR HODGKIN'S ECT.	07/01/2008	$780.94	0.0%	0.0%	N	Referral Required
49250	UMBILECTOMY, OMPHALECTOMY, EXCISION OF UMBILICUS	07/01/2008	$463.40	0.0%	0.0%	N	Referral Required
49255	EXCISION, GREATER OMENTUM	07/01/2008	$631.03	0.0%	0.0%	N	Referral Required
49320	LAPAROSCOPY/PERITONEOSCOPY; DIAGNOSTIC PROCEDURE	07/01/2008	$267.75	0.0%	0.0%	N	Referral Required
49321	LAPAROSCOPY/PERITONEOSCOPY WITH BIOPSY	07/01/2008	$280.99	0.0%	0.0%	N	Referral Required
49322	LAPAROSCOPY/PERITONEOSCOPY WITH ASPIRATION	07/01/2008	$307.23	0.0%	0.0%	N	Referral Required
49323	LAPAROSCOPY/PERITONEOSCOPY WITH DRAINAGE	07/01/2008	$515.73	0.0%	0.0%	N	Referral Required
49324	LAPAROSCOPY, SURGICAL; W/ REVISION OF PREVIOUSLY PLACED CANNULA/CAT	07/01/2008	$317.23	0.0%	0.0%	N	Referral Required
49325	LAPAROSCOPY, SURGICAL; W/ REVISION OF PREVIOUSLY PLACED CANNULA/CA	07/01/2008	$340.47	0.0%	0.0%	N	Referral Required
49326	LAPAROSCOPY, SURGICAL; W/OMENTOPEXY (SP)	07/01/2008	$156.38	0.0%	0.0%	N	Referral Required
49329	LAPAROSCOPY/PERITONEOSCOPY UNLISTED ABDOMEN	01/01/2000	$0.00	0.0%	0.0%	N	Referral Required
49400	PNEUMOPERITONEUM	07/01/2008	$158.50	0.0%	0.0%	N	Referral Required
49402	REMOVAL OF PERITONEAL FOREIGN BODY FROM PERITONEAL CAVITY	07/01/2008	$684.68	0.0%	0.0%	N	Referral Required
49419	INSERTION INTRAPERITONEAL CANNULA/CATHETER, W/ RESERVOIR, PERMANENT	07/01/2008	$367.96	0.0%	0.0%	N	Referral Required
49420	INTRAPERITONEAL CANNULA	07/01/2008	$115.97	0.0%	0.0%	N	Referral Required
49421	INSERT INTRAPERITONEAL CANNULA FOR DRAINAGE PERMAN	07/01/2008	$315.77	0.0%	0.0%	N	Referral Required
49422	REMOVE PERMANENT INTRAPERITONEAL CANNULA/CATHETER	07/01/2008	$317.42	0.0%	0.0%	N	Referral Required
49423	EXCHANGE OF ABSCESS OR CYST DRAINAGE CATHETER UNDER RADIOLOGICAL GUIDANCE	07/01/2008	$504.27	0.0%	0.0%	N	Referral Required
49424	CONTRAST INJECTION FOR ASSESMENT OF ABSCESS OR CYST VIA PLACED CATHETER	07/01/2008	$139.72	0.0%	0.0%	N	Referral Required
49425	PERITONEAL VENOUS SHUNT	07/01/2008	$617.60	0.0%	0.0%	N	Referral Required
49426	REVISION OF PERITONEAL VENOUS SHUNT	07/01/2008	$526.44	0.0%	0.0%	N	Referral Required
49427	INJ PROCEDURE FOR EVALUATION PREVIOUSLY PLACE PERI	07/01/2008	$41.38	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
49428	LIGATION OF PERITONEAL-VENOUS SHUNT	07/01/2008	$358.44	0.0%	0.0%	N	Referral Required
49429	REMOVAL OF PERITONEAL-VENOUS SHUNT	07/01/2008	$375.23	0.0%	0.0%	N	Referral Required
49430	PNEUMOGRAPHY INJECTION PROC	07/01/2008	$66.55	0.0%	0.0%	N	Referral Required
49435	INSERT OF SUBCUTANEOUS EXT TO INTRAPERITONEAL CANNULA/CATHETER/REMOTE CHEST SITE	07/01/2008	$101.43	0.0%	0.0%	N	Referral Required
49436	DELAYED CREATION OF EXIT SITE FROM EMBEDDED SUBCUTANEOUS SEGMENT	07/01/2008	$150.98	0.0%	0.0%	N	Referral Required
49440	INSERTION OF GASTROSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE	01/01/2008	$985.60	0.0%	0.0%	N	Referral Required
49441	INSERTION OF DUODENOSTOMY OR JEJUNOSTOMY TUBE, PERCUTANEOUS	01/01/2008	$1,170.75	0.0%	0.0%	N	Referral Required
49442	INSERTION OF CECOSTOMY OR OTHER COLONIC TUBE, PERCUTANEOUS	01/01/2008	$954.73	0.0%	0.0%	N	Referral Required
49446	CONVERSION OF GASTROSTOMY TUBE TO GASTRO-JEJUNOSTOMY TUBE, PERCUTANEOUS	01/01/2008	$974.39	0.0%	0.0%	N	Referral Required
49450	REPLACEMENT OF GASTROSTOMY OR CECOSTOMY (OR OTHER COLONIC) TUBE, PERCUTANEOUS	01/01/2008	$680.15	0.0%	0.0%	N	Referral Required
49451	REPLACEMENT OF DUODENOSTOMY OF JEJUNOSTOMY TUBE, PERCUTANEOUS	01/01/2008	$494.51	0.0%	0.0%	N	Referral Required
49452	REPLACEMENT OF GASTRO-JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC	01/01/2008	$883.80	0.0%	0.0%	N	Referral Required
49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MATERIAL FROM GASTROSTOMY, DUODENOSTOMY	01/01/2008	$720.30	0.0%	0.0%	N	Referral Required
49465	CONTRAST INJECTION(S) FOR RADIOLOGICAL EVALUATION OF EXISTING GASTROSTOMY	01/01/2008	$151.31	0.0%	0.0%	N	Referral Required
49491	INGUINAL HERNIA REPAIR ON PRETERM INFANT W/W/O HYDROCELECTOMY; REDUCIBLE	07/01/2008	$604.48	0.0%	0.0%	N	Referral Required
49492	INGUINAL HERNIA REPAIR ON PRETERM INFANT W/W/O HYDROCELECTOMY; INCARCERATED	07/01/2008	$754.12	0.0%	0.0%	N	Referral Required
49495	HERNIA REPAIR-INITIAL INGUINAL UNDER 6 MO	07/01/2008	$320.95	0.0%	0.0%	N	Referral Required
49496	INCARCERATED OR STRANGULATED	07/01/2008	$478.54	0.0%	0.0%	N	Referral Required
49500	REPAIR INITIAL INGUINAL HERNIA,AGE 6MO TO UNDER 5Y	07/01/2008	$319.39	0.0%	0.0%	N	Referral Required
49501	HERNIA REPAIR DIGESTIVE SYSTEM	07/01/2008	$473.63	0.0%	0.0%	N	Referral Required
49505	REPAIR INITIAL INGUINAL HERNIA,AGE 5YRS OR OVER	07/01/2008	$411.06	0.0%	0.0%	N	Referral Required
49506	HERNIA REPAIR DIGESTIVE SYSTEM	07/01/2008	$647.90	0.0%	0.0%	N	Referral Required
49507	INCARCERATED OR STRANGULATED	07/01/2008	$507.06	0.0%	0.0%	N	Referral Required
49520	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE	07/01/2008	$503.68	0.0%	0.0%	N	Referral Required
49521	INCARCERATED OR STRANGULATED	07/01/2008	$615.16	0.0%	0.0%	N	Referral Required
49525	REPAIR INGUINAL HERNIA	07/01/2008	$455.01	0.0%	0.0%	N	Referral Required
49540	HERNIA REPAIR DIGESTIVE SYSTEM	07/01/2008	$539.20	0.0%	0.0%	N	Referral Required
49550	REPAIR INITIAL FEMORAL HERNIA,ANY AGE	07/01/2008	$458.15	0.0%	0.0%	N	Referral Required
49551	HERNIA REPAIR DIGESTIVE SYSTEM	07/01/2008	$896.26	0.0%	0.0%	N	Referral Required
49553	HERNIA REPAIR DIGESTIVE SYSTEM	07/01/2008	$500.96	0.0%	0.0%	N	Referral Required
49555	REPAIR RECURRENT FEMORAL HERNIA	07/01/2008	$476.30	0.0%	0.0%	N	Referral Required
49557	INCARCERATED OR STRANGULATED	07/01/2008	$578.78	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
49560	REPAIR INITIAL INC ISIONAL HERNIA	07/01/2008	$593.35	0.0%	0.0%	N	Referral Required
49561	INCARCERATED OR STRANGULATED	07/01/2008	$746.87	0.0%	0.0%	N	Referral Required
49565	REPAIR RECURRENT INCISIONAL HERNAI	07/01/2008	$612.87	0.0%	0.0%	N	Referral Required
49566	INCARCERATED OR STRANGULATED	07/01/2008	$754.59	0.0%	0.0%	N	Referral Required
49568	IPLANTATION OF MESH OR OTHER PROSTHESIS FOR INCIS-ADD ON	07/01/2008	$224.34	0.0%	0.0%	N	Referral Required
49570	REPAIR EPIGASTRIC HERNIA	07/01/2008	$323.72	0.0%	0.0%	N	Referral Required
49572	INCARCERATED OR STRANGULATED	07/01/2008	$399.48	0.0%	0.0%	N	Referral Required
49580	REPAIR UMBILICAL HERNIA-UNDER AGE 5	07/01/2008	$250.10	0.0%	0.0%	N	Referral Required
49582	INCARCERATED OR STRANGULATED	07/01/2008	$372.72	0.0%	0.0%	N	Referral Required
49585	REPAIR UMBILICAL HERNIA, AGE 5 OR OVER	07/01/2008	$347.29	0.0%	0.0%	N	Referral Required
49587	INCARCERATED OR STRANGULATED	07/01/2008	$412.63	0.0%	0.0%	N	Referral Required
49590	HERNIA REPAIR DIGESTIVE SYSTEM	07/01/2008	$453.58	0.0%	0.0%	N	Referral Required
49600	REPAIR OF SM OMPHALOCELE,WITH PRIMARY CLOSURE	07/01/2008	$588.31	0.0%	0.0%	N	Referral Required
49605	REPAIR OF LG OMPHALOCELE OR GASTROSCHISIS	07/01/2008	$4,027.58	0.0%	0.0%	N	Referral Required
49606	W/REMOVAL OF PROSTHESIS,FINAL REDUCTION & CLOSURE,	07/01/2008	$922.60	0.0%	0.0%	N	Referral Required
49610	REPAIR, OMPHALOCELE	07/01/2008	$558.55	0.0%	0.0%	N	Referral Required
49611	REPAIR OMPHALOLELE SECOUND STAGE	07/01/2008	$511.77	0.0%	0.0%	N	Referral Required
49650	LAPAROSCOPY INGUINAL HERNIA REPAIR	07/01/2008	$338.19	0.0%	0.0%	N	Referral Required
49651	LAPAROSCOPY INGUINAL HERNIA REPAIR	07/01/2008	$437.54	0.0%	0.0%	N	Referral Required
49652	LAPARO SURG REP, VENTRAL, UMBIL SPIGELIAN OR EPIGSTR HERNIA W/MESH INSERT	01/01/2009	$666.88	0.0%	0.0%	N	Referral Required
49653	INCARCERATED OR STRANGULATED	01/01/2009	$833.55	0.0%	0.0%	N	Referral Required
49654	LAPAROSURGICAL, REPAIR, INCISIONAL HERNIA INCLUDS MESH INSERTION, REDUCIBLE	01/01/2009	$766.95	0.0%	0.0%	N	Referral Required
49655	INCARCERATED OR STRANGULATED	01/01/2009	$923.17	0.0%	0.0%	N	Referral Required
49656	LAPAROSURGICAL, REPAIR, RECURRENT INCISINL HERNIA W/MESH INSERT REDUCIBLE	01/01/2009	$769.66	0.0%	0.0%	N	Referral Required
49657	INCARCERATED OR STRANGULATED	01/01/2009	$1,112.19	0.0%	0.0%	N	Referral Required
49659	LAPAROSCOPY UNLISTED HERNIA PROCEDURE	01/01/2000	$0.00	0.0%	0.0%	N	Referral Required
49900	SUTURE, ABDOMINAL WALL	07/01/2008	$651.05	0.0%	0.0%	N	Referral Required
49904	OMENTAL FLAP, EXTRA-ABDOMINAL	07/01/2008	$1,246.58	0.0%	0.0%	N	Referral Required
49905	OMENTAL FLAP (LIST SEPARATELY) (ADD-ON)	07/01/2008	$300.06	0.0%	0.0%	N	Referral Required
49906	FREE OMENTAL FLAP W/MICROVASCULAR ANASTOMOSIS	01/01/1997	$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
50010	RENAL EXPLORATION	07/01/2008	$624.00	0.0%	0.0%	N	Referral Required
50020	DRAINAGE, ABSCESS, RENAL	07/01/2008	$896.31	0.0%	0.0%	N	Referral Required
50021	DRAINAGE OF PERIRENAL OR RENAL ABSCESS; PERCUTANEOUS	07/01/2008	$830.59	0.0%	0.0%	N	Referral Required
50040	NEPHROSTOMY	07/01/2008	$833.17	0.0%	0.0%	N	Referral Required
50045	NEPHROTOMY	07/01/2008	$828.63	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
50060	NEPHROLITHOTOMY	07/01/2008	$1,034.94	0.0%	0.0%	N	Referral Requirec
50065	NEPHROLITHOTOMY	07/01/2008	$1,067.34	0.0%	0.0%	N	Referral Requirec
50070	NEPHROLITHOTOMY	07/01/2008	$1,081.23	0.0%	0.0%	N	Referral Requirec
50075	NEPHROLITHOTOMY	07/01/2008	$1,327.49	0.0%	0.0%	N	Referral Requirec
50080	PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTO	07/01/2008	$791.06	0.0%	0.0%	N	Referral Requirec
50081	PERCUTANEOUS NEPHROSTOLITHOTOMY/PYELOSTOLITHOTOMY	07/01/2008	$1,160.96	0.0%	0.0%	N	Referral Requirec
50100	TRANSECTION RENAL VESSELS	07/01/2008	$858.04	0.0%	0.0%	N	Referral Requirec
50120	PYELOTOMY	07/01/2008	$860.02	0.0%	0.0%	N	Referral Requirec
50125	PYELOSTOMY	07/01/2008	$898.12	0.0%	0.0%	N	Referral Requirec
50130	PYELOLITHOTOMY	07/01/2008	$936.65	0.0%	0.0%	N	Referral Requirec
50135	PYELOTOMY	07/01/2008	$1,019.18	0.0%	0.0%	N	Referral Requirec
50180	AERSOL MASK, USED W/DME NEBULIZER	07/01/2008	$2.21	0.0%	0.0%	Y	Referral Requirec
50182	WATER,DISTILLED,USE W/LG VOL NEB 1000 ML	07/01/2008	$0.46	0.0%	0.0%	Y	Referral Requirec
50186	CHIN STRAP, USE W/CPAP	07/01/2008	$19.67	0.0%	0.0%	Y	Referral Requirec
50200	BIOPSY, RENAL	07/01/2008	$132.78	0.0%	0.0%	N	Referral Requirec
50205	BIOPSY, RENAL	07/01/2008	$608.93	0.0%	0.0%	N	Referral Requirec
50220	NEPHRECTOMY	07/01/2008	$926.88	0.0%	0.0%	N	Referral Requirec
50225	NEPHRECTOMY	07/01/2008	$1,077.18	0.0%	0.0%	N	Referral Requirec
50230	NEPHRECTOMY	07/01/2008	$1,160.94	0.0%	0.0%	N	Referral Requirec
50234	NEPHRECTOMY	07/01/2008	$1,180.33	0.0%	0.0%	N	Referral Requirec
50236	NEPHRECTOMY	07/01/2008	$1,333.70	0.0%	0.0%	N	Referral Requirec
50240	NEPHRECTOMY	07/01/2008	$1,195.34	0.0%	0.0%	N	Referral Requirec
50250	ABLATION, OPEN, ONE OR MORE RENAL MASS LESIONS, CYROSURGICAL INCL ULTRASOUND	07/01/2008	$1,111.15	0.0%	0.0%	N	Referral Requirec
50280	EXCISION, CYST, KIDNEY	07/01/2008	$853.83	0.0%	0.0%	N	Referral Requirec
50290	EXCISION, CYST, PERINEPHRIC	07/01/2008	$800.38	0.0%	0.0%	N	Referral Requirec
50300	DONOR NEPHRECTOMY INCLUDING COLD PRESERVATION FROM CADAVER DONER UNILAT OR BI	07/01/2008	$669.95	0.0%	0.0%	N	Referral Requirec
50320	OPEN FROM LIVING DONOR	07/01/2008	$1,175.23	0.0%	0.0%	N	Referral Requirec
50323	LIVING DONOR RENAL ALLOGRAFT (OPEN OR LAPAROSCOPIC) > TRANSPLANT	07/01/2008	$163.16	0.0%	0.0%	Y	Referral Requirec
50325	LIVING DONOR RENAL ALLOGRAFT (OPEN OR LAPAROSCOPIC) > TRANSPLANT	07/01/2008	$163.16	0.0%	0.0%	Y	Referral Requirec
50327	CADAVER OR LIVING DONOR RENAL ALLOGRAFT > TRANSPLANT; VENOUS ANAST, EA	07/01/2008	$180.29	0.0%	0.0%	Y	Referral Requirec
50328	CADAVER OR LIVING DONOR RENAL ALLOGRAFT > TRANSPLANT; ARTERIAL ANAST, EA	07/01/2008	$158.29	0.0%	0.0%	Y	Referral Requirec
50329	BACKBENCH RECON OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PRIOR TO TRANSPLANT	07/01/2008	$153.10	0.0%	0.0%	Y	Referral Requirec
50340	RECIPIENT NEPHRECTOMY	07/01/2008	$735.02	0.0%	0.0%	N	Referral Requirec
50360	RENAL HOMOTRANSPLANTATION WO/DONOR AND RECIPIENT N	07/01/2008	$1,999.27	0.0%	0.0%	Y	Referral Requirec
50365	RENAL HOMOTRANSPLANTATION W/RECIPIENT NEPHRECTOMY	07/01/2008	$2,244.18	0.0%	0.0%	Y	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
50370	REMOVAL OF TRANSPLANTED HOMOGRAFT (EG INFARTED/REJ	07/01/2008	$931.11	0.0%	0.0%	N	Referral Required
50380	RENAL AUTOTRANSPLANTATION REIMPLANT OF KIDNEY	07/01/2008	$1,513.73	0.0%	0.0%	Y	Referral Required
50382	REMOVAL AND REPLACEMENT OF INTERNALLY DWELLING URETERAL STENT	07/01/2008	$1,233.78	0.0%	0.0%	N	Referral Required
50384	REMOVAL OF INTERNALLY DWELLING URETERAL STENT	07/01/2008	$1,106.35	0.0%	0.0%	N	Referral Required
50385	REMOVAL (VIA SNARE/CAPTURE) OF INTERNALLY DWELLING URETERAL	01/01/2008	$1,176.34	0.0%	0.0%	N	Referral Required
50386	REMOVAL (VIA SNARE/CAPTURE) OF INTERNALLY DWELLING URETERAL STENT	01/01/2008	$761.24	0.0%	0.0%	N	Referral Required
50387	REMOVAL & REPLACEMENT OF EXTERNALLY ACCESSIBLE TRANSNEPHRIC STENT	07/01/2008	$583.79	0.0%	0.0%	N	Referral Required
50389	REMOVAL OF NEPHROSTOMY TUBE, REQUIRING FLOUROSCOPIC GUIDANCE	07/01/2008	$362.58	0.0%	0.0%	N	Referral Required
50390	ASPIRATION, RENAL CYST	07/01/2008	$90.53	0.0%	0.0%	N	Referral Required
50391	INTO RENAL PELVIS AND/OR URETER VIA EST. NEPHROSTOMY, PYELOSTOMY, EG. TUBE	07/01/2008	$117.94	0.0%	0.0%	N	Referral Required
50392	CATHETER, RENAL PELVIS	07/01/2008	$167.64	0.0%	0.0%	N	Referral Required
50393	INTRO URETERAL CATH OR STENT THRU RENAL PELVIS	07/01/2008	$203.83	0.0%	0.0%	N	Referral Required
50394	PYELOGRAPHY INJECTION PROC	07/01/2008	$102.54	0.0%	0.0%	N	Referral Required
50395	INTRO OF GUIDE INTO RENAL PELVIS AND/OR URETER W/D	07/01/2008	$168.16	0.0%	0.0%	N	Referral Required
50396	MANOMETRIC STUDIES, KINDEY	07/01/2008	$108.59	0.0%	0.0%	N	Referral Required
50398	CHANGE NEPHROSTOMY TUBE	07/01/2008	$520.61	0.0%	0.0%	N	Referral Required
50400	PYELOPLASTY	07/01/2008	$1,048.66	0.0%	0.0%	N	Referral Required
50405	PYELOPLASTY	07/01/2008	$1,261.24	0.0%	0.0%	N	Referral Required
50420	NEPHROPEXY	07/01/2008	$993.41	0.0%	0.0%	N	Referral Required
50500	NEPHRORRHAPHY	07/01/2008	$1,029.91	0.0%	0.0%	N	Referral Required
50520	CLSR, FISTULA NEPHROCUTANEOUS	07/01/2008	$934.69	0.0%	0.0%	N	Referral Required
50525	CLSR, FISTULA NEPHROVISCERAL	07/01/2008	$1,194.04	0.0%	0.0%	N	Referral Required
50526	CLSR, FISTULA NEPHROVISCERAL	07/01/2008	$1,214.51	0.0%	0.0%	N	Referral Required
50540	SYMPHYSIOTOMY	07/01/2008	$1,044.56	0.0%	0.0%	N	Referral Required
50541	LAPAROSCOPY ABLATION OF RENAL CYSTS	07/01/2008	$836.92	0.0%	0.0%	N	Referral Required
50542	LAPAROSCOPY, SURGICAL; ABLATION OF RENAL LESION	07/01/2008	$1,059.09	0.0%	0.0%	N	Referral Required
50543	LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY	07/01/2008	$1,351.27	0.0%	0.0%	N	Referral Required
50544	LAPAROSCOPY PYELOPLASTY	07/01/2008	$1,143.47	0.0%	0.0%	N	Referral Required
50545	LAPAROSCOPIC RADICAL NEPHRECTOMY	07/01/2008	$1,224.57	0.0%	0.0%	N	Referral Required
50546	LAPAROSCOPY NEPHRECTOMY	07/01/2008	$1,085.33	0.0%	0.0%	N	Referral Required
50547	DONOR NEPHRECTOMY INCLUDING COLD PRESERVATIONS FROM LIVING DONOR	07/01/2008	$1,326.31	0.0%	0.0%	N	Referral Required
50548	LAPAROSCOPY, NEPHROURETEROECTOMY	07/01/2008	$1,235.33	0.0%	0.0%	N	Referral Required
50549	LAPARSCOPY UNLISTED RENAL PROCEDURE	01/01/2000	$0.00	0.0%	0.0%	N	Referral Required
50551	ENDOSCOPY, RENAL	07/01/2008	$340.81	0.0%	0.0%	N	Referral Required
50553	ENDOSCOPY, RENAL	07/01/2008	$355.95	0.0%	0.0%	N	Referral Required
50555	ENDOSCOPY, RENAL	07/01/2008	$392.34	0.0%	0.0%	N	Referral Required
50557	ENDOSCOPY, RENAL	07/01/2008	$394.77	0.0%	0.0%	N	Referral Required
50561	ENDOSCOPY, RENAL	07/01/2008	$446.16	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
50562	RENAL ENDOSCOPY; WITH RESECTION OF TUMOR	07/01/2008	$541.02	0.0%	0.0%	N	Referral Required
50570	ENDOSCOPY, RENAL	07/01/2008	$455.28	0.0%	0.0%	N	Referral Required
50572	ENDOSCOPY, RENAL	07/01/2008	$493.23	0.0%	0.0%	N	Referral Required
50574	ENDOSCOPY, RENAL	07/01/2008	$526.19	0.0%	0.0%	N	Referral Required
50575	RENAL ENDOSCOPY WITH ENDOPYELOTOMY	07/01/2008	$663.44	0.0%	0.0%	N	Referral Required
50576	ENDOSCOPY, RENAL	07/01/2008	$523.57	0.0%	0.0%	N	Referral Required
50580	ENDOSCOPY, RENAL	07/01/2008	$564.19	0.0%	0.0%	N	Referral Required
50590	LITHOTRIPSY,EXTRACORPOREAL SHOCK WAVE	07/01/2008	$827.86	0.0%	0.0%	N	Referral Required
50592	ABLATION, ONE OR MORE RENAL TUMORS, PERCUTANEOUS, UNILATERAL, RADIOFREQUENCY	05/01/2009	$3,982.32	0.0%	0.0%	N	Referral Required
50593	ABLATION, RENAL TUMOR(S), UNILATERAL, PERCUTANEOUS, CRYOTHERAPY	05/01/2009	$4,139.95	0.0%	0.0%	N	Referral Required
50600	URETEROTOMY	07/01/2008	$846.44	0.0%	0.0%	N	Referral Required
50605	URETEROTOMY FOR INSERTION OF INDWELLINS STENT	07/01/2008	$830.24	0.0%	0.0%	N	Referral Required
50610	URETEROLITHOTOMY	07/01/2008	$867.50	0.0%	0.0%	N	Referral Required
50620	URETEROLITHOTOMY	07/01/2008	$820.83	0.0%	0.0%	N	Referral Required
50630	URETEROLITHOTOMY	07/01/2008	$801.63	0.0%	0.0%	N	Referral Required
50650	URETERECTOMY	07/01/2008	$936.17	0.0%	0.0%	N	Referral Required
50660	URETERECTOMY	07/01/2008	$1,037.94	0.0%	0.0%	N	Referral Required
50684	URETEROGRAPHY INJECTION	07/01/2008	$175.61	0.0%	0.0%	N	Referral Required
50686	MANOMETRIC STUDIES, URETER	07/01/2008	$148.51	0.0%	0.0%	N	Referral Required
50688	URETEROSTOMY TUBE CHANGE	07/01/2008	$74.64	0.0%	0.0%	N	Referral Required
50690	URETEROPYELOGRAPHY INJ PROC	07/01/2008	$94.90	0.0%	0.0%	N	Referral Required
50700	URETEROPLASTY	07/01/2008	$844.02	0.0%	0.0%	N	Referral Required
50715	URETEROLYSIS	07/01/2008	$1,016.11	0.0%	0.0%	N	Referral Required
50722	URETEROLYSIS	07/01/2008	$884.76	0.0%	0.0%	N	Referral Required
50725	URETEROLYSIS	07/01/2008	$982.82	0.0%	0.0%	N	Referral Required
50727	REVISION URINARY-CUTANEOUS ANASTOMOSIS	07/01/2008	$452.28	0.0%	0.0%	N	Referral Required
50728	REVISION URINARY-CUTANEOUS ANASTOMOSIS W/REPAIR FA	07/01/2008	$626.81	0.0%	0.0%	N	Referral Required
50740	URETEROPYELOSTOMY	07/01/2008	$984.15	0.0%	0.0%	N	Referral Required
50750	URETEROCALYCOSTOMY	07/01/2008	$1,050.75	0.0%	0.0%	N	Referral Required
50760	URETEROURETEROSTOMY	07/01/2008	$990.50	0.0%	0.0%	N	Referral Required
50770	TRANSURETEROURETEROSTOMY	07/01/2008	$1,048.75	0.0%	0.0%	N	Referral Required
50780	URETERONEOCYSTOSTOMY	07/01/2008	$988.27	0.0%	0.0%	N	Referral Required
50782	ANASTOMOSIS OF DUPLICATED URETER TO BLADDER	07/01/2008	$996.28	0.0%	0.0%	N	Referral Required
50783	WITH EXTENSIVE URETERAL TAILORING	07/01/2008	$1,032.08	0.0%	0.0%	N	Referral Required
50785	URETERONEOCYSTOSTOMY	07/01/2008	$1,092.99	0.0%	0.0%	N	Referral Required
50800	URETEROENTEROSTOMY	07/01/2008	$827.83	0.0%	0.0%	N	Referral Required
50810	URETEROSIGMOIDOSTOMY	07/01/2008	$1,122.85	0.0%	0.0%	N	Referral Required
50815	URETEROCOLON CONDUIT, INCLUDING BOWEL ANASTOMOSIS	07/01/2008	$1,101.33	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
50820	URETEROILEAL CONDUIT	07/01/2008	$1,179.52	0.0%	0.0%	N	Referral Requirec
50825	CONTINENT DIV,INC BOWEL ANASTOMOSIS,SMALL/LG BOWEL	07/01/2008	$1,496.27	0.0%	0.0%	N	Referral Requirec
50830	URINARY UNDIVERSION	07/01/2008	$1,634.94	0.0%	0.0%	N	Referral Requirec
50840	REPLACEMENT, URETER	07/01/2008	$1,111.86	0.0%	0.0%	N	Referral Requirec
50845	CUTANEOUS APPENDICO VESICOSTOMY	07/01/2008	$1,124.54	0.0%	0.0%	N	Referral Requirec
50860	URETEROSTOMY	07/01/2008	$856.69	0.0%	0.0%	N	Referral Requirec
50900	URETERORRHAPHY	07/01/2008	$756.58	0.0%	0.0%	N	Referral Requirec
50920	CLSR, FISTULA URETEROCUTANOUS	07/01/2008	$796.02	0.0%	0.0%	N	Referral Requirec
50930	CLSR, FISTULA URETEROVISCERAL	07/01/2008	$987.88	0.0%	0.0%	N	Referral Requirec
50940	DELIGATION, URETER	07/01/2008	$789.96	0.0%	0.0%	N	Referral Requirec
50945	LAPAROSCOPY, SURGICAL, URETEROLITHOTOMY	07/01/2008	$897.64	0.0%	0.0%	N	Referral Requirec
50947	LAPAROSCOPIC URETERONECYSTOMOY W/CYSTOSCOPY & URETERAL STENT PLACEMENT	07/01/2008	$1,267.62	0.0%	0.0%	N	Referral Requirec
50948	LAPAROSCOPIC URETERONEOCYSTOSTOMY W/O CYSTOSCOPY & URETERAL STENT PLACEMENT	07/01/2008	$1,158.70	0.0%	0.0%	N	Referral Requirec
50949	UNLISTED LAPAROSCOPY PROCEDURE, URETER	01/01/2001	$0.00	0.0%	0.0%	N	Referral Requirec
50950	URETERAL ENDOSCOPY	07/01/2008	$140.39	0.0%	0.0%	N	Referral Requirec
50951	URETERAL ENDOSCOPY	07/01/2008	$355.33	0.0%	0.0%	N	Referral Requirec
50952	URETERAL ENDOSCOPY	07/01/2008	$161.96	0.0%	0.0%	N	Referral Requirec
50953	URETERAL ENDOSCOPY	07/01/2008	$373.10	0.0%	0.0%	N	Referral Requirec
50954	URETERAL ENDOSCOPY	07/01/2008	$161.96	0.0%	0.0%	N	Referral Requirec
50955	URETERAL ENDOSCOPY	07/01/2008	$428.22	0.0%	0.0%	N	Referral Requirec
50956	URETERAL ENDOSCOPY	07/01/2008	$172.79	0.0%	0.0%	N	Referral Requirec
50957	URETERAL ENDOSCOPY	07/01/2008	$402.34	0.0%	0.0%	N	Referral Requirec
50958	URETERAL ENDOSCOPY	07/01/2008	$194.38	0.0%	0.0%	N	Referral Requirec
50960	URETERAL ENDOSCOPY	07/01/2008	$172.79	0.0%	0.0%	N	Referral Requirec
50961	URETERAL ENDOSCOPY	07/01/2008	$362.24	0.0%	0.0%	N	Referral Requirec
50970	URETERAL ENDOSCOPY	07/01/2008	$344.18	0.0%	0.0%	N	Referral Requirec
50972	URETERAL ENDOSCOPY	07/01/2008	$332.22	0.0%	0.0%	N	Referral Requirec
50974	URETERAL ENDOSCOPY	07/01/2008	$434.32	0.0%	0.0%	N	Referral Requirec
50976	URETERAL ENDOSCOPY	07/01/2008	$430.80	0.0%	0.0%	N	Referral Requirec
50980	URETERAL ENDOSCOPY	07/01/2008	$330.18	0.0%	0.0%	N	Referral Requirec
51020	CYSTOTOMY/CYSTOSTOMY	07/01/2008	$416.75	0.0%	0.0%	N	Referral Requirec
51030	CYSTOTOMY/CYSTOSTOMY	07/01/2008	$416.32	0.0%	0.0%	N	Referral Requirec
51040	CYSTOTOMY/CYSTOSTOMY	07/01/2008	$262.21	0.0%	0.0%	N	Referral Requirec
51045	CYSTOTOMY/CYSTOSTOMY	07/01/2008	$418.84	0.0%	0.0%	N	Referral Requirec
51050	CYSTOLITHOTOMY	07/01/2008	$422.75	0.0%	0.0%	N	Referral Requirec
51060	TRANSVESICAL URETEROLITHOTOMY	07/01/2008	$523.43	0.0%	0.0%	N	Referral Requirec
51065	CYSTOTOMY	07/01/2008	$518.28	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
51080	DRAINAGE, ABSCESS, PERIVESICAL	07/01/2008	$365.65	0.0%	0.0%	N	Referral Required
51100	ASPIRATION OF BLADDER; BY NEEDLE	01/01/2008	$57.93	0.0%	0.0%	N	Referral Required
51101	ASPIRATION OF BLADDER; BY TROCAR OR INTRACATHETER	01/01/2008	$116.59	0.0%	0.0%	N	Referral Required
51102	ASPIRATION OF BLADDER; WITH INSERTION OF SUPRAPUBIC CATHETER	01/01/2008	$307.02	0.0%	0.0%	N	Referral Required
51500	EXCISION, CYST, URACHAL	07/01/2008	$565.51	0.0%	0.0%	N	Referral Required
51520	CYSTOTOMY	07/01/2008	$534.52	0.0%	0.0%	N	Referral Required
51525	CYSTOTOMY	07/01/2008	$775.06	0.0%	0.0%	N	Referral Required
51530	CYSTOTOMY	07/01/2008	$694.72	0.0%	0.0%	N	Referral Required
51535	CYSTOTOMY	07/01/2008	$710.29	0.0%	0.0%	N	Referral Required
51550	CYSTECTOMY	07/01/2008	$856.11	0.0%	0.0%	N	Referral Required
51555	CYSTECTOMY	07/01/2008	$1,138.75	0.0%	0.0%	N	Referral Required
51565	URETERONEOCYSTOSTOMY	07/01/2008	$1,170.72	0.0%	0.0%	N	Referral Required
51570	CYSTECTOMY	07/01/2008	$1,336.44	0.0%	0.0%	N	Referral Required
51575	CYSTECTOMY	07/01/2008	$1,656.76	0.0%	0.0%	N	Referral Required
51580	CYSTECTOMY	07/01/2008	$1,723.06	0.0%	0.0%	N	Referral Required
51585	CYSTECTOMY	07/01/2008	$1,918.88	0.0%	0.0%	N	Referral Required
51590	CYSTECTOMY	07/01/2008	$1,753.86	0.0%	0.0%	N	Referral Required
51595	CYSTECTOMY	07/01/2008	$1,990.83	0.0%	0.0%	N	Referral Required
51596	CYSTECTOMY;U SEG SM/LG BOWEL TO CONST NEOBLADDER	07/01/2008	$2,136.76	0.0%	0.0%	N	Referral Required
51597	PELVIC EXENTERATION COMPLETE	07/01/2008	$2,066.93	0.0%	0.0%	N	Referral Required
51600	CYSTOGRAPHY, INJECTION PROC	07/01/2008	$185.28	0.0%	0.0%	N	Referral Required
51605	URETHROCYSTOGRAPHY, INJ PROC	07/01/2008	$35.10	0.0%	0.0%	N	Referral Required
51610	URETHROCYSTOGRAPHY, INJ PROC	07/01/2008	$106.44	0.0%	0.0%	N	Referral Required
51700	BLADDER IRRIGATION	07/01/2008	$82.18	0.0%	0.0%	N	Referral Required
51701	INSERTION NON-INDWELLING BLADDER CATHETER	07/01/2008	$61.23	0.0%	0.0%	N	Referral Required
51702	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; SIMPLE (EG, FOLEY)	07/01/2008	$77.91	0.0%	0.0%	N	Referral Required
51703	INSERTION TEMP. INDWELLING BLADDER CATHETER; COMPLICATED	07/01/2008	$134.45	0.0%	0.0%	N	Referral Required
51705	CYSTOSTOMY TUBE CHANGE	07/01/2008	$107.73	0.0%	0.0%	N	Referral Required
51710	CYSTOSTOMY TUBE CHANGE	07/01/2008	$153.46	0.0%	0.0%	N	Referral Required
51715	ENDOSCOPIC INJECTION OF IMPLANT FOR INCONTINENCE	07/01/2008	$269.24	0.0%	0.0%	N	Referral Required
51720	BLADDER INSTILLATION	07/01/2008	$108.99	0.0%	0.0%	N	Referral Required
51725	CYSTOMETROGRAM	07/01/2008	$217.52	15.0%	85.0%	N	Referral Required
51726	COMPLEX CYSTOMETROGRAM	07/01/2008	$304.83	17.0%	83.0%	N	Referral Required
51736	UROFLOWMETRIC EVALUATION	07/01/2008	$47.07	12.0%	88.0%	N	Referral Required
51741	COMPLEX UROFLOWMETRY	07/01/2008	$74.55	10.0%	90.0%	N	Referral Required
51784	ELECTROMYOGRAPHY ANAL/URETHRAL SPHINCTER, ANY WAY	07/01/2008	$189.59	16.0%	84.0%	N	Referral Required
51785	NEEDLE ELECTROMYOGRAPHY STD ANAL/URETHRL SPHINCTER	07/01/2008	$204.41	19.0%	81.0%	N	Referral Required
51792	STIMULUS EVOKED RESPONSE	07/01/2008	$224.92	46.0%	54.0%	N	Referral Required
51797	VOIDING PRESSURE STUDIES,INTRA-ABDOMINAL VOIDING	07/01/2008	$167.03	19.0%	81.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
51798	MEASUREMENT POST-VOIDING RESIDUAL URINE BY ULTRASOUND, NON-IMAGING	07/01/2008	$17.20	0.0%	0.0%	N	Referral Required
51800	CYSTOPLASTY	07/01/2008	$941.84	0.0%	0.0%	N	Referral Required
51820	CYSTOURETHROPLASTY	07/01/2008	$985.18	0.0%	0.0%	N	Referral Required
51840	URETHROPEXY/VESICOURETHROPEXY	07/01/2008	$587.23	0.0%	0.0%	N	Referral Required
51841	URETHROPEXY/VESICOURETHROPEXY	07/01/2008	$700.77	0.0%	0.0%	N	Referral Required
51845	ABDOMINO-VAGINAL VESICAL NECK SUSPENSION W/WO ENDO	07/01/2008	$530.04	0.0%	0.0%	N	Referral Required
51860	CYSTORRHAPHY	07/01/2008	$649.57	0.0%	0.0%	N	Referral Required
51865	CYSTORRHAPHY	07/01/2008	$800.02	0.0%	0.0%	N	Referral Required
51880	CLOSURE, CYSTOSTOMY	07/01/2008	$420.55	0.0%	0.0%	N	Referral Required
51900	VESICOVAGINAL FISTULA CLOSURE	07/01/2008	$742.87	0.0%	0.0%	N	Referral Required
51920	CLOSURE OF VESICOUTERINE FISTULA	07/01/2008	$695.54	0.0%	0.0%	N	Referral Required
51925	CLOSURE VESICOUTERINE FISTULA W/HYSTERECTOMY	07/01/2008	$971.48	0.0%	0.0%	Y	Referral Required
51940	CLOSURE OF BLADDER EXTROPHY	07/01/2008	$1,460.57	0.0%	0.0%	N	Referral Required
51960	ENTEROCYSTOPLASTY, INCLUDE BOWEL ANASTOMOSIS	07/01/2008	$1,252.21	0.0%	0.0%	N	Referral Required
51980	CUTANEOUS VESICOSTOMY	07/01/2008	$640.96	0.0%	0.0%	N	Referral Required
51990	LAPAROSCOPY URETHRAL SUSPENSION	07/01/2008	$672.85	0.0%	0.0%	N	Referral Required
51992	LAPAROSCOPY SLING OPERATION	07/01/2008	$734.56	0.0%	0.0%	N	Referral Required
51999	UNLISTED LAPAROSCOPY PROCEDURE, BLADDER	01/01/2006	$0.00	0.0%	0.0%	Y	Referral Required
52000	CYSTOSCOPY/URETHROSCOPY	07/01/2008	$193.42	0.0%	0.0%	N	Referral Required
52001	CYSTOURETHROSCOPY W/ IRRIGATION AND EVACUATION OF CLOTS	07/01/2008	$358.69	0.0%	0.0%	N	Referral Required
52005	CYSTOSCOPY/URETHROSCOPY	07/01/2008	$271.35	0.0%	0.0%	N	Referral Required
52007	CYSTOURETHROSCOPY W/URETER CATH & BIOPSY URETER	07/01/2008	$558.59	0.0%	0.0%	N	Referral Required
52010	CYSTOSCOPY/URETHROSCOPY	07/01/2008	$419.60	0.0%	0.0%	N	Referral Required
52204	CYSTOSCOPY/URETHROSCOPY	07/01/2008	$470.76	0.0%	0.0%	N	Referral Required
52212	CYSTOSCOPY/URETHROSCOPY	07/01/2008	$172.79	0.0%	0.0%	N	Referral Required
52214	CYSTOSCOPY/URETHROSCOPY	07/01/2008	$1,097.01	0.0%	0.0%	N	Referral Required
52222	CYSTOSCOPY/URETHROSCOPY	07/01/2008	$172.79	0.0%	0.0%	N	Referral Required
52224	CYSTOSCOPY/URETHROSCOPY	07/01/2008	$1,036.21	0.0%	0.0%	N	Referral Required
52234	CYSTOSCOPY/URETHROSCOPY	07/01/2008	$226.69	0.0%	0.0%	N	Referral Required
52235	CYSTOSCOPY/URETHROSCOPY	07/01/2008	$266.27	0.0%	0.0%	N	Referral Required
52240	CYSTOSCOPY/URETHROSCOPY	07/01/2008	$466.24	0.0%	0.0%	N	Referral Required
52250	CYSTOSCOPY/URETHROSCOPY	07/01/2008	$222.27	0.0%	0.0%	N	Referral Required
52260	CYSTOSCOPY/URETHROSCOPY	07/01/2008	$192.07	0.0%	0.0%	N	Referral Required
52265	CYSTOSCOPY/URETHROSCOPY	07/01/2008	$450.49	0.0%	0.0%	N	Referral Required
52270	CYSTOSCOPY/URETHROSCOPY	07/01/2008	$418.59	0.0%	0.0%	N	Referral Required
52275	CYSTOSCOPY/URETHROSCOPY	07/01/2008	$578.30	0.0%	0.0%	N	Referral Required
52276	CYSTOURETHROSCOPY WITH DIRECT VISION URETHROTOMY	07/01/2008	$244.27	0.0%	0.0%	N	Referral Required
52277	CYSTOSCOPY/URETHROSCOPY	07/01/2008	$300.22	0.0%	0.0%	N	Referral Required
52281	CYSTOSCOPY/URETHROSCOPY	07/01/2008	$304.41	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
52282	CYSTOURETHROSCOPY, WITH INSERTION OF URETHRAL STENT	07/01/2008	$309.75	0.0%	0.0%	N	Referral Required
52283	CYSTOSCOPY/URETHROSCOPY	07/01/2008	$263.33	0.0%	0.0%	N	Referral Required
52285	CYSTOSCOPY/URETHROSCOPY	07/01/2008	$264.82	0.0%	0.0%	N	Referral Required
52290	CYSTOSCOPY/URETHROSCOPY	07/01/2008	$224.64	0.0%	0.0%	N	Referral Required
52300	CYSTOSCOPY/URETHROSCOPY	07/01/2008	$259.51	0.0%	0.0%	N	Referral Required
52301	CYSTOURETHROSCOPY W/RESECTION-UNILATERAL/BILATERAL	07/01/2008	$270.84	0.0%	0.0%	N	Referral Required
52305	CYSTOSCOPY/URETHROSCOPY	07/01/2008	$257.50	0.0%	0.0%	N	Referral Required
52310	CYSTOSCOPY/URETHROSCOPY	07/01/2008	$243.02	0.0%	0.0%	N	Referral Required
52315	CYSTOURETHROSCOPY W/REMOVAL FB COMPLICATED	07/01/2008	$436.72	0.0%	0.0%	N	Referral Required
52317	LITHOLAPAXY-CRUSHING OR FRAGMENTATION OF CALCULUS	07/01/2008	$1,001.95	0.0%	0.0%	N	Referral Required
52318	LITHOLAPAXY, COMPLICATED	07/01/2008	$439.23	0.0%	0.0%	N	Referral Required
52320	CYSTOSCOPY/URETHROSCOPY	07/01/2008	$227.64	0.0%	0.0%	N	Referral Required
52325	CYSTOURETHROSCOPYC/WFRAGMENTATION OF URETERAL CALC	07/01/2008	$296.55	0.0%	0.0%	N	Referral Required
52327	CYSTOURETHROSCOPY; W/SUBURETERIC INJECTION	07/01/2008	$745.91	0.0%	0.0%	N	Referral Required
52330	CYSTOSCOPY/URETHROSCOPY	07/01/2008	$1,164.16	0.0%	0.0%	N	Referral Required
52332	CYSTOURETHROSCOPY, W/INSERT INDWELL URETERAL STENT	07/01/2008	$401.78	0.0%	0.0%	N	Referral Required
52334	CYSTOURETHROSCOPY W/INSERT URETERAL GUIDE WIRE THR	07/01/2008	$235.88	0.0%	0.0%	N	Referral Required
52341	CYSTOURETHROSCOPY W/ URETER STRICTURE	07/01/2008	$300.84	0.0%	0.0%	N	Referral Required
52342	CYSTOURETHROSCOPY W/ UP STRICTURE TX	07/01/2008	$323.85	0.0%	0.0%	N	Referral Required
52343	CYSTOURETHROSCOPY W/ RENAL STRICTURE TX	07/01/2008	$356.42	0.0%	0.0%	N	Referral Required
52344	CYSTOURETHROSCOPY W/ URETEROSCOPY WITH URETER STRICTURE TX	07/01/2008	$384.28	0.0%	0.0%	N	Referral Required
52345	CYSTOURETHROSCOPY / URETEROSCOPY W/ UP STRICTURE TX	07/01/2008	$407.62	0.0%	0.0%	N	Referral Required
52346	CYSTOURETHROSCOPY URETEROSCOPY W/ RENAL STRICTURE TX	07/01/2008	$455.57	0.0%	0.0%	N	Referral Required
52351	CYSTOURETHROSCOPY URETEROSCOPY / PYELOSCOPY DX	07/01/2008	$289.03	0.0%	0.0%	N	Referral Required
52352	CYSTOURETHROSCOPY URETEROSCOPY / PYELOSCOPY W/ STONE TX	07/01/2008	$339.18	0.0%	0.0%	N	Referral Required
52353	CYSTOURETHROSCOPY / URETEROSCOPY / PYELOSCOPY W/ LITHOTRIPSY	07/01/2008	$390.62	0.0%	0.0%	N	Referral Required
52354	CYSTOURETHROSCOPY / URETEROSCOPY / PYELOSCOPY W/ BX	07/01/2008	$360.99	0.0%	0.0%	N	Referral Required
52355	CYSTOURETHROSCOPY / URETEROSCOPY / PYELOSCOPY W/ TUMOR RESECTION	07/01/2008	$430.67	0.0%	0.0%	N	Referral Required
52400	CYSTOURETHROSCOPY W/ CONGENITAL REPAIR	07/01/2008	$502.54	0.0%	0.0%	N	Referral Required
52402	TRANSURETHRAL RESECTION OR INCISION OF EJACULATORY DUCTS	07/01/2008	$248.40	0.0%	0.0%	N	Referral Required
52450	TRANSURETHRAL INCISION OF PROSTATE	07/01/2008	$419.04	0.0%	0.0%	N	Referral Required
52500	RESECTION, VESICAL NECK	07/01/2008	$494.89	0.0%	0.0%	N	Referral Required
52601	RESECTION, PROSTATE	07/01/2008	$749.43	0.0%	0.0%	N	Referral Required
52605	FULGURATION, TRANSURETHRAL	07/01/2008	$226.77	0.0%	0.0%	N	Referral Required
52630	RESECTION, PROSTATE	07/01/2008	$399.54	0.0%	0.0%	N	Referral Required
52640	RESECTION, PROSTATE	07/01/2008	$363.25	0.0%	0.0%	Y	Referral Required
52647	NON-CONTACT LASER COAGULATION OF PROSTATE,COMPLETE	07/01/2008	$2,322.04	0.0%	0.0%	N	Referral Required
52648	CONTACT LASER VAPORIZATION, COMPLETE	07/01/2008	$2,360.76	0.0%	0.0%	N	Referral Required
52649	LASER ENUCLEATION OF THE PROSTATE WITH MORCELLATION	01/01/2008	$907.59	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
52700	DRAINAGE, ABSCESS, PROSTATE	07/01/2008	$391.88	0.0%	0.0%	N	Referral Requirec
52800	LITHOLAPAXY	07/01/2008	$626.29	0.0%	0.0%	N	Referral Requirec
52805	LITHOLAPAXY	07/01/2008	$863.84	0.0%	0.0%	N	Referral Requirec
53000	URETHROTOMY/URETHROSTOMY	07/01/2008	$135.75	0.0%	0.0%	N	Referral Requirec
53010	URETHROTOMY/URETHROSTOMY	07/01/2008	$262.88	0.0%	0.0%	N	Referral Requirec
53020	MEATOTOMY, CUTTING OF MEATUS; EXCEPT INFANT	07/01/2008	$88.92	0.0%	0.0%	N	Referral Requirec
53025	MEATOTOMY, CUTTING OF MEATUS; INFANT	07/01/2008	$61.63	0.0%	0.0%	N	Referral Requirec
53040	CYSTOSCOPY/URETHROSCOPY	07/01/2008	$357.21	0.0%	0.0%	N	Referral Requirec
53060	DRAINAGE, CYST, SKENES GLAND	07/01/2008	$163.81	0.0%	0.0%	N	Referral Requirec
53080	DRAINAGE URINARY EXTRAVASATION	07/01/2008	$420.97	0.0%	0.0%	N	Referral Requirec
53085	DRAINAGE URINARY EXTRAVASATION	07/01/2008	$585.29	0.0%	0.0%	N	Referral Requirec
53200	BIOPSY, URETHRA	07/01/2008	$141.03	0.0%	0.0%	N	Referral Requirec
53210	URETHRECTOMY	07/01/2008	$699.73	0.0%	0.0%	N	Referral Requirec
53215	URETHRECTOMY	07/01/2008	$844.50	0.0%	0.0%	N	Referral Requirec
53220	EXCISION, CARCINOMA, URETHRA	07/01/2008	$406.98	0.0%	0.0%	N	Referral Requirec
53230	EXCISION URETHRAL DIVERTICULUM	07/01/2008	$544.57	0.0%	0.0%	N	Referral Requirec
53235	EXCISION URETHRAL DIVERTICULUM	07/01/2008	$575.01	0.0%	0.0%	N	Referral Requirec
53240	MARSUP, URETHRAL DIVERTICULUM	07/01/2008	$384.27	0.0%	0.0%	N	Referral Requirec
53250	EXCISION, BULBOURETHRAL GLAND	07/01/2008	$352.64	0.0%	0.0%	N	Referral Requirec
53260	EXCISION, URETHRAL POLYP	07/01/2008	$183.72	0.0%	0.0%	N	Referral Requirec
53265	FULGURATION, URETHRAL CARUNCLE	07/01/2008	$204.16	0.0%	0.0%	N	Referral Requirec
53270	EXCISION, SKENES GLANDS	07/01/2008	$187.81	0.0%	0.0%	N	Referral Requirec
53275	CYSTOSCOPY/URETHROSCOPY	07/01/2008	$242.19	0.0%	0.0%	N	Referral Requirec
53400	URETHROPLASTY	07/01/2008	$724.40	0.0%	0.0%	N	Referral Requirec
53405	URETHROPLASTY	07/01/2008	$791.45	0.0%	0.0%	N	Referral Requirec
53410	URETHROPLASTY	07/01/2008	$889.08	0.0%	0.0%	N	Referral Requirec
53415	URETHROPLASTY, TRANSPUBIC OR PERINEAL, ONE STAGE	07/01/2008	$1,016.08	0.0%	0.0%	N	Referral Requirec
53420	URETHROPLASTY	07/01/2008	$746.09	0.0%	0.0%	N	Referral Requirec
53425	URETHROPLASTY	07/01/2008	$854.69	0.0%	0.0%	N	Referral Requirec
53430	URETHROPLASTY	07/01/2008	$865.54	0.0%	0.0%	N	Referral Requirec
53431	URETHROPLASTY FOR INCONTINENCE	07/01/2008	$1,049.85	0.0%	0.0%	N	Referral Requirec
53440	URINARY INCONTINENCE CORRECTN	07/01/2008	$785.74	0.0%	0.0%	N	Referral Requirec
53442	REMOVAL OF PERINEAL PROSTHESIS INTR. FOR CONTINENC	07/01/2008	$691.45	0.0%	0.0%	N	Referral Requirec
53444	INSERTION OF TANDEM CUFF (DUAL CUFF)	07/01/2008	$721.30	0.0%	0.0%	N	Referral Requirec
53445	PLACEMENT OF INFLATABLE SPHINCTER INC PUMP/RESERV	07/01/2008	$793.08	0.0%	0.0%	N	Referral Requirec
53446	REMOVAL INFLATABLE URETHRAL/BLADDER NECK SPHINCTER INC PUMP, RESERVOIR, CUFF	07/01/2008	$582.82	0.0%	0.0%	N	Referral Requirec
53447	REMOVAL, REPAIR, REPLACE INFLATABLE SPHINCTER	07/01/2008	$739.55	0.0%	0.0%	N	Referral Requirec
53448	REMOVAL/REPLACEMENT OF URETHRAL/BLADDER NECK SPHINCTER	07/01/2008	$1,165.25	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
53449	SURG CORRECT HYDRAULIC ABNORM INFLATABLE SPHINCTER	07/01/2008	$551.43	0.0%	0.0%	N	Referral Required
53450	URETHRAL MEATOPLASTY	07/01/2008	$365.88	0.0%	0.0%	N	Referral Required
53460	CYSTOSCOPY/URETHROSCOPY	07/01/2008	$412.03	0.0%	0.0%	N	Referral Required
53500	URETHROLYSIS, TRANSVAGINAL SECONDARY, OPEN INCLUDING CYSTOURETHROSCOPY	07/01/2008	$675.88	0.0%	0.0%	N	Referral Required
53502	URETHRORRHAPHY SUTURE URETHRAL WOUND/INJURY FEMALE	07/01/2008	$437.13	0.0%	0.0%	N	Referral Required
53505	URETHRORRHAPHY	07/01/2008	$438.27	0.0%	0.0%	N	Referral Required
53510	URETHRORRHAPHY	07/01/2008	$577.63	0.0%	0.0%	N	Referral Required
53515	URETHRORRHAPHY	07/01/2008	$724.54	0.0%	0.0%	N	Referral Required
53520	URETHROSTOMY CLOSURE	07/01/2008	$503.24	0.0%	0.0%	N	Referral Required
53600	DILATION, URETHRAL STRICTURE	07/01/2008	$80.50	0.0%	0.0%	N	Referral Required
53601	DILATION, URETHRAL STRICTURE	07/01/2008	$78.13	0.0%	0.0%	N	Referral Required
53605	DILATION, URETHRAL STRICTURE	07/01/2008	$60.10	0.0%	0.0%	N	Referral Required
53620	DILATION, URETHRAL STRICTURE	07/01/2008	$118.28	0.0%	0.0%	N	Referral Required
53621	DILATION, URETHRAL STRICTURE	07/01/2008	$111.95	0.0%	0.0%	N	Referral Required
53660	DILATION, URETHRA, FEMALE	07/01/2008	$68.65	0.0%	0.0%	N	Referral Required
53661	DILATION, URETHRA, FEMALE	07/01/2008	$68.32	0.0%	0.0%	N	Referral Required
53665	DILATION, URETHRA, FEMALE	07/01/2008	$35.34	0.0%	0.0%	N	Referral Required
53850	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY MICROWAVE THERMOTHERAPY	07/01/2008	$2,739.09	0.0%	0.0%	N	Referral Required
53852	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY RADIOFREQUENCY THERMOTHERAPY	07/01/2008	$2,626.77	0.0%	0.0%	N	Referral Required
53899	UNLISTED PROC, URINARY SYST	01/01/1976	$0.00	0.0%	0.0%	N	Referral Required
54000	DORSAL SLIT	07/01/2008	$147.69	0.0%	0.0%	N	Referral Required
54001	DORSAL SLIT	07/01/2008	$181.22	0.0%	0.0%	N	Referral Required
54015	INCISION & DRAINAGE, PENIS	07/01/2008	$281.95	0.0%	0.0%	N	Referral Required
54050	CONDYLOMATA DESTRUCTION	07/01/2008	$106.52	0.0%	0.0%	N	Referral Required
54055	CONDYLOMATA DESTRUCTION	07/01/2008	$101.71	0.0%	0.0%	N	Referral Required
54056	CRYOSURGERY	07/01/2008	$111.15	0.0%	0.0%	N	Referral Required
54057	DESTRUCTION OF LESION(S), PENIS W/LASER SURGERY	07/01/2008	$124.73	0.0%	0.0%	N	Referral Required
54060	CONDYLOMATA DESTRUCTION	07/01/2008	$171.41	0.0%	0.0%	N	Referral Required
54065	CONDYLOMATA DESTRUCTION	07/01/2008	$183.45	0.0%	0.0%	N	Referral Required
54100	BIOPSY, PENIS	07/01/2008	$168.27	0.0%	0.0%	N	Referral Required
54105	BIOPSY, PENIS	07/01/2008	$260.24	0.0%	0.0%	N	Referral Required
54110	EXCISION, PENILE PLAQUE	07/01/2008	$567.05	0.0%	0.0%	N	Referral Required
54111	EXCISION PENILE PLAQUE W/GRAFT 5 CM IN LENGTH	07/01/2008	$727.63	0.0%	0.0%	N	Referral Required
54112	BIOPSY PENIS W/GRAFT GREATER THAN 5 CM	07/01/2008	$854.17	0.0%	0.0%	N	Referral Required
54115	REMOVAL, FOREIGN BODY, PENIS	07/01/2008	$406.25	0.0%	0.0%	N	Referral Required
54120	AMPUTATION, PENIS	07/01/2008	$568.00	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
54125	AMPUTATION, PENIS	07/01/2008	$734.06	0.0%	0.0%	N	Referral Required
54130	AMPUTATION, PENIS	07/01/2008	$1,084.57	0.0%	0.0%	N	Referral Required
54135	AMPUTATION, PENIS	07/01/2008	$1,379.69	0.0%	0.0%	N	Referral Required
54150	CIRCUMCISION, USING CLAMP OR OTHER DEVICE; NEWBORN	07/01/2008	$171.08	0.0%	0.0%	N	Referral Required
54160	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE OR DORSAL SLIT; NEWBORN	07/01/2008	$219.87	0.0%	0.0%	N	Referral Required
54161	CIRCUMCISION, SURG EXCISION OTHER THAN CLAMP, DEVICE/DORSAL SLIT; EXCEPT NEWBORN	07/01/2008	$177.56	0.0%	0.0%	N	Referral Required
54162	LYSIS/EXCISION PENILE POST-CIRCUMCISION ADHESIONS	07/01/2008	$258.16	0.0%	0.0%	N	Referral Required
54163	REPAIR INCOMPLETE CIRCUMCISION	07/01/2008	$194.76	0.0%	0.0%	N	Referral Required
54164	FRENULOTOMY OF PENIS	07/01/2008	$171.43	0.0%	0.0%	N	Referral Required
54200	INJECTION, PEYRONIES DISEASE	07/01/2008	$101.43	0.0%	0.0%	N	Referral Required
54205	INJECTION, PEYRONIES DISEASE	07/01/2008	$486.15	0.0%	0.0%	N	Referral Required
54220	IRRIGATION, CORPORA CAVERNOSA	07/01/2008	$203.81	0.0%	0.0%	N	Referral Required
54300	STRAIGHTENING OF CHORDEE	07/01/2008	$590.68	0.0%	0.0%	N	Referral Required
54304	PLASTIC OPERATION ON PENIS/CORRECTION OF CHORDEE	07/01/2008	$693.36	0.0%	0.0%	N	Referral Required
54305	STRAIGHTENING OF CHORDEE	07/01/2008	$863.84	0.0%	0.0%	N	Referral Required
54308	URETHROPLASTY FOR SECOND STAGE HYPOSPADICS REPAIR	07/01/2008	$613.79	0.0%	0.0%	N	Referral Required
54312	URETHROPLASTY 2ND STAGE HYPOSPADIAS REPAIR;>3 CM	07/01/2008	$769.99	0.0%	0.0%	N	Referral Required
54316	URETHROPLASTY 2ND STG HYPOSPADIAS REPAIR	07/01/2008	$921.57	0.0%	0.0%	N	Referral Required
54318	URETHROPLASTY 3RD STAGE REPAIR RELEASE PENIS/SCROT	07/01/2008	$615.35	0.0%	0.0%	N	Referral Required
54320	URETHROPLASTY	07/01/2008	$863.84	0.0%	0.0%	N	Referral Required
54322	ONE STAGE DISTAL HYPOSPADIAS REPAIR W/WO CHORDEE	07/01/2008	$722.40	0.0%	0.0%	N	Referral Required
54324	HYPOSPADIAS REPAIR WITH URETHROPLAST	07/01/2008	$900.48	0.0%	0.0%	N	Referral Required
54325	URETHROPLASTY	07/01/2008	$1,133.81	0.0%	0.0%	N	Referral Required
54326	ONE STAGE DISTAL HYPOSPADIAS REPAIR W/URETHROPLAST	07/01/2008	$869.71	0.0%	0.0%	N	Referral Required
54328	ONE STAGE DISTAL HYPOSPADIAS REPAIR	07/01/2008	$858.99	0.0%	0.0%	N	Referral Required
54330	URETHROPLASTY	07/01/2008	$1,241.77	0.0%	0.0%	N	Referral Required
54332	ONE STAGE PROXIMAL PENILE/PENOSCROTAL HYPOSPADIAS	07/01/2008	$930.90	0.0%	0.0%	N	Referral Required
54336	1-STG PERINEAL HYPOSPADIAS REQ. EXT. DISSECTION	07/01/2008	$1,054.77	0.0%	0.0%	N	Referral Required
54340	REPAIR HYPOSPADIAS COMPLFISTULA,STRICTURE,DIVERTIC	07/01/2008	$523.63	0.0%	0.0%	N	Referral Required
54344	REPAIR HYPOSPADIAS COMPLICATION;MOBILIZE SKIN FLAP	07/01/2008	$884.71	0.0%	0.0%	N	Referral Required
54348	HYPO COMP REQUIRING MOBILIZATION OF SKIN FLAPS	07/01/2008	$940.77	0.0%	0.0%	N	Referral Required
54352	REPAIR HYPOSPADIAS CRIPPLE REQUIRING EXT DISECTION	07/01/2008	$1,333.19	0.0%	0.0%	N	Referral Required
54360	PLASTIC OPERATION ON PENIS TO CORRECT ANGULATION	07/01/2008	$665.16	0.0%	0.0%	N	Referral Required
54380	EPISPADIAS	07/01/2008	$732.31	0.0%	0.0%	N	Referral Required
54385	PLASTIC OPERATION PENIS FOR EPISPADIAS W/INCONTINE	07/01/2008	$891.89	0.0%	0.0%	N	Referral Required
54390	PLASTIC REPAIR PENIS W/EXSTROPHY OF BLADDER	07/01/2008	$1,067.80	0.0%	0.0%	N	Referral Required
54420	PRIAPISM OPERATION	07/01/2008	$642.96	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
54430	PRIAPISM OPERATION	07/01/2008	$581.29	0.0%	0.0%	N	Referral Requirec
54435	CORPORA CAVERNOSA-GLANS PENIS FISTULIZATION FOR PR	07/01/2008	$376.75	0.0%	0.0%	N	Referral Requirec
54440	REPAIR, PENILE INJURY	01/01/1976	$0.00	0.0%	0.0%	N	Referral Requirec
54450	FORESKIN MANIPULATION INC LYSIS OF ADHESIONS	07/01/2008	$69.26	0.0%	0.0%	N	Referral Requirec
54500	BIOPSY, TESTIS	07/01/2008	$67.72	0.0%	0.0%	N	Referral Requirec
54505	BIOPSY, TESTIS	07/01/2008	$194.42	0.0%	0.0%	N	Referral Requirec
54512	EXCISION OF TESTIS LESION	07/01/2008	$485.89	0.0%	0.0%	N	Referral Requirec
54520	ORCHIECTOMY	07/01/2008	$293.92	0.0%	0.0%	N	Referral Requirec
54522	PARTIAL ORCHIECTOMY	07/01/2008	$531.61	0.0%	0.0%	N	Referral Requirec
54530	ORCHIECTOMY	07/01/2008	$496.71	0.0%	0.0%	N	Referral Requirec
54535	ORCHIECTOMY	07/01/2008	$663.62	0.0%	0.0%	N	Referral Requirec
54550	EXPLORATION UNDESCENDED TESTIS	07/01/2008	$440.51	0.0%	0.0%	N	Referral Requirec
54560	EXPLORATION UNDESCENDED TESTIS	07/01/2008	$619.10	0.0%	0.0%	N	Referral Requirec
54600	REDUCTION, TORSION OF TESTIS	07/01/2008	$407.08	0.0%	0.0%	N	Referral Requirec
54620	FIXATION, CONTRALATERAL TESTIS	07/01/2008	$274.38	0.0%	0.0%	N	Referral Requirec
54640	ORCHIOPEXY	07/01/2008	$417.32	0.0%	0.0%	N	Referral Requirec
54650	ORCHIPEXY, ABDOMINAL APPROACH, INTRA-AB-TESTIS	07/01/2008	$617.17	0.0%	0.0%	N	Referral Requirec
54670	REPAIR, TESTICULAR INJURY	07/01/2008	$368.27	0.0%	0.0%	N	Referral Requirec
54680	TRANSPLANTATION, TESTIS	07/01/2008	$719.54	0.0%	0.0%	N	Referral Requirec
54690	LAPAROSCOPY ORCHIECTOMY	07/01/2008	$583.79	0.0%	0.0%	N	Referral Requirec
54692	PAPAROSCOPY ORCHIOPEXY	07/01/2008	$698.72	0.0%	0.0%	N	Referral Requirec
54699	LAPAROSCOPY UNLISTED TESTIS PROCEDURE	01/01/2000	$0.00	0.0%	0.0%	N	Referral Requirec
54700	DRAINAGE, TESTIS/EPIDIDYMIS	07/01/2008	$192.80	0.0%	0.0%	N	Referral Requirec
54800	BIOPSY, EPIDIDYMIS	07/01/2008	$117.82	0.0%	0.0%	N	Referral Requirec
54830	EXCISION, LESION, EPIDIDYMIS	07/01/2008	$329.98	0.0%	0.0%	N	Referral Requirec
54840	EXCISION SPERMATOCELE W/WO EPIDIDYMECTOMY	07/01/2008	$292.01	0.0%	0.0%	N	Referral Requirec
54860	EPIDIDYMECTOMY UNILATERAL	07/01/2008	$374.69	0.0%	0.0%	N	Referral Requirec
54861	EPIDIDYMECTOMY BILATERAL	07/01/2008	$509.23	0.0%	0.0%	N	Referral Requirec
54865	EXPLORATION OF EPIDIDYMIS, WITH OR WITHOUT BIOPSY	07/01/2008	$317.78	0.0%	0.0%	N	Referral Requirec
55000	ASPIR HYDROCELE TUNICA VAGINAL	07/01/2008	$115.48	0.0%	0.0%	N	Referral Requirec
55040	HYDROCELECTOMY - UNILATERAL	07/01/2008	$303.21	0.0%	0.0%	N	Referral Requirec
55041	HYDROCELECTOMY - BILATERAL	07/01/2008	$454.47	0.0%	0.0%	N	Referral Requirec
55060	RPR HYDROCELE TUNICA VAGINALIS	07/01/2008	$337.21	0.0%	0.0%	N	Referral Requirec
55100	DRAIN SCROTAL WALL ABSCESS	07/01/2008	$203.04	0.0%	0.0%	N	Referral Requirec
55110	SCROTAL EXPLORATION	07/01/2008	$344.07	0.0%	0.0%	N	Referral Requirec
55120	REMOVAL, FOREIGN BODY, SCROTUM	07/01/2008	$315.40	0.0%	0.0%	N	Referral Requirec
55150	RESECTION, SCROTUM	07/01/2008	$433.99	0.0%	0.0%	N	Referral Requirec
55175	SCROTOPLASTY, SIMPLE	07/01/2008	$322.97	0.0%	0.0%	N	Referral Requirec
55180	SCROTOPLASTY; COMPLICATED	07/01/2008	$618.01	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
55200	VASOTOMY	07/01/2008	$496.42	0.0%	0.0%	N	Referral Requirec
55250	VASECTOMY	07/01/2008	$437.94	0.0%	0.0%	N	
55300	VASOGRAPHY INJECTION PROCEDURE	07/01/2008	$173.12	0.0%	0.0%	N	Referral Requirec
55401	VASOVASOSTOMY	07/01/2008	$623.91	0.0%	0.0%	N	Referral Requirec
55450	LIGATION, VAS DEFERENS	07/01/2008	$360.40	0.0%	0.0%	N	
55500	HYDROCELECTOMY, SPERMATIC CORD	07/01/2008	$337.21	0.0%	0.0%	N	Referral Requirec
55520	EXCISION LESION SPERMATIC CORD	07/01/2008	$352.20	0.0%	0.0%	N	Referral Requirec
55530	EXCISION, VARICOCELE	04/01/2009	$317.83	0.0%	0.0%	Y	Referral Requirec
55535	EXCISION, VARICOCELE	04/01/2009	$383.74	0.0%	0.0%	Y	Referral Requirec
55540	EXCISION, VARICOCELE	04/01/2009	$427.01	0.0%	0.0%	Y	Referral Requirec
55550	LAPARPSCOPY LIGATION OF SPERMATIC VEINS	07/01/2008	$379.69	0.0%	0.0%	N	Referral Requirec
55559	LAPAROSCOPY UNLISTED SPERMATIC CORD PROCEDURE	01/01/2000	$0.00	0.0%	0.0%	N	Referral Requirec
55650	VESICULECTOMY, ANY APPROACH; UNILATERAL	07/01/2008	$648.82	0.0%	0.0%	N	Referral Requirec
55680	EXCISION, CYST, MULLERIAN DUCT	07/01/2008	$311.45	0.0%	0.0%	N	Referral Requirec
55700	BIOPSY, PROSTATE	07/01/2008	$220.34	0.0%	0.0%	N	Referral Requirec
55705	BIOPSY, PROSTATE	07/01/2008	$245.33	0.0%	0.0%	N	Referral Requirec
55706	BIOPS PROSTATE NDLE, TRNSPRINL, STEROTAC TEMPLTE GUID SATUR SAMP INCL IMAG GUID	01/01/2009	$369.30	0.0%	0.0%	N	Referral Requirec
55720	PROSTATOTOMY	07/01/2008	$420.31	0.0%	0.0%	N	Referral Requirec
55725	PROSTATOTOMY	07/01/2008	$524.95	0.0%	0.0%	N	Referral Requirec
55801	PROSTATECTOMY	07/01/2008	$982.94	0.0%	0.0%	N	Referral Requirec
55810	PROSTATECTOMY	07/01/2008	$1,195.19	0.0%	0.0%	N	Referral Requirec
55812	PROSTATECTOMY W/LYMPHNODE BIOPSY;LIMIT PEL LYMPHA.	07/01/2008	$1,455.07	0.0%	0.0%	N	Referral Requirec
55815	PROSTATECTOMY W/BILATERAL PELVIC LYMPHADENECTOMY	07/01/2008	$1,607.85	0.0%	0.0%	N	Referral Requirec
55821	PROSTATECTOMY	07/01/2008	$791.21	0.0%	0.0%	N	Referral Requirec
55831	PROSTATECTOMY	07/01/2008	$857.93	0.0%	0.0%	N	Referral Requirec
55840	PROSTATECTOMY	07/01/2008	$1,217.01	0.0%	0.0%	N	Referral Requirec
55842	PROSTATECTOMY W/LYMPH NODE BIOPSY(S)	07/01/2008	$1,304.11	0.0%	0.0%	N	Referral Requirec
55845	PROSTATECTOMY	07/01/2008	$1,492.50	0.0%	0.0%	N	Referral Requirec
55860	EXPOSURE OF PROSTATE INSERTION OF RADIOACTIVE SUB.	07/01/2008	$795.40	0.0%	0.0%	N	Referral Requirec
55862	EXPOSURE PROSTATE W/LYMPH NODE BIOPSY(S)	07/01/2008	$1,004.95	0.0%	0.0%	N	Referral Requirec
55865	EXPOSURE PROSTATE W/BILAT PELVIC LYMPHADENECTOMY	07/01/2008	$1,210.48	0.0%	0.0%	N	Referral Requirec
55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY RETROPUBIC RADICAL, INC. NERVE SPARING	07/01/2008	$1,584.42	0.0%	0.0%	N	Referral Requirec
55873	CRYOSURGICAL ABLATION OF PROSTATE	07/01/2008	$1,042.68	0.0%	0.0%	N	Referral Requirec
55875	TRANSPERINEAL PLACEMENT OF NEEDLES OR CATHETERS INTO PROSTATE FOR INTERSTITIAL	07/01/2008	$691.54	0.0%	0.0%	N	Referral Requirec
55876	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE	07/01/2008	$132.29	0.0%	0.0%	N	Referral Requirec
55899	UNLISTED MALE GEN PROC	01/01/1976	$0.00	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
55920	PLACEMENT OF NEEDLES OR CATHETERS INTO PELVIC ORGANS AND/ OR GENITALIA	01/01/2008	$394.61	0.0%	0.0%	N	Referral Required
55970	INTERSEX SURGERY	01/01/1976	$0.00	0.0%	0.0%	N	Referral Required
55980	INTERSEX SURGERY	01/01/1976	$0.00	0.0%	0.0%	N	Referral Required
56405	INCISION AND DRAIN OF VULVA OR PERINEAL ABSCESS	07/01/2008	$96.89	0.0%	0.0%	N	Referral Required
56420	DRAIN ABSCESS, BARTHOLINS GLND	07/01/2008	$117.08	0.0%	0.0%	N	Referral Required
56440	MARSUP, CYST, BARTHOLINS GLAND	07/01/2008	$161.55	0.0%	0.0%	N	Referral Required
56441	LYSIS OF LABIAL ADHESIONS	07/01/2008	$133.06	0.0%	0.0%	N	Referral Required
56442	HYMENOTOMY, SIMPLE INCISION	07/01/2008	$42.63	0.0%	0.0%	N	Referral Required
56501	DESTRUCTION OF LESIONS VULVA SIMPLE ANY METHOD	07/01/2008	$115.65	0.0%	0.0%	N	Referral Required
56515	CONDYLOMATA DESTRUCTION	07/01/2008	$196.10	0.0%	0.0%	N	Referral Required
56605	BIOPSY OF VULVA OR PERINEUM ONE LESION	07/01/2008	$74.96	0.0%	0.0%	N	Referral Required
56606	BIOPSY OF VULVA OR PERINEUM EACH SEPARATE LESION-ADD ON	07/01/2008	$34.98	0.0%	0.0%	N	Referral Required
56620	VULVECTOMY SIMPL; PARTIAL	07/01/2008	$466.87	0.0%	0.0%	N	Referral Required
56625	VULVECTOMY SIMPLE; COMPLETE	07/01/2008	$523.82	0.0%	0.0%	N	Referral Required
56630	VULVECTOMY RADICAL, PARTIAL	07/01/2008	$761.51	0.0%	0.0%	N	Referral Required
56631	VULVECTOMY W/UNILATERAL INGUINOFEMORAL LYMPHADENECTOMY	07/01/2008	$973.32	0.0%	0.0%	N	Referral Required
56632	WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOMY	07/01/2008	$1,116.80	0.0%	0.0%	N	Referral Required
56633	VULVECTOMY RADICAL, COMPLETE	07/01/2008	$993.41	0.0%	0.0%	N	Referral Required
56634	VULVECTOMY W/UNILATERAL INGUINOFEMORAL LYMPHADENEC	07/01/2008	$1,052.63	0.0%	0.0%	N	Referral Required
56637	VULVECTOMY W/BILATERAL INGUINOFEMORAL LYMPHADENECT	07/01/2008	$1,250.31	0.0%	0.0%	N	Referral Required
56640	VULVECTOMY RADICAL COMPLETE W/LYMPHADECTOMY	07/01/2008	$1,242.74	0.0%	0.0%	N	Referral Required
56700	HYMENECTOMY	07/01/2008	$164.24	0.0%	0.0%	N	Referral Required
56740	EXCISION, CYST, BARTHOLINS GLD	07/01/2008	$261.91	0.0%	0.0%	N	Referral Required
56800	REPAIR, VULVA	07/01/2008	$214.67	0.0%	0.0%	N	Referral Required
56805	CLITOROPLASTY FOR ADRENOGENITAL SYNDROME	07/01/2008	$1,018.20	0.0%	0.0%	N	Referral Required
56810	PERINEOPLASTY REPAIR OF PERINEUM NON-OBSTECTRICAL	07/01/2008	$231.30	0.0%	0.0%	N	Referral Required
56820	COLPOSCOPY OF THE VULVA	07/01/2008	$98.27	0.0%	0.0%	N	Referral Required
56821	COLPOSCOPY VULVA; W/BIOPSY	07/01/2008	$132.61	0.0%	0.0%	N	Referral Required
57000	COLPOTOMY	07/01/2008	$168.70	0.0%	0.0%	N	Referral Required
57010	COLPOTOMY W/DRAINAGE OF PELVIC ABSCESS	07/01/2008	$377.54	0.0%	0.0%	N	Referral Required
57020	COLPOCENTESIS/CULDOCENTIS	07/01/2008	$84.87	0.0%	0.0%	N	Referral Required
57022	INCISION & DRAINAGE OF VAGINAL HEMATOMA OB	07/01/2008	$148.64	0.0%	0.0%	N	Referral Required
57023	INCISION & DRAINAGE OF VAGINAL HEMATOMA TRAUMA	07/01/2008	$273.58	0.0%	0.0%	N	Referral Required
57061	DESTRUCTION VAG LESION SIMPLE	07/01/2008	$101.52	0.0%	0.0%	N	Referral Required
57063	CHEMICAL CAUTERY OF VAGINA	07/01/2008	$21.60	0.0%	0.0%	N	Referral Required
57065	DESTRUCTION EXTENSIVE ANY METHOD	07/01/2008	$171.32	0.0%	0.0%	N	Referral Required
57100	BIOPSY, VAGINAL MUCOSA	07/01/2008	$79.38	0.0%	0.0%	N	Referral Required
57105	BIOPSY, VAGINAL MUCOSA	07/01/2008	$121.24	0.0%	0.0%	N	Referral Required
57106	VAGINECTOMY PARTIAL REMOVAL OF VAGINAL WALL	07/01/2008	$413.50	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
57107	VAGINECTOMY PARTIAL REMOVAL OF VAGINAL WALL W/ REMOVAL OF PARAVAGINAL TISSUE	07/01/2008	$1,232.58	0.0%	0.0%	N	Referral Required
57109	VAGINECTOMY PART REMOV VAGIN WALL REMOV PARAVAGIN TISS BILAT TOT PELVIC LYMPHADE	07/01/2008	$1,408.62	0.0%	0.0%	N	Referral Required
57110	COLPECTOMY	07/01/2008	$796.57	0.0%	0.0%	N	Referral Required
57111	VAGINECTOMY COMPLETE REMOVAL VAGINAL WALL WITH REMOVAL OF PARAVAGINAL TISSUE	07/01/2008	$1,434.64	0.0%	0.0%	N	Referral Required
57112	VAGINECTOMY COMPLE REMOV VAGINAL WALL REMOV PARAVAG TISSUE BILAT TOT PELVIC LYMP	07/01/2008	$1,499.80	0.0%	0.0%	N	Referral Required
57120	COLPOCLEISIS	07/01/2008	$451.12	0.0%	0.0%	N	Referral Required
57130	EXCISION, VAGINAL SEPTUM	07/01/2008	$160.82	0.0%	0.0%	N	Referral Required
57135	EXCISION, CYST, VAGINAL	07/01/2008	$172.55	0.0%	0.0%	N	Referral Required
57150	IRRIGATION, VAGINA	07/01/2008	$49.07	0.0%	0.0%	N	Referral Required
57155	INSERTION UTERINE TANDEMS AND/OR VAGINAL OVIODS FOR CLINICAL BRACHYTHERAPY	07/01/2008	$381.52	0.0%	0.0%	N	Referral Required
57160	FITTING & INSERTION OF PESSARY/OTHER INTRVAGINAL D	07/01/2008	$67.96	0.0%	0.0%	N	Referral Required
57170	DIAPHRAGM FITTING	07/01/2008	$68.60	0.0%	0.0%	N	
57180	INTRO ANY HEMOSTATIC AGENT/PACK SPONT/TRAU NON-OB	07/01/2008	$128.11	0.0%	0.0%	N	Referral Required
57200	SUTURE, INJURY, VAGINA	07/01/2008	$259.91	0.0%	0.0%	N	Referral Required
57210	COLPOPERINEORRHAPHY	07/01/2008	$321.86	0.0%	0.0%	N	Referral Required
57220	PLASTIC RPR URETHRAL SPHINCTER	07/01/2008	$279.92	0.0%	0.0%	N	Referral Required
57230	PLASTIC REPAIR, URETHROCELE	07/01/2008	$346.53	0.0%	0.0%	N	Referral Required
57240	ANTERIOR COLPORRHAPHY	07/01/2008	$566.61	0.0%	0.0%	N	Referral Required
57250	POSTERIOR COLPORRHAPHY	07/01/2008	$555.51	0.0%	0.0%	N	Referral Required
57260	COLPORRHAPHY COMBINED	07/01/2008	$698.79	0.0%	0.0%	N	Referral Required
57265	COLPORRHAPHY COMBINED	07/01/2008	$786.30	0.0%	0.0%	N	Referral Required
57267	INSERTION PROSTHESIS FOR REPAIR PELVIC FLOOR DEF, EACH SITE (ANT/POST) VAGINAL	07/01/2008	$241.04	0.0%	0.0%	N	Referral Required
57268	ENTEROCELE REPAIR	07/01/2008	$420.02	0.0%	0.0%	N	Referral Required
57270	REPAIR, ENTEROCELE	07/01/2008	$704.21	0.0%	0.0%	N	Referral Required
57280	COLPOPEXY	07/01/2008	$853.67	0.0%	0.0%	N	Referral Required
57282	COLPOPXY VAGINAL EXTRA-PERITONEAL APPROACH SACROSPINOUS ILIOCOCCYGEUS	07/01/2008	$445.33	0.0%	0.0%	N	Referral Required
57283	INTRA-PERITONEAL APPROACH (UTEROSACRAL, LEVATOR MYORRHAPHY)	07/01/2008	$609.84	0.0%	0.0%	N	Referral Required
57284	PARAVAGINAL DEFECT REPAIR	07/01/2008	$745.77	0.0%	0.0%	N	Referral Required
57285	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, IF PERFORMED	07/01/2008	$587.47	0.0%	0.0%	N	Referral Required
57287	REMOVAL / REVISION OF SLING FOR STRESS INCONTINENCE	07/01/2008	$618.10	0.0%	0.0%	N	Referral Required
57288	SLING OPERATION	07/01/2008	$728.07	0.0%	0.0%	N	Referral Required
57289	PEREYRA PROCEDURE	07/01/2008	$680.83	0.0%	0.0%	N	Referral Required
57295	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, VAGINAL APPROACH	07/01/2008	$431.79	0.0%	0.0%	Y	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
57296	REVISION (INCL REMOVAL) OF PROSTHETIC VAGINAL GRAFT; OPEN ABDOMINAL APPROACH	07/01/2008	$830.60	0.0%	0.0%	N	Referral Required
57300	CLOSURE, FISTULA, RECTOVAGINAL	07/01/2008	$463.47	0.0%	0.0%	N	Referral Required
57305	CLOSURE,FISTULA,RECTOVAGINAL; ABDOMINAL APPROACH	07/01/2008	$774.49	0.0%	0.0%	N	Referral Required
57307	CLOSURE RECTOVAGINAL FISTULA; ABDOMINAL APPROACH	07/01/2008	$866.51	0.0%	0.0%	N	Referral Required
57308	CLOSURE RECTOVAGINAL FISTULA;TRANSPERINEAL APPROACH W/RECONSTRUCTION W/W/O PLICA	07/01/2008	$557.30	0.0%	0.0%	N	Referral Required
57310	CLOSURE FISTULA URETHROVAGINAL	07/01/2008	$423.71	0.0%	0.0%	N	Referral Required
57311	CLOSURE URETHROVAGINAL FISTULA W/BULBO. TRANSPLANT	07/01/2008	$482.47	0.0%	0.0%	N	Referral Required
57320	CLOSURE, FISTULA VESICOVAGINAL	07/01/2008	$482.42	0.0%	0.0%	N	Referral Required
57330	CLOSURE, FISTULA VESICOVAGINAL	07/01/2008	$695.50	0.0%	0.0%	N	Referral Required
57335	VAGINOPLASTY FOR INTERSEX STATE	07/01/2008	$1,013.88	0.0%	0.0%	N	Referral Required
57400	DILATION, VAGINA	07/01/2008	$119.64	0.0%	0.0%	N	Referral Required
57410	PELVIC EXAM ANESTHESIA	07/01/2008	$94.87	0.0%	0.0%	N	Referral Required
57415	REMOVAL IMPACTED VAGINAL FB UNDER ANESTHESIA	07/01/2008	$139.23	0.0%	0.0%	N	Referral Required
57420	COLPOSCOPY OF ENTIRE VAGINA W/ CERVIX	07/01/2008	$103.37	0.0%	0.0%	N	Referral Required
57421	COLPOSCOPY OF ENTIRE VAGINA; WITH BIOPSY	07/01/2008	$140.51	0.0%	0.0%	N	Referral Required
57423	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, IF PERFORMED),	07/01/2008	$809.17	0.0%	0.0%	N	Referral Required
57425	LAPAROSCOPY, SURGICAL, COLPOPEXY (SUSPENSION OF VAGINAL APEX)	07/01/2008	$852.09	0.0%	0.0%	N	Referral Required
57452	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA	07/01/2008	$97.58	0.0%	0.0%	N	Referral Required
57454	COLPOSCOPY WITH BIOPSIES OR BIOPSY OF THE CERVIX	07/01/2008	$138.14	0.0%	0.0%	N	Referral Required
57455	COLPOSCOPY CERVIX INC. UPPER VAGINA; W/BIOPSY OF CERVIX	07/01/2008	$128.69	0.0%	0.0%	N	Referral Required
57456	COLPOSCOPY CERVIX INC. UPPER VAGINA; W/ENDOCERVICAL CURETTAGE	07/01/2008	$121.53	0.0%	0.0%	N	Referral Required
57460	COLPOSCOPY W/LOOP ELECTROSURGICAL EXCISION OF CERV (SURGICAL TRAY=LEEP)	07/01/2008	$278.23	0.0%	0.0%	N	Referral Required
57461	COLPOSCOPY CERVIX INC. UPPER VAGINA; W/LOOP ELECTRODE CONIZATION OF CERVIX	07/01/2008	$310.03	0.0%	0.0%	N	Referral Required
57500	BIOPSY, CERVIX	07/01/2008	$122.29	0.0%	0.0%	N	Referral Required
57505	ENDOCERVICAL CURRETTAGE (NOT DONE AS PART OF D&C)	07/01/2008	$90.53	0.0%	0.0%	N	Referral Required
57510	CAUTERIZATION, CERVIX	07/01/2008	$119.17	0.0%	0.0%	N	Referral Required
57511	CRYOCAUTERY, CERVIX	07/01/2008	$129.57	0.0%	0.0%	N	Referral Required
57513	LASAR CAUTERY OF CERVIX	07/01/2008	$127.16	0.0%	0.0%	N	Referral Required
57520	CONIZATION OF CERVIX W/WO FULGURATION W/WO D&C	07/01/2008	$275.83	0.0%	0.0%	N	Referral Required
57522	CONIZATION OF CERVIX; LOOP ELECTRODE EXCISION	07/01/2008	$234.90	0.0%	0.0%	N	Referral Required
57530	TRACHELECTOMY	07/01/2008	$302.00	0.0%	0.0%	N	Referral Required
57531	RADICAL TRACHELECTOMY W/W/O REMOVAL OF TUBES, W/W/O REMOVAL OF OVARY	07/01/2008	$1,507.37	0.0%	0.0%	N	Referral Required
57540	EXCISION, CERVICAL STUMP	07/01/2008	$685.76	0.0%	0.0%	N	Referral Required
57545	EXCISION CERVICAL STUMP W/PELVIC FLOOR REPAIR	07/01/2008	$726.58	0.0%	0.0%	N	Referral Required
57550	EXCISION, CERVICAL STUMP	07/01/2008	$356.35	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
57555	EXCISION, CERVICAL STUMP	07/01/2008	$530.57	0.0%	0.0%	N	Referral Requirec
57556	EXCISION, CERVICAL STUMP	07/01/2008	$500.31	0.0%	0.0%	N	Referral Requirec
57558	DILATION AND CURETTAGE OF CERVICAL STUMP	07/01/2008	$110.83	0.0%	0.0%	N	Referral Requirec
57600	INSERTION, HEMOSTATIC AGENT	07/01/2008	$48.59	0.0%	0.0%	N	Referral Requirec
57700	CERCLAGE OF UTERINE CERVIX, NONOBSTETRICAL-TRACHEL	07/01/2008	$263.60	0.0%	0.0%	N	Referral Requirec
57720	TRACHELORRHAPHY	07/01/2008	$269.92	0.0%	0.0%	N	Referral Requirec
57800	DILATION, CERVICAL CANAL	07/01/2008	$53.87	0.0%	0.0%	N	Referral Requirec
58100	ENDOMETRIAL BIOPSY SUCTION TYPE (INDEPENDENT PROC	07/01/2008	$98.76	0.0%	0.0%	N	Referral Requirec
58110	ENDOMETRIAL SAMPLING PERFORMED IN CONJUNCTION W/COLPOSCOPY ADD-ON	07/01/2008	$44.59	0.0%	0.0%	N	Referral Requirec
58120	DILATION AND CURETTAGE DIAGNOSTIC AND OR THERAPEUTIC/NON-OBSTETRICAL	07/01/2008	$215.96	0.0%	0.0%	N	Referral Requirec
58140	MYOMECTOMY, UTERINE	07/01/2008	$806.04	0.0%	0.0%	N	Referral Requirec
58145	MYOMECTOMY, UTERINE	07/01/2008	$478.44	0.0%	0.0%	N	Referral Requirec
58146	MYOMECTOMY, EXCISION FIBROID TUMORS, >OR= TO 5 W/WEIGHT GREATER THAN 250 GRAMS	07/01/2008	$1,025.88	0.0%	0.0%	N	Referral Requirec
58150	HYSTERECTOMY	07/01/2008	$872.26	0.0%	0.0%	Y	Referral Requirec
58152	TOTAL ABDOMINAL HYSTERECTOMY W/MARSHALL-M-KRANTZ	07/01/2008	$1,107.06	0.0%	0.0%	Y	Referral Requirec
58180	HYSTERECTOMY	07/01/2008	$838.95	0.0%	0.0%	Y	Referral Requirec
58200	HYSTERECTOMY	07/01/2008	$1,156.11	0.0%	0.0%	Y	Referral Requirec
58210	HYSTERECTOMY	07/01/2008	$1,540.04	0.0%	0.0%	Y	Referral Requirec
58240	PELVIC EXENTERATION FOR GYNECOLOGIC MALIGNANCY	07/01/2008	$2,382.37	0.0%	0.0%	N	Referral Requirec
58260	HYSTERECTOMY	07/01/2008	$729.72	0.0%	0.0%	Y	Referral Requirec
58262	VAG HYSTERECTOMY W/REMOVAL TUBES AND/OR OVARYS	07/01/2008	$815.41	0.0%	0.0%	Y	Referral Requirec
58263	VAG HYST W/REMOV TUBES AND/OR OVARY W/REPAIR ENTER	07/01/2008	$878.54	0.0%	0.0%	Y	Referral Requirec
58267	HYSTERECTOMY	07/01/2008	$933.82	0.0%	0.0%	Y	Referral Requirec
58270	HYSTERECTOMY	07/01/2008	$782.79	0.0%	0.0%	Y	Referral Requirec
58275	HYSTERECTOMY	07/01/2008	$868.49	0.0%	0.0%	Y	Referral Requirec
58280	HYSTERECTOMY	07/01/2008	$930.63	0.0%	0.0%	Y	Referral Requirec
58285	HYSTERECTOMY	07/01/2008	$1,165.37	0.0%	0.0%	Y	Referral Requirec
58290	VAGINAL HYSTERECTOMY, FOR UTERUS > 250 GRAMS	07/01/2008	$1,025.00	0.0%	0.0%	Y	Referral Requirec
58291	VAGINAL HYSTERECTOMY, UTERUS >250 GRAMS; W/REMOVAL OF TUBES AND/OR OVARIES	07/01/2008	$1,112.46	0.0%	0.0%	Y	Referral Requirec
58292	VAGINAL HYSTERECTOMY, UTERUS >250 GRAMS; W/REMOVAL TUBES, OVARIES, REPAIR ENTERO	07/01/2008	$1,174.85	0.0%	0.0%	Y	Referral Requirec
58293	VAGINAL HYSTERECTOMY, UTERUS >250 GRAMS; W/COLPO-URETHROCYSTOPEXY	07/01/2008	$1,221.45	0.0%	0.0%	Y	Referral Requirec
58294	VAGINAL HYSTERECTOMY, UTERUS >250 GRAMS; W/REPAIR OF ENTEROCELE	07/01/2008	$1,081.25	0.0%	0.0%	Y	Referral Requirec
58300	IUD INSERTION	07/01/2008	$59.40	0.0%	0.0%	N	
58301	IUD REMOVAL	07/01/2008	$87.43	0.0%	0.0%	N	
58340	HYSTEROSALPINGOGRAPHY INJ PROC	07/01/2008	$123.38	0.0%	0.0%	N	Referral Requirec
58346	INSERTION HEYMAN CAPSULES FOR CLINICAL BRACHYTHERAPY	07/01/2008	$401.12	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
58353	ENDOMETRIAL ABLATION, THERMAL W/O HYSTEROSCOPIC GUIDANCE	07/01/2008	$1,137.14	0.0%	0.0%	N	Referral Requirec
58356	ULTRASONIC GUIDANCE, INCLUDING ENDOMETRIAL CURRETTAGE, WHEN PERFORMED	07/01/2008	$2,037.54	0.0%	0.0%	N	Referral Requirec
58400	UTERINE SUSPENSION	07/01/2008	$392.74	0.0%	0.0%	N	Referral Requirec
58410	UTERINE SUSPENSION	07/01/2008	$707.39	0.0%	0.0%	N	Referral Requirec
58430	INTERPOSITION OPERATION	07/01/2008	$982.62	0.0%	0.0%	N	Referral Requirec
58500	HYSTEROSALPINGOSTOMY	07/01/2008	$982.62	0.0%	0.0%	N	Referral Requirec
58520	HYSTERORRHAPHY	07/01/2008	$688.91	0.0%	0.0%	N	Referral Requirec
58540	HYSTEROPLASTY	07/01/2008	$799.61	0.0%	0.0%	N	Referral Requirec
58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;	07/01/2008	$746.93	0.0%	0.0%	Y	Referral Requirec
58542	LAPAROSCOPY SURG SUPRACERVICAL HYST, UTERUS 250 G/LESS; W REMOV TUBE &/OR OVARY	07/01/2008	$828.99	0.0%	0.0%	Y	Referral Requirec
58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER 250 G	07/01/2008	$842.77	0.0%	0.0%	Y	Referral Requirec
58544	LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY UTERUS > 250 G; W/REM/TUBE(S)&/OR OVARY	07/01/2008	$911.44	0.0%	0.0%	Y	Referral Requirec
58545	LAPAROSCOPY, MYOMECTOMY, EXCISION; 1-4 INTRAMURAL MYOMAS <250 GRAMS	07/01/2008	$792.89	0.0%	0.0%	N	Referral Requirec
58546	LAPAROSCOPY, MYOMECTOMY, EXCISION; GREATER THAN OR EQUAL TO 5 MYOMAS >250 GRAMS	07/01/2008	$1,005.23	0.0%	0.0%	N	Referral Requirec
58548	LAPAROSCOPY, SURGICAL, WITH RADICAL HYSTERECTOMY	07/01/2008	$1,583.84	0.0%	0.0%	Y	Referral Requirec
58550	LAPAROSCOPY HYSTERECTOMY	07/01/2008	$781.57	0.0%	0.0%	Y	Referral Requirec
58552	LAPAROSCOPY W/VAGINAL HYSTERECTOMY UTERUS <250 GRAMS; W/REMOVAL TUBES & OVARIES	07/01/2008	$864.27	0.0%	0.0%	Y	Referral Requirec
58553	LAPAROSCOPY VAGINAL HYSTERECTOMY, UTERUS >250 GRAMS	07/01/2008	$1,009.88	0.0%	0.0%	Y	Referral Requirec
58554	LAPAROSCOPY W/VAGINAL HYSTERECTOMY, UTERUS >250 GRAMS; REMOVAL TUBES AND OVARIES	07/01/2008	$1,159.01	0.0%	0.0%	Y	Referral Requirec
58555	HYSTEROSCOPY DIAGNOSTIC	07/01/2008	$208.02	0.0%	0.0%	N	Referral Requirec
58558	HYSTEROSCOPY, BIOPSY	07/01/2008	$274.42	0.0%	0.0%	N	Referral Requirec
58559	HYSTEROSCOPY LYSIS OF ADHESIONS	07/01/2008	$309.27	0.0%	0.0%	N	Referral Requirec
58560	HYSTEROCOSPY RESECT INTRAUTERINE SEPTUM	07/01/2008	$350.92	0.0%	0.0%	N	Referral Requirec
58561	HYSTEROSCOPY LEIMYOMATA REMOVAL	07/01/2008	$496.11	0.0%	0.0%	N	Referral Requirec
58562	HYSTEROSCOPY FOREIGN BODY REMOVAL	07/01/2008	$293.07	0.0%	0.0%	N	Referral Requirec
58563	HYSTEROSCOPY ENDOMETRIAL ABLATION	07/01/2008	$1,833.37	0.0%	0.0%	N	Referral Requirec
58565	WITH BILAT FALLOPIAN TUBE CANNULATION TO INDUCE OCCLUSION WITH IMPLANTS	07/01/2008	$1,840.93	0.0%	0.0%	N	Referral Requirec
58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;	07/01/2008	$801.81	0.0%	0.0%	Y	Referral Requirec
58571	LAPAROSCOPY, SURG, W/TOTAL HYSTERECTOMY, UTERUS 250 GM/LESS; W/REMOV/TUBE/OVARY	07/01/2008	$880.84	0.0%	0.0%	Y	Referral Requirec
58572	LAPAROSCOPY, SURGICAL, W/TOTAL HYSTERECTOMY, UTERUS GREATER THAN 250 GR	07/01/2008	$996.14	0.0%	0.0%	Y	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
58573	LAPAROSCOPY, SURG W/TOTAL HYSTERECTOMY, UTERUS > 250 GM W/REMOVE/TUBES/OVARY	07/01/2008	$1,128.09	0.0%	0.0%	Y	Referral Required
58578	LAPAROSCOPY UNLISTED UTERUS PROCEDURE	01/01/2000	$0.00	0.0%	0.0%	N	Referral Required
58579	HYSTEROSCOPY UNLISTED UTERUS PROCEDURE	01/01/2000	$0.00	0.0%	0.0%	N	Referral Required
58600	TRANSECTION, FALLOPIAN TUBE	07/01/2008	$322.94	0.0%	0.0%	N	
58605	TRANSECTION, FALLOPIAN TUBE	07/01/2008	$292.82	0.0%	0.0%	N	
58611	TUBAL LIGATION WITH C-SECTION OR OTHER ABDOM SURG-ADD ON	07/01/2008	$70.24	0.0%	0.0%	N	
58615	OCCLUSION OF FALLOPIAN TUBE(S) BY DEVICE	07/01/2008	$225.61	0.0%	0.0%	N	
58660	LAPAROSCOPY LYSIS OF ADHESIONS	07/01/2008	$593.73	0.0%	0.0%	N	Referral Required
58661	LAPAROSCOPY OOPHORECTOMY/SALPINGECTOMY	07/01/2008	$572.98	0.0%	0.0%	N	Referral Required
58662	LAPAROSCOPY FULGURATION/EXCISION OF LESIONS	07/01/2008	$626.56	0.0%	0.0%	N	Referral Required
58670	LAPAROSCOPY FULGURATION OF OVIDUCTS	07/01/2008	$322.44	0.0%	0.0%	N	Referral Required
58671	LAPAROSCOPY OCCLUSION OF OVIDUCTS	07/01/2008	$322.64	0.0%	0.0%	N	Referral Required
58672	LAPAROSCOPY FIMBRIOPLASTY	07/01/2008	$664.57	0.0%	0.0%	N	Referral Required
58673	LAPAROSCOPY SALPINGOSTOMY	07/01/2008	$717.69	0.0%	0.0%	N	Referral Required
58679	LAPAROSCOPY UNLISTED OVIDUCT/OVARY PROCEDURE	01/01/2000	$0.00	0.0%	0.0%	N	Referral Required
58700	SALPINGECTOMY	07/01/2008	$670.56	0.0%	0.0%	N	
58720	SALPINGO-OOPHORECTOMY	07/01/2008	$631.27	0.0%	0.0%	N	Referral Required
58740	LYSIS OF ADHESIONS	07/01/2008	$770.98	0.0%	0.0%	N	Referral Required
58770	SALPINGOSTOMY	07/01/2008	$759.30	0.0%	0.0%	N	Referral Required
58800	DRAINAGE, CYST, OVARY	07/01/2008	$283.23	0.0%	0.0%	N	Referral Required
58805	DRAIN OVARIAN CYST ABDOMINAL APPROACH	07/01/2008	$352.71	0.0%	0.0%	N	Referral Required
58820	DRAINAGE, ABSCESS, OVARY	07/01/2008	$276.40	0.0%	0.0%	N	Referral Required
58822	DRAINAGE OVARIAN ABSCESS, ABDOMINAL APPROACH	07/01/2008	$605.57	0.0%	0.0%	N	Referral Required
58823	DRAINAGE OF PELVIC ABSCESS TRANSVAGINAL/TRANRECTAL APPROACH, PERCUTANEOUS	07/01/2008	$831.55	0.0%	0.0%	N	Referral Required
58825	TRANSPOSITION, OVARY(S)	07/01/2008	$612.78	0.0%	0.0%	N	Referral Required
58900	BIOPSY OF OVARY	07/01/2008	$360.66	0.0%	0.0%	N	Referral Required
58920	RESECTION, OVARY	07/01/2008	$620.48	0.0%	0.0%	N	Referral Required
58925	OVARIAN CYSTECTOMY, UNILATERAL OR BILATERAL	07/01/2008	$641.67	0.0%	0.0%	N	Referral Required
58940	OOPHORECTOMY	07/01/2008	$438.20	0.0%	0.0%	N	Referral Required
58943	OOPHORECTOMY PARTIAL OR TOTALW/PARA AORTIC & PELV	07/01/2008	$986.40	0.0%	0.0%	N	Referral Required
58950	RESECTION OVARIAN MALIG W/BILATERAL SALPINGO/OOPHO	07/01/2008	$938.97	0.0%	0.0%	N	Referral Required
58951	RESECTION OVARIAN MALIGNANCY	07/01/2008	$1,213.35	0.0%	0.0%	Y	Referral Required
58952	RESECTION OVARIAN MALIGNANCY W/RADICAL DISSECTION	07/01/2008	$1,368.21	0.0%	0.0%	N	Referral Required
58953	HYSTERECTOMY REMOVAL OF TUBES AND OVARIES W/RADICAL DISSECTION FOR DEBULKING	07/01/2008	$1,698.52	0.0%	0.0%	Y	Referral Required
58954	HYSTERECTOMY/REMOVAL OF TUBES/OVARIES W/LYMPHADENECTOMY	07/01/2008	$1,844.54	0.0%	0.0%	Y	Referral Required
58956	BILATERAL SALPINGO-OOPHORECTOMY WITH TOTAL OMENTECTOMY	07/01/2008	$1,186.03	0.0%	0.0%	Y	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
58957	RESECTION OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL, UTERINE MALIGNANCY	07/01/2008	$1,287.06	0.0%	0.0%	N	Referral Required
58958	RESECTION OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL, UTERINE MALIGNANCY	07/01/2008	$1,424.44	0.0%	0.0%	N	Referral Required
58960	LAPAROTOMY OF OVARIAN MALIGNANCY,STAGING/RESTAGING	07/01/2008	$810.75	0.0%	0.0%	N	Referral Required
58999	UNLISTED PROCEDURE, FEMALE GENITAL SYSTEM, NON OB	01/01/1982	$0.00	0.0%	0.0%	N	Referral Required
59000	AMNIOCENTESIS, ANY METHOD	07/01/2008	$116.44	0.0%	0.0%	N	Referral Required
59001	AMNIOCENTESIS; THERAPEUTIC AMNIOTIC FLUID REDUCTION	07/01/2008	$160.10	0.0%	0.0%	N	Referral Required
59012	CORDOCENTESIS INTRAUTERINE	07/01/2008	$181.00	0.0%	0.0%	N	Referral Required
59015	CHORIONIC VILLUS SAMPLING ANY METHOD	07/01/2008	$137.17	0.0%	0.0%	N	Referral Required
59020	FETAL OXYTOCIN STRESS TEST	07/01/2008	$59.47	26.0%	74.0%	N	Referral Required
59025	FETAL NON-STRESS TEST	07/01/2008	$39.93	20.0%	80.0%	N	Referral Required
59030	FETAL BLOOD SAMPLING	07/01/2008	$98.83	0.0%	0.0%	N	Referral Required
59050	FETAL MONITORING DURING LABOR; W/ WRITTEN REPORT, SUPERVISION & INTERP	07/01/2008	$45.37	0.0%	0.0%	N	Referral Required
59051	FETAL MONITORING DURING LABOR W/ WRITTEN REPORT; INTERPRETATION ONLY	07/01/2008	$37.42	0.0%	0.0%	N	Referral Required
59070	TRANSABDOMINAL AMNIOINFUSION, INCLUD ULTRASOUND GUIDANCE	07/01/2008	$350.26	0.0%	0.0%	N	Referral Required
59072	FETAL UMBILICAN CORD OCCLUSION	07/01/2008	$408.68	0.0%	0.0%	N	Referral Required
59074	FETAL FLUID DRAINAGE (VESICOCENTESIS, THORACENTESIS, PARACENTESIS) W ULTRASOUND	07/01/2008	$326.89	0.0%	0.0%	N	Referral Required
59076	FETAL SHUNT PLACEMENT, INCLUDING ULTRASOUND GUIDANCE	07/01/2008	$408.68	0.0%	0.0%	N	Referral Required
59100	HYSTEROTOMY	07/01/2008	$722.26	0.0%	0.0%	N	Referral Required
59120	SURGICAL TREATMENT ECTOPIC PREGNANCY: SALPINGECTOMY/SALPINGOSTOMY	07/01/2008	$687.43	0.0%	0.0%	N	Referral Required
59121	TUBAL W/O SALPINGECTOMY &/OR OOPHORECTOMY	07/01/2008	$692.05	0.0%	0.0%	N	Referral Required
59130	SALPINGECTOMY/SALPINGOSTOMY	07/01/2008	$781.87	0.0%	0.0%	N	Referral Required
59135	SALPINGECTOMY/SALPINGOSTOMY	07/01/2008	$788.56	0.0%	0.0%	Y	Referral Required
59136	SURG TREAT ESTOPIC PREGNANCY INTERSTITIAL W/PART R	07/01/2008	$748.68	0.0%	0.0%	N	Referral Required
59140	SURG FOR ECTOPIC PREGNANCY CERVICAL WITH EVAC	07/01/2008	$322.58	0.0%	0.0%	N	Referral Required
59150	LAPAROSCOPIC TREATMENT ECTOPIC PREG W/O S-O	07/01/2008	$668.45	0.0%	0.0%	N	Referral Required
59151	LAPAROSCOPIC TX ECTOPIC PREG. W/SALPING/OOPHORECTO	07/01/2008	$656.43	0.0%	0.0%	N	Referral Required
59160	CURETTAGE POSTPARTUM	07/01/2008	$197.43	0.0%	0.0%	N	Referral Required
59200	INSERTION HYGROSCOPIC CERVICAL DILATOR	07/01/2008	$67.62	0.0%	0.0%	N	Referral Required
59300	EPISIOT OR VAG REPAIR BY OTHER THAN ATTENDING PHY	07/01/2008	$169.26	0.0%	0.0%	N	Referral Required
59320	CERCLAGE CX VAGINAL	07/01/2008	$135.58	0.0%	0.0%	N	Referral Required
59325	CERCLAGE CX ABDOMEN	07/01/2008	$215.09	0.0%	0.0%	N	Referral Required
59350	HYSTERORRHAPHY OF RUPTURED UTERUS	07/01/2008	$246.52	0.0%	0.0%	N	Referral Required
59400	VAGINAL DELIVERY W/7 OR MORE ANTEPARTUM & POSTPART	07/01/2008	$1,539.21	0.0%	0.0%	N	Referral Required
59409	VAGINAL DELIVERY ONLY	07/01/2008	$683.81	0.0%	0.0%	N	
59410	VAGINAL DELIVERY; INCLUDING POSTPARTUM CARE	07/01/2008	$789.87	0.0%	0.0%	N	Referral Required
59412	EXTERNAL CEPHALIC VERSIONW/WO TOCOLYSIS	07/01/2008	$91.82	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
59414	DELIVERY PLACENTA FOLLOWING DELIVERY OF INFANT	07/01/2008	$81.72	0.0%	0.0%	N	Referral Requirec
59425	ANTEPARTUM CARE ONLY; 4-6 VISITS	07/01/2008	$382.36	0.0%	0.0%	N	Referral Requirec
59426	ANTEPARTUM CARE ONLY; 7 OR MORE VISITS	07/01/2008	$683.73	0.0%	0.0%	N	Referral Requirec
59430	POST-PARTUM CARE	07/01/2008	$123.07	0.0%	0.0%	N	Referral Requirec
59510	CESAREAN DELIVERY W/7 OR MORE ANTEPARTUM & POSTPAR	07/01/2008	$1,742.30	0.0%	0.0%	N	Referral Requirec
59514	CESAREAN DELIVERY ONLY	07/01/2008	$808.54	0.0%	0.0%	N	
59515	CESAREAN DEL ONLY INCL. POST-PARTUM	07/01/2008	$951.69	0.0%	0.0%	N	Referral Requirec
59525	SUBTOTAL OR TOTAL HYSTERECTOMY AFTER C-SECTION-ADD ON	07/01/2008	$428.40	0.0%	0.0%	Y	Referral Requirec
59610	ROUTINE OB CARE INCL ANTEPARTUM,VAG DELIVERY & POSTPARTUM; AFTER PREV CESAREAN	07/01/2008	$1,619.17	0.0%	0.0%	N	Referral Requirec
59612	VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN	07/01/2008	$766.11	0.0%	0.0%	N	
59614	VAGINAL DEL. ONLY AFTER CESAREAN, INC. POSTPARTUM	07/01/2008	$856.32	0.0%	0.0%	N	Referral Requirec
59618	OB CARE INC. ANTEPARTUM,CESAREAN & POST AFTER ATTEMPTED VAGINAL DELIVERY	07/01/2008	$1,822.20	0.0%	0.0%	N	Referral Requirec
59620	CESAREAN DELIVERY ONLY FOLLOWING ATTEMPTED VAGINAL AFTER PREVIOUS CESAREAN	07/01/2008	$882.55	0.0%	0.0%	N	
59622	CESAREAN AFTER ATT.VAGINAL AFTER CESAREAN; POSTPAR	07/01/2008	$1,032.48	0.0%	0.0%	N	Referral Requirec
59812	TREATMENT OF SPONT ABORTION ANY TRIM COMP SURG	07/01/2008	$267.37	0.0%	0.0%	N	Referral Requirec
59820	TREAT MISSED ABORTION COMPLETED SURGICALLY 1ST TRI	07/01/2008	$326.31	0.0%	0.0%	N	Referral Requirec
59821	TREATMENT OF MISSED AB TREAT SURG 2ND TRIMESTER	07/01/2008	$333.17	0.0%	0.0%	N	Referral Requirec
59830	ABORTION - SEPTIC	07/01/2008	$380.52	0.0%	0.0%	N	Referral Requirec
59840	ABORTION INDUCED BY DILATION AND CURETTAGE (INCLU	07/01/2008	$188.68	0.0%	0.0%	N	Referral Requirec
59841	LEGAL(THERAPEUTIC) ABORTION DILATION & EVACUATION	07/01/2008	$329.95	0.0%	0.0%	N	Referral Requirec
59850	INDUCTION OF LABOR	07/01/2008	$327.39	0.0%	0.0%	N	Referral Requirec
59851	ABORTION INDUCED COMPLETED BY DILATION AND CURET	07/01/2008	$350.12	0.0%	0.0%	N	Referral Requirec
59852	ABORTION INDUCED BY HYSTEROTOMY	07/01/2008	$472.15	0.0%	0.0%	N	Referral Requirec
59855	INDUCED ABORTION, DELIVERY OF FETUS & SECUDINES	07/01/2008	$362.66	0.0%	0.0%	N	Referral Requirec
59856	INDUCED ABORTION, DELIVERY; W/D&C OR EVACUATION	07/01/2008	$429.47	0.0%	0.0%	N	Referral Requirec
59857	INDUCED ABORTION, DELIVERY; WITH HYSTEROTOMY	07/01/2008	$504.56	0.0%	0.0%	N	Referral Requirec
59866	MULTIFETAL PREGNANCY REDUCTION(S)	07/01/2008	$210.78	0.0%	0.0%	Y	Referral Requirec
59870	UTERINE EVAC + CURETTAGE FOR HYDAT MOLE	07/01/2008	$401.35	0.0%	0.0%	N	Referral Requirec
59871	REMOVAL OF CERCLAGE SUTURE UNDER ANESTHESIA	07/01/2008	$118.61	0.0%	0.0%	N	Referral Requirec
59897	UNLISTED FETAL INVASIVE PROCEDURE, INCLUDING ULTRASOUND GUIDANCE	01/01/2004	$0.00	0.0%	0.0%	N	Referral Requirec
59898	LAPAROSCOPY UNLISTED OB CARE/DELIVERY PROCEDURE	01/01/2000	$0.00	0.0%	0.0%	N	Referral Requirec
59899	UNLISTED MATERNITY PROCEDURE	01/01/1976	$0.00	0.0%	0.0%	N	Referral Requirec
60000	DRAINAGE, CYST, THYROGLOSSAL	07/01/2008	$129.72	0.0%	0.0%	N	Referral Requirec
60100	BIOPSY, THYROID	07/01/2008	$99.46	0.0%	0.0%	N	Referral Requirec
60200	EXCISION, CYST, THYROID	07/01/2008	$543.24	0.0%	0.0%	N	Referral Requirec
60210	PARTIAL THYROID LOBECTOMY, UNILATERAL	07/01/2008	$578.61	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
60212	PARTIAL THYROID LOBECTOMY;W/CONTRALATERAL SUBTOTAL	07/01/2008	$828.34	0.0%	0.0%	N	Referral Required
60220	TOTAL THYROID LOBECTOMY, UNILATERAL	07/01/2008	$634.42	0.0%	0.0%	N	Referral Required
60225	THYROID LOBECTOMY	07/01/2008	$762.20	0.0%	0.0%	N	Referral Required
60240	THYROIDECTOMY	07/01/2008	$811.38	0.0%	0.0%	N	Referral Required
60252	THYROIDECTOMY	07/01/2008	$1,093.36	0.0%	0.0%	N	Referral Required
60254	THYROIDECTOMY	07/01/2008	$1,421.84	0.0%	0.0%	N	Referral Required
60260	THYROIDECTOMY	07/01/2008	$914.63	0.0%	0.0%	N	Referral Required
60270	THYROIDECTOMY	07/01/2008	$1,148.27	0.0%	0.0%	N	Referral Required
60271	THYROIDECTOMY, THYROID GLAND; CERVICAL APPROACH	07/01/2008	$884.35	0.0%	0.0%	N	Referral Required
60280	EXCSN, CYST, THYROGLOSSAL DUCT	07/01/2008	$365.76	0.0%	0.0%	N	Referral Required
60281	EXCISION THYROGLOSSAL DUCT CYST/SINUS RECURRENT	07/01/2008	$492.20	0.0%	0.0%	N	Referral Required
60300	ASPIRATION AND/OR INJECTION, THYROID CYST	01/01/2008	$89.43	0.0%	0.0%	N	Referral Required
60500	PARATHYROIDECTOMY	07/01/2008	$836.04	0.0%	0.0%	N	Referral Required
60502	PARATHYROIDECTOMY-RE-EXPLORATION	07/01/2008	$1,052.92	0.0%	0.0%	N	Referral Required
60505	PARATHYROIDECTOMY	07/01/2008	$1,157.66	0.0%	0.0%	N	Referral Required
60512	PARATHYROID AUTOTRANSPLANTATION-ADD ON	07/01/2008	$206.06	0.0%	0.0%	N	Referral Required
60520	THYMECTOMY	07/01/2008	$869.58	0.0%	0.0%	N	Referral Required
60521	THYMECTOMY W/O RADICAL MEDIASTINAL DISSECTION	07/01/2008	$989.65	0.0%	0.0%	N	Referral Required
60522	THYMECTOMY; W/RADICAL MEDIASTINAL DISSECTION	07/01/2008	$1,194.43	0.0%	0.0%	N	Referral Required
60540	ADRENALECTOMY	07/01/2008	$898.20	0.0%	0.0%	N	Referral Required
60545	ADRENALECTOMY	07/01/2008	$1,029.35	0.0%	0.0%	N	Referral Required
60600	EXCISION, TUMOR, CAROTID BODY	07/01/2008	$1,210.50	0.0%	0.0%	N	Referral Required
60605	EXCISION, TUMOR, CAROTID BODY	07/01/2008	$1,523.37	0.0%	0.0%	N	Referral Required
60650	LAPARASCOPY ADRENALECTOMY	07/01/2008	$1,003.90	0.0%	0.0%	N	Referral Required
60659	LAPAROSCOPY UNLISTED ENDOCRINE PROCEDURE	01/01/2000	$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
61000	SUBDURAL TAP	07/01/2008	$91.78	0.0%	0.0%	N	Referral Required
61001	SUBDURAL TAP	07/01/2008	$88.64	0.0%	0.0%	N	Referral Required
61020	VENTRICULAR PUNCTURE	07/01/2008	$106.51	0.0%	0.0%	N	Referral Required
61026	WITH INJECTION OF DRUG OR OTHER SUBSTANCE FOR DIAG	07/01/2008	$107.74	0.0%	0.0%	N	Referral Required
61050	CISTERNAL PUNCTURES	07/01/2008	$93.12	0.0%	0.0%	N	Referral Required
61055	INJECTION OF DRUG OR OTHER SUBSTANCE FOR DIAG.	07/01/2008	$119.41	0.0%	0.0%	N	Referral Required
61070	PUNCTURE, SHUNT TUBING	07/01/2008	$68.98	0.0%	0.0%	N	Referral Required
61105	TWIST DRILL HOLE FOR SUBDURAL/VENTRICULAR PUNCTURE	07/01/2008	$353.90	0.0%	0.0%	N	Referral Required
61107	TWIST DRILL HOLE FOR IMPLANTING VENTRICULAR CATHETER OR PRESS. RECORD. DVC-(SP)	07/01/2008	$264.50	0.0%	0.0%	N	Referral Required
61108	TWIST DRILL HOLE FOR PUNCTURE OF SUBDURAL HEMATOMA	07/01/2008	$695.05	0.0%	0.0%	N	Referral Required
61120	BURR HOLES	07/01/2008	$572.36	0.0%	0.0%	N	Referral Required
61140	BURR HOLES	07/01/2008	$990.70	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
61150	BURR HOLES	07/01/2008	$1,064.31	0.0%	0.0%	N	Referral Requirec
61151	BURR HOLES	07/01/2008	$778.38	0.0%	0.0%	N	Referral Requirec
61154	BURR HOLES	07/01/2008	$986.65	0.0%	0.0%	N	Referral Requirec
61156	BURR HOLES	07/01/2008	$989.59	0.0%	0.0%	N	Referral Requirec
61210	BURR HOLES;FOR IMPLANTING VENT.CATH.RESERVOIR,EEG ELECT.OR PRESS.RECRD DVC	07/01/2008	$308.36	0.0%	0.0%	N	Referral Requirec
61215	INSERTION OF SUB & RESERVOIR PUMP FOR VENT. CATH.	07/01/2008	$374.96	0.0%	0.0%	N	Referral Requirec
61250	BURR HOLES	07/01/2008	$673.08	0.0%	0.0%	N	Referral Requirec
61253	BURR HOLES	07/01/2008	$753.60	0.0%	0.0%	N	Referral Requirec
61304	CRANIECTOMY	07/01/2008	$1,312.53	0.0%	0.0%	N	Referral Requirec
61305	CRANIECTOMY	07/01/2008	$1,577.47	0.0%	0.0%	N	Referral Requirec
61310	EVACUATION, HEMATOMA, CRANIAL	07/01/2008	$1,727.71	0.0%	0.0%	N	Referral Requirec
61312	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION HEMATOMA	07/01/2008	$1,634.79	0.0%	0.0%	N	Referral Requirec
61313	CRANIECTOMY OR CRANIOTOMY EVACUATION OF HEMOTOMA	07/01/2008	$1,563.24	0.0%	0.0%	N	Referral Requirec
61314	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION HEMATOMA	07/01/2008	$1,437.54	0.0%	0.0%	N	Referral Requirec
61315	ECTOMY/OTOMY FOR EVACUATION OF HEMATOMA INTERCEREB	07/01/2008	$1,652.77	0.0%	0.0%	N	Referral Requirec
61316	INCISION SUBCUTANEOUS PLACEMENT CRANIAL BONE GRAFT- ADD ON CODE	07/01/2008	$71.82	0.0%	0.0%	N	Referral Requirec
61320	DRAINAGE, ABSCESS INTRACRANIAL	07/01/2008	$1,526.22	0.0%	0.0%	N	Referral Requirec
61321	DRAINAGE, ABSCESS INTRACRANIAL	07/01/2008	$1,692.72	0.0%	0.0%	N	Referral Requirec
61322	CRANIECTOMY/CRANIOTOMY, TX INTRACRANIAL HYPERTENSION; W/O LOBECTOMY	07/01/2008	$1,841.47	0.0%	0.0%	N	Referral Requirec
61323	CRANIECTOMY/CRANIOTOMY, TX INTRACRANIAL HYPERTENSION; W/LOBECTOMY	07/01/2008	$1,881.66	0.0%	0.0%	N	Referral Requirec
61330	EXPLORATION, ORBIT	07/01/2008	$1,309.58	0.0%	0.0%	N	Referral Requirec
61332	EXPLORATION, ORBIT	07/01/2008	$1,524.40	0.0%	0.0%	N	Referral Requirec
61333	EXPLORATION, ORBIT	07/01/2008	$1,528.21	0.0%	0.0%	N	Referral Requirec
61334	EXPLORATION, ORBIT	07/01/2008	$1,015.25	0.0%	0.0%	N	Referral Requirec
61340	CRANIAL DECOMPRESSION	07/01/2008	$1,143.62	0.0%	0.0%	N	Referral Requirec
61343	CRANIECTOMY SUBOCCIPITAL W/CERVICAL LAMINECTOMY FO	07/01/2008	$1,755.82	0.0%	0.0%	N	Referral Requirec
61345	CRANIAL DECOMPRESSION	07/01/2008	$1,615.04	0.0%	0.0%	N	Referral Requirec
61440	CRANIOTOMY SECTION OF TENTORIUM CEREBELLI SEPERATE	07/01/2008	$1,579.27	0.0%	0.0%	N	Referral Requirec
61450	SENSORY ROOT SURGERY	07/01/2008	$1,508.88	0.0%	0.0%	N	Referral Requirec
61458	CRANIECTOMY, SUBOCCIPITAL	07/01/2008	$1,603.85	0.0%	0.0%	N	Referral Requirec
61460	SUBOCCIPITAL INCISION	07/01/2008	$1,641.85	0.0%	0.0%	N	Referral Requirec
61470	SUBOCCIPITAL INCISION	07/01/2008	$1,500.97	0.0%	0.0%	N	Referral Requirec
61480	CRANIECTOMY FOR MESENCEPHALIC TRACTOTOMY/PEDUNCULO	07/01/2008	$1,456.18	0.0%	0.0%	N	Referral Requirec
61490	LOBOTOMY, CRANIAL	07/01/2008	$1,517.74	0.0%	0.0%	N	Referral Requirec
61500	CRANIECTOMY	07/01/2008	$1,076.03	0.0%	0.0%	N	Referral Requirec
61501	CRANIECTOMY W/EXCISION OF TUMOR FOR OSTEOMYELITIC	07/01/2008	$916.49	0.0%	0.0%	N	Referral Requirec
61510	EXCISION, TUMOR, BRAIN	07/01/2008	$1,728.70	0.0%	0.0%	N	Referral Requirec
61512	EXCISION, MENINGIOMA	07/01/2008	$2,050.00	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
61514	CRANIECTOMY EXCISION OF BRAIN ABSCESS SUPRATENTORI	07/01/2008	$1,514.75	0.0%	0.0%	N	Referral Required
61516	EXCISION, CYST, SUPRATENTORIAL	07/01/2008	$1,480.41	0.0%	0.0%	N	Referral Required
61517	IMPLANT BRAIN INTRACAVITY CHEMOTHERAPY AGENT- ADD-ON CODE	07/01/2008	$72.48	0.0%	0.0%	N	Referral Required
61518	EXCISION, TUMOR, BRAIN	07/01/2008	$2,205.88	0.0%	0.0%	N	Referral Required
61519	EXCISION, MENINGIOMA	07/01/2008	$2,376.60	0.0%	0.0%	N	Referral Required
61520	EXCISION CEREBELLOPONTINE ANGLE TUMOR	07/01/2008	$3,060.84	0.0%	0.0%	N	Referral Required
61521	CRANIECTOMY EXCISION OF MIDLINE TUMOR BASE OF SKUL	07/01/2008	$2,561.71	0.0%	0.0%	N	Referral Required
61522	EXCISION, ABSCESS, BRAIN	07/01/2008	$1,735.76	0.0%	0.0%	N	Referral Required
61524	EXCISION, CYST, BRAIN	07/01/2008	$1,658.10	0.0%	0.0%	N	Referral Required
61526	EXCISION, TUMOR, TRANSTEMPORAL	07/01/2008	$2,810.38	0.0%	0.0%	N	Referral Required
61530	EXCISION, TUMOR, TRANSTEMPORAL	07/01/2008	$2,384.33	0.0%	0.0%	N	Referral Required
61531	SUBDURAL IMPLANT STRIP ELECTRODES ONE OR MORE BURR	07/01/2008	$945.31	0.0%	0.0%	N	Referral Required
61533	CRANIOTOMY W/ELEVATION OF BONE FLAP; ELECTRODE ARR	07/01/2008	$1,202.95	0.0%	0.0%	N	Referral Required
61534	EXSN CEREBRAL CORTICAL SCAR	07/01/2008	$1,291.77	0.0%	0.0%	N	Referral Required
61535	CRANIECTOMY FOR REMOVAL OF EPIDURAL/SUBDURAL ELECT	07/01/2008	$766.38	0.0%	0.0%	N	Referral Required
61536	CRANIOTOMY; EXCISION-CEREBRAL EPILEPTOGENIC FOCUS	07/01/2008	$2,075.66	0.0%	0.0%	N	Referral Required
61537	CRAINOTOMY W/ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMP LOBE, W/O ELECTROGRAPHY	07/01/2008	$1,881.48	0.0%	0.0%	N	Referral Required
61538	TEMPORAL LOBECTOMY	07/01/2008	$2,013.73	0.0%	0.0%	N	Referral Required
61539	LOBECTOMY, OTHER THAN TEMPORAL	07/01/2008	$1,880.92	0.0%	0.0%	N	Referral Required
61540	CRAINIOTOMY W/ELEVATION OF BONE FLAP: FOR LOBECTOMY, OTHER THAN TEMPORAL LOBE	07/01/2008	$1,767.97	0.0%	0.0%	N	Referral Required
61541	CRANIECTOMY FOR TRANSECTION OF CORPUS CALLOSUM	07/01/2008	$1,697.82	0.0%	0.0%	N	Referral Required
61542	HEMISPHERECTOMY	07/01/2008	$1,838.40	0.0%	0.0%	N	Referral Required
61543	CRANIECTOMY FOR PARTIAL OR SUBTOTAL HEMISPHERECTOM	07/01/2008	$1,694.64	0.0%	0.0%	N	Referral Required
61544	COAGULATION, CHOROID PLEXUS	07/01/2008	$1,497.26	0.0%	0.0%	N	Referral Required
61545	CRANIECTOMY FOR EXCISION OF CRANIOPHARYNGIOMA	07/01/2008	$2,538.01	0.0%	0.0%	N	Referral Required
61546	HYPOPHYSECTOMY	07/01/2008	$1,834.35	0.0%	0.0%	N	Referral Required
61548	HYPOPHYSECTOMY	07/01/2008	$1,252.77	0.0%	0.0%	N	Referral Required
61550	CRANIECTOMY	07/01/2008	$746.51	0.0%	0.0%	N	Referral Required
61552	CRANIECTOMY	07/01/2008	$1,055.03	0.0%	0.0%	N	Referral Required
61556	CRANIOTOMY FOR CRANIOSYNOSTOSIS;FRONTAL OR PARIETA	07/01/2008	$1,304.71	0.0%	0.0%	N	Referral Required
61557	CRANIOTOMY FOR CRANIO-SYNOSTOSIS,BIFRONTAL BONE FL	07/01/2008	$1,341.80	0.0%	0.0%	N	Referral Required
61558	EXTENSIVE CRANIECTOMY NOT REQUIRING BONE GRAFTS	07/01/2008	$1,391.63	0.0%	0.0%	N	Referral Required
61559	EXTENSIVE CRANIECTOMY RECOUNTOURING W/MULTI OSTEOM	07/01/2008	$1,925.21	0.0%	0.0%	N	Referral Required
61563	EXCISION INTRA & EXTRACRANIEL BENIGN TUMOR CRANIAL	07/01/2008	$1,522.26	0.0%	0.0%	N	Referral Required
61564	EXCISION INTRA & EXTRACRANIEL W/OPTIC NERVE COMPRE	07/01/2008	$1,931.22	0.0%	0.0%	N	Referral Required
61566	CRANIOTOMY W/ELEVATION OF BONE FLAP, FOR SELECTIVE AMYGDALOHIPPOCAMPECTOMY	07/01/2008	$1,790.32	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
61567	CRAINOTOMY W/ELEVATION OF BONE FLAP; FOR MULTIPLE SUBPIAL TRANSECTIONS W/ELEC	07/01/2008	$2,023.37	0.0%	0.0%	N	Referral Requirec
61570	EXCISION, FOREIGN BODY, BRAIN	07/01/2008	$1,462.83	0.0%	0.0%	N	Referral Requirec
61571	CRANIECTOMY W/TREATMENT OF PENETRATING WOUND BRAIN	07/01/2008	$1,574.85	0.0%	0.0%	N	Referral Requirec
61575	TRANSORAL APPROACH TO SKULL BASE,BRAIN STEM OR UPP	07/01/2008	$1,919.74	0.0%	0.0%	N	Referral Requirec
61576	TRANSORAL APP TO SKULL BASE FOR BIOPSY DECOMPRESSI	07/01/2008	$3,002.93	0.0%	0.0%	N	Referral Requirec
61580	CRANIOFACIAL APPROACH TO ANTERIOR FOSSA	07/01/2008	$2,024.01	0.0%	0.0%	N	Referral Requirec
61581	EXTRADURAL,INCLUDING LATERAL RHINOTOMY,ORBITAL EXC	07/01/2008	$2,234.54	0.0%	0.0%	N	Referral Requirec
61582	EXTRADURAL CRANIOFACIAL APPROACH CRANIAL FOSSA	07/01/2008	$2,273.09	0.0%	0.0%	N	Referral Requirec
61583	INTRADURAL CRANIOFACIAL APPROACH CRANIAL FOSSA	07/01/2008	$2,314.61	0.0%	0.0%	N	Referral Requirec
61584	ORBITOCRANIAL APPROACH CRANIAL FOSSA W/O EXENTERAT	07/01/2008	$2,261.00	0.0%	0.0%	N	Referral Requirec
61585	WITH ORBITAL EXENTERATION	07/01/2008	$2,419.41	0.0%	0.0%	N	Referral Requirec
61586	BICORONAL-OSTEOTOMY APPROACH TO ANTERIOR CRANIAL	07/01/2008	$1,752.77	0.0%	0.0%	N	Referral Requirec
61590	INFRATEMPORAL PRE-AURICULAR APPROACH CRANIAL FOSSA	07/01/2008	$2,564.80	0.0%	0.0%	N	Referral Requirec
61591	INFRATEMPORAL POST-AURICULAR APPROACH CRANIAL FOSS	07/01/2008	$2,582.81	0.0%	0.0%	N	Referral Requirec
61592	ORBITOCRANIAL ZYGOMATIC APPROACH CRANIAL FOSSA	07/01/2008	$2,522.85	0.0%	0.0%	N	Referral Requirec
61595	TRANSTEMPORAL APPROACH CRANIAL FOSSA	07/01/2008	$1,927.32	0.0%	0.0%	N	Referral Requirec
61596	TRANSCOCHLEAR APPROACH POSTERIOR CRANIAL FOSSA	07/01/2008	$2,140.69	0.0%	0.0%	N	Referral Requirec
61597	TRANSCONDYLAR(FAR LATERAL) APPROACH TO POSTERIOR C	07/01/2008	$2,306.57	0.0%	0.0%	N	Referral Requirec
61598	TRANSPETROSAL APPROACH TO POSTERIOR CRANIAL FOSSA	07/01/2008	$2,086.98	0.0%	0.0%	N	Referral Requirec
61600	RESECTION NEOPLASTIC LESION CRANIAL FOSSA;EXTRADUR	07/01/2008	$1,732.71	0.0%	0.0%	N	Referral Requirec
61601	RESECT NEOPLASTIC LESION CRANIAL FOSSA; INTRADURAL	07/01/2008	$1,882.50	0.0%	0.0%	N	Referral Requirec
61605	RESECT NEOPLASTIC LESION INFRATEMPORAL FOSSA;EXTRA	07/01/2008	$1,832.39	0.0%	0.0%	N	Referral Requirec
61606	RESECT NEOPLASTIC LESION INFRATEMPORAL FOSSA;INTRA	07/01/2008	$2,393.80	0.0%	0.0%	N	Referral Requirec
61607	RESECT NEOPLASTIC LESION PARASELLAR AREA;EXTRADURA	07/01/2008	$2,247.99	0.0%	0.0%	N	Referral Requirec
61608	RESECT NEOPLASTIC LESION PARASELLAR AREA;INTRADURA	07/01/2008	$2,611.78	0.0%	0.0%	N	Referral Requirec
61609	TRANSECTION CAROTID ARTERY IN SINUS; W/O REPAIR-ADD ON	07/01/2008	$515.23	0.0%	0.0%	N	Referral Requirec
61610	TRANSECTION CAROTID ARTERY IN SINUS; WITH REPAIR-ADD ON	07/01/2008	$1,543.98	0.0%	0.0%	N	Referral Requirec
61611	TRANSECTION CAROTID ARTERY PETROUS CANAL;W/O REPAI-ADD ON	07/01/2008	$376.79	0.0%	0.0%	N	Referral Requirec
61612	TRANSECTION CAROTID ARTERY PETROUS CANAL; W/REPAIR-ADD ON	07/01/2008	$1,344.94	0.0%	0.0%	N	Referral Requirec
61613	OBLITERATION CAROTID ANEURYSM BY DISSECTION	07/01/2008	$2,562.85	0.0%	0.0%	N	Referral Requirec
61615	RESECT NEOPLASTIC LESION CRANIAL FOSSA; EXTRADURAL	07/01/2008	$2,019.93	0.0%	0.0%	N	Referral Requirec
61616	RESECT NEOPLASTIC LESION CRANIAL FOSSA; INTRADURAL	07/01/2008	$2,653.25	0.0%	0.0%	N	Referral Requirec
61618	SECONDARY REPAIR FOR CSF LEAK BY FREE TISSUE GRAFT	07/01/2008	$1,042.27	0.0%	0.0%	N	Referral Requirec
61619	SECONDARY REPAIR CSF LEAK BY LOCAL PEDICLE FLAP	07/01/2008	$1,212.38	0.0%	0.0%	N	Referral Requirec
61623	ENDOVASCULAR TEMP. BALLOON ARTERIAL OCCLUSION, HEAD OR NECK AND SUPERVISION	07/01/2008	$483.76	0.0%	0.0%	N	Referral Requirec
61624	TRANSCATHETER OCCLUSION/EMBOLIZATION ANY METHOD	07/01/2008	$948.78	0.0%	0.0%	N	Referral Requirec
61626	TRANSCATHETER OCCLUSION NON-CENTRAL NERVOUS SYSTEM	07/01/2008	$772.29	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
61630	BALLOON ANGIOPLASTY, INTRACRANIAL, PERCUTANEOUS	01/01/2006	$0.00	0.0%	0.0%	N	Referral Required
61635	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT, INTRACRANIAL, INCL BALLOON	01/01/2006	$0.00	0.0%	0.0%	N	Referral Required
61640	BALLOON DILATION OF INTRACRANIAL VASOPASM, PERCUTANEOUS, INITIAL VESSEL	01/01/2006	$0.00	0.0%	0.0%	N	Referral Required
61641	BALLOON DILATION/ INTRACRANIAL VASOPASM, PERCUTANEOUS, EA ADD VESSEL ADD-ON	01/01/2006	$0.00	0.0%	0.0%	N	Referral Required
61642	BALLOON DILATION OF INTRACRANIAL VASOPLASM, PERCUTANEOUS, EA (ADD-ON)	01/01/2006	$0.00	0.0%	0.0%	N	Referral Required
61680	INTERCRANIAL ARTERIOVENOUS MALFORMATION SIMPLE SUP	07/01/2008	$1,808.21	0.0%	0.0%	N	Referral Required
61682	INTRACRANIAL ANTERIOVENOUS SUPRATENTORIAL COMPLEX	07/01/2008	$3,423.40	0.0%	0.0%	N	Referral Required
61684	INTRACRANIAL ARTERIOVENOUS MALFORM SIMPLE INFRATEN	07/01/2008	$2,295.03	0.0%	0.0%	N	Referral Required
61686	INTRACRANIAL ARTERIOVENOUS MALFORM COMPLEX INFRATE	07/01/2008	$3,664.02	0.0%	0.0%	N	Referral Required
61690	INTRACRANIAL ARTERIOVENOUS MALFORM SIMPLE DURAL	07/01/2008	$1,732.88	0.0%	0.0%	N	Referral Required
61692	INTRACRANIAL ARTERIOVENOUS MALFORM COMPLEX DURAL	07/01/2008	$2,946.06	0.0%	0.0%	N	Referral Required
61697	SURGERY OF INTRACRANIAL ANEURYSM	07/01/2008	$3,310.22	0.0%	0.0%	N	Referral Required
61698	SURGERY OF INTRACRANIAL ANEURYSM VERTEBROBASILAR CIRCULATION	07/01/2008	$3,524.09	0.0%	0.0%	N	Referral Required
61700	INTRA-CRANIAL ANEURYSM SURGERY	07/01/2008	$2,804.57	0.0%	0.0%	N	Referral Required
61702	INTRA-CRANIAL ANEURYSM SURGERY	07/01/2008	$3,106.54	0.0%	0.0%	N	Referral Required
61703	SURGERY INTRA-CRANIAL ANEURYSM CERVICAL	07/01/2008	$1,047.26	0.0%	0.0%	N	Referral Required
61705	ANEURYSM SURGERY	07/01/2008	$2,069.46	0.0%	0.0%	N	Referral Required
61708	SURGERY ANEURYSM BY INTRACRANIAL ELECTROTHROMBOSIS	07/01/2008	$1,792.09	0.0%	0.0%	N	Referral Required
61710	SURG ANEURYSM BY INTRA-ARTERIAL EMBOLIZATION INJEC	07/01/2008	$1,590.08	0.0%	0.0%	N	Referral Required
61711	ANASTOMOSIS CRBRL/CORTICL ARTR	07/01/2008	$2,098.14	0.0%	0.0%	N	Referral Required
61720	STEREOTAXIC LESION	07/01/2008	$938.76	0.0%	0.0%	N	Referral Required
61735	STEREOTAXIC LESION	07/01/2008	$1,153.35	0.0%	0.0%	N	Referral Required
61750	SURGERY OF ANEURYSM VASCULAR MALFORMATION OR CARTO	07/01/2008	$1,111.46	0.0%	0.0%	N	Referral Required
61751	STEREOTACTIC BX, ASPIRATE OR EXCISE INCL BURR&CAT	07/01/2008	$1,082.19	0.0%	0.0%	N	Referral Required
61760	STEREOTACTIC IMPLANT OF DEPTH ELECTRODES CEREBRUM	07/01/2008	$1,195.61	0.0%	0.0%	N	Referral Required
61770	STEREOTACTIC LOCALIZATION ANY METHOD INC BURR HOLE	07/01/2008	$1,211.59	0.0%	0.0%	N	Referral Required
61790	STEREOTAXIC LESION	07/01/2008	$666.73	0.0%	0.0%	N	Referral Required
61791	CREATION LESION STEREOTACTIC METHOD-TRIGEMINAL MED	07/01/2008	$864.09	0.0%	0.0%	N	Referral Required
61795	STEREOTACTIC COMPUTER ASSIST VOLUMETRIC INTRACRANI-ADD ON	07/01/2008	$207.97	0.0%	0.0%	N	Referral Required
61796	STEROTACTIC RADIOSURG PART BEAM, GAMMA RAY/ LINEAR ACCEL 1 SIMPLE CRANIAL LESION	01/01/2009	$659.30	0.0%	0.0%	N	Referral Required
61797	EACH ADDITIONAL CRANIAL LESION, SIMPLE LIST SEP IN ADD TO CODE FOR PRIMARY PROC	01/01/2009	$182.36	0.0%	0.0%	N	Referral Required
61798	1 COMPLEX CRANIAL LESION	01/01/2009	$659.30	0.0%	0.0%	N	Referral Required
61799	EA ADDL CRANIAL LESION, COMPLEX LIST SEP IN ADD TO CODE FOR PRIMARY PROCEDURE	01/01/2009	$252.09	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
61800	APPL OF STEROTACTIC HEADFRAME FOR STEROTACTIC RADIOSURGRY IN ADD PRIM PROC	01/01/2009	$127.72	0.0%	0.0%	N	Referral Required
61850	TWIST DRILL OR BURR HOLES FOR IMPLANT NEUROSTIMULA	07/01/2008	$765.75	0.0%	0.0%	N	Referral Required
61860	ECTOMY/OTOMY IMPLANT NEUROSTIMULATOR ELECTRODES	07/01/2008	$1,232.04	0.0%	0.0%	N	Referral Required
61863	TWIST DRILL OR BURR HOLES CRAINOTOMY	07/01/2008	$1,196.87	0.0%	0.0%	N	Referral Required
61864	EACH ADDITIONAL ARRAY (ADD-ON)	07/01/2008	$319.91	0.0%	0.0%	N	Referral Required
61867	TWIST DRILL OR BURR HOLES	07/01/2008	$1,779.89	0.0%	0.0%	N	Referral Required
61868	EACH ADDITIONAL ARRAY	07/01/2008	$484.98	0.0%	0.0%	N	Referral Required
61870	IMPLANT NEUROSTIMULATOR ELECTRODES CEREBELLAR CORT	07/01/2008	$941.98	0.0%	0.0%	N	Referral Required
61875	IMPLANT NEUROSTIMULATOR ELECTRODES CEREBELLAR, SUB	07/01/2008	$836.89	0.0%	0.0%	N	Referral Required
61880	REVISION/REMOVAL INTERCRANIEL NEUROSTIMULATOR ELEC	07/01/2008	$424.52	0.0%	0.0%	N	Referral Required
61885	INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER	07/01/2008	$483.99	0.0%	0.0%	Y	Referral Required
61886	PLACEMENT OF CRANIAL NEUROST IMULATOR DEVICE	07/01/2008	$612.15	0.0%	0.0%	Y	Referral Required
61888	REVISION/REMOVAL CRANIAL NEUROSTIMULATOR PULSE GEN	07/01/2008	$318.88	0.0%	0.0%	Y	Referral Required
62000	REPAIR, SKULL FRACTURES	07/01/2008	$703.29	0.0%	0.0%	N	Referral Required
62005	REPAIR, SKULL FRACTURES	07/01/2008	$968.71	0.0%	0.0%	N	Referral Required
62010	REPAIR, SKULL FRACTURES	07/01/2008	$1,204.76	0.0%	0.0%	N	Referral Required
62100	REPAIR, DURAL/CSF LEAK	07/01/2008	$1,292.19	0.0%	0.0%	N	Referral Required
62115	REDUCTION CRANIOMEGALIC SKULL (EG TREATED HYDROCEP	07/01/2008	$1,292.73	0.0%	0.0%	N	Referral Required
62116	REDUCTION CRANIOMGEALIC SKULL W/CRANIOPLASTY	07/01/2008	$1,397.35	0.0%	0.0%	N	Referral Required
62117	REDUCTION CRANIOMEGALIC SKULL REQUIRING CRANIOTOMY	07/01/2008	$1,503.35	0.0%	0.0%	N	Referral Required
62120	REPAIR, ENCEPHALOCELE	07/01/2008	$1,472.79	0.0%	0.0%	N	Referral Required
62121	CRANIOTOMY W/REPAIR OF ENCEPHALOCELE SKULL BASE	07/01/2008	$1,343.85	0.0%	0.0%	N	Referral Required
62140	CRANIOPLASTY	07/01/2008	$833.48	0.0%	0.0%	N	Referral Required
62141	CRANIOPLASTY	07/01/2008	$913.72	0.0%	0.0%	N	Referral Required
62142	REMOVAL BONE FLAP OR PROSTHETIC PLATE OF SKULL	07/01/2008	$691.99	0.0%	0.0%	N	Referral Required
62143	REPLACE OF BONE FLAP OR PROSTHETIC PLATE OF SKULL	07/01/2008	$815.24	0.0%	0.0%	N	Referral Required
62145	CRANIOPLASTY	07/01/2008	$1,109.02	0.0%	0.0%	N	Referral Required
62146	CRANIOPLASTY WITH AUTOGRAFT UP TO 5CM DIAMETER	07/01/2008	$964.82	0.0%	0.0%	N	Referral Required
62147	CRANIOPLASTY WITH AUTOGRAFT LARGER THAN 5CM DIAMET	07/01/2008	$1,144.03	0.0%	0.0%	N	Referral Required
62148	INCISION/RETRIEVAL SUBCUTANEOUS CRANIAL BONE GRAFT FOR CRANIOPLASTY, ADD-ON CODE	07/01/2008	$102.87	0.0%	0.0%	N	Referral Required
62160	NEUROENDOSCOPY, INTRACRANIAL PLACE VENTRICULAR CATHETER (ADD ON)	07/01/2008	$159.25	0.0%	0.0%	N	Referral Required
62161	NEUROENDOSCOPY, INTRACRANIAL W/DISSECTION ADHESIONS, FENESTRATION OF SEPTUM/CYST	07/01/2008	$1,211.20	0.0%	0.0%	N	Referral Required
62162	NEUROENDOSCOPY, INTRACRANIAL W/ FENESTRATION/EXCISION CYST, INC. CATH. FOR DRAIN	07/01/2008	$1,499.33	0.0%	0.0%	N	Referral Required
62163	NEUROENDOSCOPY INTRACRANIAL W/ RETRIEVAL OF FOREIGN BODY	07/01/2008	$946.30	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
62164	NEUROENDOSCOPY, INTRACRANIAL W/ EXCISION BRAIN TUMOR, INC. CATHETER FOR DRAINAGE	07/01/2008	$1,599.48	0.0%	0.0%	N	Referral Required
62165	NEUROENDOSCOPY INTRACRANIAL W/EXCISION PITUITARY TUMOR, TRANSNASAL/TRANS-SPHENOL	07/01/2008	$1,251.73	0.0%	0.0%	N	Referral Required
62180	VENTRICULOCISTERNOSTOMY	07/01/2008	$1,259.20	0.0%	0.0%	N	Referral Required
62190	SUBDURAL SHUNT	07/01/2008	$699.41	0.0%	0.0%	N	Referral Required
62192	SUBDURAL SHUNT	07/01/2008	$762.89	0.0%	0.0%	N	Referral Required
62194	IRRIGATION, SUBDURAL CATHETER	07/01/2008	$301.04	0.0%	0.0%	N	Referral Required
62200	VENTRICULOCISTERNOSTOMY	07/01/2008	$1,091.56	0.0%	0.0%	N	Referral Required
62201	VENTRICULOCISTERNOSTOMY, 3RD VENT, STEREOTACTIC	07/01/2008	$933.22	0.0%	0.0%	N	Referral Required
62220	VENTRICULAR SHUNT	07/01/2008	$810.33	0.0%	0.0%	N	Referral Required
62223	VENTRICULAR SHUNT	07/01/2008	$819.59	0.0%	0.0%	N	Referral Required
62225	IRRIGATION VENTRICULAR CATHETER	07/01/2008	$391.19	0.0%	0.0%	N	Referral Required
62230	REVISION, OBSTRUCTED VALVE	07/01/2008	$660.64	0.0%	0.0%	N	Referral Required
62252	REPROGRAMMING OF CSF SHUNT	07/01/2008	$82.81	50.0%	50.0%	N	Referral Required
62256	SHUNT REMOVAL	07/01/2008	$454.48	0.0%	0.0%	N	Referral Required
62258	SHUNT REMOVAL	07/01/2008	$892.86	0.0%	0.0%	N	Referral Required
62263	LYSIS OF EPIDURAL ASHESIONS	07/01/2008	$592.29	0.0%	0.0%	N	Referral Required
62264	LYSIS OF EPIDURAL ADHESIONS; 1 DAY	07/01/2008	$376.17	0.0%	0.0%	N	Referral Required
62267	PERC ASPIRATION W/IN NUCLEUS PULPOSUS, INTERV DISC, OR PARAV TISSUE FOR DIAG	01/01/2009	$220.37	0.0%	0.0%	N	Referral Required
62268	PERCUTANEOUS ASPIRATION, SPINAL CORD CYST OR SYRIN	07/01/2008	$471.29	0.0%	0.0%	N	Referral Required
62269	BIOPSY OF SPINAL CORD, PERCUTANEOUS NEEDLE	07/01/2008	$524.33	0.0%	0.0%	N	Referral Required
62270	SPINAL PUNCTURE, LUMBAR DIAGNOSTIC	07/01/2008	$137.36	0.0%	0.0%	N	Referral Required
62272	SPINAL PUNCTURE THERAPEUTIC TO DRAIN SPINAL FLUID	07/01/2008	$161.19	0.0%	0.0%	N	Referral Required
62273	INJECTION, BLOOD/CLOT PATCH	07/01/2008	$147.53	0.0%	0.0%	N	Referral Required
62280	INJECTION NEUROLYTIC SUBSTANCE	07/01/2008	$286.92	0.0%	0.0%	N	Referral Required
62281	NJ NEUROLYTIC SUBSTANCE EPIDURAL CERVICAL THRACI	07/01/2008	$255.23	0.0%	0.0%	N	Referral Required
62282	INJECTION NEUROLYTIC SUBSTANCE	07/01/2008	$288.84	0.0%	0.0%	N	Referral Required
62284	INJECTION PROC.FOR MYELOGRAPHY AND/OR COMPUTERIZED AXIAL TOMOGRAPHY, SPINAL	07/01/2008	$200.41	0.0%	0.0%	N	Referral Required
62287	ASPIRATION, PERCUTANEOUS, ANY METHOD SING/MULTI	07/01/2008	$473.37	0.0%	0.0%	N	Referral Required
62290	DISCOGRAPHY INJECTION PROC; EACH LEVEL, LUMBAR	07/01/2008	$299.11	0.0%	0.0%	N	Referral Required
62291	DISCOGRAPHY INJECTION PROC; CERVICAL OR THORACIC	07/01/2008	$272.28	0.0%	0.0%	N	Referral Required
62292	CHEMONEUCLEOLYSIS	07/01/2008	$444.66	0.0%	0.0%	N	Referral Required
62294	ARTERIAL INJECTION PROCEDURES	07/01/2008	$653.61	0.0%	0.0%	N	Referral Required
62310	EPIDURAL OR SUBARACHNOID INJECTION	07/01/2008	$196.39	0.0%	0.0%	N	Referral Required
62311	EPIDURAL OR SUBARACHNOID INJECTION	07/01/2008	$179.96	0.0%	0.0%	N	Referral Required
62318	EPIDURAL OR SUBARACHNOID INJECTION WITH INDWELLING CATHETER,CERVICAL/THORACIC	07/01/2008	$217.98	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
62319	EPIDURAL OR SUBARACHNOID INJECTION WITH INDWELLING CATHETER, LUMBAR, SACRAL	07/01/2008	$194.73	0.0%	0.0%	N	Referral Required
62350	IMPLANTATION CATHETER,RESERVOIR/PUMP;W/O LAMINECTO	07/01/2008	$421.20	0.0%	0.0%	N	Referral Required
62351	IMPLANTATION CATHETER,RESERVOIR/PUMP; W/LAMINECTOM	07/01/2008	$676.37	0.0%	0.0%	N	Referral Required
62355	REMOVAL IMPLANTED INTRATHECAL/EPIDURAL CATHETER	07/01/2008	$346.24	0.0%	0.0%	N	Referral Required
62360	IMPLANT/REPLACE DEVICE FOR DRUG INFUSION;SUBCUTANE	07/01/2008	$227.63	0.0%	0.0%	N	Referral Required
62361	IMPLANT/REPLACE DEVICE,DRUG INFUSION; PUMP	07/01/2008	$369.26	0.0%	0.0%	N	Referral Required
62362	IMPLANT/REPLACE DEVICE,DRUG INFUSION,PROGRAM PUMP	07/01/2008	$460.88	0.0%	0.0%	N	Referral Required
62365	REMOVAL SUBCUTANEOUS RESERVOIR OR PUMP IMPLANTED	07/01/2008	$358.68	0.0%	0.0%	N	Referral Required
62367	ELECTRONIC ANALYSIS IMPLANTED PUMP;W/O REPROGRAM	07/01/2008	$33.92	0.0%	0.0%	N	Referral Required
62368	ELECTRONIC ANALYSIS IMPLANTED PUMP; W/REPROGRAMMIN	07/01/2008	$47.30	0.0%	0.0%	N	Referral Required
63001	LAMINECTOMY	07/01/2008	$980.73	0.0%	0.0%	Y	Referral Required
63003	LAMINECTOMY	07/01/2008	$989.49	0.0%	0.0%	Y	Referral Required
63005	LAMINECTOMY	07/01/2008	$938.93	0.0%	0.0%	Y	Referral Required
63011	LAMINECTOMY W/EXPLOR/DELOMPRESS SPINAL CORD SACRAL	07/01/2008	$882.04	0.0%	0.0%	Y	Referral Required
63012	LAMINECTOMY W/E PLOR AND/OR DECOMPRESSION OF SPINA	07/01/2008	$959.08	0.0%	0.0%	Y	Referral Required
63015	LAMINECTOMY	07/01/2008	$1,180.67	0.0%	0.0%	Y	Referral Required
63016	LAMINECTOMY	07/01/2008	$1,213.14	0.0%	0.0%	Y	Referral Required
63017	LAMINECTOMY	07/01/2008	$991.56	0.0%	0.0%	Y	Referral Required
63020	LAMINOTOMY	07/01/2008	$935.31	0.0%	0.0%	Y	Referral Required
63030	LAMINOTOMY	07/01/2008	$778.11	0.0%	0.0%	Y	Referral Required
63035	LAMINOTOMY-ADD ON	07/01/2008	$166.92	0.0%	0.0%	Y	Referral Required
63040	LAMINOTOMY	07/01/2008	$1,141.94	0.0%	0.0%	Y	Referral Required
63042	LAMINOTOMY	07/01/2008	$1,071.38	0.0%	0.0%	Y	Referral Required
63043	LAMINOTOMY; EACH ADDITIONAL CERVICAL INTERSPACE (ADD-ON)	01/01/2001	$0.00	0.0%	0.0%	Y	Referral Required
63044	LAMINOTOMY; EACH ADDITIONAL LUMBAR INTERSPACE	07/01/2008	$251.77	0.0%	0.0%	Y	Referral Required
63045	LAMINECTOMY,INCLUDING UNILATERAL OR BILATERAL COMP	07/01/2008	$1,018.89	0.0%	0.0%	Y	Referral Required
63046	LAMINECTOMY, THORACIC	07/01/2008	$975.46	0.0%	0.0%	Y	Referral Required
63047	LAMINECTOMY INCLUDING UNILATERAL OR BILATERAL COMP	07/01/2008	$893.03	0.0%	0.0%	Y	Referral Required
63048	LAMINECTOMY, EACH ADDITONAL SEGMENT-ADD ON	07/01/2008	$179.97	0.0%	0.0%	Y	Referral Required
63050	WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR MORE VERTEBRAL SEGMENTS	07/01/2008	$1,217.57	0.0%	0.0%	Y	Referral Required
63051	DECOMPRESSION OF THE SPINAL CORD, 2 OR MORE VERTEBRAL SEGMENTS WITH	07/01/2008	$1,383.25	0.0%	0.0%	Y	Referral Required
63055	TRANSPEDICULAR APPROACH W/DECOMPRESSION SPINAL COR	07/01/2008	$1,313.16	0.0%	0.0%	Y	Referral Required
63056	DECOMPRESSION SPINAL CORD LUMBAR	07/01/2008	$1,219.34	0.0%	0.0%	Y	Referral Required
63057	DECOMPRESSION SPINAL CORD EA ADDIT SEG THORACIC/LU-ADD ON	07/01/2008	$276.27	0.0%	0.0%	Y	Referral Required
63060	LAMINOTOMY	07/01/2008	$1,943.70	0.0%	0.0%	N	Referral Required
63064	LAMINOTOMY	07/01/2008	$1,444.69	0.0%	0.0%	Y	Referral Required
63066	COSTOVERTEBAL APP W/DECOMPRESS SPIN CORD EA ADD SE-ADD ON	07/01/2008	$170.16	0.0%	0.0%	Y	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
63075	DISCECTOMY	07/01/2008	$1,126.72	0.0%	0.0%	Y	Referral Required
63076	DISCECTOMY-ADD ON	07/01/2008	$213.59	0.0%	0.0%	Y	Referral Required
63077	DISKECTOMY; THORACIC, SINGLE INTERSPACE	07/01/2008	$1,237.23	0.0%	0.0%	Y	Referral Required
63081	VERTEBRAL CORPECTOMY, PARTIAL/COMPLETE; ANTERIOR	07/01/2008	$1,441.03	0.0%	0.0%	N	Referral Required
63082	CERVICAL; EACH ADDITIONAL SEGMENT-ADD ON	07/01/2008	$230.41	0.0%	0.0%	N	Referral Required
63085	VERTEBRAL CORPECTOMY	07/01/2008	$1,553.79	0.0%	0.0%	N	Referral Required
63086	VERTEBRAL CORPECTOMY THORACIC GA ADD SEGMENT-ADD ON	07/01/2008	$164.30	0.0%	0.0%	N	Referral Required
63087	VERTEBRAL CORPECTOMY,PARTIAL OR COMPLETE	07/01/2008	$1,974.83	0.0%	0.0%	N	Referral Required
63088	VERTEBRAL CORPECTOMY, EACH ADDITIONAL SEGMENT-ADD ON	07/01/2008	$223.07	0.0%	0.0%	N	Referral Required
63090	VERTEBRAL CORPECTOMY PARTIAL OR COMPLETE SINGLE SE	07/01/2008	$1,620.32	0.0%	0.0%	N	Referral Required
63091	VERTEBRAL CORPECTOMY PARTIAL OR COMPLETE EACH ADDI-ADD ON	07/01/2008	$154.21	0.0%	0.0%	N	Referral Required
63101	VERTEBRAL CORPECTOMY, PARTIAL OR COMPLETE, LATERAL EXTRACAVITARY APPROACH	07/01/2008	$1,852.29	0.0%	0.0%	N	Referral Required
63102	LUMBAR, SINGLE SEGMENT	07/01/2008	$1,848.95	0.0%	0.0%	N	Referral Required
63103	THORACIC OR LUMBAR, EACH ADDITIONAL SEGMENT	07/01/2008	$245.36	0.0%	0.0%	N	Referral Required
63170	LAMINECTOMY FOR MYEOLOTOMY	07/01/2008	$1,205.16	0.0%	0.0%	N	Referral Required
63172	LAMINECTOMY FOR DRAINAGE INTRAMEDULLARY CYST/SYRIN	07/01/2008	$1,107.13	0.0%	0.0%	Y	Referral Required
63173	LAMINECTOMY DRAINAGE OF CYST TO PERITONEAL SPACE	07/01/2008	$1,359.49	0.0%	0.0%	Y	Referral Required
63180	LAMINECTOMY	07/01/2008	$1,125.46	0.0%	0.0%	Y	Referral Required
63182	LAMINECTOMY	07/01/2008	$1,164.90	0.0%	0.0%	Y	Referral Required
63185	RHIZOTOMY	07/01/2008	$900.77	0.0%	0.0%	Y	Referral Required
63190	LAMINECTOMY W/RHIZOTOMY MORE THAN 2 SEGMENTS	07/01/2008	$1,020.39	0.0%	0.0%	Y	Referral Required
63191	LAMINECTOMY FOR SECTION OF SPINAL ACCESSORY NEVER	07/01/2008	$994.68	0.0%	0.0%	Y	Referral Required
63194	CORDOTOMY	07/01/2008	$1,181.61	0.0%	0.0%	Y	Referral Required
63195	CORDOTOMY	07/01/2008	$1,201.47	0.0%	0.0%	Y	Referral Required
63196	CORDOTOMY	07/01/2008	$1,406.74	0.0%	0.0%	Y	Referral Required
63197	CORDOTOMY	07/01/2008	$1,234.01	0.0%	0.0%	Y	Referral Required
63198	CORDOTOMY	07/01/2008	$1,410.31	0.0%	0.0%	Y	Referral Required
63199	CORDOTOMY	07/01/2008	$1,482.81	0.0%	0.0%	Y	Referral Required
63200	LAMINECTOMY FOR RELEASE OF TETHERED SPINAL CORD	07/01/2008	$1,199.90	0.0%	0.0%	Y	Referral Required
63250	LAMINECTOMY CERVICAL	07/01/2008	$2,320.18	0.0%	0.0%	N	Referral Required
63251	LAMINECTOMY THORACIC	07/01/2008	$2,427.41	0.0%	0.0%	N	Referral Required
63252	THORACOLUMBAR LAMINECTOMY	07/01/2008	$2,414.39	0.0%	0.0%	N	Referral Required
63265	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION	07/01/2008	$1,328.01	0.0%	0.0%	N	Referral Required
63266	LAMINECTOMY FOR EXCISION INTRASPINAL LESION THORAC	07/01/2008	$1,369.06	0.0%	0.0%	N	Referral Required
63267	LAMINECTOMY FOR INTRASPINAL LESION	07/01/2008	$1,101.61	0.0%	0.0%	N	Referral Required
63268	LAMINECTOMY EXCISION INTRASPINAL LESION SACRAL	07/01/2008	$1,098.41	0.0%	0.0%	N	Referral Required
63270	LAMINECTOMY EXCISION INTRASPINAL LESION CERVICAL	07/01/2008	$1,639.61	0.0%	0.0%	N	Referral Required
63271	LAMINECTOMY FOR EXCISION INTRASPINAL LESION THORAC	07/01/2008	$1,646.28	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
63272	LAMINECTOMY; LUMBAR	07/01/2008	$1,519.41	0.0%	0.0%	N	Referral Required
63273	LAMINECTOMY; SACRAL	07/01/2008	$1,467.41	0.0%	0.0%	N	Referral Required
63275	LAMINECTOMY-BIOPSY/EXCISION EXTRASPINAL LESION;	07/01/2008	$1,432.98	0.0%	0.0%	N	Referral Required
63276	LAMINECTOMY	07/01/2008	$1,422.50	0.0%	0.0%	N	Referral Required
63277	EXTRADURAL, LUMBAR	07/01/2008	$1,253.34	0.0%	0.0%	N	Referral Required
63278	LAMINECTOMY, EXTRADURAL SACRAL	07/01/2008	$1,229.91	0.0%	0.0%	N	Referral Required
63280	INTRADURAL, EXTRAMEDULLARY, CERVICAL	07/01/2008	$1,686.82	0.0%	0.0%	N	Referral Required
63281	INTRADURAL, EXTRAMEDULLARY, THORACIC	07/01/2008	$1,672.34	0.0%	0.0%	N	Referral Required
63282	LAMINECTOMY, INTRADURAL,EXTRAMEDULLARY,LUMBAR	07/01/2008	$1,574.48	0.0%	0.0%	N	Referral Required
63283	LAMINECTOMY FOR BIOPSY/EXCISION INTRADURAL, SACRAL	07/01/2008	$1,501.42	0.0%	0.0%	N	Referral Required
63285	LAMINECTOMY BIOPSY/INTRADURAL INTRAMEDULLARY CERVI	07/01/2008	$2,080.94	0.0%	0.0%	N	Referral Required
63286	LAMINECTOMY FOR BIOPSY/EXCISION	07/01/2008	$2,077.10	0.0%	0.0%	N	Referral Required
63287	LAMINECTOMY INTRADURAL INTRAMEDULLARY THORACOLUMBA	07/01/2008	$2,186.48	0.0%	0.0%	N	Referral Required
63290	COMBINED EXTRADURAL/INTRADURAL LESION, ANY LEVEL	07/01/2008	$2,201.52	0.0%	0.0%	N	Referral Required
63295	OSTEOPLASTIC RECON OF DORSAL SPINAL ELEMENTS, FOLLOWING PRIM PROC (ADD-ON)	07/01/2008	$263.97	0.0%	0.0%	N	Referral Required
63300	VERTEBRAL CORPECTOMY SINGLE SEGMENT CERVICAL	07/01/2008	$1,477.50	0.0%	0.0%	N	Referral Required
63301	VERTEBRAL CORPECTOMY EXTRADURAL TRANSTHORACIC	07/01/2008	$1,653.35	0.0%	0.0%	N	Referral Required
63302	EXTRADURAL, THORACIC BY THORACOLUMBAR APPROACH	07/01/2008	$1,639.92	0.0%	0.0%	N	Referral Required
63303	EXTRADURAL, LUMBAR/SACRAL TRANSPERITONEAL APPROACH	07/01/2008	$1,742.71	0.0%	0.0%	N	Referral Required
63304	INTRADURAL, CERVICAL	07/01/2008	$1,834.41	0.0%	0.0%	N	Referral Required
63305	INTRADURAL, THORACIC BY TRANSTHORACIC APPROACH	07/01/2008	$1,904.07	0.0%	0.0%	N	Referral Required
63306	INTRADURAL, THORACIC BY THORACOLUMBAR APPROACH	07/01/2008	$1,920.72	0.0%	0.0%	N	Referral Required
63307	VERTEBRAL CORPECTOMY INTRADURAL LUMBAR BY TRANSPER	07/01/2008	$1,780.31	0.0%	0.0%	N	Referral Required
63308	VERTEBRAL CORPECTOMY EACH ADDITIONAL SEGMENT-ADD ON	07/01/2008	$276.22	0.0%	0.0%	N	Referral Required
63600	STEREOTAXIC LESION SPINAL CORD	07/01/2008	$690.32	0.0%	0.0%	N	Referral Required
63610	STEREOTAXIC LESION SPINAL CORD	07/01/2008	$1,537.69	0.0%	0.0%	N	Referral Required
63615	STEREOTACTIC BIOPSY, ASPIRATION, SPINAL CORD	07/01/2008	$928.61	0.0%	0.0%	N	Referral Required
63620	STEREOTACTIC RADIOSURG PART BEAM, GAMMA RAY, OR LINEAR ACCEL/1 SPINAL LESION	01/01/2009	$659.30	0.0%	0.0%	N	Referral Required
63621	EACH ADD SPINAL LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROC)	01/01/2009	$209.66	0.0%	0.0%	N	Referral Required
63650	PERCUTANEOUS IMPLANT NEUROSTIMULATOR ELECTRODES	07/01/2008	$365.89	0.0%	0.0%	Y	Referral Required
63655	LAMINECTOMY IMPLANT NEUROSTIMULATOR ELECTEPIDURAL	07/01/2008	$672.23	0.0%	0.0%	Y	Referral Required
63685	INSERTION OR REPLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER	07/01/2008	$414.06	0.0%	0.0%	Y	Referral Required
63688	OF IMPLANTED SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER	07/01/2008	$339.59	0.0%	0.0%	Y	Referral Required
63700	REPAIR, MENINGOCELE	07/01/2008	$986.03	0.0%	0.0%	N	Referral Required
63702	MENINGOCELE LARGER THAN 5CM	07/01/2008	$1,075.26	0.0%	0.0%	N	Referral Required
63704	REPAIR, MYELOMENINGOCELE	07/01/2008	$1,243.01	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
63706	REPAIR, MYELOMENINGOCELE	07/01/2008	$1,427.75	0.0%	0.0%	N	Referral Required
63707	REPAIR OF DURAL/CSF LEAK NOT REQUIRING LAMINECTOMY	07/01/2008	$727.33	0.0%	0.0%	N	Referral Required
63709	REPAIR OF DURAL/CSF LEAK	07/01/2008	$886.30	0.0%	0.0%	N	Referral Required
63710	DURAL GRAFT	07/01/2008	$881.49	0.0%	0.0%	N	Referral Required
63740	SHUNT, LUMBAR	07/01/2008	$735.90	0.0%	0.0%	N	Referral Required
63741	CREATION OF SHUNT PERCUTANEOUS NOT REQUIRE LAMINEC	07/01/2008	$495.51	0.0%	0.0%	N	Referral Required
63744	SHUNT, LUMBAR	07/01/2008	$517.10	0.0%	0.0%	N	Referral Required
63746	SHUNT, LUMBAR	07/01/2008	$429.94	0.0%	0.0%	N	Referral Required
64400	SOMATIC NERVE BLOCK	07/01/2008	$94.04	0.0%	0.0%	N	Referral Required
64402	SOMATIC NERVE BLOCK	07/01/2008	$93.99	0.0%	0.0%	N	Referral Required
64405	SOMATIC NERVE BLOCK	07/01/2008	$89.41	0.0%	0.0%	N	Referral Required
64408	SOMATIC NERVE BLOCK	07/01/2008	$99.51	0.0%	0.0%	N	Referral Required
64410	SOMATIC NERVE BLOCK	07/01/2008	$123.44	0.0%	0.0%	N	Referral Required
64412	SOMATIC NERVE BLOCK	07/01/2008	$120.87	0.0%	0.0%	N	Referral Required
64413	SOMATIC NERVES-CERVICAL PLEXUS	07/01/2008	$101.09	0.0%	0.0%	N	Referral Required
64415	SOMATIC NERVE BLOCK	07/01/2008	$121.63	0.0%	0.0%	N	Referral Required
64416	INJ. ANES. AGENT; BRACHIAL PLEXUS, CONTINUOUS INFUSION CATH. W/ DAILY MANAGEMENT	07/01/2008	$156.04	0.0%	0.0%	N	Referral Required
64417	SOMATIC NERVE BLOCK	07/01/2008	$124.87	0.0%	0.0%	N	Referral Required
64418	SUPRASCAPULAR NERVE	07/01/2008	$120.92	0.0%	0.0%	N	Referral Required
64420	SOMATIC NERVE BLOCK	07/01/2008	$145.90	0.0%	0.0%	N	Referral Required
64421	SOMATIC NERVE BLOCK	07/01/2008	$219.28	0.0%	0.0%	N	Referral Required
64425	SOMATIC NERVE BLOCK	07/01/2008	$110.18	0.0%	0.0%	N	Referral Required
64430	SOMATIC NERVE BLOCK	07/01/2008	$132.78	0.0%	0.0%	N	Referral Required
64435	SOMATIC NERVE BLOCK	07/01/2008	$127.20	0.0%	0.0%	N	Referral Required
64445	SOMATIC NERVE BLOCK	07/01/2008	$123.15	0.0%	0.0%	N	Referral Required
64446	INJ. ANES. AGENT; SCIATIC NERVE, CONTINUOUS INFUSION CATH. W/DAILY MANAGEMENT	07/01/2008	$149.61	0.0%	0.0%	N	Referral Required
64447	INJ. ANES. AGENT; FEMORAL NERVE SINGLE	07/01/2008	$62.00	0.0%	0.0%	N	Referral Required
64448	INJ. ANES. AGENT; FEMORAL NERVE, CONTINUOUS CATH. INC. DAILY MANAGEMENT	07/01/2008	$136.18	0.0%	0.0%	N	Referral Required
64449	LUMBAR PLEXUS, POSTERIOR APPROACH, CONTINUOUS INFUSION BY CATHETER	07/01/2008	$134.43	0.0%	0.0%	N	Referral Required
64450	SOMATIC NERVE BLOCK	07/01/2008	$87.17	0.0%	0.0%	N	Referral Required
64455	INJ ANESTH AGENT AND/OR STEROID PLANTAR COMMON DG NERVE EG MORTON'S NEURO	01/01/2009	$45.38	0.0%	0.0%	N	Referral Required
64479	TRANSFORAMINAL CERVICAL OR THORACIC EPIDURAL INJECTION	07/01/2008	$263.68	0.0%	0.0%	N	Referral Required
64480	TRANSFORAMINAL CERVICAL OR THORACIC EPIDURAL INJECTION-ADD ON	07/01/2008	$127.10	0.0%	0.0%	N	Referral Required
64483	TRANSFORAMINAL LUMBAR OR SACRAL EPIDUARAL INJECTION	07/01/2008	$261.21	0.0%	0.0%	N	Referral Required
64484	TRANSFORAMINAL LUMBAR OR SACRAL EPIDURAL INJECTION-ADD ON	07/01/2008	$127.83	0.0%	0.0%	N	Referral Required
64505	SYMPATHETIC NERVE BLOCK	07/01/2008	$86.98	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
64508	SYMPATHETIC NERVE BLOCK	07/01/2008	$128.46	0.0%	0.0%	N	Referral Required
64510	SYMPATHETIC NERVE BLOCK	07/01/2008	$131.50	0.0%	0.0%	N	Referral Required
64517	SUPERIOR HYPOGASTRIC PLEXUS	07/01/2008	$150.05	0.0%	0.0%	N	Referral Required
64520	SYMPATHETIC NERVE BLOCK	07/01/2008	$175.63	0.0%	0.0%	N	Referral Required
64530	INJECTION CELIAC PLEXUS W/WO RADIOLOGIC MONITORING	07/01/2008	$175.62	0.0%	0.0%	N	Referral Required
64550	APPLICATION OF SURFACE (TRANSCUTANEOUS) NEURO STIM	07/01/2008	$14.29	0.0%	0.0%	N	Referral Required
64553	PURCUTANEOUS IMPLANT OF NEUBO ELECTRODES, CRANIAL	07/01/2008	$172.92	0.0%	0.0%	Y	Referral Required
64555	PURCUTANEOUS IMPLANT OF NEURO ELECTRODES, PERIPHER	07/01/2008	$178.64	0.0%	0.0%	Y	Referral Required
64560	AUTONOMIC NERVE	07/01/2008	$168.25	0.0%	0.0%	Y	Referral Required
64561	PERCUTANEOUS IMPLANTAION NEUROSTIMULATOR ELECTRODES; SACRAL NERVE	07/01/2008	$1,075.76	0.0%	0.0%	Y	Referral Required
64565	NEUROMUSCULAR	07/01/2008	$158.36	0.0%	0.0%	Y	Referral Required
64573	INCISE FOR IMPLANT OF NEURO ELECTRODES, CRANIAL	07/01/2008	$477.76	0.0%	0.0%	Y	Referral Required
64575	IMPLANTATION NEUROSTIMULATOR ELECTRODES - PERIPHERAL NERVE	07/01/2008	$237.32	0.0%	0.0%	Y	Referral Required
64577	AUTONOMIC NERVE	07/01/2008	$310.04	0.0%	0.0%	Y	Referral Required
64580	NEUROMUSCULAR	07/01/2008	$250.30	0.0%	0.0%	Y	Referral Required
64581	INCISION NEUROSTIMULATOR ELECTRODE IMPLANTS; SACREAL NERVE	07/01/2008	$694.14	0.0%	0.0%	Y	Referral Required
64585	REVISE/REMOVE PERIPHERAL NEUROSTIMULATOR ELECTORDE	07/01/2008	$360.44	0.0%	0.0%	Y	Referral Required
64590	INSERTION OR REPLACEMENT OF PERIPHERAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIV	07/01/2008	$310.62	0.0%	0.0%	Y	Referral Required
64595	REVISE/REMOVE PERIPHERAL NEUROSTIMULATOR RECEIVER	07/01/2008	$343.20	0.0%	0.0%	Y	Referral Required
64600	DESTRUCTION, SOMATIC NERVE	07/01/2008	$369.20	0.0%	0.0%	N	Referral Required
64605	DESTRUCTION, SOMATIC NERVE	07/01/2008	$483.50	0.0%	0.0%	N	Referral Required
64610	DESTRUCTION, SOMATIC NERVE	07/01/2008	$571.36	0.0%	0.0%	N	Referral Required
64612	DESTRUCTION BY NEUROLYTIC AGENT; MUSCLES FACIAL NE	07/01/2008	$136.10	0.0%	0.0%	N	Referral Required
64613	DESTRUCTION NEUROLYTIC AGENT CERVICAL SPINAL MUSCL	07/01/2008	$140.10	0.0%	0.0%	N	Referral Required
64614	CHEMODENERVATION OF MUSCLES; EXTREMITY(S) AND/OR TRUNK MUSCLE(S)	07/01/2008	$156.53	0.0%	0.0%	N	Referral Required
64620	DESTRUCTION, SOMATIC NERVE	07/01/2008	$239.25	0.0%	0.0%	N	Referral Required
64622	DESTRUCTION-PARAVERTEBRALFACET JOINT NERVE LUMBAR	07/01/2008	$301.92	0.0%	0.0%	N	Referral Required
64623	DESTRUCT NEUROLYTIC AGENT;JOINT NERVE,LUMBAR,EACH-ADD ON	07/01/2008	$111.68	0.0%	0.0%	N	Referral Required
64626	PARAVERTEBRAL FACET JOINT NERVE DESTRUCTION	07/01/2008	$340.64	0.0%	0.0%	N	Referral Required
64627	PARAVERTEBRAL FACET JOINT NERVE DESTRUCTION ADD-ON	07/01/2008	$155.29	0.0%	0.0%	N	Referral Required
64630	DESTRUCTION BY NEUROLYTIC AGENT PUDENDAL NEVER	07/01/2008	$197.25	0.0%	0.0%	N	Referral Required
64632	PLANTAR COMMON DIGITAL NERVE	01/01/2009	$74.52	0.0%	0.0%	N	Referral Required
64640	DESTRUCTION, SOMATIC NERVE	07/01/2008	$208.94	0.0%	0.0%	N	Referral Required
64650	CHEMODENERVATION OF ECCRINE GLANDS, BOTH AXILLE	07/01/2008	$51.11	0.0%	0.0%	Y	Referral Required
64653	CHEMODENERVATION OF ECCRINE GLANDS, OTHER AREA (SCALP, NECK FACE) PER DAY	07/01/2008	$58.54	0.0%	0.0%	Y	Referral Required
64680	DESTRUCTION, SYMPATHETIC NERVE	07/01/2008	$274.63	0.0%	0.0%	N	Referral Required
64681	SUPERIOR HYPOGASTRIC PLEXUS	07/01/2008	$367.71	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
64702	NEUROLYSIS	07/01/2008	$367.28	0.0%	0.0%	N	Referral Requirec
64704	NEUROLYSIS	07/01/2008	$276.35	0.0%	0.0%	N	Referral Requirec
64708	NEUROLYSIS	07/01/2008	$378.14	0.0%	0.0%	N	Referral Requirec
64712	NEUROLYSIS	07/01/2008	$441.65	0.0%	0.0%	N	Referral Requirec
64713	NEUROLYSIS	07/01/2008	$612.29	0.0%	0.0%	N	Referral Requirec
64714	NEUROLYSIS	07/01/2008	$515.81	0.0%	0.0%	N	Referral Requirec
64716	NEUROLYSIS AND/OR TRANSPOSITION CRANIAL NERVE SPEC	07/01/2008	$432.89	0.0%	0.0%	N	Referral Requirec
64718	NEUROPLASTY &/OR TRANSPOSE: ULNAR NERVE T ELBOW	07/01/2008	$460.42	0.0%	0.0%	N	Referral Requirec
64719	NEUROPLASTY &/OR TRANSPOSE: ULNAR NERVE AT WRIST	07/01/2008	$323.29	0.0%	0.0%	N	Referral Requirec
64721	NEUROPLASTY &/OR TRANSPOSE: MEDIAN NERVE AT CARPAL	07/01/2008	$344.31	0.0%	0.0%	N	Referral Requirec
64722	NERVE DECOMPRESSION	07/01/2008	$268.72	0.0%	0.0%	N	Referral Requirec
64726	NERVE DECOMPRESSION	07/01/2008	$245.01	0.0%	0.0%	N	Referral Requirec
64727	INTERNAL NEUROLYSIS; REQUIRE USE OPERATING MICROSC-ADD ON	07/01/2008	$157.83	0.0%	0.0%	N	Referral Requirec
64732	TRANSECTION, NERVE	07/01/2008	$299.60	0.0%	0.0%	N	Referral Requirec
64734	TRANSECTION, NERVE	07/01/2008	$341.23	0.0%	0.0%	N	Referral Requirec
64736	TRANSECTION, NERVE	07/01/2008	$311.18	0.0%	0.0%	N	Referral Requirec
64738	TRANSECTION, NERVE	07/01/2008	$384.90	0.0%	0.0%	N	Referral Requirec
64740	TRANSECTION OR AVULSION LINGUAL NERVE	07/01/2008	$386.92	0.0%	0.0%	N	Referral Requirec
64742	TRANSECTION, NERVE	07/01/2008	$389.94	0.0%	0.0%	N	Referral Requirec
64744	TRANSECTION, NERVE	07/01/2008	$341.84	0.0%	0.0%	N	Referral Requirec
64746	TRANSECTION, NERVE	07/01/2008	$371.79	0.0%	0.0%	N	Referral Requirec
64752	TRANSECTION, NERVE	07/01/2008	$406.92	0.0%	0.0%	N	Referral Requirec
64755	SELECTIVE VAGOTOMY	07/01/2008	$722.87	0.0%	0.0%	N	Referral Requirec
64760	TRANSECTION, NERVE	07/01/2008	$387.58	0.0%	0.0%	N	Referral Requirec
64761	TRANSECTION, NERVE	07/01/2008	$373.59	0.0%	0.0%	N	Referral Requirec
64763	TRANSECTION, NERVE	07/01/2008	$419.94	0.0%	0.0%	N	Referral Requirec
64766	TRANSECTION, NERVE	07/01/2008	$499.75	0.0%	0.0%	N	Referral Requirec
64771	TRANSECTION/AVULSION OF OTHER CRANIAC NERVE EXTRAD	07/01/2008	$479.16	0.0%	0.0%	N	Referral Requirec
64772	TRANSECTION OF OTHER SPINAL NERVE EXTRADURAL	07/01/2008	$453.90	0.0%	0.0%	N	Referral Requirec
64774	EXCISION, NEUROMA	07/01/2008	$336.41	0.0%	0.0%	N	Referral Requirec
64776	EXCISION, NEUROMA, DIGITAL NERVE,1 OR BOTH,SAME DI	07/01/2008	$323.02	0.0%	0.0%	N	Referral Requirec
64778	EXCISION, NEUROMA-ADD ON	07/01/2008	$158.16	0.0%	0.0%	N	Referral Requirec
64782	EXCISION, NEUROMA	07/01/2008	$376.45	0.0%	0.0%	N	Referral Requirec
64783	EXCISION, NEUROMA-ADD ON	07/01/2008	$187.64	0.0%	0.0%	N	Referral Requirec
64784	EXCISION, NEUROMA	07/01/2008	$595.07	0.0%	0.0%	N	Referral Requirec
64786	EXCISION, NEUROMA	07/01/2008	$895.49	0.0%	0.0%	N	Referral Requirec
64787	IMPLANTATION OF NERVE END INTO BONE OR MUSCLE-ADD ON	07/01/2008	$217.74	0.0%	0.0%	N	Referral Requirec
64788	EXCISION, NEUROFIBROMA	07/01/2008	$311.89	0.0%	0.0%	N	Referral Requirec
64790	EXCISION, NEUROFIBROMA	07/01/2008	$678.17	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
64792	EXCISION, NEUROFIBROMA	07/01/2008	$860.09	0.0%	0.0%	N	Referral Required
64795	BIOPSY, NERVE	07/01/2008	$160.55	0.0%	0.0%	N	Referral Required
64802	EXCISION, NERVES, SYMPATHETIC	07/01/2008	$512.24	0.0%	0.0%	N	Referral Required
64804	EXCISION, NERVES, SYMPATHETIC	07/01/2008	$789.56	0.0%	0.0%	N	Referral Required
64809	EXCISION, NERVES, SYMPATHETIC	07/01/2008	$732.28	0.0%	0.0%	N	Referral Required
64814	NEURECTOMY, HYPOGASTRIC	07/01/2008	$853.04	0.0%	0.0%	N	Referral Required
64818	EXCISION, NERVES, SYMPATHETIC	07/01/2008	$562.54	0.0%	0.0%	N	Referral Required
64820	SYMPATHECTOMY,DIGITAL ARTERIES,W/MAGNIFICATION, EA	07/01/2008	$619.80	0.0%	0.0%	N	Referral Required
64821	SYMPATHECTOMY; RADIAL ARTERY	07/01/2008	$563.29	0.0%	0.0%	N	Referral Required
64822	SYMPATHECTOMY; ULNAR ARTERY	07/01/2008	$560.76	0.0%	0.0%	N	Referral Required
64823	SYMPATHECTOMY; SUPERFACIAL PALMAR ARCH	07/01/2008	$635.66	0.0%	0.0%	N	Referral Required
64831	SUTURE DIGITAL NERVE HAND/FOOT 1 NERVE	07/01/2008	$598.56	0.0%	0.0%	N	Referral Required
64832	SUTURE, NERVE-ADD ON	07/01/2008	$293.27	0.0%	0.0%	N	Referral Required
64834	SUTURE, NERVE	07/01/2008	$614.36	0.0%	0.0%	N	Referral Required
64835	SUTURE, NERVE	07/01/2008	$665.56	0.0%	0.0%	N	Referral Required
64836	SUTURE, NERVE	07/01/2008	$666.76	0.0%	0.0%	N	Referral Required
64837	SUTURE EACH ADDITIONAL NERVE HAND OR FOOT-ADD ON	07/01/2008	$324.71	0.0%	0.0%	N	Referral Required
64840	SUTURE POST TIBIAL NERVE	07/01/2008	$754.38	0.0%	0.0%	N	Referral Required
64856	SUTURE, NERVE	07/01/2008	$836.73	0.0%	0.0%	N	Referral Required
64857	SUTURE MAJOR PERIPHERAL NERVE WO/TRANSPOSITION	07/01/2008	$875.59	0.0%	0.0%	N	Referral Required
64858	SUTURE OF SCIATIC NERVE	07/01/2008	$996.31	0.0%	0.0%	N	Referral Required
64859	SUTURE EACH ADDITIONAL MAJOR PERIPHERAL NERVE-ADD ON	07/01/2008	$220.93	0.0%	0.0%	N	Referral Required
64861	SUTURE, NERVE	07/01/2008	$1,136.69	0.0%	0.0%	N	Referral Required
64862	SUTURE LUMBAR PLEXUS	07/01/2008	$1,152.60	0.0%	0.0%	N	Referral Required
64864	SUTURE FACIAL NERVE	07/01/2008	$741.29	0.0%	0.0%	N	Referral Required
64865	SUTURE, NERVE	07/01/2008	$981.74	0.0%	0.0%	N	Referral Required
64866	SUTURE, NERVE	07/01/2008	$1,004.34	0.0%	0.0%	N	Referral Required
64868	SUTURE, NERVE	07/01/2008	$877.50	0.0%	0.0%	N	Referral Required
64870	SUTURE, NERVE	07/01/2008	$873.65	0.0%	0.0%	N	Referral Required
64872	SUTURE, NERVE-ADD ON	07/01/2008	$103.20	0.0%	0.0%	N	Referral Required
64874	SUTURE NERVE REQUIRING EXTENSIVE MOBILIZATION OR-ADD ON	07/01/2008	$154.16	0.0%	0.0%	N	Referral Required
64876	SUTURE NERVE; REQUIRING SHORTENING OF BONE EXTREM.-ADD ON	07/01/2008	$175.12	0.0%	0.0%	N	Referral Required
64885	NERVE GRAFT HEAD OR NECK UP TO 4 CM	07/01/2008	$960.95	0.0%	0.0%	N	Referral Required
64886	NERVE GRAFT HEAD OR NECK MORE THAN 4 CM	07/01/2008	$1,133.92	0.0%	0.0%	N	Referral Required
64890	NERVE GRAFT	07/01/2008	$900.88	0.0%	0.0%	N	Referral Required
64891	NERVE GRAFT	07/01/2008	$896.04	0.0%	0.0%	N	Referral Required
64892	NERVE GRAFT	07/01/2008	$871.20	0.0%	0.0%	N	Referral Required
64893	NERVE GRAFT	07/01/2008	$936.60	0.0%	0.0%	N	Referral Required
64895	NERVE GRAFT	07/01/2008	$1,073.92	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
64896	NERVE GRAFT	07/01/2008	$1,170.04	0.0%	0.0%	N	Referral Requirec
64897	NERVE GRAFT ARM OR LEG UP TO 4 CM	07/01/2008	$1,047.80	0.0%	0.0%	N	Referral Requirec
64898	NERVE GRAFT MORE THAN 4 CM	07/01/2008	$1,139.10	0.0%	0.0%	N	Referral Requirec
64901	NERVE GRAFT EA ADDITIONAL NERVE-ADD ON	07/01/2008	$516.58	0.0%	0.0%	N	Referral Requirec
64902	NERVE GRAFT; MULTIPLE STRANDS-ADD ON	07/01/2008	$602.79	0.0%	0.0%	N	Referral Requirec
64905	NERVE PEDICLE TRANSFER	07/01/2008	$799.22	0.0%	0.0%	N	Referral Requirec
64907	NERVE PEDICLE TRANSFER	07/01/2008	$1,042.61	0.0%	0.0%	N	Referral Requirec
64910	NERVE REPAIR; W/ SYNTHETIC CONDUIT/VEIN ALLOGRAFT (EG, NERVE TUBE), EACH NERVE	07/01/2008	$564.53	0.0%	0.0%	N	Referral Requirec
64911	NERVE REPAIR; WITH AUTOGENOUS VEIN GRAFT (INCL HARVEST OF VEIN GRAFT), EA NERVE	07/01/2008	$690.34	0.0%	0.0%	N	Referral Requirec
64999	UNLISTED PROCEDURE, NERVOUS SYSTEM	03/01/2002	$0.00	0.0%	0.0%	Y	Referral Requirec
65091	EVISCERATION, OCULAR CONTENTS	07/01/2008	$496.85	0.0%	0.0%	N	Referral Requirec
65093	EVISCERATION, OCULAR CONTENTS	07/01/2008	$497.71	0.0%	0.0%	N	Referral Requirec
65101	ENUCLEATION, EYE	07/01/2008	$570.16	0.0%	0.0%	N	Referral Requirec
65103	ENUCLEATION, EYE	07/01/2008	$594.83	0.0%	0.0%	N	Referral Requirec
65105	ENUCLEATION, EYE	07/01/2008	$654.22	0.0%	0.0%	N	Referral Requirec
65110	EXENTERATION, ORBIT	07/01/2008	$951.37	0.0%	0.0%	N	Referral Requirec
65112	EXTENTERATION-ORBIT; W/THERAPEUTIC BONE REMOVAL	07/01/2008	$1,125.65	0.0%	0.0%	N	Referral Requirec
65114	EXENTERATION, ORBIT	07/01/2008	$1,166.41	0.0%	0.0%	N	Referral Requirec
65125	MODIFICATION OF OCULAR IMPLANT W/ PLACEMENT OR REPLACEMENT OF PEGS (SP)	07/01/2008	$369.17	0.0%	0.0%	N	Referral Requirec
65130	INSERTION, OCULAR IMPLANT	07/01/2008	$563.34	0.0%	0.0%	N	Referral Requirec
65135	INSERTION, OCULAR IMPLANT	07/01/2008	$573.30	0.0%	0.0%	N	Referral Requirec
65140	INSERTION, OCULAR IMPLANT	07/01/2008	$621.88	0.0%	0.0%	N	Referral Requirec
65150	REINSERTION, OCULAR IMPLANT	07/01/2008	$455.93	0.0%	0.0%	N	Referral Requirec
65155	REINSERTION OF OCULAR IMPLANT; W/USE OF FOREIGN MATERIAL	07/01/2008	$661.80	0.0%	0.0%	N	Referral Requirec
65175	REMOVAL, OCULAR IMPLANT	07/01/2008	$507.04	0.0%	0.0%	N	Referral Requirec
65205	FOREIGN BODY, EYEBALL	07/01/2008	$44.58	0.0%	0.0%	N	Referral Requirec
65210	FOREIGN BODY, EYEBALL	07/01/2008	$54.30	0.0%	0.0%	N	Referral Requirec
65220	FOREIGN BODY, EYEBALL	07/01/2008	$45.63	0.0%	0.0%	N	Referral Requirec
65222	FOREIGN BODY, EYEBALL	07/01/2008	$59.69	0.0%	0.0%	N	Referral Requirec
65235	FOREIGN BODY, EYEBALL	07/01/2008	$527.00	0.0%	0.0%	N	Referral Requirec
65260	FOREIGN BODY, EYEBALL	07/01/2008	$729.91	0.0%	0.0%	N	Referral Requirec
65265	FOREIGN BODY, EYEBALL	07/01/2008	$820.64	0.0%	0.0%	N	Referral Requirec
65270	REPAIR, LACERATION, EYEBALL	07/01/2008	$216.89	0.0%	0.0%	N	Referral Requirec
65272	REPAIR LACERATION CONJUNCTIVA WO/HOSP	07/01/2008	$387.61	0.0%	0.0%	N	Referral Requirec
65273	REPAIR LACERATION BY MOBILIZATION REARRANGEMENT WO	07/01/2008	$288.69	0.0%	0.0%	N	Referral Requirec
65275	REPAIR LACERATION CORNEA W/WO REMOVAL FB	07/01/2008	$421.53	0.0%	0.0%	N	Referral Requirec
65280	REPAIR LACERATION CORNEA PERFORATING, NOT UVEAL TI	07/01/2008	$505.88	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
65285	REPAIR LACERATION CORNEA W/REPOSITION UVEAL TISSUE	07/01/2008	$789.88	0.0%	0.0%	N	Referral Required
65286	APP OF TISSUE GLUE, WOUNDS OF CORNEA AND/OR SCLERA	07/01/2008	$552.45	0.0%	0.0%	N	Referral Required
65290	REPAIR, WOUND, EXTRAOCULAR	07/01/2008	$371.95	0.0%	0.0%	N	Referral Required
65400	EXCISION, LESION, CORNEA	07/01/2008	$512.38	0.0%	0.0%	N	Referral Required
65410	BIOPSY, CORNEA	07/01/2008	$113.52	0.0%	0.0%	N	Referral Required
65420	TRANSPOSITION, PTERYGIUM	07/01/2008	$408.31	0.0%	0.0%	N	Referral Required
65426	EXICSION TRANSPOSITION OF PTERYGIUM W/GRAFT	07/01/2008	$508.19	0.0%	0.0%	N	Referral Required
65430	CORNEAL SCRAPING	07/01/2008	$90.17	0.0%	0.0%	N	Referral Required
65435	REMOVAL, CORNEAL EPITHELIUM	07/01/2008	$62.64	0.0%	0.0%	N	Referral Required
65436	REMOVAL CORNEAL EPITHELIUM W/APP CHELATING AGENT	07/01/2008	$293.23	0.0%	0.0%	N	Referral Required
65445	THERMOCAUTERIZATION, CORNEA	07/01/2008	$86.39	0.0%	0.0%	N	Referral Required
65450	DESTRUCTION LESION CORNEA BY CRYOTHERAPY, PHOTOCOA	07/01/2008	$244.52	0.0%	0.0%	N	Referral Required
65455	CRYOTHERAPY, CORNEA	07/01/2008	$86.39	0.0%	0.0%	N	Referral Required
65600	MULTIPLE PUNCTURES OF ANTERIOR CORNEA/EROSION/TATT	07/01/2008	$297.07	0.0%	0.0%	N	Referral Required
65710	KERATOPLASTY	07/01/2008	$840.27	0.0%	0.0%	N	Referral Required
65720	KERATOPLASTY	07/01/2008	$1,565.72	0.0%	0.0%	N	Referral Required
65730	KERATOPLASTY	07/01/2008	$932.95	0.0%	0.0%	N	Referral Required
65750	KERATOPLASTY	07/01/2008	$947.61	0.0%	0.0%	N	Referral Required
65755	KERATOPLASTY; PENETRATING (IN PSEUDOPHAKIA)	07/01/2008	$941.94	0.0%	0.0%	N	Referral Required
65756	ENDOTHELIAL	01/01/2009	$936.20	0.0%	0.0%	N	Referral Required
65760	KERATOMELEUSIS	07/01/2008	$1,835.69	0.0%	0.0%	N	Referral Required
65765	KERATOPHAKIA	07/01/2008	$1,836.82	0.0%	0.0%	N	Referral Required
65767	EPIKERATOPLASTY	01/01/1993	$0.00	0.0%	0.0%	N	Referral Required
65770	KERATOPROSTHESIS	07/01/2008	$1,082.19	0.0%	0.0%	N	Referral Required
65771	RADICAL KERATOTOMY	07/01/2008	$928.33	0.0%	0.0%	N	Referral Required
65772	CORNEAL RELAXING INCISION	07/01/2008	$343.60	0.0%	0.0%	N	Referral Required
65775	CORNEAL WEDGE RESECTION NO ASSIST	07/01/2008	$419.03	0.0%	0.0%	N	Referral Required
65780	OCULAR SURFACE RECONSTRUCTION; AMNIOTIC MEMBRANE TRANSPLANTATION	07/01/2008	$678.65	0.0%	0.0%	N	Referral Required
65781	LIMBAL STEM CELL ALLOGRAFT (EG, CADAVERIC OF LIVING DONOR)	07/01/2008	$1,028.12	0.0%	0.0%	N	Referral Required
65782	LIMBAL CONJUNCTIVAL AUTOGRAFT (INCLUDES OBTAINING GRAFT)	07/01/2008	$886.85	0.0%	0.0%	N	Referral Required
65800	PARACENTESIS EYE ANTE CHAMBER	07/01/2008	$119.08	0.0%	0.0%	N	Referral Required
65805	PARACENTESIS EYE ANTE CHAMBER	07/01/2008	$130.43	0.0%	0.0%	N	Referral Required
65810	PARACENTESIS EYE ANTE CHAMBER	07/01/2008	$350.77	0.0%	0.0%	N	Referral Required
65815	PARACENTESIS EYE ANTE CHAMBER	07/01/2008	$499.85	0.0%	0.0%	N	Referral Required
65820	GONIOTOMY	07/01/2008	$576.38	0.0%	0.0%	N	Referral Required
65850	TRABECULOTOMY AB EXTERNO	07/01/2008	$649.87	0.0%	0.0%	N	Referral Required
65855	TRABECULOPLASTY BY LASAR SURGERY, ONE OR MORE	07/01/2008	$264.38	0.0%	0.0%	N	Referral Required
65860	SEVERING ADHESIONS ANTERIOR SEGMENT LASER TECHNIQU	07/01/2008	$244.42	0.0%	0.0%	N	Referral Required
65865	LYSIS, ADHESIONS, EYE	07/01/2008	$367.16	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
65870	LYSIS, ADHESIONS, EYE	07/01/2008	$449.94	0.0%	0.0%	N	Referral Requirec
65875	LYSIS, ADHESIONS, EYE	07/01/2008	$476.81	0.0%	0.0%	N	Referral Requirec
65880	LYSIS, ADHESIONS, EYE	07/01/2008	$503.05	0.0%	0.0%	N	Referral Requirec
65900	REMOVAL EPITHELIAL DOWNGROWTH; ANTERIOR CHAMBER EY	07/01/2008	$741.25	0.0%	0.0%	N	Referral Requirec
65920	REMOVAL IMPLANT MATERIAL, ANTERIOR SEGMENT EYE	07/01/2008	$595.50	0.0%	0.0%	N	Referral Requirec
65930	REMOVAL, BLOOD CLOT, EYE	07/01/2008	$493.75	0.0%	0.0%	N	Referral Requirec
66020	INJECTION, EYE, ANTE CHAMBER	07/01/2008	$148.03	0.0%	0.0%	N	Referral Requirec
66030	INJECTION, EYE, ANTE CHAMBER	07/01/2008	$131.55	0.0%	0.0%	N	Referral Requirec
66130	EXCISION, LESION, SCLERA	07/01/2008	$552.92	0.0%	0.0%	N	Referral Requirec
66150	FISTULIZATION, SCLERA	07/01/2008	$653.97	0.0%	0.0%	N	Referral Requirec
66155	THERMOCAUTERY, SCLERA	07/01/2008	$652.01	0.0%	0.0%	N	Referral Requirec
66160	THERMOCAUTERY, SCLERA	07/01/2008	$741.21	0.0%	0.0%	N	Referral Requirec
66165	IRIDENCLEISIS/IRIDOTASIS	07/01/2008	$639.97	0.0%	0.0%	N	Referral Requirec
66170	TRABECULECTOMY AB EXTERNO	07/01/2008	$896.78	0.0%	0.0%	N	Referral Requirec
66172	TRABECULECTOMY AB EXTERNO W/SCARRING FROM PREVIOUS	07/01/2008	$1,124.33	0.0%	0.0%	N	Referral Requirec
66180	AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR	07/01/2008	$892.24	0.0%	0.0%	N	Referral Requirec
66185	REVISION AQUEOUS SHUNT EXTRAOCULAR RESERVOIR	07/01/2008	$561.63	0.0%	0.0%	N	Referral Requirec
66220	REPAIR, SCLERAL STAPHYLOMA	07/01/2008	$546.77	0.0%	0.0%	N	Referral Requirec
66225	REPAIR, SCLERAL STAPHYLOMA	07/01/2008	$706.88	0.0%	0.0%	N	Referral Requirec
66250	REVISION, OPERATIVE WOUND, EYE	07/01/2008	$586.99	0.0%	0.0%	N	Referral Requirec
66500	IRIDOTOMY	07/01/2008	$272.25	0.0%	0.0%	N	Referral Requirec
66505	TRANSFIXION IRIDOTOMY	07/01/2008	$297.59	0.0%	0.0%	N	Referral Requirec
66600	IRIDECTOMY	07/01/2008	$614.85	0.0%	0.0%	N	Referral Requirec
66605	IRIDECTOMY	07/01/2008	$808.86	0.0%	0.0%	N	Referral Requirec
66625	IRIDECTOMY	07/01/2008	$328.15	0.0%	0.0%	N	Referral Requirec
66630	IRIDECTOMY	07/01/2008	$428.45	0.0%	0.0%	N	Referral Requirec
66635	IRIDECTOMY	07/01/2008	$432.50	0.0%	0.0%	N	Referral Requirec
66680	REPAIR, IRIS/CILIARY BODY	07/01/2008	$386.73	0.0%	0.0%	N	Referral Requirec
66682	SUTURE OF IRIS, CILIARY BODY W/RETRIEVAL OF SUTURE	07/01/2008	$468.06	0.0%	0.0%	N	Referral Requirec
66700	CILIARY BODY DESTRUCTION; DIATHERMY	07/01/2008	$341.59	0.0%	0.0%	N	Referral Requirec
66710	CYCLOPHOTOAGULATION TRANSCLERAL	07/01/2008	$337.07	0.0%	0.0%	N	Referral Requirec
66711	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, ENDOSCOPIC	07/01/2008	$476.81	0.0%	0.0%	N	Referral Requirec
66720	CILIARY BODY DESTRUCION; CRYOTHERAPY	07/01/2008	$354.14	0.0%	0.0%	N	Referral Requirec
66740	CILIARY BODY DESTRUCTION; CYCLODIALSIS	07/01/2008	$334.73	0.0%	0.0%	N	Referral Requirec
66761	IRIDOTOMY	07/01/2008	$344.37	0.0%	0.0%	N	Referral Requirec
66762	COREOPLASTY	07/01/2008	$359.84	0.0%	0.0%	N	Referral Requirec
66770	DESTRUCTION, LESION, IRIS	07/01/2008	$399.52	0.0%	0.0%	N	Referral Requirec
66820	DISCISSION, AFTERCATARACT	07/01/2008	$309.56	0.0%	0.0%	N	Referral Requirec
66821	DISCISSION SECONDARY MEMBRANEOUS CATARACT; LASER	07/01/2008	$245.43	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
66825	REPOSITION INTRAOCULAR LENS PROSTHESIS REQUIRE INC	07/01/2008	$584.48	0.0%	0.0%	N	Referral Required
66830	REMOVAL SECONDARY MEMBRANOUS CATARACT	07/01/2008	$539.85	0.0%	0.0%	N	Referral Required
66840	LENS MATERIAL REMOVAL	07/01/2008	$528.23	0.0%	0.0%	N	Referral Required
66850	PHACOFRAGMENTATION, LENS	07/01/2008	$600.01	0.0%	0.0%	N	Referral Required
66852	REMOVAL LENS MATERIAL, PARS PLANA APPROACH W/WO VI	07/01/2008	$642.73	0.0%	0.0%	N	Referral Required
66920	EXTRACTION LENS (CATARACT) INTRACAPSULAR	07/01/2008	$573.81	0.0%	0.0%	N	Referral Required
66930	EXTRACTION LENS (CATARACT) INTRACAPSULAR-DISLOCATD	07/01/2008	$651.20	0.0%	0.0%	N	Referral Required
66940	EXTRACTION LENS (CATARACT) EXTRACAPSULAR	07/01/2008	$591.86	0.0%	0.0%	N	Referral Required
66945	EXTRACTION, LENS	07/01/2008	$1,349.78	0.0%	0.0%	N	Referral Required
66982	EXTRACAPSULAR CATARACT REMOVAL	07/01/2008	$823.37	0.0%	0.0%	N	Referral Required
66983	INTRACAPSULAR CATARACT EXTRACTION WITH INSERTION	07/01/2008	$555.22	0.0%	0.0%	N	Referral Required
66984	EXTRA CAPSULAR CATARACT REMOVAL W/INSERTION OF IOL	07/01/2008	$585.99	0.0%	0.0%	N	Referral Required
66985	INSERTION LENS PROSTHESIS SECONDARY IMPLANT	07/01/2008	$576.49	0.0%	0.0%	N	Referral Required
66986	EXCHANGE OF INTRAOCULAR LENS	07/01/2008	$710.37	0.0%	0.0%	N	Referral Required
66990	OPHTHALMIC ENDOSCOPE, ADD-ON CODE	07/01/2008	$72.34	0.0%	0.0%	N	Referral Required
66999	UNLISTED ANTERIOR SEG PROC	01/01/1976	$0.00	0.0%	0.0%	N	Referral Required
67005	REMOVAL VITREOUS ANTERIOR APPROACH; PARTIAL	07/01/2008	$356.29	0.0%	0.0%	N	Referral Required
67010	REMOVAL VITREOUS, SUBTOTAL REMOVAL W/MECHANICAL VI	07/01/2008	$413.01	0.0%	0.0%	N	Referral Required
67015	ASPIRATION, VITREOUS	07/01/2008	$443.95	0.0%	0.0%	N	Referral Required
67025	INJECTION, VITREOUS SUBSTITUTE	07/01/2008	$556.87	0.0%	0.0%	N	Referral Required
67027	INPLANTATION OR REPLACEMENT OF INTRAVITREAL DRUG DELIVERY SYSTEM, INC.CONCOMITAN	07/01/2008	$650.06	0.0%	0.0%	N	Referral Required
67028	INTRAVITREAL INJ OF A PHARMACOLOGIC AGENT SEPERATE	07/01/2008	$167.91	0.0%	0.0%	N	Referral Required
67030	DISCISSION, VITREOUS STRANDS	07/01/2008	$393.80	0.0%	0.0%	N	Referral Required
67031	SEVERING VITREOUS STRANDS ONE OR MORE STAGES LASER	07/01/2008	$294.05	0.0%	0.0%	N	Referral Required
67036	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH	07/01/2008	$736.79	0.0%	0.0%	N	Referral Required
67039	VITRECTOMY W/FOCAL ENDOLASER PHOTOCOAGULATION	07/01/2008	$944.80	0.0%	0.0%	N	Referral Required
67040	VITRECTOMY W/ANDOLASAR PANRETINAL PHOTOCOAGULATION	07/01/2008	$1,089.40	0.0%	0.0%	N	Referral Required
67041	VITRECTOMY, MECHANICAL, PARS PLANA APPRCH; W/REMOV/PRERETINAL CELLULAR MEMBRANE	01/01/2008	$999.56	0.0%	0.0%	N	Referral Required
67042	VITRECTOMY, MECHANICAL, PARS PLANA APPR; W/REMOV/INTERNAL LIMIT MEMBRANE/RETINA	01/01/2008	$1,144.71	0.0%	0.0%	N	Referral Required
67043	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; W/REMOVAL OF SUBRETINAL MEMBRANE	01/01/2008	$1,201.21	0.0%	0.0%	N	Referral Required
67101	REPAIR RETINAL DETACHMENT 1 OR MORE SESSIONS	07/01/2008	$589.30	0.0%	0.0%	N	Referral Required
67102	REPAIR, RETINAL DETACHMENT	07/01/2008	$1,349.78	0.0%	0.0%	N	Referral Required
67103	REPAIR, RETINAL DETACHMENT	07/01/2008	$1,349.78	0.0%	0.0%	N	Referral Required
67104	REPAIR, RETINAL DETACHMENT	07/01/2008	$1,349.78	0.0%	0.0%	N	Referral Required
67105	REPAIR RETINAL DETACHMENT BY PHOTO COAGULATION	07/01/2008	$545.56	0.0%	0.0%	N	Referral Required
67106	REPAIR, RETINAL DETACHMENT	07/01/2008	$1,349.78	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
67107	REPAIR, RETINAL DETACHMENT	07/01/2008	$923.69	0.0%	0.0%	N	Referral Requirec
67108	REPAIR, RETINAL DETACHMENT	07/01/2008	$1,229.97	0.0%	0.0%	N	Referral Requirec
67110	RETINAL DETACH BY INJ OF AIR OR OTHER GAS (PNEUMOR	07/01/2008	$663.94	0.0%	0.0%	N	Referral Requirec
67112	REPAIR, RETINAL DETACHMENT	07/01/2008	$1,012.74	0.0%	0.0%	N	Referral Requirec
67113	REPAIR OF COMPLEX RETINAL DETACHMENT	01/01/2008	$1,318.95	0.0%	0.0%	N	Referral Requirec
67115	RELEASE OF ENCIRCLING MATERIAL (POSTERIOR SEGMENT)	07/01/2008	$370.40	0.0%	0.0%	N	Referral Requirec
67120	REMOVAL IMPLANTED MATERIAL POSTERIOR SEG EXTRAOCUL	07/01/2008	$503.39	0.0%	0.0%	N	Referral Requirec
67121	REMOVAL IMPLANTED MATERIAL POSTERIOR SEG INTRAOCUL	07/01/2008	$687.59	0.0%	0.0%	N	Referral Requirec
67141	PROPHYLAXIS RETINAL DETACHMENT W/O DRAINAGE 1/MORE	07/01/2008	$393.89	0.0%	0.0%	N	Referral Requirec
67142	PROPHYLAXIS RETINAL DETACHMENT	07/01/2008	$626.29	0.0%	0.0%	N	Referral Requirec
67143	PROPHYLAXIS RETINAL DETACHMENT	07/01/2008	$626.29	0.0%	0.0%	N	Referral Requirec
67144	PROPHYLAXIS RETINAL DETACHMENT	07/01/2008	$626.29	0.0%	0.0%	N	Referral Requirec
67145	PROPHYLAXIS, PHOTOCOAGULATION(LASER OR XENON ARC)	07/01/2008	$396.46	0.0%	0.0%	N	Referral Requirec
67146	PROPHYLAXIS RETINAL DETACHMENT	07/01/2008	$626.29	0.0%	0.0%	N	Referral Requirec
67208	DESTRUCT LOCALIZED LESION RETINA ONE OR MORE SESSI	07/01/2008	$454.17	0.0%	0.0%	N	Referral Requirec
67210	DESTRUCTION OF LOCALIZED LESION OF RETINA 1OR MORE	07/01/2008	$530.03	0.0%	0.0%	N	Referral Requirec
67212	DESTRUCTION, LESION, RETINA	07/01/2008	$755.85	0.0%	0.0%	N	Referral Requirec
67213	DESTRUCTION, LESION, RETINA	07/01/2008	$755.85	0.0%	0.0%	N	Referral Requirec
67214	DESTRUCTION, LESION, RETINA	07/01/2008	$755.85	0.0%	0.0%	N	Referral Requirec
67216	DESTRUCTION, LESION, RETINA	07/01/2008	$755.85	0.0%	0.0%	N	Referral Requirec
67218	DESTRUCITON-RADIATION BY IMPLANTATION OF SOURCE	07/01/2008	$1,075.87	0.0%	0.0%	N	Referral Requirec
67220	DESTRUCTION LOCALI LESION CHORDID ONE MORE SESSION PHOTO COAGULATION	07/01/2008	$816.10	0.0%	0.0%	N	Referral Requirec
67221	OCULAR PHOTODYNAMIC THERAPY	07/01/2008	$240.37	0.0%	0.0%	Y	Referral Requirec
67222	DESTRUCTION, RETINOPATHIES	07/01/2008	$863.84	0.0%	0.0%	N	Referral Requirec
67223	DESTRUCTION, RETINOPATHIES	07/01/2008	$863.84	0.0%	0.0%	N	Referral Requirec
67224	DESTRUCTION, RETINOPATHIES	07/01/2008	$863.84	0.0%	0.0%	N	Referral Requirec
67225	OCULAR PHOTODYNAMIC THERAPY; SECOND EYE, SINGLE SECTION (ADD-ON)	07/01/2008	$24.00	0.0%	0.0%	N	Referral Requirec
67226	DESTRUCTION, RETINOPATHIES	07/01/2008	$863.84	0.0%	0.0%	N	Referral Requirec
67227	DESTRUCTION EXTENSIVE RETINOPATHY	07/01/2008	$463.71	0.0%	0.0%	N	Referral Requirec
67228	DESTRUCTION RETINOPATHY 1 OR MORE PHOTOCOAGULATIN	07/01/2008	$888.95	0.0%	0.0%	N	Referral Requirec
67229	TREATMENT OF EXTENSIVE/PROGRESSIVE RETINOPATHY, 1/MORE SESSIONS; PRETERM INFANT	01/01/2008	$867.79	0.0%	0.0%	N	Referral Requirec
67250	SCLERAL REINFORCEMENT	07/01/2008	$607.14	0.0%	0.0%	N	Referral Requirec
67255	SCLERAL REINFORCEMENT	07/01/2008	$648.40	0.0%	0.0%	N	Referral Requirec
67299	UNLISTED PROCEDURE POSTERIOR SEGMENT	01/01/1976	$0.00	0.0%	0.0%	N	Referral Requirec
67311	STRABISMUS SURGERY	07/01/2008	$453.65	0.0%	0.0%	N	Referral Requirec
67312	STRABISMUS SURGERY	07/01/2008	$542.08	0.0%	0.0%	N	Referral Requirec
67314	ONE VERTICAL MUSCLE/EXCLUDING SUPERIOR OBLIQUE	07/01/2008	$507.23	0.0%	0.0%	N	Referral Requirec
67316	OCULAR ADNEXA TWO OR MORE VERTICAL MUSCLES	07/01/2008	$609.81	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
67318	STRABISMUS	07/01/2008	$531.00	0.0%	0.0%	N	Referral Requirec
67320	TRANSPOSITION, EYE MUSCLES-ADD ON	07/01/2008	$250.21	0.0%	0.0%	N	Referral Requirec
67331	STRABISMUS SURGERY-ADD ON	07/01/2008	$236.88	0.0%	0.0%	N	Referral Requirec
67332	STRABISMUS SURGERY-ADD ON	07/01/2008	$257.73	0.0%	0.0%	N	Referral Requirec
67334	STRABISMUS SURG BY POSTERIOR FIXATION SUTURE TECHN-ADD ON	07/01/2008	$233.35	0.0%	0.0%	N	Referral Requirec
67335	OCULAR ADNEXA ADJ SUTURO TECHNIQUE-ADD ON	07/01/2008	$119.25	0.0%	0.0%	N	Referral Requirec
67340	STRABISMUS SURG W/EXPLOR AND/OR DETACHED EXTRAOCUL-ADD ON	07/01/2008	$278.26	0.0%	0.0%	N	Referral Requirec
67343	RELEASE EXTENSIVE SCAR TISSUE WO/DETACHING EXTRAOC	07/01/2008	$494.94	0.0%	0.0%	N	Referral Requirec
67345	CHEMODENERVATION OF EXTRA OCULAR MUSCLE	07/01/2008	$182.43	0.0%	0.0%	N	Referral Requirec
67346	BIOPSY OF EXTRAOCULAR MUSCLE	07/01/2008	$157.60	0.0%	0.0%	N	Referral Requirec
67399	UNLISTED EYE MUSCLE PROC	01/01/1976	$0.00	0.0%	0.0%	N	Referral Requirec
67400	ORBITOTOMY	07/01/2008	$723.57	0.0%	0.0%	N	Referral Requirec
67405	ORBITOTOMY	07/01/2008	$612.69	0.0%	0.0%	N	Referral Requirec
67412	ORBITOTOMY	07/01/2008	$675.03	0.0%	0.0%	N	Referral Requirec
67413	ORBITOTOMY	07/01/2008	$673.08	0.0%	0.0%	N	Referral Requirec
67414	ORBITOTOMY WO/BONE FLAP W/REMOVAL BONE FOR DECOMPR	07/01/2008	$1,003.85	0.0%	0.0%	N	Referral Requirec
67415	BIOPSY, ORBIT	07/01/2008	$83.77	0.0%	0.0%	N	Referral Requirec
67420	ORBITOTOMY	07/01/2008	$1,274.90	0.0%	0.0%	N	Referral Requirec
67430	ORBITOTOMY	07/01/2008	$965.54	0.0%	0.0%	N	Referral Requirec
67440	ORBITOTOMY	07/01/2008	$937.68	0.0%	0.0%	N	Referral Requirec
67445	ORBITOTOMY W/REMOVAL OF BONE FOR DECOMPRESSION	07/01/2008	$1,087.93	0.0%	0.0%	N	Referral Requirec
67450	ORBITOTOMY	07/01/2008	$970.30	0.0%	0.0%	N	Referral Requirec
67500	INJECTION, ORBIT	07/01/2008	$70.01	0.0%	0.0%	N	Referral Requirec
67505	INJECTION, ORBIT	07/01/2008	$65.96	0.0%	0.0%	N	Referral Requirec
67510	ORBITOGRAPHY INJECTION PROC	07/01/2008	$59.40	0.0%	0.0%	N	Referral Requirec
67515	INJECTION, TENONS CAPSULE	07/01/2008	$70.11	0.0%	0.0%	N	Referral Requirec
67550	INSERTION, ORBITAL IMPLANT	07/01/2008	$752.57	0.0%	0.0%	N	Referral Requirec
67560	REVISION, ORBITAL IMPLANT	07/01/2008	$764.71	0.0%	0.0%	N	Referral Requirec
67570	OPTIC NERVE DECOMPRESSION	07/01/2008	$899.80	0.0%	0.0%	N	Referral Requirec
67599	UNLISTED ORBIT PROC	01/01/1976	$0.00	0.0%	0.0%	N	Referral Requirec
67700	BLEPHAROTOMY	07/01/2008	$219.91	0.0%	0.0%	N	Referral Requirec
67710	SEVERING TARSORRHAPHY	07/01/2008	$187.47	0.0%	0.0%	N	Referral Requirec
67715	CANTHOTOMY	07/01/2008	$196.47	0.0%	0.0%	N	Referral Requirec
67800	EXCISION, CHALAZION	07/01/2008	$97.85	0.0%	0.0%	N	Referral Requirec
67801	EXCISION, CHALAZION	07/01/2008	$125.66	0.0%	0.0%	N	Referral Requirec
67805	EXCISION, CHALAZION	07/01/2008	$155.53	0.0%	0.0%	N	Referral Requirec
67808	EXCISION, CHALAZION	07/01/2008	$276.79	0.0%	0.0%	N	Referral Requirec
67810	BIOPSY, EYELID	07/01/2008	$172.10	0.0%	0.0%	N	Referral Requirec
67820	TRICHIASIS CORRECTION	07/01/2008	$42.11	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
67825	TRICHIASIS CORRECTION	07/01/2008	$100.56	0.0%	0.0%	N	Referral Requirec
67830	TRICHIASIS CORRECTION	07/01/2008	$217.85	0.0%	0.0%	N	Referral Requirec
67835	TRICHIASIS CORRECTION	07/01/2008	$339.28	0.0%	0.0%	N	Referral Requirec
67840	EXCISION, LESION, LID MARGIN	07/01/2008	$227.32	0.0%	0.0%	N	Referral Requirec
67850	DESTRUCTION LESION, LID MARGIN	07/01/2008	$169.95	0.0%	0.0%	N	Referral Requirec
67875	TEMPORARY CLOSURE OF EYELIDS BY SUTURE	07/01/2008	$141.41	0.0%	0.0%	N	Referral Requirec
67880	TARSORRHAPHY	07/01/2008	$354.87	0.0%	0.0%	N	Referral Requirec
67882	TARSORRHAPHY	07/01/2008	$434.89	0.0%	0.0%	N	Referral Requirec
67900	REPAIR OF BROW PTOSIS	07/01/2008	$505.82	0.0%	0.0%	N	Referral Requirec
67901	REPAIR, BLEPHAROPTOSIS	07/01/2008	$501.12	0.0%	0.0%	N	Referral Requirec
67902	REPAIR, BLEPHAROPTOSIS	07/01/2008	$532.78	0.0%	0.0%	N	Referral Requirec
67903	REPAIR, BLEPHAROPTOSIS	07/01/2008	$494.39	0.0%	0.0%	N	Referral Requirec
67904	REPAIR, BLEPHAROPTOSIS	07/01/2008	$567.55	0.0%	0.0%	N	Referral Requirec
67906	REPAIR, BLEPHAROPTOSIS	07/01/2008	$396.52	0.0%	0.0%	N	Referral Requirec
67908	REPAIR, BLEPHAROPTOSIS	07/01/2008	$382.58	0.0%	0.0%	N	Referral Requirec
67909	REDUCTION OVERCORRECTED PTOSIS	07/01/2008	$426.32	0.0%	0.0%	N	Referral Requirec
67911	CORRECTION, LID RETRACTION	07/01/2008	$417.29	0.0%	0.0%	N	Referral Requirec
67912	CORRECTION OF LAGOPHTHALMOS, W/IMPLANTATION OF UPPER EYELID LID LOAD	07/01/2008	$749.59	0.0%	0.0%	N	Referral Requirec
67914	ECTROPION REPAIR	07/01/2008	$312.95	0.0%	0.0%	N	Referral Requirec
67915	ECTROPION REPAIR	07/01/2008	$282.66	0.0%	0.0%	N	Referral Requirec
67916	ECTROPION REPAIR	07/01/2008	$426.04	0.0%	0.0%	N	Referral Requirec
67917	ECTROPION REPAIR	07/01/2008	$463.86	0.0%	0.0%	N	Referral Requirec
67921	ENTROPION REPAIR	07/01/2008	$298.38	0.0%	0.0%	N	Referral Requirec
67922	THERMO COUTERIZATION	07/01/2008	$274.61	0.0%	0.0%	N	Referral Requirec
67923	ENTROPION REPAIR	07/01/2008	$447.80	0.0%	0.0%	N	Referral Requirec
67924	ENTROPION REPAIR	07/01/2008	$465.72	0.0%	0.0%	N	Referral Requirec
67930	SUTURE, EYELID WOUND	07/01/2008	$293.27	0.0%	0.0%	N	Referral Requirec
67935	SUTURE, EYELID WOUND	07/01/2008	$472.57	0.0%	0.0%	N	Referral Requirec
67938	REMOVAL, FOREIGN BODY, EYELID	07/01/2008	$200.28	0.0%	0.0%	N	Referral Requirec
67950	CANTHOPLASTY	07/01/2008	$459.38	0.0%	0.0%	N	Referral Requirec
67961	EXCISION & REPAIR, EYELID	07/01/2008	$457.58	0.0%	0.0%	N	Referral Requirec
67966	EXCISION & REPAIR, EYELID	07/01/2008	$589.96	0.0%	0.0%	N	Referral Requirec
67971	RECONSTRUCTION, EYELID	07/01/2008	$565.61	0.0%	0.0%	N	Referral Requirec
67973	RECONSTRUCTION, EYELID	07/01/2008	$733.12	0.0%	0.0%	N	Referral Requirec
67974	RECONSTRUCTION, EYELID	07/01/2008	$730.35	0.0%	0.0%	N	Referral Requirec
67975	RECONSTRUCTION, EYELID	07/01/2008	$533.61	0.0%	0.0%	N	Referral Requirec
67999	UNLISTED EYELID PROCEDURE	01/01/1976	$0.00	0.0%	0.0%	N	Referral Requirec
68020	DRAINAGE, CYST, CONJUNCTIVA	07/01/2008	$91.65	0.0%	0.0%	N	Referral Requirec
68040	EXPRESSN FOLLICLES CONJUNCTIVA	07/01/2008	$51.35	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
68100	BIOPSY, CONJUNCTIVA	07/01/2008	$140.41	0.0%	0.0%	N	Referral Required
68110	EXCISION, LESION, CONJUNCTIVA	07/01/2008	$181.67	0.0%	0.0%	N	Referral Required
68115	EXCISION, LESION, CONJUNCTIVA	07/01/2008	$254.09	0.0%	0.0%	N	Referral Required
68130	EXCISION, LESION, CONJUNCTIVA	07/01/2008	$428.01	0.0%	0.0%	N	Referral Required
68135	DESTRUCTION LESION CONJUNCTIVA	07/01/2008	$120.90	0.0%	0.0%	N	Referral Required
68200	INJECTION, SUBCONJUNCTIVA	07/01/2008	$33.11	0.0%	0.0%	N	Referral Required
68320	CONJUNCTIVOPLASTY	07/01/2008	$562.08	0.0%	0.0%	N	Referral Required
68325	CONJUNCTIVOPLASTY	07/01/2008	$501.85	0.0%	0.0%	N	Referral Required
68326	CONJUNCTIVOPLASTY	07/01/2008	$488.27	0.0%	0.0%	N	Referral Required
68328	CONJUNCTIVOPLASTY	07/01/2008	$548.90	0.0%	0.0%	N	Referral Required
68330	CONJUNCTIVOPLASTY	07/01/2008	$474.41	0.0%	0.0%	N	Referral Required
68335	CONJUNCTIVOPLASTY	07/01/2008	$488.94	0.0%	0.0%	N	Referral Required
68340	DIVISION SYMBLEPHARON W/WO INSERT OF CONFERMER OR	07/01/2008	$429.16	0.0%	0.0%	N	Referral Required
68360	CONJUNCTIVAL FLAP	07/01/2008	$414.85	0.0%	0.0%	N	Referral Required
68362	CONJUNCTIVAL FLAP	07/01/2008	$495.60	0.0%	0.0%	N	Referral Required
68371	HARVESTING CONJUNCTIVAL ALLOGRAFT, LIVING DONOR	07/01/2008	$321.67	0.0%	0.0%	N	Referral Required
68399	UNLISTED CONJUNCTIVA PROC	01/01/1976	$0.00	0.0%	0.0%	N	Referral Required
68400	DRAINAGE, LACRIMAL GLAND	07/01/2008	$231.19	0.0%	0.0%	N	Referral Required
68420	DACRYOCYSTOSTOMY	07/01/2008	$259.63	0.0%	0.0%	N	Referral Required
68440	INCISION, LACRIMAL PUNCTUM	07/01/2008	$89.04	0.0%	0.0%	N	Referral Required
68500	EXCISION, LACRIMAL GLAND	07/01/2008	$750.73	0.0%	0.0%	N	Referral Required
68505	EXCISION, LACRIMAL GLAND	07/01/2008	$753.40	0.0%	0.0%	N	Referral Required
68510	BIOPSY, LACRIMAL GLAND	07/01/2008	$367.83	0.0%	0.0%	N	Referral Required
68520	EXCISION, LACRIMAL SAC	07/01/2008	$527.20	0.0%	0.0%	N	Referral Required
68525	BIOPSY, LACRIMAL SAC	07/01/2008	$212.40	0.0%	0.0%	N	Referral Required
68530	REMOVAL FB/DACRYOLITHA, LACRIMAL PASSAGES	07/01/2008	$356.33	0.0%	0.0%	N	Referral Required
68540	EXCISION, TUMOR LACRIMAL GLAND	07/01/2008	$708.47	0.0%	0.0%	N	Referral Required
68550	EXCISION, TUMOR LACRIMAL GLAND	07/01/2008	$864.79	0.0%	0.0%	N	Referral Required
68700	PLASTIC REPAIR, CANALICULI	07/01/2008	$455.69	0.0%	0.0%	N	Referral Required
68705	CORRECTION, EVERTED PUNCTUM	07/01/2008	$191.71	0.0%	0.0%	N	Referral Required
68720	DACRYOCYSTORHINOSTOMY	07/01/2008	$582.20	0.0%	0.0%	N	Referral Required
68745	CONJUNCTIVO-RHINOSTOMY	07/01/2008	$582.73	0.0%	0.0%	N	Referral Required
68750	CONJUNCTIVO-RHINOSTOMY	07/01/2008	$601.07	0.0%	0.0%	N	Referral Required
68760	CLOSURE, LACRIMAL PUNCTUM	07/01/2008	$162.46	0.0%	0.0%	N	Referral Required
68761	CLOSURE LACRIMAL PUNCTUM BY PLUG EACH	07/01/2008	$116.01	0.0%	0.0%	N	Referral Required
68770	CLOSURE, FISTULA, LACRIMAL SAC	07/01/2008	$426.98	0.0%	0.0%	N	Referral Required
68801	DIALATION OF LACRIMAL PUNCTUM W/WO IRRIGATION	07/01/2008	$95.38	0.0%	0.0%	N	Referral Required
68810	PROBING OF NASOLACRINAL DUCT, W/WO IRRIGATION	07/01/2008	$208.04	0.0%	0.0%	N	Referral Required
68811	PROBING-NASOLACRIMAL DUCT REQUIRING GENERAL ANESTH	07/01/2008	$158.20	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
68815	PROBING-NASOLACRIMAL DUCT W/INSERTION OF TUBE/STEN	07/01/2008	$356.35	0.0%	0.0%	N	Referral Required
68816	PROBING OF NASOLACRIMAL DUCT, W/WO IRRIG; W/TRANSLUMINAL BALLOON CATH DILATION	01/01/2008	$528.99	0.0%	0.0%	N	Referral Required
68840	PROBING, CANALICULI	07/01/2008	$95.51	0.0%	0.0%	N	Referral Required
68850	DACRYOCYSTOGRAPHY, INJ PROC	07/01/2008	$54.11	0.0%	0.0%	N	Referral Required
68899	UNLISTED LACRIMAL PROC	01/01/1976	$0.00	0.0%	0.0%	N	Referral Required
69000	DRAINAGE, ABSCESS, EAR	07/01/2008	$147.51	0.0%	0.0%	N	Referral Required
69005	DRAINAGE, ABSCESS, EAR	07/01/2008	$173.60	0.0%	0.0%	N	Referral Required
69020	ABSCESS, AUDITORY CANAL	07/01/2008	$187.35	0.0%	0.0%	N	Referral Required
69100	BIOPSY, EAR	07/01/2008	$87.00	0.0%	0.0%	N	Referral Required
69105	BIOPSY, AUDITORY CANAL	07/01/2008	$112.98	0.0%	0.0%	N	Referral Required
69110	EXCISION, EAR	07/01/2008	$365.48	0.0%	0.0%	N	Referral Required
69120	EXCISION, EAR	07/01/2008	$336.48	0.0%	0.0%	N	Referral Required
69140	EXOSTOSIS, AUDITORY CANAL	07/01/2008	$724.06	0.0%	0.0%	N	Referral Required
69145	EXCISION LESION AUDITORY CANAL	07/01/2008	$306.61	0.0%	0.0%	N	Referral Required
69150	EXCISION LESION AUDITORY CANAL	07/01/2008	$890.76	0.0%	0.0%	N	Referral Required
69155	EXCISION LESION AUDITORY CANAL	07/01/2008	$1,420.20	0.0%	0.0%	N	Referral Required
69200	FOREIGN BODY, AUDITORY CANAL	07/01/2008	$102.78	0.0%	0.0%	N	Referral Required
69205	FOREIGN BODY, AUDITORY CANAL	07/01/2008	$85.65	0.0%	0.0%	N	Referral Required
69210	REMOVAL, CERUMEN, IMPACTED, ONE OR BOTH EARS	07/01/2008	$41.54	0.0%	0.0%	N	Referral Required
69220	DEBRIDEMENT, MASTOIDECTOMY CAVITY, SIMPLE, UNILATE	07/01/2008	$111.21	0.0%	0.0%	N	Referral Required
69222	DEBRIDEMENT, MASTOIDECTOMY CAVITY, COMPLEX, UNILAT	07/01/2008	$180.35	0.0%	0.0%	N	Referral Required
69300	OTOPLASTY	07/01/2008	$487.27	0.0%	0.0%	Y	Referral Required
69310	RECONSTRUCTION OF EXTERNAL AUDITORY CANAL MESTOPLA	07/01/2008	$910.41	0.0%	0.0%	N	Referral Required
69320	RECONSTRUCTION, AUDITORY CANAL	07/01/2008	$1,296.71	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	07/01/2008	$112.21	0.0%	0.0%	N	Referral Required
69401	EUSTACHIAN TUBE INFLATION	07/01/2008	$67.94	0.0%	0.0%	N	Referral Required
69405	EUSTACHIAN TUBE CATHETERIZATION TRANSYPMANIC	07/01/2008	$212.19	0.0%	0.0%	N	Referral Required
69420	MYRINGOTOMY	07/01/2008	$155.52	0.0%	0.0%	N	Referral Required
69421	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACIAN	07/01/2008	$128.57	0.0%	0.0%	N	Referral Required
69424	VENTILATING TUBE REMOVAL UNILATERAL	07/01/2008	$105.30	0.0%	0.0%	N	Referral Required
69433	TYMPANOSTOMY	07/01/2008	$161.37	0.0%	0.0%	N	Referral Required
69436	TYMPANOSTOMY GENERAL ANESTHESIA UNILATERAL	07/01/2008	$139.95	0.0%	0.0%	N	Referral Required
69440	EXPLORATION, MIDDLE EAR	07/01/2008	$565.79	0.0%	0.0%	N	Referral Required
69450	TYMPANALYSIS, TRANSCANAL	07/01/2008	$441.28	0.0%	0.0%	N	Referral Required
69480	REVISION FENESTRATION OPERATION	07/01/2008	$123.95	0.0%	0.0%	N	Referral Required
69501	TRANSMASTOID ANTROTOMY	07/01/2008	$614.68	0.0%	0.0%	N	Referral Required
69502	MASTOIDECTOMY	07/01/2008	$813.78	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
69505	MASTOIDECTOMY	07/01/2008	$1,014.13	0.0%	0.0%	N	Referral Requirec
69511	MASTOIDECTOMY	07/01/2008	$1,040.47	0.0%	0.0%	N	Referral Requirec
69530	PETROUS APICECTOMY	07/01/2008	$1,397.34	0.0%	0.0%	N	Referral Requirec
69535	RESECTION, TEMPORAL BONE	07/01/2008	$2,286.05	0.0%	0.0%	N	Referral Requirec
69540	EXCISION, AURAL POLYP	07/01/2008	$170.11	0.0%	0.0%	N	Referral Requirec
69550	EXCISION, AURAL GLOMUS TUMOR	07/01/2008	$873.60	0.0%	0.0%	N	Referral Requirec
69552	EXCISION, AURAL GLOMUS TUMOR	07/01/2008	$1,339.31	0.0%	0.0%	N	Referral Requirec
69554	EXCISION, AURAL GLOMUS TUMOR	07/01/2008	$2,160.28	0.0%	0.0%	N	Referral Requirec
69601	REVISION MASTOIDECTOMY	07/01/2008	$877.47	0.0%	0.0%	N	Referral Requirec
69602	REVISION MASTOIDECTOMY	07/01/2008	$913.11	0.0%	0.0%	N	Referral Requirec
69603	REVISION MASTOIDECTOMY	07/01/2008	$1,074.86	0.0%	0.0%	N	Referral Requirec
69604	REVISION MASTOIDECTOMY, RESULT IN TYMPANOPLASTY	07/01/2008	$935.73	0.0%	0.0%	N	Referral Requirec
69605	REVISION MASTOIDECTOMY	07/01/2008	$1,322.53	0.0%	0.0%	N	Referral Requirec
69610	REPAIR OF EARDRUM	07/01/2008	$330.60	0.0%	0.0%	N	Referral Requirec
69620	MYRINGOPLASTY	07/01/2008	$576.01	0.0%	0.0%	N	Referral Requirec
69631	TYMPANOPLASTY	07/01/2008	$727.47	0.0%	0.0%	N	Referral Requirec
69632	TYMPANOPLASTY	07/01/2008	$896.70	0.0%	0.0%	N	Referral Requirec
69633	TYMPANOPLASTY W/OSSICULAR RECONST AND SYNTHETIC PR	07/01/2008	$863.36	0.0%	0.0%	N	Referral Requirec
69635	TYMPANOPLASTY	07/01/2008	$1,021.12	0.0%	0.0%	N	Referral Requirec
69636	TYMPANOPLASTY	07/01/2008	$1,161.99	0.0%	0.0%	N	Referral Requirec
69637	TYMPANOPLASTY WITH OSSICULAR RECONSTRUCT & PROSTHE	07/01/2008	$1,155.70	0.0%	0.0%	N	Referral Requirec
69641	TYMPANOPLASTY	07/01/2008	$869.82	0.0%	0.0%	N	Referral Requirec
69642	TYMPANOPLASTY	07/01/2008	$1,124.17	0.0%	0.0%	N	Referral Requirec
69643	TYMPANOPLASTY	07/01/2008	$1,025.76	0.0%	0.0%	N	Referral Requirec
69644	TYMPANOPLASTY	07/01/2008	$1,252.57	0.0%	0.0%	N	Referral Requirec
69645	TYMPANOPLASTY	07/01/2008	$1,225.61	0.0%	0.0%	N	Referral Requirec
69646	TYMPANOPLASTY	07/01/2008	$1,304.72	0.0%	0.0%	N	Referral Requirec
69650	STAPES MOBILIZATION	07/01/2008	$665.13	0.0%	0.0%	N	Referral Requirec
69660	STAPEDECTOMY	07/01/2008	$780.58	0.0%	0.0%	N	Referral Requirec
69661	STAPEDECTOMY/OTOMY W/FOOTPLATE DRILL OUT	07/01/2008	$1,024.08	0.0%	0.0%	N	Referral Requirec
69662	REVISION OF STAPEDECTOMY OR STAPEDOTOMY	07/01/2008	$981.38	0.0%	0.0%	N	Referral Requirec
69666	REPAIR, FISTULA, OVAL WINDOW	07/01/2008	$673.71	0.0%	0.0%	N	Referral Requirec
69667	REPAIR, FISTULA, ROUND WINDOW	07/01/2008	$675.09	0.0%	0.0%	N	Referral Requirec
69670	MASTOID OBLITERATION	07/01/2008	$790.36	0.0%	0.0%	N	Referral Requirec
69676	TYMPANIC NEURECTOMY	07/01/2008	$693.54	0.0%	0.0%	N	Referral Requirec
69700	CLOSURE, POST AURICULAR	07/01/2008	$589.69	0.0%	0.0%	N	Referral Requirec
69710	IMPLANTATION/REPLACEMENT HEARING DEVICE TEMPORAL	07/01/2007	$0.00	0.0%	0.0%	Y	Referral Requirec
69711	REMOVAL/REPAIR ELECTROMAGNETIC BONE CONDUCTION HEA	07/01/2008	$722.11	0.0%	0.0%	N	Referral Requirec
69714	OSSEOINTEGRATED INPLANT	07/01/2008	$909.46	0.0%	0.0%	Y	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
69715	OSSEOINTEGRATED IMPLANT W/ MASTOIDECTOMY	07/01/2008	$1,132.34	0.0%	0.0%	Y	Referral Required
69717	OSSEOINTEGRATED IMPLANT REPLACEMENT	07/01/2008	$970.87	0.0%	0.0%	Y	Referral Required
69718	OSSEOINTEGRATED IMPLANT REPLACEMENT W/ MASTOIDECTOMY	07/01/2008	$1,179.53	0.0%	0.0%	Y	Referral Required
69720	DECOMPRESSION, FACIAL NERVE	07/01/2008	$987.19	0.0%	0.0%	N	Referral Required
69725	DECOMPRESS FACIAL NERVE INC MEDIAL TO GENICULATE G	07/01/2008	$1,603.76	0.0%	0.0%	N	Referral Required
69740	SUTURE, FACIAL NERVE	07/01/2008	$984.31	0.0%	0.0%	N	Referral Required
69745	SUTURE FACIAL NERVE INC MEDIAL TO GENICULATE GANGL	07/01/2008	$1,004.54	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	07/01/2008	$620.47	0.0%	0.0%	N	Referral Required
69802	LABYRINTHOTOMY	07/01/2008	$872.94	0.0%	0.0%	N	Referral Required
69805	ENDOLYMPHATIC SAC OPERATION	07/01/2008	$889.24	0.0%	0.0%	N	Referral Required
69806	ENDOLYMPHATIC SAC OPERATION	07/01/2008	$796.81	0.0%	0.0%	N	Referral Required
69820	FENESTRATION SEMICIRCULAR CNL	07/01/2008	$724.35	0.0%	0.0%	N	Referral Required
69840	REV, FENESTRATION, INNER EAR	07/01/2008	$770.97	0.0%	0.0%	N	Referral Required
69905	LABYRINTHECTOMY	07/01/2008	$764.83	0.0%	0.0%	N	Referral Required
69910	LABYRINTHECTOMY	07/01/2008	$863.82	0.0%	0.0%	N	Referral Required
69915	VESTIBULAR NERVE SECTION	07/01/2008	$1,314.36	0.0%	0.0%	N	Referral Required
69930	COCHLEAR DEVICE IMPLANT; W/WO MASTOIDECTOMY	07/01/2008	$1,081.34	0.0%	0.0%	Y	Referral Required
69949	UNLISTED PROCEDURE, INNER EAR	07/01/2008	$97.18	0.0%	0.0%	N	Referral Required
69950	TRANSECTION, VESTIBULAR NERVE	07/01/2008	$1,560.68	0.0%	0.0%	N	Referral Required
69955	FACIAL NERVE DECOMPRESSION	07/01/2008	$1,708.03	0.0%	0.0%	N	Referral Required
69960	DECOMPRESSION, AUDITORY CANAL	07/01/2008	$1,655.08	0.0%	0.0%	N	Referral Required
69970	REMOVAL, TUMOR, TEMPORAL BONE	07/01/2008	$1,840.56	0.0%	0.0%	N	Referral Required
69979	UNLISTED TEMPORAL BONE PROC	01/01/1976	$0.00	0.0%	0.0%	N	Referral Required
69990	USE OF OPERATING MICROSCOPE-ADD ON	07/01/2008	$184.16	0.0%	0.0%	N	Referral Required
70010	MYELOGRAPHY,POSTERIOR FOSSA, SUPER AND INTERP ONLY	07/01/2008	$170.92	71.0%	29.0%	N	
70015	CISTERNOGRAPHY POSITIVE CONTRAST W/INTERPRETATION	07/01/2008	$120.78	43.0%	57.0%	N	
70030	RADIOLOGICAL EYE EXAM-FOREIGN BODY; UNILATERAL-MOD 50 PAYS 100%	07/01/2008	$24.30	62.0%	38.0%	N	
70100	MANDIBLE X-RAYS	07/01/2008	$27.02	66.0%	34.0%	N	
70110	MANDIBLE X-RAYS	07/01/2008	$34.35	62.0%	38.0%	N	
70120	MASTOID X-RAY EXAM, LESS THAN 3 VIEWS/SIDE; UNILATERAL-MOD 50 PAYS 100%	07/01/2008	$30.07	70.0%	30.0%	N	
70130	MASTOID X-RAY EXAM COMPLETE, MIN 3 VIEWS/SIDE; UNILATERAL-MOD 50 PAYS 100%	07/01/2008	$46.79	61.0%	39.0%	N	
70134	AUDITORY MEATUSES X-RAY	07/01/2008	$41.79	60.0%	40.0%	N	
70140	FACIAL BONE X-RAY	07/01/2008	$28.11	69.0%	31.0%	N	
70150	FACIAL BONE X-RAY	07/01/2008	$38.26	67.0%	33.0%	N	
70160	NASAL BONE X-RAY	07/01/2008	$27.64	68.0%	32.0%	N	
70170	DACRYOCYSTOGRAPHY NASOLOCRIMAL DUST S&I	07/01/2008	$46.24	68.0%	32.0%	N	
70190	X-RAY EXAM, OPTIC FORAMINA; UNILATERAL-MOD 50 PAYS 100%	07/01/2008	$31.50	67.0%	33.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
70200	RADIOLOGIC EXAMINATION, ORBITS COMPLETE,MINIMUM 4V	07/01/2008	$39.69	65.0%	35.0%	N	
70210	PARANASAL SINUS X-RAY	07/01/2008	$27.35	71.0%	29.0%	N	
70220	PARANASAL SINUS X-RAY	07/01/2008	$36.21	68.0%	32.0%	N	
70240	SELLA TURCICA X-RAY	07/01/2008	$25.06	60.0%	40.0%	N	
70250	SKULL X-RAY	07/01/2008	$31.97	64.0%	36.0%	N	
70260	SKULL X-RAY	07/01/2008	$44.31	64.0%	36.0%	N	
70300	DENTAL X-RAYS	07/01/2008	$13.01	63.0%	37.0%	N	
70310	DENTAL X-RAYS	07/01/2008	$27.59	65.0%	35.0%	N	
70320	DENTAL X-RAYS	07/01/2008	$40.74	70.0%	30.0%	N	
70328	X-RAY, TMJ, OPEN AND CLOSED MOUTH; UNILATERAL	07/01/2008	$26.35	65.0%	35.0%	N	
70330	TEMPORAMANDIBULAR JOINTS X-RAY	07/01/2008	$41.17	70.0%	30.0%	N	
70332	TMJ ARTHROGRAPHY, S&I; UNILATERAL-MOD 50 PAYS 100%	07/01/2008	$83.67	67.0%	33.0%	N	
70336	MRI, TMJ; UNILATERAL-MOD 50 PAYS 100%	07/01/2008	$455.79	89.0%	11.0%	N	
70350	ORTHODONTIC X-RAY	07/01/2008	$19.30	59.0%	41.0%	N	
70355	PALATE X-RAY	07/01/2008	$23.49	66.0%	34.0%	N	
70360	NECK/SOFT TISSUE/ X-RAY	07/01/2008	$23.63	62.0%	38.0%	N	
70370	X-RAY LARYNX OR PHARYNX	07/01/2008	$63.24	73.0%	27.0%	N	
70371	COMPLEX DYNAMIC SPEECH EVALUATION	07/01/2008	$95.62	62.0%	38.0%	N	
70373	LARYNGOGRAPHY,CONTRAST, SUPERVISION & INTERP ONLY	07/01/2008	$76.05	73.0%	27.0%	N	
70380	SALIVARY GLAND X-RAY	07/01/2008	$32.69	73.0%	27.0%	N	
70390	SIALOGRAPHY, SUPERIVISION AND INTERPRETATION ONLY	07/01/2008	$86.11	76.0%	24.0%	N	
70450	COMPUTORIZED AXIAL TOMOGRAPHY HEAD WITHOUT CONTRAS	07/01/2008	$199.57	79.0%	21.0%	N	
70460	WITH CONTRAST MATERIAL(S)	07/01/2008	$254.28	79.0%	21.0%	N	
70470	WITHOUT IV CONTRAST FOLLOWED BY CONTRST	07/01/2008	$308.08	79.0%	21.0%	N	
70480	COMPUTERIZED AXIAL TOMOGRAPHY ORBIT SELLA OR POST	07/01/2008	$225.55	71.0%	29.0%	N	
70481	WIHT CONTRAST MATERIAL(S)	07/01/2008	$262.17	73.0%	27.0%	N	
70482	WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MAT	07/01/2008	$313.70	76.0%	24.0%	N	
70486	COMPUTERIZED AXIAL TOMOGRAPHY MAXILLOFACIAL WO CON	07/01/2008	$218.30	73.0%	27.0%	N	
70487	WITH CONTRAST MATERIAL(S)	07/01/2008	$291.50	74.0%	26.0%	N	
70488	WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MAT	07/01/2008	$312.22	77.0%	23.0%	N	
70490	COMPUTERIZED AXIAL TOMOGRAPHY SOFT TISSUE NECK WO	07/01/2008	$225.55	71.0%	29.0%	N	
70491	WITH CONTRAST MATERIAL(S)	07/01/2008	$289.54	73.0%	27.0%	N	
70492	WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MAT	07/01/2008	$313.70	76.0%	24.0%	N	
70496	CT ANGIOGRAPHY HEAD	07/01/2008	$335.44	75.0%	25.0%	N	
70498	CT ANGIOGRAPHY NECK	07/01/2008	$335.44	75.0%	25.0%	N	
70540	MRI;ORBIT, FACE, AND NECK	07/01/2008	$445.18	83.0%	17.0%	N	
70542	MRI ORBIT FACE AND NECK WITH CONSTRAST MATERIAL(S)	07/01/2008	$534.31	89.0%	11.0%	N	
70543	MRI ORBIT FACE & NECK W/O CONTRAST MATERIAL(S) FOLLOWED BY CONTRAST MATERIAL(S)	07/01/2008	$550.56	92.0%	8.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
70544	MRA HEAD W/O CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	07/01/2008	$441.28	87.0%	13.0%	N	
70545	MRA HEAD WITH CONTRAST MATERIAL(S)	07/01/2008	$441.28	87.0%	13.0%	N	
70546	MRA HEAD CODE W/O CONTRAST MATERIAL(S) FOLLOWED BY CONTRAST MATERIALS	07/01/2008	$537.51	90.0%	10.0%	N	
70547	MRA NECK W/O CONTRAST MATERIAL(S)	07/01/2008	$441.28	87.0%	13.0%	N	
70548	MRA NECK WITH CONTRAST MATERIAL(S)	07/01/2008	$441.28	87.0%	13.0%	N	
70549	MRA NECK W/O CONTRAST MATERIAL(S) FOLLOWED BY CONTRAST MATERIALS	07/01/2008	$537.51	90.0%	10.0%	N	
70551	MRI, BRAIN	07/01/2008	$455.79	83.0%	17.0%	N	
70552	MRI BRAIN WITH CONTRAST MATERIAL (S)	07/01/2008	$547.14	83.0%	17.0%	N	
70553	MRI BRAIN W/O CONTRAST FOLLOWED BY CONTRAST MATERI	07/01/2008	$556.31	82.0%	18.0%	N	
70554	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI	07/01/2008	$602.84	83.0%	17.0%	N	
70555	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTION, REQ PHYS/PSYCH ADMIN NEURO TEST	07/01/2008	$109.18	0.0%	100.0%	N	
70557	MRA BRAIN INCLUDING BRAIN STEM & SKULL BASE	07/01/2008	$999.16	86.0%	14.0%	N	
70558	MRA W/CONTRAST MATERIAL(S)	07/01/2008	$155.78	0.0%	100.0%	N	
70559	MRA NECK W/O CONTRAST MATERIAL(S)	07/01/2008	$156.16	0.0%	100.0%	N	
71010	CHEST X-RAYS	07/01/2008	$22.68	64.0%	36.0%	N	
71015	X-RAY CHEST,STEREO, POSTEROANTERIOR	07/01/2008	$26.78	63.0%	37.0%	N	
71020	CHEST X-RAYS	07/01/2008	$29.21	66.0%	34.0%	N	
71021	CHEST X-RAYS	07/01/2008	$35.97	65.0%	35.0%	N	
71022	X-RAY CHEST OBLIQUE PROJECTIONS	07/01/2008	$40.12	62.0%	38.0%	N	
71023	RAD EXAM CHEST W/FLUOROSCOPY	07/01/2008	$54.75	58.0%	42.0%	N	
71030	CHEST X-RAYS	07/01/2008	$41.45	63.0%	37.0%	N	
71034	CHEST X-RAYS	07/01/2008	$79.24	67.0%	33.0%	N	
71035	X-RAY CHEST, SPECIAL STUDIES, EG LATERAL DECUBITUS	07/01/2008	$29.35	66.0%	34.0%	N	
71040	BRONCHOGRAPHY UNILATERAL S&I	07/01/2008	$83.24	62.0%	38.0%	N	
71060	BRONCHOGRAPHY BILATERAL, S & I	07/01/2008	$120.56	66.0%	34.0%	N	
71090	PACEMAKER INSERT/FLURO S&I	07/01/2008	$83.46	67.0%	33.0%	N	
71100	RIB X-RAYS	07/01/2008	$29.21	64.0%	36.0%	N	
71101	XRAY,RIBS,UNILATERAL,INCLUDES PA CHEST,MINIMUM 3V	07/01/2008	$35.45	62.0%	38.0%	N	
71110	RIB X-RAYS-BILATERAL	07/01/2008	$37.64	66.0%	34.0%	N	
71111	XRAY RIBS BILATERAL	07/01/2008	$46.36	65.0%	35.0%	N	
71120	STERNUM X-RAYS	07/01/2008	$30.50	69.0%	31.0%	N	
71130	STERNOCLAVICULAR JOINT X-RAYS	07/01/2008	$33.55	69.0%	31.0%	N	
71250	COMPUTERIZED AXIAL TOMOGRAPHY THORAX WITH CONTR	07/01/2008	$259.74	77.0%	23.0%	N	
71260	WITH CONTRAST MATERIAL(S)	07/01/2008	$302.75	78.0%	22.0%	N	
71270	WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST	07/01/2008	$370.23	81.0%	19.0%	N	
71275	CT ANGIOGRAPHY OF CHEST	07/01/2008	$399.64	84.0%	16.0%	N	
71550	MAGNETIC RESONANCE IMAGING, CHEST	07/01/2008	$451.73	82.0%	18.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
71551	MRI CHEST WITH CONTRAST MATERIALS	07/01/2008	$540.51	84.0%	16.0%	N	
71552	MRI CHEST W/O CONTRAST MATERIALS FOLLOWED BY CONTRAST MATERIALS	07/01/2008	$949.05	91.0%	9.0%	N	
71555	MAGNETIC RESONANCE ANGIOGRAPHY,CHEST W/WO CONTRAST MATERIALS	07/01/2008	$472.68	81.0%	19.0%	N	
72010	SPINE X-RAYS	07/01/2008	$57.99	60.0%	40.0%	N	
72020	SPINE X-RAYS	07/01/2008	$21.20	65.0%	35.0%	N	
72040	CERVICAL X-RAYS	07/01/2008	$32.21	65.0%	35.0%	N	
72050	CERVICAL X-RAYS	07/01/2008	$45.98	66.0%	34.0%	N	
72052	CERVICAL X-RAYS	07/01/2008	$57.75	68.0%	32.0%	N	
72069	RADIOLOGIC EXAM, SPINE, THORACOLUMBAR STANDING	07/01/2008	$29.83	61.0%	39.0%	N	
72070	THORACIC X-RAYS	07/01/2008	$30.88	67.0%	33.0%	N	
72072	X-RAY SPINE,THORACIC,AP AND LAT,INCLUDES SWIMMER'S	07/01/2008	$34.40	70.0%	30.0%	N	
72074	XRYA THORACIC COMPLETE INCLUDES OBLIQUES MIN 4V'S	07/01/2008	$40.60	74.0%	26.0%	N	
72080	THORACO-LUMBAR X-RAYS	07/01/2008	$31.88	68.0%	32.0%	N	
72090	SCOLIOSIS STUDY	07/01/2008	$40.17	62.0%	38.0%	N	
72100	LUMBAR X-RAYS	07/01/2008	$33.88	68.0%	32.0%	N	
72110	LUMBOSACRAL X-RAYS	07/01/2008	$47.32	67.0%	33.0%	N	
72114	LUMBOSACRAL X-RAYS	07/01/2008	$61.42	69.0%	31.0%	N	
72120	SPINE X-RAYS	07/01/2008	$42.27	74.0%	26.0%	N	
72125	COMPUTERIZED AXIAL TOMOGRAPHY CERVICAL SPINE WO C	07/01/2008	$259.74	79.0%	21.0%	N	
72126	WITH CONTRAST MATERIAL	07/01/2008	$302.00	79.0%	21.0%	N	
72127	COMPUTERIZED AXIAL TOMOGRAPHY,CERVICAL SPINE,WITHO	07/01/2008	$365.03	82.0%	18.0%	N	
72128	COMPUTERIZED AXIAL TOMOGRAPHY THORACIC SPINE WO C	07/01/2008	$259.74	77.0%	23.0%	N	
72129	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL	07/01/2008	$302.00	79.0%	21.0%	N	
72130	CAT, THORACIC SPINE W/O CONTRAST W/CONTRAST & SECS	07/01/2008	$365.03	82.0%	18.0%	N	
72131	COMPUTERIZED AXIAL TOMOGRAPHY LUMBAR SPINE WO CON	07/01/2008	$259.74	77.0%	23.0%	N	
72132	WITH CONTRAST MATERIAL	07/01/2008	$302.20	79.0%	21.0%	N	
72133	W/O CONTRAST MATERIAL	07/01/2008	$365.03	82.0%	18.0%	N	
72141	MRI SPINAL CANAL & CONTENTS,CERVICAL WITHOUT CONTR	07/01/2008	$461.73	82.0%	18.0%	N	
72142	WITH CONTRAST MATERIALS	07/01/2008	$554.38	82.0%	18.0%	N	
72146	MAGNETIC RESONANCE IMAGING,SPINAL CANAL & CONTENTS	07/01/2008	$503.61	84.0%	16.0%	N	
72147	WITH CONTRAST MATERIALS	07/01/2008	$554.05	82.0%	18.0%	N	
72148	MAGNETIC RESONANCE IMAGING,SPINAL CANAL & CONTENTS	07/01/2008	$497.66	85.0%	15.0%	N	
72149	WITH CONTRAST MATERIALS	07/01/2008	$547.34	83.0%	17.0%	N	
72156	MRI,SPINAL CANAL & CONTENTS W/O CONTRAST MATERIAL	07/01/2008	$975.99	86.0%	14.0%	N	
72157	THORACIC	07/01/2008	$975.65	86.0%	14.0%	N	
72158	LUMBAR	07/01/2008	$965.24	87.0%	13.0%	N	
72159	MAGNETIC RESONANCE ANGIOGRAPHY,SPINAL CANAL & CONTENTS W/W/O CONT	07/01/2008	$424.51	83.0%	17.0%	N	
72170	PELVIS X-RAYS	07/01/2008	$24.30	69.0%	31.0%	N	
72190	PELVIS X-RAYS	07/01/2008	$34.17	68.0%	32.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
72191	CT ANGIOGRAPHY OF PELVIS	07/01/2008	$381.89	83.0%	17.0%	N	
72192	COMPUTERIZED AXIAL TOMOGRAPHY PELVIS WO CONTRAST	07/01/2008	$256.04	78.0%	22.0%	N	
72193	WITH CONTRAST MATERIAL(S)	07/01/2008	$291.52	80.0%	20.0%	N	
72194	WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MAT	07/01/2008	$349.99	82.0%	18.0%	N	
72195	MRI PELVIS W/O CONTRAST MATERIALS	07/01/2008	$451.92	84.0%	16.0%	N	
72196	MAGNETIC RESONANCE OF PELVIS	07/01/2008	$540.31	71.0%	29.0%	N	
72197	MRI PELVIS W/O CONTRAST MATERIALS FOLLOWED BY CONTRAST MATERIALS	07/01/2008	$952.99	91.0%	9.0%	N	
72198	MRI ANGIOGRAPHY, PELVIS W/OR W/O CONTRAST MATERIAL	07/01/2008	$490.43	84.0%	16.0%	N	
72200	XRAY SACROILIAC JOINTS LESS THAN THREE VIEWS	07/01/2008	$25.97	68.0%	32.0%	N	
72202	SACRO-ILIAC JOINT X-RAY	07/01/2008	$31.12	69.0%	31.0%	N	
72220	SACRUM AND COCCYX X-RAY	07/01/2008	$27.02	70.0%	30.0%	N	
72240	MYELOGRAPHY, CERVICAL, SUPERIVSION & INTERP ONLY	07/01/2008	$162.78	77.0%	23.0%	N	
72255	MYELOGRAPHYTHORACIC SUPERVISION AND INTER ONLY	07/01/2008	$149.86	75.0%	25.0%	N	
72265	MYELOGRAPHY,LUMBO SUPER AND INTERPRETATION ONLY	07/01/2008	$147.19	76.0%	24.0%	N	
72270	MYELOGRAPHY ENTIRE SPINAL CANAL:SUPER&INTERP ONLY	07/01/2008	$227.82	75.0%	25.0%	N	
72275	EPIDUROGRAPYHY RADIOLOGICAL SUPERVISION AND INTERPRETATION	07/01/2008	$97.87	75.9%	24.1%	N	
72285	DISKOGRAPHY CERVICAL,SUPERVISION AND INTERP ONLY	07/01/2008	$218.19	87.0%	13.0%	N	
72291	RADIOLOGICAL SUPERVISION/INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY	07/01/2008	$62.69	0.0%	100.0%	N	
72292	RADIOLOGICAL SUPERVISION AND INTERPRETATION, UNDER CT GUIDANCE	07/01/2008	$61.81	0.0%	100.0%	N	
72295	DISKOGRAPHY,LUMBAR,SUPER AND INTERP ONLY	07/01/2008	$196.71	86.0%	14.0%	N	
73000	CLAVICLE X-RAYS-MOD 50 PAYS 100%	07/01/2008	$24.59	70.0%	30.0%	N	
73010	SCAPULA X-RAYS-MOD 50 PAYS 100%	07/01/2008	$25.64	67.0%	33.0%	N	
73020	RADIOLOGIC EXAM SHOULDER 1 VIEW; UNILATERAL-MOD 50 PAYS 100%	07/01/2008	$21.54	69.0%	31.0%	N	
73030	RADIOLOGIC EXAM SHOULDER MIN. 2 VIEWS; UNILATERAL-MOD 50 PAYS 100%	07/01/2008	$27.06	68.0%	32.0%	N	
73040	X-RAY SHOULDER ARTHROGRAPHY S&I: ONLY; UNILATERAL-MOD 50 PAYS 100%	07/01/2008	$96.68	72.0%	28.0%	N	
73050	ACROMIO-CLAVICULAR JOINT X-RAY-BILATERAL - 50 PAYS 100%	07/01/2008	$32.16	70.0%	30.0%	N	
73060	HUMERUS X-RAY-MOD 50 PAYS 100%	07/01/2008	$26.68	70.0%	30.0%	N	
73070	ELBOW X-RAYS-MOD 50 PAYS 100%	07/01/2008	$24.21	70.0%	30.0%	N	
73080	ELBOW X-RAYS-MOD 50 PAYS 100%	07/01/2008	$29.69	70.0%	30.0%	N	
73085	ELBOW ARTHROGRAPHY S&I-MOD 50 PAYS 100%	07/01/2008	$90.01	72.0%	28.0%	N	
73090	FOREARM X-RAY-MOD 50 PAYS 100%	07/01/2008	$24.59	69.0%	31.0%	N	
73092	RADIOLOGIC EXAMIN UPPER EXTREMITY INFANT A&P PLUS LATERAL VU-MOD 50 PAYS 100%	07/01/2008	$24.59	68.0%	32.0%	N	
73100	WRIST X-RAYS-MOD 50 PAYS 100%	07/01/2008	$24.92	68.0%	32.0%	N	
73110	WRIST X-RAYS-MOD 50 PAYS 100%	07/01/2008	$28.97	68.0%	32.0%	N	
73115	WRIST ARTHOGRAPHY S&I-MOD 50 PAYS 100%	07/01/2008	$88.63	66.0%	34.0%	N	
73120	HAND X-RAY-MOD 50 PAYS 100%	07/01/2008	$24.25	68.0%	32.0%	N	
73130	HAND X-RAY-MOD 50 PAYS 100%	07/01/2008	$27.30	68.0%	32.0%	N	
73140	FINGER X-RAYS-MOD 50 PAYS 100%	07/01/2008	$23.78	69.0%	31.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
73200	COMPUTERIZED AXIAL TOMOGRAPHY UPPER EXT WO CONTRAS-MOD 50 PAYS 100%	07/01/2008	$223.71	75.0%	25.0%	N	
73201	WITH CONTRAST MATERIAL(S)-MOD 50 PAYS 100%	07/01/2008	$282.59	77.0%	23.0%	N	
73202	WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MAT-MOD 50 PAYS 100%	07/01/2008	$314.23	80.0%	20.0%	N	
73206	CT ANGIOGRAPHY OF UPPER EXTREMITY	07/01/2008	$346.72	82.0%	18.0%	N	
73218	MRI UPPER EXTREMITIES OTHER THAN JOINT W/O CONTRAST MATERIALS;MOD-50 PAYS 100%	07/01/2008	$445.18	89.0%	11.0%	N	
73219	MRI UPPER EXTREMITIES WITH CONTRAST MATERIALS; UNILATERAL- MOD 50 PAYS 100%	07/01/2008	$534.31	89.0%	11.0%	N	
73220	MRI, UPPER EXTREMITY, OTHER THAN JOINT-MOD 50 PAYS 100%	07/01/2008	$946.24	83.0%	17.0%	N	
73221	MRI, ANY JOINT UPPER EXTREMITY-MOD 50 PAYS 100%	07/01/2008	$445.18	89.0%	11.0%	N	
73222	MRI JOINT UPPER EXTREMITY WITH CONTRAST MATERIALS; UNILATERAL MOD-50 PAYS 100%	07/01/2008	$534.31	89.0%	11.0%	N	
73223	CONTRAST MATERIALS FOLLOWED BY CONTRAST MATERIALS;UNILATERAL MOD 50 PAYS 100%	07/01/2008	$946.02	92.0%	8.0%	N	
73225	MRI,ANGIOGRAPHY,UPPER EXTREMITY,W/OR W/O CONTRAST	07/01/2008	$466.98	82.0%	18.0%	N	
73500	RADIOLOGIC EXAMINATION, HIP, UNILATERAL; ONE VIEW	07/01/2008	$23.30	66.0%	34.0%	N	
73510	HIP X-RAYS (MIN OF 2 VIEWS)	07/01/2008	$31.50	65.0%	35.0%	N	
73520	HIP X-RAYS-BILATERAL	07/01/2008	$35.40	63.0%	37.0%	N	
73525	X-RAY EXAM, HIP ARTHROGRAPHY, S&I; UNILATERAL-MOD 50 PAYS 100%	07/01/2008	$89.87	71.0%	29.0%	N	
73530	X-RAY EXAM, HIP DURING OPERATIVE PROC; UNILATERAL-MOD 50 PAYS 100%	07/01/2008	$30.94	55.0%	45.0%	N	
73540	HIP X-RAYS	07/01/2008	$31.83	66.0%	34.0%	N	
73542	SACROILIAC JOINT ARTHROGRAPHY RADIOLOGIC EXAMINATION	07/01/2008	$79.38	71.0%	29.0%	N	
73550	X-RAY EXAM,FEMUR ANTEPOSTERIOR/LATERAL VIEWS; UNILATERAL-MOD 50 PAYS 100%	07/01/2008	$26.35	70.0%	30.0%	N	
73560	X-RAY EXAM KNEE ANTEPOSTERIOR/LATERAL VIEWS; UNILATERAL-MOD 50 PAYS 100%	07/01/2008	$25.64	69.0%	31.0%	N	
73562	XRAY KNEE ANTEPOS/LATERAL W/OBLIQ MIN 3 VIEW, UNILATERAL-MOD 50 PAYS 100%	07/01/2008	$29.73	68.0%	32.0%	N	
73564	X-RAY KNEE COMPLETE W/OBLIQUES/TUNNEL/PATEL; UNILATERAL-MOD 50 PAYS 100%	07/01/2008	$33.88	65.0%	35.0%	N	
73565	RADIOLOGIC EXAM KNEE, BOTH KNEES STANDING ANTEROPOSTERIOR-MOD 50 PAYS 100%	07/01/2008	$26.30	67.0%	33.0%	N	
73580	X-RAY EXAM KNEE ARTHROGRAPHY, S&I; UNILATERAL-MOD 50 PAYS 100%	07/01/2008	$110.94	76.0%	24.0%	N	
73590	X-RAY EXAM TIBIA & FIBULA ANTERO/LATERAL; UNILATERAL-MOD 50 PAYS 100%	07/01/2008	$24.97	69.0%	31.0%	N	
73592	X-RAY EXAM.TIBIA & FIBULA LOWER EXT.INFANT; UNILATERAL-MOD 50 PAYS 100%	07/01/2008	$24.59	69.0%	31.0%	N	
73600	X-RAY EXAM ANKLE ANTERO/LATERAL VIEWS; UNILATERAL-MOD 50 PAYS 100%	07/01/2008	$24.25	68.0%	32.0%	N	
73610	X-RAY EXAM ANKLE COMPLETE MIN 3 VIEWS; UNILATERAL-MOD 50 PAYS 100%	07/01/2008	$27.30	68.0%	32.0%	N	
73615	X-RAY EXAM ANKLE ARTHROGRAPHY, S&I; UNILATERAL-MOD 50 PAYS 100%	07/01/2008	$92.54	72.0%	28.0%	N	
73620	X-RAY FOOT ANTERO/LATERAL VIEWS; UNILATERAL-MOD 50 PAYS 100%	07/01/2008	$23.92	68.0%	32.0%	N	
73630	X-RAY FOOT COMPLETE MIN 3 VIEWS; UNILATERAL-MOD 50 PAYS 100%	07/01/2008	$27.30	68.0%	32.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
73650	OS CALCIS X-RAY-MOD 50 PAYS 100%	07/01/2008	$23.59	67.0%	33.0%	N	
73660	TOE X-RAYS-MOD 50 PAYS 100%	07/01/2008	$23.11	69.0%	31.0%	N	
73700	COMPUTERIZED AXIAL TOMOGRAPHY LOWER EXT WO CONTRAST	07/01/2008	$223.71	75.0%	25.0%	N	
73701	WITH CONTRAST MATERIAL(S)-BILATERAL	07/01/2008	$283.92	77.0%	23.0%	N	
73702	WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL-BILATERAL	07/01/2008	$314.04	80.0%	20.0%	N	
73706	CT ANGIOGRAPHY OF LOWER EXTREMITY	07/01/2008	$351.54	82.0%	18.0%	N	
73718	MRI LOWER EXTREMITY OTHER THAN JOINT W/O CONTRAST MATERIALS	07/01/2008	$445.18	89.0%	11.0%	N	
73719	MRI LOWER EXTREMITY WITH CONTRAST MATERIALS	07/01/2008	$533.97	89.0%	11.0%	N	
73720	MRI, LOWER EXTREMITY OTHER THAN JOINT-BILATERAL	07/01/2008	$946.24	83.0%	17.0%	N	
73721	MRI, ANY JOINT OF LOWER EXTREMITY-MOD 50 PAYS 100%	07/01/2008	$445.18	89.0%	11.0%	N	
73722	MRI JOINT LOWER EXTREMITY WITH CONTRAST MATERIALS; UNILATERAL MOD-50 PAYS 100%	07/01/2008	$534.50	89.0%	11.0%	N	
73723	CONTRAST MATERIALS FOLLOWED BY CONTRAST MATERIALS; UNILATERAL MOD 50 PAYS 100%	07/01/2008	$946.02	92.0%	8.0%	N	
73725	MRI ANGIOGRAPHY,LOWER EXTREMITY, W/OR/W/O CONTRAST	07/01/2008	$473.06	82.0%	18.0%	N	
74000	ABDOMEN X-RAYS	07/01/2008	$24.01	66.0%	34.0%	N	
74010	ABDOMEN X-RAYS	07/01/2008	$32.59	62.0%	38.0%	N	
74020	ABDOMEN X-RAYS	07/01/2008	$35.45	61.0%	39.0%	N	
74022	COMPLETE ACUTE ABDONEM SERIES INCLUDING SPINE CHES	07/01/2008	$42.17	61.0%	39.0%	N	
74150	COMPUTERIZED AXIAL TOMOGRAPHY ABDOMEN WO CONTRAST	07/01/2008	$252.67	76.0%	24.0%	N	
74160	COMPUTED TOMOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S)	07/01/2008	$296.94	78.0%	22.0%	N	
74170	COMPUTED TOMOGRAPHY, ABDOMEN W/OCONTRAST MATERIAL FOLLOWED BY CONTRAST MAT	07/01/2008	$359.12	80.0%	20.0%	N	
74175	CT ANGIOGRAPHY OF ABDOMEN	07/01/2008	$386.70	83.0%	17.0%	N	
74181	MRI, ABDOMEN	07/01/2008	$451.73	82.0%	18.0%	N	
74182	MRI ABDOMEN WITH CONTRAST MATERIALS	07/01/2008	$540.51	88.0%	12.0%	N	
74183	MRI ABDOMEN W/O CONTRAST MATERIALS FOLLOWED BY WITH CONTRAST MATERIALS	07/01/2008	$952.99	91.0%	9.0%	N	
74185	MAGNETIC RESONANCE ANGIOGRPHY,ABDOMEN,W/ OR W/O C	07/01/2008	$471.95	81.0%	19.0%	N	
74190	PERITONEOGRAM,RADIOLOGICAL SUPERVISION & INTERPRET	07/01/2008	$66.58	74.0%	26.0%	N	
74210	PHARYNX X-RAYS	07/01/2008	$65.09	69.0%	31.0%	N	
74220	ESOPHAGUS X-RAYS	07/01/2008	$73.19	63.0%	37.0%	N	
74230	PHARYNX/ESOPHAGS CINERADIOGRPY	07/01/2008	$77.00	61.0%	39.0%	N	
74235	REMOVAL FB ESOPH/W CATH S&I	07/01/2008	$149.49	60.0%	40.0%	N	
74240	RADIOLOGICALEXAM GASTROINTESTINAL TRACT UPPER	07/01/2008	$92.06	59.0%	41.0%	N	
74241	UPPER GI SERIES	07/01/2008	$96.73	59.0%	41.0%	N	
74245	UPPER GI SERIES	07/01/2008	$144.48	64.0%	36.0%	N	
74246	GASTROINTESTINAL TRACT UP	07/01/2008	$103.78	61.0%	39.0%	N	
74247	WITH KUB	07/01/2008	$92.61	62.0%	38.0%	N	
74249	RADIOLOGICAL EXAM GASTROINTESTINAL TRACT UP	07/01/2008	$154.34	65.0%	35.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
74250	SMALL BOWEL X-RAYS	07/01/2008	$83.06	65.0%	35.0%	N	
74251	VIA ENTEROCLYSIS TUBE	07/01/2008	$79.49	65.0%	35.0%	N	
74260	DUODENOGRAPHY	07/01/2008	$75.76	66.0%	34.0%	N	
74270	BARIUM ENEMA X-RAYS	07/01/2008	$93.31	62.0%	38.0%	N	
74280	BARIUM ENEMA X-RAYS	07/01/2008	$161.49	60.0%	40.0%	N	
74283	BARIUM ENEMA,THERAPEUTIC,FOR REDUCTION INTUSSUSCEP	07/01/2008	$190.10	46.0%	54.0%	N	
74290	CHOLECYSTOGRAPHY	07/01/2008	$52.18	61.0%	39.0%	N	
74291	CHOLECYSTOGRAPHY	07/01/2008	$41.46	59.0%	41.0%	N	
74300	CHOLANGIOGRAPHY	07/01/2008	$18.58	62.0%	38.0%	N	
74301	ADDITIONAL SET DURING SURGERY (ADD-ON)	07/01/2008	$10.61	48.0%	52.0%	N	
74305	CHOLANGIOGRAPHY, POSTOPERATIVE	07/01/2008	$46.13	56.0%	44.0%	N	
74320	CHOLANGIOGRAPHY,PERCUTANEOUS,TRANSHEPATIC,S&I ONLY	07/01/2008	$112.98	78.0%	22.0%	N	
74327	POST-OP BILIARY DUCT STONE REMOVAL, RADIOLOGICAL S	07/01/2008	$109.02	62.0%	38.0%	N	
74328	ENDOSCOPIC CATH OF BILARYDUCTAL SYSTEM FLUOR-MONIT	07/01/2008	$139.63	75.0%	25.0%	N	
74329	ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCT	07/01/2008	$142.73	75.0%	25.0%	N	
74330	COMBINED ENDOSCOPIC CATH/BILIARY&PANCRETIC FLUORSC	07/01/2008	$148.65	75.0%	25.0%	N	
74340	MILLER-ABBOT TUBE	07/01/2008	$114.42	76.0%	24.0%	N	
74355	PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE	07/01/2008	$124.15	69.0%	31.0%	N	
74360	X-RAY GUIDE 2 DILATION	07/01/2008	$132.81	79.0%	21.0%	N	
74363	PERCUTANEOUS TRANSHEPATIC DILATATION OF BILIARY DUCT	07/01/2008	$251.91	70.0%	30.0%	N	
74400	UROGRAPHY (PYELOGRAPHY) IV W/WO KUB	07/01/2008	$92.92	70.0%	30.0%	N	
74410	UROGRAPHY INFUSION DRIP TECHNIQUE	07/01/2008	$98.93	73.0%	27.0%	N	
74415	NEPHROTOMOGRAPHY	07/01/2008	$111.80	74.0%	26.0%	N	
74420	URETEROPYELOGRAPHY	07/01/2008	$105.96	83.0%	17.0%	N	
74425	UROGRAPHY, ANTEGRADE, SUPERVISION & INTERP	07/01/2008	$61.06	72.0%	28.0%	N	
74430	CYSTOGRAPHY,MIMIMUN 3VIEWS, S&I ONLY	07/01/2008	$64.24	69.0%	31.0%	N	
74440	EXAM MALE GENITAL TRACT	07/01/2008	$70.14	67.0%	33.0%	N	
74450	URETHROCYSTOGRAPHY,RETROGRADE, S&I ONLY	07/01/2008	$65.11	75.0%	25.0%	N	
74455	URELHROCYSTOGRAPHY, VOIDING, S & I	07/01/2008	$78.06	76.0%	24.0%	N	
74461	RETROPERITONEAL PNEUMOGRAPHY	07/01/2008	$75.53	55.0%	45.0%	N	Referral Requirec
74470	X-RAY RENAL CYST, TRANSLUMBAR, CONTRAST, S & I	07/01/2008	$67.55	60.0%	40.0%	N	
74475	INTRO INTRACATH OR CATH INTO RENAL PELVIS	07/01/2008	$129.28	83.0%	17.0%	N	
74480	INTRO OF URETERAL CATH THROUGH RENAL PEL S&I ONLY	07/01/2008	$129.28	83.0%	17.0%	N	
74485	DILATION, NEPHROSTOMY, URETERS, URETHA, S & I	07/01/2008	$115.51	79.0%	21.0%	N	
74710	PELVIMETRY	07/01/2008	$42.98	68.0%	32.0%	N	
74740	HYSTEROSALPINGOGRAPHY,SUPER AND INTERP ONLY	07/01/2008	$67.67	70.0%	30.0%	N	
74742	TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE	07/01/2008	$138.77	78.0%	22.0%	N	
74761	PELVIC PNEUMOGRAPHY	07/01/2008	$66.25	55.0%	45.0%	N	Referral Requirec
74775	PERINEOGRAM	07/01/2008	$78.49	61.0%	39.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
75557	CARDIAC MRI FOR MORPHOLOGY & FUNCTION W/O CONTRAST MATERIAL	07/01/2008	$415.93	75.0%	25.0%	N	Referral Required
75559	CARDIAC MRI FOR MORPHOLOGY & FUNCTION W/O CONTRAST MATERIAL	07/01/2008	$451.52	70.0%	30.0%	N	Referral Required
75561	CARDIAC MRI FOR MORPHOLOGY & FUNCTION WITHOUT CONTRAST MATERIAL	07/01/2008	$590.53	80.0%	20.0%	N	Referral Required
75563	CARDIAC MRI FOR MORPHOLOGY & FUNCTION WO CONTRAST MAT, FOLLOWED BY CONTRAST MAT	07/01/2008	$618.56	78.0%	22.0%	N	Referral Required
75600	AORTOGRAPHY, THORACIC, WITHOUT SERIAL, INTERP	07/01/2008	$350.10	94.0%	6.0%	N	
75605	AORTOGRAPHY, THORACIC, SERIAL, S & I	07/01/2008	$327.67	88.0%	12.0%	N	
75625	AORTOGRAPHY, ABDOMINAL, SERIAL, S & I	07/01/2008	$324.19	88.0%	12.0%	N	
75630	AORTOGRAPHY ABDOM PLUS BILAT ILIOFEM CATH SERIAS&I	07/01/2008	$367.68	87.0%	13.0%	N	
75635	CT ANGIOGRAPHY OF ABDOMINAL AORTA	07/01/2008	$413.22	76.0%	24.0%	N	
75650	ANGIOGRAPHY CERVICOCEREBRAL CATH SUPER & INTERP	07/01/2008	$340.86	85.0%	15.0%	N	
75658	ANGIOGRAPHY,BRACHIAL,RETROGRADE,RADIOLOGICAL SUPER	07/01/2008	$338.10	86.0%	14.0%	N	
75660	ANGIO, EXT CAROTID, UNILAT, SELECTIVE, S & I	07/01/2008	$339.92	86.0%	14.0%	N	
75662	ANGIO, EXT CAROTID, BILAT, SELECTIVE, S & I	07/01/2008	$373.08	83.0%	17.0%	N	
75665	ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL, SUPER	07/01/2008	$344.16	86.0%	14.0%	N	
75671	ANGIOGRAPHY, CAROTID, CEREBRAL BILAT SUPER &INTERP	07/01/2008	$373.93	83.0%	17.0%	N	
75676	ANGIOGRAPHY CAROTID CERVICAL UNILAT SUPER & INTERP	07/01/2008	$339.77	86.0%	14.0%	N	
75680	ANGIOGRAPHY CAROTID CERVICAL BILAT SUPER & INTERP	07/01/2008	$365.59	83.0%	17.0%	N	
75685	AIGIO, VERTEBRAL, CERVICAL, &/OR INTRACRANIAL, S&I	07/01/2008	$339.92	86.0%	14.0%	N	
75705	ANGIOGRAPHY SPINAL SELECT SUPERVISION & INTERPRET	07/01/2008	$379.92	79.0%	21.0%	N	
75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, SUPER & INTERP	07/01/2008	$334.73	88.0%	12.0%	N	
75716	ANGIOGRAPHY EXTREMITY BILAT SUPERVISION & INTERPRE	07/01/2008	$357.12	86.0%	14.0%	N	
75722	ANGIO, RENAL, UNILAT, AORTA, FLUSH, S & I	07/01/2008	$332.68	88.0%	12.0%	N	
75724	ANGIO, RENAL, BILAT SELECT, AORTA FLUSH, S & I	07/01/2008	$368.51	85.0%	15.0%	N	
75726	ANGIO VESCERAL SELECT OR SUPER SELECT SPI	07/01/2008	$330.68	88.0%	12.0%	N	
75731	ANGIOGRAPHY,ADRENAL,UNILATERAL,SELECTIVE,RADIOLOGI	07/01/2008	$336.54	88.0%	12.0%	N	
75733	ANGIOGRAPHY, ADRENAL, BILAT, SELECT SUPER & INTERP	07/01/2008	$366.27	86.0%	14.0%	N	
75736	ANGIOGRAPHY, PELVIC, SELECT/SUPRASELECT S & I ONLY	07/01/2008	$333.20	88.0%	12.0%	N	
75741	ANGIOGRAPHY, PULMONARY, UNILAT SELECT S & I ONLY	07/01/2008	$327.90	86.0%	14.0%	N	
75743	ANGIOGRAPHY PULMONARY BILAT SELECT SUPER & INTERP	07/01/2008	$348.24	83.0%	17.0%	N	
75746	ANGIOGRAPHY PULMONARY NONSELECT CATH/VENINJECT S&I	07/01/2008	$327.01	88.0%	12.0%	N	
75756	ANGIOGRAPHY INTERNAL MAMMARY SUPER&INTERP ONLY	07/01/2008	$341.50	88.0%	12.0%	N	
75774	ANGIO SELECTIVE EA ADDITIONAL VESSEL, S&I (ADD-ON)	07/01/2008	$279.18	96.0%	4.0%	N	
75801	LYMPHANGIOGRAPHY EXTREMITY ONLY UNILATERAL	07/01/2008	$222.83	81.0%	19.0%	N	
75803	LYMPHANGIOGRAPHY,EXTREMITY ONLY,BILATERAL,S&I ONLY	07/01/2008	$238.14	75.0%	25.0%	N	
75805	LYMPHANGIOGRAPHY,PELVIC/ABDOMINAL,SUPERV & INTREP	07/01/2008	$245.84	83.0%	17.0%	N	
75807	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILAT S & I	07/01/2008	$266.59	77.0%	23.0%	N	
75809	SHUNTOGRAM FOR INVESTIGATION OF PREV.PLACED NONVAS	07/01/2008	$68.33	54.0%	46.0%	N	
75810	SPLENOPORTOGRAPHY, RADIOLOGICAL SUPER. & INTERPRE.	07/01/2008	$481.88	88.0%	12.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, SUPER/INTERP	07/01/2008	$95.06	47.0%	53.0%	N	
75822	VENOGRAPHY-BILATERAL	07/01/2008	$121.31	48.0%	52.0%	N	
75825	VENOGRAPHY - INTERPRETATION ONLY	07/01/2008	$317.38	88.0%	12.0%	N	
75827	VENOGRAPHY, CAVAL, SUPERIOR W/SERIALOGRAPHY	07/01/2008	$317.33	88.0%	12.0%	N	
75831	VENOGRAPHY RENAL,UNILAT,SELECTIVE;SUPRV & INTERP	07/01/2008	$318.86	88.0%	12.0%	N	
75833	VENOGRAPHY, RENAL,BILATERAL,SELECTIVE,RADIO. SUPER	07/01/2008	$343.91	85.0%	15.0%	N	
75840	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE	07/01/2008	$318.04	88.0%	12.0%	N	
75842	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE	07/01/2008	$344.53	85.0%	15.0%	N	
75860	VENOGRAPHY,SINUS OR JUGULAR, CATHETER	07/01/2008	$324.81	88.0%	12.0%	N	
75870	VENOGRAPHY, SUPERIOR SAGITTAL SINUS	07/01/2008	$323.34	88.0%	12.0%	N	
75872	VEIN X-RAY SKULL	07/01/2008	$337.39	88.0%	12.0%	N	
75880	VEIN X-RAY EYE SOCKET	07/01/2008	$98.73	47.0%	53.0%	N	
75885	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY W/HEMO EVAL.	07/01/2008	$333.14	85.0%	15.0%	N	
75887	VEIN X-RAY LIVER	07/01/2008	$337.15	85.0%	15.0%	N	
75889	HEPATIC VENOGRAPHY WEDGED OR FREE W/HEMODYNAMIC EV	07/01/2008	$319.33	88.0%	12.0%	N	
75891	HEPATIC VENOGRAPHY WEDGED OR FREE W/O HEMODYNAMIC	07/01/2008	$319.00	88.0%	12.0%	N	
75893	VENOUS SAMPLING THROUGH A CATH W/O ANGIOGRAPHY	07/01/2008	$292.28	94.0%	6.0%	N	
75894	TRANSCATHETER THERAPY	07/01/2008	$883.37	92.0%	8.0%	N	
75896	TRANSCATHETER THERAPY INFUSION INC ANGIOGRAPHY	07/01/2008	$776.34	91.0%	9.0%	N	
75898	ANGIOGRAM FOLLOW UP FOR TRANSCATHETER THERAPY	07/01/2008	$111.57	30.0%	70.0%	N	
75900	EXCHANGE ARTERIAL CATHETER-SUPERVISION/INTERPRETAT	07/01/2008	$736.65	97.0%	3.0%	N	
75901	MECHANICAL REMOVAL OF MATERIAL CENTRAL VENOUS DEVICE VIA SEPARATE VENOUS ACCESS	07/01/2008	$126.32	70.0%	30.0%	N	
75902	MECHANICAL REMOVAL OF MATERIAL FROM CENTRAL VENOUS DEVICE THRU DEVICE LUMEN	07/01/2008	$80.18	75.0%	25.0%	N	
75940	PERUTANEOUS PLACEMENT IVC FILTER & INTERPRETATION	07/01/2008	$454.85	93.0%	7.0%	N	
75945	INTRAVASCULAR ULTRASOUND, RADIOLOGICAL SUPER/INTER	07/01/2008	$175.70	90.0%	10.0%	N	
75946	INTRAVASCULAR ULTRASOUND, RADIOLOGICAL SUPER/INTER (ADD-ON)	07/01/2008	$98.73	81.0%	19.0%	N	
75952	RADIOLOGICAL S & I ENDOVASCULAR AORTIC ANEURYSM REPAIR	07/01/2008	$215.89	0.0%	100.0%	N	
75953	RADIOLOGICAL S & I FOR ENDOVASCULAR EXTENSION PROSTHESIS PLACEMENT	07/01/2008	$82.43	0.0%	100.0%	N	
75954	ENDOVASCULAR REPAIR ILIAC ARTERY ANEURYSM, PSEUDOANEURYSM, MALFORM, OR TRAUMA	07/01/2008	$78.05	0.0%	100.0%	N	
75956	TRANSCATHETER INTRAVASCULAR OCCULSION-COMPLETE PRO	07/01/2008	$377.05	0.0%	100.0%	N	
75957	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA, LEVEL OF CELIAC ARTERY	07/01/2008	$323.06	0.0%	100.0%	N	
75958	PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR	07/01/2008	$215.43	0.0%	100.0%	N	
75959	PLACEMENT OF DISTAL EXT PROSTHESIS AFTER ENDOVASCULAR REPAIR THORACIC AORTA	07/01/2008	$188.60	0.0%	100.0%	N	
75960	TRANSCATHETER INTRODUCTION OF INTRAVASCULAR STENTS	07/01/2008	$341.65	92.0%	8.0%	N	
75961	TRANSCATHETER RETRIEVAL PERCUTANEOUS INTRAVASCULAR	07/01/2008	$432.56	62.0%	38.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
75962	PERCUTANEOUS TRANSLUMINALANGIOPLASTY,PERIP,S&I ONL	07/01/2008	$358.96	95.0%	5.0%	N	
75964	PERCUTANEOUS TRANSLUMINALANGIOPLASTY (ADD-ON)	07/01/2008	$202.12	94.0%	6.0%	N	
75966	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY RENAL/VISCER	07/01/2008	$400.73	89.0%	11.0%	N	
75968	REPAIR ARTERY BLOCKAGE EACH	07/01/2008	$202.93	94.0%	6.0%	N	
75970	TRANSCATHETER BIOPSY SUPER VISION & INTERPRETATION	07/01/2008	$434.21	90.0%	10.0%	N	
75978	TRANSLUMINAL BALLOON ANGIOPLASTY VENOUS RADIOLOGIC	07/01/2008	$354.77	90.0%	10.0%	N	
75980	PERCUTNS TRANSHEPT BILRY DRAIN W/CONT;SUPV & INTER	07/01/2008	$256.94	71.0%	29.0%	N	
75982	PERCUTANEOUS PLACEMENT OF DRAINAGE CATHETER	07/01/2008	$280.17	73.0%	27.0%	N	
75984	CHG PERCUTANEOUS DRAIN CATH W/CONT;SUPER/INTER	07/01/2008	$101.40	64.0%	36.0%	N	
75989	RADIOLOGICAL GUIDANCE FOR DRAINAGE/SPECIMEN	07/01/2008	$140.94	64.0%	36.0%	N	
75992	TRANSLUMINAL ATHERECTOMY PERIPHERAL ARTERY RADIOLO	07/01/2008	$562.01	95.0%	5.0%	N	
75993	TRANSLUMINAL ARTHERECTOMY EACH ADD PERIPHERAL ARTE	07/01/2008	$303.34	94.0%	6.0%	N	
75994	RENAL RADIOLOGICAL SUPERVISION AND INTERPRETATION	07/01/2008	$602.45	89.0%	11.0%	N	
75995	VISION RADIOLOGIC SUPERVISION AND INTERPRETATION	07/01/2008	$601.41	89.0%	11.0%	N	
75996	TRANSLUMINAL ATHERECTOMY SUPERVISION AND INTERPERT (ADD-ON)	07/01/2008	$302.64	94.0%	6.0%	N	
76000	FLUOROSCOPY	07/01/2008	$75.97	84.0%	16.0%	N	
76001	FLUROSCOPY PHYSICIAN TIME MORE THAN 1 HOUR	07/01/2008	$123.45	72.0%	28.0%	N	
76010	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FB	07/01/2008	$25.35	67.0%	33.0%	N	
76080	FISTULA/SINUS TRACT STUDY, SUPERVISION & INTERPRET	07/01/2008	$58.51	56.0%	44.0%	N	
76098	RADIOLOGICAL EXAM, BREAST SURGICAL SPECIMEN	07/01/2008	$18.92	65.0%	35.0%	N	
76100	RADIOLOGIC EXAM,SINGLE BODY SECTION, WO UROGRAPHY	07/01/2008	$71.85	59.0%	41.0%	N	
76101	RADIOLOGIC EXAM COMPLEX MOTION BODY SECTION UNILAT	07/01/2008	$139.63	62.0%	38.0%	N	
76102	RAD EXAM/COMPLEX MOTION BODY SECTION OTHER THAN W/ UROGRAPHY-BILATERAL	07/01/2008	$88.43	66.0%	34.0%	N	
76120	CINERADIOGRAPHY	07/01/2008	$65.14	65.0%	35.0%	N	
76125	CINERADIOGRAPHY (ADD-ON)	07/01/2008	$40.48	66.0%	34.0%	N	
76140	RADIOLOGIC CONSULTATION, WRITTEN REPORT	07/01/2008	$32.86	0.0%	0.0%	N	
76150	MAMMOGRAPHY BY XERORADIOGRAPHY	07/01/2008	$18.73	0.0%	0.0%	N	
76350	SUBTRACTION STUDIES	01/01/1976	$0.00	0.0%	0.0%	N	
76376	3D RENDERING W/INTERPRETATION/REPORTING OF COMPUTED TOMOGRAPHY, MRI	07/01/2008	$90.50	85.0%	15.0%	N	
76377	3D RENDERING W/INTERPRETATION/REPORT/COMPUTED OTHER,INDEPENDENT WORKSTATION	07/01/2008	$118.83	75.0%	25.0%	N	
76380	COMPUTERIZED TOMOGRAPHY LIMITED FOLLOW-UP STUDY	07/01/2008	$168.37	70.0%	30.0%	N	
76390	MAGNETIC RESONANCE SPECTROSCOPY	07/01/2008	$451.86	84.0%	16.0%	N	
76496	UNLISTED FLUOROSCOPIC PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	01/01/2003	$0.00	0.0%	0.0%	N	
76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	01/01/2003	$0.00	0.0%	0.0%	N	
76498	UNLISTED MAGNETIC RESONANCE PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	01/01/2003	$0.00	0.0%	0.0%	N	
76499	UNLISTED RADIOLOGY PROCEDURE	01/01/1976	$0.00	0.0%	0.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
76506	ECHOGRAPHY	07/01/2008	$81.94	60.0%	40.0%	N	
76510	B-SCAN AND QUANTITATIVE A-SCAN PERFORMED DURING SAME ENCOUNTER MOD 50 PAYS 100%	07/01/2008	$138.78	47.0%	53.0%	N	
76511	QUANTITATIVE A-SCAN ONLY	07/01/2008	$96.57	51.0%	49.0%	N	
76512	QUANTITATIVE B-SCAN W/WO SUPERIMPOSED NON-QUANTATIVE A-SCAN	07/01/2008	$90.28	60.0%	40.0%	N	
76513	OPTHALMIC ULTRASOUND, IMMERSION B-SCAN; UNILATERAL-MOD 50 PAYS 100%	07/01/2008	$80.09	60.0%	40.0%	N	
76514	CORNEAL PACHYMETRY, UNILATERAL OR BILATERAL (DETERMINE OF CORNEAL THICKNESS)	07/01/2008	$11.10	80.0%	20.0%	N	
76516	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY A-SCAN-BILATERAL	07/01/2008	$63.51	60.0%	40.0%	N	
76519	WITH INTRAOCULAR LENS POWER CALCULATION-MOD 50 PAYS 100%	07/01/2008	$67.18	60.0%	40.0%	N	
76529	OPTHALMIC ULTRASOUND FOREIGN BODY LOCAL. UNILATERAL-MOD 50 PAYS 100%	07/01/2008	$62.99	61.0%	39.0%	N	
76536	ECHOGRAPHY SOFT TISSUES HEAD & NECK B-SCAN OR REAL	07/01/2008	$91.97	62.0%	38.0%	N	
76604	B SCAN	07/01/2008	$75.38	60.0%	40.0%	N	
76645	B SCAN-BILATERAL	07/01/2008	$75.52	56.0%	44.0%	N	
76700	ABDOMEN SURVEY-B SCAN	07/01/2008	$117.65	62.0%	38.0%	N	
76705	ABDOMEN SURVEY-B SCAN	07/01/2008	$87.96	61.0%	39.0%	N	
76770	KIDNEY SONOGRAM	07/01/2008	$113.17	64.0%	36.0%	N	
76775	ABDOMEN AND RETROPERITONEUM ULTRASOUND, LIMITED	07/01/2008	$88.58	61.0%	39.0%	N	
76776	ULTRASOUND, TRANSPLANTED KIDNEY	07/01/2008	$122.61	69.0%	31.0%	N	
76800	ECHOGRAPHY, SPINAL CANAL AND CONTENTS	07/01/2008	$108.29	46.0%	54.0%	N	
76801	ULTRASOUND, PREGNANT UTERUS 1ST TRIMESTER, SINGLE OR FIRST GESTATION	07/01/2008	$117.92	33.0%	67.0%	N	
76802	ULTRASOUND, PREGNANT UTERUS, EACH ADDITIONAL GESTATION (ADD-ON)	07/01/2008	$69.55	38.0%	62.0%	N	
76805	FETAL AGE DETERMINATION	07/01/2008	$131.67	59.0%	41.0%	N	
76810	ECHOGRAPH OB COMPLETE, MULTIPLE GESTATION AFTER 1ST TRIMESTER (ADD-ON)	07/01/2008	$88.42	59.0%	41.0%	N	
76811	ULTRASOUND, PREGNANT UTERUS, FETAL & MATERNAL EVAL; SINGLE OR FIRST GESTATION	07/01/2008	$194.95	56.0%	44.0%	N	
76812	ULTRASOUND PREGNANT UTERUS, FETAL & MATERNAL EVAL; EACH ADDITIONAL GESTATION	07/01/2008	$143.99	32.0%	68.0%	N	
76813	ULTRASOUND, PREGNANT UTERUS, SINGLE OR FIRST GESTATION	07/01/2008	$116.96	54.0%	46.0%	N	
76814	ULTRASOUND, PREGNANT UTERUS, EACH ADDITIONAL GESTATION	07/01/2008	$75.12	41.0%	59.0%	N	
76815	FETAL AGE MEASUREMENT	07/01/2008	$81.19	59.0%	41.0%	N	
76816	ULTRASOUND, PREGNANT UTERUS, REAL TIME W IMAGE DOCO, FOLLOW-UP	07/01/2008	$87.94	56.0%	44.0%	N	
76817	ULTRASOUND PREGNANT UTERUS, REAL TIME W/IMAGE DOCO., TRANSVAGINAL	07/01/2008	$96.78	58.0%	42.0%	N	
76818	FETAL BIOPHYSICAL PROFILE	07/01/2008	$108.30	59.0%	41.0%	N	
76819	FETAL BIOPHYSICAL PROFILE	07/01/2008	$87.10	65.0%	35.0%	N	
76820	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY	07/01/2008	$58.98	69.0%	31.0%	N	
76821	DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTERY	07/01/2008	$89.20	61.0%	39.0%	N	
76825	ECHOCARDIOGRAPHY FETAL HEART IN UTERO	07/01/2008	$153.37	63.0%	37.0%	N	
76826	ECHOCARDIOGRAPHY FETAL HEART FOLLOW-UP OR REPEAT S	07/01/2008	$66.65	32.0%	68.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
76827	DOPPLER ECHOCARDIOGRAPHY FETAL PULSED WAVE AND/OR CONT WAVE W/SPECTRAL DISP	07/01/2008	$72.14	59.0%	41.0%	N	
76828	DOPPLER ECHOCARDIOGRAPHY FETAL REPEAT OR FOLLOW UP	07/01/2008	$53.45	18.0%	82.0%	N	
76830	ECHOGRAPHY, TRANSVAGINAL	07/01/2008	$101.11	59.0%	41.0%	N	
76831	HYSTEROSONOGRAPHY, WITH OR WITHOUT COLOR FLOW DOPPLER	07/01/2008	$101.54	59.0%	41.0%	N	
76856	ECHOGRAPHY PELVIC REAL TIME	07/01/2008	$101.45	59.0%	41.0%	N	
76857	ECHOGRAPHY PELVIC (NON-OBSTETRIC) LIMITED OR FOLLOW UP	07/01/2008	$55.15	65.0%	35.0%	N	
76870	ECHOGRAPHY SCROTUM AND CONTENTS	07/01/2008	$99.87	61.0%	39.0%	N	
76872	ECHOGRAPHY, PROSTATE, TRANSRECTAL	07/01/2008	$87.04	59.0%	41.0%	N	
76873	PROSTATE VOLUME STUDY	07/01/2008	$151.04	54.4%	45.6%	N	
76880	ECHOGRAPHY EXTREMITY B SCANS	07/01/2008	$101.97	61.0%	39.0%	N	
76885	ECHOGRAPHY OF INFANT HIPS, REAL TIME W/IMAGING DOCUMENTATION; DYNAMIC	07/01/2008	$89.43	58.0%	42.0%	N	
76886	ECHOGRAPHY F INFANT HIPS, REAL TIME W/INAGING DOCUMENTATION; LIMITED, STATIC	07/01/2008	$80.15	61.0%	39.0%	N	
76930	PERICARDIOCENTESIS SUPERVISION AND INTERPRETATION	07/01/2008	$88.82	60.0%	40.0%	N	
76932	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY	07/01/2008	$86.95	60.0%	40.0%	N	
76936	ULTRASOUND REPAIR ARTERIAL PSEUDO-ANEURYSM/FISTULA	07/01/2008	$294.14	74.0%	26.0%	N	
76937	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQ ULTRASOUND EVAL (ADD-ON)	07/01/2008	$30.73	51.0%	49.0%	N	
76940	ULTRASOUND GUIDANCE FOR, AND MONITORING OF, VISCERAL TISSUE ABLATION	07/01/2008	$150.71	36.0%	64.0%	N	
76941	ULTRASOUND INTRAUTERINE FETAL TRANSFUSION	07/01/2008	$122.34	43.0%	57.0%	N	
76942	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY/S&I ONLY	07/01/2008	$155.40	60.0%	40.0%	N	
76945	ULTRASONIC GUIDANCE CHORIONIC VILLUS - S&I	07/01/2008	$86.24	0.0%	0.0%	N	
76946	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS /S&I ONLY	07/01/2008	$49.89	73.0%	27.0%	N	
76948	ULTRASONIC GUIDANCE/ASPIRATION OF OVA	07/01/2008	$49.55	73.0%	27.0%	N	
76950	MAPPING STUDIES, ULTRASOUND	07/01/2008	$66.37	59.0%	41.0%	N	
76965	ULTRASONIC GUIDANCE INTERSTITIAL RADIOELEMENT APP	07/01/2008	$172.10	61.0%	39.0%	N	
76970	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)	07/01/2008	$67.57	63.0%	37.0%	N	
76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOUND,RADIOLOGICA	07/01/2008	$93.14	56.0%	44.0%	N	
76977	ULTRASOUND BONE DENSITY MEASURE INTERPRET PERIIPHERAL SITE, ANY METHOD	07/01/2008	$18.68	74.0%	26.0%	N	
76998	ULTRASONIC GUIDANCE, INTRAOPERATIVE	07/01/2008	$146.07	0.0%	100.0%	N	
76999	UNLISTED ULTRASOUND PROC	01/01/1976	$0.00	0.0%	0.0%	N	
77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLACEMENT	07/01/2008	$84.06	76.0%	24.0%	N	
77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT	07/01/2008	$65.04	64.0%	36.0%	N	
77003	FLUOROSCOPIC GUIDANCE/LOCALIZATION OF NEEDLE/CATHETER TIP FOR SPINE/PARASPINOUS	07/01/2008	$59.12	60.0%	40.0%	N	
77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION	07/01/2008	$532.48	87.0%	13.0%	N	
77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT	07/01/2008	$230.97	82.0%	18.0%	N	
77013	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR & MONITOR OF, PARENCHYMAL TISSUE ABLATION	07/01/2008	$522.98	0.0%	100.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	07/01/2008	$161.16	74.0%	26.0%	N	
77021	MAGNETIC RESONANCE GUIDANCE FOR NEEDLE PLACEMENT	07/01/2008	$419.79	84.0%	16.0%	N	
77022	MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLATION	07/01/2008	$187.92	0.0%	100.0%	N	
77031	STEREOTACTIC LOCALIZATION GUIDANCE FOR BREAST BIOPSY OR NEEDLE PLACEMENT	07/01/2008	$221.56	73.0%	27.0%	N	
77032	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLACEMENT, BREAST	07/01/2008	$59.41	60.0%	40.0%	N	
77051	COMPUTER-AIDED DETECTION, DIAGNOSTIC MAMMOGRAPHY	07/01/2008	$12.96	81.0%	19.0%	N	
77052	COMPUTER-AIDED DETECTION , SCREENING MAMMOGRAPHY	07/01/2008	$12.96	81.0%	19.0%	N	
77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION/ INTER	07/01/2008	$81.63	81.0%	19.0%	N	
77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION/INTER	07/01/2008	$110.65	84.0%	16.0%	N	
77055	MAMMOGRAPHY; UNILATERAL	07/01/2008	$74.04	55.0%	45.0%	N	
77056	MAMMOGRAPHY; BILATERAL	07/01/2008	$93.48	56.0%	44.0%	N	
77057	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW FILM STUDY OF EACH BREAST)	07/01/2008	$74.23	57.0%	43.0%	N	
77058	MAGNETIC RESONANCE IMAGING, BREAST, W AND/OR W/O CONTRAST MATERIAL; UNILATERAL	07/01/2008	$737.98	90.0%	10.0%	N	
77059	MAGNETIC RESONANCE IMAGING, BREAST, W/O &/OR W/CONTRAST MATERIAL(S); BILATERAL	07/01/2008	$847.84	92.0%	8.0%	N	
77071	MANUAL APPLICATION/STRESS PERF BY PHYS FOR JOINT RADIOGRAPHY,	07/01/2008	$30.87	0.0%	0.0%	N	
77072	BONE AGE STUDIES	07/01/2008	$21.06	59.0%	41.0%	N	
77073	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)	07/01/2008	$36.31	67.0%	33.0%	N	
77074	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METASTASES)	07/01/2008	$60.13	64.0%	36.0%	N	
77075	RADIOLOGIC EXAM, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR SKELETON)	07/01/2008	$85.58	69.0%	31.0%	N	
77076	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY, INFANT	07/01/2008	$63.97	52.0%	48.0%	N	
77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOINTS (SPECIFY)	07/01/2008	$42.84	70.0%	30.0%	N	
77078	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1/MORE SITES, AXIAL SKELETON	07/01/2008	$123.22	91.0%	9.0%	N	
77079	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, APPENDICULAR SKELETON	07/01/2008	$72.44	89.0%	11.0%	N	
77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY , 1 OR MORE SITES; AXIAL SKELETON	07/01/2008	$94.93	90.0%	10.0%	N	
77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), 1 OR MORE SITES; APPENDICULAR	07/01/2008	$30.07	71.0%	29.0%	N	
77082	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), 1 OR MORE SITES; VERTEBRAL	07/01/2008	$28.88	74.0%	26.0%	N	
77083	RADIOGRAPHIC ABSORPTIOMETRY , 1 OR MORE SITES	07/01/2008	$27.68	71.0%	29.0%	N	
77084	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY	07/01/2008	$467.00	85.0%	15.0%	N	
77261	THERAPEUTIC RADIOLOGY TREATMENT PLANNING, SIMPLE	07/01/2008	$64.15	0.0%	0.0%	N	
77262	THERAPEUTIC RADIOLOGY TREATMENT PLAN; INTERMEDIATE	07/01/2008	$96.96	0.0%	0.0%	N	
77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	07/01/2008	$144.25	0.0%	0.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
77280	THE RAPEUTIC RADIOLOGY FIELD SETTING; SIMPLE	07/01/2008	$163.60	77.0%	23.0%	N	
77285	THERAPTEUTIC RADIOLOGY FIELD SETTING; INTERMEDIATE	07/01/2008	$274.25	78.0%	22.0%	N	
77290	THERAPEUTIC RADIOLOGY FIELD SETTING; COMPLEX	07/01/2008	$401.35	73.0%	27.0%	N	
77295	BY THREE-DIMENSIONAL RECONSTRUCTION OF TUMOR VOLUM	07/01/2008	$800.58	80.0%	20.0%	N	
77299	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY PLANNING	09/01/1982	$0.00	0.0%	0.0%	N	
77300	BASIC RADIATION DOSIMETRY CALC,CENT AXIS DEPTH DOS	07/01/2008	$68.23	59.0%	41.0%	N	
77301	INTENSITY MODULATED RADIOTHERAPY PLAN INC. HISTOGRAMS FOR PARTIAL TOLERANCE	07/01/2008	$1,771.63	71.0%	29.0%	N	
77305	ISODOSE DISTRIBUTIONS	07/01/2008	$76.52	64.0%	36.0%	N	
77310	TELETHERAPY INTERMEIDATE	07/01/2008	$103.86	60.0%	40.0%	N	
77315	ISODOSE DISTRIBUTIONS	07/01/2008	$143.78	53.0%	47.0%	N	
77321	SPECIAL TELETHERAPY PORT PLAN PARTICLES HEMI-BODY	07/01/2008	$134.70	74.0%	26.0%	N	
77326	ISODOSE DISTRIBUTIONS	07/01/2008	$128.75	63.0%	37.0%	N	
77327	ISODOSE DISTRIBUTIONS	07/01/2008	$185.02	62.0%	38.0%	N	
77328	COMPLEX MULTIPLANE ISODOSE PLAN VOLUME IMPLANT 10-	07/01/2008	$258.44	61.0%	39.0%	N	
77331	IN VIVO DOSIMETRY	07/01/2008	$56.83	28.0%	72.0%	N	
77332	BEAM SHAPING DEVICE DESIGN	07/01/2008	$71.23	62.0%	38.0%	N	
77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION	07/01/2008	$75.75	60.0%	40.0%	N	
77334	TREATMENT DEVICES COMPLEX	07/01/2008	$151.99	63.0%	37.0%	N	
77336	RADIOLOGICAL PHYSICS SPT SVC	07/01/2008	$71.78	0.0%	0.0%	N	
77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	07/01/2008	$112.53	0.0%	0.0%	N	
77371	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY	07/01/2008	$1,007.07	0.0%	0.0%	N	
77372	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY, LINEAR ACCELERATOR	07/01/2008	$764.18	0.0%	0.0%	N	
77373	STEREOTACTIC BODY RADIATION THERAPY, PER FRACTION TO 1 OR MORE LESIONS	07/01/2008	$1,426.13	0.0%	0.0%	N	
77399	UNLISTED ADJUNCT PHYSICS SV	01/01/1976	$0.00	0.0%	0.0%	N	
77401	RADIATION TREATMENT DELIVERY SUPERFICIAL	07/01/2008	$39.46	0.0%	0.0%	N	
77402	RADIATION TREATMENT DELIVERY SINGLE TREATMENT AREA	07/01/2008	$104.19	0.0%	0.0%	N	
77403	RADIATION TREAT SINGLE TREAT AREA 6-10 MEV	07/01/2008	$94.51	0.0%	0.0%	N	
77404	RADIATION TX DELIVERY,SINGLE TX AREA, 11/19 MEV	07/01/2008	$101.85	0.0%	0.0%	N	
77406	RADIATION TREATMENT SINGLE AREA 20 MEV OR GREATER	07/01/2008	$102.52	0.0%	0.0%	N	
77407	RADIATION TREATMENT TWO AREAS UP TO 5 MEV	07/01/2008	$133.74	0.0%	0.0%	N	
77408	RADIATION TX DELIVERY,2 SEPARATE TX AREAS,6/10 MEV	07/01/2008	$123.73	0.0%	0.0%	N	
77409	RADIATION TX DELIVERY,2 SEPARATE TX AREAS,11/19MEV	07/01/2008	$133.41	0.0%	0.0%	N	
77411	RADIATION TREATMENT TWO AREAS 20 MEV OR GREATER	07/01/2008	$133.07	0.0%	0.0%	N	
77412	RADIATION TREATMENT THREE AREAS UP TO 5 MEV	07/01/2008	$154.62	0.0%	0.0%	N	
77413	RADIATION TREATMENT DELIVERY; 6 - 10 MEV	07/01/2008	$155.95	0.0%	0.0%	N	
77414	RADIATION TX DELIVERY,3 0R MORE TX AREAS,11/19 MEV	07/01/2008	$170.30	0.0%	0.0%	N	
77416	RADIATION TREATMENT THREE AREAS 20 MEV OR GREATER	07/01/2008	$170.30	0.0%	0.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
77417	THERAPEUTIC RADIOLOGY PORT FILM	07/01/2008	$16.78	0.0%	0.0%	N	
77418	INTENSITY MODULATED TREATMENT DELIVERY, PER TX SESSION	07/01/2008	$522.96	0.0%	0.0%	N	
77421	STEREOSCOPIC X-RAY GUIDANCE/LOCALIZATION OF TARGET VOLUME/DELIVERY OF RADIATION	07/01/2008	$112.99	85.0%	15.0%	N	
77422	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY, SINGLE TREATMENT	07/01/2008	$120.25	0.0%	0.0%	N	
77423	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY, 1 OR MORE ISOCENTERS	07/01/2008	$164.63	0.0%	0.0%	N	
77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	07/01/2008	$168.11	0.0%	0.0%	N	
77431	RADIATION THERAPY MANAGEMENT W/ COMPLETE COURSE CONSISTING OF 1-2 FRACTIONS ONLY	07/01/2008	$86.63	0.0%	0.0%	N	
77432	STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CER	07/01/2008	$365.03	0.0%	0.0%	N	
77435	STEREOTACTIC BODY RADIATION THERAPY	07/01/2008	$607.67	0.0%	0.0%	N	
77470	SPECIAL TREATMET PROCEDURE	07/01/2008	$312.96	78.0%	22.0%	N	
77499	UNLISTED THERAPEUTIC RADIOLOGY	01/01/1976	$0.00	0.0%	0.0%	N	
77520	PROTON BEAM DELIVERY SINLGE TREATMENT AREA	01/01/2000	$0.00	100.0%	0.0%	N	
77522	PROTON TREATMENT DELIVERY SIMPLE	01/01/2001	$0.00	100.0%	0.0%	N	
77523	PROTON BEAM DELIVERY ONE OR TWO TREATMENT AREAS	01/01/2000	$0.00	100.0%	0.0%	N	
77525	PROTON TREATMENT DELIVERY COMPLEX	01/01/2001	$0.00	100.0%	0.0%	N	
77600	HYPERTHERMIA EXTERNALLY GENERATED	07/01/2008	$286.96	56.0%	44.0%	N	
77605	HYPERTHERMIA,EXTERNALLY GENERATED, DEEP	07/01/2008	$464.34	56.0%	44.0%	N	
77610	HYPERTHERMIA TREATMENT 5 OR FEWER APPLICATIONS	07/01/2008	$415.41	56.0%	44.0%	N	
77615	HYPERTHERMIA TREATMENTS 5 OR MORE APPLICATIONS	07/01/2008	$587.50	56.0%	44.0%	N	
77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBES	07/01/2008	$293.92	56.0%	44.0%	N	
77750	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION INCLUDES 3 MOS FOLLOW UP	07/01/2008	$296.22	16.0%	84.0%	N	
77761	INTRACAVITARY RADIOELEMENT APPLICATION; SIMPLE	07/01/2008	$300.08	32.0%	68.0%	N	
77762	INTRACAVITARY RADIOELEMENT APPLICATION, INTERMEDIA	07/01/2008	$419.68	31.0%	69.0%	N	
77763	BRACHYTHERAPY, INTRACAVITARY	07/01/2008	$594.16	27.0%	73.0%	N	
77776	BRACHYTHERAPY, INTERSTITIAL	07/01/2008	$344.22	24.0%	76.0%	N	
77777	INTERSTITIAL RADIOELEMENT APPLICATION INTERMEDIATG	07/01/2008	$505.21	29.0%	71.0%	N	
77778	BRACHYTHERAPY, INTERSTITIAL	07/01/2008	$726.65	24.0%	76.0%	N	
77785	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE BRACHYTHERAPY; 1 CHANNEL	01/01/2009	$167.89	59.0%	41.0%	N	Referral Requirec
77786	2-12 CHANNELS	01/01/2009	$500.79	69.0%	31.0%	N	Referral Requirec
77787	OVER 12 CHANNELS	01/01/2009	$744.41	68.0%	32.0%	N	Referral Requirec
77789	BRACHYTHERAPY, SURFACE	07/01/2008	$86.99	22.0%	78.0%	N	
77790	SUPERIVISION, HANDLING, LOADING OF RADIOELEMENT	07/01/2008	$74.74	25.0%	75.0%	N	
77799	UNLISTED BRACHYTHERAPY	09/01/1982	$0.00	55.0%	45.0%	N	
78000	THYROID UPTAKE	07/01/2008	$55.85	77.0%	23.0%	N	
78001	THYROID UPTAKE	07/01/2008	$72.01	77.0%	23.0%	N	
78003	THYROID STIMULATION	07/01/2008	$62.42	67.0%	33.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
78006	THYROID IMAGING	07/01/2008	$165.37	66.0%	34.0%	N	
78007	THYROID IMAGING	07/01/2008	$116.56	77.0%	23.0%	N	
78010	THYROID IMAGING	07/01/2008	$117.85	75.0%	25.0%	N	
78011	THYROID IMAGING; WITH VASCULAR FLOW.	07/01/2008	$104.94	78.0%	22.0%	N	
78015	THYROID CARCINOMA METASTASES	07/01/2008	$161.83	72.0%	28.0%	N	
78016	THYROID CARCINOMA METASTASES	07/01/2008	$236.61	74.0%	26.0%	N	
78018	WHOLE BODY	07/01/2008	$263.11	79.0%	21.0%	N	
78020	THYROID CARCINOMA METATASES UPTAKE (ADD-ON)	07/01/2008	$78.62	60.0%	40.0%	N	
78070	PARATHYROID, IMAGING	07/01/2008	$164.40	70.0%	30.0%	N	
78075	ADRENAL, IMAGING	07/01/2008	$319.45	83.0%	17.0%	N	
78099	UNLISTED ENDOCRINE SYST TEST	01/01/1976	$0.00	0.0%	0.0%	N	
78102	BONE MARROW, IMAGING	07/01/2008	$128.05	71.0%	29.0%	N	
78103	BONE MARROW, IMAGING	07/01/2008	$177.08	74.0%	26.0%	N	
78104	BONE MARROW, IMAGING	07/01/2008	$207.92	77.0%	23.0%	N	
78110	BLOOD VOLUME	07/01/2008	$60.52	77.0%	23.0%	N	
78111	BLOOD VOLUME	07/01/2008	$90.17	89.0%	11.0%	N	
78120	RED CELL MASS DETERMINATION	07/01/2008	$75.30	83.0%	17.0%	N	
78121	RED CELL MASS DETERMINATION	07/01/2008	$100.94	86.0%	14.0%	N	
78122	NUCLEAR EXAM BLOOD VOLUME	07/01/2008	$137.29	87.0%	13.0%	N	
78130	RED CELL SURVIVAL STUDY	07/01/2008	$133.24	76.0%	24.0%	N	
78135	RED CELL SURVIVAL STUDY	07/01/2008	$256.54	83.0%	17.0%	N	
78140	RED CELL SEQUESTRATION	07/01/2008	$143.25	81.0%	19.0%	N	
78185	SPLEEN IMAGING	07/01/2008	$144.64	80.0%	20.0%	N	
78190	NUCLEAR EXAM OF PLATELETS	07/01/2008	$250.47	0.0%	0.0%	N	
78191	PLATELET SURVIVAL	07/01/2008	$212.69	89.0%	11.0%	N	
78195	LYMPH GLANDS IMAGING	07/01/2008	$265.24	79.0%	21.0%	N	
78199	UNLISTED NUCLEAR MED TEST	01/01/1976	$0.00	0.0%	0.0%	N	
78201	LIVER IMAGING	07/01/2008	$136.49	78.0%	22.0%	N	
78202	LIVER IMAGING	07/01/2008	$160.32	78.0%	22.0%	N	
78205	LIVER IMAGING (SPECT)	07/01/2008	$220.98	84.0%	16.0%	N	
78206	LIVER IMAGING WITH VASCULAR FLOW	07/01/2008	$282.79	83.0%	17.0%	N	
78215	LIVER & SPLEEN IMAGING	07/01/2008	$151.88	80.0%	20.0%	N	
78216	LIVER & SPLEEN IMAGING	07/01/2008	$131.62	80.0%	20.0%	N	
78220	LIVER FUNCTION STUDIES	07/01/2008	$136.48	83.0%	17.0%	N	
78223	HEPATOBILIARY DUCTAL SYSTEM IMAG INC GALL	07/01/2008	$240.42	74.0%	26.0%	N	
78230	SALIVARY GLAND IMAGING	07/01/2008	$126.53	76.0%	24.0%	N	
78231	SALIVARY GLAND IMAGING	07/01/2008	$123.57	80.0%	20.0%	N	
78232	SALIVARY GLAND FUNCTION STUDY	07/01/2008	$127.52	83.0%	17.0%	N	
78258	ESOPHAGEAL MOTILITY	07/01/2008	$172.46	72.0%	28.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
78261	GASTRIC MUCOSA IMAGING	07/01/2008	$200.49	80.0%	20.0%	N	
78262	GASTROESOPHAGEAL REFLUX STUDY	07/01/2008	$201.77	80.0%	20.0%	N	
78264	GASTRIC EMPYTING STUDY	07/01/2008	$223.89	78.0%	22.0%	N	
78267	UREA BREATH TEST C-14 ISOTOPIC ACUISITION FOR ANALYSIS	01/01/2008	$10.98	0.0%	0.0%	N	
78268	UREA BREATH TEST, C-14, ANALYSIS	07/01/2008	$94.11	0.0%	0.0%	N	
78270	VITAMIN B12 ABSORPTION	07/01/2008	$68.34	83.0%	17.0%	N	
78271	VITAMIN B12 ABSORPTION	07/01/2008	$69.01	84.0%	16.0%	N	
78272	VITAMIN B-12 ABSORPTION STUDIES	07/01/2008	$86.54	85.0%	15.0%	N	
78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	07/01/2008	$215.89	76.0%	24.0%	N	
78282	GASTROINTESTINAL STD/NCLR MED	07/01/2008	$19.34	0.0%	0.0%	N	
78290	BOWEL IMAGING	07/01/2008	$223.65	75.0%	25.0%	N	
78291	TEST VENOUS DRAIN ABDOMEN	07/01/2008	$191.95	70.0%	30.0%	N	
78299	GASTROINTESTINAL STD/NCLR MED	01/01/1976	$0.00	0.0%	0.0%	N	
78300	BONE IMAGING	07/01/2008	$139.63	73.0%	27.0%	N	
78305	BONE IMAGING	07/01/2008	$189.33	74.0%	26.0%	N	
78306	BONE IMAGING	07/01/2008	$211.40	77.0%	23.0%	N	
78315	BONE IMAGING,BY THREE PHASE TECHNIQUE	07/01/2008	$214.59	76.0%	24.0%	N	
78320	TOMOGRAPHIC (SPECT)	07/01/2008	$235.88	79.0%	21.0%	N	
78350	BONE DENSITY STUDY(BONE MINERAL CONTENT),SINGLE PH	07/01/2008	$37.19	70.0%	30.0%	N	
78351	DUAL PHTON ABSORPTIOMETRY	07/01/2008	$18.66	0.0%	0.0%	N	
78399	UNLISTED M-S NUC MED TEST	01/01/1976	$0.00	0.0%	0.0%	N	
78414	DETERMINATION OF VENTRICULAR EJECTION FRACTION	07/01/2008	$23.03	0.0%	0.0%	N	
78428	CARDIAC SHUNT DETECTION	07/01/2008	$159.45	66.0%	34.0%	N	
78445	VASCULAR FLOW STUDY	07/01/2008	$127.62	72.0%	28.0%	N	
78456	ACUTE VENOUS THROMBOSIS IMMAGING	07/01/2008	$187.97	75.9%	24.1%	N	
78457	VENOUS THROMBOSIS IMAGING UNILATERAL	07/01/2008	$155.59	70.0%	30.0%	N	
78458	BILATERAL	07/01/2008	$182.65	75.0%	25.0%	N	
78459	MYOCARDIAL IMAGING, PET, METABOLIC EVALUATION	07/01/2008	$1,058.94	93.0%	7.0%	N	
78466	MYOCARDIAL IMAGING INFARCT AVID PLANAR QUALITATIVE	07/01/2008	$150.59	72.0%	28.0%	N	
78468	NUCLEAR SCAN HEART MUSCLE W/INJECTION FRACTION	07/01/2008	$194.34	75.0%	25.0%	N	
78469	NUCLEAR SCAN HEART MUSCLE TOMOGRAPHIC SPECT	07/01/2008	$234.27	79.0%	21.0%	N	
78472	CARDIAC BLOOD POOL IMAGING,GRATED EQUILIBRIUM	07/01/2008	$237.41	79.0%	21.0%	N	
78473	RESTING $ STRESS W/ OR W/O ADD'L. QUANTIFICATION	07/01/2008	$334.20	79.0%	21.0%	N	
78481	CARDIAC BLOOD POOL IMAGING	07/01/2008	$216.49	78.0%	22.0%	N	
78483	CARDIAC BLOOD POOL MULTI RESTING/W/STRESS W/WO ADD	07/01/2008	$312.79	78.0%	22.0%	N	
78491	MYOCARDIAL IMAGING, PET, PERFUSION; SINGLE STUDY AT REST OR STRESS	07/01/2008	$1,059.77	93.0%	7.0%	N	
78492	MYOCARDIAL IMAGING, PET, PERFUSION; MULTIPLE STUDIES AT REST AND/OR STRESS	07/01/2008	$1,079.00	91.0%	9.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
78494	CARDIAC BLOOD POOL IMAG GATED EQUILIBRIUM SPECT AT TEST WALL MOTION PLUS EJECTIO	07/01/2008	$275.54	79.0%	21.0%	N	
78496	CARDIC BLOOD POOL IMAG GATED EQUILIBRIUM STUDY AT REST RT VENTRIC EJEC (ADD-ON)	07/01/2008	$158.31	72.0%	28.0%	N	
78499	UNLISTED C-V NUC MED TEST	01/01/1976	$0.00	0.0%	0.0%	N	
78580	PULMONARY PERFUSION IMAGING	07/01/2008	$175.89	75.0%	25.0%	N	
78584	PULMONARY PERGUSION IMAGING	07/01/2008	$146.57	68.0%	32.0%	N	
78585	REBREATHING AND WASHOUT	07/01/2008	$287.45	77.0%	23.0%	N	
78586	PULMONARY VENTILATION IMAGING	07/01/2008	$131.15	81.0%	19.0%	N	
78587	MULTIPLE PROJECTIONS	07/01/2008	$159.89	79.0%	21.0%	N	
78588	PULMONARY PERFUSION IMAGING PARTICULATE VENTILATION IMAGE AEROSOL	07/01/2008	$244.80	72.0%	28.0%	N	
78591	PULMONARY VENTILATION IMAGING	07/01/2008	$135.82	82.0%	18.0%	N	
78593	PULMONARY VENTILATION IMAGING	07/01/2008	$160.65	82.0%	18.0%	N	
78594	PULMONARY VENTILATION IMAGING	07/01/2008	$197.54	85.0%	15.0%	N	
78596	PULMONARY QUANTITATIVE DIFFERENTIAL FUNCTION STUDY	07/01/2008	$320.57	78.0%	22.0%	N	
78599	PULMONARY VENTILATION IMAGING	01/01/1976	$0.00	0.0%	0.0%	N	
78600	BRAIN IMAGING	07/01/2008	$141.68	81.0%	19.0%	N	
78601	BRAIN IMAGING	07/01/2008	$170.09	81.0%	19.0%	N	
78605	BRAIN IMAGING	07/01/2008	$162.51	80.0%	20.0%	N	
78606	BRAIN IMAGING	07/01/2008	$236.43	80.0%	20.0%	N	
78607	BRAIN IMAGING, COMPLETE STUDY; TOMAGRAPHIC (ECT)	07/01/2008	$309.33	78.0%	22.0%	N	
78608	BRAIN IMAGING, (PET), METABOLIC EVALUATION	07/01/2008	$1,133.81	93.0%	7.0%	N	
78609	BRAIN IMAGING, (PET), PERFUSION EVALUATION	07/01/2008	$1,133.81	93.0%	7.0%	N	
78610	BRAIN IMAGING	07/01/2008	$153.46	78.0%	22.0%	N	
78630	CEREBROSPINAL FLUID FLW IMGNG	07/01/2008	$260.78	83.0%	17.0%	N	
78635	CEREBROSPINAL FLUID FLW IMGNG	07/01/2008	$216.79	73.0%	27.0%	N	
78645	CEREBROSPINAL FLUID FLW IMGNG	07/01/2008	$145.81	80.0%	20.0%	N	
78647	CEREBROSPINAL FLUID FLOW,IMAGING; TOMOGRAPHIC	07/01/2008	$282.98	82.0%	18.0%	N	
78650	CEREBROSPINAL FLUID FLW IMGNG	07/01/2008	$249.58	83.0%	17.0%	N	
78660	DACTYOCYSTOGRAPHY	07/01/2008	$130.00	72.0%	28.0%	N	
78699	UNLISTED NERVOUS SYST TEST	01/01/1976	$0.00	0.0%	0.0%	N	
78700	KIDNEY IMAGING	07/01/2008	$145.45	82.0%	18.0%	N	
78701	KIDNEY IMAGING	07/01/2008	$172.33	83.0%	17.0%	N	
78707	KIDNEY IMAGING	07/01/2008	$209.01	76.0%	24.0%	N	
78708	KIDNEY IMAGING W/VALCULAR FLOW AND FUNCTION,SINGLE STUDY,W/PHARMACOLOGICAL INTER	07/01/2008	$185.55	73.0%	27.0%	N	
78709	KIDNEY IMAGING W/VALCULAR FLOW AND FUNCTION;MULTIPLE STUDIES,W/W/O PHARMOCOLOGIC	07/01/2008	$283.30	71.0%	29.0%	N	
78710	KIDNEY IMAGING	07/01/2008	$219.07	85.0%	15.0%	N	
78725	KIDNEY FUNCTION STUDY	07/01/2008	$86.44	76.0%	24.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
78730	URINARY BLADDER RESIDUAL STUDY	07/01/2008	$66.24	74.0%	26.0%	N	
78740	URETERAL REFLUX STUDY	07/01/2008	$154.69	71.0%	29.0%	N	
78761	TESTICULAR IMAGING WITH VASCULAR FLOW	07/01/2008	$169.27	75.0%	25.0%	N	
78799	UNLISTED G-U NUC MED TEST	01/01/1976	$0.00	0.0%	0.0%	N	
78800	TUMOR LOCALIZATION	07/01/2008	$159.40	78.0%	22.0%	N	
78801	TUMOR LOCALIZATION	07/01/2008	$207.63	78.0%	22.0%	N	
78802	TUMOR LOCALIZATION	07/01/2008	$268.30	81.0%	19.0%	N	
78803	TUMOR LOCALIZATION (SPECT)	07/01/2008	$302.42	80.0%	20.0%	N	
78804	WHOLE BODY, REQUIRING TWO OR MORE DAYS IMAGING	07/01/2008	$480.68	74.0%	26.0%	N	
78805	ABCESS LOCALIZATION LIMITED AREA	07/01/2008	$159.83	77.0%	23.0%	N	
78806	WHOLE BODY	07/01/2008	$287.94	81.0%	19.0%	N	
78807	RADIONUCLIDE LOCALIZATION OF ABSCESS, SPECT	07/01/2008	$301.90	80.0%	20.0%	N	
78808	INJ PROC F RADIOPHARMACEUTICAL LOC BY NON-IMAG PROBE STUDY IV EG	01/01/2009	$39.44	0.0%	0.0%	N	Referral Requirec
78811	TUMOR IMAGING PET SCAN, LIMITED AREA	07/01/2008	$1,137.09	93.0%	7.0%	N	
78812	TUMOR IMAGING POSITRON EMISSION TOMOGRAPHY; SKULL BASE TO MID-THIGH	07/01/2008	$1,684.30	94.0%	6.0%	N	
78813	TUMOR IMAGING POSITRON EMISSION TOMOGRAPHY; WHOLE BODY	07/01/2008	$1,688.23	93.0%	7.0%	N	
78814	TUMOR IMAGING POSITROM EMISSION TOMOGRAPHY; LIMITED AREA (EG, CHEST, HEAD/NECK	07/01/2008	$1,172.21	90.0%	10.0%	N	
78815	TUMOR IMAGING POSITRON EMISSION TOMOGRAPHY; SKULL BASE TO MID-THIGH	07/01/2008	$2,238.18	94.0%	6.0%	N	
78816	TUMOR IMAGING (PET) W/CT, WHOLE BODY	07/01/2008	$2,241.34	94.0%	6.0%	N	
78890	GENERALIZATION OF AUTOMATED DATA	07/01/2008	$48.65	95.0%	5.0%	N	
78891	COMPLEX MANIPULATIONS AND INTERPRETATION EXC 30MIN	07/01/2008	$98.40	94.0%	6.0%	N	
78999	UNLISTED NUC MED TEST	01/01/1976	$0.00	0.0%	0.0%	N	
79005	RADIOPHARMACEUTICAL THERAPY, BY ORAL ADMINISTRATION	07/01/2008	$149.49	80.0%	20.0%	N	
79101	RADIOPHARMACEUTICAL THERAPY, BY INTRAVENOUS ADMINISTRATION	07/01/2008	$161.16	80.0%	20.0%	N	
79200	RADIOPHARMACEUTICAL THERAPY BY INTRA CAVITARY ADMINISTRATION	07/01/2008	$163.45	47.0%	53.0%	N	
79300	RADIOPHARMACEUTICAL THERAPY BY INTERSTITIAL RADIOACTIVE COLLOID ADMINISTRATION	07/01/2008	$371.27	0.0%	100.0%	N	
79403	RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONALANTIBODY BY IV INFUSION	07/01/2008	$214.77	55.0%	45.0%	N	
79440	RADIOPHARMACEUTICAL THERAPY BY INTRA-ARTICULAR ADMINISTRATION	07/01/2008	$157.26	47.0%	53.0%	N	
79445	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTERIAL PARTICULATE ADMINISTRATION	07/01/2008	$229.05	80.0%	20.0%	N	
79999	RADIOPHARMACEUTICAL THERAPY UNLISTED PROCEDURE	01/01/1976	$0.00	0.0%	0.0%	N	
80047	BASIC METABOLIC PANEL (CALCIUM, IONIZED)	01/01/2009	$12.36	0.0%	0.0%	N	
80048	BASIC METABOLIC PANEL	07/01/2008	$11.83	0.0%	0.0%	N	
80050	GENERAL HEALTH SCREEN PANEL	07/01/2008	$51.11	0.0%	0.0%	N	
80051	ELECTROLYTE PANEL INC. 82374, 82435, 84132, AND 84295	07/01/2008	$9.80	0.0%	0.0%	N	
80053	COMPREHENSIVE METABOLIC PANEL	07/01/2008	$14.77	0.0%	0.0%	N	
80055	OBSTETRIC PROFILE	07/01/2008	$31.55	0.0%	0.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
80061	LIPID PROFILE	07/01/2008	$15.85	0.0%	0.0%	N	
80069	RENAL FUNCTIONAL PANEL	07/01/2008	$12.13	0.0%	0.0%	N	
80074	ACUTE HEPATITIS PANEL	07/01/2008	$66.54	0.0%	0.0%	N	
80076	HEPATIC FUNCTION PANEL	07/01/2008	$11.42	0.0%	0.0%	N	
80100	DRUG SCREEN; MULTI DRUG CLASSES	07/01/2008	$20.32	0.0%	0.0%	N	
80101	DRUG SCREEN SINGLE DRUG CLASS, EACH DRUG CLASS	07/01/2008	$19.24	0.0%	0.0%	N	
80102	DRUG, CONFIRMATION, EACH PROCEDURE	07/01/2008	$18.51	0.0%	0.0%	N	
80103	TISSUE PREPARATION FOR DRUG ANALYSIS	07/01/2008	$19.64	0.0%	0.0%	N	
80150	AMIKACIN	07/01/2008	$21.06	0.0%	0.0%	N	
80152	AMITRIPTYLINE	07/01/2008	$25.01	0.0%	0.0%	N	
80154	BENZODIAZEPINES	07/01/2008	$25.84	0.0%	0.0%	N	
80156	CARBAMAZEPINE	07/01/2008	$20.34	0.0%	0.0%	N	
80157	CARBAMAZEPINE ASSAY	07/01/2008	$18.52	0.0%	0.0%	N	
80158	CYCLOSPORINE	07/01/2008	$25.23	0.0%	0.0%	N	
80160	DESIPRAMINE	07/01/2008	$24.05	0.0%	0.0%	N	
80162	DIGOXIN	07/01/2008	$18.55	0.0%	0.0%	N	
80164	DIPROPYLACETIC ACID (VALPROIC ACID)	07/01/2008	$18.93	0.0%	0.0%	N	
80166	DOXEPIN	07/01/2008	$21.66	0.0%	0.0%	N	
80168	ETHOSUPIMIDE	07/01/2008	$22.83	0.0%	0.0%	N	
80170	GENTAMICIN	07/01/2008	$22.90	0.0%	0.0%	N	
80172	GOLD	07/01/2008	$22.76	0.0%	0.0%	N	
80173	HALOPERIDON ASSAY	07/01/2008	$20.34	0.0%	0.0%	N	
80174	IMIPRAMINE	07/01/2008	$24.05	0.0%	0.0%	N	
80176	LIDOCAINE	07/01/2008	$20.52	0.0%	0.0%	N	
80178	LITHIUM	07/01/2008	$9.24	0.0%	0.0%	N	
80182	NORTRIPTYLINE	07/01/2008	$18.93	0.0%	0.0%	N	
80184	PHENOBARBITAL	07/01/2008	$16.01	0.0%	0.0%	N	
80185	PHENYTOIN TOTAL	07/01/2008	$18.52	0.0%	0.0%	N	
80186	PHNEYTOIN; FREE	07/01/2008	$19.23	0.0%	0.0%	N	
80188	PRIMIDONE	07/01/2008	$23.18	0.0%	0.0%	N	
80190	PROCAINAMIDE	07/01/2008	$23.41	0.0%	0.0%	N	
80192	PROCAINAMIDE WITH METABOLITES	07/01/2008	$23.41	0.0%	0.0%	N	
80194	QUINIDINE	07/01/2008	$20.39	0.0%	0.0%	N	
80195	SIROLIMUS	09/01/2008	$19.17	0.0%	0.0%	N	
80196	DRUG SCREEN, SALICYLATE	07/01/2008	$9.92	0.0%	0.0%	N	
80197	DRUG SCREEN, TACROLIMUS	07/01/2008	$19.17	0.0%	0.0%	N	
80198	THEOPHYLLINE	07/01/2008	$19.77	0.0%	0.0%	N	
80200	TOBRAMYCIN	07/01/2008	$22.52	0.0%	0.0%	N	
80201	TOPIRAMATE	07/01/2008	$16.66	0.0%	0.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
80202	VANCOMYCIN	07/01/2008	$18.93	0.0%	0.0%	N	
80299	QUANITATION OF DRUG NOT ELSEWHERE SPECIFIED	07/01/2008	$19.13	0.0%	0.0%	N	
80400	ACTH STIMULATION PANEL; ADRENAL SUFFICIENCY	07/01/2008	$40.54	0.0%	0.0%	N	
80402	ACTH STIMULATION PANEL; 21 HYDROXYLASE DEFICIENCY	07/01/2008	$116.44	0.0%	0.0%	N	
80406	ACTH STIMULATION PANEL; 3 BETA-HYDROXYDEHYDROGENAS	07/01/2008	$104.32	0.0%	0.0%	N	
80408	ALDOSTERONE SUPPRESSION EVALUATION PANEL	07/01/2008	$175.34	0.0%	0.0%	N	
80410	CALCIUM-PENTAGASTRIN STIMULATION PANEL	07/01/2008	$112.23	0.0%	0.0%	N	
80412	CORTICOTROPIC RELEASING HORMONE (CRH) PANEL	07/01/2008	$445.44	0.0%	0.0%	N	
80414	CHORIONIC GONADOTROPHIN PANEL; TESTOSTERONE RESPON	07/01/2008	$65.64	0.0%	0.0%	N	
80415	CHORIONIC GONADOTROPHIN PANEL; ESTRADIOL RESPONSE	07/01/2008	$78.08	0.0%	0.0%	N	
80416	RENAL VEIN RENIN STIMULATION PANEL (EG, CAPTOPRIL)	07/01/2008	$184.38	0.0%	0.0%	N	
80417	PERIPHERAL VEIN RENIN STIMULATION PANEL (CAPTOPRIL	07/01/2008	$61.46	0.0%	0.0%	N	
80418	COMBINED RAPID ANTERIOR PITUITARY EVALUATION PANEL	07/01/2008	$766.68	0.0%	0.0%	N	
80420	DEXAMETHASONE SUPPRESSION PANEL, 48 HOURS	07/01/2008	$95.62	0.0%	0.0%	N	
80422	GLUCAGON TOLERANCE PANEL; FOR INSULINOMA	07/01/2008	$64.38	0.0%	0.0%	N	
80424	GLUCAGON TOLERANCE PANEL; FOR PHEOCHROMOCYTOMA	07/01/2008	$70.56	0.0%	0.0%	N	
80426	GONADOTROPIN RELASING HORMONE STIMULATION PANEL	07/01/2008	$180.32	0.0%	0.0%	N	
80428	GROWTH HORMONE STIMULATION PANEL	07/01/2008	$93.16	0.0%	0.0%	N	
80430	GROWTH HORMONE SUPPRESSION PANEL	07/01/2008	$109.60	0.0%	0.0%	N	
80432	INSULIN-INDUCED C-PEPTIDE SUPPRESSION PANEL	07/01/2008	$188.73	0.0%	0.0%	N	
80434	INSULIN TOLERANCE PANEL;FOR ACTH INSUFFICIENCY	07/01/2008	$128.75	0.0%	0.0%	N	
80435	INSULIN TOLERANCE PANEL;FOR GROWTH HORMONE DEFICIE	07/01/2008	$143.85	0.0%	0.0%	N	
80436	METYRAPONE PANEL	07/01/2008	$122.34	0.0%	0.0%	N	
80438	THYROTROPIN RELEASING HORMONE (TRH) PANEL	07/01/2008	$65.94	0.0%	0.0%	N	
80439	TRH STIMULATION PANEL; TWO HOUR	07/01/2008	$87.92	0.0%	0.0%	N	
80440	TRH STIMULATION PANEL; FOR HYPERPROLACTEMIA	07/01/2008	$81.24	0.0%	0.0%	N	
80500	CLINICAL PATHOLOGY CONSULTATION, LIMITED	07/01/2008	$19.43	0.0%	0.0%	N	
80502	CLINICAL PATHOLOGY CONSULTATION, COMPREHENSIVE	07/01/2008	$59.67	0.0%	0.0%	N	
81000	URINALYSIS	07/01/2008	$4.43	0.0%	0.0%	N	
81001	URINALYSIS, DIPSTICK/TABLET; AUTOMATED,W/MICROSCOP	07/01/2008	$4.43	0.0%	0.0%	N	
81002	URINALISIS, ROUTINE, WITHOUT MICROSCOPY	07/01/2008	$3.57	0.0%	0.0%	N	
81003	UA WO/MICROSCOPY AUTOMATED	07/01/2008	$3.14	0.0%	0.0%	N	
81005	URINALYSIS	07/01/2008	$3.03	0.0%	0.0%	N	
81007	URINALYSIS BACTERIURIA SCREEN NON-CULTURE TECH9	07/01/2008	$3.59	0.0%	0.0%	N	
81015	URINALYSIS	07/01/2008	$4.24	0.0%	0.0%	N	
81020	URINALYSIS; TWO OR THREE GLASS TEST	07/01/2008	$5.15	0.0%	0.0%	N	
81025	URINE PREGNANCY TEST BY VISUAL COLOR COMPARISON ME	07/01/2008	$8.84	0.0%	0.0%	N	
81050	VOLUME MEASUREMENT FOR TIMED COLLECTION, EACH	07/01/2008	$4.19	0.0%	0.0%	N	
81099	URINALYSIS	01/01/1976	$0.00	0.0%	0.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
82000	ACETALDEHYDE BLOOD	07/01/2008	$17.31	0.0%	0.0%	N	
82003	ACETAMINOPHEN TEST	07/01/2008	$28.28	0.0%	0.0%	N	
82009	ACETONE TESTING	07/01/2008	$6.31	0.0%	0.0%	N	
82010	ACETONE TESTING	07/01/2008	$11.42	0.0%	0.0%	N	
82013	ACETYLCHOLINESTERASE	07/01/2008	$15.61	0.0%	0.0%	N	
82016	ACYLCARNITINES QUALITATIVE; EACH SPECIMEN	07/01/2008	$19.37	0.0%	0.0%	N	
82017	ACYLCARNITINES QUANTITATIVE; EACH SPECIMEN	07/01/2008	$19.21	0.0%	0.0%	N	
82024	ACTH TESTING	07/01/2008	$53.97	0.0%	0.0%	N	
82030	ADENOSINE MONOPHOSPHATE TEST	07/01/2008	$36.05	0.0%	0.0%	N	
82040	SERUM ALBUMIN TEST	07/01/2008	$6.92	0.0%	0.0%	N	
82042	URINE QUNTITATIVE (SPECIFY METHOD)	07/01/2008	$7.23	0.0%	0.0%	N	
82043	ALBUMIN; URINE MICROALBUMIN, QUANTITATIVE	07/01/2008	$8.09	0.0%	0.0%	N	
82044	ALBUMIN;URINE MICROALBUMIN,SEMIQUANTITATIVE	07/01/2008	$4.83	0.0%	0.0%	N	
82045	ALBUMIN; ISCHEMIA MODIFIED	07/01/2008	$47.43	0.0%	0.0%	N	
82055	ALCOHOL TESTING	07/01/2008	$15.10	0.0%	0.0%	N	
82075	ALCOHOL TESTING	07/01/2008	$16.84	0.0%	0.0%	N	
82085	ALDOLASE TEST	07/01/2008	$13.56	0.0%	0.0%	N	
82088	ALDOSTERONE TESTING	07/01/2008	$56.94	0.0%	0.0%	N	
82101	QUANTITATIVE	07/01/2008	$41.94	0.0%	0.0%	N	
82103	ALPHA-1 ANTITRYPSIN; TOTAL	07/01/2008	$18.77	0.0%	0.0%	N	
82104	ALPHA-1-1ANTITRYPSIN; PHENOTYPE	07/01/2008	$20.20	0.0%	0.0%	N	
82105	ALPHA-FETOPROTEIN SERUM	07/01/2008	$23.44	0.0%	0.0%	N	
82106	ALPHA FETAPROTEIN; AMNIOTIC FLUID	07/01/2008	$23.44	0.0%	0.0%	N	
82107	ALPHA-FETOPROTEIN (AFP); AFP-L3 (INCLUDING RATIO)	07/01/2008	$89.99	0.0%	0.0%	N	
82108	ALUMINUM, BLOOD (SERUM)	07/01/2008	$28.13	0.0%	0.0%	N	
82120	AMINES, VAGINAL FLUID, QUALITATIVE	07/01/2008	$5.25	0.0%	0.0%	N	
82127	AMINO ACIDS SINGLE QUALITATIVE; EACH SPECIMEN	07/01/2008	$19.37	0.0%	0.0%	N	
82128	AMINO ACID TESTING	07/01/2008	$19.37	0.0%	0.0%	N	
82131	AMINO ACIDS,FRACTIONATION AND QUANTITATION, EACH	07/01/2008	$23.57	0.0%	0.0%	N	
82135	AMINOLEVULINIC ACID TEST	07/01/2008	$23.00	0.0%	0.0%	N	
82136	AMINO ACIDS 2 TO 5 AMINO ACIDS QUANTITATIVE; EACH SPECIMEN	07/01/2008	$19.21	0.0%	0.0%	N	
82139	AMINO ACIDS 6 OR MORE QUANTITATIVE; EACH SPECIMEN	07/01/2008	$19.21	0.0%	0.0%	N	
82140	AMMONIA TESTING	07/01/2008	$20.36	0.0%	0.0%	N	
82143	AMNIOTIC FLUID SCAN	07/01/2008	$9.61	0.0%	0.0%	N	
82145	AMPHETAMINE TEST	07/01/2008	$21.72	0.0%	0.0%	N	
82150	AMYLASE TESTING	07/01/2008	$9.06	0.0%	0.0%	N	
82154	ANDROSTANEDIOL GLUCURONIDE	07/01/2008	$40.29	0.0%	0.0%	N	
82157	ANDROSTENEDIONE RIA TEST	07/01/2008	$40.90	0.0%	0.0%	N	
82160	RIA	07/01/2008	$34.94	0.0%	0.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
82163	ANGIOTENSIN II RIA TEST	07/01/2008	$28.68	0.0%	0.0%	N	
82164	ANGIOTENSIN CONVERTING ENZYME	07/01/2008	$20.39	0.0%	0.0%	N	
82175	ARSENIC TESTING	07/01/2008	$26.51	0.0%	0.0%	N	
82180	ASCORBIC ACID TEST	07/01/2008	$13.81	0.0%	0.0%	N	
82190	ATOMIC ABSORPTION SPECTROSCOPY, EACH ANALYTE	07/01/2008	$17.61	0.0%	0.0%	N	
82205	BARBITURATE TESTING	07/01/2008	$16.01	0.0%	0.0%	N	
82232	BETA-2 MICROGLOBULIN	07/01/2008	$22.61	0.0%	0.0%	N	
82239	BILE ACIDS; TOTAL	07/01/2008	$23.94	0.0%	0.0%	N	
82240	BILE ACID TEST	07/01/2008	$37.13	0.0%	0.0%	N	
82247	BILIRUBIN TOTAL	07/01/2008	$7.02	0.0%	0.0%	N	
82248	BILIRUBIN DIRECT	07/01/2008	$7.02	0.0%	0.0%	N	
82252	BILIRUBIN, FECES, QUALITATIVE	07/01/2008	$6.35	0.0%	0.0%	N	
82261	BIOTINIDASE; EACH SPECIMEN	07/01/2008	$19.21	0.0%	0.0%	N	
82270	OCCULT BLOOD TEST	07/01/2008	$4.54	0.0%	0.0%	N	
82271	BLOOD OCCULT, BY PEROXIDASE ACTIVITY	09/01/2008	$4.54	0.0%	0.0%	N	
82272	BLOOD OCCULT, BY PEROXIDASE ACTIVITY, FECES, SINGLE SPECIMEN	07/01/2008	$4.54	0.0%	0.0%	N	
82274	FECAL HEMOGLOBIN IMMUNOASSAY TEST, 1-3 DETERMINATIONS	07/01/2008	$22.22	0.0%	0.0%	N	
82286	BRADYKININ TEST	07/01/2008	$9.62	0.0%	0.0%	N	
82300	CADMIUM TEST	07/01/2008	$32.33	0.0%	0.0%	N	
82306	CALCIFEDIOL (25-OH VITAMIN D-3) CHROMATOGRAPHIC	07/01/2008	$41.36	0.0%	0.0%	N	
82308	CALCITONIN TEST	07/01/2008	$37.41	0.0%	0.0%	N	
82310	CALCIUM TEST	07/01/2008	$7.20	0.0%	0.0%	N	
82330	CALCIUM TEST	07/01/2008	$19.09	0.0%	0.0%	N	
82331	AFTER CALCIUM INFUSION TEST	07/01/2008	$7.23	0.0%	0.0%	N	
82340	CALCIUM TEST	07/01/2008	$8.43	0.0%	0.0%	N	
82355	CALCULUS TESTING	07/01/2008	$16.17	0.0%	0.0%	N	
82360	CALCULUS TESTING	07/01/2008	$17.99	0.0%	0.0%	N	
82365	CALCULUS TESTING	07/01/2008	$18.01	0.0%	0.0%	N	
82370	CALCULUS TESTING	07/01/2008	$17.51	0.0%	0.0%	N	
82373	CARBOHYDRATE DEFICIENT TRANSFERRIN ASSAY	07/01/2008	$25.23	0.0%	0.0%	N	
82374	CARBON DIOXIDE TESTING	07/01/2008	$6.83	0.0%	0.0%	N	
82375	CARBON MONOXIDE TESTING	07/01/2008	$17.22	0.0%	0.0%	N	
82376	CARBON MONOXIDE TESTING	07/01/2008	$8.37	0.0%	0.0%	N	
82378	CARCINOEMBRYONIC ANTIGEN (CEA)	07/01/2008	$26.51	0.0%	0.0%	N	
82379	CARNITINE QUANTITATIVE; EACH SPECIMINE	07/01/2008	$19.21	0.0%	0.0%	N	
82380	CAROTENE TEST	07/01/2008	$12.89	0.0%	0.0%	N	
82382	CATECHOLAMINES TESTING	07/01/2008	$24.02	0.0%	0.0%	N	
82383	CATECHOLAMINES TESTING	07/01/2008	$35.01	0.0%	0.0%	N	
82384	CATECHOLAMINES TESTING	07/01/2008	$35.28	0.0%	0.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
82387	CATHEPSIN-D	07/01/2008	$29.07	0.0%	0.0%	N	
82390	CERULOPLASMIN TEST	07/01/2008	$15.01	0.0%	0.0%	N	
82397	CHEMILUMINESCENT ASSAY	07/01/2008	$19.74	0.0%	0.0%	N	
82415	CHLORAMPHENICOL TEST	07/01/2008	$17.70	0.0%	0.0%	N	
82435	CHLORIDE TESTING	07/01/2008	$6.42	0.0%	0.0%	N	
82436	URINE (SPECIFY CHEMICAL ELECTROMETRIC OR FANTUS)	07/01/2008	$7.02	0.0%	0.0%	N	
82438	SPINAL FLUID	07/01/2008	$6.83	0.0%	0.0%	N	
82441	CHLORINATED HYDROCARBON SCREEN	07/01/2008	$8.38	0.0%	0.0%	N	
82465	CHOLESTEROL TESTING	07/01/2008	$6.08	0.0%	0.0%	N	
82480	CHOLINESTERASE TESTING	07/01/2008	$11.01	0.0%	0.0%	N	
82482	CHOLINESTERASE TESTING	07/01/2008	$10.74	0.0%	0.0%	N	
82485	CHONDROITIN B SULFATE TEST	07/01/2008	$28.85	0.0%	0.0%	N	
82486	CHROMATOGRAPHY TESTS	07/01/2008	$25.23	0.0%	0.0%	N	
82487	CHROMATOGRAPHY TESTS	07/01/2008	$22.30	0.0%	0.0%	N	
82488	CHROMATOGRAPHY TESTS	07/01/2008	$29.85	0.0%	0.0%	N	
82489	CHROMATOGRAPHY TESTS	07/01/2008	$20.67	0.0%	0.0%	N	
82491	CHROMOTOGRAPHY, QUANTITATIVE; COLUMN, ANALYTE	07/01/2008	$25.23	0.0%	0.0%	N	
82492	CHROMATOGRAPHY QUANTITATIVE; COLUMN; MULTI ANALYTES; SINGLE STATIONARY & MOBILE	07/01/2008	$25.23	0.0%	0.0%	N	
82495	URINE	07/01/2008	$28.34	0.0%	0.0%	N	
82507	CITRIC ACID TEST	07/01/2008	$38.85	0.0%	0.0%	N	
82520	COCAINE QUANTITATIVE	07/01/2008	$21.17	0.0%	0.0%	N	
82523	COLLAGEN CROSS LINKS; ANY METHOD	07/01/2008	$20.48	0.0%	0.0%	N	
82525	COPPER TEST	07/01/2008	$17.34	0.0%	0.0%	N	
82528	CORTICOSTERONE TEST	07/01/2008	$31.45	0.0%	0.0%	N	
82530	CORTISOL;FREE	07/01/2008	$23.35	0.0%	0.0%	N	
82533	CORTISOL TESTING	07/01/2008	$20.27	0.0%	0.0%	N	
82540	CREATINE TEST	07/01/2008	$6.48	0.0%	0.0%	N	
82541	COLUMN CHROMATOGRAPHY/MASS SPECTROMETRY ANALYTE;NOT ELSEWHERE SPECIFIED;QUALITAT	07/01/2008	$25.23	0.0%	0.0%	N	
82542	COLUMN CHROMATOGRAPHY/MASS SPECTROMETRY ANALYTE NOT ELSEWHERE SPECIFIC;QUANTITAT	07/01/2008	$25.23	0.0%	0.0%	N	
82543	COLUMN CHROMATOGRAPHY/MASS SPECTRO ANALYTE STABLE ISOTOPE DILUTE SINGLE ANALYTE	07/01/2008	$25.23	0.0%	0.0%	N	
82544	COLUMN CHROMATOGRAPHY/MASS SPECTROMETRY STABLE ISOTOPE DILUTION MULTI ANALYTES	07/01/2008	$25.23	0.0%	0.0%	N	
82550	CPK TESTING	07/01/2008	$9.10	0.0%	0.0%	N	
82552	CPK TESTING	07/01/2008	$18.71	0.0%	0.0%	N	
82553	CREATINE KINASE (CK),(CPK), MB FRACTION ONLY	07/01/2008	$16.13	0.0%	0.0%	N	
82554	CREATINE KINASE (CK), (CPK); ISOFORMS	07/01/2008	$16.58	0.0%	0.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
82565	GREATININE TESTING	07/01/2008	$7.16	0.0%	0.0%	N	
82570	URINE	07/01/2008	$7.23	0.0%	0.0%	N	
82575	CREATININE CLEARANCE TEST	07/01/2008	$13.20	0.0%	0.0%	N	
82585	CRYOFIBRINOGEN TEST	07/01/2008	$11.98	0.0%	0.0%	N	
82595	CRYOGLOBULIN TEST	07/01/2008	$9.04	0.0%	0.0%	N	
82600	CYANIDE TEST	07/01/2008	$27.11	0.0%	0.0%	N	
82607	CYANOCOBALAMIN TESTING	07/01/2008	$21.06	0.0%	0.0%	N	
82608	UNSATURATED BINDING CAPACITY	07/01/2008	$20.01	0.0%	0.0%	N	
82610	CYSTATIN C	01/01/2009	$13.39	0.0%	0.0%	N	Referral Requirec
82615	CYSTINE & HOMOCYSTINE TEST	07/01/2008	$11.41	0.0%	0.0%	N	
82626	DEHYDROEPIANDROSTERONE TEST	07/01/2008	$35.31	0.0%	0.0%	N	
82627	DEHYDROEPIANDROSTERONE-SULFATE (DHEA-S)	07/01/2008	$25.62	0.0%	0.0%	N	
82633	DESOXYCORTICOSTERONE, 11 TEST	07/01/2008	$43.28	0.0%	0.0%	N	
82634	DESOXYCORTISOL, 11 TEST	07/01/2008	$40.90	0.0%	0.0%	N	
82638	DIBUCCAINE NUMBER	07/01/2008	$17.11	0.0%	0.0%	N	
82646	DIHYDROCODINONE TEST	07/01/2008	$28.85	0.0%	0.0%	N	
82649	DIHYDROMORPHINONE TEST	07/01/2008	$35.91	0.0%	0.0%	N	
82651	DIHYDROTESTOSTERONE TEST	07/01/2008	$36.07	0.0%	0.0%	N	
82652	DIHYDROXYVITAMIN D, 1,25-	07/01/2008	$53.78	0.0%	0.0%	N	
82654	DIMETHADIONE	07/01/2008	$19.34	0.0%	0.0%	N	
82656	ELASTASE, PANCREATIC (EL-1), FECAL, QUALITATIVE OR SEMIQUANTITATIVE	07/01/2008	$15.10	0.0%	0.0%	N	
82657	ENZYME ACTIVE BL CELLS CULT OR TISSUE NOT ELSEWHERE SPEC NONRADIOACTIVE SUBTRATE	07/01/2008	$25.23	0.0%	0.0%	N	
82658	ENZYME ACTIVE BL CELLS CULTURE OR TISSU NOT ELSEWH SPEC RADIOACTIVE SUBTRATE EAC	07/01/2008	$25.23	0.0%	0.0%	N	
82664	ELECTROPHORETIC TESTING	07/01/2008	$48.00	0.0%	0.0%	N	
82666	EPIANDROSTERONE TEST	07/01/2008	$30.01	0.0%	0.0%	N	
82668	ERYTHROPOIETIN, BIOASSAY	07/01/2008	$26.26	0.0%	0.0%	N	
82670	ESTRADIOL TEST	07/01/2008	$39.04	0.0%	0.0%	N	
82671	ESTROGEN TESTING	07/01/2008	$45.13	0.0%	0.0%	N	
82672	ESTROGEN TESTING	07/01/2008	$30.30	0.0%	0.0%	N	
82677	ESTRIOL TESTING	07/01/2008	$33.79	0.0%	0.0%	N	
82679	ESTRONE TESTING	07/01/2008	$34.88	0.0%	0.0%	N	
82690	ETHCHLORVYNOL TEST	07/01/2008	$24.15	0.0%	0.0%	N	
82693	ETHYLENE GLYCOL	07/01/2008	$20.82	0.0%	0.0%	N	
82696	ETIOCHOLANOLONE RIA	07/01/2008	$32.95	0.0%	0.0%	N	
82705	FAT OR LIPIDS FECES SCREENING	07/01/2008	$7.11	0.0%	0.0%	N	
82710	FECES, FAT, TESTING	07/01/2008	$23.47	0.0%	0.0%	N	
82715	FECES, FAT, TESTING	07/01/2008	$24.05	0.0%	0.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
82725	FATTY ACID TESTING	07/01/2008	$18.60	0.0%	0.0%	N	
82726	VERY LONG CHAIN; FATTY ACIDS	07/01/2008	$25.23	0.0%	0.0%	N	
82728	FERRITIN SPECIFY METHOD	07/01/2008	$19.03	0.0%	0.0%	N	
82731	FETAL FIBRONECTIN CERVICOVAGINAL SECRETIONS SEMI-QUANTITATIVE	07/01/2008	$89.99	0.0%	0.0%	N	
82735	FLUORIDE TEST	07/01/2008	$25.91	0.0%	0.0%	N	
82742	FLURAZEPAM TEST	07/01/2008	$27.66	0.0%	0.0%	N	
82746	FOLIC ACID TESTING	07/01/2008	$20.54	0.0%	0.0%	N	
82747	FOLIC ACID; RBC	07/01/2008	$24.20	0.0%	0.0%	N	
82757	FRUCTOSE SEMEN	07/01/2008	$24.24	0.0%	0.0%	N	
82759	GALACTOKINASE RBC	07/01/2008	$30.01	0.0%	0.0%	N	
82760	GALACTOSE TESTING	07/01/2008	$11.68	0.0%	0.0%	N	
82775	GALACTOSE TESTING	07/01/2008	$29.43	0.0%	0.0%	N	
82776	GALACTOSE TESTING	07/01/2008	$11.71	0.0%	0.0%	N	
82784	GAMMA GLOBULIN TESTING	07/01/2008	$12.99	0.0%	0.0%	N	
82785	GAMMA GLOBULIN TESTING	07/01/2008	$23.01	0.0%	0.0%	N	
82787	GAMMAGLUBULIN; IMMUNOGLOBULIN SUBCLUSSES(IGG123OR4	07/01/2008	$3.45	0.0%	0.0%	N	
82800	BLOOD GAS TESTING	07/01/2008	$11.31	0.0%	0.0%	N	
82803	BLOOD GAS TESTING	07/01/2008	$27.04	0.0%	0.0%	N	
82805	GASES,BLOOD,ANYCOMB W/O2 SATURATION, EXCEPT PULSE	07/01/2008	$39.65	0.0%	0.0%	N	
82810	GASES, BLOOD, O2 SATURATION ONLY	07/01/2008	$12.20	0.0%	0.0%	N	
82820	HEMOGLOBIN-OXYGEN AFFINITY P02 FOR 50% SAT W/02	07/01/2008	$13.96	0.0%	0.0%	N	
82926	GASTRIC ACID TESTING	07/01/2008	$7.61	0.0%	0.0%	N	
82928	GASTRIC ACID TESTING	07/01/2008	$9.15	0.0%	0.0%	N	
82938	GASTRIN SERUM AFTER SECRETION STIMULATION EG FOR	07/01/2008	$24.72	0.0%	0.0%	N	
82941	GASTRIN TEST	07/01/2008	$24.64	0.0%	0.0%	N	
82943	GLUCAGON TEST	07/01/2008	$19.97	0.0%	0.0%	N	
82945	GLUCOSE BODY FLUID OTHER THAN BLOOD	07/01/2008	$5.48	0.0%	0.0%	N	
82946	GLOBULIM SERUM	07/01/2008	$21.06	0.0%	0.0%	N	
82947	GLUCOSE TESTING	07/01/2008	$5.48	0.0%	0.0%	N	
82948	GLUCOSE TESTING	07/01/2008	$3.72	0.0%	0.0%	N	
82950	GLUCOSE TESTING	07/01/2008	$6.64	0.0%	0.0%	N	
82951	GLUCOSE TESTING	07/01/2008	$17.99	0.0%	0.0%	N	
82952	GLUCOSE TESTING	07/01/2008	$5.48	0.0%	0.0%	N	
82953	TOLBUTAMIDE TOLERANCE TEST	07/01/2008	$21.16	0.0%	0.0%	N	
82955	GLUCSE-6-PHOSPHTE DEHYDROGENAS	07/01/2008	$13.55	0.0%	0.0%	N	
82960	GLUCSE-6-PHOSPHTE DEHYDROGENAS	07/01/2008	$8.47	0.0%	0.0%	N	
82962	GLUCOSE, BLOOD, BYGLUCOSE MONITORING DEVICE	07/01/2008	$3.27	0.0%	0.0%	N	
82963	GLUCOSIDASE BETA	07/01/2008	$30.01	0.0%	0.0%	N	
82965	GLUTAMATE DEHYDROGENASE TEST	07/01/2008	$10.80	0.0%	0.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
82975	GLUTAMINE TEST	07/01/2008	$22.13	0.0%	0.0%	N	
82977	GGT TEST	07/01/2008	$10.06	0.0%	0.0%	N	
82978	GLUTHATHIONE TEST	07/01/2008	$19.91	0.0%	0.0%	N	
82979	GLUTHATHIONE REDUCTASE RBC	07/01/2008	$9.62	0.0%	0.0%	N	
82980	GLUTETHIMIDE TEST	07/01/2008	$25.60	0.0%	0.0%	N	
82985	GLYCOPROTEIN TEST	07/01/2008	$21.06	0.0%	0.0%	N	
83001	GONADOTROPIN TESTING	07/01/2008	$25.97	0.0%	0.0%	N	
83002	GONADOTROPIN TESTING	07/01/2008	$19.11	0.0%	0.0%	N	
83003	GROWTH HORMONE TEST	07/01/2008	$23.29	0.0%	0.0%	N	
83008	GUANOSINE MONOPHOSPHATE TEST	07/01/2008	$23.45	0.0%	0.0%	N	
83009	HELICOBACTER PYLORI, BLOOD TEST ANALYSIS FOR UREASE ACTIVITY, NON RADIOACTIVE	07/01/2008	$94.11	0.0%	0.0%	N	
83010	HAPTOGLOBIN TESTING	07/01/2008	$17.58	0.0%	0.0%	N	
83012	HAPTOGLOBIN TESTING	07/01/2008	$24.02	0.0%	0.0%	N	
83013	HELIOCOBACTER PYLORI BREATH TEST ANALYSIS	07/01/2008	$94.11	0.0%	0.0%	N	
83014	HELICOBACTER PYLORI DRUG ADMINISTRATION	07/01/2008	$10.98	0.0%	0.0%	N	
83015	HEAVY METAL TESTING	07/01/2008	$12.22	0.0%	0.0%	N	
83018	HEAVY METAL TESTING	07/01/2008	$30.68	0.0%	0.0%	N	
83019	HELICOBACTER PYLORI, BREATH TEST	07/01/2008	$97.04	0.0%	0.0%	N	Referral Requirec
83020	HEMOGLOBIN TESTING	07/01/2008	$17.99	0.0%	100.0%	N	
83021	HEMOGLOBIN FRACTIONATION AND QUANTITATION CHROMOTOGRAPHY	07/01/2008	$25.23	0.0%	0.0%	N	
83026	HEMOGLOBIN BY COPPER SULFATE METHOD	07/01/2008	$3.30	0.0%	0.0%	N	
83030	HEMOGLOBIN TESTING	07/01/2008	$11.56	0.0%	0.0%	N	
83033	HEMOGLOBIN TESTING	07/01/2008	$6.50	0.0%	0.0%	N	
83036	GLYCOSYLATED (AIC)	07/01/2008	$9.77	0.0%	0.0%	N	
83037	HEMOGLOBIN; GLYCOSYLATED BY DEVICE CLEARED BY FDA FOR HOME USE	01/01/2009	$10.21	0.0%	0.0%	N	
83045	METHEMOGLOBIN TESTING	07/01/2008	$6.93	0.0%	0.0%	N	
83050	METHEMOGLOBIN TESTING	07/01/2008	$10.23	0.0%	0.0%	N	
83051	HEMOGLOBIN TESTING	07/01/2008	$10.21	0.0%	0.0%	N	
83055	SULFHEMOGLOBIN TESTING	07/01/2008	$6.87	0.0%	0.0%	N	
83060	SULFHEMOGLOBIN TESTING	07/01/2008	$11.56	0.0%	0.0%	N	
83065	HEMOGLOBIN TESTING	07/01/2008	$9.62	0.0%	0.0%	N	
83068	HEMOGLOBIN TESTING	07/01/2008	$11.83	0.0%	0.0%	N	
83069	URINE	07/01/2008	$5.51	0.0%	0.0%	N	
83070	HEMOSIDERIN TEST	07/01/2008	$6.64	0.0%	0.0%	N	
83071	HEMOSIDERIN RIA	07/01/2008	$9.61	0.0%	0.0%	N	
83080	B-HEXOSAMINIDASE EACH ASSAY	07/01/2008	$19.21	0.0%	0.0%	N	
83088	HISTAMINE TEST	07/01/2008	$41.26	0.0%	0.0%	N	
83090	HOMOCYSTINE ASSAY	07/01/2008	$23.57	0.0%	0.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
83150	HOMOVANILLIC ACID TEST	07/01/2008	$27.04	0.0%	0.0%	N	
83491	HYDROXYCORTICOSTEROIDS 17-(17-OHCS) RIA	07/01/2008	$24.47	0.0%	0.0%	N	
83497	HIAA TEST	07/01/2008	$18.01	0.0%	0.0%	N	
83498	HYDROXYPROGESTERONE TESTING	07/01/2008	$37.95	0.0%	0.0%	N	
83499	HYDROXYPROGESTERONE TESTING	07/01/2008	$35.22	0.0%	0.0%	N	
83500	HYDROXYPROLINE TESTING	07/01/2008	$31.65	0.0%	0.0%	N	
83505	HYDROXYPROLINE TESTING	07/01/2008	$33.96	0.0%	0.0%	N	
83516	IMMUNOASSAY, FOR ANALYTE OTHER THAN ANTIBODY; MULTIPLE STEP METHOD	07/01/2008	$15.10	0.0%	0.0%	N	
83518	IMMUNOASSAY, FOR ANALYTE OTHER THAN ANTIBODY	07/01/2008	$9.55	0.0%	0.0%	N	
83519	IMMUNOASSAY, ANALYTE; BY RADIONUCLIDE TECHNIQUERIA	07/01/2008	$18.88	0.0%	0.0%	N	
83520	IMMUNOASSAY, ANALYTE; NOT OTHERWISE SPECIFIED	07/01/2008	$18.09	0.0%	0.0%	N	
83525	INSULIN, TOTAL	07/01/2008	$15.98	0.0%	0.0%	N	
83527	INSULIN; FREE	07/01/2008	$18.09	0.0%	0.0%	N	
83528	INTRINSIC FACTOR LEVEL	07/01/2008	$22.22	0.0%	0.0%	N	
83540	IRON TEST	07/01/2008	$9.05	0.0%	0.0%	N	
83550	IRON BINDING CAPACITY TEST	07/01/2008	$12.21	0.0%	0.0%	N	
83570	ISOCITRIC DEHYDROGENASE TEST	07/01/2008	$12.36	0.0%	0.0%	N	
83582	KETOGENIC STEROID TESTING	07/01/2008	$16.64	0.0%	0.0%	N	
83586	KETOSTEROID TESTING	07/01/2008	$17.89	0.0%	0.0%	N	
83593	KETOSTEROID TESTING	07/01/2008	$36.75	0.0%	0.0%	N	
83605	LACTATE TEST	07/01/2008	$13.13	0.0%	0.0%	N	
83615	LDH TEST	07/01/2008	$8.44	0.0%	0.0%	N	
83625	LDH TEST	07/01/2008	$17.88	0.0%	0.0%	N	
83626	ISOENZYMES CHEMICAL SEPARATION	07/01/2008	$18.51	0.0%	0.0%	N	Referral Requirec
83630	LACTOBERRIN, FECAL, QUALITATIVE	07/01/2008	$27.42	0.0%	0.0%	N	
83631	LACTOFERRIN, FECAL, QUANTITATIVE	09/01/2008	$27.42	0.0%	0.0%	N	
83632	PLACENTAL LACTOGEN TEST	07/01/2008	$28.24	0.0%	0.0%	N	
83633	LACTOSE URINE QUALITATIVE	07/01/2008	$7.69	0.0%	0.0%	N	
83634	LACTOSE TEST	07/01/2008	$16.10	0.0%	0.0%	N	
83655	LEAD TESTING	07/01/2008	$16.91	0.0%	0.0%	N	
83661	L/S RATIO	07/01/2008	$30.71	0.0%	0.0%	N	
83662	L/S RATIO; FOAM STABILITY TEST	07/01/2008	$26.43	0.0%	0.0%	N	
83663	FETAL LUNG MATURITY ASSESSMENT FLUORESCENCE POLARIZATION	07/01/2008	$26.43	0.0%	0.0%	N	
83664	FETAL LUNG MATURITY ASSESSMENT LAMELLAR BODY DENSITY	07/01/2008	$26.43	0.0%	0.0%	N	
83670	LAP TEST	07/01/2008	$12.80	0.0%	0.0%	N	
83690	LIPASE TEST	07/01/2008	$9.62	0.0%	0.0%	N	
83695	LIPOPROTEIN (A)	09/01/2008	$18.09	0.0%	0.0%	N	
83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2, (LP-PLA2)	09/01/2008	$47.43	0.0%	0.0%	N	
83700	LIPOPROTEIN, BLOOD, ELECTROPHORETIC SEPARATION AND QUANTITATION	09/01/2008	$15.73	0.0%	0.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
83701	LIPOPROTEIN, BLOOD, HIGH RESOLUTION FRACTIONAL AND QTY	09/01/2008	$34.68	0.0%	0.0%	N	
83704	LIPOPROTEIN, BLOOD, QTY/LIPTOPROTEIN PARTICLE #'S AND SUBCLASSES	09/01/2008	$44.08	0.0%	0.0%	N	
83718	LIPOPROTEIN HIGH DENSITY CHOLESTEROL HDL	07/01/2008	$11.44	0.0%	0.0%	N	
83719	LIPOPROTEN VERY LOW DNSITY (VLDL CHOLESTEROL)	07/01/2008	$16.26	0.0%	0.0%	N	
83721	LDL CHOLESTEROL	07/01/2008	$13.33	0.0%	0.0%	N	
83727	LUTEINIZING RELEASING FASTOR (LRH) RIA	07/01/2008	$24.02	0.0%	0.0%	N	
83735	MAGNESIUM TEST	07/01/2008	$9.36	0.0%	0.0%	N	
83775	MALATE DEHYDROGENASE TEST	07/01/2008	$10.30	0.0%	0.0%	N	
83785	MANGANESE TEST	07/01/2008	$34.36	0.0%	0.0%	N	
83788	MASS SPECTROMETRY & TANDEM MASS ANALYTE NOT ELSEWH SPECIFIED QUALITATIVE EA SPEC	07/01/2008	$25.23	0.0%	0.0%	N	
83789	MASS SPECTROMETRY & TANDEM MASS SPECTROMETRY ANALYTE NOT ELSEWH SPECIFIED QUANTI	07/01/2008	$25.23	0.0%	0.0%	N	
83805	MEPROBAMATE TEST	07/01/2008	$24.63	0.0%	0.0%	N	
83825	MERCURY TESTING	07/01/2008	$22.72	0.0%	0.0%	N	
83835	METANEPHRINES TEST	07/01/2008	$23.67	0.0%	0.0%	N	
83840	METHADONE TEST	07/01/2008	$22.81	0.0%	0.0%	N	
83857	METHEMALBUMIM TEST	07/01/2008	$15.01	0.0%	0.0%	N	
83858	METHSUXIMIDE SERUM	07/01/2008	$20.71	0.0%	0.0%	N	
83864	MUCOPOLYSACCHARIDES ACID BLOOD	07/01/2008	$27.82	0.0%	0.0%	N	
83866	MUCOPOLYSACCHARIDES TESTING	07/01/2008	$13.76	0.0%	0.0%	N	
83872	MUCIN-SYNOVIAL FLUID TEST	07/01/2008	$7.78	0.0%	0.0%	N	
83873	MYELIN BASIC PROTEIN CSF RIA	07/01/2008	$24.04	0.0%	0.0%	N	
83874	MYOGLOBIN ELECTROPHORESIS	07/01/2008	$18.04	0.0%	0.0%	N	
83876	MYELOPEROXIDASE (MPO)	01/01/2009	$18.09	0.0%	0.0%	N	
83880	NATRIURETIC PEPTIDE	07/01/2008	$47.43	0.0%	0.0%	N	
83883	NEPHELOMETRY,EACH ANALYTE NOT ELSEWHERE SPECIFIED	07/01/2008	$12.81	0.0%	0.0%	N	
83885	NICKEL TEST	07/01/2008	$34.23	0.0%	0.0%	N	
83887	NICOTINE TEST	07/01/2008	$33.09	0.0%	0.0%	N	
83890	NUCLEAR MOLECULAR DIAG. MOLECULAR ISOLATION/EXTRAC	07/01/2008	$5.60	0.0%	0.0%	N	
83891	MOLECULAR DIAGNOSTICS ISOLATION OR EXTRACTION OF HIGHLY PURIFIED NUCLEIC ACID	07/01/2008	$5.60	0.0%	0.0%	N	
83892	NUCLEAR MOLECULAR DIAGNOSTIC ENZYMATIC DIGESTION	07/01/2008	$5.60	0.0%	0.0%	N	
83893	MOLECULAR DIAGNOSTICS DOT/SLOT BLOT PRODUCTION	07/01/2008	$5.60	0.0%	0.0%	N	
83894	NUCLEAR MOLECULAR DIAGNOSTIC SEPARATION (EG DOT BL	07/01/2008	$5.60	0.0%	0.0%	N	
83896	NUCLEAR MOLECULAR DIAGNOSTICS;NUCLEIC ACID PROBE	07/01/2008	$5.60	0.0%	0.0%	N	
83897	MOLECULAR DIAGNOSTICS NUCLEIC ACID TRANSFER	07/01/2008	$5.60	0.0%	0.0%	N	
83898	NUCLEAR MOLECULAR DIAG NUCLEIC ACID PROBE W/AMPLIF	07/01/2008	$5.75	0.0%	0.0%	N	
83900	MOLECULAR DIAGNOSTICS, FIRST TWO NUCLEIC AND SEQUENCES	07/01/2008	$11.50	0.0%	0.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
83901	MOLECULAR DIAGNOSTICS AMPLIFICATION OF PATIENT NUCLEIC ACID MULTIPLEX EA MULTI R	07/01/2008	$5.75	0.0%	0.0%	N	
83902	MOLECUALR DX; REVERSE TRANSCRIPTION	07/01/2008	$5.75	0.0%	0.0%	N	
83903	MOLECULAR DIAGNOSTICS MUTATION SCANNING BY PHYSICAL PROPERTIES SINGLE SEGMENT EA	07/01/2008	$5.75	0.0%	0.0%	N	
83904	MOLECULAR DIAGNOSTICS MUTATION IDENTIFICATION BY SEQUENCING SINGLE SEGMENT EACH	07/01/2008	$5.75	0.0%	0.0%	N	
83905	MOLECULAR DIAGNOSTICS MUTATION ID BY ALLELE SPECIFIC TRANSCRIPTION SNGL SEG EACH	07/01/2008	$5.75	0.0%	0.0%	N	
83906	MOLECULAR DIAGNOSTICS MUTATION ID BY ALLELE SPECIFIC TRANSLATION SNGL SEG EACH	07/01/2008	$5.75	0.0%	0.0%	N	
83907	MOLECULAR DIAGNOSTICS, LYSIS OF CELLS	09/01/2008	$18.66	0.0%	0.0%	N	
83908	MOLECULAR DIAGNOSTICS, SEPERATION AND IDENTIFICATION	09/01/2008	$5.75	0.0%	0.0%	N	
83909	MOLECULAR DIAGNOSTICS, SEPERATION AND IDENTIFICATION/ HIGH RESOLUTION TECHNIQUE	07/01/2008	$5.75	0.0%	0.0%	N	
83912	NUCLEAR MOLECLULAR DIAGNOSTICS INTERPT AND REPORT	07/01/2008	$5.60	0.0%	100.0%	N	
83913	MOLECULAR DIAGNOSTICS; RNA STABILIZATION	09/01/2008	$18.66	0.0%	0.0%	N	
83914	MUTATION INDENTIFICATION BY ENZYMATIC LIGATION OR PRIMER EXTENSION	07/01/2008	$5.75	0.0%	0.0%	N	
83915	NUCLEOTIDASE 5 - TEST	07/01/2008	$15.58	0.0%	0.0%	N	
83916	OLIGOCLONAL IMMUNE GLOBULIN (IG) CSF ELECTROPHORES	07/01/2008	$28.09	0.0%	0.0%	N	
83918	ORGANIC ACIDS, QUANTITATIVE	07/01/2008	$23.00	0.0%	0.0%	N	
83919	ORGANIC ACIDS QUALITATIVE EACH SPECIMEN	07/01/2008	$23.00	0.0%	0.0%	N	
83921	ORGANIC ACID	07/01/2008	$23.00	0.0%	0.0%	N	
83925	OPIATES, (EG, MORPHINE, MEPERIDINE)	07/01/2008	$27.19	0.0%	0.0%	N	
83930	OSMOLALITY TEST	07/01/2008	$9.24	0.0%	0.0%	N	
83935	URINE	07/01/2008	$9.52	0.0%	0.0%	N	
83937	OSTEOCALCIN (BONE G1A PROTEIN)	07/01/2008	$41.71	0.0%	0.0%	N	
83945	OXALATE TEST	07/01/2008	$17.99	0.0%	0.0%	N	
83950	ONCOPROTEIN, HER-2/NEU	07/01/2008	$89.99	0.0%	0.0%	N	
83951	DES-GAMMA-CARBOXY-PROTHROMBIN (DCP)	01/01/2009	$43.32	0.0%	0.0%	N	
83970	PARATHORMONE RIA	07/01/2008	$57.67	0.0%	0.0%	N	
83974	GASTRIC PEPSIN TESTING	07/01/2008	$15.15	0.0%	0.0%	N	Referral Required
83986	PH TESTING	07/01/2008	$5.00	0.0%	0.0%	N	
83992	PHENCYCLIDINE TEST	07/01/2008	$20.54	0.0%	0.0%	N	
83993	CALPROTECTIN, FECAL	01/01/2008	$28.66	0.0%	0.0%	N	Referral Required
84022	PHENOTHIAZINE TESTING	07/01/2008	$21.76	0.0%	0.0%	N	
84030	PKU TESTING	07/01/2008	$7.69	0.0%	0.0%	N	
84035	PHENYLKETONES BLOOD QUALITATIVE	07/01/2008	$5.11	0.0%	0.0%	N	
84060	PHOSPHATASE TESTING	07/01/2008	$10.32	0.0%	0.0%	N	
84061	PHOSPHATSE, ACID; FORENSIC EXAM	07/01/2008	$11.06	0.0%	0.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
84066	PHOSPHATASE, PROSTATIC FRACTION, R/A	07/01/2008	$13.50	0.0%	0.0%	N	
84075	PHOSPHATASE TESTING	07/01/2008	$7.23	0.0%	0.0%	N	
84078	PHOSPHATASE TESTING	07/01/2008	$10.20	0.0%	0.0%	N	
84080	PHOSPHATASE TESTING	07/01/2008	$20.66	0.0%	0.0%	N	
84081	PHOSPHATYOYLGLYCEROL	07/01/2008	$23.09	0.0%	0.0%	N	
84085	PHOSPHOGLUCONATE, 6-TEST	07/01/2008	$9.42	0.0%	0.0%	N	
84087	PHOSPHOHEXOSE ISOMERASE TEST	07/01/2008	$14.42	0.0%	0.0%	N	
84100	PHOSPHORUS TEST	07/01/2008	$6.63	0.0%	0.0%	N	
84105	URINE	07/01/2008	$6.88	0.0%	0.0%	N	
84106	PORPHOBILINOGEN TESTING	07/01/2008	$5.99	0.0%	0.0%	N	
84110	PORPHOBILINOGEN TESTING	07/01/2008	$11.80	0.0%	0.0%	N	
84119	PORPHYRIN TESTING	07/01/2008	$12.03	0.0%	0.0%	N	
84120	PORPHYRIN TESTING	07/01/2008	$20.55	0.0%	0.0%	N	
84126	PORPHYRIN TESTING	07/01/2008	$35.59	0.0%	0.0%	N	
84127	PORPHYRINS, FECES; QUALITATIVE	07/01/2008	$16.28	0.0%	0.0%	N	
84132	POTASSIUM TEST	07/01/2008	$6.42	0.0%	0.0%	N	
84133	URINE	07/01/2008	$6.01	0.0%	0.0%	N	
84134	PREALBUMIN	07/01/2008	$18.95	0.0%	0.0%	N	
84135	PREGNANEDIOL RIA	07/01/2008	$26.73	0.0%	0.0%	N	
84138	PREGNANETRIOL RIA	07/01/2008	$26.46	0.0%	0.0%	N	
84140	PREGNENOLONE	07/01/2008	$28.89	0.0%	0.0%	N	
84143	17-HYDROXYPREGNENOLONE	07/01/2008	$31.89	0.0%	0.0%	N	
84144	PROGESTERONE TEST	07/01/2008	$29.15	0.0%	0.0%	N	
84146	PROLACTIN TEST	07/01/2008	$27.08	0.0%	0.0%	N	
84150	PROSTAGLANDIN ANY ONE RIA	07/01/2008	$34.88	0.0%	0.0%	N	
84152	PROSTATE SPECIFIC ANTIGEN	07/01/2008	$25.70	0.0%	0.0%	N	
84153	PROSTATE SPECIFIC ANTIGENS (PSA)	07/01/2008	$25.70	0.0%	0.0%	N	
84154	PROSTATE SPECIFIC ANTIGEN (PSA); FREE	07/01/2008	$25.70	0.0%	0.0%	N	
84155	PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; SERUM	07/01/2008	$5.12	0.0%	0.0%	N	
84156	PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; URINE	07/01/2008	$5.12	0.0%	0.0%	N	
84157	PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; OTHER SOURCE	07/01/2008	$5.12	0.0%	0.0%	N	
84160	PROTEIN TESTING	07/01/2008	$4.02	0.0%	0.0%	N	
84163	PREGNANCY-ASSOCIATED PLASMA PROTEIN-A (PAPP-A)	07/01/2008	$21.03	0.0%	0.0%	N	
84165	PROTEIN ELECTROPHORETIC FRACTIONATION AND QUANTITATION SERUM	07/01/2008	$15.01	0.0%	100.0%	N	
84166	PROTEIN; ELECTROPHORETIC FRACTIONATION & QUANTITATION, OTHER FLUIDS W/ CONCENTRA	07/01/2008	$24.92	0.0%	100.0%	N	
84181	PROTEIN;WESTERN BLOT,INTERP & REPORT, FLUIDS	07/01/2008	$23.80	0.0%	100.0%	N	
84182	PROTEIN;WESTERN BLOT,INTERP & REPORT, FOR BAND ID	07/01/2008	$25.15	0.0%	100.0%	N	
84202	PROTOPORPHYRIN TEST	07/01/2008	$20.05	0.0%	0.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
84203	PROTOPORPHYRIN TEST	07/01/2008	$12.03	0.0%	0.0%	N	
84206	INSULIN TESTING	07/01/2008	$24.89	0.0%	0.0%	N	
84207	PYRIDOXINE TEST	07/01/2008	$39.25	0.0%	0.0%	N	
84210	PYRUVATE TEST	07/01/2008	$15.17	0.0%	0.0%	N	
84220	PYRUVIC-KINASE TEST	07/01/2008	$13.18	0.0%	0.0%	N	
84228	QUININE	07/01/2008	$16.26	0.0%	0.0%	N	
84233	RECEPTOR ASSAY ESTROGEN (ESTRADIOL)	07/01/2008	$89.99	0.0%	0.0%	N	
84234	PROGESTERONE	07/01/2008	$90.64	0.0%	0.0%	N	
84235	ENDOCRINE OTHER THAN ESTROGEN OR PROGESTERONE	07/01/2008	$73.12	0.0%	0.0%	N	
84238	RECEPTOR ASSAY; NONENDOCRINE	07/01/2008	$51.09	0.0%	0.0%	N	
84244	RENIN TEST	07/01/2008	$30.73	0.0%	0.0%	N	
84252	RIBOFLAVIN TEST	07/01/2008	$28.28	0.0%	0.0%	N	
84255	SELENIUM TEST	07/01/2008	$35.67	0.0%	0.0%	N	
84260	SEROTONIN TEST	07/01/2008	$43.28	0.0%	0.0%	N	
84270	SEX HORMONE BINDING GLOBNYLIN (SHBG)	07/01/2008	$30.36	0.0%	0.0%	N	
84275	SIALIC ACID BLOOD	07/01/2008	$18.77	0.0%	0.0%	N	
84285	SILICA TEST	07/01/2008	$32.90	0.0%	0.0%	N	
84295	SODIUM TEST	07/01/2008	$6.72	0.0%	0.0%	N	
84300	URINE	07/01/2008	$6.79	0.0%	0.0%	N	
84302	SODIUM; OTHER SOURCE	07/01/2008	$6.79	0.0%	0.0%	N	
84305	SOMATOMEDIN	07/01/2008	$29.70	0.0%	0.0%	N	
84307	SOMATOSTATIN	07/01/2008	$25.54	0.0%	0.0%	N	
84311	SPECTROPHOTOMETRY, ANALYTE NOT ELSEWHERE SPECIFIED	07/01/2008	$9.77	0.0%	0.0%	N	
84315	SPECIFIC GRAVITY TEST	07/01/2008	$3.50	0.0%	0.0%	N	
84375	CHROMATOGRAPHIC SUGARS	07/01/2008	$27.39	0.0%	0.0%	N	
84376	SUGARS SINGLE QUALITATIVE EACH SPECIMEN	07/01/2008	$7.69	0.0%	0.0%	N	
84377	SUGARS MULTIPLE QUALITATIVE EACH SPECIMEN	07/01/2008	$7.69	0.0%	0.0%	N	
84378	SUGARS SINGLE QUANTITATIVE EACH SPECIMEN	07/01/2008	$16.10	0.0%	0.0%	N	
84379	SUGARS MULTIPLE QUANTITATIVE EACH SPECIMEN	07/01/2008	$16.10	0.0%	0.0%	N	
84392	SULFATE, URINE	07/01/2008	$6.64	0.0%	0.0%	N	
84402	TESTOSTERONE; FREE	07/01/2008	$32.76	0.0%	0.0%	N	
84403	TESTOSTERONE TESTING	07/01/2008	$32.82	0.0%	0.0%	N	
84425	THIAMIN TEST	07/01/2008	$29.67	0.0%	0.0%	N	
84430	THIOCYANATE TEST	07/01/2008	$16.26	0.0%	0.0%	N	
84432	THYROGLOBULIN	07/01/2008	$20.28	0.0%	0.0%	N	
84436	T4 TEST	07/01/2008	$9.61	0.0%	0.0%	N	
84437	THYROXINE (T4) NEONATAL	07/01/2008	$9.04	0.0%	0.0%	N	
84439	T4 TEST	07/01/2008	$12.60	0.0%	0.0%	N	
84442	TBG TEST	07/01/2008	$20.66	0.0%	0.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
84443	TSH TEST	07/01/2008	$21.98	0.0%	0.0%	N	
84445	THYROTROPIN RELEASING FACTOR	07/01/2008	$71.05	0.0%	0.0%	N	
84446	TOCOPHEROL ALPHA TEST	07/01/2008	$19.81	0.0%	0.0%	N	
84449	TRANSCORTIN (CORTISOL BINDING GLOBULIN)	07/01/2008	$25.15	0.0%	0.0%	N	
84450	SGOT TEST	07/01/2008	$7.22	0.0%	0.0%	N	
84460	SGPT TEST	07/01/2008	$7.40	0.0%	0.0%	N	
84466	TRANSFERRIN	07/01/2008	$17.84	0.0%	0.0%	N	
84478	TRIGLYCERIDE TESTING	07/01/2008	$8.04	0.0%	0.0%	N	
84479	THYROID HORMONE (T-3/T-4) OR THBR	07/01/2008	$9.04	0.0%	0.0%	N	
84480	TRIIODOTHYRONINE T3: TOTAL (TT-3)	07/01/2008	$19.81	0.0%	0.0%	N	
84481	TRIIODOTHYRONINE FREE (FT-3) RIA UNBOUND T-3 ONLY	07/01/2008	$23.67	0.0%	0.0%	N	
84482	TRIDOTHYRONINE (T-3); REVERSE	07/01/2008	$22.02	0.0%	0.0%	N	
84484	TROPONIN	07/01/2008	$13.75	0.0%	0.0%	N	
84485	TRYPSIN TESTS	07/01/2008	$10.49	0.0%	0.0%	N	
84488	TRYPSIN TESTS	07/01/2008	$6.50	0.0%	0.0%	N	
84490	QUANTITATIVE	07/01/2008	$10.63	0.0%	0.0%	N	
84510	TYROSINE TEST	07/01/2008	$14.53	0.0%	0.0%	N	
84512	TROPONIN, QUALITATIVE	07/01/2008	$8.69	0.0%	0.0%	N	
84520	UREA NITROGEN; QUANTITATIVE	07/01/2008	$5.51	0.0%	0.0%	N	
84525	BUN	07/01/2008	$5.25	0.0%	0.0%	N	
84540	UREA NITROGEN URINE	07/01/2008	$6.64	0.0%	0.0%	N	
84545	BUN	07/01/2008	$9.23	0.0%	0.0%	N	
84550	URIC ACID TESTING	07/01/2008	$6.31	0.0%	0.0%	N	
84560	URIC ACID, OTHER SOURCE	07/01/2008	$6.64	0.0%	0.0%	N	
84577	UROBILINOGEN FECES QUANTITATIVE	07/01/2008	$17.43	0.0%	0.0%	N	
84578	UROBILINOGEN URINE QUALITATIVE	07/01/2008	$4.54	0.0%	0.0%	N	
84580	UROBILINOGEN TESTING	07/01/2008	$9.92	0.0%	0.0%	N	
84583	UROBILINOGEN TESTING	07/01/2008	$7.02	0.0%	0.0%	N	
84585	VMA TEST	07/01/2008	$21.66	0.0%	0.0%	N	
84586	VASOACTIVE INTESTINAL PEPTIDE (VIP)	07/01/2008	$49.37	0.0%	0.0%	N	
84588	VASOPRESSIN TESTING	07/01/2008	$47.43	0.0%	0.0%	N	
84590	VITAMIN A TESTING	07/01/2008	$16.20	0.0%	0.0%	N	
84591	VITAMIN ASSAY	07/01/2008	$16.20	0.0%	0.0%	N	
84597	VITAMIN K TEST	07/01/2008	$19.15	0.0%	0.0%	N	
84600	VOLATILES TESTING	07/01/2008	$22.45	0.0%	0.0%	N	
84620	XYLOSE TOLERANCE TEST	07/01/2008	$16.55	0.0%	0.0%	N	
84630	ZINC TEST	07/01/2008	$15.91	0.0%	0.0%	N	
84645	ZINC SULPHATE TURBIDITY TEST	07/01/2008	$8.10	0.0%	0.0%	N	Referral Requirec
84681	C-PEPTIDE, ANY METHOD	07/01/2008	$29.07	0.0%	0.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
84702	GONADOTRROPIN CHORIONIC QUANTITATIVE	07/01/2008	$21.03	0.0%	0.0%	N	
84703	QUALITATIVE	07/01/2008	$10.49	0.0%	0.0%	N	
84704	GONADOTROPIN, CHORIONIC (HCG); FREE BETA CHAIN	01/01/2008	$21.98	0.0%	0.0%	N	Referral Requirec
84830	OVULATION TESTS BY COLOR COMPARISON FOR HORMONE	07/01/2008	$14.02	0.0%	0.0%	N	
84999	UNLISTED CHEMISTRY/TOXICOLOGY TEST	09/01/1982	$0.00	0.0%	0.0%	N	
85002	IVY TEST	07/01/2008	$6.29	0.0%	0.0%	N	
85004	BLOOD COUNT AUTOMATED DIFFERENTIAL WBC COUNT	07/01/2008	$8.58	0.0%	0.0%	N	
85007	BLOOD COUNT	07/01/2008	$4.81	0.0%	0.0%	N	
85008	BLOOD COUNT,MANUAL BLOOD SMEAR EXAM W/O PARAMETERS	07/01/2008	$4.81	0.0%	0.0%	N	
85009	BLOOD COUNT	07/01/2008	$4.02	0.0%	0.0%	N	
85013	BLOOD COUNT; SPUN MICROGEMATOCRIT	07/01/2008	$3.31	0.0%	0.0%	N	
85014	HEMATOCRIT TEST	07/01/2008	$3.31	0.0%	0.0%	N	
85018	HEMOGLOBIN TESTING	07/01/2008	$3.31	0.0%	0.0%	N	
85025	HEMOGRAM AND PLATELET COUNT AUTOMATED AND (CBC)	07/01/2008	$10.86	0.0%	0.0%	N	
85027	HEMOGRAM AUTOMATED WITH PLATELET COUNT	07/01/2008	$8.58	0.0%	0.0%	N	
85032	MANUAL CELL COUNT (ERYTHROCYTE LEUKOCYTE OR PLATELET)	07/01/2008	$6.01	0.0%	0.0%	N	
85041	RED BLOOD CELL COUNT	07/01/2008	$4.20	0.0%	0.0%	N	
85044	RETICULOCYTE COUNT	07/01/2008	$6.01	0.0%	0.0%	N	
85045	RETICULOCYTE COUNT FLOW CYTOMOETRY	07/01/2008	$5.59	0.0%	0.0%	N	
85046	BLOOD COUNT RETICULOCYTES AUTOMATED INCLUDING ONE OR MORE CELLULAR PARAMETERS	07/01/2008	$7.80	0.0%	0.0%	N	
85048	WHITE BLOOD CELL COUNT	07/01/2008	$3.55	0.0%	0.0%	N	
85049	PLATELET AUTOMATED	07/01/2008	$6.25	0.0%	0.0%	N	
85060	BLOOD SMEAR, PERIPHERAL BY PHYSICIAN/W WRITTEN REP	07/01/2008	$20.95	0.0%	0.0%	N	
85097	SMEAR, INTERP ONLY	07/01/2008	$85.09	0.0%	100.0%	N	
85130	CHROMOGENIC SUBSTRATE ASSAY	07/01/2008	$16.62	0.0%	0.0%	N	
85170	CLOT RETRACTION TESTING	07/01/2008	$5.05	0.0%	0.0%	N	
85175	CLOT LYSIS TIME WHOLE BLOOD DILUTION	07/01/2008	$6.35	0.0%	0.0%	N	
85210	BLOOD CLOTTING FACTORS II	07/01/2008	$18.14	0.0%	0.0%	N	
85220	ACG TEST	07/01/2008	$24.66	0.0%	0.0%	N	
85230	PROCONVERTIN TEST	07/01/2008	$25.02	0.0%	0.0%	N	
85240	AHG TEST	07/01/2008	$14.56	0.0%	0.0%	N	
85244	FACTOR VIII RELATED ANTIGEN, QUANITATIVE	07/01/2008	$28.53	0.0%	0.0%	N	
85245	CLOTTING;FACTOR VIII,VW FACTOR,RISTOCETIN,COFACTOR	07/01/2008	$32.06	0.0%	0.0%	N	
85246	CLOTTING; FACTOR VIII, VW FACTOR ANTIGEN	07/01/2008	$32.06	0.0%	0.0%	N	
85247	CLOTTING; FACTOR VIII, VON WILLEBRAND'S FACTOR	07/01/2008	$32.06	0.0%	0.0%	N	
85250	PTC TEST	07/01/2008	$26.60	0.0%	0.0%	N	
85260	STUART-PROWER TEST	07/01/2008	$25.02	0.0%	0.0%	N	
85270	PTA TEST	07/01/2008	$25.02	0.0%	0.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
85280	HAGEMANN TEST	07/01/2008	$27.04	0.0%	0.0%	N	
85290	PROTHROMBIN TESTING	07/01/2008	$22.83	0.0%	0.0%	N	
85291	PROTHROMBIN TESTING	07/01/2008	$12.42	0.0%	0.0%	N	
85292	CLOTTING PREKALLIKREIN ASSAY FLETCHER FACTOR ASS	07/01/2008	$26.46	0.0%	0.0%	N	
85293	CLOTTING;HIGH MOLECULAR WEIGHT KININDGEN ASSAY	07/01/2008	$26.46	0.0%	0.0%	N	
85300	CLOTTING INHIBITOR TESTING	07/01/2008	$16.55	0.0%	0.0%	N	
85301	ANTITHROMBIN III, ANTIGEN ASSAY	07/01/2008	$15.11	0.0%	0.0%	N	
85302	PROTEIN "C" ASSAY	07/01/2008	$16.80	0.0%	0.0%	N	
85303	CLOTTING INHIBITORS; PROTEIN C, ACTIVITY	07/01/2008	$19.32	0.0%	0.0%	N	
85305	CLOTTING INHIBITORS PROTERIN S TOTAL	07/01/2008	$16.20	0.0%	0.0%	N	
85306	CLOTTING INHIBITORS; PROTEIN S, FREE	07/01/2008	$21.41	0.0%	0.0%	N	
85307	ACTIVATED PROTEIN C ASSAY	07/01/2008	$21.41	0.0%	0.0%	N	
85320	ANTIPOTHROMBOPLASTIN	07/01/2008	$14.68	0.0%	0.0%	N	Referral Requirec
85335	FACTOR INHIBITOR TEST	07/01/2008	$17.99	0.0%	0.0%	N	
85337	THROMBOMODULIN	07/01/2008	$14.56	0.0%	0.0%	N	
85345	COAGULATION TIME TESTING	07/01/2008	$6.01	0.0%	0.0%	N	
85347	ACT TEST	07/01/2008	$5.95	0.0%	0.0%	N	
85348	OTHER METHODS	07/01/2008	$5.20	0.0%	0.0%	N	
85360	EUGLOBULIN LYSIS TEST	07/01/2008	$11.31	0.0%	0.0%	N	
85362	FIBRIN DEGRADATN/SPLIT/PRODCTS	07/01/2008	$9.62	0.0%	0.0%	N	
85366	PARACOAGULATION	07/01/2008	$8.97	0.0%	0.0%	N	
85370	FIBRIN/DEGRADATION/PRODUCTS; QUANTITATIVE	07/01/2008	$15.87	0.0%	0.0%	N	
85378	FIBRIN DEGRADATION PRODUCTS,D-DIMER SEMIQUANTITATI	07/01/2008	$9.97	0.0%	0.0%	N	
85379	FIBRIN DEGRADATION PRODUCTS, D-DIMER; QUANTITATIVE	07/01/2008	$14.22	0.0%	0.0%	N	
85380	ULTRASENSITIVE QUALITATIVE OR SEMIQUANTITATIVE	07/01/2008	$14.22	0.0%	0.0%	N	
85384	FIBRINOGEN; ACTIVITY	07/01/2008	$11.87	0.0%	0.0%	N	
85385	FIBRINOGEN; ANTIGEN	07/01/2008	$11.87	0.0%	0.0%	N	
85390	FIBRINOLYSIN TESTING	07/01/2008	$7.22	0.0%	100.0%	N	
85397	COAGULATION & FIBRINOLYSIS, FUNCTIONAL ACTIVITY, NOS (EG, ADAMTS-13), EA ANALYTE	01/01/2009	$25.02	0.0%	0.0%	N	
85400	PLASMIN TEST	07/01/2008	$12.36	0.0%	0.0%	N	
85410	ANTI PLASMIN TEST	07/01/2008	$10.77	0.0%	0.0%	N	
85415	FIBRINOLYTIC FACTORS; PLASMINOGEN ACTIVATOR	07/01/2008	$24.02	0.0%	0.0%	N	
85420	PLASMINOGEN TEST	07/01/2008	$9.13	0.0%	0.0%	N	
85421	FIBRINOLYTIC FACOTRS;PLASINOGEN,ANTIGENIC ASSAY	07/01/2008	$14.23	0.0%	0.0%	N	
85441	HEINZ BODIES TESTING	07/01/2008	$5.88	0.0%	0.0%	N	
85445	HEINZ BODIES TESTING	07/01/2008	$9.52	0.0%	0.0%	N	
85460	FETAL HEMOGLOBIN TEST	07/01/2008	$10.81	0.0%	0.0%	N	
85461	FETAL HEMOGLOBIN TEST; ROSETTE	07/01/2008	$9.26	0.0%	0.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
85475	HEMOLYSIN, ACID	07/01/2008	$12.40	0.0%	0.0%	N	
85520	HEPARIN ASSAY	07/01/2008	$18.29	0.0%	0.0%	N	
85525	HEPARIN NEUTRALIZATION	07/01/2008	$9.08	0.0%	0.0%	N	
85530	HEPARIN-PROTAMINE TOLERANCE TEST	07/01/2008	$19.81	0.0%	0.0%	N	
85536	IRON STAIN	07/01/2008	$8.06	0.0%	0.0%	N	
85540	LEUCOCYTE ALKALINE PHOSPHATASE	07/01/2008	$12.02	0.0%	0.0%	N	
85547	MECHANICAL FRAGILITY, RBC	07/01/2008	$12.02	0.0%	0.0%	N	
85549	MURAMIDASE TEST	07/01/2008	$26.21	0.0%	0.0%	N	
85555	OSMOTIC FRAGILITY TESTING	07/01/2008	$9.34	0.0%	0.0%	N	
85557	OSMOTIC FRAGILITY TESTING	07/01/2008	$18.66	0.0%	0.0%	N	
85576	ACGREGATION (IN VITRO); ANY AGENT	07/01/2008	$30.01	0.0%	100.0%	N	
85597	PLATELET NEUTRALIZATION	07/01/2008	$25.12	0.0%	0.0%	N	
85610	PROTHROMBIN TIME	07/01/2008	$5.49	0.0%	0.0%	N	
85611	PROTHROMBIN TIME SUBSTITUTION PLASMA FRACTINS EA	07/01/2008	$5.51	0.0%	0.0%	N	
85612	RUSSELL VIPER VENOM TEST	07/01/2008	$9.77	0.0%	0.0%	N	
85613	RUSSELL VIPER VENOM TIME, DILUTED	07/01/2008	$9.77	0.0%	0.0%	N	
85635	REPTILASE TEST	07/01/2008	$10.53	0.0%	0.0%	N	
85651	SEDIMENTATION RATE	07/01/2008	$4.96	0.0%	0.0%	N	
85652	SEDIMENTATION RATE, ERTHROCYTHE; AUTOMATED	07/01/2008	$3.77	0.0%	0.0%	N	
85660	SICKLING OF RBC	07/01/2008	$7.71	0.0%	0.0%	N	
85670	THROMBIN TIME TESTING	07/01/2008	$8.07	0.0%	0.0%	N	
85675	THROMBIN TIME TESTING	07/01/2008	$9.58	0.0%	0.0%	N	
85705	THROMBOPLASTIN INHIBITION; TISSUE	07/01/2008	$13.45	0.0%	0.0%	N	
85730	THROMBOPLASTIN TIME TEST	07/01/2008	$8.38	0.0%	0.0%	N	
85732	THROMBOPLASTIN TIME, PARTIAL (PPT); SUBSTITUTION PLASMA FRACTIONS, EACH	07/01/2008	$9.04	0.0%	0.0%	N	
85810	BLOOD VISCOSITY TEST	07/01/2008	$16.32	0.0%	0.0%	N	
85999	UNLISTED HEMATOLOGY TEST	01/01/1976	$0.00	0.0%	0.0%	N	
86000	AGGLUTININ TESTING	07/01/2008	$8.97	0.0%	0.0%	N	
86001	ALLERGEN SPECIFIC IGG QUANTITIVE OR SEMI QUANTITIVE EACH ALLERGEN	07/01/2008	$5.78	0.0%	0.0%	N	
86003	ALLERGEN SPECIFIC IGE; QUANTIVE OR SEMIQUANT., EA.	07/01/2008	$5.78	0.0%	0.0%	N	
86005	ALLE%GEN SPECIFIC IGE QUALITATIVE MULTIALLERGEN	07/01/2008	$3.94	0.0%	0.0%	N	
86021	ANTIBODY TESTING	07/01/2008	$16.85	0.0%	0.0%	N	
86022	ANTIBODY TESTING	07/01/2008	$25.66	0.0%	0.0%	N	
86023	ANTIBODY IDENTIFICATION; PLATELET ASSOC IMMUNOASSA	07/01/2008	$17.40	0.0%	0.0%	N	
86038	ANTINUCLEAR ANTIBODEIS (ANA), RIA	07/01/2008	$13.78	0.0%	0.0%	N	
86039	ANTINUCLEAR ANTIBODIES (ANA); TITER	07/01/2008	$15.60	0.0%	0.0%	N	
86060	ANTI STREPTOLYSIN O TITRE TEST	07/01/2008	$10.20	0.0%	0.0%	N	
86063	ANTI STREPTOLYSIN O TITRE TEST	07/01/2008	$8.07	0.0%	0.0%	N	
86077	BLOOD BANK PHYSICIAN SERVICES DIFFICULT CROSSMATCH	07/01/2008	$45.20	0.0%	0.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
86078	BLOOD BANK PHYSICIAN SERVICES, INVESTIGATEONEACTIO	07/01/2008	$46.20	0.0%	0.0%	N	
86079	BLOOD BANK PHY SERV-AUTH FOR DEVIATION FROM STANDA	07/01/2008	$46.20	0.0%	0.0%	N	
86140	C-REACTIVE PROTEIN	07/01/2008	$7.23	0.0%	0.0%	N	
86141	C-REACTIVE PROTEIN; HIGH SENSITIVITY	07/01/2008	$18.09	0.0%	0.0%	N	
86146	BETA 2 GLYCOPROTEIN 1 ANTI-BODY EACH	07/01/2008	$35.54	0.0%	0.0%	N	
86147	CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY, EACH LG CLASS	07/01/2008	$35.54	0.0%	0.0%	N	
86148	ANTI-PHOSPHATIDYLSERINE (PHOSPHOLIPID) ANTIBODY	07/01/2008	$20.86	0.0%	0.0%	N	
86155	CHEMOTAXIS ASSAY SPECIFY METHOD	07/01/2008	$22.33	0.0%	0.0%	N	
86156	COLD AGGLUTININ SCREEN	07/01/2008	$9.36	0.0%	0.0%	N	
86157	COLD AGGLUTININ; TITER	07/01/2008	$11.27	0.0%	0.0%	N	
86160	COMPLEMENT; ANTIGEN, EACH COMPONENT	07/01/2008	$16.78	0.0%	0.0%	N	
86161	COMPLEMENT; FUNCTIONAL ACTIVITY, EA COMPONENT	07/01/2008	$16.78	0.0%	0.0%	N	
86162	COMPLEMENT C2 ESTERASE TEST	07/01/2008	$28.39	0.0%	0.0%	N	
86171	COMPLEMENT FIXATION TESTS	07/01/2008	$14.00	0.0%	0.0%	N	
86185	COUNTER ELECTROPHORESIS	07/01/2008	$12.50	0.0%	0.0%	N	
86200	CYCLIC CITRULLINATED PEPTIDE ANTIBODY	09/01/2008	$18.09	0.0%	0.0%	N	
86215	DESOXYRIBONUCLEASE TEST	07/01/2008	$18.51	0.0%	0.0%	N	
86225	DNA TEST	07/01/2008	$19.20	0.0%	0.0%	N	
86226	DEOXYRIBONUCLEIC ACID ANTIBODY; DNA,SINGLE STRANDE	07/01/2008	$16.92	0.0%	0.0%	N	
86235	ENA TEST	07/01/2008	$25.06	0.0%	0.0%	N	
86243	FC RECEPTOR ASSAY SPECIFY METHOD	07/01/2008	$28.68	0.0%	0.0%	N	
86255	FLUORESCENT ANTIBODY TESTING	07/01/2008	$16.84	0.0%	100.0%	N	
86256	FLUORESCENT ANTIBODY TESTING	07/01/2008	$16.84	0.0%	100.0%	N	
86277	GROWTH HORMONE HUMAN (HGH) ANTIBODY RIA	07/01/2008	$21.99	0.0%	0.0%	N	
86280	HEMAGGLUTINATION INHIBITION TESTS (HAI) EACH	07/01/2008	$11.44	0.0%	0.0%	N	
86294	IMMUNOASSAY TUMOR ANTIGEN QUALITATIVE OR SEMI QUANTITIVE	07/01/2008	$27.41	0.0%	0.0%	N	
86299	IGM ANTIBODY	07/01/2008	$17.28	0.0%	0.0%	N	Referral Requirec
86300	IMMUNOASSAY TUMOR ANTIGEN QUANTITIVE CA 15-3	07/01/2008	$29.07	0.0%	0.0%	N	
86301	IMMUNOASSAY TUMOR QUANTITIVE CA 19-9	07/01/2008	$29.07	0.0%	0.0%	N	
86304	IMMUNOASSAY TUMOR ANTIGEN QUANTITIVE CA 125	07/01/2008	$29.07	0.0%	0.0%	N	
86308	HETERAPHILE ANTIBODIES SCREENING	07/01/2008	$7.23	0.0%	0.0%	N	
86309	HETEROPHILE ANTIBODIES; TITER	07/01/2008	$9.04	0.0%	0.0%	N	
86310	HETEROPHILE ANTIBODIES TEST	07/01/2008	$10.30	0.0%	0.0%	N	
86316	IMMUNOASSAY FOR TUMOR ANTIGEN	07/01/2008	$29.07	0.0%	0.0%	N	
86317	IMMUNOASSAY FOR INFECTIOUS AGENT ANTIGEN/ANTIBODY	07/01/2008	$11.31	0.0%	0.0%	N	
86318	IMMUNOASSAY FOR CHEMICAL CONSTITUENT	07/01/2008	$18.09	0.0%	0.0%	N	
86320	IMMUNO-ELECTROPHORESIS	07/01/2008	$31.32	0.0%	100.0%	N	
86325	IMMUNO-ELECTROPHORESIS	07/01/2008	$31.24	0.0%	100.0%	N	
86327	IMMUNOELECTROPHORESIS; CROSSED (2 DIMENSION ASSAY)	07/01/2008	$31.70	0.0%	100.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
86329	IMMUNO-DIFFUSION TESTING	07/01/2008	$13.78	0.0%	0.0%	N	
86331	IMMUNO-DIFFUSION TESTING	07/01/2008	$16.75	0.0%	0.0%	N	
86332	IMMUNE COMPLEX ASSAY; C1Q BINDING CELL	07/01/2008	$33.85	0.0%	0.0%	N	
86334	IMMUNOFIXATION ELECTROPHORESIS	07/01/2008	$31.21	0.0%	100.0%	N	
86335	IMMUNOFIXATION ELECTROPHORESIS; OTHER FLUIDS W/ CONCENTRATION (EG, URINE, CSF)	07/01/2008	$41.00	0.0%	100.0%	N	
86336	INHIBIN A	07/01/2008	$20.95	0.0%	0.0%	N	
86337	INSULIN ANTIBODIES	07/01/2008	$29.92	0.0%	0.0%	N	
86340	INTRINSIC FACTOR ANTIBODIES RIA	07/01/2008	$21.06	0.0%	0.0%	N	
86341	ISLET CELL ANTIBODY	07/01/2008	$27.65	0.0%	0.0%	N	
86343	LEUKOCYTE HISTAMINE RELEASE LHR	07/01/2008	$17.41	0.0%	0.0%	N	
86344	LEUKOCYTE PHAGOCYTOSIS	07/01/2008	$11.16	0.0%	0.0%	N	
86353	LYMPHOCYTE TRANSFORMATION	07/01/2008	$68.49	0.0%	0.0%	N	
86355	B CELLS, TOTAL COUNT	09/01/2008	$52.70	0.0%	0.0%	N	
86356	MONONUCLEAR CELL ANTIGEN, QUANTITATIVE NOS, EA ANTIGEN	01/01/2008	$39.09	0.0%	0.0%	N	Referral Requirec
86357	NATURAL KILLER CELLS, TOTAL COUNT	09/01/2008	$52.70	0.0%	0.0%	N	
86359	T CELLS; TOTAL COUNT	07/01/2008	$52.70	0.0%	0.0%	N	
86360	T CELLS, ABSOLUTE CD4, CD8 INCLUDING RATIO	07/01/2008	$65.65	0.0%	0.0%	N	
86361	T CELLS; ABSOLUTE CD4 COUNT	07/01/2008	$37.41	0.0%	0.0%	N	
86367	STEM CELLS, TOTAL COUNT	01/01/2006	$0.00	0.0%	0.0%	N	
86376	MICROSOMAL ANTIBODY (THYROID) RIA	07/01/2008	$20.33	0.0%	0.0%	N	
86378	MIGRATION INHIBITION FACTOR TEST (MIF)	07/01/2008	$27.51	0.0%	0.0%	N	
86382	NEUTRALIZATION TEST, VIRAL	07/01/2008	$23.62	0.0%	0.0%	N	
86384	NITRO-BLUE TETRAZOLIUM TEST	07/01/2008	$15.91	0.0%	0.0%	N	
86403	PARTICLE AGGLUTINATION, ANTIBODY, EACH	07/01/2008	$14.24	0.0%	0.0%	N	
86406	PARTICLE AGGLUTINATION; TITER, EACH ANTIBODY	07/01/2008	$14.87	0.0%	0.0%	N	
86430	RHEUMATOID FACTOR LATEX FIXATION	07/01/2008	$7.93	0.0%	0.0%	N	
86431	RHEUMATOID FACTOR QUANTITATIVE	07/01/2008	$7.93	0.0%	0.0%	N	
86480	TUBERCULOSIS TEST	09/01/2008	$86.59	0.0%	0.0%	N	
86485	SKIN TEST; CANDIDA	07/01/2008	$9.05	0.0%	0.0%	N	
86486	SKIN TEST; UNLISTED ANTIGEN, EACH	07/01/2008	$4.72	0.0%	0.0%	N	Referral Requirec
86490	COCCIDIOIDOMYCOSTS TEST	07/01/2008	$7.39	0.0%	0.0%	N	
86510	HISTOPLASMOSIS TEST	07/01/2008	$7.72	0.0%	0.0%	N	
86580	TUBERCULOSIS TESTING	07/01/2008	$7.05	0.0%	0.0%	N	
86590	STREPTOKINASE ANTIBODY TEST	07/01/2008	$15.41	0.0%	0.0%	N	
86592	SYPHILIS TESTS	07/01/2008	$5.96	0.0%	0.0%	N	
86593	SYPHILIS TESTS	07/01/2008	$6.16	0.0%	0.0%	N	
86602	ANTIBOYD; ACTINOMYCES	07/01/2008	$14.22	0.0%	0.0%	N	
86603	ADENOVIRUS	07/01/2008	$17.98	0.0%	0.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
86606	ANTIBODY; ASPIRGILLUS	07/01/2008	$17.61	0.0%	0.0%	N	
86609	ANTIBODY; BACTERIUM, NOT ELSEWHERE SPECIFIED	07/01/2008	$18.00	0.0%	0.0%	N	
86611	BARTONELLA ANTIBODY	07/01/2008	$14.22	0.0%	0.0%	N	
86612	ANTIBODY; BLASTOMYCES	07/01/2008	$17.61	0.0%	0.0%	N	
86615	ANTIBODY; BORDETELLA	07/01/2008	$18.43	0.0%	0.0%	N	
86617	BORRELIA BURGDORFERI CONFIRMATORY TEST	07/01/2008	$21.64	0.0%	0.0%	N	
86618	BORRELIA BURGDORFERI (LYME DISEASE)	07/01/2008	$23.80	0.0%	0.0%	N	
86619	ANTIBODY; BORRELIA (RELAPSING FEVER)	07/01/2008	$18.69	0.0%	0.0%	N	
86622	ANTIBODY; BRUCELLA	07/01/2008	$11.75	0.0%	0.0%	N	
86625	ANTIBODY; CAMPYLOBACTER	07/01/2008	$18.33	0.0%	0.0%	N	
86628	ANTIBODY; CANDIDA	07/01/2008	$16.78	0.0%	0.0%	N	
86631	CHLAMYDIA	07/01/2008	$16.52	0.0%	0.0%	N	
86632	CHLAMYDIA IGM	07/01/2008	$17.74	0.0%	0.0%	N	
86635	COCCIDIOIDES - ANTIBODY	07/01/2008	$14.94	0.0%	0.0%	N	
86638	ANTIBODY; COXIELLA BRUNET11 (Q FEVER)	07/01/2008	$16.94	0.0%	0.0%	N	
86641	ANTIBODY; CRYPTOCOCCUS	07/01/2008	$20.14	0.0%	0.0%	N	
86644	CYTOMEGALOVIRUS (CMV) - ANTIBODY	07/01/2008	$13.72	0.0%	0.0%	N	
86645	ANTIBODY CYTOMEGALOVIRUS CMV IGM	07/01/2008	$16.01	0.0%	0.0%	N	
86648	ANTIBODY, DIPTHERIA	07/01/2008	$20.28	0.0%	0.0%	N	
86651	ANTIBODY; ENCEPHALITIS, CALIFORNIA (LA CROSSE)	07/01/2008	$18.43	0.0%	0.0%	N	
86652	ANTIBODY; ENCEPHALITIS, EASTERN EQUINE	07/01/2008	$18.43	0.0%	0.0%	N	
86653	ANTIBODY; ENCEPHALITIS, ST. LOUIS	07/01/2008	$18.43	0.0%	0.0%	N	
86654	ANTIBODY; ENCEPHALITIS, WESTERN EQUINE	07/01/2008	$18.43	0.0%	0.0%	N	
86658	ANTIBODY; ENTEROVIRUS (EG,COXSACKIE,ECHO,POLIO)	07/01/2008	$18.20	0.0%	0.0%	N	
86663	EPSTEIN BARR VIRUS EARLY ANTIGEN(EA); ANTIBODY	07/01/2008	$18.33	0.0%	0.0%	N	
86664	EPSTEIN BARR(EB)VIRUS,NUCLEAR ANTGEN(EBNA);ANTIBOD	07/01/2008	$21.38	0.0%	0.0%	N	
86665	EPSTEIN BARR(EB)VIRUS,VIRAL CAPSID(VCA); ANTIDODY	07/01/2008	$24.55	0.0%	0.0%	N	
86666	ANTIBODY EHRLICHIA	07/01/2008	$14.22	0.0%	0.0%	N	
86668	ANTIBODY; FRANCISELLA TULARENSIS	07/01/2008	$10.68	0.0%	0.0%	N	
86671	ANTIBODY; FUNGUS, NOT ELSEWHERE SPECIFIED	07/01/2008	$17.13	0.0%	0.0%	N	
86674	GIARDIA LAMBLIA	07/01/2008	$20.56	0.0%	0.0%	N	
86677	ANTIBODY HELICOBACTER PYLORI	07/01/2008	$20.28	0.0%	0.0%	N	
86682	ANTIBODY; HELMINTH, NOTE ELSEWHERE SPECIFIED	07/01/2008	$18.17	0.0%	0.0%	N	
86683	ANTIBODY HEMOGLOBIN FECAL	07/01/2008	$3.73	0.0%	0.0%	N	Referral Requirec
86684	ANTIBODY; HEMOPHILUS INFLUENZA	07/01/2008	$22.14	0.0%	0.0%	N	
86687	HTLV 1 ANTIBODY DETECTION IMMUNOASSAY	07/01/2008	$11.72	0.0%	0.0%	N	
86688	ANTIBOYD; HTLV-11	07/01/2008	$19.57	0.0%	0.0%	N	
86689	CONFIRMATORY TEST	07/01/2008	$27.05	0.0%	0.0%	N	
86692	ANTIBODY; HEPATITIS, DELTA AGENT	07/01/2008	$17.87	0.0%	0.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
86694	ANTIBODY; HERPES SIMPLEX, NON-SPECIFIC TYPE TEST	07/01/2008	$13.72	0.0%	0.0%	N	
86695	ANTIBODY; HERPES SIMPLEX, TYPE 1	07/01/2008	$8.53	0.0%	0.0%	N	
86696	ANTIBODY HERPES SIMPLEX TYPE 2	07/01/2008	$27.05	0.0%	0.0%	N	
86698	ANTIBODY; HISTOPLASMA	07/01/2008	$17.46	0.0%	0.0%	N	
86701	HIV-1	07/01/2008	$12.41	0.0%	0.0%	N	
86702	ANTIBODY; HIV-2	07/01/2008	$17.08	0.0%	0.0%	N	
86703	HIV-1 AND HIV-2 SINGLE ASSAY	07/01/2008	$19.17	0.0%	0.0%	N	
86704	HEPATITIS B CORE ANTIBODY; (HBCAB); 1GG AND 1GM	07/01/2008	$16.84	0.0%	0.0%	N	
86705	HEPATITIS B CORE ANTIBODY (HBCAB); 1GM ANTIBODY	07/01/2008	$16.44	0.0%	0.0%	N	
86706	HEPATITIS B SURFACE ANTIBODY (HBSAB)	07/01/2008	$15.01	0.0%	0.0%	N	
86707	HEPATITIS BE ANTIBODY (HBEAB)	07/01/2008	$16.16	0.0%	0.0%	N	
86708	HEPATITUS A ANTIBODY; IGG-IGM	07/01/2008	$17.31	0.0%	0.0%	N	
86709	HEPATITIS A ANTIBODY (HAAB); 1GM ANTIBODY	07/01/2008	$15.73	0.0%	0.0%	N	
86710	ANTIBODY; INFLUENZA VIRUS	07/01/2008	$13.87	0.0%	0.0%	N	
86713	ANTIBODY; LEGIONELLA	07/01/2008	$12.27	0.0%	0.0%	N	
86717	ANTIBODY; LEISHMANIA	07/01/2008	$17.12	0.0%	0.0%	N	
86720	ANTIBODY; LEPTOSPIRA	07/01/2008	$12.27	0.0%	0.0%	N	
86723	ANTIBODY; LISTERIA MONOCYTOGENES	07/01/2008	$18.43	0.0%	0.0%	N	
86727	ANTIBODY; LYMPHOCYTIC CHORIOMENGINGITIS	07/01/2008	$17.98	0.0%	0.0%	N	
86729	ANTIBODY; LYMPHOGRANULOMA VENEREUM	07/01/2008	$16.69	0.0%	0.0%	N	
86732	ANTIBODY; MUCORMYCOSIS	07/01/2008	$18.43	0.0%	0.0%	N	
86735	ANTIBODY; MUMPS	07/01/2008	$18.23	0.0%	0.0%	N	
86738	ANTIBODY; MYCOPLASMA	07/01/2008	$18.51	0.0%	0.0%	N	
86741	ANTIBODY; NEISSERIA MENINGITIDIS	07/01/2008	$18.43	0.0%	0.0%	N	
86744	ANTIBODY; NOCARDIA	07/01/2008	$18.43	0.0%	0.0%	N	
86747	ANTIBODY; PARVOVIRUS	07/01/2008	$21.00	0.0%	0.0%	N	
86750	ANTIBODY; PLASMODIUM (MALARIA)	07/01/2008	$18.43	0.0%	0.0%	N	
86753	ANTIBODY; PROTOZOA, NOT ELSEWHERE SPECIFIED	07/01/2008	$17.32	0.0%	0.0%	N	
86756	ANTIBODY; RESPIRATORY SYNCYTIAL VIRUS	07/01/2008	$18.01	0.0%	0.0%	N	
86757	ANTIBODY RICKETTSIA	07/01/2008	$27.05	0.0%	0.0%	N	
86759	ROTAVIRUS	07/01/2008	$18.43	0.0%	0.0%	N	
86762	RUBELLA	07/01/2008	$13.72	0.0%	0.0%	N	
86765	ANTIBODY; RUBEOLA	07/01/2008	$18.00	0.0%	0.0%	N	
86768	ANTIBODY; SALMONELLA	07/01/2008	$18.43	0.0%	0.0%	N	
86771	ANTIBODY; SHIGELLA	07/01/2008	$18.43	0.0%	0.0%	N	
86774	ANTIBODY; TETANUS	07/01/2008	$20.68	0.0%	0.0%	N	
86777	ANTIBODY; TOXOPLASMA	07/01/2008	$13.72	0.0%	0.0%	N	
86778	ANTIBODY; TOXOPLASMA, LGM	07/01/2008	$14.94	0.0%	0.0%	N	
86784	ANTIBODY; TRICHINELLA	07/01/2008	$16.01	0.0%	0.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
86787	ANTIBODY; VARICELLA-ZOSTER	07/01/2008	$18.00	0.0%	0.0%	N	
86788	ANTIBODY; WEST NILE VIRUS, IGM	09/01/2008	$16.01	0.0%	0.0%	N	
86789	ANTIBODY; WEST NILE VIRUS	09/01/2008	$13.72	0.0%	0.0%	N	
86790	ANTIBODY; VIRUS, NOT ELSEWHERE SPECIFIED	07/01/2008	$18.00	0.0%	0.0%	N	
86793	ANTIBODY; YERSINIA	07/01/2008	$18.43	0.0%	0.0%	N	
86800	THYROGLOBULIN ANTIBODY RIA	07/01/2008	$22.22	0.0%	0.0%	N	
86803	HEPATITIS C ANTIOBODY	07/01/2008	$19.94	0.0%	0.0%	N	
86804	HEPATITIS C ANTIOBODY; CONFIRMATORY TEST	07/01/2008	$21.64	0.0%	0.0%	N	
86805	LYMPHOCYTOTOSICITY ASSAY VISUAL CROSSMATCH W/TITRA	07/01/2008	$61.66	55.0%	45.0%	N	
86806	LYMPHOCYTOTOXICITY ASSAY,VISUAL; W/O TITRATION	07/01/2008	$30.84	0.0%	0.0%	N	
86807	SERUM SCREENING FOR CYTOTOXIC PRA;STANDARD METHOD	07/01/2008	$55.29	0.0%	0.0%	N	
86808	SERUM SCREEN FO CYTOTOXIC PRA QUICK METHOD	07/01/2008	$41.47	0.0%	0.0%	N	
86812	TISSUE TYPING, HLA TYPING, A,B,C, SINGLE ANTIGEN	07/01/2008	$36.06	0.0%	0.0%	N	
86813	TISSUE TYPING FOR TRANSPLANT INCL DONOR CROSSMATCH	07/01/2008	$81.02	0.0%	0.0%	N	
86816	HLA TYPING, DR, SINGLE ANTIGEN	07/01/2008	$38.92	0.0%	0.0%	N	
86817	HLA TYPING, DR, MULTIPLE ANTIGENS	07/01/2008	$89.95	0.0%	0.0%	N	
86821	LYMPHOCYTE CULTURE, MIXED (MLC)	07/01/2008	$78.88	0.0%	0.0%	N	
86822	TISSUE TYPING/LYMPHOCYTE (PLC)	07/01/2008	$51.07	0.0%	0.0%	N	
86849	UNLISTED IMMUNOLOGY PROCEDURE	01/01/1993	$0.00	0.0%	0.0%	N	
86850	ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	07/01/2008	$11.16	0.0%	0.0%	N	
86860	ANTIBODY ELUTION (RBC) EACH ELUTION	07/01/2008	$19.60	0.0%	0.0%	N	
86870	ANTIBODY ID, RBC ANTIBODIES, EA PANEL FOR EA SERUM	07/01/2008	$11.80	0.0%	0.0%	N	
86880	ANTIHUMAN GLOBULIN TEST (COOMB) DIRECT EA ANTISERU	07/01/2008	$7.50	0.0%	0.0%	N	
86885	INDIRECT; QUALITATIVE, EACH ANTISERUM	07/01/2008	$5.73	0.0%	0.0%	N	
86886	ANTIHUMAN G BULIN TEST INDIRECT TITER EA ANTISERU	07/01/2008	$7.23	0.0%	0.0%	N	
86890	AUT0LOGOUS BLOOD OR COMPONENT; COLLECTION, PROCESSING, STORAGE, PREDEPOSITED	07/01/2008	$39.80	0.0%	0.0%	N	
86891	AUTOLOGOUS BLOOD/COMPONENT; INTRA OR POSTOPERATIVE	07/01/2008	$25.02	0.0%	0.0%	N	
86900	BLOOD TYPING ABO	07/01/2008	$4.17	0.0%	0.0%	N	
86901	BLOOD TYPING RH (D)	07/01/2008	$4.17	0.0%	0.0%	N	
86903	ANTIGEN SCREENING FOR COMPATIBLE UNIT USING PATIEN	07/01/2008	$13.19	0.0%	0.0%	N	
86904	BLOOD TYPING;ANTIGEN USING PATIENT SERUM, PER UNIT	07/01/2008	$13.28	0.0%	0.0%	N	
86905	BLOOD TYPING;RBC ANTIGENS,OTHER THAN ABO/RH(D),EA	07/01/2008	$5.34	0.0%	0.0%	N	
86906	BLOOD TYPING, RH PHENOTYPING, COMPLETE	07/01/2008	$10.83	0.0%	0.0%	N	
86910	BLOOD TYPING; PATERNITY TEST,ABO,RH,MN	07/01/2008	$25.24	0.0%	0.0%	N	
86911	BLOOD TYPING;PATERNITY TEST, EA ADDITION ANTIGEN	07/01/2008	$8.24	0.0%	0.0%	N	
86920	COMPATIBILITY TEST EA UNIT;IMMEDIATE SPIN TECHNIQU	07/01/2008	$19.18	0.0%	0.0%	N	
86921	COMPATIBILITY TEST; EACH INCUBATION TECHNIQUE	07/01/2008	$21.60	0.0%	0.0%	N	
86922	COMPATABILITY TEST,(EACH) ANTIGLOBULIN TECHNIQUE	07/01/2008	$22.60	0.0%	0.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
86923	COMPATIBILITY TEST, EACH UNIT	01/01/2006	$0.00	0.0%	0.0%	N	
86927	FRESH FROZEN PLASMA, THAWING, EACH UNIT	07/01/2008	$17.06	0.0%	0.0%	N	
86930	FROZEN BLOOD, PREPARATION FOR FREEZING,EACH UNIT	07/01/2008	$25.02	0.0%	0.0%	N	
86931	FROZEN BLOOD,PREPARATION FOR FREEZING; W/THAWING	07/01/2008	$25.02	0.0%	0.0%	N	
86932	FROZEN BLOOD PREP FOR FREEZ, W/FREEZE & THAWING	07/01/2008	$25.02	0.0%	0.0%	N	
86940	HEMOLYSINS AND AGGLUTININS, AUTO, SCREEN, EACH	07/01/2008	$9.71	0.0%	0.0%	N	
86941	HEMOLYSINS AND AGGLUTININS, EACH; INCUBATED	07/01/2008	$16.92	0.0%	0.0%	N	
86945	IRRADIATION OF BLOOD PRODUCT EACH UNIT	01/01/1993	$0.00	0.0%	0.0%	N	
86950	LEUKOCYTE TRANSFUSION	01/01/1993	$0.00	0.0%	0.0%	N	
86960	VOLUME REDUCTION OF BLOOD OR BLOOD PRODUCT, EACH UNIT	01/01/2006	$0.00	0.0%	0.0%	N	
86965	POOLING OF PLATELETS OR OTHER BLOOD PRODUCTS	07/01/2008	$4.67	0.0%	0.0%	N	
86970	PRETREAT RBC'S FOR USE IN ANTIBODY DETECTION,IDENTI	01/01/1992	$0.00	0.0%	0.0%	N	
86971	INCUBATION WITH ENZYMES, EACH	01/01/1992	$0.00	0.0%	0.0%	N	
86972	BY DENSITY RADIENT SEPARATION	01/01/1992	$0.00	0.0%	0.0%	N	
86975	PRETREAT SERUM TO USE IN RBC ANTI IDENT,INCUBAT W/	01/01/1992	$0.00	0.0%	0.0%	N	
86976	BY DILUTION	01/01/1992	$0.00	0.0%	0.0%	N	
86977	INCUBATION WITH INHIBITORS, EACH	01/01/1992	$0.00	0.0%	0.0%	N	
86978	BY DIFFERNTIAL RED CELL ABSORPTION USING PATIENT R	01/01/1993	$0.00	0.0%	0.0%	N	
86985	SPLITTING OF BLOOD OR BLOOD PRODUCTS EA UNIT	01/01/1993	$0.00	0.0%	0.0%	N	
86999	UNLISTED TRANSFUSION MEDICINE PROCEDURE	01/01/1976	$0.00	0.0%	0.0%	N	
87001	ANIMAL INOCULATION	07/01/2008	$6.50	0.0%	0.0%	N	
87003	ANIMAL INOCULATION	07/01/2008	$23.52	0.0%	0.0%	N	
87015	CONCENTRATN FOR PARASITES ETC	07/01/2008	$9.33	0.0%	0.0%	N	
87040	CULTURE, BACTERIAL	07/01/2008	$14.42	0.0%	0.0%	N	
87045	CULTURE, BACTERIAL	07/01/2008	$13.18	0.0%	0.0%	N	
87046	CULTURE BACTERIAL STOOL AEROBIC ADDITIONAL PATHOGENS ISOLATION PRESUMPTIVE ID	07/01/2008	$13.18	0.0%	0.0%	N	
87070	CULTURE, BACTERIAL	07/01/2008	$12.03	0.0%	0.0%	N	
87071	CULTURE QUANTITIVE AEROBIC ANY SOURCE EXCEPT BLOOD URINE OR STOOL	07/01/2008	$13.18	0.0%	0.0%	N	
87073	CULTURE QUANTITIVE ANAEROBIC WITH ISOLATION ANY SOURCE EXCEPT URINE,BLOOD,STOOL	07/01/2008	$13.18	0.0%	0.0%	N	
87075	CULTURE, BACTERIAL	07/01/2008	$13.22	0.0%	0.0%	N	
87076	CULTURE, BACTERIAL	07/01/2008	$11.29	0.0%	0.0%	N	
87077	CULTURE AEROBIC ADDITIONAL METHODS FOR DEFINITIVE ID EACH ISOLATE	07/01/2008	$11.29	0.0%	0.0%	N	
87081	CULTURE, BACTERIAL	07/01/2008	$6.88	0.0%	0.0%	N	
87084	WITH COLONY ESTIMATION FROM DENSITY CHART	07/01/2008	$9.77	0.0%	0.0%	N	
87086	CULTURE, BACTERIAL	07/01/2008	$11.28	0.0%	0.0%	N	
87088	CULTURE, BACTERIAL	07/01/2008	$11.31	0.0%	0.0%	N	
87101	CULTURE, FUNGI	07/01/2008	$10.77	0.0%	0.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
87102	CULTURE, FUNGI	07/01/2008	$10.39	0.0%	0.0%	N	
87103	CULTURE-BLOOD	07/01/2008	$12.60	0.0%	0.0%	N	
87106	CULTURE, FUNGI	07/01/2008	$14.42	0.0%	0.0%	N	
87107	CULTURE MOLD	07/01/2008	$14.42	0.0%	0.0%	N	
87109	CULTURE, MYCOPLASMA	07/01/2008	$10.39	0.0%	0.0%	N	
87110	CULTURE, CHLAMYDIA	07/01/2008	$27.37	0.0%	0.0%	N	
87116	CULTURE, TUBERCLE BACILLI	07/01/2008	$15.10	0.0%	0.0%	N	
87118	CULTURE, TUBERCLE BACILLI	07/01/2008	$15.29	0.0%	0.0%	N	
87140	CULTURE, TYPING	07/01/2008	$5.73	0.0%	0.0%	N	
87143	CULTURE, TYPING	07/01/2008	$17.51	0.0%	0.0%	N	
87147	CULTURE, TYPING	07/01/2008	$7.23	0.0%	0.0%	N	
87149	CULTURE ID NUCLEIC ACID PROBE	07/01/2008	$28.02	0.0%	0.0%	N	
87152	CULTURE ID PULSE FIELD GEL TYPING	07/01/2008	$7.31	0.0%	0.0%	N	
87158	CULTURE, TYPING	07/01/2008	$7.31	0.0%	0.0%	N	
87164	DARK FIELD EXAMINATION ANY SOURCE INCLUDES COLLECT	07/01/2008	$15.01	0.0%	100.0%	N	
87166	DARK FIELD EXAMINATION	07/01/2008	$15.78	0.0%	0.0%	N	
87168	MACROSCOPIC EXAM ANTHROPOD	07/01/2008	$5.96	0.0%	0.0%	N	
87169	MACROSCOPIC EXAMINATION PARASITE	07/01/2008	$5.96	0.0%	0.0%	N	
87172	PINWORM EXAM	07/01/2008	$5.96	0.0%	0.0%	N	
87176	ENDOTOXIN TESTING	07/01/2008	$8.22	0.0%	0.0%	N	
87177	OVA AND PARASITES SMEARS	07/01/2008	$12.43	0.0%	0.0%	N	
87181	SENSITIVITY STUDIES	07/01/2008	$6.64	0.0%	0.0%	N	
87184	SENSITIVITY STUDIES	07/01/2008	$9.63	0.0%	0.0%	N	
87185	SUSCEPTIBILITY STUDIES ENZYME DETECTION PER ENZYME	07/01/2008	$6.64	0.0%	0.0%	N	
87186	SENSITIVITY STUDIES	07/01/2008	$12.08	0.0%	0.0%	N	
87187	MINIMUM BACTERICIDAL CONCENTRACTION (ADD-ON)	07/01/2008	$12.33	0.0%	0.0%	N	
87188	SENSITIVITY STUDIES	07/01/2008	$9.27	0.0%	0.0%	N	
87190	SENSITIVITY STUDIES	07/01/2008	$7.90	0.0%	0.0%	N	
87197	SERUM BACTERICIDAL TITER	07/01/2008	$20.99	0.0%	0.0%	N	
87205	STAINS/SMEARS	07/01/2008	$5.96	0.0%	0.0%	N	
87206	STAINS/SMEARS	07/01/2008	$7.50	0.0%	0.0%	N	
87207	STAINS/SMEARS	07/01/2008	$8.37	0.0%	100.0%	N	
87209	SMEAR, PRIMARY SOURCE WITH INTERPRETATION	07/01/2008	$25.11	0.0%	0.0%	N	
87210	WET MOUNT	07/01/2008	$5.96	0.0%	0.0%	N	
87220	TISSUE EXAMINATION FOR FUNGI (EG KOH SLIDE)	07/01/2008	$5.96	0.0%	0.0%	N	
87230	TOXIN OR ANTITOXIN ASSAY,TISSUE CULTURE(EG CLOSTRI	07/01/2008	$16.26	0.0%	0.0%	N	
87250	VIRUS, INOCULATION	07/01/2008	$27.32	0.0%	0.0%	N	
87252	VIRUS IDENTIFICATION	07/01/2008	$22.20	0.0%	0.0%	N	
87253	TISSUE CULTURE ADDITIONAL STUDIES(EG HEMADSORPTION	07/01/2008	$28.22	0.0%	0.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
87254	VIRUS ISOLATION SHELL VIAL W/IDENTIFICATION IMMUNOFLUORESCENCE STAIN EACH VIRUS	07/01/2008	$27.32	0.0%	0.0%	N	
87255	INCLUDING IDENTIFICATION BY NON-IMMUNOLOGIC METHOD	07/01/2008	$37.02	0.0%	0.0%	N	
87260	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECH; ADENOVIR	07/01/2008	$16.28	0.0%	0.0%	N	
87265	BORDETELLA PERTUSSIS/PARAPERTUSIS	07/01/2008	$16.28	0.0%	0.0%	N	
87269	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; GIARDIA	07/01/2008	$16.28	0.0%	0.0%	N	
87270	CHLAMYDIA TRACHOMATIS AG, DFA	07/01/2008	$16.28	0.0%	0.0%	N	
87271	CYTOMEGALOVIRUS DIRECT FLUORESCENT ANTIBODY (DFA)	07/01/2008	$16.28	0.0%	0.0%	N	
87272	CRYPTOSPORIDUM/GIARDIA AGDFA	07/01/2008	$16.28	0.0%	0.0%	N	
87273	INFECTIOUS AGENT ANTIGEN HERPES SIMPLEX VIRUS TYPE 2	07/01/2008	$16.28	0.0%	0.0%	N	
87274	HERPES SIMPLEX VIRUS AG, DFA	07/01/2008	$16.28	0.0%	0.0%	N	
87275	INFECTIOUS AGENT ANTIGEN BY IMMUNOFLUROESCENTE INFLUENZA B VIRUS	07/01/2008	$16.28	0.0%	0.0%	N	
87276	INFLUENZA A VIRUS AG, DFA	07/01/2008	$16.28	0.0%	0.0%	N	
87277	INFECTIOUS AGENT ANTIGEN DETECT BY IMMUNOFLUORESCENT LEGIONELLA MICDADEI	07/01/2008	$16.28	0.0%	0.0%	N	
87278	LEGIONELLA PNEUMOPHILA, AGDFA	07/01/2008	$16.28	0.0%	0.0%	N	
87279	INFECTIOUS AGENT ANTIGEN PARAINFLUENZA VIRUS EACH TYPE	07/01/2008	$16.28	0.0%	0.0%	N	
87280	RESPIRATORY SYNCYTIAL VIRUS	07/01/2008	$16.28	0.0%	0.0%	N	
87281	ANTIGEN DETECTION BY I.F. PHEUMOCYSTIS CARINII	07/01/2008	$16.28	0.0%	0.0%	N	
87283	ANTIGEN DETECTION BY I.F. RUBEOLA	07/01/2008	$16.28	0.0%	0.0%	N	
87285	TREPONEMA PALLIDUM AG, DFA	07/01/2008	$16.28	0.0%	0.0%	N	
87290	VARICELLA ZOSTER VIRUS, AGDFA	07/01/2008	$16.28	0.0%	0.0%	N	
87299	INFECTION AGENT ANTIGEN DETECTION BY FLOURESCENT ANTIBODY TECHNIQUE, NOS	07/01/2008	$16.28	0.0%	0.0%	N	
87300	ANTIGEN DETECTION BY I.F. POLYVALENT	07/01/2008	$16.28	0.0%	0.0%	N	
87301	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECH. QUALITATIVE/SEMI. MULTIP	07/01/2008	$16.28	0.0%	0.0%	N	
87305	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE	09/01/2008	$16.28	0.0%	0.0%	N	
87320	CHLAMYDIA TRACHOMATIC AG, EIA	07/01/2008	$16.28	0.0%	0.0%	N	
87324	CLOSTRIDIUM DIFFICILE TOXIN A	07/01/2008	$16.28	0.0%	0.0%	N	
87327	ANTIGEN DETECTION BY EIA CRYPTOCOCCUS NEOFORMANS	07/01/2008	$16.28	0.0%	0.0%	N	
87328	CRYPTOSPORIDUM/GIARDIA,AGEIA	07/01/2008	$16.28	0.0%	0.0%	N	
87329	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; GIARDIA	07/01/2008	$16.28	0.0%	0.0%	N	
87332	CYTOMEGALOVIRUS, AG, EIA	07/01/2008	$16.28	0.0%	0.0%	N	
87335	ESHERICHIA COLI 0157	07/01/2008	$16.28	0.0%	0.0%	N	
87336	ANTIGEN DETECTION BY EIA ENTAMOEBA HISTOLYTICA DISPAR GROUP	07/01/2008	$16.28	0.0%	0.0%	N	
87337	ANTIGEN DETECTION BY EIA ENTAMOEBA HISTOLYTICA GROUP	07/01/2008	$16.28	0.0%	0.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
87338	HELICOBACTER PYLORI, STOOL	07/01/2008	$20.10	0.0%	0.0%	N	
87339	ANTIGEN DETECTION BY EIA H PYLORI	07/01/2008	$16.28	0.0%	0.0%	N	
87340	HEPATITUS B SURFACE ANTIGEN HBSAG	07/01/2008	$14.43	0.0%	0.0%	N	
87341	ANTIGEN DETECTION BY EIA, HEPATITIS B SURFACE	07/01/2008	$14.43	0.0%	0.0%	N	
87350	HEPATITUS BE ANTIGEN (HBEAG)	07/01/2008	$16.10	0.0%	0.0%	N	
87380	HEPATITUS DELTA AGENT	07/01/2008	$22.94	0.0%	0.0%	N	
87385	HISTOPLASMA CAPSULATUM-AGEIA	07/01/2008	$16.28	0.0%	0.0%	N	
87390	HIV-1 AG, EIA	07/01/2008	$24.65	0.0%	0.0%	N	
87391	HIV-2, AG, EIA	07/01/2008	$24.65	0.0%	0.0%	N	
87400	INFLUENZA, A OR B, EACH	07/01/2008	$16.28	0.0%	0.0%	N	
87420	RESPIRATORY SYNCYTIAL VIRUS AG EIA	07/01/2008	$16.28	0.0%	0.0%	N	
87425	ROTAVIRUS AG, EIA	07/01/2008	$16.28	0.0%	0.0%	N	
87427	SHIGA-LIKE TOXIN	07/01/2008	$16.28	0.0%	0.0%	N	
87430	STREPTOCOCCUS, GROUP A AGEIA	07/01/2008	$16.28	0.0%	0.0%	N	
87449	INFECTIOUS AGENT ANTIGEN-ENZYME IMMUNOASSAY TECH.QUAL/SEMIQUAL.MULTIPLE STEP NOS	07/01/2008	$16.28	0.0%	0.0%	N	
87450	SINGLE STEP METHOD NOS	07/01/2008	$9.88	0.0%	0.0%	N	
87451	INFECTIOUS AGENT ANTIGEN; MULTIPLE STEP METHOD, EACH POLYVALENT ANTISERUM	07/01/2008	$9.88	0.0%	0.0%	N	
87470	INFECTIOUS AGENT DETECT. DNA/RNA;BARTONELLA HENSELAE/QUINTANA,DIRECT PROBE TECH.	07/01/2008	$28.02	0.0%	0.0%	N	
87471	BARTONELLA HENSELAE/QUINTANA AMPLIFIED PROBE TECHNIQUE	07/01/2008	$49.04	0.0%	0.0%	N	
87472	BARTONELLA HENSELAE/QUINTANA, QUANTIFICATION	07/01/2008	$59.85	0.0%	0.0%	N	
87475	BORRELIA BURGDORFERI, DIRECT PROBE TECHNIQUE	07/01/2008	$28.02	0.0%	0.0%	N	
87476	BORRELIA BURGDORFERI, AMPLIFIED PROBE TECHNIQUE	07/01/2008	$49.04	0.0%	0.0%	N	
87477	BORRELIA BURGDORFERI, QUANTIFICATION	07/01/2008	$59.85	0.0%	0.0%	N	
87480	CANDIDA SPECIES, DIRECT PROBE TECHNIQUE	07/01/2008	$28.02	0.0%	0.0%	N	
87481	CANDIDA SPECIES, AMPLIFIED PROBE TECHNIQUE	07/01/2008	$49.04	0.0%	0.0%	N	
87482	CANDIDA SPECIES, QUANTIFICATION	07/01/2008	$58.33	0.0%	0.0%	N	
87485	CHLAMYDIA PNEUMONIAE, DIRECT PROBE TECHNIQUE	07/01/2008	$28.02	0.0%	0.0%	N	
87486	CHLAMYDIA PNEUMONIAE, AMPLIFIED PROBE TECHNIQUE	07/01/2008	$49.04	0.0%	0.0%	N	
87487	CHLAMYDIA PNEUMONIAE, QUANTIFICATION	07/01/2008	$59.85	0.0%	0.0%	N	
87490	CHLAMYDIA TRACHOMATIS, DIRECT PROBE TECHNIQUE	07/01/2008	$28.02	0.0%	0.0%	N	
87491	CHLAMYDIA TRACHOMATIS, AMPLIFIED PROBE TECHNIQUE	07/01/2008	$49.04	0.0%	0.0%	N	
87492	CHLAMYDIA TRACHOMATIS, QUANTIFICATION	07/01/2008	$48.84	0.0%	0.0%	N	
87495	CYTOMEGALOVIRUS, DIRECT PROBE TECHNIQUE	07/01/2008	$28.02	0.0%	0.0%	N	
87496	CYTOMEGALOVIRUS, AMPLIFIED PROBE TECHNIQUE	07/01/2008	$49.04	0.0%	0.0%	N	
87497	CYTOMEGALOVIRUS, QUANTIFICATION	07/01/2008	$59.85	0.0%	0.0%	N	
87498	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); ENTEROVIRUS	01/01/2007	$0.00	0.0%	0.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
87500	NFECTIOUS AGENT DETECTION BY NUCLEIC ACID; VANCOMYCIN RESISTANCE	01/01/2008	$51.25	0.0%	0.0%	N	Referral Requirec
87510	GARDNERELLA VAGINALIS, DIRECT PROB TECHNIQUE	07/01/2008	$28.02	0.0%	0.0%	N	
87511	GARDERELLA VAGIALIS, AMPLIFIED PROBE TECHNIQUE	07/01/2008	$49.04	0.0%	0.0%	N	
87512	GARDNERELLA VAGINALIS, QUANTIFICATION	07/01/2008	$58.33	0.0%	0.0%	N	
87515	HEPATITUS B VIRUS, DIRECT PROBE TECHNIQUE	07/01/2008	$28.02	0.0%	0.0%	N	
87516	HEPATITUS B VIRUS, AMPLIFIED PROBE TECHNIQUE	07/01/2008	$49.04	0.0%	0.0%	N	
87517	HEPATITUS B VIRUS, QUANTIFICATION	07/01/2008	$59.85	0.0%	0.0%	N	
87520	HEPATITUS C, DIRECT PROBE TECHNIQUE	07/01/2008	$28.02	0.0%	0.0%	N	
87521	HEPATITIS C, AMPLIFIED PROBE TECHNIQUE	07/01/2008	$49.04	0.0%	0.0%	N	
87522	HEPATITUS C, QUANTIFICATION	07/01/2008	$59.85	0.0%	0.0%	N	
87525	HEPATITUS G, DIRECT PROBE TECHNIQUE	07/01/2008	$28.02	0.0%	0.0%	N	
87526	HEPATITUS G, AMPLIFIED PROBE TECHNIQUE	07/01/2008	$49.04	0.0%	0.0%	N	
87527	HEPATITUS G, QUANTIFICATION	07/01/2008	$58.33	0.0%	0.0%	N	
87528	HERPES SIMPLEX VIRUS, DIRECT PROBE TECHNIQUE	07/01/2008	$28.02	0.0%	0.0%	N	
87529	HERPES SIMPLEX VIRUS, AMPLIFIED PROBE TECHNIQUE	07/01/2008	$49.04	0.0%	0.0%	N	
87530	HERPES SIMPLEX VIRUS, QUANTIFICATION	07/01/2008	$59.85	0.0%	0.0%	N	
87531	HERPES VIRUS-6, DIRECT PROBE TECHNIQUE	07/01/2008	$28.02	0.0%	0.0%	N	
87532	HERPES VIRUS-6, AMPLIFIED PROBE TECHNIQUE	07/01/2008	$49.04	0.0%	0.0%	N	
87533	HERPES VIRUS-6,DNA, QUANT.	07/01/2008	$58.33	0.0%	0.0%	N	
87534	HIV-1, DNA, DIRECT PROBE TECHNIQUE	07/01/2008	$28.02	0.0%	0.0%	N	
87535	HIV-1,DNA AMPLIFIED PROBE TECHNIQUE	07/01/2008	$49.04	0.0%	0.0%	N	
87536	HIV-I, QUANTIFICATION	07/01/2008	$118.89	0.0%	0.0%	N	
87537	HIV-2, DNA, DIRECT PROBE TECH.	07/01/2008	$28.02	0.0%	0.0%	N	
87538	HIV-2,DNA,AMPLIFIED PROBE TECHNIQUE	07/01/2008	$49.04	0.0%	0.0%	N	
87539	HIV-2, DNA, QUANTIFICATION	07/01/2008	$59.85	0.0%	0.0%	N	
87540	LEGIONELLA PNEUMOPHILA, DIRECT PROBE TECHNIQUE	07/01/2008	$28.02	0.0%	0.0%	N	
87541	LEGIONELLA PNEUMOPHILA, AMPLIFIED PROBE TECHNIQUE	07/01/2008	$49.04	0.0%	0.0%	N	
87542	LEGIONELLA PNEUMOPHILA, QUANTIFICATION	07/01/2008	$58.33	0.0%	0.0%	N	
87550	MYCOBACTERIA SPECIES,DNA, DIRECT PROBE	07/01/2008	$28.02	0.0%	0.0%	N	
87551	MYCOBACTERIA SPECIES AMPLIFIED PROBE TECHNIQUE	07/01/2008	$49.04	0.0%	0.0%	N	
87552	MYCOBACTERIA SPECIES, DNA, QUANTIFICATION	07/01/2008	$59.85	0.0%	0.0%	N	
87555	MYCOBACTERIA TUBERCULOSIS, DIRECT PROBE	07/01/2008	$28.02	0.0%	0.0%	N	
87556	MYCOBACTERIA TUBERCULOSIS, AMPLIFIED PROBE TECHNIQUE	07/01/2008	$49.04	0.0%	0.0%	N	
87557	MYCOBACTERIA TUBERCULOSIS, QUANTIFICATION	07/01/2008	$59.85	0.0%	0.0%	N	
87560	MYCOBACTERIA AVIUM-INTRACELLULARE, DIRECT PROBE TECHNIQUE	07/01/2008	$28.02	0.0%	0.0%	N	
87561	MYCOBACTERIA AVIUM-INTRACELLULARE, AMPLIFIED PROBE TECHNIQUE	07/01/2008	$49.04	0.0%	0.0%	N	
87562	MYCOBACTERIA AVIUM-INTRACELLULARE, QUANTIFICATION	07/01/2008	$59.85	0.0%	0.0%	N	
87580	MYCOPLASMA PNEUMONIAE, DIRECT PROBE	07/01/2008	$28.02	0.0%	0.0%	N	
87581	MYCOPLASMA PNEUMONIAE, AMPLIFIED PROBE TECHNIQUE	07/01/2008	$49.04	0.0%	0.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
87582	MYCOPLASMA PNEUMONIAE, QUANTIFICATION	07/01/2008	$58.33	0.0%	0.0%	N	
87590	NIESSERIA GONORRHOEAE, DIRECT PROBE TECHNIQUE	07/01/2008	$28.02	0.0%	0.0%	N	
87591	NEISSERIA GONORRHOEAE, AMPLIFIED PROBE TECHNIQUE	07/01/2008	$49.04	0.0%	0.0%	N	
87592	NEISERIA GONORRHOEAE, QUANTIFICATION	07/01/2008	$59.85	0.0%	0.0%	N	
87620	PAPILLOMAVIRUS, HUMAN DIRECT PROBE TECHNIQUE	07/01/2008	$28.02	0.0%	0.0%	N	
87621	PAPILLOMAVIRUS, HUMAN, AMPLIFIED PROBE TECHNIQUE	07/01/2008	$49.04	0.0%	0.0%	N	
87622	PAPILLOMAVIRUS, HUMAN, QUANTIFICATION	07/01/2008	$58.33	0.0%	0.0%	N	
87640	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA);	09/01/2008	$49.04	0.0%	0.0%	N	
87641	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	09/01/2008	$49.04	0.0%	0.0%	N	
87650	STREPTOCOCCUS, GROUP A, DIRECT PROBE TECHNIQUE	07/01/2008	$28.02	0.0%	0.0%	N	
87651	STREPTOCCOCUS, GROUP A, AMPLIFIED PROBE TECHNIQUE	07/01/2008	$49.04	0.0%	0.0%	N	
87652	STREPTOCOCCUS, GROUP A, QUANTIFICATION	07/01/2008	$58.33	0.0%	0.0%	N	
87653	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GROUP B	09/01/2008	$49.04	0.0%	0.0%	N	
87660	INFECTIOUS AGENT DET BY NUCLEIC ACID. TRICH, VAGINALIS DIRECT PROBE TECH	07/01/2008	$28.02	0.0%	0.0%	N	
87797	INFECTIOUS AGENT DETECTION-NUCLEIC ACID, NOS, DIRECT PROBE TECHNIQUE	07/01/2008	$28.02	0.0%	0.0%	N	
87798	INFECTIOUS AGENT DETECTION-NUCLEIC ACID,NOS, AMPLIFIED PROBE TECHNIQUE	07/01/2008	$49.04	0.0%	0.0%	N	
87799	INFECTIOUS AGENT DETECTION-NUCLEIC ACID, NOS, QUANTIFICATION	07/01/2008	$59.85	0.0%	0.0%	N	
87800	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID, MULTIPLE ORGANISMS, DIRECT PROBE(S)	07/01/2008	$56.03	0.0%	0.0%	N	
87801	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; AMPLIFIED PROBE(S) TECHNIQUE	07/01/2008	$98.07	0.0%	0.0%	N	
87802	STREP DETECTION IMMUNOASSAY DETECTION WITH OPTIC	07/01/2008	$16.28	0.0%	0.0%	N	
87803	CLOSTRIDIUM DIFFICILE TOXIN A IMMUNOASSAY DETECTION WITH OPTIC	07/01/2008	$16.28	0.0%	0.0%	N	
87804	INFLUENZA IMMUNOASSAY DETECTION WITH OPTIC	07/01/2008	$16.28	0.0%	0.0%	N	
87807	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY W/ DIRECT OPTICAL OBSERVATION	07/01/2008	$16.28	0.0%	0.0%	N	
87808	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY W/DIRECT OPTICAL OBSERV;	09/01/2008	$16.28	0.0%	0.0%	N	
87809	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY W/DIRECT OPTICAL OBSER	09/01/2008	$16.28	0.0%	0.0%	N	Referral Requirec
87810	INFECTIOUS AGENT DETECTION-IMMUNOASSAY W/DIRECT OPTICAL OBSER CHLAMYDIA TRACHOMA	07/01/2008	$16.28	0.0%	0.0%	N	
87850	NEISSERIA GONORRHOEAE W/OPTICAL OBSERVATIONS; INFECTIOUS AGENT DETECT. -IMMUNOASS	07/01/2008	$16.28	0.0%	0.0%	N	
87880	STREPTOCOCCUS A W/OPTICAL OBERSERVATION; INFECTIOUS AGENT DETECT. -IMMUNOASSAY	07/01/2008	$16.28	0.0%	0.0%	N	
87899	INFECT.AG.DETECT, NOS, W/OPTICAL OBSERVATION-BY IMMUNOASSAY	07/01/2008	$16.28	0.0%	0.0%	N	
87900	INFECTIOUS AGENT DRUG SUSCEPTIBILITY	07/01/2008	$111.00	0.0%	0.0%	N	
87901	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID, HIV 1 TRANSCRIPTASE/PROTEASE	07/01/2008	$194.37	0.0%	0.0%	N	
87902	HEPATITIS C VIRUS GENOTYPE ANALYSIS	07/01/2008	$194.37	0.0%	0.0%	N	
87903	PHENOTYPE BY DNA/RNA, HIV 1	07/01/2008	$544.68	0.0%	0.0%	Y	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
87904	PHENOTYPE BY DNA/RNA, HIV 1 (ADD-ON)	07/01/2008	$22.20	0.0%	0.0%	Y	
87905	INFECTIOUS AGENT ENZYMATIC ACTIVITY OTH VIRUS (EG, SIALIDASE ACTIV/VAG FLUID)	01/01/2009	$0.00	0.0%	0.0%	N	
87999	UNLISTED MICROBIOLOGY TEST	01/01/1976	$0.00	0.0%	0.0%	N	
88104	CYTOPATHOLOGY	07/01/2008	$53.46	13.0%	87.0%	N	
88106	CYTOPATHOLOGY	07/01/2008	$67.47	12.0%	88.0%	N	
88107	CYTOPATHOLOGY	07/01/2008	$85.53	11.0%	89.0%	N	
88108	CYTOPATHOLOGY, CONCENTRATION TECHNIQUE SMEAR INTERP	07/01/2008	$64.13	14.0%	86.0%	N	
88112	CYTOPATHOLOGY, SELECTIVE CELLULAR ENHANCEMENT TECHNIQUE W/ INTERPRETATION	07/01/2008	$97.76	49.0%	51.0%	N	
88125	CYTOPATHOLOGY	07/01/2008	$17.15	6.0%	94.0%	N	
88130	BARR BODIES TEST	07/01/2008	$21.02	0.0%	0.0%	N	
88140	DRUMSTICKS TEST	07/01/2008	$11.17	0.0%	0.0%	N	
88141	CYTOPATHOLOGY, CERVICAL OR VAGINAL W/INTERPRETATION ONLY (ADD-ON)	07/01/2008	$23.15	0.0%	0.0%	N	
88142	CYTOPATHOLOGY, CERVICAL/VAGINAL. AUTOMATED THIN LAYER PREP. BY SUPERVISED TECH	07/01/2008	$28.31	0.0%	0.0%	N	
88143	CYTOPATHOLOGY CERVIC VAGINAL-MANUAL SCREEN & RESCREEN-PHYSICIAN SUPERVISION	07/01/2008	$28.31	0.0%	0.0%	N	
88147	CYTOPATHOLOGY SMEARS; CERVIC VAGINAL SCRN BY AUTOMATED SYSTEM; PHYS SUPERVISION	07/01/2008	$14.76	0.0%	0.0%	N	
88148	CYTOPATHOLOGY SMEARS CERVIC VAGINAL SCREEN AUTO SYS PHY SUPERVISION	07/01/2008	$14.76	0.0%	0.0%	N	
88150	PAPANICOLAOU SMEAR	07/01/2008	$14.76	0.0%	0.0%	N	
88152	CYTOPATHOLOGY SMEARS-UP TO 3, MANUAL TECH.SCREENING & AUTO RESCREENS-SUPERVISED	07/01/2008	$14.76	0.0%	0.0%	N	
88153	CYTOPATHOLOGY SLIDES W/MANUAL SCREENING/RESCREENING UNDER PHYSICIAN SUPERVISION	07/01/2008	$14.76	0.0%	0.0%	N	
88154	CYTOPATHOLOGY SLIDES; W/MANUAL SCREENING/COMPUTER ASSIST RESCREENING	07/01/2008	$14.76	0.0%	0.0%	N	
88155	SMEARS (ADD-ON)	07/01/2008	$8.37	0.0%	0.0%	N	
88160	SMEARS	07/01/2008	$46.55	11.0%	89.0%	N	
88161	CYTOPATHOGY, ANY OTHER SOURCE, PREP, SCREEN/INTERP	07/01/2008	$50.88	13.0%	87.0%	N	
88162	EXTENDED STUDY INVOLVING OVER 5 SLIDES AND/ORAMU	07/01/2008	$69.84	25.0%	75.0%	N	
88164	CYTOPATHOLOGY SLIDES; MANUAL SCREENING UNDER PHYSICIAN SUPERVISION	07/01/2008	$14.76	0.0%	0.0%	N	
88165	CYTOPATHOLOGY SLIDES; W/MANUAL SCREENING/RESCREENING UNDER PHYSICIAN SUPERVIS	07/01/2008	$14.76	0.0%	0.0%	N	
88166	CYTOPATHOLOGY SLIDES; W/MANUAL SCREENING/COMPUTER ASSISTED RESCREENING	07/01/2008	$14.76	0.0%	0.0%	N	
88167	CYTOPATHOLOGY SLIDES; W/MANUAL SCREENING/COMPUTER ASSISTED RESCREENING	07/01/2008	$14.76	0.0%	0.0%	N	
88172	EVALUATION NEEDLE ASPIRATE W/WO PREP OF SMEARS	07/01/2008	$46.64	15.0%	85.0%	N	
88173	INTERP & REPORT	07/01/2008	$119.87	12.0%	88.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
88174	CYTOPATHOLOGY, CERVICAL OR VAGINAL COLLECTED IN PRESERVATIVE FLUID AUTOMATED THI	07/01/2008	$29.85	0.0%	0.0%	N	
88175	WITH SCREENING BY AUTOMATED SYSTEM & MANUAL RESCREENING UNDER PHYSICIAN SUPERVIS	07/01/2008	$36.31	0.0%	0.0%	N	
88182	FLOW CYTOMETRY; CELL CYCLE OR DNA ANALYSIS	07/01/2008	$93.63	16.0%	84.0%	N	
88184	FLOW CYTOMETRY, CELL SURFACE, SYTOPLASMIC, OR NUCLEAR MARKER - FIRST	07/01/2008	$63.44	0.0%	0.0%	N	
88185	FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR MARKER,TECH COMP,EA ADDTL	07/01/2008	$36.08	0.0%	0.0%	N	
88187	FLOW CYTOMETRY, INTERPRETATION; 2 TO 8 MARKERS	07/01/2008	$59.91	0.0%	0.0%	N	
88188	FLOW CYTOMETRY, INTERPRETATION; 9-15 MARKERS	07/01/2008	$73.96	0.0%	0.0%	N	
88189	FLOW CYTOMETRY, INTERPRETATION, 16 OR MORE MARKERS	07/01/2008	$95.19	0.0%	0.0%	N	
88199	UNLISTED CYTOPATHOLOGY TEST	01/01/1976	$0.00	55.0%	45.0%	N	
88230	TISSUE CULTURE FOR CHROMOSOME ANALYSIS	07/01/2008	$162.77	0.0%	0.0%	N	
88233	TISSUE CULTURE CHROMOSOME ANALYSIS SKIN/SOLID TISS	07/01/2008	$196.63	0.0%	0.0%	N	
88235	TISSUE CULTURE FOR CHROMOSOME ANALYSIS, AMNIOTIC	07/01/2008	$205.74	0.0%	0.0%	N	
88237	BONE MARROW (MYLOID) CELLS	07/01/2008	$176.47	0.0%	0.0%	N	
88239	TISSUE CULTURE FOR CHROMOSOME ANALYSIS; OTHER TISS	07/01/2008	$206.12	0.0%	0.0%	N	
88240	CRYOPRESERVATION FREEZING STORAGE CELLS EACH CELL LINE	07/01/2008	$14.11	0.0%	0.0%	N	
88241	THAWING AND EXPANSION OF FROZEN CELLS; EACH ALIQUOT	07/01/2008	$14.11	0.0%	0.0%	N	
88245	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES SCORE 2	07/01/2008	$207.98	0.0%	0.0%	N	
88248	CHROMOSONE ANALYSIS SCORE 100 CELLS COUNT 20 CELLS	07/01/2008	$241.96	0.0%	0.0%	N	
88249	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROME SCORE 100 CELLS CLASTOGEN STRESS	07/01/2008	$241.96	0.0%	0.0%	N	
88261	CHROMOSOME ANALYSIS	07/01/2008	$246.93	0.0%	0.0%	N	
88262	CHROMOSOME ANALYSIS	07/01/2008	$174.14	0.0%	0.0%	N	
88263	CHROMOSOME ANALYSIS;COUNT 45 CELLS FOR MOSAICISM	07/01/2008	$130.45	0.0%	0.0%	N	
88264	CHROMOSOME ANALYSIS ANALYZE 20-25 CELLS	07/01/2008	$174.14	0.0%	0.0%	N	
88267	CHROMOSOME ANALYSIS	07/01/2008	$251.17	0.0%	0.0%	N	
88269	CHROMOSOME ANALYSIS IN SITU FOR AMNIOTIC FLUID CEL	07/01/2008	$232.38	0.0%	0.0%	N	
88271	MOLECULAR CYTOGENETICS DNA PROBE; EACH	07/01/2008	$20.22	0.0%	0.0%	N	
88272	MOLECULAR CYTOGENETICS CHROMOSOMAL IN SITU HYBRIDIZATION ANALYZE 3-5 CELLS	07/01/2008	$25.28	0.0%	0.0%	N	
88273	MOLECULAR CYTOGENETICS CHROMOSOMAL IN SITU HYBRIDIZATION ANALYZE 10-30 CELLS	07/01/2008	$35.39	0.0%	0.0%	N	
88274	MOLECULAR CYTOGENETICS INTERPHASE IN SITU HYBRIDIZATION 25-99 CELLS	07/01/2008	$45.50	0.0%	0.0%	N	
88275	MOLECULAR CYTOGENETICS INTERPHASE IN SITU HYBRIDIZATION ANALYZE 100-300 CELLS	07/01/2008	$56.11	0.0%	0.0%	N	
88280	CHROMOSOME ANALYSIS	07/01/2008	$35.07	0.0%	0.0%	N	
88283	CHROMOSOME ANALYSIS ADD SPEC BANDING TECHNIQUE NOR	07/01/2008	$95.84	0.0%	0.0%	N	
88285	CHROMOSOME ANALYSIS	07/01/2008	$26.54	0.0%	0.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
88289	CHROMOSOME ANALYSIS ADDITIONAL HIGH RESOLUTION STU	07/01/2008	$48.11	0.0%	0.0%	N	
88291	CYTOGENETICS & MOLECULAR CYTOGENETICS INTERPRETATION & REPORT	07/01/2008	$25.24	0.0%	0.0%	N	
88299	UNLISTED CYTOGENIC TEST	01/01/1976	$0.00	0.0%	0.0%	N	
88300	GROSS EXAMINATION	07/01/2008	$20.06	33.0%	67.0%	N	
88302	GROSS/MICROSCOPIC EXAM	07/01/2008	$43.46	39.0%	61.0%	N	
88304	GROSS/MICROSCOPIC EXAM	07/01/2008	$54.18	38.0%	62.0%	N	
88305	GROSS/MICROSCOPIC EXAM	07/01/2008	$92.20	29.0%	71.0%	N	
88307	GROSS/MICROSCOPIC EXAM	07/01/2008	$182.06	25.0%	75.0%	N	
88309	GROSS/MICROSCOPIC EXAM	07/01/2008	$272.90	23.0%	77.0%	N	
88311	GROSS/MICROSCOPIC EXAM (ADD-ON)	07/01/2008	$16.05	22.0%	78.0%	N	
88312	STAINS, SPECIAL (ADD-ON)	07/01/2008	$82.25	14.0%	86.0%	N	
88313	STAINS, SPECIAL (ADD-ON)	07/01/2008	$61.76	22.0%	78.0%	N	
88314	HISTOCHEMICAL STAINING WITH FROZEN SECTION (ADD-ON)	07/01/2008	$83.06	26.0%	74.0%	N	
88318	DETERMINATIVE HISTOCHEMISTRY FOR CHEMICAL ELEMENTS	07/01/2008	$91.40	18.0%	82.0%	N	
88319	DETERMINATIVE HISTOCHEMISTRY TO IDENTIFY ENZYMES	07/01/2008	$129.43	23.0%	77.0%	N	
88321	CONSULTATION, PATHOLOGY	07/01/2008	$80.82	0.0%	0.0%	N	
88323	CONSULTATION, PATHOLOGY	07/01/2008	$129.38	16.0%	84.0%	N	
88325	CONSULTATION, PATHOLOGY	07/01/2008	$174.21	0.0%	0.0%	N	
88329	CONSULTATION, PATHOLOGY	07/01/2008	$44.87	25.0%	75.0%	N	
88331	PATH CONSULT DURING SURGERY; 1ST TISSUE BLOCK, W/ FROZEN SECTION, ONE SPECIMEN	07/01/2008	$80.22	25.0%	75.0%	N	
88332	PATH CONSULT DURING SURGERY; EA ADDITIONAL TISSUE BLOCK W/ FROZEN SECTION(S)	07/01/2008	$36.25	24.0%	76.0%	N	
88333	PATHOLOGY CONSULTATION DURING SURGERY, INITIAL SITE	07/01/2008	$81.93	23.0%	77.0%	N	
88334	PATHOLOGY CONSULTATION DURING SURGERY, EACH ADDITIONAL SITE	07/01/2008	$48.16	27.0%	73.0%	N	
88342	IMMUNOCYTHOCHEMISTRY, EACH ANTIBODY	07/01/2008	$86.90	21.0%	79.0%	N	
88346	IMMUNOFLUORESCENT STUDY, EACH ANTIBODY, DIRECT METHOD	07/01/2008	$87.95	19.0%	81.0%	N	
88347	IMMUNOGLUORESCENT STUDY, EACH ANTIBODY; INDIRECT METHOD	07/01/2008	$72.94	22.0%	78.0%	N	
88348	ELECTRON MICROSCOPY	07/01/2008	$513.89	29.0%	71.0%	N	
88349	ELECTRON MICROSCOPY	07/01/2008	$243.43	34.0%	66.0%	N	
88355	MORPHOMETRIC ANALYSIS SKELATAL MUSCLE	07/01/2008	$264.74	23.0%	77.0%	N	
88356	MORPHOMETRIC ANYALYSIS; NERVE	07/01/2008	$264.08	23.0%	77.0%	N	
88358	ANALYSIS TUMOR	07/01/2008	$67.59	23.0%	77.0%	N	
88360	MORPHOMETRIC ANALYSIS,TUMOR IMMUNOHISTOCHEMISTRY,QUANTITATIVE OR SEMI,EA ANTI	07/01/2008	$104.53	21.0%	79.0%	N	
88361	MORPHOMETRIC ANALYSIS USING COMPUTER-ASSISTED TECHNOLOGY	07/01/2008	$139.94	59.0%	41.0%	N	
88362	NERVE TEASING PREPARATIONS	07/01/2008	$237.42	24.0%	76.0%	N	
88365	IN SITU HYBRIDIZATION EG FISH EACH PROBE	07/01/2008	$132.41	22.0%	78.0%	N	
88367	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION, EACH PROBE, USING COMP ASSIST TECH	07/01/2008	$199.18	63.0%	37.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
88368	MORPHOMETRIC ANALYSIS IN SITU HYBRIDIZATION, EACH PROBE; MANUAL	07/01/2008	$172.25	45.0%	55.0%	N	
88371	PROTEIN ANALYSIS BY WESTERN BLOT,INTERP & REPORT	07/01/2008	$31.05	0.0%	100.0%	N	
88372	PROTEIN ANALYSIS,INTERP & RPT;PROBE FOR BAND ID,EA	07/01/2008	$31.79	0.0%	100.0%	N	
88380	MICRODISSECTION (EG, MECHANICAL, LASER CAPTURE)	01/01/2002	$0.00	55.0%	45.0%	N	
88381	MICRODISSECTION (IE, SAMPLE PREP OF MICROSCOPICALLY IDENTIFIED TARGET); MANUAL	07/01/2008	$190.27	74.0%	26.0%	N	Referral Required
88384	ARRAY-BASED EVALUATION OF MULTIPLE MOLECULAR PROBES, 11-50 PROBES	01/01/2006	$0.00	0.0%	0.0%	N	
88385	ARRAY-BASED EVALUATION OF MULTIPLE MOLECULAR PROBES, 51-250 PROBES	07/01/2008	$430.24	84.0%	16.0%	N	
88386	ARRAY-BASED EVALUATION OF MULTIPLE MOLECULAR PROBES, 251-500 PROBES	07/01/2008	$441.62	81.0%	19.0%	N	
88399	UNLISTED SURGICAL PATH TEST	01/01/1976	$0.00	0.0%	0.0%	N	
88720	BILIRUBIN, TOTAL, TRANSCUTANEOUS	01/01/2009	$0.00	0.0%	0.0%	N	
88740	HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS, PER DAY; CARBOXYHEMOGLOBIN	01/01/2009	$0.00	0.0%	0.0%	N	
88741	METHEMOGLOBIN	01/01/2009	$0.00	0.0%	0.0%	N	
89049	CAFFEINE HALOTHANE CONTRACTURE TEST	07/01/2008	$166.77	0.0%	0.0%	N	
89050	CELL COUNT, OTHER THAN BLOOD	07/01/2008	$6.61	0.0%	0.0%	N	
89051	CELL COUNT, OTHER THAN BLOOD	07/01/2008	$7.70	0.0%	0.0%	N	
89055	LEUKOCYTE COUNT, FECAL	07/01/2008	$5.96	0.0%	0.0%	N	
89060	CRYSTAL ID BY COMPENSATING POLARIZED LENS ANALYSIS	07/01/2008	$9.99	0.0%	100.0%	N	
89100	DUODENAL INTUBATION/ASPIRATION	07/01/2008	$183.24	0.0%	0.0%	N	
89105	DUODENAL INTUBATION/ASPIRATION	07/01/2008	$185.29	0.0%	0.0%	N	
89125	STAINS	07/01/2008	$6.03	0.0%	0.0%	N	
89130	GASTRIC INTUBATION/ASPIRATION	07/01/2008	$154.08	0.0%	0.0%	N	
89132	GASTRIC INTUBATION/ASPIRATION	07/01/2008	$172.49	0.0%	0.0%	N	
89135	GASTRIC INTUBATION/ASPIRATION	07/01/2008	$206.25	0.0%	0.0%	N	
89136	GASTRIC INTUBATION/ASPIRATION	07/01/2008	$135.16	0.0%	0.0%	N	
89140	GASTRIC INTUBATION, ASPIRATION, & FUNCTION COLLECT	07/01/2008	$170.84	0.0%	0.0%	N	
89141	GASTRIC INTUBATION/ASPIRATION	07/01/2008	$181.94	0.0%	0.0%	N	
89160	MEAT FIBERS TEST, FECES	07/01/2008	$5.15	0.0%	0.0%	N	
89190	EOSINOPHILS, NASAL SECRETIONS, SPUTUM, ETC	07/01/2008	$6.64	0.0%	0.0%	N	
89220	SPUTUM, OBTAINING SPECIMEN, AEROSOL INDUCED TECHNIQUE	01/01/2006	$0.00	0.0%	0.0%	N	
89225	STARCH GRANULES, FECES	01/01/2008	$4.67	0.0%	0.0%	N	Referral Required
89230	SWEAT COLLECTION BY IONTOPHORESIS	01/01/2009	$3.26	0.0%	0.0%	N	
89235	WATER LOAD TEST	01/01/2008	$7.69	0.0%	0.0%	N	Referral Required
89321	SEMEN ANALYSIS; PRESENSE AND/OR MOTILITY OF SPERM	07/01/2008	$16.26	0.0%	0.0%	N	
90281	IMMUNE GLOBULIN HUMAN FOR INTRAMUSCULAR USE	01/01/2001	$28.00	0.0%	0.0%	N	Referral Required
90283	IMMUNE GLOBULIN IGIV HUMAN FOR INTRAVENOUS USE	01/01/1999	$0.00	0.0%	0.0%	N	Referral Required
90284	IMMUNE GLOBULIN , HUMAN, FOR USE IN SUBCUTANEOUS INFUSIONS, 100 MG, EA	01/01/2008	$0.00	0.0%	0.0%	N	Referral Required
90287	BOTULINUM ANTITOXIN EQUINE ANY ROUTE	01/01/1999	$0.00	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
90288	BOTULISM IMMUNE GLOBULIN HUMAN FOR INTRAVENOUS USE	01/01/1999	$0.00	0.0%	0.0%	N	Referral Required
90291	CYTOMEGALOVIRUS IMMUNE GLOBULIN, HUMAN FOR INTRAVENOUS USE	01/01/1999	$0.00	0.0%	0.0%	N	Referral Required
90296	DIPHTHERIA ANTITOXIN, EQUINE, ANY ROUTE	01/01/1999	$0.00	0.0%	0.0%	N	Referral Required
90371	HEPATITIS B IMMUNE GLOBULIN, HUMAN FOR INTRAMUSCULAR USE	01/01/2009	$123.87	0.0%	0.0%	N	Referral Required
90375	RABIES IMMUNE GLOBULIN, HUMAN FOR INTRAMUSCULAR AND/OR SUBCUTANEOUS USE	01/01/2009	$90.90	0.0%	0.0%	N	Referral Required
90376	RABIES IMMUNE GLOBULIN, HEAT-TREATED, HUMAN FOR INTRAMUSCULAR &/OR SUBCUTANEOUS	01/01/2009	$98.08	0.0%	0.0%	N	Referral Required
90378	SYNAGIS 50 MG, RESPIRATORY SYNCTIAL VIRUS IMM.GLOB.NDC 60574411401	09/26/2009	$978.50	0.0%	0.0%	N	Referral Required
90384	RHO IMMUNE GLOBULIN, HUMAN FULL DOSE FOR INTRAMUSCULAR USE	01/01/1999	$113.05	0.0%	0.0%	N	Referral Required
90385	RHO IMMUNE GLOBULIN, HUMAN MINI DOSE FOR INTRAMUSCULAR USE	01/01/2009	$25.99	0.0%	0.0%	N	Referral Required
90386	RHO IMMUNE GLOBULIN, HUMAN FOR INTRAVENOUS USE	01/01/1999	$0.00	0.0%	0.0%	N	Referral Required
90389	TETANUS IMMUNE GLOBULIN, HUMAN FOR INTRAMUSCULAR USE	01/01/1999	$0.00	0.0%	0.0%	N	Referral Required
90393	VACCINIA IMMUNE GLOBULIN, HUMAN FOR INTRAMUSCULAR USE	01/01/1999	$0.00	0.0%	0.0%	N	Referral Required
90396	VARICELLA ZOSTER IMMUNE GLOBULIN, HUMAN FOR INTRAMUSCULAR USE	07/01/2005	$109.82	0.0%	0.0%	N	Referral Required
90399	UNLISTED IMMUNE GLOBULIN	01/01/1999	$0.00	0.0%	0.0%	N	Referral Required
90465	IMMUNIZATION ADMINISTRATION, UNDER 8 YRS OF AGE, INCL PHYS COUNS, 1ST INJECT/DAY	01/01/2009	$19.07	0.0%	0.0%	N	
90466	IMMUNIZATION ADMINISTRATION,UNDER 8 YRS OF AGE,INCL PHYS COUNS,EA ADD INJEC/DAY	01/01/2009	$7.52	0.0%	0.0%	N	
90467	IMMUNIZATION ADMINISTRATION UNDER AGE 8, INCL PHYS COUNSL, 1ST ADMIN, PER DAY	01/01/2009	$12.70	0.0%	0.0%	N	
90468	IMMUNIZATION ADMINISTRATION UNDER AGE 8 YEARS; INCL PHYS COUNS,EA ADDTL, PER DAY	01/01/2009	$9.43	0.0%	0.0%	N	
90471	IMMUNIZATION ADMINISTRATION, SINGLE OR COMBINATION VACCINE/TOXOID	01/01/2009	$19.07	0.0%	0.0%	N	
90472	IMMUNIZATION ADMINISTRATION; EACH ADDITIONAL VACCINE (SNGL OR COMBO VACC/TOXOID)	01/01/2009	$9.75	0.0%	3.0%	N	
90473	ONE VACCINE ADMINISTRATION; INTRANASAL OR ORAL	01/01/2009	$12.70	0.0%	0.0%	N	
90474	IMMUNIZATION ADMINISTRATION; EACH ADDITIONAL VACCINE, INTRANASAL OR ORAL	01/01/2009	$8.47	0.0%	0.0%	N	
90476	ADENOVIRUS VACCINE TYPE 4, LIVE FOR ORAL USE	01/01/1999	$0.00	0.0%	0.0%	N	
90477	ADENOVIRUS VACCINE TYPE 7, LIVE FOR ORAL USE	01/01/1999	$0.00	0.0%	0.0%	N	
90524	INTRACUTANEOUS TESTS W/ALLERGENIC EXTRACTS PER EAC	01/01/1993	$1.92	0.0%	0.0%	N	Referral Required
90581	ANTHRAX VACCINE FOR SUBCUTANEOUS USE	01/01/1999	$0.00	0.0%	0.0%	N	
90585	BACILLUS CALMETTE-GUERIN VACCINE FOR TUBERCULOSIS, LIVE, PERCUTANEOUS USE	01/01/2009	$118.11	0.0%	0.0%	N	
90586	BACILLUS CALMETTE-GUERIN VACCINE FOR BLADDER CANCER, LIVE FOR INTRAVESICAL USE	01/01/2009	$114.49	0.0%	0.0%	N	
90632	HEPATITIS A VACCINE, ADULT DOSAGE FOR INTRAMUSCULAR USE	01/01/2009	$46.86	0.0%	0.0%	N	
90633	HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE 2 DOSE SCH, INTRAMUSCULAR USE	01/01/2009	$25.15	0.0%	0.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
90634	HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE 3 DOSE SCH, INTRAMUSCULAR USE	04/01/2007	$24.28	0.0%	0.0%	N	
90636	HEPATITIS A HEPATITIS B VACCINE, ADULT DOSAGE IM/USE < TWIN RX	05/21/2001	$85.00	0.0%	0.0%	N	
90645	HEMOPHILUS INFLUENZA B VACCINE HBOC CONJUGATE 4 DOSE SCH FOR INTRAMUSCULAR USE	01/01/2009	$23.34	0.0%	0.0%	N	
90646	HEMOPHILUS INFLUENZA B VACCINE PRP-D CONJUGATE BOOSTER ONLY	01/01/1999	$24.00	0.0%	0.0%	N	
90647	HEMOPHILUS INFLUENZA B VACCINE PRP-OMP CONJUGATE 3 DOSE SCH INTRAMUSCULAR	01/01/2009	$23.34	0.0%	0.0%	N	
90648	HEMOPHILUS INFLUENZA B VACCINE PRP-T CONJUGATE 4 DOSE SCH INTRAMUSCULAR	01/01/2009	$21.78	0.0%	0.0%	N	
90649	HUMAN PAPILLOMA VACCINE (HPV), TYPES 6, 11, 16, 18. 3 DOSE SCHEDULE FOR IM USE	01/01/2006	$131.73	0.0%	0.0%	N	
90655	INFLUENZA VIRUS VACCINE CHILDREN 6-35 MONTHS OF AGE FOR IM USE	10/15/2008	$16.88	0.0%	0.0%	N	
90656	INFLUENZA VIRUS VACCINE, SPLIT VIRUS PRESERVATIVE FREE FOR 3 YEARS & ABOVE	10/15/2008	$18.20	0.0%	0.0%	N	
90657	INFLUENZA VIRUS VACCINE SPLIT VIRUS 6-35 MONTH DOSAGE INTRAMUSCULAR OR JET INJEC	01/01/2008	$6.61	0.0%	0.0%	N	
90658	INFLUENZA VIRUS VACCINE SPLIT VIRUS 3 YRS & ABOVE DOSAGE INTRAMUSC OR JET INJECT	01/01/2008	$13.22	0.0%	0.0%	N	
90660	INFLUENZA VIRUS VACCINE, LIVE FOR INTRANASAL USE	10/15/2008	$22.32	0.0%	0.0%	N	
90665	LYME DISEASE VACCINE, ADULT DOSAGE INTRAMUSCULAR USE	03/17/1999	$63.70	0.0%	0.0%	N	
90669	PNEUMOCOCCAL CONJUGATE VACCINE, POLYVALENT. INTRAMUSCULAR; PREVNAR	01/01/2008	$78.80	0.0%	0.0%	N	
90675	RABIES VACCINE FOR INTRAMUSCULAR USE	01/01/2009	$146.88	0.0%	0.0%	N	
90676	RABIES VACCINE FOR INTRADERMAL USE	01/01/1999	$0.00	0.0%	0.0%	N	
90680	ROTAVIRUS VACCINE INACTIVATED PENTAVALENT 3 DOSE SCHEDULE LIVE FOR ORAL USE	01/01/2006	$68.75	0.0%	0.0%	N	
90681	ROTAVIRUS VACCINE, HUMAN, ATTENUATED, 2 DOSE SCHEDULE, LIVE FOR ORAL USE	01/01/2008	$0.00	0.0%	0.0%	N	
90690	TYPHOID VACCINE, LIVE, ORAL	05/01/2001	$30.00	0.0%	0.0%	N	
90691	TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE FOR INTRAMUSCULAR USE	01/01/2009	$53.32	0.0%	0.0%	N	
90692	TYPHOID VACCINE HEAT & PHENOL INACTIVATED H-P FOR SUBCUTANEOUS /INTRADERMAL/	01/01/1999	$0.00	0.0%	0.0%	N	
90693	TYPHOID VACCINE ACETON-KILLED & DRIED FOR SUBCUTANEOUS OR JET INJECTION USE	01/01/1999	$0.00	0.0%	0.0%	N	
90696	INACTIVE (DTAP-IPV), WHEN ADMINISTERED TO CHILDREN 4- 6 YEARS OF AGE, FOR IM USE	07/01/2008	$0.00	0.0%	0.0%	N	
90698	DIPHTHERIA, TETANUS TOXOIDS,VACCINE (DTaP-Hib-IPV), FOR IM USE	01/01/2009	$56.64	0.0%	0.0%	N	
90700	D.P. AND ACELLULAR PERTUSIS VACCINE, AGE 7 OR LESS	01/01/2009	$17.58	0.0%	0.0%	N	
90701	DPT OR DTP VACCINE	07/01/1994	$17.23	0.0%	0.0%	N	
90702	DT TOXOID INJ	01/01/2009	$24.96	0.0%	0.0%	N	
90703	TETANUS TOXOID	01/01/2009	$21.99	0.0%	0.0%	N	
90704	MUMPS VACCINE	01/01/2009	$22.20	0.0%	0.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
90705	MEASLES VACCINE	01/01/2009	$17.14	0.0%	0.0%	N	
90706	RUBELLA VACCINE	01/01/2009	$18.92	0.0%	0.0%	N	
90707	MMR VACCINE	01/01/2009	$44.82	0.0%	0.0%	N	
90708	MEASLES AND RUBELLA VACCINE	07/01/1994	$22.30	0.0%	0.0%	N	
90712	ORAL POLIO VACCINE	07/01/1994	$16.22	0.0%	0.0%	N	
90713	POLIOVIRUS VACCINE INACTIVATED (IPV) FOR SUBCUTANEOUS OR INTRAMUSCULAR USE	01/01/2009	$26.52	0.0%	0.0%	N	
90714	TETANUS & DIPTHERIA TOXOIDS ABSORBED PRESERVE FREE 7YRS/OLDER FOR IM USE	01/01/2009	$19.70	0.0%	0.0%	N	
90715	TETANUS AND DIPTHERIA TOXOIDS & ACELLULAR PERTUSSIS VACCINE 7 YRS/OLDER	01/01/2009	$34.70	0.0%	0.0%	N	
90716	IMMUNIZATION, ACTIVE; VARICELLA (CHICKEN POX)	01/01/2009	$77.33	0.0%	0.0%	N	
90717	YELLOW FEVER VACCINE	01/01/2009	$57.75	0.0%	0.0%	N	
90718	TETANUS AND DIPHTHERIA TOXOIDS ADULT USE TD	01/01/2009	$12.21	0.0%	0.0%	N	
90719	DIPHTHERIA TOXOID	01/02/1988	$5.00	0.0%	0.0%	N	
90720	D.T.P. AND HIB VACCINE	07/01/2005	$28.34	0.0%	0.0%	N	
90721	IMMUNIZATION, ACTIVE; DTAP AND HIB VACCINE	01/01/2009	$42.89	0.0%	0.0%	N	
90723	DIPTHERIA TETANUS, ACELLULAR PERTUSIS HEPATITUS B, POLIO HEPB-IPV INTRAMUSCULAR	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	
90732	PNEUMOCOCCAL POLYVALENT PNEUMOVAX PNU-IMMUNE	10/15/2008	$32.70	0.0%	0.0%	N	
90733	MENINGOCOCCAL POLYSACCHARDE VACCINE - ANY GROUP(S)	01/01/2009	$93.87	0.0%	0.0%	N	
90734	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, Y, AND W-135 (TETRAVALENT)	01/01/2006	$90.20	0.0%	0.0%	N	
90735	ENCEPHALITIS VACCINE	01/01/2009	$102.08	0.0%	0.0%	N	
90736	ZOSTER (SHINGLES) VACCINE LIVE FOR SUBCUTANEOUS INJECTION	01/01/2006	$0.00	0.0%	0.0%	N	
90738	JAPANESE ENCEPHALITIS VIRUS VACCINE, INACTIVATED, FOR INTRAMUSCULAR USE	01/01/2009	$0.00	0.0%	0.0%	N	
90740	HEPATITIS B VACCINE DIALYSIS OR IMMUNOSUPPRESSED PATIENT DSG-3 DOSE SCHEDULE	01/01/2009	$119.42	0.0%	0.0%	N	
90743	HEPATITIS B VACCINE ADOLESENT 2 DOSE SCHEDULE FOR INTRAMUSCULAR USE	01/01/2009	$24.22	0.0%	0.0%	N	
90744	IMMUNIZATION,ACTIVE, HEPATITUS B VAC-NEWBORN-11YRS	01/01/2009	$24.22	0.0%	0.0%	N	
90746	IMMUNIZATION,ACTIVE-HEPATITUS B VAC-20 YRS & ABOVE	01/01/2009	$59.71	0.0%	0.0%	N	
90747	IMMUNIZATION ACTIVE HEPATITUS B, ANY DIALYSIS,IMMU	01/01/2009	$119.42	0.0%	0.0%	N	
90748	IMMUNIZATION, ACTIVE, HEPATITIS B AND HEMOPHILUS INFLUENZA B (HB) VACCINE	01/01/1999	$39.75	0.0%	0.0%	N	
90749	UNLISTED IMMUNIZATION PROCEDURE	01/01/1982	$0.00	0.0%	0.0%	N	
90801	PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAM	07/01/2008	$150.36	0.0%	0.0%	N	Referral Requirec
90802	INTERACTIVE PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAM	07/01/2008	$159.77	0.0%	0.0%	N	Referral Requirec
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, 20-30 MINUTES	07/01/2008	$40.39	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
90805	INDIVIDUAL PSYCHOTHERAPY INSIGHT ORIENTED, 20-30 MINUTES WITH E/M SERVICES	07/01/2008	$74.72	0.0%	0.0%	N	Referral Required
90806	INDIVIDUAL PSYCHOTHERAPY INSIGHT ORIENTED, 45-50 MINUTES	07/01/2008	$60.60	0.0%	0.0%	N	Referral Required
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, 45-50 MINUTES WITH E/M SERVICES	07/01/2008	$107.45	0.0%	0.0%	N	Referral Required
90808	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, 75-80 MINUTES FACE TO FACE WITH PT	07/01/2008	$90.38	0.0%	0.0%	N	Referral Required
90809	INDIVIDUAL PSYCHOTHERAPY INSIGHT ORIENTED, 75-80 MINUTES WITH E/M SERVICES	07/01/2008	$155.32	0.0%	0.0%	N	Referral Required
90810	INDIVIDUAL PSYCHOTHERAPY USING PLAY EQUIPMENT, 20-30 MINUTES FACE TO FACE	07/01/2008	$43.72	0.0%	0.0%	N	Referral Required
90811	INDIVIDUAL PSYCHOTHERAPY, USING PLAY EQUIPMENT, 20-30 MINUTES, WITH E/M SERVICES	07/01/2008	$80.42	0.0%	0.0%	N	Referral Required
90812	INDIVIDUAL PHYCHOTHERAPY, USING PLAY EQUIPMENT, 45-50 MINUTES FACE-TO-FACE W PT	07/01/2008	$64.55	0.0%	0.0%	N	Referral Required
90813	INDIVIDUAL PSYCHOTHERAPY, USING PLAY EQUIPMENT, 45-50 MINUTES, WITH E/M SERVICES	07/01/2008	$114.57	0.0%	0.0%	N	Referral Required
90814	INDIVIDUAL PSYCHOTHERAPY, USING PLAY EQUIPMENT, 75-80 MINUTES FACE-TO-FACE	07/01/2008	$94.36	0.0%	0.0%	N	Referral Required
90815	INDIVIDUAL PSYCHOTHERAPY, USING PLAY EQUIPMENT, 75-80 MINUTES, WITH E/M SERVICES	07/01/2008	$160.99	0.0%	0.0%	N	Referral Required
90816	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, 20-30 MINUTES	07/01/2008	$69.37	0.0%	0.0%	N	Referral Required
90817	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, 20-30 MINUTES, WITH E/M SERVICES	07/01/2008	$77.34	0.0%	0.0%	N	Referral Required
90818	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, 45-50 MINUTES	07/01/2008	$102.56	0.0%	0.0%	N	Referral Required
90819	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, 45-50 MINUTES, WITH E/M SERVICES	07/01/2008	$110.04	0.0%	0.0%	N	Referral Required
90821	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, 75-80 MINUTES	07/01/2008	$150.47	0.0%	0.0%	N	Referral Required
90822	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, 75-80 MINUTES, WITH E/M SERVICES	07/01/2008	$163.62	0.0%	0.0%	N	Referral Required
90823	INDIVIDUAL PSYCHOTHERAPY, USING PLAY EQUIPMENT, 20-30 MINUTES	07/01/2008	$76.47	0.0%	0.0%	N	Referral Required
90824	INDIVIDUAL PSYCHOTHERAPY, USING PLAY EQUIPMENT, 20-30 MINUTES, WITH E/M SERVICES	07/01/2008	$84.48	0.0%	0.0%	N	Referral Required
90826	INDIVIDUAL PSYCHOTHERAPY, USING PLAY EQUIPMENT, 45-50 MINUTES	07/01/2008	$110.42	0.0%	0.0%	N	Referral Required
90827	INDIVIDUAL PSYCHOTHERAPY, USING PLAY EQUIPMENT, 45-50 MINUTES, WITH E/M SERVICES	07/01/2008	$117.15	0.0%	0.0%	N	Referral Required
90828	INDIVIDUAL PSYCHOTHERAPY, USING PLAY EQUIPMENT, 75-80 MINUTES	07/01/2008	$183.05	0.0%	0.0%	N	Referral Required
90829	INDIVIDUAL PSYCHOTHERAPY, USING PLAY EQUIPMENT, 75-80 MINUTES, WITH E/M SERVICES	07/01/2008	$165.39	0.0%	0.0%	N	Referral Required
90845	MEDICAL PSYCHOANALYSIS	07/01/2008	$95.49	0.0%	0.0%	N	Referral Required
90846	FAMILY PSYCHOTHERAPY - WITHOUT THE PATIENT PRESENT	09/01/2008	$71.55	0.0%	0.0%	N	Referral Required
90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTERAPY) W/PT PRESENT	07/01/2008	$71.55	0.0%	0.0%	N	Referral Required
90849	MULTIPLE-FAMILY GROUP MEDICAL PSYCHOTHERAPY	07/01/2008	$34.12	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
90853	GROUP MEDICAL PSYCHOTHERAPY (NOT MULTIPLE-FAMILY)	07/01/2008	$21.69	0.0%	0.0%	N	Referral Required
90857	INTERACTIVE GP MEDICAL PSYCHOTHERAPY - ONE SESSION	07/01/2008	$38.00	0.0%	0.0%	N	Referral Required
90862	PHARMACOLOGIC MANAGE INCL PRESC, USE, AND REVIEW OF MEDS WITH MINIMAL MED PSYCH	07/01/2008	$52.91	0.0%	0.0%	N	Referral Required
90865	NARCOSYNTHESIS FOR PSYCHIATRIC DIAGNOSTIC AND THERAPEUTIC PURPOSES	07/01/2008	$172.04	0.0%	0.0%	N	Referral Required
90870	ELECTROCONVULSIVE THERAPY	07/01/2008	$100.04	0.0%	0.0%	N	Referral Required
90880	HYPNOTHERAPY - 25-30 MINUTES	07/01/2008	$118.32	0.0%	0.0%	N	Referral Required
90885	PSYCHIATRIC EVAL OF HOSPITAL RECORDS AND OTHER FOR MEDICAL DIAGNOSTIC PURPOSES	07/01/2008	$34.50	0.0%	0.0%	N	Referral Required
90887	INTERP OR EXPLAIN RESULTS OF TESTS TO RESP PERSONS	07/01/2008	$48.59	0.0%	0.0%	N	Referral Required
90889	PREP OF REPORT OF PT'S PSYCH STATUS FOR INSURANCE	07/01/2008	$48.55	0.0%	0.0%	N	Referral Required
90899	UNLISTED PSYCHIATRIC SERVICE	11/05/1990	$0.00	0.0%	0.0%	Y	Referral Required
90935	HEMODIALYSIS PROCEDURE	07/01/2008	$63.38	0.0%	0.0%	N	Referral Required
90937	HEMODIALYSIS REPEAT EVALS	07/01/2008	$104.24	0.0%	0.0%	N	Referral Required
90940	HEMODIALYSIS ACCESS FLOW	01/01/2001	$0.00	0.0%	0.0%	N	Referral Required
90945	DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS	07/01/2008	$66.42	0.0%	0.0%	N	Referral Required
90947	DIALYSIS OTHER THAN HEMODIALYSIS, REPEATED EVALS	07/01/2008	$106.49	0.0%	0.0%	N	Referral Required
90951	ESRD RELATED SVS MNTHLY < 2 YEARS OF AGE W/MONITORING 4+FACE TO FACE	01/01/2009	$919.84	0.0%	0.0%	N	Referral Required
90952	WITH 2-3 FACE-TO-FACE PHYSICIAN VISITS PER MONTH	01/01/2009	$689.88	0.0%	0.0%	N	Referral Required
90953	WITH 1 FACE-TO-FACE PHYSICIAN VISIT PER MONTH	01/01/2009	$229.96	0.0%	0.0%	N	Referral Required
90954	ESRD SVS MNTHLY 2-11 YRS W/MONITORING 4 OR MORE FACE-TO-FACE PHYS VISITS	01/01/2009	$756.48	0.0%	0.0%	N	Referral Required
90955	WITH 2-3 FACE-TO-FACE PHYSICIAN VISITS PER MONTH	01/01/2009	$427.91	0.0%	0.0%	N	Referral Required
90956	WITH 1 FACE-TO-FACE PHYSICIAN VISIT PER MONTH	01/01/2009	$289.87	0.0%	0.0%	N	Referral Required
90957	ESRD SVS MNTHLY 12-19 YRS W/MONITORING 4 OR MORE FACE-TO-FACE PHYS VISITS	01/01/2009	$606.76	0.0%	0.0%	N	Referral Required
90958	WITH 2-3 FACE-TO-FACE PHYSICIAN VISITS PER MONTH	01/01/2009	$409.17	0.0%	0.0%	N	Referral Required
90959	WITH 1 FACE-TO-FACE PHYSICIAN VISIT PER MONTH	01/01/2009	$268.59	0.0%	0.0%	N	Referral Required
90960	ESRD SVS MNTHLY 20 YRS W/MONITORING 4 OR MORE FACE-TO-FACE PHYS VISITS	01/01/2009	$268.52	0.0%	0.0%	N	Referral Required
90961	WITH 2-3 FACE-TO-FACE PHYSICIAN VISITS PER MONTH	01/01/2009	$216.91	0.0%	0.0%	N	Referral Required
90962	WITH 1 FACE-TO-FACE PHYSICIAN VISIT PER MONTH	01/01/2009	$156.98	0.0%	0.0%	N	Referral Required
90963	ESRD RELATED SVS FOR HOME DIALYSIS PER FULL MONTH, FOR PTS <2 YRS OF AGE	01/01/2009	$519.80	0.0%	0.0%	N	Referral Required
90964	ESRD RLTED SVS FOR HOME DIAL PER FULL MONTH, FOR PTS 2-11 YRS OF AGE	01/01/2009	$434.24	0.0%	0.0%	N	Referral Required
90965	ESRD RELATED SVS FOR HOME DIALYSIS PER FULL MONTH, FOR PTS 12-19 YRS OF AGE	01/01/2009	$413.08	0.0%	0.0%	N	Referral Required
90966	ESRD RELATED SVS FOR HOME DIALYSIS PER FULL MONTH, FOR PTS 20 YRS OF AGE	01/01/2009	$214.68	0.0%	0.0%	N	Referral Required
90967	ESRD RELATED SVS FOR HOME DIAL LESS THAN FULL MONTH, FOR PTS <2 YRS OF AGE	01/01/2009	$18.55	0.0%	0.0%	N	Referral Required
90968	FOR PATIENTS 2-11 YEARS OF AGE	01/01/2009	$14.52	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
90969	FOR PATIENTS 12-19 YEARS OF AGE	01/01/2009	$14.16	0.0%	0.0%	N	Referral Required
90970	FOR PATIENTS 20 YEARS OF AGE AND OLDER	01/01/2009	$7.48	0.0%	0.0%	N	Referral Required
90989	DIALYSIS TRAINING,. PATIENT I.E. HELPER ANY MODE	07/01/2008	$518.25	0.0%	0.0%	N	Referral Required
90993	DIALYSIS TRAINING PATIENT PER TRAINING SESSION	07/01/2008	$20.73	0.0%	0.0%	N	Referral Required
90999	UNLISTED DIALYSIS PROCEDURE	07/01/2008	$151.18	0.0%	0.0%	N	Referral Required
91000	ESOPHAGEAL INTUBATION	07/01/2008	$68.17	4.0%	96.0%	N	Referral Required
91010	ESOPHAGEAL MOTILITY STUDY	07/01/2008	$184.34	20.0%	80.0%	N	Referral Required
91011	ESOPHAGEAL MOTILITY STUDY	07/01/2008	$236.47	21.0%	79.0%	N	Referral Required
91012	ESOPHAGEAL MOTILITY STUDY	07/01/2008	$245.60	22.0%	78.0%	N	Referral Required
91020	ESOPHAGOGASTRIC MONOMETRIC STUDIES	07/01/2008	$212.86	17.0%	83.0%	N	Referral Required
91022	DUODENAL MOTILITY STUDY	07/01/2008	$181.59	68.0%	32.0%	N	Referral Required
91030	ESOPHAGUS ACID TEST	07/01/2008	$124.31	12.0%	88.0%	N	Referral Required
91034	ESOPHAGUS,GASTROESOPHAGEAL REFLUX TEST,W/ NASAL CATH PLCMNT,RECORD,ANAL & INTER	07/01/2008	$196.87	67.0%	33.0%	N	Referral Required
91035	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; W/ MUCOSAL ATTACHED TELEMETRY PH ELEC	07/01/2008	$438.73	81.0%	19.0%	N	Referral Required
91037	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST W/ NASAL CATHETER PLCMNT	07/01/2008	$145.66	66.0%	34.0%	N	Referral Required
91038	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST; > 1 HR UP TO 24	07/01/2008	$127.01	55.0%	45.0%	N	Referral Required
91040	ESOPHAGEAL BALLOON DISTENSION PROVOCATION STUDY	07/01/2008	$359.76	88.0%	12.0%	N	Referral Required
91052	GASTRIC ANALYSIS	07/01/2008	$120.54	13.0%	87.0%	N	Referral Required
91055	GASTRIC ANALYSIS	07/01/2008	$128.78	14.0%	86.0%	N	Referral Required
91065	BREATH HYDROGEN TEST FRUCTOSE INTOLERANCE BACTERIAL OVERGROWTH ORO-CECAL GASTROI	07/01/2008	$55.76	26.0%	74.0%	N	Referral Required
91105	GASTRIC INTUBATION	07/01/2008	$78.49	0.0%	0.0%	N	Referral Required
91110	GASTROINTERSINAL TRACT IMAGING, INTRALUMINAL	07/01/2008	$865.17	86.0%	14.0%	N	Referral Required
91111	GASTROINTESTINAL TRACT IMAGING	07/01/2008	$682.94	92.0%	8.0%	N	Referral Required
91120	RECTAL SENSATION, TONE,& COMPLIANCE TEST (IE RESPONSE TO GRADED BALLOON DIST)	07/01/2008	$377.09	88.0%	12.0%	N	Referral Required
91122	ANORECTAL MANOMETRY	07/01/2008	$226.84	21.0%	79.0%	N	Referral Required
91123	PULSED IRRIGATION OF FECAL IMPACTION	01/01/2002	$0.00	0.0%	0.0%	N	Referral Required
91132	ELECTROGASTROGRAPHY; DIAGNOSTIC TRANSCUTANEOUS	05/01/2009	$28.26	0.0%	0.0%	N	Referral Required
91133	ELECTROGASTROGRAPHY; DIAGNOSTIC TRANSCUTANEOUS WITH PROVALATIVE TESTING	05/01/2009	$35.45	0.0%	0.0%	N	Referral Required
91299	UNLISTED DX GASTROENTEROLOGY PROCEDURE	01/01/1976	$0.00	0.0%	0.0%	N	Referral Required
92002	OPTHALMOLOGICAL SERVICES:MEDICAL EXAM/EVAL W/DIAGNOSTIC/TREATMENT PRGM;NEW PATIE	07/01/2008	$63.24	0.0%	0.0%	N	
92004	OPTHALMOLOGICAL SERVICES;COMPREHENSIVE,NEW PATIENT,ONE OR MORE VISITS	07/01/2008	$119.56	0.0%	0.0%	N	
92012	OPTHALMOLOGICAL SERVICES:MED EXAM/EVAL,W/DIAGNOSTIC/TREATMENT PRGM;ESTBLSHD PAT	07/01/2008	$66.88	0.0%	0.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
92014	OPTHALMOLOGICAL SERVICES;COMPREHENSIVE,ESTABLISHED PAT, ONE OR MORE VISITS	07/01/2008	$97.40	0.0%	0.0%	N	
92015	DETERMINATION OF REFRACTIVE STATE	07/01/2008	$17.80	0.0%	0.0%	N	
92018	OPTHALMOLOGICAL EXAM/EVAL UNDER GEN ANESTH.W/ OR W/O GLOBE MANIPULATION;COMPLETE	07/01/2008	$120.66	0.0%	0.0%	N	
92019	OPTHALMOLOGICAL EXAM/EVAL UNDER GEN ANESTH.W/ OR W/O GLOBE MANIPULATION;LIMITED	07/01/2008	$61.51	0.0%	0.0%	N	
92020	GONIOSCOPY (SP)	07/01/2008	$23.10	0.0%	0.0%	N	Referral Required
92025	COMPUTERIZED CORNEAL TOPOGRAPHY UNILATERAL OR BILATERAL	07/01/2008	$29.40	40.0%	60.0%	N	Referral Required
92060	SENSORIMOTOR EXAM W/MULTIPLE MEASUREMENTS OF OCULAR DEVIATION (SP)	07/01/2008	$50.29	20.0%	80.0%	N	
92065	ORTHOPTIC/PLEOPTIC TRAINING W/CONTINUING MEDICAL DIRECTION AND EVAL	07/01/2009	$0.00	0.0%	0.0%	Y	Referral Required
92070	FITTING CONTACT LENS, TX OF DISEASE; INCLUDING SUPPLY OF LENSE-MOD 50=PAYS 100%	07/01/2008	$58.74	0.0%	0.0%	N	
92081	VISUAL FIELD EXAMINATION;UNILATERAL OR BILATERAL;W/INTERP.&REPORT;LIMITED	07/01/2008	$45.59	22.0%	78.0%	N	Referral Required
92082	VISUAL FIELD EXAMINATION;UNILATERAL OR BILATERAL;W/INTERP.&REPORT;INTERMEDIATE	07/01/2008	$59.34	21.0%	79.0%	N	Referral Required
92083	VISUAL FIELD EXAMINATION;UNILATERAL OR BILATERAL;W/INTERP.&REPORT;EXTENDED	07/01/2008	$68.17	20.0%	80.0%	N	Referral Required
92100	SERIAL TONOMETRY W/INTERPRETATION/REPORT-SAME DAY (SP)	07/01/2008	$76.50	0.0%	0.0%	N	
92120	TONOGRAPHY W/INTERP.&REPORT;RECORDING INDENTATION TONOMETER OR PERILIMBAL METHOD	07/01/2008	$63.29	0.0%	0.0%	N	Referral Required
92130	TONOGRAPHY W/WATER PROVOCATION	07/01/2008	$70.51	0.0%	0.0%	N	Referral Required
92135	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING W/REPORT, UNILATERAL	07/01/2008	$39.71	37.0%	63.0%	N	Referral Required
92136	OPTHALMIC BIOMETRY BY PARTIAL COHERANCE INTERFEROMETRY	07/01/2008	$73.33	37.0%	63.0%	N	Referral Required
92140	GLAUCOMA, PROVOCATIVE TEST, W/O TONOGRAPHY	07/01/2008	$49.76	0.0%	0.0%	N	Referral Required
92225	OPHTHALMOSCOPY, EXT.W/RETINAL DRAWING, W/INTERP & REPORT,INITL-MOD 50 PAYS 100%	07/01/2008	$21.04	0.0%	0.0%	N	Referral Required
92226	OPTHALMOSCOPY, EXT.W/RETINAL DRAW, W/INTERP & REPORT,SUBSEQNT-MOD 50 PAYS 100%	07/01/2008	$19.14	0.0%	0.0%	N	Referral Required
92230	FLOURECEIN ANGIOSCOPY W/INTER/REPORT	07/01/2008	$58.99	0.0%	0.0%	N	Referral Required
92235	FLOURESCEIN ANGIOGRAPHY (MULTI/IMAG); W/INTERP & REPORT-MOD 50 PAYS 100%	07/01/2008	$113.27	42.0%	58.0%	N	Referral Required
92240	INDOCYANINE-GREEN ANGIOGRAPHY W/INTER & REPORT	07/01/2008	$230.55	63.0%	37.0%	N	Referral Required
92250	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	06/01/2009	$64.15	36.0%	64.0%	N	Referral Required
92260	OPTHALMODYNAMOMETRY	07/01/2008	$15.50	0.0%	0.0%	N	Referral Required
92265	OCULOELECTROMYOGRAPHY;1 OR MORE EXTRAOCULAR MUSCLS;1 OR BOTH EYES;W/INTER & REPO	07/01/2008	$71.65	21.0%	79.0%	N	Referral Required
92270	ELECTROOCULOGRAPHY WITH INTERPRETATION AND REPORT	07/01/2008	$77.63	20.0%	80.0%	N	Referral Required
92275	ELECTRORETINOGRAPHY WITH INTERPRETATION AND REPORT	07/01/2008	$110.81	21.0%	79.0%	N	Referral Required
92283	COLOR VISION EXAMINATION, EXTENDED, ANOMALOSCOPE OR EQUIVALENT	07/01/2008	$37.55	21.0%	79.0%	N	Referral Required
92284	DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND REPORT	07/01/2008	$60.18	21.0%	79.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
92285	EXTERNAL OCULAR PHOTOGRAPHY FOR DOCUMENTATION OF MEDICAL PROGRESS	07/01/2008	$38.04	22.0%	78.0%	N	Referral Required
92286	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY;W/INTERP&REPORT;W/SPECULAR ENDOTHELIAL MICR	07/01/2008	$111.51	21.0%	79.0%	N	Referral Required
92287	ANTERIOR SEGMENT PHOTOGRAPHY W/FLUORESCEIN ANGIOGRAPHY	07/01/2008	$101.78	0.0%	0.0%	N	Referral Required
92310	CONTACT LENSES, PERSCRIPTION & FITTING;W/MEDC SUPERV;CORNEAL LENS;BOTH EYES;	07/01/2008	$81.55	0.0%	0.0%	N	
92311	CONTACT LENSES, RX AND FITTING;W/MED SUPERV;CORNEAL LENS FOR APHAKIA,ONE EYE	07/01/2008	$78.40	0.0%	0.0%	N	Referral Required
92312	CONTACT LENS: RX & FITTING;W/MED SUPERV;CORNEAL LENS FOR APHAKIA,BOTH EYES	07/01/2008	$87.78	0.0%	0.0%	N	
92313	CONTACT LENSES, RX & FITTING;W/MED SUPERV;CORNEOSCLERAL LENS	07/01/2008	$74.78	0.0%	0.0%	N	
92314	CONTACT LENSES, FITTING BY TECH;CORNEAL LENS, BOTH EYES EXCEPT FOR APHAKIA	07/01/2008	$81.55	0.0%	0.0%	N	
92315	CONTACT LENSES, FITTING BY TECH;CORNEAL LENS FOR APHAKIA, ONE EYE	07/01/2008	$53.00	0.0%	0.0%	N	
92316	CONTACT LENS: FITTING BY TECH;CORNEAL LENS FOR APHAKIA, BOTH EYES	07/01/2008	$67.58	0.0%	0.0%	N	
92317	CONTACT LENSES, FITTING BY TECH; CORNEOSCLERAL LENS.	07/01/2008	$54.37	0.0%	0.0%	N	
92340	FITTING OF SPECTACLES;EXCEPT FOR APHAKIA,MONOFOCAL	07/01/2008	$23.62	0.0%	0.0%	N	
92341	FITTING OF SPECTACLES;EXCEPT FOR APHAKIA; BIFOCAL	07/01/2008	$23.62	0.0%	0.0%	N	
92342	SPECTACLES FITTING;EXCEPT FOR APHAKIA;MULITFOCAL OTHER THAN BIFOCAL	07/01/2008	$23.62	0.0%	0.0%	N	
92352	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MONOFOCAL	07/01/2008	$20.90	0.0%	0.0%	N	
92353	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MULTIFOCAL	07/01/2008	$28.18	0.0%	0.0%	N	
92354	FITTING OF SPECTACLE MOUNTED LOW VISION AID; SINGLE ELEMENT SYSTEM	07/01/2008	$264.64	0.0%	0.0%	N	Referral Required
92355	FITTING OF SPECTACLE MOUNTED LOW VISION AID ;TELESCOPIC OR OTHER COMPOUND SYST.	07/01/2008	$128.20	0.0%	0.0%	N	Referral Required
92358	PROSTHESIS SERVICE FOR APHAKIA, TEMP (DISPOSABLE OR LOAN, INCLD MATERIALS)	07/01/2008	$30.10	0.0%	0.0%	N	
92370	REPAIR/REFIT SPECTACLES;EXCEPT FOR APHAKIA;	07/01/2008	$4.37	0.0%	0.0%	N	
92371	SPECTACLE PROSHESIS FOR APHAKIA; REPAIR/REFIT	07/01/2008	$18.95	0.0%	0.0%	N	
92499	UNLISTED OPHTHALMOLOGICAL SERVICE OR PROCEDURE	01/01/1976	$0.00	0.0%	0.0%	N	Referral Required
92502	OTOLARYNOLOGIC EXAM UNDER GENERAL ANESTHESIA	07/01/2008	$87.87	0.0%	0.0%	N	Referral Required
92504	BINOCULAR MICROSCOPY	07/01/2008	$25.37	0.0%	0.0%	N	Referral Required
92506	MEDICAL EVALUATION SPEECH LANGUAGE AND/OR HEAR PRO	07/01/2009	$133.20	0.0%	0.0%	N	Referral Required
92507	LANGUAGE THERAPY	07/01/2009	$56.09	0.0%	0.0%	N	Referral Required
92511	NASOPHARYNGOSCOPY	07/01/2008	$140.28	0.0%	0.0%	N	Referral Required
92512	NASAL FUNCTION STUDIES	07/01/2008	$55.99	0.0%	0.0%	N	Referral Required
92516	FACIAL NERVE FUNCTION STUDY	07/01/2008	$56.68	0.0%	0.0%	N	Referral Required
92520	LARYNGEAL FUNCTION STUDIES	07/01/2008	$51.22	0.0%	0.0%	N	Referral Required
92526	TX SWALLOWING DYSFUNCTION AND/OR ORAL FOR FEEDING	07/01/2009	$71.19	0.0%	0.0%	N	Referral Required
92531	NYSTIGMUS TESTS	07/01/2008	$34.94	0.0%	0.0%	N	Referral Required
92532	NYSTIGMUS TESTS	07/01/2008	$53.91	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
92533	NYSTIGMUS TESTS	07/01/2008	$12.15	100.0%	0.0%	N	Referral Requirec
92534	NYSTIGMUS TESTS	07/01/2008	$34.94	0.0%	0.0%	N	Referral Requirec
92541	SPONTANEOUS NYSTAGMUS TEST INCLUDING GAZE & FIXAT	07/01/2008	$51.97	20.0%	80.0%	N	Referral Requirec
92542	POSITIONAL NUSTAGMUS TEST MINIMUM OF 4 POISTIONS	07/01/2008	$53.89	28.0%	72.0%	N	Referral Requirec
92543	CALORIC VESTIBULAR TEST EACH IRRIGATION W/RECORDIN	07/01/2008	$24.88	34.0%	66.0%	N	Referral Requirec
92544	OPTOKINETIC NYSTAGMUS TEST BIDIRECTIONAL W/RECORD	07/01/2008	$42.94	28.0%	72.0%	N	Referral Requirec
92545	OSCILLATING TRACKING TEST WITH RECORD	07/01/2008	$39.37	33.0%	67.0%	N	Referral Requirec
92546	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	07/01/2008	$76.09	29.0%	71.0%	N	Referral Requirec
92547	USE OF VERTICAL ELECTRODES IN ANY OR ALL ABOVE TES (ADD-ON)	07/01/2008	$4.27	100.0%	0.0%	N	Referral Requirec
92548	COMPUTERIZED DYNAMIC POSTUROGRAPHY	07/01/2008	$88.25	60.0%	40.0%	N	Referral Requirec
92551	AUDIOMETRY, SCREENING TEST, PURE TONE, AIR ONLY	07/01/2008	$14.59	0.0%	0.0%	N	Referral Requirec
92552	PURE TONE AUDIOMETRY (THRESHOLD), AIR ONLY	07/01/2008	$18.65	100.0%	0.0%	N	Referral Requirec
92553	PURE TONE AUDIOMETRY (THRESHOLD), AIR AND BONE	07/01/2008	$25.57	100.0%	0.0%	N	Referral Requirec
92555	SPEECH AUDIOMETRY, THRESHOLD ONLY	07/01/2008	$14.53	100.0%	0.0%	N	Referral Requirec
92556	SPEECH AUDIOMETRY, THRESHOLD AND DISCRIMINATION	07/01/2008	$19.73	100.0%	0.0%	N	Referral Requirec
92557	BASIC COMPREHENSIVE AUDIOMETRY	07/01/2008	$48.57	100.0%	0.0%	N	Referral Requirec
92561	BEKESY AUDIOMETRY, DIAGNOSTIC	07/01/2008	$25.57	100.0%	0.0%	N	Referral Requirec
92562	LOUDNESS BALANCE TEST, ALTERNATE BINAURAL OR MONAU	07/01/2008	$18.31	100.0%	0.0%	N	Referral Requirec
92563	TONE DECAY TEST	07/01/2008	$16.59	100.0%	0.0%	N	Referral Requirec
92564	SHORT INCREMENT SENSITIVITY INDEX (SISI)	07/01/2008	$17.13	100.0%	0.0%	N	Referral Requirec
92565	STENGER TEST, PURE TONE	07/01/2008	$12.12	100.0%	0.0%	N	Referral Requirec
92566	INPEDANCE TESTING	07/01/2008	$25.30	0.0%	0.0%	N	Referral Requirec
92567	TYMPANOMETRY	07/01/2008	$19.58	100.0%	0.0%	N	Referral Requirec
92568	ACOUSTIC REFLEX TESTING	07/01/2008	$19.23	100.0%	0.0%	N	Referral Requirec
92569	ACOUSTIC REFLEX DECAY TEST	07/01/2008	$16.09	100.0%	0.0%	N	Referral Requirec
92571	FILTERED SPEECH TEST	07/01/2008	$14.87	100.0%	0.0%	N	Referral Requirec
92572	STAGGERED SPONDIAC WORD TEST	07/01/2008	$11.88	100.0%	0.0%	N	Referral Requirec
92575	SENSORINEURAL ACUITY LEVEL TEST	07/01/2008	$25.48	100.0%	0.0%	N	Referral Requirec
92576	SYNTHETIC SENTENCE IDENTIFICATION TEST	07/01/2008	$18.51	100.0%	0.0%	N	Referral Requirec
92577	STENGER TEST	07/01/2008	$18.21	100.0%	0.0%	N	Referral Requirec
92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)	07/01/2008	$44.05	100.0%	0.0%	N	Referral Requirec
92582	CONDITIONING PLAY AUDIOMETRY	07/01/2008	$33.83	100.0%	0.0%	N	Referral Requirec
92583	SELECT PICTURE AUDIOMETRY	07/01/2008	$29.41	100.0%	0.0%	N	Referral Requirec
92584	ELECTROCOCHLEOGRAPHY	07/01/2008	$70.10	100.0%	0.0%	N	Referral Requirec
92585	BRAINSTEM EVOKED RESPONSE RECORDING	07/01/2008	$92.07	47.0%	53.0%	N	Referral Requirec
92586	AUDITORY EVOKED POTENTIALS FOR EVOKED RESP. AUDIOMETRY TEST NERVOUS SYSTEM, LMTD	07/01/2008	$59.10	100.0%	0.0%	N	Referral Requirec
92587	EVOKED OTOACOUSTIC EMISSIONS; LIMITED	07/01/2008	$41.38	84.0%	16.0%	N	Referral Requirec
92588	EVOKED OTOACOUSTIC EMISSIONS;COMP/DIAG. EVALUATION	07/01/2008	$62.73	69.0%	31.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
92589	CENTRAL AUDITORY FUNCTION TESTS	07/01/2008	$19.15	100.0%	0.0%	N	Referral Requirec
92590	HEARING AID EXAM AND SELECTION, MONAURAL	07/01/2008	$48.58	0.0%	0.0%	N	Referral Requirec
92591	HEARING AID EXAMINATION AND SELECTION, BINAURAL	07/01/2008	$97.15	0.0%	0.0%	N	Referral Requirec
92592	HEARING AID CHECK MONAURAL	07/01/2008	$24.26	0.0%	0.0%	N	Referral Requirec
92593	HEARING AID CHECK BINAURAL	07/01/2008	$48.58	0.0%	0.0%	N	Referral Requirec
92594	ELECTROACOUSTIC EVAL FOR HEARING AID, MONAURAL	07/01/2008	$17.72	0.0%	0.0%	N	Referral Requirec
92595	ELECTRACOUSTIC EVALUATION FOR HEARING AID, BINAURA	09/01/1982	$0.00	0.0%	0.0%	N	Referral Requirec
92596	EAR PROTECTOR ATTENUATION MEASUREMENTS	07/01/2008	$28.66	100.0%	0.0%	N	Referral Requirec
92597	EVAL FOR USE PROSTHETIC/AUGMENTATIVE DEVICE,SPEECH	07/01/2009	$91.80	0.0%	0.0%	N	Referral Requirec
92601	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT PATIENT UNDER 7 YEARS OF AGE WITH PROGRA	07/01/2008	$159.70	0.0%	0.0%	N	Referral Requirec
92602	SUBSEQUENT REPROGRAMMING	07/01/2008	$101.42	0.0%	0.0%	N	Referral Requirec
92603	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT AGE 7 YEARS OR OLDER WITH PROGRAMMING	07/01/2008	$136.43	0.0%	0.0%	N	Referral Requirec
92604	SUBSEQUENT PROGRAMMING	07/01/2008	$80.95	0.0%	0.0%	N	Referral Requirec
92607	EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE & ALTERNATIVE COM	07/01/2009	$132.19	0.0%	0.0%	N	Referral Requirec
92608	EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROC	07/01/2009	$25.19	0.0%	0.0%	N	Referral Requirec
92609	THERAPEUTIC SERVICES FOR THE USE OF SPEECH GENERATING DEVICE INCLUDING PROGRAM	07/01/2009	$70.21	0.0%	0.0%	N	Referral Requirec
92610	EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION	07/01/2009	$67.82	0.0%	0.0%	N	Referral Requirec
92611	MOTION FLUOROSCOPIC EVALUATION OF SWALLOWING BY CINE OR VIDEO RECORDING	07/01/2008	$94.01	0.0%	0.0%	N	Referral Requirec
92612	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VIDEO RECORDI	07/01/2008	$143.01	0.0%	0.0%	N	Referral Requirec
92614	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVAL. LARYNGEAL SENSORY TEST BY CINE OR VIDEO	07/01/2008	$129.27	0.0%	0.0%	N	Referral Requirec
92616	FIBEROPTIC ENDOSCOPIC EVAL OF SWALLOWING/LARYNGEAL SENSORY TEST BY CINE OR VIDEO	07/01/2008	$179.01	0.0%	0.0%	N	Referral Requirec
92620	EVALUATION OF CENTRAL AUDITORY FUNCTION, W/ REPORT; INITIAL 60 MINUTES	07/01/2008	$54.10	0.0%	0.0%	N	Referral Requirec
92621	EVALUATION OF CENTRAL AUDITORY FUNCTION, W/ REPORT, EACH ADDITIONAL 15 MINUTES	07/01/2008	$12.86	0.0%	0.0%	N	Referral Requirec
92625	ASSESSMENT OF TINNITUS (INCLUDES PITCH, LOUDNESS MATCHING, & MASKING)	07/01/2008	$53.76	0.0%	0.0%	N	Referral Requirec
92626	EVALUATION OF AUDITORY REHABILITATION STATUS, FIRST HOUR	07/01/2009	$74.53	0.0%	0.0%	N	Referral Requirec
92627	EVALUATION OF AUDITORY REHAB STATUS, EA ADD 15 MIN, ADD-ON	07/01/2009	$18.15	0.0%	0.0%	N	Referral Requirec
92630	AUDITORY REHABILITATION, PRE-LINGUAL HEARING LOSS	01/01/2006	$0.00	0.0%	0.0%	N	Referral Requirec
92633	AUDITORY REHABILITATION, POST-LINGUAL HEARING LOSS	01/01/2006	$0.00	0.0%	0.0%	N	Referral Requirec
92640	DIAGNOSTIC ANALYSIS W/PROGRAMMING OF AUDITORY BRAINSTEM IMPLANT PER HR	07/01/2008	$46.25	0.0%	0.0%	N	Referral Requirec
92950	CARDIOPULMONARY RESUSCITATION	07/01/2008	$264.36	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
92953	TEMP. TRANSCUTANEOUS PACING	07/01/2008	$10.64	0.0%	0.0%	N	Referral Required
92960	ARRHYTHMIA CONVERSN ELECTRICAL	07/01/2008	$262.56	0.0%	0.0%	N	Referral Required
92961	INTERNAL CARDIOVERSION	07/01/2008	$241.84	0.0%	0.0%	N	Referral Required
92970	CARDIO ASSIST METHOD OF CIRCULATORY ASSIST INTERNA	07/01/2008	$167.65	0.0%	0.0%	N	Referral Required
92971	CARDIOASSIST EXTERNAL	07/01/2008	$95.71	0.0%	0.0%	N	Referral Required
92973	PERCUTANEOUS TRANSLUMINAL CORONARY THROMBECTOMY (ADD-ON)	07/01/2008	$170.13	0.0%	0.0%	N	Referral Required
92974	PLACEMENT OF RADIATION DELIVERY DEVICE FOR CORONARY BRACHYTHERAPY (ADD-ON)	07/01/2008	$155.80	0.0%	0.0%	N	Referral Required
92975	THROMBOLYSIS CORONARY BY INTRACORONARY INFUSION IN	07/01/2008	$374.53	0.0%	0.0%	N	Referral Required
92977	THROMBOLYSIS,BY INTRAVENOUS INFUSION	07/01/2008	$177.07	0.0%	0.0%	N	Referral Required
92978	INTRAVASCULAR ULTRASOUND,IMAGING SUPERV-INTER/REPO (ADD-ON)	07/01/2008	$248.87	62.0%	38.0%	N	Referral Required
92979	INTRAVASCULAR ULTRASOUND,IMAGING SUPERV-INTER/REPO (ADD-ON)	07/01/2008	$151.86	50.0%	50.0%	N	Referral Required
92980	TRANSCATHETER PLACEMENT STENT; SINGLE VESSEL	07/01/2008	$775.80	0.0%	0.0%	N	Referral Required
92981	TRANSCATHETER PLACEMENT-STENT; EA ADD. VESSEL (ADD-ON)	07/01/2008	$215.59	0.0%	0.0%	N	Referral Required
92982	PERCUTANEOUS TRANSLUMINAL CORONARY BALLOON ANGIOPLASTY SINGLE VESSEL	07/01/2008	$575.27	0.0%	0.0%	N	Referral Required
92984	PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY (ADD-ON)	07/01/2008	$153.99	0.0%	0.0%	N	Referral Required
92986	PERCUTANEOUS BALLOON VALVULOPLASTY; AORTIC VALVE	07/01/2008	$1,280.84	0.0%	0.0%	N	Referral Required
92987	PERCUATANEOUS BALLOON VALVULOPLASTY; MITRAL VALVE	07/01/2008	$1,326.66	0.0%	0.0%	N	Referral Required
92990	PERCUTANEOUS BALLOON VALVULOPLASTY; PULMONARY VALV	07/01/2008	$1,012.88	0.0%	0.0%	N	Referral Required
92992	ATRIAL SEPTECTOMY OR SEPTOSTOMY,TRANSVENOUS,BALLOO	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 CORONARY ATHERECTOMY W/W	07/01/2008	$632.80	0.0%	0.0%	N	Referral Required
92996	EACH ADDITIONAL VESSEL	07/01/2008	$166.44	0.0%	0.0%	N	Referral Required
92997	PERCUTANEOUS TRANSLUMINAL PULONARY ARTERY BALLOON ANGIOPLASTY; SINGLE VESSEL	07/01/2008	$601.11	0.0%	0.0%	N	Referral Required
92998	PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOPLASTY; EACH ADD. VESSEL	07/01/2008	$301.58	0.0%	0.0%	N	Referral Required
93000	ELECTROCARDIOGRAPHY	07/01/2008	$20.91	0.0%	0.0%	N	Referral Required
93005	PHONOCARDIOGRAM; TRACING W/O INTERPRET OR REPORT	07/01/2008	$12.76	100.0%	0.0%	N	Referral Required
93010	ELECTROCARDIOGRAPHY INTERPRETATION AND REPORT ONLY	07/01/2008	$8.15	0.0%	100.0%	N	Referral Required
93012	TELEPHONIC OR TELEMETRIC TRANSMISSION OF EKG STRIP	07/01/2008	$178.45	100.0%	0.0%	N	Referral Required
93014	TELEPHONIC TRANSMISSION ECG; PHYS REVIEW W/INTERP	07/01/2008	$25.66	100.0%	0.0%	N	Referral Required
93015	CARDIOVASCULAR STRESS TEST	07/01/2008	$95.31	0.0%	0.0%	N	Referral Required
93016	PHYSICIAN SUPERVISION ONLY,WITHOUT INTERPRETATION	07/01/2008	$22.96	100.0%	0.0%	N	Referral Required
93017	CARDIOVASCULAR STRESS TEST	07/01/2008	$57.48	100.0%	0.0%	N	Referral Required
93018	CARDIOVASCULAR STRESS TEST	07/01/2008	$14.86	100.0%	0.0%	N	Referral Required
93024	ERGONOVINE PROVOCATION TEST	07/01/2008	$110.81	28.0%	72.0%	N	Referral Required
93025	MICROVOLT T-WAVE ALTERNANS FOR ASSESSMENT OF VENTRICULAR ARRHYTHMIAS	07/01/2008	$226.93	79.0%	21.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
93040	RHYTHM ECG, 1-3 LEADS, W/INTERPRETATION & REPORT	07/01/2008	$12.76	0.0%	0.0%	N	Referral Required
93041	RHYTHM ECG	07/01/2008	$5.36	100.0%	0.0%	N	Referral Required
93042	RHYTHM ECG	07/01/2008	$7.41	0.0%	100.0%	N	Referral Required
93224	ECG MONITORING, 24 HR REPORT REVIEW INTERPRET	07/01/2008	$124.82	0.0%	0.0%	N	Referral Required
93225	RECORDING	07/01/2008	$37.66	0.0%	0.0%	N	Referral Required
93226	SCANNING ANALYSIS WITH REPORT	07/01/2008	$60.82	0.0%	0.0%	N	Referral Required
93227	PHYSICIAN REVIEW AND INTERPRET	07/01/2008	$26.34	0.0%	0.0%	N	Referral Required
93228	MOBILE CARDIO TELEMTRY W/ECG RECRDNG CONCURNT COMP REAL TIME DATA 24 HRS	01/01/2009	$24.56	0.0%	0.0%	N	Referral Required
93229	TECH SUPRT FOR CONN & PT INST FOR USE, ATTEND SURV &PHYS TRNSMISN DAILY RPTS	01/01/2009	$0.00	0.0%	0.0%	N	Referral Required
93230	ECG MONITORING, 24 HR W/O SCANNING	07/01/2008	$129.68	0.0%	0.0%	N	Referral Required
93231	RECORDING	07/01/2008	$40.64	0.0%	0.0%	N	Referral Required
93232	MICRO BASED ANALYSIS, REPORT	07/01/2008	$63.38	0.0%	0.0%	N	Referral Required
93233	PHYSICIAN REVIEW & INTERPRET	07/01/2008	$25.66	0.0%	0.0%	N	Referral Required
93235	ECG MONITOR 24HR COMPUTERIZED	07/01/2008	$113.64	0.0%	0.0%	N	Referral Required
93236	MONITOR DATE ANALYSIS REPORT	07/01/2008	$92.14	0.0%	0.0%	N	Referral Required
93237	PHYSICIAN REVIEW AND INTERPRETATION	07/01/2008	$22.61	0.0%	0.0%	N	Referral Required
93268	PATIENT DEMAND SGL OR MULTI RECORDING PER 30 DAYS	07/01/2008	$250.69	0.0%	0.0%	N	Referral Required
93270	PATIENT DEMAND RECORDING W/MEMORY LOOP; RECORDING	07/01/2008	$27.69	0.0%	0.0%	N	Referral Required
93271	DEMAND RECORDING;MONITORING/ANALYSIS,PER 30 DAYS	07/01/2008	$197.70	0.0%	0.0%	N	Referral Required
93272	PATIENT DEMAND RECORDING PHYSICIAN REVIEW & INTERP	07/01/2008	$25.31	0.0%	0.0%	N	Referral Required
93278	SIGNAL-AVERAGED ELECTROCARDIOGRAPHY (SAEGC) W/WO E	07/01/2008	$42.94	51.0%	49.0%	N	Referral Required
93279	PROGRM DEVICE EVAL W/ITERATIVE ADJ OF IMPLANT TO TEST SINGL LEAD PCEMKER SYST	01/01/2009	$51.38	33.0%	67.0%	N	Referral Required
93280	DUAL LEAD PACEMAKER SYSTEM	01/01/2009	$60.92	32.0%	68.0%	N	Referral Required
93281	MULTIPLE LEAD PACEMAKER SYSTEM	01/01/2009	$71.22	32.0%	68.0%	N	Referral Required
93282	SINGLE LEAD IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR SYSTEM	01/01/2009	$65.79	32.0%	68.0%	N	Referral Required
93283	DUAL LEAD IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR SYSTEM	01/01/2009	$80.21	30.0%	70.0%	N	Referral Required
93284	MULTIPLE LEAD IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR SYSTEM	01/01/2009	$94.11	29.0%	71.0%	N	Referral Required
93285	IMPLANTABLE LOOP RECORDER SYSTEM	01/01/2009	$44.14	36.0%	64.0%	N	Referral Required
93286	PERI-PROC DEVICE EVAL&PROG DEVICE SYS PARAMETERS BEF& AFTER A SURG/PROC	01/01/2009	$24.98	42.0%	58.0%	N	Referral Required
93287	SINGLE, DUAL, OR MULTI LEAD IMPLANTABLE CARDIOVERTER-DEFIB SYSTEM	01/01/2009	$33.14	36.0%	64.0%	N	Referral Required
93288	NTER DEVICE EVAL W/PHYS ANALYSIS, RVW &RPT, INCL CONNEC& DISCONNEC PER PT ENCNTR	01/01/2009	$39.42	42.0%	58.0%	N	Referral Required
93289	1-2 OR MULTI LEAD IMPLNT CARDIOVRTR-DEFIB SYST INCL ANALY/HRT RHYTH DATA ELE	01/01/2009	$61.28	32.0%	68.0%	N	Referral Required
93290	IMPLANT CARDIOVAS MONITOR SYS INCL ANALYSIS OF 1/MORE REC PHYS CARDIO DATA ELEM	01/01/2009	$29.43	31.0%	69.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
93291	IMPLANTABLE LOOP RECORDER SYSTEM, INCLU HEART RHYTHM DERIVED DATA ANALYSIS	01/01/2009	$37.83	39.0%	61.0%	N	Referral Required
93292	WEARABLE DEFIBRILLATOR SYSTEM	01/01/2009	$34.33	33.0%	67.0%	N	Referral Required
93293	TRS PACEMAKER EVAL 1-2 OR MULTI LEAD PACEMKR INCLD RECRD W&WITHOUT MAGNET	01/01/2009	$52.64	69.0%	31.0%	N	Referral Required
93294	INTER DEVICE EVAL REMOTE ^ TO 90 DA 1-2 OR MULTI LEAD PACEMKR SYS W/INTERIM PHYS	01/01/2009	$34.86	0.0%	0.0%	N	Referral Required
93295	1-2 OR MULT LEAD IMPLNTBLE CARDIOVERTER-DEFIB SYST W/INTERIM PHYS ANALYSIS	01/01/2009	$63.05	0.0%	0.0%	N	Referral Required
93296	1-2 OR MULT LEAD IMPLNTBLE CARDIOVERTER-DEFIB SYST W/INTERIM PHYS ANALYSIS	01/01/2009	$32.04	0.0%	0.0%	N	Referral Required
93297	INTER DEVICE EVAL REMOTE UP TO 30 DAYS IMPLANT CARDIOVAS MONITR SYST INCLUD	01/01/2009	$24.56	0.0%	0.0%	N	Referral Required
93298	IMPLANT LOOP REC SYST, INC ANALYSIS OF REC HRT DATA, PHYS ANALY REVW & REP	01/01/2009	$28.07	0.0%	0.0%	N	Referral Required
93299	IMPLNT CARDIOVAS MONTR SYSTM OR IMPLANT INC ANALYSIS OF 1 OR MORE REC PHYS	01/01/2009	$0.00	0.0%	0.0%	N	Referral Required
93303	TRANSTHORACIC ECHOCARDIOGRAPHY-CONGENITAL ANOMALIE	07/01/2008	$201.57	63.0%	37.0%	N	Referral Required
93304	TRANSTHORACIC ECG; FU OR LIMITED STUDY	07/01/2008	$120.59	58.0%	42.0%	N	Referral Required
93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D)	01/01/2009	$237.29	71.0%	29.0%	N	Referral Required
93307	ECHOCARDIOGRPHY, REAL TIME SCAN COMPLETE	07/01/2008	$173.31	65.0%	35.0%	N	Referral Required
93308	ECHOCARDIOGRAPHY, REAL TIME SCAN LIMITED	07/01/2008	$103.16	61.0%	39.0%	N	Referral Required
93312	ECHOCARDIOGRAPHY, REAL TIME W/IMAGE DOCUMENTATION	07/01/2008	$288.86	56.0%	44.0%	N	Referral Required
93313	ECHOCARDIOGRAPHY PLACEMENT OF TRANSESOPHAGEAL PROB	07/01/2008	$39.97	0.0%	0.0%	N	Referral Required
93314	ECHOCARDIOGRAPHY IMAGE ACQUISITION INTERP/REPORT O	07/01/2008	$246.54	70.0%	30.0%	N	Referral Required
93315	TRANSESOPHAGEAL ECG; INCL PROBE-INTER & REPORT	07/01/2008	$273.76	49.0%	51.0%	N	Referral Required
93316	TRANSESOPHAGEAL ECG; PLACEMENT OF PROBE ONLY- PC	07/01/2008	$42.53	0.0%	0.0%	N	Referral Required
93317	TRANSESOPHAGEAL ECG; IMAGE ACQU-INTER & REPORT ONL	07/01/2008	$223.72	61.0%	39.0%	N	Referral Required
93318	ECHOCARDITRANSESOPHAGEAL FOR MONITORING PROBE, REAL TIME IMAGE,INTERP.FOR CARDIA	07/01/2008	$117.83	60.0%	40.0%	N	Referral Required
93320	DOPPLE ECHOCARDIOGRAPHY (ADD-ON)	07/01/2008	$76.32	61.0%	39.0%	N	Referral Required
93321	FOLLOW UP OR LIMITED (ADD-ON)	07/01/2008	$37.45	72.0%	28.0%	N	Referral Required
93325	DOPPLER COLOR FLOW VEL MAPPING (ADD-ON)	07/01/2008	$68.53	48.0%	52.0%	N	Referral Required
93350	ECHOCARDIOGRAPHY, TRANSTHORACIC,W/MONITORING INTER	07/01/2008	$182.02	48.0%	52.0%	N	Referral Required
93351	INCLUD PERFORM OF CONT ECG MONITORING, WITH PHYSICIAN SUPERVISION	01/01/2009	$247.96	0.0%	0.0%	N	Referral Required
93352	USE OF ECG CONTRAST AGENT DURING STRESS ECHO LIST SEPART IN ADDN PRIME PROC	01/01/2009	$34.39	0.0%	0.0%	N	Referral Required
93501	RIGHT HEART CATHETERIZATION	07/01/2008	$763.64	71.0%	29.0%	N	Referral Required
93503	INSERTION & PLACEMENT OF FLOW DIRECTED CATHETER FOR MONITORING PURPOSES-(SP)	07/01/2008	$104.35	0.0%	0.0%	N	Referral Required
93505	ENDOMYOCARDIAL BIOPSY	07/01/2008	$582.40	21.0%	79.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
93508	CATHETER PLACEMENT CORONARY ARTERY CONDUIT, AND/OR GRAFTS FOR ANGIOGRAPHY	07/01/2008	$910.01	67.0%	33.0%	N	Referral Required
93510	LEFT HEART CATHETERIZATION	07/01/2008	$1,359.06	81.0%	19.0%	N	Referral Required
93511	LEFT HEART CATHERTERIZATION; BY CUTDOWN	07/01/2008	$1,536.02	82.0%	18.0%	N	Referral Required
93514	LEFT HEART CATHERTERIZATION BY LEFT VENTRICULAR PUNCTURE	07/01/2008	$1,627.28	0.0%	100.0%	N	Referral Required
93524	COMBINED TRANSSEPTAL & RETROGRADE LEFT HEART CATHETERIZATION	07/01/2008	$2,021.05	80.0%	20.0%	N	Referral Required
93526	COMBINED RT HEART CATHETERIZATION & RETROGRADE LEFT HEART CATHETERIZATION	07/01/2008	$1,759.18	79.0%	21.0%	N	Referral Required
93527	COMBINED RT CATH & TRANSSEPTAL LT CATH THRU INTACT SEPTUM	07/01/2008	$2,038.11	76.0%	24.0%	N	Referral Required
93528	COMBINED RT CATH W/ LT VENTRICULAR PUNCTURE	07/01/2008	$2,125.43	78.0%	22.0%	N	Referral Required
93529	COMBINED RT & LT HEART CATH THRU EXISTING SEPTAL OPENING	07/01/2008	$1,912.00	86.0%	14.0%	N	Referral Required
93530	RT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES	07/01/2008	$816.81	67.0%	33.0%	N	Referral Required
93531	COMBINED RT HEART CATH & RETROGRADE LT HEAR CATH, FOR CONGEN.CARDIAC ANOM	07/01/2008	$2,131.80	77.0%	23.0%	N	Referral Required
93532	COMBINED RT & TRANSSEPTAL LEFT HEART CATHETERIZATION THRU SEPTUM W/W/O CATH	07/01/2008	$2,175.94	0.0%	100.0%	N	Referral Required
93533	RT & TRANSSEPTAL LEFT HART CATH. THRU EXISTING SEPTAL OPENING W/W/O CATHER	07/01/2008	$1,990.29	0.0%	100.0%	N	Referral Required
93539	INJECTION PROCEDURE DURING CARDIAC CATH;FOR SELECT.OPACIF.OF ARTERIAL CON.-(SP)	07/01/2008	$58.95	0.0%	0.0%	N	Referral Required
93540	INJEC PROC FOR SELEC OPACIF OF AORTOCORONARY VENOUS BYPASS GRAFTS,1 OR MOR-(SP)	07/01/2008	$165.96	0.0%	0.0%	N	Referral Required
93541	INJECTION PROCEDURE DURING CARDIAC CATH; FOR PULMONARY ANGIOGRAPHY	07/01/2008	$14.86	0.0%	0.0%	N	Referral Required
93542	INJEC PROC DURING CARDIAC CATH; FOR SELEC RT VENT OR RT ARTRIAL ANGIOG	07/01/2008	$101.47	0.0%	0.0%	N	Referral Required
93543	INJEC PROC DURING CARDIAC CATH;FOR SELEC LT VENT OR LT ATRIAL ANGIOGRAPHY	07/01/2008	$57.47	0.0%	0.0%	N	Referral Required
93544	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR AORTOGRAPHY-(SP)	07/01/2008	$42.16	0.0%	0.0%	N	Referral Required
93545	INJECTION PROCEDURE DURING CARDIAC CATH; FOR SELECTIVE CORONARY ANGIO-(SP)	07/01/2008	$117.37	0.0%	0.0%	N	Referral Required
93555	IMAGING SUPERVISION,INTERP & REPORT FOR INJEC PROC DURING CARDIAC CATH-(SP)	07/01/2008	$158.49	85.0%	15.0%	N	Referral Required
93556	IMAGING SUPERVISIONY, INTERP & REPORT DURING INJEC PROC;PULMO ANGIO, AORTO-(SP)	07/01/2008	$229.96	88.0%	12.0%	N	Referral Required
93561	INDICATOR DILUTION STUDIES	07/01/2008	$42.25	22.0%	78.0%	N	Referral Required
93562	INDICATOR DILUTION STUDIES	07/01/2008	$18.99	27.0%	73.0%	N	Referral Required
93571	INTRAVASC DOPPLER VELOCITY CORONARY FLOW RESER MEAS INITIAL VESSEL (ADD-ON)	07/01/2008	$247.85	66.0%	34.0%	N	Referral Required
93572	INTRAVASCULAR DOPPLER VELOCITY CORONARY FLOW RESERVE MEASURE; EA ADDTL VESSEL	07/01/2008	$157.57	70.0%	30.0%	N	Referral Required
93580	PERCUTANEOUS TRANSCATHETER CLOSURE OF CONGENITAL INTERARTERIAL COMMUNICATION	07/01/2008	$933.80	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
93600	BUNDLE OF HIS RECORDING	07/01/2008	$175.18	26.0%	74.0%	N	Referral Required
93602	INTRA-ATRIAL RECORDING	07/01/2008	$144.98	22.0%	78.0%	N	Referral Required
93603	RIGHT VENTRICULAR RECORDING	07/01/2008	$164.95	27.0%	73.0%	N	Referral Required
93609	INTRAVENTRICULAR AND/OR INTRA-ATRIAL MAPPING (ADD-ON)	07/01/2008	$345.25	16.0%	84.0%	N	Referral Required
93610	INTRA-ATRIAL PACING	07/01/2008	$198.31	20.0%	80.0%	N	Referral Required
93612	INTRAVENTRICULAR PACING	07/01/2008	$207.51	23.0%	77.0%	N	Referral Required
93613	INTRACARDIAC ELECTROPHYSIOLOGIC 3-DIMENSIONAL MAPPING (ADD-ON)	07/01/2008	$362.26	0.0%	0.0%	N	Referral Required
93615	ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM	07/01/2008	$55.92	19.0%	81.0%	N	Referral Required
93616	ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM W/PACIN	07/01/2008	$87.86	11.0%	89.0%	N	Referral Required
93618	INDUCTION OF ARRHYTHMIA BY ELECTRICAL PACING	07/01/2008	$351.70	27.0%	73.0%	N	Referral Required
93619	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION	07/01/2008	$647.05	29.0%	71.0%	N	Referral Required
93620	ELECTROPHYSIOLOGIC EVAL WITH INDUCTION OF ARRHYTHMIA	07/01/2008	$917.45	26.0%	74.0%	N	Referral Required
93621	COMPREHENSIVE ELECTROPHYSIOLOGIC EVAL W/LT ATRIAL (ADD-ON)	07/01/2008	$1,739.67	26.0%	74.0%	N	Referral Required
93622	W/LEFT VENTRICULAR RECORDING,WITH OR WITHOUT PACIN (ADD-ON)	07/01/2008	$1,016.63	0.0%	100.0%	N	Referral Required
93623	PROGRAMMED STIMULATION AND PACING (ADD-ON)	07/01/2008	$462.57	0.0%	100.0%	N	Referral Required
93624	ELECTRPHYSIOLOGIC FOLLOW-UP	07/01/2008	$320.47	20.0%	80.0%	N	Referral Required
93631	INTRA-OPERATIVE CARDIAC PACING AND MAPPING	07/01/2008	$598.44	32.0%	68.0%	N	Referral Required
93640	ELECTROPHYSIOLOGIC EVAL CARDIOVERTER-DEFIB LEAD	07/01/2008	$427.14	40.0%	60.0%	N	Referral Required
93641	WITH TESTING CARDIOVERTER-DEFIB PULSE GENERATOR	07/01/2008	$547.62	36.0%	64.0%	N	Referral Required
93642	ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER-DEFI	07/01/2008	$467.85	36.0%	64.0%	N	Referral Required
93650	INTRACARDIAC CATH ABLATION	07/01/2008	$552.75	0.0%	0.0%	N	Referral Required
93651	INTRACARDIAC CATHETER ABLATION OF ARRHYTHMOGENIC F	07/01/2008	$838.09	0.0%	0.0%	N	Referral Required
93652	FOR TREATMENT OF VENTRICULAR TACHYCARDIA	07/01/2008	$912.80	0.0%	0.0%	N	Referral Required
93660	AUTONOMIC NERVOUS SYSTEM EVAL W/TILT TABLE EVAL	07/01/2008	$159.81	48.0%	52.0%	N	Referral Required
93662	INTRACARDIAC ECHOCARD THERAP/DIAGNOSTIC IMAGE SUPERVISION/INTERP (ADD-ON)	07/01/2008	$289.74	49.0%	51.0%	N	Referral Required
93701	BIOIMPEDANCE, THORACIC, ELECTRICAL	07/01/2008	$35.14	73.0%	27.0%	N	Referral Required
93720	PLETHYSMOGRAPHY	07/01/2008	$40.59	0.0%	0.0%	N	Referral Required
93721	PLETHYSMOGRAPHY, TRACING ONLY	07/01/2008	$32.80	0.0%	0.0%	N	Referral Required
93722	PLETHYSMOGRAPHY, INTERPRETATION AND REPORT ONLY	07/01/2008	$7.80	0.0%	0.0%	N	Referral Required
93724	ELECTRONIC ANALYSIS OF ANTITACHYCARDIA PACEMAKER S	07/01/2008	$332.70	33.0%	67.0%	N	Referral Required
93740	TEMPERATURE GRADIENT STUDIES	07/01/2008	$19.90	24.0%	76.0%	N	Referral Required
93745	INITIAL SET UP & PROGRAMMING BY PHYS OF WEARABLE CARDIO-DEFIBRILLATOR	07/01/2008	$72.23	0.0%	0.0%	N	Referral Required
93760	THERMOGRAM CEPHALIC	07/01/2008	$24.26	62.0%	38.0%	N	Referral Required
93762	PERIPHERAL	07/01/2008	$44.68	67.0%	33.0%	N	Referral Required
93770	DETERMINATION OF VENOUS PRESSURE	07/01/2008	$18.77	8.0%	92.0%	N	Referral Required
93784	AMBULATORY BLOOD PRESSURE MONITORING UTILIZING	07/01/2008	$64.06	0.0%	0.0%	N	Referral Required
93786	AMBULATORY BP MONITORING; RECORDING ONLY	07/01/2008	$29.75	0.0%	0.0%	N	Referral Required
93788	AMBULATORY BP MONITORING; ANALYSIS WITH REPOT	07/01/2008	$16.70	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
93790	BLOOD PRESSURE MONITORING PHYSICIAN REVIEW/INT REP	07/01/2008	$17.61	0.0%	0.0%	N	Referral Required
93797	PHYSICIAN SERVICES OUTPT CARDIAC REHAB PER SESSION	07/01/2008	$17.13	0.0%	0.0%	N	Referral Required
93798	PHYSICIAN SERVICE OP CARDIAC REHAB W/CONTINUED ECG	07/01/2008	$25.47	0.0%	0.0%	N	Referral Required
93799	UNLISTED CARDIOVASCULAR SERVICE OR PROCEDURE	09/01/1982	$0.00	0.0%	0.0%	N	Referral Required
93875	NON-INVASIVE PSYC STUDIES OF EXTRACRANIAL ARTERIES	07/01/2008	$93.66	58.0%	42.0%	N	Referral Required
93880	DUPLEX SCAN EXTRACRANIAL ARTERIES; COMPLETE BILATE	07/01/2008	$163.72	77.0%	23.0%	N	Referral Required
93882	DUPLEX SCAN OF EXTRACRANIAL ARTERIES FOLLOW UP/LIM	07/01/2008	$150.10	87.0%	13.0%	N	Referral Required
93886	TRANSCRANIAL DOPPLER STUDY INTRACRANIAL ARTER COMP	07/01/2008	$200.48	69.0%	31.0%	N	Referral Required
93888	TRANSCRANIAL DOPPLER STUDY INTRACRAN ART FOLLOW-UP	07/01/2008	$132.83	77.0%	23.0%	N	Referral Required
93890	TRANSCRANIAL DOPPLER STUDY OF INTRACRANIAL ARTERIES; VASOREACTIVITY STUDY	07/01/2008	$227.15	80.0%	20.0%	N	Referral Required
93892	TRANSCRANIAL DOPPLER STUDY OF INTRACRANIAL ARTERIES; EMBOLI DETECT W/O INJECTION	07/01/2008	$242.76	61.0%	39.0%	N	Referral Required
93893	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; COMPLETE; EMBOLI DETECT	07/01/2008	$238.05	61.0%	39.0%	N	Referral Required
93922	NONINVASIVE PHYSIOLOGIC STUDIES,UPPER OR LOWER	07/01/2008	$111.23	67.0%	33.0%	N	Referral Required
93923	NONINVASIVE PHYSIOLOGIC STUDIES, UPPER OR LOWER	07/01/2008	$170.28	67.0%	33.0%	N	Referral Required
93924	NONINVASIVE PHYSILOGIC STUDIES,UPPER OR LOWER	07/01/2008	$207.34	67.0%	33.0%	N	Referral Required
93925	DUPLEX SCAN LOWER EXTREMITY ARTERIES COMPLETE BILA	07/01/2008	$162.93	77.0%	23.0%	N	Referral Required
93926	DUPLEX SCAN UPPER EXTREMITY ARTERIES; FOLLOW-UP	07/01/2008	$108.88	87.0%	13.0%	N	Referral Required
93930	DUPLEX SCAN UPPER EXTREMITY ARTERIES; COMPLETE	07/01/2008	$164.53	80.0%	20.0%	N	Referral Required
93931	DUPLEX SCAN UPPER EXTREMITY ARTERIES FOLLOW-UP	07/01/2008	$109.68	89.0%	11.0%	N	Referral Required
93965	NON-INVASIVE PHYSC STUDIES EXTREMITY VEINS BILATER	07/01/2008	$114.57	57.0%	43.0%	N	Referral Required
93970	DUPLEX SCAN EXTREMITY VEINS INC RESPONSES TO COMPR	07/01/2008	$182.06	74.0%	26.0%	N	Referral Required
93971	DUPLEX SCAN - FOLLOW-UP - EXTREMITIES EXT VENOUS	07/01/2008	$121.06	85.0%	15.0%	N	Referral Required
93975	DUPLEX SCAN ARTERIAL INFLOW/VENOUS OUTFLOW OF ABDO	07/01/2008	$260.73	57.0%	43.0%	N	Referral Required
93976	DUPLEX SCAN ARTERIAL FLOW FOLLOW UP OR LIMITED STU	07/01/2008	$174.52	73.0%	27.0%	N	Referral Required
93978	DUPLEX SCAN OF AORTA INFERIOR VENA CAVA ILIAC VASC	07/01/2008	$170.52	75.0%	25.0%	N	Referral Required
93979	FOLLOW UP LIMITED	07/01/2008	$114.07	86.0%	14.0%	N	Referral Required
93980	DUPLEX SCAN ARTERIAL INFLOW/OUTFLOW PENILE VESSELS	07/01/2008	$159.98	53.0%	47.0%	N	Referral Required
93981	DUPLEX SCAN PENILE VESSLES FOLLOW-UP OR LIMITED ST	07/01/2008	$120.06	83.0%	17.0%	N	Referral Required
93990	DUPLEX SCAN OF HEMODIALYSIS ACCESS	07/01/2008	$101.47	85.0%	15.0%	N	Referral Required
94002	VENTILATION ASSIST AND MANAGEMENT, HOSPITAL INPATIENT/OBSERVATION, INIT DAY	07/01/2008	$82.10	0.0%	0.0%	N	Referral Required
94003	VENTILATION ASSIST AND MANAGEMENT, HOSPITAL INPT/OBSERVATION, EA SUBSEQ DAY	07/01/2008	$59.64	0.0%	0.0%	N	Referral Required
94004	VENTILATION ASSIST AND MANAGEMENT, NURSING FACILITY, PER DAY	07/01/2008	$43.21	0.0%	0.0%	N	Referral Required
94010	SPIROMETRY	07/01/2008	$30.87	48.0%	52.0%	N	Referral Required
94014	PATIENT INITIAT SPIROMETRIC RECORD 30 DY INCL REINFORCED PHY REV & INTERPRETA	07/01/2008	$45.44	38.0%	62.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
94015	PATIENT INITIATED SPIROMETRIC; PER 30 DAY; PHYSICIAN REVIEW & INTERP ONLY	07/01/2008	$21.85	0.0%	0.0%	N	Referral Requirec
94016	PATIENT INITIAT SPIROMETRIC RECORD PER 30 DY PHY REVIEW & INTERPRETATION ONLY	07/01/2008	$23.60	100.0%	0.0%	N	Referral Requirec
94060	BRONCHODILATION RESPONSIVENESS SPIROMETRY AS IN 94010 PRE/POST BRONCHODILATOR	07/01/2008	$52.86	57.0%	43.0%	N	Referral Requirec
94070	BRONCHOSPASM PROVACATION EVALUATION MULTIPLE SPIROMETRIC DETERMINATIONS	07/01/2008	$54.27	60.0%	40.0%	N	Referral Requirec
94150	VITAL CAPACITY	07/01/2008	$9.71	27.0%	73.0%	N	Referral Requirec
94200	MAXIMUM BREATHING CAPACITY MAXIMAL VOLUNTARY VENT	07/01/2008	$20.66	47.0%	53.0%	N	Referral Requirec
94240	FUNCTIONAL RESIDUAL CAPACITY	07/01/2008	$35.63	58.0%	42.0%	N	Referral Requirec
94250	EXPIRED GAS ANALYSIS	07/01/2008	$24.25	34.0%	66.0%	N	Referral Requirec
94260	THORACIC GAS VOLUME	07/01/2008	$27.97	59.0%	41.0%	N	Referral Requirec
94350	VENTILATION DIST STUDIES	07/01/2008	$33.71	55.0%	45.0%	N	Referral Requirec
94360	PULM MECHANICS STUDIES	07/01/2008	$38.57	68.0%	32.0%	N	Referral Requirec
94370	VENTILATION DIST STUDIES	07/01/2008	$32.29	41.0%	59.0%	N	Referral Requirec
94375	RESPIRATORY FLOW VOLUMN LOOP	07/01/2008	$33.87	49.0%	51.0%	N	Referral Requirec
94400	BREATHING RESPONSE TO COZ	07/01/2008	$47.80	26.0%	74.0%	N	Referral Requirec
94450	BREATHING RESPONSE TO HYPOXIA (HYPOXIA RESPONSE)	07/01/2008	$46.13	37.0%	63.0%	N	Referral Requirec
94610	INTRAPULMONARY SURFACTANT ADMIN BY A PHYSICIAN THROUGH ENDOTRACHEAL TUBE	07/01/2008	$56.79	0.0%	0.0%	N	Referral Requirec
94620	PULMONARY STRESS TESTING	07/01/2008	$80.88	47.0%	53.0%	N	Referral Requirec
94621	PULMONARY STRESS TESTING COMPLEX	07/01/2008	$144.62	57.0%	43.0%	N	Referral Requirec
94640	NONPRESSURED INHALATION TREATMENT FOR ACUTE AIRWAY	07/01/2008	$12.07	0.0%	0.0%	N	Referral Requirec
94642	AEROSOL INHALATION OF PENTAMIDINE	07/01/2008	$37.37	0.0%	0.0%	N	Referral Requirec
94644	CONTINUOUS INHALATION TRTMNT W/AEROSOL MEDICATION FOR ACUTE AIRWAY OBST; 1ST HR	07/01/2008	$33.38	0.0%	0.0%	N	Referral Requirec
94645	CONTINUOUS INHALATION TRTMNT W/AEROSOL MEDICATION/ACUTE AIRWAY OBST; EA ADD HR	07/01/2008	$12.42	0.0%	0.0%	N	Referral Requirec
94660	CONTINUOUS POSITIVE AIRWAY PRESSURE VENTILATION	07/01/2008	$52.16	0.0%	0.0%	N	Referral Requirec
94662	CONTINUOUS NEGATIVE PRESSURE VENTILATION CNP	07/01/2008	$34.09	0.0%	0.0%	N	Referral Requirec
94664	AEROSOL OR VAPOR INHALATIONS FOR SPUTUM MOBILIZATI	07/01/2008	$13.15	0.0%	0.0%	N	Referral Requirec
94667	MANIPULATION CHEST WALL SUCH AS CUPPING PERCUSSION	07/01/2008	$19.20	0.0%	0.0%	N	Referral Requirec
94668	MANIPULATION OF THE CHEST WALL, SUBSEQUENT	07/01/2008	$16.89	0.0%	0.0%	N	Referral Requirec
94680	GAS ANALYSIS	07/01/2008	$60.56	48.0%	52.0%	N	Referral Requirec
94681	EXPIRED GAS ANALYSIS	07/01/2008	$71.12	68.0%	32.0%	N	Referral Requirec
94690	OXYGEN UPTAKE, REST INDIRECT	07/01/2008	$55.57	83.0%	17.0%	N	Referral Requirec
94720	PULM DIFFUSION STUDIES	07/01/2008	$47.51	63.0%	37.0%	N	Referral Requirec
94725	PULM DIFFUSION STUDIES	07/01/2008	$78.24	80.0%	20.0%	N	Referral Requirec
94750	PULM MECHANICS STUDIES	07/01/2008	$62.09	53.0%	47.0%	N	Referral Requirec
94760	NONINVASIVE EAR/PULSE OXIMETRY	07/01/2008	$2.11	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
94761	NONINVASIVE EAR/PULSE OXIMETRY FOR 02 SATURATION	07/01/2008	$4.27	0.0%	0.0%	N	Referral Requirec
94762	NONINVASIVE EAR OR PULSE OXIMETRY	07/01/2008	$24.64	0.0%	0.0%	N	Referral Requirec
94770	GAS ANALYSIS	07/01/2008	$33.48	52.0%	48.0%	N	Referral Requirec
94772	CIRCADIAN RESPIRATORY PATTERN RECORDING 12-24	07/01/2008	$205.09	48.0%	52.0%	N	Referral Requirec
94799	UNLISTED PULMONARY SERVICE OR PROCEDURE	01/01/1976	$0.00	0.0%	0.0%	N	Referral Requirec
95004	PERCUTANEOUS TESTS SCRATCH-PUNCTURE-PRICK PER EACH	07/01/2008	$5.06	0.0%	0.0%	N	Referral Requirec
95010	PERCUTANEOUS TESTS SEQUENTIAL/INCREMENTAL W/DRUGS	07/01/2008	$16.29	0.0%	0.0%	N	Referral Requirec
95012	NITRIC OXIDE EXPIRED GAS DETERMINATION	07/01/2008	$17.04	0.0%	0.0%	N	Referral Requirec
95015	INTRACUTANEOUS TESTS SEQUENTIAL/INCREMENTAL PER EA	07/01/2008	$11.48	0.0%	0.0%	N	Referral Requirec
95024	INTRACUTANEOUS TESTS W/ALLERGENIC EXTRACTS PER TES	07/01/2008	$6.09	0.0%	0.0%	N	Referral Requirec
95027	SKIN END POINT TITRATION	07/01/2008	$4.72	100.0%	0.0%	N	Referral Requirec
95028	INTRACUTANEOUS TESTS DELAYED REACTION PER EACH	07/01/2008	$9.48	100.0%	0.0%	N	Referral Requirec
95044	PATCH OR APPLICATION TESTS, PER TEST	07/01/2008	$6.39	0.0%	0.0%	N	Referral Requirec
95052	PHOTO PATCH TEST(S)(SPECIFY NUMBER OF TESTS)	07/01/2008	$7.07	0.0%	0.0%	N	Referral Requirec
95056	PHOTO TEST	07/01/2008	$24.60	0.0%	0.0%	N	Referral Requirec
95060	OPTHALMIC MUCOUS MEMBRANE TESTS	07/01/2008	$18.95	100.0%	0.0%	N	Referral Requirec
95065	DIRECT NASAL MUCOUS MEMBRANE TEST	07/01/2008	$15.66	100.0%	0.0%	N	Referral Requirec
95070	INHALATION BRONCHIAL CHALLENGE TESTING	07/01/2008	$53.66	100.0%	0.0%	N	Referral Requirec
95071	INHALATION BRONCHIAL CHALLENGE TESTING W/ANTIGENS	07/01/2008	$67.40	100.0%	0.0%	N	Referral Requirec
95075	INGESTION CHALLENGE TEST	07/01/2008	$59.32	0.0%	0.0%	N	Referral Requirec
95115	PRO SERVICE ALLERGEN IMMUNO NOT INCL EXTRACT	07/01/2008	$11.04	0.0%	0.0%	N	Referral Requirec
95117	ALLERGEN IMMUNOTHER NOT INCL EXTRACT, MULTI	07/01/2008	$13.79	0.0%	0.0%	N	Referral Requirec
95120	IMMUNOTHERAPY IN PRESCRIBING PHYSICIAN'S OFFICE	07/01/2008	$18.03	0.0%	0.0%	N	Referral Requirec
95125	ALLERGEN IMMUNOTHERAPY, MULTIPLE ANTIGENS	07/01/2008	$24.05	0.0%	0.0%	N	Referral Requirec
95130	ALLERGEN IMMUNOTHERAPY, STINGING INSECT VENOM	07/01/2008	$18.03	0.0%	0.0%	N	Referral Requirec
95131	ALLERGEN IMMUNOTHERAPY, TWO STINGING INSECT VENOM	07/01/2008	$24.05	0.0%	0.0%	N	Referral Requirec
95132	IMMUNOTHERAPY-3 STINGING INSECT VENOMS	07/01/2008	$30.04	0.0%	0.0%	N	Referral Requirec
95133	IMMUNOTHERAPY-4 STINGING INSECT VENOMS	07/01/2008	$36.04	0.0%	0.0%	N	Referral Requirec
95134	IMMUNOTHERAPHY-5 STINGING INSECT VENOMS	07/01/2008	$42.07	0.0%	0.0%	N	Referral Requirec
95144	PROFESSIONAL SVC FOR SUPERVISION & PROVISION ANTIG	07/01/2008	$10.06	0.0%	0.0%	N	Referral Requirec
95145	STINGING INSECT ANTIGENS SINGLE DOSE VIALS	07/01/2008	$13.84	0.0%	0.0%	N	Referral Requirec
95146	STINGING INSECT ANTIGENS TWO SINGLE DOSE VIALS	07/01/2008	$21.40	0.0%	0.0%	N	Referral Requirec
95147	THREE SINGLE STINGING INSECT VENOMS MULT DOSE VIAL	07/01/2008	$20.71	0.0%	0.0%	N	Referral Requirec
95148	ANTIGENS FOUR SINGLE STINGING INSECT VENOMS MULTI	07/01/2008	$28.96	0.0%	0.0%	N	Referral Requirec
95149	STINGING INSECT ANTIGENS FIVE SINGLE DOSE VIALS	07/01/2008	$38.24	0.0%	0.0%	N	Referral Requirec
95165	PROF SERVICE FOR SUPERVISION & PROVISION OF ANTIGE	07/01/2008	$10.06	0.0%	0.0%	N	Referral Requirec
95170	:WHOLE BODY EXTRACT OF BITING INSECT/ARTHROPOD	07/01/2008	$8.00	0.0%	0.0%	N	Referral Requirec
95180	DESENSITIZATION	07/01/2008	$133.80	0.0%	0.0%	N	Referral Requirec
95199	UNLISTED ALLERGY/CLINICAL IMMUNOLOGIC SERVICE	09/01/1982	$0.00	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
95250	GLUCOSE CONTINUOUS MONITORING; UP TO 72 HRS VIA SUBCUTANEOUS SENSOR	07/01/2008	$130.78	0.0%	0.0%	N	Referral Required
95251	AMBULATORY CONTINUOUS GLUCOSE MONITORING OF INTERSTITIAL TISSUE. SQ UP TO 72 HRS	07/01/2008	$37.38	0.0%	0.0%	N	Referral Required
95805	MULTIPLE SLEEP LATENCY TESTING	07/01/2008	$490.74	68.0%	32.0%	N	Referral Required
95806	SLEEP STUDY, RECORD VENTILATION, RESPIRATORY EFFORT, ECG/HEART RATE, H2O SATURAT	07/01/2008	$190.01	54.0%	46.0%	N	Referral Required
95807	SLEEP STUDY, 3 OR MORE PARAMETERS OTHER THAN STAGI	07/01/2008	$482.22	59.0%	41.0%	N	Referral Required
95808	POLYSOMNOGRAPHY;SLEEP STAGING WITH 1 TO 3 PARAMETE	07/01/2008	$599.80	53.0%	47.0%	N	Referral Required
95810	POLYSOMNOGRAPHY; SLEEP STAGING WITH 4 OR MORE	07/01/2008	$738.02	53.0%	47.0%	N	Referral Required
95811	POLYSOMNOGRAPHY; 4 OR MORE & ARAMETERS, W/CPAP OR BILEVEL VENTILATION,INC. TECH	07/01/2008	$811.39	52.0%	48.0%	N	Referral Required
95812	EEG EXTENDED MONITORING; UP TO ONE HOUR	07/01/2008	$211.40	47.0%	53.0%	N	Referral Required
95813	EEG, EXTENDED MONITORING; GREATER THAN ONE HOUR	07/01/2008	$261.84	39.0%	61.0%	N	Referral Required
95816	EEG AWAKE/DROWSY W/HYPERVENTILATION AND/OR PHOTIC	07/01/2008	$194.70	49.0%	51.0%	N	Referral Required
95819	EEG-RECORDING AWAKE&ASLEEP W/HYPERVENT.-PHOTIC STI	07/01/2008	$197.11	45.0%	55.0%	N	Referral Required
95822	ELECTROENCEPHALOGRAM (EEG); SLEEP ONLY	07/01/2008	$214.88	52.0%	48.0%	N	Referral Required
95824	EEG CEREBRAL DEATH EVALUATION ONLY	07/01/2008	$57.25	31.0%	69.0%	N	Referral Required
95827	ELECTROENCEPHALOGRAPHY	07/01/2008	$285.67	53.0%	47.0%	N	Referral Required
95829	ELECTROCORTICOGRAM AT SURGERY (SEPARATE PROCEDURE)	07/01/2008	$1,182.79	2.0%	98.0%	N	Referral Required
95830	INSERTION BY PHYSICIAN OF SPHENOIDAL ELECTRODES	07/01/2008	$168.57	0.0%	0.0%	N	Referral Required
95831	MUSCLE TESTING	07/01/2009	$23.35	0.0%	0.0%	N	Referral Required
95832	MUSCLE TESTING	07/01/2009	$22.00	0.0%	0.0%	N	Referral Required
95833	MUSCLE TESTING	07/01/2009	$32.63	0.0%	0.0%	N	Referral Required
95834	MUSCLE TESTING	07/01/2009	$38.79	0.0%	0.0%	N	Referral Required
95851	RANGE OF MOTION MEASUREMENTS	07/01/2009	$14.88	0.0%	0.0%	N	Referral Required
95852	RANGE OF MOTION MEASUREMENTS	07/01/2009	$11.49	0.0%	0.0%	N	Referral Required
95857	TENSILON TEST	07/01/2009	$37.98	0.0%	0.0%	N	Referral Required
95860	ELECTROMYOGRAPHY	07/01/2009	$74.22	18.0%	82.0%	N	Referral Required
95861	ELECTROMYOGRAPHY	07/01/2009	$108.10	21.0%	79.0%	N	Referral Required
95863	ELECTROMYOGRAPHY	07/01/2009	$129.00	22.0%	78.0%	N	Referral Required
95864	ELECTROMYOGRAPHY	07/01/2009	$147.24	32.0%	68.0%	N	Referral Required
95865	NEEDLE ELECTRROMYOGRAPHY, LARYNX	07/01/2008	$105.09	26.0%	74.0%	N	Referral Required
95866	NEEDLE ELECTRROMYOGRAPHY, HEMIDIAPHRAGM	07/01/2008	$80.52	25.0%	75.0%	N	Referral Required
95867	ELECTROMYOGRAPHY, CRANIAL NERVES, UNILATERAL	07/01/2009	$64.27	32.0%	68.0%	N	Referral Required
95868	ELECTROMYOGRAPHY, BILATERAL	07/01/2009	$88.48	20.0%	80.0%	N	Referral Required
95869	ELECTROMYOGRAPHY	07/01/2009	$40.57	23.0%	77.0%	N	Referral Required
95870	NEEDLE ELECTROMYOGRAPHY; OTHER THAN PARASPINAL	07/01/2009	$39.61	23.0%	77.0%	N	Referral Required
95872	ELECTROMYOGRAPHY, SINGLE FIBER, ANY TECHNIQUE	07/01/2009	$155.48	22.0%	78.0%	N	Referral Required
95873	ELECTRICAL STIMULATION FOR GUIDANCE IN CONJUNCTION W/CHEMODENERVATION (SP)	07/01/2009	$41.20	24.0%	76.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
95874	NEEDLE ELECTROMYOGRAPHY FOR GUIDANCE IN CONJUNCTION W/CHEMODENERVATION (SP)	07/01/2009	$38.97	24.0%	76.0%	N	Referral Required
95875	ISCHEMIC LIMB EXERCISE W/EMG	07/01/2009	$84.51	21.0%	79.0%	N	Referral Required
95900	NERVE CONDUCTION, AMPLITUDE & LATENCY/VELOCITY STUDY, EA NRV, ANY/ALL STS-(SP)	07/01/2009	$47.46	27.0%	73.0%	N	Referral Required
95903	NERVE CONDUCTION, EA NERVE, ANY SITE; MOTOR/W/F-WAVE STUDY-(SP)	07/01/2009	$56.06	21.0%	79.0%	N	Referral Required
95904	NERVE CONDUCTION SENSORY, EACH NERVE.-(SP)	07/01/2009	$41.71	24.0%	76.0%	N	Referral Required
95920	INTRAOPERATIVE NERVE TESTING (ADD-ON)	07/01/2008	$145.87	26.0%	74.0%	N	Referral Required
95925	SOMATOSENSORY TESTING, ONE OR MORE NERVES	07/01/2008	$92.96	43.0%	57.0%	N	Referral Required
95926	SHORT-LATENCY SOMATOSENSORY STUDY;IN LOWER LIMBS	07/01/2008	$91.73	44.0%	56.0%	N	Referral Required
95927	SHORT-LATENCY SOMATOSENSORY STUDY; TRUNK OR HEAD	07/01/2008	$94.68	44.0%	56.0%	N	Referral Required
95928	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMU); UPPER LIMBS	07/01/2008	$173.14	50.0%	50.0%	N	Referral Required
95929	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMU); LOWER LIMBS	07/01/2008	$182.07	57.0%	43.0%	N	Referral Required
95930	VEP TESTING CENTRAL NERVOUS SYSTEM,CHECKER/FLASH	07/01/2008	$96.94	22.0%	78.0%	N	Referral Required
95933	ORBICULARIS OCULI REFLEX	07/01/2008	$59.13	41.0%	59.0%	N	Referral Required
95934	H-REFLEX STUDY; GASTROCNEMIUS/SOLEUS MUSCLE	07/01/2008	$40.43	20.0%	80.0%	N	Referral Required
95936	H-REFLEX STUDY;MUSCLE OTHER THAN GASTROCNEMIUS/SOL	07/01/2008	$37.68	20.0%	80.0%	N	Referral Required
95937	NEUROMUSC JUNCTION TEST	07/01/2008	$50.44	24.0%	76.0%	N	Referral Required
95950	MONITOR FOR LOCALIZATION OF CEREBRAL SEIZURE 24HR	07/01/2008	$214.42	70.0%	30.0%	N	Referral Required
95951	MONITORING LOCALIZ CEREBRAL SEIZURE,EEG W/VIDEO 24	07/01/2008	$1,610.05	59.0%	41.0%	N	Referral Required
95953	MONITORING LOCALIZED CEREBRAL SEIZURE FOCUS COMPUT	07/01/2008	$381.26	60.0%	40.0%	N	Referral Required
95954	PHARMACOLOGICAL ACTIVATION DURING PROLONGED MONITO	07/01/2008	$236.23	10.0%	90.0%	N	Referral Required
95955	EEG DURING NONINTRACRANIAL SURGERY	07/01/2008	$126.51	49.0%	51.0%	N	Referral Required
95956	MONITORING LOCAL CEREBRALSEIZURE FOCUS BY CABLE RA	07/01/2008	$662.92	63.0%	37.0%	N	Referral Required
95957	DIGITAL ANALYSIS OF EEG	07/01/2008	$217.10	39.0%	61.0%	N	Referral Required
95958	WADA ACTIVATION LIST FOR HEMISPHERIC FUNCTION	07/01/2008	$328.26	18.0%	82.0%	N	Referral Required
95961	FUNCTIONAL CORTICAL MAPPING BY STIMULATION ELECTRO	07/01/2008	$211.17	22.0%	78.0%	N	Referral Required
95962	ELECTRODE STIMULATION BRAIN EACH ADD HOUR	07/01/2008	$202.87	21.0%	79.0%	N	Referral Required
95965	MAGNETOENCEPHALOGRAPHY; FOR SPONTANEOUS BRAIN MAGNETIC ACTIVITY	07/01/2008	$427.77	22.0%	78.0%	N	Referral Required
95966	MAGNETOENCEPHALOGRAPHY; SINGLE EVOKED MAGNETIC FIELDS	07/01/2008	$215.68	22.0%	78.0%	N	Referral Required
95967	MAGNETOENCEPHALOGRAPHY; EACH ADDITIONAL EVOKED MAGNETIC FIELDS (ADD-ON)	07/01/2008	$188.98	22.0%	78.0%	N	Referral Required
95970	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR SIMPLE OR COMPLEX	07/01/2008	$46.17	0.0%	0.0%	N	Referral Required
95971	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR SIMPLE	07/01/2008	$50.09	0.0%	0.0%	N	Referral Required
95972	ELECTRONIC ANALY IMPLANTED NEUROSTIMULATOR COMPLEX SPINAL CORD 1ST HOUR	07/01/2008	$95.08	0.0%	0.0%	N	Referral Required
95973	ELECTRONIC ANALY IMPLANTED NEUROSTIMULATOR COMPLEX SPINAL CORD; EA ADD 30 MIN	07/01/2008	$52.05	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
95974	ELECTRONIC ANALYS IMPLANTED NEUROSTIMULATOR COMPLEX CRANIAL NERVE; FIRST HOUR	07/01/2008	$160.66	0.0%	0.0%	N	Referral Required
95975	ELECTRONIC ANALYS IMPLANTED NEUROSTIMULATOR COMPLEX CRANIAL; EA ADDTL 30 MINUTES	07/01/2008	$89.03	0.0%	0.0%	N	Referral Required
95978	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM; 1ST HR	07/01/2008	$189.65	0.0%	0.0%	N	Referral Required
95979	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIM PULSE GENERTR SYSTEM; EA ADDTL 30 MIN	07/01/2008	$85.55	0.0%	0.0%	N	Referral Required
95980	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR , W/ PROGRAM	05/01/2009	$40.03	0.0%	0.0%	N	Referral Required
95981	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE SYSTEM , W/O REPROGRAM	01/01/2009	$25.23	0.0%	0.0%	N	Referral Required
95982	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR W/ REPROGRAMMING	01/01/2009	$38.19	0.0%	0.0%	N	Referral Required
95990	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOR FOR DRUG DELIVERY SPIN	07/01/2008	$54.79	0.0%	0.0%	N	Referral Required
95991	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP/RESERVOIR FOR DRUG DELIVERY	07/01/2008	$81.12	0.0%	0.0%	N	Referral Required
95992	CANALITH REPOSITION (EG, EPLEY MANEUVER, SEMONT MANEUVER) PER DAY	01/01/2009	$0.00	0.0%	0.0%	N	Referral Required
95999	UNLISTED NEUROLOGICAL OR NEUROMUSCULAR DX PROCEDUR	09/01/1982	$0.00	0.0%	0.0%	N	Referral Required
96000	MOTION ANALYSIS BY VIDEO-TAPING AND 3-D KINEMATICS	07/01/2008	$81.03	0.0%	0.0%	N	Referral Required
96001	MOTION ANALYSIS; WITH DYNAMIC PLANTAR PRESSURE DURING WALKING	07/01/2008	$97.07	0.0%	0.0%	N	Referral Required
96002	MOTION ANALYSIS; ELECTROMYOGRAPHY DURING WALKING/OTHER ACTIVITY, 1-12 MUSCLES	07/01/2008	$18.98	0.0%	0.0%	N	Referral Required
96003	MOTION ANALYSIS; ELECTROMYOGRAPHY, WALKING/OTHER ACTIVITIES, 1 MUSCLE	07/01/2008	$16.78	0.0%	0.0%	N	Referral Required
96004	MOTION ANALYSIS; PHYSICIAN REVIEW/INTERPRETATION WITH WRITTEN REPORT	07/01/2008	$103.06	0.0%	0.0%	N	Referral Required
96101	PSYCHOLOGICAL TESTING, PER HOUR, FACE TO FACE	07/01/2008	$62.45	0.0%	0.0%	N	Referral Required
96102	PSYCHOLOGICAL TESTING, PER HOUR, FACE TO FACE (EG, MMPI, WAIS)) TECHNICIAN	07/01/2008	$43.89	0.0%	0.0%	N	Referral Required
96103	PSYCHOLOGICAL TESTING, ADMINISTERED BY A COMPUTER	07/01/2008	$27.36	0.0%	0.0%	N	Referral Required
96105	ASSESS APHASIA,W/INTERPRETATION-REPORT, PER HOUR	07/01/2008	$62.29	0.0%	0.0%	N	Referral Required
96110	DEVELOPMENTAL TESTING; LIMITED W/INTERPRETATION	07/01/2008	$9.71	0.0%	0.0%	N	Referral Required
96111	DEVELOPMENTAL TESTING EXTENDED W/INTERPRETATION	07/01/2008	$123.26	0.0%	0.0%	N	Referral Required
96116	NEUROBEHAVIORAL STATUS EXAM, PER HOUR	07/01/2008	$91.24	0.0%	0.0%	N	Referral Required
96118	NEUROPSYCHOLOGICAL TESTING, PER HOUR, BY PSYCHOLOGIST	07/01/2008	$106.01	0.0%	0.0%	N	Referral Required
96119	NEUROPSYCHOLOGICAL TESTING, PER HOUR BY TECHNICIAN	07/01/2008	$66.00	0.0%	0.0%	N	Referral Required
96120	NEUROPSYCHOLOGICAL TESTING, ADMINISTERED BY COMPUTER	07/01/2008	$59.63	0.0%	0.0%	N	Referral Required
96150	HEALTH/BEHAVIOR ASSESSMENT; EACH 15 MINUTE FACE-TO-FACE, INITIAL	07/01/2008	$22.27	0.0%	0.0%	N	Referral Required
96151	HEALTH/BEHAVIOR ASSESSMENT; REASSESSMENT	07/01/2008	$21.49	0.0%	0.0%	N	Referral Required
96152	HEALTH/BEHAVIOR INTERVENTION; EACH 15 MINUTES. FACE-TO-FACE; INDIVIDUAL	07/01/2008	$20.74	0.0%	0.0%	N	Referral Required
96153	HEALTH/BEHAVIOR INTERVENTION; EA 15 MIN; GROUP	07/01/2008	$4.76	0.0%	0.0%	N	Referral Required
96154	HEALTH/BEHAVIOR INTERVENTION; EA 15 MIN; FAMILY WITH PATIENT PRESENT	07/01/2008	$20.35	0.0%	0.0%	N	Referral Required
96155	HEALTH/BEHAVIOR INTERVENTION; EA 15 MIN; FAMILY WITHOUT PATIENT PRESENT	07/01/2008	$23.86	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
96360	INTRAVENOUS INFUSION, HYDRATION; INITIAL, 31 MINUTES TO 1 HOUR	01/01/2009	$49.87	0.0%	0.0%	N	Referral Required
96361	EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROC	01/01/2009	$14.54	0.0%	0.0%	N	Referral Required
96365	IV FOR THERAPY, PROPHYLAXIS, OR DIAG (SPECIFY SUBST OR DRUG); INITI 1 HOUR	01/01/2009	$60.86	0.0%	0.0%	N	Referral Required
96366	EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADD TO CODE FOR PRIMARY PROC	01/01/2009	$19.70	0.0%	0.0%	N	Referral Required
96367	ADDTNAL SEQUENTIAL INFUSION, UP TO 1 HR (LIST SEPAR. IN ADDTION TO PRIM PROC)	01/01/2009	$30.89	0.0%	0.0%	N	Referral Required
96368	CONCURRENT INFUSION (LIST SEPARATELY IN ADD TO CODE FOR PRIMARY PROC)	01/01/2009	$18.38	0.0%	0.0%	N	Referral Required
96369	SUBCU INFUS FOR THRPY OR PROPH SPEC SUB/DRUG INIT 1HR,INCL PUMP SET-UP EST SUB S	01/01/2009	$132.32	0.0%	0.0%	N	Referral Required
96370	EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROC)	01/01/2009	$14.29	0.0%	0.0%	N	Referral Required
96371	ADDL PUMP SET-UP W/NEW SUBCUTANEOUS INFUSION SITE(S) LIST IN ADD PRIME PROC	01/01/2009	$63.89	0.0%	0.0%	N	Referral Required
96372	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJ(SPECIFY SUBS/DRUG) SUB OR IM	01/01/2009	$19.07	0.0%	0.0%	N	Referral Required
96373	INTRA-ARTERIAL	01/01/2009	$16.40	0.0%	0.0%	N	Referral Required
96374	INTRAVENOUS PUSH, SINGLE OR INITIAL SUBSTANCE/DRUG	01/01/2009	$48.36	0.0%	0.0%	N	Referral Required
96375	EA ADD SEQ IV PUSH OF A NEW SUB/DRUG (LIST SEPARATELY IN ADD TO CODE PRIME PROC	01/01/2009	$20.95	0.0%	0.0%	N	Referral Required
96379	UNLIS THERAPUTIC PROPHYLACTIC OR DIAG IV OR INTRA-ARTERIAL INJ OR INFUSION	01/01/2009	$0.00	0.0%	0.0%	N	Referral Required
96401	CHEMOTHERAPY ADMINISTRATION, SQ OR IM, NON-HORMONAL ANTI NEOPLASTIC	07/01/2008	$59.15	0.0%	0.0%	N	Referral Required
96402	CHEMOTHERAPY ADMINISTRATION, SQ OR IM, HORMONAL ANTI NEOPLASTIC	07/01/2008	$37.45	0.0%	0.0%	N	Referral Required
96405	CHEMOTHERAPY ADMIN,INTRALESIONAL;UP TO & INCLUD 7L	07/01/2008	$123.80	0.0%	0.0%	N	Referral Required
96406	MORE THAN 7 LESIONS	07/01/2008	$141.80	0.0%	0.0%	N	Referral Required
96409	CHEMOTHERAPY ADMINISTRATION, IV, PUSH TECHNIQUE, SINGLE OR INITIAL	07/01/2008	$107.70	0.0%	0.0%	N	Referral Required
96411	CHEMOTHERAPY ADMINISTRATION, IV, PUSH TECHNIQUE, EA ADD (SP)	07/01/2008	$61.50	0.0%	0.0%	N	Referral Required
96413	CHEMOTHERAPY ADMINISTRATION, IV INFUSION, UP TO 1 HOUR,SINGLE OR INITIAL	07/01/2008	$145.75	0.0%	0.0%	N	Referral Required
96415	CHEMOTHERAPY ADMINISTRATION, IV INFUSION, EACH ADDITIONAL HOUR (SP)	07/01/2008	$32.45	0.0%	0.0%	N	Referral Required
96416	CHEMOTHERAPY ADMINISTRATION, PROLONGED, MORE THAN 8 HOURS	07/01/2008	$157.78	0.0%	0.0%	N	Referral Required
96417	CHEMOTHERAPY ADMINISTRATION, EACH ADDITIONAL, UP TO 1 HOUR	07/01/2008	$71.67	0.0%	0.0%	N	Referral Required
96420	CHEMOTHERAPY INTRA-ARTERIAL PUSH	07/01/2008	$100.93	0.0%	0.0%	N	Referral Required
96422	CHEMOTHERAPY, INTRA-ARTERIAL, UP TO 1 HR INFUSION	07/01/2008	$167.59	0.0%	0.0%	N	Referral Required
96423	CHEMOTHERAPY, INTRA-ARTERIAL; 1 TO 8 HR INFUSION (ADD-ON)	07/01/2008	$72.94	0.0%	0.0%	N	Referral Required
96425	CHEMOTHERAPY; INTRA-ARTERIAL, INIATE PROLONGED INF	07/01/2008	$164.50	0.0%	0.0%	N	Referral Required
96440	CHEMOTHERAPY PLEURAL CAVITY THORACENTESIS	07/01/2008	$320.38	0.0%	0.0%	N	Referral Required
96445	CHEMOTHERAPY PERITONEAL CAVITY PARACENTESIS	07/01/2008	$310.13	0.0%	0.0%	N	Referral Required
96450	CHEMOTHERAPY CNS LUMBAR PUNCTURE	07/01/2008	$259.89	0.0%	0.0%	N	Referral Required
96521	REFILLING AND MAINTENANCE OF PORTABLE PUMP	07/01/2008	$127.14	0.0%	0.0%	N	Referral Required
96522	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESEVOIR FOR DRUG DELIVERY	07/01/2008	$101.37	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
96523	IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE FOR DRUG DELIVERY SYSTEMS	07/01/2008	$24.79	0.0%	0.0%	N	Referral Required
96542	CHEMOTHERAPY INJECTION, SUBARACHNOID/INTRAVENTRICU	07/01/2008	$161.29	0.0%	0.0%	N	Referral Required
96549	UNLISTED CHEMOTHERAPY PROCEDURE	09/01/1982	$0.00	0.0%	0.0%	N	Referral Required
96567	PHOTODYNAMIC THERAPY OF SKIN; EACH EXPOSURE SESSION	07/01/2008	$98.73	0.0%	0.0%	N	Referral Required
96570	PHOTODYNAMIC THERAPY FIRST 30 MINUTES (ADD-ON)	07/01/2008	$53.27	0.0%	0.0%	N	Referral Required
96571	PHOTODYNAMIC THERAPY EACH ADDITIONAL 15 MINUTES	07/01/2008	$25.95	0.0%	0.0%	N	Referral Required
96900	ACTINOTHERAPY	07/01/2008	$17.57	0.0%	0.0%	N	Referral Required
96902	MICROSCOPIC EXAM OF HAIRS TO DETERMINE TELOGEN/ANAGEN COUNTS, OR ABNORMALITY.	07/01/2008	$9.71	0.0%	0.0%	N	Referral Required
96910	PHOTOCHEMOTHERAPY, TAR AND ULTRAVIOLET B GOECKERMA	07/01/2008	$52.33	0.0%	0.0%	N	Referral Required
96912	PHOTOCHEMOTHERAPY; PSORALENS AND ULTRAVIOLET A	07/01/2008	$66.96	0.0%	0.0%	N	Referral Required
96913	PHOTOCHEMOTHERAPY BETWEEN 4&8 HRS CARE W/DIRCT SUP	07/01/2008	$90.28	0.0%	0.0%	N	Referral Required
96920	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE TOTAL AREA LESS THAN 250 SQ CM	07/01/2008	$145.17	0.0%	0.0%	N	Referral Required
96921	LASER TREATMENT INFLAMMATORY SKIN DISEASE 250 SQ CM TO 500 SQ CM	07/01/2008	$143.06	0.0%	0.0%	N	Referral Required
96922	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE OVER 500 SQ CM	07/01/2008	$212.88	0.0%	0.0%	N	Referral Required
96999	UNLISTED DERMATOLOGICAL SERVICE OR PROCEDURE	01/01/1982	$0.00	0.0%	0.0%	N	Referral Required
97001	PHYSICAL THERAPY EVALUATION	07/01/2009	$66.24	0.0%	0.0%	N	Referral Required
97002	PHYSICAL THERAPY RE-EVALUATION	07/01/2009	$35.41	0.0%	0.0%	N	Referral Required
97003	OCCUPATIONAL THERAPY EVALUATION	07/01/2009	$69.94	0.0%	0.0%	N	Referral Required
97004	OCCUPATIONAL THERAPY RE-EVALUATION	07/01/2009	$40.19	0.0%	0.0%	N	Referral Required
97012	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; TRACTION, MECHANICAL	07/01/2009	$13.67	0.0%	0.0%	N	Referral Required
97016	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; VASOPNEUMATIC DEVICES	07/01/2009	$14.01	0.0%	0.0%	N	Referral Required
97018	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; PARAFFIN BATH	07/01/2009	$7.14	0.0%	0.0%	N	Referral Required
97022	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; WHIRLPOOL	07/01/2009	$15.88	0.0%	0.0%	N	Referral Required
97024	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; DIATHERMY	07/01/2009	$4.91	0.0%	0.0%	N	Referral Required
97026	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; INFRARED	07/01/2009	$4.59	0.0%	0.0%	N	Referral Required
97028	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRAVIOLET	07/01/2009	$5.63	0.0%	0.0%	N	Referral Required
97032	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ELEC STIMUL (MANUAL), EA 15 MIN	07/01/2009	$15.26	0.0%	0.0%	N	Referral Required
97033	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; IONTOPHORESIS, EACH 15 MIN	07/01/2009	$22.31	0.0%	0.0%	N	Referral Required
97034	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; CONTRAST BATHS, EA 15 MIN	07/01/2009	$13.82	0.0%	0.0%	N	Referral Required
97035	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ULTRASOUND, EACH 15 MIN	07/01/2009	$10.96	0.0%	0.0%	N	Referral Required
97036	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; HUBBARD TANK, EACH 15 MIN	07/01/2009	$23.35	0.0%	0.0%	N	Referral Required
97039	UNLISTED MODALITY (SPECIFY TYPE & TIME IF CONSTANT ATTENDANCE)	06/01/2008	$10.12	0.0%	0.0%	Y	Referral Required
97110	PHYSICAL MEDICINE TREATMENT THERAPEUTIC EXERCISES	07/01/2009	$26.50	0.0%	0.0%	N	Referral Required
97112	PHYSICAL MEDICINE TREATMENT NEUROMUSCULAR REEDUCA-	07/01/2009	$27.25	0.0%	0.0%	N	Referral Required
97113	THERAPEUTIC AQUATIC THERAPY W/EXER; 1 TO 1; 15 MIN	07/01/2009	$31.99	0.0%	0.0%	N	Referral Required
97116	PHYSICAL MEDICINE TREATMENT GAIT TRAINING	07/01/2009	$23.22	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
97139	PHYSICAL MEDICINE TREATMENT UNLISTED PROCEDURE	06/01/2008	$15.32	0.0%	0.0%	Y	Referral Required
97140	MANUAL THERAPY TECHNIQUES; ONE OR MORE REGIONS; EACH 15 MINUTES	07/01/2009	$24.62	0.0%	0.0%	N	Referral Required
97530	THERAPEUTIC ACTIVITIES DIRECT ONE ON ONE PT CONTACT BY PROVIDER EACH 15 MIN	07/01/2009	$27.85	0.0%	0.0%	N	Referral Required
97535	SELF CARE/HOME MGMT TRAINING,ONE-ON-ONE,EA 15 MIN	07/01/2009	$27.89	0.0%	0.0%	N	Referral Required
97537	COMMUNITY/WORK REINTEGRATION,ONE-ON-ONE,EA 15 MIN	07/01/2009	$25.34	0.0%	0.0%	N	Referral Required
97542	WHEELCHAIR MGMT/PROPULSION TRAINING, EACH 15 MIN	07/01/2009	$25.66	0.0%	0.0%	N	Referral Required
97597	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S) SELECTIVE DEBRIDEMENT W/O ANESTH	07/01/2009	$53.43	0.0%	0.0%	N	Referral Required
97598	REMOVAL OF DEVITALIZED TISSUE FROM WOUNDS, ELECTIVE DEBRID,W/O ANES;PER SESSION	07/01/2009	$66.46	0.0%	0.0%	N	Referral Required
97602	NON SELECTIVE DEBRIDE, W/O ANESTHESIA WOUND ASSES. INST. FOR ONGOING CARE,PER 15	01/01/2001	$0.00	0.0%	0.0%	N	Referral Required
97605	NEGATIVE PRESSURE WOUND THERAPY, INCL TOPICAL APP, ASSES & INSTRUCT, PER SESSION	07/01/2009	$32.65	0.0%	0.0%	N	Referral Required
97606	NEGATIVE PRESSURE WOUND THERAPY; SURFACE AREA > THAN 50 SQ CENTIMETERS	07/01/2009	$34.97	0.0%	0.0%	N	Referral Required
97750	PHYSICAL TEST/MEASURE,W/WRITTEN REPORT, EACH 15 MI	07/01/2009	$27.13	0.0%	0.0%	N	Referral Required
97760	ORTHOTIC(S) MANAGEMENT AND TRAIN, UPPER, LOWER EXTREM AND/OR TRUNK 15 MIN EACH	07/01/2009	$29.88	0.0%	0.0%	N	Referral Required
97761	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S) 15 MIN EACH	07/01/2009	$26.81	0.0%	0.0%	N	Referral Required
97762	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTAB PT 15 MIN EACH	07/01/2009	$30.11	0.0%	0.0%	N	Referral Required
97799	UNLISTED PHYSICAL MEDICINE SERVICE OR PROCEDURE	01/01/1976	$0.00	0.0%	0.0%	Y	Referral Required
97957	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELEC DEBRID W/O ANESTHESIA	07/01/2008	$48.82	0.0%	0.0%	N	Referral Required
98925	OSTEOPATHIC MANIPULATIVE TREATMENT,1-2 BODY REGION	07/01/2008	$26.39	0.0%	0.0%	N	Referral Required
98926	OSTEOPATHIC MANIPULATIVE TREATMENT-3 TO 4 REGIONS	07/01/2008	$36.35	0.0%	0.0%	N	Referral Required
98927	OSTEOPATHIC MANIPULATIVE TREATMENT 5 TO 6 REGIONS	07/01/2008	$47.29	0.0%	0.0%	N	Referral Required
98928	OSTEOPATHIC MANIPULATIVE TREATMENT 7 TO 8 REGIONS	07/01/2008	$55.38	0.0%	0.0%	N	Referral Required
98929	OSTEOPATHIC MANIPULATIVE NINE TO TEN BODY REGIONS	07/01/2008	$63.48	0.0%	0.0%	N	Referral Required
98940	CHIROPRACTIC MANIPULATIVE TX-SPINAL, 1-2 REGIONS	07/01/2008	$23.45	0.0%	0.0%	N	Referral Required
98941	CHIROPRACTIC MANIUPULATIVE TX-SPINAL, 3-4 REGIONS	07/01/2008	$32.53	0.0%	0.0%	N	Referral Required
98942	CHIROPRACTIC MANIPULATIVE TX-SPINAL, 5 REGIONS	07/01/2008	$42.63	0.0%	0.0%	N	Referral Required
99001	HANDLING AND/OR CONVEYANCE OF SPECIMAN FOR TRANSFR	07/01/2008	$8.09	0.0%	0.0%	N	Referral Required
99050	SERVICES PRIOR TO 10PM BUT AFTER OFFICE HOURS	07/01/2008	$13.59	0.0%	0.0%	N	Referral Required
99058	OFFICE SERVICES PROVIDED ON AN EMERGENCY BASIS	07/01/2008	$6.33	0.0%	0.0%	N	Referral Required
99080	SPECIAL REPORTS	07/01/2008	$10.93	0.0%	0.0%	N	Referral Required
99091	COLLECTION AND INTERPRETATION OF PATIENT TRANSMITTED DATA; MINIMUM 30 MINUTES	01/01/2002	$0.00	0.0%	0.0%	N	Referral Required
99143	MODERATE SEDATION SRVC (OTHER THAN 00100-01999) UNDER 5 YRS OLD, 1ST 30 MIN	07/01/2008	$23.18	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
99144	MODERATE SEDATION SRVC (OTHER THAN 00100-01999) 5 YRS/ OLDER, 1ST 30 MIN	07/01/2008	$19.06	0.0%	0.0%	N	Referral Required
99145	MODERATE SEDATION SRVC, EACH ADDITIONAL 15 MIN ADD-ON	07/01/2008	$9.27	0.0%	0.0%	N	Referral Required
99148	MODERATE SEDATION SRVC, UNDER 5 YRS OLD, 1ST 30 MIN	07/01/2008	$30.41	0.0%	0.0%	N	Referral Required
99149	MODERATE SEDATION SRVC, 5 YRS/ OLDER, 1ST 30 MIN	07/01/2008	$30.41	0.0%	0.0%	N	Referral Required
99150	MODERATE SEDATION SRVC, EACH ADDITIONAL 15 MIN ADD-ON	07/01/2008	$15.20	0.0%	0.0%	N	Referral Required
99170	ANOGENITAL EXAMINATION IN CHILD	07/01/2008	$123.84	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, QUANTITATIVE, BILATERAL	07/01/2008	$26.32	0.0%	0.0%	N	Referral Required
99175	IPECAC OR SIMILAR ADMINISTRATION FOR INDIVIDUALIZE	07/01/2008	$31.86	0.0%	0.0%	N	Referral Required
99183	PHYSICIAN ATTENDANCE AND SUPERVISION OF HYPERBARIC	07/01/2008	$184.30	0.0%	0.0%	N	Referral Required
99190	PUMP ASSEMBLY & OPERATION	07/01/2008	$97.15	0.0%	0.0%	N	Referral Required
99191	3/4 HOUR ASSEMBLY & OPERATION OF PUMP W/OXYGENATOR	07/01/2008	$72.84	0.0%	0.0%	N	Referral Required
99192	ASSEMBLY & OPERATION OF PUMP W/OXYGENATOR, 1/2 HR	07/01/2008	$48.58	0.0%	0.0%	N	Referral Required
99195	PHLEBOTOMY	07/01/2008	$51.94	0.0%	0.0%	N	Referral Required
99201	OV OR OP EVALUATION NEW PATIENT A PROBLEM 10 MIN	07/01/2008	$34.15	0.0%	0.0%	N	Referral Required
99202	OV OR OP EVALUATION NEW PATIENT EXPANDED PROBLEM	07/01/2008	$59.02	0.0%	0.0%	N	Referral Required
99203	OV OR OP EVALUATION NEW PATIENT DETAILED 30 MIN	07/01/2008	$86.54	0.0%	0.0%	N	Referral Required
99204	OV OR OP EVALUATION NEW PATIENT COMPREHENSIVE 45MI	07/01/2008	$133.19	0.0%	0.0%	N	Referral Required
99205	OV OR OP EVALUATION NEW PATIENT COMPREHENSIVE 60MI	07/01/2008	$167.67	0.0%	0.0%	N	Referral Required
99211	OV OR OP EVALUATION ESTABLISHED MINIMAL PROBLEM 5	07/01/2008	$18.45	0.0%	0.0%	N	Referral Required
99212	OV OR OP EVALUATION ESTABLISHED- A PROBLEM 10 MIN	07/01/2008	$35.18	0.0%	0.0%	N	Referral Required
99213	OV OR OP EVALUATION ESTABLISHED/EXPANDED 15 MIN	07/01/2008	$57.45	0.0%	0.0%	N	Referral Required
99214	OV OR OP EVALUATION ESTABLISHED/DETAILED 25 MIN	07/01/2008	$86.45	0.0%	0.0%	N	Referral Required
99215	OV OR OP EVALUATION ESTABLISHED/COMPREHENSIVE 40MI	07/01/2008	$117.01	0.0%	0.0%	N	Referral Required
99217	OBSERVATION CARE DISCHARGE DAY MANAGEMENT	07/01/2008	$63.04	0.0%	0.0%	N	Referral Required
99218	INITIAL HOSP OBSERVATION PER DAY LOW COMPLEXITY	07/01/2008	$59.60	0.0%	0.0%	N	Referral Required
99219	INITIAL HOSP OBSERVATION PER DAY MODERATE COMPLEXI	07/01/2008	$98.05	0.0%	0.0%	N	Referral Required
99220	INITIAL HOSP OBSERVATION PER DAY HIGH COMPLEXITY	07/01/2008	$137.88	0.0%	0.0%	N	Referral Required
99221	INITIAL HOSP CARE PER DAY LOW COMPLEXITY 30 MIN	07/01/2008	$83.68	0.0%	0.0%	N	Referral Required
99222	INITIAL HOSP CARE PER DAY MODERATE COMPLEXITY 50MI	07/01/2008	$114.97	0.0%	0.0%	N	Referral Required
99223	INITIAL HOSP CARE PER DAY HIGH COMPLEXITY 70 MIN	07/01/2008	$169.27	0.0%	0.0%	N	Referral Required
99231	SUBSEQUENT HOSP DAY LOW COMPLEXITY 15 MIN	07/01/2008	$34.77	0.0%	0.0%	N	Referral Required
99232	SUBSEQUENT HOSP DAY MODERATE COMPLEXITY 25 MIN	07/01/2008	$62.39	0.0%	0.0%	N	Referral Required
99233	SUBSEQUENT HOSP DAY HIGH COMPLEXITY 35 MIN	07/01/2008	$89.47	0.0%	0.0%	N	Referral Required
99234	OBSERVATION OR INPATIENT HOSPITAL CARE; DETAILED OR COMPREHENSIVE	07/01/2008	$119.34	0.0%	0.0%	N	Referral Required
99235	OBSERVATION OR INPATIENT HOSPITAL CARE; COMPREHENSIVE, MODERATE COMPLEXITY	07/01/2008	$157.60	0.0%	0.0%	N	Referral Required
99236	OBSERVATION OR INPATIENT HOSPITAL CARE; COMPREHENSIVE, HIGH COMPLEXITY	07/01/2008	$196.20	0.0%	0.0%	N	Referral Required
99238	HOSPITAL DISCHARGE DAY MANAGEMENT	07/01/2008	$63.18	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
99239	HOSP. DISCHARGE MGMT; MORE THAN 30 MINUTES	07/01/2008	$90.94	0.0%	0.0%	N	Referral Required
99241	OFFICE CONSULT NEW/ESTABLISHED A PROBLEM 15 MIN	07/01/2008	$45.29	0.0%	0.0%	N	Referral Required
99242	OFFICE CONSULT NEW/ESTABLISHED EXPANDED 30 MIN	07/01/2008	$84.68	0.0%	0.0%	N	Referral Required
99243	OFFICE CONSULT NEW/ESTABLISHED-DETAILED 40 MIN	07/01/2008	$116.47	0.0%	0.0%	N	Referral Required
99244	OFFICE CONSULT NEW/ESTABLISHED COMPREHENSIVE 60MIN	07/01/2008	$172.09	0.0%	0.0%	N	Referral Required
99245	OFFICE CONSULT NEW/ESTABLISHED COMPREHENSIVE 80MIN	07/01/2008	$212.37	0.0%	0.0%	N	Referral Required
99251	INITIAL IP CONSULT NEW/ESTABLISHED A PROBLEM 20MIN	07/01/2008	$44.78	0.0%	0.0%	N	Referral Required
99252	INITIAL IP CONSULT NEW/ESTABLISHED EXPANDED 40 MIN	07/01/2008	$70.73	0.0%	0.0%	N	Referral Required
99253	INITIAL IP CONSULT NEW/ESTABLISHED DETAILED 55 MIN	07/01/2008	$106.05	0.0%	0.0%	N	Referral Required
99254	INITIAL IP CONSULT NEW/ESTABLISH COMPREHENS 80 MIN	07/01/2008	$153.43	0.0%	0.0%	N	Referral Required
99255	INITIAL IP CONSULT NEW/ESTABLISH COMPREHENS 110MIN	07/01/2008	$188.70	0.0%	0.0%	N	Referral Required
99281	ER VISIT NEW/EST PT/A PROBLEM (LIMITED OR MINOR)	07/01/2008	$19.18	0.0%	0.0%	N	Referral Required
99282	ER VISIT NEW/EST PT/A PROBLEM (LOW TO MODERATE)	07/01/2008	$36.14	0.0%	0.0%	N	Referral Required
99283	ER VISIT NEW/EST PT/EXPANDED (MODERATE)	07/01/2008	$57.68	0.0%	0.0%	N	Referral Required
99284	ER VISIT NEW/EST PT/DETAILED (HIGH AND URGENT EVAL	07/01/2008	$107.16	0.0%	0.0%	N	Referral Required
99285	ER VISIT NEW/EST PT COMPREHENSIVE (HIGH & IMMEDIAT	07/01/2008	$159.64	0.0%	0.0%	N	Referral Required
99288	PHY DIRECT EMS/ER CARE ADVANCED LIFE SUPPORT	07/01/2008	$57.59	0.0%	0.0%	N	Referral Required
99291	CRITICAL CARE, EVALUATION & MANAGEMENT, FIRST 30-74 MINUTES	07/01/2008	$242.64	0.0%	0.0%	N	Referral Required
99292	CRITICAL CARE/PROLONGED PRESENCE EACH ADD 30 MIN	07/01/2008	$109.05	0.0%	0.0%	N	Referral Required
99304	INITIAL NURSING FACILITY CARE, PER DAY	07/01/2008	$74.90	0.0%	0.0%	N	Referral Required
99305	INITIAL NURSING FACILITY CARE, PER DAY	07/01/2008	$104.38	0.0%	0.0%	N	Referral Required
99306	INITIAL NURSING FACILITY CARE, PER DAY	07/01/2008	$133.86	0.0%	0.0%	N	Referral Required
99307	SUBSEQUENT NURSING FACILITY CARE, PER DAY	07/01/2008	$36.84	0.0%	0.0%	N	Referral Required
99308	SUBSEQUENT NURSING FACILITY CARE, PER DAY	07/01/2008	$56.61	0.0%	0.0%	N	Referral Required
99309	SUBSEQUENT NURSING FACILITY CARE, PER DAY	07/01/2008	$75.49	0.0%	0.0%	N	Referral Required
99310	SUBSEQUENT NURSING FACILITY CARE, PER DAY	07/01/2008	$110.95	0.0%	0.0%	N	Referral Required
99315	NURSING FACILITY DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	07/01/2008	$54.99	0.0%	0.0%	N	Referral Required
99316	NURSING FACILITY DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES	07/01/2008	$71.86	0.0%	0.0%	N	Referral Required
99318	E&M OF PT INVOLVING ANNUAL NURSING FACILITY ASSESSMENT	07/01/2008	$78.43	0.0%	0.0%	N	Referral Required
99324	DOMICILIARY OR REST HOME VISIT FOR EVAL/MANAGEMENT OF NEW PATIENT	07/01/2008	$51.71	0.0%	0.0%	N	Referral Required
99325	DOMICILIARY OR REST HOME VISIT FOR EVAL/MANAGEMENT OF NEW PATIENT	07/01/2008	$75.25	0.0%	0.0%	N	Referral Required
99326	DOMICILIARY OR REST HOME VISIT FOR EVAL/MANAGEMENT OF NEW PATIENT	07/01/2008	$122.87	0.0%	0.0%	N	Referral Required
99327	DOMICILIARY OR REST HOME VISIT FOR EVAL/MANAGEMENT OF NEW PATIENT	07/01/2008	$159.66	0.0%	0.0%	N	Referral Required
99328	DOMICILIARY OR REST HOME VISIT FOR EVAL/MANAGEMENT OF NEW PATIENT	07/01/2008	$188.70	0.0%	0.0%	N	Referral Required
99334	DOMICILIARY OR REST HOME VISIT FOR EVAL/MANAGEMENT OF EST PATIENT	07/01/2008	$52.10	0.0%	0.0%	N	Referral Required
99335	DOMICILIARY OR REST HOME VISIT FOR EVAL/MANAGEMENT OF EST PATIENT	07/01/2008	$80.35	0.0%	0.0%	N	Referral Required
99336	DOMICILIARY OR REST HOME VISIT FOR EVAL/MANAGEMENT OF EST PATIENT	07/01/2008	$114.04	0.0%	0.0%	N	Referral Required
99337	DOMICILIARY OR REST HOME VISIT FOR EVAL/MANAGEMENT OF EST PATIENT	07/01/2008	$163.58	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
99340	IND PHYSICIAN SUPERVISION OF PT (PT NOT PRESENT) IN HOME, DOMICILE OR REST HOME	01/01/2006	$0.00	0.0%	0.0%	N	Referral Required
99341	HOME VISIT NEW PT/A PROBLEM (LOW SEVERITY)	07/01/2008	$51.36	0.0%	0.0%	N	Referral Required
99342	HOME VISIT NEW PT/EXPANDED (MODERATE SEVERITY)	07/01/2008	$75.25	0.0%	0.0%	N	Referral Required
99343	HOME VISIT NEW PT/DETAILED (HIGH SEVERITY)	07/01/2008	$119.69	0.0%	0.0%	N	Referral Required
99344	HOME VISIT FOR E/M OF NEW PATIENT, COMPREHENSIVE	07/01/2008	$156.91	0.0%	0.0%	N	Referral Required
99345	HOME VISIT FOR E/M OF NEW PATIENT; COMPREHENSIVE, HIGH COMPLEXITY	07/01/2008	$188.70	0.0%	0.0%	N	Referral Required
99347	HOME VISIT FOR E/M OF ESTABLISHED PATIENT; PROBLEM FOCUSED	07/01/2008	$49.40	0.0%	0.0%	N	Referral Required
99348	HOME VISIT FOR E/M OF ESTABLISHED PATIENTS; EXPANDED PROBLEM FOCUSED	07/01/2008	$74.51	0.0%	0.0%	N	Referral Required
99349	HOME VISIT FOR E/M OF ESTABLISHED PATIENT; DETAILED EXAM	07/01/2008	$108.99	0.0%	0.0%	N	Referral Required
99350	HOME VISIT FOR E/M OF ESTABLISHED PATIENT; COMPREHENSIVE	07/01/2008	$152.70	0.0%	0.0%	N	Referral Required
99354	PROLONGED PHY SVCS BEYOND USUAL DUTY - 1ST HOUR (ADD-ON)	07/01/2008	$87.17	0.0%	0.0%	N	Referral Required
99355	PROLONGED PHY SVCS - EACH ADDITIONAL 30 MINUTES.	07/01/2008	$85.94	0.0%	0.0%	N	Referral Required
99356	PROLONGED PHYSICIAN SERVICEW - INPATIENT (ADD-ON)	07/01/2008	$79.86	0.0%	0.0%	N	Referral Required
99357	EACH ADDITION 30 MINUTES	07/01/2008	$80.05	0.0%	0.0%	N	Referral Required
99360	PHYSICIAN STANDBY SERVICE	07/01/2008	$38.88	0.0%	0.0%	N	Referral Required
99381	PREVENTIVE VISIT- NEW PATIENT, INFANT	07/01/2008	$108.25	0.0%	0.0%	N	Referral Required
99382	PREVENTIVE VISIT- NEW PATIENT AGES 1-4	07/01/2008	$121.50	0.0%	0.0%	N	Referral Required
99383	PREVENTIVE VISIT- NEW PATIENT AGE 5-11	07/01/2008	$120.72	0.0%	0.0%	N	Referral Required
99384	PREVENTIVE VISIT- NEW PATIENT AGE 12-17	07/01/2008	$134.65	0.0%	0.0%	N	Referral Required
99385	PREVENTIVE VISIT- NEW PATIENT AGE 18-39	07/01/2008	$134.65	0.0%	0.0%	N	Referral Required
99386	PREVENTIVE VISIT- NEW PATIENT AGE 40-64	07/01/2008	$134.65	0.0%	0.0%	N	Referral Required
99387	PREVENTIVE VISIT- NEW PATIENT AGE 65 YEARS AND OLDER	07/01/2008	$134.65	0.0%	0.0%	N	Referral Required
99391	PREVENTIVE VISIT- ESTABLISHED PATIENT INFANT	07/01/2008	$89.46	0.0%	0.0%	N	Referral Required
99392	PREVENTIVE VISIT- ESTABLISHED PATIENT AGES 1-4	07/01/2008	$102.99	0.0%	0.0%	N	Referral Required
99393	PREVENTIVE VISIT- ESTABLISHED PATIENT AGES 5-11	07/01/2008	$102.60	0.0%	0.0%	N	Referral Required
99394	PREVENTIVE VISIT- ESTABLISHED PATIENT AGES 12-17	07/01/2008	$116.24	0.0%	0.0%	N	Referral Required
99395	PREVENTIVE VISIT- ESTABLISHED PATIENT AGES 18-39	07/01/2008	$116.63	0.0%	0.0%	N	Referral Required
99396	PREVENTIVE VISIT- ESTABLISHED PATIENT AGES 40-64	07/01/2008	$116.63	0.0%	0.0%	N	Referral Required
99397	PREVENTIVE VISIT- ESTABLISHED PATIENT AGES 65 YEARS AND OLDER	07/01/2008	$116.63	0.0%	0.0%	N	Referral Required
99401	COUNSELING HEALTHY INDIVIDUAL 15 MIN	07/01/2008	$41.90	0.0%	0.0%	N	Referral Required
99402	COUNSELING HEALTHY INDIVIDUAL 30 MIN	07/01/2008	$70.86	0.0%	0.0%	N	Referral Required
99403	COUNSELING HEALTHY INDIVIDUAL 45 MIN	07/01/2008	$97.94	0.0%	0.0%	N	Referral Required
99404	COUNSELING HEALTHY INDIVIDUAL 60 MIN	07/01/2008	$126.13	0.0%	0.0%	N	Referral Required
99408	ALCOHOL AND/OR SUBSTANCE ABUSE STRUCTURED SCREEN/BRIEF INTERVEN SERV15 -30 MIN	01/01/2009	$30.01	0.0%	0.0%	N	Referral Required
99409	ALCOHOL &/OR SUBSTANCE ABUSE STRUCTURED SCREEN/BRIEF INTERVEN SER; < 30 MIN	01/01/2009	$58.62	0.0%	0.0%	N	Referral Required
99429	UNLISTED PREVENTIVE MEDICINE SERVICE	01/01/1992	$0.00	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
99450	BASIC LIFE AND/OR DISABILITY EXAMINATION	07/01/2008	$47.50	0.0%	0.0%	N	Referral Required
99460	INITIAL HOSP OR BIRTHING CENTER CARE, PER DAY FOR E&M OF NORMAL NEWBORN INFANT	01/01/2009	$54.01	0.0%	0.0%	N	Referral Required
99461	INITIAL CARE, PER DAY, FOR E & M OF NORMAL NB OTH THAN HOSP OR BIRTH CNTR	01/01/2009	$78.99	0.0%	0.0%	N	Referral Required
99462	SUBSEQUENT HOSP CARE, PER DAY, FOR E&M NORMAL NEWBORN	01/01/2009	$28.81	0.0%	0.0%	N	Referral Required
99463	INITIAL HOSP OR BIRTH CNTR PER DAY FOR E&M OF NORMAL NB ADMIT/DISCH SM DAY	01/01/2009	$72.16	0.0%	0.0%	N	Referral Required
99464	ATTEND AT DELIVERY WHEN REQ BY DELIVERING PHYS & INITIAL STABILIZATION/NB	01/01/2009	$68.02	0.0%	0.0%	N	Referral Required
99465	DELIV/BIRTH RM RESUS PROV/POS PRSSR VENT/CHEST COMPR IN PRES/ACUTE INADEQ VENT	01/01/2009	$138.93	0.0%	0.0%	N	Referral Required
99466	CRIT CARE BY PHYS, DURING TRNSPRT OF CRIT ILL/INJRD PT 0-24 MO, 1ST 30-74 MIN	01/01/2009	$222.07	0.0%	0.0%	N	Referral Required
99467	CRITICAL CARE EA ADD 30 MIN (SP)	01/01/2009	$110.90	0.0%	0.0%	N	Referral Required
99468	INIT INPT NEONATE CRIT CARE, PER DAY, FOR E&M OF CRIT ILL NEONATE, 28 DAYS/LESS	01/01/2009	$832.58	0.0%	0.0%	N	Referral Required
99469	SUB INPT NEONATE CRIT CARE, PER DAY, FOR E&M OF CRIT ILL NEONATE, 28 DAYS/LESS	01/01/2009	$364.86	0.0%	0.0%	N	Referral Required
99471	INITL INPT PEDI CRIT CARE, FOR E&M OF CRIT ILL INFANT/CHILD 29 DAYS - 24 MO OLD	01/01/2009	$740.75	0.0%	0.0%	N	Referral Required
99472	SUBS INPT PED CRIT CARE FOR E&M OF CRIT ILL INFANT/CHILD 29 DAYS - 24 MO OLD	01/01/2009	$367.42	0.0%	0.0%	N	Referral Required
99475	INIT INPT PED CRIT CARE, PER DAY, FOR E&M CRIT ILL INFANT/CHILD, 2-5 YRS OLD	01/01/2009	$511.43	0.0%	0.0%	N	Referral Required
99476	SUB INPT PED CRIT CARE, PER DAY, FOR E&M OF CRIT ILL INFANT/CHILD, 2 - 5 YRS OLD	01/01/2009	$305.07	0.0%	0.0%	N	Referral Required
99477	INITIAL HOSPITAL CARE, PER DAY	01/01/2008	$306.77	0.0%	0.0%	N	Referral Required
99478	SUBS INTENSV CARE, PER DAY, FOR E&M OF LOW BIRTH WGHT INFANT LESS THEN 1500 GRMS	01/01/2009	$131.51	0.0%	0.0%	N	Referral Required
99479	SUBS INTNSVE CARE, PER DAY/E&M OF LOW BIRTH WGHT INFNT PRESNT WT 1500-2500 GMS	01/01/2009	$115.93	0.0%	0.0%	N	Referral Required
99480	SUB INTENSIVE CARE, PER DAY, FOR THE E&M OF INFANT BODY WEIGHT OF 2501-5000 GRMS	01/01/2009	$111.49	0.0%	0.0%	N	Referral Required
99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	01/01/1992	$0.00	0.0%	0.0%	N	Referral Required
99601	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, PER VISIT (UP TO 2 HRS)	01/01/2006	$0.00	0.0%	0.0%	N	Referral Required
99602	EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADD TO CODE FOR PRIMARY PROC)	01/01/2006	$0.00	0.0%	0.0%	N	Referral Required
A0100	NON-EMERGENCY TRANSPORTATION; TAXI	04/01/1993	$0.00	0.0%	0.0%	Y	
A0110	BUS OR VAN TRAVEL 1 UNIT = 1 LOADED VEHICLE MILE	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	
A0140	NON-EMERGENCY TRANSPORTATION/AIR TRAVEL (PRIVATE OR COMM) INTRA OR INTER STATE	02/01/1999	$0.00	0.0%	0.0%	Y	
A0170	PARKING FEES AND TOLLS. 1 UNIT = 1 DAYS TOTAL FEES.	01/01/1989	$0.00	0.0%	0.0%	N	
A0180	LODGING FOR CLIENT. ONE UNIT = 1 DAYS LODGING.	04/01/1993	$0.00	0.0%	0.0%	Y	
A0190	CLIENT DAILY MEALS OUT OF STATE.	01/09/2006	$7.00	0.0%	0.0%	Y	
A0200	LODGING FOR ATTENDANT. 1 UNIT = 1 DAYS LODGING.	04/01/1993	$0.00	0.0%	0.0%	Y	
A0210	ATTENDANT DAILY MEALS OUT OF STATE.	01/09/2006	$7.00	0.0%	0.0%	Y	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
A0225	AMBUL SERV, NEONT TRANS, BASE RATE, EMERG TRAN ONE	01/01/2001	$146.47	0.0%	0.0%	Y	
A0380	BASIC LIFE SUPPORT MILEAGE (PER MILE)	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; DEFIBRILLATION - SET	07/01/1999	$5.97	0.0%	0.0%	N	
A0396	ALS DISPOSABLE SUPPLIES; ESPOHAGEAL INTUBATION	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 OR BLS, 1/2 HOUR INCREMENTS	07/01/1999	$4.42	0.0%	0.0%	Y	
A0422	ALS/BLS OXYGEN AND SUPPLIES, LIFE SUSTAINING	07/01/1999	$17.81	0.0%	0.0%	Y	
A0424	EXTRA AMBULANCE ATTENDANT, ALS OR BLS	04/01/2003	$145.21	0.0%	0.0%	Y	
A0425	GROUND MILEAGE, PER STATUTE MILE	03/01/2003	$4.24	0.0%	0.0%	Y	
A0426	AMBULANCE SERVICE ADVANCED LIFE SUPPORT NON EMERGENCY TRANSPORT LEVEL 1	04/01/2003	$102.50	0.0%	0.0%	Y	
A0427	ADVANCED LIFE SUPPORT EMERGENCY TRANSPORT LEVEL 1	04/01/2003	$162.30	0.0%	0.0%	Y	
A0428	AMBULANCE SERVICE BASIC LIFE SUPPORT NON EMERGENCY TRANSPORT	04/01/2003	$85.42	0.0%	0.0%	Y	
A0429	AMBULANCE SERVICE BASIC LIFE SUPPORT EMERGENCY TRANSPORT	04/01/2003	$136.67	0.0%	0.0%	Y	
A0430	AMBULANCE SERVICE CONVENTIONAL AIR SERVICE TRANSPORT ONE WAY FIXED WING	05/01/2003	$773.33	0.0%	0.0%	Y	
A0431	AMBULANCE SERVICE CONVENTIONAL AIR SERVICE TRANSPORT ONE WAY ROTARY WING	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, PER STATUTE MILE	05/01/2003	$6.57	0.0%	0.0%	Y	
A0436	ROTARY WING AIR MILEAGE, PER STATUTE MILE	05/01/2003	$17.51	0.0%	0.0%	Y	
A0998	AMBULANCE RESPONSE/TREATMENT, NO TRANSPORT	01/01/2006	$0.00	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 3CC	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 INJECTIONS	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
A4218	STERILINE SALINE OR WATER, METERED DOSE DISPENSER, 10ML	01/01/2006	$0.00	0.0%	0.0%	N	Referral Required
A4220	REFILL KIT FOR IMPLANTABLE INFUSION KIT	01/01/1998	$0.00	0.0%	0.0%	N	Referral Required
A4221	SUPPLIES FOR MAINTENANCE DRUG INF.CATHETER; ONLY 1 PER WK	01/02/1997	$21.23	0.0%	0.0%	N	Referral Required
A4222	SUPPLIES EXT.DRUG INFUSION PUMP PER CASSETTE/BAG	01/02/1997	$42.13	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
A4223	INFUSION SUPPLIES NOT USED W EXTERNAL INFUSION PUMP, PER CASSETTE OR BAG	01/01/2005	$42.13	0.0%	0.0%	N	Referral Required
A4232	SYRINGE W/NEEDLE EXTERNAL INSULIN PUMP-STERILE-3CC	09/01/2006	$2.49	0.0%	0.0%	N	Referral Required
A4233	REPLACEMENT BATTERY, ALKALINE , FOR USE WITH MEDICALLY NEC HOME BLOOD GLUCOSE	01/01/2006	$6.28	0.0%	0.0%	N	Referral Required
A4234	REPLACEMENT BATTERY, ALKALINE, J CELL FOR USE WITH MEDICALLY NEC HOME GLUCOSE	01/01/2006	$6.28	0.0%	0.0%	N	Referral Required
A4235	REPLACEMENT BATTERY WITH LITHIUM, FOR HOME BLOOD GLUCOSE MONITOR	01/01/2006	$6.28	0.0%	0.0%	N	Referral Required
A4236	REPLACEMENT BATTERY /SILVER OXIDE, FOR HOME BLOOD GLUCOSE MONITOR	04/01/2006	$1.68	0.0%	0.0%	N	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 PINT	03/01/1997	$10.91	0.0%	0.0%	N	Referral Required
A4247	BETADINE OR IODINE SWABS/WIPES, PER BOX	03/01/1997	$10.98	0.0%	0.0%	N	Referral Required
A4248	CHLORHEXIDINE CONTAINING ANTISEPTIC, 1ML	01/01/2004	$1.73	0.0%	0.0%	N	Referral Required
A4250	URINE TES OR REAGENT STRIPS OR TABLETS-100	01/01/2000	$33.00	0.0%	0.0%	N	Referral Required
A4253	BLOOD GLUCOSE TEST STRIPS/HOME MONITER 50 STRIPS	11/01/2004	$34.70	0.0%	0.0%	N	Referral Required
A4255	PLATFORMS FOR HOME GLUCOSE MONITOR; 50 PER BOX	01/02/1997	$3.92	0.0%	0.0%	N	Referral Required
A4256	NORMAL, LOW AND HIGH CALIBRATOR SOLUTION/ CHIPS	03/02/1997	$10.92	0.0%	0.0%	N	Referral Required
A4257	REPLACEMENT LENS SHIELD CARTRIDGE FOR USE WITH LASER SKIN PIERCING DEVICE, EACH	01/01/2002	$12.69	0.0%	0.0%	Y	Referral Required
A4258	SPRING-POWERED DEVICE FOR LANCE	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
A4261	CERVICAL CAP FOR CORTRACEPTIVE USE	01/01/1999	$0.00	0.0%	0.0%	N	
A4262	TEMPORARY ABSORBABLE LACRIMALDUCT IMPLANT EACH	01/01/1998	$0.00	0.0%	0.0%	N	Referral Required
A4263	PERM. NON DISSOLUABLE LACRIMAL DUCT IMPLANT, EACH	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 FOR EXTERNAL BREAST PROSTHESIS, EACH	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 REPLACEMENT	01/01/2003	$1.12	0.0%	0.0%	Y	Referral Required
A4284	BREAST SHIELD AND SPLASH PROTECTOR FOR USE WITH BREAST PUMP REPLACEMENT	01/01/2003	$17.25	0.0%	0.0%	Y	Referral Required
A4285	POLYCARBONATE BOTTLE FOR USE WITH BREAST PUMP REPLACEMENT	01/01/2003	$3.50	0.0%	0.0%	Y	Referral Required
A4286	LOCKING RING FOR BREAST PUMP REPLACEMENT	01/01/2003	$0.00	0.0%	0.0%	Y	Referral Required
A4290	SACRAL NERVE STIMULATION TEST, LEAD, EACH	01/01/2001	$0.00	0.0%	0.0%	N	Referral Required
A4300	IMPLANTABLE ACCESS CATHETER, EXT. ACCESS (VEN,ART,	04/01/1986	$0.00	0.0%	0.0%	N	Referral Required
A4301	IMPLANTABLE ACCESS TOTAL SYSTEM; CATHETER, PORT/RE	01/01/1997	$0.00	0.0%	0.0%	N	Referral Required
A4305	DISPOSABLE DRUG DELIVERY SYSTEM FLOW RATE 50 ML OR	04/01/2004	$8.80	0.0%	0.0%	N	Referral Required
A4306	DISPOSABLE DRUG DELIVERY SYSTEM 5 ML OR LESS PER H	04/01/2004	$8.80	0.0%	0.0%	N	Referral Required
A4310	INSERTION TRAY W/O DRAINAGE BAG	12/01/2008	$5.01	0.0%	0.0%	N	Referral Required
A4311	INSERTION TRAY WO/DRAINAGE BAG W/CATHETER FOLEY TY	01/01/1997	$12.04	0.0%	0.0%	N	Referral Required
A4312	INSERT TRAY, INDWEL CATH, W/O BAG, 2-WAY, SILICONE	12/01/2008	$12.79	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
A4313	INSERTION TRAY W/O BAG, W/CATH, 3-WAY IRRIGATION	12/01/2008	$12.79	0.0%	0.0%	N	Referral Required
A4314	INSERTION TRAY W//DRAINAGE W/CATCH,FOLEY TYPE,2 WA	12/01/2008	$17.05	0.0%	0.0%	N	Referral Required
A4315	INSERT TRAY SILICONE W/DRAINAGE BAG;INDWELLING CAT	01/01/1997	$21.39	0.0%	0.0%	N	Referral Required
A4316	INSERT TRAY,W/BAG & INDWEL CATH, 3-WAY,CONT IRRG	12/01/2008	$18.42	0.0%	0.0%	N	Referral Required
A4320	IRRIGATION TRAY FOR BLADDER	12/01/2008	$4.83	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
A4326	MALE EXTERNAL CATHETER SPECIALTY TYPE	12/01/2008	$8.23	0.0%	0.0%	N	Referral Required
A4327	FEMALE EXTERNAL URINARY COLLECTION DEVICE MEATAL C	12/01/2008	$34.05	0.0%	0.0%	N	Referral Required
A4328	FEMALE EXT URINARY COLLECTION DEVICE POUCH EACH	12/01/2008	$8.13	0.0%	0.0%	N	Referral Required
A4331	EXTENSION DRAINAGE TUBING ANY TYPE/LENGTH W/CONNECTOR/ADAPTOR FOR LEG BAG POUCH	01/01/2001	$3.04	0.0%	0.0%	N	Referral Required
A4332	LUBRICANT IND. STERILE PACKET FOR INSERTION OF URINARY CATHETER, EACH	12/01/2008	$0.10	0.0%	0.0%	N	Referral Required
A4333	URINARY ANCHORING DEVICE ADHESIVE SKIN ATTACHMENT, EACH	01/01/2001	$2.10	0.0%	0.0%	N	Referral Required
A4334	URINARY CATHETER ANCHORING DEVICE LEG STRAP, EACH	12/01/2008	$4.19	0.0%	0.0%	N	Referral Required
A4335	INCONTINENCE SUPPLY, MISCELLANEOUS	01/01/1994	$0.00	0.0%	0.0%	Y	Referral Required
A4336	INCONTINENCE SUPPLY, URETHRAL INSERT, ANY TYPE, EA	01/01/2010	$0.00	0.0%	0.0%	N	Referral Required
A4338	FOLEY CATHETER	12/01/2008	$9.36	0.0%	0.0%	N	Referral Required
A4340	INDWELLING CATHETER SPECIALITY TYPE	12/01/2008	$24.22	0.0%	0.0%	N	Referral Required
A4344	INDWELLING CATHETER, FOLEY TYPE, TWO	12/01/2008	$11.58	0.0%	0.0%	N	Referral Required
A4346	INDWEL CATH,FOLEY,3-WAY,CONTINUOUS IRRGATION	01/01/1997	$15.89	0.0%	0.0%	N	Referral Required
A4349	MALE EXTERNAL CATHETER, W OR W/O ADHESIVE, DISPOSABLE, EACH	12/01/2008	$1.72	0.0%	0.0%	N	Referral Required
A4351	INTERMITTANT URINARY CATHETER STRAIGHT TIP WITH OR WITHOUT COATING, EACH	12/01/2008	$1.31	0.0%	0.0%	N	Referral Required
A4352	INTERMITTENT URINARY CATHETER, COUDE (CURVED) TIP, WITH OR WITHOUT COATING, EA.	12/01/2008	$4.90	0.0%	0.0%	N	Referral Required
A4353	INTERMITTENT URINARY CATHETER,W/INSERTION SUPPLIES	07/01/1999	$6.67	0.0%	0.0%	N	Referral Required
A4354	CATHETER INSERTION	12/01/2008	$8.46	0.0%	0.0%	N	Referral Required
A4355	CONTINUOS IRRIG TUBING SET FOR 3-WAY INDWELL CATH	12/01/2008	$6.43	0.0%	0.0%	N	Referral Required
A4356	INCONTINENCE CLAMP	12/01/2008	$29.59	0.0%	0.0%	N	Referral Required
A4357	URINARY DRAINING BAG	12/01/2008	$6.54	0.0%	0.0%	N	Referral Required
A4358	URINARY DRAINAGE BAG LEG OR ABDOMEN VINYL; WITH OR WITHOUT STRAPS	12/01/2008	$4.30	0.0%	0.0%	N	Referral Required
A4360	DISPOSABLE EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE, WITH PAD AND/OR	01/01/2010	$0.43	0.0%	0.0%	N	Referral Required
A4361	OSTOMY FACE PLATE - EACH	01/01/1997	$17.52	0.0%	0.0%	N	Referral Required
A4362	SKIN BARRIER, 4X4 OR EQUIVOLENT EACH	01/01/1997	$3.30	0.0%	0.0%	N	Referral Required
A4363	OSTOMY CLAMP, ANY TYPE, REPLACEMENT ONLY, EACH	04/01/2006	$2.36	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
A4366	OSTOMY VENT, ANY TYPE, EACH	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

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
A4369	OSTOMY SKIN BARRIER, LIQUID. (SPRAY, BRUSH, ETC), PER OUNCE	01/01/2000	$1.96	0.0%	0.0%	N	Referral Required
A4370	OSTOMY SKIN BARRIER, PASTE, PER OUNCE	01/01/2000	$3.22	0.0%	0.0%	N	Referral Required
A4371	OSTOMY SKIN BARRIER, POWDER, PER OUNCE	01/01/2000	$3.43	0.0%	0.0%	N	Referral Required
A4372	OSTOMY SKIN BARRIER,SOLID 4X4 OR EQUIV.STANDARD WEAR, BUILT IN CONVEXITY, EACH	01/01/2000	$3.98	0.0%	0.0%	N	Referral Required
A4373	OSTOMY SKIN BARRIER, W/FLANGE STANDARD WEAR, BUILT-IN CONVEXITY, ANY SIZE, EACH	01/01/2000	$5.99	0.0%	0.0%	N	Referral Required
A4374	OSTOMY SKIN BARRIER, W/ FLANGE, EXTENDED WEAR, BUILT-IN CONVEXITY, ANY SIZE, EA	01/01/2000	$8.05	0.0%	0.0%	N	Referral Required
A4375	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH	01/01/2000	$16.38	0.0%	0.0%	N	Referral Required
A4376	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH	01/01/2000	$45.38	0.0%	0.0%	N	Referral Required
A4377	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC, EACH	01/01/2000	$4.09	0.0%	0.0%	N	Referral Required
A4378	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, EACH	01/01/2000	$29.33	0.0%	0.0%	N	Referral Required
A4379	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC, EACH	01/01/2000	$14.33	0.0%	0.0%	N	Referral Required
A4380	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER, EACH	01/01/2000	$35.60	0.0%	0.0%	N	Referral Required
A4381	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC, EACH	01/01/2000	$4.40	0.0%	0.0%	N	Referral Required
A4382	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC, EACH	01/01/2000	$23.48	0.0%	0.0%	N	Referral Required
A4383	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, EACH	01/01/2000	$26.89	0.0%	0.0%	N	Referral Required
A4384	OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH	01/01/2000	$9.18	0.0%	0.0%	N	Referral Required
A4385	OSTOMY SKIN BARRIER, SOLID 4X4/EQUIV. EXTENDED WEAR, W/O BUILT-IN CONVXITY, EACH	01/01/2000	$4.86	0.0%	0.0%	N	Referral Required
A4386	OSTOMY SKIN BARRIER, W/ FLANGE, EXTENDED WEAR, W/O BUILT-IN CONVXITY, ANY SZ, EA	01/01/2000	$6.41	0.0%	0.0%	N	Referral Required
A4387	OSTOMY POUCH CLOSED, STND WEAR BARRIER ATACHD, W/ BUILT-IN CONVEXITY (1), EACH	01/01/2000	$3.83	0.0%	0.0%	N	Referral Required
A4388	OSTOMY POUCH, DRAINABLE, W/STAND WEAR BARRIER ATACHD, W/O BUILT-IN CONVXTY, EA	01/01/2000	$4.16	0.0%	0.0%	N	Referral Required
A4389	OSTOMY POUCH, DRAINABLE,W/STAND WEAR BARRIER ATACHD, W/BUILT-IN CONVXITY, 1 PC	01/01/2000	$5.93	0.0%	0.0%	N	Referral Required
A4390	OSTOMY POUCH, DRAINABLE, W/EXTND WEAR BARRIER, W/ BUILT-IN CONVEXITY, 1 PC, EA	01/01/2000	$9.17	0.0%	0.0%	N	Referral Required
A4391	OSTOMY POUCH, URINARY, W/ EXTND WEAR BARRIER, W/O BUILT-IN CONVEXITY, 1 PC, EACH	01/01/2000	$6.74	0.0%	0.0%	N	Referral Required
A4392	OSTOMY POUCH, URINARY W/ STAND WEAR BARRIER, W/BUILT-IN CONVEXTIY, 1 PIECE, EACH	01/01/2000	$6.34	0.0%	0.0%	N	Referral Required
A4393	OSTOMY POUCH, URINARY, W/ EXTENDED WEAR BARRIER, W/ BUILT-IN CONVEXITY, 1 PC, EA	01/01/2000	$8.75	0.0%	0.0%	N	Referral Required
A4394	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, LIQUID, PER FLUID OUNCE	01/01/2000	$2.46	0.0%	0.0%	N	Referral Required
A4395	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, SOLID, PER TABLET	01/01/2000	$0.05	0.0%	0.0%	N	Referral Required
A4396	OSTOMY BELT WITH PERISTOMA/HERNIA SUPPORT	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

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
A4399	OSTOMY IRRIGATION SUPPLY; CONE, CATHETER AND BRUSH	01/01/1997	$9.95	0.0%	0.0%	N	Referral Required
A4402	OSTOMY LUBRICANT/KY JELLY (PER OZ)	01/01/1997	$1.32	0.0%	0.0%	N	Referral Required
A4404	OSTOMY RINGS	01/01/1997	$1.61	0.0%	0.0%	N	Referral Required
A4405	OSTOMY SKIN BARRIER NONPECTIN BASED PASTE PER OUNCE	01/01/2003	$3.36	0.0%	0.0%	N	Referral Required
A4406	OSTOMY SKIN BARRIER PECTIN-BASED PASTE PER OUNCE	01/01/2003	$5.68	0.0%	0.0%	N	Referral Required
A4407	OSTOMY SKIN BARRIER WITH FLANGE SOLID FLEXIBLE OR ACCORDION 4X4 OR SMALLER EACH	01/01/2003	$8.91	0.0%	0.0%	N	Referral Required
A4408	OSTOMY SKIN BARRIER WITH FLANGE SOLID FLEXIBLE OR ACCORDION WITH BUILT IN CONVEX	01/01/2003	$6.13	0.0%	0.0%	N	Referral Required
A4409	OSTOMY SKIN BARRIER W/FLANGE W/O BUILT IN CONVEXITY 4X4 OR SMALLER	01/01/2003	$6.15	0.0%	0.0%	N	Referral Required
A4410	OSTOMY SKIN BARRIER W/ FLANGE WITHOUT BUILT IN CONVEXITY LARGER THAN 4X4 INCHES	01/01/2003	$8.94	0.0%	0.0%	N	Referral Required
A4411	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, BUILT IN CONVEXITY	04/01/2006	$5.10	0.0%	0.0%	N	Referral Required
A4412	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER	04/01/2006	$2.70	0.0%	0.0%	N	Referral Required
A4413	OSTOMY POUCH DRAINABLE HIGH OUTPUT FOR USE ON A BARRIER W/ FLANGE W/ FILTER EACH	01/01/2003	$5.44	0.0%	0.0%	N	Referral Required
A4414	OSTOMY SKIN BARRIER W/ FLANGE WITHOUT BUILTIN CONVEXITY 4X4 INCHES OR SMALLER EA	01/01/2003	$4.89	0.0%	0.0%	N	Referral Required
A4415	OSTOMY SKIN BARRIER WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION) WITHOUT BUILT-IN	01/01/2003	$5.93	0.0%	0.0%	N	Referral Required
A4416	OSTOMY POUCH, CLOSED, W/BARRIER ATTACHED, W/FILTER (1 PIECE), EACH	01/01/2004	$2.81	0.0%	0.0%	N	Referral Required
A4417	OSTOMY POUCH, CLOSED, W/BARRIER ATTACHED, W/BUILTIN CONVEXITY, W/FILTER	01/01/2004	$3.80	0.0%	0.0%	N	Referral Required
A4418	OSTOMY POUCH, CLOSED, W/BARRIER ATTACHED, W/FILTER	01/01/2004	$1.85	0.0%	0.0%	N	Referral Required
A4419	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER W/NONLOCKING FLANGE, W/FILTER	01/01/2004	$1.78	0.0%	0.0%	N	Referral Required
A4420	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER W/NONLOCKING FLANGE (2 PIECE)	01/01/2004	$4.16	0.0%	0.0%	N	Referral Required
A4421	OSTOMY SUPPLIES MISC. URETEROSTOMY SUPPLIE NOS	01/01/2002	$0.00	0.0%	0.0%	N	Referral Required
A4422	OSTOMY ABSORBENT MATERIAL (SHEET/PAD/CRYSTAL PACKET) FOR USE IN OSTOMY POUCH	01/01/2003	$0.12	0.0%	0.0%	N	Referral Required
A4423	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER W/LOCKING FLANGE, W/FILTER EACH	01/01/2004	$4.16	0.0%	0.0%	N	Referral Required
A4424	OSTOMY POUCH, DRAINABLE, W/BARRIER ATTACHED, W/FILTER 1 PIECE, EACH	01/01/2004	$4.85	0.0%	0.0%	N	Referral Required
A4425	OSTOMY POUCH, DRAINABLE, FOR USE ON BARRIER W/NONLOCKING FLANGE 2 PIECE, EACH	01/01/2004	$3.66	0.0%	0.0%	N	Referral Required
A4426	OSTOMY POUCH, DRAINABLE, FOR USE ON BARRIER W/LOCKING FLANGE 2 PC SYSTEM, EACH	01/01/2004	$2.41	0.0%	0.0%	N	Referral Required
A4427	OSTOMY POUCH, DRAINABLE, FOR USE ON BARRIER W/LOCKING FLANGE, W/FILTER 2PC, EACH	01/01/2004	$3.66	0.0%	0.0%	N	Referral Required
A4428	OSTOMY POUCH, URINARY W/EXTENDED WEAR BARRIER ATTACHED, W/FAUCET-TYPE TAP	01/01/2004	$6.65	0.0%	0.0%	N	Referral Required
A4429	OSTOMY POUCH, URINARY W/BARRIER ATTACHED, W/BUILT IN CONVEXITY, W/FAUCET TYPE	01/01/2004	$8.42	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
A4430	OSTOMY POUCH, URINARY W/EXTEND WEAR BARRIER ATTACHED, W/BUILT IN CONVEXITY	01/01/2004	$8.70	0.0%	0.0%	N	Referral Required
A4431	OSTOMY POUCH, URINARY W/BARRIER ATTACH. W/FAUCET TYPE TAP W/VALVE 1 PC EACH	01/01/2004	$6.35	0.0%	0.0%	N	Referral Required
A4432	OSTOMY POUCH, URINARY, FOR USE ON BARRIER W/NONLOCKING FLANGE, W/FAUCET TYPE TAP	01/01/2004	$3.67	0.0%	0.0%	N	Referral Required
A4433	OSTOMY POUCH, URINARY, FOR USE ON BARRIER W/LOCKING FLANGE 2 PCS, EACH	01/01/2004	$3.41	0.0%	0.0%	N	Referral Required
A4434	OSTOMY POUCH, URINARY; FOR USE ON BARRIER W/FAUCET TYPE TAPE W/VALVE 2PC, EACH	01/01/2004	$3.84	0.0%	0.0%	N	Referral Required
A4450	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES	01/01/2003	$0.09	0.0%	0.0%	N	Referral Required
A4452	TAPE, WATERPROOF, PER 18 SQUARE INCHES	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
A4456	ADHESIVE REMOVER, WIPES, ANY TYPE, EACH	01/01/2010	$0.26	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 (ACE)	03/02/1997	$1.14	0.0%	0.0%	N	Referral Required
A4461	SURGICAL DRESSING HOLDER, NON-REUSABLE, EACH	04/01/2009	$3.45	0.0%	0.0%	N	Referral Required
A4463	SURGICAL DRESSING HOLDER, REUSABLE, EACH	04/01/2009	$13.98	0.0%	0.0%	N	Referral Required
A4464	JOINT SUPPORT DEVICE/GARMENT ELASTIC OR EQUAL, EACH	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; EACH	01/01/1997	$0.37	0.0%	0.0%	N	Referral Required
A4483	MOISTURE EXCHANGER DISPOSABLE FOR USE WITH INVASIVE MECHANICAL VENT	01/01/1999	$8.18	0.0%	0.0%	N	Referral Required
A4490	SURGICAL STOCKINGS ABOVE KNEE LENGTH, EACH	06/01/2002	$8.27	0.0%	0.0%	N	Referral Required
A4495	SURGICAL STOCKINGS THIGH LENGTH, EACH	06/01/2002	$12.80	0.0%	0.0%	N	Referral Required
A4500	SURGICAL STOCKINGS, BELOW KNEE LENGTH, EACH	06/01/2002	$8.27	0.0%	0.0%	N	Referral Required
A4510	SURGICAL STOCKINGS FULL LENGTH, EACH	06/01/2002	$13.80	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, ALL SIZES	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
A4559	COUPLING GEL OR PASTE, FOR USE WITH ULTRASOUND DEVICE, PER OZ	04/01/2009	$0.11	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 & LIGHT CAST, PER ROLL	01/01/1995	$36.30	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
A4595	TENS SUPPLIES, 2 LEAD, PER MONTH	01/01/1997	$27.04	0.0%	0.0%	N	Referral Requirec
A4604	TUBING W/ INTEGRATED HEATING ELEMENT/ USE WITH POSITIVE AIRWAY PRESSURE DEVICE	04/01/2006	$66.81	0.0%	0.0%	N	Referral Requirec
A4605	TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH	01/01/2005	$14.30	0.0%	0.0%	N	Referral Requirec
A4606	OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT	01/01/2003	$190.00	0.0%	0.0%	Y	Referral Requirec
A4608	TRANSTRACHEAL OXYGEN CATHETER, EACH	01/01/2001	$58.32	0.0%	0.0%	N	Referral Requirec
A4611	BATTERY REPLACEMENT-VENTILATOR	07/01/1999	$159.27	0.0%	0.0%	N	Referral Requirec
A4612	BATTERY CABLES-VENTILATOR REPLACEMENT	07/01/1999	$76.24	0.0%	0.0%	N	Referral Requirec
A4613	BATTERY CHARGER FOR VENTILATOR	03/01/1997	$137.55	0.0%	0.0%	N	Referral Requirec
A4614	PEAK EXPIRATORY FLOW RATE METER, HAND HELD	01/01/1999	$27.00	0.0%	0.0%	N	Referral Requirec
A4615	NASAL CANNULA	04/03/1993	$2.59	0.0%	0.0%	N	Referral Requirec
A4616	TUBING, OCXYGEN, PER FOOT	04/01/1995	$0.18	0.0%	0.0%	N	Referral Requirec
A4617	MOUTH PIECE	04/01/1993	$0.95	0.0%	0.0%	N	Referral Requirec
A4618	BREATHING CIRCUITS	03/01/1997	$7.21	0.0%	0.0%	N	Referral Requirec
A4619	FACE TENT	07/01/1999	$1.21	0.0%	0.0%	N	Referral Requirec
A4620	VARIABLE CONCENTRATION MASK	04/01/1993	$2.75	0.0%	0.0%	N	Referral Requirec
A4623	TRACHEOSTOMY; INNER CANNULA (REPLACEMENT ONLY)	01/01/1997	$5.31	0.0%	0.0%	N	Referral Requirec
A4624	TRACHEAL SUCTION CATHETER ANY TYPE, EACH	01/01/1997	$2.51	0.0%	0.0%	N	Referral Requirec
A4625	TRACHEOSTOMY CARE OR CLEANING STARTER KIT	01/01/1997	$5.62	0.0%	0.0%	N	Referral Requirec
A4626	TRACHEOSTOMY CLEANING BRUSH; EACH	01/01/1997	$2.59	0.0%	0.0%	N	Referral Requirec
A4628	OROPHARANGEAL SUCTION CATHETER, EACH	03/01/1997	$3.48	0.0%	0.0%	N	Referral Requirec
A4629	TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY	01/01/1997	$4.40	0.0%	0.0%	N	Referral Requirec
A4630	REPLACE BATTERIES FOR TENOWNED BY PATIENT	03/01/1997	$5.96	0.0%	0.0%	N	Referral Requirec
A4633	REPLACEMENT BULB/LAMP FOR ULTRAVIOLET LIGHT THERAPY SYSTEM, EACH	01/01/2003	$41.04	0.0%	0.0%	Y	Referral Requirec
A4634	REPLACEMENT BULB FOR THERAPEUTIC LIGHT BOX, TABLETOP MODEL	01/01/2003	$0.00	0.0%	0.0%	Y	Referral Requirec
A4635	UNDERARM PAD, CRUTCH, REPLACEMENT LATCH	03/01/1997	$4.15	0.0%	0.0%	N	Referral Requirec
A4636	REPLACEMENT HANDGRIP,CANE CRUTCH OR WALKER	03/01/1997	$4.01	0.0%	0.0%	N	Referral Requirec
A4637	REPLACEMENT TIP, CANE, CRUTCH, WALKER, LATCH	03/01/1997	$1.73	0.0%	0.0%	N	Referral Requirec
A4638	REPLACEMENT BATTERY FOR PT OWNED EAR PULSE GENERATOR, EACH	01/01/2004	$0.00	0.0%	0.0%	Y	Referral Requirec
A4640	REPLACE PAD FOR MN ALTERNATING PRESSURE PAD	03/01/1997	$51.34	0.0%	0.0%	N	Referral Requirec
A4641	PROVISION OF DIAGNOSTIC RADIONUCLIDE	01/01/1994	$0.00	0.0%	0.0%	N	
A4642	DIAGNOSTIC IMAGING, SATUMOMAB PENETIDE, PER DOSE	01/01/1997	$0.00	0.0%	0.0%	N	
A4649	SURGICAL SUPPLIES NEC	07/01/2001	$0.00	0.0%	0.0%	N	
A4651	CALIBRATED MICROCAPILLARY TUBE, EACH	04/01/2002	$2.07	0.0%	0.0%	N	
A4652	MICROCAPILLARY TUBE SEALANT	04/01/2002	$1.65	0.0%	0.0%	N	
A4653	PERITONEAL DIALYSIS CATHETER ANCHORING DEVICE, BELT, EACH	01/01/2003	$0.00	0.0%	0.0%	N	
A4657	SYRINGE WITH OR WITHOUT NEEDLE FOR DIALYSIS, EACH	04/01/2002	$0.48	0.0%	0.0%	N	
A4660	SPHYGMOMANOMETER/BLOOD PRESS APP WITH CUFF AND STE	04/01/2002	$0.00	0.0%	0.0%	N	
A4663	BLOOD PRESSURE CUFF ONLY FOR DIALYSIS	04/01/2002	$0.00	0.0%	0.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
A4670	AUTOMATIC BLOOD PRESSURE MONITOR	04/01/2002	$56.28	0.0%	0.0%	N	
A4671	DISPOSABLE CYCLER SET USED W/CYCLER DIALYSIS MACHINE, EACH	01/01/2004	$0.00	0.0%	0.0%	Y	
A4672	DRAINABLE EXTENSION LINE, STERILE, FOR DIALYSIS, EACH	01/01/2004	$3.05	0.0%	0.0%	N	
A4673	EXTENSION LINE W/EASY LOCK CONNECTORS, USED W/DIALYSIS	01/01/2004	$2.96	0.0%	0.0%	N	
A4674	CHEMICALS/ANTISEPTICS SOLUTION USED TO CLEAN/STERILIZE DIALYSIS EQUIP, PER 8OZ	01/01/2004	$0.00	0.0%	0.0%	N	
A4680	ACITVATED CARBON FILTERS FOR HEMODIALYSIS	04/01/2002	$110.25	0.0%	0.0%	N	
A4690	DIALYZER'S (ARTIFICIAL KIDNEY'S) ALL BRANDS, ALL SIZES	04/01/2002	$103.92	0.0%	0.0%	N	
A4706	BICARBONATE CONCENTRATE SOLUTION FOR HEMODIALYSIS PER GALLON	04/01/2002	$11.99	0.0%	0.0%	N	
A4707	BICARBONATE CONCENTRAT POWDER FOR HEMODIALYSIS PER PACKET	04/01/2002	$4.27	0.0%	0.0%	N	
A4708	ACETATE CONCENTRATE SOLUTION FOR HEMODIALYSIS PER GALLON	04/01/2002	$0.00	0.0%	0.0%	N	
A4709	ACID CONCENTRATE SOLUTION FOR HEMODIALYSIS PER PACKET	04/01/2002	$9.23	0.0%	0.0%	N	
A4714	TREAT WATER (DEION, DISTILL, REVER OSMOS USES DIAL	09/01/2000	$0.00	0.0%	0.0%	N	
A4719	Y SET TUBING FOR PERITONEAL DIALYSIS	04/01/2002	$7.12	0.0%	0.0%	N	
A4720	DIALYSATE SOLUTION ANY CONCENTRATION OF DEXTROSE FOR PERITONEAL DIALYSIS	04/01/2002	$14.73	0.0%	0.0%	N	
A4721	DIALYSATE SOLUTION AND CONCENTRATION OF DEXTROSE > 999 CC ; PERITOENAL DIALYSIS	04/01/2002	$20.38	0.0%	0.0%	N	
A4722	DIALYSATE SOLUTION ANY CONCENTRATION DEXTROSE > 1999 CC; PERITONEAL DIALYSIS	01/01/2002	$18.79	0.0%	0.0%	N	
A4723	DIALYSATE SOLUTION ANY CONCENTRATION DEXTROSE > 3999 CC; PERITONEAL DIALYSIS	04/01/2002	$28.19	0.0%	0.0%	N	
A4724	DIALYSATE SOLUTION ANY CONCENTRATION DEXTROSE <3999 CC > 4999 CC; PERITONEAL	04/01/2002	$28.45	0.0%	0.0%	N	
A4725	DIALYSATE SOLUTION ANY CONCENTRATION DEXTROSE < 4999 CC > 5999 CC; PERITONEAL	01/01/2002	$27.90	0.0%	0.0%	N	
A4726	DIALYSAT SOLUTION ANY CONCENTRATON DEXTROSE < 5999 CC	04/01/2002	$33.48	0.0%	0.0%	N	
A4728	DIALYSIS SOLUTION, NON-DEXTROSE CONTAINING 500ML	01/01/2004	$0.00	0.0%	0.0%	N	
A4730	FISTULA CANNULA SET FOR DIALYSIS ONLY	04/01/2002	$1.37	0.0%	0.0%	N	
A4736	TOPICAL ANESTHESIA FOR DIALYSIS PER GRAM	04/01/2002	$0.00	0.0%	0.0%	N	
A4737	INJECTABLE ANESTHETIC FOR DIALYSIS PER S0 ML	04/01/2002	$0.00	0.0%	0.0%	N	
A4740	SHUNT ACC FOR DIALY ONLY	09/01/2000	$0.00	0.0%	0.0%	N	
A4750	BLOOD TUBING, ARTERIAL OR VENOUS, EACH	04/01/2002	$7.35	0.0%	0.0%	N	
A4755	BLOOD TUBING ARTER AND VENOUS COMBINED	04/01/2002	$9.37	0.0%	0.0%	N	
A4760	DIALYSATE STAND TEST SOLUTION, SUP	09/01/2000	$0.00	0.0%	0.0%	N	
A4765	DIALYSATE CONCENTRATE ADDITIVES, EACH	04/01/2002	$4.49	0.0%	0.0%	N	
A4766	DIALYSATE CONCENTRATE SOLUTION ADDITIVE FOR PERITONEAL DIALYSIS PER 10 ML	04/01/2002	$0.00	0.0%	0.0%	N	
A4770	BLOOD TEST SUP (E.G. VACUTAINERS AND TUBES)	04/01/2002	$22.06	0.0%	0.0%	N	
A4771	SERUM CLOTT TINE TUBE, PER BOX	04/01/2002	$71.70	0.0%	0.0%	N	
A4772	DEXTROSTICK OR GLU COSI TEST STRIPS, PER BOX	04/01/2002	$57.44	0.0%	0.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
A4773	HEMAOSTIX, PER BOTTLE	04/01/2002	$26.68	0.0%	0.0%	N	
A4774	AMMONIA TEST PAPER, PER BOX	09/01/2000	$0.00	0.0%	0.0%	N	
A4801	HEPARIN ANY TYPE FOR HEMODIALYSIS PER 1000 UNITS	04/01/2002	$0.42	0.0%	0.0%	N	Referral Requirec
A4802	PROTAMINE SULFATE FOR DIALYSIS PER 50 MG	04/01/2002	$5.64	0.0%	0.0%	N	
A4860	DISPOSABLE CATHETER TIPS FOR PERITONEAL DIALYSIS, 1 UNIT = BOX OF 10	04/01/2002	$30.61	0.0%	0.0%	N	
A4870	PLUMBING AND/OR ELECTRIC WORK FOR HOME DIALY EQUIP	09/01/2000	$0.00	0.0%	0.0%	N	
A4890	CONTR, REPR AND MAINT, FOR HOME DIAL EQUIP NON COV	09/01/2000	$0.00	0.0%	0.0%	N	
A4911	DRAIN BAG/BOTTLE FOR DIALYSIS	04/01/2002	$12.53	0.0%	0.0%	N	
A4913	MISC DIALYSIS SUPPLIES, NOS	09/01/2000	$0.00	0.0%	0.0%	N	
A4918	VENOUS PRESS CLAMPS, EACH	09/01/2000	$0.00	0.0%	0.0%	N	
A4927	GLOVES, BOX OF 100	04/01/2002	$6.65	0.0%	0.0%	N	
A4928	SURGICAL MASK FOR DIALYSIS PER 20	04/01/2002	$7.64	0.0%	0.0%	N	
A4929	TOURNIQUET FOR DIALYSIS, EACH	04/01/2002	$0.20	0.0%	0.0%	N	
A4930	GLOVES, STERILE, PER PAIR	01/01/2003	$0.00	0.0%	0.0%	N	
A5051	POUCH,CLOSED; W/BARRIER ATTACHED (ONE PIECE)	01/01/1997	$2.00	0.0%	0.0%	N	Referral Requirec
A5052	POUCH, CLOSED W/O BARRIER ATTACHED	01/01/1997	$1.59	0.0%	0.0%	N	Referral Requirec
A5053	POUCH CLOSED, FOR FACEPLATE	01/01/1997	$1.66	0.0%	0.0%	N	Referral Requirec
A5054	POUCH CLOSED FOR USE ON BARRIER W/FLANGE 2PCE	01/01/1997	$1.61	0.0%	0.0%	N	Referral Requirec
A5055	STOMA CAP	01/01/1997	$1.32	0.0%	0.0%	N	Referral Requirec
A5061	POUCH DRAINABLE W/BARRIER ATTACHED (1 PIECE)	01/01/1997	$2.45	0.0%	0.0%	N	Referral Requirec
A5062	POUCH,DRAINAGE;WITHOUT BARRIER ATTACHED	01/01/1997	$2.00	0.0%	0.0%	N	Referral Requirec
A5063	POUCH DRAINABLE USE ON BARRIER W/FLANGE 2 PCE(EACH	01/01/1997	$2.07	0.0%	0.0%	N	Referral Requirec
A5071	POOUCH-URINARY BARRIER UNIT	01/01/1997	$4.07	0.0%	0.0%	N	Referral Requirec
A5072	POUCH,URINARY,WITHOUT BARRIER ATTACHED	01/01/1997	$2.86	0.0%	0.0%	N	Referral Requirec
A5073	POUCH URINARY FOR USE ON BARRIER W/FLANGE 2PCE	01/01/1997	$2.77	0.0%	0.0%	N	Referral Requirec
A5081	CONTINGENT DEVICE; PLUG CONTINENT STOMA	01/01/1997	$2.67	0.0%	0.0%	N	Referral Requirec
A5082	CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA	01/01/1997	$9.68	0.0%	0.0%	N	Referral Requirec
A5083	CONTINENT DEVICE, STOMA ABSORPTIVE COVER FOR CONTINENT STOMA	04/01/2009	$0.66	0.0%	0.0%	N	Referral Requirec
A5093	OSTOMY ACCESSORY, CONVEX INSERT ADD-INCONTINANCE A	01/01/1997	$1.60	0.0%	0.0%	N	Referral Requirec
A5102	BEDSIDE DRAINAGE BOTTLE, RIGID OR EXPANDABLE	01/01/1997	$21.39	0.0%	0.0%	N	Referral Requirec
A5105	URINARY SUSPENSORY W/LEG BAG	01/01/1997	$38.88	0.0%	0.0%	N	Referral Requirec
A5112	URINARY LEG BAG LATEX	01/01/1997	$33.02	0.0%	0.0%	N	Referral Requirec
A5113	LEG STRAP, LATEX, PER SET	01/01/1997	$3.81	0.0%	0.0%	N	Referral Requirec
A5114	LEG STRAP FOAM OR FABRIC PER SET	01/01/1997	$7.24	0.0%	0.0%	N	Referral Requirec
A5120	SKIN BARRIER, WIPES OR SWABS, EACH	04/01/2006	$0.25	0.0%	0.0%	N	Referral Requirec
A5121	SKIN BARRIER, SOLID 6X6 OR EQUIVALENT, EACH	01/01/1997	$6.05	0.0%	0.0%	N	Referral Requirec
A5122	SKIN BARRIER; SOLID 8X8 OR EQUIVALENT EACH	01/01/1997	$10.42	0.0%	0.0%	N	Referral Requirec
A5123	SKIN BARRIER WITH FLANGE (EACH)	01/01/1997	$4.60	0.0%	0.0%	N	Referral Requirec
A5126	FOAM PAD OR ADHESIVE DISC	01/01/1997	$1.07	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
A5131	APPLIANCE CLEANER 16OZ FOR INCONTINENCE	01/01/1997	$12.86	0.0%	0.0%	N	Referral Required
A5500	OFF THE SHELF DEPTH INLAYSHOE MULT DENSITY INSERTS	01/01/1999	$92.50	0.0%	0.0%	N	Referral Required
A5501	DIABETICS ONLY, SUPPLY OF SHOE FROM MOLDED CAST	01/01/1999	$210.00	0.0%	0.0%	N	Referral Required
A5503	DIABETICS ONLY,OFF-SHELF DEPTH-INLAY, PER SHOE	01/01/1999	$93.00	0.0%	0.0%	N	Referral Required
A5504	DIABETICS ONLY,OFF-SHELF DEPTH-INLAY,WEDGE,PER SHO	01/01/1999	$46.00	0.0%	0.0%	N	Referral Required
A5505	DIABETICS ONLY,OFF-SHELF DEPTH-INLAY W/BAR,PER SHO	01/01/1999	$41.00	0.0%	0.0%	N	Referral Required
A5506	DIABETICS ONLY,OFF-SHELF DEPTH-INLAY OFF-SET HEEL	01/01/1999	$30.00	0.0%	0.0%	N	Referral Required
A5507	SHOE -DIABETICS ONLY-NOT OTHERWISE SPEC MODIFICATION	04/01/2009	$29.69	0.0%	0.0%	N	Referral Required
A5508	DIABETICS DLX FEATURE OFF-THE-SHELF DEPTH-INLAY SHOE/CUSTOM MOLDED, PER SHOE	01/01/2000	$0.00	0.0%	0.0%	N	Referral Required
A5510	DIABETICS ONLY DIRECT FORMED COMPRESSION MOLDED WITHOUT HEAT, MULTIPLE DENSITY	01/01/2002	$0.00	0.0%	0.0%	N	Referral Required
A5512	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, DIRECT FORMED, MOLDED TO FOOT	04/01/2006	$24.22	0.0%	0.0%	N	Referral Required
A5513	MULTIPLE DENSITY INSERT, CUSTOM MOLDED DIABETICS ONLY	01/01/2006	$36.14	0.0%	0.0%	N	Referral Required
A6010	COLLEGEN-BASED WOUND FILLER; DRY FORM PER GRAM COLLEGEN	01/01/2002	$30.62	0.0%	0.0%	N	Referral Required
A6011	COLLAGEN BASED WOUND FILLER, GEL/PASTE, PER GRAM OF COLLAGEN	01/01/2003	$2.28	0.0%	0.0%	N	Referral Required
A6021	COLLAGEN DRESSING PAD SIZE 16 SQ INCH OR LESS; EACH	01/01/2001	$21.04	0.0%	0.0%	N	Referral Required
A6022	COLLAGEN DRESSING PAD MORE THAN 16 SQ INCH BUT LESS THAN OR EQUAL TO 48 SQ IN;EA	01/01/2001	$20.50	0.0%	0.0%	N	Referral Required
A6023	COLLAGEN DRESSING PAD SIZE MORE THAN 48 SQ INCH; EACH	01/01/2001	$181.05	0.0%	0.0%	N	Referral Required
A6024	COLLAGEN DRESSING WOUND FILLER; PER 6 INCH	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 =<16 SQ.IN;	03/02/1997	$7.01	0.0%	0.0%	N	Referral Required
A6197	ALGINATE DRESSING, MORE THAN 16, LESS THAN 48 SQIN	01/02/1997	$15.68	0.0%	0.0%	N	Referral Required
A6198	ALGINATE DRESSING, MORE THAN 48 SQ IN;EA DRESSING	01/01/1997	$112.50	0.0%	0.0%	N	Referral Required
A6199	ALGINATE DRESSING, WOUND FILLER, PER 6 INCHES	01/02/1997	$5.04	0.0%	0.0%	N	Referral Required
A6203	COMPOSITE DRESSING, 16 SQ.IN.OR LESS.ADHESIVE BORD	01/02/1997	$3.19	0.0%	0.0%	N	Referral Required
A6204	COMPOSITE DRESSING,MORE THAN 16 LESS THAN 48 SQ.IN	01/02/1997	$5.94	0.0%	0.0%	N	Referral Required
A6205	COMPOSITE DRESSING,MORE THAN 48 SQ.IN. W/ADHESIVE	01/01/1997	$4.57	0.0%	0.0%	N	Referral Required
A6206	CONTACT LAYER, 16 SQ.IN. OR LESS, EACH DRESSING	01/01/1997	$0.97	0.0%	0.0%	N	Referral Required
A6207	CONTACT LAYER,MORE THAN 16 & LESS THAN 4,SQ.IN.,EA	01/02/1997	$7.00	0.0%	0.0%	N	Referral Required
A6208	CONTACT LAYER, MORE THAN 48 SQ.IN., EACH DRESSING	01/01/1997	$3.42	0.0%	0.0%	N	Referral Required
A6209	FOAM DRESSING,16 SQ.IN. OR LESS W/O ADHESIVE,EA	01/02/1997	$7.14	0.0%	0.0%	N	Referral Required
A6210	FOAM DRESSING,MORE THAN 16 LESS THAN 48SQ.IN., EA	01/02/1997	$19.00	0.0%	0.0%	N	Referral Required
A6211	FOAM DRESSING,MORE THAN 48 SQ.IN. W/O ADHESIVE, EA	01/02/1997	$28.01	0.0%	0.0%	N	Referral Required
A6212	FOAM DRESSING, 16 SQ.IN. OR LESS W/ADHESIVE, EACH	01/02/1997	$9.25	0.0%	0.0%	N	Referral Required
A6213	FOAM DRESSING,MORE THAN 16 LESS THAN 48SQ.IN.W/ADH	01/01/1997	$14.63	0.0%	0.0%	N	Referral Required
A6214	FOAM DRESSING,MORE THAN 48 SQ.IN. W/ADHESIVE, EACH	01/02/1997	$9.82	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
A6215	FOAM DRESSING, WOUND FILLER, PER GRAM	01/01/1997	$2.33	0.0%	0.0%	N	Referral Required
A6216	GAUZE,NON-IMPREGNATED 16 SQ.IN. OR LESS W/O ADHESI	01/01/1997	$0.05	0.0%	0.0%	N	Referral Required
A6217	GAUZE,NON-IMPREGNATED >16<48 SQ.IN. W/O ADHESIVE	01/01/1997	$0.40	0.0%	0.0%	N	Referral Required
A6218	GAUZE,NON-IMPREGNATED >48 SQ.IN. W/O ADHESIVE BORD	01/01/1997	$0.58	0.0%	0.0%	N	Referral Required
A6219	GAUZE,NON-IMPREGNATED 16 SQ.IN. OR LESS,W/ADHESIVE	01/02/1997	$0.91	0.0%	0.0%	N	Referral Required
A6220	GAUZE,NON-IMPREGNATED >16<48 SQ.IN. W/ADHESIVE; EA	01/02/1997	$2.46	0.0%	0.0%	N	Referral Required
A6221	GAUZE,NON-IMPREGNATED >48 SQ.IN. W/ADHESIVE BORDER	01/01/1997	$1.09	0.0%	0.0%	N	Referral Required
A6222	GAUZE,IMPRGENATED 16 SQ.IN. OR LESS W/O ADHESIVE	01/02/1997	$2.03	0.0%	0.0%	N	Referral Required
A6223	GAUZE,IMPREGNATED, >16<48 SQ.IN. W/O ADHESIVE BORD	01/02/1997	$2.30	0.0%	0.0%	N	Referral Required
A6224	GAUZE,IMPREGNATED >48 SQ.IN. W/O ADHESIVE BORDER	01/02/1997	$3.44	0.0%	0.0%	N	Referral Required
A6228	GAUZE,IMPREGNATED,SALINE 16 SQ.IN.OR LESS W/O ADHE	01/01/1997	$1.31	0.0%	0.0%	N	Referral Required
A6229	GAUZE,IMPREGNATED,SALINE>16<48 SQ.IN. W/O ADHESIVE	01/02/1997	$3.44	0.0%	0.0%	N	Referral Required
A6230	GAUZE,IMPREGNATED,SALINE>48 SQ.IN. W/O ADHESIVE,EA	01/01/1997	$1.46	0.0%	0.0%	N	Referral Required
A6231	GAUZE IMPREGNATED HYDROGEL FOR DIRECT WOUND CONTACT PAD SIZE 16 SQ IN OR LESS	01/01/2006	$4.68	0.0%	0.0%	N	Referral Required
A6232	GAUZE IMPREGNATED HYDROGEL FOR DIRECT WOUND CONTACT GREATER THAN 16 IN LESS 48	01/01/2006	$6.88	0.0%	0.0%	N	Referral Required
A6233	GAUZE IMPREGNATED HYDROGEL DIRECT WOUND CONTACT MORE THAN 48 IN	01/01/2006	$19.19	0.0%	0.0%	N	Referral Required
A6234	HYDROCOLLOID DRESSING,16 SQ.IN.OR LESS W/O ADHESIV	01/02/1997	$6.24	0.0%	0.0%	N	Referral Required
A6235	HYDROCOLLOID DRESSING >16<48 SQ.IN.W/O ADHESIVE EA	01/01/1997	$16.05	0.0%	0.0%	N	Referral Required
A6236	HYDROCOLLOID DRESSING,>16<48 SQ.IN. W/O ADHESIVE	01/02/1997	$25.99	0.0%	0.0%	N	Referral Required
A6237	HYDROCOLLOID DRESSING,16 SQ.IN.OR LESS W/ADHESIVE	01/02/1997	$7.54	0.0%	0.0%	N	Referral Required
A6238	HYDROCOLLOID DRESSING,>16<48 SQ.IN. W/ADHESIVE	01/02/1997	$21.74	0.0%	0.0%	N	Referral Required
A6239	HYDROCOLLOID DRESSING,>48 SQ.IN. W/ADHESIVE, EACH	01/01/1997	$18.24	0.0%	0.0%	N	Referral Required
A6240	HYDROCOLLOID DRESSING,WOUND FILLER,PASTE,PER FL.OZ	01/02/1997	$11.68	0.0%	0.0%	N	Referral Required
A6241	HYDROCOLLOID DRESSING, WOUND FILLER, DRY, PER GRAM	01/02/1997	$2.45	0.0%	0.0%	N	Referral Required
A6242	HYDROGEL DRESSING,16 SQ.IN.OR LESS W/O ADHESIVE EA	01/02/1997	$5.79	0.0%	0.0%	N	Referral Required
A6243	HYDROGEL DRESSING,>16<48 SQ.IN. W/O ADHESIVE, EACH	01/02/1997	$11.75	0.0%	0.0%	N	Referral Required
A6244	HYDROGEL DRESSING,>48 SQ.IN. W/O ADHESIVE, EACH	01/02/1997	$37.46	0.0%	0.0%	N	Referral Required
A6245	HYDROGEL DRESSING,16 SQ.IN. OR LESS W/ADHESIVE, EA	01/02/1997	$6.93	0.0%	0.0%	N	Referral Required
A6246	HYDROGEL DRESSING,>16<48 SQ.IN. W/ADHESIVE, EACH	01/02/1997	$9.46	0.0%	0.0%	N	Referral Required
A6247	HYDROGEL DRESSING,>48 SQ.IN. W/ADHESIVE, EACH	01/02/1997	$22.68	0.0%	0.0%	N	Referral Required
A6248	HYDROGEL DRESSING,WOUND FILLER,GEL,PER FLUID OUNCE	01/02/1997	$15.49	0.0%	0.0%	N	Referral Required
A6250	SKIN SEALANTS,PROTECTANTS,MOISTURIZERS,ANY TYPE/SI	01/01/1997	$0.00	0.0%	0.0%	N	Referral Required
A6251	ABSORPTIVE DRESSING,16 SQ.IN.OR LESS W/O ADHESIVE	01/02/1997	$1.90	0.0%	0.0%	N	Referral Required
A6252	ABSORPTIVE DRESSING,>16<48 SQ.IN. W/O ADHESIVE, EA	01/02/1997	$3.10	0.0%	0.0%	N	Referral Required
A6253	ABSORPTIVE DRESSING,>48 SQ.IN. W/O ADHESIVE, EACH	01/02/1997	$6.05	0.0%	0.0%	N	Referral Required
A6254	ABSORPTIVE DRESSING,16 SQ.IN.OR LESS W/ADHESIVE,EA	01/02/1997	$1.16	0.0%	0.0%	N	Referral Required
A6255	ABSORPTIVE DRESSING,>16<48 SQ.IN. W/ADHESIVE, EACH	01/02/1997	$2.89	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
A6256	ABSORPTIVE DRESSING, >48 SQ.IN. W/ADHESIVE, EACH	01/01/1997	$4.45	0.0%	0.0%	N	Referral Required
A6257	TRANSPARENT FILM, 16 SQ.IN. OR LESS, EACH DRESSING	01/02/1997	$1.46	0.0%	0.0%	N	Referral Required
A6258	TRANSPARENT FILM, >16<48 SQ.IN., EACH DRESSING	01/02/1997	$4.10	0.0%	0.0%	N	Referral Required
A6259	TRANSPARENT FILM,MORE THAN 48 SQ.IN., EACH DRESSIN	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 OUNCE	03/01/1997	$2.58	0.0%	0.0%	N	Referral Required
A6262	WOUND FILLER, UNCLASSIFIED, DRY FORM, PER GRAM	01/01/1997	$0.99	0.0%	0.0%	N	Referral Required
A6263	GAUZE, ELASTIC, ALL TYPES, PER LINEAR YARD	01/02/1997	$0.28	0.0%	0.0%	N	Referral Required
A6264	GAUZE, NON-ELASTIC, STERILE, PER LINEAR YARD	01/02/1997	$0.46	0.0%	0.0%	N	Referral Required
A6265	TAPE, ALL TYPES, ONE UNIT=18 SQUARE INCHES	01/01/1997	$0.12	0.0%	0.0%	N	Referral Required
A6266	GAUZE IMPREGNATED OTHER THAN WATER/SALINE/LIN. YD.	01/01/1997	$1.83	0.0%	0.0%	N	Referral Required
A6402	GAUZE,NON-IMPREG/STERILE PAD <16 SQ.IN.W/O ADHE;EA	04/01/1997	$0.12	0.0%	0.0%	N	Referral Required
A6403	GAUZE,NON-IMPREG/STERILE PAD 16-48SQ.IN. W/O ADHES	04/01/1997	$0.41	0.0%	0.0%	N	Referral Required
A6404	GAUZE NON-IMPREG/STERILE>48 SQ.IN.W/O ADHES. EACH	04/01/1997	$0.58	0.0%	0.0%	N	Referral Required
A6405	GAUZE,ELASTIC,STERILE, ALL TYPES, PER LINEAL YARD	04/01/1997	$0.32	0.0%	0.0%	N	Referral Required
A6406	GAUZE.NON-ELASTIC,STERILE ALL TYPES, PER LINEAL YD	04/01/1997	$0.76	0.0%	0.0%	N	Referral Required
A6407	PACKING STRIPS, NON-IMPREGNATED, UP TO 2 INCHS IN WIDTH, PER LINEAR YARD	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, NON-WOVEN-KNITTED, WIDTH >= 3 INCHS <= 5 INCHS	01/01/2004	$0.67	0.0%	0.0%	N	Referral Required
A6442	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-SERTILE WIDTH <3 INCHS/YD	01/01/2004	$0.17	0.0%	0.0%	N	Referral Required
A6443	CONFORMING BANDAGE, NON-ELASTIC, KNIT/WOVEN, NON-STER WDTH >=3 INCH< 5 INCH/YD	01/01/2004	$0.29	0.0%	0.0%	N	Referral Required
A6444	CONFORMING BANDAGE, NON-ELASTIC, KNIT/WOVEN, NON-STERILE WDTH >= 5 INCH/YD	01/01/2004	$0.56	0.0%	0.0%	N	Referral Required
A6445	CONFORMING BANDAGE, NON-ELASTIC, KNIT/WOVEN, WIDTH LESS 3 INCHS/YD	01/01/2004	$0.32	0.0%	0.0%	N	Referral Required
A6446	CONFORMING BANDAGE, NON-ELASTIC, KNIT/WOVEN, WIDTH >= 3 INCHES/YD	01/01/2004	$0.41	0.0%	0.0%	N	Referral Required
A6447	CONFORMING BANDAGE, NON-ELASTIC, KNIT/WOVEN, WIDTH >= 5 INCHES/YD	01/01/2004	$0.67	0.0%	0.0%	N	Referral Required
A6448	LIGHT COMPRESSION BANDAGE, ELASTIC, KNIT/WOVEN, WIDTH LESS 3 INCHES/YD	01/01/2004	$1.16	0.0%	0.0%	N	Referral Required
A6449	LIGHT COMPRESSION BANDAGE, ELASTIC, KNIT/WOVEN WIDTH >= 3 INCHES < 5 INCHES/YD	01/01/2004	$1.75	0.0%	0.0%	N	Referral Required
A6450	LIGHT COMPRESSION BANDAGE, ELASTIC, KNIT/WOVEN WIDTH >= 5 INCHES/YD	01/01/2004	$0.00	0.0%	0.0%	N	Referral Required
A6451	MODERATE COMP BANDAGE, ELASTIC, KNIT/WOVEN, LOAD RESISTANCE OF 1.25 TO 1.34 LB	01/01/2004	$0.00	0.0%	0.0%	N	Referral Required
A6452	HIGH COMP BANDAGE ELASTIC KNIT/WOVEN LOAD RESISTANCE >= TO 1.35 FOOT LBS	01/01/2004	$5.91	0.0%	0.0%	N	Referral Required
A6453	SELF-ADHERENT BANDAGE, ELASITC, NON/KNIT/NON-WOVEN, WIDTH < 3 INCHS/YD	01/01/2004	$0.61	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
A6454	SELF-ADHERENT BANDAGE, ELAST, NON/KNIT/NON-WOVEN, WIDTH >= 3 INCHS < 5 INCHS/YD	01/01/2004	$0.77	0.0%	0.0%	N	Referral Required
A6455	SELF-ADHERENT BANDAGE, ELAS, NON-KNIT/NON-WOVEN >= 5 INCH/YD	01/01/2004	$1.39	0.0%	0.0%	N	Referral Required
A6456	ZINC PASTE IMPREGNATED BANDAGE, NON-ELAS, KNIT/NON-WOVEN, WIDTH >= 3<5 INCH/YD	01/01/2004	$1.28	0.0%	0.0%	N	Referral Required
A6457	TUBULAR DRESSING W/WO ELASTIC, ANY WIDTH, PER LINEAR YARD	04/01/2006	$1.14	0.0%	0.0%	N	Referral Required
A6501	COMPRESSION BURN GARMENT BODYSUIT (HEAD TO FOOT) CUSTOM FABRICATED	01/01/2003	$0.00	0.0%	0.0%	N	Referral Required
A6502	COMPRESSION BODY GARMENT CAID STRAP CUSTOM FABRICATED	01/01/2003	$0.00	0.0%	0.0%	N	Referral Required
A6503	COMPRESSION BODY GARMENT FACIAL HOOD CUSTOM FABRICATED	01/01/2003	$0.00	0.0%	0.0%	N	Referral Required
A6504	COMPRESSION BODY GARMENT GLOVE TO WRIST CUSTOM FABRICATED	01/01/2003	$0.00	0.0%	0.0%	N	Referral Required
A6505	COMPRESSION BODY GARMENT GLOVE TO ELBOW CUSTOM FABRICATED	01/01/2003	$0.00	0.0%	0.0%	N	Referral Required
A6506	COMPRESSION BODY GARMENT GLOVE TO AXILLA CUSTOM FABRICATED	01/01/2003	$0.00	0.0%	0.0%	N	Referral Required
A6507	COMPRESSION BODY GARMENT FOOT TO KNEE LENGTH CUSTOM FABRICATED	01/01/2003	$0.00	0.0%	0.0%	N	Referral Required
A6508	COMPRESSION BODY GARMENT FOOT TO THIGH LENGTH CUSTOM FABRICATED	01/01/2003	$0.00	0.0%	0.0%	N	Referral Required
A6509	COMPRESSION BODY GARMENT UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST)	01/01/2003	$0.00	0.0%	0.0%	N	Referral Required
A6510	COMPRESSION BODY GARMENT TRUNK INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD)	01/01/2003	$0.00	0.0%	0.0%	N	Referral Required
A6511	COMPRESSION BODY GARMENT LOWER TRUNK INCLUDING LEG OPENINGS (PANTY) CUSTOM FABRI	01/01/2003	$0.00	0.0%	0.0%	N	Referral Required
A6512	COMPRESSION BODY GARMENT NOT OTHERWISE CLASSIFIED	01/01/2003	$0.00	0.0%	0.0%	Y	Referral Required
A6513	COMPRESSION BURN MASK, FACE AND/PR NECK, PLASTIC OR EQUAL, CUSTOM FAB	01/01/2006	$0.00	0.0%	0.0%	N	Referral Required
A6530	GRADIENT COMPRESSION STOCKING, BELOW KNEE 18-30 MMHG, EACH	01/01/2006	$5.97	0.0%	0.0%	N	Referral Required
A6531	GRADIENT COMPRESSION STOCKING, BELOW KNEE 30-40 MMHG, EACH	01/01/2006	$10.88	0.0%	0.0%	N	Referral Required
A6532	GRADIENT COMPRESSION STOCKING, BELOW KNEE 40-50 MMHG, EACH	01/01/2006	$25.50	0.0%	0.0%	N	Referral Required
A6533	GRADIENT COMPRESSION STOCKING, THIGH LENGTH 18-30 MMHG, EACH	01/01/2006	$34.87	0.0%	0.0%	N	Referral Required
A6534	GRADIENT COMPRESSION STOCKING, THIGH LENGTH 30-40 MMHG, EACH	01/01/2006	$42.66	0.0%	0.0%	N	Referral Required
A6535	GRADIENT COMPRESSION STOCKING, THIGH LENGTH 40-50 MMHG, EACH	01/01/2006	$48.75	0.0%	0.0%	N	Referral Required
A6536	GRADIENT COMPRESSION STOCKING, FULL LENGTH 18-30 MMHG, EACH	01/01/2006	$72.37	0.0%	0.0%	N	Referral Required
A6537	GRADIENT COMPRESSION STOCKING, FULL LENGTH 30-40 MMHG, EACH	01/01/2006	$117.00	0.0%	0.0%	N	Referral Required
A6538	GRADIENT COMPRESSION STOCKING, FULL LENGTH 40-50 MMHG, EACH	01/01/2006	$136.00	0.0%	0.0%	N	Referral Required
A6539	GRADIENT COMPRESSION STOCKING, WAIST LENGTH 18-30 MMHG, EACH	01/01/2006	$35.90	0.0%	0.0%	N	Referral Required
A6540	GRADIENT COMPRESSION STOCKING, WAIST LENGTH 30-40 MMHG, EACH	01/01/2006	$63.80	0.0%	0.0%	N	Referral Required
A6541	GRADIENT COMPRESSION STOCKING, WAIST LENGTH 40-50 MMHG, EACH	01/01/2006	$136.00	0.0%	0.0%	N	Referral Required
A6544	GRADIENT COMPRESSION STOCKING, GARTER BELT	01/01/2006	$25.00	0.0%	0.0%	N	Referral Required
A6545	GRADIENT COMPRESSION WRAP, NON-ELASTIC, BK, 30-50 MM HG, EA	01/01/2009	$0.00	0.0%	0.0%	N	Referral Required
A6549	GRADIENT COMPRESSION STOCKING/SLEEVE, NOT OTHERWISE SPEC	01/01/2006	$0.00	0.0%	0.0%	N	Referral Required
A6550	DRESSING SET FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STAT OR PORT	01/01/2004	$26.23	0.0%	0.0%	N	Referral Required
A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	01/01/2000	$9.10	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
A7001	CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH	01/01/2000	$31.55	0.0%	0.0%	N	Referral Required
A7002	TUBING, USED WITH SUCTION PUMP, EACH	01/01/2000	$3.65	0.0%	0.0%	N	Referral Required
A7003	ADMINISTRATION SET, W/ SMALL VOLUME NON-FILTERED PNEUMATIC NEBULIZER, DISPOSABLE	01/01/2000	$2.61	0.0%	0.0%	N	Referral Required
A7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	01/01/2000	$1.72	0.0%	0.0%	N	Referral Required
A7005	ADMINISTRATION SET, W/ SM VOLUME NON-FILTERED PNEUMATIC NEBULIZER, NON-DISPOSABL	01/01/2000	$29.40	0.0%	0.0%	N	Referral Required
A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	01/01/2000	$9.10	0.0%	0.0%	N	Referral Required
A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	01/01/2000	$4.40	0.0%	0.0%	N	Referral Required
A7008	LARGE VOLUME NEBULIZER, DISPOSABLE, PREFILLED, USED WITH AEROSOL COMPRESSOR	01/01/2000	$10.49	0.0%	0.0%	N	Referral Required
A7009	RESERVOIR BOTTLE, NON-DISPOSABLE, USED WITH LARGE VOLUME ULTRASONIC NEBULIZER	01/01/2000	$40.10	0.0%	0.0%	N	Referral Required
A7010	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET	01/01/2000	$22.50	0.0%	0.0%	N	Referral Required
A7011	CORRUGATED TUBING, NON-DISPOSABLE, USED W/ LARGE VOLUME NEBULIZER, 10 FEET	01/01/2000	$0.00	0.0%	0.0%	N	Referral Required
A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	01/01/2000	$3.61	0.0%	0.0%	N	Referral Required
A7013	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR	01/01/2000	$0.79	0.0%	0.0%	N	Referral Required
A7014	FILTER, NON-DISPOSABLE, USED W/AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	01/01/2000	$4.28	0.0%	0.0%	N	Referral Required
A7015	AEROSOL MASK, USED WITH DME NEBULIZER	01/01/2000	$1.79	0.0%	0.0%	N	Referral Required
A7016	DOME AND MOUTHPIECE, USED WITH SMALL VOLUME ULTRASONIC NEBULIZER	01/01/2000	$6.91	0.0%	0.0%	N	Referral Required
A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC BOTTLE TYPE NOT USED W/ OXYGEN	01/01/2000	$127.85	0.0%	0.0%	N	Referral Required
A7018	WATER DISTILLED USED WITH LARGE VOLUME NEBULIZER 1000 ML	01/01/2001	$0.37	0.0%	0.0%	N	Referral Required
A7025	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST REPLACEMENT FOR USE WITH PATI	01/01/2003	$434.94	0.0%	0.0%	Y	Referral Required
A7026	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM HOSE REPLACEMENT FOR USE WITH PATIE	01/01/2003	$28.75	0.0%	0.0%	Y	Referral Required
A7027	COMBINATION ORAL/NASAL MASK, USED W/ CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE	01/01/2007	$179.35	0.0%	0.0%	N	Referral Required
A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EA	01/01/2007	$49.54	0.0%	0.0%	N	Referral Required
A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PR	01/01/2007	$20.24	0.0%	0.0%	N	Referral Required
A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE; EACH	01/01/2003	$188.64	0.0%	0.0%	N	Referral Required
A7031	FACE MASK INTERFACE REPLACEMENT FOR FULL FACE MASK; EACH	01/01/2003	$69.77	0.0%	0.0%	N	Referral Required
A7032	REPLACEMENT CUSHION FOR NASAL APPLICATION DEVICE; EACH	01/01/2003	$40.53	0.0%	0.0%	N	Referral Required
A7033	REPLACEMENT PILLOWS FOR NASAL APPLICATION DEVICE; EACH	01/01/2003	$23.49	0.0%	0.0%	N	Referral Required
A7034	NASAL INTERFACE (MASK OR CANNULA TYPE)USED WITH POSITIVE AIRWAY PRESSURE DEVICE	01/01/2003	$76.66	0.0%	0.0%	N	Referral Required
A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	01/01/2003	$37.92	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	01/01/2003	$17.36	0.0%	0.0%	N	Referral Required
A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	01/01/2003	$39.12	0.0%	0.0%	N	Referral Required
A7038	FILTER;DISPOSABLE USED WITH POSITIVE AIRWAY PRESSURE DEVICE	01/01/2003	$5.39	0.0%	0.0%	N	Referral Required
A7039	FILTER;NON-DISPOSABLE USED WITH POSITIVE AIRWAY PRESSURE DEVICE	01/01/2003	$14.62	0.0%	0.0%	N	Referral Required
A7040	ONE WAY CHEST DRAIN VALVE	04/01/2009	$41.45	0.0%	0.0%	N	Referral Required
A7041	WATER SEAL DRAINAGE CONTAINER AND TUBING FOR USE WITH IMPLANTED CHEST TUBE	04/01/2009	$77.90	0.0%	0.0%	N	Referral Required
A7042	IMPLANTED PLEURAL CATHETER;EACH	04/01/2009	$188.23	0.0%	0.0%	N	Referral Required
A7043	VACUUM DRAINAGE BOTTLE AND TUBING FOR USE WITH IMPLANTED CATHETER	04/01/2009	$29.52	0.0%	0.0%	N	Referral Required
A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE;EACH	01/01/2003	$120.91	0.0%	0.0%	N	Referral Required
A7045	EXHALATION PORT W OR W/O SWIVEL USED W ACCESSORIES FOR POSITIVE AIRWAY DEVICES	01/01/2006	$19.47	0.0%	0.0%	N	Referral Required
A7046	WATER CHAMBER FOR HUMIDIFIER, USED W/POSITIVE AIRWAY PRESSURE DEVICE, REPLACE	01/01/2004	$19.51	0.0%	0.0%	N	Referral Required
A7501	TRACHEOSTOMA VALVE INCLUDING DIAPHRAGM; EACH	01/01/2001	$100.18	0.0%	0.0%	N	Referral Required
A7502	REPLACEMENT DIAPHRAGM/FACEPLATE FOR TRACHEOSTOMA VALVE; EACH	01/01/2001	$10.81	0.0%	0.0%	N	Referral Required
A7503	FILTER HOLDER OR CAP REUSABLE FOR USE IN TRACH. HEAT AND MOISTURE EXCHANGE SYSTM	01/01/2001	$10.81	0.0%	0.0%	N	Referral Required
A7504	FILTER FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM; EACH	01/01/2001	$0.64	0.0%	0.0%	N	Referral Required
A7505	HOUSING REUSABLE WITHOUT ADHESIVE FOR USE IN HEAT AND MOISTURE EXCHANGE SYSTEM	01/01/2001	$4.46	0.0%	0.0%	N	Referral Required
A7506	ADHESIVE DISC FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM, ANY TYPE, EACH	01/01/2001	$0.32	0.0%	0.0%	N	Referral Required
A7507	FILTER HOLDER & INTEGRATED FILTER WITHOUT ADHESIVE FOR USE WITH TRACH	01/01/2001	$2.37	0.0%	0.0%	N	Referral Required
A7508	HOUSING & INTEGRATED ADHESIVE FOR USE IN TRACH HEAT AND MOISTURE EXCHANGE	01/01/2001	$2.74	0.0%	0.0%	N	Referral Required
A7509	FILTER HOLDER & INTEGRATED FILTER HOUSING & ADHESIVE TRACH HEAT & MOISTURE	01/01/2001	$1.34	0.0%	0.0%	N	Referral Required
A7520	TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED; POLYVINYLCHLORIDE, (PVC) SILICON	01/01/2004	$50.67	0.0%	0.0%	N	Referral Required
A7521	TRACHEOSTOMY/LARYNGECTOMY TUBE NON-CUFF, POLYVINLCHLORIDE (PVC) SILICONE, EACH	01/01/2004	$47.05	0.0%	0.0%	N	Referral Required
A7522	TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLESS STEAL OR EQUAL (STERILIZABLE AND REUSE	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, EACH	01/01/2004	$3.37	0.0%	0.0%	N	Referral Required
A7527	TRACHEOSTOMY/LARYNECTOMY TUBE PLUG/STOP, EACH	01/01/2006	$3.58	0.0%	0.0%	N	Referral Required
A8000	HELMET, PROTECTIVE, SOFT, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	04/01/2009	$161.02	0.0%	0.0%	N	Referral Required
A8001	HELMET, PROTECTIVE, HARD, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	04/01/2009	$161.02	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
A8002	HELMET, PROTECTIVE, SOFT, CUSTOM FABRICATED, INCL ALL COMPONENTS/ACCESSORIES	01/01/2007	$0.00	0.0%	0.0%	N	Referral Requirec
A8003	HELMET, PROTECTIVE, HARD, CUSTOM FABRICATED, INCL/ COMPONENTS AND ACCESSORIES	01/01/2007	$0.00	0.0%	0.0%	N	Referral Requirec
A8004	SOFT INTERFACE FOR HELMET, REPLACEMENT ONLY	01/01/2007	$0.00	0.0%	0.0%	N	Referral Requirec
A8534	SUPPLY OF RADIOPHARM THEARP AGENT, IODINATED I-131 TOSITUMOMAB PER MILLICURIE	01/01/2003	$0.00	0.0%	0.0%	N	Referral Requirec
A9152	MULTIPLE VITAMINS, W/ OR W/O MINERALS & TRACE ELEMENTS, ORAL, PER DOSE, NOS	01/01/2005	$0.00	0.0%	0.0%	Y	
A9153	MULTIPLE VITAMINS WITH OR WITHOUT TRACE ELEMENTS, ORAL, PER DOSE	01/01/2005	$0.00	0.0%	0.0%	Y	
A9180	PEDICULOSIS TREATMENT, TOPICAL, FOR ADMINISTRATION BY PATIENT/CARETAKER	01/01/2005	$4.65	0.0%	0.0%	N	
A9275	HOME GLUCOSE DISP MONITOR, INCLUDES TEST STRIPS	01/01/2006	$0.00	0.0%	0.0%	N	Referral Requirec
A9284	SPIROMETER, NON-ELECTRONIC, INCLUDES ALL ACCESSORIES	01/01/2009	$0.00	0.0%	0.0%	N	Referral Requirec
A9500	DIAGNOSTIC IMAGING, TECHNETIUM TC99M SESTAMIBI,PER	01/01/2004	$64.28	0.0%	0.0%	N	
A9502	RADIOPHARM. DX IMAGING-AGENT TC99M TETROFOSMIN, PER UNIT DOSE	01/01/2004	$58.06	0.0%	0.0%	N	
A9503	SUPPLY-TECHNETIUM TC 99M, MEDRONATE, UP TO 30 MCI	07/01/2001	$50.65	0.0%	0.0%	N	
A9504	SUPPLY-TECHNETIUM TC-99M APCITIDE	01/01/2000	$0.00	0.0%	0.0%	N	
A9505	DIAGNOSTIC IMAGING, THALLOUS CLORIDE TL201,PER MC1	01/01/2004	$19.89	0.0%	0.0%	N	
A9507	INDIUM IN III CAPROMAB PENDETIDE RADIONUCLIDE	01/01/2004	$687.71	0.0%	0.0%	N	
A9508	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT IOBENGUANE I-131 / 05 MCI	01/01/2004	$165.82	0.0%	0.0%	N	
A9510	SUPPLY RADIOPHARMACEUTICAL DIAGNOSTIC IMAGAGING AGENT TECHNETIUM TC99 DISOFENIN	01/01/2001	$0.00	0.0%	0.0%	N	
A9512	SUPPLY OF RADIOPHARMACEUTICAL DIAGN IMAG AGENT TECHNETIUM TC 99M PER MCI	01/01/2003	$0.00	0.0%	0.0%	N	
A9516	SUPPLY OF RADIOPHARMACEUTICAL DIAGN IMAG AGENT I-123 SODIUM IODIDE PER MCI	01/01/2003	$0.00	0.0%	0.0%	N	
A9517	SUPPLY OF RADIOPHARMACEUTIC AL DIAGN IMAGING AGENT I/123 SODIUM IODIDE PER MCI	01/01/2004	$5.48	0.0%	0.0%	N	
A9521	SUPPLY OF RADIOPHARMACEUTICAL DIAGN IMAGING TECHNITIUM TC 99M, PER MCI	01/01/2004	$210.65	0.0%	0.0%	N	
A9524	IODINATED I-131 SERUM ALBUMIN, 5 MICROCURIES	01/01/2004	$0.36	0.0%	0.0%	N	
A9526	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, AMMONIA N-13 PER DOSE	01/01/2004	$143.89	0.0%	0.0%	N	
A9527	IODINE I-125, SODIUM IODIDE SOLUTION, THERAPEUTIC, PER MILLICURIE	01/01/2007	$0.00	0.0%	0.0%	N	
A9528	SUPPLY OF RADIOPHARM DIAGNOSTIC AGENT, I-131 SODIUM IODIDE CAPSULE, PER MILLICUR	01/01/2004	$5.48	0.0%	0.0%	N	
A9529	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC AGENT, I-131 SOD IODIDE SOL, PER MILLI	01/01/2004	$6.49	0.0%	0.0%	N	
A9530	SUPPLY OF RADIOPHARM THERAP AGENT, I-131 SOD IODIDE SOL, PER MILLIC UP TO 100	01/01/2004	$6.49	0.0%	0.0%	N	
A9531	SUPPLY OF RADIOPHARM DIAGN AGENT, I-131 SODIUM IODIDE SOL, PER MILLIC UP TO 100	01/01/2004	$0.00	0.0%	0.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
A9532	SUPPLY OF RADIOPHARM THEARP AGENT, IODINATED 1-125, SERUM ALBUMIN, 5 MICRO CUR	01/01/2004	$0.00	0.0%	0.0%	N	
A9536	TECHNETIUM TC-99M DEPREOTIDE, DIAGNOSTIC, UP TO 35 MILLICURIES	01/01/2006	$0.00	0.0%	0.0%	N	
A9537	TECHNETIUM TC-99M MEBROFENIN, DIAGNOSTIC, UP TO 15 MILLICURIES	01/01/2006	$0.00	0.0%	0.0%	N	
A9538	TECHNETIUM TC-99M PYROPHOSPHATE, DIAGNOSTIC, UP TO 25 MILLICURIES	01/01/2006	$0.00	0.0%	0.0%	N	
A9539	TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC, UP TO 25 MILLICURIES	01/01/2006	$0.00	0.0%	0.0%	N	
A9540	TECHNETIUM TC-99M MACROAGGREGATED ALBUMIN, DIAGNOSTIC, UP TO 10 MILLICURIES	01/01/2006	$0.00	0.0%	0.0%	N	
A9541	TECHNETIUM TC-99M SULFUR COLLOID, DIAGNOSTIC, UP TO 20 MILLICURIES	01/01/2006	$0.00	0.0%	0.0%	N	
A9542	INDIUM IN-111 IBRITUMOMAB, TIUXETAN, DIAGNOSTIC, UP TO 5 MILLICURIES	01/01/2006	$0.00	0.0%	0.0%	N	
A9543	YTTRIUM Y-90 IBRITUMOMAB, TIUXETAN, THERAPEUTIC, UP TO 40 MILLICURIES	01/01/2006	$0.00	0.0%	0.0%	N	
A9544	IODINE I-131 TOSITUMOMAB, DIAGNOSTIC, PER TREATMENT DOSE	01/01/2006	$0.00	0.0%	0.0%	N	
A9545	IODINE I-131 TOSITUMOMAB, THERAPEUTIC, PER TREATMENT DOSE	01/01/2006	$0.00	0.0%	0.0%	N	
A9546	COBALT CO-57/58 CYANOCOBALAMIN, DIAGNOSTIC, UP TO 1 MICROCURIE	01/01/2006	$0.00	0.0%	0.0%	N	
A9547	INDIUM IN-111 OXYQUINOLINE, DIAGNOSTIC, PER 0.5 MILLICURE	01/01/2006	$0.00	0.0%	0.0%	N	
A9548	INDIUM IN-111 PENTETATE DIAGNOSTIC, PER 0.5 MILLICURE	01/01/2006	$0.00	0.0%	0.0%	N	
A9550	TECHNETIUM TC-99M SODIUM GLUCEPTATE, DIAGNOSTIC, UP TO 25 MILLICURIES	01/01/2006	$0.00	0.0%	0.0%	N	
A9551	TECHNETIUM TC-99M SUCCIMER, DIAGNOSTIC, UP TO 10 MILLICURIES	01/01/2006	$0.00	0.0%	0.0%	N	
A9552	FLOURODEOXYGLUCOSE F-18 FDG, DIAGNOSTIC PER STUDY DOSE, UP TO 45 MILLICURIES	01/01/2006	$0.00	0.0%	0.0%	N	
A9553	CHROMIUM CR-51 SODIUM, DIAGNOSTIC, UP TO 250 MICROCURIES	01/01/2006	$0.00	0.0%	0.0%	N	
A9554	IODINE I-125 SODIUM IOTHALAMATE, DIAGNOSTIC, UP TO 10 MICROCURIES	01/01/2006	$0.00	0.0%	0.0%	N	
A9555	RUBIDIUM RB-82, DIAGNOSTIC, PER STUDY DOSE, UP TO 60 MILLICURIES	01/01/2006	$0.00	0.0%	0.0%	N	
A9556	GALLIUM GA-67 CITRATE DIAGNOSTIC, PER MILLICURIE	01/01/2006	$0.00	0.0%	0.0%	N	
A9557	TECHNETIUM TC-99M BICISATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	01/01/2006	$0.00	0.0%	0.0%	N	
A9558	XENON XE-133 GAS, DIAGNOSTIC, PER 10 MILLICURIES	01/01/2006	$0.00	0.0%	0.0%	N	
A9559	COBALT CO-57 CYANOBOBALAMIN, ORAL, DIAGNOSTIC, UP TO 1 MICROCURIE	01/01/2006	$0.00	0.0%	0.0%	N	
A9560	TECHNETIUM TC-99M LABELED RED BLODD CELLS, DIAGNOSTIC, UP TO 30 MILLICURIES	01/01/2006	$0.00	0.0%	0.0%	N	
A9561	TECHNETIUM TC-99M OXIDRONATE, DIAGNOSTIC, UP TO 30 MILLICURIES	01/01/2006	$0.00	0.0%	0.0%	N	
A9562	TECHNETIUM TC-99M MERTIATIDE, DIAGNOSTIC, UP TO 15 MILLICURIES	01/01/2006	$0.00	0.0%	0.0%	N	
A9563	SODIUM PHOSPHATE P-32 THERAPEUTIC PER MILLICURIE	01/01/2006	$0.00	0.0%	0.0%	N	
A9564	CHROMIC PHOSPHATE P-32 SUSPENSION, THERAPEUTIC, PER MILLICURIE	01/01/2006	$0.00	0.0%	0.0%	N	
A9566	TECHNETIUM TC-99M FANOLESOMAB, DIAGNOSTIC, UP TO 25 MILLICURIES	01/01/2006	$0.00	0.0%	0.0%	N	
A9567	TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC, AEROSOL, UP TO 25 MILLICURIES	01/01/2006	$0.00	0.0%	0.0%	N	
A9568	TECHNETIUM TC-99M ARCITUMOMAB, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES	01/01/2007	$0.00	0.0%	0.0%	N	
A9569	TECHNETIUM TC -99M EXAMETAZIME LABELED AUTOLOGUS WHITE BLOOD CELLS	01/01/2008	$0.00	0.0%	0.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
A9570	INDIUM IN -111 LABELED AUTOLOGUS WHITE BLOOD CELLS, DIAGNOSTIC PER STUDY DOSE	01/01/2008	$0.00	0.0%	0.0%	N	
A9571	INDIUM IN -111 LABELED AUTOLOGUS PLATELETS, DIAGNOSTIC PER STUDY DOSE	01/01/2008	$0.00	0.0%	0.0%	N	
A9572	INDIUM IN -111 PENTETREOTIDE, DIAGNOSTIC PER STUDY DOSE, UP TO 6 MILLICURIES	01/01/2008	$0.00	0.0%	0.0%	N	
A9576	GADOTERIDOL, (PROHANCE MULTIPACK PER ML	01/01/2008	$2.46	0.0%	0.0%	N	
A9577	INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE) PER ML	01/01/2008	$2.85	0.0%	0.0%	N	
A9578	INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE MULTIPACK) PER ML	01/01/2008	$2.67	0.0%	0.0%	N	
A9579	INJECTION, GADOLINUM -BASED MAGNETIC RESONANCE CONTRAST AGENT	01/01/2008	$2.54	0.0%	0.0%	N	
A9580	NAFL F-18, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES	01/01/2009	$0.00	0.0%	0.0%	N	
A9581	INJECTION, GADOXETATE DISODIUM, 1 ML	01/01/2010	$13.50	0.0%	0.0%	N	
A9582	IODINE I-123 IOBENGUANE, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	01/01/2010	$0.00	0.0%	0.0%	N	
A9583	INJECTION, GADOFOSVESET TRISODIUM, 1 ML	01/01/2010	$0.00	0.0%	0.0%	N	
A9600	RADIOPHARM.THERAPEUTIC, STRONTIUM-89 CHLORIDE, PER MCL	01/01/2004	$402.85	0.0%	0.0%	N	
A9604	SAMARIUM SM-153 LEXIDRONAM, THERAPEUTIC, PER TX DOSE, UP TO 150	01/01/2010	$0.00	0.0%	0.0%	N	
A9698	NON-RADIOACTIVE CONTRAST IMAGING MATERIAL, NOC	01/01/2006	$0.00	0.0%	0.0%	N	
A9699	SUPPLY OF RADIOPHARM THERAPEUTIC IMAGNG AGNT, NOT OTHERWISE CLASSIFIED	01/01/2004	$0.00	0.0%	0.0%	N	
A9700	SUPPLY INJECTABLE CONTRAST MATERIAL FOR USE IN ECHOCARDIOGRAPHY, PER STUDY	01/01/2004	$118.60	0.0%	0.0%	N	
A9900	MISC DME SUPPLY ACCESSORY AND OR SERVICE COMPONENT OF ANOTHER HCPC CODE	01/01/2001	$0.00	0.0%	0.0%	Y	Referral Requirec
A9952	FLOURODEOXYGL UCOSE F-18 FDG, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES	01/01/2006	$0.00	0.0%	0.0%	N	Referral Requirec
A9953	CHROMIUM CR-51 SODIUM, DIAGNOSTIC, UP TO 250 MICROCURRIES	01/01/2006	$0.00	0.0%	0.0%	N	Referral Requirec
A9954	IODINE I-125 SODIUM IOTHALAMATE, DIAGNOSTIC, UP TO 10 MICROCURRIES	01/01/2006	$0.00	0.0%	0.0%	N	Referral Requirec
A9955	RUBIDIUM RB-82, DIAGNOSTIC, PER STUDY DOSE, UP TO 60 MILLICURRIES	01/01/2006	$0.00	0.0%	0.0%	N	Referral Requirec
A9999	MISC DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED	01/01/2008	$0.00	0.0%	0.0%	Y	Referral Requirec
B4034	ENTERAL FEEDING SUPPLY KIT-SYRINGE PER DAY	03/01/1997	$5.93	0.0%	0.0%	N	Referral Requirec
B4035	ENTERAL FEEDING SUPPLY KIT,PUMP FED, PER DAY	03/01/1997	$11.30	0.0%	0.0%	N	Referral Requirec
B4036	ENTERAL FEEDING SUPPLY KIT GRAVITY FED-PER DAY	03/01/1997	$7.74	0.0%	0.0%	N	Referral Requirec
B4081	NASOGASTRIC TUBING WITH STYLET	03/01/1997	$20.00	0.0%	0.0%	N	Referral Requirec
B4082	NASOGASTRIC TUBING WITHOUT STYLET	03/01/1997	$15.59	0.0%	0.0%	N	Referral Requirec
B4083	STOMACH TUBE - LEVINE TYPE	03/01/1997	$2.38	0.0%	0.0%	N	Referral Requirec
B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EA	01/01/2008	$38.22	0.0%	0.0%	N	Referral Requirec
B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH	01/01/2008	$38.22	0.0%	0.0%	N	Referral Requirec
B4100	FOOD THICKENER ADMINISTERED ORALLY PER OUNCE	01/01/2003	$0.55	0.0%	0.0%	N	Referral Requirec
B4103	ENTERAL FORMULA, FOR PEDIATRICS, TO REPLACE FLUIDS & ELECTROLYTES, 500 ML=1 UNIT	01/01/2005	$2.45	0.0%	0.0%	N	Referral Requirec
B4104	ADDITIVE FOR ENTERAL FORMULA	01/01/2005	$0.00	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
B4149	ENTERAL FORMULA, BLENDERIZED NATURAL FOODS W/ INTACT NUTRIENTS, 100 CAL=1 UNIT	01/01/2006	$1.57	0.0%	0.0%	N	Referral Requirec
B4150	ENTERAL FORMULA,CATEGORY I,SEMI-SYNTH.100 CAL=1 UNIT	07/01/1999	$0.61	0.0%	0.0%	N	Referral Requirec
B4152	ENTERAL FORMULA CATEGORY II:100 CAL=1 UNIT INTACT PROTEIN CALORICALLY DENSE	07/01/1999	$0.51	0.0%	0.0%	N	Referral Requirec
B4153	ENTRAL FORM.CAT 3-100 CAL=1 UNIT, HYDROLIZED PROTEIN/AMINO ACIDS	01/01/2009	$1.85	0.0%	0.0%	N	Referral Requirec
B4154	ENT.FORM.CAT.4:100 CAL=1 UNIT, DEFINED FORMULA FOR SPECIAL METABOLIC NEED	07/01/1999	$1.12	0.0%	0.0%	N	Referral Requirec
B4155	ENT.FORMULA CAT.5:100 CAL=-1 UNIT, MODULAR COMPONENTS	01/01/2009	$0.92	0.0%	0.0%	N	Referral Requirec
B4157	ENT FORM, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, 100 CAL=1 UNIT	01/01/2005	$0.00	0.0%	0.0%	N	Referral Requirec
B4158	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE, 100 CALL=1 UNIT	01/01/2005	$0.61	0.0%	0.0%	N	Referral Requirec
B4159	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE SOY BASED,100 CAL=1 UNIT	01/01/2005	$0.00	0.0%	0.0%	N	Referral Requirec
B4160	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE, CAL DENSE	01/01/2005	$0.00	0.0%	0.0%	N	Referral Requirec
B4161	ENTERAL FORMULA, FOR PEDIATRIC, HYDROLYZED/AMINO ACIDS	01/01/2005	$0.00	0.0%	0.0%	N	Referral Requirec
B4162	ENTERAL FORMULA, FOR PEDIATRIC, HYDROLYZED/AMINO ACIDS, 100 CAL=1 UN	01/01/2005	$0.00	0.0%	0.0%	N	Referral Requirec
B4164	TPN HOMEMIX DEXTROSE 50% OR LESS-500 ML=1 UNIT	03/01/1997	$15.96	0.0%	0.0%	N	Referral Requirec
B4168	PARENTERAL NUTR.SOL.AMINO ACID,3.5% HOMEMIX 500ML	03/01/1997	$21.96	0.0%	0.0%	N	Referral Requirec
B4172	PARENTERAL NUTR SOLU, AMINO ACID 5.5 TH 7% HOMEMIX	03/01/1997	$47.78	0.0%	0.0%	N	Referral Requirec
B4176	PARENTERAL NUTR SOL AMINOACID GREAT 7% HOMEMIX 500	03/01/1997	$37.43	0.0%	0.0%	N	Referral Requirec
B4178	TPN HOMEMIX AMINOACID 8.5% OR MORE 500ML = 1 UNIT	03/01/1997	$52.47	0.0%	0.0%	N	Referral Requirec
B4180	TPN HOMEMIX,CARBOHYDRATE(DEXTROSE)MORE THAN 50%	03/01/1997	$22.88	0.0%	0.0%	N	Referral Requirec
B4185	PARENTERAL NATURAL SOLUTION, PER 10 GRAMS LIPIDS	04/01/2006	$10.89	0.0%	0.0%	N	Referral Requirec
B4189	TPN 10-51 GMS PROTEIN-PREMIX	03/01/1997	$166.94	0.0%	0.0%	N	Referral Requirec
B4193	TPN PREMIX 52-73 GMS PROTEIN	03/01/1997	$215.72	0.0%	0.0%	N	Referral Requirec
B4197	TPN 74-100 GMS PROTEIN PREMIX	03/01/1997	$254.94	0.0%	0.0%	N	Referral Requirec
B4199	TPN OVER 100 GMS PROTEIN-PRE MIX	03/01/1997	$283.73	0.0%	0.0%	N	Referral Requirec
B4216	PARENTERAL NUTRITION ADDITIVE(HEPARIN,VIT,ELCTRLYT	03/01/1997	$7.04	0.0%	0.0%	N	Referral Requirec
B4220	PARENTERAL NUT SUP KIT FOR 1-DAY-PREMIX	03/01/1997	$7.51	0.0%	0.0%	N	Referral Requirec
B4222	PARENTAL NUTR SUPPLY KIT HOME MIX PER DAY	03/01/1997	$7.71	0.0%	0.0%	N	Referral Requirec
B4224	PARENTERAL NUTRITION ADMIN KIT PER DAY	03/01/1997	$23.50	0.0%	0.0%	N	Referral Requirec
B5000	TPN PREMIX W/PREP ANY STRENGTH PER GM RENAL	03/01/1997	$10.84	0.0%	0.0%	N	Referral Requirec
B5100	TPN PREMIX W/PREP ANY STRENGTH PER GM HEPATIC	03/01/1997	$4.36	0.0%	0.0%	N	Referral Requirec
B5200	TPN PREMIX W/PREP ANY STRENGTH PER GM STRESS	01/01/1991	$0.00	0.0%	0.0%	N	Referral Requirec
B9000	ENTERAL NUTRITION INFUSION PUMP W/O ALARM-PURCHASE	03/01/1997	$1,090.00	0.0%	0.0%	N	Referral Requirec
B9002	ENTERAL NUTRITION INFUSION PUMP W/ALARM-PURCHASE	03/01/1998	$1,150.50	0.0%	0.0%	N	Referral Requirec
B9004	PARENTERAL NUTRITION INFUSION PUMP, PORTABLE-PURCH	03/01/1997	$3,751.50	0.0%	0.0%	N	Referral Requirec
B9006	STATIONARY PARENTERAL PUMP	03/01/1997	$3,751.50	0.0%	0.0%	N	Referral Requirec
B9998	NOC FOR ENTERAL SUPPLIES	04/01/1998	$0.00	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
B9999	NOC FOR PARENTERAL SUPPLIES	04/01/1998	$0.00	0.0%	0.0%	N	Referral Requirec
C1300	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MIN INTERVAL	01/01/2004	$0.00	0.0%	0.0%	N	
C1765	ADHESIVE BARRIER	01/01/2004	$0.00	0.0%	0.0%	N	Referral Requirec
C1783	OCCULAR IMPLANT, AQUEOUS DRAINAGE ASSIST DEVICE	01/01/2004	$0.00	0.0%	0.0%	N	Referral Requirec
C1814	RETINAL TAMPONADE DEVICE, SILICONE OIL	01/01/2004	$0.00	0.0%	0.0%	N	Referral Requirec
C1818	INTEGRATED KERATOPROSTHESIS	01/01/2004	$0.00	0.0%	0.0%	N	Referral Requirec
C1900	LEAD, LEFT VENTRICULAR CORONARY VENOUS SYSTEM	01/01/2004	$0.00	0.0%	0.0%	N	Referral Requirec
C2614	PROBE, PERCUTANEOUS LUMBAR DISCECTOMY	01/01/2004	$0.00	0.0%	0.0%	N	Referral Requirec
C2616	BRACHYTHERAPY SOURCE, YTTRIUM-90	01/01/2004	$0.00	0.0%	0.0%	N	Referral Requirec
C2618	PROBE, CRYOABLATION	01/01/2004	$0.00	0.0%	0.0%	N	Referral Requirec
C8900	MAGNETIC RESONANCE ANGIOGRAPHY W CONTRAST, ABDOMEN	01/01/2004	$0.00	81.0%	19.0%	N	
C8901	MAGNETIC RESONANCE ANGIOGRAPHY W/O CONTRAST, ABDOMEN	01/01/2004	$0.00	0.0%	0.0%	N	
C8902	MAGNETIC RESONANCE ANGIOGRAPHY W/O CONTRAST FOLLOWED BY CONTRAST, ABDOMEN	01/01/2004	$0.00	0.0%	0.0%	N	
C8903	MAGNETIC RESONANCE ANGIOGRAPHY W CONTRAST, BREAST, UNILATERAL	01/01/2004	$0.00	0.0%	0.0%	N	
C8904	MAGNETIC RESONANCE IMAGING W/O CONTRAST, BREAST, UNILATERAL	01/01/2004	$0.00	0.0%	0.0%	N	
C8905	MAGNETIC RESONANCE IMAGING W/O CONTRAST BREAST, UNILATERAL	01/01/2004	$0.00	0.0%	0.0%	N	
C8906	MAGNETIC RESONANCE IMAGING W CONTRAST, BREAST BILATERAL	01/01/2004	$0.00	0.0%	0.0%	N	
C8907	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST, BREAST BILATERAL	01/01/2004	$0.00	0.0%	0.0%	N	
C8908	MAGNETIC RESONANCE IMAGING W/O CONTRAST BREAST, BILATERAL	01/01/2004	$0.00	0.0%	0.0%	N	
C8909	MAGNETIC RESONANCE ANGIOGRAPHY W CONTRAST, CHEST (EXCLUDING MYOCARDIUM)	01/01/2004	$0.00	0.0%	0.0%	N	
C8910	MAGNETIC RESONANCE ANGIOGRAPHY W/O CONTRAST, CHEST (EXCLUDING MYOCARDIUM)	01/01/2004	$0.00	0.0%	0.0%	N	
C8911	MAGNETIC RESONANCE ANGIOGRAPHY W/O CONTRAST FOLLOWED BY CONTRAST - CHEST	01/01/2004	$0.00	0.0%	0.0%	N	
C8912	MAGNETIC RESONANCE ANGIOGRAPHY W CONTRAST LOWER EXTREMITY	01/01/2004	$0.00	0.0%	0.0%	N	
C8913	MAGNETIC RESONANCE ANGIOGRAPHY W/O CONTRAST LOWER EXTREMITY	01/01/2004	$0.00	0.0%	0.0%	N	
C8914	MAGNETIC RESONANCE ANGIOGRAPHY W/O CONTRAST FOLLOWED W CONTRAST L EXTREMITY	01/01/2004	$0.00	0.0%	0.0%	N	
C8918	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, PELVIS	01/01/2004	$0.00	0.0%	0.0%	N	
C8919	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, PELVIS	01/01/2004	$0.00	0.0%	0.0%	N	
C8920	MAGNETIC RESONANCE ANGIOGRAPHY W/O CONTRAST,FOLLOWED BY CONTRAST, PELVIS	01/01/2004	$0.00	0.0%	0.0%	N	
C8929	TTE W/WO CNTRST W/ BYRECRD, IF, W/ SPCTRL DPLR ECHOCARD, & W/ COLR FLOW DPLR	01/01/2009	$0.00	0.0%	0.0%	N	
C8930	TTE W OR W/O CONTR, CONT ECG	01/01/2009	$0.00	0.0%	0.0%	N	
C9248	INJECTION, CLEVIDIPIEN BUTYRATE, 1 MG	01/01/2009	$0.00	0.0%	0.0%	N	Referral Requirec
C9356	TENDON, POROUS MATRIX OF CROSS LINKED COLLAGEN AND GLYCOSAMINOGLYCAN	01/01/2009	$0.00	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
C9358	DERMAL SUBS NATIVE NON DENATURED COLLAGEN PER 0.5 SQ CENTIMETERS	07/01/2008	$0.00	0.0%	0.0%	N	Referral Required
C9359	POROUS PURIFIED COLLAGEN MATRIX BONE VOID FILLER PER 0.5CC	01/01/2009	$0.00	0.0%	0.0%	N	Referral Required
E0100	CANE, ALL MATERIAL, FIXED OR ADJUST W/TIP	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 ADJUST/FIXED,PAIR	03/01/1997	$66.09	0.0%	0.0%	N	Referral Required
E0111	CRUTCH FOREARM ADJUST OR FIX W/TIP & HANDGRIP	03/01/1997	$43.18	0.0%	0.0%	N	Referral Required
E0112	CRUTCHES, UNDERARM, WOOD, ADJUSTABLE OR FIXED	03/01/1997	$35.29	0.0%	0.0%	N	Referral Required
E0113	CRUTCH,UNDER ARM WOOD,ADJUST OR FIXED EA W/PAD TIP	03/01/1997	$20.15	0.0%	0.0%	N	Referral Required
E0114	CRUTCH ALUM. ADJ. OR FIX, PAIR W/PAD TIP	03/01/1997	$41.00	0.0%	0.0%	N	Referral Required
E0116	CRUTCH W/ UNDERARM PAD ALUMINUM, ADJUST OR FIXED EACH	03/01/1997	$26.46	0.0%	0.0%	N	Referral Required
E0118	CRUTCH SUBSTITUTE, LOWER LEG PLATFORM, W OR W/O WHEELS, EACH	01/01/2004	$0.00	0.0%	0.0%	Y	Referral Required
E0130	WALKER, RIGID, (PICKUP), ADJUSTABLE OR FIXED	03/01/1997	$66.99	0.0%	0.0%	N	Referral Required
E0135	WALKER FOLDING ADJUSTABLE OR FIXED HEIGHT	03/01/1997	$77.48	0.0%	0.0%	N	Referral Required
E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OF FIXED HEIGHT, ANY TYPE	04/01/2009	$326.44	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 SEAT	03/01/1997	$101.58	0.0%	0.0%	N	Referral Required
E0144	ENCLOSED, FRAMED FOLDING WALKER, WHEELED, WITH POSTERIOR SEAT	01/01/2000	$303.75	0.0%	0.0%	N	Referral Required
E0147	HEAVY DUTY, MULTIPLE BREAK SYS, VARIABLE WH RES WA	04/01/2002	$548.27	0.0%	0.0%	Y	Referral Required
E0148	WALKER HEAVY DUTY WITHOUT WHEELS RIGID OR FOLDING ANY TYPE; EACH	04/01/2002	$121.55	0.0%	0.0%	N	Referral Required
E0149	WALKER HEAVY DUTY WHEELED RIGID OR FOLDING ANY TYPE; EACH	01/01/2003	$222.09	0.0%	0.0%	N	Referral Required
E0153	PLATFORM ATTACHMENT, FOREARM CRUTCH, EACH	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 ATTACH	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 WALKER, REPLACEMENT, EACH	01/01/1997	$17.05	0.0%	0.0%	N	Referral Required
E0160	SITZ TYPE BATH,PORTABLE, FITS OVER COMMODE SEAT	01/01/2003	$31.53	0.0%	0.0%	N	Referral Required
E0161	SITZ BATH PORTABLE, FITS OVER COMMODE SEAT W/FAUCE	01/01/2003	$25.01	0.0%	0.0%	N	Referral Required
E0163	COMMODE CHAIR STATIONARY WITH FIXED ARMS	03/01/1997	$105.20	0.0%	0.0%	N	Referral Required
E0165	COMMODE CHAIR STATIONARY DETACH ARMS-PURCHASE PRIC	01/01/1998	$177.20	0.0%	0.0%	N	Referral Required
E0167	PAIL OR PAN FOR USE W/COMMODE CHAIR	03/01/1997	$11.45	0.0%	0.0%	N	Referral Required
E0168	COMODE CHAIR EXTRA WIDE. OR HEAVY DUTY STATIONARY OR MOBILE WITH OR W/O ARMS	01/01/2001	$144.38	0.0%	0.0%	N	Referral Required
E0170	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISIM, ELECTRIC, ANY TYPE	04/01/2006	$160.72	0.0%	0.0%	N	Referral Required
E0171	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISIM, NON-ELECTRIC, ANY TYPE	04/01/2006	$28.92	0.0%	0.0%	N	Referral Required
E0172	SEAT LIFT MECHANISM PLACED OVER OR ON TOP OF TOILET, ANY TYPE	01/01/2006	$0.00	0.0%	0.0%	N	Referral Required
E0175	FOOT REST, FOR USE WITH COMMODE CHAIR, EACH	03/01/1997	$63.17	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
E0181	PRESSURE PAD, ALTERN WITH PUMP, HEAVY DUTY	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 (LIKE) PRESSURE PAD FOR MATTRESS, STD. MATTRESS LENGTH & WIDTH	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 PRICE	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/PILLOW/WEDGE, ANY SHAPE OR SIZE	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 LOSS THERAPY	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 MATTRESS STANDARD MATTRESS LENGTH/WIDTH-PURCHASE PRICE	03/01/1997	$211.35	0.0%	0.0%	N	Referral Required
E0198	WATER PRESSURE PAD FOR MATTRESS STANDARD MATTRESS LENGTH/WIDTH-PURCHASE PRICE	03/01/1997	$211.35	0.0%	0.0%	N	Referral Required
E0199	DRY PRESSURE PAD FOR MATTRESS-STANDARD LENGTH AND WIDTH-PURCHASE PRICE	03/01/1997	$30.57	0.0%	0.0%	N	Referral Required
E0200	HEAT LAMP,WITHOUT STAND (TAB MOD) INC BULB OR INFR	03/01/1997	$75.62	0.0%	0.0%	Y	Referral Required
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT W/PHOTOMETER-(DAILY)	07/01/1998	$507.60	0.0%	0.0%	N	Referral Required
E0205	HEAT LAMP, WITH STAND INC BULB OR INFRARED ELEMENT	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 WHEELS, ANY SIZE	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 OR TIOLET WITH OR W/O COMMODE OPENING	01/01/2004	$0.00	0.0%	0.0%	N	Referral Required
E0248	TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET WITH OR W/O COMMODE OPENING	01/01/2004	$0.00	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
E0249	PAD FOR WATER CIRCULATING HEAT UNIT	03/01/1997	$95.00	0.0%	0.0%	Y	Referral Required
E0250	HP BED W/SIDE RAILS FIXED HGHT W/MATTRESS	03/01/1997	$877.90	0.0%	0.0%	N	Referral Required
E0251	HOSPITAL BED, WITH SIDE RAILS, FIXED HEIGHT NO MAT	03/01/1997	$671.70	0.0%	0.0%	Y	Referral Required
E0255	HOSP BED, WITH SIDE RAILS VARI HEIGHT, HI-LO WI MA	03/01/1997	$952.40	0.0%	0.0%	N	Referral Required
E0256	HOSP BED VARIABLE HEIGHT HI/LOW SIDE RAIL WO/MATTR	03/01/1997	$726.46	0.0%	0.0%	Y	Referral Required
E0260	HOSPITAL BED, W/SIDE RAILS,SEMI-ELECTRIC,W/MATRESS	03/01/1997	$1,601.70	0.0%	0.0%	Y	Referral Required
E0261	HOSP BED SEMIELECTRIC W/SIDE RAIL WO/MATRESS	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, FT, HEIGHT ADJU	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 PRESSURE-REDUCING AIR MATTRESS	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 RAILS, WITH MATTRES	03/01/1997	$662.90	0.0%	0.0%	N	Referral Required
E0291	HOSP BED, FIXED HGHT, W/OSIDE RAILS,W/O MATTRESS	03/01/1997	$473.70	0.0%	0.0%	N	Referral Required
E0292	HOSPITAL BED W/O SIDE RAILS W/MATTRESS	03/01/1997	$734.60	0.0%	0.0%	N	Referral Required
E0293	HOSP BED,VAR HGHT HI-LO, W/O SIDERAILS,W/O MATTRES	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/O RAILS & MATTRESS-PP	03/01/1997	$1,214.70	0.0%	0.0%	Y	Referral Required
E0296	HOSP BED, TOTAL ELECTRIC U/O SIDERAILS, W/ MATTRES	03/01/1997	$1,566.20	0.0%	0.0%	Y	Referral Required
E0297	HOSP BED,TOTAL ELECT: NO SIDERAILS, NO MATTRESS	03/01/1997	$1,331.80	0.0%	0.0%	Y	Referral Required
E0300	PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED	01/01/2004	$2,838.62	0.0%	0.0%	N	Referral Required
E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE WITH WEIGHT CAPACITY > 350 LBS < 600 LBS	01/01/2004	$2,707.20	0.0%	0.0%	N	Referral Required
E0302	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WEIGHT CAPACITY <600 LBS W/ANY TYPE RAILS	01/01/2004	$7,154.40	0.0%	0.0%	N	Referral Required
E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE WEIGHT CAPACITY >350< 600 W/ANY TYPE RAILS	01/01/2004	$3,024.70	0.0%	0.0%	N	Referral Required
E0304	HOSPITAL BED, HVY DUTY, EXTRA WIDE CAPACITY >600 W/ANY SIDE RAILS W MATTRESS	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 FOR USE WITH HOSPITAL BED, ANY TYPE	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
E0371	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS OVERLAY, STD. L&W-PURCHASE PRICE	01/01/1998	$4,239.50	0.0%	0.0%	Y	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
E0372	POWERED AIR OVERLAY FOR MATTRESS, STD. LENGTH & WIDTH- PURCHASE PRICE	01/01/1998	$5,144.40	0.0%	0.0%	Y	Referral Requirec
E0373	NONPOWER ADVANCED PRESSURE REDUCING MATTRESS- PURCHASE PRICE	01/01/1998	$5,860.90	0.0%	0.0%	Y	Referral Requirec
E0424	STATIONARY COMPRESSED 02 SYSTEM PURCHASE PRICE INC COMPLETE PKG 1 UNIT=50 CU FT	06/01/2002	$2,186.40	0.0%	0.0%	N	Referral Requirec
E0431	02 PORTABLE GASEOUS SYSTEM PURCHASE INCL COMPLETE PKG-RENTAL ONLY 6-1-97	06/01/2002	$354.30	0.0%	0.0%	N	Referral Requirec
E0433	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE	01/01/2010	$51.63	0.0%	0.0%	N	Referral Requirec
E0434	O2 PORTABLE LIQUID SYSTEM PURCHASE PRICE INCL COMPLETE PKG RENTAL ONLY 6-1-97	06/01/2002	$354.30	0.0%	0.0%	N	Referral Requirec
E0435	O2 SYSTEM, LIQUID, PORTABLE, PURCHASE ONLY	10/01/1985	$67.25	0.0%	0.0%	Y	Referral Requirec
E0439	STATIONARY LIQUID 02 SYSTEM PURCHASE PRICE INC COMPLETE PKG 1 UNIT=10 LBS	06/01/2002	$2,186.40	0.0%	0.0%	N	Referral Requirec
E0441	STATIONARY 02 CONTENTS GASEOUS 1 UNIT=1 MONTH'S SUPPLY.	05/01/2009	$77.45	0.0%	0.0%	N	Referral Requirec
E0442	STATIONARY 02 CONTENTS LIQUID 1 UNIT= 1 MONTH'S SUPPLY	05/01/2009	$77.45	0.0%	0.0%	N	Referral Requirec
E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 UNIT=1 MONTH'S SUPPLY	05/01/2009	$77.45	0.0%	0.0%	N	Referral Requirec
E0444	PORTABLE 02 CONTENTS LIQUID PER UNIT 1-UNIT= 1 MONTH'S SUPPLY	05/01/2009	$77.45	0.0%	0.0%	N	Referral Requirec
E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY	01/01/2003	$0.00	0.0%	0.0%	Y	Referral Requirec
E0450	VOLUME CONTROL VENTILATOR W/O PRESSURE SUPPORT MODE, MAY INCL PRES CNTRL MD	04/01/2000	$6,506.80	0.0%	0.0%	Y	Referral Requirec
E0455	OXYGEN TENT, EXCLUDING CROUP OR PEDIATRIC TENTS	04/01/1986	$0.00	0.0%	0.0%	Y	Referral Requirec
E0457	CHEST SHELL (CUIRASS)	07/01/1999	$586.13	0.0%	0.0%	N	Referral Requirec
E0459	CHEST WRAP	03/01/1997	$485.40	0.0%	0.0%	N	Referral Requirec
E0460	NEG PRESSURE VENTILATOR;PORTABLE, RENTAL/MONTH	06/01/2002	$6,997.00	0.0%	0.0%	Y	Referral Requirec
E0461	VOLUME VENT, STATIONARY/ PORTABLE W/BACKUP RATE USED W/NON-INVASIVE INTERFACE	01/01/2003	$10,020.50	0.0%	0.0%	Y	Referral Requirec
E0462	ROCKING BED W/WO SIDE RAILS	03/01/1997	$2,779.50	0.0%	0.0%	Y	Referral Requirec
E0463	PRESSURE SUPPORT VENTILATOR W VOLUME CONTROL MODE, MAY INC PRESSURE MODE	01/01/2005	$14,001.40	0.0%	0.0%	Y	Referral Requirec
E0464	PRESSURE SUPPORT VENTILATOR W VOLUME CONTROL MODE, W NON INVASIVE INTERFACE	01/01/2006	$1,406.38	0.0%	0.0%	Y	Referral Requirec
E0470	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY W/O BACKUP RATE FEATURE	01/01/2004	$2,619.90	0.0%	0.0%	Y	Referral Requirec
E0471	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY W/BACKUP RATE FEATURE	01/01/2004	$6,556.60	0.0%	0.0%	Y	Referral Requirec
E0472	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY W/BACKUP RATE FEATURE	01/01/2004	$6,556.60	0.0%	0.0%	Y	Referral Requirec
E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC,HOME MODEL	03/01/1997	$419.10	0.0%	0.0%	N	Referral Requirec
E0482	COUGH STIMULATING DEVICE ALTERNATING POSITION AND NEGATIVE AIRWAY PRESSURE	01/01/2003	$4,278.90	0.0%	0.0%	Y	Referral Requirec
E0483	HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM, EACH	01/01/2003	$10,631.30	0.0%	0.0%	Y	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
E0484	OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRIC, ANY TYPE, EACH	01/01/2003	$36.92	0.0%	0.0%	Y	Referral Requirec
E0485	ORAL DEVICE APPLIANCE TO REDUCE UPPER AIRWAY COLLAPSIBILITY, PRE-FAB	01/01/2006	$0.00	0.0%	0.0%	Y	Referral Requirec
E0486	ORAL DEVICE APPLIANCE TO REDUCE UPPER AIRWAY COLLAPSIBILITY, CUSTOM-FAB	01/01/2006	$0.00	0.0%	0.0%	Y	Referral Requirec
E0500	IPPB MACHINE, ALL TYPES W/NEBULIZER-MONTHLY RENTAL	06/01/2002	$961.70	0.0%	0.0%	Y	Referral Requirec
E0550	HUMIDIFIER EXTENSIVE SUPP HUMID FOR IPPB TX OR 02	04/01/1998	$478.10	0.0%	0.0%	N	Referral Requirec
E0555	HUMIDIFER DURABLE GLASS/PLASTIC BOTTLE; USE W/REG	01/01/1993	$4.04	0.0%	0.0%	N	Referral Requirec
E0560	HUMIDIFIER FOR SUPPLEMENTAL DURING IPPB TX OR 02 D	03/01/1997	$152.74	0.0%	0.0%	Y	Referral Requirec
E0561	HUMIDIFIER, NON-HEATED USED W/POSITIVE AIR-WAY PRESSURE DEVICE	01/01/2004	$102.06	0.0%	0.0%	N	Referral Requirec
E0562	HUMIDIFIER, HEATED, USED W/POSITIVE AIR-WAY PRESSURE DEVICE	01/01/2004	$287.31	0.0%	0.0%	N	Referral Requirec
E0565	COMPRESSOR-AIR FOR DME NOT SELF CONTAINED, PUR.PRI	03/01/1998	$560.05	0.0%	0.0%	N	Referral Requirec
E0570	NEBULIZER WITH COMPRESSOR EG DEVILBISS, PULMO-AID	11/24/1997	$188.20	0.0%	0.0%	N	Referral Requirec
E0571	AEROSOL COMPRESSOR BATTERY POWERED FOR USE WITH SMALL VOLUME NEBULIZER	01/01/2004	$286.70	0.0%	0.0%	Y	Referral Requirec
E0572	AEROSOL COMPRESSOR ADJUSTABLE PRESSURE LIGHT DUTY FOR INTERMITTENT USE	01/01/2001	$36.45	0.0%	0.0%	N	Referral Requirec
E0574	ULTRASONIC GENERATOR WITH SMALL VOLUME ULTRASONIC NEBULIZER	01/01/2001	$38.53	0.0%	0.0%	N	Referral Requirec
E0575	NEBULIZER, SELF-CONTAINED ULTRASONIC; PURCHASE PRI	03/01/1998	$953.50	0.0%	0.0%	Y	Referral Requirec
E0580	NEBULIZER DURABLE BOTTLE TYPE	07/01/1999	$127.85	0.0%	0.0%	N	Referral Requirec
E0585	NEBULIZER, W/COMPRESSOR AND HEATER; PURCHASE PRICE	03/01/1997	$284.30	0.0%	0.0%	N	Referral Requirec
E0600	SUCTION PUMP HOME MODEL PORTABLE	03/01/1997	$436.70	0.0%	0.0%	N	Referral Requirec
E0601	NASAL CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	03/01/1997	$1,065.50	0.0%	0.0%	Y	Referral Requirec
E0602	BREAST PUMP ALL TYPES	01/01/2003	$22.83	0.0%	0.0%	N	Referral Requirec
E0603	BREAST PUMP; ELECTRIC, ANY TYPE	01/01/2002	$394.34	0.0%	0.0%	N	Referral Requirec
E0605	VAPORIZER, ROOM TYPE	03/01/1997	$25.21	0.0%	0.0%	Y	Referral Requirec
E0606	POSTURAL DRAINAGE BOARD MONITORING EQUIPMENT	03/01/1997	$218.80	0.0%	0.0%	Y	Referral Requirec
E0607	HOME BLOOD GLUCOSE MONITOR	03/01/1997	$63.73	0.0%	0.0%	N	Referral Requirec
E0610	PACEMAKER MON,SELF CONT CHEC BATT DEPLET/PACEMAK	03/01/1997	$214.30	0.0%	0.0%	Y	Referral Requirec
E0615	PACEMAKER MONITOR	03/01/1997	$456.71	0.0%	0.0%	Y	Referral Requirec
E0617	EXTERNAL DEFIBRILLATOR WITH INTEGRATION ELECTROCARDIOGRAM ANALYSIS	04/01/2009	$3,192.50	0.0%	0.0%	N	Referral Requirec
E0619	APNEA MONITOR, WITH RECORDING FEATURE	01/01/2003	$2,228.40	0.0%	0.0%	Y	Referral Requirec
E0621	SLING OR SEAT CANVAS OR NYLON	03/01/1997	$83.58	0.0%	0.0%	N	Referral Requirec
E0625	PATIENT LIFT, KARATOP, BATHROOM OR TOILET	01/01/1998	$0.00	0.0%	0.0%	N	Referral Requirec
E0627	SEAT LIFT MECHANISM INCORP INTO LIFT CHAIR MECHANT	01/01/2003	$321.75	0.0%	0.0%	N	Referral Requirec
E0628	SEPERATE SEAT LIFT MECHANISM W/PATIENT OWNED ELECT	03/01/1997	$321.75	0.0%	0.0%	N	Referral Requirec
E0629	SEPERATE SEAT LIFT MECHANISM W/PATIENT OWNED NON-E	03/01/1997	$315.44	0.0%	0.0%	N	Referral Requirec
E0630	HYDRAULIC PT LIFT W/SEAT OR SLING	03/01/1997	$947.90	0.0%	0.0%	N	Referral Requirec
E0635	PT LIFT ELECTRIC W/SEAT OR SLING	04/01/1998	$1,167.10	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
E0636	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, LIFT, PATIENT ACCESSIBLE CONTROLS	01/01/2003	$10,545.60	0.0%	0.0%	Y	Referral Required
E0637	COMBINATION SIT TO STAND SYSTEM, ANY SIZE, W/SEAT LIFT FEATURE, W OR W/O WHEELS	01/01/2004	$0.00	0.0%	0.0%	Y	Referral Required
E0638	STANDING FRAME SYSTEM, ANY SIZE, W OR W/O WHEELS	01/01/2004	$0.00	0.0%	0.0%	Y	Referral Required
E0639	PATIENT LIFT, MOVEABLE FROM ROOM TO ROOM W DISASSEMBLY AND REASSEMBLY	01/01/2005	$0.00	0.0%	0.0%	Y	Referral Required
E0640	PATIENT LIFT, FIXED SYSTEM, INCLUDES ALL COMPONENTS/ACCESSORIES	01/01/2005	$0.00	0.0%	0.0%	Y	Referral Required
E0641	STANDING FRAME SYSTEM, MULTI POSITION	01/01/2006	$0.00	0.0%	0.0%	Y	Referral Required
E0642	STANDING FRAME SYSTEM, MOBILE ANY SIZE INCL PEDIATRIC	01/01/2006	$0.00	0.0%	0.0%	Y	Referral Required
E0650	PNEUMATIC COMPRESSOR HOME MODEL (LYMPHODEMA PUMP)	03/01/1997	$686.96	0.0%	0.0%	N	Referral Required
E0651	PNEUMATIC COMPRESSOR SEGMENTAL HOME MODEL (LUMPHAT	03/01/1997	$876.02	0.0%	0.0%	Y	Referral Required
E0652	PNEU COMP SEG HOME MOD(LYMP PUMP)W/ CAL GRAD PRESS	01/01/2001	$4,311.06	0.0%	0.0%	Y	Referral Required
E0655	PNEUMATIC APPL FOR USE WITH PNEUMATIC COMPRES HALE	03/01/1997	$102.94	0.0%	0.0%	Y	Referral Required
E0660	PNEUMATIC APPL USE WITH PNEUMATIC COMP, FULL LEG	03/01/1997	$152.37	0.0%	0.0%	Y	Referral Required
E0665	PNEUMATIC APPL USE WITH PNEUMATIC COMP, FULL ARM	03/01/1997	$130.67	0.0%	0.0%	Y	Referral Required
E0666	PNEUMATIC APPLFOR USE WITH PNEUMATIC COMPR HALF L	03/01/1997	$131.71	0.0%	0.0%	Y	Referral Required
E0667	PNEUM APPL FOR USE W/ SEGM PNEUM COMPRESSOR, LEG	03/01/1997	$308.82	0.0%	0.0%	N	Referral Required
E0668	PNEUM APPL FOR USE W/ SEGM PNEUM COMPRESSOR, ARM	03/01/1997	$358.26	0.0%	0.0%	N	Referral Required
E0669	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	03/01/1997	$183.31	0.0%	0.0%	N	Referral Required
E0671	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG	01/01/2005	$415.35	0.0%	0.0%	Y	Referral Required
E0672	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM	01/01/2005	$322.72	0.0%	0.0%	Y	Referral Required
E0673	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALF LEG	01/01/2005	$268.17	0.0%	0.0%	Y	Referral Required
E0676	INTERMITTENT LIMB COMPRESSION DEVICE (INCL ACCESSORIES), NOT OTHERWISE SPECIFIED	01/01/2007	$0.00	0.0%	0.0%	Y	Referral Required
E0691	UV LIGHT THERAPY PANEL, INC. BULBS, TIMER, EYE PROTECT; TX AREA 2 SQ. FT OR LESS	01/01/2003	$898.59	0.0%	0.0%	Y	Referral Required
E0692	UV LIGHT THERAPY PANEL, INC. BULBS, TIMER, EYE PROTECT; 4 FOOT PANEL	01/01/2003	$1,128.37	0.0%	0.0%	Y	Referral Required
E0693	UV LIGHT THERAPY PANEL, INC. BULBS, TIMER, EYE PROTECTION, 6 FOOT PANEL	01/01/2003	$1,390.98	0.0%	0.0%	Y	Referral Required
E0694	UV MULTIDIRECTIONAL LIGHT THERAPY SYSTEM IN 6 FOOT CABINET, INC. BULBS, TIMER, E	01/01/2003	$4,427.34	0.0%	0.0%	Y	Referral Required
E0700	SAFETY EQUIP, DEVICE OR ACCESSORY, ANY TYPE	05/01/2003	$0.00	0.0%	0.0%	N	Referral Required
E0705	TRANSFER BOARD OR DEVICE, ANY TYPE, EACH	01/01/2006	$48.34	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 LEAD LG AREA/MLTPL NERVE STIMULATION	03/01/1997	$353.45	0.0%	0.0%	Y	Referral Required
E0731	FORM FITTING CONDUCTIVE GARMET FOR DELIV OF TENS/N	03/01/1997	$297.45	0.0%	0.0%	Y	Referral Required
E0740	INCONTINENCT TX SYSTEM, PELVIC FLOOR STIMULATOR, MONITOR, SENSOR AND/OR TRAINER	04/01/2009	$549.01	0.0%	0.0%	Y	Referral Required
E0744	NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS	03/01/1997	$870.34	0.0%	0.0%	Y	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
E0745	NEUROMUSCUL STIMUL, ELECTRON SHOCK UN NON-CLIN MOD	03/01/1997	$873.40	0.0%	0.0%	Y	Referral Requirec
E0746	ELECTROMYOGRAPHY (EMG) FEEDBACK DEVICE	11/01/1993	$0.00	0.0%	0.0%	N	Referral Requirec
E0747	OSTEOGENESIS STIMULATOR (NON-INVASIVE)	03/01/1997	$3,364.35	0.0%	0.0%	Y	Referral Requirec
E0748	OSTEOGENIC STIMULATOR, ELECTRICAL, NONINVASIVE, SPINAL APPLICATIONS	04/01/1997	$3,342.55	0.0%	0.0%	Y	Referral Requirec
E0749	OSTEOGENESIS STIMULATOR (SURGICALLY IMPLANT)	03/01/1997	$2,443.00	0.0%	0.0%	Y	Referral Requirec
E0760	OSTEOGENESIS STIMULATOR,LOW INTENSITY,ULTRASOUND	01/01/2003	$2,778.50	0.0%	0.0%	Y	Referral Requirec
E0762	TRANSCUTANEOUS ELECTRICAL JOINT STIMULATION INCL ALL ACCESSORIES	04/01/2009	$1,154.54	0.0%	0.0%	Y	Referral Requirec
E0764	FUNCTIONAL NEUROMUSCULAR STIMULATOR	04/01/2006	$1,077.87	0.0%	0.0%	Y	Referral Requirec
E0765	FDA APPROVED NEUROSTIMULATOR W/ REPLACEABLE BATTERIES NAUSEA/VOMITING	04/01/2009	$88.34	0.0%	0.0%	N	Referral Requirec
E0769	ELECTRICAL STIMULATION OR ELECTROMAGNETIC WOUND TREATMENT DEVICE, NOC	01/01/2005	$0.00	0.0%	0.0%	Y	Referral Requirec
E0770	FUNCT ELECT STIM, TRNSCUT STIM NRV &/OR MSCL GRPS, ANY TYPE, CMPLT SYST, NOS	01/01/2009	$0.00	0.0%	0.0%	N	Referral Requirec
E0776	IV POLE	03/01/1997	$250.00	0.0%	0.0%	N	Referral Requirec
E0779	AMBULATORY INFUSION PUMP; MECHANICAL REUSABLE FOR INFUSION; 8 HR OR GREATER	01/01/2000	$16.01	0.0%	0.0%	N	Referral Requirec
E0780	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE FOR INFUSION LESS THAN 8 HOURS	01/01/2000	$9.92	0.0%	0.0%	N	Referral Requirec
E0781	EXTERNAL AMB INFUSION PUMP W/ADMIN EQUIP	01/01/2006	$2,648.70	0.0%	0.0%	N	Referral Requirec
E0782	PARENTERAL INFUSION PUMP, IMPLANTABLE	04/01/1997	$3,688.52	0.0%	0.0%	Y	Referral Requirec
E0783	INFUSION PUMP, IMPLANTABLE, PROGRAMMABLE	04/01/1997	$6,811.54	0.0%	0.0%	Y	Referral Requirec
E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN (PP)	11/01/1997	$4,495.00	0.0%	0.0%	Y	Referral Requirec
E0786	IMPLANTABLE PROGRAMMABLE INFUSION PUMP REPLACEMENT	01/01/2001	$6,831.39	0.0%	0.0%	N	Referral Requirec
E0791	PARENTERAL INFUSION PUMP,STATIONARY-SINGLE/MULTICH	03/01/1998	$3,016.00	0.0%	0.0%	N	Referral Requirec
E0830	AMBULATORY TRACTION DEVICE; ALL TYPES; EACH	01/01/2001	$0.00	0.0%	0.0%	N	Referral Requirec
E0840	TRACTION FRAME ATTACH TO HEADBOARD SIMPLE CERVICAL	03/01/1997	$69.89	0.0%	0.0%	N	Referral Requirec
E0849	TRACTION EQUIPMENT, CERVICAL FREE STANDING STAND/FRAME, PNEUMATIC APPLYING TRACT	01/01/2005	$515.31	0.0%	0.0%	N	Referral Requirec
E0850	TRACTION STAND,FREE STANDING,CERVICAL TRACTION	03/01/1997	$88.99	0.0%	0.0%	N	Referral Requirec
E0855	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME	07/01/1998	$471.40	0.0%	0.0%	N	Referral Requirec
E0856	CERVICAL TRACTION DEVICE, CERVICAL COLLAR W/INFLATABLE AIR BLADDER	04/01/2009	$161.73	0.0%	0.0%	N	Referral Requirec
E0860	OVERDOOR CERVICAL TRACTION PER EXTREMITY	03/01/1997	$36.75	0.0%	0.0%	N	Referral Requirec
E0870	TRAC FRAME,ATT TO FOOTBOARD SIMP EXTREM TRAC BUCK	03/01/1997	$110.94	0.0%	0.0%	N	Referral Requirec
E0880	TRAC STAND-FREE STAND-SIMPLE EXTREM TRAC EG BUCKS	03/01/1997	$119.74	0.0%	0.0%	N	Referral Requirec
E0890	TRAC FRAME ATTACH TO FOOTBOARD,SIMP PELVIC TRACT	03/01/1997	$114.85	0.0%	0.0%	N	Referral Requirec
E0900	TRAC STA FREE STAND SIMPL PELVIC TRAC TRAP EQUIP	03/01/1997	$122.21	0.0%	0.0%	N	Referral Requirec
E0910	TRAPEZE BARS ATT TO BED W/GRAB BAR	03/01/1997	$177.20	0.0%	0.0%	N	Referral Requirec
E0911	TRAPEZE BAR, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 LBS, ATTACHED TO BED	04/01/2006	$49.85	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
E0912	TRAPEZE BAR, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 LBS, FREESTANDING	04/01/2006	$1,201.94	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 WEIGHTS	03/01/1997	$435.80	0.0%	0.0%	N	Referral Required
E0935	PASSIVE MOTION EXERCISE DEVICE (PURCHASE PRICE)	07/01/1997	$184.30	0.0%	0.0%	Y	Referral Required
E0940	TRAPEZE BAR FREE STANDING W/GRAB BAR	04/01/1998	$331.60	0.0%	0.0%	N	Referral Required
E0941	GRAVITY ASSISTED TRACT DEVICE, ANY TYPE	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 TRACTION DEV)	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 BED BALKEN 4 PO	03/01/1997	$564.30	0.0%	0.0%	Y	Referral Required
E0947	FRAC FRAME ATT FOR COMPLEX PELVIC TRAC	03/01/1997	$491.69	0.0%	0.0%	Y	Referral Required
E0948	FRAC FRAME ATT FOR COMPLEX CERVICAL TRAC	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, W OR W/O ANKLE STRAP, WHEELCHAIR ACCES, EACH	01/01/2005	$17.97	0.0%	0.0%	Y	Referral Required
E0952	TOE LOOP HOLDER ANY TYPE, WHEELCHAIR, EACH	03/01/1997	$17.97	0.0%	0.0%	Y	Referral Required
E0955	WHEELCHAIR ACCESS, HEADREST CUSHIONED, ANY TYPE	01/01/2004	$202.18	0.0%	0.0%	Y	Referral Required
E0956	WHEELCHAIR ACCESS, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE	01/01/2004	$98.58	0.0%	0.0%	Y	Referral Required
E0957	WHEELCHAIR ACCESS MEDIAL THIGH SUPPORT, ANY TYPE, EACH	01/01/2004	$137.93	0.0%	0.0%	Y	Referral Required
E0958	WHEELCHR ATT TO CONV ANY WHEELCHR TO ONE ARM DRIVE	03/01/1997	$416.20	0.0%	0.0%	Y	Referral Required
E0959	AMPUTEE ADAP DEV TO COMPEN TRAN OF WEIG LOST LIMIB	03/01/1997	$84.34	0.0%	0.0%	Y	Referral Required
E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHECT STRAPS, INCL ANY HARDWARE	01/01/2004	$63.80	0.0%	0.0%	Y	Referral Required
E0961	BRAKE EXTENSION FOR WHEELCHAIR	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	MANUAL WHEELCHAIR HAND RIMS WITH PROJECTIONS, ANY TYPE, REPLACEMENT EACH	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 ELEVATING LEG REST	03/01/1997	$39.05	0.0%	0.0%	Y	Referral Required
E0971	ANTI-TIPPING DEVICE WHEELCHAIR	03/01/1997	$53.30	0.0%	0.0%	Y	Referral Required
E0973	WHEELCHAIR ADJUST HGHT DETACH ARMS DESK/FULL	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
E0978	WHEELCHAIR ACCESSORY POSITIONING BELT/SAFTEY, BELT/PELVIC STRAP, EACH	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 UPHOLSTERY, REPLACEMENT ONLY, EACH	01/01/2004	$47.15	0.0%	0.0%	Y	Referral Required
E0982	WHEELCHAIR ACCESS BACK UPHOLSTERY, REPLACEMENT ONLY, EACH	01/01/2004	$51.53	0.0%	0.0%	Y	Referral Required
E0983	MANUAL WHEELCHAIR ACCESS, POWER ADD-ON TO CONVERT MANUAL TO MOTORIZED, JOYSTICK	01/01/2004	$2,383.90	0.0%	0.0%	Y	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
E0984	MANUAL WHEELCHAIR ACCESS, POWER ADD-ON TO CONVERT MANUAL TO MOTORIZED, TILLER	01/01/2004	$1,628.99	0.0%	0.0%	Y	Referral Required
E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	01/01/2004	$202.85	0.0%	0.0%	Y	Referral Required
E0986	MANUAL WHEELCHAIR ACCESSORY, POWER ASSIST, EACH	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
E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	01/01/2004	$4,113.02	0.0%	0.0%	Y	Referral Required
E1003	WHEELCHAIR ACCESS, POWER SEATING SYSTEM, RECLINE ONLY, W/0 SHEAR REDUCTION	01/01/2004	$4,391.30	0.0%	0.0%	Y	Referral Required
E1004	WHEELCHAIR ACCESS, POWER SEATING SYSTEM, RECLINE ONLY, W/MECH SHEAR REDUCTION	01/01/2004	$4,869.05	0.0%	0.0%	Y	Referral Required
E1005	WHEELCHAIR ACCESS POWER SEATING SYSTEM, RECLINE ONLY, W/POWER SHEAR REDUCTION	01/01/2004	$5,270.36	0.0%	0.0%	Y	Referral Required
E1006	WHEELCHAIR ACCESS, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, W/O SHEAR	01/01/2004	$6,455.70	0.0%	0.0%	Y	Referral Required
E1007	WHEELCHAIR ACCESS, POWER SEATING SYSTEM, TILT AND RECLINE, W/MECHAN SHEAR REDUCT	01/01/2004	$8,741.27	0.0%	0.0%	Y	Referral Required
E1008	WHEELCHAIR ACCESS POWER SEATING SYSTEM, COMB TILT/RECLINE W/POWER SHEAR REDUCT	01/01/2004	$8,742.05	0.0%	0.0%	Y	Referral Required
E1009	WHEELCHAIR ACCESS ADDITION TO POWER SEATING MECHANICALLY LINKED LEG ELEVATION	01/01/2004	$0.00	0.0%	0.0%	Y	Referral Required
E1010	WHEELCHAIR ACCESS ADDIT TO POWER SEATING SYSTEM, POWER LEG ELEV SYSTEM, PAIR	01/01/2004	$863.51	0.0%	0.0%	Y	Referral Required
E1011	MODIFY PED. SIZE WHEELCHAIR, WIDTH ADJUST PACKAGE (NOT DISPENSED W/INITIAL WC)	01/01/2003	$0.00	0.0%	0.0%	Y	Referral Required
E1014	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR	01/01/2003	$365.14	0.0%	0.0%	Y	Referral Required
E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	01/01/2003	$114.70	0.0%	0.0%	Y	Referral Required
E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	01/01/2003	$131.31	0.0%	0.0%	Y	Referral Required
E1017	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY/EXTRA HD MANUAL WC, EACH	01/01/2003	$0.00	0.0%	0.0%	Y	Referral Required
E1018	HEAVY DUTY SHOCK ABSORBER FOR HD/EXTRA HD POWER WHEELCHAIR, EACH	01/01/2003	$0.00	0.0%	0.0%	Y	Referral Required
E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR	01/01/2003	$243.41	0.0%	0.0%	Y	Referral Required
E1028	WC ACSSRY MNUAL SWNG AWAY, RETRCTBL OR REMVABL MNTNG HRDWR FOR JOY STCK	01/01/2004	$206.54	0.0%	0.0%	Y	Referral Required
E1029	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	01/01/2004	$369.54	0.0%	0.0%	Y	Referral Required
E1030	WHEELCHAIR ACCESSORY , VENTILATOR TRAY, GIMBALED	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, PATIENT WEIGHT CAPACITY LESS THAN 250 LBS	01/01/2003	$400.10	0.0%	0.0%	Y	Referral Required
E1039	TRANSPORT CHAIR, ADULT SIZE HEAVY DUTY PATIENT WEIGHT CAPACITY 250 LBS OR MORE	01/01/2006	$34.20	0.0%	0.0%	Y	Referral Required
E1050	FUL-RECLIN WHEELCHR FIX FULL LENG ARMS DETACH LEGR	03/01/1997	$825.70	0.0%	0.0%	Y	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
E1060	FUL-RECL WHEELCHR DETAC ARMS DESK OR FULL LEN SWIN	03/01/1997	$1,173.30	0.0%	0.0%	Y	Referral Required
E1065	POW ATTACH (TO CONV ANY WHEELCHR RO MOTOR WHEELCH)	03/01/1997	$2,773.02	0.0%	0.0%	Y	Referral Required
E1070	FUL-REC WHEELCHR DETACH ARMS (DESK OR FULL LEN) SW	03/01/1997	$1,044.70	0.0%	0.0%	Y	Referral Required
E1083	HEMI-WHEELCHR, FIX FULL LEN ARMS SW AW DETAC ELEVA	03/01/1997	$751.00	0.0%	0.0%	Y	Referral Required
E1084	HEMI WHEELCHR DETACH ARM DECK FULL LEN ARM SW AW	03/01/1997	$795.30	0.0%	0.0%	Y	Referral Required
E1085	HEMI-WHEELCHR, FIX FULL LEN ARM SW AW DETAC FOOR R	03/01/1997	$561.10	0.0%	0.0%	Y	Referral Required
E1086	HEMI-WHEELCHR DETACH ARM DESK OR FULL LEN SW AW DE	03/01/1997	$681.14	0.0%	0.0%	Y	Referral Required
E1087	HIGH STREN LIGHTWEI WHEELCH FIX FULL LEN ARM SW AW	03/01/1997	$1,206.70	0.0%	0.0%	Y	Referral Required
E1088	HIGH STREN LIGHTWEI WHEELCHR DETACH ARM DESK FLL L	03/01/1997	$1,438.81	0.0%	0.0%	Y	Referral Required
E1089	LTWGHT WHEELCAHIR FIX ARMS DETACH FOOT REST	03/01/1997	$1,146.50	0.0%	0.0%	Y	Referral Required
E1090	HIGH STREN LIGHTWEI WHEELCHR DETAC ARM FULL LENG S	03/01/1997	$1,298.80	0.0%	0.0%	Y	Referral Required
E1092	WIDE HEAVY DUTY WHEELCHAIR DETACH ARM SWING DET LE	03/01/1997	$1,225.70	0.0%	0.0%	Y	Referral Required
E1093	WIDE HEAVY DU WHEELCHR DETAC ARM DESK FULL LEN ARM	03/01/1997	$1,054.20	0.0%	0.0%	Y	Referral Required
E1100	SEMI-REC WHEELCHR FIX FULL LENG ARM SW AW DETAC EL	03/01/1997	$990.20	0.0%	0.0%	Y	Referral Required
E1110	SEMI-REC WHEELCHR DETAC ARM (DESK OR FULL LEN) ELE	03/01/1997	$969.60	0.0%	0.0%	Y	Referral Required
E1130	STANDARD WHEELCHAIR, FIXED ARMS, DETACT FOOTRESTS	03/01/1997	$381.20	0.0%	0.0%	Y	Referral Required
E1140	WHLCHR DETACH ARM DETACH RESTS (DESK LENGTH)	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 RESTS	03/01/1997	$549.50	0.0%	0.0%	Y	Referral Required
E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	01/01/2003	$2,366.09	0.0%	0.0%	Y	Referral Required
E1170	AMPU WHEELCHR FIX FULL LEN ARMS SW AW DET ELE LEGR	03/01/1997	$851.90	0.0%	0.0%	Y	Referral Required
E1171	AMPU WHEELCHR FIX FULL LEN ARMS WITHOUT FOOTRES LE	03/01/1997	$764.50	0.0%	0.0%	Y	Referral Required
E1172	AMPU WHEELCHR DETACH ARMS (DESK FULL LEN) NO FOOTR	03/01/1997	$934.20	0.0%	0.0%	Y	Referral Required
E1180	AMPU WHEELCHR DETAC ARMS (DESK FULL LEN SW AW FOO	03/01/1997	$966.60	0.0%	0.0%	Y	Referral Required
E1190	AMPU WHEELCHR DET ARM (DESK FULL LEN) AW ELE LE	03/01/1997	$1,116.70	0.0%	0.0%	Y	Referral Required
E1195	AMPU WHEELCHR FIX FULL LEN ARM SW AW DETAC FOOTRES	03/01/1997	$1,198.30	0.0%	0.0%	Y	Referral Required
E1200	AMPUTEE WHEELCHAIR FIXED ARMS DETACH LEG RESTS POW	03/01/1997	$829.90	0.0%	0.0%	Y	Referral Required
E1220	SPECIAL SIZED WHEELCHAIR	03/01/1997	$446.42	0.0%	0.0%	Y	Referral Required
E1221	WHEELCHAIR FIX ARM FOOTRESTS	03/01/1997	$385.10	0.0%	0.0%	Y	Referral Required
E1222	WHEELCH W/FIXED ARM EL LEG RESTS	03/01/1997	$646.60	0.0%	0.0%	Y	Referral Required
E1223	WHEELCHAIR W/DETACH ARM FOOTRESTS	03/01/1997	$706.00	0.0%	0.0%	Y	Referral Required
E1224	WHEELCHR WITH DETACH ARMS, ELEVATING LEGRESTS	03/01/1997	$662.50	0.0%	0.0%	Y	Referral Required
E1225	WHEELCHAIR ACCESS MANUAL SEMI-RECLIN BACK, (> THAN 15 DEG BUT < THAN 80 DEG), EA	03/01/1997	$431.10	0.0%	0.0%	Y	Referral Required
E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK (RECLINE > THAN 80 DEG), EA	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 WHEELCHAIR	03/01/1997	$267.30	0.0%	0.0%	Y	Referral Required
E1229	WHEELCHAIR, PEDIATRIC SIZE NOT ELSEWHERE SPECIFIED	01/01/2004	$0.00	0.0%	0.0%	Y	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
E1230	POW OPER VEH (3WH NON-HIGHW) IND BRAN NAME, MOD #	04/01/2001	$1,833.76	0.0%	0.0%	Y	Referral Required
E1231	WHEELCHAIR, PED. SIZE,TILT-IN-SPACE, RIGID, ADJUSTABLE, W/SITTING SYSTEM	01/01/2003	$0.00	0.0%	0.0%	Y	Referral Required
E1232	WHEELCHAIR, PED. SIZE,TILT-IN-SPACE, FOLDING, ADJ., W/SEATING SYSTEM	01/01/2003	$2,134.20	0.0%	0.0%	Y	Referral Required
E1233	WHEELCHAIR PED. SIZE,TILT-IN-SPACE, RIGID, ADJ. W/O SEATING SYSTEM	01/01/2003	$2,208.50	0.0%	0.0%	Y	Referral Required
E1234	WHEELCHAIR PEDIATRIC,TILT-IN-SPACE, FOLDING, ADJUSTABLE	01/01/2003	$1,923.20	0.0%	0.0%	Y	Referral Required
E1235	WHEELCHAIR, PED. SIZE, RIGID, ADJUSTABLE W/SEATING SYSTEM	01/01/2003	$1,851.90	0.0%	0.0%	Y	Referral Required
E1236	WHEELCHAIR, PED. SIZE, FOLDING, ADJ., W/SEATING SYSTEM	01/01/2003	$1,633.40	0.0%	0.0%	Y	Referral Required
E1237	WHEELCHAIR, PED. SIZE, RIGID, ADJ. W/O SEATING SYSTEM	01/01/2003	$1,648.10	0.0%	0.0%	Y	Referral Required
E1238	WHEELCHAIR, PED. SIZE, FOLDING, ADJ. W/O SEATING SYSTEM	01/01/2003	$1,718.60	0.0%	0.0%	Y	Referral Required
E1240	LIGHTWEIGHT WHEELCHAIR DETACH ARMS/DETACH LEG REST	03/01/1997	$982.60	0.0%	0.0%	Y	Referral Required
E1250	LGTWGHT WHEELCHAIR FIX ARM SWING DETACH FOOTRESTS	03/01/1997	$616.20	0.0%	0.0%	Y	Referral Required
E1260	LTWGHT WHEELCHAIR DETACH ARM DETACH FOOT (DESK LNG	07/01/1999	$755.70	0.0%	0.0%	Y	Referral Required
E1270	LTWGHT WHEELCH FIX ARM DETACH FL LEG REST, HVY DTY	03/01/1997	$752.90	0.0%	0.0%	Y	Referral Required
E1280	HEAVY DUTY WHEELCHR DETAC ARMS (DESK FULL LEN) LEG	03/01/1997	$125.20	0.0%	0.0%	Y	Referral Required
E1285	HEAVY DUTY WHEELCHR FIX FULL LEN ARM SW AW DETAC F	03/01/1997	$1,150.30	0.0%	0.0%	Y	Referral Required
E1290	HEAVY DUTY WHEELCHR DETACH ARM (DESK FULLLEN) SW A	03/01/1997	$1,014.60	0.0%	0.0%	Y	Referral Required
E1295	HEAVY DUTY WHEELCHR FIX FULL LEN ARM ELEVAT LEGRES	03/01/1997	$1,158.60	0.0%	0.0%	Y	Referral Required
E1296	SPEC WHEELCHR SEAT HEIGHT FROM FLOOR	03/01/1997	$411.68	0.0%	0.0%	Y	Referral Required
E1297	SPEC WHEELCHR SEAT DEPTH, BY UPHOLSTERY	03/01/1997	$99.78	0.0%	0.0%	Y	Referral Required
E1298	SPEC WHEELCHR SEAT DEPTH AND/OR WIDTH BY CONST	03/01/1997	$343.48	0.0%	0.0%	Y	Referral Required
E1353	REGULATOR RENTAL	07/01/1980	$10.00	0.0%	0.0%	N	Referral Required
E1354	O2 ACCESS, WHEEL CRT FOR PORT CYL OR PORT CONC, ANY TYPE, REPLACE ONLY, EA	01/01/2009	$0.00	0.0%	0.0%	N	Referral Required
E1355	STAND/RACK	04/01/2009	$22.40	0.0%	0.0%	N	Referral Required
E1356	O2 ACCESS, BATT PACK/CARTRIDGE FOR PORT CONCENTRATOR, ANY TYPE, REPLACE ONLY, EA	01/01/2009	$0.00	0.0%	0.0%	N	Referral Required
E1357	O2 ACCESSORY, BATRY CHRGR FOR PORT CONCENTRATOR, ANY TYPE, REPLACE ONLY, EA	01/01/2009	$0.00	0.0%	0.0%	N	Referral Required
E1358	O2 ACCESS, DC PWR ADAPT FOR PORT CONCENTRATOR, ANY TYPE, REPLACE ONLY, EA	01/01/2009	$0.00	0.0%	0.0%	N	Referral Required
E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	03/01/1997	$155.51	0.0%	0.0%	N	Referral Required
E1383	OXYGEN CONCEN HI HUMID SYS EQUIV TO 1708 CU. FT.	07/01/1999	$3,104.70	0.0%	0.0%	N	Referral Required
E1384	OXYGEN CONCEN HI HUMID SYS EQUIV TO 1952 CU. FT.	07/01/1999	$3,104.70	0.0%	0.0%	N	Referral Required
E1385	OXYGE CONCEN HI HUMID SYS EQUIV TO OVER 1952 CU FT	07/01/1999	$3,104.70	0.0%	0.0%	N	Referral Required
E1390	OXYGEN CONCENTRATOR CAPABLE OF DELIVERING 85% OR < O2 CONCENTRATION	01/01/2000	$2,173.40	0.0%	0.0%	N	Referral Required
E1391	OXYGEN CONCEN DUAL DELIVERY PORT, CAPABLEOF DELIVERING 85% OR GREATER CONCENTR	01/01/2006	$2,004.10	0.0%	0.0%	Y	Referral Required
E1392	PORTABLE OXYGEN CONCENTRATOR	05/01/2009	$516.30	0.0%	0.0%	N	Referral Required
E1399	DURABLE MEDICAL EQUIP NOT OTHERWISE CLASSIFIED	09/01/2008	$0.00	0.0%	0.0%	Y	Referral Required
E1405	OXYGEN/H20 VAPOR SYSTEM W/HEATED DELIVERY	06/01/2002	$2,483.10	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
E1406	OXYGEN/H20 VAPOR SYSTEM WO HEATED DELIVERY	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	KIDNEY DIALYSATE DELIVERY SYSTEM MACHINE, PUMP RECIRCULATING, AIR REMOVAL	04/01/2002	$1,984.50	0.0%	0.0%	Y	Referral Required
E1520	HEPARIN INFUSION PUMP FOR DIALYSIS	11/01/1989	$0.00	0.0%	0.0%	Y	Referral Required
E1530	AIR BUBBLE DETECTOR FOR DIALYSIS	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 DIALYSIS	11/01/1989	$0.00	0.0%	0.0%	Y	Referral Required
E1560	BLOOD LEAK DETECTOR FOR DIALYSIS	11/01/1989	$0.00	0.0%	0.0%	Y	Referral Required
E1570	ADJUSTABLE CHAIR, FOR ESRD PATIENTS	04/01/2002	$100.49	0.0%	0.0%	Y	Referral Required
E1575	TRANSDUCER PROTECTOR/FLUID BARRIERS, ANY SIZE EA	04/01/2002	$26.87	0.0%	0.0%	Y	Referral Required
E1580	UNIPUNCTURE CONTROL SYSTEM FOR DIALYSIS	11/01/1989	$0.00	0.0%	0.0%	Y	Referral Required
E1590	HEMODIALYSIS MACHINE, UNIT OR CYCLER	04/01/2002	$1,721.69	0.0%	0.0%	Y	Referral Required
E1592	AUTO INTERMITTENT PERITIONEAL DIALYSIS SYSTEM	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 FOR RENAL DIAL EQUIP	04/01/2002	$461.86	0.0%	0.0%	Y	Referral Required
E1610	REV OSMOSIS WAT PURIFIC SYS WAT PURIFIC SYS	04/01/2002	$614.64	0.0%	0.0%	Y	Referral Required
E1615	DEIONIZER WATER PURIFICATION SYSTEM	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 DIALYSIS SYSTEM	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 HEMODIALYSIS SYS	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, EACH	04/01/2002	$3.99	0.0%	0.0%	N	Referral Required
E1638	HEATING PAD FOR PERITONEAL DIALYSIS, EACH	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, NOT OTHERWISE SPECIFIED	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 REHAB.SYS-PKG.OF 6	01/01/2006	$10.61	0.0%	0.0%	Y	Referral Required
E1702	REPLACEMENT MEASURING SCALES-JAW MOTION REHAB- 200	01/01/2006	$22.57	0.0%	0.0%	Y	Referral Required
E1800	DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE	03/01/1997	$1,111.70	0.0%	0.0%	Y	Referral Required
E1801	BI-DIRECTIONAL STATIC PROGRESSIVESTRETCH ELBOW DEVICE RANGE OF MOTION ADJ W/CUFF	01/01/2001	$1,283.70	0.0%	0.0%	Y	Referral Required
E1802	DYNAMIC ADJ. FOREARM PRONATION/SUPINATION DEVICE, INC. SOFT INTERFACE MATERIAL	01/01/2003	$326.80	0.0%	0.0%	N	Referral Required
E1805	DYNAMIC ADJUSTABLE WRIST EXTENSION/FLEXION DEVICE	01/02/1997	$1,140.90	0.0%	0.0%	Y	Referral Required
E1806	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH WRIST DEVICE W/RANGE OF MOTION ADJ.	01/01/2002	$1,053.90	0.0%	0.0%	Y	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
E1810	DYNAMIC ADJUSTABLE KNEE EXTENSION/FLEXION DEVICE-	01/01/2003	$1,272.00	0.0%	0.0%	Y	Referral Required
E1811	BI-DIRECTIONAL PROGRESSIVE STRETCH KNEE DEVICE W/ ROM ADJUSTMENT, INCLUDES CUFF	01/01/2002	$1,334.60	0.0%	0.0%	Y	Referral Required
E1812	DYNAMIC KNEE EXTENSION/FLEXION DEVICE WITH ACTIVE RESISTANCE CONTROL	04/01/2009	$902.90	0.0%	0.0%	N	Referral Required
E1815	DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE	03/01/1997	$1,140.90	0.0%	0.0%	Y	Referral Required
E1816	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH ANKLE DEVICE W/ROM ADJUSTMENT W/CUFFS	01/01/2002	$1,355.70	0.0%	0.0%	Y	Referral Required
E1818	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH FOREARM PRONATION/ SUPINATION DEVICE	01/01/2002	$1,384.10	0.0%	0.0%	Y	Referral Required
E1820	SOFT INTERFACE MATERIAL, DYNAMIC ADJ. EXT/FLEX DEV	04/01/2009	$80.97	0.0%	0.0%	Y	Referral Required
E1821	REPLACEMENT SOFT INTERFACE MATERIAL/CUFFS FOR BI-DIRECTIONAL STRETCH DEVICE	01/01/2002	$104.72	0.0%	0.0%	Y	Referral Required
E1825	DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE	03/01/1997	$1,140.90	0.0%	0.0%	Y	Referral Required
E1830	DYNAMIC ADJUSTABEL TOE EXTENSION/FLEXION DEVICE	03/01/1997	$1,140.90	0.0%	0.0%	Y	Referral Required
E1840	DYNAMIC ADJUSTABLE SHOULDER FLEXION/ABDUCTION/ROTATION DEVICE W/SOFT INTERFACE	01/01/2002	$3,808.20	0.0%	0.0%	Y	Referral Required
E1902	COMMUNICATION BOARD NON-ELECTRONIC AUGMENTATION OR ALTERNATIVE COMMUNICATION	01/01/2002	$0.00	0.0%	0.0%	Y	Referral Required
E2000	GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY ELECTRIC	01/01/2002	$515.80	0.0%	0.0%	N	Referral Required
E2100	BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER	01/01/2002	$544.01	0.0%	0.0%	Y	Referral Required
E2101	BLOOD GLUCOSE MONITOR W/ INTEGRATE LANCING/BLOOD SAMPLE	01/01/2002	$187.63	0.0%	0.0%	Y	Referral Required
E2120	PULSE GENERATOR SYSTEM FOR TYMPANIC TREATMENT OF INNER EAR ENDOLYMPHATIC FLUID	01/01/2006	$283.52	0.0%	0.0%	Y	Referral Required
E2201	MANUAL WHEELCHAIR ACCESS, NONSTANDARD SEAT FRAME, WIDTH>= 20 INCH < 24 INCH	01/01/2004	$373.10	0.0%	0.0%	Y	Referral Required
E2202	MANUAL WHEELCHAIR ACCESS, NONSTANDARD SEAT FRAME WIDTH 24-27 INCHES	01/01/2004	$473.98	0.0%	0.0%	Y	Referral Required
E2203	MANUAL WHEELCHAIR ACCESS, NONSTANDARD SEAT FRAME DEPTH 20 < 22 INCHES	01/01/2004	$479.05	0.0%	0.0%	Y	Referral Required
E2204	MANUAL WHEELCHAIR ACCESS, NONSTANDARD SEAT FRAME DEPT 22-25 INCHES	01/01/2004	$813.40	0.0%	0.0%	Y	Referral Required
E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM W/O PROJECTIONS ANY TYPE, REPLACEM, EACH	04/01/2009	$33.71	0.0%	0.0%	Y	Referral Required
E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	04/01/2009	$42.01	0.0%	0.0%	Y	Referral Required
E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	04/01/2006	$42.62	0.0%	0.0%	Y	Referral Required
E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER	04/01/2006	$116.80	0.0%	0.0%	Y	Referral Required
E2209	WHEELCHAIR ACCESSORY, ARM TROUGH, EACH	04/01/2006	$105.39	0.0%	0.0%	Y	Referral Required
E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	04/01/2006	$6.55	0.0%	0.0%	Y	Referral Required
E2211	WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	04/01/2006	$34.77	0.0%	0.0%	Y	Referral Required
E2212	WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	04/01/2006	$5.78	0.0%	0.0%	Y	Referral Required
E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROP TIRE, ANY SIZE, EACH	04/01/2006	$29.91	0.0%	0.0%	Y	Referral Required
E2214	MANUAL ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	04/01/2006	$36.00	0.0%	0.0%	Y	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, EACH	04/01/2006	$9.45	0.0%	0.0%	Y	Referral Required
E2216	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, EACH	01/01/2006	$0.00	0.0%	0.0%	Y	Referral Required
E2217	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, EACH	01/01/2006	$0.00	0.0%	0.0%	Y	Referral Required
E2218	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, EACH	01/01/2006	$0.00	0.0%	0.0%	Y	Referral Required
E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, EACH	04/01/2006	$41.85	0.0%	0.0%	Y	Referral Required
E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID RUBBER/PLASTIC PROPLUSION TIRE	04/01/2006	$28.52	0.0%	0.0%	Y	Referral Required
E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID RUBBER/PLASTIC CASTER TIRE, EACH	04/01/2006	$25.12	0.0%	0.0%	Y	Referral Required
E2222	MANUAL WHEELCHAIR ACC, SOLID RUBBER/PLASTIC CASTER TIRE W/ INTEGRATED WHEEL	04/01/2006	$21.06	0.0%	0.0%	Y	Referral Required
E2224	MANUAL WHEELCHAIR ACC, PROPULSION WHEELS, EXCLUDES TIRE, EACH	04/01/2006	$92.46	0.0%	0.0%	Y	Referral Required
E2225	MANUAL WHEELCHAIR ACC, CASTER WHEEL, EXCLUDES TIRE, EACH	04/01/2006	$17.40	0.0%	0.0%	Y	Referral Required
E2226	MANUAL WHEELCHAIR ACC, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	04/01/2006	$37.94	0.0%	0.0%	Y	Referral Required
E2227	MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EA	04/01/2009	$1,647.59	0.0%	0.0%	N	Referral Required
E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM/LOCK, COMPLETE, EA	04/01/2009	$983.07	0.0%	0.0%	N	Referral Required
E2230	MANUAL WC ACCESSORY, MANUAL STANDING SYSTEM	01/01/2009	$0.00	0.0%	0.0%	Y	Referral Required
E2231	MAN WC ACCESS, SOLID SEAT SUPP BASE (REPLACES SLING SEAT), INCL/MOUNTING HARDWR	04/01/2009	$161.36	0.0%	0.0%	N	Referral Required
E2291	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	01/01/2005	$0.00	0.0%	0.0%	Y	Referral Required
E2292	SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	01/01/2005	$0.00	0.0%	0.0%	Y	Referral Required
E2293	BACK CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCL FIXED ATTACHING HARDWARE	01/01/2005	$0.00	0.0%	0.0%	Y	Referral Required
E2294	SEAT CONTOURED FOR PEDIATRIC SIZE WHEELCHAIR INCL FIXED ATTACHING HARDWARE	01/01/2005	$0.00	0.0%	0.0%	Y	Referral Required
E2295	MAN WC ACESY, PED WC, DYNAM SEAT FRM, FOR COORD MOV OF MULT POSITION FEATURES	01/01/2009	$0.00	0.0%	0.0%	Y	Referral Required
E2300	POWER WHEELCHAIR ACCESS POWER SEAT ELEVATION SYSTEM	01/01/2004	$0.00	0.0%	0.0%	Y	Referral Required
E2301	POWER WHEELCHAIR ACCESS, POWER STANDING SYSTEM	01/01/2004	$0.00	0.0%	0.0%	Y	Referral Required
E2310	POWER WHEELCHAIR ACCESS, ELECTRONIC CONNECTION BETWEEN CHAIR AND CONTROLLER	01/01/2004	$1,170.02	0.0%	0.0%	Y	Referral Required
E2311	POWER WHEELCHAIR ACCESS, ELECTRONIC CONN BETWEEN CHAIR AND CONTROLLER	01/01/2004	$2,369.20	0.0%	0.0%	Y	Referral Required
E2312	POWER WHEELCHAIR ACCESS, HAND/CHIN CONTROL INTERFACE, REMOTE JOYSTICK	01/01/2008	$1,939.18	0.0%	0.0%	N	Referral Required
E2313	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER	01/01/2008	$307.93	0.0%	0.0%	N	Referral Required
E2321	POWER WHEELCHAIR ACCESS, HAND OR CONTROL INTERFACE, REMOTE JOYSTICK	01/01/2004	$1,532.90	0.0%	0.0%	Y	Referral Required
E2322	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULT MECH SWITCHES	01/01/2004	$1,410.36	0.0%	0.0%	Y	Referral Required
E2323	POWER WHEELCHAIR ACCESS HAND CONTROL INTERFACE, JOYSTICK PREFAB	01/01/2007	$69.16	0.0%	0.0%	Y	Referral Required
E2324	POWER WHEELCHAIR ACCESS, CHIN CUP FOR CHIN CONTROL INTERFACE	01/01/2004	$44.49	0.0%	0.0%	Y	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
E2325	POWER WHEELCHAIR ACCESS, SIP AND PUFF INTERFACE, NONPROPORT. W/ALL ELECTRONICS	01/01/2004	$1,346.83	0.0%	0.0%	Y	Referral Required
E2326	POWER WHEELCHAIR ACCESS, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE	01/01/2004	$319.60	0.0%	0.0%	Y	Referral Required
E2327	POWER WHEELCHAIR ACCESS, HEAD CONTROL INTERFACE, MECHANICAL W ELECTRONICS	01/01/2004	$2,306.14	0.0%	0.0%	Y	Referral Required
E2328	POWER WHEELCHAIR ACCESS, HEAD CONTROL INTERFACE W ELECTRONICS	01/01/2004	$3,877.33	0.0%	0.0%	Y	Referral Required
E2329	POWER WHEELCHAIR ACCESS, HEAD CONTROL INTERFACE, CONTROL SWITCH MECHANISM	01/01/2004	$1,730.31	0.0%	0.0%	Y	Referral Required
E2330	POWER WHEELCHAIR ACCESS, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM	04/01/2009	$3,096.99	0.0%	0.0%	Y	Referral Required
E2331	POWER WHEELCHAIR ACCESS, ATTENDANT CONTROL INTERFACE PROPORT. ELECTRONICS	01/01/2004	$0.00	0.0%	0.0%	Y	Referral Required
E2340	POWER WHEELCHAIR ACCESS NONSTANDARD SEAT FRAME WIDTH 20-23 INCHES	01/01/2004	$314.22	0.0%	0.0%	Y	Referral Required
E2341	POWER WHEELCHAIR ACCESSORY NONSTANDARD SEAT FRAME WIDTH 24-27 INCHES	01/01/2004	$462.97	0.0%	0.0%	Y	Referral Required
E2342	POWER WHEELCHAIR ACCESS, NONSTANDARD SEAT FRAME WIDTH 20-21 WIDTH	01/01/2004	$448.03	0.0%	0.0%	Y	Referral Required
E2343	POWER WHEELCHAIR ACCESS, NONSTANDARD SEAT FRAME WIDTH 22-25 INCHES	01/01/2004	$259.27	0.0%	0.0%	Y	Referral Required
E2351	POWER WHEELCHAIR ACCESS, ELECTRONIC INTERFACE FOR SPEECH GENERATING DEVICE	01/01/2004	$698.63	0.0%	0.0%	Y	Referral Required
E2360	POWER WHEELCHAIR ACCESS, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	01/01/2004	$107.16	0.0%	0.0%	Y	Referral Required
E2361	POWER WHEELCHAIR ACCESS, 22 NF NON-SEALED LEAD ACID BATTERY, (GEL CELL, ABSORBED	01/01/2004	$130.82	0.0%	0.0%	Y	Referral Required
E2362	POWER WHEELCHAIR ACCESS, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	01/01/2004	$86.27	0.0%	0.0%	Y	Referral Required
E2363	POWER WHEELCHAIR ACCESS, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	01/01/2004	$174.45	0.0%	0.0%	Y	Referral Required
E2364	POWER WHEELCHAIR ACCESS, U-1 NON-SEALED LEAD ACID BATTERY, EACH	01/01/2004	$112.34	0.0%	0.0%	Y	Referral Required
E2365	POWER WHEELCHAIR ACCESS, U-1 SEALED LEAD ACID BATTERY, EACH (GEL CELL GLASSMAT)	01/01/2004	$110.31	0.0%	0.0%	Y	Referral Required
E2366	POWER WHEELCHAIR ACCESS, BATTERY CHARGER, DUAL MODE FOR SEALED/NON-SEALED, EACH	01/01/2004	$228.79	0.0%	0.0%	Y	Referral Required
E2367	POWER WHEELCHAIR ACCESS BATTERY CHARGER, DUAL MODE, FOR USE W/EITHER BATTERY	01/01/2004	$419.08	0.0%	0.0%	Y	Referral Required
E2368	POWER WHEELCHAIR COMPONENT, MOTOR, REPLACEMENT ONLY	04/01/2009	$467.50	0.0%	0.0%	Y	Referral Required
E2369	POWER WHEELCHAIR COMPONENT, GEAR BOX, REPLACEMENT ONLY	04/01/2009	$407.20	0.0%	0.0%	Y	Referral Required
E2370	POWER WHEELCHAIR COMPONENT, MOTOR AND GEAR BOX COMBO, REPLACEMENT ONLY	09/01/2006	$802.84	0.0%	0.0%	Y	Referral Required
E2371	POWER WHEELCHAIR ACCESSORY GROUP 27 SEALED LEAD ACID BATTERY, EACH	04/01/2006	$150.74	0.0%	0.0%	Y	Referral Required
E2372	POWER WHEELCHAIR ACCESSORY GROUP 27 NON-SEALED LEAD ACID BATTERY, EACH	01/01/2006	$0.00	0.0%	0.0%	Y	Referral Required
E2373	POWER WHEELCHAIR ACC, HAND OR CHIN CONTROL INTERFACE	07/01/2007	$1,209.93	0.0%	0.0%	Y	Referral Required
E2374	POWER WHEELCHAIR ACC, HAND OR CHIN CONTROL INTERFACE, REPLACEMENT ONLY	07/01/2007	$534.02	0.0%	0.0%	Y	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
E2375	POWER WHEELCHAIR ACC, NON-EXPANDABLE CONTROL, INCL/ ELECT& MOUNTING HARDWARE	07/01/2007	$856.56	0.0%	0.0%	Y	Referral Required
E2376	POWER WHEELCHAIR ACC, EXPANDABLE CONTROLLER, REPLACEMENT ONLY	07/01/2007	$1,342.27	0.0%	0.0%	Y	Referral Required
E2377	POWER WHEELCHAIR ACC, UPGRADE PROVIDED AT INITIAL ISSUE	07/01/2007	$485.71	0.0%	0.0%	Y	Referral Required
E2381	POWER WHEELCHAIR ACC, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPL ONLY, EA.	07/01/2007	$74.90	0.0%	0.0%	N	Referral Required
E2382	POWER WHEELCHAIR ACC, TUBE/PNEUMATIC DRIVE WHEEL TIRE, ANY SZ, REPL ONLY, EA.	07/01/2007	$20.41	0.0%	0.0%	N	Referral Required
E2383	POWER WHEELCHAIR ACC, INSERT/PNEUMATIC WHEEL TIRE, ANY TYPE/SIZE, REPL ONLY, EA	07/01/2007	$149.34	0.0%	0.0%	N	Referral Required
E2384	POWER WHEELCHAIR ACC, PNEUMATIC CASTER TIRE, ANY SIZE, REPL ONLY, EA.	07/01/2007	$79.57	0.0%	0.0%	N	Referral Required
E2385	POWER WHEELCHAIR ACC, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPL ONLY, EA	07/01/2007	$48.67	0.0%	0.0%	N	Referral Required
E2386	POWER WHEELCHAIR ACC, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPL ONLY, EA	07/01/2007	$147.98	0.0%	0.0%	N	Referral Required
E2387	POWER WHEELCHAIR ACC, FOAM FILLED CASTER TIRE, ANY SIZE, REPL ONLY, EA	07/01/2007	$63.84	0.0%	0.0%	N	Referral Required
E2388	POWER WHEELCHAIR ACC, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPL ONLY, EA	07/01/2007	$50.39	0.0%	0.0%	N	Referral Required
E2389	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	07/01/2007	$27.36	0.0%	0.0%	N	Referral Required
E2390	POWER WHEELCHAIR ACC, SOLID RUBBER/PLASTIC WHEEL TIRE, ANY SZ, REPL ONLY, EA	07/01/2007	$42.79	0.0%	0.0%	N	Referral Required
E2391	POWER WHEELCHAIR ACC, SOLID RUBBER/PLASTIC CASTER TIRE , ANY SIZE, REPL ONLY, EA	07/01/2007	$20.50	0.0%	0.0%	N	Referral Required
E2392	POWER WHEELCHAIR ACC, SOLID RUBBER/PLASTIC CASTER TIRE W/ INTEGRATED WHEEL	07/01/2007	$53.88	0.0%	0.0%	N	Referral Required
E2394	POWER WHEELCHAIR ACC, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT EA	07/01/2007	$76.75	0.0%	0.0%	N	Referral Required
E2395	POWER WHEELCHAIR ACC, CASTER WHEEL EXCL TIRE, ANY SIZE, REPL ONLY, EA	07/01/2007	$54.55	0.0%	0.0%	N	Referral Required
E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	07/01/2007	$63.62	0.0%	0.0%	N	Referral Required
E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	04/01/2009	$434.84	0.0%	0.0%	N	Referral Required
E2399	POWER WHEELCHAIR ACCESS, NOT ELSE CLASSIFIED INTERFACE, W ALL ELECTRONICS	01/01/2004	$0.00	0.0%	0.0%	Y	Referral Required
E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	01/01/2004	$17,164.60	0.0%	0.0%	Y	Referral Required
E2500	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGE<=8 MIN	01/01/2004	$374.13	0.0%	0.0%	Y	Referral Required
E2502	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGE>8 MINUTES	01/01/2004	$1,195.80	0.0%	0.0%	Y	Referral Required
E2504	SPEECH GENERATING DEVICE DIGITIZED SPEECH, PRE-RECORDED > 20 MINUTES<=40 MINUTES	01/01/2004	$1,577.42	0.0%	0.0%	Y	Referral Required
E2506	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, PRE-RECORDED > 40 MINUTES	01/01/2004	$2,312.96	0.0%	0.0%	Y	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
E2508	SPEECH GENERATING DEVICE, SYNTH SPEECH REQ MESSAGE FORMULATION BY SPELLING	04/01/2004	$3,576.61	0.0%	0.0%	N	Referral Required
E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS	01/01/2004	$6,475.12	0.0%	0.0%	Y	Referral Required
E2511	SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR DIGITAL ASSIST	01/01/2004	$0.00	0.0%	0.0%	Y	Referral Required
E2512	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM	01/01/2004	$0.00	0.0%	0.0%	Y	Referral Required
E2599	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED	01/01/2004	$0.00	0.0%	0.0%	Y	Referral Required
E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAT 22 INCHES, ANY DEPTH	09/01/2006	$61.16	0.0%	0.0%	Y	Referral Required
E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCH OR GREATER, ANY DEPTH	09/01/2006	$119.40	0.0%	0.0%	Y	Referral Required
E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCH, ANY DEPTH	09/01/2006	$151.59	0.0%	0.0%	Y	Referral Required
E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCH OR GREATER, ANY DEPTH	09/01/2006	$188.41	0.0%	0.0%	Y	Referral Required
E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCH, ANY DEPTH	09/01/2006	$269.17	0.0%	0.0%	Y	Referral Required
E2606	POSITIONING WHEELCHAIR SEAT CUSHION WIDTH 22 INCH OR GREATER, ANY DEPTH	09/01/2006	$419.93	0.0%	0.0%	Y	Referral Required
E2607	SKIN PROTECTION/POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES	09/01/2006	$289.85	0.0%	0.0%	Y	Referral Required
E2608	SKIN PROTECTION/POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER	09/01/2006	$348.09	0.0%	0.0%	Y	Referral Required
E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE	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 CUSHION, WIDTH LESS 22 INCHES, ANY HEIGHT	01/01/2005	$308.01	0.0%	0.0%	Y	Referral Required
E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 IN OR GREATER, ANY HEIGHT	04/01/2009	$382.40	0.0%	0.0%	Y	Referral Required
E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCH	01/01/2005	$393.04	0.0%	0.0%	Y	Referral Required
E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH MORE THAN 22 INCHES	01/01/2005	$543.93	0.0%	0.0%	Y	Referral Required
E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR LATERAL, WIDTH LESS THAN 22 INCH	01/01/2005	$447.03	0.0%	0.0%	Y	Referral Required
E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR LATERAL, WIDTH MORE THAN 22 INCH	01/01/2005	$576.84	0.0%	0.0%	Y	Referral Required
E2617	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUD ANY TYPE MOUNTING	01/01/2005	$791.41	0.0%	0.0%	Y	Referral Required
E2619	REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH	04/01/2009	$46.44	0.0%	0.0%	Y	Referral Required
E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK W LATERAL SUPPORTS LESS 22 INCH	04/01/2009	$495.67	0.0%	0.0%	Y	Referral Required
E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK W LATERAL SUPP WIDTH > 22	04/01/2009	$520.16	0.0%	0.0%	Y	Referral Required
E8000	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCL ALL ACCESSORIES	01/01/2005	$0.00	0.0%	0.0%	Y	Referral Required
E8001	GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES	01/01/2005	$0.00	0.0%	0.0%	Y	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
E8002	GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCL ALL ACCESSORIES	01/01/2005	$0.00	0.0%	0.0%	Y	Referral Requirec
G0008	ADMIN OF INFLUENZA VIRUS VACCINE	05/01/2007	$16.83	0.0%	0.0%	N	
G0009	MEDICARE CROSSOVER-ADMIN PNEUMONOCOL VACCINE	05/01/2007	$16.83	0.0%	0.0%	N	
G0010	ADMINISTRATION HEPATITIS B VACCINE-MEDICARE XOVER	05/01/2007	$16.83	0.0%	0.0%	N	
G0026	AUTOMATED TESTING; STAINS AND SMEARS	01/01/1998	$5.90	0.0%	0.0%	N	Referral Requirec
G0050	BLADDER ULTRASOUND	07/01/2004	$27.13	0.0%	0.0%	N	Referral Requirec
G0105	COLORECTAL CANCER SCREENING; HIGH RISK INDIVIDUAL-COLONOSCOPY	07/01/2004	$379.19	0.0%	0.0%	N	
G0121	COLORECTAL CANCER SCREENING; COLONSCOPY ON PATIENT NOT IN HIGH RISK	01/01/2003	$371.03	0.0%	0.0%	N	
G0123	SCREENING CYTOPATHOLOGY, CERVICAL/VAGINAL, COLLECTION, BY TECH, PHYS. SUPRVSN	01/01/2004	$28.00	0.0%	0.0%	N	
G0127	TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER	04/01/1998	$26.19	0.0%	0.0%	N	Referral Requirec
G0166	EXTERNAL COUNTERPULSATION PER TREATMENT	01/01/2003	$172.25	0.0%	0.0%	N	Referral Requirec
G0168	WOUND CLOSURE UTILIZING TISSUE ADHESIVE(S) ONLY	07/01/2004	$92.11	0.0%	0.0%	N	Referral Requirec
G0179	PHYS. RECERT. FOR MEDICARE COVERED HOME HEALTH SERVICES PATIENT NOT PRESENT	07/01/2004	$55.61	0.0%	0.0%	N	Referral Requirec
G0180	PHYSICIAN CERTIFIED SERVICES PROVIDED BY A PARTICIPATING HOME HEALTHY AGENCY	07/01/2004	$66.21	0.0%	0.0%	N	Referral Requirec
G0182	PATIENT UNDER MEDICARE APPROVED HOSPICE - PATIENT NOT PRESENT	07/01/2004	$126.76	0.0%	0.0%	N	Referral Requirec
G0202	SCREENING MAMMOGRAPHY, DIRECT DIGITAL IMAGE, BILATERAL, ALL VIEWS	07/01/2004	$102.61	68.0%	32.0%	N	
G0204	DIAGNOSTIC MAMMOGRAPHY, PRODUCING DIRECT DIGITAL IMAGE, BILATERAL, ALL VIEWS	07/01/2004	$108.90	65.0%	35.0%	N	
G0206	DIAGNOSTIC MAMMOGRAPHY, PRODUCING DIRECT DIGITAL IMAGE, UNILATERAL, ALL VIEWS	07/01/2004	$87.85	65.0%	35.0%	N	
G0219	PET IMAGING WHOLE BODY MELANOMA FOR NON COVERED INDICATIONS	07/01/2004	$1,981.45	96.0%	4.0%	N	
G0235	PET IMAGING, ANY SITE, NOS	01/01/2006	$0.00	0.0%	0.0%	N	
G0246	FOLLOW UP PHYS. EVAL. & MANAGEMENT OF DIABETIC PATIENT W/SENSORY NEUROPATHY	07/01/2004	$31.81	0.0%	0.0%	N	Referral Requirec
G0256	PROSTATE BRACHYTHERAPY USING PERMANENTLY IMPLANTED PALLADIUM SEEDS	01/01/2003	$0.00	0.0%	0.0%	N	Referral Requirec
G0261	PROSTATE BRACHYTHERAPY USING PERMANENTLY IMPLANTED IODINE SEEDS INCLUDING TRANSP	01/01/2003	$0.00	0.0%	0.0%	N	Referral Requirec
G0270	MEDICAL NUTRITION THERAPY REASSESSMENT AND SUBSEQUENT INTERVENTIONS	07/01/2004	$15.04	0.0%	0.0%	N	Referral Requirec
G0281	ELECTRICAL STIMULTATION, (UNATTENDED) 1 OR MORE AREAS, FOR CHRONIC ULCERS	07/01/2009	$10.83	0.0%	0.0%	N	Referral Requirec
G0283	ELECTRICAL STIMULATION UNATTENDED TO ONE OR MORE AREAS OTHER THAN WOUND CARE	07/01/2009	$10.83	0.0%	0.0%	N	Referral Requirec
G0289	ARTHROSCOPY, KNEE; REMOVAL LOOSE BODY, DEBRIDEMENT/SHAVING ARTIC CART (SP)	07/01/2004	$74.20	0.0%	0.0%	N	
G0306	COMPLETE CBC AUTOMATED	01/01/2004	$10.74	0.0%	0.0%	N	Referral Requirec
G0307	COMPLETE CBC, AUTOMATED (HGB, HCT, RBC, WBC; W/O PLATELET COUNT)	01/01/2004	$8.46	0.0%	0.0%	N	Referral Requirec
G0328	FECAL BLOOD SCREENING IMMUNOASSAY	01/01/2004	$9.45	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
G0329	ELECTROMAG THERAPY, TO 1 OR MORE AREAS FOR CHRONIC STAGE III/IV PRESSURE ULCERS	01/01/2005	$7.08	0.0%	0.0%	N	Referral Required
G0339	IMAGE GUIDED ROBOTIC LINEAR ACCELERATOR BASE STEREOTATIC RADIOSURGERY	01/01/2004	$0.00	0.0%	0.0%	Y	Referral Required
G0340	IMAGE GUIDED ROBOTIC LINEAR ACCELERATOR BASED STEROTATIC RADIOSURGERY	01/01/2004	$0.00	0.0%	0.0%	Y	Referral Required
G0341	PERCUTANEOUS ISLET CELL TRANSPLANT, INCL PORTAL VEIN CATHETERIZATION & INFUSION	01/01/2005	$462.67	0.0%	0.0%	N	Referral Required
G0342	LAPAROSCOPY FOR ISLET CELL TRANSPLANT, INCL PORTAL VEIN CATHERIZATION & INFUSION	01/01/2005	$652.35	0.0%	0.0%	N	Referral Required
G0343	LAPAROTOMY FOR ISLET CELL TRANSPLANT,INCL PORTAL VEIN CATHETERIZATION & INFUSION	01/01/2005	$1,077.75	0.0%	0.0%	N	Referral Required
G0365	VESSEL MAPPING OF VESSELS FOR HEMODIALYSIS ACCESS	01/01/2005	$145.98	92.0%	8.0%	N	
G0389	ULTRASOUND B-SCAN &/OR REAL TIME W/IMAGE DOCUMENTATION; FOR ABD AORTIC ANEURYSM	01/01/2007	$74.06	68.0%	32.0%	N	
G0398	HOME SLEEP STUDY TEST W/TYPE II PORTABLE MONITOR UNATTENDED MIN 7 CHANNELS	01/01/2009	$163.02	67.0%	33.0%	N	Referral Required
G0399	HOME SLEEP STUDY TEST W/TYPE III PORTABLE MONITOR UNATTENDED MIN 4 CHANNELS	01/01/2009	$157.72	67.0%	33.0%	N	Referral Required
G0400	HOME SLEEP STUDY TEST W/TYPE IV PORTABLE MONITOR UNATTENDED MIN 3 CHANNELS	01/01/2009	$152.41	67.0%	33.0%	N	Referral Required
G0412	OPEN TX ILIAC SPINE UNI/BIL	01/01/2009	$629.58	0.0%	0.0%	N	Referral Required
G0413	PELVIC RING FX UNI/BIL	01/01/2009	$922.82	0.0%	0.0%	N	Referral Required
G0414	PELVIC RING FX TX INT FIX	01/01/2009	$872.52	0.0%	0.0%	N	Referral Required
G0415	OPEN TX POST PELVIC FX	01/01/2009	$1,195.57	0.0%	0.0%	N	Referral Required
G0416	SAT BIOPSY PROSTATE 1-20 SPC	01/01/2009	$566.66	69.0%	31.0%	N	Referral Required
G0417	SAT BIOPSY PROSTATE 21-40 SPC	01/01/2009	$1,100.37	70.0%	30.0%	N	Referral Required
G0418	SAT BIOPSY PROSTATE 41-60 SPC	01/01/2009	$1,889.72	69.0%	31.0%	N	Referral Required
G0419	SAT BIOPSY PROSTATE >60 SPC	01/01/2009	$2,240.23	70.0%	30.0%	N	Referral Required
G3001	ADMINISTRATION AND SUPPLY OF TOSITUMOMAB, 450 MG	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 - MAINTENANCE RATE	09/01/2008	$0.00	0.0%	0.0%	Y	Referral Required
G9007	COORDINATED CARE FEE, SCHEDULE TEAM CONFERENCE	07/01/2009	$11.04	0.0%	0.0%	Y	Referral Required
G9012	CHILDREN'S SERVICE COORDINATION PLAN DEVELOPMENT-PER 15 MINUTES	07/01/2009	$11.04	0.0%	0.0%	Y	Referral Required
G9141	INFLUENZA A (H1N1) IMMUNIZATION ADMINISTRATION, INCL PHYS COUNSELING THE PT/FAM	10/01/2009	$19.07	0.0%	0.0%	N	
H0004	BEHAVORIAL HEALTH COUNSELING AND THERAPY. PER 15 MINUTES	10/20/2003	$0.00	0.0%	0.0%	N	Referral Required
H0024	BEHAVORIAL HEALTH PREVENTION INFORMATION (ONE-WAY DIRECT OR NON-DIRECT)	10/20/2003	$0.00	0.0%	0.0%	Y	
H0031	MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN	07/01/2009	$0.00	0.0%	0.0%	N	Referral Required
H0032	MENTAL HEALTH SERVICE PLAN DEVELOPMENT BY NON-PHYSICIAN	10/20/2003	$0.00	0.0%	0.0%	Y	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
H0036	COMMTY PSYCHIATRIC SUPP TRETM, FACE-TO-FACE, PER 15 MIN - COMMTY REINTEGRATION	05/08/2009	$11.35	0.0%	0.0%	N	Referral Requirec
H2000	COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	10/20/2003	$0.00	0.0%	0.0%	N	Referral Requirec
H2011	CRISIS INTERVENTION SERVICE, PER 15 MINUTES	11/01/2005	$11.35	0.0%	0.0%	Y	
H2014	SKILLS TRAINING AND DEVELOPMENT, PER 15 MINUTES	10/20/2003	$0.00	0.0%	0.0%	N	Referral Requirec
H2015	COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER 15 MINUTES	09/01/2008	$0.00	0.0%	0.0%	Y	Referral Requirec
H2016	COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER DIEM	07/02/2006	$0.00	0.0%	0.0%	Y	
H2017	PSYCHOSOCIAL REHABILITATION SERVICES, PER 15 MINUTES	10/20/2003	$0.00	0.0%	0.0%	N	Referral Requirec
H2019	THERAPEUTIC BEHAVIORAL SERVICES, PER 15 MINUTES	10/20/2003	$0.00	0.0%	0.0%	Y	Referral Requirec
H2020	THERAPEUTIC BEHAVORIAL SERVICES, PER DIEM	10/20/2003	$0.00	0.0%	0.0%	Y	
H2021	COMMUNITY-BASED WRAP-AROUND SERVICES, PER 15 MINUTES	10/20/2003	$0.00	0.0%	0.0%	N	Referral Requirec
H2022	COMMUNITY BASED SERVICES - WRAP AROUND PER DIEM	07/01/2006	$225.32	0.0%	0.0%	Y	
H2023	SUPPORTED EMPLOYMENT, PER 15 MINUTES	10/20/2003	$0.00	0.0%	0.0%	Y	Referral Requirec
H2032	ACTIVITY THERAPY, PER 15 MINUTES	10/20/2003	$0.00	0.0%	0.0%	Y	Referral Requirec
J0120	INJ TETRAYCLINE UP TO 250 MG	06/01/1987	$13.00	0.0%	0.0%	N	Referral Requirec
J0128	INJECTION, ABARELIX, 10 MG	04/01/2007	$68.62	0.0%	0.0%	N	Referral Requirec
J0129	INJECTION, ABATACEPT, 10 MG (ORENCIA)	01/01/2008	$18.69	0.0%	0.0%	N	Referral Requirec
J0130	ABCIXIMAB INJECTION 10 MG	01/01/2008	$420.77	0.0%	0.0%	N	Referral Requirec
J0132	INJECTION, ACETLYCYSTEINE, 100MG	01/01/2008	$2.13	0.0%	0.0%	N	Referral Requirec
J0133	INJECTION, ACYCLOVIR, 5 MG	01/01/2008	$0.02	0.0%	0.0%	N	Referral Requirec
J0135	INJECTION, ADALIMUMAB, 20 MG	01/01/2008	$330.68	0.0%	0.0%	N	Referral Requirec
J0150	INJECTION ADENOSINE - ADENOCARD 6 MG	01/01/2008	$22.74	0.0%	0.0%	N	Referral Requirec
J0152	INJECTION ADENOSINE 30 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMP	01/01/2008	$68.54	0.0%	0.0%	N	Referral Requirec
J0170	INJECTION, ADRENALIN, EPINEPHRIN, UP TO 1ML AMPUL	01/01/2008	$1.04	0.0%	0.0%	N	Referral Requirec
J0180	INJECTION, AGALSIDASE BETA, 1 MG	01/01/2008	$127.20	0.0%	0.0%	N	Referral Requirec
J0190	INJECTION BIPERIDEN AKINETON 2 MG	01/02/1992	$6.00	0.0%	0.0%	N	Referral Requirec
J0205	INJECTION, ALGLUCERASE, 10 UNITS	01/01/2008	$39.22	0.0%	0.0%	N	Referral Requirec
J0207	INJECTION AMIFOSTINE, 500 MG.	01/01/2008	$496.28	0.0%	0.0%	N	Referral Requirec
J0210	INJECTION, ALDOMET ESTER HCL, UP TO 250 MG	01/01/2008	$16.77	0.0%	0.0%	N	Referral Requirec
J0215	AMEVIVE 0.5 MG EA	01/01/2008	$26.56	0.0%	0.0%	N	Referral Requirec
J0220	INJECTION, AGLUCOSIDASE ALFA, 10 MG	01/01/2008	$127.19	0.0%	0.0%	N	Referral Requirec
J0256	ALPHA-1-PROTEINOSE INHIBITOR, 10 MG	01/01/2008	$3.38	0.0%	0.0%	N	Referral Requirec
J0270	INJECTION, ALPROSTADIL, PER 1.25 MGG	01/01/2008	$1.98	0.0%	0.0%	N	Referral Requirec
J0275	ALPROSTADIL URETHRAL SUPPOSITORY	01/01/2008	$23.24	0.0%	0.0%	N	Referral Requirec
J0278	INJECTION, AMIKACIN SULFATE, 100 MG	01/01/2008	$1.07	0.0%	0.0%	N	Referral Requirec
J0280	INJECTION, AMINOPHYLLIN, UP TO 250 MG	01/01/2008	$0.42	0.0%	0.0%	N	Referral Requirec
J0282	INJECTION AMIODARONE HYDROCHLORIDE, 30 MG	01/01/2008	$0.17	0.0%	0.0%	N	
J0285	AMPHOTERICIN B 50 MG	01/01/2008	$11.89	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
J0287	INJECTION AMPHOTERICIN B LIPID COMPLEX, 10 MG	01/01/2008	$10.37	0.0%	0.0%	N	Referral Required
J0288	INJECTION AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX, 10 MG	01/01/2008	$12.00	0.0%	0.0%	N	Referral Required
J0289	AMPHOTERICIN B LIPOSOME, 10 MG	01/01/2008	$16.51	0.0%	0.0%	N	Referral Required
J0290	INJECTION, AMPICILLIN, UP TO 500 MG	01/01/2008	$2.37	0.0%	0.0%	N	Referral Required
J0295	AMPICIL/SULBAC 1.5 GRAMS (UNASYN)	01/01/2008	$4.66	0.0%	0.0%	N	Referral Required
J0300	INJECTION AMOBARBITAL UP TO 125 MG	01/01/2008	$7.66	0.0%	0.0%	N	Referral Required
J0330	INJ SUCCINYLCHOLINE CHLORIDE UP TO 20 MG	01/01/2008	$0.16	0.0%	0.0%	N	Referral Required
J0348	INJECTION, ANADULAFUNGIN, 1 MG (ERAXIS)	01/01/2008	$1.86	0.0%	0.0%	N	Referral Required
J0350	ANISTREPLASE (EMINASE) I.V., PER 30 UNITS	01/01/1995	$2,458.00	0.0%	0.0%	N	Referral Required
J0360	INJ HYDRALAZINE HCL UP TO 20 MG	01/01/2008	$6.86	0.0%	0.0%	N	Referral Required
J0364	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG (IXENSE)	01/01/2008	$3.34	0.0%	0.0%	N	Referral Required
J0365	INJECTION, APROTONIN, 10,000 KIU	01/01/2008	$2.69	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	CHLOROQUINE INJECTION 250 MG	01/01/2005	$17.27	0.0%	0.0%	N	Referral Required
J0395	ARBUTAMINE HCL INJECTION 1 MG	01/01/2005	$160.00	0.0%	0.0%	N	Referral Required
J0400	INJECTION, ARIPIPRAZOLE, INTRAMUSCULAR, 0.25 MG	01/01/2008	$0.28	0.0%	0.0%	N	Referral Required
J0456	INJECTION AZITHROMYCIN 500 MG	01/01/2008	$17.61	0.0%	0.0%	N	Referral Required
J0461	INJECTION, ATROPINE SULFATE, 0.01 MG	01/01/2010	$0.04	0.0%	0.0%	N	Referral Required
J0470	INJECTION, BAL IN OIL, UP TO 100 MG	01/01/2008	$26.49	0.0%	0.0%	N	Referral Required
J0475	INJECTION, BACLOFEN, 10 MG	01/01/2008	$196.92	0.0%	0.0%	N	Referral Required
J0476	BACLOFEN FOR INTRATHECAL TRIAL 50 MCG	01/01/2008	$70.96	0.0%	0.0%	N	Referral Required
J0480	INJECTION, BASILIXIMAB, 20 MG	01/01/2008	$1,502.90	0.0%	0.0%	N	Referral Required
J0500	DICYCLOMINE INJ 20 MG	01/01/2008	$13.81	0.0%	0.0%	N	Referral Required
J0515	INJECTION, BENZTROPINE MESYLATE 1MG	01/01/2008	$22.33	0.0%	0.0%	N	Referral Required
J0520	BETHANECHOL CHLORIDE INJECT 5 MG	01/01/2005	$4.49	0.0%	0.0%	N	Referral Required
J0559	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, 2500 UNITS	01/01/2010	$0.07	0.0%	0.0%	N	Referral Required
J0560	PENICILLIN G BENZATHINE INJECT TO 600,000 UNITS	01/01/2008	$23.77	0.0%	0.0%	N	Referral Required
J0570	PENICILLIN G BENZATHINE INJECT 1,200,000 UNITS	01/01/2008	$40.89	0.0%	0.0%	N	Referral Required
J0580	PENICILLIN G BENZATHINE INJECT 2,400,000 UNITS	01/01/2008	$46.53	0.0%	0.0%	N	Referral Required
J0583	INJECTION, BIVALIRUDIN 1 MG	01/01/2008	$1.98	0.0%	0.0%	N	Referral Required
J0585	BOTULINUM TOXIN TYPE A, PER UNIT	01/01/2008	$5.26	0.0%	0.0%	N	Referral Required
J0586	INJECTION, ABOBOTULINUMTOXINA, 5 UNITS	01/01/2010	$8.08	0.0%	0.0%	N	Referral Required
J0587	BOTULINUM TOXIN TYPE B PER, 100 UNITS	01/01/2008	$8.71	0.0%	0.0%	N	Referral Required
J0592	BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	01/01/2008	$0.71	0.0%	0.0%	N	Referral Required
J0594	INJECTION, BUSULFAN, 1 MG (MYLERAN)	01/01/2008	$9.67	0.0%	0.0%	N	Referral Required
J0595	INJECTION, BUTORPHANOL TARTRATE, 1 MG	01/01/2008	$0.59	0.0%	0.0%	N	Referral Required
J0598	INJECTION, C1 ESTERASE INHIBITOR (HUMAN), 10 UNITS	01/01/2010	$2,129.21	0.0%	0.0%	N	Referral Required
J0600	EDETATE CLACIUM DISODIUM INJ 1ML	01/01/2008	$50.19	0.0%	0.0%	N	Referral Required
J0610	INJECTION, CALCIUM GLUCONATE, 10 ML	01/01/2008	$0.63	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
J0620	INJECT CALCIUM GLYCEROPHOSHATE/LACTATE, PER 10 ML	01/01/2005	$8.53	0.0%	0.0%	N	Referral Required
J0630	INJ, CALCIMAR, CALCITONINSALMON, UP TO 400 UNITS	01/01/2008	$44.53	0.0%	0.0%	N	Referral Required
J0636	CALCITRIOL, 0.1 MCG	01/01/2008	$0.33	0.0%	0.0%	N	Referral Required
J0637	CASPOFUNGIN ACETATE, 5 MG	01/01/2008	$21.18	0.0%	0.0%	N	Referral Required
J0640	INJECTION LEUCOVORIN CALCIUM PER 50 MG	01/01/2008	$0.86	0.0%	0.0%	N	Referral Required
J0641	INJECTION, LEVOLEUCOVORIN CALCIUM, 0.5 MG	01/01/2009	$1.05	0.0%	0.0%	N	Referral Required
J0670	INJECTION, MEPIVACINE HCL 10 ML	01/01/2008	$1.33	0.0%	0.0%	N	Referral Required
J0690	INJ, CEFAZOLIN SODIUM, ANCEF, KEFZOL, UP TO 500 MG	01/01/2008	$1.42	0.0%	0.0%	N	Referral Required
J0692	INJECTION CEFEPIME HYDROCHLORIDE, 500 MG	01/01/2008	$5.72	0.0%	0.0%	N	Referral Required
J0694	INJ CEFOXITIN SODIUM MEFOXIN 1 GM	01/01/2008	$8.28	0.0%	0.0%	N	Referral Required
J0696	CEFTRIAXONE SODIUM 250MG	01/01/2008	$1.25	0.0%	0.0%	N	Referral Required
J0697	CEFUROXIME SODIUM STERILE 750MG	01/01/2008	$3.97	0.0%	0.0%	N	Referral Required
J0698	CEFOTAXIME SOD INJ PER 1GM	01/01/2008	$3.63	0.0%	0.0%	N	Referral Required
J0702	BETAMETHASONE ACETATEAND SOD. PHOS. PER 3 MG	01/01/2008	$5.60	0.0%	0.0%	N	Referral Required
J0704	BETAMETHASONE SODIUM PHOSPHATE PER 4 MG	01/01/2008	$1.13	0.0%	0.0%	N	Referral Required
J0706	INJECTION, CAFFEINE CITRATE, 5MG	01/01/2008	$2.51	0.0%	0.0%	N	Referral Required
J0710	INJECTION, CEPHAPRIN SODIUM, CEFADYL, UP TO 1 GM	02/01/1989	$7.00	0.0%	0.0%	N	Referral Required
J0713	INJ CEFTAZIDIME PER 500 MG (FORTAZ, TAZIDIME)	01/01/2008	$3.61	0.0%	0.0%	N	Referral Required
J0715	CEFTIZOXIME (CEFIZOX) PER 500 MG	01/01/2008	$4.75	0.0%	0.0%	N	Referral Required
J0718	INJECTION, CERTOLIZUMAB PEGOL, 1 MG	01/01/2010	$3.86	0.0%	0.0%	N	Referral Required
J0720	INJ, CHLORAMPHENICOL SODIUM SUCCINATE, UP TO 1 GM	01/01/2008	$14.93	0.0%	0.0%	N	Referral Required
J0725	INJECTION, CHORIONIC GONADOTROPIN,PER 1000 USP UNI	01/01/2008	$3.71	0.0%	0.0%	N	Referral Required
J0735	INJECTION, CLONIDINE HUDROCHLORIDE, 1 MG.	01/01/2008	$64.97	0.0%	0.0%	N	Referral Required
J0740	INJECTION, CIDOFOVIR, 375 MG.	01/01/2008	$760.92	0.0%	0.0%	N	Referral Required
J0743	INJECTION CILASTIN SODIUM IMIPENEM 250 MG	01/01/2008	$14.23	0.0%	0.0%	N	Referral Required
J0744	INJECTION CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	01/01/2008	$2.41	0.0%	0.0%	N	Referral Required
J0745	INJECTION, CODEINE PHOSPHATE, PER 30 MG	01/01/2008	$1.53	0.0%	0.0%	N	Referral Required
J0760	INJECTION, COLCHICINE, UP TO 1 MG	01/01/2008	$5.09	0.0%	0.0%	N	Referral Required
J0770	INJECTION, COLY-MYCIN M, UP TO 150 MG	01/01/2008	$23.01	0.0%	0.0%	N	Referral Required
J0780	INJECTION, COMPAZINE, UP TO 10 MG	01/01/2008	$1.11	0.0%	0.0%	N	Referral Required
J0795	INJECTION, CORTICORELIN OVINE TRIFLUTATE, 1 MCG	01/01/2008	$4.25	0.0%	0.0%	N	Referral Required
J0800	INJECTION, CORTICOTROPIN, UP TO 40 UNITS	01/01/2008	$871.25	0.0%	0.0%	N	Referral Required
J0833	INJECTION, COSYNTROPIN, NOT OTHERWISE SPECIFIED, 0.25 MG	01/01/2010	$65.42	0.0%	0.0%	N	Referral Required
J0834	INJECTION, COSYNTROPIN (CORTROSYN), 0.25 MG	01/01/2010	$91.20	0.0%	0.0%	N	Referral Required
J0850	CYTOMEGALOVIRUS IMMUNE GLOB. PER VIAL (CYTOGAM)	01/01/2008	$878.83	0.0%	0.0%	N	Referral Required
J0878	INJECTION, DAPTOMYCIN, 1 MG	01/01/2008	$0.35	0.0%	0.0%	N	Referral Required
J0881	INJECTION, DARBEPOETIN ALFA, 1MCG (NON-ESRD USE)	01/01/2008	$2.89	0.0%	0.0%	N	Referral Required
J0882	INJECTION, DARBEPOETIN ALFA, 1MCG (FOR ESRDON DIALYSIS)	01/01/2008	$2.89	0.0%	0.0%	N	Referral Required
J0885	INJECTION, EPOETIN ALFA, (FOR NON- ESRD USE) 1000 UNITS	01/01/2008	$8.96	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
J0886	INJECTION, EPOETIN ALFA, (FOR ESRD DIALYSIS), PER 1,000 UNITS	01/01/2008	$8.96	0.0%	0.0%	N	Referral Required
J0894	INJECTION, DECITABINE, 1 MG (DACOGEN)	01/01/2008	$27.11	0.0%	0.0%	N	Referral Required
J0895	INJECTION, DEFEROXNMINE MESYLATE, 500 MG/6 CC	01/01/2008	$12.35	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, BROMPHERIRAMINE MALEATE 10 MG	04/01/2007	$0.80	0.0%	0.0%	N	Referral Required
J0970	INJECTION, ESTRADIOL VALERATE 40 MG	01/01/2008	$37.04	0.0%	0.0%	N	Referral Required
J1000	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	01/01/2008	$6.15	0.0%	0.0%	N	Referral Required
J1020	INJECTION, DEPO - METHYLPREDNISOLONE, 20 MG	01/01/2008	$2.27	0.0%	0.0%	N	Referral Required
J1030	INJECTION, DEPO-METHYLPREDNISOLONE 40 MG	01/01/2008	$4.63	0.0%	0.0%	N	Referral Required
J1040	INJECTION, DEPO-METHYLPREDNISOLONE 80 MG	01/01/2008	$8.71	0.0%	0.0%	N	Referral Required
J1051	MEDROXYPROGESTERONE ACETATE, 50 MG	01/01/2008	$6.51	0.0%	0.0%	N	Referral Required
J1055	MEDROXYPROGESTERONE ACETATE 150 MGM FOR CONTRACEP.USE-DEPO-PROVERA-00009737601	01/01/2004	$51.62	0.0%	0.0%	N	
J1056	MEDROXYPROGESTERONE ACETATE/ESTRADIAOL CYPIONATE, INJECTION 5 MG	01/01/2005	$21.59	0.0%	0.0%	N	
J1060	INJECTION, DEPO-TESTOSTERONE CYPIONATE 1 ML	01/01/2008	$4.14	0.0%	0.0%	N	Referral Required
J1070	INJ, DEPO-TESTOSTERONE CYPIONATE, UP TO 100 MG	01/01/2008	$4.88	0.0%	0.0%	N	Referral Required
J1080	INJ, DEPO-TESTOSTERONE CYPIONATE, 1 CC, 200 MG	01/01/2008	$12.44	0.0%	0.0%	N	Referral Required
J1094	DEXAMETHASONE ACETATE, 1MG	01/01/2008	$0.23	0.0%	0.0%	N	Referral Required
J1100	INJECTION, DEXAMETHOSONE, 1MG	01/01/2008	$0.11	0.0%	0.0%	N	Referral Required
J1110	INJECTION, D.H.E.45, UP TO 1 MG	01/01/2008	$23.44	0.0%	0.0%	N	Referral Required
J1120	INJECTION, ACETAZOLAMID SODIUM 500 MG	01/01/2008	$17.53	0.0%	0.0%	N	Referral Required
J1160	INJECTION, DIGOXIN, UP TO 0.5MG	01/01/2008	$3.85	0.0%	0.0%	N	Referral Required
J1162	INJECTION, DIGOXIN IMMUNE FAB (OVINE), PER VIAL	01/01/2008	$491.58	0.0%	0.0%	N	Referral Required
J1165	INJECTION, PHENYTOIN SODIUM 50 MG	01/01/2008	$0.54	0.0%	0.0%	N	Referral Required
J1170	INJECTION HYDROMORDHONE HCL 4MG	01/01/2008	$2.02	0.0%	0.0%	N	Referral Required
J1180	DYPHYLLINE INJECTION, 500 MG	01/01/2005	$4.00	0.0%	0.0%	N	Referral Required
J1190	INJ. DEXRAZOXANE HCL, 250MG (ZINECARD) 00013871562	01/01/2008	$163.84	0.0%	0.0%	N	Referral Required
J1200	INJ, DIPHENHYDRAMINE HCL, BENADRYL, UP TO 50 MG	01/01/2008	$0.80	0.0%	0.0%	N	Referral Required
J1205	CHLOROTHIAZIDE SODIUM/500 MG (DIURIL)-00006325032	01/01/2008	$148.86	0.0%	0.0%	N	Referral Required
J1212	INJECTION, DMSO, DIMENTHYL SULFOXIDE, 50%, 50 ML	01/01/2008	$49.84	0.0%	0.0%	N	Referral Required
J1230	INJ, DOLOPHINE HCL, METHODONE HCI, UP TO 10 MG	01/01/2008	$3.37	0.0%	0.0%	N	Referral Required
J1240	INJECTION, DIMENHYDRINATE/DRAMAMINE, UP TO 50 MG	01/01/2008	$3.36	0.0%	0.0%	N	Referral Required
J1245	INJECTION DIPYRIDAMOLE PER 10 MG	01/01/2008	$0.96	0.0%	0.0%	N	Referral Required
J1250	INJECTION, DOBUTAMINE HCI 250 MG	01/01/2008	$5.53	0.0%	0.0%	N	Referral Required
J1260	INJECTION DOLASETRON MESYTATE-10 MG	01/01/2008	$4.80	0.0%	0.0%	N	Referral Required
J1265	INJECTION, DOPAMINE HCL, 40 MG	01/01/2008	$0.85	0.0%	0.0%	N	Referral Required
J1267	INJECTION, DORIPENEM, 10 MG	01/01/2009	$0.65	0.0%	0.0%	N	Referral Required
J1270	INJECTION, DOXERCALCIFEROL, 1MCG	01/01/2008	$2.40	0.0%	0.0%	N	Referral Required
J1300	INJECTION, ECULIZUMAB, 10 MG	01/01/2008	$176.38	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
J1320	AMITRIPTYLINE HCL/20 MG (ELAVIL) 00310004910	01/01/2005	$1.79	0.0%	0.0%	N	Referral Required
J1324	INJECTION, ENFUVIRTIDE, 1 MG (FUZEON T-20)	01/01/2007	$0.00	0.0%	0.0%	N	Referral Required
J1325	INJECTION, EPOPROSTENOL, .5MG	01/01/2008	$14.53	0.0%	0.0%	N	Referral Required
J1327	EPTIFIBATIDE INJECTION 5 MG	01/01/2008	$17.64	0.0%	0.0%	N	Referral Required
J1330	INJ, ERGONOVINE MALEATE, ERGOTRATE MALEATE, 0.2 MG	01/01/1997	$4.75	0.0%	0.0%	N	Referral Required
J1335	INJECTION, ERTAPENEM SODIUM 500 MG	01/01/2008	$25.30	0.0%	0.0%	N	Referral Required
J1364	ERYTHROMICIN LACTOBIONATE PER 500 MG - IV ONLY	01/01/2008	$6.91	0.0%	0.0%	N	Referral Required
J1380	ESTRADIOL VALERATE/10 MG-00223760510	01/01/2008	$13.98	0.0%	0.0%	N	Referral Required
J1390	ESTRADIOL VALERATE/20 MG - 00223760610	01/01/2008	$18.52	0.0%	0.0%	N	Referral Required
J1410	INJECTION, ESTROGEN CONJUGATED, PER 25 MG	01/01/2008	$71.32	0.0%	0.0%	N	Referral Required
J1430	INJECTION, ESTATE, UP TO 10 MG	01/01/2008	$76.48	0.0%	0.0%	N	Referral Required
J1435	INJECTION, ESTRONE, PER 1 MG	04/01/2007	$0.14	0.0%	0.0%	N	Referral Required
J1436	ETIDRONATE DISODIUM 300MG/6ML	04/01/2007	$71.41	0.0%	0.0%	N	Referral Required
J1438	INJECTION ETANERCEPT 25 MG NOT FOR SELF ADMINISTRATION. ENBREL	01/01/2008	$168.75	0.0%	0.0%	N	
J1440	FILGRASTIM, 300 MCG VIALS	01/01/2008	$199.04	0.0%	0.0%	N	Referral Required
J1441	FILGRASTIM (NEUPOGEN) 480 MCG	01/01/2008	$305.39	0.0%	0.0%	N	Referral Required
J1450	INJECTION, FEMOGEN LA, UP TO 40 MG	01/01/2008	$9.04	0.0%	0.0%	N	Referral Required
J1451	INJECTION, FOMEPIZOLE 15 MG	01/01/2008	$13.73	0.0%	0.0%	N	Referral Required
J1452	INJECTION FOMIVERSEN SODIUM INTRAOCULAR 1.65 MG	01/01/2005	$200.00	0.0%	0.0%	N	Referral Required
J1453	INJECTION, FOSAPREPITANT, 1 MG	01/01/2009	$1.57	0.0%	0.0%	N	Referral Required
J1455	INJECTION FOSCARNET SODIUM PER 1000 MG	01/01/2008	$10.68	0.0%	0.0%	N	Referral Required
J1457	INJECTION, GALLIUM NITRATE, 1 MG	01/01/2008	$1.62	0.0%	0.0%	N	Referral Required
J1458	INJECTION, GALSULFASE, 1 MG (NAGLAZYME)	01/01/2008	$313.72	0.0%	0.0%	N	Referral Required
J1459	INJEC, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQ)	01/01/2009	$34.16	0.0%	0.0%	N	Referral Required
J1460	INJ GAMMA GLOBULIN IM 1CC	01/01/2008	$11.76	0.0%	0.0%	N	Referral Required
J1470	INJECTION, GAMMA GLOBULIN 2 CC	01/01/2008	$23.52	0.0%	0.0%	N	Referral Required
J1480	INJECTION, GAMMA GLOBULIN, 3 CC	01/01/2008	$35.27	0.0%	0.0%	N	Referral Required
J1490	INJECTION, GAMMA GLOBULIN, 4 CC	01/01/2008	$47.04	0.0%	0.0%	N	Referral Required
J1500	INJECTION, GAMMA GLOBULIN, 5 CC	01/01/2008	$58.80	0.0%	0.0%	N	Referral Required
J1510	INJECTION, GAMMA GLOBULIN, 6 CC	01/01/2008	$70.58	0.0%	0.0%	N	Referral Required
J1520	INJECTION, GAMMA GLOBULIN, 7 CC	01/01/2008	$82.26	0.0%	0.0%	N	Referral Required
J1530	INJECTION, GAMMA GLOBULIN, 8 CC	01/01/2008	$94.07	0.0%	0.0%	N	Referral Required
J1540	INJECTION, GAMMA GLOBULIN, 9 CC	01/01/2008	$105.89	0.0%	0.0%	N	Referral Required
J1550	INJECTION, GAMMA GLOBULIN, 10 CC	01/01/2008	$117.59	0.0%	0.0%	N	Referral Required
J1560	INJ GAMMA GLOBULIN IM OVER 10 CC INJ 10 ML	01/01/2008	$117.59	0.0%	0.0%	N	Referral Required
J1561	INJECTION, IMMUNE GLOBULIN, IV, NON-LYOPHILIZED 500 MG	01/01/2008	$32.88	0.0%	0.0%	N	Referral Required
J1562	INJECTION, IMMUNE GLOBULIN, SUBCUTANEOUS, 100 MG	01/01/2007	$0.00	0.0%	0.0%	N	Referral Required
J1566	INJECTION, IMMUNE GLOBULIN, IV, 500 MG (POWDER)	01/01/2008	$27.67	0.0%	0.0%	N	Referral Required
J1568	INJECTION, IMMUNE GLOBULIN, IV, NON-LYOPHILIZED, 500 MG	01/01/2008	$33.80	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
J1569	INJECTION, IMMUNE GLOBULIN, IV, NON-LYOPHILIZED 500 MG	01/01/2008	$31.65	0.0%	0.0%	N	Referral Required
J1570	INJECTION, GANCICLOVIR SODIUM 500 MG/VIAL	01/01/2008	$43.34	0.0%	0.0%	N	Referral Required
J1571	INJECTION, HEPATITIS B IMMUNE GLOBULIN IV, 0.5 ML	01/01/2008	$59.25	0.0%	0.0%	N	Referral Required
J1572	INJECTION, IMMUNE GLOBULIN IV NON-LYOPHILIZED 500 MG	01/01/2008	$32.61	0.0%	0.0%	N	Referral Required
J1573	INJECTION, HEPATITIS B IMMUNE GLOBULIN IV 0.5 ML	01/01/2008	$59.25	0.0%	0.0%	N	Referral Required
J1580	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	01/01/2008	$1.33	0.0%	0.0%	N	Referral Required
J1590	INJECTION, GATIFLOXACIN, 10 MG	01/01/2008	$0.80	0.0%	0.0%	N	Referral Required
J1595	INJECTION, GLATIRAMER ACETATE, 20 MG	01/01/2008	$52.58	0.0%	0.0%	N	Referral Required
J1600	INJECTION, GOLD SODIUM THIOMALEATE UP TO 50 MG	01/01/2008	$8.21	0.0%	0.0%	N	Referral Required
J1610	GLUCAGON HYDROCHLORIDE, PER 1 MG	01/01/2008	$72.96	0.0%	0.0%	N	Referral Required
J1620	GONADORELIN (LUTREPULSE) PER 100 MCG	04/01/2007	$180.30	0.0%	0.0%	Y	Referral Required
J1626	GRANISETRON HYDROCHLORIDE, 100 MICROGRAMS = 0.1 MG, KYTRIL	01/01/2008	$4.72	0.0%	0.0%	N	Referral Required
J1630	INJECTION HALOPERIDOL HALDOL LACT UP TO 5 MG	01/01/2008	$1.79	0.0%	0.0%	N	Referral Required
J1631	INJECTION HALOPERIDOL DECANOATE HALDOL PER 50 MG	01/01/2008	$5.39	0.0%	0.0%	N	Referral Required
J1640	INJECTION, HEMIN, 1MG	01/01/2008	$7.31	0.0%	0.0%	N	Referral Required
J1642	HEPARIN LOCK FLUSH,10 UTS (NO ADMIN FEE INCLUDED)	01/01/2008	$0.37	0.0%	0.0%	N	Referral Required
J1644	HEPARIN SODIUM, PER 1000 UNITS	01/01/2008	$0.22	0.0%	0.0%	N	Referral Required
J1645	INJ-DALTEPARIN SODIUM, PER 2500 UNITS 00013240691	01/01/2008	$11.17	0.0%	0.0%	N	Referral Required
J1650	INJECTION, ENOXAPARIN SODIUM. 10 MG (LOVENOX)	01/01/2008	$5.81	0.0%	0.0%	N	Referral Required
J1652	FONDAPARINUX SODIUM, 0.5 MG	01/01/2008	$6.07	0.0%	0.0%	N	Referral Required
J1655	INJECTION TINZAPARIN SODIUM, 1000 IU	01/01/2008	$2.29	0.0%	0.0%	N	Referral Required
J1670	TETANUS IMMUNE GLOBULIN, 250 UNITS-0026063401	01/01/2008	$101.19	0.0%	0.0%	N	Referral Required
J1680	INJECTION, HUMAN FIBRINOGEN CONCENTRATE, 100 MG	01/01/2010	$0.00	0.0%	0.0%	N	Referral Required
J1700	HYDROCORTISONE ACETATE BIOSONE CORTEF ACETATE 25MG	01/01/2005	$0.66	0.0%	0.0%	N	Referral Required
J1710	HYDROCORTISONE SODIUM PHOSPHATE/50 MG-00006763304	01/01/2005	$4.69	0.0%	0.0%	N	Referral Required
J1720	HYDROCORTISONE SODIUM SUCCINATE 100 MG-00223789302	01/01/2008	$2.13	0.0%	0.0%	N	Referral Required
J1730	INJECTION, DIAZOXIDE 300 MG	04/01/2007	$111.85	0.0%	0.0%	N	Referral Required
J1740	INJECTION, IBANDRONATE SODIUM, 1 MG (BONIVA)	01/01/2008	$139.04	0.0%	0.0%	N	Referral Required
J1742	INJECTION, IBUTILIDE FUMARATE, 1 MG.	01/01/2008	$319.51	0.0%	0.0%	N	Referral Required
J1743	INJECTION, IDURSULFASE, 1 MG	01/01/2008	$455.03	0.0%	0.0%	N	Referral Required
J1745	INFLIXIMAB 10 MGM REMICADE	01/01/2008	$55.21	0.0%	0.0%	N	Referral Required
J1750	INJECTION, IRON DEXTRAN (INFED), 50 , MG	01/01/2009	$11.78	0.0%	0.0%	N	Referral Required
J1756	IRON SUCROSE, 1 MG	01/01/2008	$0.37	0.0%	0.0%	N	Referral Required
J1785	IMIGLUCERASE, PER UNIT (CEREZYME)	01/01/2008	$3.92	0.0%	0.0%	N	Referral Required
J1790	INJ DROPERIDOL UP TO 1 MG	01/01/2008	$1.18	0.0%	0.0%	N	Referral Required
J1800	INJECTION, PROPRANOLOL UP TO 1 MG	01/01/2008	$3.27	0.0%	0.0%	N	Referral Required
J1810	INJ DROPERIDOL-FENTANYL CITRATE UP TO 2 ML AMP	01/01/2005	$5.92	0.0%	0.0%	N	Referral Required
J1815	INSULIN, PER 5 UNITS	01/01/2008	$0.28	0.0%	0.0%	N	Referral Required
J1817	INSULIN FOR ADMINISTRATION THROUGH DME, I.E, INSULIN PUMP, PER 50 UNITS	01/01/2008	$2.76	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
J1825	INJECTION, INTERFERON BETA-IA KIT AVONEX 59627-001-03	01/01/1998	$852.00	0.0%	0.0%	N	Referral Requirec
J1830	INTERFERON BETA-1B, PER 0.25 MG	01/01/2008	$116.23	0.0%	0.0%	N	Referral Requirec
J1835	INJECTION, ITRACONAZOLE, 50 MG	01/01/2008	$40.28	0.0%	0.0%	N	Referral Requirec
J1840	KANAMYCIN SULFATE/500 MG (KANTREX) 00015351220	01/01/2008	$4.09	0.0%	0.0%	N	Referral Requirec
J1850	INJECTION, KANTREX PEDIATRIC, UP TO 75 MG	01/01/2008	$0.61	0.0%	0.0%	N	Referral Requirec
J1885	INJ KETOROLAC TROMETHAMINE PER 15 MG	01/01/2008	$0.41	0.0%	0.0%	N	Referral Requirec
J1890	INJECTION, CEPHALOTHIN SODIUM UP TO 1 GRAM	01/01/2005	$8.64	0.0%	0.0%	N	Referral Requirec
J1930	INJECTION, LARGON, UP TO 20 MG	01/01/2009	$26.85	0.0%	0.0%	N	Referral Requirec
J1931	INJECTION, LARONIDASE, 0.1 MG	01/01/2008	$23.87	0.0%	0.0%	N	Referral Requirec
J1940	INJECTION, FUROSEMIDE 20 MG	01/01/2008	$0.25	0.0%	0.0%	N	Referral Requirec
J1945	INJECTION, LEPIRUDIN, 50MG	01/01/2008	$160.19	0.0%	0.0%	N	Referral Requirec
J1950	LEUPROLIDE ACETATE (LUPRON) DEPOT SUSP., 3.75 MG	01/01/2008	$453.31	0.0%	0.0%	N	Referral Requirec
J1953	INJECTION, LEVETIRACETAM, 10 MG	01/01/2009	$0.43	0.0%	0.0%	N	Referral Requirec
J1955	LEVOCARNITINE PER 1 GRAM	01/01/2008	$5.74	0.0%	0.0%	N	Referral Requirec
J1956	LEVOFLOXACIN 250 MG	01/01/2008	$6.01	0.0%	0.0%	N	Referral Requirec
J1960	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	01/01/2005	$3.63	0.0%	0.0%	N	Referral Requirec
J1980	INJECTION, HYOSCYAMINE SULFATE 0.25 MG	01/01/2008	$9.99	0.0%	0.0%	N	Referral Requirec
J1990	INJECTION, CHLORDIAZEPOXIDE UP TO 100 MG	01/01/2008	$21.05	0.0%	0.0%	N	Referral Requirec
J2001	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	01/01/2008	$0.02	0.0%	0.0%	N	Referral Requirec
J2020	INJECTION, LINEZOLID, 200 MG	01/01/2008	$26.72	0.0%	0.0%	N	Referral Requirec
J2060	INJECTION-LORAZEPAM 2MG OR LESS (ATIVAN)	01/01/2008	$0.95	0.0%	0.0%	N	Referral Requirec
J2150	INJECTION, MANNITOL, 25% IN 50 ML	01/01/2008	$0.88	0.0%	0.0%	N	Referral Requirec
J2170	INJECTION, MECASERMIN, 1 MG (INCRELEX - growth hormone)	01/01/2007	$0.00	0.0%	0.0%	Y	Referral Requirec
J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	01/01/2008	$2.06	0.0%	0.0%	N	Referral Requirec
J2180	INJ MEPERDINE-PROMETHAZINE HCL UP TO 50 MG	04/01/2007	$3.79	0.0%	0.0%	N	Referral Requirec
J2185	INJECTION, MEROPENEM, 100MG	01/01/2008	$3.77	0.0%	0.0%	N	Referral Requirec
J2210	METHYLERGONOVINE MALEATE 0.2 MG METHERGINE	01/01/2008	$5.04	0.0%	0.0%	N	Referral Requirec
J2248	INJECTION, MICAFUNGIN SODIUM, 1 MG (MYCAMINE)	01/01/2008	$1.36	0.0%	0.0%	N	Referral Requirec
J2250	INJECTION, MIDAZOLAM HCL 1 MG VERSED	01/01/2008	$0.24	0.0%	0.0%	N	
J2260	MILRINONE LACTATE (PRIMACOR) I.V. PER 5 ML	01/01/2008	$3.40	0.0%	0.0%	N	Referral Requirec
J2270	MORPHINE SULFATE 10 MG	01/01/2008	$2.75	0.0%	0.0%	N	Referral Requirec
J2271	MORPHINE SULFATE 100 MG	01/01/2008	$4.54	0.0%	0.0%	N	Referral Requirec
J2275	INJ MORPHINE SULFATE PRESERVATIVE-FREE, PER 10 MG	01/01/2008	$4.28	0.0%	0.0%	N	Referral Requirec
J2278	INJECTION, ZICONOTIDE, 1MCG	01/01/2008	$6.51	0.0%	0.0%	N	Referral Requirec
J2280	INJECTION, MOSIFLOXAVIN, 100MG	01/01/2008	$2.81	0.0%	0.0%	N	Referral Requirec
J2300	INJECTION, NALBUPHINE HCL 10 MG-NUBAIN 00590043210	01/01/2008	$1.18	0.0%	0.0%	N	Referral Requirec
J2310	NALOXONE HCL PER 1 MG.	01/01/2008	$3.06	0.0%	0.0%	N	Referral Requirec
J2315	INJECTION, NALTREXONE, DEPOT FORM, 1 MG	01/01/2008	$1.88	0.0%	0.0%	N	Referral Requirec
J2320	NANDROLONE DECANOATE, UP TO 50 MG.	01/01/2008	$4.71	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
J2321	NANDROLONE DECANOATE, UP TO 100 MG	01/01/2008	$7.13	0.0%	0.0%	N	Referral Required
J2322	NANDROLONE DECANOATE, UP TO 200 MG.	01/01/2008	$18.84	0.0%	0.0%	N	Referral Required
J2323	INJECTION, NATALIZUMAB, 1 MG (TYSABRI)	01/01/2008	$7.72	0.0%	0.0%	N	Referral Required
J2325	INJECTION NESIRITIDE 0.1 MG	01/01/2008	$33.52	0.0%	0.0%	N	Referral Required
J2353	INJECTION, OCTREOTIDE, NON-DEPOT INJECT 1MG	01/01/2008	$101.71	0.0%	0.0%	N	Referral Required
J2354	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAV INJECT 25 MCG	01/01/2008	$2.33	0.0%	0.0%	N	Referral Required
J2355	OPRELVEKIN NEUMEGA UP TO 5 MG	01/01/2008	$249.02	0.0%	0.0%	N	Referral Required
J2357	INJECTION, OMALIZUMAB, 5 MG	01/01/2008	$17.42	0.0%	0.0%	N	Referral Required
J2360	INJECTION, ORPHENADRINE 60 MG	01/01/2008	$9.82	0.0%	0.0%	N	Referral Required
J2370	INJECTION, PHENYLEPHRINE HCL 1 ML	01/01/2008	$0.67	0.0%	0.0%	N	Referral Required
J2400	INJECTION, CHLOROPROCAINE HCL 30 ML	01/01/2008	$13.92	0.0%	0.0%	N	Referral Required
J2405	INJECTION, ONDANSETRON HCL PER IMG (ZOFRAN IV)	01/01/2008	$0.28	0.0%	0.0%	N	Referral Required
J2410	OXYMORPHONE HCL/1 MG NUMORPHAN - 00590037010	01/01/2008	$2.27	0.0%	0.0%	N	Referral Required
J2425	INJECTION, PALIFERMIN, 50MCG	01/01/2008	$11.36	0.0%	0.0%	N	Referral Required
J2430	PAMIDRONATE (QUEDRA) I.V. PER 30 MG	01/01/2008	$29.63	0.0%	0.0%	N	Referral Required
J2440	INJECTION, PAPAVERINE HCL, UP TO 60 MG	01/01/2008	$0.45	0.0%	0.0%	N	Referral Required
J2460	INJECTION, OXYTETRACYCLINE, UP TO 50 MG	04/01/2007	$0.94	0.0%	0.0%	N	Referral Required
J2469	PALONOSERTRON HCL INJECTION, 25MCG	01/01/2008	$16.64	0.0%	0.0%	N	Referral Required
J2501	PARICALCITOL, 1 MCG	01/01/2008	$3.80	0.0%	0.0%	N	Referral Required
J2503	INJECTION PEGAPTANIB SODIUM 0.3 MG	01/01/2008	$1,045.48	0.0%	0.0%	Y	Referral Required
J2504	INJECTION PEGADEMASE BOVINE 25IU	01/01/2008	$199.39	0.0%	0.0%	N	Referral Required
J2505	INJECTION, PEGFILGRASTIM, 6MG	01/01/2008	$2,191.41	0.0%	0.0%	N	Referral Required
J2510	INJ, PENICILLIN, PROCAINE AQUEOUS, 600,000 UNITS	01/01/2008	$10.32	0.0%	0.0%	N	Referral Required
J2513	INJECTION PENTASTARCH 10% SOLUTION, 100ML	01/01/2006	$12.72	0.0%	0.0%	N	Referral Required
J2515	INJECTION, PENTOBARBRTAL SODIUM-PER 50 MG	01/01/2008	$7.69	0.0%	0.0%	N	Referral Required
J2540	INJECTION, PFIZERPEN, UP TO 600,000 UNITS	01/01/2008	$0.80	0.0%	0.0%	N	Referral Required
J2543	PIPERACILLIN/TAZOBACTAM 1.125 G	01/01/2008	$5.08	0.0%	0.0%	N	Referral Required
J2545	PENTAMIDINE INH. SOLUTION,PER 300MG, THRU DME	01/01/2008	$47.30	0.0%	0.0%	N	Referral Required
J2550	INJECTION, PROMETHAZINE HCL 50 MG	01/01/2008	$1.52	0.0%	0.0%	N	Referral Required
J2560	INJECTION, PHENOBARBITAL, UP TO 120 MG	01/01/2008	$3.62	0.0%	0.0%	N	Referral Required
J2562	INJECTION, PLERIXAFOR, 1 MG	01/01/2010	$268.72	0.0%	0.0%	N	Referral Required
J2590	OXYTOCIN 10 UNITS (PITOCIN, SYNTOCINON)00071416003	01/01/2008	$2.07	0.0%	0.0%	N	Referral Required
J2597	DESMOPRESSIN INJECTION, 1 MCG	01/01/2008	$2.13	0.0%	0.0%	N	Referral Required
J2650	PREDNISOLONE ACETATE, DUA-PRED, PANACORT R-P 1 ML	01/01/2008	$0.17	0.0%	0.0%	N	Referral Required
J2670	TOLAZOLINE HCL 25 MG (PRISCOLINE HCL) 00083673304	01/01/2005	$3.44	0.0%	0.0%	N	Referral Required
J2675	INJECTION, PROGESTERONE, PER 50 MG	01/01/2008	$1.58	0.0%	0.0%	N	Referral Required
J2680	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	01/01/2008	$2.11	0.0%	0.0%	N	Referral Required
J2690	INJECTION, PROCAINAMIDE HCL 1 GM	01/01/2008	$2.65	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
J2700	INJECTION, OXACILLIN SODIUM INJECT 250 MG	01/01/2008	$1.48	0.0%	0.0%	N	Referral Required
J2710	INJECTION, NEOSTIGMINEMETHYLSULFATE, UP TO 0.5 MG	01/01/2008	$0.08	0.0%	0.0%	N	Referral Required
J2720	INJECTION, PROTAMINE SULFATE, PER 10 MG	01/01/2008	$0.51	0.0%	0.0%	N	Referral Required
J2724	INJECTION, PROTEIN C CONCENTRATE, INTRAVENOUS, HUMAN, 10 IU	01/01/2008	$12.19	0.0%	0.0%	N	Referral Required
J2725	PROTIRELIN INJ. DIAGNOSTIC (RELEFACT TRH) 250 MCG	01/01/2005	$20.55	0.0%	0.0%	N	Referral Required
J2730	INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM	01/01/2008	$88.94	0.0%	0.0%	N	Referral Required
J2760	PHENTOLAMINE MESYLATE 5 MG (REGITINE) 54569225000	01/01/2008	$24.00	0.0%	0.0%	N	Referral Required
J2765	INJECTION, METOCLOPRAMIDE HCL INJECT 10 MG	01/01/2008	$0.40	0.0%	0.0%	N	Referral Required
J2770	INJECTION, QUINUPRISTIN/DALFOPRISTIN 500 MG	01/01/2008	$127.81	0.0%	0.0%	N	Referral Required
J2778	INJECTION, RANIBIZUMAB, 0.1 MG	01/01/2008	$405.88	0.0%	0.0%	N	Referral Required
J2780	INJECTION, RESPIREX, UP TO 5 ML	01/01/2008	$0.61	0.0%	0.0%	N	Referral Required
J2783	INJECTION, RASBURICASE, 0.5 MG	01/01/2008	$149.54	0.0%	0.0%	N	Referral Required
J2785	INJECTION, REGADENOSON, 0.1 MG	01/01/2009	$47.40	0.0%	0.0%	N	Referral Required
J2788	RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MCG	01/01/2008	$27.37	0.0%	0.0%	N	Referral Required
J2790	RHO D IMMUNE GLOBULIN INJ 300 MCG	01/01/2008	$81.03	0.0%	0.0%	N	Referral Required
J2791	INJECTION, RHO(D) IMMUNE GLOBULIN IV OR INTRAVENOUS, 100 IU	01/01/2008	$5.33	0.0%	0.0%	N	Referral Required
J2792	RHO D IMMUNE GLOBULIN IV HUMAN SOLVENT DETERGENT 100 IU	01/01/2008	$15.65	0.0%	0.0%	N	Referral Required
J2793	INJECTION, RILONACEPT, 1 MG	01/01/2010	$0.00	0.0%	0.0%	N	Referral Required
J2794	INJECTION, RISPERIDONE, LONG ACTING, 0.5 MG	01/01/2008	$4.91	0.0%	0.0%	N	Referral Required
J2795	INJECTION ROPIVACINE HYDROCHLORIDE 1 MG	01/01/2008	$0.07	0.0%	0.0%	N	Referral Required
J2796	INJECTION, ROMIPLOSTIM, 10 MICROGRAMS	01/01/2010	$43.60	0.0%	0.0%	N	Referral Required
J2800	INJECTION, METHOCARBAMOL 10 ML	01/01/2008	$10.45	0.0%	0.0%	N	Referral Required
J2805	INJECTION SINCALIDE, 5MCG	01/01/2008	$55.16	0.0%	0.0%	N	Referral Required
J2810	INJECTION, THEOPHYLLINE, PER 40 MG	01/01/2008	$0.02	0.0%	0.0%	N	Referral Required
J2820	INJECTION SARGARMOSTIM 50 MCG	01/01/2008	$24.57	0.0%	0.0%	N	Referral Required
J2850	INJECTION, SECRETIN, SYNTHETIC, HUMAN, 1 MCG	01/01/2008	$20.31	0.0%	0.0%	N	Referral Required
J2910	AUROTHIOGLUCOSE INJECT 50 MG	01/01/2005	$14.62	0.0%	0.0%	N	Referral Required
J2916	SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5 MG	01/01/2008	$4.85	0.0%	0.0%	N	Referral Required
J2920	METHYLPREDNISOLONE INJ 40 MG	01/01/2008	$1.98	0.0%	0.0%	N	Referral Required
J2930	METHYLPREDNISOLONE 125 MG	01/01/2008	$3.49	0.0%	0.0%	N	Referral Required
J2940	INJECTION, SOMATREM 1MG,	01/01/2005	$40.16	0.0%	0.0%	N	Referral Required
J2941	INJECTION, SOMATROPIN, 1MG	01/01/2008	$49.24	0.0%	0.0%	N	Referral Required
J2950	INJECTION, PROMAZINE HCL 25 MG	04/01/2007	$0.38	0.0%	0.0%	N	Referral Required
J2993	INJECTION RETEPLASE 18.1 MG	01/01/2008	$854.55	0.0%	0.0%	N	Referral Required
J2995	INJECTION, STREPTOKINASE, PER 250,000 IU	01/01/2005	$76.32	0.0%	0.0%	N	Referral Required
J2997	INJECTION ALTEPLASE RECOMBINANT 1 MG	01/01/2008	$34.37	0.0%	0.0%	N	Referral Required
J3000	INJECTION, STREPTOMYCIN, UP TO 1 GM	01/01/2008	$7.02	0.0%	0.0%	N	Referral Required
J3010	INJECTION, FENTANYL CITRATE , 0.1 MG	01/01/2008	$0.33	0.0%	0.0%	N	
J3030	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG	01/01/2008	$65.85	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
J3070	INJECTION, TALWIN, UP TO 30 MG	01/01/2008	$5.77	0.0%	0.0%	N	Referral Requirec
J3101	INJECTION, TENECTEPLASE, 1 MG	01/01/2009	$41.06	0.0%	0.0%	N	Referral Requirec
J3105	TERBUTALINE SULFATE, UP TO 1 MG	01/01/2008	$2.52	0.0%	0.0%	N	Referral Requirec
J3110	INJECTION, TENECTEPLASE, 50 MG	01/01/2005	$6.99	0.0%	0.0%	N	Referral Requirec
J3120	INJECTION, TESTOSTERONE ENANTHATE, UP TO 100 MG	01/01/2008	$5.29	0.0%	0.0%	N	Referral Requirec
J3130	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG	01/01/2008	$10.28	0.0%	0.0%	N	Referral Requirec
J3140	INJECTION, TESTOSTERONE, AQUEOUS, UP TO 50 MG	01/01/2005	$0.56	0.0%	0.0%	N	Referral Requirec
J3150	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	01/01/2005	$0.79	0.0%	0.0%	N	Referral Requirec
J3230	INJECTION, THORAZINE, CHLORPROMA ZINE, UP TO 50 MG	01/01/2008	$3.33	0.0%	0.0%	N	Referral Requirec
J3240	INJECTION, THYROTROPIN, 0.9 MG IN 1.1 MG VIAL (PER VIAL)	01/01/2008	$839.58	0.0%	0.0%	N	Referral Requirec
J3243	INJECTION, TIGECYCLINE, 1 MG (TYGACIL)	01/01/2008	$1.02	0.0%	0.0%	N	Referral Requirec
J3246	INJECTIOIN, TIROFIBAN HC1, 0.25 MG	01/01/2008	$7.57	0.0%	0.0%	N	Referral Requirec
J3250	INJECTION, TRIMETHOBENZAMIDE HCL 200 MG	01/01/2008	$4.45	0.0%	0.0%	N	Referral Requirec
J3260	INJECTION, TOBRAMYCIN, SULFATE, NEBCIN UP TO 80 MG	01/01/2008	$1.73	0.0%	0.0%	N	Referral Requirec
J3265	TORSEMINE 10 MG/ML	01/01/2008	$2.62	0.0%	0.0%	N	Referral Requirec
J3280	INJECTION, THIETHYLPERAZINE MALEATE, UP TO 10 MG	01/01/2005	$4.76	0.0%	0.0%	N	Referral Requirec
J3285	INJECTION, TREPROSTINIL 1MG	01/01/2008	$55.89	0.0%	0.0%	N	Referral Requirec
J3300	INJECTION, TRIAMCINOLONE, UP TO 40 MG	01/01/2009	$3.25	0.0%	0.0%	N	Referral Requirec
J3301	TRIAMCINOLONE ACET 10MG	01/01/2008	$1.50	0.0%	0.0%	N	Referral Requirec
J3302	INJECTION OF TRIAMCINOLONE DIACETATE, PER 5MG	01/01/2008	$0.28	0.0%	0.0%	N	Referral Requirec
J3303	INJECT TRIAMCINOLONE HEXACETONIDE PER 5MG	01/01/2008	$1.51	0.0%	0.0%	N	Referral Requirec
J3305	TRIMETREXATE GLUCORONATE 25 MG	04/01/2007	$145.06	0.0%	0.0%	N	Referral Requirec
J3310	PERPHENAZINE/5 MG (TRILAFON) - 00085001204	06/01/1997	$5.96	0.0%	0.0%	N	Referral Requirec
J3315	TRIPTORELIN PAMOATE, 3.75 MG	01/01/2008	$146.72	0.0%	0.0%	N	Referral Requirec
J3320	SPECTINOMYCIN HCL 2 GM (TROBICIN) - 00009056601	04/01/2007	$18.30	0.0%	0.0%	N	Referral Requirec
J3350	UREA 40 G (UREAPHIL) -00074159202	06/01/1997	$73.77	0.0%	0.0%	N	Referral Requirec
J3355	INJECTION, UROFOLLITROPIN, 75IU	01/01/2008	$54.01	0.0%	0.0%	N	Referral Requirec
J3360	DIAZEPAM INJECTION, 5 MG	01/01/2008	$0.86	0.0%	0.0%	N	Referral Requirec
J3364	UROKINASE, 5000 IU VIAL, I.V.	01/01/2008	$9.16	0.0%	0.0%	N	Referral Requirec
J3365	INJECTION IV, UROKIANSE 250,000 IU/VIAL	01/01/2008	$457.73	0.0%	0.0%	N	Referral Requirec
J3370	INJECTION, VANCOMYCIN HCI, UP TO 500 MG	01/01/2008	$3.45	0.0%	0.0%	N	Referral Requirec
J3396	INJECTION, VERTEPORFIN, 0.1 MG	01/01/2008	$9.12	0.0%	0.0%	N	Referral Requirec
J3400	INJECTION, VESPRIN, UP TO 20 MG	06/01/1987	$9.00	0.0%	0.0%	N	Referral Requirec
J3410	HYDROXYZINE HCL INJECTION,, UP TO 25 MG	01/01/2008	$0.18	0.0%	0.0%	N	Referral Requirec
J3411	INJECTION, THIAMINE HCL, 100 MG	01/01/2008	$2.36	0.0%	0.0%	N	Referral Requirec
J3415	INJECTION, PYRIDOXINE HCL, 100MG	01/01/2008	$3.88	0.0%	0.0%	N	Referral Requirec
J3420	INJECTION, VITAMIN B-12, UP TO 1000 MCG	01/01/2008	$0.55	0.0%	0.0%	N	Referral Requirec
J3430	INJECTION, VITAMIN K, PER 1 MG	01/01/2008	$3.62	0.0%	0.0%	N	Referral Requirec
J3465	INJECTION, VORIXONAZOLE, 10MG	01/01/2008	$5.13	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
J3470	HYALURONIDASE 150 UNITS (WYDASE) - 00008017001	01/01/2008	$16.63	0.0%	0.0%	N	Referral Required
J3471	INJECTION HYALURONIDA PER 1USP UNIT	01/01/2008	$0.12	0.0%	0.0%	N	Referral Required
J3472	INJECTION HYALURONIDA PER 1000 USP UNITS	01/01/2008	$135.04	0.0%	0.0%	N	Referral Required
J3473	INJECTION, HYALURONIDASE, RECOMBINANT, 1 USP UNIT	01/01/2008	$0.41	0.0%	0.0%	N	Referral Required
J3475	MAGNESIUM SULFATE, PER 500 MG - INJECTION	01/01/2008	$0.13	0.0%	0.0%	N	Referral Required
J3480	POTASSIUM CHLORIDE INJECTION PER 2 MEQ	01/01/2008	$0.04	0.0%	0.0%	N	Referral Required
J3485	INJECTION ZIDOVUDINE 10 MG	01/01/2008	$1.15	0.0%	0.0%	N	Referral Required
J3486	INJECTION, ZIPRASIDONE MESYLATE, 10MG	01/01/2008	$5.09	0.0%	0.0%	N	Referral Required
J3487	ZOLEDRONIC ACID, 1 MG	01/01/2008	$208.76	0.0%	0.0%	N	Referral Required
J3488	INJECTION, ZOLEDRONIC ACID (RECLAST), 1 MG	01/01/2008	$216.61	0.0%	0.0%	N	Referral Required
J3490	UNCLASSIFIED DRUGS	04/01/1986	$0.00	0.0%	0.0%	N	
J3520	ENDRATE ETHYLENEDIAMINE-TETRA-ACETIC ACID (EDTA)	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 SOLUTION, 1000 CC	01/01/2008	$1.20	0.0%	0.0%	N	Referral Required
J7040	INFUSION, NORMAL SALINE SOLUTION, (500 ML=1 UNIT)	01/01/2008	$0.60	0.0%	0.0%	N	Referral Required
J7042	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	01/01/2008	$0.45	0.0%	0.0%	N	Referral Required
J7050	INFUSION, NORMAL SALINE SOLUTION, 250 CC	01/01/2008	$0.30	0.0%	0.0%	N	Referral Required
J7060	5% DEXTROSE/WATER (500 ML = 1 UNIT)	01/01/2008	$1.46	0.0%	0.0%	N	Referral Required
J7070	INFUSION, D5W, 1000 CC	01/01/2008	$2.92	0.0%	0.0%	N	Referral Required
J7100	INFUSION, DEXTRAN 40, 500 ML	01/01/2008	$15.15	0.0%	0.0%	N	Referral Required
J7110	INFUSION, DEXTRAN 75, 500 ML	01/01/2008	$11.13	0.0%	0.0%	N	Referral Required
J7120	RINGERS LACTATE INFUSION UP TO 1000 CC	01/01/2008	$1.03	0.0%	0.0%	N	Referral Required
J7130	HYPERTONIC SALINE SOL., 20 CC VIAL	01/01/2005	$1.25	0.0%	0.0%	N	Referral Required
J7185	INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA), PER I.U.	01/01/2010	$1.09	0.0%	0.0%	N	Referral Required
J7186	INJ, ANTIHEMOPHILIC FCTR VIII/VON WILLEBRAND FCTR CMPLX (HUMAN), PER	01/01/2009	$0.86	0.0%	0.0%	N	Referral Required
J7187	INJECTION, VON WILLEBRAND FACTOR COMPLEX, HUMAN, RISTOCETIN COFACTOR, PER IU	01/01/2008	$0.88	0.0%	0.0%	N	Referral Required
J7189	FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER 1MCG	01/01/2008	$1.17	0.0%	0.0%	N	Referral Required
J7190	FACTOR VIII, ANTIHEMOPHILIAC FACTOR-HUMAN PER UNIT	01/01/2008	$0.78	0.0%	0.0%	N	Referral Required
J7191	FACTOR VIII ANTI-HEMOPHILIAC FACTOR PORCINE; PER I.U.	01/01/2005	$1.72	0.0%	0.0%	N	Referral Required
J7192	FACTOR VIII, RECOMBINANT, PER IU	01/01/2008	$1.06	0.0%	0.0%	N	Referral Required
J7193	FACTOR IX ANTIHEMOPHILIAC FACTOR PURIFIED NON RECOMBINANT PER IU	01/01/2008	$0.90	0.0%	0.0%	N	Referral Required
J7194	FACTOR IX, COMPLEX, HEAT TREATED, PER UNIT	01/01/2008	$0.82	0.0%	0.0%	N	Referral Required
J7195	FACTOR IX ANTIHEMOPHILIAC RECOMBINANT, PER IU	01/01/2008	$1.06	0.0%	0.0%	N	Referral Required
J7197	ANITHROMBIN 3 (HUMAN) PER I UNIT (SOOIU/VIAL)	01/01/2008	$1.91	0.0%	0.0%	N	Referral Required
J7198	ANTI-INHIBITOR; PER I.U.	01/01/2008	$1.43	0.0%	0.0%	N	Referral Required
J7199	HEMOPHILIA CLOTTING FACTOR; NOT OTHERWISE CLASSIFIED	01/01/2001	$0.00	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	11/01/2005	$377.00	0.0%	0.0%	N	
J7302	LEVONORGESTREL RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM 52 MG (IUD)	10/01/2007	$468.71	0.0%	0.0%	N	
J7303	CONTRACEPTIVE SUPPLY, HORMONE CONTAINING VAGINAL RING, EACH	01/01/2004	$0.00	0.0%	0.0%	N	Referral Requirec
J7304	CONTRACEPTIVE SUPPLY, HORMONE CONTAINING PATCH, EACH	01/01/2005	$0.00	0.0%	0.0%	N	Referral Requirec
J7306	LEVONORGESTREL IMPLANT SYSTEM, INCLUDING IMPLANTS AND SUPPLIES	01/01/2006	$0.00	0.0%	0.0%	N	
J7307	ETONOGESTREL IMPLANT SYSTEM, INCL IMPLANT & SUPPLIES	10/01/2008	$623.62	0.0%	0.0%	N	
J7308	AMINOLEVULINIC ACID HC FOR TOPICAL ADMINISTRATION, 20%, SUD FORM (354MG)	01/01/2008	$110.45	0.0%	0.0%	N	Referral Requirec
J7310	INJ-GANCILLOVOR 4.5MG LONG ACTING IMPL.61772000201	01/01/2008	$4,770.00	0.0%	0.0%	N	Referral Requirec
J7311	FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT (RETISERT)	01/01/2008	$19,345.00	0.0%	0.0%	Y	Referral Requirec
J7318	HYALURONANOR DERIVATIVE INTRA-ARTICULAR INJECTION 1MG	01/01/2006	$0.00	0.0%	0.0%	N	Referral Requirec
J7321	HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, PER DOSE	01/01/2008	$102.78	0.0%	0.0%	N	Referral Requirec
J7322	HYALURONAN OR DERIVATIVE, SYNVISC, PER DOSE	01/01/2008	$179.81	0.0%	0.0%	N	Referral Requirec
J7323	HYALURONAN OR DERIVATIVE, EUFLEXXA, PER DOSE	01/01/2008	$112.07	0.0%	0.0%	N	Referral Requirec
J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, PER DOSE	01/01/2008	$176.16	0.0%	0.0%	N	Referral Requirec
J7325	HYALURONAN OR DERIVATIVE, SYNVISC OR SYNVISC-ONE, FOR INTRA-ARTICULAR	01/01/2010	$11.74	0.0%	0.0%	N	Referral Requirec
J7500	ALATHIOPRINE ORAL 50MG/100S EA	01/01/2008	$0.26	0.0%	0.0%	N	Referral Requirec
J7501	AZATHIOPRINE PAR 100MG	01/01/2008	$48.54	0.0%	0.0%	N	Referral Requirec
J7502	CYCLOSPORINE ORAL 100MG (NEORAL, SANDIMMUNE)	01/01/2008	$3.51	0.0%	0.0%	N	Referral Requirec
J7504	LYMPHOCYTE IMM GLOBULIN ANTILYMPHOCYTE 250 MG	01/01/2008	$377.06	0.0%	0.0%	N	Referral Requirec
J7505	MONOCLONAL ANTIBODIES PAR/AMP 5MG	01/01/2008	$987.06	0.0%	0.0%	N	Referral Requirec
J7506	PREDNISIONE ORAL 100 TABS 5MG	01/01/2008	$0.18	0.0%	0.0%	N	Referral Requirec
J7507	TACROLIMUS (PROGRAF) CAPSULE, 1 MG	01/01/2008	$3.87	0.0%	0.0%	N	Referral Requirec
J7509	METHYLPREDNISOLONE ORAL, PER 4MG., X-OVER ONLY	01/01/2008	$0.06	0.0%	0.0%	N	Referral Requirec
J7510	PREDNISOLONE-ORAL, 5MG X-OVER ONLY DELTA-CORTEF	01/01/2008	$0.02	0.0%	0.0%	N	Referral Requirec
J7511	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCTYE GLOBULIN, RABBIT, PARENTERAL, 25MG	01/01/2008	$342.29	0.0%	0.0%	N	Referral Requirec
J7513	DACLIZUMAB PARENTERAL 25MG	01/01/2008	$322.12	0.0%	0.0%	N	Referral Requirec
J7515	CYCLOSPORINE, ORAL 25 MG (NEORAL, SANDIMMUNE)	01/01/2008	$0.89	0.0%	0.0%	N	Referral Requirec
J7516	CYCLOSPORIN PARENTERAL 250MG	01/01/2008	$19.53	0.0%	0.0%	N	Referral Requirec
J7517	MYCOPHENOLATE MOFETIL (CELLCEPT) ORAL, 250 MG	01/01/2008	$2.81	0.0%	0.0%	N	Referral Requirec
J7518	MYCOPHENOLIC ACID, ORAL 180 MG	01/01/2008	$2.47	0.0%	0.0%	N	Referral Requirec
J7520	SIROLIMUS ORAL 1 MG	01/01/2008	$7.58	0.0%	0.0%	N	Referral Requirec
J7525	TACROLIMUS PARENTERAL 5 MG	01/01/2008	$139.70	0.0%	0.0%	N	Referral Requirec
J7599	METHYLPREDNISOLONE SODIUM SUCCINATE	01/01/1996	$0.00	0.0%	0.0%	N	Referral Requirec
J7604	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, PER GRAM	01/01/2008	$2.37	0.0%	0.0%	N	Referral Requirec
J7605	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT,15 MICROGRAMS	01/01/2008	$4.71	0.0%	0.0%	N	Referral Requirec
J7606	FORMOTEROL FUMARATE, INHAL SOL, NON-COMPOUN, ADMIN THRU DME,	01/01/2009	$4.18	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
J7607	LEVALBUTEROL, INHALATION SOL, COMPOUNDED PROD, ADMIN THROUGH DME, 0.5 MG	01/01/2007	$0.00	0.0%	0.0%	N	Referral Required
J7608	ACETYCSTEINE INHALATION SOLUTION ADMINISTERED THRU DME UNIT DOSE, PER GRAM	01/01/2008	$2.27	0.0%	0.0%	N	Referral Required
J7609	ALBUTEROL, INHALATION SOL, COMPOUNDED PROD, ADMIN THROUGH DME, UNIT DOSE, 1 MG	01/01/2007	$0.00	0.0%	0.0%	N	Referral Required
J7610	ALBUTEROL, INHALATION SOL, COMPOUNDED PROD, ADMIN THRU DME, CONCEN FORM, 1 MG	01/01/2007	$0.00	0.0%	0.0%	N	Referral Required
J7611	ALBUTEROL, INHALATION SOL, FDA-APPROVED, NON-COMPOUNDED, ADMIN THRU DME, 1MG	04/01/2008	$0.08	0.0%	0.0%	N	
J7612	LEVALBUTEROL, INHAL SOL, FDA-APP FINAL PROD, NON-COMPOUND, ADM THRU DME, 0.5 MG	04/01/2008	$0.12	0.0%	0.0%	N	
J7613	ALBUTEROL, INHALATION SOL, FDA-APP FINAL PROD, NON-COMP, ADM THRU DME, DOSE 1MG	04/01/2008	$0.04	0.0%	0.0%	N	
J7614	LEVALBUTEROL INHALATION SOL, FDA-APP FINAL PROD, NON-COMP, ADMIN THRU DME 0.5 MG	04/01/2008	$0.23	0.0%	0.0%	N	
J7615	LEVALBUTEROL, INHALATION SOL, COMPOUNDED PROD, ADMIN THRU DME, UNIT DOSE, 0.5 MG	01/01/2007	$0.00	0.0%	0.0%	N	Referral Required
J7620	ALBUTEROL,UP to 2.5 MG & IPRATROPIUM BROMIDE, UP to 0.5 MG, FDA-APP	01/01/2008	$0.81	0.0%	0.0%	N	Referral Required
J7622	BETHAMETHASONE, INHALATION SOLUTION ADMIN.THROUGH DME, UNIT DOSE FORM PER MG	01/01/2002	$0.00	0.0%	0.0%	N	Referral Required
J7624	BETHAMETHASONE INHALATION SOLUTION ADMINISTERED THROUGH DME UNIT DOSE FORM/ MG.	01/01/2002	$0.00	0.0%	0.0%	N	Referral Required
J7626	BUDESONIDE INHALATION SOLUTION ADMIN. THROUGH DME, UNIT DOSE FORM 0.50MG	01/01/2008	$5.09	0.0%	0.0%	N	Referral Required
J7627	BUDESONIDE, POWDER, COMPOUNDED FOR INHALATION SOLUTION	01/01/2006	$0.00	0.0%	0.0%	N	Referral Required
J7628	BITOLTEROL MESYLATE, INHALATION SOLUTION, PER MILLIGRAM	01/01/2000	$0.25	0.0%	0.0%	N	Referral Required
J7629	BITOLTEROL MESYLATE, INHALATION SOLUTION, UNIT DOSE FORM, PER MILLIGRAM	01/01/2000	$0.33	0.0%	0.0%	N	Referral Required
J7630	CROMOLYN SODIUM,PER 20 MG,INHALATION THROUGH DME	01/01/1994	$1.00	0.0%	0.0%	N	Referral Required
J7631	CROMOLYN SODIUM INHALATION SOLUTION ADMINISTERED THRU DME UNIT DOSE PER 10 MG	01/01/2008	$0.07	0.0%	0.0%	N	Referral Required
J7632	CROMOLYN SODIUM, INHALATION SOL, COMPOUNDED PRODUCT, PER 10 ML	01/01/2008	$0.00	0.0%	0.0%	N	Referral Required
J7633	BUDESONIDE INHALATION SOLUTION THRU DME, CONCENTRATED FORM, PER 0.25 MILLIGRAM	01/01/2003	$0.00	0.0%	0.0%	N	Referral Required
J7634	BUDESONIDE, INHALATION SOL, COMPOUNDED PROD, ADMIN THRU DME, PER 0.25 MG	01/01/2007	$0.00	0.0%	0.0%	N	Referral Required
J7635	ATROPINE, INHALATION SOLUTION, ADMINISTERED THROUGH DME, PER MILLIGRAM	01/01/2000	$0.13	0.0%	0.0%	N	Referral Required
J7636	ATROPINE INHALATION SOLUTION ADMIN. COMPOUND PROD.THRU DME UNIT DOSE FORM PER MG	01/01/2000	$0.34	0.0%	0.0%	N	Referral Required
J7637	DEXAMETHASONE INHALATION SOL, COMPOUND PROD, ADMIN THRU DME CONCENTRATE PER MG	01/01/2000	$0.33	0.0%	0.0%	N	Referral Required
J7638	DEXAMETHASONE INHALATION SOL, COMPOUND PROD, ADMIN THRU DME UNIT DOES PER MG.	01/01/2000	$0.21	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
J7639	DORNASE ALPHA INHALATION SOLUTION ADMINISTERED THRU DME UNIT DOSE FORM PER MG.	01/01/2008	$20.85	0.0%	0.0%	N	Referral Required
J7640	FORMORTEROL, INHALATION SOLUTION ADMINISTERED THROUGH DME, 12 MCGS	01/01/2006	$0.00	0.0%	0.0%	N	Referral Required
J7641	FLUNISOLIDE, INHALATION SOLUTION ADMIN. THROUGH DME, UNIT DOSE PER MILLIGRAM	01/01/2002	$0.00	0.0%	0.0%	N	Referral Required
J7642	GLYCOPYRROLATE INHALATION SOL, COMPOUND PROD, ADMIN. THRU DME, PER MG.	01/01/2000	$0.31	0.0%	0.0%	N	Referral Required
J7643	GLYCOPYRROLATE INHALATION SOLUTION ADMIN. THRU DME UNIT DOSE FORM PER MG.	01/01/2000	$0.84	0.0%	0.0%	N	Referral Required
J7644	IPRATROPIUM BROMIDE INHALATION SOL, FDA APP, THRU DME UNIT DOES FORM PER MG.	01/01/2008	$0.21	0.0%	0.0%	N	Referral Required
J7645	IPRATROPIUM BROMIDE, INHALATION SOL, COMPOUNDED, (ADMIN THRU DME) PER MG	01/01/2007	$0.00	0.0%	0.0%	N	Referral Required
J7647	ISOETHARINE HCL, INHALATION SOL, COMPOUNDED PROD, ADMIN THRU DME, PER MG	01/01/2007	$0.00	0.0%	0.0%	N	Referral Required
J7648	ISOETHARINE HC1 INHALATION SOL FDA APP, ADMIN THRU DME CONCENTRATED FORM PER MG.	01/01/2000	$0.17	0.0%	0.0%	N	Referral Required
J7649	ISOETHARINE HC1 INHALATION SOL ADMIN, FDA APP, THRU DME UNIT DOSE FORM PER MG.	01/01/2000	$0.17	0.0%	0.0%	N	Referral Required
J7650	ISOETHARINE HCL 0.1% PER ML ADMINISTERED	01/01/2007	$0.00	0.0%	0.0%	N	Referral Required
J7657	ISOPROTERENOL HCL, INHALATION SOL, COMPOUNDED PROD, ADMIN THRU DME, PER MG	01/01/2007	$0.00	0.0%	0.0%	N	Referral Required
J7658	ISOPROTERENOL HC1 INHALAT SOL ADMIN, FDA APP. THRU DME CONCENTRATE FORM PER MG	01/01/2000	$0.31	0.0%	0.0%	N	Referral Required
J7659	ISOPROTERENOL HC1 INHALATION SOL ADMIN, FDA APP, THRU DME UNIT DOSE PER MG.	01/01/2000	$0.40	0.0%	0.0%	N	Referral Required
J7660	ISOPROTERENOL HCL, INHAL SOL, COMPOUND PROD, ADMIN THRU DME, UNIT DOSE , PER MG	01/01/2007	$0.00	0.0%	0.0%	N	Referral Required
J7667	METAPROTERENOL SULFATE, INHALATION SOL, COMPOUND PROD, CONCENTRATE, PER 10 MG	01/01/2007	$0.00	0.0%	0.0%	N	Referral Required
J7668	METAPROTERENOL SULFATE INHAL. SOL, FDA APP ADMIN/DME CONCENTRATED PER 10 MG	01/01/2000	$0.25	0.0%	0.0%	N	Referral Required
J7669	METAPROTERENOL SULFATE INHALATION SOLUTION, FDA APP. THRU DME UNIT DOSE 10 MG	01/01/2008	$0.27	0.0%	0.0%	N	Referral Required
J7670	METAPROTERENOL SULFATE, INHAL SOL, COMPND, ADM THRU DME, UNIT DOSE, PER 10 MG	01/01/2007	$0.00	0.0%	0.0%	N	Referral Required
J7674	METHACHOLINE CHLORIDE ADMIN AS INHAL SOL THROUGH PER 1MG	01/01/2008	$0.42	0.0%	0.0%	N	Referral Required
J7676	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, PER 300 MG	01/01/2008	$0.00	0.0%	0.0%	N	Referral Required
J7680	TERBUTALINE SULFATE INHAL SOL, COMPOUND PROD ADMIN. THRU DME CONCENTRATED PER MG	01/01/2000	$1.86	0.0%	0.0%	N	Referral Required
J7681	TERBUTALINE SULFATE INHAL SOL, COMPOUND PROD ADMIN. THRU DME UNIT DOSE PER MG.	01/01/2000	$2.07	0.0%	0.0%	N	Referral Required
J7682	TOBRAMYCIN, INHAL SOL FDA-APP, NON-COMP, UNIT DOSE , ADMIN THRU DME, PER 300 MG	01/01/2008	$61.00	0.0%	0.0%	N	Referral Required
J7683	TRIAMCINOLONE INHAL SOL, COMPOUND PROD. ADMIN. THRU DME CONCENTRATED PER MG.	01/01/2000	$0.04	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
J7684	TRIAMCINOLONE INHALATION SOL, COMPOUNDED. ADMIN. THRU DME UNIT DOSE PER MG	01/01/2000	$0.14	0.0%	0.0%	N	Referral Required
J7685	TOBRAMYCIN, INHALATION SOL, COMPOUND, ADMIN THRU DME, UNIT DOSE , PER 300 MG	01/01/2007	$0.00	0.0%	0.0%	N	Referral Required
J7799	NOC DRUGS,OTHER THAN INHALATION DRUGS, THROUGH DME	01/01/1993	$0.00	0.0%	0.0%	N	Referral Required
J8498	ANTIEMETIC DRUG, RECTAL SUPPOSITORY, NOC	01/01/2006	$0.00	0.0%	0.0%	N	Referral Required
J8501	APREPITANT, ORAL 5MG	01/01/2008	$5.23	0.0%	0.0%	N	Referral Required
J8510	ORAL BUSALFAN 2 MG	01/01/2008	$2.40	0.0%	0.0%	N	Referral Required
J8515	CABERGOLINE, ORAL 0.25 MG (DOSTINEX)	01/01/2008	$17.27	0.0%	0.0%	N	Referral Required
J8520	CAPECITABINE, ORAL 150 MG	01/01/2008	$4.59	0.0%	0.0%	N	Referral Required
J8521	CAPECITABINE ORAL 500 MG	01/01/2008	$15.21	0.0%	0.0%	N	Referral Required
J8530	CYCLOPHOSPHAMIDE (CYTOXAN), ORAL, 25 MG (CYTOXAN)	01/01/2008	$0.86	0.0%	0.0%	N	Referral Required
J8540	DEXAMETHASONE, ORAL 0.25 MG	01/01/2008	$0.24	0.0%	0.0%	N	Referral Required
J8560	ETOPSODIE (VEPESID) ORAL, 50 MG (VEPESID)	01/01/2008	$28.63	0.0%	0.0%	N	Referral Required
J8597	ANTIEMETIC DRUG, ORAL, NOC	01/01/2006	$0.00	0.0%	0.0%	N	Referral Required
J8600	MELPHALAN (ALKERON) ORAL, 2 MG (ALKERAN)	01/01/2005	$2.19	0.0%	0.0%	N	Referral Required
J8610	METHOTREXATE; ORAL, 2.5 MG (RHEUMATREX DOSE PACK)	01/01/2008	$0.21	0.0%	0.0%	N	Referral Required
J8650	NABILONE, ORAL, 1 MG	01/01/2007	$0.00	0.0%	0.0%	N	Referral Required
J8700	TEMOZOLMIDE ORAL 5 MG	01/01/2008	$7.69	0.0%	0.0%	N	Referral Required
J8705	TOPOTECAN, ORAL, 0.25 MG	01/01/2009	$69.89	0.0%	0.0%	N	Referral Required
J9000	DOXORUBICIN HCL, 10 MG VIAL	01/01/2008	$6.83	0.0%	0.0%	N	Referral Required
J9001	DOXORUBICIN HYDROCHLORIDE ALL LIPID FORMULATIONS 10 MG	01/01/2008	$412.25	0.0%	0.0%	N	Referral Required
J9010	ALEMTUZUMAB, 10 MG	01/01/2008	$550.74	0.0%	0.0%	N	Referral Required
J9015	ALDESLIUKIN, PER SINGLE USE VIAL	01/01/2008	$796.36	0.0%	0.0%	N	Referral Required
J9017	ARSENIC TRIOXIDE, 1MG	01/01/2008	$33.99	0.0%	0.0%	N	Referral Required
J9020	ASPARAGINASE 10,000 UNITS (ELSPAR) 00006461200	01/01/2008	$54.78	0.0%	0.0%	N	Referral Required
J9025	INJECTION, AZACITIDINE, 1MG (VIDAZA)	01/01/2008	$4.39	0.0%	0.0%	N	Referral Required
J9027	INJECTION, CLOFARABINE, 1 MG (CLOLAR)	01/01/2008	$116.29	0.0%	0.0%	N	Referral Required
J9031	BACILLI CALMETTE-GUERIN BCG LIVE IV 1 EACH	01/01/2008	$117.34	0.0%	0.0%	N	Referral Required
J9033	INJECTION, BENDAMUSTINE HCL, 1 MG	01/01/2009	$18.61	0.0%	0.0%	N	Referral Required
J9035	INJECTION, BEVACIZUMAB, 10MG	01/01/2008	$57.46	0.0%	0.0%	N	Referral Required
J9040	BLEOMYCIN SULFATE 15 UNITS (BLENOXANE)-00015301020	01/01/2008	$35.88	0.0%	0.0%	N	Referral Required
J9041	INJECTION, BORTEZOMIB, 0.1 MG	01/01/2008	$34.44	0.0%	0.0%	N	Referral Required
J9045	CARBOPLATIN, PER 50 MG	01/01/2008	$7.05	0.0%	0.0%	N	Referral Required
J9050	CARMUSTINE 100 MG (BICNU) - 00015301238	01/01/2008	$153.79	0.0%	0.0%	N	Referral Required
J9055	INJECTION, CETUXIMAB, 10MG	01/01/2008	$49.79	0.0%	0.0%	N	Referral Required
J9060	CISPLATIN, PLATINOL, 10 MG VIAL	01/01/2008	$2.55	0.0%	0.0%	N	Referral Required
J9062	CISPLATIN, PLATINAL, 50 MG VIAL	01/01/2008	$12.75	0.0%	0.0%	N	Referral Required
J9065	CLADRIBINE (LEUSTATIN) IV, PER 1 MG	01/01/2008	$33.66	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
J9070	CYCLOPHOSPHAMIDE, CYTOXAN, 10 CC OR 100 MG	01/01/2008	$1.89	0.0%	0.0%	N	Referral Required
J9080	CYCLOPHOSPHAMIDE, CYTOXAN, 20 CC OR 200 MG	01/01/2008	$3.78	0.0%	0.0%	N	Referral Required
J9090	CYCLOPHOSPHAMIDE, CYTOXAN, 30 CC OR 500 MG	01/01/2008	$17.06	0.0%	0.0%	N	Referral Required
J9091	CYCLOPHOSPHAMIDE 1 G (CYTOXAN) 00015054841	01/01/2008	$18.90	0.0%	0.0%	N	Referral Required
J9092	CYCLOPHOSPHAMIDE 2 GM (CYTOXAN) 00015054941	01/01/2008	$37.79	0.0%	0.0%	N	Referral Required
J9093	CYCLOPHOSPHAMIDE, LYOPHILIZED 100 MG	01/01/2008	$1.93	0.0%	0.0%	N	Referral Required
J9094	CYCLOPHOSPHAMIDE LYOPHILIZED 200MG	01/01/2008	$3.85	0.0%	0.0%	N	Referral Required
J9095	CYCLOPHOSPHAMIDE LYOPHILIZED 500MG	01/01/2008	$9.63	0.0%	0.0%	N	Referral Required
J9096	CYCLOPHOSPHAMIDE LYOPHILIZED IV 1.0 GM	01/01/2008	$19.27	0.0%	0.0%	N	Referral Required
J9097	CYCLOPHOSPHAMIDE LYOPHILIZED IV 2.0 GM	01/01/2008	$38.54	0.0%	0.0%	N	Referral Required
J9098	CYTARABINE, LIPOSOME, 10MG	01/01/2008	$416.09	0.0%	0.0%	N	Referral Required
J9100	CYTARABINE 100 MG (CYTOSAR-U) 55390013110	01/01/2008	$1.93	0.0%	0.0%	N	Referral Required
J9110	CYTARBINE HCL 500 MG 55390013210	01/01/2008	$9.66	0.0%	0.0%	N	Referral Required
J9120	DACTINOMYCIN ACTINOMYCIN 0.5 MG (COSMEGEN) 00006329822	01/01/2008	$493.43	0.0%	0.0%	N	Referral Required
J9130	DACARBAZINE 100 MG (DTIC-DOME) 00026815110	01/01/2008	$5.58	0.0%	0.0%	N	Referral Required
J9140	DACARBAZINE 200 MG (DTIC-DOME) 00026815120	01/01/2008	$11.16	0.0%	0.0%	N	Referral Required
J9150	DAUNDRUBICIN HCL/10 MG (CERUBIDINE) 55390028110	01/01/2008	$19.95	0.0%	0.0%	N	Referral Required
J9151	DAUNORUBICIN CITRATE, LIPOSOMAL FORMULATION, 10 MG	01/01/2008	$56.03	0.0%	0.0%	N	Referral Required
J9155	INJECTION, DEGARELIX, 1 MG	01/01/2010	$2.28	0.0%	0.0%	N	Referral Required
J9160	DENILEUKIN DIFITOX 300 MCG	01/01/2008	$1,410.81	0.0%	0.0%	N	Referral Required
J9165	DIETHYLSTILBESTROL DIPHOSPHATE IV/IM 250MG	01/01/1991	$13.00	0.0%	0.0%	N	Referral Required
J9171	INJECTION, DOCETAXEL, 1 MG	01/01/2010	$17.62	0.0%	0.0%	N	Referral Required
J9175	INJECTION, ELLIOTT'S B SOLUTION, 1 ML	01/01/2008	$4.07	0.0%	0.0%	N	Referral Required
J9178	INJ EPIRUBICIN HCL, 2 MG	01/01/2008	$11.45	0.0%	0.0%	N	Referral Required
J9181	ETOPOSIDE, PER 10 ML	01/01/2008	$0.42	0.0%	0.0%	N	Referral Required
J9185	FLUDARABINE PHOS. 50 MG	01/01/2008	$237.51	0.0%	0.0%	N	Referral Required
J9190	FLUOROURACIL, 500 MGM AMP	01/01/2008	$1.81	0.0%	0.0%	N	Referral Required
J9200	FLOXURIDINE 500 MG (FUDR) - 00004193508	01/01/2008	$56.49	0.0%	0.0%	N	Referral Required
J9201	GEMCITABINE HC1, 200 MG. GEMZAR	01/01/2008	$131.65	0.0%	0.0%	N	Referral Required
J9202	GOSERELIN ACETATE IMPLANT PER 3.6 MG	01/01/2008	$191.86	0.0%	0.0%	N	Referral Required
J9206	IRINOTECAN, 20 MG. - CAMPTOSAR	01/01/2008	$126.31	0.0%	0.0%	N	Referral Required
J9207	INJECTION, IXABEPILONE, 1 MG	01/01/2009	$63.74	0.0%	0.0%	N	Referral Required
J9208	IFOSFAMIDE IV IGM/VIAL	01/01/2008	$35.55	0.0%	0.0%	N	Referral Required
J9209	MESNA 200 MG	01/01/2008	$7.90	0.0%	0.0%	N	Referral Required
J9211	IDARUBICIN HCL, 5 MG (IDAMYCIN)	01/01/2008	$290.42	0.0%	0.0%	N	Referral Required
J9212	INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MCG	01/01/2008	$4.66	0.0%	0.0%	N	Referral Required
J9213	INTERFERON, ALFA-2A RECOMBINANT, 3 MILLION UNITS	01/01/2008	$41.80	0.0%	0.0%	N	Referral Required
J9214	INTERFERON, ALFA-2B RECOMBINANT, 1 MILLION UNITS	01/01/2008	$14.28	0.0%	0.0%	N	Referral Required
J9215	INTERFERON ALFA-N3, 250000 IU (ALFERON-N)	01/01/2005	$8.60	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
J9216	INTERFERON, GAMMA 1-B, 3 MILLION UNITS (ACTIMMUNE)	01/01/2008	$309.58	0.0%	0.0%	N	Referral Required
J9217	LEUPROLIDE ACETATE FOR DEPOT SUSPENSION 7.5MG	01/01/2008	$242.79	0.0%	0.0%	N	Referral Required
J9218	INJECTION OF LEUPROLIDE ACETATE (LUPRON) 1MG	01/01/2008	$7.75	0.0%	0.0%	N	Referral Required
J9219	LEUPROLIDE ACETATE IMPLANT 65 MG	01/01/2008	$1,714.87	0.0%	0.0%	N	Referral Required
J9225	HISTRELIN IMPLANT, 50MG	01/01/2008	$1,478.28	0.0%	0.0%	N	Referral Required
J9226	HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG	01/01/2008	$14,834.06	0.0%	0.0%	N	Referral Required
J9230	MECHLORETHAMINE,HCL (NITROGEN MUSTARD) 10 MG	01/01/2008	$144.44	0.0%	0.0%	N	Referral Required
J9245	MELPHALAN (ALKERAN) INJ., 50 MG I.V.	01/01/2008	$1,563.63	0.0%	0.0%	N	Referral Required
J9250	METHOTREXATE SODIUM 5MG	01/01/2008	$0.26	0.0%	0.0%	N	Referral Required
J9260	METHOTREXATE SODIUM MIX, 2CC OR 50 ML	01/01/2008	$2.74	0.0%	0.0%	N	Referral Required
J9261	INJECTION, NELARABINE, 50 MG	01/01/2008	$88.17	0.0%	0.0%	N	Referral Required
J9263	INJECTION, OXALIPLATIN, 0.5 MG	01/01/2008	$9.47	0.0%	0.0%	N	Referral Required
J9264	INJECTION, PACLITAXEL PROTEIN BOUND PARTICLES, 1MG	01/01/2008	$8.88	0.0%	0.0%	N	Referral Required
J9265	PACLITAXEL (TAXOL) 30MG	01/01/2008	$13.58	0.0%	0.0%	N	Referral Required
J9266	PEGASPARGASE (ONCASPAR) 1 EACH VIAL	01/01/2008	$2,098.87	0.0%	0.0%	N	Referral Required
J9268	PENTOSTATIN, PER 10 MG	01/01/2008	$1,858.68	0.0%	0.0%	N	Referral Required
J9270	PLICAMYCIN (MITHRAMYCIN), 2.5 MG	01/01/2005	$78.99	0.0%	0.0%	N	Referral Required
J9280	MITOMYCIN, 5 MG	01/01/2008	$15.06	0.0%	0.0%	N	Referral Required
J9290	MITOMYCIN, 20 MG	01/01/2008	$60.26	0.0%	0.0%	N	Referral Required
J9291	MITOMYCIN IV 40 MG	01/01/2008	$120.51	0.0%	0.0%	N	Referral Required
J9293	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	01/01/2008	$105.14	0.0%	0.0%	N	Referral Required
J9300	GEMTUZUMAB OZOGAMICIN, 5MG	01/01/2008	$2,434.95	0.0%	0.0%	N	Referral Required
J9303	INJECTION, PANITUMUMAB, 10 MG	01/01/2008	$82.87	0.0%	0.0%	N	Referral Required
J9305	INJECTION, PEMETREXED 10MG	01/01/2008	$46.08	0.0%	0.0%	N	Referral Required
J9309	INJECTION, PANITUMUMAB 10MG	01/01/2008	$82.87	0.0%	0.0%	N	Referral Required
J9310	RITUXIMAB CANCER TREATMENT, 100 MG	01/01/2008	$508.66	0.0%	0.0%	N	Referral Required
J9320	STREPOZOCIN INJ 1 GM	01/01/2008	$157.94	0.0%	0.0%	N	Referral Required
J9328	INJECTION, TEMOZOLOMIDE, 1 MG	01/01/2010	$0.00	0.0%	0.0%	N	Referral Required
J9330	TESTLACTONE, TESLAC, 250 MGM	01/01/2009	$47.91	0.0%	0.0%	N	Referral Required
J9340	THIOTEPA INJECTION, 15 MG	01/01/2008	$41.21	0.0%	0.0%	N	Referral Required
J9350	TOPOTECAN, 4 MG	01/01/2008	$875.46	0.0%	0.0%	N	Referral Required
J9355	TRASTUZUMAB, 10 MG	01/01/2008	$59.02	0.0%	0.0%	N	Referral Required
J9360	VINBLASTINE SULFATE 1 MG (VELBAN) 49452811201	01/01/2008	$1.07	0.0%	0.0%	N	Referral Required
J9370	VINCRISTINE SULFATE 1 MG (ONCOVIN) 49452811401	01/01/2008	$7.73	0.0%	0.0%	N	Referral Required
J9375	VINCRISTINE SULFATE 2 MG (ONCOVIN) 61703030916	01/01/2008	$15.46	0.0%	0.0%	N	Referral Required
J9380	VINCRISTINE SULFATE 5 MG (ONOCOVIN) 00002719601	01/01/2008	$38.66	0.0%	0.0%	N	Referral Required
J9390	VINORELBINE TARTRATE PER 10 MG	01/01/2008	$18.86	0.0%	0.0%	N	Referral Required
J9395	INJECTION, FULVESTRANT, 25 MG	01/01/2008	$81.37	0.0%	0.0%	N	Referral Required
J9600	PORFIMER SODIUM, 75 MG.	01/01/2008	$2,556.53	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
J9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	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)-PURCHASE PRICE	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 WHEELCHAIR	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
K0010	STANDARD-WEIGHT FRAME MOTORIZED W/C	03/02/1997	$4,063.30	0.0%	0.0%	Y	Referral Required
K0011	STD-WGHT FRAME W/C-PROGRAMABLE CNTRL	03/01/1997	$5,024.90	0.0%	0.0%	Y	Referral Required
K0012	LIGHTWEIGHT PORTABLE WHEELCHAIR-PURCHASE PRICE	03/01/1997	$3,082.30	0.0%	0.0%	Y	Referral Required
K0014	OTHER MOTORIZED/POWER WHEELCHAIR BASE	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; EACH	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 EACH	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" FOR ULTRA LT W/C	03/01/1997	$89.19	0.0%	0.0%	Y	Referral Required
K0065	SPOKE PROTECTORS, EACH	03/01/1997	$41.69	0.0%	0.0%	Y	Referral Required
K0069	REAR WHEEL ASSMB, COMP-W/SOLID TIRE,SPOKES/MOLD EA	03/01/1997	$93.69	0.0%	0.0%	Y	Referral Required
K0070	REAR WHEEL ASSMB,COMP W/PNEU TIRE,SPOKES/MOLDED EA	03/01/1997	$171.79	0.0%	0.0%	Y	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
K0071	FRONT CASTER ASSMB, COMP W/PNEMATIC TIRE, EA	03/01/1997	$102.45	0.0%	0.0%	Y	Referral Requirec
K0072	FRONT CASTER ASSMB, COMP W/SEMI-PNEUMATIC TIRE, EA	03/01/1997	$57.96	0.0%	0.0%	Y	Referral Requirec
K0073	CASTER PIN LOCK, EACH	03/01/1997	$31.38	0.0%	0.0%	Y	Referral Requirec
K0077	FRONT CASTER ASSEMBLY, COMP. W/SOLID TIRE, EA	03/01/1997	$55.17	0.0%	0.0%	Y	Referral Requirec
K0099	FRONT CASTER FOR POWER W/C	03/01/1997	$75.89	0.0%	0.0%	Y	Referral Requirec
K0105	IV HANGER	03/01/1997	$93.25	0.0%	0.0%	Y	Referral Requirec
K0108	OTHER W/C ACCESSORIES	11/01/1993	$0.00	0.0%	0.0%	Y	Referral Requirec
K0155	NON POWER ADJ ZONE PRESSURE REDUCING MATTRESS OVER	11/01/1993	$211.20	0.0%	0.0%	N	Referral Requirec
K0183	NASAL APPLICATION DEVICE USE W/CPAP	03/01/1998	$76.66	0.0%	0.0%	N	Referral Requirec
K0184	NASAL PILLOWS/SEAL REPLACEMENT FOR NASAL APPLIC DE	03/01/1998	$23.49	0.0%	0.0%	N	Referral Requirec
K0185	HEAD GEAR, USE W/CPAP	03/01/1998	$37.92	0.0%	0.0%	N	Referral Requirec
K0186	CHIN STRAP, USE W/CPAP	03/01/1998	$17.36	0.0%	0.0%	N	Referral Requirec
K0187	TUBING, USED WITH/CPAP	03/01/1998	$39.12	0.0%	0.0%	N	Referral Requirec
K0188	FILTER, DISPOS,USE W/CPAP	03/01/1998	$5.14	0.0%	0.0%	N	Referral Requirec
K0189	FILTER, NON-DISPOS-USE W/CPAP	03/01/1998	$14.62	0.0%	0.0%	N	Referral Requirec
K0195	ELEVATING LEG REST, PAIR (USE W/CAPPED RENTAL WC)	01/01/1997	$181.40	0.0%	0.0%	Y	Referral Requirec
K0455	INFUSION PUMP FOR UNINTERRUPTED ADMINISTRATION OF EPOPROSTENOL	01/01/2000	$2,526.40	0.0%	0.0%	N	Referral Requirec
K0462	TEMPORARY REPLACEMENT OF PT OWNED EQUIP BEING REPAIRED ANY TYPE	01/01/2003	$0.00	0.0%	0.0%	Y	Referral Requirec
K0552	SUPPLIES FOR EXTERNAL INFUSION PUMP SYRINGE TYPE CARTRIDGE STERILE; EACH	07/01/2003	$2.61	0.0%	0.0%	N	Referral Requirec
K0601	REPLACEMENT BATTERY EXTERNAL INFUSION PUMP OWNED BY PT SILVER OXIDE 1.5 EACH	07/01/2003	$1.10	0.0%	0.0%	N	Referral Requirec
K0602	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PT SILVER OXIDE 3	07/01/2003	$6.36	0.0%	0.0%	N	Referral Requirec
K0603	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PT ALKALINE 1.5 EACH	07/01/2003	$0.57	0.0%	0.0%	N	Referral Requirec
K0604	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PT LITHIUM 3.6V EACH	07/01/2003	$6.09	0.0%	0.0%	N	Referral Requirec
K0605	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PT LITHIUM 4.5V EACH	07/01/2003	$14.60	0.0%	0.0%	N	Referral Requirec
K0606	AUTOMATIC EXTERNAL DEFIBRILLATOR WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS	04/01/2009	$23,816.10	0.0%	0.0%	Y	Referral Requirec
K0607	REPLACEMENT BATTERY FOR AUTOMATIC EXTERNAL DEFIBRILLATOR; EACH	07/01/2003	$194.23	0.0%	0.0%	N	Referral Requirec
K0608	REPLACEMENT GARMENT FOR USE WITH AUTOMATIC EXTERNAL DEFIBRILLATOR; EACH	07/01/2003	$121.21	0.0%	0.0%	N	Referral Requirec
K0609	REPLACEMENT ELECTRODES FOR USE WITH AUTOMATIC EXTERNAL DEFIBRILLATOR; EACH	07/01/2003	$806.09	0.0%	0.0%	N	Referral Requirec
K0672	ADDITION TO LOWER EXTREMITY ORTHOSIS, ALL COMPONENTS, REPLACEMENT ONLY, EACH	04/01/2009	$77.85	0.0%	0.0%	N	Referral Requirec
K0730	CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM	04/01/2009	$1,810.22	0.0%	0.0%	N	Referral Requirec
K0733	POWER WHEELCHAIR ACCESSORY, 12-24 AMP HR SEALED LEAD ACID BATTERY, EACH	07/01/2006	$30.21	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
K0734	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE 22 IN OR GREATER	01/01/2007	$331.47	0.0%	0.0%	Y	Referral Required
K0735	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, 22 INCHES OR GREATER	01/01/2005	$421.78	0.0%	0.0%	Y	Referral Required
K0736	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, LESS THAN 22 INCHES	01/01/2005	$334.19	0.0%	0.0%	Y	Referral Required
K0737	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION 22 INCHES OR GREATER	01/01/2005	$423.06	0.0%	0.0%	Y	Referral Required
K0738	PORTABLE GASEOUS OXYGEN SYST, RENTAL; HOME COMPRESSOR TO FILL PORTABLE OXYGEN	05/01/2009	$516.30	0.0%	0.0%	N	Referral Required
K0800	POWER OPERATED VEHICLE, GRP 1 STANDARD, PT WEIGHT CAPACITY UP TO & INCL 300 LBS	04/01/2009	$1,169.96	0.0%	0.0%	Y	Referral Required
K0801	POWER OPERATED VEHICLE, GRP 1 HVY DUTY, PT WEIGHT CAPACITY 301-450 LBS	04/01/2009	$1,886.22	0.0%	0.0%	Y	Referral Required
K0802	POWER OPERATED VEHICLE, GRP 1 VERY HVY DUTY, PT WEIGHT CAPACITY 451-600 LBS	04/01/2009	$2,134.59	0.0%	0.0%	Y	Referral Required
K0806	POWER OPERATED VEHICLE, GRP 2 STANDARD, PT WEIGHT CAP UP TO AND INCL 300 LBS	04/01/2009	$1,415.34	0.0%	0.0%	Y	Referral Required
K0807	POWER OPERATED VEHICLE, GRP 2 HEAVY DUTY, PT WEIGHT CAPACITY 301-450 LBS	04/01/2009	$2,147.61	0.0%	0.0%	Y	Referral Required
K0808	POWER OPERATED VEHICLE, GRP 2 VERY HVY DUTY, PT WEIGHT CAPACITY 451-600 LBS	04/01/2009	$3,322.80	0.0%	0.0%	Y	Referral Required
K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED	01/01/2007	$0.00	0.0%	0.0%	Y	Referral Required
K0813	POWER WHEELCHAIR, GRP 1 PRTBL SLING/SOLID SEAT/BACK, PT WEIGHT UP TO&INCL 300LBS	01/01/2007	$2,533.02	0.0%	0.0%	Y	Referral Required
K0814	POWER WHEELCHAIR, GRP 1 , PORTABLE, CAPT CHAIR, PT WEIGHT CAP UP TO/INCL 300 LBS	01/01/2007	$3,242.19	0.0%	0.0%	Y	Referral Required
K0815	POWER WHEELCHAIR, GRP 1 STANDARD, PT WEIGHT CAPACITY UP TO & INCL 300 LB	01/01/2007	$3,692.12	0.0%	0.0%	Y	Referral Required
K0816	POWER WHEELCHAIR, GRP 1 STANDARD, CAPT CHAIR, PT WEIGHT CAP UP TO & INCL 300 LBS	01/01/2007	$3,535.77	0.0%	0.0%	Y	Referral Required
K0820	POWER WHEELCHAIR, GRP 2 STANDARD, PORTABLE, PT WEIGHT CAP UP TO & INCL 300 LBS	01/01/2007	$2,705.43	0.0%	0.0%	Y	Referral Required
K0821	POWER WHEELCHAIR, GRP 2 STANDARD, CAPT CHAIR, PT WEIGHT UP TO & INCL 300 LBS	01/01/2007	$3,473.09	0.0%	0.0%	Y	Referral Required
K0822	POWER WHEELCHAIR, GRP 2 STANDARD, PT WEIGHT CAP UP TO & INCL 300 LBS	01/01/2007	$4,208.51	0.0%	0.0%	Y	Referral Required
K0823	POWER WHEELCHAIR, GRP 2 STANDARD, CAPT CHAIR, PT WEIGHT CAP UP TO & INCL 300 LBS	11/15/2006	$4,224.89	0.0%	0.0%	Y	Referral Required
K0824	POWER WHEELCHAIR, GRP 2 HVY DUTY, PT WEIGHT CAPACITY 301 TO 450 LBS	01/01/2007	$5,084.84	0.0%	0.0%	Y	Referral Required
K0825	POWER WHEELCHAIR, GRP 2 HVY DUTY, CAPT CHAIR, PT WEIGHT CAP 301-450 LBS	01/01/2007	$4,441.08	0.0%	0.0%	Y	Referral Required
K0826	POWER WHEELCHAIR, GRP 2 VERY HVY DUTY, PT WEIGHT CAP 451-600 LBS	01/01/2007	$6,582.77	0.0%	0.0%	Y	Referral Required
K0827	POWER WHEELCHAIR, GRP 2 VERY HVY DUTY, CAPT CHAIR, PT WEIGHT CAP 451-600 LBS	01/01/2007	$5,597.45	0.0%	0.0%	Y	Referral Required
K0828	POWER WHEELCHAIR, GRP 2 EXTRA HVY DUTY, PT WEIGHT CAP 601 LBS OR MORE	01/01/2007	$7,253.61	0.0%	0.0%	Y	Referral Required
K0829	POWER WHEELCHAIR, GRP 2 EXTRA HVY DUTY, CAPT CHAIR, PT WEIGHT 601 LBS OR MORE	01/01/2007	$6,660.89	0.0%	0.0%	Y	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
K0830	POWER WHEELCHAIR, GRP 2 STNDRD, SEAT ELEV, PT WEIGHT CAP UP TO & INCL 300 LBS	01/01/2007	$4,109.81	0.0%	0.0%	Y	Referral Required
K0831	POWER WHEELCHAIR, GRP 2, SEAT ELEV, CAPT CHAIR, PT WEIGHT CAP UP TO/INCL 300 LBS	01/01/2007	$4,109.81	0.0%	0.0%	Y	Referral Required
K0835	POWER WHEELCHAIR, GRP 2, SINGLE POWER OPT, PT WEIGHT CAP UP TO & INCL 300 LBS	01/01/2007	$4,338.92	0.0%	0.0%	Y	Referral Required
K0836	POWER WHEELCHAIR, GRP 2, SINGLE POWER OPT, PT WEIGHT CAP UP TO & INCL 300 LBS	01/01/2007	$4,417.88	0.0%	0.0%	Y	Referral Required
K0837	POWER WHEELCHAIR, GRP 2 HVY DTY, SINGLE POWER OPT, PT WEIGHT CAP 301-450 LBS	01/01/2007	$5,084.84	0.0%	0.0%	Y	Referral Required
K0838	POWER WHEELCHAIR, GRP 2 HVY DTY, SINGLE POWER OPT, PT WEIGHT CAP 301-450 LBS	01/01/2007	$4,590.81	0.0%	0.0%	Y	Referral Required
K0839	POWER WHEELCHAIR, GRP 2 VRY HVY DTY, SINGLE PWR OPT. PT WEIGHT CAP 451-600 LBS	01/01/2007	$6,582.77	0.0%	0.0%	Y	Referral Required
K0840	POWER WHEELCHAIR, GRP 2 EX HVY DTY, SINGLE PWR OPT, PT WEIGHT CAP 601 LBS/MORE	01/01/2007	$9,973.22	0.0%	0.0%	Y	Referral Required
K0841	POWER WHEELCHAIR, GRP 2 STNDRD, MLTPL PWR OPT, PT WEIGHT CAP UP TO/INCL 300 LBS	01/01/2007	$4,534.53	0.0%	0.0%	Y	Referral Required
K0842	POWER WHEELCHAIR, GRP 2, MLTPL PWR OPTIONS, PT WEIGHT CAP UP TO/ INCL 300LBS	01/01/2007	$4,534.53	0.0%	0.0%	Y	Referral Required
K0843	POWER WHEELCHAIR, GRP 2 HVY DTY, MULTIPLE PWR OPT, PT WEIGHT CAP 301-450 LBS	01/01/2007	$5,459.58	0.0%	0.0%	Y	Referral Required
K0848	POWER WHEELCHAIR, GRP 3, PT WEIGHT CAP UP TO & INCL 300 LBS	01/01/2007	$5,705.28	0.0%	0.0%	Y	Referral Required
K0849	POWER WHEELCHAIR, GRP 3 STANDARD, CAPT CHAIR, PT WEIGHT CAP UP TO & INCL 300 LBS	01/01/2007	$5,334.74	0.0%	0.0%	Y	Referral Required
K0850	POWER WHEELCHAIR, GRP 3 HVY DTY, SLING/SLD SEAT/BACK, PT WEIGHT CAP 301-450 LBS	01/01/2007	$6,446.90	0.0%	0.0%	Y	Referral Required
K0851	POWER WHEELCHAIR, GRP 3 HVY DTY, CAPT CHAIR, PT WEIGHT CAP 301-450 LBS	01/01/2007	$6,028.47	0.0%	0.0%	Y	Referral Required
K0852	POWER WHEELCHAIR, GRP 3 VRY HVY DTY, SLING/SOLID SEAT, PT WEIGHT CAP 451-600 LBS	01/01/2007	$7,436.73	0.0%	0.0%	Y	Referral Required
K0853	POWER WHEELCHAIR, GRP 3 VRY HVY DTY, CAPT CHAIR, PT WEIGHT CAP 451-600 LBS	01/01/2007	$7,639.38	0.0%	0.0%	Y	Referral Required
K0854	POWER WHEELCHAIR, GRP 3 EX HVY DTY, SLING/SOLID SEAT, PT WEIGHT CAP 601 LBS/MORE	01/01/2007	$10,120.53	0.0%	0.0%	Y	Referral Required
K0855	POWER WHEELCHAIR, GRP 3 EX HVY DTY, CAPT CHAIR, PT WEIGHT CAP 601 LBS/ MORE	01/01/2007	$9,560.36	0.0%	0.0%	Y	Referral Required
K0856	POWER WHEELCHAIR, GRP 3, SLING/SOLID. PT WEIGHT CAP UP TO&INCL 300LBS	01/01/2007	$5,955.92	0.0%	0.0%	Y	Referral Required
K0857	POWER WHEELCHAIR, GRP 3 , CAPT CHAIR, PT WEIGHT CAP UP TO & INCL 300 LBS	01/01/2007	$6,075.30	0.0%	0.0%	Y	Referral Required
K0858	POWER WHEELCHAIR, GRP 3 HVY DTY, SLING/SOLID SEAT/BACK, PT WEIGHT 301-450 LBS	01/01/2007	$7,389.48	0.0%	0.0%	Y	Referral Required
K0859	POWER WHEELCHAIR, GRP 3 HVY DTY, CAPT CHAIR, PT WEIGHT CAP 301-450 LBS	01/01/2007	$6,865.01	0.0%	0.0%	Y	Referral Required
K0860	POWER WHEELCHAIR, GRP 3 VRY HVY DTY, SLNG/SLD ST/BCK, PT WEIGHT CAP 451-600LBS	01/01/2007	$10,556.81	0.0%	0.0%	Y	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
K0861	POWER WHEELCHAIR, GRP 3, PT WEIGHT CAP UP TO & INCL 300 LBS	01/01/2007	$5,965.47	0.0%	0.0%	Y	Referral Required
K0862	POWER WHEELCHAIR, GRP 3 HVY DTY, MULTIPLE PWR OPT, PT WEIGHT CAP 301-450 LBS	01/01/2007	$7,389.48	0.0%	0.0%	Y	Referral Required
K0863	POWER WHEELCHAIR, GRP 3 VRY HVY DTY, MULTIPLE PWR OPT, PT WEIGHT CAP 451-600 LBS	01/01/2007	$10,556.81	0.0%	0.0%	Y	Referral Required
K0864	POWER WHEELCHAIR, GRP 3 EX HVY DTY, MULTIPLE PWR OPT, PT WEIGHT CAP 601 LBS/MORE	01/01/2007	$12,562.73	0.0%	0.0%	Y	Referral Required
K0868	POWER WHEELCHAIR, GRP 4, PT WEIGHT CAP UP TO & INCL 300 LBS	01/01/2007	$0.00	0.0%	0.0%	Y	Referral Required
K0869	POWER WHEELCHAIR, GRP 4, CAPT CHAIR, PT WEIGHT CAP UP TO & INCL 300 LBS	01/01/2007	$0.00	0.0%	0.0%	Y	Referral Required
K0870	POWER WHEELCHAIR, GRP 4 HVY DTY, SLING/SOLID SEAT/BK, PT WEIGHT CAP 301-450 LBS	01/01/2007	$0.00	0.0%	0.0%	Y	Referral Required
K0871	POWER WHEELCHAIR, GRP 4 VRY HVY DTY, SLING/SOLID SEAT, PT WEIGHT CAP 451-600 LBS	01/01/2007	$0.00	0.0%	0.0%	Y	Referral Required
K0877	POWER WHEELCHAIR, GRP 4 STANDARD, PT WEIGHT CAP UP TO & INCL 300 LBS	01/01/2007	$0.00	0.0%	0.0%	Y	Referral Required
K0878	POWER WHEELCHAIR, GRP 4 STANDARD, CAPT CHAIR, PT WEIGHT CAP UP TO/INCL 300LBS	01/01/2007	$0.00	0.0%	0.0%	Y	Referral Required
K0879	POWER WHEELCHAIR, GRP 4 HVY DTY, PT WEIGHT CAP 301-450 LBS	01/01/2007	$0.00	0.0%	0.0%	Y	Referral Required
K0880	POWER WHEELCHAIR, GRP 4 VRY HVY DTY, PT WEIGHT 451- 600 LBS	01/01/2007	$0.00	0.0%	0.0%	Y	Referral Required
K0884	POWER WHEELCHAIR, GRP 4 STANDARD, PT WEIGHT CAP UP TO & INCL 300 LBS	01/01/2007	$0.00	0.0%	0.0%	Y	Referral Required
K0885	POWER WHEELCHAIR, GRP 4, CAPT CHAIR, PT WEIGHT CAP UP TO & INCL 300 LBS	01/01/2007	$0.00	0.0%	0.0%	Y	Referral Required
K0886	POWER WHEELCHAIR, GRP 4 HVY DTY, MULTIPLE PWR OPT, PT WEIGHT CAP 301-450 LBS	01/01/2007	$0.00	0.0%	0.0%	Y	Referral Required
K0890	POWER WHEELCHAIR, GRP 5 PEDIATRIC, PT WEIGHT CAP UP TO & INCL 125 LBS	01/01/2007	$0.00	0.0%	0.0%	Y	Referral Required
K0891	POWER WHEELCHAIR, GRP 5 PEDIATRIC, PT WEIGHT CAPACITY UP TO & INCL 125 LBS	01/01/2007	$0.00	0.0%	0.0%	Y	Referral Required
K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED	01/01/2007	$0.00	0.0%	0.0%	Y	Referral Required
K6219	GAUZE,NON-IMPREGNATED 16 SQ.IN. OR LESS W/ADHESIVE	01/01/1997	$0.89	0.0%	0.0%	N	Referral Required
L0112	CRANIAL CERVICAL ORTHOSIS, CONGENITAL TORICOLLIS TYPE, W OR W/O SOFT INTERFACE	01/01/2006	$1,099.77	0.0%	0.0%	Y	Referral Required
L0113	CRANIAL CERVICAL ORTHOSIS, TORTICOLLIS TYPE, WITH OR WITHOUT JOINT	01/01/2009	$0.00	0.0%	0.0%	Y	Referral Required
L0120	CERVICAL FLEXIBLE NON-ADJUST (FOAM COLLAR)	07/01/1999	$24.90	0.0%	0.0%	N	Referral Required
L0130	FLEXIBLE, THERMOPLASTIC COLLAR, MOLDED	07/01/1999	$138.55	0.0%	0.0%	N	Referral Required
L0140	CERVICAL SEMI RIGID ADJUSTABLE PLASTIC COLLAR	07/01/1999	$60.08	0.0%	0.0%	N	Referral Required
L0150	SEMI-RIGID, ADJUSTABLE MOLDED CIN CUP PLASTIC COL	07/01/1999	$80.01	0.0%	0.0%	N	Referral Required
L0160	SEMI-RIGID, WIRE FRAME OCCIPITAL/MANDIBULAR SUPPOR	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 FORM, TWO PIECE	07/01/1999	$96.50	0.0%	0.0%	N	Referral Required
L0174	COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE	07/01/1999	$203.19	0.0%	0.0%	N	Referral Required
L0180	MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORT	07/01/1999	$296.26	0.0%	0.0%	N	Referral Required
L0190	MULTIPLE POST COLLAR, W/ADJ BARS, (SOMI, GUILFORD,	07/01/1999	$416.79	0.0%	0.0%	N	Referral Required
L0200	MULTIPLE POST COLLAR, ADJ CERVICAL BARS, THORACIC	07/01/1999	$465.41	0.0%	0.0%	N	Referral Required
L0220	RIB BELT, CUSTOM FABRICATED	07/01/1999	$92.73	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
L0300	THORACIC LUMBAR SACRAL OR THOSIS, FLEXIBLE, FITTED	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 POSTERIOR PANEL	07/01/1999	$224.89	0.0%	0.0%	N	Referral Required
L0317	TLSO, FLEXIBLE, HYPERTENSION, ELASTIC RIGID POSTER	07/01/1999	$334.80	0.0%	0.0%	N	Referral Required
L0320	TLSO, ANTERIOR-POSTERIOR CONTROL (TAYLOR TYPE) APR	07/01/1999	$332.08	0.0%	0.0%	N	Referral Required
L0321	TLSO ANTERIOR-POSTERIOR CONTROL W/RIGID OR SEMI-RIGID POSTERIOR PANEL PRE-FAB	01/01/2002	$317.81	0.0%	0.0%	N	Referral Required
L0330	TLSO, (KNIGHT TAYLOR TYPE) APRON FRONT	07/01/1999	$398.59	0.0%	0.0%	N	Referral Required
L0331	TLSO ANTERIOR-POSTERIOR-LATERAL CONTROL W/RIGID OR SEMI-REGID POSTERIOR PANEL	01/01/2002	$370.52	0.0%	0.0%	N	Referral Required
L0340	TLSO,ARNOLD MAGNUSON STEINDLER TYPE,APRON FRONT	07/01/1999	$477.31	0.0%	0.0%	N	Referral Required
L0350	FLEXION COMPRESSION JACKET CUSTOM FITTED	07/01/1999	$776.38	0.0%	0.0%	N	Referral Required
L0360	TLSO, FLEXION COMPRESSION JACKET, MOLDED	07/01/1999	$1,012.27	0.0%	0.0%	N	Referral Required
L0370	TLSO, ANTER/POST/LATER ROTARY CONTROL, HYPEREXTENS	07/01/1999	$339.74	0.0%	0.0%	N	Referral Required
L0380	TLSO, ANTERIOR-POSTERIOR-LATERAL-ROTARY CTRL W/EXT	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	TLSO ANTERIOR-POSTERIOR-LATERAL CONTROL W/RIGID OR SEMI-RIGID POSTERIOR PANEL	01/01/2002	$482.96	0.0%	0.0%	N	Referral Required
L0400	TLSO, BODY JACKET MOLDED, INTERFACE MATERIAL	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, W/INTERFACE	07/01/1999	$1,327.07	0.0%	0.0%	N	Referral Required
L0430	TLSO, BODY JACKET, W/INTERFACE MATERIAL,CUSTOM FIT	07/01/1999	$943.12	0.0%	0.0%	N	Referral Required
L0440	TLSO,BDY JKT,OVERLAP FRNT,SPRING STEEL,CUSTOM FIT	07/01/1999	$788.54	0.0%	0.0%	N	Referral Required
L0450	TLSO PREFAB FLEXIBLE UPPER THORACIC INCLUDES SHOULDER STRAP CLOSURE FITTING ADJ	01/01/2003	$172.77	0.0%	0.0%	N	Referral Required
L0452	TLSO CUSTOM FAB FLEXIBLE UPPER THORACIC INCLUDES SHOULDER STRAPS CLOSURE FITTING	01/01/2003	$0.00	0.0%	0.0%	N	Referral Required
L0454	TLSO PREFAB FLEXIBLE SACRO JUNC TO T-9 INCLUDE SHOULDER STRAP CLOSURE FITTING AD	01/01/2003	$272.52	0.0%	0.0%	N	Referral Required
L0456	TLSO PREFAB FLEXIBLE SACRO JUNC TO SCAPULAR SPINE INCLUDES FITTING AND ADJUSTMEN	01/01/2003	$781.51	0.0%	0.0%	N	Referral Required
L0458	TLSO PREFAB TRIPLANAR ANT SYMPH PUBIS TO XIPHOID 2 RIGID PLASTIC SHELLS	01/01/2003	$700.77	0.0%	0.0%	N	Referral Required
L0460	TLSO PREFAB TRIPLANAR ANT SYMP PUBIS TO STERNAL NOTCH 2 RIGID PLASTIC SHELLS	01/01/2003	$788.75	0.0%	0.0%	N	Referral Required
L0462	TLSO PREFAB TRIPLANAR 3 RIGID SHELLS SYMPH PUBIS TO STERNAL NOTCH	01/01/2003	$307.58	0.0%	0.0%	N	Referral Required
L0464	TLSO PREFAB TRIPLANAR 4 RIGID SHELLS SYMPH PUBIS TO STERNAL NOTCH	01/01/2003	$1,167.97	0.0%	0.0%	N	Referral Required
L0466	TLSO PREFAB SAGGITAL CONTROL RIGID POST FLEXIBLE ANT INCLUDES FITTING AND ADJUST	01/01/2003	$355.15	0.0%	0.0%	N	Referral Required
L0468	TLSO PREFAB SAG-CORONAL CONTROL INCLUDES FITTING AND ADJ	01/01/2003	$426.29	0.0%	0.0%	N	Referral Required
L0470	PREFAB TRIPLANAR RIGID POST FRAME FLEXIBLE ANT INCLUDES FITTING AND ADJUSTMENT	01/01/2003	$511.66	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
L0472	TLSO PREFAB TRIPLANER HYPEREXTENSION INCLUDES SHAPING FRAME FITTING AND ADJUST	01/01/2003	$363.35	0.0%	0.0%	N	Referral Required
L0480	TLSO CUSTOM FAB SAG CORONAL FLEXION COMPRESSION JACKET W/OUT INTERFACE LINING	01/01/2003	$1,252.86	0.0%	0.0%	N	Referral Required
L0482	TLSO, TRIPLANER CONTROL, ONE PIECE, INC. CARVED PLASTER/CAD-CAM, CUSTOM FABRICAT	01/01/2003	$1,276.86	0.0%	0.0%	N	Referral Required
L0484	TLSO, TRIPLANER CONTROL, TWO PIECE INC CARVED PLASTER/CAD-CAM CUSTOM FABRICATED	01/01/2003	$1,337.75	0.0%	0.0%	N	Referral Required
L0486	TLSO, TRIPLANER CONTROL,TWO PIECE INC. CARVED PLASTER/CAD-CAM, CUSTOM FABRICATED	01/01/2003	$912.96	0.0%	0.0%	N	Referral Required
L0488	TLSO, TRIPLANER CONTROL, ONE PIECE, PREFABRICATED, INC. FITTING & ADJUSTMENT	01/01/2003	$788.75	0.0%	0.0%	N	Referral Required
L0490	TLSO, SAGITTAL-CORONAL CONTROL, 1 PIECE, PREFABRICATED, INC. FITTING & AJUST	01/01/2003	$222.28	0.0%	0.0%	N	Referral Required
L0491	CORONAL CONTROL	04/01/2006	$603.47	0.0%	0.0%	N	Referral Required
L0492	TLSO CORONAL CONTROL INCL FITTING AND ADJ.	04/01/2006	$396.93	0.0%	0.0%	N	Referral Required
L0621	SACROILIAC ORTHOSIS, INC FITTING AND ADJ	04/01/2006	$90.97	0.0%	0.0%	N	Referral Required
L0622	SACROILIAC ORTHOSIS, CUSTOM FABRICATED	04/01/2006	$241.43	0.0%	0.0%	N	Referral Required
L0623	SACROILIAC ORTHOSIS, PRE FABRICATED INCL FITTING AND ADJ	01/01/2006	$0.00	0.0%	0.0%	N	Referral Required
L0624	SACROILIAC ORTHOSIS, CUSTOM FABRICATED, SEMI RIGID PANELS	01/01/2006	$0.00	0.0%	0.0%	N	Referral Required
L0625	LUMBAR ORTHOSIS, PREFABRICATED, FROM L-1 TO BELOW L-5, INCL FITTING AND ADJ	04/01/2006	$43.27	0.0%	0.0%	N	Referral Required
L0626	LUMBAR ORTHOSIS, FROM L-1 TO BELOW L-5, INCL FITTING AND ADJ	04/01/2006	$61.25	0.0%	0.0%	N	Referral Required
L0627	LUMBAR ORTHOSIS, SAGITTAL CONTROL FROM L-1 TO BELOW L-5, INCL FITTING AND ADJ	04/01/2006	$322.98	0.0%	0.0%	N	Referral Required
L0628	LUMBAR SACRAL ORTHOSIS,	04/01/2006	$65.92	0.0%	0.0%	N	Referral Required
L0629	LUMBAR SACRAL ORTHOSIS, FLEXIBLE	01/01/2006	$0.00	0.0%	0.0%	N	Referral Required
L0630	LUMBAR SACRAL ORTHOSIS, SAGITAL	04/01/2006	$127.26	0.0%	0.0%	N	Referral Required
L0631	LUMBAR SACRAL ORTHOSIS, SAGITAL CONTROL WITH RIGID ANTERIOR/POSTERIOR PANELS	04/01/2006	$806.64	0.0%	0.0%	N	Referral Required
L0632	LUMBAR SACRAL ORTHOSIS, SAGITAL CONTROL WITH RIGID ANTERIOR/POSTERIOR PANELS	01/01/2006	$0.00	0.0%	0.0%	N	Referral Required
L0633	LUMBAR SACRAL ORTHOSIS, SAGITAL CONTROL WITH RIGID POSTERIOR PANELS	04/01/2006	$225.31	0.0%	0.0%	N	Referral Required
L0634	LUMBAR SACRAL ORTHOSIS, SAGITAL CONTROL WITH RIGID POSTERIOR FRAME/PANELS	01/01/2006	$0.00	0.0%	0.0%	N	Referral Required
L0635	LUMBAR SACRAL ORTHOSIS, SAGITAL CONTROL LUMBAR FLEXION	04/01/2006	$830.31	0.0%	0.0%	N	Referral Required
L0636	LUMBAR SACRAL ORTHOSIS, SAGITAL CONTROL TO FLEX THE LUMBAR SPINE	04/01/2006	$1,082.60	0.0%	0.0%	N	Referral Required
L0637	LUMBAR SACRAL ORTHOSIS, SAGITAL CORONAL CONTROL	04/01/2006	$883.16	0.0%	0.0%	N	Referral Required
L0638	LUMBAR SACRAL ORTHOSIS, SAGITAL CORONAL CONTROL WITH RIGID	04/01/2006	$1,036.35	0.0%	0.0%	N	Referral Required
L0639	LUMBAR SACRAL ORTHOSIS, SAGITAL CORONAL CONTROL WITH RIGID SHELLS/PANEL	04/01/2006	$883.16	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
L0640	LUMBAR SACRAL ORTHOSIS, SAGITAL CORONAL CONTROL WITH RIGID SHELLS/PANEL	04/01/2006	$822.21	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 (MINERVAL)	07/01/1999	$1,607.24	0.0%	0.0%	N	Referral Required
L0810	CERVICAL HALO INCORPORATED INTO JACKET	07/01/1999	$1,935.23	0.0%	0.0%	N	Referral Required
L0820	CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKT	07/01/1999	$1,900.54	0.0%	0.0%	N	Referral Required
L0830	CERVICAL HALO INCORPORATED INTO MILWAUKEE ORTHOSIS	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
L0859	ADDITION TO HALO PROCEDURE, MAGNETIC RESONANCE IMAGE COMPATIBLE SYSTEMS	04/01/2006	$917.03	0.0%	0.0%	N	Referral Required
L0861	ADDITION TO HALO PROCEDURE, REPLACEMENT LINER/INTERFACE MATERIAL	04/01/2009	$190.48	0.0%	0.0%	N	Referral Required
L0900	TORSO SUPPORT, PTOSIS SUPPORT, CUSTOM FITTED	07/01/1999	$133.08	0.0%	0.0%	N	Referral Required
L0910	TORSO SUPPORT, PTOSIS SUPPORT, CUSTOM FABRICATED	07/01/1999	$260.06	0.0%	0.0%	N	Referral Required
L0920	TORSO SUPPORT, PEODULOUS ABDOMEN SUPPORT,CUSTM FIT	07/01/1999	$132.08	0.0%	0.0%	Y	Referral Required
L0930	TORSO SUPPORT, PENDULOUS ABDOMEN SUPPORT, CUSTOM F	07/01/1999	$293.37	0.0%	0.0%	Y	Referral Required
L0940	TORSO SUPPORT, POST SURGICAL SUPPORT, CUSTOM FITTE	07/01/1999	$127.18	0.0%	0.0%	N	Referral Required
L0950	TORSO SUPPORT, POST-SURGICAL SUPPORT, CUSTOM FABRI	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
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	RIGID OR SEMI-RIGID ABDOMINAL PANEL PRE-FABRICATED	01/01/2002	$107.93	0.0%	0.0%	N	Referral Required
L0999	ADDITION TO SPINAL ORTHOSIS- NOS	01/01/1998	$0.00	0.0%	0.0%	Y	Referral Required
L1000	CTLSO, (MILWAUKEE) INCLUDING INITIAL ORTHOSIS & MO	07/01/1999	$1,711.48	0.0%	0.0%	N	Referral Required
L1001	CERVICAL THORACIC LUMBAR SACRAL ORTHOSIS, INFANT SIZE, PREFAB, INCL FITTING/ADJ	01/01/2007	$0.00	0.0%	0.0%	N	Referral Required
L1005	AND ACCESSORY PADS INCLUDES FITTING AND ADJUSTMENTS	01/01/2002	$2,487.57	0.0%	0.0%	N	Referral Required
L1010	ADDN TO CTLSO, SCHOLIOSIS ORTHO, AXILLA SLING	07/01/1999	$49.00	0.0%	0.0%	N	Referral Required
L1020	ADDN TO CTLSO, SCOLIOSIS ORTHO, KYPHOSIS PAD	07/01/1999	$71.84	0.0%	0.0%	N	Referral Required
L1025	ADDN TO CTLSO, SCOLIOSIS ORTH, KYPHOSIS PAD, FLOA	07/01/1999	$87.77	0.0%	0.0%	N	Referral Required
L1030	ADDN TO CTLSO, SCOLIOSIS ORTHO, LUMBAR	07/01/1999	$45.99	0.0%	0.0%	N	Referral Required
L1040	ADDN TO CTLSO, SCOLIOSIS ORTHO, LUMBAR/LUMBAR RIB	07/01/1999	$67.92	0.0%	0.0%	N	Referral Required
L1050	ADDN TO CTSLO, SCOLIOSIS ORTHO, STERNAL PAD	07/01/1999	$72.13	0.0%	0.0%	N	Referral Required
L1060	ADDN TO CTLSO, SCOLIOSIS ORTHO, THORACIC PAD	07/01/1999	$79.33	0.0%	0.0%	N	Referral Required
L1070	ADDN TO CTLSO, SCOLIOSIS ORTHO, TRAPEZIUS SLING	07/01/1999	$71.68	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
L1080	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER	07/01/1999	$44.31	0.0%	0.0%	N	Referral Requirec
L1085	ADD. TO CTLSO, OUTRIGGER, BILATERAL, VERTICAL EXT.	07/01/1999	$115.67	0.0%	0.0%	N	Referral Requirec
L1090	ADDITION TO CTLSO, LUMBAR SLING	07/01/1999	$69.96	0.0%	0.0%	N	Referral Requirec
L1100	ADDITION TO CTLSO, RING FLANGE PLASTIC/LEATHER	07/01/1999	$127.13	0.0%	0.0%	N	Referral Requirec
L1110	ADDN. TO CTLSO, RING FLANGE, PLASTIC/LEATHER MOLDE	07/01/1999	$210.38	0.0%	0.0%	N	Referral Requirec
L1120	ADDITION TO CTLSO, COVER FOR UPRIGHT, EACH	07/01/1999	$34.60	0.0%	0.0%	N	Referral Requirec
L1200	TLSO, INCLUDES FURNISHING INITIAL ORTHOSIS ONLY	07/01/1999	$1,470.42	0.0%	0.0%	N	Referral Requirec
L1210	TLS ORTHOSIS, LATERAL THORACIC EXTENSION	07/01/1999	$184.17	0.0%	0.0%	N	Referral Requirec
L1220	ADDITION TO TLSO, ANTERIOR THORECIC EXTENSION	07/01/1999	$190.75	0.0%	0.0%	N	Referral Requirec
L1230	TLSO, MILWAUKEE TYPE SYPERSTRUCTURE	07/01/1999	$400.11	0.0%	0.0%	N	Referral Requirec
L1240	TLSO, LUMBAR SEROTATION PAD	07/01/1999	$58.42	0.0%	0.0%	N	Referral Requirec
L1250	TLSO, ANTERIOR ASIS PAD	07/01/1999	$53.43	0.0%	0.0%	N	Referral Requirec
L1260	TLSO, ANTERIOR THORACIC DEROTATION PAD	07/01/1999	$56.40	0.0%	0.0%	N	Referral Requirec
L1270	ADDITION TO TLSO ABDOMINAL PAD	07/01/1999	$54.54	0.0%	0.0%	N	Referral Requirec
L1280	TLSO, RIB GUSSETT (ELASTIC) EACH	07/01/1999	$63.17	0.0%	0.0%	N	Referral Requirec
L1290	TLSO LATERAL TROCHANTERIC PAD	07/01/1999	$56.51	0.0%	0.0%	N	Referral Requirec
L1300	BODY JACKETN MOLDED	07/01/1999	$1,189.01	0.0%	0.0%	N	Referral Requirec
L1310	POST-OPERATIVE BODY JACKET	07/01/1999	$1,331.77	0.0%	0.0%	N	Referral Requirec
L1499	UNLISTED PROCEDURE FOR SPINAL ORTHOSIS	01/01/1991	$0.00	0.0%	0.0%	N	Referral Requirec
L1500	THKAO, MOBILITY FRAME (NEWINGTON, PARAPODIUM TYPE)	07/01/1999	$1,561.67	0.0%	0.0%	N	Referral Requirec
L1510	THKAO, STANDING FRAME	07/01/1999	$994.81	0.0%	0.0%	N	Referral Requirec
L1520	THKAO, SWIVEL WALKER	07/01/1999	$1,942.02	0.0%	0.0%	N	Referral Requirec
L1600	HO,ABDUCTION, FLEXIBLE, FRESKA W/COVER	07/01/1999	$90.70	0.0%	0.0%	N	Referral Requirec
L1610	HO,ABDUCTION, FLEXIBLE, FRESKA COVER ONLY	07/01/1999	$30.90	0.0%	0.0%	N	Referral Requirec
L1620	HO, ABDUCTION, FLEXIBLE, PAVLIK HARNESS	07/01/1999	$99.36	0.0%	0.0%	N	Referral Requirec
L1630	HO,ABDUCTION,SEMI/FLEX (VON-ROSEN TYPE)	07/01/1999	$128.82	0.0%	0.0%	N	Referral Requirec
L1640	HIP ORTHOSIS, PELVIC BAND/SPREADER BAR, THIGH CUFF	07/01/1999	$339.76	0.0%	0.0%	N	Referral Requirec
L1650	HO,ABDUCTION,STATIC,ADJUST,CUSTOM FIT, (ILFLED)	07/01/1999	$162.96	0.0%	0.0%	N	Referral Requirec
L1652	HIP ORTHOSIS, BILATERAL CUFFS, ADULT, PREFABRICATED, INC FITTING AND ADJUSTMENT	01/01/2003	$280.10	0.0%	0.0%	N	Referral Requirec
L1660	HO,ABDUCTION, STATIC, PLASTIC, CUSTOM FIT	07/01/1999	$130.53	0.0%	0.0%	N	Referral Requirec
L1670	HO,ABDUCTION,DUNAMIC,ATTCH TO SHOE,(CRAIG TYPE)	03/24/1997	$56.21	0.0%	0.0%	N	Referral Requirec
L1680	HO, ABDUCT,ADJ HIP MOTION CONTRO,THIGH CUFF,RANCHO	07/01/1999	$1,143.46	0.0%	0.0%	N	Referral Requirec
L1685	HO, ABDUCTION, POST-OP, CUSTOM FABRICATED	07/01/1999	$837.22	0.0%	0.0%	N	Referral Requirec
L1686	HO,ABDUCTION,POST-OP,CUSTOM FIT	07/01/1999	$651.05	0.0%	0.0%	N	Referral Requirec
L1690	COMBINATION BILATERAL LUMBO-SACRAL HIP FEMUR ORTHOSIS ADDUC. INTERNAL ROTATION	01/01/1999	$1,420.74	0.0%	0.0%	N	Referral Requirec
L1700	LEGG PERTHES ORTHOSIS, TORONTO TYPE	07/01/1999	$1,156.00	0.0%	0.0%	N	Referral Requirec
L1710	LEGG PERTHES ORTHOSIS, NEWINGTON TYPE	07/01/1999	$1,398.64	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
L1720	LEGG PERTHES ORTHOSIS, TRILATERAL (TACHDIJAN TYPE)	07/01/1999	$975.68	0.0%	0.0%	N	Referral Required
L1730	LEGG, PERTHES ORTHOSIS, SCOTTISA RITE TYPE	07/01/1999	$832.47	0.0%	0.0%	N	Referral Required
L1755	LEGG PERTHES ORTHOSIS, (PATTEN BOTTOM TYPE)	07/01/1999	$1,114.37	0.0%	0.0%	N	Referral Required
L1810	KO ELASTIC WITH JOINTS	07/01/1999	$80.25	0.0%	0.0%	N	Referral Required
L1820	KNEE ORTHOSES, ELASTIC W/CONDYLE PADS AND JOINTS	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 LONGITUDINAL	07/01/1999	$78.69	0.0%	0.0%	N	Referral Required
L1831	KNEE ORTHOSIS, LOCKING KNEE JOINT(S) POSITIONAL ORTHO, PREFAB, INCL FIT AND ADJ	01/01/2005	$231.26	0.0%	0.0%	N	Referral Required
L1832	KO, ADJUSTABLE, POSITIONAL, RIGID, CUSTOM FITTED	07/01/1999	$427.92	0.0%	0.0%	N	Referral Required
L1834	KO, WITHOUT KNEE JOINT, RIGID, MOLDED	07/01/1999	$546.37	0.0%	0.0%	N	Referral Required
L1836	KNEE ORTHOSIS, RIGID W/O JOINTS, PREFABRICATED, INC. FITTING AND ADJUSTMENT	01/01/2003	$104.84	0.0%	0.0%	N	Referral Required
L1840	KO, CUSTOM, MED/LAT, ANTERIOR CRUCIATE LIGAMENT	07/01/1999	$748.62	0.0%	0.0%	N	Referral Required
L1843	KO, SIGNLE UPRIGHT,THEIGH/CALF,W/ADJUST.FLEXION & EXT.JOINT...CUSTOM FITTED	04/01/1999	$659.23	0.0%	0.0%	N	Referral Required
L1844	KO SINGLE UPRIGHT THIGH/CALF W/ADJ FLEXION/EXT JOI	07/01/1999	$1,480.85	0.0%	0.0%	N	Referral Required
L1845	KO, DBL UPRIGHT, ADJ FLEX/EXT JOINT, CUSTOM FIT	07/01/1999	$597.47	0.0%	0.0%	N	Referral Required
L1846	KO, DBL. UPRIGHT ADJ. FLEX/EXT. JOINT, MOLDED	07/01/1999	$928.14	0.0%	0.0%	N	Referral Required
L1847	KNEE ORTHOSIS DOUBLE UPRIGHT W/ ADJUSTABLE JOINT W/ INFLATABLE AIR SUPPORT	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
L1860	KO, MODIFIED SUPRACONDYLAR PROSTH. SOCKET, MOLDED	07/01/1999	$923.43	0.0%	0.0%	N	Referral Required
L1900	ANKLE-FOOT ORTHOSIS	07/01/1999	$209.34	0.0%	0.0%	N	Referral Required
L1902	AFO, ANKLE GAUNTLET, CUSTOM FITTED	07/01/1999	$68.90	0.0%	0.0%	N	Referral Required
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, W OR W/O INTERFACE/PADS, CUSTOM FABRICATED	01/01/2006	$442.14	0.0%	0.0%	N	Referral Required
L1910	AFO POST. SINGLE BAR, CLASP ATTACH TO SHOE COUNTER	07/01/1999	$238.09	0.0%	0.0%	N	Referral Required
L1920	AFO, S UPRIGHT STATIC/ADJ STOP (PHELPS/PERLSTEIN)	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, TOTAL CARBON FIBER/EQUAL MATERIAL, PREFAB	01/01/2006	$701.18	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 TIBIAL SECTION	07/01/1999	$735.22	0.0%	0.0%	N	Referral Required
L1950	ACO, SPIRAL, MOLDED (IRM TYPE) PLASTIC	07/01/1999	$699.02	0.0%	0.0%	N	Referral Required
L1951	AFO, SPIRAL (INSTITUTE OF REHAB MEDICINE TYPE) PLASTIC OR OTHER MATERIAL, PREFAB	01/01/2006	$659.91	0.0%	0.0%	N	Referral Required
L1960	AFO POST SOLID ANKLE MOLDED TO PT MODEL PLASTIC	07/01/1999	$390.14	0.0%	0.0%	N	Referral Required
L1970	AFO PLASTIC MOLDED TO PATIENT MODEL W/ ANKLE JOINT	07/01/1999	$520.64	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
L1971	AFO, PLASTIC OR OTHER MAT W/ANKLE JOINING, PREFABRICATION INCL FIT AND ADJ	01/01/2006	$368.30	0.0%	0.0%	N	Referral Required
L1980	AFO, S UPRIGHT, STIRRUP CALF BAND/CUFF (SINGLE BK)	07/01/1999	$330.38	0.0%	0.0%	N	Referral Required
L1990	AFO, DBL UPRIGHT FREE PLANTAR DORSFLEXION STIRRUP	07/01/1999	$399.20	0.0%	0.0%	N	Referral Required
L2000	KAFO, S UPRIGHT, STIRRUP, THIGH & CALF BANDS/CUFFS	07/01/1999	$951.87	0.0%	0.0%	N	Referral Required
L2005	KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, CUSTOM FAB	04/01/2009	$3,621.39	0.0%	0.0%	N	Referral Required
L2010	KAFO, SINGLE UPRIGHT, STIRRUP, NO KNEE JOINT	07/01/1999	$859.27	0.0%	0.0%	N	Referral Required
L2020	KAFO DBL UPRIGHT FREE KNEE & ANKLE SOLID STIRRUP	07/01/1999	$1,095.80	0.0%	0.0%	N	Referral Required
L2030	KAFO D UPRIGHT, FREE ANKLE, STIRRUP NO KNEE JOINTS	07/01/1999	$943.72	0.0%	0.0%	N	Referral Required
L2034	KNEE, ANKLE, FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT	01/01/2006	$1,600.03	0.0%	0.0%	N	Referral Required
L2035	KAFO, FULL PLASTIC, STATIC, PREFABRICATED (PEDIATRIC SIZE)	01/01/2002	$134.88	0.0%	0.0%	N	Referral Required
L2036	KAFO, FULL PLASTIC, DBL UPRIGHT, FREE KNEE, MOLDED	07/01/1999	$1,684.65	0.0%	0.0%	N	Referral Required
L2037	KAFO, PLASTIC SINGLE UPRIGHT, FREE KNEE, MOLDED	07/01/1999	$1,389.81	0.0%	0.0%	N	Referral Required
L2038	KAFO, PLASTIC, NO KNEE JOINT, MULTI-AXIS ANKLE	07/01/1999	$1,170.79	0.0%	0.0%	N	Referral Required
L2040	HKAFO, BILATERAL ROTATION STRAPS, PELVIC BAND/BELT	07/01/1999	$160.82	0.0%	0.0%	N	Referral Required
L2050	HKAFO TORSION CONTROL BILATERAL CABLES HIP JOINT	07/01/1999	$340.04	0.0%	0.0%	N	Referral Required
L2060	HKAFO, BILATERAL ROTATION STRAPS, PELVIC BAND/BELT	07/01/1999	$481.46	0.0%	0.0%	N	Referral Required
L2070	HKAFO, UNILATERAL ROTATION STRAPS, PELVIC BAND/BLT	07/01/1999	$94.66	0.0%	0.0%	N	Referral Required
L2080	HKAFO, UNI TORSION CABLE, HIP JOINT, PELVIC BAND	07/01/1999	$291.83	0.0%	0.0%	N	Referral Required
L2090	HKAFO UNI TORSION CABLE BALLBEARING HIP, PLVC BND	07/01/1999	$411.51	0.0%	0.0%	N	Referral Required
L2106	AFO, TIBIAL FRACTURE CAST, THERMOPLASTIC, MOLDED	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 ORTHOSIS, CUSTOM FITTED, SOFT	07/01/1999	$340.48	0.0%	0.0%	N	Referral Required
L2114	AFO FX ORTHOSIS-TIBIAL FX ORTHOSIS SEMI RIGID	07/01/1999	$417.80	0.0%	0.0%	N	Referral Required
L2116	AFO TIBIAL FRACTURE ORTHOSIS, RIGID, CUSTOM FITTED	07/01/1999	$501.08	0.0%	0.0%	N	Referral Required
L2126	KAFO FEMORAL FRACTURE CAST, THERMOPLASTIC, MOLDED	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, CUSTOM FITTED	07/01/1999	$567.78	0.0%	0.0%	N	Referral Required
L2134	KAFO FEMORAL FRACTURE CAST, SEMI-RIGID, CUSTOM FIT	07/01/1999	$711.89	0.0%	0.0%	N	Referral Required
L2136	KAFO FX ORTHOSIS FEMOR FXCAST ORTHOSIS CUSTOM FIT	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 KNEE-JOINT	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 GERMAN TYPE	07/01/1999	$122.00	0.0%	0.0%	N	Referral Required
L2188	ADDITION TO LOWER EXTREMITY, QUADRILATERAL BRIM	07/01/1999	$228.41	0.0%	0.0%	N	Referral Required
L2190	ADDITION TO LOWER EXTREMITY, WAIST BELT	07/01/1999	$61.47	0.0%	0.0%	N	Referral Required
L2192	HIP JOINT, PELVIC BAND, THIGH FLANGE, PELVIC BELT	07/01/1999	$250.97	0.0%	0.0%	N	Referral Required
L2200	ADDN TO LOWER EXTREMITY, THIGH/WGHT BEARING, GLUTE	07/01/1999	$44.62	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
L2210	ADDITIONS TO LOWER EXTREMITY DORSIFLEXION ASSIST	07/01/1999	$49.59	0.0%	0.0%	N	Referral Required
L2220	ADD. LOWER EXTREMITY DORSIFLEXION & PLANTAR FELXIO	07/01/1999	$68.13	0.0%	0.0%	N	Referral Required
L2230	SPLIT FLAT CALIPER STIRRUPS & PLATE ATTACHMENT	07/01/1999	$66.31	0.0%	0.0%	N	Referral Required
L2232	ROCKER BOTTOM FOR TOTAL CONTACT ANKLE FOOT ORTHOSIS, CUSTOM FAB ORTHOSIS ONLY	04/01/2009	$87.95	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-STIRRUP ATTACH.	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 STIRRUP	07/01/1999	$82.89	0.0%	0.0%	N	Referral Required
L2270	ADD,VARUS/VALGUS T STRAP OR MALLEOIUS PAD	07/01/1999	$50.40	0.0%	0.0%	N	Referral Required
L2275	ADD TO LOWER EXTREM,VARUS/VULGUS CORRECTION PLASTI	07/01/1999	$110.09	0.0%	0.0%	N	Referral Required
L2280	ADDITIONS TO LOWER EXTREMITY, MOLDED INNER BOOT	07/01/1999	$319.20	0.0%	0.0%	N	Referral Required
L2300	ABDUCTION BAR, BILATERAL HIP, JOINTED, ADJUSTABLE	07/01/1999	$236.28	0.0%	0.0%	N	Referral Required
L2310	ABDUCTION BAR-STRAIGHT (ADDN TO LOWER EXTREMITY)	07/01/1999	$115.45	0.0%	0.0%	N	Referral Required
L2320	ALL. LOWER EXTREMITY NONMOLDED LACER	07/01/1999	$185.00	0.0%	0.0%	N	Referral Required
L2330	LACER, MOLDED MODEL (ADDN TO LOWER EXTREMITY)	07/01/1999	$326.97	0.0%	0.0%	N	Referral Required
L2335	ANTERIOR SWING BAND (ADDN TO LOWER EXTREMITY)	07/01/1999	$175.06	0.0%	0.0%	N	Referral Required
L2340	ADDITION TO LOWER EXTREMITY PRE-TIBIAL SHELL MOLD	07/01/1999	$388.46	0.0%	0.0%	N	Referral Required
L2350	ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE	07/01/1999	$707.55	0.0%	0.0%	N	Referral Required
L2360	EXTENDED STEEL SHANK (ADDN TO LOWER EXTREMITY)	07/01/1999	$48.56	0.0%	0.0%	N	Referral Required
L2370	PATTEN BOTTOM (ADDN TO LOWER EXTREMITY)	07/01/1999	$193.07	0.0%	0.0%	N	Referral Required
L2375	TORSION CONTROL, ANKLE-JOINT AND HALF SOLID STIRRU	07/01/1999	$79.53	0.0%	0.0%	N	Referral Required
L2380	ADD TO LOWER EXT TORSION CONTROL STRAIGHT KNEE JT	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
L2387	ADDITION TO LOWER EXTREMITY, KNEE JOINT, EACH JOINT	04/01/2009	$171.93	0.0%	0.0%	N	Referral Required
L2390	ADD. TO LOWER EXTREMITY OFFSET KNEE JOINT, EACH	07/01/1999	$77.04	0.0%	0.0%	N	Referral Required
L2395	ADD TOLWR EXTRM,OFFSET KNEE JOINT,HEAVY DUTY, EA	07/01/1999	$110.12	0.0%	0.0%	N	Referral Required
L2397	ADD TO LOWER EXTREM ORTHOSIS,SUSPENSION SLEEVE	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	ADDITION TO KNEE JOINT, DROP LOCK, EACH JOINT	07/01/1999	$128.13	0.0%	0.0%	N	Referral Required
L2430	ADDITION TO KNEE JOINT,RATCHET LOCK...,EACH JOINT	07/01/1999	$72.23	0.0%	0.0%	N	Referral Required
L2492	ADDN TO KNEE JOINT, LEFT LOOP FOR DROP LOCK RING	07/01/1999	$74.43	0.0%	0.0%	N	Referral Required
L2500	ADDN TO LOW EXTREM, THIGH/WGT BEARING, GLUT/ISCHIA	07/01/1999	$238.41	0.0%	0.0%	N	Referral Required
L2510	ADDITION TO LOWER EXTREMITY, THIGH, WEIGHT BEARING	07/01/1999	$581.57	0.0%	0.0%	N	Referral Required
L2520	THIGH/WEIGHT BEARING QUADRILATERAL BRIM CUSTOM FIT	07/01/1999	$342.62	0.0%	0.0%	N	Referral Required
L2525	THIGH/WT BEARING ISCHIAL CONTAINMENT MOLDED	07/01/1999	$913.33	0.0%	0.0%	N	Referral Required
L2526	THIGH/WT BEARING, ISCHIALCONTAINMENT/CUSTOM-FITTED	07/01/1999	$642.80	0.0%	0.0%	N	Referral Required
L2530	THIGH WEIGHT BEARING LACER NON-MOLDED	07/01/1999	$172.68	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
L2540	THIGH/WEIGHT BEARING LACER MOLDED	07/01/1999	$375.35	0.0%	0.0%	N	Referral Required
L2550	THIGH, WEIGHT BEARING, HIGH ROLL CUFF	07/01/1999	$220.57	0.0%	0.0%	N	Referral Required
L2570	HIP JOINT CLEVIS TYPE 2-POSITION JOINT, EACH	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, FREE, EACH	07/01/1999	$167.44	0.0%	0.0%	N	Referral Required
L2610	HIP JOINT,CLEVIS / THRUST BEARING,LOCK,EACH	07/01/1999	$201.79	0.0%	0.0%	N	Referral Required
L2620	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIPIT	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 JOINT ADJ FLEX	07/01/1999	$233.08	0.0%	0.0%	N	Referral Required
L2627	PLASTIC MOLDED RECIPROCATING HIP JOINTS & CABLES	07/01/1999	$1,206.61	0.0%	0.0%	N	Referral Required
L2628	METAL FRAME, RECIPROCATING HIP JOINT & CABLES	07/01/1999	$1,572.30	0.0%	0.0%	N	Referral Required
L2630	PELVIC CNTRL, BAND & BELT, UNILATERAL	07/01/1999	$184.11	0.0%	0.0%	N	Referral Required
L2640	ADD TOP LOWER EXTREMITY PELVIC CONTROL BAND & BELT	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 EXTREMITY	07/01/1999	$131.18	0.0%	0.0%	N	Referral Required
L2670	PARASPINAL UPRIGHTS ADDN TO LOWER EXTREMITY	07/01/1999	$124.13	0.0%	0.0%	N	Referral Required
L2680	THORACIC CONTROL LATERAL SUPPORT OF UPRIGHTS	07/01/1999	$110.14	0.0%	0.0%	N	Referral Required
L2750	LOWER EXTREM PLATING, CHROME OR NICKEL, PER BAR	07/01/1999	$69.13	0.0%	0.0%	N	Referral Required
L2755	ADD. LOWER EXTREMITY ORTHOSIS;CARBON GRAPHITE LAM.	01/01/1997	$94.11	0.0%	0.0%	N	Referral Required
L2760	EXTENSION PER EXTENSION PER BAR (FOR LINEAL GROWTH	07/01/1999	$43.66	0.0%	0.0%	N	Referral Required
L2768	ORTHOTIC SIDE BAR DISCONNECT DEVICE PER BAR	01/01/2002	$101.27	0.0%	0.0%	N	Referral Required
L2780	ADD TOP LOWER EXTREMITY OR THOSIS NON-CORROSIVE	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 KNEE CONTROL	07/01/1999	$74.14	0.0%	0.0%	N	Referral Required
L2800	ADDITION TO LOWER EXTREMITY ORTHOSIS	07/01/1999	$86.06	0.0%	0.0%	N	Referral Required
L2810	LOWER EXTREMITY, KNEE CONTROL, CONDYLAR PAD	07/01/1999	$54.97	0.0%	0.0%	N	Referral Required
L2820	ADD TO LOWER EXTREMITY. ORTHOSIS BELOW KNEE SECT.	07/01/1999	$61.12	0.0%	0.0%	N	Referral Required
L2830	ADDZ TO LOWER EXTREMITY, ORTHOSIS ABOVE KNEE SECTN	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 FEMORAL LENGTH	07/01/1999	$43.58	0.0%	0.0%	N	Referral Required
L2999	UNLISTED PROCEDURES FOR LOWER EXTREMITY ORTHOSES	04/01/1986	$0.00	0.0%	0.0%	Y	Referral Required
L3000	FOOT,INSERT,REMOVABLE,MOLDED,UCB,BERKELEY SHELL,EA	01/01/1995	$220.18	0.0%	0.0%	N	Referral Required
L3001	FOOT INSERT, REMOVABLE, MOLDED, SPENCO, EACH	03/24/1997	$10.50	0.0%	0.0%	N	Referral Required
L3002	FOOT INSERT REMOVABLE MOLDED PLASTAZOTE OR EQUAL E	01/01/2006	$126.90	0.0%	0.0%	N	Referral Required
L3003	FOOT INSERT REMOVABLE MOLDED SILICONE GEL EA	01/01/2006	$136.92	0.0%	0.0%	N	Referral Required
L3010	FOOT INSERT REMOVABLE MOLDED LONGI ARCH SUPPORT	01/01/1995	$122.12	0.0%	0.0%	N	Referral Required
L3020	FOOT INSERT REMOVABLE MOLDED LONGIT/METAT SUPP EA	01/01/1995	$139.06	0.0%	0.0%	N	Referral Required
L3030	FOOT INSERT REMOVABLE FOR MED TO FOOT EACH	01/01/2006	$59.97	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
L3031	FOOT, INSERT.PLATE, REMOVABLE, ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRGTH	01/01/2004	$0.00	0.0%	0.0%	N	Referral Requirec
L3040	ARCH SUPPORT REMOVABLE PRE-MOLDED LONGITUDINAL EA	01/01/1995	$32.98	0.0%	0.0%	N	Referral Requirec
L3050	ARCH SUPPORT REMOVABLE PRE-MOLDED METATASSAL EACH	01/01/1995	$32.98	0.0%	0.0%	N	Referral Requirec
L3060	ARCH SUPPORT REMOVABLE PREMOLDED LONGIT/METAT EA	01/01/1995	$51.70	0.0%	0.0%	N	Referral Requirec
L3070	ARCH SUPP NONREMOVABLE ATTACH TO SHOE LONGITUD EA	01/01/1995	$22.29	0.0%	0.0%	N	Referral Requirec
L3080	ARCH SUPP NON-REMOVABLE ATTACH TO SHOE METAT EA	01/01/1995	$22.29	0.0%	0.0%	N	Referral Requirec
L3090	ARCH SUPP NONREMOVABLE ATT TO SHOE LONGITUD/METAT	01/01/1995	$28.53	0.0%	0.0%	N	Referral Requirec
L3100	HALLUS-VALGUS NIGHT SPLINT ABDUCT & ROTATION BARS	01/01/2006	$33.97	0.0%	0.0%	N	Referral Requirec
L3140	FOOT ABDUCT ROTATION BARS ATTCH TO SHOE DENNIS BRN	11/17/1993	$25.00	0.0%	0.0%	N	Referral Requirec
L3150	ABDUCT ROTATION BARS(DENNIS BROWN)CLAMPED TO SHOE	01/01/2006	$63.96	0.0%	0.0%	N	Referral Requirec
L3160	FOOT, ADJ. SHOE STYLED POSITIONING DEVICE, EACH	01/01/1995	$0.00	0.0%	0.0%	N	Referral Requirec
L3170	FOOT PLASTIC HEEL STABILIZER	01/01/2006	$39.99	0.0%	0.0%	N	Referral Requirec
L3201	ORTHOPEDIC SHOE, OXFORD W/SUPINATOR OR PRONATOR, INFANT	01/01/1997	$55.00	0.0%	0.0%	N	Referral Requirec
L3202	ORTHOPEDIC SHOE OXFORD W/SUPINATOR OR PRONATOR, CHILD	01/01/1991	$0.00	0.0%	0.0%	N	Referral Requirec
L3203	ORTHOPEDIC SHOE OXFORD W/SUPINATOR OR PRONATOR, JUNIOR	01/01/1991	$0.00	0.0%	0.0%	N	Referral Requirec
L3204	ORTHOPEDIC SHOE HIGHTOP W/WUPINATOR OR PRONATOR, INFANT	01/01/1991	$0.00	0.0%	0.0%	N	Referral Requirec
L3206	ORTHOPEDIC SHOE HIGHTOP W/SUPINATOR OR PRONATOR, CHILD	04/01/1997	$50.00	0.0%	0.0%	N	Referral Requirec
L3207	ORTHOPEDIC SHOE HIGHTOP W/SUPINATOR OR PRONATOR, JUNIOR	01/01/1991	$0.00	0.0%	0.0%	N	Referral Requirec
L3208	SURGICAL BOOT EA. INFANT	01/01/1991	$0.00	0.0%	0.0%	N	Referral Requirec
L3209	SURGICAL BOOT EA. CHILD	01/01/1991	$0.00	0.0%	0.0%	N	Referral Requirec
L3211	SURGICAL BOOT EA JUNIOR	01/01/1991	$0.00	0.0%	0.0%	N	Referral Requirec
L3212	BENESCH BOOT PAIR INFANT	01/01/1991	$0.00	0.0%	0.0%	N	Referral Requirec
L3213	BENESCH BOOT PAIR CHILD	01/01/1991	$0.00	0.0%	0.0%	N	Referral Requirec
L3214	BENESCH BOOT PAIR JUNIOR	01/01/1991	$0.00	0.0%	0.0%	N	Referral Requirec
L3215	ORTHOPEDIC LADIES SHOES OXFORD, EA	03/01/1996	$78.94	0.0%	0.0%	N	Referral Requirec
L3216	ORTHOPEDIC LADIES SHOE DEPTH INLAY, EA	01/01/1991	$0.00	0.0%	0.0%	N	Referral Requirec
L3217	ORTHOPEDIC LADIES SHOE HIGHTOP DEPTH INLAY, EA	01/01/1991	$0.00	0.0%	0.0%	N	Referral Requirec
L3219	ORTHOPEDIC MENS SHOE OXFORD, EA	03/01/1996	$90.80	0.0%	0.0%	N	Referral Requirec
L3221	ORTHOPEDIC MENS SHOE DEPTH INLAY, EA	01/01/1991	$0.00	0.0%	0.0%	N	Referral Requirec
L3222	ORTHOPEDIC FOOTWEAR MENS SHOES HIGH TOP DEPTH INLAY, EA	01/01/1989	$0.00	0.0%	0.0%	N	Referral Requirec
L3224	ORTH. FOOTWEAR WOMANS SHOE,PART OF BRACE/ORTHOTIC, EA	07/01/1999	$41.39	0.0%	0.0%	N	Referral Requirec
L3225	ORTH. FOOTWEAR MANS SHOE, PART OF BRACE, ORTHOTIC, EA	07/01/1999	$47.61	0.0%	0.0%	N	Referral Requirec
L3230	ORTHOPEDIC FOOTWEAR, CUSTOM SHOE, DEPTH INLAY, EA	11/01/1993	$0.00	0.0%	0.0%	N	Referral Requirec
L3250	ORTHOPEDIC FOOTWEAR, CUSTOM MOLDED SHOE REMOV INNER MOLD, EA	11/01/1993	$0.00	0.0%	0.0%	N	Referral Requirec
L3251	FOOT SHOE MOLDED TO PATIENT MODEL, SILICONE, EA	01/01/1991	$0.00	0.0%	0.0%	N	Referral Requirec
L3252	FOOT SHOE MOLDED TO PATIENT MODEL, PLASTAZOTE, CUSTOM FAB, EA	01/01/1991	$0.00	0.0%	0.0%	N	Referral Requirec
L3253	FOOT, MOLDED SHOE, PLASTAZOTE, CUSTOM FITTED, EA	01/01/1991	$0.00	0.0%	0.0%	N	Referral Requirec
L3254	NON-STANDARD SIZE OR WIDTH	01/01/1991	$0.00	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
L3255	NON-STANDARD SIZE OR LENGTH	01/01/1991	$0.00	0.0%	0.0%	N	Referral Required
L3257	ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE	01/01/1991	$0.00	0.0%	0.0%	N	Referral Required
L3260	SURGICAL BOOT/SHOE, EA	04/01/1998	$50.00	0.0%	0.0%	N	Referral Required
L3265	SANDAL, PLASTAZOTE, EA	01/01/1991	$0.00	0.0%	0.0%	N	Referral Required
L3300	LIFT,ELEVATION,HEEL,TAPERED TO METATARSALS PER INC	01/01/2006	$40.97	0.0%	0.0%	N	Referral Required
L3310	LIFT, ELEVATION HEEL & SOLE NEOPRENE PER INCH	01/01/1997	$10.20	0.0%	0.0%	N	Referral Required
L3320	LIFT, ELEVATION, HEEL & SOLE CORK, PER INCH	11/01/1993	$0.00	0.0%	0.0%	N	Referral Required
L3330	LIFT METAL EXTENSION (SKATE)	01/01/2006	$944.70	0.0%	0.0%	N	Referral Required
L3332	LIFT INSIDE SHOE TAPERED TO 1/2 INCH	01/01/2006	$57.97	0.0%	0.0%	N	Referral Required
L3334	LIFT HEEL PER INCH	01/01/2006	$29.98	0.0%	0.0%	N	Referral Required
L3340	HEEL WEDGE, SACH	01/01/2006	$66.96	0.0%	0.0%	N	Referral Required
L3350	HEEL WEDGE	01/01/2006	$18.00	0.0%	0.0%	N	Referral Required
L3360	SHOE WEDGE OUTSIDE SOLE	04/01/2009	$31.47	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	01/01/2006	$38.95	0.0%	0.0%	N	Referral Required
L3390	OUTFLARE WEDGE	04/01/2009	$43.81	0.0%	0.0%	N	Referral Required
L3400	METATARSAL BAR WEDGE ROCKER	01/01/2006	$31.99	0.0%	0.0%	N	Referral Required
L3410	METATARSAL BAR WEDGE, BETWEEN SOLE	01/01/2006	$72.94	0.0%	0.0%	N	Referral Required
L3420	FULL SOLE & HEEL WEDGE BETWEEN SOLE	01/01/2006	$42.97	0.0%	0.0%	N	Referral Required
L3430	HEEL COUNTER PLASTIC REINFORCED	01/01/2006	$125.92	0.0%	0.0%	N	Referral Required
L3440	HEEL COUNTER LEATHER REINFORCED	01/01/2006	$59.97	0.0%	0.0%	N	Referral Required
L3450	HEEL SACH CUSTOM TYPE	01/01/2006	$82.94	0.0%	0.0%	N	Referral Required
L3455	HEEL NEW LEATHER STANDARD	01/01/2006	$31.99	0.0%	0.0%	N	Referral Required
L3460	HEEL NEW RUBBER STANDARD	01/01/2006	$26.97	0.0%	0.0%	N	Referral Required
L3465	HEEL THOMAS WITH WEDGE	01/01/2006	$45.98	0.0%	0.0%	N	Referral Required
L3470	HEEL THOMAS EXTENDED TO BALL	01/01/2006	$48.96	0.0%	0.0%	N	Referral Required
L3480	HEEL PAD & DEPRESSION FOR SPUR	01/01/2006	$48.96	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	01/01/2006	$22.98	0.0%	0.0%	N	Referral Required
L3510	MISC SHOE ADDN INSOLE RUBBER	01/01/2006	$22.98	0.0%	0.0%	N	Referral Required
L3520	MISC SHOE ADDN INSOLE FELT COVERED W/LEATHER	01/01/2006	$24.96	0.0%	0.0%	N	Referral Required
L3530	MISC, SHOE ADDITION, SOLE, HALF	01/01/2006	$24.96	0.0%	0.0%	N	Referral Required
L3540	MISC SHOE ADDN SOLE FULL	01/01/2006	$39.99	0.0%	0.0%	N	Referral Required
L3550	MISC SHOE ADDN TOE TAP STANDARD	01/01/2006	$6.98	0.0%	0.0%	N	Referral Required
L3560	MISC SHOE ADDNITOE TAPI HORSESHOE	01/01/2006	$18.00	0.0%	0.0%	N	Referral Required
L3570	MISC SHOE ADDN EXTENSION TO INSTEP LEATHERW/EYELET	01/01/2006	$66.96	0.0%	0.0%	N	Referral Required
L3580	MISC SHOE ADDN CONVERT INSTEP TO VELCRO CLOSURE	01/01/2006	$50.96	0.0%	0.0%	N	Referral Required
L3590	CONVERT FIRM SHOE COUNTER TO SOFT COUNTER	01/01/2006	$41.97	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
L3595	MISC SHOE ADDN MARCH BAR	01/01/2006	$32.97	0.0%	0.0%	N	Referral Required
L3600	TRANSFER OF ORTHOSIS	01/01/2006	$59.97	0.0%	0.0%	N	Referral Required
L3610	TRANSFER NEW ORTHOSIS TO OTHER SHOE CALIPER PLATE	01/01/2006	$78.94	0.0%	0.0%	N	Referral Required
L3620	TRANS. ORTHOSIS FROM 1 SHOE TO ANOTHER,SOLID STIRR	01/01/2006	$59.97	0.0%	0.0%	N	Referral Required
L3630	TRANSFER ORTHOSIS TO OTHER SHOE SOLID STIRRUP	01/01/2006	$78.94	0.0%	0.0%	N	Referral Required
L3640	TRANSFER,SHOE TO SHOE,DENNIS BROWNE SPLINT,RIVETON	01/01/2006	$33.97	0.0%	0.0%	N	Referral Required
L3649	UNLISTED PROCEDURES FOR FOOT ORTHOPEDIC SHOES	04/01/1986	$0.00	0.0%	0.0%	N	Referral Required
L3650	SHOULD ORTHO, (SO), FIGURE OF "8" DESIGN ABDICT RE	07/01/1999	$43.52	0.0%	0.0%	N	Referral Required
L3660	SO FIGURE 8 ABDUCTION RESTRAINER CANVAS & WEBBING	07/01/1999	$70.79	0.0%	0.0%	N	Referral Required
L3670	SO, ACROMIO CLAVICULAR/CANVAS AND WEBBING TYPE	07/01/1999	$80.95	0.0%	0.0%	N	Referral Required
L3671	SHOULDER ARTHSOSIS	04/01/2009	$724.74	0.0%	0.0%	N	Referral Required
L3672	SHOULDER ORTHOSIS, ABDUCTION POSITING	04/01/2009	$901.26	0.0%	0.0%	N	Referral Required
L3673	SHOULDER ORTHOSIS, ABDUCTION POSITIONING	04/01/2009	$982.26	0.0%	0.0%	N	Referral Required
L3675	SO, VEST TYPE ABDUCTION RESTRAINER, PREFACBRICATED, INCL FITTING AND ADJ	01/01/2005	$125.49	0.0%	0.0%	N	Referral Required
L3677	SHOULDER STABILIZER PRE-FABRICATED INCLUDES FIT	01/01/2002	$0.00	0.0%	0.0%	N	Referral Required
L3702	ELBOW ORTHOSIS	04/01/2009	$232.24	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, FREE MOTION	07/01/1999	$538.09	0.0%	0.0%	N	Referral Required
L3730	EO, DBL UPRIGHT W/FOREARM/ARM CUFF, EXTENSION	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 W/ADJUSTABLE POSITION LOCKING JOINTS PRE-FAB W/FITTING & ADJUST	01/01/2001	$341.11	0.0%	0.0%	N	Referral Required
L3762	ELBOW ORTHOSIS, RIGID, W/O JOINTS, INC. SOFT INTERFACE, PREFAB, INC. FIT & ADJUS	01/01/2003	$76.89	0.0%	0.0%	N	Referral Required
L3763	ELBOW, WRIST, HAND ORTHOSIS	04/01/2009	$594.62	0.0%	0.0%	N	Referral Required
L3764	ELBOW, WRIST, HAND ORTHOSIS	04/01/2009	$667.66	0.0%	0.0%	N	Referral Required
L3765	ELBOW, WRIST, HAND AND FINGERS ORTHOSIS	04/01/2009	$1,031.30	0.0%	0.0%	N	Referral Required
L3766	ELBOW, WRIST, HAND AND FINGERS ORTHOSIS, ONE OR MORE	04/01/2009	$1,092.07	0.0%	0.0%	N	Referral Required
L3806	WRIST HAND FINGER ORTHOSIS, INCL ONE/ MORE NONTORSION JOINT(S), INCL FIT/ ADJ	08/01/2007	$338.80	0.0%	0.0%	N	Referral Required
L3807	WHFO W/OUT JOINTS PREFABRICATED INCLUDES FITTING & ADJUSTMENTS	01/01/2000	$168.86	0.0%	0.0%	N	Referral Required
L3808	WRIST HAND FINGER ORTHOSIS, INCL FITTING AND ADJUSTMENT	09/01/2008	$593.27	0.0%	0.0%	N	Referral Required
L3900	WHFO FLEXOR HINGE WRIST OR FINGER EXTENSION/FLEX	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
L3904	WHFO EXTERNAL POWERED ELECTRIC	07/01/1999	$2,016.98	0.0%	0.0%	N	Referral Required
L3905	WRIST, HAND ORTHOSIS	04/01/2009	$797.64	0.0%	0.0%	N	Referral Required
L3906	WHFO, WRIST GAUNTLET MOLDED	07/01/1999	$285.43	0.0%	0.0%	N	Referral Required
L3908	WHFO, WRIST EXTENTION CONTRL COCK-UP CANVAS/LEATHE	07/01/1999	$55.02	0.0%	0.0%	N	Referral Required
L3912	WHFO FLEXION GLOVE ELASTIC FINGER CONTROL	07/01/1999	$87.09	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
L3913	HAND, FINGER ORTHOSIS	04/01/2009	$217.84	0.0%	0.0%	N	Referral Required
L3915	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S)	08/01/2007	$396.47	0.0%	0.0%	N	Referral Required
L3917	HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFAB, INCL FIT AND ADJ	01/01/2006	$75.54	0.0%	0.0%	N	Referral Required
L3919	HAND ORTHOSIS, W/O JOINTS	04/01/2009	$217.84	0.0%	0.0%	N	Referral Required
L3921	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE JOINTS	04/01/2009	$258.36	0.0%	0.0%	N	Referral Required
L3923	HAND FINGER ORTHOSIS WITHOUT JOINTS PRE-FAB WITH FITTING	01/01/2001	$26.54	0.0%	0.0%	N	Referral Required
L3925	FINGER ORTHOSIS, PROXIMAL INTERP,DISTAL INTERPH, NON TORSION JOINT/SPRING, EXTE	01/01/2008	$48.97	0.0%	0.0%	N	Referral Required
L3929	HAND FINGER ORTHOSIS, INCL 1/MORE NONTORSION JOINT(S), TURNBUCKLES	01/01/2008	$74.73	0.0%	0.0%	N	Referral Required
L3931	WRIST HAND FINGER ORTHOSIS, INCL 1/MORE NONTORSION JOINT(S), TURNBUCKLES	01/01/2008	$147.57	0.0%	0.0%	N	Referral Required
L3933	FINGER ORTHOSIS	04/01/2009	$171.61	0.0%	0.0%	N	Referral Required
L3935	FINGER ORTHOSIS, NONTORSION JOINT	04/01/2009	$177.68	0.0%	0.0%	N	Referral Required
L3956	ADD.JOINT-UPPER EXTREMITY ORTHOSIS; PER JOINT	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
L3961	SHOULDER, ELBOW, WRIST ORTHOSIS	04/01/2009	$1,351.31	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
L3964	SEWHO MOBILE ARM SUPPORT ATTCH TO WHEELCHAIR ADJ	07/01/1999	$592.43	0.0%	0.0%	N	Referral Required
L3965	SEWHO RADIAL ARM SUPP ATCH TO W/CH ADJ RANCHO TYPE	07/01/1999	$945.35	0.0%	0.0%	N	Referral Required
L3966	SEWHO MOBILE ARM SUPP ATTACH TO W/CH RECLINING	07/01/1999	$712.17	0.0%	0.0%	N	Referral Required
L3967	SHOULDER, ELBOW, WRIST ORTHOSIS, THORIACIC COMP AND SUPPORT BAR	04/01/2009	$1,595.45	0.0%	0.0%	N	Referral Required
L3968	SEWHO MOBILE ARM SUPP ATTACH TO W/CH FRICTION SUPP	07/01/1999	$901.23	0.0%	0.0%	N	Referral Required
L3969	SEWHO MOBILE ARM SUPP MONO SUPP SLING YOKE TYPE	07/01/1999	$630.23	0.0%	0.0%	N	Referral Required
L3970	SEWHO ADDN TO MOBILE ARM SUPP ELEVATING	07/01/1999	$214.29	0.0%	0.0%	N	Referral Required
L3971	SHOULDER, ELBOW, WRIST ORTHOSIS, SHOULDER CAP DESIGN	04/01/2009	$1,514.45	0.0%	0.0%	N	Referral Required
L3972	SEWHO ADDN MOBILE ARM SUPP OFFSET/LATERAL ELASTIC	07/01/1999	$136.26	0.0%	0.0%	N	Referral Required
L3973	SHOULDER, ELBOW, WRIST, HAND ORTHOSIS, THORACIC COMPONENT	04/01/2009	$1,595.45	0.0%	0.0%	N	Referral Required
L3974	SEWHO ADDN TO MOBILE ARM SUPP SUPINATOR	07/01/1999	$135.97	0.0%	0.0%	N	Referral Required
L3975	SHOULDER, ELBOW, WRIST, HAND, FINGER ORTHOSIS,	04/01/2009	$1,351.31	0.0%	0.0%	N	Referral Required
L3976	SHOULDER, ELBOW, WRIST, HAND, FINGER ORTHOSIS,THORACIC COMP AND SUPP BAR	04/01/2009	$1,351.31	0.0%	0.0%	N	Referral Required
L3977	SHOULDER, ELBOW, WRIST, HAND, FINGER ORTHOSIS, SHOULDER CAP DESIGN	04/01/2009	$1,514.45	0.0%	0.0%	N	Referral Required
L3978	SHOULDER, ELBOW, WRIST, HAND, FINGER ORTHOSIS, THORACIC COMP AND SUPP BAR	04/01/2009	$1,595.45	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
L3995	ADDN TO UPPER EXTREMITY SOCK FRACTURE OR EQUAL EA	07/01/1999	$25.01	0.0%	0.0%	N	Referral Required
L3999	UNLISTED PROC FOR UPPER LIMB ORTHOSIS	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

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
L4002	REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY LENGTH/TYPE	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 MOLDED MODEL	07/01/1999	$674.47	0.0%	0.0%	N	Referral Required
L4030	REPLACE QUADRILATERAL SOCKET BRIM CUSTOM FITTED	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 FOR KAFO	07/01/1999	$234.46	0.0%	0.0%	N	Referral Required
L4080	REPLACE METAL BANDS KAFOPROXIMAL THIGH	07/01/1999	$84.32	0.0%	0.0%	N	Referral Required
L4090	REPLACE METAL BANDS KAFO-AFO CALF/DISTAL THIGH	07/01/1999	$84.67	0.0%	0.0%	N	Referral Required
L4100	REPLACE LEATHER CUFF,KAFO-PROXIMAL THIGH	07/01/1999	$97.88	0.0%	0.0%	N	Referral Required
L4110	REPLACE LEATHER CUFF KAFO-AFO CALF OR DISTAL THIGH	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, LABOR COMPONENT PER 15 MIN	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 SPLINT	07/01/1999	$69.28	0.0%	0.0%	N	Referral Required
L4360	PNEUMATIC WALKING SPLINT AIRCAST OR EQUAL	07/01/1999	$259.85	0.0%	0.0%	N	Referral Required
L4370	PNEUMATIC FULL LEG SPLINT AIRCAST OR EQUAL	07/01/1999	$177.17	0.0%	0.0%	N	Referral Required
L4380	PNEUMATIC KNEE SPLINT AIR CAST OR EQUAL	07/01/1999	$96.96	0.0%	0.0%	N	Referral Required
L4386	NON-PNEUMATIC WALKING SPLINT W/WO JOINTS, PREFABRICATED INC. FITTING AND ADJUST	01/01/2003	$124.58	0.0%	0.0%	N	Referral Required
L4392	REPLACE SOFT INTERFACE M'TRL. SPLINT,ANKLE CONTRAC	07/01/1999	$17.00	0.0%	0.0%	N	Referral Required
L4394	REPLACE SOFT INTERFACE M'TRL. SPLINT, FOOT DROP	07/01/1999	$12.40	0.0%	0.0%	N	Referral Required
L4396	STATIC OF DYNAMIC ANKLE-FOOT ORTHOTIC, ADJUSTABLE, PREFABRICATED	07/01/1999	$121.24	0.0%	0.0%	N	Referral Required
L4398	FOOT DROP SPLINT, RECUMBANT POSITIONING DEVICE	07/01/1999	$55.81	0.0%	0.0%	N	Referral Required
L5000	PARTIAL FOOT,SHOE INSERT W/LONGITUD ARCH,TOE FILL	07/01/1999	$378.88	0.0%	0.0%	N	Referral Required
L5010	PARTIAL FOOT MOLDED SOCKET ANKLE HT TOE FILLER	07/01/1999	$912.92	0.0%	0.0%	N	Referral Required
L5020	PARTIAL FOOT MOLDED SOCKET TIBIAL TUBERCLE HT TOE	07/01/1999	$1,693.02	0.0%	0.0%	N	Referral Required
L5050	ANKLE,SYMES,MOLDED SOCKET,SACH FOOT	07/01/1999	$2,021.36	0.0%	0.0%	N	Referral Required
L5060	ANKLE SYMES METAL FR MOLDED LEATHER SOCKET AFO	07/01/1999	$2,682.30	0.0%	0.0%	N	Referral Required
L5100	BELOW KNEE,MOLDED SOCKET,SHIN,SACH FOOT	07/01/1999	$2,095.16	0.0%	0.0%	N	Referral Required
L5105	BELOW KNEE PLASTIC SOCKET JOINTS/THIGH LACER SACH	07/01/1999	$2,956.97	0.0%	0.0%	N	Referral Required
L5150	EXTERNAL KNEE JOINT MOLDED SOCKET SHIN SACH FOOT	07/01/1999	$3,057.48	0.0%	0.0%	N	Referral Required
L5160	EXT KNEE JOINT MOLDED SOCKET BENT-KNEE SHIN SACH	07/01/1999	$3,730.21	0.0%	0.0%	N	Referral Required
L5200	ABOVE KNEE,SNGLE AXIS CONT FRX KNEE,SHIN,SACH FT	07/01/1999	$3,054.55	0.0%	0.0%	N	Referral Required
L5210	ABOVE KNEE,SHORT,W/O JNT,W FT BLOCK,W/O ANKLE JNT	07/01/1999	$2,426.15	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
L5220	ABOVE KNEE,SHORT,NO JNT,W/ARTICUL ANK/FT,DYNAMIC	07/01/1999	$2,757.76	0.0%	0.0%	N	Referral Required
L5230	ABOVE KNEE,PROX FEMORAL,CONT FRX KNEE,SHIN,SACH FT	07/01/1999	$3,688.34	0.0%	0.0%	N	Referral Required
L5250	HIP JNT,CANADIAN TYPE,MOLDED SOCKET,SINGLE AXIS KN	07/01/1999	$4,799.63	0.0%	0.0%	N	Referral Required
L5270	LOCKING HIPJOINT SINGLE AXIS KNEE,SHIN,SACH FOOT	07/01/1999	$5,142.19	0.0%	0.0%	Y	Referral Required
L5280	HEMIPELVECTOMY,HIP JOINT,SINGLEAXIS KNEE,SHIN,SACH	07/01/1999	$5,090.77	0.0%	0.0%	N	Referral Required
L5301	BELOW THE KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM	01/01/2002	$2,222.33	0.0%	0.0%	N	Referral Required
L5311	KNEE DISARTICULATION OR THROUGH KNEE MOLDED SOCKET EXTERNAL JOINTS SACH ENDOSKEL	01/01/2002	$3,488.67	0.0%	0.0%	N	Referral Required
L5321	ABOVE KNEE MOLDED SOCKET OPEN END SACH FOOT ENDOSKELETAL SYSTEM SINGLE AXIS KNEE	01/01/2002	$3,433.13	0.0%	0.0%	N	Referral Required
L5331	HIP DISARTICULATION CANADIAN STYLE MOLDED SOCKET ENDOSKELETAL HIP JOINT AXIS KNE	01/01/2002	$4,871.30	0.0%	0.0%	N	Referral Required
L5341	HEMIPELVECTOMY, CANADIAN TYPE MOLDED, SOCKET, ENDOSKELETAL HIP, KNEE, SACH FOOT	01/01/2002	$5,084.20	0.0%	0.0%	Y	Referral Required
L5400	BELOW KNEE,RIGID DRSG,W/FIT,ALIGN,SUSP,ONE CHANGE	07/01/1999	$1,002.80	0.0%	0.0%	N	Referral Required
L5410	BELOW KNEE RIGID DRSG EA ADDTL CAST CHG & REALIGN	07/01/1999	$385.47	0.0%	0.0%	N	Referral Required
L5420	AK RIGID DSG INCL FIT, ALIGN & ONE CAST CHG	07/01/1999	$1,211.24	0.0%	0.0%	N	Referral Required
L5430	AK RIGID DSG EA ADDTL CAST CHG & REALIGN	07/01/1999	$378.06	0.0%	0.0%	N	Referral Required
L5450	BELOW KNEE,RIGID DRSG,NON-WEIGHT BEARING	07/01/1999	$330.85	0.0%	0.0%	N	Referral Required
L5460	ABOVE KNEE,RIGID DRGS.NON-WEIGHT BEARING	07/01/1999	$438.07	0.0%	0.0%	N	Referral Required
L5500	BELOW KNEE,PTB SOCKET,USMC PYLON,DIRECT FORMED	07/01/1999	$963.08	0.0%	0.0%	N	Referral Required
L5505	ABOVE KNEE,ISCHIAL LEVEL SOCKET,USMC PYLON,DIRECT	07/01/1999	$1,304.26	0.0%	0.0%	N	Referral Required
L5510	BELOW KNEE,PREP,PTB SOCKET,USMC PYLON,MOLDED	07/01/1999	$1,182.94	0.0%	0.0%	N	Referral Required
L5520	BELOW KNEE,PREP,PTB SOCKET,THERMOPLASTIC,DIRECT FM	07/01/1999	$1,078.35	0.0%	0.0%	N	Referral Required
L5530	BELOW KNEE,PREP,PTB SOCKET,THERMOPLASTIC,MOLDED	07/01/1999	$1,504.85	0.0%	0.0%	N	Referral Required
L5535	BELOW KNEE,PREP,PTB SOCKET,PREFAB,ADJ/OPEN END	07/01/1999	$1,554.40	0.0%	0.0%	N	Referral Required
L5540	BELOW KNEE,PREP,PTB SOCKET,LAMINATED,MOLDED	07/01/1999	$1,659.11	0.0%	0.0%	N	Referral Required
L5560	ABOVE KNEE,PREP,ISCHIAL LEVEL,PLASTER SOCKET,MOLD	07/01/1999	$1,620.87	0.0%	0.0%	N	Referral Required
L5570	ABOVE KNEE,PREP,ISCHIAL LEVEL,THERMOPLASTIC,DIRECT	07/01/1999	$1,704.83	0.0%	0.0%	N	Referral Required
L5580	ABOVE KNEE,PREP,ISCHIAL SOCKET,THERMOPLASTIC,MOLD	07/01/1999	$1,953.01	0.0%	0.0%	N	Referral Required
L5585	AK,ADJ OPEN END SOCKET, USMC SACH FOOT	07/01/1999	$2,164.59	0.0%	0.0%	N	Referral Required
L5590	ABOVE KNEE,PREP,ISCHIAL SOCKET,LAMINATED,MOLDED	07/01/1999	$1,895.01	0.0%	0.0%	N	Referral Required
L5595	HIP PREP.HEMIPELVECTOMY,THERMOPLASTIC,MOLDED,PYLON	07/01/1999	$3,385.07	0.0%	0.0%	N	Referral Required
L5600	HIP PREP.HEMIPELVECTOMY,LAMINATED,MOLDED, PYLON	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,FRX SWING CONTRL	07/01/1999	$1,322.98	0.0%	0.0%	N	Referral Required
L5613	ABOVE KNEE-DISARTICULATE OHC4-BAR,HYDRAULIC CONTRL	07/01/1999	$1,837.70	0.0%	0.0%	N	Referral Required
L5614	ADD LOWER EXT-AK-KNEE* DISORTIC,4-BAR W/PNEUM SWIN	07/01/1999	$1,242.21	0.0%	0.0%	N	Referral Required
L5616	ABOVE KNEE,UNIVERSAL MULTIPLEX,FRX SWING CONTROL	07/01/1999	$1,018.44	0.0%	0.0%	N	Referral Required
L5617	ADD. TO LOWER EXTREMITY, QUICK CHANGE UNIT; EACH	07/01/1999	$411.89	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
L5618	ADDN TO LOWER EXTREMITY TEST SOCKET, SYMES	07/01/1999	$234.25	0.0%	0.0%	N	Referral Required
L5620	ADD TO LWR EXTR, TEST SOCKET, BELOW KNEE	07/01/1999	$222.44	0.0%	0.0%	N	Referral Required
L5622	ADD TO LWR EXTRM, TEST SOCKET,KNEE DISARTICULATE	07/01/1999	$313.70	0.0%	0.0%	N	Referral Required
L5624	ADD TO LWR EXTREMITY, TEST SOCKET, ABOVE KNEE	07/01/1999	$282.43	0.0%	0.0%	N	Referral Required
L5626	ADD TO LWR EXTRM TEST SOCKET,HIP DISARTICULATION	07/01/1999	$410.04	0.0%	0.0%	N	Referral Required
L5628	ADD TO LWR EXTRM,TEST SOCKET,HEMIPELVECTOMY	07/01/1999	$453.38	0.0%	0.0%	N	Referral Required
L5629	ADD TO LWR EXTRMIBELOW KNEE, ACRYLIC SOCKET	07/01/1999	$238.31	0.0%	0.0%	N	Referral Required
L5630	ADD TO LWR EXTRM,SYMES,EXPANDABLE WALL SOCKET	07/01/1999	$379.77	0.0%	0.0%	N	Referral Required
L5631	ADD TO LWR EXTRM,ABOVE KNEE/DISARTICULATION,ACRYLC	07/01/1999	$329.48	0.0%	0.0%	N	Referral Required
L5632	ADD TO LWR EXTRMISYMES,TPB BRIM SOCKET	07/01/1999	$222.00	0.0%	0.0%	N	Referral Required
L5634	ADD TO LWR EXTRM,SYMES,POSTERIOR OPENING SOCKET	07/01/1999	$264.48	0.0%	0.0%	N	Referral Required
L5636	ADD TO LWR EXTRMISYMES,MEDIAL OPENING	07/01/1999	$235.71	0.0%	0.0%	N	Referral Required
L5637	ADD TO LWR EXTREMITY,BELOW KNEE, TOTAL CONTACT	07/01/1999	$223.25	0.0%	0.0%	N	Referral Required
L5638	ADD TO LWR EXTREMITY,BELOW KNEE, LEATHER SOCKET	07/01/1999	$413.69	0.0%	0.0%	N	Referral Required
L5639	ADD TO LWR EXTREMITY,BELOW KNEE,WOOD SOCKET	07/01/1999	$947.57	0.0%	0.0%	N	Referral Required
L5640	ADD TO LWR EXTRM,KNEE DISARTIC,LEATHER SOCKET	07/01/1999	$627.58	0.0%	0.0%	N	Referral Required
L5642	ADD TO LWR EXTRM,ABOVE KNEE,LEATHER SOCKET	07/01/1999	$619.45	0.0%	0.0%	N	Referral Required
L5643	ADD TO LWR EXTR,HIP DISARTIC,FLEX SOCKET,EXRTN FRM	07/01/1999	$1,339.83	0.0%	0.0%	N	Referral Required
L5644	ADD TO LWR EXTRM,ABOVE KNEE,WOOD SOCKET	07/01/1999	$494.51	0.0%	0.0%	N	Referral Required
L5645	ADD TO LWR EXTRM,BELOW KNEE,FLEX SOCKET EXTRN FRM	07/01/1999	$598.31	0.0%	0.0%	N	Referral Required
L5646	ADD TO LWR EXTRM,BELOW KNEE, AIR CUSHION SOCKET	07/01/1999	$439.80	0.0%	0.0%	N	Referral Required
L5647	ADD TO LWR EXTRM,BELOW KNEE,SUCTION SOCKET	07/01/1999	$596.49	0.0%	0.0%	N	Referral Required
L5648	ADD TO LWR EXTRM,ABOVE KNEE,AIR CUSHION SOCKET	07/01/1999	$493.69	0.0%	0.0%	N	Referral Required
L5649	ADD TO LWR EXTRM,ISCHIAL CONTAIN/NARROW M-L SOCKET	07/01/1999	$1,509.15	0.0%	0.0%	N	Referral Required
L5650	ABOVE KNEE/DISARTICULATION SOCKET,TOTAL CONTACT	07/01/1999	$430.34	0.0%	0.0%	N	Referral Required
L5651	ABOVE KNEE, FLEX INNER SOCKET, EXTERNAL FRAME	07/01/1999	$900.53	0.0%	0.0%	N	Referral Required
L5652	ABOVE KNEE/DISARTICULATION SOCKET,SUCTION SUSP	07/01/1999	$326.93	0.0%	0.0%	N	Referral Required
L5653	KNEE DISARTICULATION, EXPANDABLE WALL SOCKET	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, BELOW KNEE (KEM	07/01/1999	$260.31	0.0%	0.0%	N	Referral Required
L5656	ADD TO LWR EXTRM,SOCKET INSERT,KNEE SIDARTICULATE	07/01/1999	$370.88	0.0%	0.0%	N	Referral Required
L5658	ADD TO LWR EXTRM,SOCKET INSERT, ABOVE KNEE	07/01/1999	$363.53	0.0%	0.0%	N	Referral Required
L5661	ADD TO LWR EXTRM,SOCKET INSERT,MULTI-DUROMETER	07/01/1999	$456.32	0.0%	0.0%	N	Referral Required
L5665	LWR EXTRM,SOCKET INSERT,BELOW KNEE,MULTI-DUROMETER	07/01/1999	$383.95	0.0%	0.0%	N	Referral Required
L5666	ADD TO LWR EXTR,BELOW KNEE,CUFF SUSPENSION	07/01/1999	$53.27	0.0%	0.0%	N	Referral Required
L5668	ADD TO LWR EXTRM,BELOW KNEE,MOLDED DISTAL CUSHION	07/01/1999	$84.14	0.0%	0.0%	N	Referral Required
L5670	BELOW KNEE,MOLDED SUPROCONDYLAR SUSP, PTS	07/01/1999	$222.10	0.0%	0.0%	N	Referral Required
L5671	ADDITION TO LOWER EXTREMITY BELOW KNEE/ABOVE KNEE SUSPENSION LOCKING MECHANISM	01/01/2001	$526.09	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
L5672	REMOVABLE MEDIAL BRIM SUSPENSION,BELOW KNEE	07/01/1999	$241.97	0.0%	0.0%	N	Referral Required
L5673	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATION	01/01/2004	$574.46	0.0%	0.0%	N	Referral Required
L5676	BELOW KNEE,KNEE JOINTS,SINGLE AXIS,PAIR	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	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATION	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	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET	01/01/2004	$1,035.59	0.0%	0.0%	N	Referral Required
L5682	BELOW KNEE,THIGH LACER,GLUTEAL/ISCHIAL,MOLDED	07/01/1999	$474.11	0.0%	0.0%	N	Referral Required
L5683	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET	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	BELOW KNEE, SUSPENSION/SEALING SLEEVE, WITH OR WITHOUT VALVE, ANY MATERIAL, EACH	01/01/2006	$100.83	0.0%	0.0%	N	Referral Required
L5686	BELOW KNEE,BACK CHECK,EXTENSION CONTROL	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, LIGHT	07/01/1999	$116.94	0.0%	0.0%	N	Referral Required
L5694	ABOVE KNEE,PELVIC CONTROL BELT, PADDED/LINED	07/01/1999	$180.68	0.0%	0.0%	N	Referral Required
L5695	ABOVE KNEE,PELVIC CONTRL,SLEEVE SUSP,NEOPRENE,EA	07/01/1999	$122.29	0.0%	0.0%	N	Referral Required
L5696	ABOVE KNEE/DISARTICULATION,PELVIC JOINT	07/01/1999	$184.99	0.0%	0.0%	N	Referral Required
L5697	ABOVE KNEE/DISARTICULATION,PELVIC BAND	07/01/1999	$80.26	0.0%	0.0%	N	Referral Required
L5698	ABOVE KNEE/DISARTICULATION,SILESIAN BANDAGE	07/01/1999	$93.78	0.0%	0.0%	N	Referral Required
L5699	ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS	07/01/1999	$184.33	0.0%	0.0%	N	Referral Required
L5700	REPLACE,SOCKET,BK,MOLDED TO PT MODEL	07/01/1999	$2,738.06	0.0%	0.0%	N	Referral Required
L5701	REPLACE,SOCKET,AK/K DISORTIC,INCL ATTACH PLATE,MOL	07/01/1999	$3,327.32	0.0%	0.0%	N	Referral Required
L5702	REPLACE,SOCKET,HIP DISORTIC,INCL HIP JOINT,MOLDED	07/01/1999	$3,984.18	0.0%	0.0%	N	Referral Required
L5703	ANKLE, SYMES, MOLDED TO PATIENT MODEL, SOCKET WO SOLID ANKLE CUSHION HEEL	04/01/2009	$2,210.15	0.0%	0.0%	N	Referral Required
L5704	REPLACE,CUSTOM SHAPED PROTECTIVE COVER,BK	07/01/1999	$457.28	0.0%	0.0%	N	Referral Required
L5705	REPLACEMENT,CUSTOM SHAPED PROTECTIVE COVER AK	07/01/1999	$750.70	0.0%	0.0%	N	Referral Required
L5706	REPLACE,CUSTOM SHAPED PROTECTIVE COVER,KNEE DISORT	07/01/1999	$744.04	0.0%	0.0%	N	Referral Required
L5707	REPLACE,CUSTOM SHAPED PROTECTIVE COVER,HIP DISORTI	07/01/1999	$1,057.68	0.0%	0.0%	N	Referral Required
L5710	EXOSKEL KNEE-SHIN SYST,SINGLE AXIS,MANUAL LOCK	07/01/1999	$341.20	0.0%	0.0%	N	Referral Required
L5711	EXOSKEL KNEE-SHIN SYST,ONE AXIS,MAN LOCK,ULTRA LT	07/01/1999	$461.90	0.0%	0.0%	N	Referral Required
L5712	EXOSKEL KNEE-SHIN SYST,SINGLE AXIS,FRX SWING	07/01/1999	$414.65	0.0%	0.0%	N	Referral Required
L5714	EXOSKEL KNEE-SHIN SYST,ONE AXIS,VARIB FRX SWG	07/01/1999	$313.65	0.0%	0.0%	N	Referral Required
L5716	EXOSKEL KNEE-SHIN SYST POLYCENTRIC,MECH STANCE LCK	07/01/1999	$546.53	0.0%	0.0%	N	Referral Required
L5718	EXOSKEL KNEE-SHIN SYST,POLY,FRX SWN/STNCE CONTROL	07/01/1999	$683.10	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
L5722	EXOSKEL KNEE-SHIN SYST,ONE AXISNPNEUM SWG FRX STNC	07/01/1999	$795.38	0.0%	0.0%	N	Referral Required
L5724	EXOSKEL KNEE-SHIN,ONE AXIS,FLUID SWG PHASE CONTROL	07/01/1999	$1,204.38	0.0%	0.0%	N	Referral Required
L5726	EXOSKEL KNEE-SHIN,ONE AXIS,EXTRN JNTS,FLUID SWG	07/01/1999	$1,457.55	0.0%	0.0%	N	Referral Required
L5728	EXOSKEL KNEE-SHIN,ONE AXIS, FLUID SWG/STNCE PHASE	07/01/1999	$1,939.82	0.0%	0.0%	N	Referral Required
L5780	EXOSKEL KNEE-SHIN,ONE AXIS,PNEUM/HYDRA,PNEUM/SWG	07/01/1999	$858.53	0.0%	0.0%	N	Referral Required
L5781	ADD. TO LOWER LIMB PROSTHESIS, VACUUM PUMP, LIMB MNGMT & MOISTURE EVACUATION	01/01/2003	$3,150.08	0.0%	0.0%	N	Referral Required
L5782	ADD. TO LOWER LIMB PROSTHESIS, VACUUM PUMP, LIMB MNGMT & MOISTURE EVAC. HEAVY DU	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-LIGHT	07/01/1999	$805.13	0.0%	0.0%	N	Referral Required
L5810	ENDOSKEL KNEE-SHIN,ONE AXIS,MANUAL LOCK	07/01/1999	$416.91	0.0%	0.0%	N	Referral Required
L5811	ADDITION ENDOSKELETAL KNEE SHIN SYSTEM	07/01/1999	$546.89	0.0%	0.0%	N	Referral Required
L5812	ENDOSKEL KNEE-SHIN,ONE AXIS,FRX SWG/STNCE PHASE	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 STNCE PHASE LCK	07/01/1999	$637.72	0.0%	0.0%	N	Referral Required
L5818	ENDOSKEL KNEE-SHIN,POLY,FRX SWG,STANCE PHASE CONTR	07/01/1999	$720.12	0.0%	0.0%	N	Referral Required
L5822	ENDOSKEL KNEE-SHIN,ONE AXIS,PHEUM SWG,FRX STNCE	07/01/1999	$1,276.95	0.0%	0.0%	N	Referral Required
L5824	ENDOSKEL KNEE-SHIN,ONE AXIS,FLUID SWG PHASE CONTRL	07/01/1999	$1,149.97	0.0%	0.0%	N	Referral Required
L5826	ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, HYDRAULIC SWING PHASE CTRL.	01/01/2006	$2,554.04	0.0%	0.0%	N	Referral Required
L5828	ENDOSKEL KNEE-SHIN,ONE AXIS,FLUID SWG/STNCE PHASE	07/01/1999	$2,117.58	0.0%	0.0%	N	Referral Required
L5830	ENDOSKEL KNEE-SHIN,ONE AXIS,PNEUM/SWG PHASE CONTRL	07/01/1999	$1,846.36	0.0%	0.0%	N	Referral Required
L5840	ADD ENDOSKELETAL KNEE/SHIN SYSTEM,MULTIAXIAL PNEU	07/01/1999	$3,026.60	0.0%	0.0%	N	Referral Required
L5845	ADD ENDOSKELETAL KNEE/SHIN-STANCE FLEXION FEATURE	07/01/1999	$1,319.44	0.0%	0.0%	N	Referral Required
L5848	ADDITION ENDOSKELETAL, KNEE-SHIN, HYDRAULIC EXT. DAMPING FEATURE, ADJUSTABLE	01/01/2003	$846.60	0.0%	0.0%	N	Referral Required
L5850	ENDOSKEL ABOVE KNEE/HIP DISARTIC KNEE EXTENSION	07/01/1999	$95.93	0.0%	0.0%	N	Referral Required
L5855	ADD ENDOSKELETAL SYSTEM,HIP DISORTIC,MECHANICAL HI	07/01/1999	$308.77	0.0%	0.0%	N	Referral Required
L5858	ADDITIONAL TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE	04/01/2009	$16,456.85	0.0%	0.0%	Y	Referral Required
L5910	ENDOSKEL BELOW KNEE, ALIGNABLE SYST	07/01/1999	$271.58	0.0%	0.0%	N	Referral Required
L5920	ENDOSKEL,ABOVE KNEE/HIP DISARTICULATION,ALIGNABLE	07/01/1999	$397.87	0.0%	0.0%	N	Referral Required
L5925	ADD ENDOSKELETAL SYSTEM,AK,KNEE OR HIP DISORTIC MA	07/01/1999	$327.03	0.0%	0.0%	N	Referral Required
L5930	ADD ENDOSKELETAL HIGH ACTIVITY KNEE CONTROL FRAME	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-LIGHT	07/01/1999	$768.30	0.0%	0.0%	N	Referral Required
L5962	ADD ENDOSKELETAL SYS,BK,FLEX PROTECT OUTER SURFACE	07/01/1999	$587.69	0.0%	0.0%	N	Referral Required
L5964	ADD ENDOSKEL SYS,AK,FLEX PROTECT OUTER SURFACE COV	07/01/1999	$846.02	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
L5966	ADD ENDOSKEL SYST,HIP DISORT,FLEX PROTECT OUTER SU	07/01/1999	$1,096.83	0.0%	0.0%	N	Referral Required
L5968	ALL LOWER EXTREMITY PROSTHESIS, ANKLE MULTIAXIAL SHOCK ABSORBING SYSTEM	01/01/1999	$2,675.09	0.0%	0.0%	N	Referral Required
L5970	ALL LWR EXTRM PROSTH,FOOT,EXTRN KNEE,SACH FOOT	07/01/1999	$183.94	0.0%	0.0%	N	Referral Required
L5971	ALL LOWER EXTREMITY PROSTHESIS, ANKLE SUCHION HEEL	04/01/2009	$221.26	0.0%	0.0%	N	Referral Required
L5972	ALL LOWER EXTREMITY PROSTHESIS,FLEXIBLE FOOT	07/01/1999	$294.00	0.0%	0.0%	N	Referral Required
L5974	ALL LOWER EXTREMITY PROSTHESIS,FOOT,SINGLE AXIS	07/01/1999	$232.99	0.0%	0.0%	N	Referral Required
L5975	ALL LOWER EXTREMITY PROSTHESES COMBINATION SINGLE AXIS ANKLE FLEXIBLE KEEL FOOT	01/01/1999	$341.28	0.0%	0.0%	N	
L5976	ALL LOWER EXTREMITY PROSTHESIS,ENERGY STORING FOOT	07/01/1999	$469.45	0.0%	0.0%	N	Referral Required
L5978	ALL LWR EXTREMITY PROSTH,FOOT,MULTI-AXIAL	07/01/1999	$265.32	0.0%	0.0%	N	Referral Required
L5979	ALL LOWER EXTREM PROTHESIS MULTI ANKLE/FOOT,DYNAMI	07/01/1999	$2,260.29	0.0%	0.0%	N	Referral Required
L5980	ALL LWR EXTRM PROSTHESIS,FLEX FOOT SYST	07/01/1999	$3,039.97	0.0%	0.0%	N	Referral Required
L5981	ALL LOWER EXTREM PROTHESIS,FLEX-WALK SYST OR EQUAL	07/01/1999	$2,456.28	0.0%	0.0%	N	Referral Required
L5982	ALL EXOSKEL LWR EXTRM PROSTH,AXIAL ROTATION UNIT	07/01/1999	$573.02	0.0%	0.0%	N	Referral Required
L5984	ALL ENDOSKEL LWR EXTRM PROSTH,AXIAL ROTATION UNIT	07/01/1999	$541.73	0.0%	0.0%	N	Referral Required
L5985	ALL ENDOSKELETAL LOWER EXT. PROTHESES, DYNAMIC PYL	07/01/1999	$207.87	0.0%	0.0%	N	Referral Required
L5986	ALL LWR EXTRM PROSTHIMULTIAXIAL ROTATION,"MCP"	07/01/1999	$573.36	0.0%	0.0%	N	Referral Required
L5987	ALL LOWER EXTR.PROSTHESIS SHANK FOOT W/VERTICAL	07/01/1999	$5,295.63	0.0%	0.0%	Y	Referral Required
L5988	LOWER EXTREMITY PROSTHESIS COMBINATION VERTICAL SHOCK MULTAXIAL/ROTATION/TORSION	01/01/1999	$1,470.60	0.0%	0.0%	N	Referral Required
L5990	ADDITION TO LOWER EXTREMITY PROSTHESIS USER ADJUSTABLE HEEL HEIGHT	01/01/2002	$1,412.77	0.0%	0.0%	N	Referral Required
L5999	UNLISTED PROCEDURE, LOWER EXTREMITY PROSTHESIS	01/01/1991	$0.00	0.0%	0.0%	N	Referral Required
L6000	PARTIAL HAND,ROBIN-AIDS,THUMB REMAINING	07/01/1999	$1,328.45	0.0%	0.0%	N	Referral Required
L6010	PART HAND,ROBIN-AIDS,LITTLE &/OR RING FINGER REM	07/01/1999	$1,478.35	0.0%	0.0%	N	Referral Required
L6020	PART HAND,ROBIN-AIDS,NO FINGER REMAINING	07/01/1999	$1,378.33	0.0%	0.0%	N	Referral Required
L6050	WRIST DISARTIC,MOLDED SOCKET,FLEX ELBOW,TRICEP PAD	07/01/1999	$1,628.04	0.0%	0.0%	N	Referral Required
L6055	WRIST DISAR MOLD SOCKET,EXPAN INTERFACE,FLEX ELBOW	07/01/1999	$2,430.90	0.0%	0.0%	N	Referral Required
L6100	BELOW ELBOW,MOLDED,FLEX ELBOW,TRICEP PAD	07/01/1999	$1,753.60	0.0%	0.0%	N	Referral Required
L6110	BELOW ELBOW,MOLDED,(MUENSTER/NW SUSP)	07/01/1999	$1,788.55	0.0%	0.0%	N	Referral Required
L6120	BELOW ELBOW,MOLDED DBL WALL SPLIT SOCKET,HALF CUFF	07/01/1999	$2,249.05	0.0%	0.0%	N	Referral Required
L6130	BEL ELBOW,MOLD DLB WALL SPLIT SOCKET,STUMP ACTIVAT	07/01/1999	$2,588.26	0.0%	0.0%	N	Referral Required
L6200	ELBOW DISARTICULATION,MOLDED,OUTSIDE LCK HINGE	07/01/1999	$2,656.26	0.0%	0.0%	N	Referral Required
L6205	ELBOW DISARTIC,MLD SOCKET,EXPAND INTERFACE,HINGED	07/01/1999	$3,327.89	0.0%	0.0%	N	Referral Required
L6250	ABOVE ELBOW,MLD DBL-WALL SOCKET.LOCKING ELBOW	07/01/1999	$2,477.14	0.0%	0.0%	N	Referral Required
L6300	SHOULDER DISARTIC,MLD SOCKET,HUMERAL,LOCK ELBOW	07/01/1999	$3,484.42	0.0%	0.0%	N	Referral Required
L6310	SHOULDER DISARTIC,PASSIVE RESTORATION(COMPLETE)	07/01/1999	$2,892.35	0.0%	0.0%	N	Referral Required
L6320	SHOULDER DISARTIC,PASSIVE REST(SHOULDER CAP ONLY)	07/01/1999	$1,281.48	0.0%	0.0%	N	Referral Required
L6350	INTERSCAPULAR THORACIC MLD SOCKET,LOCK ELBOW	07/01/1999	$3,916.23	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
L6360	INTERSCAPULAR THORACIC,PASSIVE RESTORATION,COMPLET	07/01/1999	$3,184.62	0.0%	0.0%	N	Referral Required
L6370	INTRASCAPULAR THORACIC,PASSIVE RESTR(SHOULDER CAP)	07/01/1999	$1,523.04	0.0%	0.0%	N	Referral Required
L6380	WRIST/BELOW ELBOW,RIGID DRSG,W/FITTING&CAST CHANGE	07/01/1999	$1,025.42	0.0%	0.0%	N	Referral Required
L6382	ELBOW/ABOVE ELBOW,RIGID DRSG,W/FITTING/CAST CHANGE	07/01/1999	$1,207.16	0.0%	0.0%	N	Referral Required
L6384	SHOULDER/INTRASCAPULAR THORACIC,RIGID DRSG.	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
L6400	BELOW ELBOW,MLD SOCKET,ENDOSKEL,SOFT TISSUE SHAPE	07/01/1999	$1,941.40	0.0%	0.0%	N	Referral Required
L6450	ELBOW DISARTIC.MLD SOCKET ENDOSKEL,SOFT TISSUE SHA	07/01/1999	$2,635.41	0.0%	0.0%	N	Referral Required
L6500	ABOVE ELBOW,MLD SOCKET,ENDOSKEL,SFT TISSUE SHAPING	07/01/1999	$2,665.52	0.0%	0.0%	N	Referral Required
L6550	SHLDER DISARTIC,MLD SOCKET,ENDO,SFT TISSUE SHAPING	07/01/1999	$3,565.72	0.0%	0.0%	N	Referral Required
L6570	INTERSCAPULAR THORACIC,MLD SOCKET ENDOSKELETAL	07/01/1999	$3,974.74	0.0%	0.0%	N	Referral Required
L6580	PREPARATORY,WRIST OR BELOW ELBOW, MOLDED	07/01/1999	$1,350.76	0.0%	0.0%	N	Referral Required
L6582	PREPARATORY,WRIST OR BELOW ELBOW, DIRECT FORMED	07/01/1999	$1,073.43	0.0%	0.0%	N	Referral Required
L6584	PREPARATORY,WRIST OR BELOW ELBOW, LOCKING,MOLDED	07/01/1999	$1,823.80	0.0%	0.0%	N	Referral Required
L6586	PREPARATORY,ELBOW OR ABOVE,DIRECT FORMED	07/01/1999	$1,558.71	0.0%	0.0%	N	Referral Required
L6588	PREPARATORY,SHOULDER/INTERSCAPULAR THORACIC MOLDED	07/01/1999	$2,639.22	0.0%	0.0%	N	Referral Required
L6590	PREPARATORY,SHOULDER/INTERSCAPULAR THORACIC,DIRECT	07/01/1999	$2,431.83	0.0%	0.0%	N	Referral Required
L6600	UPPER EXTREMITY ADDN,POLYCENTRIC HINGE,PR	07/01/1999	$152.40	0.0%	0.0%	N	Referral Required
L6605	UPPER EXTREMITY ADDN.SINGLE PIVOT HINGE.PR	07/01/1999	$143.78	0.0%	0.0%	N	Referral Required
L6610	UPPER EXTREMITY ADDN.FLEXIBLE METAL HINGE.PR	07/01/1999	$131.14	0.0%	0.0%	N	Referral Required
L6615	UPPER EXTREMITY ADDN.DISCONNECT LOCKING WRIST UNIT	07/01/1999	$160.26	0.0%	0.0%	N	Referral Required
L6616	UPPER EXTREM ADDN.ADDNL DISCONNECT INSERT (WRIST)	07/01/1999	$58.41	0.0%	0.0%	N	Referral Required
L6620	UPPER EXTRM ADDN.FLEXION-FRICTION WRIST UNIT	07/01/1999	$251.01	0.0%	0.0%	N	Referral Required
L6621	UPPER EXTREMITY PROSTHESIS, ADDITION, FLEX EXTENSION	04/01/2009	$2,025.37	0.0%	0.0%	N	Referral Required
L6623	UPPER EXTRM ADDN.SPRING ASSIST ROTATIONAL WRIST	07/01/1999	$539.98	0.0%	0.0%	N	Referral Required
L6624	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION & ROTATION WRIST UNIT	04/01/2009	$3,334.81	0.0%	0.0%	N	Referral Required
L6625	UPPER EXTRM ADDN. ROTATION WRIST UNIT W/CBLE	07/01/1999	$461.80	0.0%	0.0%	N	Referral Required
L6628	UPPER EXTRM,QUICK DISCONNECT HOOK ADAPTER,OTTO BOK	07/01/1999	$433.68	0.0%	0.0%	N	Referral Required
L6629	QUICK DISCONNECT LAMINATION COLLAR W/COUPLING	07/01/1999	$109.91	0.0%	0.0%	N	Referral Required
L6630	UPPER EXTREMITY ADDN. STAINLESS STEEL,ANY WRIST	07/01/1999	$161.61	0.0%	0.0%	N	Referral Required
L6632	UPPER EXTREMITY ADDN.LATEX SUSPENSION SLEEVE,EA	07/01/1999	$48.72	0.0%	0.0%	N	Referral Required
L6635	UPPER EXTREMITY ADDN.LIFT ASSIST.ELBOW	07/01/1999	$141.68	0.0%	0.0%	N	Referral Required
L6637	UPPER EXTREMITY ADDN.NUDGE CONTROL ELBOW LOCK	07/01/1999	$325.82	0.0%	0.0%	N	Referral Required
L6640	UPPER EXTREMITY ADDN.SHOULDER ABDUCTION JOINT.PR	07/01/1999	$258.34	0.0%	0.0%	N	Referral Required
L6641	UPPER EXTREMITY ADDN,EXCURSION AMPLIFIER, PULLEY	07/01/1999	$128.76	0.0%	0.0%	N	Referral Required
L6642	UPPER EXTREMITY ADDN, EXCURSION AMPLIFIER. LEVER	07/01/1999	$174.16	0.0%	0.0%	N	Referral Required
L6645	SHOULDER FLEXION-ABDUCTION JOINT, EA	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

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
L6655	UPPER EXTREMITY ADDN. STANDARD CONTROL CABLE, EA	07/01/1999	$74.10	0.0%	0.0%	N	Referral Requirec
L6660	UPPER EXTREMITY ADDN.HEAVY DUTY CONTROL CABLE	07/01/1999	$79.51	0.0%	0.0%	N	Referral Requirec
L6665	UPPER EXTREMITY ADDN. TEFLON OR EQUAL CABLE LINING	07/01/1999	$36.97	0.0%	0.0%	N	Referral Requirec
L6670	UPPER EXTREMITY ADDN.HOOK TO HAND CABLE ADAPTER	07/01/1999	$38.24	0.0%	0.0%	N	Referral Requirec
L6672	HARNESS,CHEST OR SHOULDER,SADDLE TYPE	07/01/1999	$145.16	0.0%	0.0%	N	Referral Requirec
L6675	UPPER EXTREMIHARNESS FIG EIGHT TYPE,SINGLE CONTROL	07/01/1999	$90.05	0.0%	0.0%	N	Referral Requirec
L6676	UPPER EXTREMI,HARNESS,FIG EIGHT TYPE,DUAL CONTROL	07/01/1999	$110.71	0.0%	0.0%	N	Referral Requirec
L6677	UPPER EXTREMITY , ADDITION, HARNESS, TRIPLE CONTROL	04/01/2009	$262.67	0.0%	0.0%	N	Referral Requirec
L6680	WRIST OR BELOW ELBOW, TEST SOCKET	07/01/1999	$178.39	0.0%	0.0%	N	Referral Requirec
L6682	ELBOW OR ABOVE, TEST SOCKET	07/01/1999	$226.95	0.0%	0.0%	N	Referral Requirec
L6684	TEST SOCKET, SHOULDER OR INTERSCAPULAR THORACIC	07/01/1999	$347.76	0.0%	0.0%	N	Referral Requirec
L6686	UPPER EXTREMITY ADDN, SUCTION SOCKET	07/01/1999	$498.55	0.0%	0.0%	N	Referral Requirec
L6687	FRAME TYPE SOCKET, BELOW ELBOW OR WRIST DISARTIC	07/01/1999	$432.53	0.0%	0.0%	N	Referral Requirec
L6688	FRAME TYPE SOCKET,ABOVE ELBOW OR ELBOW DISARTIC	07/01/1999	$529.65	0.0%	0.0%	N	Referral Requirec
L6689	FRAME TYPE SOCKET, SHOULDER DISARTICULATION	07/01/1999	$648.26	0.0%	0.0%	N	Referral Requirec
L6690	FRAME TYPE SOCKET, INTERSCAPULAR THORACIC	07/01/1999	$687.49	0.0%	0.0%	N	Referral Requirec
L6691	UPPER EXTREMITY ADDN, REMOVABLE INSERT, EACH	07/01/1999	$297.42	0.0%	0.0%	N	Referral Requirec
L6692	UPPER EXTREMITY ADDNLSILICONE GEL INSERT OR EQUAL	07/01/1999	$419.35	0.0%	0.0%	N	Referral Requirec
L6693	UPPER EXTREMITY ADDITION EXTERNAL LOCKING ELBOW/FOREARM COUNTERBALANCE	01/01/1999	$2,089.92	0.0%	0.0%	N	Referral Requirec
L6694	BELOW/ABOVE ELBOW, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFAB	04/01/2009	$646.11	0.0%	0.0%	N	Referral Requirec
L6695	BELOW/ABOVE ELBOW, CUSTOM FAB FROM EXISTING MOLD OR PREFAB, SOCKET INSERT	04/01/2009	$538.42	0.0%	0.0%	N	Referral Requirec
L6696	BELOW/ABOVE ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR AMPUTEE, INITIAL ONLY	04/01/2009	$1,164.74	0.0%	0.0%	N	Referral Requirec
L6697	BELOW/ABOVE ELBOW,CUSTOM FABRICATED SOCKET INSERT FOR AMPUTEE, INITIAL ONLY	04/01/2009	$1,164.74	0.0%	0.0%	N	Referral Requirec
L6698	BELOW/ABOVE ELBOW, LOCK MECHANISM, EXCLUDES SOCKET INSERT	04/01/2009	$598.21	0.0%	0.0%	N	Referral Requirec
L6703	TERMINAL DEVICE, PASSIVE HAND/MITT	04/01/2009	$297.80	0.0%	0.0%	N	Referral Requirec
L6706	TERMINAL DEVICE, HOOK, MECHANICAL, LINED OR UNLINED	01/01/2009	$359.55	0.0%	0.0%	Y	Referral Requirec
L6707	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, LINED OR UNLINED	01/01/2009	$1,268.48	0.0%	0.0%	Y	Referral Requirec
L6708	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE	01/01/2009	$885.14	0.0%	0.0%	Y	Referral Requirec
L6709	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE	04/01/2009	$1,269.29	0.0%	0.0%	N	Referral Requirec
L6711	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL,	04/01/2009	$595.33	0.0%	0.0%	Y	Referral Requirec
L6712	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL,	04/01/2009	$1,096.10	0.0%	0.0%	Y	Referral Requirec
L6713	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL,	04/01/2009	$1,383.40	0.0%	0.0%	Y	Referral Requirec
L6714	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL	04/01/2009	$1,171.74	0.0%	0.0%	Y	Referral Requirec
L6721	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY	04/01/2009	$2,082.62	0.0%	0.0%	Y	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
L6722	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY	04/01/2009	$1,795.38	0.0%	0.0%	Y	Referral Required
L6805	TERMINAL DEVICE, MODIFIER WRIST FLEXION UNIT	07/01/1999	$317.16	0.0%	0.0%	N	Referral Required
L6810	TERMINAL DEVICE, PINCHER TOOL, OTTOBOCK OR EQUAL	07/01/1999	$150.07	0.0%	0.0%	N	Referral Required
L6881	AUTOMATIC GRASP FEATURE ADDITION TO UPPER LIMB PROSTHETIC TERMINAL DEVICE	01/01/2002	$3,183.63	0.0%	0.0%	N	Referral Required
L6882	MICRO PROCESSOR CF IN ADDITION TO UPPER LIMB PROSTHETIC TERMINAL DEVICE	01/01/2002	$2,414.93	0.0%	0.0%	N	Referral Required
L6883	REPLACEMENT SOCKET, BELOW ELBOW/WRIST	04/01/2009	$1,848.38	0.0%	0.0%	N	Referral Required
L6884	REPLACEMENT SOCKET, ABOVE ELBOW	04/01/2009	$2,525.81	0.0%	0.0%	N	Referral Required
L6885	REPLACEMENT SOCKET, SHOULDER	04/01/2009	$3,830.66	0.0%	0.0%	N	Referral Required
L6890	TERMINAL DEVICE,GLOVE FOR ABOVE HANDS,PRODUCTION G	07/01/1999	$139.25	0.0%	0.0%	N	Referral Required
L6895	TERMINAL DEVICE,GLOVE FOR ABOVE HANDS,CUSTOM GLOVE	07/01/1999	$464.88	0.0%	0.0%	N	Referral Required
L6900	PARTIAL HAND, W/GLOVE THUMB OR ONE FINGER REMAIN	07/01/1999	$1,456.05	0.0%	0.0%	N	Referral Required
L6905	PARTIAL HAND, W/GLOVE, MULTIPLE FINGERS REMAINING	07/01/1999	$1,467.95	0.0%	0.0%	N	Referral Required
L6910	PARTIAL HAND, W/GLOVE, NO FINGERS REMAINING	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
L7400	ADDITIONAL TO UPPER EXTREMITY PROSETHESIS, BELOW WRIST	04/01/2009	$271.39	0.0%	0.0%	N	Referral Required
L7401	ADDITIONAL TO UPPER EXTREMITY PROSETHESIS, ABOVE ELBOW	04/01/2009	$303.82	0.0%	0.0%	N	Referral Required
L7402	ADDITIONAL TO UPPER EXTREMITY PROSETHESIS, SHOULDER	04/01/2009	$328.10	0.0%	0.0%	N	Referral Required
L7403	ADDITIONAL TO UPPER EXTREMITY PROSETHESIS, BELOW ELBOW/WRIST	04/01/2009	$326.09	0.0%	0.0%	N	Referral Required
L7404	ADDITIONAL TO UPPER EXTREMITY PROSETHESIS, ABOVE ELBOW	04/01/2009	$492.16	0.0%	0.0%	N	Referral Required
L7405	ADDITIONAL TO UPPER EXTREMITY PROSETHESIS, SHOULDER	04/01/2009	$643.68	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, LABOR COMPONENT-15 MIN	01/01/1997	$8.99	0.0%	0.0%	N	Referral Required
L7600	PROSTHETIC DONNING SLEEVE, ANY MATERIAL	01/01/2006	$0.00	0.0%	0.0%	N	Referral Required
L8000	BREAST PROSTHESES MASTECTOMY BRA	07/01/1999	$30.98	0.0%	0.0%	N	Referral Required
L8001	BREAST PROSTHESIS MASTECTOMY BRA WITH INTEGRATED BREAST PROSTHESIS FORM UNILATER	01/01/2002	$97.67	0.0%	0.0%	N	Referral Required
L8002	BREAST PROSTHESIS MASTECTOMY BRA W/INTEGRATED BREAST PROSTHESIS FORM, BILATERAL	01/01/2002	$128.47	0.0%	0.0%	N	Referral Required
L8010	BREAST PROSTHESES MASTECTOMY SLEEVE	07/01/1999	$54.80	0.0%	0.0%	N	Referral Required
L8015	EXTERNAL BREAST PROSTHESIS GARMENT W/ MASTECTOMY FORM. POST MASTECTOMY	01/01/1999	$41.75	0.0%	0.0%	N	Referral Required
L8020	BREAST PROSTHESES MASTECTOMY FORM	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 POST MASTECTOMY MOLDED TO PATIENT MODEL	01/01/1999	$2,696.96	0.0%	0.0%	N	Referral Required
L8039	BREAST PROSTHESIS, NOT OTHERWISE CLASSIFIED	01/01/1998	$0.00	0.0%	0.0%	N	
L8040	NASAL PROSTHESIS PROVIDED BY NON PHYSICIAN	04/01/2009	$2,213.84	0.0%	0.0%	Y	Referral Required
L8041	MIDFACIAL PROSTHESIS PROVIDED BY NON PHYSICIAN	04/01/2009	$2,668.58	0.0%	0.0%	Y	Referral Required
L8042	ORBITAL PROSTHESIS PROVIDED BY NON PHYSICIAN	04/01/2009	$2,998.38	0.0%	0.0%	Y	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
L8043	UPPER FACIAL PROSTHESIS PROVIDED BY NON PHYSICIAN	04/01/2009	$3,358.19	0.0%	0.0%	Y	Referral Requirec
L8044	HEMI FACIAL PROSTHESIS PROVIDED BY NON PHYSICIAN	04/01/2009	$3,718.00	0.0%	0.0%	Y	Referral Requirec
L8045	AURICULAR PROSTHESIS PROVIDED BY NON PHYSICIAN	04/01/2009	$2,333.93	0.0%	0.0%	Y	Referral Requirec
L8046	PARTIAL FACIAL PROSTHESIS PROVIDED BY A NON PHYSICIAN	04/01/2009	$2,398.70	0.0%	0.0%	Y	Referral Requirec
L8047	NASAL SEPTAL PROSTHESIS PROVIDED BY NON PHYSICIAN	04/01/2009	$1,229.33	0.0%	0.0%	Y	Referral Requirec
L8048	UNSPECIFIED MAXILLOFACIAL PROSTHESIS BY REPORT PROVIDED BY NON PHYSICIAN	01/01/2001	$0.00	0.0%	0.0%	Y	Referral Requirec
L8300	TRUSS, SINGLE WITH STANDARD PAD	07/01/1999	$78.59	0.0%	0.0%	N	Referral Requirec
L8310	TRUSS, DOUBLE W/STANDARD PADS	07/01/1999	$110.08	0.0%	0.0%	N	Referral Requirec
L8320	TRUSS, ADDN TO STANDARD PAD, WATER PAD	07/01/1999	$41.90	0.0%	0.0%	N	Referral Requirec
L8330	TRUSS, ADDN TO STANDARD PAD, SCROTAL PAD	07/01/1999	$37.02	0.0%	0.0%	N	Referral Requirec
L8400	PROSTHETIC SHEATH, BELOW KNEE, EACH	07/01/1999	$13.91	0.0%	0.0%	N	Referral Requirec
L8410	PROSTHETIC SHEATH, ABOVE KNEE, EA.	07/01/1999	$19.82	0.0%	0.0%	N	Referral Requirec
L8415	PROSTHETIC SHEATH, UPPER LIMB, EA.	07/01/1999	$20.36	0.0%	0.0%	N	Referral Requirec
L8417	PROSTHETIC SHEATH/SOCK W/GEL CUSHION; EACH	01/01/1997	$54.27	0.0%	0.0%	N	Referral Requirec
L8420	PROSTHETIC SOCK, MULTIPLE PLY, BELOW KNEE; EACH	07/01/1999	$15.05	0.0%	0.0%	N	Referral Requirec
L8430	PROSTHETIC SOCK, MULTIPLE PLY, ABOVE KNEE; EACH	07/01/1999	$17.19	0.0%	0.0%	N	Referral Requirec
L8435	PROSTHETIC SOCK. WOOL, UPPER LIMB, EA.	07/01/1999	$21.02	0.0%	0.0%	N	Referral Requirec
L8440	PROSTHETIC SHRINKER, BELOW KNEE, EA.	07/01/1999	$31.36	0.0%	0.0%	N	Referral Requirec
L8460	PROSTHETIC SHRINKER, ABOVE KNEE, EA.	07/01/1999	$65.44	0.0%	0.0%	N	Referral Requirec
L8465	PROSTHETIC SHRINKER, UPPER LIMB, EA.	07/01/1999	$36.58	0.0%	0.0%	N	Referral Requirec
L8470	STUMP SOCK, SINGLE PLY, BELOW KNEE, EA.	07/01/1999	$5.01	0.0%	0.0%	N	Referral Requirec
L8480	STUMP SOCK, SINGLE PLY, ABOVE KNEE, EA.	07/01/1999	$9.20	0.0%	0.0%	N	Referral Requirec
L8485	STUMP SOCK, SINGLE PLY,FITTING,UPPER LIMB EA	07/01/1999	$10.78	0.0%	0.0%	N	Referral Requirec
L8499	UNLISTED PROCEDURE, PROSTHETIC SERVICES	11/01/1989	$0.00	0.0%	0.0%	Y	Referral Requirec
L8500	ARTIFICIAL LARYNX, ANY TYPE	07/01/1999	$585.44	0.0%	0.0%	N	Referral Requirec
L8501	TRACHEOSTOMY SPEAKING VALVE	07/01/1999	$90.58	0.0%	0.0%	N	Referral Requirec
L8505	ARTIFICIAL LARYNX REPLACEMENT BATTERY/ACCESSORY, ANY TYPE	01/01/2002	$0.00	0.0%	0.0%	N	Referral Requirec
L8507	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, PATIENT INSERTED; ANY TYPE	01/01/2002	$32.62	0.0%	0.0%	N	Referral Requirec
L8509	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS INSERTED BY LICENSED HEALTH CARE PROVIDER	01/01/2002	$82.04	0.0%	0.0%	N	Referral Requirec
L8510	VOICE AMPLIFIER	01/01/2002	$196.78	0.0%	0.0%	N	Referral Requirec
L8511	INSERT FOR INDWELLING TRACHEOSOPHAGEAL PROSTHESIS, W OR W/O VALVE, REPLACEMENT	01/01/2004	$57.26	0.0%	0.0%	N	Referral Requirec
L8512	GELATIN CAPSULES OR EQUIV FOR USE W/ TRACHEOSOPHAGEAL VOICE PROSTHESIS, REPLACE	01/01/2004	$1.70	0.0%	0.0%	N	Referral Requirec
L8513	CLEANING DEVICE USED W/TRACHEOESOPHAGEAL VOICE PROSTHESIS, PIPETTE, BRUSH ETC	01/01/2004	$4.08	0.0%	0.0%	N	Referral Requirec
L8514	TRACHEOESOPHAGEAL PUNCTURE DILATOR, REPLACEMENT ONLY, EACH	01/01/2004	$74.24	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
L8515	GELATIN CAPSULE, APPLICATION DEVICE FOR USE W/ TRACHEOESOPHAGEAL VOICE PROS., EA	01/01/2006	$49.69	0.0%	0.0%	N	Referral Required
L8600	IMPLANTABLE BREAST PROSTHESIS, SILICONE OR EQUAL	07/01/1999	$546.87	0.0%	0.0%	Y	Referral Required
L8603	COLLAGEN IMPLANT, URINARY TRACT, PER 2.5 CC SYRING	07/01/1999	$330.32	0.0%	0.0%	N	Referral Required
L8604	INJECTABLE BULKING AGENT, DEXTRANOMER/HYALURONIC ACID COPOLYMER	01/01/2009	$0.00	0.0%	0.0%	N	Referral Required
L8606	INJECTABLE BULKING AGENT SYNTHETIC IMPLANT URINARY TRACT 1 ML SYRINGE INCLUSIVE	04/01/2009	$201.47	0.0%	0.0%	N	Referral Required
L8609	ARTIFICIAL CORNEA	04/01/2009	$5,769.31	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	04/01/2009	$16,944.63	0.0%	0.0%	Y	Referral Required
L8615	HEADSET/HEADPIECE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	04/01/2009	$339.36	0.0%	0.0%	Y	Referral Required
L8616	MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	04/01/2009	$93.02	0.0%	0.0%	Y	Referral Required
L8617	TRANSMITTING COIL FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	04/01/2009	$81.24	0.0%	0.0%	Y	Referral Required
L8618	TRANSMITTER CABLE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	04/01/2009	$23.22	0.0%	0.0%	Y	Referral Required
L8619	COCHLEAR IMPLANT EXTERNAL SPEECH PROC.-REPLACEMENT	12/01/2000	$6,047.40	0.0%	0.0%	N	Referral Required
L8621	ZINC AIR BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT, EACH	04/01/2009	$0.55	0.0%	0.0%	N	Referral Required
L8622	ALKALINE BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, ANY SIZE REPLACEMENT, EA	04/01/2009	$0.29	0.0%	0.0%	N	Referral Required
L8623	LITHIUM ION BATTERY, FOR USE WITH COCHLEAR IMPLANT DEVICE, OTHER THAN EAR LEVEL	04/01/2009	$57.28	0.0%	0.0%	Y	Referral Required
L8624	LITHIUM ION BATTERY, FOR USE WITH COCHLEAR IMPLANT DEVICE, EAR LEVEL	04/01/2009	$142.80	0.0%	0.0%	Y	Referral Required
L8630	METACARPOPHALANGEAL JOINT, IMPLANT	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, IMPLANT	07/01/1999	$305.15	0.0%	0.0%	Y	Referral Required
L8670	VASCULAR GRAFT MATERIAL, SYNTHETIC - IMPLANT	07/01/1999	$417.41	0.0%	0.0%	Y	Referral Required
L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE, EACH	04/01/2009	$422.54	0.0%	0.0%	Y	Referral Required
L8681	PATIENT PROGRAMMER FOR USE W/IMPLANTABLE NEUROSTIMULATOR	11/01/2007	$902.36	0.0%	0.0%	Y	Referral Required
L8682	IMPLANTABLE STIMULATOR RADIOFREQUENCY RECEIVER	04/01/2009	$5,483.84	0.0%	0.0%	Y	Referral Required
L8683	RADIOFREQUENCY TRANMITTER FOR USE W/IMPLANABLE NEUROSTIMULATOR	04/01/2009	$4,827.04	0.0%	0.0%	Y	Referral Required
L8684	RADIOFREQUENCY TRANMITTER FOR USE W/IMPLANABLE SACRAL ROOT NEUROSTIMULATOR	04/01/2009	$714.42	0.0%	0.0%	Y	Referral Required
L8685	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, RECHARGABLE	04/01/2009	$12,028.68	0.0%	0.0%	Y	Referral Required
L8686	IMPLANTABLE NEUROSTIMULATOR PULSE GNRATR, SINGLE ARRAY, NON-RECHARGABLE	04/01/2009	$7,675.28	0.0%	0.0%	Y	Referral Required
L8687	IMPLANTABLE NEUROSTIMULATOR PULSE GNRATR, DUAL ARRAY, RECHARGABLE	04/01/2009	$15,654.10	0.0%	0.0%	Y	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
L8688	IMPLANTABLE NEUROSTIMULATOR PULSE GNRATR, DUAL ARRAY, NON-RECHARGABLE	04/01/2009	$9,988.58	0.0%	0.0%	Y	Referral Required
L8689	EXTERNAL RECHARGING SYSTEM FOR IMPLANTED NEUROSTIMULATOR, REPLACEMENT ONLY	04/01/2009	$1,527.41	0.0%	0.0%	Y	Referral Required
L8690	AUDITORY OSSEOINTEGRATED DEVICE	04/01/2009	$4,212.39	0.0%	0.0%	Y	Referral Required
L8691	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL , REPLACEMENT	04/01/2009	$2,361.18	0.0%	0.0%	Y	Referral Required
L8699	PROSTHETIC IMPLANT, NOS	01/01/1998	$0.00	0.0%	0.0%	Y	Referral Required
L9900	ORTHOTIC AND PROSTHETIC SUPPLY ACCESS AND OR SERVICE COMPONENT OF ANOTHER L CODE	01/01/1998	$0.00	0.0%	0.0%	Y	Referral Required
M0001	PHYSICAL EXAM, NEW PATIENT, AGE 18 OR OLDER	04/01/1986	$0.00	0.0%	0.0%	N	Referral Required
M0002	PERIODIC ROUTINE/ANNUAL PHYS EX 18 OR OVER	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 VISITS	04/01/1986	$0.00	0.0%	0.0%	N	Referral Required
M0020	HOSPITAL VISIT, TOTAL RESPIRATORY CARE	04/01/1986	$0.00	0.0%	0.0%	N	Referral Required
M0021	PER DIEM INPAT HOSP CARE WHEN ONE OR MORE VIS/24HR	04/01/1986	$0.00	0.0%	0.0%	N	Referral Required
M0022	ICU CARE FOLOW-UP WHN ONE OR MOR VISTS AR MAD P 24	04/01/1986	$0.00	0.0%	0.0%	N	Referral Required
M0023	ROUTINE NEWBOWN CARE, INHOSPITAL, INTITAL VIS ONLY	04/01/1986	$0.00	0.0%	0.0%	N	Referral Required
M0025	EMERGENCY FIRST AID (SURG)(TREAT OF MINOR INJUR)	04/01/1986	$0.00	0.0%	0.0%	N	Referral Required
M0029	NOT OTHERWISE CLASS, HOSPITAL VISITS	04/01/1986	$0.00	0.0%	0.0%	N	Referral Required
M0030	BRIEF EXAM, TWO OR MORE PAT SEEN IN SAME SNF PER P	04/01/1986	$0.00	0.0%	0.0%	N	Referral Required
M0039	NOT OTHERW CLASS, SNF, ECF, OR ICF VISITS	04/01/1986	$0.00	0.0%	0.0%	N	Referral Required
M0040	BRIEF EXAM 2 OR MORE PATIENTS,NURSING HOME	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, DOMICILL, CUST C	04/01/1986	$0.00	0.0%	0.0%	N	Referral Required
M0059	NOT OTHERW CLASS, EMERG ROOM SERVICES	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 SOLELY FOR MONITORING/CHANGING MI DRUGS	07/01/2004	$20.44	0.0%	0.0%	N	Referral Required
M0070	INS SHOCK THRPY HYPOGLYC SUBCOMA PER TREATMENT	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 ENDARTERECTOMY)	04/01/1986	$0.00	0.0%	0.0%	N	Referral Required
M0301	FABRIC WRAPPING OF ABDOMINAL ANEURYSM (MND)	04/01/1986	$0.00	0.0%	0.0%	N	Referral Required
M0399	NOT OTHERW CLASS, CARDIOVASCULAR SERVICES	04/01/1986	$0.00	0.0%	0.0%	N	Referral Required
P2038	MUCOPROTEIN, BLOOD (SEROMUCOID) (MED NECESS PROC)	01/01/1998	$6.95	0.0%	0.0%	N	
P6120	HEPATITIS A VISUR ANTIBODY (HAVAB), RIA	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

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
P7001	CULTURE, BACTERIAL, URINE; QUANTITATIVE SENSIT STU	01/01/1996	$13.04	0.0%	0.0%	N	
P9019	PLATELET CONCENTRATE, EACH UNIT	01/01/1994	$47.80	0.0%	0.0%	N	
P9021	RED BLOOD CELLS, EACH UNIT	01/01/1994	$72.10	0.0%	0.0%	N	
P9033	PLATELETS LEUKOCYTES REDUCED EACH UNIT	01/01/2001	$0.00	0.0%	0.0%	N	
P9034	PLATELETS PHERESIS EACH UNIT	01/01/2001	$0.00	0.0%	0.0%	N	
P9035	PLATELETS PHERESIS LEUKOCYTE REDUCED EACH UNIT	01/01/2001	$0.00	0.0%	0.0%	N	
P9036	PLATELETS PHERESIS IRRADIATED EACH UNIT	01/01/2001	$0.00	0.0%	0.0%	N	
P9037	PLATELETS PHERESIS LEUKOCYTE REDUCED IRRADIATED EACH UNIT	01/01/2001	$0.00	0.0%	0.0%	N	
P9038	RED BLOOD CELLS IRRADIATED EACH UNIT	01/01/2001	$0.00	0.0%	0.0%	N	
P9039	RED BLOOD CELLS DEGLYCEROLYZED EACH UNIT	01/01/2001	$0.00	0.0%	0.0%	N	
P9040	RED BLOOD CELLS LEUKOCYTES REDUCED IRRADIATED EACH UNIT	01/01/2001	$0.00	0.0%	0.0%	N	
P9041	INFUSION ALBUMIN (HUMAN) 5% - 50 ML	01/01/2008	$14.25	0.0%	0.0%	N	
P9042	INFUSION ALBUMIN (HUMAN) 25% 10 ML	01/01/2001	$0.00	0.0%	0.0%	N	Referral Requirec
P9043	INFUSION PLASMA PROTEIN FRACTION (HUMAN) 5% 50 ML	01/01/2008	$20.06	0.0%	0.0%	N	
P9044	PLASMA CRYOPRECIPTATE REDUCED EACH UNIT	01/01/2001	$0.00	0.0%	0.0%	N	
P9045	INFUSION, ALBUMIN (HUMAN) 5%, 250ML	01/01/2008	$40.13	0.0%	0.0%	N	
P9046	INFUSION, ALBUMIN (HUMAN) 25%, 20ML	01/01/2008	$20.06	0.0%	0.0%	N	
P9047	INFUSION, ALBUMIN (HUMAN) 5%, 50ML	01/01/2008	$40.13	0.0%	0.0%	N	
P9048	INFUSION, PLASMA PROTEIN FRACTION (HUMAN), 5%, 250ML	01/01/2008	$40.13	0.0%	0.0%	N	
P9051	WHOLE BLOOD OR REC BLOOD CELLS, LEUKOCYTES REDUCED, CMV-NEGATIVE, EACH UNIT	01/01/2004	$0.00	0.0%	0.0%	N	
P9052	PLATELETS, HLA-MATCHED LEUKOCYTES REDUCED, APHERESIS/PHERESIS, EACH UNIT	01/01/2004	$0.00	0.0%	0.0%	N	
P9053	PLATELETS, PHERESIS LEUKOCYTES REDUCED, CMV-NEGATIVE, IRRADIATED, EACH UNIT	01/01/2004	$0.00	0.0%	0.0%	N	
P9054	WHOLE BLOOD OR RED BLOOD CELLS, LEUKOCYTES REDUCED, FROZEN, DEGLYCEROL, WASHED	01/01/2004	$0.00	0.0%	0.0%	N	
P9055	PLATELETS, LEUKOCYTES REDUCED, CMV-NEGATIVE, APHERESIS/PHERESIS, EACH UNIT	01/01/2004	$0.00	0.0%	0.0%	N	
P9056	WHOLE BLOOD, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	01/01/2004	$0.00	0.0%	0.0%	N	
P9057	RED BLOOD CELLS, FROZEN/DEGLYCEROLIZED/WASHED, LEUKOCYTES REDUCED, EACH UNIT	01/01/2004	$0.00	0.0%	0.0%	N	
P9058	RED BLOOD CELLS, LEUKOCYTES REDUCED, CMV-NEGATIVE, IRRADIATED EACJ UNIT	01/01/2004	$0.00	0.0%	0.0%	N	
P9059	FRESH FROZEN PLASMA, HONOR RETESTED, EACH UNIT	01/01/2004	$0.00	0.0%	0.0%	N	
P9060	FRESH FROZEN PLASMA, DONOR RETESTED, EACH UNIT	01/01/2004	$0.00	0.0%	0.0%	N	
P9612	CATHETERIZATION FOR COLLECTION OF SPECIMEN SINGLE PATIENT ALL PLACES OF SERVICE	01/01/2002	$3.00	0.0%	0.0%	N	
Q0083	ADMINISTRACTION OF CHEMOTHERAPY BY ANY ROUTE OTHER THAN INFUSION, PER VISIT	01/01/2004	$0.00	0.0%	0.0%	N	Referral Requirec
Q0098	BLOOD GLUCOSE MONITER - IDAHO MEDICARE CROSSOVER	07/01/1993	$3.48	0.0%	0.0%	N	
Q0111	WET MOUNTS	01/01/1998	$5.90	0.0%	0.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
Q0112	TISSUE EXAM FOR FUNGI (EG, KOH SLIDE)	01/01/1998	$5.90	0.0%	0.0%	N	
Q0113	PINWORM EXAM	01/01/2000	$7.47	0.0%	0.0%	N	
Q0114	FERN TEST	01/01/1998	$9.88	0.0%	0.0%	N	
Q0163	DIPHENHYDRAMINE HYDROCHLORID 50 MG ORAL 48 HOUR DOSAGE REGIMINE	01/01/2008	$0.03	0.0%	0.0%	N	Referral Required
Q0164	PROCHLORPERAZINE MALEATE 5MG ORAL 48 HOUR DOSAGE REGIMEN	01/01/2008	$0.03	0.0%	0.0%	N	Referral Required
Q0165	PROCHLORPERAZINE MALEATE 10 MG ORAL 48 HOUR DOSAGE REGIMEN	01/01/2008	$0.09	0.0%	0.0%	N	Referral Required
Q0166	GRANISETRON HYDROCHLORIDE, KYTRIL 1 MG ORAL	01/01/2008	$50.22	0.0%	0.0%	N	Referral Required
Q0167	DRONABINOL 2.5 MG ORAL 48 HOUR DOSAGE REGIMEN	01/01/2008	$4.88	0.0%	0.0%	N	Referral Required
Q0168	DRONABINOL 5 MG ORAL 48 HOUR DOSAGE REGIMEN	01/01/2008	$10.98	0.0%	0.0%	N	Referral Required
Q0169	PROMETHAZINE HYDROCHLORIDE 12.5 MG ORAL 48 HOUR DOSAGE REGIMEN	01/01/2008	$0.44	0.0%	0.0%	N	Referral Required
Q0170	PROMETHAZINE HYDROCHLORIDE 25 MG ORAL 48 HOUR DOSE (PHENERGAN, AMERGAN)	01/01/2008	$0.27	0.0%	0.0%	N	Referral Required
Q0171	CHLORPROMAZINE HYDROCHLORIDE 10 MG ORAL 48 HOUR DOSE (THORAZINE)	01/01/2008	$0.02	0.0%	0.0%	N	Referral Required
Q0172	CHLORPROMAZINE HYDROCHLORIDE 25 MG ORAL 48 HOUR DOSAGE REGIMEN	01/01/2008	$0.04	0.0%	0.0%	N	Referral Required
Q0173	TRIMETHOBENZAMIDE HYDROCHLORIDE 250MG 48 HOUR DOSAGE REGIMEN	01/01/2008	$0.30	0.0%	0.0%	N	Referral Required
Q0174	THIETHYLPERAZINE MALEATE 10 MG ORAL 48 HOUR DOSAGE (TORECAN)	01/01/2005	$0.79	0.0%	0.0%	N	Referral Required
Q0175	PERPHENAZINE 4MG ORAL 48 HOUR DOSAGE REGIMEN (TRILIFON)	01/01/2008	$0.18	0.0%	0.0%	N	Referral Required
Q0176	PERPHENAZINE 8MG ORAL 48 HR DOSAGE REGIMINE (TRILIFON)	01/01/2008	$0.19	0.0%	0.0%	N	Referral Required
Q0177	HYDROXYZINE PAMOATE 25 MG ORAL 48 HOUR DOSAGE REGIMEN	01/01/2008	$0.05	0.0%	0.0%	N	Referral Required
Q0178	HYDROXYZINE PAMOATE 50MG ORAL 48 HR DOSAGE REGIMEN	01/01/2008	$0.06	0.0%	0.0%	N	Referral Required
Q0179	ONDANSETRON HYDROCHLORIDE 8MG ORAL 48HR DOSAGE REGIMEN	01/01/2008	$9.17	0.0%	0.0%	N	Referral Required
Q0180	DOLASETRON MESYLATE 100MG ORAL NOT TO EXCEED A 24 HOUR REGIMEN	01/01/2008	$47.98	0.0%	0.0%	N	Referral Required
Q0480	DRIVER FOR USE WITH PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	04/01/2009	$79,750.51	0.0%	0.0%	Y	Referral Required
Q0481	MICROPROCESSOR CNTRL UNIT W/ ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACMNT ONLY	04/01/2009	$12,866.81	0.0%	0.0%	Y	Referral Required
Q0482	MICROPROSSR UNIT FOR ELECTRIC/PNEUMATIC COMBO VENT ASSIST DEVICE, REPLACMNT ONLY	04/01/2009	$4,030.13	0.0%	0.0%	Y	Referral Required
Q0483	MONITOR/DISPLAY FOR USE W/ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	04/01/2009	$16,602.32	0.0%	0.0%	Y	Referral Required
Q0484	MONITOR/DISPLAY USE W/ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPL ONLY	04/01/2009	$3,224.12	0.0%	0.0%	Y	Referral Required
Q0485	MONITOR CONTROL CABLE USE W/ELECTRIC VENTRICULAR ASSIST DEVICE, REPL ONLY	04/01/2009	$311.28	0.0%	0.0%	Y	Referral Required
Q0486	MONITOR CONTRL CABLE USE W/ELEC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPL ONLY	04/01/2009	$259.09	0.0%	0.0%	Y	Referral Required
Q0487	LEADS FOR USE W/ ANY TYPE ELEC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPL ONLY	04/01/2009	$302.26	0.0%	0.0%	Y	Referral Required
Q0488	POWER PACK BASE FOR USE W/ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	01/01/2006	$0.00	0.0%	0.0%	Y	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
Q0489	POWER PACK BASE FOR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPL ONLY	04/01/2009	$14,393.32	0.0%	0.0%	Y	Referral Requirec
Q0490	EMERGENCY POWER SOURCE FOR ELECTRIC VENTRICULAR ASSIST DEVICE, REPL ONLY	04/01/2009	$622.58	0.0%	0.0%	Y	Referral Requirec
Q0491	EMERG PWR SOURCE FOR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPL ONLY	04/01/2009	$978.78	0.0%	0.0%	Y	Referral Requirec
Q0492	EMERG PWR SUPLLY CABLE FOR ELECTRIC VENTRICULAR ASSIST DEVICE, REPL ONLY	04/01/2009	$78.84	0.0%	0.0%	Y	Referral Requirec
Q0493	EMERG PWR SUP CABLE FOR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPL ONLY	04/01/2009	$224.53	0.0%	0.0%	Y	Referral Requirec
Q0494	EMERG HAND PUMP FOR ELEC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPL ONLY	04/01/2009	$190.00	0.0%	0.0%	Y	Referral Requirec
Q0495	BATTERY PWR CHARGE PACK FOR ELEC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPL ONLY	04/01/2009	$3,698.71	0.0%	0.0%	Y	Referral Requirec
Q0496	BATTERY FOR USE W/ ELEC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPL ONLY	04/01/2009	$1,327.53	0.0%	0.0%	Y	Referral Requirec
Q0497	BATTERY CLIPS FOR USE W/ ELEC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPL ONLY	04/01/2009	$414.53	0.0%	0.0%	Y	Referral Requirec
Q0498	HOLSTER FOR USE W/ ELEC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPL ONLY	04/01/2009	$454.83	0.0%	0.0%	Y	Referral Requirec
Q0499	BELT/VEST FOR USE W/ ELEC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPL ONLY	04/01/2009	$147.78	0.0%	0.0%	Y	Referral Requirec
Q0500	FILTERS FOR USE W/ ELEC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPL ONLY	04/01/2009	$27.04	0.0%	0.0%	Y	Referral Requirec
Q0501	SHOWER COVER FOR USE WITH ELECTRIC/PNEUMATIC ASSIST DEVICE	04/01/2009	$452.21	0.0%	0.0%	Y	Referral Requirec
Q0502	MOBILITY CART FOR PNEUMATIC VENTRICULAR ASSIST DEVICE	04/01/2009	$575.73	0.0%	0.0%	Y	Referral Requirec
Q0503	BATTERY FOR PNEUMATIC VENTRICULAR DEVICE, EACH	04/01/2009	$1,151.46	0.0%	0.0%	Y	Referral Requirec
Q0504	POWER ADAPTER FOR PNEUMATIC ASSIST DEVICE	04/01/2009	$607.60	0.0%	0.0%	Y	Referral Requirec
Q0505	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH VENTRICULAR ASSIS DEV	01/01/2006	$0.00	0.0%	0.0%	Y	Referral Requirec
Q0515	INJECTION, SERMORELIN ACETATE, 1 MICROGRAM	01/01/2008	$1.75	0.0%	0.0%	Y	Referral Requirec
Q2009	INJECTION, FOSPENYTOIN, 50 MG	01/01/2008	$3.60	0.0%	0.0%	N	Referral Requirec
Q2017	INJECTION, TENIPOSIDE, 50 MG	01/01/2008	$282.01	0.0%	0.0%	N	Referral Requirec
Q3001	RADIOELEMENTS FOR BRACHTHERAPY, ANY TYPE, EACH	01/01/2001	$0.00	0.0%	0.0%	N	Referral Requirec
Q3014	TELEHEALTH ORIGINATING SITE FACILITY FEE	01/01/2008	$20.00	0.0%	0.0%	N	Referral Requirec
Q3025	INJECTION, INTERFERON BETA-1A, 11 MCG FOR INTRAMUSCULAR USE	01/01/2008	$122.31	0.0%	0.0%	N	Referral Requirec
Q3026	INJ., INTERFERON BETA-1A, 11 MCG FOR SUBCUTANEOUS USE	01/01/2003	$0.00	0.0%	0.0%	N	Referral Requirec
Q3031	COLLAGEN SKIN TEST	01/01/2004	$0.00	0.0%	0.0%	N	
Q4001	CASTING SUPPLIES BODY CAST ADULT WITH OR WITHOUT HEAD PLASTER	01/01/2002	$34.78	0.0%	0.0%	N	Referral Requirec
Q4002	CAST SUPPLIES BODY CAST ADULT WITH OR WITHOUT HEAD FIBERGLASS	01/01/2002	$131.44	0.0%	0.0%	N	Referral Requirec
Q4003	CAST SUPPLIES SHOULDER CAST ADULT PLASTER	01/01/2002	$24.98	0.0%	0.0%	N	Referral Requirec
Q4004	CAST SUPPLIES SHOULDER CAST ADULT FIBERGLASS	01/01/2002	$86.48	0.0%	0.0%	N	Referral Requirec
Q4005	CAST SUPPLIES LONG ARM CAST ADULT	01/01/2002	$9.21	0.0%	0.0%	N	Referral Requirec
Q4006	CAST SUPPLIES LONG ARM CAST ADULT FIBERGLASS	01/01/2002	$20.76	0.0%	0.0%	N	Referral Requirec
Q4007	CAST SUPPLIES LONG ARM CAST PEDIATRIC	01/01/2002	$4.61	0.0%	0.0%	N	Referral Requirec
Q4008	CAST SUPPLIES LONG ARM CAST PEDIATRIC	01/01/2002	$10.38	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
Q4009	CAST SUPPLIES SHORT ARM CAST ADULT PLASTER	01/01/2002	$6.14	0.0%	0.0%	N	Referral Requirec
Q4010	CAST SUPPLIES SHORT ARM CAST ADULT FIBERGLASS	01/01/2002	$13.84	0.0%	0.0%	N	Referral Requirec
Q4011	CAST SUPPLIES SHORT ARM CAST PEDIATRIC PLASTER	01/01/2002	$3.07	0.0%	0.0%	N	Referral Requirec
Q4012	CAST SUPPLIES SHORT ARM CAST PEDIATRIC FIBERGLASS	01/01/2002	$6.92	0.0%	0.0%	N	Referral Requirec
Q4013	CAST SUPPLIES GAUNTLET CAST ADULT	01/01/2002	$11.18	0.0%	0.0%	N	Referral Requirec
Q4014	CAST SUPPLIES GAUNTLET CAST ADULT FIBERGLASS	01/01/2002	$18.88	0.0%	0.0%	N	Referral Requirec
Q4015	CAST SUPPLIES GAUNTLET CAST PEDIATRIC PLASTER	01/01/2002	$5.59	0.0%	0.0%	N	Referral Requirec
Q4016	CAST SUPPLIES GAUNTLET CAST PEDIATRIC FIBERGLASS	01/01/2002	$9.44	0.0%	0.0%	N	Referral Requirec
Q4017	CAST SUPPLIES LONG ARM SPLINT ADULT PLASTER	01/01/2002	$6.47	0.0%	0.0%	N	Referral Requirec
Q4018	CAST SUPPLIES LONG ARM SPLINT ADULT FIBERGLASS	01/01/2002	$10.32	0.0%	0.0%	N	Referral Requirec
Q4019	CAST SUPPLIES LONG ARM SPLINT PEDIATRIC PLASTER	01/01/2002	$3.24	0.0%	0.0%	N	Referral Requirec
Q4020	CAST SUPPLIES LONG ARM SPLINT PEDIATRIC FIBERGLASS	01/01/2002	$5.16	0.0%	0.0%	N	Referral Requirec
Q4021	CAST SUPPLIES SHORT ARM SPLINT ADULT PLASTER	01/01/2002	$4.79	0.0%	0.0%	N	Referral Requirec
Q4022	CAST SUPPLIES SHORT ARM SPLINT ADULT FIBERGLASS	01/01/2002	$8.64	0.0%	0.0%	N	Referral Requirec
Q4023	CAST SUPPLIES SHORT ARM SPLINT PEDIATRIC PLASTER	01/01/2002	$2.40	0.0%	0.0%	N	Referral Requirec
Q4024	CAST SUPPLIES SHORT ARM SPLINT PEDIATRIC FIBERGLASS	01/01/2002	$4.32	0.0%	0.0%	N	Referral Requirec
Q4025	CAST SUPPLIES HIP SPICA ADULT PLASTER	01/01/2002	$26.86	0.0%	0.0%	N	Referral Requirec
Q4026	CAST SUPPLIES HIP SPICA ADULT FIBERGLASS	01/01/2002	$83.85	0.0%	0.0%	N	Referral Requirec
Q4027	CAST SUPPLIES HIP SPICA PEDIATRIC PLASTER	01/01/2002	$13.43	0.0%	0.0%	N	Referral Requirec
Q4028	CAST SUPPLIES HIP SPICA PEDIATRIC FIBERGLASS	01/01/2002	$41.93	0.0%	0.0%	N	Referral Requirec
Q4029	CAST SUPPLIES LONG LEG CAST ADULT PLASTER	01/01/2002	$20.53	0.0%	0.0%	N	Referral Requirec
Q4030	CAST SUPPLIES LONG LEG CAST ADULT FIBERGLASS	01/01/2002	$54.05	0.0%	0.0%	N	Referral Requirec
Q4031	CAST SUPPLY LONG LEG CAST PEDIATRIC PLASTER	01/01/2002	$10.27	0.0%	0.0%	N	Referral Requirec
Q4032	CAST SUPPLIES LONG LEG CAST PEDIATRIC FIBERGLASS	01/01/2002	$27.03	0.0%	0.0%	N	Referral Requirec
Q4033	CAST SUPPLIES LONG LEG CYLINDER CAST ADULT PLASTER	01/01/2002	$19.15	0.0%	0.0%	N	Referral Requirec
Q4034	CAST SUPPLIES LONG LEG CYLINDER CAST ADULT FIBERGLASS	01/01/2002	$47.65	0.0%	0.0%	N	Referral Requirec
Q4035	CAST SUPPLIES LONG LEG CYLINDER CAST PEDIATRIC PLASTER	01/01/2002	$9.58	0.0%	0.0%	N	Referral Requirec
Q4036	CAST SUPPLIES LONG LEG CYLINDER CAST PEDIATRIC FIBERGLASS	01/01/2002	$23.83	0.0%	0.0%	N	Referral Requirec
Q4037	CAST SUPPLIES SHORT LEG CAST ADULT PLASTER	01/01/2002	$11.69	0.0%	0.0%	N	Referral Requirec
Q4038	CAST SUPPLIES SHORT LEG CAST ADULT FIBERGLASS	01/01/2002	$29.27	0.0%	0.0%	N	Referral Requirec
Q4039	CAST SUPPLIES SHORT LEG CAST PEDIATRIC PLASTER	01/01/2002	$5.85	0.0%	0.0%	N	Referral Requirec
Q4040	CAST SUPPLIES SHORT LEG CAST PEDIATRIC FIBERGLASS	01/01/2002	$14.64	0.0%	0.0%	N	Referral Requirec
Q4041	CAST SUPPLIES LONG LEG SPLINT ADULT PLASTER	01/01/2002	$14.21	0.0%	0.0%	N	Referral Requirec
Q4042	CAST SUPPLIES LONG LEG SPLINT ADULT FIBERGLASS	01/01/2002	$24.25	0.0%	0.0%	N	Referral Requirec
Q4043	CAST SUPPLIES LONG LEG SPLINT PEDIATRIC PLASTER	01/01/2002	$7.10	0.0%	0.0%	N	Referral Requirec
Q4044	CAST SUPPLIES LONG LEG SPLINT PEDIATRIC FIBERGLASS	01/01/2002	$12.13	0.0%	0.0%	N	Referral Requirec
Q4045	CAST SUPPLIES SHORT LEG SPLINT ADULT PLASTER	01/01/2002	$8.25	0.0%	0.0%	N	Referral Requirec
Q4046	CAST SUPPLIES SHORT LEG SPLINT ADULT FIBERGLASS	01/01/2002	$13.27	0.0%	0.0%	N	Referral Requirec
Q4047	CAST SUPPLIES SHORT LEG SPLINT PEDIATRIC PLASTER	01/01/2002	$4.12	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
Q4048	CAST SUPPLIES SHORT LEG SPLINT PEDIATRIC FIBERGLASS	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 AND MATERIALS OF CASTS	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
Q4081	INJECTION, EPOETIN ALFA, 100 UNITS	01/01/2008	$0.90	0.0%	0.0%	N	Referral Required
Q4100	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	01/01/2009	$0.00	0.0%	0.0%	N	Referral Required
Q4101	SKIN SUBSTITUTE, APLIGRAF, PER SQUARE CENTIMETER	01/01/2009	$31.39	0.0%	0.0%	N	Referral Required
Q4102	SKIN SUBSTITUTE, OASIS WOUND MATRIX, PER SQUARE CENTIMETER	01/01/2009	$4.35	0.0%	0.0%	N	Referral Required
Q4103	SKIN SUBSTITUTE, OASIS BURN MATRIX, PER SQUARE CENTIMETER	01/01/2009	$4.35	0.0%	0.0%	N	Referral Required
Q4104	SKIN SUBSTITUTE, INTEGRA BILAYER MATRIX WOUND DRESSING (BMWD), PER SQ.CM	01/01/2009	$11.87	0.0%	0.0%	N	Referral Required
Q4105	SKIN SUBSTITUTE, INTEGRA DERMAL REGENERATION TEMPLATE (DRT), PER SQ.CM	01/01/2009	$11.87	0.0%	0.0%	N	Referral Required
Q4106	SKIN SUBSTITUTE, DERMAGRAFT, PER SQUARE CENTIMETER	01/01/2009	$38.45	0.0%	0.0%	N	Referral Required
Q4107	SKIN SUBSTITUTE, GRAFTJACKET, PER SQUARE CENTIMETER	01/01/2009	$88.97	0.0%	0.0%	N	Referral Required
Q4108	SKIN SUBSTITUTE, INTEGRA MATRIX, PER SQUARE CENTIMETER	01/01/2009	$18.85	0.0%	0.0%	N	Referral Required
Q4109	SKIN SUBSTITUTE, TISSUEMEND, PER SQUARE CENTIMETER	01/01/2009	$78.59	0.0%	0.0%	N	Referral Required
Q4110	SKIN SUBSTITUTE, PRIMATRIX, PER SQUARE CENTIMETER	01/01/2009	$34.27	0.0%	0.0%	N	Referral Required
Q4111	SKIN SUBSTITUTE, GAMMAGRAFT, PER SQUARE CENTIMETER	01/01/2009	$7.56	0.0%	0.0%	N	Referral Required
Q4112	ALLOGRAFT, CYMETRA, INJECTABLE, 1CC	01/01/2009	$311.36	0.0%	0.0%	Y	Referral Required
Q4113	ALLOGRAFT, GRAFTJACKET EXPRESS, INJECTABLE, 1CC	01/01/2009	$311.36	0.0%	0.0%	Y	Referral Required
Q4114	INTEGRA FLOWABLE WOUND MATRIX, INJECTABLE, 1CC	01/01/2009	$897.11	0.0%	0.0%	Y	Referral Required
Q9951	LOW OSMOLAR CONTRAST MATERIAL 400 OR GREATER MG/ML	01/01/2006	$0.00	0.0%	0.0%	N	
Q9953	INJECTION, IRON BASED MAGNETIC RESONANCE CONTRAST AGENT PER ML	01/01/2008	$30.41	0.0%	0.0%	N	
Q9954	ORAL MAGNETIC RESONANCE CONTRAST AGENT PER 100 ML	01/01/2008	$9.56	0.0%	0.0%	N	
Q9955	INJECTION PERFLEXANE LIPID MICROSPHERES, PER ML	01/01/2006	$0.00	0.0%	0.0%	N	
Q9956	INJECTION OCTAFLUOROPROPANE MICROSPHERES, MER ML	01/01/2008	$49.61	0.0%	0.0%	N	
Q9957	INJECTION PERFLUTREN LIPID MICROSPHERES, PER ML	01/01/2008	$62.59	0.0%	0.0%	N	
Q9958	HIGH OSMOLAR CONTRAST MATERIAL, UP TO 149 MG/ML	01/01/2008	$0.07	0.0%	0.0%	N	
Q9959	HIGH OSMOLAR CONTRAST MATERIAL, UP TO 150-199 IODINE CONCENTRATE PER ML	01/01/2006	$0.00	0.0%	0.0%	N	
Q9960	HIGH OSMOLAR CONTRAST MATERIAL, 200-249 IODINE CONCENTRATE PER ML	01/01/2008	$0.12	0.0%	0.0%	N	
Q9961	HIGH OSMOLAR CONTRAST MATERIAL, 250-299 IODINE CONCENTRATE PER ML	01/01/2008	$0.21	0.0%	0.0%	N	
Q9962	HIGH OSMOLAR CONTRAST MATERIAL, 300-349 IODINE CONCENTRATE PER ML	01/01/2008	$0.18	0.0%	0.0%	N	
Q9963	HIGH OSMOLAR CONTRAST MATERIAL, 350-399 IODINE CONCENTRATE PER ML	01/01/2008	$0.41	0.0%	0.0%	N	
Q9964	HIGH OSMOLAR CONTRAST MATERIAL, 3400 OR GREATER IODINE CONCENTRATE PER ML	01/01/2008	$0.29	0.0%	0.0%	N	
Q9965	LOW OSMOLAR CONTRAST MATERIAL, 100-199 MG/ML IODINE CONCENTRATION PER ML	01/01/2007	$1.81	0.0%	0.0%	N	
Q9966	LOW OSMOLAR CONTRAST MATERIAL 200-299 MG/ML IODINE CCONCENTRATION PER ML	01/01/2007	$1.14	0.0%	0.0%	N	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
Q9967	LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CCONCENTRATION PER ML	01/01/2007	$0.29	0.0%	0.0%	N	
R0070	TRANSPORT/PORTABLE X-RAY EQUIP & PERSONNEL TO HOME/NURSING HM, PER TRP 1 PT SEEN	01/01/2007	$114.00	0.0%	0.0%	N	
R0075	TRANSPT/PORTABLE X-RAY EQUIP/PERSONNEL/HOME/NUR HM, PER TRP MORE THAN 1 PATIENT	01/01/2007	$114.00	0.0%	0.0%	N	
S0180	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANTS AND SUPPLIES	01/01/2007	$0.00	0.0%	0.0%	N	
S0181	ONDANSETRON HCL, ORAL 4 MG CIRCUMS FAILING UNDER MEDICARE ST. USE Q0179, ZOFRAN	07/01/2007	$0.00	0.0%	0.0%	N	Referral Required
S0215	NON-EMERGENCY TRANSPORTATION; MILEAGE, PER MILE	10/20/2003	$0.00	0.0%	0.0%	N	
S1040	CRANIAL REMOLDING ORTHOSIS, RIGID W/SOFT MATERIAL, CUSTOM, INCL FITTING & ADJ	01/01/2006	$0.00	0.0%	0.0%	Y	Referral Required
S2118	METAL ON METAL TOTAL HIP RESURFACING, INCLUDE ACETABULAR &FEMORAL COMPONENTS	01/01/2009	$0.00	0.0%	0.0%	N	Referral Required
S2270	INSERTN/VAGINAL CYLINDER FOR APPL OF RADIATION SOURCE OR CLINIC BRACHYTHERAPY	01/01/2009	$0.00	0.0%	0.0%	N	
S3620	NEWBORN METABOLIC SCREENING, INCLUDES TEST KIT, POSTAGE & LAB TESTS SPECIFIED	07/01/2003	$19.00	0.0%	0.0%	N	
S3628	PLACENTAL ALPHA MICRO-GLB 1 RAPID IMMUN RUPTURE OF FETAL MEMBRANES	01/01/2009	$0.00	0.0%	0.0%	N	
S3854	GENE EXPRESSION PROFILING PANEL FOR USE IN THE MNGMNT OF BREAST CANCER	01/01/2009	$0.00	0.0%	0.0%	Y	
S4993	CONTRACEPTIVE PILLS FOR BIRTH CONTROL	10/20/2003	$6.61	0.0%	0.0%	N	
S5000	PRESCRIPTION DRUG, GENERIC	01/01/2007	$0.00	0.0%	0.0%	N	
S5001	PRESCRIPTION DRUG, BRAND NAME	01/01/2007	$0.00	0.0%	0.0%	N	
S5115	HOME CARE TRAINING, NON-FAMILY; PER 15 MINUTES	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	
S5121	CHORE SERVICES; PER DIEM	10/20/2003	$0.00	0.0%	0.0%	Y	
S5125	ATTENDANT CARE SERVICES; PER 15 MINUTES	10/20/2003	$0.00	0.0%	0.0%	N	
S5130	HOMEMAKER SERVICE, NOS; PER 15 MIN	10/20/2003	$0.00	0.0%	0.0%	Y	
S5135	COMPANION CARE ADULT (E.G. IADHL/ADL); PER 15 MINUTES	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	
S5145	FOSTER CARE, THERAPEUTIC, CHILD; PER DIEM	10/20/2003	$0.00	0.0%	0.0%	Y	
S5160	EMERGENCY RESPONSE SYSTEM: INSTALLATION AND TESTING	10/20/2003	$0.00	0.0%	0.0%	Y	
S5161	EMERGENCY RESPONSE SYSTEM; SERVICE FEE/MONTH (EXCLUDES INSTALLATION & TESTING)	10/20/2003	$0.00	0.0%	0.0%	Y	
S5165	HOME MODIFICATIONS; PER SERVICE	10/20/2003	$0.00	0.0%	0.0%	Y	
S5170	HOME DELIVERED MEALS; INCLUDES PREPARATION PER MEAL	10/20/2003	$0.00	0.0%	0.0%	Y	
S8100	HOLDING CHAMBER OR SPACER FOR USE WITH AN INHALER OR NEBULIZER WITHOUT MASK	11/01/2003	$31.05	0.0%	0.0%	N	Referral Required
S8101	HOLDING CHAMBER OR SPACER FOR USE WITH AN INHALER OR NEBULIZER WITH MASK	11/01/2003	$41.87	0.0%	0.0%	N	Referral Required
S8265	HABERMAN FEEDER FOR CLEFT LIP/PALATE	09/01/2006	$20.62	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
S9123	NURSING CARE IN THE HOME; BY REGISTERED NURSE, PER HOUR (USE FOR GENERAL NURSING	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, PER DIEM	10/20/2003	$0.00	0.0%	0.0%	N	Referral Required
S9433	MEDICAL FOOD NUTRITIONALLY COMPL, ADMINISTERED ORAL, PROVIDING 100% OF	01/01/2009	$0.00	0.0%	0.0%	Y	Referral Required
S9470	NUTRITIONAL COUNSELING; DIETITIAN VISIT	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 AIDE, UP TO 15 MINUTES	10/20/2003	$0.00	0.0%	0.0%	N	
T1005	RESPITE CARE SERVICES, UP TO 15 MINUTES	10/20/2003	$0.00	0.0%	0.0%	Y	Referral Required
T1013	SIGN LANGUAGE INTERPRETATION SERVICES, PER 15 MIN	12/01/2006	$12.50	0.0%	0.0%	N	
T1014	TELEHEALTH TRANSMISSION, PER MINUTE, PROF SERVICES BILL SEPARATELY	01/01/2008	$20.00	0.0%	0.0%	N	Referral Required
T1017	CASE MANAGEMENT MENTAL HEALTH-ONGOING (PER 15 MINUTES)	07/01/2009	$11.04	0.0%	0.0%	N	Referral Required
T1019	PERSONAL CARE, PER 15 MIN NOT INPT OR HOSPITL, NH, ICF/MR PART OF INDIV TRTMT	10/20/2003	$0.00	0.0%	0.0%	Y	Referral Required
T1023	SCREEN FOR INDIV PARTIC IN SPECIFIC PRGM, PROJECT OR TRTMENT PROTOCOL, PER ENCOU	10/20/2003	$0.00	0.0%	0.0%	N	
T1028	ASSESSMENT OF HOME,PHYSICAL/FAM ENVIRON TO DETERMINE SUITABILITY TO MEET NEEDS	05/01/2007	$9.94	0.0%	0.0%	N	
T2001	NON-EMERGENCY TRANSAPORTATION; PATIENT ATTENDANT/ESCORT	10/20/2003	$1.91	0.0%	0.0%	Y	
T2003	NON-EMERGENCY TRANSPORTATION; ENCOUNTER/TRIP	10/20/2003	$0.00	0.0%	0.0%	Y	
T2004	NON-EMERGENCY TRANSPORT; COMMERCIAL CARRIER, MULTI-PASS	10/20/2003	$27.00	0.0%	0.0%	Y	
T2021	DAY HABILITATION, WAIVER, PER 15 MINUTES	10/20/2003	$0.00	0.0%	0.0%	Y	
T2024	SERVICE ASSESSMENT/PLAN OF CARE DEVELOPMENT WAIVER (PER SERVICE)	07/01/2006	$11.35	0.0%	0.0%	Y	Referral Required
T2040	FINANCIAL MANAGEMENT, SELF DIRECTED, WAIVER; PER 15 MIN	03/16/2009	$108.00	0.0%	0.0%	Y	
T4521	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH	12/01/2008	$0.48	0.0%	0.0%	N	Referral Required
T4522	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH	12/01/2008	$0.60	0.0%	0.0%	N	Referral Required
T4523	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH	12/01/2008	$0.72	0.0%	0.0%	N	Referral Required
T4524	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH	12/01/2008	$0.77	0.0%	0.0%	N	Referral Required
T4525	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR, SM SIZE, EACH	12/01/2008	$0.54	0.0%	0.0%	N	Referral Required
T4526	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR. MED SIZE, EA	12/01/2008	$0.62	0.0%	0.0%	N	Referral Required
T4527	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR, LG SIZE, EACH	12/01/2008	$0.74	0.0%	0.0%	N	Referral Required
T4528	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR, EX LG, EA	12/01/2008	$0.82	0.0%	0.0%	N	Referral Required
T4529	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SM/MED SIZE, EACH	12/01/2008	$0.41	0.0%	0.0%	N	Referral Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
T4530	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LG SIZE, EACH	12/01/2008	$0.47	0.0%	0.0%	N	Referral Required
T4531	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTEC UNDERWEAR, SM/MED, EA	12/01/2008	$0.46	0.0%	0.0%	N	Referral Required
T4532	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR, LG, EACH	12/01/2008	$0.54	0.0%	0.0%	N	Referral Required
T4533	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EACH	12/01/2008	$0.48	0.0%	0.0%	N	Referral Required
T4534	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL ON, EA	12/01/2008	$0.52	0.0%	0.0%	N	Referral Required
T4535	DISPOSABLE LINER/SHIELD FOR INCONTINENCE, EACH	12/01/2008	$0.34	0.0%	0.0%	N	Referral Required
T4536	INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL ON, REUSABLE, ANY SIZE, EACH	12/01/2008	$6.73	0.0%	0.0%	N	Referral Required
T4537	INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, BED SIZE, EACH	12/01/2008	$14.07	0.0%	0.0%	N	Referral Required
T4539	INCONTINENCE PRODUCT, DIAPER/BRIEF, REUSABLE, ANY SIZE, EACH	12/01/2008	$11.18	0.0%	0.0%	N	Referral Required
T4540	INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, CHAIR SIZE, EACH	12/01/2008	$9.90	0.0%	0.0%	N	Referral Required
T4541	INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, LARGE, EACH	12/01/2008	$0.25	0.0%	0.0%	N	Referral Required
T4542	INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, SMALL SIZE, EACH	12/01/2008	$0.24	0.0%	0.0%	N	Referral Required
T4543	DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, BARIATRIC, EACH	12/01/2008	$0.76	0.0%	0.0%	N	Referral Required
T5001	POSITIONING SEAT FOR PERSONS WITH SPECIAL ORTHOPEDIC NEEDS	10/20/2003	$520.71	0.0%	0.0%	N	Referral Required
V2020	FRAMES, PURCHASE	07/01/2008	$6.00	0.0%	0.0%	N	
V2025	DELUXE FRAME, SPECIAL NEEDS FRAME	07/01/2008	$15.00	0.0%	0.0%	Y	
V2100	SPHERE, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00 PER LENS	07/01/2008	$5.00	0.0%	0.0%	N	
V2101	SPHERE, SINGLE VISION, + OR - 4.12 TO + OR - 7.00D PER LENS	07/01/2008	$5.00	0.0%	0.0%	N	
V2102	SPHERE, SINGLE VISION, + OR - 7.12 TO + OR - 20.00D PER LENS	07/01/2008	$6.00	0.0%	0.0%	N	
V2103	SPHEROCYL, SINGLE VISION, PLANO TO + OR - 4.00D SPHERE 0.12-2.00 CYL, PER LENS	07/01/2008	$5.00	0.0%	0.0%	N	
V2104	SPHEROCYL, SINGLE VISION, PLANO TO + OR - 4.00D SPHERE, 2.12-4.00D CYL, PER LENS	07/01/2008	$5.00	0.0%	0.0%	N	
V2105	SPHEROCYL, SINGLE VISION, PLANO TO + OR - 4.00D SPHERE, 4.25-6.00D CYL, PER LENS	07/01/2008	$5.00	0.0%	0.0%	N	
V2106	SPHEROCYLIN, SINGLE VISION, PLANO TO + OR - 4.00D SPHERE, ^ 6.00D CYL, PER LENS	07/01/2008	$5.00	0.0%	0.0%	N	
V2107	SPHEROCYL, SINGLE VISION, + OR - 4.25 TO + OR - 7.00 SPHERE, 0.12-2.00D CYL,	07/01/2008	$5.00	0.0%	0.0%	N	
V2108	SPHEROCYL, SINGLE VISION, + OR - 4.25D TO + OR - 7.00D SPHERE, 2.12-4.00D	07/01/2008	$5.00	0.0%	0.0%	N	
V2109	SPHEROCYL, SINGLE VISION, + OR - 4.25 TO + OR 7.00D SPHERE, 4.25-6.00D CYL	07/01/2008	$5.00	0.0%	0.0%	N	
V2110	SPHEROCYL, SINGLE VISION, + OR - 4.25-7.00D SPHERE, ^ 6.00D CYL, PER LENS	07/01/2008	$5.00	0.0%	0.0%	N	
V2111	SPHEROCYL, SINGLE VISION, + OR - 7.25 TO + OR - 12.00D SPHERE, 0.25-2.25D CYL	07/01/2008	$6.00	0.0%	0.0%	N	
V2112	SPEROCYL, SINGLE VISION + OR - 7.25 TO + OR - 12.00D SPHERE, 2.25-4.00D CYL	07/01/2008	$6.00	0.0%	0.0%	N	
V2113	SPHEROCYL SINGLE VISION, + OR 7.25 TO + OR - 12.00D SPHERE, 4.25-6.00D CYL	07/01/2008	$8.00	0.0%	0.0%	N	
V2114	SPHEROCYL, SINGLE VISION, SPHERE ^+ OR - 12.00D, PER LENS	07/01/2008	$8.00	0.0%	0.0%	N	
V2115	LENTICULAR (MYODISC), PER LENS, SINGLE VISION	07/01/2008	$10.00	0.0%	0.0%	Y	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
V2118	ANISEIKONIC LENS, SINGLE VISION	07/01/2008	$10.00	0.0%	0.0%	N	
V2121	LENTICULAR LENS, PER LENS, SINGLE	07/01/2008	$12.00	0.0%	0.0%	Y	
V2199	NOT OTHERWISE CLASSIFIED, SINGLE VISION LENS	01/01/1998	$0.00	0.0%	0.0%	Y	
V2200	SPHERE, BIFOC, PLANO TO PLUS OR MIN 4.00D PER LENS	07/01/2008	$6.00	0.0%	0.0%	N	
V2201	SPHERE, BIFOCAL, + OR - 4.12 TO + OR - 7.00D PER LENS	07/01/2008	$6.00	0.0%	0.0%	N	
V2202	SPHERE, BIFOCAL, + OR - 7.12 TO + OR - 20.00D PER LENS	07/01/2008	$8.00	0.0%	0.0%	N	
V2203	SPHEROCYL, BIFOCAL, PLANO TO + OR - 4.00D SPHERE, 0.12 TO 2.00D CYL	07/01/2008	$6.00	0.0%	0.0%	N	
V2204	SPHEROCYL, BIFOCAL, PLANO TO + OR - 4.00D SPHERE, 2.12 TO 4.00D CYL	07/01/2008	$6.00	0.0%	0.0%	N	
V2205	SPHEROCYL, BIFOCAL, PLANO TO + OR - 4.00D SPHERE, 4.25 TO 6.00D CYL	07/01/2008	$7.00	0.0%	0.0%	N	
V2206	SPHEROCYL, BIFOCAL, PLANO TO + OR - 4.00D SPHERE, ^ 6.00D CYL	07/01/2008	$8.00	0.0%	0.0%	N	
V2207	SPHEROCYL, BIFOCAL, + OR - 4.25 TO + OR - 7.00D SPHERE, 0.12 TO 2.00D CYL	07/01/2008	$8.00	0.0%	0.0%	N	
V2208	SPHEROCYL, BIFOCAL, + OR - 4.25 TO + OR - 7.00D SPHERE, 2.12 TO 4.00D CYL	07/01/2008	$8.00	0.0%	0.0%	N	
V2209	SPHEROCYL, BIFOCAL,+ OR - 4.25 TO + OR - 7.00D SPHERE, 4.25 TO 6.00D CYL	07/01/2008	$8.00	0.0%	0.0%	N	
V2210	SPHEROCYL, BIFOCAL,+ OR - 4.25 TO + OR -I 7.00D SPHERE, ^ 6.00D CYL	07/01/2008	$8.00	0.0%	0.0%	N	
V2211	SPHEROCYL, BIFOCAL, + OR -I 7.25 TO + OR - 12.00D SPHERE, 0.25 TO 2.25D CYL	07/01/2008	$8.00	0.0%	0.0%	N	
V2212	SPHEROCYL BIFOCAL+ OR - 7.25 TO + OR - 12.00 D SPHERE, 2.25 TO 4.00D CYL	07/01/2008	$8.00	0.0%	0.0%	N	
V2213	SPHEROCYL, BIFOCAL,+ OR - 7.25 TO + OR - 12.00D SPHERE, 4.25 TO 6.00D CYL	07/01/2008	$8.00	0.0%	0.0%	N	
V2214	SPHEROCYL, BIFOCAL, SPHERE OVER + OR - 12.00D PER LENS	07/01/2008	$8.00	0.0%	0.0%	N	
V2215	LENTICULAR (MYODISC), PER LENS, BIFOCAL	07/01/2008	$15.00	0.0%	0.0%	Y	
V2218	ANISEIKONIC, PER LENS, BIFOCAL	07/01/2008	$15.00	0.0%	0.0%	N	
V2219	BIFOCAL, SEG WIDTH OVER 28MM	07/01/2008	$6.00	0.0%	0.0%	N	
V2220	BIFOCAL ADD OVER 3.25D	07/01/2008	$5.00	0.0%	0.0%	N	
V2221	LENTICULAR LENS, PER LENS, BIFOCAL	07/01/2008	$15.00	0.0%	0.0%	Y	
V2299	SPECIALTY BIFOCAL (BY REPORT)	04/15/1997	$0.00	0.0%	0.0%	Y	
V2410	VARIABLE ASPHERICITY LENS, SINGLE VISION, FULL FIELD, GLASS OR PLASTIC, PER LENS	07/01/2008	$15.00	0.0%	0.0%	Y	
V2430	VARIABLE ASPHERICITY LENS, BIFOCAL, FULL FIELD, GLASS OR PLASTIC, PER LENS	07/01/2008	$20.00	0.0%	0.0%	Y	
V2499	VARIABLE SPHERICITY LENS, OTHER TYPE	07/01/2008	$16.00	0.0%	0.0%	Y	
V2500	CONTACT LENS, PMMA, SPHERICAL, PER LENS	07/01/2008	$5.50	0.0%	0.0%	Y	
V2501	CONTACT LENS, PMMA, TORIC OR PRISM BALLAST, PER LENS	07/01/2008	$6.50	0.0%	0.0%	Y	
V2502	CONTACT LENS, PMMA, BIFOCAL, PER LENS	07/01/2008	$10.00	0.0%	0.0%	Y	
V2503	CONTACT LENS, PMMA, COLOR VISION DEFICIENCY, PER LENS	07/01/2008	$6.50	0.0%	0.0%	Y	
V2510	CONTACT LENS, GAS PERMEABLE, SPHERICAL, PER LENS	07/01/2008	$4.00	0.0%	0.0%	Y	
V2511	CONTACT LENS, GAS PERMEABLE, TORIC, PRISM BALLAST, PER LENS	07/01/2008	$4.00	0.0%	0.0%	Y	
V2512	CONTACT LENS, GAS PERMEABLE, BIFOCAL, PER LENS	07/01/2008	$5.00	0.0%	0.0%	Y	
V2513	CONTACT LENS, GAS PERMEABLE, EXTENDED WEAR, PER LENS	07/01/2008	$12.50	0.0%	0.0%	Y	
V2520	CONTACT LENS, HYDROPHILIC, SPHERICAL, PER LENS	07/01/2008	$4.00	0.0%	0.0%	Y	
V2521	CONTACT LENS, HYDROPHILIC, TORIC, OR PRISM BALLAST, PER LENS	07/01/2008	$4.00	0.0%	0.0%	Y	
V2522	CONTACT LENS, HYDROPHILIC, BIFOCAL, PER LENS	07/01/2008	$12.50	0.0%	0.0%	Y	

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
V2523	CONTACT LENS, HYDROPHILIC, EXTENDED WEAR, PER LENS	07/01/2008	$10.00	0.0%	0.0%	Y	
V2530	CONTACT LENS, SCLERAL, GAS IMPERMEABLE, PER LENS	07/01/2008	$10.00	0.0%	0.0%	Y	
V2531	CONTACT LENS, SCLERAL, GAS PERMEABLE, PER LENS	07/01/2008	$10.00	0.0%	0.0%	Y	
V2599	NOT OTHERWISE CLASSIFIED, CONTACT LENS	04/15/1997	$0.00	0.0%	0.0%	Y	
V2610	SINGLE LENS SPECTACLE MOUNTED LOW VISION AIDS	01/01/1998	$0.00	0.0%	0.0%	Y	
V2615	TELESCOPIC AND OTHER COMPOUND LENS SYSTEM, INCL DIST-NEAR-MICROSCOPIC	01/01/1998	$0.00	0.0%	0.0%	Y	
V2623	PROSTHETIC EYE, PLASTIC, CUSTOM	07/01/1999	$806.74	0.0%	0.0%	N	Referral Requirec
V2624	POLISHING/RESURFACING OF OCULAR PROTHESIS	03/01/1997	$59.66	0.0%	0.0%	N	Referral Requirec
V2625	ENGLARGEMENT OF OCULAR PROTHESIS	03/01/1997	$362.76	0.0%	0.0%	N	Referral Requirec
V2626	REDUCTION OF OCULAR PROSTHESIS	03/01/1997	$195.55	0.0%	0.0%	N	Referral Requirec
V2627	SCLERAL COVER SHELL	03/01/1997	$1,215.51	0.0%	0.0%	N	Referral Requirec
V2628	FABRICATION & FITTING OF OCULAR CONFORMER	03/01/1997	$298.20	0.0%	0.0%	N	Referral Requirec
V2629	NOT OTHERWISE CLASSIFIED, PROSTHETIC EYE	01/01/1998	$0.00	0.0%	0.0%	Y	Referral Requirec
V2630	ANTERIOR CHAMBER INTRAOCULAR LENS	01/01/1998	$0.00	0.0%	0.0%	Y	Referral Requirec
V2631	IRIS SUPPORTED INTRAOCULAR LENS	01/01/1998	$0.00	0.0%	0.0%	Y	Referral Requirec
V2632	POSTERIOR CHAMBER INTRA0CULAR LENS	01/01/1998	$0.00	0.0%	0.0%	Y	Referral Requirec
V2700	BALANCE LENS, PER LENS	07/01/2008	$5.00	0.0%	0.0%	N	
V2702	DELUXE LENS FEATURE	07/01/2008	$10.00	0.0%	0.0%	Y	
V2710	SLAB OFF PRISM, GLASS OR PLASTIC, PER LENS	07/01/2008	$40.00	0.0%	0.0%	N	
V2715	PRISM, PER LENS	01/15/2004	$1.50	0.0%	0.0%	N	
V2718	PRESS-ON LENS, FRESNEL PRISM, PER LENS	07/01/2008	$7.00	0.0%	0.0%	N	
V2730	SPECIAL BASE CURVE, GLASS OR PLASTIC, PER LENS	07/01/2008	$2.00	0.0%	0.0%	N	
V2744	TINT, PHOTOCHROMATIC, PER LENS	07/01/2008	$30.00	0.0%	0.0%	Y	
V2745	ADDITION TO LENS; TINT, COLOR, SOLID, GRADIENT OR EQUAL, PER LENS	07/01/2008	$7.50	0.0%	0.0%	Y	
V2760	SCRATCH RESISTANT COATING, PER LENS	01/15/2000	$3.00	0.0%	0.0%	N	
V2770	OCCLUDER LENS, PER LENS	07/01/2008	$5.00	0.0%	0.0%	N	
V2780	OVERSIZE LENS, PER LENS	07/01/2008	$2.50	0.0%	3.0%	N	
V2781	PROGRESSIVE LENS, PER LENS	07/01/2008	$22.50	0.0%	0.0%	Y	
V2782	LENS INDEX 1.54 TO 1.65 PLASTIC OR 1.60 TO 1.79 GLASS, EXCL POLYCARBONATE, EA	07/01/2008	$7.50	0.0%	0.0%	Y	
V2783	Lens, index greater than or = to 1.66 plastic, greater than or = to 1.80 glass	07/01/2008	$30.00	0.0%	0.0%	Y	
V2784	LENS, POLYCARBONATE OR EQUAL, ANY INDEX, PER LENS	07/01/2008	$1.00	0.0%	0.0%	N	
V2785	CORNEAL TISSUE; PROCESSING, PRESERVING & TRANSPORT	01/01/2002	$0.00	0.0%	0.0%	N	
V2790	AMNIOTIC MEMBRANE FOR SURGICAL RECONSTRUCTION, PER PROCEDURE	01/01/2004	$0.00	0.0%	0.0%	N	
V2797	VISION SUPPLY, ACCESSORY AND/OR SERVICE COMPONENT	07/01/2008	$0.00	0.0%	0.0%	Y	
V2799	VISION SERVICE, MISCELLANEOUS	07/01/2008	$0.00	0.0%	0.0%	Y	
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 Requirec
V5014	REPAIR/MODIFICATION OF HEARING AID	01/01/1991	$0.00	0.0%	0.0%	N	Referral Requirec

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
V5030	HEARING AID, MONAURAL, BODY WORN, AIR CONDUCTION	09/01/2007	$565.38	0.0%	0.0%	Y	Referral Required
V5040	HEARING AID, MONAURAL, BODY WORN, BONE CONDUC	09/01/2007	$565.38	0.0%	0.0%	Y	Referral Required
V5050	HEARING AID, MONAURAL, IN THE EAR	07/01/2007	$629.00	0.0%	0.0%	N	Referral Required
V5060	HEARING AID, MONAURAL, BEHIND THE EAR	07/01/2007	$625.11	0.0%	0.0%	N	Referral Required
V5100	HEARING AID, BILAT, BODY WORN	04/01/1996	$0.00	0.0%	0.0%	Y	Referral Required
V5120	BINAURAL, BODY	07/01/2007	$481.20	0.0%	0.0%	N	Referral Required
V5130	BINAURAL, IN THE EAR	07/01/2007	$544.36	0.0%	0.0%	N	Referral Required
V5140	BINAURAL, BEHIND THE EAR	07/01/2007	$544.36	0.0%	0.0%	N	Referral Required
V5170	HEARING AID, CROS, IN THE EAR	07/01/2007	$432.15	0.0%	0.0%	N	Referral Required
V5180	HEARING AID, CROS, BEHIND THE EAR	07/01/2007	$432.15	0.0%	0.0%	N	Referral Required
V5210	HEARING AID, BICROS, IN THE EAR	07/01/2007	$757.85	0.0%	0.0%	N	Referral Required
V5220	HEARING AID, BICROS, BEHIND THE EAR	07/01/2007	$777.13	0.0%	0.0%	N	Referral Required
V5254	HEARING AID, DIGITAL MONAURAL, CIC	09/01/2007	$581.87	0.0%	0.0%	N	Referral Required
V5255	HEARING AID, DIGITAL MONAURAL, ITC	09/01/2007	$581.87	0.0%	0.0%	N	Referral Required
V5256	HEARING AID, DIGITAL MONAURAL, ITE	09/01/2007	$549.75	0.0%	0.0%	N	Referral Required
V5257	HEARING AID, DIGITAL MONAURAL, BTE	09/01/2007	$549.74	0.0%	0.0%	N	Referral Required
V5258	HEARING AID, DIGITAL BINAURAL,CIC	09/01/2007	$548.82	0.0%	0.0%	N	Referral Required
V5259	HEARING AID, DIGITAL BINAURAL, ITC	09/01/2007	$548.82	0.0%	0.0%	N	Referral Required
V5260	HEARING AID, DIGITAL BINAURAL, ITE	09/01/2007	$524.96	0.0%	0.0%	N	Referral Required
V5261	HEARING AID, DIGITAL BINAURAL, BTE	09/01/2007	$524.96	0.0%	0.0%	N	Referral Required
V5264	EAR MOLD/INSERT, NOT DISPOSABLE; ANY TYPE	12/01/2009	$0.00	0.0%	0.0%	N	Referral Required
V5265	EAR MOLD/INSERT, DISPOSABLE, ANY TYPE	09/01/2003	$19.80	0.0%	0.0%	N	Referral Required
V5266	BATTERY FOR USE IN HEARING DEVICE (PER BATTERY)	07/01/2006	$1.00	0.0%	0.0%	N	Referral Required
V5298	HEARING AID; NOT OTHERWISE CLASSIFIED	04/01/2003	$0.00	0.0%	0.0%	Y	Referral Required
V5299	HEARING SERVICE, MISCELLANEOUS	04/01/1986	$0.00	0.0%	0.0%	Y	Referral Required