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

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11462	FOR HIDRADENITIS, INGUINAL; WITH SIMPLE OR INTERMEDIATE REPAIR	07/01/2008	$278.14	0.0%	0.0%	N	Referral Required
11463	FOR HIDRADENITIS, INGUINAL; WITH COMPLEX REPAIR	07/01/2008	$379.03	0.0%	0.0%	N	Referral Required
11470	FOR HIDRADENITIS, PERIANAL, PERNEAL, OR UMBILICAL; W/SIMPLE OR INTEMED. REPAIR	07/01/2008	$306.09	0.0%	0.0%	N	Referral Required
11471	FOR HIDRADENITIS, PERIANAL, PERINEAL OR UMBILICAL; WITH COMPLEX REPAIR	07/01/2008	$393.07	0.0%	0.0%	N	Referral Required
11600	TRUNK, ARMS OR LEGS; LESION DIAMETER 0.5 CM OR LESS	07/01/2008	$144.60	0.0%	0.0%	N	Referral Required
11601	TRUNK ARMS OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM	07/01/2008	$172.51	0.0%	0.0%	N	Referral Required
11602	TRUNK ARMS OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM	07/01/2008	$187.99	0.0%	0.0%	N	Referral Required
11603	TRUNK ARMS OR LEGS; LESION DIAMETER 2.1 TO 3.0 CM	07/01/2008	$214.76	0.0%	0.0%	N	Referral Required
11604	TRUNK ARMS OR LEGS; LESION DIAMETER 3.1 TO 4.0 CM	07/01/2008	$237.33	0.0%	0.0%	N	Referral Required
11606	TRUNK, ARMS OR LEGS; LESION DIAMETER OVER 4.0 CM	07/01/2008	$333.16	0.0%	0.0%	N	Referral Required
11620	SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.5 CM OR LESS	07/01/2008	$145.79	0.0%	0.0%	N	Referral Required
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 Required
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 Required
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 Required
11624	SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 3.1 TO 4.0	07/01/2008	$261.19	0.0%	0.0%	N	Referral Required
11626	SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVER 4.0	07/01/2008	$321.83	0.0%	0.0%	N	Referral Required
11640	FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 0.5 CM OR LESS	07/01/2008	$151.98	0.0%	0.0%	N	Referral Required
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 Required
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 Required
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 Required
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 Required
11646	FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER OVER 4.0 CM	07/01/2008	$414.47	0.0%	0.0%	N	Referral Required
11719	TRIMMING NONDYSTROPHIC NAILS; ANY NUMBER	07/01/2008	$16.44	0.0%	0.0%	N	Referral Required
11720	DEBRIDEMENT OF NAILS, BY ANY METHOD; ONE TO FIVE	07/01/2008	$24.77	0.0%	0.0%	N	Referral Required
11721	DEBRIDEMENT OF NAIL(S) BY ANY METHOD; SIX OR MORE	07/01/2008	$35.96	0.0%	0.0%	N	Referral Required
11730	AVULSION OF NAIL PLATE - PARTIAL OR COMPLETE, SIMPLE; SINGLE	07/01/2008	$78.98	0.0%	0.0%	N	Referral Required
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 Required
11740	EVACUATION OF SUBUNGUAL HEMATOMA	07/01/2008	$35.68	0.0%	0.0%	N	Referral Required
11750	PARTIAL OR COMPLETE(EG, INGROWN OR DEFORMED NAIL) FOR PERMANENT REMOVAL	07/01/2008	$169.97	0.0%	0.0%	N	Referral Required
11752	WITH AMPUTATION OF TUFT OF DISTAL PHALANX	07/01/2008	$240.99	0.0%	0.0%	N	Referral Required
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 Required
11758	FREE FASCIAL FLAP W/MICROVASCULAR ANASTOMOSIS	07/01/2008	$1,961.73	0.0%	0.0%	N	Referral Required
11760	REPAIR OF NAIL BED	07/01/2008	$158.13	0.0%	0.0%	N	Referral Required
11762	RECONSTRUCTION OF NAIL BED WITH GRAFT	07/01/2008	$214.13	0.0%	0.0%	N	Referral Required
11765	WEDGE EXCISON OF SKIN OF NAIL FOLD (EG, FOR INGROWN TOENAIL)	07/01/2008	$99.92	0.0%	0.0%	N	Referral Required
11770	EXCISION OF PILONIDAL CYST OR SINUS; SIMPLE	07/01/2008	$210.42	0.0%	0.0%	N	Referral Required

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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

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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

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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
14301	ADJACENT TISSUE TRANS OR REARRANG, ANY AREA; DEFECT 30.1 SP CM TO 60.0 SQ CM	01/01/2010	$730.47	0.0%	0.0%	N	Referral Required
14302	EACH ADDITIONAL 30.0 SQ CM, OR PART THEREOF (SP)	01/01/2010	$161.51	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

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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
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

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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
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

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

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

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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
17284	DESTRUCT MALIG LESION FACE-EARS-NOSE 3.1-4.0 CM	07/01/2008	$225.75	0.0%	0.0%	N	Referral Required
17286	DESTRUCT MALIG LESION FACE-EARS-NOSE OVER 4.0 CM	07/01/2008	$289.14	0.0%	0.0%	N	Referral Required
17311	MOHS MICROGRAPHIC TECHNIQUE, INCL REMOVAL OF GROSS TUMOR, SURG EXCISION/TISSUE	07/01/2008	$569.86	0.0%	0.0%	N	Referral Required
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 Required
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 Required
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 Required
17315	MOHS MICROGRAPHIC TECHNIQUE, EA ADDITIONAL BLOCK AFTER 1st 5 TISSUE BLOCKS, (SP)	07/01/2008	$67.93	0.0%	0.0%	N	Referral Required
17999	UNLISTED PROCEDURE, SKIN	04/16/2006	$0.00	0.0%	0.0%	Y	Referral Required
19000	ASPIRATION, CYST, BREAST	07/01/2008	$94.77	0.0%	0.0%	N	Referral Required
19001	ASPIRATION, CYST, BREAST-ADD ON	07/01/2008	$23.19	0.0%	0.0%	N	Referral Required
19020	MASTOTOMY	07/01/2008	$350.08	0.0%	0.0%	N	Referral Required
19030	INJ PROCEDURE ONLY FOR MAMMARY DUCTOGRAM OR GALACT	07/01/2008	$145.55	0.0%	0.0%	N	Referral Required
19100	BREAST BIOPSY	07/01/2008	$115.10	0.0%	0.0%	N	Referral Required
19101	BREAST BIOPSY	07/01/2008	$262.97	0.0%	0.0%	N	Referral Required
19102	BIOPSY OF BREAST; PERCUTANEOUS NEEDLE CORE, USING IMAGING GUIDANCE	07/01/2008	$191.48	0.0%	0.0%	N	Referral Required
19103	BIOPSY OF BREAST;PERCUTANEOUS,AUTO VACUUM ASSISTED/ROTATING DEVICE,IMAGING	07/01/2008	$489.83	0.0%	0.0%	N	Referral Required
19105	ABLATION, CRYOSURGICAL, OF FIBROADENOMA, INCL ULTRASOUND GUIDANCE, EA	07/01/2008	$1,681.27	0.0%	0.0%	N	Referral Required
19110	NIPPLE EXPLORATION W/ OR W/O EXCISION	07/01/2008	$354.58	0.0%	0.0%	N	Referral Required
19112	EXCISION OF LACTIFEROUS DUCT	07/01/2008	$339.26	0.0%	0.0%	N	Referral Required
19120	EXCISION, CYST, BREAST	07/01/2008	$370.15	0.0%	0.0%	N	Referral Required
19125	EXCISION BREAST LESION IDENTIFIED BY PRE-OP PLACEM	07/01/2008	$408.63	0.0%	0.0%	N	Referral Required
19126	EA ADDITIONAL LESION SEPARATELY IDENTIFIED BY RADI-ADD ON	07/01/2008	$134.53	0.0%	0.0%	N	Referral Required
19260	EXCISION, TUMOR, CHEST WALL	07/01/2008	$986.43	0.0%	0.0%	N	Referral Required
19271	EXCISION CHEST WALL TUMOR W/PLASTIC RECONSTRUCTION	07/01/2008	$1,347.11	0.0%	0.0%	N	Referral Required
19272	EXCISION CHEST WALL TUMOR W/MEDIASTINAL LYMPHADENE	07/01/2008	$1,488.60	0.0%	0.0%	N	Referral Required
19290	PRE-OPERATIVE PLACEMENT NEEDLE LOCAL WIRE BREAST	07/01/2008	$139.75	0.0%	0.0%	N	Referral Required
19291	PREOP PLACE NEEDLE WIRE BREAST EA ADD LESION-ADD ON	07/01/2008	$60.75	0.0%	0.0%	N	Referral Required
19295	IMAGE GUIDED PLCMNT, METALLIC LOCALIZATION CLIP, DURING BREAST BIOPSY-ADD ON	07/01/2008	$83.27	0.0%	0.0%	N	Referral Required
19296	AFTER LOADING CATHETER INTO BREAST; ON DATE OTHER THAN PARTIAL MASTECTOMY	07/01/2008	$3,657.00	0.0%	0.0%	N	Referral Required
19297	PLACEMENT OF RADIOTHERAPY AFTER LOADING BALLOON CATH INTO THE BREAST (ADD-ON)	07/01/2008	$78.77	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
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
19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY);	07/01/2008	$484.71	0.0%	0.0%	N	Referral Requirec
19302	MASTECTOMY, PARTIAL ; W/ AXILLARY LYMPHADENECTOMY	07/01/2008	$707.89	0.0%	0.0%	N	Referral Requirec
19303	MASTECTOMY, SIMPLE, COMPLETE	07/01/2008	$748.59	0.0%	0.0%	N	Referral Requirec
19304	MASTECTOMY, SUBCUTANEOUS	07/01/2008	$443.66	0.0%	0.0%	N	Referral Requirec
19305	MASTECTOMY, RADICAL, INCL PECTORAL MUSCLES, AXILLARY LYMPH NODES	07/01/2008	$882.78	0.0%	0.0%	N	Referral Requirec
19306	MASTECTOMY, RADICAL, INCL PECTORAL MUSCLES, (URBAN TYPE OPERATION)	07/01/2008	$921.27	0.0%	0.0%	N	Referral Requirec
19307	MASTECTOMY, MODIFIED RADICAL	07/01/2008	$925.98	0.0%	0.0%	N	Referral Requirec
19316	MASTOPEXY	07/01/2008	$640.76	0.0%	0.0%	Y	Referral Requirec
19318	REDUCTION MAMMAPLASTY	07/01/2008	$941.06	0.0%	0.0%	Y	Referral Requirec
19324	MAMMAPLASTY,AUGMENTATION W/O PROSTHETIC IMPLANT	07/01/2008	$395.33	0.0%	0.0%	Y	Referral Requirec
19325	MAMMAPLASTY WITH PROSTHETIC IMPLANT	07/01/2008	$526.85	0.0%	0.0%	Y	Referral Requirec
19328	REMOVAL OF INTACT MAMMARYIMPLANT	07/01/2008	$397.39	0.0%	0.0%	Y	Referral Requirec
19330	REMOVAL, BREAST IMPLANT	07/01/2008	$505.64	0.0%	0.0%	Y	Referral Requirec
19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS	07/01/2008	$331.09	0.0%	0.0%	Y	Referral Requirec
19342	DELAYED INSERTION OF BREAST PROSTHESIS	07/01/2008	$748.89	0.0%	0.0%	Y	Referral Requirec
19350	RECONSTRUCTION, NIPPLE	07/01/2008	$724.53	0.0%	0.0%	Y	Referral Requirec
19357	BREAST RECONSTRUCT W/TISSUE UXPANDER INCLUDE SUBSE	07/01/2008	$1,263.22	0.0%	0.0%	Y	Referral Requirec
19361	BREAST RECONSTRUST W/LATISSIMUS DORSI FLAP, W/WO M	07/01/2008	$1,320.56	0.0%	0.0%	Y	Referral Requirec
19364	BREAST RECONSTRUCTION WITH FREE FLAP	07/01/2008	$2,304.04	0.0%	0.0%	Y	Referral Requirec
19366	BREAST RECONSTRUCTION W/OTHER TECHNIQUE	07/01/2008	$1,148.40	0.0%	0.0%	Y	Referral Requirec
19367	BREAST RECONSTRUCTION W/TRAM SINGLE PEDICLE	07/01/2008	$1,501.09	0.0%	0.0%	Y	Referral Requirec
19368	BREAST RECONSTRUCTION W/MINCROVASCULAR ANASTOMOSIS	07/01/2008	$1,849.45	0.0%	0.0%	Y	Referral Requirec
19369	BREAST RECONSTRUCTION W/TRAM, DOUBLE PEDICLE	07/01/2008	$1,705.96	0.0%	0.0%	Y	Referral Requirec
19370	OPEN PERIPROSTHETIC CAPULOTOMY BREAST	07/01/2008	$554.76	0.0%	0.0%	Y	Referral Requirec
19371	PERIPROSTHETIC CAPSULECTOMY BREAST	07/01/2008	$639.40	0.0%	0.0%	Y	Referral Requirec
19380	REVISION OF RECONSTRUCTED BREAST	07/01/2008	$625.39	0.0%	0.0%	Y	Referral Requirec
19499	UNLISTED PROCEDURE, BREAST	01/01/1976	$0.00	0.0%	0.0%	Y	Referral Requirec
20000	INCISION, ABCESS, SOFT TISSUE	07/01/2008	$167.78	0.0%	0.0%	N	Referral Requirec
20005	INCISION OF SOFT TISSUE ABSCESS, DEEP/COMPLICATED	07/01/2008	$247.42	0.0%	0.0%	N	Referral Requirec
20100	EXPLORATION OF PENETRATING WOUND; NECK	07/01/2008	$503.76	0.0%	0.0%	N	Referral Requirec
20101	EXPLORATION OF PENETRATING WOUND; CHEST	07/01/2008	$325.41	0.0%	0.0%	N	Referral Requirec
20102	EXPLORATION OF PENETRATING WOUND; ABDOMEN/FLANK/BK	07/01/2008	$382.43	0.0%	0.0%	N	Referral Requirec
20103	EXPLORATION OF PENETRATING WOUND; EXTREMITY	07/01/2008	$466.12	0.0%	0.0%	N	Referral Requirec
20150	EXCISION EPIPHYSEAL BAR W/WO AUTOGENOUS SOFT TISSU	07/01/2008	$773.54	0.0%	0.0%	N	Referral Requirec
20200	BIOPSY, MUSCLE	07/01/2008	$155.61	0.0%	0.0%	N	Referral Requirec
20205	BIOPSY, MUSCLE	07/01/2008	$213.91	0.0%	0.0%	N	Referral Requirec

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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
20225	BIOPSY, BONE	07/01/2008	$675.26	0.0%	0.0%	N	Referral Required
20240	BIOPSY, BONE	07/01/2008	$193.71	0.0%	0.0%	N	Referral Required
20245	BIOPSY, BONE	07/01/2008	$524.50	0.0%	0.0%	N	Referral Required
20250	BIOPSY VERTEBRAL BODY OPEN THORACIC	07/01/2008	$311.45	0.0%	0.0%	N	Referral Required
20251	BIOPSY VERTEBRAL BODY OPEN LUMBAR OF CERVICAL	07/01/2008	$346.17	0.0%	0.0%	N	Referral Required
20500	INJECTION, SINUS TRACT	07/01/2008	$104.24	0.0%	0.0%	N	Referral Required
20501	INJECTION, SINUS TRACT	07/01/2008	$114.36	0.0%	0.0%	N	Referral Required
20520	REMOVAL, FOREIGN BODY, MUSCLE	07/01/2008	$158.93	0.0%	0.0%	N	Referral Required
20525	REMOVAL FB IN MUSCLE DEEP OR COMPLICATED	07/01/2008	$398.65	0.0%	0.0%	N	Referral Required
20526	INJECTION, THERAPEUTIC (LOCAL) CARPAL TUNNEL	07/01/2008	$63.78	0.0%	0.0%	N	Referral Required
20550	INJECTION, LIGAMENT	07/01/2008	$49.21	0.0%	0.0%	N	Referral Required
20551	INJECTIONS; TENDON ORIGINAL/INSERTION	07/01/2008	$48.68	0.0%	0.0%	N	Referral Required
20552	INJECTION; SINGLE/MULTIPLE TRIGGER POINTS, ONE OR TWO MUSCLE GROUPS	07/01/2008	$44.73	0.0%	0.0%	N	Referral Required
20553	INJECTION; SINGLE/MULTIPLE TRIGGER POINTS 3 OR MORE MUSCLE GROUPS	07/01/2008	$50.26	0.0%	0.0%	N	Referral Required
20555	PLACEMENT OF NEEDLES/CATHETERS INTO MUSCLE &/OR SOFT TISSUE	01/01/2008	$282.02	0.0%	0.0%	N	Referral Required
20600	ARTHROCENTESIS	07/01/2008	$45.63	0.0%	0.0%	N	Referral Required
20605	ARTHROCENTESIS	07/01/2008	$49.40	0.0%	0.0%	N	Referral Required
20610	ARTHROCENTESIS	07/01/2008	$62.45	0.0%	0.0%	N	Referral Required
20612	ASPIRATION AND/OR INJECTION OF GANGLION CYSTS; ANY LOCATION	07/01/2008	$48.87	0.0%	0.0%	N	Referral Required
20615	ASPIRATIOFN AND INJECTION FOR BONE CYST	07/01/2008	$184.89	0.0%	0.0%	N	Referral Required
20650	INSERTION, PIN, SKELETAL TRACT	07/01/2008	$161.72	0.0%	0.0%	N	Referral Required
20660	APPLICATION OF CRANIAL TONGS, CALIPER, OR STEREOTACTIC FRAME, INC REMOVAL	07/01/2008	$221.37	0.0%	0.0%	N	Referral Required
20661	APPLICATION OF HALO INC REMOVAL CRANIAL	07/01/2008	$377.08	0.0%	0.0%	N	Referral Required
20662	APPLICATION OF HALO INC REMOVAL PELVDC	07/01/2008	$393.02	0.0%	0.0%	N	Referral Required
20663	APPLICATION OF HALO INC REMOVAL FEMORAL	07/01/2008	$367.91	0.0%	0.0%	N	Referral Required
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 Required
20665	REMOVAL, CALIPER	07/01/2008	$106.90	0.0%	0.0%	N	Referral Required
20670	REMOVAL, PIN OR OTHER	07/01/2008	$367.31	0.0%	0.0%	N	Referral Required
20680	REMOVAL, PIN OR OTHER	07/01/2008	$491.31	0.0%	0.0%	N	Referral Required
20690	APP OF A UNIPLANE UNILATERAL, EXTERNAL FIXATION SYSTEM	07/01/2008	$425.24	0.0%	0.0%	N	Referral Required
20692	APP OF MULTIPLANE (PINS OR WIRES MORE THAN 1 PLANE), UNILATERAL	07/01/2008	$783.18	0.0%	0.0%	N	Referral Required
20693	ADJ/REVISION OF EXTERNAL FIXATION SYSTEM REQUIRING	07/01/2008	$384.82	0.0%	0.0%	N	Referral Required
20694	REMOVAL,UNDER ANESTHESIA OF EXTERNAL FIXATION SYS	07/01/2008	$362.30	0.0%	0.0%	N	Referral Required
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 Required

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
20697	EXCHANGE (IE, REMOVAL AND REPLACEMENT) OF STRUT, EACH	01/01/2009	$1,053.69	0.0%	0.0%	N	Referral Required
20802	REPLANTATION, ARM, COMPLETE AMPUTATION	07/01/2008	$2,062.01	0.0%	0.0%	N	Referral Required
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

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20999	REPAIR, MUSCLE WOUND	01/01/1976	$0.00	0.0%	0.0%	N	Referral Requirec
21010	ARTHROTOMY,TEMPOROMANDIBULAR JOINT;UNILATERAL	07/01/2008	$609.98	0.0%	0.0%	N	Referral Requirec
21011	AMB SURG CTR -ARTHRO TEMPOROM JNT BILATERAL	01/01/2010	$216.90	0.0%	0.0%	N	Referral Requirec
21012	2 CM OR GREATER	01/01/2010	$233.50	0.0%	0.0%	N	Referral Requirec
21013	EXCISION, TUMOR SFT TISS OF FACE & SCALP SUBFASCIAL LESS THAN 2 CM	01/01/2010	$337.93	0.0%	0.0%	N	Referral Requirec
21014	2 CM OR GREATER	01/01/2010	$361.11	0.0%	0.0%	N	Referral Requirec
21015	RADICAL RESECTION TUMOR FACE OR SCALP	07/01/2008	$356.20	0.0%	0.0%	N	Referral Requirec
21016	2 CM OR GREATER	01/01/2010	$724.25	0.0%	0.0%	N	Referral Requirec
21025	EXCISION OF BONE, MANDIBLE	07/01/2008	$810.20	0.0%	0.0%	N	Referral Requirec
21026	EXCISION OF FACIAL BONES	07/01/2008	$475.88	0.0%	0.0%	N	Referral Requirec
21029	REMOVAL BY CONTOURING BENIGN TUMOR OF FACIAL BONE	07/01/2008	$610.75	0.0%	0.0%	N	Referral Requirec
21030	EXCISION, TUMOR, FACIAL BONE	07/01/2008	$396.93	0.0%	0.0%	N	Referral Requirec
21031	EXCISION TORUS MANDIBULARIS	07/01/2008	$303.29	0.0%	0.0%	N	Referral Requirec
21032	EXCISION TORUS PALATINUS	07/01/2008	$309.20	0.0%	0.0%	N	Referral Requirec
21034	EXCISION MALIGNANT TUMOR OF FACIAL BONE	07/01/2008	$1,107.09	0.0%	0.0%	N	Referral Requirec
21040	EXCISION, TUMOR, MANDIBLE	07/01/2008	$398.27	0.0%	0.0%	N	Referral Requirec
21044	EXCISION OF MALIGNANT TUMOR OF MANDIBLE	07/01/2008	$735.70	0.0%	0.0%	N	Referral Requirec
21045	EXCISION OF MALIGNANT TUMOR	07/01/2008	$1,023.55	0.0%	0.0%	N	Referral Requirec
21046	EXCISION OF BEGNIGN TUMOR OR CYST OF MANDIBLE REQUIRING INTRA-ORAL OSTEOTOMY	07/01/2008	$894.25	0.0%	0.0%	N	Referral Requirec
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 Requirec
21048	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA REQUIRING INTRA-ORAL OSTEOTOMY	07/01/2008	$911.63	0.0%	0.0%	N	Referral Requirec
21049	EXCISION BENIGH TUMOR/CYST REQUIRING EXTRA-ORAL OSTEOTOMY/PARTIAL MAXILLECTOMY	07/01/2008	$1,059.17	0.0%	0.0%	N	Referral Requirec
21050	ARTHRECTOMY, TEMP-MANDBLR JNT	07/01/2008	$709.56	0.0%	0.0%	N	Referral Requirec
21060	MENISCECTOMY	07/01/2008	$655.87	0.0%	0.0%	N	Referral Requirec
21070	CORONOIDECTOMY	07/01/2008	$532.66	0.0%	0.0%	N	Referral Requirec
21073	MANIPULATION OF TEMPOROMANDIBULAR JOINT(S)	01/01/2008	$303.29	0.0%	0.0%	N	Referral Requirec
21076	IMPRESSION/CUSTOM PREP; SURGICAL OBTURATOR PROSTHE	07/01/2008	$827.49	0.0%	0.0%	N	Referral Requirec
21079	IMPRESSION/CUSTOM PREP INTERIM OBTURATOR PROTHESIS	07/01/2008	$1,400.47	0.0%	0.0%	N	Referral Requirec
21080	DEFINITIVE OBTURATOR PROTHESIS	07/01/2008	$1,590.29	0.0%	0.0%	N	Referral Requirec
21081	MANDIBULAR RESECTION PROSTHESIS	07/01/2008	$1,450.35	0.0%	0.0%	Y	Referral Requirec
21082	PALATAL AUGMENTATION PROSTHESIS	07/01/2008	$1,329.84	0.0%	0.0%	Y	Referral Requirec
21083	PALATAL LIFT PROSTHESIS	07/01/2008	$1,263.89	0.0%	0.0%	N	Referral Requirec
21084	SPEECH AID PROSTHESIS	07/01/2008	$1,451.43	0.0%	0.0%	Y	Referral Requirec
21085	IMPRESSION & CUSTOM PREPARATION ORAL SURGICAL SPLINT	07/01/2008	$579.74	0.0%	0.0%	N	Referral Requirec
21086	AURICULAR PROSTHESIS	07/01/2008	$1,517.23	0.0%	0.0%	Y	Referral Requirec
21087	NASAL PROSTHESIS (DESIGNED PREPARED BY PHYSICIAN)	07/01/2008	$1,506.41	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
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
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

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
21206	OSTEOPLASY, MAXILLA, SEGMENTAL	07/01/2008	$933.34	0.0%	0.0%	N	Referral Requirec
21208	OSTEOPLASTY FACIAL BONES AUGMENTATION	07/01/2008	$1,320.96	0.0%	0.0%	N	Referral Requirec
21209	OSTEOPLASTY, FACIAL BONES AUGMENTATION; REDUCTION	07/01/2008	$654.87	0.0%	0.0%	N	Referral Requirec
21210	GRAFT, FACIAL BONE	07/01/2008	$1,547.87	0.0%	0.0%	N	Referral Requirec
21215	BONE GRAFT, MANDIBLE	07/01/2008	$2,565.41	0.0%	0.0%	N	Referral Requirec
21230	GRAFT, CARTILAGE	07/01/2008	$646.77	0.0%	0.0%	N	Referral Requirec
21235	GRAFT, CARTILAGE	07/01/2008	$589.87	0.0%	0.0%	N	Referral Requirec
21240	ARTHROPLASTY, TEMP-MANDBL JNT	07/01/2008	$930.54	0.0%	0.0%	N	Referral Requirec
21242	TEMP MAND JOINT ARTHROPLASTY W/ALLOPLASTIC IMPLANT	07/01/2008	$857.02	0.0%	0.0%	N	Referral Requirec
21243	ARTHROPLASTY TMJ W/PROSTHETIC JOINT REPLACEMENT	07/01/2008	$1,395.16	0.0%	0.0%	N	Referral Requirec
21244	RECONSTRUCT MANDIBLE EXTRAORAL W/TRANSOSTEAL BONE	07/01/2008	$865.74	0.0%	0.0%	N	Referral Requirec
21245	RECONSTRUCTION OF MANDIBLE OR MAXILLA	07/01/2008	$932.01	0.0%	0.0%	N	Referral Requirec
21246	RECONSTRUCT MANDIBLE/MAXILLA SUBPERIOSTEAL IMPLANT	07/01/2008	$729.11	0.0%	0.0%	N	Referral Requirec
21247	RECONSTRUCT MANDIBULAR CONDYLE W/BONE & CARTILAGE	07/01/2008	$1,362.23	0.0%	0.0%	N	Referral Requirec
21248	RECONSTRUCT MAXILLA/MANDIBLE ENDOSTEAL IMPLANT PAR	07/01/2008	$863.05	0.0%	0.0%	N	Referral Requirec
21249	RECONSTRUCT MANDIBLE/MAXILLA, ENDOSTEAL IMPLANT CO	07/01/2008	$1,211.98	0.0%	0.0%	N	Referral Requirec
21255	RECONSTRUCT ZYGOMATIC ARCH & GLENOID FOSSA	07/01/2008	$1,157.56	0.0%	0.0%	N	Referral Requirec
21256	RECONSTRUCT ORBIT W/OSTEOTOMIES (EXTRACRANIAL)	07/01/2008	$969.82	0.0%	0.0%	N	Referral Requirec
21260	PERIORBITAL OSTEOTOMY FOR ORBITAL HYPERTELORISM	07/01/2008	$1,042.79	0.0%	0.0%	N	Referral Requirec
21261	PERIORBITAL OSTEOTOMIES W/BONE GRAFTS COMBINED INT	07/01/2008	$1,849.01	0.0%	0.0%	N	Referral Requirec
21263	PERIORBITAL OSTEOTOMIES W/FOREHEAD ADVANCEMENT	07/01/2008	$1,633.18	0.0%	0.0%	N	Referral Requirec
21267	ORBITAL REPOSITION, PERIORBITAL OSTEOTOMIES UNILAT	07/01/2008	$1,316.40	0.0%	0.0%	N	Referral Requirec
21268	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES BIL	07/01/2008	$1,524.31	0.0%	0.0%	N	Referral Requirec
21270	MALAR AUGMENTATION PROSTHETIC MATERIAL	07/01/2008	$747.08	0.0%	0.0%	N	Referral Requirec
21275	SECONDARY REVISION FOR ORBITOCRANIOFACIAL RECONSTR	07/01/2008	$670.91	0.0%	0.0%	N	Referral Requirec
21280	MEDIAL CANTHOPEXY	07/01/2008	$433.13	0.0%	0.0%	N	Referral Requirec
21282	LATERAL CANTHOPEXY	07/01/2008	$286.96	0.0%	0.0%	N	Referral Requirec
21295	REDUCTIN OF MASSETER MUSCLE AND BONE; EXTRAORAL APPROACH	07/01/2008	$143.39	0.0%	0.0%	N	Referral Requirec
21296	REDUCTION OF MASSETER MUSCLE & BONE; INTRAORAL APPROACH	07/01/2008	$335.51	0.0%	0.0%	N	Referral Requirec
21299	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE	01/01/2003	$0.00	0.0%	0.0%	Y	Referral Requirec
21310	TREAT CLOSED/OPEN NASAL FX WO/MANIPULATION	07/01/2008	$91.78	0.0%	0.0%	N	Referral Requirec
21315	FRACTURE, NASAL	07/01/2008	$211.93	0.0%	0.0%	N	Referral Requirec
21320	FRACTURE, NASAL	07/01/2008	$203.02	0.0%	0.0%	N	Referral Requirec
21325	FRACTURE, NASAL	07/01/2008	$402.50	0.0%	0.0%	N	Referral Requirec
21330	FRACTURE, NASAL	07/01/2008	$490.37	0.0%	0.0%	N	Referral Requirec
21335	FRACTURE, NASAL	07/01/2008	$615.02	0.0%	0.0%	N	Referral Requirec
21336	OPEN TX NASAL SEPTAL FX W/WO STABILIZATION	07/01/2008	$535.57	0.0%	0.0%	N	Referral Requirec
21337	TREATMENT OF CLOSED NASAL SEPTAL FX	07/01/2008	$319.50	0.0%	0.0%	N	Referral Requirec
21338	OPEN TREATMENT NASOETHMOID FRACTURE	07/01/2008	$641.94	0.0%	0.0%	N	Referral Requirec

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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
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

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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
21497	INTERDENATAL WIRING FOR CONDITION OTHER THAN FX	07/01/2008	$503.81	0.0%	0.0%	N	Referral Required
21499	UNLISTED MUSCULOSKELETAL PROCEDURE, HEAD	01/01/1976	$0.00	0.0%	0.0%	N	Referral Required
21501	INCISN & DRNGE, ABSCESS, NECK	07/01/2008	$354.60	0.0%	0.0%	N	Referral Required
21502	INCISN & DRNGE, ABSCESS, NECK	07/01/2008	$437.72	0.0%	0.0%	N	Referral Required
21510	INCISION DEEP W/OPENING OF BONE CORTEX THORAX	07/01/2008	$393.45	0.0%	0.0%	N	Referral Required
21550	EXCISIONAL BIOPSY, SOFT TISSUES	07/01/2008	$205.20	0.0%	0.0%	N	Referral Required
21552	3 CM OR GREATER	01/01/2010	$311.10	0.0%	0.0%	N	Referral Required
21554	5 CM OR GREATER	01/01/2010	$512.05	0.0%	0.0%	N	Referral Required
21555	EXCISION TUMOR SOFT TISSUE OF NECK OR THORAX	07/01/2008	$346.57	0.0%	0.0%	N	Referral Required
21556	EXCISN, TUMR, SUBFASCIAL, NECK	07/01/2008	$338.75	0.0%	0.0%	N	Referral Required
21557	RADICAL RESECTION OF TUMOR SOFT TISSUE NECK OR THO	07/01/2008	$484.37	0.0%	0.0%	N	Referral Required
21558	5 CM OR GREATER	01/01/2010	$961.72	0.0%	0.0%	N	Referral Required
21600	EXCISION, RIB	07/01/2008	$453.60	0.0%	0.0%	N	Referral Required
21610	COSTOTRANSVERSECTOMY	07/01/2008	$883.91	0.0%	0.0%	N	Referral Required
21615	BIOPSY, RIB	07/01/2008	$571.29	0.0%	0.0%	N	Referral Required
21616	EXCISION FIRST AND/OR CERVICAL RIB W/SYMPATHECTOMY	07/01/2008	$698.65	0.0%	0.0%	N	Referral Required
21620	OSTECTOMY OF STERNUM PARTIAL	07/01/2008	$438.16	0.0%	0.0%	N	Referral Required
21627	EXCISION, STERNAL DEBRIDEMENT	07/01/2008	$457.98	0.0%	0.0%	N	Referral Required
21630	RADICAL RESECTION OF STERNUM	07/01/2008	$1,057.24	0.0%	0.0%	N	Referral Required
21632	EXCISION WITH MEDIASTINAL LYMPHADENECTOMY	07/01/2008	$1,047.64	0.0%	0.0%	N	Referral Required
21685	HYOID MYOTOMY AND SUSPENSION	07/01/2008	$832.13	0.0%	0.0%	N	Referral Required
21700	DIVISION, SCALENUS ANTICUS	07/01/2008	$362.66	0.0%	0.0%	N	Referral Required
21705	DIVISION, SCALENUS ANTICUS	07/01/2008	$522.89	0.0%	0.0%	N	Referral Required
21720	DIVISION, STERNOCLEIDOMASTOID	07/01/2008	$319.06	0.0%	0.0%	N	Referral Required
21725	DIVISION, STERNOCLEIDOMASTOID	07/01/2008	$437.92	0.0%	0.0%	N	Referral Required
21740	PECTUS EXCAVATUM OR CARINATUM	07/01/2008	$909.84	0.0%	0.0%	N	Referral Required
21742	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MIN. INVASIVE APPROACH	01/01/2003	$0.00	0.0%	0.0%	N	Referral Required
21743	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM/CARINATUM MINIMAL INVASIVE APPROACH	01/01/2003	$0.00	0.0%	0.0%	N	Referral Required
21750	CLOSE STERNOTOMY SEPARATION W/WO DEBRIDEMENT	07/01/2008	$602.37	0.0%	0.0%	N	Referral Required
21800	FRACTURE, RIB	07/01/2008	$79.51	0.0%	0.0%	N	Referral Required

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21805	RIB FX OPEN OR COMPLICATED	07/01/2008	$209.41	0.0%	0.0%	N	Referral Required
21810	RIB FX OPEN/CLOSED REQUIRING EXTERNAL FIXATION	07/01/2008	$422.34	0.0%	0.0%	N	Referral Required
21820	STERNUM FX CLOSED	07/01/2008	$107.90	0.0%	0.0%	N	Referral Required
21825	STERNUM FX OPEX	07/01/2008	$474.36	0.0%	0.0%	N	Referral Required
21899	UNLISTED PROC, NECK, THORAX	04/01/2004	$0.00	0.0%	0.0%	Y	Referral Required
21920	BIOPSY SOFT TISSUE BACK/FLANK SUPERFICIAL	07/01/2008	$201.15	0.0%	0.0%	N	Referral Required
21925	BIOPSY SOFT TISSUE BACK/FLANK DEEP	07/01/2008	$339.27	0.0%	0.0%	N	Referral Required
21930	EXCISION TUMOR SOFT TISSUE BACK OR FLANK	07/01/2008	$378.62	0.0%	0.0%	N	Referral Required
21931	3 CM OR GREATER	01/01/2010	$325.36	0.0%	0.0%	N	Referral Required
21932	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL; LESS THAN 5 CM	01/01/2010	$467.06	0.0%	0.0%	N	Referral Required
21933	5 CM OR GREATER	01/01/2010	$515.30	0.0%	0.0%	N	Referral Required
21935	RADICAL RESECTION OF TUMOR, SOFT TISSUE BACK/FIAN	07/01/2008	$965.47	0.0%	0.0%	N	Referral Required
21936	5 CM OR GREATER	01/01/2010	$999.60	0.0%	0.0%	N	Referral Required
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

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22315	CLOSED TREATMENT OF VERTEBRAL FRACTURE	07/01/2008	$694.56	0.0%	0.0%	N	Referral Requirec
22318	OPEN TREATMENT, ODONTOID FRACTURE; WITHOUT GRAFTING	07/01/2008	$1,301.70	0.0%	0.0%	N	Referral Requirec
22319	OPEN TREATMENT, ODONTOID FRACTURE; WITH GRAFTING	07/01/2008	$1,428.94	0.0%	0.0%	N	Referral Requirec
22325	FRACTURE, VERTEBRAL BODY	07/01/2008	$1,136.41	0.0%	0.0%	N	Referral Requirec
22326	VERTEBRAL FRACTURE; CERVICAL EACH	07/01/2008	$1,189.50	0.0%	0.0%	N	Referral Requirec
22327	FRACTURE AND/OR DISLOCATION THORACIC,EACH	07/01/2008	$1,176.60	0.0%	0.0%	N	Referral Requirec
22328	TX/REDUCTION VERTEBRAL FRACTURE;EA ADDITIONAL SEGM-ADD ON	07/01/2008	$239.22	0.0%	0.0%	N	Referral Requirec
22505	SPINAL MANIPULATION	07/01/2008	$103.73	0.0%	0.0%	N	Referral Requirec
22520	PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY UNILATERAL/BILATERAL;THORACIC	07/01/2008	$2,101.13	0.0%	0.0%	N	Referral Requirec
22521	PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY UNILATERAL/BILATERAL; LUMBAR	07/01/2008	$2,004.01	0.0%	0.0%	N	Referral Requirec
22522	PERCUTANEOUS VERTEBROPLASTY, VERTEBRAL UNILATERAL/BILATERAL; EACH ADDITIONAL	07/01/2008	$213.01	0.0%	0.0%	N	Referral Requirec
22523	PERCUTANEOUS VERTEBRAL AUGMENTATION, 1 VERTEBRAL BODY, THORACIC	07/01/2008	$518.14	0.0%	0.0%	N	Referral Requirec
22524	PERCUTANEOUS VERTEBRAL AUGMENTATION, 1 VERTEBRAL BODY, UNIL/BILAT, LUMBAR	07/01/2008	$496.52	0.0%	0.0%	N	Referral Requirec
22525	PERCUTANEOUS VERTEBRAL AUGMENTATION, EA ADD THORACIC/ LUMBAR ADD-ON	07/01/2008	$231.74	0.0%	0.0%	N	Referral Requirec
22532	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCL MINIMAL DISKECTOMY	07/01/2008	$1,426.00	0.0%	0.0%	Y	Referral Requirec
22533	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCL MINIMAL DISKETOMY	07/01/2008	$1,338.94	0.0%	0.0%	Y	Referral Requirec
22534	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCL MINIMAL DISKECTOMY (ADD-ON)	07/01/2008	$313.27	0.0%	0.0%	Y	Referral Requirec
22548	ARTHRODESIS, CLIVUS-C1-C2	07/01/2008	$1,520.73	0.0%	0.0%	Y	Referral Requirec
22554	ARTHRODESIS	07/01/2008	$1,057.07	0.0%	0.0%	Y	Referral Requirec
22556	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE	07/01/2008	$1,366.47	0.0%	0.0%	Y	Referral Requirec
22558	ARTHRODESIS ANTERIOR INTERBODY TECHNIQUE, LUMBAR	07/01/2008	$1,255.20	0.0%	0.0%	Y	Referral Requirec
22585	ARTHRODESIS ANTERIOR OR ANTEROLATERAL EA ADDITION-ADD ON	07/01/2008	$289.98	0.0%	0.0%	Y	Referral Requirec
22590	ARTHRODESIS, POSTERIOR TECHNIQUE, CRANIOCERVICAL	07/01/2008	$1,255.23	0.0%	0.0%	Y	Referral Requirec
22595	ARTHRODESIS POSTERIOR TECHNIQUE	07/01/2008	$1,194.94	0.0%	0.0%	Y	Referral Requirec
22600	ARTHRODESIS, CERVICAL	07/01/2008	$1,021.73	0.0%	0.0%	Y	Referral Requirec
22610	ARTHRODESIS LOCAL BONE ALLOGRAFT	07/01/2008	$1,011.06	0.0%	0.0%	Y	Referral Requirec
22612	ARTHRODESIS	07/01/2008	$1,315.08	0.0%	0.0%	Y	Referral Requirec
22614	ARTHRODESIS, SINGLE LEVEL; EA ADDITIONAL SEGMENT-ADD ON	07/01/2008	$338.61	0.0%	0.0%	Y	Referral Requirec
22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE LUMBAR	07/01/2008	$1,260.80	0.0%	0.0%	Y	Referral Requirec
22632	ARTHRODESIS INTERBODY, SINGLE INTERSPACE;EA ADDITI-ADD ON	07/01/2008	$275.03	0.0%	0.0%	Y	Referral Requirec
22800	SCOLIOSIS CORRECTION	07/01/2008	$1,118.45	0.0%	0.0%	Y	Referral Requirec
22802	SCOLIOSIS CORRECTION	07/01/2008	$1,781.63	0.0%	0.0%	Y	Referral Requirec
22804	ARTHRODESIS,POST,SPINAL DEFORMITY W/W/O CAST; 13 +	07/01/2008	$2,065.76	0.0%	0.0%	Y	Referral Requirec
22808	ARTHRODESIS,ANT,SPINAL DEFORMITY W/W/O CAST;2 OR 3	07/01/2008	$1,516.68	0.0%	0.0%	Y	Referral Requirec
22810	ARTHRODESIS ANTERIOR-SPINAL DEFORMITY W/WO CAST W/	07/01/2008	$1,702.93	0.0%	0.0%	Y	Referral Requirec

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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
22847	ANTERIOR INSTRUMENTATION; 8 OR MORE VERTEBRAL SEGMENTS-(SP)	07/01/2008	$722.98	0.0%	0.0%	Y	Referral Required
22848	PELVIC FIXATION OTHER THAN SACRUM-(SP)	07/01/2008	$314.70	0.0%	0.0%	Y	Referral Required
22849	REINSERTION OF SPINAL FIXATION DEVICE	07/01/2008	$1,079.47	0.0%	0.0%	Y	Referral Required
22850	HARRINGTON ROD REMOVAL	07/01/2008	$589.37	0.0%	0.0%	N	Referral Required
22851	APPLY PROSTHETIC DEVICE VERTEBRAL DEFECT OR INTERSPACE-(SP)	07/01/2008	$351.51	0.0%	0.0%	Y	Referral Required
22852	REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION	07/01/2008	$564.27	0.0%	0.0%	N	Referral Required
22855	REMOVAL OF ANTERIOR INSTRUMENTATION	07/01/2008	$910.69	0.0%	0.0%	N	Referral Required
22856	TOTL DISC ARTHROPLSTY ARTIF DISC INCL DISCECTOMY/ OSTEOPHYTECTOMY	05/01/2009	$1,406.73	0.0%	0.0%	N	Referral Required
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 Required
22864	REMVL TOTL DISC ARTHROPLASTY ARTIFICIAL DISC ANTER APPRCH, 1 INTRSPC;CERV	01/01/2009	$1,582.75	0.0%	0.0%	N	Referral Required
22899	UNLISTED PROCEDURE, SPINE	04/01/2004	$0.00	0.0%	0.0%	Y	Referral Required
22900	EXCISION, TUMOR, ABDOMINL WALL	07/01/2008	$333.29	0.0%	0.0%	N	Referral Required
22901	5 CM OR GREATER	01/01/2010	$460.38	0.0%	0.0%	N	Referral Required
22902	EXCISION, TUMOR, SOFT TISSUE OF ABDOM WALL, SUBCUTANEOUS; LESS THAN 3 CM	01/01/2010	$289.93	0.0%	0.0%	N	Referral Required
22903	3 CM OR GREATER	01/01/2010	$304.82	0.0%	0.0%	N	Referral Required
22904	RADICAL RESECTION OF TUMOR SOFT TISSUE OF ABDOM WALL; LESS THAN 5 CM	01/01/2010	$721.22	0.0%	0.0%	N	Referral Required
22905	5 CM OR GREATER	01/01/2010	$934.87	0.0%	0.0%	N	Referral Required
22999	UNLISTED PROCEDURE, ABDOMEN	01/01/1976	$0.00	0.0%	0.0%	N	Referral Required
23000	REMOVAL SUBDELTOID CALCAREOUS DEPOSTIS OPEN METHOD	07/01/2008	$434.27	0.0%	0.0%	N	Referral Required
23020	CAPSULAR CONTRACTURE RELEASE	07/01/2008	$573.57	0.0%	0.0%	N	Referral Required
23030	DRAINAGE, ABSCESS, SHOULDER	07/01/2008	$354.47	0.0%	0.0%	N	Referral Required
23031	DRAINAGE, BURSA, INFECTED	07/01/2008	$341.20	0.0%	0.0%	N	Referral Required
23035	INCISION, SHOULDER	07/01/2008	$576.73	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
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
23071	3 CM OR GREATE	01/01/2010	$288.88	0.0%	0.0%	N	Referral Requirec
23073	5 CM OR GREATER	01/01/2010	$479.27	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
23078	5 CM OR GREATER	01/01/2010	$972.85	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
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

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
23395	TRANSFER, MUSCLE, SHOULDER	07/01/2008	$1,071.27	0.0%	0.0%	N	Referral Required
23397	TRANSFER, MUSCLE, SHOULDER	07/01/2008	$959.10	0.0%	0.0%	N	Referral Required
23400	SCAPULOPEXY	07/01/2008	$814.89	0.0%	0.0%	N	Referral Required
23405	TENOMYOTOMY, SHOULDER	07/01/2008	$524.42	0.0%	0.0%	N	Referral Required
23406	TENOMYOTOMY, SHOULDER	07/01/2008	$656.01	0.0%	0.0%	N	Referral Required
23410	REPAIR, MUSCULOTENDINOUS CUFF	07/01/2008	$751.78	0.0%	0.0%	N	Referral Required
23412	REPAIR, MUSCULOTENDINOUS CUFF	07/01/2008	$799.84	0.0%	0.0%	N	Referral Required
23415	CORACOACROMIAL LIGAMNT RELEASE	07/01/2008	$614.95	0.0%	0.0%	N	Referral Required
23420	REPAIR, SHOULDER CUFF AVULSION	07/01/2008	$881.92	0.0%	0.0%	N	Referral Required
23430	TENODESIS, BICEPS	07/01/2008	$618.44	0.0%	0.0%	N	Referral Required
23440	RESECTION, LONG TENDON, BICEPS	07/01/2008	$638.81	0.0%	0.0%	N	Referral Required
23450	CAPSULORRHAPHY, SHOULDER JOINT	07/01/2008	$800.84	0.0%	0.0%	N	Referral Required
23455	CAPSULORRHAPHY, SHOULDER JOINT	07/01/2008	$852.46	0.0%	0.0%	N	Referral Required
23460	CAPSULORRHAPHY, SHOULDER JOINT	07/01/2008	$922.81	0.0%	0.0%	N	Referral Required
23462	CAPSULORRHAPHY, SHOULDER JOINT	07/01/2008	$903.80	0.0%	0.0%	N	Referral Required
23465	CAPSULORRHAPHY, SHOULDER JOINT	07/01/2008	$939.71	0.0%	0.0%	N	Referral Required
23466	CAPSULORRHAPHY ANY TYPE MULTIDIRECTIONAL INSTABILI	07/01/2008	$925.11	0.0%	0.0%	N	Referral Required
23470	ARTHROPLASTY, HUMERAL IMPLANT	07/01/2008	$1,025.59	0.0%	0.0%	N	Referral Required
23472	ARTHROPLASTY W/GLENOID AND PROXIMAL HUMERAL REPLAC	07/01/2008	$1,266.71	0.0%	0.0%	N	Referral Required
23480	OSTEOTOMY, CLAVICLE	07/01/2008	$688.54	0.0%	0.0%	N	Referral Required
23485	OSTEOTOMY, CLAVICLE	07/01/2008	$808.88	0.0%	0.0%	N	Referral Required
23490	PROPHYLACTIC TREATMENT; CLAVICLE	07/01/2008	$689.62	0.0%	0.0%	N	Referral Required
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

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
23615	FRACTURE, HUMERAL NECK	07/01/2008	$719.17	0.0%	0.0%	N	Referral Requirec
23616	OPEN TREAT W/PROXIMAL HUMERAL PROSTHETIC REPLACEME	07/01/2008	$1,090.99	0.0%	0.0%	N	Referral Requirec
23620	FRACTURE, HUMERAL NECK	07/01/2008	$207.37	0.0%	0.0%	N	Referral Requirec
23625	FRACTURE, HUMERAL NECK	07/01/2008	$302.92	0.0%	0.0%	N	Referral Requirec
23630	FRACTURE, HUMERAL NECK	07/01/2008	$606.23	0.0%	0.0%	N	Referral Requirec
23650	DISLOCATION, SHOULDER	07/01/2008	$238.89	0.0%	0.0%	N	Referral Requirec
23655	DISLOCATION, SHOULDER	07/01/2008	$307.71	0.0%	0.0%	N	Referral Requirec
23660	DISLOCATION, SHOULDER	07/01/2008	$479.36	0.0%	0.0%	N	Referral Requirec
23665	DISLOCATION, SHOULDER	07/01/2008	$335.69	0.0%	0.0%	N	Referral Requirec
23670	DISLOCATION, SHOULDER	07/01/2008	$678.52	0.0%	0.0%	N	Referral Requirec
23675	DISLOCATION, SHOULDER	07/01/2008	$441.10	0.0%	0.0%	N	Referral Requirec
23680	DISLOCATION, SHOULDER	07/01/2008	$741.82	0.0%	0.0%	N	Referral Requirec
23700	MANIPULATION, SHOULDER	07/01/2008	$161.76	0.0%	0.0%	N	Referral Requirec
23800	FUSION, SHOULDER JOINT	07/01/2008	$855.99	0.0%	0.0%	N	Referral Requirec
23802	FUSION, SHOULDER JOINT	07/01/2008	$1,018.00	0.0%	0.0%	N	Referral Requirec
23900	AMPUTATION, FOREQUARTER	07/01/2008	$1,119.85	0.0%	0.0%	N	Referral Requirec
23920	DISARTICULATION, SHOULDER	07/01/2008	$904.46	0.0%	0.0%	N	Referral Requirec
23921	DISARTICULATION, SHOULDER	07/01/2008	$368.82	0.0%	0.0%	N	Referral Requirec
23929	UNLISTED PROCEDURE, SHOULDER	01/01/1976	$0.00	0.0%	0.0%	N	Referral Requirec
23930	DRAINAGE, ABSCESS, HUMERUS	07/01/2008	$296.10	0.0%	0.0%	N	Referral Requirec
23931	DRAINAGE ABSCESS ELBOW INFECTED BURSA	07/01/2008	$237.38	0.0%	0.0%	N	Referral Requirec
23935	INCISION DEEP OPENING BONE CORTEX	07/01/2008	$414.07	0.0%	0.0%	N	Referral Requirec
24000	ARTHROTOMY, ELBOW	07/01/2008	$388.68	0.0%	0.0%	N	Referral Requirec
24006	ARTHROTOMY ELBOW W/CAPSULAR EXCISION FOR RELEASE	07/01/2008	$590.72	0.0%	0.0%	N	Referral Requirec
24065	BIOPSY SOFT TISSUE UPPER ARM	07/01/2008	$196.48	0.0%	0.0%	N	Referral Requirec
24066	BIOPSY,SOFT TISSUE UPPER ARM/ELBOW AREA; DEEP	07/01/2008	$478.84	0.0%	0.0%	N	Referral Requirec
24071	3 CM OR GREATER	01/01/2010	$280.49	0.0%	0.0%	N	Referral Requirec
24073	5 CM OR GREATER	01/01/2010	$481.81	0.0%	0.0%	N	Referral Requirec
24075	EXCISION,TUMOR,UPPER ARM OR ELBOW AREA,SUBCUTANEOU	07/01/2008	$386.15	0.0%	0.0%	N	Referral Requirec
24076	EXCISION, TUMOR, HUMERUS	07/01/2008	$388.86	0.0%	0.0%	N	Referral Requirec
24077	RADICAL RESECTION OF TUMOR; UPPER ARM/ELBOW AREA	07/01/2008	$677.18	0.0%	0.0%	N	Referral Requirec
24079	5 CM OR GREATER	01/01/2010	$896.89	0.0%	0.0%	N	Referral Requirec
24100	ARTHROTOMY, ELBOW	07/01/2008	$327.19	0.0%	0.0%	N	Referral Requirec
24101	ARTHROTOMY W/JOINT EXPLORE W/WO BX/REMOVE FOREIGN	07/01/2008	$410.36	0.0%	0.0%	N	Referral Requirec
24102	ARTHROTOMY, ELBOW	07/01/2008	$510.32	0.0%	0.0%	N	Referral Requirec
24105	EXCISION, BURSA, OLECRANON	07/01/2008	$275.10	0.0%	0.0%	N	Referral Requirec
24110	EXCISION, CYST, HUMERUS	07/01/2008	$480.13	0.0%	0.0%	N	Referral Requirec
24115	EXCISION, CYST, HUMERUS	07/01/2008	$560.05	0.0%	0.0%	N	Referral Requirec
24116	EXCISION, CYST, HUMERUS	07/01/2008	$724.83	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
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
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

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
24360	ARTHROPLASTY, ELBOW	07/01/2008	$748.26	0.0%	0.0%	N	Referral Requirec
24361	ARTHROPLASTY ELBOW W/DISTAL HUMERAL PROSTHETIC REP	07/01/2008	$843.09	0.0%	0.0%	N	Referral Requirec
24362	ARTHROPLASTY ELBOW W/IMPLANT FASCIA LATA LIG RECON	07/01/2008	$822.17	0.0%	0.0%	N	Referral Requirec
24363	ARTHROPLASTY ELBOW W/IMPLANT FASCIA LATA LIG RECON	07/01/2008	$1,243.32	0.0%	0.0%	N	Referral Requirec
24365	ARTHROPLASTY, RADIAL HEAD	07/01/2008	$531.99	0.0%	0.0%	N	Referral Requirec
24366	ARTHROPLASTY, RADIAL HEAD	07/01/2008	$570.57	0.0%	0.0%	N	Referral Requirec
24400	OSTEOTOMY, HUMERUS	07/01/2008	$684.83	0.0%	0.0%	N	Referral Requirec
24410	OSTEOTOMY, HUMERUS	07/01/2008	$877.04	0.0%	0.0%	N	Referral Requirec
24420	OSTEOPLASTY, HUMERUS	07/01/2008	$815.00	0.0%	0.0%	N	Referral Requirec
24430	REPAIR, MALUNION, HUMERUS	07/01/2008	$864.32	0.0%	0.0%	N	Referral Requirec
24435	REPAIR, MALUNION, HUMERUS	07/01/2008	$883.11	0.0%	0.0%	N	Referral Requirec
24470	HEMI-EPIPHYSEAL ARREST, HUMERS	07/01/2008	$546.95	0.0%	0.0%	N	Referral Requirec
24495	DECOMPRESSION FASCIOTOMY FOREARM W/BRACH ARTERY EX	07/01/2008	$553.79	0.0%	0.0%	N	Referral Requirec
24498	PROPHYLACTIC TREATMENT; HUMEROUS	07/01/2008	$729.93	0.0%	0.0%	N	Referral Requirec
24500	FRACTURE, HUMERAL SHAFT	07/01/2008	$275.12	0.0%	0.0%	N	Referral Requirec
24505	FRACTURE, HUMERAL SHAFT	07/01/2008	$400.44	0.0%	0.0%	N	Referral Requirec
24515	FRACTURE, HUMERAL SHAFT	07/01/2008	$731.03	0.0%	0.0%	N	Referral Requirec
24516	OPEN TREAT HUMERAL SHAFT FX W/INSERT INTRAMEDULLAR	07/01/2008	$723.12	0.0%	0.0%	N	Referral Requirec
24530	FRACTURE, TRANSCONDYLAR	07/01/2008	$296.27	0.0%	0.0%	N	Referral Requirec
24535	FRACTURE, TRANSCONDYLAR	07/01/2008	$500.50	0.0%	0.0%	N	Referral Requirec
24538	FRACTURE, TRANSCONDYLAR	07/01/2008	$619.45	0.0%	0.0%	N	Referral Requirec
24545	FRACTURE, TRANSCONDYLAR	07/01/2008	$749.82	0.0%	0.0%	N	Referral Requirec
24546	CLOSED TREAT HUMERAL CONDYLAR FX WO/MANIPULATION	07/01/2008	$887.15	0.0%	0.0%	N	Referral Requirec
24560	FRACTURE, EPICONDYLAR	07/01/2008	$248.21	0.0%	0.0%	N	Referral Requirec
24565	FRACTURE, EPICONDYLAR	07/01/2008	$416.53	0.0%	0.0%	N	Referral Requirec
24566	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL EPICONDY	07/01/2008	$571.40	0.0%	0.0%	N	Referral Requirec
24575	FRACTURE, EPICONDYLAR	07/01/2008	$611.73	0.0%	0.0%	N	Referral Requirec
24576	FRACTURE, CONDYLAR	07/01/2008	$260.55	0.0%	0.0%	N	Referral Requirec
24577	FRACTURE, CONDYLAR	07/01/2008	$431.53	0.0%	0.0%	N	Referral Requirec
24579	FRACTURE, CONDYLAR	07/01/2008	$693.07	0.0%	0.0%	N	Referral Requirec
24582	PERCUTANEOUS SKELETAL FIXATION HUMERAL CONDYLAR FX	07/01/2008	$648.52	0.0%	0.0%	N	Referral Requirec
24586	OPEN TREAT C/O ELBOW FX W/ELBOW RESECTION	07/01/2008	$917.91	0.0%	0.0%	N	Referral Requirec
24587	OPEN TREAT CLOSED/OPEN ELBOW FX W/IMPLANT	07/01/2008	$912.33	0.0%	0.0%	N	Referral Requirec
24600	DISLOCATION, ELBOW	07/01/2008	$298.58	0.0%	0.0%	N	Referral Requirec
24605	DISLOCATION, ELBOW	07/01/2008	$372.78	0.0%	0.0%	N	Referral Requirec
24615	DISLOCATION, ELBOW	07/01/2008	$596.38	0.0%	0.0%	N	Referral Requirec
24620	FRACTURE-DISLOCATION, ELBOW	07/01/2008	$453.51	0.0%	0.0%	N	Referral Requirec
24635	FRACTURE-DISLOCATION, ELBOW	07/01/2008	$677.44	0.0%	0.0%	N	Referral Requirec
24640	SUBLUXATION, RADIAL HEAD	07/01/2008	$99.42	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
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
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
25071	3 CM OR GREATER	01/01/2010	$293.93	0.0%	0.0%	N	Referral Required
25073	3 CM OR GREATER	01/01/2010	$366.04	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
25078	3 CM OR GREATER	01/01/2010	$782.84	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

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

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

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
25450	EPIPHYSEAL ARREST, FOREARM	07/01/2008	$526.34	0.0%	0.0%	N	Referral Requirec
25455	EPIPHYSEAL ARREST, FOREARM	07/01/2008	$634.96	0.0%	0.0%	N	Referral Requirec
25490	PROPHYLACTIC TREATMENT; RADIUS	07/01/2008	$688.43	0.0%	0.0%	N	Referral Requirec
25491	PROPHYLACTIC TREATMENT; ULNA	07/01/2008	$721.44	0.0%	0.0%	N	Referral Requirec
25492	PROPHYLACTIC TREATMENT; RADIUS AND ULNA	07/01/2008	$855.41	0.0%	0.0%	N	Referral Requirec
25500	TREAT CLOSED RADIAL SHAFT FX WO MANIPULATION	07/01/2008	$205.61	0.0%	0.0%	N	Referral Requirec
25505	FRACTURE, RADIAL SHAFT	07/01/2008	$401.53	0.0%	0.0%	N	Referral Requirec
25515	FRACTURE, RADIAL SHAFT	07/01/2008	$552.67	0.0%	0.0%	N	Referral Requirec
25520	CLOSED TREAT RADIAL SHAFT FX W/DISLOCATION DISTAL	07/01/2008	$443.00	0.0%	0.0%	N	Referral Requirec
25525	OPEN TREAT RADIAL SHAFT FX W/INTERNAL OR EXTERNAL	07/01/2008	$678.90	0.0%	0.0%	N	Referral Requirec
25526	OPEN TREAT RADIAL SHAFT FX OPEN TREAT INTERNAL/EXT	07/01/2008	$846.81	0.0%	0.0%	N	Referral Requirec
25530	FRACTURE, ULNAR SHAFT	07/01/2008	$199.24	0.0%	0.0%	N	Referral Requirec
25535	FRACTURE, ULNAR SHAFT	07/01/2008	$385.33	0.0%	0.0%	N	Referral Requirec
25545	FRACTURE, ULNAR SHAFT	07/01/2008	$521.91	0.0%	0.0%	N	Referral Requirec
25560	FRACTURE, RADIAL & ULNAR SHAFT	07/01/2008	$208.23	0.0%	0.0%	N	Referral Requirec
25565	TREAT CLOSED RADIAL/ULNAR SHAFT FX W/MANIPULATION	07/01/2008	$419.82	0.0%	0.0%	N	Referral Requirec
25574	OPEN TREAT RADIAL/ULNAR SHAFT FX W/INTER-EXTER FIX	07/01/2008	$542.43	0.0%	0.0%	N	Referral Requirec
25575	FRACTURE, RADIAL & ULNAR SHAFT	07/01/2008	$738.94	0.0%	0.0%	N	Referral Requirec
25600	TREAT CLOSED DITAL RADIAL FX WO/MANIPULATION	07/01/2008	$228.05	0.0%	0.0%	N	Referral Requirec
25605	COLLES FRACTURE W MANIPULATION	07/01/2008	$489.64	0.0%	0.0%	N	Referral Requirec
25606	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIAL FRACTURE OR EPIPHYSEAL SEP	07/01/2008	$556.80	0.0%	0.0%	N	Referral Requirec
25607	OPEN TREATMENT/DISTAL RAD EXTRA-ARTICULAR FX/EPIPHYSEAL SEP W/INTERNAL FIXATION	07/01/2008	$579.58	0.0%	0.0%	N	Referral Requirec
25608	OPEN TREATMENT DIST/RAD INTRA-ARTICULAR FX OR EPIPHYSEAL SEP	07/01/2008	$659.39	0.0%	0.0%	N	Referral Requirec
25609	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE; 3 OR MORE FRAGMENTS	07/01/2008	$841.04	0.0%	0.0%	N	Referral Requirec
25622	TRMT CLOSED CARPAL SCAPOID FRACTURE W/O MANIPULATI	07/01/2008	$234.15	0.0%	0.0%	N	Referral Requirec
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

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

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
26100	BIOPSY, SYNOVIAL, HAND JOINTS	07/01/2008	$264.95	0.0%	0.0%	N	Referral Required
26105	BIOPSY, SYNOVIAL, HAND JOINTS	07/01/2008	$269.05	0.0%	0.0%	N	Referral Required
26110	BIOPSY, SYNOVIAL, HAND JOINTS	07/01/2008	$257.47	0.0%	0.0%	N	Referral Required
26111	1.5 CM OR GREATER	01/01/2010	$285.08	0.0%	0.0%	N	Referral Required
26113	1.5 CM OR GREATER	01/01/2010	$375.23	0.0%	0.0%	N	Referral Required
26115	EXCISION OF BENIGN TUMOR	07/01/2008	$525.32	0.0%	0.0%	N	Referral Required
26116	EXCISION OF BENIGN TUMOR, DEEP, SUBFASCIAL, INTRMU	07/01/2008	$392.99	0.0%	0.0%	N	Referral Required
26117	RADICAL RESECTION/TUMOR,SOFT TISSUE HAND OR FINGER	07/01/2008	$534.28	0.0%	0.0%	N	Referral Required
26118	3 CM OR GREATER	01/01/2010	$735.52	0.0%	0.0%	N	Referral Required
26121	FASCIECTOMY PALMAR WITH OR WITHOUT Z PLASTY	07/01/2008	$492.66	0.0%	0.0%	N	Referral Required
26123	FACIECTOMY PARTIAL PALMAR EXCISION W/REALEASE SING	07/01/2008	$668.66	0.0%	0.0%	N	Referral Required
26125	PARTIAL EXCISION RELEASE EACH ADD. DIGIT-ADD ON	07/01/2008	$239.65	0.0%	0.0%	N	Referral Required
26130	SYNOVECTOMY, HAND JOINTS	07/01/2008	$372.69	0.0%	0.0%	N	Referral Required
26135	SYNOVECTOMY, HAND JOINTS	07/01/2008	$454.94	0.0%	0.0%	N	Referral Required
26140	SYNOVECTOMY, FINGER JOINTS	07/01/2008	$413.79	0.0%	0.0%	N	Referral Required
26145	SYNOVECTOMY, TNDN SHEATH, HAND	07/01/2008	$420.03	0.0%	0.0%	N	Referral Required
26160	EXCISN LSN,TNDN SHEATH HAND	07/01/2008	$482.83	0.0%	0.0%	N	Referral Required
26170	EXCISION, TENDON, HAND	07/01/2008	$330.11	0.0%	0.0%	N	Referral Required
26180	EXCISION, TENDON, HAND	07/01/2008	$359.26	0.0%	0.0%	N	Referral Required
26185	SESAMOIDECTOMY, THUMB OR FINGER (SEPARATE PROCEDUR	07/01/2008	$424.09	0.0%	0.0%	N	Referral Required
26200	EXCISION, CYST, METACARPAL	07/01/2008	$368.87	0.0%	0.0%	N	Referral Required
26205	EXCISION, CYST, METACARPAL	07/01/2008	$497.80	0.0%	0.0%	N	Referral Required
26210	EXCISION, CYST, PHALANX, FNGR	07/01/2008	$359.35	0.0%	0.0%	N	Referral Required
26215	EXCISION, CYST, PHALANX, FNGR	07/01/2008	$456.84	0.0%	0.0%	N	Referral Required
26230	EXCISION, PARTIAL, METACARPAL	07/01/2008	$414.45	0.0%	0.0%	N	Referral Required
26235	EXCISION, PARTL, PHALANX, FNGR	07/01/2008	$406.69	0.0%	0.0%	N	Referral Required
26236	EXCISION, PARTL, PHALANX, FNGR	07/01/2008	$360.73	0.0%	0.0%	N	Referral Required
26250	OSTECTOMY, METACARPAL	07/01/2008	$478.41	0.0%	0.0%	N	Referral Required
26260	OSTECTOMY, PHALANX, FINGER	07/01/2008	$451.41	0.0%	0.0%	N	Referral Required
26262	RADICAL RESECTION FOR TUMOR DISTAL PHALANX OF FING	07/01/2008	$376.87	0.0%	0.0%	N	Referral Required
26320	REMOVAL, IMPLANT, HAND	07/01/2008	$281.19	0.0%	0.0%	N	Referral Required
26340	MANIPULATION, FINGER JOINT UNDER ANESTHESIA, EACH JOINT	07/01/2008	$253.55	0.0%	0.0%	N	Referral Required
26350	REPAIR, TENDON, FINGER	07/01/2008	$624.52	0.0%	0.0%	N	Referral Required
26352	REPAIR, TENDON, FINGER	07/01/2008	$705.67	0.0%	0.0%	N	Referral Required
26356	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE PRIMA	07/01/2008	$901.32	0.0%	0.0%	N	Referral Required
26357	FLEXOR TENDON REPAIR/ADVANCEMENT, SINGLE, SECOUND	07/01/2008	$749.29	0.0%	0.0%	N	Referral Required
26358	FLEXOR TENDON REPAIR SECOUNDARY W/FREE GRAFT EA TE	07/01/2008	$796.31	0.0%	0.0%	N	Referral Required
26370	PROFUNDUS TENDN REPR OR ADVANCEMNT W/INTACT SUBLIM	07/01/2008	$672.37	0.0%	0.0%	N	Referral Required
26372	PROFUNDUS TENDON REPAIR SECOUNDARY W/FREE GRAFT	07/01/2008	$776.63	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
26373	PROFUNDUS TENDON REPAIR/ADVANCEMENT W/SUBLIMIS SEC	07/01/2008	$738.86	0.0%	0.0%	N	Referral Required
26390	EXCISION, FLEXOR TENDON, FINGR	07/01/2008	$714.32	0.0%	0.0%	N	Referral Required
26392	GRAFT, TENDON, FINGER	07/01/2008	$843.44	0.0%	0.0%	N	Referral Required
26410	REPAIR, TENDON, DORSUM	07/01/2008	$497.46	0.0%	0.0%	N	Referral Required
26412	REPAIR, TENDON, DORSUM	07/01/2008	$597.48	0.0%	0.0%	N	Referral Required
26415	EXTENSOR TENDON EXCISION IMPLANT PLASTIC TUBE/ROD	07/01/2008	$621.80	0.0%	0.0%	N	Referral Required
26416	REMOVAL TUBE/ROD INSERT OF EXTENSOR TENDON GRAFT	07/01/2008	$726.25	0.0%	0.0%	N	Referral Required
26418	REPAIR, TENDON, DORSUM	07/01/2008	$499.52	0.0%	0.0%	N	Referral Required
26420	REPAIR, TENDON, DORSUM	07/01/2008	$623.63	0.0%	0.0%	N	Referral Required
26426	REPAIR, CENTRAL SLIP	07/01/2008	$531.38	0.0%	0.0%	N	Referral Required
26428	REPAIR, CENTRAL SLIP	07/01/2008	$650.92	0.0%	0.0%	N	Referral Required
26432	MALLET FINGER OPERATION	07/01/2008	$433.14	0.0%	0.0%	N	Referral Required
26433	EXSTENSOR TENDON REPAIR, DISTAL INSERTON (MALLET F	07/01/2008	$465.62	0.0%	0.0%	N	Referral Required
26434	MALLET FINGER OPERATION	07/01/2008	$549.11	0.0%	0.0%	N	Referral Required
26437	EXTENSOR TENDON REALIGNMENT, HAND	07/01/2008	$537.54	0.0%	0.0%	N	Referral Required
26440	TENOLYSIS, PALM	07/01/2008	$550.16	0.0%	0.0%	N	Referral Required
26442	TENOLYSIS, PALM	07/01/2008	$805.07	0.0%	0.0%	N	Referral Required
26445	TENOLYSIS, FINGER	07/01/2008	$515.30	0.0%	0.0%	N	Referral Required
26449	TENOLYSIS, FINGER	07/01/2008	$684.43	0.0%	0.0%	N	Referral Required
26450	TENOTOMY, PALM	07/01/2008	$344.64	0.0%	0.0%	N	Referral Required
26455	TENOTOMY, PALM	07/01/2008	$341.97	0.0%	0.0%	N	Referral Required
26460	TENOTOMY, PALM	07/01/2008	$332.30	0.0%	0.0%	N	Referral Required
26471	TENODESIS, FINGER JOINT	07/01/2008	$528.63	0.0%	0.0%	N	Referral Required
26474	TENODESIS, FINGER JOINT	07/01/2008	$511.97	0.0%	0.0%	N	Referral Required
26476	TENDON LENGTHENING EXTENSOR HAND/FINGER SINGLE EA	07/01/2008	$495.91	0.0%	0.0%	N	Referral Required
26477	TENDON SHORTENING EXTENSOR HAND/FINGER SINGLE EA	07/01/2008	$501.20	0.0%	0.0%	N	Referral Required
26478	TENDON LENGTHENING FLEXOR HAND/FINGER SINGLE EACH	07/01/2008	$540.97	0.0%	0.0%	N	Referral Required
26479	TENDON SHORTENING FLEXOR HAND/FINGER SINGLE EACH	07/01/2008	$534.11	0.0%	0.0%	N	Referral Required
26480	TRANSPLANT, TENDON, HAND	07/01/2008	$658.42	0.0%	0.0%	N	Referral Required
26483	TRANSPLANT, TENDON, HAND	07/01/2008	$733.71	0.0%	0.0%	N	Referral Required
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

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
26568	OSTEOPLASTY TO LENGTHEN METACARPAL OR PHALANX	07/01/2008	$771.43	0.0%	0.0%	N	Referral Required
26580	REPAIR, CLEFT HAND	07/01/2008	$1,087.92	0.0%	0.0%	N	Referral Required
26587	RECONSTRUCTION SUPERNUMERARY DIGIT	07/01/2008	$798.54	0.0%	0.0%	N	Referral Required
26590	REPAIR, MACRODACTLY	07/01/2008	$1,113.83	0.0%	0.0%	N	Referral Required
26591	REPAIR INTRINSIC MUSCLES OF HAND	07/01/2008	$384.22	0.0%	0.0%	N	Referral Required
26593	RELEASE, INTRINSIC MUSCLES OF HAND	07/01/2008	$511.35	0.0%	0.0%	N	Referral Required
26596	EXCISION CONSTRICTING RING OF FINGER;MULT ZPLASTIE	07/01/2008	$601.89	0.0%	0.0%	N	Referral Required
26600	FRACTURE, METACARPAL	07/01/2008	$213.19	0.0%	0.0%	N	Referral Required
26605	FRACTURE, METACARPAL	07/01/2008	$251.35	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
26607	TREATMENT CLOSED METACARPAL FRACTURE & MANIP & FIX	07/01/2008	$384.03	0.0%	0.0%	N	Referral Required
26608	PERCUTANEOUS SKELETAL FIXATION METACARPAL FX EA BO	07/01/2008	$390.32	0.0%	0.0%	N	Referral Required
26615	FRACTURE, METACARPAL	07/01/2008	$436.79	0.0%	0.0%	N	Referral Required
26641	TREATMENT OF CARPOMETACARPAL DISLOCATION W/MANIPUL	07/01/2008	$285.34	0.0%	0.0%	N	Referral Required
26645	FCTRE/DISLOC, CARPOMETACARPAL	07/01/2008	$325.97	0.0%	0.0%	N	Referral Required
26650	FCTRE/DISLOC, CARPOMETACARPAL	07/01/2008	$385.14	0.0%	0.0%	N	Referral Required
26665	FCTRE/DISLOC, CARPOMETACARPAL	07/01/2008	$493.90	0.0%	0.0%	N	Referral Required
26670	FCTRE/DISLOC, CARPOMETACARPAL	07/01/2008	$264.19	0.0%	0.0%	N	Referral Required
26675	FCTRE/DISLOC, CARPOMETACARPAL	07/01/2008	$351.89	0.0%	0.0%	N	Referral Required
26676	TREAT CLOSED CARPOMETACARPAL DISLOC W/PURCUTANEOUS	07/01/2008	$409.62	0.0%	0.0%	N	Referral Required
26685	FCTRE/DISLOC, CARPOMETACARPAL	07/01/2008	$454.51	0.0%	0.0%	N	Referral Required
26686	OPEN TREAT OF C/O CARPOMETACARPAL DISLOC COMPLEX M	07/01/2008	$510.57	0.0%	0.0%	N	Referral Required
26700	DISLOC, METACARPO-PHALANGEAL	07/01/2008	$249.75	0.0%	0.0%	N	Referral Required
26705	DISLOC, METACARPO-PHALANGEAL	07/01/2008	$323.55	0.0%	0.0%	N	Referral Required
26706	TREAT CLOSED METACARPOPHALANGEAL DISLOC, W/PINNING	07/01/2008	$352.97	0.0%	0.0%	N	Referral Required
26715	DISLOC, METACARPO-PHALANGEAL	07/01/2008	$439.93	0.0%	0.0%	N	Referral Required
26720	FRACTURE, PHALANX, FINGER	07/01/2008	$151.12	0.0%	0.0%	N	Referral Required
26725	FRACTURE, PHALANX, FINGER	07/01/2008	$271.78	0.0%	0.0%	N	Referral Required
26727	TRTMT OF UNSTABLE PHALANGEAL SHAFT FRACTURE, EACH	07/01/2008	$384.37	0.0%	0.0%	N	Referral Required
26735	FRACTURE, PHALANX, FINGER	07/01/2008	$456.31	0.0%	0.0%	N	Referral Required
26740	TREAT OF CLOSED ARTICULAR FX INVOLVING METACARPOPH	07/01/2008	$174.98	0.0%	0.0%	N	Referral Required
26742	TREATMENT CLOSED ARTICULAR FRACTURE	07/01/2008	$296.16	0.0%	0.0%	N	Referral Required
26746	OPEN TX/ARTICULAR FX,METACARPAL-PHALANGEAL OR IP J	07/01/2008	$551.65	0.0%	0.0%	N	Referral Required
26750	FRACTURE, PHALANX, FINGER	07/01/2008	$141.54	0.0%	0.0%	N	Referral Required
26755	FRACTURE, PHALANX, FINGER	07/01/2008	$249.63	0.0%	0.0%	N	Referral Required
26756	OPEN TREAT CLOSED/OPEN DISTAL PHALANGEAL FX EACH	07/01/2008	$339.70	0.0%	0.0%	N	Referral Required
26765	FRACTURE, PHALANX, FINGER	07/01/2008	$368.25	0.0%	0.0%	N	Referral Required
26770	DISLC, INTPHALANGEAL JNT, FGR	07/01/2008	$214.07	0.0%	0.0%	N	Referral Required
26775	TREATMT CLOSED INTERPHALANGEAL JT DISLOC W/ANESTHE	07/01/2008	$300.93	0.0%	0.0%	N	Referral Required
26776	WITH PERCUTANEOUS PINNING	07/01/2008	$361.56	0.0%	0.0%	N	Referral Required
26785	DISLC, INTPHALANGEAL JNT, FGR	07/01/2008	$400.73	0.0%	0.0%	N	Referral Required
26806	ARTHROSCOPY SHOULDER, SURGICAL; CAPSULORRHAPHY	07/01/2008	$896.78	0.0%	0.0%	N	Referral Required
26820	FUSION IN OPPOSITION, THUMB	07/01/2008	$674.99	0.0%	0.0%	N	Referral Required
26841	ARTHRODESIS, CARPOMTCRPL JNT	07/01/2008	$631.33	0.0%	0.0%	N	Referral Required
26842	ARTHRODESIS, CARPOMTCRPL JNT	07/01/2008	$679.52	0.0%	0.0%	N	Referral Required
26843	ARTHRODESIS, CARPOMTCRPL JNT	07/01/2008	$627.98	0.0%	0.0%	N	Referral Required
26844	ARTHRODESIS, CARPOMTCRPL JNT	07/01/2008	$698.42	0.0%	0.0%	N	Referral Required
26850	ARTHRODESIS, METCRPOPHALNGL JT	07/01/2008	$597.59	0.0%	0.0%	N	Referral Required
26852	ARTHRODESIS, METCRPOPHALNGL JT	07/01/2008	$678.84	0.0%	0.0%	N	Referral Required

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26860	ARTHRODESIS, ITRPHLNGL JT, FGR	07/01/2008	$486.11	0.0%	0.0%	N	Referral Required
26861	ARTHRODESIS INTERPHALANGEAL JNT W/WO INT FIX EA AD-ADD ON	07/01/2008	$90.77	0.0%	0.0%	N	Referral Required
26862	ARTHRODESIS, ITRPHLNGL JT, FGR	07/01/2008	$621.08	0.0%	0.0%	N	Referral Required
26863	ARTHRODESIS W/AUTOGRAFT, EACH ADDITIONAL JOINT-ADD ON	07/01/2008	$203.03	0.0%	0.0%	N	Referral Required
26910	AMPUTATION, METACARPAL	07/01/2008	$604.48	0.0%	0.0%	N	Referral Required
26951	AMPUTATION, FINGER/THUMB	07/01/2008	$519.29	0.0%	0.0%	N	Referral Required
26952	AMPUTATION, FINGER/THUMB	07/01/2008	$558.40	0.0%	0.0%	N	Referral Required
26989	DERMODESIS	01/01/1976	$0.00	0.0%	0.0%	N	Referral Required
26990	DRAINAGE, ABSCESS, PELVIS	07/01/2008	$509.91	0.0%	0.0%	N	Referral Required
26991	DRAINAGE, BURSA, HIP JOINT	07/01/2008	$584.96	0.0%	0.0%	N	Referral Required
26992	INCISION, PELVIS	07/01/2008	$803.23	0.0%	0.0%	N	Referral Required
27000	TENOTOMY,ADDUCTOR	07/01/2008	$371.82	0.0%	0.0%	N	Referral Required
27001	TENOTOMY ABDUCTOR SUBCUTAN,OPEN	07/01/2008	$448.98	0.0%	0.0%	N	Referral Required
27003	TENOTOMY, ADDUCTOR, SUBCUTANEOUS, OPEN	07/01/2008	$483.41	0.0%	0.0%	N	Referral Required
27005	TENOTOMY, ILIOPSOAS	07/01/2008	$605.52	0.0%	0.0%	N	Referral Required
27006	TENOTOMY, ABDUCTORS	07/01/2008	$613.43	0.0%	0.0%	N	Referral Required
27025	OBER-YOUNG FASCIOTOMY-SPICA-PINS-WEDGINA	07/01/2008	$739.49	0.0%	0.0%	N	Referral Required
27027	DECOMP FASCIOTOMY(IES), PELVIC (BUTTOCK) COMPARTMENT(S) (EG,GLUTEUS MIN/ MAX	01/01/2009	$743.56	0.0%	0.0%	N	Referral Required
27030	ARTHROTOMY, HIP	07/01/2008	$792.17	0.0%	0.0%	N	Referral Required
27033	ARTHROTOMY, HIP	07/01/2008	$819.22	0.0%	0.0%	N	Referral Required
27035	DENERVATION, HIP JOINT	07/01/2008	$948.55	0.0%	0.0%	N	Referral Required
27036	CAPSULECTOMY/OTOMY HIP, W/WO EXCISION OF BONE, W/R	07/01/2008	$834.89	0.0%	0.0%	N	Referral Required
27040	BIOPSY, SOFT TISSUE OF PELVIS/HIP AREA;SUPERFICIAL	07/01/2008	$276.04	0.0%	0.0%	N	Referral Required
27041	BIOPSY, SOFT TISSUES, DEEP	07/01/2008	$570.06	0.0%	0.0%	N	Referral Required
27043	3 CM OR GREATER	01/01/2010	$324.86	0.0%	0.0%	N	Referral Required
27045	5 CM OR GREATER	01/01/2010	$516.82	0.0%	0.0%	N	Referral Required
27047	EXCISION OF TUMOR PELVIS, HIP AREA SUBQ	07/01/2008	$507.25	0.0%	0.0%	N	Referral Required
27048	EXCISION, TUMOR, HIP	07/01/2008	$390.29	0.0%	0.0%	N	Referral Required
27049	RADICAL RESECTION TUMOR,SOFT TISSUE PELVIS/HIP	07/01/2008	$825.99	0.0%	0.0%	N	Referral Required
27050	BIOPSY, SACROILIAC JOINT	07/01/2008	$291.32	0.0%	0.0%	N	Referral Required
27052	BIOPSY, HIP JOINT	07/01/2008	$456.84	0.0%	0.0%	N	Referral Required
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
27059	5 CM OR GREATER	01/01/2010	$1,270.21	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

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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
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

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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
27254	DISLOCATION, HIP	07/01/2008	$1,067.63	0.0%	0.0%	N	Referral Required
27256	DISLOCATION, HIP	07/01/2008	$251.97	0.0%	0.0%	N	Referral Required
27257	DISLOCATION, HIP	07/01/2008	$281.95	0.0%	0.0%	N	Referral Required
27258	DISLOCATION, HIP	07/01/2008	$927.90	0.0%	0.0%	N	Referral Required
27259	OPEN TREAT CONGENITAL HIP W/FEMORAL SHAFT SHORTENI	07/01/2008	$1,292.57	0.0%	0.0%	N	Referral Required
27265	TREATMENT ATRAUMATIC HIP DISLOCATION W/O ANETHESIA	07/01/2008	$329.57	0.0%	0.0%	N	Referral Required

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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
27335	ARTHROTOMY, KNEE	07/01/2008	$637.20	0.0%	0.0%	N	Referral Requirec
27337	3 CM OR GREATER	01/01/2010	$289.63	0.0%	0.0%	N	Referral Requirec
27339	5 CM OR GREATER	01/01/2010	$522.08	0.0%	0.0%	N	Referral Requirec
27340	EXCISION, BURSA, PREPATELLAR	07/01/2008	$298.86	0.0%	0.0%	N	Referral Requirec
27345	EXCISION, CYST, POPLITEAL	07/01/2008	$395.26	0.0%	0.0%	N	Referral Requirec
27347	EXCISION OF LESION OF MENISCUS OR CAPSULE, KNEE	07/01/2008	$417.35	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
27350	PATELLECTOMY	07/01/2008	$538.47	0.0%	0.0%	N	Referral Requirec
27355	EXCISION, CYST, FEMUR	07/01/2008	$499.70	0.0%	0.0%	N	Referral Requirec
27356	EXCISION BONE CYST BENIGN TUMOR FEMUR W/ALLOGRAFT	07/01/2008	$610.72	0.0%	0.0%	N	Referral Requirec
27357	EXCISION, CYST, FEMUR	07/01/2008	$676.69	0.0%	0.0%	N	Referral Requirec
27358	EXCISION/CURETTAGE BONE CYST/BENIGN TUMOR OF FEMUR-ADD ON	07/01/2008	$246.84	0.0%	0.0%	N	Referral Requirec
27360	EXCISION, PARTIAL, FEMUR	07/01/2008	$709.47	0.0%	0.0%	N	Referral Requirec
27364	5 CM OR GREATER	01/01/2010	$1,091.99	0.0%	0.0%	N	Referral Requirec
27365	RESECTION, FEMUR	07/01/2008	$1,023.39	0.0%	0.0%	N	Referral Requirec
27370	ARTHROGRAPHY, KNEE, INJECTION	07/01/2008	$146.00	0.0%	0.0%	N	Referral Requirec
27372	REMOVAL FB DEEP THIGH/KNEE	07/01/2008	$494.05	0.0%	0.0%	N	Referral Requirec
27380	SUTURE, TENDON, INFRAPATELLAR	07/01/2008	$492.20	0.0%	0.0%	N	Referral Requirec
27381	SUTURE INFRAPATELLAR TENDON SECOUNDARY INC TENDON	07/01/2008	$669.08	0.0%	0.0%	N	Referral Requirec
27385	SUTURE, MUSCLE, QUADRICEPS	07/01/2008	$526.58	0.0%	0.0%	N	Referral Requirec
27386	SUTURE, MUSCLE, QUADRICEPS	07/01/2008	$695.04	0.0%	0.0%	N	Referral Requirec
27390	TENOTOMY, HAMSTRING	07/01/2008	$359.77	0.0%	0.0%	N	Referral Requirec
27391	TENOTOMY, HAMSTRING	07/01/2008	$473.18	0.0%	0.0%	N	Referral Requirec
27392	TENOTOMY, HAMSTRING,KNEE-HIP,MULTIPLE, BILATERAL	07/01/2008	$586.57	0.0%	0.0%	N	Referral Requirec
27393	LENGTHENING, TENDON, HAMSTRING	07/01/2008	$418.97	0.0%	0.0%	N	Referral Requirec
27394	LENGTHENING, TENDON, HAMSTRING	07/01/2008	$542.19	0.0%	0.0%	N	Referral Requirec
27395	LENGTHENING OF HAMSTRING TENDON MULT. BILATERAL	07/01/2008	$732.98	0.0%	0.0%	N	Referral Requirec
27396	TRANSPLANT, TENDON, HAMSTRING	07/01/2008	$509.37	0.0%	0.0%	N	Referral Requirec
27397	TRANSPLANT, TENDON, HAMSTRING	07/01/2008	$742.93	0.0%	0.0%	N	Referral Requirec
27400	TRANSFER, MUSCLE, HAMSTRING	07/01/2008	$563.38	0.0%	0.0%	N	Referral Requirec
27403	ARTHROTOMY W/OPEN MENISCUS REPAIR	07/01/2008	$533.23	0.0%	0.0%	N	Referral Requirec
27405	REPAIR, LIGAMENT, KNEE	07/01/2008	$560.81	0.0%	0.0%	N	Referral Requirec
27407	REPAIR, LIGAMENT, KNEE	07/01/2008	$646.15	0.0%	0.0%	N	Referral Requirec
27409	REPAIR, LIGAMENT, KNEE	07/01/2008	$801.94	0.0%	0.0%	N	Referral Requirec
27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	05/01/2009	$1,152.93	0.0%	0.0%	N	Referral Requirec
27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OPEN (INCL HARVESTING OF AUTOGRAFT[S])	05/01/2009	$793.72	0.0%	0.0%	N	Referral Requirec
27418	ANTERIOR TIBIAL TUBERCLEPLASTY-CRONDROMALICIA PAT	07/01/2008	$695.21	0.0%	0.0%	N	Referral Requirec
27420	RECONSTRUCTION, PATELLA	07/01/2008	$623.44	0.0%	0.0%	N	Referral Requirec
27422	RECONSTRUCTION, PATELLA	07/01/2008	$621.39	0.0%	0.0%	N	Referral Requirec
27424	RECONSTRUCTION, PATELLA	07/01/2008	$622.15	0.0%	0.0%	N	Referral Requirec
27425	LATERAL RETINACULAR RELEASE (ANY METHOD)	07/01/2008	$365.07	0.0%	0.0%	N	Referral Requirec
27427	LIGAMENT RECONSTRUCTION KNEE EXTRA ARTICULAR	07/01/2008	$597.43	0.0%	0.0%	N	Referral Requirec
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

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
27435	CAPSULOTOMY, KNEE	07/01/2008	$658.64	0.0%	0.0%	N	Referral Required
27437	ARTHROPLASTY PATELLA	07/01/2008	$548.52	0.0%	0.0%	N	Referral Required
27438	ARTHROPLASTY PATELLA W/PROSTHESIS	07/01/2008	$699.49	0.0%	0.0%	N	Referral Required
27440	ARTHROPLASTY, KNEE, TIBIAL PLATEAU	07/01/2008	$619.45	0.0%	0.0%	N	Referral Required
27441	ARTHROPLASTY W/DEBRIDEMENT AND PARTIAL SYNOVECTOMY	07/01/2008	$654.03	0.0%	0.0%	N	Referral Required
27442	ARTHROPLASTY, KNEE, FEMORAL CONDYLES OR TIBIAL PLA	07/01/2008	$727.21	0.0%	0.0%	N	Referral Required
27443	ARTHROPLASTY W/DEBRIDEMENT & PARTIAL SYNOVECTOMY	07/01/2008	$683.21	0.0%	0.0%	N	Referral Required
27445	ARTHROPLASTY KNEE CONSTRAINED PROSTHESIS	07/01/2008	$1,060.06	0.0%	0.0%	Y	Referral Required
27446	ARTHROPLASTY KNEE CONDYLE/PLATEAU MEDIAL/LATERAL C	07/01/2008	$941.90	0.0%	0.0%	Y	Referral Required
27447	TOTAL KNEE REPLACEMENT	07/01/2008	$1,298.57	0.0%	0.0%	Y	Referral Required
27448	OSTEOTOMY, FEMUR	07/01/2008	$687.77	0.0%	0.0%	N	Referral Required
27450	OSTEOTOMY, FEMUR	07/01/2008	$855.47	0.0%	0.0%	N	Referral Required
27454	OSTEOTOMY, FEMUR	07/01/2008	$1,083.35	0.0%	0.0%	N	Referral Required
27455	OSTEOTOMY, PROXIMAL TIBIA	07/01/2008	$790.56	0.0%	0.0%	N	Referral Required
27457	OSTEOTOMY, PROXIMAL TIBIA	07/01/2008	$814.65	0.0%	0.0%	N	Referral Required
27465	OSTEOPLASTY, FEMORAL	07/01/2008	$1,008.08	0.0%	0.0%	N	Referral Required
27466	OSTEOPLASTY, FEMORAL	07/01/2008	$992.63	0.0%	0.0%	N	Referral Required
27468	OSTEOPLASTY, FEMORAL	07/01/2008	$1,120.35	0.0%	0.0%	N	Referral Required
27470	REPAIR, MALUNION, FEMUR	07/01/2008	$988.68	0.0%	0.0%	N	Referral Required
27472	REPAIR, MALUNION, FEMUR	07/01/2008	$1,070.74	0.0%	0.0%	N	Referral Required
27475	EPIPHYSEAL ARREST, FEMUR	07/01/2008	$545.71	0.0%	0.0%	N	Referral Required
27477	EPIPHYSEAL ARST, TIBIA & FIBLA	07/01/2008	$608.67	0.0%	0.0%	N	Referral Required
27479	EPIPHYSEAL ARREST, KNEE	07/01/2008	$798.99	0.0%	0.0%	N	Referral Required
27485	HEMI-EPIPHYSEAL ARREST, LEG	07/01/2008	$558.76	0.0%	0.0%	N	Referral Required
27486	RIVISION TOTAL KNEE ARTHROPLASTY	07/01/2008	$1,185.13	0.0%	0.0%	Y	Referral Required
27487	REVISION TOTAL KNEE W/WO ALLOGRAFT ALL COMPONENTS	07/01/2008	$1,495.92	0.0%	0.0%	Y	Referral Required
27488	REMOVAL KNEE PROSTHESIS INCL TOTAL KNEE	07/01/2008	$1,002.20	0.0%	0.0%	N	Referral Required
27495	PROPHYLACTIC TREATMENT W OR W/O METHYL METHACRYLAT	07/01/2008	$952.43	0.0%	0.0%	N	Referral Required
27496	DECOMPRESSION FASCIOTOMY THIGH/KNEE ONE COMPARTMEN	07/01/2008	$418.54	0.0%	0.0%	N	Referral Required
27497	DECOMPRESS FASCIOTOMY THIGH W/DEBRIDEMENT NONVIABL	07/01/2008	$453.96	0.0%	0.0%	N	Referral Required
27498	DECOMPRESSION FASCIOTOMY HIGH MULIT COMPARTMENTS	07/01/2008	$495.87	0.0%	0.0%	N	Referral Required
27499	DECOMPRESS FASCIOTOMY THIGH W/DEBRIDE NONVIABLE NE	07/01/2008	$553.84	0.0%	0.0%	N	Referral Required
27500	FRACTURE, FEMUR	07/01/2008	$419.60	0.0%	0.0%	N	Referral Required
27501	CLOSED TREAT SUPRACONDYLAR FEMORAL FX WO/MANIPULAT	07/01/2008	$412.31	0.0%	0.0%	N	Referral Required
27502	FRACTURE, FEMUR	07/01/2008	$661.05	0.0%	0.0%	N	Referral Required
27503	CLOSED TREAT SUPRACONDYLAR FEMORAL FX W/WO INTERCO	07/01/2008	$667.06	0.0%	0.0%	N	Referral Required
27506	FRACTURE, FEMUR	07/01/2008	$1,112.22	0.0%	0.0%	N	Referral Required
27507	OPEN TREAT FEMORAL SHAFT FX W/PLATE SCREWS W/WO CE	07/01/2008	$828.78	0.0%	0.0%	N	Referral Required
27508	FRACTURE, FEMUR	07/01/2008	$425.09	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
27509	PERCUTANEOUS SKELETAL FIXATION SUPRACONDYLAR FEMOR	07/01/2008	$536.30	0.0%	0.0%	N	Referral Required
27510	FRACTURE, FEMUR	07/01/2008	$580.51	0.0%	0.0%	N	Referral Required
27511	OPEN TREAT FEMORAL SUPRACONDYLAR/TRANSCONDYLAR FX	07/01/2008	$869.61	0.0%	0.0%	N	Referral Required
27513	OPEN TREAT FEMORAL SUPRACONDYLAR FX W/INT FIXATION	07/01/2008	$1,094.98	0.0%	0.0%	N	Referral Required
27514	FRACTURE, FEMUR	07/01/2008	$896.50	0.0%	0.0%	N	Referral Required
27516	FRACTURE, FEMUR	07/01/2008	$399.76	0.0%	0.0%	N	Referral Required
27517	FRACTURE, FEMUR	07/01/2008	$556.05	0.0%	0.0%	N	Referral Required
27519	FRACTURE, FEMUR	07/01/2008	$804.90	0.0%	0.0%	N	Referral Required
27520	FRACTURE, PATELLA	07/01/2008	$251.35	0.0%	0.0%	N	Referral Required
27524	FRACTURE, PATELLA	07/01/2008	$630.49	0.0%	0.0%	N	Referral Required
27530	CLOSED FRACTURE, TIBIA W/O MANIPULATION	07/01/2008	$314.84	0.0%	0.0%	N	Referral Required
27532	FRACTURE, TIBIA	07/01/2008	$502.63	0.0%	0.0%	N	Referral Required
27535	OPEN TREAT TIBIAL FX PROXIMAL UNICONDYLAR	07/01/2008	$776.45	0.0%	0.0%	N	Referral Required
27536	FRACTURE, TIBIA	07/01/2008	$992.82	0.0%	0.0%	N	Referral Required
27538	FRACTURE, TIBIA	07/01/2008	$376.57	0.0%	0.0%	N	Referral Required
27540	FRACTURE, TIBIA	07/01/2008	$699.74	0.0%	0.0%	N	Referral Required
27550	DISLOCATION, KNEE	07/01/2008	$397.75	0.0%	0.0%	N	Referral Required
27552	DISLOCATION, KNEE	07/01/2008	$513.09	0.0%	0.0%	N	Referral Required
27556	DISLOCATION, KNEE	07/01/2008	$794.57	0.0%	0.0%	N	Referral Required
27557	OPEN TREAT KNEE DISLOC W/PRIMARY LIGAMENTOUS REPAI	07/01/2008	$945.40	0.0%	0.0%	N	Referral Required
27558	O TREAT KNEE DISLOC W/PRIME LIGAMENT REPAIR W/AUGM	07/01/2008	$1,043.58	0.0%	0.0%	N	Referral Required
27560	TREAT CLOSED PATELLAR DISLOCATION WO/ANESTHESIA	07/01/2008	$289.35	0.0%	0.0%	N	Referral Required
27562	DISLOCATION, PATELLA	07/01/2008	$370.91	0.0%	0.0%	N	Referral Required
27566	DISLOCATION, PATELLA	07/01/2008	$750.21	0.0%	0.0%	N	Referral Required
27570	MANIPULATION, KNEE JOINT	07/01/2008	$121.47	0.0%	0.0%	N	Referral Required
27580	FUSION, KNEE	07/01/2008	$1,215.58	0.0%	0.0%	N	Referral Required
27590	AMPUTATION, THIGH	07/01/2008	$693.09	0.0%	0.0%	N	Referral Required
27591	AMPUTATION THIGH IMM FITTING TECHNIQUE INC 1ST CAS	07/01/2008	$769.09	0.0%	0.0%	N	Referral Required
27592	AMPUTATION, THIGH	07/01/2008	$585.57	0.0%	0.0%	N	Referral Required
27594	AMPUTATION, THIGH	07/01/2008	$424.91	0.0%	0.0%	N	Referral Required
27596	AMPUTATION, THIGH	07/01/2008	$617.44	0.0%	0.0%	N	Referral Required
27598	DISARTICULATION, KNEE	07/01/2008	$623.69	0.0%	0.0%	N	Referral Required
27599	UNLISTED PROCEDURE, FEMUR OR KNEE	01/01/1982	$0.00	0.0%	0.0%	N	Referral Required
27600	DECOMPRESSION FASCIOTOMY LEG	07/01/2008	$354.37	0.0%	0.0%	N	Referral Required
27601	DECOMPRESSION FASCIOTOMY,LEG; POSTERIOR COMP. ONLY	07/01/2008	$364.90	0.0%	0.0%	N	Referral Required
27602	FASCIOTOMY, LEG	07/01/2008	$436.70	0.0%	0.0%	N	Referral Required
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

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27606	TENOTOMY, ACHILLES TENDON	07/01/2008	$251.92	0.0%	0.0%	N	Referral Requirec
27607	INCISION DEEP W/OPENING BONE CORTEX LEG/ANKLE	07/01/2008	$508.40	0.0%	0.0%	N	Referral Requirec
27610	ARTHROTOMY, ANKLE	07/01/2008	$547.56	0.0%	0.0%	N	Referral Requirec
27612	ARTHROTOMY, ANKLE	07/01/2008	$478.21	0.0%	0.0%	N	Referral Requirec
27613	BIOPSY,SOFT TISSUE OF LEG/ANKLE AREA, SUPERFICIAL	07/01/2008	$196.43	0.0%	0.0%	N	Referral Requirec
27614	BX SOFT TISSUES, DEEP	07/01/2008	$454.99	0.0%	0.0%	N	Referral Requirec
27615	RADICAL RECESTION OF TUMOR,SOFT TISSUE LEG/ANKLE	07/01/2008	$747.11	0.0%	0.0%	N	Referral Requirec
27616	5 CM OR GREATER	01/01/2010	$891.29	0.0%	0.0%	N	Referral Requirec
27618	EXCISION, BENIGN TUMOR, SUBCUTANEOUS	07/01/2008	$394.10	0.0%	0.0%	N	Referral Requirec
27619	EXCISION, TUMOR, LEG OR ANKLE AREA; SUBCUTANEOUS	07/01/2008	$633.57	0.0%	0.0%	N	Referral Requirec
27620	ARTHROTOMY, ANKLE	07/01/2008	$388.58	0.0%	0.0%	N	Referral Requirec
27625	ARTHROTOMY, ANKLE	07/01/2008	$504.59	0.0%	0.0%	N	Referral Requirec
27626	ARTHROTOMY, INCLUDING TENOSYNOVECTOMY	07/01/2008	$541.32	0.0%	0.0%	N	Referral Requirec
27630	EXCISION, LESION, LEG	07/01/2008	$435.96	0.0%	0.0%	N	Referral Requirec
27632	3 CM OR GREATER	01/01/2010	$286.70	0.0%	0.0%	N	Referral Requirec
27634	5 CM OR GREATER	01/01/2010	$468.65	0.0%	0.0%	N	Referral Requirec
27635	EXCISION, CYST, TIBIA/FIBULA	07/01/2008	$496.94	0.0%	0.0%	N	Referral Requirec
27637	EXCISION, CYST, TIBIA/FIBULA	07/01/2008	$626.44	0.0%	0.0%	N	Referral Requirec
27638	EXCISION/CURETTAGE BONE CYST/BENIGN TUMOR W/GRAFT	07/01/2008	$655.63	0.0%	0.0%	N	Referral Requirec
27640	EXCISION, PARTIAL, TIBIA	07/01/2008	$738.61	0.0%	0.0%	N	Referral Requirec
27641	EXCISION, PARTIAL, FIBULA	07/01/2008	$595.10	0.0%	0.0%	N	Referral Requirec
27645	RESECTION, TIBIA	07/01/2008	$888.97	0.0%	0.0%	N	Referral Requirec
27646	RESECTION, FIBULA	07/01/2008	$793.80	0.0%	0.0%	N	Referral Requirec
27647	RESECTION, ASTRAGALUS	07/01/2008	$700.88	0.0%	0.0%	N	Referral Requirec
27648	ARTHROGRAPHY, ANKLE, INJ PCDRE	07/01/2008	$140.66	0.0%	0.0%	N	Referral Requirec
27650	REPAIR, ACHILLES TENDON	07/01/2008	$591.75	0.0%	0.0%	N	Referral Requirec
27652	REPAIR RUPTURED ACHILLES TENDON; WITH GRAFT	07/01/2008	$631.19	0.0%	0.0%	N	Referral Requirec
27654	REPAIR, ACHILLES TENDON	07/01/2008	$595.50	0.0%	0.0%	N	Referral Requirec
27656	REPAIR, FASCIAL DEFECT, LEG	07/01/2008	$443.41	0.0%	0.0%	N	Referral Requirec
27658	REPAIR, TENDON, LEG	07/01/2008	$324.57	0.0%	0.0%	N	Referral Requirec
27659	REPAIR, TENDON, LEG	07/01/2008	$427.53	0.0%	0.0%	N	Referral Requirec
27664	REPAIR OF EXTENSOR TENDON OF LEG PRIM W/O GRAFT EA	07/01/2008	$311.05	0.0%	0.0%	N	Referral Requirec
27665	SECONDARY WITH OR W/O GRAFT, SINGLE TENDON, EACH	07/01/2008	$355.29	0.0%	0.0%	N	Referral Requirec
27675	REPAIR DISLOCATING PERONAL TENDON W/OUT FIB OSTE	07/01/2008	$437.96	0.0%	0.0%	N	Referral Requirec
27676	REPAIR, TENDON, LEG	07/01/2008	$522.98	0.0%	0.0%	N	Referral Requirec
27680	TENOLYSIS, LEG	07/01/2008	$366.76	0.0%	0.0%	N	Referral Requirec
27681	TENOLYSIS, LEG	07/01/2008	$438.45	0.0%	0.0%	N	Referral Requirec
27685	LENGTHEN/SHORTEN TENDON, LEG OR ANKLE; SINGLE	07/01/2008	$507.24	0.0%	0.0%	N	Referral Requirec
27686	LENGTHEN/SHORTEN TENDON, LEG	07/01/2008	$476.45	0.0%	0.0%	N	Referral Requirec

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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
28039	1.5 CM OR GREATER	01/01/2010	$331.22	0.0%	0.0%	N	Referral Required
28041	1.5 CM OR GREATER	01/01/2010	$315.00	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
28047	3 CM OR GREATER	01/01/2010	$670.75	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

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

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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
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

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

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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
28666	PERCUTANEOUS SKELETAL FIXATION INTERPHALANGEAL JOI	07/01/2008	$171.05	0.0%	0.0%	N	Referral Requirec
28675	DISLOC, INTERPHLNGL JNT, TOE	07/01/2008	$448.34	0.0%	0.0%	N	Referral Requirec
28705	ARTHRODESIS, PANTALAR	07/01/2008	$1,119.10	0.0%	0.0%	N	Referral Requirec
28715	TRIPLE ARTHRODESIS	07/01/2008	$828.55	0.0%	0.0%	N	Referral Requirec
28725	ARTHRODESIS, SUBTALAR	07/01/2008	$688.28	0.0%	0.0%	N	Referral Requirec
28730	ARTHRODESIS, MIDTARSAL	07/01/2008	$712.92	0.0%	0.0%	N	Referral Requirec
28735	FLATFOOT CORRECTION	07/01/2008	$682.42	0.0%	0.0%	N	Referral Requirec
28737	ARTHRODESIS, MIDTARSAL	07/01/2008	$606.21	0.0%	0.0%	N	Referral Requirec
28740	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE	07/01/2008	$690.60	0.0%	0.0%	N	Referral Requirec
28750	ARTHRODESIS, GREAT TOE	07/01/2008	$680.57	0.0%	0.0%	N	Referral Requirec
28755	ARTHRODESIS, GREAT TOE, INTERPHALAGEAL JOINT	07/01/2008	$395.98	0.0%	0.0%	N	Referral Requirec
28760	ARTHRODESIS, INTERPHALANGEAL JOINT, W/TENDON TRANS	07/01/2008	$617.35	0.0%	0.0%	N	Referral Requirec
28800	AMPUTATION, FOOT	07/01/2008	$492.29	0.0%	0.0%	N	Referral Requirec
28805	AMPUTATION, FOOT	07/01/2008	$635.84	0.0%	0.0%	N	Referral Requirec
28810	AMPUTATION, METATARSAL	07/01/2008	$377.46	0.0%	0.0%	N	Referral Requirec
28820	AMPUTATION, TOE	07/01/2008	$429.34	0.0%	0.0%	N	Referral Requirec
28825	AMPUTATION, TOE	07/01/2008	$369.62	0.0%	0.0%	N	Referral Requirec
28890	EXTRACORPOREAL SHOCK WAVE, REQ ANESTHESIA, OTHER THAN LOCAL, PLANTAR FASCIA	07/01/2008	$292.04	0.0%	0.0%	N	Referral Requirec
28899	UNLISTED PROCEDURE, FOOT OR TOES	09/01/1982	$0.00	0.0%	0.0%	N	Referral Requirec
29000	APPLICATION OF HALO TYPE BODY CAST	07/01/2008	$199.66	0.0%	0.0%	N	Referral Requirec
29010	RISSER JACKET	07/01/2008	$205.29	0.0%	0.0%	N	Referral Requirec
29015	RISSER JACKET	07/01/2008	$195.84	0.0%	0.0%	N	Referral Requirec
29020	TURNBUCKLE JACKET	07/01/2008	$192.95	0.0%	0.0%	N	Referral Requirec
29025	TURNBUCKLE JACKET	07/01/2008	$208.52	0.0%	0.0%	N	Referral Requirec
29035	BODY CAST	07/01/2008	$186.86	0.0%	0.0%	N	Referral Requirec
29040	MINERVA CAST	07/01/2008	$176.88	0.0%	0.0%	N	Referral Requirec
29044	BODY CAST	07/01/2008	$203.67	0.0%	0.0%	N	Referral Requirec
29046	BODY CAST	07/01/2008	$217.53	0.0%	0.0%	N	Referral Requirec
29049	PLASTER FIGURE OF 8	07/01/2008	$72.55	0.0%	0.0%	N	Referral Requirec
29055	SHOULDER SPICA	07/01/2008	$162.27	0.0%	0.0%	N	Referral Requirec
29058	VELPEAU CAST	07/01/2008	$94.08	0.0%	0.0%	N	Referral Requirec
29065	LONG ARM CAST	07/01/2008	$75.56	0.0%	0.0%	N	Referral Requirec
29075	SHORT ARM CAST	07/01/2008	$70.08	0.0%	0.0%	N	Referral Requirec
29085	GAUNTLET CAST	07/01/2008	$74.37	0.0%	0.0%	N	Referral Requirec
29086	FINGER, APPLICATION, CAST	07/01/2008	$56.31	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
29105	SPLINTS,LONG ARM	07/01/2008	$70.31	0.0%	0.0%	N	Referral Requirec
29125	SPLINTS, SHORT ARM	07/01/2008	$54.17	0.0%	0.0%	N	Referral Requirec
29126	APPLICATION OF SHORT ARM SPLINT (FOREARM), DYNAMIC	07/01/2008	$64.27	0.0%	0.0%	N	Referral Requirec
29130	APPLICATION OF FINGER SPLINT; STATIC	07/01/2008	$32.91	0.0%	0.0%	N	Referral Requirec
29131	APPLICATION OF FINGER SPLINT; DYNAMIC	07/01/2008	$40.87	0.0%	0.0%	N	Referral Requirec
29200	STRAPPING, THORAX	07/01/2008	$44.49	0.0%	0.0%	N	Referral Requirec
29240	STRAPPING, SHOULDER (E.G. VELPEAU)	07/01/2008	$50.49	0.0%	0.0%	N	Referral Requirec
29260	STRAPPING, ELBOW OR WRIST	07/01/2008	$42.92	0.0%	0.0%	N	Referral Requirec
29280	STRAPPING, HAND OR FINGER	07/01/2008	$42.07	0.0%	0.0%	N	Referral Requirec
29305	HIP SPICA	07/01/2008	$185.28	0.0%	0.0%	N	Referral Requirec
29325	HIP SPICA	07/01/2008	$199.75	0.0%	0.0%	N	Referral Requirec
29345	LONG LEG CAST	07/01/2008	$108.80	0.0%	0.0%	N	Referral Requirec
29355	LONG LEG CAST	07/01/2008	$111.75	0.0%	0.0%	N	Referral Requirec
29358	LONG LEG CAST BRACE	07/01/2008	$120.81	0.0%	0.0%	N	Referral Requirec
29365	CYLINDER CAST	07/01/2008	$97.47	0.0%	0.0%	N	Referral Requirec
29405	SHORT LEG CAST	07/01/2008	$71.98	0.0%	0.0%	N	Referral Requirec
29425	SHORT LEG CAST	07/01/2008	$77.79	0.0%	0.0%	N	Referral Requirec
29435	PTB CAST	07/01/2008	$94.80	0.0%	0.0%	N	Referral Requirec
29440	CAST WALKER	07/01/2008	$42.92	0.0%	0.0%	N	Referral Requirec
29445	APPLICATION OF RIGID TOTAL CONTACT LEG CAST	07/01/2008	$120.99	0.0%	0.0%	N	Referral Requirec
29450	CLUB FOOT CAST	07/01/2008	$125.89	0.0%	0.0%	N	Referral Requirec
29505	SPLINTS, LOWER EXTREMITY	07/01/2008	$62.46	0.0%	0.0%	N	Referral Requirec
29515	SPLINTS, LOWER EXTREMITY	07/01/2008	$56.45	0.0%	0.0%	N	Referral Requirec
29520	STRAPPING HIP	07/01/2008	$43.88	0.0%	0.0%	N	Referral Requirec
29530	STRAPPING KNEE	07/01/2008	$44.02	0.0%	0.0%	N	Referral Requirec
29540	STRAPPING ANKLE - ANY AGE	07/01/2008	$34.30	0.0%	0.0%	N	Referral Requirec
29550	STRAPPING TOES	07/01/2008	$33.11	0.0%	0.0%	N	Referral Requirec
29580	UNNA BOOT	07/01/2008	$42.30	0.0%	0.0%	N	Referral Requirec
29581	APPLICATION OF MULTI-LAYER VENOUS WOUND COMPRESSION SYSTEM, BELOW KNEE	01/01/2010	$61.02	0.0%	0.0%	N	Referral Requirec
29590	DENIS-BROWNE SPLINT STRAPPING	07/01/2008	$45.58	0.0%	0.0%	N	Referral Requirec
29700	CAST REPAIR OR REMOVAL	07/01/2008	$51.26	0.0%	0.0%	N	Referral Requirec
29705	REMOVAL OR BIVALVING FULL ARM OR FULL LEG CAST	07/01/2008	$54.35	0.0%	0.0%	N	Referral Requirec
29710	CAST REPAIR OR REMOVAL	07/01/2008	$96.46	0.0%	0.0%	N	Referral Requirec
29715	CAST REPAIR OR REMOVAL	07/01/2008	$73.03	0.0%	0.0%	N	Referral Requirec
29720	CAST REPAIR OR REMOVAL	07/01/2008	$63.84	0.0%	0.0%	N	Referral Requirec
29730	CAST REPAIR OR REMOVAL	07/01/2008	$53.11	0.0%	0.0%	N	Referral Requirec
29740	CAST REPAIR OR REMOVAL	07/01/2008	$77.50	0.0%	0.0%	N	Referral Requirec
29750	CAST REPAIR OR REMOVAL	07/01/2008	$81.64	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
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
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

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

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

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
30580	REPAIR, FISTULA, OROMAXILLARY	07/01/2008	$509.15	0.0%	0.0%	N	Referral Requirec
30600	REPAIR, FISTULA, ORONASAL	07/01/2008	$470.66	0.0%	0.0%	N	Referral Requirec
30620	RECONSTRUCTION, INTERNAL NOSE	07/01/2008	$505.75	0.0%	0.0%	N	Referral Requirec
30630	REPAIR NASAL SEPTAL PERFORATIONS	07/01/2008	$513.90	0.0%	0.0%	N	Referral Requirec
30801	CAUTERIZATION MUCOSA OF TURBINATES ANY METHOD SUPE	07/01/2008	$179.84	0.0%	0.0%	N	Referral Requirec
30802	CAUTERIZATION MUCOSA OF TURBINATES ANY METHOD INTR	07/01/2008	$231.80	0.0%	0.0%	N	Referral Requirec
30901	SIMPLE CAUTERIZATION TO CONTROL NASAL HEMOR ANT UN	07/01/2008	$86.89	0.0%	0.0%	N	Referral Requirec
30903	CONTROL NASAL HEMORRHAGE ANTERIOR, COMPLEX UNILAT	07/01/2008	$154.37	0.0%	0.0%	N	Referral Requirec
30905	NASAL HEMORRHAGE CONTROL	07/01/2008	$193.58	0.0%	0.0%	N	Referral Requirec
30906	NASAL HEMORHAGE CONTROL, SUBSEQUENT	07/01/2008	$222.54	0.0%	0.0%	N	Referral Requirec
30915	LIGATION, ETHMOIDAL ARTERIES	07/01/2008	$477.39	0.0%	0.0%	N	Referral Requirec
30920	LIGATION ARTERIES INTERNAL MAXILLARY ARTERY TRANSA	07/01/2008	$684.34	0.0%	0.0%	N	Referral Requirec
30930	FRACTURE NASAL TRUBINATES THERAPEUTIC	07/01/2008	$99.71	0.0%	0.0%	N	Referral Requirec
30999	UNLISTED PROCEDURE, NOSE	01/01/1976	$0.00	0.0%	0.0%	N	Referral Requirec
31000	SINUS LAVAGE	07/01/2008	$142.04	0.0%	0.0%	N	Referral Requirec
31002	SINUS LAVAGE	07/01/2008	$166.70	0.0%	0.0%	N	Referral Requirec
31020	ANTROTOMY	07/01/2008	$391.62	0.0%	0.0%	N	Referral Requirec
31030	ANTROTOMY	07/01/2008	$576.67	0.0%	0.0%	N	Referral Requirec
31032	SINUSOTOMY RADICAL UNILAT W/REMOVAL ANTRACH POLYPS	07/01/2008	$470.46	0.0%	0.0%	N	Referral Requirec
31040	PTERYGOMAXILLARY FOSSA SURGERY	07/01/2008	$627.62	0.0%	0.0%	N	Referral Requirec
31050	SINUSOTOMY	07/01/2008	$402.11	0.0%	0.0%	N	Referral Requirec
31051	SINUSOTOMY,SPHENOID,BIOPSY; W/MUCOSAL STRIP POLYPS	07/01/2008	$529.39	0.0%	0.0%	N	Referral Requirec
31070	SINUSOTOMY	07/01/2008	$354.15	0.0%	0.0%	N	Referral Requirec
31075	SINUSOTOMY	07/01/2008	$647.60	0.0%	0.0%	N	Referral Requirec
31080	SINUSOTOMY	07/01/2008	$846.94	0.0%	0.0%	N	Referral Requirec
31081	SINUSOTOMY	07/01/2008	$1,006.39	0.0%	0.0%	N	Referral Requirec
31084	SINUSOTOMY	07/01/2008	$957.82	0.0%	0.0%	N	Referral Requirec
31085	SINUSOTOMY	07/01/2008	$1,024.70	0.0%	0.0%	N	Referral Requirec
31086	SINUSOTOMY;NONOBLITERATIVE,W/FLAPP,BROW INCISION	07/01/2008	$930.39	0.0%	0.0%	N	Referral Requirec
31087	SINUSOTOMY;NONOBLITERATIVE,W/FLAP,CORONAL INCISION	07/01/2008	$913.69	0.0%	0.0%	N	Referral Requirec
31090	SINUSOTOMY	07/01/2008	$816.18	0.0%	0.0%	N	Referral Requirec
31200	ETHMOIDECTOMY	07/01/2008	$452.17	0.0%	0.0%	N	Referral Requirec
31201	ETHMOIDECTOMY	07/01/2008	$603.79	0.0%	0.0%	N	Referral Requirec
31205	ETHMOIDECTOMY	07/01/2008	$720.92	0.0%	0.0%	N	Referral Requirec
31225	MAXILLECTOMY	07/01/2008	$1,513.16	0.0%	0.0%	N	Referral Requirec
31230	MAXILLECTOMY	07/01/2008	$1,707.42	0.0%	0.0%	N	Referral Requirec
31231	NASAL ENDOSCOPY, DIAGNOSTIC	07/01/2008	$155.10	0.0%	0.0%	N	Referral Requirec
31233	NASAL/SINUS ENDOSCOPY,DIAGNOSTIC W/MAXILLARY SINUS	07/01/2008	$219.73	0.0%	0.0%	N	Referral Requirec
31235	NASAL/SINUS ENDOSCOPY,DIAGNOSTIC W/SPHENOID SINUSO	07/01/2008	$252.79	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
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
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

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
31511	LARYNGOSCOPY, W/REMOVAL OF FOREIGN BODY	07/01/2008	$177.08	0.0%	0.0%	N	Referral Requirec
31512	LARYNGOSCOPY, W/REMOVAL OF LESION	07/01/2008	$175.84	0.0%	0.0%	N	Referral Requirec
31513	AMB SURG CTR -LARYNGOSCOPY INDIRECT SEP PROC DIAG	07/01/2008	$116.07	0.0%	0.0%	N	Referral Requirec
31515	LARYNGOSCOPY	07/01/2008	$175.66	0.0%	0.0%	N	Referral Requirec
31520	LARYNGOSCOPY	07/01/2008	$135.55	0.0%	0.0%	N	Referral Requirec
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

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
31603	TRACHEOSTOMY, EMERGENCY PROCEDURE, TRANSTRACHEAL	07/01/2008	$195.77	0.0%	0.0%	N	Referral Required
31605	TRACHEOSTOMY ER CRICOTHYROID MEMBRANE	07/01/2008	$160.57	0.0%	0.0%	N	Referral Required
31610	TRACHEOSTOMY FENESTRATION PROCEDURE-SKIN FLAPS	07/01/2008	$593.51	0.0%	0.0%	N	Referral Required
31611	CONSTR. OF T-E FISTULA&SUBSEQUENT PROSTHESIS	07/01/2008	$443.08	0.0%	0.0%	N	Referral Required
31612	TRACHEAL PUNCTURE	07/01/2008	$68.36	0.0%	0.0%	N	Referral Required
31613	TRACHEOSTROMA REV SIMPLE W/OUT FLAP ROTATION	07/01/2008	$365.91	0.0%	0.0%	N	Referral Required
31614	TRACHEOSTOMA REVISION;COMPLEX, WITH FLAP ROTATION	07/01/2008	$600.46	0.0%	0.0%	N	Referral Required
31615	TRACHEOBRONCHOSCOPY	07/01/2008	$156.20	0.0%	0.0%	N	Referral Required
31620	ENDOBRONCHIAL UNTRASOUND (EBUS) DURING BRONCHO DIAG OR THERA INTERVEN (ADD-ON)	07/01/2008	$243.46	0.0%	0.0%	N	Referral Required
31622	BRONCHOSCOPY,DIAGNOSTIC W/WO CELL WASHING OR BRUSH	07/01/2008	$278.58	0.0%	0.0%	N	Referral Required
31623	BRONCHOSCOPY WITH BRUSHING OR PROTECTED BRUSHINGS	07/01/2008	$306.07	0.0%	0.0%	N	Referral Required
31624	BRONCHOSCOPY WITH BRONCHIAL ALVEOLAR LAVAGE	07/01/2008	$284.72	0.0%	0.0%	N	Referral Required
31625	BRONCHOSCOPY	07/01/2008	$304.67	0.0%	0.0%	N	Referral Required
31626	WITH PLACEMENT OF FIDUCIAL MARKERS, SINGLE OR MULTIPLE	01/01/2010	$301.52	0.0%	0.0%	N	Referral Required
31627	WITH COMPUTER-ASSISTED, IMAGE-GUIDED NAVIGATION (SP)	01/01/2010	$813.16	0.0%	0.0%	N	Referral Required
31628	BRONCHOSCOPY WITH TRANSBRONCHIAL LUNG BX FIBEROPTI	07/01/2008	$364.24	0.0%	0.0%	N	Referral Required
31629	BRONCHOSCOPY,DIAGNOSTIC W/TRANSBRONCHAIL BIOPSY	07/01/2008	$578.57	0.0%	0.0%	N	Referral Required
31630	BRONCHOSCOPY W TRACHEAL/BRONCHIAL DILATION OR CLOSED REDUCTION OF FRACTURE	07/01/2008	$183.78	0.0%	0.0%	N	Referral Required
31631	BRONCHOSCOPY W/PLACEMENT OF TRACHEAL STENTS INCLUDES TRACHEAL/BRONCHIAL DILATION	07/01/2008	$205.78	0.0%	0.0%	N	Referral Required
31632	BRONCHOSCOPY, RIGID OR FLEXIBLE W/OR W/O FLUROSCOPIC GUIDANCE, (ADD-ON)	07/01/2008	$65.78	0.0%	0.0%	N	Referral Required
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 Required
31635	BRONCHOSCOPY	07/01/2008	$316.43	0.0%	0.0%	N	Referral Required
31636	BRONCHOSCOPY, RIGID OR FLEXIBLE, W/ PLACEMENT OF BRONCHIAL STENTS, INITIAL	07/01/2008	$201.97	0.0%	0.0%	N	Referral Required
31637	BRONCHOSCOPY, RIGID OR FLEXIBLE, W/ PLACEMENT OF BRONCHIAL STENTS, EA ADDTL	07/01/2008	$71.43	0.0%	0.0%	N	Referral Required
31638	BRONCHOSCOPY, RIGID OR FLEXIBLE, W/ PLACEMENT OF BRONCHIAL STENTS, W/ REVISION	07/01/2008	$226.68	0.0%	0.0%	N	Referral Required
31640	BRONCHOSCOPY	07/01/2008	$234.11	0.0%	0.0%	N	Referral Required
31641	W/DESTRUCTION TUMOR OR RELIEF STENOSIS ANY METHOD	07/01/2008	$231.40	0.0%	0.0%	N	Referral Required
31643	BRONCHOSCOPY W/PLACEMENT OF CATHETERS FOR INTRACAVITARY RADIOELEMENT APPLICATION	07/01/2008	$158.44	0.0%	0.0%	N	Referral Required
31645	BRONCHOSCOPY	07/01/2008	$273.41	0.0%	0.0%	N	Referral Required
31646	BRONCHOSCOPY W/THERAPEUTIC ASPIRATION OF TREE, SUB	07/01/2008	$248.88	0.0%	0.0%	N	Referral Required
31656	BRONCHOSCOPY WITH INJECTION OF CONTRAST MATERIL	07/01/2008	$292.14	0.0%	0.0%	N	Referral Required
31715	BRONCHOGRAPHY INJECTION	07/01/2008	$48.67	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
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
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

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
32251	TUBE THORACOSTOMY, INCLUDES WATER SEAL WHEN PERFORMED (SEPARATE PROCEDURE)	07/01/2008	$141.84	0.0%	0.0%	N	Referral Required
32310	PARIETAL PLEURECTOMY	07/01/2008	$785.44	0.0%	0.0%	N	Referral Required
32320	DECORTICATION/PLEURECTOMY	07/01/2008	$1,367.92	0.0%	0.0%	N	Referral Required
32400	BIOPSY, PLEURA, NEEDLE	07/01/2008	$132.34	0.0%	0.0%	N	Referral Required
32402	BIOPSY PLEURA OPEN	07/01/2008	$482.08	0.0%	0.0%	N	Referral Required
32405	BIOPSY, LUNG/PLEURA	07/01/2008	$89.53	0.0%	0.0%	N	Referral Required
32420	PNEUMONOCENTESIS, PUNCTURE OF LUNG FOR ASPIRATION	07/01/2008	$98.77	0.0%	0.0%	N	Referral Required
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
32552	REMOVAL OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	01/01/2010	$127.61	0.0%	0.0%	N	Referral Required
32553	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE PERCUTANEOUS	01/01/2010	$406.78	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
32561	INSTILLATION(S), VIA CHEST TUBE/CATHETER, AGENT FOR FIBRINOLYSIS; INITIAL DAY	01/01/2010	$67.02	0.0%	0.0%	N	Referral Required
32562	INSTALLATION VIA CHEST TUBE, SUBSEQUENT DAY, ONLY ONCE	01/01/2010	$59.58	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

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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
32663	WITH LOBECTOMY, TOTAL OR SEGMENTAL	07/01/2008	$1,212.12	0.0%	0.0%	N	Referral Required
32664	WITH THORACIC SYMPATHECTOMY	07/01/2008	$742.09	0.0%	0.0%	N	Referral Required
32665	WITH ESOPHAGOMYOTOMY	07/01/2008	$1,039.19	0.0%	0.0%	N	Referral Required
32800	REPAIR, HERNIA, LUNG	07/01/2008	$800.05	0.0%	0.0%	N	Referral Required
32810	CLOSE CHEST WALL FOLLOWING OPEN FLAP DRAIN EMPYEMA	07/01/2008	$776.25	0.0%	0.0%	N	Referral Required
32815	OPEN CLOSURE OF MAJOR BRONCHIAL FISTULA	07/01/2008	$2,226.03	0.0%	0.0%	N	Referral Required
32820	MAJOR RECONSTRUCTION CHEST WALL (POSTTRAUMATIC)	07/01/2008	$1,176.32	0.0%	0.0%	N	Referral Required
32850	DONOR PNEUMONECTOMY (INCLUDING COLD PRESERVATION) FROM CADAVER DONER	07/01/2008	$0.00	0.0%	0.0%	Y	Referral Required
32851	LUNG TRANSPLANT, SINGLE; WITHOUT CARDIOPULMONARY BYPASS	07/01/2008	$2,322.75	0.0%	0.0%	Y	Referral Required
32852	LUNG TRANSPLANT, SINGLE; WITH CARDIOPULMONARY BYPASS	07/01/2008	$2,569.04	0.0%	0.0%	Y	Referral Required
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 Required
32854	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC) WITH CARDIOPULM BYPASS	07/01/2008	$3,024.93	0.0%	0.0%	Y	Referral Required
32855	BACKBENCH STANDARD PREP OF CADAVER DONOR LUNG ALLOGRAFT PRIOR TO TRANSPLANT	07/01/2008	$164.95	0.0%	0.0%	Y	Referral Required
32856	BACKBENCH STANDARD PREP OF CADAVER DONOR LUNG ALLOGRAFT; BILATERAL	07/01/2008	$164.95	0.0%	0.0%	Y	Referral Required
32900	RESECTION, RIBS, EXTRAPLEURAL	07/01/2008	$1,175.12	0.0%	0.0%	N	Referral Required
32905	THORACOPLASTY SCHEDE TYPE OR EXTRAPLEURAL ALL STAG	07/01/2008	$1,165.46	0.0%	0.0%	N	Referral Required
32906	THORACOPLASTY W/CLOSURE BRONCHOPLEURAL FISTULA	07/01/2008	$1,439.99	0.0%	0.0%	N	Referral Required
32940	PNEUMONOLYSIS	07/01/2008	$1,066.83	0.0%	0.0%	N	Referral Required
32960	PNEUMOTHORAX	07/01/2008	$120.80	0.0%	0.0%	N	Referral Required
32997	TOTAL LUNG LAVAGE, UNILATERAL	07/01/2008	$318.48	0.0%	0.0%	N	Referral Required
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 Required
32999	UNLISTED PROCEDURE, LUNGS AND PLEURA	09/01/1982	$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
33010	PERICARDIOCENTESIS	07/01/2008	$108.06	0.0%	0.0%	N	Referral Required
33011	PERICARDIOCENTESIS	07/01/2008	$110.25	0.0%	0.0%	N	Referral Required
33015	TUBE PERICARDIOSTOMY	07/01/2008	$463.85	0.0%	0.0%	N	Referral Required
33020	PERICARDIOTOMY	07/01/2008	$752.37	0.0%	0.0%	N	Referral Required
33025	PERICARDIAL WINDOW RESECTION	07/01/2008	$695.80	0.0%	0.0%	N	Referral Required
33030	RESECTION, PERICARDIUM	07/01/2008	$1,112.26	0.0%	0.0%	N	Referral Required
33031	PERICARDIECTOMY SUBTOTAL COMPLETE WITH BYPASS	07/01/2008	$1,235.68	0.0%	0.0%	N	Referral Required
33050	EXCISION, CYST, PERICARDIAL	07/01/2008	$860.06	0.0%	0.0%	N	Referral Required
33120	CARDIAC TUMOR RESECTION	07/01/2008	$1,356.89	0.0%	0.0%	N	Referral Required
33130	CARDIAC TUMOR RESECTION	07/01/2008	$1,189.30	0.0%	0.0%	N	Referral Required
33140	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY	07/01/2008	$1,356.11	0.0%	0.0%	N	Referral Required
33141	TRANSMYOCARDIAL REVASCULARIZATION AT TIME OF OPEN CARDIAC PROCEDURE (ADD-ON)	07/01/2008	$137.82	0.0%	0.0%	N	Referral Required
33202	INSERTION OF EPICARDIAL ELECTRODE(S); OPEN INCISION	07/01/2008	$676.47	0.0%	0.0%	N	Referral Required
33203	INSERTION OF EPICARDIAL ELECTRODE(S); ENDOSCOPIC APPROACH	07/01/2008	$697.94	0.0%	0.0%	N	Referral Required
33206	INSERTION OF PERMANENT W/TRANSVENOUS ELECTRODES,AT	07/01/2008	$415.00	0.0%	0.0%	N	Referral Required
33207	INSERTION OF PERMANENT PACEMAKER W/TRANS VEN ELECT	07/01/2008	$444.19	0.0%	0.0%	N	Referral Required
33208	ARTIAL AND VENTRICULAR	07/01/2008	$477.00	0.0%	0.0%	N	Referral Required
33210	INSERTION, PACEMAKER ELECTRODE	07/01/2008	$162.97	0.0%	0.0%	N	Referral Required
33211	INSERTION OR REPLACEMENT TEMPORARY TRANSVENOUS DUA	07/01/2008	$166.26	0.0%	0.0%	N	Referral Required
33212	INSERTION, PULSE GENERATOR	07/01/2008	$310.69	0.0%	0.0%	N	Referral Required
33213	DUAL CHAMBER	07/01/2008	$354.31	0.0%	0.0%	N	Referral Required
33214	UPGRADE IMPLANT PACEMAKER SYSTEM,CONVERSION OF SIN	07/01/2008	$443.10	0.0%	0.0%	N	Referral Required
33215	REPOSITIONING OF PREVIOUSLY IMPLANTED TRANSVENOUS PACEMAKER/PACING CARDIOVERTER	07/01/2008	$282.30	0.0%	0.0%	N	Referral Required
33216	INSERT REPLCMNT/REPOST.PERM.TRANSVENOUS ELECTRODES	07/01/2008	$347.66	0.0%	0.0%	N	Referral Required
33217	DUAL CHAMBER	07/01/2008	$345.76	0.0%	0.0%	N	Referral Required
33218	REPAIR, PACEMAKER ELECTRODES	07/01/2008	$359.52	0.0%	0.0%	N	Referral Required
33220	DUAL CHAMBER	07/01/2008	$361.19	0.0%	0.0%	N	Referral Required
33222	REVISION OR RELOCATION OF SKIN POCKET FOR PACEMAKE	07/01/2008	$319.43	0.0%	0.0%	N	Referral Required
33223	REVISION OR RELOCATION OF SKIN POCKET FOR IMPLANTA	07/01/2008	$384.57	0.0%	0.0%	N	Referral Required
33224	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM FOR LEFT VENTRICULAR PACING	07/01/2008	$461.93	0.0%	0.0%	N	Referral Required
33225	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, LEFT VENT PACING (ADD-ON)	07/01/2008	$414.91	0.0%	0.0%	N	Referral Required
33226	REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM ELECTRODE	07/01/2008	$445.02	0.0%	0.0%	N	Referral Required
33233	REMOVAL OF PERMANENT PACEMAKER;PULSE GENERATOR ONL	07/01/2008	$224.89	0.0%	0.0%	N	Referral Required
33234	AND TRANSVENOUS ELECTRODES, SINGLE LEAD SYSTE	07/01/2008	$447.34	0.0%	0.0%	N	Referral Required
33235	WITH TRANVENOUS ELECTRODES, DUAL LEAD SYSTEM	07/01/2008	$581.33	0.0%	0.0%	N	Referral Required
33236	REMOVAL OF PERMANENT EPICARDIAL PACEMAKER & ELECTR	07/01/2008	$686.64	0.0%	0.0%	N	Referral Required

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33237	DUAL LEAD SYSTEM	07/01/2008	$755.09	0.0%	0.0%	N	Referral Required
33238	REMOVAL OF PERM TRAN US PACEMAKER BY THO	07/01/2008	$822.56	0.0%	0.0%	N	Referral Required
33240	INSERT/REPLACE IMPLANTABLE CARDIOVERTER DEFIBRILLA	07/01/2008	$427.14	0.0%	0.0%	N	Referral Required
33241	REMOVE IMPLANT CARDIOVERTER DEFIBRILLATOR GEN ONLY	07/01/2008	$212.16	0.0%	0.0%	N	Referral Required
33243	REMOVE IMPLANT CARDIO PULSE GEN &/OR LEAD SYSTEM B	07/01/2008	$1,199.02	0.0%	0.0%	N	Referral Required
33244	REMOVAL OF PACING CARDIOVERTER-DEFIBRILLATOR BY OTHER THAN THORACOTOMY	07/01/2008	$789.08	0.0%	0.0%	N	Referral Required
33249	W/INSERTION OF CARDIO-DEFIBRILLATOR PULSE GENERATO	07/01/2008	$827.51	0.0%	0.0%	N	Referral Required
33250	OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGE	07/01/2008	$1,291.00	0.0%	0.0%	N	Referral Required
33251	OP ABLATION OF SUPRAVENTRICULAR-W/CARDIO BYPASS	07/01/2008	$1,412.13	0.0%	0.0%	N	Referral Required
33254	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, LIMITED	07/01/2008	$1,180.45	0.0%	0.0%	N	Referral Required
33255	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE	07/01/2008	$1,424.08	0.0%	0.0%	N	Referral Required
33256	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE	07/01/2008	$1,698.23	0.0%	0.0%	N	Referral Required
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	01/01/2010	$299.85	0.0%	0.0%	Y	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

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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
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

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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 Requirec
33510	CORONARY ARTERY BYPASS, VEIN ONLY, SINGLE GRAFT	07/01/2008	$1,741.75	0.0%	0.0%	N	Referral Requirec
33511	CORONARY ARTERY BYPASS	07/01/2008	$1,893.80	0.0%	0.0%	N	Referral Requirec
33512	CORONARY ARTERY BYPASS	07/01/2008	$2,120.09	0.0%	0.0%	N	Referral Requirec
33513	CORONARY ARTERY BYPASS, AUTOGENOUS GRAFT4 ARTERIES	07/01/2008	$2,181.27	0.0%	0.0%	N	Referral Requirec
33514	CORONARY ARTERY BYPASS, FIVE CORONARY ARTERIES	07/01/2008	$2,290.51	0.0%	0.0%	N	Referral Requirec
33516	CORONARY ARTERY BYPASS AUTOGENOUS GRAFT 6 OR MORE	07/01/2008	$2,376.42	0.0%	0.0%	N	Referral Requirec
33517	CORONARY ARTERY BYPASS, USING VENOUS & ARTERIAL GRAFT; SINGLE VEIN-(SP)	07/01/2008	$160.57	0.0%	0.0%	N	Referral Requirec
33518	CORONARY ARTERY BYPASS, USING VENOUS & ARTERIAL GRAFT(S)-2 VENOUS GRAFTS-(SP)	07/01/2008	$345.48	0.0%	0.0%	N	Referral Requirec
33519	CORONARY ARTERY BYPASS, USING VENOUS & ARTERIAL GRAFT(S); 3 VENOUS GRAFTS-(SP)	07/01/2008	$462.81	0.0%	0.0%	N	Referral Requirec
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 Requirec
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 Requirec
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 Requirec
33530	REOPERATION CORONARY ARTERY BYPASS PROCEDURE MORET-ADD ON	07/01/2008	$437.57	0.0%	0.0%	N	Referral Requirec
33533	CORONARY ARTERY BYPASS USING ARTERIAL GRAFTS SINGL	07/01/2008	$1,699.42	0.0%	0.0%	N	Referral Requirec
33534	CORONARY ARTERY BYPASS USING ARTERIAL GRAFTS 2 GRA	07/01/2008	$1,965.15	0.0%	0.0%	N	Referral Requirec
33535	CORONARY ARTERY BYPASS 3 ARTERIAL GRAFTS	07/01/2008	$2,167.52	0.0%	0.0%	N	Referral Requirec
33536	CORONARY ARTERY BYPASS 4 OR MORE ARTERIAL GRAFTS	07/01/2008	$2,318.75	0.0%	0.0%	N	Referral Requirec
33542	RESECTION, MYOCARDIAL	07/01/2008	$2,194.81	0.0%	0.0%	N	Referral Requirec
33545	VENTRICULAR SEPTAL DEFECT	07/01/2008	$2,605.74	0.0%	0.0%	N	Referral Requirec
33548	SURGICAL VENTRICULAR RESTORATION PROC, INCL PROSTHETIC PATCH WHEN PERFORMED	07/01/2008	$2,560.14	0.0%	0.0%	N	Referral Requirec
33572	CORONARY ENDARTERECTOMY, EACH VESSEL-ADD ON	07/01/2008	$207.34	0.0%	0.0%	N	Referral Requirec
33600	CLOSURE OF ATRIOVENTRICULAR VALVE	07/01/2008	$1,507.10	0.0%	0.0%	N	Referral Requirec
33602	CLOSURE OF SEMILUNAR VALVE BY SUTURE OR PATCH	07/01/2008	$1,445.61	0.0%	0.0%	N	Referral Requirec
33606	ANASTOMOSIS OF PULMONARY ARTERY TO AORTA	07/01/2008	$1,563.01	0.0%	0.0%	N	Referral Requirec
33608	REPAIR COMPLEX CARDIAC ANORMALY OTHER THAN PULMONA	07/01/2008	$1,604.12	0.0%	0.0%	N	Referral Requirec
33610	REPAIR COMPLEX CARDIAC ANORMALY BY SURGICAL ENLARG	07/01/2008	$1,587.70	0.0%	0.0%	N	Referral Requirec
33611	REPAIR DOUBLE OUTLET RT VENTRICLE W/INTRAVENTRICUL	07/01/2008	$1,715.85	0.0%	0.0%	N	Referral Requirec
33612	WITH REPAIR OF RIGHT VENTRICULAR OUTFLOW TRACT OBS	07/01/2008	$1,816.45	0.0%	0.0%	N	Referral Requirec
33615	REPAIR COMPLEX CARDIAC ANORMALY (TRICUSPID ATRESIA	07/01/2008	$1,731.38	0.0%	0.0%	N	Referral Requirec
33617	REPAIR OF COMPLEX CARDIACANORMALY	07/01/2008	$1,914.35	0.0%	0.0%	N	Referral Requirec
33619	REPAIR SINGLE VENTRICLE W/AORTIC OUTFLOW OBSTRUCTI	07/01/2008	$2,400.41	0.0%	0.0%	N	Referral Requirec
33641	CLOSURE, ARTIAL DEFECT	07/01/2008	$1,392.66	0.0%	0.0%	N	Referral Requirec

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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
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

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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
33782	AORTIC ROOT TRANSLOC W/ VENTRICULAR SEPTAL DEFECT AND PULMONRY STENOSIS REPAIR	01/01/2010	$2,755.57	0.0%	0.0%	N	Referral Required
33783	AORTIC ROOT TRANSLOCATION W/ REIMPLANTATION OF 1 OR BOTH CORONARY OSTIA.	01/01/2010	$2,994.70	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
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

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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
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
33981	REPLAC OF EXTRACORPOREAL VENTRICULAR DEVICE, SINGL OR BIVENTRICULAR, PUMP(S)	01/01/2010	$0.00	0.0%	0.0%	Y	Referral Required
33982	REPLACEMENT OF VENTRICULAR PUMP(S); IMPLANTABLE ,W/O CARDIOPULMONARY BYPASS	01/01/2010	$0.00	0.0%	0.0%	Y	Referral Required

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33983	IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE, WITH CARDIOPULMONARY BYPASS	01/01/2010	$0.00	0.0%	0.0%	Y	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
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

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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
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

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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
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

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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
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

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35523	BYPASS GRAFT, WITH VEIN; BRACHIAL-ULNAR OR -RADIAL	01/01/2008	$1,153.15	0.0%	0.0%	N	Referral Requirec
35525	BYPASS GRAFT, WITH VEIN; BRACHIAL-BRACHIAL.	07/01/2008	$1,038.33	0.0%	0.0%	N	Referral Requirec
35526	AORTO-SUBCLAVIAN BYPASS	07/01/2008	$1,567.60	0.0%	0.0%	N	Referral Requirec
35531	AORTO-CELIAC BYPASS	07/01/2008	$1,839.24	0.0%	0.0%	N	Referral Requirec
35533	VEIN BYPASS AXILLARY-FEMORAL-FEMORAL	07/01/2008	$1,426.33	0.0%	0.0%	N	Referral Requirec
35535	HEPATORENAL	01/01/2009	$1,906.00	0.0%	0.0%	N	Referral Requirec
35536	SPLENO-RENAL BYPASS	07/01/2008	$1,589.66	0.0%	0.0%	N	Referral Requirec
35537	BYPASS GRAFT, WITH VEIN; AORTOILIAC	07/01/2008	$1,946.46	0.0%	0.0%	N	Referral Requirec
35538	BYPASS GRAFT, WITH VEIN; AORTOBI-ILIAC	07/01/2008	$2,174.13	0.0%	0.0%	N	Referral Requirec
35539	BYPASS GRAFT, WITH VEIN; AORTOFEMORAL	07/01/2008	$2,039.17	0.0%	0.0%	N	Referral Requirec
35540	BYPASS GRAFT, WITH VEIN; AORTOBIFEMORAL	07/01/2008	$2,273.50	0.0%	0.0%	N	Referral Requirec
35548	BYPASS GRAFT W/VEIN ARTOILIOFEMORAL, UNILATERAL	07/01/2008	$1,100.18	0.0%	0.0%	N	Referral Requirec
35549	BYPASS GRAFT W/VIEW AORTOILIOFEMORAL, BILATERAL	07/01/2008	$1,198.01	0.0%	0.0%	N	Referral Requirec
35551	AORTO-FEMORAL POPLITEAL BYPASS	07/01/2008	$1,349.44	0.0%	0.0%	N	Referral Requirec
35556	FEMORAL-POPLITEAL BYPASS	07/01/2008	$1,258.08	0.0%	0.0%	N	Referral Requirec
35558	FEMORAL-FEMORAL BYPASS	07/01/2008	$1,118.99	0.0%	0.0%	N	Referral Requirec
35560	VEIN BYPASS AORTORENAL	07/01/2008	$1,626.72	0.0%	0.0%	N	Referral Requirec
35563	VEIN BYPASS ILIOILIAC	07/01/2008	$1,262.48	0.0%	0.0%	N	Referral Requirec
35565	BYPASS GRAFT, VEIN, ILIOFEMORAL	07/01/2008	$1,206.80	0.0%	0.0%	N	Referral Requirec
35566	FEMORAL-TIBIAL BYPASS	07/01/2008	$1,507.79	0.0%	0.0%	N	Referral Requirec
35570	TIBIAL-TIBIAL, PERONEAL-TIBIAL, OR TIBIAL/PERONEAL TRUNK-TIBIAL	01/01/2009	$1,471.65	0.0%	0.0%	N	Referral Requirec
35571	BYPASS GRAFT-VEIN POPLITEAL-TIBAL/PERONEAL ARTERY	07/01/2008	$1,232.90	0.0%	0.0%	N	Referral Requirec
35572	HARVEST OF FEMOROPOPLITEAL VEIN ONE SEGMENT FOR VASCULAR RECON PROC (ADD-ON)	07/01/2008	$316.77	0.0%	0.0%	N	Referral Requirec
35583	IN SITU VEIN BYPASS, FEMORAL-POPLITEAL	07/01/2008	$1,300.27	0.0%	0.0%	N	Referral Requirec
35585	IN-SITU VEIN BYPASS, FEMORAL ANTERIOR/POSTE TIBIAL	07/01/2008	$1,529.76	0.0%	0.0%	N	Referral Requirec
35587	POPLITEAL TIBIAL PERCONEAL (IN-SITU)	07/01/2008	$1,274.87	0.0%	0.0%	N	Referral Requirec
35600	HARVEST UPPER EXTREMITY ARTERY, ONE SEGMENT FOR CORONARY ARTERY BYPASS	07/01/2008	$231.96	0.0%	0.0%	N	Referral Requirec
35601	BYPASS GRAFT, OTHER THAN VEIN	07/01/2008	$1,294.13	0.0%	0.0%	N	Referral Requirec
35606	CAROTID-SUBCLAVIAN BYPASS	07/01/2008	$1,073.60	0.0%	0.0%	N	Referral Requirec
35612	SUBCLAVIAN-SUBCLAVIAN BYPASS	07/01/2008	$836.95	0.0%	0.0%	N	Referral Requirec
35616	SUBCLAVIAN-AXILLARY BYPASS	07/01/2008	$1,025.12	0.0%	0.0%	N	Referral Requirec
35621	AXILLARY-FEMORAL BYPASS	07/01/2008	$1,016.22	0.0%	0.0%	N	Referral Requirec
35623	AXILLARY-POPLITEAL OR TIBIAL	07/01/2008	$1,246.81	0.0%	0.0%	N	Referral Requirec
35626	AORTO-SUBCLAVIAN BYPASS	07/01/2008	$1,423.69	0.0%	0.0%	N	Referral Requirec
35631	AORTO-CELIAC BYPASS	07/01/2008	$1,705.43	0.0%	0.0%	N	Referral Requirec
35632	ILIO-CELIAC	01/01/2009	$1,809.32	0.0%	0.0%	N	Referral Requirec
35633	ILIO-MESENTERIC	01/01/2009	$1,954.05	0.0%	0.0%	N	Referral Requirec

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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
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

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35876	WITH REVISION OF ARTERIAL OR VENOUS GRAFT	07/01/2008	$865.16	0.0%	0.0%	N	Referral Requirec
35879	REVISION OF LOWER EXTREMITY ARTERIAL BYPASS GRAFT; W/ VEIN PATCH ANGIOPLASTY	07/01/2008	$850.98	0.0%	0.0%	N	Referral Requirec
35881	REVISION OF LOWER EXTREMITY ARTERIAL BYPASS GRAFT;W/SEGMENTAL VEIN INTERPOSITN	07/01/2008	$946.13	0.0%	0.0%	N	Referral Requirec
35883	REVISION, FEMORAL ANASTOMOSIS OF SYNTHETIC ARTERIAL BYPASS GRAFT IN GROIN, OPEN	07/01/2008	$1,118.27	0.0%	0.0%	N	Referral Requirec
35884	REVISION, FEMORAL ANASTOMOSIS OF SYNTHETIC ARTERIAL BYPASS GRAFT IN GROIN, OPEN	07/01/2008	$1,187.42	0.0%	0.0%	N	Referral Requirec
35901	EXCISION OF INFECTED GRAFT, NECK	07/01/2008	$457.94	0.0%	0.0%	N	Referral Requirec
35903	EXTREMITY	07/01/2008	$520.76	0.0%	0.0%	N	Referral Requirec
35905	THORAX	07/01/2008	$1,602.01	0.0%	0.0%	N	Referral Requirec
35907	ABDOMEN	07/01/2008	$1,757.57	0.0%	0.0%	N	Referral Requirec
36000	VENOGRAPHY INJECTION PROCEDURE	07/01/2008	$23.30	0.0%	0.0%	N	Referral Requirec
36002	INJECTION PROCEDURES PERCUTANEOUS TX OF EXTREMITY PSEUDOANEURYSM	07/01/2008	$154.21	0.0%	0.0%	N	Referral Requirec
36005	INJ PROCEDURE CONTRAST VENOGRAPHY INC INTRO OF NEE	07/01/2008	$301.86	0.0%	0.0%	N	Referral Requirec
36010	VENACAVA INJECTION PROCEDURE	07/01/2008	$592.78	0.0%	0.0%	N	Referral Requirec
36011	SELECT CATHETER PLACE, VENOUS SYSTEM 1ST ORDER BRA	07/01/2008	$902.38	0.0%	0.0%	N	Referral Requirec
36012	SELECT CATHETER PLACE, VENOUE SYSTEM 2ND ORDER SEL	07/01/2008	$776.34	0.0%	0.0%	N	Referral Requirec
36013	INTRO CATHETER R-HEART/MAIN PULMONARY ARTERY	07/01/2008	$759.27	0.0%	0.0%	N	Referral Requirec
36014	SELECT CATHETER PLACE L/R PULMONARY ARTERY	07/01/2008	$757.20	0.0%	0.0%	N	Referral Requirec
36015	SELECT CATHETER PLACE, EA SEGMENTAL OR SUBSEGMENTA	07/01/2008	$826.34	0.0%	0.0%	N	Referral Requirec
36100	ARTERIAL INJECTION PROCEDURE	07/01/2008	$495.29	0.0%	0.0%	N	Referral Requirec
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
36147	INTRODUCTION OF NEEDLE AND/OR CATHETOR, ARTERIOVENOUS SHUNT CREATED FOR	01/01/2010	$538.87	0.0%	0.0%	N	Referral Requirec
36148	ADDITIONAL ACCESS FOR THERAPEUTIC INTERVENTION (LIST SEPARATELY IN ADDITION)	01/01/2010	$169.38	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

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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
36479	INCOMPENTENT VEIN, EXTREMITY, INCL OF ALL IMAGING GUIDANCE AND MONITORING, EACH	07/01/2008	$356.48	0.0%	0.0%	Y	Referral Requirec
36481	PERCUTANEOUS PORTAL VEIN CATHETERIZATION ANY METHO	07/01/2008	$327.45	0.0%	0.0%	N	Referral Requirec
36500	ABDOMINAL VENOGRAPHY INJECTION	07/01/2008	$165.20	0.0%	0.0%	N	Referral Requirec
36510	UMBILICAL VEIN CATHETERIZATION	07/01/2008	$121.21	0.0%	0.0%	N	Referral Requirec
36511	THERAPEUTIC APHERESIS FOR WHITE BLOOD CELLS	07/01/2008	$81.48	0.0%	0.0%	N	Referral Requirec
36512	THERAPEUTIC APHERESIS FOR RED BLOOD CELLS	07/01/2008	$82.15	0.0%	0.0%	N	Referral Requirec
36513	THERAPEUTIC APHERESIS FOR PLATELETS	07/01/2008	$82.86	0.0%	0.0%	N	Referral Requirec
36514	THERAPEUTIC APHERESIS FOR PLASMA PHRESIS	07/01/2008	$518.22	0.0%	0.0%	N	Referral Requirec
36515	THERAPEUTIC APHERESIS WITH EXTRACORPREAL IMMUNOADSORPTION / PLASMA REINFUSION	07/01/2008	$1,925.86	0.0%	0.0%	N	Referral Requirec
36516	THERAPEUTIC APHERESIS WITH EXTRACORPOREAL SELECTIVE ABSORPTION OR FILTRATION	07/01/2008	$2,272.67	0.0%	0.0%	N	Referral Requirec
36522	PHOTOPHERESIS EXTRA CORPOREAL	07/01/2008	$1,223.54	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
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
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

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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
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

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37145	ANASTOMOSIS RENOPORTAL	07/01/2008	$1,294.13	0.0%	0.0%	N	Referral Requirec
37160	CAVAL-MESENTERIC ANASTOMOSIS	07/01/2008	$1,116.47	0.0%	0.0%	N	Referral Requirec
37180	SPLENO-RENAL ANASTOMOSIS	07/01/2008	$1,266.81	0.0%	0.0%	N	Referral Requirec
37181	ANASTOMOSIS; SPLENORENAL,DISTAL(SELECTIVE DECOMP.)	07/01/2008	$1,343.90	0.0%	0.0%	N	Referral Requirec
37182	INSERTION OF TRANSVENOUS INTRAHEPATIC	07/01/2008	$794.92	0.0%	0.0%	N	Referral Requirec
37183	REVISION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT	07/01/2008	$378.84	0.0%	0.0%	N	Referral Requirec
37184	PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, INITIAL VESSEL	07/01/2008	$2,331.62	0.0%	0.0%	N	Referral Requirec
37185	PRIM PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY,2ND/SUBSEQ, ADD-ON	07/01/2008	$769.68	0.0%	0.0%	N	Referral Requirec
37186	SECONDARY PERCUTANEOUS TRANSLUMINAL THROMBECTOMY,ADD-ON	07/01/2008	$1,578.31	0.0%	0.0%	N	Referral Requirec
37187	PERCUTANEOUS TRANSLUMINAL MECHANICALTHROMBECTOMY, INCL FLUOROSCOPIC GUIDANCE	07/01/2008	$2,255.82	0.0%	0.0%	N	Referral Requirec
37188	PERCUTANEOUS TRANSLUMINAL MECHANICALTHROMBECTOMY, REPEAT TREATMENT/SAME DAY	07/01/2008	$1,938.23	0.0%	0.0%	N	Referral Requirec
37195	THROMBOLYSIS; CEREBRAL, BY INTRAVENOUS INFUSION	07/01/2008	$279.89	0.0%	0.0%	N	Referral Requirec
37200	TRANSCATHETER BIOPSY	07/01/2008	$210.59	0.0%	0.0%	N	Referral Requirec
37201	TRANSCATHETER THERAPY, INFUSION FOR THROMBOLYSIS	07/01/2008	$254.89	0.0%	0.0%	N	Referral Requirec
37202	TRANSCATHETER THERAPY INFUSION OTHER THAN THROMBOL	07/01/2008	$304.67	0.0%	0.0%	N	Referral Requirec
37203	TRANSCATHETER RETRIEVAL INTRAVASULAR FOREIGN BOD	07/01/2008	$1,225.51	0.0%	0.0%	N	Referral Requirec
37204	EMBOLIZATION, NONCENTRAL NERV SYS, NON HEAD OR NEC	07/01/2008	$838.19	0.0%	0.0%	N	Referral Requirec
37205	TRANSCATHETER PLACEMENT INTRAVASCULAR STENTS EXCEPT CORONARY CAROTID VERTEBRAL	07/01/2008	$2,165.77	0.0%	0.0%	N	Referral Requirec
37206	TRANSCATHETER PLACE INTRAVASCULAR STENT EA ADD VES-ADD ON	07/01/2008	$1,277.88	0.0%	0.0%	N	Referral Requirec
37207	TRANSCATH PLACE INTRAVASCULAR STENT OPEN INIT VESS	07/01/2008	$391.97	0.0%	0.0%	N	Referral Requirec
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

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
37607	LIGATION OR BANDING OF ANGIOACCESS ARTERIOVENOUS FISTULA	07/01/2008	$333.53	0.0%	0.0%	N	Referral Required
37609	LIGATION OR BIOPSY TEMPORAL ARTERY	07/01/2008	$253.30	0.0%	0.0%	N	Referral Required
37615	LIGATION MAJOR ARTERY; NECK	07/01/2008	$408.73	0.0%	0.0%	N	Referral Required
37616	LIGATION MAJOR ARTERY; CHEST	07/01/2008	$945.01	0.0%	0.0%	N	Referral Required
37617	LIGATION MAJOR ARTERY; ABDOMEN	07/01/2008	$1,136.60	0.0%	0.0%	N	Referral Required
37618	LIGATION MAJOR ARTERY; EXTREMITY	07/01/2008	$328.78	0.0%	0.0%	N	Referral Required
37620	INTERRUPTION PARTIAL/COMPLETE OF INFERIOR VENA CAVA BY SUTURE/LIGATION/PLACATION	07/01/2008	$588.94	0.0%	0.0%	N	Referral Required
37650	INTERRUPTION PART/COMP OF FEMORAL VEIN BY LIGATURE	07/01/2008	$450.26	0.0%	0.0%	N	Referral Required
37660	INTERRUPTION, PARTIAL OR COMPLETE OF ILIAC VEIN	07/01/2008	$1,069.94	0.0%	0.0%	N	Referral Required
37700	LIGATION & DIVISION, VEINS	07/01/2008	$222.57	0.0%	0.0%	Y	Referral Required
37718	LIGATION, DIVISION, AND STRIPPING, SHORT SAPHENOUS VEIN	07/01/2008	$364.97	0.0%	0.0%	Y	Referral Required
37722	LIGATION, DIVIDE/STRIP SAPHENOUS VEINS. SAPHENOFEMORAL JUNCTION TO KNEE OR BELOW	07/01/2008	$422.68	0.0%	0.0%	Y	Referral Required
37726	REPAIR OF PULMONARY VENOUS STENOSIS	07/01/2008	$1,886.13	0.0%	0.0%	N	Referral Required
37735	UNILATERAL LIGATION DIVISION & COMPLETE STRIPPING	07/01/2008	$560.93	0.0%	0.0%	Y	Referral Required
37760	STRIPPING, SUBFASCIAL, RADICAL	07/01/2008	$549.64	0.0%	0.0%	Y	Referral Required
37761	LIGATION OF PERFORATOR VEIN(S), SUBFASCIAL, OPEN INCL. ULTRSND GUIDANCE 1 LEG.	01/01/2010	$517.27	0.0%	0.0%	N	Referral Required
37765	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISIONS	07/01/2008	$401.55	0.0%	0.0%	N	Referral Required
37766	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISIONS	07/01/2008	$488.41	0.0%	0.0%	N	Referral Required
37780	LIGATION & DIVISION, VEINS	07/01/2008	$227.38	0.0%	0.0%	Y	Referral Required
37785	VARICOSE VEINS, LIGTN & EXCSN	07/01/2008	$308.98	0.0%	0.0%	Y	Referral Required
37790	PENILE VENOUS OCCLUSIVE PROCEEDURE	07/01/2008	$450.75	0.0%	0.0%	N	Referral Required
37799	UNLISTED PROCEDURE, VASCULAR SURGERY	01/01/1976	$0.00	0.0%	0.0%	N	Referral Required
38100	SPLENECTOMY	07/01/2008	$906.96	0.0%	0.0%	N	Referral Required
38101	SPLENECTOMY, PARTIAL	07/01/2008	$916.44	0.0%	0.0%	N	Referral Required
38102	TOTAL, EN BLOC FOR EXTENSIVE DISEASE-ADD ON	07/01/2008	$220.44	0.0%	0.0%	N	Referral Required
38115	REPAIR OF RUPTURED SPLEEN W/WO PARTIAL SPLENECTOMY	07/01/2008	$1,005.96	0.0%	0.0%	N	Referral Required
38120	LAPAROSCOPY, SURGICAL, SPLENECTOMY	07/01/2008	$850.76	0.0%	0.0%	N	Referral Required
38129	UNLISTED LAPAROSCOPY PROCEDURE, SPLEEN	01/01/2000	$0.00	0.0%	0.0%	N	Referral Required
38200	SPLENOPORTOGRAPHY, INJ PRO	07/01/2008	$124.06	0.0%	0.0%	N	Referral Required
38204	MANAGEMENT OF RECIPIENT HEMATOPOIETIC PROGENITOR CELL DONOR SEARCH & CELL ACQUIS	01/01/2003	$0.00	0.0%	0.0%	N	Referral Required
38205	BLOOD DERIVED HEMOTOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION	07/01/2008	$71.63	0.0%	0.0%	N	Referral Required
38206	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANT; AUTOLOGOU	07/01/2008	$71.96	0.0%	0.0%	N	Referral Required
38220	BONE MARROW ASPIRATION	07/01/2008	$143.90	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
38221	BONE MARROW BIOPSY NEEDLE OF TROCARE	07/01/2008	$159.52	0.0%	0.0%	N	Referral Required
38230	BONE MARROW HARVESTING FOR TRANSPLANATATION	07/01/2008	$276.35	0.0%	0.0%	N	Referral Required
38240	BONE MARROW TRANSPLANTATION; ALLOGENIC	07/01/2008	$109.82	0.0%	0.0%	Y	Referral Required
38241	BONE MARROW TRANSPLANTATION; AUTOLOGUS	07/01/2008	$110.16	0.0%	0.0%	Y	Referral Required
38242	BONE MARROW/STEM CELL TRANSPLANTATION; ALLOGENIC DONOR LYMPHOCYTE INFUSIONS	07/01/2008	$83.39	0.0%	0.0%	Y	Referral Required
38300	DRAINAGE, LYMPHADENITIS	07/01/2008	$223.45	0.0%	0.0%	N	Referral Required
38305	DRAINAGE LYMPHADENITIS EXTENSIVE	07/01/2008	$380.65	0.0%	0.0%	N	Referral Required
38308	LYMPHANGIOTOMY OR OTHER OPERATIONS ON LYMPHATIC	07/01/2008	$363.49	0.0%	0.0%	N	Referral Required
38380	LIGATION, THORACIC DUCT	07/01/2008	$472.82	0.0%	0.0%	N	Referral Required
38381	LIGATION, THORACIC DUCT	07/01/2008	$698.19	0.0%	0.0%	N	Referral Required
38382	SUTURE/LIGATION THORACIC DUCT ABDOMINAL APPROACH	07/01/2008	$565.61	0.0%	0.0%	N	Referral Required
38474	PERCUTANEOUS ANGIOPLASTY FEMORAL-POPLITEAL	07/01/2008	$637.50	0.0%	0.0%	N	Referral Required
38500	BIOPSY, LYMPH NODE	07/01/2008	$259.51	0.0%	0.0%	N	Referral Required
38505	BX OR EXC LYMPH NODE BY NEEDLE SUPERFICIAL	07/01/2008	$109.20	0.0%	0.0%	N	Referral Required
38510	BIOPSY, LYMPH NODE	07/01/2008	$420.55	0.0%	0.0%	N	Referral Required
38520	BIOPSY, LYMPH NODE	07/01/2008	$379.21	0.0%	0.0%	N	Referral Required
38525	DEEP AXILLARY NODE	07/01/2008	$340.91	0.0%	0.0%	N	Referral Required
38530	BIOPSY, LYMPH NODE	07/01/2008	$440.35	0.0%	0.0%	N	Referral Required
38542	DISSECTION DEEP JUGULAR NODES	07/01/2008	$355.99	0.0%	0.0%	N	Referral Required
38550	EXCISION, CYSTIC HYGROMA	07/01/2008	$388.17	0.0%	0.0%	N	Referral Required
38555	EXCISION, CYSTIC HYGROMA	07/01/2008	$817.32	0.0%	0.0%	N	Referral Required
38562	LIMITED LYMPHADENECTOMY FOR STAGING-PELVIC	07/01/2008	$581.76	0.0%	0.0%	N	Referral Required
38564	LIMITED LYMPHADENECTOMY FOR STAGING RETROPERITONEA	07/01/2008	$578.22	0.0%	0.0%	N	Referral Required
38570	LAPAROSCOPY RETROPERITONEAL LYMPH NODE BIOPSY; SINGLE OR MULTIPLE	07/01/2008	$466.15	0.0%	0.0%	N	Referral Required
38571	LAPAROSCOPY PELVIC LYPMHADENECTOMY	07/01/2008	$722.27	0.0%	0.0%	N	Referral Required
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

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
40525	LIP FULL-THICKNESS RECONSTRUCTION W/LOCAL FLAP	07/01/2008	$465.55	0.0%	0.0%	N	Referral Required
40527	LIP-FULL THICKNESS RECONSTRUCT W/CROSS LIP FLAP	07/01/2008	$552.19	0.0%	0.0%	N	Referral Required
40530	RESECTION, LIP	07/01/2008	$450.20	0.0%	0.0%	N	Referral Required
40650	LIP REPAIR-FULL THICKNESS VERMILION ONLY	07/01/2008	$344.22	0.0%	0.0%	N	Referral Required
40652	REPAIR LIP UP TO HALF VERTICAL HEIGHT	07/01/2008	$404.86	0.0%	0.0%	N	Referral Required
40654	REPAIR LIP OVER 1/2 VERTICAL HEIGHT COMPLEX	07/01/2008	$470.17	0.0%	0.0%	N	Referral Required
40700	PLASTIC REPAIR, LIP	07/01/2008	$782.50	0.0%	0.0%	N	Referral Required
40701	PLASTIC REPAIR, LIP	07/01/2008	$922.36	0.0%	0.0%	N	Referral Required
40702	PLASTIC REPAIR, LIP	07/01/2008	$730.63	0.0%	0.0%	N	Referral Required
40720	PLASTIC REPAIR, LIP	07/01/2008	$845.76	0.0%	0.0%	N	Referral Required
40761	PLASTIC REPAIR CLEFT LIP-W/CROSS LIP PEDICLE FLAP	07/01/2008	$889.94	0.0%	0.0%	N	Referral Required
40799	UNLISTED PROCEDURE, LIP	01/01/1976	$0.00	0.0%	0.0%	N	Referral Required
40800	DRAINAGE, CYST, MOUTH	07/01/2008	$155.91	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
40801	DRAIN ABSCESS,CYST,HEMATOMA VESTIBULE MOUTH COMPLI	07/01/2008	$240.45	0.0%	0.0%	N	Referral Required
40804	REMOVAL, FOREIGN BODY, MOUTH	07/01/2008	$164.15	0.0%	0.0%	N	Referral Required
40805	REMOVAL EMBEDDED FB VESTIBULE OF MOUTH COMPLICATED	07/01/2008	$257.98	0.0%	0.0%	N	Referral Required
40806	INCISION, LABIAL FRENUM	07/01/2008	$82.11	0.0%	0.0%	N	Referral Required
40808	BIOPSY, VESTIBULE OF MOUTH	07/01/2008	$139.09	0.0%	0.0%	N	Referral Required
40810	EXCISION, LESION, MOUTH	07/01/2008	$156.81	0.0%	0.0%	N	Referral Required
40812	EXCISION, LESION, MOUTH	07/01/2008	$221.20	0.0%	0.0%	N	Referral Required
40814	EXCISION LESION MUCOSA-SUBMUCOSA (MOUTH) W/COMPLEX	07/01/2008	$301.09	0.0%	0.0%	N	Referral Required
40816	COMPLEX,WITH EXCISION OF UNDERLYING MUSCLE	07/01/2008	$316.62	0.0%	0.0%	N	Referral Required
40818	EXCISION MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRA	07/01/2008	$278.91	0.0%	0.0%	N	Referral Required
40819	EXCISION OF FRENUM, LABIAL OR BUCCAL	07/01/2008	$238.26	0.0%	0.0%	N	Referral Required
40820	DESTRUCTION, LESION, MOUTH	07/01/2008	$199.66	0.0%	0.0%	N	Referral Required
40830	CLOSURE, LACERATION, MOUTH	07/01/2008	$192.87	0.0%	0.0%	N	Referral Required
40831	CLOSURE LACERATION MOUTH OVER 2 1/2 CM COMPLEX	07/01/2008	$254.66	0.0%	0.0%	N	Referral Required
40840	VESTIBULOPLASTY; ANTERIOR	07/01/2008	$654.00	0.0%	0.0%	N	Referral Required
40842	VESTIBULOPLASTY, POSTERIOR, UNILATERAL	07/01/2008	$661.67	0.0%	0.0%	N	Referral Required
40843	VESTIBULOPLASTY, POSTERIOR BILATERAL	07/01/2008	$838.31	0.0%	0.0%	N	Referral Required
40844	VESTIBULOPLASTY, ENTIRE ARCH	07/01/2008	$1,110.92	0.0%	0.0%	N	Referral Required
40845	VESTIBULOPLASTY, COMPLEX (INCL. RIDGE EXT.& MUSCLE	07/01/2008	$1,232.22	0.0%	0.0%	N	Referral Required
40899	UNLISTED PROCEDURE, MOUTH	01/01/1976	$0.00	0.0%	0.0%	N	Referral Required
41000	DRAINAGE, ABSCESS, TONGUE	07/01/2008	$127.87	0.0%	0.0%	N	Referral Required
41005	DRAINAGE, ABSCESS, SUBLINGUAL	07/01/2008	$173.11	0.0%	0.0%	N	Referral Required
41006	INTRAORAL INCISION SUBLINGUAL, DEEP, SUPRAMYLOHYOI	07/01/2008	$287.23	0.0%	0.0%	N	Referral Required
41007	INTRAORAL I&D ABSCESS,CYST/HEMATOMA,SUBMENTAL SPAC	07/01/2008	$286.23	0.0%	0.0%	N	Referral Required
41008	DRAIN ABCESS, CYST, HEMATOMA SUBMANDIBULAR SPACE	07/01/2008	$292.04	0.0%	0.0%	N	Referral Required
41009	INTRAORAL INCISION DRAIN ABSCESS;MASTICATOR SPACE	07/01/2008	$311.00	0.0%	0.0%	N	Referral Required
41010	INCISION, LINGUAL FRENUM	07/01/2008	$159.63	0.0%	0.0%	N	Referral Required
41015	EX RAORAL INCISION & DRAINAGE OF ABCESS	07/01/2008	$338.01	0.0%	0.0%	N	Referral Required
41016	EXTRORAL I&D ABSCESS,CYST/HEMATOMA, SUBMENTAL	07/01/2008	$345.48	0.0%	0.0%	N	Referral Required
41017	EXTRAORAL INCISSION AND DRAIN ABSCESS,CYST,HEMATOM	07/01/2008	$348.49	0.0%	0.0%	N	Referral Required
41018	EXTRAORAL I & D OF ABSCESS ETC MASTICATOR SPACE	07/01/2008	$400.68	0.0%	0.0%	N	Referral Required
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 Required
41100	BIOPSY, TONGUE	07/01/2008	$134.40	0.0%	0.0%	N	Referral Required
41105	BIOPSY, TONGUE	07/01/2008	$133.92	0.0%	0.0%	N	Referral Required
41108	BIOPSY, FLOOR OF MOUTH	07/01/2008	$114.44	0.0%	0.0%	N	Referral Required
41110	EXCISION, LESION, TONGUE	07/01/2008	$164.66	0.0%	0.0%	N	Referral Required
41112	EXCISION, LESION, TONGUE	07/01/2008	$260.75	0.0%	0.0%	N	Referral Required
41113	EXCISION LESION TONGUE W/CLOSURE POSTERIOR 1/3	07/01/2008	$285.80	0.0%	0.0%	N	Referral Required

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41114	EXCISION LESSION TONGUE W/LOCAL TONGUE FLAP	07/01/2008	$533.14	0.0%	0.0%	N	Referral Required
41115	EXCISION OF LINGUAL FRENUM (FRENECTOMY)	07/01/2008	$187.24	0.0%	0.0%	N	Referral Required
41116	EXCISION LESION FLOOR OF MOUTH	07/01/2008	$252.90	0.0%	0.0%	N	Referral Required
41120	GLOSSECTOMY	07/01/2008	$875.85	0.0%	0.0%	N	Referral Required
41130	HEMIGLOSSECTOMY	07/01/2008	$1,073.47	0.0%	0.0%	N	Referral Required
41135	GLOSSECTOMY	07/01/2008	$1,788.90	0.0%	0.0%	N	Referral Required
41140	GLOSSECTOMY	07/01/2008	$1,848.27	0.0%	0.0%	N	Referral Required
41145	GLOSSECTOMY	07/01/2008	$2,300.16	0.0%	0.0%	N	Referral Required
41150	COMPOSITE PROCEDURE W/RESECTFON FLOOR MOUTH-MANDIR	07/01/2008	$1,824.47	0.0%	0.0%	N	Referral Required
41153	COMPOSITE PROCEDURE W/RESECTION W/SUPRAHYOID NECK	07/01/2008	$1,971.70	0.0%	0.0%	N	Referral Required
41155	COMPOSITE PROCEDURE W/RESECTION-MANDIBULAR RESECTI	07/01/2008	$2,427.08	0.0%	0.0%	N	Referral Required
41250	REPAIR, LACERATION, TONGUE	07/01/2008	$178.28	0.0%	0.0%	N	Referral Required
41251	REPAIR, LACERATION, TONGUE	07/01/2008	$193.90	0.0%	0.0%	N	Referral Required
41252	REPAIR LACERATION TONGUE OVER 2-6 CM COMPLEX	07/01/2008	$247.16	0.0%	0.0%	N	Referral Required
41500	FIXATION, TONGUE	07/01/2008	$380.92	0.0%	0.0%	N	Referral Required
41510	SUTURE, TONGUE TO LIP	07/01/2008	$360.15	0.0%	0.0%	N	Referral Required
41512	TONGUE BASE SUSPENSION, PERMANENT SUTURE TECHNIQUE	01/01/2009	$521.74	0.0%	0.0%	N	Referral Required
41520	FRENOPLASTY	07/01/2008	$272.24	0.0%	0.0%	N	Referral Required
41599	UNLISTED PROCEDURE, TONGUE	01/01/1976	$0.00	0.0%	0.0%	N	Referral Required
41800	DRNGE, CYST, DENTO ALVEOLAR ST	07/01/2008	$166.49	0.0%	0.0%	N	Referral Required
41805	REMOVAL FB DENTO-ALVEOLAR SOFT-TISSUE	07/01/2008	$167.63	0.0%	0.0%	N	Referral Required
41806	REMOVAL FB DENTO-ALVEOLAR BONE	07/01/2008	$255.60	0.0%	0.0%	N	Referral Required
41820	GINGIVECTOMY	01/01/1976	$0.00	0.0%	0.0%	N	Referral Required
41821	OPERCULECTOMY, EXCISION PERICORONAL TISSUE	01/01/2004	$0.00	0.0%	0.0%	N	Referral Required
41822	EXCISION FIBROUS TUBEROSITIES, DENTOALVEOLAR STRUC	07/01/2008	$229.88	0.0%	0.0%	N	Referral Required
41823	EXCISION OSSEOUS TUBEROSITIES, DENTOALVEOLAR STRUC	07/01/2008	$331.35	0.0%	0.0%	N	Referral Required
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

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42106	EXCISION, LESION, PALATE	07/01/2008	$204.10	0.0%	0.0%	N	Referral Requirec
42107	EXCISION LESION OF PALATE, UVULA W/LOCAL FLAP CLOS	07/01/2008	$363.35	0.0%	0.0%	N	Referral Requirec
42120	RESECTION, PALATE	07/01/2008	$803.57	0.0%	0.0%	N	Referral Requirec
42140	EXCISION, UVULA	07/01/2008	$196.16	0.0%	0.0%	N	Referral Requirec
42145	PALATOPHARYNGOPLASTY (LESION OF PALATE OR UVULA)	07/01/2008	$585.25	0.0%	0.0%	N	Referral Requirec
42160	DESTRUCTION, LESION, PALATE	07/01/2008	$197.97	0.0%	0.0%	N	Referral Requirec
42180	REPAIR, LACERATION, PALATE	07/01/2008	$195.99	0.0%	0.0%	N	Referral Requirec
42182	REPAIR, LACERATION, PALATE	07/01/2008	$267.47	0.0%	0.0%	N	Referral Requirec
42200	CLEFT PALATE REPAIR	07/01/2008	$754.77	0.0%	0.0%	N	Referral Requirec
42205	CLEFT PALATE REPAIR	07/01/2008	$776.16	0.0%	0.0%	N	Referral Requirec
42210	CLEFT PALATE REPAIR	07/01/2008	$903.74	0.0%	0.0%	N	Referral Requirec
42215	CLEFT PALATE REPAIR	07/01/2008	$598.04	0.0%	0.0%	N	Referral Requirec
42220	CLEFT PALATE REPAIR	07/01/2008	$484.73	0.0%	0.0%	N	Referral Requirec
42225	CLEFT PALATE REPAIR	07/01/2008	$829.62	0.0%	0.0%	N	Referral Requirec
42226	LENGTHENING OF PALATE & PHARYNGEAL FLAP	07/01/2008	$806.86	0.0%	0.0%	N	Referral Requirec
42227	LENGTHENING OF PALATE WITH ISLAND FLAP	07/01/2008	$794.48	0.0%	0.0%	N	Referral Requirec
42235	REPAIR, PALATE, ANTERIOR	07/01/2008	$649.85	0.0%	0.0%	N	Referral Requirec
42260	REPAIR, FISTULA, NASOLABIAL	07/01/2008	$695.23	0.0%	0.0%	N	Referral Requirec
42280	MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS	07/01/2008	$125.86	0.0%	0.0%	N	Referral Requirec
42281	INSERTION OF PIN-RETAINED PALATAL PROSTHESIS	07/01/2008	$163.17	0.0%	0.0%	N	Referral Requirec
42299	UNLISTED PROC, PALATE	01/01/1976	$0.00	0.0%	0.0%	N	Referral Requirec
42300	DRAINAGE, ABSCESS, PAROTID	07/01/2008	$167.98	0.0%	0.0%	N	Referral Requirec
42305	DRAINAGE ABCESS PAROTID COMPLICATED	07/01/2008	$364.28	0.0%	0.0%	N	Referral Requirec
42310	DRNG, ABSCESS, SUBMAXILLARY	07/01/2008	$131.49	0.0%	0.0%	N	Referral Requirec
42320	DRNG, ABSCESS, SUBMAXILLARY	07/01/2008	$200.71	0.0%	0.0%	N	Referral Requirec
42330	SIALOLITHOTOMY	07/01/2008	$187.70	0.0%	0.0%	N	Referral Requirec
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

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
42826	TONSILLECTOMY PRIMARY AND SECONDARY AGE 12 OR OVER	07/01/2008	$214.44	0.0%	0.0%	N	Referral Requirec
42830	ADENOIDECTOMY, PRIMARY UNDER AGE 12	07/01/2008	$174.44	0.0%	0.0%	N	Referral Requirec
42831	ADENOIDECTOMY, PRIMARY, AGE 12 OR OVER	07/01/2008	$188.11	0.0%	0.0%	N	Referral Requirec
42835	ADENOIDECTOMY	07/01/2008	$152.81	0.0%	0.0%	N	Referral Requirec
42836	ADENOIDECTOMY, SECONDARY, AGE 12 OR OVER	07/01/2008	$206.49	0.0%	0.0%	N	Referral Requirec
42842	RADICAL RESECTION TONSIL,TONSILLAR PILLARS,WO/CLOS	07/01/2008	$800.84	0.0%	0.0%	N	Referral Requirec
42844	RADICAL RESECTION TONSIL, CLOSURE W/LOCAL FLAP	07/01/2008	$1,140.45	0.0%	0.0%	N	Referral Requirec
42845	RADICAL RESECTION TONSIL, CLOSURE W/OTHER FLAP	07/01/2008	$1,863.01	0.0%	0.0%	N	Referral Requirec
42860	EXCISION, TONSIL TAGS	07/01/2008	$157.25	0.0%	0.0%	N	Referral Requirec
42870	EXCISION, LINGUAL TONSIL	07/01/2008	$479.08	0.0%	0.0%	N	Referral Requirec
42890	LIMITED PHARYNGECTOMY	07/01/2008	$1,145.31	0.0%	0.0%	N	Referral Requirec
42892	RESECTION LATERAL PHARYNGEAL WALL DIRECT CLOSURE A	07/01/2008	$1,495.80	0.0%	0.0%	N	Referral Requirec
42894	RESECTION PHARYNGEAL WALL REQUIRING CLOSEURE W/MYO	07/01/2008	$1,923.36	0.0%	0.0%	N	Referral Requirec

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42900	SUTURE, PHARYNX	07/01/2008	$296.30	0.0%	0.0%	N	Referral Requirec
42950	PHARYNGOPLASTY	07/01/2008	$670.24	0.0%	0.0%	N	Referral Requirec
42953	PHARYNGOESOPHAGEAL REPAIR	07/01/2008	$848.98	0.0%	0.0%	N	Referral Requirec
42955	PHARYNGOSTOMY	07/01/2008	$627.36	0.0%	0.0%	N	Referral Requirec
42960	CNTRL OROPHARYNGEAL HEMORRHAGE	07/01/2008	$143.85	0.0%	0.0%	N	Referral Requirec
42961	CONTROL OROPHARYNGEAL HEMORRHAGE COMPLICATED	07/01/2008	$356.86	0.0%	0.0%	N	Referral Requirec
42962	CONTROL OROPHARYNGEAL HEMORRHAGE W/SECOUND SURG IN	07/01/2008	$441.50	0.0%	0.0%	N	Referral Requirec
42970	CTRL NASOPHARYNGEAL HEMORRHAGE	07/01/2008	$329.98	0.0%	0.0%	N	Referral Requirec
42971	CTRL.NASOPHARYNGEAL HEMORRHAGE, COMPLICATED	07/01/2008	$389.58	0.0%	0.0%	N	Referral Requirec
42972	CONTROL NASOPHARYNGEAL HEMORRHAGE W/SECOUND SURG I	07/01/2008	$442.82	0.0%	0.0%	N	Referral Requirec
42999	UNLISTED PROC, T/A OR PHARYNX	01/01/1976	$0.00	0.0%	0.0%	N	Referral Requirec
43020	ESOPHAGOTOMY	07/01/2008	$456.47	0.0%	0.0%	N	Referral Requirec
43030	CRICOPHARYNGEAL MYOTOMY	07/01/2008	$445.95	0.0%	0.0%	N	Referral Requirec
43045	ESOPHAGOTOMY	07/01/2008	$1,111.14	0.0%	0.0%	N	Referral Requirec
43100	EXCISION, LESION, ESOPHAGUS	07/01/2008	$528.87	0.0%	0.0%	N	Referral Requirec
43101	EXCISION, LESION, ESOPHAGUS	07/01/2008	$865.19	0.0%	0.0%	N	Referral Requirec
43107	TOTAL ESOPHAGECTOMY W/W/O PYLOROPLASTY TRANSHIATAL	07/01/2008	$2,150.72	0.0%	0.0%	N	Referral Requirec
43108	TOTAL ESOPHAGECTOMY W/INTTERPOSTION/RECONSTRUCT	07/01/2008	$3,495.65	0.0%	0.0%	N	Referral Requirec
43112	TOTAL ESOPHAGECTOMY W/THORACOTOMY W/W/O PYLOROPLAS	07/01/2008	$2,303.43	0.0%	0.0%	N	Referral Requirec
43113	ESOPHAGECTOMY W/THORACOTOMY W/INTERPOSITION/RECONS	07/01/2008	$3,437.93	0.0%	0.0%	N	Referral Requirec
43116	PARTIAL ESOPHAGECTOMY,GRAFT/INTESTINAL RECONSTRUCT	07/01/2008	$3,954.71	0.0%	0.0%	N	Referral Requirec
43117	PARTIAL ESOPHAGECTOMY W/W/O PYLOROPLASTY	07/01/2008	$2,099.50	0.0%	0.0%	N	Referral Requirec
43118	PARTIAL ESOPHAGECTOMY W/INTERPOSITION/RECONSTRUCT	07/01/2008	$2,910.04	0.0%	0.0%	N	Referral Requirec
43121	PARTIAL ESOPHAGECTOMY W/THORACOTOMY ONLY	07/01/2008	$2,325.34	0.0%	0.0%	N	Referral Requirec
43122	PARTIAL ESOPHAGECTOMY W/ESOPHAGOGASTROSTOMY	07/01/2008	$2,128.79	0.0%	0.0%	N	Referral Requirec
43123	PARTIAL ESOPHAGECTOMY W/INTERPOSITION/RECONSTRUCT	07/01/2008	$3,525.57	0.0%	0.0%	N	Referral Requirec
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

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
43220	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH BALLOON DILATION	07/01/2008	$108.73	0.0%	0.0%	N	Referral Required
43226	ESOPHAGOSCOPY FOR INSERTION OF WIRE GUIDE DILATION	07/01/2008	$120.78	0.0%	0.0%	N	Referral Required
43227	ESOPHAGOSCOPY FOR CONTROL OF HEMORRHAGE	07/01/2008	$179.40	0.0%	0.0%	N	Referral Required
43228	FOR ABLATION OF TUMORS, POLYPS OR OTHER LESIONS	07/01/2008	$189.93	0.0%	0.0%	N	Referral Required
43231	ESOPHAGOSCOPY WITH ENDOSCOPIC ULTRASOUND EXAM	07/01/2008	$162.45	0.0%	0.0%	N	Referral Required
43232	ESOPHAGOSCOPY W/ TRANSENDOSCOPIC FINE NEEDLE ASPIRATION/BIOPSY	07/01/2008	$226.60	0.0%	0.0%	N	Referral Required
43234	UPPER GI ENDOSCOPY SIMPLE PRIM EXAM	07/01/2008	$242.81	0.0%	0.0%	N	Referral Required
43235	ESOPHAGOGASTRODUODENOSCOPY	07/01/2008	$258.10	0.0%	0.0%	N	Referral Required
43236	UPPER GI ENDOSCOPY INC ESOPHAGUS, STOMACH, DUODENUM, JEJUNUM; W/ SUBMUCOSAL INJ.	07/01/2008	$320.75	0.0%	0.0%	N	Referral Required
43237	WITH ENDOSCOPIC ULTRASOUND EXAMINATION LIMITED TO ESOPHAGUS	07/01/2008	$204.22	0.0%	0.0%	N	Referral Required
43238	WITH TRANSENDOSCOPIC ULTRASOUND GUIDED ASPIRATION/BIOPSY	07/01/2008	$252.27	0.0%	0.0%	N	Referral Required
43239	ESOPHAGOGASTROSCOPY	07/01/2008	$297.06	0.0%	0.0%	N	Referral Required
43240	UPPER GI ENDOSCOPY FOR PSEUDOCYST DRAINAGE	07/01/2008	$338.75	0.0%	0.0%	N	Referral Required
43241	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAG	07/01/2008	$132.54	0.0%	0.0%	N	Referral Required
43242	UPPER GI ENDOSCOPY WITH ULTRASOUND FNA/BIOPSY	07/01/2008	$362.09	0.0%	0.0%	N	Referral Required
43243	UPPER GASTROINTESTINAL ENDOSCOPY	07/01/2008	$228.79	0.0%	0.0%	N	Referral Required
43244	UPPER GASTRO ENDOSCOPY W/BAND LIGATION OF ESOPHAGE	07/01/2008	$253.22	0.0%	0.0%	N	Referral Required
43245	UPPER GI ENDOSCOPY FOR DIL GASTRIC OUTLET OBSTRUCT	07/01/2008	$160.31	0.0%	0.0%	N	Referral Required
43246	UPPER GL ENDOSCOPY FOR PLACE OF G-TUBE	07/01/2008	$214.60	0.0%	0.0%	N	Referral Required
43247	ESOPHAGOGASTRODUODENOSCOPY	07/01/2008	$171.36	0.0%	0.0%	N	Referral Required
43248	W/INSERT OF GUIDE WIRE FOLLOWED BY DILATION OF ESO	07/01/2008	$161.26	0.0%	0.0%	N	Referral Required
43249	GASTROINTESTINAL ENDOSCOPY W/BALLOON DILATION <30	07/01/2008	$148.35	0.0%	0.0%	N	Referral Required
43250	W/REMOVAL OF TUMORS,POLYPS,OR OTHER LESIONS BY HOT	07/01/2008	$161.07	0.0%	0.0%	N	Referral Required
43251	REMOVAL POLYPOID LESION	07/01/2008	$186.02	0.0%	0.0%	N	Referral Required
43255	UPPER GASTROINTESTINAL ENDOSCOPY FOR HEMORHAGE CON	07/01/2008	$241.89	0.0%	0.0%	N	Referral Required
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

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43271	ERCP FOR BALLOON DILATION OF AMPULLA, BILARY/PANCR	07/01/2008	$366.28	0.0%	0.0%	N	Referral Requirec
43272	ERCP FOR ABLATION OF TUMOR/MUCOSAL LESION (LASER H	07/01/2008	$367.28	0.0%	0.0%	N	Referral Requirec
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 Requirec
43279	LAPAROSCOPY, SURGICAL, ESOPHAGOMYOTOMY (HELLER TYPE), WITH FUNDOPLASTY	01/01/2009	$1,102.06	0.0%	0.0%	N	Referral Requirec
43280	LAPAROSCOPY ESOPHAGOGASTRIC FUNDOPLASTY	07/01/2008	$879.31	0.0%	0.0%	N	Referral Requirec
43281	LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY	01/01/2010	$1,095.05	0.0%	0.0%	N	Referral Requirec
43282	WITH IMPLANTATION OF MESH	01/01/2010	$1,231.84	0.0%	0.0%	N	Referral Requirec
43289	LAPAROSCOPY UNLISTED ESOPHAGUS PROCEDURE	01/01/2000	$0.00	0.0%	0.0%	N	Referral Requirec
43300	ESLPNAGOPLASTY, CERVICAL APPROACH; W/O REPAIR FIST	07/01/2008	$527.06	0.0%	0.0%	N	Referral Requirec
43305	ESOPHAGOPLASTY	07/01/2008	$949.87	0.0%	0.0%	N	Referral Requirec
43310	ESOPHAGOPLASTY	07/01/2008	$1,294.97	0.0%	0.0%	N	Referral Requirec
43312	ESOPHAGOPLASTY	07/01/2008	$1,426.73	0.0%	0.0%	N	Referral Requirec
43313	ESOPHAGOPLASTY FOR CONGENITAL DEFECT THORACIC APPROACH W/O FISTULA REPAIR	07/01/2008	$2,325.38	0.0%	0.0%	N	Referral Requirec
43314	ESOPHAGOPLASTY FOR CONGENITAL DEFECT THORACIC APPROACH W/FISTULA REPAIR	07/01/2008	$2,481.31	0.0%	0.0%	N	Referral Requirec
43320	ESOPHAGOGASTROSTOMY	07/01/2008	$1,126.81	0.0%	0.0%	N	Referral Requirec
43324	FUNDOPLASTY, ESOPHAGOGASTRIC	07/01/2008	$1,104.85	0.0%	0.0%	N	Referral Requirec
43325	ESOPHAGOGASTRIC FUNDOPLASTY W/FUNDIC PATCH	07/01/2008	$1,089.85	0.0%	0.0%	N	Referral Requirec
43326	ESOPHAGOGASTRIC FUNDOPLASTY W/GASTROPLASTY	07/01/2008	$1,105.97	0.0%	0.0%	N	Referral Requirec
43330	ESOPHAGOMYOTOMY W/OR W/O HIATAL HERNIA REPAIR ABOD	07/01/2008	$1,067.71	0.0%	0.0%	N	Referral Requirec
43331	HELLER PROCEDURE	07/01/2008	$1,152.27	0.0%	0.0%	N	Referral Requirec
43340	ESOPHAGOJEJUNOSTOMY	07/01/2008	$1,118.15	0.0%	0.0%	N	Referral Requirec
43341	ESOPHAGEJEJUNOSTOMYTHORACIC APPROACH	07/01/2008	$1,192.12	0.0%	0.0%	N	Referral Requirec
43350	ESOPHAGOSTOMY	07/01/2008	$961.45	0.0%	0.0%	N	Referral Requirec
43351	ESOPHAGOSTOMY	07/01/2008	$1,125.25	0.0%	0.0%	N	Referral Requirec
43352	ESOPHAGOSTOMY FISTULIZATION ESOPHAGUS EXT/CERVICAL	07/01/2008	$904.83	0.0%	0.0%	N	Referral Requirec
43360	GASTROINTESTIONAL RECONSTRUCTION W/STOMACH	07/01/2008	$1,933.15	0.0%	0.0%	N	Referral Requirec
43361	GASTROINTESTINAL RECONSTRUCT W/INTERPOSITION	07/01/2008	$2,196.38	0.0%	0.0%	N	Referral Requirec
43400	LIGATION, ESOPHAGEAL VARICES	07/01/2008	$1,275.97	0.0%	0.0%	N	Referral Requirec
43401	TRANSECTION OF ESOPHAGUS REPAIR VARIOUS	07/01/2008	$1,259.71	0.0%	0.0%	N	Referral Requirec
43405	LIGATION/STAPLING GASTROESOPHAGEAL JUNCTION	07/01/2008	$1,215.50	0.0%	0.0%	N	Referral Requirec
43410	SUTURE, ESOPHAGEAL WOUND	07/01/2008	$834.16	0.0%	0.0%	N	Referral Requirec
43415	SUTURE, ESOPHAGEAL WOUND	07/01/2008	$1,423.05	0.0%	0.0%	N	Referral Requirec
43420	ESOPHAGOSTOMY CLOSURE	07/01/2008	$833.82	0.0%	0.0%	N	Referral Requirec
43425	CLOSE ESOPHAGOSTOMY OR FISTULA; THORACIC APPROACH	07/01/2008	$1,234.31	0.0%	0.0%	N	Referral Requirec
43450	DILATION, ESOPHAGUS	07/01/2008	$137.31	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
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
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

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
43775	LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	01/01/2010	$918.68	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
43881	IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM, OPEN	01/01/2007	$0.00	0.0%	0.0%	Y	Referral Required
43882	REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM, OPEN	01/01/2007	$0.00	0.0%	0.0%	Y	Referral Required
43999	UNLISTED PROCEDURE, STOMACH	01/01/1976	$0.00	0.0%	0.0%	N	Referral Required
44005	ENTEROLYSIS	07/01/2008	$879.44	0.0%	0.0%	N	Referral Required
44010	DUODENOTOMY	07/01/2008	$690.11	0.0%	0.0%	N	Referral Required
44015	NEEDLE CATH JEJUNOSTOMY FOR ENTERAL HYPERALIMENTAT-ADD ON	07/01/2008	$120.67	0.0%	0.0%	N	Referral Required
44020	ENTEROTOMY SMALL INTESTINE FOR EXPLORATION	07/01/2008	$775.82	0.0%	0.0%	N	Referral Required
44021	ENTEROTOMY; SMALL BOWEL OTHER THAN DUODENUM	07/01/2008	$782.06	0.0%	0.0%	N	Referral Required

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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
44155	COLECTOMY	07/01/2008	$1,656.82	0.0%	0.0%	N	Referral Requirec
44156	COLECTOMY,TOTAL,ABDOMINAL W/PROCTECTOMY& CONTINENT	07/01/2008	$1,816.17	0.0%	0.0%	N	Referral Requirec
44157	COLECTOMY, TOTAL, ABD, W/PROCTECTOMY	07/01/2008	$1,835.59	0.0%	0.0%	N	Referral Requirec
44158	COLECTOMY, TOTAL, ABDOMINAL, W/ PROCTECTOMY; W/ ILEOANAL	07/01/2008	$1,882.92	0.0%	0.0%	N	Referral Requirec
44160	COLECTOMY WITH REMOVAL OF TER ILEUM & ILEOCOLOSTOM	07/01/2008	$996.69	0.0%	0.0%	N	Referral Requirec
44180	LAPAROSCOPY, SURGICAL ENTEROLYSIS (SP)	07/01/2008	$745.88	0.0%	0.0%	N	Referral Requirec
44186	LAPAROSCOPY, SURGICAL JEJUNOSTOMY, FOR DECOMPRESSION OR FEEDING	07/01/2008	$526.11	0.0%	0.0%	N	Referral Requirec
44187	LAPAROSCOPY, SURGICAL ILEOSTOMY OR JEJUNOSTOMY,NON TUBE	07/01/2008	$890.22	0.0%	0.0%	N	Referral Requirec
44188	LAPAROSCOPY, SURGICAL COLOSTOMY OR SKIN LEVEL CECOSTOMY	07/01/2008	$978.98	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
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
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

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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
44661	CLOSURE ENTEROVESICAL FISTULA W/BOWEL AND BLADDER	07/01/2008	$1,284.27	0.0%	0.0%	N	Referral Required
44680	SUTURE, PLICATION, INTESTINAL	07/01/2008	$857.16	0.0%	0.0%	N	Referral Required
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 Required
44701	INTRAOPERATIVE COLONIC LAVAGE (ADD-ON)	07/01/2008	$141.39	0.0%	0.0%	N	Referral Required
44715	CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT > TRANSPLANT INCLUDING MOBILIZATION	07/01/2008	$918.45	0.0%	0.0%	Y	Referral Required
44720	CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT > TRANSPLANT VENOUS ANASTAMOSIS; EA	07/01/2008	$224.34	0.0%	0.0%	Y	Referral Required

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44721	CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT PRIOR TO TRANSPLANT; ARTERIAL ANAST	07/01/2008	$322.82	0.0%	0.0%	Y	Referral Required
44799	UNLISTED PROC, INTESTINE	01/01/1976	$0.00	0.0%	0.0%	N	Referral Required
44800	DIVERTICULECTOMY	07/01/2008	$609.79	0.0%	0.0%	N	Referral Required
44820	EXCISION, LESION, MESENTERY	07/01/2008	$671.83	0.0%	0.0%	N	Referral Required
44850	SUTURE, MESENTERY	07/01/2008	$596.97	0.0%	0.0%	N	Referral Required
44899	UNLISTED PROC, MESENTERY	01/01/1976	$0.00	0.0%	0.0%	N	Referral Required
44900	DRAINAGE, ABSCESS, APPENDICIAL	07/01/2008	$604.53	0.0%	0.0%	N	Referral Required
44901	INCISION AND DRAINAGE OF APPENDICEAL ABSCESS; PERCUTANEOUS	07/01/2008	$913.38	0.0%	0.0%	N	Referral Required
44950	APPENDECTOMY	07/01/2008	$517.10	0.0%	0.0%	N	Referral Required
44955	APPENDECTOMY WHEN DONE W.OTHER MAJOR PROCEDURE-ADD ON	07/01/2008	$70.91	0.0%	0.0%	N	Referral Required
44960	APPENDECTOMY FOR RUPTURED APPENDIX W/ABSCESS	07/01/2008	$692.77	0.0%	0.0%	N	Referral Required
44970	LAPAROSCOPY APPENDECTOMY	07/01/2008	$473.29	0.0%	0.0%	N	Referral Required
44979	LAPAROSCOPY UNLISTED APPENDIX PROCEDURE	01/01/2000	$0.00	0.0%	0.0%	N	Referral Required
45000	DRAINAGE, ABSCESS, PELVIC	07/01/2008	$326.96	0.0%	0.0%	N	Referral Required
45005	INCISION & DRAINAGE OF SUBMUCOUS ABSCESS, RECTUM	07/01/2008	$205.92	0.0%	0.0%	N	Referral Required
45020	DRAINAGE, ABSCESS, PELVIRECTAL	07/01/2008	$423.53	0.0%	0.0%	N	Referral Required
45100	BIOPSY, ANO-RECTAL WALL	07/01/2008	$227.72	0.0%	0.0%	N	Referral Required
45108	MYOMECTOMY, ANORECTAL	07/01/2008	$278.43	0.0%	0.0%	N	Referral Required
45110	PROCTECTOMY	07/01/2008	$1,494.00	0.0%	0.0%	N	Referral Required
45111	PROTECTOMY, PARTIAL RESECTION	07/01/2008	$875.51	0.0%	0.0%	N	Referral Required
45112	PROCTECTOMY	07/01/2008	$1,541.99	0.0%	0.0%	N	Referral Required
45113	PROCTECTOMY,PARTIAL W/MUCOSECTOMY W/W/O ILEOSTOMY	07/01/2008	$1,579.69	0.0%	0.0%	N	Referral Required
45114	PROCTECTMY PARTIAL W ANASTOMOSIS ABDOMINAL & TRNSC	07/01/2008	$1,444.52	0.0%	0.0%	N	Referral Required
45116	PROCTECTOMY PARTIAL TRANSACRAL APPROACH ONLY KRSKE	07/01/2008	$1,307.52	0.0%	0.0%	N	Referral Required
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 Required
45120	PROCTECTOMY	07/01/2008	$1,259.43	0.0%	0.0%	N	Referral Required
45121	PROTECTOMY COMPLETE W SUBTOTAL OR TOTAL COLECTOMY	07/01/2008	$1,385.01	0.0%	0.0%	N	Referral Required
45123	PROCTECTOMY PARTIAL W/O ANASTOMOSIS, PERINEAL	07/01/2008	$892.93	0.0%	0.0%	N	Referral Required
45126	PELVIC EXENTERATION COLORECTAL MALIGNA WITH PROCTECTOMY	07/01/2008	$2,341.01	0.0%	0.0%	N	Referral Required
45130	EXCISION, RECTAL PROCIDENTIA	07/01/2008	$874.73	0.0%	0.0%	N	Referral Required
45135	EXCISION, RECTAL PROCIDENTIA	07/01/2008	$1,071.95	0.0%	0.0%	N	Referral Required
45136	EXCISION OF ILEOANAL RESERVOIR W/ ILEOSTOMY	07/01/2008	$1,489.29	0.0%	0.0%	N	Referral Required
45150	DIVISION, STRICTURE, RECTUM	07/01/2008	$310.20	0.0%	0.0%	N	Referral Required
45160	EXCISION RECTAL TUMOR BY PROCTOTOMY TRANSANAL APPR	07/01/2008	$792.55	0.0%	0.0%	N	Referral Required
45171	EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH; NOT INCLUDING MUSCULARIS PROPRIA	01/01/2010	$412.59	0.0%	0.0%	N	Referral Required
45172	INCLUDING MUSCULARIS (IE, FULL THICKNESS)	01/01/2010	$567.78	0.0%	0.0%	N	Referral Required

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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
45383	W/ABLATION OF TUMORS,POLYPS,OR OTHER LESIONS NOT A	07/01/2008	$480.59	0.0%	0.0%	N	Referral Requirec
45384	COLONOSCOPY WITH REMOVAL OF TUMORS	07/01/2008	$398.09	0.0%	0.0%	N	Referral Requirec
45385	COLONSCOPY W/REMVL OF TUMOR,POLYPIC BY SNARE TECHN	07/01/2008	$455.78	0.0%	0.0%	N	Referral Requirec
45386	COLONOSCOPY, FLEXIBLE, PROXIMAL FLEXURE; W/DILATION BY BALLOON, 1 OR MORE STRICT	07/01/2008	$573.92	0.0%	0.0%	N	Referral Requirec

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45387	COLONOSCOPY W/STENT PLACEMNET	07/01/2008	$292.94	0.0%	0.0%	N	Referral Requirec
45391	SPLENIC FLEXURE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION	07/01/2008	$255.03	0.0%	0.0%	N	Referral Requirec
45392	SPLENIC FLEXURE; TRANSENDOSCOPIC ULTRASOUND WITH NEEDLE ASPIRATIONS/BIOPSIES	07/01/2008	$322.47	0.0%	0.0%	N	Referral Requirec
45395	LAPAROSCOPY, SURG PROTECTOMY COMBINED W/ABDOMINOPERINEALW/COLOSTOMY	07/01/2008	$1,613.11	0.0%	0.0%	N	Referral Requirec
45397	LAPAROSCOPY, SURG PROTECTOMY COMBINED W/ABDOMINOPERINEAL PULL THRU PROC	07/01/2008	$1,748.58	0.0%	0.0%	N	Referral Requirec
45400	LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE)	07/01/2008	$935.03	0.0%	0.0%	N	Referral Requirec
45402	LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE) WITH SIGMOID RESECTION	07/01/2008	$1,251.09	0.0%	0.0%	N	Referral Requirec
45499	UNLISTED LAPAROSCOPY PROCEDURE, RECTUM	01/01/2006	$0.00	0.0%	0.0%	N	Referral Requirec
45500	PROCTOPLASTY	07/01/2008	$404.06	0.0%	0.0%	N	Referral Requirec
45505	PROCTOPLASTY	07/01/2008	$439.84	0.0%	0.0%	N	Referral Requirec
45520	SCLEROSING SOLUTION, RECTAL	07/01/2008	$94.30	0.0%	0.0%	N	Referral Requirec
45540	PROCTOPEXY	07/01/2008	$850.53	0.0%	0.0%	N	Referral Requirec
45541	PROCTOPEXY	07/01/2008	$732.32	0.0%	0.0%	N	Referral Requirec
45550	PROCTOPEXY	07/01/2008	$1,180.42	0.0%	0.0%	N	Referral Requirec
45560	REPAIR OF RECTOCELE (SEPARATE PROCEDURE)	07/01/2008	$581.17	0.0%	0.0%	N	Referral Requirec
45562	EXPLORATION, REPAIR, DRAINAGE FOR RECTAL INJURY	07/01/2008	$884.52	0.0%	0.0%	N	Referral Requirec
45563	EXPLORATION,REPAIR,DRAINAGE FOR INJURY W/COLOSTOMY	07/01/2008	$1,293.65	0.0%	0.0%	N	Referral Requirec
45800	CLOSURE, FISTULA, RECTOVESICAL	07/01/2008	$988.82	0.0%	0.0%	N	Referral Requirec
45805	CLOSURE, FISTULA, RECTOVESICAL	07/01/2008	$1,140.69	0.0%	0.0%	N	Referral Requirec
45811	EXTRNAL DRAINAGE, PSEUDOCYST OF PANCREAS; PERCUTANEOUS	07/01/2008	$313.33	0.0%	0.0%	N	Referral Requirec
45820	CLOSURE, FISTULA RECTOURETHRAL	07/01/2008	$987.72	0.0%	0.0%	N	Referral Requirec
45825	CLOSURE, FISTULA RECTOURETHRAL	07/01/2008	$1,170.97	0.0%	0.0%	N	Referral Requirec
45900	REDUCTION, PROCIDENTIA	07/01/2008	$157.84	0.0%	0.0%	N	Referral Requirec
45905	DILATION OF ANAL SPHINCTER UNDER ANESTHESIA	07/01/2008	$133.22	0.0%	0.0%	N	Referral Requirec
45910	DILATION OF RECTAL STRICTURE	07/01/2008	$158.56	0.0%	0.0%	N	Referral Requirec
45915	REMOVAL OF FECAL IMPACTION OR FOREIGN BODY W/ANES	07/01/2008	$253.73	0.0%	0.0%	N	Referral Requirec
45990	ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA(GEN SPINAL/EPIDURAL DIAGNOSTIC)	07/01/2008	$89.15	0.0%	0.0%	N	Referral Requirec
45999	UNLISTED PROCEDURE, RECTUM	09/01/1982	$0.00	0.0%	0.0%	N	Referral Requirec
46020	PLACEMENT OF SETON	07/01/2008	$197.97	0.0%	0.0%	N	Referral Requirec
46030	REMOVAL, SETON	07/01/2008	$98.23	0.0%	0.0%	N	Referral Requirec
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

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46080	SPHINCTEROTOMY	07/01/2008	$180.26	0.0%	0.0%	N	Referral Required
46083	INCISION OF THROMBOSE HEMORRHOID, EXTERNAL	07/01/2008	$131.87	0.0%	0.0%	N	Referral Required
46200	FISSURECTOMY, INCLUDING SPHINCTEROTOMY	07/01/2008	$293.13	0.0%	0.0%	N	Referral Required
46220	EXCISION OF SINGLE EXTERNAL PAPILLA OR TAG, ANUS	07/01/2008	$144.93	0.0%	0.0%	N	Referral Required
46221	HEMORRHOIDECTOMY, INTERNAL BY RUBBER BAND LIGATION(S)	07/01/2008	$188.13	0.0%	0.0%	N	Referral Required
46230	EXCISION, MULTIPLE EXTERNAL PAPILLAE OR TAGS, ANUS	07/01/2008	$202.32	0.0%	0.0%	N	Referral Required
46250	HEMORRHOIDECTOMY, EXTERNAL	07/01/2008	$336.76	0.0%	0.0%	N	Referral Required
46255	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL	07/01/2008	$378.01	0.0%	0.0%	N	Referral Required
46257	HEMORRHOIDECTOMY W/FISSURECTOMY	07/01/2008	$314.73	0.0%	0.0%	N	Referral Required
46258	HEMORRHOIDECTOMY W/FISTULECTOMY, INCLUDING FISSURECTOMY	07/01/2008	$344.02	0.0%	0.0%	N	Referral Required
46260	HEMORRHOIDECTOMY	07/01/2008	$358.77	0.0%	0.0%	N	Referral Required
46261	HEMORRHOIDECTOMY INTERNAL/EXTERNAL W/FISSURECTOMY	07/01/2008	$402.78	0.0%	0.0%	N	Referral Required
46262	HEMORRHOIDECTOMY COMPLEX W/FISTULECTOMY W/WO FISSU	07/01/2008	$417.59	0.0%	0.0%	N	Referral Required
46270	FISTULECTOMY	07/01/2008	$360.09	0.0%	0.0%	N	Referral Required
46275	HEMORRHOIDECTOMY, INTERSPHINCTERIC	07/01/2008	$375.99	0.0%	0.0%	N	Referral Required
46280	HEMORRHOIDECTOMY, TRANS-SUPRA-EXTRA SPHINCTERIC	07/01/2008	$348.64	0.0%	0.0%	N	Referral Required
46285	FISTULECTOMY	07/01/2008	$358.45	0.0%	0.0%	N	Referral Required
46288	CLOSURE ANAL FISTULA W/ADVANCEMENT FLAP	07/01/2008	$411.64	0.0%	0.0%	N	Referral Required
46320	EXCISION OF THROMBOSED HEMORRHOID, EXTERNAL	07/01/2008	$133.63	0.0%	0.0%	N	Referral Required
46500	SCLEROSING HEMORRHOIDS	07/01/2008	$153.31	0.0%	0.0%	N	Referral Required
46505	CHEMODENERVATION OF INTERNAL ANAL SPHINCTER	07/01/2008	$213.22	0.0%	0.0%	N	Referral Required
46600	ANOSCOPY W-W/O COLLECTION OF SPECIMEN.	07/01/2008	$68.28	0.0%	0.0%	N	Referral Required
46604	ANOSCOPY FOR DILATION DIRECT INSTRUMENTAL	07/01/2008	$398.28	0.0%	0.0%	N	Referral Required
46606	ANOSCOPY FOR BIOPSY	07/01/2008	$169.87	0.0%	0.0%	N	Referral Required
46608	ANOSCOPY FOR REMOVAL OF FB	07/01/2008	$182.59	0.0%	0.0%	N	Referral Required
46610	ANOSCOPU FOR REMOVAL OF POLYP	07/01/2008	$176.35	0.0%	0.0%	N	Referral Required
46611	W/REMOVAL OF SINGLE TUMOR,POLYP,OR OTHER LESION BY	07/01/2008	$144.79	0.0%	0.0%	N	Referral Required
46612	ANOSCOPY FOR MULTI POLYP REMOVAL	07/01/2008	$220.43	0.0%	0.0%	N	Referral Required
46614	ANOSCOPY W/COAGULATION FOR CONTROL HEMORRHAGE AND	07/01/2008	$108.39	0.0%	0.0%	N	Referral Required
46615	W/ABLATION OF TUMORS,POLYPS,OR OTHER LESIONS NOT A	07/01/2008	$126.96	0.0%	0.0%	N	Referral Required
46700	ANOPLASTY	07/01/2008	$498.55	0.0%	0.0%	N	Referral Required
46705	ANOPLASTY INFANT	07/01/2008	$392.11	0.0%	0.0%	N	Referral Required
46706	REPAIR OF ANAL FISTULA W/ FIBRIN GLUE	07/01/2008	$131.79	0.0%	0.0%	N	Referral Required
46707	REPAIR OF ANORECTAL FISTULA W/PLUG (EG, PORCINE SMALL INTESTINE SUBMUCOSA [SIS])	01/01/2010	$371.61	0.0%	0.0%	N	Referral Required
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

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

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47100	BIOPSY, LIVER	07/01/2008	$663.81	0.0%	0.0%	N	Referral Requirec
47120	HEPATECTOMY	07/01/2008	$1,878.01	0.0%	0.0%	N	Referral Requirec
47122	HEPATECTOMY TRISEGMENTECTOMY	07/01/2008	$2,798.68	0.0%	0.0%	N	Referral Requirec
47125	HEPATECTOMY RESECTION OF LIVER TOTAL L LOBECTOMY	07/01/2008	$2,509.92	0.0%	0.0%	N	Referral Requirec
47130	HEPATECTOMY RESECTION OF LIVER TOTAL R LOBECTOMY	07/01/2008	$2,698.68	0.0%	0.0%	N	Referral Requirec
47133	DONOR HEPATECTOMY COLD PRESERVATION FROM CADAVER DONOR	10/01/1991	$0.00	0.0%	0.0%	N	Referral Requirec
47135	LIVER ALLOTRANSPLANT; ORTHOTOPIC, PARTIAL OR WHOLE, FROM CADAVER OR DONOR	07/01/2008	$3,972.27	0.0%	0.0%	Y	Referral Requirec
47136	LIVER ALLOTRANSPLANTATION; HETEROTOPIC, ANY AGE	07/01/2008	$3,382.54	0.0%	0.0%	Y	Referral Requirec
47143	CADAVER DONOR WHOLE LIVER GRAFT > ALLOTRANSPLANT INCLUDING CHOLECYSTECTOMY, ETC.	07/01/2008	$4,864.88	0.0%	0.0%	Y	Referral Requirec
47144	CADAVER DONOR WHOLE LIVER GRAFT > ALLOTRANSPLANT INCLUDING CHOLECYSTECTOMY, ETC.	07/01/2008	$3,572.52	0.0%	0.0%	Y	Referral Requirec
47145	CADAVER DONOR WHOLE LIVER GRAFT > ALLOTRANSPLANT INCLUDING CHOLECYSTECTOMY, ETC.	07/01/2008	$3,942.41	0.0%	0.0%	Y	Referral Requirec
47146	CADAVER OR LIVING DONOR LIVER GRAFT > ALLOTRANSPLANT; VENOUS ANASTAMOSIS; EA	07/01/2008	$276.63	0.0%	0.0%	Y	Referral Requirec
47147	CADAVER OR LIVING DONOR LIVER GRAFT > ALLOTRANSPLANT;ARTERIAL ANASTAMOSIS; EA	07/01/2008	$322.49	0.0%	0.0%	Y	Referral Requirec
47300	MARSUPIALIZATION, CYST, LIVER	07/01/2008	$891.85	0.0%	0.0%	N	Referral Requirec
47350	HEPATORRHAPHY	07/01/2008	$1,093.53	0.0%	0.0%	N	Referral Requirec
47360	HEPATORRAPHY COMPLEX W/WO HEPATIC ARTERY LIGATION	07/01/2008	$1,490.92	0.0%	0.0%	N	Referral Requirec
47361	MGMT LIVER HEMORRHAGE;EXPLORE HEPATIC WOUND, DEBRI	07/01/2008	$2,471.01	0.0%	0.0%	N	Referral Requirec
47362	MGMT LIVER HEMORRHAGE;RE-EXPLORE HEPATIC WOUND	07/01/2008	$1,133.38	0.0%	0.0%	N	Referral Requirec
47370	LAPAROSCOPY, SURGICAL ABLATION OF ONE OR MORE TUMORS RADIOFREQUENCY	07/01/2008	$1,005.85	0.0%	0.0%	N	Referral Requirec
47371	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE TUMORS, CRYOSURGICAL	07/01/2008	$1,010.47	0.0%	0.0%	N	Referral Requirec
47379	UNLISTED LIVER LAPAROSCOPY	01/01/2001	$0.00	0.0%	0.0%	N	Referral Requirec
47380	ABLATION OPEN ONE OR MORE LIVER TUMORS RADIOFREQUENCY	07/01/2008	$1,173.52	0.0%	0.0%	N	Referral Requirec
47381	ABLATION OPEN ONE OR MORE LIVER TUMORS, CRYOSURGICAL	07/01/2008	$1,199.05	0.0%	0.0%	N	Referral Requirec
47382	ABULATION, ONE OR MORE LIVER TUMORS, PERCUTANEOUS, RADIOFREQUENCY	07/01/2008	$732.74	0.0%	0.0%	N	Referral Requirec
47399	UNLISTED PROC, LIVER	01/01/1976	$0.00	0.0%	0.0%	N	Referral Requirec
47400	HEPATICOTOMY/HEPATICOSTOMY	07/01/2008	$1,715.04	0.0%	0.0%	N	Referral Requirec
47420	CHOLEDOCHOTOMY/CHOLEDOCHOSTOMY	07/01/2008	$1,074.10	0.0%	0.0%	N	Referral Requirec
47425	CHOLEDOCHOTOMY/CHOLEDOCHOSTOMY	07/01/2008	$1,085.76	0.0%	0.0%	N	Referral Requirec
47460	SPHINCTEROTOMY	07/01/2008	$1,018.45	0.0%	0.0%	N	Referral Requirec
47480	CHOLECYSTOTOMY/CHOLECYSTOSTOMY	07/01/2008	$676.47	0.0%	0.0%	N	Referral Requirec
47490	PERCUTANEOUS CHOLECYSTOSTOMY	07/01/2008	$459.39	0.0%	0.0%	N	Referral Requirec
47500	CHOLANGIOGRAPHY INJ PROC	07/01/2008	$90.53	0.0%	0.0%	N	Referral Requirec
47505	CHOLANGIOGRAPHY INJ PROCEDURE THRU EXISTING CATH	07/01/2008	$34.95	0.0%	0.0%	N	Referral Requirec

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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
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

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

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
49060	DRNG, ABSCESS, RETROPERITONEAL	07/01/2008	$895.99	0.0%	0.0%	N	Referral Requirec
49061	DRAINAGE OF RETROPERITONEAL ABSCESS; PERCUTANEOUS	07/01/2008	$785.25	0.0%	0.0%	N	Referral Requirec
49062	DRAINAGE OF EXTRAPERITONEAL LYMPHOCELE TO PERITONAEAL CAVITY, OPEN	07/01/2008	$608.69	0.0%	0.0%	N	Referral Requirec
49080	PERITONEOCENTESIS	07/01/2008	$158.95	0.0%	0.0%	N	Referral Requirec
49081	PERITONEOCENTESIS	07/01/2008	$136.08	0.0%	0.0%	N	Referral Requirec
49180	BIOPSY, ABDOMINAL/RETROPERITONEAL, PERCUTANEOUS NEEDLE	07/01/2008	$152.88	0.0%	0.0%	N	Referral Requirec
49203	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS	01/01/2008	$969.51	0.0%	0.0%	N	Referral Requirec
49204	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS	01/01/2008	$1,237.47	0.0%	0.0%	N	Referral Requirec
49205	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS	01/01/2008	$1,416.33	0.0%	0.0%	N	Referral Requirec
49215	EXCISION OF PRESACRAL OR SACROCOCCYGEAL TUMOR	07/01/2008	$1,792.45	0.0%	0.0%	N	Referral Requirec
49220	STAGING CELIOTOMY (LAPAROTOMY) FOR HODGKIN'S ECT.	07/01/2008	$780.94	0.0%	0.0%	N	Referral Requirec
49250	UMBILECTOMY, OMPHALECTOMY, EXCISION OF UMBILICUS	07/01/2008	$463.40	0.0%	0.0%	N	Referral Requirec
49255	EXCISION, GREATER OMENTUM	07/01/2008	$631.03	0.0%	0.0%	N	Referral Requirec
49320	LAPAROSCOPY/PERITONEOSCOPY; DIAGNOSTIC PROCEDURE	07/01/2008	$267.75	0.0%	0.0%	N	Referral Requirec
49321	LAPAROSCOPY/PERITONEOSCOPY WITH BIOPSY	07/01/2008	$280.99	0.0%	0.0%	N	Referral Requirec
49322	LAPAROSCOPY/PERITONEOSCOPY WITH ASPIRATION	07/01/2008	$307.23	0.0%	0.0%	N	Referral Requirec
49323	LAPAROSCOPY/PERITONEOSCOPY WITH DRAINAGE	07/01/2008	$515.73	0.0%	0.0%	N	Referral Requirec
49324	LAPAROSCOPY, SURGICAL; W/ REVISION OF PREVIOUSLY PLACED CANNULA/CAT	07/01/2008	$317.23	0.0%	0.0%	N	Referral Requirec
49325	LAPAROSCOPY, SURGICAL; W/ REVISION OF PREVIOUSLY PLACED CANNULA/CA	07/01/2008	$340.47	0.0%	0.0%	N	Referral Requirec
49326	LAPAROSCOPY, SURGICAL; W/OMENTOPEXY (SP)	07/01/2008	$156.38	0.0%	0.0%	N	Referral Requirec
49329	LAPAROSCOPY/PERITONEOSCOPY UNLISTED ABDOMEN	01/01/2000	$0.00	0.0%	0.0%	N	Referral Requirec
49400	PNEUMOPERITONEUM	07/01/2008	$158.50	0.0%	0.0%	N	Referral Requirec
49402	REMOVAL OF PERITONEAL FOREIGN BODY FROM PERITONEAL CAVITY	07/01/2008	$684.68	0.0%	0.0%	N	Referral Requirec
49411	PLACEMENT OF INTERSTITIAL DEVICE FOR RADIATION THERAPY GUIDANCE, SINGLE/MULTIPLE	01/01/2010	$357.32	0.0%	0.0%	N	Referral Requirec
49419	INSERTION INTRAPERITONEAL CANNULA/CATHETER, W/ RESERVOIR, PERMANENT	07/01/2008	$367.96	0.0%	0.0%	N	Referral Requirec
49420	INTRAPERITONEAL CANNULA	07/01/2008	$115.97	0.0%	0.0%	N	Referral Requirec
49421	INSERT INTRAPERITONEAL CANNULA FOR DRAINAGE PERMAN	07/01/2008	$315.77	0.0%	0.0%	N	Referral Requirec
49422	REMOVE PERMANENT INTRAPERITONEAL CANNULA/CATHETER	07/01/2008	$317.42	0.0%	0.0%	N	Referral Requirec
49423	EXCHANGE OF ABSCESS OR CYST DRAINAGE CATHETER UNDER RADIOLOGICAL GUIDANCE	07/01/2008	$504.27	0.0%	0.0%	N	Referral Requirec
49424	CONTRAST INJECTION FOR ASSESMENT OF ABSCESS OR CYST VIA PLACED CATHETER	07/01/2008	$139.72	0.0%	0.0%	N	Referral Requirec
49425	PERITONEAL VENOUS SHUNT	07/01/2008	$617.60	0.0%	0.0%	N	Referral Requirec
49426	REVISION OF PERITONEAL VENOUS SHUNT	07/01/2008	$526.44	0.0%	0.0%	N	Referral Requirec
49427	INJ PROCEDURE FOR EVALUATION PREVIOUSLY PLACE PERI	07/01/2008	$41.38	0.0%	0.0%	N	Referral Requirec
49428	LIGATION OF PERITONEAL-VENOUS SHUNT	07/01/2008	$358.44	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
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
49560	REPAIR INITIAL INC ISIONAL HERNIA	07/01/2008	$593.35	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
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
50060	NEPHROLITHOTOMY	07/01/2008	$1,034.94	0.0%	0.0%	N	Referral Required

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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
50370	REMOVAL OF TRANSPLANTED HOMOGRAFT (EG INFARTED/REJ	07/01/2008	$931.11	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
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
50562	RENAL ENDOSCOPY; WITH RESECTION OF TUMOR	07/01/2008	$541.02	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
50570	ENDOSCOPY, RENAL	07/01/2008	$455.28	0.0%	0.0%	N	Referral Requirec
50572	ENDOSCOPY, RENAL	07/01/2008	$493.23	0.0%	0.0%	N	Referral Requirec
50574	ENDOSCOPY, RENAL	07/01/2008	$526.19	0.0%	0.0%	N	Referral Requirec
50575	RENAL ENDOSCOPY WITH ENDOPYELOTOMY	07/01/2008	$663.44	0.0%	0.0%	N	Referral Requirec
50576	ENDOSCOPY, RENAL	07/01/2008	$523.57	0.0%	0.0%	N	Referral Requirec
50580	ENDOSCOPY, RENAL	07/01/2008	$564.19	0.0%	0.0%	N	Referral Requirec
50590	LITHOTRIPSY,EXTRACORPOREAL SHOCK WAVE	07/01/2008	$827.86	0.0%	0.0%	N	Referral Requirec
50592	ABLATION, ONE OR MORE RENAL TUMORS, PERCUTANEOUS, UNILATERAL, RADIOFREQUENCY	05/01/2009	$3,982.32	0.0%	0.0%	N	Referral Requirec
50593	ABLATION, RENAL TUMOR(S), UNILATERAL, PERCUTANEOUS, CRYOTHERAPY	05/01/2009	$4,139.95	0.0%	0.0%	N	Referral Requirec
50600	URETEROTOMY	07/01/2008	$846.44	0.0%	0.0%	N	Referral Requirec
50605	URETEROTOMY FOR INSERTION OF INDWELLINS STENT	07/01/2008	$830.24	0.0%	0.0%	N	Referral Requirec
50610	URETEROLITHOTOMY	07/01/2008	$867.50	0.0%	0.0%	N	Referral Requirec
50620	URETEROLITHOTOMY	07/01/2008	$820.83	0.0%	0.0%	N	Referral Requirec
50630	URETEROLITHOTOMY	07/01/2008	$801.63	0.0%	0.0%	N	Referral Requirec
50650	URETERECTOMY	07/01/2008	$936.17	0.0%	0.0%	N	Referral Requirec
50660	URETERECTOMY	07/01/2008	$1,037.94	0.0%	0.0%	N	Referral Requirec
50684	URETEROGRAPHY INJECTION	07/01/2008	$175.61	0.0%	0.0%	N	Referral Requirec
50686	MANOMETRIC STUDIES, URETER	07/01/2008	$148.51	0.0%	0.0%	N	Referral Requirec
50688	URETEROSTOMY TUBE CHANGE	07/01/2008	$74.64	0.0%	0.0%	N	Referral Requirec
50690	URETEROPYELOGRAPHY INJ PROC	07/01/2008	$94.90	0.0%	0.0%	N	Referral Requirec
50700	URETEROPLASTY	07/01/2008	$844.02	0.0%	0.0%	N	Referral Requirec
50715	URETEROLYSIS	07/01/2008	$1,016.11	0.0%	0.0%	N	Referral Requirec
50722	URETEROLYSIS	07/01/2008	$884.76	0.0%	0.0%	N	Referral Requirec
50725	URETEROLYSIS	07/01/2008	$982.82	0.0%	0.0%	N	Referral Requirec
50727	REVISION URINARY-CUTANEOUS ANASTOMOSIS	07/01/2008	$452.28	0.0%	0.0%	N	Referral Requirec
50728	REVISION URINARY-CUTANEOUS ANASTOMOSIS W/REPAIR FA	07/01/2008	$626.81	0.0%	0.0%	N	Referral Requirec
50740	URETEROPYELOSTOMY	07/01/2008	$984.15	0.0%	0.0%	N	Referral Requirec
50750	URETEROCALYCOSTOMY	07/01/2008	$1,050.75	0.0%	0.0%	N	Referral Requirec
50760	URETEROURETEROSTOMY	07/01/2008	$990.50	0.0%	0.0%	N	Referral Requirec
50770	TRANSURETEROURETEROSTOMY	07/01/2008	$1,048.75	0.0%	0.0%	N	Referral Requirec
50780	URETERONEOCYSTOSTOMY	07/01/2008	$988.27	0.0%	0.0%	N	Referral Requirec
50782	ANASTOMOSIS OF DUPLICATED URETER TO BLADDER	07/01/2008	$996.28	0.0%	0.0%	N	Referral Requirec
50783	WITH EXTENSIVE URETERAL TAILORING	07/01/2008	$1,032.08	0.0%	0.0%	N	Referral Requirec
50785	URETERONEOCYSTOSTOMY	07/01/2008	$1,092.99	0.0%	0.0%	N	Referral Requirec
50800	URETEROENTEROSTOMY	07/01/2008	$827.83	0.0%	0.0%	N	Referral Requirec
50810	URETEROSIGMOIDOSTOMY	07/01/2008	$1,122.85	0.0%	0.0%	N	Referral Requirec
50815	URETEROCOLON CONDUIT, INCLUDING BOWEL ANASTOMOSIS	07/01/2008	$1,101.33	0.0%	0.0%	N	Referral Requirec
50820	URETEROILEAL CONDUIT	07/01/2008	$1,179.52	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
50825	CONTINENT DIV,INC BOWEL ANASTOMOSIS,SMALL/LG BOWEL	07/01/2008	$1,496.27	0.0%	0.0%	N	Referral Required
50830	URINARY UNDIVERSION	07/01/2008	$1,634.94	0.0%	0.0%	N	Referral Required
50840	REPLACEMENT, URETER	07/01/2008	$1,111.86	0.0%	0.0%	N	Referral Required
50845	CUTANEOUS APPENDICO VESICOSTOMY	07/01/2008	$1,124.54	0.0%	0.0%	N	Referral Required
50860	URETEROSTOMY	07/01/2008	$856.69	0.0%	0.0%	N	Referral Required
50900	URETERORRHAPHY	07/01/2008	$756.58	0.0%	0.0%	N	Referral Required
50920	CLSR, FISTULA URETEROCUTANOUS	07/01/2008	$796.02	0.0%	0.0%	N	Referral Required
50930	CLSR, FISTULA URETEROVISCERAL	07/01/2008	$987.88	0.0%	0.0%	N	Referral Required
50940	DELIGATION, URETER	07/01/2008	$789.96	0.0%	0.0%	N	Referral Required
50945	LAPAROSCOPY, SURGICAL, URETEROLITHOTOMY	07/01/2008	$897.64	0.0%	0.0%	N	Referral Required
50947	LAPAROSCOPIC URETERONECYSTOMOY W/CYSTOSCOPY & URETERAL STENT PLACEMENT	07/01/2008	$1,267.62	0.0%	0.0%	N	Referral Required
50948	LAPAROSCOPIC URETERONEOCYSTOSTOMY W/O CYSTOSCOPY & URETERAL STENT PLACEMENT	07/01/2008	$1,158.70	0.0%	0.0%	N	Referral Required
50949	UNLISTED LAPAROSCOPY PROCEDURE, URETER	01/01/2001	$0.00	0.0%	0.0%	N	Referral Required
50950	URETERAL ENDOSCOPY	07/01/2008	$140.39	0.0%	0.0%	N	Referral Required
50951	URETERAL ENDOSCOPY	07/01/2008	$355.33	0.0%	0.0%	N	Referral Required
50952	URETERAL ENDOSCOPY	07/01/2008	$161.96	0.0%	0.0%	N	Referral Required
50953	URETERAL ENDOSCOPY	07/01/2008	$373.10	0.0%	0.0%	N	Referral Required
50954	URETERAL ENDOSCOPY	07/01/2008	$161.96	0.0%	0.0%	N	Referral Required
50955	URETERAL ENDOSCOPY	07/01/2008	$428.22	0.0%	0.0%	N	Referral Required
50956	URETERAL ENDOSCOPY	07/01/2008	$172.79	0.0%	0.0%	N	Referral Required
50957	URETERAL ENDOSCOPY	07/01/2008	$402.34	0.0%	0.0%	N	Referral Required
50958	URETERAL ENDOSCOPY	07/01/2008	$194.38	0.0%	0.0%	N	Referral Required
50960	URETERAL ENDOSCOPY	07/01/2008	$172.79	0.0%	0.0%	N	Referral Required
50961	URETERAL ENDOSCOPY	07/01/2008	$362.24	0.0%	0.0%	N	Referral Required
50970	URETERAL ENDOSCOPY	07/01/2008	$344.18	0.0%	0.0%	N	Referral Required
50972	URETERAL ENDOSCOPY	07/01/2008	$332.22	0.0%	0.0%	N	Referral Required
50974	URETERAL ENDOSCOPY	07/01/2008	$434.32	0.0%	0.0%	N	Referral Required
50976	URETERAL ENDOSCOPY	07/01/2008	$430.80	0.0%	0.0%	N	Referral Required
50980	URETERAL ENDOSCOPY	07/01/2008	$330.18	0.0%	0.0%	N	Referral Required
51020	CYSTOTOMY/CYSTOSTOMY	07/01/2008	$416.75	0.0%	0.0%	N	Referral Required
51030	CYSTOTOMY/CYSTOSTOMY	07/01/2008	$416.32	0.0%	0.0%	N	Referral Required
51040	CYSTOTOMY/CYSTOSTOMY	07/01/2008	$262.21	0.0%	0.0%	N	Referral Required
51045	CYSTOTOMY/CYSTOSTOMY	07/01/2008	$418.84	0.0%	0.0%	N	Referral Required
51050	CYSTOLITHOTOMY	07/01/2008	$422.75	0.0%	0.0%	N	Referral Required
51060	TRANSVESICAL URETEROLITHOTOMY	07/01/2008	$523.43	0.0%	0.0%	N	Referral Required
51065	CYSTOTOMY	07/01/2008	$518.28	0.0%	0.0%	N	Referral Required
51080	DRAINAGE, ABSCESS, PERIVESICAL	07/01/2008	$365.65	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
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
51727	WITH URETHRAL PRESSURE PROFILE STUDIES AND TECHNIQUE	01/01/2010	$205.89	62.0%	38.0%	N	Referral Required
51728	WITH VOIDING PRESSURE STUDIES (IE, BLADDER VOIDING PRESSURE), ANY TECHNIQUE	01/01/2010	$205.84	62.0%	38.0%	N	Referral Required
51729	WITH VOIDING PRESSURE STUDIES(IE, BLADDER,URETHRAL)ANY TECHNIQUE	01/01/2010	$222.24	58.0%	42.0%	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

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

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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
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

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52647	NON-CONTACT LASER COAGULATION OF PROSTATE,COMPLETE	07/01/2008	$2,322.04	0.0%	0.0%	N	Referral Requirec
52648	CONTACT LASER VAPORIZATION, COMPLETE	07/01/2008	$2,360.76	0.0%	0.0%	N	Referral Requirec
52649	LASER ENUCLEATION OF THE PROSTATE WITH MORCELLATION	01/01/2008	$907.59	0.0%	0.0%	N	Referral Requirec
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

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
53446	REMOVAL INFLATABLE URETHRAL/BLADDER NECK SPHINCTER INC PUMP, RESERVOIR, CUFF	07/01/2008	$582.82	0.0%	0.0%	N	Referral Required
53447	REMOVAL, REPAIR, REPLACE INFLATABLE SPHINCTER	07/01/2008	$739.55	0.0%	0.0%	N	Referral Required
53448	REMOVAL/REPLACEMENT OF URETHRAL/BLADDER NECK SPHINCTER	07/01/2008	$1,165.25	0.0%	0.0%	N	Referral Required
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
53855	INSERTION OF A TEMPORARY PROSTATIC URETHRAL STENT, INCL URETHRAL MEASUREMENT	01/01/2010	$455.59	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

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54110	EXCISION, PENILE PLAQUE	07/01/2008	$567.05	0.0%	0.0%	N	Referral Requirec
54111	EXCISION PENILE PLAQUE W/GRAFT 5 CM IN LENGTH	07/01/2008	$727.63	0.0%	0.0%	N	Referral Requirec
54112	BIOPSY PENIS W/GRAFT GREATER THAN 5 CM	07/01/2008	$854.17	0.0%	0.0%	N	Referral Requirec
54115	REMOVAL, FOREIGN BODY, PENIS	07/01/2008	$406.25	0.0%	0.0%	N	Referral Requirec
54120	AMPUTATION, PENIS	07/01/2008	$568.00	0.0%	0.0%	N	Referral Requirec
54125	AMPUTATION, PENIS	07/01/2008	$734.06	0.0%	0.0%	N	Referral Requirec
54130	AMPUTATION, PENIS	07/01/2008	$1,084.57	0.0%	0.0%	N	Referral Requirec
54135	AMPUTATION, PENIS	07/01/2008	$1,379.69	0.0%	0.0%	N	Referral Requirec
54150	CIRCUMCISION, USING CLAMP OR OTHER DEVICE; NEWBORN	07/01/2008	$171.08	0.0%	0.0%	N	Referral Requirec
54160	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE OR DORSAL SLIT; NEWBORN	07/01/2008	$219.87	0.0%	0.0%	N	Referral Requirec
54161	CIRCUMCISION, SURG EXCISION OTHER THAN CLAMP, DEVICE/DORSAL SLIT; EXCEPT NEWBORN	07/01/2008	$177.56	0.0%	0.0%	N	Referral Requirec
54162	LYSIS/EXCISION PENILE POST-CIRCUMCISION ADHESIONS	07/01/2008	$258.16	0.0%	0.0%	N	Referral Requirec
54163	REPAIR INCOMPLETE CIRCUMCISION	07/01/2008	$194.76	0.0%	0.0%	N	Referral Requirec
54164	FRENULOTOMY OF PENIS	07/01/2008	$171.43	0.0%	0.0%	N	Referral Requirec
54200	INJECTION, PEYRONIES DISEASE	07/01/2008	$101.43	0.0%	0.0%	N	Referral Requirec
54205	INJECTION, PEYRONIES DISEASE	07/01/2008	$486.15	0.0%	0.0%	N	Referral Requirec
54220	IRRIGATION, CORPORA CAVERNOSA	07/01/2008	$203.81	0.0%	0.0%	N	Referral Requirec
54300	STRAIGHTENING OF CHORDEE	07/01/2008	$590.68	0.0%	0.0%	N	Referral Requirec
54304	PLASTIC OPERATION ON PENIS/CORRECTION OF CHORDEE	07/01/2008	$693.36	0.0%	0.0%	N	Referral Requirec
54305	STRAIGHTENING OF CHORDEE	07/01/2008	$863.84	0.0%	0.0%	N	Referral Requirec
54308	URETHROPLASTY FOR SECOND STAGE HYPOSPADICS REPAIR	07/01/2008	$613.79	0.0%	0.0%	N	Referral Requirec
54312	URETHROPLASTY 2ND STAGE HYPOSPADIAS REPAIR;>3 CM	07/01/2008	$769.99	0.0%	0.0%	N	Referral Requirec
54316	URETHROPLASTY 2ND STG HYPOSPADIAS REPAIR	07/01/2008	$921.57	0.0%	0.0%	N	Referral Requirec
54318	URETHROPLASTY 3RD STAGE REPAIR RELEASE PENIS/SCROT	07/01/2008	$615.35	0.0%	0.0%	N	Referral Requirec
54320	URETHROPLASTY	07/01/2008	$863.84	0.0%	0.0%	N	Referral Requirec
54322	ONE STAGE DISTAL HYPOSPADIAS REPAIR W/WO CHORDEE	07/01/2008	$722.40	0.0%	0.0%	N	Referral Requirec
54324	HYPOSPADIAS REPAIR WITH URETHROPLAST	07/01/2008	$900.48	0.0%	0.0%	N	Referral Requirec
54325	URETHROPLASTY	07/01/2008	$1,133.81	0.0%	0.0%	N	Referral Requirec
54326	ONE STAGE DISTAL HYPOSPADIAS REPAIR W/URETHROPLAST	07/01/2008	$869.71	0.0%	0.0%	N	Referral Requirec
54328	ONE STAGE DISTAL HYPOSPADIAS REPAIR	07/01/2008	$858.99	0.0%	0.0%	N	Referral Requirec
54330	URETHROPLASTY	07/01/2008	$1,241.77	0.0%	0.0%	N	Referral Requirec
54332	ONE STAGE PROXIMAL PENILE/PENOSCROTAL HYPOSPADIAS	07/01/2008	$930.90	0.0%	0.0%	N	Referral Requirec
54336	1-STG PERINEAL HYPOSPADIAS REQ. EXT. DISSECTION	07/01/2008	$1,054.77	0.0%	0.0%	N	Referral Requirec
54340	REPAIR HYPOSPADIAS COMPLFISTULA,STRICTURE,DIVERTIC	07/01/2008	$523.63	0.0%	0.0%	N	Referral Requirec
54344	REPAIR HYPOSPADIAS COMPLICATION;MOBILIZE SKIN FLAP	07/01/2008	$884.71	0.0%	0.0%	N	Referral Requirec
54348	HYPO COMP REQUIRING MOBILIZATION OF SKIN FLAPS	07/01/2008	$940.77	0.0%	0.0%	N	Referral Requirec
54352	REPAIR HYPOSPADIAS CRIPPLE REQUIRING EXT DISECTION	07/01/2008	$1,333.19	0.0%	0.0%	N	Referral Requirec

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54360	PLASTIC OPERATION ON PENIS TO CORRECT ANGULATION	07/01/2008	$665.16	0.0%	0.0%	N	Referral Requirec
54380	EPISPADIAS	07/01/2008	$732.31	0.0%	0.0%	N	Referral Requirec
54385	PLASTIC OPERATION PENIS FOR EPISPADIAS W/INCONTINE	07/01/2008	$891.89	0.0%	0.0%	N	Referral Requirec
54390	PLASTIC REPAIR PENIS W/EXSTROPHY OF BLADDER	07/01/2008	$1,067.80	0.0%	0.0%	N	Referral Requirec
54420	PRIAPISM OPERATION	07/01/2008	$642.96	0.0%	0.0%	N	Referral Requirec
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

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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
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

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
55873	CRYOSURGICAL ABLATION OF PROSTATE	07/01/2008	$1,042.68	0.0%	0.0%	N	Referral Required
55875	TRANSPERINEAL PLACEMENT OF NEEDLES OR CATHETERS INTO PROSTATE FOR INTERSTITIAL	07/01/2008	$691.54	0.0%	0.0%	N	Referral Required
55876	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE	07/01/2008	$132.29	0.0%	0.0%	N	Referral Required
55899	UNLISTED MALE GEN PROC	01/01/1976	$0.00	0.0%	0.0%	N	Referral Required
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

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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
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

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
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
57426	REVISON (INCL. REMOVAL) OF PROSTHETIC VAGINAL GRAFT, LAPAROSCOPIC APPROACH.	01/01/2010	$775.15	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

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
57555	EXCISION, CERVICAL STUMP	07/01/2008	$530.57	0.0%	0.0%	N	Referral Required
57556	EXCISION, CERVICAL STUMP	07/01/2008	$500.31	0.0%	0.0%	N	Referral Required
57558	DILATION AND CURETTAGE OF CERVICAL STUMP	07/01/2008	$110.83	0.0%	0.0%	N	Referral Required
57600	INSERTION, HEMOSTATIC AGENT	07/01/2008	$48.59	0.0%	0.0%	N	Referral Required
57700	CERCLAGE OF UTERINE CERVIX, NONOBSTETRICAL-TRACHEL	07/01/2008	$263.60	0.0%	0.0%	N	Referral Required
57720	TRACHELORRHAPHY	07/01/2008	$269.92	0.0%	0.0%	N	Referral Required
57800	DILATION, CERVICAL CANAL	07/01/2008	$53.87	0.0%	0.0%	N	Referral Required
58100	ENDOMETRIAL BIOPSY SUCTION TYPE (INDEPENDENT PROC	07/01/2008	$98.76	0.0%	0.0%	N	Referral Required
58110	ENDOMETRIAL SAMPLING PERFORMED IN CONJUNCTION W/COLPOSCOPY ADD-ON	07/01/2008	$44.59	0.0%	0.0%	N	Referral Required
58120	DILATION AND CURETTAGE DIAGNOSTIC AND OR THERAPEUTIC/NON-OBSTETRICAL	07/01/2008	$215.96	0.0%	0.0%	N	Referral Required
58140	MYOMECTOMY, UTERINE	07/01/2008	$806.04	0.0%	0.0%	N	Referral Required
58145	MYOMECTOMY, UTERINE	07/01/2008	$478.44	0.0%	0.0%	N	Referral Required
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 Required
58150	HYSTERECTOMY	07/01/2008	$872.26	0.0%	0.0%	Y	Referral Required
58152	TOTAL ABDOMINAL HYSTERECTOMY W/MARSHALL-M-KRANTZ	07/01/2008	$1,107.06	0.0%	0.0%	Y	Referral Required
58180	HYSTERECTOMY	07/01/2008	$838.95	0.0%	0.0%	Y	Referral Required
58200	HYSTERECTOMY	07/01/2008	$1,156.11	0.0%	0.0%	Y	Referral Required
58210	HYSTERECTOMY	07/01/2008	$1,540.04	0.0%	0.0%	Y	Referral Required
58240	PELVIC EXENTERATION FOR GYNECOLOGIC MALIGNANCY	07/01/2008	$2,382.37	0.0%	0.0%	N	Referral Required
58260	HYSTERECTOMY	07/01/2008	$729.72	0.0%	0.0%	Y	Referral Required
58262	VAG HYSTERECTOMY W/REMOVAL TUBES AND/OR OVARYS	07/01/2008	$815.41	0.0%	0.0%	Y	Referral Required
58263	VAG HYST W/REMOV TUBES AND/OR OVARY W/REPAIR ENTER	07/01/2008	$878.54	0.0%	0.0%	Y	Referral Required
58267	HYSTERECTOMY	07/01/2008	$933.82	0.0%	0.0%	Y	Referral Required
58270	HYSTERECTOMY	07/01/2008	$782.79	0.0%	0.0%	Y	Referral Required
58275	HYSTERECTOMY	07/01/2008	$868.49	0.0%	0.0%	Y	Referral Required
58280	HYSTERECTOMY	07/01/2008	$930.63	0.0%	0.0%	Y	Referral Required
58285	HYSTERECTOMY	07/01/2008	$1,165.37	0.0%	0.0%	Y	Referral Required
58290	VAGINAL HYSTERECTOMY, FOR UTERUS > 250 GRAMS	07/01/2008	$1,025.00	0.0%	0.0%	Y	Referral Required
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 Required

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58292	VAGINAL HYSTERECTOMY, UTERUS >250 GRAMS; W/REMOVAL TUBES, OVARIES, REPAIR ENTERO	07/01/2008	$1,174.85	0.0%	0.0%	Y	Referral Required
58293	VAGINAL HYSTERECTOMY, UTERUS >250 GRAMS; W/COLPO-URETHROCYSTOPEXY	07/01/2008	$1,221.45	0.0%	0.0%	Y	Referral Required
58294	VAGINAL HYSTERECTOMY, UTERUS >250 GRAMS; W/REPAIR OF ENTEROCELE	07/01/2008	$1,081.25	0.0%	0.0%	Y	Referral Required
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 Required
58346	INSERTION HEYMAN CAPSULES FOR CLINICAL BRACHYTHERAPY	07/01/2008	$401.12	0.0%	0.0%	N	Referral Required
58353	ENDOMETRIAL ABLATION, THERMAL W/O HYSTEROSCOPIC GUIDANCE	07/01/2008	$1,137.14	0.0%	0.0%	N	Referral Required
58356	ULTRASONIC GUIDANCE, INCLUDING ENDOMETRIAL CURRETTAGE, WHEN PERFORMED	07/01/2008	$2,037.54	0.0%	0.0%	N	Referral Required
58400	UTERINE SUSPENSION	07/01/2008	$392.74	0.0%	0.0%	N	Referral Required
58410	UTERINE SUSPENSION	07/01/2008	$707.39	0.0%	0.0%	N	Referral Required
58430	INTERPOSITION OPERATION	07/01/2008	$982.62	0.0%	0.0%	N	Referral Required
58500	HYSTEROSALPINGOSTOMY	07/01/2008	$982.62	0.0%	0.0%	N	Referral Required
58520	HYSTERORRHAPHY	07/01/2008	$688.91	0.0%	0.0%	N	Referral Required
58540	HYSTEROPLASTY	07/01/2008	$799.61	0.0%	0.0%	N	Referral Required
58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;	07/01/2008	$746.93	0.0%	0.0%	Y	Referral Required
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 Required
58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER 250 G	07/01/2008	$842.77	0.0%	0.0%	Y	Referral Required
58544	LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY UTERUS > 250 G; W/REM/TUBE(S)&/OR OVARY	07/01/2008	$911.44	0.0%	0.0%	Y	Referral Required
58545	LAPAROSCOPY, MYOMECTOMY, EXCISION; 1-4 INTRAMURAL MYOMAS <250 GRAMS	07/01/2008	$792.89	0.0%	0.0%	N	Referral Required
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 Required
58548	LAPAROSCOPY, SURGICAL, WITH RADICAL HYSTERECTOMY	07/01/2008	$1,583.84	0.0%	0.0%	Y	Referral Required
58550	LAPAROSCOPY HYSTERECTOMY	07/01/2008	$781.57	0.0%	0.0%	Y	Referral Required
58552	LAPAROSCOPY W/VAGINAL HYSTERECTOMY UTERUS <250 GRAMS; W/REMOVAL TUBES & OVARIES	07/01/2008	$864.27	0.0%	0.0%	Y	Referral Required
58553	LAPAROSCOPY VAGINAL HYSTERECTOMY, UTERUS >250 GRAMS	07/01/2008	$1,009.88	0.0%	0.0%	Y	Referral Required
58554	LAPAROSCOPY W/VAGINAL HYSTERECTOMY, UTERUS >250 GRAMS; REMOVAL TUBES AND OVARIES	07/01/2008	$1,159.01	0.0%	0.0%	Y	Referral Required
58555	HYSTEROSCOPY DIAGNOSTIC	07/01/2008	$208.02	0.0%	0.0%	N	Referral Required
58558	HYSTEROSCOPY, BIOPSY	07/01/2008	$274.42	0.0%	0.0%	N	Referral Required
58559	HYSTEROSCOPY LYSIS OF ADHESIONS	07/01/2008	$309.27	0.0%	0.0%	N	Referral Required
58560	HYSTEROCOSPY RESECT INTRAUTERINE SEPTUM	07/01/2008	$350.92	0.0%	0.0%	N	Referral Required
58561	HYSTEROSCOPY LEIMYOMATA REMOVAL	07/01/2008	$496.11	0.0%	0.0%	N	Referral Required
58562	HYSTEROSCOPY FOREIGN BODY REMOVAL	07/01/2008	$293.07	0.0%	0.0%	N	Referral Required
58563	HYSTEROSCOPY ENDOMETRIAL ABLATION	07/01/2008	$1,833.37	0.0%	0.0%	N	Referral Required

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58565	WITH BILAT FALLOPIAN TUBE CANNULATION TO INDUCE OCCLUSION WITH IMPLANTS	07/01/2008	$1,840.93	0.0%	0.0%	N	Referral Required
58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;	07/01/2008	$801.81	0.0%	0.0%	Y	Referral Required
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 Required
58572	LAPAROSCOPY, SURGICAL, W/TOTAL HYSTERECTOMY, UTERUS GREATER THAN 250 GR	07/01/2008	$996.14	0.0%	0.0%	Y	Referral Required
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

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58951	RESECTION OVARIAN MALIGNANCY	07/01/2008	$1,213.35	0.0%	0.0%	Y	Referral Requirec
58952	RESECTION OVARIAN MALIGNANCY W/RADICAL DISSECTION	07/01/2008	$1,368.21	0.0%	0.0%	N	Referral Requirec
58953	HYSTERECTOMY REMOVAL OF TUBES AND OVARIES W/RADICAL DISSECTION FOR DEBULKING	07/01/2008	$1,698.52	0.0%	0.0%	Y	Referral Requirec
58954	HYSTERECTOMY/REMOVAL OF TUBES/OVARIES W/LYMPHADENECTOMY	07/01/2008	$1,844.54	0.0%	0.0%	Y	Referral Requirec
58956	BILATERAL SALPINGO-OOPHORECTOMY WITH TOTAL OMENTECTOMY	07/01/2008	$1,186.03	0.0%	0.0%	Y	Referral Requirec
58957	RESECTION OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL, UTERINE MALIGNANCY	07/01/2008	$1,287.06	0.0%	0.0%	N	Referral Requirec
58958	RESECTION OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL, UTERINE MALIGNANCY	07/01/2008	$1,424.44	0.0%	0.0%	N	Referral Requirec
58960	LAPAROTOMY OF OVARIAN MALIGNANCY,STAGING/RESTAGING	07/01/2008	$810.75	0.0%	0.0%	N	Referral Requirec
58999	UNLISTED PROCEDURE, FEMALE GENITAL SYSTEM, NON OB	01/01/1982	$0.00	0.0%	0.0%	N	Referral Requirec
59000	AMNIOCENTESIS, ANY METHOD	07/01/2008	$116.44	0.0%	0.0%	N	Referral Requirec
59001	AMNIOCENTESIS; THERAPEUTIC AMNIOTIC FLUID REDUCTION	07/01/2008	$160.10	0.0%	0.0%	N	Referral Requirec
59012	CORDOCENTESIS INTRAUTERINE	07/01/2008	$181.00	0.0%	0.0%	N	Referral Requirec
59015	CHORIONIC VILLUS SAMPLING ANY METHOD	07/01/2008	$137.17	0.0%	0.0%	N	Referral Requirec
59020	FETAL OXYTOCIN STRESS TEST	07/01/2008	$59.47	26.0%	74.0%	N	Referral Requirec
59025	FETAL NON-STRESS TEST	07/01/2008	$39.93	20.0%	80.0%	N	Referral Requirec
59030	FETAL BLOOD SAMPLING	07/01/2008	$98.83	0.0%	0.0%	N	Referral Requirec
59050	FETAL MONITORING DURING LABOR; W/ WRITTEN REPORT, SUPERVISION & INTERP	07/01/2008	$45.37	0.0%	0.0%	N	Referral Requirec
59051	FETAL MONITORING DURING LABOR W/ WRITTEN REPORT; INTERPRETATION ONLY	07/01/2008	$37.42	0.0%	0.0%	N	Referral Requirec
59070	TRANSABDOMINAL AMNIOINFUSION, INCLUD ULTRASOUND GUIDANCE	07/01/2008	$350.26	0.0%	0.0%	N	Referral Requirec
59072	FETAL UMBILICAN CORD OCCLUSION	07/01/2008	$408.68	0.0%	0.0%	N	Referral Requirec
59074	FETAL FLUID DRAINAGE (VESICOCENTESIS, THORACENTESIS, PARACENTESIS) W ULTRASOUND	07/01/2008	$326.89	0.0%	0.0%	N	Referral Requirec
59076	FETAL SHUNT PLACEMENT, INCLUDING ULTRASOUND GUIDANCE	07/01/2008	$408.68	0.0%	0.0%	N	Referral Requirec
59100	HYSTEROTOMY	07/01/2008	$722.26	0.0%	0.0%	N	Referral Requirec
59120	SURGICAL TREATMENT ECTOPIC PREGNANCY: SALPINGECTOMY/SALPINGOSTOMY	07/01/2008	$687.43	0.0%	0.0%	N	Referral Requirec
59121	TUBAL W/O SALPINGECTOMY &/OR OOPHORECTOMY	07/01/2008	$692.05	0.0%	0.0%	N	Referral Requirec
59130	SALPINGECTOMY/SALPINGOSTOMY	07/01/2008	$781.87	0.0%	0.0%	N	Referral Requirec
59135	SALPINGECTOMY/SALPINGOSTOMY	07/01/2008	$788.56	0.0%	0.0%	Y	Referral Requirec
59136	SURG TREAT ESTOPIC PREGNANCY INTERSTITIAL W/PART R	07/01/2008	$748.68	0.0%	0.0%	N	Referral Requirec
59140	SURG FOR ECTOPIC PREGNANCY CERVICAL WITH EVAC	07/01/2008	$322.58	0.0%	0.0%	N	Referral Requirec
59150	LAPAROSCOPIC TREATMENT ECTOPIC PREG W/O S-O	07/01/2008	$668.45	0.0%	0.0%	N	Referral Requirec
59151	LAPAROSCOPIC TX ECTOPIC PREG. W/SALPING/OOPHORECTO	07/01/2008	$656.43	0.0%	0.0%	N	Referral Requirec
59160	CURETTAGE POSTPARTUM	07/01/2008	$197.43	0.0%	0.0%	N	Referral Requirec
59200	INSERTION HYGROSCOPIC CERVICAL DILATOR	07/01/2008	$67.62	0.0%	0.0%	N	Referral Requirec
59300	EPISIOT OR VAG REPAIR BY OTHER THAN ATTENDING PHY	07/01/2008	$169.26	0.0%	0.0%	N	Referral Requirec
59320	CERCLAGE CX VAGINAL	07/01/2008	$135.58	0.0%	0.0%	N	Referral Requirec
59325	CERCLAGE CX ABDOMEN	07/01/2008	$215.09	0.0%	0.0%	N	Referral Requirec

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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
59414	DELIVERY PLACENTA FOLLOWING DELIVERY OF INFANT	07/01/2008	$81.72	0.0%	0.0%	N	Referral Required
59425	ANTEPARTUM CARE ONLY; 4-6 VISITS	07/01/2008	$382.36	0.0%	0.0%	N	Referral Required
59426	ANTEPARTUM CARE ONLY; 7 OR MORE VISITS	07/01/2008	$683.73	0.0%	0.0%	N	Referral Required
59430	POST-PARTUM CARE	07/01/2008	$123.07	0.0%	0.0%	N	Referral Required
59510	CESAREAN DELIVERY W/7 OR MORE ANTEPARTUM & POSTPAR	07/01/2008	$1,742.30	0.0%	0.0%	N	Referral Required
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 Required
59525	SUBTOTAL OR TOTAL HYSTERECTOMY AFTER C-SECTION-ADD ON	07/01/2008	$428.40	0.0%	0.0%	Y	Referral Required
59610	ROUTINE OB CARE INCL ANTEPARTUM,VAG DELIVERY & POSTPARTUM; AFTER PREV CESAREAN	07/01/2008	$1,619.17	0.0%	0.0%	N	Referral Required
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 Required
59618	OB CARE INC. ANTEPARTUM,CESAREAN & POST AFTER ATTEMPTED VAGINAL DELIVERY	07/01/2008	$1,822.20	0.0%	0.0%	N	Referral Required
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 Required
59812	TREATMENT OF SPONT ABORTION ANY TRIM COMP SURG	07/01/2008	$267.37	0.0%	0.0%	N	Referral Required
59820	TREAT MISSED ABORTION COMPLETED SURGICALLY 1ST TRI	07/01/2008	$326.31	0.0%	0.0%	N	Referral Required
59821	TREATMENT OF MISSED AB TREAT SURG 2ND TRIMESTER	07/01/2008	$333.17	0.0%	0.0%	N	Referral Required
59830	ABORTION - SEPTIC	07/01/2008	$380.52	0.0%	0.0%	N	Referral Required
59840	ABORTION INDUCED BY DILATION AND CURETTAGE (INCLU	07/01/2008	$188.68	0.0%	0.0%	N	Referral Required
59841	LEGAL(THERAPEUTIC) ABORTION DILATION & EVACUATION	07/01/2008	$329.95	0.0%	0.0%	N	Referral Required
59850	INDUCTION OF LABOR	07/01/2008	$327.39	0.0%	0.0%	N	Referral Required
59851	ABORTION INDUCED COMPLETED BY DILATION AND CURET	07/01/2008	$350.12	0.0%	0.0%	N	Referral Required
59852	ABORTION INDUCED BY HYSTEROTOMY	07/01/2008	$472.15	0.0%	0.0%	N	Referral Required
59855	INDUCED ABORTION, DELIVERY OF FETUS & SECUDINES	07/01/2008	$362.66	0.0%	0.0%	N	Referral Required
59856	INDUCED ABORTION, DELIVERY; W/D&C OR EVACUATION	07/01/2008	$429.47	0.0%	0.0%	N	Referral Required
59857	INDUCED ABORTION, DELIVERY; WITH HYSTEROTOMY	07/01/2008	$504.56	0.0%	0.0%	N	Referral Required
59866	MULTIFETAL PREGNANCY REDUCTION(S)	07/01/2008	$210.78	0.0%	0.0%	Y	Referral Required
59870	UTERINE EVAC + CURETTAGE FOR HYDAT MOLE	07/01/2008	$401.35	0.0%	0.0%	N	Referral Required
59871	REMOVAL OF CERCLAGE SUTURE UNDER ANESTHESIA	07/01/2008	$118.61	0.0%	0.0%	N	Referral Required
59897	UNLISTED FETAL INVASIVE PROCEDURE, INCLUDING ULTRASOUND GUIDANCE	01/01/2004	$0.00	0.0%	0.0%	N	Referral Required
59898	LAPAROSCOPY UNLISTED OB CARE/DELIVERY PROCEDURE	01/01/2000	$0.00	0.0%	0.0%	N	Referral Required

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59899	UNLISTED MATERNITY PROCEDURE	01/01/1976	$0.00	0.0%	0.0%	N	Referral Required
60000	DRAINAGE, CYST, THYROGLOSSAL	07/01/2008	$129.72	0.0%	0.0%	N	Referral Required
60100	BIOPSY, THYROID	07/01/2008	$99.46	0.0%	0.0%	N	Referral Required
60200	EXCISION, CYST, THYROID	07/01/2008	$543.24	0.0%	0.0%	N	Referral Required
60210	PARTIAL THYROID LOBECTOMY, UNILATERAL	07/01/2008	$578.61	0.0%	0.0%	N	Referral Required
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

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

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61490	LOBOTOMY, CRANIAL	07/01/2008	$1,517.74	0.0%	0.0%	N	Referral Required
61500	CRANIECTOMY	07/01/2008	$1,076.03	0.0%	0.0%	N	Referral Required
61501	CRANIECTOMY W/EXCISION OF TUMOR FOR OSTEOMYELITIC	07/01/2008	$916.49	0.0%	0.0%	N	Referral Required
61510	EXCISION, TUMOR, BRAIN	07/01/2008	$1,728.70	0.0%	0.0%	N	Referral Required
61512	EXCISION, MENINGIOMA	07/01/2008	$2,050.00	0.0%	0.0%	N	Referral Required
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

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

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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
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

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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
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

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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
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

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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
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 MYELOTOMY	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	LAMINECTOMY WITH 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	LAMINECTOMY WITH 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	LAMINECTOMY WITH CORDOTOMY, THORACIC	07/01/2008	$1,482.81	0.0%	0.0%	Y	Referral Required
63200	LAMINECTOMY FOR RELEASE OF TETHERED SPINAL CORD, LUMBAR	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

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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
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

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63661	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY, INCL FLUORSCOPY	01/01/2010	$383.53	0.0%	0.0%	Y	Referral Required
63662	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE , INCL FLUOROSCOPY	01/01/2010	$493.00	0.0%	0.0%	Y	Referral Required
63663	REVISION INCL REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE	01/01/2010	$561.51	0.0%	0.0%	Y	Referral Required
63664	REVISION INCL REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE	01/01/2010	$513.32	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
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

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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
64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET JOINT, SINGLE	01/01/2010	$116.56	0.0%	0.0%	N	
64491	SECOND LEVEL (SP)	01/01/2010	$57.81	0.0%	0.0%	N	
64492	THIRD AND ANY ADDITIONAL LEVEL(S) (SP)	01/01/2010	$58.56	0.0%	0.0%	N	
64493	INJECTION(S) DIAGNOSTIC/THERAPEUTIC AGENT, PARAVERTEBRAL FACE, SINGLE LEVEL	01/01/2010	$105.35	0.0%	0.0%	N	
64494	SECOND LEVEL (SP)	01/01/2010	$51.85	0.0%	0.0%	N	
64495	THIRD AND ANY ADDITIONAL LEVEL(S) SP	01/01/2010	$52.60	0.0%	0.0%	N	
64505	SYMPATHETIC NERVE BLOCK	07/01/2008	$86.98	0.0%	0.0%	N	Referral Required
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

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64595	REVISE/REMOVE PERIPHERAL NEUROSTIMULATOR RECEIVER	07/01/2008	$343.20	0.0%	0.0%	Y	Referral Requirec
64600	DESTRUCTION, SOMATIC NERVE	07/01/2008	$369.20	0.0%	0.0%	N	Referral Requirec
64605	DESTRUCTION, SOMATIC NERVE	07/01/2008	$483.50	0.0%	0.0%	N	Referral Requirec
64610	DESTRUCTION, SOMATIC NERVE	07/01/2008	$571.36	0.0%	0.0%	N	Referral Requirec
64612	DESTRUCTION BY NEUROLYTIC AGENT; MUSCLES FACIAL NE	07/01/2008	$136.10	0.0%	0.0%	N	Referral Requirec
64613	DESTRUCTION NEUROLYTIC AGENT CERVICAL SPINAL MUSCL	07/01/2008	$140.10	0.0%	0.0%	N	Referral Requirec
64614	CHEMODENERVATION OF MUSCLES; EXTREMITY(S) AND/OR TRUNK MUSCLE(S)	07/01/2008	$156.53	0.0%	0.0%	N	Referral Requirec
64620	DESTRUCTION, SOMATIC NERVE	07/01/2008	$239.25	0.0%	0.0%	N	Referral Requirec
64622	DESTRUCTION-PARAVERTEBRALFACET JOINT NERVE LUMBAR	07/01/2008	$301.92	0.0%	0.0%	N	Referral Requirec
64623	DESTRUCT NEUROLYTIC AGENT;JOINT NERVE,LUMBAR,EACH-ADD ON	07/01/2008	$111.68	0.0%	0.0%	N	Referral Requirec
64626	PARAVERTEBRAL FACET JOINT NERVE DESTRUCTION	07/01/2008	$340.64	0.0%	0.0%	N	Referral Requirec
64627	PARAVERTEBRAL FACET JOINT NERVE DESTRUCTION ADD-ON	07/01/2008	$155.29	0.0%	0.0%	N	Referral Requirec
64630	DESTRUCTION BY NEUROLYTIC AGENT PUDENDAL NEVER	07/01/2008	$197.25	0.0%	0.0%	N	Referral Requirec
64632	PLANTAR COMMON DIGITAL NERVE	01/01/2009	$74.52	0.0%	0.0%	N	Referral Requirec
64640	DESTRUCTION, SOMATIC NERVE	07/01/2008	$208.94	0.0%	0.0%	N	Referral Requirec
64650	CHEMODENERVATION OF ECCRINE GLANDS, BOTH AXILLE	07/01/2008	$51.11	0.0%	0.0%	Y	Referral Requirec
64653	CHEMODENERVATION OF ECCRINE GLANDS, OTHER AREA (SCALP, NECK FACE) PER DAY	07/01/2008	$58.54	0.0%	0.0%	Y	Referral Requirec
64680	DESTRUCTION, SYMPATHETIC NERVE	07/01/2008	$274.63	0.0%	0.0%	N	Referral Requirec
64681	SUPERIOR HYPOGASTRIC PLEXUS	07/01/2008	$367.71	0.0%	0.0%	N	Referral Requirec
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

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
64792	EXCISION, NEUROFIBROMA	07/01/2008	$860.09	0.0%	0.0%	N	Referral Requirec
64795	BIOPSY, NERVE	07/01/2008	$160.55	0.0%	0.0%	N	Referral Requirec
64802	EXCISION, NERVES, SYMPATHETIC	07/01/2008	$512.24	0.0%	0.0%	N	Referral Requirec
64804	EXCISION, NERVES, SYMPATHETIC	07/01/2008	$789.56	0.0%	0.0%	N	Referral Requirec
64809	EXCISION, NERVES, SYMPATHETIC	07/01/2008	$732.28	0.0%	0.0%	N	Referral Requirec
64814	NEURECTOMY, HYPOGASTRIC	07/01/2008	$853.04	0.0%	0.0%	N	Referral Requirec
64818	EXCISION, NERVES, SYMPATHETIC	07/01/2008	$562.54	0.0%	0.0%	N	Referral Requirec
64820	SYMPATHECTOMY,DIGITAL ARTERIES,W/MAGNIFICATION, EA	07/01/2008	$619.80	0.0%	0.0%	N	Referral Requirec
64821	SYMPATHECTOMY; RADIAL ARTERY	07/01/2008	$563.29	0.0%	0.0%	N	Referral Requirec
64822	SYMPATHECTOMY; ULNAR ARTERY	07/01/2008	$560.76	0.0%	0.0%	N	Referral Requirec
64823	SYMPATHECTOMY; SUPERFACIAL PALMAR ARCH	07/01/2008	$635.66	0.0%	0.0%	N	Referral Requirec
64831	SUTURE DIGITAL NERVE HAND/FOOT 1 NERVE	07/01/2008	$598.56	0.0%	0.0%	N	Referral Requirec
64832	SUTURE, NERVE-ADD ON	07/01/2008	$293.27	0.0%	0.0%	N	Referral Requirec
64834	SUTURE, NERVE	07/01/2008	$614.36	0.0%	0.0%	N	Referral Requirec
64835	SUTURE, NERVE	07/01/2008	$665.56	0.0%	0.0%	N	Referral Requirec
64836	SUTURE, NERVE	07/01/2008	$666.76	0.0%	0.0%	N	Referral Requirec
64837	SUTURE EACH ADDITIONAL NERVE HAND OR FOOT-ADD ON	07/01/2008	$324.71	0.0%	0.0%	N	Referral Requirec
64840	SUTURE POST TIBIAL NERVE	07/01/2008	$754.38	0.0%	0.0%	N	Referral Requirec
64856	SUTURE, NERVE	07/01/2008	$836.73	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
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
64896	NERVE GRAFT	07/01/2008	$1,170.04	0.0%	0.0%	N	Referral Required
64897	NERVE GRAFT ARM OR LEG UP TO 4 CM	07/01/2008	$1,047.80	0.0%	0.0%	N	Referral Required
64898	NERVE GRAFT MORE THAN 4 CM	07/01/2008	$1,139.10	0.0%	0.0%	N	Referral Required
64901	NERVE GRAFT EA ADDITIONAL NERVE-ADD ON	07/01/2008	$516.58	0.0%	0.0%	N	Referral Required
64902	NERVE GRAFT; MULTIPLE STRANDS-ADD ON	07/01/2008	$602.79	0.0%	0.0%	N	Referral Required
64905	NERVE PEDICLE TRANSFER	07/01/2008	$799.22	0.0%	0.0%	N	Referral Required
64907	NERVE PEDICLE TRANSFER	07/01/2008	$1,042.61	0.0%	0.0%	N	Referral Required
64910	NERVE REPAIR; W/ SYNTHETIC CONDUIT/VEIN ALLOGRAFT (EG, NERVE TUBE), EACH NERVE	07/01/2008	$564.53	0.0%	0.0%	N	Referral Required
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 Required
64999	UNLISTED PROCEDURE, NERVOUS SYSTEM	03/01/2002	$0.00	0.0%	0.0%	Y	Referral Required
65091	EVISCERATION, OCULAR CONTENTS	07/01/2008	$496.85	0.0%	0.0%	N	Referral Required
65093	EVISCERATION, OCULAR CONTENTS	07/01/2008	$497.71	0.0%	0.0%	N	Referral Required
65101	ENUCLEATION, EYE	07/01/2008	$570.16	0.0%	0.0%	N	Referral Required
65103	ENUCLEATION, EYE	07/01/2008	$594.83	0.0%	0.0%	N	Referral Required
65105	ENUCLEATION, EYE	07/01/2008	$654.22	0.0%	0.0%	N	Referral Required
65110	EXENTERATION, ORBIT	07/01/2008	$951.37	0.0%	0.0%	N	Referral Required
65112	EXTENTERATION-ORBIT; W/THERAPEUTIC BONE REMOVAL	07/01/2008	$1,125.65	0.0%	0.0%	N	Referral Required

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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
65285	REPAIR LACERATION CORNEA W/REPOSITION UVEAL TISSUE	07/01/2008	$789.88	0.0%	0.0%	N	Referral Requirec
65286	APP OF TISSUE GLUE, WOUNDS OF CORNEA AND/OR SCLERA	07/01/2008	$552.45	0.0%	0.0%	N	Referral Requirec
65290	REPAIR, WOUND, EXTRAOCULAR	07/01/2008	$371.95	0.0%	0.0%	N	Referral Requirec
65400	EXCISION, LESION, CORNEA	07/01/2008	$512.38	0.0%	0.0%	N	Referral Requirec
65410	BIOPSY, CORNEA	07/01/2008	$113.52	0.0%	0.0%	N	Referral Requirec
65420	TRANSPOSITION, PTERYGIUM	07/01/2008	$408.31	0.0%	0.0%	N	Referral Requirec
65426	EXICSION TRANSPOSITION OF PTERYGIUM W/GRAFT	07/01/2008	$508.19	0.0%	0.0%	N	Referral Requirec
65430	CORNEAL SCRAPING	07/01/2008	$90.17	0.0%	0.0%	N	Referral Requirec
65435	REMOVAL, CORNEAL EPITHELIUM	07/01/2008	$62.64	0.0%	0.0%	N	Referral Requirec
65436	REMOVAL CORNEAL EPITHELIUM W/APP CHELATING AGENT	07/01/2008	$293.23	0.0%	0.0%	N	Referral Requirec
65445	THERMOCAUTERIZATION, CORNEA	07/01/2008	$86.39	0.0%	0.0%	N	Referral Requirec
65450	DESTRUCTION LESION CORNEA BY CRYOTHERAPY, PHOTOCOA	07/01/2008	$244.52	0.0%	0.0%	N	Referral Requirec
65455	CRYOTHERAPY, CORNEA	07/01/2008	$86.39	0.0%	0.0%	N	Referral Requirec
65600	MULTIPLE PUNCTURES OF ANTERIOR CORNEA/EROSION/TATT	07/01/2008	$297.07	0.0%	0.0%	N	Referral Requirec
65710	KERATOPLASTY	07/01/2008	$840.27	0.0%	0.0%	N	Referral Requirec
65720	KERATOPLASTY	07/01/2008	$1,565.72	0.0%	0.0%	N	Referral Requirec
65730	KERATOPLASTY	07/01/2008	$932.95	0.0%	0.0%	N	Referral Requirec
65750	KERATOPLASTY	07/01/2008	$947.61	0.0%	0.0%	N	Referral Requirec
65755	KERATOPLASTY; PENETRATING (IN PSEUDOPHAKIA)	07/01/2008	$941.94	0.0%	0.0%	N	Referral Requirec

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65756	ENDOTHELIAL	01/01/2009	$936.20	0.0%	0.0%	N	Referral Requirec
65760	KERATOMELEUSIS	07/01/2008	$1,835.69	0.0%	0.0%	N	Referral Requirec
65765	KERATOPHAKIA	07/01/2008	$1,836.82	0.0%	0.0%	N	Referral Requirec
65767	EPIKERATOPLASTY	01/01/1993	$0.00	0.0%	0.0%	N	Referral Requirec
65770	KERATOPROSTHESIS	07/01/2008	$1,082.19	0.0%	0.0%	N	Referral Requirec
65771	RADICAL KERATOTOMY	07/01/2008	$928.33	0.0%	0.0%	N	Referral Requirec
65772	CORNEAL RELAXING INCISION	07/01/2008	$343.60	0.0%	0.0%	N	Referral Requirec
65775	CORNEAL WEDGE RESECTION NO ASSIST	07/01/2008	$419.03	0.0%	0.0%	N	Referral Requirec
65780	OCULAR SURFACE RECONSTRUCTION; AMNIOTIC MEMBRANE TRANSPLANTATION	07/01/2008	$678.65	0.0%	0.0%	N	Referral Requirec
65781	LIMBAL STEM CELL ALLOGRAFT (EG, CADAVERIC OF LIVING DONOR)	07/01/2008	$1,028.12	0.0%	0.0%	N	Referral Requirec
65782	LIMBAL CONJUNCTIVAL AUTOGRAFT (INCLUDES OBTAINING GRAFT)	07/01/2008	$886.85	0.0%	0.0%	N	Referral Requirec
65800	PARACENTESIS EYE ANTE CHAMBER	07/01/2008	$119.08	0.0%	0.0%	N	Referral Requirec
65805	PARACENTESIS EYE ANTE CHAMBER	07/01/2008	$130.43	0.0%	0.0%	N	Referral Requirec
65810	PARACENTESIS EYE ANTE CHAMBER	07/01/2008	$350.77	0.0%	0.0%	N	Referral Requirec
65815	PARACENTESIS EYE ANTE CHAMBER	07/01/2008	$499.85	0.0%	0.0%	N	Referral Requirec
65820	GONIOTOMY	07/01/2008	$576.38	0.0%	0.0%	N	Referral Requirec
65850	TRABECULOTOMY AB EXTERNO	07/01/2008	$649.87	0.0%	0.0%	N	Referral Requirec
65855	TRABECULOPLASTY BY LASAR SURGERY, ONE OR MORE	07/01/2008	$264.38	0.0%	0.0%	N	Referral Requirec
65860	SEVERING ADHESIONS ANTERIOR SEGMENT LASER TECHNIQU	07/01/2008	$244.42	0.0%	0.0%	N	Referral Requirec
65865	LYSIS, ADHESIONS, EYE	07/01/2008	$367.16	0.0%	0.0%	N	Referral Requirec
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

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
66825	REPOSITION INTRAOCULAR LENS PROSTHESIS REQUIRE INC	07/01/2008	$584.48	0.0%	0.0%	N	Referral Requirec
66830	REMOVAL SECONDARY MEMBRANOUS CATARACT	07/01/2008	$539.85	0.0%	0.0%	N	Referral Requirec
66840	LENS MATERIAL REMOVAL	07/01/2008	$528.23	0.0%	0.0%	N	Referral Requirec
66850	PHACOFRAGMENTATION, LENS	07/01/2008	$600.01	0.0%	0.0%	N	Referral Requirec
66852	REMOVAL LENS MATERIAL, PARS PLANA APPROACH W/WO VI	07/01/2008	$642.73	0.0%	0.0%	N	Referral Requirec
66920	EXTRACTION LENS (CATARACT) INTRACAPSULAR	07/01/2008	$573.81	0.0%	0.0%	N	Referral Requirec
66930	EXTRACTION LENS (CATARACT) INTRACAPSULAR-DISLOCATD	07/01/2008	$651.20	0.0%	0.0%	N	Referral Requirec
66940	EXTRACTION LENS (CATARACT) EXTRACAPSULAR	07/01/2008	$591.86	0.0%	0.0%	N	Referral Requirec
66945	EXTRACTION, LENS	07/01/2008	$1,349.78	0.0%	0.0%	N	Referral Requirec
66982	EXTRACAPSULAR CATARACT REMOVAL	07/01/2008	$823.37	0.0%	0.0%	N	Referral Requirec
66983	INTRACAPSULAR CATARACT EXTRACTION WITH INSERTION	07/01/2008	$555.22	0.0%	0.0%	N	Referral Requirec
66984	EXTRA CAPSULAR CATARACT REMOVAL W/INSERTION OF IOL	07/01/2008	$585.99	0.0%	0.0%	N	Referral Requirec
66985	INSERTION LENS PROSTHESIS SECONDARY IMPLANT	07/01/2008	$576.49	0.0%	0.0%	N	Referral Requirec
66986	EXCHANGE OF INTRAOCULAR LENS	07/01/2008	$710.37	0.0%	0.0%	N	Referral Requirec
66990	OPHTHALMIC ENDOSCOPE, ADD-ON CODE	07/01/2008	$72.34	0.0%	0.0%	N	Referral Requirec
66999	UNLISTED ANTERIOR SEG PROC	01/01/1976	$0.00	0.0%	0.0%	N	Referral Requirec
67005	REMOVAL VITREOUS ANTERIOR APPROACH; PARTIAL	07/01/2008	$356.29	0.0%	0.0%	N	Referral Requirec
67010	REMOVAL VITREOUS, SUBTOTAL REMOVAL W/MECHANICAL VI	07/01/2008	$413.01	0.0%	0.0%	N	Referral Requirec
67015	ASPIRATION, VITREOUS	07/01/2008	$443.95	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
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
67107	REPAIR, RETINAL DETACHMENT	07/01/2008	$923.69	0.0%	0.0%	N	Referral Required
67108	REPAIR, RETINAL DETACHMENT	07/01/2008	$1,229.97	0.0%	0.0%	N	Referral Required
67110	RETINAL DETACH BY INJ OF AIR OR OTHER GAS (PNEUMOR	07/01/2008	$663.94	0.0%	0.0%	N	Referral Required
67112	REPAIR, RETINAL DETACHMENT	07/01/2008	$1,012.74	0.0%	0.0%	N	Referral Required
67113	REPAIR OF COMPLEX RETINAL DETACHMENT	01/01/2008	$1,318.95	0.0%	0.0%	N	Referral Required
67115	RELEASE OF ENCIRCLING MATERIAL (POSTERIOR SEGMENT)	07/01/2008	$370.40	0.0%	0.0%	N	Referral Required
67120	REMOVAL IMPLANTED MATERIAL POSTERIOR SEG EXTRAOCUL	07/01/2008	$503.39	0.0%	0.0%	N	Referral Required
67121	REMOVAL IMPLANTED MATERIAL POSTERIOR SEG INTRAOCUL	07/01/2008	$687.59	0.0%	0.0%	N	Referral Required
67141	PROPHYLAXIS RETINAL DETACHMENT W/O DRAINAGE 1/MORE	07/01/2008	$393.89	0.0%	0.0%	N	Referral Required
67142	PROPHYLAXIS RETINAL DETACHMENT	07/01/2008	$626.29	0.0%	0.0%	N	Referral Required
67143	PROPHYLAXIS RETINAL DETACHMENT	07/01/2008	$626.29	0.0%	0.0%	N	Referral Required
67144	PROPHYLAXIS RETINAL DETACHMENT	07/01/2008	$626.29	0.0%	0.0%	N	Referral Required
67145	PROPHYLAXIS, PHOTOCOAGULATION(LASER OR XENON ARC)	07/01/2008	$396.46	0.0%	0.0%	N	Referral Required
67146	PROPHYLAXIS RETINAL DETACHMENT	07/01/2008	$626.29	0.0%	0.0%	N	Referral Required
67208	DESTRUCT LOCALIZED LESION RETINA ONE OR MORE SESSI	07/01/2008	$454.17	0.0%	0.0%	N	Referral Required
67210	DESTRUCTION OF LOCALIZED LESION OF RETINA 1OR MORE	07/01/2008	$530.03	0.0%	0.0%	N	Referral Required
67212	DESTRUCTION, LESION, RETINA	07/01/2008	$755.85	0.0%	0.0%	N	Referral Required
67213	DESTRUCTION, LESION, RETINA	07/01/2008	$755.85	0.0%	0.0%	N	Referral Required
67214	DESTRUCTION, LESION, RETINA	07/01/2008	$755.85	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
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
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

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
67440	ORBITOTOMY	07/01/2008	$937.68	0.0%	0.0%	N	Referral Required
67445	ORBITOTOMY W/REMOVAL OF BONE FOR DECOMPRESSION	07/01/2008	$1,087.93	0.0%	0.0%	N	Referral Required
67450	ORBITOTOMY	07/01/2008	$970.30	0.0%	0.0%	N	Referral Required
67500	INJECTION, ORBIT	07/01/2008	$70.01	0.0%	0.0%	N	Referral Required
67505	INJECTION, ORBIT	07/01/2008	$65.96	0.0%	0.0%	N	Referral Required
67510	ORBITOGRAPHY INJECTION PROC	07/01/2008	$59.40	0.0%	0.0%	N	Referral Required
67515	INJECTION, TENONS CAPSULE	07/01/2008	$70.11	0.0%	0.0%	N	Referral Required
67550	INSERTION, ORBITAL IMPLANT	07/01/2008	$752.57	0.0%	0.0%	N	Referral Required
67560	REVISION, ORBITAL IMPLANT	07/01/2008	$764.71	0.0%	0.0%	N	Referral Required
67570	OPTIC NERVE DECOMPRESSION	07/01/2008	$899.80	0.0%	0.0%	N	Referral Required
67599	UNLISTED ORBIT PROC	01/01/1976	$0.00	0.0%	0.0%	N	Referral Required
67700	BLEPHAROTOMY	07/01/2008	$219.91	0.0%	0.0%	N	Referral Required
67710	SEVERING TARSORRHAPHY	07/01/2008	$187.47	0.0%	0.0%	N	Referral Required
67715	CANTHOTOMY	07/01/2008	$196.47	0.0%	0.0%	N	Referral Required
67800	EXCISION, CHALAZION	07/01/2008	$97.85	0.0%	0.0%	N	Referral Required
67801	EXCISION, CHALAZION	07/01/2008	$125.66	0.0%	0.0%	N	Referral Required
67805	EXCISION, CHALAZION	07/01/2008	$155.53	0.0%	0.0%	N	Referral Required
67808	EXCISION, CHALAZION	07/01/2008	$276.79	0.0%	0.0%	N	Referral Required
67810	BIOPSY, EYELID	07/01/2008	$172.10	0.0%	0.0%	N	Referral Required
67820	TRICHIASIS CORRECTION	07/01/2008	$42.11	0.0%	0.0%	N	Referral Required
67825	TRICHIASIS CORRECTION	07/01/2008	$100.56	0.0%	0.0%	N	Referral Required
67830	TRICHIASIS CORRECTION	07/01/2008	$217.85	0.0%	0.0%	N	Referral Required
67835	TRICHIASIS CORRECTION	07/01/2008	$339.28	0.0%	0.0%	N	Referral Required
67840	EXCISION, LESION, LID MARGIN	07/01/2008	$227.32	0.0%	0.0%	N	Referral Required
67850	DESTRUCTION LESION, LID MARGIN	07/01/2008	$169.95	0.0%	0.0%	N	Referral Required
67875	TEMPORARY CLOSURE OF EYELIDS BY SUTURE	07/01/2008	$141.41	0.0%	0.0%	N	Referral Required
67880	TARSORRHAPHY	07/01/2008	$354.87	0.0%	0.0%	N	Referral Required
67882	TARSORRHAPHY	07/01/2008	$434.89	0.0%	0.0%	N	Referral Required
67900	REPAIR OF BROW PTOSIS	07/01/2008	$505.82	0.0%	0.0%	N	Referral Required
67901	REPAIR, BLEPHAROPTOSIS	07/01/2008	$501.12	0.0%	0.0%	N	Referral Required
67902	REPAIR, BLEPHAROPTOSIS	07/01/2008	$532.78	0.0%	0.0%	N	Referral Required
67903	REPAIR, BLEPHAROPTOSIS	07/01/2008	$494.39	0.0%	0.0%	N	Referral Required
67904	REPAIR, BLEPHAROPTOSIS	07/01/2008	$567.55	0.0%	0.0%	N	Referral Required
67906	REPAIR, BLEPHAROPTOSIS	07/01/2008	$396.52	0.0%	0.0%	N	Referral Required
67908	REPAIR, BLEPHAROPTOSIS	07/01/2008	$382.58	0.0%	0.0%	N	Referral Required
67909	REDUCTION OVERCORRECTED PTOSIS	07/01/2008	$426.32	0.0%	0.0%	N	Referral Required
67911	CORRECTION, LID RETRACTION	07/01/2008	$417.29	0.0%	0.0%	N	Referral Required
67912	CORRECTION OF LAGOPHTHALMOS, W/IMPLANTATION OF UPPER EYELID LID LOAD	07/01/2008	$749.59	0.0%	0.0%	N	Referral Required
67914	ECTROPION REPAIR	07/01/2008	$312.95	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
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
68100	BIOPSY, CONJUNCTIVA	07/01/2008	$140.41	0.0%	0.0%	N	Referral Requirec
68110	EXCISION, LESION, CONJUNCTIVA	07/01/2008	$181.67	0.0%	0.0%	N	Referral Requirec
68115	EXCISION, LESION, CONJUNCTIVA	07/01/2008	$254.09	0.0%	0.0%	N	Referral Requirec
68130	EXCISION, LESION, CONJUNCTIVA	07/01/2008	$428.01	0.0%	0.0%	N	Referral Requirec
68135	DESTRUCTION LESION CONJUNCTIVA	07/01/2008	$120.90	0.0%	0.0%	N	Referral Requirec
68200	INJECTION, SUBCONJUNCTIVA	07/01/2008	$33.11	0.0%	0.0%	N	Referral Requirec
68320	CONJUNCTIVOPLASTY	07/01/2008	$562.08	0.0%	0.0%	N	Referral Requirec
68325	CONJUNCTIVOPLASTY	07/01/2008	$501.85	0.0%	0.0%	N	Referral Requirec
68326	CONJUNCTIVOPLASTY	07/01/2008	$488.27	0.0%	0.0%	N	Referral Requirec
68328	CONJUNCTIVOPLASTY	07/01/2008	$548.90	0.0%	0.0%	N	Referral Requirec
68330	CONJUNCTIVOPLASTY	07/01/2008	$474.41	0.0%	0.0%	N	Referral Requirec
68335	CONJUNCTIVOPLASTY	07/01/2008	$488.94	0.0%	0.0%	N	Referral Requirec
68340	DIVISION SYMBLEPHARON W/WO INSERT OF CONFERMER OR	07/01/2008	$429.16	0.0%	0.0%	N	Referral Requirec
68360	CONJUNCTIVAL FLAP	07/01/2008	$414.85	0.0%	0.0%	N	Referral Requirec
68362	CONJUNCTIVAL FLAP	07/01/2008	$495.60	0.0%	0.0%	N	Referral Requirec
68371	HARVESTING CONJUNCTIVAL ALLOGRAFT, LIVING DONOR	07/01/2008	$321.67	0.0%	0.0%	N	Referral Requirec
68399	UNLISTED CONJUNCTIVA PROC	01/01/1976	$0.00	0.0%	0.0%	N	Referral Requirec
68400	DRAINAGE, LACRIMAL GLAND	07/01/2008	$231.19	0.0%	0.0%	N	Referral Requirec
68420	DACRYOCYSTOSTOMY	07/01/2008	$259.63	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
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
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

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
69505	MASTOIDECTOMY	07/01/2008	$1,014.13	0.0%	0.0%	N	Referral Required
69511	MASTOIDECTOMY	07/01/2008	$1,040.47	0.0%	0.0%	N	Referral Required
69530	PETROUS APICECTOMY	07/01/2008	$1,397.34	0.0%	0.0%	N	Referral Required
69535	RESECTION, TEMPORAL BONE	07/01/2008	$2,286.05	0.0%	0.0%	N	Referral Required
69540	EXCISION, AURAL POLYP	07/01/2008	$170.11	0.0%	0.0%	N	Referral Required
69550	EXCISION, AURAL GLOMUS TUMOR	07/01/2008	$873.60	0.0%	0.0%	N	Referral Required
69552	EXCISION, AURAL GLOMUS TUMOR	07/01/2008	$1,339.31	0.0%	0.0%	N	Referral Required
69554	EXCISION, AURAL GLOMUS TUMOR	07/01/2008	$2,160.28	0.0%	0.0%	N	Referral Required
69601	REVISION MASTOIDECTOMY	07/01/2008	$877.47	0.0%	0.0%	N	Referral Required
69602	REVISION MASTOIDECTOMY	07/01/2008	$913.11	0.0%	0.0%	N	Referral Required
69603	REVISION MASTOIDECTOMY	07/01/2008	$1,074.86	0.0%	0.0%	N	Referral Required
69604	REVISION MASTOIDECTOMY, RESULT IN TYMPANOPLASTY	07/01/2008	$935.73	0.0%	0.0%	N	Referral Required
69605	REVISION MASTOIDECTOMY	07/01/2008	$1,322.53	0.0%	0.0%	N	Referral Required
69610	REPAIR OF EARDRUM	07/01/2008	$330.60	0.0%	0.0%	N	Referral Required
69620	MYRINGOPLASTY	07/01/2008	$576.01	0.0%	0.0%	N	Referral Required
69631	TYMPANOPLASTY	07/01/2008	$727.47	0.0%	0.0%	N	Referral Required
69632	TYMPANOPLASTY	07/01/2008	$896.70	0.0%	0.0%	N	Referral Required
69633	TYMPANOPLASTY W/OSSICULAR RECONST AND SYNTHETIC PR	07/01/2008	$863.36	0.0%	0.0%	N	Referral Required
69635	TYMPANOPLASTY	07/01/2008	$1,021.12	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
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
69715	OSSEOINTEGRATED IMPLANT W/ MASTOIDECTOMY	07/01/2008	$1,132.34	0.0%	0.0%	Y	Referral Requirec
69717	OSSEOINTEGRATED IMPLANT REPLACEMENT	07/01/2008	$970.87	0.0%	0.0%	Y	Referral Requirec
69718	OSSEOINTEGRATED IMPLANT REPLACEMENT W/ MASTOIDECTOMY	07/01/2008	$1,179.53	0.0%	0.0%	Y	Referral Requirec
69720	DECOMPRESSION, FACIAL NERVE	07/01/2008	$987.19	0.0%	0.0%	N	Referral Requirec
69725	DECOMPRESS FACIAL NERVE INC MEDIAL TO GENICULATE G	07/01/2008	$1,603.76	0.0%	0.0%	N	Referral Requirec
69740	SUTURE, FACIAL NERVE	07/01/2008	$984.31	0.0%	0.0%	N	Referral Requirec
69745	SUTURE FACIAL NERVE INC MEDIAL TO GENICULATE GANGL	07/01/2008	$1,004.54	0.0%	0.0%	N	Referral Requirec
69799	UNLISTED MID EAR PROC	01/01/1976	$0.00	0.0%	0.0%	N	Referral Requirec
69801	LABYRINTHOTOMY	07/01/2008	$620.47	0.0%	0.0%	N	Referral Requirec
69802	LABYRINTHOTOMY	07/01/2008	$872.94	0.0%	0.0%	N	Referral Requirec
69805	ENDOLYMPHATIC SAC OPERATION	07/01/2008	$889.24	0.0%	0.0%	N	Referral Requirec
69806	ENDOLYMPHATIC SAC OPERATION	07/01/2008	$796.81	0.0%	0.0%	N	Referral Requirec
69820	FENESTRATION SEMICIRCULAR CNL	07/01/2008	$724.35	0.0%	0.0%	N	Referral Requirec
69840	REV, FENESTRATION, INNER EAR	07/01/2008	$770.97	0.0%	0.0%	N	Referral Requirec
69905	LABYRINTHECTOMY	07/01/2008	$764.83	0.0%	0.0%	N	Referral Requirec
69910	LABYRINTHECTOMY	07/01/2008	$863.82	0.0%	0.0%	N	Referral Requirec
69915	VESTIBULAR NERVE SECTION	07/01/2008	$1,314.36	0.0%	0.0%	N	Referral Requirec
69930	COCHLEAR DEVICE IMPLANT; W/WO MASTOIDECTOMY	07/01/2008	$1,081.34	0.0%	0.0%	Y	Referral Requirec
69949	UNLISTED PROCEDURE, INNER EAR	07/01/2008	$97.18	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
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	
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	

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

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

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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	
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	

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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	
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	

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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	
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	

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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	
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	
74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROC	01/01/2010	$253.25	62.0%	38.0%	N	
74262	WITH CONTRAST MATERIAL(S) INCLUDING NON-CONTRAST IMAGES; IF PERFORMED	01/01/2010	$324.02	70.0%	30.0%	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	

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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	
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	
74775	PERINEOGRAM	07/01/2008	$78.49	61.0%	39.0%	N	
75557	CARDIAC MRI FOR MORPHOLOGY & FUNCTION W/O CONTRAST MATERIAL	07/01/2008	$415.93	75.0%	25.0%	N	
75559	CARDIAC MRI FOR MORPHOLOGY & FUNCTION W/O CONTRAST MATERIAL	07/01/2008	$451.52	70.0%	30.0%	N	
75561	CARDIAC MRI FOR MORPHOLOGY & FUNCTION WITHOUT CONTRAST MATERIAL	07/01/2008	$590.53	80.0%	20.0%	N	
75563	CARDIAC MRI FOR MORPHOLOGY & FUNCTION WO CONTRAST MAT, FOLLOWED BY CONTRAST MAT	07/01/2008	$618.56	78.0%	22.0%	N	
75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING SP	01/01/2010	$64.08	86.0%	14.0%	N	
75571	COMPUTED TOMOGRAPHY HEART W/O CONTRAST MATR W/QUANTITATIVE EVAL OF CORONARY CALC	01/01/2010	$60.35	60.0%	40.0%	N	
75572	COMPUTED TOMOGRAPHY HEART W/ CONTRAST MATERIAL, FOR EVAL OF CARDIAC	01/01/2010	$186.44	66.0%	34.0%	N	
75573	COMPUTED TOMOGRAPHY HEART WCONTRAST MATERIAL, FOR EVALOF CARDIAC MORPHOLO	01/01/2010	$265.12	66.0%	34.0%	N	
75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY HEART CORONARY ARTERIES AND BYPASS GRAFTS W/ CO	01/01/2010	$323.51	68.0%	32.0%	N	
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	

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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	
75791	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG. DIALYSIS PATNT FISTULA/GRAFT), COMPL EVAL	01/01/2010	$22.06	65.0%	35.0%	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	
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	

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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	
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	

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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	
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	

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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	
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	

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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	
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	

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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	
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	

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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	07/01/2010	$136.85	0.0%	0.0%	N	
77336	RADIOLOGICAL PHYSICS SPT SVC	07/01/2008	$71.78	0.0%	0.0%	N	
77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RADIATION THERAPY	01/01/2010	$340.44	51.0%	49.0%	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	
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	

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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	
77786	2-12 CHANNELS	01/01/2009	$500.79	69.0%	31.0%	N	
77787	OVER 12 CHANNELS	01/01/2009	$744.41	68.0%	32.0%	N	
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	
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	

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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	
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	

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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	
78451	MYOCARDIAL PERFUSION IMAG, TOMOGRAPHIC (SPECT) SINGLE STUDY, AT REST OR STRESS	01/01/2010	$157.23	69.0%	31.0%	N	
78452	MULTIPLE STUDIES, AT REST AND/OR STRESS AND/OR REDISTRIBUTION AND/OR RES	01/01/2010	$267.00	78.0%	22.0%	N	
78453	MYOCARDIAL PERFUSION IMAGING, PLANAR SINGLE STUDY, AT REST OR STRESS	01/01/2010	$136.37	74.0%	26.0%	N	
78454	MULTIPLE STUDIES, AT REST AND/OR STRESS AND/OR REDISTRIBUTION AND/OR RES	01/01/2010	$132.07	64.0%	36.0%	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	

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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	

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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	
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	

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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	

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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	

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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	

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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	

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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	

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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	
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	

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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	

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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	
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	

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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	
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	

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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	

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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	
83986	PH TESTING	07/01/2008	$5.00	0.0%	0.0%	N	
83987	EXHALED BREATH CONDENSATE	01/01/2010	$5.22	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	
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	

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84061	PHOSPHATSE, ACID; FORENSIC EXAM	07/01/2008	$11.06	0.0%	0.0%	N	
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	
84145	PROCALCITONIN (PCT)	01/01/2010	$27.76	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	

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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	
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	
84431	HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH, NON-CYTOTOXIC FIRST SERUM SAM	01/01/2010	$18.54	0.0%	0.0%	N	
84432	THYROGLOBULIN	07/01/2008	$20.28	0.0%	0.0%	N	

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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	
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	

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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	
84681	C-PEPTIDE, ANY METHOD	07/01/2008	$29.07	0.0%	0.0%	N	
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	
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	

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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	
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	
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	

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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	
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	

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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	
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	
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	
86305	HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	01/01/2010	$29.81	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	

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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	
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	
86352	CELLULAR FUNCTION ASSAY INVOLVING STIMULATION AND DETECTION OF BIOMARKER.	01/01/2010	$97.30	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	
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	
86490	COCCIDIOIDOMYCOSTS TEST	07/01/2008	$7.39	0.0%	0.0%	N	

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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	
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	

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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	
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	
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	

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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	
86780	TREPONEMA PALLIDUM	01/01/2010	$18.97	0.0%	0.0%	N	
86784	ANTIBODY; TRICHINELLA	07/01/2008	$16.01	0.0%	0.0%	N	
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	
86825	HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH, NON-CYTOTOXIC FIRST SERUM SAM	01/01/2010	$115.04	0.0%	0.0%	N	
86826	EACH ADDITIONAL SERUM SAMPLE OR SAMPLE SOLUTION (SP)	01/01/2010	$0.00	0.0%	0.0%	N	
86849	UNLISTED IMMUNOLOGY PROCEDURE	01/01/1993	$0.00	0.0%	0.0%	Y	
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	

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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	
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	

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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	
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	
87150	INDENTIFITION BY NUCLEIC ACID PROBE DIRECT PROBE TECHNIQ, PER CULTURE OR ISOLATE	01/01/2010	$50.27	0.0%	0.0%	N	
87152	CULTURE ID PULSE FIELD GEL TYPING	07/01/2008	$7.31	0.0%	0.0%	N	
87153	IDENTIFICATION BY NUCLEIC ACID SEQUENCING METHOD, EACH ISOLATE	01/01/2010	$127.04	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	

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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	
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	

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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	
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	

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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	
87493	CLOSTRDIUM DIFFICILE, TOXIN GENE(S), AMPLIFEID PROBE TECHNIQUE	01/01/2010	$50.27	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	
87500	NFECTIOUS AGENT DETECTION BY NUCLEIC ACID; VANCOMYCIN RESISTANCE	01/01/2008	$51.25	0.0%	0.0%	N	
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	

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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	
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	

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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	
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	
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	

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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	
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	

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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	
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	

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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	
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	
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	
88387	MACROSCOPIC EXAMINATION, DISSECTION, AND PREPARATION OF TISSUE FOR NON	01/01/2010	$28.61	19.0%	81.0%	N	
88388	IN CONJUNCTION W A TOUCH IMPRINT, INTRAOPERAT CONSULT OR FROZEN SECTION SP	01/01/2010	$17.18	15.0%	85.0%	N	
88399	UNLISTED SURGICAL PATH TEST	01/01/1976	$0.00	0.0%	0.0%	N	
88720	BILIRUBIN, TOTAL, TRANSCUTANEOUS	01/01/2009	$7.19	0.0%	0.0%	N	
88738	HEMOGLOBIN (HGB), QUANTITIVE, TRANSCUTANEOUS	01/01/2010	$7.19	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	

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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	
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	
89321	SEMEN ANALYSIS; PRESENSE AND/OR MOTILITY OF SPERM	07/01/2008	$16.26	0.0%	0.0%	N	
89398	UNLISTED REPRODUCTIVE MEDICINE LABORATORY PROCEDURE	01/01/2010	$0.00	0.0%	0.0%	Y	
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
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	

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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, FIRST VACCINE. 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 Requirec
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	
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	

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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	
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	

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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 Required
90802	INTERACTIVE PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAM	07/01/2008	$159.77	0.0%	0.0%	N	Referral Required
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, 20-30 MINUTES	07/01/2008	$40.39	0.0%	0.0%	N	Referral Required
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

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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
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

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90955	WITH 2-3 FACE-TO-FACE PHYSICIAN VISITS PER MONTH	01/01/2009	$427.91	0.0%	0.0%	N	Referral Requirec
90956	WITH 1 FACE-TO-FACE PHYSICIAN VISIT PER MONTH	01/01/2009	$289.87	0.0%	0.0%	N	Referral Requirec
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 Requirec
90958	WITH 2-3 FACE-TO-FACE PHYSICIAN VISITS PER MONTH	01/01/2009	$409.17	0.0%	0.0%	N	Referral Requirec
90959	WITH 1 FACE-TO-FACE PHYSICIAN VISIT PER MONTH	01/01/2009	$268.59	0.0%	0.0%	N	Referral Requirec
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 Requirec
90961	WITH 2-3 FACE-TO-FACE PHYSICIAN VISITS PER MONTH	01/01/2009	$216.91	0.0%	0.0%	N	Referral Requirec
90962	WITH 1 FACE-TO-FACE PHYSICIAN VISIT PER MONTH	01/01/2009	$156.98	0.0%	0.0%	N	Referral Requirec
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 Requirec
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 Requirec
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 Requirec
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 Requirec
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 Requirec
90968	FOR PATIENTS 2-11 YEARS OF AGE	01/01/2009	$14.52	0.0%	0.0%	N	Referral Requirec
90969	FOR PATIENTS 12-19 YEARS OF AGE	01/01/2009	$14.16	0.0%	0.0%	N	Referral Requirec
90970	FOR PATIENTS 20 YEARS OF AGE AND OLDER	01/01/2009	$7.48	0.0%	0.0%	N	Referral Requirec
90989	DIALYSIS TRAINING,. PATIENT I.E. HELPER ANY MODE	07/01/2008	$518.25	0.0%	0.0%	N	Referral Requirec
90993	DIALYSIS TRAINING PATIENT PER TRAINING SESSION	07/01/2008	$20.73	0.0%	0.0%	N	Referral Requirec
90999	UNLISTED DIALYSIS PROCEDURE	07/01/2008	$151.18	0.0%	0.0%	N	Referral Requirec
91000	ESOPHAGEAL INTUBATION	07/01/2008	$68.17	4.0%	96.0%	N	Referral Requirec
91010	ESOPHAGEAL MOTILITY STUDY	07/01/2008	$184.34	20.0%	80.0%	N	Referral Requirec
91011	ESOPHAGEAL MOTILITY STUDY	07/01/2008	$236.47	21.0%	79.0%	N	Referral Requirec
91012	ESOPHAGEAL MOTILITY STUDY	07/01/2008	$245.60	22.0%	78.0%	N	Referral Requirec
91020	ESOPHAGOGASTRIC MONOMETRIC STUDIES	07/01/2008	$212.86	17.0%	83.0%	N	Referral Requirec
91022	DUODENAL MOTILITY STUDY	07/01/2008	$181.59	68.0%	32.0%	N	Referral Requirec
91030	ESOPHAGUS ACID TEST	07/01/2008	$124.31	12.0%	88.0%	N	Referral Requirec
91034	ESOPHAGUS,GASTROESOPHAGEAL REFLUX TEST,W/ NASAL CATH PLCMNT,RECORD,ANAL & INTER	07/01/2008	$196.87	67.0%	33.0%	N	Referral Requirec
91035	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; W/ MUCOSAL ATTACHED TELEMETRY PH ELEC	07/01/2008	$438.73	81.0%	19.0%	N	Referral Requirec
91037	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST W/ NASAL CATHETER PLCMNT	07/01/2008	$145.66	66.0%	34.0%	N	Referral Requirec
91038	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST; > 1 HR UP TO 24	07/01/2008	$127.01	55.0%	45.0%	N	Referral Requirec
91040	ESOPHAGEAL BALLOON DISTENSION PROVOCATION STUDY	07/01/2008	$359.76	88.0%	12.0%	N	Referral Requirec
91052	GASTRIC ANALYSIS	07/01/2008	$120.54	13.0%	87.0%	N	Referral Requirec

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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	
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

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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
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	

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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
92533	NYSTIGMUS TESTS	07/01/2008	$12.15	100.0%	0.0%	N	Referral Required
92534	NYSTIGMUS TESTS	07/01/2008	$34.94	0.0%	0.0%	N	Referral Required
92540	BASIC VESTIBULAR EVAL, INCLUDES NYSTAGMUS TESTS, STIMULATION TEST WITH RECORDING	01/01/2010	$87.86	17.0%	83.0%	N	Referral Required
92541	SPONTANEOUS NYSTAGMUS TEST INCLUDING GAZE & FIXAT	07/01/2008	$51.97	20.0%	80.0%	N	Referral Required
92542	POSITIONAL NUSTAGMUS TEST MINIMUM OF 4 POSITIONS	07/01/2008	$53.89	28.0%	72.0%	N	Referral Required
92543	CALORIC VESTIBULAR TEST EACH IRRIGATION W/RECORDIN	07/01/2008	$24.88	34.0%	66.0%	N	Referral Required
92544	OPTOKINETIC NYSTAGMUS TEST BIDIRECTIONAL W/RECORD	07/01/2008	$42.94	28.0%	72.0%	N	Referral Required
92545	OSCILLATING TRACKING TEST WITH RECORD	07/01/2008	$39.37	33.0%	67.0%	N	Referral Required
92546	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	07/01/2008	$76.09	29.0%	71.0%	N	Referral Required
92547	USE OF VERTICAL ELECTRODES IN ANY OR ALL ABOVE TES (ADD-ON)	07/01/2008	$4.27	100.0%	0.0%	N	Referral Required
92548	COMPUTERIZED DYNAMIC POSTUROGRAPHY	07/01/2008	$88.25	60.0%	40.0%	N	Referral Required
92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	01/01/2010	$15.03	0.0%	0.0%	N	Referral Required
92551	AUDIOMETRY, SCREENING TEST, PURE TONE, AIR ONLY	07/01/2008	$14.59	0.0%	0.0%	N	Referral Required
92552	PURE TONE AUDIOMETRY (THRESHOLD), AIR ONLY	07/01/2008	$18.65	100.0%	0.0%	N	Referral Required
92553	PURE TONE AUDIOMETRY (THRESHOLD), AIR AND BONE	07/01/2008	$25.57	100.0%	0.0%	N	Referral Required
92555	SPEECH AUDIOMETRY, THRESHOLD ONLY	07/01/2008	$14.53	100.0%	0.0%	N	Referral Required
92556	SPEECH AUDIOMETRY, THRESHOLD AND DISCRIMINATION	07/01/2008	$19.73	100.0%	0.0%	N	Referral Required
92557	BASIC COMPREHENSIVE AUDIOMETRY	07/01/2008	$48.57	100.0%	0.0%	N	Referral Required
92561	BEKESY AUDIOMETRY, DIAGNOSTIC	07/01/2008	$25.57	100.0%	0.0%	N	Referral Required

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92562	LOUDNESS BALANCE TEST, ALTERNATE BINAURAL OR MONAU	07/01/2008	$18.31	100.0%	0.0%	N	Referral Required
92563	TONE DECAY TEST	07/01/2008	$16.59	100.0%	0.0%	N	Referral Required
92564	SHORT INCREMENT SENSITIVITY INDEX (SISI)	07/01/2008	$17.13	100.0%	0.0%	N	Referral Required
92565	STENGER TEST, PURE TONE	07/01/2008	$12.12	100.0%	0.0%	N	Referral Required
92566	INPEDANCE TESTING	07/01/2008	$25.30	0.0%	0.0%	N	Referral Required
92567	TYMPANOMETRY	07/01/2008	$19.58	100.0%	0.0%	N	Referral Required
92568	ACOUSTIC REFLEX TESTING	07/01/2008	$19.23	100.0%	0.0%	N	Referral Required
92569	ACOUSTIC REFLEX DECAY TEST	07/01/2008	$16.09	100.0%	0.0%	N	Referral Required
92570	ACOUSTIC IMMITTANCE TESTING, INCLUDES TYMPANOMETRY (IMPEDANCE TESTING	01/01/2010	$22.93	0.0%	0.0%	N	
92571	FILTERED SPEECH TEST	07/01/2008	$14.87	100.0%	0.0%	N	Referral Required
92572	STAGGERED SPONDIAC WORD TEST	07/01/2008	$11.88	100.0%	0.0%	N	Referral Required
92575	SENSORINEURAL ACUITY LEVEL TEST	07/01/2008	$25.48	100.0%	0.0%	N	Referral Required
92576	SYNTHETIC SENTENCE IDENTIFICATION TEST	07/01/2008	$18.51	100.0%	0.0%	N	Referral Required
92577	STENGER TEST	07/01/2008	$18.21	100.0%	0.0%	N	Referral Required
92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)	07/01/2008	$44.05	100.0%	0.0%	N	Referral Required
92582	CONDITIONING PLAY AUDIOMETRY	07/01/2008	$33.83	100.0%	0.0%	N	Referral Required
92583	SELECT PICTURE AUDIOMETRY	07/01/2008	$29.41	100.0%	0.0%	N	Referral Required
92584	ELECTROCOCHLEOGRAPHY	07/01/2008	$70.10	100.0%	0.0%	N	Referral Required
92585	BRAINSTEM EVOKED RESPONSE RECORDING	07/01/2008	$92.07	47.0%	53.0%	N	Referral Required
92586	AUDITORY EVOKED POTENTIALS FOR EVOKED RESP. AUDIOMETRY TEST NERVOUS SYSTEM, LMTD	07/01/2008	$59.10	100.0%	0.0%	N	Referral Required
92587	EVOKED OTOACOUSTIC EMISSIONS; LIMITED	07/01/2008	$41.38	84.0%	16.0%	N	Referral Required
92588	EVOKED OTOACOUSTIC EMISSIONS;COMP/DIAG. EVALUATION	07/01/2008	$62.73	69.0%	31.0%	N	Referral Required
92589	CENTRAL AUDITORY FUNCTION TESTS	07/01/2008	$19.15	100.0%	0.0%	N	Referral Required
92590	HEARING AID EXAM AND SELECTION, MONAURAL	07/01/2008	$48.58	0.0%	0.0%	N	Referral Required
92591	HEARING AID EXAMINATION AND SELECTION, BINAURAL	07/01/2008	$97.15	0.0%	0.0%	N	Referral Required
92592	HEARING AID CHECK MONAURAL	07/01/2008	$24.26	0.0%	0.0%	N	Referral Required
92593	HEARING AID CHECK BINAURAL	07/01/2008	$48.58	0.0%	0.0%	N	Referral Required
92594	ELECTROACOUSTIC EVAL FOR HEARING AID, MONAURAL	07/01/2008	$17.72	0.0%	0.0%	N	Referral Required
92595	ELECTRACOUSTIC EVALUATION FOR HEARING AID, BINAURA	09/01/1982	$0.00	0.0%	0.0%	N	Referral Required
92596	EAR PROTECTOR ATTENUATION MEASUREMENTS	07/01/2008	$28.66	100.0%	0.0%	N	Referral Required
92597	EVAL FOR USE PROSTHETIC/AUGMENTATIVE DEVICE,SPEECH	07/01/2009	$91.80	0.0%	0.0%	N	Referral Required
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 Required
92602	SUBSEQUENT REPROGRAMMING	07/01/2008	$101.42	0.0%	0.0%	N	Referral Required
92603	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT AGE 7 YEARS OR OLDER WITH PROGRAMMING	07/01/2008	$136.43	0.0%	0.0%	N	Referral Required
92604	SUBSEQUENT PROGRAMMING	07/01/2008	$80.95	0.0%	0.0%	N	Referral Required
92607	EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE & ALTERNATIVE COM	07/01/2009	$132.19	0.0%	0.0%	N	Referral Required

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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 Required
92609	THERAPEUTIC SERVICES FOR THE USE OF SPEECH GENERATING DEVICE INCLUDING PROGRAM	07/01/2009	$70.21	0.0%	0.0%	N	Referral Required
92610	EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION	07/01/2009	$67.82	0.0%	0.0%	N	Referral Required
92611	MOTION FLUOROSCOPIC EVALUATION OF SWALLOWING BY CINE OR VIDEO RECORDING	07/01/2008	$94.01	0.0%	0.0%	N	Referral Required
92612	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VIDEO RECORDI	07/01/2008	$143.01	0.0%	0.0%	N	Referral Required
92614	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVAL. LARYNGEAL SENSORY TEST BY CINE OR VIDEO	07/01/2008	$129.27	0.0%	0.0%	N	Referral Required
92616	FIBEROPTIC ENDOSCOPIC EVAL OF SWALLOWING/LARYNGEAL SENSORY TEST BY CINE OR VIDEO	07/01/2008	$179.01	0.0%	0.0%	N	Referral Required
92620	EVALUATION OF CENTRAL AUDITORY FUNCTION, W/ REPORT; INITIAL 60 MINUTES	07/01/2008	$54.10	0.0%	0.0%	N	Referral Required
92621	EVALUATION OF CENTRAL AUDITORY FUNCTION, W/ REPORT, EACH ADDITIONAL 15 MINUTES	07/01/2008	$12.86	0.0%	0.0%	N	Referral Required
92625	ASSESSMENT OF TINNITUS (INCLUDES PITCH, LOUDNESS MATCHING, & MASKING)	07/01/2008	$53.76	0.0%	0.0%	N	Referral Required
92626	EVALUATION OF AUDITORY REHABILITATION STATUS, FIRST HOUR	07/01/2009	$74.53	0.0%	0.0%	N	Referral Required
92627	EVALUATION OF AUDITORY REHAB STATUS, EA ADD 15 MIN, ADD-ON	07/01/2009	$18.15	0.0%	0.0%	N	Referral Required
92630	AUDITORY REHABILITATION, PRE-LINGUAL HEARING LOSS	01/01/2006	$0.00	0.0%	0.0%	N	Referral Required
92633	AUDITORY REHABILITATION, POST-LINGUAL HEARING LOSS	01/01/2006	$0.00	0.0%	0.0%	N	Referral Required
92640	DIAGNOSTIC ANALYSIS W/PROGRAMMING OF AUDITORY BRAINSTEM IMPLANT PER HR	07/01/2008	$46.25	0.0%	0.0%	N	Referral Required
92950	CARDIOPULMONARY RESUSCITATION	07/01/2008	$264.36	0.0%	0.0%	N	Referral Required
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

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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
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

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93237	PHYSICIAN REVIEW AND INTERPRETATION	07/01/2008	$22.61	0.0%	0.0%	N	Referral Requirec
93268	PATIENT DEMAND SGL OR MULTI RECORDING PER 30 DAYS	07/01/2008	$250.69	0.0%	0.0%	N	Referral Requirec
93270	PATIENT DEMAND RECORDING W/MEMORY LOOP; RECORDING	07/01/2008	$27.69	0.0%	0.0%	N	Referral Requirec
93271	DEMAND RECORDING;MONITORING/ANALYSIS,PER 30 DAYS	07/01/2008	$197.70	0.0%	0.0%	N	Referral Requirec
93272	PATIENT DEMAND RECORDING PHYSICIAN REVIEW & INTERP	07/01/2008	$25.31	0.0%	0.0%	N	Referral Requirec
93278	SIGNAL-AVERAGED ELECTROCARDIOGRAPHY (SAEGC) W/WO E	07/01/2008	$42.94	51.0%	49.0%	N	Referral Requirec
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 Requirec
93280	DUAL LEAD PACEMAKER SYSTEM	01/01/2009	$60.92	32.0%	68.0%	N	Referral Requirec
93281	MULTIPLE LEAD PACEMAKER SYSTEM	01/01/2009	$71.22	32.0%	68.0%	N	Referral Requirec
93282	SINGLE LEAD IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR SYSTEM	01/01/2009	$65.79	32.0%	68.0%	N	Referral Requirec
93283	DUAL LEAD IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR SYSTEM	01/01/2009	$80.21	30.0%	70.0%	N	Referral Requirec
93284	MULTIPLE LEAD IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR SYSTEM	01/01/2009	$94.11	29.0%	71.0%	N	Referral Requirec
93285	IMPLANTABLE LOOP RECORDER SYSTEM	01/01/2009	$44.14	36.0%	64.0%	N	Referral Requirec
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 Requirec
93287	SINGLE, DUAL, OR MULTI LEAD IMPLANTABLE CARDIOVERTER-DEFIB SYSTEM	01/01/2009	$33.14	36.0%	64.0%	N	Referral Requirec
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 Requirec
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 Requirec
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 Requirec
93291	IMPLANTABLE LOOP RECORDER SYSTEM, INCLU HEART RHYTHM DERIVED DATA ANALYSIS	01/01/2009	$37.83	39.0%	61.0%	N	Referral Requirec
93292	WEARABLE DEFIBRILLATOR SYSTEM	01/01/2009	$34.33	33.0%	67.0%	N	Referral Requirec
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 Requirec
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 Requirec
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 Requirec
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 Requirec
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 Requirec
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 Requirec
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 Requirec
93303	TRANSTHORACIC ECHOCARDIOGRAPHY-CONGENITAL ANOMALIE	07/01/2008	$201.57	63.0%	37.0%	N	Referral Requirec
93304	TRANSTHORACIC ECG; FU OR LIMITED STUDY	07/01/2008	$120.59	58.0%	42.0%	N	Referral Requirec

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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
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

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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
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

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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
93750	INTERROGATION OF VENTRICULAR ASSIST DEVICE PARAMETERS	01/01/2010	$38.06	0.0%	0.0%	N	
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
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

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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
94011	MEASUR OF SPIROMETRIC FORCED EXPIRATORY FLOWS IN KIDS THRU 2 YEARS OF AGE	01/01/2010	$71.22	0.0%	0.0%	N	
94012	MEASUR OF SPIROMETRIC FORCED EXPIRATORY FLOWS BEFORE AND AFTER BRONCHODILATOR	01/01/2010	$109.66	0.0%	0.0%	N	
94013	MEASUREMENT OF LUNG VOLUMES, FORCED VITAL CAPACITY, [FVC] IN AN INFANT THRU 2 YO	01/01/2010	$29.36	0.0%	0.0%	N	
94014	PATIENT INITIAT SPIROMETRIC RECORD 30 DY INCL REINFORCED PHY REV & INTERPRETA	07/01/2008	$45.44	38.0%	62.0%	N	Referral Required
94015	PATIENT INITIATED SPIROMETRIC; PER 30 DAY; PHYSICIAN REVIEW & INTERP ONLY	07/01/2008	$21.85	0.0%	0.0%	N	Referral Required
94016	PATIENT INITIAT SPIROMETRIC RECORD PER 30 DY PHY REVIEW & INTERPRETATION ONLY	07/01/2008	$23.60	100.0%	0.0%	N	Referral Required
94060	BRONCHODILATION RESPONSIVENESS SPIROMETRY AS IN 94010 PRE/POST BRONCHODILATOR	07/01/2008	$52.86	57.0%	43.0%	N	Referral Required
94070	BRONCHOSPASM PROVACATION EVALUATION MULTIPLE SPIROMETRIC DETERMINATIONS	07/01/2008	$54.27	60.0%	40.0%	N	Referral Required
94150	VITAL CAPACITY	07/01/2008	$9.71	27.0%	73.0%	N	Referral Required
94200	MAXIMUM BREATHING CAPACITY MAXIMAL VOLUNTARY VENT	07/01/2008	$20.66	47.0%	53.0%	N	Referral Required
94240	FUNCTIONAL RESIDUAL CAPACITY	07/01/2008	$35.63	58.0%	42.0%	N	Referral Required
94250	EXPIRED GAS ANALYSIS	07/01/2008	$24.25	34.0%	66.0%	N	Referral Required
94260	THORACIC GAS VOLUME	07/01/2008	$27.97	59.0%	41.0%	N	Referral Required

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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
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

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95028	INTRACUTANEOUS TESTS DELAYED REACTION PER EACH	07/01/2008	$9.48	100.0%	0.0%	N	Referral Required
95044	PATCH OR APPLICATION TESTS, PER TEST	07/01/2008	$6.39	0.0%	0.0%	N	Referral Required
95052	PHOTO PATCH TEST(S)(SPECIFY NUMBER OF TESTS)	07/01/2008	$7.07	0.0%	0.0%	N	Referral Required
95056	PHOTO TEST	07/01/2008	$24.60	0.0%	0.0%	N	Referral Required
95060	OPTHALMIC MUCOUS MEMBRANE TESTS	07/01/2008	$18.95	100.0%	0.0%	N	Referral Required
95065	DIRECT NASAL MUCOUS MEMBRANE TEST	07/01/2008	$15.66	100.0%	0.0%	N	Referral Required
95070	INHALATION BRONCHIAL CHALLENGE TESTING	07/01/2008	$53.66	100.0%	0.0%	N	Referral Required
95071	INHALATION BRONCHIAL CHALLENGE TESTING W/ANTIGENS	07/01/2008	$67.40	100.0%	0.0%	N	Referral Required
95075	INGESTION CHALLENGE TEST	07/01/2008	$59.32	0.0%	0.0%	N	Referral Required
95115	PRO SERVICE ALLERGEN IMMUNO NOT INCL EXTRACT	07/01/2008	$11.04	0.0%	0.0%	N	Referral Required
95117	ALLERGEN IMMUNOTHER NOT INCL EXTRACT, MULTI	07/01/2008	$13.79	0.0%	0.0%	N	Referral Required
95120	IMMUNOTHERAPY IN PRESCRIBING PHYSICIAN'S OFFICE	07/01/2008	$18.03	0.0%	0.0%	N	Referral Required
95125	ALLERGEN IMMUNOTHERAPY, MULTIPLE ANTIGENS	07/01/2008	$24.05	0.0%	0.0%	N	Referral Required
95130	ALLERGEN IMMUNOTHERAPY, STINGING INSECT VENOM	07/01/2008	$18.03	0.0%	0.0%	N	Referral Required
95131	ALLERGEN IMMUNOTHERAPY, TWO STINGING INSECT VENOM	07/01/2008	$24.05	0.0%	0.0%	N	Referral Required
95132	IMMUNOTHERAPY-3 STINGING INSECT VENOMS	07/01/2008	$30.04	0.0%	0.0%	N	Referral Required
95133	IMMUNOTHERAPY-4 STINGING INSECT VENOMS	07/01/2008	$36.04	0.0%	0.0%	N	Referral Required
95134	IMMUNOTHERAPHY-5 STINGING INSECT VENOMS	07/01/2008	$42.07	0.0%	0.0%	N	Referral Required
95144	PROFESSIONAL SVC FOR SUPERVISION & PROVISION ANTIG	07/01/2008	$10.06	0.0%	0.0%	N	Referral Required
95145	STINGING INSECT ANTIGENS SINGLE DOSE VIALS	07/01/2008	$13.84	0.0%	0.0%	N	Referral Required
95146	STINGING INSECT ANTIGENS TWO SINGLE DOSE VIALS	07/01/2008	$21.40	0.0%	0.0%	N	Referral Required
95147	THREE SINGLE STINGING INSECT VENOMS MULT DOSE VIAL	07/01/2008	$20.71	0.0%	0.0%	N	Referral Required
95148	ANTIGENS FOUR SINGLE STINGING INSECT VENOMS MULTI	07/01/2008	$28.96	0.0%	0.0%	N	Referral Required
95149	STINGING INSECT ANTIGENS FIVE SINGLE DOSE VIALS	07/01/2008	$38.24	0.0%	0.0%	N	Referral Required
95165	PROF SERVICE FOR SUPERVISION & PROVISION OF ANTIGE	07/01/2008	$10.06	0.0%	0.0%	N	Referral Required
95170	:WHOLE BODY EXTRACT OF BITING INSECT/ARTHROPOD	07/01/2008	$8.00	0.0%	0.0%	N	Referral Required
95180	DESENSITIZATION	07/01/2008	$133.80	0.0%	0.0%	N	Referral Required
95199	UNLISTED ALLERGY/CLINICAL IMMUNOLOGIC SERVICE	09/01/1982	$0.00	0.0%	0.0%	N	Referral Required
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

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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
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
95905	MOTOR AND/OR SENSORY NERVE CONDUCTION, USING ELECTRODE ARRAY(S), AMPLITUDE AND	01/01/2010	$67.14	96.0%	4.0%	N	
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

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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
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

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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
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

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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
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

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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
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

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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	
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
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

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99173	VISION SCREENING, QUANTITATIVE, BILATERAL	07/01/2008	$26.32	0.0%	0.0%	N	Referral Requirec
99175	IPECAC OR SIMILAR ADMINISTRATION FOR INDIVIDUALIZE	07/01/2008	$31.86	0.0%	0.0%	N	Referral Requirec
99183	PHYSICIAN ATTENDANCE AND SUPERVISION OF HYPERBARIC	07/01/2008	$184.30	0.0%	0.0%	N	Referral Requirec
99190	PUMP ASSEMBLY & OPERATION	07/01/2008	$97.15	0.0%	0.0%	N	Referral Requirec
99191	3/4 HOUR ASSEMBLY & OPERATION OF PUMP W/OXYGENATOR	07/01/2008	$72.84	0.0%	0.0%	N	Referral Requirec
99192	ASSEMBLY & OPERATION OF PUMP W/OXYGENATOR, 1/2 HR	07/01/2008	$48.58	0.0%	0.0%	N	Referral Requirec
99195	PHLEBOTOMY	07/01/2008	$51.94	0.0%	0.0%	N	Referral Requirec
99201	OV OR OP EVALUATION NEW PATIENT A PROBLEM 10 MIN	07/01/2008	$34.15	0.0%	0.0%	N	Referral Requirec
99202	OV OR OP EVALUATION NEW PATIENT EXPANDED PROBLEM	07/01/2008	$59.02	0.0%	0.0%	N	Referral Requirec
99203	OV OR OP EVALUATION NEW PATIENT DETAILED 30 MIN	07/01/2008	$86.54	0.0%	0.0%	N	Referral Requirec
99204	OV OR OP EVALUATION NEW PATIENT COMPREHENSIVE 45MI	07/01/2008	$133.19	0.0%	0.0%	N	Referral Requirec
99205	OV OR OP EVALUATION NEW PATIENT COMPREHENSIVE 60MI	07/01/2008	$167.67	0.0%	0.0%	N	Referral Requirec
99211	OV OR OP EVALUATION ESTABLISHED MINIMAL PROBLEM 5	07/01/2008	$18.45	0.0%	0.0%	N	Referral Requirec
99212	OV OR OP EVALUATION ESTABLISHED- A PROBLEM 10 MIN	07/01/2008	$35.18	0.0%	0.0%	N	Referral Requirec
99213	OV OR OP EVALUATION ESTABLISHED/EXPANDED 15 MIN	07/01/2008	$57.45	0.0%	0.0%	N	Referral Requirec
99214	OV OR OP EVALUATION ESTABLISHED/DETAILED 25 MIN	07/01/2008	$86.45	0.0%	0.0%	N	Referral Requirec
99215	OV OR OP EVALUATION ESTABLISHED/COMPREHENSIVE 40MI	07/01/2008	$117.01	0.0%	0.0%	N	Referral Requirec
99217	OBSERVATION CARE DISCHARGE DAY MANAGEMENT	07/01/2008	$63.04	0.0%	0.0%	N	Referral Requirec
99218	INITIAL HOSP OBSERVATION PER DAY LOW COMPLEXITY	07/01/2008	$59.60	0.0%	0.0%	N	Referral Requirec
99219	INITIAL HOSP OBSERVATION PER DAY MODERATE COMPLEXI	07/01/2008	$98.05	0.0%	0.0%	N	Referral Requirec
99220	INITIAL HOSP OBSERVATION PER DAY HIGH COMPLEXITY	07/01/2008	$137.88	0.0%	0.0%	N	Referral Requirec
99221	INITIAL HOSP CARE PER DAY LOW COMPLEXITY 30 MIN	07/01/2008	$83.68	0.0%	0.0%	N	Referral Requirec
99222	INITIAL HOSP CARE PER DAY MODERATE COMPLEXITY 50MI	07/01/2008	$114.97	0.0%	0.0%	N	Referral Requirec
99223	INITIAL HOSP CARE PER DAY HIGH COMPLEXITY 70 MIN	07/01/2008	$169.27	0.0%	0.0%	N	Referral Requirec
99231	SUBSEQUENT HOSP DAY LOW COMPLEXITY 15 MIN	07/01/2008	$34.77	0.0%	0.0%	N	Referral Requirec
99232	SUBSEQUENT HOSP DAY MODERATE COMPLEXITY 25 MIN	07/01/2008	$62.39	0.0%	0.0%	N	Referral Requirec
99233	SUBSEQUENT HOSP DAY HIGH COMPLEXITY 35 MIN	07/01/2008	$89.47	0.0%	0.0%	N	Referral Requirec
99234	OBSERVATION OR INPATIENT HOSPITAL CARE; DETAILED OR COMPREHENSIVE	07/01/2008	$119.34	0.0%	0.0%	N	Referral Requirec
99235	OBSERVATION OR INPATIENT HOSPITAL CARE; COMPREHENSIVE, MODERATE COMPLEXITY	07/01/2008	$157.60	0.0%	0.0%	N	Referral Requirec
99236	OBSERVATION OR INPATIENT HOSPITAL CARE; COMPREHENSIVE, HIGH COMPLEXITY	07/01/2008	$196.20	0.0%	0.0%	N	Referral Requirec
99238	HOSPITAL DISCHARGE DAY MANAGEMENT	07/01/2008	$63.18	0.0%	0.0%	N	Referral Requirec
99239	HOSP. DISCHARGE MGMT; MORE THAN 30 MINUTES	07/01/2008	$90.94	0.0%	0.0%	N	Referral Requirec
99241	OFFICE CONSULT NEW/ESTABLISHED A PROBLEM 15 MIN	07/01/2008	$45.29	0.0%	0.0%	N	Referral Requirec
99242	OFFICE CONSULT NEW/ESTABLISHED EXPANDED 30 MIN	07/01/2008	$84.68	0.0%	0.0%	N	Referral Requirec
99243	OFFICE CONSULT NEW/ESTABLISHED-DETAILED 40 MIN	07/01/2008	$116.47	0.0%	0.0%	N	Referral Requirec
99244	OFFICE CONSULT NEW/ESTABLISHED COMPREHENSIVE 60MIN	07/01/2008	$172.09	0.0%	0.0%	N	Referral Requirec
99245	OFFICE CONSULT NEW/ESTABLISHED COMPREHENSIVE 80MIN	07/01/2008	$212.37	0.0%	0.0%	N	Referral Requirec
99251	INITIAL IP CONSULT NEW/ESTABLISHED A PROBLEM 20MIN	07/01/2008	$44.78	0.0%	0.0%	N	Referral Requirec

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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
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

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

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

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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
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

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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
A4264	PERMANENT IMPLANTABLE CONTRACEPTIVE INTRATUBAL OCCLUSION DEVICE/DELIVERY SYSTEM	01/01/2010	$0.00	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
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

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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
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
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

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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
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

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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
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

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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
A4595	TENS SUPPLIES, 2 LEAD, PER MONTH	01/01/1997	$27.04	0.0%	0.0%	N	Referral Required
A4604	TUBING W/ INTEGRATED HEATING ELEMENT/ USE WITH POSITIVE AIRWAY PRESSURE DEVICE	04/01/2006	$66.81	0.0%	0.0%	N	Referral Required
A4605	TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH	01/01/2005	$14.30	0.0%	0.0%	N	Referral Required
A4606	OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT	01/01/2003	$190.00	0.0%	0.0%	Y	Referral Required
A4608	TRANSTRACHEAL OXYGEN CATHETER, EACH	01/01/2001	$58.32	0.0%	0.0%	N	Referral Required

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A4611	BATTERY REPLACEMENT-VENTILATOR	07/01/1999	$159.27	0.0%	0.0%	N	Referral Required
A4612	BATTERY CABLES-VENTILATOR REPLACEMENT	07/01/1999	$76.24	0.0%	0.0%	N	Referral Required
A4613	BATTERY CHARGER FOR VENTILATOR	03/01/1997	$137.55	0.0%	0.0%	N	Referral Required
A4614	PEAK EXPIRATORY FLOW RATE METER, HAND HELD	01/01/1999	$27.00	0.0%	0.0%	N	Referral Required
A4615	NASAL CANNULA	04/03/1993	$2.59	0.0%	0.0%	N	Referral Required
A4616	TUBING, OCXYGEN, PER FOOT	04/01/1995	$0.18	0.0%	0.0%	N	Referral Required
A4617	MOUTH PIECE	04/01/1993	$0.95	0.0%	0.0%	N	Referral Required
A4618	BREATHING CIRCUITS	03/01/1997	$7.21	0.0%	0.0%	N	Referral Required
A4619	FACE TENT	07/01/1999	$1.21	0.0%	0.0%	N	Referral Required
A4620	VARIABLE CONCENTRATION MASK	04/01/1993	$2.75	0.0%	0.0%	N	Referral Required
A4623	TRACHEOSTOMY; INNER CANNULA (REPLACEMENT ONLY)	01/01/1997	$5.31	0.0%	0.0%	N	Referral Required
A4624	TRACHEAL SUCTION CATHETER ANY TYPE, EACH	01/01/1997	$2.51	0.0%	0.0%	N	Referral Required
A4625	TRACHEOSTOMY CARE OR CLEANING STARTER KIT	01/01/1997	$5.62	0.0%	0.0%	N	Referral Required
A4626	TRACHEOSTOMY CLEANING BRUSH; EACH	01/01/1997	$2.59	0.0%	0.0%	N	Referral Required
A4628	OROPHARANGEAL SUCTION CATHETER, EACH	03/01/1997	$3.48	0.0%	0.0%	N	Referral Required
A4629	TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY	01/01/1997	$4.40	0.0%	0.0%	N	Referral Required
A4630	REPLACE BATTERIES FOR TENOWNED BY PATIENT	03/01/1997	$5.96	0.0%	0.0%	N	Referral Required
A4633	REPLACEMENT BULB/LAMP FOR ULTRAVIOLET LIGHT THERAPY SYSTEM, EACH	01/01/2003	$41.04	0.0%	0.0%	Y	Referral Required
A4634	REPLACEMENT BULB FOR THERAPEUTIC LIGHT BOX, TABLETOP MODEL	01/01/2003	$0.00	0.0%	0.0%	Y	Referral Required
A4635	UNDERARM PAD, CRUTCH, REPLACEMENT LATCH	03/01/1997	$4.15	0.0%	0.0%	N	Referral Required
A4636	REPLACEMENT HANDGRIP,CANE CRUTCH OR WALKER	03/01/1997	$4.01	0.0%	0.0%	N	Referral Required
A4637	REPLACEMENT TIP, CANE, CRUTCH, WALKER, LATCH	03/01/1997	$1.73	0.0%	0.0%	N	Referral Required
A4638	REPLACEMENT BATTERY FOR PT OWNED EAR PULSE GENERATOR, EACH	01/01/2004	$0.00	0.0%	0.0%	Y	Referral Required
A4640	REPLACE PAD FOR MN ALTERNATING PRESSURE PAD	03/01/1997	$51.34	0.0%	0.0%	N	Referral Required
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	
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	

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

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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 Require
A5052	POUCH, CLOSED W/O BARRIER ATTACHED	01/01/1997	$1.59	0.0%	0.0%	N	Referral Require
A5053	POUCH CLOSED, FOR FACEPLATE	01/01/1997	$1.66	0.0%	0.0%	N	Referral Require
A5054	POUCH CLOSED FOR USE ON BARRIER W/FLANGE 2PCE	01/01/1997	$1.61	0.0%	0.0%	N	Referral Require
A5055	STOMA CAP	01/01/1997	$1.32	0.0%	0.0%	N	Referral Require
A5061	POUCH DRAINABLE W/BARRIER ATTACHED (1 PIECE)	01/01/1997	$2.45	0.0%	0.0%	N	Referral Require
A5062	POUCH,DRAINAGE;WITHOUT BARRIER ATTACHED	01/01/1997	$2.00	0.0%	0.0%	N	Referral Require
A5063	POUCH DRAINABLE USE ON BARRIER W/FLANGE 2 PCE(EACH	01/01/1997	$2.07	0.0%	0.0%	N	Referral Require
A5071	POOUCH-URINARY BARRIER UNIT	01/01/1997	$4.07	0.0%	0.0%	N	Referral Require
A5072	POUCH,URINARY,WITHOUT BARRIER ATTACHED	01/01/1997	$2.86	0.0%	0.0%	N	Referral Require
A5073	POUCH URINARY FOR USE ON BARRIER W/FLANGE 2PCE	01/01/1997	$2.77	0.0%	0.0%	N	Referral Require
A5081	CONTINGENT DEVICE; PLUG CONTINENT STOMA	01/01/1997	$2.67	0.0%	0.0%	N	Referral Require
A5082	CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA	01/01/1997	$9.68	0.0%	0.0%	N	Referral Require
A5083	CONTINENT DEVICE, STOMA ABSORPTIVE COVER FOR CONTINENT STOMA	04/01/2009	$0.66	0.0%	0.0%	N	Referral Require
A5093	OSTOMY ACCESSORY, CONVEX INSERT ADD-INCONTINANCE A	01/01/1997	$1.60	0.0%	0.0%	N	Referral Require
A5102	BEDSIDE DRAINAGE BOTTLE, RIGID OR EXPANDABLE	01/01/1997	$21.39	0.0%	0.0%	N	Referral Require
A5105	URINARY SUSPENSORY W/LEG BAG	01/01/1997	$38.88	0.0%	0.0%	N	Referral Require
A5112	URINARY LEG BAG LATEX	01/01/1997	$33.02	0.0%	0.0%	N	Referral Require
A5113	LEG STRAP, LATEX, PER SET	01/01/1997	$3.81	0.0%	0.0%	N	Referral Require
A5114	LEG STRAP FOAM OR FABRIC PER SET	01/01/1997	$7.24	0.0%	0.0%	N	Referral Require
A5120	SKIN BARRIER, WIPES OR SWABS, EACH	04/01/2006	$0.25	0.0%	0.0%	N	Referral Require
A5121	SKIN BARRIER, SOLID 6X6 OR EQUIVALENT, EACH	01/01/1997	$6.05	0.0%	0.0%	N	Referral Require
A5122	SKIN BARRIER; SOLID 8X8 OR EQUIVALENT EACH	01/01/1997	$10.42	0.0%	0.0%	N	Referral Require
A5123	SKIN BARRIER WITH FLANGE (EACH)	01/01/1997	$4.60	0.0%	0.0%	N	Referral Require
A5126	FOAM PAD OR ADHESIVE DISC	01/01/1997	$1.07	0.0%	0.0%	N	Referral Require
A5131	APPLIANCE CLEANER 16OZ FOR INCONTINENCE	01/01/1997	$12.86	0.0%	0.0%	N	Referral Require
A5500	OFF THE SHELF DEPTH INLAYSHOE MULT DENSITY INSERTS	01/01/1999	$92.50	0.0%	0.0%	N	Referral Require
A5501	DIABETICS ONLY, SUPPLY OF SHOE FROM MOLDED CAST	01/01/1999	$210.00	0.0%	0.0%	N	Referral Require
A5503	DIABETICS ONLY,OFF-SHELF DEPTH-INLAY, PER SHOE	01/01/1999	$93.00	0.0%	0.0%	N	Referral Require
A5504	DIABETICS ONLY,OFF-SHELF DEPTH-INLAY,WEDGE,PER SHO	01/01/1999	$46.00	0.0%	0.0%	N	Referral Require

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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
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

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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
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

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

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A6501	COMPRESSION BURN GARMENT BODYSUIT (HEAD TO FOOT) CUSTOM FABRICATED	01/01/2003	$0.00	0.0%	0.0%	N	Referral Requirec
A6502	COMPRESSION BODY GARMENT CAID STRAP CUSTOM FABRICATED	01/01/2003	$0.00	0.0%	0.0%	N	Referral Requirec
A6503	COMPRESSION BODY GARMENT FACIAL HOOD CUSTOM FABRICATED	01/01/2003	$0.00	0.0%	0.0%	N	Referral Requirec
A6504	COMPRESSION BODY GARMENT GLOVE TO WRIST CUSTOM FABRICATED	01/01/2003	$0.00	0.0%	0.0%	N	Referral Requirec
A6505	COMPRESSION BODY GARMENT GLOVE TO ELBOW CUSTOM FABRICATED	01/01/2003	$0.00	0.0%	0.0%	N	Referral Requirec
A6506	COMPRESSION BODY GARMENT GLOVE TO AXILLA CUSTOM FABRICATED	01/01/2003	$0.00	0.0%	0.0%	N	Referral Requirec
A6507	COMPRESSION BODY GARMENT FOOT TO KNEE LENGTH CUSTOM FABRICATED	01/01/2003	$0.00	0.0%	0.0%	N	Referral Requirec
A6508	COMPRESSION BODY GARMENT FOOT TO THIGH LENGTH CUSTOM FABRICATED	01/01/2003	$0.00	0.0%	0.0%	N	Referral Requirec
A6509	COMPRESSION BODY GARMENT UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST)	01/01/2003	$0.00	0.0%	0.0%	N	Referral Requirec
A6510	COMPRESSION BODY GARMENT TRUNK INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD)	01/01/2003	$0.00	0.0%	0.0%	N	Referral Requirec
A6511	COMPRESSION BODY GARMENT LOWER TRUNK INCLUDING LEG OPENINGS (PANTY) CUSTOM FABRI	01/01/2003	$0.00	0.0%	0.0%	N	Referral Requirec
A6512	COMPRESSION BODY GARMENT NOT OTHERWISE CLASSIFIED	01/01/2003	$0.00	0.0%	0.0%	Y	Referral Requirec
A6513	COMPRESSION BURN MASK, FACE AND/PR NECK, PLASTIC OR EQUAL, CUSTOM FAB	01/01/2006	$0.00	0.0%	0.0%	N	Referral Requirec
A6530	GRADIENT COMPRESSION STOCKING, BELOW KNEE 18-30 MMHG, EACH	01/01/2006	$5.97	0.0%	0.0%	N	Referral Requirec
A6531	GRADIENT COMPRESSION STOCKING, BELOW KNEE 30-40 MMHG, EACH	01/01/2010	$45.43	0.0%	0.0%	N	Referral Requirec
A6532	GRADIENT COMPRESSION STOCKING, BELOW KNEE 40-50 MMHG, EACH	01/01/2010	$64.01	0.0%	0.0%	N	Referral Requirec
A6533	GRADIENT COMPRESSION STOCKING, THIGH LENGTH 18-30 MMHG, EACH	01/01/2006	$34.87	0.0%	0.0%	N	Referral Requirec
A6534	GRADIENT COMPRESSION STOCKING, THIGH LENGTH 30-40 MMHG, EACH	01/01/2006	$42.66	0.0%	0.0%	N	Referral Requirec
A6535	GRADIENT COMPRESSION STOCKING, THIGH LENGTH 40-50 MMHG, EACH	01/01/2006	$48.75	0.0%	0.0%	N	Referral Requirec
A6536	GRADIENT COMPRESSION STOCKING, FULL LENGTH 18-30 MMHG, EACH	01/01/2006	$72.37	0.0%	0.0%	N	Referral Requirec
A6537	GRADIENT COMPRESSION STOCKING, FULL LENGTH 30-40 MMHG, EACH	01/01/2006	$117.00	0.0%	0.0%	N	Referral Requirec
A6538	GRADIENT COMPRESSION STOCKING, FULL LENGTH 40-50 MMHG, EACH	01/01/2006	$136.00	0.0%	0.0%	N	Referral Requirec
A6539	GRADIENT COMPRESSION STOCKING, WAIST LENGTH 18-30 MMHG, EACH	01/01/2006	$35.90	0.0%	0.0%	N	Referral Requirec
A6540	GRADIENT COMPRESSION STOCKING, WAIST LENGTH 30-40 MMHG, EACH	01/01/2006	$63.80	0.0%	0.0%	N	Referral Requirec
A6541	GRADIENT COMPRESSION STOCKING, WAIST LENGTH 40-50 MMHG, EACH	01/01/2006	$136.00	0.0%	0.0%	N	Referral Requirec
A6544	GRADIENT COMPRESSION STOCKING, GARTER BELT	01/01/2006	$25.00	0.0%	0.0%	N	Referral Requirec
A6545	GRADIENT COMPRESSION WRAP, NON-ELASTIC, BK, 30-50 MM HG, EA	01/01/2009	$0.00	0.0%	0.0%	N	Referral Requirec
A6549	GRADIENT COMPRESSION STOCKING/SLEEVE, NOT OTHERWISE SPEC	01/01/2006	$0.00	0.0%	0.0%	N	Referral Requirec
A6550	DRESSING SET FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STAT OR PORT	01/01/2004	$26.23	0.0%	0.0%	N	Referral Requirec
A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	01/01/2000	$9.10	0.0%	0.0%	N	Referral Requirec
A7001	CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH	01/01/2000	$31.55	0.0%	0.0%	N	Referral Requirec
A7002	TUBING, USED WITH SUCTION PUMP, EACH	01/01/2000	$3.65	0.0%	0.0%	N	Referral Requirec
A7003	ADMINISTRATION SET, W/ SMALL VOLUME NON-FILTERED PNEUMATIC NEBULIZER, DISPOSABLE	01/01/2000	$2.61	0.0%	0.0%	N	Referral Requirec
A7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	01/01/2000	$1.72	0.0%	0.0%	N	Referral Requirec

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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
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

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
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
A8002	HELMET, PROTECTIVE, SOFT, CUSTOM FABRICATED, INCL ALL COMPONENTS/ACCESSORIES	01/01/2007	$0.00	0.0%	0.0%	N	Referral Required
A8003	HELMET, PROTECTIVE, HARD, CUSTOM FABRICATED, INCL/ COMPONENTS AND ACCESSORIES	01/01/2007	$0.00	0.0%	0.0%	N	Referral Required
A8004	SOFT INTERFACE FOR HELMET, REPLACEMENT ONLY	01/01/2007	$0.00	0.0%	0.0%	N	Referral Required

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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	
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	

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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	
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	

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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
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

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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 Required
B4155	ENT.FORMULA CAT.5:100 CAL=-1 UNIT, MODULAR COMPONENTS	01/01/2009	$0.92	0.0%	0.0%	N	Referral Required
B4157	ENT FORM, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, 100 CAL=1 UNIT	01/01/2005	$0.00	0.0%	0.0%	N	Referral Required
B4158	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE, 100 CALL=1 UNIT	01/01/2005	$0.61	0.0%	0.0%	N	Referral Required
B4159	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE SOY BASED,100 CAL=1 UNIT	01/01/2005	$0.00	0.0%	0.0%	N	Referral Required
B4160	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE, CAL DENSE	04/01/2010	$0.70	0.0%	0.0%	N	Referral Required
B4161	ENTERAL FORMULA, FOR PEDIATRIC, HYDROLYZED/AMINO ACIDS	04/01/2010	$1.93	0.0%	0.0%	N	Referral Required
B4162	ENTERAL FORMULA, FOR PEDIATRIC, HYDROLYZED/AMINO ACIDS, 100 CAL=1 UN	01/01/2005	$0.00	0.0%	0.0%	N	Referral Required
B4164	TPN HOMEMIX DEXTROSE 50% OR LESS-500 ML=1 UNIT	03/01/1997	$15.96	0.0%	0.0%	N	Referral Required
B4168	PARENTERAL NUTR.SOL.AMINO ACID,3.5% HOMEMIX 500ML	03/01/1997	$21.96	0.0%	0.0%	N	Referral Required
B4172	PARENTERAL NUTR SOLU, AMINO ACID 5.5 TH 7% HOMEMIX	03/01/1997	$47.78	0.0%	0.0%	N	Referral Required
B4176	PARENTERAL NUTR SOL AMINOACID GREAT 7% HOMEMIX 500	03/01/1997	$37.43	0.0%	0.0%	N	Referral Required
B4178	TPN HOMEMIX AMINOACID 8.5% OR MORE 500ML = 1 UNIT	03/01/1997	$52.47	0.0%	0.0%	N	Referral Required
B4180	TPN HOMEMIX,CARBOHYDRATE(DEXTROSE)MORE THAN 50%	03/01/1997	$22.88	0.0%	0.0%	N	Referral Required
B4185	PARENTERAL NATURAL SOLUTION, PER 10 GRAMS LIPIDS	04/01/2006	$10.89	0.0%	0.0%	N	Referral Required
B4189	TPN 10-51 GMS PROTEIN-PREMIX	03/01/1997	$166.94	0.0%	0.0%	N	Referral Required
B4193	TPN PREMIX 52-73 GMS PROTEIN	03/01/1997	$215.72	0.0%	0.0%	N	Referral Required
B4197	TPN 74-100 GMS PROTEIN PREMIX	03/01/1997	$254.94	0.0%	0.0%	N	Referral Required
B4199	TPN OVER 100 GMS PROTEIN-PRE MIX	03/01/1997	$283.73	0.0%	0.0%	N	Referral Required
B4216	PARENTERAL NUTRITION ADDITIVE(HEPARIN,VIT,ELCTRLYT	03/01/1997	$7.04	0.0%	0.0%	N	Referral Required
B4220	PARENTERAL NUT SUP KIT FOR 1-DAY-PREMIX	03/01/1997	$7.51	0.0%	0.0%	N	Referral Required
B4222	PARENTAL NUTR SUPPLY KIT HOME MIX PER DAY	03/01/1997	$7.71	0.0%	0.0%	N	Referral Required
B4224	PARENTERAL NUTRITION ADMIN KIT PER DAY	03/01/1997	$23.50	0.0%	0.0%	N	Referral Required
B5000	TPN PREMIX W/PREP ANY STRENGTH PER GM RENAL	03/01/1997	$10.84	0.0%	0.0%	N	Referral Required
B5100	TPN PREMIX W/PREP ANY STRENGTH PER GM HEPATIC	03/01/1997	$4.36	0.0%	0.0%	N	Referral Required
B5200	TPN PREMIX W/PREP ANY STRENGTH PER GM STRESS	01/01/1991	$0.00	0.0%	0.0%	N	Referral Required
B9000	ENTERAL NUTRITION INFUSION PUMP W/O ALARM-PURCHASE	03/01/1997	$1,090.00	0.0%	0.0%	N	Referral Required
B9002	ENTERAL NUTRITION INFUSION PUMP W/ALARM-PURCHASE	03/01/1998	$1,150.50	0.0%	0.0%	N	Referral Required
B9004	PARENTERAL NUTRITION INFUSION PUMP, PORTABLE-PURCH	03/01/1997	$3,751.50	0.0%	0.0%	N	Referral Required
B9006	STATIONARY PARENTERAL PUMP	03/01/1997	$3,751.50	0.0%	0.0%	N	Referral Required
B9998	NOC FOR ENTERAL SUPPLIES	04/01/1998	$0.00	0.0%	0.0%	N	Referral Required
B9999	NOC FOR PARENTERAL SUPPLIES	04/01/1998	$0.00	0.0%	0.0%	N	Referral Required
C1300	HYPERBARIC OXYGEN UNDER PRESSURE, 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 Required
C1783	OCCULAR IMPLANT, AQUEOUS DRAINAGE ASSIST DEVICE	01/01/2004	$0.00	0.0%	0.0%	N	Referral Required
C1814	RETINAL TAMPONADE DEVICE, SILICONE OIL	01/01/2004	$0.00	0.0%	0.0%	N	Referral Required

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C1818	INTEGRATED KERATOPROSTHESIS	01/01/2004	$0.00	0.0%	0.0%	N	Referral Required
C1900	LEAD, LEFT VENTRICULAR CORONARY VENOUS SYSTEM	01/01/2004	$0.00	0.0%	0.0%	N	Referral Required
C2614	PROBE, PERCUTANEOUS LUMBAR DISCECTOMY	01/01/2004	$0.00	0.0%	0.0%	N	Referral Required
C2616	BRACHYTHERAPY SOURCE, YTTRIUM-90	01/01/2004	$0.00	0.0%	0.0%	N	Referral Required
C2618	PROBE, CRYOABLATION	01/01/2004	$0.00	0.0%	0.0%	N	Referral Required
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 Required
C9356	TENDON, POROUS MATRIX OF CROSS LINKED COLLAGEN AND GLYCOSAMINOGLYCAN	01/01/2009	$0.00	0.0%	0.0%	N	Referral Required
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

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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
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

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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
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

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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
E0372	POWERED AIR OVERLAY FOR MATTRESS, STD. LENGTH & WIDTH- PURCHASE PRICE	01/01/1998	$5,144.40	0.0%	0.0%	Y	Referral Required
E0373	NONPOWER ADVANCED PRESSURE REDUCING MATTRESS- PURCHASE PRICE	01/01/1998	$5,860.90	0.0%	0.0%	Y	Referral Required
E0424	STATIONARY COMPRESSED 02 SYSTEM PURCHASE PRICE INC COMPLETE PKG 1 UNIT=50 CU FT	04/01/2010	$1,757.90	0.0%	0.0%	N	Referral Required
E0431	02 PORTABLE GASEOUS SYSTEM PURCHASE INCL COMPLETE PKG-RENTAL ONLY 6-1-97	04/01/2010	$287.70	0.0%	0.0%	N	Referral Required

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E0433	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE	01/01/2010	$51.63	0.0%	0.0%	N	Referral Required
E0434	O2 PORTABLE LIQUID SYSTEM PURCHASE PRICE INCL COMPLETE PKG RENTAL ONLY 6-1-97	04/01/2010	$287.70	0.0%	0.0%	N	Referral Required
E0435	O2 SYSTEM, LIQUID, PORTABLE, PURCHASE ONLY	10/01/1985	$67.25	0.0%	0.0%	Y	Referral Required
E0439	STATIONARY LIQUID 02 SYSTEM PURCHASE PRICE INC COMPLETE PKG 1 UNIT=10 LBS	04/01/2010	$1,757.90	0.0%	0.0%	N	Referral Required
E0441	STATIONARY 02 CONTENTS GASEOUS 1 UNIT=1 MONTH'S SUPPLY.	05/01/2009	$77.45	0.0%	0.0%	N	Referral Required
E0442	STATIONARY 02 CONTENTS LIQUID 1 UNIT= 1 MONTH'S SUPPLY	05/01/2009	$77.45	0.0%	0.0%	N	Referral Required
E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 UNIT=1 MONTH'S SUPPLY	05/01/2009	$77.45	0.0%	0.0%	N	Referral Required
E0444	PORTABLE 02 CONTENTS LIQUID PER UNIT 1-UNIT= 1 MONTH'S SUPPLY	05/01/2009	$77.45	0.0%	0.0%	N	Referral Required
E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY	01/01/2003	$0.00	0.0%	0.0%	Y	Referral Required
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 Required
E0455	OXYGEN TENT, EXCLUDING CROUP OR PEDIATRIC TENTS	04/01/1986	$0.00	0.0%	0.0%	Y	Referral Required
E0457	CHEST SHELL (CUIRASS)	07/01/1999	$586.13	0.0%	0.0%	N	Referral Required
E0459	CHEST WRAP	03/01/1997	$485.40	0.0%	0.0%	N	Referral Required
E0460	NEG PRESSURE VENTILATOR;PORTABLE, RENTAL/MONTH	06/01/2002	$6,997.00	0.0%	0.0%	Y	Referral Required
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 Required
E0462	ROCKING BED W/WO SIDE RAILS	03/01/1997	$2,779.50	0.0%	0.0%	Y	Referral Required
E0463	PRESSURE SUPPORT VENTILATOR W VOLUME CONTROL MODE, MAY INC PRESSURE MODE	01/01/2005	$14,001.40	0.0%	0.0%	Y	Referral Required
E0464	PRESSURE SUPPORT VENTILATOR W VOLUME CONTROL MODE, W NON INVASIVE INTERFACE	01/01/2006	$1,406.38	0.0%	0.0%	Y	Referral Required
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 Required
E0471	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY W/BACKUP RATE FEATURE	01/01/2004	$6,556.60	0.0%	0.0%	Y	Referral Required
E0472	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY W/BACKUP RATE FEATURE	01/01/2004	$6,556.60	0.0%	0.0%	Y	Referral Required
E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC,HOME MODEL	03/01/1997	$419.10	0.0%	0.0%	N	Referral Required
E0482	COUGH STIMULATING DEVICE ALTERNATING POSITION AND NEGATIVE AIRWAY PRESSURE	01/01/2003	$4,278.90	0.0%	0.0%	Y	Referral Required
E0483	HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM, EACH	01/01/2003	$10,631.30	0.0%	0.0%	Y	Referral Required
E0484	OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRIC, ANY TYPE, EACH	01/01/2003	$36.92	0.0%	0.0%	Y	Referral Required
E0485	ORAL DEVICE APPLIANCE TO REDUCE UPPER AIRWAY COLLAPSIBILITY, PRE-FAB	01/01/2006	$0.00	0.0%	0.0%	Y	Referral Required
E0486	ORAL DEVICE APPLIANCE TO REDUCE UPPER AIRWAY COLLAPSIBILITY, CUSTOM-FAB	01/01/2006	$0.00	0.0%	0.0%	Y	Referral Required
E0500	IPPB MACHINE, ALL TYPES W/NEBULIZER-MONTHLY RENTAL	06/01/2002	$961.70	0.0%	0.0%	Y	Referral Required

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E0550	HUMIDIFIER EXTENSIVE SUPP HUMID FOR IPPB TX OR 02	04/01/1998	$478.10	0.0%	0.0%	N	Referral Required
E0555	HUMIDIFER DURABLE GLASS/PLASTIC BOTTLE; USE W/REG	01/01/1993	$4.04	0.0%	0.0%	N	Referral Required
E0560	HUMIDIFIER FOR SUPPLEMENTAL DURING IPPB TX OR 02 D	03/01/1997	$152.74	0.0%	0.0%	Y	Referral Required
E0561	HUMIDIFIER, NON-HEATED USED W/POSITIVE AIR-WAY PRESSURE DEVICE	01/01/2004	$102.06	0.0%	0.0%	N	Referral Required
E0562	HUMIDIFIER, HEATED, USED W/POSITIVE AIR-WAY PRESSURE DEVICE	01/01/2004	$287.31	0.0%	0.0%	N	Referral Required
E0565	COMPRESSOR-AIR FOR DME NOT SELF CONTAINED, PUR.PRI	03/01/1998	$560.05	0.0%	0.0%	N	Referral Required
E0570	NEBULIZER WITH COMPRESSOR EG DEVILBISS, PULMO-AID	11/24/1997	$188.20	0.0%	0.0%	N	Referral Required
E0571	AEROSOL COMPRESSOR BATTERY POWERED FOR USE WITH SMALL VOLUME NEBULIZER	01/01/2004	$286.70	0.0%	0.0%	Y	Referral Required
E0572	AEROSOL COMPRESSOR ADJUSTABLE PRESSURE LIGHT DUTY FOR INTERMITTENT USE	01/01/2001	$36.45	0.0%	0.0%	N	Referral Required
E0574	ULTRASONIC GENERATOR WITH SMALL VOLUME ULTRASONIC NEBULIZER	01/01/2001	$38.53	0.0%	0.0%	N	Referral Required
E0575	NEBULIZER, SELF-CONTAINED ULTRASONIC; PURCHASE PRI	03/01/1998	$953.50	0.0%	0.0%	Y	Referral Required
E0580	NEBULIZER DURABLE BOTTLE TYPE	07/01/1999	$127.85	0.0%	0.0%	N	Referral Required
E0585	NEBULIZER, W/COMPRESSOR AND HEATER; PURCHASE PRICE	03/01/1997	$284.30	0.0%	0.0%	N	Referral Required
E0600	SUCTION PUMP HOME MODEL PORTABLE	03/01/1997	$436.70	0.0%	0.0%	N	Referral Required
E0601	NASAL CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	03/01/1997	$1,065.50	0.0%	0.0%	Y	Referral Required
E0602	BREAST PUMP ALL TYPES	01/01/2003	$22.83	0.0%	0.0%	N	Referral Required
E0603	BREAST PUMP; ELECTRIC, ANY TYPE	01/01/2002	$394.34	0.0%	0.0%	N	Referral Required
E0605	VAPORIZER, ROOM TYPE	03/01/1997	$25.21	0.0%	0.0%	Y	Referral Required
E0606	POSTURAL DRAINAGE BOARD MONITORING EQUIPMENT	03/01/1997	$218.80	0.0%	0.0%	Y	Referral Required
E0607	HOME BLOOD GLUCOSE MONITOR	03/01/1997	$63.73	0.0%	0.0%	N	Referral Required
E0610	PACEMAKER MON,SELF CONT CHEC BATT DEPLET/PACEMAK	03/01/1997	$214.30	0.0%	0.0%	Y	Referral Required
E0615	PACEMAKER MONITOR	03/01/1997	$456.71	0.0%	0.0%	Y	Referral Required
E0616	IMPLANTABLE CARDIAC EVENT RECORDER WITH MEMORY, ACTIVATOR, AND PROGRAMMER	01/01/2010	$0.00	0.0%	0.0%	Y	Referral Required
E0617	EXTERNAL DEFIBRILLATOR WITH INTEGRATION ELECTROCARDIOGRAM ANALYSIS	04/01/2009	$3,192.50	0.0%	0.0%	N	Referral Required
E0619	APNEA MONITOR, WITH RECORDING FEATURE	01/01/2003	$2,228.40	0.0%	0.0%	Y	Referral Required
E0621	SLING OR SEAT CANVAS OR NYLON	03/01/1997	$83.58	0.0%	0.0%	N	Referral Required
E0625	PATIENT LIFT, KARATOP, BATHROOM OR TOILET	01/01/1998	$0.00	0.0%	0.0%	N	Referral Required
E0627	SEAT LIFT MECHANISM INCORP INTO LIFT CHAIR MECHANT	01/01/2003	$321.75	0.0%	0.0%	N	Referral Required
E0628	SEPERATE SEAT LIFT MECHANISM W/PATIENT OWNED ELECT	03/01/1997	$321.75	0.0%	0.0%	N	Referral Required
E0629	SEPERATE SEAT LIFT MECHANISM W/PATIENT OWNED NON-E	03/01/1997	$315.44	0.0%	0.0%	N	Referral Required
E0630	HYDRAULIC PT LIFT W/SEAT OR SLING	03/01/1997	$947.90	0.0%	0.0%	N	Referral Required
E0635	PT LIFT ELECTRIC W/SEAT OR SLING	04/01/1998	$1,167.10	0.0%	0.0%	N	Referral Required
E0636	MULTIPOSITIONAL PATIENT SUPPORT 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

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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
E0745	NEUROMUSCUL STIMUL, ELECTRON SHOCK UN NON-CLIN MOD	03/01/1997	$873.40	0.0%	0.0%	Y	Referral Required
E0746	ELECTROMYOGRAPHY (EMG) FEEDBACK DEVICE	11/01/1993	$0.00	0.0%	0.0%	N	Referral Required
E0747	OSTEOGENESIS STIMULATOR (NON-INVASIVE)	03/01/1997	$3,364.35	0.0%	0.0%	Y	Referral Required
E0748	OSTEOGENIC STIMULATOR, ELECTRICAL, NONINVASIVE, SPINAL APPLICATIONS	04/01/1997	$3,342.55	0.0%	0.0%	Y	Referral Required

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E0749	OSTEOGENESIS STIMULATOR (SURGICALLY IMPLANT)	03/01/1997	$2,443.00	0.0%	0.0%	Y	Referral Required
E0760	OSTEOGENESIS STIMULATOR,LOW INTENSITY,ULTRASOUND	01/01/2003	$2,778.50	0.0%	0.0%	Y	Referral Required
E0762	TRANSCUTANEOUS ELECTRICAL JOINT STIMULATION INCL ALL ACCESSORIES	04/01/2009	$1,154.54	0.0%	0.0%	Y	Referral Required
E0764	FUNCTIONAL NEUROMUSCULAR STIMULATOR	04/01/2006	$1,077.87	0.0%	0.0%	Y	Referral Required
E0765	FDA APPROVED NEUROSTIMULATOR W/ REPLACEABLE BATTERIES NAUSEA/VOMITING	04/01/2009	$88.34	0.0%	0.0%	N	Referral Required
E0769	ELECTRICAL STIMULATION OR ELECTROMAGNETIC WOUND TREATMENT DEVICE, NOC	01/01/2005	$0.00	0.0%	0.0%	Y	Referral Required
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 Required
E0776	IV POLE	03/01/1997	$250.00	0.0%	0.0%	N	Referral Required
E0779	AMBULATORY INFUSION PUMP; MECHANICAL REUSABLE FOR INFUSION; 8 HR OR GREATER	01/01/2000	$16.01	0.0%	0.0%	N	Referral Required
E0780	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE FOR INFUSION LESS THAN 8 HOURS	01/01/2000	$9.92	0.0%	0.0%	N	Referral Required
E0781	EXTERNAL AMB INFUSION PUMP W/ADMIN EQUIP	01/01/2006	$2,648.70	0.0%	0.0%	N	Referral Required
E0782	PARENTERAL INFUSION PUMP, IMPLANTABLE	04/01/1997	$3,688.52	0.0%	0.0%	Y	Referral Required
E0783	INFUSION PUMP, IMPLANTABLE, PROGRAMMABLE	04/01/1997	$6,811.54	0.0%	0.0%	Y	Referral Required
E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN (PP)	11/01/1997	$4,495.00	0.0%	0.0%	Y	Referral Required
E0786	IMPLANTABLE PROGRAMMABLE INFUSION PUMP REPLACEMENT	01/01/2001	$6,831.39	0.0%	0.0%	N	Referral Required
E0791	PARENTERAL INFUSION PUMP,STATIONARY-SINGLE/MULTICH	03/01/1998	$3,016.00	0.0%	0.0%	N	Referral Required
E0830	AMBULATORY TRACTION DEVICE; ALL TYPES; EACH	01/01/2001	$0.00	0.0%	0.0%	N	Referral Required
E0840	TRACTION FRAME ATTACH TO HEADBOARD SIMPLE CERVICAL	03/01/1997	$69.89	0.0%	0.0%	N	Referral Required
E0849	TRACTION EQUIPMENT, CERVICAL FREE STANDING STAND/FRAME, PNEUMATIC APPLYING TRACT	01/01/2005	$515.31	0.0%	0.0%	N	Referral Required
E0850	TRACTION STAND,FREE STANDING,CERVICAL TRACTION	03/01/1997	$88.99	0.0%	0.0%	N	Referral Required
E0855	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME	07/01/1998	$471.40	0.0%	0.0%	N	Referral Required
E0856	CERVICAL TRACTION DEVICE, CERVICAL COLLAR W/INFLATABLE AIR BLADDER	04/01/2009	$161.73	0.0%	0.0%	N	Referral Required
E0860	OVERDOOR CERVICAL TRACTION PER EXTREMITY	03/01/1997	$36.75	0.0%	0.0%	N	Referral Required
E0870	TRAC FRAME,ATT TO FOOTBOARD SIMP EXTREM TRAC BUCK	03/01/1997	$110.94	0.0%	0.0%	N	Referral Required
E0880	TRAC STAND-FREE STAND-SIMPLE EXTREM TRAC EG BUCKS	03/01/1997	$119.74	0.0%	0.0%	N	Referral Required
E0890	TRAC FRAME ATTACH TO FOOTBOARD,SIMP PELVIC TRACT	03/01/1997	$114.85	0.0%	0.0%	N	Referral Required
E0900	TRAC STA FREE STAND SIMPL PELVIC TRAC TRAP EQUIP	03/01/1997	$122.21	0.0%	0.0%	N	Referral Required
E0910	TRAPEZE BARS ATT TO BED W/GRAB BAR	03/01/1997	$177.20	0.0%	0.0%	N	Referral Required
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 Required
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

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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
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

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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
E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM/SEAT, WT CAPACITY 300#	01/01/2010	$643.86	0.0%	0.0%	Y	Referral Required
E1036	MULTI-POSITION PT TRANSFER SYS, XTRA-WIDE, INTEG SEAT, WEIGHT CAP GRTR/300 LBS.	01/01/2010	$0.00	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
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

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E1070	FUL-REC WHEELCHR DETACH ARMS (DESK OR FULL LEN) SW	03/01/1997	$1,044.70	0.0%	0.0%	Y	Referral Requirec
E1083	HEMI-WHEELCHR, FIX FULL LEN ARMS SW AW DETAC ELEVA	03/01/1997	$751.00	0.0%	0.0%	Y	Referral Requirec
E1084	HEMI WHEELCHR DETACH ARM DECK FULL LEN ARM SW AW	03/01/1997	$795.30	0.0%	0.0%	Y	Referral Requirec
E1085	HEMI-WHEELCHR, FIX FULL LEN ARM SW AW DETAC FOOR R	03/01/1997	$561.10	0.0%	0.0%	Y	Referral Requirec
E1086	HEMI-WHEELCHR DETACH ARM DESK OR FULL LEN SW AW DE	03/01/1997	$681.14	0.0%	0.0%	Y	Referral Requirec
E1087	HIGH STREN LIGHTWEI WHEELCH FIX FULL LEN ARM SW AW	03/01/1997	$1,206.70	0.0%	0.0%	Y	Referral Requirec
E1088	HIGH STREN LIGHTWEI WHEELCHR DETACH ARM DESK FLL L	03/01/1997	$1,438.81	0.0%	0.0%	Y	Referral Requirec
E1089	LTWGHT WHEELCAHIR FIX ARMS DETACH FOOT REST	03/01/1997	$1,146.50	0.0%	0.0%	Y	Referral Requirec
E1090	HIGH STREN LIGHTWEI WHEELCHR DETAC ARM FULL LENG S	03/01/1997	$1,298.80	0.0%	0.0%	Y	Referral Requirec
E1092	WIDE HEAVY DUTY WHEELCHAIR DETACH ARM SWING DET LE	03/01/1997	$1,225.70	0.0%	0.0%	Y	Referral Requirec
E1093	WIDE HEAVY DU WHEELCHR DETAC ARM DESK FULL LEN ARM	03/01/1997	$1,054.20	0.0%	0.0%	Y	Referral Requirec
E1100	SEMI-REC WHEELCHR FIX FULL LENG ARM SW AW DETAC EL	03/01/1997	$990.20	0.0%	0.0%	Y	Referral Requirec
E1110	SEMI-REC WHEELCHR DETAC ARM (DESK OR FULL LEN) ELE	03/01/1997	$969.60	0.0%	0.0%	Y	Referral Requirec
E1130	STANDARD WHEELCHAIR, FIXED ARMS, DETACT FOOTRESTS	03/01/1997	$381.20	0.0%	0.0%	Y	Referral Requirec
E1140	WHLCHR DETACH ARM DETACH RESTS (DESK LENGTH)	03/01/1997	$665.20	0.0%	0.0%	Y	Referral Requirec
E1150	WHEELCHAIR DETACHABLE ARM	03/01/1997	$720.10	0.0%	0.0%	Y	Referral Requirec
E1160	WHLCHR FIX ARM DETACH EL LEG RESTS	03/01/1997	$549.50	0.0%	0.0%	Y	Referral Requirec
E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	01/01/2003	$2,366.09	0.0%	0.0%	Y	Referral Requirec
E1170	AMPU WHEELCHR FIX FULL LEN ARMS SW AW DET ELE LEGR	03/01/1997	$851.90	0.0%	0.0%	Y	Referral Requirec
E1171	AMPU WHEELCHR FIX FULL LEN ARMS WITHOUT FOOTRES LE	03/01/1997	$764.50	0.0%	0.0%	Y	Referral Requirec
E1172	AMPU WHEELCHR DETACH ARMS (DESK FULL LEN) NO FOOTR	03/01/1997	$934.20	0.0%	0.0%	Y	Referral Requirec
E1180	AMPU WHEELCHR DETAC ARMS (DESK FULL LEN SW AW FOO	03/01/1997	$966.60	0.0%	0.0%	Y	Referral Requirec
E1190	AMPU WHEELCHR DET ARM (DESK FULL LEN) AW ELE LE	03/01/1997	$1,116.70	0.0%	0.0%	Y	Referral Requirec
E1195	AMPU WHEELCHR FIX FULL LEN ARM SW AW DETAC FOOTRES	03/01/1997	$1,198.30	0.0%	0.0%	Y	Referral Requirec
E1200	AMPUTEE WHEELCHAIR FIXED ARMS DETACH LEG RESTS POW	03/01/1997	$829.90	0.0%	0.0%	Y	Referral Requirec
E1220	SPECIAL SIZED WHEELCHAIR	03/01/1997	$446.42	0.0%	0.0%	Y	Referral Requirec
E1221	WHEELCHAIR FIX ARM FOOTRESTS	03/01/1997	$385.10	0.0%	0.0%	Y	Referral Requirec
E1222	WHEELCH W/FIXED ARM EL LEG RESTS	03/01/1997	$646.60	0.0%	0.0%	Y	Referral Requirec
E1223	WHEELCHAIR W/DETACH ARM FOOTRESTS	03/01/1997	$706.00	0.0%	0.0%	Y	Referral Requirec
E1224	WHEELCHR WITH DETACH ARMS, ELEVATING LEGRESTS	03/01/1997	$662.50	0.0%	0.0%	Y	Referral Requirec
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 Requirec
E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK (RECLINE > THAN 80 DEG), EA	03/01/1997	$520.45	0.0%	0.0%	Y	Referral Requirec
E1227	SPEC HEIGH ARMS FOR WHEELCHR	03/01/1997	$254.80	0.0%	0.0%	Y	Referral Requirec
E1228	SPECIAL BACH HEIGHT FOR WHEELCHAIR	03/01/1997	$267.30	0.0%	0.0%	Y	Referral Requirec
E1229	WHEELCHAIR, PEDIATRIC SIZE NOT ELSEWHERE SPECIFIED	01/01/2004	$0.00	0.0%	0.0%	Y	Referral Requirec
E1230	POW OPER VEH (3WH NON-HIGHW) IND BRAN NAME, MOD #	04/01/2001	$1,833.76	0.0%	0.0%	Y	Referral Requirec
E1231	WHEELCHAIR, PED. SIZE,TILT-IN-SPACE, RIGID, ADJUSTABLE, W/SITTING SYSTEM	01/01/2003	$0.00	0.0%	0.0%	Y	Referral Requirec

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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	04/01/2010	$1,757.90	0.0%	0.0%	N	Referral Required
E1391	OXYGEN CONCEN DUAL DELIVERY PORT, CAPABLEOF DELIVERING 85% OR GREATER CONCENTR	04/01/2010	$1,757.90	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	04/01/2010	$2,070.90	0.0%	0.0%	N	Referral Required
E1406	OXYGEN/H20 VAPOR SYSTEM WO HEATED DELIVERY	04/01/2010	$1,927.20	0.0%	0.0%	N	Referral Required
E1500	CENTRIFUGE FOR DIALYSIS	04/01/2002	$0.00	0.0%	0.0%	Y	Referral Required

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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
E1810	DYNAMIC ADJUSTABLE KNEE EXTENSION/FLEXION DEVICE-	01/01/2003	$1,272.00	0.0%	0.0%	Y	Referral Required

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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
E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, EACH	04/01/2006	$9.45	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
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 Requirec
E2326	POWER WHEELCHAIR ACCESS, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE	01/01/2004	$319.60	0.0%	0.0%	Y	Referral Requirec
E2327	POWER WHEELCHAIR ACCESS, HEAD CONTROL INTERFACE, MECHANICAL W ELECTRONICS	01/01/2004	$2,306.14	0.0%	0.0%	Y	Referral Requirec
E2328	POWER WHEELCHAIR ACCESS, HEAD CONTROL INTERFACE W ELECTRONICS	01/01/2004	$3,877.33	0.0%	0.0%	Y	Referral Requirec
E2329	POWER WHEELCHAIR ACCESS, HEAD CONTROL INTERFACE, CONTROL SWITCH MECHANISM	01/01/2004	$1,730.31	0.0%	0.0%	Y	Referral Requirec
E2330	POWER WHEELCHAIR ACCESS, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM	04/01/2009	$3,096.99	0.0%	0.0%	Y	Referral Requirec
E2331	POWER WHEELCHAIR ACCESS, ATTENDANT CONTROL INTERFACE PROPORT. ELECTRONICS	01/01/2004	$0.00	0.0%	0.0%	Y	Referral Requirec
E2340	POWER WHEELCHAIR ACCESS NONSTANDARD SEAT FRAME WIDTH 20-23 INCHES	01/01/2004	$314.22	0.0%	0.0%	Y	Referral Requirec
E2341	POWER WHEELCHAIR ACCESSORY NONSTANDARD SEAT FRAME WIDTH 24-27 INCHES	01/01/2004	$462.97	0.0%	0.0%	Y	Referral Requirec
E2342	POWER WHEELCHAIR ACCESS, NONSTANDARD SEAT FRAME WIDTH 20-21 WIDTH	01/01/2004	$448.03	0.0%	0.0%	Y	Referral Requirec
E2343	POWER WHEELCHAIR ACCESS, NONSTANDARD SEAT FRAME WIDTH 22-25 INCHES	01/01/2004	$259.27	0.0%	0.0%	Y	Referral Requirec
E2351	POWER WHEELCHAIR ACCESS, ELECTRONIC INTERFACE FOR SPEECH GENERATING DEVICE	01/01/2004	$698.63	0.0%	0.0%	Y	Referral Requirec
E2360	POWER WHEELCHAIR ACCESS, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	01/01/2004	$107.16	0.0%	0.0%	Y	Referral Requirec
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 Requirec
E2362	POWER WHEELCHAIR ACCESS, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	01/01/2004	$86.27	0.0%	0.0%	Y	Referral Requirec
E2363	POWER WHEELCHAIR ACCESS, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	01/01/2004	$174.45	0.0%	0.0%	Y	Referral Requirec
E2364	POWER WHEELCHAIR ACCESS, U-1 NON-SEALED LEAD ACID BATTERY, EACH	01/01/2004	$112.34	0.0%	0.0%	Y	Referral Requirec
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 Requirec
E2366	POWER WHEELCHAIR ACCESS, BATTERY CHARGER, DUAL MODE FOR SEALED/NON-SEALED, EACH	01/01/2004	$228.79	0.0%	0.0%	Y	Referral Requirec
E2367	POWER WHEELCHAIR ACCESS BATTERY CHARGER, DUAL MODE, FOR USE W/EITHER BATTERY	01/01/2004	$419.08	0.0%	0.0%	Y	Referral Requirec
E2368	POWER WHEELCHAIR COMPONENT, MOTOR, REPLACEMENT ONLY	04/01/2009	$467.50	0.0%	0.0%	Y	Referral Requirec
E2369	POWER WHEELCHAIR COMPONENT, GEAR BOX, REPLACEMENT ONLY	04/01/2009	$407.20	0.0%	0.0%	Y	Referral Requirec
E2370	POWER WHEELCHAIR COMPONENT, MOTOR AND GEAR BOX COMBO, REPLACEMENT ONLY	09/01/2006	$802.84	0.0%	0.0%	Y	Referral Requirec
E2371	POWER WHEELCHAIR ACCESSORY GROUP 27 SEALED LEAD ACID BATTERY, EACH	04/01/2006	$150.74	0.0%	0.0%	Y	Referral Requirec
E2372	POWER WHEELCHAIR ACCESSORY GROUP 27 NON-SEALED LEAD ACID BATTERY, EACH	01/01/2006	$0.00	0.0%	0.0%	Y	Referral Requirec
E2373	POWER WHEELCHAIR ACC, HAND OR CHIN CONTROL INTERFACE	07/01/2007	$1,209.93	0.0%	0.0%	Y	Referral Requirec
E2374	POWER WHEELCHAIR ACC, HAND OR CHIN CONTROL INTERFACE, REPLACEMENT ONLY	07/01/2007	$534.02	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
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
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
E2508	SPEECH GENERATING DEVICE, SYNTH SPEECH REQ MESSAGE FORMULATION BY SPELLING	04/01/2004	$3,576.61	0.0%	0.0%	N	Referral Required

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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
E8002	GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCL ALL ACCESSORIES	01/01/2005	$0.00	0.0%	0.0%	Y	Referral Required
G0008	ADMIN OF INFLUENZA VIRUS VACCINE	05/01/2007	$16.83	0.0%	0.0%	N	

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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
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 Requirec
G0339	IMAGE GUIDED ROBOTIC LINEAR ACCELERATOR BASE STEREOTATIC RADIOSURGERY	01/01/2004	$0.00	0.0%	0.0%	Y	Referral Requirec

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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
H0036	COMMTY PSYCHIATRIC SUPP TRETM, FACE-TO-FACE, PER 15 MIN - COMMTY REINTEGRATION	05/08/2009	$11.35	0.0%	0.0%	N	Referral Required
H2000	COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	10/20/2003	$0.00	0.0%	0.0%	N	Referral Required
H2011	CRISIS INTERVENTION SERVICE, PER 15 MINUTES	11/01/2005	$11.35	0.0%	0.0%	Y	

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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
J0287	INJECTION AMPHOTERICIN B LIPID COMPLEX, 10 MG	01/01/2008	$10.37	0.0%	0.0%	N	Referral Requirec
J0288	INJECTION AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX, 10 MG	01/01/2008	$12.00	0.0%	0.0%	N	Referral Requirec
J0289	AMPHOTERICIN B LIPOSOME, 10 MG	01/01/2008	$16.51	0.0%	0.0%	N	Referral Requirec
J0290	INJECTION, AMPICILLIN, UP TO 500 MG	01/01/2008	$2.37	0.0%	0.0%	N	Referral Requirec

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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%	Y	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
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

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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
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

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

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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
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

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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
J1825	INJECTION, INTERFERON BETA-IA KIT AVONEX 59627-001-03	01/01/1998	$852.00	0.0%	0.0%	N	Referral Required
J1830	INTERFERON BETA-1B, PER 0.25 MG	01/01/2008	$116.23	0.0%	0.0%	N	Referral Required
J1835	INJECTION, ITRACONAZOLE, 50 MG	01/01/2008	$40.28	0.0%	0.0%	N	Referral Required
J1840	KANAMYCIN SULFATE/500 MG (KANTREX) 00015351220	01/01/2008	$4.09	0.0%	0.0%	N	Referral Required

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J1850	INJECTION, KANTREX PEDIATRIC, UP TO 75 MG	01/01/2008	$0.61	0.0%	0.0%	N	Referral Required
J1885	INJ KETOROLAC TROMETHAMINE PER 15 MG	01/01/2008	$0.41	0.0%	0.0%	N	Referral Required
J1890	INJECTION, CEPHALOTHIN SODIUM UP TO 1 GRAM	01/01/2005	$8.64	0.0%	0.0%	N	Referral Required
J1930	INJECTION, LARGON, UP TO 20 MG	01/01/2009	$26.85	0.0%	0.0%	N	Referral Required
J1931	INJECTION, LARONIDASE, 0.1 MG	01/01/2008	$23.87	0.0%	0.0%	N	Referral Required
J1940	INJECTION, FUROSEMIDE 20 MG	01/01/2008	$0.25	0.0%	0.0%	N	Referral Required
J1945	INJECTION, LEPIRUDIN, 50MG	01/01/2008	$160.19	0.0%	0.0%	N	Referral Required
J1950	LEUPROLIDE ACETATE (LUPRON) DEPOT SUSP., 3.75 MG	01/01/2008	$453.31	0.0%	0.0%	N	Referral Required
J1953	INJECTION, LEVETIRACETAM, 10 MG	01/01/2009	$0.43	0.0%	0.0%	N	Referral Required
J1955	LEVOCARNITINE PER 1 GRAM	01/01/2008	$5.74	0.0%	0.0%	N	Referral Required
J1956	LEVOFLOXACIN 250 MG	01/01/2008	$6.01	0.0%	0.0%	N	Referral Required
J1960	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	01/01/2005	$3.63	0.0%	0.0%	N	Referral Required
J1980	INJECTION, HYOSCYAMINE SULFATE 0.25 MG	01/01/2008	$9.99	0.0%	0.0%	N	Referral Required
J1990	INJECTION, CHLORDIAZEPOXIDE UP TO 100 MG	01/01/2008	$21.05	0.0%	0.0%	N	Referral Required
J2001	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	01/01/2008	$0.02	0.0%	0.0%	N	Referral Required
J2020	INJECTION, LINEZOLID, 200 MG	01/01/2008	$26.72	0.0%	0.0%	N	Referral Required
J2060	INJECTION-LORAZEPAM 2MG OR LESS (ATIVAN)	01/01/2008	$0.95	0.0%	0.0%	N	Referral Required
J2150	INJECTION, MANNITOL, 25% IN 50 ML	01/01/2008	$0.88	0.0%	0.0%	N	Referral Required
J2170	INJECTION, MECASERMIN, 1 MG (INCRELEX - growth hormone)	01/01/2007	$0.00	0.0%	0.0%	Y	Referral Required
J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	01/01/2008	$2.06	0.0%	0.0%	N	Referral Required
J2180	INJ MEPERDINE-PROMETHAZINE HCL UP TO 50 MG	04/01/2007	$3.79	0.0%	0.0%	N	Referral Required
J2185	INJECTION, MEROPENEM, 100MG	01/01/2008	$3.77	0.0%	0.0%	N	Referral Required
J2210	METHYLERGONOVINE MALEATE 0.2 MG METHERGINE	01/01/2008	$5.04	0.0%	0.0%	N	Referral Required
J2248	INJECTION, MICAFUNGIN SODIUM, 1 MG (MYCAMINE)	01/01/2008	$1.36	0.0%	0.0%	N	Referral Required
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 Required
J2270	MORPHINE SULFATE 10 MG	01/01/2008	$2.75	0.0%	0.0%	N	Referral Required
J2271	MORPHINE SULFATE 100 MG	01/01/2008	$4.54	0.0%	0.0%	N	Referral Required
J2275	INJ MORPHINE SULFATE PRESERVATIVE-FREE, PER 10 MG	01/01/2008	$4.28	0.0%	0.0%	N	Referral Required
J2278	INJECTION, ZICONOTIDE, 1MCG	01/01/2008	$6.51	0.0%	0.0%	N	Referral Required
J2280	INJECTION, MOSIFLOXAVIN, 100MG	01/01/2008	$2.81	0.0%	0.0%	N	Referral Required
J2300	INJECTION, NALBUPHINE HCL 10 MG-NUBAIN 00590043210	01/01/2008	$1.18	0.0%	0.0%	N	Referral Required
J2310	NALOXONE HCL PER 1 MG.	01/01/2008	$3.06	0.0%	0.0%	N	Referral Required
J2315	INJECTION, NALTREXONE, DEPOT FORM, 1 MG	01/01/2008	$1.88	0.0%	0.0%	N	Referral Required
J2320	NANDROLONE DECANOATE, UP TO 50 MG.	01/01/2008	$4.71	0.0%	0.0%	N	Referral Required
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

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J2353	INJECTION, OCTREOTIDE, NON-DEPOT INJECT 1MG	01/01/2008	$101.71	0.0%	0.0%	N	Referral Requirec
J2354	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAV INJECT 25 MCG	01/01/2008	$2.33	0.0%	0.0%	N	Referral Requirec
J2355	OPRELVEKIN NEUMEGA UP TO 5 MG	01/01/2008	$249.02	0.0%	0.0%	N	Referral Requirec
J2357	INJECTION, OMALIZUMAB, 5 MG	01/01/2008	$17.42	0.0%	0.0%	N	Referral Requirec
J2360	INJECTION, ORPHENADRINE 60 MG	01/01/2008	$9.82	0.0%	0.0%	N	Referral Requirec
J2370	INJECTION, PHENYLEPHRINE HCL 1 ML	01/01/2008	$0.67	0.0%	0.0%	N	Referral Requirec
J2400	INJECTION, CHLOROPROCAINE HCL 30 ML	01/01/2008	$13.92	0.0%	0.0%	N	Referral Requirec
J2405	INJECTION, ONDANSETRON HCL PER IMG (ZOFRAN IV)	01/01/2008	$0.28	0.0%	0.0%	N	Referral Requirec
J2410	OXYMORPHONE HCL/1 MG NUMORPHAN - 00590037010	01/01/2008	$2.27	0.0%	0.0%	N	Referral Requirec
J2425	INJECTION, PALIFERMIN, 50MCG	01/01/2008	$11.36	0.0%	0.0%	N	Referral Requirec
J2430	PAMIDRONATE (QUEDRA) I.V. PER 30 MG	01/01/2008	$29.63	0.0%	0.0%	N	Referral Requirec
J2440	INJECTION, PAPAVERINE HCL, UP TO 60 MG	01/01/2008	$0.45	0.0%	0.0%	N	Referral Requirec
J2460	INJECTION, OXYTETRACYCLINE, UP TO 50 MG	04/01/2007	$0.94	0.0%	0.0%	N	Referral Requirec
J2469	PALONOSERTRON HCL INJECTION, 25MCG	01/01/2008	$16.64	0.0%	0.0%	N	Referral Requirec
J2501	PARICALCITOL, 1 MCG	01/01/2008	$3.80	0.0%	0.0%	N	Referral Requirec
J2503	INJECTION PEGAPTANIB SODIUM 0.3 MG	01/01/2008	$1,045.48	0.0%	0.0%	Y	Referral Requirec
J2504	INJECTION PEGADEMASE BOVINE 25IU	01/01/2008	$199.39	0.0%	0.0%	N	Referral Requirec
J2505	INJECTION, PEGFILGRASTIM, 6MG	01/01/2008	$2,191.41	0.0%	0.0%	N	Referral Requirec
J2510	INJ, PENICILLIN, PROCAINE AQUEOUS, 600,000 UNITS	01/01/2008	$10.32	0.0%	0.0%	N	Referral Requirec
J2513	INJECTION PENTASTARCH 10% SOLUTION, 100ML	01/01/2006	$12.72	0.0%	0.0%	N	Referral Requirec
J2515	INJECTION, PENTOBARBRTAL SODIUM-PER 50 MG	01/01/2008	$7.69	0.0%	0.0%	N	Referral Requirec
J2540	INJECTION, PFIZERPEN, UP TO 600,000 UNITS	01/01/2008	$0.80	0.0%	0.0%	N	Referral Requirec
J2543	PIPERACILLIN/TAZOBACTAM 1.125 G	01/01/2008	$5.08	0.0%	0.0%	N	Referral Requirec
J2545	PENTAMIDINE INH. SOLUTION,PER 300MG, THRU DME	01/01/2008	$47.30	0.0%	0.0%	N	Referral Requirec
J2550	INJECTION, PROMETHAZINE HCL 50 MG	01/01/2008	$1.52	0.0%	0.0%	N	Referral Requirec
J2560	INJECTION, PHENOBARBITAL, UP TO 120 MG	01/01/2008	$3.62	0.0%	0.0%	N	Referral Requirec
J2562	INJECTION, PLERIXAFOR, 1 MG	01/01/2010	$268.72	0.0%	0.0%	N	Referral Requirec
J2590	OXYTOCIN 10 UNITS (PITOCIN, SYNTOCINON)00071416003	01/01/2008	$2.07	0.0%	0.0%	N	Referral Requirec
J2597	DESMOPRESSIN INJECTION, 1 MCG	01/01/2008	$2.13	0.0%	0.0%	N	Referral Requirec
J2650	PREDNISOLONE ACETATE, DUA-PRED, PANACORT R-P 1 ML	01/01/2008	$0.17	0.0%	0.0%	N	Referral Requirec
J2670	TOLAZOLINE HCL 25 MG (PRISCOLINE HCL) 00083673304	01/01/2005	$3.44	0.0%	0.0%	N	Referral Requirec
J2675	INJECTION, PROGESTERONE, PER 50 MG	01/01/2008	$1.58	0.0%	0.0%	N	Referral Requirec
J2680	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	01/01/2008	$2.11	0.0%	0.0%	N	Referral Requirec
J2690	INJECTION, PROCAINAMIDE HCL 1 GM	01/01/2008	$2.65	0.0%	0.0%	N	Referral Requirec
J2700	INJECTION, OXACILLIN SODIUM INJECT 250 MG	01/01/2008	$1.48	0.0%	0.0%	N	Referral Requirec
J2710	INJECTION, NEOSTIGMINEMETHYLSULFATE, UP TO 0.5 MG	01/01/2008	$0.08	0.0%	0.0%	N	Referral Requirec
J2720	INJECTION, PROTAMINE SULFATE, PER 10 MG	01/01/2008	$0.51	0.0%	0.0%	N	Referral Requirec
J2724	INJECTION, PROTEIN C CONCENTRATE, INTRAVENOUS, HUMAN, 10 IU	01/01/2008	$12.19	0.0%	0.0%	N	Referral Requirec

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

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

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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
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	
J7304	CONTRACEPTIVE SUPPLY, HORMONE CONTAINING PATCH, EACH	01/01/2005	$0.00	0.0%	0.0%	N	

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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
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, PER 1 MG	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
J7607	LEVALBUTEROL, INHALATION SOL, COMPOUNDED PROD, ADMIN THROUGH DME, 0.5 MG	01/01/2007	$0.00	0.0%	0.0%	N	Referral Requirec
J7608	ACETYCSTEINE INHALATION SOLUTION ADMINISTERED THRU DME UNIT DOSE, PER GRAM	01/01/2008	$2.27	0.0%	0.0%	N	Referral Requirec
J7609	ALBUTEROL, INHALATION SOL, COMPOUNDED PROD, ADMIN THROUGH DME, UNIT DOSE, 1 MG	01/01/2007	$0.00	0.0%	0.0%	N	Referral Requirec

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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
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

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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
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

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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
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

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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
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

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J9230	MECHLORETHAMINE,HCL (NITROGEN MUSTARD) 10 MG	01/01/2008	$144.44	0.0%	0.0%	N	Referral Requirec
J9245	MELPHALAN (ALKERAN) INJ., 50 MG I.V.	01/01/2008	$1,563.63	0.0%	0.0%	N	Referral Requirec
J9250	METHOTREXATE SODIUM 5MG	01/01/2008	$0.26	0.0%	0.0%	N	Referral Requirec
J9260	METHOTREXATE SODIUM MIX, 2CC OR 50 ML	01/01/2008	$2.74	0.0%	0.0%	N	Referral Requirec
J9261	INJECTION, NELARABINE, 50 MG	01/01/2008	$88.17	0.0%	0.0%	N	Referral Requirec
J9263	INJECTION, OXALIPLATIN, 0.5 MG	01/01/2008	$9.47	0.0%	0.0%	N	Referral Requirec
J9264	INJECTION, PACLITAXEL PROTEIN BOUND PARTICLES, 1MG	01/01/2008	$8.88	0.0%	0.0%	N	Referral Requirec
J9265	PACLITAXEL (TAXOL) 30MG	01/01/2008	$13.58	0.0%	0.0%	N	Referral Requirec
J9266	PEGASPARGASE (ONCASPAR) 1 EACH VIAL	01/01/2008	$2,098.87	0.0%	0.0%	N	Referral Requirec
J9268	PENTOSTATIN, PER 10 MG	01/01/2008	$1,858.68	0.0%	0.0%	N	Referral Requirec
J9270	PLICAMYCIN (MITHRAMYCIN), 2.5 MG	01/01/2005	$78.99	0.0%	0.0%	N	Referral Requirec
J9280	MITOMYCIN, 5 MG	01/01/2008	$15.06	0.0%	0.0%	N	Referral Requirec
J9290	MITOMYCIN, 20 MG	01/01/2008	$60.26	0.0%	0.0%	N	Referral Requirec
J9291	MITOMYCIN IV 40 MG	01/01/2008	$120.51	0.0%	0.0%	N	Referral Requirec
J9293	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	01/01/2008	$105.14	0.0%	0.0%	N	Referral Requirec
J9300	GEMTUZUMAB OZOGAMICIN, 5MG	01/01/2008	$2,434.95	0.0%	0.0%	N	Referral Requirec
J9303	INJECTION, PANITUMUMAB, 10 MG	01/01/2008	$82.87	0.0%	0.0%	N	Referral Requirec
J9305	INJECTION, PEMETREXED 10MG	01/01/2008	$46.08	0.0%	0.0%	N	Referral Requirec
J9309	INJECTION, PANITUMUMAB 10MG	01/01/2008	$82.87	0.0%	0.0%	N	Referral Requirec
J9310	RITUXIMAB CANCER TREATMENT, 100 MG	01/01/2008	$508.66	0.0%	0.0%	N	Referral Requirec
J9320	STREPOZOCIN INJ 1 GM	01/01/2008	$157.94	0.0%	0.0%	N	Referral Requirec
J9328	INJECTION, TEMOZOLOMIDE, 1 MG	01/01/2010	$0.00	0.0%	0.0%	N	Referral Requirec
J9330	TESTLACTONE, TESLAC, 250 MGM	01/01/2009	$47.91	0.0%	0.0%	N	Referral Requirec
J9340	THIOTEPA INJECTION, 15 MG	01/01/2008	$41.21	0.0%	0.0%	N	Referral Requirec
J9350	TOPOTECAN, 4 MG	01/01/2008	$875.46	0.0%	0.0%	N	Referral Requirec
J9355	TRASTUZUMAB, 10 MG	01/01/2008	$59.02	0.0%	0.0%	N	Referral Requirec
J9360	VINBLASTINE SULFATE 1 MG (VELBAN) 49452811201	01/01/2008	$1.07	0.0%	0.0%	N	Referral Requirec
J9370	VINCRISTINE SULFATE 1 MG (ONCOVIN) 49452811401	01/01/2008	$7.73	0.0%	0.0%	N	Referral Requirec
J9375	VINCRISTINE SULFATE 2 MG (ONCOVIN) 61703030916	01/01/2008	$15.46	0.0%	0.0%	N	Referral Requirec
J9380	VINCRISTINE SULFATE 5 MG (ONOCOVIN) 00002719601	01/01/2008	$38.66	0.0%	0.0%	N	Referral Requirec
J9390	VINORELBINE TARTRATE PER 10 MG	01/01/2008	$18.86	0.0%	0.0%	N	Referral Requirec
J9395	INJECTION, FULVESTRANT, 25 MG	01/01/2008	$81.37	0.0%	0.0%	N	Referral Requirec
J9600	PORFIMER SODIUM, 75 MG.	01/01/2008	$2,556.53	0.0%	0.0%	N	Referral Requirec
J9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	04/01/1986	$0.00	0.0%	0.0%	N	Referral Requirec
K0001	STANDARD WHEELCHAIR	03/01/1997	$461.17	0.0%	0.0%	Y	Referral Requirec
K0002	STANDARD HEMI W/C (LOW SEAT)-PURCHASE PRICE	03/01/1997	$663.40	0.0%	0.0%	Y	Referral Requirec
K0003	LIGHTWEIGHT WHEELCHAIR	03/01/1997	$720.64	0.0%	0.0%	Y	Referral Requirec
K0004	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR	03/01/1997	$1,274.70	0.0%	0.0%	Y	Referral Requirec
K0005	ULTRALIGHT WHEELCHAIR	03/02/1997	$1,733.91	0.0%	0.0%	Y	Referral Requirec

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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
K0071	FRONT CASTER ASSMB, COMP W/PNEMATIC TIRE, EA	03/01/1997	$102.45	0.0%	0.0%	Y	Referral Required
K0072	FRONT CASTER ASSMB, COMP W/SEMI-PNEUMATIC TIRE, EA	03/01/1997	$57.96	0.0%	0.0%	Y	Referral Required
K0073	CASTER PIN LOCK, EACH	03/01/1997	$31.38	0.0%	0.0%	Y	Referral Required
K0077	FRONT CASTER ASSEMBLY, COMP. W/SOLID TIRE, EA	03/01/1997	$55.17	0.0%	0.0%	Y	Referral Required
K0099	FRONT CASTER FOR POWER W/C	03/01/1997	$75.89	0.0%	0.0%	Y	Referral Required
K0105	IV HANGER	03/01/1997	$93.25	0.0%	0.0%	Y	Referral Required

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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
K0734	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE 22 IN OR GREATER	01/01/2007	$331.47	0.0%	0.0%	Y	Referral Requirec
K0735	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, 22 INCHES OR GREATER	01/01/2005	$421.78	0.0%	0.0%	Y	Referral Requirec
K0736	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, LESS THAN 22 INCHES	01/01/2005	$334.19	0.0%	0.0%	Y	Referral Requirec
K0737	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION 22 INCHES OR GREATER	01/01/2005	$423.06	0.0%	0.0%	Y	Referral Requirec

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K0738	PORTABLE GASEOUS OXYGEN SYST, RENTAL; HOME COMPRESSOR TO FILL PORTABLE OXYGEN	05/01/2009	$516.30	0.0%	0.0%	N	Referral Required
K0739	REPAIR/NONROUTINE SRV FOR DME OTHER THAN OXYG EQUIP REQ SKILL OF TECH, PR 15 MIN	01/01/2009	$7.00	0.0%	0.0%	N	Referral Required
K0740	REPAIR/NONROUTINE SVC OXYGEN EQUIP REQ TECHNICIAN, LABOR , PER 15 MIN	01/01/2010	$7.00	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
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

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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
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

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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
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

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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
L0472	TLSO PREFAB TRIPLANER HYPEREXTENSION INCLUDES SHAPING FRAME FITTING AND ADJUST	01/01/2003	$363.35	0.0%	0.0%	N	Referral Required

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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
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

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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
L1080	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER	07/01/1999	$44.31	0.0%	0.0%	N	Referral Required
L1085	ADD. TO CTLSO, OUTRIGGER, BILATERAL, VERTICAL EXT.	07/01/1999	$115.67	0.0%	0.0%	N	Referral Required
L1090	ADDITION TO CTLSO, LUMBAR SLING	07/01/1999	$69.96	0.0%	0.0%	N	Referral Required

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

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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
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
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

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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
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

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L2240	ROUND CALIPER & PLATE ATTACHMENT	07/01/1999	$59.43	0.0%	0.0%	N	Referral Requirec
L2250	ADD TO LOWER EXTREMITY, FOOT PLATE-STIRRUP ATTACH.	07/01/1999	$333.47	0.0%	0.0%	N	Referral Requirec
L2260	REINFORCED STIRRUP (SCOTTCRAIG TYPE)	07/01/1999	$141.09	0.0%	0.0%	N	Referral Requirec
L2265	ADDN LOWER EXTREMITY, LONG-TONGUE STIRRUP	07/01/1999	$82.89	0.0%	0.0%	N	Referral Requirec
L2270	ADD,VARUS/VALGUS T STRAP OR MALLEOIUS PAD	07/01/1999	$50.40	0.0%	0.0%	N	Referral Requirec
L2275	ADD TO LOWER EXTREM,VARUS/VULGUS CORRECTION PLASTI	07/01/1999	$110.09	0.0%	0.0%	N	Referral Requirec
L2280	ADDITIONS TO LOWER EXTREMITY, MOLDED INNER BOOT	07/01/1999	$319.20	0.0%	0.0%	N	Referral Requirec
L2300	ABDUCTION BAR, BILATERAL HIP, JOINTED, ADJUSTABLE	07/01/1999	$236.28	0.0%	0.0%	N	Referral Requirec
L2310	ABDUCTION BAR-STRAIGHT (ADDN TO LOWER EXTREMITY)	07/01/1999	$115.45	0.0%	0.0%	N	Referral Requirec
L2320	ALL. LOWER EXTREMITY NONMOLDED LACER	07/01/1999	$185.00	0.0%	0.0%	N	Referral Requirec
L2330	LACER, MOLDED MODEL (ADDN TO LOWER EXTREMITY)	07/01/1999	$326.97	0.0%	0.0%	N	Referral Requirec
L2335	ANTERIOR SWING BAND (ADDN TO LOWER EXTREMITY)	07/01/1999	$175.06	0.0%	0.0%	N	Referral Requirec
L2340	ADDITION TO LOWER EXTREMITY PRE-TIBIAL SHELL MOLD	07/01/1999	$388.46	0.0%	0.0%	N	Referral Requirec
L2350	ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE	07/01/1999	$707.55	0.0%	0.0%	N	Referral Requirec
L2360	EXTENDED STEEL SHANK (ADDN TO LOWER EXTREMITY)	07/01/1999	$48.56	0.0%	0.0%	N	Referral Requirec
L2370	PATTEN BOTTOM (ADDN TO LOWER EXTREMITY)	07/01/1999	$193.07	0.0%	0.0%	N	Referral Requirec
L2375	TORSION CONTROL, ANKLE-JOINT AND HALF SOLID STIRRU	07/01/1999	$79.53	0.0%	0.0%	N	Referral Requirec
L2380	ADD TO LOWER EXT TORSION CONTROL STRAIGHT KNEE JT	07/01/1999	$88.22	0.0%	0.0%	N	Referral Requirec
L2385	SHORT KNEE JOINT HEAVY DUTY	07/01/1999	$94.27	0.0%	0.0%	N	Referral Requirec
L2387	ADDITION TO LOWER EXTREMITY, KNEE JOINT, EACH JOINT	04/01/2009	$171.93	0.0%	0.0%	N	Referral Requirec
L2390	ADD. TO LOWER EXTREMITY OFFSET KNEE JOINT, EACH	07/01/1999	$77.04	0.0%	0.0%	N	Referral Requirec
L2395	ADD TOLWR EXTRM,OFFSET KNEE JOINT,HEAVY DUTY, EA	07/01/1999	$110.12	0.0%	0.0%	N	Referral Requirec
L2397	ADD TO LOWER EXTREM ORTHOSIS,SUSPENSION SLEEVE	07/01/1999	$93.02	0.0%	0.0%	N	Referral Requirec
L2405	DROP LOCK JOINTS	07/01/1999	$38.80	0.0%	0.0%	N	Referral Requirec
L2415	ADD TO KNEE JOINT, CAM LOCK	07/01/1999	$129.26	0.0%	0.0%	N	Referral Requirec
L2425	ADDITION TO KNEE JOINT, DROP LOCK, EACH JOINT	07/01/1999	$128.13	0.0%	0.0%	N	Referral Requirec
L2430	ADDITION TO KNEE JOINT,RATCHET LOCK...,EACH JOINT	07/01/1999	$72.23	0.0%	0.0%	N	Referral Requirec
L2492	ADDN TO KNEE JOINT, LEFT LOOP FOR DROP LOCK RING	07/01/1999	$74.43	0.0%	0.0%	N	Referral Requirec
L2500	ADDN TO LOW EXTREM, THIGH/WGT BEARING, GLUT/ISCHIA	07/01/1999	$238.41	0.0%	0.0%	N	Referral Requirec
L2510	ADDITION TO LOWER EXTREMITY, THIGH, WEIGHT BEARING	07/01/1999	$581.57	0.0%	0.0%	N	Referral Requirec
L2520	THIGH/WEIGHT BEARING QUADRILATERAL BRIM CUSTOM FIT	07/01/1999	$342.62	0.0%	0.0%	N	Referral Requirec
L2525	THIGH/WT BEARING ISCHIAL CONTAINMENT MOLDED	07/01/1999	$913.33	0.0%	0.0%	N	Referral Requirec
L2526	THIGH/WT BEARING, ISCHIALCONTAINMENT/CUSTOM-FITTED	07/01/1999	$642.80	0.0%	0.0%	N	Referral Requirec
L2530	THIGH WEIGHT BEARING LACER NON-MOLDED	07/01/1999	$172.68	0.0%	0.0%	N	Referral Requirec
L2540	THIGH/WEIGHT BEARING LACER MOLDED	07/01/1999	$375.35	0.0%	0.0%	N	Referral Requirec
L2550	THIGH, WEIGHT BEARING, HIGH ROLL CUFF	07/01/1999	$220.57	0.0%	0.0%	N	Referral Requirec
L2570	HIP JOINT CLEVIS TYPE 2-POSITION JOINT, EACH	07/01/1999	$345.37	0.0%	0.0%	N	Referral Requirec
L2580	PELVIC CONTROL, PELVIC SLING	07/01/1999	$386.07	0.0%	0.0%	N	Referral Requirec
L2600	HIP JOINT CLEVIS OR THRUST BEARING, FREE, EACH	07/01/1999	$167.44	0.0%	0.0%	N	Referral Requirec

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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
L3031	FOOT, INSERT.PLATE, REMOVABLE, ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRGTH	01/01/2004	$0.00	0.0%	0.0%	N	Referral Required
L3040	ARCH SUPPORT REMOVABLE PRE-MOLDED LONGITUDINAL EA	01/01/1995	$32.98	0.0%	0.0%	N	Referral Required
L3050	ARCH SUPPORT REMOVABLE PRE-MOLDED METATASSAL EACH	01/01/1995	$32.98	0.0%	0.0%	N	Referral Required
L3060	ARCH SUPPORT REMOVABLE PREMOLDED LONGIT/METAT EA	01/01/1995	$51.70	0.0%	0.0%	N	Referral Required
L3070	ARCH SUPP NONREMOVABLE ATTACH TO SHOE LONGITUD EA	01/01/1995	$22.29	0.0%	0.0%	N	Referral Required

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L3080	ARCH SUPP NON-REMOVABLE ATTACH TO SHOE METAT EA	01/01/1995	$22.29	0.0%	0.0%	N	Referral Required
L3090	ARCH SUPP NONREMOVABLE ATT TO SHOE LONGITUD/METAT	01/01/1995	$28.53	0.0%	0.0%	N	Referral Required
L3100	HALLUS-VALGUS NIGHT SPLINT ABDUCT & ROTATION BARS	01/01/2006	$33.97	0.0%	0.0%	N	Referral Required
L3140	FOOT ABDUCT ROTATION BARS ATTCH TO SHOE DENNIS BRN	11/17/1993	$25.00	0.0%	0.0%	N	Referral Required
L3150	ABDUCT ROTATION BARS(DENNIS BROWN)CLAMPED TO SHOE	01/01/2006	$63.96	0.0%	0.0%	N	Referral Required
L3160	FOOT, ADJ. SHOE STYLED POSITIONING DEVICE, EACH	01/01/1995	$0.00	0.0%	0.0%	N	Referral Required
L3170	FOOT PLASTIC HEEL STABILIZER	01/01/2006	$39.99	0.0%	0.0%	N	Referral Required
L3201	ORTHOPEDIC SHOE, OXFORD W/SUPINATOR OR PRONATOR, INFANT	01/01/1997	$55.00	0.0%	0.0%	N	Referral Required
L3202	ORTHOPEDIC SHOE OXFORD W/SUPINATOR OR PRONATOR, CHILD	01/01/1991	$0.00	0.0%	0.0%	N	Referral Required
L3203	ORTHOPEDIC SHOE OXFORD W/SUPINATOR OR PRONATOR, JUNIOR	01/01/1991	$0.00	0.0%	0.0%	N	Referral Required
L3204	ORTHOPEDIC SHOE HIGHTOP W/WUPINATOR OR PRONATOR, INFANT	01/01/1991	$0.00	0.0%	0.0%	N	Referral Required
L3206	ORTHOPEDIC SHOE HIGHTOP W/SUPINATOR OR PRONATOR, CHILD	04/01/1997	$50.00	0.0%	0.0%	N	Referral Required
L3207	ORTHOPEDIC SHOE HIGHTOP W/SUPINATOR OR PRONATOR, JUNIOR	01/01/1991	$0.00	0.0%	0.0%	N	Referral Required
L3208	SURGICAL BOOT EA. INFANT	01/01/1991	$0.00	0.0%	0.0%	N	Referral Required
L3209	SURGICAL BOOT EA. CHILD	01/01/1991	$0.00	0.0%	0.0%	N	Referral Required
L3211	SURGICAL BOOT EA JUNIOR	01/01/1991	$0.00	0.0%	0.0%	N	Referral Required
L3212	BENESCH BOOT PAIR INFANT	01/01/1991	$0.00	0.0%	0.0%	N	Referral Required
L3213	BENESCH BOOT PAIR CHILD	01/01/1991	$0.00	0.0%	0.0%	N	Referral Required
L3214	BENESCH BOOT PAIR JUNIOR	01/01/1991	$0.00	0.0%	0.0%	N	Referral Required
L3215	ORTHOPEDIC LADIES SHOES OXFORD, EA	03/01/1996	$78.94	0.0%	0.0%	N	Referral Required
L3216	ORTHOPEDIC LADIES SHOE DEPTH INLAY, EA	01/01/1991	$0.00	0.0%	0.0%	N	Referral Required
L3217	ORTHOPEDIC LADIES SHOE HIGHTOP DEPTH INLAY, EA	01/01/1991	$0.00	0.0%	0.0%	N	Referral Required
L3219	ORTHOPEDIC MENS SHOE OXFORD, EA	03/01/1996	$90.80	0.0%	0.0%	N	Referral Required
L3221	ORTHOPEDIC MENS SHOE DEPTH INLAY, EA	01/01/1991	$0.00	0.0%	0.0%	N	Referral Required
L3222	ORTHOPEDIC FOOTWEAR MENS SHOES HIGH TOP DEPTH INLAY, EA	01/01/1989	$0.00	0.0%	0.0%	N	Referral Required
L3224	ORTH. FOOTWEAR WOMANS SHOE,PART OF BRACE/ORTHOTIC, EA	07/01/1999	$41.39	0.0%	0.0%	N	Referral Required
L3225	ORTH. FOOTWEAR MANS SHOE, PART OF BRACE, ORTHOTIC, EA	07/01/1999	$47.61	0.0%	0.0%	N	Referral Required
L3230	ORTHOPEDIC FOOTWEAR, CUSTOM SHOE, DEPTH INLAY, EA	11/01/1993	$0.00	0.0%	0.0%	N	Referral Required
L3250	ORTHOPEDIC FOOTWEAR, CUSTOM MOLDED SHOE REMOV INNER MOLD, EA	11/01/1993	$0.00	0.0%	0.0%	N	Referral Required
L3251	FOOT SHOE MOLDED TO PATIENT MODEL, SILICONE, EA	01/01/1991	$0.00	0.0%	0.0%	N	Referral Required
L3252	FOOT SHOE MOLDED TO PATIENT MODEL, PLASTAZOTE, CUSTOM FAB, EA	01/01/1991	$0.00	0.0%	0.0%	N	Referral Required
L3253	FOOT, MOLDED SHOE, PLASTAZOTE, CUSTOM FITTED, EA	01/01/1991	$0.00	0.0%	0.0%	N	Referral Required
L3254	NON-STANDARD SIZE OR WIDTH	01/01/1991	$0.00	0.0%	0.0%	N	Referral Required
L3255	NON-STANDARD SIZE OR LENGTH	01/01/1991	$0.00	0.0%	0.0%	N	Referral Required
L3257	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	09/28/2009	$47.14	0.0%	0.0%	N	Referral Required

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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
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

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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
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

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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
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

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L4050	REPLACE MOLDED CALF LEATHER	07/01/1999	$350.11	0.0%	0.0%	N	Referral Requirec
L4055	REPLACE NON-MOLDED CALF LACER	07/01/1999	$190.88	0.0%	0.0%	N	Referral Requirec
L4060	REPLACE HIGH ROLL CUFF	07/01/1999	$284.40	0.0%	0.0%	N	Referral Requirec
L4070	REPLACE PROXIMAL & DISTAL UPRIGHT FOR KAFO	07/01/1999	$234.46	0.0%	0.0%	N	Referral Requirec
L4080	REPLACE METAL BANDS KAFOPROXIMAL THIGH	07/01/1999	$84.32	0.0%	0.0%	N	Referral Requirec
L4090	REPLACE METAL BANDS KAFO-AFO CALF/DISTAL THIGH	07/01/1999	$84.67	0.0%	0.0%	N	Referral Requirec
L4100	REPLACE LEATHER CUFF,KAFO-PROXIMAL THIGH	07/01/1999	$97.88	0.0%	0.0%	N	Referral Requirec
L4110	REPLACE LEATHER CUFF KAFO-AFO CALF OR DISTAL THIGH	07/01/1999	$79.59	0.0%	0.0%	N	Referral Requirec
L4130	REPLACE PRETIBIAL SHELL	07/01/1999	$465.61	0.0%	0.0%	N	Referral Requirec
L4205	REPAIR ORTHOTIC DEVICE, LABOR COMPONENT PER 15 MIN	01/01/1997	$8.99	0.0%	0.0%	N	Referral Requirec
L4210	REPAIR ORTHO, REPLACE MINOR PARTS	01/01/1991	$0.00	0.0%	0.0%	N	Referral Requirec
L4350	PNEUMATIC ANKLE CONTROL SPLINT	07/01/1999	$69.28	0.0%	0.0%	N	Referral Requirec
L4360	PNEUMATIC WALKING SPLINT AIRCAST OR EQUAL	07/01/1999	$259.85	0.0%	0.0%	N	Referral Requirec
L4370	PNEUMATIC FULL LEG SPLINT AIRCAST OR EQUAL	07/01/1999	$177.17	0.0%	0.0%	N	Referral Requirec
L4380	PNEUMATIC KNEE SPLINT AIR CAST OR EQUAL	07/01/1999	$96.96	0.0%	0.0%	N	Referral Requirec
L4386	NON-PNEUMATIC WALKING SPLINT W/WO JOINTS, PREFABRICATED INC. FITTING AND ADJUST	01/01/2003	$124.58	0.0%	0.0%	N	Referral Requirec
L4392	REPLACE SOFT INTERFACE M'TRL. SPLINT,ANKLE CONTRAC	07/01/1999	$17.00	0.0%	0.0%	N	Referral Requirec
L4394	REPLACE SOFT INTERFACE M'TRL. SPLINT, FOOT DROP	07/01/1999	$12.40	0.0%	0.0%	N	Referral Requirec
L4396	STATIC OF DYNAMIC ANKLE-FOOT ORTHOTIC, ADJUSTABLE, PREFABRICATED	07/01/1999	$121.24	0.0%	0.0%	N	Referral Requirec
L4398	FOOT DROP SPLINT, RECUMBANT POSITIONING DEVICE	07/01/1999	$55.81	0.0%	0.0%	N	Referral Requirec
L5000	PARTIAL FOOT,SHOE INSERT W/LONGITUD ARCH,TOE FILL	07/01/1999	$378.88	0.0%	0.0%	N	Referral Requirec
L5010	PARTIAL FOOT MOLDED SOCKET ANKLE HT TOE FILLER	07/01/1999	$912.92	0.0%	0.0%	N	Referral Requirec
L5020	PARTIAL FOOT MOLDED SOCKET TIBIAL TUBERCLE HT TOE	07/01/1999	$1,693.02	0.0%	0.0%	N	Referral Requirec
L5050	ANKLE,SYMES,MOLDED SOCKET,SACH FOOT	07/01/1999	$2,021.36	0.0%	0.0%	N	Referral Requirec
L5060	ANKLE SYMES METAL FR MOLDED LEATHER SOCKET AFO	07/01/1999	$2,682.30	0.0%	0.0%	N	Referral Requirec
L5100	BELOW KNEE,MOLDED SOCKET,SHIN,SACH FOOT	07/01/1999	$2,095.16	0.0%	0.0%	N	Referral Requirec
L5105	BELOW KNEE PLASTIC SOCKET JOINTS/THIGH LACER SACH	07/01/1999	$2,956.97	0.0%	0.0%	N	Referral Requirec
L5150	EXTERNAL KNEE JOINT MOLDED SOCKET SHIN SACH FOOT	07/01/1999	$3,057.48	0.0%	0.0%	N	Referral Requirec
L5160	EXT KNEE JOINT MOLDED SOCKET BENT-KNEE SHIN SACH	07/01/1999	$3,730.21	0.0%	0.0%	N	Referral Requirec
L5200	ABOVE KNEE,SNGLE AXIS CONT FRX KNEE,SHIN,SACH FT	07/01/1999	$3,054.55	0.0%	0.0%	N	Referral Requirec
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 Requirec
L5220	ABOVE KNEE,SHORT,NO JNT,W/ARTICUL ANK/FT,DYNAMIC	07/01/1999	$2,757.76	0.0%	0.0%	N	Referral Requirec
L5230	ABOVE KNEE,PROX FEMORAL,CONT FRX KNEE,SHIN,SACH FT	07/01/1999	$3,688.34	0.0%	0.0%	N	Referral Requirec
L5250	HIP JNT,CANADIAN TYPE,MOLDED SOCKET,SINGLE AXIS KN	07/01/1999	$4,799.63	0.0%	0.0%	N	Referral Requirec
L5270	LOCKING HIPJOINT SINGLE AXIS KNEE,SHIN,SACH FOOT	07/01/1999	$5,142.19	0.0%	0.0%	Y	Referral Requirec
L5280	HEMIPELVECTOMY,HIP JOINT,SINGLEAXIS KNEE,SHIN,SACH	07/01/1999	$5,090.77	0.0%	0.0%	N	Referral Requirec
L5301	BELOW THE KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM	01/01/2002	$2,222.33	0.0%	0.0%	N	Referral Requirec

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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
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

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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
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

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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
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

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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
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

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L5972	ALL LOWER EXTREMITY PROSTHESIS,FLEXIBLE FOOT	07/01/1999	$294.00	0.0%	0.0%	N	Referral Requirec
L5974	ALL LOWER EXTREMITY PROSTHESIS,FOOT,SINGLE AXIS	07/01/1999	$232.99	0.0%	0.0%	N	Referral Requirec
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 Requirec
L5978	ALL LWR EXTREMITY PROSTH,FOOT,MULTI-AXIAL	07/01/1999	$265.32	0.0%	0.0%	N	Referral Requirec
L5979	ALL LOWER EXTREM PROTHESIS MULTI ANKLE/FOOT,DYNAMI	07/01/1999	$2,260.29	0.0%	0.0%	N	Referral Requirec
L5980	ALL LWR EXTRM PROSTHESIS,FLEX FOOT SYST	07/01/1999	$3,039.97	0.0%	0.0%	N	Referral Requirec
L5981	ALL LOWER EXTREM PROTHESIS,FLEX-WALK SYST OR EQUAL	07/01/1999	$2,456.28	0.0%	0.0%	N	Referral Requirec
L5982	ALL EXOSKEL LWR EXTRM PROSTH,AXIAL ROTATION UNIT	07/01/1999	$573.02	0.0%	0.0%	N	Referral Requirec
L5984	ALL ENDOSKEL LWR EXTRM PROSTH,AXIAL ROTATION UNIT	07/01/1999	$541.73	0.0%	0.0%	N	Referral Requirec
L5985	ALL ENDOSKELETAL LOWER EXT. PROTHESES, DYNAMIC PYL	07/01/1999	$207.87	0.0%	0.0%	N	Referral Requirec
L5986	ALL LWR EXTRM PROSTHIMULTIAXIAL ROTATION,"MCP"	07/01/1999	$573.36	0.0%	0.0%	N	Referral Requirec
L5987	ALL LOWER EXTR.PROSTHESIS SHANK FOOT W/VERTICAL	07/01/1999	$5,295.63	0.0%	0.0%	Y	Referral Requirec
L5988	LOWER EXTREMITY PROSTHESIS COMBINATION VERTICAL SHOCK MULTAXIAL/ROTATION/TORSION	01/01/1999	$1,470.60	0.0%	0.0%	N	Referral Requirec
L5990	ADDITION TO LOWER EXTREMITY PROSTHESIS USER ADJUSTABLE HEEL HEIGHT	01/01/2002	$1,412.77	0.0%	0.0%	N	Referral Requirec
L5999	UNLISTED PROCEDURE, LOWER EXTREMITY PROSTHESIS	01/01/1991	$0.00	0.0%	0.0%	N	Referral Requirec
L6000	PARTIAL HAND,ROBIN-AIDS,THUMB REMAINING	07/01/1999	$1,328.45	0.0%	0.0%	N	Referral Requirec
L6010	PART HAND,ROBIN-AIDS,LITTLE &/OR RING FINGER REM	07/01/1999	$1,478.35	0.0%	0.0%	N	Referral Requirec
L6020	PART HAND,ROBIN-AIDS,NO FINGER REMAINING	07/01/1999	$1,378.33	0.0%	0.0%	N	Referral Requirec
L6050	WRIST DISARTIC,MOLDED SOCKET,FLEX ELBOW,TRICEP PAD	07/01/1999	$1,628.04	0.0%	0.0%	N	Referral Requirec
L6055	WRIST DISAR MOLD SOCKET,EXPAN INTERFACE,FLEX ELBOW	07/01/1999	$2,430.90	0.0%	0.0%	N	Referral Requirec
L6100	BELOW ELBOW,MOLDED,FLEX ELBOW,TRICEP PAD	07/01/1999	$1,753.60	0.0%	0.0%	N	Referral Requirec
L6110	BELOW ELBOW,MOLDED,(MUENSTER/NW SUSP)	07/01/1999	$1,788.55	0.0%	0.0%	N	Referral Requirec
L6120	BELOW ELBOW,MOLDED DBL WALL SPLIT SOCKET,HALF CUFF	07/01/1999	$2,249.05	0.0%	0.0%	N	Referral Requirec
L6130	BEL ELBOW,MOLD DLB WALL SPLIT SOCKET,STUMP ACTIVAT	07/01/1999	$2,588.26	0.0%	0.0%	N	Referral Requirec
L6200	ELBOW DISARTICULATION,MOLDED,OUTSIDE LCK HINGE	07/01/1999	$2,656.26	0.0%	0.0%	N	Referral Requirec
L6205	ELBOW DISARTIC,MLD SOCKET,EXPAND INTERFACE,HINGED	07/01/1999	$3,327.89	0.0%	0.0%	N	Referral Requirec
L6250	ABOVE ELBOW,MLD DBL-WALL SOCKET.LOCKING ELBOW	07/01/1999	$2,477.14	0.0%	0.0%	N	Referral Requirec
L6300	SHOULDER DISARTIC,MLD SOCKET,HUMERAL,LOCK ELBOW	07/01/1999	$3,484.42	0.0%	0.0%	N	Referral Requirec
L6310	SHOULDER DISARTIC,PASSIVE RESTORATION(COMPLETE)	07/01/1999	$2,892.35	0.0%	0.0%	N	Referral Requirec
L6320	SHOULDER DISARTIC,PASSIVE REST(SHOULDER CAP ONLY)	07/01/1999	$1,281.48	0.0%	0.0%	N	Referral Requirec
L6350	INTERSCAPULAR THORACIC MLD SOCKET,LOCK ELBOW	07/01/1999	$3,916.23	0.0%	0.0%	N	Referral Requirec
L6360	INTERSCAPULAR THORACIC,PASSIVE RESTORATION,COMPLET	07/01/1999	$3,184.62	0.0%	0.0%	N	Referral Requirec
L6370	INTRASCAPULAR THORACIC,PASSIVE RESTR(SHOULDER CAP)	07/01/1999	$1,523.04	0.0%	0.0%	N	Referral Requirec
L6380	WRIST/BELOW ELBOW,RIGID DRSG,W/FITTING&CAST CHANGE	07/01/1999	$1,025.42	0.0%	0.0%	N	Referral Requirec
L6382	ELBOW/ABOVE ELBOW,RIGID DRSG,W/FITTING/CAST CHANGE	07/01/1999	$1,207.16	0.0%	0.0%	N	Referral Requirec
L6384	SHOULDER/INTRASCAPULAR THORACIC,RIGID DRSG.	07/01/1999	$1,528.26	0.0%	0.0%	N	Referral Requirec

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L6386	CAST CHANGE, REALIGNMENT	07/01/1999	$346.14	0.0%	0.0%	N	Referral Requirec
L6388	RIGID DRESSING ONLY	07/01/1999	$380.46	0.0%	0.0%	N	Referral Requirec
L6400	BELOW ELBOW,MLD SOCKET,ENDOSKEL,SOFT TISSUE SHAPE	07/01/1999	$1,941.40	0.0%	0.0%	N	Referral Requirec
L6450	ELBOW DISARTIC.MLD SOCKET ENDOSKEL,SOFT TISSUE SHA	07/01/1999	$2,635.41	0.0%	0.0%	N	Referral Requirec
L6500	ABOVE ELBOW,MLD SOCKET,ENDOSKEL,SFT TISSUE SHAPING	07/01/1999	$2,665.52	0.0%	0.0%	N	Referral Requirec
L6550	SHLDER DISARTIC,MLD SOCKET,ENDO,SFT TISSUE SHAPING	07/01/1999	$3,565.72	0.0%	0.0%	N	Referral Requirec
L6570	INTERSCAPULAR THORACIC,MLD SOCKET ENDOSKELETAL	07/01/1999	$3,974.74	0.0%	0.0%	N	Referral Requirec
L6580	PREPARATORY,WRIST OR BELOW ELBOW, MOLDED	07/01/1999	$1,350.76	0.0%	0.0%	N	Referral Requirec
L6582	PREPARATORY,WRIST OR BELOW ELBOW, DIRECT FORMED	07/01/1999	$1,073.43	0.0%	0.0%	N	Referral Requirec
L6584	PREPARATORY,WRIST OR BELOW ELBOW, LOCKING,MOLDED	07/01/1999	$1,823.80	0.0%	0.0%	N	Referral Requirec
L6586	PREPARATORY,ELBOW OR ABOVE,DIRECT FORMED	07/01/1999	$1,558.71	0.0%	0.0%	N	Referral Requirec
L6588	PREPARATORY,SHOULDER/INTERSCAPULAR THORACIC MOLDED	07/01/1999	$2,639.22	0.0%	0.0%	N	Referral Requirec
L6590	PREPARATORY,SHOULDER/INTERSCAPULAR THORACIC,DIRECT	07/01/1999	$2,431.83	0.0%	0.0%	N	Referral Requirec
L6600	UPPER EXTREMITY ADDN,POLYCENTRIC HINGE,PR	07/01/1999	$152.40	0.0%	0.0%	N	Referral Requirec
L6605	UPPER EXTREMITY ADDN.SINGLE PIVOT HINGE.PR	07/01/1999	$143.78	0.0%	0.0%	N	Referral Requirec
L6610	UPPER EXTREMITY ADDN.FLEXIBLE METAL HINGE.PR	07/01/1999	$131.14	0.0%	0.0%	N	Referral Requirec
L6615	UPPER EXTREMITY ADDN.DISCONNECT LOCKING WRIST UNIT	07/01/1999	$160.26	0.0%	0.0%	N	Referral Requirec
L6616	UPPER EXTREM ADDN.ADDNL DISCONNECT INSERT (WRIST)	07/01/1999	$58.41	0.0%	0.0%	N	Referral Requirec
L6620	UPPER EXTRM ADDN.FLEXION-FRICTION WRIST UNIT	07/01/1999	$251.01	0.0%	0.0%	N	Referral Requirec
L6621	UPPER EXTREMITY PROSTHESIS, ADDITION, FLEX EXTENSION	04/01/2009	$2,025.37	0.0%	0.0%	N	Referral Requirec
L6623	UPPER EXTRM ADDN.SPRING ASSIST ROTATIONAL WRIST	07/01/1999	$539.98	0.0%	0.0%	N	Referral Requirec
L6624	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION & ROTATION WRIST UNIT	04/01/2009	$3,334.81	0.0%	0.0%	N	Referral Requirec
L6625	UPPER EXTRM ADDN. ROTATION WRIST UNIT W/CBLE	07/01/1999	$461.80	0.0%	0.0%	N	Referral Requirec
L6628	UPPER EXTRM,QUICK DISCONNECT HOOK ADAPTER,OTTO BOK	07/01/1999	$433.68	0.0%	0.0%	N	Referral Requirec
L6629	QUICK DISCONNECT LAMINATION COLLAR W/COUPLING	07/01/1999	$109.91	0.0%	0.0%	N	Referral Requirec
L6630	UPPER EXTREMITY ADDN. STAINLESS STEEL,ANY WRIST	07/01/1999	$161.61	0.0%	0.0%	N	Referral Requirec
L6632	UPPER EXTREMITY ADDN.LATEX SUSPENSION SLEEVE,EA	07/01/1999	$48.72	0.0%	0.0%	N	Referral Requirec
L6635	UPPER EXTREMITY ADDN.LIFT ASSIST.ELBOW	07/01/1999	$141.68	0.0%	0.0%	N	Referral Requirec
L6637	UPPER EXTREMITY ADDN.NUDGE CONTROL ELBOW LOCK	07/01/1999	$325.82	0.0%	0.0%	N	Referral Requirec
L6640	UPPER EXTREMITY ADDN.SHOULDER ABDUCTION JOINT.PR	07/01/1999	$258.34	0.0%	0.0%	N	Referral Requirec
L6641	UPPER EXTREMITY ADDN,EXCURSION AMPLIFIER, PULLEY	07/01/1999	$128.76	0.0%	0.0%	N	Referral Requirec
L6642	UPPER EXTREMITY ADDN, EXCURSION AMPLIFIER. LEVER	07/01/1999	$174.16	0.0%	0.0%	N	Referral Requirec
L6645	SHOULDER FLEXION-ABDUCTION JOINT, EA	07/01/1999	$297.28	0.0%	0.0%	N	Referral Requirec
L6650	SHOULDER UNIVERSAL JOINT, EACH	07/01/1999	$256.39	0.0%	0.0%	N	Referral Requirec
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

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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
L6722	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY	04/01/2009	$1,795.38	0.0%	0.0%	Y	Referral Requirec
L6805	TERMINAL DEVICE, MODIFIER WRIST FLEXION UNIT	07/01/1999	$317.16	0.0%	0.0%	N	Referral Requirec
L6810	TERMINAL DEVICE, PINCHER TOOL, OTTOBOCK OR EQUAL	07/01/1999	$150.07	0.0%	0.0%	N	Referral Requirec
L6881	AUTOMATIC GRASP FEATURE ADDITION TO UPPER LIMB PROSTHETIC TERMINAL DEVICE	01/01/2002	$3,183.63	0.0%	0.0%	N	Referral Requirec

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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
L8031	BREAST PROSTHESIS, SILICONE OR EQUAL, WITH INTEGRAL ADHESIVE	01/01/2010	$0.00	0.0%	0.0%	N	Referral Required
L8032	NIPPLE PROSTHESIS, REUSABLE, ANY TYPE, EACH	01/01/2010	$0.00	0.0%	0.0%	Y	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
L8043	UPPER FACIAL PROSTHESIS PROVIDED BY NON PHYSICIAN	04/01/2009	$3,358.19	0.0%	0.0%	Y	Referral Required
L8044	HEMI FACIAL PROSTHESIS PROVIDED BY NON PHYSICIAN	04/01/2009	$3,718.00	0.0%	0.0%	Y	Referral Required

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

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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	01/01/2010	$6,047.40	0.0%	0.0%	Y	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
L8627	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR, COMPONENT, REPLACEMENT	01/01/2010	$0.00	0.0%	0.0%	Y	Referral Required
L8628	COCHLEAR IMPLANT, EXTERNAL CONTROLLER COMPONENT, REPLACEMENT	01/01/2010	$0.00	0.0%	0.0%	Y	Referral Required
L8629	TRANSMITTING COIL & CABLE, INTEGRATED, FOR USE W/COCHLEAR IMPL DEVICE, RPLCMNT	01/01/2010	$0.00	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

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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
L8692	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, W/O OSSEOINTEGRATION	01/01/2010	$0.00	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

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P7000	CULTURE AND SENSITIVITY ANY SOURCE	01/01/1992	$12.66	0.0%	0.0%	N	Referral Requirec
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	

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Q0111	WET MOUNTS	01/01/1998	$5.90	0.0%	0.0%	N	
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	
Q0138	INJECTION, FERUMOXYTOL, FOR TX OF IRON DEFICIENCY ANEMIA, 1 MG	01/01/2010	$0.82	0.0%	0.0%	N	Referral Required
Q0139	INJECTION, FERUMOXYTOL, FOR TX OF IRON DEFICIENCY ANEMIA, 1 MG ESRD USE	01/01/2010	$0.82	0.0%	0.0%	N	Referral Required
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

Procedure Code	Procedure Code Description Procedure_Description_Long	Price Effective Date	Allowed Amount	Technical Component	Professional Component	PA Indicator	HC Referral
Q0488	POWER PACK BASE FOR USE W/ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	01/01/2006	$0.00	0.0%	0.0%	Y	Referral Requirec
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
Q0506	BATTERY, LITHIUM-ION, FOR USE W/ELECTRIC OR ELECTRIC/PNEUMATIC VAD, REPL ONLY	01/01/2010	$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

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

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Q4044	CAST SUPPLIES LONG LEG SPLINT PEDIATRIC FIBERGLASS	01/01/2002	$12.13	0.0%	0.0%	N	Referral Required
Q4045	CAST SUPPLIES SHORT LEG SPLINT ADULT PLASTER	01/01/2002	$8.25	0.0%	0.0%	N	Referral Required
Q4046	CAST SUPPLIES SHORT LEG SPLINT ADULT FIBERGLASS	01/01/2002	$13.27	0.0%	0.0%	N	Referral Required
Q4047	CAST SUPPLIES SHORT LEG SPLINT PEDIATRIC PLASTER	01/01/2002	$4.12	0.0%	0.0%	N	Referral Required
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
Q4074	ILOPROST, INHALATION SOL, FDA-APPR FINAL PROD,UNIT DOSE, UP TO 20 MCG	01/01/2010	$65.72	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
Q4115	SKIN SUBSTITUTE, ALLOSKIN, PER SQUARE CENTIMETER	01/01/2010	$9.54	0.0%	0.0%	N	Referral Required
Q4116	SKIN SUBSTITUTE, ALLODERM, PER SQUARE CENTIMETER	01/01/2010	$32.39	0.0%	0.0%	N	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	

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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	
Q9967	LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CCONCENTRATION PER ML	01/01/2007	$0.29	0.0%	0.0%	N	
Q9968	INJECTION, NON-RADIOACTIVE, NON-CONTRAST, VISUALIZATION ADJUNCT, 1 MG	01/01/2010	$0.00	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 Requirec
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 Requirec
S3620	NEWBORN METABOLIC SCREENING, INCLUDES TEST KIT, POSTAGE & LAB TESTS SPECIFIED	07/01/2003	$19.00	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 Requirec

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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 Requirec
S8265	HABERMAN FEEDER FOR CLEFT LIP/PALATE	09/01/2006	$20.62	0.0%	0.0%	N	Referral Requirec
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 Requirec
S9125	RESPITE CARE, IN THE HOME, PER DIEM	10/20/2003	$0.00	0.0%	0.0%	Y	Referral Requirec
S9127	SOCIAL WORK VISIT, IN THE HOME, PER DIEM	10/20/2003	$0.00	0.0%	0.0%	N	Referral Requirec
S9470	NUTRITIONAL COUNSELING; DIETITIAN VISIT	06/01/2003	$26.65	0.0%	0.0%	N	Referral Requirec
T1001	NURSING ASSESSMENT/EVALUATION	10/20/2003	$0.00	0.0%	0.0%	N	Referral Requirec
T1002	RN SERVICES, UP TO 15 MINUTES	10/20/2003	$0.00	0.0%	0.0%	N	Referral Requirec
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 Requirec
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 Requirec
T1017	CASE MANAGEMENT MENTAL HEALTH-ONGOING (PER 15 MINUTES)	07/01/2009	$11.04	0.0%	0.0%	N	Referral Requirec
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 Requirec
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 Requirec
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 Requirec
T4522	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH	12/01/2008	$0.60	0.0%	0.0%	N	Referral Requirec
T4523	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH	12/01/2008	$0.72	0.0%	0.0%	N	Referral Requirec
T4524	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH	12/01/2008	$0.77	0.0%	0.0%	N	Referral Requirec
T4525	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR, SM SIZE, EACH	12/01/2008	$0.54	0.0%	0.0%	N	Referral Requirec
T4526	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR. MED SIZE, EA	12/01/2008	$0.62	0.0%	0.0%	N	Referral Requirec
T4527	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR, LG SIZE, EACH	12/01/2008	$0.74	0.0%	0.0%	N	Referral Requirec
T4528	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR, EX LG, EA	12/01/2008	$0.82	0.0%	0.0%	N	Referral Requirec

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T4529	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SM/MED SIZE, EACH	12/01/2008	$0.41	0.0%	0.0%	N	Referral Required
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	

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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	
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	

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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	
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 Required
V2624	POLISHING/RESURFACING OF OCULAR PROTHESIS	03/01/1997	$59.66	0.0%	0.0%	N	Referral Required
V2625	ENGLARGEMENT OF OCULAR PROTHESIS	03/01/1997	$362.76	0.0%	0.0%	N	Referral Required
V2626	REDUCTION OF OCULAR PROSTHESIS	03/01/1997	$195.55	0.0%	0.0%	N	Referral Required
V2627	SCLERAL COVER SHELL	03/01/1997	$1,215.51	0.0%	0.0%	N	Referral Required
V2628	FABRICATION & FITTING OF OCULAR CONFORMER	03/01/1997	$298.20	0.0%	0.0%	N	Referral Required
V2629	NOT OTHERWISE CLASSIFIED, PROSTHETIC EYE	01/01/1998	$0.00	0.0%	0.0%	Y	Referral Required
V2630	ANTERIOR CHAMBER INTRAOCULAR LENS	01/01/1998	$0.00	0.0%	0.0%	Y	Referral Required
V2631	IRIS SUPPORTED INTRAOCULAR LENS	01/01/1998	$0.00	0.0%	0.0%	Y	Referral Required
V2632	POSTERIOR CHAMBER INTRA0CULAR LENS	01/01/1998	$0.00	0.0%	0.0%	Y	Referral Required
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	

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